Department of Health

2020 Statewide Executive Summary of Managed Care in New York State

A Report on Quality Performance by Type of Insurance

QARR Report Series

health.ny.gov

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Section 1: Background

Quality Measurement in New York State

The New York State Department of Health (NYSDOH) implemented the Quality Assurance Reporting Requirements (QARR) in 1994. QARR is a public reporting system based on measures of quality established by the National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS®), with additional New York State (NYS) specific measures. QARR also includes information collected using a national satisfaction survey methodology called CAHPS® (Consumer Assessment of Healthcare Providers and Systems). CAHPS® data are collected every year for commercial adult members. The NYSDOH sponsors a CAHPS® survey for Medicaid managed care adult and child members alternating every other year. The most recent survey was completed in 2019 measurement year and was specific to adult members in Medicaid.

QARR data are submitted annually by managed care plans and preferred provider organizations. QARR measures are grouped into the following areas:

- Adult Preventive Care
- Behavioral Health
- Child and Adolescent Health
- Management of Acute and Chronic Conditions
- Member Experience with Providers and Healthcare
- Women's Health and Maternal Care

Alignment of Quality Measurement in New York State

New York State embraces quality measure alignment and strives to align quality measures across national and state programs and initiatives. Also, Centers for Medicaid and Medicare Services (CMS) have Medicaid adult and child core quality measure sets, which also include many HEDIS® measures. At the national level, QARR measures are used to support national programs such as the National Quality Strategy, Million Hearts, and Medicaid core set reporting requirements. At the state level, QARR measures are used in many state initiatives such as the NYS Prevention Agenda, the Delivery System Reform Incentive Payment Program (DSRIP), the State Innovation Model (SIM) Advancing Primary Care Initiative, and Value-Based Payment (VBP) programs. Several of these initiatives involve the use of quality measures at a health system or practice level. Aligning quality measures used in these programs creates synergy in the effort and reduces the cost and burden of collection which can encourage innovation and research.[1] Alignment of quality measures can also lead to more efficient use of resources, support public health programs, and healthcare partnerships.[1] Additionally, with the State Health Information Network of New York (SHIN-NY) and other initiatives, NYS is developing infrastructure and capabilities for leveraging health information technology for efficiencies in collection and transmission of data for quality measurement. The State also uses these quality measures to provide health plan quality ratings for all NYS Managed Care Plans.

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[1]Association of State and Territorial Health Officials. 2015. "Aligning Clinical Quality Measures for Blood Pressure Control: Potential Impact on Public Health and Healthcare Reporting and Quality Improvement Efforts"
http://www.astho.org/Prevention/Aligning-Clinical-Quality-Measures-White-Paper/

Section 1: Background

Purpose of the Report

This report is the first in a series of five reports using quality measurement data collected annually. This report is intended to be used for informational purposes by the public, health plans, and policymakers interested in learning about how NYS managed care plans are performing in relation to national benchmarks as well as across different types of insurance within NYS for measurement year 2019. This report also identifies new quality measures, highlights performance areas, and identifies areas with opportunities for improvement.

Current Model of Managed Care

Managed care is a term used to describe a health insurance plan or health care system that coordinates the provision, quality, and cost of care for its enrolled members.[2] In general, when you enroll in a managed care plan, you select a regular doctor called a primary care practitioner (PCP) who is responsible for coordinating your health care. Your PCP refers you to specialists or other health care providers or for procedures as necessary. It is usually required that you select health care providers from the managed care plan's network of professionals and hospitals. New York State's health care system has been primarily delivered through three basic types of managed care health insurance plans: HMO, PPO, and POS.

Health maintenance organizations (HMO) are health insurance plans that coordinate care for its members with a focus on preventative health. Members select a PCP who is responsible for coordinating the members' health care. The PCP makes referrals to specialists or other health care providers, or for procedures. Members select health care providers from the managed care plan's network of professionals and hospitals.[3] Plans pay the health care providers directly, so members do not have to pay out-of-pocket for services or submit claim forms for care received from the plan's network of doctors. However, managed care plans can require a co-payment paid directly to the provider at the time of service.[3]

Preferred provider organizations (PPO) deliver care through a network of providers; some give preference to providers while allowing out-of-network providers to be used, while other models limit use of network providers exclusively (EPO). Members may have to cover a portion of health care costs, possibly with annual deductible limits established. These models do not require members to have a designated primary care provider or to obtain referrals to see other providers.

Point of Service (POS) organizations allow members to choose a primary PCP from a list of participating providers. Your PCP can refer you to other network providers when needed. If you want to visit an out-of-network provider, you'll also need a referral and you may pay higher out-of-pocket costs.

Managed Care in New York State

The New York State of Health Marketplace

When NYS residents apply for health insurance through the New York State of Health Marketplace,[4] they can determine what insurance options are available to them based on their financial status, family size, and health conditions. Low-income residents are eligible for Medicaid, and children are eligible for Child Health Plus (CHIP). Residents who are legal immigrants or whose income exceeds the Medicaid or CHIP requirements but earn up to 200 percent of the federal poverty level ($24,980 for a household of one; $51,500 for a household of four in 2019[5]) are eligible for the Essential Plan (EP), which provides federally-subsidized insurance for basic care. Residents with higher levels of income can select from different Qualified Health Plans (QHP) that offer family and/or adult-only health insurance coverage through the Marketplace. Members with QHPs may be eligible for tax credits which lower monthly costs.

[2] https://www.health.ny.gov/health_care/managed_care/
[3] http://www.health.ny.gov/health_care/managed_care/
[4] https://nystateofhealth.ny.gov/
[5] https://info.nystateofhealth.ny.gov/sites/default/files/2019%20FPLs%20during%20OE.pdf

Section 1: Background

New York State Medicaid Program

New York State Medicaid is a benefit program for New Yorkers who are unable to pay for health services.[6] Since the program's inception, NYS has been one of the few states to cover low-income adults without children. In 1997, NYS expanded coverage for children with the Child Health Plus (CHIP) program, which provides benefits similar to those of employer-based commercial health insurance. NYS also exceeds the minimum levels of eligibility for Medicaid coverage for pregnant women and infants as well as for parents and non-custodial parents, resulting in a larger number of members enrolled in the Medicaid program compared to other states.[7] New York State Medicaid has grown from 4.4 million members in 1975 to over 6.1 million enrolled as of December 2019, with almost 5 million individuals enrolled in Medicaid managed care. As a proponent of continuous quality improvement, NYS is committed to improving efficiency within the Medicaid Program. One such effort is the use of federal funds for the DSRIP program, which reduced avoidable hospital use in NYS by 21% in four years as of June 2018.[8] Concurrently, NYS is implementing VBP, a program aimed at fundamentally shifting provider payment from models based on the volume of services delivered to those that rely more heavily on the quality of care rendered.

[6] New York Medicaid. (n.d.). Retrieved November 08, 2016, from https://www.benefits.gov/benefits/benefit-details/1637

[7] The Lewin Group. 2010. Analysis of the New York State Medicaid Program and Identification of Potential Cost-Containment Opportunities. http://www.cbcny.org/sites/default/files/REPORT_Lewin_11182010.pdf

[8] Department of Health. (n.d.). Retrieved November 14, 2016, from https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/2019/docs/formal_amendment_req.pdf

Section 2: Managed Care Enrollment

Managed Care Organizations in New York State
This report provides information about the quality of care received by New Yorkers who were enrolled in managed care organizations. This section provides descriptive and enrollment information for NYS managed care organizations reporting as a part of QARR during the 2019 measurement year.

At the time of publication, two mergers/acquisitions among health plans occurred during the 2020 reporting year. As a result, these Medicaid plans are no longer available to consumers in NYS. Specifically, Fidelis acquired Wellcare, and Molina acquired Your Care. This is the last reporting cycle in which results were submitted for the acquired health plans. Beginning reporting year 2021, only results from the surviving entities will be published.

