

New York State 2009

Managed Care Plan Performance

A report on quality, access to care, and consumer satisfaction



Additional and related information is also available from the New York State Department of Health website:
<http://www.nyhealth.gov>

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A Message from the Commissioner

I am pleased to present the 15th annual report on managed care performance in New York State.

Produced in collaboration with New York's managed care organizations and their network providers, this report contains information on the care provided to enrollees in commercial Health Maintenance Organizations (HMOs), commercial Preferred Provider Organizations and Exclusive Provider Organizations (PPO/EPOs), Medicaid managed care and Child Health Plus. The report provides consumers with a comprehensive overview of managed care and enables health plans to compare themselves to other plans in their region and the State. The New York State Department of Health (Department) uses the information to monitor the performance of all plans and to compare overall statewide performance to national benchmarks.

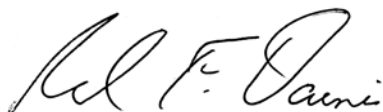
Managed care plans continue to improve the quality of care they provide to their members in the areas of preventive medicine, mental health, and prenatal and chronic care. Overall satisfaction with health plans and providers, as well as access to care, remains high.

Commercial PPO/EPOs reported quality measurement data for the first time in 2009. Their statewide performance was comparable to that of commercial HMO plans across all domains of care and often exceeded national benchmarks. As an example, 74 percent of women enrolled in PPO/EPOs received a mammogram as compared to 66 percent nationwide.

Although there were slight declines in several commercial HMO measures from the 2008 report, there was improvement in some measures and New York's commercial HMO plans continued to provide a high level of care and meet or exceed national benchmarks. For example, the percentage of commercial enrollees whose high blood pressure was under control increased by five percentage points. Ninety-four percent of pregnant women accessed prenatal care in a timely manner as compared to the national average of ninety-two percent.

The care provided to New York's Medicaid managed care and Child Health Plus enrollees continued to improve. As compared to the 2008 report, the Medicaid managed care statewide rates increased for 31 quality-of-care measures. Eighty-seven percent of Medicaid enrollees who are on persistent medications received the appropriate monitoring, thereby exceeding the national average of 84 percent. The percentage of children in Child Health Plus who received appropriate testing for pharyngitis increased from 78 to 84 percent. (There are no national benchmarks for the Child Health Insurance Program.)

This high level of health plan performance and continued improvement translates into healthier New Yorkers. Even in areas where rates of performance are not yet where we would like to see them, we are encouraged by upward trends. The Department will continue to invest resources to assist plans in developing innovative strategies to engage their members and improve the care delivered by their providers.



Richard F. Daines, M.D., Commissioner

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INTRODUCTION

Managed care plans provide a wide range of health services to millions of New Yorkers. Choosing a managed care plan that meets your needs and the needs of your family is an important decision. There are many things to consider before choosing a managed care plan. Does your current doctor participate in the plan? Does the plan enroll members in the county in which you live? Does the plan offer special services that will enhance the health of your family? This report is designed to help you make an informed decision by providing you with clear, easy-to-read information on managed care plan performance with respect to primary and preventive health visits, healthcare for acute illness, behavioral health and medical management of select chronic diseases. This report also provides descriptive information on the managed care plans currently enrolling members in New York State, including the regions of the state they serve, the managed care products they provide, how to contact their member services departments, and other information about enrollment and accreditation.

QUALITY MEASUREMENT IN NEW YORK STATE

As a way of monitoring managed care plan performance and improving the quality of care provided to New York State residents, the New York State Department of Health (NYSDOH) implemented a public reporting system in 1994 called the Quality Assurance Reporting Requirements (QARR). QARR is largely based on measures of quality published by the National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS®). QARR also includes information collected using a national satisfaction survey methodology called CAHPS® (Consumer Assessment of Healthcare Providers and Systems). CAHPS data are collected every year for commercial enrollees. The NYSDOH sponsors a CAHPS survey for Medicaid managed care enrollees every two years. The most recent survey was done in 2007.

Types of Insurance

Information on four types of managed care insurance is included in this report: commercial HMO, commercial PPO, Medicaid, and Child Health Plus. Individuals whose employers pay for their insurance are included in the category “commercial”. A PPO/EPO is a form of health insurance where a plan contracts with a network of providers. However, unlike an HMO, members are able to access network services without the use of a primary care provider or referral. People in government sponsored programs are included in Medicaid (which includes Family Health Plus members ages 19 or older) or Child Health Plus (members up to age 19). Child Health Plus is New York State’s version of the federal State Children’s Health Insurance Program (SCHIP).

Who Reports?

This report contains information from 28 health plans for care received during 2008. Fourteen plans reported on their commercial enrollees; 20 plans reported on their Medicaid enrollees, and 19 plans reported on Child Health Plus enrollees. Twelve plans reported data for their Preferred Provider Organization (PPO) membership for the first time this year.

ABOUT THIS REPORT

This report contains information about managed care plans including results from standardized quality of care measures, results from satisfaction surveys, and information about providers in the plans’ networks. Health plans have their information validated by a licensed auditor organization prior to sending it to the NYSDOH. Only valid information is published in this report. The data presented in this report are largely from care provided to members during the 2008 calendar year.

What is in this report?

Information about the health plans is divided into the following eight areas:

- Plan Profiles
- Provider Network

- Child and Adolescent Health
- Women's Health
- Adults Living with Illness
- Behavioral Health
- Satisfaction with Care
- Preferred Provider Organizations (PPO)

Information from the satisfaction surveys (CAHPS) is included in the Provider Network, Adults Living with Illness, as well as in the Satisfaction with Care sections.

Performance Ratings

Each section contains measures of quality of care performance or consumer satisfaction measures with results for each plan and the statewide average. Symbols are provided to indicate whether the plan performed statistically better (▲) or worse (▼) than the statewide average.

Performance Measure Reporting

The NYSDOH does not require health plans to collect all measures every year. For measures that were not collected for 2008, the most recent information available is included in this report. The following measures were collected for 2007 but not for 2008:

- Childhood Immunization Status
- Cholesterol Management for Patients with Cardiovascular Conditions
- Colorectal Cancer Screening
- Comprehensive Diabetes Care
- Lead Screening in Children
- Well-Child Visits in the First 15 Months of Life
- Well-Child Visits in the 3rd, 4th, 5th, & 6th Year
- Adolescent Well-Care Visits

Several new measures were adopted for the 2008 measurement year and, consistent with NCQA policy, individual plan rates are not published for the first year of reporting. Instead, data for each of these measures are reported in aggregate.

New measures include:

- Adult BMI Assessment
- Appropriate Asthma Medications - 3 or More Controller Dispensing Events (commercial and Child Health Plus)
- HIV/AIDS Comprehensive Care
- Weight Assessment & Counseling for Nutrition & Physical Activity for Children and Adolescents

Preferred Provider Organizations

For the first time, health plans offering a preferred provider organization (PPO) or exclusive provider organization (EPO) products with at least 30,000 members were required to collect and submit modified QARR data for their membership using administrative data only. Health plans were required to collect a subset of QARR measures as well as conduct a CAHPS satisfaction survey for their PPO/EPO membership using administrative data only. For 2008, 12 plans submitted PPO QARR. Because this is the first year that plans submitted data for their PPO membership, plan-specific rates are not presented. Instead, statewide rates are presented for all applicable measures. See Section 9 for more information about PPO plan performance.

Trends and Averages

Tables presenting New York's performance over time for the performance measures are indicated in each section. Due to changes in measure specifications not all measures are able to be included in the trend section. National benchmarks are displayed at the bottom of the data tables in each section. When available, commercial and Medicaid benchmarks are obtained from the NCQA's State of Healthcare Quality Report, available online at <http://www.ncqa.org>. For measures that differ from the HEDIS measures, no national benchmark is available. There are currently no available national benchmarks for Child Health Plus.

Additional Information

Findings about patterns of care for measures are included at the end of each section. These findings are based on detailed information from Medicaid managed care plans. This additional information is presented to further understanding of patterns in the quality of care for Medicaid managed care in New York State.

FEEDBACK

We welcome suggestions and comments on this publication. Please contact us at:

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OTHER DEPARTMENT OF HEALTH REPORTS AND WEBSITES

eQARR

The information contained in this report is also available on the Department's website as an interactive report card for health care consumers. Commercial, Medicaid, and Child Health Plus data are available on a regional basis. eQARR can be found at the following link: <http://www.nyhealth.gov>

Consumer Guides

The NYSDOH produces Consumer Guides for managed care enrollees. The guides contain information on quality and satisfaction ratings. Guides for 2009 are available for six regions of the state: New York City, Long Island, Hudson Valley, Northeast, Central, and Western New York. Guides for Medicaid, commercial, and Child Health Plus enrollees can be obtained free of charge at the Department's website, <http://www.nyhealth.gov>. Printed copies of the Medicaid Consumer Guides can also be obtained by calling the Office of Health Insurance Programs at **(518) 486-9012**.

Managed Care Plan Access and Utilization Report

The 2009 Managed Care Plan Access and Utilization Report contains additional information on access and utilization for managed care plans, providers, purchasers, and consumers, and is available on the Department's website at <http://www.nyhealth.gov>. This report contains data on members' access to care for children and adults, provider network, and use of services.



This section provides an overview of each managed care plan operating in New York State during 2008. Health plans that also enroll commercial members in their Preferred Provider Organization (PPO) products are listed in an additional profile table in this section. The profiles include the following information:

Column Heading	Description
Type of Insurance	A plan may enroll members under different products such as commercial HMO (HMO), commercial PPO (PPO), Medicaid managed care (MA), Child Health Plus (CHP), or Family Health Plus (FHP). The product a plan offers is indicated by the following symbol † .
Plan Service Areas	The 62 counties of New York State are divided into six regional plan service areas. Managed care organizations are certified to operate in specific counties in New York State. Please contact the health plans in your area to find out if they are currently enrolling in your county of residence.
Long Island (LI)	Nassau, Suffolk
New York City (NYC)	Bronx, Kings (Brooklyn), New York (Manhattan), Queens, Richmond (Staten Island)
Hudson Valley (HV)	Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester
Northeast (NE)	Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington
Central (CEN)	Broome, Cayuga, Chenango, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, Tioga, Tompkins
Western (WST)	Allegany, Cattaraugus, Chautauqua, Chemung, Erie, Genesee, Livingston, Monroe, Niagara, Ontario, Orleans, Schuyler, Seneca, Steuben, Wayne, Wyoming, Yates
Member Services Phone Number / Website	A toll-free member services number and the health plan’s main website URL.
NCQA Accreditation	The National Committee for Quality Assurance’s (NCQA) comprehensive accreditation process is conducted by a team of physicians and managed care experts. The accreditation level granted by NCQA is contained in this column. For more information about the accreditation process, levels of certification, and most recent ratings, please visit the NCQA website at www.ncqa.org
2008 Enrollment	The total number of enrollees in the health plans as of December 31, 2008. While this report presents quality of care data for commercial, Medicaid, and Child Health Plus enrollees, plans may also have membership in other products such as Medicare. The enrollment figures presented here include membership in all products that are included in QARR measures. Plans with commercial membership may include Health Maintenance Organization (HMO), and Point of Service (POS) members in their commercial enrollment.
Percent Change from 2007	The percent change in total enrollment between December 31, 2007 and December 31, 2008.

Health Plan	TYPE OF INSURANCE					PLAN SERVICE AREAS*					Member Services
	CO	MA	CHP	FHP	LI	NYC	HV	NE	CEN	WST	
Aetna	♀				●	●	●		●		1-800-872-3862
Affinity Health Plan		♀	♀	♀	●	●	●				1-866-247-5678
AmeriChoice by UnitedHealthcare		♀	♀	♀	●	●			●		1-800-493-4647
Amerigroup New York		♀	♀	♀		●	●				1-800-600-4441
Atlantis Health Plan	♀					●					1-866-747-8422
CDPHP	♀	♀	♀	♀			●	●	●		1-800-777-2273
Empire	♀		♀		●	●	●	●			1-800-261-5962
Excellus BlueCross BlueShield	♀	♀	♀	♀				●	●	●	1-800-722-7884
Fidelis Care New York		♀	♀	♀	●	●	●	●	●	●	1-888-343-3547
GHI HMO	♀	♀	♀	♀	●	●	●	●	●		1-877-244-4466
HIP HMO	♀	♀	♀	♀	●	●	●				1-800-447-8255
Health Net of New York, Inc.	♀				●	●	●				1-800-848-4747
Health Plus		♀	♀	♀	●	●					1-800-300-8181
HealthNow New York Inc.	♀	♀	♀	♀				●	●	●	1-866-231-0847
Healthfirst PHSP, Inc.		♀	♀	♀	●	●					1-866-463-6743
Hudson Health Plan		♀	♀	♀			●				1-800-339-4557
Independent Health	♀	♀	♀	♀						●	1-800-501-3439
MVP	♀	♀	♀	♀			●	●	●	●	1-888-687-6277
MetroPlus		♀	♀	♀		●					1-800-303-9626
Neighborhood Health Providers		♀	♀	♀	●	●					1-800-826-6240
Oxford	♀				●	●	●				1-800-666-1353
Preferred Care	♀	♀								●	1-800-950-3224
Total Care		♀	♀	♀					●		1-800-223-7242
Univera Community Health		♀	♀	♀						●	1-800-494-2215
Univera Healthcare	♀									●	1-800-427-8490
WellCare of New York		♀	♀	♀		●	●	●			1-800-288-5441














* Plans may not participate in all counties in regions indicated.

Website	NCQA Accreditation**	2008 Enrollment	Percent Change from 2007
www.aetna.com	Excellent	185,264	-13%
www.affinityplan.org		219,773	5%
www.americhoice.com		198,602	-3%
www.amerigroupcorp.com		109,843	-2%
www.atlantishp.com		19,015	15%
www.cdphp.com	Excellent	275,429	-8%
www.empireblue.com	Excellent	453,014	-3%
www.excellusbcbcs.com	Excellent	292,629	-17%
www.fideliscare.org		402,852	39%
www.ghi.com	Excellent	56,102	7%
www.hipusa.com	Commendable	744,876	-2%
www.healthnet.com	Excellent	135,699	-33%
www.healthplus-ny.org		278,648	2%
www.healthnowny.com	Excellent	330,471	9%
www.healthfirstny.org		377,376	-10%
www.hudsonhealthplan.org		77,952	11%
www.independenthealth.com	Excellent	234,004	-8%
www.mvphealthcare.com	Excellent	192,211	-14%
www.metroplus.org		345,018	24%
www.getnhp.com		114,019	26%
www.oxhp.com	Commendable	563,132	9%
www.mvphealthcare.com		143,335	1%
www.totalcareny.com		30,972	15%
www.univeracommunityhealth.org		42,081	12%
www.univerahealthcare.com	Excellent	34,472	-47%
www.wellcare.com	Excellent	102,155	-9%

Not every plan may be accepting new enrollment. Please call the plan's Member Services number to make sure.

** Data source: NCQA website: <http://www.ncqa.org>

NCQA Accreditation Status as of 6/30/09

Health Plan	TYPE OF INSURANCE Commercial PPO	PLAN SERVICE AREAS*						Member Services
		LI	NYC	HV	NE	CEN	WST	
Aetna Life Insurance Company - New York		●	●	●	●	●	●	1-800-872-3862
CDPHP Universal Benefits, Inc.				●	●	●		1-877-269-2134
Connecticut General Life Insurance Company - NY		●	●	●	●	●	●	1-800-244-6224
Empire HealthChoice HMO, Inc.		●	●	●	●			1-800-342-9816
Excellus BlueCross BlueShield					●	●	●	1-877-757-3850
GHI		●	●	●	●	●	●	1-800-624-2414
HIP PPO		●	●	●	●	●	●	1-800-447-8255
Health Net of New York, Inc.		●	●	●	●	●	●	1-888-747-7823
HealthNow New York Inc. BSNEWY					●			1-800-888-1238
HealthNow New York Inc. BCBSWNY							●	1-800-888-0757
MVP Preferred PPO				●	●	●	●	1-888-687-6277
Oxford Health Insurance Company, Inc. - New York		●	●	●				1-800-444-6222
UnitedHealthcare Insurance Company of New York, Inc.		●	●	●	●	●	●	1-866-633-2446

* Plans may not participate in all counties in regions indicated.

Not every plan may be accepting new enrollment. Please call the plan Member Services number to make sure.

Website	NCQA Accreditation**	2008 Enrollment
www.aetna.com	Full	647,125
www.cdphp.com	Excellent	63,593
www.cigna.com	Full	249,606
www.empireblue.com		1,577,432
www.excellusbcb.com	Excellent	262,001
www.ghi.com		289,006
www.hipusa.com	Full	41,154
www.healthnet.com		47,575
www.bsny.com		56,431***
www.bcbsny.com		
www.mvphealthcare.com		28,432
www.oxfordhealth.com	Full	452,092
www.myuhc.com	Excellent	1,631,098

** Data source: NCQA Accreditation Rating as of 7/15/2009.

For more information on NCQA accreditation please see their website at www.ncqa.org.

***Includes BCBSNY enrollment.

(NOTE: This is the first year plan information for PPO's was included in this report. Percent change from 2007 data, is not available.)



This section is intended to provide information on a health plan’s provider network and how consumers feel about the care they receive from their providers. Included in this section are board certification rates for several types of physicians. Various medical boards certify physicians in their area of specialization based on education, experience, and clinical and/or written testing.

