

**A4923 - ACCOUNTABLE CARE ORGANIZATION OF THE NORTH COUNTRY, LLC
2022 Medicare Shared Savings Program Quality Performance Report
2020 Agreement Start Date**

This report is based on the MIPS Quality Performance Category Score from the MIPS Final Score preview period, prior to any MIPS targeted reviews or data integrity submission results.

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Glossary

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Abbreviation	Term
ACO	Accountable Care Organization
ACO-MS	ACO Management System
APM	Alternative Payment Model
APP	Alternative Payment Model Performance Pathway
CAHPS for MIPS survey	Consumer Assessment of Healthcare Providers and Systems for MIPS Survey
CMS	Centers for Medicare & Medicaid Services
COVID-19	Coronavirus Disease 2019
CY	Calendar Year
eCQM	Electronic Clinical Quality Measure
EUC	Extreme and Uncontrollable Circumstances
MIPS	Merit-based Incentive Payment System
MIPS CQM	MIPS Clinical Quality Measure
PFS	Physician Fee Schedule
PHE	Public Health Emergency
PY	Performance Year
QPC	Quality Performance Category
QPP	Quality Payment Program
SSP	Medicare Shared Savings Program
SSM	Summary Survey Measures

About this Report

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Report Period	
Performance Year	1/1/2022 - 12/31/2022
Date Produced	07/27/2023

