

# 2020-2021 Annual Report

## Bronx Accountable Healthcare Network IPA, LLC

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



# **Contents**

- Overview ..... 3**
- Section 1. Bronx Accountable Healthcare Network IPA, LLC Profile..... 4**
- Section 2. Bronx Accountable Healthcare Network IPA, LLC Report ..... 5**
  - 2.1 Distribution of Specialties for Providers in Bronx Accountable Healthcare Network IPA, LLC’s Network ..... 5
  - 2.2 Distribution of Members Attributed to a Provider with Bronx Accountable Healthcare Network IPA, LLC by Payer ..... 6
  - 2.3 Quality Measure Results of Members in Bronx Accountable Healthcare Network IPA, LLC ..... 7
- Section 3. Statewide Benchmark Comparisons ..... 8**
- Technical Notes ..... 9**
- Report Interpretation Limitations ..... 11**
- Appendix A – 2020-2021 NYS ACO Core Measure Set ..... 12**
- Appendix B – Quality Measure Results by Payer ..... 13**
  - B.1 Quality Measure Results of Bronx Accountable Healthcare Network IPA, LLC for Commercial Providers ..... 13
  - B.2 Quality Measure Results of Bronx Accountable Healthcare Network IPA, LLC for Medicaid Providers ..... 14
  - B.3 Quality Measure Results of Bronx Accountable Healthcare Network IPA, LLC for Medicare Providers ..... 15
- Appendix C – Web-Accessible Data Tables ..... 16**
  - C.1 Quality Measure Results of Members in Bronx Accountable Healthcare Network IPA, LLC – Data Table ..... 16
  - C.2 Quality Measure Results of Bronx Accountable Healthcare Network IPA, LLC for Commercial Providers – Data Table ..... 17
  - C.3 Quality Measure Results of Bronx Accountable Healthcare Network IPA, LLC for Medicaid Providers – Data Table ..... 18
  - C.4 Quality Measure Results of Bronx Accountable Healthcare Network IPA, LLC for Medicare Providers – Data Table ..... 19

## **Overview**

The New York State Accountable Care Organization Scorecard Report is a multi-payer view of performance results on a set of seven 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 Bronx Accountable Healthcare Network IPA, 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.

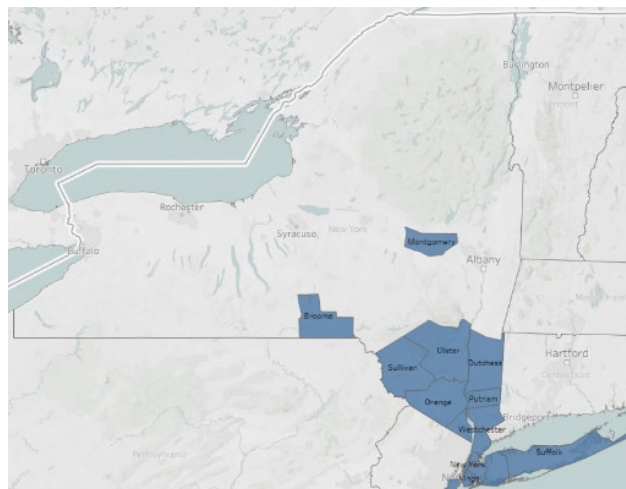
This report displays performance results based on data submitted by the ACO contracted managed care organizations (MCOs). Details on how data is collected can be found in the technical notes section of this report. This report does not contain Protected Health Information (PHI), and results are shared with each ACO prior to publication

## Section 1. Bronx Accountable Healthcare Network IPA, LLC Profile

**ACO Type: Academic/Teaching Hospital**



**Academic/Teaching Hospital**



**Service Area: Bronx Accountable Healthcare Network IPA, LLC's Providers by County**

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

MCO	Commercial Contract	Medicaid Contract	Medicare Contract
Aetna	X		X
Affinity Health Plan		X	
HIP (EmblemHealth)			
Empire BlueCross BlueShield	X	X	X
Fidelis Care New York, Inc.		X	
HealthPlus HP, LLC			
MVP Health Plan, Inc.		X	
Oscar Insurance Corporation	X		

