

2014 Health Plan Service Use in New York State

A Report on the Use of Inpatient, Emergency Room, and Other Health Services



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Introduction

The 2014 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 2014 New York State Managed Care Plan Performance Report and electronic Quality Assurance Reporting Requirements (eQARR) 2014, which contain quality of care and member satisfaction information. eQARR 2014 is an interactive, web-based report with statewide and regional information, which is available at <http://www.nyhealth.gov>.

The data in this report reflect services provided during 2013.

Types of Insurance

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

Types of Insurance	Description
Commercial HMO (CO)	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.
Commercial PPO (PPO)	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.
Medicaid Managed Care (MA)	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). Child Health Plus (CHP) data are included for the first time this year.

Who Reports?

Managed care plans that were in operation during the entire 2013 calendar year were required to report data. This report contains information on 25 distinct organizations. Eleven organizations reported on commercial HMO enrollees; nine reported on Commercial PPO members; 16 reported on their Medicaid and Child Health Plus enrollees; and three reported on HIV Special Needs Plan (SNP) enrollees. This year, reporting for Medicaid and CHP were combined, and the tables in this report are labeled as Medicaid. Empire is the only plan that has CHP, but not Medicaid, and their data were omitted to avoid skewing the results.

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 2014 Quality Assurance Reporting Requirements (QARR) and NCQA 2014 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)
Children and Adolescents’ Access to Primary Care Practitioners	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. (CO, PPO, MA)
Adults’ Access to Preventive and Ambulatory Health Services	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)

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	93 ▼	96	92 ▼
CDPHP	99 ▲	97 ▲	99 ▲	97 ▲
Easy Choice Health Plan of NY	--	84 ▼	86 ▼	80 ▼
Empire BlueCross BlueShield HMO	85 ▼	89 ▼	93 ▼	88 ▼
Excellus Blue Cross BlueShield	99 ▲	96 ▲	98 ▲	95 ▲
HIP (EmblemHealth)	96	93 ▼	95 ▼	91 ▼
HealthNow New York Inc.	99 ▲	97 ▲	98 ▲	96 ▲
Independent Health	99 ▲	97 ▲	99 ▲	97 ▲
MVP Health Care	100 ▲	96	98 ▲	95 ▲
Oxford Health Plans of New York	98 ▲	96 ▲	97	95 ▲
Univera Healthcare	99	95	98 ▲	93
Statewide	97	95	97	94

LEGEND

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

Note: Plans without symbols are not significantly different than 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	93 ▼	94 ▼	96 ▼
CDPHP	96 ▲	97 ▲	98 ▲
Easy Choice Health Plan of NY	90 ▼	93 ▼	83 ▼
Empire BlueCross BlueShield HMO	92 ▼	95 ▼	95 ▼
Excellus Blue Cross BlueShield	95 ▲	97 ▲	98 ▲
HIP (EmblemHealth)	93 ▼	94 ▼	93 ▼
HealthNow New York Inc.	95 ▲	97 ▲	99 ▲
Independent Health	94	96	98 ▲
MVP Health Care	95	97 ▲	98 ▲
Oxford Health Plans of New York	95 ▲	96	97
Univera Healthcare	93 ▼	95 ▼	98
Statewide	94	96	97

LEGEND

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

Note: Plans without symbols are not significantly different than 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 ▲	95 ▲	96 ▲	92 ▲
CDPHP Universal Benefits, Inc.	99 ▲	97 ▲	98 ▲	96 ▲
CGLIC/CHLIC	98 ▲	95 ▲	96 ▲	93 ▲
Empire BlueCross BlueShield PPO	90 ▼	91 ▼	93 ▼	88 ▼
GHI (EmblemHealth)	94 ▼	93	94	90
HIP (EmblemHealth)	97	92	96	94 ▲
MVP Preferred PPO	99 ▲	95 ▲	97 ▲	94 ▲
Oxford Health Insurance of New York	98 ▲	95 ▲	96 ▲	94 ▲
UnitedHealthcare Insurance Company of New York, Inc.	96	93	93 ▼	89 ▼
Statewide	96	93	94	90

LEGEND

▲ Significantly better than statewide average

▼ Significantly worse than statewide average

Note: Plans without symbols are not significantly different than 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	96 ▼
Empire BlueCross BlueShield PPO	93 ▼	94 ▼	94 ▼
GHI (EmblemHealth)	93 ▼	94 ▼	88 ▼
HIP (EmblemHealth)	92 ▼	94 ▼	95 ▼
MVP Preferred PPO	93 ▼	96	97
Oxford Health Insurance of New York	95 ▲	96	98
UnitedHealthcare Insurance Company of New York, Inc.	94	96	98 ▲
Statewide	94	96	97

LEGEND

▲ Significantly better than statewide average

▼ Significantly worse than statewide average

Note: Plans without symbols are not significantly different than 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	96 ▼	93 ▼	96 ▼	92 ▼
CDPHP	99 ▲	94	97	95 ▲
Excellus Blue Cross BlueShield	99 ▲	94	97	96 ▲
Fidelis Care New York, Inc.	98 ▲	94	97	94
HIP (EmblemHealth)	96 ▼	93 ▼	97	95 ▲
HealthPlus, an Amerigroup Company	96	96 ▲	97	94
HealthNow New York Inc.	99 ▲	94	96	95 ▲
Healthfirst PHSP, Inc.	97	94	97	94
Hudson Health Plan	98 ▲	96 ▲	97	95 ▲
Independent Health	99 ▲	92 ▼	95 ▼	94
MVP Health Care	99 ▲	94	96	94
MetroPlus Health Plan	94 ▼	93 ▼	96 ▼	91 ▼
Total Care, A Today's Options of New York Health Plan	98	93 ▼	94 ▼	94
UnitedHealthcare Community Plan	96 ▼	94	96	94
Univera Community Health	99 ▲	92 ▼	96	94
WellCare of New York	96	94	96	93
MMC Statewide	97	94	97	94
HIV Special Needs Plans (SNP)				
Amida Care	--	--	--	--
MetroPlus Health Plan	--	90	90	90
VNSNY CHOICE Select Health	--	--	--	--
SNP Statewide	87	87	92	90

LEGEND

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

Note: Plans without symbols are not significantly different than 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	83 ▼	89 ▼	87 ▼
CDPHP	88 ▲	92 ▲	91
Excellus Blue Cross BlueShield	88 ▲	91	93
Fidelis Care New York, Inc.	85	91	91
HIP (EmblemHealth)	84 ▼	90 ▼	89 ▼
HealthPlus, an Amerigroup Company	83 ▼	89 ▼	89
HealthNow New York Inc.	86	90	87
Healthfirst PHSP, Inc.	86 ▲	92 ▲	91 ▲
Hudson Health Plan	86 ▲	91	91
Independent Health	85	90	90
MVP Health Care	88 ▲	92 ▲	92
MetroPlus Health Plan	81 ▼	90 ▼	90
Total Care, A Today's Options of New York Health Plan	87 ▲	91	92
UnitedHealthcare Community Plan	86 ▲	91	89
Univera Community Health	84 ▼	88 ▼	86
WellCare of New York	83 ▼	91	90
MMC Statewide	85	91	90
HIV Special Needs Plans (SNP)			
Amida Care	98	99	--
MetroPlus Health Plan	96 ▼	98	95
VNSNY CHOICE Select Health	98	99	--
SNP Statewide	97	99	98

