

2020-2021 Annual Report

Greater Buffalo United Accountable Care Organization

A Multi-Payer Report of Quality Performance Results



Contents

- Overview3**
- Section 1. Greater Buffalo United Accountable Care Organization Profile 4**
- Section 2. Greater Buffalo United Accountable Care Organization Report 5**
 - 2.1 Distribution of Specialties for Providers in Greater Buffalo United Accountable Care Organization’s Network5
 - 2.2 Distribution of Members Attributed to a Provider with Greater Buffalo United Accountable Care Organization by Payer 6
 - 2.3 Quality Measure Results of Members in Greater Buffalo United Accountable Care Organization 7
- Section 3. Statewide Benchmark Comparisons 8**
- Technical Notes 9**
- Report Interpretation Limitations 11**
- Appendix A – 2020-2021 NYS ACO Core Measure Set 12**
- Appendix B – Quality Measure Results by Payer 13**
 - B.1 Quality Measure Results of Greater Buffalo United Accountable Care Organization for Commercial Providers 13
 - B.2 Quality Measure Results of Greater Buffalo United Accountable Care Organization for Medicaid Providers 14
 - B.3 Quality Measure Results of Greater Buffalo United Accountable Care Organization for Medicare Providers 15
- Appendix C – Web-Accessible Data Tables 16**
 - C.1 Quality Measure Results of Members in Greater Buffalo United Accountable Care Organization – Data Table..... 16
 - C.2 Quality Measure Results of Greater Buffalo United Accountable Care Organization for Commercial Providers – Data Table 17
 - C.3 Quality Measure Results of Greater Buffalo United Accountable Care Organization for Medicaid Providers – Data Table 18
 - C.4 Quality Measure Results of Greater Buffalo United Accountable Care Organization for Medicare Providers – Data Table 19

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 Greater Buffalo United Accountable Care Organization'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.

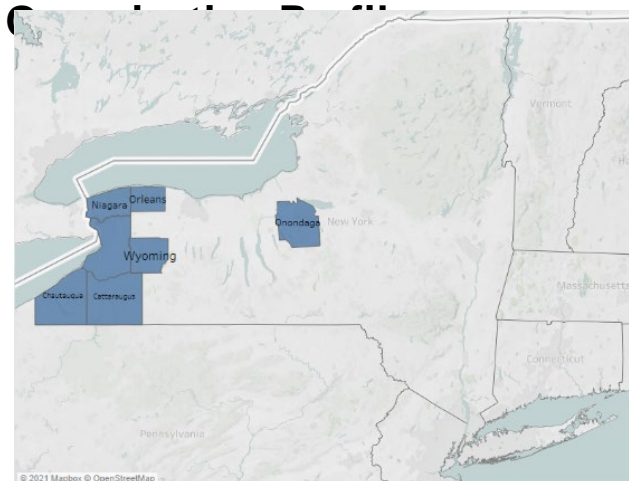
This report displays performance results based on data submitted by the ACO contracted managed care organizations (MCOs). Details on how data is collected can be found in the technical notes section of this report. This report does not contain Protected Health Information (PHI), and results are shared with each ACO prior to publication

Section 1. Greater Buffalo United Accountable Care

ACO Type: Provider-Led



Provider-Led
Practices



Service Area: Greater Buffalo United ACO's
Providers by County

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

MCO	Commercial Contract	Medicaid Contract	Medicare Contract
Fidelis Care New York, Inc.		X	
YourCare Health Plan		X	

ACO Provided Care Coordination Highlights

Greater Buffalo United Accountable Care Organization (GBUACO) is a Primary Care ACO focused on providing collaborative, comprehensive care to Medicaid and Medicare beneficiaries across Western New York. GBUACO incorporates strong population health analytics, care management and coordination, and provider score cards to increase quality care and provider engagement.

