

Table 1. Shared Savings Quality Scoring and Eligibility

	AR	CO	NJ	NY	OH	OK	OR	All-Regions
Total Practices in 2015	58	71	61	73	75	61	66	465
No. of Practices Successful at eCQM Reporting	58 (100%)	65 (93%)	59 (97%)	72 (99%)	73 (97%)	56 (92%)	66 (100%)	449 (97%)
No. of Practices Eligible for Shared Savings Based on Quality Requirements¹	56 (97%)	65 (93%)	58 (95%)	70 (96%)	73 (97%)	52 (85%)	66 (100%)	440 (95%)

Table 2. 2015 Medicare Expenditures Targets and Actual Expenditures, Per Beneficiary Per Month (PBPM)

	AR	CO	NJ	NY	OH	OK	OR	All-Regions
Beneficiary months	610,378	577,947	536,804	494,284	527,301	533,426	613,733	3,893,873
Expenditures target (PBPM)	\$781.92	\$755.19	\$913.72	\$817.57	\$827.94	\$875.21	\$804.76	\$823.26
Actual expenditures (PBPM)	\$748.24	\$723.99	\$951.29	\$845.64	\$831.12	\$813.36	\$769.12	\$808.43
Care Management Fees (PBPM)	\$14.83	\$14.97	\$14.64	\$15.03	\$14.94	\$14.97	\$14.85	\$14.88
Gross Savings (%)	4.3%	4.1%	-4.1%	-3.4%	-0.4%	7.1%	4.4%	1.8%
Gross Savings (PBPM)	\$33.68	\$31.21	-\$37.57	-\$28.07	-\$3.18	\$61.84	\$35.64	\$14.83
Net Savings (%)	2.4%	2.2%	-5.7%	-5.3%	-2.2%	5.4%	2.6%	0.0%
Net Savings (PBPM)	\$18.86	\$16.24	-\$52.21	-\$43.10	-\$18.12	\$46.88	\$20.80	-\$0.06

¹ In 2015 and 2016, practices must achieve a minimum of half of the total points that were available to them, depending on the number of eCQMs they reported. Practices were required to report 9 eCQMs. If a practice reported more than 9 eCQMs, the practice was scored for the 9 highest-scoring measures. Total possible points ranged from 154 to 175, depending on which eCQMs practices reported.

Table 3. Claims-Based Quality Measure Performance (Region-Level Scores)

	AR	CO	NJ	NY	OH	OK	OR	All-Regions
All-Cause Hospital Readmissions²	14.78%	13.26%	14.86%	15.99%	14.79%	14.68%	13.78%	14.59%
Heart Failure Admissions³	0.88	0.67	0.91	1.01	1.11	0.97	0.83	0.91
COPD Admissions⁴	1.11	0.55	0.82	0.97	0.99	1.12	0.59	0.88

Table 4. CAHPS Patient Experience Performance (Percent of Practices that Earned Quality Points by Exceeding a Performance Benchmark)

	AR	CO	NJ	NY	OH	OK	OR	All-Regions
Getting Timely Appointments, Care, and Information⁵	93%	94%	98%	99%	100%	92%	98%	97%
How Well Providers Communicate with Patient⁵	97%	94%	98%	99%	99%	98%	100%	98%
Patient Rating of Provider and Care⁵	100%	97%	95%	100%	100%	95%	97%	98%
Attention to Care from Other Providers⁵	98%	99%	98%	99%	100%	98%	98%	99%
Providers Support Patient in Taking Care of Own Health⁵	98%	100%	100%	100%	97%	98%	100%	99%

For more information about CMS' benchmarking and calculations, please see the [CPC 2015 Medicare Shared Savings Methodology Paper](#).

² Performance is measured as the risk-standardized percentage of hospital discharges (as defined in the specifications) that resulted in a readmission. There are three performance benchmarks (lower percentage indicates better performance): 15.82%, 16.24%, 16.75%.

³ Performance is measured as the ratio of the observed to expected number of hospital admissions for heart failure in the region. There are three performance benchmarks (lower ratio indicates better performance): 0.47, 0.88, 1.33.

⁴ Performance is measured as the ratio of the observed to expected number of hospital admissions for COPD or asthma in the region. There are three performance benchmarks (lower ratio indicates better performance): 0.44, 0.84, 1.37.

⁵ We calculate performance rates for each of the patient experience measures for each practice using the Consumer Assessment of Health Care Providers and Systems (CAHPS) Analysis Program, version 4.1, developed by AHRQ.