### ACO Provided Care Coordination Highlights

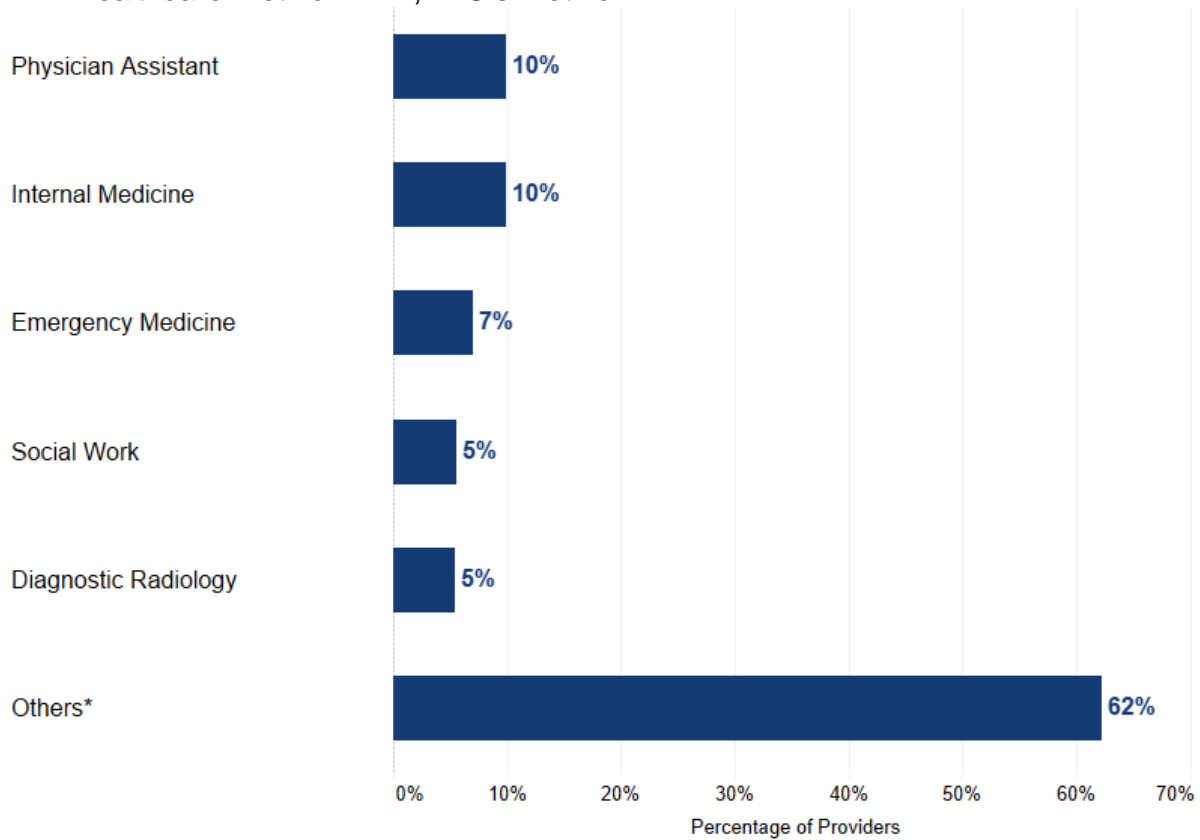
The Bronx Accountable Healthcare Network IPA (Montefiore) serves members in the Hudson Valley, New York City, and Long Island. Montefiore employs evidence-based care services throughout the continuum of care management including care transitions, complex case management, substance use disorder services, mental health services, and behavioral health care services. This includes a care management organization, as well as inpatient and ambulatory sites including Montefiore's Montefiore Medical Group (MMG) locations, which are all accredited as Level 3 Patient-Centered Medical Homes (PCMHs) based on the most recent NCQA standards. Clinicians are equipped with decision support tools, including a decision tree for referral escalation.

Substantial electronic health record operations have also been undertaken with the development of quality dashboards, enhanced communication and referral workflows and systematized assessment and interventions. Montefiore is working towards incorporating additional telemedicine interventions to include remote patient monitoring and enhanced SMS texting capabilities.

