SHARED SAVINGS PROGRAM PUBLIC REPORTING TEMPLATE

ACO Name and Location

CHRISTUS Health Quality Care Alliance

5101 N O'Connor Blvd, Irving, TX. 75039

ACO Primary Contact

James G. Smith

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Organizational Information

ACO Participants:

ACO Participants	ACO Participant in Joint Venture
ALAMOGORDO INTERNAL MEDICINE P.C.	N
ASPEN MEDICAL GROUP LLC	N
Alamo Family Practice, PA	N
BEAUMONT DERMATOLOGY & FAMILY PRACTICE, LLP	N
Breaux Internal Medicine and Pediatric Clinic	N
C H Wilkinson Physician Network	N
C Michelle Mayeux A Professional Medical Corporation	N
CALZADA MEDICAL ASSOCIATES PA	N
Cane River Family Medicine A Professional Medical Corporation	N
Christus Health Ark-La-Tex	N
Christus Health Central Louisiana	N
Christus Health Southeast Texas	N
Christus Spohn Health System Corporation	N
CHRISTUS Trinity Clinic	N
DIAGNOSTIC GROUP INTEGRATED HEALTHCARE SYSTEM, PLLC	N
EMERGENCY SPECIALTY SERVICES LLC	N
Fair Medical Clinic, APMC	N

Family Doctor Of Natchitoches, Inc.	N
FAMILY MEDICINE PARTNERS OF SANTA FE, P.C.	N
FULL CIRCLE HEALING FAMILY PRACTICE, LLC	N
Glen G. Guillet M.D., P.A.	N
Golden Triangle Family Care Center	N
James Mitchell	N
K Paul Gerstenberg, D O, P A	N
LISA SOMOZA ROBLES MD LLC	N
MEDICAL ASSOCIATES OF NORTHERN NEW MEXICO	N
Mary Ingram Long A Professional Medical Corporation	N
Medical Specialists of Texarkana	N
Mother Frances Hospital Regional Health Care Center	N
Mother Frances Hospital-Jacksonville	N
NEW BOSTON MEDICAL GROUP, LLP	N
OTERO COUNTY HOSPITAL ASSOCIATION	N
Phoenix Health Center, PLLC	N
SERENITY INC	N
SOUTHWEST CARE CENTER	N
SUNRISE CLINICS	N
St. Vincent Hospital	N
Stephen Spain	N
Supracare Family Health PLLC	N
Sycamore Medical Clinic	N
TYLER FAMILY CIRCLE OF CARE	N
ZIA INTERNAL MEDICINE ASSOCIATES, LLC	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
Sam	Bagchi, M.D.	Chair	10%	ACO Participant Representative	CHRISTUS Trinity Clinic
Warren	Albrecht, M.D.	Board Member	10%	ACO Participant Representative	CHRISTUS Trinity Clinic
Jennifer	Beal	Board Member	10%	ACO Participant Representative	CHRISTUS Trinity Clinic
Orel Michael	Everett, M.D.	Board Member	10%	ACO Participant Representative	CHRISTUS Trinity Clinic
Roy	Wadle, M.D.	Board Member	10%	ACO Participant Representative	CHRISTUS Trinity Clinic
Shannon	Stansbury	Board Member	10%	Other	N/A
Steven	Keuer, M.D.	Board Member	10%	ACO Participant Representative	CHRISTUS Trinity Clinic
Jason	Proctor	Board Member	10%	ACO Participant Representative	Mother Frances Hospital Regional Health Care Center
Lee	Portwood	Board Member	10%	Medicare Beneficiary Representative	N/A
Monica	Wilkins, M.D.	Board Member	10%	ACO Participant Representative	Otero County Hospital Association

Key ACO Clinical and Administrative Leadership:

ACO Executive: Shannon Stansbury

Medical Director: Dean Cannon, M.D.

