

2020-2021 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 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 HHC ACO, Inc.'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.

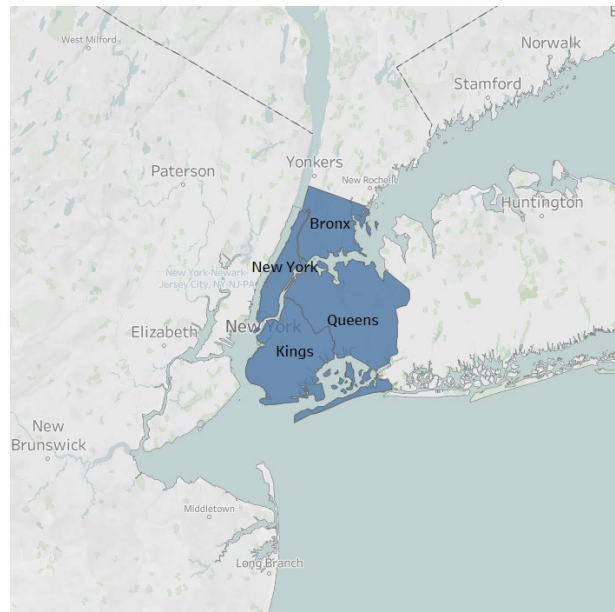
This report displays performance results based on data submitted by the ACO contracted managed care organizations (MCOs). Details on how data is collected can be found in the technical notes section of this report. This report does not contain Protected Health Information (PHI), and results are shared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

Section 1. HHC ACO, Inc. Profile

ACO Type: Academic/Teaching



**Academic/Teaching
Hospitals**



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

ACO Provided Care Coordination Highlights

HHC ACO is a not-for-profit subsidiary of New York City Health + Hospitals (NYC H+H), New York City's safety-net healthcare system. The ACO network includes all of NYC H+H's 11 acute care academic hospitals, 6 Federally Qualified Health Centers (FQHCs), 70 community health centers, and 5 Post Acute care facilities; Community Healthcare Network's 14 FQHCs and a physician group. The ACO has been participating in the Medicare Shared Savings Program (MSSP) since 2013, earning shared savings all seven years, and have been accountable for 10,000-12,000 lives annually throughout those years. Approximately 70% of all patients have either End Stage Renal Disease, are disabled, or are dual eligible for Medicare and Medicaid.

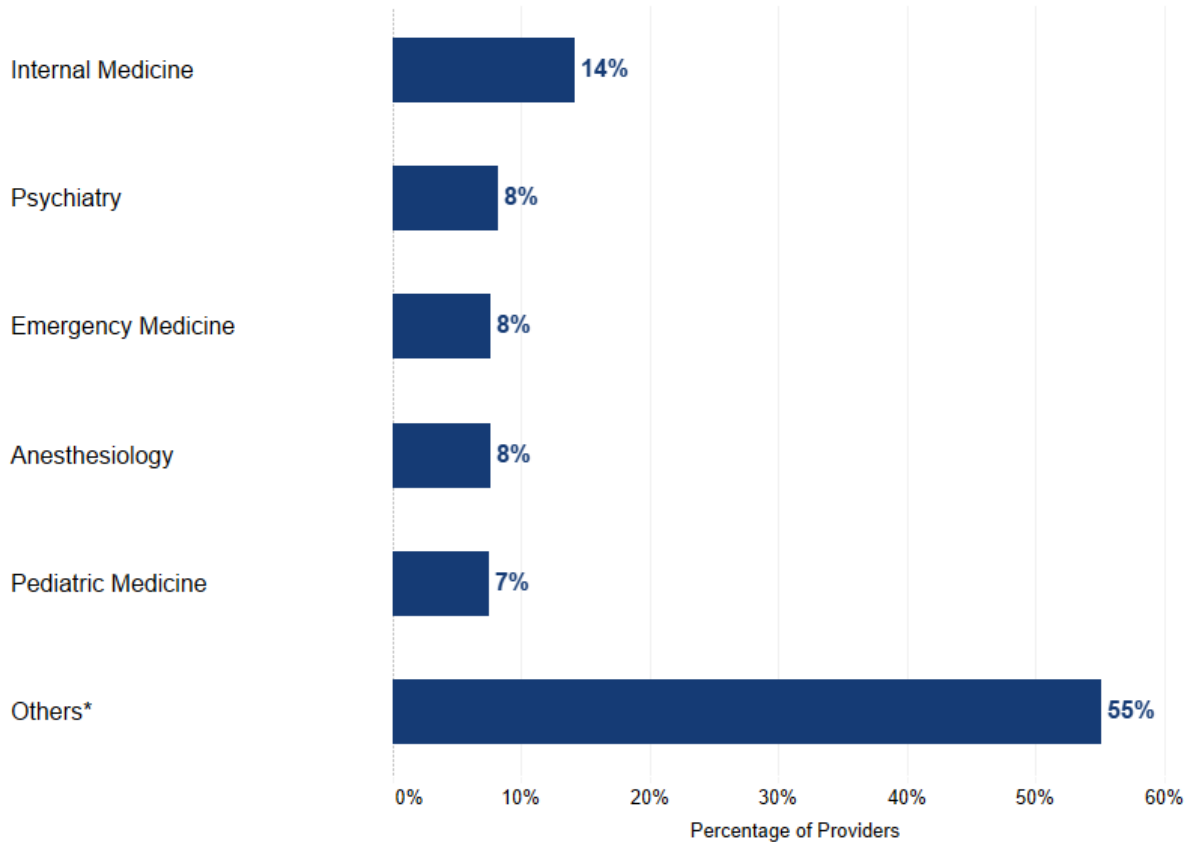
NYC H+H has implemented the 'Epic' electronic health record (EHR) system throughout its entire network of acute care hospitals and FQHCs. This EHR is utilized by all providers and care teams. The ACO also implemented a patient portal called 'My Chart' that allows patients to access test results, schedule and change appointments, and communicate directly with their providers. In addition, the ACO has integrated a new tool into Epic, called 'NowPow', which allows care teams to easily identify community-based organizations (CBOs) within a patient's zip code that can address their social determinants of health (SDOH) problems.

