2022 Annual Report
Accountable Care Organization of the North Country, LLC

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

Contents

Overview

In accordance with Title 10 CRR-NY 1003.10, the New York State Department of Health (NYS DOH) shall collect for dissemination via a statewide health information system, health care data from Accountable Care Organization (ACO) entities pursuant to the quality assurance reporting requirements developed by the Department in consultation with the National Committee on Quality Assurance (NCQA)[1]. The Department shall thereafter prepare the collected data from the ACO for publication[1]. The New York State Accountable Care Organization Annual Report is a multi-payer view of performance results on a set of nine quality measures for ACOs that have been issued a certificate of authority by NYS DOH. Public Health Law (PHL) Article 29-E requires the NYS DOH to establish a program governing the approval of Accountable Care Organizations[2]. 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 NYS DOH.

ACO Profile and Quality Annual Report

The ACO profile presented in the following pages is intended to provide consumers with a better understanding of Amida Care Innovator Network, Inc.'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 NYS DOH 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.

THE DATA COLLECTED BY THE DEPARTMENT IS ACCURATE TO THE BEST OF THE KNOWLEDGE OF DEPARTMENT STAFF, BASED ON THE INFORMATION SUPPLIED BY THE ACO, WHICH IS THE SUBJECT OF THE DATA[1].

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1. Title 10 Chapter XII – Innovative Delivery Model, Part 1003 – Accountable Care Organization, Section 1003.10 - Quality Performance Standards and Reporting (December 31, 2014).
   https://regs.health.ny.gov/content/section-100310-quality-performance-standards-and-reporting
2. Public Health Law Article 29-E: Accountable Care Organizations (September 22, 2014).
   https://www.nysenate.gov/legislation/laws/PBH/A29-E

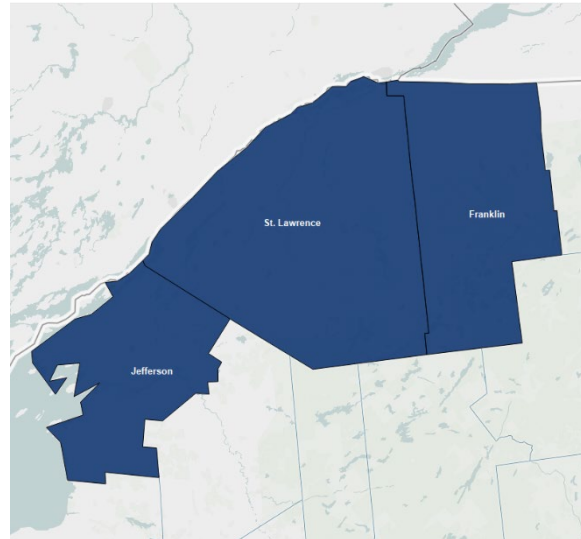# Section 1. Accountable Care Organization of the North Country, LLC Profile

ACO Type: Hybrid

Provider-Led Practices

Community-Based Hospitals

Academic/Teaching Hospitals

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

## ACO Provided Care Coordination Highlights

Accountable Care Organization of the North Country (ACONC) is an Accountable Care Organization (ACO) in the Northern Region of New York State. ACONC includes a Federally Qualified Health Center, a three-hospital health system, employed providers, and independent providers in St. Lawrence, Jefferson, and Franklin counties. The ACO participates in the Centers for Medicare & Medicaid Services' (CMS) Medicare Shared Savings Program (MSSP). The MSSP program allows groups of providers and suppliers (e.g., physicians, hospitals, and others involved in patient care) in the ACO to agree to be held accountable for the quality, cost, and experience of care of their Medicare fee-for-service (FFS) beneficiary population. In 2022, the ACO initiated a quality management program with the Empire Plan, a United Healthcare product for NYS employees, and has been offered an extension of the program for 2023.

ACONC embraces the evidence-based quality measures required by CMS to ensure high-quality healthcare by ACONC providers. ACONC analyzes providers' patient records to provide continuous assessment of quality performance, feedback to participant providers, and education on best practices for recording quality measures. For example, ACONC provides assessment, education, and feedback to its participating providers on other initiatives such as how quickly a primary care provider (PCP) visit is scheduled post-acute hospital discharge; tracking which beneficiaries have received their Annual Wellness; and continuing education opportunities for participating providers on diagnosis and treatment of cardio obstructive pulmonary disorder (COPD). ACONC also sponsors provider education on the importance of full and accurate diagnosis coding so that together with Medicare, ACONC can generate accurate Risk Adjustment Factor (RAF) scores from the Hierarchical Condition Category Methodology used in both assessing rising risk and financial performance considerations.

