

A3476 - ROCHESTER REGIONAL HEALTH ACO, INC.
Medicare Shared Savings Program Quality Performance Report, Performance Year 2023
2017 Agreement Start Date

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

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Glossary

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Abbreviation	Term
ACO	Accountable Care Organization
ACO-MS	ACO Management System
APM	Alternative Payment Model
APP	Alternative Payment Model Performance Pathway
CAHPS for MIPS Survey	Consumer Assessment of Healthcare Providers and Systems for MIPS Survey
CMS	Centers for Medicare & Medicaid Services
COVID-19	Coronavirus Disease 2019
CY	Calendar Year
eCQM	Electronic Clinical Quality Measure
EUC	Extreme and Uncontrollable Circumstances
HEA	Health Equity Adjustment
MIPS	Merit-based Incentive Payment System
MIPS CQM	MIPS Clinical Quality Measure
PFS	Physician Fee Schedule
PHE	Public Health Emergency
PY	Performance Year
QPC	Quality Performance Category
QPP	Quality Payment Program
SSP	Medicare Shared Savings Program
SSM	Summary Survey Measures

About this Report

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Report Period	
Performance Year	01/01/2023 - 12/31/2023
Date Produced	09/24/2024

Who provides this report?	<p>The Centers for Medicare & Medicaid Services (CMS) provides this Quality Performance Report to all Accountable Care Organizations (ACOs) participating in the Medicare Shared Savings Program (Shared Savings Program), after the completion of each performance year (PY).</p> <p>This report is provided to your ACO in addition to the ACO's Merit-based Incentive Payment System (MIPS) performance feedback, which can be accessed by signing in to the Quality Payment Program (QPP) website at: https://qpp.cms.gov/login</p>
Why is this report provided?	<p>This report details how your ACO's PY 2023 health equity adjusted quality performance score was calculated. It also allows you to compare your ACO's performance at the measure level to other Shared Savings Program ACOs and may help you identify quality improvement opportunities.</p> <p>CMS encourages you to share your results with your ACO providers so they can help you identify ways to improve quality of care and to assist your ACO in capturing the required data for quality reporting efficiently.</p>
What information is in this report?	<p>Your ACO's performance data for each quality measure reported by the ACO and 2 administrative claims measures calculated by CMS.</p> <p>Summary statistics for each of the quality measures across all Shared Savings Program ACOs by measure and reporting type for purposes of relative comparison.</p> <p>Your ACO's MIPS Quality performance category score if your ACO reported the Alternative Payment Model Performance Pathway (APP).</p> <ul style="list-style-type: none">• If your ACO reported either the CMS Web Interface measures or electronic clinical quality measures (eCQMs)/MIPS clinical quality measures (MIPS CQMs), the MIPS Quality performance category score is based on the only measure set your ACO reported.• If your ACO reported both the CMS Web Interface measures and eCQMs/MIPS CQMs, the MIPS Quality performance category scores for both measure sets are shown. <p>Your ACO's health equity adjusted quality performance score (used in financial reconciliation to determine any shared savings or shared losses (if applicable)).</p> <ul style="list-style-type: none">• Whether the Shared Savings Program quality performance standard, alternative quality performance standard, or the eCQM/MIPS CQM reporting incentive was met.• Whether the Shared Savings Program Quality extreme and uncontrollable circumstances (EUC) policy was applied. <p>Note: The MIPS Quality performance category score used for MIPS payment adjustments is available in your ACO's MIPS performance feedback. This score may be different from your ACO's health equity adjusted quality performance score and the associated measures used to determine eligibility for shared savings or shared losses (if applicable) for the Shared Savings Program.</p>
What is next?	<p>ACOs publicly report quality performance results (along with the financial performance results) on an annual basis.</p> <p>ACOs are required to publicly report:</p> <ul style="list-style-type: none">• Their performance on all quality measures used in financial reconciliation; and• The mean performance rates for all measures amongst all ACOs. <p>Please follow Shared Savings Program announcements for updates on when the Public Reporting Instructions and Template will be provided to ACOs.</p>
How can I access my ACO's MIPS performance feedback report?	<p>If you are your ACO's QPP Security Official or QPP Staff User contact in ACO-MS, then you can sign in to the QPP website using your ACO-MS username and password.</p> <p>For guidance on how to add the QPP Security Official and QPP Staff User contacts for an ACO in ACO-MS, please refer to the: Overview of ACO-MS User Access and ACO Contacts Tip Sheet</p>
Where can I find more information?	<p>The resource documents listed below can be found on this page, Program Guidance & Specifications: https://www.cms.gov/medicare/payment/fee-for-service-providers/shared-savings-program-ssp-acos/guidance-regulations</p> <p>Note: Make sure the documents you are referencing are for the appropriate performance year.</p> <ul style="list-style-type: none">• 2023 APM Performance Pathway (APP) Toolkit• Medicare Shared Savings Program Quality Performance Standard: 30th and 40th Percentile MIPS Quality Performance Category Score for Performance Year 2023• Shared Savings and Losses, Assignment Methodology and Quality Performance Standard Specifications Version #11• Medicare Shared Savings Program Quality Performance Standard: 40th Percentile MIPS Quality Performance Category Score for Performance Year 2024• 2024 Medicare CQMs for Shared Savings Program Accountable Care Organizations Checklist <p>For questions about this report, please contact your ACO Coordinator.</p>

