

2013

2013 Health Care Disparities in New York State

A report on Health Care Disparities for Government Sponsored Insurance Programs



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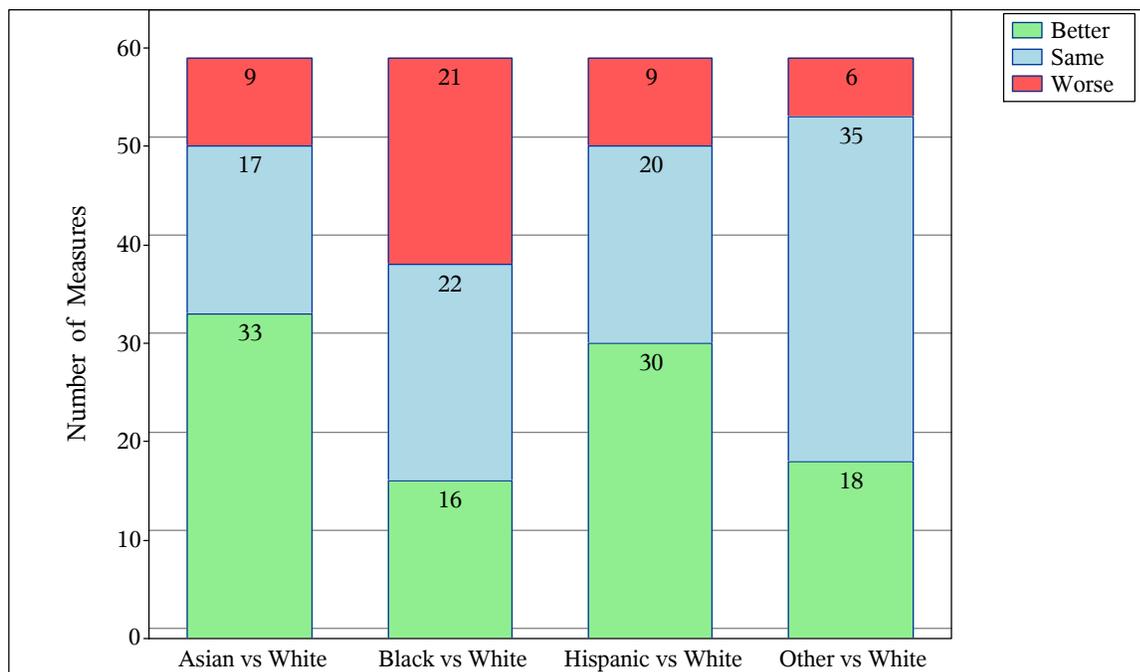
Executive Summary

Medicaid managed care plans in New York State provided health insurance coverage to over four million people in 2012, two-thirds of whom resided in New York City. The New York State Medicaid managed care program covers 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 health plan performance between populations with selected characteristics within New York's Medicaid managed care program. Selected characteristics include: sex, age, race/ethnicity, Medicaid aid category, cash assistance, mental health condition, and geographic location. Two thousand twelve is the first year mental health condition has been examined to determine if adults with severe mental illness exhibit differences in access, utilization, or quality performance measures, or selected health outcomes.

Research from the Institute of Medicine (IOM) and Agency for Healthcare Research and Quality (AHRQ) show that racial and ethnic minorities, and persons of lower socioeconomic status often face more barriers to care, and receive poorer quality of care. The size and diversity of the Medicaid managed care population in New York State warrant examining these findings. Among all New York Medicaid managed care enrollees, 12% were Asian, 21% were Black, 26% were White, 32% were Hispanic and 8% were members of other races). The results of this report show similar differences in New York State compared to national statistics in selected performance measures among enrollees in Medicaid managed care when comparing Blacks to Whites (Figure 1); however, among other racial and ethnic populations performance was the same or better than Whites for the majority of the 59 measures (excluding satisfaction measures) included in this report.

Figure 1. Number of all quality measures in this report for which members of selected racial categories experienced better, same, or worse quality of care as compared to Whites (N=59 measures)



In examining the relationship between race and ethnicity, multivariable regression analyses were performed to control for differences in; sex, age, Medicaid aid category, cash assistance, mental health, and geographic location. 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 help better understand where opportunities for improvement exist.

Other highlights from the report show that:

- Differences persist in health care quality among racial and ethnic populations.
- For 35% of the quality measures in this report, the care received by Blacks scored lower than for Whites, even after adjusting for other factors.
- Alternatively, Asians and Hispanics received better care than Whites in 50% or greater of the quality measures, even when adjusting for other factors.
- Disparities in care have been identified by geographic region of the state, with worse performance most notably in the Western and Central regions of the state. New York City has the highest rates in the state for 47% of the quality measures. These regional disparities in care have been relatively constant over the last three years.
- For adults with a serious mental illness in the last year, the quality of care was comparable or better for selected measures in preventive care, medication management, care for persons living with HIV, and care specifically related to the management of behavioral health.
- For adults with a severe mental illness in the last year, care was worse for several chronic illnesses, such as diabetes care, cardiovascular care, and care for respiratory illnesses.

The goal of this report is to measure the quality of care by various demographic characteristics 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.

Introduction

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®). Managed care plans are required to submit quality performance data each year. These data are published annually in the New York State Health Plan Comparison Report and additional reports, the regional consumer guides in hard copy, and on the NYSDOH web site: http://www.health.ny.gov/health_care/managed_care/reports/.

Methods

This report examines Medicaid managed care performance by various member demographic characteristics using QARR data. 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 that were rotated and not collected as part of the 2013 QARR measurement set (2012 reporting year) include: Adolescent Preventive Care Measures, Childhood Immunization Status, Cholesterol Management for Patients with Cardiovascular Conditions, Colorectal Cancer Screening, Comprehensive Diabetes Care, Lead Screening in Children, Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents, and CAHPS Survey Data for Medicaid. Rates displayed for these measures are based upon services delivered during 2011. Measures where age groups are not applicable are marked with 'NA'.

Demographic Characteristics: Demographic information analyzed in this report includes members' sex, age, race/ethnicity, Medicaid aid category, cash assistance status, mental health condition, and region of residence. The characteristics are extracted from Medicaid member information collected during enrollment and is linked to QARR member level data.

Charts: Bar charts examining the relationship between race and ethnicity are presented at the end of each section. These results represent significant differences (better or worse) between each racial and ethnic group and the referent group of Whites. Multivariate regression analyses were performed to control for differences in the distributions of sex, age, Medicaid aid category, cash assistance status, mental health condition, and geographic location.

Trends: Graphs showing selected measure-specific performance over time by region 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. Only those measures with at least three years of available data were included.

Maps: County-specific rates and neighborhood-specific rates for New York City residents were included for measures with adequate numbers of members.

More detailed information on how this report was compiled can be found in the technical notes section on page 53.

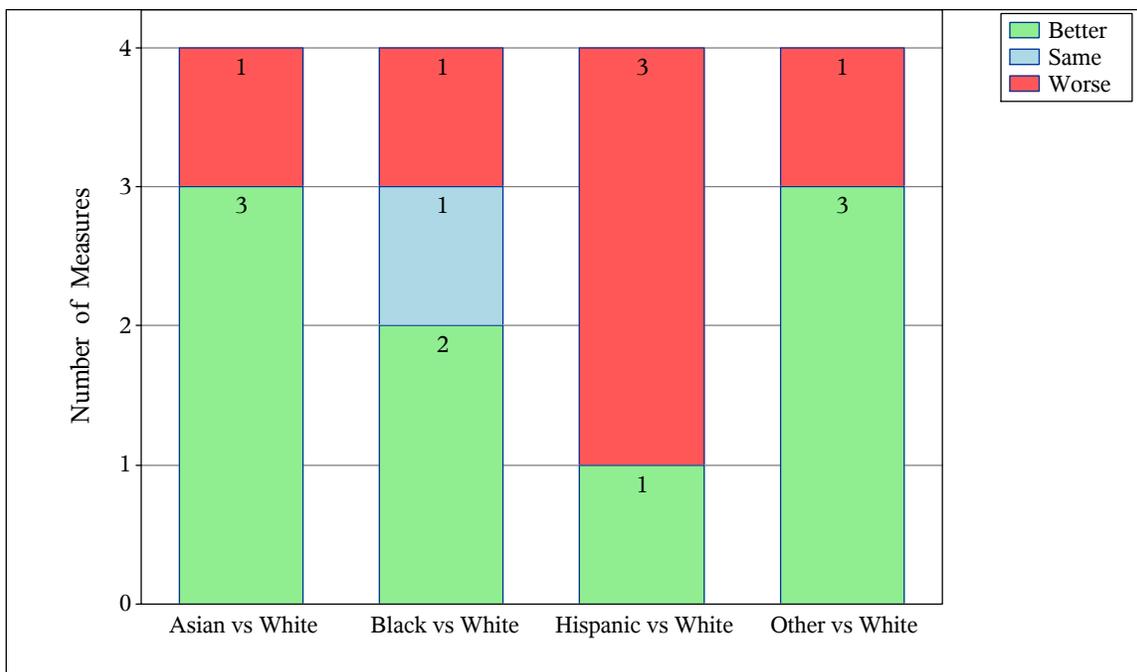
Managing Preventive Care and Acute Illnesses in Adults

Measure	Description
Annual Dental Visit	The percentage of young adults, ages 19 to 21 years, who had at least one dental visit within the last year.
Adult BMI Assessment	The percentage of members, ages 18 to 74 years, with an outpatient visit, who had their body mass index (BMI) documented during the measurement year or the prior measurement year.
Use of Imaging Studies for Low Back Pain	The percentage of members, ages 18 to 50 years, with a primary diagnosis of 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 years, with acute bronchitis who did not receive a prescription for antibiotics. A higher score indicates more appropriate treatment.

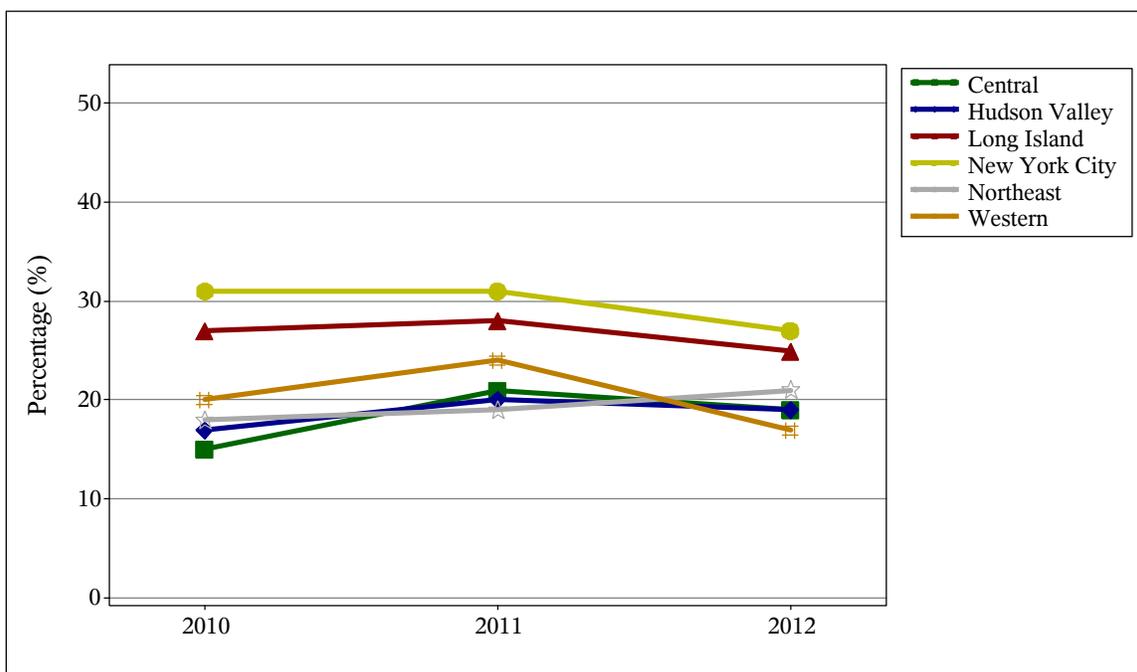
Demographics	Adult BMI Assessment	Annual Dental Visit (Ages 19-21)
Sex		
Female	81	49
Male	75	39
Age		
18-44	77	44
45-64	81	NA
65+	78	NA
Race		
Asian	80	42
Black	77	39
Hispanic	82	46
Other	80	42
White	76	47
Aid Category		
Family Health Plus	79	44
Safety Net	78	43
SSI	80	34
TANF	78	45
Cash Assistance Status		
Cash Assistance	80	38
No Cash Assistance	78	45
SMI Status		
SMI	82	47
Non-SMI	78	44
Region		
Central	73	36
Hudson Valley	80	49
Long Island	73	45
New York City	79	44
Northeast	88	45
Western	82	40
Statewide	79	44

