New York State Department of Health
Office of Quality and Patient Safety

2016

Health Plan

Care Management Report

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Introduction

Plan-led care management, also referred to as case management, is an intervention-based program intended to improve the health plan members' health outcomes. In this context, care management includes: a comprehensive assessment of a member's needs, an individualized care plan, and interventions. The care plan is developed from the assessment, and the interventions are designed to achieve the care plan goals. The aim is to provide coordinated, efficient, quality care, and optimize health outcomes for people with complex health issues. Medicaid managed care (MMC) health plans are required to provide case management and disease management services for their members with chronic health conditions, or complex health issues or situations. MMC is a Medicaid health insurance plan that coordinates the provision, quality, and cost of care for its membership. With this kind of information, over the past 10 years there have been gains in building a foundation to: 1) explore the effectiveness of care management on health service use and outcomes, 2) determine which populations or members benefit the most, and 3) understand if any program models are associated with more effective results.

In New York State, plans have been required to provide case management and disease management services since the 1997 Partnership Program implementation. In 2008, the Medicaid managed care contract requirement for case management and disease management services (section 10.19 and 10.20 of the Medicaid contract) was amended to include specific data requirements for the evaluation of care management by the New York State Department of Health (NYSDOH). Since 2011 (measurement year 2010), NYSDOH has collected and evaluated case management and disease management services and outcomes through standardized measures. Plans are required to submit specific information for all Medicaid members involved in plan-administered care management programs during each calendar year. The collection of this standardized data provides NYSDOH with information that is used to evaluate care management programs, including the number of individuals receiving these services, the types of conditions individuals have, and the impact of care management services on outcomes.

The Department is committed to sharing information about care management services with the public, plans, and stakeholders. Therefore, this report provides a summary of each plan's most recent care management data submission. This submission included data about member and program characteristics for all members who received care management services administered by health plans during measurement year 2016. The goal of this annual report is 1) to provide information about plan care management programs, the members identified for care management, and the efficiency of their programs, 2) to describe utilization patterns for emergency department visits, inpatient stays, and outpatient services for members in care management, and 3) to describe quality results for members in care management.

Data/Methodology

This report is principally based on two data sources, the Health Plan Care Management Assessment Reporting Tool (CMART) and the New York State Medicaid Data. These data provide information regarding which members received care management services; the scope and nature of those services; and claims, encounters, and demographic details. To understand outcomes of members receiving plan-led care management, two additional data sources were used: the Vital Statistics Birth file for High-Risk obstetrics (HROB) was used to calculate birth outcomes of pregnancies receiving HROB care management and the Clinical DataMart was used for quality measures.

The Health Plan CMART is submitted annually to the Department of Health. This data documents the process of plan-led care management services which include:

- Members triggered to receive care management
- Date members are triggered to receive management
- For those who enroll in plan-led care management, CMART includes:
    - Start and end date of care management
    - Type of care management service received
    - Number of interventions
    - Type of interventions: letter, phone, in-person intervention

The Medicaid Data contains all claims and encounters data as well as demographics, diagnoses, etc. regarding health plan members. The Clinical Risk Groups (CRGs) (developed by 3M®) used for stratifications are also from this data source.

The Vital Statistics Birth file consists of all live births that occur in NYS during each calendar year. This data provides the following information about the infants and mothers, which is not recorded in CMART:

- Mother characteristics
    - Demographics (nationality, race/ethnicity, Medicaid aid category, education level, age at time of delivery, region of NYS child was delivered)
    - Gestational weeks at delivery
    - Number of prenatal visits
    - Maternal risk factors
        - Diabetes
        - Gestational diabetes
        - Hypertension
        - Gestational hypertension
    - Referral to High-Risk OB provider
    - Number of times hospitalized during the pregnancy
    - Number of previous live births
- Infant characteristics
    - Neonatal Intensive Care Unit (NICU) use
    - Sex
    - Birthweight

The DOH Clinical DataMart is utilized to calculate quality measures consistent with Healthcare Effectiveness Data and Information Set (HEDIS®) quality measures from the National Committee for Quality Assurance, and Prevention Quality Indicators (PQIs) from the Agency for Healthcare Research and Quality. PQIs can be used to identify potential problem areas in health care quality. These quality measures and quality indicators are used to better understand the quality of care provided by health plan care management.

Limitations

The tables provided in this report are for comparison to the statewide rates/numbers only. These comparisons tell us many characteristics about the care managed recipients, however, the data does not tell us the reason(s) why the recipients are enrolled in the care management program. Program variation between plans/programs limits the ability to compare one plan to another. Plans differ in their methods to identify members as eligible for care management services and plans differ in how care management services are carried out. Trends over time for a single plan may be useful, but because plans can change their internal policies, discontinuities in the data may or may not reflect changes in practice. The variation in plan-led care management programs may create differences in results that would not be apparent.

Variation and/or extreme values in results are difficult to interpret where numbers are small. Therefore, results with fewer than 30 eligible individuals are reported in the tables as SS (small sample).

Measures

This report represents the health plan population during 2016 and contains the following four sections:

- **Outreach:** Descriptive statistics and process measures for members contacted for acute/active care management services.
- **Enrollment:** Descriptive statistics and process measures for members enrolled in acute/active care management services.
- **Quality Measures:** quality measures for members enrolled in care management services at any point in the calendar year.
- **HROB:** Pregnancy/birth outcomes for live-birth infants and mothers who triggered for the HROB Care Management programs.

The Outreach, Enrollment, and Quality Measures sections do not include members who are in the HROB care management program; these members are in the HROB section only.

Data presented in this report are often stratified by Clinical Risk Group (CRG). CRGs are a categorical clinical model (developed by 3M®) which assigns each member of a population to a single mutually exclusive risk category. The CRGs provide a way to consider illness and resource utilization of a full range of patient types, including low income, elderly, commercial beneficiaries, and those with disabilities. CRGs use standard claims data, and when available, additional data such as pharmaceutical data and functional health status which is collected longitudinally. Each CRG is clinically meaningful and correlates with health care utilization and cost. The Standard Model set of CRGs was used, which removes the effects of pregnancy/delivery during the calendar year.

