

2022 Annual Report

Mount Sinai Health Partners IPA, 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)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 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 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 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 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. Mount Sinai Health Partners IPA, LLC Profile

ACO Type: Hybrid



**Community-Based
Hospitals**



**Academic/Teaching
Hospitals**



Service Area: Mount Sinai Health Partners IPA, LLC's

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

MCO	Commercial Contract	Medicaid Contract	Medicare Contract
Aetna Inc.	X		
Empire BlueCross BlueShield	X	X	X
UnitedHealthcare of New York, Inc.	X		
Cigna	X		

ACO Provided Care Coordination Highlights

Mount Sinai Health Partners IPA, LLC (MSHP) is a clinically integrated network of over 5,500 community-based and employed primary and specialty care providers, urgent care practices, Federally Qualified Health Centers, and eight hospitals spanning the five boroughs of New York City and Long Island.

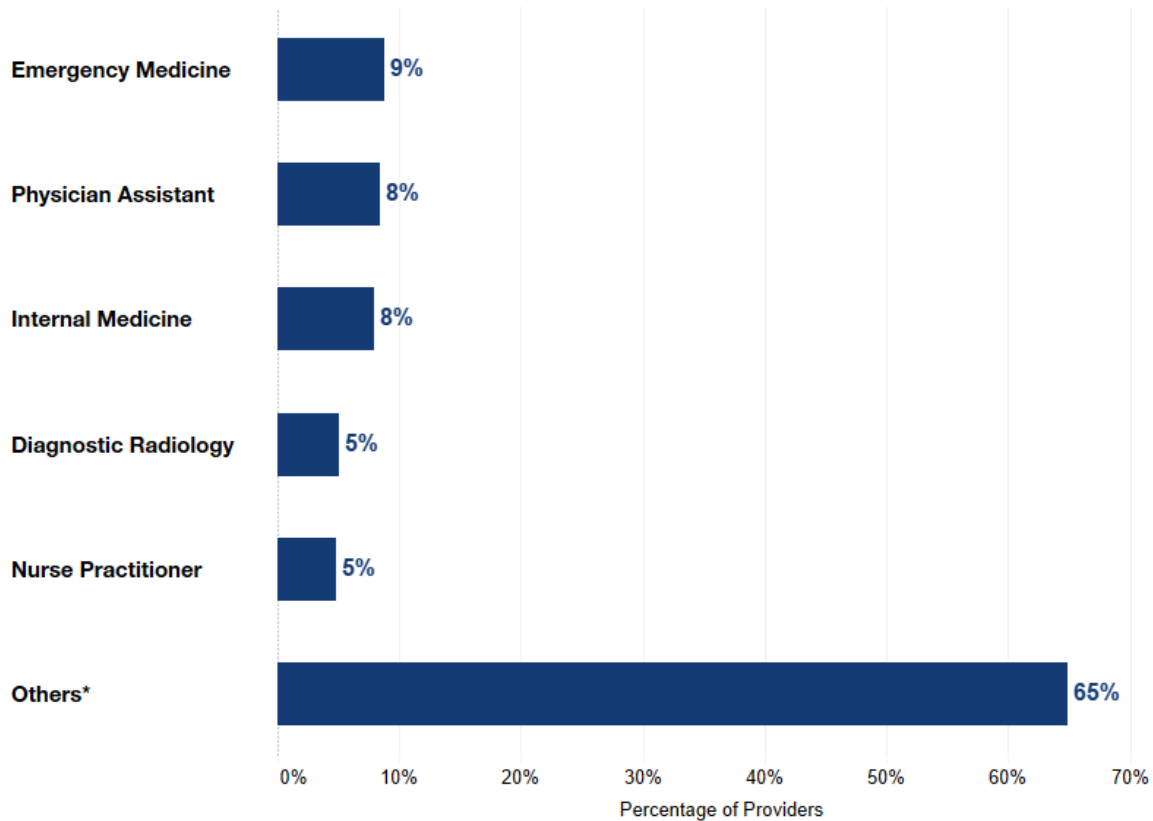
MSHP's clinical leadership has established a clinical "gold-standard" approach to improve quality and safety in patient care based on evidence-based medicine across Mount Sinai's network. MSHP's Behavioral Health Workgroup is composed of a multidisciplinary team of MSHP providers includes nursing, social work, pharmacy, and other disciplines, which are aligned to ensure patients receive the highest quality of care based on their needs regardless of how they entered the care management system. MSHP utilizes prioritized care gap lists to proactively close quality gaps, in addition to utilizing clinical decision support at the point of care. In doing so, MSHP reduces the burden of registry work and allow providers and staff the opportunity to have meaningful discussions with patients about prevention and disease management and build meaningful therapeutic relationships.

