St. Luke's Health Partners
Accountable Care Organization

ACO REACH Model
2024 Quality Performance Report

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]	DR Adjustment (Percentage Points)	Total Quality Score (0-100%)	Quality Withhold Earned Back (0-2% of the financial benchmark)	HPP Bonus[2,4]
ACR	Risk-Standardized, All-Condition Readmission (a lower [↓] score indicates better performance)	14.13	10.000	10	38.688	96.719%	1.0	8.18	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)	28.98	10.000	10							
TFU	Timely Follow-Up After Acute Exacerbations of Chronic Conditions (a higher [↑] score indicates better performance)	78.31	9.250	10							
CAHPS[5]	Consumer Assessment of Healthcare Research and Quality (a higher [↑] score indicates better performance)	0.944	9.438	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

- **DR Adjustment =** 5.00 to 10.00 percentage points based on SDOH Reporting Rates. All REACH ACOs will receive 5.00 percentage points for the Demographic Adjustment.

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

- **Quality Withhold Earned Back = TQS * 2% Quality Withhold**

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

Footnotes:

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 four out of the eight 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 apply to all REACH ACOs in PY 2024.
3. Please see Table 2a for more detailed information regarding the CI/SEP multiplier determination for your ACO.
4. Please see Table 2b for more detailed information regarding the determination of whether your ACO met the HPP Bonus criteria.
5. The CAHPS measure score shown in Table 1 is equal to the CAHPS Composite Score as calculated in Table 4. This value is multiplied by 10 to determine the number of points earned for CAHPS out of 10 points possible in the calculation of the Initial Quality Score. Please note that the CAHPS results in Table 1 are rounded for display. However, the calculation of your ACO's Total Points Earned is based on the unrounded CAHPS Composite Score and points earned. See Tables 4 and 5 for additional 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]

Measure	Measure Name	PY 2024			PY 2023[2]			Continuous Improvement (CI)[6]	Sustained Exceptional Performance (SEP)[7]	CI/SEP Points[8]	Total CI/SEP Points	Met Overall CI/SEP Criteria[9]
		Measure Score[3]	Standardized Measure Score[4]	Measure Percentile Rank[5]	Measure Score	Standardized Measure Score	Measure Percentile Rank					
ACR	Risk-Standardized, All-Condition Readmission (a lower [↓] score indicates better performance)	14.13	0.912	99.9	13.41	0.876	100.0	Decline	Yes	1	2	Yes
UAMCC	Risk-Standardized, All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions (per 100 person-years) (a lower [↓] score indicates better performance)	28.98	0.851	90.0	26.70	0.785	96.9	Decline	Yes	1		
TFU	Timely Follow-Up After Acute Exacerbations of Chronic Conditions (a higher [↑] score indicates better performance)	78.31	N/A[10]	69.2	75.34	N/A[10]	76.0	No change	No	0		

Table 2b. Adjustments to Initial Quality Score: High Performers Pool (HPP) Eligibility[1]

Met Overall CI/SEP Criteria[11]	Average Percentile on Claims-Based Measures in PY 2024[12]	Average Percentile ≥ 70%	Met HPP Requirements[13]
Yes	86.34	Yes	Yes

Footnotes:

1. For PY 2024, the CI/SEP and HPP criteria are based on the three claims-based measures (ACR, UAMCC, and TFU).
2. Please see your PY 2023 Annual Report for information regarding your PY 2023 Quality Measure Score and the determination of your PY 2023 Quality Measure Percentile Rank.
3. Your ACO Quality Measure Scores for claims-based measures are based on beneficiaries aligned to your ACO with at least 1 month of model eligibility for PY 2024.
4. 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 2024 (and future years) is based on standardized score components (with the exception of TFU, which is not risk-adjusted).
5. 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.
6. 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; CMS calculates 95% confidence intervals for each REACH ACO for each measure and year.
7. 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 2023 and PY 2024.
8. 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 2023 and PY 2024.

9. 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.
10. 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.
11. Only REACH ACOs that meet the CI/SEP criteria are eligible to potentially qualify for inclusion in the HPP.
12. This value is based on your ACO's PY 2024 percentile rankings for the three claims-based measures, consistent with the values reported in Tables 2a and 3a. Note that this value is rounded to two decimal places for display. However, HPP eligibility is assessed using the value rounded to the 13th place, which may result in cases where a displayed value of 70.00% does not meet the ≥ 70% threshold.
13. REACH ACOs will be eligible to receive payments from the HPP if they meet the CI/SEP criteria and have an average PY 2024 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 2024 QMMR for more details regarding the calculation of the HPP bonus.

Effective Spring 2025, CMS revised the DR Adjustment such that REACH ACOs are held harmless for demographic data submission in PY 2024. All REACH ACOs will receive full credit (5.00 percentage points) for their demographic submission in PY 2024.

