

# 2022 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)<sup>1</sup>. The Department shall thereafter prepare the collected data from the ACO for publication<sup>1</sup>. 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<sup>2</sup>. 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<sup>1</sup>.**

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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. 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
Healthfirst PHSP, Inc.		X	
HealthPlus HP, LLC		X	
UnitedHealthcare of New York, Inc.		X	X

### ACO Provided Care Coordination Highlights

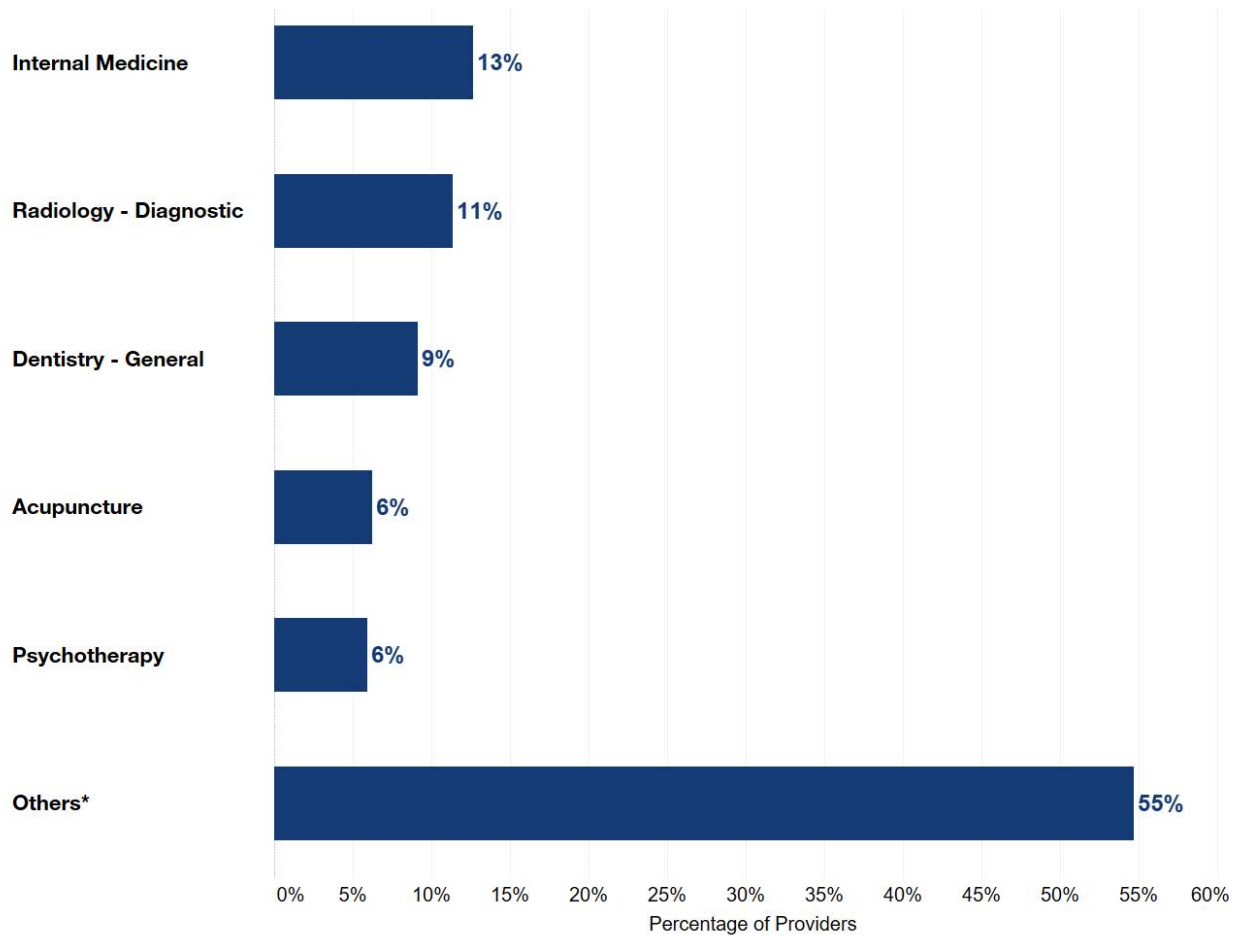
CAIPA Care, LLC is an ACO that serves over 500,000 patients in New York City through its network of 1,200 community-based providers. All providers and staff are culturally and linguistically capable of communicating with their patient population, contributing to their performance in value-based care. With their multi-linguistic and cultural competence, providers are able to bridge the divide between the patients and the healthcare system at large. At the core of CAIPA's care model is a robust care coordination strategy that provides scaffolding support to the practices and their patients with chronic conditions or large unmet needs. The model is based on evidence-based practices and meets NCQA standards for case management and population health. CAIPA utilizes a multi-disciplinary approach with case managers, social workers, nutritionists, pharmacists, and house call clinicians working together to address downstream social and clinical needs.

