

2021 Statewide Executive Summary of Managed Care in New York State

A Report on Quality Performance by Type of Insurance



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Section 1: Background

Quality Measurement in New York State

The New York State Department of Health (NYSDOH) implemented the **Quality Assurance Reporting Requirements (QARR)** in 1994. QARR is a public reporting system based on measures of quality established by the National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS®), with additional New York State (NYS) specific measures. 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 adult members. The NYSDOH sponsors a CAHPS® survey for Medicaid Managed Care adult and child members alternating every other year. The most recent survey was completed in the 2021 measurement year and was specific to adult members enrolled in Medicaid.

QARR data are submitted annually by managed care plans and preferred provider organizations. QARR measures are grouped into the following areas:

- Adult Preventive Care
- Behavioral Health
- Child and Adolescent Health
- Management of Acute and Chronic Conditions
- Member Experience with Providers and Healthcare
- Women's Health and Maternal Care

Alignment of Quality Measurement in New York State

New York State embraces quality measure alignment and strives to align quality measures across national and state programs and initiatives. Also, the Centers for Medicaid and Medicare Services (CMS) have Medicaid adult and child core quality measure sets, which also include many HEDIS® measures. At the national level, QARR measures are used to support national programs such as the National Quality Strategy, Million Hearts, and Medicaid core set reporting requirements. At the state level, QARR measures are used in many state initiatives such as the NYS Prevention Agenda, the Patient Center Medical Home (PCMH) Advancing Primary Care Initiative, and Value-Based Payment (VBP) programs. Several of these initiatives involve the use of quality measures at a health system or practice level. Aligning quality measures used in these programs creates synergy in the effort and reduces the reporting burden on clinicians which can accelerate progress in achieving greater outcomes.¹ Alignment of quality measures can also lead to more efficient use of resources, allowing states to focus on the particular health needs of their population.² Additionally, with the State Health Information Network of New York (SHIN-NY) and other initiatives, NYS is developing infrastructure and capabilities for leveraging health information technology for efficiencies in the collection and transmission of data for quality measurement. The State also uses these quality measures to provide health plan quality ratings for all NYS Managed Care Plans.

¹ <https://millionhearts.hhs.gov/data-reports/measures.html>

² <https://www.chcs.org/aligning-quality-metrics-can-help-ease-burden-aco-providers/>

Section 1: Background

Purpose of the Report

This report is intended to be used for informational purposes by the public, health plans, and policymakers interested in learning about how NYS managed care plans are performing in relation to national benchmarks as well as across different types of insurance within NYS for measurement year (MY) 2021. This report uses quality measurement data that is collected annually and highlights performance areas, identifies new quality measures as well as health areas with opportunities for improvement.

Current Model of Managed Care

Managed care is a term used to describe a health insurance plan or health care system that coordinates the provision, quality, and cost of care for its enrolled members.³ In general, when you enroll in a managed care plan, you select a regular doctor called a primary care practitioner (PCP) who is responsible for coordinating your health care. Your PCP refers you to specialists or other health care providers or for procedures as necessary. It is usually required that you select health care providers from the managed care plan's network of professionals and hospitals. New York State's health care system has been primarily delivered through three basic types of managed care health insurance plans: HMO, PPO, and POS.

Health maintenance organizations (HMOs) are health insurance plans that coordinate care for their members with a focus on preventative health. Members select a PCP who is responsible for coordinating the members' health care. The PCP makes referrals to specialists or other health care providers, or for procedures. Members select health care providers from the managed care plan's network of professionals and hospitals.⁴ Plans pay the health care providers directly, so members do not have to pay out-of-pocket for services or submit claim forms for care received from the plan's network of doctors. However, managed care plans can require a co-payment paid directly to the provider at the time of service.⁴

Preferred provider organizations (PPO) deliver care through a network of providers; some give preference to providers while allowing out-of-network providers to be used, while other models limit the use of network providers exclusively (EPO). Members may have to cover a portion of health care costs, possibly with annual deductible limits established. These models do not require members to have a designated primary care provider or to obtain referrals to see other providers.

Point of Service (POS) organizations allow members to choose a primary PCP from a list of participating providers. Your PCP can refer you to other network providers when needed. If you want to visit an out-of-network provider, you'll also need a referral and you may pay higher out-of-pocket costs.

Managed Care in New York State

The New York State of Health Marketplace

When NYS residents apply for health insurance through the New York State of Health Marketplace,⁵ they can determine what insurance options are available to them based on their financial status, family size, and health conditions. Low-income residents are eligible for Medicaid, and children are eligible for Child Health Plus (CHIP). Residents who are legal immigrants or whose income exceeds the Medicaid or CHIP requirements but earn up to 200 percent of the federal poverty level (\$25,760 for a household of one; \$53,000 for a household of four in 2021⁶) are eligible for the Essential Plan (EP), which provides federally-subsidized insurance for basic care. Residents with higher levels of income can select from different Qualified Health Plans (QHP) that offer family and/or adult-only health insurance coverage through the Marketplace. Members with QHPs may be eligible for tax credits which lower monthly costs.

³ https://www.health.ny.gov/health_care/managed_care/

⁴ http://www.health.ny.gov/health_care/managed_care/

⁵ <https://nystateofhealth.ny.gov/>

⁶ <https://info.nystateofhealth.ny.gov/sites/default/files/2021%20Income%20Levels.pdf>

Section 1: Background

New York State Medicaid Program

New York State Medicaid is a benefit program for New Yorkers who are unable to pay for health services.⁷ Since the program's inception, NYS has been one of the few states to cover low-income adults without children. In 1997, NYS expanded coverage for children with the Child Health Plus (CHIP) program, which provides benefits similar to those of employer-based commercial health insurance. NYS also exceeds the minimum levels of eligibility for Medicaid coverage for pregnant women and infants as well as for parents and non-custodial parents, resulting in a larger number of members enrolled in the Medicaid program compared to other states.⁸ New York State Medicaid has grown from 4.4 million members in 1975 to over 7.3 million enrolled as of December 2021, with over 5.7 million individuals enrolled in Medicaid Managed Care. As a proponent of continuous quality improvement, NYS is committed to improving efficiency within the Medicaid Program. One such effort is the use of federal funds for the Delivery System Redesign Incentive Program (DSRIP), which reduced avoidable hospital use in NYS by 21% in four years as of June 2018.⁹ Concurrently, NYS is implementing Value Based Payment (VBP), a program aimed at fundamentally shifting provider payment from models based on the volume of services delivered to those that rely more heavily on the quality of care rendered.

⁷ New York Medicaid. (n.d.). Retrieved November 08, 2016, from [New York Medicaid | Benefits.gov](http://www.health.ny.gov/health_care/medicaid/benefits/)

⁸ The Lewin Group. 2010. Analysis of the New York State Medicaid Program and Identification of Potential Cost-Containment Opportunities. http://www.cbcny.org/sites/default/files/REPORT_Lewin_11182010.pdf

⁹ Department of Health. (n.d.). Retrieved November 14, 2016, from https://www.health.ny.gov/health_care/medicaid/redesign/dsrp/2019/docs/formal_amendment_req.pdf

Section 2: Managed Care Enrollment

Managed Care Organizations in New York State

This report provides information about the quality of care received by New Yorkers who were enrolled in managed care organizations. This section provides descriptive and enrollment information for NYS managed care organizations reporting as a part of QARR during the **2021 measurement year**.

At the time of publication, a merger/acquisition and a name change occurred among health plans during the 2021 measurement year. Molina Healthcare acquired Affinity. This is the last reporting cycle in which results were submitted for Affinity Health Plan. Beginning in measurement year 2022, only results from the surviving entities will be published. HealthNow New York Inc. changed to Highmark Western and Northeastern New York Inc.

Insurance Type	Description	Number of Health Plans Reporting in NYS*
Commercial HMO	Commercial HMOs are a type of individual or employer-sponsored health insurance. Typically, the health plan contracts with a designated set of providers, and members select or are assigned to a primary care provider. Members may be required to seek referrals to some services or specialists.	7
Commercial PPO/EPO	Commercial PPO/EPOs are a type of individual or employer-sponsored health insurance. PPO/EPO members are not required to select a primary care provider. PPO/EPOs generally allow members to choose any health professional without a referral, both within and outside the designated provider network.	9
Medicaid	Medicaid is a government-sponsored insurance program for persons of all ages whose resources and income are not sufficient to pay for health care. Medicaid functions like a Commercial HMO in that members are assigned to a primary care provider and that provider generally coordinates all of their care, including referrals or other special services.	13
Child Health Plus (CHIP)	Child Health Plus is a government-sponsored insurance program for individuals up to age 19, and eligibility is based on a family's resources and income. Child Health Plus may require the member, or the member's family, to pay part of the premium. Much like Medicaid, a Child Health Plus member's care is directed and coordinated by a primary care physician through a designated network of providers. Visits to specialists and other special services generally require a referral under this plan.	13
HIV Special Needs Plan (HIV SNP)	HIV Special Needs Plan (HIV SNP) is a government-sponsored health insurance plan for persons who are Medicaid-eligible and living with HIV/AIDS, are homeless, or are transgender in NYC. Dependent children of eligible individuals may also enroll in a SNP. A SNP functions like Medicaid in that it requires care to be directed and coordinated through a primary care physician in a designated network. A SNP is unique because it provides additional special services for people living with HIV/AIDS including substance abuse counseling and supportive social services.	3
Health and Recovery Plan (HARP)	Health and Recovery Plan (HARP) is a government-sponsored health insurance program for adults with significant behavioral health needs (e.g. serious mental illness or substance use disorder). HARP members are offered Health Home care management services that develop person-centered plans of care that integrate physical and behavioral health services.	12

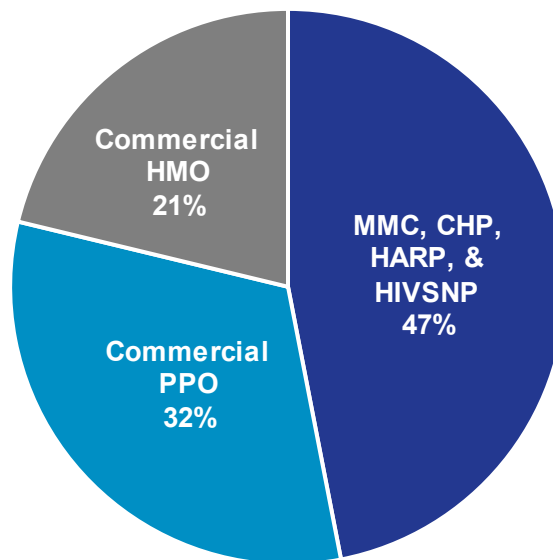
* The number of health plans does not equal 25 due to managed care organizations operating multiple types of insurance plans.

Section 2: Managed Care Enrollment

Managed Care Enrollment

While many members are enrolled in a Commercial HMO or PPO health plan, the Medicaid program has grown over time to represent 47% of managed care enrollment (Figure 1). Part of this could be due to an increase in enrollment in various programs, such as Child Health Plus and HIV Special Needs Plans, as well as the creation of additional products, such as Health and Recovery Plans (HARP).

