

2022 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 2023 for the 2022 measurement year and was specific to child members enrolled in Medicaid Managed Care or Child Health Plus (CHIP).

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

- Adult Health
- Behavioral Health
- Child and Adolescent Health
- Provider Network
- Satisfaction with Care
- Women's Health

Alignment of Quality Measurement in New York State

NYS 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 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. 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.¹ 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://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) 2022. 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.² 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. NYS'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.³ Plans pay the health care providers directly, therefore 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.

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 Plan Marketplace, they can determine what insurance options are available to them based on their financial status, family size, and health conditions.⁴ Low-income residents are eligible for Medicaid, and children are eligible for CHIP. Residents who are legal immigrants or whose income exceeds the Medicaid or CHIP requirements but earn up to 200% of the federal poverty level (FPL) are eligible for the Essential Plan (EP), which provides federally-subsidized insurance for basic care.⁵ Starting in April 2024, the EP eligibility will expand to New Yorkers with incomes up to 250% FPL.⁶ Residents with higher levels of income can

² https://www.health.ny.gov/health_care/managed_care/

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

⁴ <https://nystateofhealth.ny.gov/>

⁵ <https://info.nystateofhealth.ny.gov/sites/default/files/2022%20Income%20Levels.pdf>

⁶ <https://info.nystateofhealth.ny.gov/news/press-release-governor-hochul-announces-federal-approval-expand-access-high-quality-affordable>

Section 1: Background

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.

New York State Medicaid Program

NYS 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 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 NYS Medicaid has grown from 4.4 million members in 1975 to over 7.7 million enrolled as of December 2022, about 77% of Medicaid members, or over 5.9 million individuals, enrolled in Medicaid Managed Care. As a proponent of continuous quality improvement, NYS is committed to improving efficiency within the Medicaid Program. 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.ny.gov/new-york-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

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 **2022 measurement year**.

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.	8
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 Managed Care (MMC)	Medicaid Managed Care is a government-sponsored insurance program for persons of all ages whose resources and income are not sufficient to pay for health care. MMC 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.	12
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 MMC, 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.	12
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 living in New York City. Dependent children of eligible individuals may also enroll in a SNP. An SNP functions like MMC 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.	11
Essential Plan (EP)	EP is a government-sponsored health insurance program for adults aged 19-64 years, who are not eligible for Medicaid, Child Health Plus, employer or other coverage, and meet EP plan income requirements. EP members are charged very low or no premium, and are offered the same essential benefits as other plans.	12

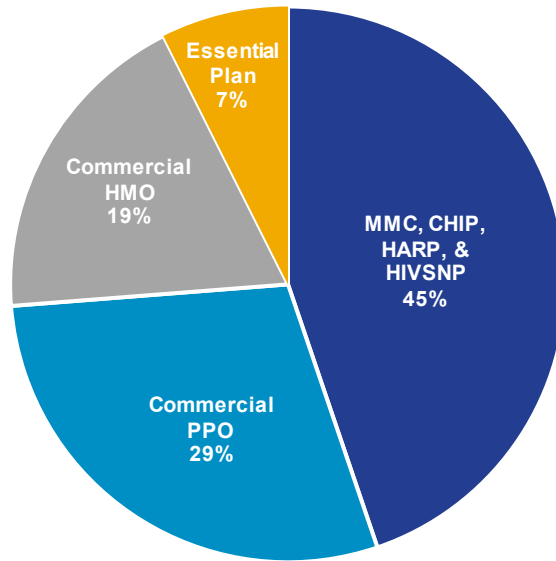
* Managed care organizations operate multiple types of insurance plans.

Section 2: Managed Care Enrollment

Managed Care Enrollment

While many people are enrolled in a Commercial HMO or PPO health plan, the Medicaid Managed Care program represents almost half of the managed care enrollment (Figure 1). EP represents 7 percent of the managed care enrollment.

Figure 1 Managed Care Enrollment for Measurement Year 2022



CHIP = 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 Quality Measurement

QARR quality measurement rates were impacted by the COVID-19 pandemic due to fewer in-person visits, closures of medical facilities, reduced staff or capacity by health care providers, and incomplete data collection. As the COVID-19 impacts subsided during 2022, measurement rates improved for several measures when compared to measure results during the height of the pandemic:

- Between MY 2020 and MY 2022, improvements in comprehensive diabetic care were exhibited. Key quality indicators, namely, poor hemoglobin A1c control, eye exam, and blood pressure control among members with diabetes, showed over 10% improvement in various payers. Notably, over 15% of reductions in poor hemoglobin bA1c control were reported for all payers, with the exception of commercial HMO.
- Another chronic disease management measure, the asthma medication ratio, also showed a more than 10% increase from MY2020 to MY2022 in MMC, HIV SNP, HARP, and EP plans. All payers showed higher rates for this measure compared to their pre-pandemic rate in MY 2019.

Despite the improvement in chronic disease care, the rates of pharmacotherapy treatment for patients with opioid use disorder for MMC, HIV SNP, and EP plans were trending in the wrong direction from MY 2020 to MY 2022. In the CAHPS survey among MMC and CHIP children members, the proportion of individuals who reported a satisfactory rating for all child's care decreased by 4% from 90% to 86% from MY2020 to MY 2022. Other measures, like health plan rating and satisfaction with specialists, also decreased.

The COVID-19 Immunization Status quality measure was added to the QARR 2022 measure set to improve healthcare and encourage managed care plans to improve COVID-19 vaccination rates in accordance with State and Federal recommendations. The specifications measured (1) the percentage of members aged 6 months and older who have received the primary series of the COVID-19 vaccination and (2) the percentage of members aged 5 years and older who have received the primary series of the COVID-19 vaccine and a booster. A more comprehensive review of this data can be found later in the report.

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 2022 are displayed below.

Commercial HMO Plans

Measure	2019	2020	2021	2022	Trend	% Change From 2020 to 2022
Adult Health						
Blood Pressure Control for Patients With Diabetes	NT	63	67	69		10%
Controlling High Blood Pressure	NT	60	62	69		15%
Behavioral Health						
Follow-Up After High-Intensity Care for Substance Use Disorder Within 7 Days	NA	49	46	43		-12%

Commercial PPO Plans

Measure	2019	2020	2021	2022	Trend	% Change From 2020 to 2022
Adult Health						
Controlling High Blood Pressure	NT	49	56	58		18%
Discussing Smoking Cessation Medications	55	59	49	47		-20%
Discussing Smoking Cessation Strategies	47	54	43	45		-17%
Eye Exam for Patients With Diabetes	54	46	50	51		11%
HbA1C Control for Patients with Diabetes - Poor Control (NOTE: A lower rate is better.)	31	39	36	30		23%
Behavioral Health						
Metabolic Monitoring for Children and Adolescents on Antipsychotics	43	37	43	42		14%

Medicaid Managed Care Plans

Measure	2019	2020	2021	2022	Trend	% Change From 2020 to 2022
Adult Health						
Asthma Medication Ratio (Ages 19-64)	57	51	51	59		16%
Blood Pressure Control for Patients With Diabetes	NT	55	62	65		18%
Controlling High Blood Pressure	NT	56	65	67		20%
HbA1C Control for Patients with Diabetes - Poor Control (NOTE: A lower rate is better.)	27	41	35	35		15%
Behavioral Health						
Metabolic Monitoring for Children and Adolescents on Antipsychotics	43	34	39	42		24%
Pharmacotherapy for Opioid Use Disorder	NA	38	32	33		-13%
Child and Adolescent Health						
Annual Dental Visit (Ages 2-18)	64	48	53	54		13%

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 2022

= indicates that the rate improved from 2020 to 2022

Section 3: Quality Measurement During the COVID-19 Pandemic

HIV SNP Plans

Measure	2019	2020	2021	2022	Trend	% Change From 2020 to 2022
Adult Health						
Asthma Medication Ratio (Ages 19-64)	30	31	32	40		29%
Eye Exam for Patients With Diabetes	58	55	53	61		11%
HbA1C Control for Patients with Diabetes - Poor Control <i>(NOTE: A lower rate is better.)</i>	29	28	25	21		25%
Behavioral Health						
Antidepressant Medication Management-Effective Continuation Phase Treatment	41	41	40	46		12%
Pharmacotherapy for Opioid Use Disorder	NA	31	22	22		-29%
Women's Health						
Postpartum Care	85	65	65	73		12%

HARP Plans

Measure	2019	2020	2021	2022	Trend	% Change From 2020 to 2022
Adult Health						
Asthma Medication Ratio (Ages 19-64)	49	40	41	53		33%
Controlling High Blood Pressure	NT	60	63	66		10%
HbA1C Control for Patients with Diabetes - Poor Control <i>(NOTE: A lower rate is better.)</i>	36	45	41	38		16%

EP Plans

Measure	2019	2020	2021	2022	Trend	% Change From 2020 to 2022
Adult Health						
Asthma Medication Ratio (Ages 19-64)	68	67	72	77		15%
Flu Vaccination for Adults Ages 18-64	44	45	44	40		-11%
HbA1C Control for Patients with Diabetes - Poor Control <i>(NOTE: A lower rate is better.)</i>	28	39	35	31		21%
Behavioral Health						
Pharmacotherapy for Opioid Use Disorder	NA	36	31	30		-17%