Table 2c. Adjustments to Initial Quality Score: DR[1] for Demographic Data - Informational Only

Calculation Component	Description	Initial Beneficiary Counts [2]	Final Beneficiary Counts [3]	Demographic Reporting Rate[4]	DR Demographic Adjustment (Percentage Points)[5]
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	24781	24768	100.00%	5.00
Denominator	Number of beneficiaries with at least 6 months of alignment to the ACO during the performance year	24781	24768		

Table 2d. Adjustments to Initial Quality Score: DR for Social Determinants of Health (SDOH) Data[6]

Calculation Component	Description	Initial Beneficiary Counts[2]	Final Beneficiary Counts[3]	SDOH Reporting Rate[7]	DR SDOH Adjustment (Percentage Points)[8]
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	15747	15744	63.57%	3.18
Denominator	Number of beneficiaries with at least 6 months of alignment to the ACO during the performance year	24771	24768		

Total PY 2024 DR Adjustment:[9]	8.18

Footnotes:

1. All REACH ACOs, regardless of start year, are eligible to potentially earn a DR Adjustment in PY 2024.
2. Initial Beneficiary Counts: The denominator is the number of beneficiaries pre-populated in the DR Submission Template provided to REACH ACOs in 4i. The numerator is based on beneficiaries reported to the Health Data Reporting (HDR) Application between January 15th and March 14th, 2025. Beneficiaries for whom the two required items for SDOH data ("**date assessment complete**" and "**assessment declined**") were successfully reported are included in the numerator.
3. Final Beneficiary Counts: Starting with the initial beneficiary counts, the numerator and denominator have been adjusted to remove beneficiaries on the basis of the final end-of-year eligibility checks performed on April 1, 2025. If, after the final eligibility checks, a beneficiary had fewer than 6 months of alignment as of October 1, 2024, the beneficiary was excluded from both the final numerator and denominator of the DR Reporting Rate, which are displayed in this column. No beneficiaries were added to the DR Reporting Rates based on final eligibility checks.
4. Demographic Reporting Rate: This is your DR Reporting Rate, which is based on demographic data reported to the HDR Application for PY 2024.
5. DR Demographic Adjustment: All REACH ACOs will receive 5.00 percentage points for the Demographic Adjustment in PY 2024 regardless of their reporting rate.
6. SDOH reporting is required for PY 2024. The SDOH DR Adjustment can add up to 5.00 percentage points to the product of the Initial Quality Score and CI/SEP multiplier to produce your ACO's Total Quality Score, which is capped at 100%.
7. SDOH Reporting Rate: This is your DR Reporting Rate based on SDOH Data reported to the HDR Application for PY 2024.
8. DR SDOH Adjustment: These percentage points are added to the product of the Initial Quality Score and CI/SEP multiplier to produce your Total Quality Score, which is capped at 100%. This value is the result of multiplying your SDOH Reporting Rate by 0.05. This value cannot exceed 5.00 percentage points.
9. Total PY 2024 DR Adjustment: This is the sum of the automatic 5.00 percentage point DR Demographic Adjustment and your DR SDOH Adjustment. These are the total percentage points that will be added to the product of the Initial Quality Score and CI/SEP multiplier to produce your ACO's Total Quality Score, which is capped at 100%.

Table 3. 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)	14.13	15.47	99.9	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)	28.98	31.38	90.0	90th	10.000
TFU	Timely Follow-Up After Acute Exacerbations of Chronic Conditions (a higher [↑] score indicates better performance)	78.31	77.50	69.2	65th	9.250

Footnotes:

1. Beneficiaries are included in this report if they had one or more alignment-eligible months from 01/01/2024 through 12/31/2024. Claims are processed as of 04/07/2025.
2. Measure Specifications version 2024 and Hierarchical Condition Categories (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: PY 2024 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	82.06	80.73	31.3	80th	9.250	10
How Well Providers Communicate	96.13	94.05	95.41	92.9	90th	10.000	10
Care Coordination	89.98	85.79	89.21	99.0	80th	9.250	10
Shared Decision-Making	63.96	63.69	64.65	47.5	70th	8.500	10
Patient Rating of Provider	94.26	92.71	94.23	85.9	90th	10.000	10
Courteous and Helpful Office Staff	95.24	92.40	94.24	96.0	90th	10.000	10
Health Promotion and Education	69.35	65.18	72.56	86.9	90th	10.000	10
Stewardship of Patient Resources	27.81	26.35	32.38	59.6	70th	8.500	10
					Totals	75.500	80

CAHPS Composite Score: 0.944

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 NGACO from 2019, 2021, and 2022 combined with 2022-2023 data from all Standard and New Entrant ACOs. SSM points earned for each measure are based on the REACH ACO's performance compared to the benchmarks.
4. The SSM percentile rank values indicate how your SSM score compares to those REACH ACOs of the same type. They are provided for informational purposes only.
5. The highest benchmark threshold met values are calculated by comparing each SSM score to the CAHPS Quality Performance Benchmarks for that SSM, which use internal ACO REACH data combined with external data from MIPS, SSP, and NGACO. Note that for three of the eight SSMs (Shared Decision Making, Health Promotion and Education, and Stewardship of Patient Resources), the highest benchmark threshold met is assigned based on the benchmark distribution as calculated across the pooled data. For all other SSMs, flat benchmarks are applied. More information on how flat benchmarks are used can be found in the PY 2024 ACO REACH Quality Performance Benchmarks for the 2024 Reporting Year: Release 1—Consumer Assessment of Healthcare Providers and Systems (CAHPS) Report on 4i.
6. 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 one SSM (out of eight) with fewer than 20 respondents, they would only be scored on the remaining seven SSMs; thus, their total SSM points possible would be 70.
7. To receive a CAHPS Composite Score, an ACO must have SSM points assigned for at least four out of the eight SSMs. ACOs with fewer than four SSM scores will see a dash (---) in the CAHPS Composite Score field.
8. The mean SSM scores are calculated across Standard and New Entrant ACOs only.1
9. 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. Additionally, where an ACO only had three or fewer SSM scores assigned, the Highest Benchmark Threshold Met and Points Earned fields for those reported SSMs will display "NR."
10. A dash (---) is used to indicate SSMs with zero respondents. Additionally, ACOs with fewer than four SSM scores will see a dash (---) in the Total Points Earned, Total Points Possible and CAHPS Composite Score fields.
11. N/A = Not applicable; used to indicate 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.