The ACO has created two data reports (ACO Dashboard and Care Transitions Report) that are delivered to ACO clinical leads at all facilities. The ACO Dashboard is a population health management tool for the attributed population. It identifies each facility's cost, utilization, high risk patients, and chronic disease statistics on its landing page. The report includes a drill-down function into patient records. The Care Transitions Report (CTR) incorporates near real-time hospital registration data to inform the ACO Clinical Leads when their patients have been admitted to an ED or inpatient setting.

Section 2. HHC ACO, Inc. Report

2.1 Distribution of Specialties for Providers in HHC ACO, Inc.'s Network

Figure 1. Most Common Specialties for Providers in HHC ACO, Inc.'s Network

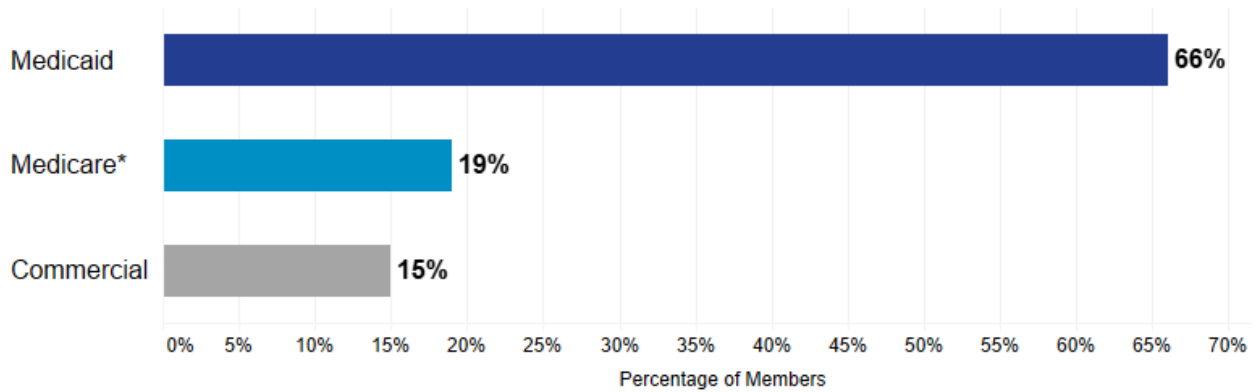


* The Others category includes all other specialty types including but not limited to Obstetrics/Gynecology (6%), Diagnostic Radiology (5%), and General Surgery (4%).

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 HHC ACO, Inc. by Payer

Figure 2. Members Qualifying for a Quality Measure Attributed to a Participating Provider with HHC ACO, Inc. 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.

