

SHARED SAVINGS PROGRAM PUBLIC REPORTING

ACO Name and Location

Indiana Lakes ACO, LLC

Trade Name/DBA: Indiana Lakes ACO

200 High Park Ave, Goshen, IN, 46526, U.S.A.

ACO Primary Contact

Margaret Franger

574-364-2907

sfranger@goshenhealth.com

Organizational Information

ACO Participants:

ACO Participants	ACO Participant in Joint Venture
GERIG SURGICAL ASSOCIATES PC	No
Goshen Family Physicians	No
GOSHEN HEALTH SYSTEM INC/DBA: GOSHEN PHYSICIANS	No
Goshen Hospital Association, Inc.	No
GOSHEN MEDICAL PRACTICE,LLC	No
KUHN MEDICAL CLINIC, LLC	No
Maple City Health Care Center, Inc.	No
MEDICINE REIMAGINED DPC	No
NORTH CENTRAL INDIANA MEDICAL CLINIC LLC	No
PAUL BULLER	No
Radiology, Inc.	No
SARAH T. KRABILL, M.D., FAMILY PRACTICE, P. C./DBA: KRABILL FAMILY MEDICINE	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
Barb	Meyer, MD	Voting Member	9.09%	ACO Participant Representative	Goshen Family Physicians

Dicky	Bhagat, MD	Voting Member	9.09%	ACO Participant Representative	GOSHEN MEDICAL PRACTICE,LLC
Julia	Freeze MD	Voting Member	9.09%	ACO Participant Representative	GOSHEN HEALTH SYSTEM INC/DBA: GOSHEN PHYSICIANS
Lisa	Wine	Voting Member	9.09%	ACO Participant Representative	Goshen Hospital Association, Inc.
Nathanial	Dew MD	Voting Member	9.09%	ACO Participant Representative	GERIG SURGICAL ASSOCIATES PC
Nicholas	Abel MD	Voting Member	9.09%	ACO Participant Representative	Radiology, Inc.
Randy	Christophel	Voting Member	9.1%	ACO Participant Representative	Goshen Hospital Association, Inc.
Sarah	Fite	Nonvoting Member	0%	ACO Participant Representative	GOSHEN HEALTH SYSTEM INC/DBA: GOSHEN PHYSICIANS
Sharmila	Roy Cowdhury	Voting Member	9.09%	ACO Participant Representative	GOSHEN HEALTH SYSTEM INC/DBA: GOSHEN PHYSICIANS
Steve	Garboden	Voting Member	9.09%	Medicare Beneficiary Representative	N/A
Susan	Franger	Voting Member	9.09%	ACO Participant Representative	Goshen Hospital Association, Inc.
Thomas	Pechin, MD	Voting Member	9.09%	ACO Participant Representative	GOSHEN HEALTH SYSTEM INC/DBA: GOSHEN PHYSICIANS

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:

Margaret Franger

Medical Director:

Thomas Pechin II

Compliance Officer:

Debra Filley

Quality Assurance/Improvement Officer:

Lisa Kuehne

Associated Committees and Committee Leadership:

Committee Name	Committee Leader Name and Position
Finance & Savings Distribution Committee	Barb Meyer, MD (Chairman)

Medical Management and Quality Committee	James Gingerich, MD (Chairman)
Patient Centered Medical Home Committee	Thomas Pechin, MD (Chairman)

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

- ACO professionals in a group practice arrangement
- Networks of individual practices of ACO professionals
- Partnerships or joint venture arrangements between hospitals and ACO professionals
- Hospital employing ACO professionals
- Federally Qualified Health Center (FQHC)

Shared Savings and Losses

Amount of Shared Savings/Losses:

- Fourth Agreement Period
 - Performance Year 2026, N/A
 - Performance Year 2025, N/A
- Third Agreement Period
 - Performance Year 2024, \$1,231,680.02
 - Performance Year 2023, \$725,110.30
 - Performance Year 2022, \$0.00
 - Performance Year 2021, \$930,007.43
 - Performance Year 2020, \$462,187.00
 - Performance Year 2019, \$2,622,211.13
- Second Agreement Period
 - Performance Year 2019, \$2,622,211.13
 - Performance Year 2018, \$1,890,944.83
 - Performance Year 2017, N/A
 - Performance Year 2016, \$1,609,811.93
- First Agreement Period
 - Performance Year 2015, N/A
 - Performance Year 2014, N/A
 - Performance Year 2013, 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:

- Fourth 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
- Third Agreement Period
 - Performance Year 2024
 - Proportion invested in infrastructure: 34%
 - Proportion invested in redesigned care processes/resources: 1%
 - Proportion of distribution to ACO participants: 65%
 - Performance Year 2023
 - Proportion invested in infrastructure: 66%
 - Proportion invested in redesigned care processes/resources: 3%
 - Proportion of distribution to ACO participants: 31%
 - 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: 45%
 - Proportion invested in redesigned care processes/resources: 2%
 - Proportion of distribution to ACO participants: 53%
 - Performance Year 2020
 - Proportion invested in infrastructure: 88%
 - Proportion invested in redesigned care processes/resources: 5%
 - Proportion of distribution to ACO participants: 7%
 - Performance Year 2019
 - Proportion invested in infrastructure: 14%
 - Proportion invested in redesigned care processes/resources: 1%
 - Proportion of distribution to ACO participants: 85%

- Second Agreement Period
 - Performance Year 2019
 - Proportion invested in infrastructure: 14%
 - Proportion invested in redesigned care processes/resources: 1%
 - Proportion of distribution to ACO participants: 85%
 - Performance Year 2018
 - Proportion invested in infrastructure: 19%
 - Proportion invested in redesigned care processes/resources: 1%
 - Proportion of distribution to ACO participants: 80%
 - 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: 20%
 - Proportion invested in redesigned care processes/resources: 0%
 - Proportion of distribution to ACO participants: 80%
- 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: N/A
 - Proportion invested in redesigned care processes/resources: N/A
 - Proportion of distribution to ACO participants: N/A
 - 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

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 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	9.03	6.67
479*	Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Groups	Administrative Claims	0.1499	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	-	-
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	Medicare CQM	7.03	28.04
134	Preventative Care and Screening: Screening for Depression and Follow-up Plan	Medicare CQM	98.89	63.04
236	Controlling High Blood Pressure	Medicare CQM	82.81	66.78
CAHPS-1	Getting Timely Care, Appointments, and Information	CAHPS for MIPS Survey	88.06	83.7
CAHPS-2	How Well Providers Communicate	CAHPS for MIPS Survey	95.37	93.96
CAHPS-3	Patient's Rating of Provider	CAHPS for MIPS Survey	93.65	92.43
CAHPS-4	Access to Specialists	CAHPS for MIPS Survey	77.82	75.76
CAHPS-5	Health Promotion and Education	CAHPS for MIPS Survey	64.33	65.48
CAHPS-6	Shared Decision Making	CAHPS for MIPS Survey	67.2	62.31
CAHPS-7	Health Status and Functional Status	CAHPS for MIPS Survey	75.38	74.14

CAHPS-8	Care Coordination	CAHPS for MIPS Survey	87.66	85.89
CAHPS-9	Courteous and Helpful Office Staff	CAHPS for MIPS Survey	93.85	92.89
CAHPS-11	Stewardship of Patient Resources	CAHPS for MIPS Survey	33.8	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.