Demographics	Use of Imaging Studies for Low Back Pain	Avoidance of Antibiotic Therapy in Adults with Acute Bronchitis
Sex		
Female	79	23
Male	76	25
Age		
18-44	78	24
45-64	78	25
Race		
Asian	82	30
Black	80	25
Hispanic	77	22
Other	81	27
White	74	22
Aid Category		
Family Health Plus	76	24
Safety Net	79	27
SSI	79	22
TANF	78	22
Cash Assistance Status		
Cash Assistance	79	22
No Cash Assistance	78	25
SMI Status		
SMI	77	22
Non-SMI	78	25
Region		
Central	69	19
Hudson Valley	73	19
Long Island	70	25
New York City	81	27
Northeast	71	21
Western	76	17
Statewide	78	24

Difference of Overall Performance in the Domain by Race and Ethnicity (Adjusted for Sex, Age, Medicaid Aid Category, Cash Assistance, Mental Health Condition, and Geographic Location)



Avoidance of Antibiotic Therapy in Adults with Acute Bronchitis by Region, 2010-2012 (Unadjusted Rate)

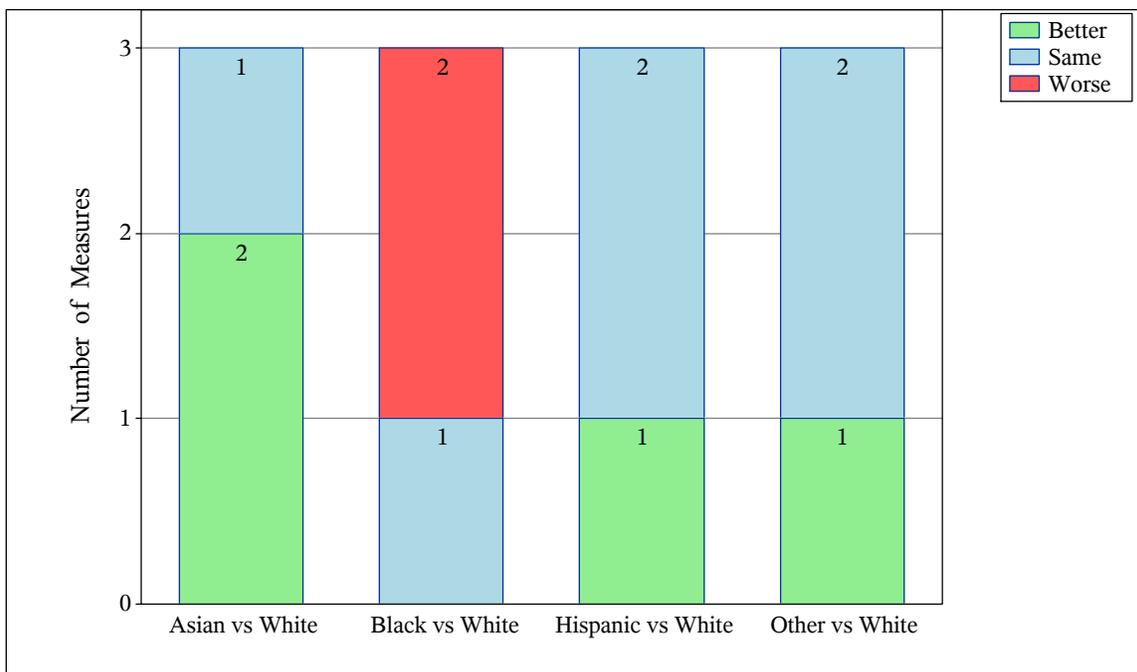


Managing Cardiovascular Conditions in Adults

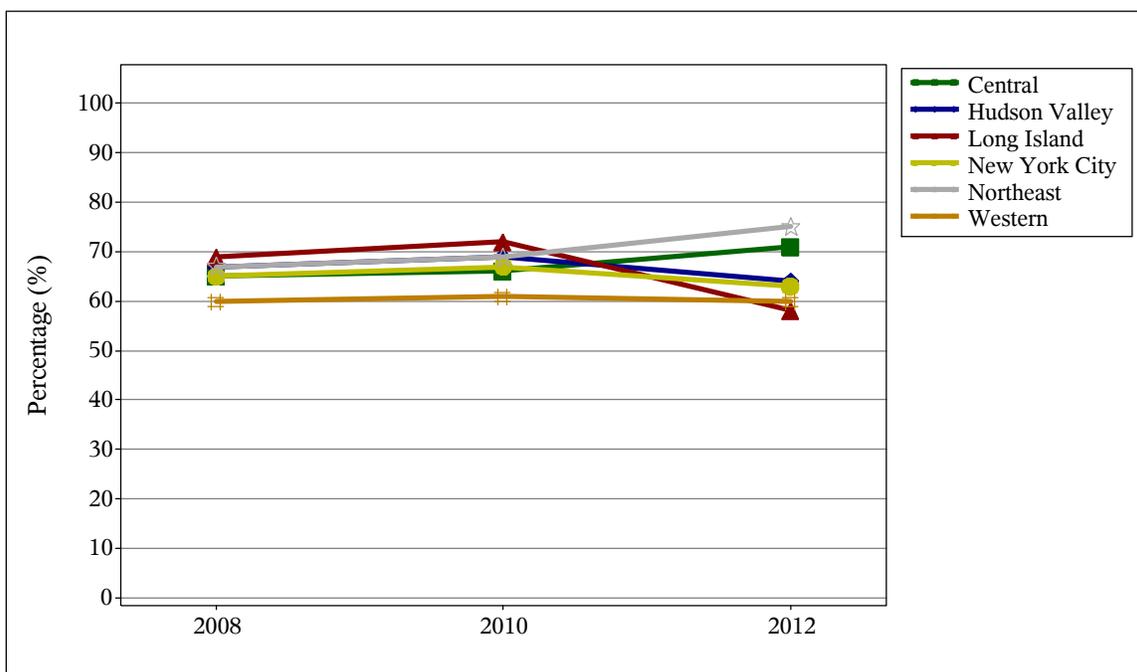
Measure	Description
Controlling High Blood Pressure	The percentage of members, ages 18 to 85 years, who have hypertension and whose blood pressure is controlled (below 140/90).
Cholesterol for Patients with Cardiovascular Conditions	The percentage of members, ages 18 to 75 years, with a cardiovascular condition, who had LDL-C screening performed and whose LDL-C levels were in control (< 100mg/dL).
	1. Screening Test: The percentage of members who had a cholesterol screening test.
	2. Level Controlled (LDL-C < 100mg/dL): The percentage of members who had a cholesterol level LDL-C result of < 100mg/dL.

		Cholesterol Management after Cardiovascular Event		
Demographics		Controlling High Blood Pressure	Cholesterol Screening Test	Cholesterol Level Controlled
Sex				
	Female	66	90	49
	Male	59	90	56
Age				
	18-44	58	79	43
	45-64	64	91	53
	65+	63	92	59
Race				
	Asian	71	94	60
	Black	57	87	48
	Hispanic	62	90	53
	Other	63	90	54
	White	65	89	50
Aid Category				
	Family Health Plus	63	90	51
	Safety Net	63	91	54
	SSI	63	89	52
	TANF	61	89	48
Cash Assistance Status				
	Cash Assistance	62	88	50
	No Cash Assistance	63	91	54
SMI Status				
	SMI	64	89	49
	Non-SMI	63	90	54
Region				
	Central	71	84	49
	Hudson Valley	64	91	57
	Long Island	58	85	47
	New York City	63	91	52
	Northeast	75	85	55
	Western	60	84	54
Statewide		63	90	52

Difference of Overall Performance in the Domain by Race and Ethnicity (Adjusted for Sex, Age, Medicaid Aid Category, Cash Assistance, Mental Health Condition, and Geographic Location)



Controlling High Blood Pressure by Region, 2008-2012 (Unadjusted Rate)



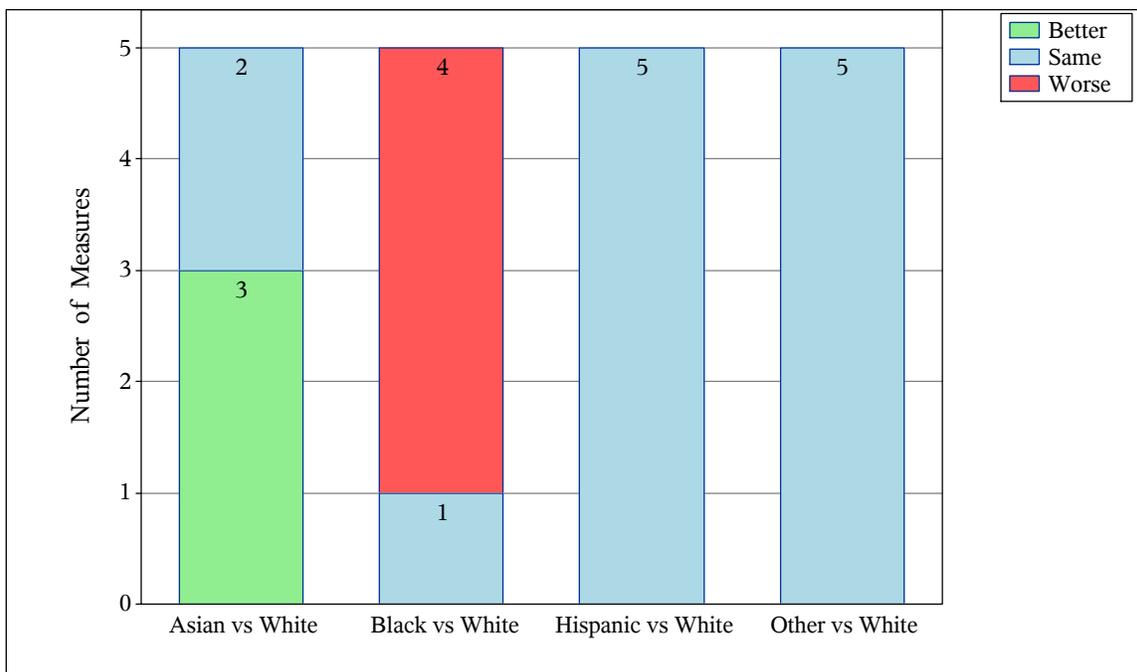
Managing Respiratory Conditions in Adults

Measure	Description
Use of Appropriate Medications for People with Asthma (Ages 19-64)	The percentage of members, ages 19 to 64 years, with persistent asthma who received at least one appropriate medication to control their condition during the measurement year.
Use of Appropriate Asthma Medications- 3+ Controllers (Ages 19-64)	The percentage of members, ages 19 to 64 years, 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 years and older, with a new diagnosis of COPD or newly active COPD, who received spirometry testing to confirm the diagnosis.
Pharmacotherapy Management of COPD Exacerbation	The percentage of times that members 40 years of age and older who have had an acute inpatient discharge or ED visit for COPD, 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.