MSHP also employs a sophisticated analytics infrastructure capable of integrating clinical and claims data from multiple sources to provide actionable insights to manage quality, cost, and utilization. Data gathered from the Workgroup, along with ongoing collaborations with MSHP's Data Analytics team, help identify behavioral health needs for patients. This allows the ACO to utilize the strengths of each role on the care team to provide an individualized approach for patients.

Section 2. Mount Sinai Health Partners IPA, LLC Report

2.1 Distribution of Specialties for Providers in Mount Sinai Health Partners IPA, LLC's Network

Figure 1. Most Common Specialties for Providers in Mount Sinai Health Partners IPA, LLC's Network

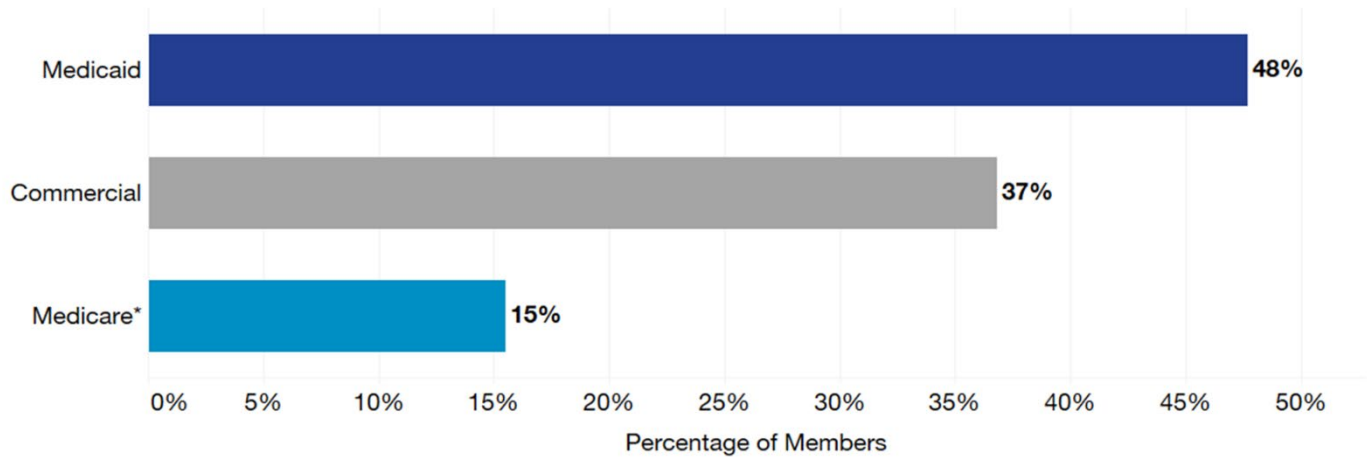


* The Others category includes all other specialty types including but not limited to Psychiatry (5%), Anesthesiology (4%), and Pediatrics (3%).

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 Mount Sinai Health Partners IPA, LLC by Payer

Figure 2. Members Qualifying for a Quality Measure Attributed to a Participating Provider with Mount Sinai Health Partners IPA, 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, 2022, 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 Mount Sinai Health Partners IPA, LLC

Table 2. Number of Services Used by Eligible ACO Members in Mount Sinai Health Partners IPA, 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	3,450	2,410	70	78	60	78
	Antidepressant Medication Management - Effective Continuation Phase Treatment	3,450	1,894	55	67	44	60
	Eye Exam for Patients With Diabetes	20,051	12,347	62	50	59	76
	Hemoglobin A1c Control for Patients With Diabetes	14,086	6,733	48	43	51	--
	Kidney Health Evaluation for Patients With Diabetes	12,390	5,424	44	45	43	--
Prevention	Breast Cancer Screening	34,633	25,301	73	74	68	77
	Cervical Cancer Screening	70,588	50,567	72	78	66	--
	Childhood Immunization Status	2,438	1,522	62	69	60	--
	Chlamydia Screening for Women	7,599	5,597	74	68	77	--
	Colorectal Cancer Screening	88,396	51,579	58	56	53	72

