

A3476 - ROCHESTER REGIONAL HEALTH ACO, INC.
2020 Quality Performance Report
Medicare Shared Savings Program
2017 Agreement Start Date

This communication material was prepared as a service to the public and is not intended to grant rights or impose obligations. It may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of its contents. This document is published, produced, and disseminated at U.S. taxpayer expense.

Table of Contents

[Cover](#)

[Glossary](#)

[About this Report](#)

[Parameters](#)

[Table 1 - Summary Information](#)

[Tables 2-5 - Measure Results](#)

Glossary

[Table of Contents](#)

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).
Consumer Assessment of Healthcare Providers and Systems Survey for Accountable Care Organizations Survey	CAHPS® for ACOs survey	The Consumer Assessment of Healthcare Providers and Systems (CAHPS) for ACOs Survey was developed to collect information about patient experience of care received from Accountable Care Organizations (ACOs) participating in the Medicare Shared Savings Program (Shared Savings Program) and the Next Generation ACO Model. The survey measures comprise one of the four quality domains, Patient/Caregiver Experience.
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"> •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 assistants •Nurse practitioners •Clinical nurse specialists •Certified registered nurse anesthetists •Groups or virtual groups that include one or more of the clinician types above
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 your 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

[Table of Contents](#)

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 Performance Year 2020.

What information is contained in this report?

- Your ACO's performance rate for each quality measure. For Performance Year 2020, 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 Performance Year 2020. 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 2020 (85 FR 84472, Calendar Year 2021 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment Policies). 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 2020; if an ACO does not report, it will receive the 2020 mean quality score. The scoring for the ACO's own quality score is described below. Additionally, CMS waived the CAHPS for ACOs reporting requirement for Performance Year 2020, therefore all ACOs will be assigned automatic credit for each of the CAHPS survey measures within the patient/caregiver experience domain.
- If 2020 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 2020 was your ACO's second or subsequent performance year of the first agreement period, or if your ACO is in its second or third 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.
- 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 Care 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 2020 Quality Measurement Methodology & Resources document, available on the CMS website:
<https://www.cms.gov/files/document/2020-quality-measurement-methodology-and-resources.pdf>
- 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

* Term defined in [Glossary tab](#)

Parameters for Quality Reporting

[Table of Contents](#)

Report Period

Performance Year*	1/1/2020 - 12/31/2020
Date Produced	08/18/2021

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 [2]	N/A	N/A	20
Care Coordination/Patient Safety	1	3	8
Preventive Health	4	2	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 are P4R*, please refer to the Quality Measure Benchmarks for Performance Year 2020 document posted on the Shared Savings Program website. Due to the COVID-19 Pandemic, ACO-8 and ACO-38 were reverted to pay-for-reporting measures for Performance Year 2020, however this change is not reflected in the posted benchmark document.

<https://www.cms.gov/files/document/2020-quality-measures-benchmarks.pdf>

[2] CMS waived the CAHPS for ACOs reporting requirement for Performance Year 2020 and will assign all ACOs automatic credit for each of the CAHPS survey measures within the patient/caregiver experience domain (85 FR 84472).

* [Term defined in Glossary tab](#)

Quality Performance Results - Summary Information
Medicare Shared Savings Program
2020 Quality Performance Report
A3476 - ROCHESTER REGIONAL HEALTH ACO, INC.

[Table of Contents](#)

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 [1]	20.00	Not Applicable	20.00	100.00	Not Applicable	Not Applicable
Care Coordination/Patient Safety	7.85	0.00	7.85	98.13	Yes	100.0
Preventive Health	10.80	0.00	10.80	90.00	Yes	100.0
At-Risk Population	5.25	0.00	5.25	87.50	Yes	100.0

ACO completely reported on 100% of measures: Yes

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

Initial Quality Score [2]: 93.91 %

Final Quality Score [2]: 96.87 %

[1] CMS waived the CAHPS for ACOs reporting requirement for Performance Year 2020 and will assign all ACOs automatic credit for each of the CAHPS survey measures within the patient/caregiver experience domain (85 FR 84472). Additionally, the measures in the PCE domain are not eligible to earn Quality Improvement award points for Performance Year 2020.

[2] 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 2020 (85 FR 84472). 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 2020; if an ACO does not report, it will receive the mean quality score.