Who provides this report?	The Centers for Medicare & Medicaid Services (CMS) provides this Quality Performance Report to all Accountable Care Organizations (ACOs) participating in the Medicare Shared Savings Program (Shared Savings Program), after the completion of each performance year (PY). This report is provided to your ACO in addition to the ACO's Merit-based Incentive Payment System (MIPS) performance feedback report, which can be accessed by signing in to the Quality Payment Program (QPP) website at: https://qpp.cms.gov/login .
Why is this report provided?	This report details how your ACO's PY 2022 quality performance score was calculated. It also allows you to compare your ACO's performance to other Shared Savings Program ACOs and may help you identify quality improvement opportunities. CMS encourages you to share your results with your ACO providers so they can help you identify ways to improve quality of care and assist your ACO in capturing the required data for quality reporting efficiently.
What information is in this report?	Your ACO's performance data for each quality measure reported by the ACO and two claims-based measures calculated by CMS. Summary statistics for each of the quality measures across all Shared Savings Program ACOs for purposes of relative comparison. Your ACO's MIPS Quality performance category score(s). <ul style="list-style-type: none"> If your ACO reported as either the CMS Web Interface measures or electronic clinical quality measures (eCQMs)/MIPS clinical quality measures (MIPS CQMs), the MIPS Quality performance category score is based on the only reported measure set. If your ACO reported both the CMS Web Interface measures and eCQMs/MIPS CQMs, the MIPS Quality performance category scores are shown. Your ACO's quality performance score (used in financial reconciliation to determine any shared savings or losses). <ul style="list-style-type: none"> Whether the Shared Savings Program Quality Extreme and Uncontrollable Circumstances (EUC) Policy was applied. Whether the Shared Savings Program Quality Performance Standard was met. Note: The MIPS Quality performance category score used for MIPS payment adjustments is available in your ACO's MIPS performance feedback report and may be different from the ACO quality performance score that the Shared Savings Program will use to calculate shared savings and losses.
How can the quality performance standard be met?	ACOs that report quality data via the Alternative Payment Model (APM) Performance Pathway (APP) can meet the quality performance standard via one of three pathways: <ul style="list-style-type: none"> Achieve a quality performance score that is equivalent to or higher than the 30th percentile across all MIPS Quality performance category scores, excluding entities/providers eligible for facility-based scoring; Meet the criteria for the eCQM/MIPS CQM reporting incentive: If the ACO reports the three eCQMs/MIPS CQMs, meeting the data completeness and case minimum requirements for all three measures, and achieves a quality performance score equivalent to or higher than the 10th percentile of the performance benchmark on at least one of the four outcome measures in the APP measure set and a quality performance score equivalent to or higher than the 30th percentile of the performance benchmark on at least one of the remaining five measures in the APP measure set; or For the first performance year of an ACO's first agreement period under the Shared Savings Program, if the ACO reports the ten CMS Web Interface measures or the three eCQMs/MIPS CQMs and administers a Consumer Assessment of Healthcare Providers and Systems (CAHPS®) for MIPS Survey under the APP and meets MIPS data completeness and case minimum requirements for all of the measures.
How does the Shared Savings Program Quality EUC policy impact the quality performance score?	Since all ACOs are eligible for the Shared Savings Program Quality EUC policy for PY 2022 (refer to the Additional Background tab), the ACO's quality performance score is set to the higher of the ACO's quality performance score or the 30th percentile MIPS Quality performance category score. Thus, if an ACO does not meet the quality performance standard via one of the three pathways described above, it will still meet the standard by having the Shared Savings Program Quality EUC policy applied for PY 2022. ACOs that are unable to report quality data via the APP will have their ACO quality performance score set equal to the 30th percentile MIPS Quality performance category score.
What happens if my ACO does or does not meet the quality performance standard?	Quality performance standard met: ACOs are eligible to share in savings at the maximum sharing rate; ACOs in two-sided models share in losses based on their quality score or at a fixed percentage based on track. Quality performance standard not met: ACOs are ineligible to share in savings and owe the maximum amount of shared losses, if applicable.
What is next?	ACOs publicly report quality performance results (along with the financial performance results) on an annual basis. ACOs are required to publicly report: <ul style="list-style-type: none"> Performance on all quality measures used in financial reconciliation The mean performance rates for all measures amongst all ACOs Please follow Shared Savings Program announcements for updates on when the Public Reporting Instructions and Template will be provided to ACOs.
Where can I access my Quality Performance Report?	A zip file containing the program report was delivered to your ACO and is accessible through the Data Hub within the ACO Management System (ACO-MS). The zip file is named per the following convention: "P.Axxxx.ACO.STLMT". ACOs may access this file by navigating to PY 2022 in the ACO-MS Data Hub. This file will be available through the ACO-MS Data Hub indefinitely.
How can I access my ACO's MIPS performance feedback report?	If you are your ACO's QPP Security Official or QPP Staff User contact in the ACO Management System (ACO-MS), then you can sign in to the QPP website using your ACO-MS username and password. For guidance on how to add the QPP Security Official and QPP Staff User contacts to an ACO in ACO-MS, please refer to the: Overview of ACO-MS User Access and ACO Contacts Tip Sheet
Where can I find more information?	For more information on the APP, please refer to the 2022 APM Performance Pathway (APP) Toolkit, available on the QPP Resource Library: https://qpp-cm-prod-content.s3.amazonaws.com/uploads/2148/PY%202022%20APM%20Performance%20Pathway%20(APP)%20Toolkit.zip For more information on the performance scores that equate to the 30th and 40th percentile MIPS Quality performance category scores, please see: https://www.cms.gov/files/document/medicare-shared-savings-program-performance-scores-equate-30th-and-40th-percentile-mips-quality.pdf For more information on PY 2022 financial reconciliation, please refer to the applicable Shared Savings and Losses and Assignment Methodology Specifications: https://www.cms.gov/files/document/medicare-shared-savings-program-shared-savings-and-losses-and-assignment-methodology-specifications.pdf-1 For questions about this report, please contact your ACO Coordinator.

