



Department  
of Health

# 2022 Annual Report

# Innovative Health Alliance of New York, LLC

**A Multi-Payer Report of  
Quality Performance Results**





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## 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)<sup>1</sup>. The Department shall thereafter prepare the collected data from the ACO for publication<sup>1</sup>. The New York State Accountable Care Organization Annual Report is a multi-payer view of performance results on a set of nine 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 Organizations<sup>2</sup>. 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 Amida Care Innovator Network, 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 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 DATA<sup>1</sup>.**

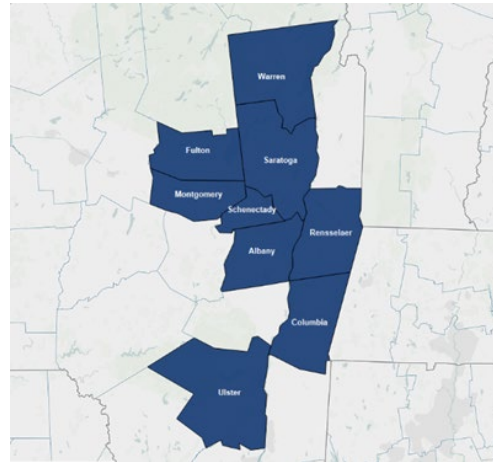
1. Title 10 Chapter XII – Innovative Delivery Model, Part 1003 – Accountable Care Organization, Section 1003.10 - Quality Performance Standards and Reporting (December 31, 2014).  
<https://regs.health.ny.gov/content/section-100310-quality-performance-standards-and-reporting>
2. Public Health Law Article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

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

**ACO Type: Community-Based Hospitals**



**Community-Based Hospitals**



**Service Area:** Innovative Health Alliance of New York,

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

MCO	Commercial Contract	Medicaid Contract	Medicare Contract
Highmark Western and Northeastern New York, Inc.	X		X
New York Quality Healthcare Corporation (Fidelis Care)		X	

### ACO Provided Care Coordination Highlights

Innovative Health Alliance of New York, LLC (IHANY) is the NYS Capital Region’s first clinically integrated healthcare network. It is a physician-governed organization, and IHANY has over 1,900 providers working together to ensure the triple aim of better health, better care, and lower costs for community members is achieved. IHANY also partners with Health Alliance IPA to engage with members and fulfill their social care concerns. Healthy Alliance also augments access to community based behavioral health providers.

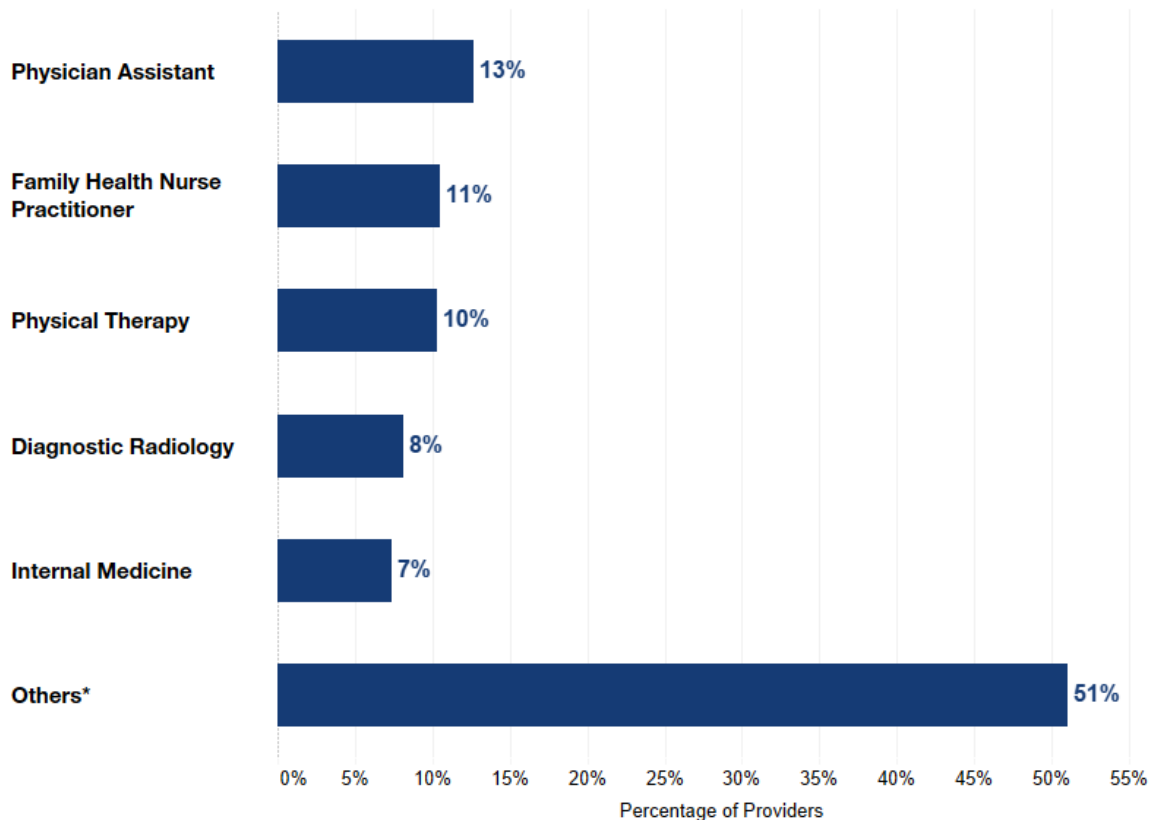
A primary focus of the ACO is the adoption and expansion of the Integrated Care Coordination System (ICCS). ICCS is an evidence-based transformative pathway to ensure care is personalized, patient-centered and integrated. ICCS is designed to assist patients and their support systems in managing medical conditions more effectively. By leveraging an interprofessional team that uses standardized, evidence-based best practices, ICCS model encompasses those care coordination activities needed to manage chronic illness to the point that the patient can self-manage or is transitioned to another level of care. During 2022, IHANY has also connected to include communities in the area, allowing the support of pilot projects around blood pressure control and diabetes prevention and management along with filling gaps around immunizations with our continuum.