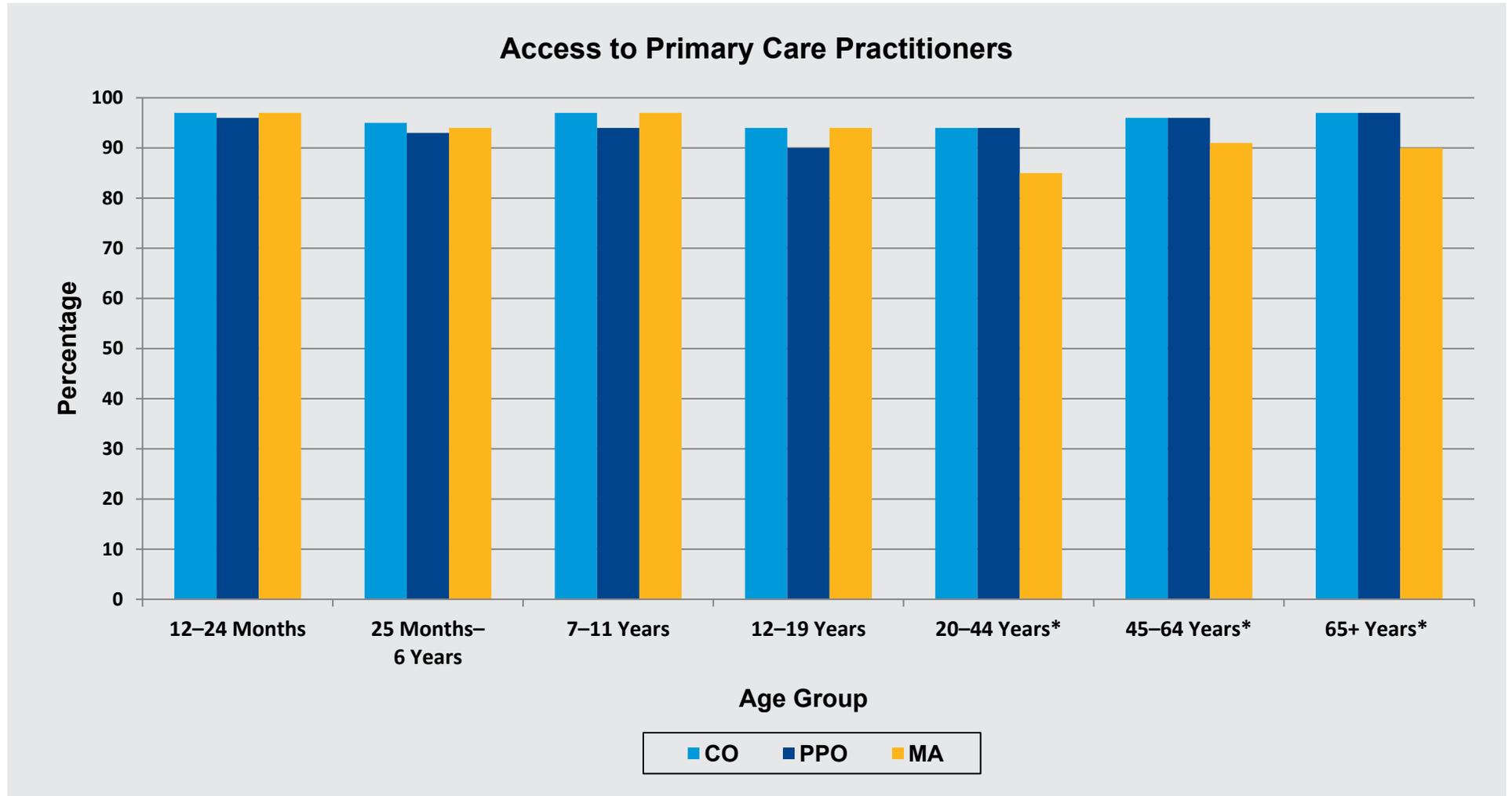
LEGEND

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

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

Results are a percentage of the eligible population.

Statewide Averages Across Payers



The graph presents the differences in member access by payer and age group. Commercial HMO (CO) and Commercial PPO (PPO) 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 Commercial PPO 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, and 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)
Outpatient Utilization	Summarizes utilization of ambulatory services including outpatient visits and emergency room visits. Rates are per 1,000 member years (MY). (CO, PPO, MA)
Frequency of Selected Procedures	Provides a summary of high frequency procedures and rates are per 1,000 MY. (CO, PPO, MA)
Inpatient Utilization	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)
Mental Health Utilization	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)
Identification of Alcohol and Other Dependency Services	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)
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	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)
Plan All-Cause Readmissions	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	177	4,629
CDPHP	262 ▲	4,662
Easy Choice Health Plan of NY	148 ▼	3,835 ▼
Empire BlueCross BlueShield HMO	189	4,737 ▲
Excellus Blue Cross BlueShield	186	4,170
HIP (EmblemHealth)	244 ▲	4,744 ▲
HealthNow New York Inc.	167	4,345
Independent Health	194	4,144
MVP Health Care	222	4,704
Oxford Health Plans of New York	147 ▼	4,609
Univera Healthcare	172	3,847 ▼
Statewide	186	4,456

LEGEND

- ▲ 90th percentile or above
- ▼ 10th percentile or below

Results are per 1,000 member years.

Commercial PPO

Outpatient Utilization

Health Plan	Emergency Room Visits	Outpatient Visits
Aetna Life Insurance Company - New York	152	4,355
CDPHP Universal Benefits, Inc.	227	4,168
CGLIC/CHLIC	156	4,475
Empire BlueCross BlueShield PPO	164	4,147
GHI (EmblemHealth)	293 ▲	4,436
HIP (EmblemHealth)	187	5,292
MVP Preferred PPO	210	4,072 ▼
Oxford Health Insurance of New York	146 ▼	5,039
UnitedHealthcare Insurance Company of New York, Inc.	189	5,425 ▲
Statewide	179	4,820

LEGEND

- ▲ 90th percentile or above
- ▼ 10th percentile or below

Results are per 1,000 member years.

Medicaid Health Plans

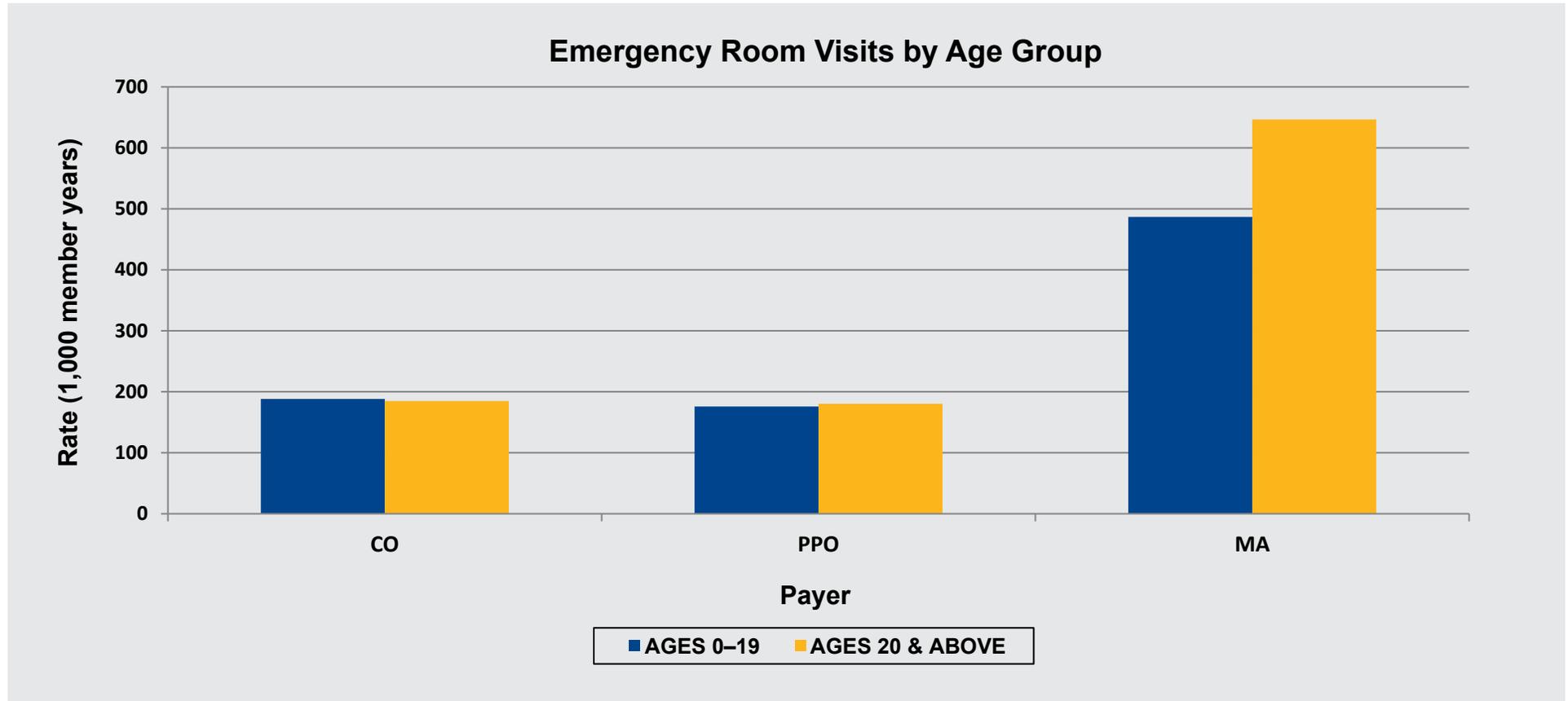
Outpatient Utilization

Medicaid Managed Care Plans (MMC)	Emergency Room Visits	Outpatient Visits
Affinity Health Plan	582	3,953 ▼
CDPHP	842 ▲	5,048
Excellus Blue Cross BlueShield	735	4,683
Fidelis Care New York, Inc.	531	5,622
HIP (EmblemHealth)	480	5,821 ▲
HealthPlus, an Amerigroup Company	441	4,322
HealthNow New York Inc.	610	4,246 ▼
Healthfirst PHSP, Inc.	601	5,452
Hudson Health Plan	642	5,485
Independent Health	779	4,278
MVP Health Care	834 ▲	5,147
MetroPlus Health Plan	694	4,851
Total Care, A Today's Options of New York Health Plan	805	5,070
UnitedHealthcare Community Plan	359 ▼	6,054 ▲
Univera Community Health	704	4,310
WellCare of New York	370 ▼	4,553
MMC Statewide	567	5,162
HIV Special Needs Plans (SNP)		
Amida Care	1,027 ▲	11,470
MetroPlus Health Plan	949	8,871 ▼
VNSNY CHOICE Select Health	838 ▼	11,659 ▲
SNP Statewide	940	10,679

LEGEND

- ▲ 90th percentile or above
- ▼ 10th percentile or below

Results are per 1,000 member years.



