

2012 NEW YORK STATE

# Demographic Variation in Medicaid Managed Care

A REPORT ON VARIATION IN QUALITY , ACCESS TO CARE, AND CONSUMER  
SATISFACTION IN MEDICAID MANAGED CARE



State of New York  
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# Table of Contents

<b>Executive Summary</b>	<b>3</b>
<b>Section 1. Overview</b>	<b>5</b>
<b>Section 2. Managing Preventive Care and Acute Illnesses in Adults</b>	<b>6</b>
<b>Section 3. Managing Cardiovascular Conditions</b>	<b>10</b>
<b>Section 4. Managing Respiratory Conditions</b>	<b>14</b>
<b>Section 5. Managing Diabetes</b>	<b>18</b>
<b>Section 6. Managing Medications</b>	<b>22</b>
<b>Section 7. HIV/AIDS Comprehensive Care</b>	<b>25</b>
<b>Section 8. Behavioral Health</b>	<b>28</b>
<b>Section 9. Child Preventive Care</b>	<b>31</b>
<b>Section 10. Caring for Children and Adolescents with Illnesses</b>	<b>35</b>
<b>Section 11. Preventive Counseling for Children and Adolescents</b>	<b>40</b>
<b>Section 12. Preventive Care for Women</b>	<b>44</b>
<b>Section 13. Satisfaction with Care</b>	<b>48</b>
<b>Section 14. Geographic Variation</b>	<b>52</b>
<b>Section 15. Technical Notes</b>	<b>56</b>

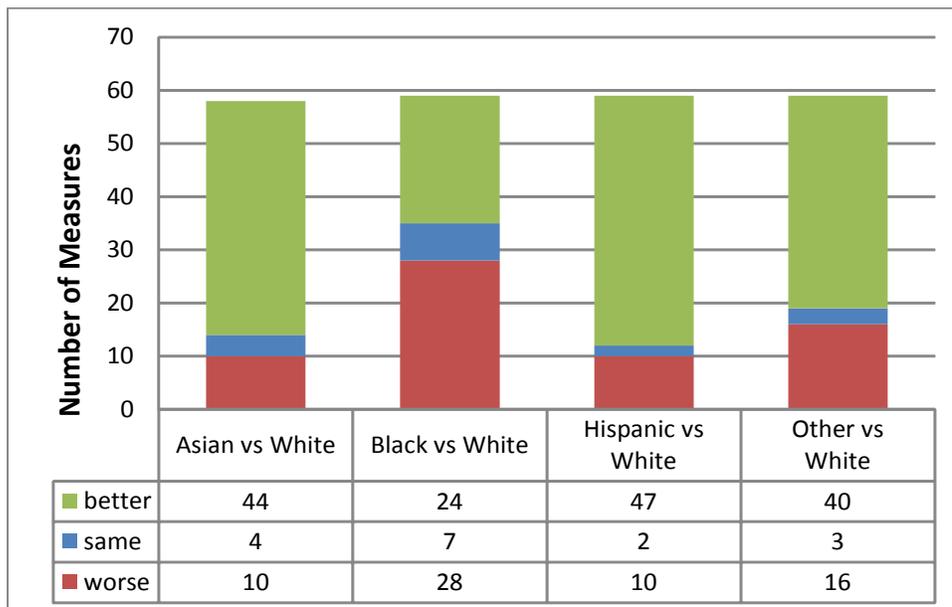
## Executive Summary

Medicaid managed care plans in New York State provided health insurance coverage to over 4 million people in 2012, two thirds of whom resided in New York City. The New York State Medicaid managed care program has an extremely diverse population. The purpose of this report is to examine the quality of care by various demographic characteristics to identify areas where disparities exist, and to document how these disparities may have changed over time.

Health disparities for the purpose of this report refer to the differences in performance between selected population characteristics in New York's Medicaid managed care including: gender, age, race/ethnicity, Medicaid aid category, and geographic location.

Many studies have revealed that racial and ethnic minorities, and persons of lower socioeconomic status often face more barriers to care and receive poorer quality of care. The results in this report show similar differences in selected performance measures among enrollees in Medicaid managed care when comparing Blacks to Whites (figure 1); however, among other racial and ethnic minorities performance was the same or better than Whites for the majority of the 59 measures (excluding satisfaction measures) in this report.

**Figure 1. Number of all quality measures for which members of selected racial categories experienced better, same, or worse quality of care as compared to Whites (N=59 measures, 58 measures for Asian due to insufficient data)**



While the sole focus of this report is not on racial and ethnic disparities in care, the size and diversity of the New York's Medicaid managed care population warrant highlighting these findings. (Among all New York's Medicaid managed care enrollees, 12% were Asian, 21% were Black, 26% were White, 32% were Hispanic and 8% were members of other races). This same comparison of the number of measures and overall performance by race and ethnicity is also presented at the end of each section of the report to aid in the better understanding of where opportunities for improvement exist.

Other highlights from this year's report show that

- Quality of care overall has improved from 2009 to 2011, but disparities still persist across several demographic groups on selected measures.
- Females received more preventive care while males were treated more appropriately for acute bronchitis.
- Females were more successful in controlling high blood pressure, but less successful in controlling cholesterol level.
- Asian and Hispanic members were better in managing cardiovascular, respiratory and diabetes conditions than whites. Blacks were worse than Whites for these services, particularly cardiovascular.
- For those who were hospitalized for a mental illness, females had better follow up after hospitalization than males.
- The opposite was true for those diagnosed with depression, and more males than females remained on medications.
- Adults ages 45-64 received better care than 18-44 in all the domains.
- For children less than 18, girls received more preventive care and had higher rates of receiving counseling for sexual health, depression, tobacco use and substance use while boys had higher rates of counseling for BMI, nutrition and physical activity.
- Women in New York City had higher rates of breast cancer, cervical cancer and chlamydia screenings than other regions, but had lower rates of prenatal care.

The goal of this report is to measure the quality of care by various demographic characteristics, and not to fully explain why these differences exist. Measuring the quality of care, and the ability to measure disparities in care is an important first step to a better understanding of the underlying factors that drive differences in care among certain populations within Medicaid managed care. More work is being done to identify the key driving factors behind why certain health disparities exist in this population.

## Introduction

As a means to monitor managed care plan performance and improve the quality of care provided to New York State residents, the New York State Department of Health (NYSDOH) implemented a public reporting system in 1994 known as the Quality Assurance Reporting Requirements (QARR). QARR is largely based on measures of quality developed and published by the National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS®). The managed care plans are required to submit to the NYSDOH quality performance data each year. These data are published annually in the New York State Managed Care Plan Performance Report, eQARR and additional reports and consumer guides in hard copy and on the NYSDOH web site: [http://www.health.ny.gov/health\\_care/managed\\_care/reports/](http://www.health.ny.gov/health_care/managed_care/reports/).

This report is an addition to the QARR-related reports and examines Medicaid managed care performance by various member demographic characteristics. Results include measures encompassing several domains of care from behavioral to cardiovascular health. To allow for the addition of new measures, yet not increase the time and costs necessary for plans to complete QARR, the NYSDOH does not require plans to submit all measures every year. The measures which were rotated and not collected as part of the 2012 QARR measurement set (2011 reporting year) include Adult BMI Assessment, Controlling High Blood Pressure, HPV for Female Adolescents, Prenatal and Postpartum Care, Frequency of Ongoing Prenatal Care. Rates displayed for these measures are based upon services delivered during 2010.

## Methods

**Demographic Characteristics:** Demographic information analyzed in this report includes a member's sex, age, race/ethnicity, Medicaid aid category, and region of residence. The characteristics are extracted from Medicaid member profile and linked to QARR member-level file for reporting.

**Trends:** Graphs showing selected measure-specific performance over time by gender group are presented at the end of each section. Due to changes in measure specifications, and the addition of new measures, not all measures can be compared over time. We included only those measures with at least three years of available data.

**Maps:** For measures with adequate numbers of members we included county-specific rates and neighborhood-specific rates for New York City residents.

More detailed information on how this report was compiled can be found on the technical notes section in page 57.

## Managing Preventive Care and Acute Illnesses in Adults

Measure	Description
Annual Dental Visit	The percentage of members , ages 19 to 21, who had at least one dental visit within the last year.
Adult BMI Assessment	The percentage of members , ages 18 to 74, who had an outpatient visit and who had their body mass index (BMI) documented during the measurement year or the year prior the measurement year.
Use of Imaging Studies for Low Back Pain	The percentage of members, ages 18 to 50, with low back pain who did not have an imaging study (X-ray, MRI, CT scan).
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	The percentage of members, ages 18 to 64, with acute bronchitis who did not receive a prescription for antibiotics. A higher score indicates more appropriate treatment.

Demographics	Adult BMI Assessment**	Annual Dental Visit (Ages 19-21)
<b>Gender</b>		
Female	71	48
Male	67	38
<b>Age</b>		
18-44	68	43
45-64	72	NA
65+	71	NA
<b>Race</b>		
Asian	76	41
Black	67	37
Hispanic	72	45
Other	71	41
White	65	47
<b>Aid Category</b>		
Family Health Plus	70	44
Safety Net	70	43
SSI	67	34
TANF	71	44
<b>Region</b>		
Central	52	43
Hudson Valley	66	48
Long Island	64	43
New York City	72	43
Northeast	72	46
Western	59	40
<b>Statewide</b>	<b>70</b>	<b>43</b>

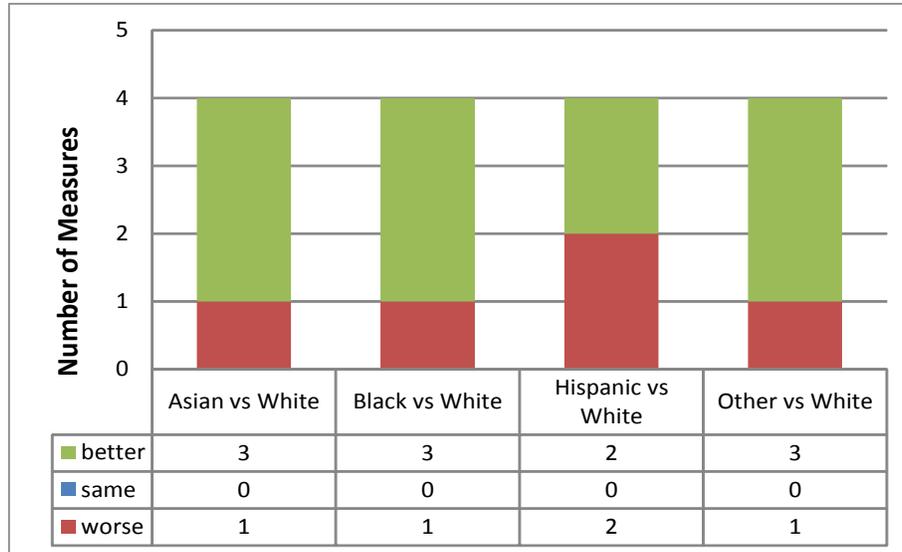
### Notes

NA Age range not applicable to this measure.

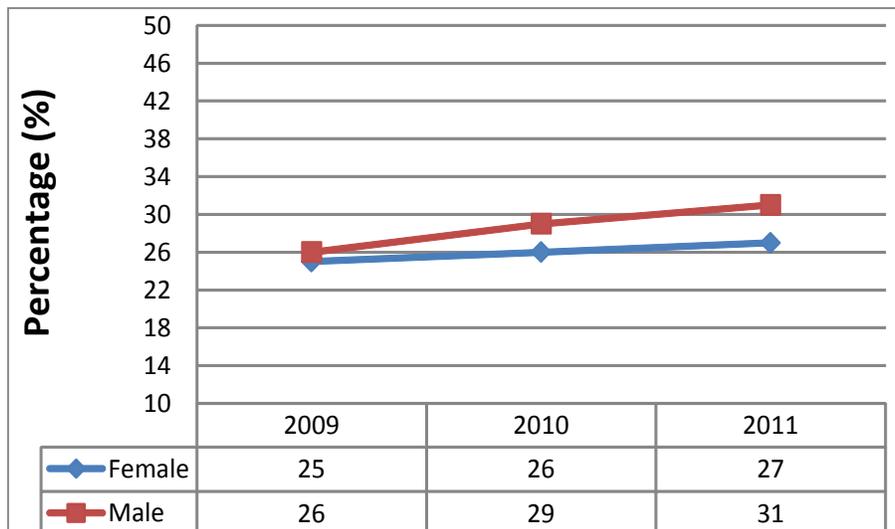
\*\* Rotated measure. Data is from 2010

Demographics		Use of Imaging Studies for Low Back Pain	Avoidance of Antibiotic Therapy in Adults with Acute Bronchitis
<b>Gender</b>			
	Female	79	27
	Male	77	31
<b>Age</b>			
	18-44	79	27
	45-64	78	29
<b>Race</b>			
	Asian	83	38
	Black	80	27
	Hispanic	78	24
	Other	80	29
	White	75	25
<b>Aid Category</b>			
	Family Health Plus	78	29
	Safety Net	80	31
	SSI	79	24
	TANF	78	25
<b>Region</b>			
	Central	70	21
	Hudson Valley	74	20
	Long Island	73	28
	New York City	81	31
	Northeast	73	19
	Western	77	24
<b>Statewide</b>		<b>79</b>	<b>28</b>