Additional Background

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What is the APP and how does it relate to the Shared Savings Program?	<p>CMS finalized the APP in the Calendar Year (CY) 2021 Medicare Physician Fee Schedule (PFS) Final Rule.</p> <p>The APP is a reporting and scoring pathway for MIPS eligible clinicians who participate in MIPS APMs.</p> <p>The APP is a single, pre-determined quality measure set that MIPS APM participants may report at the individual, group, and/or APM-entity levels.</p> <p>All Shared Savings Program ACOs were required to report quality data via the APP in PY 2023.</p>
What are the quality reporting requirements?	<p>For PY 2023, ACOs were required to:</p> <ul style="list-style-type: none">• Report the 10 CMS Web Interface measures or the 3 eCQMs/MIPS CQMs;• Administer a Consumer Assessment of Healthcare Providers and Systems (CAHPS®) for MIPS Survey (if the ACO meets the sample size required to administer the survey); and• Be scored on 2 administrative claims measures that are calculated by CMS using administrative claims data (if the ACO meets data completeness and case minimum requirements). <p>Note: ACOs that do not meet the minimum required sample size to administer the CAHPS for MIPS Survey or do not meet the MIPS data completeness or case minimum requirements for the 2 administrative claims measures will not be scored on those measures.</p>
How can my ACO meet the quality performance standard?	<p>The quality performance standard is the minimum quality performance ACOs must achieve to be eligible to share in savings at the maximum rate available for the ACO's track. Meeting the quality performance standard also allows an ACO to avoid maximum shared losses for ACOs participating in the ENHANCED track.</p> <p>For PY 2023, ACOs that report quality data via the APP and are assessed on the reporting requirements can meet the quality performance standard via 1 of 3 pathways:</p> <ul style="list-style-type: none">• <i>For all ACOs:</i> Achieve a health equity adjusted 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;• <i>For ACOs that report the 3 eCQMs/MIPS CQMs and meet the criteria for the eCQM/MIPS CQM reporting incentive:</i> If an ACO reports the 3 eCQMs/MIPS CQMs and meets the MIPS data completeness and case minimum requirements for all 3 eCQMs/MIPS CQMs, then the ACO must achieve a quality performance score equivalent to or higher than the 10th percentile of the performance benchmark on at least 1 of the 4 outcome measures in the APP measure set and a quality performance score equivalent to or higher than the 30th percentile of the performance benchmark on at least 1 of the remaining 5 measures in the APP measure set; or• <i>For ACOs in the first performance year of their first agreement period under the Shared Savings Program:</i> Meet the MIPS data completeness and case minimum requirements for each of the 10 CMS Web Interface measures or the 3 eCQMs/MIPS CQMs and administer a CAHPS for MIPS Survey.
How can my ACO meet the alternative quality performance standard?	<p>ACOs that do not meet the quality performance standard based on 1 of the 3 pathways described above can meet the alternative quality performance standard to be eligible to share in savings at a lower rate that is scaled based on the ACO's quality performance. The ACO's health equity adjusted quality performance score is multiplied by the ACO's track's maximum sharing rate to determine its final shared savings rate. A similar approach is applied to ENHANCED track ACOs to determine shared losses. The alternative quality performance standard is available to all ACOs, regardless of how they report quality data.</p> <p>To meet the alternative quality performance standard, ACOs must report quality data via the APP and achieve a quality performance score equivalent to or higher than the 10th percentile of the performance benchmark on at least 1 of the 4 outcome measures in the APP measure set.</p>
