# MassHealth 2022 Managed Care Plan Quality Performance

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*Background*

In accordance with CFR 438.340, MassHealth annually reports performance on a slate of quality measures identified in its managed care plan (MCP) contracts. Most of the measures are reported by more than one MassHealth program, with 14 measures being reported by three or more MassHealth programs. Measure rates reflect performance in calendar year 2021, with data collection occurring in calendar year 2022.

*Data Collection*

MassHealth receives plan-level HEDIS and CAHPS data from each of its managed care plans. Data for non-HEDIS measures are calculated by MassHealth’s analytic vendor, Telligen, using data extracts from the MassHealth data warehouse.

* Plan-level rates are presented in tables for each MassHealth managed care program that operated in 2021. These include Accountable Care Organizations (ACO), Managed Care Organizations (MCO), the Primary Care Clinician (PCC) Plan, Senior Care Organizations (SCO), One Care, and the Massachusetts Behavioral Health Partnership (BH PIHP). In addition to plan-level rates, the tables also present a MassHealth Weighted Mean (MHWM), which is a weighted average and reflects the overall performance of all plans reporting data for that measure. For HEDIS measures, MHWM rates are compared to national HEDIS benchmarks, where such benchmarks are available, with arrows representing performance relative to the benchmarks (for example, ↑ signifies that MHWM performance exceeds a benchmark). HEDIS benchmark data were obtained from the NCQA Quality Compass database (Medicaid and Medicare).
* Plan performance is compared to the 90th and 75th percentiles for either or both Medicaid and Medicare, as specified below. The 90th percentile represents a level of performance that was met or exceeded by the top 10% of Medicaid plans that submitted HEDIS MY 2022 data to NCQA. MassHealth uses the Medicaid 90th percentile as the primary benchmark against which plan performance is compared. The Medicaid 75th percentile is used to reflect a minimum standard of performance. This percentile represents a level of performance met or exceeded by the top 25% of Medicaid plans that submitted HEDIS 2022 data to NCQA. For non-HEDIS measures, benchmark comparisons are not available.
* MCO, PCC Plan, BH PIPH, and ACO weighted mean rates are compared to the national Medicaid 90th and 75th percentiles. (MCO and PCC Plan rates are grouped together in a weighted mean.)
* SCO and One Care weighted mean rates are compared to both the national Medicaid and the national Medicare 90th and 75th percentiles (where available).

Table 1 - MassHealth Public Reporting Measures Slate (By Program)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Measure Name** | **Steward** | **NQF #** | **ACO** | **MCO** | **PCCP** | **SCO** | **One Care** | **BH PIHP** |
| **Care for Older Adults - Advance Care Plan (COA)** | NCQA | 0326 |  |  |  | x |  |  |
| **Antidepressant Medication Management (AMM)** | NCQA | 0105 |  |  |  | x | x | x |
| **Asthma Medication Ratio (AMR)** | NCQA | 1800 | X | x | x |  |  |  |
| **Breast Cancer Screening (BCS)** | NQCA | 2372 |  |  |  |  | x |  |
| **Childhood Immunization Status (CIS)** | NCQA | 0038 | X | X | X |  |  |  |
| **Colorectal Cancer Screening (COL)** | NCQA | 0034 |  |  |  | x | x |  |
| **Comprehensive Diabetes Care: Poor Control (CDC) – Poor A1c Control** | NCQA | 0059 | X | X | X |  | x |  |
| **Controlling High Blood Pressure (CBP)** | NCQA | 0018 | x | X | X | x | x |  |
| **Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic Medications (SSD)** | NCQA | 1932 |  |  |  |  |  | x |
| **Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)** | NCQA | 3489 |  | x | x |  | x | x |
| **Follow-up After Emergency Department Visit for Mental Illness (FUM)** | NCQA | 3488 | X | X | X |  | X | X |
| **Follow-Up After Hospitalization for Mental Illness (FUH)** | NCQA | 0576 | x | x | x | x | x | X |
| **Follow-up Care for Children Prescribed ADHD Medication (ADD)** | NCQA | 0108 |  |  |  |  |  | x |
| **Immunization for Adolescents (IMA) – Combination 2** | NCQA | 1407 | X | X | X |  |  |  |
| **Initiation and Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment (IET)** | NCQA | 0004 | x | x | x |  | x | x |
| **Transitions of Care (TRC) – Medication Reconciliation Post Discharge** | NCQA | N/A |  |  |  | x | x |  |
| **Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)** | NCQA | 2800 | x | x | x |  |  | x |
| **Osteoporosis Management in Women Who Had a Fracture (OMW)** | NCQA | 0053 |  |  |  | x |  |  |
| **Persistence of Beta Blocker Treatment After Heart Attack (PBH)** | NCQA | 0071 |  |  |  | x |  |  |
| **Pharmacotherapy Management of COPD Exacerbation (PCE)** | NCQA | 0549 |  |  |  | x |  |  |
| **Plan All-Cause Readmission (PCR)** | NCQA | 1768 | X | X | X | x | x |  |
| **Potentially Harmful Drug Disease Interactions in the Elderly (DDE)** | NCQA | 2993 |  |  |  | x |  |  |
| **Timeliness of Prenatal Care (PPC)** | NCQA | 1517 | X | X | X |  |  |  |
| **Use of High-Risk Medications in the Elderly (DAE)** | NCQA | 0022 |  |  |  | x |  |  |
| **Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)** | NCQA | 0577 |  |  |  | x | x |  |
| **Behavioral Health Community Partners Engagement (BH CPE)** | EHS |  | X | X |  |  |  |  |
| **Measure Name** | **Steward** | **NQF #** | **ACO** | **MCO** | **PCCP** | **SCO** | **One Care** | **BH PIHP** |
| **Community Tenure (CT)** | EHS |  | X | X |  |  |  |  |
| **Long Term Services and Supports Community Partner Engagement (LTSS CPE)** | EHS |  | X | X |  |  |  |  |
| **ED visits for members 18-65 identified with a diagnosis of serious mental illness, substance addiction, or co-occurring conditions (ED SMI)** | EHS |  | X | X | X |  |  |  |
| **Oral Health Evaluation (OHE)** | EHS |  | X | X |  |  |  |  |
| **Unplanned Admissions for Diabetes (UADM)** | EHS |  | X | X | X |  |  |  |
| **Influenza Vaccination (FVO)** | N/A |  |  |  |  | X | X |  |
| **Access to LTS Coordinator - Percent of members with LTSS needs who have a referral to an LTS Coordinator within 90 days of enrollment** | N/A |  |  |  |  |  | X |  |
| **Tracking of Demographic Information - Percent of members whose demographic data are collected and maintained in the MMP Centralized Enrollee Record (race/ethnicity/ primary language/homelessness/disability type/LGBTQ identity** | N/A |  |  |  |  |  | X |  |
| **Medicare Advantage Prescription Drug Plan CAHPS –**  **Timely Assessment - Percent of members with an initial assessment completed within 90 days of enrollment** | N/A |  |  |  |  |  | X |  |
| **Documentation of Care Plan Goals - Percent of members with documented discussions of care goals** | N/A |  |  |  |  |  | X |  |
| **Health Related Social Needs Screening** | N/A |  | X |  |  |  |  |  |
| **CAHPS: Willingness to Recommend** | N/A |  | X |  |  |  |  |  |
| **CAHPS: Communication** | N/A |  | X |  |  |  |  |  |
| **CAHPS: Integration of Care** | N/A |  | X |  |  |  |  |  |
| **CAHPS: Knowledge of Patient** | N/A |  | X |  |  |  |  |  |
| **Screening for Depression and Follow-up Plan (DSF)** | EHS |  | X |  |  |  |  |  |
| **Depression Remission or Response (DRR)** | EHS |  | X |  |  |  |  |  |