Insurance Type	Description	Number of Health Plans Reporting in NYS*
Commercial HMO	Commercial HMOs are a type of individual or employer-sponsored health insurance. Typically, the health plan contracts with a designated set of providers, and members select or are assigned to a primary care provider. Members may be required to seek referrals to some services or specialists.	**8**
Commercial PPO/EPO	Commercial PPO/EPOs are a type of individual or employer-sponsored health insurance. PPO/EPO members are not required to select a primary care provider. PPO/EPOs generally allow members to choose any health professional without a referral, both within and outside the designated provider network.	**10**
Medicaid	Medicaid is a government-sponsored insurance program for persons of all ages whose resources and income are not sufficient to pay for health care. Medicaid functions like a Commercial HMO in that members are assigned to a primary care provider and that provider generally coordinates all of their care, including referrals or other special services.	**15**
Child Health Plus (CHIP)	Child Health Plus is a government-sponsored insurance program for individuals up to age 19, and eligibility is based on a family's resources and income. Child Health Plus may require the member, or the member's family, to pay part of the premium. Much like Medicaid, a Child Health Plus member's care is directed and coordinated by a primary care physician through a designated network of providers. Visits to specialists and other special services generally require a referral under this plan.	**15**
HIV Special Needs Plan (HIV SNP)	HIV Special Needs Plan (HIV SNP) is a government-sponsored health insurance plan for persons who are Medicaid-eligible and living with HIV/AIDS, are homeless, or are transgender in NYC. Dependent children of eligible individuals may also enroll in a SNP. A SNP functions like Medicaid in that it requires care to be directed and coordinated through a primary care physician in a designated network. A SNP is unique because it provides additional special services for people living with HIV/AIDS including substance abuse counseling and supportive social services.	**3**
Health and Recovery Plan (HARP)	Health and Recovery Plan (HARP) is a government-sponsored health insurance program for adults with significant behavioral health needs (e.g. serious mental illness or substance use disorder). HARP members are offered Health Home care management services that develop person-centered plans of care that integrate physical and behavioral health services.	**13**

* The sum of the number of health plans does not equal 25. Some managed care organizations operate multiple types of insurance plans.

Section 2: Managed Care Enrollment

Managed Care Enrollment

While many members are enrolled in a Commercial HMO or PPO health plan, the Medicaid program has grown over time to represent 41% of the managed care enrollment (Figure 1). Part of this could be due to an increase in enrollment in various programs, such as Child Health Plus and HIV Special Needs Plans, as well as the creation of additional products, such as Health and Recovery Plans (HARP).

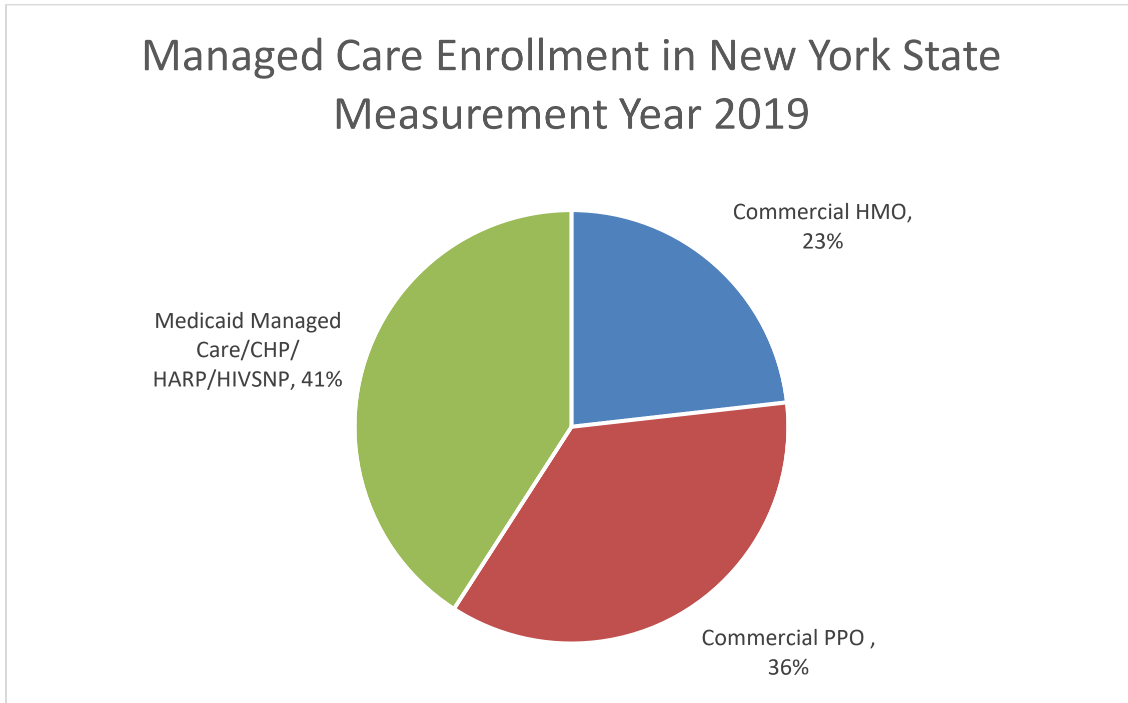

Figure 1: Managed Care Enrollment, Measurement Year 2019

Quality Measurement Response to COVID-19

Beginning in March 2020, the significant impact of the ongoing COVID-19 pandemic on the NYS health care system resulted in the shift of health plan and NYSDOH personnel, attention, resources, and priorities. The biggest effect of COVID-19 on quality data reporting was on hybrid measure data collection. Hybrid measure data collection requires medical record review, which often involves health plan clinical staff conducting in-person visits to health care provider offices to obtain records. In March and April 2020, most provider offices were only open for urgent or emergency services per State restrictions to stem the spread of COVID-19. Additionally, the Governor put out a public call for any able clinical staff to support testing and treatment in response to the surge in cases. As a result of State policy implementation, and the clinician call to public service, most health plans were precluded from safely conducting a thorough medical record review for the purpose of quality data reporting. After evaluating policy, listening to feedback from health plans, along with guidance from CMS and NCQA, the Department directed health plans to cease medical record review and to submit any data they had for hybrid measures in its current state.

NYSDOH QARR 2020 Timeline

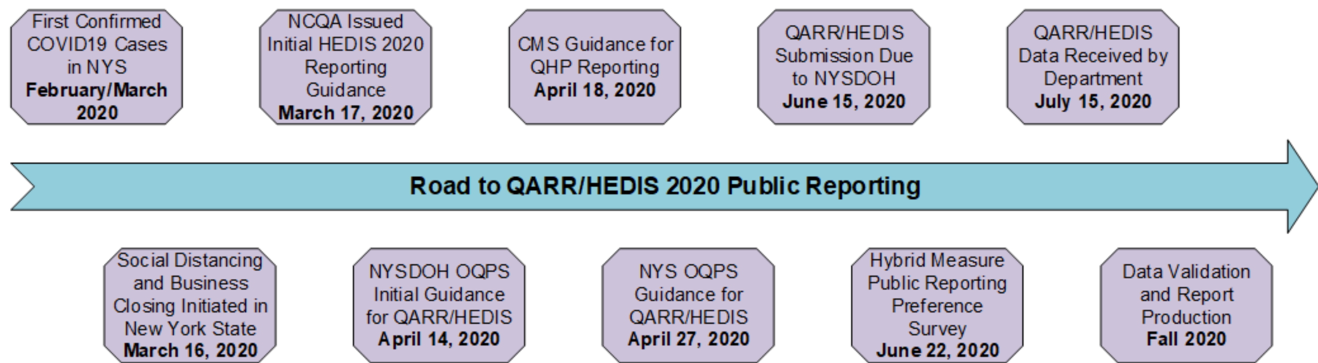

Figure 2. NYSDOH OQPS COVID-19 Response Timeline

Quality Measurement and Public Reporting Decisions

In response to the ongoing COVID-19 pandemic, the NYSDOH has adapted its quality measurement methodologies to ensure that final quality ratings best reflect the quality of care rendered. Decisions on public reporting are closely aligned with NCQA guidance and have received executive approval.

Some of the changes NYSDOH implemented included how statewide averages for hybrid measures were calculated and publicly reported. Statewide averages for hybrid measures were calculated using either QARR 2019 or QARR 2020 submitted data (whichever rate was better). In alignment with NCQA, for public reporting purposes at the health plan level, NYSDOH did not differentiate between which year was used for public reported. Instead, the inserted footnotes in its publications stating that the statewide average contains data spanning across two years.

Some changes were made to public reporting CAHPS survey results due to challenges presented by the ongoing pandemic: QARR 2019 CAHPS results were publicly reported for Commercial HMO, Commercial PPO, and EP products. QARR 2020 CAHPS results were publicly reported for Medicaid, HARP, and HIVSNP products. For Commercial HMO and Commercial PPO CAHPS results, out-of-state residents have always been removed from NYSDOH calculations, which continues to result in differences when comparing to results from CAHPS vendors and NCQA.

Section 4: Quality Measurement Highlights

This section presents a comparison of national averages with the averages from NYS managed care insurance types, and a comparison of how Medicaid managed care averages compare to commercial insurance averages within New York. National comparison data is available for HMO, Commercial PPO, and Medicaid managed care.

