

2022 Annual Report

Adirondacks ACO

A Multi-Payer Report of Quality Performance Results



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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 publication¹. 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 Organizations². 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 DATA¹.

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. Adirondacks ACO Profile

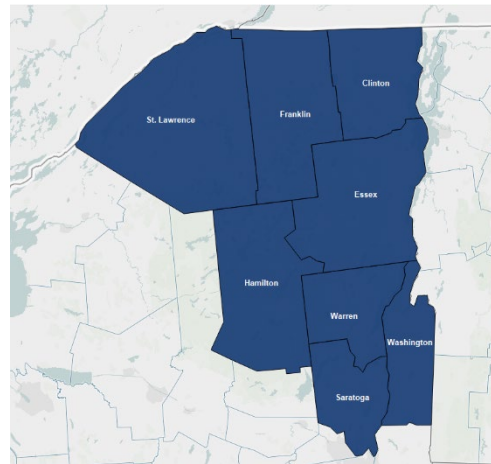
ACO Type: Hybrid



**Provider-Led
Practices**



**Community-Based
Hospitals**



Service Area: Adirondacks ACO's Providers by County

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

MCO	Commercial Contract	Medicaid Contract	Medicare Contract
Empire BlueCross BlueShield	X	X	X
Excellus BlueCross BlueShield	X		
Highmark Western and Northeastern New York Inc.	X		X
MVP Health Plan, Inc.	X	X	X
New York Quality Healthcare Corporation (Fidelis Care)		X	
UHC Empire Plan	X		

ACO Provided Care Coordination Highlights

The Adirondacks ACO serves the Northeast region of NYS, where members have access to provider-led practice associations, critical access hospitals, and rural health clinics. Through collaborative partnerships with community-based organizations such as the Northwinds Integrated Health Network (NWIHN), an Independent Physician Association (IPA) that includes the region's behavioral health and substance use disorder treatment programs, participating primary care providers have access to regional support that addresses their patients' social care and emotional/behavioral health needs.

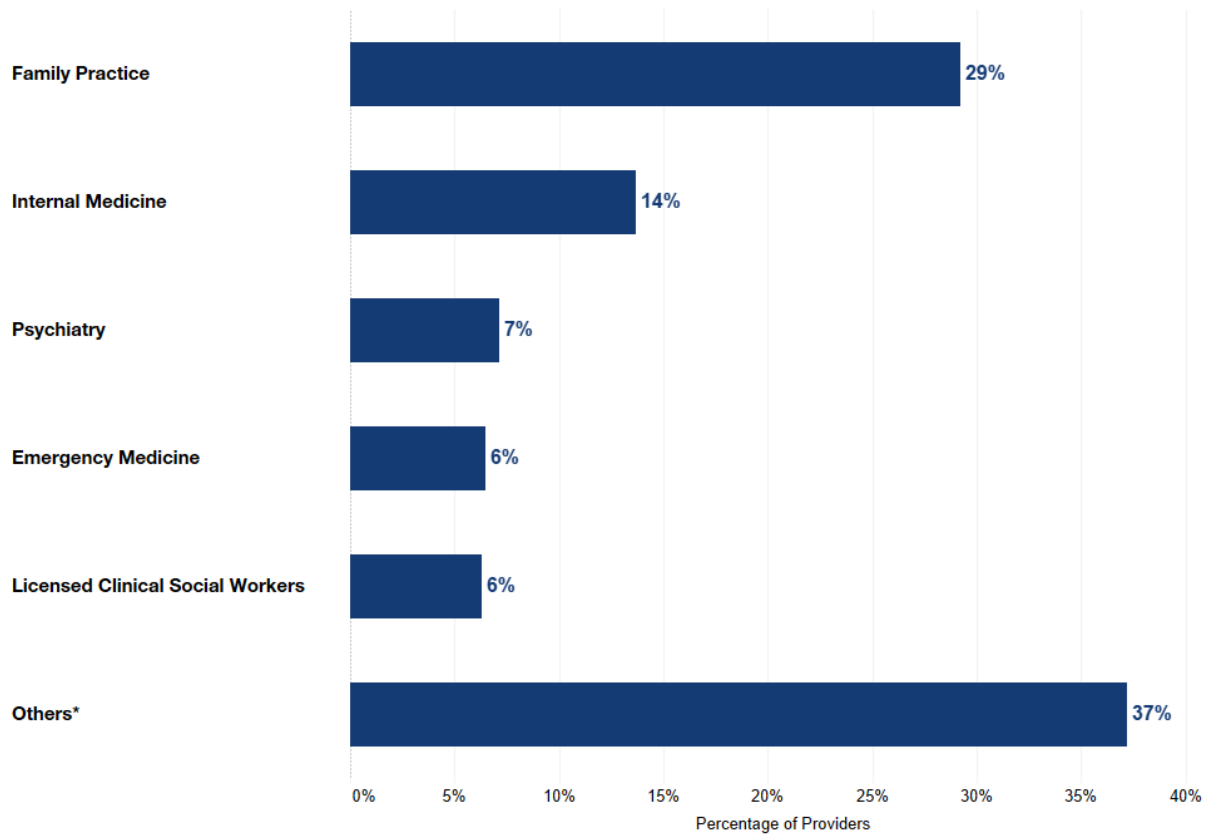
All participating provider organizations must have a plan that details their care coordination activities, including transitions of care, chronic disease management, and emergency department diversion. These coordination efforts rely on electronic medical records from partnering health plans and members' clinical information, collected in a standalone database built in collaboration with Hixny. This data platform is designed to support ACO partners with actionable data, addressing patient health care and social care needs.