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

2.1 Distribution of Specialties for Providers in Accountable Care Organization of the North Country, LLC's Network

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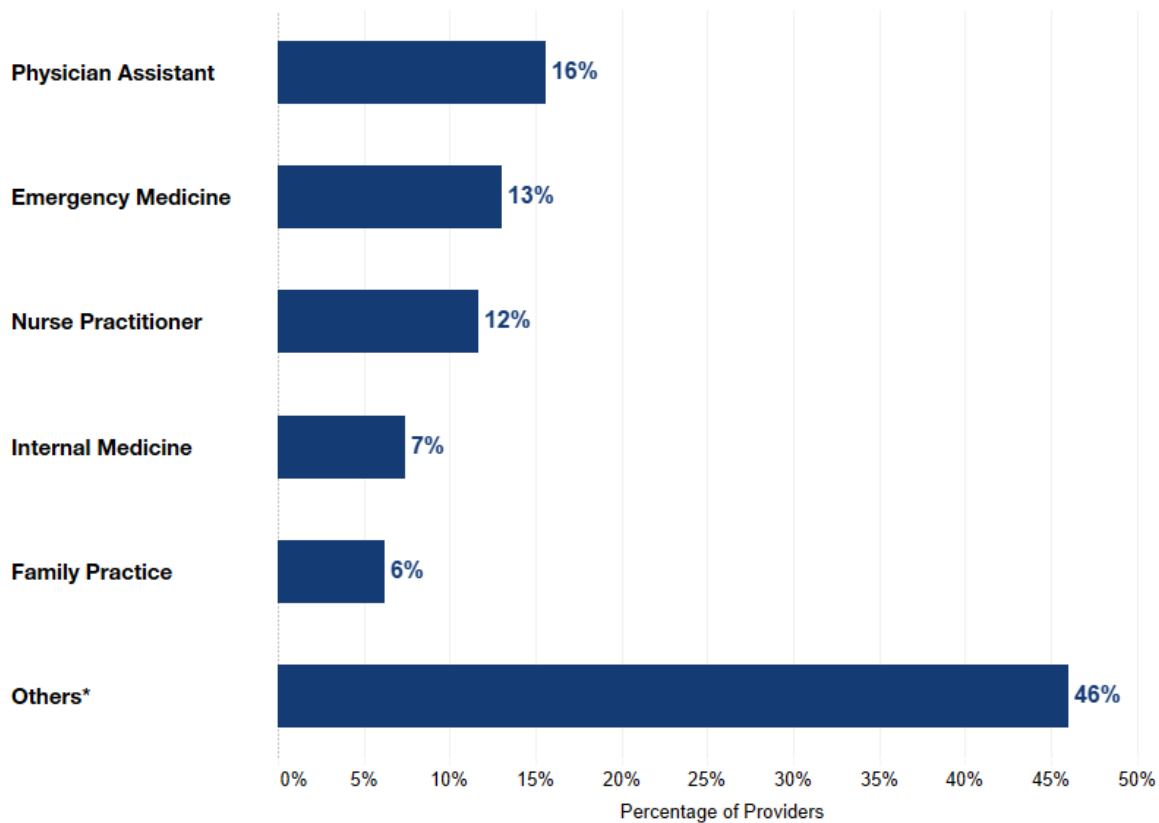

* The Others category includes all other specialty types including but not limited to Certified Registered Nurse Anesthetist (4%), Clinical Social Worker (4%), and Pediatric Medicine (3%).

Note: Provider information was collected in 2023 for Measurement Year (MY) 2022. See: **Technical Notes.**

2.2 Distribution of Members Attributed to a Provider with Accountable Care Organization of the North Country, LLC by Payer