Managed Care Enrollment for Measurement Year 2021



CHP = Child Health Plus; **HARP** = Health and Recovery Plan; **HIV SNP** = HIV Special Needs Plan;
HMO = Health Maintenance Organization; **MMC** = Medicaid Managed Care; **PPO** = Preferred Provider Organization

Section 3: Quality Measurement During the COVID-19 Pandemic

COVID-19 Pandemic Impact on Telehealth Utilization, Healthcare Policy and Quality Measurement

In 2021, telehealth activity and utilization of health care delivery models serving patients at a distance continued in New York State (NYS). NYS continued to respond to the increase in telehealth services by providing reimbursement and regulatory relief to health care providers who were offering services through virtual means.⁹ More specifically, NYS telehealth policies enacted in response to the COVID-19 pandemic allowed coverage for both Medicaid Managed Care and Medicaid fee-for-service plans to expand their telehealth coverage to all Medicaid-qualified providers and to include any Medicaid-covered health or mental health service that could be provided remotely.¹³

Furthermore, the **National Committee for Quality Assurance (NCQA)** also updated their telehealth guidance for 40 HEDIS measures related to measurement years 2020 and 2021 (<https://www.ncqa.org/covid/#hedistelehealth>). The purpose of these changes were to: (1) support increased use of telehealth caused by the pandemic and (2) align with telehealth guidance from the Centers for Medicare & Medicaid Services and other stakeholders. Updates to these 40 measures are reflected in the *HEDIS Volume 2 Technical Specifications*, and were published on July 1, 2020. The telehealth revisions are outlined in each measure specification's "Summary of Changes" section. The guidance specifies how telehealth visits can be used (i.e., denominator, numerator, exclusion) and what type of telehealth is permitted (e.g., synchronous telehealth visits, telephone visits or asynchronous e-visits, or virtual check-ins).

NYS QARR quality measurement rates were impacted by the COVID-19 pandemic due to fewer in-person visits, closures of medical facilities, reduced staff/capacity by health care providers, and incomplete data collection. Measurement rates that did not improve compared to pre-pandemic rates include Annual Dental Visits and Managing Diabetes Outcomes (poor HbA1c control) for MMC plans, Pharmacotherapy for Opioid Use Disorder, Follow-up after Emergency Department for Mental Health Illness for HARP and HIV/SNP plans.

COVID-19 Pandemic Impact on New York Quality Assurance Reporting Requirements Public Reporting Decisions

Consumer Guides

The Consumer Guides are an important rating methodology by which the NYSDOH provides star ratings for Commercial HMO, Commercial PPO, Essential Plans (EP), and Medicaid product lines. The guides are published on the New York State Department of Health website, and only Medicaid guides are printed for distribution. Medicaid guides are available in English and Spanish. Commercial guides are available in English only. The rating methodology that will be used in measurement year 2021 is the same as the one implemented for the 2020 guides. The methodology summarizes plan performance for a set of measures into a domain score, and the domain scores' average is used for the overall quality rating. The details of the methodology are attached for your information (Attachment A). The methodology design for the overall quality ratings is similar to the one that the Centers for Medicare and Medicaid

Services (CMS) developed for Qualified Health Plans, thereby ensuring we are providing consistent information about the quality of health plans to all New Yorkers.

eQARR Decisions

While there were some disruptions to service due to COVID-19, normal reporting decisions were followed for data production and publication.

Discontinued Reports

PDF versions of the *Health Plan Comparison Report*, *Health Disparities*, and *Access and Utilization Report* have been discontinued due to low readership. The full dataset for these discontinued reports is available on the Healthy Data New York (HDNY) website at <https://health.data.ny.gov/> (see Section 8 for specific dataset links).

Section 3: Quality Measurement During the COVID-19 Pandemic

Measures Impacted Substantially by the COVID-19 Pandemic

QARR quality measures that have a percent change +/- 10% or more when comparing measure results for 2020 versus 2021 are displayed below.

Commercial HMO Plans

Measure	2019	2020	2021	Trend	% Change From 2020 to 2021
Adult Health					
Managing Diabetes Outcomes -Poor HbA1c Control* (NOTE: A lower rate is better.)	26	30	26		13%
Child and Adolescent Health					
Adolescent Immunization (Combo 2)	33	36	41		14%

Commercial PPO Plans

Measure	2019	2020	2021	Trend	% Change From 2020 to 2021
Adult Health					
Controlling High Blood Pressure*	NT	49	56		14%
Discussing Smoking Cessation Medications	55	59	49		-17%
Discussing Smoking Cessation Strategies	47	54	43		-20%
Behavioral Health					
Follow-Up Care for Children Prescribed ADHD Medication: Continuation Phase*	54	49	41		-16%
Follow-Up Care for Children Prescribed ADHD Medication: Initiation Phase*	45	46	37		-20%
Metabolic Monitoring for Children and Adolescents on Antipsychotics	43	37	43		16%

Medicaid Managed Care Plans

Measure	2019	2020	2021	Trend	% Change From 2020 to 2021
Adult Health					
Annual Dental Visit (Ages 19-20)	45	34	38		12%
Controlling High Blood Pressure*	NT	56	65		16%
Discussing Smoking Cessation Medications (Adult CAHPS Measure)**	62	NA	56		-10%
Managing Diabetes Outcomes - Blood pressure controlled (lower than 140/90 mm Hg)*	NT	55	62		13%
Managing Diabetes Outcomes -Poor HbA1c Control* (NOTE: A lower rate is better.)	27	41	35		15%
Behavioral Health					
Follow-up After Emergency Department Visit for Substance Use Within 7 Days	21	21	19		-10%
Metabolic Monitoring for Children and Adolescents on Antipsychotics	43	34	39		15%
Pharmacotherapy for Opioid Use Disorder	39	38	32		-16%
Child and Adolescent Health					
Annual Dental Visit (Ages 2-18)	64	48	53		10%
Counseling for Physical Activity	76	72	80		11%
Satisfaction with Care					
Getting Needed Counseling or Treatment (Adult CAHPS Measure)**	71	NA	60		-15%

* Indicates a measure in which NCOA updated telehealth guidance in order to support increased use of telehealth caused by the pandemic and to align with telehealth guidance from the Centers for Medicare & Medicaid Services and other stakeholders.


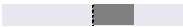


















**Adult CAHPS Surveys are administered every other year for Medicaid, HARP, and HIV SNP plans.

NA indicates that data is not available.







NT indicates that data is not able to be trended.

Section 3: Quality Measurement During the COVID-19 Pandemic

HIV SNP Plans

Measure	2019	2020	2021	Trend	% Change From 2020 to 2021
Adult Health					
Managing Diabetes Outcomes -Poor HbA1c Control* (NOTE: A lower rate is better.)	29	28	25		 11%
Behavioral Health					
Follow-Up After Emergency Department Visit for Mental Illness Within 30 days*	63	61	53		-13% 
Follow-Up After Emergency Department Visit for Mental Illness Within 7 days*	54	47	39		-17% 
Follow-up After Emergency Department Visit for Substance Use Within 30 Days	38	39	33		-15% 
Follow-up After Emergency Department Visit for Substance Use Within 7 Days	30	32	27		-16% 
Follow-Up After High-Intensity Care for Substance Use Disorder Within 30 Days	NA	81	73		-10% 
Pharmacotherapy for Opioid Use Disorder	45	31	22		-29% 
Satisfaction with Care					
Getting Needed Counseling or Treatment (Adult CAHPS Measure)**	78	NA	63		-19% 
Rating of Counseling or Treatment (Adult CAHPS Measure)**	65	NA	57		-12% 
Women's Health					
Chlamydia Screening (Ages 16-20)	69	78	65		-17% 

HARP Plans

Measure	2019	2020	2021	Trend	% Change From 2020 to 2021
Adult Health					
Discussing Smoking Cessation Strategies (Adult CAHPS Measure)**	67	NA	59		-12% 
Flu Vaccination for Adults Ages 18-64 (Adult CAHPS Measure)**	52	NA	47		-10% 
Behavioral Health					
Pharmacotherapy for Opioid Use Disorder	38	37	30		-19% 

* Indicates a measure in which NCOA updated telehealth guidance in order to support increased use of telehealth caused by the pandemic and to align with telehealth guidance from the Centers for Medicare & Medicaid Services and other stakeholders.

** Adult CAHPS Surveys are administered every other year for Medicaid, HARP, and HIV SNP plans.

NA indicates that data is not available.

NT indicates that data is not able to be trended.

 = indicates that the rate worsened from 2020 to 2021

 = indicates that the rate improved from 2020 to 2021

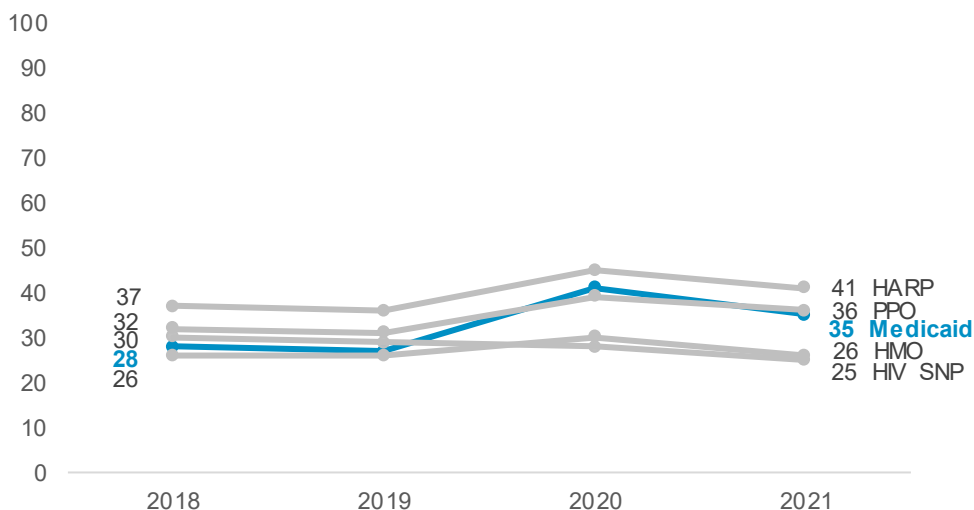
Section 3: Quality Measurement During the COVID-19 Pandemic

Quality Measure Highlights by Payer

Measures that Appear to be Rebounding After Substantial Decreases in 2020

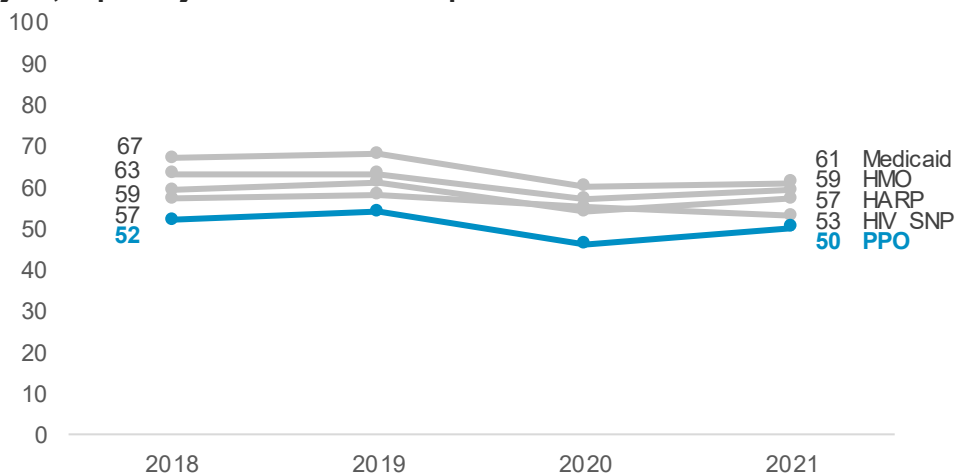
Adult Health: Diabetes Measures

In 2020, rates for diabetes poor HbA1C control worsened* for most payers. Rates improved for all payers in 2021, especially for Medicaid Managed Care plans.