The Adirondacks ACO offers various healthcare services in the region, including dental care, neurology, and telehealth monitoring. The ACO has also expanded its area of focus to the prevention and treatment of pre-diabetes and diabetes in 2022. The focus areas include linking members to chronic disease self-management programs and adequate care management to ensure optimal transitions of care; quality indicator monitoring to identify process improvement, medication management, and health plan support and resources.

Section 2. Adirondacks ACO Report

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

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

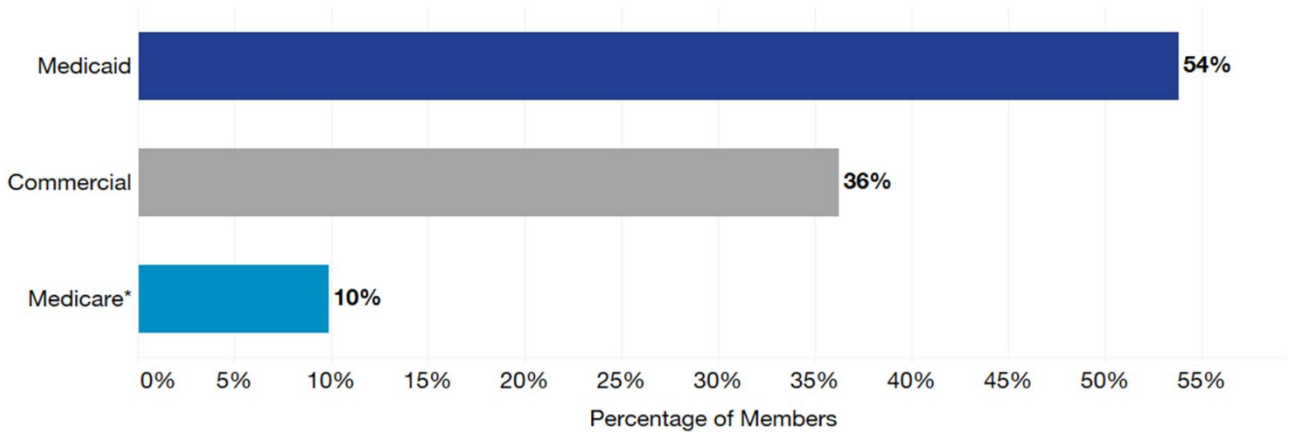


* The Others category includes all other specialty types including but not limited to Pediatric Medicine (6%), Obstetrics/Gynecology (5%), and Cardiology (3%).

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 Adirondacks ACO by Payer

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



* Medicare Advantage results only. See: **Technical Notes.**

Note: This table represents a defined subset of members in the ACO's network. Inclusion criteria was limited to members who met denominator criteria for one or more health care quality measures during the MY 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, as noted in Table 1, between the ACO and the health plan's payer.

