

ACO REACH Quality Measures

The **ACO REACH Model** aims to simplify quality measurement for Primary Care Providers (PCPs) and align them around overall outcomes by taking risk linked to Total Medical Expenditures (TME).

There are only four Quality Measures (QMs) to consider, and three of them are claims-based, representing a reduced administrative burden for PCPs participating in ACO REACH. Improving these quality measures provides PCPs with a chance to boost Shared Savings, earning back a portion of the benchmark withhold.



Streamlining Quality Measurement and Payments

In the ACO REACH program, Quality Measures (QM) significantly impact provider payments. QM items contribute to a quality score that compares an ACO's performance against a CMS-established benchmark. ACOs receive quarterly quality reports, with QM performance reconciled during Q3 of the following performance year (e.g., *financial reconciliation for PY2025 will take place in Fall 2026*). REACH simplifies the process for providers, with four key quality measures and aligned economics as the only variables to consider. This streamlined approach allows providers to prioritize patient care, and Pearl is here to support providers in succeeding on REACH's quality program, fostering a more equitable healthcare system.

The Four Quality Measures

- 1 All-Cause Unplanned Admission for Patients with Multiple Chronic Conditions (UAMCC):** Looks at the rate per 100 person years of hospital readmissions for Medicare patients with two or more chronic conditions. *Claims-based.*
- 2 Timely Follow-Up After Acute Exacerbations of Chronic Conditions (TFU):** Looks at whether providers delivered follow-up care within the timeframe laid out by clinical guidelines for patients experiencing an emergency department (ED) visit or hospitalization related to six specific chronic conditions, which include coronary artery disease [CAD], hypertension, heart failure [HF], diabetes, asthma, and chronic obstructive pulmonary disease [COPD]. *Claims-based.*

- 3 Risk-Standardized All-Condition Readmission (ACR):** Looks at the fraction of hospital stays that result in a readmission within 30 days of discharge. *Claims-based.*
- 4 The Consumer Assessment of Healthcare Providers & Systems (CAHPS®) Survey:** A standard survey deployed to measure the quality of patients' experiences receiving care from participating providers, administered by a CMS-approved vendor in collaboration with the ACO. The survey is administered among a random sample of aligned beneficiaries, takes place in the Fall of each Performance Year, and solicits feedback on aspects of the patients' experience receiving care such as ease of scheduling appointments, provider bedside manner, and patients' ability to understand care plans and medication changes.

See how Pearl helps manage unplanned admissions

[Learn more](#)



How Pearl Can Help Practices Succeed

Pearl streamlines patient engagement post-admission, crucial for managing readmissions and ensuring timely follow-ups. [Through our ADT alerts](#), providers gain timely insights, allowing them to prevent readmissions effectively and enhance Timely Follow-Ups. [The Pearl Platform facilitates proactive engagement by highlighting urgent issues for PCPs](#), making it easy to identify patients needing attention. Moreover, Pearl aids practices in CAHPS® survey compliance, taking actionable steps based on patient feedback. We conduct an off-cycle CAHPS survey ahead of the Fall performance year survey, gathering valuable insights from patients working with Pearl providers.