2.3 Quality Measure Results of Members in HHC ACO, Inc.

Table 1. 2020-2021 Quality Measure Results for Eligible Members in HHC ACO, Inc. by Payer

Domain	Measure	Overall Results			Payer Results		
		Denominator	Numerator	Percent	Commercial (%)	Medicaid (%)	Medicare* (%)
Prevention	Breast Cancer Screening	14,053	10,273	73	69	67	79
	Cervical Cancer Screening	28,010	17,422	62	69	60	--
	Childhood Immunization Status Combo 3	2,178	1,670	77	60	78	--
	Chlamydia Screening in Women (16-24 Years)	5,117	3,638	71	69	72	--
	Colorectal Cancer Screening	28,892	18,603	64	51	56	77
Chronic Disease	Comprehensive Diabetes Care Eye Exams	15,512	9,954	64	44	56	77
	Comprehensive Diabetes Care HbA1c Testing	7,928	6,601	83	84	83	--

-- Measure result not reported

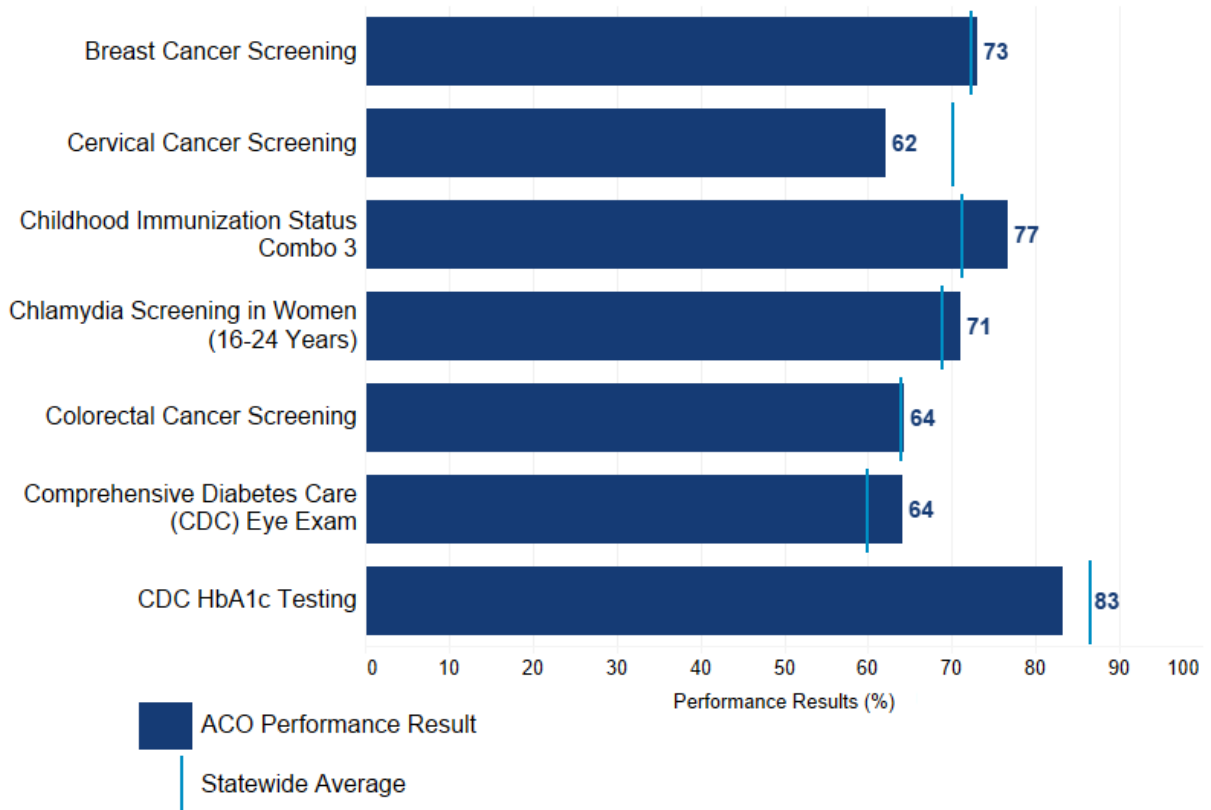
* Medicare Advantage results only.

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 HHC ACO, Inc. 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.

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/

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

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Appendix A – 2020-2021 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); 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.
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.

Appendix B – Quality Measure Results by Payer

B.1 Quality Measure Results of HHC ACO, Inc. for Commercial Providers

Table 2. 2020-2021 Quality Measure Results for Eligible Members in HHC ACO, Inc. for Commercial Providers

Domain	Measure	Denominator	Numerator	Percent
Prevention	Breast Cancer Screening	2,455	1,684	69
	Cervical Cancer Screening	6,530	4,537	69
	Childhood Immunization Status Combo 3	174	104	60
	Chlamydia Screening in Women (16-24 Years)	1,039	722	69
	Colorectal Cancer Screening	5,590	2,836	51
Chronic Disease	Comprehensive Diabetes Care Eye Exams	2,362	1,039	44
	Comprehensive Diabetes Care HbA1c Testing	2,362	1,983	84

-- 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](#).

