

# 2020 Annual Report Accountable Care Organization of the North Country, LLC

**A Multi-Payer Report of  
Quality Performance Results**



## **Contents**

Overview.....	3
Section 1. Accountable Care Organization of the North Country, LLC Profile .....	4
Section 2. Accountable Care Organization of the North Country, LLC’s Report.....	5
Section 3. Statewide Benchmark Comparisons .....	7
Technical Notes.....	8
Report Interpretation Limitations.....	10
Appendix A – 2020 NYS ACO Core Measure Set .....	11
Appendix B – Quality Measure Results for Commercial .....	12
Appendix C – Quality Measure Results for Medicaid .....	13
Appendix D – Quality Measure Results for Medicare .....	14

## **Overview**

The New York State Accountable Care Organization Scorecard Report is a multi-payer view of performance results on a set of eight quality measures for Accountable Care Organizations (ACOs) that have been issued a certificate of authority by the New York State Department of Health (NYSDOH). Public Health Law (PHL) Article 29-E requires the NYSDOH to establish a program governing the approval of Accountable Care Organizations. PHL § 2999-p defines an ACO as "an organization of clinically integrated health care providers that work together to provide, manage, and coordinate health care (including primary care) for a defined population; with a mechanism for shared governance; the ability to negotiate, receive, and distribute payments; and accountability for the quality, cost, and delivery of health care to the ACO's patients" and that has been issued a certificate of authority by the NYSDOH.

### **ACO Profile and Quality Scorecard Report**

The ACO profile presented in the following pages is intended to provide consumers with a better understanding of Accountable Care Organization of the North Country, LLC's structure as an all-payer ACO. The profile includes the following information:

- Characteristics of the organization
- Type of ACO (e.g. Hospital, Provider-led, Hybrid)
- Regions where services are provided
- Number of participants and provider/suppliers contracted by the ACO
- Number of patients attributed to the ACO
- Quality of care provided under the ACO umbrella
- Endeavors to implement evidence-based care services, telemedicine, use of electronic medical records, and other initiatives intended to accomplish the goals of accountable care.

Each profile was created from supplemental, non-confidential information submitted by the ACO through ACO certification, a survey disseminated by NYSDOH to the ACO, and other publicly available data.

The ACO Scorecard Report is a multi-payer view of performance results on a set of eight quality measures. The report displays performance results based on data submitted by health plans. Details on how data is collected can be found in the technical notes section of this report. This report does not contain Protected Health Information (PHI), and results are shared with each ACO prior to publication.

## Section 1. Accountable Care Organization of the North Country, LLC Profile

ACO Type: Hybrid



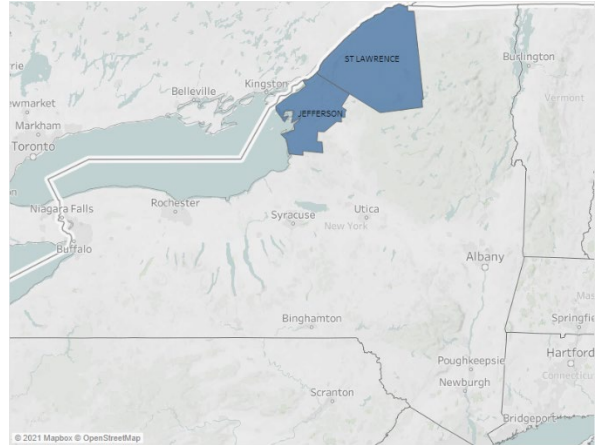
**Provider-led Practices**



**Community-Based Hospitals**



**Academic/Teaching Hospitals**



**Service Area:** Counties in which Providers of the Accountable Care Organization of the North Country, LLC's Offer Services

### ACO Provided Care Coordination Highlights

Accountable Care Organization of the North Country, LLC (ACONC) is an Accountable Care Organization (ACO) in the Northern Region of New York State. ACONC includes a Federally Qualified Health Center, two hospitals, and independent providers in St. Lawrence and Franklin counties. The ACO participates in the Centers for Medicare & Medicaid Services' (CMS) Medicare Shared Savings Program (MSSP). The MSSP program allows groups of providers and suppliers (e.g., physicians, hospitals, and others involved in patient care) in the ACO to agree to be held accountable for the quality, cost, and experience of care of their Medicare fee-for-service (FFS) beneficiary population. As of January 2021, the ACO has initiated a quality management program with the Empire Plan, a United Healthcare product for NYS employees.

