

ACO Name and Location

BJC HealthCare ACO, LLC 660 Mason Ridge Center Drive Suite 300 St. Louis, MO 63141

ACO Primary Contact

Primary Contact Name	Karen Shakiba
Primary Contact Phone Number	314-996-7624
Primary Contact Email Address	Karen.Shakiba@bjc.org

Organizational Information

ACO Participants:

ACO Participants	ACO Participant in Joint Venture
Barnes-Jewish Hospital	N
Fairview Heights Medical Group, S.C.	N
PROTESTANT MEMORIAL MEDICAL CENTER, INC.	N
Alton Memorial Hospital	N
Progress West HealthCare Center	N
Missouri Baptist Medical Center	N
BOONSLICK MEDICAL GROUP INC	N
Parkland Health Center	N
BJC Home Care Services	N
Barnes-Jewish St. Peters Hospital, Inc.	N
Missouri Baptist Hospital of Sullivan	N
Barnes-Jewish West County Hospital	N
Physician Groups, LC	N
Christopher M. Perry DO PC	N
Christian Hospital Northeast-Northwest	N
ALTON MEMORIAL PHYSICIAN BILLING SERVICES LLC	N
WASHINGTON UNIVERSITY CLINICAL ASSOCIATES - MARYLAND MEDICAL	N

Shared Savings Program Public Reporting Instructions and Template



Version 8 | January 2024

ACO Governing Body:

Member First Name	Member Last Name	Member Title/Position	Member's Voting Power*	Membership Type	ACO Participant Legal Business Name, if applicable
Joan	Magruder	Chair, BJC Group President	7.143%	Other	
Douglas	Pogue	ACO President, President, BJC Medical Group	7.143%	ACO Participant Representative	Physician Groups LC d/b/a BJC Medical Group
Matthew	Broom	CMO, BJC Medical Group	7.143%	ACO Participant Representative	Physician Groups LC d/b/a BJC Medical Group
Chad	Engstrom	ACO Chief Administrative Officer; BJC Medical Group COO	0%	Other	Physician Groups LC d/b/a BJC Medical Group
Ann	Abad	President, Missouri Baptist Medical Center	7.143%	ACO Participant Representative	Missouri Baptist Medical Center
Rick	Stevens	President, Christian Hospital	7.143%	ACO Participant Representative	Christian Hospital Northeast Northwest
Angela	Martin-Davis	President, BJC Home Care & BJC Behavioral Health	7.143%	ACO Participant Representative	BJC Home Care
Annette	Schnabel	President, Parkland Health Center	7.143%	ACO Participant Representative	Parkland Health Center
Gina	Calder	President, Barnes-Jewish St. Peters Hospital and Progress West Hospital	7.143%	ACO Participant Representative	Barnes-Jewish St. Peters Hospital and Progress West Hospital
Tracy	Norfleet	Practicing Physician, BJC Medical Group	7.143%	ACO Participant Representative	Physician Groups LC d/b/a BJC Medical Group
Scott	Groesch	Practicing Physician, Maryland Medical Group (WUCA)	7.143%	ACO Participant Representative	Washington University Clinical Associates (WUCA) – Maryland Medical
Nathan	Moore	ACO Medical Director; Practicing Physician, BJC Medical Group	7.143%	ACO Participant Representative	Physician Groups LC d/b/a BJC Medical Group

Shared Savings Program Public Reporting Instructions and Template Version 8 | January 2024



Member First Name	Member Last Name	Member Title/Position	Member's Voting Power*	Membership Type	ACO Participant Legal Business Name, if applicable
John	Lynch	VP, Chief Medical Officer, Barnes Jewish Hospital	7.143%	ACO Participant Representative	Barnes Jewish Hospital
Hans	Moosa	Medical Director, Memorial Medical Group	7.143%	ACO Participant Representative	Physician Groups LC d/b/a BJC Medical Group
Judy	Mange	Medicare Beneficiary Representative	7.143%	Medicare Beneficiary Representative	

*Due to rounding, "Member's Voting Power" may not equal 100 percent

Key ACO Clinical and Administrative Leadership:

ACO Executive: Douglas Pogue, M.D.

Medical Director: Nathan Moore, M.D.

Compliance Officer: Steven Bernstetter

Quality Assurance/Improvement Officer: Nathan Moore, M.D.

Associated Committees and Committee Leadership:

Committee Name	Committee Leader Name and Position
Quality Assurance and Improvement Committee	Dr. Nathan Moore, ACO Medical Director, Practicing Physician BJC Medical Group
Nominating Committee	Dr. Douglas Pogue, ACO Executive; President BJC Medical Group
Network Committee	Chad Engstrom, Chief Administrative Officer, BJC Medical Group COO

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

- Hospital employing ACO professionals
- Rural Health Clinic (RHC)

Version 8 | January 2024



Shared Savings and Losses

Amount of Shared Savings/Losses:

