# St. Luke's Health Partners

Accountable Care Organization

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]	96.00%
Final Overall Quality Score [6]	100.00%

#### 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 × QMV Audit Match Rate.

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government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent
of the law.

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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*	Completely Reported?	Quality Improvement Reward Information [3]	Points Earned [4]	Total Possible Points	Mean Performance Rate (NextGen ACOs)	Mean Performance Rate (All ACOs)	30th Percentile Benchmark	90th Percentile Benchmark	
ACO-1	CAHPS: Getting Timely Care, Appointments, and Information	R	303	85.41	Yes	Not Applicable	2	2	81.29	80.68	30.00	90.00	
ACO-2	CAHPS: How Well Your Providers Communicate	R	300	94.41	Yes	Not Applicable	2	2	93.20	93.14	30.00	90.00	
ACO-3	CAHPS: Patients' Rating of Provider	R	276	94.38	Yes	Not Applicable	2	2	92.41	92.32	30.00	90.00	
ACO-4	CAHPS: Access to Specialists	R	146	86.73	Yes	Not Applicable	2	2	82.83	83.27	30.00	90.00	
ACO-5	CAHPS: Health Promotion and Education	R	331	63.2	Yes	Not Applicable	2	2	62.51	62.32	56.27	63.41	
ACO-6	CAHPS: Shared Decision Making	R	270	77.83	Yes	Not Applicable	2	2	74.98	75.75	73.45	77.66	
ACO-7	CAHPS: Health Status/Functional Status	R	332	75.18	Yes	Not Applicable	2	2	73.37	73.08	N/A	N/A	
ACO-34	CAHPS: Stewardship of Patient Resources	R	316	24.8	Yes	Not Applicable	2	2	24.54	25.55	24.38	33.46	

#### 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 CAHPS measures do not represent a percentage but rather your ACO's mean (average) performance for each measure and is presented on a 0-to-100 scale. A higher CAHPS measure performance rate indicates that beneficiaries in your ACO were more likely to report positive experiences. For more information, please see the detailed CAHPS report that accompanies this report.

[2] A domain improvement score of at least 90% receives 4 Quality Improvement Reward points;  $\geq$ 80% receives 3.56 points;  $\geq$ 70% receives 3.12 points;  $\geq$ 60% receives 2.68 points;  $\geq$ 50% receives 2.24 points;  $\geq$ 40% receives 1.8 points;  $\geq$ 30% receives 1.36 points;  $\geq$ 20% receives 0.92 points;  $\geq$ 10% receives 0.48 points. A domain improvement score less than 10% receives 0 Quality Improvement Reward points.

[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 previous year.

[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

## St. Luke's Health Partners

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Table 3	. Care Coordination/	Patie	nt Safety										
Measure Number	Measure Name	P4P or P4R	Numerator	Denomenator	Your ACO Performance Rate*	Completely Reported?	Quality Improvement Reward Information [3]	Points Earned [4]	Total Possible Points	Mean Performance Rate (NextGen ACOs)	Mean Performance Rate (All ACOs)	30th Percentile Benchmark	90th Percentile Benchmark
ACO-8	Risk Standardized, All Condition Readmission	R		_	14.11	Yes	Not Applicable	2	2	15.18	15.03	15.32	14.54
ACO-35	Skilled Nursing Facility 30- day All-Cause Readmission measure (SNFRM)	R	—	_	16.82	Yes	Not Applicable	2	2	18.66	18.47	19.34	16.92
ACO-36	All-Cause Unplanned Admissions for Patients with Diabetes	R	_	_	31.21	Yes	Not Applicable	2	2	_	_	59.31	37.78
ACO-37	All-Cause Unplanned Admissions for Patients with Heart Failure	R	_	_	62.31	Yes	Not Applicable	2	2	80.35	79.26	83.83	52.48
ACO-38	All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions	R	_	_	51.56	Yes	Not Applicable	2	2	62.08	61.76	68.35	43.67
ACO-43	Ambulatory Sensitive Condition Acute Composite (AHRQ Prevention Quality Indicator (PQI #91))	R	_	_	1.22	Yes	Not Eligible	2	2	1.73	1.92	N/A	N/A
ACO-12	Medication Reconciliation	R	467	474	98.52%	Yes	Not Eligible	2	2	63.87%	74.34%	N/A	N/A
ACO-13	Falls: Screening for Future Fall Risk	R	428	613	69.82%	Yes	Not Applicable	2	2	74.09%	74.36%	25.26%	82.30%
ACO-44	Imaging Studies for Low Back Pain	R			70.33%	Yes	Not Eligible	2	2	68.01%	67.38%	N/A	N/A

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Table 4	. Preventive Health												
Measure Number	Measure Name	P4P or P4R	Numerator	Denomenator	Your ACO Performance Rate*	Completely Reported?	Quality Improvement Reward Information [3]	Points Earned [4]	Total Possible Points	Mean Performance Rate (NextGen ACOs)	Mean Performance Rate (All ACOs)	30th Percentile Benchmark	90th Percentile Benchmark
ACO-14	Preventive Care and Screening: Influenza Immunization	R	423	570	74.21%	Yes	Not Applicable	2	2	74.14%	72.66%	30.00%	90.00%
ACO-15	Pneumonia Vaccination Status for Older Adults	R	511	614	83.22%	Yes	Not Applicable	2	2	76.65%	73.24%	30.00%	90.00%
ACO-16	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	R	355	557	63.73%	Yes	Not Applicable	2	2	64.16%	70.13%	30.00%	90.00%
ACO-17	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	R	590	614	96.09%	Yes	Not Applicable	2	2	90.16%	90.46%	30.00%	90.00%
ACO-18	Preventive Care and Screening: Screening for Clinical Depression and Follow-up Plan	R	376	521	72.17%	Yes	Not Applicable	2	2	59.12%	61.74%	30.00%	90.00%
ACO-19	Colorectal Cancer Screening	R	453	601	75.37%	Yes	Not Applicable	2	2	69.70%	65.02%	30.00%	90.00%
ACO-20	Breast Cancer Screening	R	447	609	73.40%	Yes	Not Applicable	2	2	72.55%	70.27%	30.00%	90.00%
ACO-42	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	R	323	370	87.30%	Yes	Not Applicable	2	2	80.94%	79.98%	N/A	N/A

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Table 5. At-Risk Population													
Measure Number	Measure Name	P4P or P4R	Numerator	Denomenator	Your ACO Performance Rate*	Completely Reported?	Quality Improvement Reward Information [3]	Points Earned [4]	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	1	73	1.37%	Yes	Not Applicable	2	2	6.11%	7.78%	N/A	N/A
Diabetes Composit e	Diabetes Composite (All or Nothing Scoring)	R	342	598	57.19%	Yes	Not Applicable	2	2	44.91%	44.58%	27.81%	60.30%
ACO-27	Diabetes Mellitus: Hemoglobin A1c Poor Control	R	92	598	15.38%	Yes	Not Applicable	N/A	N/A	16.60%	16.73%	N/A	N/A
ACO-41	Diabetes: Eye Exam	R	388	598	64.88%	Yes	Not Applicable	N/A	N/A	51.17%	50.44%	N/A	N/A
ACO-28	Hypertension (HTN): Controlling High Blood Pressure	R	419	612	68.46%	Yes	Not Applicable	2	2	74.19%	71.71%	30.00%	90.00%
ACO-30	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	R	272	312	87.18%	Yes	Not Applicable	2	2	86.80%	86.85%	30.00%	90.00%

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