

2021 Annual Report CAIPA Care, LLC

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 seven 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 CAIPA Care, 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 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.

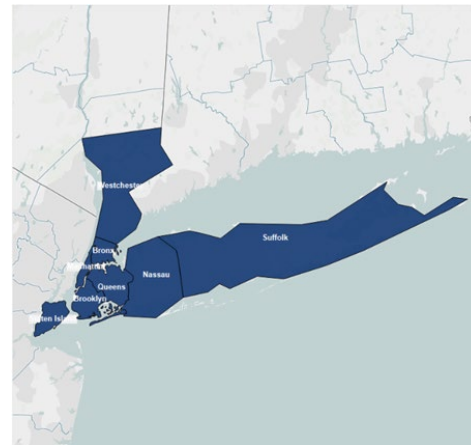
1. Title 10 Chapter XII – Innovative Delivery Model, Part 1003 – Accountable Care Organization, Section 1003.10 - Quality Performance Standards and Reporting (December 31, 2014).
<https://regs.health.ny.gov/content/section-100310-quality-performance-standards-and-reporting>
2. Public Health Law Article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

Section 1. CAIPA Care, LLC Profile

ACO Type: Provider-Led



**Provider-Led
Practices**



Service Area: CAIPA Care, LLC's Providers by County

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

MCO	Commercial Contract	Medicaid Contract	Medicare Contract
HIP (EmblemHealth)	X	X	X
HealthPlus HP, LLC		X	
New York Quality Healthcare Corporation (Fidelis Care)		X	

ACO Provided Care Coordination Highlights

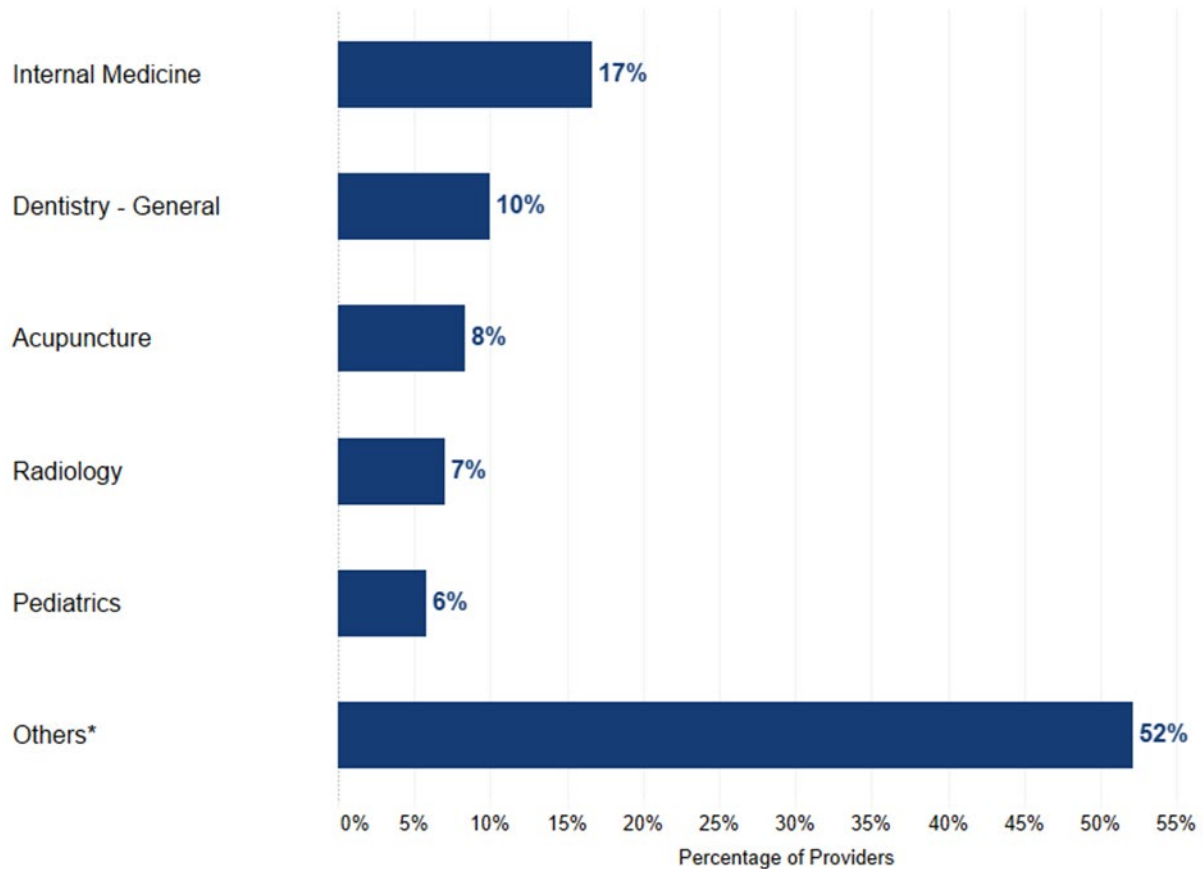
CAIPA Care, LLC serves Asian-American communities of New York City through its network of physicians and other licensed health care professionals. All providers and staff are culturally and linguistically capable of communicating with their patient population. The ACO focuses on delivering care in a Patient-Centered Medical Home model where primary care providers (PCP) work closely with patients to provide patient-centered access to team-based care, care management, and care coordination. The care manager and the interdisciplinary team builds patient relationship and engagement through frequent communication, education, coaching, as well as working with patients and caregivers to assess needs, preferences, values, priorities, social determinants of health, and monitor outcomes.