We have combined the Standard Model CRGs as shown below. Each CRG group is defined and includes examples of conditions which could qualify a member for that CRG group.

- **Healthy:** Non-User and CRG number 1 (Healthy)
  - **Non-User:** No medical care encounters
  - **CRG #1:** Uncomplicated upper respiratory infection
- **Stable:** CRG numbers 2 (Significant acute disease) and 3 (Single minor chronic disease)
  - **CRG #2:** Pneumonia
  - **CRG #3:** Migraine Headache
- **Simple Chronic:** CRG numbers 4 (Minor chronic disease in multiple organ systems) and 5 (Single dominant or moderate chronic disease)
  - **CRG #4:** Migraine Headache and Hyperlipidemia
  - **CRG #5:** Diabetes
- **Complex Chronic:** CRG numbers 6 (Pairs – significant chronic disease in multiple organ systems) and 7 (Triples – dominant chronic disease in three or more organ systems)

CRG #6: Diabetes and Congestive Heart Failure (CHF)

CRG #7: Diabetes and CHF and Chronic Obstructive Pulmonary Disorder

- **Critical/HIV:** CRG numbers 8 (Malignancies – dominant, metastatic, and complicated) and 9 (Catastrophic conditions/HIV)

  CRG #8: Metastatic Colon Malignancy, under active treatment

  CRG #9: History of Major Organ Transplant

Outreach

Table 1 shows the enrollment in mainstream health plans as of December 31, 2016, and the total number of triggered care management episodes for the entire year of 2016.

Table 1: Enrollment and total episodes for each health plan

	Enrollment	Total Episodes
Affinity Health Plan	240,114	1,783
CDPHP	85,000	3,002
Empire BlueCross BlueShield Health Plus	358,256	12,204
Excellus BlueCross BlueShield	165,073	4,638
Fidelis Care New York, Inc.	1,255,924	12,401
HealthFirst PHSP	914,100	28,149
HealthNow New York Inc.	22,997	1,036
HIP (EmblemHealth)	172,508	8,693
Independent Health's MediSource	61,914	1,684
MetroPlus Health Plan	461,262	5,856
Molina Healthcare	35,029	896
MVP Health Care	165,659	5,992
UnitedHealthCare Community Plan	457,440	31,163
WellCare of New York	145,000	1,239
YourCare Health Plan	46,610	1,165
Statewide	4,586,886	119,901

Plans identify members in need of care management services throughout the year; the State does not identify members for plan-led care management. The first step in the plan-led care management process is outreach, which starts with the trigger. Criteria for eligibility, the trigger, for care management varies by plan and may include utilization patterns, diagnoses, or other healthcare metrics. Members who trigger and do not enroll are referred to as “triggered only.” In general, the process is as follows:

- Outreach is a process that occurs between the trigger date and when the plan contacts the member. Not all triggered members are contacted by the plans.
- The plan identifies and triggers the eligible member, which initiates the plan’s care management protocol. A member may trigger more than one time during a measurement year. If a Medicaid member changes plans during the calendar year, one or more plans may trigger that member for plan-led care management services.
- Plans may have additional information which can further refine members they attempt to outreach.

Table 2 shows the number of care management triggered episodes, stratified by CRG.

Table 2: Triggered episodes by CRG for each health plan

	Healthy		Stable		Simple Chronic		Complex Chronic		Critical/HIV	
	N	%	N	%	N	%	N	%	N	%
Affinity Health Plan	188	11	105	6	278	16	820	46	392	22
CDPHP	244	8	156	5	562	19	1,818	61	222	7
Empire BlueCross BlueShield Health Plus	430	4	344	3	1,796	15	8,792	72	842	7
Excellus BlueCross BlueShield	376	8	214	5	767	17	2,758	59	523	11
Fidelis Care New York, Inc.	939	8	598	5	1,435	12	6,407	52	3,022	24
HealthFirst PHSP	3,801	14	1,595	6	6,344	23	11,553	41	4,856	17
HealthNow New York Inc.	42	4	45	4	192	19	693	67	64	6
HIP (EmblemHealth)	1,805	21	920	11	2,131	25	3,144	36	693	8
Independent Health's MediSource	80	5	52	3	200	12	1,039	62	313	19
MetroPlus Health Plan	954	16	280	5	891	15	2,495	43	1,236	21
Molina Healthcare	72	8	26	3	217	24	541	60	40	4
MVP Health Care	413	7	366	6	1,042	17	3,599	60	572	10
UnitedHealthCare Community Plan	6,874	22	3,730	12	5,534	18	12,935	42	2,090	7
WellCare of New York	90	7	69	6	165	13	721	58	194	16
YourCare Health Plan	57	5	37	3	160	14	760	65	151	13
Statewide	16,365	14	8,537	7	21,714	18	58,075	48	15,210	13

Note: CRG % by plan may not sum to 100% because of missing data

Members in the Complex Chronic CRG, significant chronic disease in multiple organ systems and dominant chronic disease in three or more organ systems, account for just under 50 percent of triggered Statewide.

Once the member is triggered, the plan’s care management program will attempt to contact the member and offer care management services. This is the outreach phase. Outreach is usually conducted by phone, but occasionally is conducted in-person.

Table 3 shows the percentage of triggered members who were contacted. The percentage contacted is the number of members successfully contacted by the plan divided by the number triggered during the calendar year. The percentage contacted same day, contacted 1-30 days, and contacted 31+ days is the number of members successfully contacted by the plan in each time frame divided by the total number contacted. The percentage of members contacted varies across plans because of differences in eligibility criteria, outreach strategies, and other factors.

