

Table 1. Summary Information

Measure	Measure Name	Measure Score	Points Earned	Points Possible	Total Points	Initial Quality Score (0-100%) ¹	CI/SEP Gateway Multiplier ^{2, 3}	HEDR Adjustment (Percentage Points)	Total Quality Score (0-100%)	Quality Withhold Earned Back (0-2% of the financial benchmark)	HPP Bonus ^{4, 5}
ACR	Risk-Standardized, All-Condition Readmission (a lower [↓] score indicates better performance)	13.41	10.000	10	39.250	98.125%	1.0	9.99	100.000%	2.000%	Yes
UAMCC	Risk-Standardized, All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions (per 100 person-years) (a lower [↓] score indicates better performance)	26.70	10.000	10							
TFU	Timely Follow-Up After Acute Exacerbations of Chronic Conditions (a higher [↑] score indicates better performance)	75.34	9.625	10							
CAHPS	Consumer Assessment of Healthcare Research and Quality ⁵ (a higher [↑] score indicates better performance)	0.96	9.625	10							

How to Perform the Calculations

Initial Quality Score = Total Points Earned / Total Points Possible

CI/SEP Gateway Multiplier = 1.0 if ACO met CI/SEP criteria

= 0.5 if ACO did not meet CI/SEP criteria

HEDR Adjustment = 0-10% bonus based on reporting rate

Total Quality Score (TQS) = (Initial Quality Score * CI/SEP Gateway Multiplier) + HEDR Adjustment; TQS is capped at 100%

Quality Withhold Earned Back = Total Quality Score * 2% Quality Withhold

To receive the HPP Bonus, ACOs must meet CI/SEP criteria AND have an average quality measure performance ≥ 70th percentile

¹ The Initial Quality Score is calculated by dividing the Total Points Earned (sum of "Points Earned" column) by the Total Points Possible (sum of "Points Possible" column). If your ACO was exempt from the CAHPS Survey submission requirement or had points assigned for fewer than 50%, or 4 out of the 8 SSMS, your ACO will not receive a CAHPS Composite Score and the Total Points Possible will be reduced by 10. Therefore, the Total Points Possible will be 30 rather than 40

² The CI/SEP Gateway Multiplier and the HPP Bonus only apply to REACH ACOs that began participating in ACO REACH prior to PY 2023. ACOs that did not begin participating in ACO REACH until PY 2023 will receive "N/A" for these values.

³ Please see Table 2a for more detailed information regarding the CI/SEP multiplier determination for your ACO (applicable only to REACH ACOs that began participating in ACO REACH prior to PY 2023).

⁴ Please see Table 2c for more detailed information regarding the determination of whether your ACO met the HPP Bonus criteria (applicable only to REACH ACOs that began participating in ACO REACH prior to PY 2023).

⁵ See Tables 4 and 5 for detailed information on how CMMI determined the points your ACO earned for CAHPS

Table 2a. Adjustments to Initial Quality Score: Continuous Improvement/Sustained Exceptional Performance (CI/SEP)^{1,2}

Measure	Measure Name	PY 2023			PY 2022 ^{3,4}			Continuous Improvement (CI) ⁸	Sustained Exceptional Performance (SEP) ⁹	CI/SEP Points ¹⁰	Total CI/SEP Points	Met Overall CI/SEP Criteria ¹¹
		Measure Score ⁵	Standardized Measure Score ⁶	Measure Percentile Rank ⁷	Measure Score	Standardized Measure Score	Measure Percentile Rank					
ACR	Risk-Standardized, All-Condition Readmission (a lower [↓] score indicates better performance)	13.41	0.876	100.0	13.85	0.907	99.9	Improve	Yes	1	3	Yes
UAMCC	Risk-Standardized, All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions (per 100 person-years) (a lower [↓] score indicates better performance)	26.70	0.785	96.9	25.55	0.756	98.2	Decline	Yes	1		
TFU	Timely Follow-Up After Acute Exacerbations of Chronic Conditions (a higher [↑] score indicates better performance)	75.34	N/A ¹²	76.0	72.62	N/A ¹²	70.6	No change	Yes	1		

Table 2b. Adjustments to Initial Quality Score: Health Equity Data Reporting (HEDR) for Demographic Data¹³

Calculation Component	Description	Initial Beneficiary Counts ¹⁴	Final Beneficiary Counts ¹⁵	Demographic Reporting Rate ¹⁶	Your ACO HEDR Adjustment (Percentage Points) ¹⁷
Numerator	Number of beneficiaries with at least 6 months of alignment to the ACO during the performance year for whom the ACO successfully reports all required data elements	25272	25248	99.92%	9.99
Denominator	Number of beneficiaries with at least 6 months of alignment to the ACO during the performance year	25294	25269		

Table 2c. High Performers Pool (HPP) Eligibility^{1,18}

Met Overall CI/SEP Criteria ¹⁹	Average Percentile on Claims-Based Measures in PY 2023 ²⁰	Average Percentile ≥ 70%	Met HPP Requirements ²¹
Yes	90.95	Yes	Yes