Table 2 – MCO and PCC Plan Performance Measures, 2022 (Measurement Period: Calendar Year 2021)

Table Legend:

1 A lower score represents better performance

\* ↑ = Weighted Mean Performance Better Than Benchmark ↓ = Weighted Mean Performance Worse Than Benchmark

| **Measure Code** | **Measure Name** | **BMCHP** | **THP** | **PCCP** | **MH Weighted Mean** | **Nat'l Medicaid 75th Percentile\*** | **Nat'l Medicaid 90th Percentile\*** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **AMR** | **Asthma Medication Ratio (Total)** | 54.2% | 52.1% | 54.9% | 54.0% | ↓ | ↓ |
| **APM** | **Metabolic Monitoring for Children and Adolescents on Antipsychotics (Total)** | 31.9% | 27.0% | 39.4% | 36.4% | ↓ | ↓ |
| **BH CPE** | **Behavioral Health Community Partner Engagement** | 4.5% | 5.3% | N/A | 4.8% | N/A | N/A |
| **CBP** | **Controlling High Blood Pressure** | 52.2% | 57.9% | 53.8% | 54.8% | ↓ | ↓ |
| **CDC** | **Comprehensive Diabetes Care: A1c Poor Control 1** | 53.3% | 49.2% | 43.7% | 47.1% | ↓ | ↓ |
| **CIS** | **Childhood Immunization Status (Combination 10)** | 35.7% | 42.1% | 50.4% | 46.2% | ↑ | ↓ |
| **CT – BSP** | **Community Tenure:**  **Members with Diagnosis of Bipolar, Schizophrenia, or Psychotic Disorder (BSP) – Observed to Expected Ratio 1** | 1.21 | 0.31 | N/A | 0.73 | N/A | N/A |
| **CT – LTSS (non-BSP)** | **Community Tenure:**  **LTSS Population (and not in BSP population) – Observed to Expected Ratio 1** | 1.09 | 0.51 | N/A | 0.81 | N/A | N/A |
| **FUA** | **Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (7-day total)** | 23.9% | 25.1% | 21.1% | 23.4% | ↑ | ↑ |
| **FUM** | **Follow-up After Emergency Department Visit for Mental Illness (7-day total)** | 74.1% | 79.3% | 85.4% | 81.0% | ↑ | ↑ |
| **FUH** | **Follow-up After Hospitalization for Mental Illness (7-day total)** | 40.5% | 42.4% | 51.8% | 46.0% | ↓ | ↓ |
| **IET - Init** | **Initiation of Alcohol and Other Drug Abuse or Dependence Treatment (Total)** | 52.4% | 51.9% | 47.5% | 50.3% | ↑ | ↓ |
| **IET - Eng** | **Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (Total)** | 20.3% | 20.4% | 15.2% | 18.4% | ↑ | ↓ |
| **IMA** | **Immunization for Adolescents (Combination 2)** | 22.9% | 36.2% | 34.8% | 34.0% | ↓ | ↓ |
| **LTSS CPE** | **LTSS Community Partner Engagement** | 3.7% | 9.3% | N/A | 6.7% | N/A | N/A |
| **PCR** | **Plan All-Cause Readmissions (Observed Readmission Rate) 1** | 12.0% | 12.1% | 10.4% | 11.6% | N/A | N/A |
| **PPC** | **Timeliness of Prenatal Care** | 63.6% | 94.4% | 76.7% | 80.5% | ↓ | ↓ |
| **ED SMI** | **ED visits for members 18-65 identified with a diagnosis of serious mental illness, substance addiction, or co-occurring conditions (Observed to Expected Ratio)** | 0.81 | 0.80 | 0.90 | 0.85 | N/A | N/A |
| **OHE** | **Oral Health Evaluation** | 46.9% | 49.7% | N/A | 48.8% | N/A | N/A |
| **UADM** | **Unplanned Admissions for Diabetes (Observed to Expected Ratio)** | 0.85 | 0.70 | 0.67 | 0.71 | N/A | N/A |

MCO and PCC plans are compared to the national Medicaid 75th and 90th percentile benchmarks in the table above, where benchmark data are available. Weighted means are presented for administrative (claims only) measures, while median rates are shown for hybrid measures (claims and medical record review).