Table 3: Triggered members contacted and the contact timing for each health plan

	Triggered	Contacted Total		Contacted Same Day		Contacted 1-30 Days		Contacted 31+ Days	
	N	N	%	N	%	N	%	N	%
Affinity Health Plan	1,783	1,095	61	492	45	407	37	196	18
CDPHP	3,002	2,104	70	1,351	64	709	34	44	2
Empire BlueCross BlueShield Health Plus	12,204	3,692	30	1,686	46	1,528	41	478	13
Excellus BlueCross BlueShield	4,638	2,865	62	1,159	40	1,314	46	392	14
Fidelis Care New York, Inc.	12,401	8,596	69	3,707	43	1,319	15	3,570	42
HealthFirst PHSP	28,149	6,773	24	425	6	3,603	53	2,745	41
HealthNow New York Inc.	1,036	386	37	86	22	282	73	18	5
HIP (EmblemHealth)	8,693	3,678	42	2,151	58	1,307	36	220	6
Independent Health's MediSource	1,684	1,075	64	544	51	426	40	105	10
MetroPlus Health Plan	5,856	3,251	56	1,379	42	1,226	38	646	20
Molina Healthcare	896	510	57	70	14	374	73	66	13
MVP Health Care	5,992	3,433	57	1,485	43	1,816	53	132	4
UnitedHealthCare Community Plan	31,163	14,810	48	2,317	16	10,190	69	2,303	16
WellCare of New York	1,239	1,239	100	939	76	245	20	55	4
YourCare Health Plan	1,165	846	73	304	36	401	47	141	17
Statewide	119,901	54,353	45	18,095	33	25,147	46	11,111	20

Statewide, a little less than half of outreach efforts end in a successful contact. Most successful contacts occur within the first month after the member is triggered.

Once the plan contacts the member, the member may choose to engage in care management or decline the offer.

Table 4 shows the percentage of contacted members who enroll in plan-led care management services. The percentage enrolled is the number of members enrolled by the plan divided by the number successfully contacted during the calendar year. The percentage enrolled same day, enrolled 1-30 days, and enrolled 31+ days is the number of members enrolled by the plan in each time frame divided by the total number successfully contacted.

Table 4: Member enrollment and timing for each health plan

	Contacted	Enrolled Total		Enrolled Same Day		Enrolled 1-30 Days		Enrolled 31+ Days	
	N	N	%	N	%	N	%	N	%
Affinity Health Plan	1,095	483	44	154	32	209	43	120	25
CDPHP	2,104	2,042	97	1,346	66	657	32	39	2
Empire BlueCross BlueShield Health Plus	3,692	1,550	42	358	23	858	55	334	22
Excellus BlueCross BlueShield	2,865	2,063	72	733	36	865	42	465	23
Fidelis Care New York, Inc.	8,596	5,917	69	5,809	98	102	2	6	0
HealthFirst PHSP	6,773	6,278	93	381	6	3,281	52	2,616	42
HealthNow New York Inc.	386	362	94	96	27	256	71	10	3
HIP (EmblemHealth)	3,678	2,255	61	1,548	69	604	27	103	5
Independent Health's MediSource	1,075	959	89	473	49	385	40	101	11
MetroPlus Health Plan	3,251	2,785	86	1,118	40	977	35	690	25
Molina Healthcare	510	371	73	72	19	240	65	59	16
MVP Health Care	3,433	2,390	70	1,239	52	1,103	46	48	2
UnitedHealthCare Community Plan	14,810	2,367	16	738	31	915	39	714	30
WellCare of New York	1,239	1,160	94	826	71	267	23	67	6
YourCare Health Plan	846	484	57	199	41	191	39	94	19
Statewide	54,353	31,466	58	15,090	48	10,910	35	5,466	17

Note: This table excludes 38 enrollments for which enrollment timeframe could not be calculated.

Statewide, almost 60% of contacted members enroll in health plan care management, with slightly less than half enrolling on the day of contact.

Enrollment

Members who are enrolled in plan-led care management services receive interventions. Services and referrals made to the enrolled member are based on an individualized plan of care.

Table 5 shows the number of care management enrolled episodes, stratified by CRG. An episode is a distinct unit of care management with a begin date and an end date. A member may trigger for and enroll in a care management episode more than one time during the measurement year, and therefore have more than one episode during the measurement year. The percentage enrolled in each CRG group is the number of members enrolled in each CRG group divided by the total number enrolled in care management episodes by plan.

Table 5: Enrolled episodes by CRG for each health plan

	Healthy		Stable		Simple Chronic		Complex Chronic		Critical/ HIV	
	N	%	N	%	N	%	N	%	N	%
Affinity Health Plan	41	8	35	7	61	13	246	51	104	21
CDPHP	167	8	101	5	358	18	1,288	63	128	6
Empire BlueCross BlueShield Health Plus	54	3	56	4	192	12	1,011	65	238	15
Excellus BlueCross BlueShield	61	3	45	2	196	10	1,480	72	281	14
Fidelis Care New York, Inc.	138	2	102	2	538	9	4,120	70	1,019	17
HealthFirst PHSP	313	5	160	3	1,017	16	3,652	58	1,136	18
HealthNow New York Inc.	9	2	13	4	50	14	261	72	29	8
HIP (EmblemHealth)	196	9	148	7	438	19	1,178	52	295	13
Independent Health's MediSource	32	3	22	2	82	9	605	63	218	23
MetroPlus Health Plan	339	12	111	4	362	13	1,174	42	827	29
Molina Healthcare	22	6	9	2	69	19	251	68	20	5
MVP Health Care	185	8	125	5	307	13	1,449	61	324	14
UnitedHealthCare Community Plan	212	9	160	7	212	9	1,384	58	399	17
WellCare of New York	84	7	66	6	159	14	669	57	187	16
YourCare Health Plan	14	3	11	2	42	9	362	75	55	11
Statewide	1,867	6	1,164	4	4,083	13	19,130	61	5,260	17

As in Table 2 Triggered by CRG, the Complex Chronic CRG is the largest group.

