



Department
of Health

2019 Annual Report

HHC ACO, Inc.

A Multi-Payer Report of Quality Performance Results



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Overview

The New York State Accountable Care Organization (ACO) Quality Report is a multi-payer view of performance results on a set of eight quality measures for 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 ACOs. 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 Report

The ACO profile presented in the following pages is intended to provide consumers with a better understanding of HHC ACO, Inc.'s structure as an all payer ACO. The profile includes the following information:

- Type of ACO (e.g., Hospital or Provider led),
- Number of participating providers and suppliers contracted by the ACO,
- Region of services provided,
- Number of patients attributed to the ACO,
- Quality of services provided, and
- The ACO's progress in the implementation of evidence-based care services, telemedicine, use of electronic medical records (EMR), 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 issued by NYSDOH to the ACO, and other public data.

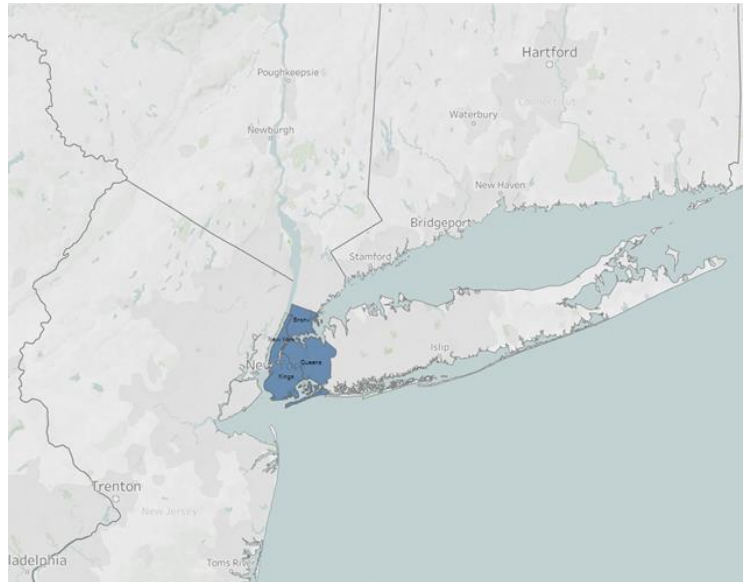
The report displays performance results based on data submitted by managed care organizations. Details on how data is collected can be found in the Technical Notes section of this report. This report does not contain Protected Health Information (PHI) and is shared with each ACO providing the information,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

Section 1. HHC ACO, Inc. Profile

ACO Type: Academic/Teaching Hospitals



**Academic/Teaching
Hospitals**



**Service Area: HHC ACO, Inc. Providers by
County**

ACO Provided Care Coordination Highlights

HHC ACO, Inc.

- Each clinical primary care site has an ACO Clinical Lead that is expected to improve care coordination, close care gaps, and address barriers to care for patients.
- ACO has implemented Epic EHR throughout their entire network of acute care hospitals and FQHCs
- ACO has implemented a patient portal, “My Chart”, which allows patients to access test results, schedule, and change appointments, and communicate directly with their providers
- ACO has partnered with NYC H+H’s community care division, which houses a Certified Home Health Agency (CHHA) and telephonic care management nursing (TCN) program to improve care for patients in the community

Section 2. HHC ACO, Inc. Report

Table 1. Most Common Specialties for Providers in HHC ACO, Inc. Network

Classification	Number of Providers
Internal Medicine	914
Pediatric Medicine	443
Diagnostic Radiology	383
Obstetrics/Gynecology	357
Psychiatry	347
Other*	2,593
Grand Total	5,037

Legend

*The “Other” includes all other specialty types including but not limited to Social work, Medical Oncology, and Addiction services.

Note: Provider information was collected in November 2019 for the January 1 – December 31, 2018, measurement year.

Table 2. Members Qualifying for a Quality Measure Attributed to a Provider in HHC ACO, Inc.; Results Stratified by Health Plan and Product

Health Plan	Commercial	Medicaid	Medicare*	Total
All MCOs	71,695	285,800	15,082	372,577

Legend

* Medicare Advantage results only. See: **Technical Notes**.