Figure 2. Members Qualifying for a Quality Measure Attributed to a Participating Provider with Accountable Care Organization of the North Country, LLC by Payer
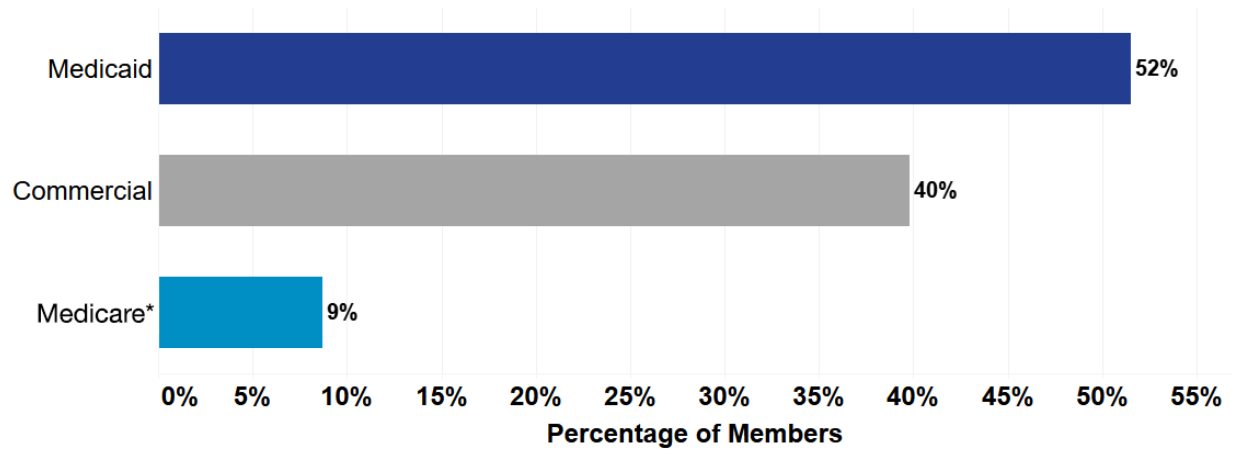
* Medicare Advantage results only. See: **Technical Notes.**

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 2022. Member attribution information was collected from January 1 – December 31, 2022, for the MY 2022.

Member attribution to a given product is not dependent on whether there is a defined contract between the ACO and the health plan's payer.

2.3 Quality Measure Results of Members in Accountable Care Organization of the North Country, LLC

Table 1. Number of Services Used by Eligible ACO Members in Accountable Care Organization of the North Country, LLC during MY2022, by Payer

Domain	Measure	Overall Results			Payer Results		
		Denominator	Numerator	Percent	Commercial (%)	Medicaid (%)	Medicare* (%)
Chronic Disease	Antidepressant Medication Management - Effective Acute Phase Treatment	521	313	60	74	52	83
	Antidepressant Medication Management - Effective Continuation Phase Treatment	521	237	45	64	36	66
	Eye Exam for Patients With Diabetes	2,276	1,138	50	47	45	68
	Hemoglobin A1c Control for Patients With Diabetes	1,844	1,655	90	94	85	--
	Kidney Health Evaluation for Patients With Diabetes	1,725	639	37	34	40	--
Prevention	Breast Cancer Screening	3,754	2,753	73	80	57	72
	Cervical Cancer Screening	7,963	4,795	60	69	50	--
	Childhood Immunization Status	507	348	69	65	70	--
	Chlamydia Screening for Women	1,435	592	41	40	43	--
	Colorectal Cancer Screening	9,438	4,618	49	50	40	60

-- Measure result not reported.

* Medicare Advantage results only.

Note: Results are based on MY 2022. 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.

