

ACO Name and Location

Westchester Medical Group, P.C.

Previous Names: Westmed Medical Group, P.C.

800 Westchester Avenue (Suite N-715)

Rye Brook, NY 10573

ACO Primary Contact

Calie Santana, MD

(914) 848-8599

aco@westmedgroup.com

Organizational Information

ACO participants

Westchester Medical Group, P.C.

(WESTMED Medical Group)

Participant in Joint Venture: Y

ACO governing body

1. Michael Suzman, MD, Board Chair, **Member Voting Power: 1**, ACO Participant, Westchester Medical Group, P.C./WESTMED Medical Group
2. David Cziner, MD, Board Member, **Member Voting Power: 1**, ACO Participant, Westchester Medical Group, P.C./WESTMED Medical Group

3. Ronald Dennett, MD, Board Member, **Member Voting Power: 1**, ACO Participant, Westchester Medical Group, P.C./WESTMED Medical Group
4. Jonathan Finegold, MD, Board Member, **Member Voting Power: 1**, ACO Participant, Westchester Medical Group, P.C./WESTMED Medical Group
5. Herbert Gretz, MD, Board Member, **Member Voting Power: 1**, ACO Participant, Westchester Medical Group, P.C./WESTMED Medical Group
6. Monica Rieckhoff, MD, Board Member, **Member Voting Power: 1**, ACO Participant, Westchester Medical Group, P.C./WESTMED Medical Group
7. Cordelia Schwarz, MD, Board Member, **Member Voting Power: 1**, ACO Participant, Westchester Medical Group, P.C./WESTMED Medical Group
8. Randy Stein, MD, Board Member, **Member Voting Power: 1**, ACO Participant, Westchester Medical Group, P.C./WESTMED Medical Group
9. Joshua Waldman, MD, Board Member, **Member Voting Power: 1**, ACO Participant, Westchester Medical Group, P.C./WESTMED Medical Group

Key ACO clinical and administrative leadership

1. ACO Executive: Steven Meixler, MD
2. Medical Director: Steven Meixler, MD
3. Compliance Officer: Toni Mileo Drohan, Esq.
4. Quality Assurance/Improvement Officer: Calie Santana, MD

Associated committees and committee leadership

1. ACO Advisory Committee: Four (4) Westmed patients who are Medicare FFS Beneficiaries
2. **Committee Name:** ACO Advisory Committee; **Committee Leader Name & Position:** Steven Meixler, MD and Calie Santana, MD (Co-Chairs)

Types of ACO participants, or combinations of participants, that formed the ACO

1. ACO professionals in a group practice arrangement

Shared Savings and Losses

Amount of Shared Savings/Losses

- Third Agreement Period
 - 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
 - Performance Year 2017, \$5,384,460
 - Performance Year 2016, \$0
- First Agreement Period
 - Performance Year 2015, \$0
 - Performance Year 2014, \$3,266,226
 - Performance Year 2013, \$0

Note: Our ACO participated in multiple performance years during Calendar Year 2019. 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

- Third Agreement Period
 - Performance Year 2020
 - Proportion invested in infrastructure: 30%
 - Proportion invested in redesigned care processes/resources: 50%
 - Proportion of distribution to ACO participants: 20%
 - Performance Year 2019
 - Proportion invested in infrastructure: 30%
 - Proportion invested in redesigned care processes/resources: 50%
 - Proportion of distribution to ACO participants: 20%
- Second Agreement Period
 - Performance Year 2019
 - Proportion invested in infrastructure: 30%

- Proportion invested in redesigned care processes/resources: 50%
- Proportion of distribution to ACO participants: 20%
- Performance Year 2018
 - Proportion invested in infrastructure: 30%
 - Proportion invested in redesigned care processes/resources: 50%
 - Proportion of distribution to ACO participants: 20%
- Performance Year 2017
 - Proportion invested in infrastructure: 30%
 - Proportion invested in redesigned care processes/resources: 50%
 - Proportion of distribution to ACO participants: 20%
- 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: 30%
 - Proportion invested in redesigned care processes/resources: 50%
 - Proportion of distribution to ACO participants: 20%
 - 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. 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.

2020 Quality Performance Results:

ACO Number	Measure Name	Rate	ACO Mean
ACO-43	Ambulatory Sensitive Condition Acute Composite (AHRQ* Prevention Quality Indicator (PQI #91))	0.78	0.95
ACO-13	Falls: Screening for Future Fall Risk	70.52	84.97
ACO-14	Preventive Care and Screening: Influenza Immunization	78.79	76.03
ACO-17	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	63.16	81.67
ACO-18	Preventive Care and Screening: Screening for Clinical Depression and Follow-up Plan	65.69	71.46
ACO-19	Colorectal Cancer Screening	81.95	72.59

ACO-20	Breast Cancer Screening	83.80	74.05
ACO-42	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	87.28	83.37
ACO-27	Diabetes Mellitus: Hemoglobin A1c Poor Control	10.59	14.70
ACO-28	Hypertension (HTN): Controlling High Blood Pressure	81.56	72.87

*Please note, the ACO-40 Depression Remission at 12 months quality measure is not included in public reporting due to low sample size. The Centers for Medicare & Medicaid Services (CMS) also waived the requirement for ACOs to field a CAHPS for ACOs survey for PY 2020 through the Physician Fee Schedule Final Rule for Calendar Year 2021. Additionally, CMS reverted ACO-8 Risk-Standardized, All Condition Readmission and ACO-38 Risk-Standardized Acute Admission Rates for Patients with Multiple Chronic Conditions to pay-for-reporting, given the impact of the coronavirus disease 2019 (COVID-19) public health emergency (PHE) on these measures.

For Previous Years' Financial and Quality Performance Results, please visit data.cms.gov.

Payment Rule Waivers

- Skilled Nursing Facility (SNF) 3-day Rule Waiver: Yes
 - Our ACO **does** use the SNF 3-Day Rule Waiver, pursuant to 42 CFR §425.612.
- Waiver for Payment for Telehealth Services:
 - Our ACO clinicians provide telehealth services using the flexibilities under 42 CFR §425.612(f) and 42 CFR §425.613.