

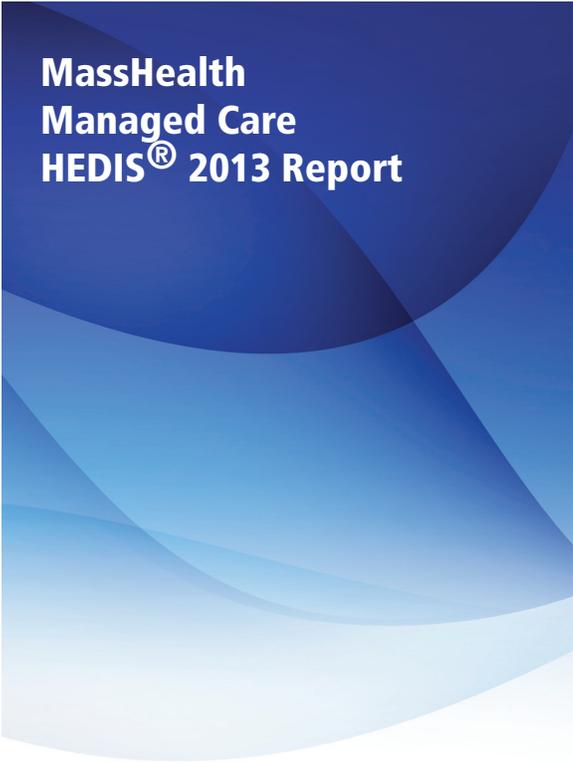
MassHealth Managed Care HEDIS® 2013 Report

January 2014

Prepared by the MassHealth Office of Clinical Affairs (OCA) in collaboration with the MassHealth Office of Providers and Plans (OPP) and the MassHealth Office of Behavioral Health (OBH)



University of
Massachusetts
Medical School



**MassHealth
Managed Care
HEDIS® 2013 Report**

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MassHealth Managed Care HEDIS® 2013 Report

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Executive Summary

The *MassHealth Managed Care HEDIS® 2013 Report* presents information on the quality of care provided by the six health plans serving the MassHealth managed care population. These plans are: Boston Medical Center HealthNet Plan (BMCHP), Fallon Community Health Plan (FCHP), Health New England, Inc. (HNE), Neighborhood Health Plan (NHP), Network Health (NH), and the Primary Care Clinician Plan (PCCP). This assessment was conducted by the MassHealth Office of Clinical Affairs (OCA), the MassHealth Office of Providers and Plans (OPP), and the MassHealth Office of Behavioral Health (OBH).

The data presented in this report are a subset of the Healthcare Effectiveness Data and Information Set (HEDIS) measures. HEDIS was developed by the National Committee for Quality Assurance (NCQA), and is the most widely used set of standardized performance measures to evaluate and report on the quality of care delivered by health care organizations. Through this collaborative project, OCA, OPP, and OBH have examined a broad range of clinical and service areas that are of importance to MassHealth members, policy makers and program staff.

Measures Selected for HEDIS 2013

The MassHealth measurement set for 2013 focuses on four domains:

1. Preventive Care

- Breast Cancer Screening
- Cervical Cancer Screening
- Chlamydia Screening in Women

2. Chronic Disease Management

- Controlling High Blood Pressure

3. Behavioral Health Care

- Antidepressant Medication Management
- Follow-up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication
- Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
- Follow-up After Hospitalization for Mental Illness

4. Perinatal Care

- Prenatal and Postpartum Care
- Frequency of Ongoing Prenatal Care

Summary of Overall Results

Results from the MassHealth Managed Care HEDIS 2013 project demonstrate that MassHealth plans performed well overall when compared to the 2013 rates of other Medicaid plans around the country. Throughout this report, we will give results of tests of statistical significance comparing the MassHealth weighted mean, which indicates the overall, combined performance of the six MassHealth managed care plans, with the HEDIS 2013 national Medicaid 75th percentile benchmark. (This benchmark comes from the NCQA's Quality Compass® database, and indicates that the top-performing 25% of all Medicaid managed care plans nationwide had measure rates equal to, or better than, the listed rate.) This report will also show comparisons between the six individual MassHealth plans and this benchmark.

Executive Summary

MassHealth plans performed best, relative to this national benchmark, on the Preventive Care and Chronic Disease Management measures. The MassHealth weighted mean rates for all four of these measures (Breast Cancer Screening, Cervical Cancer Screening, Chlamydia Screening in Women, and Controlling High Blood Pressure) were higher than the national Medicaid 75th percentile benchmark, and the difference was statistically significant.

MassHealth's performance was mixed, but still strong overall, with respect to the other two domains. In the Behavioral Health Care domain, the MassHealth weighted means for Follow-up After Hospitalization for Mental Illness, Initiation and Engagement of Alcohol and Other Drug Dependence Treatment, and Follow-up Care for Children Prescribed ADHD Medication were significantly higher than the 75th percentile benchmark. However, MassHealth's performance on the Antidepressant Medication Management measure fell well short of the national benchmark.

In the Perinatal Care domain, MassHealth's overall performance (weighted mean) was statistically significantly higher than the national Medicaid 75th percentile on the Frequency of Ongoing Prenatal Care measure, and on the Timeliness of Prenatal Care submeasure of the Prenatal and Postpartum Care measure. However, the MassHealth weighted mean rate on the Postpartum Care submeasure was significantly lower than the national benchmark.

This year's report introduces a new feature, a presentation of data on longer-term trends in MassHealth's performance on the measures selected for HEDIS 2013 reporting. While previous reports have always compared health plans' current year rates to those of the immediately prior reporting year (and the present report continues to do so), this year's report includes a section reporting performance trends reaching further back. For each measure, all available data are reported for measurement years in which all MassHealth plans, including the PCC Plan, reported data, and for which national benchmarks were available from the NCQA's Quality Compass database.

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Introduction



About this Report

Purpose of the Report

This report presents the results of the MassHealth Managed Care Healthcare Effectiveness Data and Information Set (HEDIS) 2013 project. This report was designed to be used by MassHealth program managers and by managed care organization (MCO) managers to assess plan performance in the context of other MassHealth managed care plans and national benchmarks, identify opportunities for improvement, and set quality improvement goals. The report also aims to provide information that MassHealth members would find helpful in selecting a managed care plan.

Project Background

The MassHealth Office of Clinical Affairs (OCA) is part of the University of Massachusetts Medical School's Center for Health Policy and Research. OCA collaborates with the MassHealth Office of Providers and Plans (OPP) and the MassHealth Office of Behavioral Health (OBH) to conduct an annual assessment of the performance of all MassHealth MCOs and the Primary Care Clinician Plan (PCCP), the primary care case management program administered by the Executive Office of Health and Human Services (EOHHS). OCA, OPP, and OBH conduct this annual assessment by using a subset of HEDIS measures. Developed by the National Committee for Quality Assurance (NCQA), HEDIS is the most widely used set of standardized performance measures for reporting on the quality of care delivered by health care organizations. HEDIS includes clinical measures of care, as well as measures of access to care and utilization of services.

The measures selected for the MassHealth Managed Care HEDIS 2013 project assess the performance of the six MassHealth plans that provided health care services to MassHealth managed care members during the 2012 calendar year. The six MassHealth plans included in this report are the Primary Care Clinician Plan (PCCP), Neighborhood Health Plan (NHP), Network Health (NH), Health New England (HNE) Fallon Community Health Plan (FCHP), and Boston Medical Center HealthNet Plan (BMCHP). Descriptive information about each health plan can be found in the "MassHealth Managed Care Plan Profiles" section, beginning on page 12.

MassHealth HEDIS 2013 Measures

MassHealth selected ten measures for the HEDIS 2013 report. The measures included in this report assess health care quality in four key areas: Preventive Care, Chronic Disease Management, Behavioral Health Care, and Perinatal Care.

The Preventive Care domain includes three measures related to screenings, for Breast Cancer, Cervical Cancer, and Chlamydia (in women only). The Chronic Disease Management domain has only one measure this year, Controlling High Blood Pressure. The Behavioral Health Care domain encompasses four measures, each of which contains two separate components, or submeasures: Antidepressant Medication Management, Follow-up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication, Initiation and Engagement of Alcohol and Other Drug Dependence Treatment, and Follow-up After Hospitalization for Mental Illness. Finally, the Perinatal Care domain includes two measures, Prenatal and Postpartum Care (which has two submeasures), and Frequency of Ongoing Prenatal Care.

In this year's report, we also include a section showing trends in MassHealth's overall performance on this year's HEDIS measures over time, and compared to national benchmarks. Including this historical data should give readers a broader picture of the quality of health care delivered by MassHealth managed care plans.

About this Report

Additional Details of HEDIS Results

In order to keep the report relatively brief and easy to use, we have not included certain details about the data in the report. For example, numbers representing the denominators, numerators, and eligible populations for the individual HEDIS measures have been left out of this year's report. In addition, rates for certain submeasures that are of limited relevance will not be included; from the current measure slate, this applies to the Frequency of Ongoing Prenatal Care report. (Only the rate for 81% or more of expected visits is shown.)

Any data details not included in this report are available and will be shared upon request. Please contact Paul Kirby, of the MassHealth Office of Clinical Affairs (Paul.Kirby@state.ma.us), with any additional data requests.

Organization of the MassHealth Managed Care HEDIS 2013 Report

REPORT SECTION	PURPOSE OF SECTION	MEASURES REPORTED
Preventive Care	Provides information about how well a plan provides screenings and other services that maintain good health and prevent illness.	<ul style="list-style-type: none"> ■ Breast Cancer Screening ■ Cervical Cancer Screening ■ Chlamydia Screening in Women
Chronic Disease Management	Provides information about how well a plan helps people manage chronic illness.	<ul style="list-style-type: none"> ■ Controlling High Blood Pressure
Behavioral Health Care	Provides information about how well a plan provides care for behavioral health conditions (mental health and/or substance abuse disorders).	<ul style="list-style-type: none"> ■ Antidepressant Medication Management ■ Follow-up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication ■ Initiation and Engagement of Alcohol and Other Drug Dependence Treatment ■ Follow-up After Hospitalization for Mental Illness
Perinatal Care	Provides information about how well a plan provides care for pregnant women and for women after they have delivered a baby.	<ul style="list-style-type: none"> ■ Prenatal and Postpartum Care ■ Frequency of Ongoing Prenatal Care
Performance Trends	Provides information about how well the MassHealth managed care program has provided care in the above four domains over time.	<ul style="list-style-type: none"> ■ All measures listed above

Data Collection and Analysis Methods

Data Collection and Submission

In November 2012, the MassHealth Office of Providers and Plans finalized a list of measures to be collected for HEDIS 2013. The measure list was developed by key stakeholders within MassHealth, including stakeholders within the Office of Providers and Plans (OPP), the Office of Clinical Affairs (OCA), and the MassHealth Office of Behavioral Health (OBH). In general, each plan was responsible for collecting the measures according to the HEDIS 2013 Technical Specifications and for reporting the results using NCQA's Interactive Data Submission System (IDSS). Each plan submitted its results to both NCQA and OCA.

All plans undergoing NCQA accreditation must have their HEDIS data audited. The purpose of an NCQA HEDIS Compliance Audit is to validate a plan's HEDIS results by verifying the integrity of the plan's data collection and calculation processes. NCQA HEDIS Compliance Audits are independent reviews conducted by organizations or individuals licensed or certified by NCQA. NCQA's Quality Compass, the database from which many of the benchmarks in this report are drawn, reports only audited data. The current MassHealth contract with the five MassHealth managed care organizations (MCOs) does not require plans to have their data audited. However, the new contract requires NCQA Accreditation, of which the Compliance Audit is a component. All five of the MCOs have achieved NCQA accreditation for their MassHealth plans. The PCC Plan's HEDIS data are not currently audited.

Eligible Population

For each HEDIS measure, NCQA specifies the eligible population by defining the age, continuous enrollment, enrollment gap, and diagnosis or event criteria that a member must meet to be eligible for a measure.

Age: The age requirements for Medicaid HEDIS measures vary. The MassHealth managed care program serves members under the age of 65. Occasionally, members 65 and older may appear in the denominator of a MassHealth plan's HEDIS rate. This may occur for several valid reasons, including instances where a member turns 65 during the measurement year and did not yet have their coverage terminated as of the measure's anchor date. MassHealth plans are responsible for a member's care until his or her coverage is terminated. Therefore, MassHealth members 65 years and older were included in the eligible populations for the HEDIS 2013 measures whenever the specifications for the measure included the 65 and older population, the members' coverage had not yet been terminated and the members met all eligible criteria such as continuous enrollment and enrollment anchor date requirements.

Continuous enrollment: The continuous enrollment criteria vary for each measure and specify the minimum amount of time that a member must be enrolled in a MassHealth plan before becoming eligible for that plan's HEDIS measure. Continuous enrollment ensures that a plan has had adequate time to deliver services to the member before being held accountable for providing those services.

Enrollment gap: The specifications for most measures allow members to have a gap in enrollment during the continuous enrollment period and still be eligible for the measure. The allowable gap is specified for each measure but is generally defined for the Medicaid population as one gap of up to 45 days.

Diagnosis/event criteria: Some measures require a member to have a specific diagnosis or health care event to be included in the denominator. Diagnoses are defined by specific administrative codes (e.g., ICD-9, CPT). Other

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Data Collection and Analysis Methods

health care events may include prescriptions, hospitalizations, or outpatient visits.

The measure descriptions included in this report do not include every requirement for the eligible populations (e.g., enrollment gaps). For complete specifications for each measure included in this report, please see *HEDIS 2013 Volume 2: Technical Specifications*.

MassHealth Coverage Types Included in HEDIS 2013

MassHealth has five Medicaid coverage types whose members are eligible to enroll in any of the six MassHealth plans: Basic, Standard, CommonHealth, Family Assistance, and Essential. Prior to 2010, members in Essential were restricted to enrolling in the PCC Plan. Since 2010, Essential members have been allowed to enroll in the MCOs. Starting with the HEDIS 2011 report, appendices showing the PCC Plan's data broken out by coverage type have not been provided.

Administrative vs. Hybrid Data Collection

HEDIS measures are collected through one of two data collection methods—the administrative method or the hybrid method.

The administrative method requires plans to identify the denominator and numerator using claims or encounter data, or data from other administrative databases. Plans calculate the administrative measures using programs developed by plan staff or Certified HEDIS Software purchased from a vendor. For measures collected through the administrative method, the denominator includes all members who satisfy all criteria specified in the measure including any age or continuous enrollment requirements (these members are known as the “eligible population”). The plan's HEDIS rate is based on all members in the denominator who are found through administrative data to have received the service reported in the numerator (e.g., visit, test, etc.).

The hybrid method requires plans to identify the numerator through both administrative and medical record data. Plans may collect medical record data using plan staff and a plan-developed data collection tool. Plans may also contract with a vendor for the tool, staffing, or both. For measures collected using the hybrid method, the denominator consists of a systematic sample of members drawn from the measure's eligible population. This systematic sample generally consists of a minimum required sample size of 411 members plus an over sample determined by the plan to account for valid exclusions and contraindications. In some cases, plans may calculate rates based on a sample size larger than 411, due to over sampling. The measure's rate is based on members in the sample who are found through either administrative or medical record data to have received the service reported in the numerator. Plans may report data with denominators smaller than 411 for two reasons: 1) the plan had a small eligible population or 2) the plan reduced its sample size based on its current year's administrative rate or the previous year's audited rate, according to NCQA's specifications. Data will not be reported if the denominator is less than 30 measure-eligible members.

Data Analysis and Benchmarking

Throughout this report, HEDIS 2013 results from each plan, and for MassHealth managed care as a whole, are compared to a national benchmark, the 2013 national Medicaid 75th percentile. This benchmark represents a level of performance that was met or exceeded by the top 25% of all Medicaid plans that submitted audited HEDIS 2013 data to NCQA. For this report, the national Medicaid 75th percentile serves as the primary

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Data Collection and Analysis Methods

benchmark against which MassHealth's performance is compared. In some cases, a second benchmark, the national Medicaid mean (average) rate, is used as a reference indicating a minimum standard of performance. OCA obtained the 2013 national Medicaid data through NCQA's Quality Compass. NCQA releases Quality Compass in July of each year with the rates for Commercial and Medicare plans. NCQA provides the national Medicaid data in a supplement that is released in the fall.

The 2013 MassHealth weighted mean is a weighted average of the rates of the six MassHealth plans (or all plans with reportable data), and indicates the overall performance level of the MassHealth managed care program. The weighted average was calculated by multiplying the performance rate for each plan by the number of members who met the eligibility criteria for the measure. The values were then summed across plans and divided by the total eligible population for all the plans. The largest MassHealth plan (the PCC Plan) serves 42.1% of all MassHealth members, while the smallest (HNE) serves only 1.2%.

Caveats for the Interpretation of Results

All data analyses have limitations and those presented here are no exception.

Medical Record Procurement

A plan's ability (or that of its contracted vendor) to locate and obtain medical records as well as the quality of medical record documentation can affect performance on hybrid measures. Per NCQA's specifications, members for whom no medical record documentation was found were considered non-compliant with the measure. This applied to records that could not be located and obtained as well as for medical records that contained incomplete documentation (e.g., indication of a test but no date or result).

Lack of Case-Mix Adjustment

The specifications for collecting HEDIS measures do not allow case-mix adjustment or risk-adjustment for existing co-morbidities, disability (physical or mental), or severity of disease. Therefore, it is difficult to determine whether differences among plan rates were due to differences in the quality of care or use of services, or differences in the health of the populations served by the plans.

Demographic Differences in Plan Membership

As shown in the plan profile chart on page 14, the six MassHealth plans differ with respect to the demographic characteristics of their members. The impact of demographic differences on MassHealth HEDIS 2013 rates is unknown.

Overlapping Provider Networks

Many providers caring for MassHealth members have contracts with multiple plans. Overlapping provider networks may affect the ability of any one plan to influence provider behavior.