The remaining measures in this section are collected through a member satisfaction survey (CAHPS®). Both commercial and Medicaid managed care plans surveyed adult membership using CAHPS®

4.0H questionnaires. Commercial health plans collect CAHPS for their adult members every year. The data presented here are for adult commercial members who were enrolled in their health plan for at least 12 months. The NYSDOH sponsors a biennial CAHPS survey for Medicaid managed care members enrolled for at least 6 months. This survey was most recently conducted in 2008. Medicaid enrollees were not surveyed by the Department in 2009; Medicaid Data presented in this report are from the 2008 survey.

Measure	Description (Type of Insurance)
Board Certification	The percentage of board-certified physicians in each of the following specialty fields: family medicine, internal medicine, obstetrics and gynecology (OB/GYN), and pediatrics. (CO, MA)
Satisfaction with Provider Communication	The percentage of members who responded “usually” or “always” when asked a set of questions to identify how often they were satisfied with communication they received from their doctor or health care provider. <ol style="list-style-type: none"> 1) How often did your personal doctor listen carefully to you? 2) How often did your personal doctor explain things in a way you could understand? 3) How often did your personal doctor show respect for what you had to say? 4) How often did your personal doctor spend enough time with you?
Satisfaction with Personal Doctor	The percentage of members responding 8, 9, or 10 (of a scale of 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible) when asked, “How would you rate your personal doctor?” (CO, MA)
Satisfaction with Specialist	The percentage of members responding 8, 9, or 10 (of a scale of 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible) when asked, “How would you rate your specialist?” (CO, MA)

Health Plan	Board Certified Family Medicine	Board Certified Internal Medicine	Board Certified OB/GYN	Board Certified Pediatrics	Satisfaction with Provider Communication	Satisfaction with Personal Doctor	Satisfaction with Specialist
Aetna	79▼	79▼	64▼	80▼	91	78	80
Atlantis Health Plan	64▼	74▼	53▼	71▼	89▼	73▼	70▼
CDPHP	85▲	82	78	86	96▲	84	82
Empire	87▲	90▲	85▲	89▲	93	79	78
Excellus BlueCross BlueShield	86▲	83	80	90▲	94	84	84
GHI HMO	82	87▲	72▼	88▲	94	86▲	86▲
HIP HMO	84▲	83	79	83	92	82	81
Health Net of NewYork, Inc.	80▼	85▲	84▲	82▼	93	79	82
HealthNowNewYorkInc.	84▲	79▼	81▲	88▲	95▲	84	82
Independent Health	84	75▼	75	83	93	79	84
MVP	84▲	82▼	83▲	85	93	86▲	81
Oxford	74▼	85▲	86▲	85▲	93	83	77
Preferred Care	90▲	77▼	77	86	93	83	81
Univera Healthcare	84	77▼	77	84	92	78	85
Statewide	81	83	78	84	93	81	81
National	79	80	77	81	93	82	81

LEGEND

- ▲ Significantly better than the statewide average
- ▼ Significantly worse than the statewide average

NOTE: Plans without symbols are not significantly different from the statewide average.

Medicaid Health Plan Performance

Section

3

Health Plan	Board Certified Family Medicine	Board Certified Internal Medicine	Board Certified OB/GYN	Board Certified Pediatrics	Satisfaction with Provider Communication	Satisfaction with Personal Doctor	Satisfaction with Specialist
Affinity Health Plan	88▲	87▲	81▲	86▲	87	72	67
AmeriChoice by UnitedHealthcare	78▼	82	81▲	84	86	69▼	64
Amerigroup New York	65▼	79▼	74	78▼	84▼	68▼	63
CDPHP	86▲	79	76	85	90	79▲	77▲
Excellus BlueCross BlueShield	86▲	83	80	90▲	88	75	76
Fidelis Care New York	84▲	81	74▼	82	90	72	74
GHI HMO	82	89▲	73▼	87▲	89	75	72
HIP HMO	83	82	77	83	84▼	68▼	64▼
Health Plus	78▼	79▼	70▼	76▼	85	72	65
HealthNow New York Inc.	82	74▼	75	84	89	73	79▲
Healthfirst PHSP, Inc.	85▲	89▲	81▲	86▲	87	74	64
Hudson Health Plan	86	80	77	88▲	88	76	77▲
Independent Health's MediSource	83	75▼	74	83	89	76	76
MVP	81	86	85▲	88▲	92▲	81▲	80▲
MetroPlus	76▼	74▼	60▼	73▼	86	73	64
Neighborhood Health Providers	77▼	77▼	72▼	74▼	84	73	62▼
Preferred Care	89▲	78▼	81	87▲	90	80▲	75
Total Care	92▲	91▲	87▲	92▲	88	78	70
Univera Community Health	80	73▼	73	81	90	74	73
WellCare of New York	81	83	82▲	84	86	73	66
Statewide	82	82	76	83	88	74	71
National	79	80	77	81	87	76	76

LEGEND

- ▲ Significantly better than the statewide average
- ▼ Significantly worse than the statewide average

NOTE: Plans without symbols are not significantly different from the statewide average.

COMMERCIAL HMO

Measure	2006	2007	2008
Board Certified Family Medicine	NA	81	81
Board Certified Internal Medicine	NA	81	83
Board Certified OB/GYN	78	78	78
Board Certified Pediatric Specialists	NA	82	84
Satisfaction with Provider Communication	94	93	93
Satisfaction with Personal Doctor or Nurse	79	81	81
Satisfaction with Specialist	80	81	81

MEDICAID

Measure	2006	2007	2008
Board Certified Family Medicine	NA	80	82
Board Certified Internal Medicine	NA	79	82
Board Certified OB/GYN	75	74	76
Board Certified Pediatric Specialists	NA	79	83

LEGEND

NA– Not Available



To ensure they lead healthy lives, routine primary and preventive care visits, including well-child and dental visits, are recommended for all children and adolescents. Children should have the recommended series of immunizations for their age. Young children can be exposed to lead through normal hand-to-mouth activity with toys and other objects and should have their blood tested for lead by the age of two. Regular well visits and medical exams are important to the health of children of all ages, from infants to adolescents. An annual dental visit is also an indicator of the health and well being of children.

The appropriateness of care for children with acute illness is also measured. Excess use of antibiotics is linked to the prevalence of resistant strains of bacteria in the community; appropriate testing and use of antibiotics in children is an indicator of high quality of care. Children with chronic health conditions, such as asthma or

attention deficit/hyperactivity disorder (ADHD), should receive proper medical management for their conditions. For children with asthma, this means receiving the appropriate medication for their condition. For children with ADHD, proper follow-up visits with a doctor is important after beginning prescription medications.

In recent years, the emergence of childhood obesity has become a significant public health concern. In addition, the number of children overweight and at risk for becoming obese has also continued to increase. A number of clinical guidelines state that monitoring body mass index (BMI) percentiles is the first step in identifying and addressing overweight and obesity risk. Counseling and assessment of nutrition and physical activity by the primary care provider is an important component to the overall goal of maintaining or achieving healthy weight for children.



CHILD PREVENTIVE CARE

Measure	Description (Type of Insurance)
Childhood Immunization Status (Combo 3: 4-3-1-3-3-1-4)	The percentage of two-year-olds who received the recommended series of immunizations. The HEDIS specifications for fully immunized consist of the following vaccines: 4 Diphtheria/Tetanus/Pertussis, 3 Polio, 1 Measles/Mumps/Rubella, 3 H Influenza type B, 3 Hepatitis B, 1 Varicella, and 4 Pneumococcal conjugate. This measure was not collected in 2008; 2007 data are presented in this report. (CO, MA, CHP)
Lead Testing	The percentage of two-year-olds who were tested for lead poisoning at least once. This measure was not collected in 2008; 2007 data are presented in this report. (CO, MA, CHP)
Well-Child & Preventive Care Visits in the First 15 Months of Life	The percentage of children who had five or more well-child and preventive health visits in their first 15 months of life. This measure was not collected in 2008; 2007 data are presented in this report. (CO, MA, CHP)
Well-Child & Preventive Care Visits in the 3rd, 4th, 5th or 6th Year of Life	The percentage of children between the ages of 3 and 6 years who had a well-child and preventive health visit in the past year. This measure was not collected in 2008; 2007 data are presented in this report. (CO, MA, CHP)
Adolescent Well-Care Visits	The percentage of adolescents between the ages of 12 to 21 years who had a well-child and preventive health visit in the past year. This measure was not collected in 2008; 2007 data are presented in this report. (CO, MA, CHP)
Annual Dental Visit	The percentage of children and adolescents ages 2 through 21 years (2-18 years for Child Health Plus), who had at least one dental visit within the last year.* (MA, CHP) <i>*When a Medicaid plan does not offer dental as part of its benefit package, enrollees have access to dental services through Medicaid fee-for-service; those data are not presented here.</i>

CARING FOR CHILDREN AND ADOLESCENTS WITH ILLNESS

Measure	Description (Type of Insurance)
Appropriate Treatment for Upper Respiratory Infection (URI)	The percentage of children, ages 3 months to 18 years, who were diagnosed with an upper respiratory infection (common cold) and who were not given a prescription for an antibiotic. A higher score indicates more appropriate treatment for children with URI. (CO, MA, CHP)
Appropriate Testing for Pharyngitis	The percentage of children, ages two to 18 years, who were diagnosed with pharyngitis, were prescribed an antibiotic, and who had a group A streptococcus test performed. (CO, MA, CHP)
Use of Appropriate Medications for People with Asthma	The percentage of children, ages 5 to 17 years, with persistent asthma who received appropriate medications to control their condition. For Child Health Plus, the reporting age group is 5 to 18 years. (CO, MA, CHP)
Follow-Up Care for Children Prescribed ADHD Medication	The percentage of children, ages 6 to 12 years, who were newly prescribed ADHD medication and who had at least 3 follow-up visits within a 10-month period of taking the medication. There are two measures to assess follow-up care for children taking ADHD medication. (CO, MA, CHP)
1) Initiation Phase	The percentage of children with a new prescription for ADHD medication who had one follow-up visit during the 30 days after beginning the medication.
2) Continuation & Maintenance Phase	The percentage of children with a new prescription for ADHD medication who remained on the medication for 7 months and who had at least 2 follow-up visits in the 9-month period after the initiation phase ended.

CHILD PREVENTIVE CARE

Health Plan	Childhood Immunization Combo 3 (4-3-1-3-3-1-4)	Lead Testing	Well-Child & Preventive Care Visits in the First 15 Months of Life (5+ Visits)	Well-Child & Preventive Care Visits in the 3 rd , 4 th , 5 th , or 6 th Year of Life	Adolescent Well-Care and Preventive Visits
Aetna	75	73▼	82▼	76▼	51▼
Atlantis Health Plan	NA	NA	NA	NA	NA
CDPHP	81▲	75	98▲	85	67▲
Empire	65▼	69▼	86▼	81▼	52▼
Excellus BlueCross BlueShield	87▲	77	97▲	89▲	63
GHI HMO	80▲	72	94	85	63
HIP HMO	69▼	87▲	83▼	82	59
Health Net of New York, Inc.	67▼	73	86▼	78▼	55▼
HealthNow New York Inc.	79▲	78	95▲	83	60▲
Independent Health	85▲	81	95▲	86▲	64
MVP	79▲	74	94▲	82	58▼
Oxford	64▼	72▼	92	83▲	61▲
Preferred Care	84▲	80	99▲	89▲	63
Univera Healthcare	81▲	79	98▲	86	68▲
Statewide	73	77	91	82	59
National	77	*	87	67	42

LEGEND

▲ Significantly better than the statewide average

▼ Significantly worse than the statewide average

* No national average available

NOTE: Plans without symbols are not significantly different from the statewide average.

CARING FOR CHILDREN AND ADOLESCENTS WITH ILLNESS

Health Plan	Appropriate Treatment for URI	Appropriate Testing for Pharyngitis	Use of Appropriate Asthma Medications (Ages 5-17)	Follow-Up Care for Children Prescribed ADHD Medication	
				Initiation Phase	Continuation Phase
Aetna	87▲	85	95	43	—
Atlantis Health Plan	81	74▼	—	—	—
CDPHP	88▲	90▲	94	36	35
Empire	82▼	84	94	34▼	43
Excellus BlueCross BlueShield	90▲	88▲	96	34▼	37
GHI HMO	87	87	98	45	—
HIP HMO	86	83▼	92▼	49▲	67▲
Health Net of New York, Inc.	89▲	90▲	95	35	26▼
HealthNow New York Inc.	85	71▼	95	44	52
Independent Health	83▼	88▲	96	41	46
MVP	88▲	85	95	45▲	50
Oxford	88▲	86▲	94	44▲	49
Preferred Care	91▲	88▲	95	35	30▼
Univera Healthcare	84	79▼	94	31	—
Statewide	86	85	95	39	43
National	84	76	*	36	40

LEGEND

- ▲ Significantly better than the statewide average
- ▼ Significantly worse than the statewide average
- Sample size too small to report
- * No national average available

NOTE: Plans without symbols are not significantly different from the statewide average.

CHILD PREVENTIVE CARE

Health Plan	Childhood Immunization Combo 3 (4-3-1-3-3-1-4)	Lead Testing	Well-Child & Preventive Care Visits in the First 15 Months of Life (5+ Visits)	Well-Child & Preventive Care Visits in the 3 rd , 4 th , 5 th , or 6 th Year of Life	Adolescent Well-Care and Preventive Visits	Annual Dental Visit (Ages 2-18)
Affinity Health Plan	77▲	90▲	87▲	82	63▲	48▼
AmeriChoice by UnitedHealthcare	51▼	77▼	71▼	78	56	50▲
Amerigroup New York	68	88	75▼	80	54	48▼
CDPHP	71	71▼	88▲	79	54	NA
Excelsus BlueCross BlueShield	81▲	81▼	90▲	82	61	NA
Fidelis Care New York	62▼	80▼	78	85▲	57	56▲
GHI HMO	75▲	84	87▲	79	53▼	45▼
HIP HMO	67	88	79	82	65▲	46▼
Health Plus	75▲	90▲	71▼	80	54▼	50▲
HealthNow New York Inc.	72	70▼	84▲	75▼	52▼	NA
Healthfirst PHSP, Inc.	68	89	83▲	79	56	46▼
Hudson Health Plan	78▲	88	83▲	80	60	57▲
Independent Health's MediSource	68	80▼	81	77▼	62	NA
MVP	77▲	81	83	72▼	53▼	47
MetroPlus	78▲	94▲	78▼	82▲	57▼	NA
Neighborhood Health Providers	74▲	91▲	86▲	82	59	44▼
Preferred Care	82▲	77▼	88▲	78	56	NA
Total Care	73	82▼	84▲	70▼	46▼	NA
Univera Community Health	76▲	86	87▲	81	55	NA
WellCare of New York	65	86	81	79	62	NA
Statewide	70	86	79	81	58	49
National	68	67	70	65	42	*

LEGEND

- ▲ Significantly better than the statewide average
- ▼ Significantly worse than the statewide average
- * No national average available
- NA Not applicable. Plan does not provide dental coverage.

NOTE: Plans without symbols are not significantly different from the statewide average.

CARING FOR CHILDREN AND ADOLESCENTS WITH ILLNESS

Health Plan	Appropriate Treatment for URI	Appropriate Testing for Pharyngitis	Use of Appropriate Asthma Medications (Ages 5-17)	Follow-Up Care for Children Prescribed ADHD Medication	
				Initiation Phase	Continuation Phase
Affinity Health Plan	91▲	77▼	92	66▲	82▲
AmeriChoice by UnitedHealthcare	88▼	81	92	49▼	49▼
Amerigroup New York	86▼	79	91	59	59
CDPHP	89	82	92	39▼	43▼
Excellus BlueCross BlueShield	92▲	82	91	39▼	43▼
Fidelis Care New York	88▼	86▲	92	58▲	64
GHI HMO	91	83	89	46	—
HIP HMO	89	79▼	94▲	55	60
Health Plus	88▼	79▼	92	64▲	72▲
HealthNow New York Inc.	79▼	68▼	91	54	62
Healthfirst PHSP, Inc.	92▲	85▲	91	66▲	74▲
Hudson Health Plan	88	70▼	93	48	70
Independent Health's MediSource	89	78	91	55	65
MVP	92▲	88▲	90	40	—
MetroPlus	94▲	81	91	56	68
Neighborhood Health Providers	85▼	78▼	91	58	69
Preferred Care	94▲	79	91	36▼	38▼
Total Care	78▼	77▼	95▲	60	70
Univera Community Health	87	73▼	90	53	—
WellCare of New York	89	75▼	91	51	62
Statewide	89	81	92	54	61
National	86	61	*	34	40

LEGEND

- ▲ Significantly better than the statewide average
- ▼ Significantly worse than the statewide average
- Sample size too small to report
- * No national average available

NOTE: Plans without symbols are not significantly different than the statewide average.

