



New York: High-Quality Health Care for Children in Public Coverage

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The Medicaid Institute at United Hospital Fund is working to improve the Medicaid program in New York by providing information and analysis and developing a shared vision for change.

The Medicaid Institute at United Hospital Fund

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In June 2016 [nearly 2.6 million children in New York](#) were covered by Medicaid or the Child Health Plus (CHP) program, representing just over 50 percent of all children in the state.* Children in Medicaid and CHP receive a comprehensive array of benefits, and more than 90 percent receive those benefits through a managed care plan. New York State requires all managed care plans to submit annual quality data through the [Quality Assurance Reporting Requirements \(QARR\)](#) system. Child and adolescent health has its own subset of measures in the QARR data, essential to evaluating the quality of care provided to lower-income children in New York.

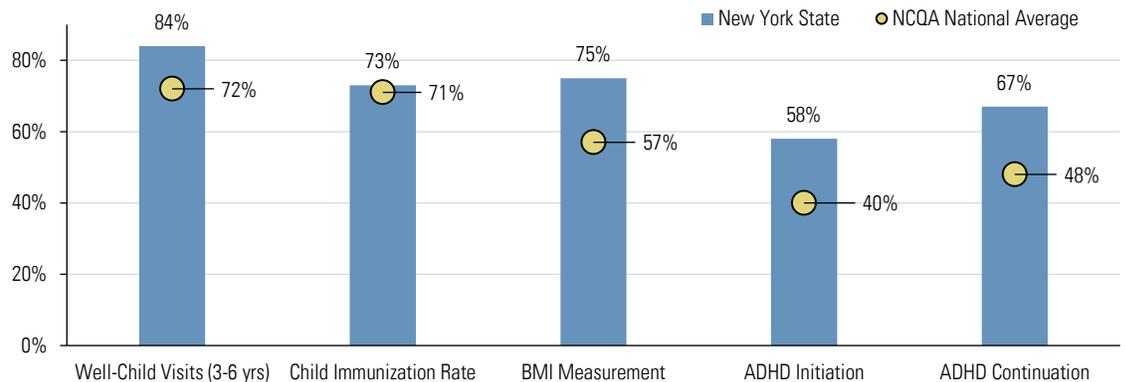
So how do Medicaid and CHP plans in New York perform on child health quality? The answer: quite well. So well, in fact, that **New York was one of six “higher-performing states” profiled by a [CMS-funded study in 2015](#) for having statewide rates in the top quartile on 9 of 13 commonly reported measures for Medicaid and CHP.** Using the QARR data, New York annually issues a report comparing the

performance of its Medicaid and CHP plans with that of all Medicaid HMOs reporting on the same set of measures to the National Committee for Quality Assurance. The chart below shows New York’s Medicaid and CHP plan performance on five widely used measures compared to all Medicaid plans nationally.

Although this comparison highlights the strength of managed care plan performance on child quality in New York’s public programs, there is room to improve. ADHD management scores, for example, are far from ideal. The state’s emerging Value-Based Payment models for its Medicaid program will likely encourage providers to focus on such opportunities for improvement. The data also has the potential to illuminate racial and geographic disparities in care.

*This figure was calculated using Medicaid and CHP enrollment files from June 2016, as well as New York annual population estimates for 2016, and assumes that from 2015 to 2016 the population of New Yorkers 0-20 years old changed at a rate proportional to the total population of New York, as estimated by the [U.S. Census Bureau](#).

Medicaid and CHP Quality for Children in New York Exceeded National Averages in 2015



Well-Child Visits (3-6 yrs)	Percent of children ages 3-6 having at least one well-child visit with a primary care clinician during the year
Child Immunization Rate	Percent of children who turned two during measurement year and had received specific vaccines (combination 3)
BMI Measurement	Percent of children and adolescents whose BMI percentile is noted in medical record
ADHD Initiation	Percent of children newly prescribed medication for ADHD who had a follow-up visit within 30 days of prescribing
ADHD Continuation	Percent of children who were seen at least twice in the nine months following ADHD medication prescription

Source: New York State Department of Health. "2015 NYS DOH Health Plan Comparison Reports." Available at https://www.health.ny.gov/health_care/managed_care/reports/eqarr/2015/statewide/medicaid/