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

Commercial HMO

Frequency of Selected Procedures

Health Plan	Angioplasty Ages 45 & Above		Coronary Artery Bypass Graft Ages 45 & Above		Cardiac Catheterization Ages 45 & Above	
	Female	Male	Female	Male	Female	Male
Aetna	--	6.7	--	--	5.3	8.5
CDPHP	1.3	4.4 ▼	--	1.8	4.7	7.0 ▼
Easy Choice Health Plan of NY	--	--	--	--	--	--
Empire BlueCross BlueShield HMO	1.5	6.5	--	1.0 ▼	5.5	9.4
Excellus Blue Cross BlueShield	1.6	6.4	0.3	1.5	5.6	9.2
HIP (EmblemHealth)	2.3 ▲	5.7	0.5 ▲	1.4	5.3	9.8
HealthNow New York Inc.	1.5	5.3	--	1.5	6.1	12.0 ▲
Independent Health	1.5	5.3	--	2.6 ▲	6.3	11.8
MVP Health Care	1.6	6.7	--	1.8	4.8	8.7
Oxford Health Plans of New York	1.2 ▼	6.9	0.2 ▼	1.4	3.6 ▼	7.2
Univera Healthcare	--	7.0 ▲	--	--	6.8 ▲	9.0
Statewide	1.6	6.2	0.3	1.5	5.1	9.1

LEGEND

- ▲ 90th percentile or above
- ▼ 10th percentile or below
- Sample too small to report

Results 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	3.5	1.6	2.0	2.2	--	--	2.8
CDPHP	6.6 ▲	3.1 ▲	3.3	4.1 ▲	1.0	--	2.2 ▼
Easy Choice Health Plan of NY	--	--	--	--	--	--	--
Empire BlueCross BlueShield HMO	3.8	1.6	2.0	2.1	1.0	0.4	2.4
Excellus Blue Cross BlueShield	5.8	2.7	3.2	3.9	1.3	0.5 ▲	2.7
HIP (EmblemHealth)	3.0	1.4 ▼	1.5	1.6 ▼	1.1	0.3	55.2 ▲
HealthNow New York Inc.	5.8	2.5	3.2	3.5	1.1	--	2.6
Independent Health	5.2	2.9	3.8	3.8	1.2	--	2.5
MVP Health Care	5.8	2.9	3.2	3.5	1.5 ▲	--	3.7
Oxford Health Plans of New York	2.7 ▼	1.8	1.5 ▼	2.1	0.7 ▼	0.3 ▼	2.7
Univera Healthcare	5.3	2.6	3.9 ▲	3.5	--	--	--
Statewide	4.4	2.2	2.5	2.9	1.0	0.3	8.3

LEGEND

- ▲ 90th percentile or above
- ▼ 10th percentile or below
- Sample too small to report

Results 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	4.7 ▲	2.3 ▲	2.8	--	3.5
CDPHP	4.7	1.6	1.7 ▼	1.8	6.5
Easy Choice Health Plan of NY	--	--	--	--	--
Empire BlueCross BlueShield HMO	4.5	1.2	3.0	0.8	3.4 ▼
Excellus Blue Cross BlueShield	3.4 ▼	1.7	3.5 ▲	1.8	5.5
HIP (EmblemHealth)	3.8	0.7 ▼	2.4	0.8	3.8
HealthNow New York Inc.	4.3	1.2	2.5	2.0 ▲	6.8
Independent Health	4.3	1.5	3.0	1.8	7.5
MVP Health Care	3.7	1.6	3.5	1.7	5.2
Oxford Health Plans of New York	4.1	1.4	2.1	0.5 ▼	3.5
Univera Healthcare	4.4	1.6	2.8	1.6	8.5 ▲
Statewide	4.0	1.4	2.7	1.2	4.9

LEGEND

- ▲ 90th percentile or above
- ▼ 10th percentile or below
- Sample too small to report

Results are per 1,000 member years.

Commercial PPO

Frequency of Selected Procedures

Health Plan	Angioplasty Ages 45 & Above		Coronary Artery Bypass Graft Ages 45 & Above		Cardiac Catheterization Ages 45 & Above	
	Female	Male	Female	Male	Female	Male
Aetna Life Insurance Company - New York	1.7	5.7	0.3	1.2	4.3	7.7
CDPHP Universal Benefits, Inc.	1.2	4.7 ▼	--	1.7	3.9	7.5
CGLIC/CHLIC	1.6	6.7	--	1.5	4.4	8.4
Empire BlueCross BlueShield PPO	1.3	5.2	0.3 ▼	1.0 ▼	4.2	8.2
GHI (EmblemHealth)	1.5	6.6	--	1.2	4.9	7.7
HIP (EmblemHealth)	--	8.9 ▲	--	--	3.9	7.3
MVP Preferred PPO	--	6.0	--	--	4.3	7.1
Oxford Health Insurance of New York	1.0 ▼	6.3	--	1.5	3.4 ▼	6.9 ▼
UnitedHealthcare Insurance Company of New York, Inc.	2.1 ▲	7.4	0.5 ▲	2.0 ▲	6.4 ▲	10.1 ▲
Statewide	1.7	6.6	0.4	1.6	5.2	8.8

LEGEND

- ▲ 90th percentile or above
- ▼ 10th percentile or below
- Sample too small to report

Results 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	3.0	1.7	2.0	2.3	0.6	0.2 ▼	2.5
CDPHP Universal Benefits, Inc.	5.7	2.3	3.6 ▲	3.5 ▲	0.9	--	2.3
CGLIC/CHLIC	3.2	1.7	1.8	2.0 ▼	0.5 ▼	0.2	2.8
Empire BlueCross BlueShield PPO	3.4	1.7	1.8	2.2	0.8	0.2	2.2 ▼
GHI (EmblemHealth)	3.2	1.5 ▼	1.6 ▼	2.3	0.8	0.4 ▲	2.4
HIP (EmblemHealth)	3.2	--	--	--	--	--	40.6 ▲
MVP Preferred PPO	5.8 ▲	2.5 ▲	2.4	3.3	1.3 ▲	--	2.5
Oxford Health Insurance of New York	2.4 ▼	1.5	2.3	3.2	0.8	0.2	3.7
UnitedHealthcare Insurance Company of New York, Inc.	3.7	2.3	2.6	3.2	0.9	0.3	3.7
Statewide	3.5	1.9	2.3	2.7	0.8	0.3	3.3

LEGEND

- ▲ 90th percentile or above
- ▼ 10th percentile or below
- Sample too small to report

Results 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	3.9	1.7	2.3	0.6	3.7
CDPHP Universal Benefits, Inc.	3.5	1.2 ▼	2.2	1.6 ▲	6.1 ▲
CGLIC/CHLIC	4.0	1.2	2.1	0.7	3.5
Empire BlueCross BlueShield PPO	3.8	1.2	2.1	0.6	3.9
GHI (EmblemHealth)	3.8	1.7	2.8	0.6	3.9
HIP (EmblemHealth)	3.4	--	2.3	--	--
MVP Preferred PPO	3.0 ▼	1.4	3.2 ▲	1.3	4.4
Oxford Health Insurance of New York	4.7 ▲	1.8 ▲	2.0 ▼	0.5 ▼	3.2 ▼
UnitedHealthcare Insurance Company of New York, Inc.	4.3	1.4	2.0	0.8	4.3
Statewide	4.1	1.4	2.2	0.8	4.0

LEGEND

- ▲ 90th percentile or above
- ▼ 10th percentile or below
- Sample too small to report

Results are per 1,000 member years.

Medicaid Health Plans

Frequency of Selected Procedures

Medicaid Managed Care Plans (MMC)	Angioplasty Ages 45 & Above		Coronary Artery Bypass Graft Ages 45 & Above		Cardiac Catheterization Ages 45 & Above	
	Female	Male	Female	Male	Female	Male
Affinity Health Plan	2.6	8.0	--	1.4	7.7	11.6
CDPHP	--	7.4 ▼	--	--	11.5	10.4 ▼
Excellus Blue Cross BlueShield	3.8	7.9	--	--	11.3	12.1
Fidelis Care New York, Inc.	3.1	8.8	0.4 ▼	1.8	10.0	13.7
HIP (EmblemHealth)	2.8	9.5	--	1.5	8.4	13.0
HealthPlus, an Amerigroup Company	3.3	9.6	--	1.3 ▼	9.9	13.8
HealthNow New York Inc.	--	--	--	--	11.5	17.4 ▲
Healthfirst PHSP, Inc.	1.2 ▼	2.2 ▼	--	--	2.3 ▼	3.4 ▼
Hudson Health Plan	--	9.8	--	--	12.2	16.1
Independent Health	--	--	--	--	16.2 ▲	17.0 ▲
MVP Health Care	--	--	--	--	--	13.1
MetroPlus Health Plan	4.3 ▲	11.1 ▲	0.7 ▲	2.1 ▲	12.1	16.9
Total Care, A Today's Options of New York Health Plan	--	--	--	--	--	12.8
UnitedHealthcare Community Plan	3.3	10.3	--	1.9	9.4	14.3
Univera Community Health	--	--	--	--	15.5 ▲	15.6
WellCare of New York	3.7	11.4 ▲	--	--	7.1 ▼	13.0
MMC Statewide	2.8	8.0	0.4	1.5	8.4	12.0

LEGEND

- ▲ 90th percentile or above
- ▼ 10th percentile or below
- Sample too small to report

Results are per 1,000 member years.