What happens if my ACO does or does not meet the quality performance standard or the alternative quality performance standard?	<p>An ACO will not meet the quality performance standard or the alternative quality performance standard for PY 2023 if the ACO</p> <ul style="list-style-type: none">• Does not report any of the 10 CMS Web Interface measures or any of the 3 eCQMs/MIPS CQMs; and• Does not administer a CAHPS for MIPS Survey under the APP. <p>ACOs that do not meet the quality performance standard or the alternative quality performance standard will not be eligible for shared savings, and ACOs participating in the ENHANCED track will owe maximum shared losses (if applicable).</p>
What is the health equity adjustment?	<p>All ACOs that report the 3 eCQM/MIPS CQM measures via the APP and receive a MIPS Quality performance category score for the eCQM/MIPS CQM measure set, meet the MIPS data completeness requirement for all 3 eCQM/MIPS CQM measures, and administer a CAHPS for MIPS Survey will receive a health equity adjusted quality performance score.</p> <ul style="list-style-type: none">• ACOs that report only the eCQM/MIPS CQM measure set will receive up to 10 health equity adjustment bonus points.• ACOs that report only the CMS Web Interface measure set are not eligible to receive health equity adjustment bonus points.• ACOs that report both the eCQM/MIPS CQM and CMS Web Interface measure sets may only receive up to 10 health equity adjustment bonus points if the eCQM/MIPS CQM measure set has a higher quality score than the CMS Web Interface measure set and is therefore used as the ACO's MIPS Quality performance category score. <p>For ACOs that do not receive any health equity adjustment bonus points, the health equity adjusted quality performance score is equal to the ACO's MIPS Quality performance category score.</p>
What is the Shared Savings Program Quality EUC Policy and how is it applied?	<p>Because of the nationwide coronavirus disease 19 (COVID-19) Public Health Emergency (PHE) that was in effect from January 27, 2020 through May 11, 2023, all Shared Savings Program ACOs have been determined to have been affected by an EUC and are eligible to have the Shared Savings Program Quality EUC policy applied for PY 2023.</p> <p>In general, Shared Savings Program Quality EUC policy includes counties identified under the QPP as EUC-affected and considers EUCs that happen in the performance year and/or the reporting period for the performance year.</p> <p>An ACO is EUC-affected if:</p> <ul style="list-style-type: none">• 20 percent of Quarter 4 assigned beneficiaries reside in an EUC-affected county*;• The ACO's legal entity is located in an EUC-affected county*. <p>*Note that CMS has sole discretion to determine the:</p> <ul style="list-style-type: none">• Time period during which an EUC occurred;• Percentage of the ACO's assigned beneficiaries residing in the affected areas; and• Location of the ACO's legal entity.
How does the Shared Savings Program Quality EUC policy impact my ACO's health equity adjusted quality performance score?	<p>Since all ACOs are eligible for the Shared Savings Program Quality EUC policy for PY 2023, the ACO's health equity adjusted quality performance score is set to the higher of the ACO's health equity adjusted quality performance score or the 30th percentile MIPS Quality performance category score.</p> <p>ACOs that are unable to report quality data via the APP will have their ACO health equity adjusted quality performance score set equal to the 30th percentile MIPS Quality performance category score.</p>

Measure Sets

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APP - CMS Web Interface Measure Set			
Measure #	Measure Title	Collection Type	Measure Type [1]
Quality ID#: 321	CAHPS for MIPS	CAHPS for MIPS Survey	Patient Engagement/Experience
Measure # 479	Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups	Administrative Claims	Outcome [3]
Measure # 484	Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions (MCC)	Administrative Claims	Outcome [3]
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 [4]
Quality ID#: 001	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	CMS Web Interface	Intermediate Outcome [3]
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 [3]