Data Collection and Analysis Methods

Variation in Data Collection Procedures

Each plan collects and reports its own HEDIS data. Although there are standard specifications for collecting HEDIS measures, MassHealth does not audit the plans' data collection methods. Factors that may influence the collection of HEDIS data by plan include:

- Use of software to calculate the administrative measures
- Use of a tool and/or abstractors from an external medical record review vendor
- Completeness of administrative data due to claims lags
- Amount of time in the field collecting medical record data
- The overall sample size for medical record review (plans with small eligible populations could have samples smaller than 411 members)
- Staffing changes among the plan's HEDIS team
- Review by an NCQA-Certified HEDIS auditor
- Choice of administrative or hybrid data collection method for measures that allow either method

MassHealth Managed Care Plan Profiles

Primary Care Clinician Plan (PCCP)

- Primary care case management managed care program administered by the Executive Office of Health and Human Services (EOHHS).
- Statewide option for MassHealth members eligible for managed care.
- 365,313 MassHealth members as of December 31, 2012.
- Primary Care provider network includes group practices, community health centers, hospital outpatient departments, hospital-licensed health centers, and individual practitioners.
- Members receive behavioral health services through the Massachusetts Behavioral Health Partnership (MBHP).

Neighborhood Health Plan (NHP)

- Non-profit managed care organization that primarily serves Medicaid members, along with commercial and Commonwealth Care populations.
- 156,165 MassHealth members as of December 31, 2012.
- Statewide service area.
- Provider network includes mostly community health centers in addition to Harvard Vanguard Medical Associates, group practices, and hospital- based clinics.
- Behavioral health services are managed through Beacon Health Strategies.

Network Health (NH)

- Provider-sponsored health plan with ownership that transitioned from Cambridge Health Alliance to Tufts Associated Health Maintenance Organization (TAHMO) as of November 1, 2011.
- Serves the Medicaid and Commonwealth Care populations.
- 132,538 MassHealth members as of December 31, 2012.
- Statewide service area.
- Provider network includes community health centers, group practices, hospital outpatient departments, and individual practitioners.
- Behavioral health services provided by Network Health providers.

Health New England (HNE)

- For-profit managed care organization, owned by Baystate Health Systems. Serves Medicaid, commercial, and Medicare Advantage populations.
- 10,311 MassHealth members as of December 31, 2012.
- Became a MassHealth MCO as of July 1, 2010.
- Western Massachusetts service area.
- Provider network includes community health centers, hospital outpatient departments, and group and individual practices.
- Behavioral health services are managed through the Massachusetts Behavioral Health Partnership (MBHP).

MassHealth Managed Care Plan Profiles

Fallon Community Health Plan (FCHP)

- Non-profit managed care organization that serves commercial, Medicare, Medicaid and Commonwealth Care populations.
- 13,613 MassHealth members as of December 31, 2012.
- Central Massachusetts service area.
- Behavioral health services are managed through Beacon Health Strategies.
- Provider network for MassHealth members through Reliant Medical Group (previously through Fallon Clinic sites), community health centers (CHCs), group practices, and hospital-based clinics.

Boston Medical Center HealthNet Plan (BMCHP)

- Provider-sponsored health plan, owned and operated by Boston Medical Center, the largest public safety-net hospital in Boston, that serves the Medicaid and Commonwealth Care populations. Began serving the commercial population as of January 2012.
- 189,611 MassHealth members as of December 31, 2012.
- Statewide service area (except for the Islands).
- Provider network includes community health centers, hospital outpatient departments, and group and individual practices.
- Behavioral health services are managed through Beacon Health Strategies.

Demographic Characteristics of the MassHealth Managed Care Plan Populations

MassHealth Plan	Total MassHealth Managed Care Members as of 12/31/12	Female	Disabled	Mean Age	0-11 yrs	12-17 yrs	18-39 yrs	40-64 yrs
Primary Care Clinician Plan	365,313	49.9%	19.9%	25.9	28.7%	13.6%	30.3%	27.5%
Neighborhood Health Plan	156,165	57.5%	9.1%	20.7	39.0%	15.3%	28.3%	17.4%
Network Health	132,538	55.2%	10.2%	21.7	38.4%	12.8%	29.2%	19.6%
Health New England	10,311	50.9%	16.4%	21.6	36.8%	11.0%	32.6%	19.6%
Fallon Community Health Plan	13,613	54.6%	10.0%	22.4	34.8%	14.0%	31.7%	19.6%
Boston Medical Center HealthNet Plan	189,611	56.5%	13.1%	20.5	39.9%	14.8%	28.8%	16.5%
Total for MassHealth Managed Care Program	867,551	53.6%	14.8%	23.0	34.7%	14.0%	29.5%	21.8%

Preventive Care



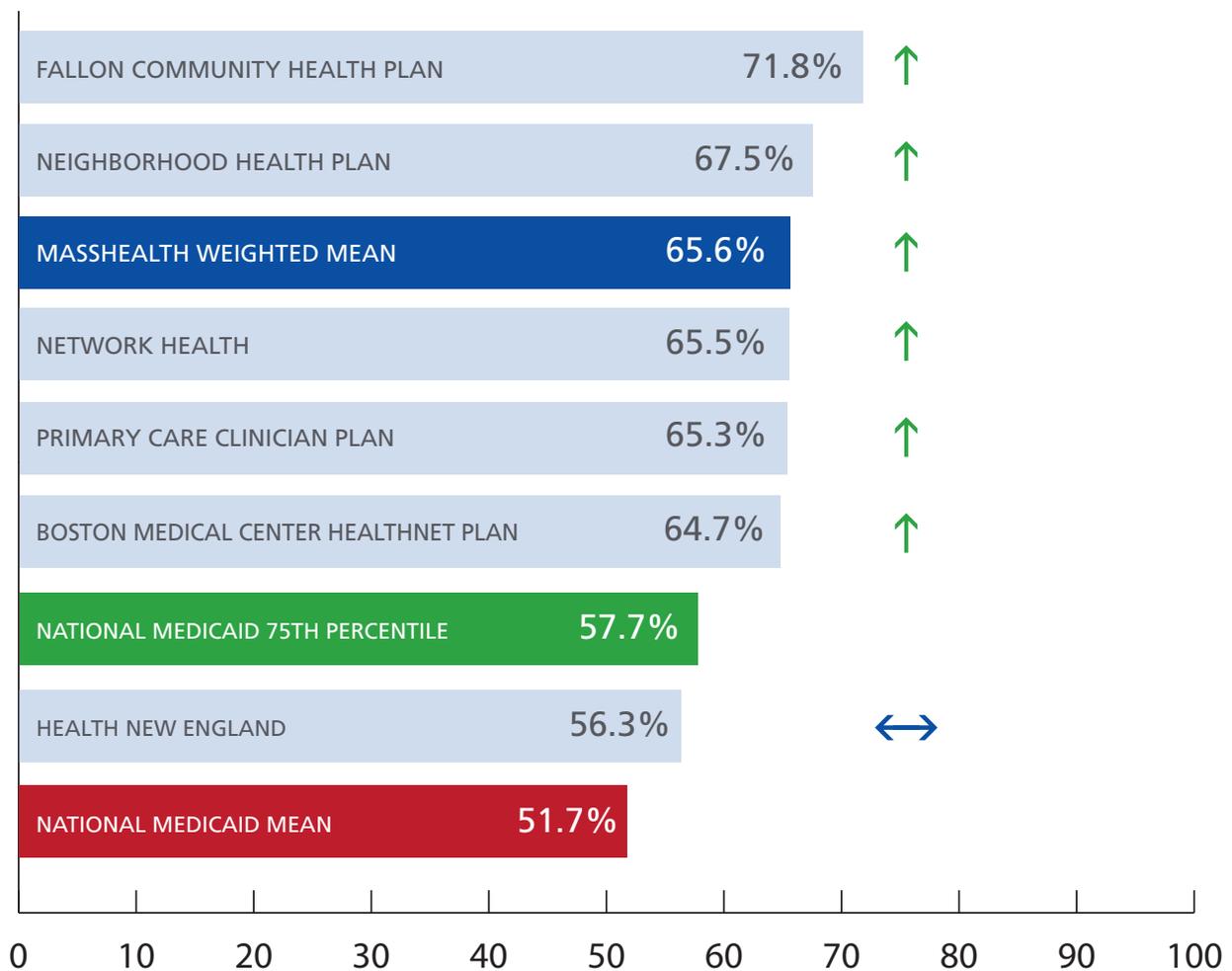
Breast Cancer Screening

About this Measure

Breast cancer is the second most common type of cancer for women in the United States. Early detection and treatment of the disease can lower the risk of death. The U.S. Preventive Services Task Force (USPSTF) recommends that women between ages 50 and 74 receive a mammogram every two years, and that women aged 40 to 49 discuss having a mammogram with their doctor.

The Breast Cancer Screening measure reports the percentage of women 40 to 69 years of age who had a mammogram to screen for breast cancer in 2011 or 2012. This measure uses administrative data (claims) only.

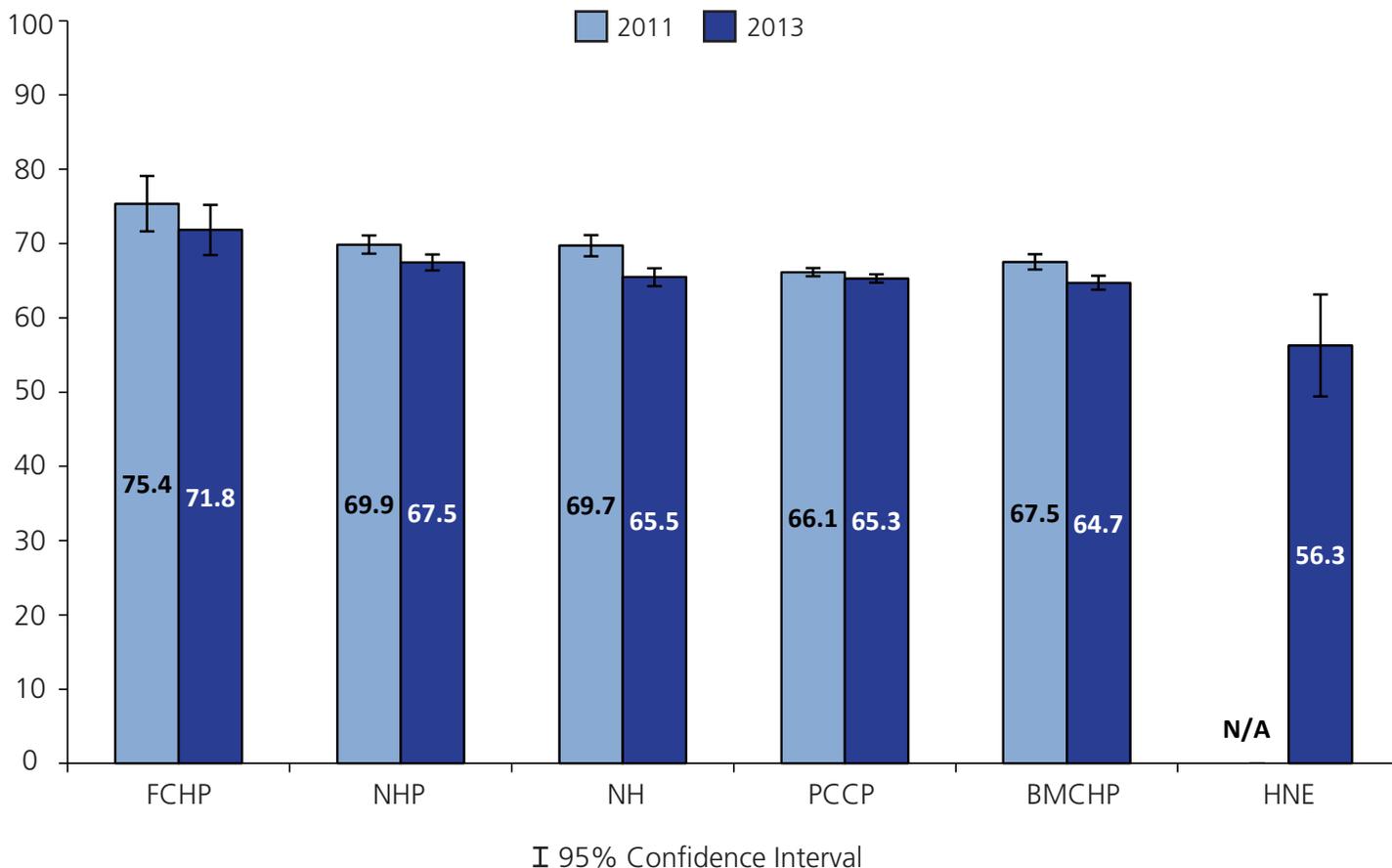
HEDIS 2013 Plan Performance vs. Benchmarks



- ↑ Rate is significantly above the 2013 National Medicaid 75th percentile
- ↔ Rate is not significantly different from the 2013 National Medicaid 75th percentile
- ↓ Rate is significantly below the 2013 National Medicaid 75th percentile

Breast Cancer Screening

Plan Rate Comparison to Prior Reporting Year



Results

- 65.6% of female MassHealth managed care plan members aged 40 to 69 had a mammogram during the HEDIS 2013 measurement period. This MassHealth weighted mean rate is statistically significantly higher than the national Medicaid 75th percentile rate of 57.7%.
- Five of the six MassHealth plan rates were statistically significantly higher than the national Medicaid 75th percentile rate of 57.7%. HNE's rate of 56.3%, while lower than the benchmark, was not statistically significantly lower (i.e., HNE was statistically equal to the benchmark).
- Three of the five plans with prior year rates (NHP, NH, and BMCHP) had 2013 rates that were significantly lower than their 2011 rates, while the PCC Plan and FCHP had rates in 2013 that did not differ significantly from the prior year. HNE did not have a reportable rate in 2011.

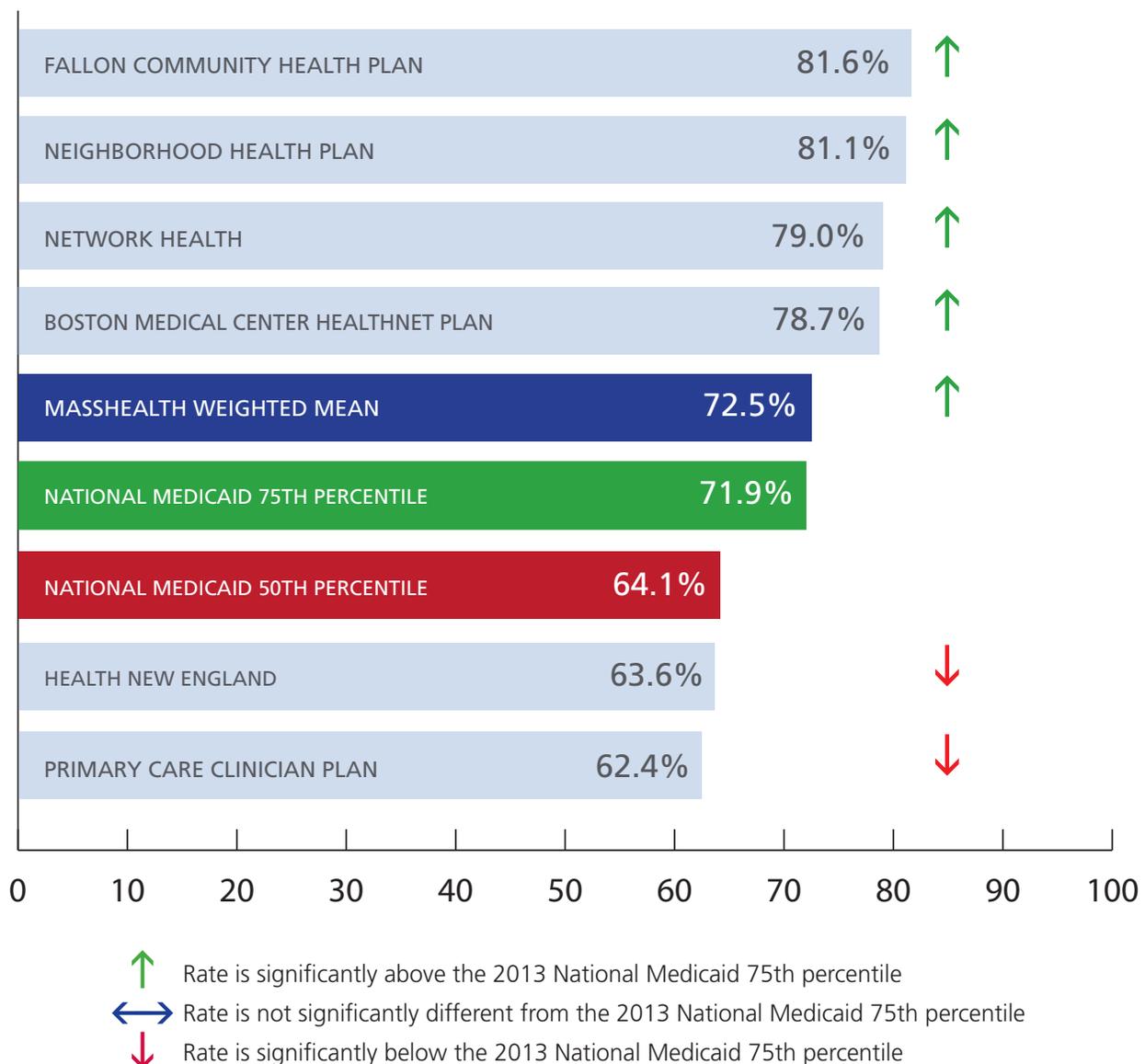
Cervical Cancer Screening

About this Measure

Cervical cancer is preventable with regular screening tests and follow-up. The USPSTF recommends women start cervical cancer screenings at age 21, or within three years of their first sexual activity, whichever comes first, followed by screenings every three years after that.