### Overall Performance of the Four Measures in the Domain by Race Ethnicity, 2011



### Avoidance of Antibiotic Therapy in Adults with Acute Bronchitis by Gender, 2009-2011



## Managing Cardiovascular Conditions in Adults

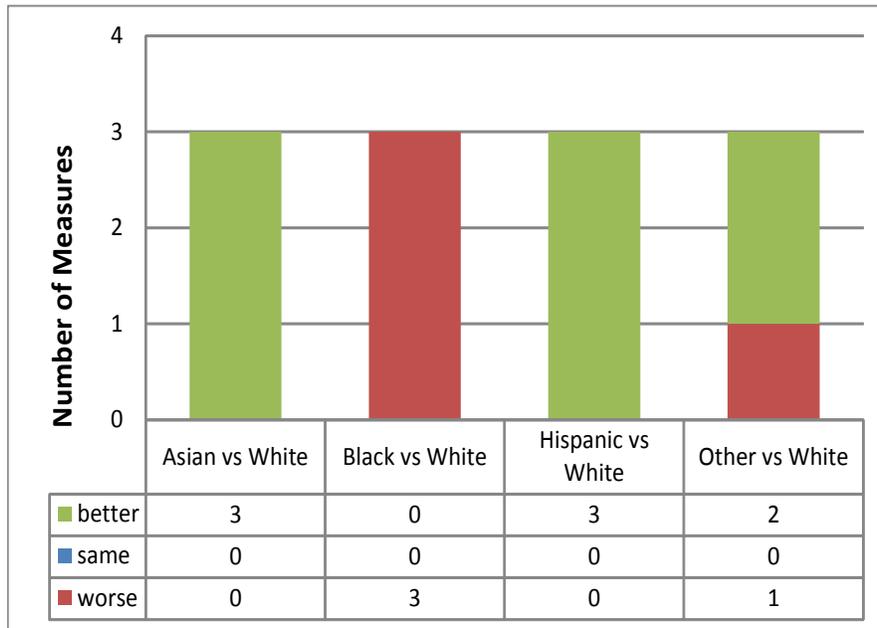
Measure	Description
Controlling High Blood Pressure	The percentage of members, ages 18 to 85 years, who have hypertension and whose blood pressure is controlled (below 140/90).
Cholesterol for Patients with Cardiovascular Conditions	<p>The percentage of members, ages 18 to 75 years, with a cardiovascular condition, who had LDL-C screening performed and whose LDL-C levels were in control (&lt; 100mg/dL).</p> <ol style="list-style-type: none"><li data-bbox="672 695 1518 772">1. Cholesterol Screening Test: The percentage of members who had a cholesterol screening test.</li><li data-bbox="672 772 1518 884">2. Cholesterol Level Controlled (LDL-C &lt; 100mg/dL): The percentage of members who had a cholesterol level LDL-C result of &lt; 100mg/dL.</li></ol>

Demographics	Cholesterol Management After Cardiovascular Event		
	Controlling High Blood Pressure**	Cholesterol Screening Test	Cholesterol Level Controlled (<100 mg/dL)
Gender			
Female	68	90	49
Male	65	90	56
Age			
18-44	61	79	43
45-64	68	91	53
65 +	71	92	59
Race			
Asian	74	94	60
Black	59	87	48
Hispanic	69	90	53
Other	66	90	54
White	68	89	50
Aid Category			
Family Health Plus	69	90	51
Safety Net	67	91	54
SSI	69	89	52
TANF	63	89	48
Region			
Central	66	84	49
Hudson Valley	69	91	57
Long Island	72	85	47
New York City	67	91	52
Northeast	69	85	55
Western	61	84	54
<b>Statewide</b>	<b>67</b>	<b>90</b>	<b>52</b>

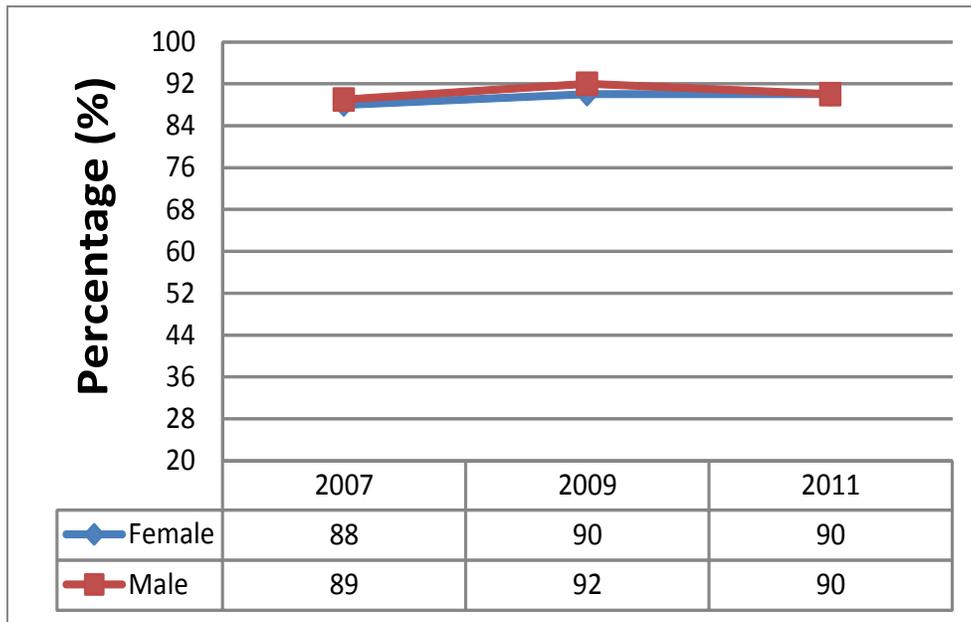
### Notes

\*\* Rotated measure. Data is from 2010.

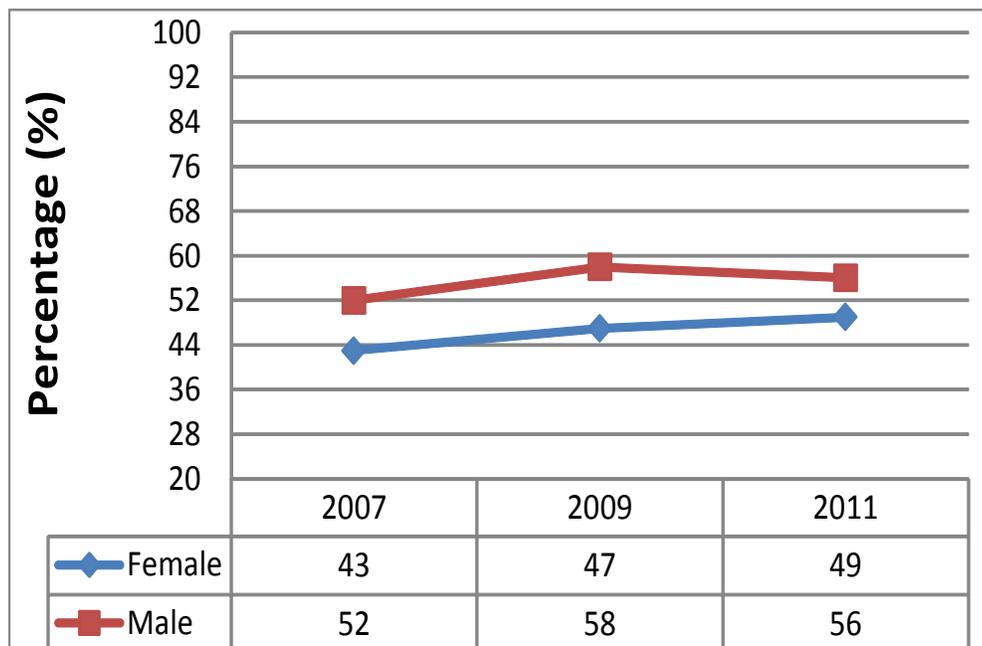
### Overall Performance of the Three Measures in the Domain by Race Ethnicity, 2011



### Cholesterol Management after Cardiovascular Event: Cholesterol Screening by Gender, 2007-2011



### Cholesterol Management After Cardiovascular Event: Cholesterol Level Controlled by Gender, 2007-2011



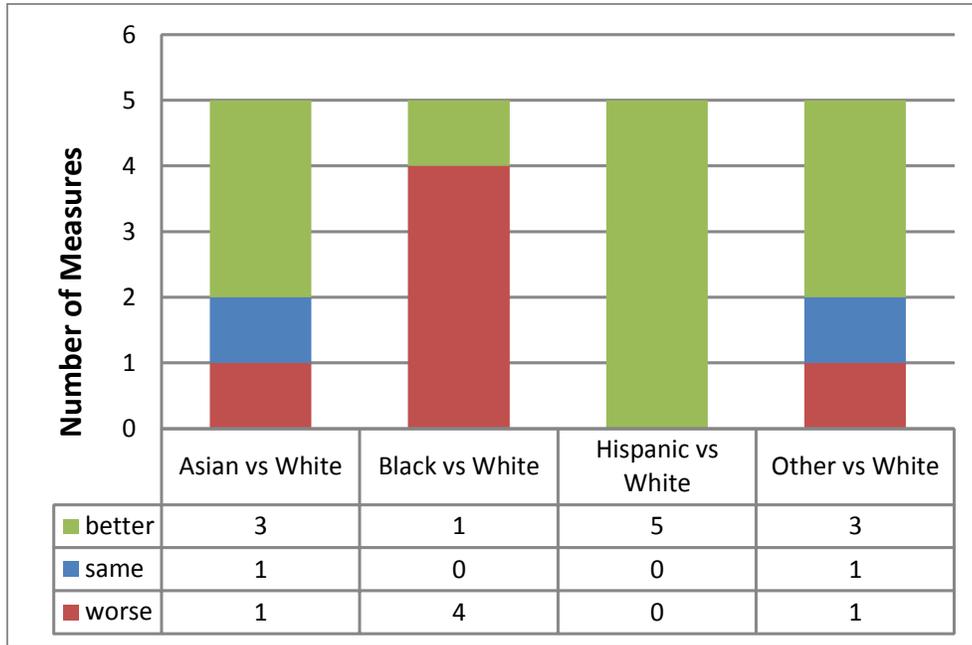
## Managing Respiratory Conditions in Adults

Measure	Description
Use of Appropriate Medications for People with Asthma Ages 12-50	The percentage of members, ages 12 to 50 years, with persistent asthma who received appropriate medication to control their condition.
Use of Appropriate Asthma Medications or People with Asthma Ages 12-50 3+ Controllers	The percentage of members, ages 12 to 50, with persistent asthma who had three or more controller medication dispensing events in the last year.
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	The percentage of members ages 40 and older with a new diagnosis of COPD who received spirometry testing to confirm the diagnosis.
Pharmacotherapy Management of COPD Exacerbation	The percentage of times that members ages 40 and older who have had an acute inpatient discharge or ED visit for COPD and received the two recommended types of medications to manage the exacerbation. This measure is presented as two separate rates.
1) Corticosteroid Rate	The percentage of instances when the member was prescribed a systemic corticosteroid within 14 days of the event.
2) Bronchodilator Rate	The percentage of instances when the member was prescribed a bronchodilator within 30 days of the event.

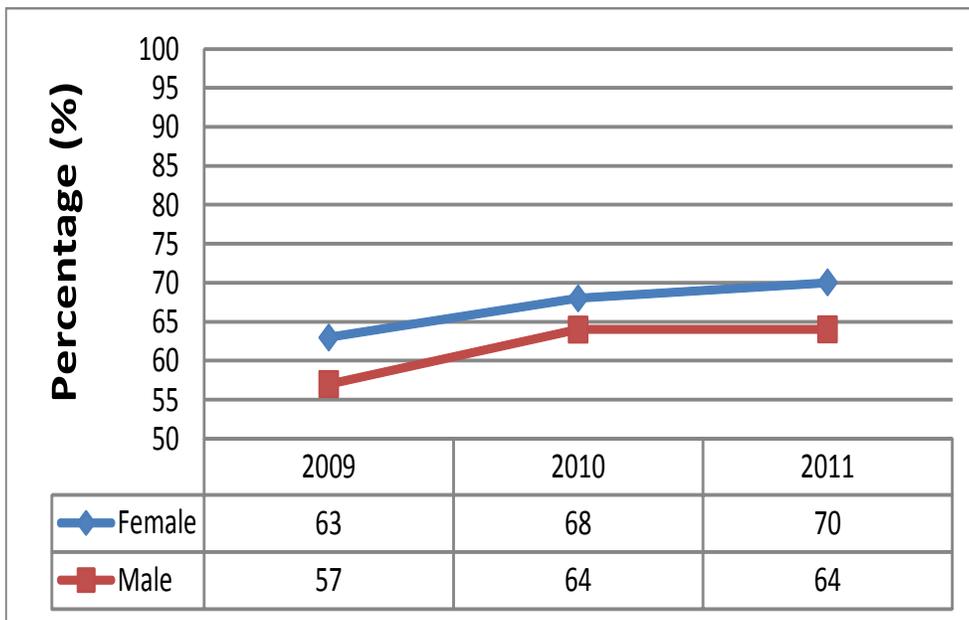
Demographics		Use of Appropriate Medications for People with Asthma (Ages 12-50)	Use of Appropriate Asthma Medications for People with Asthma (Ages 12-50) 3+ Controllers
<b>Gender</b>			
	Female	85	71
	Male	85	71
<b>Age</b>			
	12-17	87	70
	18-44	84	70
	45+	85	77
<b>Race</b>			
	Asian	92	80
	Black	83	66
	Hispanic	86	72
	Other	86	73
	White	84	70
<b>Aid Category</b>			
	Family Health Plus	87	74
	Safety Net	85	73
	SSI	84	72
	TANF	85	69
<b>Region</b>			
	Central	85	70
	Hudson Valley	84	68
	Long Island	87	72
	New York City	86	72
	Northeast	82	67
	Western	85	68
<b>Statewide</b>		<b>85</b>	<b>71</b>