Note: This table represents a defined subset of members in HHC ACO, Inc.’s network. Inclusion criteria was limited to members who met denominator criteria for one or more health care quality measures during the 2018 measurement year. Member attribution to product line was determined in November 2019 based on measurement year 2018.

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Table 3. 2019 Quality Measure Results for Eligible Members in HHC ACO, Inc., Stratified by Payer

Domain	Measure	ACO Overall			ACO Rates by Payer		
		Denominator	Numerator	Result	Commercial	Medicaid	Medicare*
Prevention	Breast Cancer Screening	22,465	18,054	80%	82%	79%	83%
	Cervical Cancer Screening	52,268	34,482	66%	67%	66%	--
	Childhood Immunization Status Combo 3	5,778	4,781	83%	57%	83%	--
	Chlamydia Screening in Women (16-24 Years)	12,544	9,569	76%	73%	77%	--
	Colorectal Cancer Screening	46,134	29,677	64%	67%	61%	72%
Chronic Disease	Comprehensive Diabetes Care Eye (Retinal) Exams Performed	25,932	16,830	65%	67%	62%	71%
	Comprehensive Diabetes Care HbA1c Testing	22,453	20,664	92%	93%	92%	--
	Comprehensive Diabetes Care Medical Attention for Nephropathy	22,453	19,967	89%	90%	88%	--

Legend

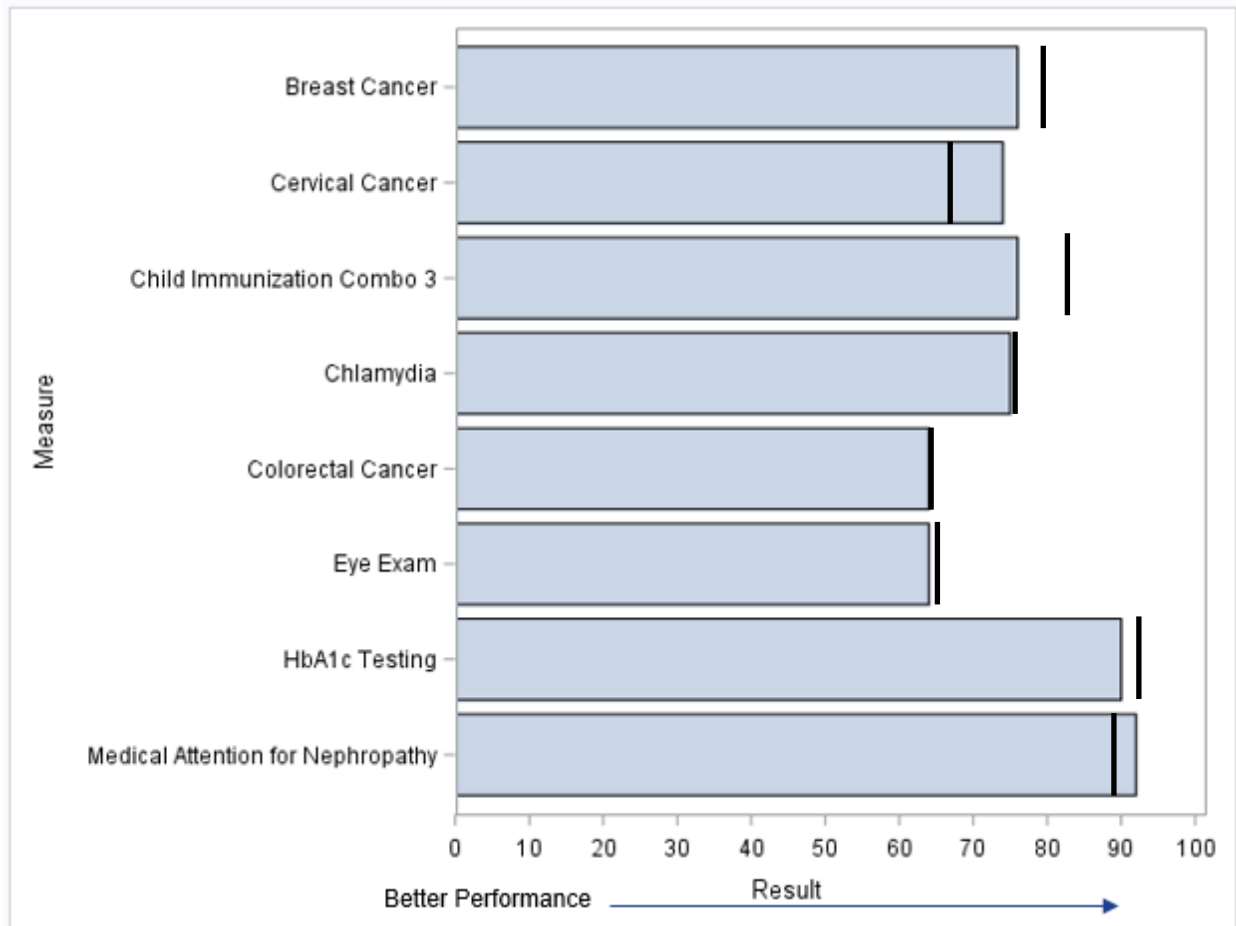
-- Measure result not reported.



