NEW YORK STATE | Department of Health

2020 Annual Report

CAIPA Care, LLC

A Multi-Payer Report of Quality Performance Results

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Contents

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 CAIPA Care 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 or 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. CAIPA Care, LLC Profile

ACO Type: Provider-Led

Provider-Led Practices

Service Area: Counties in which Providers of CAIPA Care, LLC Offer Services

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

MCO	Commercial Contract	Medicaid Contract	Medicare Contract
Empire BlueCross BlueShield		X	
UnitedHealthcare		X	

ACO Provided Care Coordination Highlights

CAIPA Care, LLC serves Asian-American communities of New York City through its network of physicians and other licensed health care professionals. All providers and staff are culturally and linguistically capable of communicating with their patient population. The ACO focuses on delivering care in a Patient-Centered Medical Home model where primary care providers (PCP) work closely with patients to provide patient-centered access to team-based care, care management, and care coordination. The care manager and the interdisciplinary team builds patient relationship and engagement through frequent communication, education, coaching, as well as working with patients and caregivers to assess needs, preferences, values, priorities, social determinants of health, and monitor outcomes.

As part of care coordination, the ACO identifies high-risk patients with evidence-based risk stratification criteria through PCP referrals; health plan claims data; and hospital and ED admission, discharge, and transfer notifications from major local hospitals. The PCP, patients, and caregivers work together to incorporate the patients' needs and goals into the care plan. Patients and caregivers also have access to a call center for questions and assistance. Home visits, as well as referrals and coordination with community-based services are made available as necessary. Electronic health records and Cureatr, a secure HIPAA-compliant platform, are used to share clinical documents and communications electronically to facilitate care coordination.

Section 2. CAIPA Care, LLC Report

Table 2. Most Common Specialties for Providers in CAIPA Care, LLC's Network

Classification	Number of Providers
Internal Medicine	232
General Dentistry	116
Acupuncture	115
Pediatrics	78
Radiology	75
Other*	602
Total	**1,218**

Legend
* "Other" category includes all other specialty types including but not limited to Neurology, Infectious Disease, and Psychiatry.
Note: Provider information was collected for MY 2019. See: **Technical Notes**

Table 3. Members Qualifying for a Quality Measure Attributed to a Provider in an MCO contracted with CAIPA Care, LLC; Results Stratified by Health Plan and Product

Health Plan	Commercial	Medicaid	Medicare*	Total
All Contracted MCOs	0	16,149	0	16,149

Legend
* Medicare Advantage results only. See: **Technical Notes**.
Note: This table represents a defined subset of members in CAIPA Care, LLC'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 to product line was determined in March 2021 based on 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.

