

2021 Annual Report Adirondacks ACO

A Multi-Payer Report of Quality Performance Results



Contents

Overview	3
Section 1. Adirondacks ACO Profile.....	4
Section 2. Adirondacks ACO Report	5
2.1 Distribution of Specialties for Providers in Adirondacks ACO's Network	5
2.2 Distribution of Members Attributed to a Provider with Adirondacks ACO by Payer	6
2.3 Quality Measure Results of Members in Adirondacks ACO.....	7
Section 3. Statewide Benchmark Comparisons	8
Technical Notes.....	9
Report Interpretation Limitations.....	11
Appendix A – MY 2021 NYS ACO Core Measure Set.....	12
Appendix B – Quality Measure Results for Commercial Providers	13
Appendix C – Quality Measure Results for Medicaid Providers	14
Appendix D – Quality Measure Results for Medicare Providers	15

Overview

In accordance with Title 10 CRR-NY 1003.10, the New York State Department of Health (NYS DOH) shall collect for dissemination via a statewide health information system, health care data from Accountable Care Organization (ACO) entities pursuant to the quality assurance reporting requirements developed by the Department in consultation with the National Committee on Quality Assurance (NCQA)¹. The Department shall thereafter prepare the collected data from the ACO for publication¹. The New York State Accountable Care Organization Annual Report is a multi-payer view of performance results on a set of seven quality measures for ACOs that have been issued a certificate of authority by NYS DOH. Public Health Law (PHL) Article 29-E requires the NYS DOH to establish a program governing the approval of Accountable Care Organizations². 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 NYS DOH.

ACO Profile and Quality Annual Report

The ACO profile presented in the following pages is intended to provide consumers with a better understanding of Adirondacks ACO'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 NYS DOH 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.

THE DATA COLLECTED BY THE DEPARTMENT IS ACCURATE TO THE BEST OF THE KNOWLEDGE OF DEPARTMENT STAFF, BASED ON THE INFORMATION SUPPLIED BY THE ACO, WHICH IS THE SUBJECT OF THE DATA¹.

1. Title 10 Chapter XII – Innovative Delivery Model, Part 1003 – Accountable Care Organization, Section 1003.10 - Quality Performance Standards and Reporting (December 31, 2014).
<https://regs.health.ny.gov/content/section-100310-quality-performance-standards-and-reporting>
2. Public Health Law Article 29-E: Accountable Care Organizations (September 22, 2014).
<https://www.nysenate.gov/legislation/laws/PBH/A29-E>

Section 1. Adirondacks ACO Profile

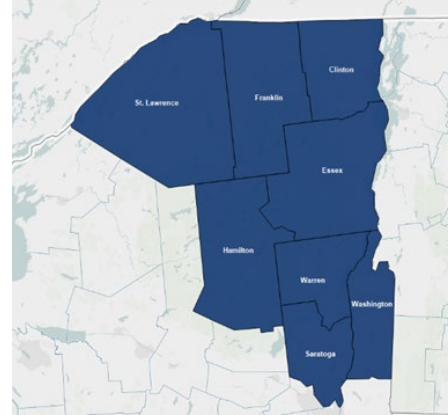
ACO Type: Hybrid



**Provider-Led
Practices**



**Community-Based
Hospitals**



Service Area: Adirondacks ACO's Providers by County

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

MCO	Commercial Contract	Medicaid Contract	Medicare Contract
CDPHP	X	X	X
Empire BlueCross BlueShield	X		
Excellus BlueCross BlueShield	X		
Highmark Western and Northeastern New York Inc.	X		X
MVP Health Plan, Inc.	X	X	X
New York Quality Healthcare Corporation (Fidelis Care)		X	
UHC Empire Plan	X		

ACO Provided Care Coordination Highlights

The Adirondacks ACO serves the Northeast region of NYS. Members from Clinton, Essex, Franklin, Hamilton, Saratoga, Warren, St. Lawrence, and Washington counties have access to Hudson Headwaters Health Network, the largest Federally Qualified Community-based hospital in the region, and provider-led practice associations. The ACO has many aims, including preventing avoidable readmissions to hospitals and expanding care coordination resources for providers.