Medicaid Health Plans

Frequency of Selected Procedures

Medicaid Managed Care Plans (MMC)	Laprosopic Cholecystectomy		Back Surgery Ages 20–64		Bariatric Weight Loss Surgery Ages 0–64		Prostatectomy Ages 45 & Above
	Female Ages 15–64	Male Ages 30–64	Female	Male	Female	Male	Male Only
Affinity Health Plan	4.3	1.6	0.8 ▼	1.0 ▼	0.6	--	2.2
CDPHP	8.7	4.7 ▲	5.7 ▲	8.3 ▲	0.7	--	--
Excellus Blue Cross BlueShield	10.0 ▲	4.2	4.8	6.3	1.2 ▲	--	2.5
Fidelis Care New York, Inc.	6.1	2.4	2.6	3.1	0.9	0.1 ▼	2.3
HIP (EmblemHealth)	3.0 ▼	1.4 ▼	1.9	2.0	1.1	0.3 ▲	271.7 ▲
HealthPlus, an Amerigroup Company	3.8	2.4	1.2	1.1 ▼	0.4 ▼	--	1.8
HealthNow New York Inc.	9.3 ▲	--	6.0 ▲	6.5 ▲	--	--	--
Healthfirst PHSP, Inc.	4.3	1.7	1.0	1.6	0.8	0.1	--
Hudson Health Plan	9.2	3.8	3.3	4.2	0.9	--	--
Independent Health	6.8	4.3 ▲	5.6	5.7	--	--	--
MVP Health Care	8.9	--	4.9	6.2	--	--	--
MetroPlus Health Plan	4.2	1.6 ▼	0.8 ▼	1.1	0.4	--	1.7
Total Care, A Today's Options of New York Health Plan	7.3	--	4.1	5.0	--	--	--
UnitedHealthcare Community Plan	3.7 ▼	2.2	1.5	1.6	0.5	--	1.5 ▼
Univera Community Health	6.7	--	4.7	5.5	--	--	--
WellCare of New York	3.9	2.0	--	--	--	--	--
MMC Statewide	5.2	2.3	2.0	2.4	0.7	0.1	20.4

LEGEND

- ▲ 90th percentile or above
- ▼ 10th percentile or below
- Sample too small to report

Results are per 1,000 member years.

Medicaid Health Plans

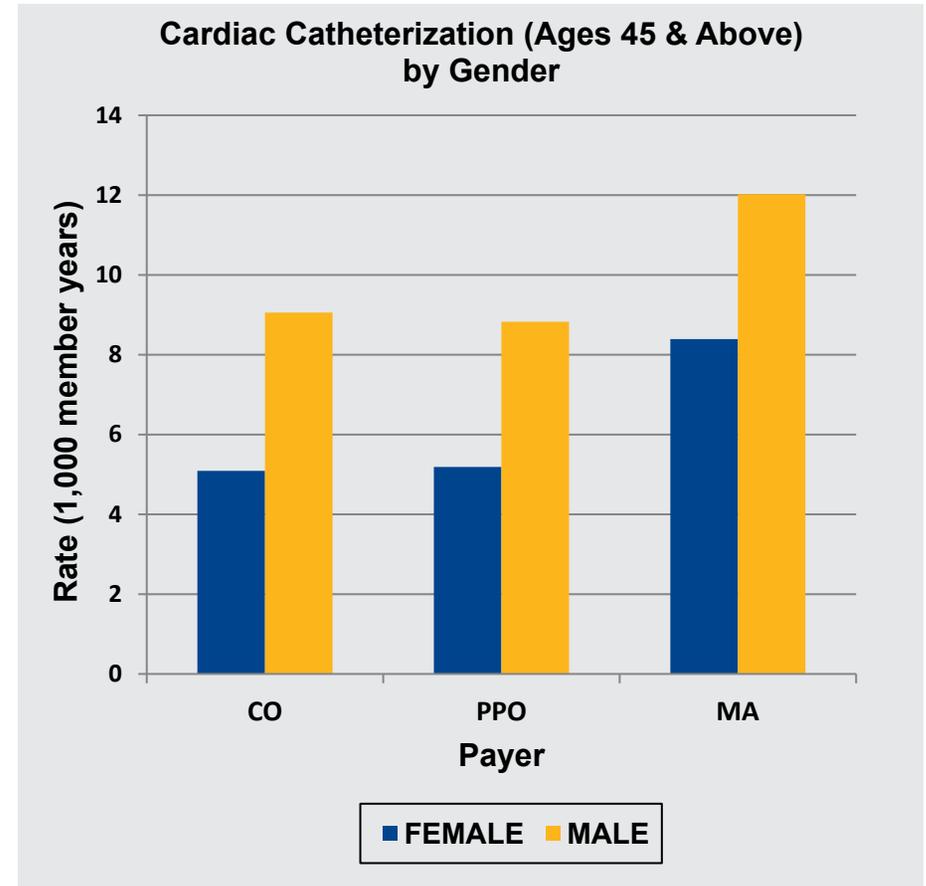
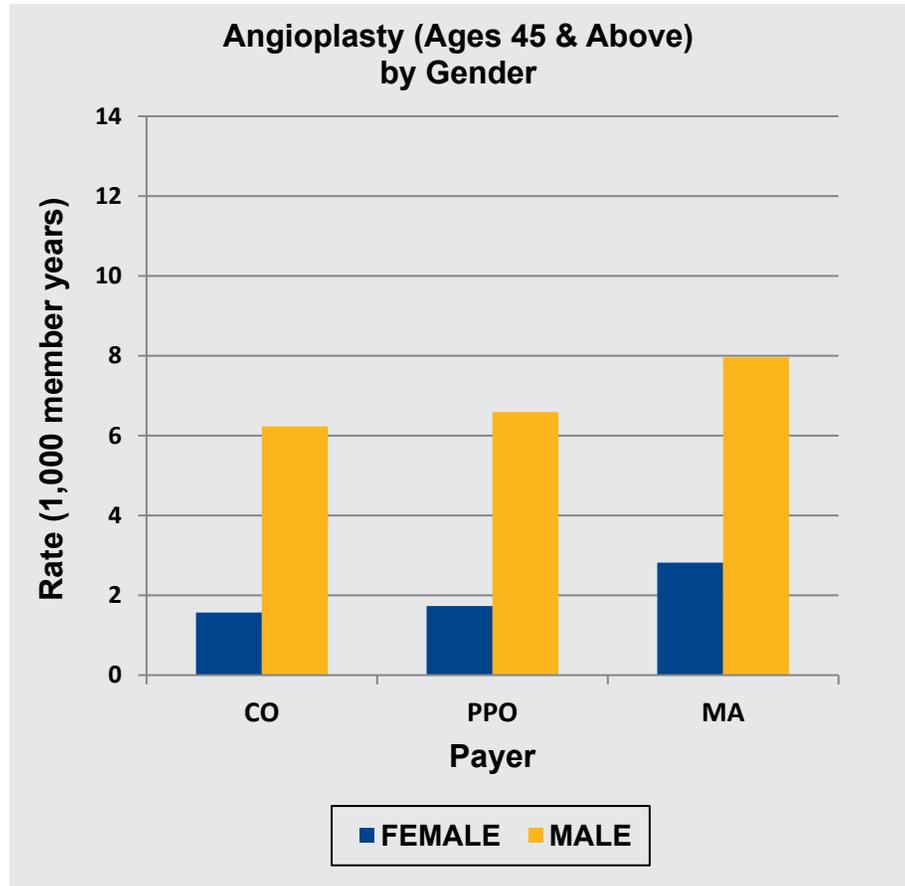
Frequency of Selected Procedures for Women and Children

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	3.3	0.7	1.9	0.6	3.8
CDPHP	3.2	--	2.0	2.2 ▲	8.6
Excelsus Blue Cross BlueShield	2.6	0.5 ▼	4.1 ▲	2.0 ▲	7.8
Fidelis Care New York, Inc.	3.1	0.7	2.2	1.2	5.2
HIP (EmblemHealth)	3.0	0.6	1.7	0.8	3.5
HealthPlus, an Amerigroup Company	3.5 ▲	0.9 ▲	1.3 ▼	0.3 ▼	3.1
HealthNow New York Inc.	3.4 ▲	--	2.8	2.0	11.2 ▲
Healthfirst PHSP, Inc.	3.1	0.8	2.4	0.7	3.4
Hudson Health Plan	3.0	--	3.5 ▲	0.9	4.3
Independent Health	2.4 ▼	--	3.1	--	11.9 ▲
MVP Health Care	--	--	3.3	--	5.9
MetroPlus Health Plan	2.2 ▼	0.7	1.6	0.5 ▼	2.2 ▼
Total Care, A Today's Options of New York Health Plan	--	--	--	--	5.6
UnitedHealthcare Community Plan	3.4	0.8	1.9	0.5	3.3
Univera Community Health	2.5	--	2.5	1.8	10.4
WellCare of New York	2.6	--	1.2 ▼	--	2.3 ▼
MMC Statewide	3.0	0.7	2.1	0.9	4.4

LEGEND

- ▲ 90th percentile or above
- ▼ 10th percentile or below
- Sample too small to report

Results are per 1,000 member years.