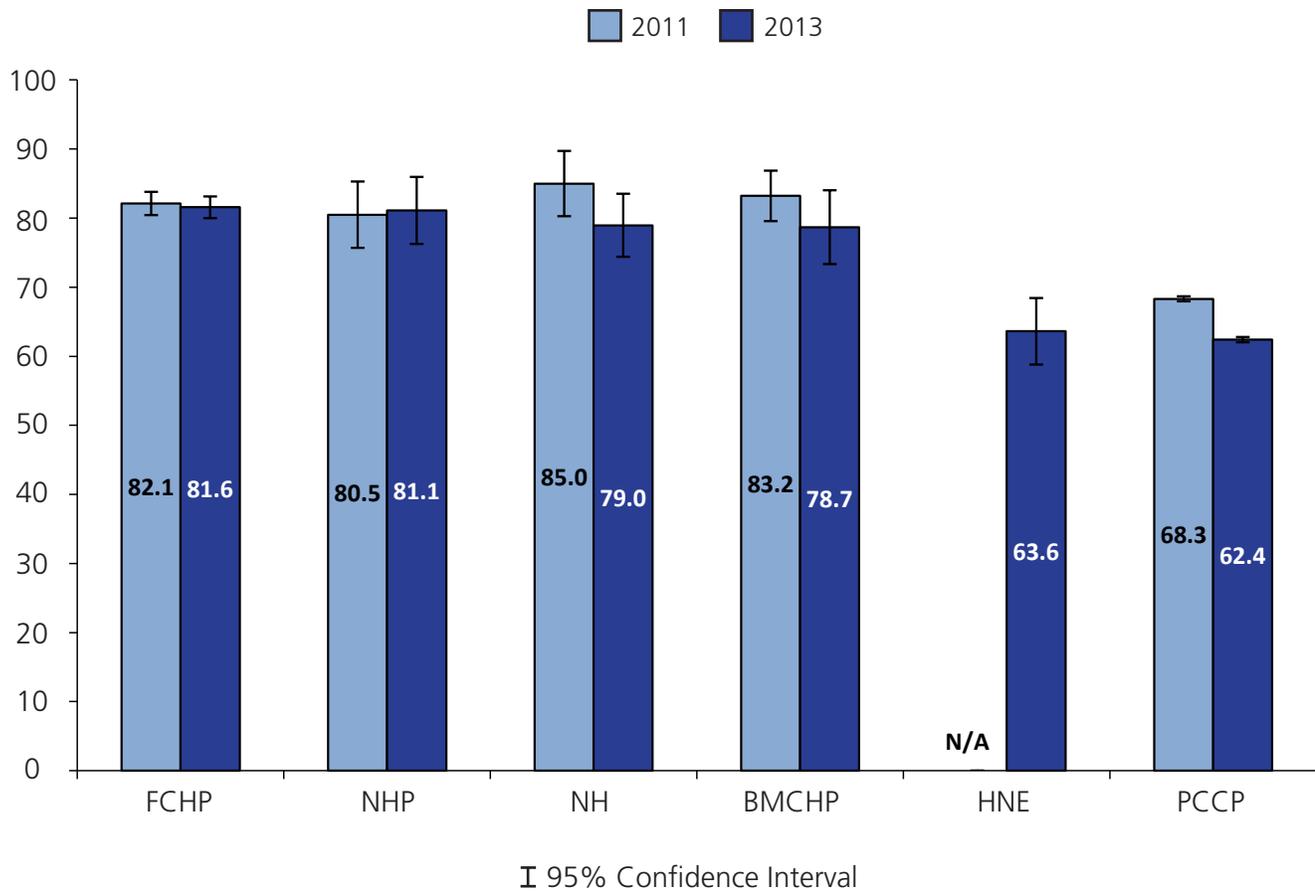
The Cervical Cancer Screening measure reports the percentage of women 21 to 64 years of age who received one or more Pap tests to screen for cervical cancer between 2010 and 2012. This measure can be collected with either the administrative (claims only) method, or the hybrid method (claims supplemented by medical record reviews). The PCC Plan and FCHP used claims only, while the other four MCOs (BMCHP, HNE, NH, and NHP) used the hybrid method.

HEDIS 2013 Plan Performance vs. Benchmarks



Cervical Cancer Screening

Plan Rate Comparison to Prior Reporting Year



Results

- 72.5% of female MassHealth managed care plan members aged 21 to 64 had a cervical cancer screening during the HEDIS 2013 measurement period. This MassHealth weighted mean rate is statistically significantly higher than the national Medicaid 75th percentile rate of 71.9%.
- Four of the six MassHealth plan rates were statistically significantly higher than the national Medicaid 75th percentile rate of 57.7%. Rates for HNE and the PCC Plan were significantly lower than this benchmark.
- The PCC Plan's 2013 rate was significantly below its 2011 rate. The other four plans with reportable 2011 rates (that is, excluding HNE) had 2013 rates that were statistically equivalent to their 2011 rates.

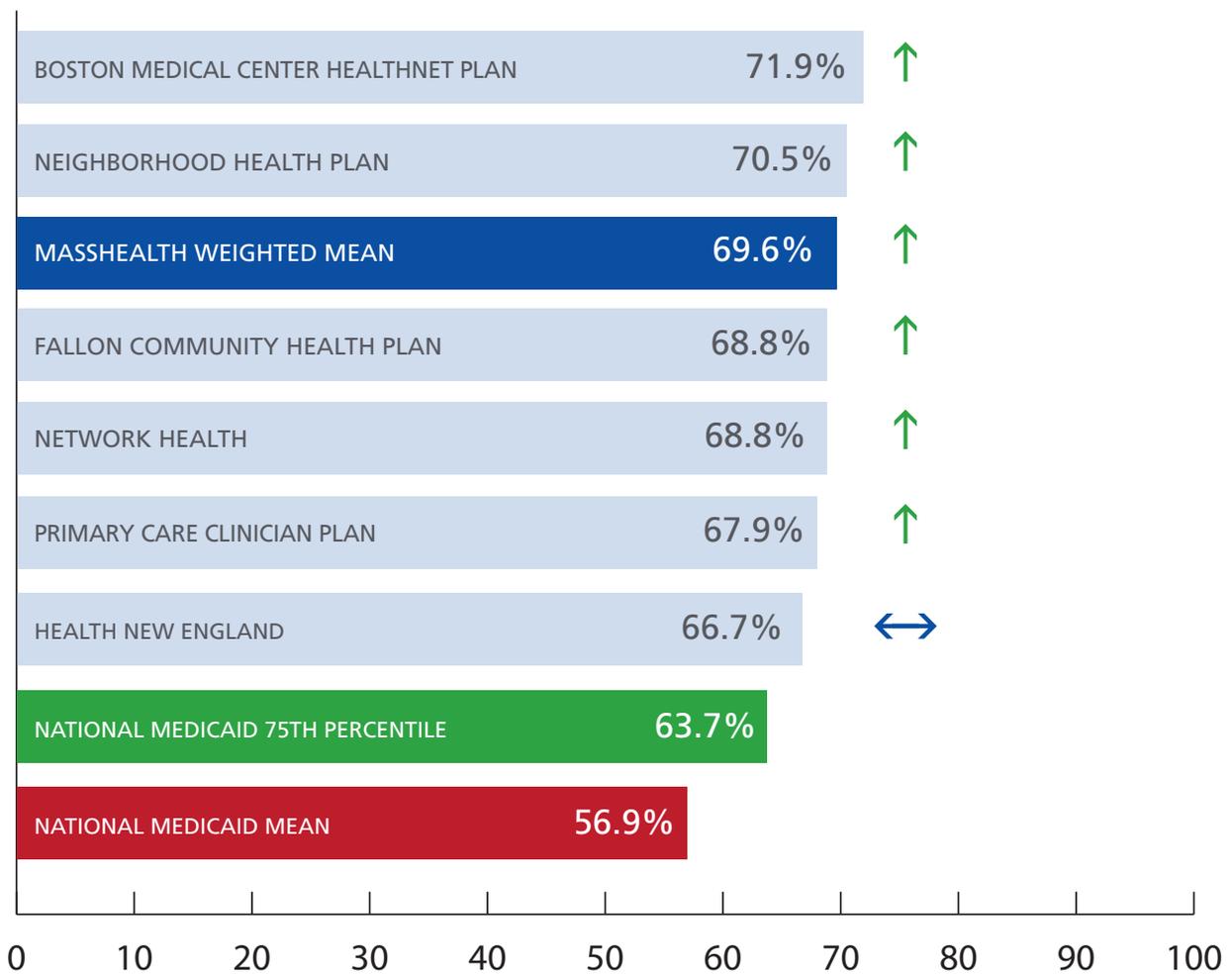
Chlamydia Screening in Women

About this Measure

Chlamydia is the most common sexually transmitted infection (STI) in the United States. Sexually active women 24 years old or younger are at highest risk of infection. Left untreated, chlamydia infections may result in ectopic pregnancy, infertility and chronic pelvic pain. The USPSTF recommends screening for chlamydial infection every year in sexually active young women ages 24 and younger.

The Chlamydia Screening measure reports the percentage of women 16 to 24 years of age who were identified as sexually active and who had at least one chlamydia test during 2012. This measure uses administrative data (claims) only.

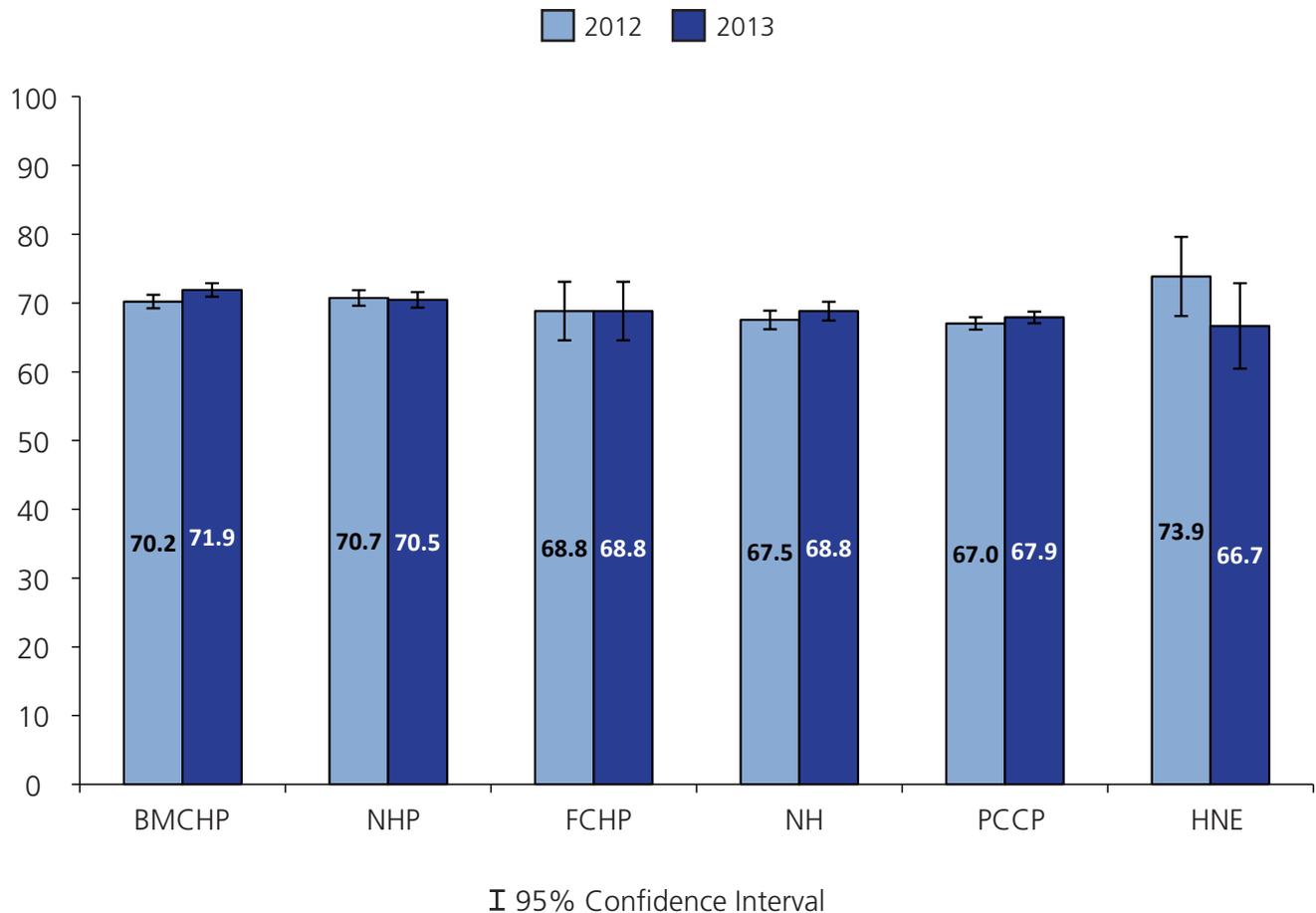
HEDIS 2013 Plan Performance vs. Benchmarks



- ↑ Rate is significantly above the 2013 National Medicaid 75th percentile
- ↔ Rate is not significantly different from the 2013 National Medicaid 75th percentile
- ↓ Rate is significantly below the 2013 National Medicaid 75th percentile

Chlamydia Screening in Women

Plan Rate Comparison to Prior Reporting Year



Results

- 69.6% of sexually active female MassHealth managed care plan members aged 16 to 24 had a chlamydia screening test during the HEDIS 2013 measurement period. This MassHealth weighted mean rate is statistically significantly higher than the national Medicaid 75th percentile rate of 63.7%.
- Five of the six MassHealth plan rates were statistically significantly higher than the national Medicaid 75th percentile rate, while HNE's rate was statistically equivalent to this benchmark.
- None of the six MassHealth plans had any statistically significant differences between their 2013 and 2012 rates.

Chronic Disease Management



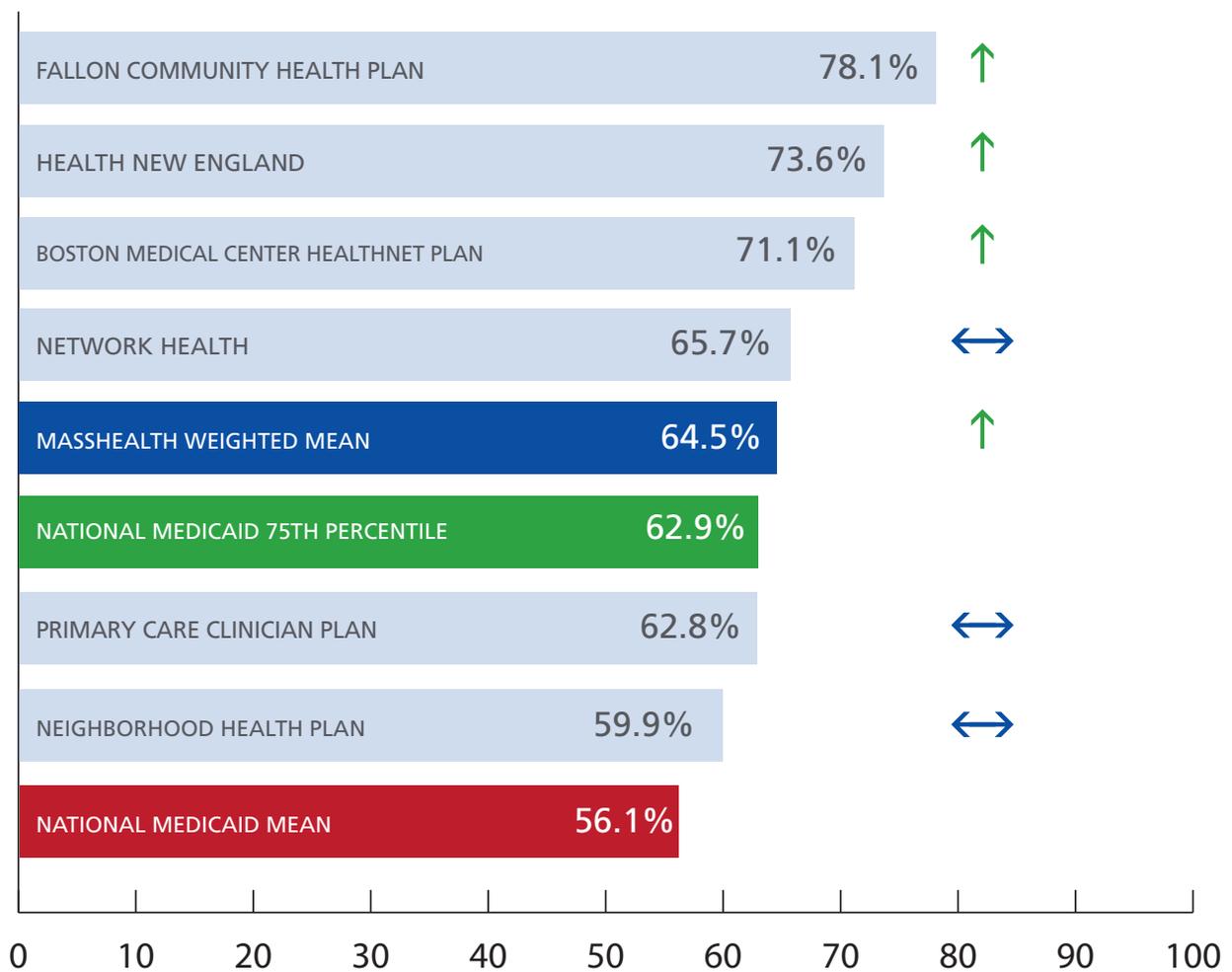
Controlling High Blood Pressure

About this Measure

High blood pressure, also known as hypertension, can lead to heart disease, stroke and renal failure. Controlling and lowering blood pressure through diet, exercise and/or medications reduces the risk of death from stroke or heart disease. The National Heart, Lung, and Blood Institute generally considers a blood pressure reading of less than 140/90 (140 mm Hg systolic over 90 mm Hg diastolic) to be adequately controlled.

The Controlling High Blood Pressure measure reports the percentage of MassHealth members aged 18 to 85 who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90) during 2012. This measure is collected using the hybrid method (claims supplemented by medical record reviews).