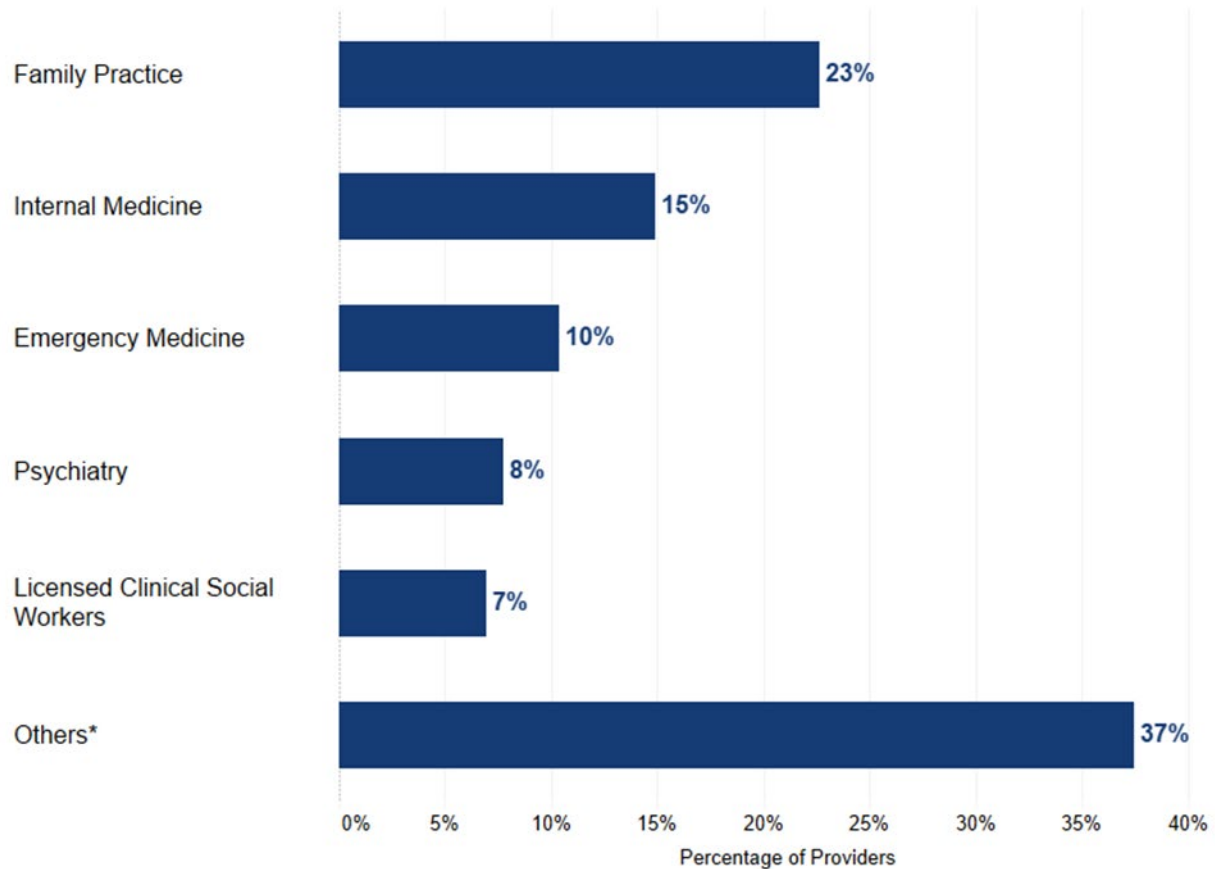
All participating provider organizations are required to have a plan that details their care coordination activities to include transitions of care, chronic disease management and emergency department diversion. These coordination efforts rely on electronic medical records connected through Hixny, a regional health information exchange organization based in eastern NYS.

The Adirondacks ACO offers various health care services in the region, including dental care, neurology, and telehealth monitoring. The ACO also encourages mental health services and substance use disorder services to be administered within their primary care offices, co-located within their practice to ensure patients receive the supports they need as seamlessly as possible. Future care coordination will continue to expand services as more partnerships with managed care organizations (MCOs) and Value Based Payment (VBP) contractors in the Northeast region are added.

