

Summary Information						
Measure	Official Measure Set - Measure Name	Your DCE's Quality Measure Score	P4P Percentile Rank ¹	P4P Component Quality Score ²	P4R Component Quality Scores ^{3,4}	Total Quality Score
ACR	Risk-Standardized, All-Condition Readmission (a lower (↓) score indicates better performance)	13.85	99.9	100.00%	100.00%	100.00%
UAMCC	Risk-Standardized, All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions (per 100 person-years) (a lower (↓) score indicates better performance)	25.25	98.2			
Timely Follow-Up	Timely Follow-Up After Acute Exacerbations of Chronic Conditions (a higher (↑) score indicates better performance)	72.62	N/A	N/A		
CAHPS	Consumer Assessment of Healthcare Research and Quality (a higher (↑) score indicates better performance)	N/A	N/A	N/A	100.00%	

Footnotes:

1. In PY 2022, DCEs must meet the 30th percentile threshold on at least one of two claims-based measures (ACR or UAMCC) to receive the full 1% of the Quality Withhold tied to performance (P4P). A sliding scale is applied to DCEs that do not meet the 30th percentile threshold. Please refer to the PY 2022 Quality Measurement Methodology (QMMR) document for more details.
2. DCEs can earn up to 100% of the 1/5 of the Quality Withhold percentage tied to P4P.
3. In PY 2022, 4/5 of the 5% Quality Withhold (i.e., 4% of the financial benchmark) is tied to reporting (P4R). The 4/5 will be comprised of 2/5 connected to the claims-based quality measures and 2/5 connected to the CAHPS survey in PY 2022. See note 4 below.
4. DCEs will earn 100% of the 2/5 related to claims-based quality measure reporting (no action required by DCEs). DCEs may earn 100% of the 2/5 connected to CAHPS by authorizing a CMS-approved vendor to administer the CAHPS survey in PY 2022.

Claims-Based Quality Measure Results										
Measure	Official Measure Set - Measure Name	Volume ¹	Your DCE's Quality Measure Score	Current Year Mean Quality Measure Score ²	P4P Percentile Rank	Highest Quality Performance Benchmark Met by Measure ³	Highest Quality Performance Benchmark Met across Both P4P Measures ³	P4P Component Quality Score	P4R (claims-based measures) Component Quality Score ⁴	Your Prior Year Quality Measure Score
ACR	Risk-Standardized, All-Condition Readmission (a lower (↓) score indicates better performance)	3392	13.85	15.28	99.9	30th	30th	100.00%	100.00%	---
UAMCC	Risk-Standardized, All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions (per 100 person-years) (a lower (↓) score indicates better performance)	6119.56	25.25	31.62	98.2	30th				---
Timely Follow-Up	Timely Follow-Up After Acute Exacerbations of Chronic Conditions (a higher (↑) score indicates better performance)	1589	72.62	68.31	N/A	N/A	N/A	N/A		N/A

Footnotes:

1. Volume is defined differently depending on the measure (index hospital stays for ACR and TFU, person-years for UAMCC and DAH).
2. For Standard and New Entrant DCEs, the mean quality measure score for each measure is calculated across both Standard and New Entrant DCEs.
3. For PY 2022, for the 1% of the Quality Withhold tied to performance, separate Quality Performance Benchmarks have been set for ACR and UAMCC. DCEs that meet the 30th percentile Quality Performance Benchmark threshold for either ACR or UAMCC will earn back the full 1% of the Quality Withhold based on their performance. The 30th percentile is therefore the highest Quality Performance Benchmark for any DCE. For example, for a DCE with a percentile rank of 75.0 for the UAMCC measure, the highest Quality Performance Benchmark met for UAMCC will be 30th and the DCE will receive a P4P Component Quality Score of 100%. DCEs that are below the 30th percentile Quality Performance Benchmark on both measures will have their P4P Component Quality Score determined by a sliding scale based on their highest performing measure, so they can earn back a portion of the performance-based 1%. See Table 2b. below for the sliding scale thresholds for PY 2022.
4. If a DCE met the 30th percentile benchmark for at least one of ACR and UAMCC measures, the P4P Component Quality Score will be 100%. If the DCE did not meet the 30th percentile benchmark for at least one measure, this cell will show the highest sliding scale threshold met based on the highest performing measure.

N/A = not applicable; a triple-dash (---) is used to indicate no eligible data

CAHPS: PY 2022 Patient Mix Adjusted Weighted Linear Mean SSM Results		
SSM	Your DCE	All DCEs
Getting Timely Appointments, Care, and Information	83.28	81.97
How Well Providers Communicate	95.87	93.10
Care Coordination	89.62	84.70
Shared Decision-Making	65.82	61.56
Patient Rating of Provider	94.93	91.74
Courteous and Helpful Office Staff	93.17	91.10
Health Promotion and Education	67.48	61.84
Stewardship of Patient Resources	28.77	24.96

Footnotes:

1. SSM = Summary survey measure
2. SSM Results = The mean of the patient mix adjusted weighted linear scores for all questions in the SSM. Higher values are better. DCEs' 2022 results are provided for informational purposes and do not impact PY 2022 Total Quality Scores.
3. NR = not reported; due to patient confidentiality, percentages are not reported if fewer than 11 respondents answered the answer categories needed to calculate the SSM.
4. A dash (---) is used to indicate SSMs with zero respondents.