

# 2013

## 2013 Health Plan Service Use in New York State

*A Report on the use of Inpatient, Emergency room, and Other Health Services*



State of New York  
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**Introduction**

The 2013 Health Plan Service Use in New York State Report contains information on children’s and adults’ access to care and use of health services. This report complements the 2013 New York State Managed Care Plan Performance Report and electronic Quality Assurance Reporting Requirements (eQARR) 2013, which contain quality of care and member satisfaction information. eQARR 2013 is an interactive, web-based report with statewide and regional information, which is available at <http://www.nyhealth.gov>. The data in this report reflects services provided during 2012.

**Types of Insurance**

Information on four types of managed care insurance is included in this report: Commercial HMO (CO), Commercial PPO (PPO), Medicaid (MA), and Child Health Plus (CHP).

Types of Insurance	Description
<b>Commercial HMO (CO)</b>	Individual or employer-sponsored health insurance. This is a form of health insurance where a health plan contracts with a network of providers to provide care; the member selects a primary care provider to coordinate care; and referrals to some services or specialists may be required.
<b>Commercial PPO (PPO)</b>	Individual or employer-sponsored health insurance. This is a form of health insurance where a health plan contracts with a network of providers to provide care; there is no primary care provider assignment; and referrals to some services or specialists are not usually required.
<b>Medicaid Managed Care (MA)</b>	Government-sponsored health insurance. This is a form of health insurance where a health plan contracts with a network of providers to provide care; the member selects a primary care provider to coordinate care; and referrals to some services or specialists may be required. This includes people who are eligible for Medicaid managed care and Family Health Plus (New York State’s [NYS] expansion program for adults age 19 to 64).
<b>Child Health Plus (CHP)</b>	Government-sponsored health insurance, although individuals may pay part of the premium for some eligibility levels. This is a form of health insurance where a health plan contracts with a network of providers to provide care; the member selects a primary care provider to coordinate care; and referrals to some services or specialists may be required. This is New York State’s version of the federal State Children’s Health Insurance Program (SCHIP) for people up to age 19.

## Who Reports?

Managed care plans that were in operation during the entire 2012 calendar year were required to report data. This report contains information on 28 distinct organizations. Eleven organizations reported on commercial HMO enrollees; 10 reported on Commercial PPO members; 17 reported on their Medicaid enrollees; 18 reported on Child Health Plus enrollees; and 3 reported on HIV Special Needs Plan (SNP) enrollees. One HIV SNP had only partial year enrollment and the plan-specific results are suppressed in this report, although the data were included in the calculation of the statewide averages. Please note when you are reviewing this report that not all health plans serve commercial, Medicaid and/or Child Health Plus enrollees in every region of the state. To determine which managed care plans participate in your area please see our [Managed Care Regional Consumer Guides](#). The National Committee for Quality Assurance (NCQA) approved two plans (HealthNow and Univera Healthcare) to report results using combined Commercial HMO and PPO memberships. The results for the combined reporting are displayed in the Commercial HMO tables. HIV SNP results are presented in several sections of the report. For sections without HIV SNP plan specific results displayed, the data are not presented due to small sample sizes in the program, across the plans.

## Data Sources

Data in this report are collected from Commercial HMOs, PPOs, Medicaid, and Child Health Plus managed care plans in compliance with 2013 Quality Assurance Reporting Requirements (QARR) and NCQA 2013 Healthcare Effectiveness Data and Information Set (HEDIS®) technical specifications and guidelines.

## Audit Requirements

Prior to submission of their data to the New York State Department of Health, all plans are required to participate in an audit of all required measures. The audit is conducted by an independent auditor in adherence to NCQA's certified audit methodology. Only valid information is published in this report.

## Performance Ratings

Each section contains measures of access to care or utilization of services with results for each plan and the statewide average.

Access to Care measures, Initiation and Engagement of Alcohol and Other Drug Dependence Treatment, as well as Prevention Quality Indicators are reported as a percentage of the eligible population. Symbols are provided to indicate whether the plan performed statistically significantly better (▲) or worse (▼) than the statewide average. For all other measures, symbols are provided to indicate whether the plan performed above the 90th percentile (▲) or below the 10th percentile (▼) for all plans included in the tables.

When comparing plan rates and associated significance ratings, you may notice plans that have the same numerical rating but a different significance rating. While this may seem like an error, plan significance ratings are based on how much a plan's rate differs from the statewide average and the number of individuals included in the rate. Therefore, plans can have the same rate but have different significance ratings because their rates are based on different numbers of enrollees.

Variations and/or extremes in utilization are difficult to interpret for plans with low enrollment. Therefore, plans with fewer than 30 eligible members or events are excluded from the statistical calculations of the percentiles, but are still included in the calculation of the statewide averages. All rates based on denominators of less than 30 or events less than 30 are reported in the tables with a dashed line.

## Feedback

We welcome suggestions and comments on ways the Department can measure and report plan performance more effectively.

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Access to care means health care is available, members know how to obtain health care services when they need them, and use them when necessary. The measures in this section describe the percentage of enrollees in a managed care plan who had a visit with a

primary care provider within the specified time frame. Symbols are provided to indicate whether the plan performed statistically significantly better (▲) or worse (▼) than the statewide average.

Measure	Description (Type of Insurance)
<p><b>Children and Adolescents' Access to Primary Care Practitioners</b></p>	<p>The percentage of children ages 12 months to 6 years who had a visit with a primary care practitioner within the last year, or for children 7–19 years, within the last two years. The measure is divided into four age groups: 12–24 months, 25 months–6 years, 7–11 years, and 12–19 years (12–18 years for Child Health Plus). (CO, PPO, MA, CHP)</p>
<p><b>Adults' Access to Preventive and Ambulatory Health Services</b></p>	<p>The percentage of adults, 20 years of age and older, who had an ambulatory or preventive care visit within the last year if they were insured by Medicaid, or within the last three years if they were commercially insured. This measure is divided into three age groups: 20–44 years, 45–64 years, and 65 years and older. (CO, PPO, MA)</p>

Commercial HMO

Children and Adolescents' Access to Primary Care Practitioners

Health Plan	12–24 Months	25 Months–6 Years	7–11 Years	12–19 Years
Aetna	97	94	95 ▼	91 ▼
CDPHP	99 ▲	97 ▲	99 ▲	97 ▲
Easy Choice Health Plan of NY	--	86 ▼	86 ▼	83 ▼
Empire	85 ▼	91 ▼	92 ▼	86 ▼
Excellus BlueCross BlueShield	99 ▲	97 ▲	99 ▲	96 ▲
HIP (EmblemHealth)	96 ▼	93 ▼	95 ▼	92 ▼
HealthNow New York Inc.	100 ▲	96 ▲	98 ▲	95 ▲
Independent Health	100 ▲	97 ▲	99 ▲	97 ▲
MVP	100 ▲	96	98 ▲	95 ▲
Oxford	99 ▲	96 ▲	97 ▲	94 ▲
Univera Healthcare	97	94 ▼	96	92 ▼
<b>Statewide</b>	<b>97</b>	<b>95</b>	<b>96</b>	<b>93</b>

LEGEND

▲ Significantly better than statewide average

▼ Significantly worse than statewide average

-- Sample too small to report

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

Results are a percentage of the eligible population.

Commercial HMO

Adults' Access to Preventive and Ambulatory Health Services

Health Plan	20–44 Years	45–64 Years	65 Years and Older
Aetna	94 ▼	94 ▼	95 ▼
CDPHP	96 ▲	97 ▲	98 ▲
Easy Choice Health Plan of NY	90 ▼	92 ▼	84 ▼
Empire	94 ▼	95 ▼	95 ▼
Excellus BlueCross BlueShield	97 ▲	98 ▲	98 ▲
HIP (EmblemHealth)	93 ▼	94 ▼	93 ▼
HealthNow New York Inc.	95	96	98 ▲
Independent Health	95	97 ▲	98 ▲
MVP	95	97 ▲	98 ▲
Oxford	95	96	97
Univera Healthcare	93 ▼	95	97
<b>Statewide</b>	<b>95</b>	<b>96</b>	<b>97</b>

LEGEND

▲ Significantly better than statewide average

▼ Significantly worse than statewide average

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

Results are a percentage of the eligible population.

Commercial PPO

Children and Adolescents' Access to Primary Care Practitioners

Health Plan	12–24 Months	25 Months–6 Years	7–11 Years	12–19 Years
Aetna Life Insurance Company - New York	98 ▲	94 ▲	95 ▲	92 ▲
CDPHP Universal Benefits, Inc.	99 ▲	97 ▲	98 ▲	96 ▲
CGLIC (CHLIC)	97 ▲	94 ▲	95 ▲	92 ▲
Empire HealthChoice HMO, Inc.	93 ▼	90 ▼	92 ▼	88 ▼
Excellus BlueCross BlueShield	94 ▼	90 ▼	91 ▼	88 ▼
GHI (EmblemHealth)	95	93	94	90
HIP (EmblemHealth)	96	91	95	93
MVP Preferred PPO	99 ▲	96 ▲	98 ▲	94 ▲
Oxford Health Insurance Company, Inc. - New York	98 ▲	95 ▲	96 ▲	94 ▲
UnitedHealthcare Insurance Company of New York, Inc.	96 ▲	92	96 ▲	92 ▲
<b>Statewide</b>	<b>95</b>	<b>92</b>	<b>94</b>	<b>90</b>

LEGEND

▲ Significantly better than statewide average

▼ Significantly worse than statewide average

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

Results are a percentage of the eligible population.

Commercial PPO

Adults' Access to Preventive and Ambulatory Health Services

Health Plan	20–44 Years	45–64 Years	65 Years and Older
Aetna Life Insurance Company - New York	94	95	95 ▼
CDPHP Universal Benefits, Inc.	95 ▲	96 ▲	98 ▲
CGLIC (CHLIC)	94	95	95 ▼
Empire HealthChoice HMO, Inc.	93 ▼	94 ▼	95 ▼
Excellus BlueCross BlueShield	95 ▲	96 ▲	98 ▲
GHI (EmblemHealth)	93 ▼	94 ▼	89 ▼
HIP (EmblemHealth)	93	94 ▼	94 ▼
MVP Preferred PPO	94	96 ▲	97
Oxford Health Insurance Company, Inc. - New York	96 ▲	97 ▲	98 ▲
UnitedHealthcare Insurance Company of New York, Inc.	94	96 ▲	98 ▲
<b>Statewide</b>	<b>94</b>	<b>95</b>	<b>97</b>

LEGEND

▲ Significantly better than statewide average

▼ Significantly worse than statewide average

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

Results are a percentage of the eligible population.

Medicaid Health Plans

Children and Adolescents' Access to Primary Care Practitioners

Medicaid Managed Care Plans (MMC)	12–24 Months	25 Months–6 Years	7–11 Years	12–19 Years
Affinity Health Plan	95 ▼	91 ▼	94 ▼	89 ▼
CDPHP	99 ▲	94 ▲	97 ▲	93
Excelsus BlueCross BlueShield	98 ▲	90 ▼	95 ▼	92
Fidelis Care New York	98 ▲	94 ▲	96	93
HIP (EmblemHealth)	96 ▼	94 ▲	97 ▲	95 ▲
Health Plus (Amerigroup)	96	94 ▲	97 ▲	94 ▲
HealthNow New York Inc.	99 ▲	94	95	94 ▲
Healthfirst PHSP, Inc.	96	94 ▲	97 ▲	94 ▲
Hudson Health Plan	98 ▲	95 ▲	96	93
Independent Health's MediSource	99 ▲	93	95	94
MVP	99 ▲	93	96	93
MetroPlus Health Plan	94 ▼	92 ▼	95 ▼	90 ▼
Neighborhood Health Providers	97	94	95 ▼	91 ▼
Total Care	99 ▲	93	93 ▼	92
UnitedHealthcare Community Plan	96	95 ▲	96	94 ▲
Univera Community Health	98	91 ▼	93 ▼	90 ▼
WellCare of New York	96	94	96	92
<b>MMC Statewide</b>	<b>97</b>	<b>93</b>	<b>96</b>	<b>93</b>
<b>HIV Special Needs Plans (SNP)</b>				
Amida Care	--	--	--	--
MetroPlus Health Plan	100 ▲	90 ▲	94	89 ▲
<b>SNP Statewide</b>	<b>88</b>	<b>86</b>	<b>93</b>	<b>86</b>

LEGEND

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

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

Results are a percentage of the eligible population.

Medicaid Health Plans

Adults' Access to Preventive and Ambulatory Health Services

Medicaid Managed Care Plans (MMC)	20–44 Years	45–64 Years	65 Years and Older
Affinity Health Plan	81 ▼	88 ▼	86 ▼
CDPHP	88 ▲	91	93
Excelsus BlueCross BlueShield	87 ▲	90	92
Fidelis Care New York	85 ▲	90	91 ▲
HIP (EmblemHealth)	84	90	88 ▼
Health Plus (Amerigroup)	82 ▼	88 ▼	88 ▼
HealthNow New York Inc.	86 ▲	89	86
Healthfirst PHSP, Inc.	86 ▲	92 ▲	91 ▲
Hudson Health Plan	86 ▲	90	91
Independent Health's MediSource	85 ▲	90	85
MVP	88 ▲	91	94
MetroPlus Health Plan	81 ▼	90	90
Neighborhood Health Providers	82 ▼	90	90
Total Care	87 ▲	91	93
UnitedHealthcare Community Plan	85 ▲	90	89
Univera Community Health	85 ▲	89 ▼	90
WellCare of New York	82 ▼	91	89
<b>MMC Statewide</b>	<b>84</b>	<b>90</b>	<b>90</b>
<b>HIV Special Needs Plans (SNP)</b>			
Amida Care	99 ▲	99	--
MetroPlus Health Plan	95 ▼	98 ▼	100
<b>SNP Statewide</b>	<b>97</b>	<b>99</b>	<b>100</b>

LEGEND

▲ Significantly better than statewide average

▼ Significantly worse than statewide average

-- Sample too small to report

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

Results are a percentage of the eligible population.