As part of care coordination, the ACO identifies high-risk patients with evidence-based risk stratification criteria through PCP referrals; health plan claims data; and hospital and ED admission, discharge, and transfer notifications from major local hospitals. The PCP, patients, and caregivers work together to incorporate the patients' needs and goals into the care plan. Patients and caregivers also have access to a call center for questions and assistance. Home visits, as well as referrals and coordination with community-based services are made available as necessary. Electronic health records and Cureatr, a secure HIPAA-compliant platform, are used to share clinical documents and communications electronically to facilitate care coordination.

Section 2. CAIPA Care, LLC Report

2.1 Distribution of Specialties for Providers in CAIPA Care, LLC's Network

Figure 1. Most Common Specialties for Providers in CAIPA Care, LLC's Network

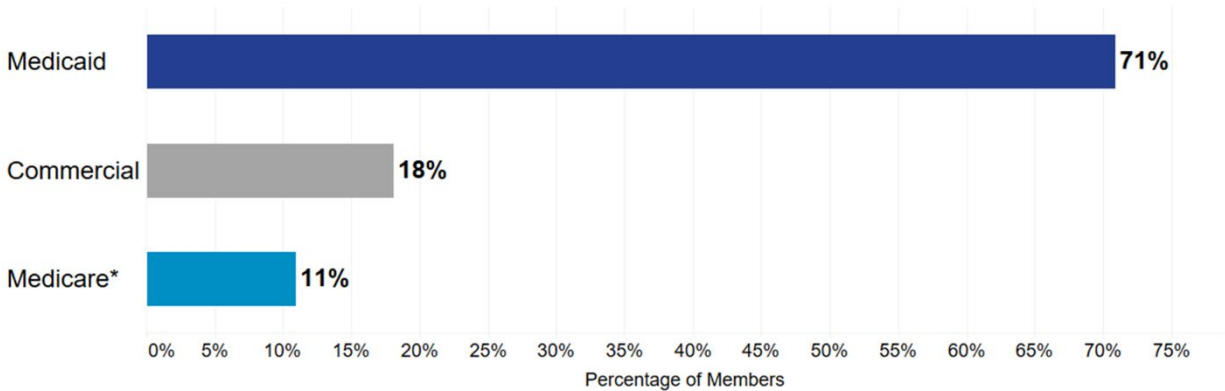


* The Others category includes all other specialty types including but not limited to Physical Therapy (6%), Ophthalmology (5%), and Family Practice (4%).