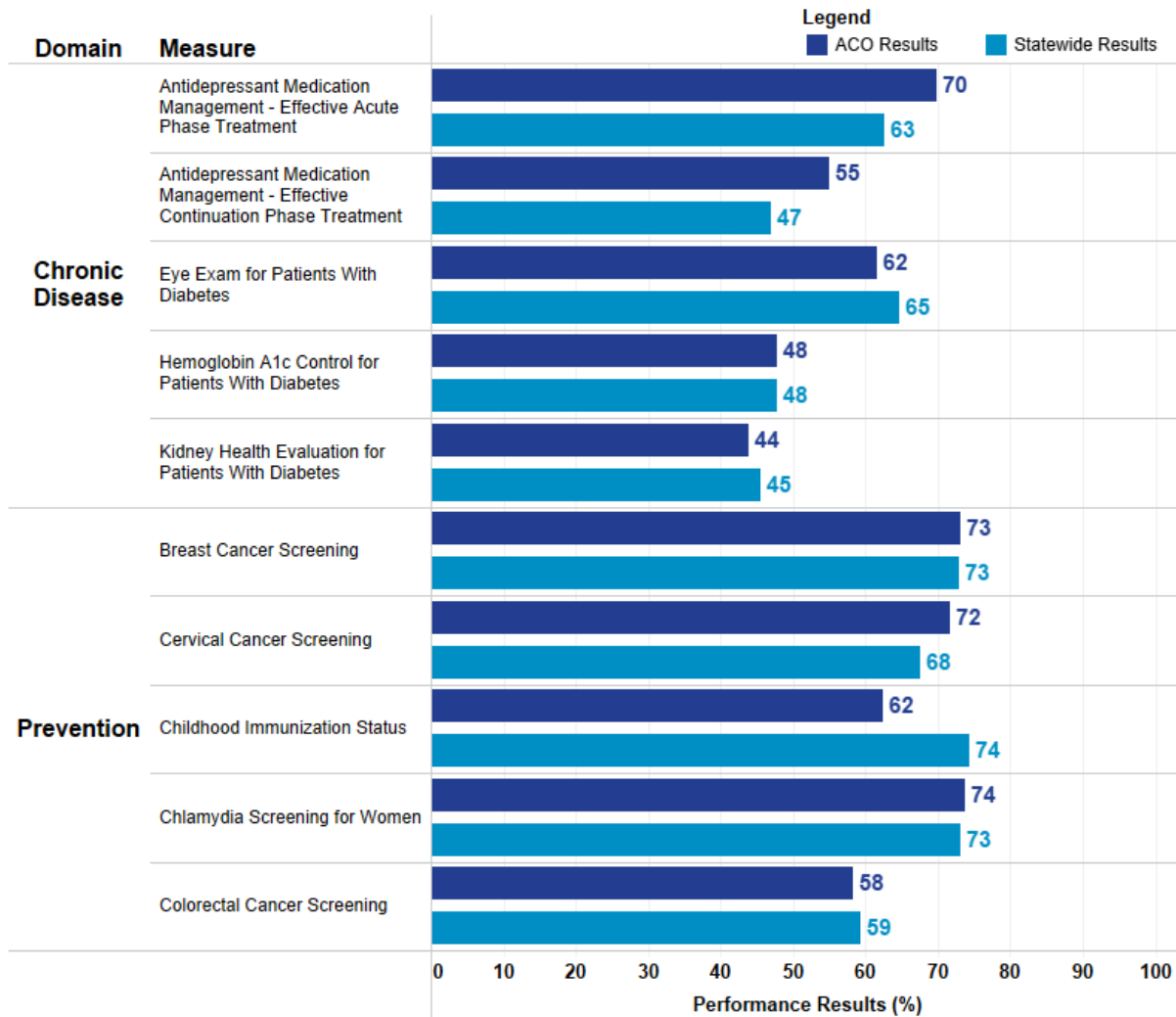
-- Measure result not reported.