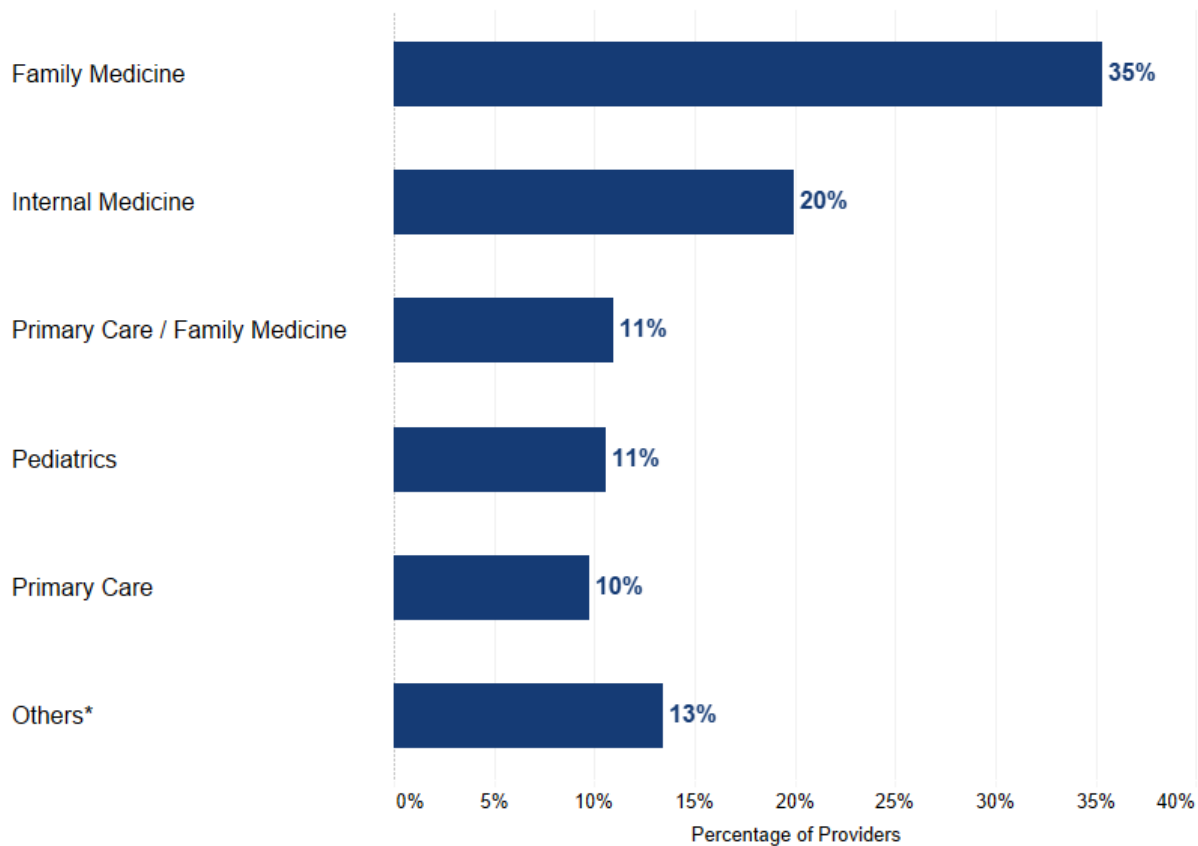
GBUACO's population is high-risk, with many chronic conditions and social needs. To address the management of these conditions and quality metrics, GBUACO formed "transformational pods" that meet regularly to share best practices, identify patterns of high utilization, and address gaps in care. These pods are comprised of a physician, pharmacist, population health specialist, and a data analyst from each primary care group within the ACO network. In 2020, GBUACO acquired a mobile medical unit to provide urgent care in communities with health disparities. The mobile unit connects patients with primary care, diverts patients from the emergency room, and addresses quality goals using its fully functioning lab services, retinal eye exam machines, and community partnerships with behavioral health entities. During the rise of COVID-19, the mobile unit was utilized for COVID-19 testing and vaccines.

GBUACO also created a payer-agnostic performance portal that serves both as a population health and provider report card platform. This portal uses a combination of claims and EMR data to create detailed member profiles highlighting resource utilization, risk stratification opportunities, gaps in care, and patient cost to provide real-time information to providers during visits.

Section 2. Greater Buffalo United Accountable Care Organization Report

2.1 Distribution of Specialties for Providers in Greater Buffalo United Accountable Care Organization's Network

Figure 1. Most Common Specialties for Providers in Greater Buffalo United Accountable Care Organization's Network