## Section 2. Bronx Accountable Healthcare Network IPA, LLC Report

### 2.1 Distribution of Specialties for Providers in Bronx Accountable Healthcare Network IPA, LLC's Network

**Figure 1.** Most Common Specialties for Providers in Bronx Accountable Healthcare Network IPA, LLC's Network

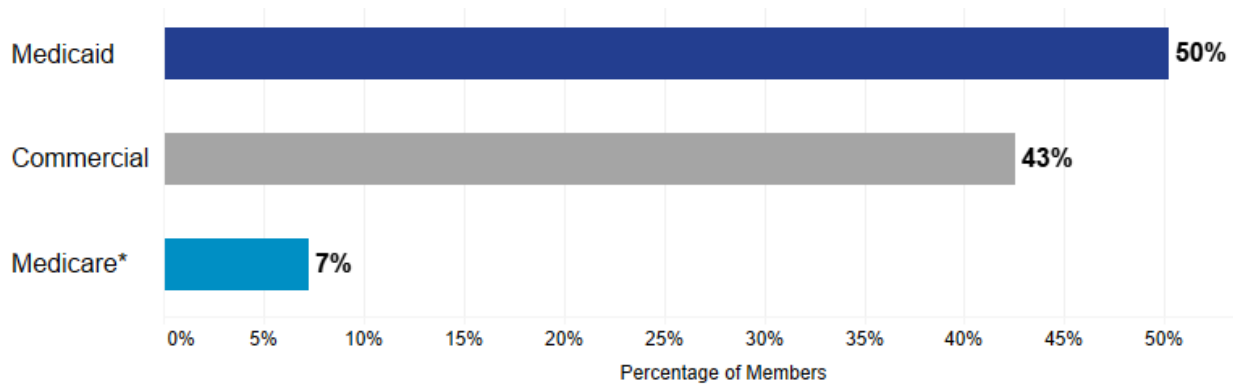


\* The Others category includes all other specialty types including but not limited to Psychiatry (5%), Family Medicine (5%), and Pediatrics (4%).

**Note:** Provider information was collected in 2020 for Measurement Year (MY) 2020. See: **Technical Notes.**

*2.2 Distribution of Members Attributed to a Provider with Bronx Accountable Healthcare Network IPA, LLC by Payer*

**Figure 2.** Members Qualifying for a Quality Measure Attributed to a Participating Provider with Bronx Accountable Healthcare Network IPA, LLC by Payer



\* 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 2020. Member attribution information was collected from January 1 – December 31, 2020, for the MY 2020.

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 payer.



**Bronx Accountable Healthcare Network IPA, LLC  
2020-2021 Annual Report**

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*2.3 Quality Measure Results of Members in Bronx Accountable Healthcare Network IPA, LLC*

**Table 2.** 2020-2021 Quality Measure Results for Eligible Members in Bronx Accountable Healthcare Network IPA, LLC by Payer

Domain	Measure	Overall Results			Payer Results		
		Denominator	Numerator	Percent	Commercial (%)	Medicaid (%)	Medicare* (%)
Prevention	Breast Cancer Screening	39,763	28,447	72	72	69	75
	Cervical Cancer Screening	99,500	72,004	72	80	65	--
	Childhood Immunization Status Combo 3	6,290	3,825	61	54	64	--
	Chlamydia Screening in Women (16-24 Years)	17,371	11,565	67	62	70	--
	Colorectal Cancer Screening	93,414	55,497	59	59	54	70
Chronic Disease	Comprehensive Diabetes Care Eye Exams	29,078	15,074	52	47	49	68
	Comprehensive Diabetes Care HbA1c Testing	23,434	19,525	83	83	83	--

