

**A3476 - ROCHESTER REGIONAL HEALTH ACO, INC.**  
**2019 Quality Performance Report (including 2019 and/or 2019-A Performance Years)**  
**Medicare Shared Savings Program**  
**2017 Agreement Start Date**

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## Glossary

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Term	Abbreviation	Description
Accountable Care Organization	ACO	ACOs are groups of doctors, hospitals, and other healthcare providers/suppliers, who come together voluntarily to give coordinated high-quality care to their Medicare patients.
Agency for Healthcare Research and Quality	AHRQ	The Agency for Healthcare Research and Quality is an agency within the United States Department of Health and Human Services.
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.
Centers for Medicare & Medicaid Services	CMS	The Centers for Medicare & Medicaid Services is an agency within the Department of Health and Human Services (HHS).
Compliance Action	(Not Applicable)	<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>
Corrective Action Plan	CAP	
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, Promoting Interoperability, 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"> <li>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)</li> <li>Physician assistants</li> <li>Nurse practitioners</li> <li>Clinical nurse specialists</li> <li>Certified registered nurse anesthetists</li> <li>Groups or virtual groups that include one or more of the clinician types above</li> </ul>
Minimum Attainment	(Not Applicable)	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.
P4P or P4R	(Not Applicable)	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.
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.
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.
Quality Improvement Reward Points	(Not Applicable)	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; ≥80% receives 3.56 points; ≥70% receives 3.12 points; ≥60% receives 2.68 points; ≥50% receives 2.24 points; ≥40% receives 1.8 points; ≥30% receives 1.36 points; ≥20% receives 0.92 points; ≥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.
Total Domain Points	(Not Applicable)	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.
Your ACO Performance Rate	(Not Applicable)	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 2019.

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

- Your ACO's performance rate for each quality measure. For the 2019 performance year, Shared Savings Program ACOs were assessed on a total of 23 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 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 2019 performance year. It also allows you to compare your performance to your ACO's prior year performance, other Shared Savings Program ACOs, and national benchmarks and may help you 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?

- The extreme and uncontrollable circumstances policy was determined to apply to all counties in the United States during the quality reporting period for performance year 2019 (85 FR 19230, Medicare and Medicaid Programs; Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency). Accordingly, Shared Savings Program ACOs will receive the higher of the mean quality score across all ACOs or the ACO's own quality score for performance year 2019; if an ACO does not report, it will receive the mean quality score. The scoring for the ACO's own quality score is described below.
- If 2019 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 2019 was your ACO's second or subsequent performance year of the first agreement period, or if your ACO is in its second 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 ACO's 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 may 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 2019 Quality Measurement Methodology & Resources document, available on the CMS website:  
<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/program-guidance-and-specifications>
- 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)

\* Term defined in [Glossary tab](#)

## Parameters for Quality Reporting

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### Report Period

Performance Year*	1/1/2019 - 12/31/2019
Date Produced	07/23/2020

### 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	3	20
Care Coordination/Patient Safety	4	0	8
Preventive Health	2	4	12
At-Risk Population	2	1	6

### Quality Performance Measure Information

For the following measures, a lower performance rate is indicative of better performance:

ACO-8, ACO-27, ACO-38, ACO-43

#### 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 2019 Performance 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>

\* [Term defined in Glossary tab](#)

**Quality Performance Results - Summary Information**  
**Medicare Shared Savings Program**  
**2019 Quality Performance Report (including 2019 and/or 2019-A Performance Years)**  
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**Table 1. Summary Information**

Domain	Points Earned without Quality Improvement Points	Quality Improvement Reward Points*	Total Domain Points*	Domain Score %	Quality Performance Standard Status	
					Completely Reported	Minimum Attainment Met (% measures in domain)
Patient/Caregiver Experience	17.10	0.00	17.10	85.50	Yes	90.00
Care Coordination/Patient Safety	3.10	0.00	3.10	38.75	Yes	50.00
Preventive Health	11.25	2.68	12.00	100.00	Yes	100.00
At Risk Population	5.55	0.00	5.55	92.50	Yes	100.00

ACO completely reported on 100% of measures:

Yes

ACO achieved minimum attainment\* on at least one measure in each domain:

Yes

Initial Quality Score [1]:

79.19 %

Final Quality Score [1]:

92.17 %

ACO achieved minimum attainment\* on at least 70% of measures in each domain:

No \* May be subject to CAP

[\\* Term defined in Glossary tab](#)

[1] The extreme and uncontrollable circumstances policy was determined to apply to all counties in the United States during the quality reporting period for performance year 2019 (85 FR 19230). Accordingly, Shared Savings Program ACOs will receive the higher of the mean quality score across all ACOs or the ACO's own quality score for performance year 2019; if an ACO does not report, it will receive the mean quality score.