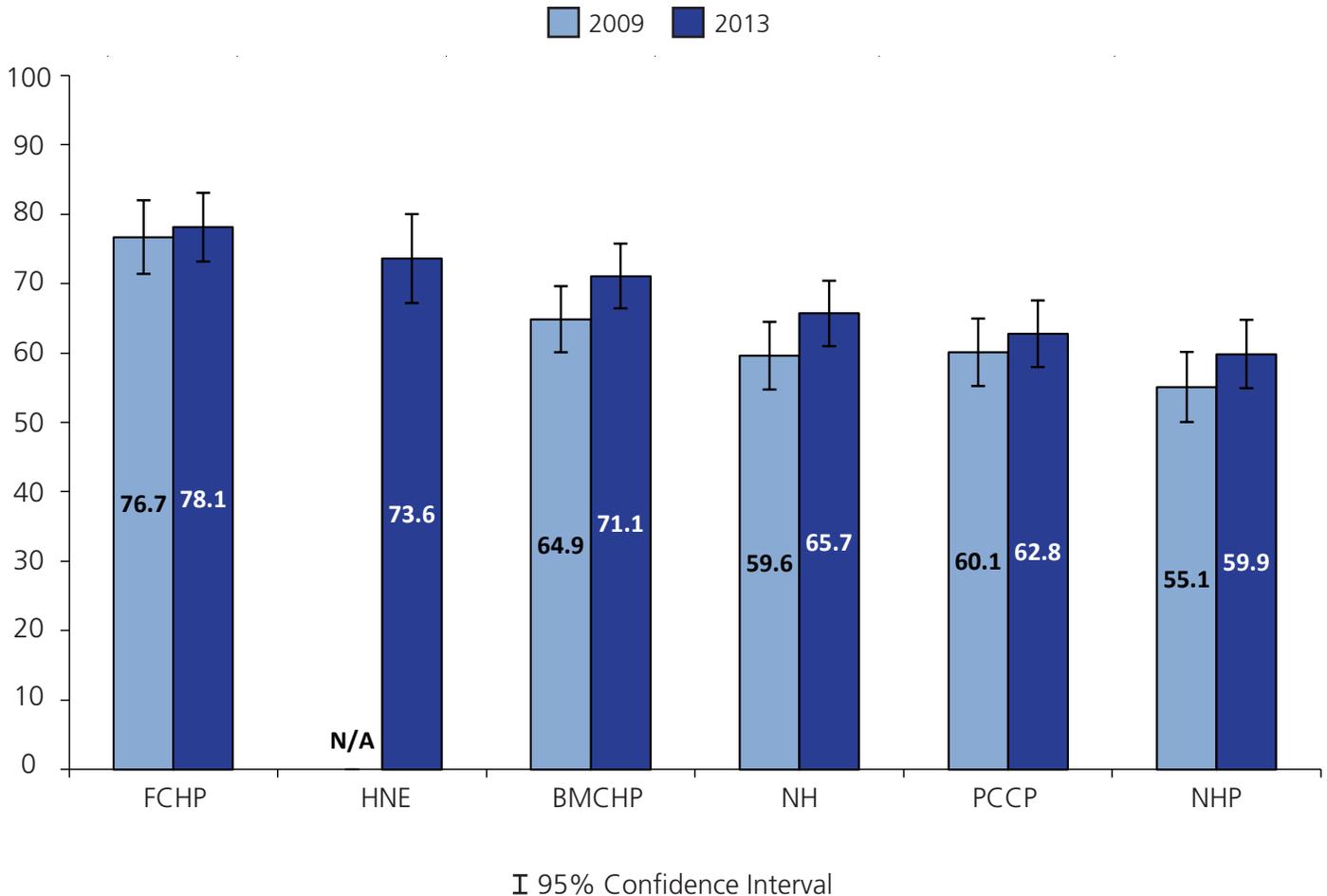
HEDIS 2013 Plan Performance vs. Benchmarks



- ↑ Rate is significantly above the 2013 National Medicaid 75th percentile
- ↔ Rate is not significantly different from the 2013 National Medicaid 75th percentile
- ↓ Rate is significantly below the 2013 National Medicaid 75th percentile

Controlling High Blood Pressure

Plan Rate Comparison to Prior Reporting Year



Results

- 64.5% of adult MassHealth members with a hypertension diagnosis had adequately controlled blood pressure during the HEDIS 2013 measurement period. This MassHealth weighted mean rate is statistically significantly higher than the national Medicaid 75th percentile rate of 62.9%.
- FCHP, HNE, and BMCHP had 2013 rates that were statistically significantly higher than the national Medicaid 75th percentile rate, while the other three plan rates (NH, the PCC Plan, and NHP) were statistically equivalent to the benchmark.
- None of the plans had statistically significant differences between their 2013 and 2009 rates.

Behavioral Health Care



Antidepressant Medication Management

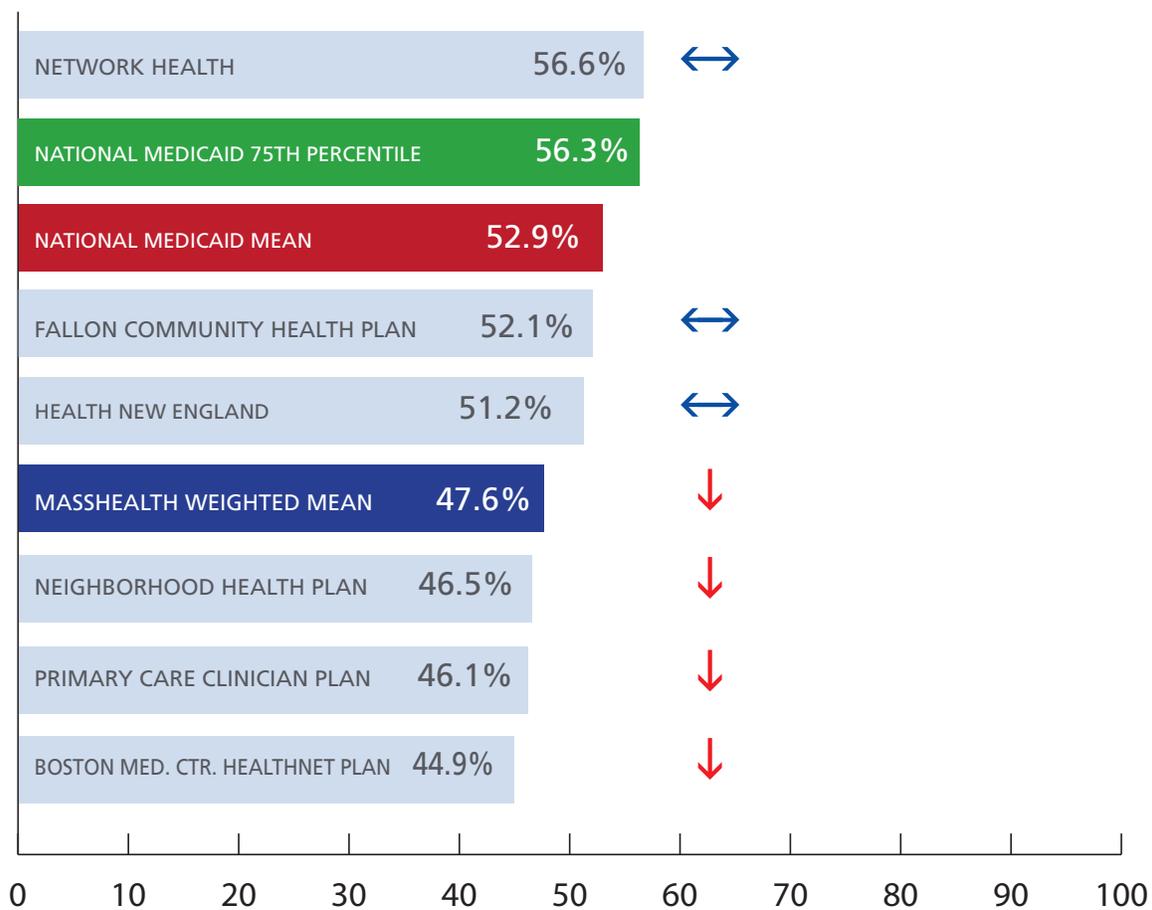
About this Measure

The Centers for Disease Control and Prevention estimates that over nine percent of persons older than 18 years of age meet the criteria for depression or major depression in the United States. According to the American Psychiatric Association, depression is best treated through a combination of antidepressants and psychosocial therapy. Appropriate antidepressant medication is helpful in controlling symptoms of depression. The Task Force on Community Preventive Services recommends collaborative care, an approach that involves the collaboration of primary care providers, mental health specialists and other providers to improve disease management for adults with major depression on the basis of strong evidence of effectiveness in improving short-term depression outcomes.

The Antidepressant Medication Management measure has two components, Effective Acute Phase and Effective Continuation Phase, both of which use administrative data (claims) only.

- **Effective Acute Phase:** the percentage of members 18 years of age and older with a diagnosis of major depression who were newly treated with antidepressant medication, and who remained on an antidepressant medication for at least 84 days (12 weeks).

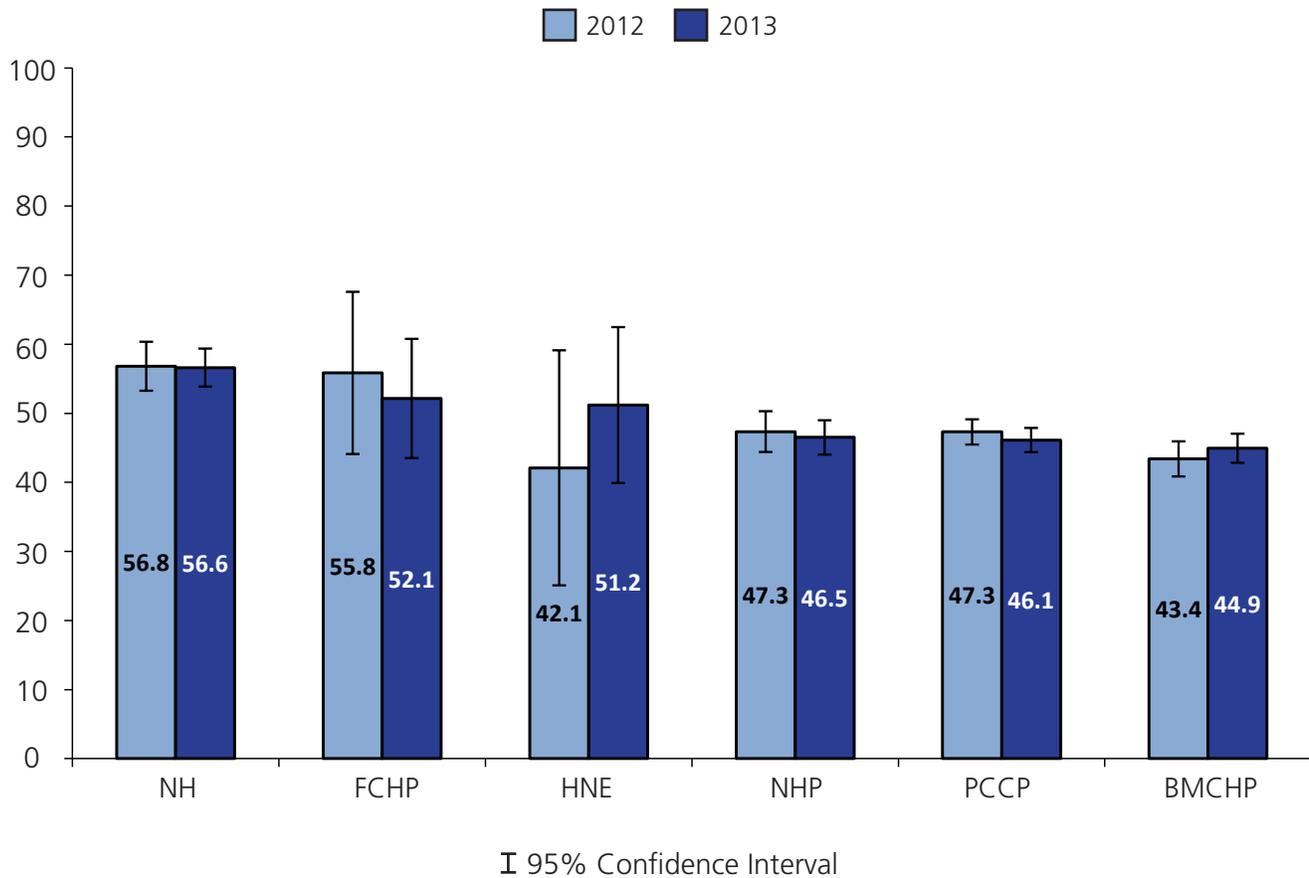
HEDIS 2013 Plan Performance vs. Benchmarks



- ↑ Rate is significantly above the 2013 National Medicaid 75th percentile
- ↔ Rate is not significantly different from the 2013 National Medicaid 75th percentile
- ↓ Rate is significantly below the 2013 National Medicaid 75th percentile

Antidepressant Medication Management

Plan Rate Comparison to Prior Reporting Year



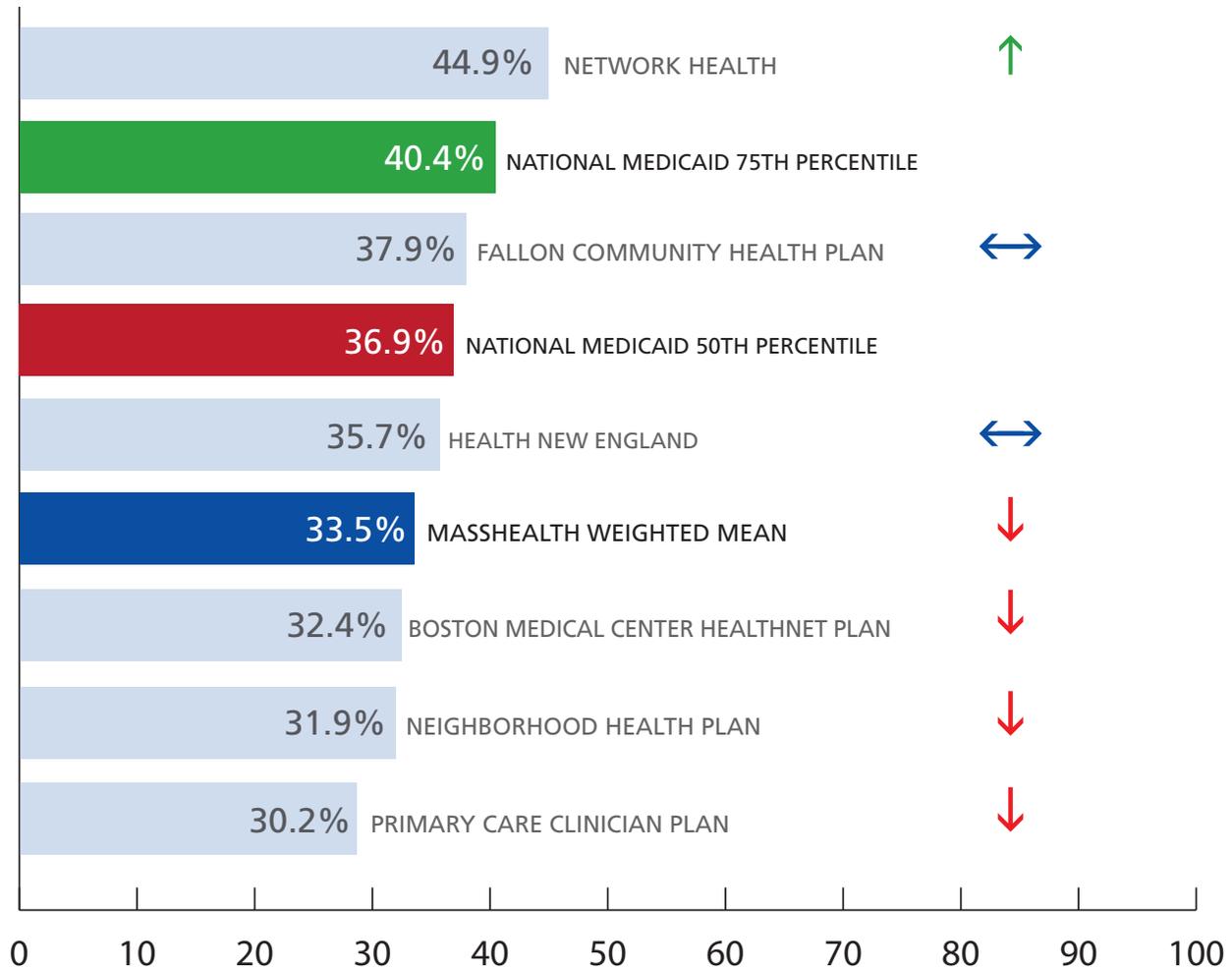
Acute Phase Results

- 47.6% of adult MassHealth members who were diagnosed with major depression and started treatment on an antidepressant medication during the HEDIS 2013 measurement period remained on the medication during the acute phase (84 days/12 weeks). This MassHealth weighted mean rate is statistically significantly lower than the national Medicaid 75th percentile rate of 56.3% and the national Medicaid mean rate of 52.9%.
- None of the individual MassHealth plan rates were above the national benchmark rate, but three plan rates (HNE, FCHP, and NH) were statistically equal to the benchmark.
- BMC, NHP, and the PCC Plan had rates that were significantly lower than the 75th percentile benchmark and the national Medicaid mean rate.
- There were no statistically significant differences between plan rates for 2013 and those reported in 2012.

Antidepressant Medication Management

- **Effective Continuation Phase:** The percentage of members 18 years of age and older with a diagnosis of major depression who were newly treated with antidepressant medication, and who remained on an antidepressant medication for at least 180 days (six months).

