

2020 Annual Report

Adirondacks ACO

A Multi-Payer Report of Quality Performance Results



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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 Adirondacks' 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. Adirondacks ACO Profile

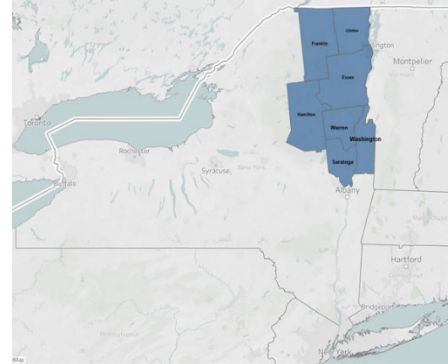
ACO Type: Hybrid



Provider-Led Practices



Community-Based Hospitals



Service Area: Counties in which Providers of the Adirondack ACO Offer Services

Table 1. Contracted Relationships with Managed Care Organizations (MCOs)

MCO	Commercial Contract	Medicaid Contract	Medicare Contract
CDPHP	X	X	X
Empire BlueCross BlueShield	X		
Excellus BlueCross BlueShield	X		
Fidelis Care New York, Inc.		X	
HealthNow New York Inc.	X		X
MVP Health Plan, Inc.	X	X	X
United HealthCare – Empire Plan	X		

ACO-Provided Care Coordination Highlights

Adirondacks ACO serves the northeast region of NYS. Members from Clinton, Essex, Franklin, Hamilton, Saratoga, Warren, and Washington counties have access to Hudson Headwaters Health Network, the largest Federally Qualified Community-based hospital in the region, and provider-led practice associations. The ACO has many aims, including preventing avoidable readmissions to hospitals and expanding care coordination resources for providers.

All participating provider organizations are required to have a plan that details their care coordination activities to include transitions of care, chronic disease management and emergency department diversion. These coordination efforts rely on electronic medical records connected through Hixny, a regional health information exchange organization based in eastern NYS.

Adirondacks ACO offers various health care services in the region, including dental care, neurology, and telehealth monitoring. The ACO also encourages mental health services and substance use disorder services to be administered within their primary care offices, or co-located within their practice to ensure patients receive the supports they need as seamlessly as possible. Future care coordination will continue to expand services as more partnerships with managed care organizations (MCOs) and Value Based Payment (VBP) contractors in the NE region are added.

Section 2. Adirondacks ACO Report

Table 2. Most Common Specialties for Providers in Adirondacks Network

Classification	Number of Providers
Family Practice	354
Internal Medicine	247
Emergency Medicine	108
Pediatric Medicine	94
Obstetrics/Gynecology	72
Other*	487
Total	1,362

Legend

* Other includes all other specialty types (including but not limited to Neuropsychiatry, Infectious Disease, and Dental).

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

Table 3. Members Qualifying for A Quality Measure Attributed to A Provider in an MCO That Had A Contract with Adirondacks ACO; Results Stratified by Product Line (MY 2019)

Health Plan	Commercial	Medicaid	Medicare*	Total
All Contracted MCOs	38,647	39,616	3,526	81,789

Legend

* Medicare Advantage 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**. Member attribution to a given product is not dependent on whether there is a defined contract, as noted in Table 1, between the ACO and the health plan's product line.

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Table 4. 2020 Quality Measure Results for Eligible Members in Adirondacks ACO, Stratified by Payer

Domain	Measure	Total			By Payer		
		Denominator	Numerator	Result	Commercial	Medicaid	Medicare*
Prevention	Breast Cancer Screening	9,891	7,904	80%	83%	64%	86%
	Cervical Cancer Screening	21,703	15,214	70%	78%	60%	--
	Childhood Immunization Status Combo 3	1,370	1,118	82%	81%	82%	--
	Chlamydia Screening in Women (16-24 Years)	4,347	2,772	64%	64%	63%	--
	Colorectal Cancer Screening	20,593	13,236	64%	67%	48%	74%
Chronic Disease	Comprehensive Diabetes Care Eye Exams	5,655	3,237	57%	52%	60%	77%
	Comprehensive Diabetes Care HbA1c Testing	5,082	4,425	87%	86%	88%	--
	Comprehensive Diabetes Care Medical Attention for Nephropathy	5,082	4,394	86%	86%	88%	--

