

2020-2021 Annual Report

Innovative Health Alliance of New York, LLC

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 Innovative Health Alliance of New York, LLC'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.

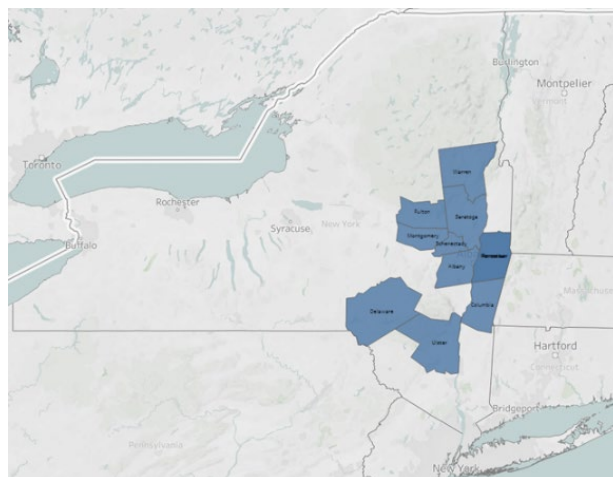
This report displays performance results based on data submitted by the ACO contracted managed care organizations (MCOs). Details on how data is collected can be found in the technical notes section of this report. This report does not contain Protected Health Information (PHI), and results are shared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

Section 1. Innovative Health Alliance of New York, LLC Profile

ACO Type: Hybrid



Community-
Based
Hospitals



Service Area: Innovative Health Alliance of New York, LLC'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	

ACO Provided Care Coordination Highlights

Innovative Health Alliance of New York, LLC (IHANY) is the NYS Capital Region's first clinically integrated healthcare network. It is a physician-governed organization, and IHANY has over 1,900 providers working together to ensure the triple aim of better health, better care, and lower costs for community members is achieved.

IHANY also partners with Health Alliance IPA to engage with members and fulfill their social care concerns. Healthy Alliance also augments access to community based behavioral health providers.

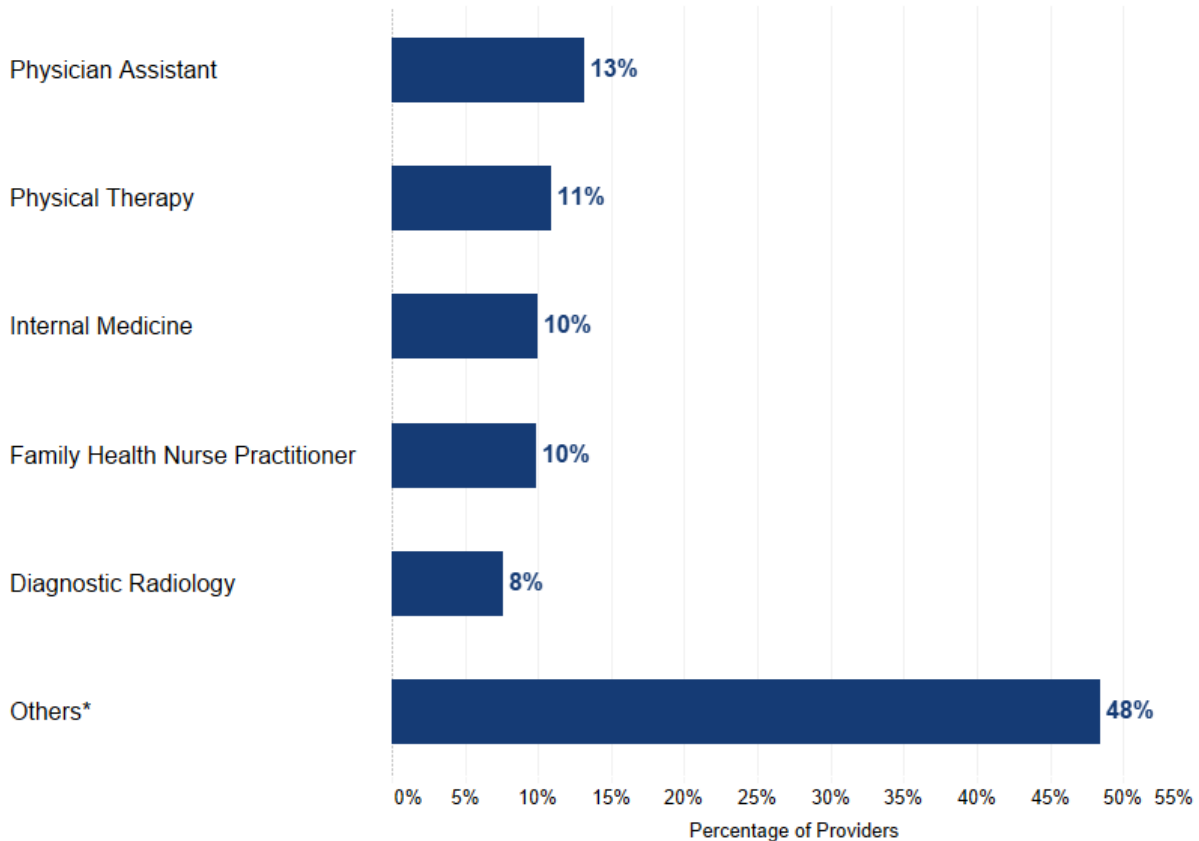
A primary focus of the ACO is the adoption and expansion of the integrated care coordination system (ICCS). ICCS is an evidence-based transformative pathway to ensure care is personalized, patient-centered and integrated. ICCS is designed to assist patients and their support systems in managing medical conditions more effectively. IHANY has also embarked on a formal initiative to design and implement a new and expanded coordinated care model called ONEcare. The ONEcare model starts with a wholistic assessment of the member's needs including medical, behavioral, and social care. IHANY is looking to fund this new model of care through alternative payment model contracts.