* NOTE: A **lower rate is desirable** for this measure. Increases in this rate signify a worsening in performance.

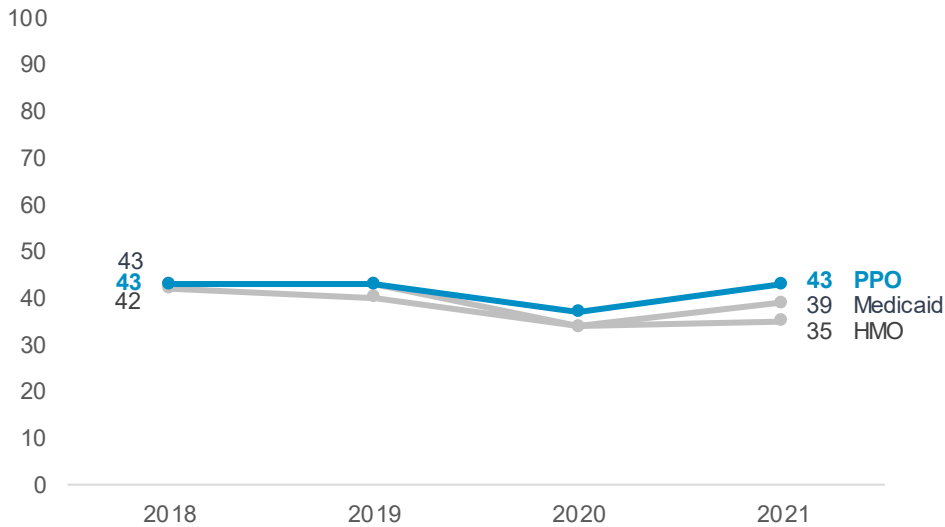
Rates for dilated eye exam for diabetes care worsened in 2020 across payers. Then in 2021, rates improved for most payers, especially for Commercial PPO plans.



Section 3: Quality Measurement During the COVID-19 Pandemic

Behavioral Health

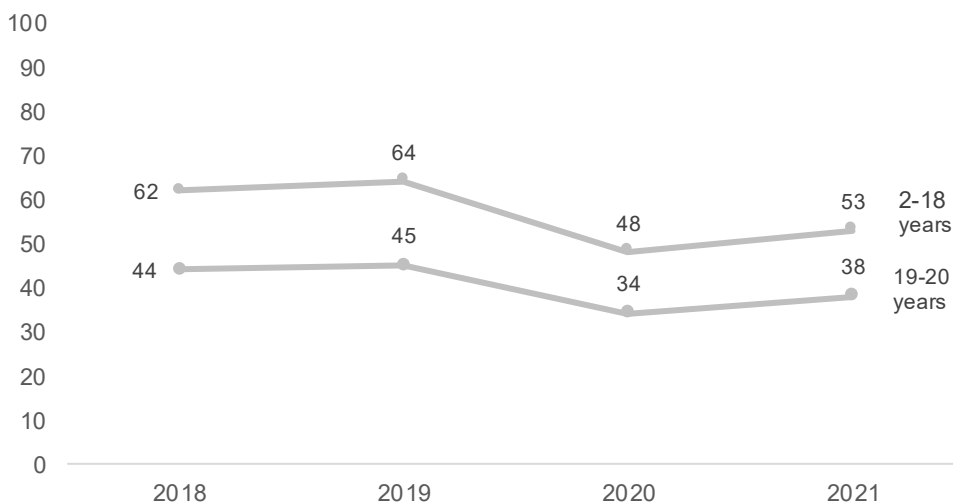
Metabolic monitoring for children and adolescents who were on antipsychotic medications* decreased substantially for all payers in 2020. Rates for all payers improved in 2021, especially Commercial PPO plans, which has returned to its pre-pandemic rate.



*NOTE: Rates are not reported for HIV SNP and HARP because this is a children's measure.

Dental Health

Annual dental visit* rates among Medicaid children worsened substantially from 2019 to 2020. Rates show improvement in 2021, but are still below pre-pandemic rates.



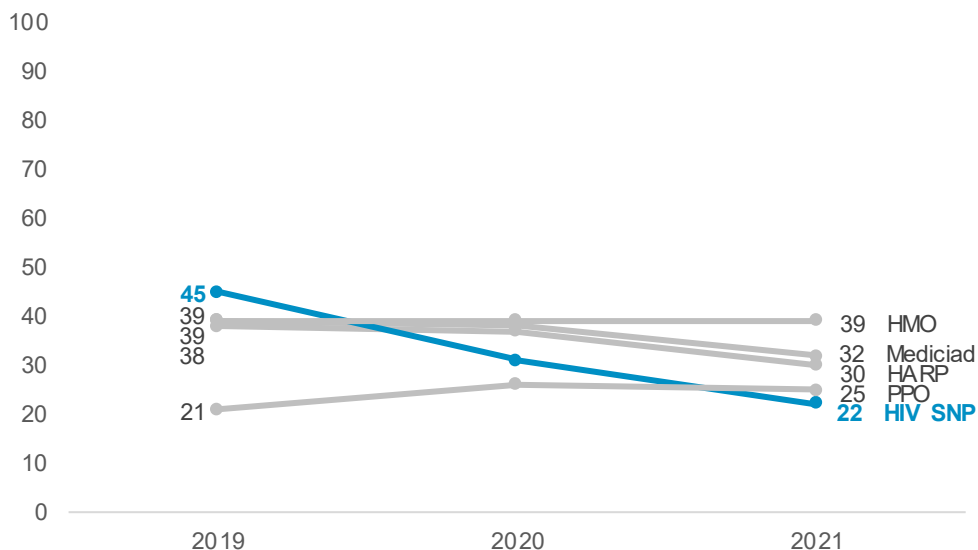
*NOTE: This measure is only reported for Medicaid Managed Care plans, not for Commercial plans

Section 3: Quality Measurement During the COVID-19 Pandemic

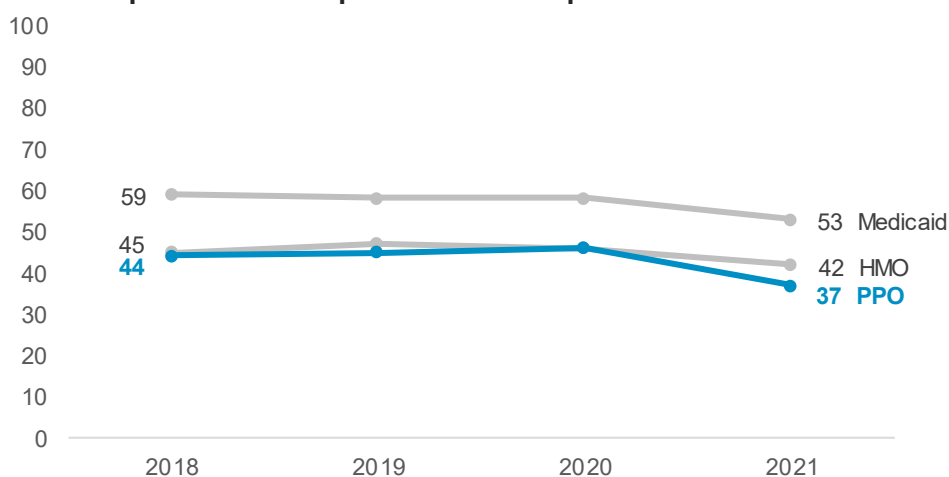
Measures that Worsened in 2021

Behavioral Health

In 2020, rates of pharmacotherapy treatment for patients with opioid use disorder worsened substantially for HIV SNP plans, and continued to worsen in 2021. There has been a steady increase in performance for Commercial PPO plans since 2019.



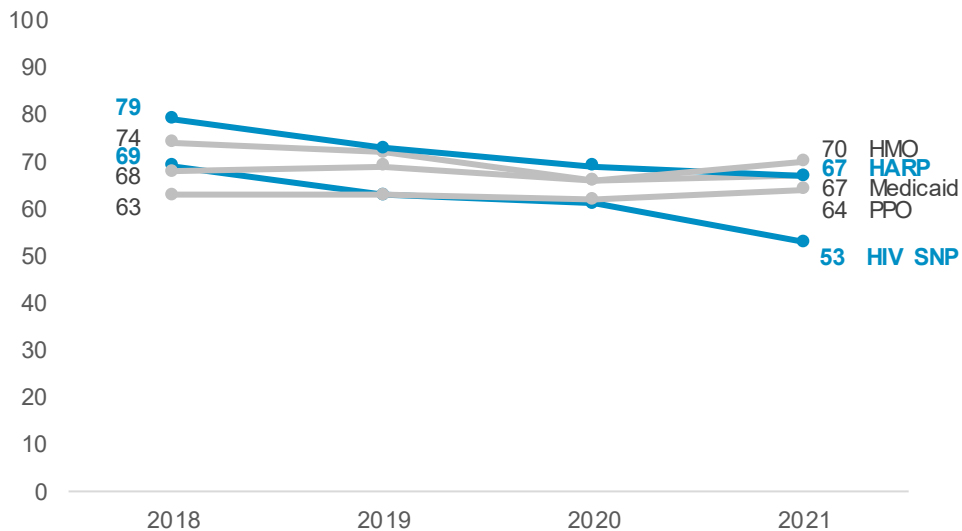
Rates for the initiation phase of follow-up care for children prescribed ADHD medication* were stable from 2018 to 2020. However, in 2021 the rates worsened for all payers, especially Commercial PPO plans. Rates for the continuation phase of follow-up care for children prescribed ADHD medication has a similar pattern.



*NOTE: Rates are not reported for HIV SNP and HARP because this is a children's measure.

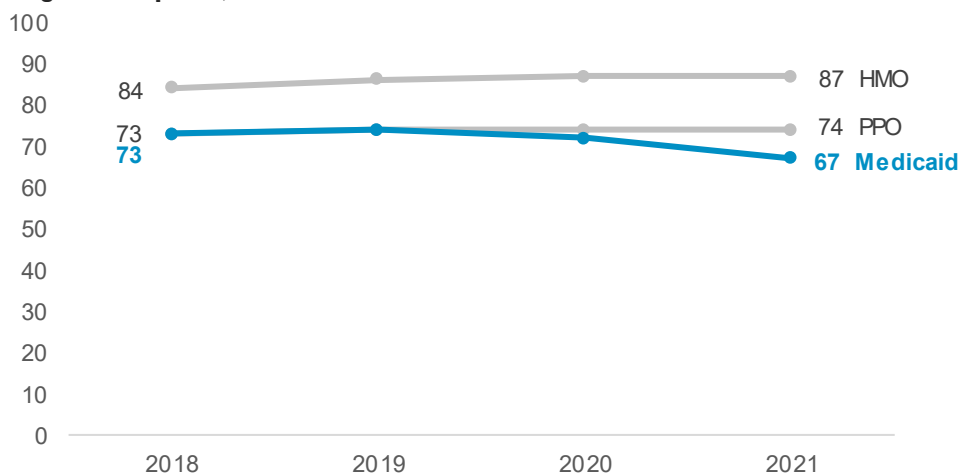
Section 3: Quality Measurement During the COVID-19 Pandemic

For follow-up after an emergency department visit for mental illness within 30 days, rates continued to worsen for HARP and HIV SNP plans from 2018 to 2021.