Section 3. Statewide Benchmark Comparisons

Figure 3. MY 2022 Accountable Care Organization of the North Country, LLC Quality Measure Results Compared with the Statewide Average
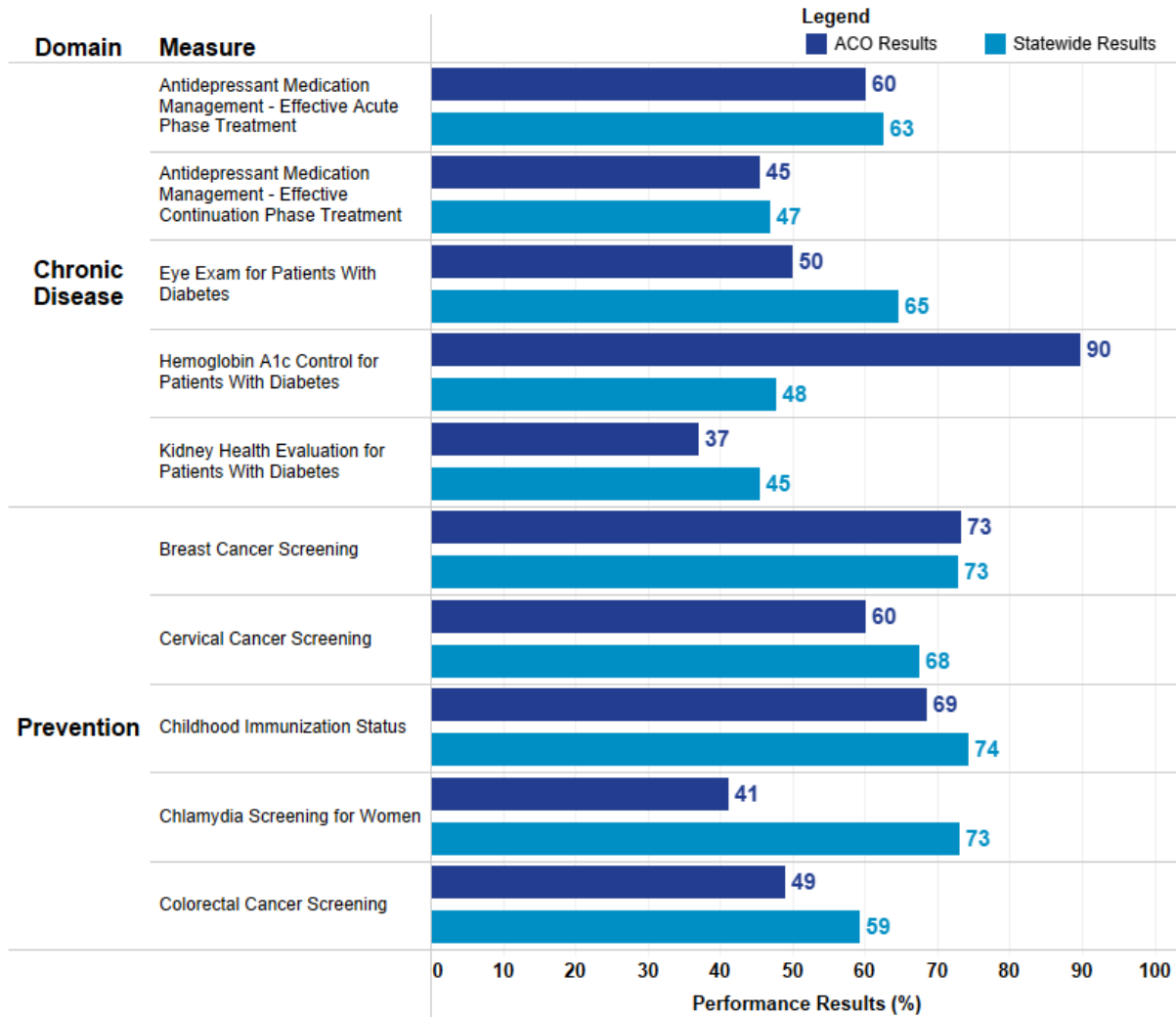
Note: Results shown are averaged across all Payers (Commercial, Medicaid, Medicare). Results are based on MY 2022. This table includes results averaged across all products. For Medicare members, only Medicare Advantage results are included. See: **Technical Notes.**

Technical Notes

DEFINITIONS

Domain
The measures are categorized by two domains: Prevention and Chronic Disease.

Denominator, Numerator, 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 2022, from January 1, 2022, through December 31, 2022 for the 2022 Measurement Year (MY 2022) using the 2022 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 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 2022. 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: **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 NYS DOH to produce aggregated results at the ACO level for selected quality measures. Statewide benchmarks were calculated using the MY 2022 health-plan submitted PCMH files.

Member Attribution
Each health plan employed its own member attribution methodology to link members to primary care provider practices. Each ACO provided NYS DOH with a list of participating providers and practices.

Measure Selection
A standard set of primary care relevant measures was selected for the 2022 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).

Medicare 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 Medicare 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 Centers for Medicare & Medicaid Services (CMS) quality score data for ACOs is available here: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Downloads/MSSP-ACO-data.pdf.
More information on Medicare Fee-for-Service is available here: https://www.cms.gov/Medicare/Medicare.html.

Data Source
Member-level data from the 2022 HEDIS® data were submitted by the health plans.

Publication Naming Convention Change
To align with the HEDIS® publication naming convention change, going forward NYS DOH will change the naming convention of the ACO Reports to refer to the measurement year of the data being presented.

