

**A2163, Rochester Regional Health System ACO, Inc.**  
**2015 Quality Performance Report**  
**Medicare Shared Savings Program**  
**2014 Agreement Start Date**

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## Glossary

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Abbreviation	Explanation
ACO	Accountable Care Organization
AHRQ	Agency for Healthcare Research and Quality
CAHPS	Consumer Assessment of Healthcare Providers and Systems
LVEF	Left Ventricular Ejection Fraction
P4P	Pay-for-Performance
P4R	Pay-for-Reporting
PCP	Primary Care Physician
PQRS	Physician Quality Reporting System
PY	Performance Year
TIN	Tax Identification Number
TOC	Table of Contents
VM	Value-Based Payment Modifier

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## About this Report

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#### Who provides this report?

CMS provides this Quality Performance Report to all ACOs participating in the Medicare Shared Savings Program (Shared Savings Program) after the completion of each performance year.

#### What information is contained in this report?

- Your ACO's performance rate for each quality measure assessed. For the 2015 performance year, Shared Savings Program ACOs were assessed on a total of 33 quality measures.
- A summary score for each of the four quality measure domains, calculated as the sum of the points earned in the domain (including any Quality Improvement Reward points) divided by the total possible points in the domain
- Summary statistics for each of the quality measures across all Shared Savings Program ACOs, for purposes of relative comparison.

#### Why is this report provided to you?

- As part of the Shared Savings Program's performance year financial reconciliation, an ACO's final overall quality score is multiplied by its maximum sharing rate to determine the final sharing rate.
- This report details how your ACO's final overall quality score was calculated for the 2015 performance year. It also allows you to compare your performance to other Shared Savings Program ACOs and may help you to identify quality improvement opportunities.
- CMS encourages you to share your results with your ACO providers so that they can help you identify ways to improve and assist your ACO in capturing the required data for quality reporting efficiently.

#### What's next?

- ACOs in PY1: If your ACO completely and accurately reported, then your ACO will be eligible to share in any savings earned. If your ACO failed to completely report, then your ACO will not be eligible to share in any savings earned and may be subject to a compliance action.
- ACOs in PY2 of their first agreement period and beyond: If your ACO completely and accurately reported and met minimum attainment on at least one P4P measure in each domain, then your ACO will be eligible to share in any savings earned. If your ACO failed to meet minimum attainment on at least 70% of P4P measures in each domain or failed to completely report, then your ACO may be subject to a compliance action.
- Additionally, if your ACO completely and accurately reported for the 2015 reporting period, the eligible professionals that bill through your ACO participant TINs will avoid the PQRS and automatic Value Modifier payment adjustments for failure to report in 2017
- CMS publicly reports quality performance results (along with the financial performance results) on an annual basis. Certain measures are also publicly reported on the CMS Physician Compare website. Additionally, ACOs are required to publicly report performance on all of the quality measures used in the Shared Savings Program, as well as the mean performance rate for all ACOs. For more information, please see the Public Reporting Guidance posted on the Shared Savings Program website: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Downloads/ACO-Public-Reporting-Guidance.pdf>.

#### Where can I find more information?

- For more information on performance year financial reconciliation, please refer to the Shared Savings and Losses and Assignment Methodology Specifications: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Financial-and-Assignment-Specifications.html>.
- For questions about this report, please contact the Shared Savings Program at [sharedsavingsprogram@cms.hhs.gov](mailto:sharedsavingsprogram@cms.hhs.gov).

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## Parameters for Quality Reporting

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### Report Period

**PY** 1/1/2015 - 12/31/2015  
**Date Produced** 8/23/2016

### Quality Performance Domain Information

Domain	Number of Scored Measures in P4P	Number of Scored Measures in P4R	Number of Possible Points
Patient/Caregiver Experience	6	2	16
Care Coordination/Patient Safety [1]	4	6	22
Preventive Health	5	3	16
At-Risk Population	2	4	12

### Quality Performance Measure Information

**For the following measures, a lower performance rate is indicative of better performance:** ACO-8, ACO-9, ACO-10, ACO-35, ACO-36, ACO-37, ACO-38, ACO-27  
**Measures that are part of Diabetes Composite Measure:** ACO-27, ACO-41

Notes:

[1] ACO-11 is double-weighted.