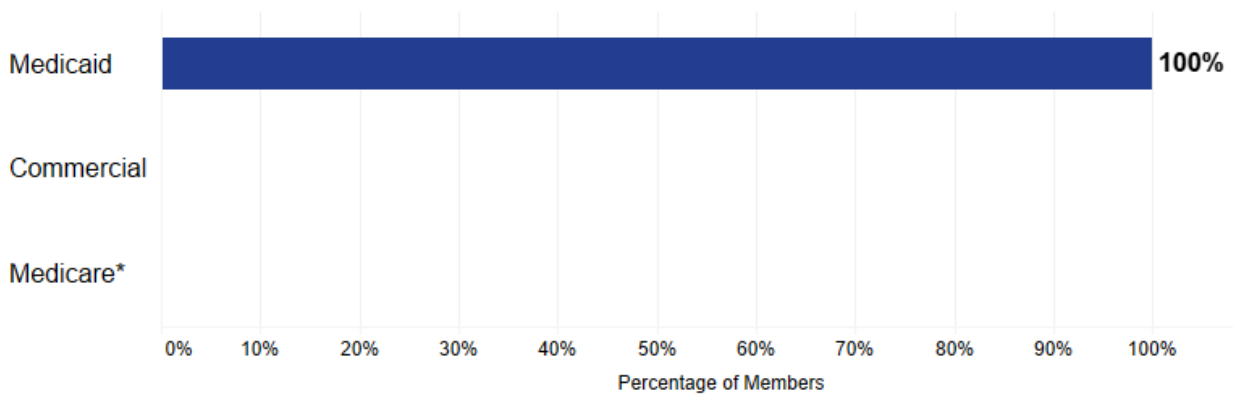


* The Others category includes all other specialty types including but not limited to Primary Care/Internal Medicine (4%), Post-Acute Care (1%), and Internal Medicine/Cardiovascular (1%).

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 Greater Buffalo United Accountable Care Organization by Payer

Figure 2. Members Qualifying for a Quality Measure Attributed to a Participating Provider with Greater Buffalo United Accountable Care Organization 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 Greater Buffalo United Accountable Care Organization

Table 2. 2020-2021 Quality Measure Results for Eligible Members in Greater Buffalo United Accountable Care Organization by Payer

Domain	Measure	Overall Results			Payer Results		
		Denominator	Numerator	Percent	Commercial (%)	Medicaid (%)	Medicare* (%)
Prevention	Breast Cancer Screening	1,025	601	59	--	59	--
	Cervical Cancer Screening	6,491	3,875	60	--	60	--
	Childhood Immunization Status Combo 3	286	208	73	--	73	--
	Chlamydia Screening in Women (16-24 Years)	1,041	728	70	--	70	--
	Colorectal Cancer Screening	2,426	1,057	44	--	44	--
Chronic Disease	Comprehensive Diabetes Care Eye Exams	1,359	627	46	--	46	--
	Comprehensive Diabetes Care HbA1c Testing	1,359	1,108	82	--	82	--

-- Measure result not reported

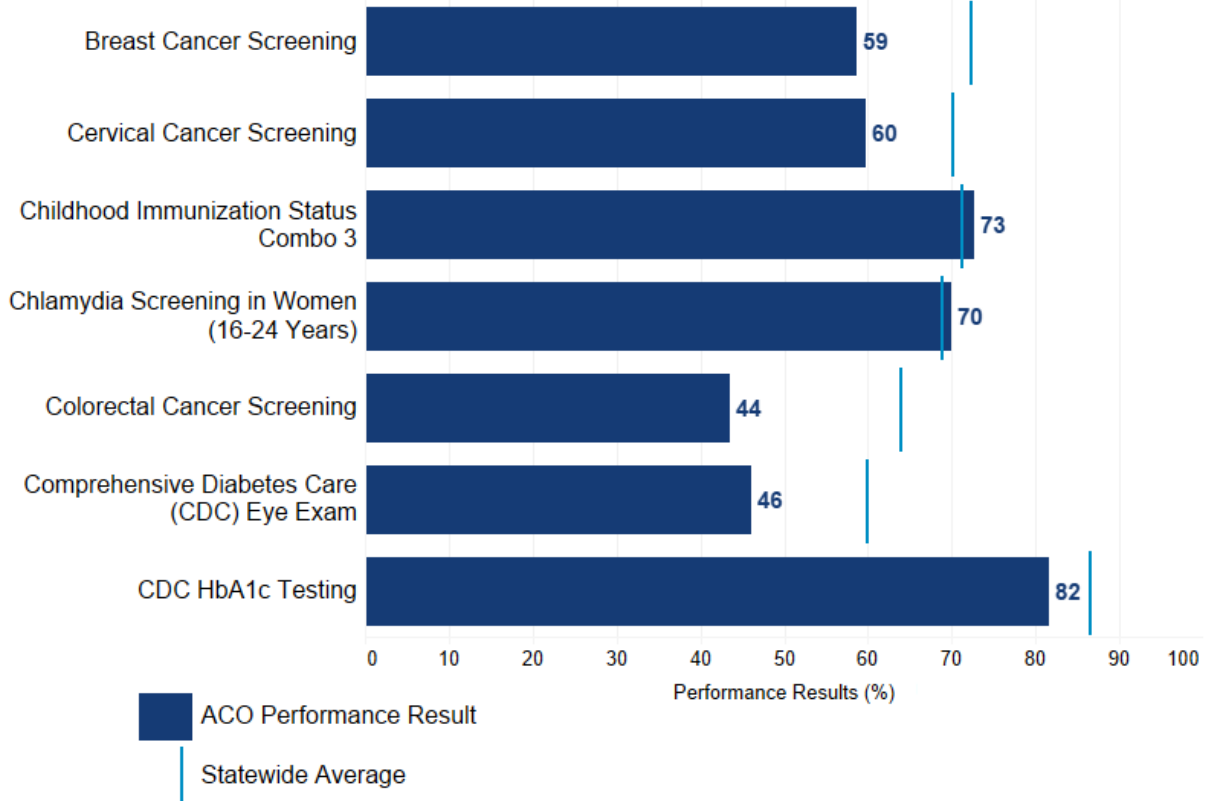
* Medicare Advantage results only.