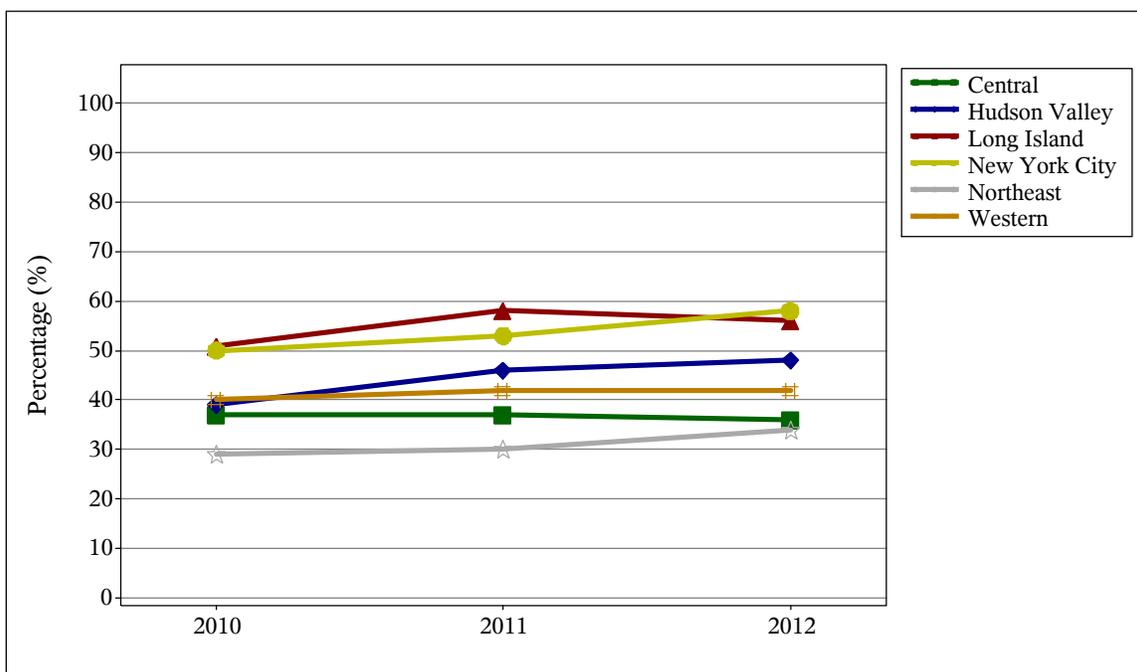
Demographics	Use of Appropriate Medications for People with Asthma (Ages 19-64)	Appropriate Asthma Medications for People with Asthma 3+ Controllers (Ages 19-64)
Sex		
Female	82	71
Male	80	70
Age		
19-44	81	67
45-64	82	74
Race		
Asian	89	79
Black	79	66
Hispanic	82	72
Other	82	72
White	81	69
Aid Category		
Family Health Plus	85	73
Safety Net	83	73
SSI	79	71
TANF	82	67
Cash Assistance Status		
Cash Assistance	80	70
No Cash Assistance	83	71
SMI Status		
SMI	81	71
Non-SMI	82	71
Region		
Central	80	69
Hudson Valley	81	66
Long Island	83	69
New York City	82	72
Northeast	78	63
Western	80	67
Statewide	81	71

Demographics	Pharmacotherapy Management of COPD Exacerbation		
	Use of Spirometry Testing in the Assessment and Diagnosis of COPD	Corticosteroid	Bronchodilator
Sex			
Female	51	74	89
Male	54	70	86
Age			
18-44	53	69	80
45+	53	73	88
Race			
Asian	79	80	93
Black	43	69	89
Hispanic	50	73	91
Other	53	69	86
White	48	74	85
Aid Category			
Family Health Plus	65	76	81
Safety Net	62	71	85
SSI	44	72	90
TANF	55	80	85
Cash Assistance Status			
Cash Assistance	44	72	89
No Cash Assistance	62	75	85
SMI Status			
SMI	47	72	88
Non-SMI	56	73	87
Region			
Central	36	74	86
Hudson Valley	48	70	86
Long Island	56	73	88
New York City	58	71	90
Northeast	34	77	81
Western	42	75	87
Statewide	53	72	88

Difference of Overall Performance in the Domain by Race and Ethnicity (Adjusted for Sex, Age, Medicaid Aid Category, Cash Assistance, Mental Health Condition, and Geographic Location)



Use of Spirometry Testing in the Assessment and Diagnosis of COPD by Region, 2010-2012 (Unadjusted Rate)



Managing Diabetes

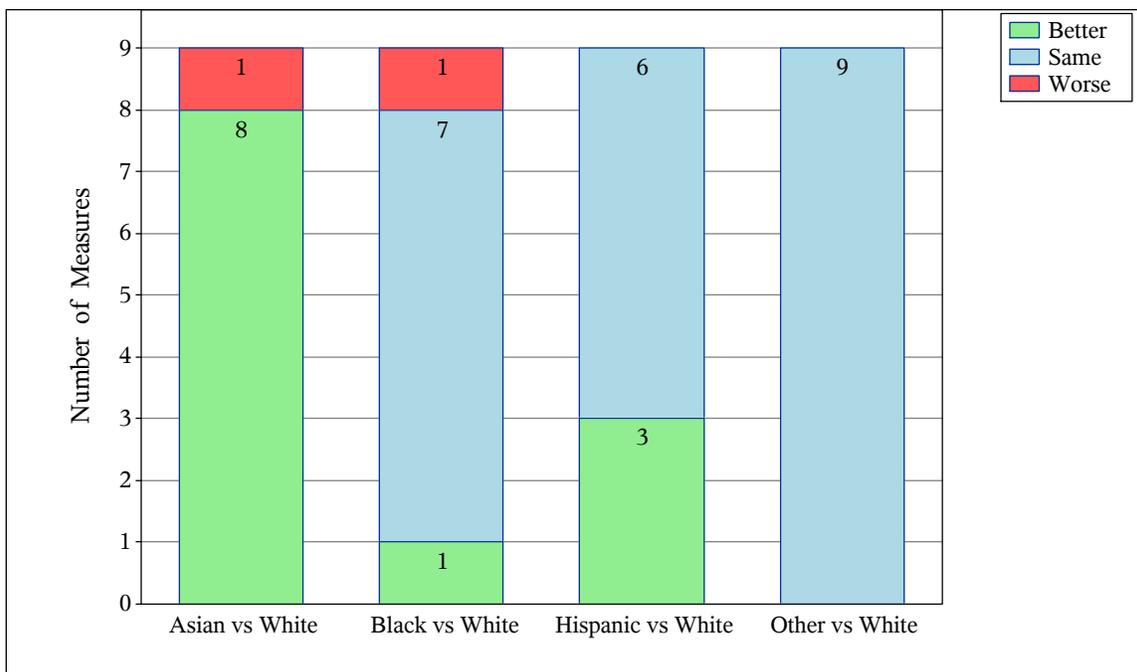
Measure	Description
Comprehensive Diabetes Care	This measure reports components of care for members with diabetes and the rate at which they received necessary components of diabetes care. Measures presented here are grouped into monitoring diabetes and diabetes outcomes.
Monitoring Diabetes:	
1) HbA1c Testing	The percentage of members with diabetes who received at least one Hemoglobin A1c (HbA1c) test within the past year.
2) Lipid Profile	The percentage of members with diabetes who had at least one cholesterol screening test done during the past year.
3) Dilated Eye Exam	The percentage of members with diabetes who had a retinal eye screening exam during the last year or who had a negative retinal exam in the year prior.
4) Nephropathy Monitoring	The percentage of members with diabetes who had at least one nephropathy screening test or had evidence of nephropathy during the last year.
5) Received All Tests	The percentage of members with diabetes who had at least one of each of the following: HcA1c test, cholesterol screening test, dilated eye exam, and medical attention for nephropathy.
Diabetes Outcomes:	
1) Poor HbA1c Controlled	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 most recent level of bad cholesterol was below the recommended level (LDL-C <100 mg/dL).
3) Blood Pressure Controlled	The percentage of members with diabetes whose most recent blood pressure reading was below 140/90.
4) HbA1c and Lipids Controlled	The percentage of members with diabetes whose most recent HbA1c level was at or less than 9.0 percent and whose most recent level of bad cholesterol was less than LDL-C <100 mg/dL.

Demographics		HbA1c Testing	Lipid Profile	Dilated Eye Exam	Nephropathy Monitoring	Received All Four Tests
Sex						
	Female	89	87	66	81	52
	Male	89	87	61	85	50
Age						
	18-44	84	80	53	70	36
	45-64	90	89	67	87	55
	65+	89	88	70	89	59
Race						
	Asian	92	93	71	87	62
	Black	87	85	62	83	48
	Hispanic	90	87	64	84	52
	Other	89	88	65	82	52
	White	86	84	61	78	46
Aid Category						
	Family Health Plus	91	91	65	82	53
	Safety Net	89	89	66	85	54
	SSI	88	86	63	87	51
	TANF	87	83	60	72	44
Cash Assistance Status						
	Cash Assistance	87	84	62	85	49
	No Cash Assistance	90	89	65	82	53
SMI Status						
	SMI	88	86	61	84	48
	Non-SMI	89	87	65	83	53
Region						
	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
Statewide		89	87	64	83	51

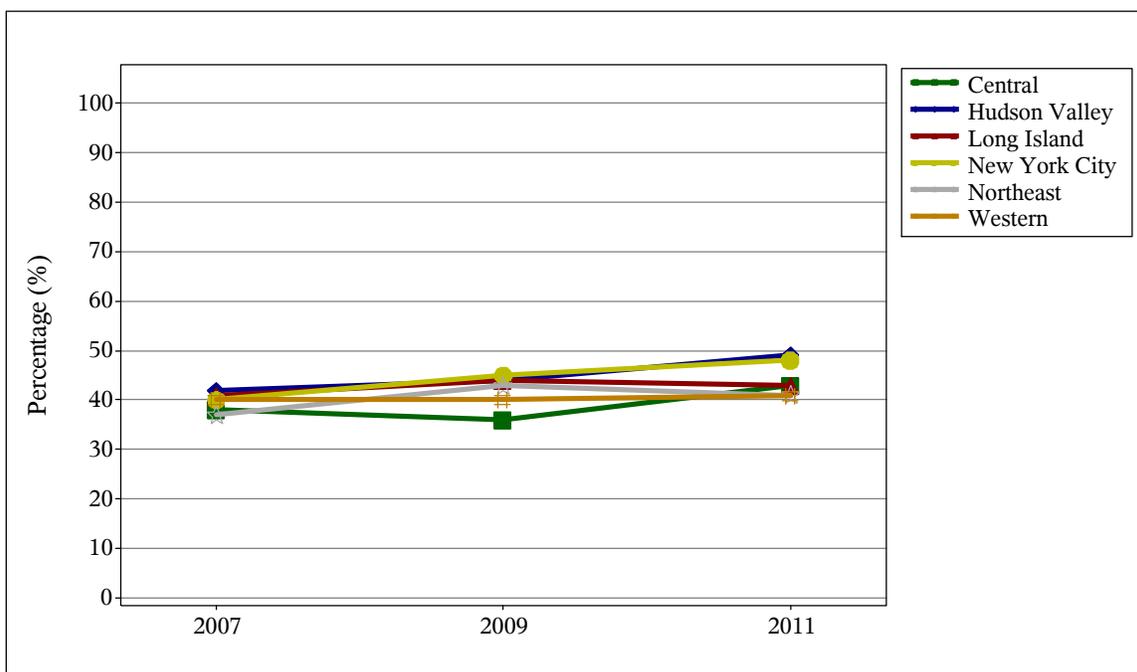
Demographics	Poor HbA1c Controlled(*)	Lipids Controlled	Blood Pressure Controlled	HbA1c and Lipids Controlled
Sex				
Female	32	44	67	36
Male	35	50	65	39
Age				
18-44	40	39	71	27
45-64	31	49	66	39
65+	29	51	57	44
Race				
Asian	22	54	71	46
Black	39	45	58	33
Hispanic	34	46	67	37
Other	31	47	66	38
White	36	42	70	33
Aid Category				
Family Health Plus	30	48	74	39
Safety Net	31	49	66	40
SSI	35	47	61	37
TANF	37	39	69	29
Cash Assistance Status				
Cash Assistance	36	45	62	34
No Cash Assistance	31	47	69	39
SMI Status				
SMI	36	43	67	33
Non-SMI	32	48	66	38
Region				
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
Statewide	33	47	66	37

Note: * A low rate is desirable.

Difference of Overall Performance in the Domain by Race and Ethnicity (Adjusted for Sex, Age, Medicaid Aid Category, Cash Assistance, Mental Health Condition, and Geographic Location)



Poor HbA1c Controlled by Region, 2007-2011 (Unadjusted Rate)

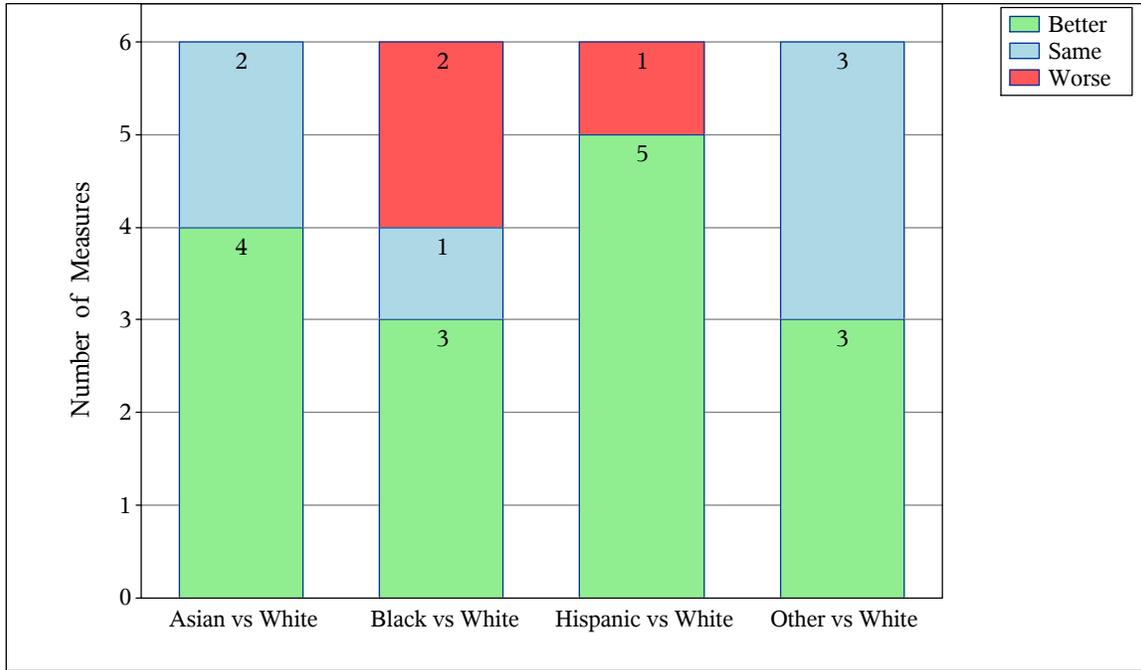


Managing Medications in Adults

Measure	Description
Drug Therapy for Rheumatoid Arthritis	The percentage of members with rheumatoid arthritis who were dispensed at least one ambulatory prescription for a disease modifying anti-rheumatic drug.
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 specific 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 anticonvulsants for members who received at least a 180-day supply of an anticonvulsant and who had at least one blood test for therapeutic drug level for each anticonvulsant in the measurement year.
5) Combined Rate	The combined rate is the sum of the four numerators divided by the sum of the four denominators.

