NYS Health Connector

5-Star Health Plan Quality Ratings Dashboard

Overview

Office of Health Services Quality and Analytics
Center for Applied Research and Evaluation
Bureau of Quality Measurement and Evaluation

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Introduction

Managed care plans provide health services to millions of New Yorkers. Choosing a health plan that meets your needs and the needs of your family is an important decision. The goal of this dashboard is to help you find out more about the quality of care offered by different health plans so that you can make an informed decision.

Accessibility

For any individual(s) who cannot access the visualizations or data on New York State Health Connector dashboards, please contact the Office of Health Services Quality and Analytics (OHSQA) All Payer Database team at NYSAPD@health.ny.gov and staff will assist in sending alternative materials.

Dashboard Data Sources

The quality ratings in this dashboard come from information submitted by the health plans and reflect data from calendar year 2022. Public Health Law (Article 29-D Section 2995) stipulates the collection of health care data for the purposes of increasing the information available to patients about health care providers and health care plans and improving the quality of health care in this state, by creating a statewide health information system, collecting health information for dissemination by means of such system, and studying additional uses of such information. The New York State Department of Health (NYSDOH) collects the health care data through an annual public reporting system called the Quality Assurance Reporting Requirements (QARR). Managed care organizations (licensed pursuant to Article 44) and preferred provider organizations (licensed pursuant to Article 32, 43 or 47) must report all applicable QARR measures annually.

QARR is largely based on measures of quality established by the National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS®) with New York State-specific measures added to address public health issues of particular importance in New York. 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 enrollees. The NYSDOH sponsors a CAHPS survey for Adult and Child Medicaid Managed Care enrollees in alternate years.

Managed care health plans follow three sets of specifications when preparing QARR:

- HEDIS® Volume 2: Technical Specifications for Health Plans
  - For more information on the technical specifications for HEDIS® Volume 2 see NCQA website (https://www.ncqa.org/).
- Quality Assurance Reporting Requirements Technical Specifications Manual
  - For more information on the QARR Technical specifications see the NYSDOH website (https://www.health.ny.gov/health_care/managed_care/qarrfull/qarr_2022/docs/technical_specifications.pdf).
- CAHPS specifications
  - For more information on the CAHPS survey methodology see the AHRQ website(https:/www.ahrq.gov/cahps/index.html)

Domains of Care

The Managed Care plans in this dashboard are given a star rating across ten domains of care, with 5 stars indicating the best performance. Each domain contains a group of quality measures. The domains of care are:

- Adult Care
- Behavioral Health
- Cardiovascular Care
- Care for Respiratory Conditions
- Child and Adolescent Care
- Diabetes Care
- Experience with Adult Care
- Experience with Children's Care (Medicaid and Child Health Plus only)
- Maternal Care
- Women's Preventive Care

Measures

Quality Measures	Commercial	Essential Plan	Medicaid	Description
	HMO/POS/PPO		MMC/CHP	
Preventive and Well-Care For Adults and Children				
Domain: Adult Care – 3 measures				
Colorectal Cancer Screening	✓	✓	✓	The percentage of adults, ages 50 to 75 years, who had appropriate screening for colorectal cancer.
Flu Shots for Adults	✓	✓	✓	The percentage of members, ages 18 to 64 years, who have had a flu shot. This measure is collected as part of the CAHPS survey and is calculated as a two-year rolling average for commercial results.
Medical Assistance with Tobacco Cessation (Composite)	✓	✓	✓	The percentage of members, ages 18 years and older, who are current smokers or tobacco users and who received medical information about smoking or tobacco use cessation within the last 12 months from a health care provider. This measure is collected as part of the CAHPS survey and is calculated as a two-year rolling average for commercial results. The measure includes three indicators: Advising smokers to quit, discussing cessation medications, and discussing smoking cessation strategies. The three indicators are combined as a weighted average for calculating the Consumer Guide star rating.
Domain: Child and Adolescent Care – 6 measures				
Annual Dental Visit (2–18 years old)	Not Reported	Not Reported	✓	The percentage of children and adolescents, ages 2 to 18 years, who had at least one dental visit within the measurement year.
Child and Adolescent Well-Care Visits	✓	Not Reported	✓	The percentage of members, ages 3 to 21 years, who had at least one well-care visit during the measurement year.
Childhood Immunization – Combination 3	✓	Not Reported	✓	The percentage of members, age 2 years, who were fully immunized. The HEDIS specifications for fully immunized consists of the following vaccines: four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); and four pneumococcal conjugate (PCV) by their second birthday.
Counseling for Nutrition and Physical Activity for Children/Adolescents (Composite)	✓	Not Reported	✓	The percentage of children and adolescents, ages 3 to 17 years, who had an outpatient visit with a PCP or OB/GYN practitioner during the measurement year, receiving the following two components of care during the measurement year; counseling for nutrition and counseling for physical activity. The two indicators are combined as a weighted average for calculating the Consumer Guide star rating.

