

Shared Savings Program Public Reporting

ACO Name and Location

Abacus Health LLC

5055 East Broadway Blvd., Suite A-215, Tucson, AZ, 85711, U.S.A.

ACO Primary Contact

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Organizational Information

ACO Participants:

ACO Participants	ACO Participant in Joint Venture
ARIZONA COMMUNITY PHYSICIANS PC	N
TMC MEDICAL NETWORK	N

ACO Governing Body:

Member First Name	Member Last Name	Member Title/ Position	Member's Voting Power (Expressed as a percentage)	Membership Type	ACO Participant Legal Business Name, if applicable
Connie	Olson	MD Member	12.5%	ACO Participant Representative	ARIZONA COMMUNITY PHYSICIANS PC
Jennifer	Mendrzycki	Member	12.5%	ACO Participant Representative	TMC MEDICAL NETWORK
Kelsey	Lewis	MD Member	12.5%	ACO Participant Representative	ARIZONA COMMUNITY PHYSICIANS PC
Kevin	Pounds	MD Chair	12.5%	ACO Participant Representative	ARIZONA COMMUNITY PHYSICIANS PC
Mark	Maxwell	MD Member	12.5%	ACO Participant Representative	ARIZONA COMMUNITY PHYSICIANS PC
Michelle	Eyler	DO Member	12.5%	ACO Participant Representative	ARIZONA COMMUNITY PHYSICIANS PC
Robert	Lystrup	MD Member	12.5%	ACO Participant Representative	ARIZONA COMMUNITY PHYSICIANS PC
Tracy	Nuckolls	Medicare Beneficiary Member	12.5%	Medicare Beneficiary Representative	N/A

Member's voting power may have been rounded to reflect a total voting power of 100 percent.

Key ACO Clinical and Administrative Leadership:

ACO Executive:

Jim Stelzer

Medical Director:

Robert Lystrup

Compliance Officer:

Tracy Rohn

Quality Assurance/Improvement Officer:

Robert Lystrup

Associated Committees and Committee Leadership:

Committee Name	Committee Leader Name and Position
Finance Committee	Kimberly Clifton, CPC, MBA
Patient Engagement Committee	Tracy Nuckolls, Chair
Quality Committee	Robert Lystrup, Medical Director

Types of ACO Participants, or Combinations of Participants, That Formed the ACO:

- ACO professionals in a group practice arrangement

Shared Savings and Losses

Amount of Shared Savings/Losses:

- Third Agreement Period
 - Performance Year 2026, N/A
 - Performance Year 2025, N/A
 - Performance Year 2024, \$19,115,397.69
- Second Agreement Period
 - Performance Year 2023, \$12,691,899.30
 - Performance Year 2022, \$8,585,052.00
 - Performance Year 2021, \$6,910,440.44
 - Performance Year 2020, \$7,366,080.88
 - Performance Year 2019, \$7,736,143.82
- First Agreement Period
 - Performance Year 2019, \$7,736,143.82
 - Performance Year 2018, \$10,617,932.75
 - Performance Year 2017, \$3,693,806.99
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Performance Year 2016, N/A

Note: Our ACO participated in multiple performance years during Calendar Year 2019. The shared savings/losses amount reported for Performance Year 2019 therefore represents net shared savings or losses across all performance years in 2019 and is shown under all agreement periods in which the ACO operated during Calendar Year 2019.

Shared Savings Distribution:

- Third Agreement Period
 - Performance Year 2026
 - Proportion invested in infrastructure: N/A
 - Proportion invested in redesigned care processes/resources: N/A
 - Proportion of distribution to ACO participants: N/A
 - Performance Year 2025
 - Proportion invested in infrastructure: N/A
 - Proportion invested in redesigned care processes/resources: N/A
 - Proportion of distribution to ACO participants: N/A
 - Performance Year 2024
 - Proportion invested in infrastructure: 10%
 - Proportion invested in redesigned care processes/resources: 24%
 - Proportion of distribution to ACO participants: 66%
- Second Agreement Period
 - Performance Year 2023
 - Proportion invested in infrastructure: 10%
 - Proportion invested in redesigned care processes/resources: 22%
 - Proportion of distribution to ACO participants: 68%
 - Performance Year 2022
 - Proportion invested in infrastructure: 10%
 - Proportion invested in redesigned care processes/resources: 22%
 - Proportion of distribution to ACO participants: 68%
 - Performance Year 2021
 - Proportion invested in infrastructure: 19%
 - Proportion invested in redesigned care processes/resources: 29%
 - Proportion of distribution to ACO participants: 62%
 - Performance Year 2020
 - Proportion invested in infrastructure: 22%
 - Proportion invested in redesigned care processes/resources: 14%
 - Proportion of distribution to ACO participants: 64%
 - Performance Year 2019

