

# New York State Department of Health



## 2015 Statewide Executive Summary of Managed Care in New York State

A Report on  
Quality Performance  
By Type of  
Health Insurance Product

QARR Report Series  
Issue 1 of 5



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### Managed Care in New York State

In 2014, there were over 19.7 million people living in New York State (NYS).<sup>1</sup> This report contains information about the quality of care received by approximately 12 million people who were covered by health insurance through one of the 22 distinct managed care plans or preferred provider organizations during 2014. Ten organizations reported on Commercial Health Maintenance Organization (HMO) members; nine reported on Commercial Preferred Provider Organizations (PPO) members; 16 organizations reported on their Medicaid members, including their Child Health Plus (CHP) members; and three reported on HIV Special Needs Plan (HIV SNP) members.

Insurance Type	Description	Number of Health Plans Operating or Reporting in NYS
Commercial HMO	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.	10
Commercial 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.	9
Medicaid	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.	16
Child Health Plus	Government sponsored health insurance, although individuals may pay part of the premium depending on their income. 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 NYS's version of the federal State Children's Health Insurance Program (SCHIP) for people up to age 19. Medicaid plans report results using combined Medicaid and Child Health Plus data.	16
HIV Special Needs Plan	Government sponsored health insurance. This is a specific form of managed care for persons living with HIV/AIDS. The SNP contracts with a network of providers to coordinate medical care and access to other services important for the care of HIV/AIDS, such as substance abuse counselors. Social service coordinators may also be part of the SNP.	3

<sup>1</sup> United States Census Bureau. QuickFacts. <http://www.census.gov/quickfacts>.

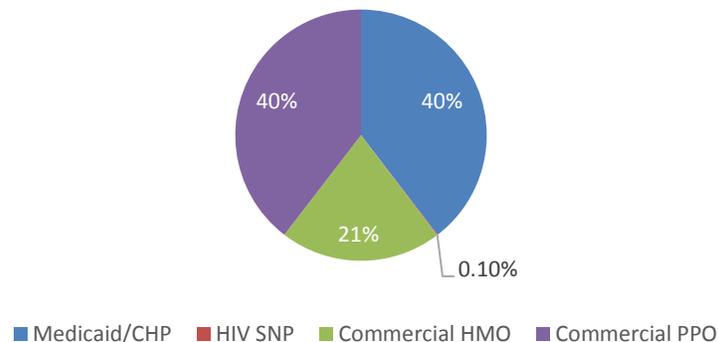
### Managed Care Enrollment

Managed care is a term used to describe a health insurance plan or health care system that coordinates the provision of care for its enrolled members, with a focus on preventative health. In general, when enrolling in a managed care plan, members select a regular doctor, called a primary care provider (PCP), who is responsible for coordination of the members' health care. The PCP will make referrals to specialists or other health care providers, or for procedures as necessary. It is usually required that members select health care providers from the managed care plan's network of professionals and hospitals.<sup>2</sup>

Managed care plans pay the health care providers directly, so members do not have to pay out-of-pocket for covered services or submit claim forms for care received from the plan's network of doctors. However, managed care plans can require co-pays paid directly to the provider at the time of service.<sup>2</sup> Preferred Provider Organizations also cover similar health care services, and while some pay providers directly, others require submission of claims forms or reimburse members for costs.

Of all the New York residents that enrolled in managed care plans in 2014, approximately 40% of them were enrolled in Medicaid/CHP and Commercial PPO respectively, followed by 21% in Commercial HMO health plans.

NYS Managed Care Enrollment, 2014



### Quality Measurement in New York State

The New York State Department of Health (NYSDOH) implemented a public reporting system in 1994 called the Quality Assurance Reporting Requirements (QARR). QARR is largely based on measures of quality established by the National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS®), with additional NYS specific measures. QARR also includes information collected using a national satisfaction survey methodology called CAHPS® (Consumer Assessment of Healthcare Providers and Systems). CAHPS® data are collected every year for commercial adult members. The NYSDOH sponsors a CAHPS® survey for Medicaid managed care adult and child members alternating every other

<sup>2</sup> [http://www.health.ny.gov/health\\_care/managed\\_care/](http://www.health.ny.gov/health_care/managed_care/).

year. The most recent survey was completed in 2014 and was specific to child members in Medicaid and Child Health Plus.

QARR data are submitted annually by managed care plans and preferred provider organizations. QARR includes quality measures representing focal areas such as: child and adolescent health, women’s health and maternity care, adult preventive care, management of acute and chronic conditions, behavioral health, and member experience with providers and health care.

### **Quality Measure Alignment in National and State Initiatives**

Alignment of quality measures leads to more efficient use of resources, supports public health programs and healthcare partnerships, and reduces the burden on healthcare programs to allow for innovation and research.<sup>3</sup> The volume of quality measures, along with the costs associated with collecting quality measures, has grown tremendously in the past decade. The 2015 Institute of Medicine (IOM) report recommends the use of a small set of core measures for health and health care, and describes how coordinated implementation can reduce the burden of measurement; enhance comparability; and create synergy to improve health outcomes nationwide.<sup>4</sup>

NYSDOH embraces quality measure alignment and strives to align quality measures across national and state programs and initiatives. QARR is largely based on NCQA’s HEDIS®, which is a national health plan accreditation program. In addition, Centers for Medicaid and Medicare Services (CMS) have Medicaid adult and child core quality measure sets, which also include a number of HEDIS® measures. At national level, QARR measures are used to support national programs such as the National Quality Strategy, Million Hearts, and Medicaid core set reporting requirements. At state level, QARR measures are used in health plan quality ratings, and state initiatives such as NYS Prevention Agenda, the Delivery System Reform Incentive Payment Program (DSRIP), and the State Innovation Model (SIM) Initiative. Those initiatives involve use of quality measures at a health system or practice level. Aligning quality measures across initiatives in NYS creates synergy in effort while reducing the cost and burden of collection.

### **Use of the Report**

This report is one in a series of five annual reports using QARR data. This report provides a high level summary of performance by managed care and preferred provider organizations in NYS. It provides information on overall performance of various insurance products compared to national averages, highlights performance in particular areas, and identifies areas with opportunities for improvement in New York.

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<sup>3</sup> Association of State and Territorial Health Officials. 2015. “Aligning Clinical Quality Measures for Blood Pressure Control: Potential Impact on Public Health and Healthcare Reporting and Quality Improvement Efforts”. <http://www.astho.org/Prevention/Aligning-Clinical-Quality-Measures-White-Paper/>

<sup>4</sup> IOM (Institute of Medicine). 2015. Vital signs: Core metrics for health and health care progress. Washington, DC: The National Academies Press.

This report demonstrates the continuing commitment of NYS's health plans and providers to provide high quality health care. This report is intended to be used for informational purposes by the public, health plans, and policy makers interested in learning about how NYS managed care plans are performing and improving the quality of health care in the state. This report also aligns with the Department's mission to increase transparency of health care quality, and to help drive better outcomes for the citizens of New York.

Additional information about other related reports, such as the Health Plan Comparison Report and Regional Consumer Guides, can be found in Section five.

**50<sup>th</sup> Anniversary of Medicaid**

Year 2015 marks the 50<sup>th</sup> anniversary of the establishment of the Medicare and Medicaid programs in the United States. Since becoming law in 1965, both programs have evolved to provide more Americans with improved access to comprehensive and affordable health care coverage and have transformed the delivery of healthcare in the United States.<sup>5</sup>

Today, over 70 million low-income Americans, including pregnant women, families, and people with a wide range of disabilities are covered under Medicaid. In states implementing the Medicaid expansion established by the Affordable Care Act (ACA), low-income adults who were previously excluded from the program are now covered as well. The Medicaid program fills holes left by the private health insurance market by covering individuals who cannot afford private coverage or have no access to job-based coverage, and by providing broader coverage to severely disabled and chronically ill individuals. Medicaid also supports poor Medicare beneficiaries and the Medicare program by bearing the high costs of long-term care. Medicaid revenues provide core funding for our health and long-term care institutions and providers, including safety-net hospitals, emergency departments, health centers, the mental health system, and nursing homes.<sup>6</sup>

NYS has been a leader in providing coverage to the uninsured. From the time the Medicaid program was established, NYS has been one of the few states that covered low income adults without children. In 1997, NYS expanded coverage for children with the CHP program, which provides benefits similar to those of employer based/commercial health insurance. New York also exceeds the minimum levels of eligibility for Medicaid coverage for pregnant woman and infants, as well as for parents and non-custodial parents, resulting in a larger number of members compared to other states.<sup>7</sup> NYS Medicaid has grown from 4.4 million members in 1975 to over 6.4 million enrolled as of August 2015, with 4.6 million individuals in Medicaid managed care.<sup>8</sup>

**High Quality of Care for Children in Medicaid and CHP**

NYS was recognized by CMS as one of the six ‘higher performing’ states among at least 25 states that reported children’s health care quality measures in Medicaid/CHP for measurement year 2013.<sup>9</sup>

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<sup>5</sup> Centers for Medicare and Medicaid Services (CMS). 2015. “Medicare and Medicaid 50th Anniversary Count Down”. <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Press-releases/2015-Press-releases-items/2015-06-10.html>.

<sup>6</sup> The Kaiser Commission on Medicaid and the Uninsured. 2015, “Medicaid at 50”. <http://files.kff.org/attachment/report-medicare-at-50>.

