

**A3476 - ROCHESTER REGIONAL HEALTH ACO, INC.**  
**2021 Medicare Shared Savings Program Quality Performance Report**  
**2017 Agreement Start Date**

This report is based on the final MIPS Quality Performance Category Score from the MIPS Final Score preview period,  
prior to any MIPS targeted reviews or data suppression results.

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## Glossary

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Abbreviation	Term
ACO	Accountable Care Organization
APM	Alternative Payment Model
APP	Alternative Payment Model Performance Pathway
CAHPS for MIPS survey	Consumer Assessment of Healthcare Providers and Systems for MIPS Survey
CY	Calendar Year
eCQM	Electronic Clinical Quality Measure
EUC	Extreme and Uncontrollable Circumstances Policy
MIPS	Merit-based Incentive Payment System
MIPS CQM	MIPS Clinical Quality Measure
PY	Performance Year
QPC	Quality Performance Category
QPP	Quality Payment Program

## 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 (PY). This report is for PY 2021.

This Quality Performance Report is provided to your ACO in addition to the ACO's MIPS Performance Feedback Report which can be accessed by signing in to the QPP website at:

<https://qpp.cms.gov/login>

If you are your ACO's QPP Security Official or QPP Staff User contact in the ACO Management System (ACO-MS), then you can sign in to the QPP website using your ACO-MS Username and Password. For guidance on how to add the QPP Security Official and QPP Staff User contacts to an ACO in ACO-MS, please refer to the Overview of ACO-MS User Access and ACO Contacts tip sheet.

**Note: The MIPS quality performance category score is different from the ACO quality performance score that the Shared Savings Program will use to calculate shared savings and losses.**

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

- Your ACO's performance rate for each quality measure. For Performance Year 2021, Shared Savings Program ACOs' MIPS quality performance category scores were assessed on either 6 or 10 measures depending on the ACO's chosen reporting option.
- The quality performance standard score and application of the extreme and uncontrollable circumstances policy to your ACO's quality performance score.
- An ACO met the quality performance standard for performance year 2021, if the ACO achieved an ACO quality performance score that is equivalent to or higher than the 30th percentile across all MIPS quality performance category scores, excluding entities/providers eligible for facility-based scoring. The MIPS quality performance category score is also available in your ACO's MIPS Performance Feedback Report.
- The ACO quality performance score used in financial reconciliation 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.

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

- This report details how your ACO's ACO quality performance score was calculated for Performance Year 2021. It also allows you to compare your ACO's performance to other Shared Savings Program ACOs 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 2021.
  - ACOs that are able to report quality data via the Alternative Payment Model (APM) Performance Pathway (APP) and meet MIPS data completeness and case minimum requirements will have their ACO Quality Performance Score set to the higher of their ACO's MIPS quality performance category score or the 30th percentile MIPS quality performance category score.
  - ACOs that are unable to report quality data via the APP will have their ACO quality performance score set equal to the 30th percentile MIPS quality performance category score.
- ACOs that meet the quality performance standard are eligible to share in savings at the maximum sharing rate, and ACOs in two-sided models share in losses based on their quality score or at a fixed percentage based on track.
- ACOs that do not meet the quality performance standard are ineligible to share savings and owe the maximum amount of shared losses, if applicable.
- 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 financial reconciliation, 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 the APP, please refer to the 2021 APM Performance Pathway (APP) Toolkit, available on the QPP Resource Library:  
[https://qpp-cm-prod-content.s3.amazonaws.com/uploads/1495/2021%20APM%20Performance%20Pathway%20\(APP\)%20Toolkit.zip](https://qpp-cm-prod-content.s3.amazonaws.com/uploads/1495/2021%20APM%20Performance%20Pathway%20(APP)%20Toolkit.zip)

- 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 more information on how to add the QPP Security Official and QPP Staff User contacts to an ACO in ACO-MS:

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Downloads/ACO-MS-user-access-and-contacts-tip-sheet.pdf>

- For questions about this report, please contact your ACO Coordinator.

## APP Overview

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#### Background

The Centers for Medicare & Medicaid Services (CMS) finalized the APP in the calendar year (CY) 2021 Medicare Physician Fee Schedule Final Rule. The APP is a new reporting and scoring pathway for MIPS eligible clinicians who participate in MIPS APMs. The APP includes a single, pre-determined quality measure set that MIPS APM participants may report at the individual, group, and/or APM Entity levels beginning performance year 2021. The APP is required for all Shared Savings Program ACOs.

#### Quality Reporting Requirements

ACOs are required to report the 10 measures under the CMS Web Interface or the 3 electronic clinical quality measures (eCQM)/MIPS CQM measures. ACOs are required to field the CAHPS for MIPS survey. CMS calculated the Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Groups and All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions for ACOs (MCC) measures using administrative claims data. Based on the ACO's chosen reporting option, either 6 or 10 measures are included in calculating the ACO's MIPS quality performance category score.

