NEW YORK STATE | Department of Health

2021 Annual Report
HHC ACO, Inc.

A Multi-Payer Report of Quality Performance Results

health.ny.gov

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 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 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 HHC ACO, 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].

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. HHC ACO, Inc. Profile

ACO Type: Academic/Teaching

Academic/Teaching Hospitals

Service Area: *HHC ACO, Inc.*'s Providers by County

ACO Provided Care Coordination Highlights

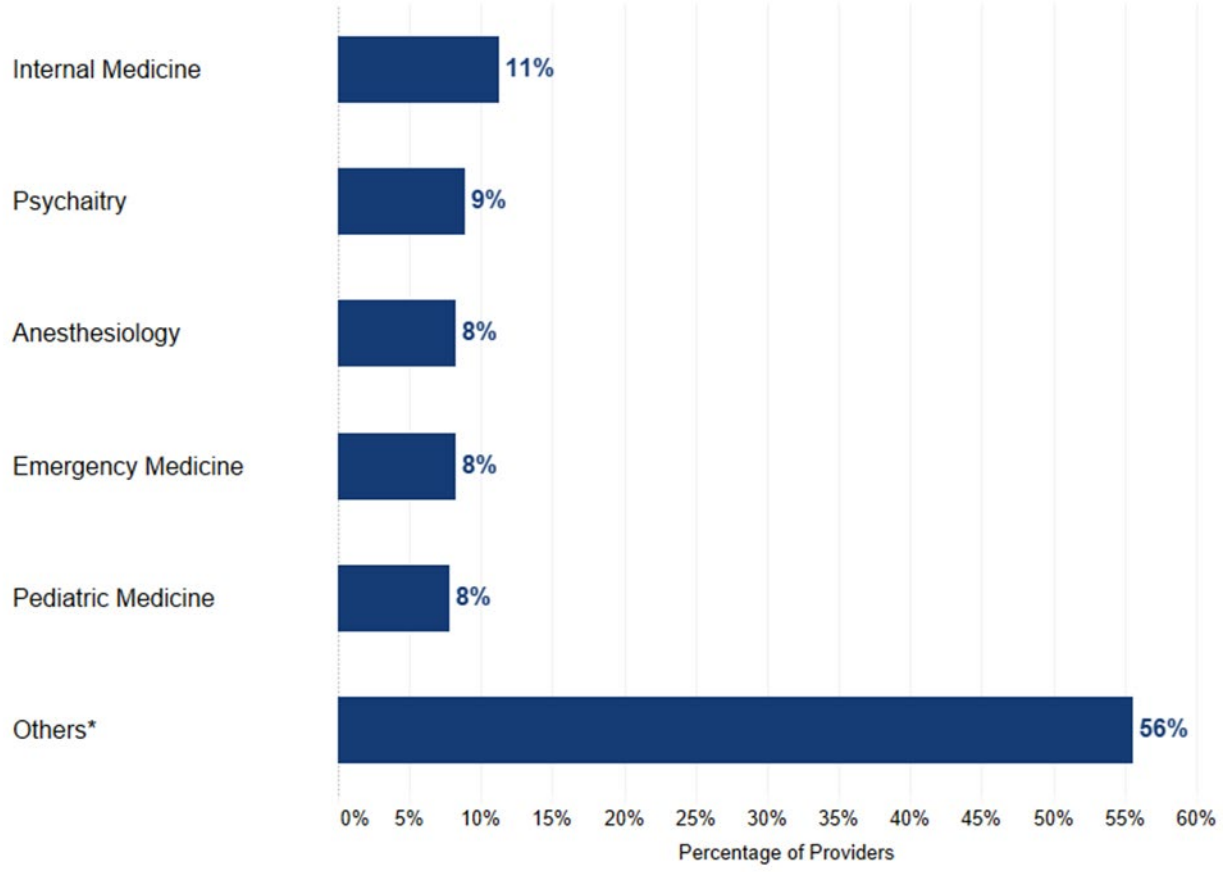
HHC ACO, Inc. is a not-for-profit subsidiary of New York City Health + Hospitals (NYC H+H), New York City's safety-net healthcare system. The ACO network includes all of NYC H+H's 11 acute care academic hospitals, 6 Federally Qualified Health Centers (FQHCs), 70 community health centers, and 5 Post Acute care facilities; Community Healthcare Network's 14 FQHCs and a physician group. The ACO has been participating in the Medicare Shared Savings Program (MSSP) since 2013, earning shared savings all nine years, and have been accountable for 10,000-12,000 lives annually throughout those years. Approximately 70% of all patients have either End Stage Renal Disease, are disabled, or are dual eligible for Medicare and Medicaid.

