



Department
of Health

2019 Annual Report

Mount Sinai Health Partners IPA, LLC

A Multi-Payer Report of Quality Performance Results



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Overview

The New York State Accountable Care Organization (ACO) Quality Report is a multi-payer view of performance results on a set of eight quality measures for ACOs that have been issued a certificate of authority by the New York State Department of Health (NYSDOH). Public Health Law (PHL) Article 29-E requires the NYSDOH to establish a program governing the approval of ACOs. 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 NYSDOH.

ACO Profile and Quality Report

The ACO profile presented in the following pages is intended to provide consumers with a better understanding of Mount Sinai Health Partners IPA, LLC's structure as an all payer ACO. The profile includes the following information:

- Type of ACO (e.g., Hospital or Provider led),
- Number of participating providers and suppliers contracted by the ACO,
- Region of services provided,
- Number of patients attributed to the ACO,
- Quality of services provided, and
- The ACO's progress in the implementation of evidence-based care services, telemedicine, use of electronic medical records (EMR), and other initiatives intended to accomplish the goals of accountable care.

Each profile was developed from supplemental, non-confidential information submitted by the ACO through ACO certification, a survey issued by NYSDOH to the ACO, and other public data.

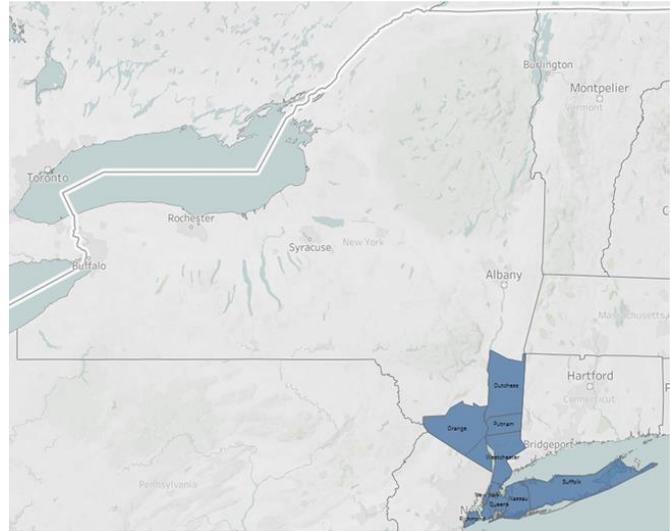
The report displays performance results based on data submitted by managed care organizations. Details on how data is collected can be found in the Technical Notes section of this report. This report does not contain Protected Health Information (PHI) and is shared with each ACO providing the information, prior to publication.

Section 1. Mount Sinai Health Partners IPA, LLC Profile

ACO Type: Academic/Teaching



**Academic/Teaching
Hospitals**



**Service Area: Mount Sinai Health Partners IPA, LLC
Providers by County**

Table 1. Risk Contracts

MCO	Commercial Contract	Medicaid Contract	Medicare Contract
Amida Care Inc.		X	
Empire BlueCross BlueShield	X		X
HealthPlus HP, LLC		X	
Oxford Health Insurance of New York	X	X	X
UnitedHealthcare	X	X	X
VNSNY Choice Health Plans		X	

ACO Provided Care Coordination Highlights

Mount Sinai Health Partners IPA, LLC

- Maintains a clinically integrated network that services the five boroughs of NYC, Suffolk and Nassau Counties in Long Island
- Offers in-network support in building out care teams and redesigning practice workflows
- Provides data for clinical decision making
- Uses a multidisciplinary approach to ensure patients receive the highest quality of care based on their needs

Section 2. Mount Sinai Health Partners IPA, LLC Report

Table 2. Most Common Specialties for Providers in Mount Sinai Health Partners IPA, LLC Network

Classification	Number of Providers
Internal Medicine	967
Cardiology	277
Nurse Practitioner	243
Psychiatry	243
Obstetrics/Gynecology	195
Other*	2,614
Grand Total	4,539

Legend

*The “Other” includes all other specialty types (including but not limited to Infectious Disease, Neurology, and Addiction Medicine).