Quality Measures	Commercial	Essential Plan	Medicaid	Description
	HMO/POS/PPO		MMC/CHP	
Immunizations for Adolescents – Combination 2	✓	Not Reported	✓	The percentage of adolescents 13 years of age who had one dose of meningococcal conjugate vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday.
Well-Child Visit in the First 30 Months of Life (Composite)	✓	Not Reported	✓	The percentage of members, who had the following recommended number of well-child visits during the last 15 months: six or more visits in the first 15 months for children who turned 15 months old during the measurement year or two or more visits for children who turned 30 months old during the measurement year. The two indicators are combined as a weighted average for calculating the Consumer Guide star rating.
Domain: Maternal Health – 2 measures				
Postpartum Care	✓	Not Scored	✓	The percentage of women who gave birth in the last year who had a postpartum care visit between 7 and 84 days after they gave birth.
Timeliness of Prenatal Care	✓	Not Scored	✓	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.
Domain: Women's Preventive Health – 3 measures				
Breast Cancer Screening	✓	✓	✓	The percentage of women, ages 50 to 74 years, who had a mammogram anytime on or between October 1 two years prior to the measurement year and December 31 of the measurement year.
Cervical Cancer Screening	✓	✓	✓	The percentage of women, ages 21 to 64 years, who had cervical cytology performed within the last 3 years or women, ages 30 to 64 years, who had cervical cytology/human papillomavirus (HPV) co-testing performed within the last 5 years.
Chlamydia Screening (Ages 16–20 and Ages 21–24) (Composite)	✓	✓	✓	The percentage of sexually active 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, but the two indicators are combined as a weighted average for calculating the Consumer Guide star rating.
Quality of Care Provided to Members with Illness				
Domain: Behavioral Health – 5 measures				
Adherence to Antipsychotic Medications for People with Schizophrenia	Not Reported	Not Reported	✓	The percentage of members ages 18 years and older during the measurement year with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.

Quality Measures	Commercial	Essential Plan	Medicaid	Description
	HMO/POS/PPO		MMC/CHP	
Antidepressant Medication Management - 84 days and 180 days (Composite)	✓	✓	✓	This measure is for members, ages 18 years and older, who were diagnosed with depression and treated with an antidepressant medication. There are two indicators for this measure, the two indicators are combined as a weighted average to calculate the Consumer Guide star ratings.
				1. Effective Acute Phase Treatment: The percentage of members who remained on antidepressant medication for at least 12 weeks (84 days).
				2. Effective Continuation Phase Treatment: The percentage of members who remained on antidepressant medication for at least six months (180 days).
Follow-Up After Hospitalization for Mental Illness - 7 days	✓	✓	✓	This measure is for members, ages 6 years and older, who were hospitalized for treatment of selected mental illnesses or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider. There are two time-frame components for this measure, but only the 7-day component is included in the Consumer Guide star rating calculation. This indicator measures the percentage of discharges for which the member received follow-up within 7 days after discharge.
Follow-Up Care for Children Prescribed ADHD Medication - Initiation and Continuation (Composite)	✓	Not Reported	✓	The percentage of children, ages 6 to 12 years, who were newly prescribed ADHD medication who had at least three follow-up visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. There are two components to assess follow-up care for children taking ADHD medication, the two indicators are combined as a weighted average for the calculation of the Consumer Guide star rating.
				1. Initiation Phase: The percentage of children with a new prescription for ADHD medication, who had one follow-up visit with a practitioner with prescribing authority during the 30 days following the index prescription start date.
				2. Continuation & Maintenance Phase: The percentage of children with a new prescription for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9-months) after the Initiation Phase ended.
Metabolic Monitoring for Children and Adolescents on Antipsychotics	✓	Not Reported	✓	The percentage of children and adolescents, ages 1 to 17 years, who had two or more antipsychotic prescriptions who received both blood glucose and cholesterol testing (metabolic testing) during the measurement year on the same or different dates of service.
Domain: Cardiovascular Care – 2 measures				
Controlling High Blood Pressure	✓	✓	✓	The percentage of members, ages 18 to 85 years, who had a diagnosis of hypertension and whose blood pressure was adequately controlled during the measurement year.
Statin Therapy for Patients with Cardiovascular Disease (Adherent)	✓	✓	✓	The percentage of female members, ages 40 to 75 years, and male members, ages 21 to 75 years, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and who remained on a high or moderate-intensity statin medication for at least 80% of the treatment period.