Demographics	Use of Spirometry Testing in the Assessment and Diagnosis of COPD	Pharmacotherapy Management of COPD Exacerbation	
		Corticosteroid	Bronchodilator
<b>Gender</b>			
Female	50	70	86
Male	50	64	82
<b>Age</b>			
18-44	50	66	76
45+	50	68	85
<b>Race</b>			
Asian	62	57	82
Black	45	65	88
Hispanic	52	70	88
Other	47	66	83
White	47	68	82
<b>Aid Category</b>			
Family Health Plus	58	73	82
Safety Net	55	66	79
SSI	45	68	87
TANF	50	68	79
<b>Region</b>			
Central	37	64	80
Hudson Valley	46	67	83
Long Island	58	66	83
New York City	53	67	88
Northeast	30	75	84
Western	42	69	81
<b>Statewide</b>	<b>50</b>	<b>68</b>	<b>84</b>

### Overall Performance of the Five Measures in the Domain by Race Ethnicity, 2011



### Pharmacotherapy Management of COPD Exacerbation Corticosteroid by Gender, 2009-2011



## Managing Diabetes

Measure	Description
Comprehensive Diabetes Care	This measure reports components of care for members with diabetes and the rate at which they received necessary components of diabetes care. Measures presented here are grouped into monitoring diabetes and diabetes outcomes.
Monitoring Diabetes:	
1) HbA1c Testing	The percentage of members with diabetes who received a Hemoglobin A1c (HbA1c) test within the past year.
2) Lipid Profile	The percentage of members with diabetes who had a cholesterol test done over the past year.
3) Dilated Eye Exam	The percentage of members with diabetes who had a retinal eye screening exam over the last two years.
4) Nephropathy Monitoring	The percentage of members with diabetes who were screened or monitored for kidney damage.
5) Received All Tests	The percentage of members with diabetes who had all four screening tests. This measure is calculated for Medicaid members only.
Diabetes Outcomes:	
1) Poor HbA1c Control	The percentage of members with diabetes whose most recent HbA1c level indicated poor control ( >9.0 percent). A low rate is desirable for this measure.
2) Lipids Controlled	The percentage of members with diabetes whose level of bad cholesterol was in control (LDL-C <100 mg/dL).
3) Blood Pressure Controlled	The percentage of members with diabetes whose blood pressure is controlled (below 140/90 mmHg).
4) HbA1c and Lipids Controlled	The percentage of members who had a HbA1c level at or below 9.0 percent and whose level of bad cholesterol was in control (LDL-C <100 mg/dL).

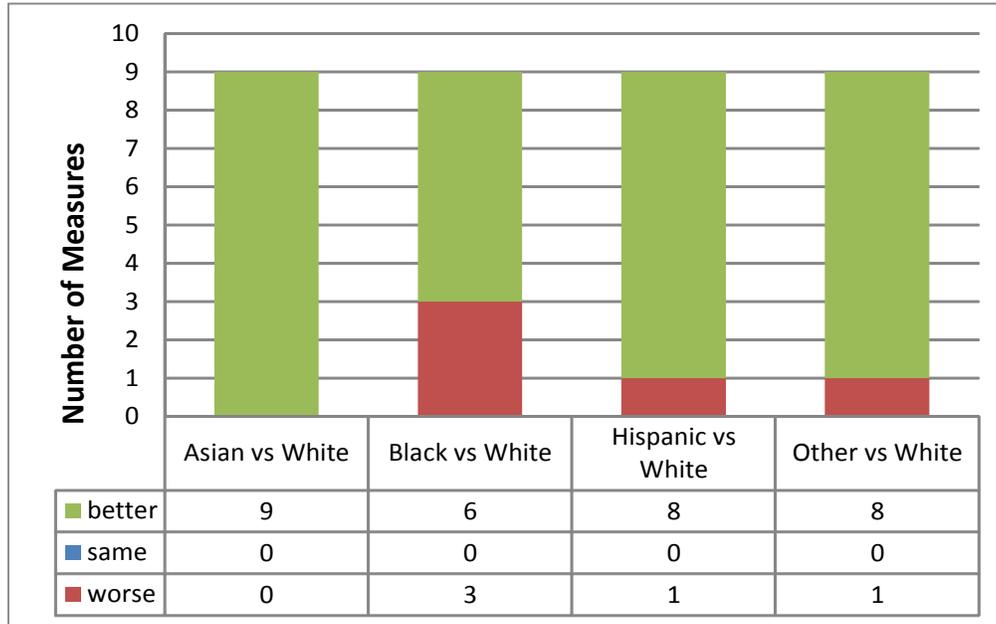
Demographics	HbA1c Testing	Lipid Profile	Dilated Eye Exam	Nephropathy Monitoring	Received All Four Tests
<b>Gender</b>					
Female	89	87	66	81	52
Male	89	87	61	85	50
<b>Age</b>					
18-44	84	80	53	70	36
45-64	90	89	67	87	55
65 +	89	88	70	89	59
<b>Race</b>					
Asian	93	93	71	87	62
Black	87	85	62	83	48
Hispanic	90	87	64	84	51
Other	89	88	65	83	52
White	86	84	61	78	46
<b>Aid Category</b>					
Family Health Plus	91	91	65	82	53
Safety Net	89	89	66	85	55
SSI	88	86	63	87	51
TANF	87	83	60	72	44
<b>Region</b>					
Central	90	82	65	80	48
Hudson Valley	91	86	57	78	42
Long Island	84	85	58	77	43
New York City	90	89	66	84	54
Northeast	77	78	64	77	44
Western	86	80	61	83	44
<b>Statewide</b>	<b>89</b>	<b>87</b>	<b>64</b>	<b>83</b>	<b>51</b>

Demographics	Poor HbA1c Control †	Lipids Controlled (<100 mg/dL)	Blood Pressure Controlled (< 140/90)	HbA1c and Lipids Controlled
<b>Gender</b>				
Female	32	44	67	36
Male	34	50	65	39
<b>Age</b>				
18-44	40	39	71	27
45-64	31	49	66	39
65 +	29	51	57	44
<b>Race</b>				
Asian	23	54	71	46
Black	39	45	59	33
Hispanic	34	46	67	37
Other	31	47	65	38
White	36	42	69	34
<b>Aid Category</b>				
Family Health Plus	30	48	74	39
Safety Net	31	49	66	40
SSI	35	47	61	37
TANF	38	39	69	29
<b>Region</b>				
Central	32	43	75	35
Hudson Valley	33	49	67	39
Long Island	38	43	62	31
New York City	32	48	66	38
Northeast	43	41	79	30
Western	35	41	67	31
<b>Statewide</b>	<b>33</b>	<b>47</b>	<b>66</b>	<b>37</b>

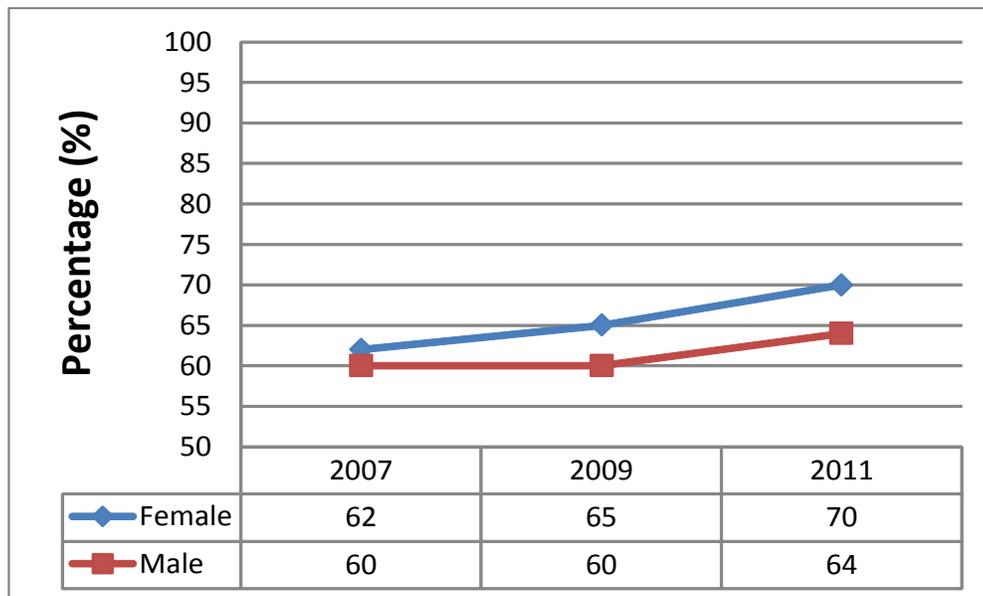
### Notes

† For Poor HbA1c Control, a low rate is desirable.

### Overall Performance of the Nine Measures in the Domain by Race Ethnicity, 2011



### Dilated Eye Exam by Gender, 2007-2011



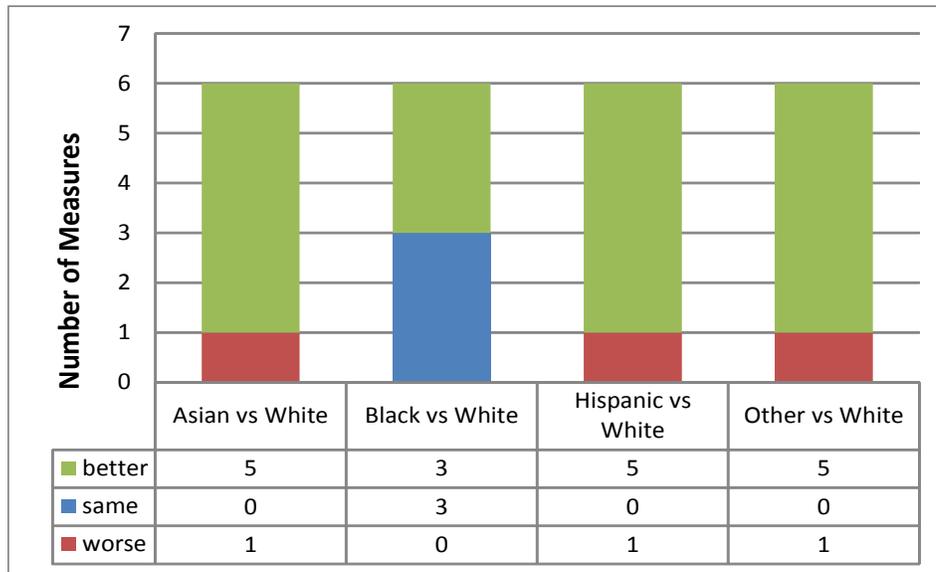
## Managing Medications in Adults

Measure	Description
Drug Therapy for Rheumatoid Arthritis	The percentage of members with rheumatoid arthritis who were prescribed disease modifying anti-rheumatic drug therapy during the measurement year.
Annual Monitoring for Patients on Persistent Medications	The percentage of members 18 years and older who were taking certain medications for at least six months and who received appropriate monitoring tests. The following numerators specify categories of medications that are of interest:
1) ACE Inhibitors or ARBs	The percentage of members who received at least a 180 day supply of ACE inhibitors and/or ARBs, and who had at least one blood test for potassium and a monitoring test for kidney function in the measurement year.
2) Digoxin	The percentage of members who received at least a 180 day supply of digoxin, and who had at least one blood test for potassium and a monitoring test for kidney function in the measurement year.
3) Diuretics	The percentage of members who received at least a 180 day supply of diuretics, and who had at least one blood test for potassium and a monitoring test for kidney function in the measurement year.
4) Anticonvulsants	The percentage of members who received at least a 180 day supply of an anticonvulsant and who had at least one blood test for therapeutic drug level in the measurement year.

