NEW YORK STATE | Department of Health

2019 Annual Report

CAIPA Care, LLC

A Multi-Payer Report of Quality Performance Results

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Contents

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 the CAIPA Care, 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.

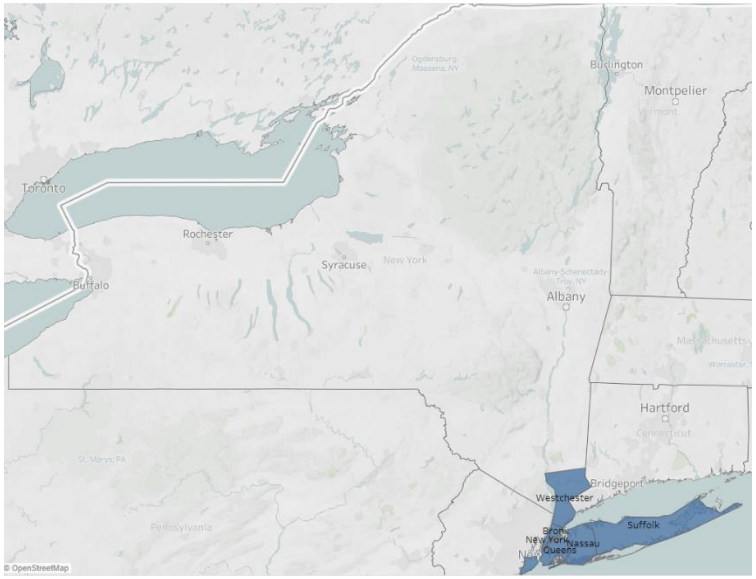
Each profile was developed from supplemental, non-confidential information submitted by the ACO through ACO certification, a survey issued by NYSDOH to the ACO, and other public data.

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. CAIPA Care, LLC Profile

ACO Type: Provider-Led

Provider-Led Practices



Service Area: CAIPA Care, LLC Providers by County

Table 1. Risk Contracts

MCO	Commercial Contract	Medicaid Contract	Medicare Contract
HIP(EmblemHealth)	X	X	X
Empire BlueCross BlueShield		X	
Fidelis Care New York, Inc.	X	X	
Healthfirst PHSP, Inc.		X	X
HealthPlus HP, LLC		X	
Oxford Health Insurance of New York		X	
UnitedHealthcare		X	
VNSNY Choice Health Plans			X
WellCare of New York, Inc.			X

ACO Provided Care Coordination Highlights

CAIPA Care, LLC

- Largely serves Asian American communities in the New York City metropolitan area.
- Maintains a call center for patients and care givers.
- Conducts formal face-to-face sessions between a care manager, the care giver and patient.
- Utilizes Cureatr, a secure and HIPAA compliant platform where participant providers and staff can share information about their patients.
- Encourages participating providers to engage in quarterly meetings for continuing education.
- Over 75% of CAIPA's providers are currently utilizing EMR.

Section 2. CAIPA Care, LLC Report

Table 2. Most Common Specialties for Providers in CAIPA Care, LLC's Network

Classification	Number of Providers
Internal Medicine	188
Acupuncture	63
Dentistry (General)	56
Pediatrics	54
Family Practice	41
Other*	319
Grand Total	**721**

Legend
*The "Other" category includes all other specialty types including but not limited to Neurology, Infectious Disease, 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 CAIPA Care, LLC; Results Stratified by Health Plan and Product

Health Plan	Commercial	Medicaid	Medicare*	Total
All Contracted MCOs	**21,110**	**249,825**	**37,796**	**308,731**

Legend
* Medicare Advantage results only. See: **Technical Notes**.
Note: This table represents a defined subset of members in CAIPA Care, 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.**