- Third Agreement Period
 - o Performance Year 2022, \$6,372,485
 - o Performance Year 2021, \$7,930,285
 - o Performance Year 2020, \$9,387,016
 - o Performance Year 2019, \$2,967,196
- Second Agreement Period
 - Performance Year 2018, \$0
 - o Performance Year 2017, \$8,988,067
 - Performance Year 2016, \$0
- First Agreement Period
 - Performance Year 2015, \$0
 - Performance Year 2014, \$0
 - Performance Year 2013, \$0

Shared Savings Distribution:

- Third Agreement Period
 - Performance Year 2022
 - Proportion invested in infrastructure: 30%
 - Proportion invested in redesigned care processes/resources: 26%
 - Proportion of distribution to ACO participants: 44%
 - Performance Year 2021
 - Proportion invested in infrastructure: 20%
 - Proportion invested in redesigned care processes/resources: 22%
 - Proportion of distribution to ACO participants: 58%
 - Performance Year 2020
 - Proportion invested in infrastructure: 20%
 - Proportion invested in redesigned care processes/resources: 27%
 - Proportion of distribution to ACO participants: 53%
 - Performance Year 2019
 - Proportion invested in infrastructure: 20%
 - Proportion invested in redesigned care processes/resources: 31%
 - Proportion of distribution to ACO participants: 49%

Shared Savings Program Public Reporting Instructions and Template

Version 8 | January 2024



- Second Agreement Period
 - 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
 - Performance Year 2017
 - Proportion invested in infrastructure: 20%
 - Proportion invested in redesigned care processes/resources: 13%
 - Proportion of distribution to ACO participants: 67%
 - 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: 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

Quality Performance Results

2022 Quality Performance Results:

Quality performance results are based on the CAHPS for MIPS, CMS Web Interface, and Administrative Claims measure set collection types.

Shared Savings Program Public Reporting Instructions and Template Version 8 | January 2024



Measure #	Measure Name	Collection Type	Reported Performance Rate	Current Year Mean Performance Rate (SSP ACOs)
CAHPS-1	Getting Timely Care, Appointments, and Information	CAHPS for MIPS Survey	83.39	83.96
CAHPS-2	How Well Providers Communicate	CAHPS for MIPS Survey	94.65	93.47
CAHPS-3	Patient's Rating of Provider	CAHPS for MIPS Survey	93.39	92.06
CAHPS-4	Access to Specialists	CAHPS for MIPS Survey	79.38	77.00
CAHPS-5	Health Promotion and Education	CAHPS for MIPS Survey	66.01	62.68
CAHPS-6	Shared Decision Making	CAHPS for MIPS Survey	62.16	60.97
CAHPS-7	Health Status and Functional Status	CAHPS for MIPS Survey	71.56	73.06
CAHPS-8	Care Coordination	CAHPS for MIPS Survey	86.89	85.46
CAHPS-9	Courteous and Helpful Office Staff	CAHPS for MIPS Survey	92.99	91.97
CAHPS-11	Stewardship of Patient Resources	CAHPS for MIPS Survey	21.37	25.62
001	Diabetes: Hemoglobin A1c (HbA1c) Poor Control ¹	CMS Web Interface	8.52	10.71
134	Preventative Care and Screening: Screening for Depression and Follow-up Plan	CMS Web Interface	92.51	76.97
236	Controlling High Blood Pressure	CMS Web Interface	82.56	76.16
318	Falls: Screening for Future Fall Risk	CMS Web Interface	97.78	87.83
110	Preventative Care and Screening: Influenza Immunization	CMS Web Interface	94.14	77.34
226	Preventative Care and Screening: Tobacco Use: Screening and Cessation Intervention	CMS Web Interface	96.67	79.27
113	Colorectal Cancer Screening	CMS Web Interface	86.75	75.32
112	Breast Cancer Screening	CMS Web Interface	88.30	78.07
438	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease ²	CMS Web Interface	85.64	86.37

Shared Savings Program Public Reporting Instructions and Template Version 8 | January 2024



ression Remission at Twelve Months ²	CMS Web Interface	10.42	16.03
HPS for MIPS ³	N/A	N/A	N/A
pital-Wide, 30-Day, All-Cause Unplanned dmission (HWR) Rate for MIPS Groups ¹	Administrativ e Claims	0.1517	0.1510
ician and Clinician Group Risk-standardized pital Admission Rates for Patients with Multiple onic Conditions ¹	Administrativ e Claims	34.30	30.97
	dmission (HWR) Rate for MIPS Groups ¹ ician and Clinician Group Risk-standardized pital Admission Rates for Patients with Multiple onic Conditions ¹ ince rate corresponds to higher quality.	dmission (HWR) Rate for MIPS Groups1e Claimsician and Clinician Group Risk-standardized pital Admission Rates for Patients with Multiple onic Conditions1Administrativ e Claimsince rate corresponds to higher quality.Administrativ e Claims	dmission (HWR) Rate for MIPS Groups1e Claims0.1517ician and Clinician Group Risk-standardized pital Admission Rates for Patients with Multiple onic Conditions1Administrativ e Claims34.30

[3] CAHPS for MIPS is a composite measure, so numerator, denominator, and performance rate values are not applicable (N/A).

For previous years' Financial and Quality Performance Results, please visit: data.cms.gov

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.
- 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.