Services offered to members within care management programs will differ by plan and by member needs. These differences impact the duration of enrollment and the number of interventions provided to enrolled members. Of the 31,504 enrolled episodes in 2016, 13,104 episodes remained open while 1,541 enrolled and closed the same day and 16,859 closed one or more days after enrollment. Table 6 shows the median number of days enrolled in care management and mean number of interventions, stratified by the number of days to closure per each episode.

Table 6: Median number of days and interventions by episode duration for each health plan

	1-30 Days			31+ Days		
	# Enrolled Episodes	Median days	Mean Interventions	# Enrolled Episodes	Median days	Mean Interventions
Affinity Health Plan	67	20.0	5.7	271	73.0	10.0
CDPHP	222	23.0	3.2	1,159	71.0	6.7
Empire BlueCross BlueShield Health Plus	115	19.0	4.4	994	96.5	8.0
Excellus BlueCross BlueShield	88	20.0	3.0	910	126.0	5.9
Fidelis Care New York, Inc.	88	20.5	3.1	1,467	232.0	5.9
HealthFirst PHSP	927	16.0	10.6	2,314	68.5	13.3
HealthNow New York Inc.	69	18.0	6.8	164	68.0	13.5
HIP (EmblemHealth)	117	20.0	3.1	1,879	517.0	11.0
Independent Health's MediSource	247	17.0	3.0	297	77.0	6.4
MetroPlus Health Plan	290	12.0	2.8	1,007	96.0	5.4
Molina Healthcare	14	27.0	4.8	236	91.0	7.9
MVP Health Care	1,068	16.0	7.7	880	62.0	15.0
UnitedHealthCare Community Plan	433	25.0	4.1	1,158	82.5	4.8
WellCare of New York	45	20.0	13.9	52	59.5	17.0
YourCare Health Plan	17	22.0	3.5	264	121.0	9.5
Statewide	3,807	18.0	6.6	13,052	98.0	9.0

Note: Only episodes that closed in the calendar year are included; episodes with the same enrolled and closed date are excluded from this table

The plans vary in both the median number of days enrolled in care management and the mean number of interventions. The variation is largely driven by differences in member's needs to successfully meet the goals of their care plan. One method used to determine the success of care management is to look at the reason the episode closed.

Table 7 shows the number of closed episodes by reason for closure, the median number of days enrolled in care management, and the mean number of interventions for each reason for closure.

Table 7: Reasons for Closure

	N	%	Median # days	Mean Interventions
Met program goals	8,219	49	70.0	9.3
Lost to follow up	5,146	31	62.0	9.0
Disenrolled from plan	2,237	13	108.0	6.8
Refused to continue	774	5	99.5	6.0
Missing	319	2	61.0	6.2

Note: Only episodes that closed in the calendar year are included; episodes with the same enrolled and closed date are excluded from this table

An episode that met program goals is considered a success. Table 8 shows the percentage of episodes that closed with goals met. The total percentage of closure is the number of episodes that met program goals divided by the total number of episodes that closed. The percentage closed by CRG is the number of episodes closed in each CRG divided by the total number of episodes closed for each health plan.

Table 8: Episodes closed for met program goals by CRG for each health plan

	Total % of Closure	Healthy		Stable		Simple Chronic		Complex Chronic		Critical/ HIV	
		N	%	N	%	N	%	N	%	N	%
Affinity Health Plan	40	14	10	21	15	20	15	64	47	17	13
CDPHP	47	54	8	29	4	120	18	401	62	46	7
Empire BlueCross BlueShield Health Plus	37	12	3	33	8	53	13	237	58	77	19
Excellus BlueCross BlueShield	30	6	2	11	4	32	11	221	73	34	11
Fidelis Care New York, Inc.	17	3	1	9	3	28	11	142	55	78	30
HealthFirst PHSP	25	35	4	37	5	124	15	474	59	133	17
HealthNow New York Inc.	40	3	3	3	3	4	4	71	76	13	14
HIP (EmblemHealth)	82	164	10	118	7	346	21	892	54	126	8
Independent Health's MediSource	28	8	5	7	5	15	10	109	71	15	10
MetroPlus Health Plan	57	32	4	18	2	92	12	488	66	110	15
Molina Healthcare	43	5	5	2	2	14	13	79	74	7	7
MVP Health Care	83	97	6	76	5	195	12	1,025	64	215	13
UnitedHealthCare Community Plan	70	129	12	114	10	93	8	624	56	152	14
WellCare of New York	74	8	11	4	6	8	11	38	53	14	19
YourCare Health Plan	43	1	1	3	2	9	7	100	83	8	7
Statewide	49	571	7	485	6	1,153	14	4,965	60	1,045	13

Note: Only episodes that closed in the calendar year are included; episodes with the same enrolled and closed date are excluded from this table

Statewide, most of the members that ended care management because they met episode program goals were in the complex chronic CRG group (60%). Please note,

this does not include episodes that are not closed within the measurement year. There may be episodes which successfully meet goals and close in the subsequent year.

Quality Measures

Quality measures and PQIs, used to measure performance across health plans in New York State, can also be used to identify problems, opportunities for improvement, and obtain a baseline assessment of current practices. They are used as a first step to establishing performance benchmarks for the care management group. Table 9 shows the quality measure performance among enrolled care management members by CRG. These measures are expressed as the percentage of members meeting the criteria definition for the quality measures.