All participating IHANY practices have telemedicine capabilities which allow providers to interact with patients via e-mail and video conferences. IHANY actively works with each participating practice to promote interoperability between different EMR systems. In 2021, IHANY's owner, St Peter's Health Partners migrated to a new EMR system (Epic) and with that, a new suite of population health tools and resources to further support the ACO's capabilities in care coordination and quality performance improvement.

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

### 2.1 Distribution of Specialties for Providers in Innovative Health Alliance of New York, LLC’s Network

**Figure 1.** Most Common Specialties for Providers in Innovative Health Alliance of New York, LLC’s Network

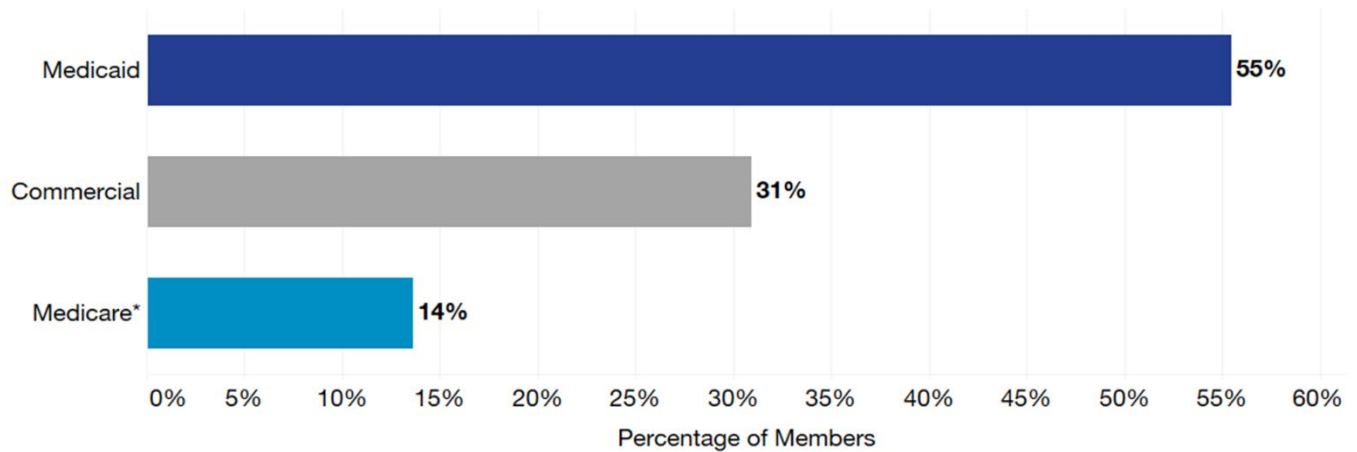


\* The Others category includes all other specialty types including but not limited to Cardiovascular Disease (6%), Family Medicine (5%), and Occupational Therapy (4%).