NYC H+H has implemented the 'Epic' electronic health record (EHR) system throughout its entire network of acute care hospitals and FQHCs. This EHR is utilized by all providers and care teams. The ACO also implemented a patient portal called 'My Chart" that allows patients to access test results, schedule and change appointments, and communicate directly with their providers. In addition, in response to the circumstances and additional required safety measures that arose due to the COVID-19 pandemic, NYC H+H has rapidly deployed the use of televisits across its primary care and outpatient specialty departments. Televisits began with telephonic e-visits with patients and have evolved to include video conferencing capabilities. Televisits have been accepted by both clinicians and patients as a strong adjunct to in-person visits.

Section 2. HHC ACO, Inc. Report

2.1 Distribution of Specialties for Providers in HHC ACO, Inc.'s Network

Figure 1. Most Common Specialties for Providers in HHC ACO, Inc.'s Network

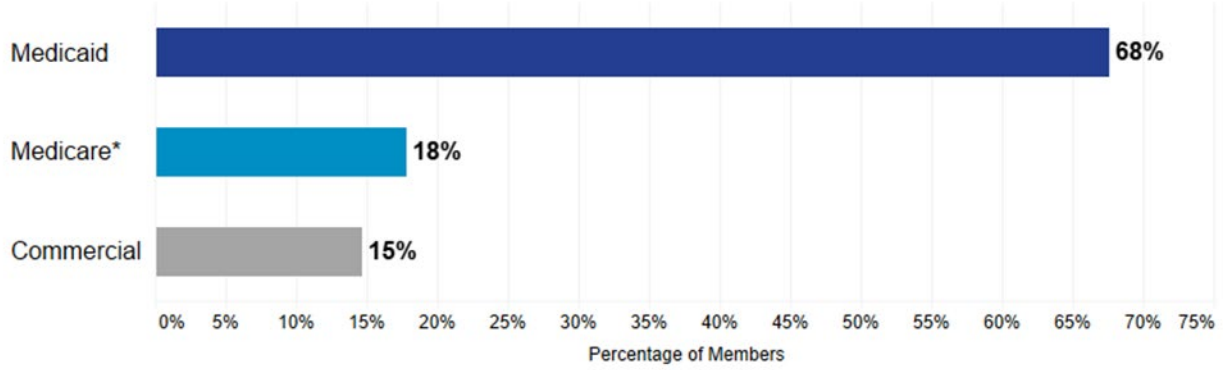


* The Others category includes all other specialty types including but not limited to Obstetrics/Gynecology (6%), Diagnostic Radiology (5%), and General Surgery (3%).

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 HHC ACO, Inc. by Payer

Figure 2. Members Qualifying for a Quality Measure Attributed to a Participating Provider with HHC ACO, Inc. 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 between the ACO and the health plan's payer.

2.3 Quality Measure Results of Members in HHC ACO, Inc.

Table 1. Number of Services Used by Eligible ACO Members in HHC ACO, Inc. during MY2021, by Payer

Domain	Measure	Overall Results			Payer Results		
		Denominator	Numerator	Percent	Commercial (%)	Medicaid (%)	Medicare* (%)
Prevention	Breast Cancer Screening	16,000	11,647	73	71	67	79
	Cervical Cancer Screening	32,433	20,790	64	71	62	--
	Childhood Immunization Status Combo 3	2,725	1,916	70	63	71	--
	Chlamydia Screening in Women (16-24 Years)	5,986	4,455	74	71	75	--
	Colorectal Cancer Screening	33,488	21,854	65	54	57	78
Chronic Disease	Comprehensive Diabetes Care: Eye Exam	16,897	12,020	71	57	66	81
	Comprehensive Diabetes Care: HbA1c Testing	9,354	8,169	87	86	88	--

