

# 2020-2021 Annual Report

## Adirondacks ACO

### 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 Adirondacks ACO'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. Adirondacks ACO Profile

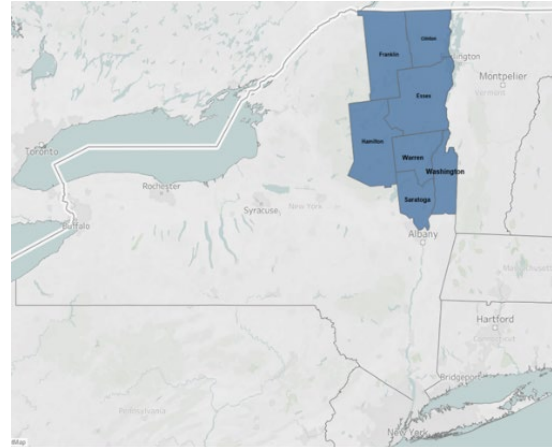
ACO Type: Hybrid



**Provider-Led Practices**



**Community-Based Hospitals**



**Service Area:** Adirondacks ACO's Providers by County

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

MCO	Commercial Contract	Medicaid Contract	Medicare Contract
CDPHP	X	X	X
Empire BlueCross BlueShield	X		
Excellus BlueCross BlueShield	X		
Fidelis Care New York, Inc.		X	
HealthNow New York Inc.	X		X
MVP Health Plan, Inc.	X	X	X
United HealthCare – Empire Plan	X		

### ACO Provided Care Coordination Highlights

Adirondacks ACO serves the Northeast region of NYS. Members from Clinton, Essex, Franklin, Hamilton, Saratoga, Warren, and Washington counties have access to Hudson Headwaters Health Network, the largest Federally Qualified Community-based hospital in the region, and provider-led practice associations. The ACO has many aims, including preventing avoidable readmissions to hospitals and expanding care coordination resources for providers.

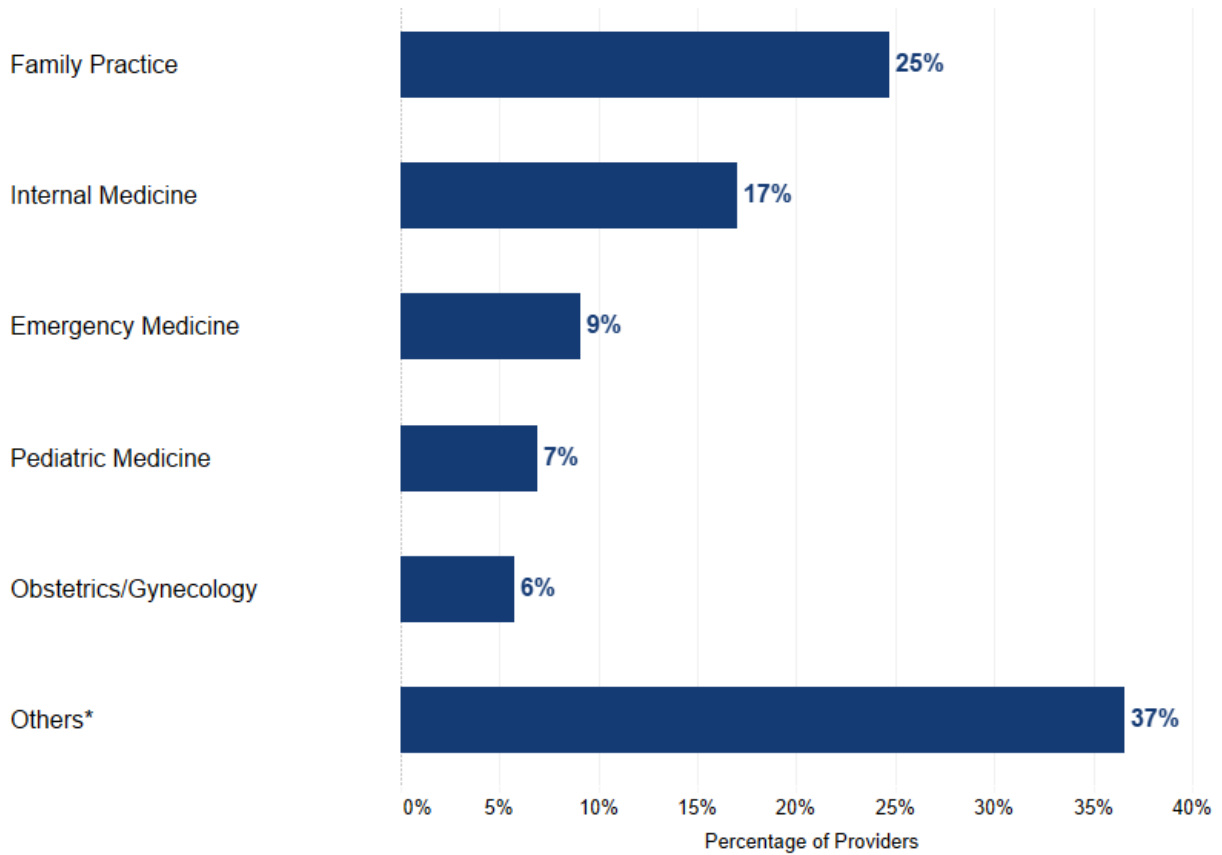
All participating provider organizations are required to have a plan that details their care coordination activities to include transitions of care, chronic disease management and emergency department diversion. These coordination efforts rely on electronic medical records connected through Hixny, a regional health information exchange organization based in eastern NYS.

