



Department
of Health

2020 Annual Report

Bronx Accountable Healthcare Network IPA, LLC

**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 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.

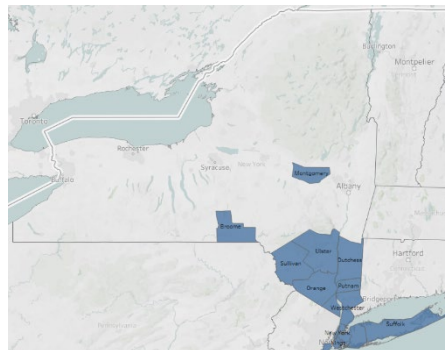
The ACO Scorecard Report is a multi-payer view of performance results on a set of eight quality measures. The report displays performance results based on data submitted by health plans. Details on how data is collected can be found in the technical notes section of this report. This report does not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

Section 1. Bronx Accountable Healthcare Network IPA, LLC Profile

ACO Type: Academic/Teaching Hospital



Academic/Teaching Hospital



Service Area: Counties in which Providers of Bronx Accountable Healthcare Network IPA, LLC Offer Services

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, LLC d/b/a Montefiore ACO 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

Table 2. Most Common Specialties for Providers in Bronx Accountable Healthcare Network IPA, LLC's Network

Classification	Number of Providers
Internal Medicine	887
Physician Assistant	869
Emergency Medicine	611
Social Work	497
Psychiatry	455
Other*	5,541
Total	8,860

Legend

* Other includes all other specialty types including but not limited to Neurology, Behavioral Health, and Addiction Medicine.

Note: Provider information was collected in 2020 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 Bronx Accountable Healthcare Network IPA, LLC; Results Stratified by Health Plan and Product

Health Plan	Commercial	Medicaid	Medicare*	Total
All Contracted MCOs	129,276	209,264	24,491	363,031

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 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 Bronx Accountable Healthcare Network IPA, LLC, Stratified by Payer

Domain	Measure	Total			By Payer		
		Denominator	Numerator	Result	Commercial	Medicaid	Medicare*
Prevention	Breast Cancer Screening	38,589	28,704	74%	75%	71%	79%
	Cervical Cancer Screening	96,613	71,989	75%	81%	68%	--
	Childhood Immunization Status Combo 3	6,555	4,106	63%	54%	66%	--
	Chlamydia Screening in Women (16-24 Years)	19,064	13,800	72%	68%	76%	--
	Colorectal Cancer Screening	84,628	51,372	61%	60%	57%	70%
Chronic Disease	Comprehensive Diabetes Care Eye Exams	27,884	16,159	58%	51%	58%	74%
	Comprehensive Diabetes Care HbA1c Testing	22,901	20,152	88%	86%	90%	--
	Comprehensive Diabetes Care Medical Attention for Nephropathy	22,901	20,259	88%	86%	91%	--

Legend

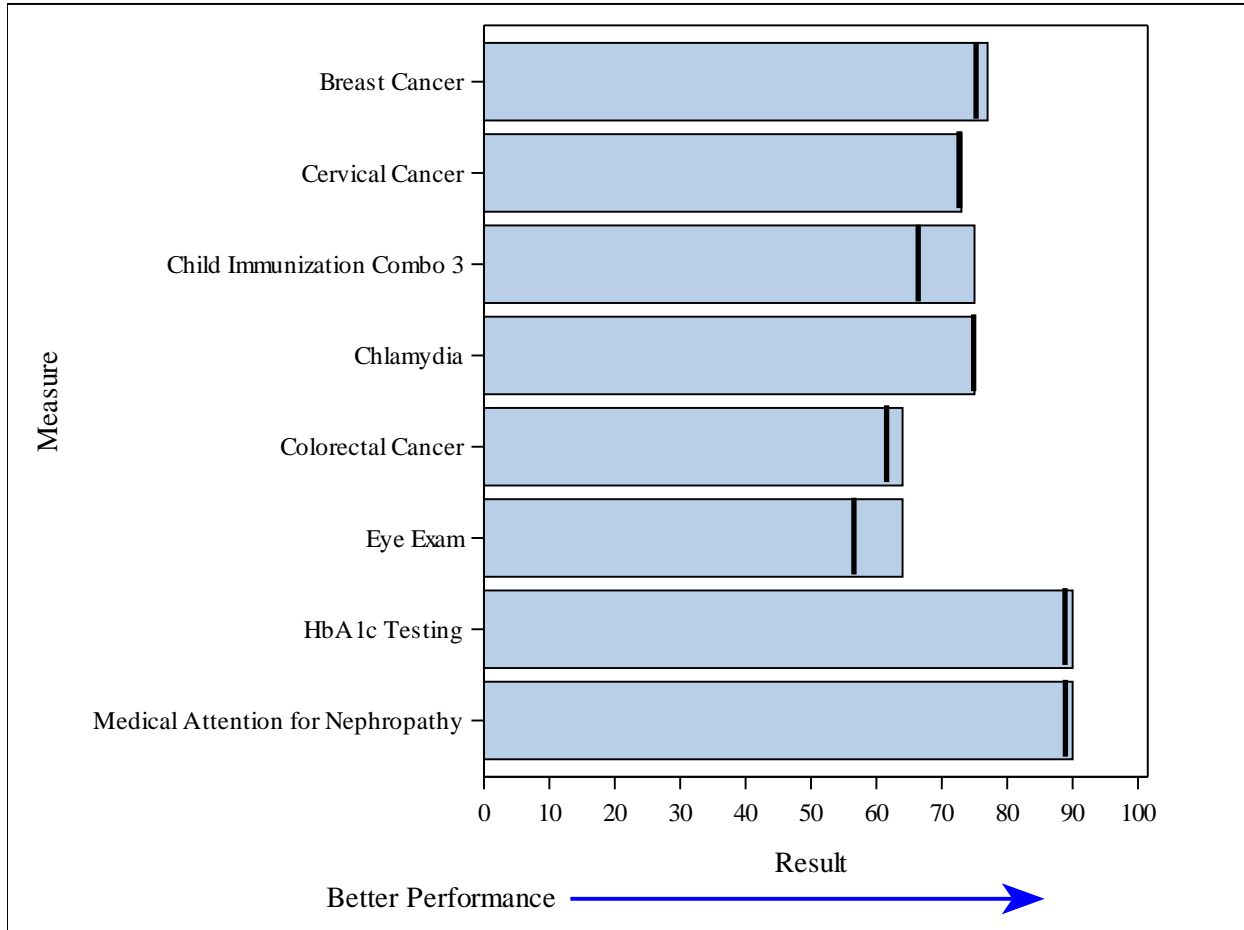
-- Measure result not reported.

