NEW YORK STATE | Department of Health

2018 Annual Report

Accountable Care Organization of the North Country, LLC (ACONC)

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 Accountable Care Organization (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.

This report displays performance results based on data submitted by health plans. This report does not contain Protected Health Information (PHI).

This report includes the following sections:

Accountable Care Organization Report
This report consists of data tables that display information for ACONC and provides results on seven quality measures.

- Table 1 displays the number of unique providers by specialty in the ACO network.
- Table 2 displays a count of distinct members attributed to ACONC and contributing to ACONC’s results by health plan and product.
- Table 3 displays the numerator, denominator, and result for each measure by payer (Commercial, Medicaid, Medicare) and combined payer rates.

Statewide Benchmark Comparison

- Figure 1 displays ACONC’s result compared to the multi-payer statewide result for each quality measure.

Technical Notes
This section provides detailed information about the methods used to collect and calculate the measures.

Report Interpretation Limitations
This section details ACO Scorecard Report limitations.

Appendix A
- Appendix A displays the 2018 NYS ACO Core Measure Set with measure descriptions.

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 in the 2017 Measurement Year (MY 2017) using the 2018 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 ACONC's network.

Please note that not all measures in the core set were reported.

Measures Not Reported:

- Controlling High Blood Pressure (data not reported to NYSDOH)
- Comprehensive Care for Diabetes (not reportable using administrative data only)
  - Poor HbA1C control

Table 1. Most Common Specialties for Providers in ACONC Network (MY 2017)

Classification	Number of Providers
Physician Assistant	47
Nurse Practitioner	37
Family Practice	27
Internal Medicine	21
Emergency Medicine	14
Other*	94
Grand Total	**240**

Note: Provider information was collected in 2018 for the January 1 – December 31, 2017, measurement year.
*Other includes all other specialty types.

Table 2. Members Qualifying for a Quality Measure and Attributed to ACONC Results by Health Plan and Product (MY 2017)

Health Plan	Commercial	Medicaid	Medicare*	Total
CDPHP	SS	0	0	SS
Excellus BlueCross BlueShield	8,613	556	451	9,620
Fidelis Care New York, Inc.	SS	7,954	230	8,200
MVP Healthcare	169	SS	SS	193
UnitedHealthcare	275	2,928	1,033	4,236
Grand Total	9074	11,442	1,734	22,250

Note: This table may not represent all the members in ACONC's network. As members must qualify for at least one quality measure, the above table may represent a subset of the overall members in ACONC's network. Member attribution presented is not dependent on whether there is a defined contract between the ACO and the health plan's line of business. Member attribution information was collected in 2018 for the January 1 – December 31, 2017, measurement year.
SS - Sample Size too small to report.
* Medicare Managed Care results only. See technical notes.

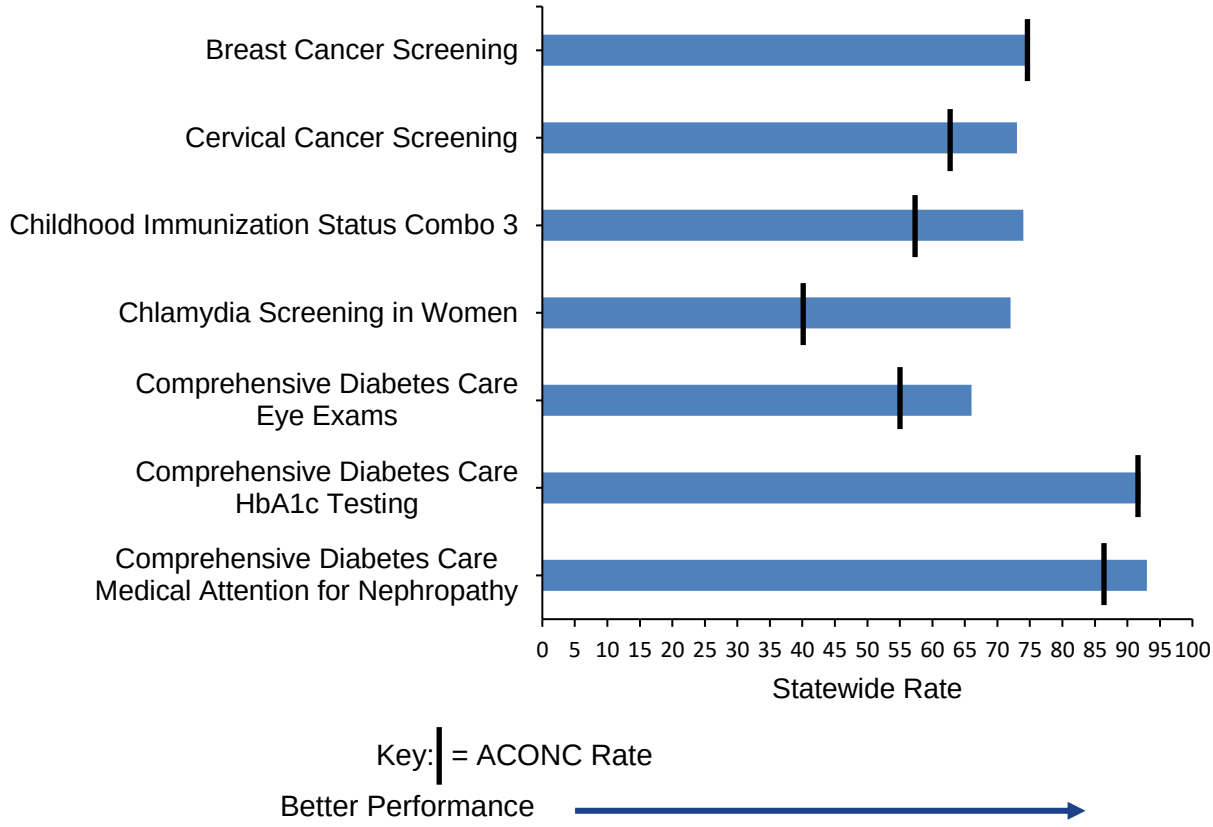
Table 3. 2018 Quality Measure Results for ACONC Stratified by Payer (MY 2017)

