



Department  
of Health

# 2019 Annual Report

## Accountable Care Organization of the North Country, LLC

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



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## **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 Accountable Care Organization of the North Country, 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. Accountable Care Organization of the North Country, LLC Profile

ACO Type: Hybrid



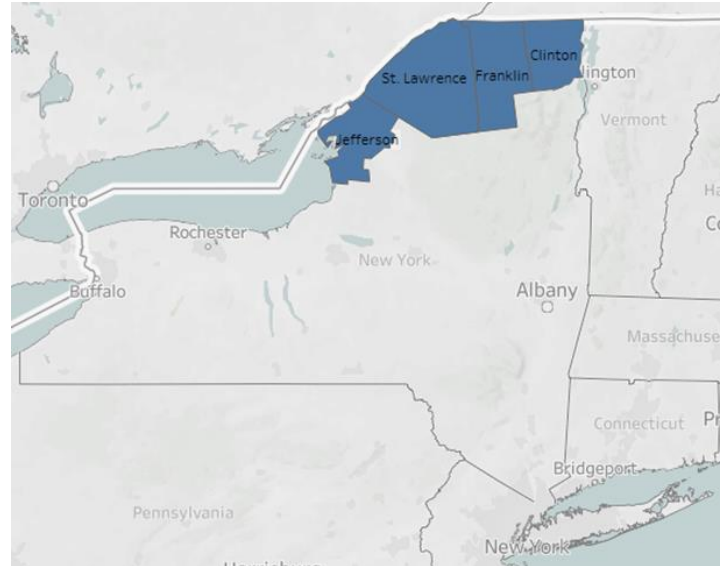
**Provider-led Practices**



**Community-Based Hospitals**



**Academic/Teaching Hospitals**



**Service Area:** Accountable Care Organization of the North Country, LLC's Providers by County

### ACO Provided Care Coordination Highlights

#### **Accountable Care Organization of the North Country, LLC**

- Tracks which beneficiaries have received their annual wellness check
- Analyzes provider's patients records to provide continuous assessment of quality performance, feedback to participant providers and education on best practices for recording quality measures
- Primary Care providers coordinate post discharge care coordination
- Providers are educated on diagnosis coding so the ACO can generate accurate Risk Adjustment Factor (RSF) scores

## Section 2. Accountable Care Organization of the North Country, LLC's Report

**Table 1.** Most Common Specialties for Providers in Accountable Care Organization of the North Country, LLC's Network

Classification	Number of Providers
Physician Assistant	37
Nurse Practitioner	36
Internal Medicine	19
Family Practice	18
Diagnostic Radiology	15
Other*	106
<b>Grand Total</b>	<b>231</b>

### Legend

\*The "Other" includes all other specialty types including but not limited to Psychiatry, Infectious Disease and Pediatric Medicine.

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

**Table 2.** Members Qualifying for a Quality Measure Attributed to a Provider in the Accountable Care Organization of the North Country, LLC Network; Results Stratified by Health Plan and Product

Health Plan	Commercial	Medicaid	Medicare*	Total
<b>All Contracted MCOs</b>	<b>6,611</b>	<b>10,671</b>	<b>1,797</b>	<b>19,079</b>

### Legend

\* Medicare Managed Care results only. See: **Technical Notes**.

**Note:** This table represents a defined subset of members in Accountable Care Organization of the North Country, 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.

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**Table 3.** 2019 Quality Measure Results for Eligible Members in Accountable Care Organization of the North Country, LLC, Stratified by Payer

Domain	Measure	Total			By Payer		
		Denominator	Numerator	Result	Commercial	Medicaid	Medicare*
Prevention	Breast Cancer Screening	1,746	1,278	73%	78%	64%	72%
	Cervical Cancer Screening	3,730	2,355	63%	70%	57%	--
	Childhood Immunization Status Combo 3	279	179	64%	64%	64%	--
	Chlamydia Screening in Women (16-24 Years)	720	309	43%	42%	44%	--
	Colorectal Cancer Screening	3,867	2,284	59%	64%	46%	60%
Chronic Disease	Comprehensive Diabetes Care Eye Exams	1,411	811	57%	49%	62%	66%
	Comprehensive Diabetes Care HbA1c Testing	1,063	945	89%	86%	92%	--
	Comprehensive Diabetes Care Medical Attention for Nephropathy	1,063	869	82%	79%	85%	--