CHILD PREVENTIVE CARE

Health Plan	Childhood Immunization Combo 3 (4-3-1-3-3-1-4)	Lead Testing	Well-Child & Preventive Care Visits in the First 15 Months of Life (5+ Visits)	Well-Child & Preventive Care Visits in the 3rd, 4th, 5th, or 6th Year of Life	Adolescent Well-Care and Preventive Visits	Annual Dental Visit (Ages 2-18)
Affinity Health Plan	72	80	94▲	83	66	63▲
AmeriChoice by UnitedHealthcare	67	62▼	93	83	70▲	55▼
Amerigroup New York	65	93▲	—	83	62	55▼
CDPHP	74▲	77	97▲	82	66	67▲
Empire	57▼	69▼	NV	80	63	55▼
Excellus BlueCross BlueShield	83▲	77	77▼	78▼	62▼	65▲
Fidelis Care New York	76▲	78	92▲	82	65	62▲
GHI HMO	70	83	—	81	71▲	53▼
HIP HMO	72	79	89	84	71▲	58▼
Health Plus	70	85▲	73▼	78▼	61▼	55▼
HealthNow New York Inc.	83▲	83	88	81	64	63▲
Healthfirst PHSP, Inc.	59▼	81	93	80	62	59
Hudson Health Plan	79▲	88▲	85	82	61	66▲
MVP	62	71	—	78	62	57
MetroPlus	47▼	93▲	95▲	79	60▼	55▼
Neighborhood Health Providers	—	—	—	82	60	55▼
Total Care	88▲	88	—	72▼	58▼	58
Univera Community Health	84▲	84	82	76▼	62	65▲
WellCare of New York	50▼	76	—	77	60	48▼
Statewide	68	76	88	80	63	60

LEGEND

- ▲ Significantly better than the statewide average
- ▼ Significantly worse than the statewide average
- NV Plan submitted invalid data
- Sample size too small to report

NOTE: Plans without symbols are not significantly different from the statewide average.

CARING FOR CHILDREN AND ADOLESCENTS WITH ILLNESS

Health Plan	Appropriate Treatment for URI	Appropriate Testing for Pharyngitis	Use of Appropriate Asthma Medications (Ages 5-17)	Follow-Up Care for Children Prescribed ADHD Medication	
				Initiation Phase	Continuation Phase
Affinity Health Plan	90▲	85	95	60▲	—
AmeriChoice by UnitedHealthcare	88▲	87▲	94	59	—
Amerigroup New York	83	80▼	86▼	—	—
CDPHP	86	86▲	92	45	46
Empire	82▼	90▲	94	40▼	46
Excelsus BlueCross BlueShield	83▼	79▼	95▲	45	50
Fidelis Care New York	86	87▲	94	57▲	67▲
GHI HMO	90▲	84	—	—	—
HIP HMO	86	84	93	61▲	—
Health Plus	86	78▼	95	51	—
HealthNow New York Inc.	76▼	65▼	95	52	66
Healthfirst PHSP, Inc.	90▲	85	94	58▲	—
Hudson Health Plan	88▲	75▼	95	55	—
MVP	90▲	90▲	97	—	—
MetroPlus	92▲	84	89	—	—
Neighborhood Health Providers	83	69▼	92	—	—
Total Care	73▼	81	96	59	—
Univera Community Health	86	82	92	36▼	—
WellCare of New York	90▲	83	93	52	—
Statewide	85	84	94	48	54

LEGEND

- ▲ Significantly better than the statewide average
- ▼ Significantly worse than the statewide average
- Sample size too small to report

NOTE: Plans without symbols are not significantly different from the statewide average.

Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents

According to recent national data, more than twenty-five percent of children are obese or at high risk for becoming obese. Calculation of BMI percentiles is the starting point for screening for overweight, and modification of nutrition and physical activity patterns are the cornerstone of treatment.

This is the first year that the NYSDOH required plans to submit information about weight assessment and counseling for nutrition and physical activity for children as well as adolescents enrolled in managed care plans.

WEIGHT ASSESSMENT FOR CHILDREN AND ADOLESCENTS

	Commercial HMO	Medicaid	Child Health Plus
Number of Plans	14	20	19
Number <30	0	0	0
Number with Invalid Data	3	0	1
Statewide Average	51	43	47
Standard Deviation	12	11	13
Range of scores	40, 74	26, 63	31, 76
10th Percentile	40	31	32
25th Percentile	42	37	41
Median	53	44	46
75th Percentile	63	54	60
90th Percentile	67	61	70

COUNSELING FOR NUTRITION FOR CHILDREN AND ADOLESCENTS

	Commercial HMO	Medicaid	Child Health Plus
Number of Plans	14	20	19
Number <30	0	0	0
Number With Invalid Data	3	0	1
Statewide Average	65	57	61
Standard Deviation	10	9	8
Range of scores	51, 79	41, 71	47, 73
10th Percentile	55	44	48
25th Percentile	57	57	54
Median	68	60	61
75th Percentile	76	66	65
90th Percentile	77	68	72

COUNSELING FOR PHYSICAL ACTIVITY FOR CHILDREN AND ADOLESCENTS

	Commercial HMO	Medicaid	Child Health Plus
Number of Plans	14	20	19
Number <30	0	0	0
Number With Invalid Data	3	0	1
Statewide Average	57	43	51
Standard Deviation	10	8	7
Range of scores	42, 73	30, 55	40, 63
10th Percentile	45	32	40
25th Percentile	53	40	48
Median	59	45	50
75th Percentile	68	51	56
90th Percentile	71	54	59

Looking for more information on children's health services?

The following measures are published in the 2009 Managed Care Plan Access and Utilization Report at the link <http://www.nyhealth.gov>

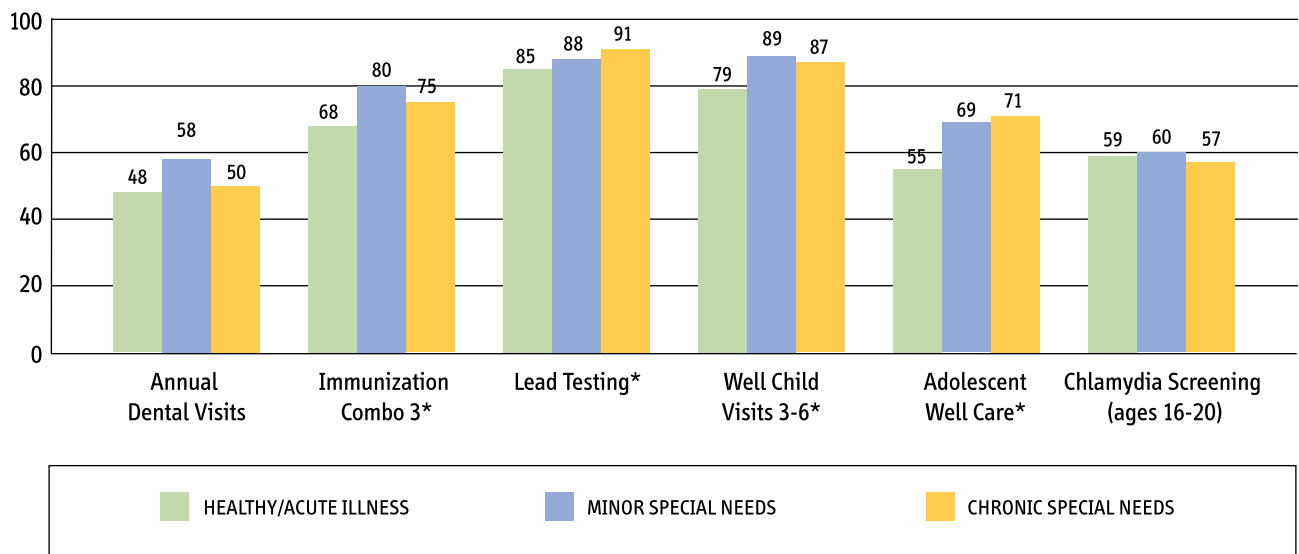
- Frequency of Myringotomy Procedures – Children Ages 0-4 and 5-19
- Frequency of Tonsillectomy Procedures – Children Ages 0-9 and 10-19

The following graphs illustrate the quality of care results for children in Medicaid managed care grouped by their health status. Children were categorized into three groups using a software product that incorporates diagnosis, procedure and pharmacy data to determine the presence of health conditions and the severity of impairment for each child. In the graphs below, children were grouped

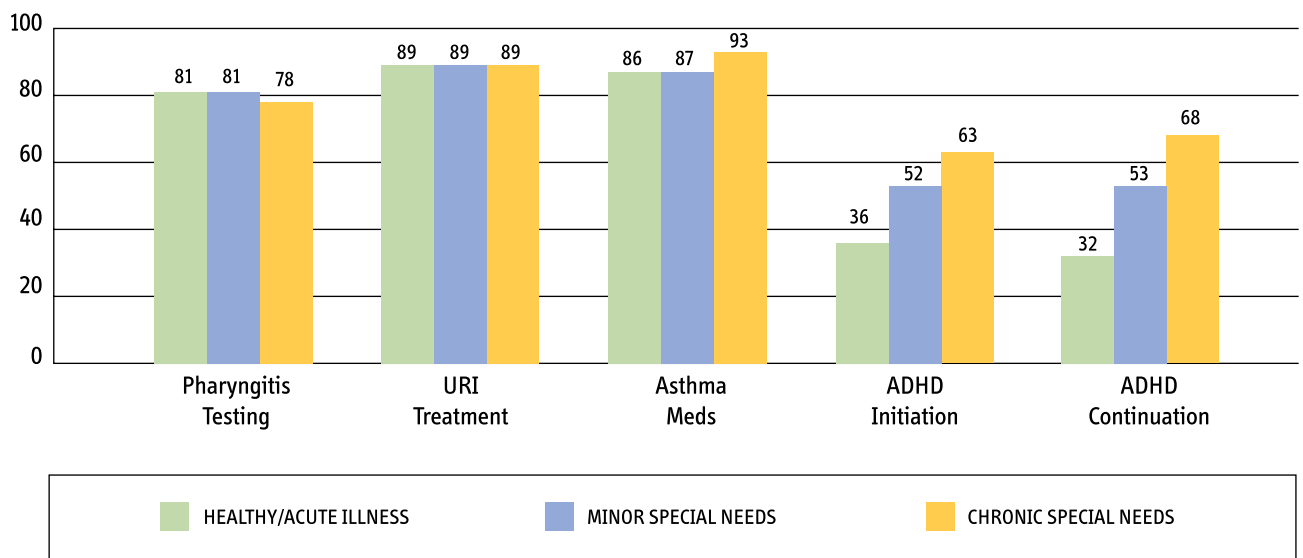
into one of the three categories: 1) healthy or with acute illnesses, 2) minor special health care needs, or 3) chronic special health care needs.

For almost all measures, the results indicate children with minor special needs and chronic special needs meet or exceed the rates of recommended care received by children who are healthy or have acute illnesses.

Preventive Care



Acute and Chronic Care



*Data are from 2007 measurement year.

COMMERCIAL HMO

Measure	2006	2007	2008
Appropriate Treatment for URI	85	85	86
Appropriate Testing for Pharyngitis	80	83	85
Use of Appropriate Asthma Medications Ages 5-17 Yrs	95	95	95
ADHD Initiation	36	37	39
ADHD Continuation	36	40	43

MEDICAID

Measure	2006	2007	2008
Annual Dental Visit – 2-18 Yrs	45	46	49
Appropriate Treatment for URI	86	89	89
Appropriate Testing for Pharyngitis	64	73	81
Use of Appropriate Asthma Medications Ages 5-17 Yrs	92	92	92
ADHD Initiation	39	53	54
ADHD Continuation	39	59	61

CHILD HEALTH PLUS

Measure	2006	2007	2008
Annual Dental Visit – 2-18 Yrs	54	57	60
Appropriate Treatment for URI	82	84	85
Appropriate Testing for Pharyngitis	73	78	84
Use of Appropriate Asthma Medications Ages 5-18 Yrs	94	95	94
ADHD Initiation	46	46	48
ADHD Continuation	51	52	54



Breast and cervical cancers are serious health concerns, and early detection of these cancers greatly increases a woman’s chance of survival. Mammograms and Pap tests are recommended for women to screen for these cancers. Chlamydia is the most common sexually transmitted disease in the United States. To prevent complications of this infection, such as infertility, ectopic pregnancy, and Pelvic Inflammatory Disease (PID), it is recommended that all sexually active women between the ages of 16 and 25 be screened for chlamydia infection.

It is important for pregnant women to obtain early and regular prenatal care to increase the likelihood of healthy outcomes for themselves and their babies. All new mothers need post-partum care to ensure

their body is healing and to provide appropriate services, including on-going family planning.

Risk-adjusted Low-Birthweight (LBW), Prenatal Care in the First Trimester, and Percent of LBW Births at Level II/III/IV Facilities are calculated by the NYSDOH using birth data submitted by the health plans and the Department’s Vital Statistics file. Because of differences in the Vital Statistics birth files of New York City and the rest of the state, statewide comparisons cannot be made; separate results for New York City and Rest of State are presented in this report. For more information about the process used to match the plan birth file to the Vital Statistics files, or about the risk-adjustment methodologies used here, please refer to the Technical Notes in Section Nine.

Measure	Description (Type of Insurance)
Breast Cancer Screening	The percentage of women between the ages of 40 and 69 years who had a mammogram within the past two years. (CO, MA)
Cervical Cancer Screening	The percentage of women between the ages of 21 and 64 years who had a Pap test within the measurement year or the previous two years. (CO, MA)
Chlamydia Screening	The percentage of sexually active young women who had at least one test for chlamydia. The measure is reported separately for ages 16 through 20 and 21 through 24. (CO, MA)
Timeliness of Prenatal Care	The percentage of women who gave birth in the last year who had a prenatal care visit in their first trimester or within 42 days of enrollment in their health plan. (CO, MA)
Postpartum Care	The percentage of women who had a postpartum care visit between 21 and 56 days after they gave birth. (CO, MA)
Frequency of Ongoing Prenatal Care	The percentage of women enrolled in Medicaid who received 81 percent or more of the expected number of prenatal care visits, adjusted for gestational age and month the member was enrolled in the health plan. (CO, MA)
Risk-Adjusted Low Birthweight (LBW)	The percentage of live infants weighing less than 2,500 grams among all deliveries by women continuously enrolled in a plan for 10 or more months. 2007 data are presented in this report. (CO, MA)
Prenatal Care in the First Trimester	The percentage of women, continuously enrolled for 10 or more months, who delivered a live birth and had their first prenatal care visit in the first trimester of pregnancy. 2007 data are presented in this report. (CO, MA)
Percent of LBW Births at Level II/III/IV Facilities	The percentage of low birthweight babies (<2,500 grams) born to women enrolled for 10 or more months, who were delivered at Level II, III, or IV facilities. 2007 data are presented in this report. (CO, MA)

Health Plan	Breast Cancer Screening	Cervical Cancer Screening	Chlamydia Screening (Ages 16-20)	Chlamydia Screening (Ages 21-24)	Timeliness of Prenatal Care	Postpartum Care
Aetna	63▼	79	49	57▲	99▲	85
Atlantis Health Plan	58▼	71▼	30▼	52	71▼	NV
CDPHP	76▲	85	46▼	55	97▲	87▲
Empire	68▼	82	52▲	58▲	95	81
Excellus BlueCross BlueShield	75▲	86▲	46▼	50▼	93	89▲
GHI HMO	67▼	79	49	62▲	96	85
HIP HMO	69▼	80	48	51▼	90▼	82
Health Net of New York, Inc.	68▼	81	42▼	54	95	81
HealthNow New York Inc.	72▲	79	54▲	58▲	89▼	78
Independent Health	75▲	85	50▲	51▼	93	83
MVP	73▲	81	49	55	96	88▲
Oxford	70▼	81	46▼	54	95	76▼
Preferred Care	72▲	83	47	53	94	84
Univera Healthcare	72▲	78	45	49▼	97▲	91▲
Statewide	71	82	48	54	94	81
National	70	81	40	44	92	83

LEGEND

▲ Significantly better than the statewide average

▼ Significantly worse than the statewide average

NV Plan submitted invalid data

NOTE: Plans without symbols are not significantly different from the statewide average.

NYC MEMBERSHIP

Health Plan	Perinatal Health		
	Risk-Adjusted Low Birthweight*	Prenatal Care in the First Trimester	% of LBW Births at Level II/III/IV Facilities
Aetna	6.5	88	100
CIGNA	6.4	85	—
Empire	7.1	88▲	100
GHI HMO	—	—	—
HIP HMO	6.0	83▼	99
Health Net of New York, Inc.	5.0	88▲	100
Oxford	6.0	86	100
New York City Average	6.1	86	100
Statewide	5.1	86	90

REST OF STATE MEMBERSHIP

Health Plan	Perinatal Health		
	Risk-Adjusted Low Birthweight*	Prenatal Care in the First Trimester	% of LBW Births at Level II/III/IV Facilities
Aetna	4.5	89	94
BSNENY	4.6	87	75
CDPHP	4.6	91▲	82
CIGNA	6.2	86	—
Community Blue	4.1	83▼	70
Empire	4.7	88	92
Excelsus BlueCross BlueShield	4.3	88	72
GHI HMO	4.1	87	—
HIP HMO	4.8	81▼	100
Health Net of New York, Inc.	4.8	88	96
Independent Health	4.1	83▼	66
MVP	3.8	92▲	—
Oxford	5.4	87	96
Preferred Care	4.0	88	64
Univera Healthcare	3.7	87	75
Rest of State Average	4.5	87	83
Statewide	5.1	86	90

* A low rate is desirable for this measure

LEGEND

▲ Significantly better than the regional average

▼ Significantly worse than the regional average

— Sample size too small to report

NOTE: Plans without symbols are not significantly different from the regional average.