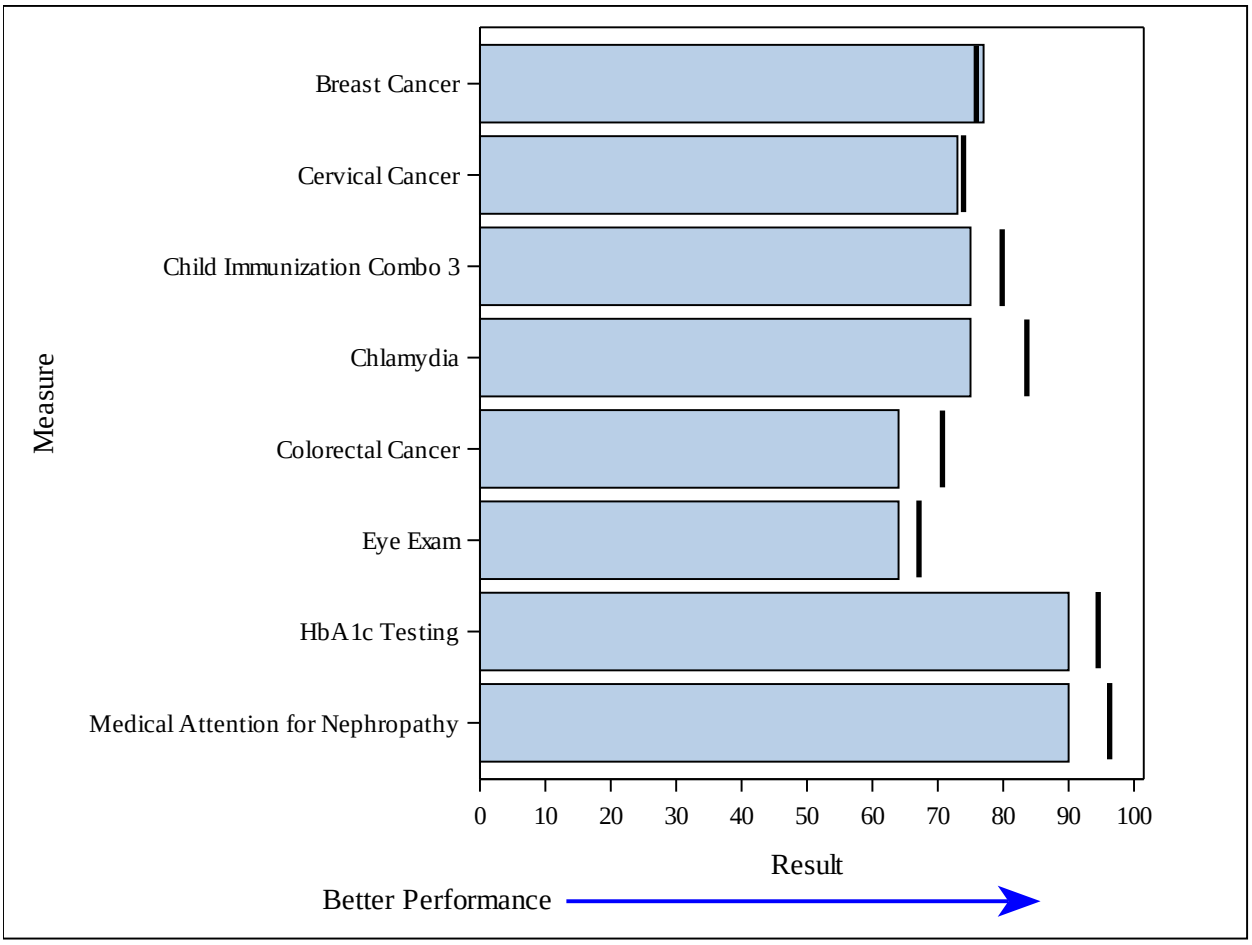
Table 4. 2020 Quality Measure Results for Eligible Members in CAIPA Care, LLC, Stratified by Payer

		Total			By Payer		
Domain	**Measure**	**Denominator**	**Numerator**	**Result**	**Commercial**	**Medicaid**	**Medicare***
Prevention	Breast Cancer Screening	2,310	1,750	76%	--	76%	--
	Cervical Cancer Screening	5,493	4,078	74%	--	74%	--
	Childhood Immunization Status Combo 3	247	195	79%	--	79%	--
	Chlamydia Screening in Women (16-24 Years)	608	506	83%	--	83%	--
	Colorectal Cancer Screening	4,624	3,273	71%	--	71%	--
Chronic Disease	Comprehensive Diabetes Care Eye Exams	1,277	853	67%	--	67%	--
	Comprehensive Diabetes Care: HbA1c Testing	1,277	1,205	94%	--	94%	--
	Comprehensive Diabetes Care: Medical Attention for Nephropathy	1,277	1,223	96%	--	96%	--

Legend
-- Measure result not reported.
* Medicare Advantage results only. See: **Technical Notes**.
Note: Results are based on MY 2019. See: **Technical Notes** See Appendices B, C, and D for payer-specific denominator and numerator values.

