

# 2020-2021 Annual Report

## CAIPA Care, LLC

### 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 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 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. CAIPA Care, LLC Profile

ACO Type: Provider-Led



**Provider-Led Practices**



**Service Area:** CAIPA Care, LLC's Providers by County

**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

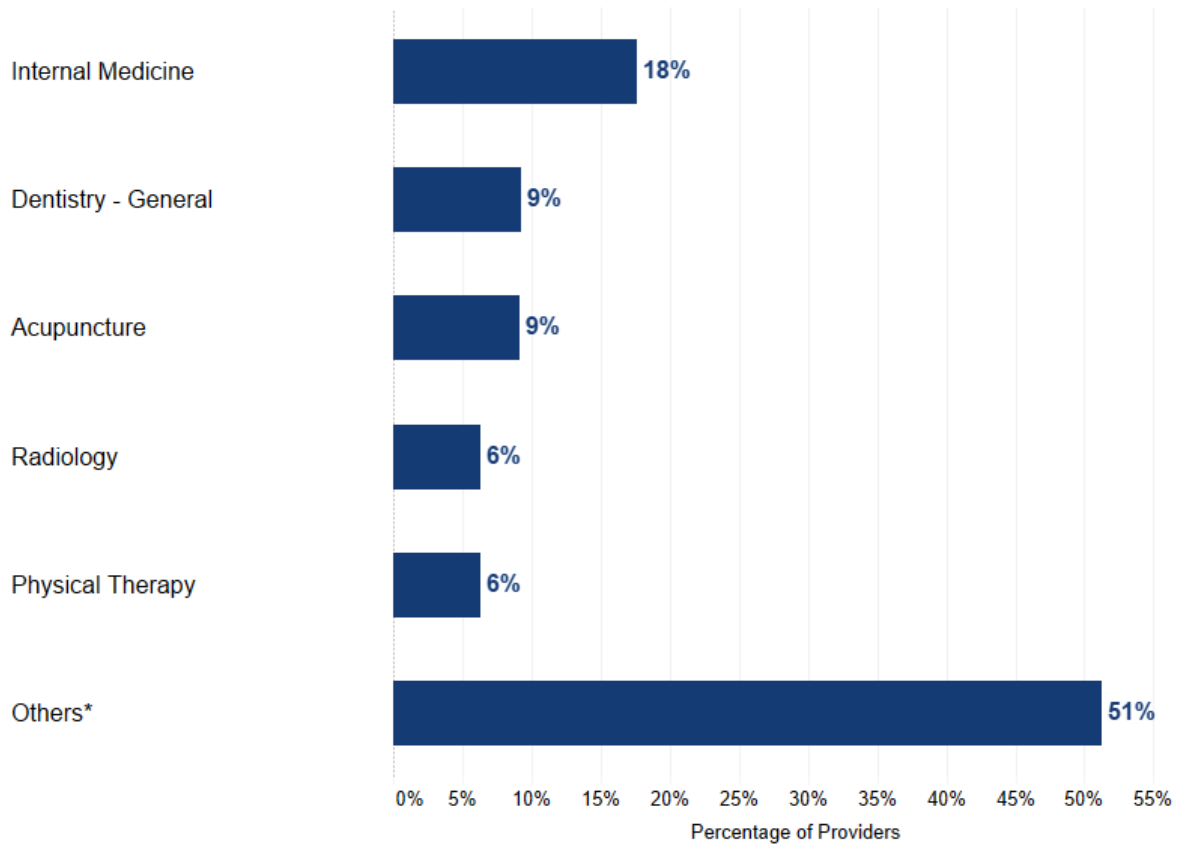
CAIPA Care, LLC serves Asian-American communities of New York City through its network of physicians and other licensed health care professionals. All providers and staff are culturally and linguistically capable of communicating with their patient population. The ACO focuses on delivering care in a 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