Health Plan	Breast Cancer Screening	Cervical Cancer Screening	Chlamydia Screening (Ages 16-20)	Chlamydia Screening (Ages 21-24)
Affinity Health Plan	67	73	64▲	64
AmeriChoice by UnitedHealthcare	63▼	70	52▼	60▼
Amerigroup New York	68▲	72	52▼	58▼
CDPHP	57▼	75	58	55▼
Excellus BlueCross BlueShield	60▼	79▲	67▲	72▲
Fidelis Care New York	64▼	72	61▲	63
GHI HMO	60▼	65▼	57	60
HIP HMO	67	74	52▼	54▼
Health Plus	69▲	74	57▼	65▲
HealthNow New York Inc.	55▼	75	66▲	68▲
Healthfirst PHSP, Inc.	68▲	75	57▼	61▼
Hudson Health Plan	66	69	64▲	71▲
Independent Health's MediSource	58▼	70	76▲	70▲
MVP	57▼	77	61	62
MetroPlus	75▲	79▲	65▲	72▲
Neighborhood Health Providers	67	68▼	47▼	62
Preferred Care	47▼	72	69▲	82▲
Total Care	64▼	74	67▲	64
Univera Community Health	57▼	76	64▲	66
WellCare of New York	69▲	64▼	56▼	58▼
Statewide	67	73	59	63
National	51	66	53	59

LEGEND

▲ Significantly better than the statewide average

▼ Significantly worse than the statewide average

NOTE: Plans without symbols are not significantly different from the statewide average.

Health Plan	Timeliness of Prenatal Care	Postpartum Care	Frequency of Ongoing Prenatal Care
Affinity Health Plan	92▲	74	86▲
AmeriChoice by UnitedHealthcare	80▼	75	43▼
Amerigroup New York	85▼	74	78▲
CDPHP	94▲	69	77
Excellus BlueCross BlueShield	86	70	62▼
Fidelis Care New York	92▲	78▲	83▲
GHI HMO	84▼	65▼	60▼
HIP HMO	85▼	74	51▼
Health Plus	89	72	83▲
HealthNow New York Inc.	88	64▼	63▼
Healthfirst PHSP, Inc.	86	72	73
Hudson Health Plan	92▲	75	83▲
Independent Health's MediSource	87	64▼	71
MVP	91	78	81▲
MetroPlus	95▲	74	82▲
Neighborhood Health Providers	89	72	78▲
Preferred Care	94▲	67▼	88▲
Total Care	84▼	69	77
Univera Community Health	90	68▼	68▼
WellCare of New York	75▼	62▼	50▼
Statewide	89	73	73
National	82	63	*

LEGEND

- ▲ Significantly better than the statewide average
- ▼ Significantly worse than the statewide average
- * No national average available

NOTE: Plans without symbols are not significantly different from the statewide average.

NYC MEMBERSHIP

Health Plan	Perinatal Health		
	Risk-Adjusted Low Birthweight*	Prenatal Care in the First Trimester	% of LBW Births at Level II/III/IV Facilities
Affinity Health Plan	7.8	73	100
AmeriChoice by UnitedHealthcare	6.5	78▲	97
Amerigroup New York	8.3	69▼	98
CenterCare	6.8	71	88
Fidelis Care New York	7.4	69▼	100
GHI HMO	9.7	70	—
HIP HMO	6.0	74	98
Health Plus	7.2	76▲	100
Healthfirst PHSP, Inc.	6.9	72	98
MetroPlus	6.7	63▼	100
Neighborhood Health Providers	7.3	66▼	100
New York-Presbyterian CHP	6.4	78▲	100
WellCare of New York	4.9	72	—
New York City Average	6.9	72	99
Statewide Average	7.1	71	93

* A low rate is desirable for this measure

LEGEND

- ▲ Significantly better than the regional average
- ▼ Significantly worse than the regional average
- Sample size too small to report

NOTE: Plans without symbols are not significantly different from the regional average.

REST OF STATE MEMBERSHIP

Health Plan	Perinatal Health		
	Risk-Adjusted Low Birthweight*	Prenatal Care in the First Trimester	% of LBW Births at Level II/III/IV Facilities
Affinity Health Plan	9.2	65	97
AmeriChoice by UnitedHealthcare	5.3	70	91
Amerigroup New York	—	—	—
CDPHP	6.1	74▲	67
Community Blue	6.8	73▲	56
Excellus BlueCross BlueShield	6.9	73▲	76
Fidelis Care New York	7.3	64▼	77
GHI HMO	4.8	65	—
HIP HMO	13.6▼	71	100
Health Plus	7.4	62	—
Healthfirst PHSP, Inc.	8.3	61▼	100
Hudson Health Plan	8.6	64	83
Independent Health's MediSource	6.1	67	78
MVP	8.4	78	—
Preferred Care	8.0	65	75
Suffolk Health Plan	7.8	53▼	—
Total Care	7.2	66	87
Univera Community Health	7.9	74▲	97
WellCare of New York	6.0	69	—
Rest of State Average	7.4	68	81
Statewide Average	7.1	71	93

* A low rate is desirable for this measure

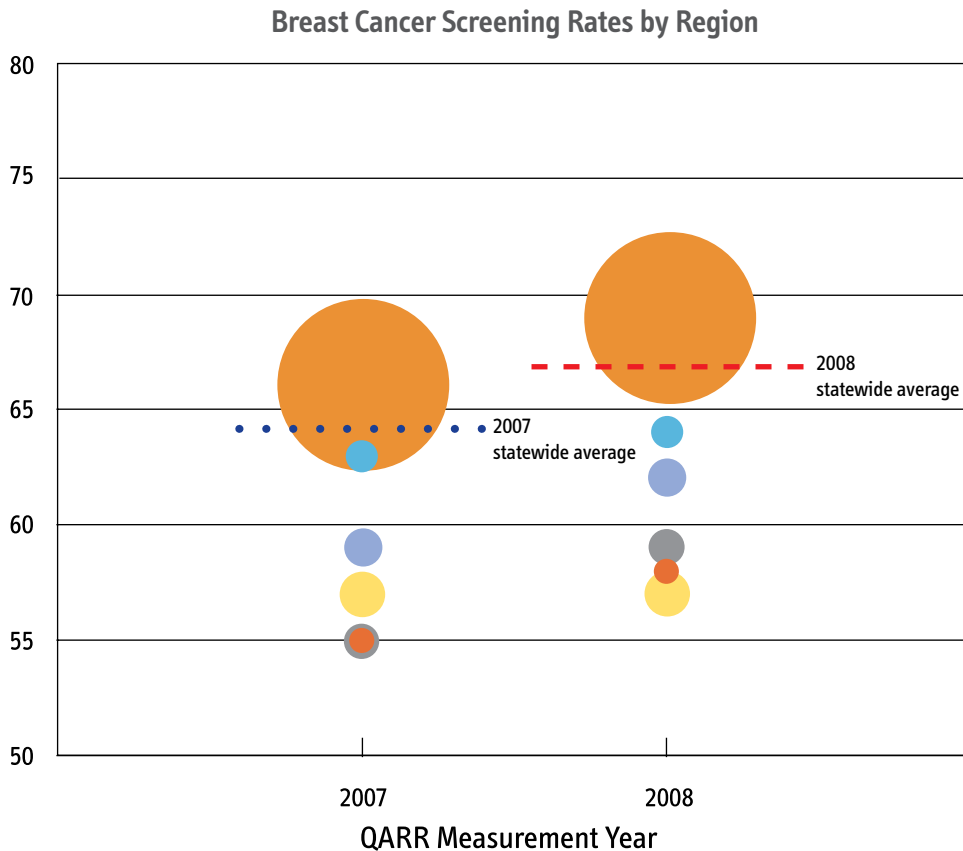
LEGEND

- ▲ Significantly better than the regional average
- ▼ Significantly worse than the regional average
- Sample size too small to report

NOTE: Plans without symbols are not significantly different from the regional average.

The following graph illustrates regional variation in mammography screening rates for women in Medicaid managed care. The regional percentages of women (ages 42 – 69) who had at least one mammogram during the measurement year or the year prior were summarized using the member’s

county of residence. The counties were grouped into six regions. Only one region, New York City, was above the statewide average in the last two measurement years, as compared to the statewide total of eligible women.

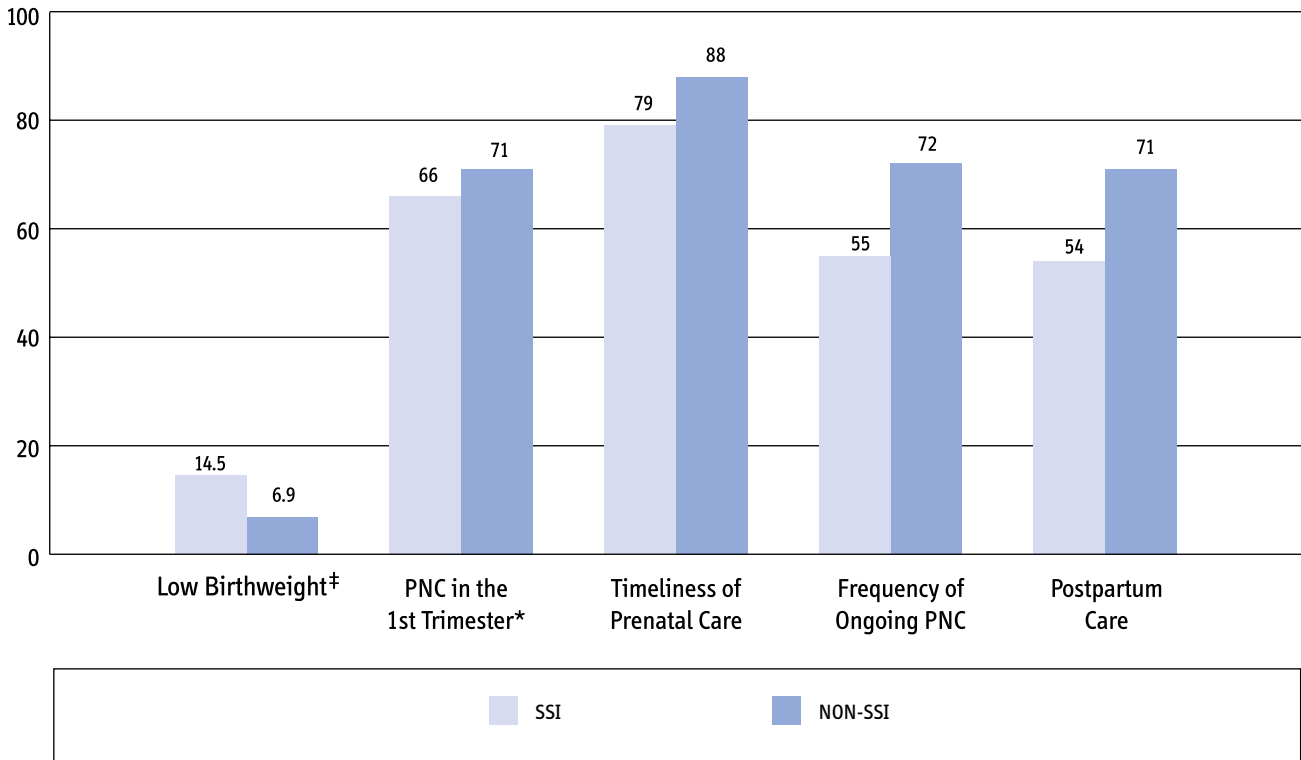


Bubble size reflects the total numbers of members in that region.
 Dotted blue line indicates the 2007 statewide average (64%).
 Dashed red line indicates the 2008 statewide average (67%).

The following graph illustrates variation in perinatal care measures for women in Medicaid managed care by the woman's aid category: SSI vs. non-SSI.

Women who are SSI have lower rates of prenatal and postpartum care, as well as have higher rates of low birth weight infants. Lower rates of low birthweight are desired.

Prenatal Care by Aid Category



*Data is for 2007 births using Vital Statistics files with plan data.

‡A lower rate is desired.

COMMERCIAL HMO

Measure	2006	2007	2008
Breast Cancer Screening	68	68	71
Cervical Cancer Screening	82	Rotated	82
Chlamydia Screening (Ages 16-20)	43	45	48
Chlamydia Screening (Ages 21-24)	49	51	54
Timeliness of Prenatal Care	92	Rotated	94
Postpartum Care	76	Rotated	81
Low Birthweight*	5.3	5.1	NA
Prenatal Care in the First Trimester	87	86	NA
Percent of LBW Births at Level II/III/IV Facilities	89	90	NA

MEDICAID

Measure	2006	2007	2008
Breast Cancer Screening	62	64	67
Cervical Cancer Screening	74	Rotated	73
Chlamydia Screening (Ages 16-20)	48	53	59
Chlamydia Screening (Ages 21-24)	53	60	63
Timeliness of Prenatal Care	86	Rotated	89
Postpartum Care	69	Rotated	73
Frequency of Ongoing Prenatal Care	69	Rotated	73
Low Birthweight*	7.1	7.1	NA
Prenatal Care in the First Trimester	72	71	NA
Percent of LBW Births at Level II/III/IV Facilities	93	93	NA

* A low rate is desirable for this measure

LEGEND

NA – Not available.

Looking for more information on women's health services?

The following measures are published in the 2009 Managed Care Plan Access and Utilization Report at the link:
<http://www.nyhealth.gov>

- Frequency of Abdominal Hysterectomy
- Frequency of Vaginal Hysterectomy
- Frequency of Non-Obstetrical Dilation & Curettage
- Frequency of Lumpectomy
- Frequency of Mastectomy
- Inpatient Discharges and Average Length of Stay (Maternity)



This section provides information on how well managed care plans provide care to their adult members with acute and chronic illnesses, including appropriate use of healthcare resources and treatments. The percentage of adults screened for colon cancer is shown. Overuse of imaging studies, including x-rays, MRIs and CT-scans, is examined for adults with lower back pain. This report contains a measure for the appropriate use of antibiotics for adults with bronchitis. Overuse of antibiotics contributes to the development of antibiotic resistant bacteria. Three components of Medical Assistance with Smoking Cessation: advising smokers to quit, discussing medications, and discussing other strategies for quitting, are calculated from CAHPS survey data. Another measure obtained through the CAHPS survey, Flu Shots for Adults, examines whether eligible members received a vaccination for influenza during the flu season.

There are four measures related to cardiovascular conditions. These examine whether members who were prescribed a beta-blocker after a heart attack remained on the medication. Cholesterol screening is also important for those with cardiovascular conditions; whether cholesterol levels were checked and controlled is presented here. Members with hypertension who controlled their blood pressure are assessed as well.

Respiratory illness, such as asthma and chronic obstructive pulmonary disease (COPD), affect many adults and this section includes information about managing these conditions. The quality of care provided to adults with chronic asthma is represented by how many received the appropriate medications for their condition. An additional, new measure looks at the percentage of members with asthma who received three or more dispensing events of controller medications as a measure of more stringent asthma control. This report also examines the number of adults with COPD who received a spirometry test to confirm their diagnosis. Pharmacotherapy management of COPD exacerbation, looks at whether patients who experience acute exacerbation of their COPD receive the appropriate medications to control the episode.

Diabetes is a serious disease with long term complications such as heart disease, kidney disease, and blindness. Appropriate management of the disease may help prevent complications. This report assesses seven different components of good diabetes care, including blood pressure control. For persons with rheumatoid arthritis, disease modifying anti-rheumatic drugs (DMARDs) are often the most effective treatment for preventing joint impairment. Patients using medications on a long-term basis are at increased risk of harm from side-effects and drug toxicity. The measures in this section indicate how often members using medications received appropriate testing to monitor medication related issues.

Obesity is the second leading cause of preventable death in the United States, affecting a large portion of the adult population. Clinical guidelines promote the use of the body mass index (BMI) as a measure for weight assessment. A new measure in this section looks at how many adults had their BMI assessed in the past two years. For members living with HIV/AIDS, several indicators of quality care are presented for the first time. These indicators include how often members utilize services as well as whether specific screening tests have occurred.