APP - eCQM/MIPS CQM Measure Set			
Measure #	Measure Title	Collection Type	Measure Type [1]
Quality ID#: 321	CAHPS for MIPS	CAHPS for MIPS Survey	Patient Engagement/Experience
Measure # 479	Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups	Administrative Claims	Outcome [3]
Measure # 484	Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions (MCC)	Administrative Claims	Outcome [3]
Quality ID#: 001	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	eCQM or MIPS CQM	Intermediate Outcome [3]
Quality ID#: 134	Preventive Care and Screening: Screening for Depression and Follow-up Plan	eCQM or MIPS CQM	Process
Quality ID#: 236	Controlling High Blood Pressure	eCQM or MIPS CQM	Intermediate Outcome [3]

Quality Performance Results - Summary Information
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Table 1. Summary Information			
ACO Health Equity Adjusted Quality Performance Score	Quality Performance Standard Met	Alternative Quality Performance Standard Met	Shared Savings Program Quality EUC Policy Applied
70.62	Yes	N/A	No

Table 2. Additional Summary Information	
ACO quality performance points by measure set [1]	
CMS Web Interface	70.62
eQMs/MIPS CQMs	---
Health equity adjustment bonus points earned [2]	---
ACO health equity adjusted quality performance score before Shared Savings Program Quality EUC Policy, if applicable [3]	70.62
30th Percentile MIPS Quality performance category score [4]	65.76
ACO health equity adjusted quality performance score after applying Shared Savings Program Quality EUC Policy, if applicable [5]	70.62
Eligible for Shared Savings Program Quality EUC Policy [6]	Yes
Shared Savings Program Quality EUC Policy Applied [7]	No
ACO Met Quality Performance Standard [8]	Yes
ACO met or exceeded 30th Percentile MIPS Quality performance category score [9]	Yes
ACO met criteria for eQCM/MIPS CQM reporting incentive [10]	N/A
ACO is first year ACO that met reporting criteria [11]	N/A
ACO Met Alternative Quality Performance Standard [12]	N/A

Footnotes:

- [1] Cells are populated for measure set(s) where a quality score is available; otherwise, values are displayed as "---". If the ACO reported both CMS Web Interface measures and eQMs/MIPS CQMs, the higher scoring measure set represents the MIPS Quality performance category score; the lower scoring measure set does not have Quality Improvement points applied and therefore does not represent the MIPS Quality performance category score but is still shown. If the ACO reported only one measure set, this score will represent the value for the measure set that was reported.
- [2] These bonus points are capped at a value of 10. Refer to Tables 6-7 HEA Results tab for more information about how health equity adjustment bonus points are calculated, if applicable. Equals a dash (---) if the health equity adjustment field is not applicable to the ACO.
- [3] Equals the sum of [2] and the higher value from [1] if health equity adjustment bonus points apply to the ACO (Refer to Tables 6 and 7, if applicable). This value is capped at 100. If the sum of [2] and the higher value from [1] is greater than 100, this value will be set equal to 100. If health equity adjustment bonus points do not apply, then this value equals the higher value from [1].
- [4] The 30th percentile MIPS Quality performance category score is based on the unweighted distribution of all MIPS Quality performance category scores. Note that the unweighted distribution of Quality performance category scores is based on the Quality performance category scores of the submitting entity (e.g., ACOs, other APM entities, groups, and individual providers), and each submission contributes one score to the distribution.
- [5] Equals the score from [4] if the criteria in both [6] and [7] are equal to Yes. Otherwise equals the score from [3]. This is the score that will be used in determining whether the ACO met the quality performance standard and in determining shared savings or shared losses (if applicable).
- [6] Equals Yes if the ACO is deemed to be EUC-affected (refer to Additional Background tab). Otherwise equals No.
- [7] Equals Yes if the criterion in [6] is equal to Yes and either the ACO did not successfully report quality data or the ACO successfully reported but the score from [4] is higher than the score from [3]. Equals N/A if [6] is No. Otherwise equals No.
- [8] Equals Yes if any of [9]-[11] are equal to Yes and the ACO meets applicable reporting requirements or if [7] is equal to Yes. Otherwise equals No.
- [9] Equals Yes if the score from [5] is equivalent to or higher than the score from [4]. Otherwise equals No.
- [10] Equals Yes if the ACO met the criteria for the eQCM/MIPS CQM reporting incentive (refer to the Additional Background tab). Equals N/A if the ACO reported only CMS Web Interface measures. Otherwise equals No.
- [11] Equals Yes if the ACO is in the first performance year of the ACO's first agreement period under the Shared Savings Program, reported quality data via the APP, met the MIPS data completeness and case minimum requirements on the 10 CMS Web Interface measures or the 3 eQMs/MIPS CQMs and completed the CAHPS for MIPS Survey. Equals No if the ACO is in the first performance year of the ACO's first agreement period under the Shared Savings Program but does not meet any of these inclusion criteria. Otherwise equals N/A.
- [12] Equals Yes if the ACO does not meet the criteria for the quality performance standard and meets the requirements for the alternative quality performance standard (refer to the Additional Background tab for more information). Equals N/A if the ACO meets the requirements for the quality performance standard. Otherwise equals No.