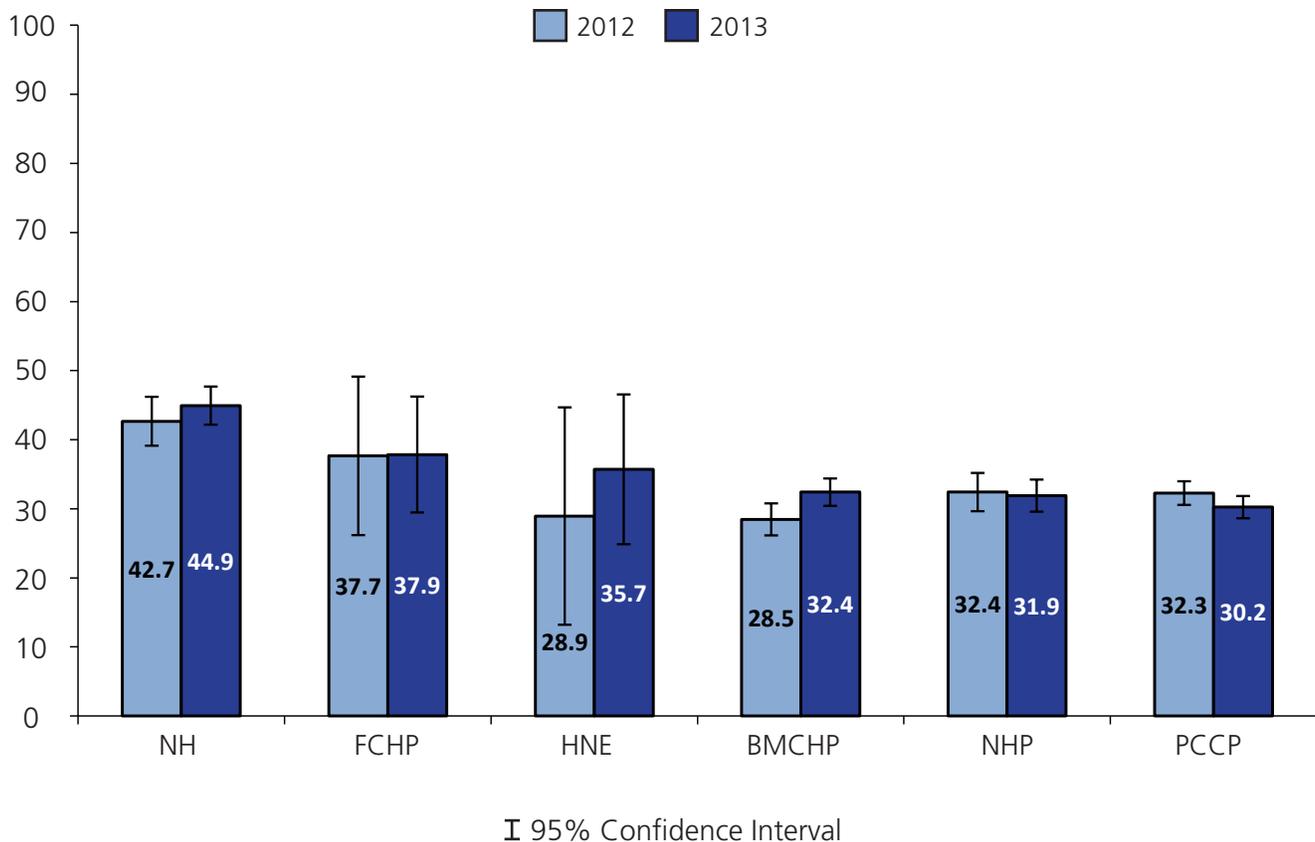
HEDIS 2013 Plan Performance vs. Benchmarks



- ↑ Rate is significantly above the 2013 National Medicaid 75th percentile
- ↔ Rate is not significantly different from the 2013 National Medicaid 75th percentile
- ↓ Rate is significantly below the 2013 National Medicaid 75th percentile

Antidepressant Medication Management

Plan Rate Comparison to Prior Reporting Year



Continuation Phase Results

- 33.5% of adult MassHealth members who were diagnosed with major depression and started treatment on an antidepressant medication during the HEDIS 2013 measurement period remained on the medication during the continuation phase (180 days/six months). As with the Acute Phase, the MassHealth weighted mean rate for the Continuation Phase is significantly below both the national Medicaid 75th percentile and national Medicaid mean benchmarks (40.4% and 36.9%).
- Only one MassHealth plan, NH, had a 2013 rate that significantly exceeded the national Medicaid 75th percentile benchmark. FHCP and HNE's rates were statistically equal to the benchmark rate.
- BMC, NHP, and the PCC Plan had rates that were significantly lower than the both the 75th percentile benchmark and the national Medicaid mean rate.
- There were no statistically significant differences between plan rates for 2013 and those reported in 2012.

Follow-up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication

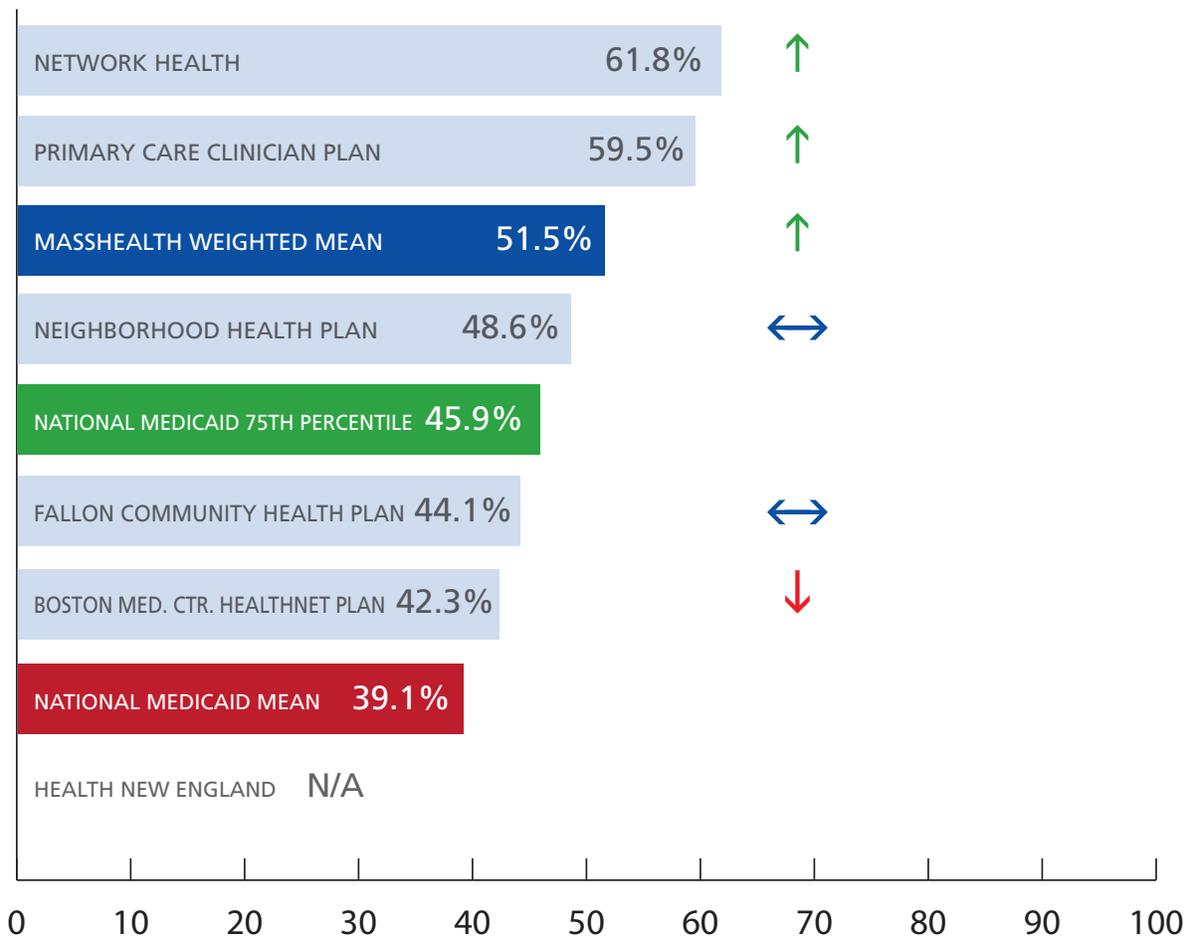
About this Measure

Attention-Deficit/Hyperactivity Disorder (ADHD) is one of the more common behavioral health disorders among children. ADHD may be related to problems such as difficulties in school, academic underachievement, and behavioral problems that last into adulthood. Consistent ADHD medication treatment is important for managing the disorder. Follow-up care with the child’s clinician enables the evaluation of clinical symptoms and potential side effects of the ADHD medication.

The Follow-up Care for Children Prescribed ADHD Medication measure has two components, Initiation Phase and Continuation and Maintenance Phase, both of which use administrative data (claims) only.

- **Initiation Phase:** the percentage of members 6 to 12 years of age as of the Index Prescription Episode Start Date with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with a practitioner with prescribing authority during the 30-day initiation phase.

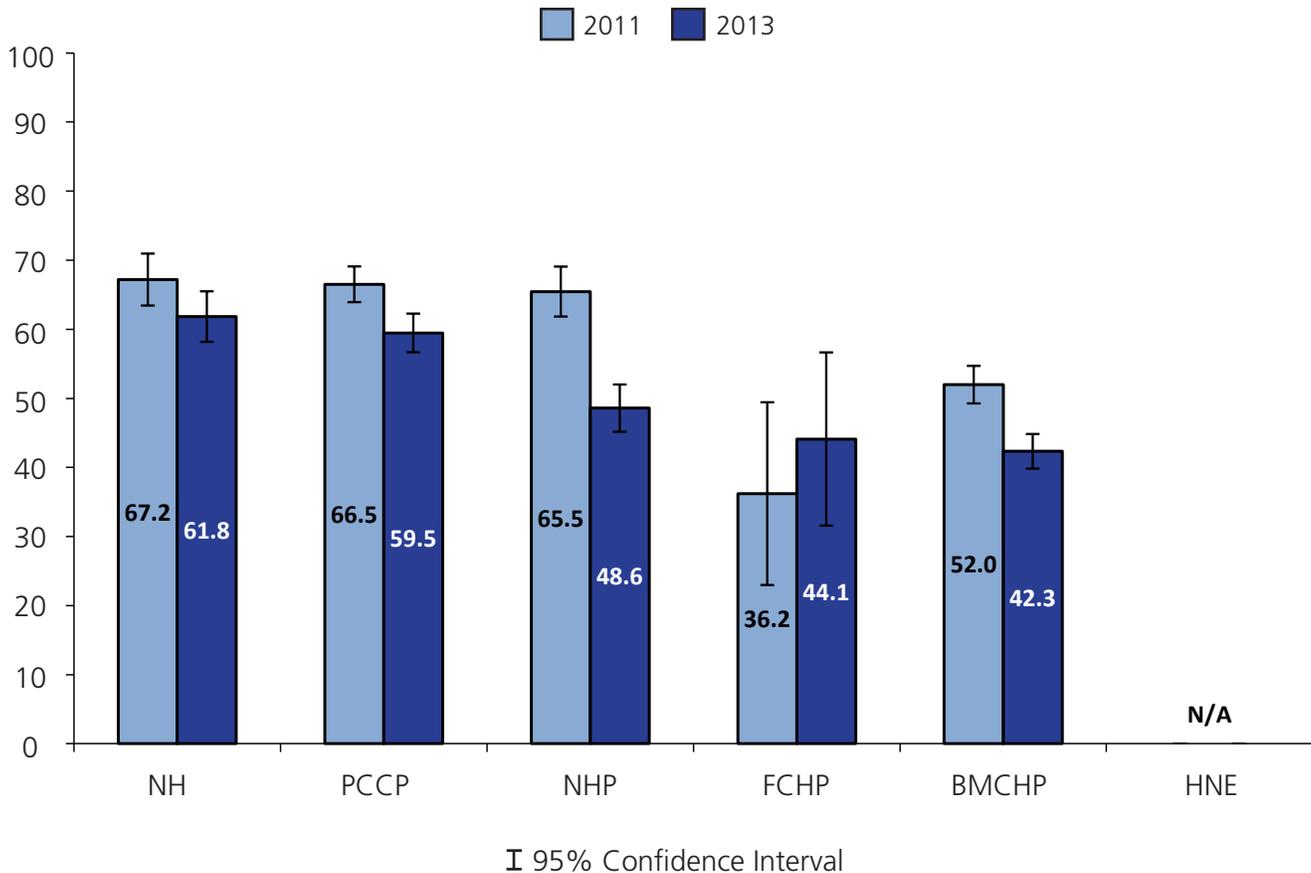
HEDIS 2013 Plan Performance vs. Benchmarks



- ↑ Rate is significantly above the 2013 National Medicaid 75th percentile
- ↔ Rate is not significantly different from the 2013 National Medicaid 75th percentile
- ↓ Rate is significantly below the 2013 National Medicaid 75th percentile

Follow-up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication

Plan Rate Comparison to Prior Reporting Year



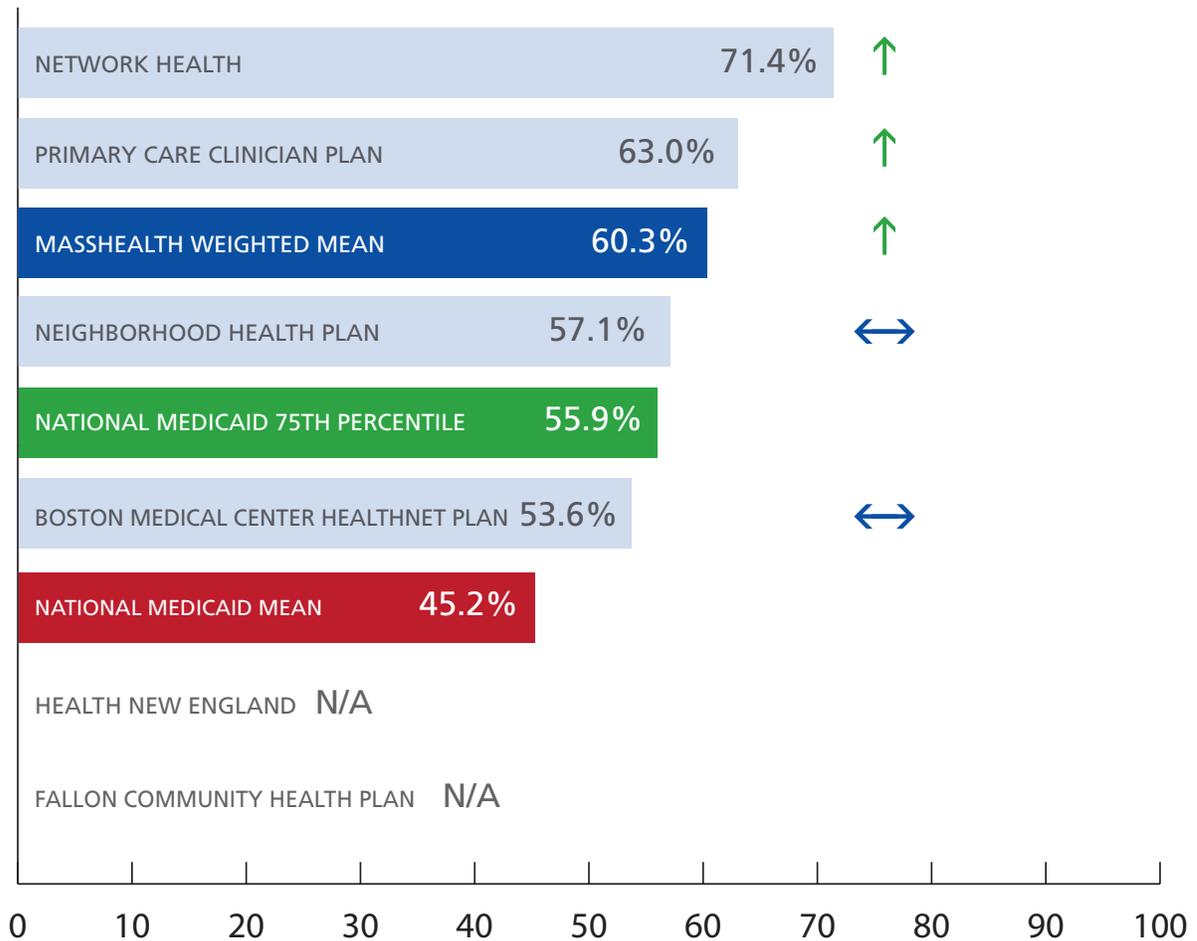
Initiation Phase Results

- 51.5% of MassHealth members aged 6 to 12 who received a prescription for ADHD medication during the HEDIS 2013 measurement period had a follow-up visit within 30 days. This MassHealth weighted mean rate is statistically significantly higher than the national Medicaid 75th percentile rate of 45.9%.
- Two MassHealth plans, NH and the PCC Plan, had rates significantly higher than the 75th percentile benchmark, while rates for NHP and FCHP were statistically equal to the benchmark. (HNE did not have a reportable rate, because it did not have 30 measure-eligible members.)
- BMCHP's rate was significantly below the national 75th percentile.
- Three plans, BMCHP, NHP, and the PCC Plan, had 2013 rates that were significantly lower than their 2011 rates, while FCHP and NH had rates in 2013 that did not differ significantly from the prior year. (HNE did not have a reportable rate.)

Follow-up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication

- Continuation and Maintenance Phase:** the percentage of members 6 to 12 years of age as of the Index Prescription Episode Start Date with an ambulatory prescription dispensed 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 (nine months) after the initiation phase ended.