Child Health Plus Managed Care Plans

Children and Adolescents' Access to Primary Care Practitioners

Health Plan	12–24 Months	25 Months–6 Years	7–11 Years	12–19 Years
Affinity Health Plan	100	95	97 ▼	95 ▼
CDPHP	100	97	99 ▲	98 ▲
Empire	99	97 ▲	99 ▲	99 ▲
Excellus BlueCross BlueShield	100	96	98	97 ▲
Fidelis Care New York	100	96	98	95 ▼
HIP (EmblemHealth)	100	98 ▲	99 ▲	99 ▲
Health Plus (Amerigroup)	99	96	98	96
HealthNow New York Inc.	100	97	98	97
Healthfirst PHSP, Inc.	98	96	98	96
Hudson Health Plan	100	96	98	96
Independent Health	--	99	97	100
MVP	--	98	99	98
MetroPlus Health Plan	97	92 ▼	95 ▼	91 ▼
Neighborhood Health Providers	97 ▼	95	97 ▼	95 ▼
Total Care	100	96	98	98
UnitedHealthcare Community Plan	100	97	98	98 ▲
Univera Community Health	100	97	98	95
WellCare of New York	--	95	98	97
<b>Statewide</b>	<b>100</b>	<b>96</b>	<b>98</b>	<b>96</b>

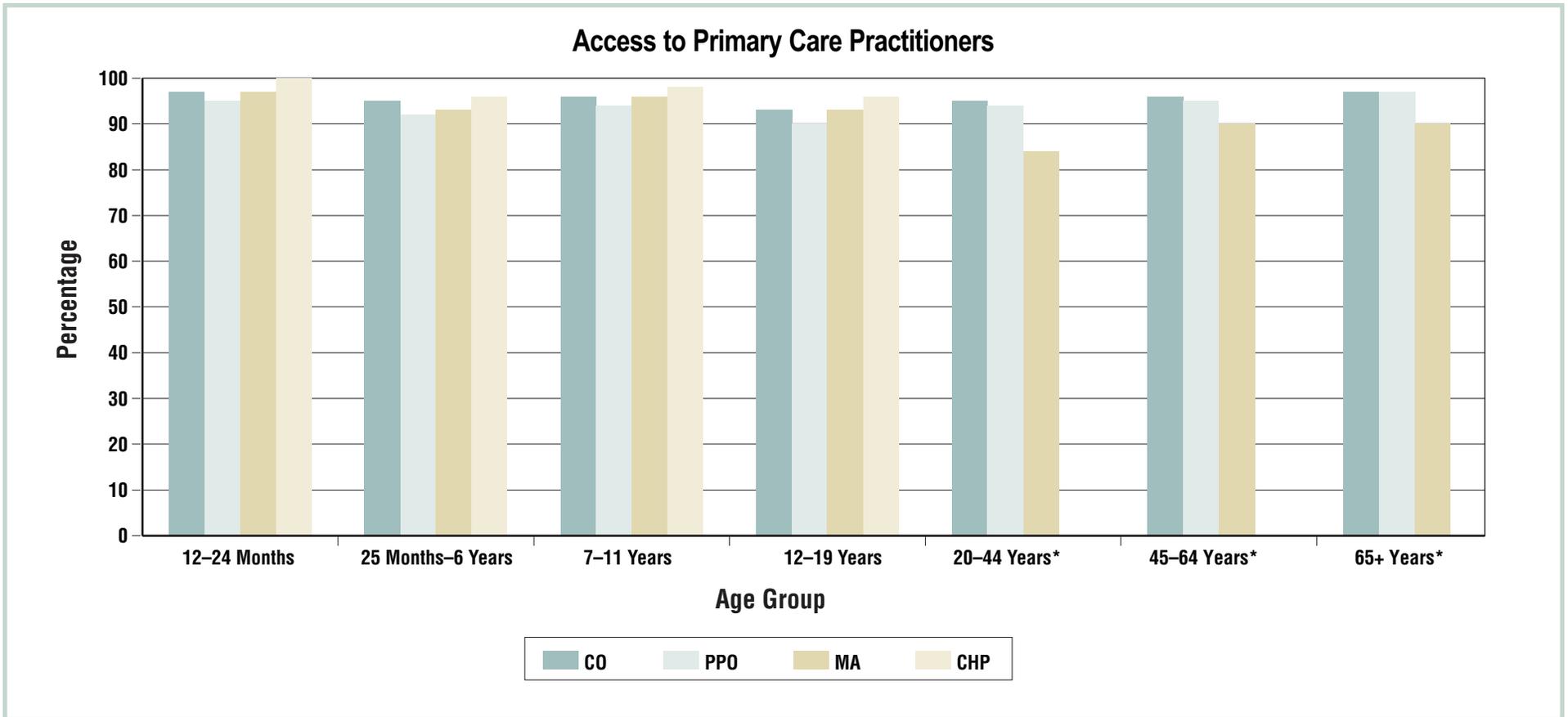
LEGEND

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

Results are a percentage of the eligible population.

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

Statewide Averages Across Payers



The graph above presents the differences in member access by payer and age group. Commercial HMO (CO), Commercial PPO (PPO) and Child Health Plus (CHP) payers are at or above 90% for members regardless of age group. Medicaid (MA) is at or above 90% for all age groups except for members between 20 and 44 years of age.

\*Please note that the time frame for visits for members ages 20 years or older varies by type of insurance. Medicaid percentages reflect visits in the measurement year, while CO and PPO percentages reflect visits in the last three years.

Managed care plans are required to submit inpatient and outpatient utilization data such as hospital admissions and ambulatory surgery rates. The data presented are calculated by the plans. Data applicable to the Medicaid, Commercial HMO and PPO, and Child Health Plus populations are reported separately. For Initiation and Engagement of Alcohol and Other Drug Dependence Treatment, symbols are provided to indicate whether the plan performed statistically significantly better (▲) or worse (▼) than the statewide average. For all other measures, symbols are provided to indicate whether the plan performed above the 90th percentile (▲) or below the 10th percentile (▼) for all plans included in the tables.

Utilization rates for Outpatient Use of Services, Inpatient Use of Services, Frequency of Selected Procedures are calculated per 1,000 member years (MY). Results for the Initiation and Engagement of Alcohol and Other Drug Dependence Treatment, Mental Health Utilization, as well as Identification of Alcohol and Drug Dependence Services are calculated as percentage of the eligible population. Average length of stay (ALOS) is

calculated as the total number of days divided by the total number of discharges (Days/Discharges=ALOS).

Total Inpatient Utilization is the sum of Medicine, Surgery, and Maternity discharges and length of stay. Some discharges cannot be grouped as medicine, maternity, or surgery, but are included in the inpatient total. Therefore, total discharges and days may not be equal to the sum of the three components. The rates for open cholecystectomy and intensive outpatient or partial hospitalization rates for alcohol and drugs are not displayed in the following tables, since the results are not statistically significant due to small sample sizes and low rates.

The Plan All-Cause Readmission rates are risk adjusted for presence of surgeries, discharge condition, comorbidity, age, and gender. For this measure, a lower rate is desirable. The O/E Ratio is the observed-to-expected ratio: The ratio of the plan's observed rate of readmission to its expected rate of readmission.

Measure	Description (Type of Insurance)
<b>Outpatient Utilization</b>	Summarizes utilization of ambulatory services including outpatient visits and emergency room visits. Rates are per 1,000 member years (MY) (CO, PPO, MA, CHP).
<b>Frequency of Selected Procedures</b>	Provides a summary of high frequency procedures and rates are per 1,000 MY. (CO, PPO, MA, CHP)
<b>Inpatient Utilization</b>	Summarizes utilization of acute inpatient services in the categories of Medicine, Surgery, Maternity, and Total inpatient utilization. Total discharges per 1,000 MY, total days per 1,000 MY, and ALOS are reported. (CO, PPO, MA, CHP)
<b>Mental Health Utilization</b>	Provides an overview of members who received inpatient, outpatient, and emergency room mental health. Rates are the percentage of members who receive mental health services. (CO, PPO, MA)
<b>Identification of Alcohol and Other Drug Dependency Services</b>	Provides an overview of members with an alcohol or other drug (AOD) dependence diagnosis and the extent to which different levels of chemical dependency services are utilized. Rates are the percentage of members who receive services. (CO, PPO)
<b>Initiation and Engagement of Alcohol and Other Drug Dependence Treatment</b>	Two percentages for members with AOD dependence are shown. The Initiation percentage is the percentage of members who initiate treatment within 14 days of the diagnosis of AOD dependence. The Engagement percentage is the percentage of members who engage in treatment within 30 days after initiation. (CO, PPO)
<b>Plan All-Cause Readmissions</b>	Provides the percentage of acute inpatient stays that were followed by an acute readmission for any diagnosis within 30 days. Both risk adjusted rates and the observed/expected probabilities are displayed. (CO, PPO)

## Commercial HMO

## Outpatient Utilization

Health Plan	Emergency Room Visits	Outpatient Visits
Aetna	186	4,636
CDPHP	249 ▲	4,627
Easy Choice Health Plan of NY	147 ▼	4,436
Empire	202	4,833 ▲
Excellus BlueCross BlueShield	216	4,629
HIP (EmblemHealth)	240 ▲	4,848 ▲
HealthNow New York Inc.	179	4,367
Independent Health	188	4,275 ▼
MVP	226	4,745
Oxford	153 ▼	4,536
Univera Healthcare	182	3,859 ▼
<b>Statewide</b>	<b>192</b>	<b>4,585</b>

## LEGEND

▲ 90th Percentile or Above

▼ 10th Percentile or Below

Rates are per 1,000 member years.

## Commercial PPO

## Outpatient Utilization

Health Plan	Emergency Room Visits	Outpatient Visits
Aetna Life Insurance Company - New York	160	4,431
CDPHP Universal Benefits, Inc.	213	4,252
CGLIC (CHLIC)	162	4,409
Empire HealthChoice HMO, Inc.	181	4,735
Excellus BlueCross BlueShield	204	4,139
GHI (EmblemHealth)	301 ▲	4,522
HIP (EmblemHealth)	186	4,766
MVP Preferred PPO	221	4,135 ▼
Oxford Health Insurance Company, Inc. - New York	152 ▼	4,944
UnitedHealthcare Insurance Company of New York, Inc.	193	5,424 ▲
<b>Statewide</b>	<b>188</b>	<b>4,793</b>

## LEGEND

▲ 90th Percentile or Above

▼ 10th Percentile or Below

Rates are per 1,000 member years.

## Medicaid Health Plans

## Outpatient Utilization

Medicaid Managed Care Plans (MMC)	Emergency Room Visits	Outpatient Visits
Affinity Health Plan	602	4,089 ▼
CDPHP	964 ▲	5,689
Excellus BlueCross BlueShield	838	4,764
Fidelis Care New York	564	5,760
HIP (EmblemHealth)	452	6,049 ▲
Health Plus (Amerigroup)	456	4,503
HealthNow New York Inc.	710	4,415 ▼
Healthfirst PHSP, Inc.	605	5,716
Hudson Health Plan	720	5,732
Independent Health's MediSource	807	4,466
MVP	905 ▲	5,234
MetroPlus Health Plan	691	4,967
Neighborhood Health Providers	651	5,296
Total Care	775	5,313
UnitedHealthcare Community Plan	366 ▼	6,148 ▲
Univera Community Health	792	4,470
WellCare of New York	369 ▼	5,727
<b>MMC Statewide</b>	<b>590</b>	<b>5,329</b>
HIV Special Needs Plans (SNP)		
Amida Care	896	13,949
MetroPlus Health Plan	870	9,106
<b>SNP Statewide</b>	<b>863</b>	<b>11,155</b>

Rates are per 1,000 member years.