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	24 ▲	103 ▲	18	94	9	26	50	220
CDPHP	19	79	18	100 ▲	10	27	46	203
Easy Choice Health Plan of NY	23	71	13 ▼	73 ▼	6 ▼	15 ▼	41 ▼	159 ▼
Empire BlueCross BlueShield HMO	24	93	16	93	14 ▲	44 ▲	53	224 ▲
Excellus Blue Cross BlueShield	19	63	18	74	13	34	49	166 ▼
HIP (EmblemHealth)	34 ▲	139 ▲	16	96	7 ▼	24 ▼	57 ▲	256 ▲
HealthNow New York Inc.	13 ▼	46 ▼	17	78	9	26	39 ▼	167
Independent Health	20	74	22 ▲	110 ▲	12	31	53	210
MVP Health Care	23	91	20 ▲	74	10	29	53 ▲	198
Oxford Health Plans of New York	22	83	14 ▼	70 ▼	12	36 ▲	46	185
Univera Healthcare	17 ▼	54 ▼	19	87	13 ▲	32	48	170
Statewide	22	81	17	81	12	33	49	193

LEGEND

- ▲ 90th percentile or above
- ▼ 10th percentile or below

Results 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	4.3 ▲	5.3	2.9	4.4 ▲
CDPHP	4.1 ▲	5.4	2.7	4.4
Easy Choice Health Plan of NY	3.2 ▼	5.8 ▲	2.6	3.9
Empire BlueCross BlueShield HMO	4.0	5.7	3.0	4.3
Excellus Blue Cross BlueShield	3.3	4.0 ▼	2.6 ▼	3.4 ▼
HIP (EmblemHealth)	4.1	5.9 ▲	3.2 ▲	4.5 ▲
HealthNow New York Inc.	3.6	4.6	2.8	4.3
Independent Health	3.7	4.9	2.6	4.0
MVP Health Care	4.0	3.7 ▼	2.7	3.8
Oxford Health Plans of New York	3.7	5.1	3.0 ▲	4.0
Univera Healthcare	3.2 ▼	4.5	2.4 ▼	3.5 ▼
Statewide	3.7	4.8	2.8	4.0

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	17 ▼	69	14	64 ▼	15 ▲	45 ▲	44	171
CDPHP Universal Benefits, Inc.	18	78	18 ▲	90	11	30	45	195
CGLIC/CHLIC	18	77	14	71	14	43	44	185
Empire BlueCross BlueShield PPO	17	63 ▼	13 ▼	71	14	41	43 ▼	170 ▼
GHI (EmblemHealth)	21	86	17	79	12	35	48	195
HIP (EmblemHealth)	27 ▲	98 ▲	16	107 ▲	5 ▼	14 ▼	47	218 ▲
MVP Preferred PPO	18	69	16	67	12	34	45	173
Oxford Health Insurance of New York	23	87	15	77	13	41	49 ▲	199
UnitedHealthcare Insurance Company of New York, Inc.	NV							
Statewide	19	74	14	72	14	41	45	181

LEGEND

- ▲ 90th percentile or above
- ▼ 10th percentile or below
- NV: Plan submitted invalid data.

Results 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	4.0	4.7	3.0	3.9
CDPHP Universal Benefits, Inc.	4.3 ▲	5.1	2.8	4.3
CGLIC/CHLIC	4.2	5.2	3.1 ▲	4.2
Empire BlueCross BlueShield PPO	3.7	5.3	2.9	4.0
GHI (EmblemHealth)	4.1	4.7	2.9	4.1
HIP (EmblemHealth)	3.7 ▼	6.6 ▲	3.0	4.6 ▲
MVP Preferred PPO	3.9	4.2 ▼	2.8 ▼	3.8 ▼
Oxford Health Insurance of New York	3.8	5.1	3.1	4.0
UnitedHealthcare Insurance Company of New York, Inc.	NV	NV	NV	NV
Statewide	4.0	5.0	3.0	4.1

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	48	204	13	102	43	137	92	407
CDPHP	37	154	21	142 ▲	38	101	84	365
Excellus Blue Cross BlueShield	38	132	18	94	41	107	84	300
Fidelis Care New York, Inc.	38	158	14	83	34	89	76	306
HIP (EmblemHealth)	52	216 ▲	15	112	23 ▼	71 ▼	84	380
HealthPlus, an Amerigroup Company	33 ▼	139	11 ▼	66 ▼	33	97	67 ▼	274 ▼
HealthNow New York Inc.	34	115 ▼	21	132	32	88	79	313
Healthfirst PHSP, Inc.	52 ▲	207	14	67 ▼	42	125	107 ▲	440 ▲
Hudson Health Plan	35	149	17	123	54 ▲	159 ▲	86	372
Independent Health	45	169	25 ▲	216 ▲	42	113	99 ▲	465 ▲
MVP Health Care	40	164	14	73	35	98	79	311
MetroPlus Health Plan	53 ▲	212 ▲	13	88	48 ▲	144 ▲	99	398
Total Care, A Today's Options of New York Health Plan	49	208	15	104	44	125	94	397
UnitedHealthcare Community Plan	29 ▼	125 ▼	12	83	38	104	68	282
Univera Community Health	39	137	23 ▲	137	36	97	87	344
WellCare of New York	35	130	10 ▼	74	16 ▼	41 ▼	57 ▼	237 ▼
MMC Statewide	42	171	14	88	38	108	85	351
HIV Special Needs Plans (SNP)								
Amida Care	326 ▲	1,624	40	386	10 ▲	43 ▲	376	2,053
MetroPlus Health Plan	248 ▼	1,357 ▼	33 ▼	311 ▼	8 ▼	23	289 ▼	1,690 ▼
VNSNY CHOICE Select Health	319	1,711 ▲	59 ▲	515 ▲	--	8 ▼	381 ▲	2,248 ▲
SNP Statewide	298	1,565	44	403	7	25	349	1,997

LEGEND

- ▲ 90th percentile or above
- ▼ 10th percentile or below
- Sample too small to report

Results are per 1,000 member years.

Medicaid Health Plans

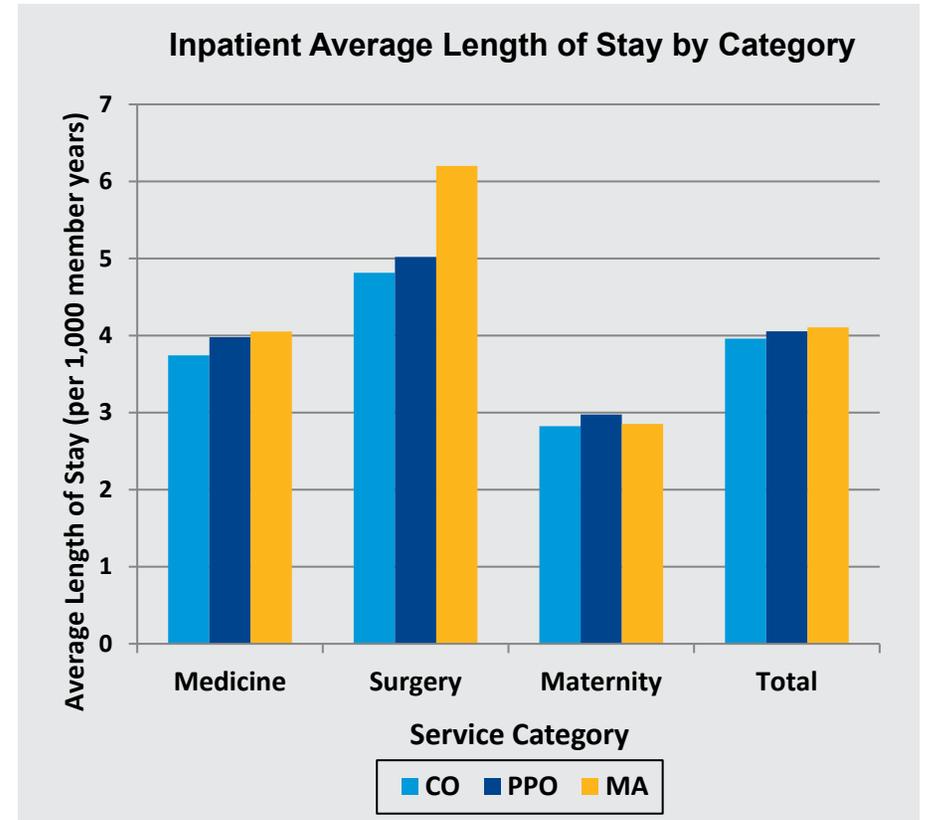
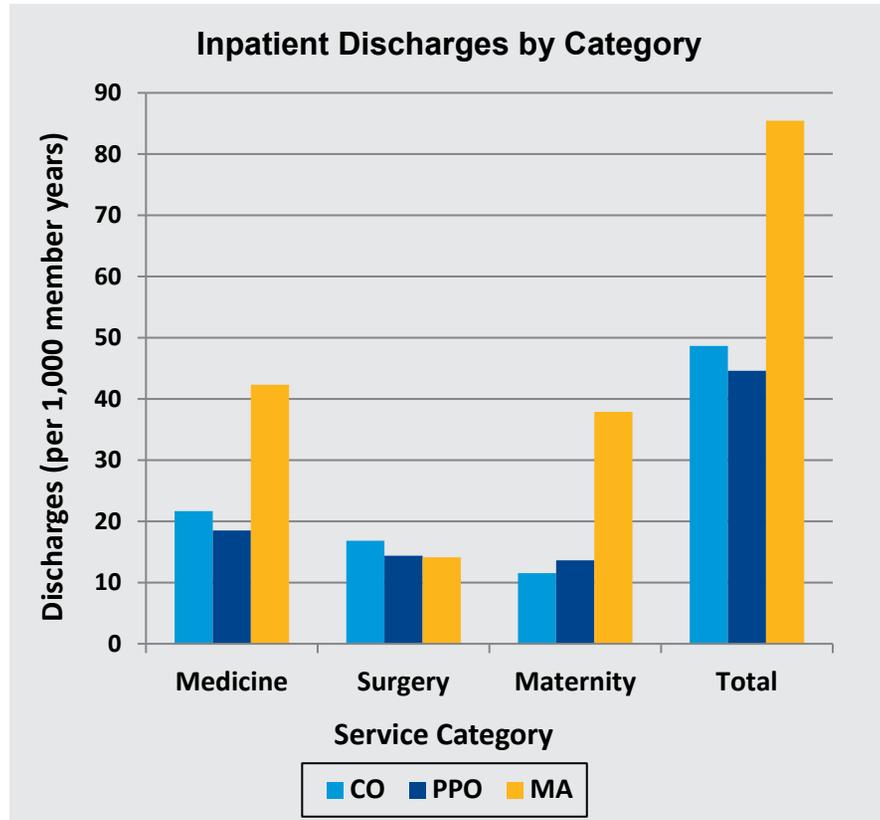
Inpatient Use of Services: Average Length of Stay

