

Shared Savings Program ACO Public Reporting Instructions with Pre-Populated Template

Introduction

The purpose of this document is to provide ACOs participating in the Shared Savings Program with a public reporting template, pre-populated with ACO-specific information obtained from CMS records. Information to populate the template is obtained from ACO reported information submitted to the [Health Plan Management System](#) (HPMS). ACOs participating in the Shared Savings Program are required to publicly report ACO organizational information and performance results on a designated webpage.

Instructions

ACOs will receive a pre-populated template from CMS near the start of every performance year and shortly after performance year quality and financial reconciliation concludes. ACOs that completed the previous performance year must use the template to report that year's final financial and quality results. All ACOs must use the template to report other organizational changes as needed. At both of these junctures, each ACO must take the following steps to meet the Shared Savings Program's public reporting requirements (42 CFR § 425.308):

1. Verify the pre-populated information is correct. If any of the pre-populated information is incorrect, please notify CMS by emailing SharedSavingsProgram@cms.hhs.gov. In the Subject line of your email, please include the phrase "Public Reporting Template" and your ACO ID. CMS will review your email request and advise, as necessary. If you find an error with your organizational information, please correct it in [HPMS](#).
2. Provide the remaining information in the (unpopulated) highlighted fields in the template and remove the highlighting once completed.
3. Report all information on your ACO's public reporting webpage. ACOs can select one of two ways to report it. 1) Display all of the information from the completed template on the webpage using existing webpage styles (e.g., fonts, text sizes, headers). Or, 2) create a PDF of the completed template, without modifying the format, and link to it from your public reporting webpage:
 - **Remove all yellow highlighting and these instructions before displaying template content on the webpage.**
 - **Do not add data that isn't required or omit data from the template.**
4. **Now that the 2018 performance year has begun, you must update your public reporting webpage using the public reporting information provided below by February 28, 2018.** If there are any changes to your ACO's organizational information throughout the year that you are required to publicly report, ACOs must update your public reporting webpage within 30 days of the change. Please make corresponding updates in HPMS because HPMS is CMS' source for data that is made publicly available.

Your ACO's pre-populated template is included in the subsequent pages of this document.

Definitions and Notes

Finally, for ease of reference, the terms below in the public reporting template are defined as the following:

- **ACO Participant in Joint Venture:** a joint venture is when two or more persons or entities engage in a defined project in which all of the following exists: 1) an express agreement; 2) a common purpose that the parties intend to carry out; 3) shared profits and losses related to the project; and 4) each party has a voice in controlling the project.

- **ACO Governing Body Member Voting Power:** governing body member voting power refers to the number of votes the member has, expressed as a percentage or number.
- **ACO Governing Body Membership Type:** membership types include ACO participant representative, Medicare beneficiary representative, community stakeholder representative, or other.

For your ACO participants listed in the Organizational Information section, CMS populated your ACO participants' legal business name. If the ACO participant has a doing business as (D/B/A) name and you would prefer to include it, enter it in parentheses next to the ACO participant's legal business name in the ACO participants table.

ACO Name and Location

Consolidated Medical Practices of Memphis, PLLC
1555 Lynnfield Road
Memphis, Tennessee 38119

ACO Primary Contact

<i>Primary Contact Name</i>	Ed Avery
<i>Primary Contact Phone Number</i>	9012610700
<i>Primary Contact Email Address</i>	avery@medicalofmemphis.com

Organizational Information

ACO participants:

ACO Participants	ACO Participant in Joint Venture (Enter Y or N)
Consolidated Medical Practices of Memphis, PLLC	NO

ACO governing body:

Member			Member's Voting Power	Membership Type	ACO Participant TIN Legal Business Name/DBA, if Applicable
Last Name	First Name	Title/Position			
Rushing	Van	Med. Director	Yes		262851160
Taylor	Ralph	QA Chair	Yes		262851160
Akins	Derene	QA Committee	Yes		262851160
Weis	Helen	Medical Beneficiary Rep	Yes		NA
Albers	Gary	Compliance Officer	Yes		NA
Campbell	Tommy	Chairmen CMPM	Yes		262851160

Key ACO clinical and administrative leadership:

Ed Avery	ACO Executive
Van Rushing	Medical Director
Gary Albers	Compliance Officer
Enter Name	Quality Assurance/Improvement Officer