Child and Adolescent Health: Immunization Measures

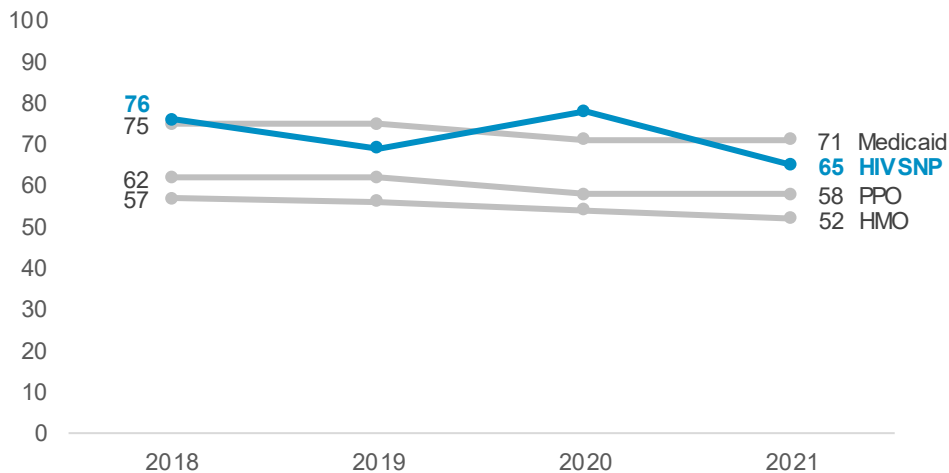
From 2018 to 2021, childhood immunization rates (combo 3) in New York remained fairly stable, except for Medicaid Managed Care plans, which decreased in 2021.



Section 3: Quality Measurement During the COVID-19 Pandemic

Women's Health

In 2021, rates for Chlamydia Screening (Ages 16-20) remained stable for most payers but worsened for HIV SNP plans.

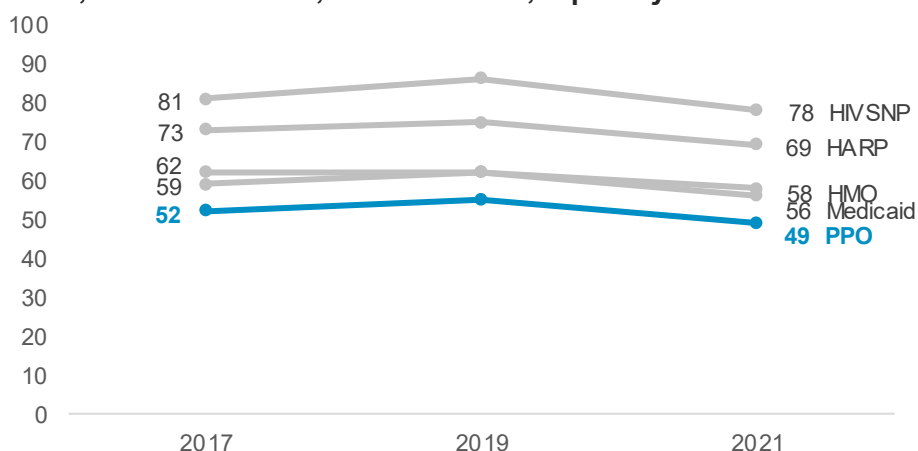


Adult CAHPS Survey Measures that Worsened from 2019 to 2021

The NYSDOH sponsors a CAHPS® survey for Medicaid Managed Care adult and child members alternating every other year. Adult CAHPS surveys were completed for Medicaid, HARP, and HIV SNP plans for measurement year 2021. This report will use rates from 2017, 2019, and 2021 to compare trends during the years that the Medicaid Managed Care adult survey was completed.

Adult Health

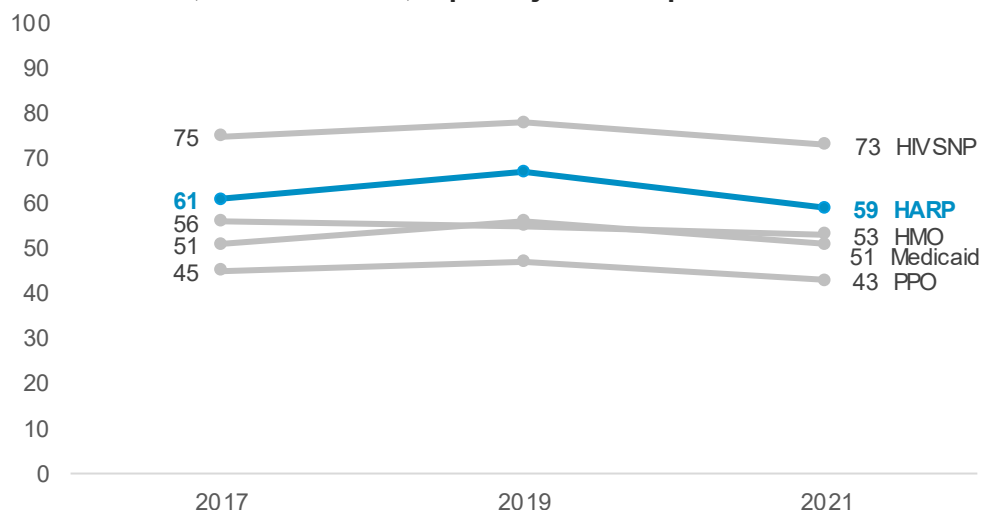
Rates for discussing smoking cessation medications showed improvement for most payers from 2017 to 2019*. However, from 2019 to 2021, rates decreased, especially for Commercial PPO plans.



* Adult CAHPS Surveys are administered every other year for Medicaid, HARP, and HIV SNP plans.

Section 3: Quality Measurement During the COVID-19 Pandemic

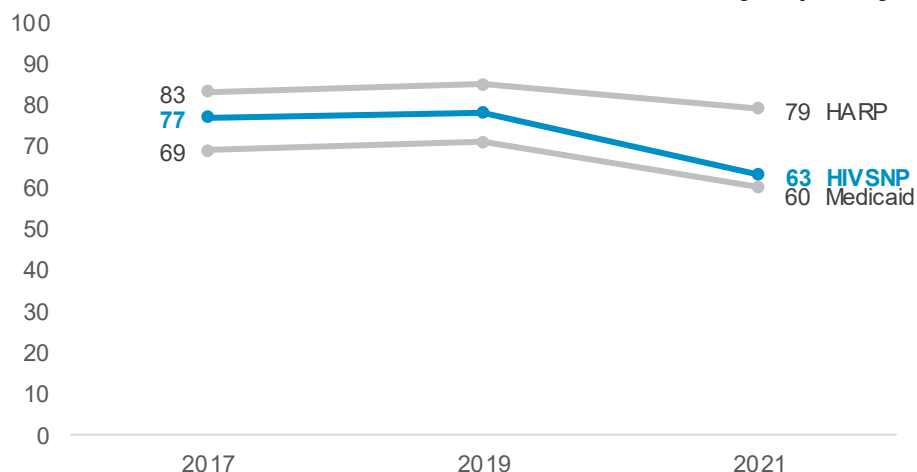
Rates for discussing smoking cessation strategies showed improvement for most payers from 2017 to 2019*. However, from 2019 to 2021, rates decreased, especially for HARP plans.



* Adult CAHPS Surveys are administered every other year for Medicaid, HARP, and HIV SNP plans.

Satisfaction with Care

Rates for getting needed counseling or treatment showed little change from 2017 to 2019*. However, from 2019 to 2021, rates have decreased substantially, especially for HIV SNP plans.



* Adult CAHPS Surveys are administered every other year for Medicaid, HARP, and HIV SNP plans.

Section 4: Quality Measurement Highlights

This section presents (a) a comparison of national averages with the statewide averages from NYS managed care insurance types, and (b) a comparison of how Medicaid Managed Care statewide averages compare to Commercial insurance averages within New York. National comparison data is available for Commercial HMO, Commercial PPO, and Medicaid Managed Care.

National Benchmark Comparison

New York State consistently met or exceeded national benchmarks across measures, especially for Commercial HMO plans (Table 1). The NYS Medicaid, Commercial HMO, and Commercial PPO rates exceeded the national benchmarks for many key adult behavioral health measures (e.g., Follow-up After an Emergency Department Visit for Mental Illness & Follow-Up After Hospitalization for Mental Illness) as well as for child measures (e.g., well-care visits for both children and adolescents). New York State managed care plans also continue to surpass national benchmarks in several women's preventive care measures (e.g., screening for chlamydia and cervical cancer). Detailed measure results are available in the *Quality Assurance Reporting Requirements datafile (eQARR)* (see: <https://health.data.ny.gov/Health/Quality-Assurance-Reporting-Requirements-Beginning/vbkk-tipq>).

Table 1: New York State Quality Measure Performance Compared to National Average by Payer

NYS Statewide Average vs. National Average	Measures			Total Number of Measures	Percentage of Measures where NYS Performs Same or Better than National Average*
	NYS Better	NYS Same	NYS Worse		
Commercial HMO	51	4	6	61	90%
Medicaid	49	2	13	64	80%
Commercial PPO	29	8	21	58	64%

*The national average is based on 2021 State of Healthcare Quality report from the National Committee for Quality Assurance.

Commercial and Medicaid Comparison

In MY 2021, Medicaid plans performed the same or better than Commercial HMO plans for 20 of 66 (30%) measures and they met or exceeded the rates reported by Commercial PPO plans for 35 of 66 (53%) measures (Table 2). This is a decrease from measurement year 2020, where the percentage of measures where Medicaid performed the same or better than Commercial HMO plans was 34%; and Medicaid performed the same or better than Commercial PPO plans was 56%.

Table 2: NYS Medicaid Average Compared to Commercial HMO and PPO Plans

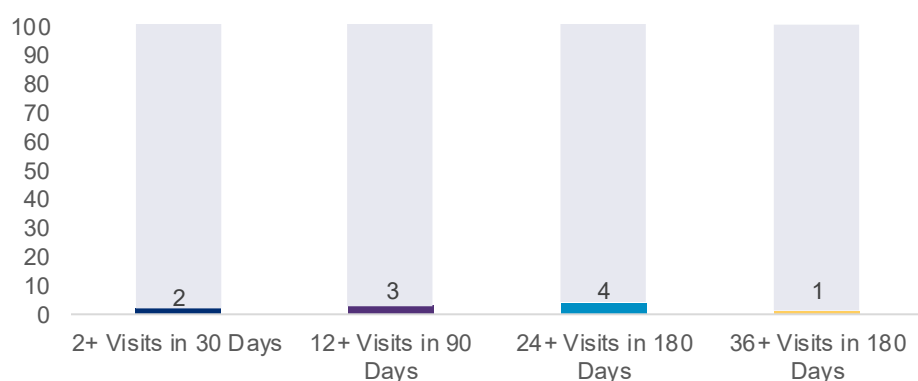
NYS Medicaid Average vs. Commercial	Measures			Total Number of Measures	Percentage of Measures where Medicaid Performs Same or Better than Commercial Average *
	Medicaid Better	Medicaid Same	Medicaid Worse		
Commercial HMO	17	3	46	66	30%
Commercial PPO	31	4	31	66	53%

Section 5: New Measures

Cardiac Rehabilitation (CRE)

The *Cardiac Rehabilitation (CRE)* measure was introduced as a new measure in MY 2021. This measure assesses the percentage of members (ages 18 and older) who attended cardiac rehabilitation after a qualifying cardiac event. Qualifying cardiac events include myocardial infarction, percutaneous coronary intervention, coronary artery bypass grafting, heart and heart/lung transplantation or heart valve repair/replacement. The measure is reported as four rates, each is a percentage of members who attended a minimum number of sessions of cardiac rehabilitation within a specified time after a qualifying event. The first rate is a minimum of 2 sessions within 30 days after a qualifying event. The second rate is 12 or more sessions within 90 days of the qualifying event. The third and fourth rates measure 24 or more, and 36 or more, sessions (respectively), within 180 days after a qualifying event.