2.3 Quality Measure Results of Members in Adirondacks ACO

Table 2. Number of Services Used by Eligible ACO Members in Adirondacks ACO 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	1,796	1,168	65	76	57	83
	Antidepressant Medication Management - Effective Continuation Phase Treatment	1,796	887	49	62	40	68
	Eye Exam for Patients With Diabetes	7,197	3,842	53	47	48	70
	Hemoglobin A1c Control for Patients With Diabetes	5,421	4,405	81	72	91	--
	Kidney Health Evaluation for Patients With Diabetes	5,061	1,255	25	30	20	--
Prevention	Breast Cancer Screening	12,042	9,157	76	83	59	79
	Cervical Cancer Screening	24,073	16,052	67	75	59	--
	Childhood Immunization Status	1,725	1,375	80	83	79	--
	Chlamydia Screening for Women	5,074	2,868	57	56	57	--
	Colorectal Cancer Screening	27,895	15,754	56	60	42	68

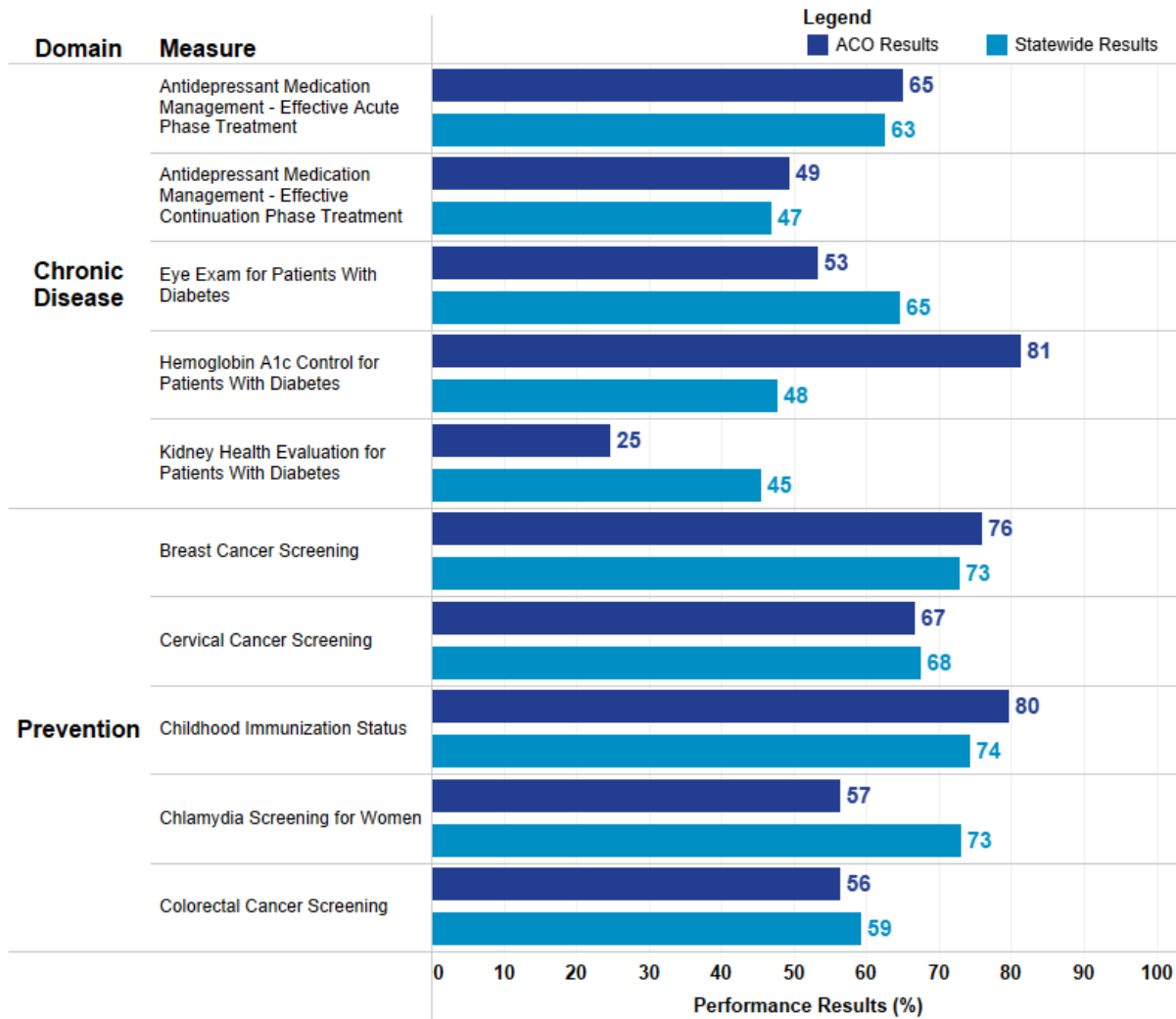
-- Measure result not reported.