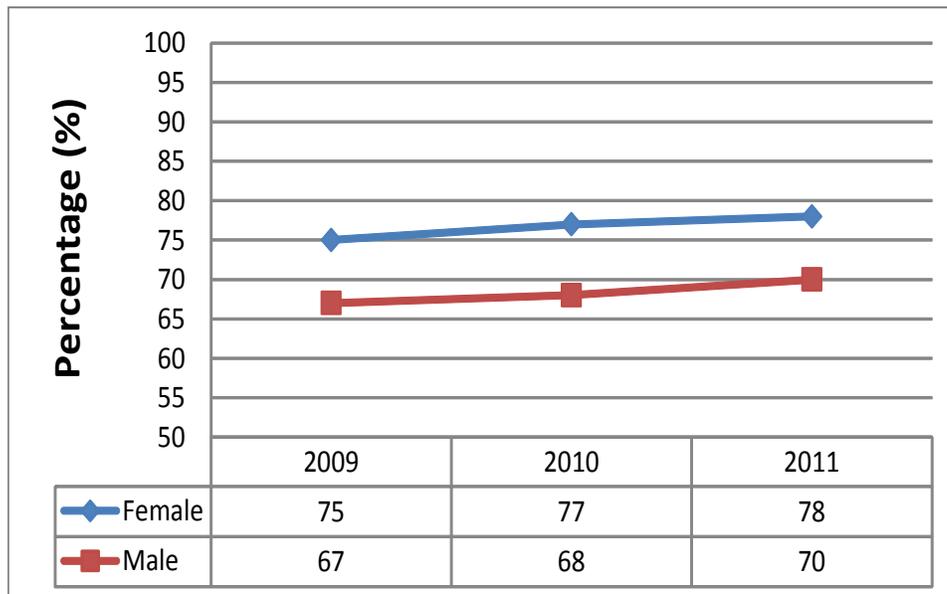
### Annual Monitoring for Patients on Persistent Medications

Demographics	Drug Therapy for Rheumatoid Arthritis	ACE Inhibitors or ARB's	Digoxin	Diuretics	Anticonvulsants	Combined Rate
<b>Gender</b>						
Female	78	92	94	90	64	89
Male	70	91	94	90	67	89
<b>Age</b>						
18-44	79	88	87	86	67	83
45-64	76	92	95	91	65	91
65 +	78	92	96	91	56	91
<b>Race</b>						
Asian	82	94	94	94	66	93
Black	75	90	96	89	67	88
Hispanic	78	92	95	91	61	90
Other	81	92	93	91	66	90
White	74	90	92	89	67	87
<b>Aid Category</b>						
Family Health Plus	81	91	91	89	61	89
Safety Net	78	92	95	90	68	90
SSI	75	93	95	92	66	89
TANF	77	89	88	87	64	87
<b>Region</b>						
Central	74	90	89	89	72	87
Hudson Valley	73	90	93	90	71	88
Long Island	76	92	95	91	70	90
New York City	78	92	95	91	63	90
Northeast	78	88	91	87	65	85
Western	75	87	90	87	68	85
<b>Statewide</b>	<b>77</b>	<b>91</b>	<b>94</b>	<b>90</b>	<b>66</b>	<b>90</b>

### Overall Performance of the Six Measures in the Domain by Race Ethnicity, 2011



### Drug Therapy for Rheumatoid Arthritis by Gender, 2009-2011



## HIV/AIDS Comprehensive Care

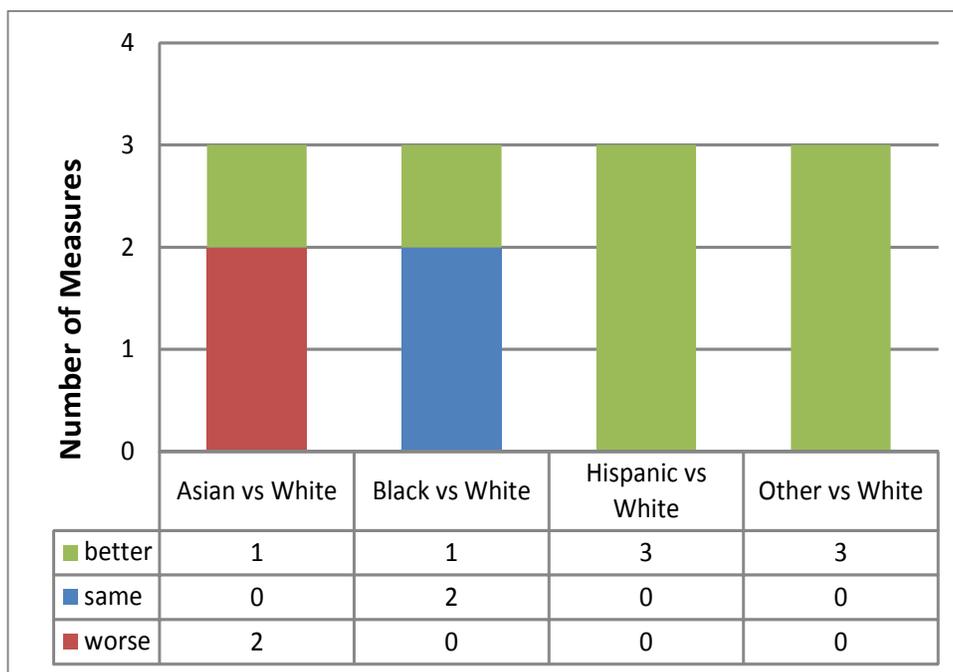
Measure	Description
HIV/AIDS Comprehensive Care	These measures include quality indicators of recommended treatment and preventive care for people living with HIV/AIDS, who are enrolled in Medicaid managed care.
1) Engaged in Care	The percentage of members with HIV/AIDS, 2 years of age or older, who had two visits for primary care or HIV related care at least 6 months apart within the past year. The intent is to measure the number of members who are receiving ongoing primary care for their HIV and preventive health care needs.
2) Viral Load Monitoring	The percentage of members with HIV/AIDS, 2 years of age or older, who had two viral load tests, performed at least 6 months apart, within the past year.
3) Syphilis Screening	The percentage of members with HIV/AIDS, 19 years of age or older, who were screened for syphilis in the past year.

Demographics	Engaged in Care	Viral Load Monitoring	Syphilis Screening
<b>Gender</b>			
Female	86	65	64
Male	81	64	68
<b>Age</b>			
2-18	84	57	NA
19-44	79	60	68
45+	88	69	64
<b>Race</b>			
Asian	88	33	39
Black	82	64	66
Hispanic	86	67	70
Other	87	67	71
White	82	64	61
<b>Aid Category</b>			
Family Health Plus	82	63	55
Safety Net	82	61	69
SSI	87	69	65
TANF	81	61	64
<b>Region</b>			
Central	83	73	57
Hudson Valley	88	71	60
Long Island	76	64	69
New York City	83	62	67
Northeast	91	77	65
Western	83	69	62
<b>Statewide</b>	<b>84</b>	<b>64</b>	<b>66</b>

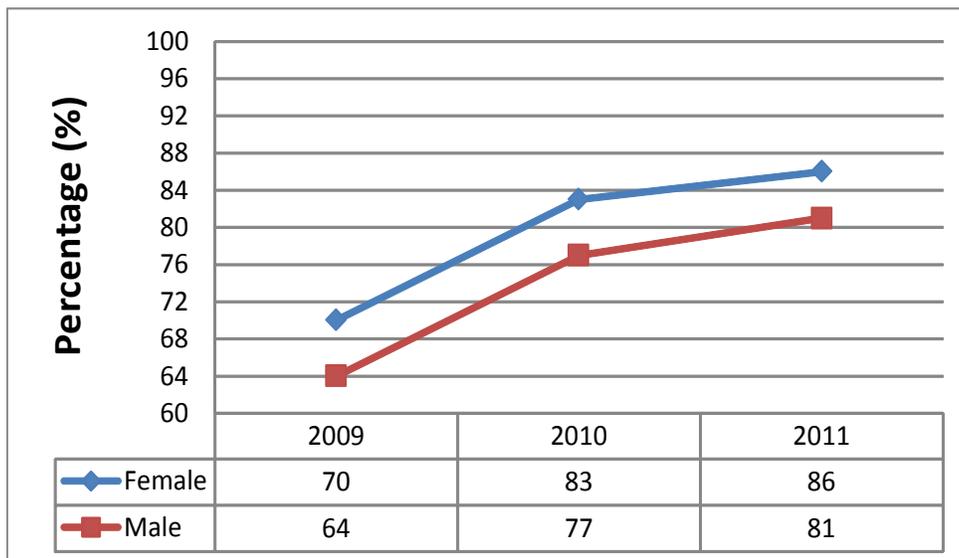
**Notes**

NA Age range not applicable to this measure.

### Overall Performance of the Three Measures in the Domain by Race Ethnicity, 2011



### Engaged in Care by Gender, 2009-2011



### Behavioral Health

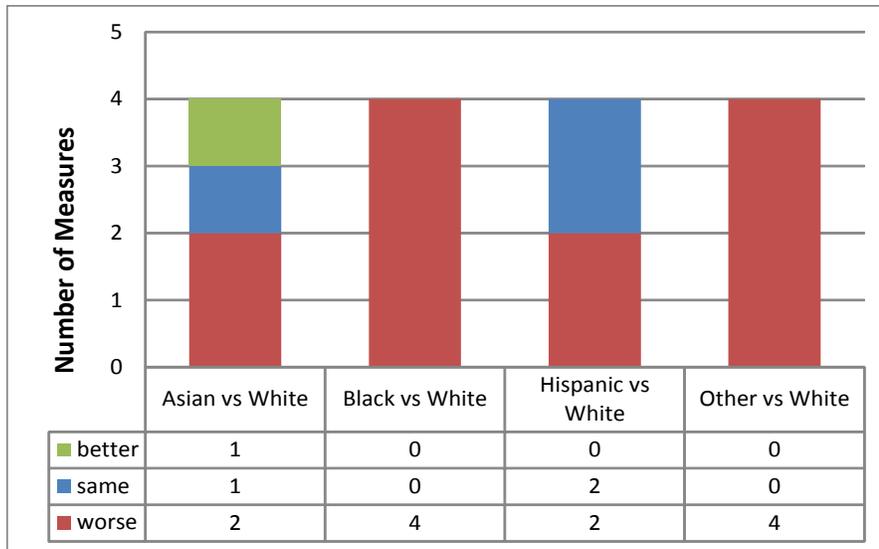
Measure	Description
Antidepressant Medication Management	This measure is for members ages 18 and older who were diagnosed with depression and treated with an antidepressant medication and has two components of care.
1) Effective Acute Phase Treatment	The percentage of members who remained on antidepressant medication during the entire 12-week acute treatment phase.
2) Effective Continuation Phase Treatment	The percentage of members who remained on antidepressant medication for at least six months.
Follow-up After Hospitalization for Mental Illness	The percentage of discharges for members ages 6 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. Two rates are reported.
1) Within 7 Days	The percentage of discharges for which the member received follow-up within 7 days of discharge.
2) Within 30 Days	The percentage of discharges for which the member received follow-up within 30 days of discharge.

Demographics	Antidepressant Medication Management		Follow-Up After Hospitalization for Mental Illness	
	Effective Acute Phase Treatment	Effective Continuation Phase Treatment	Within 7 Days	Within 30 Days
<b>Gender</b>				
Female	50	34	74	86
Male	53	36	69	80
<b>Age</b>				
6-17	NA	NA	78	91
18-44	48	31	70	81
45+	55	41	71	83
<b>Race</b>				
Asian	45	28	74	86
Black	41	25	65	78
Hispanic	47	32	74	85
Other	48	31	69	82
White	57	40	74	85
<b>Aid Category</b>				
Family Health Plus	53	35	75	86
Safety Net	52	36	68	79
SSI	54	43	76	88
TANF	48	31	74	86
<b>Region</b>				
Central	51	33	70	83
Hudson Valley	51	39	74	86
Long Island	53	39	73	82
New York City	49	33	70	82
Northeast	60	44	77	88
Western	50	32	72	83
<b>Statewide</b>	<b>51</b>	<b>34</b>	<b>72</b>	<b>83</b>

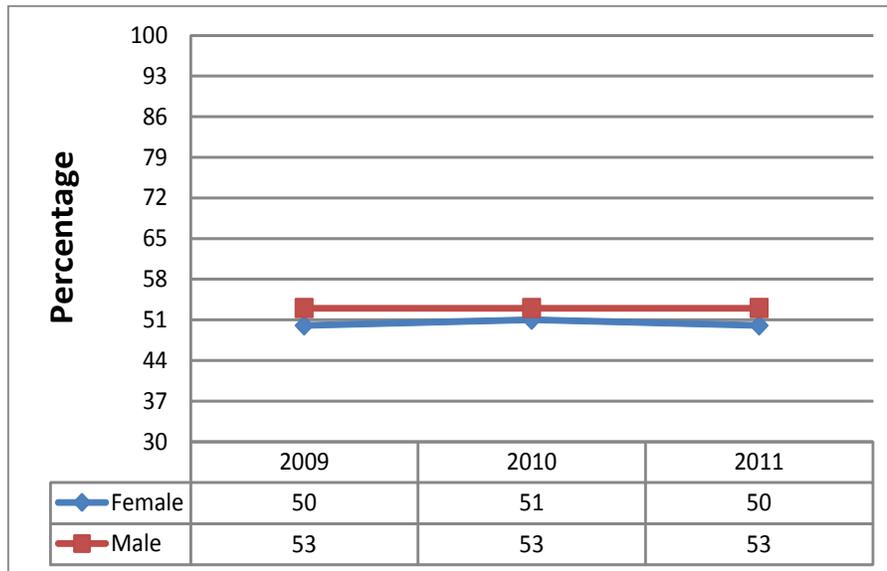
**Notes**

NA Age range not applicable to this measure.

### Overall Performance of the Four Measures in the Domain by Race Ethnicity, 2011



### Antidepressant Medication Management Effective Acute Phase Treatment by Gender, 2009-2011



### Child Preventive Care

Measure	Description
Childhood Immunization Status (Combo 3:4-3-1-2-3-1-4)	The percentage of two-year olds who were fully immunized. The HEDIS® specifications for fully immunized consisted of the following vaccines: 4 Diphtheria/Tetanus/Pertussis, 3 Polio, 1 Measles/Mumps/Rubella, 2 H Influenza type B, 3 Hepatitis B, 1 Varicella, and 4 pneumococcal.
Lead Testing	The percentage of two-year olds that had their blood tested for lead poisoning at least once.
Well-Child & Preventive Care Visits in the First 15 Months of Life	The percentage of children who had five or more well-child and preventive health visits in their first 15 months of life.
Well-Child & Preventive Care Visits in the 3rd, 4th, 5th, of 6th Years of Life	The percentage of children between the ages of three and six years who had a well-child and preventive health visit in the past year.
Adolescent Well-Care Visits	The percentage of adolescents ages 12 to 21 who had a well-care or preventive care visit in the past year.
Annual Dental Visit	The percentage of children and adolescents ages 2 through 18 years, who had at least one dental visit within the last year.

