

Shared Savings Program Public Reporting

ACO Name and Location

Westchester Medical Group, PLLC

Trade Name/DBA: WESTMED Medical Group

800 Westchester Ave, Suite N-715, Rye Brook, NY, 10573, U.S.A.

ACO Primary Contact

Rebecca Graziano

5164589103

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Organizational Information

ACO Participants:

ACO Participants	ACO Participant in Joint Venture
WESTCHESTER MEDICAL GROUP PC/DBA: WESTMED MEDICAL GROUP PC	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
Adam	Barrison	Voting Member	5%	ACO Participant Representative	WESTCHESTER MEDICAL GROUP PC/DBA: WESTMED MEDICAL GROUP PC
Ashish	Parikh	Voting Member	5%	ACO Participant Representative	WESTCHESTER MEDICAL GROUP PC/DBA: WESTMED MEDICAL GROUP PC
Bill	Martimucci	Voting Member	5%	Medicare Beneficiary Representative	N/A
Harmeet	Bassi	Voting Member	5%	ACO Participant Representative	WESTCHESTER MEDICAL GROUP PC/DBA: WESTMED MEDICAL GROUP PC
Ian	Yarett	Voting Member	20%	ACO Participant Representative	WESTCHESTER MEDICAL GROUP PC/DBA: WESTMED MEDICAL GROUP PC
Marianne	Monahan	Voting Member	20%	ACO Participant Representative	WESTCHESTER MEDICAL GROUP PC/DBA: WESTMED MEDICAL GROUP PC
Nicholas	Pantaleo	Chair Voting Member	20%	ACO Participant Representative	WESTCHESTER MEDICAL GROUP PC/DBA: WESTMED MEDICAL GROUP PC

Waqas	Malik	Voting Member	20%	ACO Participant Representative	WESTCHESTER MEDICAL GROUP PC/DBA: WESTMED MEDICAL GROUP PC
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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:

Adam Barrison

Medical Director:

Nicholas

Pantaleo

Compliance Officer:

Kimberly Rodrigues

Quality Assurance/Improvement Officer:

Ashish Parikh

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:

- Fifth Agreement Period
 - Performance Year 2026, N/A
- Fourth Agreement Period
 - Performance Year 2025, N/A
 - Performance Year 2024, \$3,801,457.41
- Third Agreement Period
 - Performance Year 2023, \$0.00
 - Performance Year 2022, \$0.00
 - Performance Year 2021, \$0.00
 - Performance Year 2020, \$5,599,990.95

- Performance Year 2019, \$2,631,915.20
- Second Agreement Period
 - Performance Year 2019, \$2,631,915.20
 - Performance Year 2018, \$6,203,325.46
 - Performance Year 2017, \$5,384,459.77
 - Performance Year 2016, N/A
- First Agreement Period
 - Performance Year 2015, N/A
 - Performance Year 2014, \$3,266,225.76
 - Performance Year 2013, N/A
 - Performance Year 2012, 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:

- Fifth 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
- Fourth Agreement Period
 - 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:
 - Proportion invested in redesigned care processes/resources:
 - Proportion of distribution to ACO participants:
- Third Agreement Period
 - Performance Year 2023
 - 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 2022
 - 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 2021
 - 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 2020
 - Proportion invested in infrastructure:
 - Proportion invested in redesigned care processes/resources:
 - Proportion of distribution to ACO participants:
- Performance Year 2019
 - Proportion invested in infrastructure:
 - Proportion invested in redesigned care processes/resources:
 - Proportion of distribution to ACO participants:
- Second Agreement Period
 - Performance Year 2019
 - Proportion invested in infrastructure:
 - Proportion invested in redesigned care processes/resources:
 - Proportion of distribution to ACO participants:
 - Performance Year 2018
 - Proportion invested in infrastructure:
 - Proportion invested in redesigned care processes/resources:
 - Proportion of distribution to ACO participants:
 - Performance Year 2017
 - Proportion invested in infrastructure:
 - Proportion invested in redesigned care processes/resources:
 - Proportion of distribution to ACO participants:
 - 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
- First Agreement Period
 - Performance Year 2015
 - 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 2014

- Proportion invested in infrastructure:
- Proportion invested in redesigned care processes/resources:
- Proportion of distribution to ACO participants:
- o Performance Year 2013
 - Proportion invested in infrastructure: N/A
 - Proportion invested in redesigned care processes/resources: N/A
 - Proportion of distribution to ACO participants: N/A
- o Performance Year 2012
 - 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	6.36	6.67
479*	Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Groups	Administrative Claims	0.1473	0.1517
484*	Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions (MCC)	Administrative Claims	-	37
318	Falls: Screening for Future Fall Risk	CMS Web Interface	91.89	88.99
110	Preventative Care and Screening: Influenza Immunization	CMS Web Interface	73.38	68.6
226	Preventative Care and Screening: Tobacco Use: Screening and Cessation Intervention	CMS Web Interface	100	79.98
113	Colorectal Cancer Screening	CMS Web Interface	80.79	77.81
112	Breast Cancer Screening	CMS Web Interface	86.35	80.93
438	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	CMS Web Interface	87.7	86.5

370	Depression Remission at Twelve Months	CMS Web Interface	0	17.35
001*	Diabetes: Hemoglobin A1c (HbA1c) Poor Control	CMS Web Interface	7.55	9.44
134	Preventative Care and Screening: Screening for Depression and Follow-up Plan	CMS Web Interface	90.03	81.46
236	Controlling High Blood Pressure	CMS Web Interface	84.04	79.49
CAHPS-1	Getting Timely Care, Appointments, and Information	CAHPS for MIPS Survey	85.03	83.7
CAHPS-2	How Well Providers Communicate	CAHPS for MIPS Survey	94.36	93.96
CAHPS-3	Patient's Rating of Provider	CAHPS for MIPS Survey	93.56	92.43
CAHPS-4	Access to Specialists	CAHPS for MIPS Survey	74.07	75.76
CAHPS-5	Health Promotion and Education	CAHPS for MIPS Survey	70.92	65.48
CAHPS-6	Shared Decision Making	CAHPS for MIPS Survey	56	62.31
CAHPS-7	Health Status and Functional Status	CAHPS for MIPS Survey	75.64	74.14
CAHPS-8	Care Coordination	CAHPS for MIPS Survey	87.95	85.89
CAHPS-9	Courteous and Helpful Office Staff	CAHPS for MIPS Survey	92.76	92.89
CAHPS-11	Stewardship of Patient Resources	CAHPS for MIPS Survey	12.25	26.98

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.

Payment Rule Waivers

- Skilled Nursing Facility (SNF) 3-Day Rule Waiver:

- Our ACO uses the SNF 3-Day Rule Waiver, pursuant to 42 CFR § 425.612.
- Payment for Telehealth Services:
 - Our ACO clinicians provide telehealth services using the flexibilities under 42 CFR § 425.612(f) and 42 CFR § 425.613.