Quality Measures	Commercial HMO/POS/PPO	Essential Plan	Medicaid MMC/CHP	Description
Domain: Care for Respiratory Conditions – 2 measures				
Asthma Medication Ratio	✓	✓	✓	The percentage of members, ages 19 to 64 years, who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.
Use of Spirometry for COPD	✓	Not Reported	✓	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.
Domain: Diabetes Care – 4 measures				
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	Not Reported	Not Reported	✓	The percentage of members, ages 18 to 64 years, with schizophrenia or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.
Eye Exam for Patients with Diabetes	✓	✓	✓	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.
HbA1c Poor Control (>9%) for Patients with Diabetes	✓	✓	✓	The percentage of members 18-75 years of age with diabetes whose HbA1c level indicated poor control (>9.0 percent). A low rate is desirable for this measure.
Kidney Health Evaluation for Patients with Diabetes	✓	✓	✓	The percentage of members 18–85 years of age with diabetes who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the measurement year.
Member Experience with Access and Service				
Domain: Experience with Adult Care – 5 measures				
Getting Care Needed	✓	✓	✓	The percentage of members responding "usually" or "always" when asked a set of questions to identify if they received care they needed. The following questions are contained in this composite: 1. How often was it easy to get the care, tests, or treatment you needed? 2. How often did you get an appointment to see a specialist as soon as you needed?
Rating of Health Care	✓	✓	✓	The percentage of members responding 8, 9 or 10 (on scale of 0 to 10, where 0 is the worst healthcare possible and 10 is the best healthcare possible) when asked “What number would you use to rate all your health care in the last 6 months?”
Rating of Health Plan	✓	✓	✓	The percentage of members responding 8, 9 or 10 (on a scale of 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible) when asked “What number would you use to rate your health plan?”

Quality Measures	Commercial	Essential Plan	Medicaid	Description
	HMO/POS/PPO		MMC/CHP	
Rating of 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 "What number would you use to rate your personal doctor?"
Rating of 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 the specialist you see most often in the last 6 months?”
Domain: Experience with Children’s Care – 5 measures				
Getting Care Needed	Not Reported	Not Reported	✓	The percentage of members responding "usually" or "always" when asked a set of questions to identify if they received care they needed. The following questions are contained in this composite: 1. How often was it easy to get the care, tests, or treatment you needed? 2. How often did you get an appointment to see a specialist as soon as you needed?
Rating of Health Care	Not Reported	Not Reported	✓	The percentage of parents responding 8, 9 or 10 (on a scale of 0 to 10, where 0 is the worst healthcare possible and 10 is the best healthcare possible) when asked “What number would you use to rate all your child's health care in the last 6 months?”
Rating of Health Plan	Not Reported	Not Reported	✓	The percentage of parents 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) when asked “What number would you use to rate your child's health plan?”
Rating of Personal Doctor	Not Reported	Not Reported	✓	The percentage of parents 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 child's personal doctor?"
Rating of Specialist	Not Reported	Not Reported	✓	The percentage of parents 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 the specialist your child sees most often in the last 6 months?"

Methods

The methodology for the 5-star health plan quality ratings is below:

Step 1. Prepare Data for Scoring

The measure set in this rating system includes 37 measure results. For some measures with more than one indicator, we will follow CMS's weighted average method to average each measure's individual indicator rates and calculate a measure score (see equation below). Indicators with larger denominators will contribute more to the scoring than indicators with smaller denominators[1].

The weighted average equation is as follows:

$$X = \frac{\sum_1^i \mathbf{n}_i * \mathbf{x}_i}{\sum_1^i \mathbf{n}_i}$$

Where X is the final measure score that is the weighted average, x_i is the indicator score, and n_i is the indicator denominator.

Step 2. Standardize Measure Scores

Measure results need to be standardized before the calculation of domain scores. Measures that do not meet the minimum denominator size requirement for scoring are excluded from scoring.

Depending on the method of data collection, different statistics are used to create the standardized measure scores. More specifically, *z* statistic is used for hybrid measures, Nelson's *h* statistic from analysis of proportion (ANOP) is used for administrative measures, and student's *t* statistic is used for the CAHPS measures.