Additional Background

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APP Background	<p>CMS finalized the APP in the calendar year (CY) 2021 Medicare Physician Fee Schedule (PFS) Final Rule.</p> <p>The APP is a reporting and scoring pathway for MIPS eligible clinicians who participate in MIPS APMs.</p> <p>The APP is a single, pre-determined quality measure set that MIPS APM participants may report at the individual, group, and/or APM-entity levels beginning in PY 2021.</p> <p>All Shared Savings Program ACOs were required to report quality data via the APP in PY 2022.</p>
Quality Reporting Requirements	<p>For PY 2022, ACOs were required to:</p> <ul style="list-style-type: none">• Report the 10 CMS Web Interface measures or the three eQMs/MIPS CQMs;• Administer a CAHPS for MIPS Survey; and• Be scored on two claims-based measures that are calculated by CMS using administrative claims data.
What is the Shared Savings Program Quality EUC Policy and how is it applied?	<p>Because of the continued nationwide coronavirus disease 2019 (COVID-19) Public Health Emergency, all SSP ACOs have been determined to have been affected by an EUC and will be eligible to have the Shared Savings Program Quality EUC policy applied for PY 2022.</p> <p>In general, Shared Savings Program Quality EUC policy includes counties identified under the QPP as EUC-affected and considers EUCs that happen in the PY and/or the reporting period for the PY.</p> <p>An ACO is EUC-affected if:</p> <ul style="list-style-type: none">• 20 percent of Quarter 4 assigned beneficiaries reside in an EUC-affected county*;• The ACO's legal entity is located in an EUC-affected county* <p>*Note: CMS has sole discretion to determine the:</p> <ul style="list-style-type: none">• Time period during which an EUC occurred• Percentage of the ACO's assigned beneficiaries residing in the affected areas• Location of the ACO's legal entity <p>For more information refer to: 42 CFR § 425.512(c)</p>

Reference Tables

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Background

Historically, the Shared Savings Program has provided information on quality measure benchmarks for a range of percentiles (30th to 90th) and scoring was based on percentile cutpoints. Under MIPS, quality benchmarks and scoring are based on comparisons to decile ranges. To help ACOs understand how benchmark percentiles map to decile ranges and achievement points, we provide the table below. This may be particularly relevant to ACOs reporting eCQMs or MIPS CQMs because the eCQM/MIPS CQM reporting incentive (refer to the About this Report tab and Table 4 for details on the reporting incentive) refers to percentiles, but the MIPS resource documents on benchmarks (refer to How to Read This Table and footnote on 2022 Quality Benchmarks) show deciles.

APP - Measure Crosswalk Between Benchmark Deciles and Percentiles for the eCQM/MIPS CQM Reporting Incentive

The table below provides the mapping of deciles, percentiles, and achievement points under MIPS as a reference for ACOs.

Deciles	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th
Benchmark Percentiles	0.01 - 9.99	10.00 - 19.99	20.00 - 29.99	30.00 - 39.99	40.00 - 49.99	50.00 - 59.99	60.00 - 69.99	70.00 - 79.99	80.00 - 89.99	90.00 - 100.00
Points (3-point floor)	3.0	3.0	3.#	4.#	5.#	6.#	7.#	8.#	9.#	10.0

The notation .# indicates the awarding of partial achievement points. For example, 3.# corresponds to ≥ 3.0 and < 4.0 points.

How to Read This Table

Decile 1 contains the range of percentiles ≥ 0 and < 10 . Since a 3-point floor is used for scoring for PY 2022, this decile corresponds to exactly 3.0 points. Decile 4 contains the range of percentiles from ≥ 30 to < 40 and corresponds to 4.# points, depending on where the performance rate/measurement achievement falls within the decile. For the eCQM/MIPS CQM reporting incentive, to identify the 10th and 30th percentiles, one would use the lower value of the ranges for deciles 2 and 4, respectively. The performance rate that maps to each benchmark percentile is measure-specific and is determined by the measure's distribution (historical benchmarks). Refer to the Example below for more details.

