

A3476, Rochester Regional Health ACO, Inc.
2018 Quality Performance Report
Medicare Shared Savings Program
2017 Agreement Start Date

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Term	Abbreviation	Description
Alternative Payment Model	APM	An Alternative Payment Model (APM) is a payment approach that gives added incentive payments to provide high-quality and cost-efficient care.
Compliance Action	N/A	<p>Pursuant to § 425.316(c)(1), (1) The ACO may be given a warning for the first time it fails to meet the minimum attainment level on at least 70 percent of the measures, as determined under §425.502, in one or more domains and may be subject to a CAP. CMS may forgo the issuance of the warning letter depending on the nature and severity of the noncompliance and instead subject the ACO to actions set forth at §425.216 or immediately terminate the ACO's participation agreement under §425.218.</p> <p>Pursuant to 42 CFR § 425.500(e)(3), if, at the conclusion of the audit process CMS determines there is an audit match rate of less than 90 percent, the ACO may be required to submit a CAP under §425.216 for CMS approval.</p>
Domain Improvement Score	Not Applicable	<p>A domain improvement score is calculated for each domain for each ACO beyond the first year of their first agreement period. The number of measures with a significant decline is subtracted from the number of measures with significant improvement. That difference is then divided by the number of measures eligible for a Quality Improvement Reward and multiplied by 100%. Significant improvement and significant decline are determined by a t-test at the 95% significance level. Measures eligible for Quality Improvement Reward points are those measures that the ACO completely reported in both years and for which it had at least one beneficiary in the denominator in both years.</p> <p>The domain improvement score is used to determine how many Quality Improvement Reward points an ACO receives.</p>
Merit-based Incentive Payment System	MIPS	The Merit-based Incentive Payment System (MIPS) is 1 of 2 tracks of the Quality Payment Program that measures clinician performance in four areas - Quality, Improvement Activities, Advancing Care Information, and Cost. MIPS combined the following legacy programs into a single improved program: Medicare Electronic Health Records (EHR) Incentive Program for Eligible Clinicians, Physician Quality Reporting System (PQRS), and the Value-Based Payment Modifier (VBM).
Merit-based Incentive Payment System Eligible Clinician	MIPS EC	<p>MIPS eligible clinicians (MIPS ECs) are:</p> <ul style="list-style-type: none">Physicians (including doctors of medicine, doctors of osteopathy, osteopathic practitioners, doctors of dental surgery, doctors of dental medicine, doctors of podiatric medicine, doctors of optometry, and chiropractors)Physician assistantsNurse practitionersClinical nurse specialistsCertified registered nurse anesthetists <p>Groups or virtual groups that include one or more of the clinician types above</p>
Minimum Attainment	N/A	Minimum attainment is defined as the 30th percentile of the performance benchmark for P4P measures and complete reporting for P4R measures.
MIPS Alternative Payment Model Scoring Standard	MIPS APM Scoring Standard	MIPS eligible clinicians who participate in MIPS APMs will be scored using the APM scoring standard instead of the generally applicable MIPS scoring standard.
Pay-for-Performance	P4P	Pay-for-performance measures are those where ACOs earn points on a sliding scale based on their performance against established quality measure benchmarks.