Note: Provider information was collected in 2022 for Measurement Year (MY) 2021. See: **Technical Notes.**

2.2 Distribution of Members Attributed to a Provider with CAIPA Care, LLC by Payer

Figure 2. Members Qualifying for a Quality Measure Attributed to a Participating Provider with CAIPA Care, 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 2021. Member attribution information was collected from January 1 – December 31, 2021, for the MY 2021.

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 CAIPA Care, LLC

Table 2. Number of Services Used by Eligible ACO Members in CAIPA Care, LLC during MY2021, by Payer

Domain	Measure	Overall Results			Payer Results		
		Denominator	Numerator	Percent	Commercial (%)	Medicaid (%)	Medicare* (%)
Prevention	Breast Cancer Screening	12,660	8,215	65	71	64	64
	Cervical Cancer Screening	37,045	25,182	68	75	67	--
	Childhood Immunization Status Combo 3	1,525	979	64	80	64	--
	Chlamydia Screening in Women (16-24 Years)	4,967	4,147	83	78	84	--
	Colorectal Cancer Screening	27,175	18,428	68	66	68	67
Chronic Disease	Comprehensive Diabetes Care: Eye Exam	7,725	4,565	59	59	58	72
	Comprehensive Diabetes Care: HbA1c Testing	7,207	6,562	91	92	91	--

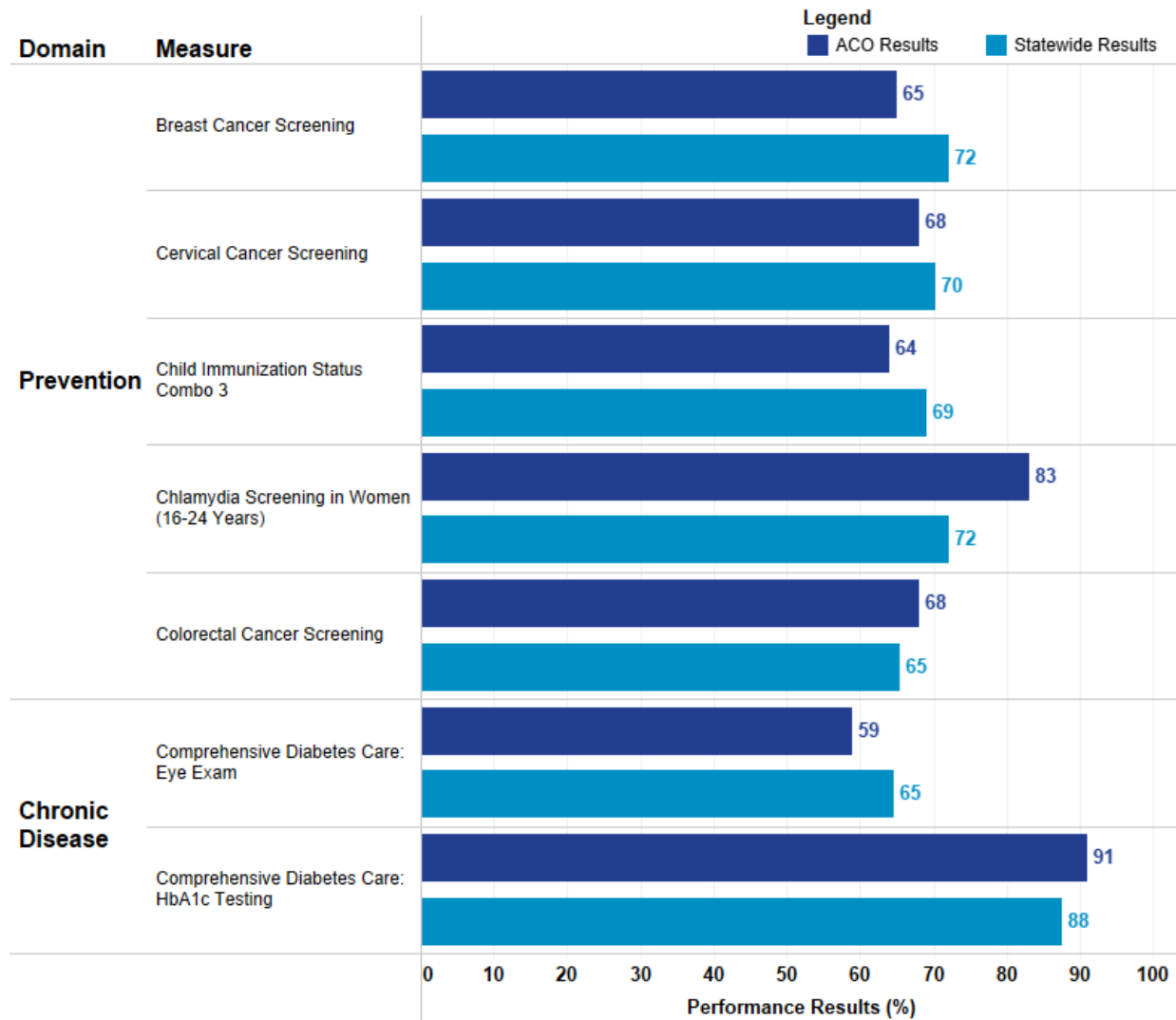
-- Measure result not reported.

