

## ACO Name and Location

ColigoCare, LLC  
15 Essex Road, Suite 503  
Paramus, NJ 07652

## ACO Primary Contact

Robert Angner, MBA  
Tel: 201-251-3460  
Email: rangner@valleyhealth.com

## Organizational Information

### ACO Participants:

ACO Participants	ACO Participant in Joint Venture
Amit Agarwal, MD PC	Y
ASP Surgical, LLC	Y
Bergen Hypertension & Renal Associates	Y
ElderPath Medical, PC	Y
Glen Berger	Y
Glen Berger, MD, PA	Y
Ian Levy	Y
JL Surgical, LLC	Y
Mitul Patel	Y
Neurology Group of Bergen County, PA	Y
New Jersey Endovascular Therapeutics, PC	Y
Rehabilitation Specialists of New Jersey, LLC	Y
Sovereign Medical Group, LLC	Y
Susan Volpicella-Levy, DO	Y
Valley Diagnostic Medical Center	Y
Valley Emergency Room Associates, PA	Y
Valley Physician Services, PC	Y
Valley Pulmonary & Sleep Disorder Center	Y

**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
Rashid	Baddoura	Community Member	8.33%	Medicare Beneficiary Representative	N/A
Daniel	Char	Member, Board of Managers	8.33%	ACO Participant Representative	New Jersey Endovascular Therapeutics, PC
Joseph	Fernicola	Member, Board of Managers	8.34%	ACO Participant Representative	Valley Physician Services, PC
James	Girardy	Member, Board of Managers	8.33%	ACO Participant Representative	Rehabilitation Specialists of New Jersey, LLC
Ivannette	Juarbe-Ramos	Member, Board of Managers	8.34%	ACO Participant Representative	Valley Physician Services, PC
Ryan	Murphy	Member, Board of Managers	8.33%	ACO Participant Representative	Valley Emergency Room Associates, PA
Michael	Rahmin	Chairman, Board of Managers	8.33%	ACO Participant Representative	Valley Physician Services, PC
Puneeta	Sharma	Member, Board of Managers	8.33%	ACO Participant Representative	Valley Physician Services, PC
Rakesh	Sharma	Member, Board of Managers	8.34%	ACO Participant Representative	Valley Pulmonary & Sleep Disorder Center, PA
Susan	Volpicella-Levy	Member, Board of Managers	8.33%	ACO Participant Representative	Susan Volpicella-Levy, DO
Maria	Williams	Member, Board of Managers	8.33%	ACO Participant Representative	Valley Physician Services, PC
Joseph	Yallowitz	President, Board of Managers	8.34%	VP and CMO	Valley Health System

**Key ACO Clinical and Administrative Leadership:**

ACO Executive: Joseph Yallowitz, MD

Medical Director: Susan Volpicella-Levy, DO

Compliance Officer: Jessica Feehan

Quality Assurance/Improvement Officer: David Strassberg, MD

**Associated Committees and Committee Leadership 2025:**

Committee Name	Committee Leader Name and Position
Care Transformation, Remediation and Advisory Committee	David Strassberg, MD
Payment Transformation, Finance and Advisory Committee	Susan Volpicella-Levy, DO

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

- Network of Individual practices of ACO professionals

**Shared Savings and Losses****Amount of Shared Savings/Losses:**

- Second Agreement Period

- Performance Year 2024, \$0
- Performance Year 2023, \$5,868,961.33
- Performance Year 2022, \$2,519,435.86
- First Agreement Period
  - Performance Year 2021, \$0
  - Performance Year 2020, \$5,153,076.55
  - Performance Year 2019, \$0
  - Performance Year 2018, \$0

#### **Shared Savings Distribution:**

- Second Agreement Period
  - Performance Year 2024
    - 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 2023
    - Proportion invested in infrastructure: 34.7%
    - Proportion invested in redesigned care processes/resources: 0.9%
    - Proportion of distribution to ACO participants: 64.4%
  - Performance Year 2022
    - Proportion invested in infrastructure: 34.2%
    - Proportion invested in redesigned care processes/resources: 2.2%
    - Proportion of distribution to ACO participants: 63.6%
- First Agreement Period
  - Performance Year 2021
    - 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 2020
    - Proportion invested in infrastructure: 34.6%
    - Proportion invested in redesigned care processes/resources: 1.2%
    - Proportion of distribution to ACO participants: 64.2%
  - Performance Year 2019
    - 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 2018
    - 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 CMS Web Interface collection type.