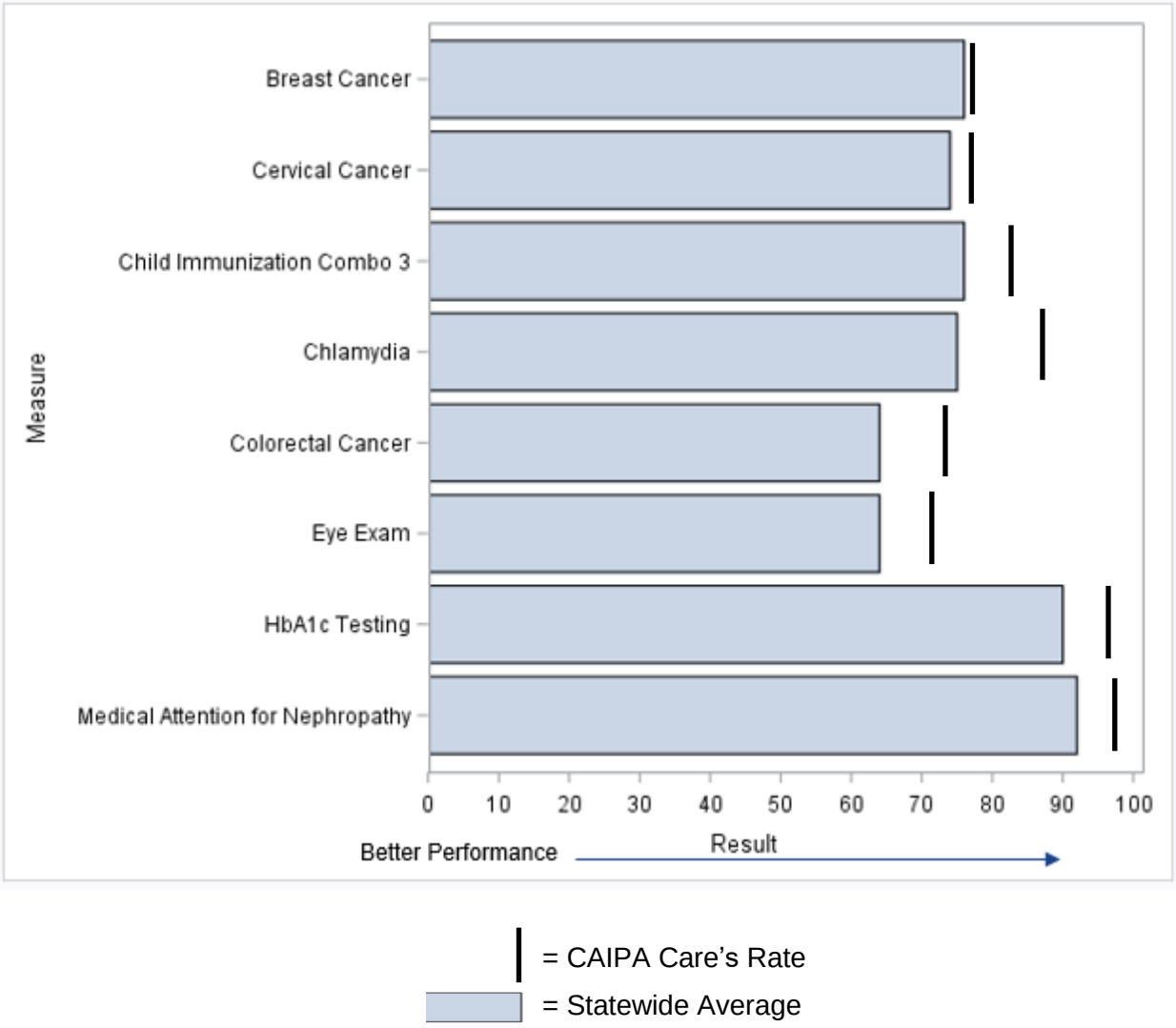
Table 4. 2019 Quality Measure Results for Eligible Members in CAIPA Care, LLC, Stratified by Payer