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Term	Abbreviation	Description
Pay-for-Reporting	P4R	Pay-for-reporting measures are those where ACOs earn full points on the measure by completely reporting the measure.
Performance Year	PY	The performance year is the 12-month period beginning on January 1 of each year during the agreement period, unless otherwise noted in the participation agreement.
Points Earned with Quality Improvement Points	N/A	This field is equal to the sum of Points Earned without Quality Improvement Points and Quality Improvement Points. It cannot exceed the total number of points available in the domain.
P4P or P4R	N/A	This field in Tables 2-5 will display the current status of a given measure for your ACO: R indicates pay-for-reporting; P indicates pay-for-performance.
Quality Improvement Reward Points	N/A	ACOs beyond the first year of their first agreement period can earn a maximum of 4 Quality Improvement Reward points per domain. A domain improvement score (see above) of at least 90% receives 4 Quality Improvement Reward points; $\geq 80\%$ receives 3.56 points; $\geq 70\%$ receives 3.12 points; $\geq 60\%$ receives 2.68 points; $\geq 50\%$ receives 2.24 points; $\geq 40\%$ receives 1.8 points; $\geq 30\%$ receives 1.36 points; $\geq 20\%$ receives 0.92 points; $\geq 10\%$ receives 0.48 points. A domain improvement score less than 10% receives 0 Quality Improvement Reward points.
Quality Improvement Reward Information	Not Applicable	This field will display "Not Eligible" if the measure is not eligible for use in the Quality Improvement Reward (e.g., your ACO did not completely report the measure in either the current or previous year); "Not Applicable" if the measure is new and thus not used in the Quality Improvement Reward; "Significant Improvement" if your ACO demonstrated significant improvement between last year and this year; "Significant Decline" if your ACO demonstrated significant decline between last year and this year; "No Significant Change" if your ACO did not demonstrate significant change between last year and this year; and "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. Significant improvement and significant decline are determined by a t-test at the 95% significance level.
Quality Payment Program	QPP	The Quality Payment Program, established by the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), is a quality payment incentive program for physicians and other eligible clinicians, which rewards value and outcomes in one of two ways: through the Merit-based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (APMs).
Taxpayer Identification Number	TIN	A taxpayer identification number is an identification number or employer identification number as defined by the IRS in 26 CFR § 301.6109-1.
Your ACO Performance Rate	N/A	For most measures, this field is expressed as a percent. However, CAHPS measures combine responses to several questions, some of which have different response options (e.g., never, sometimes, usually, or always, and yes; definitely, yes, somewhat, or no). Performance rates for CAHPS measures do not represent a percentage but rather your ACO's mean (average) performance for each measure and is presented on a 0-to-100 scale. A higher CAHPS measure performance rate indicates that beneficiaries in your ACO reported positive experiences. For more information, please see the detailed CAHPS report that accompanies this report. For information on how to interpret the rates for each claims-based quality measure, please reference the Measure Information Forms.

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*. This report is for the performance year* 2018.

What information is contained in this report?

- Your ACO's performance rate for each quality measure. For the 2018 performance year, Shared Savings Program ACOs were assessed on a total of 31 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.
- A final quality score used in financial reconciliation each year to determine any shared savings or losses.
- Summary statistics for each of the quality measures across all Shared Savings Program ACOs for purposes of relative comparison.
- Your ACO's prior year rate for each measure is also provided, where available. Please note that some prior year rates have been recalculated. Please see Tables 2-5 - Measure Results for more information.

Why is this report provided to you?

- This report details how your ACO's final quality score was calculated for the 2018 performance year*. It also allows you to compare your performance to your ACOs prior year performance, other Shared Savings Program ACOs, and national benchmarks 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 quality of care and assist your ACO in capturing the required data for quality reporting efficiently.

What's next?

- If 2018 was your ACO's first performance year of the first agreement period and if your ACO completely and accurately reported, your ACO will be eligible to share in any savings earned or, under risk tracks, have any shared losses incurred reduced. If your ACO failed to completely report, then your ACO will not be eligible to share in any savings earned, will be subject to the maximum shared losses if owed under risk tracks, and will be subject to a compliance action.
 - If 2018 was your ACO's second or subsequent performance year of the first agreement period and if your ACO completely and accurately reported and met minimum attainment* on at least one measure in each domain, your ACO will be eligible to share in any savings earned or, under risk tracks, have shared losses reduced if owed. Shared savings or shared losses will be adjusted based on your ACOs quality performance.
 - If 2018 was your ACO's second agreement period and your ACO completely and accurately reported and met minimum attainment* on at least one measure in each domain, your ACO will be eligible to share in any savings earned or, under risk tracks, have shared losses reduced if owed. Shared savings or shared losses will be adjusted based on your ACOs quality performance.
 - If your ACO failed to meet minimum attainment* on at least 70% of measures in each domain or failed to completely report, then your ACO will be subject to a compliance action.
- 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. Please follow Shared Savings Program communication for updates on when the public reporting templates will be provided to ACOs.

Where can I find more information?

- For more information on quality measurement, please refer to the 2018 Quality Measurement Methodology & Resources document, available on the ACO Portal:
<https://portal.cms.gov>
- 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

Note:

* [Term defined in Glossary tab](#)

Parameters for Quality Reporting

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Report Period

Performance Year*

1/1/2018 - 12/31/2018

Date Produced

7/17/2019

Quality Performance Domain Information

Domain	Number of Scored Measures in P4P* [1]	Number of Scored Measures in P4R*	Number of Possible Points
Patient/Caregiver Experience	7	1	16
Care Coordination/Patient Safety [2]	1	9	22
Preventive Health	4	4	16
At-Risk Population	3	1	8

Quality Performance Measure Information

For the following measures, a lower performance rate is indicative of better performance: ACO-8, ACO-27, ACO-35, ACO-36, ACO-37, ACO-38, ACO-43

Measures that are part of Diabetes Composite Measure:

ACO-27, ACO-41

Notes:

[1] For more information on how measures phase into P4P* and which measures remain P4R* in all years, please refer to the Quality Measure Benchmarks for the 2018 Reporting Year document posted on the Shared Savings Program website:

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/program-guidance-and-specifications.html#quality-measures>

[2] ACO-11 is double-weighted.