Demographics	Drug Therapy for Rheumatoid Arthritis	ACE Inhibitors or ARB's	Digoxin	Diuretics	Anticonvulsants	Combined Rate
Sex						
Female	79	92	94	91	66	90
Male	73	91	93	90	68	89
Age						
18-44	79	88	90	86	67	83
45-64	78	92	93	91	67	91
65+	76	92	95	92	61	92
Race						
Asian	84	94	91	93	66	93
Black	76	91	95	90	70	88
Hispanic	79	92	96	91	63	90
Other	81	92	95	91	66	90
White	74	89	90	89	68	87
Aid Category						
Family Health Plus	82	91	89	89	63	89
Safety Net	80	92	91	91	67	90
SSI	75	93	95	92	67	89
TANF	78	89	90	87	64	87
Cash Assistance Status						
Cash Assistance	75	93	94	92	68	89
No Cash Assistance	80	91	92	90	65	90
SMI Status						
SMI	73	94	97	93	69	89
Non-SMI	80	91	92	90	63	90
Region						
Central	78	90	88	89	69	87
Hudson Valley	72	91	95	91	70	89
Long Island	77	91	92	91	68	88
New York City	80	92	94	91	66	90
Northeast	79	89	91	88	71	86
Western	75	88	90	87	67	85
Statewide	78	92	93	91	67	89

**Difference of Overall Performance in the Domain by Race and Ethnicity
(Adjusted for Sex, Age, Medicaid Aid Category, Cash Assistance, Mental Health Condition, and Geographic Location)**

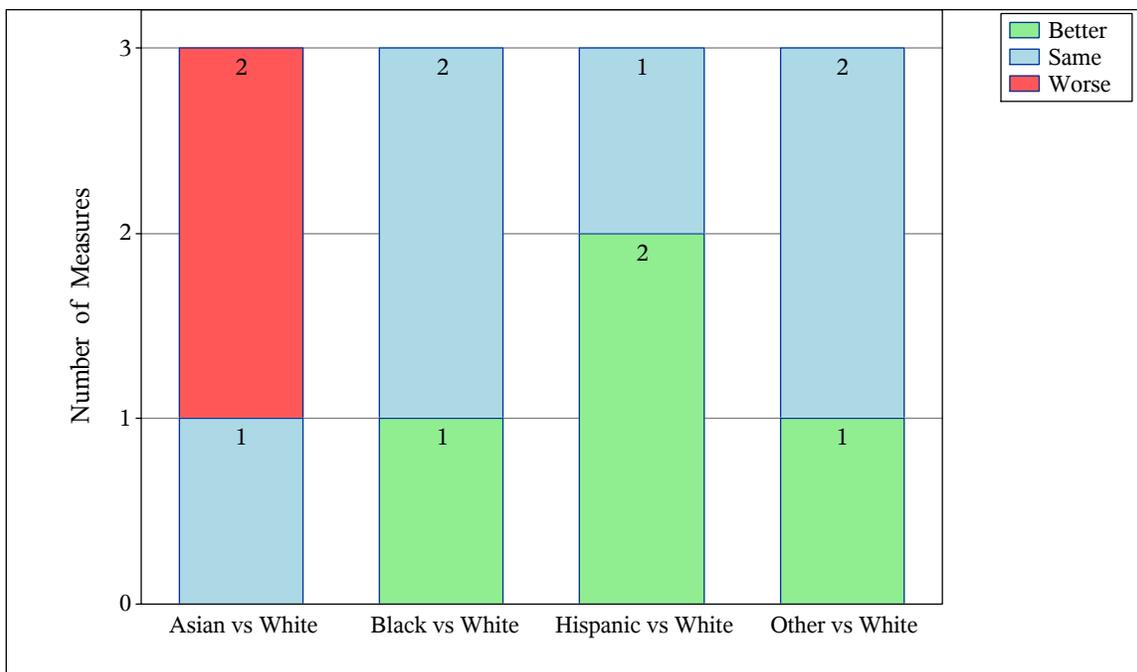


HIV/AIDS Comprehensive Care

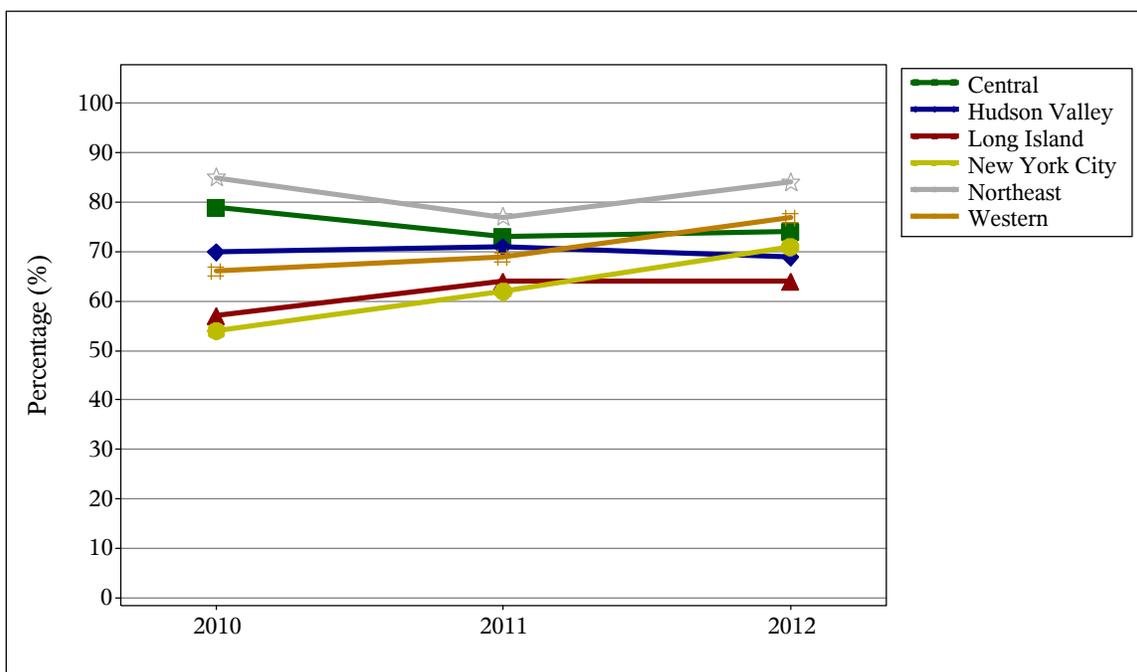
Measure	Description
HIV/AIDS Comprehensive Care	These measures include quality indicators of recommended treatment and preventive care for people living with HIV/AIDS, who are enrolled in Medicaid managed care.
1) Engaged in Care	The percentage of members with HIV/AIDS, ages 2 years and older, who had two visits for primary care or HIV related care with at least one visit during each half of 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, ages 2 years and older, who had two viral load tests performed with at least one test during each half of the past year.
3) Syphilis Screening	The percentage of members with HIV/AIDS, ages 19 years and older, who were screened for syphilis in the past year.

Demographics	Engaged in Care	Viral Load Monitoring	Syphilis Screening
Sex			
Female	86	74	69
Male	80	70	73
Age			
2-18	82	65	NA
19-44	79	69	74
45+	86	74	69
Race			
Asian	79	54	55
Black	83	71	71
Hispanic	84	74	74
Other	80	69	74
White	83	71	65
Aid Category			
Family Health Plus	84	71	65
Safety Net	80	70	73
SSI	86	74	70
TANF	82	68	69
Cash Assistance Status			
Cash Assistance	84	73	73
No Cash Assistance	81	67	65
Region			
Central	82	74	64
Hudson Valley	90	69	67
Long Island	83	64	63
New York City	82	71	73
Northeast	94	84	69
Western	83	77	62
Statewide	83	72	71

Difference of Overall Performance in the Domain by Race and Ethnicity (Adjusted for Sex, Age, Medicaid Aid Category, Cash Assistance, Mental Health Condition, and Geographic Location)



Viral Load Monitoring by Region, 2010-2012 (Unadjusted Rate)