Adirondacks ACO offers various health care services in the region, including dental care, neurology, and telehealth monitoring. The ACO also encourages mental health services and substance use disorder services to be administered within their primary care offices, co-located within their practice to ensure patients receive the supports they need as seamlessly as possible. Future care coordination will continue to expand services as more partnerships with managed care organizations (MCOs) and Value Based Payment (VBP) contractors in the Northeast region are added.

## Section 2. Adirondacks ACO Report

### 2.1 Distribution of Specialties for Providers in Adirondacks ACO's Network

**Figure 1.** Most Common Specialties for Providers in Adirondacks ACO's Network

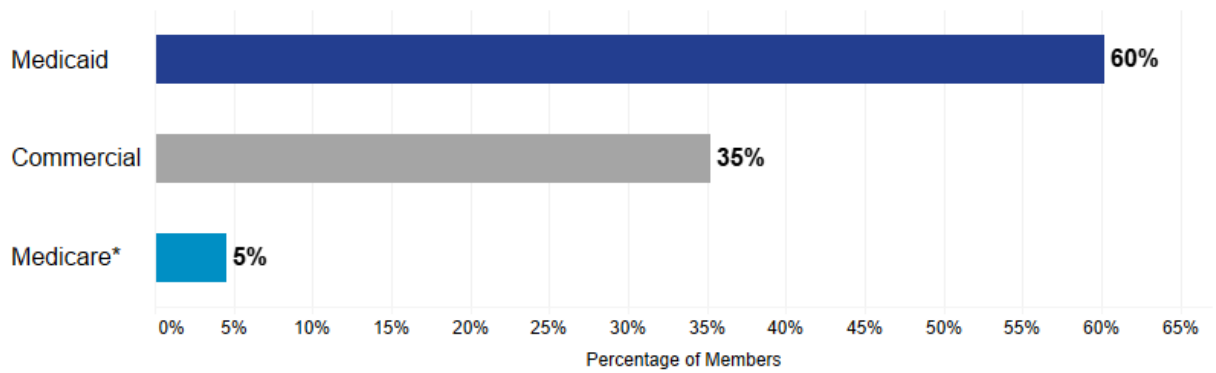


\* The Others category includes all other specialty types including but not limited to Psychiatry (4%), Cardiology (4%), and Geriatric Medicine (3%).

**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 Adirondacks ACO by Payer

**Figure 2.** Members Qualifying for a Quality Measure Attributed to a Participating Provider with Adirondacks ACO 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 Adirondacks ACO

**Table 2.** 2020-2021 Quality Measure Results for Eligible Members in Adirondacks ACO by Payer

Domain	Measure	Overall Results			Payer Results		
		Denominator	Numerator	Percent	Commercial (%)	Medicaid (%)	Medicare* (%)
Prevention	Breast Cancer Screening	6,944	5,360	77	84	63	84
	Cervical Cancer Screening	17,797	12,112	68	79	61	--
	Childhood Immunization Status Combo 3	1,259	1,030	82	87	80	--
	Chlamydia Screening in Women (16-24 Years)	4,089	2,498	61	64	59	--
	Colorectal Cancer Screening	15,375	9,750	63	68	49	75
Chronic Disease	Comprehensive Diabetes Care Eye Exams	4,685	2,510	54	51	51	76
	Comprehensive Diabetes Care HbA1c Testing	4,136	3,480	84	86	83	--

