<u>OVERVIEW</u>: The Department has undertaken a series of reform activities to facilitate the provision of high quality health care in the most efficient and effective manner for Medicaid enrollees. Many projects have been initiated through activities associated with the Medicaid Redesign Team. The Department will evaluate the impact of these initiatives on the quality of health care. The evaluation will involve monitoring quality measures and health indicators through the next decade to determine whether care has improved, remained consistent, or has not been unintentionally negatively impacted by changes stemming from these initiatives. Employing the construct of the triple aims to define quality, the indicators included in the evaluation will reflect the goals of: 1) improving care, 2) improving health and 3) reducing costs.

Two series of quality indicators were selected: Medicaid Quality of Care Measures (Table 1) and New York State Population Health Indicators (Table 2). The following tables reflect the quality measures and indicators which will be used for evaluation in the coming ten years. Several principles were used to select the measures: 1) Measures were taken from national quality measurement sets whenever possible to allow benchmarking to national results; 2) Several areas with gaps in the availability of existing measures were noted and the Department will continue to monitor new indicators for gap areas. If the exploratory work identifies additional measures to include, they will be added; and 3) Changes in the national quality measurement sets will be incorporated into New York's collection system and may affect measures in this list.

TABLE 1 MEDICAID QUALITY OF CARE MEASURES: Table 1 includes a description of each measure, the results for the three most current calendar years available and performance goals for each measure. 2013 performance goals are based on an incremental improvement of 5% of the difference between the most recent year's performance and the goal for the measure, with the same incremental improvement added to the subsequent benchmark years. Results will be updated as new information becomes available annually. In addition to this 'dashboard' presentation of results, the Department will provide a report with more in-depth analyses including performance by age, gender, disability status, race and ethnicity, and geography whenever applicable.

AIM 1:	Improving Care									
					icaid Perforn	-				
	Health Care			Me	asurement Y	ear	NYS Me	edicaid Perf	ormance (Goals
Number	Priority Area	Quality Measure	Measure Description	2009	2010	2011	2013	2015	2017	2020
1	Preventive Care	Chlamydia screening (Ages 16- 24)	The percentage of sexually active young women, ages 16 through 24, who had at least one test for Chlamydia during the measurement year.	67	68	71	72	74	75	77
2	Preventive Care	Childhood immunizations (Combination 3 - 4312314)	The percentage of two-year olds who were fully immunized. The HEDIS specifications for fully immunized consisted of the following vaccines: 4 Diphtheria/ Tetanus/Pertussis, 3 Polio, 1 Measles/Mumps/Rubella, 2 H Influenza type B, 3 Hepatitis B, 1 Varicella, and 4 pneumococcal.	73	Rotated	74	75	77	78	79

AIIVI 1.	Improving Care				licaid Perfo	mancaby				
	Health Care				asurement	-	NYS M	edicaid Perf	ormance (Goals
Number	Priority Area	Quality Measure	Measure Description	2009	2010	2011	2013	2015	2017	202
3	Preventive Care	Annual dental visit for children (Ages 2-21)	The percentage of children and adolescents ages 2 through 21 years, who had at least one preventive dental visit within the measurement year.	51	53	54	56	59	61	63
4	Preventive Care	Annual dental visit for adults (Ages 22- 64)	The percentage of adults ages 22 through 64 years, who had at least one preventive dental visit within the measurement year.	Not available	Not available	TBD	TBD	TBD	TBD	TBD
5	Women's Health	Cervical Cancer Screening	The percentage of women between the ages of 21 and 64 who had a Pap test within the measurement year or the two years prior.	Rotated	72	71	72	74	75	77
6	Women's Health	Frequency of Ongoing Prenatal Care - 81 to 100% of visits	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.	Rotated	74	Rotated	75	77	78	79
7	Women's Health	Low Birth weight Deliveries (*A low rate is desirable)	The percentage of live infants weighing less than 2500 grams among all deliveries by women continuously enrolled in a plan for 10 or more months.	7.0	7.0	2011 birth data not yet available	6.7	6.3	6.0	5.6
8	Chronic Care	Follow up care for children prescribed ADHD medication - Initiation	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 prescribing practitioner within the 30 days after starting the medication.	56	58	59	61	63	65	67
9	Chronic Care	Follow up care for children prescribed ADHD medication - Continuation	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.	62	64	66	68	69	71	73