* Medicare Advantage results only.

Note: Results are based on MY 2021. 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 2021 CAIPA Care, 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 2021. 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 2021, from January 1, 2021, through December 31, 2021 for the 2021 Measurement Year (MY 2021) using the 2021 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 2021. 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 2021 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 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).

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 2021 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 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 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 (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.
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 for Commercial Providers

Table 3. Number of Services Used by Eligible ACO Members in CAIPA Care, LLC during MY2021 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	9,320	6,221	67	1,229	875	71	8,091	5,346	66
	Cervical Cancer Screening	23,326	17,858	77	2,588	1,946	75	20,738	15,912	77
	Childhood Immunization Status Combo 3	222	151	68	56	45	80	166	106	64
	Chlamydia Screening in Women (16-24 Years)	1,740	1,375	79	241	189	78	1,499	1,186	79
	Colorectal Cancer Screening	21,584	14,422	67	2,876	1,889	66	18,708	12,533	67
Chronic Disease	Comprehensive Diabetes Care: Eye Exams	5,521	2,867	52	850	501	59	4,671	2,366	51
	Comprehensive Diabetes Care: HbA1c Testing	5,521	4,921	89	850	779	92	4,671	4,142	89

-- 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.

Appendix C – Quality Measure Results for Medicaid Providers

Table 4. Number of Services Used by Eligible ACO Members in CAIPA Care, LLC during MY2021 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	23,905	15,722	66	10,816	6,948	64	13,089	8,774	67
	Cervical Cancer Screening	72,351	52,356	72	34,457	23,236	67	37,894	29,120	77
	Childhood Immunization Status Combo 3	4,043	3,076	76	1,469	934	64	2,574	2,142	83
	Chlamydia Screening in Women (16-24 Years)	8,482	7,264	86	4,726	3,958	84	3,756	3,306	88
	Colorectal Cancer Screening	49,715	35,945	72	22,973	15,654	68	26,742	20,291	76
Chronic Disease	Comprehensive Diabetes Care: Eye Exams	13,617	8,448	62	6,357	3,692	58	7,260	4,756	66
	Comprehensive Diabetes Care: HbA1c Testing	13,617	12,569	92	6,357	5,783	91	7,260	6,786	93

-- 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.

Appendix D – Quality Measure Results for Medicare Providers

Table 5. Number of Services Used by Eligible ACO Members in CAIPA Care, LLC during MY2021 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	9,143	6,213	68	615	392	64	8,528	5,821	68
	Cervical Cancer Screening	--	--	--	--	--	--	--	--	--
	Childhood Immunization Status Combo 3	--	--	--	--	--	--	--	--	--
	Chlamydia Screening in Women (16-24 Years)	--	--	--	--	--	--	--	--	--
	Colorectal Cancer Screening	20,584	15,992	78	1,326	885	67	19,258	15,107	78
Chronic Disease	Comprehensive Diabetes Care: Eye Exams	8,296	6,622	80	518	372	72	7,778	6,250	80
	Comprehensive Diabetes Care: HbA1c Testing	--	--	--	--	--	--	--	--	--

-- 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. The results presented include Medicare Advantage members only. See: **Technical Notes**.