Note: Provider information was collected in 2019 for the January 1 – December 31, 2018, measurement year.

Table 3. Members Qualifying for a Quality Measure Attributed to a Provider in an MCO That Had a Contract with Mount Sinai Health Partners IPA, LLC; Results Stratified by Health Plan and Product

Health Plan	Commercial	Medicaid	Medicare*	Total
All Contracted MCOs	77,736	9,660	16,592	103,988

Legend

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

Note: This table represents a defined subset of members in Mount Sinai Health Partners IPA, LLC’s network. Inclusion criteria was limited to members who met denominator criteria for one or more health care quality measures during the 2018 measurement year. Member attribution to product line was determined in November 2019 based on measurement year 2018. **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 product line.**

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Table 4. 2019 Quality Measure Results for Eligible Members in Mount Sinai Health Partners IPA, LLC, Stratified by Payer

Domain	Measure	ACO Overall			ACO Rates by Payer		
		Denominator	Numerator	Result	Commercial	Medicaid	Medicare*
Prevention	Breast Cancer Screening	14,800	10,787	73%	74%	62%	71%
	Cervical Cancer Screening	26,998	21,782	81%	82%	66%	--
	Childhood Immunization Status Combo 3	496	282	57%	65%	29%	--
	Chlamydia Screening in Women (16-24 Years)	2,119	1,455	69%	69%	66%	--
	Colorectal Cancer Screening	31,383	19,509	62%	62%	45%	67%
Chronic Disease	Comprehensive Diabetes Care Eye (Retinal) Exams Performed	6,639	3,775	57%	51%	55%	72%
	Comprehensive Diabetes Care HbA1c Testing	4,751	4,230	89%	89%	89%	--
	Comprehensive Diabetes Care Medical Attention for Nephropathy	4,751	4,167	88%	87%	90%	--

Legend

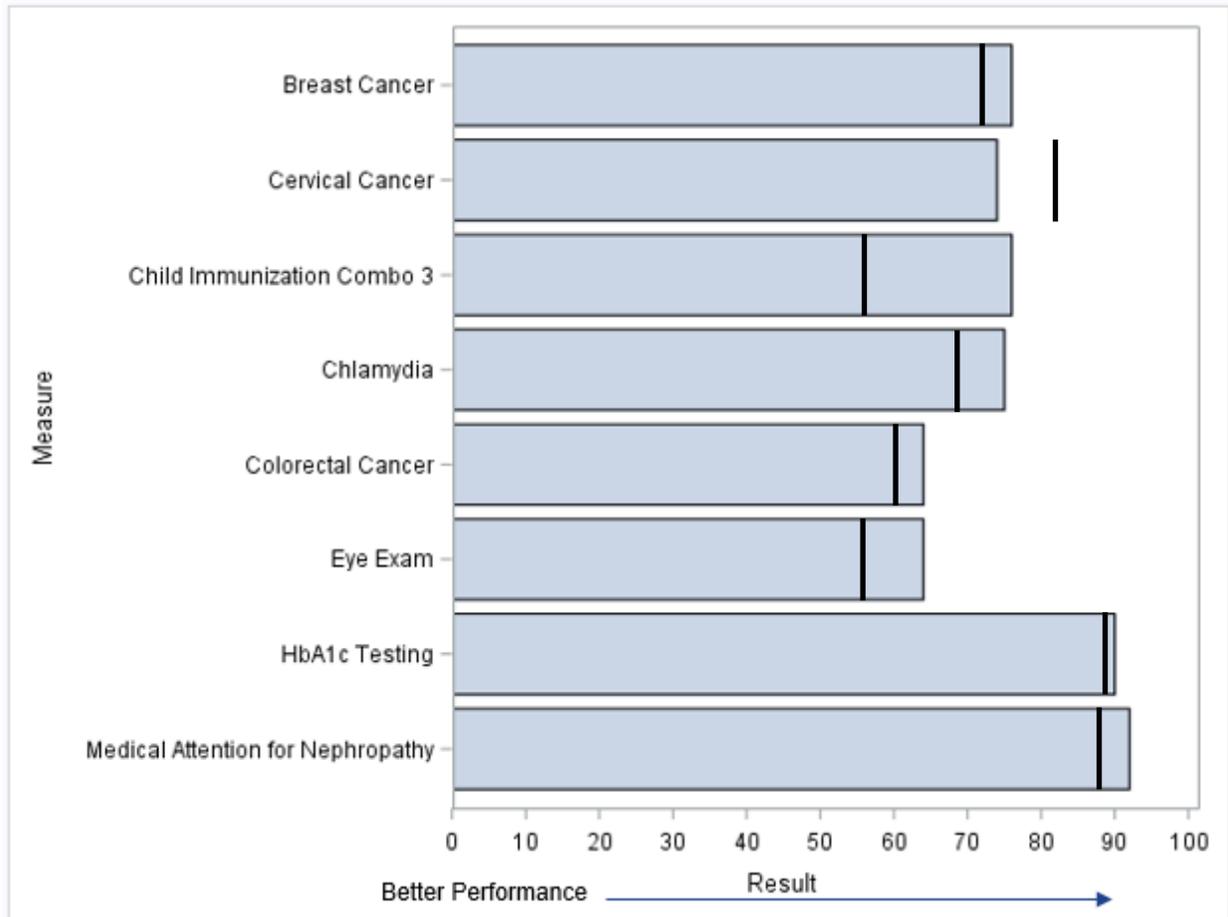
-- Measure result not reported.

