

ACO Name and Location

RGV ACO Health Providers, LLC
303 North D Salinas Blvd
Donna, Texas 78537

ACO Primary Contact

Jose F. Peña, MD, FACP, FACHE, CHCQM, CRC
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Organizational Information

ACO Participants	ACO Participant in Joint Venture (Enter Y or N)
Alejandro Arizmendi, MD, PLLC	N
Solo Doc, MD, PA	N
Carlos Rosas, MD, PA	N
Alberto Edmundo Almeida, MD, PA	N
Pedro J. Peñalo, MD, PA	N
Bandera Family Health Care, PA	N
Yasmin S. Maldonado, MD, PA	N
Melecia Fuentes, MD, PA	N
Ricardo A. Adames, MD, PA	N
Donna Medical Clinic, PA	N
Mid Valley Adult Specialists, PA	N
Diana Lozano, MD, PA	N
Michael W. Mann, MD, PA	N
Graciela M. Leija, MD, PA	N
Rio Grande Valley Adult & Internal Medicine Specialists, PA	N
Melva Palacios, MD and Chris Casso, MD, PA	N
Shridhar Kotta, MD, PA	N
Doctor's Clinic of Rio Grande City, PLLC	N
Robert Sepulveda	N

ACO Governing Body					
Member			Member's Voting Power –Expressed as a percentage or number	Membership Type	ACO Participant Legal Business Name/DBA, if Applicable
Last Name	First Name	Title/Position			
Peña	Jose	Chairman; Voting Member	1	ACO Participant Representative	Donna Medical Clinic, PA
McDougal	Pedro	Voting Member	1	ACO Participant Representative	RGV Adult & Internal Medicine Specialists, PA
Peñalo	Pedro	Voting Member	1	ACO Participant Representative	Pedro J. Peñalo, MD, PA
Soto	Jose	Voting Member	1	Medicare Beneficiary Representative	N/A
Arizmendi	Alejandro	Voting Member	1	ACO Participant Representative	Alejandro Arizmendi, MD, PLLC
Maldonado	Yasmin	Voting Member	1	ACO Participant Representative	Yasmin S. Maldonado, MD, PA

Key ACO Clinical and Administrative Leadership	
Jose F. Peña, MD	ACO Executive
Alejandro Arizmendi, MD	Medical Director
Diana Lozano, MD	Medical Director
Pedro E. McDougal, MD	Medical Director
Pedro J. Peñalo, MD	Medical Director; Quality Assurance/Improvement Officer
Cassandra Treviño, PA-C	Compliance Officer

Associated Committees and Committee Leadership	
Committee Name	Committee Leader Name and Position
Beneficiary Engagement Committee	Jose Soto, Chair
Quality Assurance and Performance Improvement Committee	Pedro J. Peñalo, MD, Chair
Utilization Committee	Jose F. Peña, MD, Chair

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

- Networks of Individual Practices of ACO Professionals

Shared Savings and Losses

Amount of Shared Savings/Losses

- Third Agreement Period
 - Performance Year 2020, \$9,456,735
 - Performance Year 2019, \$7,970,108
- Second Agreement Period
 - Performance Year 2018, \$7,239,220
 - Performance Year 2017, \$9,427,971
 - Performance Year 2016, \$10,027,046

- First Agreement Period
 - Performance Year 2015, \$12,619,152
 - Performance Year 2014, \$7,528,797
 - Performance Year 2013, \$11,900,756

Shared Savings Distribution

- Third Agreement Period
 - Performance Year 2020
 - Proportion invested in infrastructure: 33%
 - Proportion invested in redesigned care processes/resources: 5%
 - Proportion of distribution to ACO participants: 62%
 - Performance Year 2019
 - Proportion invested in infrastructure: 21%
 - Proportion invested in redesigned care processes/resources: 11%
 - Proportion of distribution to ACO participants: 68%
- Second Agreement Period
 - Performance Year 2018
 - Proportion invested in infrastructure: 21%
 - Proportion invested in redesigned care processes/resources: 11%
 - Proportion of distribution to ACO participants: 68%
 - Performance Year 2017
 - Proportion invested in infrastructure: 16%
 - Proportion invested in redesigned care processes/resources: 12%
 - Proportion of distribution to ACO participants: 72%
 - Performance Year 2016
 - Proportion invested in infrastructure: 28%
 - Proportion invested in redesigned care processes/resources: 4%
 - Proportion of distribution to ACO participants: 68%
- First Agreement Period
 - Performance Year 2015
 - Proportion invested in infrastructure: 30%
 - Proportion invested in redesigned care processes/resources: 5%
 - Proportion of distribution to ACO participants: 65%
 - Performance Year 2014
 - Proportion invested in infrastructure: 30%
 - Proportion invested in redesigned care processes/resources: 5%
 - Proportion of distribution to ACO participants: 65%
 - Performance Year 2013
 - Proportion invested in infrastructure: 30%
 - Proportion invested in redesigned care processes/resources: 5%
 - Proportion of distribution to ACO participants: 65%

Quality Performance Results

2020 Quality Performance Results:

ACO Quality Measure #	Measure Name	Rate	ACO Mean
ACO-43 [3]	Ambulatory Sensitive Condition Acute Composite (AHRQ* Prevention Quality Indicator (PQI #91))	0.58	0.95
ACO-13	Falls: Screening for Future Fall Risk	96.54	84.97
ACO-14	Preventive Care and Screening: Influenza Immunization	92.06	76.03
ACO-17	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	95.00	81.67
ACO-18	Preventive Care and Screening: Screening for Depression and Follow-up Plan	87.35	71.46
ACO-19	Colorectal Cancer Screening	80.03	72.59
ACO-20	Breast Cancer Screening	77.50	74.05
ACO-42	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	94.39	83.37
ACO-27	Diabetes Mellitus: Hemoglobin A1c Poor Control	9.73	14.70
ACO-28	Hypertension (HTN): Controlling High Blood Pressure	90.91	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.

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.

Fraud and Abuse Waivers

- N/A