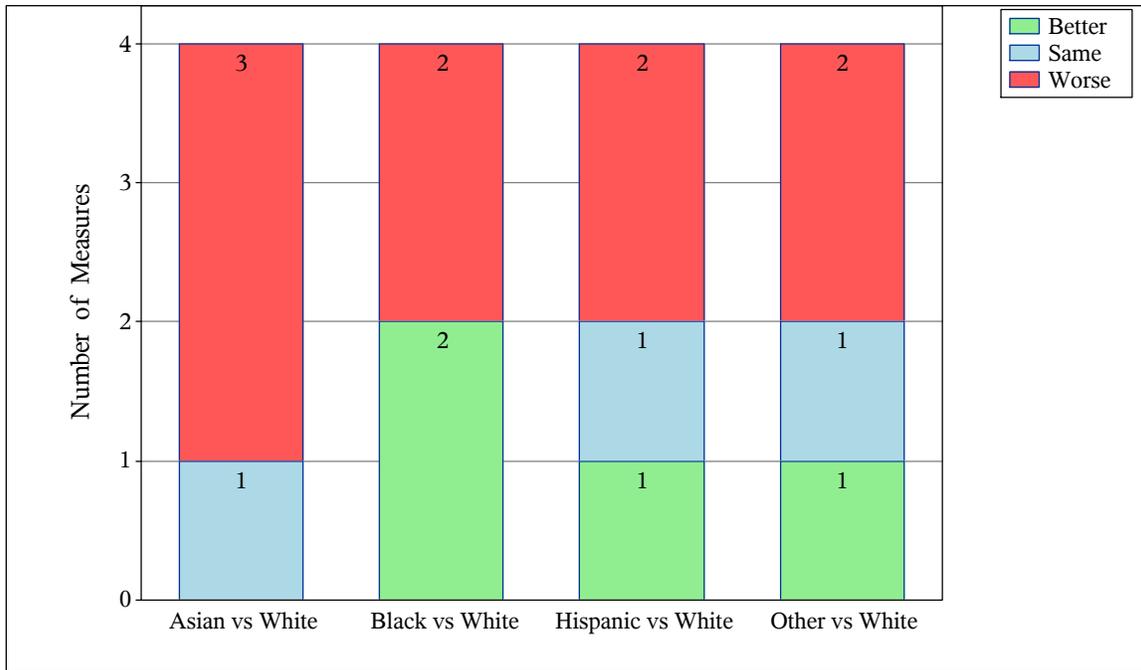


Behavioral Health

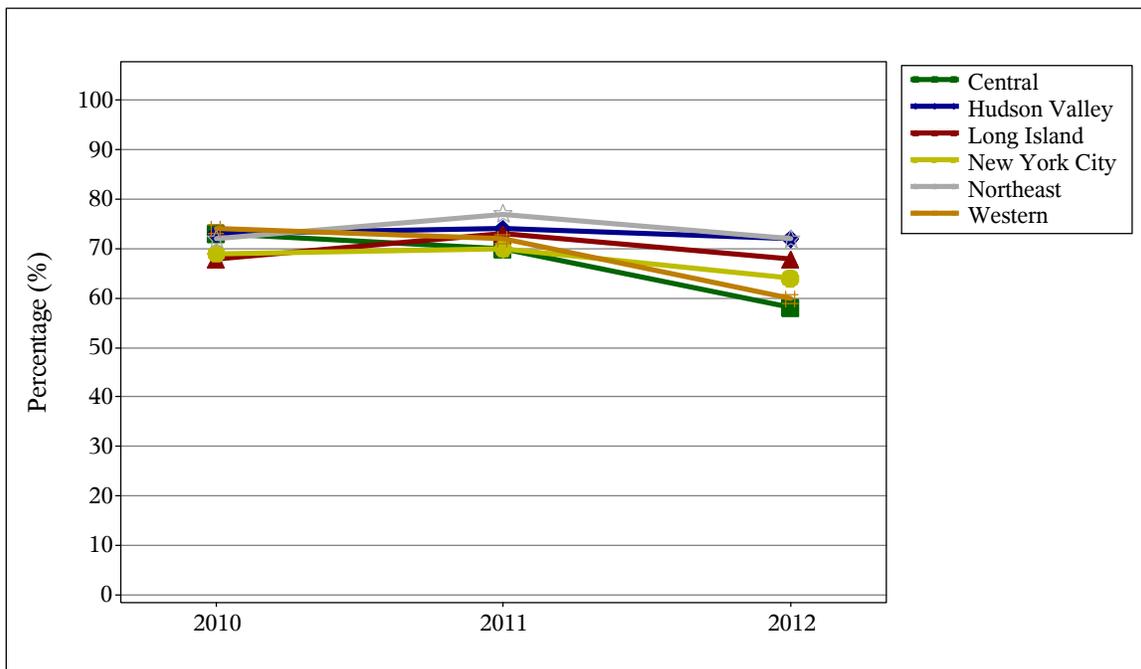
Measure	Description
Antidepressant Medication Management	This measure is for members ages 18 and older who were diagnosed with depression and treated with an antidepressant medication and has two components of care.
1) Effective Acute Phase Treatment	The percentage of members who remained on antidepressant 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 members who were seen on an ambulatory basis or who were in intermediate treatment with a mental health provider within 7 days of discharge.
2) Within 30 Days	The percentage of members who were seen on an ambulatory basis or who were in intermediate treatment with a mental health provider 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
Sex				
Female	53	37	68	82
Male	54	39	62	76
Age				
6-17	NA	NA	74	88
18-44	50	34	62	77
45+	NA	NA	63	77
Race				
Asian	48	31	71	83
Black	43	28	58	74
Hispanic	51	35	69	82
Other	50	34	65	79
White	60	44	66	81
Aid Category				
Family Health Plus	56	38	68	81
Safety Net	54	39	59	73
SSI	55	42	68	83
TANF	49	32	70	84
Cash Assistance Status				
Cash Assistance	52	38	65	81
No Cash Assistance	54	37	65	79
Region				
Central	55	38	58	75
Hudson Valley	55	38	72	84
Long Island	57	41	68	82
New York City	51	36	64	79
Northeast	58	41	72	84
Western	52	37	60	76
Statewide	53	37	65	79

Difference of Overall Performance in the Domain by Race and Ethnicity (Adjusted for Sex, Age, Medicaid Aid Category, Cash Assistance, Mental Health Condition, and Geographic Location)



Follow-up after Hospitalization for Mental Illness within 7 Days by Region, 2010-2012 (Unadjusted Rate)



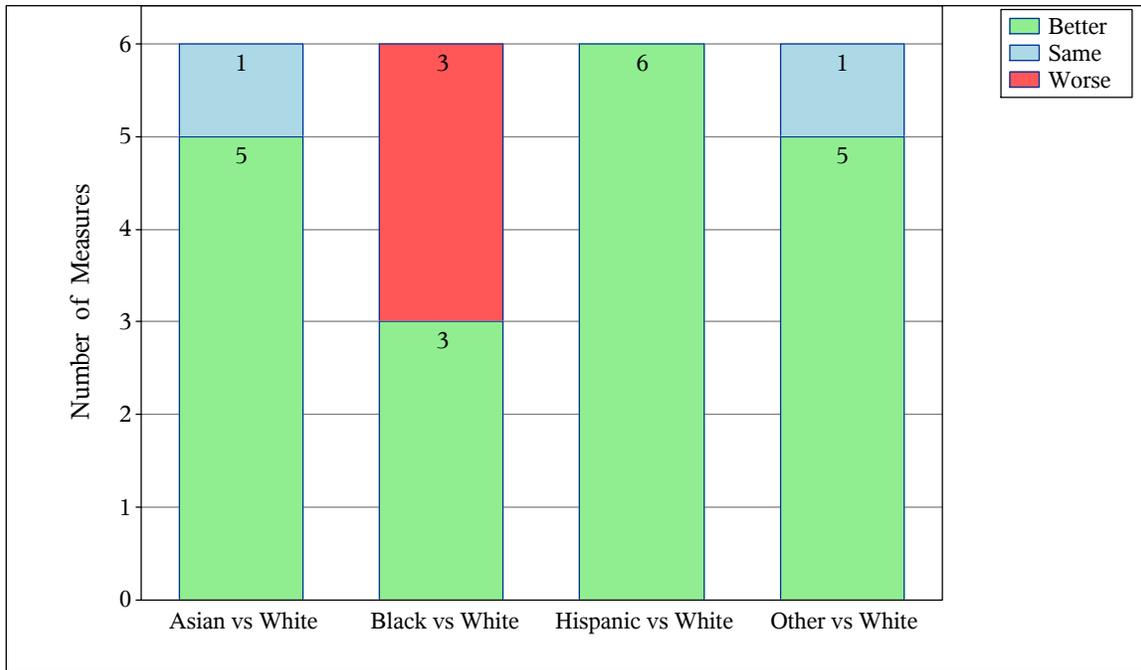
Child Preventive Care

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 consists of the following vaccines: 4 Diphtheria/Tetanus/Pertussis, 3 Polio, 1 Measles/Mumps/Rubella, 3 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 by their second birthday.
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 and 6th Years of Life	The percentage of children, ages 3 to 6 years, who had one or more well-child visits with a primary care provider during the measurement year.
Adolescent Well-Care Visits	The percentage of adolescents, ages 12 to 21 years, who had at least one comprehensive well-care visit with a primary care provider during the measurement year.
Annual Dental Visit	The percentage of children and adolescents, ages 2 to 18 years, who had at least one dental visit within the measurement year.

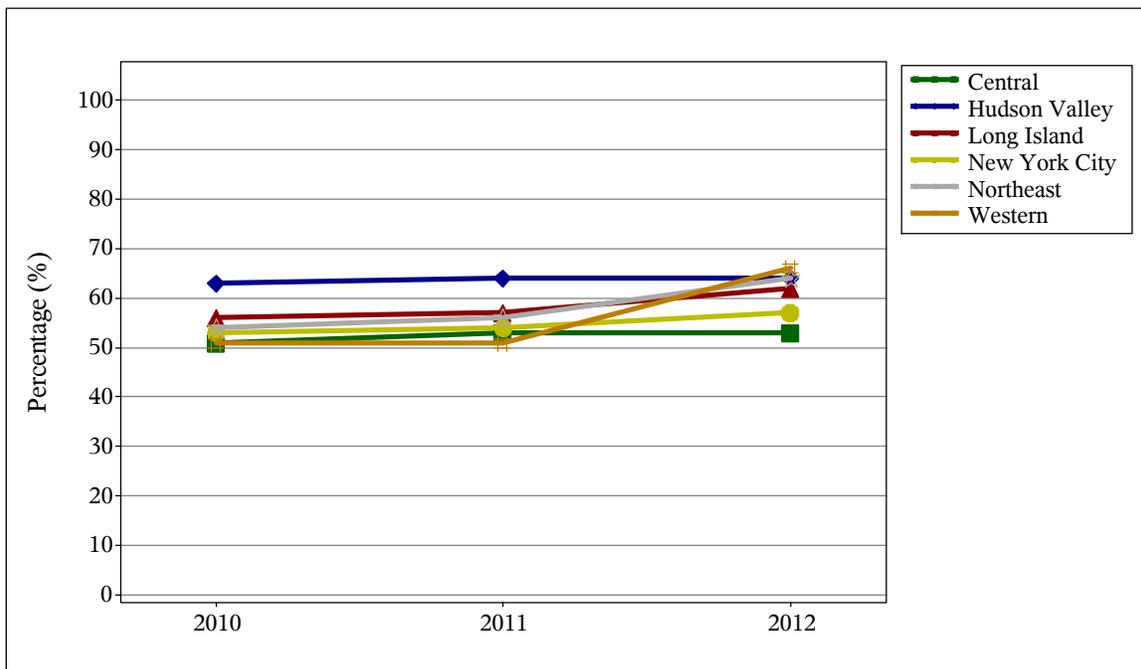
Demographics	Childhood Immunization Combo 3	Lead Testing	Five or More Well Child & Preventive Care Visits in the First 15 Months of Life
Sex			
Female	75	88	83
Male	74	88	83
Race			
Asian	76	87	83
Black	76	89	81
Hispanic	82	93	87
Other	76	86	83
White	64	82	80
Aid Category			
SSI	78	94	82
TANF	74	88	83
Cash Assistance Status			
Cash Assistance	74	88	79
No Cash Assistance	75	88	84
Region			
Central	81	83	88
Hudson Valley	67	87	81
Long Island	74	86	88
New York City	74	92	82
Northeast	78	74	90
Western	76	83	85
Statewide	74	88	83

Demographics	Well Child Visits(3rd-6th)	Adolescent Well-Care Visits	Annual Dental Visit
Sex			
Female	82	63	60
Male	82	58	58
Age			
2-3	84	NA	37
4-6	81	NA	62
7-11	NA	NA	67
12-14	NA	68	62
15-18	NA	62	55
19-21	NA	44	NA
Race			
Asian	85	68	61
Black	79	56	48
Hispanic	84	62	63
Other	81	62	59
White	80	58	59
Aid Category			
Family Health Plus	NA	44	NA
Safety Net	NA	43	NA
SSI	81	55	47
TANF	82	62	59
Cash Assistance Status			
Cash Assistance	79	57	48
No Cash Assistance	83	61	61
Region			
Central	77	55	53
Hudson Valley	81	58	64
Long Island	81	61	62
New York City	83	62	57
Northeast	80	59	64
Western	78	59	66
Statewide	82	60	59

Difference of Overall Performance in the Domain by Race and Ethnicity (Adjusted for Sex, Age, Medicaid Aid Category, Cash Assistance, Mental Health Condition, and Geographic Location)



Annual Dental Visit by Region, 2010-2012 (Unadjusted Rate)



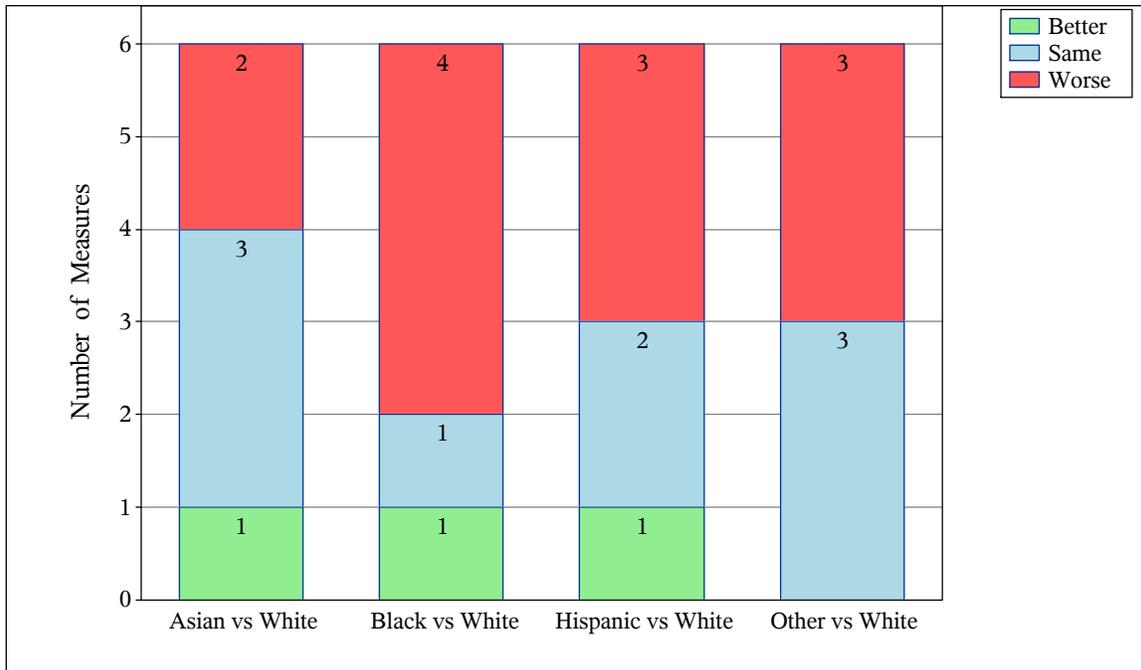
Caring for Children and Adolescents with Illnesses

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 not 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 2 to 18 years, 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 5-18)	The percentage of children, ages 5 to 18 years, with persistent asthma who received at least one appropriate medication to control their condition during the measurement year.
Use of Appropriate Asthma Medications for People with Asthma -3+ Controllers (Ages 5-18)	The percentage of children, ages 5 to 18 years, 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 years, 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 years, with a new prescription for ADHD medication and who had one follow-up visit with a practitioner within the 30 days after starting the medication.
2) Continuation Phase	The percentage of children, ages 6 to 12 years, with a new prescription for ADHD medication who remained on the medication for 7 months and who, in addition to the visit in the Initiation Phase, had at least 2 follow-up visits in the 9-month period after the initiation phase ended.