**Legend**

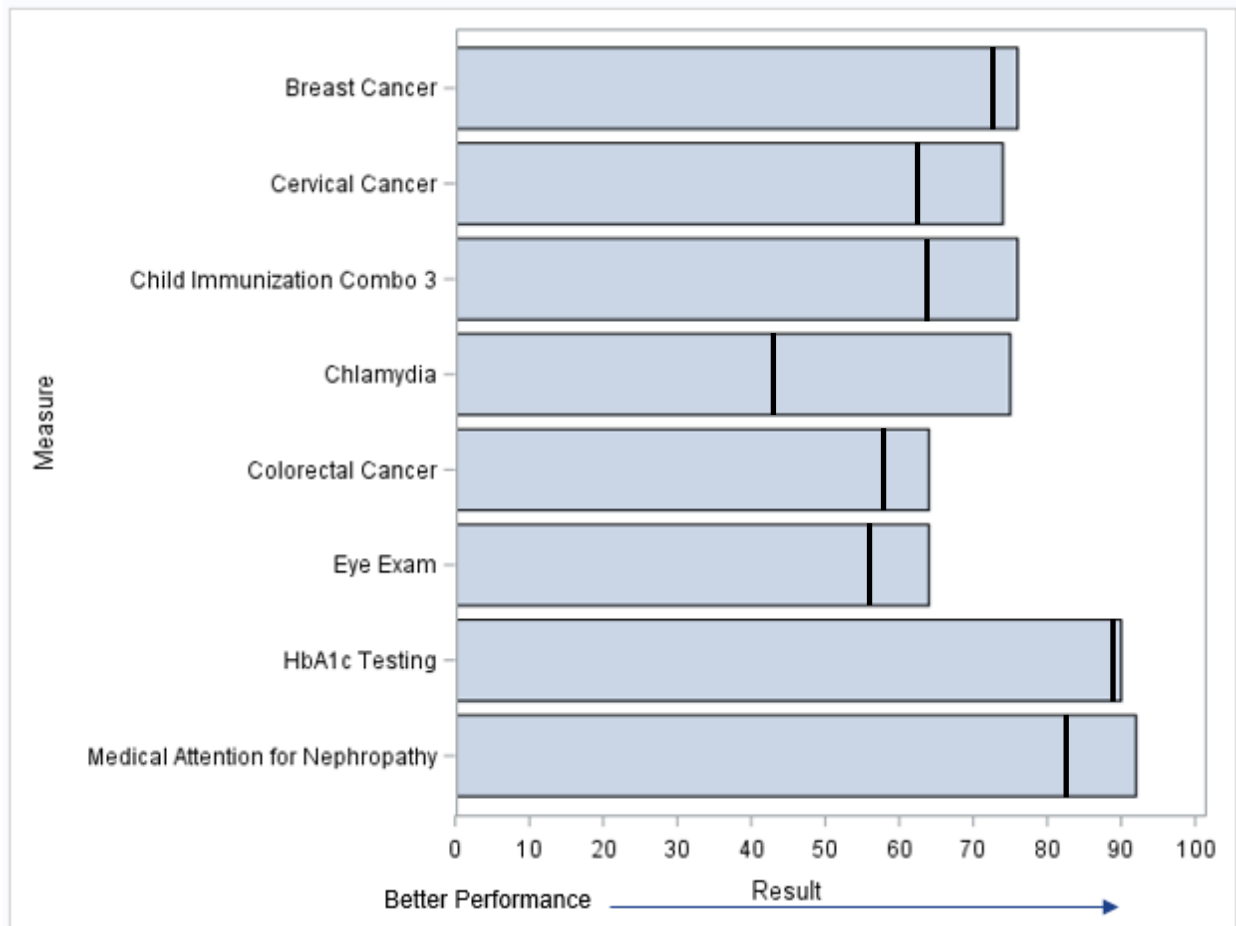
-- Measure result not reported.