For details on measure-specific benchmarks, refer to the 2022 Quality Benchmarks:

<https://qpp-cm-prod-content.s3.amazonaws.com/uploads/608/2022%20Quality%20Benchmarks.zip>

The 2022 APM Performance Pathway Scoring Guide (pages 21-23) in the 2022 APM Performance Pathway (APP) Toolkit also contains additional information:

[https://qpp-cm-prod-content.s3.amazonaws.com/uploads/2148/PY%202022%20APM%20Performance%20Pathway%20\(APP\)%20Toolkit.zip](https://qpp-cm-prod-content.s3.amazonaws.com/uploads/2148/PY%202022%20APM%20Performance%20Pathway%20(APP)%20Toolkit.zip)

Example

Using CAHPS-1 Getting Timely Care, Appointments, and Information from Table 5 as an example, an ACO's hypothetical performance rate could be 81.12.

Based on the 2022 CAHPS for MIPS Survey Historical Benchmarks file from the 2022 Quality Benchmarks zip, this performance rate corresponds to the lower value of decile 3's range (81.12 - 82.18). Thus, this performance rate value maps onto the 3rd decile in the table above.

The 3rd decile maps onto achievement points of 3.# (≥ 3.0 and < 4) for CAHPS-1.

Note: The eCQM/MIPS CQM reporting incentive includes the CAHPS for MIPS composite measure, rather than the individual CAHPS Summary Survey Measures (SSMs) shown in Table 5 that contribute to the composite score. However, benchmarks exist for the individual SSMs and not for the composite CAHPS score, so ACOs looking to understand how to improve CAHPS performance may find it helpful to compare individual SSM performance to published benchmarks.

For other measures in the APP - eCQM/MIPS CQM Measure Set, please compare the 2022 MIPS Historical Quality Benchmarks file in the 2022 Quality Benchmarks zip with the crosswalk table above. Table 4 also contains the relevant 10th and 30th percentiles relevant for the eCQM/MIPS CQM reporting incentive.

Measure Sets

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APP - CMS Web Interface Measure Set

Measure #	Measure Title	Collection Type	Measure Type [1]
Quality ID# 321	CAHPS for MIPS	CAHPS for MIPS Survey	Patient Reported Outcome (PRO)-PM
Measure# 479	Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Groups	Administrative Claims	Outcome
Measure# 484	Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions (MCC)	Administrative Claims	Outcome
Quality ID# 318	Falls: Screening for Future Fall Risk	CMS Web Interface	Process
Quality ID# 110	Preventive Care and Screening: Influenza Immunization	CMS Web Interface	Process
Quality ID# 226	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	CMS Web Interface	Process
Quality ID# 113	Colorectal Cancer Screening	CMS Web Interface	Process
Quality ID# 112	Breast Cancer Screening	CMS Web Interface	Process
Quality ID# 438	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	CMS Web Interface	Process
Quality ID# 370	Depression Remission at Twelve Months	CMS Web Interface	Outcome
Quality ID# 001	Diabetes: Hemoglobin A1c (HbA1c) Poor Control	CMS Web Interface	Intermediate Outcome
Quality ID# 134	Preventive Care and Screening: Screening for Depression and Follow-up Plan	CMS Web Interface	Process
Quality ID# 236	Controlling High Blood Pressure	CMS Web Interface	Intermediate Outcome

APP - eCQM/MIPS CQM Measure Set

Measure #	Measure Title	Collection Type	Measure Type [1]
Quality ID# 321	CAHPS for MIPS	CAHPS for MIPS Survey	Patient Reported Outcome (PRO)-PM
Measure# 479	Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Groups	Administrative Claims	Outcome
Measure# 484	Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions (MCC)	Administrative Claims	Outcome
Quality ID# 001	Diabetes: Hemoglobin A1c (HbA1c) Poor Control	eCQM or MIPS CQM	Intermediate Outcome
Quality ID# 134	Preventive Care and Screening: Screening for Depression and Follow-up Plan	eCQM or MIPS CQM	Process
Quality ID# 236	Controlling High Blood Pressure	eCQM or MIPS CQM	Intermediate Outcome

