

ACO Name and Location

Bend Memorial Clinic, P.C.

1501 NE Medical Center Drive, Bend, OR 97701

ACO Primary Contact

Gale Rivera

541-706-5403

wecareoregon@summithealth.com

Organizational Information

ACO Participants:

ACO Participants	ACO Participant in Joint Venture
Bend Memorial Clinic, P.C.	N

ACO Governing Body:

Member First Name	Member Last Name	Member Title/Position	Member's Voting Power (Expressed as a percentage)	Membership Type	ACO Participant Legal Business Name, if applicable
Russel	Massine	Chair / Member	20%	ACO Participant Representative	Bend Memorial Clinic, P.C.
Michael	Feldman	Member	20%	ACO Participant Representative	Bend Memorial Clinic, P.C.
Kirstin	Stratton	Member	20%	ACO Participant Representative	Bend Memorial Clinic, P.C.
Ashish	Parikh	Member	20%	ACO Participant Representative	Bend Memorial Clinic, P.C.
John	Lutz	Member	20%	ACO Participant Representative	Bend Memorial Clinic, P.C.

Key ACO Clinical and Administrative Leadership:

ACO Executive: Russel Massine, MD

Medical Director: Michael Feldman, MD

Compliance Officer: Michelle O'Neill

Quality Assurance/Improvement Officer: Michael Feldman, MD

Associated Committees and Committee Leadership:

Committee Name	Committee Leader Name and Position
n/a	n/a

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 2022, \$0

Shared Savings Distribution:

- First Agreement Period
 - Performance Year 2022
 - 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

2022 Quality Performance Results:

Quality performance results are based on eCQMs/MIPS CQMs Measures Set

Measure #	Measure Name	Collection Type	Rate	ACO Mean
Quality ID# 001	Diabetes: Hemoglobin A1c (HbA1c) Poor Control [1]	eCQM	30.12	33.57
Quality ID# 134	Preventative Care and Screening: Screening for Depression and Follow-up Plan	eCQM	47.22	39.11
Quality ID# 236	Controlling High Blood Pressure	eCQM	73.99	69.64
Quality ID# 321	CAHPS for MIPS [3]	CAHPS	5.06	6.08
Measure# 479	Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Groups [1]	Administrative Claims	0.1261	0.1510
Measure# 484	Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions [1]	Administrative Claims	28.05	30.97
CAHPS-1	Getting Timely Care, Appointments, and Information	CAHPS for MIPS Measures	77.99	83.96
CAHPS-2	How Well Providers Communicate	CAHPS for MIPS Measures	92.49	93.47
CAHPS-3	Patient's Rating of Provider	CAHPS for MIPS Measures	90.64	92.06

Measure #	Measure Name	Collection Type	Rate	ACO Mean
CAHPS-4	Access to Specialists	CAHPS for MIPS Measures	74.79	77.00
CAHPS-5	Health Promotion and Education	CAHPS for MIPS Measures	65.81	62.68
CAHPS-6	Shared Decision Making	CAHPS for MIPS Measures	58.02	60.97
CAHPS-7	Health Status and Functional Status	CAHPS for MIPS Measures	75.73	73.06
CAHPS-8	Care Coordination	CAHPS for MIPS Measures	86.05	85.46
CAHPS-9	Courteous and Helpful Office Staff	CAHPS for MIPS Measures	92.66	91.97
CAHPS-11	Stewardship of Patient Resources	CAHPS for MIPS Measures	24.38	25.62

[1] A lower performance rate corresponds to higher quality.

[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 scored Summary Survey Measures (SSMs) (86 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 2022 percentile is based on the 2022 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 that is the threshold for one of the five remaining 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.

For previous years' Financial and Quality Performance Results, please visit: data.cms.gov