Addressing behavioral health and social needs is an integral part of our care model. Every patient receives standardized depression and SDOH screening assessments and detailed, whole-person-centered assistance. In addition, CAIPA developed specific processes to receive real-time notifications for emergency room and inpatient discharges. For admissions related to behavioral health-driven diagnoses, CAIPA works with both internal and external behavioral health providers to ensure timely follow-up appointments and access. CAIPA continues to leverage technology to drive performance, such as the development of a proprietary interoperability software Point Of Care (POC). The POC tool allows CAIPA and providers to share patient information for care coordination and quality improvement in a seamless manner. By bringing technology to patients' home, CAIPA not only provides quality healthcare, but also contributes to reducing inequities in digital access experienced by our population.

## 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

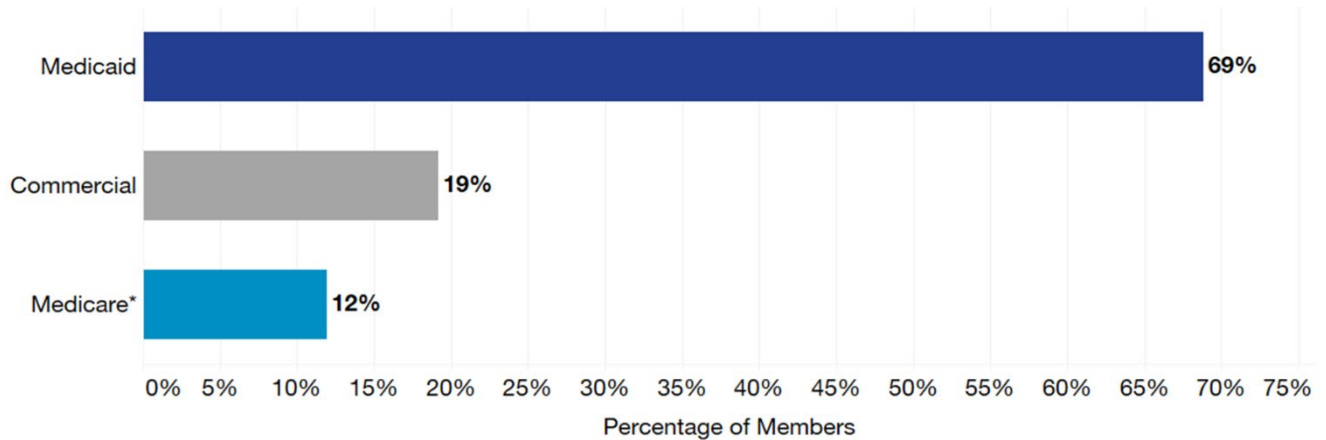


\* The Others category includes all other specialty types including but not limited to Physical Therapy (5%), Pediatrics (5%), and Physician Assistant (4%).

**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 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 2022. Member attribution information was collected from January 1 – December 31, 2023, 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 CAIPA Care, LLC

**Table 2.** Number of Services Used by Eligible ACO Members in CAIPA Care, 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	1,960	1,063	54	55	51	63
	Antidepressant Medication Management - Effective Continuation Phase Treatment	1,960	767	39	39	36	48
	Eye Exam for Patients With Diabetes	26,577	17,606	66	54	61	81
	Hemoglobin A1c Control for Patients With Diabetes	18,260	6,294	34	34	35	--
	Kidney Health Evaluation for Patients With Diabetes	16,549	10,799	65	65	65	--
Prevention	Breast Cancer Screening	43,968	31,021	71	70	70	73
	Cervical Cancer Screening	92,147	66,210	72	75	71	--
	Childhood Immunization Status	3,418	2,951	86	87	86	--
	Chlamydia Screening for Women	10,287	8,747	85	79	86	--
	Colorectal Cancer Screening	112,579	72,225	64	57	63	78