* 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 Bronx Accountable Healthcare Network IPA, LLC's Results Compared with the Statewide ACO Average



Legend

- = Bronx Accountable Healthcare Network IPA, LLC Rate
- = Statewide Average

Note: Results shown are averaged across all product lines (Commercial, Medicaid, Medicare). Results are based on MY 2019. See: **Technical Notes**. 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.

Numerator, Denominator, 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:

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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

Domain	Measure	Overall Commercial Results			Contracted Results			Non-Contracted results		
		Denominator	Numerator	Result	Denominator	Numerator	Result	Denominator	Numerator	Result
Prevention	Breast Cancer Screening	40,824	30,900	76%	22,556	16,931	75%	18,268	13,969	76%
	Cervical Cancer Screening	82,035	64,377	78%	46,967	38,058	81%	35,068	26,319	75%
	Childhood Immunization Status Combo 3	2,385	1,297	54%	1,814	978	54%	571	319	56%
	Chlamydia Screening in Women (16-24 Years)	14,088	9,740	69%	7,980	5,392	68%	6,108	4,348	71%
	Colorectal Cancer Screening	87,891	52,463	60%	51,205	30,835	60%	36,686	21,628	59%
Chronic Disease	Comprehensive Diabetes Care Eye Exams	23,192	12,186	53%	12,525	6,438	51%	10,667	5,748	54%
	Comprehensive Diabetes Care HbA1c Testing	23,192	20,120	87%	12,525	10,779	86%	10,667	9,341	88%
	Comprehensive Diabetes Care Medical Attention for Nephropathy	23,192	20,189	87%	12,525	10,817	86%	10,667	9,372	88%

Note: Overall denominator and numerator results shown represents the eligible population in the ACO. 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 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	35,641	26,107	73%	11,534	8,233	71%	24,107	17,874	74%
	Cervical Cancer Screening	144,212	99,781	69%	49,646	33,931	68%	94,566	65,850	70%
	Childhood Immunization Status Combo 3	15,123	11,460	76%	4,741	3,128	66%	10,382	8,332	80%
	Chlamydia Screening in Women (16-24 Years)	31,918	24,827	78%	11,084	8,408	76%	20,834	16,419	79%
	Colorectal Cancer Screening	70,582	41,797	59%	22,990	13,203	57%	47,592	28,594	60%
Chronic Disease	Comprehensive Diabetes Care Eye Exams	35,547	22,500	63%	10,376	6,033	58%	25,171	16,467	65%
	Comprehensive Diabetes Care HbA1c Testing	35,547	32,411	91%	10,376	9,373	90%	25,171	23,038	92%
	Comprehensive Diabetes Care Medical Attention for Nephropathy	35,547	32,461	91%	10,376	9,442	91%	25,171	23,019	91%

Note: Overall denominator and numerator results shown represents the eligible population in the ACO. 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 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	24,720	20,232	82%	4,499	3,540	79%	20,221	16,692	83%
	Cervical Cancer Screening	--	--	--	--	--	--	--	--	--
	Childhood Immunization Status Combo 3	--	--	--	--	--	--	--	--	--
	Chlamydia Screening in Women (16-24 Years)	--	--	--	--	--	--	--	--	--
	Colorectal Cancer Screening	31,298	21,951	70%	10,433	7,334	70%	20,865	14,617	70%
Chronic Disease	Comprehensive Diabetes Care Eye Exams	14,557	10,847	75%	4,983	3,688	74%	9,574	7,159	75%
	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. 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 eligible population that was in an MCO that did not have a risk contract with the ACO. Also, Medicare fee-for-service results are not included in this table. Medicare Advantage results only. See: **Technical Notes**.