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 2022

= indicates that the rate improved from 2020 to 2022

Section 3: Quality Measurement During the COVID-19 Pandemic

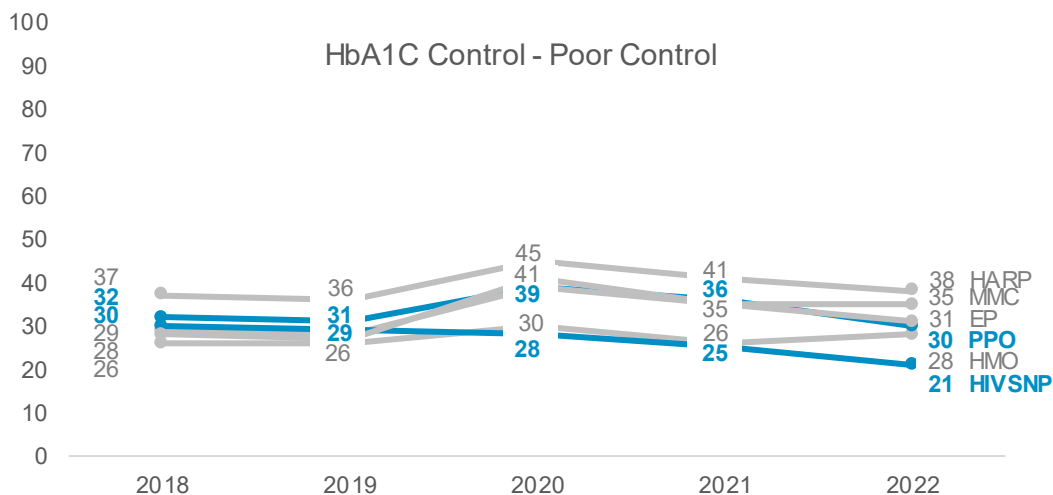
Quality Measure Highlights by Payer

Measures that Improved in 2022

Measures that Rebounded After Substantial Decreases in 2020

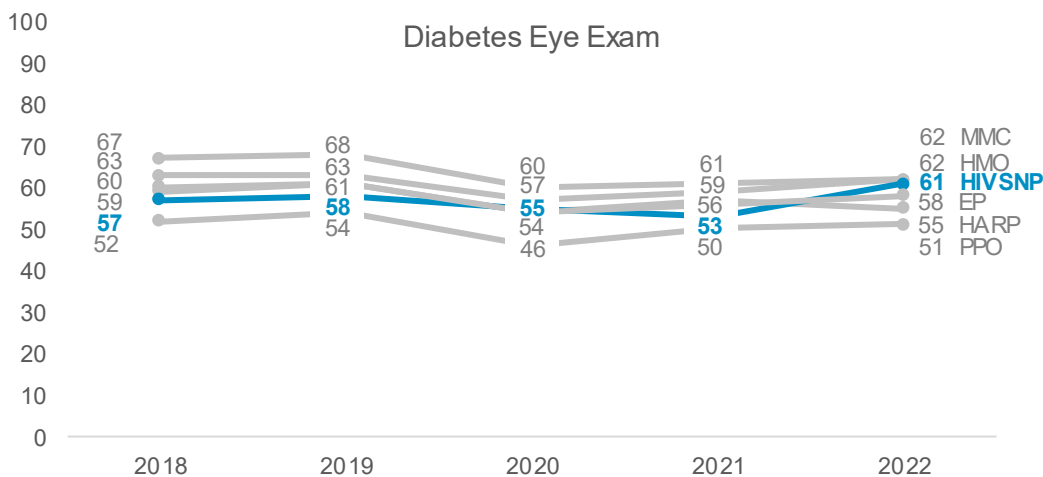
Adult Health

Rates for diabetes poor HbA1C control improved* for all payers in 2022, especially for Commercial PPO and HIV SNP, which have rebounded above pre-pandemic rates.



* NOTE: A lower rate is desirable for this measure. Decreases in this rate signify an improvement in performance.

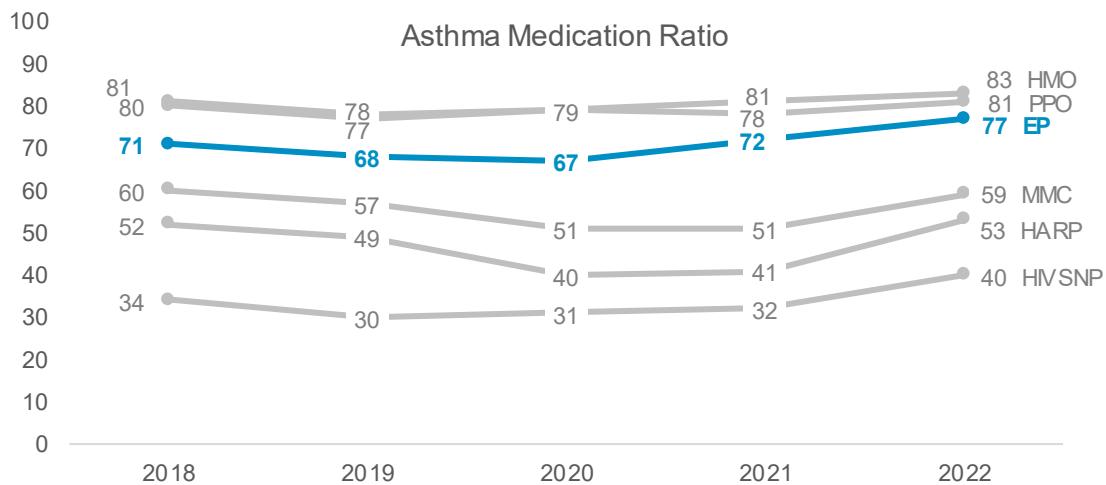
Rates for dilated eye exam for diabetes care improved for all payers in 2022, yet only the HIV SNP has rebounded above the pre-pandemic rate.



Section 3: Quality Measurement During the COVID-19 Pandemic

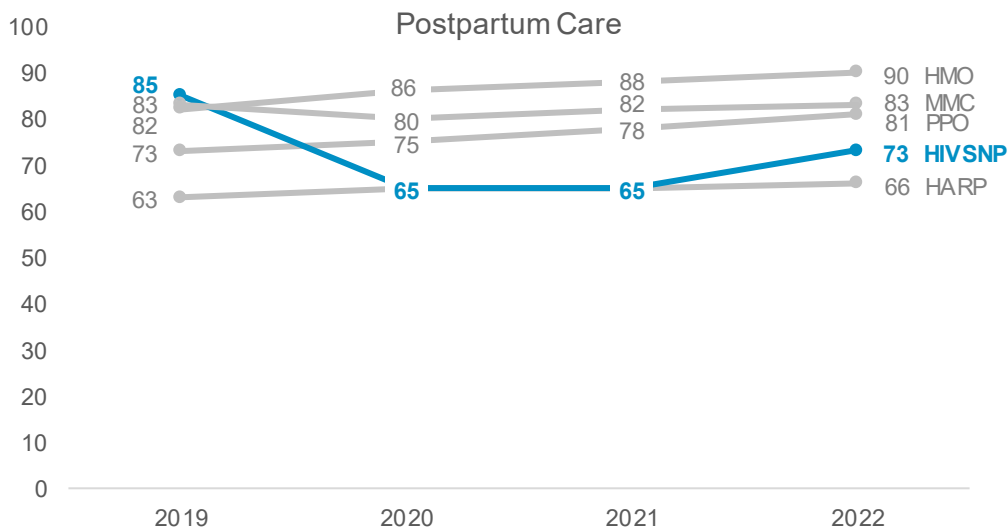
Adult Health

Asthma medication ratio (ages 19-64) rates have made significant improvement in 2022. Rates for all plans are higher compared to the pre-pandemic rate.



Woman's Health

Rates for postpartum care improved for all payers in 2022. HIV SNP has started to rebound in 2022 after a substantial decrease in 2020.

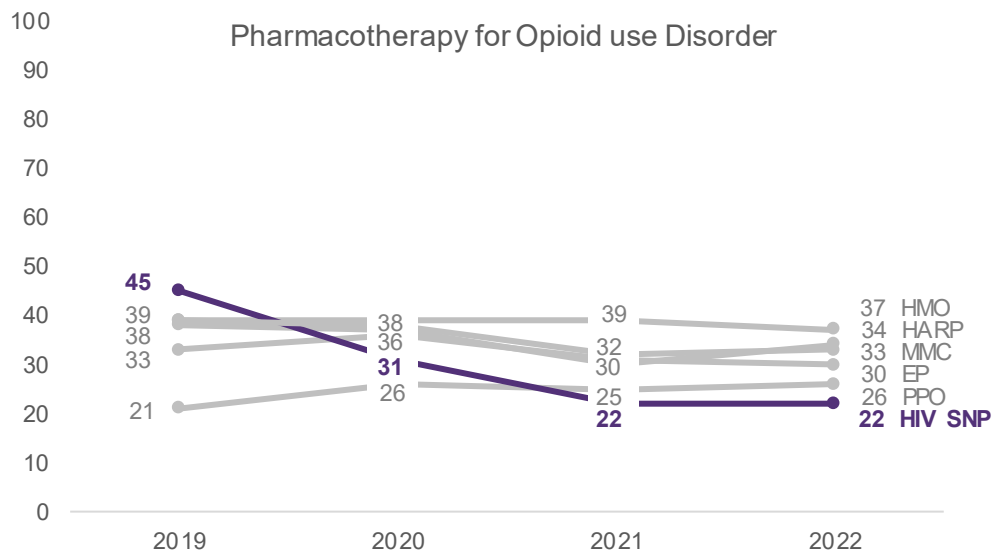


Section 3: Quality Measurement During the COVID-19 Pandemic

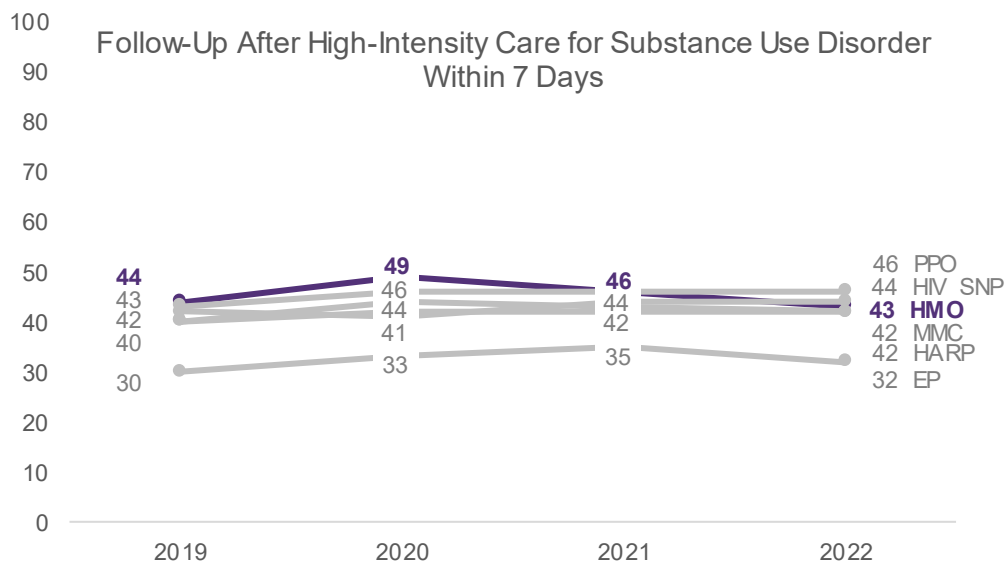
Measures that worsened in 2022

Behavioral Health

In 2020, rates of pharmacotherapy treatment for patients with opioid use disorder worsened substantially for HIV SNP plans. The rate for HIV SNP continued to worsen in 2021, and did not improve in 2022.



Commercial HMO rates for follow-up after high-intensity care for substance use disorder within 7 days decreased in 2021, and continued to decrease in 2022.