Table 9: Percent of members meeting quality measures by CRG

	Healthy	Stable	Simple Chronic	Complex Chronic	Critical/ HIV
Adult BMI Assessment (ABA)	SS	SS	SS	95	SS
Breast Cancer Screening (BCS)	15	SS	63	68	65
Cervical Cancer Screening (CCS)	72	80	75	66	66
Chlamydia Screening (CHL)	80	80	76	72	51
Colorectal Cancer Screening (COL)	27	40	39	56	56
Comprehensive Diabetes Care - HbA1c Test (CDC)	70	72	87	87	83
HIV/AIDS Comprehensive Care - Syphilis Screening	SS	SS	SS	45	72
HIV/AIDS Comprehensive Care - Viral Load Monitoring	SS	SS	SS	SS	67
HIV/AIDS Comprehensive Care - Engaged in Care	SS	SS	SS	94	91
Medication Management for People with Asthma - 50% Days covered (MMA)	SS	SS	55	68	75
Medication Management for People with Asthma - 75% Days covered (MMA)	SS	SS	26	43	51
Antidepressant Medication Management - Acute Phase (84 days) (AMM)	SS	39	50	58	52
Antidepressant Medication Management - Continuation Phase (180 days) (AMM)	SS	19	36	45	41
Follow Up After Hospitalization for Mental Illness - 7 days (FUH)	62	74	68	58	51
Follow Up After Hospitalization for Mental Illness - 30 days (FUH)	78	86	82	75	68
Initiation of Alcohol and Other Drug Dependence Treatment (IET)	60	43	59	56	50
Engagement of Alcohol and Other Drug Dependence Treatment (IET)	20	12	21	13	8

SS: Small Sample Size

The measures in Table 10 are rates of potentially preventable hospitalizations for specific chronic conditions. These chronic conditions are prevalent for many of the members enrolled in care management. The measures are expressed as the rate of events per 100,000 members.

Table 10: Prevention Quality Indicator Rates per 100,000 Enrollees by CRG

	Healthy	Stable	Simple Chronic	Complex Chronic	Critical/ HIV
Diabetes Short-Term Complications Admission Rate (PQI #1)	29	41	434	2,297	1,460
Diabetes Long-Term Complications Admission Rate (PQI #3)	117	SS	170	2,264	1,675
COPD or Asthma in Older Adults Admission Rate (PQI #5)	1,770	337	1,931	8,608	6,629
Hypertension Admission Rate (PQI #7)	29	SS	38	543	86
Heart Failure Admission Rate (PQI #8)	350	41	226	4,123	4,854
Dehydration Admission Rate (PQI #10)	146	82	151	1,047	1,267
Bacterial Pneumonia Admission Rate (PQI #11)	58	SS	226	1,371	1,740
Urinary Tract Infection Admission Rate (PQI #12)	29	41	208	691	795
Uncontrolled Diabetes Admission Rate (PQI #14)	SS	SS	151	817	816
Asthma in Younger Adults Admission Rate (PQI #15)	139	62	418	2,127	2,899
Lower-Extremity Amputation among Patients with Diabetes Rate (PQI #16)	SS	SS	19	389	279

SS: Small Sample Size

Utilization

Utilization of medical services is a major component of the total cost of health care. One of the goals of care management is to lower utilization cost by decreasing emergency department (ED) and inpatient use, while simultaneously increasing outpatient use. The shift from ED and inpatient treatment of acute episodes to outpatient long-term management and prevention is also expected to improve outcomes. Tables 11 through 13 show the utilization rates of emergency department, inpatient care, and outpatient care for anytime during the calendar year that the care management episode occurred.

Emergency department utilization is defined as visits to the ED that do not transfer to an inpatient stay. Inpatient utilization is defined as hospitalizations. Outpatient utilization is defined as ambulatory visits to providers.

Table 11: Emergency Department Rates per 1,000 member years by CRG

	Healthy	Stable	Simple Chronic	Complex Chronic	Critical/ HIV
Affinity Health Plan	957	1,612	1,553	2,032	1,248
CDPHP	1,037	1,544	1,566	2,470	2,986
Empire BlueCross BlueShield Health Plus	1,133	1,778	1,173	1,550	1,906
Excellus BlueCross BlueShield	681	996	1,098	1,873	1,932
Fidelis Care New York, Inc.	696	1,271	952	1,386	1,461
HealthFirst PHSP	1,240	1,714	1,488	2,250	2,019
HealthNow New York Inc.	1,392	2,784	1,136	2,457	1,067
HIP (EmblemHealth)	743	920	676	1,060	1,029
Independent Health's MediSource	1,394	1,870	1,487	2,311	1,462
MetroPlus Health Plan	646	1,568	997	1,611	1,154
Molina Healthcare	1,412	1,707	1,816	3,109	3,056
MVP Health Care	981	1,652	1,578	2,838	2,393
UnitedHealthCare Community Plan	783	768	1,091	2,055	1,546
WellCare of New York	599	1,044	992	1,591	1,707
YourCare Health Plan	1,815	2,531	1,773	2,112	2,768
Statewide	926	1,408	1,245	1,913	1,659

Table 12: Inpatient Rates per 1,000 member years by CRG

	Healthy	Stable	Simple Chronic	Complex Chronic	Critical/ HIV
Affinity Health Plan	1,074	1,020	1,165	1,890	1,883
CDPHP	513	524	506	1,156	3,210
Empire BlueCross BlueShield Health Plus	848	752	602	1,229	2,521
Excellus BlueCross BlueShield	540	563	466	895	1,672
Fidelis Care New York, Inc.	635	687	401	816	1,681
HealthFirst PHSP	682	820	483	1,315	2,615
HealthNow New York Inc.	1,094	667	746	1,673	2,286
HIP (EmblemHealth)	433	716	489	904	1,899
Independent Health's MediSource	918	659	754	1,353	1,244
MetroPlus Health Plan	338	803	520	1,187	833
Molina Healthcare	318	659	484	1,180	2,111
MVP Health Care	930	951	802	1,388	2,961
UnitedHealthCare Community Plan	973	844	1,144	1,564	2,558
WellCare of New York	574	787	602	1,277	1,618
YourCare Health Plan	630	1,359	674	1,155	2,582
Statewide	717	793	601	1,161	1,942