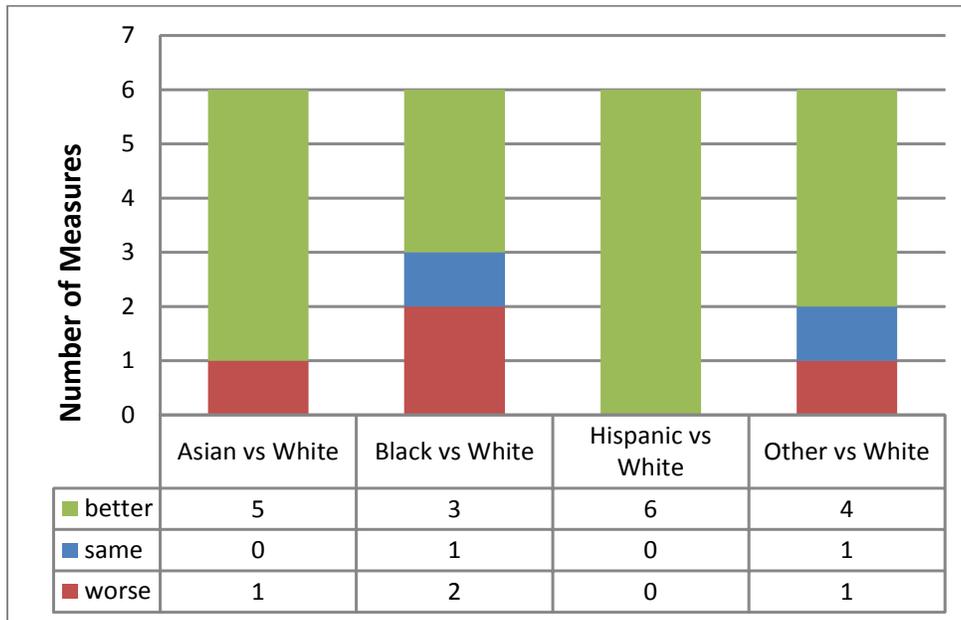
Demographics	Childhood Immunization Combo 3	Lead Testing	Five or More Well Child & Preventive Care Visits in the First 15 Months of Life
<b>Gender</b>			
Female	74	88	83
Male	74	89	82
<b>Race</b>			
Asian	73	84	82
Black	75	89	81
Hispanic	82	94	87
Other	74	88	79
White	61	83	79
<b>Aid Category</b>			
SSI	78	94	84
TANF	74	89	83
<b>Region</b>			
Central	79	85	85
Hudson Valley	67	86	79
Long Island	72	85	89
New York City	75	93	81
Northeast	74	67	87
Western	76	83	86
<b>Statewide</b>	<b>74</b>	<b>89</b>	<b>83</b>

Demographics	Well Child & Preventive Care Visits During the 3rd, 4th, 5th and 6th Years	Adolescent Well-Care & Preventive Care Visits	Annual Dental Visit (Ages 2-18)
<b>Gender</b>			
Female	83	61	57
Male	82	56	54
<b>Age</b>			
2-3	85	NA	34
4-6	82	NA	60
7-11	NA	NA	64
12-14	NA	67	59
15-18	NA	61	52
19-21	NA	43	NA
<b>Race</b>			
Asian	86	67	56
Black	80	55	45
Hispanic	85	61	60
Other	82	59	53
White	81	55	57
<b>Aid Category</b>			
Family Health Plus	NA	43	NA
Safety Net	NA	42	NA
SSI	82	55	46
TANF	83	60	56
<b>Region</b>			
Central	77	50	53
Hudson Valley	80	54	64
Long Island	84	56	57
New York City	84	61	54
Northeast	78	53	56
Western	78	54	51
<b>Statewide</b>	<b>83</b>	<b>59</b>	<b>55</b>

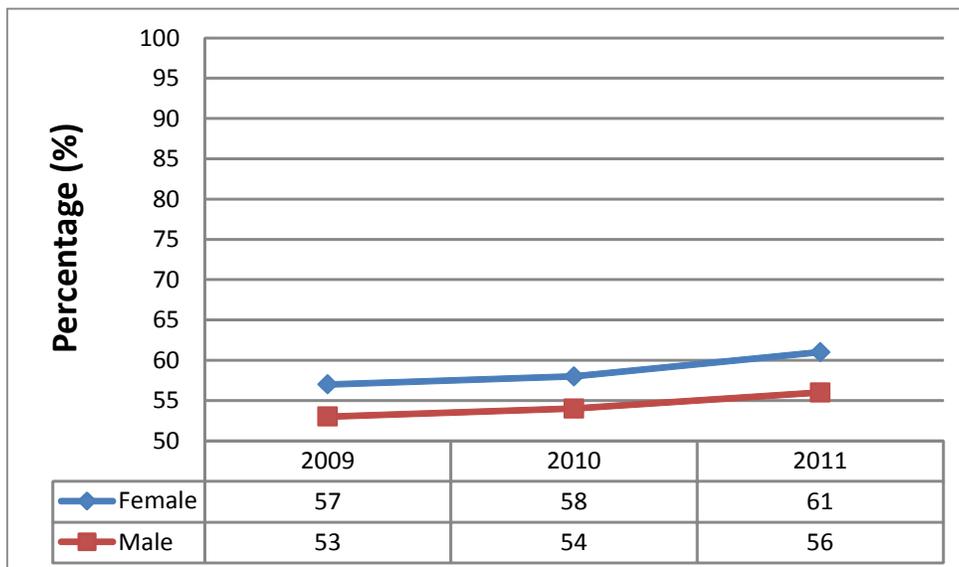
**Notes**

NA Age groups not applicable to this measure.

### Overall Performance of the Six Measures in the Domain by Race Ethnicity, 2011



### Adolescent Well-care Visits by Gender, 2009-2011



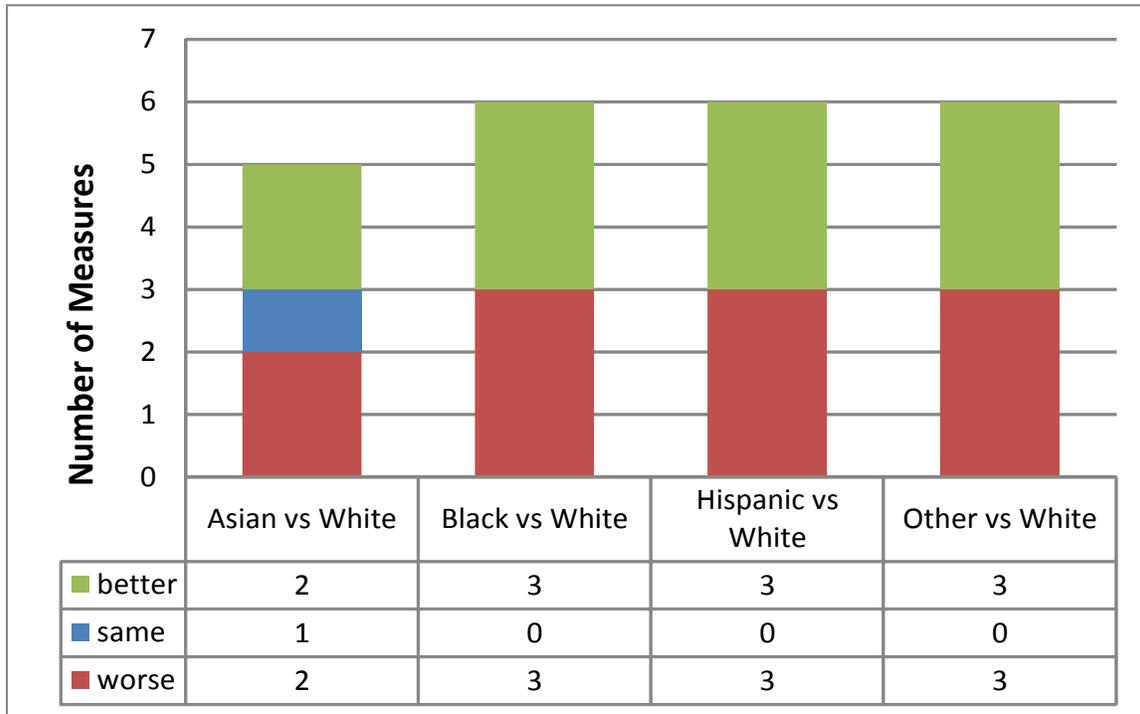
## Caring for Children and Adolescents with Illnesses

Measure	Description
Appropriate Treatment for Upper Respiratory Infection (URI)	The percentage of children, ages 3 months to 18 years, who were diagnosed with an upper respiratory infection (common cold) and who were <b>NOT</b> given a prescription for an antibiotic. A higher score indicates more appropriate treatment of children with URI.
Appropriate Testing for Pharyngitis	The percentage of children, ages two to 18, who were diagnosed with pharyngitis, were prescribed an antibiotic, and who were given a group A streptococcus test.
Use of Appropriate Medications for People with Asthma Ages 5-11	The percentage of children ages 5 to 11 with persistent asthma who received appropriate medications to control their condition.
Use of Appropriate Asthma Medications for People with Asthma Ages 5-11 3+ Controllers	The percentage of members, ages 5 to 11, with persistent asthma who had three or more controller medication dispensing events in the last year.
Follow-Up Care for Children Prescribed ADHD Medication	The percentage of children, ages 6 to 12, who were newly prescribed ADHD medication and who had at least 3 follow-up visits within a 10-month period of taking the medication. There are two measures to assess follow-up care for children taking ADHD medication.
1) Initiation Phase	The percentage of children ages 6 to 12 who were prescribed an ADHD medication and who had one follow-up visit with a practitioner, with prescribing authority, within the 30 days after starting the medication.
2) Continuation Phase	The percentage of children ages 6 to 12 who were prescribed an ADHD medication and who had one follow-up visit with a practitioner with prescribing authority within the 30 days and at least two follow-up visits from 31-300 days after starting the medication.

Demographics	Appropriate Treatment for URI	Appropriate Testing for Pharyngitis
Gender		
Female	92	86
Male	92	86
Age		
Less than 5	93	84
5-11	92	87
12-14	91	86
15-18	89	82
Race		
Asian	93	86
Black	93	76
Hispanic	92	83
Other	92	85
White	91	91
Aid Category		
SSI	92	79
TANF	92	86
Region		
Central	86	80
Hudson Valley	92	90
Long Island	94	88
New York City	92	86
Northeast	92	85
Western	91	80
<b>Statewide</b>	<b>92</b>	<b>86</b>

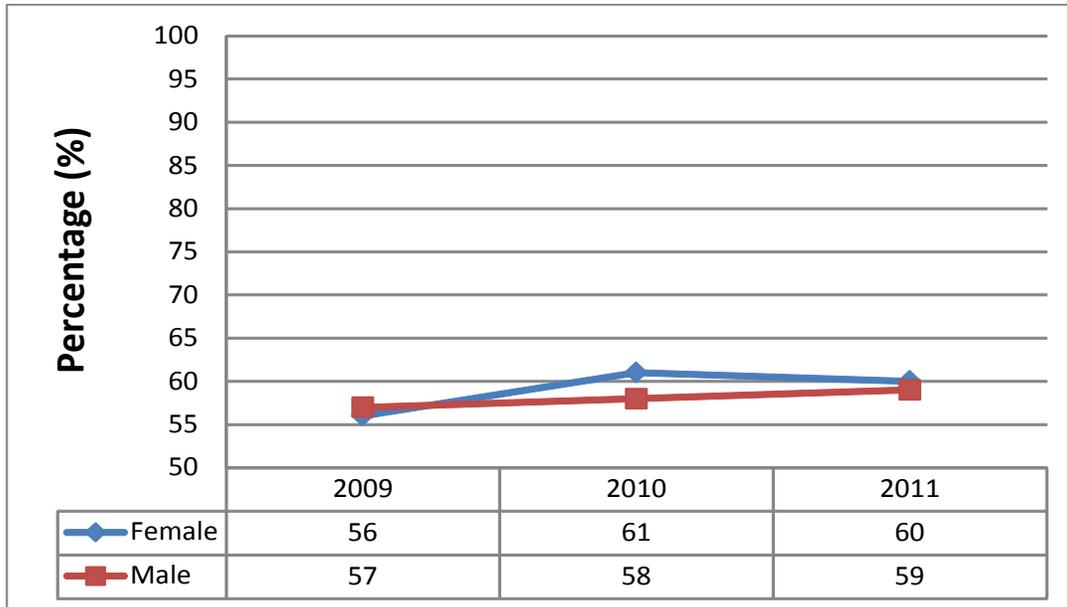
Demographics	Use of Appropriate Medications for Asthma (Ages 5-11)	Use of Appropriate Medications for Asthma 3+ Controllers (Ages 5-11)	Follow-Up Care for Children Prescribed ADHD Medication	
			Initiation Phase	Continuation Phase
Gender				
Female	90	72	60	66
Male	90	73	59	66
Race				
Asian	93	76	68	NA
Black	88	69	57	68
Hispanic	90	72	64	71
Other	90	73	59	71
White	93	77	55	61
Aid Category				
SSI	91	75	64	71
TANF	90	72	57	64
Region				
Central	93	78	58	64
Hudson Valley	93	74	58	67
Long Island	93	74	59	62
New York City	89	72	66	76
Northeast	91	72	52	60
Western	93	73	49	58
<b>Statewide</b>	<b>90</b>	<b>72</b>	<b>59</b>	<b>66</b>