ACONC embraces the evidence-based quality measures required by CMS to ensure high quality healthcare by ACONC providers. ACONC analyzes providers' patient records to provide continuous assessment of quality performance, feedback to participating providers, and education on best practices for improving quality of care. For example, ACONC provides assessment, education, and feedback to its participating providers on how quickly a primary care provider (PCP) visit is scheduled post-acute hospital discharge; tracking which beneficiaries have received their annual wellness exam; and continuing education opportunities for participating providers on diagnosis and treatment of cardio obstructive pulmonary disorder (COPD). ACONC also sponsors provider education on the importance of full and accurate diagnosis coding so that together with Medicare, ACONC can generate accurate Risk Adjustment Factor (RAF) scores from the Hierarchical Condition Category Methodology used in both assessing rising risk and financial performance considerations.

## Section 2. Accountable Care Organization of the North Country, LLC’s Report

**Table 1.** Most Common Specialties for Providers in Accountable Care Organization of the North Country, LLC’s Network

Classification	Number of Providers
Physician Assistant	85
Nurse Practitioner	48
Family Medicine	31
Certified Nurse Anesthetist	22
Internal Medicine	21
Other*	177
<b>Total</b>	<b>384</b>

**Legend**

\* Other includes all other specialty types including but not limited to Psychiatry, Infectious Disease, and Pediatric Medicine.

**Note:** Provider information was collected in 2020 for the MY 2019. See: **Technical Notes**

**Table 2.** Members Qualifying for a Quality Measure Attributed to a Provider in the Accountable Care Organization of the North Country, LLC Network; Results Stratified by Health Plan and Product

Health Plan	Commercial	Medicaid	Medicare*	Total
All MCOs	6,784	9,388	1,715	17,887

**Legend**

\* Medicare Managed Care results only. See: **Technical Notes**.

**Note:** This table represents a defined subset of members in the ACO’s network. Inclusion criteria was limited to members who met denominator criteria for one or more health care quality measures during the MY 2019. Member attribution information was collected from January 1 – December 31, 2019 for the MY 2019. See: **Technical Notes**.

**Accountable Care Organization of the North Country, LLC  
2020 Annual Report**

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**Table 3.** 2020 Quality Measure Results for Eligible Members in Accountable Care Organization of the North Country, LLC, Stratified by Payer

Domain	Measure	Total			By Payer		
		Denominator	Numerator	Result	Commercial	Medicaid	Medicare*
Prevention	Breast Cancer Screening	2,183	1,611	74%	78%	64%	71%
	Cervical Cancer Screening	4,288	2,689	63%	70%	56%	--
	Childhood Immunization Status Combo 3	266	202	76%	85%	73%	--
	Chlamydia Screening in Women (16-24 Years)	780	322	41%	39%	44%	--
	Colorectal Cancer Screening	4,678	2,735	58%	62%	45%	62%
Chronic Disease	Comprehensive Diabetes Care Eye Exams	1,573	887	56%	47%	59%	69%
	Comprehensive Diabetes Care HbA1c Testing	1,190	1,074	90%	90%	91%	--
	Comprehensive Diabetes Care Medical Attention for Nephropathy	1,190	972	82%	79%	86%	--