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 Greater Buffalo United Accountable Care Organization 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.

Greater Buffalo United Accountable Care Organization 2020-2021 Annual Report

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/

If you have any questions about the 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

Feedback

We welcome suggestions and comments on this publication. Please contact us at:

Office of Quality and Patient Safety
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

Appendix A – 2020-2021 NYS ACO Core Measure Set

Measure (NQF#/Developer)	Description
Breast Cancer Screening (2372/HEDIS)	Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer.
Cervical Cancer Screening (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"> - Women age 21–64 who had cervical cytology performed every 3 years. - Women age 30–64 who had cervical high-risk human papillomavirus (HPV) testing performed within the last 5 years. - Women age 30–64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years.
Childhood Immunization Status – Combo 3 (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.
Chlamydia Screening for Women (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"> 1. Patients of age 16 – 20 years 2. Patients of age 21 – 24 years 3. Total
Colorectal Cancer Screening (0034/HEDIS)	Percentage of members 50-75 years of age who had appropriate screening for colorectal cancer.
Comprehensive Diabetes Care: HbA1c Testing (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.
Comprehensive Diabetes Care: Eye Exam (Retinal) Performed (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 Greater Buffalo United Accountable Care Organization for Commercial Providers

Table 3. 2020-2021 Quality Measure Results for Eligible Members in Greater Buffalo United Accountable Care Organization for Commercial Providers

		Overall Results			Contracted Results			Non-Contracted Results		
Domain	Measure	Denominator	Numerator	Percent	Denominator	Numerator	Percent	Denominator	Numerator	Percent
Prevention	Breast Cancer Screening	7,335	5,884	80	--	--	--	7,335	5,884	80
	Cervical Cancer Screening	13,011	10,411	80	--	--	--	13,011	10,411	80
	Childhood Immunization Status Combo 3	103	73	71	--	--	--	103	73	71
	Chlamydia Screening in Women (16-24 Years)	1,562	978	63	--	--	--	1,562	978	63
	Colorectal Cancer Screening	15,759	10,522	67	--	--	--	15,759	10,522	67
Chronic Disease	Comprehensive Diabetes Care Eye Exams	3,546	2,169	61	--	--	--	3,546	2,169	61
	Comprehensive Diabetes Care HbA1c Testing	3,546	3,103	88	--	--	--	3,546	3,103	88

-- 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 Greater Buffalo United Accountable Care Organization for Medicaid Providers

Table 4. 2020-2021 Quality Measure Results for Eligible Members in Greater Buffalo United Accountable Care Organization for Medicaid Providers

Domain	Measure	Overall Results			Contracted Results			Non-Contracted Results		
		Denominator	Numerator	Percent	Denominator	Numerator	Percent	Denominator	Numerator	Percent
Prevention	Breast Cancer Screening	2,353	1,420	60	1,025	601	59	1,328	819	62
	Cervical Cancer Screening	13,642	8,259	61	6,491	3,875	60	7,151	4,384	61
	Childhood Immunization Status Combo 3	646	413	64	286	208	73	360	205	57
	Chlamydia Screening in Women (16-24 Years)	2,217	1,519	69	1,041	728	70	1,176	791	67
	Colorectal Cancer Screening	5,359	2,392	45	2,426	1,057	44	2,933	1,335	46
Chronic Disease	Comprehensive Diabetes Care Eye Exams	2,987	1,523	51	1,359	627	46	1,628	896	55
	Comprehensive Diabetes Care HbA1c Testing	2,987	2,467	83	1,359	1,108	82	1,628	1,359	83

-- 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](#).