National Benchmark Comparison

New York State consistently met or exceeded national benchmarks across measures, especially in Medicaid managed care. The NYS Medicaid, Commercial HMO, and Commercial PPO rates exceed the national benchmarks for behavioral health on adult measures (e.g., follow-up within 7 and 30 days after an emergency department visit for mental illness) and child measures (e.g., child and adolescent immunizations and well-care visits for both children and adolescents). New York State managed care plans also continue to surpass national benchmarks in several women's preventive care measures (e.g., screening for chlamydia and cervical cancer).

National benchmarks were available for 51 measures for Medicaid and 61 measures for commercial plans. Out of the 62 measures that Medicaid plans reported, 77% of measures met or exceeded national benchmarks (Table 1). Out of the 60 measures that commercial plans reported, 93% of the measures met or exceeded national benchmarks for Commercial HMO and 57% for Commercial PPO. Specific results are available by measure in the 2020 New York State Health Plan Comparison and in Section 7 of this report.[9]

NYS Statewide Average Compared to National	Measures			Percentage of Measures where NYS Performs Same or Better than National Average*
	NYS Better	NYS Same	NYS Worse	
Commercial HMO	51	5	4	93%
Commercial PPO	28	6	26	57%
Medicaid	47	1	14	77%

Table 1: New York State Quality Measure Performance Compared to National Average by Payer
**National average is based on 2020 State of Healthcare Quality report from the National Committee for Quality Assurance (NCQA).*

New York State Medicaid continues to exceed national benchmarks in many measures, including measures of quality of care for members with chronic conditions, such as diabetes, chronic obstructive pulmonary disease (COPD), and high blood pressure. Comparing calendar year 2018 or 2019 quality measurement rates for Medicaid members with chronic conditions to the measurement year 2019 national average, Medicaid managed care plans performed 8% better, on average, than the national average.

Quality Measure	Statewide Medicaid Average	Medicaid National Average	Percentage Point Difference	Percent Difference
Pharmacotherapy Management of COPD Exacerbation - Bronchodilators	89	82	7	8%
Pharmacotherapy Management of COPD Exacerbation -Corticosteroid	76	70	6	8%
Controlling High Blood Pressure	67	61	6	9%
Diabetes Eye Exam	68	57	11	16%
Diabetes HbA1c Test	93	88	5	5%
Diabetes Nephropathy	93	90	3	3%

Table 2. Quality Measure Results Where NYS Medicaid Performed Better Than the National Average

[9] https://www.health.ny.gov/health_care/managed_care/reports/eqarr/

Section 4: Quality Measurement Highlights

Commercial and Medicaid Comparison
In New York State, Medicaid plans' performance in measurement year 2019 was worse than Commercial plans' performance on 7 fewer measures for both HMO and PPO plans in the same period. In measurement year 2019, Medicaid plans reported 40% of the measures met or exceeded the rates reported by Commercial HMO plans and 72% met or exceeded the rates reported by Commercial PPO plans out of all measures (Table 3).

NYS Medicaid Average Compared to Commercial	Measures			Percentage of Measures where Medicaid Performs Same or Better than Commercial Average
	Medicaid Better	Medicaid Same	Medicaid Worse	
Commercial HMO	26	4	44	40%
Commercial PPO	47	7	20	72%

Table 3: NYS Medicaid Average Compared to Commercial HMO and PPO Plans

Medication management is an important component for most people in managing their chronic illness, and inadequate supply and adherence may lead to disease complications. Medicaid managed care plans have continued to perform below commercial HMO and PPO plans on measures of medication adherence (Table 4).

Quality Measure	Medicaid Rate	Commercial HMO Rate	Difference Between Medicaid and Commercial HMO	Commercial PPO Rate	Difference Between Medicaid and Commercial PPO	Excess Members Between Medicaid and Commercial HMO
Adherence to Antipsychotic Medications for Individuals with Schizophrenia	64	73	-9	70	-6	-824
Statin Therapy for Patients with Cardiovascular Disease (Adherent)	70	80	-10	77	-7	-1,979
Statin Therapy for Patients with Diabetes (Adherent)	63	75	-12	69	-6	-8,526

Table 4: Medication Adherence Quality Measures Stratified by Plan Type

As outlined in a prior issue of this publication, Medicaid plans continue to have poorer performance of adherence to statin medications for Medicaid enrollees with cardiovascular disease. The measures examine the extent to which members with cardiovascular disease, who were dispensed statin medications during the measurement year, continued to take these medications for at least 80% of the treatment period. The Medicaid statewide average (64%) for this measure was 14% than the commercial HMO (73%), and 10% lower than commercial PPO statewide average (70%). The difference in rates of adherence means that over 1,900 fewer adult Medicaid members with cardiovascular disease were adherent to their medications compared to Commercial HMO members. Similar discrepancies were observed for rates of statin adherence for patients with diabetes: Medicaid rates were 19% and 10% lower than Commercial HMO and PPO rates, respectively, during the 2019 measurement year, which translated to over 8,500 fewer Medicaid members being adherent than Commercial HMO members.

Medication adherence for serious mental illness, specifically adherence to antipsychotics for people with schizophrenia, also follows a similar pattern observed with adherence for chronic conditions. Medicaid plans, on average, had over 14% and 10% lower rates of adherence as compared to Commercial HMO and PPO plans, statewide, during measurement year 2019. This means that over 800 fewer Medicaid members with schizophrenia were adherent to their antipsychotics as compared to members enrolled in Commercial HMO and PPO plans.

Section 4: Quality Measurement Highlights

The percent point difference and percent difference in rates from Medicaid to Commercial HMO and PPO plans appears to be consistent across the three different measures of adherence. Even if the same members qualified for inclusion in all three quality measure denominators, it is unlikely individual member behavior would explain all the discrepancy between quality measurement rates for government-sponsored versus commercial products. The trends of lower rates of medication adherence among Medicaid members are unexpected given that Medicaid members do not have to pay out-of-pocket fees for prescription drugs. Further study is needed to determine which population factors contribute most to poor medication adherence for chronic physical and behavioral health conditions.

Viral Load Suppression Quality Results Over Time

Antiretroviral therapy is an effective HIV treatment, and adherence to antiretroviral therapy has been shown to reduce the viral load among HIV-positive individuals.[10] As of December 2018, the current age-adjusted prevalence rate of individuals living HIV in NYS is 541.4 per 100,000 population; and during the 2018 calendar year, the age-adjusted rate of new HIV diagnoses was 12.5 per 100,000.[11]

The NYS-specific measure for Viral Load Suppression (VLS) examines the proportion of confirmed HIV-positive Medicaid enrollees who had an HIV viral load less than 200 copies/mL at the last HIV viral load test during the measurement year. Unlike other QARR measures, VLS results are calculated by the AIDS Institute and the Office of Quality and Patient Safety using the NYSDOH HIV Surveillance System. Although results are not submitted by health plans, measure results are reported publicly at the health plan level for Medicaid products.

When examining in VLS over the past four reporting cycles, HIV SNPs perform better than Medicaid Managed Care organizations; both products perform better than HARPs. Furthermore, HIV SNP and MMC rates have increased slightly from 2017 to 2020; however, there has been almost a 4-percentage point drop in VLS rates among HARPs during the same period. Further study of HARP products are needed to understand why there is a decline in rates among HARP enrollees, especially when compared to the steady increases among other Medicaid products during the same time frame.

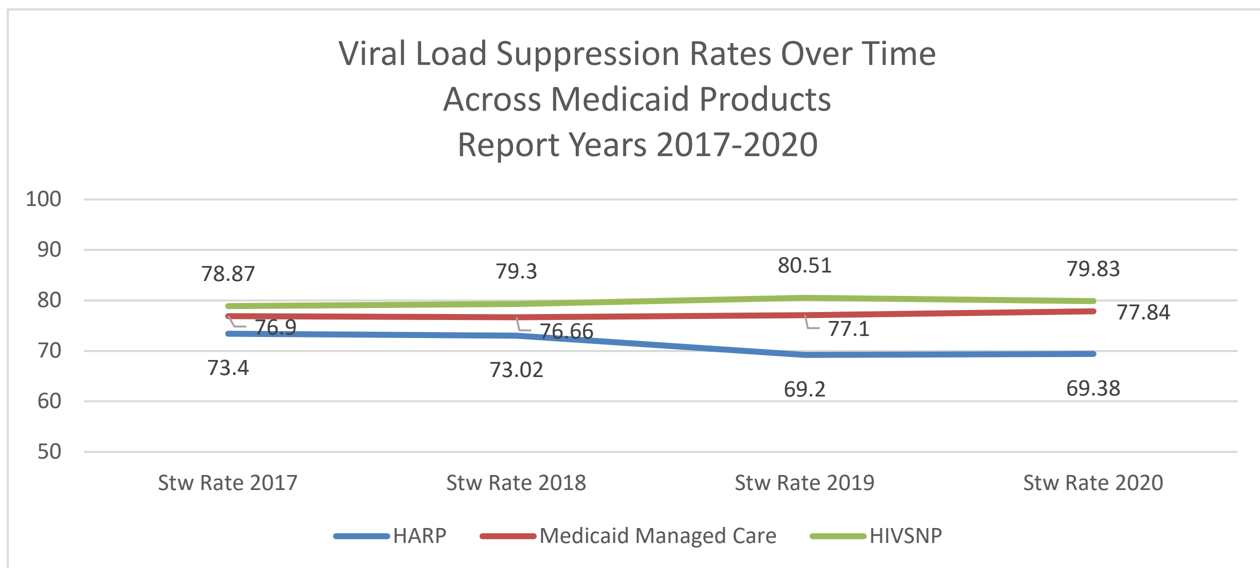

Figure 3. Viral Load Suppression Quality Measurement Rates Across Medicaid Products, Report Years 2017-2020