* 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 Mount Sinai Health Partners IPA, 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/

If you have any questions about New York State's Accountable Care Program, please contact us:

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Appendix A – MY 2022 NYS ACO Core Measure Set

Measure (Short Name)	Description
Antidepressant Medication Management (AMM)	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"> <i>Effective Acute Phase Treatment</i>: Percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks) <i>Effective Continuation Phase Treatment</i>: Percentage of members who remained on an antidepressant medication for at least 180 days (6 months)
Breast Cancer Screening (BCS)	Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer.
Cervical Cancer Screening (CCS)	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"> Women 21–64 years of age who had cervical cytology performed within the last 3 years. Women 30–64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years. Women 30–64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years.
Childhood Immunization Status – Combo 3 (CIS)	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).
Chlamydia Screening for Women (CHL)	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 (COL)	Percentage of members 50-75 years of age who had appropriate screening for colorectal cancer.
Hemoglobin A1c Control for Patients With Diabetes (HBD)	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 lower rate is better.
Eye Exam for Patients With Diabetes (EED)	Percentage of members 18–75 years of age with diabetes (types 1 and 2) who had a retinal eye exam.
Kidney Health Evaluation for Patients With Diabetes (KED)	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 Mount Sinai Health Partners IPA, 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	1,105	864	78	671	532	79	434	332	76
	Antidepressant Medication Management - Effective Continuation Phase Treatment	1,105	736	67	671	463	69	434	273	63
	Eye Exam for Patients With Diabetes	5,460	2,731	50	2,708	1,317	49	2,752	1,414	51
	Hemoglobin A1c Control for Patients With Diabetes	5,449	2,367	43	2,695	1,183	44	2,754	1,184	43
	Kidney Health Evaluation for Patients With Diabetes	4,940	2,210	45	2,323	982	42	2,617	1,228	47
Prevention	Breast Cancer Screening	13,916	10,327	74	8,407	6,216	74	5,509	4,111	75
	Cervical Cancer Screening	34,673	27,013	78	21,627	17,270	80	13,046	9,743	75
	Childhood Immunization Status	527	366	69	444	316	71	83	50	60
	Chlamydia Screening for Women	2,899	1,972	68	2,064	1,393	67	835	579	69
	Colorectal Cancer Screening	40,650	22,648	56	25,655	14,297	56	14,995	8,351	56

-- 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 C – Quality Measure Results for Medicaid Providers

Table 4. Number of Services Used by Eligible ACO Members in Mount Sinai Health Partners IPA, 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	1,524	909	60	--	--	--	1,524	909	60
	Antidepressant Medication Management - Effective Continuation Phase Treatment	1,524	665	44	--	--	--	1,524	665	44
	Eye Exam for Patients With Diabetes	8,651	5,128	59	--	--	--	8,651	5,128	59
	Hemoglobin A1c Control for Patients With Diabetes	8,637	4,366	51	--	--	--	8,637	4,366	51
	Kidney Health Evaluation for Patients With Diabetes	7,450	3,214	43	--	--	--	7,450	3,214	43
Prevention	Breast Cancer Screening	10,977	7,490	68	--	--	--	10,977	7,490	68
	Cervical Cancer Screening	35,915	23,554	66	--	--	--	35,915	23,554	66
	Childhood Immunization Status	1,911	1,156	60	--	--	--	1,911	1,156	60
	Chlamydia Screening for Women	4,700	3,625	77	--	--	--	4,700	3,625	77
	Colorectal Cancer Screening	28,085	14,770	53	--	--	--	28,085	14,770	53

-- 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 Mount Sinai Health Partners IPA, 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	821	637	78	100	74	74	721	563	78
	Antidepressant Medication Management - Effective Continuation Phase Treatment	821	493	60	100	63	63	721	430	60
	Eye Exam for Patients With Diabetes	5,940	4,488	76	883	603	68	5,057	3,885	77
	Hemoglobin A1c Control for Patients With Diabetes	--	--	--	--	--	--	--	--	--
	Kidney Health Evaluation for Patients With Diabetes	--	--	--	--	--	--	--	--	--
Prevention	Breast Cancer Screening	9,740	7,484	77	905	623	69	8,835	6,861	78
	Cervical Cancer Screening	--	--	--	--	--	--	--	--	--
	Childhood Immunization Status	--	--	--	--	--	--	--	--	--
	Chlamydia Screening for Women	--	--	--	--	--	--	--	--	--
	Colorectal Cancer Screening	19,661	14,161	72	2,140	1,460	68	17,521	12,701	72

-- 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](#).