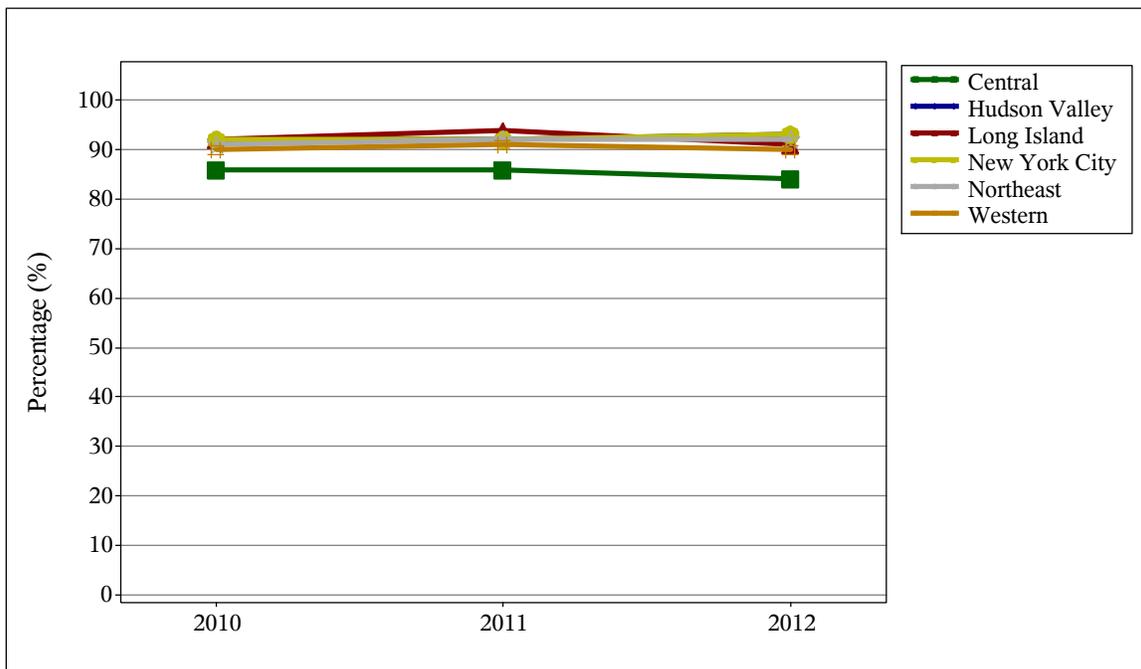
Demographics	Appropriate Treatment for URI	Appropriate Testing for Pharyngitis
Sex		
Female	92	87
Male	92	87
Age		
Less than 5	94	85
5-11	92	88
12-14	90	87
15-18	88	84
Race		
Asian	93	89
Black	93	78
Hispanic	93	84
Other	91	87
White	91	90
Aid Category		
SSI	92	80
TANF	92	87
Cash Assistance Status		
Cash Assistance	93	82
No Cash Assistance	92	88
Region		
Central	84	81
Hudson Valley	93	91
Long Island	91	89
New York City	93	87
Northeast	92	87
Western	90	81
Statewide	92	87

		Follow-Up Care for Children Prescribed ADHD Medication			
Demographics		Use of Appropriate Medications for Asthma (Ages 5-18)	Use of Appropriate Medications for Asthma 3+ Controllers (Ages 5-18)	Initiation Phase	Continuation Phase
Sex					
	Female	85	66	57	64
	Male	86	68	56	61
Race					
	Asian	88	68	63	74
	Black	83	62	54	63
	Hispanic	84	65	63	73
	Other	87	69	56	59
	White	91	75	53	57
Aid Category					
	SSI	85	69	60	66
	TANF	86	66	55	61
Cash Assistance Status					
	Cash Assistance	83	65	58	66
	No Cash Assistance	87	68	56	59
Region					
	Central	92	78	54	57
	Hudson Valley	89	68	60	65
	Long Island	89	69	51	59
	New York City	83	64	66	78
	Northeast	88	73	51	56
	Western	92	73	44	50
Statewide		86	67	57	62

**Difference of Overall Performance in the Domain by Race and Ethnicity
(Adjusted for Sex, Age, Medicaid Aid Category, Cash Assistance, Mental
Health Condition, and Geographic Location)**



**Appropriate Treatment for Upper Respiratory Infection (URI)
by Region, 2010-2012 (Unadjusted Rate)**



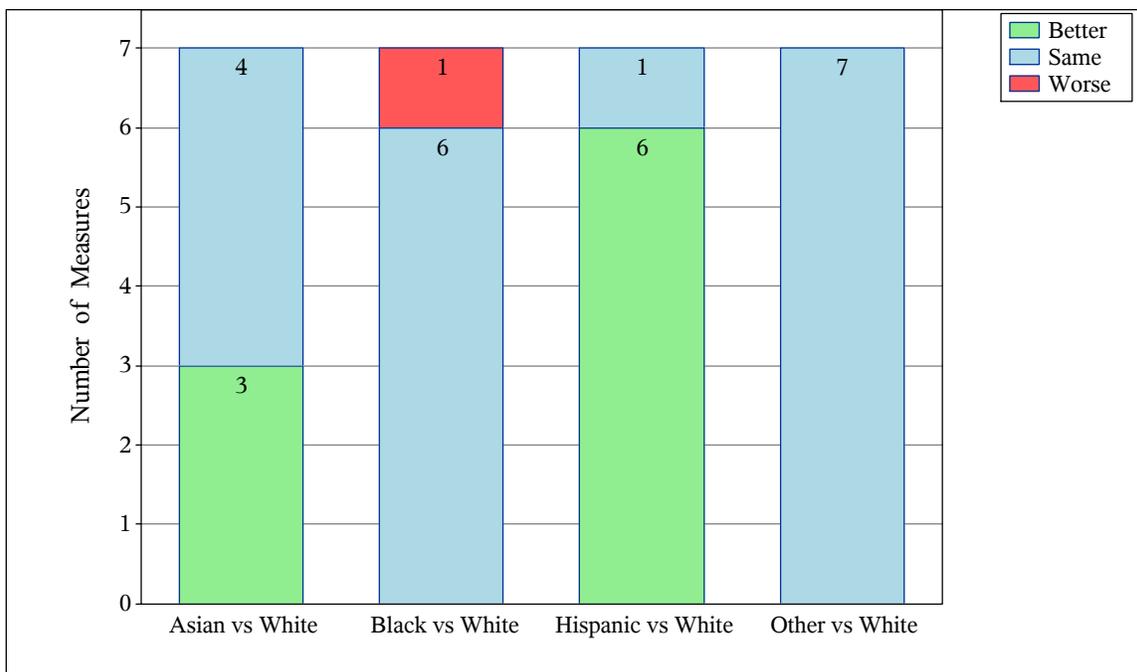
Preventive Counseling, Assessment, or Education for Children and Adolescents

Measure	Description
BMI Percentile	The percentage of members, ages 3 to 17 years, 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 years, 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 years, 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 years, who had at least one 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).

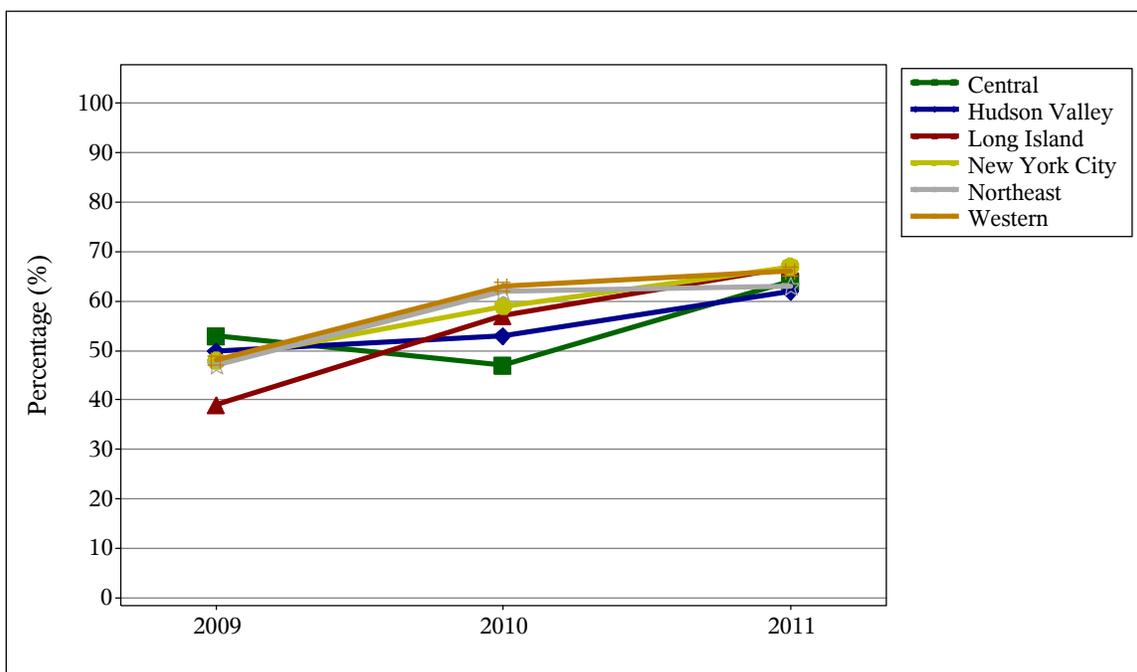
Demographics	BMI Percentile	Nutrition	Physical Activity
Sex			
Female	72	75	65
Male	72	76	67
Age			
3-6	72	77	60
7-11	72	75	66
12-14	71	76	72
15-17	72	72	70
Race			
Asian	71	77	70
Black	69	73	62
Hispanic	75	78	69
Other	71	73	64
White	70	73	65
Aid Category			
SSI	71	77	68
TANF	72	75	66
Cash Assistance Status			
Cash Assistance	70	75	64
No Cash Assistance	72	75	67
Region			
Central	62	67	61
Hudson Valley	70	69	63
Long Island	73	76	68
New York City	72	76	66
Northeast	73	73	67
Western	78	81	69
Statewide	72	75	66

Demographics	Sexual Health	Depression	Tobacco Use	Substance Use
Sex				
Female	67	57	69	67
Male	63	56	67	66
Age				
12-14	61	53	66	63
15-17	69	60	70	69
Race				
Asian	67	64	68	67
Black	65	53	67	64
Hispanic	70	60	72	69
Other	60	53	65	65
White	60	52	66	63
Aid Category				
SSI	63	55	70	66
TANF	65	57	68	66
Cash Assistance Status				
Cash Assistance	67	57	71	66
No Cash Assistance	64	56	68	66
Region				
Central	54	45	60	56
Hudson Valley	52	46	64	60
Long Island	65	61	65	66
New York City	68	60	70	68
Northeast	63	50	67	68
Western	65	52	69	67
Statewide	65	56	68	66

Difference of Overall Performance in the Domain by Race and Ethnicity (Adjusted for Sex, Age, Medicaid Aid Category, Cash Assistance, Mental Health Condition, and Geographic Location)



Counseled on Physical Activity by Region, 2009-2011 (Unadjusted Rate)