## LEGEND

▲ 90th Percentile or Above

▼ 10th Percentile or Below

## Child Health Plus Managed Care Plans

## Outpatient Utilization

Health Plan	Emergency Room Visits	Outpatient Visits
Affinity Health Plan	313	2,732 ▼
CDPHP	359	4,564
Empire	196 ▼	5,436 ▲
Excellus BlueCross BlueShield	354	4,069
Fidelis Care New York	291	4,045
HIP (EmblemHealth)	218	4,763
Health Plus (Amerigroup)	250	3,325
HealthNow New York Inc.	306	3,897
Healthfirst PHSP, Inc.	324	3,777
Hudson Health Plan	359	4,167
Independent Health	300	4,082
MVP	229	4,855
MetroPlus Health Plan	396 ▲	3,234 ▼
Neighborhood Health Providers	361 ▲	3,393
Total Care	217 ▼	4,463
UnitedHealthcare Community Plan	229	5,190 ▲
Univera Community Health	328	3,825
WellCare of New York	248	4,365
<b>Statewide</b>	<b>290</b>	<b>4,194</b>

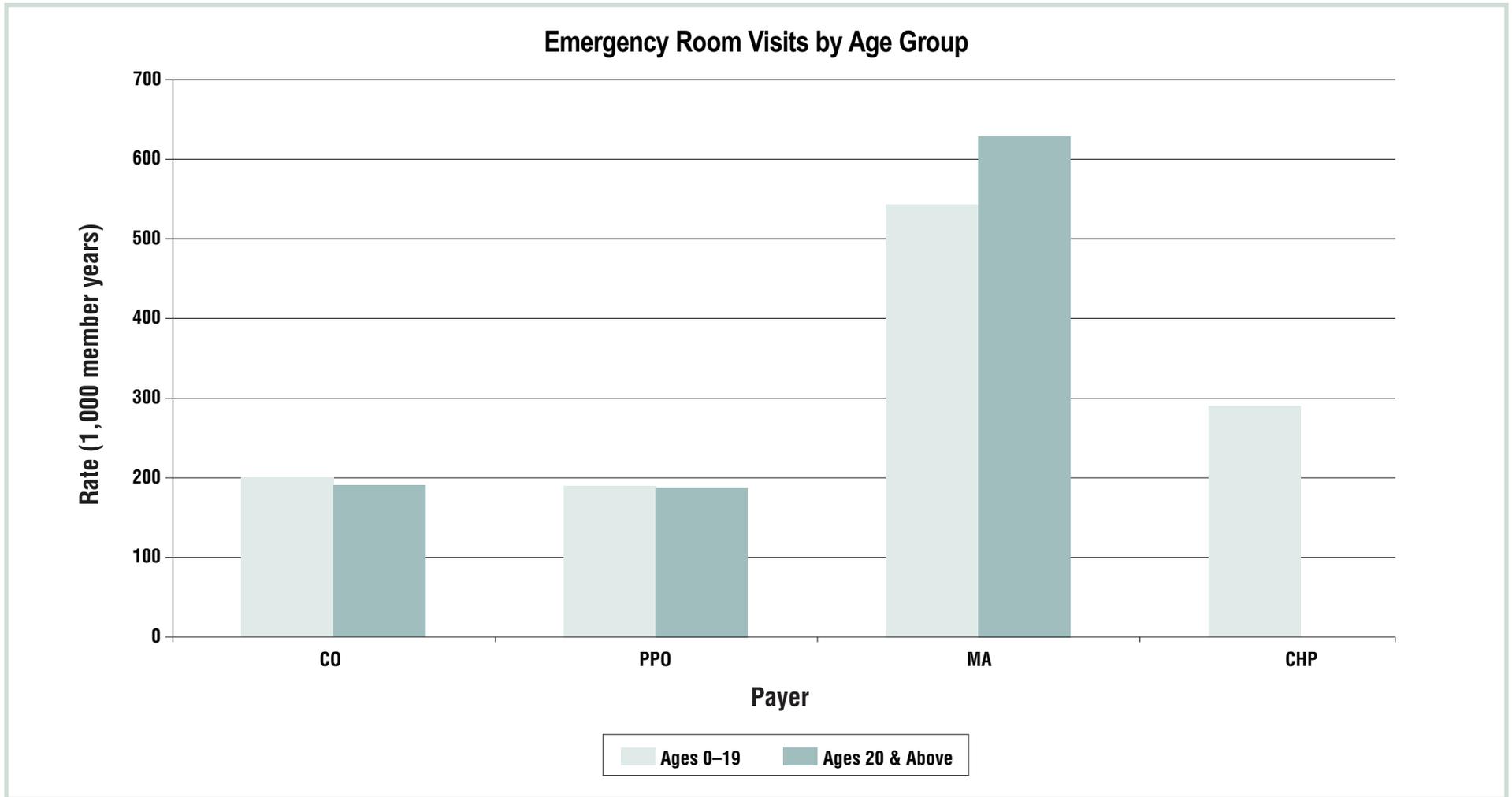
## LEGEND

▲ 90th Percentile or Above

▼ 10th Percentile or Below

Rates are per 1,000 member years.

Outpatient Utilization: Statewide Average Across Payers



The graph illustrates the statewide rates of emergency room visits by age group and payer. Medicaid (MA) rates are higher than Commercial HMO (CO), Commercial PPO (PPO) and Child Health Plus (CHP).

Commercial HMO

Frequency of Selected Procedures

Health Plan	Angioplasty Ages 45 and Above		Coronary Artery Bypass Graft Ages 45 and Above		Cardiac Catheterization Ages 45 and Above	
	Female	Male	Female	Male	Female	Male
Aetna	2.1▲	6.6	--	1.9	5.9	8.0
CDPHP	1.3	4.4▼	--	1.8	4.5	6.7▼
Easy Choice Health Plan of NY	--	--	--	--	--	--
Empire	1.4	7.5▲	--	1.2▼	5.4	10.6
Excellus BlueCross BlueShield	1.8	6.8	--	2.0	5.7	7.6
HIP (EmblemHealth)	1.8	6.4	--	1.5	5.8	8.6
HealthNow New York Inc.	1.6	5.3	--	1.4	6.2	13.0▲
Independent Health	1.4	5.8	--	2.1▲	5.6	11.8
MVP	1.7	6.2	--	1.9	5.8	9.1
Oxford	1.2▼	6.7	0.2	1.5	3.7▼	7.6
Univera Healthcare	--	5.8	--	--	6.3▲	10.2
<b>Statewide</b>	<b>1.5</b>	<b>6.3</b>	<b>0.3</b>	<b>1.6</b>	<b>5.1</b>	<b>9.3</b>

LEGEND

- ▲ 90th Percentile or Above
- ▼ 10th Percentile or Below
- Sample too small to report

Rates are per 1,000 member years.

Commercial HMO

Frequency of Selected Procedures

Health Plan	Laprosopic Cholecystectomy		Back Surgery Ages 20 & Above		Bariatric Weight Loss Surgery		Prostatectomy Ages 45 & Above
	Female Ages 15 & Above	Male Ages 30 & Above	Female	Male	Female	Male	Male only
Aetna	3.4	1.8	1.8	2.1	0.8	--	3.4
CDPHP	7.0▲	3.3▲	2.9	3.4	1.4	--	2.4▼
Easy Choice Health Plan of NY	--	--	--	--	--	--	--
Empire	3.6	2.0	1.9	2.4	1.2	0.3▲	2.6
Excellus BlueCross BlueShield	5.5	3.0	3.5	4.3▲	1.4	--	4.0▲
HIP (EmblemHealth)	3.1	1.5▼	1.3▼	1.6▼	0.9	0.2▼	2.4
HealthNow New York Inc.	6.0	2.9	3.7	3.6	1.3	0.3	2.8
Independent Health	6.1	2.6	3.5	3.2	0.8	--	2.9
MVP	6.2	2.7	3.8	3.7	1.6▲	--	3.7
Oxford	3.0▼	1.6	1.6	1.9	0.7▼	0.3	2.8
Univera Healthcare	6.1	2.6	3.8▲	3.6	--	--	2.7
<b>Statewide</b>	<b>4.3</b>	<b>2.1</b>	<b>2.3</b>	<b>2.6</b>	<b>1.0</b>	<b>0.3</b>	<b>2.9</b>

LEGEND

- ▲ 90th Percentile or Above
- ▼ 10th Percentile or Below
- Sample too small to report

Rates are per 1,000 member years.

Commercial HMO

Frequency of Selected Procedures for Women and Children

Health Plan	Lumpectomy Ages 15 & Above	Mastectomy Ages 15 & Above	Abdominal Hysterectomy Ages 15 & Above	Vaginal Hysterectomy Ages 15 & Above	Tonsillectomy Ages 0–19
Aetna	4.5	1.9 ▲	3.7	--	2.9 ▼
CDPHP	4.4	1.5	2.1	1.5	6.3
Easy Choice Health Plan of NY	--	--	--	--	--
Empire	4.9 ▲	1.3	3.0	0.8	3.3
Excellus BlueCross BlueShield	3.4	1.7	3.8 ▲	1.3	6.1
HIP (EmblemHealth)	3.8	1.0 ▼	2.6	0.6	2.9
HealthNow New York Inc.	4.4	1.2	3.1	1.9 ▲	8.6 ▲
Independent Health	4.0	1.3	3.4	1.9	7.8
MVP	3.8	1.6	3.1	1.3	7.0
Oxford	4.1	1.5	2.0 ▼	0.5 ▼	3.9
Univera Healthcare	3.4 ▼	1.4	2.2	1.9	7.9
<b>Statewide</b>	<b>4.1</b>	<b>1.4</b>	<b>2.7</b>	<b>1.0</b>	<b>5.0</b>

LEGEND

- ▲ 90th Percentile or Above
- ▼ 10th Percentile or Below
- Sample too small to report

Rates are per 1,000 member years.

Commercial PPO

Frequency of Selected Procedures

Health Plan	Angioplasty Ages 45 and Above		Coronary Artery Bypass Graft Ages 45 and Above		Cardiac Catheterization Ages 45 and Above	
	Female	Male	Female	Male	Female	Male
Aetna Life Insurance Company - New York	1.8	6.2	0.4	1.8	4.5	7.4
CDPHP Universal Benefits, Inc.	1.5	5.6	--	1.9▲	4.9	6.8▼
CGLIC (CHLIC)	1.4	6.1	--	1.1	4.2	8.5
Empire HealthChoice HMO, Inc.	1.4	5.5▼	0.3	1.4	5.1	8.2
Excellus BlueCross BlueShield	1.8	6.6	0.3▼	1.6	5.4	8.7
GHI (EmblemHealth)	2.4▲	7.4▲	--	1.1▼	5.4	9.3
HIP (EmblemHealth)	--	6.7	--	--	4.9	7.7
MVP Preferred PPO	--	5.8	--	1.3	4.2	8.1
Oxford Health Insurance Company, Inc. - New York	1.2▼	6.1	--	1.3	3.2▼	6.9
UnitedHealthcare Insurance Company of New York, Inc.	2.2	7.2	0.6▲	1.9	6.9▲	10.1▲
<b>Statewide</b>	<b>1.8</b>	<b>6.4</b>	<b>0.4</b>	<b>1.6</b>	<b>5.5</b>	<b>8.8</b>

LEGEND

- ▲ 90th Percentile or Above
- ▼ 10th Percentile or Below
- Sample too small to report

Rates are per 1,000 member years.

## Commercial PPO

## Frequency of Selected Procedures

Health Plan	Laprosopic Cholecystectomy		Back Surgery Ages 20 & Above		Bariatric Weight Loss Surgery		Prostatectomy Ages 45 & Above
	Female Ages 15 & Above	Male Ages 30 & Above	Female	Male	Female	Male	Male only
Aetna Life Insurance Company - New York	3.2	1.7	2.1	2.3	0.7	0.2	3.3
CDPHP Universal Benefits, Inc.	6.0	2.7▲	3.3	3.2	1.1	--	2.2
CGLIC (CHLIC)	3.3	1.8	1.8	2.1	0.5▼	0.2▼	2.5
Empire HealthChoice HMO, Inc.	4.4	2.1	2.7	2.9	1.0	0.3	2.5
Excellus BlueCross BlueShield	6.0▲	2.6	3.5▲	3.7▲	1.6▲	0.4▲	2.8
GHI (EmblemHealth)	3.2	1.9	1.6▼	2.1▼	0.9	0.3	2.6
HIP (EmblemHealth)	3.5	--	--	--	--	--	--
MVP Preferred PPO	5.8	2.6	2.7	3.4	1.4	--	2.1▼
Oxford Health Insurance Company, Inc. - New York	2.4▼	1.5▼	2.3	2.7	0.7	0.2	3.6
UnitedHealthcare Insurance Company of New York, Inc.	3.9	2.4	2.5	3.0	1.0	0.4	3.6▲
<b>Statewide</b>	<b>4.1</b>	<b>2.2</b>	<b>2.5</b>	<b>2.9</b>	<b>1.0</b>	<b>0.3</b>	<b>3.0</b>

## LEGEND

- ▲ 90th Percentile or Above
- ▼ 10th Percentile or Below
- Sample too small to report

Rates are per 1,000 member years.

Commercial PPO

Frequency of Selected Procedures for Women and Children

Health Plan	Lumpectomy Ages 15 & Above	Mastectomy Ages 15 & Above	Abdominal Hysterectomy Ages 15 & Above	Vaginal Hysterectomy Ages 15 & Above	Tonsillectomy Ages 0–19
Aetna Life Insurance Company - New York	4.2	1.5	2.3	0.7	4.0
CDPHP Universal Benefits, Inc.	4.4	1.5	1.9	1.2	6.1
CGLIC (CHLIC)	4.0	1.3 ▼	2.3	0.6 ▼	3.8
Empire HealthChoice HMO, Inc.	3.7	1.3	2.6	1.4	4.7
Excellus BlueCross BlueShield	3.3 ▼	1.4	3.4	2.0 ▲	6.8 ▲
GHI (EmblemHealth)	4.4	1.5	2.9	0.9	3.8 ▼
HIP (EmblemHealth)	4.9 ▲	--	3.2	--	--
MVP Preferred PPO	4.0	1.4	3.6 ▲	1.1	5.2
Oxford Health Insurance Company, Inc. - New York	4.8	1.6 ▲	1.8 ▼	0.7	3.9
UnitedHealthcare Insurance Company of New York, Inc.	4.6	1.4	2.2	0.8	4.8
<b>Statewide</b>	<b>4.1</b>	<b>1.4</b>	<b>2.5</b>	<b>1.1</b>	<b>4.8</b>

LEGEND

- ▲ 90th Percentile or Above
- ▼ 10th Percentile or Below
- Sample too small to report

Rates are per 1,000 member years.