Quality Performance Results, continued - Measure Results

Medicare Shared Savings Program

2019 Quality Performance Report (including 2019 and/or 2019-A Performance Years)

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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	Current Year Mean Performance Rate (SSP ACOs)	30th Percentile Benchmark	90th Percentile Benchmark
ACO-1	CAHPS: Getting Timely Care, Appointments, and Information	P	---	219	86.55	Yes	No Significant Change	1.85	2.00	88.29	85.86	30.00	90.00
ACO-2	CAHPS: How Well Your Providers Communicate	P	---	251	93.30	Yes	No Significant Change	2.00	2.00	94.08	94.11	30.00	90.00
ACO-3	CAHPS: Patients' Rating of Provider	P	---	246	91.21	Yes	No Significant Change	2.00	2.00	92.93	92.69	30.00	90.00
ACO-4	CAHPS: Access to Specialists	P	---	172	80.95	Yes	No Significant Change	1.85	2.00	82.17	81.54	30.00	90.00
ACO-5	CAHPS: Health Promotion and Education	P	---	263	58.65	Yes	No Significant Change	1.55	2.00	61.33	60.44	54.18	63.44
ACO-6	CAHPS: Shared Decision Making	P	---	233	60.64	Yes	No Significant Change	1.85	2.00	64.80	62.78	54.75	62.76
ACO-7	CAHPS: Health Status/Functional Status	R	---	270	74.68	Yes	No Significant Change	2.00	2.00	72.28	73.79	N/A	N/A
ACO-34	CAHPS: Stewardship of Patient Resources	P	---	254	22.08	Yes	No Significant Change	0.00	2.00	19.13	26.17	24.25	33.43
ACO-45	CAHPS: Courteous and Helpful Office Staff	R	---	249	94.31	Yes	Not Applicable	2.00	2.00	---	92.84	N/A	N/A
ACO-46	CAHPS: Care Coordination	R	---	267	84.07	Yes	Not Applicable	2.00	2.00	---	86.89	N/A	N/A

**Points Earned**

Points earned from Quality Improvement Reward: 0.00

Points earned from reporting measures and performance against benchmarks: 17.10

**Total Domain Points (capped at 20.00): 17.10**

Domain Improvement Score\*, %: 0.00

**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	Current Year Mean Performance Rate (SSP ACOs)	30th Percentile Benchmark	90th Percentile Benchmark
ACO-8	Risk Standardized, All Condition Readmission	P	---	---	16.64	Yes	Significant Decline	0.00	2.00	16.14	14.86	15.18	14.27
ACO-38	All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions	P	---	---	80.39	Yes	Significant Decline	0.00	2.00	74.64	58.15	65.99	41.39
ACO-43	Ambulatory Sensitive Condition Acute Composite (AHRQ* Prevention Quality Indicator (PQI #91))	P	---	---	1.93	Yes	Significant Improvement	1.10	2.00	2.00	1.87	1.95	1.51
ACO-13	Falls: Screening for Future Fall Risk	P	552	597	92.46	Yes	Significant Improvement	2.00	2.00	75.04	84.04	43.42	90.73

**Points Earned**

Points earned from Quality Improvement Reward: 0.00

Points earned from reporting measures and performance against benchmarks: 3.10

**Total Domain Points (capped at 8.00): 3.10**

Domain Improvement Score\*, %: 0.00

**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	R	411	575	71.48	Yes	Not Applicable	2.00	2.00	58.90	74.77	N/A	N/A
ACO-17	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	R	78	88	88.64	Yes	Not Applicable	2.00	2.00	61.11	78.04	N/A	N/A
ACO-18	Preventive Care and Screening: Screening for Depression and Follow-up Plan	R	395	517	76.40	Yes	Not Applicable	2.00	2.00	55.03	70.40	N/A	N/A
ACO-19	Colorectal Cancer Screening	P	436	607	71.83	Yes	Significant Improvement	1.70	2.00	60.26	70.76	30.00	90.00
ACO-20	Breast Cancer Screening	P	415	607	68.37	Yes	Significant Improvement	1.55	2.00	61.78	73.84	30.00	90.00
ACO-42	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	R	500	582	85.91	Yes	No Significant Change	2.00	2.00	85.25	82.17	N/A	N/A

**Points Earned**

Points earned from Quality Improvement Reward: 2.68

Points earned from reporting measures and performance against benchmarks: 11.25

**Total Domain Points (capped at 12.00): 12.00**

Domain Improvement Score\*, %: 66.67

**Table 5. At-Risk Population**

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	Current Year Mean Performance Rate (SSP ACOs)	30th Percentile Benchmark	90th Percentile Benchmark
ACO-40	Depression Remission at Twelve Months	R	2	77	2.60	Yes	No Significant Change	2.00	2.00	2.50	13.58	N/A	N/A
ACO-27	Diabetes: Hemoglobin A1c Poor Control (>9%)	P	110	596	18.46	Yes	No Significant Change	1.85	2.00	16.58	13.88	70.00	10.00
ACO-28	Controlling High Blood Pressure	P	418	587	71.21	Yes	No Significant Change	1.70	2.00	71.36	75.04	30.00	90.00

**Points Earned**

Points earned from Quality Improvement Reward: 0.00

Points earned from reporting measures and performance against benchmarks: 5.55

**Total Domain Points (capped at 6.00): 5.55**

Domain Improvement Score\*, %: 0.00

\* Term defined in Glossary tab

[1] ACO-14, ACO-17, and ACO-18 were converted to pay-for-reporting for PY2019 and so are not eligible for QI Reward points, although prior rates are shown for informational purposes.

Note: per CMS policy, you should not publicly share or report cell sizes <11 or any combination of information that would allow cell sizes of <11 to be calculated.