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[10] García, Felipe; Plana, Montserrat; Vidal, Carmen; Cruceta, Anna; O,Brien, William A.; Pantaleo, Giuseppe; Pumarola, Tomás; Gallart, Teresa; Miró, José M.; Gatell, José M. Dynamics of viral load rebound and immunological changes after stopping effective antiretroviral therapy, AIDS: July 30th, 1999 - Volume 13 - Issue 11 - p F79-F86

[11] New York State HIV/AIDS Annual Surveillance Report For Persons Diagnosed Through December 2018. https://www.health.ny.gov/diseases/aids/general/statistics/annual/2018/2018_annual_surveillance_report.pdf

Section 5: New Measures

Measurement year 2019 was the first year in which NYSDOH required reporting of quality measurement results collected from Electronic Clinical Data Systems (ECDS). The NYSDOH examined Colorectal Cancer Screening Measures and Breast Cancer Screening measures by comparing the rates for the original method of data collection versus the ECDS method, both at the plan level and statewide level by payer. In comparing the statewide averages across payers and products, the agreement for both measures' results was within 10 percentage points. There was better agreement overall between the two breast cancer screening measures than the colorectal cancer screening: payers' rates for the breast cancer ECDS measure were within 5 percentage points, compared to colorectal cancer screening, which was between 5-8 percentage points lower than the original method (Tables 5 and 6).

BCS-E and COL-E Measures

The Department compared the statewide averages for COL and BCS measures to the first-year measures COL-E and BCS-E, respectively.

ECDS Colorectal Cancer Screening

Payer	ECDS Stw Rate	Original Method Stw Rate	Pct Point Difference
Comm. HMO	64	72	-8
Comm. PPO	55	62	-7

ECDS Breast Cancer Screening

Payer	ECDS Stw Rate	Original Method Stw Rate	Pct Point Difference
Comm. HMO	76	77	-1
HARP	62	62	0
Medicaid	71	71	0
Comm. PPO	70	70	0
HIVSNP	67	69	-2

Tables 5 and 6: Comparing Colorectal and Breast Cancer Screening Results by Payer Across Methods of Data Collection

The agreement between the traditional and ECDS method for colorectal cancer screening has a wide range in percentage point agreement between the two. For breast cancer screening, the range in agreement was much lower, and there were three plans that had a perfect agreement between the traditional and new ECDS method. These results are encouraging as the ultimate goal of the Department is to only collect these measures using the ECDS method, which places less of an administrative burden on data collection and reporting on managed care organizations (Tables 7 and 8).

Plan Level ECDS Comparison

Breast Cancer Screening

Health Plan	% Point Difference BCS-E to BCS
Poorest Agreement	
Plan 1	-5
Plan 2	-4
Plan 3	-3
Plan 4	-3
Plan 5	-2
Best Agreement	
Plan 6	0
Plan 7	0
Plan 8	0
Plan 9	0
Plan 10	0

Colorectal Cancer Screening

Health Plan	% Point Difference COL-E to COL
Poorest Agreement	
Plan 1	-22
Plan 2	-19
Plan 3	-17
Plan 4	-14
Plan 5	-13
Best Agreement	
Plan 6	-3
Plan 7	-3
Plan 8	-3
Plan 9	-1
Plan 10	0

Tables 7 and 8: Examining the Range of Best and Poorest Agreement Between Methods of Data Collection

Follow-up After High-Intensity Care for Substance Use Disorder

This measure examines the proportion of inpatient hospitalizations, detoxification visits, or residential treatment events for a diagnosis of substance use disorder that result in follow-up services for substance use disorder. The two indicators reported are as follows: the proportion of visits that occur within 30-days following a visit or discharge, and the proportion of visits that occur within 7-days following a visit or discharge. This measure is reported for members age 13 years of age and older. The total measurement year 2019 rates, across all reported age stratifications, are depicted below for each payer.

Although HARP and HIVSNP members' visits had greater rates of 30-day follow-up compared to other payers (72% and 75%, respectively), Commercial HMO and PPO plans performed better than Medicaid products, on average, when it came to ensuring members had follow-up care within 7-days. As this is a first-year measure, further research will be conducted to understand if this discrepancy persists across years, therefore warranting a more focused study to understand disparities in the quality of substance use disorder care.

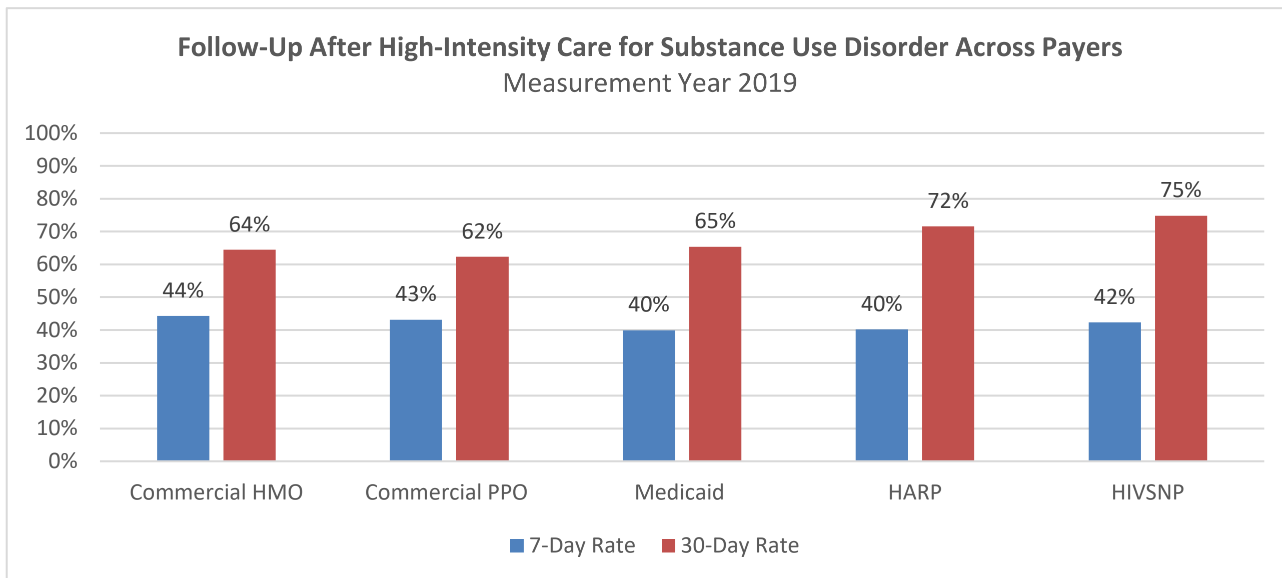

Figure 4. Rates of Follow-Up After High-Intensity Care for Substance Use Disorder Across Payers in NYS, Measurement Year 2019

Section 6: State Trends and National Benchmarks

State Trends and National Benchmarks

Tables presenting New York's performance over time are presented in this section of the report. Use caution when referring to the tables. When available, Commercial and Medicaid benchmarks are obtained from the NCQA's State of Healthcare Quality Report, available online at http://www.ncqa.org. Benchmarks are not available for NYS-specific measures. There are currently no available national benchmarks for HIV Special Needs Plan health plans. "NA" denotes no data available for New York State, and "--" denotes no NCQA national data available.