* The MassHealth Weighted Mean (MHWM) rates for FUA and FUM were above the national Medicaid 90th percentile benchmark.
* The MWHM rates for CIS (Combination 10) and IET (both initiation and engagement sub measures) were below the 90th percentile, but above the 75th percentile.
* The MHWM rates for AMR, APM, CBP, FUH, IMA (Combination 2), and PPC (timeliness submeasure) were below the 75th percentile.
* The MHWM rate for CDC poor control cohort was higher than both the 90th and 75th percentile, meaning that plan performance failed to meet those benchmarks (because a lower rate signifies better performance).

Table 3 - SCO Performance Measures, 2022 (Measurement Period: Calendar Year 2021)

Table Legend:

1 A lower score represents better performance.

2 Individual plan rates not included because denominator (number of members eligible for measure) < 30, but plan denominator and numerator included in weighted mean calculation.

\* ↑ = Weighted Mean Performance Better Than Benchmark ↓ = Weighted Mean Performance Worse Than Benchmark

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Measure Code** | **Measure Name** | **BMCHP** | **CCA** | **FH** | **SWH** | **THP** | **UHC** | **MH Weighted Mean** | **Nat'l Medicare 75th Percentile\*** | **Nat’l Medicare 90th Percentile\*** | **Nat'l Medicaid 75th Percentile\*** | **Nat'l Medicaid 90th Percentile\*** |
| **AMM -**  **Acute** | **Antidepressant Medication Management - Effective Acute Phase** | 71.4% | 81.2% | 80.7% | 81.4% | 79.5% | 77.9% | 79.7% | ↓ | ↓ | ↑ | ↑ |
| **AMM -Cont** | **Antidepressant Medication Management - Effective Continuation Phase** | 54.3% | 76.1% | 66.8% | 69.2% | 61.0% | 64.4% | 67.6% | ↓ | ↓ | ↑ | ↑ |
| **COA** | **Care for Older Adults (Advance Care Plan)** | 41.6% | 80.7% | 76.4% | 95.9% | 98.8% | 69.8% | 81.2% | N/A | N/A | N/A | N/A |
| **COL** | **Colorectal Cancer Screening** | 71.2% | 78.5% | 61.2% | 84.9% | 66.1% | 85.4% | 78.8% | ↑ | ↓ | N/A | N/A |
| **CBP** | **Controlling High Blood Pressure** | 65.8% | 66.1% | 59.8% | 61.4% | 74.6% | 74.5% | 68.1% | ↓ | ↓ | ↑ | ↓ |
| **FUH** | **Follow-up After Hospitalization for Mental Illness (7 days)** | N/A2 | 44.2% | 25.0% | N/A2 | 58.3% | 25.8% | 37.6% | ↑ | ↓ | ↑ | ↓ |
| **FUH** | **Follow-up After Hospitalization for Mental Illness (30 days)** | N/A2 | 70.1% | 61.1% | N/A2 | 77.8% | 67.7% | 64.4% | ↑ | ↓ | ↑ | ↑ |
| **TRC** | **Transitions of Care: Medication Reconciliation Post-Discharge** | 75.9% | 68.1% | 88.1% | 43.3% | 58.6% | 55.7% | 59.9% | ↓ | ↓ | N/A | N/A |
| **OMW** | **Osteoporosis Management in Women Who Had a Fracture** | N/A2 | 34.0% | 30.8% | 55.3% | N/A2 | 38.7% | 37.5% | ↓ | ↓ | N/A | N/A |
| **PBH** | **Persistence of Beta-Blocker Treatment After Heart Attack** | N/A2 | N/A2 | N/A2 | N/A2 | N/A2 | N/A2 | 93.3% | ↑ | ↓ | ↑ | ↑ |
| **PCE - Cort** | **Pharmacotherapy Management of COPD Exacerbation - Systemic Corticosteroid** | 88.9% | 77.7% | 79.2% | 74.2% | 76.0% | 73.3% | 76.2% | ↓ | ↓ | ↓ | ↓ |
| **PCE - Bronch** | **Pharmacotherapy Management of COPD Exacerbation - Bronchodilator** | 94.4% | 90.6% | 92.9% | 89.4% | 90.7% | 90.1% | 90.7% | ↑ | ↓ | ↑ | ↓ |
| **DDE** | **Potentially Harmful Drug Disease Interactions in the Elderly (Total) 1** | 26.9% | 32.6% | 35.8% | 31.5% | 33.6% | 31.5% | 32.4% | ↓ | ↓ | N/A | N/A |
| **DAE** | **Use of High-Risk Medications in the Elderly – 2+ High Risk Medications (Total) 1** | 17.2% | 25.6% | 25.3% | 19.9% | 19.5% | 21.7% | 22.1% | ↓ | ↓ | N/A | N/A |
| **SPR** | **Use of Spirometry Testing in the Assessment and Diagnosis of COPD** | N/A2 | 23.7% | 26.6% | 15.9% | 27.2% | 31.1% | 24.1% | ↓ | ↓ | ↓ | ↓ |
| **PCR** | **Plan All-Cause Readmission (obs/exp ratio) 1** | 0.9956 | 1.3568 | 1.1528 | 0.7696 | 1.1951 | 1.2819 | 1.1558 | ↓ | ↓ | ↓ | ↓ |
| **FVO** | **Influenza Immunization** | 77.0% | 78.0% | 79.0% | 79.0% | 86.0% | 81.0% | 80.0% | N/A | N/A | ↑ | ↑ |

SCO plans are compared to both the national Medicare and Medicaid 90th and 75th percentile benchmarks in the table above, where benchmark data are available.