Medicaid Health Plans

Frequency of Selected Procedures

Medicaid Managed Care Plans (MMC)	Angioplasty Ages 45 and Above		Coronary Artery Bypass Graft Ages 45 and Above		Cardiac Catheterization Ages 45 and Above	
	Female	Male	Female	Male	Female	Male
Affinity Health Plan	2.5 ▼	8.3 ▼	--	1.5	10.0	14.3
CDPHP	--	9.4	--	--	10.8	16.1
Excellus BlueCross BlueShield	4.5 ▲	9.4	--	--	12.3	13.3
Fidelis Care New York	3.0	9.2	0.4 ▼	1.8	9.6	13.4
HIP (EmblemHealth)	1.9 ▼	8.9 ▼	--	1.5	7.6 ▼	13.0 ▼
Health Plus (Amerigroup)	3.8	11.1	--	1.4 ▼	9.9	13.4
HealthNow New York Inc.	--	--	--	--	17.0 ▲	22.5 ▲
Healthfirst PHSP, Inc.	3.0	9.2	0.5 ▲	1.5	10.3	14.1
Hudson Health Plan	4.3	9.1	--	--	12.5	16.5
Independent Health's MediSource	--	--	--	--	17.1 ▲	13.8
MVP	--	--	--	--	15.5	13.6
MetroPlus Health Plan	4.4	12.3 ▲	--	1.8	9.6	14.7
Neighborhood Health Providers	4.9 ▲	13.4 ▲	--	2.4 ▲	13.4	16.8 ▲
Total Care	--	--	--	--	12.8	15.8
UnitedHealthcare Community Plan	3.3	10.0	--	1.7	7.9 ▼	13.3
Univera Community Health	--	--	--	--	13.0	10.5 ▼
WellCare of New York	3.4	12.0	--	--	10.2	13.3
<b>MMC Statewide</b>	<b>3.4</b>	<b>9.9</b>	<b>0.5</b>	<b>1.7</b>	<b>10.1</b>	<b>14.0</b>

LEGEND

- ▲ 90th Percentile or Above
- ▼ 10th Percentile or Below
- Sample too small to report

Rates are per 1,000 member years.

## Medicaid Health Plans

## Frequency of Selected Procedures

Medicaid Managed Care Plans (MMC)	Laparoscopic Cholecystectomy		Back Surgery Ages 20–64		Bariatric Weight Loss Surgery Ages 0–64		Prostatectomy Ages 45 and Above
	Female Ages 15–64	Male Ages 30–64	Female	Male	Female	Male	Male only
Affinity Health Plan	5.0	1.6▼	1.0	1.3	0.9	--	1.9
CDPHP	11.4▲	3.6▲	5.9▲	7.2▲	1.4	--	--
Excelsus BlueCross BlueShield	10.5	3.4▲	4.4	5.6	1.2	--	--
Fidelis Care New York	6.7	2.8	2.4	2.9	1.1	0.3	1.9
HIP (EmblemHealth)	3.6	1.6	1.6	2.3	1.1	0.4▲	1.9
Health Plus (Amerigroup)	2.0▼	1.7	0.8▼	1.2▼	0.4▼	--	1.6▼
HealthNow New York Inc.	10.6▲	--	6.2▲	6.3▲	1.6▲	--	--
Healthfirst PHSP, Inc.	4.2	1.8	1.2	1.5	1.0	0.2▼	2.5
Hudson Health Plan	9.4	--	3.3	4.1	1.5▲	--	--
Independent Health's MediSource	7.3	--	5.4	5.3	--	--	--
MVP	8.5	--	4.0	6.1	--	--	--
MetroPlus Health Plan	3.9	1.2▼	0.7▼	0.9▼	0.4▼	--	1.7
Neighborhood Health Providers	5.4	1.7	1.2	1.5	0.6	--	3.7▲
Total Care	9.2	--	3.3	--	--	--	--
UnitedHealthcare Community Plan	4.3	1.8	1.3	1.5	0.8	0.2	2.2
Univera Community Health	7.8	--	4.8	5.8	--	--	--
WellCare of New York	3.3▼	2.1	--	--	--	--	--
<b>MMC Statewide</b>	<b>5.3</b>	<b>2.1</b>	<b>1.8</b>	<b>2.3</b>	<b>0.9</b>	<b>0.2</b>	<b>2.1</b>

## LEGEND

- ▲ 90th Percentile or Above
- ▼ 10th Percentile or Below
- Sample too small to report

Rates are per 1,000 member years.

## Medicaid Health Plans

## Frequency of Selected Procedures for Women and Children

Medicaid Managed Care Plans (MMC)	Lumpectomy Ages 15–64	Mastectomy Ages 15–64	Abdominal Hysterectomy Ages 15–64	Vaginal Hysterectomy Ages 15–64	Tonsillectomy Ages 0–19
Affinity Health Plan	3.0	0.6	2.2	0.6	4.0
CDPHP	3.3	--	2.4	1.6	8.4
Excelsus BlueCross BlueShield	2.4 ▼	0.5 ▼	5.3 ▲	2.3 ▲	7.7
Fidelis Care New York	3.6 ▲	0.7	2.5	1.2	5.5
HIP (EmblemHealth)	3.6	0.6	1.8 ▼	0.5	3.0
Health Plus (Amerigroup)	3.3	0.6	2.0	0.4 ▼	3.0
HealthNow New York Inc.	3.3	--	3.5	1.8	12.1 ▲
Healthfirst PHSP, Inc.	3.0	0.7	2.5	0.7	3.1
Hudson Health Plan	3.1	--	4.0	--	4.9
Independent Health's MediSource	3.2	--	4.2 ▲	2.2 ▲	10.6
MVP	--	--	3.9	--	7.2
MetroPlus Health Plan	2.6 ▼	0.5	1.5 ▼	0.4 ▼	2.1 ▼
Neighborhood Health Providers	3.7 ▲	1.2 ▲	2.2	0.6	4.5
Total Care	--	--	3.3	--	6.2
UnitedHealthcare Community Plan	3.6	0.8	2.1	0.7	3.5
Univera Community Health	2.7	--	2.9	--	11.4 ▲
WellCare of New York	2.8	--	1.9	--	2.1 ▼
<b>MMC Statewide</b>	<b>3.2</b>	<b>0.7</b>	<b>2.4</b>	<b>0.9</b>	<b>4.4</b>

## LEGEND

- ▲ 90th Percentile or Above
- ▼ 10th Percentile or Below
- Sample too small to report

Rates are per 1,000 member years.

## Child Health Plus Managed Care Plans

## Frequency of Selected Procedures for Children

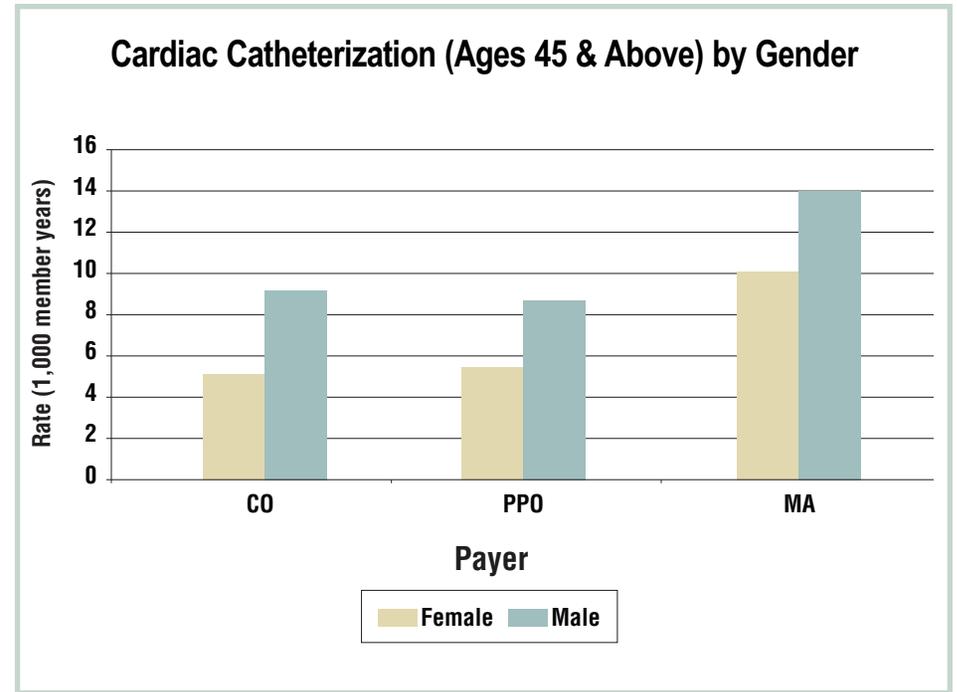
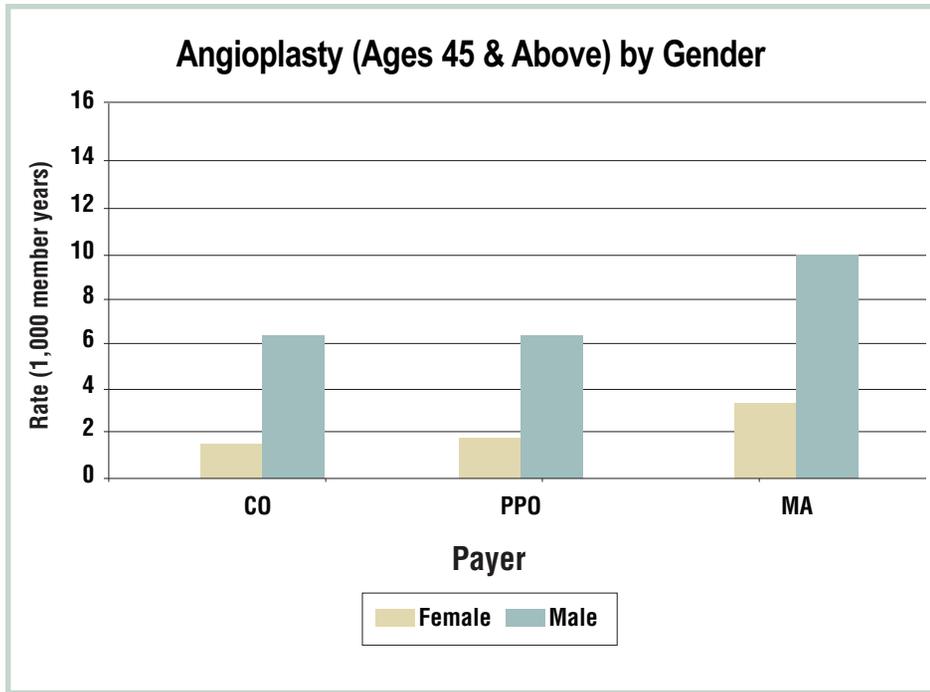
Health Plan	Tonsillectomy Ages 0–19
Affinity Health Plan	4.0
CDPHP	9.9
Empire	4.3
Excellus BlueCross BlueShield	9.5
Fidelis Care New York	6.4
HIP (EmblemHealth)	3.4
Health Plus (Amerigroup)	2.4 ▼
HealthNow New York Inc.	12.4
Healthfirst PHSP, Inc.	2.9 ▼
Hudson Health Plan	3.6
Independent Health	--
MVP	--
MetroPlus Health Plan	--
Neighborhood Health Providers	5.2
Total Care	13.3 ▲
UnitedHealthcare Community Plan	4.7
Univera Community Health	13.4 ▲
WellCare of New York	--
<b>Statewide</b>	<b>5.6</b>

## LEGEND

- ▲ 90th Percentile or Above
- ▼ 10th Percentile or Below
- Sample too small to report

Rates are per 1,000 member years.

Frequency of Selected Procedures: Statewide Average Across Payers



The graphs illustrate the statewide rates of cardiac catheterization and angioplasty utilization by gender and payer. Males are more likely to have the procedures than females for all payers. Medicaid (MA) rates for both procedures are higher than Commercial payers (CO & PPO) for both genders.

## Commercial HMO

## Inpatient Use of Services: Discharges and Total Days

Health Plan	Medicine		Surgery		Maternity		Total	
	Discharges	Total Days						
Aetna	27	109▲	18	94	13▲	41▲	56	239
CDPHP	18▼	69	19	107▲	10	28	47	200
Easy Choice Health Plan of NY	23	91	14	77	4▼	13▼	42▼	181
Empire	27▲	104	17	102	13▲	39	56▲	240▲
Excellus BlueCross BlueShield	21	66	19	72	12	33	50	167▼
HIP (EmblemHealth)	35▲	142▲	17	102	8▼	23▼	59▲	265▲
HealthNow New York Inc.	15▼	57▼	13▼	64▼	10	26	36▼	141▼
Independent Health	21	70	22▲	103▲	12	35	54	203
MVP	24	99	19	77	10	27	53	206
Oxford	23	86	14▼	72▼	13	41▲	49	193
Univera Healthcare	19	61▼	20▲	85	12	31	49	173
<b>Statewide</b>	<b>24</b>	<b>90</b>	<b>16</b>	<b>84</b>	<b>11</b>	<b>33</b>	<b>50</b>	<b>203</b>

## LEGEND

▲ 90th Percentile or Above

▼ 10th Percentile or Below

Rates are per 1,000 member years.