In 2021, IHANY migrated to a new electronic medical record system (EPIC), which will enhance the population of health tools and resources that can support the ACO's capabilities for care coordination and quality performance improvement.

Section 2. Innovative Health Alliance of New York, LLC Report

2.1 Distribution of Specialties for Providers in Innovative Health Alliance of New York, LLC's Network

Figure 1. Most Common Specialties for Providers in Innovative Health Alliance of New York, LLC's Network

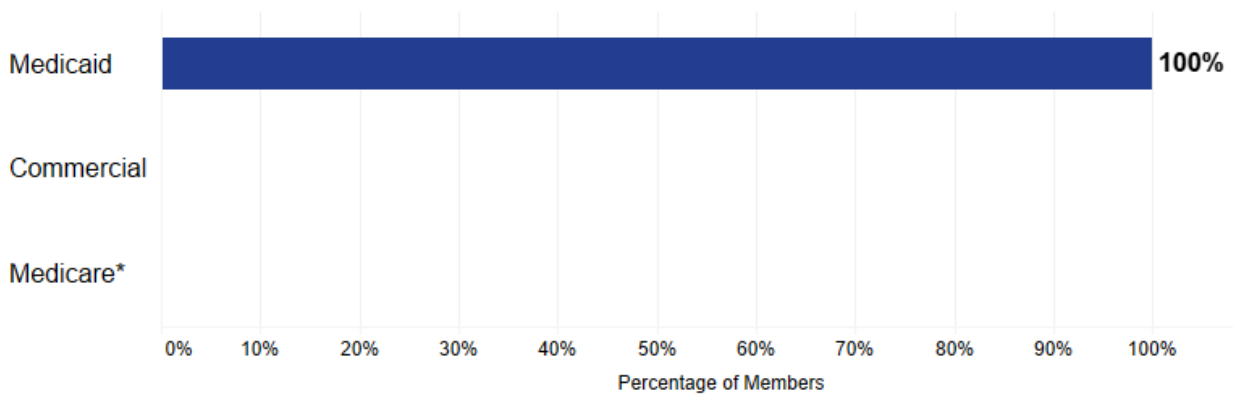


* The Others category includes all other specialty types including but not limited to Family Medicine (6%), Occupational Therapy (4%), and Adult Health Nurse Practitioner (4%).

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 Innovative Health Alliance of New York, LLC by Payer

Figure 2. Members Qualifying for a Quality Measure Attributed to a Participating Provider with Innovative Health Alliance of New York, 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 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 Innovative Health Alliance of New York, LLC

Table 2. 2020-2021 Quality Measure Results for Eligible Members in Innovative Health Alliance of New York, LLC by Payer

Domain	Measure	Overall Results			Payer Results		
		Denominator	Numerator	Percent	Commercial (%)	Medicaid (%)	Medicare* (%)
Prevention	Breast Cancer Screening	1,415	801	57	--	57	--
	Cervical Cancer Screening	8,179	4,763	58	--	58	--
	Childhood Immunization Status Combo 3	533	401	75	--	75	--
	Chlamydia Screening in Women (16-24 Years)	1,637	1,196	73	--	73	--
	Colorectal Cancer Screening	3,147	1,415	45	--	45	--
Chronic Disease	Comprehensive Diabetes Care Eye Exams	1,715	935	55	--	55	--
	Comprehensive Diabetes Care HbA1c Testing	1,715	1,471	86	--	86	--