* 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 Adirondacks ACO Quality Measure Results Compared with the Statewide Average



Note: Results shown are averaged across all Payers (Commercial, Medicaid, Medicare). Results are based on MY 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/sharesavingsprogram/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: <ol style="list-style-type: none"> <i>Effective Acute Phase Treatment</i>: Percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks) <i>Effective Continuation Phase Treatment</i>: 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: <ol style="list-style-type: none"> Women 21–64 years of age who had cervical cytology performed within the last 3 years. Women 30–64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years. 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 influenzae 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 3. Number of Services Used by Eligible ACO Members in Adirondacks ACO during MY2022 for Commercial Providers

Domain	Measure	Overall Results			Contracted Results			Non-Contracted Results		
		Denominator	Numerator	Percent	Denominator	Numerator	Percent	Denominator	Numerator	Percent
Chronic Disease	Antidepressant Medication Management - Effective Acute Phase Treatment	475	361	76	387	297	77	88	64	73
	Antidepressant Medication Management - Effective Continuation Phase Treatment	475	295	62	387	241	62	88	54	61
	Eye Exam for Patients With Diabetes	2,786	1,313	47	2,413	1,098	46	373	215	58
	Hemoglobin A1c Control for Patients With Diabetes	2,787	2,012	72	2,414	1,825	76	373	187	50
	Kidney Health Evaluation for Patients With Diabetes	2,582	769	30	2,210	627	28	372	142	38
Prevention	Breast Cancer Screening	6,280	5,209	83	5,307	4,382	83	973	827	85
	Cervical Cancer Screening	11,342	8,509	75	9,808	7,259	74	1,534	1,250	81
	Childhood Immunization Status	381	317	83	284	228	80	97	89	92
	Chlamydia Screening for Women	2,031	1,138	56	1,641	875	53	390	263	67
	Colorectal Cancer Screening	13,309	7,997	60	11,153	6,499	58	2,156	1,498	69

-- 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 4. Number of Services Used by Eligible ACO Members in Adirondacks ACO during MY2022 for Medicaid Providers

Domain	Measure	Overall Results			Contracted Results			Non-Contracted Results		
		Denominator	Numerator	Percent	Denominator	Numerator	Percent	Denominator	Numerator	Percent
Chronic Disease	Antidepressant Medication Management - Effective Acute Phase Treatment	1,108	630	57	1,016	566	56	92	64	70
	Antidepressant Medication Management - Effective Continuation Phase Treatment	1,108	447	40	1,016	401	39	92	46	50
	Eye Exam for Patients With Diabetes	2,635	1,277	48	2,396	1,148	48	239	129	54
	Hemoglobin A1c Control for Patients With Diabetes	2,634	2,393	91	2,395	2,246	94	239	147	62
	Kidney Health Evaluation for Patients With Diabetes	2,479	486	20	2,255	434	19	224	52	23
Prevention	Breast Cancer Screening	3,015	1,784	59	2,712	1,586	58	303	198	65
	Cervical Cancer Screening	12,731	7,543	59	11,655	6,976	60	1,076	567	53
	Childhood Immunization Status	1,344	1,058	79	1,120	866	77	224	192	86
	Chlamydia Screening for Women	3,043	1,730	57	2,731	1,526	56	312	204	65
	Colorectal Cancer Screening	8,324	3,481	42	7,522	3,113	41	802	368	46

-- 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 5. Number of Services Used by Eligible ACO Members in Adirondacks ACO during MY2022 for Medicare Providers

Domain	Measure	Overall Results			Contracted Results			Non-Contracted Results		
		Denominator	Numerator	Percent	Denominator	Numerator	Percent	Denominator	Numerator	Percent
Chronic Disease	Antidepressant Medication Management - Effective Acute Phase Treatment	213	177	83	SS	SS	SS	208	172	83
	Antidepressant Medication Management - Effective Continuation Phase Treatment	213	145	68	SS	SS	SS	208	141	68
	Eye Exam for Patients With Diabetes	1,776	1,252	70	35	15	43	1,741	1,237	71
	Hemoglobin A1c Control for Patients With Diabetes	--	--	--	--	--	--	--	--	--
	Kidney Health Evaluation for Patients With Diabetes	--	--	--	--	--	--	--	--	--
Prevention	Breast Cancer Screening	2,747	2,164	79	SS	SS	SS	2,736	2,158	79
	Cervical Cancer Screening	--	--	--	--	--	--	--	--	--
	Childhood Immunization Status	--	--	--	--	--	--	--	--	--
	Chlamydia Screening for Women	--	--	--	--	--	--	--	--	--
	Colorectal Cancer Screening	6,262	4,276	68	49	24	49	6,213	4,252	68

-- Measure result not reported.

SS: Small Sample Size denominator less than 30.

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](#).