<sup>7</sup> The Lewin Group. 2010. Analysis of the New York State Medicaid Program and Identification of Potential Cost-Containment Opportunities. [http://www.cbcny.org/sites/default/files/REPORT\\_Lewin\\_11182010.pdf](http://www.cbcny.org/sites/default/files/REPORT_Lewin_11182010.pdf).

<sup>8</sup> New York State Department of Health. 2015. Medicaid Managed Care Enrollment Reports. [http://www.health.ny.gov/health\\_care/managed\\_care/reports/enrollment/monthly/2015/docs/en08\\_15.pdf](http://www.health.ny.gov/health_care/managed_care/reports/enrollment/monthly/2015/docs/en08_15.pdf).

<sup>9</sup> Centers for Medicare and Medicaid Services. 2015. The State of Children’s Health Care Quality in Medicaid and CHIP: Who are the Higher-Performing States? <https://www.medicare.gov/medicaid-chip-program-information/by-topics/quality-of-care/downloads/child-core-set-hps-brief.pdf>.

## Section 2:

## Medicaid Managed Care Improvement

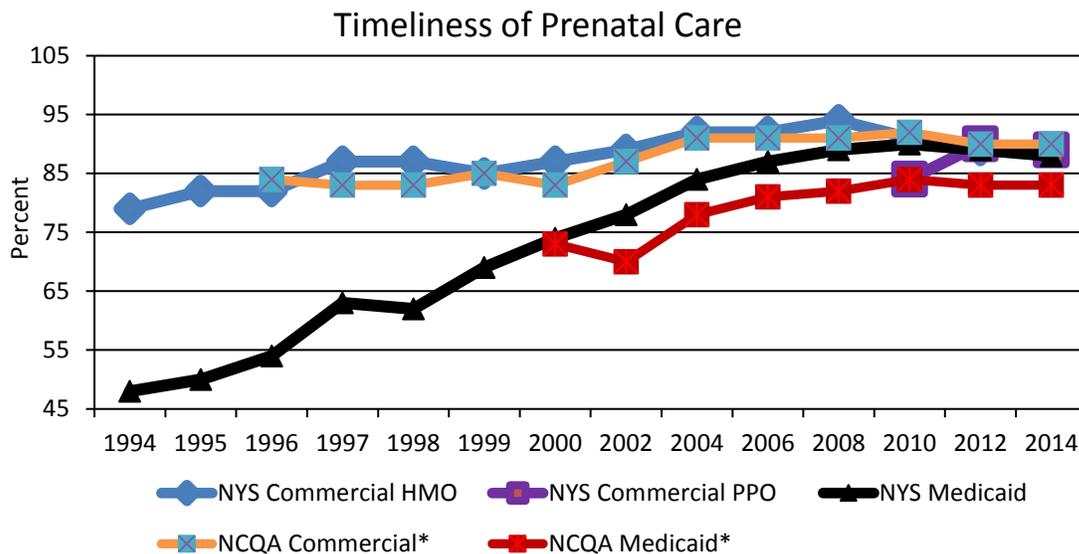
### Diminished Gap Between Commercial and Medicaid

NYS has shown improvement in quality of care over time in many areas for Medicaid managed care and a diminished gap between Commercial and Medicaid plan performance. Two such measures include *Timeliness of Prenatal Care* and *HbA1C Poor Control*, as highlighted below.

#### *Timeliness of Prenatal Care*

Having a healthy pregnancy is one of the best ways to promote a healthy birth. Getting early and regular prenatal care improves the chances of a healthy pregnancy.<sup>10</sup> Health education and counseling, vitamin supplements, identification of maternal risk factors, and health promotion must occur early in pregnancy to have the most positive effect on outcome. Without timely and appropriate care, outcomes include loss of pregnancy, low-birth-weight or large-for-gestational-age infants, and neonatal infection.

Over the past 20 years, the percentage of deliveries in NYS that received a prenatal care visit in the first trimester has steadily increased for different types of insurance. Both Commercial HMO and Medicaid managed care met or exceeded national benchmarks. The gap between Commercial HMO and Medicaid has diminished over time.



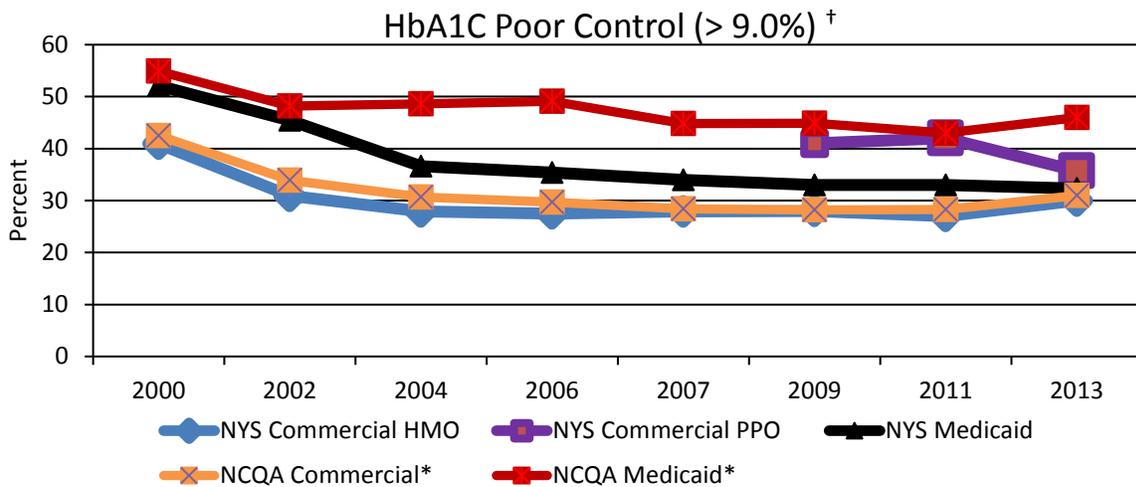
\*National averages for both Commercial and Medicaid plans are based on the annual *State of Healthcare Quality* report from the National Committee for Quality Assurance (NCQA).

<sup>10</sup> National Institute of Child Health and Human Development. 2016. "What is prenatal care and why is it important?" <https://www.nichd.nih.gov/health/topics/pregnancy/conditioninfo/pages/prenatal-care.aspx>.

**HbA1C Poor Control (>9.0%)**

According to federal government data, approximately 1.6 million adult New Yorkers were diagnosed with diabetes annually from 2011-2013. The NYSDOH estimates that another 760,000 New Yorkers have the disease but do not know it. In State Fiscal Year 2013-2014, diabetes-related costs incurred by approximately 460,000 New York Medicaid recipients diagnosed with the disease totaled over \$1.2 billion.<sup>11</sup> However, diabetes is a manageable chronic disease and good health is dependent on early detection and good blood glucose control.

Diabetes care is another area in which the gap between Commercial HMO and Medicaid has narrowed over time. The 20 point decrease in the HbA1C poor control measure for members enrolled in Medicaid with diabetes over the last decade indicates over 33,000 members having better control over their diabetes and avoiding potentially costly complications.



†Low rate is desirable.

\*National averages for both Commercial and Medicaid plans are based on the annual *State of Healthcare Quality* report from the National Committee for Quality Assurance (NCQA).

<sup>11</sup> Office of the State Comptroller. 2015. "Diabetes in New York State". [http://www.osc.state.ny.us/reports/health/diabetes\\_2015.pdf](http://www.osc.state.ny.us/reports/health/diabetes_2015.pdf).

This section presents a comparison of NYS managed care products to national averages. National comparison data is available for Medicaid HMO, Commercial PPO and Medicaid managed care.

Additionally, the section presents new measures and highlights of performance in the area of behavioral health. Quality of care in behavioral health is of particular interest since NYS began transitioning Medicaid behavioral health services from fee-for-service into Managed Care in October of 2015.

### National Benchmark Comparison

NYS has consistently met or exceeded national benchmarks across many measures, especially for Medicaid managed care. Measures of health care quality for children and adolescents, such as immunizations, and weight assessment, and counseling for nutrition and physical activity exceed national averages. NYS managed care plans also surpassed national benchmarks in several women's preventive care measures, such as chlamydia and cervical cancer screening.

The table below summarizes the number of measures that NYS performed better, same or worse than the national benchmarks. For measure details, see the 2015 New York State Health Plan Comparison report ([www.health.ny.gov/health\\_care/managed\\_care/qarrfull/qarr\\_2015/](http://www.health.ny.gov/health_care/managed_care/qarrfull/qarr_2015/)) as well as the Statewide Trends and National Benchmarks in Section 6 of this report.

NYS Statewide Average Compared to National	NYS Better	NYS Same	NYS Worse	Percentage of Measures NYS Same or Better than National Average*
Commercial HMO	31	7	14	73%
Commercial PPO	40	1	11	79%
Medicaid	49	0	3	94%

\*National average is based on 2015 *State of Healthcare Quality* report from the National Committee for Quality Assurance (NCQA).

