

## Quality Performance Results

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**Table 1. Summary Information**

Domain	Points Earned without Quality Improvement Points	Quality Improvement Reward Points [1]	Points Earned with Quality Improvement Reward Points [2]	Domain Score	Quality Performance Standard Status [3]
Patient/Caregiver Experience	16.00	Not Applicable	16.00	100.00%	Completely reported on 100% of measures
Care Coordination/Patient Safety	18.00	Not Applicable	18.00	100.00%	Completely reported on 100% of measures
Preventive Health	16.00	Not Applicable	16.00	100.00%	Completely reported on 100% of measures
At Risk Population	8.00	Not Applicable	8.00	100.00%	Completely reported on 100% of measures
Initial ACO Overall Quality Score [4]:	100.00%				
ACO completely reported on 100% of measures:	Yes				
ACO achieved minimum attainment on at least one measure in each domain:	Not Applicable				
ACO achieved minimum attainment on at least 70% of measures in each domain:	Not Applicable				
QMV Audit Overall Match Rate [5]	100.00%				
<b>Final Overall Quality Score [6]</b>	<b>100.00%</b>				

Notes:

[1] ACOs beyond the first year of their first agreement period can earn a maximum of 4 quality improvement reward points per domain. Please note, quality improvement can only be calculated for measures with 2 consecutive years of reported data.

[2] ACOs cannot earn more than the maximum possible points in each domain.

[3] "Minimum Attainment" defined as 30 percent or the 30th percentile of the performance benchmark for P4P measures and complete reporting for P4R measures.

[4] ACOs in PY1: An Overall Quality Score of 100% is indicative of complete reporting. For ACOs beyond the first year of their first agreement period, the ACO Overall Quality Score is calculated by averaging the four domain scores.

[5] Equal to your ACO's QMV audit match rate (i.e., total number of audited records that match the information reported in the Web Interface divided by the total number of records audited). For ACOs that participated in the QMV Audit, more information can be found in Table 6 and in the detailed audit report that was delivered on July 25, 2018.

[6] Equal to Initial ACO Overall Quality Score if ACO's QMV Audit Overall Match Rate was at least 90%. Else, equal to Initial Overall Quality Score  $\times$  QMV Audit Match Rate.

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**Table 2. Patient/Caregiver Experience [1]**

Measure Number	Measure Name	P4P or P4R	Number of Surveys Completed		Your ACO Performance Rate*	Mean Performance Rate (NextGen ACOs)	Mean Performance Rate (All ACOs)	30th Percentile Benchmark	90th Percentile Benchmark
			Numerator	Denominator					
ACO-1	CAHPS: Getting Timely Care, Appointments, and Information	R	—	262	82.93	81.29	80.68	30.00	90.00
ACO-2	CAHPS: How Well Your Providers Communicate	R	—	261	92.77	93.20	93.14	30.00	90.00
ACO-3	CAHPS: Patients' Rating of Provider	R	—	240	91.81	92.41	92.32	30.00	90.00
ACO-4	CAHPS: Access to Specialists	R	—	136	81.50	82.83	83.27	30.00	90.00
ACO-5	CAHPS: Health Promotion and Education	R	—	281	57.03	62.51	62.32	56.27	63.41
ACO-6	CAHPS: Shared Decision Making	R	—	228	72.28	74.98	75.75	73.45	77.66
ACO-7	CAHPS: Health Status/Functional Status	R	—	281	71.82	73.37	73.08	N/A	N/A
ACO-34	CAHPS: Stewardship of Patient Resources	R	—	270	19.87	24.54	25.55	24.38	33.46

  