Domain	Measure	Total			By Payer		
		Denominator	Numerator	Result	Commercial	Medicaid	Medicare*
Prevention	Breast Cancer Screening	1,833	1,381	75%	79%	65%	76%
	Cervical Cancer Screening	4,075	2,603	64%	72%	56%	--
	Childhood Immunization Status Combo 3	275	160	58%	56%	59%	--
	Chlamydia Screening in Women (16-24 Years)	662	264	40%	39%	41%	--
Chronic Disease	Comprehensive Diabetes Care Eye Exams	1,418	778	55%	47%	58%	65%
	Comprehensive Diabetes Care HbA1c Testing	1,418	1,290	91%	92%	88%	94%
	Comprehensive Diabetes Care Medical Attention for Nephropathy	1,418	1,212	86%	83%	85%	92%

Note: Medicare fee-for-service results are not included in this table.
-- Measure not applicable to the Medicare population.
* Medicare Managed Care results only. See technical notes.

Statewide Benchmark Comparisons

Figure 1. 2018 ACONC Results Compared with the Statewide ACO Average (MY 2017)



Note: Results shown are averaged across all product lines (Commercial, Medicaid, Medicare). For explanation of Medicare Managed Care results see technical notes.

TECHNICAL NOTES

Methods

In November 2018, the NYSDOH requested member-level data from 25 health plans operating in New York State. The data submission was voluntary. Twenty-three health plans submitted data files consisting of members who were included in at least one of the ACO core set measures during the 2017 reporting period. The data file contained members included in the denominator and numerator of each measure in the ACO core set; the National Provider Identifier (NPI) the member was attributed to; and the provider practice Tax Identification Number (TIN) along with additional practice identifiers. Members were attributed to practices using each health plan's attribution method. Member-level data was aggregated across health plans using Practice TIN and ACO TIN to produce ACO-level results on the selected quality measures.

Benchmarks were calculated using the members included in the full data file submitted to NYSDOH, the statewide result for each measure (sum of denominator and numerator across all practices and all payers), as well as statewide results by payer (Commercial, Medicaid, Medicare).

Member Attribution

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

Measure Selection

A parsimonious set of primary care relevant measures were selected for the 2018 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 payer (Commercial, Medicaid, Medicare).

Medicaid Managed Care Results

Benchmarks allow ACOs to compare their results to the overall statewide ACO average and to a payer that may better reflect ACONC's member population. Please note that the Medicare results shown in this report 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 Source
Member-level data from the 2018 HEDIS® data were submitted by the health plans.

Report Interpretation Limitations
Please note the following limitations of this ACO Scorecard 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 scorecard does not display member-level data.

2. Until scorecard reports can be produced using data in the All Payer Database (APD), the accuracy of the ACO report depends on the number of health plans that submitted data for this report and the accuracy of the health plans' attribution methods. For more information regarding the APD see https://www.health.ny.gov/technology/all_payer_database/.

3. 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.

Feedback
We welcome suggestions and comments on this publication. Please contact us at:

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Appendix A - 2018 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 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
Controlling High Blood Pressure (0018/HEDIS)	Percentage of members 18-85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled during the measurement year based on the following criteria: - Members 18-59 years of age whose BP was <140/90 mm Hg. - Members, ages 60 to 85 years, with a diagnosis of diabetes whose BP was <140/90 mm Hg. - Members, ages 60 to 85 years, without a diagnosis of diabetes whose BP was <150/90 mm Hg.
Comprehensive Diabetes Care: HbA1c Poor Control (0059/HEDIS)	Percentage of patients 18-75 years of age with diabetes (type 1 and type 2) whose most recent HbA1c level during the measurement year was greater than 9.0% (poor control) or was missing a result, or if an HbA1c test was not done during the measurement year.
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 (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.