Footnotes:

1. For PY 2023, the CI/SEP and HPP criteria are based on the three claims-based measures (ACR, UAMCC, and TFU for Standard and New Entrant ACOs or DAH for High Needs Population ACOs).
2. For PY 2023, the CI/SEP criteria will only apply to REACH ACOs that began participating in ACO REACH prior to PY 2023.
3. Please see your PY 2022 Annual Report for information regarding your PY 2022 Quality Measure Score and the determination of your PY 2022 Quality Measure Percentile Rank. Note that PY 2022 results are truncated.
4. The PY 2022 scores shown here may differ slightly from the scores shown in your PY 2022 AQR. Starting with the Q3 PY 2023 QQRs, the UAMCC measure was updated to correct the diabetes cohort specification to include beneficiaries with two or more outpatient/carrier claim with diabetes diagnosis codes across the entire 2-year lookback period (rather than requiring the two claims occur within a single year). As previously announced by CMS at the time of the reposting of the PY 2023 MIF and Value Set, the PY 2022 UAMCC calculation has been updated but only for the purposes of the CI/SEP calculations for PY 2023. No ACOs had their quality withhold impacted in PY 2022 by the specification change, so the PY 2022 AQRs were not updated.
5. Your ACO Quality Measure Scores for claims-based measures are based on beneficiaries aligned to your ACO with one or more months of model eligibility for PY 2023.
6. To reduce the potential impact of external events that affect utilization rates (e.g., a public health emergency) on the comparison of your ACO's performance between performance years, the determination of continuous improvement for PY 2023 (and future years) is based on standardized score components (with the exception of TFU, which is not risk adjusted).
7. Please see Tables 3a and 3b for more information regarding the determination of your Quality Measure Percentile Rank based on your ACO Quality Measure Score.
8. For each quality measure, CMS determines whether REACH ACOs exhibit statistically significant improvement, no statistically significant change, or a statistically significant decline in performance on the measure scores (standardized score components for ACR, UAMCC, and DAH, and observed measure scores for TFU). This determination is based on a comparison of 95% confidence intervals (CIs); CMS calculates 95% CIs for each REACH ACO for each measure and year.
9. A REACH ACO qualifies as having Sustained Exceptional Performance on a measure if the ACO meets or exceeds the respective 70th percentile benchmark values in *both* PY 2022 and PY 2023.
10. CI/SEP points are assigned as follows:
 - Continuous Improvement:
 - a. -1 point for declining performance
 - b. 0 points for no change in performance
 - c. +1 point for improving performance
 - Sustained Exceptional Performance: *Regardless of the change in performance over time*, CI/SEP points for a given measure will be set to +1 if a REACH ACO meets or exceeds the respective 70th percentile benchmark values in *both* PY 2022 and PY 2023.
11. To pass the overall CI/SEP criteria, REACH ACOs must meet both conditions listed below:
 - CONDITION 1: receive +1 CI/SEP point for AT LEAST 1 measure (i.e., the REACH ACO must exhibit continuous improvement OR sustained exceptional performance for at least one measure) AND
 - CONDITION 2: have an overall net CI/SEP score greater than or equal to 0.
12. TFU is not a risk-adjusted measure; the scores are simple percentages. As a result, the measure score is not dependent on a national mean rate and the TFU score is more easily interpreted. The calculation of the TFU measure score also does not involve a standardized score component. For this reason, we will use the observed, unadjusted TFU score for determining continuous improvement.
13. All REACH ACOs, regardless of start year, are eligible to potentially earn a HEDR Adjustment in PY 2023.
14. Initial Beneficiary Counts: The denominator is the number of beneficiaries pre-populated in the HEDR Submission Template provided to REACH ACOs in 4i. The numerator is based on beneficiaries reported to HDR Application between January 16th and March 16th, 2024. Beneficiaries for whom the two required demographic variables were successfully reported are included in the numerator.
15. Final Beneficiary Counts: Starting with the initial beneficiary counts, both the numerator and denominator have been adjusted to remove beneficiaries based on the April 1, 2024, end of year final eligibility checks. If after the final eligibility checks, a beneficiary had less than 6 months of alignment as of October 1, 2023, the beneficiary was excluded from both the numerator and denominator of the HEDR Reporting Rate, which are displayed in this column. No beneficiaries were added to the Reporting Rate based on final eligibility checks.
16. Demographic Reporting Rate: This is your HEDR Reporting Rate based on Demographic Data reported to the Health Data Reporting Application for PY 2023.
17. Your ACO HEDR Adjustment: These percentage points are added to your Total Quality Score, which is capped at 100%. This value is the result of multiplying your Demographic HEDR Reporting Rate by 0.10. This value cannot exceed 10.00 percentage points.
18. In PY 2023, the HPP criteria will only apply to REACH ACOs that began participating in ACO REACH prior to PY 2023. Table 2c is not applicable to PY 2023 starters.
19. Only REACH ACOs that meet the CI/SEP criteria are eligible to potentially qualify for inclusion in the HPP.
20. This value is based on your ACO's PY 2023 percentile rankings for the three claims-based measures, consistent with the values reported in Tables 2a and 3a. Note because the HPP criterion is based on an unrounded threshold, we present a truncated average score.
21. REACH ACOs will be eligible to receive payments from the HPP if they meet the CI/SEP criteria and have an average PY 2023 percentile rank of 70% or greater across all claims-based quality measures. The HPP will be funded entirely by the amount of the Quality Withhold that is not earned back by REACH ACOs that meet the CI/SEP criteria. The HPP will be distributed to ACOs proportionally, based on each qualifying ACO's overall number of beneficiary alignment-months in the performance year relative to the overall number of beneficiary alignment-months for all ACOs that qualify for this bonus. The HPP bonus is added to the ACO's Other Monies Owed during Final Financial Settlement. For a high-performing REACH ACO, the value of the Quality Withhold earned back plus the HPP bonus may exceed the REACH ACO's initial 2% Quality Withhold. Please see the PY 2023 QMMR for more details regarding the calculation of the HPP bonus.