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

Note: Results are based on measurement year 2018. Diabetes denominators differ across measures because not all diabetes measures are calculated and reported for all payers.

Section 3. Statewide Benchmark Comparisons

Figure 1. 2019 Mount Sinai Health Partners IPA, LLC Results Compared with the Statewide ACO Average



 = Mount Sinai Health Partners IPA, LLC Rate
 = Statewide Average

Note: Results shown are averaged across all product lines (Commercial, Medicaid, Medicare). Results are based on measurement year 2018. This table includes results averaged across all products. For Medicare members, only Medicare Advantage results are included.

Technical Notes

DEFINITIONS

Domain

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

Denominator, Numerator, Result

For each measure, the denominator represents the total number of members eligible for specific health care services, and the numerator represents the number of members who received those services. The result is the proportion of members who received recommended health services, out of all eligible members, during the measurement period. Specifically, this is calculated by dividing the numerator by the denominator, multiplying by 100 unless otherwise noted.

Measures

Data included in this report were collected during calendar year 2019, according to the 2019 NYS ACO Core Measurement Set, based on services rendered during the 2018 measurement year.

The quality measures in the NYS ACO Core Measure Set are from the Healthcare Effectiveness Data and Information Set (HEDIS®) measures established by the National Committee for Quality Assurance (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 Mount Sinai Health Partners IPA, LLC's network.

Methods

In November 2019, the NYSDOH requested patient-level provider attribution data from 25 health plans operating in New York State. The data submission was voluntary; twenty-three health plans submitted the requested data.

The requested datasets included the following information:

- Members who met denominator criteria for at least one ACO core set measure during the 2018 measurement period
- Denominator and numerator compliance
- National Provider Identifier (NPI) of the physician to whom the member was attributed
- Provider practice Tax Identification Number (TIN) of the provider to whom the member is attributed.
- Additional practice identifiers of the provider

Patient-level data was aggregated across health plans using Practice TIN and ACO TIN to produce ACO-level results on the selected quality measures.