	Health Care				icaid Perforasurement	-	NYS Me	edicaid Perf	ormance G	Goals
Number	Priority Area	Quality Measure	Measure Description	2009	2010	2011	2013	2015	2017	2020
10	Chronic Care	Medication Management for People with Asthma - 50% of Treatment Period	The percentage of members 5–64 years of age during the measurement year who were identified as having persistent asthma and were dispensed appropriate asthma controller medications for at least 50% of the treatment period.	Not available	Not available	59	61	63	65	67
11	Chronic Care	Medication Management for People with Asthma – 75% of Treatment Period	The percentage of members 5–64 years of age during the measurement year who were identified as having persistent asthma and were dispensed appropriate asthma controller medications for at least 75% of the treatment period.	Not available	Not available	NCQA Suppressed	TBD	TBD	TBD	TBD
12	Chronic Care	Comprehensive diabetes care - HbA1c control (<8.0)	The percentage of members, ages 18 to 75, with diabetes whose most recent HbA1c control (<8.0%).	55	Rotated	58	60	62	64	66
13	Chronic Care	Comprehensive diabetes care - LDL- c control (<100mg/dL)	The percentage of members, ages 18 to 75, with diabetes whose most recent level of bad cholesterol was below the recommended level (LDL-C <100 mg/dL).	44	Rotated	47	50	52	55	58
14	Chronic Care	Controlling high blood pressure for persons with hypertension	The percentage of members, ages 18 to 85 years, who have hypertension and whose blood pressure was adequately controlled (below 140/90).	Rotated	67	Rotated	69	70	72	74
15	Chronic Care	Comprehensive Care for People Living with HIV/AIDS: Engaged in Care	Percentage of members (ages 2 to 64) living with HIV/AIDS who received two outpatient visits with primary care with one visit in the first six months and one visit in the second six months.	67	80	84	85	86	86	87
16	Chronic Care	Comprehensive Care for People Living with HIV/AIDS: Viral Load Monitoring	Percentage of members (ages 2 to 64) living with HIV/AIDS who received one viral load monitoring test in the first six months and one test in the second six months.	47	58	64	66	68	69	71

AIM 1:	Improving Care									
	Health Care				licaid Perfor asurement '		NYS Me	edicaid Perf	ormance G	Goals
Number	Priority Area	Quality Measure	Measure Description	2009	2010	2011	2013	2015	2017	2020
17	Chronic Care	Comprehensive Care for People Living with HIV/AIDS: Syphilis Screening	Percentage of members (ages 19 to 64) living with HIV/AIDS who received at least one Syphilis screening during the measurement year.	54	58	66	68	69	71	73
18	Mental Health	Follow Up after Hospitalization for MH - within 7 days	The percentage of discharges, for members ages 6 years and older, who were seen on an ambulatory basis or who were in intermediate treatment with a mental health provider within 7 days of discharge.	68	70	72	73	75	76	78
19	Mental Health	Follow Up after Hospitalization for MH - within 30 days	The percentage of discharges, for members ages 6 years and older, who were seen on an ambulatory basis or who were in intermediate treatment with a mental health provider within 30 days of discharge.	80	85	83	84	85	86	86
20	Mental Health	Proportion of Schizophrenia Patients With Long- Term Utilization of Antipsychotic Medications	The percentage of patients, ages 24-64, with a principal diagnosis of schizophrenia (in inpatient stay, an ED visit or at least two outpatient visits) and who has an index dispensing event of an antipsychotic medication and who were dispensed antipsychotic medication to supply 80% or more of the proportion of days covered (PDC) during the treatment period.	Not available	Not available	44	47	50	52	55
21	Substance Abuse	Initiation of Alcohol and Other Drug Dependence	The percentage of members who, after the first new episode of alcohol or drug dependence, initiate treatment within 14 days of the diagnosis.	Not available	Not available	TBD	TBD	TBD	TBD	TBD
22	Substance Abuse	Engagement of Alcohol and Other Drug Dependence	The percentage of members who, after the first new episode of alcohol or drug dependence, initiated treatment and had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit.	Not available	Not available	TBD	TBD	TBD	TBD	TBD