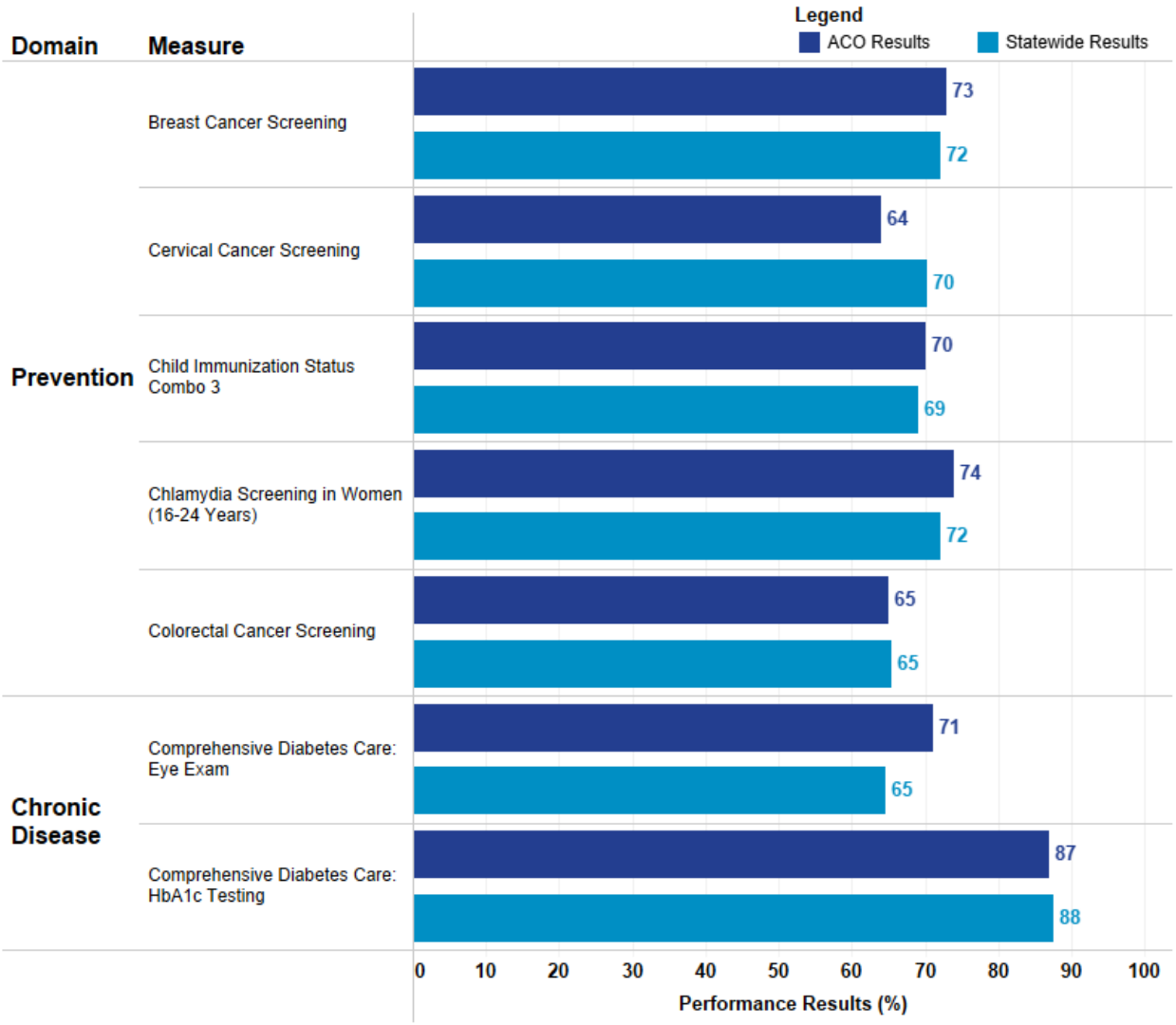
-- Measure result not reported.

* 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 HHC ACO, Inc. 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:

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 Health Services Quality and Analytics
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 – 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: - 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 2. Number of Services Used by Eligible ACO Members in HHC ACO, Inc. during MY2021 for Commercial Providers

Domain	Measure	Overall Commercial Results		
		Denominator	Numerator	Percent
Prevention	Breast Cancer Screening	2,826	1,995	71
	Cervical Cancer Screening	7,265	5,176	71
	Childhood Immunization Status Combo 3	133	84	63
	Chlamydia Screening in Women (16-24 Years)	1,014	725	71
	Colorectal Cancer Screening	6,707	3,625	54
Chronic Disease	Comprehensive Diabetes Care: Eye Exam	2,694	1,542	57
	Comprehensive Diabetes Care: HbA1c Testing	2,694	2,322	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.

Appendix C – Quality Measure Results for Medicaid Providers

Table 3. Number of Services Used by Eligible ACO Members in HHC ACO, Inc. during MY2021 for Medicaid Providers

Domain	Measure	Overall Commercial Results		
		Denominator	Numerator	Percent
Prevention	Breast Cancer Screening	6,100	4,069	67
	Cervical Cancer Screening	25,168	15,614	62
	Childhood Immunization Status Combo 3	2,592	1,832	71
	Chlamydia Screening in Women (16-24 Years)	4,972	3,730	75
	Colorectal Cancer Screening	12,667	7,223	57
Chronic Disease	Comprehensive Diabetes Care: Eye Exam	6,660	4,366	66
	Comprehensive Diabetes Care: HbA1c Testing	6,660	5,847	88

-- 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 4. Number of Services Used by Eligible ACO Members in HHC ACO, Inc. during MY2021 for Medicare Providers

Domain	Measure	Overall Commercial Results		
		Denominator	Numerator	Percent
Prevention	Breast Cancer Screening	7,074	5,583	79
	Cervical Cancer Screening	--	--	--
	Childhood Immunization Status Combo 3	--	--	--
	Chlamydia Screening in Women (16-24 Years)	--	--	--
	Colorectal Cancer Screening	14,114	11,006	78
Chronic Disease	Comprehensive Diabetes Care: Eye Exam	7,543	6,112	81
	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**.