### 2.1 Distribution of Specialties for Providers in CAIPA Care, LLC's Network

**Figure 1.** Most Common Specialties for Providers in CAIPA Care, LLC's Network

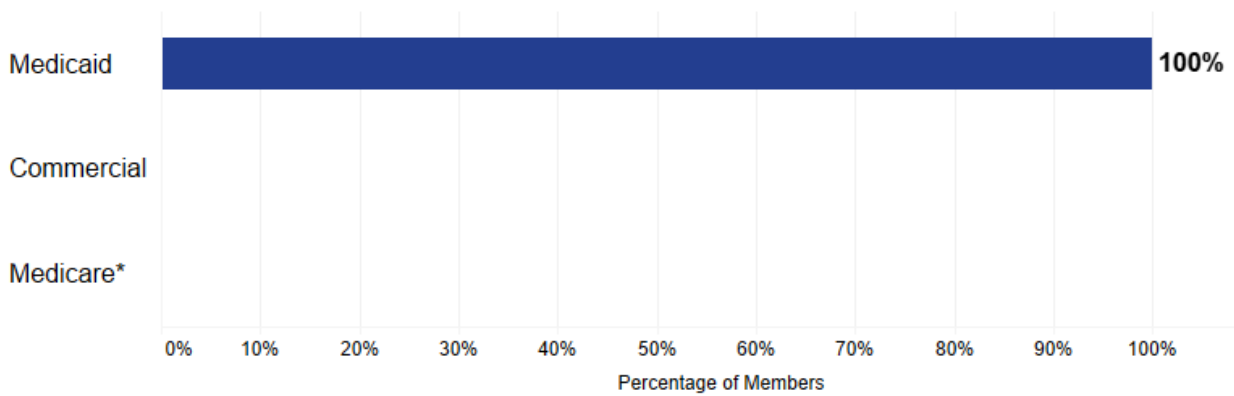


\* The Others category includes all other specialty types including but not limited to Pediatrics (6%), Ophthalmology (5%), and Family Practice (5%).

**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 CAIPA Care, LLC by Payer

**Figure 2.** Members Qualifying for a Quality Measure Attributed to a Participating Provider with CAIPA Care, LLC 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 CAIPA Care, LLC

**Table 2.** 2020-2021 Quality Measure Results for Eligible Members in CAIPA Care, LLC by Payer

Domain	Measure	Overall Results			Payer Results		
		Denominator	Numerator	Percent	Commercial (%)	Medicaid (%)	Medicare* (%)
Prevention	Breast Cancer Screening	2,634	1,837	70	--	70	--
	Cervical Cancer Screening	6,084	4,313	71	--	71	--
	Childhood Immunization Status Combo 3	193	149	77	--	77	--
	Chlamydia Screening in Women (16-24 Years)	614	527	86	--	86	--
	Colorectal Cancer Screening	5,217	3,518	67	--	67	--
Chronic Disease	Comprehensive Diabetes Care Eye Exams	1,415	850	60	--	60	--
	Comprehensive Diabetes Care HbA1c Testing	1,415	1,260	89	--	89	--

-- Measure result not reported

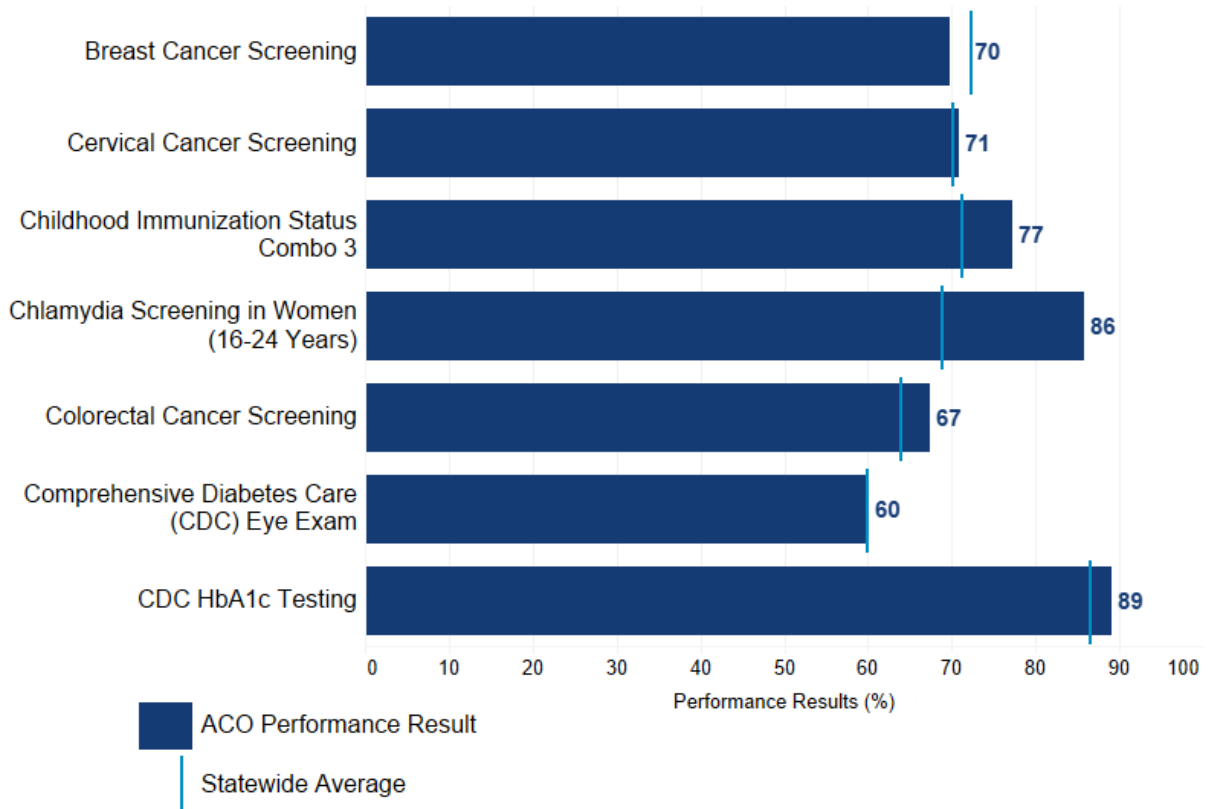
\* Medicare Advantage results only.

