

Accountable Care Organization (ACO) Performance Information on the Medicare.gov Compare Tool

2022 Doctors and Clinicians Public Reporting

Overview

The Medicare Access and CHIP Reauthorization Act (MACRA) of 2015 amends Section 1848(q)(9)(A)(ii) of the Social Security Act (the Act) to make available for public reporting the names of eligible clinicians in [Advanced Alternative Payment Models \(APMs\)](#) and, to the extent feasible, the names and performance of Advanced APMs. In the Calendar Year (CY) 2017 Quality Payment Program (QPP) Final Rule, the Centers for Medicare & Medicaid Services (CMS) finalized linking eligible clinicians and groups to their APM data, as relevant and possible ([81 FR 77398](#)).

As part of fulfilling this mandate, CMS is publicly reporting 2022 QPP performance information for Medicare Shared Savings Program Accountable Care Organizations (ACOs) on the [Medicare.gov compare tool](#) and in the [Provider Data Catalog \(PDC\)](#)¹. This document includes the plain language measure titles and descriptions for the ACO performance information that's publicly reported. Plain language measure titles and descriptions are used on the Medicare.gov compare tool's profile pages to allow Medicare patients and caregivers to understand the information more easily.

Medicare Shared Savings Program ACOs can review their performance information via their Performance Year 2022 Medicare Shared Savings Program Quality Performance Reports and their 2022 MIPS Performance Feedback.

For questions about public reporting for doctors and clinicians, contact the QPP Service Center by email at QPP@cms.hhs.gov, by creating a [QPP Service Center ticket](#), or by phone at 1-866-288-8292 (Monday-Friday, 8 a.m. - 8 p.m. ET). To receive assistance more quickly, especially during busier periods such as the submission window, please consider calling during non-peak hours — before 10 a.m. and after 2 p.m. ET. People who are deaf or hard of hearing can dial 711 to be connected to a Telecommunications Relay Services (TRS) Communications Assistant.

¹ Clinicians who receive their MIPS score through an ACO will have their final and category scores reported in the PDC.

APP Quality Measures

Shared Savings Program ACOs are required to participate in the APM Performance Pathway (APP). Measure-level performance scores for groups participating in Shared Savings Program ACOs are displayed on the group profile page through a pop-up modal for a subset of their quality measures submitted via the APP. CMS is publicly reporting 8 quality measures. These measures are reported as percent performance scores.

Measure #	Technical Measure Title	Plain Language Measure Title	Plain Language Description
110	Preventive Care and Screening: Influenza Immunization	Getting a flu shot during flu season.	<p>A higher score is better because it means more patients treated by clinicians in this ACO got a flu shot during flu season (October 1 to March 31) when appropriate.</p> <p>Getting a flu shot during flu season can help prevent the flu and the problems the flu causes.</p> <p>To give this ACO a score, Medicare looked at the percentage of patients seen by clinicians in this ACO during flu season who could get the flu shot and either got one from a clinician in this ACO or from someone else.</p>
112	Breast Cancer Screening	Screening for breast cancer.	<p>A higher score is better because it means more female patients treated by clinicians in this ACO had a mammogram to check for breast cancer.</p> <p>Mammograms can help find breast cancer early, when treatment works best. All women ages 50 and older should get a mammogram at least every 2 years.</p> <p>To give this ACO a score, Medicare looked at the percentage of female patients treated by clinicians in this ACO ages 51 to 74 who got a mammogram within a 27-month period.</p>

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Measure #	Technical Measure Title	Plain Language Measure Title	Plain Language Description
113	Colorectal Cancer Screening	Screening for colorectal (colon or rectum) cancer.	<p>A higher score is better because it means clinicians in this ACO screened more patients ages 50 to 75 for colorectal cancer.</p> <p>All patients ages 50 to 75 should be checked for colorectal cancer. Early detection of colorectal cancer can lead to effective treatment and increased survival.</p> <p>To give this ACO a score, Medicare looked at the percentage of patients treated by clinicians in this ACO ages 50 to 75 who were appropriately screened for colorectal cancer.</p>
134	Preventive Care and Screening: Screening for Depression and Follow-up Plan	Screening for depression and developing a follow-up plan.	<p>A higher score is better because it means clinicians in this ACO screened more patients for depression and created a follow-up plan for patients with depression.</p> <p>Identifying and treating depression in its early stages can lead to better outcomes for patients.</p> <p>To give this ACO a score, Medicare looked at the percentage of patients ages 12 and older treated by clinicians in this ACO who were checked for depression and, if they had depression, got a follow-up plan.</p>