### Quality of Behavioral Health

#### New Measures

Antipsychotic medications are among the most expensive, high-risk, and fastest growing medication classes for children with mental disorders. There are significant concerns about the safety risks these medications pose to children.<sup>12</sup>

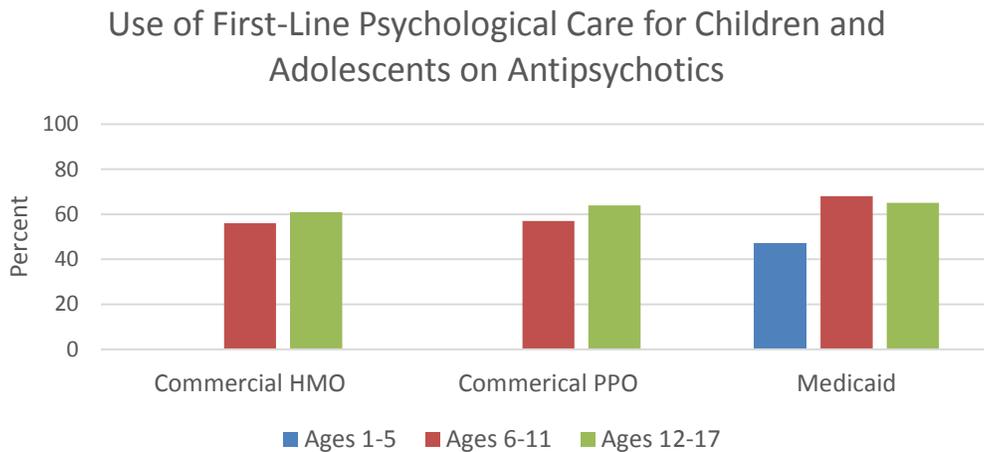
This year, the following measures were added to the HEIDIS® measurement set: Use of First-Line Psychological Care for Children and Adolescents on Antipsychotics; Use of Multiple Concurrent Antipsychotics in Children and Adolescents; and Metabolic Monitoring for Children and Adolescents on Antipsychotics. These new measures help assess specific aspects of the safe

<sup>12</sup> National Committee for Quality Assurance. 2014. "NCQA Updates HEDIS Quality Measures". <http://www.ncqa.org/Newsroom/NewsArchive/2014NewsArchive/NewsReleaseJuly12014.aspx>.

and judicious use of antipsychotics in children and adolescents.<sup>13</sup> Results for first year measures are released in aggregate in this report.

***Use of First-Line Psychological Care for Children and Adolescents on Antipsychotics***

This measure assesses the percentage of children and adolescents ages 1–17 years who had a new prescription for an antipsychotic medication without a primary indication for it, and had documentation of psychosocial care as first-line treatment.<sup>14</sup> This measure encourages use of psychosocial intervention as a first-line treatment for children who do not have a primary indication for antipsychotics.<sup>13</sup>



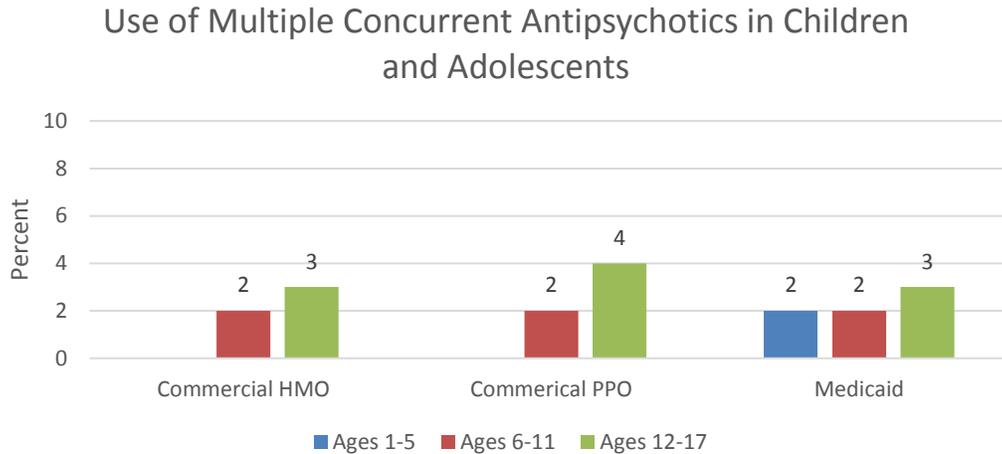
\*Commercial HMO and PPO plans did not have a sufficient sample size to report this measure for the 1–5 age group.

<sup>13</sup> National Committee for Quality Assurance. 2014. "Proposed New Measures for HEDIS®1 2015: Safe and Judicious Antipsychotic Use in Children and Adolescents".  
<http://www.ncqa.org/Portals/0/HomePage/Antipsychotics.pdf>

<sup>14</sup> National Committee for Quality Assurance. 2014. "NCQA Updates HEDIS Quality Measures".  
<http://www.ncqa.org/Newsroom/NewsArchive/2014NewsArchive/NewsReleaseJuly12014.aspx>

***Use of Multiple Concurrent Antipsychotics in Children and Adolescents***

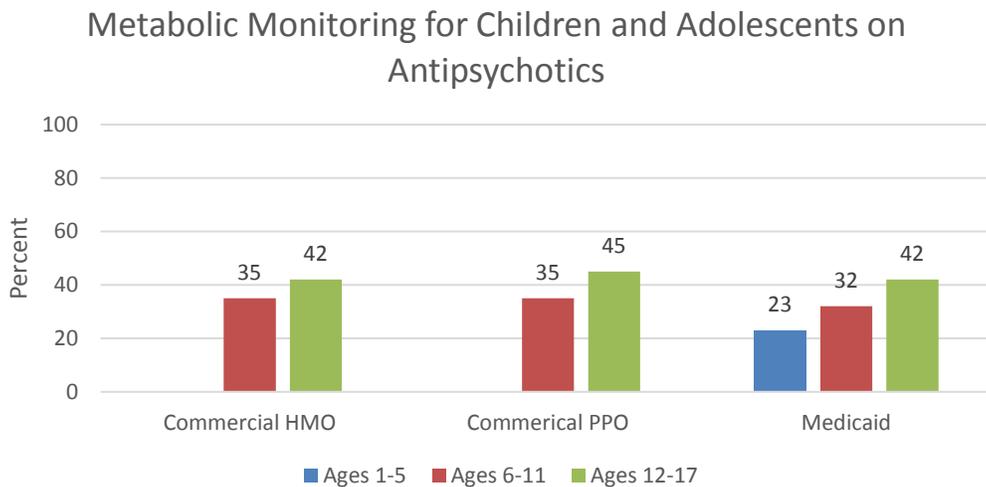
This measure assesses the percentage of children and adolescents ages 1–17 years who were taking two or more antipsychotic medications for an extended period of time.<sup>14</sup> This overuse measure addresses the safety concern of children and adolescents who are on more than one medication concurrently.<sup>13</sup> A lower rate indicates better performance.



\*Commercial HMO and PPO plans did not have a sufficient sample size to report this measure for the 1–5 age group.

***Metabolic Monitoring for Children and Adolescents on Antipsychotics***

This measure assesses the percentage of children and adolescents ages 1–17 years who have ongoing use of antipsychotic medications and had metabolic testing.<sup>12</sup> It addresses the need for continued monitoring for medication side effects.<sup>13</sup>



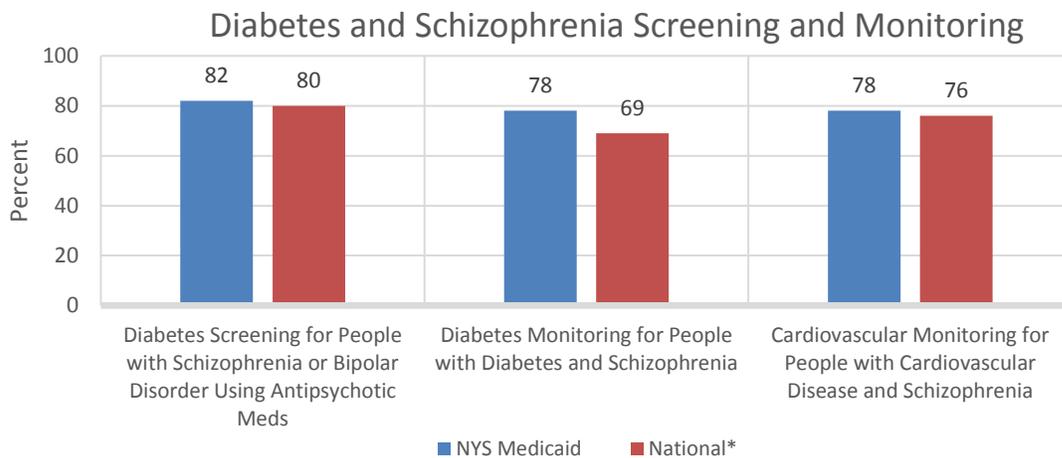
\*Commercial HMO and PPO plans did not have a sufficient sample size to report this measure for the 1–5 age group.

### Highlights in Quality of Care in the Area of Behavioral Health

Mental illness is more than twice as prevalent among Medicaid members as it is in the general population, and approximately 49% of Medicaid members with disabilities have a psychiatric illness.<sup>15</sup> Medicaid finances more than one-quarter of the nation's spending for behavioral health care, making it the largest single source of funding for public mental health services.<sup>16</sup>

### Diabetes Screening and Monitoring for Members with Schizophrenia

Heart disease and diabetes were the leading causes of death in the United States in 2010.<sup>17</sup> Persons with serious mental illness, such as schizophrenia or bipolar disorder, are at increased risk of cardiovascular diseases and diabetes. Lack of appropriate care for diabetes and cardiovascular disease for people with schizophrenia or bipolar disorder can lead to worsening health and death. Addressing the physical health needs of these people improves health and economic outcomes.<sup>18</sup> Medicaid managed care plans reported that 82% of members with schizophrenia or bipolar disorder who were using antipsychotic medications received a diabetes screening test. Of those members with cardiovascular disease and schizophrenia, or diabetes and schizophrenia, on average 78% of members received cardiovascular or diabetes monitoring. For all these measures, NYS outperformed national averages.