* Medicare Advantage results only. See: **Technical Notes**.

Note: Results are based on measurement year 2018. Diabetes denominators differ across measures because not all diabetes measures are calculated and reported for all payers.

Section 3. Statewide Benchmark Comparisons

Figure 1. 2019 HHC ACO, Inc. Results Compared with the Statewide ACO Average



 = HHC ACO, Inc. Rate
 = Statewide Average

Note: Results shown are averaged across all product lines (Commercial, Medicaid, Medicare). Results are based on measurement year 2018. 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, Result

For each measure, the denominator represents the total number of members eligible for specific health care services, and the numerator represents the number of members who received those services. The result is the proportion of members who received recommended health services, out of all eligible members, during the measurement period. Specifically, this is calculated by dividing the numerator by the denominator, multiplying by 100 unless otherwise noted.

Measures

Data included in this report were collected during calendar year 2019, according to the 2019 NYS ACO Core Measurement Set, based on services rendered during the 2018 measurement year.

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 HHC ACO, Inc.'s network.

Methods

In November 2019, the NYSDOH requested patient-level provider attribution data from 25 health plans operating in New York State. The data submission was voluntary; twenty-three health plans submitted the requested data.

The requested datasets included the following information:

- Members who met denominator criteria for at least one ACO core set measure during the 2018 measurement period
- Denominator and numerator compliance
- National Provider Identifier (NPI) of the physician to whom the member was attributed
- Provider practice Tax Identification Number (TIN) of the provider to whom the member is attributed.
- Additional practice identifiers of the provider

Patient-level data was aggregated across health plans using Practice TIN and ACO TIN to produce ACO-level results on the selected quality measures.

Benchmarks allow ACOs to compare their results to the overall statewide ACO average and to a payer that may better reflect HHC ACO, Inc.'s member population. Benchmarks were calculated using the members included in the full data file submitted to NYSDOH, the statewide result for each measure, as well as statewide results by product.

Member Attribution

Each health plan employed its own member attribution methodology to link members to practices.

Measure Selection

A parsimonious set of primary care relevant measures were selected for the 2019 NYS ACO Core Measure Set to examine the quality of care for the population attributed to ACO organizations for quality improvement and monitoring. This measure set may be expanded over time. See Appendix A for more detailed descriptions of each of the measures.

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 product (Commercial, Medicaid, Medicare).

Medicare Results

Medicare results shown in this report reflect quality measurement applicable to the Medicare Advantage program and do not represent the Medicare Shared Savings Program (MSSP). This report includes 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 (Parts A & B) under ACOs contracts with CMS for the Next Generation ACO program or the Medicare Shared Savings 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 Sources

Member Data

Member-level detail information was collected from the NYS Patient-Centered Medical Home (PCMH) HEDIS 2019 Member-Level Files submitted by managed care organizations in NYS during 2018, based on measurement year 2018.