**Greater Buffalo United Accountable Care Organization
2020-2021 Annual Report**

B.3 Quality Measure Results of Greater Buffalo United Accountable Care Organization for Medicare Providers

Table 5. 2020-2021 Quality Measure Results for Eligible Members in Greater Buffalo United Accountable Care Organization for Medicare Providers

Domain	Measure	Overall Results			Contracted Results			Non-Contracted Results		
		Denominator	Numerator	Percent	Denominator	Numerator	Percent	Denominator	Numerator	Percent
Prevention	Breast Cancer Screening	6,423	5,035	78	--	--	--	6,423	5,035	78
	Cervical Cancer Screening	--	--	--	--	--	--	--	--	--
	Childhood Immunization Status Combo 3	--	--	--	--	--	--	--	--	--
	Chlamydia Screening in Women (16-24 Years)	--	--	--	--	--	--	--	--	--
	Colorectal Cancer Screening	13,271	9,308	70	--	--	--	13,271	9,308	70
Chronic Disease	Comprehensive Diabetes Care Eye Exams	3,992	2,967	74	--	--	--	3,992	2,967	74
	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 Greater Buffalo United Accountable Care Organization – Data Table

Table 2. 2020-2021 Quality Measure Results for Eligible Members in Greater Buffalo United Accountable Care Organization by Payer

Domain	Measure	Overall Results			Payer Results		
		Denominator	Numerator	Percent	Commercial (%)	Medicaid (%)	Medicare* (%)
Prevention	Breast Cancer Screening	1025	601	59	--	59	--
	Cervical Cancer Screening	6491	3875	60	--	60	--
	Childhood Immunization Status Combo 3	286	208	73	--	73	--
	Chlamydia Screening in Women (16-24 Years)	1041	728	70	--	70	--
	Colorectal Cancer Screening	2426	1057	44	--	44	--
Chronic Disease	Comprehensive Diabetes Care Eye (Retinal) Exams Performed	1359	627	46	--	46	--
	Comprehensive Diabetes Care HbA1c Testing	1359	1108	82	--	82	--

-- 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 Greater Buffalo United Accountable Care Organization for Commercial Providers – Data Table

Table 3. 2020-2021 Quality Measure Results for Eligible Members in Greater Buffalo United Accountable Care Organization 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	7335	5884	80	--	--	--	7335	5884	80
	Cervical Cancer Screening	13011	10411	80	--	--	--	13011	10411	80
	Childhood Immunization Status Combo 3	103	73	71	--	--	--	103	73	71
	Chlamydia Screening in Women (16-24 Years)	1562	978	63	--	--	--	1562	978	63
	Colorectal Cancer Screening	15759	10522	67	--	--	--	15759	10522	67
Chronic Disease	Comprehensive Diabetes Care Eye (Retinal) Exams Performed	3546	2169	61	--	--	--	3546	2169	61
	Comprehensive Diabetes Care HbA1c Testing	3546	3103	88	--	--	--	3546	3103	88

-- 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 Greater Buffalo United Accountable Care Organization for Medicaid Providers – Data Table

Table 4. 2020-2021 Quality Measure Results for Eligible Members in Greater Buffalo United Accountable Care Organization 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	2353	1420	60	1025	601	59	1328	819	62
	Cervical Cancer Screening	13642	8259	61	6491	3875	60	7151	4384	61
	Childhood Immunization Status Combo 3	646	413	64	286	208	73	360	205	57
	Chlamydia Screening in Women (16-24 Years)	2217	1519	69	1041	728	70	1176	791	67
	Colorectal Cancer Screening	5359	2392	45	2426	1057	44	2933	1335	46
Chronic Disease	Comprehensive Diabetes Care Eye (Retinal) Exams Performed	2987	1523	51	1359	627	46	1628	896	55
	Comprehensive Diabetes Care HbA1c Testing	2987	2467	83	1359	1108	82	1628	1359	83

-- 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.

**Greater Buffalo United Accountable Care Organization
2020-2021 Annual Report**

C.4 Quality Measure Results of Greater Buffalo United Accountable Care Organization for Medicare Providers – Data Table

Table 5. 2020-2021 Quality Measure Results for Eligible Members in Greater Buffalo United Accountable Care Organization 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	6423	5035	78	--	--	--	6423	5035	78
	Cervical Cancer Screening	--	--	--	--	--	--	--	--	--
	Childhood Immunization Status Combo 3	--	--	--	--	--	--	--	--	--
	Chlamydia Screening in Women (16-24 Years)	--	--	--	--	--	--	--	--	--
	Colorectal Cancer Screening	13271	9308	70	--	--	--	13271	9308	70
Chronic Disease	Comprehensive Diabetes Care Eye (Retinal) Exams Performed	3992	2967	74	--	--	--	3992	2967	74
	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.