**Legend**

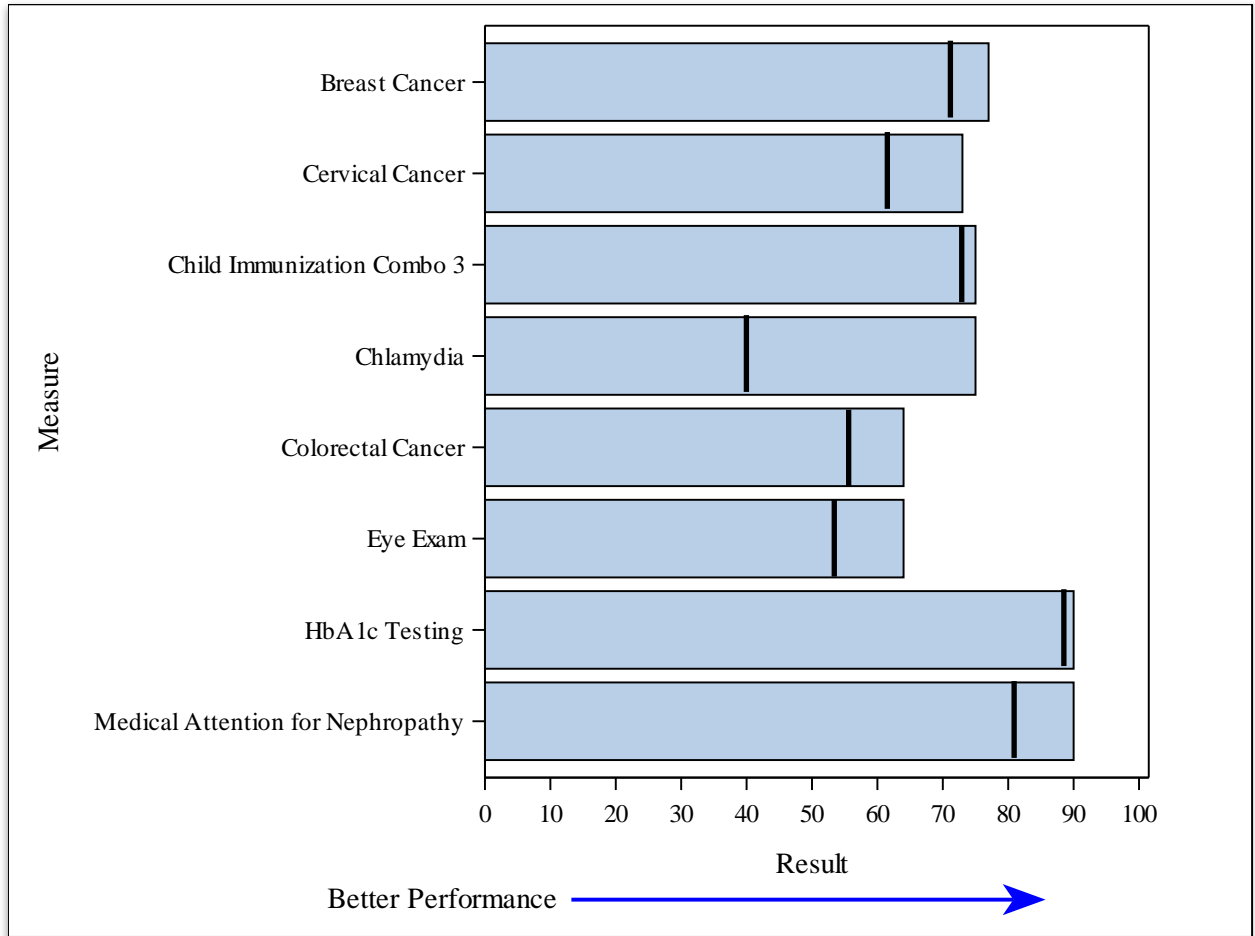
-- Measure result not reported.

\*Medicare Managed Care results only. See: **Technical Notes**.

**Note:** Results are based on MY 2019. See: **Technical Notes**. Diabetes denominators differ across measures because not all diabetes measures are calculated and reported for all payers. See Appendices B, C, and D for payer-specific denominator and numerator values.

### Section 3. Statewide Benchmark Comparisons

**Figure 1.** 2020 Accountable Care Organization of the North Country, LLC Results Compared with the Statewide ACO Average



**Legend**

- = Accountable Care Organization of the North Country, LLC Rate
- = Statewide Average

**Note:** Results shown are averaged across all product lines (Commercial, Medicaid, Medicare). Results are based on MY 2019. This table includes results averaged across all products. For Medicare members, only Medicare Advantage results are included. See: **Technical Notes.**

## **Technical Notes**

### **DEFINITIONS**

#### **Domain**

The measures are categorized by two domains: Prevention and Chronic Disease.