AIM 1:	Improving Care									
	Health Care				licaid Perfor asurement	•	NYS Me	edicaid Perf	ormance G	Goals
Number	Priority Area	Quality Measure	Measure Description	2009	2010	2011	2013	2015	2017	2020
23	Substance Abuse	F/U after Hospitalization for Substance Abuse within 7 days	The percentage of discharges for alcohol and chemical dependency conditions, which were seen on an ambulatory basis or were in intermediate treatment with a chemical treatment and other qualified providers within 7 days of discharge.	Not available	Not available	TBD	TBD	TBD	TBD	TBD
24	Substance Abuse	F/U after Hospitalization for Substance Abuse within 30 days	The percentage of discharges for alcohol and chemical dependency conditions, which were seen on an ambulatory basis or were in intermediate treatment with a chemical treatment and other qualified providers within 30 days of discharge.	Not available	Not available	TBD	TBD	TBD	TBD	TBD
25	Long Term Care	Advance Directives Determination (Do Not Resuscitate)	Percentage of MLTC members who have made a determination of Do Not Resuscitate status defined as either 'in place' or 'not in place'. (Numerator does not include 'no selection')	Not available	Not available	TBD	TBD	TBD	TBD	TBD
26	Long Term Care	Flu Shot	Percentage of MLTC members who received an influenza vaccination in the past year.	83	72	72	73	75	76	78
27	Primary Care	Percent of enrollees in PCMH	Percentage of Medicaid Managed Care enrollees assigned to a primary care physician practicing in a patient-centered medical home (PCMH).	Not available	20	45	48	51	53	56
28	Health Care Reform	Percent of High Cost/High Need Cases in Health Homes	Percentage of Medicaid Fee-for-Service (FFS) recipients and Medicaid Managed Care (MMC) enrollees identified as High Cost/High Need cases that were enrolled in a Health Home.	Not available	Not available	TBD	TBD	TBD	TBD	TBD
29	Health Care Reform	Percent of Uninsured	Percentage of New Yorkers who are uninsured, including those who are eligible for Medicaid but uninsured.	Not available	Not available	TBD	TBD	TBD	TBD	TBD

	Health Care Priority				caid Perforn surement Y	-	NYS Me	dicaid Perf	ormance (Goals
Number	Area	Quality Measure	Measure Description	2009	2010	2011	2013	2015	2017	2020
1	Preventive Care	Weight Assessment and Counseling for Children and Adolescents - BMI Percentile	The percentage of children and adolescents ages 3-17 who had an outpatient visit with a PCP or OB/GYN and who had evidence of BMI percentile documentation during the measurement year.	51	65	73	74	76	77	78
2	Preventive Care	Weight Assessment and Counseling for Children and Adolescents - Nutrition	The percentage of children and adolescents ages 3-17 who had an outpatient visit with a PCP or OB/GYN and who had evidence of counseling for nutrition during the measurement year.	61	71	77	78	79	80	82
3	Preventive Care	Weight Assessment and Counseling for Children and Adolescents - Physical Activity	The percentage of children and adolescents ages 3-17 who had an outpatient visit with a PCP or OB/GYN and who had evidence of counseling for physical activity during the measurement year.	48	58	66	68	69	71	73
4	Preventive Care	Adult BMI Assessment	The percentage of members, 18 - 74 years of age, who had an outpatient visit and whose body mass index (BMI) was documented insuring the measurement year or the year prior.	55	70	Rotated	72	73	75	76
5	Chronic Care	Use of Tobacco Cessation Strategies	The percentage of estimated smokers using tobacco cessation products or services (includes medications, counseling or classes and OTC products).	Not available	15	17	21	25	29	34
6	Long Term Care	Fall Prevention	Percentage of MLTC members who did not have any falls requiring medical intervention during the measurement period.	51	52	53	55	58	60	62

					icaid Perforn asurement Y	-	NYS Me	edicaid Perf	ormance (Goals
Number	Health Care Priority Area	Quality Measure	Measure Description	2009	2010	2011	2013	2015	2017	2020
7	Long Term Care	Disruptive/Intense Daily Pain (*A low rate is desirable)	Percentage of MLTC members who experience daily intense pain or pain that disrupts daily activity.	10	12	11	10	10	9	9
8	Long Term Care	Injury Prevention	Percentage of MLTC members who did not experience any injuries, including hip fracture, other fracture, 2nd and 3rd degree burns, or unexplained injuries during the measurement period.	Not available	Not available	TBD	TBD	TBD	TBD	TBD
9	Patient Perspective	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 appointments for routine and urgent care as quickly as they thought needed.	77 (Adult 4.0H)	Not Collected	76 (Adult 4.0H)	77	78	80	81
10	Patient Perspective	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 were able to easily get appointments with specialists, and to get care, tests and treatment through the health plan.	74 (Adult 4.0H)	Not Collected	75 (Adult 4.0H)	76	78	79	80
11	Patient Perspective	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.	74 (Adult 4.0H)	Not Collected	68 (Adult 4.0H)	70	71	73	74

	Uselah Cana Duisuitu				icaid Perform asurement Ye	-	NYS Me	edicaid Perl	ormance (Goals
Number	Health Care Priority Area	Quality Measure	Measure Description	2009	2010	2011	2013	2015	2017	2020
1	Preventable Events	Potentially Preventable Hospitalizations (*a low rate is desirable)	Percentage of hospital admissions which are potentially avoidable.	Not available	Not available	TBD	TBD	TBD	TBD	TBD
2	Preventable Events	Potentially Preventable Readmissions (*a low rate is desirable)	Percentage of hospital readmissions within 14 days of discharge that might have been prevented.	Not available	Not available	TBD	TBD	TBD	TBD	TBD
3	Preventable Events	Potentially Avoidable ER Visits (*a low rate is desirable)	Percentage of ER visits for ambulatory sensitive conditions that could have been potentially treatable by primary care.	Not available	Not available	TBD	TBD	TBD	TBD	TBD
4	Health Care Reform	Medicaid Spending within Global Cap		Not available	Not available	TBD	TBD	TBD	TBD	TBD
5	Health Care Reform	Percent Eligibility Determination done at State Level		Not available	Not available	TBD	TBD	TBD	TBD	TBD

Rotated = Measure is collected every other year.