[* Term defined in Glossary tab](#)

Quality Performance Results, continued - Measure Results

Medicare Shared Savings Program

2020 Quality Performance Report

A3476 - ROCHESTER REGIONAL HEALTH ACO, INC.

[Table of Contents](#)

Table 2. Patient/Caregiver Experience

CMS waived the CAHPS for ACOs reporting requirement for Performance Year 2020 and will assign all ACOs automatic credit for each of the CAHPS survey measures within the patient/caregiver experience domain (85 FR 84472).

Points Earned	N/A	Domain Improvement Score*, %	N/A
Points earned from Quality Improvement Reward:	N/A		
Points earned from reporting measures and performance against benchmarks:	20.00		
Total Domain Points (capped at 20.00):	20.00		

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 [1]	Risk Standardized, All Condition Readmission	R	---	---	16.19	Yes	Not Applicable	2.00	2.00	16.64	15.07	N/A	N/A
ACO-38 [1,2]	Risk-Standardized Acute Admission Rates for Patients with Multiple Chronic Conditions	R	---	---	65.19	Yes	Not Applicable	2.00	2.00	80.39	49.50	N/A	N/A
ACO-43 [3]	Ambulatory Sensitive Condition Acute Composite (AHRQ* Prevention Quality Indicator (PQI #91))	R	---	---	0.91	Yes	Not Applicable	2.00	2.00	1.93	0.95	N/A	N/A
ACO-13	Falls: Screening for Future Fall Risk	P	502	604	83.11	Yes	Significant Decline	1.85	2.00	92.46	84.97	30.00	90.00
								Points Earned					
								0.00	Domain Improvement Score*, % -100.00				
								Points earned from reporting measures and performance against benchmarks:	7.85				
								Total Domain Points (capped at 8.00):	7.85				

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	Current Year Mean Performance Rate (SSP ACOs)	30th Percentile Benchmark	90th Percentile Benchmark
ACO-14	Preventive Care and Screening: Influenza Immunization	P	436	558	78.14	Yes	Significant Improvement	1.70	2.00	71.48	76.03	30.00	90.00
ACO-17	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	P	69	76	90.79	Yes	No Significant Change	2.00	2.00	88.64	81.67	30.00	90.00
ACO-18	Preventive Care and Screening: Screening for Depression and Follow-up Plan	R	344	544	63.24	Yes	Significant Decline	2.00	2.00	76.40	71.46	N/A	N/A
ACO-19	Colorectal Cancer Screening	P	404	608	66.45	Yes	Significant Decline	1.55	2.00	71.83	72.59	30.00	90.00
ACO-20	Breast Cancer Screening	P	391	607	64.42	Yes	Significant Decline	1.55	2.00	68.37	74.05	30.00	90.00
ACO-42	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	R	525	607	86.49	Yes	No Significant Change	2.00	2.00	85.91	83.37	N/A	N/A
								Points Earned					
								0.00	Domain Improvement Score*, % -33.33				
								Points earned from reporting measures and performance against benchmarks:	10.80				
								Total Domain Points (capped at 12.00):	10.80				

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	40	5.00	Yes	No Significant Change	2.00	2.00	2.60	13.99	N/A	N/A
ACO-27	Diabetes Mellitus: Hemoglobin A1c Poor Control	P	133	603	22.06	Yes	Significant Decline	1.70	2.00	18.46	14.70	70.00	10.00
ACO-28	Hypertension (HTN): Controlling High Blood Pressure	P	398	605	65.79	Yes	Significant Decline	1.55	2.00	71.21	72.87	30.00	90.00
								Points Earned					
								0.00	Domain Improvement Score*, % -66.67				
								Points earned from reporting measures and performance against benchmarks:	5.25				
								Total Domain Points (capped at 6.00):	5.25				

* Term defined in [Glossary tab](#)

[1] Due to the COVID-19 Pandemic, ACO-8 and ACO-38 have reverted to pay-for-reporting measures for Performance Year 2020 and are not eligible for QI Reward points, although prior rates are shown for informational purposes.

[2] CMS recently updated the calculation methodology for ACO-38 to correct a non-material technical error. These rates were previously updated in the 2020 Q4 Quarterly Quality Report.

[3] ACO-43 was converted to pay-for-reporting for Performance Year 2020 due to a substantive change and is 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.