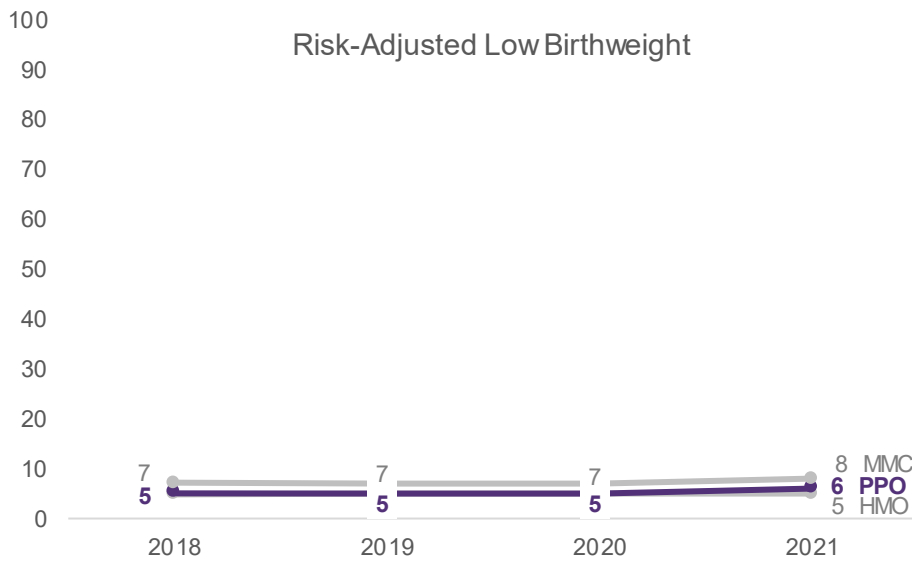


Section 3: Quality Measurement During the COVID-19 Pandemic

Women’s Health – Perinatal Measures

Perinatal measures are reported one year behind other measures. The most recent rates for perinatal measures are from 2021 birth data. Perinatal measures are reported for Commercial HMO, Commercial PPO, and Medicaid Managed Care plans.

Risk-adjusted low birthweight rates were steady for all payers from 2018 through 2020. However, in 2021 the rate worsened* for Commercial PPO and Medicaid Managed Care plans.



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

Medicaid Managed Care Child CAHPS®

Child CAHPS Surveys are administered every other year for Medicaid Managed Care.

Measure	2018	2020	2022	Trend	% Change	
					From 2020 to 2022	
Getting Care Quickly for Children	88	88	84		-5%	
Rating of Health Plan for Children	85	86	81		-6%	
Rating of Overall Healthcare for Children	87	90	86		-4%	
Satisfaction with Specialist for Children	84	87	81		-7%	

= indicates that the rate worsened from 2020 to 2022

= indicates that the rate improved from 2020 to 2022

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

NYS consistently met or exceeded national benchmarks across measures, especially for Commercial HMO plans (Table 1). The NYS Medicaid Managed Care, Commercial HMO, and Commercial PPO rates exceeded the national benchmarks for many key adult health measures (e.g., Controlling High Blood Pressure, and Hemoglobin A1C Control for Patients with Diabetes) as well as for child measures (e.g., Child and Adolescent Well-Care Visits). NYS managed care plans also continue to surpass national benchmarks for several women’s preventive care measures (e.g., Chlamydia Screening, Cervical Cancer Screening, and Breast Cancer Screening). 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: 2022 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	45	1	2	48	94%
Medicaid Managed Care	48	0	16	64	75%
Commercial PPO	35	4	9	48	73%

*The national average is based on the 2022 State of Healthcare Quality report from the National Committee for Quality Assurance.

Commercial and Medicaid Managed Care Comparison

In MY 2022, Medicaid Managed Care plans performed the same or better than Commercial HMO plans for 18 of 65 (28%) measures. This is a decrease from MY 2021, where the percentage of measures where Medicaid Managed Care performed the same or better than Commercial HMO plans was 30%. Medicaid Managed Care plans met or exceeded the rates reported by Commercial PPO plans for 35 of 65 (54%) measures (Table 2) in MY 2022. This is a slight improvement from MY 2021 where the percentage of measures where Medicaid Managed Care performed the same or better than Commercial PPO plans was 53%.

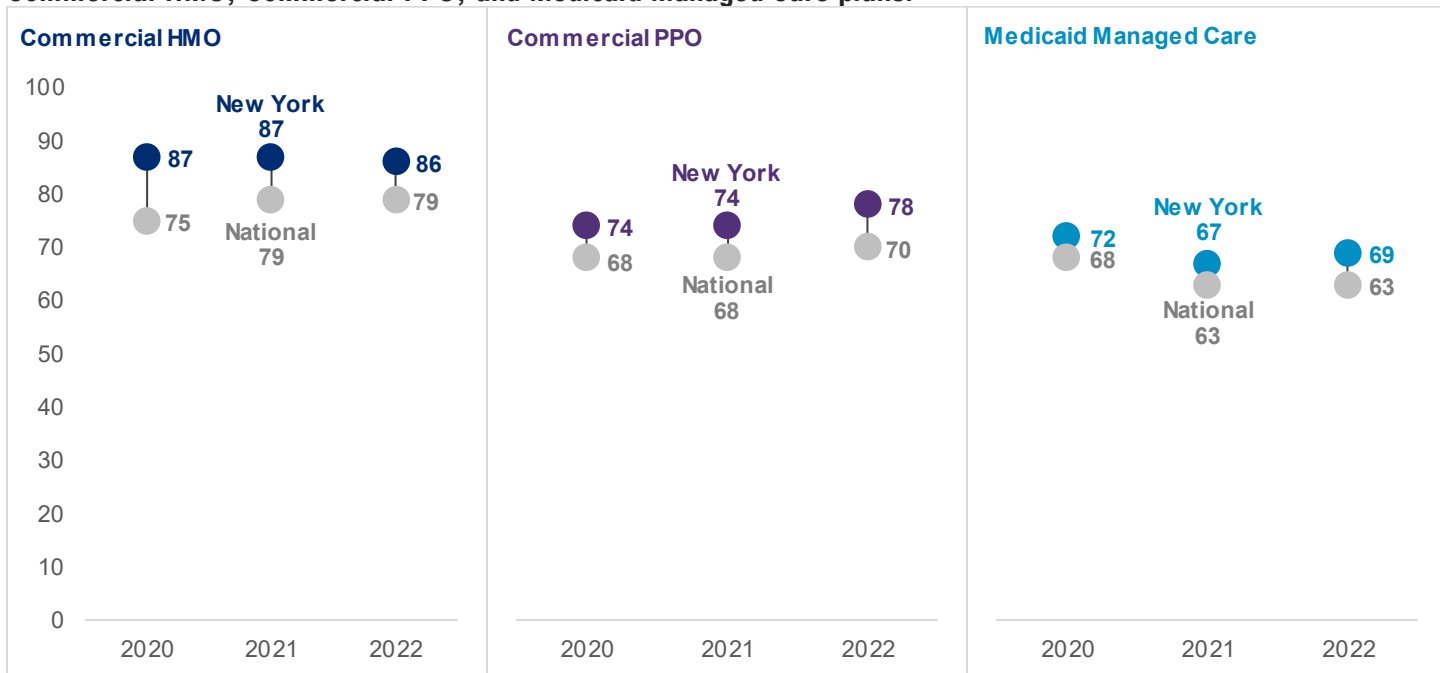
Table 2: 2022 NYS Medicaid Managed Care Average Compared to Commercial HMO and PPO Plans

NYS MMC Average vs. Commercial	Measures			Total Number of Measures	Percentage of Measures where MMC Performs Same or Better than Commercial Average *
	Medicaid Better	Medicaid Same	Medicaid Worse		
Commercial HMO	13	5	47	65	28%
Commercial PPO	28	7	30	65	54%

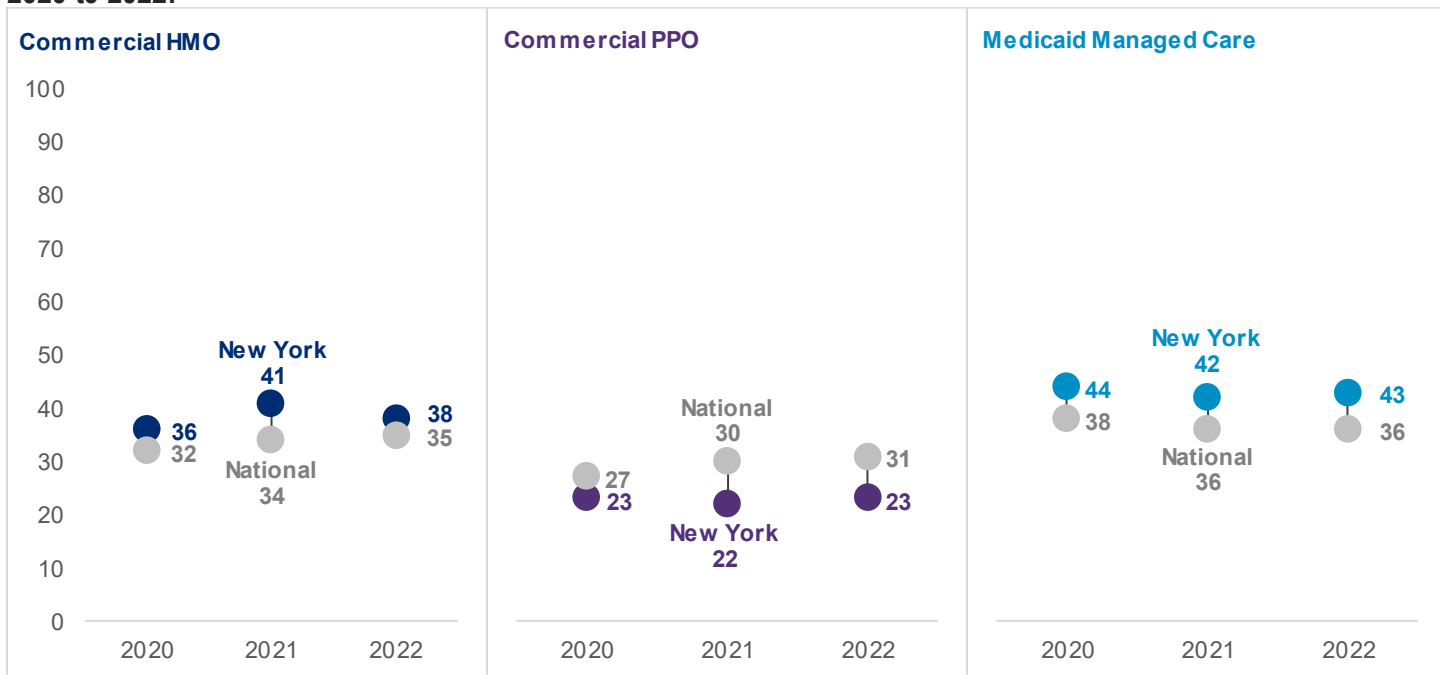
Section 4: Quality Measurement Highlights

Child and Adolescent Immunizations

From 2020 to 2022, the NYS rates for childhood immunization rates (combo 3) have exceeded the national average for Commercial HMO, Commercial PPO, and Medicaid Managed Care plans.