**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 CAIPA Care, LLC 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/](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:

Center for Health Care Policy and Resource Development  
Corning Tower, Room 1695  
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Albany, New York 12237  
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### Feedback

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

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## Appendix A – 2020-2021 NYS ACO Core Measure Set

Measure (NQF#/Developer)	Description
<b>Breast Cancer Screening</b> (2372/HEDIS)	Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer.
<b>Cervical Cancer Screening</b> (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.
<b>Childhood Immunization Status – Combo 3</b> (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.
<b>Chlamydia Screening for Women</b> (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
<b>Colorectal Cancer Screening</b> (0034/HEDIS)	Percentage of members 50-75 years of age who had appropriate screening for colorectal cancer.
<b>Comprehensive Diabetes Care: HbA1c Testing</b> (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.
<b>Comprehensive Diabetes Care: Eye Exam (Retinal) Performed</b> (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 CAIPA Care, LLC for Commercial Providers

**Table 3.** 2020-2021 Quality Measure Results for Eligible Members in CAIPA Care, LLC for Commercial Providers

Domain	Measure	Overall Results			Contracted Results			Non-Contracted Results		
		Denominator	Numerator	Percent	Denominator	Numerator	Percent	Denominator	Numerator	Percent
<b>Prevention</b>	Breast Cancer Screening	9,244	6,398	69	--	--	--	9,244	6,398	69
	Cervical Cancer Screening	23,075	17,547	76	--	--	--	23,075	17,547	76
	Childhood Immunization Status Combo 3	235	154	66	--	--	--	235	154	66
	Chlamydia Screening in Women (16-24 Years)	1,711	1,281	75	--	--	--	1,711	1,281	75
	Colorectal Cancer Screening	21,037	13,390	64	--	--	--	21,037	13,390	64
<b>Chronic Disease</b>	Comprehensive Diabetes Care Eye Exams	5,543	2,675	48	--	--	--	5,543	2,675	48
	Comprehensive Diabetes Care HbA1c Testing	5,543	4,890	88	--	--	--	5,543	4,890	88

-- 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 CAIPA Care, LLC for Medicaid Providers*

**Table 4.** 2020-2021 Quality Measure Results for Eligible Members in CAIPA Care, LLC for Medicaid Providers

Domain	Measure	Overall Results			Contracted Results			Non-Contracted Results		
		Denominator	Numerator	Percent	Denominator	Numerator	Percent	Denominator	Numerator	Percent
<b>Prevention</b>	Breast Cancer Screening	21,939	15,769	72	2,634	1,837	70	19,305	13,932	72
	Cervical Cancer Screening	66,545	48,544	73	6,084	4,313	71	60,461	44,231	73
	Childhood Immunization Status Combo 3	3,194	2,540	80	193	149	77	3,001	2,391	80
	Chlamydia Screening in Women (16-24 Years)	7,383	6,231	84	614	527	86	6,769	5,704	84
	Colorectal Cancer Screening	45,210	31,785	70	5,217	3,518	67	39,993	28,267	71
<b>Chronic Disease</b>	Comprehensive Diabetes Care Eye Exams	12,640	7,540	60	1,415	850	60	11,225	6,690	60
	Comprehensive Diabetes Care HbA1c Testing	12,640	11,027	87	1,415	1,260	89	11,225	9,767	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.

For Data Table version, see [Appendix C](#).