\*National average is based on 2015 *State of Healthcare Quality* report from the National Committee for Quality Assurance (NCQA).

### Follow-Up Care for Children Prescribed ADHD Medication

<sup>15</sup> Kaiser Family Foundation. 2014. "Integrating Physical and Behavioral Health Care: Promising Medicaid Models". <http://kff.org/report-section/integrating-physical-and-behavioral-health-care-promising-medicare-models-issue-brief/>

<sup>16</sup> Mental Health Financing in the United States: A Primer, Kaiser Commission on Medicaid and the Uninsured, April 2011. <http://kff.org/medicaid/report/mental-health-financing-in-the-united-states/>

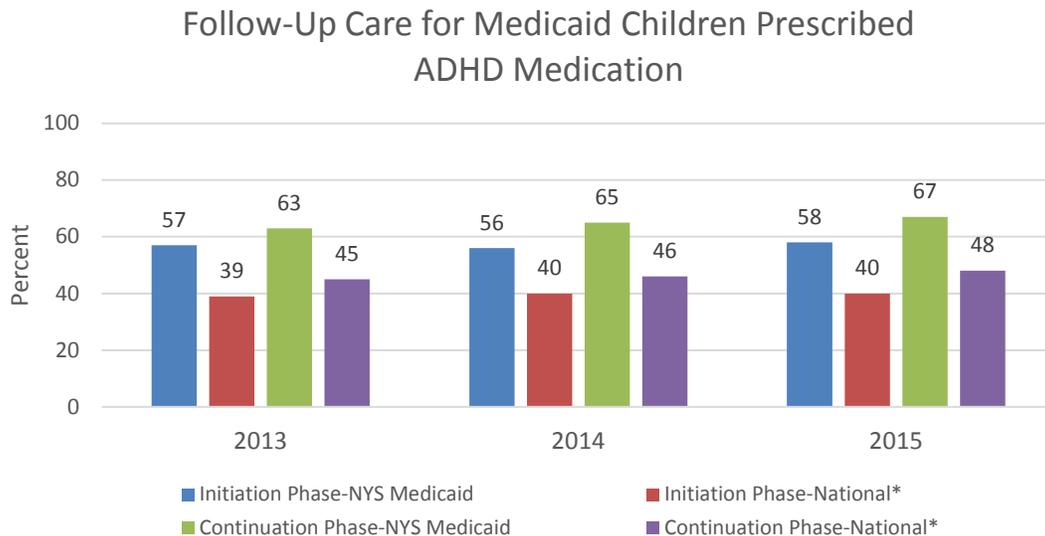
<sup>17</sup> Morbidity and Mortality Weekly Report. 2013. "Deaths: Final Data for 2010".

<sup>18</sup> National Center for Quality Assurance. "Diabetes and Cardiovascular Disease Screening and Monitoring for People with Schizophrenia or Bipolar Disorder".

<https://www.ncqa.org/ReportCards/HealthPlans/StateofHealthCareQuality/2015TableofContents/Schizophrenia.aspx>

Attention-deficit/hyperactivity disorder (ADHD) is one of the most common mental disorders affecting children. Ten percent of American children have been diagnosed with ADHD, whose main features are hyperactivity, impulsiveness, and an inability to sustain attention or concentration.<sup>19, 20</sup> Children with ADHD add a high annual cost to the U.S. education system—on average, \$5,000 each year for each student with ADHD.<sup>21</sup> Studies suggest that there is an increased risk for drug use disorders in adolescents with untreated ADHD.<sup>22</sup> When managed appropriately, medication for ADHD can control symptoms of hyperactivity, impulsiveness, and inability to sustain concentration. To ensure that medication is prescribed and managed correctly, it is important that children be monitored by their physician.<sup>23</sup>

The two rates of this measure assess follow-up care for children prescribed an ADHD medication, during the 30-day Initiation Phase, and within the 270-day Continuation Phase after the Initiation Phase ended. Medicaid managed care plans in NYS have continuously outperformed national average by more than 15% for both rates.



\*National average is based on *State of Healthcare Quality* reports from the National Committee for Quality Assurance (NCQA).

<sup>19</sup> Bloom, B., L.I. Jones, G. 2012. Freeman. Summary health statistics for U.S. children: National Health Interview Survey. Vital Health Statistics 10: 1-81. U.S. Department of Health & Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Health Interview Statistics, 2013.

<sup>20</sup> The American Psychiatric Association. 2012. Children’s Mental Health. <http://www.psychiatry.org/mental-health/people/children>. (June 1, 2014)

<sup>21</sup> Robb, J.A., M.H. Sibley, W.E. Pelham, Jr., M.E. Foster, B.S.G. Molina, E.M. Gnagy, A.B. Kuriyan. 2011. The Estimated Annual Cost of ADHD to the US Education System. *School Mental Health* 3.3: 169-77.

<sup>22</sup> National Institute on Drug Abuse. 2011. Comorbidity: Addiction and Other Mental Illnesses. <http://www.drugabuse.gov/publications/research-reports/comorbidity-addiction-other-mental-illnesses/how-common-are-comorbid-drug-use-other-mental-diso> (September 6, 2010)

<sup>23</sup> <http://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality/2015-table-of-contents/adhd>

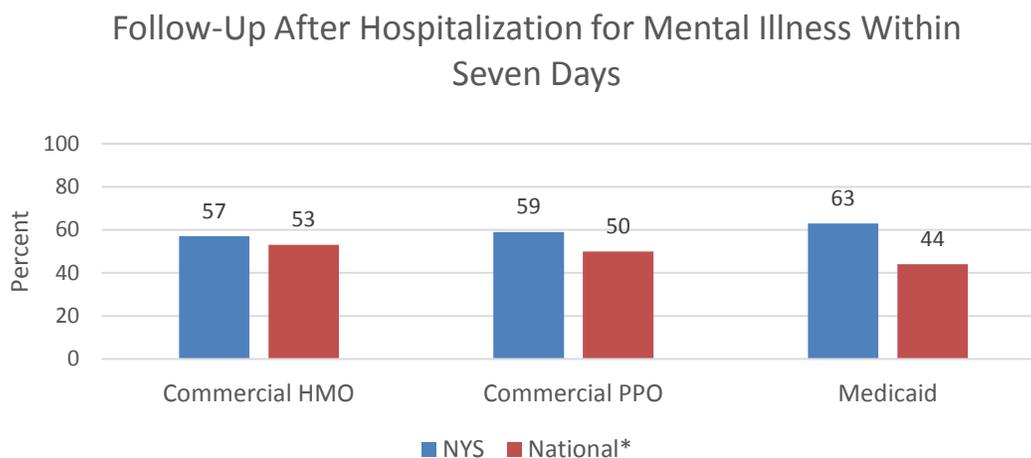
Although we have seen high quality of care delivered to NYS managed care members in many areas, there remain opportunities for improvement across measures with lower rates of performance, performance gaps between Commercial and Medicaid managed care members, and gaps between NYS and national average.

### Behavioral Health

#### ***Follow-Up After Hospitalization for Mental Illness Within Seven Days***

This measure examines the percentage of discharges for people six years of age and older who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner. The measure separately identifies the percentage of people who received follow-up within seven days and 30 days of discharge. The rate for follow-up after hospitalization for mental illness within seven days is examined here.

While NYS consistently performs above the national rate, there is need for improvement. Only 57% of Commercial HMO, 59% of Commercial PPO, and 63% of Medicaid members received follow-up care within seven days after hospitalization for mental illness. Follow-up care is important to engage patients in care that helps recovery and reinforces medication adherence.



\*National average is based on *2015 State of Healthcare Quality* report from the National Committee for Quality Assurance (NCQA).

#### Interventions for consideration:

- Hospital discharge planners should consider collaborating with mental health practitioners to schedule follow-up appointments for patients within seven days after discharge.
- Primary care practitioners should consider integrating both mental and physical health for certain patients where applicable by engaging with their mental health practitioners.
- Care coordinators and case managers from the health plans should help people with serious mental illness better coordinate their appointments.
- Plans and practices should reach out to patients post discharge.

### Care for Respiratory Conditions

Asthma remains a major public health concern--ranking within the top ten prevalent conditions causing limitation of activity. It is estimated that asthma costs our nation \$56 billion in health care annually. One in every 10 adults and one in every 10 children currently have asthma in NYS.<sup>24</sup>

Health plans in New York collect measures that evaluate the use of controller medications for children and adults with persistent asthma. These medications are used to prevent asthma attacks from occurring, and these measures provide information about the dispensing and use of these medications. Only half of all Medicaid children with persistent asthma received appropriate controller medications, which clearly indicates an opportunity for better medication management of this disease. There is a noticeable performance gap between Commercial and Medicaid managed care.