The NYS Commercial PPO rates for Adolescent Immunization (combo 2) have been below the national average from 2020 to 2022.



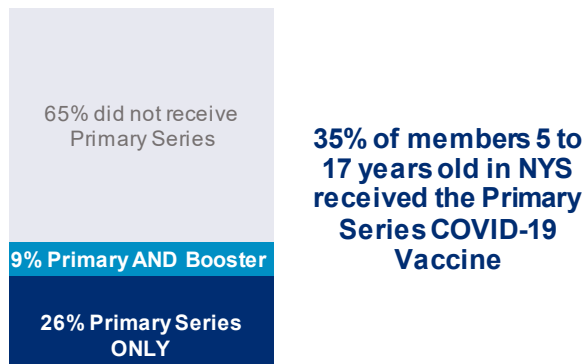
Section 5: New Measures

COVID-19 Immunization Status (CVS)

The *COVID-19 Immunization Status (CVS)* measure was introduced in MY 2022 as a NYS-specific measure. This measure consists of two indicators. The first indicator is the percentage of members aged 6 months and older who received a primary series of the COVID-19 vaccine. The second indicator for the booster series is the percentage of members aged 5 years and older who received the primary COVID-19 vaccine and a booster. The age stratifications for this measure are ages 6 months to 4 years, 5 to 11 years, 12 to 17 years, 18 to 64 years, and a total (6 months to 64 years). The booster rate among members 6 months to 4 years of age is not reported because that rate does not include members under 5 years of age. Difficulties in obtaining complete vaccination records on a timely basis and limited resources have been reported by insurers, which may have caused the underreporting of the vaccination rates. Better integration of health information technology can help improve the data timeliness and completeness of this measure.

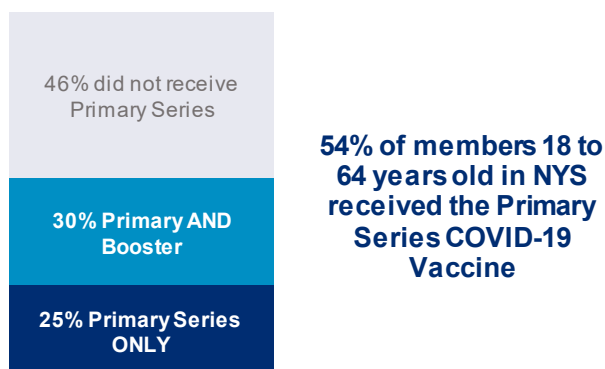
Statewide Rate for Managed Care Members Aged 5 to 17 Years Old

Of the 2.2 million children aged 5 to 17 years old enrolled in a Medicaid Managed Care, HIV SNP, Commercial HMO, or Commercial PPO managed care plan, 35 percent received the primary COVID-19 vaccine series and 9 percent received both the primary series and the booster. Note that EP and HARP only report for adults aged 18 to 64 for this measure.



Statewide Rate for Managed Care Members Aged 18 to 64 Years Old

Of the 7.4 million adults enrolled in a Medicaid Managed Care, Commercial HMO, Commercial PPO, or EP, 54 percent received the primary COVID-19 vaccine series and 25 percent received both the primary series and the booster.

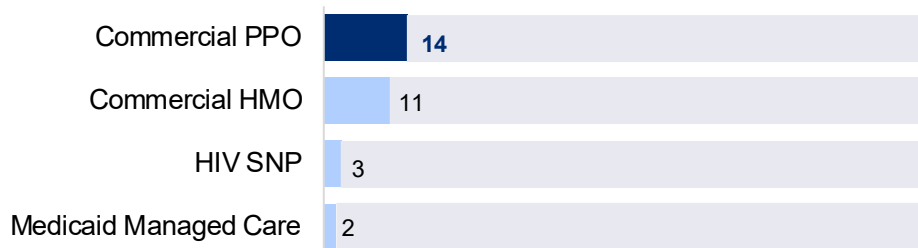


Numbers don't add up to 100% due to rounding.

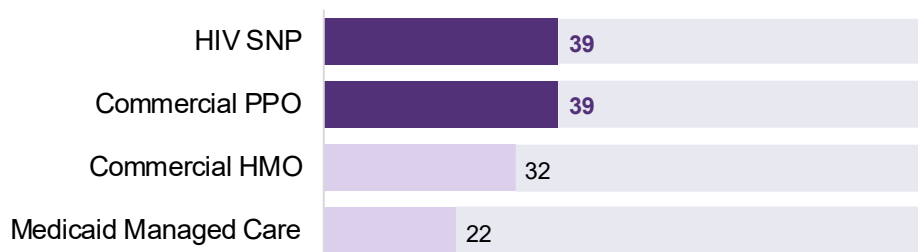
Section 5: New Measures

Primary COVID-19 Vaccine Series

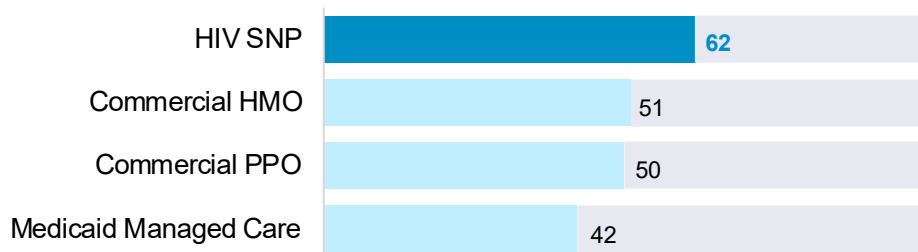
Among members 6 months to 4 years old*, Commercial PPO and HMO plans had the highest rates.



Medicaid Managed Care plans had the lowest rate among members 5 to 11 years old*.

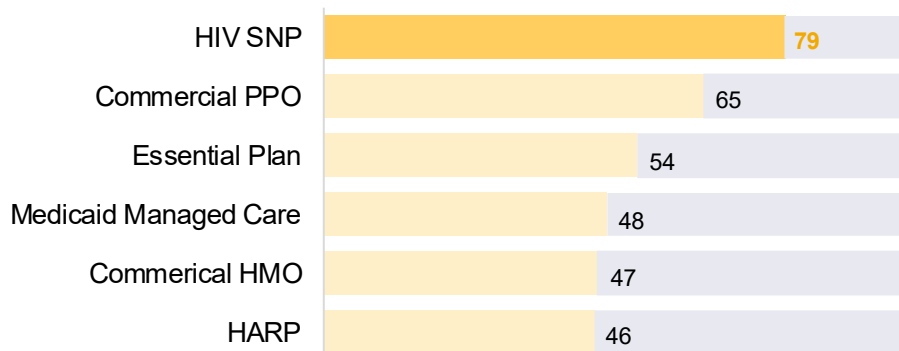


Members aged 12 to 17 years old* were more likely to receive the primary series if they were enrolled in an HIV SNP plan.



* HARP and EP only report the COVID-19 vaccine primary series measure for adults aged 18 to 64 years.

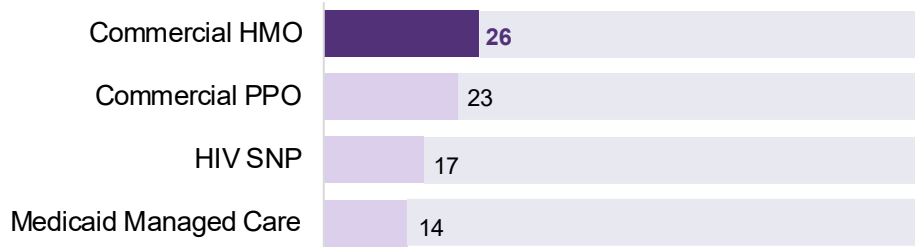
HIV SNP, Commercial PPO, and Essential Plan had the highest rates for members 18 to 64 years old.



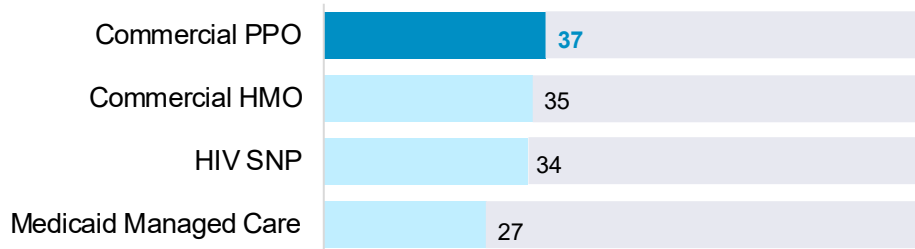
Section 5: New Measures

Booster Series

Commercial plans have the highest rates among members 5 to 11 years old*.

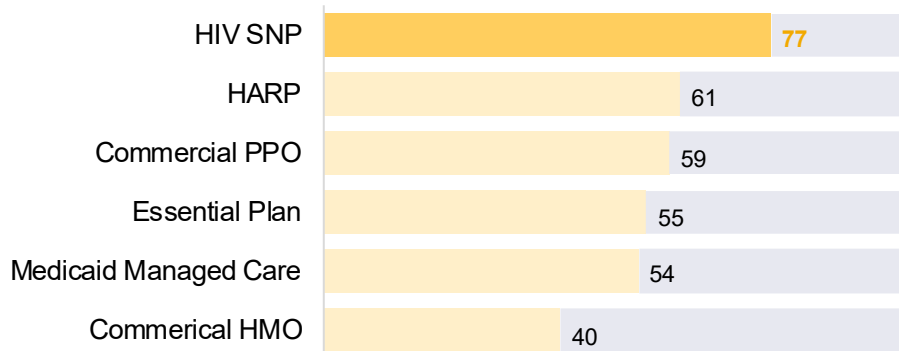


Among members 12 to 17 years old*, the rate was lowest for Medicaid Managed Care plans.



* HARP and EP only report the COVID-19 vaccine booster series measure for adults aged 18 to 64 years.

Commercial HMO plans had a substantially lower rate than other payers, while HIV SNP plans had a much higher rate than other payers, among members aged 18 to 64 years old.