\*Medicare Managed Care results only. See: **Technical Notes**.

**Note:** Results are based on measurement year 2018. Diabetes denominators differ across measures because not all diabetes measures are calculated and reported for all payers.

### Section 3. Statewide Benchmark Comparisons

**Figure 1.** 2019 Accountable Care Organization of the North Country, LLC Results Compared with the Statewide ACO Average



= Accountable Care Organization of the North Country, LLC's 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 Accountable Care Organization of the North Country, 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 Accountable Care Organization of the North Country, 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.



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### **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/](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:

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Corning Tower, Room 1695  
Empire State Plaza  
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 – 2018 NYS ACO Core Measure Set

MEASURE (NQF#/Developer)	DESCRIPTION
<b>Breast Cancer Screening</b> (2372/HEDIS)	The percentage of women, ages 50 to 74 years, who had a mammogram to screen for breast cancer.
<b>Cervical Cancer Screening</b> (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.
<b>Childhood Immunization Status – Combo 3</b> (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.
<b>Chlamydia Screening for Women</b> (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
<b>Controlling High Blood Pressure</b> (0018/HEDIS)	The percentage of adults, ages 50 to 75 years, who had appropriate screening for colorectal cancer.
<b>Comprehensive Diabetes Care: HbA1c Poor Control</b> (0059/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.
<b>Comprehensive Diabetes Care: HbA1c Testing</b> (0057/HEDIS)	The percentage of members, ages 18 to 75 years, with diabetes (type 1 and type 2) who had an eye exam (retinal) performed.
<b>Comprehensive Diabetes Care: Eye Exam</b> (0055/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.
<b>Comprehensive Diabetes Care: Nephropathy</b> (0062/HEDIS)	The percentage of women, ages 50 to 74 years, who had a mammogram to screen for breast cancer.

## Appendix B – Quality Measure Results for Commercial

Domain	Measure	Commercial Results		
		Denominator	Numerator	Result
Prevention	Breast Cancer Screening	985	764	78%
	Cervical Cancer Screening	1,766	1,245	70%
	Childhood Immunization Status Combo 3	70	45	64%
	Chlamydia Screening in Women (16-24 Years)	360	151	42%
	Colorectal Cancer Screening	2,189	1,395	64%
Chronic Disease	Comprehensive Diabetes Care Eye Exams	610	300	49%
	Comprehensive Diabetes Care HbA1c Testing	610	527	86%
	Comprehensive Diabetes Care Medical Attention for Nephropathy	610	484	79%

## Appendix C – Quality Measure Results for Medicaid

Domain	Measure	Medicaid Results		
		Denominator	Numerator	Result
Prevention	Breast Cancer Screening	390	248	64%
	Cervical Cancer Screening	1,964	1,110	57%
	Childhood Immunization Status Combo 3	209	134	64%
	Chlamydia Screening in Women (16-24 Years)	360	158	44%
	Colorectal Cancer Screening	822	375	46%
Chronic Disease	Comprehensive Diabetes Care Eye Exams	453	283	62%
	Comprehensive Diabetes Care HbA1c Testing	453	418	92%
	Comprehensive Diabetes Care Medical Attention for Nephropathy	453	385	85%

## Appendix D – Quality Measure Results for Medicare

Domain	Measure	Medicare Results		
		Denominator	Numerator	Result
Prevention	Breast Cancer Screening	371	266	72%
	Cervical Cancer Screening	--	--	--
	Childhood Immunization Status Combo 3	--	--	--
	Chlamydia Screening in Women (16-24 Years)	--	--	--
	Colorectal Cancer Screening	856	514	60%
Chronic Disease	Comprehensive Diabetes Care Eye Exams	348	228	66%
	Comprehensive Diabetes Care HbA1c Testing	--	--	--
	Comprehensive Diabetes Care Medical Attention for Nephropathy	--	--	--

### Legend

-- Measure result not reported.

**Note:** The results include Medicare Advantage members only (See: **Technical Notes**).