Section 3. Statewide Benchmark Comparisons

Figure 1. 2019 CAIPA Care, LLC Results Compared with the Statewide ACO Average



Legend

= CAIPA Care, 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.

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: - 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: 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	9,475	7,122	75%	N/A	N/A	N/A	9,475	7,122	75%
	Cervical Cancer Screening	17,810	13,952	78%	N/A	N/A	N/A	17,810	13,952	78%
	Childhood Immunization Status Combo 3	237	138	58%	N/A	N/A	N/A	237	138	58%
	Chlamydia Screening in Women (16-24 Years)	2,165	1,749	81%	N/A	N/A	N/A	2,165	1,749	81%
	Colorectal Cancer Screening	16,691	10,878	65%	N/A	N/A	N/A	16,691	10,878	65%
Chronic Disease	Comprehensive Diabetes Care Eye Exams	4,501	2,480	55%	N/A	N/A	N/A	4,501	2,480	55%
	Comprehensive Diabetes Care HbA1c Testing	4,501	4,118	91%	N/A	N/A	N/A	4,501	4,118	91%
	Comprehensive Diabetes Care Medical Attention for Nephropathy	4,501	4,195	93%	N/A	N/A	N/A	4,501	4,195	93%

Legend
N/A= Not applicable
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

		Overall Medicaid Results			Contracted Results			Non-Contracted results		
Domain	**Measure**	**Denominator**	**Numerator**	**Result**	**Denominator**	**Numerator**	**Result**	**Denominator**	**Numerator**	**Result**
Prevention	Breast Cancer Screening	20,792	16,302	78%	2,310	1,750	76%	18,482	14,552	79%
	Cervical Cancer Screening	62,046	47,647	77%	5,493	4,078	74%	56,553	43,569	77%
	Childhood Immunization Status Combo 3	3,675	2,999	82%	247	195	79%	3,428	2,804	82%
	Chlamydia Screening in Women (16-24 Years)	7,683	6,737	88%	608	506	83%	7,075	6,231	88%
	Colorectal Cancer Screening	39,167	28,396	72%	4,624	3,273	71%	34,543	25,123	73%
Chronic Disease	Comprehensive Diabetes Care Eye Exams	12,157	8,398	69%	1,277	853	67%	10,880	7,545	69%
	Comprehensive Diabetes Care HbA1c Testing	12,157	11,516	95%	1,277	1,205	94%	10,880	10,311	95%
	Comprehensive Diabetes Care Medical Attention for Nephropathy	12,157	11,677	96%	1,277	1,223	96%	10,880	10,454	96%

Legend
N/A= Not applicable
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

		Overall Medicare Results			Contracted Results			Non-Contracted results		
Domain	**Measure**	**Denominator**	**Numerator**	**Result**	**Denominator**	**Numerator**	**Result**	**Denominator**	**Numerator**	**Result**
Prevention	Breast Cancer Screening	8,856	6,857	77%	N/A	N/A	N/A	8,856	6,857	77%
	Cervical Cancer Screening	--	--	--	N/A	N/A	N/A	--	--	--
	Childhood Immunization Status Combo 3	--	--	--	N/A	N/A	N/A	--	--	--
	Chlamydia Screening in Women (16-24 Years)	--	--	--	N/A	N/A	N/A	--	--	--
	Colorectal Cancer Screening	17,606	13,987	79%	N/A	N/A	N/A	17,606	13,987	79%
Chronic Disease	Comprehensive Diabetes Care Eye Exams	7,543	6,459	86%	N/A	N/A	N/A	7,543	6,459	86%
	Comprehensive Diabetes Care HbA1c Testing	--	--	--	N/A	N/A	N/A	--	--	--
	Comprehensive Diabetes Care Medical Attention for Nephropathy	--	--	--	N/A	N/A	N/A	--	--	--

Legend
-- Measure Not reported
N/A= Not applicable
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.**