Rates for cardiac rehabilitation after a cardiac event are extremely low. Rates are highest for patients with 12 or more visits in 90 Days and for patients who receive 24 or more visits in 180 Days.

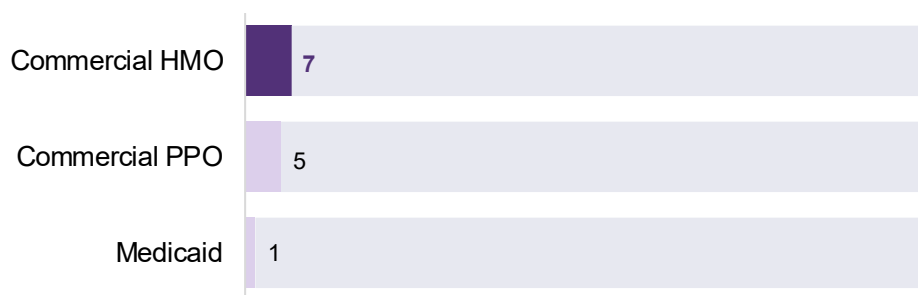


Rates for 2 or more cardiac rehabilitation visits in 30 days* are highest for Commercial HMO.



*HARP and HIV SNP plans are not included in chart because the numerators are too low.

Commercial HMO plans have the highest rate for 12 or more visits in 90 days*.



*HARP and HIV SNP plans are not included in chart because the numerators are too low.

Section 5: New Measures

For 24 or more visits in 180 days*, Commercial HMO and PPO plans are substantially higher than Medicaid plans.



*HARP and HIV SNP plans are not included in chart because the numerators are too low.

Commercial PPO plans have highest rate for 36 or more cardiac rehabilitation visits in 180 days after a qualifying cardiac event*.



*HARP and HIV SNP plans are not included in chart because the numerators are too low.

Section 5: New Measures

Postpartum Depression Screening and Follow-Up (PDS-E)

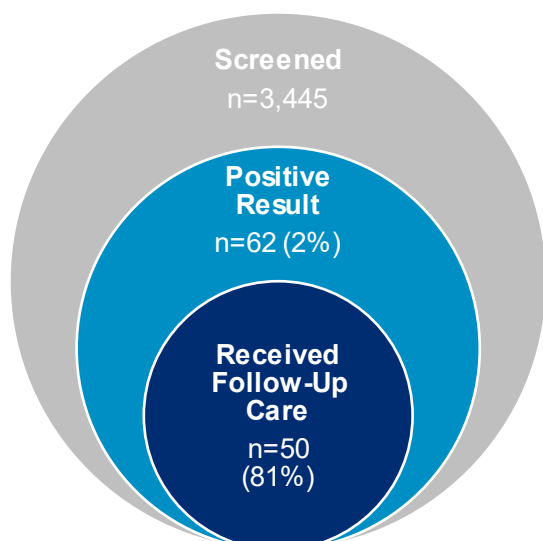
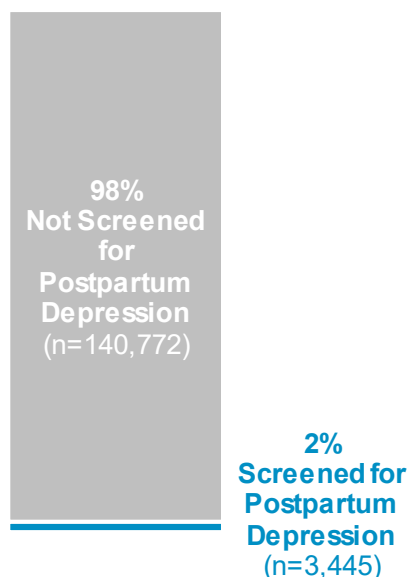
Measurement year 2021 is the first time that the *Postpartum Depression Screening and Follow-Up (PDS-E)* measure is being reported by QARR. The measure consists of two rates. The first rate is the percentage of deliveries in which members were screened for clinical depression using a standardized instrument during the postpartum period. A second rate is then calculated to determine, of the members with a positive depression screen, the percentage who received follow-up care within 30 days of the screening.

The second rate only measures follow-up for those with a positive depression screening, so the sample size for each payer was too small for the follow-up rate in measurement year 2021. Only the statewide average for the follow-up rate is included in this report.

The Majority of Women Did Not Receive a Postpartum Depression Screening.

The percentage of women who were screened for postpartum depression was extremely low. However, a large proportion (81%) of those who were screened and had a positive result for depression did receive follow-up care within 30 days.

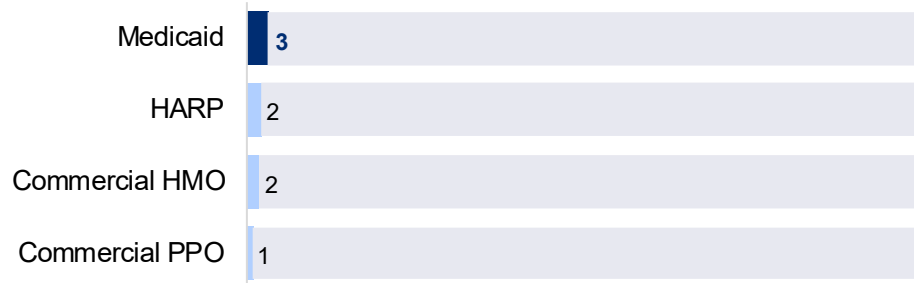
Of the 144,217 women who had a baby, only **2%** were screened for postpartum depression in 2021.



Of the women who were screened and had a positive result for postpartum depression, **81%** received follow-up care.

Section 5: New Measures

The rate of members screened for clinical depression during the postpartum period is higher for members enrolled in a Medicaid Managed Care plan*.



*For HIV SNP plans the denominators were too small, so the rate is not included in the above chart.

Section 6: State Trends and National Benchmarks

State Trends and National Benchmarks

Tables presenting New York's performance over time are presented in this section of the report. Use caution when referring to the tables.

When available, Commercial and Medicaid benchmarks are obtained from the NCQA's State of Healthcare Quality Report, available online at <http://www.ncqa.org>. Benchmarks are not available for NYS-specific measures. National benchmarks are also not available for HIV Special Needs Plan (SNP) health plans.

"NA" denotes that data are not available for New York State; and "--" indicates that NCQA national data are not available.

Quality measures may change over time which prohibits the ability to trend data; "NT" denotes when a measure is no longer able to be trended. For measurement year 2021, there were no measures that were deemed no longer able to be trended.

Section 6: State Trends and National Benchmarks

Commercial HMO Statewide Rates - 2019-2021, Compared to 2021 National Rates

Domain	Measure	2019	2020	2021	National
Access to primary care	Appropriate Testing for Pharyngitis (Ages 18-64)	75	72	66	59
Adult Health	Advising Smokers to Quit	81	82	80	80
Adult Health	Asthma Medication Ratio (Ages 19-64)	78	79	81	NA
Adult Health	Colorectal Cancer Screening	72	71	68	64
Adult Health	Colorectal Cancer Screening -Electronic	NA	NA	65	NA
Adult Health	Controlling High Blood Pressure	NT	60	62	60
Adult Health	Discussing Smoking Cessation Medications	62	59	58	60
Adult Health	Discussing Smoking Cessation Strategies	55	57	53	56
Adult Health	Flu Vaccination for Adults Ages 18-64	56	61	59	55
Adult Health	Managing Diabetes Outcomes - Blood pressure controlled (lower than 140/90 mm Hg)	NT	63	67	63
Adult Health	Managing Diabetes Outcomes - HbA1C Control (less than 8.0%)	62	61	64	59
Adult Health	Managing Diabetes Outcomes -Poor HbA1c Control	26	30	26	31
Adult Health	Monitoring Diabetes - Dilated Eye Exam	63	57	59	51
Adult Health	Monitoring Diabetes - HbA1c Testing	92	89	91	91
Adult Health	Persistence of Beta-Blocker Treatment	88	88	92	85
Adult Health	Pharmacotherapy Management of COPD Exacerbation- Bronchodilator	83	81	88	81
Adult Health	Pharmacotherapy Management of COPD Exacerbation- Corticosteroid	79	76	80	74
Adult Health	Statin Therapy for Patients with Cardiovascular Disease - Adherent	80	82	82	78
Adult Health	Statin Therapy for Patients with Cardiovascular Disease - Received	81	82	85	83
Adult Health	Statin Therapy for Patients with Diabetes - Adherent	75	78	77	73
Adult Health	Statin Therapy for Patients with Diabetes - Received	64	64	68	66
Behavioral Health	Adherence to Antipsychotic Medications for Individuals with Schizophrenia	73	74	72	67
Behavioral Health	Antidepressant Medication Management-Effective Acute Phase Treatment	70	72	73	75
Behavioral Health	Antidepressant Medication Management-Effective Continuation Phase Treatment	55	59	59	58
Behavioral Health	Follow-Up After Emergency Department Visit for Mental Illness Within 30 days	69	66	70	63
Behavioral Health	Follow-Up After Emergency Department Visit for Mental Illness Within 7 days	52	50	53	48
Behavioral Health	Follow-Up After High-Intensity Care for Substance Use Disorder Within 30 Days	NA	69	68	62
Behavioral Health	Follow-Up After High-Intensity Care for Substance Use Disorder Within 7 Days	NA	49	46	43
Behavioral Health	Follow-Up After Hospitalization for Mental Illness Within 30 Days	68	80	80	71