Domain	Measure	Total			By Payer		
		Denominator	Numerator	Result	Commercial	Medicaid	Medicare*
Prevention	Breast Cancer Screening	26,019	20,352	78%	75%	79%	78%
	Cervical Cancer Screening	63,604	49,493	78%	77%	78%	--
	Childhood Immunization Status Combo 3	3,705	3,111	84%	76%	84%	--
	Chlamydia Screening in Women (16-24 Years)	7,279	6,233	86%	75%	86%	--
	Colorectal Cancer Screening	56,134	41,156	73%	66%	73%	78%
Chronic Disease	Comprehensive Diabetes Care: Eye Exams	18,147	13,051	72%	57%	70%	80%
	Comprehensive Diabetes Care: HbA1c Testing	12,903	12,201	95%	86%	96%	--
	Comprehensive Diabetes Care: Medical Attention for Nephropathy	12,903	12,372	96%	92%	96%	--

Legend
-- Measure result not reported.
* Medicare Advantage 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 CAIPA Care, LLC Results Compared with the Statewide ACO 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.

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 CAIPA Care, 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 CAIPA Care, 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.

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 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/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 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:

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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

		Overall Commercial Results			Contracted Results			Non-Contracted results		
Domain	**Measure**	**Denominator**	**Numerator**	**Result**	**Denominator**	**Numerator**	**Result**	**Denominator**	**Numerator**	**Result**
Prevention	Breast Cancer Screening	9,205	6,923	75%	2,172	1,625	75%	7,000	5,271	75%
	Cervical Cancer Screening	18,941	14,781	78%	5,284	4,092	77%	13,654	10,687	78%
	Childhood Immunization Status Combo 3	316	211	67%	146	111	76%	170	100	59%
	Chlamydia Screening in Women (16-24 Years)	1,805	1,411	78%	530	397	75%	1,268	1,007	79%
	Colorectal Cancer Screening	21,999	14,793	67%	5,037	3,327	66%	16,886	11,399	68%
Chronic Disease	Comprehensive Diabetes Care Eye (Retinal) Exams Performed	6,429	3,885	60%	1,332	754	57%	5,082	3,122	61%
	Comprehensive Diabetes Care HbA1c Testing	6,429	5,851	91%	1,332	1,139	86%	5,082	4,697	92%
	Comprehensive Diabetes Care Medical Attention for Nephropathy	6,429	6,074	94%	1,332	1,231	92%	5,082	4,828	95%

Legend
SS= Sample size less than 30
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	19,631	15,412	79%	19,279	15,142	79%	166	114	69%
	Cervical Cancer Screening	59,566	46,265	78%	58,320	45,401	78%	813	528	65%
	Childhood Immunization Status Combo 3	3,592	3,028	84%	3,559	3,000	84%	31	26	84%
	Chlamydia Screening in Women (16-24 Years)	6,929	5,984	86%	6,749	5,836	86%	173	142	82%
	Colorectal Cancer Screening	41,297	30,114	73%	40,472	29,516	73%	429	253	59%
Chronic Disease	Comprehensive Diabetes Care Eye (Retinal) Exams Performed	11,873	8,313	70%	11,571	8,116	70%	186	113	61%
	Comprehensive Diabetes Care HbA1c Testing	11,873	11,339	96%	11,571	11,062	96%	186	165	89%
	Comprehensive Diabetes Care Medical Attention for Nephropathy	11,873	11,427	96%	11,571	11,141	96%	186	173	93%

Legend
SS= Sample size less than 30
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	5,763	4,459	77%	4,568	3,585	78%	1,195	874	73%
	Cervical Cancer Screening	--	--	--	--	--	--	--	--	--
	Childhood Immunization Status Combo 3	--	--	--	--	--	--	--	--	--
	Chlamydia Screening in Women (16-24 Years)	--	--	--	--	--	--	--	--	--
	Colorectal Cancer Screening	13,313	10,236	77%	10,625	8,313	78%	2,688	1,923	72%
Chronic Disease	Comprehensive Diabetes Care Eye (Retinal) Exams Performed	6,200	4,954	80%	5,244	4,181	80%	956	773	81%
	Comprehensive Diabetes Care HbA1c Testing	--	--	--	--	--	--	--	--	--
	Comprehensive Diabetes Care Medical Attention for Nephropathy	--	--	--	--	--	--	--	--	--

Legend
-- Measure result not reported
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**).