**Note:** Provider information was collected in 2023 for Measurement Year (MY) 2022. See: **Technical Notes.**

## 2.2 Distribution of Members Attributed to a Provider with Innovative Health Alliance of New York, LLC by Payer

**Figure 2.** Members Qualifying for a Quality Measure Attributed to a Participating Provider with Innovative Health Alliance of New York, 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 2022. Member attribution information was collected from January 1 – December 31, 2023, for the MY 2022.

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 Innovative Health Alliance of New York, LLC

**Table 2.** Number of Services Used by Eligible ACO Members in Innovative Health Alliance of New York, LLC during MY2022, by Payer

Domain	Measure	Overall Results			Payer Results		
		Denominator	Numerator	Percent	Commercial (%)	Medicaid (%)	Medicare* (%)
Chronic Disease	Antidepressant Medication Management - Effective Acute Phase Treatment	2,315	1,522	66	74	60	76
	Antidepressant Medication Management - Effective Continuation Phase Treatment	2,315	1,133	49	59	41	64
	Eye Exam for Patients With Diabetes	11,076	6,588	59	55	53	77
	Hemoglobin A1c Control for Patients With Diabetes	8,311	3,919	47	40	54	--
	Kidney Health Evaluation for Patients With Diabetes	7,959	3,156	40	39	40	--
Prevention	Breast Cancer Screening	16,199	12,571	78	85	57	82
	Cervical Cancer Screening	30,419	21,168	70	80	62	--
	Childhood Immunization Status	1,400	1,009	72	79	71	--
	Chlamydia Screening for Women	4,505	3,007	67	64	68	--
	Colorectal Cancer Screening	34,647	22,774	66	73	44	78

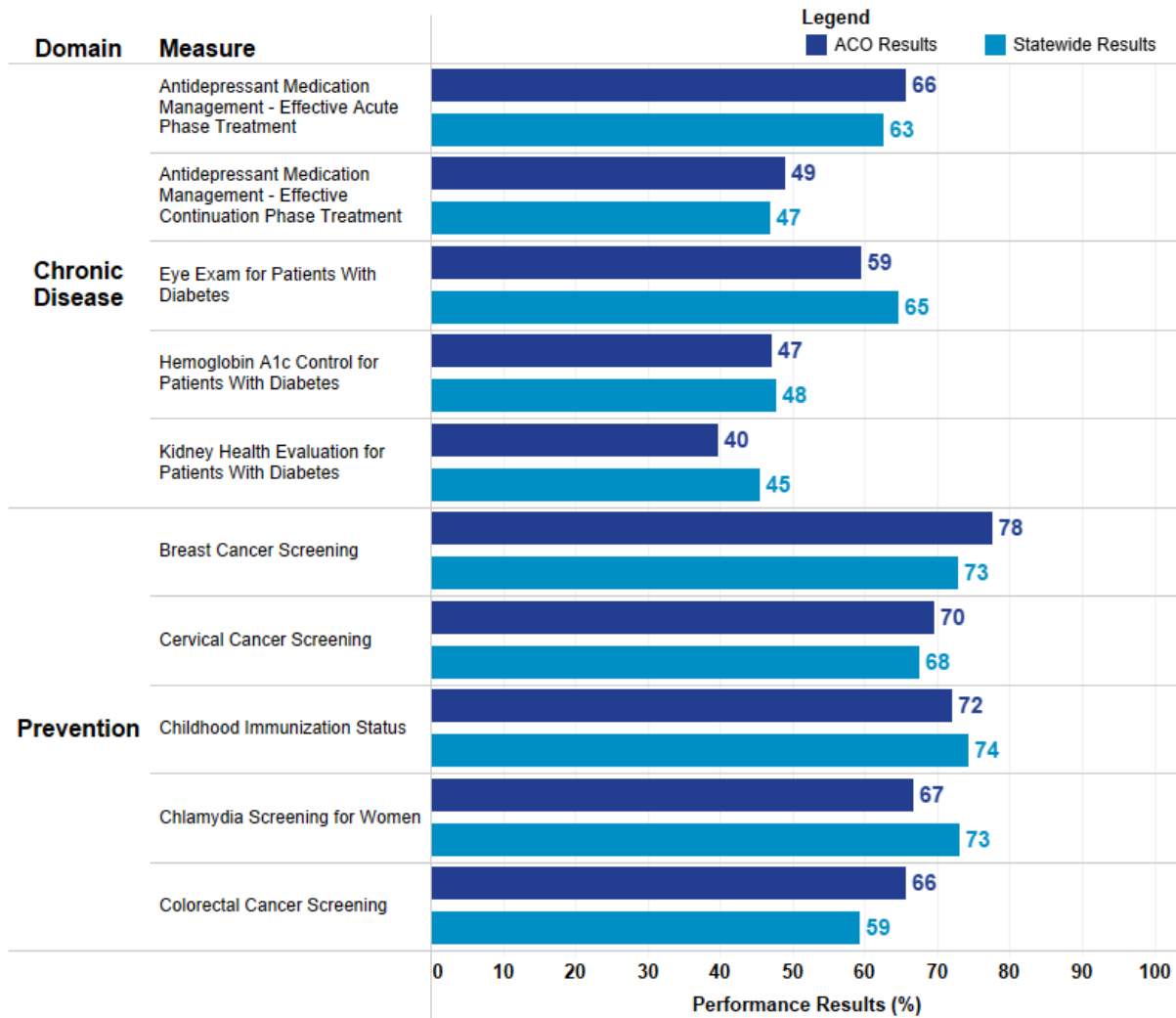
-- Measure result not reported.