Measure Number	Measure Name	P4P or P4R	Your ACO Performance Rate		Your ACO Performance Rate	Mean Performance Rate (NextGen ACOs)	Mean Performance Rate (All ACOs)	30th Percentile Benchmark	90th Percentile Benchmark
			Numerator	Denominator					
ACO-8	Risk Standardized, All Condition Readmission	R	—	—	14.78	15.18	15.03	15.32	14.54
ACO-35	Skilled Nursing Facility 30-day All-Cause Readmission measure (SNFRM)	R	—	—	18.22	18.66	18.47	19.34	16.92
ACO-36	All-Cause Unplanned Admissions for Patients with Diabetes	R	—	—	33.08	—	—	—	—
ACO-37	All-Cause Unplanned Admissions for Patients with Heart Failure	R	—	—	80.11	80.35	79.26	83.83	52.48
ACO-38	All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions	R	—	—	58.63	62.08	61.76	68.35	43.67
ACO-43	Ambulatory Sensitive Condition Acute Composite (AHRQ Prevention Quality Indicator (PQI #91))	R	—	—	1.66	1.73	1.92	N/A	N/A
ACO-12	Medication Reconciliation	R	96	218	44.04%	63.87%	74.34%	N/A	N/A
ACO-13	Falls: Screening for Future Fall Risk	R	366	591	61.93%	74.09%	74.36%	25.26%	82.30%
ACO-44	Imaging Studies for Low Back Pain	R	—	—	61.54%	68.01%	67.38%	N/A	N/A

  

Measure Number	Measure Name	P4P or P4R	Your ACO Performance Rate		Your ACO Performance Rate	Mean Performance Rate (NextGen ACOs)	Mean Performance Rate (All ACOs)	30th Percentile Benchmark	90th Percentile Benchmark
			Numerator	Denominator					
ACO-14	Preventive Care and Screening: Influenza Immunization	R	274	561	48.84%	74.14%	72.66%	30.00%	90.00%
ACO-15	Pneumonia Vaccination Status for Older Adults	R	316	595	53.11%	76.65%	73.24%	30.00%	90.00%
ACO-16	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	R	413	570	72.46%	64.16%	70.13%	30.00%	90.00%
ACO-17	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	R	178	592	30.07%	90.16%	90.46%	30.00%	90.00%
ACO-18	Preventive Care and Screening: Screening for Clinical Depression and Follow-up Plan	R	149	558	26.70%	59.12%	61.74%	30.00%	90.00%
ACO-19	Colorectal Cancer Screening	R	333	585	56.92%	69.70%	65.02%	30.00%	90.00%
ACO-20	Breast Cancer Screening	R	357	592	60.30%	72.55%	70.27%	30.00%	90.00%
ACO-42	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	R	382	497	76.86%	80.94%	79.98%	N/A	N/A

Measure Number	Measure Name	P4P or P4R*	Numerator	Denominator	Your ACO Performance Rate	Total Possible Points	Mean Performance Rate (NextGen ACOs)	Mean Performance Rate (All ACOs)	30th Percentile Benchmark	90th Percentile Benchmark
ACO-40	Depression Remission at Twelve Months	R	7	51	13.73%	2	6.11%	7.78%	N/A	N/A
Diabetes Composite	Diabetes Composite (All or Nothing Scoring)	R	115	563	20.43%	2	44.91%	44.58%	27.81%	60.30%
ACO-27	Diabetes Mellitus: Hemoglobin A1c Poor Control	R	127	563	22.56%	N/A	16.60%	16.73%	N/A	N/A
ACO-41	Diabetes: Eye Exam	R	135	563	23.98%	N/A	51.17%	50.44%	N/A	N/A
ACO-28	Hypertension (HTN): Controlling High Blood Pressure	R	374	542	69.00%	2	74.19%	71.71%	30.00%	90.00%
ACO-30	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	R	266	361	73.68%	2	86.80%	86.85%	30.00%	90.00%

Notes:

- [1] 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  
[2] A domain improvement score 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%  
[3] An ACO will be 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 prev  
[4] For P4P measures: Points are calculated based on the ACO's performance compared to the 2017 quality measure benchmarks; For P4R measures: Full points are awarded if the ACO completely reports.

N/A = Not Applicable

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### Table 6. Quality Measures Validation Audit Summary Results

Measure Number	Measure Name	Number of Matches	Number of Records Audited
ACO-13	Falls: Screening for Future Fall Risk	50	50
ACO-19	Colorectal Cancer Screening	50	50
ACO-20	Breast Cancer Screening	50	50
ACO-30	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	50	50
	<b>Total:</b>	<u>200</u>	<u>200</u>
	<b>Overall QMV Audit Match Rate [1]:</b>	100.00%	

[1] Because your ACO's match rate met or exceeded 90%, your ACO's initial quality score was not adjusted.

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