### Overall Performance of the Six Measures in the Domain by Race Ethnicity, 2011

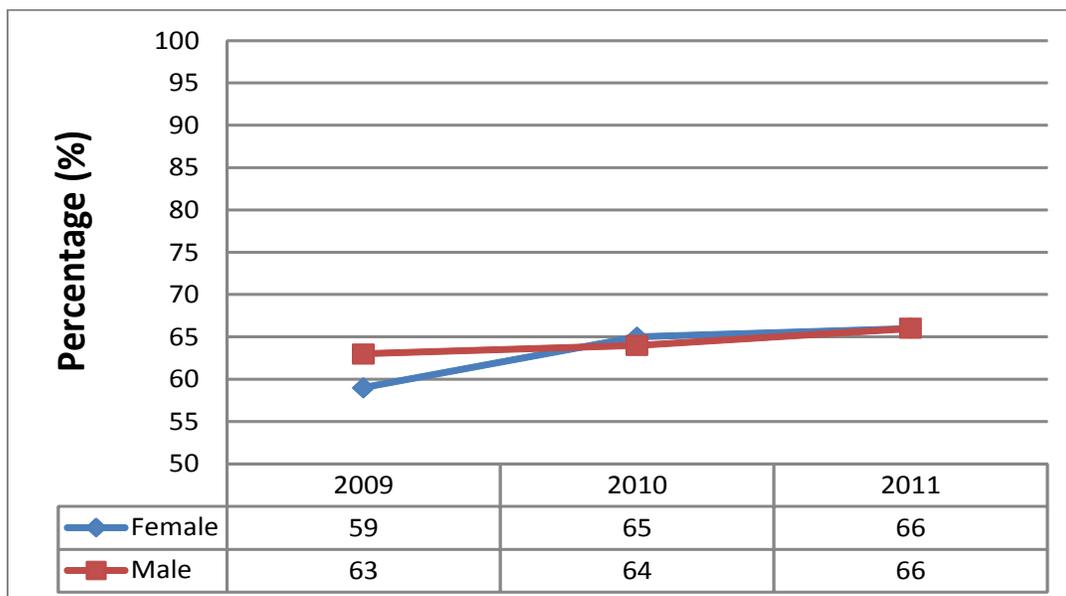


## Follow-up Care for Children Prescribed ADHD Medication by Gender, 2009-2011

### Initiation Phase



### Continuation Phase



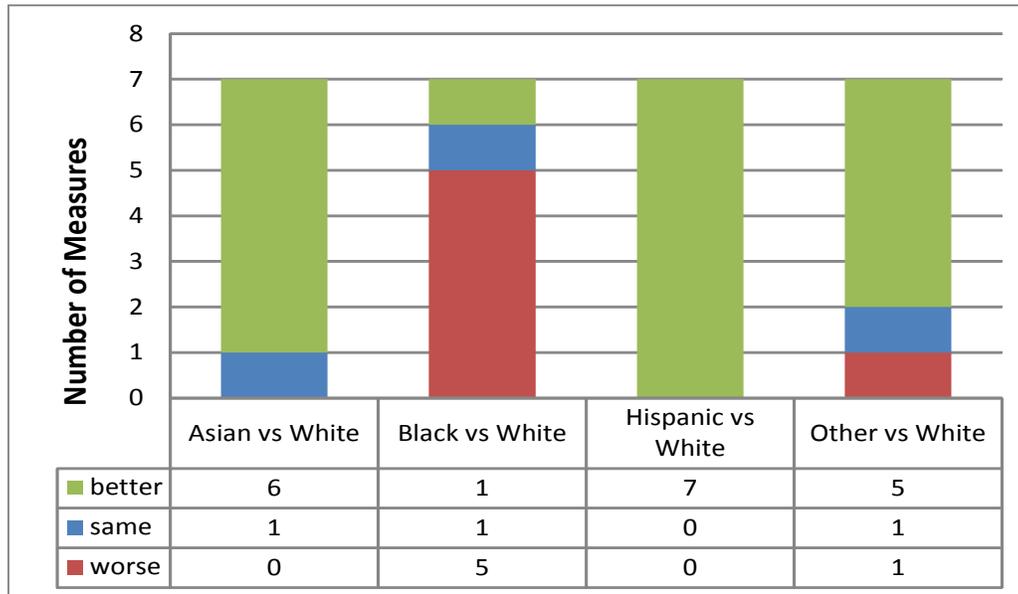
## Preventive Counseling, Assessment, or Education for Children & Adolescents

Measure	Description
BMI Percentile	The percentage of members, ages 3 to 17, who had a visit with a healthcare provider and whose weight was assessed by the percentile ranking of their Body Mass Index (BMI).
Nutrition	The percentage of members, ages 3 to 17, who were counseled on nutrition or who were referred for nutrition education by their healthcare provider.
Physical Activity	The percentage of members, ages 3 to 17, who were counseled on physical activity or were referred for physical activity by their healthcare provider.
Adolescent Preventive Care	The percentage of adolescents ages 12 to 17 who had at least one had an outpatient visit with a PCP or OB/GYN practitioner during the measurement year, receiving the following four components of care during the measurement year:
1) Sexual Health	Assessment or counseling or education on risk behaviors associated with sexual activity.
2) Depression	Assessment or counseling or education for depression,
3) Tobacco Use	Assessment or counseling or education about the risks of tobacco use.
4) Substance Use	Assessment or counseling or education about the risks of substance use (including alcohol and excluding tobacco)

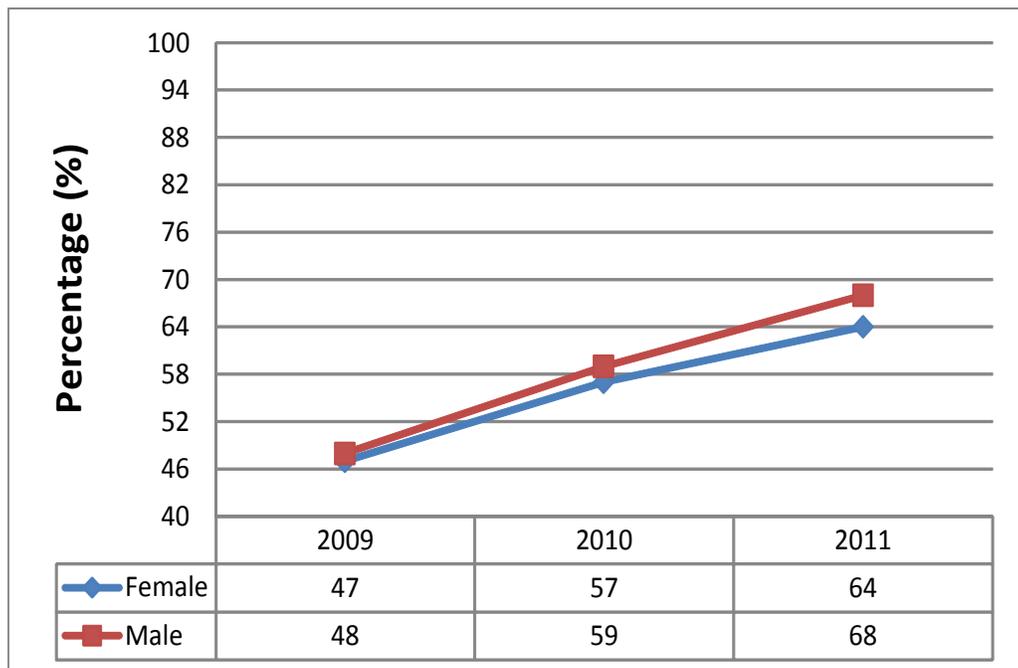
Demographics	BMI Percentile	Nutrition	Physical Activity
Gender			
Female	71	75	64
Male	75	78	68
Age			
3-6	72	78	61
7-11	74	76	66
12-14	74	77	73
15-17	74	74	71
Race			
Asian	76	84	74
Black	69	74	62
Hispanic	75	77	68
Other	75	77	64
White	72	75	64
Aid Category			
SSI	71	77	69
TANF	73	77	66
Region			
Central	63	74	64
Hudson Valley	71	72	62
Long Island	72	77	67
New York City	74	77	67
Northeast	72	75	63
Western	77	79	66
<b>Statewide</b>	<b>73</b>	<b>77</b>	<b>66</b>

Demographics	Sexual Health	Depression	Tobacco Use	Substance Use
Gender				
Female	67	60	70	68
Male	64	57	70	67
Age				
12-14	62	56	68	65
15-17	69	61	72	69
Race				
Asian	70	66	70	70
Black	67	56	69	66
Hispanic	68	59	71	68
Other	62	60	67	68
White	59	56	70	67
Aid Category				
SSI	64	56	71	67
TANF	66	59	70	67
Region				
Central	63	52	73	64
Hudson Valley	54	51	68	64
Long Island	54	53	61	56
New York City	68	61	71	69
Northeast	59	48	63	63
Western	64	53	68	64
<b>Statewide</b>	<b>66</b>	<b>58</b>	<b>70</b>	<b>67</b>

### Overall Performance of the Seven Measures in the Domain by Race Ethnicity, 2011



### Preventive Counseling for Children and Adolescents-Physical Activity by Gender, 2009-2011



## Preventive Care for Women

Measure	Description
Breast Cancer Screening	The percentage of women between the ages of 40 and 69 who had a mammogram during the measurement year or the year prior.
Cervical Cancer Screening	The percentage of women between the ages of 24 and 64 who had a Pap test within the measurement year or the two years prior.
Chlamydia Screening	The percentage of sexually active young women ages 16 to 24 who had at least one test for Chlamydia during the measurement year.
Timeliness of Prenatal Care	The percentage of deliveries that received a prenatal care visit as a member of the organization in the first trimester or within 42 days of enrollment in the organization.
Postpartum Care	The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery.
Frequency of Ongoing Prenatal Care	The percentage of women who received 81 percent or more of the expected number of prenatal care visits, adjusted for gestational age and month the member enrolled in the health plan.

Demographics	Breast Cancer Screening	Cervical Cancer Screening	Chlamydia Screening (Ages 16-24)
<b>Age</b>			
16-20	NA	NA	70
21-41	NA	76	72
42-51	65	70	NA
52-69	70	60	NA
<b>Race</b>			
Asian	73	73	66
Black	62	70	76
Hispanic	75	74	75
Other	66	69	69
White	57	68	61
<b>Aid Category</b>			
Family Health Plus	72	74	68
Safety Net	70	68	70
SSI	62	59	66
TANF	66	76	72
<b>Region</b>			
Central	62	69	61
Hudson Valley	60	71	64
Long Island	59	66	70
New York City	70	72	73
Northeast	58	67	62
Western	56	70	70
<b>Statewide</b>	<b>67</b>	<b>71</b>	<b>71</b>

**Notes**

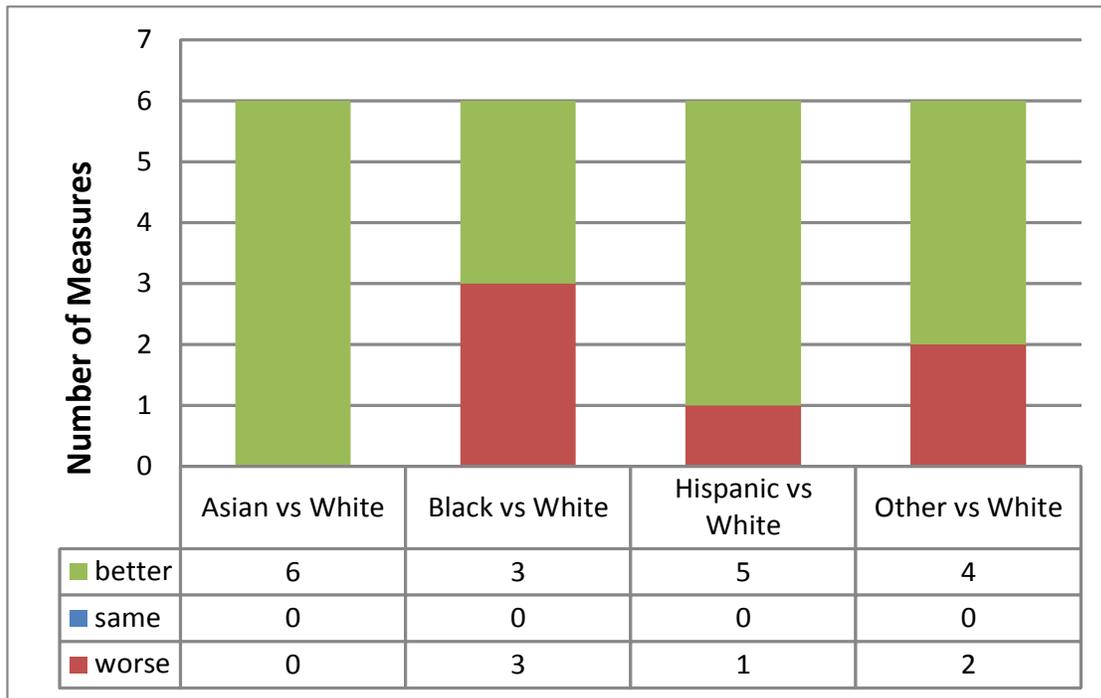
NA Age range not applicable to this measure.

Demographics	Timeliness of Prenatal Care**	Postpartum Care**	Frequency of Ongoing Prenatal Care**
<b>Age</b>			
18 and under	76	60	63
19-29	91	73	73
30-39	91	74	76
40 and above	87	70	74
<b>Race</b>			
Asian	91	82	77
Black	86	65	69
Hispanic	93	73	78
Other	89	70	73
White	90	75	70
<b>Aid Category</b>			
Family Health Plus	92	77	77
Safety Net	83	70	58
SSI	85	53	59
TANF	91	73	76
<b>Region</b>			
Central	88	71	80
Hudson Valley	95	79	84
Long Island	94	79	83
New York City	89	72	70
Northeast	93	64	83
Western	90	71	70
<b>Statewide</b>	<b>90</b>	<b>73</b>	<b>74</b>

**Notes**

\*\* Rotated measure. Data is from 2010.

