



Department
of Health

2019 Annual Report

Innovative Health Alliance of New York, LLC

A Multi-Payer Report of Quality Performance Results



Contents

Overview..... 3

Section 1. Innovative Health Alliance of New York, LLC Profile..... 4

Section 2. Innovative Health Alliance of New York, LLC Report..... 5

Section 3. Statewide Benchmark Comparisons..... 7

Technical Notes 8

Report Interpretation Limitations10

Appendix A – 2019 NYS ACO Core Measure Set11

Appendix B – Quality Measure Results for Commercial Stratified by Contract Arrangement
Type.....12

Appendix C – Quality Measure Results for Medicaid Stratified by Contract Arrangement
Type.....13

Appendix D – Quality Measure Results for Medicare Stratified by Contract Arrangement
Type.....13

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 Innovative Health Alliance of New York, LLC'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 developed 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. Innovative Health Alliance of New York, LLC Profile

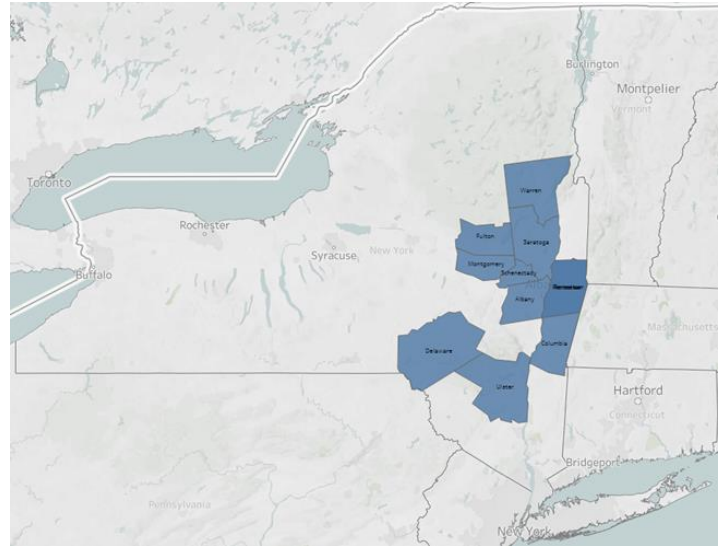
ACO Type: Hybrid



Provider-Led Practices



Community-Based Hospitals



Service Area: Innovative Health Alliance of New York, LLC's Providers by County

Table 1. Risk Contracts

MCO	Commercial Contract	Medicaid Contract	Medicare Contract
Fidelis Care New York, Inc.*		X	
CMS Medicare Shared Savings Program*			X

Note: *Indicated having a contract in place, but no risk agreement.

ACO Provided Care Coordination Highlights

Innovative Health Alliance of New York, LLC

- Has implemented an Integrated Care Coordination System (ICCS) to leverage an interprofessional care team that attends to the whole person's needs (Medical, Behavioral Health, and Social Influencers of Health)
- Uses a standardized approach to identify risk and needs of patients across the Innovative Health Alliance of New York, LLC network
- Leverages EMRs to alert multi-disciplinary teams about high-risk patients
- Participated in a telehealth pilot which delivered emergency medicine and palliative care services at the bedside of patients in skilled nursing facilities

Section 2. Innovative Health Alliance of New York, LLC Report

Table 2. Most Common Specialties for Providers in Innovative Health Alliance of New York, LLC’s Network

Classification	Number of Providers
Physician Assistant	478
Internal Medicine	332
Family Health Nurse Practitioner	268
Family Medicine	216
Diagnostic Radiology	203
Other*	1,375
Grand Total	2,872

Legend

*The “Other” category includes all other specialty types including but not limited to Mental health counseling, Addition services, and Psychiatry.

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

Table 3. Members Qualifying for a Quality Measure Attributed to a Provider in an MCO That Had a Contract with Innovative Health Alliance of New York, LLC; Results Stratified by Health Plan and Product

Health Plan	Commercial	Medicaid	Medicare*	Total
All Contracted MCOs	0	29,202	0	29,202

Legend

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

Note: This table represents a defined subset of members in Innovative Health Alliance of New York, LLC’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.

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 product line.