## Commercial HMO

## Inpatient Use of Services: Average Length of Stay

Health Plan	Medicine ALOS	Surgery ALOS	Maternity ALOS	Total Inpatient ALOS
Aetna	4.1▲	5.1	3.1▲	4.2
CDPHP	3.8	5.5	2.7	4.3
Easy Choice Health Plan of NY	3.9	5.5	3.0	4.3▲
Empire	3.8	5.8▲	2.9	4.3
Excellus BlueCross BlueShield	3.2▼	3.9▼	2.7	3.3▼
HIP (EmblemHealth)	4.0	6.1▲	3.0	4.5▲
HealthNow New York Inc.	3.9	4.7	2.8	4.0
Independent Health	3.3	4.7	2.8	3.8
MVP	4.1▲	3.9▼	2.6▼	3.9
Oxford	3.7	5.1	3.2▲	4.0
Univera Healthcare	3.3▼	4.2	2.6▼	3.5▼
<b>Statewide</b>	<b>3.8</b>	<b>5.1</b>	<b>2.9</b>	<b>4.1</b>

## LEGEND

▲ 90th Percentile or Above

▼ 10th Percentile or Below

ALOS = Total Days/Total Discharges

## Commercial PPO

## Inpatient Use of Services: Discharges and Total Days

Health Plan	Medicine		Surgery		Maternity		Total	
	Discharges	Total Days						
Aetna Life Insurance Company - New York	19	77	15	68	16 ▲	48 ▲	47	185
CDPHP Universal Benefits, Inc.	18 ▼	68	18	96 ▲	12	33	46	192
CGLIC (CHLIC)	19	79	14 ▼	72	14	44	45	188
Empire HealthChoice HMO, Inc.	19	67	15	76	16	45	48	182
Excellus BlueCross BlueShield	19	55 ▼	17	64	13	34	47	149 ▼
GHI (EmblemHealth)	24	103 ▲	18 ▲	94	13	37	54 ▲	229 ▲
HIP (EmblemHealth)	29 ▲	102	17	86	6 ▼	18 ▼	51	205
MVP Preferred PPO	19	72	16	60 ▼	12	30	45 ▼	163
Oxford Health Insurance Company, Inc. - New York	23	85	15	75	14	44	50	197
UnitedHealthcare Insurance Company of New York, Inc.	NV							
<b>Statewide</b>	<b>20</b>	<b>72</b>	<b>16</b>	<b>74</b>	<b>14</b>	<b>42</b>	<b>48</b>	<b>182</b>

## LEGEND

▲ 90th Percentile or Above

▼ 10th Percentile or Below

NV Plan submitted invalid data

Rates are per 1,000 member years.

## Commercial PPO

## Inpatient Use of Services: Average Length of Stay

Health Plan	Medicine ALOS	Surgery ALOS	Maternity ALOS	Total Inpatient ALOS
Aetna Life Insurance Company - New York	4.1	4.7	3.0	4.0
CDPHP Universal Benefits, Inc.	3.8	5.4 ▲	2.8	4.2
CGLIC (CHLIC)	4.1	5.1	3.2 ▲	4.2
Empire HealthChoice HMO, Inc.	3.6	4.9	2.9	3.8
Excellus BlueCross BlueShield	3.0 ▼	3.7 ▼	2.6 ▼	3.1 ▼
GHI (EmblemHealth)	4.2 ▲	5.1	3.0	4.3 ▲
HIP (EmblemHealth)	3.5	5.2	3.0	4.0
MVP Preferred PPO	3.9	3.8	2.6	3.6
Oxford Health Insurance Company, Inc. - New York	3.7	5.0	3.1	3.9
UnitedHealthcare Insurance Company of New York, Inc.	NV	NV	NV	NV
<b>Statewide</b>	<b>3.7</b>	<b>4.7</b>	<b>2.9</b>	<b>3.8</b>

## LEGEND

▲ 90th Percentile or Above

▼ 10th Percentile or Below

NV Plan submitted invalid data

ALOS = Total Days/Total Discharges

Medicaid Health Plans

Inpatient Use of Services: Discharges and Total Days

Medicaid Managed Care Plans (MMC)	Medicine		Surgery		Maternity		Total	
	Discharges	Total Days	Discharges	Total Days	Discharges	Total Days	Discharges	Total Days
Affinity Health Plan	53	210	14	101	50	152	103	423
CDPHP	51	241 ▲	19	116	47	128	103	446
Excellus BlueCross BlueShield	43	128	20	83	47	120	97	295
Fidelis Care New York	41	154	20	113	36	98	87	340
HIP (EmblemHealth)	54	221	17	116	27 ▼	79 ▼	90	394
Health Plus (Amerigroup)	35 ▼	140	11 ▼	63 ▼	40	118	75	288
HealthNow New York Inc.	35	129	17	97	39	102	77	289
Healthfirst PHSP, Inc.	62 ▲	231	15	97	54	162	115 ▲	443
Hudson Health Plan	43	169	24 ▲	153 ▲	69 ▲	205 ▲	111	452
Independent Health's MediSource	51	180	27 ▲	179 ▲	48	137	112	458 ▲
MVP	43	163	17	69 ▼	42	114	89	318
MetroPlus Health Plan	54	205	12	76	54	161	103	391
Neighborhood Health Providers	59 ▲	236 ▲	16	95	60 ▲	181 ▲	116 ▲	456 ▲
Total Care	55	225	17	88	52	144	109	414
UnitedHealthcare Community Plan	31 ▼	124 ▼	12	82	41	111	73 ▼	287 ▼
Univera Community Health	40	116 ▼	24	105	44	119	96	308
WellCare of New York	39	129	11 ▼	83	17 ▼	37 ▼	64 ▼	242 ▼
<b>MMC Statewide</b>	<b>47</b>	<b>180</b>	<b>16</b>	<b>96</b>	<b>45</b>	<b>128</b>	<b>95</b>	<b>368</b>
<b>HIV Special Needs Plans (SNP)</b>								
Amida Care	311	1,434	30	268	7	28	348	1,730
MetroPlus Health Plan	275	1,482	28	275	9	30	311	1,785
<b>SNP Statewide</b>	<b>291</b>	<b>1,451</b>	<b>37</b>	<b>326</b>	<b>6</b>	<b>24</b>	<b>335</b>	<b>1,800</b>

LEGEND

Rates are per 1,000 member years.

▲ 90th Percentile or Above

▼ 10th Percentile or Below

Medicaid Health Plans

Inpatient Use of Services: Average Length of Stay

Medicaid Managed Care Plans (MMC)	Medicine ALOS	Surgery ALOS	Maternity ALOS	Total Inpatient ALOS
Affinity Health Plan	4.0	7.4 ▲	3.1 ▲	4.1
CDPHP	4.8 ▲	6.1	2.7	4.4 ▲
Excelsus BlueCross BlueShield	3.0 ▼	4.1 ▼	2.5 ▼	3.1 ▼
Fidelis Care New York	3.8	5.6	2.7	3.9
HIP (EmblemHealth)	4.1 ▲	6.9	2.9	4.4 ▲
Health Plus (Amerigroup)	4.0	5.7	2.9	3.8
HealthNow New York Inc.	3.7	5.7	2.6	3.8
Healthfirst PHSP, Inc.	3.7	6.6	3.0	3.9
Hudson Health Plan	3.9	6.5	3.0	4.1
Independent Health's MediSource	3.6	6.6	2.9	4.1
MVP	3.8	4.1 ▼	2.7	3.6
MetroPlus Health Plan	3.8	6.3	3.0	3.8
Neighborhood Health Providers	4.0	6.1	3.0 ▲	3.9
Total Care	4.1	5.0	2.8	3.8
UnitedHealthcare Community Plan	4.0	6.6	2.7	3.9
Univera Community Health	2.9 ▼	4.4	2.7	3.2 ▼
WellCare of New York	3.3	7.2 ▲	2.2 ▼	3.8
<b>MMC Statewide</b>	<b>3.8</b>	<b>6.1</b>	<b>2.9</b>	<b>3.9</b>
<b>HIV Special Needs Plans (SNP)</b>				
Amida Care	4.6	8.9	4.0	5.0
MetroPlus Health Plan	5.4	9.8	3.4	5.7
<b>SNP Statewide</b>	<b>5.0</b>	<b>8.7</b>	<b>3.7</b>	<b>5.4</b>

LEGEND

▲ 90th Percentile or Above

▼ 10th Percentile or Below

ALOS = Total Days/Total Discharges

Child Health Plus Managed Care Plans

Inpatient Use of Services: Discharges and Total Days

Health Plan	Medicine		Surgery		Total	
	Discharges	Total Days	Discharges	Total Days	Discharges	Total Days
Affinity Health Plan	14	41	5	23	20	69
CDPHP	11	34	4	20	17	57
Empire	11	29	4	22	15	52
Excellus BlueCross BlueShield	8 ▼	20 ▼	4 ▼	11 ▼	12 ▲	32 ▼
Fidelis Care New York	10	27	5	18	16	49
HIP (EmblemHealth)	11	29	5	26 ▲	17	55
Health Plus (Amerigroup)	12	33	4	18	17	55
HealthNow New York Inc.	10	32	3 ▼	22	14	55
Healthfirst PHSP, Inc.	17 ▲	57 ▲	6	19	24 ▲	78 ▲
Hudson Health Plan	10	31	6 ▲	24	17	58
Independent Health	--	44	--	--	--	60
MVP	14	27	--	19	18	46
MetroPlus Health Plan	14	46	6	25	21	75
Neighborhood Health Providers	20 ▲	68 ▲	7 ▲	28 ▲	29 ▲	101 ▲
Total Care	--	23	--	--	11 ▼	33 ▼
UnitedHealthcare Community Plan	9 ▼	29	4	15	13	45
Univera Community Health	11	21 ▼	--	12 ▼	15	37
WellCare of New York	12	41	--	20	20	67
<b>Statewide</b>	<b>11</b>	<b>33</b>	<b>5</b>	<b>19</b>	<b>17</b>	<b>54</b>

LEGEND

Rates are per 1,000 member years.

- ▲ 90th Percentile or Above
- ▼ 10th Percentile or Below
- Sample too small to report

## Child Health Plus Managed Care Plans

## Inpatient Use of Services: Average Length of Stay

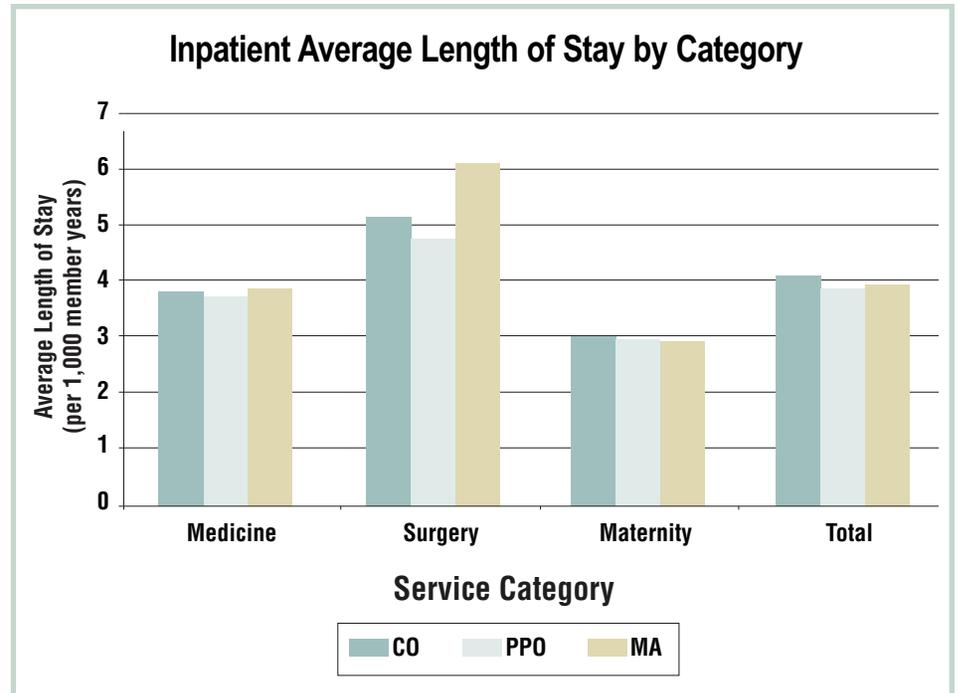
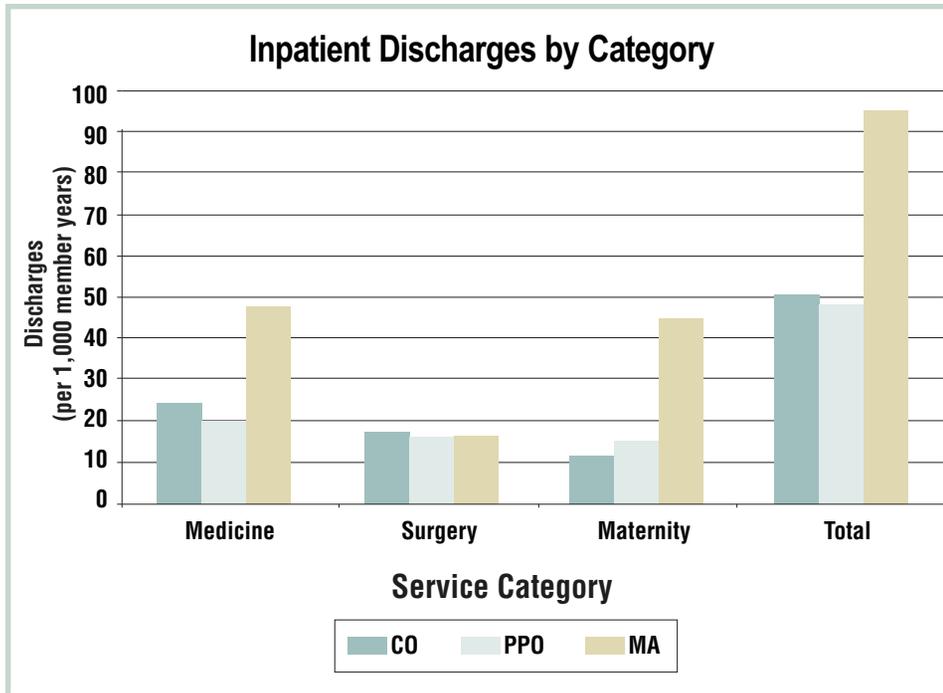
Health Plan	Medicine ALOS	Surgery ALOS	Total Inpatient ALOS
Affinity Health Plan	3.0	4.7	3.4
CDPHP	3.1	4.7	3.4
Empire	2.8	5.1 ▲	3.4
Excellus BlueCross BlueShield	2.4	3.1 ▼	2.6
Fidelis Care New York	2.8	3.7	3.1
HIP (EmblemHealth)	2.5	4.7	3.2
Health Plus (Amerigroup)	2.7	5.0	3.3
HealthNow New York Inc.	3.1	7.1 ▲	4.0 ▲
Healthfirst PHSP, Inc.	3.3 ▲	3.1 ▼	3.3
Hudson Health Plan	3.2	3.7	3.3
Independent Health	--	--	--
MVP	1.9 ▼	--	2.6 ▼
MetroPlus Health Plan	3.4 ▲	4.4	3.6 ▲
Neighborhood Health Providers	3.3	4.1	3.5
Total Care	--	--	2.9
UnitedHealthcare Community Plan	3.3	3.6	3.4
Univera Community Health	2.0 ▼	--	2.4 ▼
WellCare of New York	3.3	--	3.4
<b>Statewide</b>	<b>2.9</b>	<b>4.1</b>	<b>3.3</b>

## LEGEND

- ▲ 90th Percentile or Above
- ▼ 10th Percentile or Below
- Sample too small to report

ALOS = Total Days/Total Discharges

Inpatient Use of Services: Statewide Average Across Payers



The graph on the left illustrates the distribution of inpatient discharges by service category for Medicaid (MA), Commercial HMO (CO) and Commercial PPO (PPO) payers. MA has the highest medicine and maternity discharge rates, which leads to the highest total inpatient discharge rate for MA. The graph on the right shows the inpatient average length of stay is similar across payers for each category even though the discharge rate varies across payers.