Compliance Officer: Danielle Rice

Quality Assurance/Improvement Officer: Danielle Rice

Associated Committees and Committee Leadership:

Committee Name	Committee Leader Name and Position
Finance/Operations Committee	Bob Karl, Committee Chair

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

- ACO Professionals in a group practice arrangement
- Hospital employing ACO professionals
- Rural Health Clinic (RHC)
- Federally Qualified Health Centers (FQHC)

Shared Savings and Losses

Amount of Shared Savings/Losses:

- Third Agreement Period
    - Performance Year 2024, $42,094,941
    - Performance Year 2023, $27,682,241
- Second Agreement Period
    - Performance Year 2022, $14,332,724
    - Performance Year 2021, $11,798,430
    - Performance Year 2020, $12,218,626
    - Performance Year 2019. $10,920,063
- First Agreement Period
    - Performance Year 2018, $9,678,982
    - Performance Year 2017, $0
    - Performance Year 2016, $0

Shared Savings Distribution:

- Third Agreement Period
    - Performance Year 2024

- Proportion invested in infrastructure:17.5%
- Proportion invested in redesigned care processes/resources:17.5%
- Proportion of distribution to ACO participants: 65%

- Performance Year 2023
  - Proportion invested in infrastructure:17.5%
  - Proportion invested in redesigned care processes/resources:17.5%
  - Proportion of distribution to ACO participants: 65%

- Second Agreement Period
  - Performance Year 2022
    - Proportion invested in infrastructure:17.5%
    - Proportion invested in redesigned care processes/resources:17.5%
    - Proportion of distribution to ACO participants:65%
  - Performance Year 2021
    - Proportion invested in infrastructure:17.5%
    - Proportion invested in redesigned care processes/resources:17.5%
    - Proportion of distribution to ACO participants:65%
  - Performance Year 2020
    - Proportion invested in infrastructure:20%
    - Proportion invested in redesigned care processes/resources:20%
    - Proportion of distribution to ACO participants:60%
  - Performance Year 2019
    - Proportion invested in infrastructure:20%
    - Proportion invested in redesigned care processes/resources:20%
    - Proportion of distribution to ACO participants:60%

- First Agreement Period
  - Performance Year 2018
    - Proportion invested in infrastructure:20%
    - Proportion invested in redesigned care processes/resources:20%
    - Proportion of distribution to ACO participants:60%
  - Performance Year 2017
    - 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 2016
    - Proportion invested in infrastructure: N/A
    - Proportion invested in redesigned care processes/resources: N/A
    - Proportion of distribution to ACO participants: N/A

Quality Performance Results

2024 Quality Performance Results:

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

Measure #	Measure Name	Collection Type	Reported Performance Rate	Current Year Mean Performance Rate (SSP ACOs)

Quality ID#: 001	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%) [1]	CMS Web Interface	6.64	9.44
Quality ID#: 134	Preventive Care and Screening: Screening for Depression and Follow-up Plan	CMS Web Interface	92.21	81.46
Quality ID#: 236	Controlling High Blood Pressure	CMS Web Interface	86.69	79.49
Quality ID#: 318	Falls: Screening for Future Fall Risk	CMS Web Interface	97.78	88.99
Quality ID#: 110	Preventive Care and Screening: Influenza Immunization	CMS Web Interface	80.78	68.60
Quality ID#: 226	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	CMS Web Interface	92.31	79.98
Quality ID#: 113	Colorectal Cancer Screening	CMS Web Interface	90.07	77.81
Quality ID#: 112	Breast Cancer Screening	CMS Web Interface	87.11	80.93
Quality ID#: 438	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	CMS Web Interface	85.71	86.50
Quality ID#: 370	Depression Remission at Twelve Months	CMS Web Interface	8.43	17.35
Quality ID#: 321	CAHPS for MIPS [2]	CAHPS	8.33	6.67
Measure # 479	Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups [1]	Administrative Claims	0.1507	0.152
Measure # 484	Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with	Administrative Claims	25.80	37.00

	Multiple Chronic Conditions [1]			
CAHPS-1	Getting Timely Care, Appointments, and Information	CAHPS for MIPS	84.18	83.70
CAHPS-2	How Well Providers Communicate	CAHPS for MIPS	94.75	93.96
CAHPS-3	Patient's Rating of Provider	CAHPS for MIPS	93.15	92.43
CAHPS-4	Access to Specialists	CAHPS for MIPS	77.84	75.76
CAHPS-5	Health Promotion and Education	CAHPS for MIPS	69.23	65.48
CAHPS-6	Shared Decision Making	CAHPS for MIPS	63.68	62.31
CAHPS-7	Health Status and Functional Status	CAHPS for MIPS	74.84	74.14
CAHPS-8	Care Coordination	CAHPS for MIPS	87.21	85.89
CAHPS-9	Courteous and Helpful Office Staff	CAHPS for MIPS	94.02	92.89
CAHPS-11	Stewardship of Patient Resources	CAHPS for MIPS	30.21	26.98