MANAGING ACUTE ILLNESS

Measure	Description (Type of Insurance)
Colorectal Cancer Screening	The percentage of adults ages 50 to 80 years, who had appropriate screening for colon cancer. This measure was not collected in 2008; 2007 data is presented in this report. (CO)
Annual Dental Visit	The percentage of adults, ages 19 to 21 years, who had at least one dental visit within the last year. When a Medicaid plan does not offer dental care as part of its benefit package, enrollees have access to dental services through fee-for-service. (MA)
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	The percentage of healthy adults, ages 18 to 64 years, with acute bronchitis who did not receive a prescription for antibiotics. A higher score indicates more appropriate treatment. (CO, MA)
Medical Assistance with Smoking Cessation	The percentage of members, 18 years and older, who are either current smokers, or who have recently quit, who received medical assistance with smoking cessation within the last 12 months (6 months for Medicaid) from a health care provider. Commercial results are based on a two year rolling average and Medicaid are based on results of a single year. This measure is collected as part of the CAHPS survey. CAHPS was not administered to Medicaid enrollees in 2008; 2007 results are presented in this report for Medicaid enrollees. (CO, MA)
1) Advising Smokers to Quit	The percentage of eligible adults who received advice from a health care provider to quit smoking.
2) Discussing Smoking Cessation Medications	The percentage of eligible adults who discussed or were recommended smoking cessation medications by a health care provider.
3) Discussing Smoking Cessation Strategies	The percentage of eligible adults who discussed or were recommended smoking cessation methods or strategies by a health care provider.
Flu Shots for Adults	The percentage of members, ages 50-64 years, who received an influenza vaccination after September 1, 2008. This measure is collected as part of the CAHPS survey. CAHPS was not administered to Medicaid enrollees in 2008; 2007 results are presented in this report for Medicaid enrollees. (CO, MA)

MANAGING CARDIOVASCULAR CONDITIONS

Measure	Description (Type of Insurance)
Controlling High Blood Pressure	The percentage of members, ages 18 to 85 years, who have hypertension and who have controlled their blood pressure (below 140/90 mm Hg). (CO, MA)
Cholesterol Management for Patients with Cardiovascular Conditions	The percentage of members, ages 18 to 75 years, with a cardiovascular condition, who had LDL-C screening performed, and whose LDL-C levels were in control (<100 mg/dL). This measure was not collected in 2008; 2007 data is presented in this report. (CO, MA)
Persistence of Beta-Blocker Treatment	The percentage of members, ages 35 years and older, who were hospitalized after a heart attack and who received beta-blocker treatment for at least six months. (CO)

MANAGING RESPIRATORY CONDITIONS

Measure	Description (Type of Insurance)
Use of Appropriate Medications for People with Asthma	The percentage of members, ages 18 to 56 years, with persistent asthma, who received the appropriate medications to control their condition. (CO, MA)
Appropriate Asthma Medications – 3+ Controller Dispensing Events	The percentage of members, ages 5 to 56 years, with persistent asthma who had three or more controller dispensing events in the last year. Plan-specific rates are reported for Medicaid. However, this is the first year that commercial and Child Health Plus plans reported this measure; results for these populations are reported in aggregate. (CO, MA, CHP)
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	The percentage of members 40 years of age and older with a new diagnosis of COPD who received spirometry testing. (CO, MA)
Pharmacotherapy Management of COPD Exacerbation	The percentage of members, 40 years of age and older, who had an acute inpatient discharge or ED visit for COPD and who received the two recommended types of medications to manage the exacerbation. This measure is presented as two separate rates. (CO, MA)
1) Corticosteroid Rate	The percentage of instances when the member was prescribed a systemic corticosteroid within 14 days of exacerbation.
1) Bronchodilator Rate	The percentage of instances when the member was prescribed a bronchodilator within 30 days of the event.

MANAGING DIABETES

Measure	Description (Type of Insurance)
Comprehensive Diabetes Care	This measure reports the percentage of diabetics, ages 18 to 75 years, who received seven components of good diabetes care. This measure was not collected in 2008; 2007 data is presented in this report. (CO, MA)
1) HbA1c Testing	The percentage of diabetics who received a hemoglobin A1c (HbA1c) test within the last year.
2) Poor HbA1c Control	The percentage of diabetics whose most recent HbA1c level was over 9.0%, was missing the result, or did not have a HbA1c test within the last year.
3) Lipid Profile	The percentage of diabetics who had a cholesterol test done in the last year.
4) Lipids Controlled	The percentage of diabetics who had a cholesterol test done in the last year and whose most recent level of “bad cholesterol” was controlled (LDL-C < 100 mg/dL).
5) Blood Pressure Control	The percentage of diabetics who had a blood pressure measurement of <130/80 mm Hg in the last year.
6) Dilated Eye Exam	The percentage of diabetics who had a retinal exam in the last two years.
7) Nephropathy Monitoring	The percentage of diabetics who were monitored for kidney damage in the last year.

MANAGING MEDICATIONS

Measure	Description (Type of Insurance)
Drug Therapy in Rheumatoid Arthritis	The percentage of members with rheumatoid arthritis, who were prescribed a disease modifying anti-rheumatic drug during the last year. (CO, MA)
Annual Monitoring for Patients on Persistent Medications	The percentage of members, 18 years of age and older, who were taking certain medications for at least six months and who received specific monitoring tests in the past year. The following numerators specify categories of medications that are of interest.(CO, MA)
1) ACE Inhibitors or ARBs	The percentage of members who were prescribed an ACE inhibitor and/or ARB and who had at least one blood test for potassium and a monitoring test for kidney function in the past year.
2) Digoxin	The percentage of members who were prescribed digoxin and who had at least one blood test for potassium and a monitoring test for kidney function in the past year.
3) Diuretics	The percentage of members who were prescribed diuretics and who had at least one blood test for potassium and a monitoring test for kidney function in the past year.
4) Anticonvulsants	The percentage of members who were prescribed an anticonvulsant and who had at least one blood test for therapeutic drug level in the past year.
5) Combined Rate	The sum of the four numerators divided by the sum of the four denominators.

MANAGING ACUTE ILLNESS

Health Plan	Colorectal Cancer Screening	Avoidance of Antibiotic Therapy in Adults with Acute Bronchitis	Medical Assistance with Smoking Cessation			Flu Shot for Adults
			Advising Smokers to Quit	Discussing Smoking Cessation Medications	Discussing Smoking Cessation Strategies	
Aetna	54▼	27▲	82	60	50	48
Atlantis Health Plan	NA	25	63▼	35▼	36▼	38▼
CDPHP	66	18▼	83	66	55	53
Empire	56▼	23	76	52	57	43▼
Excellus BlueCross BlueShield	66▲	17▼	82	68	55	60▲
GHI HMO	52▼	20	83	63	60	43▼
HIP HMO	57▼	26▲	69▼	47▼	43▼	41▼
Health Net of New York, Inc.	67▲	30▲	75	54	46	53
HealthNow New York Inc.	62	15▼	83	61	58	45▼
Independent Health	66▲	18▼	82	57	55	54
MVP	63	23	88▲	65	61	50
Oxford	66	31▲	75	55	51	50
Preferred Care	60	19▼	86	71▲	61	62▲
Univera Healthcare	66	18▼	80	60	56	52
Statewide	61	23	80	59	54	50
National	59	25	77	54	50	50

LEGEND

- ▲ Significantly better than the statewide average
- ▼ Significantly worse than the statewide average
- NA Data not available

NOTE: Plans without symbols are not significantly different from the statewide average.

MANAGEMENT OF CARDIOVASCULAR CONDITIONS

Health Plan	Controlling High Blood Pressure	Cholesterol Management After Cardiovascular Event		Persistence of Beta Blocker Use
		Cholesterol Screening Test	Cholesterol Level Controlled (<100 mg/dL)	
Aetna	61	88	53▼	80
Atlantis Health Plan	NV	NA	NA	—
CDPHP	68	90	63	80
Empire	67	92	64	82
Excellus BlueCross BlueShield	67	90	68▲	79
GHI HMO	62	90	55	—
HIP HMO	64	90	54▼	75
Health Net of New York, Inc.	70▲	94▲	66▲	70
HealthNow New York Inc.	60	89	54▼	75
Independent Health	64	91	66▲	80
MVP	67	87▼	65▲	87▲
Oxford	52▼	93▲	51▼	75
Preferred Care	64	91	70▲	79
Univera Healthcare	65	91	62	73
Statewide	63	91	60	78
National	63	89	57	75

LEGEND

- ▲ Significantly better than the statewide average
- ▼ Significantly worse than the statewide average
- Sample size too small to report
- NV Plan submitted invalid data

NOTE: Plans without symbols are not significantly different from the statewide average.

MANAGEMENT OF RESPIRATORY CONDITIONS

Health Plan	Use of Appropriate Medications for People with Asthma (Ages 18-56)	Use of Spirometry Testing in the Assessment and Diagnosis of COPD	Pharmacotherapy Management of COPD Exacerbation	
			Corticosteroids	Bronchodilators
Aetna	92	57▲	66	77
Atlantis Health Plan	—	—	—	—
CDPHP	91	37▼	73	81
Empire	90	64▲	75	86▲
Excellus BlueCross BlueShield	91	44	72	82
GHI HMO	95▲	44	—	—
HIP HMO	90	44▼	65	74
Health Net of New York, Inc.	94▲	62▲	—	—
HealthNow New York Inc.	92	36▼	74	78
Independent Health	91	37▼	69	78
MVP	92	35▼	70	79
Oxford	91	55▲	67	74
Preferred Care	89	40▼	83▲	70
Univera Healthcare	87	36▼	75	83
Statewide	91	46	71	78
National	91	38	67	76

LEGEND

- ▲ Significantly better than the statewide average
- ▼ Significantly worse than the statewide average
- Sample size too small to report

NOTE: Plans without symbols are not significantly different from the statewide average.

MANAGING DIABETES

Health Plan	HbA1c Testing	Poor HbA1C Control*	Lipid Profile	Lipids Controlled (<100 mg/dL)	Blood Pressure Controlled (<130/80 mm Hg)	Dilated Eye Exam	Nephropathy Screening
Aetna	84	38▼	86	44	22▼	59	77
Atlantis Health Plan	NA	NA	NA	NA	NA	NA	NA
CDPHP	89	23▲	89	47	38▲	65▲	82
Empire	90	27	89	49▲	27	57	80
Excellus BlueCross BlueShield	93▲	19▲	87	51▲	33	71▲	84▲
GHI HMO	91▲	28	90	39▼	28	54▼	87▲
HIP HMO	84▼	30	85	37▼	27	59	80
Health Net of New York, Inc.	89	22▲	88	50▲	23▼	60	76▼
HealthNow New York Inc.	87	37▼	87	41▼	29	59	82
Independent Health	90	23▲	87	51▲	36▲	63	87▲
MVP	91▲	17▲	88	48	36▲	62	81
Oxford	85	40▼	90	41	28	55▼	72▼
Preferred Care	91▲	21▲	88	50▲	34	64	85▲
Univera Healthcare	89	21▲	85	46	34	66▲	85▲
Statewide	88	28	87	45	30	60	81
National	88	29	84	44	32	55	81

* A low rate is desirable for this measure.

LEGEND

- ▲ Significantly better than the statewide average
- ▼ Significantly worse than the statewide average
- NA Data not available

NOTE: Plans without symbols are not significantly different from the statewide average.

MANAGING MEDICATIONS

Health Plan	Drug Therapy for Rheumatoid Arthritis	Annual Monitoring for Patients on Persistent Medications				
		ACE Inhibitors/ ARBs	Digoxin	Diuretics	Anticonvulsants	Combined Rate
Aetna	71▼	81▼	82	79▼	61	80▼
Atlantis Health Plan	—	75▼	—	77	—	75▼
CDPHP	90▲	83▲	87▲	83▲	63	83▲
Empire	82	85▲	91▲	84▲	62	84▲
Excelsus BlueCross BlueShield	91▲	81▼	83	80▼	64	80▼
GHI HMO	68	85	—	84	63	84▲
HIP HMO	75▼	84▲	85	84▲	64	84▲
Health Net of New York, Inc.	78	83	73▼	82	60	82
HealthNow New York Inc.	87▲	79▼	83	79▼	57▼	78▼
Independent Health	84	81▼	79	80▼	58	80▼
MVP	82	80▼	76▼	79▼	62	79▼
Oxford	77▼	85▲	81	84▲	61	84▲
Preferred Care	93▲	80▼	78	79▼	67▲	80▼
Univera Healthcare	87	83	88	82	56	82
Statewide	82	82	82	82	61	82
National	86	79	82	79	62	76

LEGEND

- ▲ Significantly better than the statewide average
- ▼ Significantly worse than the statewide average
- Sample size too small to report

NOTE: Plans without symbols are not significantly different from the statewide average.

MANAGING ACUTE ILLNESS

Health Plan	Annual Dental Visit (Ages 19-21)	Avoidance of Antibiotic Therapy in Adults with Acute Bronchitis	Medical Assistance with Smoking Cessation			Flu Shot for Adults
			Advising Smokers to Quit	Discussing Smoking Cessation Medications	Discussing Smoking Cessation Strategies	
Affinity Health Plan	38	23	68	40	40	38
AmeriChoice by UnitedHealthcare	42▲	34▲	71	56	49	42
Amerigroup New York	34▼	20▼	54▼	33▼	36	32▼
CDPHP	NA	18▼	81▲	57	50	35
Excellus BlueCross BlueShield	36	17▼	77	57	54	50
Fidelis Care New York	48▲	21▼	71	50	43	40
GHI HMO	37	22	78	49	51	35
HIP HMO	34▼	25	73	38▼	40	47
Health Plus	36▼	26	53▼	36▼	34▼	40
HealthNow New York Inc.	NA	18▼	71	51	43	45
Healthfirst PHSP, Inc.	38	24	64	38▼	43	49
Hudson Health Plan	41▲	19▼	77	50	46	45
Independent Health's MediSource	NA	21	77	57▲	51	47
MVP	45	25	70	46	36▼	39
MetroPlus	37	29▲	71	49	53	50
Neighborhood Health Providers	33▼	17▼	75	48	55	34▼
Preferred Care	NA	19	86▲	57	56▲	61▲
Total Care	45	12▼	76	53	42	45
Univera Community Health	40	23	69	47	41	37
WellCare of New York	27▼	28▲	67	47	40	35
Statewide	38	25	74	50	46	43
National	*	26	69	41	41	*

LEGEND

- ▲ Significantly better than the statewide average
- ▼ Significantly worse than the statewide average
- * No national average available
- NA Not applicable. Plan does not provide dental coverage.

NOTE: Plans without symbols are not significantly different from the statewide average.

MANAGING CARDIOVASCULAR CONDITIONS

Health Plan	Controlling High Blood Pressure	Cholesterol Management After Cardiovascular Event	
		Cholesterol Screening Test	Cholesterol Level Controlled (<100 mg/dL)
Affinity Health Plan	69	90	54▲
AmeriChoice by UnitedHealthcare	66	91	37▼
Amerigroup New York	65	89	46
CDPHP	67	85	52
Excellus BlueCross BlueShield	61	86	55▲
Fidelis Care New York	66	86	47
GHI HMO	65	87	41
HIP HMO	65	89	49
Health Plus	68	92	49
HealthNow New York Inc.	64	78▼	44
Healthfirst PHSP, Inc.	58▼	90	42
Hudson Health Plan	66	89	45
Independent Health's MediSource	60▼	81▼	49
MVP	68	—	—
MetroPlus	74▲	93▲	52▲
Neighborhood Health Providers	58▼	87	45
Preferred Care	54▼	79	48
Total Care	65	84	54
Univera Community Health	60	80	52
WellCare of New York	59▼	91	41▼
Statewide	65	89	47
National	56	80	40

LEGEND

- ▲ Significantly better than the statewide average
- ▼ Significantly worse than the statewide average
- Sample size too small to report

NOTE: Plans without symbols are not significantly different from the statewide average.

MANAGEMENT OF RESPIRATORY CONDITIONS

Health Plan	Appropriate Use of Asthma Medications (Ages 18-56)	Use of Appropriate Medications for People with Asthma (Ages 5-56) 3+ Controllers	Use of Spirometry Testing in the Assessment and Diagnosis of COPD	Pharmacotherapy Management of COPD Exacerbation	
				Corticosteroids	Bronchodilators
Affinity Health Plan	90	80▲	37	68	85
AmeriChoice by UnitedHealthcare	91▲	79▲	52▲	64	83
Amerigroup New York	86▼	75	43	58	79
CDPHP	90	77	24▼	64	77
Excelsus BlueCross BlueShield	88	74▼	33▼	75▲	87
Fidelis Care New York	88	77	38	63	84
GHI HMO	90	74	40	65	77
HIP HMO	89	78	49▲	56▼	80
Health Plus	89	76	42	58	83
HealthNow New York Inc.	90	80▲	28▼	80▲	86
Healthfirst PHSP, Inc.	87▼	76	39	66	88▲
Hudson Health Plan	91	78	41	53	78
Independent Health's MediSource	93▲	80	35	80▲	88
MVP	96▲	79	—	—	—
MetroPlus	88	76	38	61	85
Neighborhood Health Providers	90	76	47	65	82
Preferred Care	90	70▼	—	—	—
Total Care	90	80	28▼	61	84
Univera Community Health	85	71▼	36	68	82
WellCare of New York	89	78	43	66	86
Statewide	89	77	42	65	84
National	85	*	29	62	78

LEGEND

- ▲ Significantly better than the statewide average
- ▼ Significantly worse than the statewide average
- Sample size too small to report

NOTE: Plans without symbols are not significantly different from the statewide average.

MANAGING DIABETES

Health Plan	HbA1c Testing	Poor HbA1c Control*	Lipid Profile	Lipids Controlled (<100 mg/dL)	Blood Pressure Controlled (<130/80 mm Hg)	Dilated Eye Exam	Nephropathy Monitoring
Affinity Health Plan	86	32	84	44	36	69▲	83
AmeriChoice by UnitedHealthcare	90	41▼	88	33▼	28	61	74▼
Amerigroup New York	85	43▼	86	39	25▼	60	81
CDPHP	85	35	78▼	38	36▲	62	77▼
Excellus BlueCross BlueShield	87	34	79▼	39	37▲	73▲	84
Fidelis Care New York	83▼	34	82	44	32	65	80
GHI HMO	86	43▼	83	34▼	26▼	61	85
HIP HMO	88	29▲	88	46▲	33	61	82
Health Plus	93▲	30	88	41	30	67▲	84
HealthNow New York Inc.	79▼	49▼	77▼	35▼	30	63	82
Healthfirst PHSP, Inc.	85	33	86	40	28	62	83
Hudson Health Plan	91▲	32	86	39	32	63	81
Independent Health's MediSource	82▼	39▼	79▼	41	32	60	87▲
MVP	85	28	85	54▲	35	48▼	80
MetroPlus	87	31	85	42	35	52▼	85
Neighborhood Health Providers	88	33	83	38	29	65	86▲
Preferred Care	88	33	76▼	38	30	55▼	84
Total Care	87	34	79▼	39	39▲	51▼	75▼
Univera Community Health	87	33	81▼	38	28	53▼	85
WellCare of New York	83▼	38	86	32▼	26▼	60	80
Statewide	87	34	85	41	31	62	82
National	77	48	71	31	30	50	74

* A low rate is desirable for this measure.