Section 2. Adirondacks ACO Report

2.1 Distribution of Specialties for Providers in Adirondacks ACO's Network

Figure 1. Most Common Specialties for Providers in Adirondacks ACO's Network

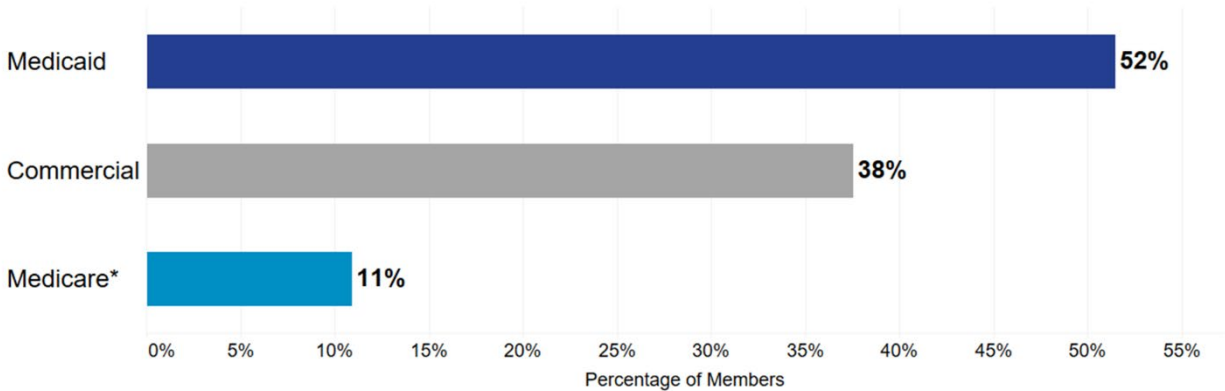


* The Others category includes all other specialty types including but not limited to Pediatric Medicine (6%), Obstetrics/Gynecology (5%), and Cardiology (3%).

Note: Provider information was collected in 2022 for Measurement Year (MY) 2021. See: **Technical Notes.**

2.2 Distribution of Members Attributed to a Provider with Adirondacks ACO by Payer

Figure 2. Members Qualifying for a Quality Measure Attributed to a Participating Provider with Adirondacks ACO 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 2021. Member attribution information was collected from January 1 – December 31, 2021, for the MY 2021.

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 Adirondacks ACO

Table 2. Number of Services Used by Eligible ACO Members in Adirondacks ACO during MY2021, by Payer

Domain	Measure	Overall Results			Payer Results		
		Denominator	Numerator	Percent	Commercial (%)	Medicaid (%)	Medicare* (%)
Prevention	Breast Cancer Screening	9,569	7,385	77	83	61	85
	Cervical Cancer Screening	23,298	15,801	68	77	60	--
	Childhood Immunization Status Combo 3	1,823	1,394	76	75	77	--
	Chlamydia Screening in Women (16-24 Years)	5,149	3,015	59	60	58	--
	Colorectal Cancer Screening	22,218	13,788	62	66	49	72
Chronic Disease	Comprehensive Diabetes Care: Eye Exam	6,142	3,198	52	49	51	76
	Comprehensive Diabetes Care: HbA1c Testing	5,611	4,892	87	89	85	--