Table 13: Outpatient Rates per 1,000 member years by CRG

	Healthy	Stable	Simple Chronic	Complex Chronic	Critical/ HIV
Affinity Health Plan	15,667	15,507	16,860	20,664	19,286
CDPHP	5,923	6,975	8,145	13,337	19,810
Empire BlueCross BlueShield Health Plus	11,472	13,802	11,741	18,033	24,247
Excellus BlueCross BlueShield	5,880	7,693	8,801	15,350	15,080
Fidelis Care New York, Inc.	9,617	10,863	10,543	18,429	21,087
HealthFirst PHSP	10,093	12,556	8,864	17,749	22,343
HealthNow New York Inc.	5,436	7,804	4,780	10,616	10,210
HIP (EmblemHealth)	5,567	9,072	7,566	16,167	22,592
Independent Health's MediSource	4,822	6,323	5,339	12,639	10,667
MetroPlus Health Plan	4,562	9,155	7,173	14,856	13,195
Molina Healthcare	6,424	10,220	7,047	11,868	16,278
MVP Health Care	13,455	12,575	11,188	19,281	25,316
UnitedHealthCare Community Plan	9,169	10,397	12,117	19,750	21,249
WellCare of New York	6,780	9,526	8,555	16,113	18,117
YourCare Health Plan	5,074	8,344	7,356	14,588	15,181
Statewide	9,036	10,814	9,470	17,009	19,321

High-Risk Obstetrics (HROB)

The Health Plan CMART has a total of ten program type choices. Not all plans have all ten programs; however, all plans offer the HROB program. This section describes the HROB population served by the plans and the population's health outcomes. The HROB care management program is different from the other program types, because there is a definitive closure day to each person's time in the program (either the birth of the child or two weeks after the birth). In this section, measures are based on women who were referred to an HROB care management group and numbers and percentages are based on a rolling three years. For this report, 2013-2015 data is included.

The HROB care management program is not included in the counts, percentages, or rates in any other section of this Report.

Table 14 shows the distribution of HROB pregnancies across the plans by enrollment. The percentage contacted is the number of pregnancies for which the mothers were successfully contacted divided by the total number of pregnancies triggered during the calendar year. The percentage enrolled is the number of pregnancies for which the mothers enrolled in care management services divided by the total number successfully contacted.

Table 14: High-risk pregnancies triggered, contacted, and enrolled in HROB care management services for each health plan

	Triggered Pregnancies	Contacted		Enrolled	
		N	%	N	%
Affinity Health Plan	2,381	1,334	56	818	61
CDPHP	631	418	66	372	89
Empire BlueCross BlueShield Health Plus	2,979	1,859	62	1,211	65
Excellus BlueCross BlueShield	1,812	1,134	63	602	53
Fidelis Care New York, Inc.	1,605	1,021	64	220	22
HealthFirst PHSP	19,666	5,414	28	5,343	99
HealthNow New York Inc.	362	350	97	349	100
HIP (EmblemHealth)	2,993	2,487	83	918	37
Independent Health's MediSource	2,632	1,919	73	1,909	99
MetroPlus Health Plan	1,486	1,378	93	1,341	97
Molina Healthcare	124	84	68	63	75
MVP Health Care	2,319	1,248	54	800	64
UnitedHealthCare Community Plan	2,716	1,567	58	1,567	100
WellCare of New York	219	197	90	196	99
YourCare Health Plan	529	444	84	402	91
Statewide	42,454	20,854	49	16,111	77

Although CMART provides basic demographic information about the mothers, it does not provide any demographic data about the infants. The CMART data is matched to the Vital Statistics Birth file to provide additional information on the mother and infant.

Table 15 shows the maternal demographics and other characteristics for members who triggered compared to those who enrolled in HROB care management services during the measurement year.

Table 15: HROB Maternal Demographics and Characteristics

Demographic	Triggered		Enrolled Only	
	N	%*	N	%*
Place of Birth				
USA	21,772	51	9,115	54
Other	20,682	49	7,912	46
Region of NYS				
Central	965	2	433	2
Hudson Valley	1,743	4	760	6
Long Island	4,426	11	1,917	9
Northeast	661	2	268	2
NYC	27,556	66	14,663	59
Western	6,371	15	3,440	21
Aid Category				
FHP	1,418	3	583	3
SSI	982	2	456	3
TANF	40,008	94	15,970	94
Education Level				
Not HS Graduate	12,781	30	4,998	29
HS Graduate	13,350	31	5,361	31
College	16,100	38	6,583	39
Age				
< 18 Years	852	2	305	2
18 - 19 Years	1,749	4	650	4
20 - 29 Years	22,354	53	8,730	51
> 29 Years	17,499	41	7,342	43
Race				
White	13,738	32	5,597	33
Black	10,249	24	4,442	26
Hispanic	3,790	9	1,576	9
Other	14,677	35	5,412	32

Table 15 (Cont.): HROB Maternal Demographics and Characteristics

Demographic	Triggered		Enrolled Only	
	N	%*	N	%*
CRG Group				
Healthy	9,721	23	3,389	20
Stable	11,136	26	4,317	25
Simple Chronic	12,086	28	4,925	29
Complex Chronic	9,026	21	4,155	24
Critical/HIV	483	1	241	1
Risks				
Diabetes	686	2	376	2
Gestational Diabetes	3,711	9	1,669	10
Hypertension	1,141	3	530	3
Gestational Hypertension	2,212	5	985	6
Characteristics				
High-Risk Referral	3,274	8	1,503	8
Hospitalized during Pregnancy	2,045	5	1,179	5
Number Previous Pregnancies				
0	10,881	26	4,075	24
1 - 2	18,561	44	7,469	44
3 - 4	8,394	20	3,552	21
5 +	4,618	11	1,931	11

*: Category % may not sum to 100% because of missing data

Table 16 reports demographic data for infants born to the women triggering and enrolling in HROB care management.