* The MassHealth Weighted Mean (MHWM) rates for PCE (Corticosteroid) and SPR are above the 90th percentile for both Medicare and Medicaid.
* The MHWM rate for PCE (Bronchodilator) is above the 75th percentile, but below the 90th percentile for both Medicare and Medicaid.
* The MHWM rates for FUH (30 day) and PBH are above the 75th but below the 90th percentile for Medicare, but above the 90th percentile for Medicaid.
* The MHWM rates for AMR (both submeasures) and CBP are below the 75th percentile for Medicare, but above the 90th percentile for Medicaid
* The MHWM rate for FUH (7 day) is above the 75th but below the 90th percentile for both Medicare and Medicaid.
* The MHWM rate for FVO is above the 90th percentile for Medicaid. FVO has no Medicare benchmark.
* The MHWM rate for COL is above the 75th, but below the 90th percentile for Medicare. COL has no Medicaid benchmark.
* The MHWM rates for DDE, TRC, and OMW are below the 75th percentile for Medicaid. None of these measures has a Medicare benchmark.
* The MHWM rates for PCR and DAE (Total) were higher than both the 75th and 90th percentile for both Medicare and Medicaid, meaning that plan performance failed to meet those benchmarks (because a lower rate signifies better performance).
* The MHWM rate for DDE (Total) was higher than both the 75th and 90th percentile for Medicare, meaning that plan performance failed to meet that benchmark (because a lower rate signifies better performance). DDE does not have a Medicaid benchmark.

Table 4 – One Care Performance Measures, 2022 (Measurement Period: Calendar Year 2021)

Table Legend:

1 A lower score represents better performance.

\* ↑ = Weighted Mean Performance Better Than Benchmark ↓ = Weighted Mean Performance Worse Than Benchmark

| **Measure Code** | **Measure Name** | **CCA** | **THP** | **MH Weighted Mean** | **Nat'l Medicare 75th Percentile\*** | **Nat'l Medicare 90th Percentile\*** | **Nat'l Medicaid 75th Percentile\*** | **Nat'l Medicaid 90th Percentile\*** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **AMM -**  **Acute** | **Antidepressant Medication Management - Effective Acute Phase** | 79.9% | 75.1% | 79.3% | ↓ | ↓ | ↑ | ↑ |
| **AMM -**  **Cont** | **Antidepressant Medication Management - Effective Continuation Phase** | 71.9% | 58.4% | 70.3% | ↓ | ↓ | ↑ | ↑ |
| **BCS** | **Breast Cancer Screening** | 62.4% | 60.4% | 62.2% | ↓ | ↓ | ↑ | ↑ |
| **COL** | **Colorectal Cancer Screening** | 64.8% | 60.0% | 64.3% | ↓ | ↓ | N/A | N/A |
| **CDC** | **Comprehensive Diabetes Care: A1c Poor Control 1** | 45.5% | 43.1% | 45.3% | ↓ | ↓ | ↓ | ↓ |
| **CBP** | **Controlling High Blood Pressure** | 67.1% | 57.2% | 66.1% | ↓ | ↓ | ↑ | ↓ |
| **FUM** | **Follow-up After Emergency Department Visit for Mental Illness (7 days)** | 78.6% | 81.9% | 78.9% | ↑ | ↑ | ↑ | ↑ |
| **FUA** | **Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (7 days)** | 25.6% | 13.6% | 24.2% | ↑ | ↑ | ↑ | ↑ |
| **FUH - 7** | **Follow-up After Hospitalization for Mental Illness (7 days)** | 45.2% | 48.5% | 45.5% | ↑ | ↓ | ↑ | ↓ |
| **FUH - 30** | **Follow-up After Hospitalization for Mental Illness (30 days)** | 65.7% | 70.7% | 66.2% | ↑ | ↓ | ↑ | ↓ |
| **IET - Init** | **Initiation and Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment – Initiation Total** | 40.0% | 38.0% | 39.8% | ↓ | ↓ | ↓ | ↓ |
| **IET - Eng** | **Initiation and Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment – Engagement Total** | 11.7% | 13.3% | 11.9% | ↑ | ↑ | ↓ | ↓ |
| **TRC** | **Transitions of Care: Medication Reconciliation Post-Discharge** | 52.6% | 28.2% | 50.1% | ↓ | ↓ | N/A | N/A |
| **PBH** | **Persistence of Beta-Blocker Treatment After Heart Attack** | 94.8% | NA | 95.7% | ↑ | ↑ | ↑ | ↑ |
| **SPR** | **Use of Spirometry Testing in the Assessment and Diagnosis of COPD** | 16.0% | 22.5% | 21.6% | ↓ | ↓ | ↓ | ↓ |
| **PCR** | **Plan All-Cause Readmission (observed to expected ratio) 1** | 1.3304 | 1.3725 | 1.3340 | ↓ | ↓ | ↓ | ↓ |
| **FVO** | **Influenza Vaccination** | 75.0% | 69.0% | 73.0% | N/A | N/A | ↑ | ↑ |
| **N/A** | **Access to LTS Coordinator - Percent of members with LTSS needs who have a referral to an LTS Coordinator within 90 days of enrollment** | TBD | TBD | TBD | N/A | N/A | N/A | N/A |
| **N/A** | **Tracking of Demographic Information - Percent of members whose demographic data are collected and maintained in the MMP Centralized Enrollee Record (race/ethnicity/ primary language/homelessness/disability type/LGBTQ identity** | TBD | TBD | TBD | N/A | N/A | N/A | N/A |
| **N/A** | **Medicare Advantage Prescription Drug Plan CAHPS –**  **Timely Assessment - Percent of members with an initial assessment completed within 90 days of enrollment** | TBD | TBD | TBD | N/A | N/A | N/A | N/A |
| **N/A** | **Documentation of Care Plan Goals - Percent of members with documented discussions of care goals** | TBD | TBD | TBD | N/A | N/A | N/A | N/A |