Table 3a. Claims-Based Quality Measures

Measure	Measure Name	Measure Score ^{1,2}	Mean Measure Score (across all ACOs of same type) ³	Measure Percentile Rank	Highest Quality Performance Benchmark Threshold Met	Points Earned
ACR	Risk-Standardized, All-Condition Readmission (a lower [↓] score indicates better performance)	13.41	15.29	100.0	90th	10.000
UAMCC	Risk-Standardized, All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions (per 100 person-years) (a lower [↓] score indicates better performance)	26.70	31.84	96.9	90th	10.000
TFU	Timely Follow-Up After Acute Exacerbations of Chronic Conditions (a higher [↑] score indicates better performance)	75.34	71.80	76.0	75th	9.625

Footnotes:

1. Beneficiaries are included in this report if they had one or more alignment-eligible months from 01/01/2023 through 12/31/2023. Claims are processed as of 04/09/2024.
2. Measure Specifications version 2023 and HCC version 24 were used for the quality measure calculations.
3. For Standard and New Entrant ACOs, the mean quality measure score for each measure is calculated across both Standard and New Entrant ACOs.

Table 4. CAHPS: Weighted Patient Mix Adjusted Linearized Mean SSM Results

SSM	SSM Score	Mean SSM Score (across all ACOs of same type)	Prior Year SSM Score	SSM Percentile Rank	Highest Benchmark Threshold Met	Points Earned	Points Possible
Getting Timely Appointments, Care, and Information	80.73	81.52	83.28	39.7	80th	9.250	10
How Well Providers Communicate	95.41	93.48	95.87	92.2	90th	10.000	10
Care Coordination	89.21	84.99	89.62	98.3	80th	9.250	10
Shared Decision-Making	64.65	63.03	65.82	67.2	70th	8.500	10
Patient Rating of Provider	94.23	92.14	94.93	95.7	90th	10.000	10
Courteous and Helpful Office Staff	94.24	91.38	93.17	92.2	90th	10.000	10
Health Promotion and Education	72.56	63.57	67.48	99.1	90th	10.000	10
Stewardship of Patient Resources	32.38	25.48	28.77	96.6	90th	10.000	10
Totals						77.000	80
CAHPS Composite Score						0.96	

Notes

1. SSM = Summary survey measure
2. SSM Score = The mean of the weighted patient mix adjusted linearized means for all questions in the SSM. Higher values are better.¹
3. Benchmarks for each SSM are calculated from pooled data from MIPS, the Shared Savings Program, and NG-ACOs from 2021 and 2019 combined with PY 2022 data from all REACH ACOs. SSM points earned for each measure are based on the REACH ACO's performance compared to the benchmarks.
4. The final CAHPS Composite Score used in determining a REACH ACO's Total Quality Score is calculated by dividing the total SSM points earned by the total SSM points possible. CMMI will not assign SSM points for SSMs based on data from fewer than 20 survey respondents. These SSMs will be excluded from the calculation of the CAHPS Composite Score without negatively impacting the REACH ACO's CAHPS Composite Score. For example, if an ACO has 1 SSM (out of 8) with fewer than 20 respondents, they would only be scored on the remaining 7 SSMs; thus, their total SSM points possible would be 70.
5. To receive a CAHPS Composite Score, an ACO must have SSM points assigned for at least 4 out of the 8 SSMs. ACOs with fewer than 4 SSM scores will see a dash (---) in the CAHPS Composite Score field.
6. The mean SSM scores are calculated across Standard and New Entrant ACOs only.¹
7. NR = Not reported; due to case minimum requirements, SSM results are not reported if fewer than 20 respondents answered the survey questions needed to calculate the SSM.¹
8. A dash (---) is used to indicate SSMs with zero respondents. ¹
9. N/A = Not applicable; indicated if an ACO is exempt from the CAHPS Survey. An ACO is exempt from the CAHPS Survey if it does not have enough survey eligible beneficiaries to participate in the survey.¹