Participating Providers

Each ACO provided NYSDOH a list of participating providers and practices. NYSDOH joined the list of ACO-provided practice TINs to the health plan-provided practice TINs from the PCMH HEDIS file to stratify quality results by ACO.

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, and 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 – 2019 NYS ACO Core Measure Set

MEASURE (NQF#/Developer)	DESCRIPTION
Breast Cancer Screening (2372/HEDIS)	The percentage of women, ages 50 to 74 years, who had a mammogram to screen for breast cancer.
Cervical Cancer Screening (0032/HEDIS)	The percentage of women, ages 21 to 64 years, who were screened for cervical cancer using either of the following criteria: - Women between ages 21 to 64 who had cervical cytology performed every 3 years. - Women between ages 30 to 64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years.
Childhood Immunization Status – Combo 3 (0038/HEDIS)	The percentage of children, age 2 years, 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)	The percentage of women, ages 16 to 24 years, 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 between ages 16 to 20 years 2. Patients between ages 21 to 24 years 3. Total
Colorectal Cancer Screening (0034/HEDIS)	The percentage of adults, ages 50 to 75 years, who had appropriate screening for colorectal cancer.
Comprehensive Diabetes Care: HbA1c Testing (0057/HEDIS)	The percentage of members, ages 18 to 75 years, 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)	The percentage of members, ages 18 to 75 years, with diabetes (type 1 and type 2) who had an eye exam (retinal) performed.
Comprehensive Diabetes Care: Nephropathy (0062/HEDIS)	The percentage of members, ages 18 to 75 years, 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

		Commercial Results		
Domain	Measure	Denominator	Numerator	Result
Prevention	Breast Cancer Screening	7,528	6,195	82%
	Cervical Cancer Screening	7,359	4,939	67%
	Childhood Immunization Status Combo 3	153	87	57%
	Chlamydia Screening in Women (16-24 Years)	1,511	1,110	73%
	Colorectal Cancer Screening	15,905	10,651	67%
Chronic Disease	Comprehensive Diabetes Care Eye (Retinal) Exams Performed	9,088	6,098	67%
	Comprehensive Diabetes Care HbA1c Testing	9,088	8,431	93%
	Comprehensive Diabetes Care Medical Attention for Nephropathy	9,088	8,191	90%

Appendix C – Quality Measure Results for Medicaid

		Medicaid Results		
Domain	Measure	Denominator	Numerator	Result
Prevention	Breast Cancer Screening	11,977	9,417	79%
	Cervical Cancer Screening	44,909	29,543	66%
	Childhood Immunization Status Combo 3	5,625	4,694	83%
	Chlamydia Screening in Women (16-24 Years)	11,033	8,459	77%
	Colorectal Cancer Screening	24,290	14,779	61%
Chronic Disease	Comprehensive Diabetes Care Eye (Retinal) Exams Performed	13,365	8,275	62%
	Comprehensive Diabetes Care HbA1c Testing	13,365	12,233	92%
	Comprehensive Diabetes Care Medical Attention for Nephropathy	13,365	11,776	88%

Appendix D – Quality Measure Results for Medicare

		Medicare Results		
Domain	Measure	Denominator	Numerator	Result
Prevention	Breast Cancer Screening	2,960	2,442	83%
	Cervical Cancer Screening	--	--	--
	Childhood Immunization Status Combo 3	--	--	--
	Chlamydia Screening in Women (16-24 Years)	--	--	--
	Colorectal Cancer Screening	5,939	4,247	72%
Chronic Disease	Comprehensive Diabetes Care Eye (Retinal) Exams Performed	3,479	2,457	71%
	Comprehensive Diabetes Care HbA1c Testing	--	--	--
	Comprehensive Diabetes Care Medical Attention for Nephropathy	--	--	--

Legend

-- Measure result not reported

Note: The results include Medicare Advantage members only (See: **Technical Notes**).