Innovative Health Alliance of New York, LLC
2019 Annual Report

Table 4. 2019 Quality Measure Results for Eligible Members in Innovative Health Alliance of New York, LLC, Stratified by Payer

Domain	Measure Measure	ACO Overall			ACO Rates by Payer		
		Denominator	Numerator	Result	Commercial	Medicaid	Medicare*
Prevention	Breast Cancer Screening	882	518	59%	--	59%	--
	Cervical Cancer Screening	6,062	3,633	60%	--	60%	--
	Childhood Immunization Status Combo 3	427	307	72%	--	72%	--
	Chlamydia Screening in Women (16-24 Years)	1,163	863	74%	--	74%	--
	Colorectal Cancer Screening	2,114	1,010	48%	--	48%	--
Chronic Disease	Comprehensive Diabetes Care Eye (Retinal) Exams Performed	1,253	754	60%	--	60%	--
	Comprehensive Diabetes Care HbA1c Testing	1,253	1,110	89%	--	89%	--
	Comprehensive Diabetes Care Medical Attention for Nephropathy	1,253	1,128	90%	--	90%	--

Legend

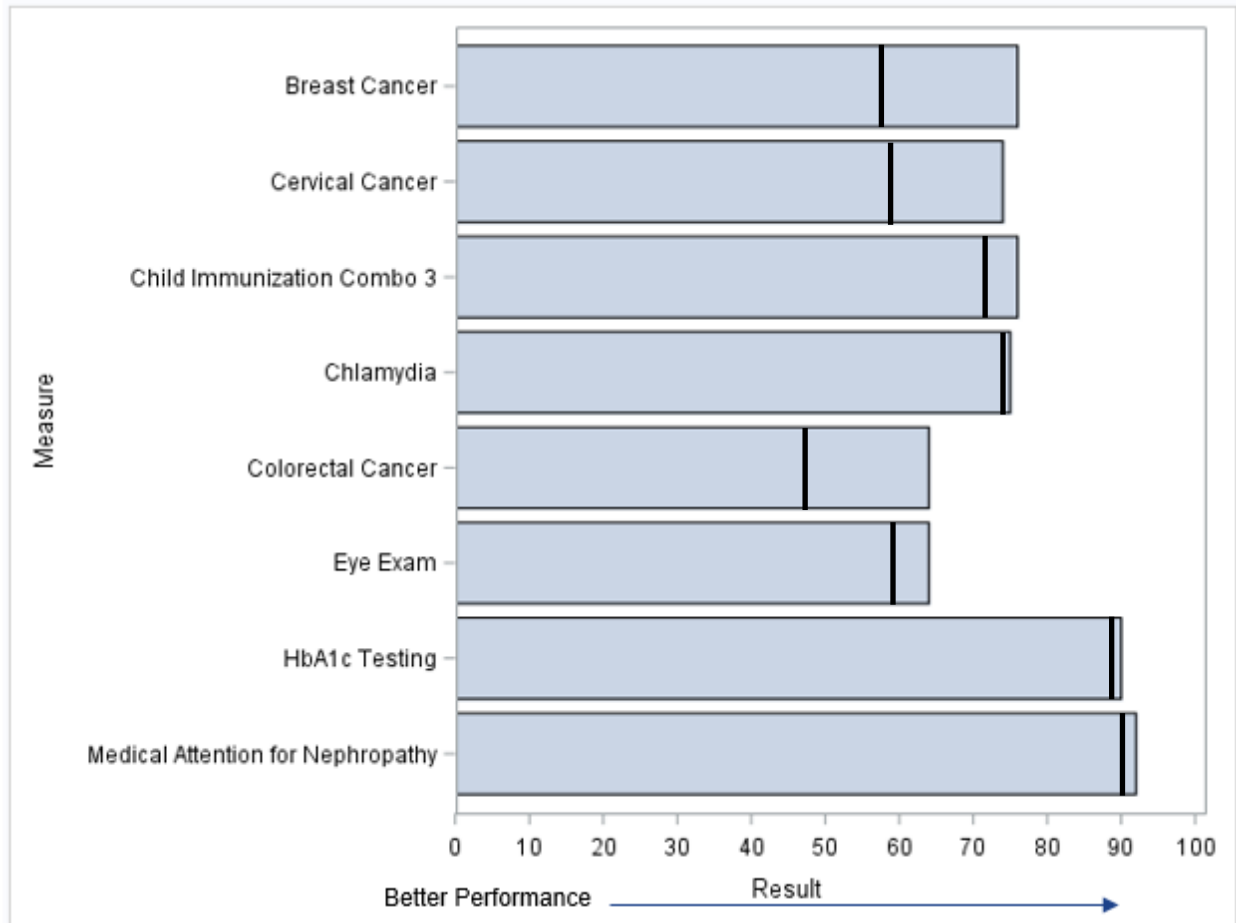
-- Measure result not reported.

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

Note: Results are based on measurement year 2018

Section 3. Statewide Benchmark Comparisons

Figure 1. 2019 Innovative Health Alliance of New York, LLC Results Compared with the Statewide ACO Average



= Innovative Health Alliance of New York, LLC 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. See: **Technical Notes.**

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 Innovative Health Alliance of New York, LLC'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 Innovative Health Alliance of New York, LLC'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.