#### **Denominator, Numerator, Result**

For each measure, the denominator represents the total number of members that are eligible for that measure, and the numerator represents the number of members who meet the specific criteria for the measure. The result is shown as a percentage and represents the numerator divided by the denominator, multiplied by 100 unless otherwise noted.

#### **Measures**

Data included in this report were collected during calendar year 2020 for the 2019 Measurement Year (MY 2019) using the 2020 NYS ACO Core Measure Set. Data collected for MY 2019 reflects performance between January 1, 2019 through December 31, 2019.

The quality measures in the NYS ACO Core Measure Set are from the Healthcare Effectiveness Data and Information Set (HEDIS®) measures established by the National Committee for Quality Assurance (NCQA). Please refer to Appendix A of this report for a list of the measures and measure descriptions. Results for these measures were calculated using health plan reported results for members attributed to practices participating in the ACO's network.

#### **Methods**

Health plans operating in NYS submitted Patient-Centered Medical Home (PCMH) files containing quality measurement results for members who were included in at least one of the ACO quality measure core set during the MY 2019. In addition to primary care provider (PCP) information for each member, the file contained member-specific details on denominator inclusion and numerator compliance for each measure in the ACO core set. The National Provider Identifier (NPI) to whom the member was attributed was matched to the NPI and provider Practice Tax Identification Number (TIN) supplied by each ACO; this indicated that the practice was part of the ACO provider network. Members were attributed to provider practices using each health plan's attribution method (see section below: Member Attribution). Member-level data was aggregated across health plans linking the Practice TIN of the PCP to whom the member was attributed to a list of participating providers reported by the ACO. Linking quality measurement information for members to ACO-participating providers allows NYSDOH to produce aggregated results at the ACO level for selected quality measures.

Statewide benchmarks were calculated using the MY 2019 health-plan submitted PCMH files.



## **Accountable Care Organization of the North Country, LLC 2020 Annual Report**

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### **Member Attribution**

Each health plan employed its own member attribution methodology to link members to primary care provider practices. Each ACO provided NYSDOH a list of participating providers and practices.

### **Measure Selection**

A parsimonious set of primary care relevant measures were selected for the 2020 NYS ACO Core Measure Set to examine the quality of care for the population attributed to ACO organizations for quality improvement and monitoring. See Appendix A for detailed descriptions of each measure. Note this measure set may change or expand over time.

### **Measure Calculation**

Administrative data were used to calculate each measure. For measures with both hybrid and administrative specifications, the administrative method was used.

Product results were calculated using all practices for which data were available and were stratified by payer (Commercial, Medicaid, Medicare).

### **Medicaid Managed Care Results**

Please note that the Medicare advantage results shown in this report do not represent the Medicare Shared Savings Program (MSSP). This report includes Medicaid quality scores only in the case of ACO contracts with Medicare Advantage health plans. This report does not include quality scores for Medicare patients covered by the conventional Medicare program, MSSP.

The CMS quality score data for ACOs is available using the following link:

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Downloads/MSSP-ACO-data.pdf>.

For more information on Medicare fee-for-service, please refer to the CMS website <https://www.cms.gov/Medicare/Medicare.html>.

### **Data Source**

Member-level data from the 2020 HEDIS® data were submitted by the health plans.

## **Report Interpretation Limitations**

Please note the following limitations of this ACO Report:

1. This ACO report includes claims-based data pooled from multiple payers. The performance results represent the quality of care provided to a larger number of members than reports distributed by individual health plans that reflect the quality of care for members insured by that health plan alone. This report is not a replacement for performance reports or gap analyses provided by individual payers or Medicare Advantage Stars, Medicare ACOs Scorecards, or other transformation or payment programs. The report does not display member-level data.
2. These ACO results do not account for the entire panel population. Only those members meeting continuous enrollment criteria at the payer and plan level were included in these quality measure results.