Domain	Measure	2019	2020	2021	National
Behavioral Health	Follow-Up After Hospitalization for Mental Illness Within 7 Days	52	64	63	48
Behavioral Health	Follow-Up Care for Children Prescribed ADHD Medication:Continuation Phase	55	52	50	47
Behavioral Health	Follow-Up Care for Children Prescribed ADHD Medication:Initiation Phase	47	46	42	39
Behavioral Health	Follow-up After Emergency Department Visit for Substance Use Within 30 Days	19	21	20	16
Behavioral Health	Follow-up After Emergency Department Visit for Substance Use Within 7 Days	15	15	15	12
Behavioral Health	Metabolic Monitoring for Children and Adolescents on Antipsychotics	40	34	35	36
Behavioral Health	Pharmacotherapy for Opioid Use Disorder	NA	39	39	30
Behavioral Health	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	70	73	72	62
Child and Adolescent Health	Adolescent Immunization	89	90	92	83
Child and Adolescent Health	Adolescent Immunization (Combo 2)	33	36	41	34
Child and Adolescent Health	Appropriate Testing for Pharyngitis (Ages 3-17)	92	90	87	79
Child and Adolescent Health	Asthma Medication Ratio (Ages 5-18)	82	86	85	NA
Child and Adolescent Health	Child and Adolescent Well-Care Visits (Total)	NT	72	75	58
Child and Adolescent Health	Childhood Immunization Status (Combo 3)	86	87	87	79
Child and Adolescent Health	Counseling for Nutrition	88	84	81	66
Child and Adolescent Health	Counseling for Physical Activity	82	79	77	63
Child and Adolescent Health	Lead Screening for Children	88	88	89	NA
Child and Adolescent Health	Weight Assessment- BMI Percentile	90	88	86	72
Child and Adolescent Health	Well-Child Visits in the First 30 Months of Life (15 Months-30 Months)	NA	93	92	86
Child and Adolescent Health	Well-Child Visits in the First 30 Months of Life (First 15 Months)	NT	87	89	79
Provider Network	Satisfaction with Personal Doctor	86	86	86	85
Provider Network	Satisfaction with Provider Communication	96	96	96	95
Provider Network	Satisfaction with Specialist	84	88	85	85
Satisfaction with Care	Care Coordination	87	86	82	NA
Satisfaction with Care	Claims Processing	90	91	91	90
Satisfaction with Care	Customer Service	91	91	89	90
Satisfaction with Care	Getting Care Needed	89	89	85	84

Domain	Measure	2019	2020	2021	National
Satisfaction with Care	Getting Care Quickly	87	88	86	83
Satisfaction with Care	Rating of Health Plan	71	75	75	67
Satisfaction with Care	Rating of Overall Healthcare	81	83	81	77
Women's Health	Breast Cancer Screening	77	77	77	71
Women's Health	Breast Cancer Screening - Electronic	NA	NA	77	NA
Women's Health	Cervical Cancer Screening	80	78	79	74
Women's Health	Chlamydia Screening (Ages 16-20)	56	54	52	42
Women's Health	Chlamydia Screening (Ages 21-24)	61	57	59	53
Women's Health	Postpartum Care	82	86	88	82
Women's Health	Prenatal Care in the First Trimester	89	88	NA	NA
Women's Health	Prenatal Immunization Status Combination	NA	NA	37	37
Women's Health	Risk-Adjusted Low Birthweight (LBW)	5	5	NA	NA
Women's Health	Risk-Adjusted Primary Cesarean Delivery	19	20	NA	NA
Women's Health	Timeliness of Prenatal Care	NA	90	89	83
Women's Health	Vaginal Birth After Cesarean Section (VBAC)	12	13	NA	NA

Commercial PPO Statewide Rates - 2019-2021, Compared to 2021 National Rates

Domain	Measure	2019	2020	2021	National
Access to primary care	Appropriate Testing for Pharyngitis (Ages 18-64)	66	61	62	61
Adult Health	Advising Smokers to Quit	78	80	74	NA
Adult Health	Asthma Medication Ratio (Ages 19-64)	77	79	78	NA
Adult Health	Colorectal Cancer Screening	62	60	63	61
Adult Health	Colorectal Cancer Screening -Electronic	NA	NA	56	NA
Adult Health	Controlling High Blood Pressure	NT	49	56	51
Adult Health	Discussing Smoking Cessation Medications	55	59	49	NA
Adult Health	Discussing Smoking Cessation Strategies	47	54	43	NA
Adult Health	Flu Vaccination for Adults Ages 18-64	49	57	53	55
Adult Health	Managing Diabetes Outcomes - Blood pressure controlled (lower than 140/90 mm Hg)	NT	54	58	51
Adult Health	Managing Diabetes Outcomes - HbA1C Control (less than 8.0%)	58	53	56	50
Adult Health	Managing Diabetes Outcomes -Poor HbA1c Control	31	39	36	42
Adult Health	Monitoring Diabetes - Dilated Eye Exam	54	46	50	48
Adult Health	Monitoring Diabetes - HbA1c Testing	90	87	90	89
Adult Health	Persistence of Beta-Blocker Treatment	82	87	85	86
Adult Health	Pharmacotherapy Management of COPD Exacerbation- Bronchodilator	76	75	78	81
Adult Health	Pharmacotherapy Management of COPD Exacerbation- Corticosteroid	70	67	71	75
Adult Health	Statin Therapy for Patients with Cardiovascular Disease - Adherent	77	82	81	81
Adult Health	Statin Therapy for Patients with Cardiovascular Disease - Received	79	81	81	82
Adult Health	Statin Therapy for Patients with Diabetes - Adherent	69	73	74	76
Adult Health	Statin Therapy for Patients with Diabetes - Received	60	62	63	64
Behavioral Health	Adherence to Antipsychotic Medications for Individuals with Schizophrenia	70	72	71	69
Behavioral Health	Antidepressant Medication Management-Effective Acute Phase Treatment	71	74	77	77
Behavioral Health	Antidepressant Medication Management-Effective Continuation Phase Treatment	58	61	64	62
Behavioral Health	Follow-Up After Emergency Department Visit for Mental Illness Within 30 days	63	62	64	64
Behavioral Health	Follow-Up After Emergency Department Visit for Mental Illness Within 7 days	49	48	50	48
Behavioral Health	Follow-Up After High-Intensity Care for Substance Use Disorder Within 30 Days	NA	67	66	65
Behavioral Health	Follow-Up After High-Intensity Care for Substance Use Disorder Within 7 Days	NA	46	46	47
Behavioral Health	Follow-Up After Hospitalization for Mental Illness Within 30 Days	64	75	76	70
Behavioral Health	Follow-Up After Hospitalization for Mental Illness Within 7 Days	47	60	60	48

Domain	Measure	2019	2020	2021	National
Behavioral Health	Follow-Up Care for Children Prescribed ADHD Medication:Continuation Phase	54	49	41	44
Behavioral Health	Follow-Up Care for Children Prescribed ADHD Medication:Initiation Phase	45	46	37	36
Behavioral Health	Follow-up After Emergency Department Visit for Substance Use Within 30 Days	12	14	14	15
Behavioral Health	Follow-up After Emergency Department Visit for Substance Use Within 7 Days	9	11	11	11
Behavioral Health	Metabolic Monitoring for Children and Adolescents on Antipsychotics	43	37	43	35
Behavioral Health	Pharmacotherapy for Opioid Use Disorder	NA	26	25	29
Behavioral Health	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	59	58	61	61
Child and Adolescent Health	Adolescent Immunization	80	82	80	79
Child and Adolescent Health	Adolescent Immunization (Combo 2)	20	23	22	30
Child and Adolescent Health	Appropriate Testing for Pharyngitis (Ages 3-17)	87	85	88	80
Child and Adolescent Health	Asthma Medication Ratio (Ages 5-18)	80	83	78	NA
Child and Adolescent Health	Child and Adolescent Well-Care Visits (Total)	NT	70	72	57
Child and Adolescent Health	Childhood Immunization Status (Combo 3)	74	74	74	68
Child and Adolescent Health	Counseling for Nutrition	72	72	71	55
Child and Adolescent Health	Counseling for Physical Activity	64	65	65	52
Child and Adolescent Health	Lead Screening for Children	81	83	82	NA
Child and Adolescent Health	Weight Assessment- BMI Percentile	75	75	75	61
Child and Adolescent Health	Well-Child Visits in the First 30 Months of Life (15 Months-30 Months)	NA	91	91	87
Child and Adolescent Health	Well-Child Visits in the First 30 Months of Life (First 15 Months)	NT	86	86	80
Provider Network	Satisfaction with Personal Doctor	85	86	86	86
Provider Network	Satisfaction with Provider Communication	96	96	95	96
Provider Network	Satisfaction with Specialist	81	84	84	85
Satisfaction with Care	Care Coordination	81	83	82	NA
Satisfaction with Care	Claims Processing	86	85	86	90
Satisfaction with Care	Customer Service	87	86	86	92
Satisfaction with Care	Getting Care Needed	85	86	83	85
Satisfaction with Care	Getting Care Quickly	84	84	81	85

Domain	Measure	2019	2020	2021	National
Satisfaction with Care	Rating of Health Plan	62	65	65	68
Satisfaction with Care	Rating of Overall Healthcare	75	78	75	77
Women's Health	Breast Cancer Screening	70	69	70	70
Women's Health	Breast Cancer Screening - Electronic	NA	NA	70	NA
Women's Health	Cervical Cancer Screening	79	81	80	73
Women's Health	Chlamydia Screening (Ages 16-20)	62	58	58	38
Women's Health	Chlamydia Screening (Ages 21-24)	69	64	66	50
Women's Health	Postpartum Care	73	75	78	74
Women's Health	Prenatal Care in the First Trimester	89	87	NA	NA
Women's Health	Prenatal Immunization Status Combination	NA	NA	35	35
Women's Health	Risk-Adjusted Low Birthweight (LBW)	5	5	NA	NA
Women's Health	Risk-Adjusted Primary Cesarean Delivery	21	21	NA	NA
Women's Health	Timeliness of Prenatal Care	NA	77	78	73
Women's Health	Vaginal Birth After Cesarean Section (VBAC)	12	12	NA	NA

Medicaid Managed Care Statewide Rates - 2019-2021, Compared to 2021 National Rates

Domain	Measure	2019	2020	2021	National
Access to primary care	Appropriate Testing for Pharyngitis (Ages 18-64)	59	57	60	60
Adult Health	Advising Smokers to Quit	79	NA	75	72
Adult Health	Annual Dental Visit (Ages 19-20)	45	34	38	31
Adult Health	Asthma Medication Ratio (Ages 19-64)	57	51	51	NA
Adult Health	Colorectal Cancer Screening	64	61	61	NA
Adult Health	Colorectal Cancer Screening -Electronic	NA	NA	55	NA
Adult Health	Controlling High Blood Pressure	NT	56	65	59
Adult Health	Discussing Smoking Cessation Medications	62	NA	56	51
Adult Health	Discussing Smoking Cessation Strategies	56	NA	51	45
Adult Health	Flu Vaccination for Adults Ages 18-64	46	NA	43	40
Adult Health	Managing Diabetes Outcomes - Blood pressure controlled (lower than 140/90 mm Hg)	NT	55	62	60
Adult Health	Managing Diabetes Outcomes - HbA1C Control (less than 8.0%)	61	50	55	48
Adult Health	Managing Diabetes Outcomes -Poor HbA1c Control	27	41	35	42
Adult Health	Monitoring Diabetes - Dilated Eye Exam	68	60	61	51
Adult Health	Monitoring Diabetes - HbA1c Testing	93	86	90	85
Adult Health	Persistence of Beta-Blocker Treatment	87	86	86	81
Adult Health	Pharmacotherapy Management of COPD Exacerbation- Bronchodilator	89	88	88	83
Adult Health	Pharmacotherapy Management of COPD Exacerbation- Corticosteroid	76	74	72	70
Adult Health	Statin Therapy for Patients with Cardiovascular Disease - Adherent	70	71	70	70
Adult Health	Statin Therapy for Patients with Cardiovascular Disease - Received	80	81	81	78
Adult Health	Statin Therapy for Patients with Diabetes - Adherent	63	65	63	66
Adult Health	Statin Therapy for Patients with Diabetes - Received	70	70	71	65
Adult Health	Viral Load Suppression	78	74	73	NA
Behavioral Health	Adherence to Antipsychotic Medications for Individuals with Schizophrenia	64	65	62	60
Behavioral Health	Antidepressant Medication Management-Effective Acute Phase Treatment	54	55	58	61
Behavioral Health	Antidepressant Medication Management-Effective Continuation Phase Treatment	38	40	42	44
Behavioral Health	Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia	89	78	79	75
Behavioral Health	Diabetes Monitoring for People with Diabetes and Schizophrenia	80	73	77	67
Behavioral Health	Diabetes Screening for People w/ Schizophrenia or Bipolar Disorder Using Antipsychotic Meds	82	76	78	79
Behavioral Health	Follow-Up After Emergency Department Visit for Mental Illness Within 30 days	72	66	67	53
Behavioral Health	Follow-Up After Emergency Department Visit for Mental Illness Within 7 days	59	53	53	40