-- Measure result not reported

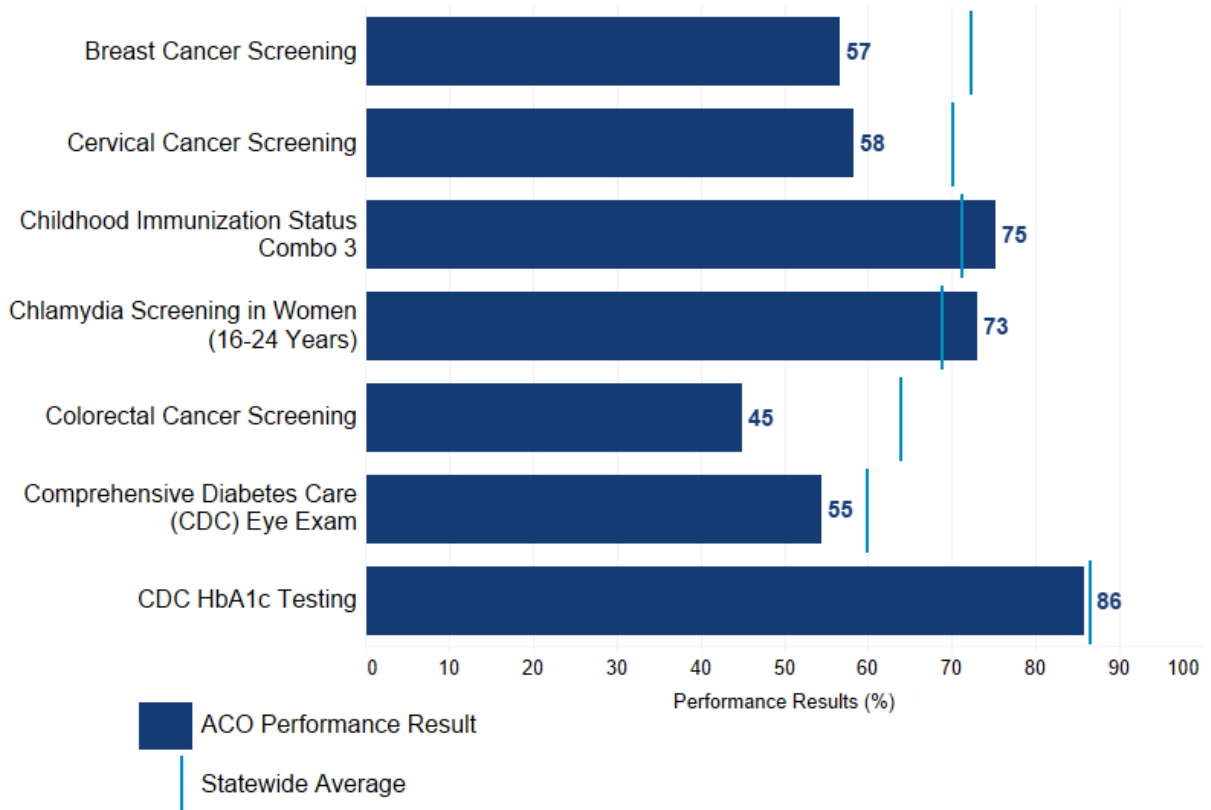
* Medicare Advantage results only.

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 Innovative Health Alliance of New York, 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 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.

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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/

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: - 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: 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 Innovative Health Alliance of New York, LLC for Commercial Providers

Table 3. 2020-2021 Quality Measure Results for Eligible Members in Innovative Health Alliance of New York, LLC for Commercial Providers

Domain	Measure	Overall Results			Contracted Results			Non-Contracted Results		
		Denominator	Numerator	Percent	Denominator	Numerator	Percent	Denominator	Numerator	Percent
Prevention	Breast Cancer Screening	8,440	6,828	81	--	--	--	8,440	6,828	81
	Cervical Cancer Screening	14,293	11,396	80	--	--	--	14,293	11,396	80
	Childhood Immunization Status Combo 3	173	134	77	--	--	--	173	134	77
	Chlamydia Screening in Women (16-24 Years)	1,809	1,175	65	--	--	--	1,809	1,175	65
	Colorectal Cancer Screening	17,709	13,247	75	--	--	--	17,709	13,247	75
Chronic Disease	Comprehensive Diabetes Care Eye Exams	3,985	2,271	57	--	--	--	3,985	2,271	57
	Comprehensive Diabetes Care HbA1c Testing	3,985	3,577	90	--	--	--	3,985	3,577	90

-- 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 Innovative Health Alliance of New York, LLC for Medicaid Providers