## Overall Performance of the Six Measures in the Domain by Race Ethnicity, 2011



### Satisfaction with Care

Measure	Description
Satisfaction with Provider Network:	
Satisfaction with Provider Communication	The percentage of members who responded "usually" or "always" when asked how often their doctor listened to them carefully, explained things in a way they could understand, showed respect for what they had to say, and spent enough time with them.
Satisfaction with Personal Doctor	The percentage of members responding 8, 9, or 10 (on a scale of 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor) when asked "How would you rate your personal doctor?"
Satisfaction with Specialist	The percentage of members responding 8, 9, or 10 (on a scale of 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible) when asked "How would you rate your specialist?"
Satisfaction with Access to Care and Health Plan:	
Getting Needed Care	The percentage of members responding "usually or "always" when asked a set of questions to identify if, in the last 6 months, they received care they needed.
Getting Care Quickly	The percentage of members responding "usually" or "always" when asked a set of questions to identify, if, in the last 6 months, they received health services quickly.
Satisfaction with Customer Service	The percentage of members responding "usually or "always" when asked a set of questions to identify if, in the last 6 months , they used their health plan's customer service.
Rating of Health Plan	The percentage of members responding 8, 9 or 10 on scale of 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible.
Care Coordination	The percentage who responded "usually" or "always" when asked how often their personal doctor seemed informed and up-to-date about care they received from other doctors or health providers.

Satisfaction with Care Continued

Measure	Description
Satisfaction with Experience of Care:	
Shared Decision Making	The percentage of members responding "definitely yes" or "somewhat yes" when asked a set of questions to identify if, in the last 6 months, they made healthcare decisions with their doctor.
Care Coordination	The percentage who responded "usually" or "always" when asked how often their personal doctor seemed informed and up-to-date about care they received from other doctors or health providers.
Wellness Discussion	The percentage who responded "usually" or "always" when asked how often their doctor or other health provider discussed things to do to prevent illness.
Care Coordination	The percentage who responded "usually" or "always" when asked how often their personal doctor seemed informed and up-to-date about care they received from other doctors or health providers.

Demographics	Satisfaction with Provider Communication	Satisfaction with Personal Doctor	Satisfaction with Specialist
Gender			
Female	88	73	70
Male	87	73	68
Race			
Asian	84	70	67
Black	88	73	67
Hispanic	87	77	74
Other	84	71	72
White	88	73	68
Aid Category			
Family Health Plus	88	73	68
Safety Net	87	72	66
SSI	89	78	74
TANF	87	73	69
Region			
Central	89	79	70
Hudson Valley	89	77	74
Long Island	89	73	64
New York City	87	73	66
Northeast	89	78	76
Western	87	72	73
<b>Statewide</b>	<b>87</b>	<b>72</b>	<b>73</b>

Demographics	Getting Care Needed	Getting Care Quickly	Customer Service	Rating of Health Plan
<b>Gender</b>				
Female	75	78	82	71
Male	74	74	79	70
<b>Race</b>				
Asian	64	57	74	67
Black	70	78	81	70
Hispanic	76	75	84	78
Other	78	77	82	70
White	77	80	78	66
<b>Aid Category</b>				
Family Health Plus	75	74	82	68
Safety Net	74	76	80	71
SSI	77	81	81	71
TANF	74	77	83	73
<b>Region</b>				
Central	74	83	77	70
Hudson Valley	79	79	81	75
Long Island	70	74	81	65
New York City	73	72	82	70
Northeast	74	82	70	66
Western	76	80	81	71
<b>Statewide</b>	<b>76</b>	<b>80</b>	<b>81</b>	<b>71</b>

Demographics	Shared Decision Making	Care Coordination	Wellness Discussion	Rating of All Health Care
Gender				
Female	60	69	56	68
Male	54	70	55	64
Race				
Asian	51	62	41	64
Black	62	70	62	66
Hispanic	60	73	60	68
Other	61	69	56	64
White	57	68	55	67
Aid Category				
Family Health Plus	57	66	54	67
Safety Net	56	68	55	66
SSI	62	78	65	67
TANF	61	66	53	68
Region				
Central	63	71	52	70
Hudson Valley	59	61	55	74
Long Island	56	61	54	64
New York City	57	68	53	65
Northeast	62	68	61	78
Western	58	69	58	68
<b>Statewide</b>	<b>58</b>	<b>69</b>	<b>58</b>	<b>68</b>

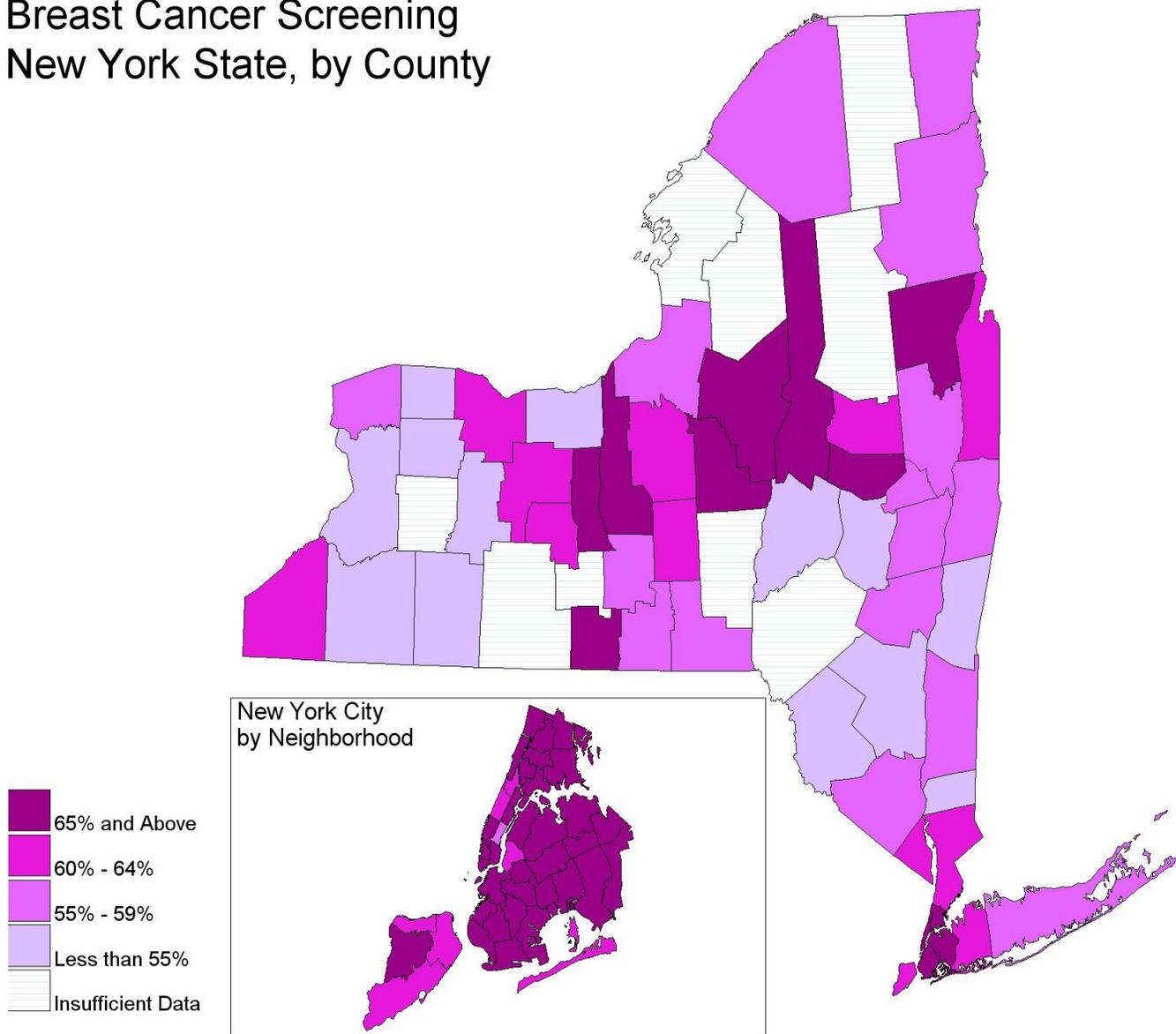
### Geographic Variation

Measure	Description
Geographic Variation	QARR rates were calculated and mapped by county for New York State and by United Hospital Fund neighborhoods for New York City for the following measures:
Breast Cancer Screening	The percentage of women between the ages of 40 and 69 who had a mammogram during the measurement year or the year prior.
Cervical Cancer Screening	The percentage of women between the ages of 24 and 64 who had a Pap test within the measurement year or the two years prior.
Chlamydia Screening	The percentage of sexually active young women ages 16 to 24 who had at least one test for Chlamydia during the measurement year.

**Notes**

Region is based on the member’s county of residence. For the purposes of this report, the counties of New York State were grouped into the following six regions: Western, Central, Northeast, Hudson Valley, Long Island and New York City. For a listing of the counties that comprise each region please refer to [technical notes section](#).

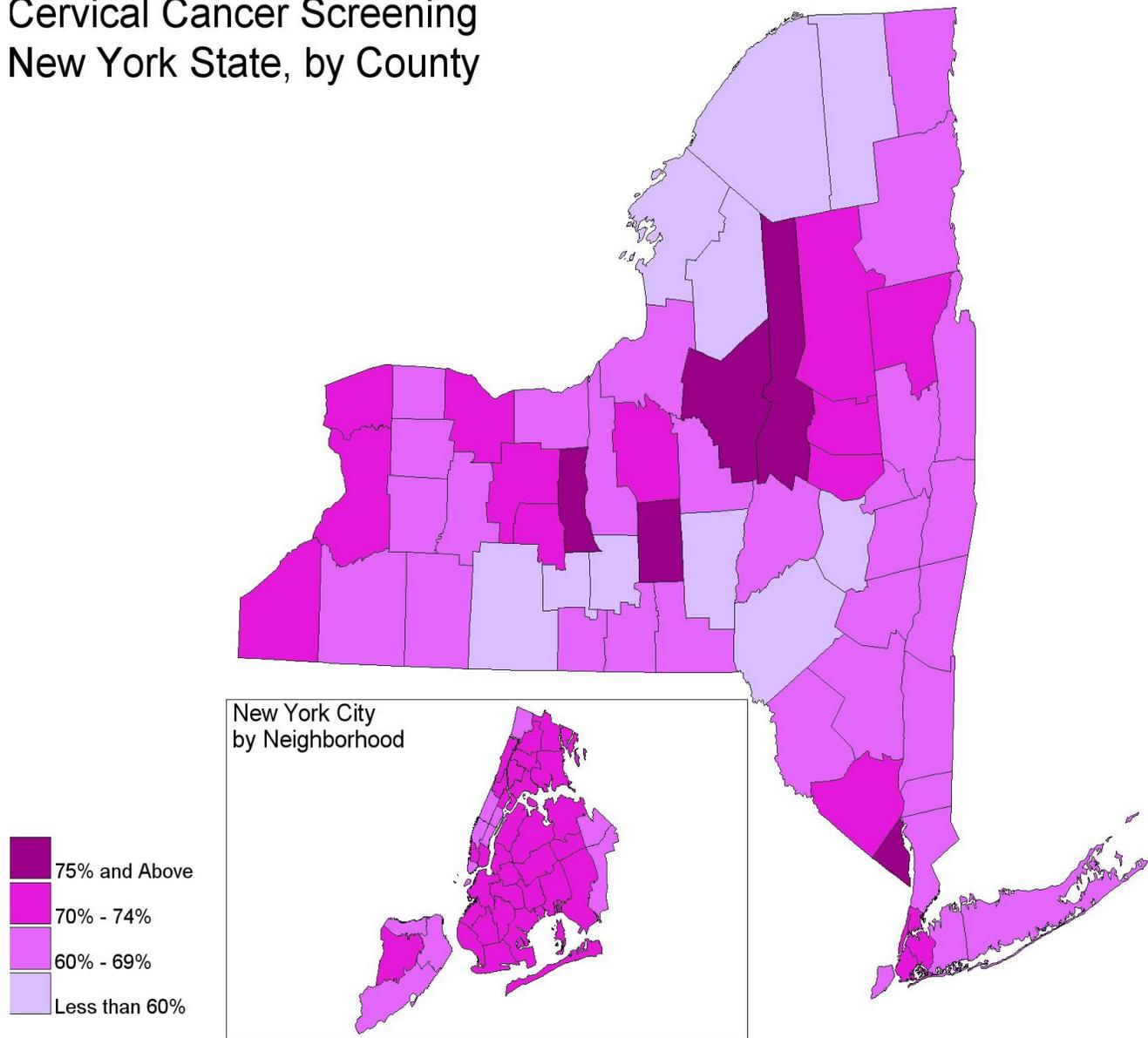
### Breast Cancer Screening New York State, by County



#### Notes

Geographic areas with fewer than 30 people were suppressed.