Legend

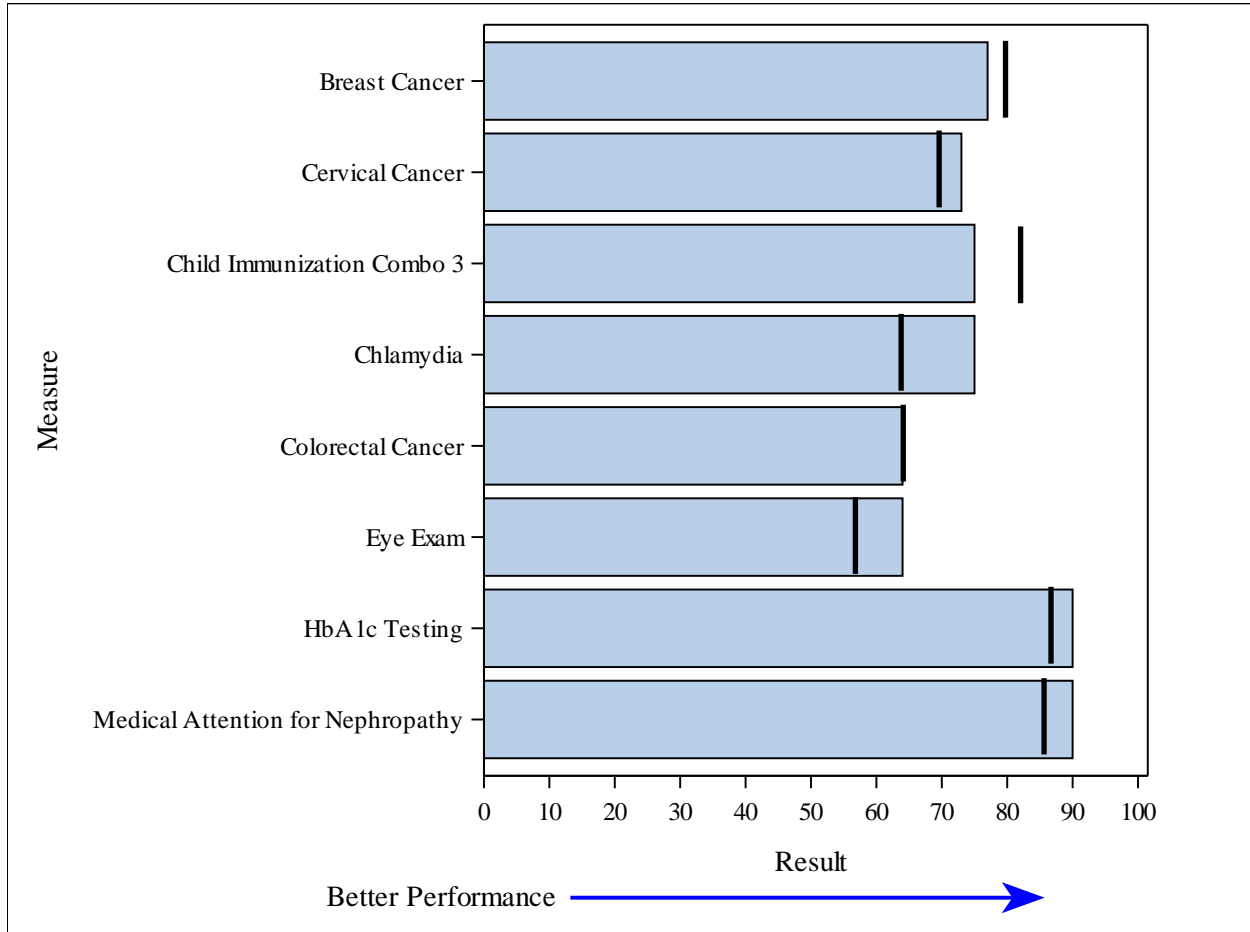
-- Measure result not reported.

* Medicare Advantage 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 Adirondacks Results Compared with the Statewide ACO Average



Legend:

- = Adirondacks ACO 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.

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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/

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

Center for Health Care Policy and Resource Development
Corning Tower, Room 1695
Empire State Plaza
Albany, New York 12237
Telephone: (518) 408-1833 Fax: (518) 474-0572
Email: acobl@health.ny.gov

Feedback

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

Office of Quality and Patient Safety
Corning Tower, Room 1938
Empire State Plaza, Albany, New York 12237
Telephone: (518) 486-9012 Fax: (518) 486-6098
E-mail: nysqarr@health.ny.gov

Appendix A – 2020 NYS ACO Core Measure Set

MEASURE (NQF#/Developer)	DESCRIPTION
Breast Cancer Screening (2372/HEDIS)	Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer.
Cervical Cancer Screening (0032/HEDIS)	Percentage of women 21–64 years of age who were screened for cervical cancer using either of the following criteria: <ul style="list-style-type: none"> - 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.
Childhood Immunization Status – Combo 3 (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.
Chlamydia Screening for Women (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: <ol style="list-style-type: none"> 1. Patients of age 16 – 20 years 2. Patients of age 21 – 24 years 3. Total
Colorectal Cancer Screening (0034/HEDIS)	Percentage of members 50-75 years of age who had appropriate screening for colorectal cancer.
Comprehensive Diabetes Care: HbA1c Testing (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.
Comprehensive Diabetes Care: Eye Exam (Retinal) Performed (0055/HEDIS)	Percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had an eye exam (retinal) performed.
Comprehensive Diabetes Care: Nephropathy (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