\* Medicare Advantage results only.

**Note:** Results are based on MY 2022. 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 2022 Innovative Health Alliance of New York, 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 2022. 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 2022, from January 1, 2022, through December 31, 2022 for the 2022 Measurement Year (MY 2022) using the 2022 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 2022. 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 2022 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 2022 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/sharesavingsprogram/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 2022 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/](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: [acobml@health.ny.gov](mailto:acobml@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](mailto:nysqarr@health.ny.gov)

## Appendix A – MY 2022 NYS ACO Core Measure Set

Measure (Short Name)	Description
<b>Antidepressant Medication Management (AMM)</b>	Percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment. Two rates are reported: <ol style="list-style-type: none"> <li><i>Effective Acute Phase Treatment</i>: Percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks)</li> <li><i>Effective Continuation Phase Treatment</i>: Percentage of members who remained on an antidepressant medication for at least 180 days (6 months)</li> </ol>
<b>Breast Cancer Screening (BCS)</b>	Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer.
<b>Cervical Cancer Screening (CCS)</b>	Percentage of women 21-64 years of age who were screened for cervical cancer using either of the following criteria: <ol style="list-style-type: none"> <li>Women 21-64 years of age who had cervical cytology performed within the last 3 years.</li> <li>Women 30-64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years.</li> <li>Women 30-64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years.</li> </ol>
<b>Childhood Immunization Status – Combo 3 (CIS)</b>	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 influenzae type B (HiB); three hepatitis B (HepB), one chickenpox (VZV); and four pneumococcal conjugates (PCV).
<b>Chlamydia Screening for Women (CHL)</b>	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.
<b>Colorectal Cancer Screening (COL)</b>	Percentage of members 50-75 years of age who had appropriate screening for colorectal cancer.
<b>Hemoglobin A1c Control for Patients With Diabetes (HBD)</b>	Percentage of members 18-75 years of age with diabetes (types 1 and 2) whose hemoglobin A1c (HbA1c) was at poor control (>9.0%) during the measurement year. For this measure, a <b>lower rate</b> is better.
<b>Eye Exam for Patients With Diabetes (EED)</b>	Percentage of members 18-75 years of age with diabetes (types 1 and 2) who had a retinal eye exam.
<b>Kidney Health Evaluation for Patients With Diabetes (KED)</b>	Percentage of members 18-85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the measurement year.

