

**ACO Name and Location**

National Physician Administrative Services, LLC  
 1100 West 31<sup>st</sup> Street Suite 300  
 Downers Grove, IL 60515

**ACO Primary Contact**

Sean Gill  
 630-545-4023  
 Sean.Gill@dulyhealthandcare.com

**Organizational Information****ACO participants:**

ACO Participants	ACO Participant in Joint Venture
DuPage Medical Group LTD	N

**ACO governing body:**

Member Last Name	Member First Name	Member Title/Position	Member's Voting Power	Membership Type	ACO Participant Legal Business Name/DBA, if applicable
Merrick	Paul	Chair	1	ACO Participant Representative	DuPage Medical Group, LTD
Pacetti	Mike	Voting Member	1	ACO Participant Representative	DuPage Medical Group, LTD
Kwiecinski	Michael	Voting Member	1	ACO Participant Representative	DuPage Medical Group, LTD
Phillip	Mathew	Voting Member	1	ACO Participant Representative	DuPage Medical Group, LTD
Boddipalli	Viveka	Voting Member	1	ACO Participant Representative	DuPage Medical Group, LTD
Dungan	Dave	Voting Member	1	ACO Participant Representative	DuPage Medical Group, LTD
Hurteau	Andrea	Voting Member	1	ACO Participant Representative	DuPage Medical Group, LTD
Poland	Robert	Voting Member	1	Medicare Beneficiary Representative	N/A
Aubey	Josh	Compliance Officer	Non-Voting	ACO Participant Representative	DuPage Medical Group, LTD

**Key ACO clinical and administrative leadership:**

ACO Executive: Sean Gill  
 Medical Director: Michael Kwiecinski, MD  
 Compliance Officer: Josh Aubey  
 Quality Assurance/Improvement Officer: Viktoria Averbeck

**Associated committees and committee leadership:**

Committee Name	Committee Leader Name and Position
Quality Assurance & Utilization Management Committee	Dave Dungan, MD, Chair
Operations Committee	Sean Gill, Chair

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

- ACO professionals in a group practice arrangement.

## Shared Savings and Losses

### Amount of Shared Savings/Losses:

- First Agreement Period
  - Performance Year 2020: \$6,324,177.13

### Shared Savings Distribution:

- First Agreement Period
  - Performance Year 2020
    - Proportion invested in infrastructure: 0%
    - Proportion invested in redesigned care processes/resources: 0%
    - Proportion of distribution to ACO participants: 100%

## Quality Performance Results

### 2020 Quality Performance Results:

ACO #	Measure Name	Rate	ACO Mean
ACO-43 [3]	Ambulatory Sensitive Condition Acute Composite	0.98	0.95
ACO-13	Falls: Screening for Future Fall Risk	67.21	84.97
ACO-14	Preventive Care and Screening: Influenza Immunization	66.78	76.03
ACO-17	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	68.97	81.67
ACO-18	Preventive Care and Screening: Screening for Depression and Follow-up Plan	79.09	71.46
ACO-19	Colorectal Cancer Screening	64.59	72.59
ACO-20	Breast Cancer Screening	69.17	74.05
ACO-42	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	81.13	83.37
ACO-27	Diabetes Mellitus: Hemoglobin A1c Poor Control	18.24	14.70
ACO-28	Hypertension (HTN): Controlling High Blood Pressure	74.48	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](https://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