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 New York State's Accountable Care Program, please contact us:

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Appendix A – MY 2022 NYS ACO Core Measure Set

Measure (Short Name)	Description
Antidepressant Medication Management (AMM)	Percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment. Two rates are reported: 1. *Effective Acute Phase Treatment*: Percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks) 2. *Effective Continuation Phase Treatment*: Percentage of members who remained on an antidepressant medication for at least 180 days (6 months)
Breast Cancer Screening (BCS)	Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer.
Cervical Cancer Screening (CCS)	Percentage of women 21–64 years of age who were screened for cervical cancer using either of the following criteria: 1. Women 21–64 years of age who had cervical cytology performed within the last 3 years. 2. Women 30–64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years. 3. Women 30–64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years.
Childhood Immunization Status – Combo 3 (CIS)	Percentage of children 2 years of age who had the following vaccines by their second birthday: 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 chickenpox (VZV); and four pneumococcal conjugates (PCV).
Chlamydia Screening for Women (CHL)	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.
Colorectal Cancer Screening (COL)	Percentage of members 50-75 years of age who had appropriate screening for colorectal cancer.
Hemoglobin A1c Control for Patients With Diabetes (HBD)	Percentage of members 18–75 years of age with diabetes (types 1 and 2) whose hemoglobin A1c (HbA1c) was at poor control (>9.0%) during the measurement year. For this measure, a ***lower rate*** is better.
Eye Exam for Patients With Diabetes (EED)	Percentage of members 18–75 years of age with diabetes (types 1 and 2) who had a retinal eye exam.
Kidney Health Evaluation for Patients With Diabetes (KED)	Percentage of members 18–85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the measurement year.

Appendix B – Quality Measure Results for Commercial Providers

Table 2. Number of Services Used by Eligible ACO Members in Accountable Care Organization of the North Country, LLC during MY2022 for Commercial Providers

Domain	Measure	Overall Results		
		Denominator	Numerator	Percent
Chronic Disease	Antidepressant Medication Management - Effective Acute Phase Treatment	124	92	74
	Antidepressant Medication Management - Effective Continuation Phase Treatment	124	79	64
	Eye Exam for Patients With Diabetes	945	442	47
	Hemoglobin A1c Control for Patients With Diabetes	945	893	94
	Kidney Health Evaluation for Patients With Diabetes	878	301	34
Prevention	Breast Cancer Screening	2,163	1,740	80
	Cervical Cancer Screening	4,195	2,915	69
	Childhood Immunization Status	125	81	65
	Chlamydia Screening for Women	664	264	40
	Colorectal Cancer Screening	5,276	2,642	50

-- Measure result not reported.

Note: Overall denominator and numerator results shown represent 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.

Appendix C – Quality Measure Results for Medicaid Providers

Table 3. Number of Services Used by Eligible ACO Members in Accountable Care Organization of the North Country, LLC during MY2022 for Medicaid Providers

Domain	Measure	Overall Results		
		Denominator	**Numerator**	**Percent**
Chronic Disease	Antidepressant Medication Management - Effective Acute Phase Treatment	350	182	52
	Antidepressant Medication Management - Effective Continuation Phase Treatment	350	127	36
	Eye Exam for Patients With Diabetes	899	403	45
	Hemoglobin A1c Control for Patients With Diabetes	899	762	85
	Kidney Health Evaluation for Patients With Diabetes	847	338	40
Prevention	Breast Cancer Screening	900	516	57
	Cervical Cancer Screening	3,768	1,880	50
	Childhood Immunization Status	382	267	70
	Chlamydia Screening for Women	771	328	43
	Colorectal Cancer Screening	2,548	1,015	40

-- Measure result not reported.

Note: Overall denominator and numerator results shown represent 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.

Appendix D – Quality Measure Results for Medicare Providers

Table 4. Number of Services Used by Eligible ACO Members in Accountable Care Organization of the North Country, LLC during MY2022 for Medicare Providers

Domain	Measure	Overall Results		
		Denominator	**Numerator**	**Percent**
Chronic Disease	Antidepressant Medication Management - Effective Acute Phase Treatment	47	39	83
	Antidepressant Medication Management - Effective Continuation Phase Treatment	47	31	66
	Eye Exam for Patients With Diabetes	432	293	68
	Hemoglobin A1c Control for Patients With Diabetes	--	--	--
	Kidney Health Evaluation for Patients With Diabetes	--	--	--
Prevention	Breast Cancer Screening	691	497	72
	Cervical Cancer Screening	--	--	--
	Childhood Immunization Status	--	--	--
	Chlamydia Screening for Women	--	--	--
	Colorectal Cancer Screening	1,614	961	60

-- Measure result not reported.

Note: Overall denominator and numerator results shown represent 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. The results presented include Medicare Advantage members only. See: **Technical Notes.**