

SHARED SAVINGS PROGRAM PUBLIC REPORTING

ACO Name and Location

CHRISTUS Health Quality Care Alliance, LLC

Trade Name/DBA: CHRISTUS Health Quality Care Alliance

5101 N O'Connor Blvd, Irving, TX, 75039, U.S.A.

ACO Primary Contact

Mr. James Smith

4692822932

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Organizational Information

ACO Participants:

ACO Participants	ACO Participant in Joint Venture
Alamo Family Practice, PA	No
ALAMOGORDO INTERNAL MEDICINE P.C.	No
ASPEN MEDICAL GROUP LLC	No
BEAUMONT DERMATOLOGY & FAMILY PRACTICE, LLP	No
Breaux Internal Medicine and Pediatric Clinic	No
C H Wilkinson Physician Network	No
C Michelle Mayeux A Professional Medical Corporation	No
CALZADA MEDICAL ASSOCIATES PA	No
Cane River Family Medicine A Professional Medical Corporation	No
Christus Health Ark-La-Tex	No
Christus Health Central Louisiana	No
Christus Health Southeast Texas	No
Christus Spohn Health System Corporation	No
CHRISTUS Trinity Clinic	No
DIAGNOSTIC GROUP INTEGRATED HEALTHCARE SYSTEM, PLLC	No
EMERGENCY SPECIALTY SERVICES LLC	No
Fair Medical Clinic, APMC	No
Family Doctor Of Natchitoches, Inc.	No

FAMILY MEDICINE PARTNERS OF SANTA FE, P.C.	No
FULL CIRCLE HEALING FAMILY PRACTICE, LLC	No
Glen G. Guillet M.D., P.A.	No
Golden Triangle Family Care Center	No
James Mitchell	No
K Paul Gerstenberg, D O, P A	No
LISA SOMOZA ROBLES MD LLC	No
Mary Ingram Long A Professional Medical Corporation	No
MEDICAL ASSOCIATES OF NORTHERN NEW MEXICO	No
Medical Specialists of Texakrana	No
Mother Frances Hospital Regional Health Care Center	No
Mother Frances Hospital-Jacksonville	No
NEW BOSTON MEDICAL GROUP, LLP	No
OTERO COUNTY HOSPITAL ASSOCIATION	No
Phoenix Health Center, PLLC	No
SERENITY INC	No
SOUTHWEST CARE CENTER	No
St. Vincent Hospital	No
Stephen Spain	No
SUNRISE CLINICS	No
Supracare Family Health PLLC	No
Sycamore Medical Clinic	No
TYLER FAMILY CIRCLE OF CARE	No
ZIA INTERNAL MEDICINE ASSOCIATES, LLC	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
Jason	Proctor	Board Member	10%	ACO Participant Representative	Mother Frances Hospital Regional Health Care Center
Jennifer	Beal	Board Member	10%	ACO Participant Representative	CHRISTUS Trinity Clinic

Lee	Portwood	Board Member	10%	Medicare Beneficiary Representative	N/A
Monica	Wilkins	Board Member	10%	ACO Participant Representative	OTERO COUNTY HOSPITAL ASSOCIATION
Orel Michael	Everett	Board Member	10%	ACO Participant Representative	CHRISTUS Trinity Clinic
Roy	Wadle	Board Member	10%	ACO Participant Representative	CHRISTUS Trinity Clinic
Sam	Bagchi	Chair	10%	ACO Participant Representative	CHRISTUS Trinity Clinic
Shannon	Stansbury	Board Member	10%	Other	N/A
Steven	Keuer	Board Member	10%	ACO Participant Representative	CHRISTUS Trinity Clinic
Warren	Albrecht	Board Member	10%	ACO Participant Representative	CHRISTUS Trinity Clinic

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:

Shannon Stansbury

Medical Director:

Dean Cannon

Compliance Officer:

Juanita Dowell

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
- Federally Qualified Health Center (FQHC)
- Rural Health Clinic (RHC)

Shared Savings and Losses

Amount of Shared Savings/Losses:

- Third Agreement Period
 - Performance Year 2026, N/A
 - Performance Year 2025, N/A
 - Performance Year 2024, \$42,094,941.14
 - Performance Year 2023, \$27,682,241.33
- Second Agreement Period
 - Performance Year 2022, \$14,332,724.00
 - Performance Year 2021, \$11,798,430.89
 - Performance Year 2020, \$12,218,626.60
 - Performance Year 2019, \$10,920,063.29
- First Agreement Period
 - Performance Year 2019, \$10,920,063.29
 - Performance Year 2018, \$9,678,981.52
 - Performance Year 2017, N/A
 - Performance Year 2016, 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:

- Third 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
 - 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%
- o 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
 - o 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%
 - o 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%
 - o Performance Year 2020
 - Proportion invested in infrastructure: 20%
 - Proportion invested in redesigned care processes/resources: 20%
 - Proportion of distribution to ACO participants: 60%
 - o 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
 - o Performance Year 2019
 - Proportion invested in infrastructure: 20%
 - Proportion invested in redesigned care processes/resources: 20%
 - Proportion of distribution to ACO participants: 60%
 - o Performance Year 2018
 - Proportion invested in infrastructure: 20%
 - Proportion invested in redesigned care processes/resources: 20%
 - Proportion of distribution to ACO participants: 60%
 - o 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
 - o 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

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	8.33	6.67
479*	Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Groups	Administrative Claims	0.1507	0.1517
484*	Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions (MCC)	Administrative Claims	25.8	37
318	Falls: Screening for Future Fall Risk	CMS Web Interface	97.78	88.99
110	Preventative Care and Screening: Influenza Immunization	CMS Web Interface	80.78	68.6
226	Preventative Care and Screening: Tobacco Use: Screening and Cessation Intervention	CMS Web Interface	92.31	79.98
113	Colorectal Cancer Screening	CMS Web Interface	90.07	77.81
112	Breast Cancer Screening	CMS Web Interface	87.11	80.93
438	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	CMS Web Interface	85.71	86.5
370	Depression Remission at Twelve Months	CMS Web Interface	8.43	17.35
001*	Diabetes: Hemoglobin A1c (HbA1c) Poor Control	CMS Web Interface	6.64	9.44
134	Preventative Care and Screening: Screening for Depression and Follow-up Plan	CMS Web Interface	92.21	81.46
236	Controlling High Blood Pressure	CMS Web Interface	86.69	79.49
CAHPS-1	Getting Timely Care, Appointments, and Information	CAHPS for MIPS Survey	84.18	83.7
CAHPS-2	How Well Providers Communicate	CAHPS for	94.75	93.96

		MIPS Survey		
CAHPS-3	Patient's Rating of Provider	CAHPS for MIPS Survey	93.15	92.43
CAHPS-4	Access to Specialists	CAHPS for MIPS Survey	77.84	75.76
CAHPS-5	Health Promotion and Education	CAHPS for MIPS Survey	69.23	65.48
CAHPS-6	Shared Decision Making	CAHPS for MIPS Survey	63.68	62.31
CAHPS-7	Health Status and Functional Status	CAHPS for MIPS Survey	74.84	74.14
CAHPS-8	Care Coordination	CAHPS for MIPS Survey	87.21	85.89
CAHPS-9	Courteous and Helpful Office Staff	CAHPS for MIPS Survey	94.02	92.89
CAHPS-11	Stewardship of Patient Resources	CAHPS for MIPS Survey	30.21	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

- 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.

- 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

- **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.