Table 4. 2020-2021 Quality Measure Results for Eligible Members in Innovative Health Alliance of New York, LLC 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	2,713	1,612	59	1,415	801	57	1,298	811	62
	Cervical Cancer Screening	14,817	9,254	62	8,179	4,763	58	6,638	4,491	68
	Childhood Immunization Status Combo 3	1,022	778	76	533	401	75	489	377	77
	Chlamydia Screening in Women (16-24 Years)	3,003	2,172	72	1,637	1,196	73	1,366	976	71
	Colorectal Cancer Screening	5,797	2,969	51	3,147	1,415	45	2,650	1,554	59
Chronic Disease	Comprehensive Diabetes Care Eye Exams	3,307	1,802	54	1,715	935	55	1,592	867	54
	Comprehensive Diabetes Care HbA1c Testing	3,307	2,842	86	1,715	1,471	86	1,592	1,371	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.3 Quality Measure Results of Innovative Health Alliance of New York, LLC for Medicare Providers

Table 5. 2020-2021 Quality Measure Results for Eligible Members in Innovative Health Alliance of New York, LLC 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	4,483	3,544	79	--	--	--	4,483	3,544	79
	Cervical Cancer Screening	--	--	--	--	--	--	--	--	--
	Childhood Immunization Status Combo 3	--	--	--	--	--	--	--	--	--
	Chlamydia Screening in Women (16-24 Years)	--	--	--	--	--	--	--	--	--
	Colorectal Cancer Screening	9,533	7,252	76	--	--	--	9,533	7,252	76
Chronic Disease	Comprehensive Diabetes Care Eye Exams	3,044	2,257	74	--	--	--	3,044	2,257	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 Innovative Health Alliance of New York, LLC – Data Table
Table 2. 2020-2021 Quality Measure Results for Eligible Members in Innovative Health Alliance of New York, LLC by Payer

Domain	Measure	Overall Results			Payer Results		
		Denominator	Numerator	Percent	Commercial (%)	Medicaid (%)	Medicare* (%)
Prevention	Breast Cancer Screening	1415	801	57	--	57	--
	Cervical Cancer Screening	8179	4763	58	--	58	--
	Childhood Immunization Status Combo 3	533	401	75	--	75	--
	Chlamydia Screening in Women (16-24 Years)	1637	1196	73	--	73	--
	Colorectal Cancer Screening	3147	1415	45	--	45	--
Chronic Disease	Comprehensive Diabetes Care Eye (Retinal) Exams Performed	1715	935	55	--	55	--
	Comprehensive Diabetes Care HbA1c Testing	1715	1471	86	--	86	--

-- 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 Innovative Health Alliance of New York, LLC for Commercial Providers – Data Table

Table 3. 2020-2021 Quality Measure Results for Eligible Members in Innovative Health Alliance of New York, LLC 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	8440	6828	81	--	--	--	8440	6828	81
	Cervical Cancer Screening	14293	11396	80	--	--	--	14293	11396	80
	Childhood Immunization Status Combo 3	173	134	77	--	--	--	173	134	77
	Chlamydia Screening in Women (16-24 Years)	1809	1175	65	--	--	--	1809	1175	65
	Colorectal Cancer Screening	17709	13247	75	--	--	--	17709	13247	75
Chronic Disease	Comprehensive Diabetes Care Eye (Retinal) Exams Performed	3985	2271	57	--	--	--	3985	2271	57
	Comprehensive Diabetes Care HbA1c Testing	3985	3577	90	--	--	--	3985	3577	90

-- 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 Innovative Health Alliance of New York, LLC for Medicaid Providers – Data Table

Table 4. 2020-2021 Quality Measure Results for Eligible Members in Innovative Health Alliance of New York, LLC 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	2713	1612	59	1415	801	57	1298	811	62
	Cervical Cancer Screening	14817	9254	62	8179	4763	58	6638	4491	68
	Childhood Immunization Status Combo 3	1022	778	76	533	401	75	489	377	77
	Chlamydia Screening in Women (16-24 Years)	3003	2172	72	1637	1196	73	1366	976	71
	Colorectal Cancer Screening	5797	2969	51	3147	1415	45	2650	1554	59
Chronic Disease	Comprehensive Diabetes Care Eye (Retinal) Exams Performed	3307	1802	54	1715	935	55	1592	867	54
	Comprehensive Diabetes Care HbA1c Testing	3307	2842	86	1715	1471	86	1592	1371	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.4 Quality Measure Results of Innovative Health Alliance of New York, LLC for Medicare Providers – Data Table

Table 5. 2020-2021 Quality Measure Results for Eligible Members in Innovative Health Alliance of New York, LLC 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	4483	3544	79	--	--	--	4483	3544	79
	Cervical Cancer Screening	--	--	--	--	--	--	--	--	--
	Childhood Immunization Status Combo 3	--	--	--	--	--	--	--	--	--
	Chlamydia Screening in Women (16-24 Years)	--	--	--	--	--	--	--	--	--
	Colorectal Cancer Screening	9533	7252	76	--	--	--	9533	7252	76
Chronic Disease	Comprehensive Diabetes Care Eye (Retinal) Exams Performed	3044	2257	74	--	--	--	3044	2257	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.