Quality Performance Results, continued - Measure Results
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Table 3. APP - CMS Web Interface Measure Set

Measure #	Measure Name	Has a Benchmark [3]	Numerator	Denominator	Reported Performance Rate	Current Year Mean Performance Rate (SSP ACOs)	Applying the Alternative Quality Performance Standard [4]	
							Outcome Measure [5]	10th Percentile
Quality ID#: 001	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%) [1]	Yes	77	610	12.62	9.84	Yes	90.00
Quality ID#: 134	Preventive Care and Screening: Screening for Depression and Follow-up Plan	Yes	491	589	83.36	80.97	No	N/A
Quality ID#: 236	Controlling High Blood Pressure	Yes	427	607	70.35	77.80	Yes	10.00
Quality ID#: 318	Falls: Screening for Future Fall Risk	Yes	579	614	94.30	89.42	No	N/A
Quality ID#: 110	Preventive Care and Screening: Influenza Immunization	Yes	327	599	54.59	70.76	No	N/A
Quality ID#: 226	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Yes	40	56	71.43	79.29	No	N/A
Quality ID#: 113	Colorectal Cancer Screening	Yes	426	613	69.49	77.14	No	N/A
Quality ID#: 112	Breast Cancer Screening	Yes	462	605	76.36	80.36	No	N/A
Quality ID#: 438	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	No	586	642	91.28	87.05	No	N/A
Quality ID#: 370	Depression Remission at Twelve Months	No	28	86	32.56	16.58	No	N/A
Quality ID#: 321	CAHPS for MIPS [2]	Yes	N/A	N/A	5.28	6.25	No	N/A
Measure # 479	Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups [1]	Yes	---	---	0.1742	0.1553	Yes	0.1712
Measure # 484	Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions [1]	Yes	---	---	44.60	35.39	Yes	45.98

Footnotes:

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

[2] CAHPS for MIPS Survey is a composite measure, so numerator and denominator values are not applicable (N/A). The Reported Performance Rate column shows the CAHPS for MIPS Survey composite score. The CAHPS for MIPS Survey composite score is calculated as the average number of points across scored Summary Survey Measures (SSMs). Refer to Table 5 for details on CAHPS for MIPS Survey performance.

[3] For PY 2023, the CMS Web Interface measures Quality ID#: 438 and Quality ID#: 370 do not have benchmarks, and therefore, were not scored. They are, however, required to be reported in order to complete the Web Interface measure set. If they are not reported, the CMS Web Interface measure set denominator is increased by 10 points for each measure that is not reported, resulting in a lower health equity adjusted quality performance score. For more information, refer to the Performance Year 2023 APM Performance Pathway: CMS Web Interface Measure Benchmarks for ACOs:

<https://app.cms.gov/resources/document/a393204f-a4d3-49f6-a46e-aa1134a89e34>

For more information on the 2023 Quality Benchmarks and the future direction of quality benchmarks for 2024:

<https://app.cms.gov/benchmarks>

[4] For PY 2023, ACOs that report quality data via the APP and do not meet the quality performance standard can meet the alternative quality performance standard. To meet the alternative quality performance standard, ACOs must achieve a quality performance score equivalent to or higher than the 10th percentile of the performance benchmark on at least 1 of the 4 outcome measures in the APP measure set.