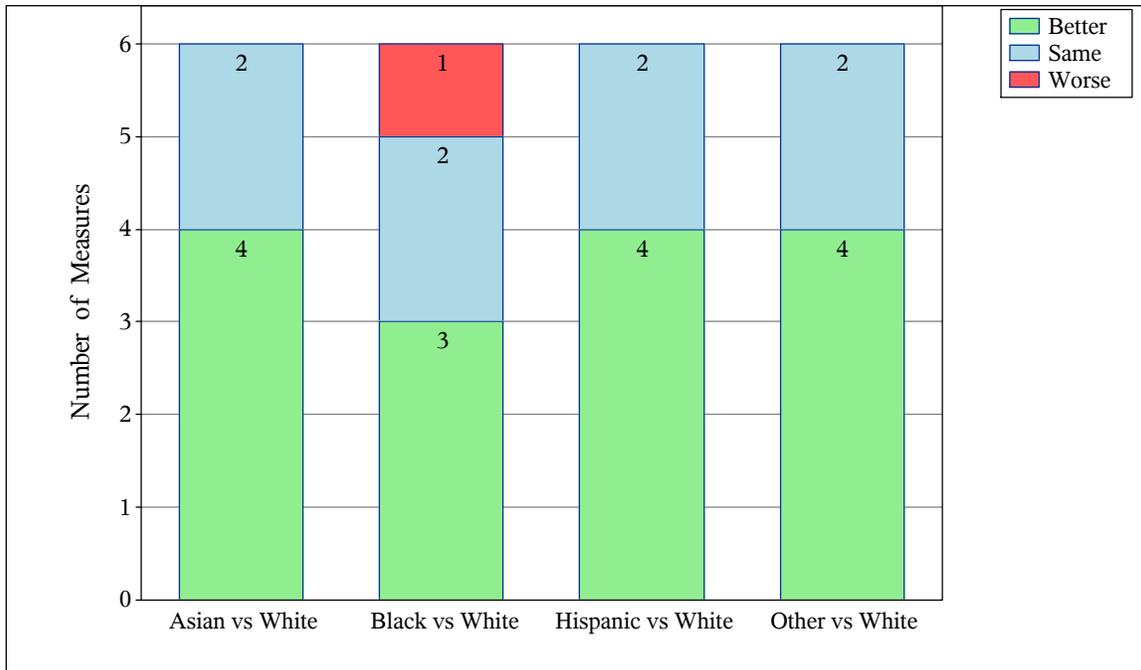
Preventive Care for Women

Measure	Description
Breast Cancer Screening	The percentage of women, ages 40 to 69 years, who had a mammogram during the measurement year or the year prior.
Cervical Cancer Screening	The percentage of women, ages 24 to 64 years, 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 years, who had at least one test for Chlamydia during the measurement year. The measure is reported separately for ages 16 to 20 years and 21 to 24 years.
Timeliness of Prenatal Care	The percentage of women who gave birth in the last year who had a prenatal care visit in their first trimester or within 42 days of enrollment in their health plan.
Postpartum Care	The percentage of women who gave birth in the last year who had a postpartum care visit between 21 and 56 days after they gave birth.
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.

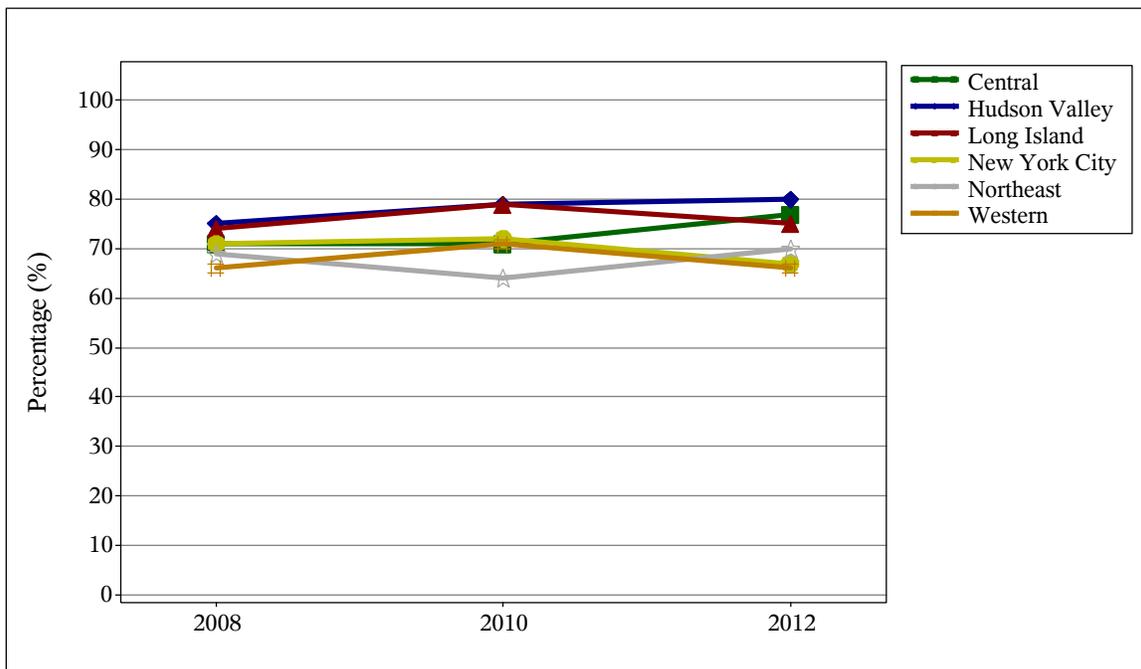
Demographics	Breast Cancer Screening	Cervical Cancer Screening	Chlamydia Screening (Ages 16-24)
Age			
16-20	NA	NA	69
21-41	NA	76	73
42-51	65	70	NA
52-69	70	60	NA
Race			
Asian	73	73	67
Black	62	70	78
Hispanic	76	74	76
Other	67	69	68
White	58	68	59
Aid Category			
Family Health Plus	72	75	69
Safety Net	71	68	72
SSI	62	58	68
TANF	66	76	71
Cash Assistance Status			
Cash Assistance	61	63	75
No Cash Assistance	71	73	70
Region			
Central	64	68	60
Hudson Valley	61	71	65
Long Island	61	67	67
New York City	71	72	75
Northeast	58	67	62
Western	56	69	67
Statewide	68	71	71

Demographics	Timeliness of Prenatal Care	Postpartum Care	Frequency of Ongoing Prenatal Care
Age			
18 and under	74	58	59
19-29	89	69	70
30-39	89	72	72
40 and above	86	70	74
Race			
Asian	91	77	78
Black	84	58	62
Hispanic	89	71	74
Other	89	66	72
White	89	75	68
Aid Category			
Family Health Plus	91	75	73
Safety Net	85	64	54
SSI	83	58	61
TANF	89	71	73
Cash Assistance Status			
Cash Assistance	83	51	56
No Cash Assistance	90	74	73
Region			
Central	87	77	77
Hudson Valley	91	80	79
Long Island	89	75	79
New York City	88	67	67
Northeast	91	70	81
Western	90	66	67
Statewide	88	70	70

Difference of Overall Performance in the Domain by Race and Ethnicity (Adjusted for Sex, Age, Medicaid Aid Category, Cash Assistance, Mental Health Condition, and Geographic Location)



Postpartum Visit on or between 21 and 56 Days after Delivery by Region, 2008-2012 (Unadjusted Rate)



Satisfaction with Care

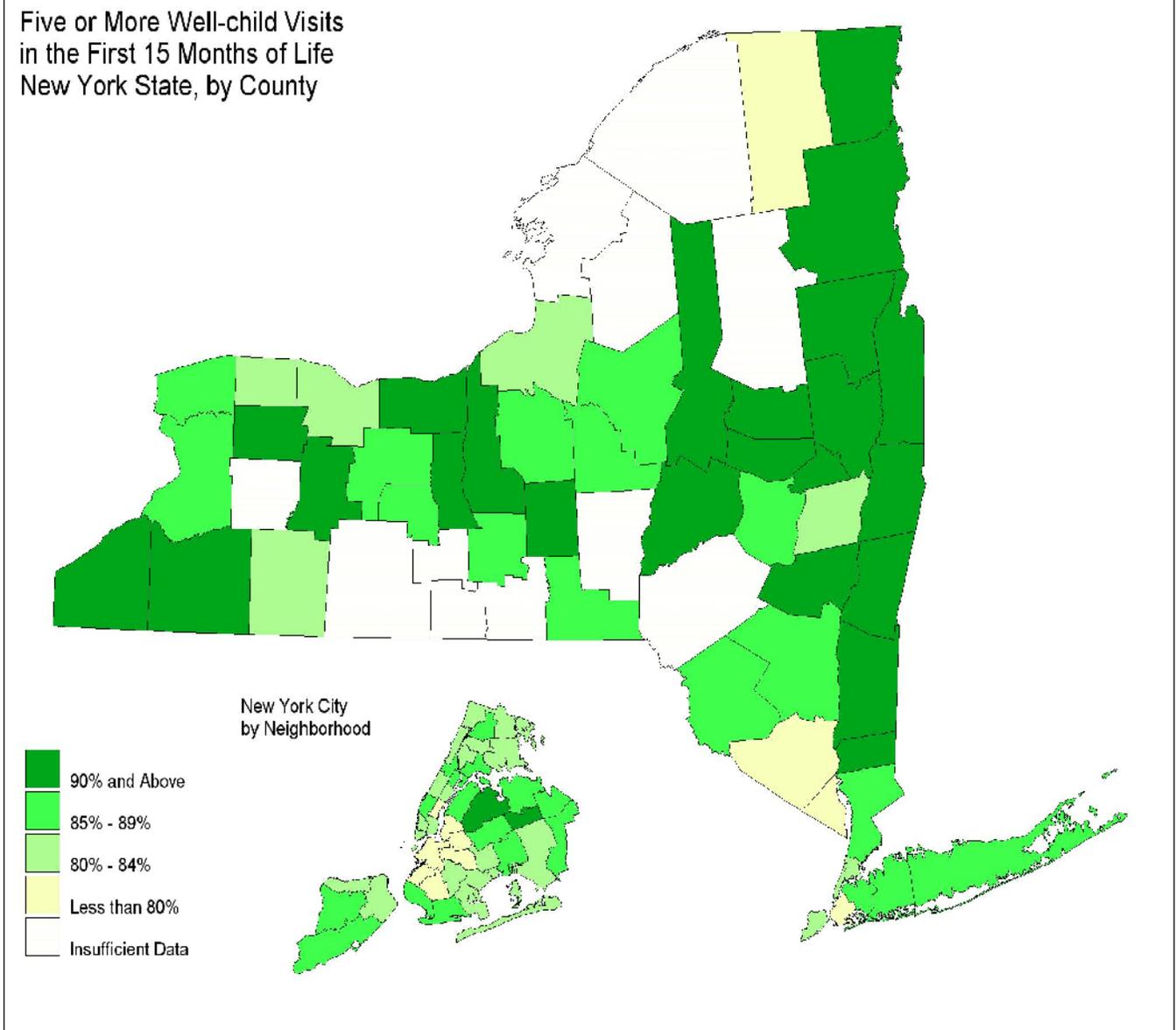
Measure	Description
Satisfaction with Provider Network:	
Satisfaction with Provider Communication	The percentage of members who responded "usually" or "always" when asked how often their doctor listened to them carefully, explained things in a way they could understand, showed respect for what they had 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.