#### ***Asthma Medication Ratio (AMR)***

This measure examines the percentage of members with persistent asthma and who have had at least one reliever or controller medication, who have had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year. Medicaid managed care plans reported a rate of 61% for members ages 5-18, and 53% for members ages 19-64. This is significantly lower than Commercial plans.

#### ***Medication Management of Asthma***

This measure examines the percentage of members with persistent asthma and who were dispensed appropriate medications that they remained on during the treatment period. Two rates are reported separately identifying the percentage of members who remained on an asthma controller medication for at least 50% and 75% of their treatment period.

On average, Commercial HMO and PPO plans performed several percentage points higher than Medicaid managed care members, and adults had higher rates than children.

	Ages 5-18			Ages 19-64		
	Commercial HMO	Commercial PPO	Medicaid	Commercial HMO	Commercial PPO	Medicaid
Asthma Medication Ratio	80	81	61	76	77	53
Medication Management of Asthma – 50%	55	58	50	69	71	66
Medication Management of Asthma – 75%	33	33	24	45	48	41

<sup>24</sup> New York State Department of Health. 2013. New York State Asthma Surveillance Summary Report. [https://www.health.ny.gov/statistics/ny\\_asthma/pdf/2013\\_asthma\\_surveillance\\_summary\\_report.pdf](https://www.health.ny.gov/statistics/ny_asthma/pdf/2013_asthma_surveillance_summary_report.pdf).

Interventions for consideration:

- Health plans should monitor: 1) asthma medication fills for members, and 2) prescribing practices among health care providers.
- Health care providers need to complete an individual asthma action plan with all patients who have asthma.
- Schools and childcare settings need updated, individual asthma action plans, and medication administration authorization forms on file for students and children with asthma.
- Health plans need to identify possible factors that might cause the performance gap between Commercial and Medicaid product and target the root causes to eliminate the gap.

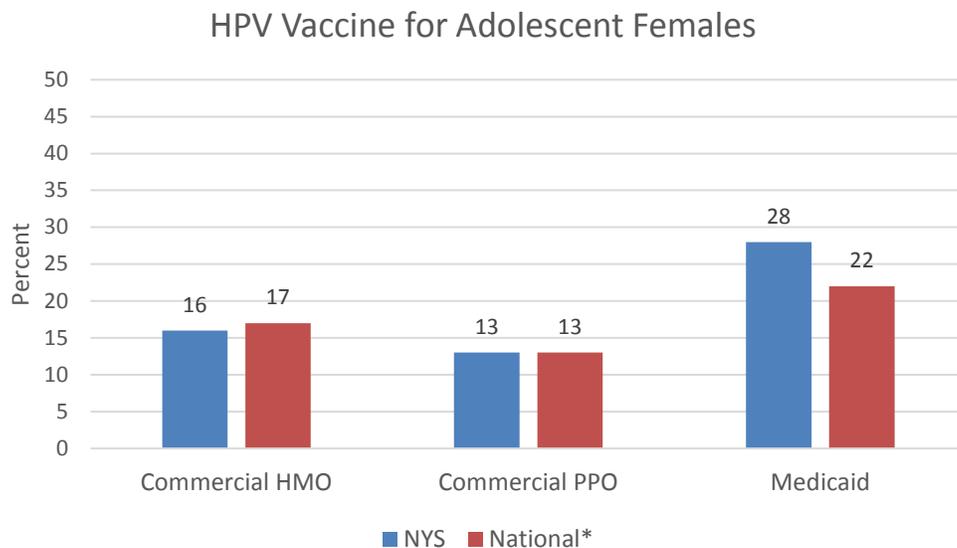
### Child and Adolescent Care

#### **Human Papillomavirus Vaccine for Female Adolescents**

The Human Papillomavirus (HPV) Vaccine protects against cancers caused by HPV, a sexually transmitted infection (STI). Approximately one in four people are infected with HPV in the United States, and it is most common in young people in their late teens and early 20s. HPV can cause a variety of cancers in both women and men.<sup>25</sup>

Among female adolescents who reached the age of 13 years during the 2014 measurement year, less than 30% across all products received the HPV vaccination. Medicaid plans reported an average that was higher than the national (28% vs. 22%), while Commercial HMO plans reported an average that was higher than the national (16% vs. 17%), and Commercial PPO plans reported an average of 13% (compared to 13% nationally).

Greater vaccination coverage for HPV could result in a reduction of cervical cancer deaths, as well as a decreased need for medical care, biopsies, and invasive procedures associated with follow-up from abnormal Pap tests.<sup>26</sup>



\*National average is based on *2015 State of Healthcare Quality* report from the National Committee for Quality Assurance (NCQA).

<sup>25</sup> Centers for Disease Control and Prevention. 2015. "HPV Vaccines: Vaccinating Your Preeteen or Teen". <http://www.cdc.gov/hpv/parents/vaccine.html>

<sup>26</sup> National Cancer Institute. 2009. Human Papillomavirus (HPV) Vaccines: Questions and Answers. <http://www.cancer.gov/cancertopics/factsheet/prevention/hpv-vaccine>

Managed care plan performance and related data are available electronically. All reports described below are available on the Department's website at [http://www.health.ny.gov/health\\_care/managed\\_care/reports/](http://www.health.ny.gov/health_care/managed_care/reports/).

### eQARR

**Looking for detailed health plan performance information?** Detailed information on the performance of health plans contributing to this report is available on the Department's website at [http://www.health.ny.gov/health\\_care/managed\\_care/reports/](http://www.health.ny.gov/health_care/managed_care/reports/) as an interactive report card for health care consumers. eQARR consists of web pages with results for related measures presented in tables. The tables are categorized by domains of adult health, behavioral health, care for children and adolescents, provider network, satisfaction, and women's health. Commercial HMO, Commercial PPO, and Medicaid data are all available on eQARR. A pdf version of eQARR, Health Plan Comparison Report, is also available at the website.

### Consumer Guides

**Looking to choose a health plan?** The Consumer's Guides to Managed Care contain summarized information on quality and satisfaction ratings in a condensed, user-friendly format for people evaluating the quality of health plans. Guides are available for six regions of the state: New York City, Long Island, Hudson Valley, Northeast, Central, and Western New York. Guides for Medicaid, Commercial HMO, and Commercial PPO enrollees can all be obtained free of charge at the Department's website.

### Health Plan Service Use in New York State

**Looking for utilization information?** The 2015 Health Plan Service Use in New York State Report presents additional information on access and utilization of certain services. Acute inpatient utilization, potentially preventable hospitalization, and readmission data are contained in this report. This report includes data on Commercial HMO, Commercial PPO, Medicaid and Child Health Plus members' access to care for children and adults, use of hospitals and ERs, rates of various surgical procedures, and rates of antibiotic utilization.

### Healthcare Disparities in Medicaid Managed Care

**Looking for disparities in healthcare quality?** This report provides information about variation in quality of care received by select demographic characteristics such as gender, age, race/ethnicity, aid category, mental health status, and region. The report contains Medicaid managed care and Child Health Plus data only.

### Feedback

We welcome suggestions and comments on this publication. Please contact us at:  
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Corning Tower, Room 1938, Empire State Plaza, Albany, New York 12237  
Telephone: (518) 486-9012 Fax: (518) 486-6098  
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Tables presenting New York’s performance over time are presented here in this section of the report. Because of changes in some measure specifications (e.g., comparing high blood pressure), not all measures can be compared over time. Use caution when referring to the tables. When available, Commercial and Medicaid benchmarks are obtained from the NCQA’s State of Healthcare Quality Report, available online at <http://www.ncqa.org>. Benchmarks are not available for NYS specific measures. There are currently no available national benchmarks for HIV Special Needs Plan health plans.

## Section 6:

## State Trends and National Benchmarks

	Measure	2012	2013	2014	National
Provider Network	Board Certified Family Medicine	79	79	79	--
	Board Certified Internal Medicine	79	78	79	--
	Board Certified OB/GYN	77	78	80	--
	Board Certified Pediatrics	81	81	82	--
	Satisfaction with Provider Communication	94	94	96	95
	Satisfaction with Personal Doctor	83	84	84	85
	Satisfaction with Specialist	83	82	83	84
Child and Adolescent Health	Childhood Immunization - Combo 3	Rotated	74	Rotated	77
	Lead Testing	Rotated	78	Rotated	--
	Adolescent Immunization - Tdap/Td	88	95	Rotated	--
	Adolescent Immunization - HPV	10	15	16	17
	Adolescent Immunization - Combo	65	72	Rotated	68
	Non-Recommended Cervical Cancer Screening in Adolescent Females	--	7	4	3
	Well-Child & Preventive Care Visits in First 15 Months of Life (5+ Visits)	92	91	92	--
	Well-Child & Preventive Care Visits in 3rd, 4th, 5th & 6th Year of Life	84	85	85	76
	Adolescent Well - Care Visits	61	61	61	46
	Appropriate Treatment for Upper Respiratory Infection (URI)	89	89	91	87
	Appropriate Testing for Pharyngitis	87	87	87	82
	Follow-Up Care for Children Prescribed ADHD Medication - Initiation Phase	46	44	42	38
	Follow-Up Care for Children Prescribed ADHD Medication - Continuation Phase	50	49	44	47
	BMI Percentile Assessment	Rotated	72	Rotated	58
	Counseling for Nutrition	Rotated	75	Rotated	57
	Counseling for Physical Activity	Rotated	68	Rotated	54
	Adolescent Preventive Care - Actions Associated with Sexual Activity	Rotated	54	Rotated	--
	Adolescent Preventive Care - Depression	Rotated	48	Rotated	--
	Adolescent Preventive Care - Tobacco Use	Rotated	64	Rotated	--
	Adolescent Preventive Care - Alcohol and Drug Use	Rotated	59	Rotated	--
	Use of Appropriate Medications for People with Asthma (Ages 5-18)	92	94	93	--
	Asthma Medication Ratio (ages 5-18)	74	83	80	--
	Medication Management for People with Asthma - 50% Days Covered (Ages 5-18)	52	57	55	--
Medication Management for People with Asthma - 75% Days Covered (Ages 5-18)	29	33	33	--	