One Care plans are compared to both the national Medicare and Medicaid 75th and 90th percentile benchmarks in the table above, where benchmark data are available.

* The MassHealth Weighted Mean (MHWM) rates for FUM (7 day), FUA (7 day) and PBH are above the 90th percentile for both Medicare and Medicaid.
* The MHWM rate for IET (Engagement) is above the 90th percentile for Medicare, but below the 75th percentile for Medicaid.
* The MHWM rates for AMM (both submeasures) and BCS are below the 75th percentile for Medicare, but above the 90th percentile for Medicaid
* The MHWM rate for FVO is above the 90th percentile for Medicare. FVO has no Medicare benchmark.
* The MHWM rate for FUH (both submeasures) is above the 75th for Medicare, but below the 75th percentile for Medicaid.
* The MH median for CBP is below the 75th percentile for Medicare but is above the 75th percentile for Medicaid.
* The MHWM rates for SPR and IET (Initiation) are below the 75th percentile for both Medicare and Medicaid.
* The MHWM rates for COL and TRC (Medication Reconciliation) are below the 75th percentile for Medicare. COL and TRC have no Medicaid benchmark.
* The MHWM rates for PCR and the mean for CDC (Poor Control) were higher than both the 75th and 90th percentile for both Medicare and Medicaid, meaning that plan performance failed to meet those benchmarks (because a lower rate signifies better performance).

Table 5 – Massachusetts Behavioral Health Partnership (BH PIHP) Measures, 2022 (Measurement Period: Calendar Year 2021)

\* ↑ = BH PIHP Performance Better Than Benchmark ↓ = BH PIHP Performance Worse Than Benchmark

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Measure Code** | **Measure Name** | **Measure Rate** | **Nat'l Medicaid 75th Percentile\*** | **Nat'l Medicaid 90th Percentile\*** |
| **ADD – Init** | **Follow-Up Care for Children Prescribed ADHD Medication – Initiation Phase** | 33.2% | ↓ | ↓ |
| **ADD – Cont** | **Follow-Up Care for Children Prescribed ADHD Medication – Continuation and Maintenance Phase** | 36.0% | ↓ | ↓ |
| **AMM - Acute** | **Antidepressant Medication Management - Effective Acute Phase** | 70.7% | ↑ | ↓ |
| **AMM - Cont** | **Antidepressant Medication Management - Effective Continuation Phase** | 56.9% | ↑ | ↑ |
| **APM** | **Metabolic Monitoring for Children and Adolescents on Antipsychotics** | 37.6% | ↓ | ↓ |
| **FUM – 7** | **Follow-Up After Emergency Department Visit for Mental Illness – 7 days** | 77.2% | ↑ | ↑ |
| **FUM – 30** | **Follow-Up After Emergency Department Visit for Mental Illness – 30 days** | 83.0% | ↑ | ↑ |
| **FUA – 7** | **Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence – 7 days** | 20.4% | ↑ | ↓ |
| **FUA – 30** | **Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence – 30 days** | 28.7% | ↑ | ↓ |
| **FUH – 7** | **Follow-Up After Hospitalization for Mental Illness – 7 days** | 48.8% | ↑ | ↓ |
| **FUH – 30** | **Follow-Up After Hospitalization for Mental Illness – 30 days** | 69.3% | ↑ | ↓ |
| **IET - Init** | **Initiation and Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment – Initiation Total** | 44.6% | ↓ | ↓ |
| **IET - Eng** | **Initiation and Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment – Engagement Total** | 16.0% | ↓ | ↓ |
| **SSD** | **Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic Medications** | 78.8% | ↓ | ↓ |

Massachusetts Behavioral Health Partnership (BH PIHP) measures are compared to the Medicaid 90th and 75th percentiles in the table above.

* The MassHealth Weighted Mean (MHWM) rates for FUM (7- and 30-day follow-up) and AMM (Continuation) are above the national Medicaid 90th percentile benchmark.
* The MHWM rates for AMM (Acute), FUA (7- and 30-day follow-up), and FUH (7- and 30-day follow-up) are above the Medicaid 75th percentile.
* The MHWM rates for ADD, APM, IET (initiation and engagement sub measures), and SSD are below the Medicaid 75th percentile.