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Measure #	Technical Measure Title	Plain Language Measure Title	Plain Language Description
226	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Screening for tobacco use in adults and giving help with quitting when needed.	<p>A higher score is better because it means clinicians in this ACO screened more patients for tobacco use and gave counseling to more patients who used tobacco and encouraged them to quit.</p> <p>Asking patients if they use tobacco can lead to interventions to help patients quit using tobacco. Quitting tobacco lowers a patient's chances of having a stroke or getting heart disease or lung disease.</p> <p>To give this ACO a score, Medicare looked at the percentage of patients ages 18 and up treated by clinicians in this ACO who were asked if they used tobacco. If patients used tobacco, the clinicians in the ACO spoke with them about ways to help them quit or gave them medicine to help them quit using tobacco.</p>
318	Falls: Screening for Future Fall Risk	Screening older patients' risk of falling.	<p>A higher score is better because it means clinicians in this ACO checked more older patients for their risk of falling.</p> <p>Older patients can have a higher risk of falling and seriously injuring themselves. Clinicians can check patients' walking and balance to determine if they're at risk of falling. If patients know they have a high risk of falling, they can take preventive steps to avoid future falls.</p> <p>To give this ACO a score, Medicare looked at the percentage of patients ages 65 and older treated by clinicians in this ACO who were checked for their risk of falling.</p>

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Measure #	Technical Measure Title	Plain Language Measure Title	Plain Language Description
370	Depression Remission at Twelve Months	Improving depression and dysthymia in adolescents and adults.	<p>A higher score is better because it means more adolescent and adult patients with depression or dysthymia treated by clinicians in this ACO achieved remission (a return to normal function without depression).</p> <p>Dysthymia is a condition characterized by mild depression lasting more than 2 years. Patients who are diagnosed with depression or dysthymia are more likely to be physically unhealthy. Treating depression so that it no longer affects daily living is important for achieving better health.</p> <p>To give this ACO a score, Medicare looked at the percentage of patients ages 12 and older by clinicians in this ACO and diagnosed with depression or dysthymia who achieved remission at 12 months.</p>
438	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	Giving statin therapy to patients at risk for heart problems.	<p>A higher score is better because it means clinicians in this ACO prescribed statin therapy to more patients at risk for heart problems when appropriate.</p> <p>Statin therapy can lower cholesterol and reduce the risk of cardiovascular events such as heart attack or heart failure in at-risk patients.</p> <p>To give this ACO a score, Medicare looked at the percentage of patients treated by clinicians in this ACO with clinical atherosclerotic cardiovascular disease (ASCVD), high cholesterol, or diabetes who were prescribed statin therapy when appropriate.</p>

CAHPS for MIPS Survey Measure

CMS is publicly reporting 5 Consumer Assessment of Healthcare Providers and Systems (CAHPS) for Merit-based Incentive Payment System (MIPS) Summary Survey measures (SSMs) as top-box performance scores. The measure is the roll-up of the 9 CAHPS SSMs with benchmarks. Top-box scores are created by calculating the percentage of survey respondents who chose the most positive score for a given item response scale. For example, for CAHPS 1 (Getting Timely Care, Appointments, and Information), this would be the percent of respondents who said they “always” got timely care, appointments, and information.

Measure #	Technical Measure Title	Plain Language Measure Title	Plain Language Description
CAHPS 1	Getting Timely Care, Appointments, and Information	Getting timely care, appointments, and information.	<p>A higher score is better because it means that more patients got care, appointments, and information when they needed it.</p> <p>Getting care, appointments, and information when you need it is an important part of having access to health care that you deserve.</p> <p>To give this ACO a score, Medicare looked at the percentage of patients who said they always got timely care, including:</p> <ul style="list-style-type: none"> • Getting an urgent care appointment as soon as needed. • Getting answers to medical questions on the same day when calling during regular office hours.
CAHPS 3	Patient's Rating of Provider	Patients' rating of clinicians.	<p>A higher score is better because it means that more patients gave a high rating to their clinicians.</p> <p>To give this ACO a score, Medicare looked at the percentage of patients who gave their clinicians a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest).</p>

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CAHPS 5	Health Promotion and Education	Health promotion and education.	<p>A higher score is better because it means that more patients got information about how to stay healthy.</p> <p>A part of high-quality care is having your care team give you information about things you can do every day to stay healthy. This includes talking with you about how to prevent illness, keep a healthy diet, and exercise.</p> <p>To give this ACO a score, Medicare looked at the percentage of patients who said their care team always talked with them about what they can do to stay healthy.</p>
CAHPS 8	Courteous and Helpful Office Staff	Courteous and helpful office staff.	<p>A higher score is better because it means that more patients thought the office staff in the ACO were polite and helpful.</p> <p>Office staff are the clerks and receptionists you talk with when you want to schedule appointments or have questions. To have a high-quality patient experience, it's important that office staff help you when you need it.</p> <p>To give this ACO a score, Medicare looked at the percentage of patients who said office staff were always helpful, polite, and respectful.</p>

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Measure #	Technical Measure Title	Plain Language Measure Title	Plain Language Description
CAHPS 9	Care Coordination	Clinicians working together for your care.	<p>A higher score is better because it means that the different clinicians and staff involved in your care work together, or coordinate, to give you high-quality care.</p> <p>Care coordination involves important parts of your care like getting referrals and conducting visit follow-ups.</p> <p>To give this ACO a score, Medicare looked at the percentage of patients who said their care was always coordinated by clinicians in the ACO, including:</p> <ul style="list-style-type: none"> • Having important information about the patient's medical history. • Following up after visits to give patients results of tests or X-rays. • Managing tests, treatments, and appointments from different clinicians.