* Term defined in Glossary tab

Quality Performance Results

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Table 1. Summary Information

Domain	Points Earned without Quality Improvement Points	Quality Improvement Reward Points*	Points Earned with Quality Improvement Reward Points*	Domain Score	Quality Performance Standard Status
Patient/Caregiver Experience	13.55	0.00	13.55	84.69%	Completely reported on 100% of measures and met minimum attainment on 87.5% of measures
Care Coordination/Patient Safety	21.70	0.00	21.70	98.64%	Completely reported on 100% of measures and met minimum attainment on 100% of measures
Preventive Health	14.05	0.00	14.05	87.81%	Completely reported on 100% of measures and met minimum attainment on 100% of measures
At Risk Population	7.10	0.00	7.10	88.75%	Completely reported on 100% of measures and met minimum attainment on 100% of measures
<hr/>					
ACO completely reported on 100% of measures:	Yes				
ACO achieved minimum attainment* on at least one measure in each domain:	Yes				
Final Quality Score:	89.97%				
ACO achieved minimum attainment* on at least 70% of measures in each domain:	Yes				

* Term defined in Glossary tab

Quality Performance Results, continued

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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*	Points Earned	Total Possible Points	Prior Year Performance Rate [1]	Current Year Mean Performance Rate (SSP ACOs)	30th Percentile Benchmark	90th Percentile Benchmark
ACO-1	CAHPS: Getting Timely Care, Appointments, and Information [1]	P	244	88.29	Yes	No Significant Change	1.85	2	87.78	86.14	30.00	90.00
ACO-2	CAHPS: How Well Your Providers Communicate [1]	P	271	94.08	Yes	No Significant Change	2	2	94.27	93.93	30.00	90.00
ACO-3	CAHPS: Patients' Rating of Provider [1]	P	265	92.93	Yes	No Significant Change	2	2	91.76	92.45	30.00	90.00
ACO-4	CAHPS: Access to Specialists [1]	P	184	82.17	Yes	No Significant Change	1.85	2	81.39	81.50	30.00	90.00
ACO-5	CAHPS: Health Promotion and Education [1]	P	285	61.33	Yes	No Significant Change	1.85	2	61.58	59.26	54.18	63.44
ACO-6	CAHPS: Shared Decision Making [1]	P	250	64.80	Yes	No Significant Change	2	2	58.67	61.94	54.75	62.76
ACO-7	CAHPS: Health Status/Functional Status [1]	R	288	72.28	Yes	No Significant Change	2	2	72.18	73.35	N/A	N/A
ACO-34	CAHPS: Stewardship of Patient Resources [1]	P	269	19.13	Yes	No Significant Change	0	2	22.18	26.26	24.25	33.43
							Domain Improvement Score*: 0%	0.00				
							Points earned from reporting measures and performance against benchmarks:	13.55				
							Points Earned with Quality Improvement Reward Points* (capped at 16):	13.55				

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	Prior Year Performance Rate [1]	Current Year Mean Performance Rate (SSP ACOs)	30th Percentile Benchmark	90th Percentile Benchmark
ACO-8	Risk Standardized, All Condition Readmission	R	—	—	16.14	Yes	Significant Decline	2	2	15.99	14.98	15.18	14.27
ACO-35	Skilled Nursing Facility 30-Day All-Cause Readmission measure (SNFRM)	R	—	—	18.34	Yes	Significant Decline	2	2	17.36	18.59	19.22	16.85
ACO-36	All-Cause Unplanned Admissions for Patients with Diabetes [2]	R	—	—	48.80	Yes	Significant Decline	2	2	45.71	37.01	39.00	23.12
ACO-37	All-Cause Unplanned Admissions for Patients with Heart Failure	R	—	—	95.68	Yes	Significant Improvement	2	2	97.48	76.75	82.32	50.99
ACO-38	All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions	R	—	—	74.64	Yes	No Significant Change	2	2	74.45	59.00	65.99	41.39
ACO-43	Ambulatory Sensitive Condition Acute Composite (AHRQ* Prevention Quality Indicator (PQI #91))	R	—	—	2.00	Yes	Significant Decline	2	2	1.77	1.98	N/A	N/A
ACO-11	Use of Certified EHR Technology	R	2,272	2,279	99.69%	Yes	Held Harmless	4	4	100.00%	97.66%	N/A	N/A
ACO-12	Medication Reconciliation Post-Discharge	R	596	748	79.68%	Yes	Significant Decline	2	2	83.14%	85.91%	N/A	N/A
ACO-13	Falls: Screening for Future Fall Risk	P	457	609	75.04%	Yes	Significant Improvement	1.7	2	63.25%	79.73%	43.42%	90.73%
ACO-44	Use of Imaging Studies for Low Back Pain	R	—	—	70.50%	Yes	No Significant Change	2	2	70.18%	64.36%	N/A	N/A
							Domain Improvement Score*: -27.27%	0.00					
							Points earned from reporting measures and performance against benchmarks:	21.70					
							Points Earned with Quality Improvement Reward Points* (capped at 22):	21.70					