Measure #	Measure Title	Collection Type	Performance Rate	Current Year Mean Performance Rate
-----------	---------------	-----------------	------------------	------------------------------------

001	Diabetes: Hemoglobin A1c (HbA1c) Poor Control	CMS Web Interface	5.89	9.44
134	Preventative Care and Screening: Screening for Depression and Follow-up Plan	CMS Web Interface	90.22	81.46
236	Controlling High Blood Pressure	CMS Web Interface	97.86	79.49
318	Falls: Screening for Future Fall Risk	CMS Web Interface	97.55	88.99
110	Preventative Care and Screening: Influenza Immunization	CMS Web Interface	72.68	68.60
226	Preventative Care and Screening: Tobacco Use: Screening and Cessation Intervention	CMS Web Interface	81.82	79.98
113	Colorectal Cancer Screening	CMS Web Interface	83.77	77.81
112	Breast Cancer Screening	CMS Web Interface	82.74	80.93
438	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	CMS Web Interface	97.84	86.50
370	Depression Remission at Twelve Months	CMS Web Interface	9.43	17.35

321	CAHPS for MIPS	CMS Web Interface	5.47	6.67
479	Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Groups	CMS Web Interface	0.1507	0.1517
484	Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions	CMS Web Interface	34.53	37.00
CAHPS-1	Getting Timely Care, Appointments and Information	CAHPS for MIPS	80.52	83.70
CAHPS-2	How Well Providers Communicate	CAHPS for MIPS	92.66	93.96
CAHPS-3	Patient's Rating of Provider	CAHPS for MIPS	91.96	92.43
CAHPS-4	Access to Specialists	CAHPS for MIPS	75.04	75.76
CAHPS-5	Health Promotion and Education	CAHPS for MIPS	70.49	65.48
CAHPS-6	Shared Decision Making	CAHPS for MIPS	60.01	62.31
CAHPS-7	Health Status and Functional Status	CAHPS for MIPS	74.21	74.14

CAHPS-8	Care Coordination	CAHPS for MIPS	87.15	85.89
CAHPS-9	Courteous and Helpful Office Staff	CAHPS for MIPS	92.66	92.89
CAHPS-11	Stewardship of Patient Resources	CAHPS for MIPS	20.68	26.98

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 does NOT use the SNF 3-Day Rule Waiver, pursuant to 42 CFR § 425.612.
- Payment for Telehealth Services:
  - Our ACO clinicians do NOT provide telehealth services using the flexibilities under 42 CFR § 425.612(f) and 42 CFR § 425.613.

### Advance Investment Payments (AIP)

- Our ACO does NOT receive or use Advance Investment Payments (AIP), as set forth in 42 CFR § 425.308(b)(8).

### Prepaid Shared Savings (PSS)

- Our ACO does NOT receive or use Prepaid Shared Savings (PSS), as set forth in 42 CFR § 425.308(b)(10).

### Fraud and Abuse Waivers

- ACO Pre-Participation Waiver:
  - Our ACO does NOT seek protection under the ACO Pre-Participation Waiver.
- ACO Participation Waiver:
  - Parties to the arrangement: ColigoCare, LLC ("ColigoCare") and primary care providers in the ACO.
  - Date of arrangement: 01/01/2023
  - Items, services, goods, or facility provided: ColigoCare provided access to software from a company named Inferscience, Inc. to primary care providers who participate in the ColigoCare ACO and utilize an electronic medical record system that has an ability to integrate with the software. Providing the software is reasonably related to the purpose of the Medicare Shared Savings Program because it will assist providers with required

hierarchical condition category coding.

- Date and nature of any amendments to the arrangement, if applicable: N/A
  
- Parties to the arrangement: ColigoCare and its participating practices.
- Date of arrangement: 01/01/2024
- Items, services, goods, or facility provided: ColigoCare has implemented an updated funds distribution program ("Funds Distribution Program"). The Funds Distribution Program sets forth how certain funds earned by ColigoCare for participation in value-based and shared savings programs may be distributed to ColigoCare's participating practices. The Funds Distribution Program is reasonably related to the purpose of the Medicare Shared Savings Program ("MSSP") because it will promote accountability for the quality, cost, and overall care for Medicare patients and help meet the quality performance standards of the MSSP.
- Date and nature of any amendments to the arrangement, if applicable: 01/01/2025: Modifications were made to the eligibility requirements and clinical quality metrics that are part of the Funds Distribution Program. 01/01/2026: Modifications were made to the eligibility requirements and clinical quality metrics that are part of the Funds Distribution Program. Modifications were also made to address the requirement to cover operating losses from the performance period, including care coordination fee recoupment and downside risk payments, prior to distribution of any shared savings earnings.
  
- Parties to the arrangement: ColigoCare and its participating practices.
- Date of arrangement: 01/01/2026
- Items, services, goods, or facility provided: ColigoCare will provide access to software from a company named Lightbeam Health Solutions to clinicians who participate in the ColigoCare ACO and utilize an electronic medical record system that has an ability to integrate with the software. Providing this software is reasonably related to the purpose of the Medicare Shared Savings Program because it will assist providers with required hierarchical condition category coding and quality gap closure.
- Date and nature of any amendments to the arrangement, if applicable: N/A