Tables 6 & 7 – ACO Performance Measures, 2022 (Measurement Period: Calendar Year 2021)

Table 6 – ACO Performance Measures, Allways Health Plan – Fallon

Table Legend:

1 A lower score represents better performance.

2 ACO weighted mean includes the 17 ACOs in Table 6 and Table 7.

\* ↑ = Weighted Mean Performance Better Than Benchmark ↓ = Weighted Mean Performance Worse Than Benchmark

| **Measure Code** | **Measure Name** | **AHP** | **BMC BACO** | **BMC MERCY** | **BMC SIGN** | **BMC SCOAST** | **C3** | **FH BERK** | **FH 365** | **FH WFC** | **ACO Weighted Mean 2** | **Nat’l Medicaid 75th Percentile\*** | **Nat'l Medicaid 90th Percentile\*** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CIS** | **Childhood Immunization Status (Combo 10)** | 51.8% | 55.7% | 45.9% | 52.1% | 47.7% | 61.4% | 33.7% | 65.0% | 46.9% | 55.7% | ↑ | ↑ |
| **PPC** | **Timeliness of Prenatal Care** | 95.9% | 84.9% | 68.5% | 85.2% | 88.8% | 90.5% | 88.1% | 93.3% | 73.7% | 85.1% | ↓ | ↓ |
| **IMA** | **Immunization for Adolescents (Combo 2)** | 45.6% | 53.3% | 43.1% | 49.3% | 53.8% | 62.3% | 14.2% | 50.4% | 44.8% | 47.1% | ↑ | ↓ |
| **OHE** | **Oral Health Evaluation** | 55.1% | 46.8% | 52.2% | 53.5% | 44.2% | 53.3% | 45.4% | 56.0% | 55.1% | 52.5% | N/A | N/A |
| **HRSN** | **Health-Related Social Needs Screening** | 7.5% | 34.8% | 25.3% | 38.0% | 38.0% | 26.3% | 2.7% | 25.1% | 32.1% | 26.6% | N/A | N/A |
| **CBP** | **Controlling High Blood Pressure** | 58.6% | 60.3% | 70.6% | 75.2% | 73.5% | 56.0% | 66.4% | 73.2% | 70.6% | 64.1% | ↓ | ↓ |
| **AMR** | **Asthma Medication Ratio (Total)** | 56.7% | 54.2% | 65.2% | 50.1% | 53.0% | 58.1% | 47.9% | 56.1% | 56.5% | 56.7% | ↓ | ↓ |
| **CDC** | **Comprehensive Diabetes Care: A1c Poor Control 1** | 32.5% | 32.8% | 38.9% | 21.3% | 32.5% | 39.9% | 33.2% | 26.8% | 34.5% | 34.7% | ↑ | ↓ |
| **PCR** | **Plan All-Cause Readmissions (observed to expected ratio) 1** | 0.9604 | 1.2245 | 1.2140 | 1.2618 | 1.1507 | 1.1447 | 1.6740 | 1.5166 | 1.6441 | 1.2043 | ↓ | ↓ |
| **ED SMI/SUD** | **Risk adjusted ratio (obs/exp) of ED visits for members with SMI/SUD/co-occurring conditions 1** | 1.4938 | 1.5608 | 1.2491 | 1.5291 | 1.2978 | 1.6391 | 1.4320 | 1.1892 | 1.5518 | 1.5088 | N/A | N/A |
| **UADM** | **Risk adjusted ratio (obs/exp) of Acute Unplanned Admissions for Individuals with Diabetes (Adult) 1** | 0.8028 | 0.6883 | 0.6564 | 0.9250 | 0.6379 | 0.6798 | 0.7849 | 0.5763 | 0.6341 | 0.6869 | N/A | N/A |
| **IET-I** | **Initiation and Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment (Initiation)** | 35.9% | 51.0% | 43.1% | 63.1% | 42.5% | 45.5% | 61.0% | 76.1% | 37.0% | 47.2% | ↓ | ↓ |
| **IET-E** | **Initiation and Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment (Engagement)** | 11.3% | 18.6% | 19.0% | 20.8% | 16.6% | 16.1% | 19.6% | 17.1% | 12.5% | 15.8% | ↓ | ↓ |
| **FUH-7** | **Follow-Up After Hospitalization for Mental Illness (7 days)** | 28.8% | 47.4% | 50.9% | 47.5% | 45.9% | 54.9% | 45.5% | 59.6% | 40.9% | 49.8% | ↑ | ↓ |
| **FUM-7** | **Follow-Up After Emergency Department Visit for Mental Illness (7 days)** | 77.4% | 72.9% | 74.3% | 82.2% | 73.8% | 72.5% | 75.8% | 85.5% | 78.4% | 76.2% | ↑ | ↑ |
| **APM** | **Metabolic Monitoring for Children and Adolescents on Antipsychotics (Total)** | 33.3% | 49.6% | 46.5% | 63.6% | 53.3% | 60.8% | 35.5% | 57.0% | 29.0% | 42.7% | ↑ | ↓ |
| **DSF** | **Screening for Depression and Follow-Up Plan** | 31.8% | 52.7% | 16.1% | 76.3% | 50.9% | 50.7% | 21.2% | 39.2% | 38.5% | 41.7% | N/A | N/A |
| **DRR** | **Depression Remission or Response** | 2.4% | 10.8% | 4.9% | 28.8% | 11.5% | 9.5% | 13.8% | 8.2% | 0.5% | 6.4% | N/A | N/A |
| **LTSS CPE** | **LTSS Community Partner Engagement** | 12.7% | 7.6% | 6.3% | 6.9% | 10.6% | 9.8% | 17.2% | 4.5% | 12.4% | 8.1% | N/A | N/A |
| **BH CPE** | **Behavioral Health Community Partner Engagement** | 17.3% | 12.5% | 9.7% | 15.7% | 10.3% | 10.1% | 8.7% | 22.2% | 23.7% | 11.8% | N/A | N/A |
| **CT-BSP** | **Community Tenure - BSP (Risk adjusted O/E ratio) 1** | 0.9414 | 1.7592 | 1.4131 | 1.9374 | 1.5053 | 1.6295 | 0.9956 | 0.7846 | 1.1259 | 1.4595 | N/A | N/A |
| **CT-LTSS** | **Community Tenure - LTSS (non-BSP) Risk adjusted O/E ratio 1** | 1.9285 | 2.4229 | 1.7220 | 2.6552 | 1.8024 | 2.3899 | 1.5276 | 1.2941 | 1.6533 | 2.0736 | N/A | N/A |
| **CG-CAHPS** | **Adult: Overall Rating and Care Delivery: Willingness to recommend** | 84.4% | 84.6% | 78.6% | 83.6% | 86.5% | 81.9% | 87.3% | 87.5% | 86.3% | 85.3% | N/A | N/A |
| **CG-CAHPS** | **Child: Overall Rating and Care Delivery: Willingness to recommend** | 87.1% | 88.9% | 86.0% | 91.1% | 90.4% | 86.4% | 88.9% | 91.8% | 91.4% | 90.2% | N/A | N/A |
| **CG-CAHPS** | **Adult: Overall Rating and Care Delivery: Communication** | 87.0% | 87.8% | 81.8% | 85.5% | 88.8% | 86.0% | 88.9% | 89.9% | 88.3% | 87.6% | N/A | N/A |
| **CG-CAHPS** | **Child: Overall Rating and Care Delivery: Communication** | 90.0% | 90.6% | 89.1% | 87.9% | 93.0% | 87.8% | 91.2% | 91.8% | 90.1% | 90.8% | N/A | N/A |
| **CG-CAHPS** | **Adult: Person-Centered Integrated Care: Integration of Care** | 72.8% | 76.4% | 73.2% | 76.8% | 79.4% | 75.2% | 79.9% | 80.5% | 78.7% | 78.6% | N/A | N/A |
| **CG-CAHPS** | **Child: Person-Centered Integrated Care: Integration of Care** | 74.0% | 78.4% | 79.3% | 82.4% | 78.2% | 73.5% | 77.0% | 80.0% | 78.0% | 79.3% | N/A | N/A |
| **CG-CAHPS** | **Adult: Person-Centered Integrated Care: Knowledge of Patient** | 81.7% | 81.3% | 75.3% | 79.3% | 82.5% | 79.9% | 83.1% | 83.2% | 83.2% | 82.0% | N/A | N/A |
| **CG-CAHPS** | **Child: Person-Centered Integrated Care: Knowledge of Patient** | 84.9% | 85.9% | 84.2% | 86.1% | 87.6% | 83.0% | 84.5% | 87.9% | 86.3% | 86.6% | N/A | N/A |