Innovative Health Alliance of New York, LLC

2019 Annual Report

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/sharesavingsprogram/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:

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 Quality and Patient Safety
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 – 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 Stratified by Contract Arrangement Type

Domain	Measure	Overall Commercial Results			Contracted Results			Non-Contracted results		
		Denominator	Numerator	Result	Denominator	Numerator	Result	Denominator	Numerator	Result
Prevention	Breast Cancer Screening	10,031	8,069	80%	N/A	N/A	N/A	10,031	8,069	80%
	Cervical Cancer Screening	16,767	13,519	81%	N/A	N/A	N/A	16,767	13,519	81%
	Childhood Immunization Status Combo 3	169	133	79%	N/A	N/A	N/A	169	133	79%
	Chlamydia Screening in Women (16-24 Years)	2,079	1,432	69%	N/A	N/A	N/A	2,079	1,432	69%
	Colorectal Cancer Screening	21,189	14,927	70%	N/A	N/A	N/A	21,189	14,927	70%
Chronic Disease	Comprehensive Diabetes Care Eye (Retinal) Exams Performed	4,344	2,560	59%	N/A	N/A	N/A	4,344	2,560	59%
	Comprehensive Diabetes Care HbA1c Testing	4,344	3,892	90%	N/A	N/A	N/A	4,344	3,892	90%
	Comprehensive Diabetes Care Medical Attention for Nephropathy	4,344	3,864	89%	N/A	N/A	N/A	4,344	3,864	89%

Legend

N/A= Not applicable

Note: Overall denominator and numerator results shown represents the eligible population in the ACO. 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 eligible population that was in an MCO that did not have a risk contract with the ACO.

Appendix C – Quality Measure Results for Medicaid Stratified by Contract Arrangement Type

		Overall Medicaid Results			Contracted Results			Non-Contracted results		
Domain	Measure	Denominator	Numerator	Result	Denominator	Numerator	Result	Denominator	Numerator	Result
Prevention	Breast Cancer Screening	2,050	1,295	63%	882	518	59%	1168	777	67%
	Cervical Cancer Screening	12,313	7,763	63%	6,062	3,633	60%	6251	4130	66%
	Childhood Immunization Status Combo 3	923	632	68%	427	307	72%	496	325	66%
	Chlamydia Screening in Women (16-24 Years)	2,375	1,735	73%	1,163	863	74%	1212	872	72%
	Colorectal Cancer Screening	4,589	2,374	52%	2,114	1,010	48%	2475	1364	55%
Chronic Disease	Comprehensive Diabetes Care Eye (Retinal) Exams Performed	2,648	1,668	63%	1,253	754	60%	1395	914	66%
	Comprehensive Diabetes Care HbA1c Testing	2,648	2,338	88%	1,253	1,110	89%	1395	1228	88%
	Comprehensive Diabetes Care Medical Attention for Nephropathy	2,648	2,386	90%	1,253	1,128	90%	1395	1258	90%

Note: Overall denominator and numerator results shown represents the eligible population in the ACO. 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 eligible population that was in an MCO that did not have a risk contract with the ACO.

Appendix D – Quality Measure Results for Medicare Stratified by Contract Arrangement Type

		Overall Medicare Results			Contracted Results			Non-Contracted results		
Domain	Measure	Denominator	Numerator	Result	Denominator	Numerator	Result	Denominator	Numerator	Result
Prevention	Breast Cancer Screening	4,551	3,601	79%	N/A	N/A	N/A	4,551	3,601	79%
	Cervical Cancer Screening	--	--	--	N/A	N/A	N/A	--	--	--
	Childhood Immunization Status Combo 3	--	--	--	N/A	N/A	N/A	--	--	--
	Chlamydia Screening in Women (16-24 Years)	--	--	--	N/A	N/A	N/A	--	--	--
	Colorectal Cancer Screening	9,243	6,658	72%	N/A	N/A	N/A	9,243	6,658	72%
Chronic Disease	Comprehensive Diabetes Care Eye (Retinal) Exams Performed	2,862	2,166	76%	N/A	N/A	N/A	2,862	2,166	76%
	Comprehensive Diabetes Care HbA1c Testing	--	--	--	N/A	N/A	N/A	--	--	--
	Comprehensive Diabetes Care Medical Attention for Nephropathy	--	--	--	N/A	N/A	N/A	--	--	--

Legend

-- Measure result not reported

N/A= Not applicable or data unavailable

Note: Overall denominator and numerator results shown represents the eligible population in the ACO. 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 eligible population that was in an MCO that did not have a risk contract with the ACO. Also, the results include Medicare Advantage members only (See: **Technical Notes**).