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

Payment Rule Waivers

- Payment for Telehealth Services:
    - Our ACO clinicians provide telehealth services using the flexibilities under 42 CFR § 425.612(f) and 42 CFR § 425.613.

Fraud and Abuse Waivers

- **ACO Pre-Participation Waiver**:

  The following information describes each arrangement for which our ACO seeks protection under the *ACO Pre-Participation Waiver*, including any material amendment or modification to a disclosed arrangement.

  For each arrangement, provide the following information:

  - Parties to the arrangement: PAC Providers, CHRISTUS Health Quality Care Alliance
  - Date of arrangement: 02/27/2018
  - Items, services, goods, or facility provided: post-acute facilities participating in collaborative care and quality initiatives
  - Date and nature of any amendments to the arrangement, if applicable: N/A

- **Arrangements Disclosed:**

The Centers for Medicare and Medicaid Services ("CMS") and the U.S. Department of Health and Human Services' Office of Inspector General ("OIG") have made available waivers of certain federal fraud and abuse laws in connection with the operation of accountable care organizations that have entered into a participation agreement under the Medicare Shared Savings Program ("MSSP").

In order to receive the benefit of such waivers, the governing body of CHRISTUS Health Quality Care Alliance, LLC ("CHQCA") has made a bona fide, detailed determination that the following arrangements are reasonably related to the purposes of the MSSP.

- CHQCA has authorized a waiver of certain federal fraud and abuse laws for a Post-Acute Care Provider Affiliate Agreement with certain post-acute providers as set forth below (collectively, the "PAC Providers") for the purpose of having PAC Providers engage in collaborative care and quality initiatives, including sharing data and measuring performance to further the objective of improving patient health outcomes. The participating PAC Providers will be identified on the CHQCA website and in other information distributed to patients as "preferred providers," consistent with CMS marketing guidelines, but CHQCA Participant hospitals will make clear that patients have the right to choose any post-acute provider. CHQCA will not directly or indirectly limit a patient's choice of post-acute provider or otherwise require referrals to PAC Providers. The governing body of CHQCA approved the arrangement on February 27, 2018, following a determination that such arrangement supports the goals of CHQCA and is reasonably related to the purposes of the MSSP.
- CHQCA has authorized a waiver of certain federal fraud and abuse laws for an ACO Participant Integration Program to enable ACO Participants to earn payments for completing services to prepare for participation in CHQCA, including but not limited to, attending onboarding sessions, completing platform onboarding, and attending trainings as requested. In exchange for its provision of pre-participation services, providers shall be eligible to earn a one-time payment conditioned upon the completion of the services. The governing body of CHQCA approved the arrangement on December 2, 2025, following a determination that such arrangement supports the goals of CHQCA and is reasonably related to the purposes of the MSSP.
- CHQCA has authorized a waiver of certain federal fraud and abuse laws for a care coordination and reporting services program to allow ACO Participants to earn payments for completing evidence-based care coordination and management practices for CHQCA

beneficiaries. Under this program, a provider shall identify ACO Beneficiaries attributed to provider with open care gaps and address those care gaps during appointments or outreach with the goal of closing care gap. The governing body of CHQCA approved the arrangement on December 2, 2025, following a determination that such arrangement supports the goals of CHQCA and is reasonably related to the purposes of the MSSP.

- CHQCA has authorized a waiver of certain federal fraud and abuse laws for a Performance Improvement Program to enable ACO Participants to earn incentive payments for addressing and submitting outcomes to confirm or reject certain suspected diagnoses populated within EPIC or another technological method to improve the quality and coordination of care received by CHQCA Beneficiaries. The governing body of CHQCA approved the arrangement on December 2, 2025, following a determination that such arrangement supports the goals of CHQCA and is reasonably related to the purposes of the MSSP.