LEGEND

- ▲ Significantly better than the statewide average
- ▼ Significantly worse than the statewide average

NOTE: Plans without symbols are not significantly different from the statewide average.

MANAGING MEDICATIONS

Health Plan	Drug Therapy for Rheumatoid Arthritis	Annual Monitoring for Patients on Persistent Medications				
		ACE Inhibitors/ ARBs	Digoxin	Diuretics	Anticonvulsants	Combined Rate
Affinity Health Plan	74	89▲	92	88	66	88▲
AmeriChoice by UnitedHealthcare	68	90▲	94	90▲	65	89▲
Amerigroup New York	85▲	90▲	94	89▲	65	89▲
CDPHP	81	88	93	87	68	86
Excellus BlueCross BlueShield	86▲	90▲	—	88	78▲	89▲
Fidelis Care New York	76	89	93	88	67	87
GHI HMO	67	84▼	—	83▼	74	83▼
HIP HMO	73	88	91	87	59▼	86▼
Health Plus	73	89	91	87	66	87
HealthNow New York Inc.	65	78▼	78▼	79▼	65	77▼
Healthfirst PHSP, Inc.	74	87▼	91	85▼	61▼	85▼
Hudson Health Plan	72	90▲	91	90▲	69	88▲
Independent Health's MediSource	74	86	94	88	63	85▼
MVP	—	87	—	89	—	85
MetroPlus	80▲	94▲	95▲	93▲	72▲	92▲
Neighborhood Health Providers	73	88	91	88	75▲	88▲
Preferred Care	—	87	—	87	75	86
Total Care	71	89	—	86	70	86
Univera Community Health	59▼	82▼	—	82▼	66	81▼
WellCare of New York	57▼	74▼	81	72▼	47▼	72▼
Statewide	73	88	91	87	65	87
National	69	85	86	84	69	83

LEGEND

- ▲ Significantly better than the statewide average
- ▼ Significantly worse than the statewide average
- Sample size too small to report

NOTE: Plans without symbols are not significantly different from the statewide average.

Adult BMI Assessment

This measure examines the percentage of adult members who had a visit in the last two years and had their body mass index (BMI) documented. Current recommendations encourage BMI assessment

as a tool for weight management and screening for overweight and obesity. This is the first year that health plans submitted data regarding BMI screening to the NYSDOH; aggregate results are presented here.

	Commercial HMO	Medicaid
Number of Plans	14	20
Number <30	0	0
Number of Failing Audit	2	0
Statewide Average	40	45
Standard Deviation	10	11
Range of scores	25, 55	25, 73
10th Percentile	27	29
25th Percentile	34	36
Median	41	42
75th Percentile	50	47
90th Percentile	54	53

Use of Appropriate Asthma Medications (Ages 5-56) 3+ Controllers

This measure describes the percentage of members with asthma who had three or more controller dispensing events during the measurement year. This uses the same eligible population criteria as the HEDIS asthma measure, but uses three dispensing events of controller medications as a measure of

asthma management. This is the first year that the NYSDOH required commercial and Child Health Plus plans to submit data regarding asthma controllers. Medicaid plans had this measure calculated for the first time for 2007; plan-specific results are presented previously in this section.

	Commercial HMO	Child Health Plus
Number of Plans	14	19
Number <30	1	1
Number of Failing Audit	0	0
Statewide Average	81	80
Standard Deviation	4	5
Range of scores	73, 85	68, 89
10th Percentile	77	71
25th Percentile	78	76
Median	82	79
75th Percentile	83	82
90th Percentile	84	84

HIV/AIDS Comprehensive Care Measures

This set of measures includes four quality indicators of recommended treatment and preventive care for people living with HIV/AIDS who are enrolled in Medicaid managed care. These measures are New York State specific and were developed from quality of care indicators used by the NYSDOH’s AIDS Institute. The indicators measure whether people living with

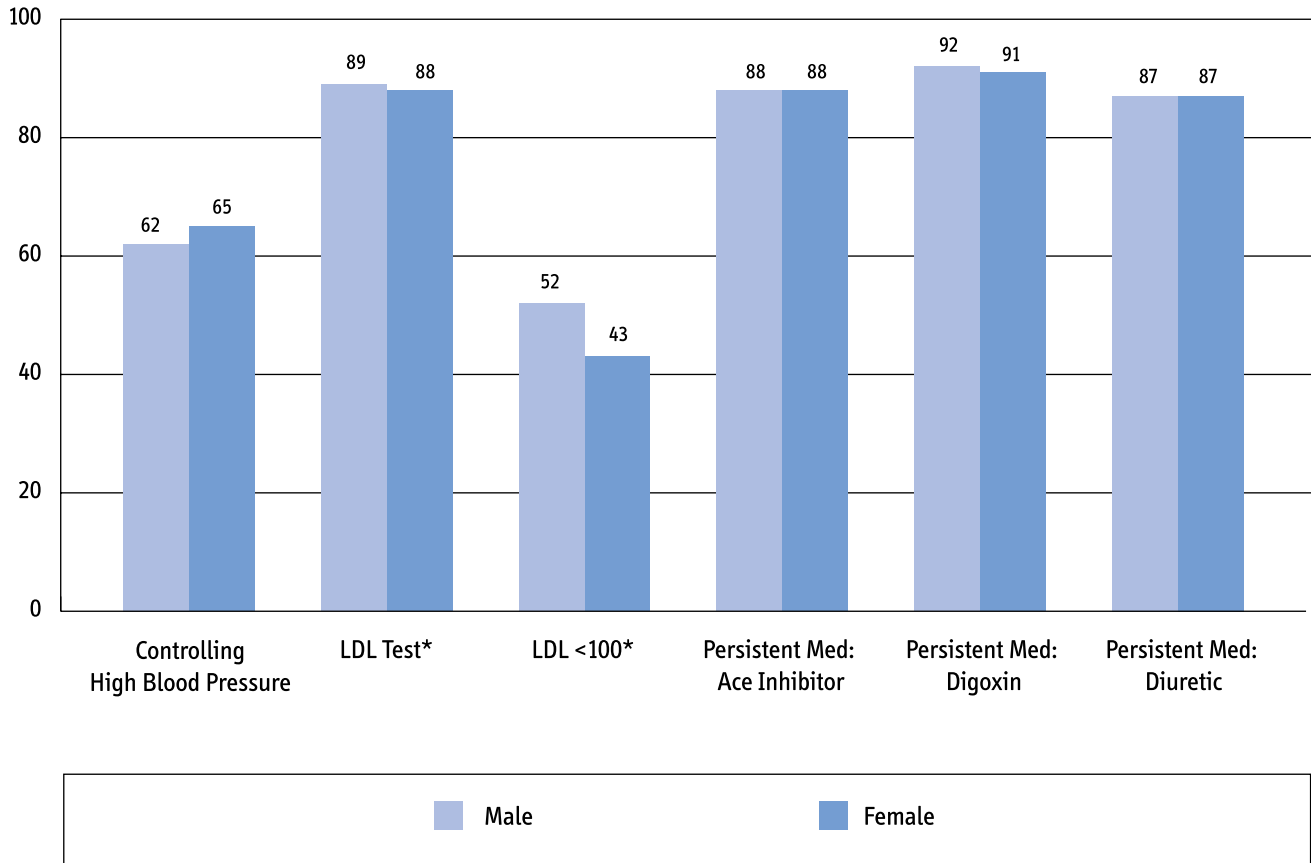
HIV/AIDS have health care visits, and receive testing for viral load levels throughout the year, as well as preventative screening for syphilis and cervical cancer. This is the first year that Medicaid plans were required to report these measures, and aggregate results are presented below.

	Cervical Cancer Screening	Engaged in Care	Syphilis Screening	Viral Load Monitoring
Number of Plans	20	20	20	20
Number <30	13	9	9	9
Number of Failing Audit	0	0	0	0
Statewide Average	55	63	52	47
Standard Deviation	5	10	11	13
Range of scores	44, 61	49, 79	34, 65	25, 61
10th Percentile	44	49	36	27
25th Percentile	51	54	43	31
Median	54	62	54	41
75th Percentile	55	70	61	58
90th Percentile	61	74	65	60

The following graph shows the results for the measures related to cardiac disease, by gender, for people in Medicaid managed care. The largest difference between the genders is for cholesterol management control (LDL < 100 mg/dL) with a

higher percentage of men having achieved the recommended level of control. Women with high blood pressure have higher rates for blood pressure control than men. Results for males and females were fairly similar for most of the other measures.

Cardiovascular Care Results by Gender

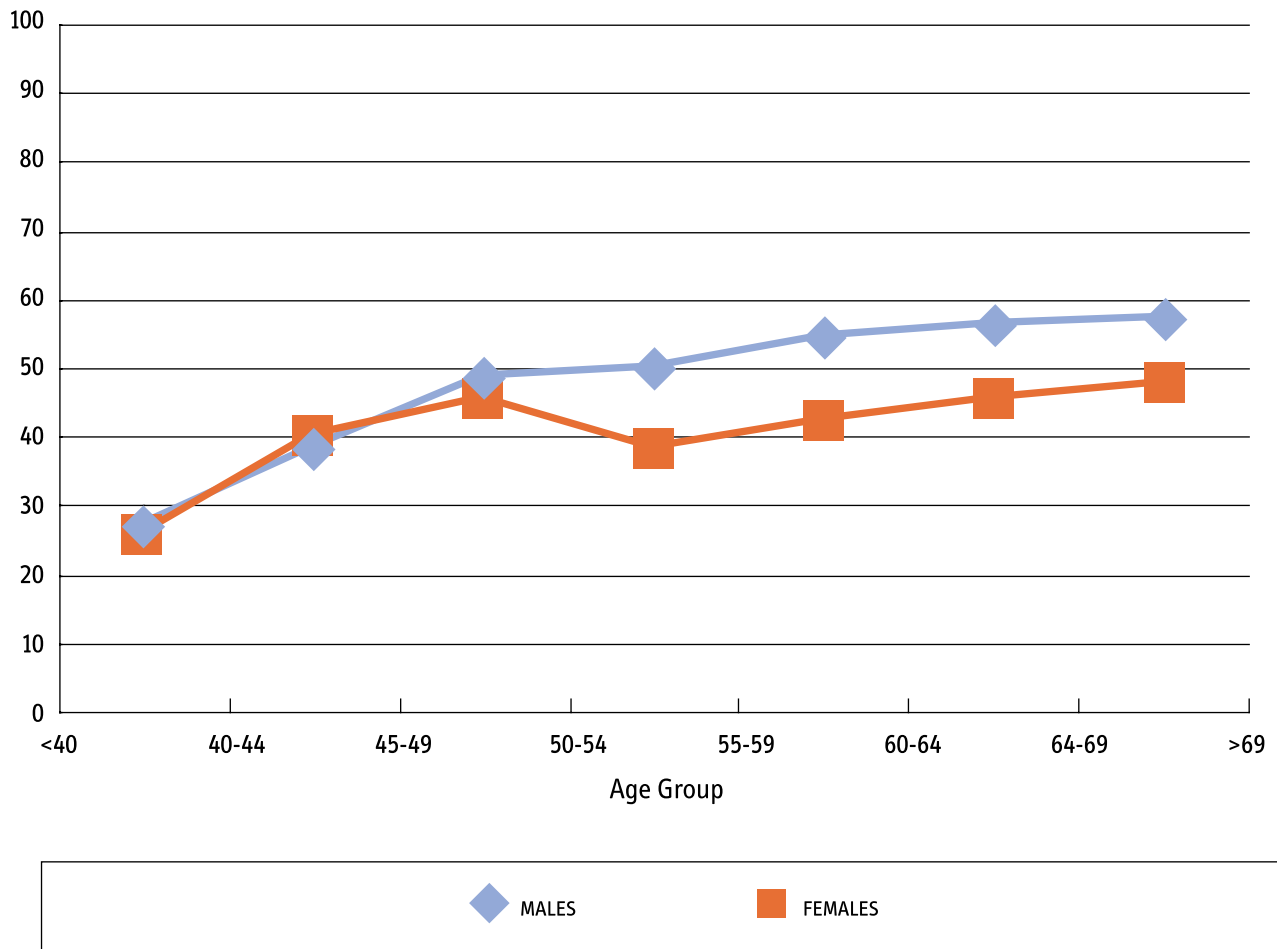


*Data are from 2007 measurement year.

The Cholesterol Management for Patients with Cardiovascular Conditions measure evaluates whether people with heart conditions have their cholesterol level checked and whether the LDL levels are within the recommended levels. LDL is the “bad” cholesterol linked with heart disease and the goal is for results to be lower than 100 mg/dL. While the results of

testing do not vary by gender, the percentage of people with LDL control is higher for men. The following graph illustrates that rates of LDL control for men and women of younger age groups are similar, but a gap begins to emerge starting with the 50-54 age group.

Cholesterol Management Control by Age



Looking for more information about adult health services?

The following measures are published in the 2009 Managed Care Plan Access and Utilization Report at the link <http://www.nyhealth.gov>

- Frequency of Angioplasty
- Frequency of Cardiac Catheterization
- Frequency of Coronary Artery Bypass Grafts

COMMERCIAL HMO

Measure	2006	2007	2008
Avoidance of Antibiotics for Adults with Acute Bronchitis	27	24	23
Advising Smokers to Quit	77	80	80
Discussing Smoking Cessation Medications	49	56	59
Discussing Smoking Cessation Strategies	46	50	54
Flu Shot for Adults	45	49	50
Controlling High Blood Pressure (Ages 18-85)	58	Rotated	63
Persistence of Beta Blocker Use	74	77	78
Use of Appropriate Asthma Medications (Ages 18-56)	91	92	91
Use of Spirometry Testing for COPD	46	46	46
Pharmacotherapy Management of COPD Exacerbation			
Corticosteroid	NA	44	71
Bronchodilator	NA	65	78
Drug Therapy in Rheumatoid Arthritis	83	81	82
Annual Monitoring for Patients on Persistent Medications			
ACE inhibitors/ARBs	78	81	82
Digoxin	78	83	82
Diuretics	77	80	82
Anticonvulsants	61	61	61
Combined Rate	77	80	82

LEGEND

NA – Not available.

MEDICAID

Measure	2006	2007	2008
Annual Dental Visit (Ages 19-21)	37	37	38
Avoidance of Antibiotics for Adults with Acute Bronchitis	28	27	25
Controlling High Blood Pressure (Ages 18-85)	60	Rotated	65
Use of Appropriate Asthma Medications (Ages 18-56)	89	90	89
Use of Appropriate Asthma Medications (Ages 5-56) 3+ Controllers	NA	76	77
Use of Spirometry Testing for COPD	40	40	42
Pharmacotherapy Management of COPD Exacerbation			
Corticosteroid	NA	50	65
Bronchodilator	NA	76	84
Drug Therapy in Rheumatoid Arthritis	72	74	73
Annual Monitoring for Patients on Persistent Medications			
ACE inhibitors/ARBs	84	85	88
Digoxin	87	91	91
Diuretics	82	84	87
Anticonvulsants	65	65	65
Combined Rate	82	84	87

LEGEND

NA – Not available.

Looking for more information on adult health services?

The following measures are published in the 2009 Managed Care Plan Access and Utilization Report at the link:

<http://www.nyhealth.gov>

- Frequency of Angioplasty
- Frequency of Cardiac Catheterization
- Frequency of Coronary Artery Bypass Grafts
- Antibiotic Utilization, Including Antibiotics of Concern
- Frequency of Laparoscopic Cholecystectomy
- Frequency of Prostatectomy
- Frequency of Back Surgery



Antidepressant Medication Management addresses how well a health plan performs in treating people with moderate to severe depression who are prescribed antidepressant medication. Once diagnosed, individuals treated with medications should be managed on both a short-term (acute phase) and long-term (continuation phase) basis.

By continuing treatment, patients with depressive disorders may prevent a relapse in symptoms and/or prevent future recurrences of depression.

Follow-up after hospitalization for mental illness addresses whether enrollees who were hospitalized for treatment of certain mental health disorders received recommended ambulatory follow-up visits within recommended timeframes.

Measure	Description (Type of Insurance)
Antidepressant Medication Management	The percentage of members, ages 18 and older who were diagnosed with depression and treated with an antidepressant medication. This measure has two components of care. (CO, MA)
1) Effective Acute Phase Treatment	The percentage who remained on medication for the entire 12-week acute treatment phase.
2) Effective Continuation Phase Treatment	The percentage who remained on medication for at least six months.
Follow-up After Hospitalization for Mental Illness	The percentage of members ages 6 years and older who were hospitalized for treatment for selected mental health disorders (such as depression or bipolar disorder) and were seen on an ambulatory basis or who were in intermediate treatment with a mental health provider after discharge. This measure has two timeframe components. (CO, MA)
1) Within 7 Days	Those members who had a follow-up visit within seven days of discharge.
2) Within 30 Days	Those members who had a follow-up visit within 30 days of discharge

Health Plan	Antidepressant Medication Management		Follow-up After Hospitalization for Mental Illness	
	Effective Acute Phase Treatment	Effective Continuation Phase Treatment	Within 7 Days	Within 30 Days
Aetna	61	43	56▼	70▼
Atlantis Health Plan	45▼	30▼	—	—
CDPHP	62	46	71▲	88▲
Empire	60	45	64	78
Excellus BlueCross BlueShield	71▲	55▲	79▲	86▲
GHI HMO	66	49	74	84
HIP HMO	51▼	39▼	64	78
Health Net of New York, Inc.	71▲	53	70	82
HealthNow New York Inc.	60▼	43▼	58▼	76
Independent Health	60	43▼	58▼	78
MVP	64	48	60	81
Oxford	63	47	63	77
Preferred Care	68▲	52▲	76▲	83
Univera Healthcare	67	49	73	82
Statewide	63	47	63	79
National	63	43	57	76

LEGEND

- ▲ Significantly better than the statewide average
- ▼ Significantly worse than the statewide average
- Sample size too small to report

NOTE: Plans without symbols are not significantly different from the statewide average.