Commercial HMO

Mental Health Utilization

Health Plan	Outpatient/ Emergency Room			Inpatient			Any Service		
	Female	Male	Total	Female	Male	Total	Female	Male	Total
Aetna	8.0	6.1	7.1	0.2	0.2	0.2	8.1	6.2	7.2
CDPHP	11.5▲	8.3▲	10.0▲	0.4▲	0.3▲	0.3▲	11.5▲	8.3▲	10.0▲
Easy Choice Health Plan of NY	3.9▼	3.6▼	3.7▼	--	--	--	3.9▼	3.7▼	3.8▼
Empire	6.6	4.7▼	5.7	0.2	0.2	0.2	6.7	4.8▼	5.7
Excellus BlueCross BlueShield	9.4▲	6.5▲	8.1▲	0.2▼	0.1▼	0.2▼	9.5▲	6.5▲	8.1▲
HIP (EmblemHealth)	6.3▼	4.8	5.6▼	0.2	0.2	0.2	6.4▼	4.8	5.6▼
HealthNow New York Inc.	9.0	6.2	7.6	0.3	0.3	0.3	9.1	6.2	7.7
Independent Health	9.2	6.3	7.8	0.3	0.2	0.2	9.2	6.3	7.8
MVP	8.1	5.8	7.0	0.2	0.2	0.2	8.2	5.9	7.1
Oxford	7.4	5.3	6.4	0.2	0.2	0.2	7.5	5.4	6.5
Univera Healthcare	6.9	4.8	5.9	0.2	0.2	0.2	6.9	4.8	5.9
<b>Statewide</b>	<b>7.9</b>	<b>5.6</b>	<b>6.8</b>	<b>0.2</b>	<b>0.2</b>	<b>0.2</b>	<b>7.9</b>	<b>5.7</b>	<b>6.9</b>

LEGEND

- ▲ 90th Percentile or Above
- ▼ 10th Percentile or Below
- Sample too small to report

Results are a percentage of the eligible population.

Commercial PPO

Mental Health Utilization

Health Plan	Outpatient/ Emergency Room			Inpatient			Any Service		
	Female	Male	Total	Female	Male	Total	Female	Male	Total
Aetna Life Insurance Company - New York	10.2	7.2	8.7	0.2	0.2	0.2	10.2	7.3	8.8
CDPHP Universal Benefits, Inc.	10.1	6.7	8.4	0.3▲	0.2▲	0.3▲	10.1	6.7	8.4
CGLIC (CHLIC)	8.4	6.1	7.2	0.2▼	0.1▼	0.2▼	8.5	6.1	7.3
Empire HealthChoice HMO, Inc.	7.5	5.3	6.4	0.2	0.2	0.2	7.6	5.3	6.4
Excellus BlueCross BlueShield	8.3	5.5	6.9	0.2	0.2	0.2	8.3	5.5	6.9
GHI (EmblemHealth)	6.2	4.7	5.5	0.2	0.2	0.2	6.2	4.8	5.5
HIP (EmblemHealth)	4.4▼	4.4▼	4.4▼	--	--	0.2	4.4▼	4.5▼	4.5▼
MVP Preferred PPO	7.8	5.4	6.6	0.2	0.1	0.2	7.8	5.4	6.6
Oxford Health Insurance Company, Inc. - New York	12.5▲	9.5▲	11.1▲	0.2	0.2	0.2	12.5▲	9.5▲	11.1▲
UnitedHealthcare Insurance Company of New York, Inc.	10.0	7.5	8.8	0.2	0.1	0.2	10.0	7.5	8.8
<b>Statewide</b>	<b>9.0</b>	<b>6.5</b>	<b>7.7</b>	<b>0.2</b>	<b>0.2</b>	<b>0.2</b>	<b>9.0</b>	<b>6.5</b>	<b>7.8</b>

LEGEND

- ▲ 90th Percentile or Above
- ▼ 10th Percentile or Below
- Sample too small to report

Results are a percentage of the eligible population.

Medicaid Health Plans

Mental Health Utilization

Medicaid Managed Care Plans (MMC)	Outpatient/ Emergency Room			Inpatient			Any Service		
	Female	Male	Total	Female	Male	Total	Female	Male	Total
Affinity Health Plan	8.7	7.7	8.3	0.4	0.4	0.4	8.8	7.9	8.4
CDPHP	14.6	12.6	13.7	1.2▲	1.3▲	1.2▲	14.8	12.9▲	14.0
Excellus BlueCross BlueShield	13.8	11.5	12.8	0.6	0.6	0.6	13.9	11.6	12.9
Fidelis Care New York	9.1	7.7	8.5	0.5	0.6	0.6	9.3	7.9	8.7
HIP (EmblemHealth)	7.8	6.6	7.3	0.4	0.5	0.5	8.0	6.8	7.5
Health Plus (Amerigroup)	5.1▼	4.3▼	4.8▼	0.3▼	0.3▼	0.3▼	5.2▼	4.4▼	4.8▼
HealthNow New York Inc.	15.9▲	13.7▲	14.9▲	1.2▲	1.2▲	1.2▲	14.4	12.1	13.4
Healthfirst PHSP, Inc.	7.3	6.6	7.0	0.3	0.4	0.4	7.3	6.7	7.1
Hudson Health Plan	12.7	10.8	11.9	0.7	0.8	0.8	12.8	10.9	12.0
Independent Health's MediSource	12.1	9.9	11.1	0.8	0.7	0.7	12.3	10.0	11.3
MVP	16.7▲	13.8▲	15.5▲	0.7	0.6	0.7	17.0▲	14.1▲	15.7▲
MetroPlus Health Plan	8.9	9.7	9.3	0.4	0.4	0.4	8.3	8.9	8.5
Neighborhood Health Providers	6.5	5.8	6.2	0.3▼	0.4	0.4	6.6	5.9	6.3
Total Care	15.2	12.2	13.9	0.7	0.8	0.7	15.5▲	12.6	14.2▲
UnitedHealthcare Community Plan	7.6	6.1	6.9	0.4	0.4	0.4	7.6	6.1	6.9
Univera Community Health	10.9	8.8	10.0	0.7	0.9	0.8	10.9	8.9	10.0
WellCare of New York	5.4▼	4.1▼	4.8▼	0.3	0.3▼	0.3▼	5.5▼	4.2▼	4.9▼
<b>MMC Statewide</b>	<b>8.6</b>	<b>7.6</b>	<b>8.2</b>	<b>0.4</b>	<b>0.5</b>	<b>0.5</b>	<b>8.6</b>	<b>7.6</b>	<b>8.2</b>
<b>HIV Special Needs Plans (SNP)</b>									
Amida Care	38.2	36.5	37.1	3.2	2.2	2.5	38.8	37.0	37.7
MetroPlus Health Plan	28.9	26.8	27.7	1.5	1.3	1.4	29.1	27.0	27.9
<b>SNP Statewide</b>	<b>31.1</b>	<b>30.9</b>	<b>30.9</b>	<b>2.1</b>	<b>1.7</b>	<b>1.8</b>	<b>31.6</b>	<b>31.4</b>	<b>31.5</b>

LEGEND

Results are a percentage of the eligible population.

▲ 90th Percentile or Above

▼ 10th Percentile or Below

Commercial HMO

Identification of Alcohol and Other Drug Services

Health Plan	Outpatient/ Emergency Room			Inpatient			Any Service		
	Female	Male	Total	Female	Male	Total	Female	Male	Total
Aetna	0.7	1.2▼	0.9	0.2	0.5	0.3	0.8	1.5	1.1
CDPHP	1.1	2.1	1.5	0.2	0.4	0.3	1.1	2.2	1.6
Easy Choice Health Plan of NY	0.6▼	1.3	0.9▼	--	--	--	0.8▼	1.4▼	1.1▼
Empire	0.7	1.5	1.1	0.2	0.5	0.4	0.9	1.8	1.3
Excellus BlueCross BlueShield	0.8	1.9	1.3	0.2▼	0.4	0.3	0.9	2.1	1.5
HIP (EmblemHealth)	0.7	1.5	1.0	0.2	0.5▲	0.4	0.8	1.8	1.2
HealthNow New York Inc.	1.1▲	2.4▲	1.8▲	0.2	0.3▼	0.3▼	1.2▲	2.5	1.9
Independent Health	1.1▲	2.4	1.7	0.3▲	0.5	0.4▲	1.2▲	2.6▲	1.9▲
MVP	1.0	1.8	1.3	0.2	0.5	0.3	1.1	2.0	1.5
Oxford	0.6▼	1.1▼	0.8▼	0.2	0.4	0.3	0.7▼	1.4▼	1.0▼
Univera Healthcare	1.0	2.5▲	1.8▲	0.3	0.5	0.4	1.2	2.8▲	2.0▲
<b>Statewide</b>	<b>0.8</b>	<b>1.7</b>	<b>1.2</b>	<b>0.2</b>	<b>0.4</b>	<b>0.3</b>	<b>0.9</b>	<b>1.9</b>	<b>1.4</b>

LEGEND

- ▲ 90th Percentile or Above
- ▼ 10th Percentile or Below
- Sample too small to report

Results are a percentage of the eligible population.

Commercial PPO

Identification of Alcohol and Other Drug Services

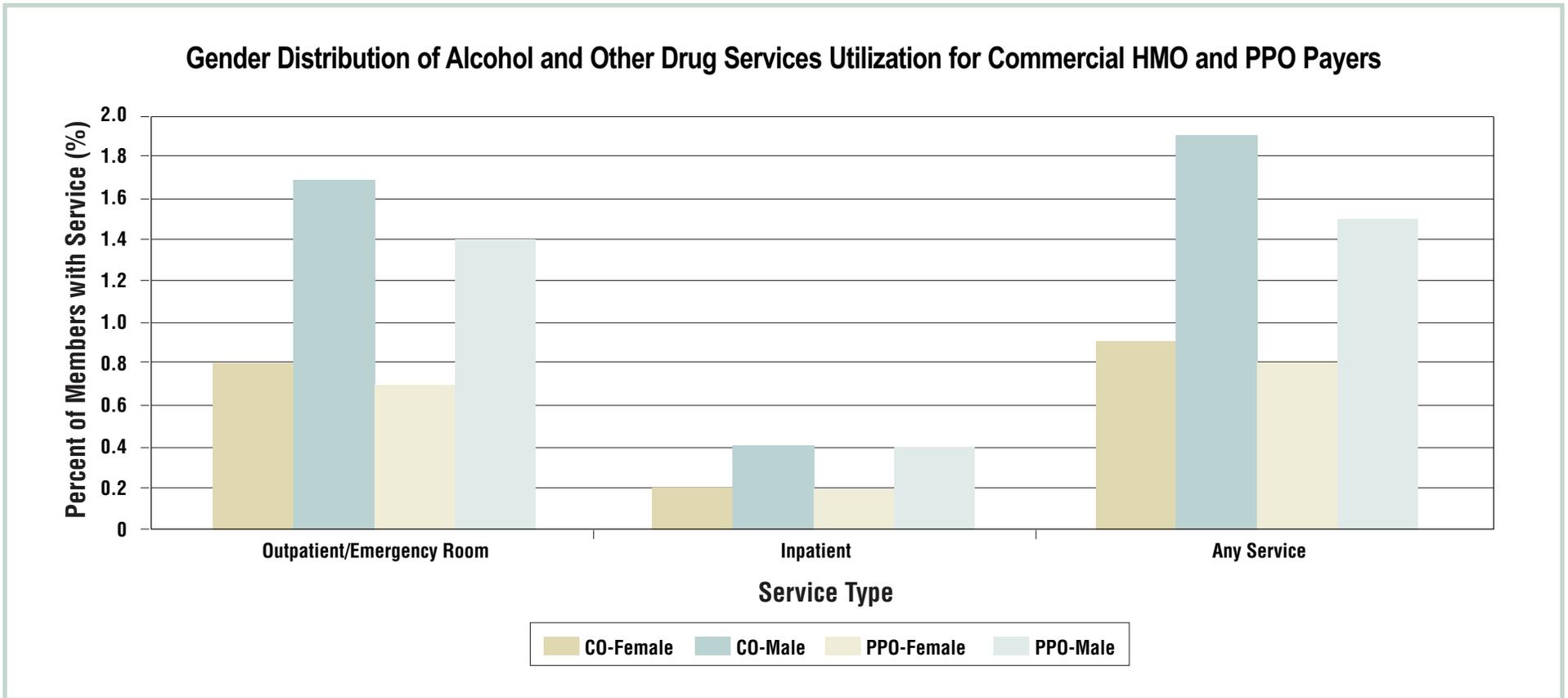
Health Plan	Outpatient/ Emergency Room			Inpatient			Any Service		
	Female	Male	Total	Female	Male	Total	Female	Male	Total
Aetna Life Insurance Company - New York	0.7	1.3	1.0	0.2	0.4	0.3	0.8	1.5	1.1
CDPHP Universal Benefits, Inc.	1.0▲	2.0	1.5▲	0.3▲	0.6▲	0.4▲	1.0	2.1	1.6
CGLIC (CHLIC)	0.6▼	1.2	0.9	0.1▼	0.3▼	0.2▼	0.6▼	1.3	1.0
Empire HealthChoice HMO, Inc.	0.7	1.2	0.9	0.2	0.3	0.3	0.8	1.4	1.1
Excellus BlueCross BlueShield	0.9	2.0▲	1.5	0.2	0.4	0.3	1.0▲	2.2▲	1.6▲
GHI (EmblemHealth)	0.6	1.3	1.0	0.2	0.4	0.3	0.8	1.5	1.1
HIP (EmblemHealth)	0.7	1.8	1.1	0.2	0.5	0.3	0.8	2.1	1.3
MVP Preferred PPO	0.9	1.7	1.3	0.2	0.4	0.3	1.0	1.9	1.4
Oxford Health Insurance Company, Inc. - New York	0.6	1.0▼	0.8▼	0.2	0.4	0.3	0.7	1.2▼	1.0▼
UnitedHealthcare Insurance Company of New York, Inc.	0.7	1.4	1.0	0.2	0.3	0.2	0.7	1.5	1.1
<b>Statewide</b>	<b>0.7</b>	<b>1.4</b>	<b>1.0</b>	<b>0.2</b>	<b>0.4</b>	<b>0.3</b>	<b>0.8</b>	<b>1.5</b>	<b>1.2</b>