The quality performance score refers to the measure performance rate for all measures except for CAHPS for MIPS Survey, which is a composite measure and therefore its decile score is used. For inverse measures (i.e., Quality ID#: 001, Measure # 479, and Measure # 484), lower performance rates indicate better performance. As such, achieving the 10th percentile or a higher percentile equates to achieving the 10th percentile performance rate value or a lower performance rate.

[5] Equals Yes if the measure is an outcome measure for purposes of determining the alternative quality performance standard. Otherwise equals No.

Table 4. APP - eCQM/MIPS CQM Measure Set

Measure #	Measure Name	Has a Benchmark [3]	Numerator	Denominator	Reported Performance Rate	Current Year Mean Performance Rate (SSP ACOs)	Applying the eCQM/MIPS CQM Reporting Incentive and Alternative Quality Performance Standard [4]			
							Selected Collection Type	Outcome Measure [5]	10th percentile	30th Percentile
Quality ID#: 001	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%) [1]	Yes	---	---	---	---	---	Yes	---	---
Quality ID#: 134	Preventive Care and Screening: Screening for Depression and Follow-up Plan	Yes	---	---	---	---	---	No	N/A	---
Quality ID#: 236	Controlling High Blood Pressure	Yes	---	---	---	---	---	Yes	---	---
Quality ID#: 321	CAHPS for MIPS [2]	Yes	N/A	N/A	---	---	CAHPS	No	N/A	---
Measure # 479	Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups [1]	Yes	---	---	---	---	Administrative Claims	Yes	---	---
Measure # 484	Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions [1]	Yes	---	---	---	---	Administrative Claims	Yes	---	---

Footnotes:

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

[2] CAHPS for MIPS Survey is a composite measure, so numerator and denominator values are not applicable (N/A). The Reported Performance Rate column shows the CAHPS for MIPS Survey composite score. The CAHPS for MIPS Survey composite score is calculated as the average number of points across scored Summary Survey Measures (SSMs). Refer to Table 5 for details on CAHPS for MIPS Survey performance.

[3] For more information on the 2023 Quality Benchmarks and the future direction of quality benchmarks for 2024:

<https://app.cms.gov/benchmarks>

[4] For PY 2023, an ACO met the eCQM/MIPS CQM reporting incentive, and therefore, met the quality performance standard used to be eligible to share in savings at the maximum rate available for the ACO's track and to avoid maximum shared losses (if applicable), if it:

- Reports the 3 eCQM/MIPS CQMs;
- Meets the data completeness requirement for all 3 eCQMs/MIPS CQMs;
- Achieves a quality performance score equivalent to or higher than the 10th percentile of the performance benchmark on at least 1 of the 4 outcome measures in the APP measure set; and
- Achieves a quality performance score equivalent to or higher than the 30th percentile of the performance benchmark on at least 1 of the remaining 5 measures in the APP measure set.

ACOs that report quality data via the APP and do not meet the quality performance standard can meet the alternative quality performance standard. To meet the alternative quality performance standard, ACOs must achieve a quality performance score equivalent to or higher than the 10th percentile of the performance benchmark on at least 1 of the 4 outcome measures in the APP measure set.

The quality performance score refers to the measure performance rate for all measures except for the CAHPS for MIPS Survey, which is a composite measure and therefore its decile score is used. For inverse measures (i.e., Quality ID#: 001, Measure # 479, and Measure # 484), lower performance rates indicate better performance. As such, achieving the 10th percentile (or 30th) or a higher percentile equates to achieving the 10th percentile (or 30th) performance rate value or a lower performance rate.

[5] Equals Yes if the measure is an outcome measure for purposes of determining the eCQM/MIPS CQM reporting incentive and alternative quality performance standard. Otherwise equals No.