-- Measure result not reported

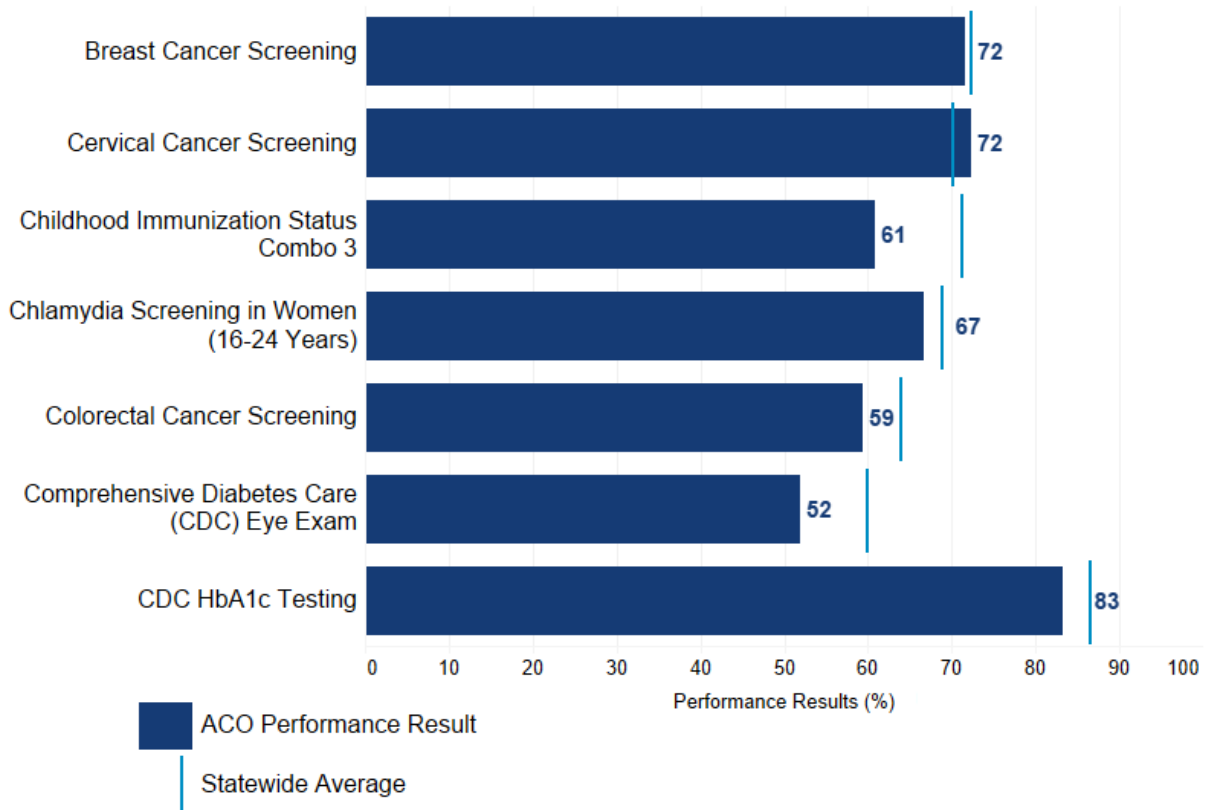
\* Medicare Advantage results only.

**Note:** Results are based on MY 2020. Diabetes denominators differ across measures because not all diabetes measures are calculated and reported for all payers. See Appendix A for full description of each of the measures included in this table. See Appendices B, C, and D for payer-specific denominator and numerator values.

For Data Table version, see [Appendix C](#).

### Section 3. Statewide Benchmark Comparisons

**Figure 3.** 2020-2021 Bronx Accountable Healthcare Network IPA, LLC Quality Measure Results Compared with the Statewide Average



**Note:** Results shown are averaged across all Payers (Commercial, Medicaid, Medicare). Results are based on MY 2020. This table includes results averaged across all products. For Medicare members, only Medicare Advantage results are included.



## **Technical Notes**

### **DEFINITIONS**

#### **Domain**

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

#### **Denominator, Numerator, Percent**

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 Percent represents the numerator divided by the denominator, multiplied by 100 unless otherwise noted.

#### **Measures**

Data included in this report were collected during calendar year 2021, from January 1, 2020 through December 31, 2020 for the 2020 Measurement Year (MY 2020) using the 2020 NYS ACO Core Measure Set.

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 MY 2020. 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 2020 health-plan submitted PCMH files.

## **Bronx Accountable Healthcare Network IPA, LLC 2020-2021 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 2020-2021 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 2020-2021 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:

Center for Health Care Policy and Resource Development  
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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 – 2020-2021 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); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and nine separate combination rates.
<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.

## Appendix B – Quality Measure Results by Payer

### B.1 Quality Measure Results of Bronx Accountable Healthcare Network IPA, LLC for Commercial Providers

**Table 3.** 2020-2021 Quality Measure Results for Eligible Members in Bronx Accountable Healthcare Network IPA, LLC for Commercial Providers

Domain	Measure	Overall Results			Contracted Results			Non-Contracted Results		
		Denominator	Numerator	Percent	Denominator	Numerator	Percent	Denominator	Numerator	Percent
<b>Prevention</b>	Breast Cancer Screening	36,505	26,455	72	23,084	16,633	72	13,421	9,822	73
	Cervical Cancer Screening	80,086	61,758	77	49,287	39,488	80	30,799	22,270	72
	Childhood Immunization Status Combo 3	2,706	1,477	55	2,266	1,230	54	440	247	56
	Chlamydia Screening in Women (16-24 Years)	11,437	7,209	63	7,682	4,771	62	3,755	2,438	65
	Colorectal Cancer Screening	83,052	47,690	57	54,894	32,369	59	28,158	15,321	54
<b>Chronic Disease</b>	Comprehensive Diabetes Care Eye Exams	21,673	10,004	46	12,890	6,051	47	8,783	3,953	45
	Comprehensive Diabetes Care HbA1c Testing	21,673	18,049	83	12,890	10,741	83	8,783	7,308	83

-- 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.