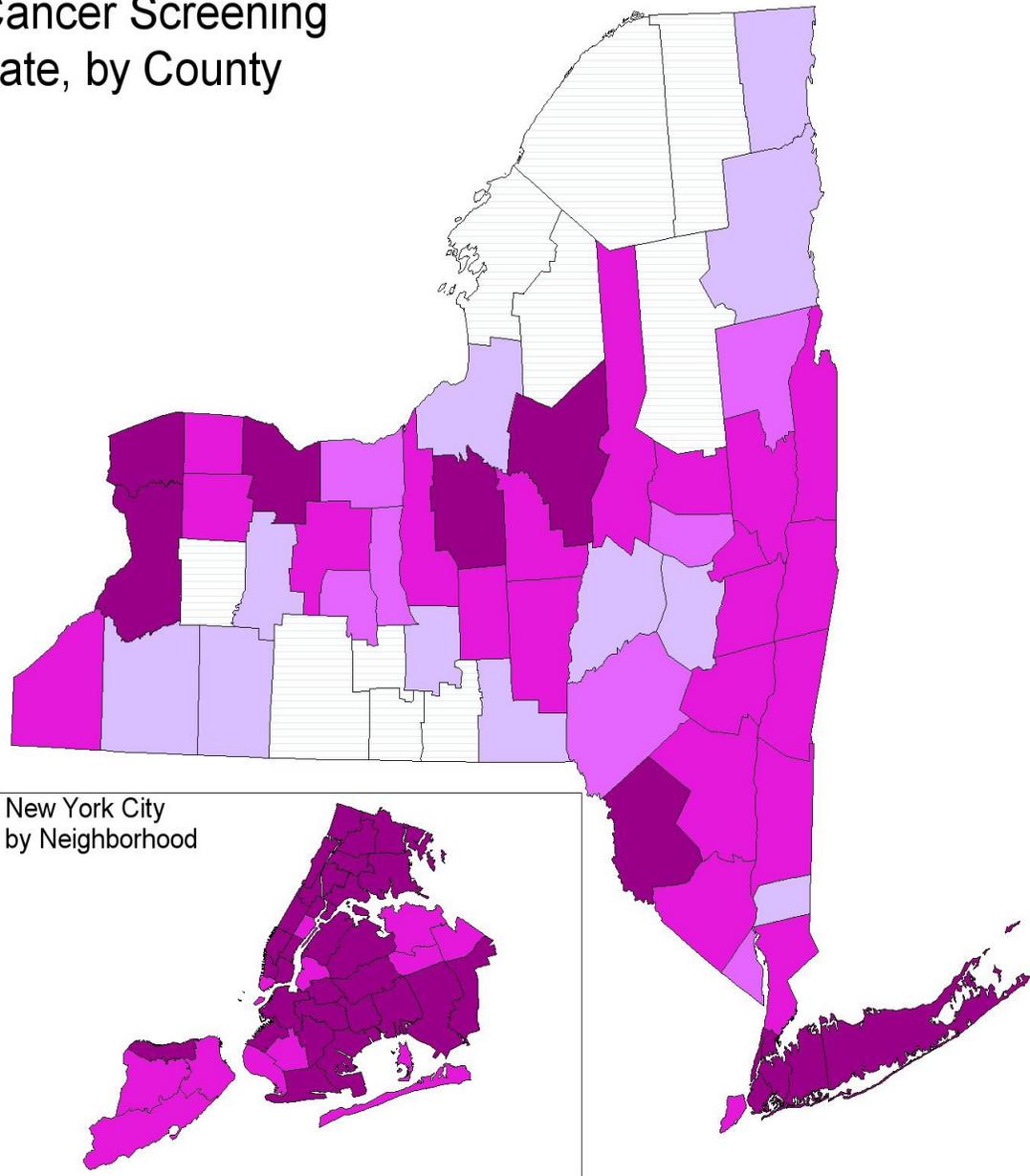
### Cervical Cancer Screening New York State, by County



**Notes**

Geographic areas with fewer than 30 people were suppressed.

# Chlamydia Cancer Screening New York State, by County



**Notes**

Geographic areas with fewer than 30 people were suppressed.

### Data Sources

In addition to the aggregate performance data submitted for QARR, the Medicaid managed care plans are required to submit member-level information for all members who are included in at least one quality measure. This file contains a unique identifier for every member (Client Identification Number) and indicator(s) denoting whether or not the member received the service for which he/she was eligible. The data on the file are matched to the Medicaid “eligibility file” which contains demographic information gathered during the Medicaid application process.

The measures included in this report are calculated using three methods: 1) Population measures include all eligible members for the measure. 2) Measures that are calculated from a sample of the eligible members, and incorporate medical record review, and 3) measures calculated from member self-reported survey data. See the table on the following page for a list of the measures included in this report with the method used for each measure. For measures that are calculated using a sample of the health plan eligibles, we weight the measures by the number of people eligible for the measure in each plan.

Members in the member-level file who had invalid client identification numbers were excluded from the analyses and this report. Members whose age was determined to be outside of the valid range for any particular measure were excluded from the measure(s). Members excluded due to issues of validity are a very small percentage.

### Demographic Characteristics

Race/Ethnicity was defined as mutually exclusive categories of Asian/Pacific Islander, Black, Hispanic, White and Other. It is possible for an enrollee to denote more than one race. Therefore, for purposes of this report, a hierarchy was developed to ensure each enrollee was assigned to just one race/ethnicity category. An enrollee was defined as Hispanic regardless of any other races noted. White race includes non-Hispanic whites without any other race noted. Similarly, Blacks and Asians include only non-Hispanic single race categorizations. Enrollees of multiple races, Native Americans and Unknown race/ethnicity were assigned to the category Other.

A member's aid category was defined as either: Family Health Plus, Safety Net (SN), Supplemental Security Income (SSI), or Temporary Assistance for Needy Families (TANF). Family Health Plus is a Medicaid expansion program with a higher income limit. There is no cash assistance in the Family Health Plus category. Safety Net recipients are single or childless couples. SN recipients may or may not receive cash assistance. SSI is a federal program whose recipients are largely aged, blind or disabled. Individuals eligible for SSI receive cash assistance. TANF recipients are generally women and children most of whom do not receive cash assistance.

Region is based on the member's county of residence. For the purposes of this report, the counties of New York State were grouped into the following six regions: Western, Central, Northeast, Hudson Valley, Long Island and New York City. For a listing of the counties that comprise each region please see the New York State county map with New York city boroughs at the end of this section.

### Questions

If you have any questions or comments about this report please contact the Bureau of Quality Measurement and Improvement at (518)486-9012 or e-mail [nysqarr@health.state.ny.us](mailto:nysqarr@health.state.ny.us).

Appendix: List of Measures and Type of Record Review

Measure	Population	Sample	Survey
Adolescent Well-Care Visits	X		
Adolescent Preventive Care Measures		X	
Adult BMI Assessment		X	
Annual Dental Visit	X		
Annual Monitoring for Patients on Persistent Medications	X		
Antidepressant Medication Management	X		
Appropriate Testing for Pharyngitis	X		
Appropriate Treatment for URI	X		
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	X		
Breast Cancer Screening	X		
Cervical Cancer Screening	X		
Childhood Immunization - Combo 3		X	
Chlamydia Screening (Ages 16-24)	X		
Cholesterol Management for Patients with Cardiovascular Conditions		X	
Comprehensive Diabetes Care		X	
Controlling High Blood Pressure		X	
Drug Therapy in Rheumatoid Arthritis	X		
Follow-up After Hospitalization for Mental Illness	X		
Follow-Up Care for Children Prescribed ADHD Medication	X		
Frequency of Ongoing Prenatal Care		X	
HIV/AIDS Comprehensive Care	X		
Lead Testing		X	
Pharmacotherapy Management of COPD Exacerbation	X		
Postpartum Care		X	
Satisfaction with Provider Network			X
Satisfaction with Access to Care and Health Plan			X
Satisfaction with Experience of Care			X
Timeliness of Prenatal Care		X	
Use of Appropriate Medications for People with Asthma	X		
Use of Appropriate Medications for People with Asthma 3+ Controllers	X		
Use of Imaging Studies for Low Back Pain	X		
Use of Spirometry Testing for COPD	X		
Weight Assessment for Children and Adolescents		X	
Weight Counseling for Nutrition for Children and Adolescents		X	
Weight Counseling for Physical Activity for Children and Adolescents		X	
Well-Child & Preventive Care Visits in the 3rd, 4th, 5th, of 6th Year of Life	X		

**Acknowledgements**

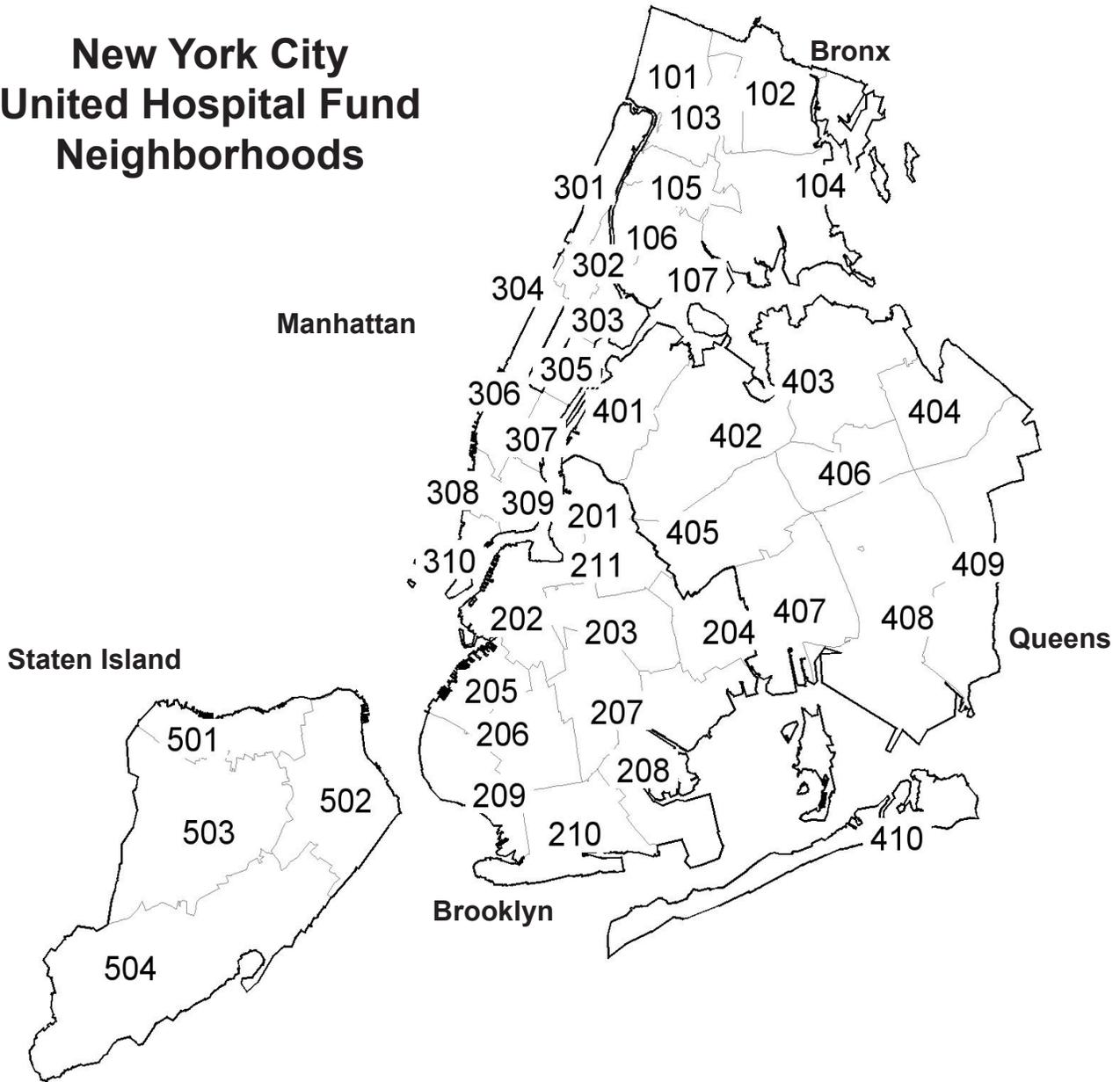
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 Bureau of Quality Measurement and Improvement, Office of Quality and Patient Safety

## New York State County Map With New York City Boroughs



Region	Counties
Western	Allegany, Cattaraugus, Chautauqua, Chemung, Erie, Genesee, Livingston, Monroe, Niagara, Ontario, Orleans, Schuyler, Seneca, Steuben, Wayne, Wyoming, Yates
Central	Broome, Cayuga, Chenango, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, Tioga, Tompkins
Northeast	Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington
Hudson Valley	Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester
Long Island	Nassau, Suffolk
New York City	Bronx, Kings (Brooklyn), New York (Manhattan), Queens, Richmond (Staten Island)

# New York City United Hospital Fund Neighborhoods



Code	UHF Name	Code	UHF Name	Code	UHF Name
301	Washington Heights - Inwood	201	Greenpoint	101	Kingsbridge - Riverdale
302	Central Harlem - Morningside Heights	202	Downtown - Heights - Slope	102	Northeast Bronx
303	East Harlem	203	Bedford Stuyvesant - Crown Heights	103	Fordham - Bronx Park
304	Upper West Side	205	Sunset Park	104	Pelham - Throgs Neck
305	Upper East Side	206	Borough Park	105	Crotona - Tremont
306	Chelsea - Clinton	207	East Flatbush - Flatbush	106	High Bridge - Morrisania
307	Gramercy Park - Murray Hill	208	Canarsie - Flatlands	107	Hunts Point - Mott Haven
308	Greenwich Village - Soho	209	Bensonhurst - Bay Ridge	401	Long Island City - Astoria
309	Union Square - Lower East Side	210	Coney Island - Sheepshead Bay	402	West Queens
310	Lower Manhattan	211	Williamsburg - Bushwick	403	Flushing - Clearview
501	Port Richmond			404	Bayside - Little Neck
502	Stapleton - St. George			405	Ridgewood - Forest Hills
503	Willowbrook			406	Fresh Meadows
504	South Beach - Tottenville			407	Southwest Queens
				408	Jamaica
				409	Southeast Queens
				410	Rockaway