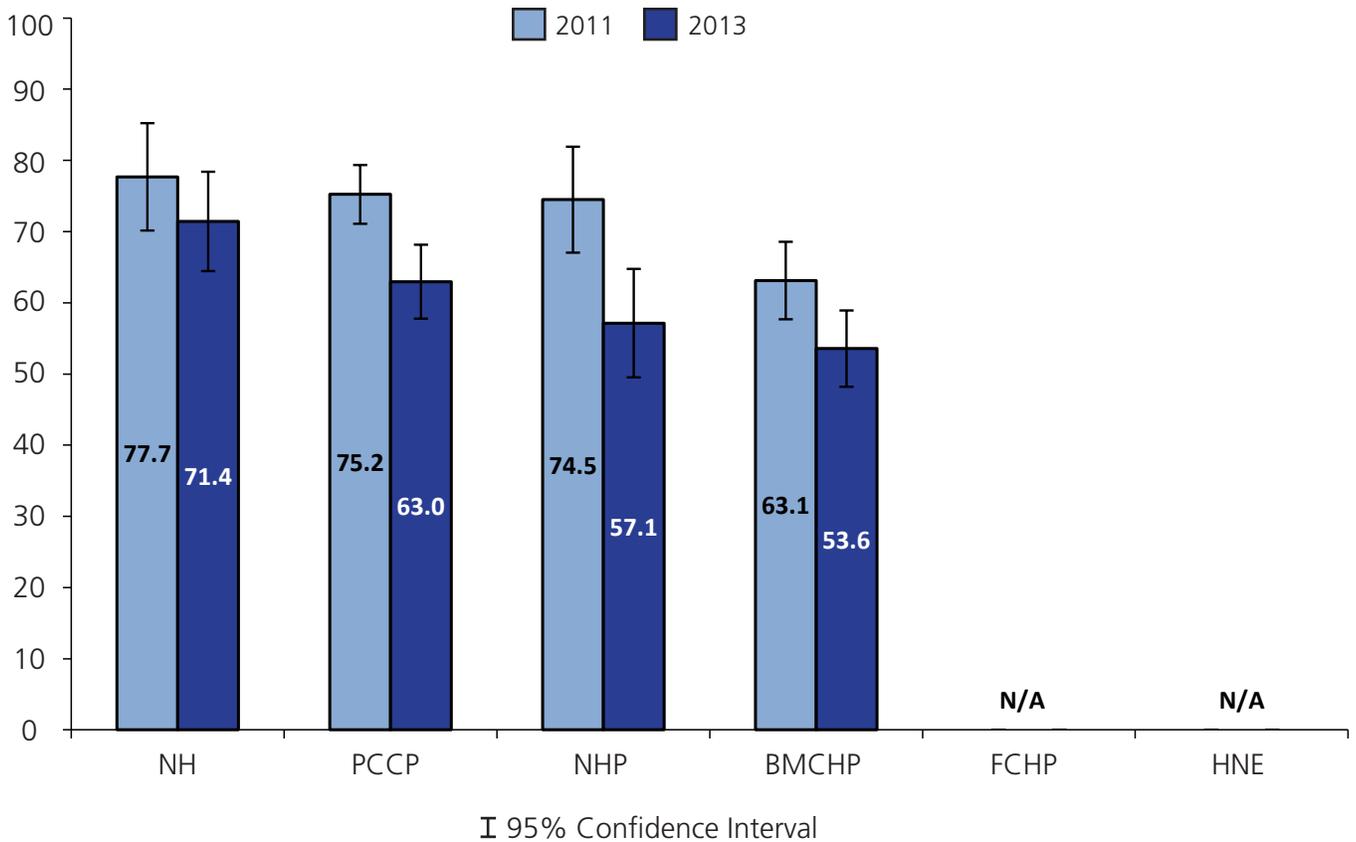
HEDIS 2013 Plan Performance vs. Benchmarks



- ↑ Rate is significantly above the 2013 National Medicaid 75th percentile
- ↔ Rate is not significantly different from the 2013 National Medicaid 75th percentile
- ↓ Rate is significantly below the 2013 National Medicaid 75th percentile

Follow-up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication

Plan Rate Comparison to Prior Reporting Year



Continuation and Maintenance Phase Results

- 60.3% of MassHealth members aged 6 to 12 who received a prescription for ADHD medication during the HEDIS 2013 measurement period, and remained on the prescription for at least 210 days, had at least two additional follow-up visits within 270 days (nine months) of the initiation phase. This MassHealth weighted mean rate is statistically significantly higher than the national Medicaid 75th percentile rate of 55.9%.
- Two MassHealth plans, NH and the PCC Plan, had 2013 rates that significantly exceeded the national Medicaid 75th percentile benchmark. Two other plans, NHP and BMCHP, were statistically equal to the benchmark rate.
- The remaining two plans (HNE and FCHP) did not have reportable rates, because they had fewer than 30 measure-eligible members.
- Two plans, NHP and the PCC Plan, had 2013 rates that were significantly lower than their 2011 rates, while BMCHP and NH had rates in 2013 that did not differ significantly from the prior year. (HNE and FCHP did not have reportable rates.)

Follow-up After Hospitalization for Mental Illness

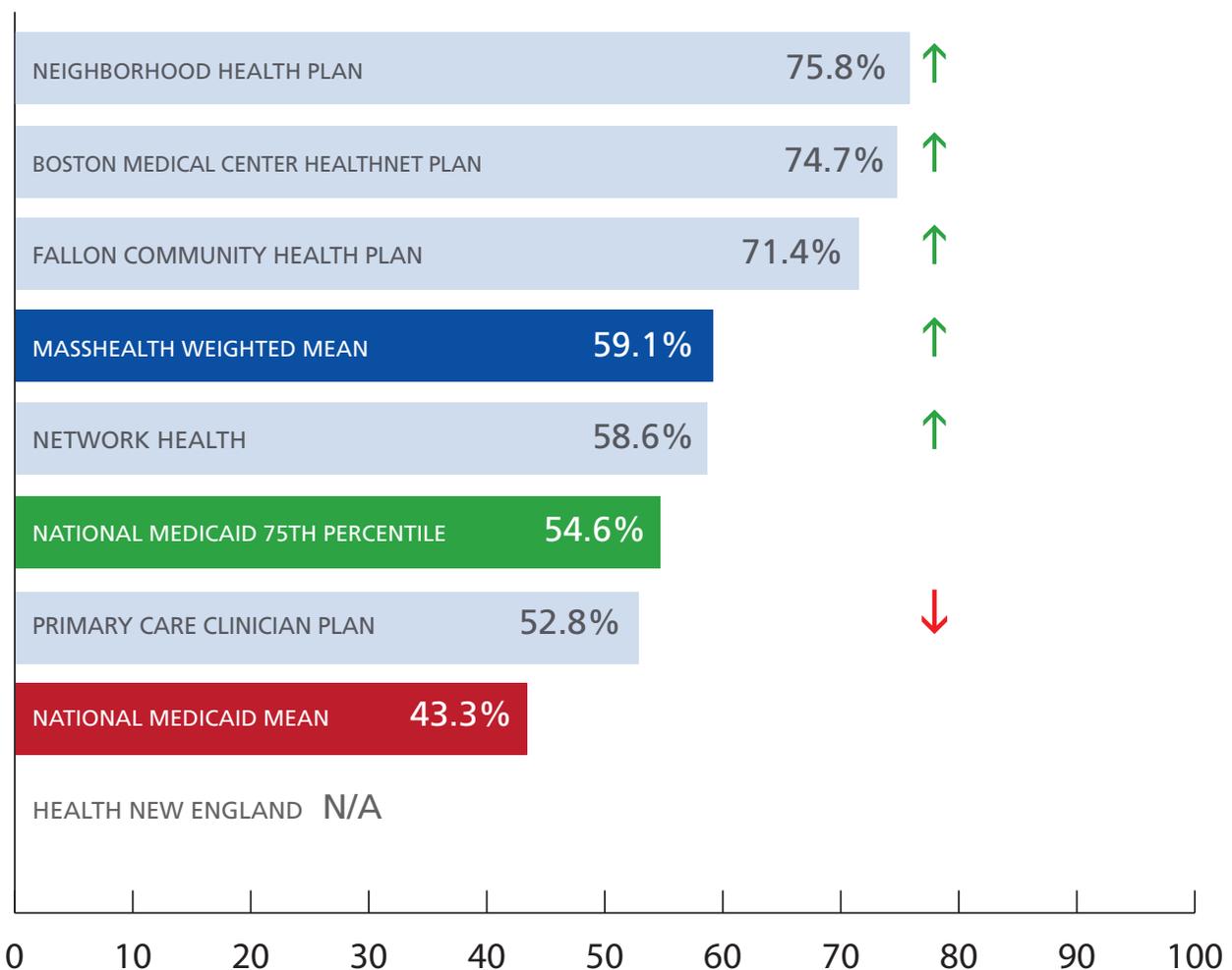
About this Measure

Follow-up services for persons who have been hospitalized for mental illness are critical to their transition back to home or work environments. Follow-up care can also detect medication problems early and help prevent readmissions.

The Follow-up After Hospitalization for Mental Illness Measure has two submeasures, 7 Day and 30 Day follow-up. Both submeasures use administrative data (claims) only.

- **7 Day Follow-up:** the percentage of members 6 years of age and older who were discharged after treatment of selected mental health disorders and who were seen on an ambulatory basis or were in intermediate treatment with a mental health provider within seven days after discharge.

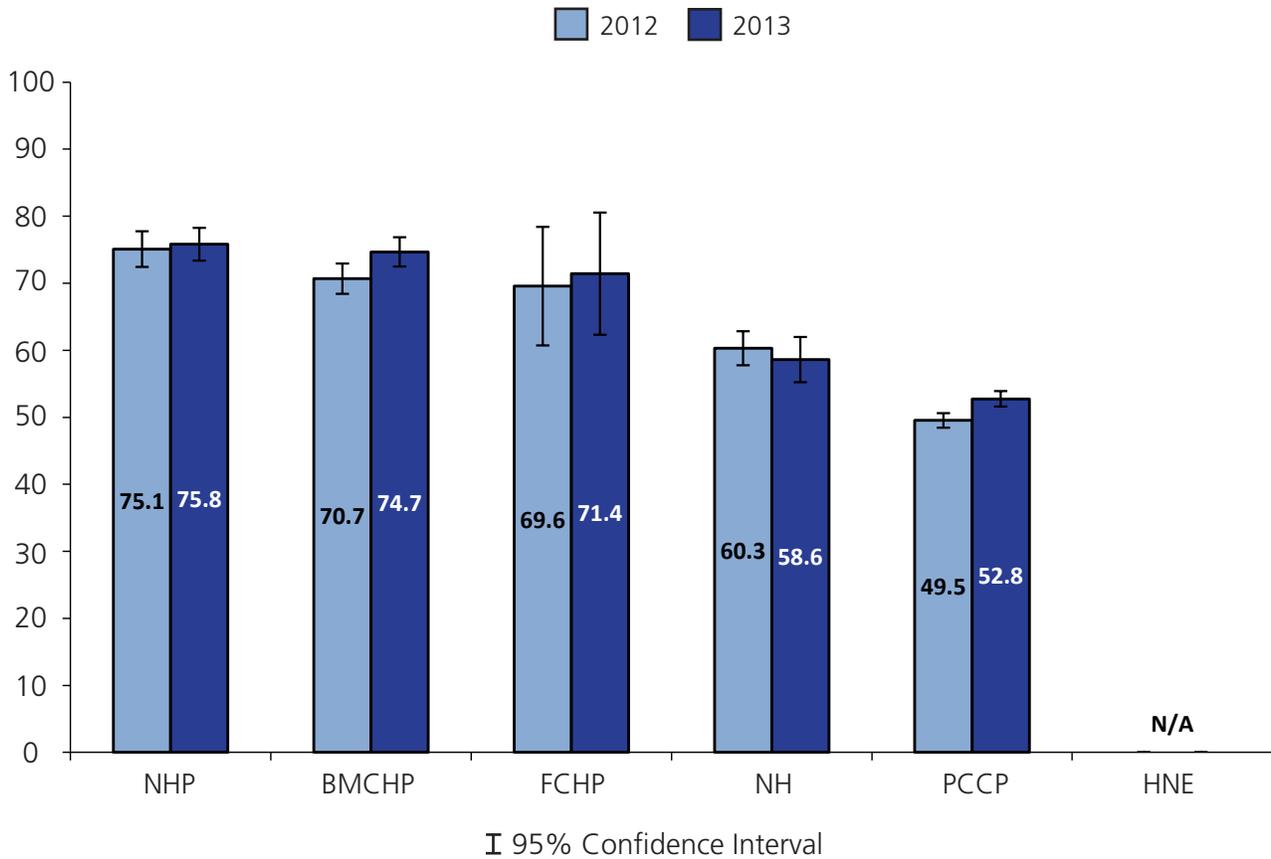
HEDIS 2013 Plan Performance vs. Benchmarks



- ↑ Rate is significantly above the 2013 National Medicaid 75th percentile
- ↔ Rate is not significantly different from the 2013 National Medicaid 75th percentile
- ↓ Rate is significantly below the 2013 National Medicaid 75th percentile

Follow-up After Hospitalization for Mental Illness

Plan Rate Comparison to Prior Reporting Year



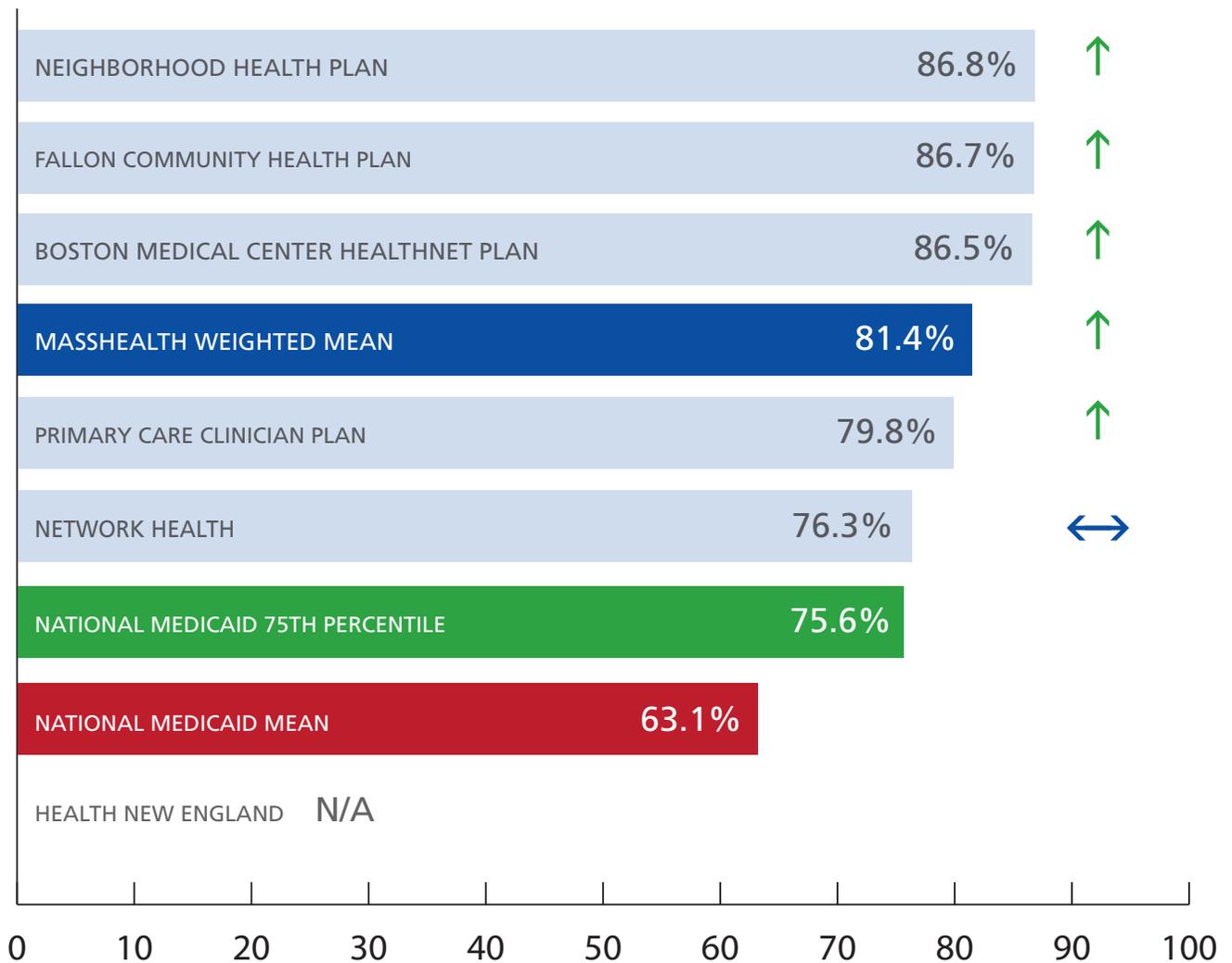
7 Day Follow-up Results

- 59.1% of MassHealth members aged 6 and above who were discharged after hospitalization for mental illness during the HEDIS 2013 measurement period had a follow-up visit within seven days. This MassHealth weighted mean rate is statistically significantly higher than the national Medicaid 75th percentile rate of 54.6%.
- Four MassHealth plans, NHP, BMCHP, FCHP, and NH, had rates significantly higher than the 75th percentile benchmark. (HNE did not have a reportable rate, because it did not have 30 measure-eligible members.)
- While the PCC Plan's rate was significantly below the national 75th percentile, it did improve significantly from the prior reporting year, 2012.
- The other four plans (excluding HNE) had 2013 rates that were statistically equivalent to their 2012 rates.

Follow-up After Hospitalization for Mental Illness

- **30 Day Follow-up:** the percentage of members 6 years of age and older who were discharged after treatment of selected mental health disorders and who were seen on an ambulatory basis or were in intermediate treatment with a mental health provider within 30 days after discharge.

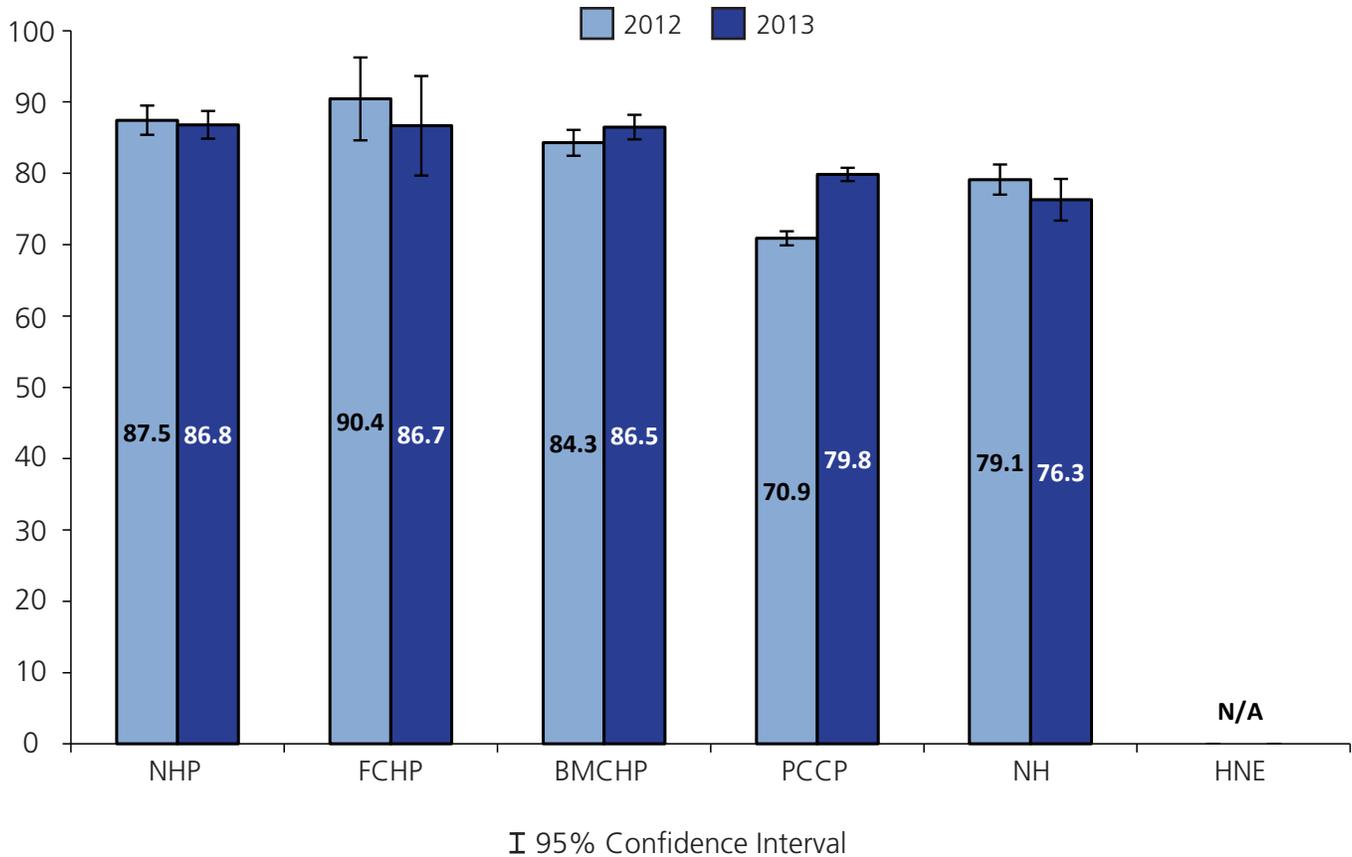
HEDIS 2013 Plan Performance vs. Benchmarks



- ↑ Rate is significantly above the 2013 National Medicaid 75th percentile
- ↔ Rate is not significantly different from the 2013 National Medicaid 75th percentile
- ↓ Rate is significantly below the 2013 National Medicaid 75th percentile

Follow-up After Hospitalization for Mental Illness

Plan Rate Comparison to Prior Reporting Year



30 Day Follow-up Results

- 81.4% of MassHealth members aged 6 and above who were discharged after hospitalization for mental illness during the HEDIS 2013 measurement period had a follow-up visit within 30 days. This MassHealth weighted mean rate is statistically significantly higher than the national Medicaid 75th percentile rate of 75.6%.
- Four MassHealth plans, NHP, FCHP, BMCHP, and the PCC Plan, had rates significantly higher than the 75th percentile benchmark.
- NH's rate was statistically equal to the national 75th percentile benchmark. (HNE did not have a reportable rate, because it did not have 30 measure-eligible members.)
- The PCC Plan's 2013 rate was significantly above its rate in 2012. The other four plans (excluding HNE) had 2013 rates that were statistically equivalent to their 2012 rates.

Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

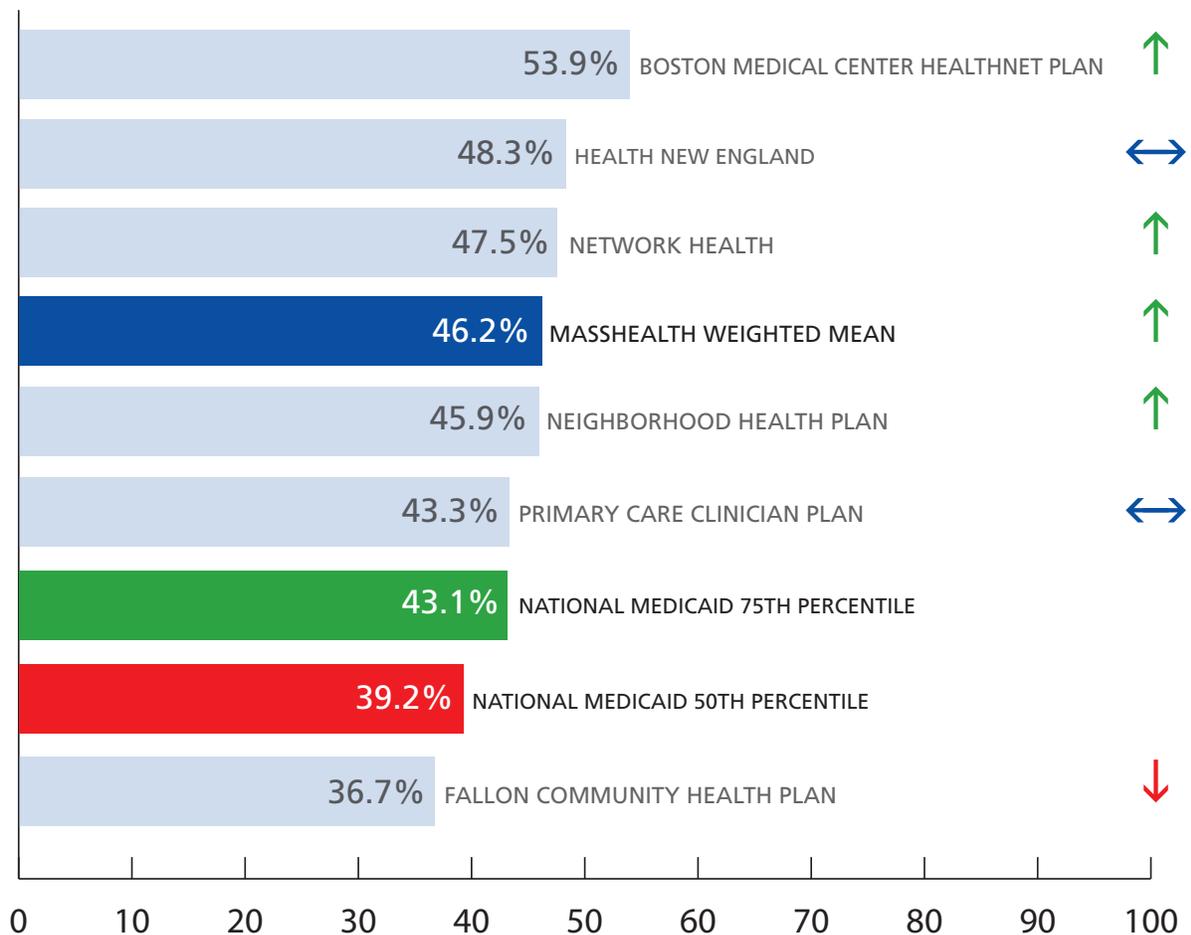
About this Measure

Substance abuse continues to be a serious problem in the United States. Individuals with a dependence on or who abuse alcohol and/or illicit drugs can benefit from substance abuse treatment programs. Active participation in treatment programs is critical to a successful recovery. Research shows that the longer an individual stays in treatment, the greater the individual's improvement.

The measure has two components, Initiation and Engagement, both of which use administrative data (claims) only.

- Initiation of Treatment:** the percentage of members aged 13 and older with a new episode of alcohol or other drug (AOD) dependence who initiate treatment within 14 days of the diagnosis.

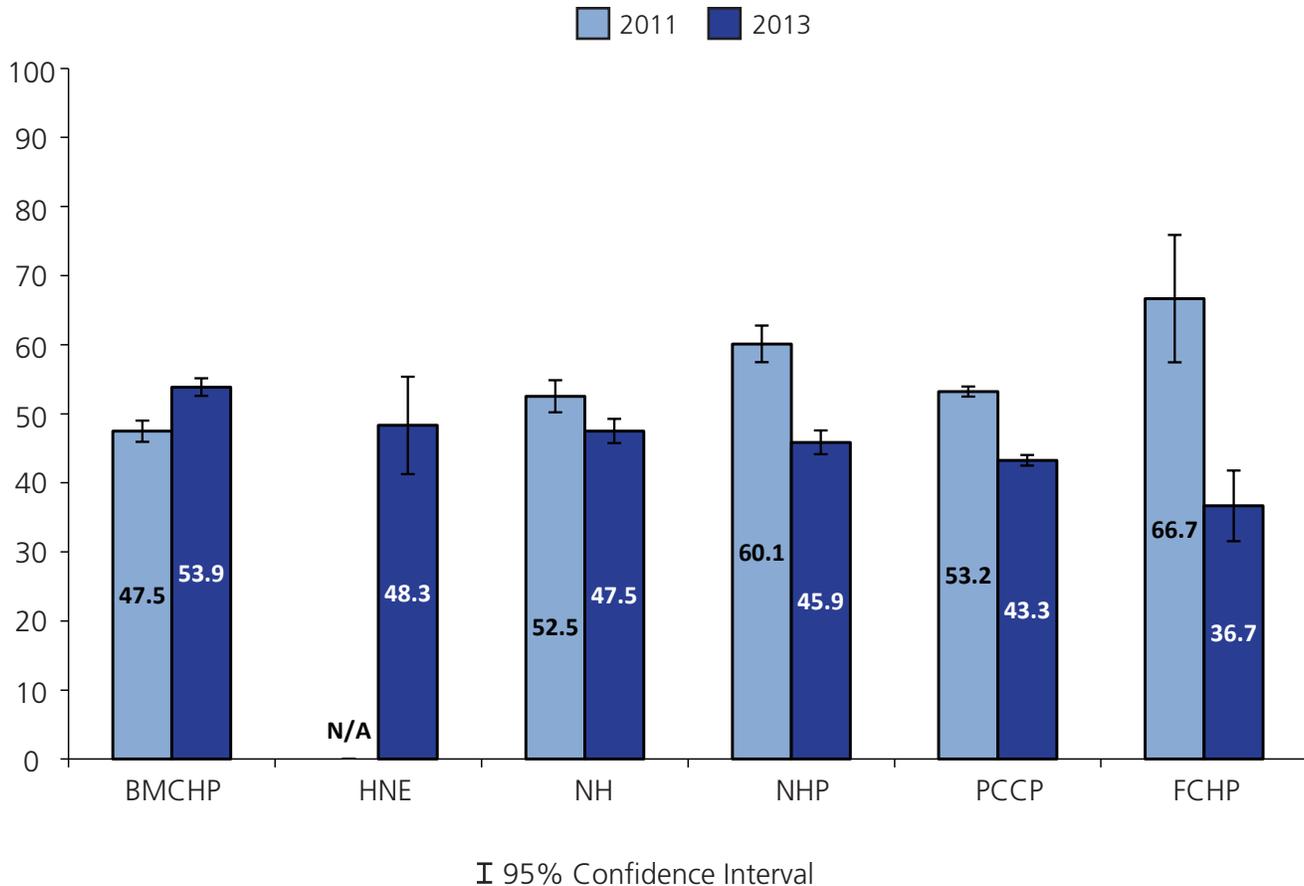
HEDIS 2013 Plan Performance vs. Benchmarks



- Rate is significantly above the 2013 National Medicaid 75th percentile
- Rate is not significantly different from the 2013 National Medicaid 75th percentile
- Rate is significantly below the 2013 National Medicaid 75th percentile

Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

Plan Rate Comparison to Prior Reporting Year



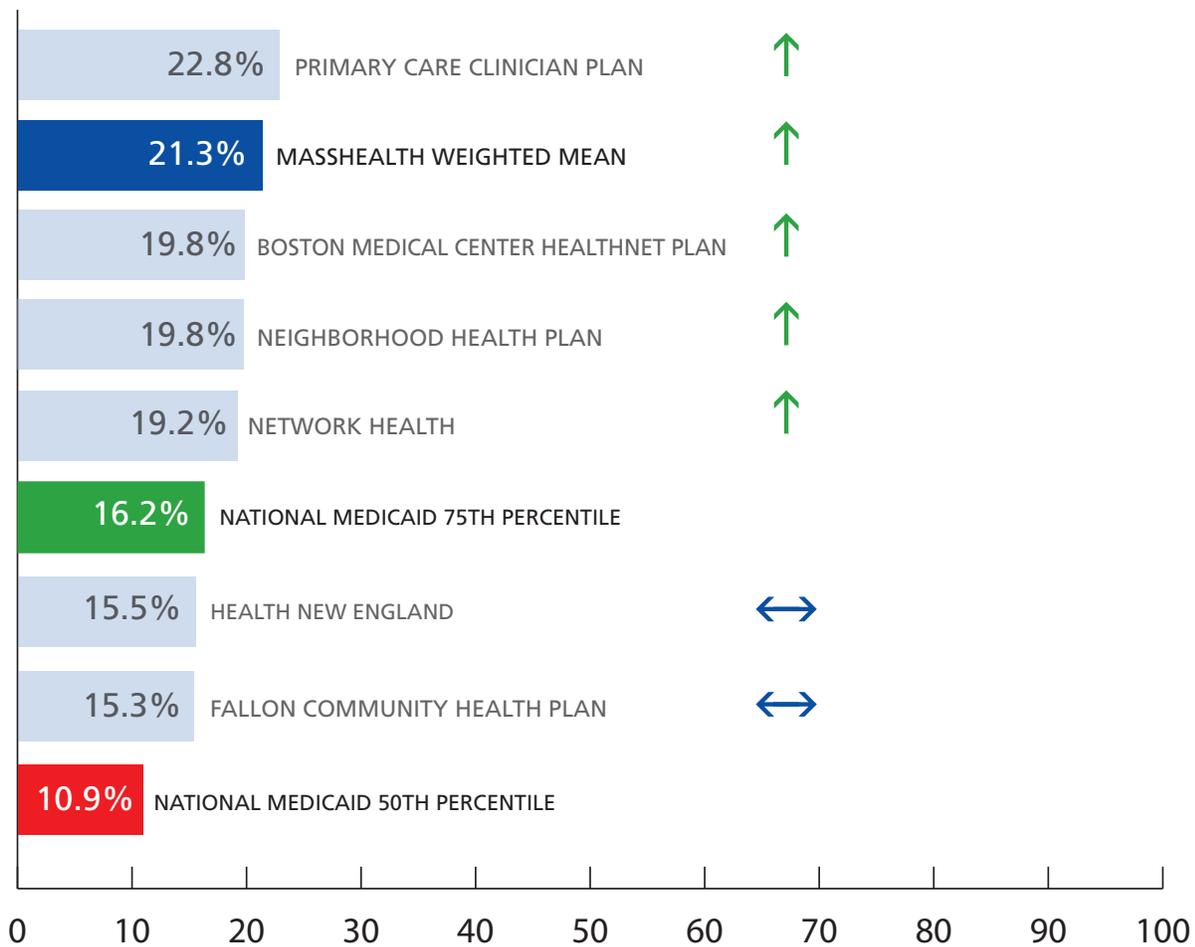
Initiation of Treatment Results

- 46.2% of MassHealth members aged 13 and older who were newly diagnosed with a substance abuse disorder during the HEDIS 2013 measurement period initiated treatment within 14 days of the diagnosis. This rate (the MassHealth weighted mean) was statistically significantly higher than the national Medicaid 75th percentile rate of 43.1%.
- Three MassHealth plans, BMCHP, NH, and NHP, had rates that were significantly above the national benchmark. Two plan rates (HNE and the PCC Plan) were statistically equal to the benchmark.
- FCHP's rate was significantly lower than the 75th percentile benchmark.
- Four of the five MassHealth plans with prior year reported rates had statistically significant declines in their 2013 rates. Only BMCHP improved on its HEDIS 2011 performance.

Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

- Engagement of Treatment:** the percentage of members aged 13 and older with a new episode of alcohol or other drug (AOD) dependence who initiated treatment and who had two or more additional services with an AOD diagnosis within 30 days of the initiation visit.

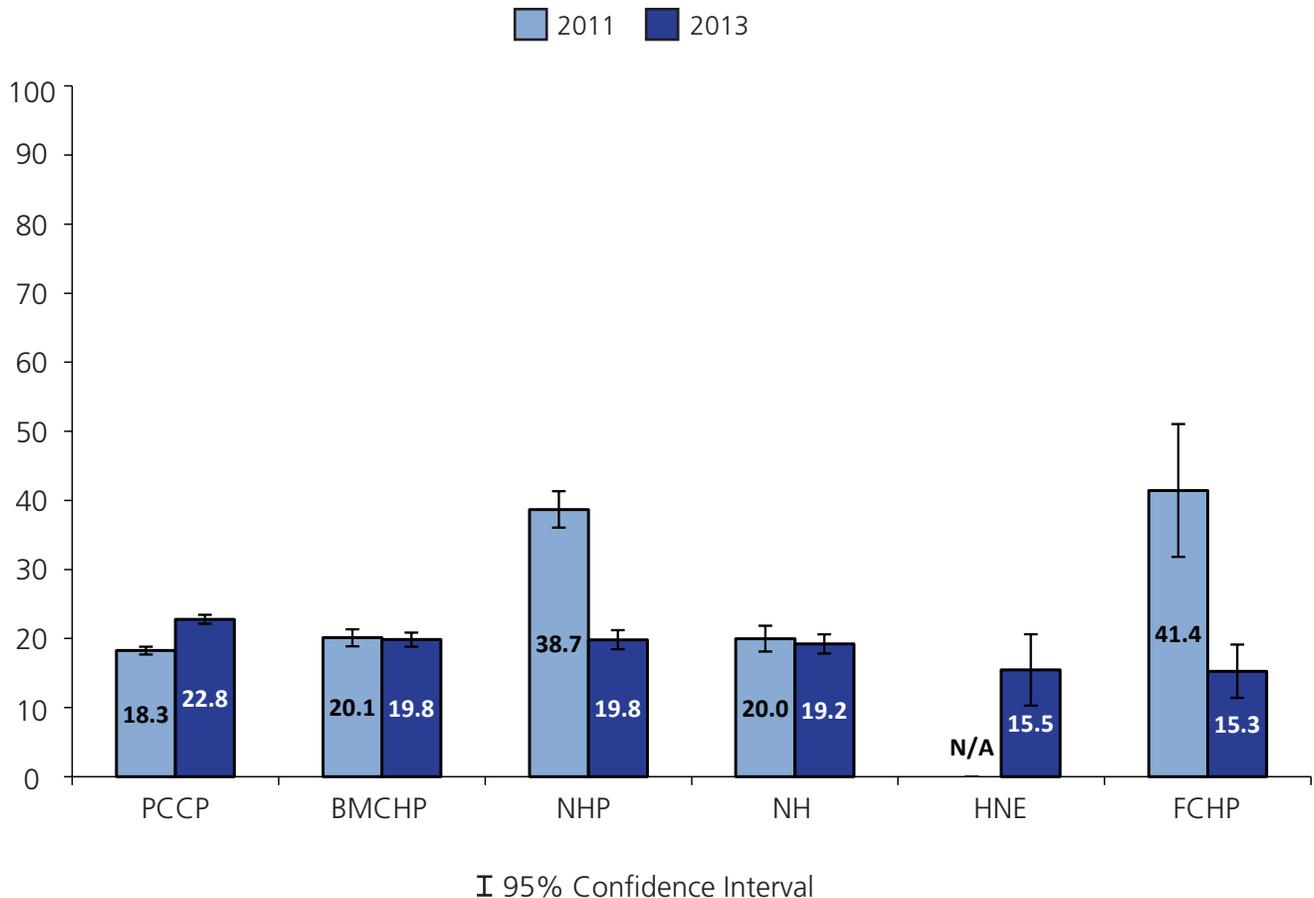
HEDIS 2013 Plan Performance vs. Benchmarks



- Rate is significantly above the 2013 National Medicaid 75th percentile
- Rate is not significantly different from the 2013 National Medicaid 75th percentile
- Rate is significantly below the 2013 National Medicaid 75th percentile

Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

Plan Rate Comparison to Prior Reporting Year



Engagement of Treatment Results

- 21.3% of MassHealth members aged 13 and older both initiated substance abuse treatment and engaged with treatment by receiving two or more additional services within 30 days of the initial treatment. This rate was statistically significantly higher than the national Medicaid 75th percentile rate of 16.2%.
- The PCC Plan, BMCHP, NH, and NHP all had plan rates significantly above the national benchmark, while the remaining two plans (HNE and FCHP) did not differ significantly from the benchmark rate.
- The PCC Plan also saw a statistically significant increase in its engagement rate as compared to the most recent report (2011), while the 2013 rates for FCHP and NHP were significantly lower. NH and BMCHP had statistically equivalent 2013 rates as compared to 2011.