For Data Table version, see [Appendix C](#).

**Bronx Accountable Healthcare Network IPA, LLC  
2020-2021 Annual Report**

*B.2 Quality Measure Results of Bronx Accountable Healthcare Network IPA, LLC for Medicaid Providers*

**Table 4.** 2020-2021 Quality Measure Results for Eligible Members in Bronx Accountable Healthcare Network IPA, LLC for Medicaid Providers

Domain	Measure	Overall Results			Contracted Results			Non-Contracted Results		
		Denominator	Numerator	Percent	Denominator	Numerator	Percent	Denominator	Numerator	Percent
<b>Prevention</b>	Breast Cancer Screening	29,459	19,844	67	11,497	7,905	69	17,962	11,939	66
	Cervical Cancer Screening	125,312	82,107	66	50,213	32,516	65	75,099	49,591	66
	Childhood Immunization Status Combo 3	10,206	7,376	72	4,024	2,595	64	6,182	4,781	77
	Chlamydia Screening in Women (16-24 Years)	22,798	16,107	71	9,689	6,794	70	13,109	9,313	71
	Colorectal Cancer Screening	59,191	33,894	57	23,454	12,568	54	35,737	21,326	60
<b>Chronic Disease</b>	Comprehensive Diabetes Care Eye Exams	28,210	15,013	53	10,544	5,169	49	17,666	9,844	56
	Comprehensive Diabetes Care HbA1c Testing	28,210	23,400	83	10,544	8,784	83	17,666	14,616	83

-- 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.

For Data Table version, see [Appendix C](#).

**Bronx Accountable Healthcare Network IPA, LLC  
2020-2021 Annual Report**

*B.3 Quality Measure Results of Bronx Accountable Healthcare Network IPA, LLC for Medicare Providers*

**Table 5.** 2020-2021 Quality Measure Results for Eligible Members in Bronx Accountable Healthcare Network IPA, LLC for Medicare Providers

Domain	Measure	Overall Results			Contracted Results			Non-Contracted Results		
		Denominator	Numerator	Percent	Denominator	Numerator	Percent	Denominator	Numerator	Percent
<b>Prevention</b>	Breast Cancer Screening	26,460	20,490	77	5,182	3,909	75	21,278	16,581	78
	Cervical Cancer Screening	--	--	--	--	--	--	--	--	--
	Childhood Immunization Status Combo 3	--	--	--	--	--	--	--	--	--
	Chlamydia Screening in Women (16-24 Years)	--	--	--	--	--	--	--	--	--
	Colorectal Cancer Screening	58,446	42,721	73	15,066	10,560	70	43,380	32,161	74
<b>Chronic Disease</b>	Comprehensive Diabetes Care Eye Exams	27,300	19,949	73	5,644	3,854	68	21,656	16,095	74
	Comprehensive Diabetes Care HbA1c Testing	--	--	--	--	--	--	--	--	--

-- 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. Medicare fee-for-service results are not included in this table; Medicare Advantage results only.

For Data Table version, see [Appendix C](#).



## Appendix C – Web-Accessible Data Tables

### C.1 Quality Measure Results of Members in Bronx Accountable Healthcare Network IPA, LLC – Data Table

**Table 2.** 2020-2021 Quality Measure Results for Eligible Members in Bronx Accountable Healthcare Network IPA, LLC by Payer

Domain	Measure	Overall Results			Payer Results		
		Denominator	Numerator	Percent	Commercial (%)	Medicaid (%)	Medicare* (%)
Prevention	Breast Cancer Screening	39763	28447	72	72	69	75
	Cervical Cancer Screening	99500	72004	72	80	65	--
	Childhood Immunization Status Combo 3	6290	3825	61	54	64	--
	Chlamydia Screening in Women (16-24 Years)	17371	11565	67	62	70	--
	Colorectal Cancer Screening	93414	55497	59	59	54	70
Chronic Disease	Comprehensive Diabetes Care Eye (Retinal) Exams Performed	29078	15074	52	47	49	68
	Comprehensive Diabetes Care HbA1c Testing	23434	19525	83	83	83	--

-- Measure result not reported

\* Medicare Advantage results only.