For ACOs that reported CMS Web Interface Measures and eCQMs/MIPS CQMs, CMS calculated scores for each measure set — one score for the 3 eCQMs/MIPS CQMs and one score for the 10 CMS Web Interface measures — and used whichever measure set resulted in the higher score for MIPS Quality Performance Category Score.

#### Quality Performance Standard

For performance year 2021, an ACO met the quality performance standard for performance year if the ACO achieved an ACO quality performance score that is equivalent to or higher than the 30th percentile across all MIPS quality performance category scores, excluding entities/providers eligible for facility-based scoring.

Quality performance standard met: ACOs are eligible to share in savings at the maximum sharing rate; ACOs in two-sided models share in losses based on their quality score or at a fixed percentage based on track.

Quality performance standard not met: ACOs are ineligible to share savings and owe the maximum amount of shared losses, if applicable.

#### Where can I find more information?

- For more information on the APP, please refer to the 2021 APM Performance Pathway (APP) Toolkit, available on the QPP Resource Library:  
[https://qpp-cm-prod-content.s3.amazonaws.com/uploads/1495/2021%20APM%20Performance%20Pathway%20\(APP\)%20Toolkit.zip](https://qpp-cm-prod-content.s3.amazonaws.com/uploads/1495/2021%20APM%20Performance%20Pathway%20(APP)%20Toolkit.zip)
- 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 your ACO Coordinator.

## Measure Sets

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#### APP - CMS Web Interface Measure Set

Measure #	Measure Title	Collection Type	Measure Type
Quality ID# 321	CAHPS for MIPS	CAHPS for MIPS Survey	Patient Reported Outcome (PRO)-PM
Measure# 479	Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Groups	Administrative Claims	Outcome
Measure# MCC1	All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions for ACOs (MCC)	Administrative Claims	Outcome
Quality ID# 318	Falls: Screening for Future Fall Risk	CMS Web Interface	Process
Quality ID# 110	Preventive Care and Screening: Influenza Immunization	CMS Web Interface	Process
Quality ID# 226	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	CMS Web Interface	Process
Quality ID# 113	Colorectal Cancer Screening	CMS Web Interface	Process
Quality ID# 112	Breast Cancer Screening	CMS Web Interface	Process
Quality ID# 438	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	CMS Web Interface	Process
Quality ID# 370	Depression Remission at Twelve Months	CMS Web Interface	Outcome
Quality ID# 001	Diabetes: Hemoglobin A1c (HbA1c) Poor Control	CMS Web Interface	Intermediate Outcome
Quality ID# 134	Preventive Care and Screening: Screening for Depression and Follow-up Plan	CMS Web Interface	Process
Quality ID# 236	Controlling High Blood Pressure	CMS Web Interface	Intermediate Outcome

#### APP - eCQM/MIPS CQM Measure Set

Measure #	Measure Title	Collection Type	Measure Type
Quality ID# 321	CAHPS for MIPS	CAHPS for MIPS Survey	Patient Reported Outcome (PRO)-PM
Measure# 479	Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Groups	Administrative Claims	Outcome
Measure# MCC1	All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions for ACOs (MCC)	Administrative Claims	Outcome
Quality ID# 001	Diabetes: Hemoglobin A1c (HbA1c) Poor Control	eCQM/MIPS CQM	Intermediate Outcome
Quality ID# 134	Preventive Care and Screening: Screening for Depression and Follow-up Plan	eCQM/MIPS CQM	Process
Quality ID# 236	Controlling High Blood Pressure	eCQM/MIPS CQM	Intermediate Outcome

#### Where can I find more information?

- For more information on the APP, please refer to the 2021 APM Performance Pathway (APP) Toolkit, available on the QPP Resource Library:  
[https://qpp-cm-prod-content.s3.amazonaws.com/uploads/1495/2021%20APM%20Performance%20Pathway%20\(APP\)%20Toolkit.zip](https://qpp-cm-prod-content.s3.amazonaws.com/uploads/1495/2021%20APM%20Performance%20Pathway%20(APP)%20Toolkit.zip)
- 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 your ACO Coordinator.

## Parameters for Quality Reporting

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### Report Period

Performance Year 1/1/2021 - 12/31/2021

Date Produced 08/11/2022

### Quality Performance Information

Collection Type	Number of Measures	Number of Maximum Scored Measures
CAHPS for MIPS	1	1
Administrative Claims	2	2
eCQM/MIPS CQM	3	3
CMS Web Interface	10	7*

\*Three of the CMS Web Interface measures (Statin Therapy for the Prevention and Treatment of Cardiovascular Disease (Quality ID# 438); Depression Remission at Twelve Months (Quality ID# 370), and Preventive Care and Screening: Screening for Depression and Follow-up Plan (Quality ID# 134) do not have benchmarks, and therefore, were not scored. However, these measures are required to be reported in order to complete the APP - CMS Web Interface measure set.