Benchmarks allow ACOs to compare their results to the overall statewide ACO average and to a payer that may better reflect Mount Sinai Health Partners IPA, LLC's member population. Benchmarks were calculated using the members included in the full data file submitted to NYSDOH, the statewide result for each measure, as well as statewide results by product.

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Member Attribution

Each health plan employed its own member attribution methodology to link members to practices.

Measure Selection

A parsimonious set of primary care relevant measures were selected for the 2019 NYS ACO Core Measure Set to examine the quality of care for the population attributed to ACO organizations for quality improvement and monitoring. This measure set may be expanded over time. See Appendix A for more detailed descriptions of each of the measures.

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 product (Commercial, Medicaid, Medicare).

Medicare Results

Medicare results shown in this report reflect quality measurement applicable to the Medicare Advantage program and do not represent the Medicare Shared Savings Program (MSSP). This report includes 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 (Parts A & B) under ACOs contracts with CMS for the Next Generation ACO program or the Medicare Shared Savings Program (MSSP).

The CMS quality score data for ACOs is available using the following link:

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharesavingsprogram/Downloads/MSSP-ACO-data.pdf>.

For more information on Medicare fee-for-service, please refer to the CMS website

<https://www.cms.gov/Medicare/Medicare.html>.

Data Sources

Member Data

Member-level detail information was collected from the NYS Patient-Centered Medical Home (PCMH) HEDIS 2019 Member-Level Files submitted by managed care organizations in NYS during 2018, based on measurement year 2018.

Participating Providers

Each ACO provided NYSDOH a list of participating providers and practices. NYSDOH joined the list of ACO-provided practice TINs to the health plan-provided practice TINs from the PCMH HEDIS file to stratify quality results by ACO.

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

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Appendix A – 2019 NYS ACO Core Measure Set

MEASURE (NQF#/Developer)	DESCRIPTION
Breast Cancer Screening (2372/HEDIS)	The percentage of women, ages 50 to 74 years, who had a mammogram to screen for breast cancer.
Cervical Cancer Screening (0032/HEDIS)	The percentage of women, ages 21 to 64 years, who were screened for cervical cancer using either of the following criteria: - Women between ages 21 to 64 who had cervical cytology performed every 3 years. - Women between ages 30 to 64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years.
Childhood Immunization Status – Combo 3 (0038/HEDIS)	The percentage of children, age 2 years, who had 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 chicken pox (VZV); and four pneumococcal conjugate (PCV) vaccines by their second birthday. The measure calculates one combination rate.
Chlamydia Screening for Women (0033/HEDIS)	The percentage of women, ages 16 to 24 years, who were identified as sexually active and who had at least one test for chlamydia during the measurement year. Reported as three rates: 1. Patients between ages 16 to 20 years 2. Patients between ages 21 to 24 years 3. Total
Colorectal Cancer Screening (0034/HEDIS)	The percentage of adults, ages 50 to 75 years, who had appropriate screening for colorectal cancer.
Comprehensive Diabetes Care: HbA1c Testing (0057/HEDIS)	The percentage of members, ages 18 to 75 years, 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)	The percentage of members, ages 18 to 75 years, with diabetes (type 1 and type 2) who had an eye exam (retinal) performed.
Comprehensive Diabetes Care: Nephropathy (0062/HEDIS)	The percentage of members, ages 18 to 75 years, with diabetes (type 1 and type 2) who received a nephropathy screening or monitoring test or had evidence of nephropathy during the measurement year.