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Table 1. Summary Information		
ACO Quality Performance Score	SSP Quality EUC Policy Applied	Quality Performance Standard Met
79.16	No	Yes

Table 2. Additional Summary Information	
ACO MIPS Quality performance category score by measure set [1]	
CMS Web Interface	79.16
eCQMs/MIPS CQMs	---
ACO quality performance score (before Shared Savings Program EUC Policy, if applicable) [2]	79.16
30th Percentile MIPS Quality performance category score [3]	70.63
ACO Quality performance score (after Shared Savings Program EUC Policy, if applicable) [4]	79.16
Eligible for Shared Savings Program Quality EUC Policy [5]	Yes
Shared Savings Program Quality EUC Policy Applied [6]	No
ACO Met Quality Performance Standard [7]	Yes
ACO met or exceeded 30th Percentile MIPS Quality performance category score [8]	Yes
ACO met criteria for eCQM/MIPS CQM reporting incentive [9]	No

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Table 3. APP - CMS Web Interface Measure Set						
Measure #	Measure Name	Has a Benchmark [2]	Numerator	Denominator	Reported Performance Rate	Current Year Mean Performance Rate (SSP ACOs)
Quality ID# 001	Diabetes: Hemoglobin A1c (HbA1c) Poor Control [1]	Yes	33	348	9.48	10.71
Quality ID# 134	Preventative Care and Screening: Screening for Depression and Follow-up Plan	Yes	241	325	74.15	76.97
Quality ID# 236	Controlling High Blood Pressure	Yes	219	292	75.00	76.16
Quality ID# 318	Falls: Screening for Future Fall Risk	Yes	324	348	93.10	87.83
Quality ID# 110	Preventative Care and Screening: Influenza Immunization	Yes	452	536	84.33	77.34
Quality ID# 226	Preventative Care and Screening: Tobacco Use: Screening and Cessation Intervention	Yes	43	51	84.31	79.27
Quality ID# 113	Colorectal Cancer Screening	Yes	212	264	80.30	75.32
Quality ID# 112	Breast Cancer Screening	Yes	309	392	78.83	78.07
Quality ID# 438	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	No	305	343	88.92	86.37
Quality ID# 370	Depression Remission at Twelve Months	No	7	49	14.29	16.03
Quality ID# 321	CAHPS for MIPS [3]	Yes	N/A	N/A	N/A	N/A
Measure# 479	Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Groups [1]	Yes	---	---	0.1635	0.1510
Measure# 484	Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions [1]	Yes	---	---	29.98	30.97

[1] A lower performance rate corresponds to higher quality.
[2] For PY 2022, the CMS Web Interface measures Quality ID #438 and Quality ID #370 do not have benchmarks, and therefore, were not scored.
[3] CAHPS for MIPS is a composite measure, so numerator, denominator, and performance rate values are not applicable (N/A). The CAHPS for MIPS composite score is calculated as the average number of points across scored Summary Survey Measures (SSMs) (86 FR 65256). Refer to Table 5 for details on CAHPS for MIPS performance.

Table 4. APP - eCQM/MIPS CQM Measure Set							Information for SSP
Measure #	Measure Name	Has a Benchmark [2]	Numerator	Denominator	Reported Performance Rate [3]	Current Year Mean Performance Rate (SSP ACOs)	Selected Collection Type
Quality ID# 001	Diabetes: Hemoglobin A1c (HbA1c) Poor Control [1]	Yes	---	---	---	---	---
Quality ID# 134	Preventative Care and Screening: Screening for Depression and Follow-up Plan	---	---	---	---	---	---
Quality ID# 236	Controlling High Blood Pressure	---	---	---	---	---	---
Quality ID# 321	CAHPS for MIPS [3]	Yes	N/A	N/A	---	---	CAHPS
Measure# 479	Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Groups [1]	Yes	---	---	---	---	Administrative Claims
Measure# 484	Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions [1]	Yes	---	---	---	---	Administrative Claims