Quality measures may change over time which prohibits the ability to trend data; "NT" denotes when a measure is no longer able to be trended. For reporting year 2020, the following measures were deemed no longer able to be trended:

- Appropriate Testing for Pharyngitis (CWP)
- Follow-up After Emergency Department Visit for Mental Illness
- Follow-up After Emergency Department Visit for Alcohol or Other Drug Use
- Plan All-Cause Readmission (PCR)
- Prenatal and Postpartum Care (PPC)
- Use of Opioids at High Dosage (HDO)

Commercial HMO Statewide Rates - 2017-2019, Compared to 2019 National Rates

Domain	Measure	2017	2018	2019	National
Access to primary care	Appropriate Testing for Pharyngitis (Ages 18-64)	NT	NT	75	69
Adult Health	Adult BMI Assessment	86	89	90	85
Adult Health	Advising Smokers to Quit	83	81	NA	78
Adult Health	Asthma Medication Ratio (Ages 19-64)	81	81	78	NA
Adult Health	Colorectal Cancer Screening	69	71	72	65
Adult Health	Controlling High Blood Pressure	NT	65	68	62
Adult Health	Discussing Smoking Cessation Medications	62	62	62	56
Adult Health	Discussing Smoking Cessation Strategies	56	55	55	49
Adult Health	Flu Vaccination for Adults Ages 18-64	53	56	NA	53
Adult Health	Managing Diabetes Outcomes - Blood pressure controlled (lower than 140/90 mm Hg)	69	69	71	65
Adult Health	Managing Diabetes Outcomes - HbA1C Control (less than 8.0%)	63	61	62	59
Adult Health	Managing Diabetes Outcomes -Poor HbA1c Control	24	26	26	30
Adult Health	Medication Management for People with Asthma 50% Days Covered (Ages 19-64)	76	76	74	NA
Adult Health	Medication Management for People with Asthma 75% Days Covered (Ages 19-64)	54	55	56	NA
Adult Health	Monitoring Diabetes - Dilated Eye Exam	63	63	63	55
Adult Health	Monitoring Diabetes - HbA1c Testing	91	92	92	92
Adult Health	Monitoring Diabetes - Nephropathy Monitoring	90	89	90	90
Adult Health	Monitoring Diabetes - Received All Tests	55	56	57	NA
Adult Health	Persistence of Beta-Blocker Treatment	88	83	88	85
Adult Health	Pharmacotherapy Management of COPD Exacerbation- Bronchodilator	80	80	83	80
Adult Health	Pharmacotherapy Management of COPD Exacerbation- Corticosteroid	77	78	79	77
Adult Health	Statin Therapy for Patients with Cardiovascular Disease - Adherent	77	80	80	77
Adult Health	Statin Therapy for Patients with Cardiovascular Disease - Received	81	80	81	82
Adult Health	Statin Therapy for Patients with Diabetes - Adherent	72	74	75	70
Adult Health	Statin Therapy for Patients with Diabetes - Received	61	62	64	64
Adult Health	Use of Spirometry Testing in the Assessment and Diagnosis of COPD	45	45	46	42
Behavioral Health	Adherence to Antipsychotic Medications for Individuals with Schizophrenia	NA	NA	73	NA

Domain	Measure	2017	2018	2019	National
Behavioral Health	Antidepressant Medication Management-Effective Acute Phase Treatment	67	68	70	69
Behavioral Health	Antidepressant Medication Management-Effective Continuation Phase Treatment	52	53	55	53
Behavioral Health	Follow-Up After Emergency Department Visit for Mental Illness Within 30 days	NT	68	69	61
Behavioral Health	Follow-Up After Emergency Department Visit for Mental Illness Within 7 days	NT	52	52	47
Behavioral Health	Follow-Up After Hospitalization for Mental Illness Within 30 Days	NT	NT	68	68
Behavioral Health	Follow-Up After Hospitalization for Mental Illness Within 7 Days	NT	NT	52	46
Behavioral Health	Follow-Up Care for Children Prescribed ADHD Medication: Continuation Phase	52	51	55	47
Behavioral Health	Follow-Up Care for Children Prescribed ADHD Medication: Initiation Phase	44	45	47	41
Behavioral Health	Follow-up After Emergency Department Visit for Alcohol and Other Drug Dependence Within 30 Days	19	19	19	15
Behavioral Health	Follow-up After Emergency Department Visit for Alcohol and Other Drug Dependence Within 7 Days	14	14	15	11
Behavioral Health	Metabolic Monitoring for Children and Adolescents on Antipsychotics	40	42	40	37
Behavioral Health	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	60	68	70	61
Child and Adolescent Health	Adolescent Immunization	88	87	89	82
Child and Adolescent Health	Adolescent Immunization (Combo 2)	27	31	33	30
Child and Adolescent Health	Adolescent Well-Care Visits	66	67	68	51
Child and Adolescent Health	Appropriate Testing for Pharyngitis (Ages 3-17)	NT	NT	92	86
Child and Adolescent Health	Assessment, Counseling or Education: Alcohol and Other Drug Use	74	78	78	NA
Child and Adolescent Health	Assessment, Counseling or Education: Depression	68	70	71	NA
Child and Adolescent Health	Assessment, Counseling or Education: Sexual Activity	68	74	75	NA
Child and Adolescent Health	Assessment, Counseling or Education: Tobacco Use	78	82	83	NA
Child and Adolescent Health	Asthma Medication Ratio (Ages 5-18)	84	85	82	NA
Child and Adolescent Health	Childhood Immunization Status (Combo 3)	86	84	86	78

Domain	Measure	2017	2018	2019	National
Child and Adolescent Health	Counseling for Nutrition	81	87	88	67
Child and Adolescent Health	Counseling for Physical Activity	75	80	82	63
Child and Adolescent Health	Lead Testing	89	88	88	NA
Child and Adolescent Health	Medication Management for People with Asthma 50% Days Covered (Ages 5-18)	63	63	61	NA
Child and Adolescent Health	Medication Management for People with Asthma 75% Days Covered (Ages 5-18)	39	38	38	NA
Child and Adolescent Health	Weight Assessment- BMI Percentile	84	90	90	73
Child and Adolescent Health	Well-Child & Preventive Care Visits in 3rd, 4th, 5th & 6th Year of Life	86	88	89	79
Child and Adolescent Health	Well-Child & Preventive Care Visits in First 15 Months of Life (5+ Visits)	94	94	95	NA
Provider Network	Satisfaction with Personal Doctor	85	86	NA	85
Provider Network	Satisfaction with Provider Communication	95	96	NA	95
Provider Network	Satisfaction with Specialist	84	84	NA	84
Satisfaction with Care	Care Coordination	84	87	NA	NA
Satisfaction with Care	Claims Processing	90	90	NA	89
Satisfaction with Care	Customer Service	88	91	NA	89
Satisfaction with Care	Getting Care Needed	87	89	NA	85
Satisfaction with Care	Getting Care Quickly	86	87	NA	84
Satisfaction with Care	Plan Information on Cost	64	64	NA	62
Satisfaction with Care	Rating of Health Plan	69	71	NA	65
Satisfaction with Care	Rating of Overall Healthcare	79	81	NA	78
Satisfaction with Care	Shared Decision Making	81	80	NA	82
Satisfaction with Care	Wellness Discussion	75	77	NA	NA
Women's Health	Breast Cancer Screening	77	77	77	74
Women's Health	Cervical Cancer Screening	80	80	80	76
Women's Health	Chlamydia Screening (Ages 16-20)	55	57	56	46
Women's Health	Chlamydia Screening (Ages 21-24)	62	62	61	57

Domain	Measure	2017	2018	2019	National
Women's Health	Postpartum Care	NT	NT	82	81
Women's Health	Timeliness of Prenatal Care	NT	NT	NA	86