# Quality Performance Results - Summary Information

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**Table 1. Summary Information**

Reporting Mechanism <sup>1</sup>	(A) MIPS Quality Performance Category Score	(B) Quality Performance Standard Score <sup>2</sup>	ACO Quality Performance Score <sup>3</sup>	SSP EUC Policy Applied	Quality Performance Standard Met
CMS Web Interface	85.61	61.69	85.61	N	Y
eCQMs/MIPS CQMs	---	---	---	---	---

[1] Cells are populated for the respective reporting mechanism. If quality was reported via only 1 mechanism, then values are displayed as --- for the mechanism through which quality was not reported.

[2] The PY 2021 Quality Performance Standard is the 30th percentile MIPS QPC score based on the unweighted distribution.

[3] ACO Quality Performance Score is capped at 100% and is used to determine shared losses and eligibility for shared savings for the purposes of the Shared Savings Program. This is the higher of the MIPS QPC score (A) for a given reporting mechanism and the Quality Performance Standard score (B).



Quality Performance Results, continued - Measure Results  
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Table 2. APP - CMS Web Interface Measure Set

Measure #	Measure Name	Eligible For Scoring <sup>1</sup>	Numerator	Denominator	Reported Performance Rate	Current Year Mean Performance Rate (SSP ACOs)
001	Diabetes: Hemoglobin A1c (HbA1c) Poor Control <sup>2</sup>	Y	77	810	12.62	12.46
134	Preventative Care and Screening: Screening for Depression and Follow-up Plan	N	393	512	76.76	74.38
236	Controlling High Blood Pressure	Y	442	609	72.58	74.87
318	Falls: Screening for Future Fall Risk	Y	549	607	90.44	87.03
110	Preventative Care and Screening: Influenza Immunization	Y	453	543	83.43	80.52
226	Preventative Care and Screening: Tobacco Use: Screening and Cessation Intervention	Y	71	88	80.68	80.97
113	Colorectal Cancer Screening	Y	466	610	76.39	73.63
112	Breast Cancer Screening	Y	426	605	70.41	75.11
438	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	N	556	605	91.90	84.24
370	Depression Remission at Twelve Months	N	1	71	1.41	15.50
321	CAHPS for MIPS <sup>3</sup>	Y	N/A	N/A	N/A	N/A
479	Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Groups <sup>3</sup>	Y	---	---	0.1813	0.1540
MCC1	All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions for ACOs (MCC) <sup>2</sup>	Y	---	---	47.33	33.99

[1] For PY 2021, measures #134, #438, and #370 do not have CMS Web Interface benchmarks and are not scored as a result.

[2] A lower performance rate corresponds to higher quality.

[3] CAHPS for MIPS is a composite measure, so numerator, denominator, and performance rate values are not applicable (N/A). See Table 4 for details on CAHPS for MIPS performance.

Table 3. APP - eCQM/MIPS CQM Measure Set

Measure #	Measure Name	Eligible For Scoring <sup>1</sup>	Numerator	Denominator	Reported Performance Rate	Current Year Mean Performance Rate (SSP ACOs)
001	Diabetes: Hemoglobin A1c (HbA1c) Poor Control <sup>2</sup>	Y	---	---	---	---
134	Preventative Care and Screening: Screening for Depression and Follow-up Plan	Y	---	---	---	---
236	Controlling High Blood Pressure	Y	---	---	---	---
321	CAHPS for MIPS <sup>3</sup>	Y	N/A	N/A	N/A	N/A
479	Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Groups <sup>3</sup>	Y	---	---	---	---
MCC1	All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions for ACOs (MCC) <sup>2</sup>	Y	---	---	---	---

[1] For PY 2021, all six measures in the eCQM/MIPS CQM Measure set are eligible for scoring.

[2] A lower performance rate corresponds to higher quality.

[3] CAHPS for MIPS is a composite measure, so numerator, denominator, and performance rate values are not applicable (N/A). See Table 4 for details on CAHPS for MIPS performance.

Quality Performance Results, continued - CAHPS for MIPS  
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Table 4. APP - CAHPS for MIPS Measures

Measure ID	Measure Name	Eligible For Scoring	Reported Performance Rate	Current Year Mean Performance Rate [SSP ACOs]
CAHPS-1	Getting Timely Care, Appointments, and Information	Y	88.01	84.67
CAHPS-2	How Well Providers Communicate	Y	90.73	93.56
CAHPS-3	Patient's Rating of Provider	Y	90.00	92.19
CAHPS-4	Access to Specialists	N	76.48	78.80
CAHPS-5	Health Promotion and Education	Y	61.34	61.61
CAHPS-6	Shared Decision Making	Y	58.62	60.89
CAHPS-7	Health Status and Functional Status	N	71.51	71.78
CAHPS-8	Care Coordination	Y	84.30	85.66
CAHPS-9	Courteous and Helpful Office Staff	Y	92.20	91.88
CAHPS-11	Stewardship of Patient Resources	Y	20.04	24.71