-- Measure result not reported

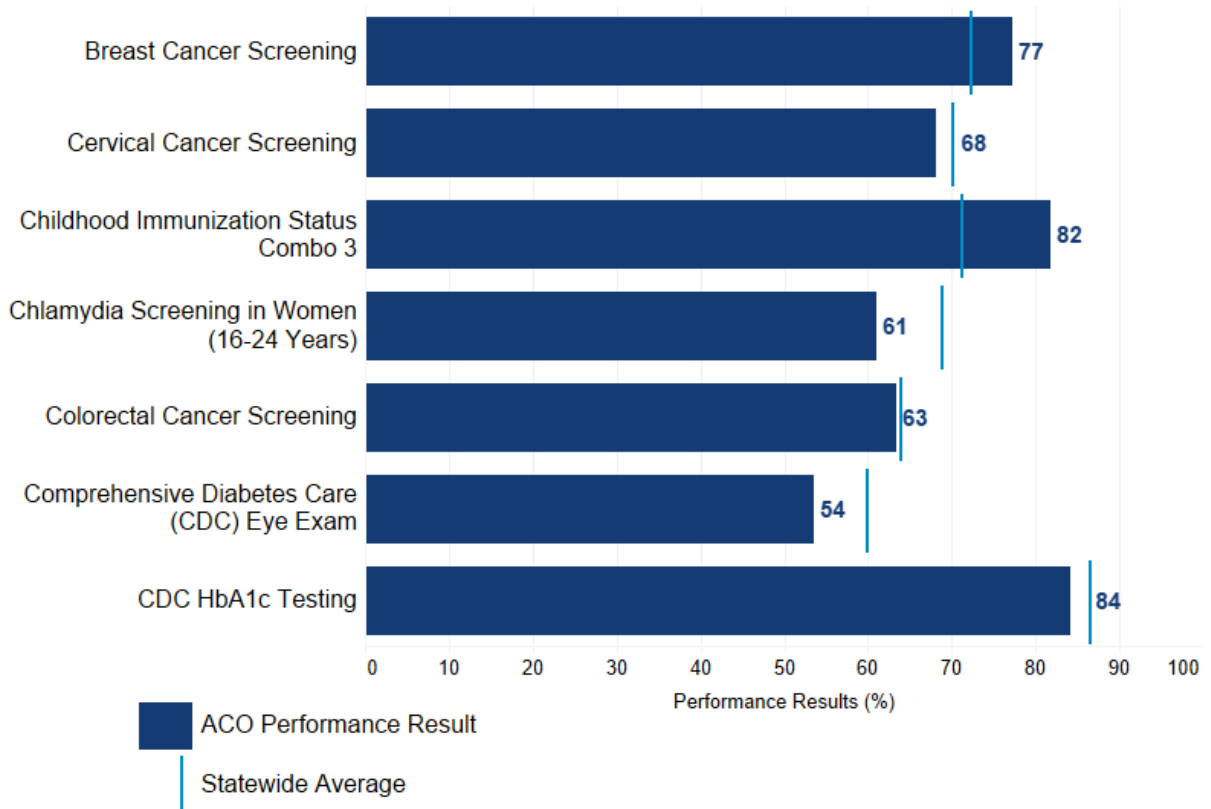
\* Medicare Advantage results only.

**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 Adirondacks ACO 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.

## **Adirondacks ACO 2020-2021 Annual Report**

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### **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:

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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: <ul style="list-style-type: none"> <li>- Women age 21–64 who had cervical cytology performed every 3 years.</li> <li>- Women age 30–64 who had cervical high-risk human papillomavirus (HPV) testing performed within the last 5 years.</li> <li>- Women age 30–64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years.</li> </ul>
<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: <ol style="list-style-type: none"> <li>1. Patients of age 16 – 20 years</li> <li>2. Patients of age 21 – 24 years</li> <li>3. Total</li> </ol>
<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 Adirondacks ACO for Commercial Providers

**Table 3.** 2020-2021 Quality Measure Results for Eligible Members in Adirondacks ACO 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	6,443	5,256	82	3,883	3,249	84	2,560	2,007	78
	Cervical Cancer Screening	11,808	8,968	76	6,980	5,509	79	4,828	3,459	72
	Childhood Immunization Status Combo 3	415	342	82	299	260	87	116	82	71
	Chlamydia Screening in Women (16-24 Years)	2,202	1,348	61	1,542	993	64	660	355	54
	Colorectal Cancer Screening	14,233	9,560	67	8,715	5,949	68	5,518	3,611	65
<b>Chronic Disease</b>	Comprehensive Diabetes Care Eye Exams	3,312	1,591	48	2,020	1,025	51	1,292	566	44
	Comprehensive Diabetes Care HbA1c Testing	3,312	2,845	86	2,020	1,734	86	1,292	1,111	86

-- 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 Adirondacks ACO for Medicaid Providers*