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	Prior Year Performance Rate [1]	Current Year Mean Performance Rate (SSP ACOs)	30th Percentile Benchmark	90th Percentile Benchmark
ACO-14	Preventive Care and Screening: Influenza Immunization	P	344	584	58.90%	Yes	Significant Decline	1.4	2	76.58%	72.71%	30.00%	90.00%
ACO-15	Pneumonia Vaccination Status for Older Adults	P	441	611	72.18%	Yes	Significant Decline	1.7	2	75.00%	75.97%	30.00%	90.00%
ACO-16	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow Up	P	359	587	61.16%	Yes	No Significant Change	1.55	2	59.90%	76.83%	30.00%	90.00%
ACO-17	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	R	55	90	61.11%	Yes	Not Eligible	2	2	N/A	72.81%	N/A	N/A
ACO-18	Preventive Care and Screening: Screening for Clinical Depression and Follow-up Plan	P	312	567	55.03%	Yes	Significant Improvement	1.4	2	40.60%	66.74%	30.00%	90.00%
ACO-19	Colorectal Cancer Screening	R	364	604	60.26%	Yes	No Significant Change	2	2	58.81%	68.27%	30.00%	90.00%
ACO-20	Breast Cancer Screening	R	375	607	61.78%	Yes	Significant Improvement	2	2	56.32%	71.96%	30.00%	90.00%
ACO-42	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	R	468	549	85.25%	Yes	No Significant Change	2	2	83.04%	81.47%	N/A	N/A
							Domain Improvement Score*: 0%	0					
							Points earned from reporting measures and performance against benchmarks:	14.05					
							Points Earned with Quality Improvement Reward Points* (capped at 16):	14.05					

Table 5. At-Risk Population													
Measure Number	Measure Name	P4P or P4R*	Numerator	Denominator	Your ACO			Points Earned	Total Possible Points	Prior Year Performance Rate [1]	Current Year Mean Performance Rate (SSP ACOs)	30th Percentile Benchmark	90th Percentile Benchmark
					Performance Rate*	Completely Reported?	Quality Improvement Reward Information*						
ACO-40	Depression Remission at Twelve Months	R	1	40	2.50%	Yes	No Significant Change	2	2	4.55%	8.76%	N/A	N/A
Diabetes	Diabetes Composite (All or Nothing Scoring)	P	239	591	40.44%	Yes	No Significant Change	1.4	2	43.15%	46.80%	29.90%	60.37%
Composite													
ACO-27	Diabetes Mellitus: Hemoglobin A1c Poor Control	P	98	591	16.58%	Yes	Not Applicable	N/A	N/A	17.43%	15.51%	N/A	N/A
ACO-41	Diabetes: Eye Exam	P	271	591	45.85%	Yes	Not Applicable	N/A	N/A	50.42%	52.42%	N/A	N/A
ACO-28	Hypertension (HTN): Controlling High Blood Pressure	P	426	597	71.36%	Yes	No Significant Change	1.7	2	71.19%	73.10%	30.00%	90.00%
ACO-30	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	P	463	486	95.27%	Yes	No Significant Change	2	2	93.64%	88.92%	30.00%	90.00%
								Domain Improvement Score*: 0%	0				
								Points earned from reporting measures and performance against benchmarks:	7.10				
								Points Earned with Quality Improvement Reward Points* (capped at 8):	7.10				

* Term defined in Glossary tab

[1] Performance rates in the Patient/Caregiver Experience domain have been updated to reflect the revised 2018 CAHPS for ACOs survey, to allow for comparability.

[2] The ACO-36 performance rate has been updated to correct a non-material technical error, as announced in the February 13, 2019 ACO Spotlight newsletter.