### **ACO Program Information**

For information about New York State's Accountable Care Program, including information about how to apply for a Certificate of Authority, and to find answers to frequently asked questions, please visit the NYS website at:

[https://www.health.ny.gov/health\\_care/medicaid/redesign/aco/](https://www.health.ny.gov/health_care/medicaid/redesign/aco/)

If you have any questions about the New York State's Accountable Care Program, please contact us:

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Empire State Plaza  
Albany, New York 12237  
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### **Feedback**

We welcome suggestions and comments on this publication. Please contact us at:

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## Appendix A – 2020 NYS ACO Core Measure Set

MEASURE (NQF#/Developer)	DESCRIPTION
<b>Breast Cancer Screening</b> (2372/HEDIS)	Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer.
<b>Cervical Cancer Screening</b> (0032/HEDIS)	Percentage of women 21–64 years of age who were screened for cervical cancer using either of the following criteria: - Women age 21–64 who had cervical cytology performed every 3 years. - Women age 30–64 who had cervical high-risk human papillomavirus (HPV) testing performed within the last 5 years. - Women age 30–64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years.
<b>Childhood Immunization Status – Combo 3</b> (0038/HEDIS)	Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DtaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); and four pneumococcal conjugate (PCV) vaccines by their second birthday. The measure calculates one combination rate.
<b>Chlamydia Screening for Women</b> (0033/HEDIS)	Percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year. Reported as three rates: 1. Patients of age 16 – 20 years 2. Patients of age 21 – 24 years 3. Total
<b>Colorectal Cancer Screening</b> (0034/HEDIS)	Percentage of members 50-75 years of age who had appropriate screening for colorectal cancer.
<b>Comprehensive Diabetes Care: HbA1c Testing</b> (0057/HEDIS)	Percentage of members 18–75 years of age with diabetes (type 1 and type 2) who received a Hemoglobin A1c (HbA1c) test during the measurement year.
<b>Comprehensive Diabetes Care: Eye Exam (Retinal) Performed</b> (0055/HEDIS)	Percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had an eye exam (retinal) performed.
<b>Comprehensive Diabetes Care: Nephropathy</b> (0062/HEDIS)	Percentage of members 18–75 years of age with diabetes (type 1 and type 2) who received a nephropathy screening or monitoring test or had evidence of nephropathy during the measurement year.

## Appendix B – Quality Measure Results for Commercial

Domain	Measure	Commercial Results		
		Denominator	Numerator	Result
Prevention	Breast Cancer Screening	1,329	1,033	78%
	Cervical Cancer Screening	2,111	1,469	70%
	Childhood Immunization Status Combo 3	59	50	85%
	Chlamydia Screening in Women (16-24 Years)	348	134	39%
	Colorectal Cancer Screening	2,696	1,675	62%
Chronic Disease	Comprehensive Diabetes Care Eye Exams	699	332	47%
	Comprehensive Diabetes Care HbA1c Testing	699	628	90%
	Comprehensive Diabetes Care Medical Attention for Nephropathy	699	551	79%

**Note:** Overall denominator and numerator results shown represents the eligible population in the ACO.

## Appendix C – Quality Measure Results for Medicaid

Domain	Measure	Medicaid Results		
		Denominator	Numerator	Result
Prevention	Breast Cancer Screening	443	285	64%
	Cervical Cancer Screening	2,177	1,220	56%
	Childhood Immunization Status Combo 3	207	152	73%
	Chlamydia Screening in Women (16-24 Years)	432	188	44%
	Colorectal Cancer Screening	974	437	45%
Chronic Disease	Comprehensive Diabetes Care Eye Exams	491	289	59%
	Comprehensive Diabetes Care HbA1c Testing	491	446	91%
	Comprehensive Diabetes Care Medical Attention for Nephropathy	491	421	86%

**Note:** Overall denominator and numerator results shown represents the eligible population in the ACO.

## Appendix D – Quality Measure Results for Medicare

Domain	Measure	Medicare Results		
		Denominator	Numerator	Result
Prevention	Breast Cancer Screening	411	293	71%
	Cervical Cancer Screening	--	--	--
	Childhood Immunization Status Combo 3	--	--	--
	Chlamydia Screening in Women (16-24 Years)	--	--	--
	Colorectal Cancer Screening	1,008	623	62%
Chronic Disease	Comprehensive Diabetes Care Eye Exams	383	266	69%
	Comprehensive Diabetes Care HbA1c Testing	--	--	--
	Comprehensive Diabetes Care Medical Attention for Nephropathy	--	--	--

**Legend**

-- Measure result not reported.

**Note:** Medicare fee-for-service results are not included in this table. Medicare Advantage results only. See: **Technical Notes.**