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## Quality Performance Results

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**Table 1. Summary Information**

Domain	Points Earned without	Quality Improvement	Points Earned with	Domain Score	Quality Performance Standard Status [3]
	Quality Improvement	Points [1]	Quality Improvement		
Patient/Caregiver Experience	14.80	0.00	14.80	92.50%	Completely reported on 100% of measures and met minimum attainment on 100% of P4P measures
Care Coordination/Patient Safety	19.45	0.00	19.45	88.41%	Completely reported on 100% of measures and met minimum attainment on 100% of P4P measures
Preventive Health	13.60	0.00	13.60	85.00%	Completely reported on 100% of measures and met minimum attainment on 100% of P4P measures
At Risk Population	10.95	0.00	10.95	91.25%	Completely reported on 100% of measures and met minimum attainment on 100% of P4P measures
<b>ACO Overall Quality Score [4]:</b>	<b>89.29%</b>				
ACO completely reported on 100% of measures:	Yes				
ACO achieved minimum attainment on at least one P4P measure in each domain:	Yes				
ACO achieved minimum attainment on at least 70% of P4P measures in each domain:	Yes				

Notes:

[1] ACOs in the second and third year of their agreement period can earn a maximum of 4 quality improvement reward points per domain.

[2] ACOs cannot earn more than the maximum possible points in each domain.

[3] "Minimum Attainment" defined as 30 percent or the 30th percentile of the performance benchmark.

[4] ACOs in PY1: An Overall Quality Score of 100% is indicative of complete reporting.

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**Table 2. Patient/Caregiver Experience**

Measure Number	Measure Name	P4P or P4R	Number of Surveys Completed	Your ACO Performance Rate	Completely Reported?	Quality Improvement Reward Information [1]	Points Earned [2]	Total Possible Points	Mean Performance Rate (SSP ACOs)	30th Percentile Benchmark	90th Percentile Benchmark
ACO-1	CAHPS: Getting Timely Care, Appointments, and Information	P	275	84.91	Yes	No Significant Change	1.85	2	80.61	30.00	90.00
ACO-2	CAHPS: How Well Your Providers Communicate	P	277	93.73	Yes	No Significant Change	2	2	92.65	30.00	90.00
ACO-3	CAHPS: Patients' Rating of Provider	P	262	92.99	Yes	No Significant Change	2	2	91.94	30.00	90.00
ACO-4	CAHPS: Access to Specialists	P	127	88.19	Yes	No Significant Change	1.85	2	83.61	30.00	90.00
ACO-5	CAHPS: Health Promotion and Education	P	298	57.41	Yes	No Significant Change	1.4	2	59.06	54.71	60.71
ACO-6	CAHPS: Shared Decision Making	P	249	75.80	Yes	No Significant Change	1.7	2	75.17	72.87	76.71
ACO-7	CAHPS: Health Status/Functional Status	R	299	70.76	Yes	No Significant Change	2	2	72.30	N/A	N/A
ACO-34	CAHPS: Stewardship of Patient Resources	R	284	22.91	Yes	Not Eligible	2	2	26.87	N/A	N/A

**Table 3. Care Coordination/Patient Safety**

Measure Number	Measure Name	P4P or P4R	Numerator	Denominator	Your ACO Performance Rate	Completely Reported?	Quality Improvement Reward Information	Points Earned	Total Possible Points	Mean Performance Rate (SSP ACOs)	30th Percentile Benchmark	90th Percentile Benchmark
ACO-8 [3]	Risk Standardized, All Condition Readmission	R	—	—	15.64	Yes	No Significant Change	2	2	14.86	16.62	15.45
ACO-35	Skilled Nursing Facility 30-day All-Cause Readmission measure (SNFRM)	R	—	—	17.66	Yes	Not Eligible	2	2	18.07	N/A	N/A
ACO-36	All-Cause Unplanned Admissions for Patients with Diabetes	R	—	—	58.58	Yes	Not Eligible	2	2	54.60	N/A	N/A
ACO-37	All-Cause Unplanned Admissions for Patients with Heart Failure	R	—	—	85.34	Yes	Not Eligible	2	2	76.96	N/A	N/A
ACO-38	All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions	R	—	—	72.22	Yes	Not Eligible	2	2	62.92	N/A	N/A
ACO-9	Ambulatory Sensitive Condition Admissions: Chronic Obstructive Pulmonary Disease or Asthma in Older Adults (AHRQ Prevention Quality Indicator (PQI) #5)	P	0.06	0.06	1.11	Yes	Significant Decline	1.4	2	1.11	1.75	0.27
ACO-10	Ambulatory Sensitive Conditions Admissions: Heart Failure (AHRQ Prevention Quality Indicator (PQI) #8)	P	0.20	0.16	1.21	Yes	No Significant Change	1.1	2	1.04	1.33	0.38
ACO-11	Percent of PCPs who Successfully Meet Meaningful Use Requirements	P	190	229	82.97%	Yes	No Significant Change	3.4	4	80.14%	51.35%	90.91%
ACO-39	Documentation of Current Medications in the Medical Record	R	1,971	2,188	90.08%	Yes	Not Eligible	2	2	84.07%	N/A	N/A
ACO-13	Falls: Screening for Future Fall Risk	P	246	586	41.98%	Yes	No Significant Change	1.55	2	56.46%	17.12%	73.38%

