

Quality Performance Results – Claims-Based Measure Results

Global and Professional Direct Contracting Model

PY 2022 Annual Quality Performance Report

DCE ID: D0211

DCE Type: Standard

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Table 2a. 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)	22776	16.00	15.28	3.9	<5th	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)	28276.97	33.12	31.62	53.7	30th				---
Timely Follow-Up	Timely Follow-Up After Acute Exacerbations of Chronic Conditions (a higher (↑) score indicates better performance)	8016	67.64	68.31	N/A	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

Table 2b. Standard and New Entrant DCEs: Percentile Thresholds for Sliding Scale Earn-Back for P4P Component Quality Score, PY 2022⁵

Benchmark Threshold Scores		Percentile Threshold
ACR	UAMCC	
15.42	35.66	30th
15.47	36.31	25th
15.53	36.97	20th
15.61	37.82	15th
15.73	39.03	10th
15.93	40.96	5th

5. Higher scores indicate poorer performance for both ACR and UAMCC. Measure scores that are better than or equal to a benchmark threshold score for a specific percentile will be less than or equal to the corresponding threshold value shown. For PY 2022, the Quality Performance Benchmarks (QPBs) for claims-based measures are based on Quality Measure Scores from both DCEs and non-DCE provider groups for the period January 1, 2022, to December 31, 2022, concurrent with PY 2022. Non-DCE provider groups, such as physicians, group practices, hospitals, or similar entities, will be identified using all available Medicare FFS data aggregated to the High Needs Population DCEs. QPBs are likewise developed using non-DCE participating TINs and CCNs, but using only the subset of claims for beneficiaries who meet the High Needs eligibility criteria. To better ensure comparability with DCEs, TINs and CCNs included in the QPB distributions must also meet minimum aligned beneficiary requirements. For the Standard and New Entrant DCE QPBs, TINs and CCNs must have at least 1,000 aligned beneficiaries to be included in the QPB distribution, whereas for the High Needs Population DCE QPBs, TINs and CCNs must have at least 250 aligned beneficiaries who meet High