Section 5: New Measures

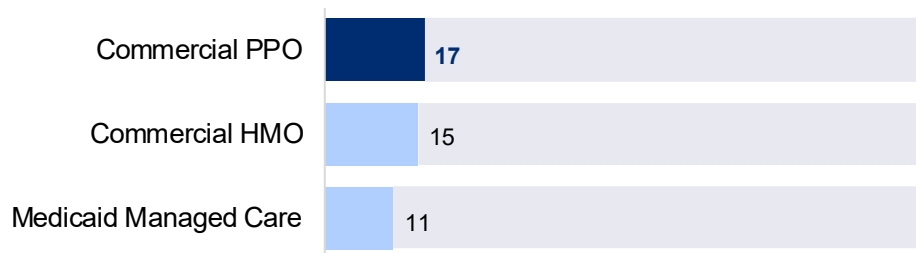
Developmental Screening in the First Three Years of Life (DEV-N)

Developmental Screening in the First Three Years of Life (DEV-N) was adapted with permission from the “Developmental Screening in the First Three Years of Life” measure stewarded by Oregon Health and Sciences University, and was introduced as a NYS measure in MY 2022. The measure evaluates the percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding or on their first, second, or third birthday. The rate is reported as three age stratifications and as a total. The three age stratifications are: children who turned 1, children who turned 2, and children who turned 3. Like other first-year measures, data quality varied among plans. A retrospective review revealed that the interpretation of technical specifications by plans or vendors may have inflated the rates. Future efforts on plan feedback are in the pipeline to achieve better data quality, and adjustments in the following year may affect trending of this measure.

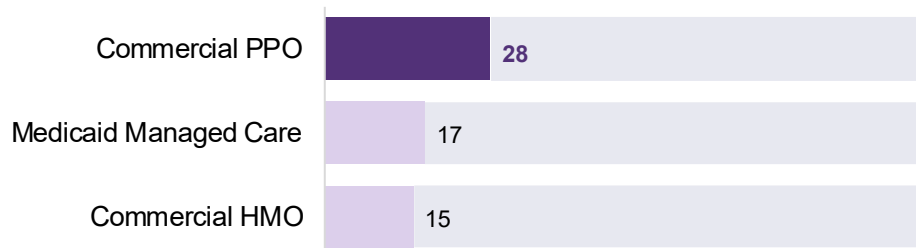
Note: HIV SNP, HARP, and EP are not required to report this measure.

Developmental Screening During the First Year By Payer

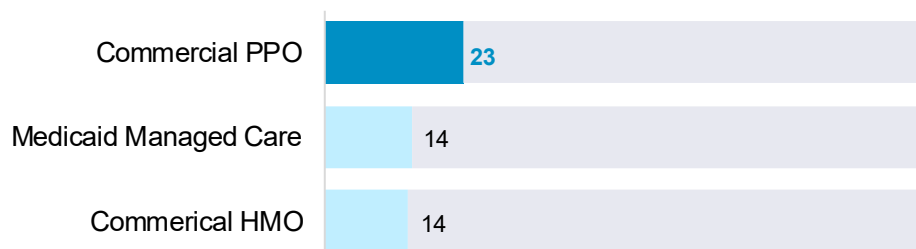
Commercial PPO plans have the highest rates among payers for all age groups.



Developmental Screening During the Second Year By Payer



Developmental Screening During the Third Year By Payer

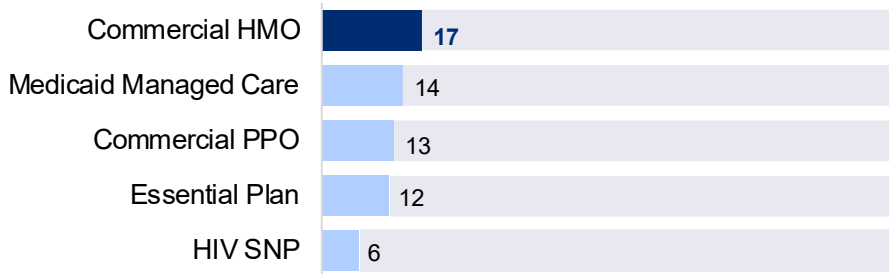


Section 5: New Measures

Antibiotic Utilization for Respiratory Conditions (AXR)

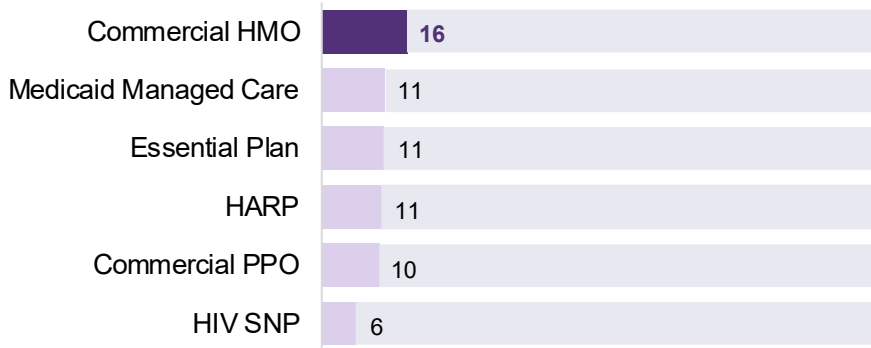
Antibiotic Utilization for Respiratory Conditions (AXR) was a first-year measure in MY 2022. This measure identifies the percentage of episodes for members 3 months of age and older with a diagnosis of a respiratory condition that resulted in an antibiotic dispensing event. Three age stratifications and a total rate are reported for this measure. The age stratifications include members 3 months to 17 years of age, 18 to 64 years of age, and 65 years and older.

Antibiotic Utilization for Respiratory Conditions Among Members 3 Months to 17 Years Old* Commercial HMO plans have the highest rates among payers for all age brackets.

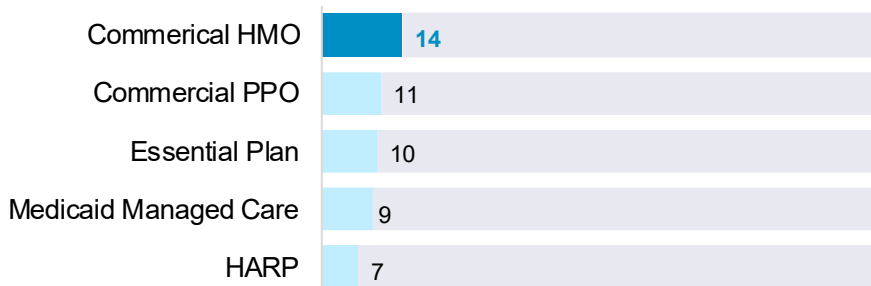


*HARP and EP are not included due to enrollment age restrictions.

Antibiotic Utilization for Respiratory Conditions Among Members 18 to 64 Years Old



Antibiotic Utilization for Respiratory Conditions Among Members 65 Years and Older*



*HIV SNP and EP are not included due to the small denominator and enrollment age restriction, respectively.

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 Managed Care 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 NYS or 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 the measurement year 2022, the following measures were deemed no longer able to be trended:

- Colorectal Cancer Screening (COL)
- Follow-Up After Emergency Department Visit for Substance Use (FUA)

Section 6: State Trends and National Benchmarks

Commercial HMO Statewide Rates - 2020-2022, Compared to 2022 National Rates

Domain	Measure	2020	2021	2022	National
Access to primary care	Appropriate Testing for Pharyngitis (Ages 18-64)	72	66	66	61
Adult Health	Advising Smokers to Quit	82	80	84	NA
Adult Health	Asthma Medication Ratio (Ages 19-64)	79	81	83	NA
Adult Health	Blood Pressure Control for Patients With Diabetes	63	67	69	64
Adult Health	Colorectal Cancer Screening (Ages 50-75)	NT	NT	70	63
Adult Health	Colorectal Cancer Screening (Ages 50-75)-Electronic	NA	NT	65	NA
Adult Health	Controlling High Blood Pressure	60	62	69	64
Adult Health	Discussing Smoking Cessation Medications	59	58	64	NA
Adult Health	Discussing Smoking Cessation Strategies	57	53	53	NA
Adult Health	Eye Exam for Patients With Diabetes	57	59	62	52
Adult Health	Flu Vaccination for Adults Ages 18-64	61	59	56	NA
Adult Health	HbA1C Control for Patients with Diabetes - Control (less than 8%)	61	64	63	62
Adult Health	HbA1C Control for Patients with Diabetes - Poor Control	30	26	28	28
Adult Health	Persistence of Beta-Blocker Treatment	88	92	90	85
Adult Health	Pharmacotherapy Management of COPD Exacerbation- Bronchodilator	81	88	87	83
Adult Health	Pharmacotherapy Management of COPD Exacerbation- Corticosteroid	76	80	83	77
Adult Health	Statin Therapy for Patients with Cardiovascular Disease - Adherent	82	82	80	78
Adult Health	Statin Therapy for Patients with Cardiovascular Disease - Received	82	85	85	82
Adult Health	Statin Therapy for Patients with Diabetes - Adherent	78	77	76	72
Adult Health	Statin Therapy for Patients with Diabetes - Received	64	68	66	65
Behavioral Health	Adherence to Antipsychotic Medications for Individuals with Schizophrenia	74	72	73	67
Behavioral Health	Antidepressant Medication Management-Effective Acute Phase Treatment	72	73	74	76
Behavioral Health	Antidepressant Medication Management-Effective Continuation Phase Treatment	59	59	60	59
Behavioral Health	Follow-Up After Emergency Department Visit for Mental Illness Within 30 days	66	70	70	63
Behavioral Health	Follow-Up After Emergency Department Visit for Mental Illness Within 7 days	50	53	53	47
Behavioral Health	Follow-Up After High-Intensity Care for Substance Use Disorder Within 30 Days	69	68	63	60
Behavioral Health	Follow-Up After High-Intensity Care for Substance Use Disorder Within 7 Days	49	46	43	41
Behavioral Health	Follow-Up After Hospitalization for Mental Illness Within 30 Days	80	80	79	70
Behavioral Health	Follow-Up After Hospitalization for Mental Illness Within 7 Days	64	63	62	48