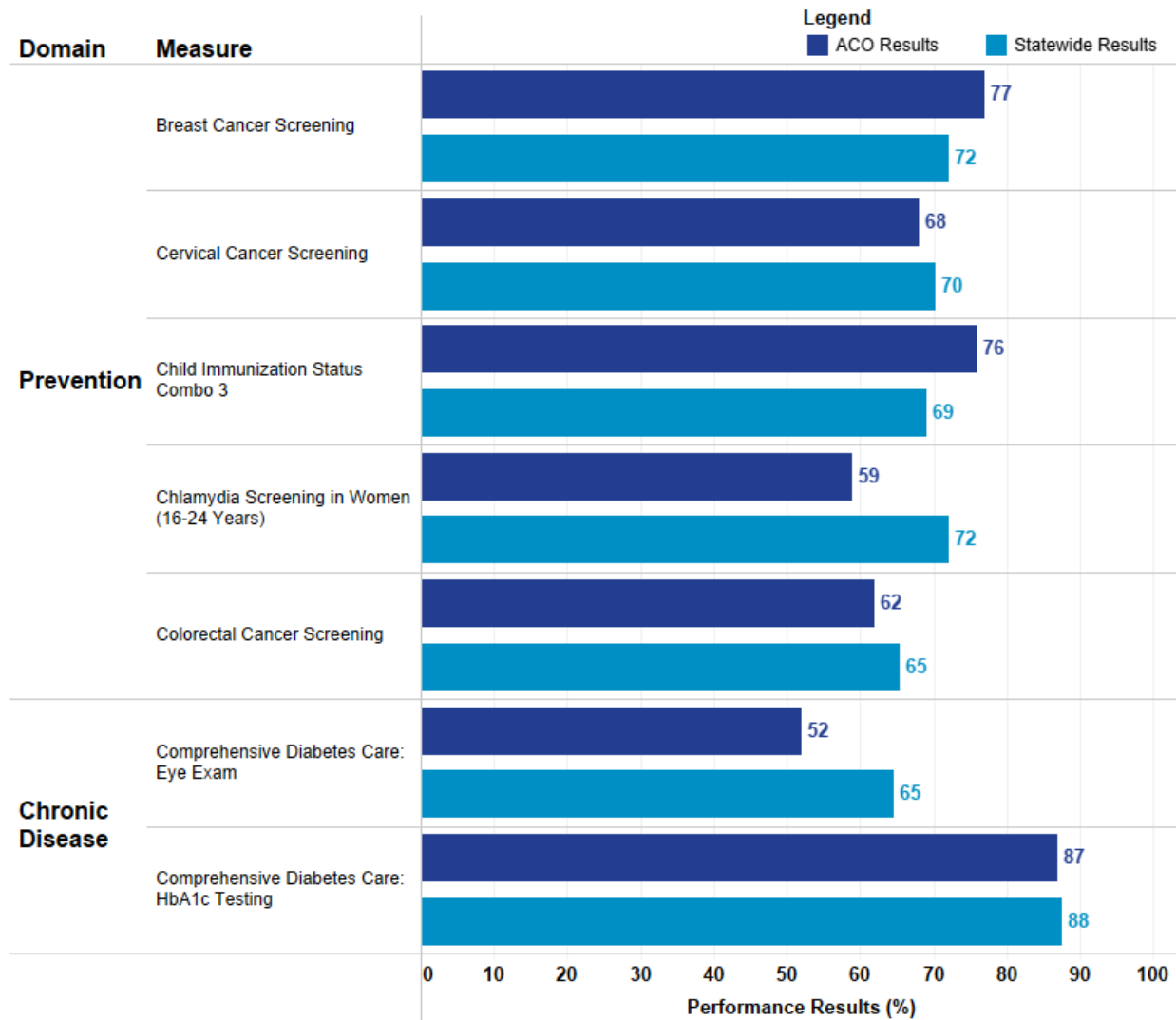
-- Measure result not reported.

* Medicare Advantage results only.

Note: Results are based on MY 2021. 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.

Section 3. Statewide Benchmark Comparisons

Figure 3. MY 2021 Adirondacks ACO Quality Measure Results Compared with the Statewide Average



Note: Results shown are averaged across all Payers (Commercial, Medicaid, Medicare). Results are based on MY 2021. 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, 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, 2021, through December 31, 2021 for the 2021 Measurement Year (MY 2021) using the 2021 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 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 2021. 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: **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 NYS DOH to produce aggregated results at the ACO level for selected quality measures. Statewide benchmarks were calculated using the MY 2021 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 NYS DOH with a list of participating providers and practices.

Measure Selection

A standard set of primary care relevant measures was selected for the 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).

Medicare 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 Medicare 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 Centers for Medicare & Medicaid Services (CMS) quality score data for ACOs is available here: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Downloads/MSSP-ACO-data.pdf>.

More information on Medicare Fee-for-Service is available here: <https://www.cms.gov/Medicare/Medicare.html>.

Data Source

Member-level data from the 2021 HEDIS® data were submitted by the health plans.

Publication Naming Convention Change

To align with the HEDIS® publication naming convention change, going forward NYS DOH will change the naming convention of the ACO Reports to refer to the measurement year of the data being presented.