Domain	Measure	2019	2020	2021	National
Behavioral Health	Follow-Up After High-Intensity Care for Substance Use Disorder Within 30 Days	NA	66	66	49
Behavioral Health	Follow-Up After High-Intensity Care for Substance Use Disorder Within 7 Days	NA	42	42	30
Behavioral Health	Follow-Up After Hospitalization for Mental Illness Within 30 Days	79	80	80	59
Behavioral Health	Follow-Up After Hospitalization for Mental Illness Within 7 Days	64	66	66	38
Behavioral Health	Follow-Up Care for Children Prescribed ADHD Medication:Continuation Phase	67	67	62	50
Behavioral Health	Follow-Up Care for Children Prescribed ADHD Medication:Initiation Phase	58	58	53	40
Behavioral Health	Follow-up After Emergency Department Visit for Substance Use Within 30 Days	27	27	25	20
Behavioral Health	Follow-up After Emergency Department Visit for Substance Use Within 7 Days	21	21	19	13
Behavioral Health	Metabolic Monitoring for Children and Adolescents on Antipsychotics	43	34	39	37
Behavioral Health	Pharmacotherapy for Opioid Use Disorder	NA	38	32	28
Behavioral Health	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	74	73	75	59
Child and Adolescent Health	Adolescent Immunization	86	87	85	78
Child and Adolescent Health	Adolescent Immunization (Combo 2)	45	44	42	36
Child and Adolescent Health	Annual Dental Visit (Ages 2-18)	64	48	53	NA
Child and Adolescent Health	Appropriate Testing for Pharyngitis (Ages 3-17)	89	87	90	74
Child and Adolescent Health	Asthma Medication Ratio (Ages 5-18)	66	68	65	NA
Child and Adolescent Health	Child and Adolescent Well-Care Visits (Total)	NT	66	70	49
Child and Adolescent Health	Childhood Immunization Status (Combo 3)	74	72	67	63
Child and Adolescent Health	Counseling for Nutrition	84	77	84	69
Child and Adolescent Health	Counseling for Physical Activity	76	72	80	66
Child and Adolescent Health	Lead Screening for Children	89	87	81	62
Child and Adolescent Health	Weight Assessment- BMI Percentile	88	80	85	76
Child and Adolescent Health	Well-Child Visits in the First 30 Months of Life (15 Months-30 Months)	NA	82	78	66
Child and Adolescent Health	Well-Child Visits in the First 30 Months of Life (First 15 Months)	NT	66	67	54
Provider Network	Satisfaction with Personal Doctor	81	NA	81	82

Domain	Measure	2019	2020	2021	National
Provider Network	Satisfaction with Provider Communication	92	NA	92	93
Provider Network	Satisfaction with Specialist	82	NA	79	84
Satisfaction with Care	Access to Prescription Medicines for Children	NA	91	NA	NA
Satisfaction with Care	Access to Specialized Services for Children	NA	72	NA	NA
Satisfaction with Care	Care Coordination	81	NA	79	NA
Satisfaction with Care	Coordination of Care for Children with Chronic Conditions	NA	72	NA	NA
Satisfaction with Care	Customer Service	87	NA	86	89
Satisfaction with Care	Customer Service for Children	NA	87	NA	NA
Satisfaction with Care	Family-Centered Care: Personal Doctor Who Knows Child	NA	90	NA	NA
Satisfaction with Care	Getting Care Needed	81	NA	79	82
Satisfaction with Care	Getting Care Needed for Children	NA	84	NA	NA
Satisfaction with Care	Getting Care Quickly	81	NA	79	80
Satisfaction with Care	Getting Care Quickly for Children	NA	88	NA	NA
Satisfaction with Care	Getting Needed Counseling or Treatment	71	NA	60	NA
Satisfaction with Care	Rating of Counseling or Treatment	62	NA	61	NA
Satisfaction with Care	Rating of Health Plan	76	NA	73	78
Satisfaction with Care	Rating of Health Plan for Children	NA	86	NA	NA
Satisfaction with Care	Rating of Overall Healthcare	75	NA	73	75
Satisfaction with Care	Rating of Overall Healthcare for Children	NA	90	NA	NA
Satisfaction with Care	Satisfaction with Personal Doctor for Children	NA	90	NA	NA
Satisfaction with Care	Satisfaction with Provider Communication for Children	NA	93	NA	NA
Satisfaction with Care	Satisfaction with Specialist for Children	NA	87	NA	NA
Satisfaction with Care	Shared Decision Making	80	NA	79	NA
Satisfaction with Care	Shared Decision Making for Children	NA	94	NA	NA
Satisfaction with Care	Wellness Discussion	75	NA	73	NA
Women's Health	Breast Cancer Screening	71	67	65	51
Women's Health	Breast Cancer Screening - Electronic	NA	NA	65	NA
Women's Health	Cervical Cancer Screening	75	68	69	56
Women's Health	Chlamydia Screening (Ages 16-20)	75	71	71	52
Women's Health	Chlamydia Screening (Ages 21-24)	77	72	74	61
Women's Health	Postpartum Care	83	80	82	76
Women's Health	Prenatal Care in the First Trimester	75	73	NA	NA
Women's Health	Prenatal Immunization Status Combination	NA	NA	26	23
Women's Health	Risk-Adjusted Low Birthweight (LBW)	7	7	NA	NA
Women's Health	Risk-Adjusted Primary Cesarean Delivery	13	14	NA	NA
Women's Health	Timeliness of Prenatal Care	NA	88	87	84
Women's Health	Vaginal Birth After Cesarean Section (VBAC)	17	18	NA	NA

HIV Special Needs Plans Statewide Rates - 2019-2021, Compared to 2021 National Rates

Domain	Measure	2019	2020	2021	National
Access to primary care	Appropriate Testing for Pharyngitis (Ages 18-64)	NA	NA	NA	NA
Adult Health	Advising Smokers to Quit	94	NA	89	NA
Adult Health	Asthma Medication Ratio (Ages 19-64)	30	31	32	NA
Adult Health	Colorectal Cancer Screening	65	60	65	NA
Adult Health	Colorectal Cancer Screening -Electronic	NA	NA	57	NA
Adult Health	Controlling High Blood Pressure	NT	61	64	NA
Adult Health	Discussing Smoking Cessation Medications	86	NA	78	NA
Adult Health	Discussing Smoking Cessation Strategies	78	NA	73	NA
Adult Health	Flu Vaccination for Adults Ages 18-64	74	NA	70	NA
Adult Health	Managing Diabetes Outcomes - Blood pressure controlled (lower than 140/90 mm Hg)	NT	63	59	NA
Adult Health	Managing Diabetes Outcomes - HbA1C Control (less than 8.0%)	63	65	67	NA
Adult Health	Managing Diabetes Outcomes -Poor HbA1c Control	29	28	25	NA
Adult Health	Monitoring Diabetes - Dilated Eye Exam	58	55	53	NA
Adult Health	Monitoring Diabetes - HbA1c Testing	96	95	96	NA
Adult Health	Persistence of Beta-Blocker Treatment	NA	85	93	NA
Adult Health	Pharmacotherapy Management of COPD Exacerbation- Bronchodilator	94	96	94	NA
Adult Health	Pharmacotherapy Management of COPD Exacerbation- Corticosteroid	64	64	62	NA
Adult Health	Statin Therapy for Patients with Cardiovascular Disease - Adherent	82	84	78	NA
Adult Health	Statin Therapy for Patients with Cardiovascular Disease - Received	78	78	84	NA
Adult Health	Statin Therapy for Patients with Diabetes - Adherent	82	86	83	NA
Adult Health	Statin Therapy for Patients with Diabetes - Received	66	68	70	NA
Adult Health	Viral Load Suppression	80	77	78	NA
Behavioral Health	Adherence to Antipsychotic Medications for Individuals with Schizophrenia	55	58	59	NA
Behavioral Health	Antidepressant Medication Management-Effective Acute Phase Treatment	55	58	55	NA
Behavioral Health	Antidepressant Medication Management-Effective Continuation Phase Treatment	41	41	40	NA
Behavioral Health	Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia	NA	NA	NA	NA
Behavioral Health	Diabetes Monitoring for People with Diabetes and Schizophrenia	83	87	88	NA
Behavioral Health	Diabetes Screening for People w/ Schizophrenia or Bipolar Disorder Using Antipsychotic Meds	100	96	98	NA
Behavioral Health	Follow-Up After Emergency Department Visit for Mental Illness Within 30 days	63	61	53	NA
Behavioral Health	Follow-Up After Emergency Department Visit for Mental Illness Within 7 days	54	47	39	NA

Domain	Measure	2019	2020	2021	National
Behavioral Health	Follow-Up After High-Intensity Care for Substance Use Disorder Within 30 Days	NA	81	73	NA
Behavioral Health	Follow-Up After High-Intensity Care for Substance Use Disorder Within 7 Days	NA	41	44	NA
Behavioral Health	Follow-Up After Hospitalization for Mental Illness Within 30 Days	63	58	56	NA
Behavioral Health	Follow-Up After Hospitalization for Mental Illness Within 7 Days	41	37	37	NA
Behavioral Health	Follow-up After Emergency Department Visit for Substance Use Within 30 Days	38	39	33	NA
Behavioral Health	Follow-up After Emergency Department Visit for Substance Use Within 7 Days	30	32	27	NA
Behavioral Health	Pharmacotherapy for Opioid Use Disorder	NA	31	22	NA
Provider Network	Satisfaction with Personal Doctor	88	NA	89	NA
Provider Network	Satisfaction with Provider Communication	95	NA	94	NA
Provider Network	Satisfaction with Specialist	79	NA	76	NA
Satisfaction with Care	Care Coordination	87	NA	85	NA
Satisfaction with Care	Customer Service	90	NA	84	NA
Satisfaction with Care	Getting Care Needed	83	NA	79	NA
Satisfaction with Care	Getting Care Quickly	86	NA	81	NA
Satisfaction with Care	Getting Needed Counseling or Treatment	78	NA	63	NA
Satisfaction with Care	Rating of Counseling or Treatment	65	NA	57	NA
Satisfaction with Care	Rating of Health Plan	82	NA	77	NA
Satisfaction with Care	Rating of Overall Healthcare	78	NA	76	NA
Satisfaction with Care	Shared Decision Making	84	NA	84	NA
Satisfaction with Care	Wellness Discussion	84	NA	83	NA
Women's Health	Breast Cancer Screening	69	65	66	NA
Women's Health	Breast Cancer Screening - Electronic	NA	NA	66	NA
Women's Health	Cervical Cancer Screening	82	78	76	NA
Women's Health	Chlamydia Screening (Ages 16-20)	69	78	65	NA
Women's Health	Chlamydia Screening (Ages 21-24)	79	81	79	NA
Women's Health	Postpartum Care	85	65	65	NA
Women's Health	Prenatal Immunization Status Combination	NA	NA	51	NA
Women's Health	Timeliness of Prenatal Care	NA	80	87	NA

