Shared Savings Program Public Reporting

ACO Name and Location

HealthONE Colorado Care Partners ACO LLC

4900 S Monaco St., Suite 240, Denver, CO, 80237

ACO Primary Contact

Dana Underwood

7209902692

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Organizational Information

ACO Participants:

ACO Participants	ACO Participant in Joint Venture
5900 HEALTH LLC	No
ADVANCED INTEGRATIVE MEDICINE, PC	No
ALPINE FAMILY PRACTICE PC	No
APEX FAMILY PRACTICE AND URGENT CARE PLLC	No
AURORA WOMANCARE PC	No
BROADWAY FAMILY PRACTICE LLC	No
CENTENNIAL FAMILY CARE PC	No
CORNERSTONE FAMILY PRACTICE PC	No
DOUGLAS FAMILY MEDICINE PC	No
EAST WEST FAMILY HEALTH LLC	No
ELENA ANISIMOVA, MD, PC	No
FORUM FAMILY MEDICINE PC	No
FRANKTOWN FAMILY MEDICINE LLC	No
Greenwood Village Family Medicine PC	No
HAMPDEN MEDICAL GROUP	No
HEALTH NOW MEDICAL	No
HEALTHONE CLINIC SERVICES - PRIMARY CARE LLC	No
HEALTHY FUTURES COLORADO PLLC	No
HIMALAYA FAMILY MEDICINE CLINIC PLLC	No
JENNIFER R. MOONEY MSN APRN C LLC	No

KC MEDICAL PC	No
LEAH OZDEMIR DO PLLC	No
LIVING WELL FAMILY MEDICINE PC	No
MARK BARAVIK FNP LLC	No
MICHAEL YOUNG MD LLC	No
MILLENNIUM PARK MEDICAL ASSOCIATES DENVER CORP	No
PAINTED ROCK FAMILY MEDICINE LLC	No
PEARL FAMILY MEDICINE PC	No
PINNACLE PEDIATRICS AND INTERNAL MEDICINE PROFESSIONAL LLC	No
Redwood Medical	No
SCOTT M GREEN MD P C	No
TREY MEDICAL ENTEPRISES, INC.	No
VITALITY AT MILE HIGH LLC	No
WHITNEY S KENNEDY MD PLLC	No

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
Lisa	Gieseke	DO	37.5%	ACO Participant Representative	CORNERSTONE FAMILY PRACTICE PC
Lisa	Naron	MD	37.5%	ACO Participant Representative	HEALTHONE CLINIC SERVICES - PRIMARY CARE LLC
Ted	Stump	Board	25%	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:

Dana Underwood

Medical Director:

Crista Keller

Compliance Officer:

Dana Underwood

Quality Assurance/Improvement Officer:

Andy Worden

Associated Committees and Committee Leadership:

Committee Name	Committee Leader Name and Position
N/A	N/A

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

- Networks of individual practices of ACO professionals

Shared Savings and Losses

Amount of Shared Savings/Losses:

Our ACO has not yet received financial reconciliation results; therefore, this section is not applicable at this time.

Shared Savings Distribution:

Our ACO has not yet received financial reconciliation results; therefore, this section is not applicable at this time.

Quality Performance Results

2024 Quality Performance Results:

Quality performance results are based on the eCQMs/MIPS CQMs/Medicare CQMs 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	7.56	6.67
479*	Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Groups	Administrative Claims	0.1608	0.1517
484*	Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions (MCC)	Administrative Claims	33.94	37
318	Falls: Screening for Future Fall Risk	CMS Web Interface	-	-
110	Preventative Care and Screening: Influenza Immunization	CMS Web Interface	-	-
226	Preventative Care and Screening: Tobacco Use: Screening and Cessation Intervention	CMS Web Interface	-	-
113	Colorectal Cancer Screening	CMS Web	-	-

		Interface		
112	Breast Cancer Screening	CMS Web Interface	-	-
438	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	CMS Web Interface	-	-
370	Depression Remission at Twelve Months	CMS Web Interface	-	-
001*	Diabetes: Hemoglobin A1c (HbA1c) Poor Control	MIPS CQM	9.1	23.88
134	Preventative Care and Screening: Screening for Depression and Follow-up Plan	MIPS CQM	20.95	53.18
236	Controlling High Blood Pressure	MIPS CQM	79.26	72.43
CAHPS-1	Getting Timely Care, Appointments, and Information	CAHPS for MIPS Survey	84.6	83.7
CAHPS-2	How Well Providers Communicate	CAHPS for MIPS Survey	95.05	93.96
CAHPS-3	Patient's Rating of Provider	CAHPS for MIPS Survey	93.21	92.43
CAHPS-4	Access to Specialists	CAHPS for MIPS Survey	72.7	75.76
CAHPS-5	Health Promotion and Education	CAHPS for MIPS Survey	67.65	65.48
CAHPS-6	Shared Decision Making	CAHPS for MIPS Survey	62.39	62.31
CAHPS-7	Health Status and Functional Status	CAHPS for MIPS Survey	75.54	74.14
CAHPS-8	Care Coordination	CAHPS for MIPS Survey	86.56	85.89
CAHPS-9	Courteous and Helpful Office Staff	CAHPS for MIPS Survey	92.89	92.89
CAHPS-11	Stewardship of Patient Resources	CAHPS for MIPS Survey	32.42	26.98

For previous years' Financial and Quality Performance Results, please visit: 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.

Advance Investment Payments (AIP)

In accordance with 42 CFR § 425.630(i)(1), an ACO must publicly report information about the ACO's use of advance investment payments for each performance year, as set forth in 42 CFR § 425.308(b)(8). Advance investment payments used for any expenses other than allowable uses under 42 CFR § 425.630(e)(1) are subject to compliance action.

Spend Plan:

Payment Use	General Spend Category	General Spend Subcategory	Projected Spending 2024	Actual Spending 2024	Projected Spending 2025	Actual Spending 2025	Projected Spending 2026	Actual Spending 2026	Projected Spending 2027	Actual Spending 2027	Projected Spending 2028	Actual Spending 2028
Supplemental ACO Staff	Increased Staffing	Other (explain in "Payment Use")	$96,254.40	$187,181.00	$280,951.00	$110,674.00	$70,040.00	$0.00	$70,040.00	$0.00	$70,041.00	$0.00
ACO IT Costs to Measure Performance	Health Care Infrastructure	Other (explain in "Payment Use")	$96,254.40	$45,973.00	$104,173.00	$76,650.00	$70,040.00	$0.00	$70,040.00	$0.00	$70,041.00	$0.00
Subtotals			$192,508.80	$233,154.00	$385,124.00	$187,324.00	$140,080.00	$0.00	$140,080.00	$0.00	$140,082.00	$0.00

Spend Plan Summary:

Projected Total Advance Investment Payments	$885,276.00
Actual Spending	$420,478.00
Future Projected Spending	$420,242.00
Remaining Funding to Allocate	$0.00
Total Advance Investment Payments Received	$840,720.00

Our ACO has established a separate designated account for the deposit and expenditure of all advance investment payments in accordance with 42 CFR 425.630(e)(4).