- Proportion invested in infrastructure: 16%
- Proportion invested in redesigned care processes/resources: 15%
- Proportion of distribution to ACO participants: 69%
- First Agreement Period
 - Performance Year 2019
 - Proportion invested in infrastructure: 16%
 - Proportion invested in redesigned care processes/resources: 15%
 - Proportion of distribution to ACO participants: 69%
 - Performance Year 2018
 - Proportion invested in infrastructure: 14%
 - Proportion invested in redesigned care processes/resources: 21%
 - Proportion of distribution to ACO participants: 65%
 - Performance Year 2017
 - Proportion invested in infrastructure: 45%
 - Proportion invested in redesigned care processes/resources: 10%
 - Proportion of distribution to ACO participants: 45%
 - Performance Year 2016
 - Proportion invested in infrastructure: N/A
 - Proportion invested in redesigned care processes/resources: N/A
 - Proportion of distribution to ACO participants: N/A

Note: Our ACO participated in multiple performance years during Calendar Year 2019. The distribution of shared savings reported for Performance Year 2019 therefore represents the distribution of the net shared savings across all performance years in 2019 and is shown under all agreement periods in which the ACO operated during Calendar Year 2019.

Quality Performance Results

2024 Quality Performance Results:

Quality performance results are based on the CMS Web Interface collection type.

Measure #	Measure Title	Collection Type	Performance Rate	Current Year Mean Performance Rate (Shared Savings Program ACOs)
321	CAHPS for MIPS	CAHPS for MIPS Survey	6.68	6.67
479*	Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Groups	Administrative Claims	0.1422	0.1517
484*	Clinician and Clinician Group Riskstandardized Hospital Admission Rates for	Administrative Claims	-	37

	Patients with Multiple Chronic Conditions (MCC)			
318	Falls: Screening for Future Fall Risk	CMS Web Interface	94.51	88.99
110	Preventative Care and Screening: Influenza Immunization	CMS Web Interface	74.84	68.6
226	Preventative Care and Screening: Tobacco Use: Screening and Cessation Intervention	CMS Web Interface	93.33	79.98
113	Colorectal Cancer Screening	CMS Web Interface	84.44	77.81
112	Breast Cancer Screening	CMS Web Interface	91.01	80.93
438	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	CMS Web Interface	86.07	86.5
370	Depression Remission at Twelve Months	CMS Web Interface	10	17.35
001*	Diabetes: Hemoglobin A1c (HbA1c) Poor Control	CMS Web Interface	4.32	9.44
134	Preventative Care and Screening: Screening for Depression and Follow-up Plan	CMS Web Interface	94.23	81.46
236	Controlling High Blood Pressure	CMS Web Interface	89.06	79.49
CAHPS-1	Getting Timely Care, Appointments, and Information	CAHPS for MIPS Survey	81.34	83.7
CAHPS-2	How Well Providers Communicate	CAHPS for MIPS Survey	93.35	93.96
CAHPS-3	Patient's Rating of Provider	CAHPS for MIPS Survey	92.72	92.43
CAHPS-4	Access to Specialists	CAHPS for MIPS Survey	73.74	75.76
CAHPS-5	Health Promotion and Education	CAHPS for MIPS Survey	70.61	65.48
CAHPS-6	Shared Decision Making	CAHPS for MIPS Survey	65.83	62.31
CAHPS-7	Health Status and Functional Status	CAHPS for MIPS Survey	75.71	74.14
CAHPS-8	Care Coordination	CAHPS for MIPS Survey	85.72	85.89
CAHPS-9	Courteous and Helpful Office Staff	CAHPS for MIPS Survey	93.54	92.89

CAHPS-11	Stewardship of Patient Resources	CAHPS for MIPS Survey	26.44	26.98
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For previous years' Financial and Quality Performance Results, please visit: [Data.cms.gov](https://data.cms.gov)

*For Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%) [Quality ID #001], Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups [Measure #479], and Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions (MCC) [Measure #484], a lower performance rate indicates better measure performance.

*For Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions (MCC) [Measure #484], patients are excluded if they were attributed to Qualifying Alternative Payment Model (APM) Participants (QPs). Most providers participating in Track E and ENHANCED track ACOs are QPs, and so performance rates for Track E and ENHANCED track ACOs may not be representative of the care provided by these ACOs' providers overall. Additionally, many of these ACOs do not have a performance rate calculated due to not meeting the minimum of 18 beneficiaries attributed to non-QP providers.