B.2 Quality Measure Results of HHC ACO, Inc. for Medicaid Providers

Table 3. 2020-2021 Quality Measure Results for Eligible Members in HHC ACO, Inc. for Medicaid Providers

Domain	Measure	Denominator	Numerator	Percent
Prevention	Breast Cancer Screening	5,057	3,403	67
	Cervical Cancer Screening	21,480	12,885	60
	Childhood Immunization Status Combo 3	2,004	1,566	78
	Chlamydia Screening in Women (16-24 Years)	4,078	2,916	72
	Colorectal Cancer Screening	10,257	5,772	56
Chronic Disease	Comprehensive Diabetes Care Eye Exams	5,566	3,092	56
	Comprehensive Diabetes Care HbA1c Testing	5,566	4,618	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](#).

B.3 Quality Measure Results of HHC ACO, Inc. for Medicare Providers

Table 4. 2020-2021 Quality Measure Results for Eligible Members in HHC ACO, Inc. for Medicare Providers

Domain	Measure	Denominator	Numerator	Percent
Prevention	Breast Cancer Screening	6,541	5,186	79
	Cervical Cancer Screening	--	--	--
	Childhood Immunization Status Combo 3	--	--	--
	Chlamydia Screening in Women (16-24 Years)	--	--	--
	Colorectal Cancer Screening	13,045	9,995	77
Chronic Disease	Comprehensive Diabetes Care Eye Exams	7,584	5,823	77
	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 HHC ACO, Inc. – Data Table

Table 1. 2020-2021 Quality Measure Results for Eligible Members in HHC ACO, Inc. by Payer

Domain	Measure	Overall Results			Payer Results		
		Denominator	Numerator	Percent	Commercial (%)	Medicaid (%)	Medicare* (%)
Prevention	Breast Cancer Screening	14053	10273	73	69	67	79
	Cervical Cancer Screening	28010	17422	62	69	60	--
	Childhood Immunization Status Combo 3	2178	1670	77	60	78	--
	Chlamydia Screening in Women (16-24 Years)	5117	3638	71	69	72	--
	Colorectal Cancer Screening	28892	18603	64	51	56	77
Chronic Disease	Comprehensive Diabetes Care Eye (Retinal) Exams Performed	15512	9954	64	44	56	77
	Comprehensive Diabetes Care HbA1c Testing	7928	6601	83	84	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.

C.2 Quality Measure Results of HHC ACO, Inc. for Commercial Providers – Data Table

Table 2. 2020-2021 Quality Measure Results for Eligible Members in HHC ACO, Inc. for Commercial Providers

		Overall Commercial Results		
Domain	Measure	Denominator	Numerator	Percent
Prevention	Breast Cancer Screening	2455	1684	69
	Cervical Cancer Screening	6530	4537	69
	Childhood Immunization Status Combo 3	174	104	60
	Chlamydia Screening in Women (16-24 Years)	1039	722	69
	Colorectal Cancer Screening	5590	2836	51
Chronic Disease	Comprehensive Diabetes Care Eye (Retinal) Exams Performed	2362	1039	44
	Comprehensive Diabetes Care HbA1c Testing	2362	1983	84

-- 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.

C.3 Quality Measure Results of HHC ACO, Inc. for Medicaid Providers – Data Table

Table 3. 2020-2021 Quality Measure Results for Eligible Members in HHC ACO, Inc. for Medicaid Providers

		Overall Medicaid Results		
Domain	Measure	Denominator	Numerator	Percent
Prevention	Breast Cancer Screening	5057	3403	67
	Cervical Cancer Screening	21480	12885	60
	Childhood Immunization Status Combo 3	2004	1566	78
	Chlamydia Screening in Women (16-24 Years)	4078	2916	72
	Colorectal Cancer Screening	10257	5772	56
Chronic Disease	Comprehensive Diabetes Care Eye (Retinal) Exams Performed	5566	3092	56
	Comprehensive Diabetes Care HbA1c Testing	5566	4618	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.

C.4 Quality Measure Results of HHC ACO, Inc. for Medicare Providers – Data Table

Table 5. 2020-2021 Quality Measure Results for Eligible Members in HHC ACO, Inc. for Medicare Providers

		Overall Medicare Results		
Domain	Measure	Denominator	Numerator	Percent
Prevention	Breast Cancer Screening	6541	5186	79
	Cervical Cancer Screening	--	--	--
	Childhood Immunization Status Combo 3	--	--	--
	Chlamydia Screening in Women (16-24 Years)	--	--	--
	Colorectal Cancer Screening	13045	9995	77
Chronic Disease	Comprehensive Diabetes Care Eye (Retinal) Exams Performed	7584	5823	77
	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.