LEGEND

▲ 90th Percentile or Above

▼ 10th Percentile or Below

Results are a percentage of the eligible population.



The graph presents the utilization of alcohol and other drug services by service type and gender for Commercial HMO (CO) and PPO (PPO) payers. Commercial HMO has higher rates than PPO for both genders for Outpatient / Emergency Room. Males have higher rates than females for both payers.

Commercial HMO

Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

Health Plan	Initiation	Engagement
Aetna	54 ▲	16
CDPHP	44	21 ▲
Easy Choice Health Plan of NY	40	10
Empire	42	19 ▲
Excellus BlueCross BlueShield	34 ▼	12 ▼
HIP (EmblemHealth)	44 ▲	14 ▼
HealthNow New York Inc.	38 ▼	17
Independent Health	43	17
MVP	39	14
Oxford	44 ▲	16
Univera Healthcare	41	14
<b>Statewide</b>	<b>42</b>	<b>16</b>

LEGEND

▲ Significantly better than statewide average

▼ Significantly worse than statewide average

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

Results are a percentage of the eligible population.

Commercial PPO

Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

Health Plan	Initiation	Engagement
Aetna Life Insurance Company - New York	52 ▲	20 ▲
CDPHP Universal Benefits, Inc.	43	18
CGLIC (CHLIC)	40	18
Empire HealthChoice HMO, Inc.	45 ▲	18
Excellus BlueCross BlueShield	35 ▼	14 ▼
GHI (EmblemHealth)	41	13 ▼
HIP (EmblemHealth)	45	14
MVP Preferred PPO	41	15
Oxford Health Insurance Company, Inc. - New York	45 ▲	19
UnitedHealthcare Insurance Company of New York, Inc.	38 ▼	20 ▲
<b>Statewide</b>	<b>42</b>	<b>18</b>

LEGEND

▲ Significantly better than statewide average

▼ Significantly worse than statewide average

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

Results are a percentage of the eligible population.

## Commercial HMO

## Plan All-Cause Readmissions

Health Plan	Expected Rate	O/E Ratio
Aetna	11.94%	0.719
CDPHP	11.19%	0.739
Easy Choice Health Plan of New York	11.11%	0.748
Empire	11.99%	0.781
Excellus Blue Cross Blue Shield	10.45% ▼	0.809
HIP	12.31% ▲	0.697
HealthNow New York Inc.	11.58%	0.661
Independent Health	11.06%	0.722
MVP	11.29%	0.669
Oxford	11.23%	0.767
Univera HealthCare	10.99%	0.801
<b>50th Percentile Expected Rate NYS</b>	<b>11.23%</b>	<b>0.741</b>

## NOTES:

The Expected Rate is the Average Adjusted Probability total rate, which is risk-adjusted as per HEDIS.

The O/E Ratio is the Observed-to-Expected Ratio: The ratio of the plan's observed rate of readmission to its expected rate of readmission. The ratio indicates whether the plan's rate is higher or lower than expected after taking into account the plan's risk factors. When the ratio is <1.0, the plan performed better than expected.

The statewide average is represented by the 50th Percentile Expected Rate for this measure.

## LEGEND

▲ 90th Percentile or Above

▼ 10th Percentile or Below

## Commercial PPO

## Plan All-Cause Readmissions

Health Plan	Expected Rate	O/E Ratio
Aetna	10.46%	0.743
CDPHP	11.23%	0.748
Connecticut General Life Insurance Company	10.31% ▼	0.752
Empire	11.02%	0.764
Excellus Blue Cross Blue Shield	10.73%	0.767
GHI PPO	11.92%	0.754
HIP	12.32% ▲	0.826
MVP	11.01%	0.723
Oxford	11.63%	0.794
United Healthcare Insurance PPO	11.05%	0.772
<b>50th Percentile Expected Rate NYS</b>	<b>11.03%</b>	<b>0.750</b>

## NOTES:

The Expected Rate is the Average Adjusted Probability total rate, which is risk-adjusted as per HEDIS.

The O/E Ratio is the Observed-to-Expected Ratio: The ratio of the plan's observed rate of readmission to its expected rate of readmission. The ratio indicates whether the plan's rate is higher or lower than expected after taking into account the plan's risk factors. When the ratio is <1.0, the plan performed better than expected.

The statewide average is represented by the 50th Percentile Expected Rate for this measure.

## LEGEND

▲ 90th Percentile or Above

▼ 10th Percentile or Below

Prevention Quality Indicators (PQIs) and Pediatric Quality Indicators (PDIs) quantify hospital admissions that most likely could have been avoided through effective outpatient care. PQIs/PDIs include specific diagnoses that can be managed without hospitalization. There are two adult PQI measures and two child PDI measures in this section. The child measures include one asthma measure and one composite measure that represents all other qualifying discharge diagnoses excluding the asthma measure. The adult measures include one respiratory composite measure of asthma and chronic obstructive pulmonary disease (COPD), and one composite measure of all other qualifying discharge diagnoses excluding the respiratory components. The asthma/respiratory specific measures were separated from the composites due to the volume of ‘at-risk’ admissions. The goal of PQIs/PDIs is to have fewer potentially avoidable hospital admissions; therefore a lower

rate is desirable. Symbols are provided to indicate whether the plan performed statistically significantly better (▲) or worse (▼) than the statewide average.

Since certain demographic factors, such as age and health status, can influence the likelihood that an enrollee will experience a PQI admission, the results are risk adjusted to allow for more accurate comparison between a plan’s result and the statewide average. Details about the indicators used in the composites, the criteria for qualifying hospital admissions, and the factors used in risk adjustment are available in the Technical Notes Section.

The data source for these measures is the Medicaid managed care data for hospital admissions which occurred in calendar year 2012. NYS DOH calculates these results and only Medicaid managed care data are presented.

Measure	Description (Type of Insurance)
<b>Adult Respiratory PQI</b>	The percentage of hospital admissions for adults that are potentially avoidable. This is a measure of potentially avoidable admissions for asthma in young adults (ages 18-39) and chronic obstructive pulmonary disease (COPD) in adults. The plan results are risk-adjusted. A low rate is desirable. (MA)
<b>Adult Composite PQI (Excludes Respiratory)</b>	The percentage of hospital admissions for adults that are potentially avoidable. This is a composite measure of nine indicators, representing potentially avoidable admissions for diagnoses including diabetes, angina, hypertension, congestive heart failure, dehydration, bacterial pneumonia, and urinary tract infections. The plan results are risk-adjusted. A low rate is desirable. (MA)
<b>Pediatric Asthma PDI</b>	The percentage of hospital admissions for children that are potentially avoidable. This is a measure of potentially avoidable admissions for asthma. The plan results are risk-adjusted. A low rate is desirable. (MA)
<b>Pediatric Composite PDI (Excludes Asthma)</b>	The percentage of hospital admissions for children that are potentially avoidable. This is a composite measure of three indicators, representing potentially avoidable admissions for diagnoses including diabetes, gastroenteritis, and urinary tract infections. The plan results are risk-adjusted. A low rate is desirable. (MA)

## Medicaid Health Plans

## Prevention Quality Indicators (PQIs)

Medicaid Managed Care Plans (MMC)	Adult Respiratory PQI		Adult Composite PQI (Except Respiratory Components)	
	PQI At Risk Admissions	Adjusted PQI*	PQI At Risk Admissions	Adjusted PQI*
Affinity Health Plan	3,672	7.40	3,679	13.00
CDPHP	1,357	7.26	1,359	12.72
Excelsus BlueCross BlueShield	3,393	6.13	3,403	14.06
Fidelis Care New York	13,488	6.91	13,501	13.34
HIP (EmblemHealth)	4,486	6.18	4,487	13.65
Health Plus (Amerigroup)	4,515	8.16	4,517	12.42
HealthNow New York Inc.	1,032	6.92	1,032	16.51
Healthfirst PHSP, Inc.	13,211	7.63	13,219	12.79
Hudson Health Plan	1,782	7.39	1,785	14.05
Independent Health's MediSource	1,037	6.74	1,038	15.24
MVP	697	6.32	699	15.66
MetroPlus Health Plan	8,514	8.10 ▼	8,521	14.51 ▼
Neighborhood Health Providers	4,612	7.42	4,612	14.03
Total Care	816	4.82	818	14.06
UnitedHealthcare Community Plan	4,151	6.92	4,160	12.95
Univera Community Health	783	4.89	783	15.00
WellCare of New York	1,232	4.97 ▲	1,232	11.31
<b>MMC Statewide</b>	<b>68,778</b>	<b>7.20</b>	<b>68,845</b>	<b>13.48</b>

## LEGEND

▲ Significantly better than statewide average

▼ Significantly worse than statewide average

\* A lower rate is desirable for this measure

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

Results are a percentage of "at risk" admissions.

## Medicaid Health Plans

## Pediatric Quality Indicators (PDIs)

Medicaid Managed Care Plans (MMC)	Pediatric Asthma PDI		Pediatric Composite PDI (Except Asthma)	
	PDI At Risk Admissions	Adjusted PDI*	PDI At Risk Admissions	Adjusted PDI*
Affinity Health Plan	859	24.08	1,332	7.21 ▲
CDPHP	250	16.12	354	6.58
Excellus BlueCross BlueShield	560	21.23	908	10.46
Fidelis Care New York	2,517	23.44	3,866	10.49
HIP (EmblemHealth)	893	21.62	1,311	7.70
Health Plus (Amerigroup)	1,490	23.05	2,233	9.46
HealthNow New York Inc.	162	16.49	256	7.65
Healthfirst PHSP, Inc.	3,502	23.04	5,139	9.96
Hudson Health Plan	369	15.87 ▲	656	8.89
Independent Health's MediSource	230	22.43	320	7.27
MVP	140	22.27	190	6.31
MetroPlus Health Plan	2,673	26.26 ▼	4,159	9.80
Neighborhood Health Providers	1,454	21.70	2,314	11.72 ▼
Total Care	140	11.18 ▲	216	7.18
UnitedHealthcare Community Plan	871	21.59	1,364	9.82
Univera Community Health	160	19.10	243	13.64
WellCare of New York	372	18.79	453	7.11
<b>MMC Statewide</b>	<b>16,642</b>	<b>22.94</b>	<b>25,314</b>	<b>9.71</b>

## LEGEND

▲ Significantly better than statewide average

▼ Significantly worse than statewide average

\* A lower rate is desirable for this measure

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

Results are a percentage of "at risk" admissions.

This section provides information on outpatient utilization of antibiotic prescriptions for children (ages 0–17) and adults (ages 18+) during the measurement year. For Child Health Plus managed care plans, rates are for children ages 0–17. Number of all antibiotic prescriptions per 1,000 member years, number of prescriptions per 1,000 member years for antibiotics of concern, and percentage of antibiotics of concern for all antibiotic prescriptions are presented in the following tables. Symbols are provided to indicate whether the plan rate is above the 90th percentile (▲) or below the 10th percentile (▼) for all plans included in the tables.

Antibiotics of concern in this report, as defined by HEDIS® 2013, include the following antibiotic drug classes: amoxicillin/clavulanate, Azithromycin and clarithromycin, Cephalosporin (includes second, third, and fourth generation), Clindamycin, Ketolide, Quinolone, and miscellaneous other antibiotics of concern.