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 New York State's Accountable Care Program, please contact us:

Center for Health Care Policy and Resource Development
Corning Tower, Room 1695
Empire State Plaza
Albany, New York 12237
Telephone: (518) 408-1833 Fax: (518) 474-0572
Email: acobl@health.ny.gov

Feedback

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

Office of Health Services Quality and Analytics
Corning Tower, Room 1938
Empire State Plaza, Albany, New York 12237
Telephone: (518) 486-9012 Fax: (518) 486-6098
E-mail: nysqarr@health.ny.gov

Appendix A – MY 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: <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 the following vaccines by their second birthday: 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 chickenpox (VZV); and four pneumococcal conjugates (PCV).
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.
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 for Commercial Providers

Table 3. Number of Services Used by Eligible ACO Members in Adirondacks ACO during MY2021 for Commercial Providers

Domain	Measure	Overall Commercial Results			Contracted Results			Non-Contracted results		
		Denominator	Numerator	Percent	Denominator	Numerator	Percent	Denominator	Numerator	Percent
Prevention	Breast Cancer Screening	6,254	5,173	83	5,918	4,923	83	336	250	74
	Cervical Cancer Screening	11,371	8,655	76	10,702	8,204	77	669	451	67
	Childhood Immunization Status Combo 3	433	328	76	414	310	75	19	18	95
	Chlamydia Screening in Women (16-24 Years)	2,218	1,334	60	2,078	1,243	60	140	91	65
	Colorectal Cancer Screening	14,976	9,725	65	14,254	9,362	66	722	363	50
Chronic Disease	Comprehensive Diabetes Care: Eye Exams	3,202	1,563	49	3,017	1,481	49	185	82	44
	Comprehensive Diabetes Care: HbA1c Testing	3,202	2,842	89	3,017	2,688	89	185	154	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.

Appendix C – Quality Measure Results for Medicaid Providers

Table 4. Number of Services Used by Eligible ACO Members in Adirondacks ACO during MY2021 for Medicaid Providers

Domain	Measure	Overall Medicaid Results			Contracted Results			Non-Contracted results		
		Denominator	Numerator	Percent	Denominator	Numerator	Percent	Denominator	Numerator	Percent
Prevention	Breast Cancer Screening	2,789	1,701	61	2,649	1,609	61	140	92	66
	Cervical Cancer Screening	13,153	7,885	60	12,596	7,597	60	557	288	52
	Childhood Immunization Status Combo 3	1,470	1,128	77	1,409	1,084	77	61	44	72
	Chlamydia Screening in Women (16-24 Years)	3,195	1,840	58	3,071	1,772	58	124	68	55
	Colorectal Cancer Screening	6,087	2,962	49	5,749	2,824	49	338	138	41
Chronic Disease	Comprehensive Diabetes Care: Eye Exams	2,717	1,370	50	2,594	1,313	51	123	57	46
	Comprehensive Diabetes Care: HbA1c Testing	2,717	2,311	85	2,594	2,204	85	123	107	87

-- 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.

Appendix D – Quality Measure Results for Medicare Providers

Table 5. Number of Services Used by Eligible ACO Members in Adirondacks ACO during MY2021 for Medicare Providers

Domain	Measure	Overall Medicare Results			Contracted Results			Non-Contracted results		
		Denominator	Numerator	Percent	Denominator	Numerator	Percent	Denominator	Numerator	Percent
Prevention	Breast Cancer Screening	2,972	2,338	79	1,002	853	85	1,970	1,485	75
	Cervical Cancer Screening	--	--	--	--	--	--	--	--	--
	Childhood Immunization Status Combo 3	--	--	--	--	--	--	--	--	--
	Chlamydia Screening in Women (16-24 Years)	--	--	--	--	--	--	--	--	--
	Colorectal Cancer Screening	7,426	4,914	66	2,215	1,602	72	5,211	3,312	64
Chronic Disease	Comprehensive Diabetes Care: Eye Exams	2,247	1,544	69	531	404	76	1,716	1,140	66
	Comprehensive Diabetes Care: HbA1c Testing	--	--	--	--	--	--	--	--	--

-- 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. The results presented include Medicare Advantage members only. See: [Technical Notes](#).