Health Plan	Antidepressant Medication Management		Follow-up After Hospitalization for Mental Illness	
	Effective Acute Phase Treatment	Effective Continuation Phase Treatment	Within 7 Days	Within 30 Days
Affinity Health Plan	46	29	51▼	72▼
AmeriChoice by UnitedHealthcare	53▲	35	57▼	74▼
Amerigroup New York	48	36	68	75
CDPHP	56▲	34	63	84▲
Excellus BlueCross BlueShield	51	36▲	73▲	85▲
Fidelis Care New York	49	32	72▲	85▲
GHI HMO	61▲	46▲	58	78
HIP HMO	51	34	63	77
Health Plus	43▼	30	54▼	72▼
HealthNow New York Inc.	56▲	38▲	58	75
Healthfirst PHSP, Inc.	45▼	28▼	68▲	85▲
Hudson Health Plan	42	21▼	66	79
Independent Health's MediSource	49	35	56	75
MVP	57	41	57	71
MetroPlus	42▼	27▼	58▼	72▼
Neighborhood Health Providers	43	23▼	69	86▲
Preferred Care	44	29	74▲	86▲
Total Care	53	33	70▲	80
Univera Community Health	53	37	81▲	89▲
WellCare of New York	44	26▼	45▼	59▼
Statewide	49	32	63	78
National	48	32	43	62

LEGEND

▲ Significantly better than the statewide average

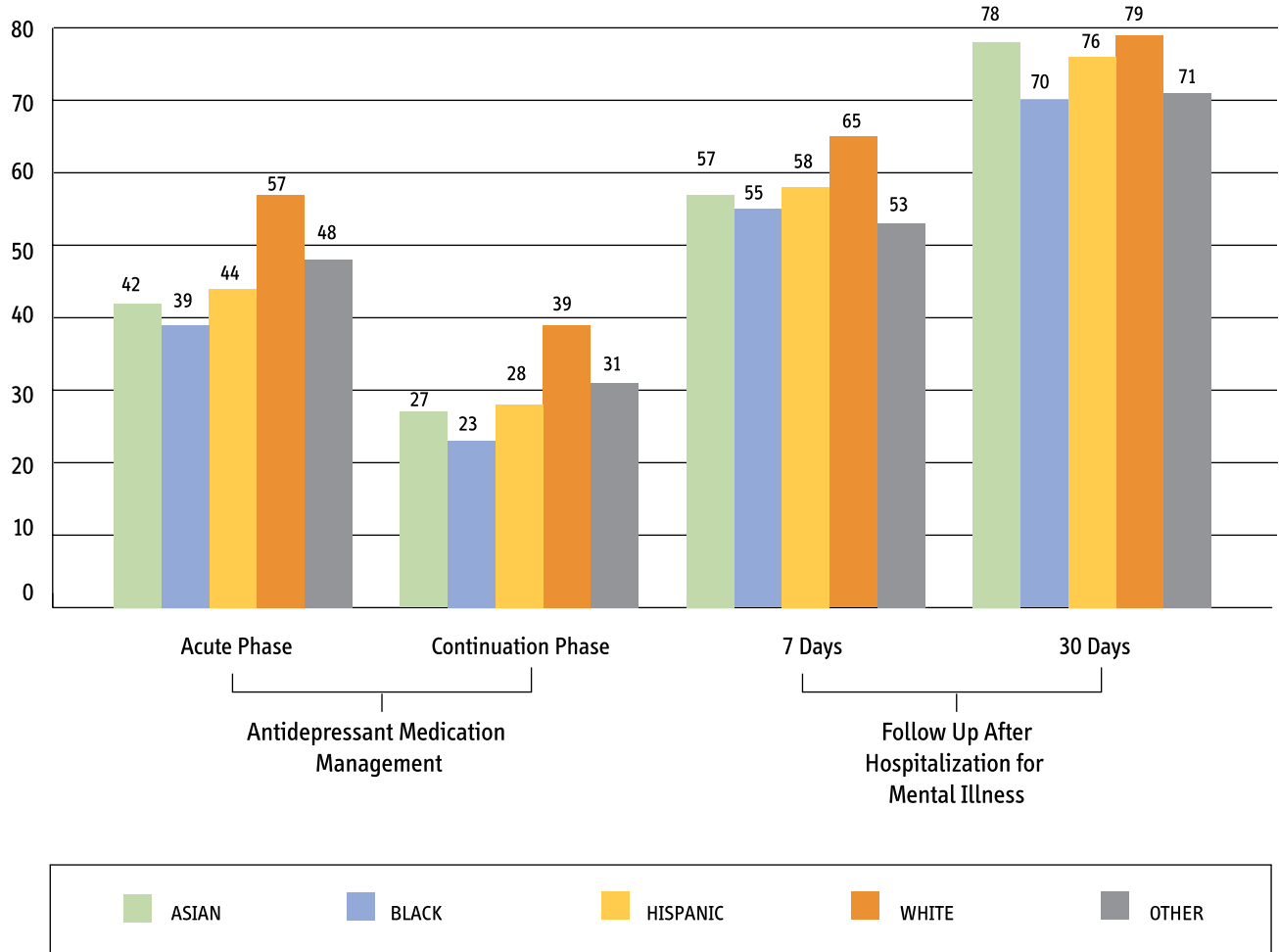
▼ Significantly worse than the statewide average

NOTE: Plans without symbols are not significantly different from the statewide average.

The following graph illustrates differences in the results by race for measures of behavioral health care among members enrolled in Medicaid Managed Care. Members were categorized using race identified in the Medicaid enrollment system.

Members with more than one race indicated are in the Other category. White members generally had higher rates for the four measures, while Black members generally had lower rates for the measures.

Rates of Behavioral Care by Race



COMMERCIAL HMO

Measure	2006	2007	2008
Antidepressant Medication Management			
Acute Phase	61	62	63
Continuation Phase	45	46	47
Follow-Up After Hospitalization for Mental Illness			
Within 7 Days	63	67	63
Within 30 Days	78	81	79

MEDICAID

Measure	2006	2007	2008
Antidepressant Medication Management			
Acute Phase	42	46	49
Continuation Phase	27	29	32
Follow-Up After Hospitalization for Mental Illness			
Within 7 Days	60	60	63
Within 30 Days	76	77	78

Looking for more information on behavioral health services?

The following measures are published in the 2009 Managed Care Plan Access and Utilization Report at the link:
<http://www.nyhealth.gov>

- Identification of Alcohol & Other Drug Dependency Treatment Services
- Initiation & Engagement of Alcohol and Other Drug Dependency Treatment Services
- Mental Health Utilization – Inpatient , Outpatient, Intensive Outpatient and Partial Hospitalization



This report also presents several indicators of members' satisfaction with the care they receive. These measures are from the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey, which assesses three areas of health care experience: getting care, healthcare providers, and the health plan.

Commercial data are from the CAHPS 4.0H survey conducted in 2008 for adult commercial members who were enrolled in their health plan for at least 12 months. These data are collected annually and submitted to the Department by the health plans.

The NYSDOH sponsors a biennial CAHPS survey for Medicaid adults enrolled for at least 6 months. Medicaid enrollees were surveyed by the Department in 2007; data from this survey are presented in this report.

In 2007 the set of questions contained in the CAHPS survey changed significantly from the 3.0H to the 4.0H version. Therefore, data prior to 2007 cannot be compared to the data presented in this report.



Measure	Description (Type of Insurance)
Getting Care Needed	<p>The percentage of members responding “usually” or “always” when asked a set of questions to identify if, in the last 12 months (6 months for Medicaid), they received care they needed. The following questions are contained in this composite:</p> <ol style="list-style-type: none"> 1) How often was it easy to get appointments with specialists? 2) How often was it easy to get the care, tests, or treatment you thought you needed through your health plan? (CO, MA)
Getting Care Quickly	<p>The percentage of members responding “usually” or “always” when asked a set of questions to identify if, in the last 12 months (6 months for Medicaid), they received health plan services quickly. The following questions are contained in this composite:</p> <ol style="list-style-type: none"> 1) When you needed care right away for an illness, injury, or condition, how often did you get care as soon as you thought you needed? 2) Not counting the times you needed health care right away, how often did you get an appointment for health care as soon as you thought you needed? (CO, MA)
Claims Processing	<p>The percentage of members responding “usually” or “always” when asked a set of questions to identify if, in the last 12 months, they submitted claims to their health plan. The following questions are contained in this composite:</p> <ol style="list-style-type: none"> 1) How often did your health plan handle your claims quickly? 2) How often did your health plan handle your claims correctly? (CO)
Plan Information on Costs	<p>The percentage of members responding “usually” or “always” when asked a set of questions to identify if, in the last 12 months, they looked for information about health care costs. The following questions are contained in this composite:</p> <ol style="list-style-type: none"> 1) How often were you able to find out from your health plan how much you would have to pay for a health care service or treatment? 2) How often were you able to find out from your health plan how much you would have to pay for specific prescription medicines? (CO)

Measure	Description (Type of Insurance)
Customer Service*	<p>The percentage of members responding “usually” or “always” when asked a set of questions to identify if, in the last 12 months (6 months for Medicaid), they used their health plan’s customer services. The following questions are contained in this composite:</p> <ol style="list-style-type: none"> 1) How often did your health plan’s customer service give you the information or help you needed? 2) How often did your health plan’s customer service staff treat you with courtesy and respect? 3) How often were the forms from your health plan easy to fill out?* <p>*This question is contained in the commercial plan results only, (CO, MA)</p>
Rating of Health Plan	<p>The percentage of members responding 8, 9, or 10 on a scale of 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible. (CO, MA)</p>
Shared Decision Making	<p>The percentage of members responding “definitely yes” or “somewhat yes” when asked a set of questions to identify if, in the last 12 months, they made healthcare decisions with their doctor. The following questions are contained in this composite:</p> <ol style="list-style-type: none"> 1) Did a doctor or other health provider talk with you about the pros and cons of each choice for your treatment or healthcare? 2) When there was more than one choice for your treatment of healthcare, did doctor or other health provider ask which choice was best for you? (CO)
Care Coordination	<p>The percentage who responded “usually” or “always” when asked how often their personal doctor seemed informed and up-to-date about care they received from other doctors or health providers. (CO, MA)</p>
Wellness Discussion	<p>The percentage who responded “usually” or “always” when asked how often their doctor or other health provider discussed things to do to prevent illness. (CO, MA)</p>
Rating of Overall Health Care	<p>The percentage of members responding 8, 9, or 10 on a scale of 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible. (CO, MA)</p>
Getting Needed Counseling or Treatment	<p>The percentage who responded “usually” or “always” when asked how often, in the past 6 months, it was easy to get counseling or treatment for a personal or family problem through their health plan. (MA)</p>
Rating of Counseling or Treatment	<p>The percentage of members responding 8, 9, or 10 on a scale of 0 to 10, where 0 is the worst counseling or treatment possible and 10 is the best counseling or treatment possible. (MA)</p>

*Please note that NYSDOH calculates rates for this question differently than NCQA; rates for commercial plans may differ from other publications of this information.

Health Plan	Satisfaction with Access to Care		Satisfaction with Health Plan			
	Getting Care Needed	Getting Care Quickly	Claims Processing	Plan Information on Costs	Customer Service	Rating of Health Plan
Aetna	87	85	84	62	85	65
Atlantis Health Plan	71▼	80▼	46▼	45▼	65▼	38▼
CDPHP	89▲	92▲	90▲	78▲	93▲	74▲
Empire	85	88	83	60▼	88	57▼
Excellus BlueCross BlueShield	90▲	92▲	89	71	85	60
GHI HMO	83	88	80	64	83	65
HIP HMO	81▼	83▼	82	61	77▼	73▲
Health Net of New York, Inc.	85	84	80	65	86	63
HealthNow New York Inc.	87	89	91▲	70	88	62
Independent Health	87	90	95▲	75▲	94▲	73▲
MVP	88▲	92▲	92▲	73▲	87	71▲
Oxford	81	85	82	61	89	56▼
Preferred Care	86	90	90▲	74▲	84	64
Univera Healthcare	89▲	90	93▲	68	85	57▼
Statewide	85	88	84	66	85	63
National	85	86	88	*	*	64

LEGEND

- ▲ Significantly better than the statewide average
- ▼ Significantly worse than the statewide average
- * No national average available

NOTE: Plans without symbols are not significantly different from the statewide average.

Health Plan	Satisfaction with the Experience of Care			Rating of Overall Health Care
	Shared Decision Making	Care Coordination	Wellness Discussion	
Aetna	51▼	79	55	72
Atlantis Health Plan	48▼	69▼	47▼	54▼
CDPHP	61	81	68▲	82▲
Empire	67▲	76	53▼	69▼
Excellus BlueCross BlueShield	61	83	61	81▲
GHI HMO	60	81	66▲	75
HIP HMO	61	79	60	72
Health Net of New York, Inc.	61	75	54	79
HealthNow New York Inc.	64	81	65▲	79▲
Independent Health	61	85▲	57	77
MVP	66▲	79	64	83▲
Oxford	58	81	59	73
Preferred Care	66▲	82	60	82▲
Univera Healthcare	59	85▲	60	73
Statewide	60	80	59	75
National	*	*	*	75

LEGEND

- ▲ Significantly better than the statewide average
- ▼ Significantly worse than the statewide average
- * No national average available

NOTE: Plans without symbols are not significantly different from the statewide average.

Health Plan	Satisfaction with Access to Care		Satisfaction with Health Plan	
	Getting Care Needed	Getting Care Quickly	Customer Service	Rating of Health Plan
Affinity Health Plan	74	75	86▲	65
AmeriChoice by UnitedHealthcare	69▼	79	74	55▼
Amerigroup New York	66▼	69▼	74	60▼
CDPHP	82▲	86▲	87▲	74▲
Excellus BlueCross BlueShield	80▲	82▲	76	65
Fidelis Care New York	75	81	80	65
GHI HMO	73	81	83	61▼
HIP HMO	69▼	75	75	56▼
Health Plus	67▼	70▼	78	65
HealthNow New York Inc.	85▲	87▲	85▲	67
Healthfirst PHSP, Inc.	68▼	71▼	77	64
Hudson Health Plan	81▲	78	87▲	74▲
Independent Health's MediSource	80▲	86▲	89▲	80▲
MVP	82▲	88▲	88▲	73▲
MetroPlus	69▼	72▼	76	66
Neighborhood Health Providers	68▼	71▼	74	63
Preferred Care	82▲	87▲	81	72▲
Total Care	80▲	80	74	64
Univera Community Health	79	83▲	80	65
WellCare of New York	73	71▼	78	63
Statewide	75	78	80	66
National	75	80	*	71

LEGEND

- ▲ Significantly better than the statewide average
- ▼ Significantly worse than the statewide average
- * No national average available

NOTE: Plans without symbols are not significantly different from the statewide average.