Commercial PPO Statewide Rates - 2017-2019, Compared to 2019 National Rates

Domain	Measure	2017	2018	2019	National
Access to primary care	Appropriate Testing for Pharyngitis (Ages 18-64)	NT	NT	66	70
Adult Health	Adult BMI Assessment	69	71	71	70
Adult Health	Advising Smokers to Quit	75	78	NA	70
Adult Health	Asthma Medication Ratio (Ages 19-64)	79	80	77	NA
Adult Health	Colorectal Cancer Screening	60	60	62	62
Adult Health	Controlling High Blood Pressure	NT	51	52	48
Adult Health	Discussing Smoking Cessation Medications	52	55	55	49
Adult Health	Discussing Smoking Cessation Strategies	45	47	47	43
Adult Health	Flu Vaccination for Adults Ages 18-64	48	49	NA	52
Adult Health	Managing Diabetes Outcomes - Blood pressure controlled (lower than 140/90 mm Hg)	55	58	59	51
Adult Health	Managing Diabetes Outcomes - HbA1C Control (less than 8.0%)	56	58	58	49
Adult Health	Managing Diabetes Outcomes -Poor HbA1c Control	35	32	31	40
Adult Health	Medication Management for People with Asthma 50% Days Covered (Ages 19-64)	75	75	74	NA
Adult Health	Medication Management for People with Asthma 75% Days Covered (Ages 19-64)	52	53	53	NA
Adult Health	Monitoring Diabetes - Dilated Eye Exam	52	52	54	50
Adult Health	Monitoring Diabetes - HbA1c Testing	89	89	90	90
Adult Health	Monitoring Diabetes - Nephropathy Monitoring	89	89	90	89
Adult Health	Monitoring Diabetes - Received All Tests	45	46	48	NA
Adult Health	Persistence of Beta-Blocker Treatment	83	82	82	86
Adult Health	Pharmacotherapy Management of COPD Exacerbation- Bronchodilator	76	75	76	79
Adult Health	Pharmacotherapy Management of COPD Exacerbation- Corticosteroid	68	71	70	74
Adult Health	Statin Therapy for Patients with Cardiovascular Disease - Adherent	75	76	77	79
Adult Health	Statin Therapy for Patients with Cardiovascular Disease - Received	77	77	79	81
Adult Health	Statin Therapy for Patients with Diabetes - Adherent	66	69	69	74
Adult Health	Statin Therapy for Patients with Diabetes - Received	57	58	60	63
Adult Health	Use of Spirometry Testing in the Assessment and Diagnosis of COPD	56	56	54	39
Behavioral Health	Adherence to Antipsychotic Medications for Individuals with Schizophrenia	NA	NA	70	NA
Behavioral Health	Antidepressant Medication Management-Effective Acute Phase Treatment	69	70	71	72

Domain	Measure	2017	2018	2019	National
Behavioral Health	Antidepressant Medication Management-Effective Continuation Phase Treatment	55	57	58	56
Behavioral Health	Follow-Up After Emergency Department Visit for Mental Illness Within 30 days	NT	63	63	60
Behavioral Health	Follow-Up After Emergency Department Visit for Mental Illness Within 7 days	NT	49	49	45
Behavioral Health	Follow-Up After Hospitalization for Mental Illness Within 30 Days	NT	NT	64	65
Behavioral Health	Follow-Up After Hospitalization for Mental Illness Within 7 Days	NT	NT	47	44
Behavioral Health	Follow-Up Care for Children Prescribed ADHD Medication: Continuation Phase	47	47	54	47
Behavioral Health	Follow-Up Care for Children Prescribed ADHD Medication: Initiation Phase	41	44	45	39
Behavioral Health	Follow-up After Emergency Department Visit for Alcohol and Other Drug Dependence Within 30 Days	13	13	12	14
Behavioral Health	Follow-up After Emergency Department Visit for Alcohol and Other Drug Dependence Within 7 Days	9	10	9	11
Behavioral Health	Metabolic Monitoring for Children and Adolescents on Antipsychotics	43	43	43	35
Behavioral Health	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	58	58	59	61
Child and Adolescent Health	Adolescent Immunization	80	80	80	77
Child and Adolescent Health	Adolescent Immunization (Combo 2)	16	18	20	25
Child and Adolescent Health	Adolescent Well-Care Visits	63	64	64	49
Child and Adolescent Health	Appropriate Testing for Pharyngitis (Ages 3-17)	NT	NT	87	84
Child and Adolescent Health	Assessment, Counseling or Education: Alcohol and Other Drug Use	54	55	56	NA
Child and Adolescent Health	Assessment, Counseling or Education: Depression	49	50	51	NA
Child and Adolescent Health	Assessment, Counseling or Education: Sexual Activity	49	49	51	NA
Child and Adolescent Health	Assessment, Counseling or Education: Tobacco Use	58	60	61	NA
Child and Adolescent Health	Asthma Medication Ratio (Ages 5-18)	82	82	80	NA
Child and Adolescent Health	Childhood Immunization Status (Combo 3)	73	73	74	69
Child and Adolescent Health	Counseling for Nutrition	71	71	72	54

Child and Adolescent Health	Counseling for Physical Activity	63	62	64	50
Child and Adolescent Health	Lead Testing	81	80	81	NA
Child and Adolescent Health	Medication Management for People with Asthma 50% Days Covered (Ages 5-18)	59	61	59	NA
Child and Adolescent Health	Medication Management for People with Asthma 75% Days Covered (Ages 5-18)	33	34	34	NA
Child and Adolescent Health	Weight Assessment- BMI Percentile	73	74	75	60
Child and Adolescent Health	Well-Child & Preventive Care Visits in 3rd, 4th, 5th & 6th Year of Life	84	86	86	78
Child and Adolescent Health	Well-Child & Preventive Care Visits in First 15 Months of Life (5+ Visits)	90	91	92	NA
Provider Network	Satisfaction with Personal Doctor	84	85	85	85
Provider Network	Satisfaction with Provider Communication	95	96	96	96
Provider Network	Satisfaction with Specialist	83	81	81	85
Satisfaction with Care	Care Coordination	79	81	NA	NA
Satisfaction with Care	Claims Processing	85	86	NA	90
Satisfaction with Care	Customer Service	88	87	NA	90
Satisfaction with Care	Getting Care Needed	87	85	NA	87
Satisfaction with Care	Getting Care Quickly	83	84	NA	86
Satisfaction with Care	Plan Information on Cost	59	59	NA	59
Satisfaction with Care	Rating of Health Plan	62	62	NA	63
Satisfaction with Care	Rating of Overall Healthcare	75	75	NA	78
Satisfaction with Care	Shared Decision Making	82	79	NA	82
Satisfaction with Care	Wellness Discussion	75	72	NA	NA
Women's Health	Breast Cancer Screening	68	70	70	72
Women's Health	Cervical Cancer Screening	79	78	79	74
Women's Health	Chlamydia Screening (Ages 16-20)	61	62	62	42
Women's Health	Chlamydia Screening (Ages 21-24)	68	69	69	52
Women's Health	Postpartum Care	NT	NT	73	73
Women's Health	Timeliness of Prenatal Care	NT	NT	NA	74

Medicaid Managed Care Statewide Rates - 2017-2019, Compared to 2019 National Rates

Domain	Measure	2017	2018	2019	National
Access to primary care	Appropriate Testing for Pharyngitis (Ages 18-64)	NT	NT	59	64
Adult Health	Adult BMI Assessment	86	89	90	88
Adult Health	Advising Smokers to Quit	80	80	79	77
Adult Health	Annual Dental Visit (Ages 19-20)	43	44	45	38
Adult Health	Asthma Medication Ratio (Ages 19-64)	57	60	57	NA
Adult Health	Colorectal Cancer Screening	62	63	64	NA
Adult Health	Controlling High Blood Pressure	NT	66	67	61
Adult Health	Discussing Smoking Cessation Medications	59	59	62	54
Adult Health	Discussing Smoking Cessation Strategies	51	51	56	49
Adult Health	Flu Vaccination for Adults Ages 18-64	42	42	46	44
Adult Health	Managing Diabetes Outcomes - Blood pressure controlled (lower than 140/90 mm Hg)	61	66	67	62
Adult Health	Managing Diabetes Outcomes - HbA1C Control (less than 8.0%)	59	60	61	50
Adult Health	Managing Diabetes Outcomes -Poor HbA1c Control	30	28	27	40
Adult Health	Medication Management for People with Asthma 50% Days Covered (Ages 19-64)	69	71	69	NA
Adult Health	Medication Management for People with Asthma 75% Days Covered (Ages 19-64)	45	46	46	NA
Adult Health	Monitoring Diabetes - Dilated Eye Exam	67	67	68	57
Adult Health	Monitoring Diabetes - HbA1c Testing	91	92	93	88
Adult Health	Monitoring Diabetes - Nephropathy Monitoring	93	92	93	90
Adult Health	Monitoring Diabetes - Received All Tests	61	62	63	NA
Adult Health	Persistence of Beta-Blocker Treatment	85	80	87	81
Adult Health	Pharmacotherapy Management of COPD Exacerbation-Bronchodilator	88	89	89	82
Adult Health	Pharmacotherapy Management of COPD Exacerbation-Corticosteroid	76	76	76	70
Adult Health	Statin Therapy for Patients with Cardiovascular Disease - Adherent	66	68	70	68
Adult Health	Statin Therapy for Patients with Cardiovascular Disease - Received	78	78	80	78
Adult Health	Statin Therapy for Patients with Diabetes - Adherent	61	62	63	64
Adult Health	Statin Therapy for Patients with Diabetes - Received	66	68	70	64
Adult Health	Use of Spirometry Testing in the Assessment and Diagnosis of COPD	55	56	52	30
Adult Health	Viral Load Suppression	77	77	78	NA
Behavioral Health	Adherence to Antipsychotic Medications for Individuals with Schizophrenia	62	63	64	61