Appendix B – Quality Measure Results for Commercial Stratified by Contract Arrangement Type

Domain	Measure	Overall Commercial Results			Contracted Results			Non-Contracted results		
		Denominator	Numerator	Result	Denominator	Numerator	Result	Denominator	Numerator	Result
Prevention	Breast Cancer Screening	20,378	15,125	74%	11,603	8,571	74%	8,775	6,554	75%
	Cervical Cancer Screening	40,863	32,746	80%	24,781	20,321	82%	16,082	12,425	77%
	Childhood Immunization Status Combo 3	662	399	60%	381	249	65%	281	150	53%
	Chlamydia Screening in Women (16-24 Years)	3,651	2,557	70%	1,881	1,299	69%	1,770	1,258	71%
	Colorectal Cancer Screening	44,712	26,729	60%	24,438	15,058	62%	20,274	11,671	58%
Chronic Disease	Comprehensive Diabetes Care Eye (Retinal) Exams Performed	10,710	6,176	58%	4,315	2,182	51%	6,395	3,994	62%
	Comprehensive Diabetes Care HbA1c Testing	10,710	9,410	88%	4,315	3,841	89%	6,395	5,569	87%
	Comprehensive Diabetes Care Medical Attention for Nephropathy	10,710	9,472	88%	4,315	3,774	87%	6,395	5,698	89%

Note: Overall denominator and numerator results shown represents the eligible population in the ACO. 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 eligible population that was in an MCO that did not have a risk contract with the ACO.

Appendix C – Quality Measure Results for Medicaid Stratified by Contract Arrangement Type

Domain	Measure	Overall Medicaid Results			Contracted Results			Non-Contracted results		
		Denominator	Numerator	Result	Denominator	Numerator	Result	Denominator	Numerator	Result
Prevention	Breast Cancer Screening	6,364	4,482	70%	521	324	62%	5,843	4,158	71%
	Cervical Cancer Screening	23,186	16,167	70%	2,217	1,461	66%	20,969	14,706	70%
	Childhood Immunization Status Combo 3	1,189	727	61%	115	33	29%	1,074	694	65%
	Chlamydia Screening in Women (16-24 Years)	3,229	2,525	78%	238	156	66%	2,991	2,369	79%
	Colorectal Cancer Screening	12,878	7,319	57%	1,041	466	45%	11,837	6,853	58%
Chronic Disease	Comprehensive Diabetes Care Eye (Retinal) Exams Performed	5,689	3,675	65%	436	241	55%	5,253	3,434	65%
	Comprehensive Diabetes Care HbA1c Testing	5,689	5,191	91%	436	389	89%	5,253	4,802	91%
	Comprehensive Diabetes Care Medical Attention for Nephropathy	5,689	5,236	92%	436	393	90%	5,253	4,843	92%

Note: Overall denominator and numerator results shown represents the eligible population in the ACO. 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 eligible population that was in an MCO that did not have a risk contract with the ACO.

Appendix D – Quality Measure Results for Medicare Stratified by Contract Arrangement Type

Domain	Measure	Overall Medicare Results			Contracted Results			Non-Contracted results		
		Denominator	Numerator	Result	Denominator	Numerator	Result	Denominator	Numerator	Result
Prevention	Breast Cancer Screening	4,986	3,637	73%	2,676	1,892	71%	2,310	1745	76%
	Cervical Cancer Screening	--	--	--	--	--	--	--	--	--
	Childhood Immunization Status Combo 3	--	--	--	--	--	--	--	--	--
	Chlamydia Screening in Women (16-24 Years)	--	--	--	--	--	--	--	--	--
	Colorectal Cancer Screening	10,641	7,026	66%	5,904	3,985	67%	4,737	3,041	64%
Chronic Disease	Comprehensive Diabetes Care Eye (Retinal) Exams Performed	3,812	2,704	71%	1,888	1,352	72%	1,924	1,352	70%
	Comprehensive Diabetes Care HbA1c Testing	--	--	--	--	--	--	--	--	--
	Comprehensive Diabetes Care Medical Attention for Nephropathy	--	--	--	--	--	--	--	--	--

Legend

-- Measure result not reported.

Note: Overall denominator and numerator results shown represents the eligible population in the ACO. 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 eligible population that was in an MCO that did not have a risk contract with the ACO. Also, the results include Medicare Advantage members only (See: **Technical Notes**).