**Note:** Results are based on MY 2020. Diabetes denominators differ across measures because not all diabetes measures are calculated and reported for all payers. See Appendix A for full description of each of the measures included in this table. See Appendices B, C, and D for payer-specific denominator and numerator values.

**Bronx Accountable Healthcare Network IPA, LLC**  
**2020-2021 Annual Report**

*C.2 Quality Measure Results of Bronx Accountable Healthcare Network IPA, LLC for Commercial Providers – Data Table*

**Table 3.** 2020-2021 Quality Measure Results for Eligible Members in Bronx Accountable Healthcare Network IPA, LLC for Commercial Providers

		Overall Commercial Results			Contracted Results			Non-Contracted results		
Domain	Measure	Denominator	Numerator	Percent	Denominator	Numerator	Percent	Denominator	Numerator	Percent
Prevention	Breast Cancer Screening	36505	26455	72	23084	16633	72	13421	9822	73
	Cervical Cancer Screening	80086	61758	77	49287	39488	80	30799	22270	72
	Childhood Immunization Status Combo 3	2706	1477	55	2266	1230	54	440	247	56
	Chlamydia Screening in Women (16-24 Years)	11437	7209	63	7682	4771	62	3755	2438	65
	Colorectal Cancer Screening	83052	47690	57	54894	32369	59	28158	15321	54
Chronic Disease	Comprehensive Diabetes Care Eye (Retinal) Exams Performed	21673	10004	46	12890	6051	47	8783	3953	45
	Comprehensive Diabetes Care HbA1c Testing	21673	18049	83	12890	10741	83	8783	7308	83

-- 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.

**Bronx Accountable Healthcare Network IPA, LLC**  
**2020-2021 Annual Report**

*C.3 Quality Measure Results of Bronx Accountable Healthcare Network IPA, LLC for Medicaid Providers*  
*– Data Table*

**Table 4.** 2020-2021 Quality Measure Results for Eligible Members in Bronx Accountable Healthcare Network IPA, LLC for Medicaid Providers

Domain	Measure	Overall Medicaid Results			Contracted Results			Non-Contracted results		
		Denominator	Numerator	Percent	Denominator	Numerator	Percent	Denominator	Numerator	Percent
Prevention	Breast Cancer Screening	29459	19844	67	11497	7905	69	17962	11939	66
	Cervical Cancer Screening	125312	82107	66	50213	32516	65	75099	49591	66
	Childhood Immunization Status Combo 3	10206	7376	72	4024	2595	64	6182	4781	77
	Chlamydia Screening in Women (16-24 Years)	22798	16107	71	9689	6794	70	13109	9313	71
	Colorectal Cancer Screening	59191	33894	57	23454	12568	54	35737	21326	60
Chronic Disease	Comprehensive Diabetes Care Eye (Retinal) Exams Performed	28210	15013	53	10544	5169	49	17666	9844	56
	Comprehensive Diabetes Care HbA1c Testing	28210	23400	83	10544	8784	83	17666	14616	83

-- 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.

**Bronx Accountable Healthcare Network IPA, LLC  
2020-2021 Annual Report**

*C.4 Quality Measure Results of Bronx Accountable Healthcare Network IPA, LLC for Medicare Providers  
– Data Table*

**Table 5.** 2020-2021 Quality Measure Results for Eligible Members in Bronx Accountable Healthcare Network IPA, LLC for Medicare Providers

Domain	Measure	Overall Medicare Results			Contracted Results			Non-Contracted results		
		Denominator	Numerator	Percent	Denominator	Numerator	Percent	Denominator	Numerator	Percent
Prevention	Breast Cancer Screening	26460	20490	77	5182	3909	75	21278	16581	78
	Cervical Cancer Screening	--	--	--	--	--	--	--	--	--
	Childhood Immunization Status Combo 3	--	--	--	--	--	--	--	--	--
	Chlamydia Screening in Women (16-24 Years)	--	--	--	--	--	--	--	--	--
	Colorectal Cancer Screening	58446	42721	73	15066	10560	70	43380	32161	74
Chronic Disease	Comprehensive Diabetes Care Eye (Retinal) Exams Performed	27300	19949	73	5644	3854	68	21656	16095	74
	Comprehensive Diabetes Care HbA1c Testing	--	--	--	--	--	--	--	--	--

-- 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. Medicare fee-for-service results are not included in this table; Medicare Advantage results only.