Quality Performance Results, continued - CAHPS for MIPS Survey
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Table 5. APP - CAHPS for MIPS Measures				
Measure ID	Measure Name	Has a Benchmark	Reported Performance Rate	Current Year Mean Performance Rate (SSP ACOs)
CAHPS-1	Getting Timely Care, Appointments, and Information	Yes	86.74	83.68
CAHPS-2	How Well Providers Communicate	Yes	94.15	93.69
CAHPS-3	Patient's Rating of Provider	Yes	91.32	92.14
CAHPS-4	Access to Specialists	Yes	76.20	75.97
CAHPS-5	Health Promotion and Education	Yes	63.12	63.93
CAHPS-6	Shared Decision Making	Yes	57.61	61.60
CAHPS-7	Health Status and Functional Status	No	73.26	74.12
CAHPS-8	Care Coordination	Yes	83.90	85.77
CAHPS-9	Courteous and Helpful Office Staff	Yes	93.67	92.31

Reference Tables

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Measure Decile and Percentile Background

Historically, the Shared Savings Program has provided information on quality measure benchmarks for a range of percentiles (30th to 90th) and scoring was based on percentile cutpoints. Under MIPS, quality benchmarks and scoring are based on comparisons to decile ranges. To help ACOs understand how benchmark percentiles map to decile ranges and achievement points, we provide the table below. This may be particularly relevant to ACOs reporting eCQMs or MIPS CQMs because the eCQM/MIPS CQM reporting incentive refers to percentiles, but the MIPS resource documents on benchmarks show deciles for all measures except for the CAHPS for MIPS Survey composite score. Refer to the "How to Read This Table" section and footnote on 2023 Quality Benchmarks below for details on benchmarks. Refer to the About this Report tab and Table 4 for details on the reporting incentive.

APP - Measure Crosswalk Between Benchmark Deciles and Percentiles for the eCQM/MIPS CQM Reporting Incentive

The table below provides the mapping of deciles, percentiles, and achievement points under MIPS as a reference for ACOs.

Deciles	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th
Benchmark Percentiles	0.01 - 9.99	10.00 - 19.99	20.00 - 29.99	30.00 - 39.99	40.00 - 49.99	50.00 - 59.99	60.00 - 69.99	70.00 - 79.99	80.00 - 89.99	90.00 - 100.00
Points	1.#	2.#	3.#	4.#	5.#	6.#	7.#	8.#	9.#	10.0

The notation ".#" indicates the awarding of partial achievement points. For example, 3.# corresponds to ≥ 3.0 and < 4.0 points.

How to Read This Table

Decile 1 contains the range of percentiles > 0 and < 10 . This decile corresponds to 1.# points, depending on where the performance rate/measurement achievement falls within the decile. Decile 2 contains the range of percentiles from ≥ 10 to < 20 and corresponds to 2.# points, and so on. For the eCQM/MIPS CQM reporting incentive, to identify the 10th and 30th percentiles, one would use the lower value of the ranges for deciles 2 and 4, respectively. The performance rate that maps to each benchmark percentile is measure-specific and is determined by the measure's distribution (historical benchmarks). Refer to the Example below for more details.

For details on measure-specific benchmarks, refer to the 2023 Quality Benchmarks:
<https://qpp-cm-prod-content.s3.amazonaws.com/uploads/2272/2023%20Quality%20Benchmarks.zip>

The 2023 APM Performance Pathway Scoring Guide (pages 21-23) in the 2023 APM Performance Pathway (APP) Toolkit also contains additional information:

https://qpp-cm-prod-content.s3.amazonaws.com/uploads/2534/2023_APP_Toolkit.zip

Example

Using CAHPS-1 Getting Timely Care, Appointments, and Information from Table 5 as an example, an ACO's hypothetical performance rate could be 81.42.

Based on the 2023 CAHPS for MIPS Survey Historical Benchmarks file from the 2023 Quality Benchmarks zip (linked above), this performance rate corresponds to the lower value of decile 3's range (81.42 - 82.74). Thus, this performance rate value maps onto the 3rd decile in the table above.

The 3rd decile maps onto achievement points of 3.# (≥ 3.0 and < 4) for CAHPS-1.

Note: The eCQM/MIPS CQM reporting incentive includes the CAHPS for MIPS Survey composite measure, rather than the individual CAHPS Summary Survey Measures (SSMs) shown in Table 5 that contribute to the composite score. However, benchmarks exist for the individual SSMs and not for the composite CAHPS score, so ACOs looking to understand how to improve CAHPS performance may find it helpful to compare individual SSM performance rates to published benchmarks.

For other measures in the APP - eCQM/MIPS CQM Measure Set, please compare the 2023 MIPS Historical Quality Benchmarks file in the 2023 Quality Benchmarks zip with the crosswalk table above. Table 4 also contains the 10th and 30th percentiles relevant for determining the eCQM/MIPS CQM reporting incentive.