## COMMERCIAL HMO STATEWIDE RATES, 2012-2014, COMPARED TO 2014 NATIONAL RATES

	Measure	2012	2013	2014	National
Women's Health	Breast Cancer Screening	70	74	74	74
	Chlamydia Screening (Ages 16-20)	57	54	53	42
	Chlamydia Screening (Ages 21-24)	63	61	60	52
	Prenatal Care in the First Trimester	85	NA	87	--
	Timeliness of Prenatal Care	89	Rotated	89	88
	Postpartum Care	75	Rotated	75	77
	Risk-Adjusted Low Birthweight (LBW)	5	NA	5	--
	Cervical Cancer Screening	78	81	80	76
	Risk-Adjusted Primary Cesarean Delivery	25	NA	24	--
	Vaginal Birth After Cesarean Section (VBAC)	8	NA	12	--
Adult Health	Use of Imaging Studies for Low Back Pain	77	78	78	75
	Colorectal Cancer Screening	Rotated	64	Rotated	63
	Avoidance of Antibiotics Therapy in Adults with Acute Bronchitis	23	24	24	28
	Advising Smokers to Quit	81	84	84	77
	Discussing Smoking Cessation Medications	57	56	57	52
	Discussing Smoking Cessation Strategies	51	49	50	47
	Adult BMI Assessment	70	78	Rotated	76
	Aspirin Use	45	45	44	44
	Flu Shot for Adults	53	49	52	50
	Persistence of Beta-Blocker Treatment	85	85	84	84
	Drug Therapy for Rheumatoid Arthritis	84	86	86	88
	Controlling High Blood Pressure	59	Rotated	64	64
	Annual Monitoring for Patients on Persistent Medications - ACE Inhibitors/ARBs	84	84	84	83
	Annual Monitoring for Patients on Persistent Medications - Digoxin	84	85	37	44
	Annual Monitoring for Patients on Persistent Medications - Diuretics	83	83	84	83
	Annual Monitoring for Patients on Persistent Medications - Anticonvulsant	57	59	Rotated	--
	Annual Monitoring for Patients on Persistent Medications - Combined Rate	83	83	84	83
	Use of Spirometry Testing in the Assessment and Diagnosis of COPD	53	52	49	43
	Pharmacotherapy Management of COPD Exacerbation - Corticosteroid	72	76	76	75
	Pharmacotherapy Management of COPD Exacerbation - Bronchodilator	79	79	79	81
	Comprehensive Diabetes Care - HbA1c Screening	Rotated	90	Rotated	90
	Comprehensive Diabetes Care - LDL Cholesterol Screening	Rotated	87	Rotated	85
	Comprehensive Diabetes Care - Eye Exams	Rotated	56	Rotated	56
	Comprehensive Diabetes Care - Monitoring Nephropathy	Rotated	82	Rotated	85
	Comprehensive Diabetes Care - Poor HbA1c Control	Rotated	30	Rotated	31
	Comprehensive Diabetes Care - Received All Tests	--	45	Rotated	--
	Comprehensive Diabetes Care - HbA1c Control (<8.0%)	Rotated	61	Rotated	59
	Comprehensive Diabetes Care - HbA1c Control for Selected Populations (<7.0%)	Rotated	44	Rotated	40
	Comprehensive Diabetes Care - Lipids Controlled (LDL-C <100 mg/dL)	Rotated	45	Rotated	47

## COMMERCIAL HMO STATEWIDE RATES, 2012-2014, COMPARED TO 2014 NATIONAL RATES

	Measure	2012	2013	2014	National
Adult Health	Comprehensive Diabetes Care - Blood Pressure Controlled (<140/90 mm Hg)	Rotated	65	Rotated	65
	Comprehensive Diabetes Care - HbA1c and Lipids Controlled	--	38	Rotated	--
	Use of Appropriate Medications for People with Asthma (Ages 19-64)	89	90	89	--
	Asthma Medication Ratio (Ages 19-64)	76	78	76	--
	Medication Management for People with Asthma 50% Days Covered (Ages 19-64)	70	70	69	--
	Medication Management for People with Asthma 75% Days Covered (Ages 19-64)	47	46	45	--
Behavioral Health	Antidepressant Medication Management - Effective Acute Phase Treatment	68	64	64	66
	Antidepressant Medication Management - Effective Continuation Phase Treatment	55	49	48	50
	Follow-Up After Hospitalization for Mental Illness Within 7 Days	64	56	57	53
	Follow-Up After Hospitalization for Mental Illness Within 30 Days	78	72	72	71
Satisfaction With Care	Getting Care Needed	87	88	88	87
	Getting Care Quickly	87	87	88	86
	Claims Processing	85	85	89	89
	Plan Information on Cost	62	64	67	--
	Customer Service	86	86	88	88
	Rating of Health Plan	63	66	67	66
	Shared Decision Making	73	47	80	--
	Care Coordination	80	83	84	--
	Wellness Discussion	76	77	77	--
	Rating of Overall Health Care	76	78	78	78

## Section 6:

## State Trends and National Benchmarks

### COMMERCIAL PPO STATEWIDE RATES, 2012-2014, COMPARED TO 2014 NATIONAL RATES

	Measure	2012	2013	2014	National
<i>Provider Network</i>	Board Certified Family Medicine	78	77	77	--
	Board Certified Internal Medicine	79	78	79	--
	Board Certified OB/GYN	78	78	79	--
	Board Certified Pediatrics	82	80	81	--
	Satisfaction with Provider Communication	95	95	95	96
	Satisfaction with Personal Doctor	84	85	84	85
	Satisfaction with Specialist	83	83	84	84
<i>Child and Adolescent Health</i>	Childhood Immunization Combo 3	Rotated	68	Rotated	69
	Lead Testing	Rotated	75	Rotated	--
	Adolescent Immunization - Meningococcal	65	66	Rotated	76
	Adolescent Immunization - Tdap/Td	86	90	Rotated	76
	Adolescent Immunization - Combo	62	64	Rotated	58
	Adolescent Immunization - HPV	10	9	13	13
	Non-Recommended Cervical Cancer Screening in Adolescent Females	--	7	6	4
	Well-Child & Preventive Care Visits in First 15 Months of Life (5+ Visits)	90	90	90	--
	Well-Child & Preventive Care Visits in 3rd, 4th, 5th & 6th Year of Life	79	83	84	72
	Adolescent Well - Care Visits	53	58	59	41
	Appropriate Treatment for Upper Respiratory Infection (URI)	89	91	92	85
	Appropriate Testing for Pharyngitis	86	88	89	80
	Follow-Up Care for Children Prescribed ADHD Medication - Initiation Phase	44	47	44	37
	Follow-Up Care for Children Prescribed ADHD Medication - Continuation Phase	50	52	50	44
	BMI Percentile Assessment	Rotated	60	Rotated	33
	Counseling for Nutrition	Rotated	64	Rotated	36
	Counseling for Physical Activity	Rotated	58	Rotated	34
	Adolescent Preventive Care - Actions Associated with Sexual Activity	Rotated	43	Rotated	--
	Adolescent Preventive Care - Depression	Rotated	33	Rotated	--
	Adolescent Preventive Care - Tobacco Use	Rotated	49	Rotated	--
	Adolescent Preventive Care - Alcohol and Drug Use	Rotated	46	Rotated	--
	Use of Appropriate Medications for People with Asthma (Ages 5-18)	93	94	94	--
	Asthma Medication Ratio (Ages 5-18)	77	83	81	--
	Medication Management for People with Asthma 50% Days Covered (Ages 5-18)	56	61	58	--
	Medication Management for People with Asthma 75% Days Covered (Ages 5-18)	32	36	33	--