[1] A lower performance rate corresponds to higher quality.
[2] For PY 2022, the eCQM collection type for Quality ID #236 and Quality ID #134 were subject to measure exclusion for the eCQM collection type, and therefore these eCQMs do not have benchmarks. Thus, if these measures were only reported as measures were reported as both an eCQM and a MIPS CQM, the measure is excluded for both collection types. If these measures were reported as a MIPS CQM only, the measure may be included if data completeness and case minimum requirement.
For more information, refer to the 2022 MIPS Quality Measures Truncation and Suppression Fact Sheet:
<https://qpp-cm-prod-content.s3.amazonaws.com/uploads/2301/2022%20MIPS%20Quality%20Measure%20Truncation%20and%20Suppression%20Fact%20Sheet.pdf>
Also refer to additional information on 2022 Quality Benchmarks:
<https://qpp-cm-prod-content.s3.amazonaws.com/uploads/608/2022%20Quality%20Benchmarks.zip>
For more information on the future direction of benchmarks, refer to the 2023 Quality Benchmarks:
<https://qpp-cm-prod-content.s3.amazonaws.com/uploads/2272/2023%20Quality%20Benchmarks.zip>

[3] CAHPS for MIPS is a composite measure, so numerator and denominator values are not applicable (N/A). A CAHPS for MIPS composite decile score is shown in the performance rate cells and calculated as the average number of points across score FR 65256). Refer to Table 5 for details on CAHPS for MIPS performance on SSMs. The CAHPS for MIPS overall measure score (i.e., the average SSM decile score, which is scored from 3 to 10), is used to calculate percentile performance thresholds. The performance period and includes CAHPS for MIPS overall measure scores from all participating SSP ACOs, groups, virtual groups, and APM entities. The 30th percentile performance threshold shown here is therefore used as the 30th percentile benchmark for the remaining five measures in the APP measure set, as described in footnote [4], and which is used only in the context of the eCQM/MIPS CQM reporting incentive for the quality performance standard, separate from SSM benchmarks.

[4] For PY 2022, an ACO meets the eCQM/MIPS CQM reporting incentive and will meet the quality performance standard used to determine eligibility for shared savings and to avoid maximum shared losses, if applicable, if it:

- Reports the three eCQM/MIPS CQMs measures;
- Meets the data completeness requirement at 42 CFR § 414.1340 for all three eCQMs/MIPS CQMs;
- Achieves a quality performance score equivalent to or higher than the 10th percentile of the performance benchmark on at least one of the four outcome measures in the APP measure set; and
- Achieves a quality performance score equivalent to or higher than the 30th percentile of the performance benchmark on at least one of the remaining five measures in the APP measure set.

For more information refer to:
[42 CFR § 425.512\(a\)\(4\)\(ii\)\(B\)](#)

Quality Performance Results, continued - CAHPS for MIPS

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Table 5. APP - CAHPS for MIPS Measures				
Measure ID	Measure Name	Has a Benchmark	Reported Performance Rate	Current Year Mean Performance Rate (SSP ACOs)
CAHPS-1	Getting Timely Care, Appointments, and Information	Yes	83.28	83.96
CAHPS-2	How Well Providers Communicate	Yes	92.52	93.47
CAHPS-3	Patient's Rating of Provider	Yes	90.48	92.06
CAHPS-4	Access to Specialists	Yes	71.69	77.00
CAHPS-5	Health Promotion and Education	Yes	52.65	62.68
CAHPS-6	Shared Decision Making	Yes	61.27	60.97
CAHPS-7	Health Status and Functional Status	No	73.31	73.06
CAHPS-8	Care Coordination	Yes	82.30	85.46
CAHPS-9	Courteous and Helpful Office Staff	Yes	91.05	91.97