Table 7 – ACO Performance Measures, Health New England – Tufts

Table Legend:

1 A lower score represents better performance.

2 ACO weighted mean includes the 17 ACOs in Table 6 and Table 7.

\* ↑ = Weighted Mean Performance Better Than Benchmark ↓ = Weighted Mean Performance Worse Than Benchmark

| **Measure Code** | **Measure Name** | **HNE** | **LAHEY** | **MGB** | **STEWARD** | **THP ATRIUS** | **THP BIDCO** | **THP CHA** | **THP CHILDREN'S** | **ACO Weighted Mean 2** | **Nat’l Medicaid 75th Percentile\*** | **Nat'l Medicaid 90th Percentile\*** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CIS** | **Childhood Immunization Status (Combo 10)** | 41.4% | 16.7% | 55.3% | 53.5% | 62.5% | 54.3% | 64.2% | 57.3% | 55.7% | ↑ | ↑ |
| **PPC** | **Timeliness of Prenatal Care** | 88.5% | 58.0% | 81.1% | 89.3% | 76.7% | 80.8% | 87.3% | 48.9% | 85.1% | ↓ | ↓ |
| **IMA** | **Immunization for Adolescents (Combo 2)** | 42.5% | 12.0% | 33.6% | 40.6% | 40.9% | 25.3% | 57.0% | 50.9% | 47.1% | ↑ | ↓ |
| **OHE** | **Oral Health Evaluation** | 48.3% | 42.8% | 55.4% | 49.8% | 55.2% | 51.0% | 53.6% | 53.6% | 52.5% | N/A | N/A |
| **HRSN** | **Health-Related Social Needs Screening** | 22.1% | 0.0% | 22.1% | 8.8% | 21.9% | 10.9% | 28.0% | 58.2% | 26.6% | N/A | N/A |
| **CBP** | **Controlling High Blood Pressure** | 69.8% | 60.8% | 67.6% | 61.3% | 76.9% | 64.0% | 67.2% | 50.7% | 64.1% | ↓ | ↓ |
| **AMR** | **Asthma Medication Ratio (Total)** | 54.0% | 52.2% | 54.2% | 54.2% | 58.4% | 57.2% | 49.5% | 68.3% | 56.7% | ↓ | ↓ |
| **CDC** | **Comprehensive Diabetes Care: A1c Poor Control 1** | 43.2% | 38.9% | 26.2% | 42.8% | 31.9% | 26.2% | 35.8% | 69.9% | 34.7% | ↑ | ↓ |
| **PCR** | **Plan All-Cause Readmissions (observed to expected ratio) 1** | 1.2220 | 1.1317 | 1.0654 | 1.0983 | 1.7356 | 1.5377 | 1.5699 | 1.5475 | 1.2043 | ↓ | ↓ |
| **ED SMI/SUD** | **Risk adjusted ratio (obs/exp) of ED visits for members with SMI/SUD/co-occurring conditions 1** | 1.1996 | 1.4666 | 1.4743 | 1.6313 | 1.2902 | 1.4742 | 1.6419 | 1.5740 | 1.5088 | N/A | N/A |
| **UADM** | **Risk adjusted ratio (obs/exp) of Acute Unplanned Admissions for Individuals with Diabetes (Adult) 1** | 0.5849 | 0.7590 | 0.6320 | 0.6751 | 0.8189 | 0.7654 | 0.8409 | 0.5889 | 0.6869 | N/A | N/A |
| **IET-I** | **Initiation and Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment (Initiation)** | 49.8% | 53.7% | 42.4% | 41.5% | 37.2% | 50.9% | 63.2% | 35.5% | 47.2% | ↓ | ↓ |
| **IET-E** | **Initiation and Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment (Engagement)** | 15.4% | 15.8% | 13.8% | 14.3% | 13.5% | 15.4% | 18.7% | 9.7% | 15.8% | ↓ | ↓ |
| **FUH-7** | **Follow-Up After Hospitalization for Mental Illness (7 days)** | 50.3% | 45.8% | 54.2% | 50.4% | 45.2% | 41.2% | 60.2% | 48.5% | 49.8% | ↑ | ↓ |
| **FUM-7** | **Follow-Up After Emergency Department Visit for Mental Illness (7 days)** | 73.2% | 79.3% | 76.3% | 74.3% | 80.8% | 66.5% | 80.6% | 86.5% | 76.2% | ↑ | ↑ |
| **APM** | **Metabolic Monitoring for Children and Adolescents on Antipsychotics (Total)** | 37.6% | N/A | 34.2% | 46.4% | 39.4% | 30.0% | 23.0% | 40.7% | 42.7% | ↑ | ↓ |