Demographics	Satisfaction with Provider Communication	Satisfaction with Personal Doctor	Satisfaction with Specialist
Sex			
Female	88	73	70
Male	87	74	68
Race			
Asian	85	71	68
Black	88	73	67
Hispanic	87	77	74
Other	84	70	74
White	88	73	69
Aid Category			
Family Health Plus	88	73	68
Safety Net	87	72	66
SSI	89	78	74
TANF	87	73	69
Cash Assistance Status			
Cash Assistance	88	75	70
No Cash Assistance	87	73	69
SMI Status			
SMI	87	77	69
Non-SMI	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
Statewide	87	73	69

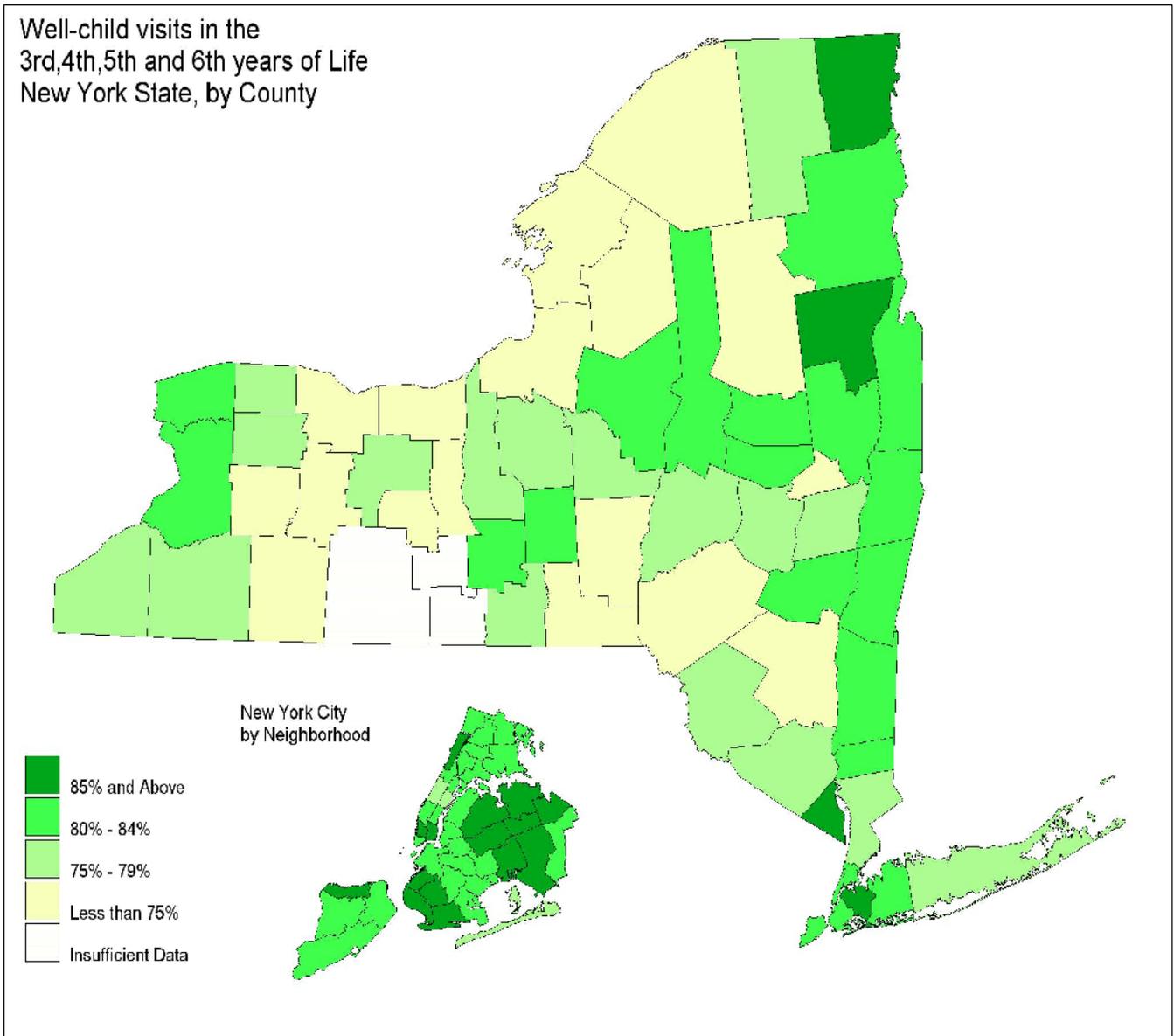
Demographics	Getting Care Needed	Getting Care Quickly	Customer Service	Rating of Health Plan
Sex				
Female	75	78	83	71
Male	74	74	79	70
Race				
Asian	65	57	74	67
Black	70	78	81	71
Hispanic	76	75	83	78
Other	77	77	81	70
White	77	80	79	66
Aid Category				
Family Health Plus	75	74	82	68
Safety Net	74	76	80	71
SSI	77	81	81	71
TANF	74	77	83	73
Cash Assistance Status				
Cash Assistance	74	80	79	70
No Cash Assistance	75	76	83	71
SMI Status				
SMI	75	81	83	72
Non-SMI	75	76	81	71
Region				
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
Statewide	75	76	83	71

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:
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 and 6th Years of Life	The percentage of children, ages 3 to 6 years, who had one or more well-child visits with a primary care provider during the measurement year.
Adolescent Well-Care Visits	The percentage of adolescents, ages 12 to 21 years, who had at least one comprehensive well-care visit with a primary care provider during the measurement year.

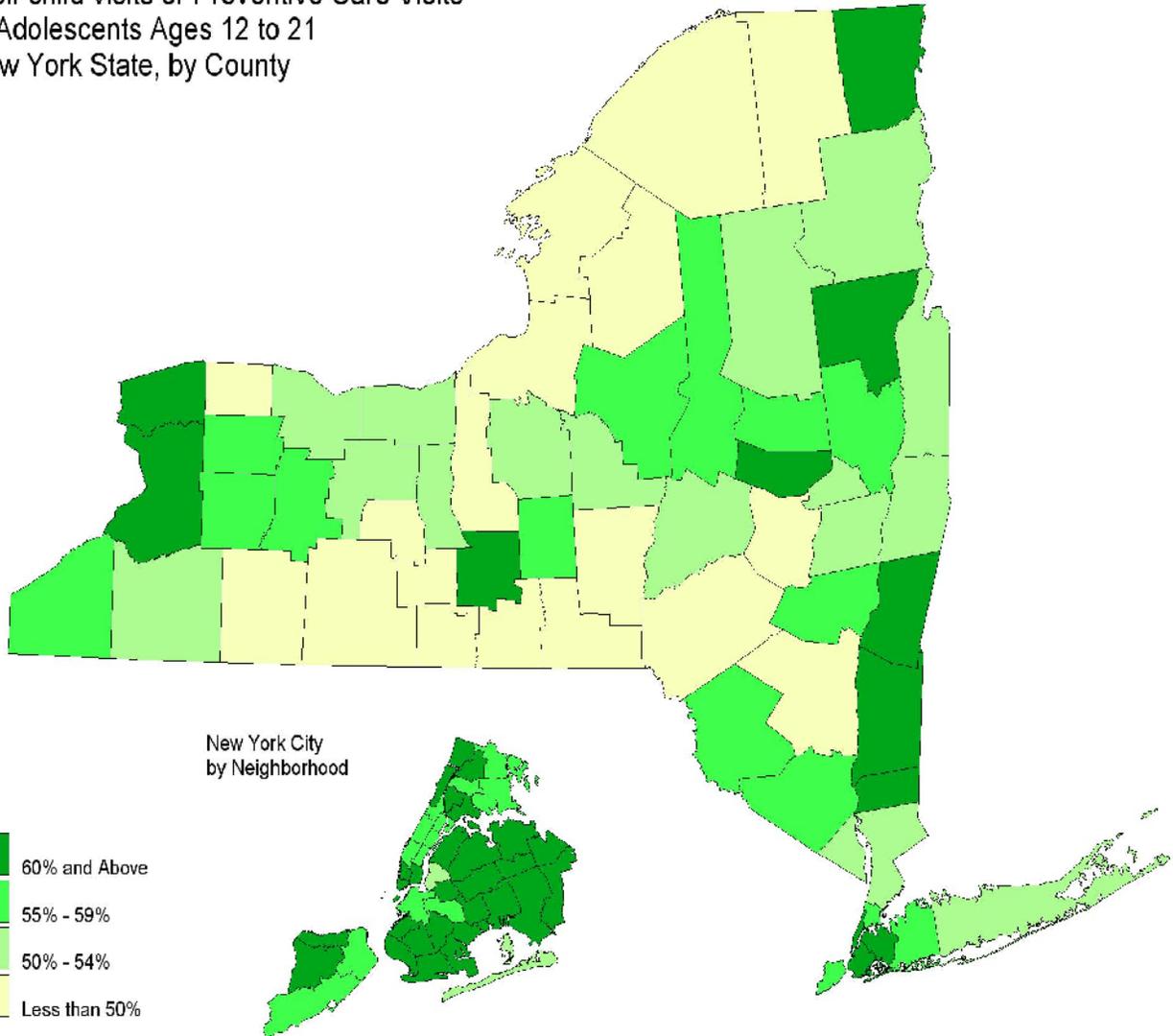


Note: Geographic areas with fewer than 30 people were suppressed.



Note: Geographic areas with fewer than 30 people were suppressed.

Well-child visits or Preventive Care Visits
of Adolescents Ages 12 to 21
New York State, by County



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. SN recipients are single or childless couples and 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.

The temporary cash assistance is a program to help needy, men, women and children if they are unable to work, cannot find a job or the job does not pay enough to cover expenses. There are two major programs: family assistance or safety net. The cash assistance may be for housing (rent subsidies), utilities, emergency needs, temporary housing, or food assistance. Cash assistance is a marker of lower socioeconomic status as well as risk.

An adult with serious and persistent mental illness is defined as those members, 18 years of age and older, whose health profile (which includes diagnoses, procedures, and pharmacy utilization) over the past 12 months places them in a major diagnostic category of mental diseases and disorder; additionally, they had to have at least one service in the past 12 months with a diagnosis of at least one of the following conditions; schizophrenia and other psychotic disorders, major depression and bipolar disorders, cyclothymic disorder, schizotypal, chronic hypomanic, and borderline personality disorders, post-traumatic stress disorder, attention deficit disorder, or obsessive-compulsive disorder.

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 Health Services Evaluation at (518)486-9012 or e-mail nysqarr@health.state.ny.us.

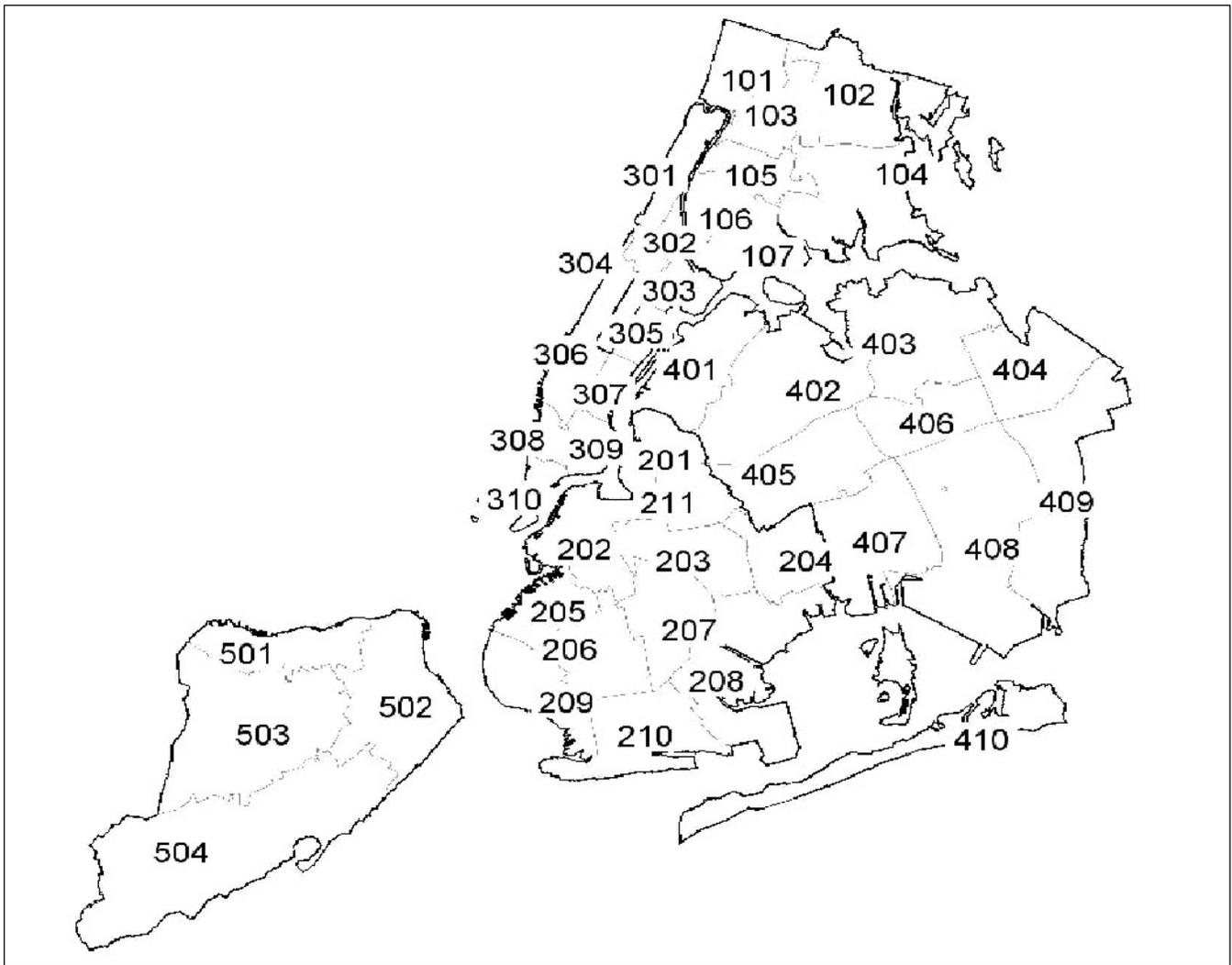
Appendix: List of Measures and Type of Record Review

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		

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)



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	408	Jamaica	405	Ridgewood - Forest Hills
503	Willowbrook	409	Southeast Queens	406	Fresh Meadows
504	South Beach - Tottenville	410	Rockaway	407	Southwest Queens