Domain	Measure	2020	2021	2022	National
Behavioral Health	Follow-Up Care for Children Prescribed ADHD Medication:Continuation Phase	52	50	51	48
Behavioral Health	Follow-Up Care for Children Prescribed ADHD Medication:Initiation Phase	46	42	47	43
Behavioral Health	Follow-up After Emergency Department Visit for Substance Use Within 30 Days	NT	NT	38	32
Behavioral Health	Follow-up After Emergency Department Visit for Substance Use Within 7 Days	NT	NT	25	22
Behavioral Health	Metabolic Monitoring for Children and Adolescents on Antipsychotics	34	35	34	37
Behavioral Health	Pharmacotherapy for Opioid Use Disorder	39	39	37	30
Behavioral Health	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	73	72	67	62
Child and Adolescent Health	Adolescent Immunization	90	92	93	85
Child and Adolescent Health	Adolescent Immunization (Combo 2)	36	41	38	35
Child and Adolescent Health	Appropriate Testing for Pharyngitis (Ages 3-17)	90	87	88	81
Child and Adolescent Health	Asthma Medication Ratio (Ages 5-18)	86	85	88	NA
Child and Adolescent Health	Child and Adolescent Well-Care Visits (Total)	72	75	75	58
Child and Adolescent Health	Childhood Immunization Status (Combo 3)	87	87	86	79
Child and Adolescent Health	Counseling for Nutrition	84	81	86	64
Child and Adolescent Health	Counseling for Physical Activity	79	77	84	61
Child and Adolescent Health	Lead Screening for Children	88	89	88	NA
Child and Adolescent Health	Weight Assessment- BMI Percentile	88	86	89	74
Child and Adolescent Health	Well-Child Visits in the First 30 Months of Life (15 Months-30 Months)	93	92	93	87
Child and Adolescent Health	Well-Child Visits in the First 30 Months of Life (First 15 Months)	87	89	90	81
Provider Network	Satisfaction with Personal Doctor	86	86	85	NA
Provider Network	Satisfaction with Provider Communication	96	96	95	NA
Provider Network	Satisfaction with Specialist	88	85	84	NA
Satisfaction with Care	Care Coordination	86	82	84	NA
Satisfaction with Care	Claims Processing	91	91	90	NA
Satisfaction with Care	Customer Service	91	89	90	NA
Satisfaction with Care	Getting Care Needed	89	85	85	NA
Satisfaction with Care	Getting Care Quickly	88	86	85	NA

Domain	Measure	2020	2021	2022	National
Satisfaction with Care	Rating of Health Plan	75	75	73	NA
Satisfaction with Care	Rating of Overall Healthcare	83	81	78	NA
Women's Health	Breast Cancer Screening	77	77	79	74
Women's Health	Breast Cancer Screening - Electronic	NA	77	79	74
Women's Health	Cervical Cancer Screening	78	79	80	74
Women's Health	Chlamydia Screening (Ages 16-20)	54	52	53	43
Women's Health	Chlamydia Screening (Ages 21-24)	57	59	59	54
Women's Health	Postpartum Care	86	88	90	84
Women's Health	Prenatal Care in the First Trimester	88	88	NA	NA
Women's Health	Prenatal Immunization Status Combination	NA	37	39	36
Women's Health	Risk-Adjusted Low Birthweight (LBW)	5	5	NA	NA
Women's Health	Risk-Adjusted Primary Cesarean Delivery	20	21	NA	NA
Women's Health	Timeliness of Prenatal Care	90	89	90	85
Women's Health	Vaginal Birth After Cesarean Section (VBAC)	13	11	NA	NA

Commercial PPO Statewide Rates - 2020-2022, Compared to 2022 National Rates

Domain	Measure	2020	2021	2022	National
Access to primary care	Appropriate Testing for Pharyngitis (Ages 18-64)	61	62	64	63
Adult Health	Advising Smokers to Quit	80	74	74	NA
Adult Health	Asthma Medication Ratio (Ages 19-64)	79	78	81	NA
Adult Health	Blood Pressure Control for Patients With Diabetes	54	58	59	56
Adult Health	Colorectal Cancer Screening (Ages 50-75)	NT	NT	62	61
Adult Health	Colorectal Cancer Screening (Ages 50-75)-Electronic	NA	NT	59	NA
Adult Health	Controlling High Blood Pressure	49	56	58	55
Adult Health	Discussing Smoking Cessation Medications	59	49	47	NA
Adult Health	Discussing Smoking Cessation Strategies	54	43	45	NA
Adult Health	Eye Exam for Patients With Diabetes	46	50	51	49
Adult Health	Flu Vaccination for Adults Ages 18-64	57	53	52	NA
Adult Health	HbA1C Control for Patients with Diabetes - Control (less than 8%)	53	56	59	54
Adult Health	HbA1C Control for Patients with Diabetes - Poor Control	39	36	30	37
Adult Health	Persistence of Beta-Blocker Treatment	87	85	85	86
Adult Health	Pharmacotherapy Management of COPD Exacerbation- Bronchodilator	75	78	80	80
Adult Health	Pharmacotherapy Management of COPD Exacerbation- Corticosteroid	67	71	71	74
Adult Health	Statin Therapy for Patients with Cardiovascular Disease - Adherent	82	81	81	81
Adult Health	Statin Therapy for Patients with Cardiovascular Disease - Received	81	81	81	82
Adult Health	Statin Therapy for Patients with Diabetes - Adherent	73	74	75	77
Adult Health	Statin Therapy for Patients with Diabetes - Received	62	63	61	63
Behavioral Health	Adherence to Antipsychotic Medications for Individuals with Schizophrenia	72	71	72	69
Behavioral Health	Antidepressant Medication Management-Effective Acute Phase Treatment	74	77	79	78
Behavioral Health	Antidepressant Medication Management-Effective Continuation Phase Treatment	61	64	66	63
Behavioral Health	Follow-Up After Emergency Department Visit for Mental Illness Within 30 days	62	64	63	63
Behavioral Health	Follow-Up After Emergency Department Visit for Mental Illness Within 7 days	48	50	49	47
Behavioral Health	Follow-Up After High-Intensity Care for Substance Use Disorder Within 30 Days	67	66	67	65
Behavioral Health	Follow-Up After High-Intensity Care for Substance Use Disorder Within 7 Days	46	46	46	48
Behavioral Health	Follow-Up After Hospitalization for Mental Illness Within 30 Days	75	76	76	69
Behavioral Health	Follow-Up After Hospitalization for Mental Illness Within 7 Days	60	60	60	46
Behavioral Health	Follow-Up Care for Children Prescribed ADHD Medication:Continuation Phase	49	41	51	47
Behavioral Health	Follow-Up Care for Children Prescribed ADHD Medication:Initiation Phase	46	37	47	40

Domain	Measure	2020	2021	2022	National
Behavioral Health	Follow-up After Emergency Department Visit for Substance Use Within 30 Days	NT	NT	32	31
Behavioral Health	Follow-up After Emergency Department Visit for Substance Use Within 7 Days	NT	NT	21	21
Behavioral Health	Metabolic Monitoring for Children and Adolescents on Antipsychotics	37	43	42	35
Behavioral Health	Pharmacotherapy for Opioid Use Disorder	26	25	26	30
Behavioral Health	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	58	61	63	62
Child and Adolescent Health	Adolescent Immunization	82	80	87	80
Child and Adolescent Health	Adolescent Immunization (Combo 2)	23	22	23	31
Child and Adolescent Health	Appropriate Testing for Pharyngitis (Ages 3-17)	85	88	88	81
Child and Adolescent Health	Asthma Medication Ratio (Ages 5-18)	83	78	79	NA
Child and Adolescent Health	Child and Adolescent Well-Care Visits (Total)	70	72	72	56
Child and Adolescent Health	Childhood Immunization Status (Combo 3)	74	74	78	70
Child and Adolescent Health	Counseling for Nutrition	72	71	73	54
Child and Adolescent Health	Counseling for Physical Activity	65	65	69	51
Child and Adolescent Health	Lead Screening for Children	83	82	81	NA
Child and Adolescent Health	Weight Assessment- BMI Percentile	75	75	78	62
Child and Adolescent Health	Well-Child Visits in the First 30 Months of Life (15 Months-30 Months)	91	91	92	88
Child and Adolescent Health	Well-Child Visits in the First 30 Months of Life (First 15 Months)	86	86	87	81
Provider Network	Satisfaction with Personal Doctor	86	86	82	NA
Provider Network	Satisfaction with Provider Communication	96	95	95	NA
Provider Network	Satisfaction with Specialist	84	84	85	NA
Satisfaction with Care	Care Coordination	83	82	81	NA
Satisfaction with Care	Claims Processing	85	86	86	NA
Satisfaction with Care	Customer Service	86	86	86	NA
Satisfaction with Care	Getting Care Needed	86	83	83	NA
Satisfaction with Care	Getting Care Quickly	84	81	83	NA
Satisfaction with Care	Rating of Health Plan	65	65	63	NA
Satisfaction with Care	Rating of Overall Healthcare	78	75	73	NA
Women's Health	Breast Cancer Screening	69	70	73	72

Domain	Measure	2020	2021	2022	National
Women's Health	Breast Cancer Screening - Electronic	NA	70	73	72
Women's Health	Cervical Cancer Screening	81	80	81	73
Women's Health	Chlamydia Screening (Ages 16-20)	58	58	59	38
Women's Health	Chlamydia Screening (Ages 21-24)	64	66	66	50
Women's Health	Postpartum Care	75	78	81	76
Women's Health	Prenatal Care in the First Trimester	87	88	NA	NA
Women's Health	Prenatal Immunization Status Combination	NA	35	40	34
Women's Health	Risk-Adjusted Low Birthweight (LBW)	5	6	NA	NA
Women's Health	Risk-Adjusted Primary Cesarean Delivery	21	22	NA	NA
Women's Health	Timeliness of Prenatal Care	77	78	81	75
Women's Health	Vaginal Birth After Cesarean Section (VBAC)	12	11	NA	NA

Medicaid Managed Care Statewide Rates - 2020-2022, Compared to 2022 National Rates

Domain	Measure	2020	2021	2022	National
Access to primary care	Appropriate Testing for Pharyngitis (Ages 18-64)	57	60	57	63
Adult Health	Advising Smokers to Quit	NA	75	NA	72
Adult Health	Annual Dental Visit (Ages 19-20)	34	38	36	29
Adult Health	Asthma Medication Ratio (Ages 19-64)	51	51	59	NA
Adult Health	Blood Pressure Control for Patients With Diabetes	55	62	65	64
Adult Health	Colorectal Cancer Screening (Ages 50-75)	NT	NT	53	NA
Adult Health	Colorectal Cancer Screening (Ages 50-75)-Electronic	NA	NT	52	NA
Adult Health	Controlling High Blood Pressure	56	65	67	61
Adult Health	Discussing Smoking Cessation Medications	NA	56	NA	51
Adult Health	Discussing Smoking Cessation Strategies	NA	51	NA	45
Adult Health	Eye Exam for Patients With Diabetes	60	61	62	51
Adult Health	Flu Vaccination for Adults Ages 18-64	NA	43	NA	40
Adult Health	HbA1C Control for Patients with Diabetes - Control (less than 8%)	50	55	56	51
Adult Health	HbA1C Control for Patients with Diabetes - Poor Control	41	35	35	40
Adult Health	Persistence of Beta-Blocker Treatment	86	86	85	80
Adult Health	Pharmacotherapy Management of COPD Exacerbation- Bronchodilator	88	88	86	83
Adult Health	Pharmacotherapy Management of COPD Exacerbation- Corticosteroid	74	72	69	71
Adult Health	Statin Therapy for Patients with Cardiovascular Disease - Adherent	71	70	67	70
Adult Health	Statin Therapy for Patients with Cardiovascular Disease - Received	81	81	80	79
Adult Health	Statin Therapy for Patients with Diabetes - Adherent	65	63	62	66
Adult Health	Statin Therapy for Patients with Diabetes - Received	70	71	70	64
Adult Health	Viral Load Suppression	74	73	74	NA
Behavioral Health	Adherence to Antipsychotic Medications for Individuals with Schizophrenia	65	62	62	60
Behavioral Health	Antidepressant Medication Management-Effective Acute Phase Treatment	55	58	58	61
Behavioral Health	Antidepressant Medication Management-Effective Continuation Phase Treatment	40	42	41	44
Behavioral Health	Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia	78	79	80	76
Behavioral Health	Diabetes Monitoring for People with Diabetes and Schizophrenia	73	77	71	68
Behavioral Health	Diabetes Screening for People w/ Schizophrenia or Bipolar Disorder Using Antipsychotic Meds	76	78	78	79
Behavioral Health	Follow-Up After Emergency Department Visit for Mental Illness Within 30 days	66	67	66	55
Behavioral Health	Follow-Up After Emergency Department Visit for Mental Illness Within 7 days	53	53	54	42
Behavioral Health	Follow-Up After High-Intensity Care for Substance Use Disorder Within 30 Days	66	66	66	50

