

ACO Name and Location

Summit Medical Group, P.A.

1 Diamond Hill Road, Berkeley Heights, NJ 07922

ACO Primary Contact

Cathi Weinstein

908-977-9499

wecare@summithealth.com

Organizational Information

ACO Participants:

ACO Participants	ACO Participant in Joint Venture
Summit Medical Group, P.A.	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
Adam	Barrison	Chair / Member	16.67%	ACO Participant Representative	Summit Medical Group, P.A.
Ashish	Parikh	Member	16.67%	ACO Participant Representative	Summit Medical Group, P.A.
Deborah	Cheung	Member	16.67%	ACO Participant Representative	Summit Medical Group, P.A.
Jack	Cappitelli	Member	16.67%	ACO Participant Representative	Summit Medical Group, P.A.
Marie	Nevin	Member	16.67%	ACO Participant Representative	Summit Medical Group, P.A.
Richard	Lesko	Member	16.67%	ACO Participant Representative	Summit Medical Group, P.A.

Key ACO Clinical and Administrative Leadership:

ACO Executive: Ashish Parikh, MD

Medical Director: Ashish Parikh, MD

Compliance Officer: Michelle O'Neill

Quality Assurance/Improvement Officer: Ashish Parikh, MD

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:

- ACO Professionals in a Group Practice arrangement

Shared Savings and Losses

Amount of Shared Savings/Losses:

- First Agreement Period
 - Performance Year 2022, \$8,303,809.94

Shared Savings Distribution:

- First Agreement Period
 - Performance Year 2022
 - Proportion invested in infrastructure: 35%
 - Proportion invested in redesigned care processes/resources: 40%
 - Proportion of distribution to ACO participants: 25%

Quality Performance Results

2022 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 [1]	CMS Web Interface Measure Set	6.27	10.71
Quality ID# 134	Preventative Care and Screening: Screening for Depression and Follow-up Plan	CMS Web Interface Measure Set	90.70	76.97
Quality ID# 236	Controlling High Blood Pressure	CMS Web Interface Measure Set	80.62	76.16
Quality ID# 318	Falls: Screening for Future Fall Risk	CMS Web Interface Measure Set	98.13	87.83
Quality ID# 110	Preventative Care and Screening: Influenza Immunization	CMS Web Interface Measure Set	94.55	77.34
Quality ID# 226	Preventative Care and Screening: Tobacco Use: Screening and Cessation Intervention	CMS Web Interface Measure Set	100.00	79.27

Measure #	Measure Name	Collection Type	Reported Performance Rate	Current Year Mean Performance Rate (SSP ACOs)
Quality ID# 113	Colorectal Cancer Screening	CMS Web Interface Measure Set	81.79	75.32
Quality ID# 112	Breast Cancer Screening	CMS Web Interface Measure Set	83.33	78.07
Quality ID# 438	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	CMS Web Interface Measure Set	87.00	86.37
Quality ID# 370	Depression Remission at Twelve Months	CMS Web Interface Measure Set	12.50	16.03
Quality ID# 321	CAHPS for MIPS [3]	CMS Web Interface Measure Set	N/A	N/A
Measure# 479	Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Groups [1]	CMS Web Interface Measure Set	0.1417	0.1510
Measure# 484	Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions [1]	CMS Web Interface Measure Set	29.43	30.97
CAHPS-1	Getting Timely Care, Appointments, and Information	CAHPS for MIPS Measures	83.97	83.96
CAHPS-2	How Well Providers Communicate	CAHPS for MIPS Measures	93.38	93.47
CAHPS-3	Patient's Rating of Provider	CAHPS for MIPS Measures	91.62	92.06
CAHPS-4	Access to Specialists	CAHPS for MIPS Measures	75.64	77.00
CAHPS-5	Health Promotion and Education	CAHPS for MIPS Measures	67.62	62.68
CAHPS-6	Shared Decision Making	CAHPS for MIPS Measures	56.56	60.97
CAHPS-7	Health Status and Functional Status	CAHPS for MIPS Measures	76.33	73.06
CAHPS-8	Care Coordination	CAHPS for MIPS Measures	87.82	85.46
CAHPS-9	Courteous and Helpful Office Staff	CAHPS for MIPS Measures	91.90	91.97
CAHPS-11	Stewardship of Patient Resources	CAHPS for MIPS Measures	26.77	25.62

[1] A lower performance rate corresponds to higher quality.

[2] For PY 2022, the CMS Web Interface measures Quality ID #438 and Quality ID #370 do not have benchmarks, and therefore, were not scored.

[3] CAHPS for MIPS is a composite measure, so numerator, denominator, and performance rate values are not applicable (N/A). The CAHPS for MIPS composite score is calculated as the average number of points across scored Summary Survey Measures (SSMs) (86 FR 65256). Refer to Table 5 for details on CAHPS for MIPS performance.

For previous years' Financial and Quality Performance Results, please visit: [Data.cms.gov](https://data.cms.gov)

Payment Rule Waivers

- Skilled Nursing Facility (SNF) 3-Day Rule Waiver: Yes
 - Our AC uses the SNF 3-Day Rule Waiver, pursuant to 42 CFR § 425.612