## Section 6:

## State Trends and National Benchmarks

### COMMERCIAL PPO STATEWIDE RATES, 2012-2014, COMPARED TO 2014 NATIONAL RATES

	Measure	2012	2013	2014	National
<i>Women's Health</i>	Breast Cancer Screening	67	65	66	70
	Cervical Cancer Screening	77	79	80	74
	Chlamydia Screening (Ages 16-20)	52	57	59	38
	Chlamydia Screening (Ages 21-24)	60	66	66	47
	Timeliness of Prenatal Care	90	Rotated	89	80
	Prenatal Care in the First Trimester	86	NA	89	87
	Postpartum Care	73	Rotated	69	68
	Risk-Adjusted Low Birthweight (LBW)	5	NA	5	5
	Risk-Adjusted Primary Cesarean Delivery	25	NA	25	25
	Vaginal Birth After Cesarean Section (VBAC)	9	NA	8	9
<i>Adult Health</i>	Use of Imaging Studies for Low Back Pain	75	76	76	75
	Colorectal Cancer Screening	Rotated	64	Rotated	57
	Aspirin Use	47	45	41	44
	Avoidance of Antibiotics Therapy in Adults with Acute Bronchitis	26	29	26	26
	Advising Smokers to Quit	77	80	76	71
	Discussing Smoking Cessation Medications	53	54	49	44
	Discussing Smoking Cessation Strategies	48	52	47	38
	Adult BMI Assessment	55	63	Rotated	41
	Flu Shot for Adults (18-64)	54	55	48	48
	Controlling High Blood Pressure	57	Rotated	55	57
	Persistence of Beta-Blocker Treatment	83	84	87	82
	Drug Therapy for Rheumatoid Arthritis	81	81	85	87
	Annual Monitoring for Patients on Persistent Medications - ACE Inhibitors/ARBs	82	85	84	81
	Annual Monitoring for Patients on Persistent Medications - Digoxin	82	86	38	38
	Annual Monitoring for Patients on Persistent Medications - Diuretics	82	84	83	80
	Annual Monitoring for Patients on Persistent Medications - Combined Rate	81	84	84	80
	Annual Monitoring for Patients on Persistent Medications - Anticonvulsant	59	59	Rotated	--
	Use of Spirometry Testing in the Assessment and Diagnosis of COPD	53	54	57	41
	Pharmacotherapy Management of COPD Exacerbation- Corticosteroid	72	70	75	73
	Pharmacotherapy Management of COPD Exacerbation- Bronchodilator	79	77	79	78
	Comprehensive Diabetes Care - HbA1c Testing	Rotated	88	Rotated	87
	Comprehensive Diabetes Care - LDL Cholesterol Screening	Rotated	86	Rotated	81
	Comprehensive Diabetes Care - Eye Exams	Rotated	53	Rotated	47
	Comprehensive Diabetes Care - Monitoring Nephropathy	Rotated	77	Rotated	79

## Section 6:

## State Trends and National Benchmarks

### COMMERCIAL PPO STATEWIDE RATES, 2012-2014, COMPARED TO 2014 NATIONAL RATES

	Measure	2012	2013	2014	National
Adult Health	Comprehensive Diabetes Care - Received All Tests	Rotated	40	Rotated	--
	Comprehensive Diabetes Care - Poor HbA1c Control	Rotated	36	Rotated	38
	Comprehensive Diabetes Care - HbA1c Control (<8.0%)	Rotated	56	Rotated	53
	Comprehensive Diabetes Care - HbA1c Control for Selected Populations (<7.0%)	Rotated	39	Rotated	32
	Comprehensive Diabetes Care - Lipids Controlled (LDL-C <100 mg/dL)	Rotated	44	Rotated	41
	Comprehensive Diabetes Care - Blood Pressure Controlled (<140/90 mm Hg)	Rotated	60	Rotated	59
	Comprehensive Diabetes Care - HbA1c and Lipids Controlled	Rotated	37	Rotated	--
	Use of Appropriate Medications for People with Asthma (Ages 19-64)	90	90	91	--
	Asthma Medication Ratio (Ages 19-64)	77	77	77	--
	Medication Management for People with Asthma 50% Days Covered (Ages 19-64)	71	74	71	--
	Medication Management for People with Asthma 75% Days Covered (Ages 19-64)	48	52	48	--
Behavioral Health	Follow-Up After Hospitalization for Mental Illness Within 7 Days	58	59	59	50
	Follow-Up After Hospitalization for Mental Illness Within 30 Days	71	73	73	69
	Antidepressant Medication Management - Effective Acute Phase Treatment	70	67	69	66
	Antidepressant Medication Management - Effective Continuation Phase Treatment	56	53	55	51
Satisfaction with Care	Getting Care Needed	87	86	87	88
	Getting Care Quickly	86	86	84	86
	Claims Processing	84	86	86	88
	Plan Information on Cost	57	57	58	--
	Customer Service	86	85	83	86
	Rating of Health Plan	60	65	61	60
	Shared Decision Making	74	48	79	--
	Care Coordination	81	79	80	--
	Wellness Discussion	75	77	74	--
Rating of Overall Health Care	76	77	75	77	

## Section 6:

## State Trends and National Benchmarks

### MEDICAID STATEWIDE RATES, 2012-2014, COMPARED TO 2014 NATIONAL RATES

	Measure	2012	2013	2014	National
<i>Provider Network</i>	Board Certified Family Medicine	78	78	77	--
	Board Certified Internal Medicine	80	78	77	--
	Board Certified OB/GYN	74	78	75	--
	Board Certified Pediatrics	81	80	80	--
	Satisfaction with Provider Communication	Rotated	89	Rotated	89
	Satisfaction with Personal Doctor	Rotated	78	Rotated	79
	Satisfaction with Specialist	Rotated	76	Rotated	80
<i>Child and Adolescent Health</i>	Childhood Immunization Combo 3	Rotated	73	Rotated	71
	Lead Testing	Rotated	87	Rotated	66
	Annual Dental Visit (Ages 2-18)	57	61	60	--
	Adolescent Immunization - Meningococcal	72	73	Rotated	73
	Adolescent Immunization - Tdap/Td	92	93	Rotated	84
	Adolescent Immunization - Combo	69	72	Rotated	70
	Adolescent Immunization - HPV	26	27	28	22
	Non-Recommended Cervical Cancer Screening in Adolescent Females	--	5	4	4
	Well-Child & Preventive Care Visits in First 15 Months of Life (5+ Visits)	83	82	81	--
	Well-Child & Preventive Care Visits in 3rd, 4th, 5th & 6th Year of Life	82	83	84	72
	Adolescent Well-Care Visits	59	64	65	50
	Appropriate Treatment for Upper Respiratory Infection (URI)	93	92	93	87
	Appropriate Testing for Pharyngitis	87	87	88	70
	Follow-Up Care for Children Prescribed ADHD Medication - Initiation Phase	57	56	51	40
	Follow-Up Care for Children Prescribed ADHD Medication - Continuation Phase	63	65	60	48
	BMI Percentile Assessment	Rotated	75	Rotated	57
	Counseling for Nutrition	Rotated	77	Rotated	59
	Counseling for Physical Activity	Rotated	68	Rotated	51
	Adolescent Preventive Care - Actions Associated with Sexual Activity	Rotated	69	Rotated	--
	Adolescent Preventive Care - Depression	Rotated	61	Rotated	--
Adolescent Preventive Care - Tobacco Use	Rotated	74	Rotated	--	
Adolescent Preventive Care - Alcohol and Drug Use	Rotated	70	Rotated	--	

## Section 6:

## State Trends and National Benchmarks

### MEDICAID STATEWIDE RATES, 2012-2014, COMPARED TO 2014 NATIONAL RATES

	Measure	2012	2013	2014	National
<b>Women's Health</b>	Breast Cancer Screening	68	72	71	59
	Cervical Cancer Screening	71	75	75	60
	Chlamydia Screening (Ages 16-20)	71	71	71	51
	Chlamydia Screening (Ages 21-24)	73	74	74	60
	Prenatal Care in the First Trimester	72	NA	72	74
	Timeliness of Prenatal Care	88	Rotated	88	82
	Frequency of Ongoing Prenatal Care	70	Rotated	70	55
	Postpartum Care	70	Rotated	69	62
	Risk-Adjusted Low Birthweight (LBW)	7	NA	7	6
	Risk-Adjusted Primary Cesarean Delivery	16	NA	15	16
	Vaginal Birth After Cesarean Section (VBAC)	15	NA	12	16
	<b>Adult Health</b>	Use of Imaging Studies for Low Back Pain	78	77	77
Colorectal Cancer Screening		Rotated	59	Rotated	--
Avoidance of Antibiotics Therapy in Adults with Acute Bronchitis		24	26	28	29
Flu Shot for Adults		Rotated	44	Rotated	--
Adult BMI Assessment		79	85	Rotated	76
Advising Smokers to Quit		Rotated	78	Rotated	76
Discussing Smoking Cessation Medications		Rotated	56	Rotated	47
Discussing Smoking Cessation Strategies		Rotated	47	Rotated	42
Persistence of Beta-Blocker Treatment		81	85	86	83
Drug Therapy for Rheumatoid Arthritis		78	79	81	70
Annual Monitoring for Patients on Persistent Medications - ACE Inhibitors/ARBs		92	92	92	87
Annual Monitoring for Patients on Persistent Medications - Digoxin		93	93	54	54
Annual Monitoring for Patients on Persistent Medications - Diuretics		91	91	91	87
Annual Monitoring for Patients on Persistent Medications - Combined Rate		90	91	92	87
Annual Monitoring for Patients on Persistent Medications - Anticonvulsant		68	67	Rotated	--
Use of Spirometry Testing in the Assessment and Diagnosis of COPD		53	51	53	31
Pharmacotherapy Management of COPD Exacerbation - Corticosteroid		72	75	75	65
Pharmacotherapy Management of COPD Exacerbation - Bronchodilator		88	88	88	79
Controlling High Blood Pressure		63	Rotated	65	57
HIV/AIDS Comprehensive Care - Engaged in Care		83	82	81	--
HIV/AIDS Comprehensive Care - Viral Load Monitoring		72	70	71	--
HIV/AIDS Comprehensive Care - Syphilis Screening		71	71	73	--
Annual Dental Visit (Ages 19-21)		44	44	43	32