Domain	Measure	2020	2021	2022	National
Behavioral Health	Follow-Up After High-Intensity Care for Substance Use Disorder Within 7 Days	42	42	42	31
Behavioral Health	Follow-Up After Hospitalization for Mental Illness Within 30 Days	80	80	79	57
Behavioral Health	Follow-Up After Hospitalization for Mental Illness Within 7 Days	66	66	64	37
Behavioral Health	Follow-Up Care for Children Prescribed ADHD Medication:Continuation Phase	67	62	64	53
Behavioral Health	Follow-Up Care for Children Prescribed ADHD Medication:Initiation Phase	58	53	58	44
Behavioral Health	Follow-up After Emergency Department Visit for Substance Use Within 30 Days	NT	NT	38	36
Behavioral Health	Follow-up After Emergency Department Visit for Substance Use Within 7 Days	NT	NT	28	25
Behavioral Health	Metabolic Monitoring for Children and Adolescents on Antipsychotics	34	39	42	36
Behavioral Health	Pharmacotherapy for Opioid Use Disorder	38	32	33	27
Behavioral Health	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	73	75	73	57
Child and Adolescent Health	Adolescent Immunization	87	85	87	78
Child and Adolescent Health	Adolescent Immunization (Combo 2)	44	42	43	36
Child and Adolescent Health	Annual Dental Visit (Ages 2-18)	48	53	54	NA
Child and Adolescent Health	Appropriate Testing for Pharyngitis (Ages 3-17)	87	90	88	77
Child and Adolescent Health	Asthma Medication Ratio (Ages 5-18)	68	65	65	NA
Child and Adolescent Health	Child and Adolescent Well-Care Visits (Total)	66	70	68	49
Child and Adolescent Health	Childhood Immunization Status (Combo 3)	72	67	69	63
Child and Adolescent Health	Counseling for Nutrition	77	84	82	68
Child and Adolescent Health	Counseling for Physical Activity	72	80	78	65
Child and Adolescent Health	Lead Screening for Children	87	81	81	59
Child and Adolescent Health	Weight Assessment- BMI Percentile	80	85	85	77
Child and Adolescent Health	Well-Child Visits in the First 30 Months of Life (15 Months-30 Months)	82	78	78	67
Child and Adolescent Health	Well-Child Visits in the First 30 Months of Life (First 15 Months)	66	67	67	57
Provider Network	Satisfaction with Personal Doctor	NA	81	NA	82
Provider Network	Satisfaction with Provider Communication	NA	92	NA	93
Provider Network	Satisfaction with Specialist	NA	79	NA	84

Domain	Measure	2020	2021	2022	National
Satisfaction with Care	Access to Prescription Medicines for Children	91	NA	88	NA
Satisfaction with Care	Access to Specialized Services for Children	72	NA	71	NA
Satisfaction with Care	Care Coordination	NA	79	NA	NA
Satisfaction with Care	Coordination of Care for Children with Chronic Conditions	72	NA	71	NA
Satisfaction with Care	Customer Service	NA	86	NA	89
Satisfaction with Care	Customer Service for Children	87	NA	86	NA
Satisfaction with Care	Family-Centered Care: Personal Doctor Who Knows Child	90	NA	89	NA
Satisfaction with Care	Getting Care Needed	NA	79	NA	82
Satisfaction with Care	Getting Care Needed for Children	84	NA	82	NA
Satisfaction with Care	Getting Care Quickly	NA	79	NA	80
Satisfaction with Care	Getting Care Quickly for Children	88	NA	84	NA
Satisfaction with Care	Getting Needed Counseling or Treatment	NA	60	NA	NA
Satisfaction with Care	Rating of Counseling or Treatment	NA	61	NA	NA
Satisfaction with Care	Rating of Health Plan	NA	73	NA	78
Satisfaction with Care	Rating of Health Plan for Children	86	NA	81	NA
Satisfaction with Care	Rating of Overall Healthcare	NA	73	NA	75
Satisfaction with Care	Rating of Overall Healthcare for Children	90	NA	86	NA
Satisfaction with Care	Satisfaction with Personal Doctor for Children	90	NA	89	NA
Satisfaction with Care	Satisfaction with Provider Communication for Children	93	NA	94	NA
Satisfaction with Care	Satisfaction with Specialist for Children	87	NA	81	NA
Satisfaction with Care	Shared Decision Making	NA	79	NA	NA
Satisfaction with Care	Wellness Discussion	NA	73	NA	NA
Women's Health	Breast Cancer Screening	67	65	66	52
Women's Health	Breast Cancer Screening - Electronic	NA	65	65	52
Women's Health	Cervical Cancer Screening	68	69	70	56
Women's Health	Chlamydia Screening (Ages 16-20)	71	71	72	52
Women's Health	Chlamydia Screening (Ages 21-24)	72	74	73	61
Women's Health	Postpartum Care	80	82	83	77
Women's Health	Prenatal Care in the First Trimester	73	72	NA	NA
Women's Health	Prenatal Immunization Status Combination	NA	26	24	22
Women's Health	Risk-Adjusted Low Birthweight (LBW)	7	8	NA	NA
Women's Health	Risk-Adjusted Primary Cesarean Delivery	14	14	NA	NA
Women's Health	Timeliness of Prenatal Care	88	87	87	83
Women's Health	Vaginal Birth After Cesarean Section (VBAC)	18	17	NA	NA

HIV Special Needs Plans Statewide Rates - 2020-2022, Compared to 2022 National Rates

Domain	Measure	2020	2021	2022	National
Access to primary care	Appropriate Testing for Pharyngitis (Ages 18-64)	NA	NA	NA	NA
Adult Health	Advising Smokers to Quit	NA	89	NA	NA
Adult Health	Asthma Medication Ratio (Ages 19-64)	31	32	40	NA
Adult Health	Blood Pressure Control for Patients With Diabetes	63	59	66	NA
Adult Health	Colorectal Cancer Screening (Ages 50-75)	NT	NT	60	NA
Adult Health	Colorectal Cancer Screening (Ages 50-75)-Electronic	NA	NT	59	NA
Adult Health	Controlling High Blood Pressure	61	64	62	NA
Adult Health	Discussing Smoking Cessation Medications	NA	78	NA	NA
Adult Health	Discussing Smoking Cessation Strategies	NA	73	NA	NA
Adult Health	Eye Exam for Patients With Diabetes	55	53	61	NA
Adult Health	Flu Vaccination for Adults Ages 18-64	NA	70	NA	NA
Adult Health	HbA1C Control for Patients with Diabetes - Control (less than 8%)	65	67	70	NA
Adult Health	HbA1C Control for Patients with Diabetes - Poor Control	28	25	21	NA
Adult Health	Persistence of Beta-Blocker Treatment	85	93	NA	NA
Adult Health	Pharmacotherapy Management of COPD Exacerbation- Bronchodilator	96	94	94	NA
Adult Health	Pharmacotherapy Management of COPD Exacerbation- Corticosteroid	64	62	59	NA
Adult Health	Statin Therapy for Patients with Cardiovascular Disease - Adherent	84	78	82	NA
Adult Health	Statin Therapy for Patients with Cardiovascular Disease - Received	78	84	81	NA
Adult Health	Statin Therapy for Patients with Diabetes - Adherent	86	83	80	NA
Adult Health	Statin Therapy for Patients with Diabetes - Received	68	70	71	NA
Adult Health	Viral Load Suppression	77	78	80	NA
Behavioral Health	Adherence to Antipsychotic Medications for Individuals with Schizophrenia	58	59	59	NA
Behavioral Health	Antidepressant Medication Management-Effective Acute Phase Treatment	58	55	62	NA
Behavioral Health	Antidepressant Medication Management-Effective Continuation Phase Treatment	41	40	46	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	87	88	86	NA
Behavioral Health	Diabetes Screening for People w/ Schizophrenia or Bipolar Disorder Using Antipsychotic Meds	96	98	97	NA
Behavioral Health	Follow-Up After Emergency Department Visit for Mental Illness Within 30 days	61	53	63	NA
Behavioral Health	Follow-Up After Emergency Department Visit for Mental Illness Within 7 days	47	39	51	NA
Behavioral Health	Follow-Up After High-Intensity Care for Substance Use Disorder Within 30 Days	81	73	77	NA
Behavioral Health	Follow-Up After High-Intensity Care for Substance Use Disorder Within 7 Days	41	44	44	NA

Domain	Measure	2020	2021	2022	National
Behavioral Health	Follow-Up After Hospitalization for Mental Illness Within 30 Days	58	56	57	NA
Behavioral Health	Follow-Up After Hospitalization for Mental Illness Within 7 Days	37	37	37	NA
Behavioral Health	Follow-up After Emergency Department Visit for Substance Use Within 30 Days	NT	NT	52	NA
Behavioral Health	Follow-up After Emergency Department Visit for Substance Use Within 7 Days	NT	NT	37	NA
Behavioral Health	Pharmacotherapy for Opioid Use Disorder	31	22	22	NA
Provider Network	Satisfaction with Personal Doctor	NA	89	NA	NA
Provider Network	Satisfaction with Provider Communication	NA	94	NA	NA
Provider Network	Satisfaction with Specialist	NA	76	NA	NA
Satisfaction with Care	Care Coordination	NA	85	NA	NA
Satisfaction with Care	Customer Service	NA	84	NA	NA
Satisfaction with Care	Getting Care Needed	NA	79	NA	NA
Satisfaction with Care	Getting Care Quickly	NA	81	NA	NA
Satisfaction with Care	Getting Needed Counseling or Treatment	NA	63	NA	NA
Satisfaction with Care	Rating of Counseling or Treatment	NA	57	NA	NA
Satisfaction with Care	Rating of Health Plan	NA	77	NA	NA
Satisfaction with Care	Rating of Overall Healthcare	NA	76	NA	NA
Satisfaction with Care	Shared Decision Making	NA	84	NA	NA
Satisfaction with Care	Wellness Discussion	NA	83	NA	NA
Women's Health	Breast Cancer Screening	65	66	68	NA
Women's Health	Breast Cancer Screening - Electronic	NA	66	68	NA
Women's Health	Cervical Cancer Screening	78	76	75	NA
Women's Health	Chlamydia Screening (Ages 16-20)	78	65	85	NA
Women's Health	Chlamydia Screening (Ages 21-24)	81	79	79	NA
Women's Health	Postpartum Care	65	65	73	NA
Women's Health	Prenatal Immunization Status Combination	NA	51	NA	NA
Women's Health	Timeliness of Prenatal Care	80	87	85	NA