Domain	Measure	2017	2018	2019	National
Behavioral Health	Antidepressant Medication Management-Effective Acute Phase Treatment	52	53	54	55
Behavioral Health	Antidepressant Medication Management-Effective Continuation Phase Treatment	37	37	38	39
Behavioral Health	Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia	82	88	89	77
Behavioral Health	Diabetes Monitoring for People with Diabetes and Schizophrenia	81	80	80	71
Behavioral Health	Diabetes Screening for People w/ Schizophrenia or Bipolar Disorder Using Antipsychotic Meds	82	82	82	82
Behavioral Health	Follow-Up After Emergency Department Visit for Mental Illness Within 30 days	NT	NT	72	56
Behavioral Health	Follow-Up After Emergency Department Visit for Mental Illness Within 7 days	NT	NT	59	41
Behavioral Health	Follow-Up After Hospitalization for Mental Illness Within 30 Days	NT	NT	79	57
Behavioral Health	Follow-Up After Hospitalization for Mental Illness Within 7 Days	NT	NT	64	36
Behavioral Health	Follow-Up Care for Children Prescribed ADHD Medication: Continuation Phase	66	66	67	53
Behavioral Health	Follow-Up Care for Children Prescribed ADHD Medication: Initiation Phase	58	59	58	42
Behavioral Health	Follow-up After Emergency Department Visit for Alcohol and Other Drug Dependence Within 30 Days	NT	NT	27	20
Behavioral Health	Follow-up After Emergency Department Visit for Alcohol and Other Drug Dependence Within 7 Days	NT	NT	21	13
Behavioral Health	Metabolic Monitoring for Children and Adolescents on Antipsychotics	42	43	43	38
Behavioral Health	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	67	66	74	62
Child and Adolescent Health	Adolescent Immunization	84	85	86	80
Child and Adolescent Health	Adolescent Immunization (Combo 2)	41	43	45	38
Child and Adolescent Health	Adolescent Well-Care Visits	68	68	69	56
Child and Adolescent Health	Annual Dental Visit (Ages 2-18)	61	62	64	NA
Child and Adolescent Health	Appropriate Testing for Pharyngitis (Ages 3-17)	NT	NT	89	80
Child and Adolescent Health	Assessment, Counseling or Education: Alcohol and Other Drug Use	67	70	71	NA
Child and Adolescent Health	Assessment, Counseling or Education: Depression	61	67	68	NA

Domain	Measure	2017	2018	2019	National
Child and Adolescent Health	Assessment, Counseling or Education: Sexual Activity	65	67	68	NA
Child and Adolescent Health	Assessment, Counseling or Education: Tobacco Use	71	74	75	NA
Child and Adolescent Health	Asthma Medication Ratio (Ages 5-18)	64	68	66	NA
Child and Adolescent Health	Childhood Immunization Status (Combo 3)	75	73	74	70
Child and Adolescent Health	Counseling for Nutrition	83	83	84	68
Child and Adolescent Health	Counseling for Physical Activity	73	74	76	64
Child and Adolescent Health	Lead Testing	88	89	89	70
Child and Adolescent Health	Medication Management for People with Asthma 50% Days Covered (Ages 5-18)	57	59	60	NA
Child and Adolescent Health	Medication Management for People with Asthma 75% Days Covered (Ages 5-18)	30	31	33	NA
Child and Adolescent Health	Weight Assessment- BMI Percentile	84	86	88	77
Child and Adolescent Health	Well-Child & Preventive Care Visits in 3rd, 4th, 5th & 6th Year of Life	85	86	86	74
Child and Adolescent Health	Well-Child & Preventive Care Visits in First 15 Months of Life (5+ Visits)	82	81	83	NA
Provider Network	Satisfaction with Personal Doctor	81	81	81	83
Provider Network	Satisfaction with Provider Communication	91	91	92	93
Provider Network	Satisfaction with Specialist	80	80	82	84
Satisfaction with Care	Access to Prescription Medicines for Children	91	90	90	NA
Satisfaction with Care	Access to Specialized Services for Children	76	75	75	NA
Satisfaction with Care	Care Coordination	81	81	81	NA
Satisfaction with Care	Coordination of Care for Children with Chronic Conditions	74	75	75	NA
Satisfaction with Care	Customer Service	86	86	87	89
Satisfaction with Care	Customer Service for Children	86	86	86	NA
Satisfaction with Care	Family-Centered Care: Personal Doctor Who Knows Child	90	90	90	NA
Satisfaction with Care	Getting Care Needed	79	79	81	83

Domain	Measure	2017	2018	2019	National
Satisfaction with Care	Getting Care Needed for Children	85	84	84	NA
Satisfaction with Care	Getting Care Quickly	78	78	81	82
Satisfaction with Care	Getting Care Quickly for Children	88	88	88	NA
Satisfaction with Care	Getting Needed Counseling or Treatment	69	69	71	NA
Satisfaction with Care	Rating of Counseling or Treatment	60	60	62	NA
Satisfaction with Care	Rating of Health Plan	76	76	76	79
Satisfaction with Care	Rating of Health Plan for Children	85	85	85	NA
Satisfaction with Care	Rating of Overall Healthcare	77	77	75	76
Satisfaction with Care	Rating of Overall Healthcare for Children	86	87	87	NA
Satisfaction with Care	Satisfaction with Personal Doctor for Children	89	90	90	NA
Satisfaction with Care	Satisfaction with Provider Communication for Children	93	93	93	NA
Satisfaction with Care	Satisfaction with Specialist for Children	83	84	84	NA
Satisfaction with Care	Shared Decision Making	80	80	80	NA
Satisfaction with Care	Shared Decision Making for Children	74	76	76	NA
Satisfaction with Care	Wellness Discussion	72	72	75	NA
Women's Health	Breast Cancer Screening	71	71	71	58
Women's Health	Cervical Cancer Screening	72	74	75	60
Women's Health	Chlamydia Screening (Ages 16-20)	73	75	75	55
Women's Health	Chlamydia Screening (Ages 21-24)	76	77	77	64
Women's Health	Postpartum Care	NT	NT	83	75
Women's Health	Timeliness of Prenatal Care	NT	NT	NA	87

HIV Special Needs Plans Statewide Rates - 2017-2019, Compared to 2019 National Rates

Domain	Measure	2017	2018	2019	National
Access to primary care	Appropriate Testing for Pharyngitis (Ages 18-64)	NT	NT	NA	NA
Adult Health	Adult BMI Assessment	77	83	85	NA
Adult Health	Advising Smokers to Quit	92	92	94	NA
Adult Health	Asthma Medication Ratio (Ages 19-64)	37	34	30	NA
Adult Health	Colorectal Cancer Screening	61	64	65	NA
Adult Health	Controlling High Blood Pressure	NT	54	64	NA
Adult Health	Discussing Smoking Cessation Medications	81	81	86	NA
Adult Health	Discussing Smoking Cessation Strategies	75	75	78	NA
Adult Health	Flu Vaccination for Adults Ages 18-64	74	74	74	NA
Adult Health	Managing Diabetes Outcomes - Blood pressure controlled (lower than 140/90 mm Hg)	48	58	59	NA
Adult Health	Managing Diabetes Outcomes - HbA1C Control (less than 8.0%)	50	62	63	NA
Adult Health	Managing Diabetes Outcomes -Poor HbA1c Control	44	30	29	NA
Adult Health	Medication Management for People with Asthma 50% Days Covered (Ages 19-64)	82	83	82	NA
Adult Health	Medication Management for People with Asthma 75% Days Covered (Ages 19-64)	66	67	65	NA
Adult Health	Monitoring Diabetes - Dilated Eye Exam	50	57	58	NA
Adult Health	Monitoring Diabetes - HbA1c Testing	95	95	96	NA
Adult Health	Monitoring Diabetes - Nephropathy Monitoring	93	94	94	NA
Adult Health	Monitoring Diabetes - Received All Tests	46	53	54	NA
Adult Health	Persistence of Beta-Blocker Treatment	NA	88	NA	NA
Adult Health	Pharmacotherapy Management of COPD Exacerbation-Bronchodilator	94	94	94	NA
Adult Health	Pharmacotherapy Management of COPD Exacerbation-Corticosteroid	60	69	64	NA
Adult Health	Statin Therapy for Patients with Cardiovascular Disease - Adherent	72	81	82	NA
Adult Health	Statin Therapy for Patients with Cardiovascular Disease - Received	70	74	78	NA
Adult Health	Statin Therapy for Patients with Diabetes - Adherent	79	79	82	NA
Adult Health	Statin Therapy for Patients with Diabetes - Received	59	63	66	NA
Adult Health	Use of Spirometry Testing in the Assessment and Diagnosis of COPD	26	28	22	NA
Adult Health	Viral Load Suppression	79	81	80	NA
Behavioral Health	Adherence to Antipsychotic Medications for Individuals with Schizophrenia	58	57	55	NA