B.3 Quality Measure Results of CAIPA Care, LLC for Medicare Providers

**Table 5.** 2020-2021 Quality Measure Results for Eligible Members in CAIPA Care, LLC for Medicare Providers

Domain	Measure	Overall Results			Contracted Results			Non-Contracted Results		
		Denominator	Numerator	Percent	Denominator	Numerator	Percent	Denominator	Numerator	Percent
<b>Prevention</b>	Breast Cancer Screening	10,194	7,233	71	--	--	--	10,194	7,233	71
	Cervical Cancer Screening	--	--	--	--	--	--	--	--	--
	Childhood Immunization Status Combo 3	--	--	--	--	--	--	--	--	--
	Chlamydia Screening in Women (16-24 Years)	--	--	--	--	--	--	--	--	--
	Colorectal Cancer Screening	22,515	16,663	74	--	--	--	22,515	16,663	74
<b>Chronic Disease</b>	Comprehensive Diabetes Care Eye Exams	9,573	7,526	79	--	--	--	9,573	7,526	79
	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 CAIPA Care, LLC – Data Table

**Table 2.** 2020-2021 Quality Measure Results for Eligible Members in CAIPA Care, LLC by Payer

Domain	Measure	Overall Results			Payer Results		
		Denominator	Numerator	Percent	Commercial (%)	Medicaid (%)	Medicare* (%)
Prevention	Breast Cancer Screening	2634	1837	70	--	70	--
	Cervical Cancer Screening	6084	4313	71	--	71	--
	Childhood Immunization Status Combo 3	193	149	77	--	77	--
	Chlamydia Screening in Women (16-24 Years)	614	527	86	--	86	--
	Colorectal Cancer Screening	5217	3518	67	--	67	--
Chronic Disease	Comprehensive Diabetes Care Eye (Retinal) Exams Performed	1415	850	60	--	60	--
	Comprehensive Diabetes Care HbA1c Testing	1415	1260	89	--	89	--

-- 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 CAIPA Care, LLC for Commercial Providers – Data Table

Table 3. 2020-2021 Quality Measure Results for Eligible Members in CAIPA Care, LLC 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	9244	6398	69	--	--	--	9244	6398	69
	Cervical Cancer Screening	23075	17547	76	--	--	--	23075	17547	76
	Childhood Immunization Status Combo 3	235	154	66	--	--	--	235	154	66
	Chlamydia Screening in Women (16-24 Years)	1711	1281	75	--	--	--	1711	1281	75
	Colorectal Cancer Screening	21037	13390	64	--	--	--	21037	13390	64
Chronic Disease	Comprehensive Diabetes Care Eye (Retinal) Exams Performed	5543	2675	48	--	--	--	5543	2675	48
	Comprehensive Diabetes Care HbA1c Testing	5543	4890	88	--	--	--	5543	4890	88

-- 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 CAIPA Care, LLC for Medicaid Providers – Data Table

**Table 4.** 2020-2021 Quality Measure Results for Eligible Members in CAIPA Care, LLC 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	21939	15769	72	2634	1837	70	19305	13932	72
	Cervical Cancer Screening	66545	48544	73	6084	4313	71	60461	44231	73
	Childhood Immunization Status Combo 3	3194	2540	80	193	149	77	3001	2391	80
	Chlamydia Screening in Women (16-24 Years)	7383	6231	84	614	527	86	6769	5704	84
	Colorectal Cancer Screening	45210	31785	70	5217	3518	67	39993	28267	71
Chronic Disease	Comprehensive Diabetes Care Eye (Retinal) Exams Performed	12640	7540	60	1415	850	60	11225	6690	60
	Comprehensive Diabetes Care HbA1c Testing	12640	11027	87	1415	1260	89	11225	9767	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.

C.4 Quality Measure Results of CAIPA Care, LLC for Medicare Providers – Data Table

Table 5. 2020-2021 Quality Measure Results for Eligible Members in CAIPA Care, LLC 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	10194	7233	71	--	--	--	10194	7233	71
	Cervical Cancer Screening	--	--	--	--	--	--	--	--	--
	Childhood Immunization Status Combo 3	--	--	--	--	--	--	--	--	--
	Chlamydia Screening in Women (16-24 Years)	--	--	--	--	--	--	--	--	--
	Colorectal Cancer Screening	22515	16663	74	--	--	--	22515	16663	74
Chronic Disease	Comprehensive Diabetes Care Eye (Retinal) Exams Performed	9573	7526	79	--	--	--	9573	7526	79
	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.