Associated committees and committee leadership:

Committee Name	Committee Leader Name and Position

Types of ACO participants, or combinations of participants, that formed the ACO:

- ACO professionals in a group practice arrangement

Shared Savings and Losses

Amount of Shared Savings/Losses

- First Agreement Period
 - Performance Year 2016, \$0

Shared Savings Distribution

- First Agreement Period
 - Performance Year 2016
 - Proportion invested in infrastructure: N/A
 - Proportion invested in redesigned care processes/resources: N/A
 - Proportion of distribution to ACO participants: N/A

Quality Performance Results

2016 Quality Performance Results:

ACO#	Measure Name	Rate	ACO Mean
ACO-1	CAHPS: Getting Timely Care, Appointments, and Information	83.54	80.51
ACO-2	CAHPS: How Well Your Providers Communicate	94.99	93.01
ACO-3	CAHPS: Patients' Rating of Provider	94.44	92.25
ACO-4	CAHPS: Access to Specialists	84.47	83.49
ACO-5	CAHPS: Health Promotion and Education	59.99	60.32
ACO-6	CAHPS: Shared Decision Making	73.54	75.40
ACO-7	CAHPS: Health Status/Functional Status	70.87	72.30
ACO-34	CAHPS: Stewardship of Patient Resources	34.36	26.97
ACO-8	Risk Standardized, All Condition Readmission	15.04	14.70
ACO-35	Skilled Nursing Facility 30-day All-Cause Readmission measure (SNFRM)	16.82	18.17
ACO-36	All-Cause Unplanned Admissions for Patients with Diabetes	55.39	53.20
ACO-37	All-Cause Unplanned Admissions for Patients with Heart Failure	71.34	53.20
ACO-38	All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions	62.06	59.81
ACO-9	Ambulatory Sensitive Condition Admissions: Chronic Obstructive Pulmonary Disease or Asthma in Older Adults (AHRQ Prevention Quality Indicator (PQI) #5)	9.22	9.27
ACO-10	Ambulatory Sensitive Conditions Admissions: Heart Failure (AHRQ Prevention Quality Indicator (PQI) #8)	13.59	14.53
ACO-11	Percent of PCPs who Successfully Meet Meaningful Use Requirements	36.36	82.72
ACO-39	Documentation of Current Medications in the Medical Record	18.17	87.54
ACO-13	Falls: Screening for Future Fall Risk	0.81	64.04
ACO-14	Preventive Care and Screening: Influenza Immunization	89.29	68.32
ACO-15	Pneumonia Vaccination Status for Older Adults	89.45	69.21
ACO-16	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	39.67	74.45

ACO-17	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	5.84	90.98
ACO-18	Preventive Care and Screening: Screening for Clinical Depression and Follow-up Plan	0.16	53.63
ACO-19	Colorectal Cancer Screening	87.99	61.52
ACO-20	Breast Cancer Screening	89.77	67.61
ACO-21	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	7.63	76.79
ACO-42	Statin therapy for the Prevention and Treatment of Cardiovascular Disease	16.42	77.72
ACO-27	Diabetes Mellitus: Hemoglobin A1c Poor Control	9.09	18.24
ACO-41	Diabetes: Eye Exam	11.36	44.94
ACO-28	Hypertension (HTN): Controlling High Blood Pressure	60.09	70.69
ACO-30	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	88.24	85.05
ACO-31	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	0.00	88.67
ACO-33	Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy - for patients with CAD and Diabetes or Left Ventricular Systolic Dysfunction (LVEF<40%)	83.33	79.67

Please note, the ACO-40 Depression Remission at 12 months quality measure is not included in public reporting due to low samples.

- For 2016 Quality Performance Results please visit: <https://data.cms.gov/Special-Programs-Initiatives-Medicare-Shared-Savin/2016-Shared-Savings-Program-SSP-Accountable-Care-O/3jk5-q6dr/data>

Note: In the Quality Performance Results file(s) above, search for “Consolidated Medical Practices of Memphis, PLLC” to view the quality performance results. This ACO can also be found by using the ACO ID A56403 in the public use files on data.cms.gov.

Payment Rule Waivers

- No, our ACO does not use the SNF 3-Day Rule Waiver.