For hybrid measures, the plan's standardized score is calculated using the *z*-statistic.

$$Standardized\ Score = \frac{(plan\ rate - statewide\ rate)}{\sqrt{\frac{statewide\ rate\ \times (1 - statewide\ rate)}{plan\ denominator}}}$$

For administrative measures, the plan's standardized score is calculated using the Nelson's *h* statistic from analysis of proportions (ANOP).

$$Standardized\ Score = \frac{(plan\ rate - statewide\ rate)}{\sqrt{statewide\ rate\ \times (1 - statewide\ rate)}\ \sqrt{\frac{(statewide\ denominator - plan\ denominator)}{statewide\ denominator \times plan\ denominator}}}$$

For satisfaction measures, the plan's standardized score is calculated using the Student's *t* statistics. The statewide rate is the average of the plan rates.

$$Standardized\ Score = \frac{(plan\ rate - statewide\ rate)}{Standard\ Error}$$

[1] https://www.cms.gov/files/document/2016-qrs-and-qhp-enrollee-survey-technical-guidance-v20pdf

Note that the plan's standardized score for each measure is capped to no more than three times of the average critical value for the domain. If a plan fails to submit valid data for a measure, the plan will be assigned a negative maximum capped value as the standardized score for that measure.

For hybrid measures, the plan's critical value is based on the 95% confidence interval for a normal distribution. The average critical value for each domain is the average of all the measures' critical values in that domain.

Critical Value=1.96

For administrative measures, the plan's critical value is based on 1-α/2 percentage point of the Student's *t* distribution with *N*-*n* degrees of freedom, where $a = 1 - 0.95^{\frac{1}{n}}$, N=the total number of members from all the plans that reported valid data (excluding plans with small sample size), and *n*=the number of plans that reported valid data for that measure (excluding plans with small sample size). The average critical value for each domain is the average of all the measures' critical values in that domain.

For satisfaction measures, the plan's critical value is based on the 95% confidence interval for the Student's t distribution, with *n*-1 degrees of freedom, where *n*=the number of plans that reported valid data for that measure (excluding plans with small sample size). The average critical value for each domain is the average of all the measures' critical values in that domain.

Step 3. Calculate Domain Scores and Ratings

Apply the half-scale rule, meaning the domain score can be calculated only if at least half (>= 50%) of the associated measures have a score. If the half-scale is met, the domain score is calculated. A plan's domain score is the average of all the measures' standardized scores within the domain. The domain score is then converted to a t statistic using the mean and standard deviation calculated from all the plans' domain scores (excluding plans with small sample size). This t statistic is used to determine the domain rating stars by the percentile rank inferred from the Student's t distribution (Figure 1). The cut-point values for the 5-star scale are shown in Table 1.

Figure1. Sample Normal Distribution

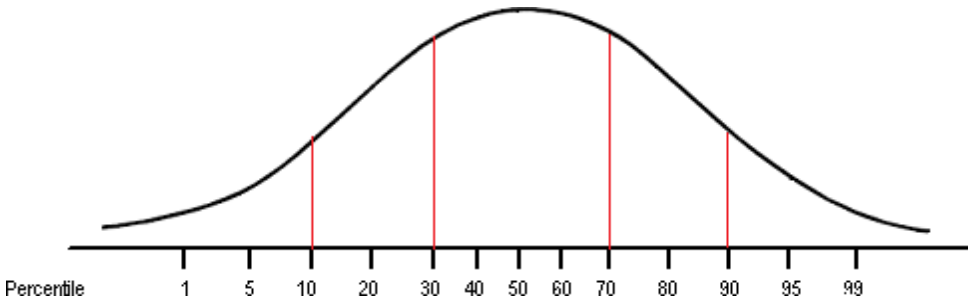

Table 1. T-Statistic Ranges for 5–Star Rating

Percentiles of T-statistic	Ratings
0<= Score Value < 10	1 star
10<= Score Value < 30	2 stars
30<= Score Value < 70	3 stars
70< =Score Value < 90	4 stars
90<= Score Value	5 stars

Step 4. Calculate Overall Rating

Apply the half-scale rule, meaning the overall score can be calculated only if at least half (>= 50%) of the associated domains have a score. If the half-scale rule is met, a plans overall rating is calculated. A plan's total number of stars is obtained by the sum of all the domains' stars for that plan divided by the total eligible stars. If a plan does not have a domain score, they are assigned the statewide average for these domains to prevent lower overall ratings due to missing information which was beyond the plan's control. The average stars are then converted to a t statistic using the mean and standard deviation calculated from all the health plans' average number of stars. This t statistic is used to determine the plan's overall rating stars by the percentile rank inferred from the Student's t distribution.

Limitations

The measures used in this dashboard represent some, but not all the measures collected from health plans through NYS Quality Assurance Reporting Requirements (QARR). QARR data is collected by health plans and the information is validated by a licensed organization. Only valid information is included in the data. Not all measures are collected each year. Some services require more resource intensive methods of collection, and these measures are often rotated to control collection burden. Measure specification changes and health plan mergers and closures limit the ability to compare measures and/or health plans overtime.

Contact Information

For more information or questions about this dashboard, please contact nyapd@health.ny.gov.

For questions on the Consumer Guide data or methodology, please contact nysqarr@health.ny.gov.