Table 16: Infant Demographics and Characteristics

Demographic	Triggered		Enrolled Only	
	N	%	N	%
Sex				
Female	21,540	49	8,759	49
Male	22,270	51	9,085	51
Gestational Age				
< 33 weeks	1,408	3	639	4
33 - 35 weeks	2,260	5	1,024	6
36 - 38 weeks	13,083	30	5,645	32
39 + weeks	27,060	62	10,537	59
NICU Use	6,436	15	2,767	16
Birthweight				
Very Low Birthweight	968	2	440	2
Low Birthweight	3,990	9	1,736	10
Large for Gestational Age	2,630	6	1,127	6
Macrosomia	2,887	7	1,185	7
Modified Kessner Index*				
Intensive	4,996	11	2,211	12
Adequate	23,174	53	9,614	54
Intermediate	11,317	26	4,506	25
Inadequate	2,930	7	931	5
No Care	150	0	47	0
Missing	1,067	2	471	3
Statewide	43,811		17,845	

* Adequacy of prenatal care is defined in terms of timing and quantity of prenatal visits, adjusted for gestation length.

Note: Demographic groups may not total the Statewide total due to missing data.

The amount of time the women are in the HROB program is an important piece of the high-risk pregnancy care management program. The shorter the time the woman is enrolled in the HROB care management program, the less time there is to provide interventions that could increase positive outcomes.

Table 17 shows the number and percentage of time women are enrolled in the HROB program prior to delivery. The percentage of mothers who were triggered and enrolled after the infant was born were most likely members of a mom and infant oriented care management program that occurs during the first two weeks of the infants' lives.

Table 17: Time in Care Management to Delivery

	Enrolled Only	
	N	**%**
Length of Time Before Delivery		
More than 8 Months	46	0
8 Months	664	4
7 Months	2,047	11
6 Months	2,538	14
5 Months	2,770	16
4 Months	2,650	15
3 Months	2,695	15
2 Months	2,005	11
1 Month	1,318	7
Same Day Delivery	82	0
After Delivery	1,030	6
	Mean	
Mean Number of Months	3.6	

Appendix

Quality Measures

Improving Preventive Care

Adult BMI Assessment (ABA): Percent of members, with an outpatient visit, who had their BMI documented during the measurement year or the year prior to the measurement year.

Breast Cancer Screening (BCS): Percent of women who had one or more mammograms to screen for breast cancer at any time two years prior up through the measurement year.

Cervical Cancer Screening (CCS): Percent of women, who had cervical cytology performed every 3 years or who had cervical cytology/human papillomavirus co-testing performed every 5 years.

Chlamydia Screening (CHL): Percent of sexually active young women who had at least one test for Chlamydia during the measurement year.

Colorectal Cancer Screening (COL): Percent of adults who had appropriate screening for colorectal cancer during the measurement year.

Improving Disease-related Care for Chronic Conditions

Comprehensive Diabetes Care - HbA1c Test (CDC): The percent of members with diabetes who received at least one Hemoglobin A1c (HbA1c) test within the year.

HIV/AIDS Comprehensive Care - Syphilis Screening: The percent of members with HIV/AIDS who were screened for syphilis in the past year.

HIV/AIDS Comprehensive Care - Viral Load Monitoring: The percent of members with HIV/AIDS who had two viral load tests performed with at least one test during each half of the past year.

HIV/AIDS Comprehensive Care - Engaged in Care: The percent of members with HIV/AIDS who had two visits for primary care or HIV-related care with at least one visit during each half of the past year.

Medication Management for People with Asthma - 50% Days covered (MMA): The percent of members with persistent asthma who filled prescriptions for asthma controller medications during at least 50% of their treatment period.

Medication Management for People with Asthma - 75% Days covered (MMA): The percent of members with persistent asthma who filled prescriptions for asthma controller medications during at least 75% of their treatment period.

Improving Outcomes for Persons with Mental Illness

Antidepressant Medication Management - Acute Phase (84 days) (AMM): The percent of members who remained on antidepressant medication during the entire 12-week acute treatment phase.

Antidepressant Medication Management - Continuation Phase (180 days) (AMM): The percent of members who remained on antidepressant medication for at least six months.

Follow Up After Hospitalization for Mental Illness - 7 days (FUH): The percent of members who were seen on an ambulatory basis or who were in intermediate treatment with a mental health provider within 7 days of discharge.

Follow Up After Hospitalization for Mental Illness - 30 days (FUH): The percent of members who were seen on an ambulatory basis or who were in intermediate treatment with a mental health provider within 30 days of discharge.

Improving Outcomes for Persons with Substance Use Disorders

Initiation of Alcohol and Other Drug Dependence Treatment (IET): The percent of members who, after the first new episode of alcohol or drug dependence, initiated treatment within 14 days of the diagnosis.

Engagement of Alcohol and Other Drug Dependence Treatment (IET): The percent of members who, after the first new episode of alcohol or drug dependence, initiated treatment and had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit.

Prevention Quality Indicators; Reducing Avoidable Hospitalizations

Diabetes Short-Term Complications Admission Rate (PQI #1): Admissions for a principal diagnosis of diabetes with short-term complications (ketoacidosis, hyperosmolarity, or coma) per 100,000 population; excludes obstetric admissions.

Diabetes Long-Term Complications Admission Rate (PQI #3): Admissions for a principal diagnosis of diabetes with long-term complications (renal, eye, neurological, circulatory, or complications not otherwise specified) per 100,000 population; excludes obstetric admissions.

COPD or Asthma in Older Adults Admission Rate (PQI #5): Admissions with a principal diagnosis of COPD or asthma per 100,000 population, ages 40 and older; excludes obstetric admissions.

Hypertension Admission Rate (PQI #7): Admissions with a principal diagnosis of hypertension per 100,000 population; excludes kidney disease combined with dialysis access procedure admissions, cardiac procedure admissions, and obstetric admissions).

