1. Overall Program

10 Pioneers have savings of at least 1.5 percent

12 Pioneers have small changes between -1.5 to 1.5 percent

10 Pioneers have losses of at least 1.5 percent

2. Continuous Care Improvement

- Aggregate responses of 17 survey questions by 32 Pioneers
- Four choices ranging from 1 to 4
- Statistically significant increase from Baseline to Program Year 1
- Increase was 3.7%, but statistically significant

3. Utilization

The distributions of six utilization measures (out of 20) are shown below. The top 5% of the non-annualized expenditure (upper left, Q3, median 40.2%) demonstrate higher than the Reference Population (RP); while hospitalization events (lower right, Q3, median 370.2) are fewer than the RP (Q3, median 382.3). The changes over the three quarters vary among measures, but most changes are less than one percent and they are also not statistically significant.

4. Organizational Structure

5 quarterly self-assessment questions:
- Evaluate the strengths and weaknesses of the Pioneers
- Data Reporting and Analytical Capability was the only category that had a decrease in score

5. Provider Relations

Number of providers participating in Pioneer ACOs in 2012 and 2013

- 19 Pioneers increased Provider Participation
- 5 Pioneers had little change (between -15 and +15)
- 8 Pioneers decreased Provider Participation

6. Beneficiary Engagement

Beneficiaries Opting Out and Back In to Data Sharing

7. Continuous Evolution

Measures

- Number of SSP ACOs
- Number of Medicare ACOs
- Number of CMS Regions with SSP ACOs
- Number of states with Medicare ACOs

8. Trustworthy Partnership

Accuracy and punctuality in the numbers of report has increased steadily, despite the increase in the number of reports.

9. Payment Reform

The majority of beneficiaries in the current market are under commercial health insurance, about 5 times more than Medicare programs.

* Please refer to the dashboard report for more comprehensive information.