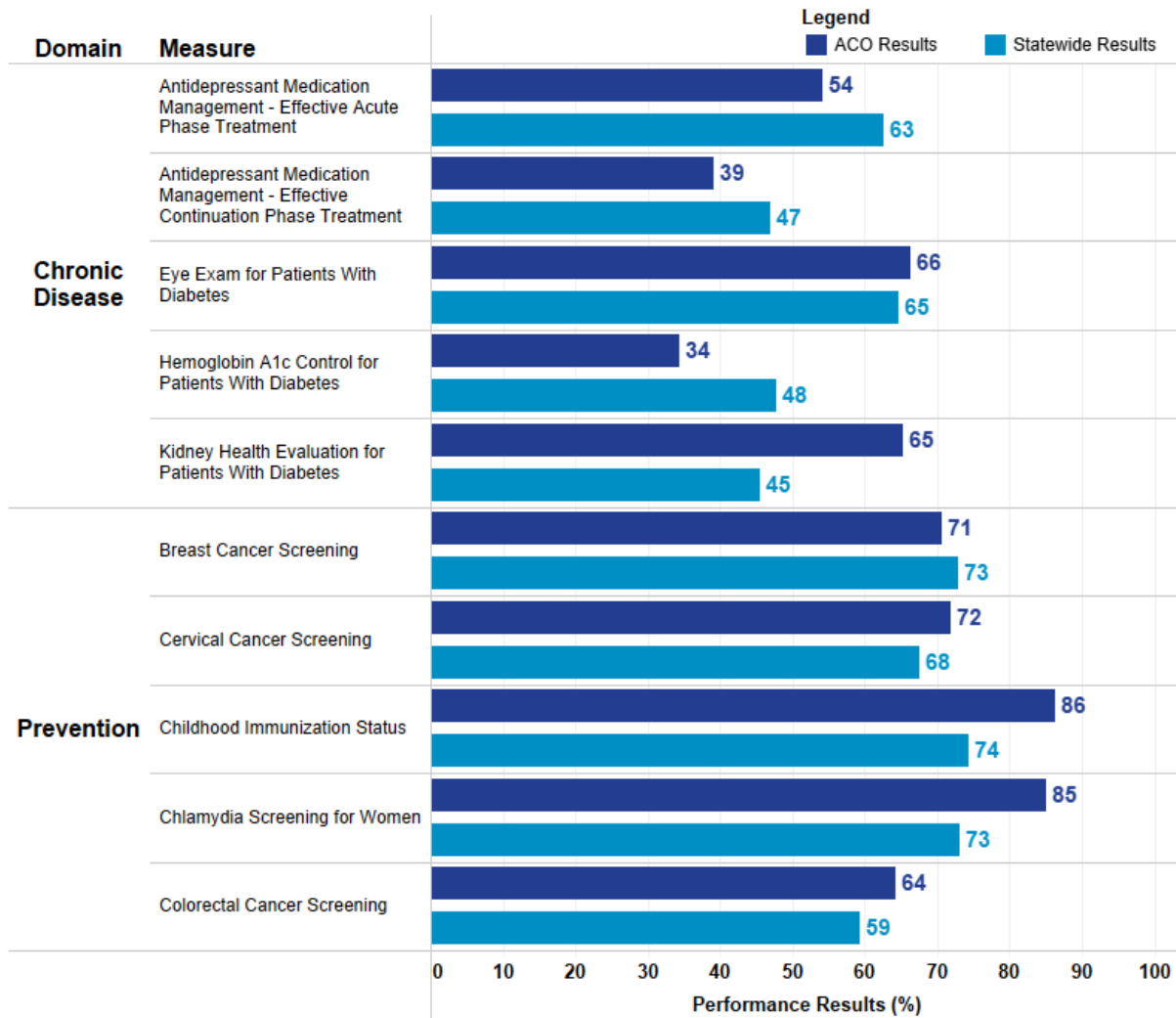
-- Measure result not reported.

\* 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 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 2022. This table includes results averaged across all products. For Medicare members, only Medicare Advantage results are included. See: **Technical Notes.**



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## 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.