Health Plan	Satisfaction with the Experience of Care				
	Care Coordination	Wellness Discussion	Rating of Overall Health Care	Getting Needed Counseling or Treatment	Rating of Counseling or Treatment
Affinity Health Plan	74	50	62	57▼	56
AmeriChoice by UnitedHealthcare	72	47▼	56▼	59▼	49
Amerigroup New York	68	46▼	62	52▼	59
CDPHP	73	54	71▲	78▲	63
Excellus BlueCross BlueShield	75	52	73▲	76	65
Fidelis Care New York	74	50	70▲	77	50
GHI HMO	73	52	66	73	60
HIP HMO	73	50	58▼	61	53
Health Plus	68	48	63	65	40▼
HealthNow New York Inc.	79▲	56	69	76	63
Healthfirst PHSP, Inc.	71	51	64	62	48
Hudson Health Plan	76	53	68	76	70▲
Independent Health's MediSource	76	61▲	74▲	81▲	64
MVP	76	55	72▲	82▲	65
MetroPlus	76	53	59▼	70	55
Neighborhood Health Providers	71	51	58▼	60	50
Preferred Care	80	63▲	75▲	77▲	63
Total Care	73	54	63	76	68▲
Univera Community Health	76	56	70▲	70	54
WellCare of New York	67	49	63	56	59
Statewide	74	53	65	69	59
National	*	*	67	*	*

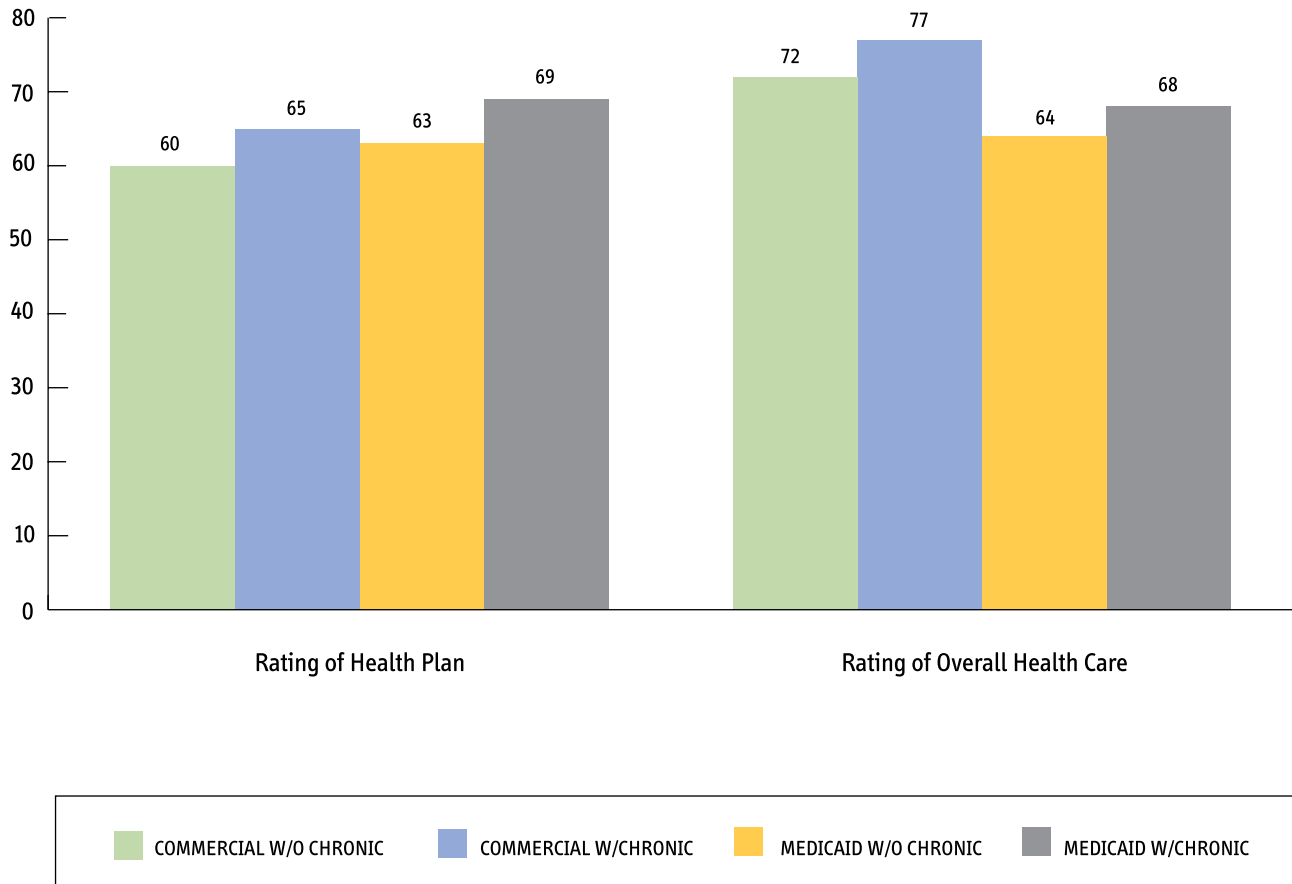
LEGEND

- ▲ Significantly better than the statewide average
- ▼ Significantly worse than the statewide average
- * No national average available

NOTE: Plans without symbols are not significantly different from the statewide average.

This graph illustrates the differences in the rating of health plan between members with and without a chronic illness. For both commercial and Medicaid responders, those with a chronic illness were more satisfied with their health plans and with their

health care. Persons were defined as having a chronic illness if they answered yes to either of the following questions: 1) they saw a doctor 3 or more times for a condition that lasted more than three months, and/or 2) they take a medication for a condition that has lasted for at least three months.



Percentages for ratings reflect responses of 8, 9 or 10 on a scale of 0 to 10.

COMMERCIAL HMO

Measure	2006	2007	2008
Getting Care Needed	86	86	85
Getting Care Quickly	88	88	88
Claims Processing	87	87	84
Plan Information on Cost	71	66	66
Customer Service	80	84	85
Rating of Health Plan	62	62	63
Shared Decision Making	93	93	60
Care Coordination	81	80	80
Wellness Discussion	NA	NA	59
Overall Rating of Healthcare	75	75	75

MEDICAID

In 2007 the set of questions contained in the CAHPS survey changed significantly from the 3.0H to the 4.0H version. Therefore, data prior to 2007 cannot be compared.

LEGEND

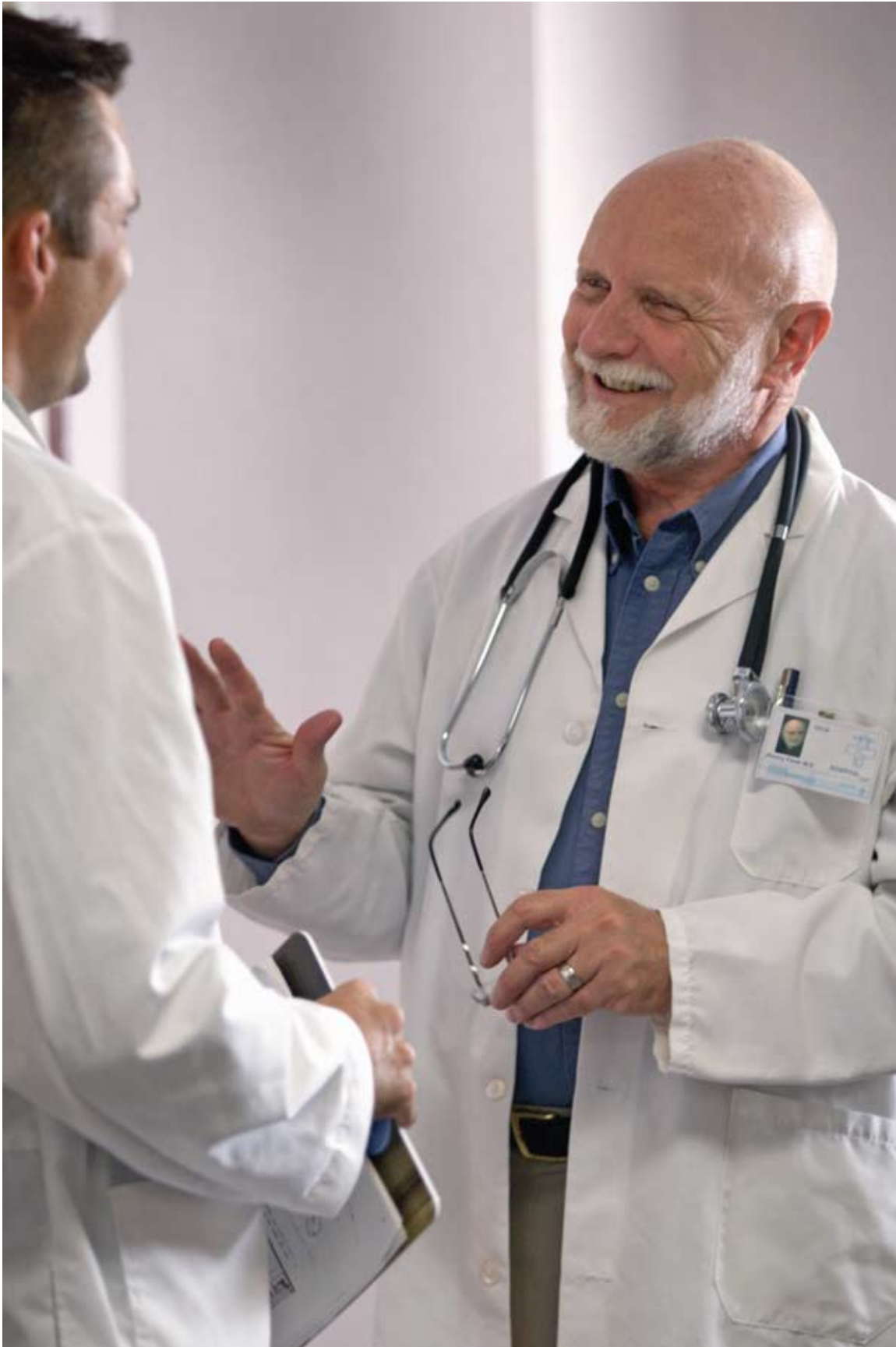
NA- Not Available

Looking for more information on access to health services?

The following measures are published in the 2009 Managed Care Plan Access and Utilization Report at the link:

<http://www.nyhealth.gov>

- Children's Access to Preventive Health Services
- Adult's Access to Preventive and Ambulatory Health Services
- Outpatient Use of Services: Outpatient Visits, Emergency Room Visits, Ambulatory Surgery Encounters
- Inpatient Use of Services: Medicine, Surgery, and Maternity: Total Days, Discharges, and Average Length of Stay



Since 1994, the New York State Department of Health (NYSDOH) has monitored health plan performance through the use of the Quality Assurance Reporting Requirements (QARR). The NYSDOH collects QARR data annually from HMO plans covering commercial, Medicaid, and Child Health Plus enrollees in New York State. While in the past the HMO has been the dominant model for health coverage in the United States and New York, in recent years the popularity of HMOs has decreased in favor of Preferred Provider Organization (PPO) or Exclusive Provider Organization (EPO) model. A PPO/EPO is a form of health insurance where a plan contracts with a network of providers. However, unlike an HMO, members are able to access network services without the use of a primary care provider or referrals.

National estimates have suggested that over 60% of persons with health coverage are enrolled in a PPO. Since quality reporting in New York has focused only on HMO plans, there is little data available for people enrolled in a PPO plan. To address this deficit, the NYSDOH required PPO plans enrolling at least 30,000 New York State residents to submit QARR data for the first time in 2009.

Like QARR data for HMOs, these data requirements are based on standardized HEDIS and CAHPS measures, and provide information on plan

performance with respect to primary and preventive health visits, access to health care, behavioral health, and medical management of select chronic diseases. Information about consumer satisfaction is also contained in this report. In 2009, twelve plans submitted PPO/EPO data about the care provided to their members in 2008, based on their administrative data.

Each table contains measures of quality of care performance or consumer satisfaction measures with results for the statewide average. As this is the first year collecting data from PPO/EPO entities, the results are shown only in aggregate with a comparison to the result for HMOs in New York State. In most instances, the measure requirements for HMOs and PPOs follow the same HEDIS guidelines; please refer to the appropriate section in this report for a more detailed description of the measures. Please note that NCQA has required that PPOs only use administrative claims to measure care provided to their members; for some measures, HMOs have the option to look for documentation of care in the medical record (hybrid method). Rates for measures with the hybrid option have been suppressed as they are not comparable. Where available, the national benchmarks shown are obtained from the NCQA's State of Healthcare Quality Report, available online at <http://www.ncqa.org>.



PROVIDER NETWORK

Measure	Commercial PPO Average	Commercial HMO Average	National PPO Average
Board Certified Family Medicine	80	81	69
Board Certified Internal Medicine	81	83	73
Board Certified OB/GYN	77	78	69
Board Certified Pediatrics	84	84	76
Satisfaction with Provider Communication	94	93	*
Satisfaction with Personal Doctor	83	81	*
Satisfaction with Specialist	83	81	*

CHILD & ADOLESCENT HEALTH

Measure	Commercial PPO Average	Commercial HMO Average	National PPO Average
Appropriate Testing for Pharyngitis	85	85	74
Appropriate Treatment for URI	87	86	83
Use of Appropriate Medications for People With Asthma (Ages 5-17)	95	95	*
ADHD Initiation	39	39	37
ADHD Continuation	43	43	34

WOMEN'S HEALTH

Measure	Commercial PPO Average	Commercial HMO Average	National PPO Average
Breast Cancer Screening	68	71	66
Chlamydia Screening (Ages 16-20)	47	48	37
Chlamydia Screening (Ages 21-24)	52	54	39

*No National Average Available

ADULTS LIVING WITH ILLNESS

Measure	Commercial PPO Average	Commercial HMO Average	National PPO Average
Avoidance of Antibiotic Therapy for Adults with Acute Bronchitis	30	23	27
Advising Smokers to Quit	76	80	*
Discussing Smoking Cessation Medications	57	59	*
Discussing Smoking Cessation Strategies	49	54	*
Flu Shot for Adults	48	50	*
Persistence of Beta Blocker Use	73	78	69
Use of Appropriate Asthma Medications (Ages 18-56)	91	91	91
Use of Appropriate Asthma Medications (Ages 5-56) – 3+ Controllers	81	81	*
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	49	46	36
Drug Therapy in Rheumatoid Arthritis	78	82	82
Annual Monitoring for Patients on Persistent Medications- ACE inhibitors and/or ARBs	82	82	76
Annual Monitoring for Patients on Persistent Medications- Digoxin	81	82	77
Annual Monitoring for Patients on Persistent Medications- Diuretics	81	82	76
Annual Monitoring for Patients on Persistent Medications- Anticonvulsants	61	61	59
Annual Monitoring for Patients on Persistent Medications- Combined Rate	81	82	76

*No National Average Available

BEHAVIORAL HEALTH

Measure	Commercial PPO Average	Commercial HMO Average	National PPO Average
Antidepressant Medication Management Effective Acute Phase Treatment	64	63	63
Antidepressant Medication Management Effective Continuation Phase Treatment	49	47	46
Ambulatory Follow-Up After Hosp for Mental Illness Within 7 Days	59	63	50
Ambulatory Follow-Up After Hosp for Mental Illness Within 30 Days	75	79	71

SATISFACTION WITH CARE

Measure	Commercial PPO Average	Commercial HMO Average	National PPO Average
Getting Care Needed	85	85	*
Getting Care Quickly	87	88	*
Claims Processing	87	84	*
Plan Information on Costs	62	66	*
Customer Service	83	85	*
Overall Rating of Healthcare	75	75	*
Shared Decision Making	59	60	*
Care Coordination	78	80	*
Wellness Discussion	56	59	*
Overall Rating of Health Plan	63	63	*

*No National Average Available



INTERPRETING THE MEASURES

Plan-specific Rates

The rates reported as part of the 2009 Managed Care Plan Performance Report are displayed as rates per 100 enrollees (percentages). To calculate a plan's rate for a measure, the numerator is divided by the denominator and then multiplied by 100.

Plan-specific data are excluded from the tables as a result of any of the following methodological limitations:

- The denominator is less than 30, resulting in an unreliable rate. Please note that even though the plan's sample is too small to report individually, the plan's data are included in the statewide average
- No enrollee could meet the eligibility requirements (such as continuous enrollment).
- Data are determined to be Not Valid (NV). Invalid data are removed from the statewide calculation.

PERINATAL CARE

NYSDOH calculates several measures for perinatal care using data submitted by the health plans and data contained in the Department's Vital Statistics (VS) birth file. The data are put through a matching process prior to calculation of the measures.

In 2004, data elements on the VS file were modified. Because not all data elements were captured by the New York City VS birth file, two different risk-adjusted low birthweight (LBW) models were developed. Results from New York City (NYC) and Rest of State (ROS) are separate and cannot be compared.

Risk-Adjustment Factors

Health events, such as low birthweight (LBW) births and cesarean deliveries, do not occur randomly across all plans. In addition, certain risk factors, such as maternal age or education, may be

disproportionate across plans and beyond the plans' control. Risk adjustment is used because it removes or reduces the effects of confounding factors that may influence a plan's rate. Therefore, risk-adjusted rates account for patient factors that strongly influence the outcome, thereby allowing for a fairer comparison among the plans. These data reflect the removal of multiple births and include only women who were continuously enrolled in a plan for ten months, allowing for a one-month break in service.

Low Birthweight Methodology

To compute the risk-adjusted LBW rates, a logistic regression model was developed. The model predicted a binary response for LBW, i.e., all births were designated as either LBW or "not LBW" (<2,500 grams). The independent variables used in the methodology included:

- maternal age (less than 18, 18-19, 20-29, 30 and over)
- education (less than high school, high school, any college)
- alcohol use (yes, no)
- drug use (yes, no)
- tobacco (yes, no)
- level of prenatal care as defined by a modified Kessner index (intense, adequate, intermediate, inadequate, no care, unknown)
- race/ethnicity (white, black, Hispanic, other)
- parity (none, 1-2, 3-4, 5 or more previous live births)
- maternal medical risk factors (yes, no)
- hospitalized during this pregnancy (yes, no)
 - Rest of State model only
- previous pre-term delivery (yes, no)
 - Rest of State model only
- previous low birthweight (yes, no)
 - NYC model only

- nationality (born in US/Puerto Rico or rest of world)
- marital status (yes,no)
- poor pregnancy outcome (yes, no)
 - Rest of State model only
- vaginal bleeding (yes, no)
 - Rest of State model only
- prelabor referral for high risk (yes, no)
 - Rest of State model only
- problem with gums during pregnancy (yes, no)
 - Rest of State model only
- aid category (TANF, SSI, FHP)
 - Medicaid models only

Limitations of the Risk-Adjusted Data

The expected LBW rate is the rate a plan would have if the plan's patient mix were identical to the patient mix of the state. The plan-specific, risk-adjusted rate is the ratio of observed to expected LBW rates multiplied by the overall statewide LBW rate.

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Additional and related information is also available from the New York State Department of Health website on the internet:

<http://www.nyhealth.gov>

To learn how to enroll in Medicaid managed care, call your local Department of Social Services. In New York City, call **Medicaid CHOICE at 1-800-505-5678**.

If you have a problem with your health plan, call: New York State Department of Health Complaint Hotline
1-800-206-8125

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