## Section 6:

## State Trends and National Benchmarks

### MEDICAID STATEWIDE RATES, 2012-2014, COMPARED TO 2014 NATIONAL RATES

	Measure	2012	2013	2014	National
Adult Health	Comprehensive Diabetes Care - HbA1c Testing	Rotated	89	Rotated	84
	Comprehensive Diabetes Care - LDL Cholesterol Screening	Rotated	87	Rotated	76
	Comprehensive Diabetes Care - Eye Exams	Rotated	63	Rotated	54
	Comprehensive Diabetes Care - Monitoring Nephropathy	Rotated	83	Rotated	79
	Comprehensive Diabetes Care - Received All Tests	Rotated	51	Rotated	--
	Comprehensive Diabetes Care - Poor HbA1c Control	Rotated	32	Rotated	46
	Comprehensive Diabetes Care - HbA1c Control (<8.0%)	Rotated	57	Rotated	45
	Comprehensive Diabetes Care - HbA1c Control for Selected Populations (<7.0%)	Rotated	41	Rotated	34
	Comprehensive Diabetes Care - Lipids Controlled (LDL-C <100 mg/dL)	Rotated	43	Rotated	34
	Comprehensive Diabetes Care - Blood Pressure Controlled (<140/90 mm Hg)	Rotated	69	Rotated	60
	Comprehensive Diabetes Care - HbA1c and Lipids Controlled	Rotated	35	Rotated	--
	Use of Appropriate Medications for People with Asthma (Ages 19-64)	82	80	78	--
	Asthma Medication Ratio (Ages 19-64)	55	59	53	--
	Medication Management for People with Asthma 50% Days Covered (Ages 19-64)	68	68	66	--
	Medication Management for People with Asthma 75% Days Covered (Ages 19-64)	43	45	41	--
Behavioral Health	Antidepressant Medication Management - Effective Acute Phase Treatment	53	50	50	52
	Antidepressant Medication Management - Effective Continuation Phase Treatment	37	35	35	37
	Follow-Up After Hospitalization for Mental Illness Within 7 Days	65	63	63	44
	Follow-Up After Hospitalization for Mental Illness Within 30 Days	79	78	78	63
	Adherence to Antipsychotic Medications for Individuals with Schizophrenia	64	63	61	60
	Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia	82	82	78	76
	Diabetes Screening for People with Schizophrenia or Bipolar Disorder Using Antipsychotic Meds	79	82	82	80
	Diabetes Monitoring for People with Diabetes and Schizophrenia	75	77	78	69
Satisfaction with Access and Experience with Care	Getting Care Needed	Rotated	78	Rotated	80
	Getting Care Quickly	Rotated	78	Rotated	81
	Customer Service	Rotated	82	Rotated	87
	Rating of Health Plan	Rotated	76	Rotated	75
	Shared Decision Making	Rotated	48	Rotated	51
	Care Coordination	Rotated	78	Rotated	--
	Wellness Discussion	Rotated	71	Rotated	--
	Rating of Overall Health Care	Rotated	71	Rotated	71
	Getting Needed Counseling or Treatment	Rotated	70	Rotated	--
	Rating of Counseling or Treatment	Rotated	61	Rotated	--

## Section 6:

## State Trends and National Benchmarks

### MEDICAID STATEWIDE RATES, 2012-2014, COMPARED TO 2014 NATIONAL RATES

	Measure	2012	2013	2014	National
<i>Satisfaction with Access and Experience to Care Children</i>	Getting Care Needed for Children	78	Rotated	83	--
	Getting Care Quickly for Children	86	Rotated	87	--
	Access to Specialized Services for Children	71	Rotated	76	--
	Access to Prescription Medicines for Children	90	Rotated	92	--
	Customer Service for Children	85	Rotated	82	--
	Rating of Health Plan for Children	82	Rotated	83	--
	Shared Decision Making for Children	87	Rotated	53	--
	Coordination of Care for Children with Chronic Conditions	74	Rotated	74	--
	Rating of Overall Healthcare for Children	83	Rotated	85	--
	Satisfaction with Personal Doctor for Children	89	Rotated	89	--
	Satisfaction with Specialist for Children	78	Rotated	81	--
	Satisfaction with Provider Communication for Children	93	Rotated	93	--
	Family-Centered Care - Personal Doctor Who Knows Child	88	Rotated	88	--

## Section 6:

## State Trends and National Benchmarks

### HIV SNP STATEWIDE RATES, 2012-2014

	Measure	2012	2013	2014
Provider Network	Board Certified Family Medicine	60	57	53
	Board Certified Internal Medicine	62	69	67
	Board Certified OB/GYN	58	55	52
	Board Certified Pediatrics	61	64	63
	Satisfaction with Provider Communication	Rotated	94	Rotated
	Satisfaction with Personal Doctor	Rotated	90	Rotated
	Satisfaction with Specialist	Rotated	74	Rotated
Women's Health	Breast Cancer Screening	69	74	70
	Cervical Cancer Screening	81	81	82
	Chlamydia Screening (Ages 16-20)	63	69	76
	Chlamydia Screening (Ages 21-24)	76	76	80
	Timeliness of Prenatal Care	79	Rotated	69
	Postpartum Care	79	Rotated	69
	Frequency of Ongoing Prenatal Care	63	Rotated	45
Adult Health	Use of Imaging Studies for Low Back Pain	84	74	74
	Colorectal Cancer Screening	Rotated	59	Rotated
	Adult BMI Assessment	77	84	84
	Flu Shot for Adults	Rotated	75	Rotated
	Advising Smokers to Quit	Rotated	93	Rotated
	Discussing Smoking Cessation Medications	Rotated	79	Rotated
	Discussing Smoking Cessation Strategies	Rotated	75	Rotated
	Controlling High Blood Pressure	66	Rotated	54
	Annual Monitoring for Patients on Persistent Medications - ACE Inhibitors/ARBs	99	99	99
	Annual Monitoring for Patients on Persistent Medications - Diuretics	99	99	99
	Annual Monitoring for Patients on Persistent Medications - Combined Rate	98	98	99
	Use of Spirometry Testing in the Assessment and Diagnosis of COPD	22	24	23
	Pharmacotherapy Management of COPD Exacerbation - Corticosteroid	65	69	64
	Pharmacotherapy Management of COPD Exacerbation - Bronchodilator	91	94	91
	HIV/AIDS Comprehensive Care - Engaged in Care	89	89	85
	HIV/AIDS Comprehensive Care - Viral Load Monitoring	81	81	80
HIV/AIDS Comprehensive Care - Syphilis Screening	81	82	83	

## Section 6:

## State Trends and National Benchmarks

### HIV SNP STATEWIDE RATES, 2012-2014

	Measure	2012	2013	2014
Adult Health	Comprehensive Diabetes Care - HbA1c Testing	Rotated	93	Rotated
	Comprehensive Diabetes Care - LDL Cholesterol Screening/Lipid Profile	Rotated	94	Rotated
	Comprehensive Diabetes Care - Eye Exams/Dilated Eye Exam	Rotated	42	Rotated
	Comprehensive Diabetes Care - Monitoring Nephropathy	Rotated	79	Rotated
	Comprehensive Diabetes Care - Received All Tests	--	33	Rotated
	Comprehensive Diabetes Care - Poor HbA1c Control	Rotated	35	Rotated
	Comprehensive Diabetes Care - HbA1c Control (<8.0%)	Rotated	58	Rotated
	Comprehensive Diabetes Care - HbA1c Control for Selected Populations (<7.0%)	Rotated	50	Rotated
	Comprehensive Diabetes Care - Lipids Controlled (LDL-C <100 mg/dL)	Rotated	44	Rotated
	Comprehensive Diabetes Care - 10. Blood pressure controlled (<140/90 mm Hg)	Rotated	63	Rotated
	Use of Appropriate Medications for People with Asthma (Ages 19-64)	66	64	57
	Asthma Medication Ratio (Ages 19-64)	39	41	32
	Medication Management for People with Asthma 50% Days Covered (Ages 19-64)	80	80	78
	Medication Management for People with Asthma 75% Days Covered (Ages 19-64)	61	63	59
Behavioral Health	Antidepressant Medication Management - Effective Acute Phase Treatment	49	54	52
	Antidepressant Medication Management - Effective Continuation Phase Treatment	36	40	38
	Follow-Up After Hospitalization for Mental Illness Within 7 Days	37	40	43
	Follow-Up After Hospitalization for Mental Illness Within 30 Days	51	58	61
	Adherence to Antipsychotic Medications for Individuals with Schizophrenia	60	58	57
	Diabetes Screening for People with Schizophrenia or Bipolar Disorder Using Antipsychotic Meds	99	99	99
	Diabetes Monitoring for People with Diabetes and Schizophrenia	87	85	89
Access to Care	Getting Care Needed	Rotated	80	Rotated
	Getting Care Quickly	Rotated	84	Rotated
	Customer Service	Rotated	81	Rotated
	Rating of Health Plan	Rotated	75	Rotated
	Shared Decision Making	Rotated	61	Rotated
	Care Coordination	Rotated	87	Rotated
	Wellness Discussion	Rotated	88	Rotated
	Rating of Overall Health Care	Rotated	79	Rotated
	Getting Needed Counseling or Treatment	Rotated	76	Rotated
	Rating of Counseling or Treatment	Rotated	66	Rotated