Medicaid Managed Care Plans (MMC)	Medicine ALOS	Surgery ALOS	Maternity ALOS	Total Inpatient ALOS
Affinity Health Plan	4.2	8.1 ▲	3.2 ▲	4.4
CDPHP	4.2	6.7	2.7	4.4
Excellus Blue Cross BlueShield	3.5 ▼	5.3	2.6 ▼	3.6 ▼
Fidelis Care New York, Inc.	4.2	5.9	2.6	4.0
HIP (EmblemHealth)	4.2	7.3	3.0 ▲	4.5 ▲
HealthPlus, an Amerigroup Company	4.2	6.3	2.9	4.1
HealthNow New York Inc.	3.4 ▼	6.2	2.8	4.0
Healthfirst PHSP, Inc.	4.0	4.7 ▼	3.0	4.1
Hudson Health Plan	4.2	7.4	2.9	4.3
Independent Health	3.8	8.8 ▲	2.7	4.7 ▲
MVP Health Care	4.1	5.1 ▼	2.8	3.9 ▼
MetroPlus Health Plan	4.0	6.8	3.0	4.0
Total Care, A Today's Options of New York Health Plan	4.2 ▲	7.0	2.8	4.2
UnitedHealthcare Community Plan	4.3 ▲	7.1	2.7	4.1
Univera Community Health	3.5	6.0	2.7	3.9
WellCare of New York	3.8	7.3	2.6 ▼	4.1
MMC Statewide	4.1	6.2	2.9	4.1
HIV Special Needs Plans (SNP)				
Amida Care	5.0 ▼	9.7 ▲	4.3 ▲	5.5 ▼
MetroPlus Health Plan	5.5 ▲	9.5	2.9 ▼	5.9
VNSNY CHOICE Select Health	5.4	8.8 ▼	--	5.9 ▲
SNP Statewide	5.2	9.2	3.7	5.7

LEGEND

- ▲ 90th percentile or above
- ▼ 10th percentile or below
- Sample too small to report

ALOS = Total Days/Total Discharges



The graph on the left illustrates the distribution of inpatient discharges by service category for Commercial HMO (CO), Commercial PPO (PPO), and Medicaid (MA) payers. MA has the highest medicine and maternity discharge rates, which leads to the highest total inpatient discharge rate across payers. The graph on the right shows the inpatient average length of stay, which 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	9.7 ▲	7.4 ▲	8.6 ▲	0.2	0.2	0.2	9.7 ▲	7.5 ▲	8.6 ▲
CDPHP	12.4 ▲	9.0 ▲	10.8 ▲	0.4 ▲	0.3 ▲	0.3 ▲	11.8 ▲	8.5 ▲	10.3 ▲
Easy Choice Health Plan of NY	2.1 ▼	2.8 ▼	2.4 ▼	--	--	--	2.3 ▼	2.9 ▼	2.6 ▼
Empire BlueCross BlueShield HMO	6.8	4.7 ▼	5.7	0.2	0.2 ▼	0.2	6.9	4.7 ▼	5.8
Excellus Blue Cross BlueShield	8.2	5.5	6.9	0.2	0.2	0.2	8.2	5.6	6.9
HIP (EmblemHealth)	6.5 ▼	4.9	5.7 ▼	0.2	0.2	0.2	6.5 ▼	4.9	5.8 ▼
HealthNow New York Inc.	9.3	6.4	7.8	0.3	0.2	0.3	9.4	6.4	7.9
Independent Health	9.3	6.4	7.9	0.3	0.2	0.2	9.3	6.4	7.9
MVP Health Care	8.0	5.4	6.8	0.3	0.2	0.2	8.0	5.5	6.8
Oxford Health Plans of New York	7.2	5.3	6.3	0.2 ▼	0.2	0.2 ▼	7.3	5.3	6.3
Univera Healthcare	6.7	4.8	5.8	0.3	0.2	0.2	6.7	4.8	5.8
Statewide	7.9	5.6	6.8	0.2	0.2	0.2	7.9	5.6	6.8

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	12.5	9.5	11.0	0.2	0.2	0.2	12.6	9.5	11.1
CDPHP Universal Benefits, Inc.	10.1	6.7	8.4	0.3	0.2	0.2	9.9	6.6	8.3
CGLIC/CHLIC	8.7	6.3	7.5	0.3 ▲	0.3 ▲	0.3 ▲	8.8	6.4	7.6
Empire BlueCross BlueShield PPO	8.2	5.8	7.0	0.2	0.2	0.2	8.2	5.9	7.1
GHI (EmblemHealth)	5.8 ▼	4.5 ▼	5.2 ▼	0.2 ▼	0.1 ▼	0.2 ▼	5.9 ▼	4.5 ▼	5.2 ▼
HIP (EmblemHealth)	6.6	4.7	5.7	--	--	--	6.7	4.8	5.7
MVP Preferred PPO	7.5	5.3	6.4	0.2	0.2	0.2	7.6	5.3	6.5
Oxford Health Insurance of New York	12.7 ▲	9.5 ▲	11.2 ▲	0.2	0.2	0.2	12.7 ▲	9.6 ▲	11.2 ▲
UnitedHealthcare Insurance Company of New York, Inc.	9.9	7.3	8.6	0.2	0.2	0.2	9.9	7.4	8.7
Statewide	9.9	7.3	8.6	0.2	0.2	0.2	9.9	7.3	8.6

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	8.0	6.7	7.4	0.6	0.7	0.6	8.1	7.0	7.7
CDPHP	14.4	13.1	13.8	1.1 ▲	1.1 ▲	1.1 ▲	14.5	13.3 ▲	14.0
Excellus Blue Cross BlueShield	12.7	11.0	11.9	0.6	0.6	0.6	12.8	11.2	12.1
Fidelis Care New York, Inc.	8.9	7.6	8.3	0.5	0.5	0.5	9.0	7.7	8.4
HIP (EmblemHealth)	8.3	7.0	7.7	0.4	0.5	0.5	8.4	7.2	7.9
HealthPlus, an Amerigroup Company	5.2 ▼	4.6 ▼	4.9 ▼	0.3 ▼	0.4	0.3	5.3 ▼	4.7 ▼	5.0 ▼
HealthNow New York Inc.	16.2 ▲	14.7 ▲	15.5 ▲	1.1 ▲	0.9 ▲	1.0 ▲	14.8 ▲	13.2	14.1 ▲
Healthfirst PHSP, Inc.	5.9	5.3	5.6	0.3 ▼	0.3 ▼	0.3 ▼	5.9	5.3	5.7
Hudson Health Plan	12.7	10.9	11.9	0.7	0.8	0.7	12.9	11.1	12.1
Independent Health	13.3	10.8	12.2	0.8	0.7	0.7	13.5	11.0	12.4
MVP Health Care	15.7 ▲	13.4 ▲	14.7 ▲	0.6	0.6	0.6	16.1 ▲	13.7 ▲	15.1 ▲
MetroPlus Health Plan	6.4	6.9	6.6	0.4	0.5	0.4	6.0	6.4	6.2
Total Care, A Today's Options of New York Health Plan	13.8	11.0	12.6	0.6	0.6	0.6	13.9	11.2	12.7
UnitedHealthcare Community Plan	7.2	6.0	6.6	0.4	0.4	0.4	7.2	6.0	6.7
Univera Community Health	10.4	8.4	9.5	0.7	0.5	0.6	10.5	8.5	9.6
WellCare of New York	4.0 ▼	3.0 ▼	3.5 ▼	0.3	0.3 ▼	0.3 ▼	4.1 ▼	3.1 ▼	3.6 ▼
MMC Statewide	8.1	7.1	7.6	0.5	0.5	0.5	8.1	7.1	7.6
HIV Special Needs Plans (SNP)									
Amida Care	36.7 ▲	35.6 ▲	36.0 ▲	2.5 ▲	3.1 ▲	2.9 ▲	37.1 ▲	36.3 ▲	36.6 ▲
MetroPlus Health Plan	25.6	25.1	25.3	1.8	1.8	1.8	26.1	25.5	25.7
VNSNY CHOICE Select Health	20.5 ▼	20.5 ▼	20.5 ▼	1.8 ▼	1.3 ▼	1.5 ▼	21.4 ▼	21.3 ▼	21.3 ▼
SNP Statewide	27.6	27.4	27.5	2.0	2.1	2.1	28.2	28.0	28.1

LEGEND

- ▲ 90th percentile or above
- ▼ 10th percentile or below

Results are a percentage of the eligible population.