**Table 4.** 2020-2021 Quality Measure Results for Eligible Members in Adirondacks ACO for Medicaid Providers

		Overall Results			Contracted Results			Non-Contracted Results		
Domain	Measure	Denominator	Numerator	Percent	Denominator	Numerator	Percent	Denominator	Numerator	Percent
<b>Prevention</b>	Breast Cancer Screening	2,251	1,409	63	2,141	1,339	63	110	70	64
	Cervical Cancer Screening	11,263	6,834	61	10,817	6,603	61	446	231	52
	Childhood Immunization Status Combo 3	1,004	795	79	960	770	80	44	25	57
	Chlamydia Screening in Women (16-24 Years)	2,637	1,560	59	2,547	1,505	59	90	55	61
	Colorectal Cancer Screening	4,853	2,335	48	4,594	2,243	49	259	92	36
<b>Chronic Disease</b>	Comprehensive Diabetes Care Eye Exams	2,219	1,116	50	2,116	1,069	51	103	47	46
	Comprehensive Diabetes Care HbA1c Testing	2,219	1,821	82	2,116	1,746	83	103	75	73

-- 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 Adirondacks ACO for Medicare Providers*

**Table 5.** 2020-2021 Quality Measure Results for Eligible Members in Adirondacks ACO 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	2,685	2,131	79	920	772	84	1,765	1,359	77
	Cervical Cancer Screening	--	--	--	--	--	--	--	--	--
	Childhood Immunization Status Combo 3	--	--	--	--	--	--	--	--	--
	Chlamydia Screening in Women (16-24 Years)	--	--	--	--	--	--	--	--	--
	Colorectal Cancer Screening	6,087	4,230	69	2,066	1,558	75	4,021	2,672	66
<b>Chronic Disease</b>	Comprehensive Diabetes Care Eye Exams	2,086	1,452	70	549	416	76	1,537	1,036	67
	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 Adirondacks ACO – Data Table

**Table 2.** 2020-2021 Quality Measure Results for Eligible Members in Adirondacks ACO by Payer

Domain	Measure	Overall Results			Payer Results		
		Denominator	Numerator	Percent	Commercial (%)	Medicaid (%)	Medicare* (%)
Prevention	Breast Cancer Screening	6944	5360	77	84	63	84
	Cervical Cancer Screening	17797	12112	68	79	61	--
	Childhood Immunization Status Combo 3	1259	1030	82	87	80	--
	Chlamydia Screening in Women (16-24 Years)	4089	2498	61	64	59	--
	Colorectal Cancer Screening	15375	9750	63	68	49	75
Chronic Disease	Comprehensive Diabetes Care Eye (Retinal) Exams Performed	4685	2510	54	51	51	76
	Comprehensive Diabetes Care HbA1c Testing	4136	3480	84	86	83	--

-- 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 Adirondacks ACO for Commercial Providers – Data Table*

**Table 3.** 2020-2021 Quality Measure Results for Eligible Members in Adirondacks ACO 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	6443	5256	82	3883	3249	84	2560	2007	78
	Cervical Cancer Screening	11808	8968	76	6980	5509	79	4828	3459	72
	Childhood Immunization Status Combo 3	415	342	82	299	260	87	116	82	71
	Chlamydia Screening in Women (16-24 Years)	2202	1348	61	1542	993	64	660	355	54
	Colorectal Cancer Screening	14233	9560	67	8715	5949	68	5518	3611	65
Chronic Disease	Comprehensive Diabetes Care Eye (Retinal) Exams Performed	3312	1591	48	2020	1025	51	1292	566	44
	Comprehensive Diabetes Care HbA1c Testing	3312	2845	86	2020	1734	86	1292	1111	86

-- 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 Adirondacks ACO for Medicaid Providers – Data Table*

**Table 4.** 2020-2021 Quality Measure Results for Eligible Members in Adirondacks ACO 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	2251	1409	63	2141	1339	63	110	70	64
	Cervical Cancer Screening	11263	6834	61	10817	6603	61	446	231	52
	Childhood Immunization Status Combo 3	1004	795	79	960	770	80	44	25	57
	Chlamydia Screening in Women (16-24 Years)	2637	1560	59	2547	1505	59	90	55	61
	Colorectal Cancer Screening	4853	2335	48	4594	2243	49	259	92	36
Chronic Disease	Comprehensive Diabetes Care Eye (Retinal) Exams Performed	2219	1116	50	2116	1069	51	103	47	46
	Comprehensive Diabetes Care HbA1c Testing	2219	1821	82	2116	1746	83	103	75	73

-- 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 Adirondacks ACO for Medicare Providers – Data Table*

**Table 5.** 2020-2021 Quality Measure Results for Eligible Members in Adirondacks ACO 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	2685	2131	79	920	772	84	1765	1359	77
	Cervical Cancer Screening	--	--	--	--	--	--	--	--	--
	Childhood Immunization Status Combo 3	--	--	--	--	--	--	--	--	--
	Chlamydia Screening in Women (16-24 Years)	--	--	--	--	--	--	--	--	--
	Colorectal Cancer Screening	6087	4230	69	2066	1558	75	4021	2672	66
Chronic Disease	Comprehensive Diabetes Care Eye (Retinal) Exams Performed	2086	1452	70	549	416	76	1537	1036	67
	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.