Not available data = Measure introduced after the calendar year and results not available.

Not collected = Survey administered on biennial basis; collection did not occur for the measurement year.

Adult 4.0H = Consumer Assessment of Health Care Providers and Systems (CAHPS[®]), Medicaid Adult survey, version 4.0H.

TBD = To be determined.

TABLE 2 NEW YORK STATE POPULATION HEALTH INDICATORS: Indicators of population health are also relevant to evaluating changes in Medicaid delivery systems. The results in Table 2 represent care and outcomes for people in New York State and are not specific to Medicaid recipients. Information about the incidence of events or prevalence of conditions helps monitor the overall health of people living in New York. Table 2 includes a description of each indicator, the results for the most current calendar year available and benchmarks for each measure. Many indicators in this table, a low rate is desirable and therefore have a goal of 0%. The benchmarks for these indicators incrementally decrease to reflect a progression toward lower incidence.

	Health Care		NYS Performance		Benchmar	ks
Number	Priority Area	Measure Description	2010	2013	2017	2020
AIM 1 Imp	proving Care					
1	Preventive Care	Incidence of children <72 months old with confirmed blood levels >= 10ug/dl (per 1,000) (*a low rate is desirable)	11.1	10.8	10.5	9.9
2	Birth Outcomes	Percent early prenatal care (First Trimester)	73.3	74.4	75.5	77.9
3	Birth Outcomes	Percent low birth weight deliveries (*a low rate is desirable)	8.2	8.2	7.9	7.8
4	Birth Outcomes	Percent preterm births (*a low rate is desirable)	12.3	11.9	11.5	11.1
5	Birth Outcomes	Percent unintended pregnancy (*a low rate is desirable)	29.6	28.6	27.6	26.6
6	Preventive Care	Percent of adults (65 and older) receiving seasonal flu vaccine	68.3	69.9	71.6	75.0
7	Preventive Care	Percent of adults (65 and older) receiving pneumococcal vaccine	66.1	67.8	69.5	73.0
8	Preventive Care	Percent of adults 50 years and older who receive colorectal cancer screening based on recent guidelines	68.0	69.5	71.4	73.0
AIM 2 Imp	proving Health					
9	Obesity	Percent of WIC children (ages 2-4) who are obese (*a low rate is	13.1	12.8	12.4	12.1
10	Obesity	desirable) Percent of public school children in NY state reported to Student Weight Status Category Reporting System who are obese (*a low rate is desirable)	17.6	17.2	16.7	16.3
11	Obesity	Percent of public school children in NYC represented in the NYC Fitnessgram who are obese (*a low rate is desirable)	20.7	20.3	19.7	19.3
12	HIV Prevention	New Diagnosis of HIV (per 100,000) (*a low rate is desirable)	21.3	20.8	20.2	19.2
13	Tobacco	Percent tobacco use (cigarettes, cigars, smokeless tobacco) by high school age students (*a low rate is desirable)	21.2	18.5	15.0	12.3
14	Tobacco	Percent cigarette smoking by adults (*a low rate is desirable)	18.1	16.8	15.0	13.7

Medicaid Redesign and Evaluation of Quality Measures and Population Indicators

	Health Care		NYS Performance		Benchmar	ks
Number	Priority Area	Measure Description	2010	2013	2017	2020
AIM 3 Red	ducing Costs					
15	Diabetes	Preventable Hospitalizations (PQIs) for short term complications of diabetes, age 6-17 (per 100,00) (*a low rate is desirable)	3.4≠	3.3	3.1	2.9
16	Diabetes	Preventable Hospitalizations (PQIs) for short term complications of diabetes, age 18+ (per 100,000) (*a low rate is desirable)	5.6≠	5.3	4.9	4.5
17	Asthma	Emergency Department Visit - all ages (per 10,000) (*a low rate is desirable)	83.4≠	79.8	75.1	72.0
18	CVD	Heart Attack Hospitalizations - all ages (per 10,000) (*a low rate is desirable)	16.0#	15.3	14.4	13.7

PQIs = Preventive Quality Indicators

≠ - baseline data (2007 to 2009)

- baseline data (age-adjusted 2010)