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	1.5	1.1	0.2 ▼	0.4	0.3 ▼	0.8	1.7	1.2
CDPHP	1.8 ▲	3.2 ▲	2.4 ▲	0.3	0.4	0.3	1.2	2.2	1.6
Easy Choice Health Plan of NY	--	1.2 ▼	0.8 ▼	--	--	--	--	1.5 ▼	1.0 ▼
Empire BlueCross BlueShield HMO	0.7	1.4	1.1	0.2	0.5	0.3	0.9	1.8	1.3
Excellus Blue Cross BlueShield	0.9	2.1	1.5	0.2	0.4	0.3	1.0	2.3	1.6
HIP (EmblemHealth)	0.7	1.7	1.2	0.3	0.6 ▲	0.4	0.9	2.0	1.4
HealthNow New York Inc.	1.1	2.5 ▲	1.8 ▲	0.2	0.4 ▼	0.3	1.2	2.6 ▲	1.9 ▲
Independent Health	1.1	2.4	1.8	0.4 ▲	0.6	0.5 ▲	1.3 ▲	2.6 ▲	1.9 ▲
MVP Health Care	1.0	2.0	1.5	0.2	0.4	0.3	1.1	2.2	1.6
Oxford Health Plans of New York	0.6 ▼	1.1 ▼	0.9 ▼	0.2	0.4	0.3	0.7 ▼	1.4 ▼	1.0 ▼
Univera Healthcare	1.1	2.3	1.7	0.3	0.4	0.4	1.3	2.6	1.9
Statewide	0.9	1.8	1.3	0.2	0.4	0.3	1.0	2.0	1.5

LEGEND

- ▲ 90th percentile or above
- ▼ 10th percentile or below
- Sample too small to report

Results are a percentage of the eligible population.

Commercial PPO

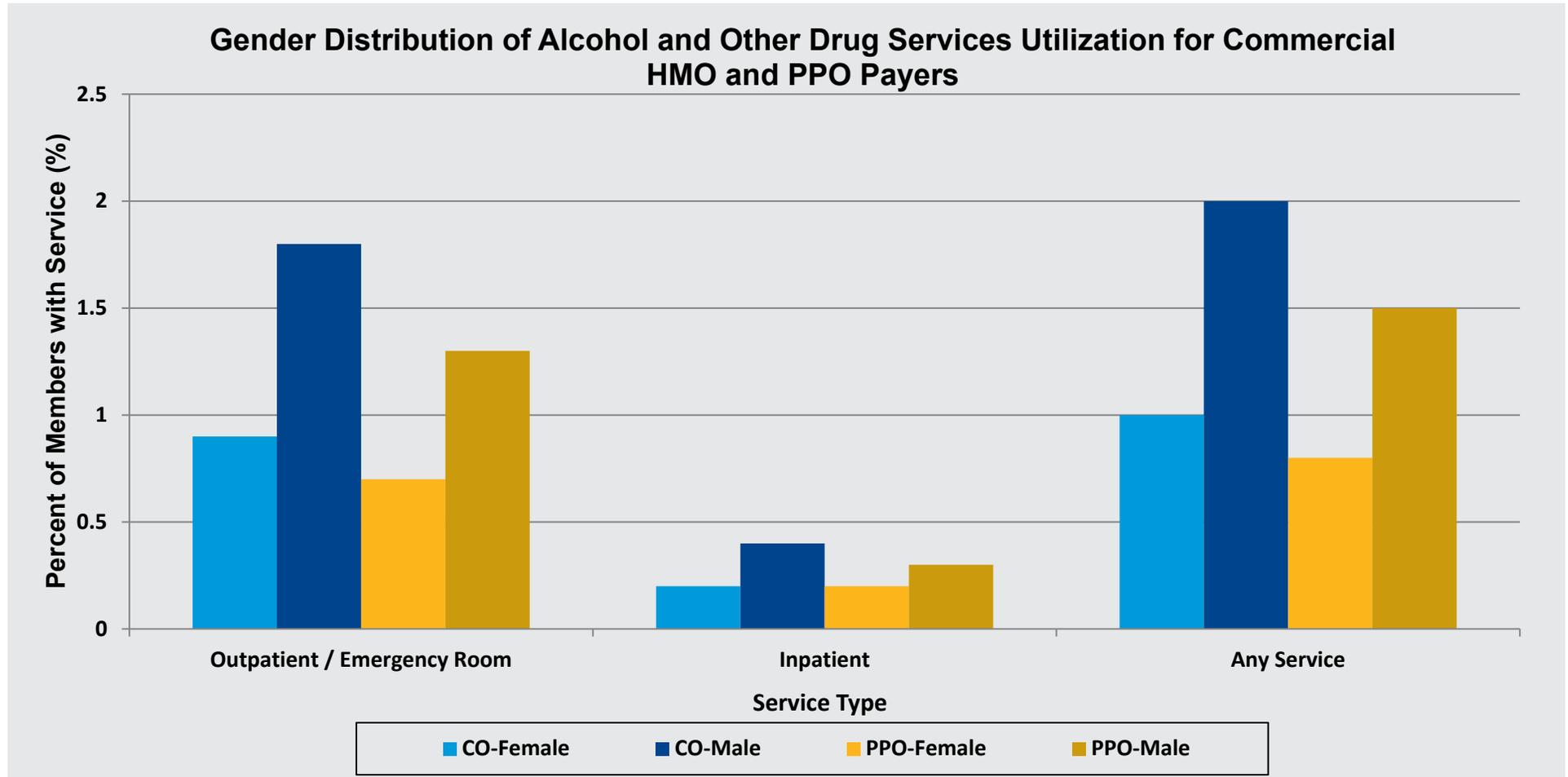
Identification of Alcohol and Other Drug Services

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	1.4	1.0	0.2	0.4	0.3	0.8	1.5	1.2
CDPHP Universal Benefits, Inc.	1.0 ▲	1.9 ▲	1.5 ▲	0.4 ▲	0.6 ▲	0.5 ▲	1.1 ▲	2.1	1.6 ▲
CGLIC/CHLIC	0.6 ▼	1.2	0.9	0.1 ▼	0.3 ▼	0.2 ▼	0.6 ▼	1.4	1.0 ▼
Empire BlueCross BlueShield PPO	0.6	1.3	1.0	0.2	0.4	0.3	0.7	1.5	1.1
GHI (EmblemHealth)	0.6	1.3	1.0	0.2	0.4	0.3	0.7	1.6	1.2
HIP (EmblemHealth)	0.9	1.9	1.4	--	0.4	0.3	1.0	2.1 ▲	1.5
MVP Preferred PPO	0.9	1.7	1.3	0.2	0.4	0.3	1.0	1.9	1.5
Oxford Health Insurance of New York	0.6	1.1 ▼	0.8 ▼	0.2	0.4	0.3	0.7	1.3 ▼	1.0
UnitedHealthcare Insurance Company of New York, Inc.	0.7	1.4	1.0	0.2	0.3	0.2	0.8	1.5	1.1
Statewide	0.7	1.3	1.0	0.2	0.3	0.3	0.8	1.5	1.1

LEGEND

- ▲ 90th percentile or above
- ▼ 10th percentile or below
- Sample too small to report

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	58 ▲	15
CDPHP	38	16
Easy Choice Health Plan of NY	40	7
Empire BlueCross BlueShield HMO	42 ▲	18 ▲
Excellus Blue Cross BlueShield	34 ▼	13 ▼
HIP (EmblemHealth)	40	15
HealthNow New York Inc.	37	17 ▲
Independent Health	40	15
MVP Health Care	36	15
Oxford Health Plans of New York	41 ▲	16 ▲
Univera Healthcare	38	12
Statewide	38	15

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	53 ▲	20
CDPHP Universal Benefits, Inc.	33 ▼	13 ▼
CGLIC/CHLIC	45 ▲	23 ▲
Empire BlueCross BlueShield PPO	40	16 ▼
GHI (EmblemHealth)	39	11 ▼
HIP (EmblemHealth)	37	13
MVP Preferred PPO	37	15
Oxford Health Insurance of New York	42	19
UnitedHealthcare Insurance Company of New York, Inc.	36 ▼	19
Statewide	41	19