Heart Failure Admission Rate (PQI #8): Admissions with a principal diagnosis of heart failure per 100,000 population; excludes cardiac procedure admissions and obstetric admissions.

Dehydration Admission Rate (PQI #10): Admissions with a principal diagnosis of dehydration per 100,000 population; excludes obstetric admissions.

Bacterial Pneumonia Admission Rate (PQI #11): Admissions with a principal diagnosis of bacterial pneumonia per 100,000 population; excludes sickle cell or hemogobin-5 admissions, other indications of immunocompromised state admissions, and obstetric admissions.

Urinary Tract Infection Admission Rate (PQI #12): Admissions with a principal diagnosis of urinary tract infection per 100,000 population; excludes kidney or urinary tract disorder admissions, other indications of immunocompromised state admissions, and obstetric admissions.

Uncontrolled Diabetes Admission Rate (PQI #14): Admissions for a principal diagnosis of diabetes without mention of short-term (ketoacidosis, hyperosmolarity, or coma) or long-term (renal, eye, neurological, circulatory, or other unspecified) complications per 100,000 population; excludes obstetric admissions.

Asthma in Younger Adults Admission Rate (PQI #15): Admissions for a principal diagnosis of asthma per 100,000 population, ages 18 to 39 years; excludes

admissions with an indication of cystic fibrosis or anomalies of the respiratory system and obstetric admissions.

Lower-Extremity Amputation among Patients with Diabetes Rate (PQI #16): Admissions for any-listed diagnosis of diabetes and any-listed procedure of lower-extremity amputation per 100,000 population; excludes any-listed diagnosis of traumatic lower-extremity amputation admissions, toe amputation admissions, and obstetric admissions.

Reducing Utilization Associated with Avoidable IP stays and ED visits

Ambulatory Care - Emergency Department (AMB-ED): Utilization of ambulatory care ED visits per 1,000 member years. Does not include mental health- or chemical dependency-related services.

Ambulatory Care - Outpatient (AMB-OP): Utilization of ambulatory care OP visits per 1,000 member years. Does not include mental health- or chemical dependency-related services.

Inpatient Utilization (IPU): Utilization of total acute inpatient stays per 1,000 member years. Does not include mental health- or chemical dependency-related inpatient stays.

Mainstream Plan Covered Counties

Counties in NYS each Mainstream plan cover			
Affinity Health Plan			
Bronx	Brooklyn	Manhattan	Nassau
Orange	Queens	Rockland	Staten Island
Suffolk	Westchester		
CDPHP			
Albany	Broome	Columbia	Fulton
Greene	Montgomery	Rensselaer	Saratoga
Schenectady	Schoharie	Tioga	Washington
Empire BlueCross BlueShield Health Plus			
Bronx	Brooklyn	Manhattan	Nassau
Putnam	Queens	Staten Island	
Excellus BlueCross BlueShield			
Broome	Herkimer	Livingston	Monroe
Oneida	Ontario	Orleans	Otsego
Seneca	Wayne		
Fidelis Care New York, Inc.			
Albany	Allegany	Bronx	Brooklyn
Broome	Cattaraugus	Cayuga	Chatauqua
Chemung	Chenango	Clinton	Columbia
Cortland	Delaware	Dutchess	Erie
Essex	Franklin	Fulton	Genesee
Greene	Hamilton	Herkimer	Jefferson
Lewis	Livingston	Madison	Manhattan
Monroe	Montgomery	Nassau	Niagara
Oneida	Onondaga	Ontario	Orange
Orleans	Oswego	Otsego	Putnam
Queens	Rensselaer	Rockland	Saratoga
Schenectady	Schoharie	Schuyler	Seneca
St. Lawrence	Staten Island	Steuben	Suffolk
Sullivan	Tioga	Tompkins	Ulster
Warren	Washington	Wayne	Westchester
Wyoming	Yates		
HealthFirst PHSP			
Bronx	Brooklyn	Manhattan	Nassau
Queens	Staten Island	Suffolk	
HealthNow New York, Inc.			
Allegany	Cattaraugus	Chautauqua	Orleans
Wyoming			

Counties in NYS each Mainstream plan cover (continued)			
HIP (EmblemHealth)			
Bronx	Brooklyn	Manhattan	Nassau
Queens	Staten Island	Suffolk	Westchester
Independent Health's MediSource			
Erie			
MetroPlus Health Plan			
Bronx	Brooklyn	Manhattan	Queens
Staten Island			
Molina Healthcare			
Cortland	Onondaga	Tompkins	
MVP Health Care			
Albany	Columbia	Dutchess	Genesee
Greene	Jefferson	Lewis	Livingston
Monroe	Oneida	Ontario	Orange
Putnam	Rensselaer	Rockland	Saratoga
Schenectady	Sullivan	Ulster	Warren
Washington	Westchester		
UnitedHealthCare Community Plan			
Albany	Bronx	Brooklyn	Broome
Cayuga	Chautauqua	Chemung	Chenango
Clinton	Columbia	Dutchess	Erie
Essex	Franklin	Fulton	Genesee
Greene	Herkimer	Jefferson	Lewis
Livingston	Madison	Manhattan	Monroe
Nassau	Niagara	Oneida	Onondaga
Ontario	Orange	Orleans	Oswego
Queens	Rensselaer	Rockland	Schenectady
Seneca	St. Lawrence	Staten Island	Suffolk
Tioga	Ulster	Warren	Wayne
Westchester	Wyoming	Yates	
WellCare of New York			
Albany	Bronx	Brooklyn	Dutchess
Erie	Manhattan	Nassau	Niagara
Orange	Queens	Rensselaer	Rockland
Schenectady	Schuyler	Steuben	Ulster
YourCare Health Plan			
Allegany	Cattaraugus	Chautauqua	Erie
Monroe	Ontario	Wyoming	