## Commercial HMO

## Antibiotic Utilization

Health Plan	Children			Adults			All		
	Antibiotic Prescriptions		% Concern of All	Antibiotic Prescriptions		% Concern of All	Antibiotic Prescriptions		% Concern of All
	All	Concern		All	Concern		All	Concern	
Aetna	802	435	54	876	528	60	862	512	59 ▲
CDPHP	1409 ▲	647 ▲	46	1365 ▲	724 ▲	53	1373 ▲	709 ▲	52
Easy Choice Health Plan of NY	714 ▼	390	55 ▲	694 ▼	389 ▼	56	696 ▼	389 ▼	56
Empire	549 ▼	305 ▼	56 ▲	733 ▼	456	62 ▲	695 ▼	424	61 ▲
Excelsus BlueCross BlueShield	927 ▲	388	42 ▼	927	450	49 ▼	927	437	47 ▼
HIP (EmblemHealth)	752	389	52	853	511	60	836	490	59 ▲
HealthNow New York Inc.	906	403	44	863	446	52	871	437	50
Independent Health	840	355 ▼	42 ▼	896	456	51 ▼	884	436	49 ▼
MVP	907	434	48	966 ▲	513	53	956 ▲	499	52
Oxford	912	491 ▲	54	894	543 ▲	61 ▲	898	533 ▲	59 ▲
Univera Healthcare	881	390	44	835	427 ▼	51 ▼	845	419 ▼	50
<b>Statewide</b>	<b>874</b>	<b>432</b>	<b>49</b>	<b>899</b>	<b>510</b>	<b>57</b>	<b>894</b>	<b>495</b>	<b>55</b>

## LEGEND

▲ 90th Percentile or Above

▼ 10th Percentile or Below

Rates are per 1,000 member years.

% Concern of All = Total prescriptions for antibiotics of concern/Total antibiotic prescriptions.

## Commercial PPO

## Antibiotic Utilization

Health Plan	Children			Adults			All		
	Antibiotic Prescriptions		% Concern of All	Antibiotic Prescriptions		% Concern of All	Antibiotic Prescriptions		% Concern of All
	All	Concern		All	Concern		All	Concern	
Aetna Life Insurance Company - New York	833	433	52	850	494	58	846	481	57
CDPHP Universal Benefits, Inc.	1220 ▲	593 ▲	49	1142 ▲	613 ▲	54	1157 ▲	609 ▲	53
CGLIC (CHLIC)	872	453	52	838	494	59	846	484	57
Empire HealthChoice HMO, Inc.	710 ▼	370 ▼	52	700 ▼	396 ▼	57	703 ▼	390 ▼	55
Excelsus BlueCross BlueShield	907	422	47	873	449	51 ▼	880	444	50 ▼
GHI (EmblemHealth)	966	542	56 ▲	909	559	61 ▲	921	555	60 ▲
HIP (EmblemHealth)	942	496	53	863	515	60	874	513	59
MVP Preferred PPO	878	406	46 ▼	870	460	53	872	449	51
Oxford Health Insurance Company, Inc. - New York	1000	530	53	1009	601	60	1007	584	58
UnitedHealthcare Insurance Company of New York, Inc.	903	479	53	845	499	59	858	495	58
<b>Statewide</b>	<b>856</b>	<b>439</b>	<b>51</b>	<b>841</b>	<b>477</b>	<b>57</b>	<b>845</b>	<b>468</b>	<b>55</b>

## LEGEND

▲ 90th Percentile or Above

▼ 10th Percentile or Below

Rates are per 1,000 member years.

% Concern of All = Total prescriptions for antibiotics of concern/Total antibiotic prescriptions.

## Medicaid Health Plans

## Antibiotic Utilization

Medicaid Managed Care Plans (MMC)	Children			Adults			All		
	Antibiotic Prescriptions		% Concern of All	Antibiotic Prescriptions		% Concern of All	Antibiotic Prescriptions		% Concern of All
	All	Concern		All	Concern		All	Concern	
Affinity Health Plan	648 ▼	258 ▼	40	903	425	47	805	360	45
CDPHP	1018 ▲	468	46	1360 ▲	626	46	1199 ▲	552	46
Excellus BlueCross BlueShield	900	365	41	1344	584	43 ▼	1145	486	42
Fidelis Care New York	935	435	47	1134	565	50	1055	514	49
HIP (EmblemHealth)	1008	482 ▲	48 ▲	1157	633 ▲	55 ▲	1099	574 ▲	52 ▲
Health Plus (Amerigroup)	830	385	46	911	479	53	877	440	50
HealthNow New York Inc.	944	369	39	1340	624	47	1166	511	44
Healthfirst PHSP, Inc.	705	287	41	986	474	48	868	396	46
Hudson Health Plan	917	404	44	1201	583	49	1056	492	47
Independent Health's MediSource	760	270	36 ▼	1301	596	46	1054	447	42
MVP	766	284	37	1404 ▲	607	43 ▼	1106	456	41 ▼
MetroPlus Health Plan	558 ▼	204 ▼	37	839 ▼	387 ▼	46	708 ▼	302 ▼	43
Neighborhood Health Providers	673	266	40	856 ▼	391 ▼	46	773 ▼	334 ▼	43
Total Care	735	308	42	1118	503	45	941	413	44
UnitedHealthcare Community Plan	1324 ▲	692 ▲	52 ▲	1162	672 ▲	58 ▲	1227 ▲	680 ▲	55 ▲
Univera Community Health	808	288	36 ▼	1173	507	43 ▼	1025	418	41 ▼
WellCare of New York	723	312	43	893	480	54	839	426	51
<b>MMC Statewide</b>	<b>834</b>	<b>368</b>	<b>44</b>	<b>1046</b>	<b>519</b>	<b>50</b>	<b>957</b>	<b>456</b>	<b>48</b>
<b>HIV Special Needs Plans (SNP)</b>									
Amida Care	507	169	33	3358	1326	39	3307	1305	39
MetroPlus Health Plan	509	165	32	2873	1069	37	2602	965	37
<b>SNP Statewide</b>	<b>498</b>	<b>155</b>	<b>31</b>	<b>3025</b>	<b>1160</b>	<b>38</b>	<b>2880</b>	<b>1102</b>	<b>38</b>

## LEGEND

▲ 90th Percentile or Above

▼ 10th Percentile or Below

Rates are per 1,000 member years.

% Concern of All = Total prescriptions for antibiotics of concern/Total antibiotic prescriptions.

## Child Health Plus Managed Care Plans

## Antibiotic Utilization

Health Plan	Antibiotic Prescriptions		% Concern of All
	All	Concern	
Affinity Health Plan	673	293	44
CDPHP	1046	508	49
Empire	1209 ▲	658 ▲	54
Excellus BlueCross BlueShield	1033	477	46
Fidelis Care New York	872	416	48
HIP (EmblemHealth)	1045	570	55 ▲
Health Plus (Amerigroup)	734	382	52
HealthNow New York Inc.	1009	427	42
Healthfirst PHSP, Inc.	675	319	47
Hudson Health Plan	791	360	46
Independent Health	935	376	40 ▼
MVP	979	458	47
MetroPlus Health Plan	437 ▼	180 ▼	41 ▼
Neighborhood Health Providers	552 ▼	246 ▼	45
Total Care	1009	499	49
UnitedHealthcare Community Plan	1113 ▲	631 ▲	57 ▲
Univera Community Health	882	384	44
WellCare of New York	766	358	47
<b>Statewide</b>	<b>910</b>	<b>450</b>	<b>49</b>

## LEGEND

▲ 90th Percentile or Above

▼ 10th Percentile or Below

Rates are per 1,000 member years.

% Concern of All = Total prescriptions for antibiotics of concern/Total antibiotic prescriptions.

### Prevention Quality Indicators and Pediatric Quality Indicators

Developed by the Agency for Healthcare Research and Quality, the Prevention Quality Indicators (PQIs) and Pediatric Quality Indicators (PDIs) quantify hospital admissions that most likely could have been avoided through high-quality outpatient care.\* The 4.4 version of AHRQ's PQIs and PDIs were used with the 2012 hospital admissions. These indicators include several conditions, such as asthma and diabetes that are known as ambulatory sensitive conditions (ASCs).

The resulting PQI or PDI is the percentage of the plan's 'at-risk admissions' that were potentially preventable during the calendar year.

### Measures

The four measures presented in this report are: 1) adult composite, 2) adult respiratory composite, 3) pediatric composite and 4) pediatric asthma. Each composite includes select adult and pediatric PQIs/PDIs. The components of the three composite measures are listed below:

#### Adult Composite PQIs

- Admissions for Diabetes short-term complications (PQI 1)
- Admissions for Diabetes long-term complications (PQI 3)
- Admissions for Hypertension (PQI 7)
- Admissions for Congestive Heart Failure (PQI 8)
- Admissions for Dehydration (PQI 10)
- Admissions for Bacterial Pneumonia (PQI 11)
- Admissions for Urinary Tract Infections (PQI 12)
- Admissions for Angina without Procedure (PQI 13)
- Admissions for Uncontrolled Diabetes (PQI 14)

#### Adult Respiratory PQIs

- Admissions for Chronic Obstructive Pulmonary Disease (PQI 5)
- Admissions for Asthma in Younger Adults (PQI 15)

#### Pediatric Composite PDIs

- Admissions for Diabetes short-term complications (PDI 15)
- Admissions for Gastroenteritis (PDI 16)
- Admissions for Urinary Tract Infections (PDI 18)

### Methodology

The methodology involves identifying the overall qualifying hospital admission events, identifying the PQI and PDI hospital admission events and calculating an adult or pediatric PQI rate which is risk adjusted for demographic factors to allow more accurate comparison of results that could be influenced by plan action.

*Data Source:* 2012 Medicaid managed care encounter data

#### Software:

- 3M All-Payor Refined DRGs (APR-DRGs)
- 3M PQI logic
- 3M Clinical Risk Groups (CRGs)

#### Adult Eligible Admissions:

Admissions for Medicaid managed care enrollees ages 18 and above continuously enrolled in one plan for 3 months.

#### Pediatric Eligible Admissions:

Admissions for Medicaid managed care enrollees ages 90 days to 17 years continuously enrolled in one plan for 3 months.

#### Exclusions:

- Admissions classified by the APR-DRG grouper (version 29.0) as related to: pregnancy, childbirth, newborns, mental illness, alcohol, and substance use.
- Any surgical admission, as defined by the APR-DRG grouper.
- Admissions classified in the highest severity categories, i.e., "major" or "extreme" severity of illness.
- Transfer admissions from another institution (hospital, nursing home, etc.).
- Observation day admissions and administratively denied inpatient claims.
- In addition to the general exclusions, age criteria will also be applied to define the 'at-risk' admissions for the four measures.

### Questions

If you have any questions or comments about this report please contact the Bureau of Health Services Evaluation at (518) 486-9012 or e-mail nysqarr@health.state.ny.us

**Adult and Pediatric PQI/PDI Measure Denominators:**

The denominators, or 'at-risk admissions', for the four measures will include all hospital admissions that were not excluded by any one of the criteria described above and meet the age criteria for the population specified as follows:

*Adult only* - all admissions for enrollees 18 years or older at the time of admission.

*Pediatric only* - all asthma admissions for enrollees ages 2–17 at the time of admission. The pediatric composite include all admissions for enrollees 90 days old up to 17 years at the time of admission for gastroenteritis and urinary tract infection PDIs and admissions of children ages 6 to 17 years for diabetes PDI.

**Adult and Pediatric PQI/PDI Measure Numerators:**

'At-risk admissions' that qualified for more than one PQI or PDI during the year will be counted for each admission in the numerator (and denominator) for each measure for which the admission qualified.

**Adult Composite PQI**

The numerator of the composite is the sum of the 'at-risk admissions' meeting criteria for any one of the nine PQIs.

**Adult Respiratory PQI**

The numerator will include all 'at-risk admissions' with a primary diagnosis of asthma (defined by PQI5 and PQI15 logic).

**Pediatric Composite PDI**

The numerator of the composite is the sum of the 'at-risk admissions' meeting diagnosis and age criteria for any one of the 3 PDIs. Age criteria vary for the 3 PDIs. Diabetes includes ages 6-17, and Gastroenteritis and Urinary Tract Infection include children 90 days old up to 17 years.

**Pediatric Asthma PDI**

The numerator will include all 'at-risk admissions' with a primary diagnosis of asthma (defined by PDI14 logic).

**Risk Adjustment:**

Because certain enrollee demographic factors, such as health status, may impact the likelihood that an enrollee will experience a PQI admission, and these enrollee-specific factors may be

disproportionately represented among the plans, the plan rates were risk adjusted to reduce the impact of these factors. Four separate models were developed to predict the likelihood that each admission will be a PQI. Expected PQI and PDI rates were then calculated taking into account each plan's case mix. The independent variables included in the models are the following:

- Age
- Race/Ethnicity
- Gender
- Aid Category
- Clinical Risk Group (3M variable of health status)

**Observed PQI/PDI Rate:**

The observed rate is the plan's numerator of PQI/PDI admissions divided by the plan's 'at-risk admissions' for each measure.

**Expected PQI /PDI Rate:**

The expected rate is the number of predicted PQI/PDI admissions in the plan (based on the characteristics of the plan's enrollees as defined by each disease specific prediction model) divided by the plan's 'at-risk admissions' for each measure.

**Risk-Adjusted PQI/PDI Rate:**

The risk-adjusted rate is the observed rate divided by the expected rate multiplied by the statewide rate. This risk-adjusted rate is used for comparing a plan's result to the statewide rate to determine if the plan's performance is statistically better, worse, or about the same as the statewide average.

**Results**

The risk-adjusted rates for each plan are shown in this report. Please note that a low rate is desirable; therefore plans that have significantly lower rates of avoidable admissions than the overall average are noted to be better than the statewide average.

\* <http://www.qualityindicators.ahrq.gov/index.htm>

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