**Table 4. Preventive Health**

Measure Number	Measure Name	P4P or P4R	Numerator	Denominator	Your ACO Performance Rate	Completely Reported?	Quality Improvement Reward Information	Points Earned	Total Possible Points	Mean Performance Rate (SSP ACOs)	30th Percentile Benchmark	90th Percentile Benchmark
ACO-14	Preventive Care and Screening: Influenza Immunization	P	353	560	63.04%	Yes	No Significant Change	1.55	2	62.03%	30.00%	90.00%
ACO-15	Pneumonia Vaccination Status for Older Adults	P	372	598	62.21%	Yes	No Significant Change	1.55	2	63.73%	30.00%	90.00%
ACO-16	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	P	258	594	43.43%	Yes	No Significant Change	1.25	2	71.15%	30.00%	90.00%
ACO-17	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	P	441	548	80.47%	Yes	Significant Decline	1.85	2	90.16%	30.00%	90.00%
ACO-18	Preventive Care and Screening: Screening for Clinical Depression and Follow-up Plan	P	104	547	19.01%	Yes	Significant Decline	1.4	2	45.25%	5.31%	51.81%
ACO-19	Colorectal Cancer Screening	R	310	603	51.41%	Yes	Significant Decline	2	2	60.06%	30.00%	90.00%
ACO-20	Breast Cancer Screening	R	352	609	57.80%	Yes	Significant Decline	2	2	65.67%	30.00%	90.00%
ACO-21	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	R	313	512	61.13%	Yes	Significant Improvement	2	2	70.04%	30.00%	90.00%

**Quality Performance Results, continued**

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**Table 5. At-Risk Population**

Measure Number	Measure Name	P4P		Your ACO Performance			Points Earned	Total Possible Points	Mean Performance Rate (SSP ACOs)	30th Percentile Benchmark	90th Percentile Benchmark	
		P4R	Numerator	Denominator	Rate	Completely Reported?						Quality Improvement Reward Information
ACO-40	Depression Remission at Twelve Months	R	0	13	0.00%	Yes	Not Eligible	2	2	6.11%	N/A	N/A
Diabetes Composite	Diabetes Composite (All or Nothing Scoring)	R	264	574	45.99%	Yes	Not Eligible	2	2	35.38%	N/A	N/A
ACO-27	Diabetes Mellitus: Hemoglobin A1c Poor Control	R	107	574	18.64%	Yes	Not Eligible	N/A	N/A	20.38%	N/A	N/A
ACO-41	Diabetes: Eye Exam	R	319	574	55.57%	Yes	Not Eligible	N/A	N/A	41.05%	N/A	N/A
ACO-28	Hypertension: Controlling High Blood Pressure	P	332	509	65.23%	Yes	No Significant Change	1.25	2	69.62%	60.00%	79.65%
ACO-30	Ischemic Vascular Disease: Use of Aspirin or Another Antithrombotic	P	363	455	79.78%	Yes	Significant Decline	1.7	2	83.82%	30.00%	90.00%
ACO-31	Heart Failure: Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	R	82	90	91.11%	Yes	No Significant Change	2	2	87.22%	30.00%	90.00%
ACO-33	Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy - for patients with CAD and Diabetes or Left Ventricular Systolic Dysfunction (LVEF<40%)	R	148	206	71.84%	Yes	No Significant Change	2	2	77.73%	64.37%	91.67%

Notes:

[1] An ACO will be held harmless if their performance on a measure significantly declined, but remained above 90% (or in the case of certain measures, above the 90th percentile benchmark) in both the current year and previous year.

[2] For P4P measures: Points are calculated based on the ACO's performance compared to the 2015 quality measure benchmarks; For P4R measures: Full points are awarded if the ACO completely reports.

[3] The measure reports a single summary Risk Standardized Readmission Rate, derived from the volume-weighted results of five different models, one for each of the following specialty cohorts (groups of discharge condition categories or procedure categories): surgery/gynecology, general medicine, cardiorespiratory, cardiovascular, and neurology.  
N/A = Not Applicable

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