

SHARED SAVINGS PROGRAM PUBLIC REPORTING

ACO Name and Location

OSF Healthcare System

Trade Name/DBA: OSF Healthcare System

124 Southwest Adams St., Peoria, IL, 61602, U.S.A.

ACO Primary Contact

Kari Ott

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Organizational Information

ACO Participants:

ACO Participants	ACO Participant in Joint Venture
Illinois Pathologist Services, LLC	No
Mendota Community Hospital	No
OSF Multi-Specialty Group	No
Ottawa Regional Hospital & Healthcare Center	No
Saint Anthony Medical Center	No
Saint Francis Medical Center	No
Saint James Hospital	No
St Francis Hospital	No
St Mary Medical Center	No
St. Joseph Medical Center	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
Brian	Silverstein	President, HC Wisdom	6.66%	ACO Participant Representative	Mendota Community Hospital
David	Higgs	Patient/Consumer Representative	6.66%	Community Stakeholder Representative	N/A

Josh	Sarver	Director, Accountable Care Services	0%	Other	N/A
Lori	Wiegand	CNO, OSF Healthcare System	6.66%	ACO Participant Representative	St Francis Hospital
Gerald	McShane	Physician	6.66%	Other	St. Mary Medical Center
Ralph	Velazquez	CMO, OSF Healthcare System	6.66%	ACO Participant Representative	Saint Anthony Medical Center

Robert	Sehring	CEO, OSF Healthcare System	6.66%	ACO Participant Representative	Saint Francis Medical Center
Robert	Brandfass	SVP, Chief Legal Officer	0%	Other	N/A
Sister Agnes Joseph	Williams	Order of Saint Francis	6.66%	ACO Participant Representative	St. Joseph Medical Center

Sister Judith Ann	Duvall	Mother Superior, Order of Saint Francis (RN, MBA)	6.76%	ACO Participant Representative	OSF Multi-Specialty Group
Sister M. Mikela	Meidl	Executive Vice President, OSF Healthcare System	6.66%	ACO Participant Representative	Ottawa Regional Hospital & Healthcare Center
Sister Theresa Ann	Brazeau	Order of Saint Francis	6.66%	ACO Participant Representative	Saint James Hospital

Steve	Rump	Medicare Beneficiary Representative	6.66%	Medicare Beneficiary Representative	N/A
Tim	Vega	VP, CMO Ambulatory Multispecialty Group Services	6.66%	ACO Participant Representative	Illinois Pathologist Services, LLC

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:

Robert Sehring

Medical Director:

Ralph Velazquez

Compliance Officer:

Theresa Flanders

Quality Assurance/Improvement Officer:

Alex Sherbeyn

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

- ACO professionals in a group practice arrangement
- Hospital employing ACO professionals
- Critical Access Hospital (CAH) billing under Method II
- 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
- Second Agreement Period
 - Performance Year 2024, \$32,303,385.54
 - Performance Year 2023, \$29,220,859.28
 - Performance Year 2022, \$25,963,739.00
 - Performance Year 2021, \$20,621,178.62
 - Performance Year 2020, \$17,942,957.95
- First Agreement Period
 - Performance Year 2019, \$8,722,897.92
 - Performance Year 2018, \$0.00
 - Performance Year 2017, N/A

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
- Second Agreement Period
 - Performance Year 2024
 - Proportion invested in infrastructure:
 - Proportion invested in redesigned care processes/resources:
 - Proportion of distribution to ACO participants:
 - Performance Year 2023
 - Proportion invested in infrastructure:
 - Proportion invested in redesigned care processes/resources:
 - Proportion of distribution to ACO participants:
 - Performance Year 2022
 - Proportion invested in infrastructure:
 - Proportion invested in redesigned care processes/resources:
 - Proportion of distribution to ACO participants:
 - Performance Year 2021
 - Proportion invested in infrastructure:
 - Proportion invested in redesigned care processes/resources:
 - Proportion of distribution to ACO participants:
 - Performance Year 2020
 - Proportion invested in infrastructure:
 - Proportion invested in redesigned care processes/resources:
 - Proportion of distribution to ACO participants:
- First 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: N/A

- Proportion invested in redesigned care processes/resources: N/A
- Proportion of distribution to ACO participants: N/A
- 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

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	4.73	6.67
479*	Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Groups	Administrative Claims	0.1609	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	78.88	88.99
110	Preventative Care and Screening: Influenza Immunization	CMS Web Interface	73.04	68.6
226	Preventative Care and Screening: Tobacco Use: Screening and Cessation Intervention	CMS Web Interface	75	79.98
113	Colorectal Cancer Screening	CMS Web Interface	82.41	77.81
112	Breast Cancer Screening	CMS Web Interface	79.93	80.93
438	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	CMS Web Interface	88.52	86.5
370	Depression Remission at Twelve Months	CMS Web Interface	12.2	17.35
001*	Diabetes: Hemoglobin A1c (HbA1c) Poor Control	CMS Web Interface	7.09	9.44
134	Preventative Care and Screening: Screening for Depression and Follow-up Plan	CMS Web Interface	62.5	81.46
236	Controlling High Blood Pressure	CMS Web Interface	73.75	79.49
CAHPS-1	Getting Timely Care, Appointments, and	CAHPS for	79.97	83.7

	Information	MIPS Survey		
CAHPS-2	How Well Providers Communicate	CAHPS for MIPS Survey	93.52	93.96
CAHPS-3	Patient's Rating of Provider	CAHPS for MIPS Survey	91.97	92.43
CAHPS-4	Access to Specialists	CAHPS for MIPS Survey	73.65	75.76
CAHPS-5	Health Promotion and Education	CAHPS for MIPS Survey	61.49	65.48
CAHPS-6	Shared Decision Making	CAHPS for MIPS Survey	56.19	62.31
CAHPS-7	Health Status and Functional Status	CAHPS for MIPS Survey	72.05	74.14
CAHPS-8	Care Coordination	CAHPS for MIPS Survey	85.27	85.89
CAHPS-9	Courteous and Helpful Office Staff	CAHPS for MIPS Survey	93.32	92.89
CAHPS-11	Stewardship of Patient Resources	CAHPS for MIPS Survey	23.83	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.