Domain	Measure	2017	2018	2019	National
Behavioral Health	Antidepressant Medication Management-Effective Acute Phase Treatment	62	57	55	NA
Behavioral Health	Antidepressant Medication Management-Effective Continuation Phase Treatment	45	45	41	NA
Behavioral Health	Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia	NA	NA	NA	NA
Behavioral Health	Diabetes Monitoring for People with Diabetes and Schizophrenia	89	86	83	NA
Behavioral Health	Diabetes Screening for People w/ Schizophrenia or Bipolar Disorder Using Antipsychotic Meds	98	99	100	NA
Behavioral Health	Follow-Up After Emergency Department Visit for Mental Illness Within 30 days	NT	NT	63	NA
Behavioral Health	Follow-Up After Emergency Department Visit for Mental Illness Within 7 days	NT	NT	54	NA
Behavioral Health	Follow-Up After Hospitalization for Mental Illness Within 30 Days	NT	NT	63	NA
Behavioral Health	Follow-Up After Hospitalization for Mental Illness Within 7 Days	NT	NT	41	NA
Behavioral Health	Follow-up After Emergency Department Visit for Alcohol and Other Drug Dependence Within 30 Days	NT	NT	38	NA
Behavioral Health	Follow-up After Emergency Department Visit for Alcohol and Other Drug Dependence Within 7 Days	NT	NT	30	NA
Provider Network	Satisfaction with Personal Doctor	88	88	88	NA
Provider Network	Satisfaction with Provider Communication	93	93	95	NA
Provider Network	Satisfaction with Specialist	79	79	79	NA
Satisfaction with Care	Care Coordination	89	89	87	NA
Satisfaction with Care	Customer Service	90	90	90	NA
Satisfaction with Care	Getting Care Needed	80	80	83	NA
Satisfaction with Care	Getting Care Quickly	86	86	86	NA
Satisfaction with Care	Getting Needed Counseling or Treatment	77	77	78	NA
Satisfaction with Care	Rating of Counseling or Treatment	64	64	65	NA
Satisfaction with Care	Rating of Health Plan	79	79	82	NA
Satisfaction with Care	Rating of Overall Healthcare	79	79	78	NA
Satisfaction with Care	Shared Decision Making	84	84	84	NA

Domain	Measure	2017	2018	2019	National
Satisfaction with Care	Wellness Discussion	84	84	84	NA
Women's Health	Breast Cancer Screening	68	69	69	NA
Women's Health	Cervical Cancer Screening	82	81	82	NA
Women's Health	Chlamydia Screening (Ages 16-20)	75	76	69	NA
Women's Health	Chlamydia Screening (Ages 21-24)	78	83	79	NA
Women's Health	Postpartum Care	NT	NT	85	NA
Women's Health	Timeliness of Prenatal Care	NT	NT	NA	NA

Health and Recovery Plans Statewide Rates - 2017-2019, Compared to 2019 National Rates

Domain	Measure	2017	2018	2019	National
Access to primary care	Appropriate Testing for Pharyngitis (Ages 18-64)	NT	NT	56	NA
Adult Health	Adult BMI Assessment	85	89	90	NA
Adult Health	Advising Smokers to Quit	89	89	87	NA
Adult Health	Asthma Medication Ratio (Ages 19-64)	50	52	49	NA
Adult Health	Colorectal Cancer Screening	58	59	60	NA
Adult Health	Controlling High Blood Pressure	NT	63	66	NA
Adult Health	Discussing Smoking Cessation Medications	73	73	75	NA
Adult Health	Discussing Smoking Cessation Strategies	61	61	67	NA
Adult Health	Flu Vaccination for Adults Ages 18-64	52	52	52	NA
Adult Health	Managing Diabetes Outcomes - Blood pressure controlled (lower than 140/90 mm Hg)	57	54	63	NA
Adult Health	Managing Diabetes Outcomes - HbA1C Control (less than 8.0%)	53	54	55	NA
Adult Health	Managing Diabetes Outcomes -Poor HbA1c Control	40	37	36	NA
Adult Health	Medication Management for People with Asthma 50% Days Covered (Ages 19-64)	77	77	74	NA
Adult Health	Medication Management for People with Asthma 75% Days Covered (Ages 19-64)	54	55	53	NA
Adult Health	Monitoring Diabetes - Dilated Eye Exam	59	59	61	NA
Adult Health	Monitoring Diabetes - HbA1c Testing	90	89	90	NA
Adult Health	Monitoring Diabetes - Nephropathy Monitoring	93	90	92	NA
Adult Health	Monitoring Diabetes - Received All Tests	54	50	54	NA
Adult Health	Persistence of Beta-Blocker Treatment	89	82	90	NA
Adult Health	Pharmacotherapy Management of COPD Exacerbation-Bronchodilator	88	89	87	NA
Adult Health	Pharmacotherapy Management of COPD Exacerbation-Corticosteroid	70	73	71	NA
Adult Health	Statin Therapy for Patients with Cardiovascular Disease - Adherent	59	61	64	NA
Adult Health	Statin Therapy for Patients with Cardiovascular Disease - Received	77	76	78	NA
Adult Health	Statin Therapy for Patients with Diabetes - Adherent	61	63	64	NA
Adult Health	Statin Therapy for Patients with Diabetes - Received	65	65	67	NA
Adult Health	Use of Spirometry Testing in the Assessment and Diagnosis of COPD	46	43	40	NA
Adult Health	Viral Load Suppression	73	69	69	NA
Behavioral Health	Adherence to Antipsychotic Medications for Individuals with Schizophrenia	67	66	67	NA

Domain	Measure	2017	2018	2019	National
Behavioral Health	Antidepressant Medication Management-Effective Acute Phase Treatment	51	52	52	NA
Behavioral Health	Antidepressant Medication Management-Effective Continuation Phase Treatment	38	38	38	NA
Behavioral Health	Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia	84	82	81	NA
Behavioral Health	Diabetes Monitoring for People with Diabetes and Schizophrenia	80	79	80	NA
Behavioral Health	Diabetes Screening for People w/ Schizophrenia or Bipolar Disorder Using Antipsychotic Meds	83	85	85	NA
Behavioral Health	Follow-Up After Emergency Department Visit for Mental Illness Within 30 days	NT	NT	73	NA
Behavioral Health	Follow-Up After Emergency Department Visit for Mental Illness Within 7 days	NT	NT	55	NA
Behavioral Health	Follow-Up After Hospitalization for Mental Illness Within 30 Days	NT	NT	78	NA
Behavioral Health	Follow-Up After Hospitalization for Mental Illness Within 7 Days	NT	NT	58	NA
Behavioral Health	Follow-up After Emergency Department Visit for Alcohol and Other Drug Dependence Within 30 Days	33	NT	40	NA
Behavioral Health	Follow-up After Emergency Department Visit for Alcohol and Other Drug Dependence Within 7 Days	25	NT	31	NA
Provider Network	Satisfaction with Personal Doctor	77	77	78	NA
Provider Network	Satisfaction with Provider Communication	88	88	90	NA
Provider Network	Satisfaction with Specialist	76	76	77	NA
Satisfaction with Care	Care Coordination	81	81	82	NA
Satisfaction with Care	Customer Service	85	85	85	NA
Satisfaction with Care	Getting Care Needed	78	78	81	NA
Satisfaction with Care	Getting Care Quickly	82	82	83	NA
Satisfaction with Care	Getting Needed Counseling or Treatment	83	83	85	NA
Satisfaction with Care	Rating of Counseling or Treatment	67	67	66	NA
Satisfaction with Care	Rating of Health Plan	72	72	72	NA
Satisfaction with Care	Rating of Overall Healthcare	65	65	69	NA
Satisfaction with Care	Shared Decision Making	78	78	81	NA

Domain	Measure	2017	2018	2019	National
Satisfaction with Care	Wellness Discussion	80	80	80	NA
Women's Health	Breast Cancer Screening	64	63	62	NA
Women's Health	Cervical Cancer Screening	69	67	68	NA
Women's Health	Chlamydia Screening (Ages 16-20)	NA	NA	NA	NA
Women's Health	Chlamydia Screening (Ages 21-24)	76	78	76	NA
Women's Health	Postpartum Care	NT	NT	63	NA
Women's Health	Timeliness of Prenatal Care	NT	NT	NA	NA

Section 7: Other Department of Health Reports and Websites

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

eQARR

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

Consumer Guides

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

Health Plan Service Use in New York State

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

Healthcare Disparities in Medicaid Managed Care

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

Feedback

We welcome suggestions and comments on this publication. Please contact us at:
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