Health and Recovery Plans Statewide Rates - 2019-2021, Compared to 2021 National Rates

Domain	Measure	2019	2020	2021	National
Access to primary care	Appropriate Testing for Pharyngitis (Ages 18-64)	56	53	51	NA
Adult Health	Advising Smokers to Quit	87	NA	83	NA
Adult Health	Asthma Medication Ratio (Ages 19-64)	49	40	41	NA
Adult Health	Colorectal Cancer Screening	60	55	55	NA
Adult Health	Colorectal Cancer Screening -Electronic	NA	NA	48	NA
Adult Health	Controlling High Blood Pressure	NT	60	63	NA
Adult Health	Discussing Smoking Cessation Medications	75	NA	69	NA
Adult Health	Discussing Smoking Cessation Strategies	67	NA	59	NA
Adult Health	Flu Vaccination for Adults Ages 18-64	52	NA	47	NA
Adult Health	Managing Diabetes Outcomes - Blood pressure controlled (lower than 140/90 mm Hg)	NT	59	61	NA
Adult Health	Managing Diabetes Outcomes - HbA1C Control (less than 8.0%)	55	48	52	NA
Adult Health	Managing Diabetes Outcomes -Poor HbA1c Control	36	45	41	NA
Adult Health	Monitoring Diabetes - Dilated Eye Exam	61	54	57	NA
Adult Health	Monitoring Diabetes - HbA1c Testing	90	83	86	NA
Adult Health	Persistence of Beta-Blocker Treatment	90	85	89	NA
Adult Health	Pharmacotherapy Management of COPD Exacerbation- Bronchodilator	87	88	87	NA
Adult Health	Pharmacotherapy Management of COPD Exacerbation- Corticosteroid	71	70	66	NA
Adult Health	Statin Therapy for Patients with Cardiovascular Disease - Adherent	64	64	64	NA
Adult Health	Statin Therapy for Patients with Cardiovascular Disease - Received	78	78	78	NA
Adult Health	Statin Therapy for Patients with Diabetes - Adherent	64	65	64	NA
Adult Health	Statin Therapy for Patients with Diabetes - Received	67	66	67	NA
Adult Health	Viral Load Suppression	69	66	66	NA
Behavioral Health	Adherence to Antipsychotic Medications for Individuals with Schizophrenia	67	69	66	NA
Behavioral Health	Antidepressant Medication Management-Effective Acute Phase Treatment	52	52	54	NA
Behavioral Health	Antidepressant Medication Management-Effective Continuation Phase Treatment	38	39	40	NA
Behavioral Health	Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia	81	78	81	NA
Behavioral Health	Diabetes Monitoring for People with Diabetes and Schizophrenia	80	72	76	NA
Behavioral Health	Diabetes Screening for People w/ Schizophrenia or Bipolar Disorder Using Antipsychotic Meds	85	77	80	NA
Behavioral Health	Follow-Up After Emergency Department Visit for Mental Illness Within 30 days	73	69	67	NA
Behavioral Health	Follow-Up After Emergency Department Visit for Mental Illness Within 7 days	55	51	49	NA

Domain	Measure	2019	2020	2021	National
Behavioral Health	Follow-Up After High-Intensity Care for Substance Use Disorder Within 30 Days	NA	74	73	NA
Behavioral Health	Follow-Up After High-Intensity Care for Substance Use Disorder Within 7 Days	NA	44	43	NA
Behavioral Health	Follow-Up After Hospitalization for Mental Illness Within 30 Days	78	77	77	NA
Behavioral Health	Follow-Up After Hospitalization for Mental Illness Within 7 Days	58	57	58	NA
Behavioral Health	Follow-up After Emergency Department Visit for Substance Use Within 30 Days	40	39	38	NA
Behavioral Health	Follow-up After Emergency Department Visit for Substance Use Within 7 Days	31	30	29	NA
Behavioral Health	Pharmacotherapy for Opioid Use Disorder	NA	37	30	NA
Provider Network	Satisfaction with Personal Doctor	78	NA	78	NA
Provider Network	Satisfaction with Provider Communication	90	NA	91	NA
Provider Network	Satisfaction with Specialist	77	NA	75	NA
Satisfaction with Care	Care Coordination	82	NA	81	NA
Satisfaction with Care	Customer Service	85	NA	85	NA
Satisfaction with Care	Getting Care Needed	81	NA	78	NA
Satisfaction with Care	Getting Care Quickly	83	NA	80	NA
Satisfaction with Care	Getting Needed Counseling or Treatment	85	NA	79	NA
Satisfaction with Care	Rating of Counseling or Treatment	66	NA	65	NA
Satisfaction with Care	Rating of Health Plan	72	NA	71	NA
Satisfaction with Care	Rating of Overall Healthcare	69	NA	67	NA
Satisfaction with Care	Shared Decision Making	81	NA	82	NA
Satisfaction with Care	Wellness Discussion	80	NA	79	NA
Women's Health	Breast Cancer Screening	62	56	55	NA
Women's Health	Breast Cancer Screening - Electronic	NA	NA	55	NA
Women's Health	Cervical Cancer Screening	68	66	64	NA
Women's Health	Chlamydia Screening (Ages 16-20)	NA	NA	NA	NA
Women's Health	Chlamydia Screening (Ages 21-24)	76	70	73	NA
Women's Health	Postpartum Care	63	65	65	NA
Women's Health	Prenatal Immunization Status Combination	NA	NA	23	NA
Women's Health	Timeliness of Prenatal Care	NA	79	76	NA

Section 7: Appendices

Attachment A

Methodology for Domain and Overall Rating Calculations for 2021 Regional Consumer Guides

Step 1. Prepare data for Scoring

The measure set in this rating system includes 34 measure results. For some measures with more than one indicator, we will follow CMS's weighted average method to average each measure's individual indicator rates and calculate a measure score (see equation below). Indicators with larger denominators will contribute more to the scoring than indicators with smaller denominators.¹⁰

The weighted average equation is as follows:

Where X is the final measure score that is the weighted average, x_i is the indicator score, and n_i is the indicator denominator.

$$X = \frac{\sum_1^i n_i * x_i}{\sum_1^i n_i}$$

Step 2. Standardize Measure Scores

Measure results need to be standardized before the calculation of domain scores. Measures that do not meet the minimum denominator size requirement for scoring are excluded from scoring.

Depending on the method of data collection, different statistics are used to create the standardized measure scores. More specifically, z statistic is used for hybrid measures, Nelson's h statistic from analysis of proportion (ANOP) is used for administrative measures, and student's t statistic is used for the CAHPS measures.

For hybrid measures, the plan's standardized score is calculated using the z -statistic.

$$\text{Standardized Score} = \frac{(\text{plan rate} - \text{statewide rate})}{\sqrt{\frac{\text{statewide rate} \times (1 - \text{statewide rate})}{\text{plan denominator}}}}$$

For administrative measures, the plan's standardized score is calculated using the Nelson's h statistic from analysis of proportions (ANOP).

$$\text{Standardized Score} = \frac{(\text{plan rate} - \text{statewide rate})}{\sqrt{\frac{\text{statewide rate} \times (1 - \text{statewide rate})}{\text{statewide denominator} \times \text{plan denominator}}}}$$

For satisfaction measures, the plan's standardized score is calculated using the Student's t statistics. The statewide rate is the average of the plan rates.

¹⁰ https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-instruments/QualityInitiativesGenInfo/Downloads/2017_QRS-Measure_Technical_Specifications.pdf

Section 7: Appendices

Note that the plan's standardized score for each measure is capped to no more than three times of the average critical value for the domain. If a plan fails to submit valid data for a measure, the plan will be assigned a negative maximum capped value as the standardized score for that measure.

For hybrid measures, the plan's critical value is based on the 95% confidence interval for a normal distribution. The average critical value for each domain is the average of all the measures' critical values in that domain.

Critical Value=1.96

For administrative measures, the plan's critical value is based on $1-\alpha/2$ percentage point of the Student's t distribution with $N-n$ degrees of freedom,

where $\alpha = 1 - 0.95^{\frac{1}{n}}$, N =the total number of members from all the plans that reported valid data (excluding plans with small sample size), and n =the number of plans that reported valid data for that measure (excluding plans with small sample size). The average critical value for each domain is the average of all the measures' critical values in that domain.

To account for impacts to measure collection processes, service impacts, and other COVID-19 pandemic-related challenges to health care, for the overall star rating the better of measurement year 2019 or 2020 will be displayed. The remaining domains of care are displayed as the data was received through the NYS Quality Assurance Reporting Requirements.

Section 8: Other Department of Health Reports and Websites

Managed care plan performance and related data are available electronically. **Datafiles** are available on the Healthy Data New York website (see: <https://health.data.ny.gov/>) and **reports** are available on the NYSDOH Managed Care website (see: http://www.health.ny.gov/health_care/managed_care/reports/).

Quality Assurance Reporting Requirements (eQARR)

Looking for detailed health plan performance information? Detailed information on the performance of health plans is available as a datafile on the Healthy Data New York (HDNY) website (see: <https://health.data.ny.gov/Health/Quality-Assurance-Reporting-Requirements-Beginning/vbkk-tipq>). In addition, the *Quality Assurance Reporting Requirements* data is also available on the Department's website (see: http://www.health.ny.gov/health_care/managed_care/reports/) as an interactive report card for health care consumers. eQARR consists of web pages with results for related measures presented in tables. The tables are categorized by domains of adult health, behavioral health, care for children and adolescents, provider network, satisfaction, and women's health. Commercial HMO, Commercial PPO, and Medicaid data are all available.

Consumer Guides

Looking to choose a health plan? The Consumer's Guides to Managed Care contain summarized information on quality and satisfaction ratings in a condensed, user-friendly format for people evaluating the quality of health plans. Guides 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 HMO, and Commercial PPO enrollees can all be obtained free of charge at the Department's website (see: https://www.health.ny.gov/health_care/managed_care/consumer_guides/).

Health Plan Service Use in New York State

Looking for utilization information? The *Managed Care Plan Utilization Data* datafile is available on the NYSDOH Healthy Data New York (HDNY) website (see: <https://health.data.ny.gov/Health/Managed-Care-Plan-Utilization-Data-Beginning-2009/h8yk-ufg9>) and presents information on access and utilization of certain services. Acute inpatient utilization, potentially preventable hospitalization, and readmission data are contained in this datafile. This data includes information for Commercial HMO, Commercial PPO, Medicaid, and Child Health Plus members' access to care for children and adults, use of hospitals and ERs, rates of various surgical procedures, and rates of antibiotic utilization.

Healthcare Disparities in Medicaid Managed Care

Looking for information on disparities in healthcare quality? This datafile is available on the NYSDOH Healthy Data New York (HDNY) website (see: <https://health.data.ny.gov/Health/Quality-Assurance-Reporting-Requirements-QARR-Heal/ajt9-v6nf>) and provides information about variation in the quality of care received by select demographic characteristics such as gender, age, race/ethnicity, aid category, mental health status, and region. This data includes Medicaid Managed Care and Child Health Plus data only.

Feedback

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