Health and Recovery Plans Statewide Rates - 2020-2022, Compared to 2022 National Rates

Domain	Measure	2020	2021	2022	National
Access to primary care	Appropriate Testing for Pharyngitis (Ages 18-64)	53	51	51	NA
Adult Health	Advising Smokers to Quit	NA	83	NA	NA
Adult Health	Asthma Medication Ratio (Ages 19-64)	40	41	53	NA
Adult Health	Blood Pressure Control for Patients With Diabetes	59	61	63	NA
Adult Health	Colorectal Cancer Screening (Ages 50-75)	NT	NT	47	NA
Adult Health	Colorectal Cancer Screening (Ages 50-75)-Electronic	NA	NT	46	NA
Adult Health	Controlling High Blood Pressure	60	63	66	NA
Adult Health	Discussing Smoking Cessation Medications	NA	69	NA	NA
Adult Health	Discussing Smoking Cessation Strategies	NA	59	NA	NA
Adult Health	Eye Exam for Patients With Diabetes	54	57	55	NA
Adult Health	Flu Vaccination for Adults Ages 18-64	NA	47	NA	NA
Adult Health	HbA1C Control for Patients with Diabetes - Control (less than 8%)	48	52	55	NA
Adult Health	HbA1C Control for Patients with Diabetes - Poor Control	45	41	38	NA
Adult Health	Persistence of Beta-Blocker Treatment	85	89	86	NA
Adult Health	Pharmacotherapy Management of COPD Exacerbation- Bronchodilator	88	87	86	NA
Adult Health	Pharmacotherapy Management of COPD Exacerbation- Corticosteroid	70	66	65	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	65	64	64	NA
Adult Health	Statin Therapy for Patients with Diabetes - Received	66	67	66	NA
Adult Health	Viral Load Suppression	66	66	66	NA
Behavioral Health	Adherence to Antipsychotic Medications for Individuals with Schizophrenia	69	66	66	NA
Behavioral Health	Antidepressant Medication Management-Effective Acute Phase Treatment	52	54	53	NA
Behavioral Health	Antidepressant Medication Management-Effective Continuation Phase Treatment	39	40	38	NA
Behavioral Health	Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia	78	81	78	NA
Behavioral Health	Diabetes Monitoring for People with Diabetes and Schizophrenia	72	76	76	NA
Behavioral Health	Diabetes Screening for People w/ Schizophrenia or Bipolar Disorder Using Antipsychotic Meds	77	80	80	NA
Behavioral Health	Follow-Up After Emergency Department Visit for Mental Illness Within 30 days	69	67	66	NA
Behavioral Health	Follow-Up After Emergency Department Visit for Mental Illness Within 7 days	51	49	49	NA
Behavioral Health	Follow-Up After High-Intensity Care for Substance Use Disorder Within 30 Days	74	73	71	NA
Behavioral Health	Follow-Up After High-Intensity Care for Substance Use Disorder Within 7 Days	44	43	42	NA

Domain	Measure	2020	2021	2022	National
Behavioral Health	Follow-Up After Hospitalization for Mental Illness Within 30 Days	77	77	75	NA
Behavioral Health	Follow-Up After Hospitalization for Mental Illness Within 7 Days	57	58	57	NA
Behavioral Health	Follow-up After Emergency Department Visit for Substance Use Within 30 Days	NT	NT	54	NA
Behavioral Health	Follow-up After Emergency Department Visit for Substance Use Within 7 Days	NT	NT	40	NA
Behavioral Health	Pharmacotherapy for Opioid Use Disorder	37	30	34	NA
Provider Network	Satisfaction with Personal Doctor	NA	78	NA	NA
Provider Network	Satisfaction with Provider Communication	NA	91	NA	NA
Provider Network	Satisfaction with Specialist	NA	75	NA	NA
Satisfaction with Care	Care Coordination	NA	81	NA	NA
Satisfaction with Care	Customer Service	NA	85	NA	NA
Satisfaction with Care	Getting Care Needed	NA	78	NA	NA
Satisfaction with Care	Getting Care Quickly	NA	80	NA	NA
Satisfaction with Care	Getting Needed Counseling or Treatment	NA	79	NA	NA
Satisfaction with Care	Rating of Counseling or Treatment	NA	65	NA	NA
Satisfaction with Care	Rating of Health Plan	NA	71	NA	NA
Satisfaction with Care	Rating of Overall Healthcare	NA	67	NA	NA
Satisfaction with Care	Shared Decision Making	NA	82	NA	NA
Satisfaction with Care	Wellness Discussion	NA	79	NA	NA
Women's Health	Breast Cancer Screening	56	55	55	NA
Women's Health	Breast Cancer Screening - Electronic	NA	55	55	NA
Women's Health	Cervical Cancer Screening	66	64	63	NA
Women's Health	Chlamydia Screening (Ages 16-20)	NA	NA	NA	NA
Women's Health	Chlamydia Screening (Ages 21-24)	70	73	72	NA
Women's Health	Postpartum Care	65	65	66	NA
Women's Health	Prenatal Immunization Status Combination	NA	23	20	NA
Women's Health	Timeliness of Prenatal Care	79	76	73	NA

EP Plans Statewide Rates - 2020-2022, Compared to 2022 National Rates

Domain	Measure	2020	2021	2022	National
Access to primary care	Appropriate Testing for Pharyngitis (Ages 18-64)	43	44	41	NA
Adult Health	Advising Smokers to Quit	80	76	77	NA
Adult Health	Asthma Medication Ratio (Ages 19-64)	67	72	77	NA
Adult Health	Blood Pressure Control for Patients With Diabetes	63	64	67	NA
Adult Health	Colorectal Cancer Screening (Ages 50-75)	NT	NT	55	NA
Adult Health	Colorectal Cancer Screening (Ages 50-75)-Electronic	NA	NT	50	NA
Adult Health	Controlling High Blood Pressure	61	65	66	NA
Adult Health	Discussing Smoking Cessation Medications	60	57	56	NA
Adult Health	Discussing Smoking Cessation Strategies	53	49	49	NA
Adult Health	Eye Exam for Patients With Diabetes	54	56	58	NA
Adult Health	Flu Vaccination for Adults Ages 18-64	45	44	40	NA
Adult Health	HbA1C Control for Patients with Diabetes - Control (less than 8%)	52	57	58	NA
Adult Health	HbA1C Control for Patients with Diabetes - Poor Control	39	35	31	NA
Adult Health	Persistence of Beta-Blocker Treatment	83	84	82	NA
Adult Health	Pharmacotherapy Management of COPD Exacerbation- Bronchodilator	90	87	85	NA
Adult Health	Pharmacotherapy Management of COPD Exacerbation- Corticosteroid	81	80	79	NA
Adult Health	Statin Therapy for Patients with Cardiovascular Disease - Adherent	73	73	71	NA
Adult Health	Statin Therapy for Patients with Cardiovascular Disease - Received	80	81	80	NA
Adult Health	Statin Therapy for Patients with Diabetes - Adherent	64	63	61	NA
Adult Health	Statin Therapy for Patients with Diabetes - Received	69	70	70	NA
Behavioral Health	Adherence to Antipsychotic Medications for Individuals with Schizophrenia	69	68	65	NA
Behavioral Health	Antidepressant Medication Management-Effective Acute Phase Treatment	60	63	64	NA
Behavioral Health	Antidepressant Medication Management-Effective Continuation Phase Treatment	43	47	47	NA
Behavioral Health	Follow-Up After Emergency Department Visit for Mental Illness Within 30 days	59	59	59	NA
Behavioral Health	Follow-Up After Emergency Department Visit for Mental Illness Within 7 days	49	48	46	NA
Behavioral Health	Follow-Up After High-Intensity Care for Substance Use Disorder Within 30 Days	57	58	56	NA
Behavioral Health	Follow-Up After High-Intensity Care for Substance Use Disorder Within 7 Days	33	35	32	NA
Behavioral Health	Follow-Up After Hospitalization for Mental Illness Within 30 Days	74	73	71	NA
Behavioral Health	Follow-Up After Hospitalization for Mental Illness Within 7 Days	58	58	58	NA
Behavioral Health	Follow-up After Emergency Department Visit for Substance Use Within 30 Days	NT	NT	30	NA
Behavioral Health	Follow-up After Emergency Department Visit for Substance Use Within 7 Days	NT	NT	22	NA

Domain	Measure	2020	2021	2022	National
Behavioral Health	Pharmacotherapy for Opioid Use Disorder	36	31	30	NA
Provider Network	Satisfaction with Personal Doctor	85	84	84	NA
Provider Network	Satisfaction with Provider Communication	92	92	93	NA
Provider Network	Satisfaction with Specialist	84	85	85	NA
Satisfaction with Care	Care Coordination	82	82	82	NA
Satisfaction with Care	Claims Processing	89	92	91	NA
Satisfaction with Care	Customer Service	88	89	88	NA
Satisfaction with Care	Getting Care Needed	81	80	78	NA
Satisfaction with Care	Getting Care Quickly	78	78	77	NA
Satisfaction with Care	Rating of Health Plan	81	83	83	NA
Satisfaction with Care	Rating of Overall Healthcare	81	80	80	NA
Women's Health	Breast Cancer Screening	69	67	67	NA
Women's Health	Breast Cancer Screening - Electronic	68	67	67	NA
Women's Health	Cervical Cancer Screening	75	75	73	NA
Women's Health	Chlamydia Screening (Ages 16-20)	63	65	64	NA
Women's Health	Chlamydia Screening (Ages 21-24)	70	72	72	NA

Section 7: 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 Managed Care 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 Managed Care, 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 data file. This data includes information for Commercial HMO, Commercial PPO, Medicaid Managed Care, 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 data file is available on the NYSDOH Healthy Data New York (HDNY) website (see: https://health.data.ny.gov/Health/Quality-Assurance-Reporting-Requirements-QARR-Heal/x3xn-abgk/about_data) 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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