| **DSF** | **Screening for Depression and Follow-Up Plan** | 50.9% | 25.4% | 40.1% | 37.1% | 17.3% | 39.0% | 47.3% | 60.3% | 43.2% | N/A | N/A |
| **DRR** | **Depression Remission or Response** | 3.4% | 2.8% | 0.8% | 1.3% | 5.6% | 8.0% | 1.5% | 11.2% | 6.4% | N/A | N/A |
| **CPE-LTSS** | **LTSS Community Partner Engagement** | 6.6% | 10.2% | 3.9% | 5.9% | 17.4% | 8.7% | 6.3% | 9.7% | 8.1% | N/A | N/A |
| **CPE-BH** | **Behavioral Health Community Partner Engagement** | 10.7% | 7.3% | 11.5% | 9.2% | 26.6% | 16.5% | 10.8% | N/A | 11.8% | N/A | N/A |
| **CT-BSP** | **Community Tenure - BSP (Risk adjusted O/E ratio) 1** | 1.0856 | 0.8416 | 1.7613 | 1.6282 | 0.5188 | 0.6523 | 0.5562 | 0.4334 | 1.4595 | N/A | N/A |
| **CT-LTSS** | **Community Tenure - LTSS (non-BSP) Risk adjusted O/E ratio 1** | 1.2285 | 1.7737 | 2.3209 | 2.6572 | 0.9655 | 1.2126 | 1.2952 | 0.9181 | 2.0736 | N/A | N/A |
| **CG-CAHPS** | **Adult: Overall Rating and Care Delivery: Willingness to recommend** | 82.5% | 85.1% | 88.7% | 85.3% | 87.4% | 84.7% | 86.2% | 90.9% | 85.3% | N/A | N/A |
| **CG-CAHPS** | **Child: Overall Rating and Care Delivery: Willingness to recommend** | 89.6% | 79.1% | 92.4% | 91.3% | 92.3% | 87.3% | 90.2% | 92.5% | 90.2% | N/A | N/A |
| **CG-CAHPS** | **Adult: Overall Rating and Care Delivery: Communication** | 84.8% | 86.2% | 89.6% | 87.8% | 88.5% | 86.8% | 88.1% | 91.9% | 87.6% | N/A | N/A |
| **CG-CAHPS** | **Child: Overall Rating and Care Delivery: Communication** | 89.9% | 96.4% | 92.7% | 91.9% | 92.4% | 88.5% | 91.1% | 92.2% | 90.8% | N/A | N/A |
| **CG-CAHPS** | **Adult: Person-Centered Integrated Care: Integration of Care** | 72.7% | 75.3% | 79.7% | 78.0% | 81.2% | 76.8% | 76.3% | 80.6% | 78.6% | N/A | N/A |
| **CG-CAHPS** | **Child: Person-Centered Integrated Care: Integration of Care** | 78.4% | 89.2% | 78.3% | 79.7% | 79.1% | 74.9% | 77.4% | 80.2% | 79.3% | N/A | N/A |
| **CG-CAHPS** | **Adult: Person-Centered Integrated Care: Knowledge of Patient** | 79.4% | 81.4% | 85.0% | 82.3% | 82.8% | 81.7% | 82.9% | 87.7% | 82.0% | N/A | N/A |
| **CG-CAHPS** | **Child: Person-Centered Integrated Care: Knowledge of Patient** | 84.7% | 91.4% | 88.9% | 87.7% | 88.7% | 85.1% | 86.0% | 88.6% | 86.6% | N/A | N/A |

* The MHWM or median rates for CIS (Combo 10) and FUM (7 day) were above the Medicaid 90th percentile.
* The MHWM or median rates for IMA (Combo 2), APM, and FUH (7 day) were above the Medicaid 75th percentile, but below the Medicaid 90th percentile.
* The MHWM or median rates for PPC (Timeliness), CBP, AMR, and IET (both cohorts) were below the Medicaid 75th percentile.
* The median rate for CDC (Poor Control) was higher than both the 90th and 75th percentile, meaning that plan performance failed to meet those benchmarks (because a lower rate signifies better performance).
* The MHWM rate for PCR was higher than both the 90th and 75th percentile, meaning that plan performance failed to meet those benchmarks (because a lower rate signifies better performance).