		Overall Commercial Results			Contracted Results			Non-Contracted results		
Domain	Measure	Denominator	Numerator	Result	Denominator	Numerator	Result	Denominator	Numerator	Result
Prevention	Breast Cancer Screening	7,289	6,013	82%	6,885	5,720	83%	404	293	73%
	Cervical Cancer Screening	12,897	9,965	77%	12,042	9,374	78%	855	591	69%
	Childhood Immunization Status Combo 3	431	345	80%	418	337	81%	SS	SS	62%
	Chlamydia Screening in Women (16-24 Years)	2,329	1,489	64%	2,190	1,407	64%	139	82	59%
	Colorectal Cancer Screening	15,393	10,219	66%	14,539	9,780	67%	854	439	51%
Chronic Disease	Comprehensive Diabetes Care Eye Exams	3,418	1,776	52%	3,214	1,680	52%	204	96	47%
	Comprehensive Diabetes Care HbA1c Testing	3,418	2,953	86%	3,214	2,778	86%	204	175	86%
	Comprehensive Diabetes Care Medical Attention for Nephropathy	3,418	2,928	86%	3,214	2,759	86%	204	169	83%

Legend

-- Measure result not reported; SS= Sample size less than 30;

Note: Overall denominator and numerator results shown represents the eligible population in the ACO. Quality measurement (QM) results for contracted MCOs were calculated from eligible population that was in an MCO that had a risk contract with the ACO. QM results for non-contracted MCOs were calculated from the eligible population that was in an MCO that did not have a risk contract with the ACO.

Appendix C—Quality Measure Results for Medicaid

Domain	Measure	Overall Medicaid Results			Contracted Results			Non-Contracted results		
		Denominator	Numerator	Result	Denominator	Numerator	Result	Denominator	Numerator	Result
Prevention	Breast Cancer Screening	1,926	1,227	64%	1,834	1,171	64%	92	56	61%
	Cervical Cancer Screening	10,035	6,038	60%	9,661	5,840	60%	374	198	53%
	Childhood Immunization Status Combo 3	993	801	81%	952	781	82%	41	20	49%
	Chlamydia Screening in Women (16-24 Years)	2,239	1,410	63%	2,157	1,365	63%	82	45	55%
	Colorectal Cancer Screening	4,228	2,018	48%	4,008	1,934	48%	220	84	38%
Chronic Disease	Comprehensive Diabetes Care Eye Exams	1,950	1,160	59%	1,868	1,118	60%	82	42	51%
	Comprehensive Diabetes Care HbA1c Testing	1,950	1,713	88%	1,868	1,647	88%	82	66	80%
	Comprehensive Diabetes Care Medical Attention for Nephropathy	1,950	1,706	87%	1,868	1,635	88%	82	71	87%

Legend

-- Measure result not reported.

Note: Overall denominator and numerator results shown represents the eligible population in the ACO. Quality measurement (QM) results for contracted MCOs were calculated from eligible population that was in an MCO that had a risk contract with the ACO. QM results for non-contracted MCOs were calculated from the eligible population that was in an MCO that did not have a risk contract with the ACO.

Appendix D—Quality Measure Results for Medicare

Domain	Measure	Overall Medicare Results			Contracted Results			Non-Contracted results		
		Denominator	Numerator	Result	Denominator	Numerator	Result	Denominator	Numerator	Result
Prevention	Breast Cancer Screening	2,778	2,284	82%	1,172	1,013	86%	1,606	1,271	79%
	Cervical Cancer Screening	--	--	--	--	--	--	--	--	--
	Childhood Immunization Status Combo 3	--	--	--	--	--	--	--	--	--
	Chlamydia Screening in Women (16-24 Years)	--	--	--	--	--	--	--	--	--
	Colorectal Cancer Screening	5,631	3,940	70%	2,046	1,522	74%	3,585	2,418	67%
Chronic Disease	Comprehensive Diabetes Care Eye Exams	1,730	1,280	74%	573	439	77%	1,157	841	73%
	Comprehensive Diabetes Care HbA1c Testing	--	--	--	--	--	--	--	--	--
	Comprehensive Diabetes Care Medical Attention for Nephropathy	--	--	--	--	--	--	--	--	--

Legend

-- Measure result not reported

Note: Overall denominator and numerator results shown represents the eligible population in the ACO. Quality measurement (QM) results for contracted MCOs were calculated from eligible population that was in an MCO that had a risk contract with the ACO. QM results for non-contracted MCOs were calculated from the eligible population that was in an MCO that did not have a risk contract with the ACO. Medicare fee-for-service results are not included in this table; Medicare Advantage results only. See: **Technical Notes**.