Health Equity Adjustment Performance Scaler Performance Group Background

A component of the health equity adjustment is the measure performance scaler. The measure performance scaler is derived from a comparison of the ACO's performance on a given measure with that of other ACOs whose quality performance score is based on their reporting of the same measure set (reporting mechanism). The table below provides the performance group bounds for each measure by reporting mechanism. It presents the actual data used in the calculation of the health equity adjustment, which includes quality measure performance scores for ACOs that will receive the health equity adjustment. Data from ACOs receiving an informational-only health equity adjustment is not included in the calculation. ACOs can reference this table when reviewing their own data which is displayed in Table 7. Note that 0, 2, or 4 points are assigned to the ACO for each APP measure. To calculate the measure performance scaler, sum these points for all six measures (scores can range from 0 to 24). Refer to the "How to Read This Table" section below for more details on the table below and refer to the Shared Savings and Losses, Assignment Methodology and Quality Performance Standard Specifications Version #11 for more information on the health equity adjustment performance scaler.

Health Equity Adjustment Measure Performance Scaler: Performance Group Ranges by Reporting Mechanism

Measure #	Measure Name	Inverse Measure	ACO Performance Group[1]		
			Bottom Third	Middle Third	Top Third
MIPS CQM Reporting					
Quality ID#: 001	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	Yes	>42.99	42.99 - 33.02	<33.02
Quality ID#: 134	Preventive Care and Screening: Screening for Depression and Follow-up Plan	No	<34.42	34.42 - 45.19	>45.19
Quality ID#: 236	Controlling High Blood Pressure	No	<66.14	66.14 - 71.75	>71.75
Quality ID#: 321	CAHPS for MIPS	No	<5.43	5.43 - 7.24	>7.24
Measure # 479	Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups	Yes	>0.1604	0.1604 - 0.1511	<0.1511
Measure # 484	Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions	Yes	>37.25	37.25 - 32.86	<32.86
eCQM Reporting					
Quality ID#: 001	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	Yes	>33.03	33.03 - 22.41	<22.41
Quality ID#: 134	Preventive Care and Screening: Screening for Depression and Follow-up Plan	No	<33.27	33.27 - 50.92	>50.92
Quality ID#: 236	Controlling High Blood Pressure	No	<71.62	71.62 - 74.03	>74.03
Quality ID#: 321	CAHPS for MIPS	No	<5.43	5.43 - 7.24	>7.24
Measure # 479	Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups	Yes	>0.1604	0.1604 - 0.1511	<0.1511
Measure # 484	Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions	Yes	>37.25	37.25 - 32.86	<32.86

Footnotes:

[1] The bottom, middle, and top groupings may not be exactly thirds due to instances such as ties.

How to Read This Table

First, determine which measure you want to review the performance group ranges for and how the measure was reported to CMS (e.g., as a MIPS CQM or an eCQM). Once you locate the row for the applicable measure/reporting type, the information in the subsequent columns provides details on whether or not the measure is an inverse measure and the bounds of performance group scores for the bottom, middle, and top third of Shared Savings Program ACO quality measure performance.

If the measure is **not an inverse measure**, the performance rate is in the **bottom** third of Shared Savings Program ACO quality measure performance if the performance rate is less than the value presented in the "Bottom Third" column for the given measure; in the **middle** third of Shared Savings Program ACO quality measure performance if the performance rate is between the two values presented in the "Middle Third" column, inclusive of these values, for the given measure; and in the **top** third Shared Savings Program ACO quality measure performance if the performance rate is greater than the value presented in the "Top Third" column for the given measure.

If the measure is an **inverse measure**, a higher performance rate means worse measure performance. Thus, the performance rate is in the **bottom** third of Shared Savings Program ACO quality measure performance if the performance rate is **greater** than the value presented in the "Bottom Third" column for the given measure and the performance rate is in the **top** third of Shared Savings Program ACO quality measure performance if the performance rate is **less** than the value presented in the "Top Third" column for the given measure.

For example, if your ACO reported the Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%) measure (Quality ID#: 001) as a MIPS CQM and received a score of 40.00, this quality measure performance falls within the **middle** third.