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	11.66% ▲	0.772
CDPHP	10.96%	0.829
Easy Choice Health Plan of NY	10.21% ▼	0.650
Empire BlueCross BlueShield HMO	11.67% ▲	0.755
Excellus Blue Cross BlueShield	10.87% ▼	0.753
HIP (EmblemHealth)	10.92%	0.794
HealthNow New York Inc.	11.65%	0.736
Independent Health	11.30%	0.821
MVP Health Care	11.17%	0.719
Oxford Health Plans of New York	11.30%	0.768
Univera Healthcare	11.17%	0.601
50th Percentile Expected Rate NYS	11.17%	0.755

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 Life Insurance Company - New York	10.40% ▼	0.718
CDPHP Universal Benefits, Inc.	10.75%	0.775
CGLIC/CHLIC	10.67%	0.797
Empire BlueCross BlueShield PPO	11.10%	0.751
GHI (EmblemHealth)	11.22%	0.735
HIP (EmblemHealth)	12.13%	0.802
MVP Preferred PPO	10.69%	0.741
Oxford Health Insurance of New York	11.61%	0.816
UnitedHealthcare Insurance Company of New York, Inc.	13.08% ▲	0.668
50th Percentile Expected Rate NYS	11.10%	0.751

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 2013. NYS DOH calculates these results and only Medicaid managed care data are presented.

Measure	Description (Type of Insurance)
Adult Respiratory PQI	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)
Adult Composite PQI (Excludes Respiratory)	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)
Pediatric Asthma PDI	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)
Pediatric Composite PDI (Excludes Asthma)	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 (Excludes Respiratory)	
	PQI At-Risk Admissions	Adjusted PQI*	PQI At-Risk Admissions	Adjusted PQI*
Affinity Health Plan	5,133	6.78	5,140	13.95
CDPHP	1,397	6.90	1,401	15.02
Excellus Blue Cross BlueShield	3,969	6.41	3,979	14.81
Fidelis Care New York, Inc.	13,881	6.46	13,888	14.22
HIP (EmblemHealth)	4,951	7.88	4,953	14.15
HealthPlus, an Amerigroup Company	5,817	8.33 ▼	5,821	14.18
HealthNow New York Inc.	902	4.73	904	17.29 ▼
Healthfirst PHSP, Inc.	18,650	6.64	18,662	13.08
Hudson Health Plan	1,550	6.74	1,553	13.56
Independent Health	917	4.73	919	13.26
MVP Health Care	636	6.78	642	16.54
MetroPlus Health Plan	8,544	8.42 ▼	8,547	12.32 ▲
Total Care, A Today's Options of New York Health Plan	691	7.75	691	16.11
UnitedHealthcare Community Plan	4,658	6.94	4,668	11.54 ▲
Univera Community Health	831	5.11	832	15.16
WellCare of New York	1,424	6.71	1,424	9.77 ▲
MMC Statewide	73,951	7.01	74,024	13.53

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 (Excludes Asthma)	
	PDI At-Risk Admissions	Adjusted PDI*	PDI At-Risk Admissions	Adjusted PDI*
Affinity Health Plan	1,451	24.33	2,218	9.65
CDPHP	281	9.54 ▲	408	9.16
Excellus Blue Cross BlueShield	778	17.43 ▲	1,155	10.74
Fidelis Care New York, Inc.	3,211	20.10	4,820	9.70
HIP (EmblemHealth)	1,011	22.89	1,423	8.31
HealthPlus, an Amerigroup Company	2,300	19.92	3,291	9.52
HealthNow New York Inc.	204	8.90 ▲	271	9.40
Healthfirst PHSP, Inc.	5,241	22.42	7,919	9.37
Hudson Health Plan	596	14.77 ▲	947	8.99
Independent Health	212	21.83	303	7.86
MVP Health Care	109	26.92	176	11.06
MetroPlus Health Plan	2,741	26.36 ▼	4,288	8.59
Total Care, A Today's Options of New York Health Plan	105	12.27	159	12.41
UnitedHealthcare Community Plan	923	20.21	1,478	8.79
Univera Community Health	205	18.04	294	10.87
WellCare of New York	351	12.92 ▲	420	6.01
MMC Statewide	19,719	21.75	29,570	9.27

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. 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® 2014, 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	723	358 ▲	50 ▲	828	480 ▲	58 ▲	811	461 ▲	57 ▲
CDPHP	802 ▲	343	43	875 ▲	440	50	861 ▲	422	49
Easy Choice Health Plan of NY	714	336	47	745 ▼	419	56	743	413	56
Empire BlueCross BlueShield HMO	577 ▼	290 ▼	50 ▲	778	465	60 ▲	741 ▼	432	58 ▲
Excellus Blue Cross BlueShield	752	310	41	773	378 ▼	49 ▼	769	364 ▼	47 ▼
HIP (EmblemHealth)	619 ▼	300	48	738 ▼	428	58 ▲	720 ▼	408	57 ▲
HealthNow New York Inc.	784	316	40 ▼	786	395 ▼	50	785	380 ▼	48 ▼
Independent Health	746	294 ▼	39 ▼	857	424	49 ▼	835	399	48 ▼
MVP Health Care	779	336	43	887 ▲	449	51	869 ▲	430	49
Oxford Health Plans of New York	788	389 ▲	49	802	468 ▲	58 ▲	800	453 ▲	57 ▲
Univera Healthcare	802 ▲	325	41	801	401	50	801	385	48 ▼
Statewide	755	337	45	798	428	54	790	410	52

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	766	370	48	822	464	56	811	445	55
CDPHP Universal Benefits, Inc.	815	363	45	780	396	51 ▼	787	390	50 ▼
CGLIC/CHLIC	816	396	49	816	463	57	816	448	55
Empire BlueCross BlueShield PPO	564 ▼	271 ▼	48	612 ▼	346 ▼	57	601 ▼	330 ▼	55
GHI (EmblemHealth)	1,606 ▲	818 ▲	51 ▲	1,533 ▲	907 ▲	59	1,548 ▲	889 ▲	57
HIP (EmblemHealth)	816	403	49	855	509	60 ▲	849	492	58 ▲
MVP Preferred PPO	751	326	43 ▼	805	410	51 ▼	795	394	50 ▼
Oxford Health Insurance of New York	831	412	50	907	523	58	889	498	56
UnitedHealthcare Insurance Company of New York, Inc.	821	400	49	804	461	57	808	447	55
Statewide	853	416	49	872	495	57	868	478	55

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	642 ▼	242	38	897	412 ▼	46	790	340 ▼	43
CDPHP	907 ▲	388	43	1,271	557	44	1,071	464	43
Excelsus Blue Cross BlueShield	875	352	40	1,321 ▲	569 ▲	43	1,083 ▲	453	42
Fidelis Care New York, Inc.	884	379	43	1,120	543	48	1,015	470	46
HIP (EmblemHealth)	866	392 ▲	45 ▲	1,046	556	53 ▲	971	487 ▲	50 ▲
HealthPlus, an Amerigroup Company	716	316	44	913	471	52	818	396	48
HealthNow New York Inc.	839	318	38	1,228	553	45	1,031	434	42
Healthfirst PHSP, Inc.	664	256	39	922	427	46	805	350	43
Hudson Health Plan	812	334	41	1,170	551	47	962	424	44
Independent Health	685	227 ▼	33 ▼	1,244	549	44	980	397	41
MVP Health Care	711	253	36	1,341 ▲	558	42 ▼	1,029	407	40 ▼
MetroPlus Health Plan	530 ▼	182 ▼	34 ▼	804 ▼	372 ▼	46	673 ▼	281 ▼	42
Total Care, A Today's Options of New York Health Plan	702	261	37	1,230	507	41 ▼	967	385	40 ▼
UnitedHealthcare Community Plan	1,211 ▲	585 ▲	48 ▲	1,127	627 ▲	56 ▲	1,164 ▲	608 ▲	52 ▲
Univera Community Health	743	273	37	1,112	473	43	937	379	40 ▼
WellCare of New York	658	268	41	839 ▼	443	53 ▲	777 ▼	384	49
MMC Statewide	785	327	42	1,023	494	48	913	417	46
HIV Special Needs Plans (SNP)									
Amida Care	546 ▲	--	20 ▼	3,005 ▲	1,179 ▲	39 ▲	2,955 ▲	1,157 ▲	39 ▲
MetroPlus Health Plan	473	159	34	2,615	981 ▼	38 ▼	2,388 ▼	894 ▼	37 ▼
VNSNY CHOICE Select Health	433 ▼	--	36 ▲	2,567 ▼	994	39 ▲	2,518	975	39 ▲
SNP Statewide	478	151	32	2,739	1,056	39	2,628	1,012	39

LEGEND

- ▲ 90th percentile or above
- ▼ 10th percentile or below
- Sample too small to report

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 4.5 version of AHRQ’s PQIs and PDIs were used with the 2013 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: 2013 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 three months.

Pediatric Eligible Admissions:

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

*http://qualityindicators.ahrq.gov/Modules/iqi_resources.aspx

Questions

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

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.

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