## Appendix B – Quality Measure Results for Commercial Providers

**Table 3.** Number of Services Used by Eligible ACO Members in Innovative Health Alliance of New York, LLC during MY2022 for Commercial Providers

Domain	Measure	Overall Results			Contracted Results			Non-Contracted Results		
		Denominator	Numerator	Percent	Denominator	Numerator	Percent	Denominator	Numerator	Percent
Chronic Disease	Antidepressant Medication Management - Effective Acute Phase Treatment	541	400	74	35	26	74	506	374	74
	Antidepressant Medication Management - Effective Continuation Phase Treatment	541	320	59	35	21	60	506	299	59
	Eye Exam for Patients With Diabetes	3,973	2,181	55	515	292	57	3,458	1,889	55
	Hemoglobin A1c Control for Patients With Diabetes	3,973	1,595	40	515	353	69	3,458	1,242	36
	Kidney Health Evaluation for Patients With Diabetes	3,891	1,521	39	474	147	31	3,417	1,374	40
Prevention	Breast Cancer Screening	8,025	6,804	85	1,135	965	85	6,890	5,839	85
	Cervical Cancer Screening	13,260	10,590	80	1,839	1,394	76	11,421	9,196	81
	Childhood Immunization Status	136	107	79	SS	SS	SS	114	89	78
	Chlamydia Screening for Women	1,350	867	64	214	125	58	1,136	742	65
	Colorectal Cancer Screening	15,426	11,265	73	--	--	--	15,426	11,265	73

-- Measure result not reported.

SS: Small Sample Size denominator less than 30.

**Note:** Overall denominator and numerator results shown represent 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 Innovative Health Alliance of New York, LLC during MY2022 for Medicaid Providers

Domain	Measure	Overall Results			Contracted Results			Non-Contracted Results		
		Denominator	Numerator	Percent	Denominator	Numerator	Percent	Denominator	Numerator	Percent
Chronic Disease	Antidepressant Medication Management - Effective Acute Phase Treatment	1,401	838	60	755	454	60	646	384	59
	Antidepressant Medication Management - Effective Continuation Phase Treatment	1,401	575	41	755	313	41	646	262	41
	Eye Exam for Patients With Diabetes	4,338	2,279	53	2,374	1,262	53	1,964	1,017	52
	Hemoglobin A1c Control for Patients With Diabetes	4,338	2,324	54	2,373	1,556	66	1,965	768	39
	Kidney Health Evaluation for Patients With Diabetes	4,068	1,635	40	2,161	904	42	1,907	731	38
Prevention	Breast Cancer Screening	3,810	2,188	57	2,167	1,143	53	1,643	1,045	64
	Cervical Cancer Screening	17,159	10,578	62	10,533	6,043	57	6,626	4,535	68
	Childhood Immunization Status	1,264	902	71	692	480	69	572	422	74
	Chlamydia Screening for Women	3,155	2,140	68	1,920	1,314	68	1,235	826	67
	Colorectal Cancer Screening	10,179	4,488	44	6,530	2,366	36	3,649	2,122	58

-- Measure result not reported.

**Note:** Overall denominator and numerator results shown represent 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 Innovative Health Alliance of New York, LLC during MY2022 for Medicare Providers

Domain	Measure	Overall Results			Contracted Results			Non-Contracted Results		
		Denominator	Numerator	Percent	Denominator	Numerator	Percent	Denominator	Numerator	Percent
Chronic Disease	Antidepressant Medication Management - Effective Acute Phase Treatment	373	284	76	--	--	--	373	284	76
	Antidepressant Medication Management - Effective Continuation Phase Treatment	373	238	64	--	--	--	373	238	64
	Eye Exam for Patients With Diabetes	2,765	2,128	77	--	--	--	2,765	2,128	77
	Hemoglobin A1c Control for Patients With Diabetes	--	--	--	--	--	--	--	--	--
	Kidney Health Evaluation for Patients With Diabetes	--	--	--	--	--	--	--	--	--
Prevention	Breast Cancer Screening	4,364	3,579	82	--	--	--	4,364	3,579	82
	Cervical Cancer Screening	--	--	--	--	--	--	--	--	--
	Childhood Immunization Status	--	--	--	--	--	--	--	--	--
	Chlamydia Screening for Women	--	--	--	--	--	--	--	--	--
	Colorectal Cancer Screening	9,042	7,021	78	--	--	--	9,042	7,021	78

-- Measure result not reported.

**Note:** Overall denominator and numerator results shown represent 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](#).