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## 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/](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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### Feedback

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## Appendix A – MY 2022 NYS ACO Core Measure Set

Measure (Short Name)	Description
<b>Antidepressant Medication Management (AMM)</b>	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"> <li><i>Effective Acute Phase Treatment</i>: Percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks)</li> <li><i>Effective Continuation Phase Treatment</i>: Percentage of members who remained on an antidepressant medication for at least 180 days (6 months)</li> </ol>
<b>Breast Cancer Screening (BCS)</b>	Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer.
<b>Cervical Cancer Screening (CCS)</b>	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"> <li>Women 21-64 years of age who had cervical cytology performed within the last 3 years.</li> <li>Women 30-64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years.</li> <li>Women 30-64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years.</li> </ol>
<b>Childhood Immunization Status – Combo 3 (CIS)</b>	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).
<b>Chlamydia Screening for Women (CHL)</b>	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.
<b>Colorectal Cancer Screening (COL)</b>	Percentage of members 50-75 years of age who had appropriate screening for colorectal cancer.
<b>Hemoglobin A1c Control for Patients With Diabetes (HBD)</b>	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 <b>lower rate</b> is better.
<b>Eye Exam for Patients With Diabetes (EED)</b>	Percentage of members 18-75 years of age with diabetes (types 1 and 2) who had a retinal eye exam.
<b>Kidney Health Evaluation for Patients With Diabetes (KED)</b>	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 CAIPA Care, LLC 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	389	214	55	--	--	--	389	214	55
	Antidepressant Medication Management - Effective Continuation Phase Treatment	389	152	39	--	--	--	389	152	39
	Eye Exam for Patients With Diabetes	5,153	2,794	54	--	--	--	5,153	2,794	54
	Hemoglobin A1c Control for Patients With Diabetes	5,151	1,762	34	--	--	--	5,151	1,762	34
	Kidney Health Evaluation for Patients With Diabetes	4,988	3,247	65	--	--	--	4,988	3,247	65
Prevention	Breast Cancer Screening	9,772	6,832	70	--	--	--	9,772	6,832	70
	Cervical Cancer Screening	24,655	18,442	75	--	--	--	24,655	18,442	75
	Childhood Immunization Status	169	147	87	--	--	--	169	147	87
	Chlamydia Screening for Women	1,648	1,298	79	--	--	--	1,648	1,298	79
	Colorectal Cancer Screening	29,722	16,835	57	--	--	--	29,722	16,835	57

-- 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 CAIPA Care, LLC 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	1,173	597	51	745	378	51	428	219	51
	Antidepressant Medication Management - Effective Continuation Phase Treatment	1,173	424	36	745	269	36	428	155	36
	Eye Exam for Patients With Diabetes	13,126	8,061	61	7,969	4,928	62	5,157	3,133	61
	Hemoglobin A1c Control for Patients With Diabetes	13,109	4,532	35	7,969	2,705	34	5,140	1,827	36
	Kidney Health Evaluation for Patients With Diabetes	11,561	7,552	65	6,912	4,678	68	4,649	2,874	62
Prevention	Breast Cancer Screening	23,840	16,634	70	14,387	10,192	71	9,453	6,442	68
	Cervical Cancer Screening	67,492	47,768	71	41,514	30,244	73	25,978	17,524	67
	Childhood Immunization Status	3,249	2,804	86	2,284	2,055	90	965	749	78
	Chlamydia Screening for Women	8,639	7,449	86	4,851	4,217	87	3,788	3,232	85
	Colorectal Cancer Screening	60,315	37,701	63	35,578	23,568	66	24,737	14,133	57

-- 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 CAIPA Care, LLC 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	398	252	63	178	115	65	220	137	62
	Antidepressant Medication Management - Effective Continuation Phase Treatment	398	191	48	178	94	53	220	97	44
	Eye Exam for Patients With Diabetes	8,298	6,751	81	4,279	3,599	84	4,019	3,152	78
	Hemoglobin A1c Control for Patients With Diabetes	--	--	--	--	--	--	--	--	--
	Kidney Health Evaluation for Patients With Diabetes	--	--	--	--	--	--	--	--	--
Prevention	Breast Cancer Screening	10,356	7,555	73	5,105	3,855	76	5,251	3,700	70
	Cervical Cancer Screening	--	--	--	--	--	--	--	--	--
	Childhood Immunization Status	--	--	--	--	--	--	--	--	--
	Chlamydia Screening for Women	--	--	--	--	--	--	--	--	--
	Colorectal Cancer Screening	22,542	17,689	78	10,690	8,391	78	11,852	9,298	78

-- 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](#).