Perinatal Care



Prenatal and Postpartum Care

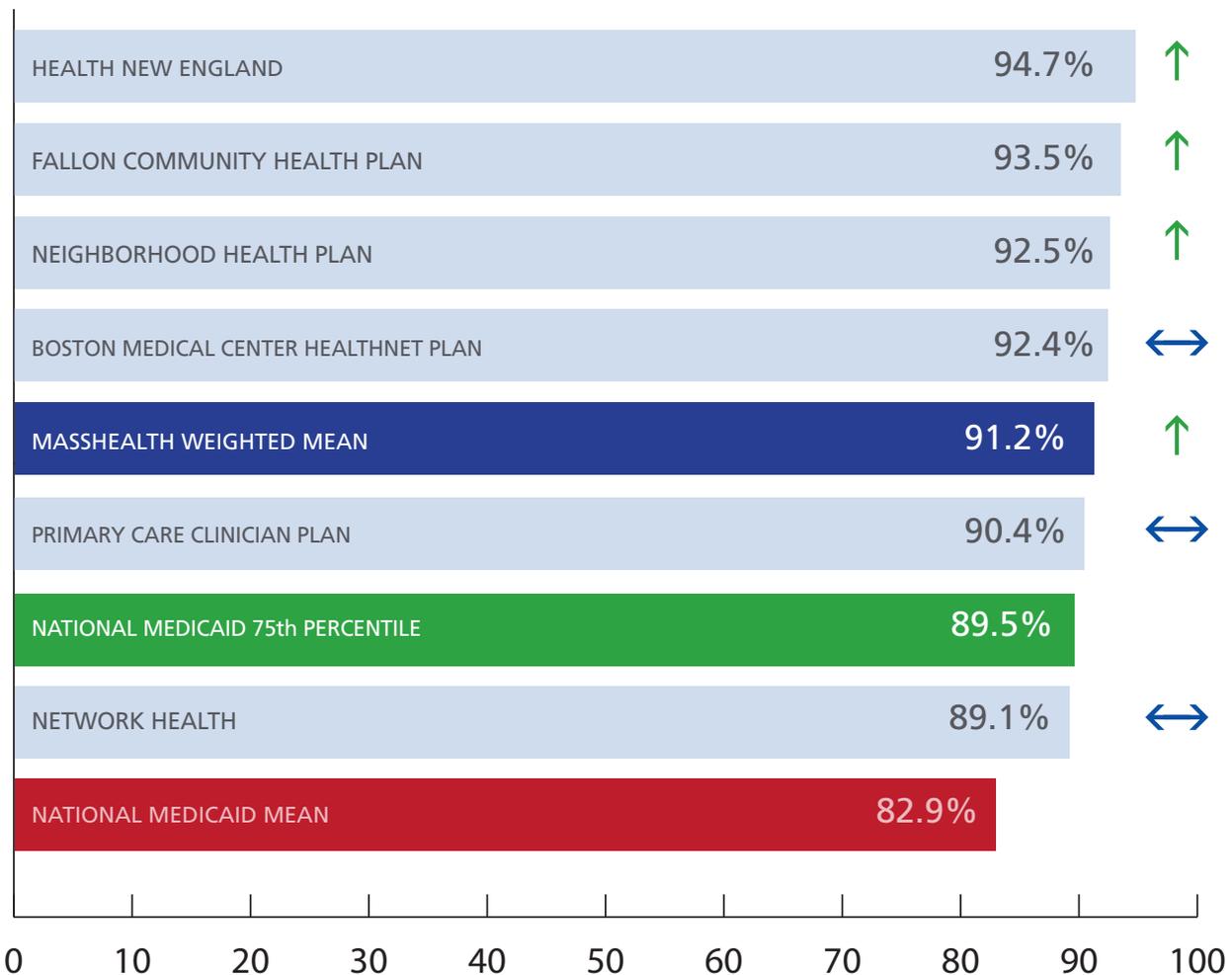
About this Measure

Health care visits early in a pregnancy, especially during the first three months of pregnancy, increase the chances of a safe and healthy delivery for mother and child by identifying potential health risks, promoting healthy choices, and addressing any needs. Similarly, a visit three to eight weeks after giving birth is an opportunity to address important postpartum care needs of the mother. These include pregnancy complications, chronic conditions, interconception care, postpartum depression screening, and providing guidance on breastfeeding and other issues.

The Prenatal and Postpartum Care measure has two components, Timeliness of Prenatal Care and Postpartum Care, both of which are collected using the hybrid method (claims supplemented by medical record reviews).

- **Timeliness of Prenatal Care:** the percentage of deliveries by MassHealth members between November 6, 2011 and November 5, 2012 that received a prenatal care visit as a member of the health plan in the first trimester or within 42 days of enrollment in the plan.

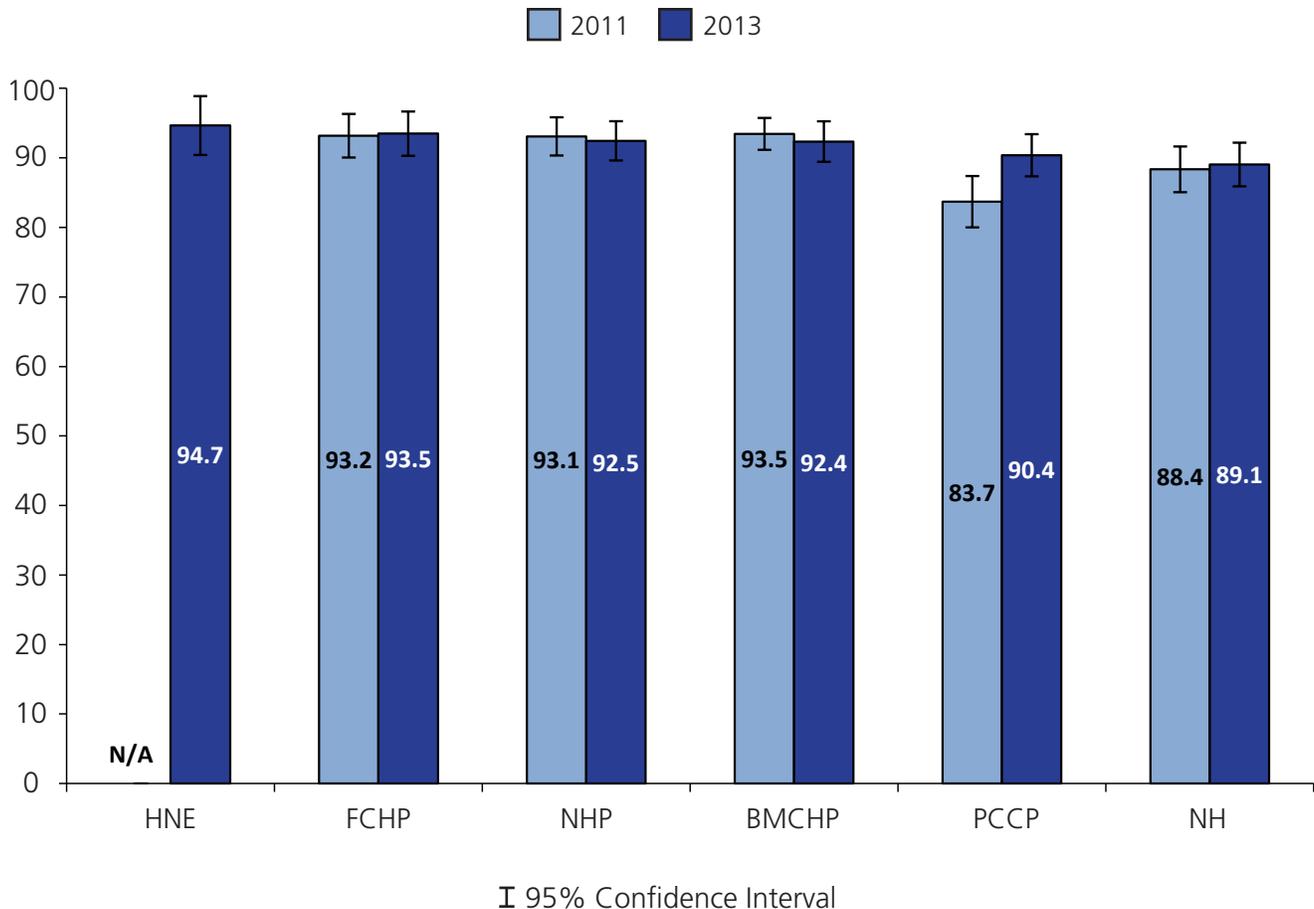
HEDIS 2013 Plan Performance vs. Benchmarks



- ↑ Rate is significantly above the 2013 National Medicaid 75th percentile
- ↔ Rate is not significantly different from the 2013 National Medicaid 75th percentile
- ↓ Rate is significantly below the 2013 National Medicaid 75th percentile

Prenatal and Postpartum Care

Plan Rate Comparison to Prior Reporting Year



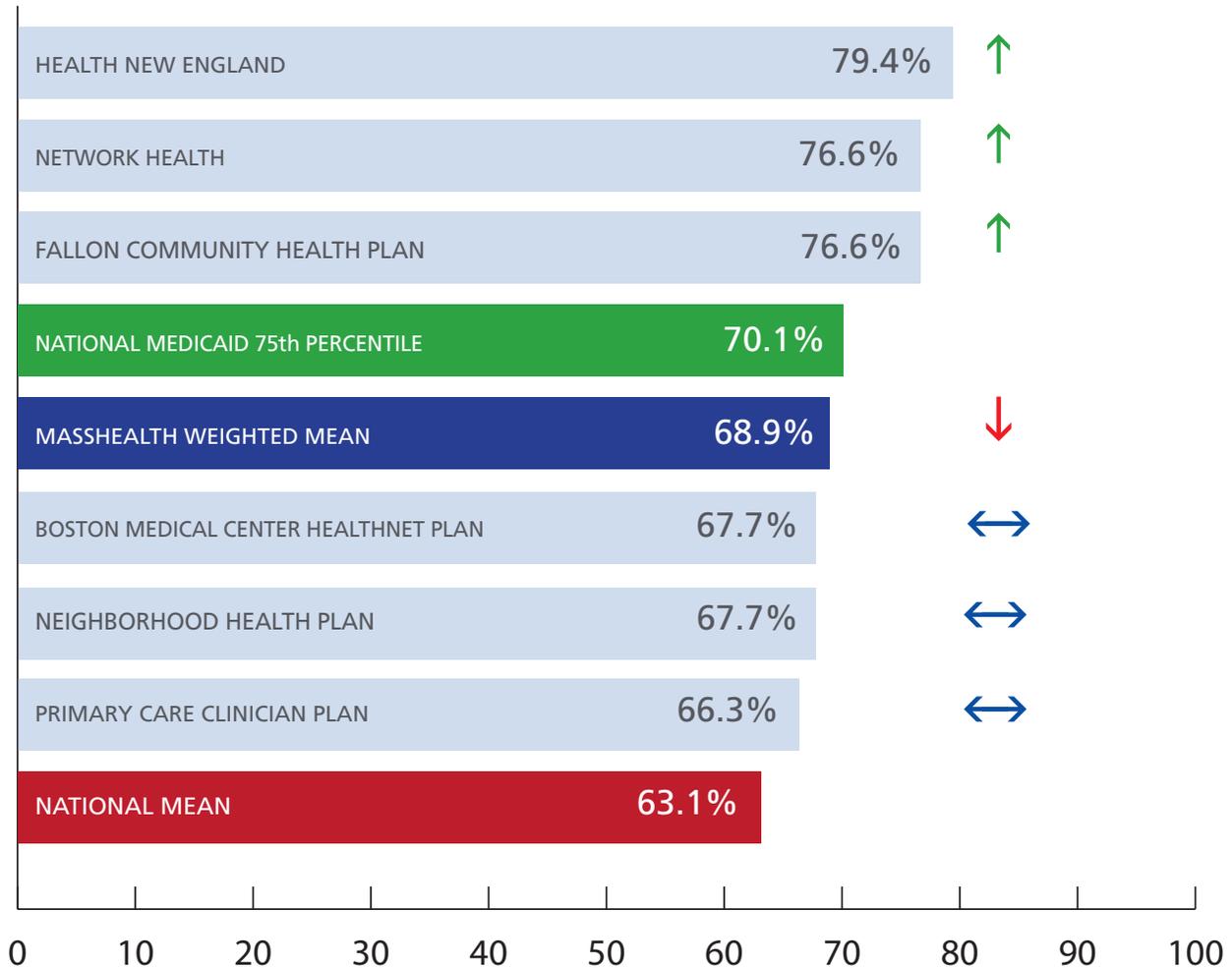
Timeliness of Prenatal Care Results

- 91.2% of MassHealth managed care plan members who gave birth during the HEDIS 2013 measurement period had a prenatal visit in the first trimester of pregnancy, or within 42 days of enrolling the plan. This MassHealth weighted mean rate is statistically significantly higher than the national Medicaid 75th percentile rate of 89.5%.
- Rates for HNE, FCHP, and NHP were significantly above the national benchmark, while BMCHP, the PCC Plan, and NH had rates that were statistically equivalent to this benchmark.
- None of the five plans with rates from the previous reporting year of 2011 had any statistically significant differences between that year and 2013. (HNE did not have a 2011 rate.)

Prenatal and Postpartum Care

- **Postpartum Care:** the percentage of deliveries by MassHealth members between November 6, 2011 and November 5, 2012 that had a postpartum visit on or between 21 and 56 days after delivery.

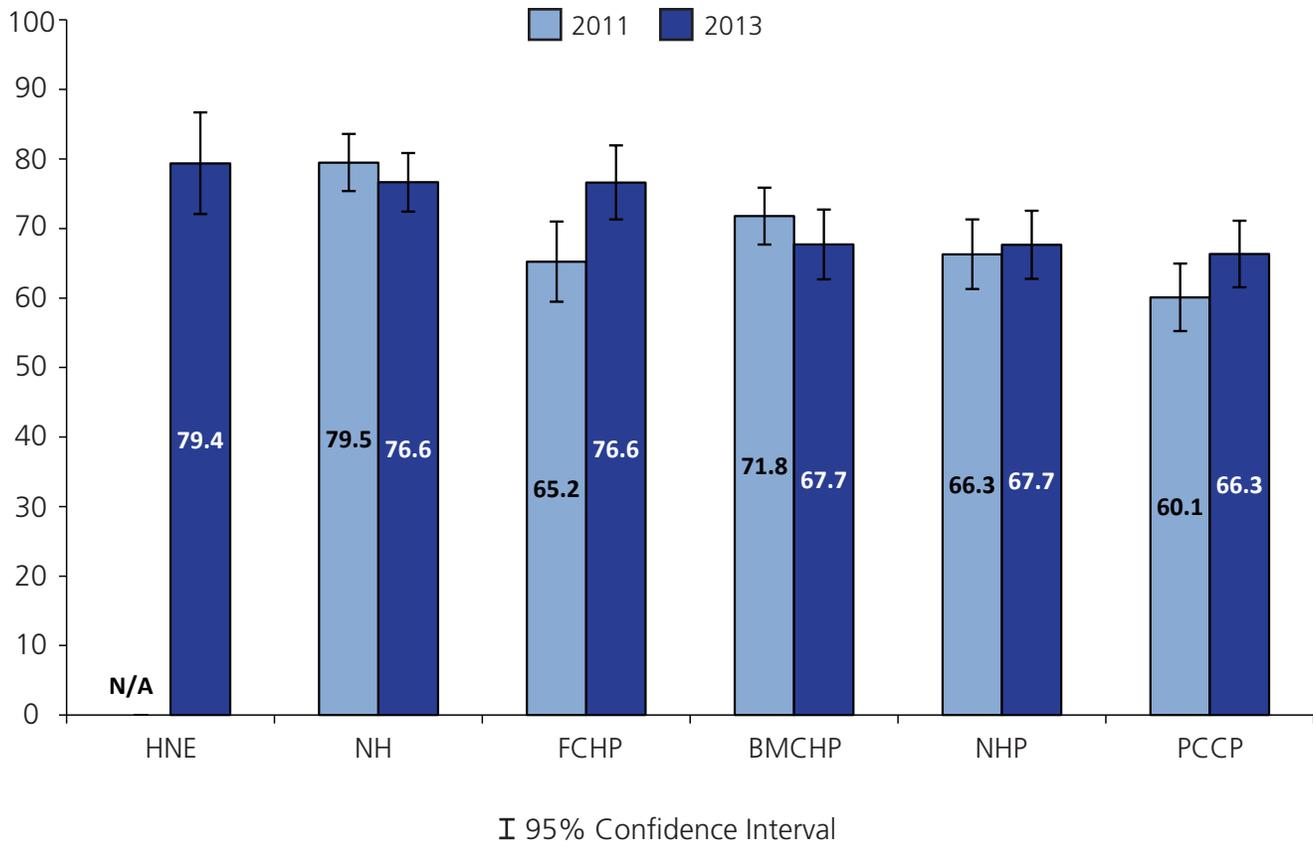
HEDIS 2013 Plan Performance vs. Benchmarks



- ↑ Rate is significantly above the 2013 National Medicaid 75th percentile
- ↔ Rate is not significantly different from the 2013 National Medicaid 75th percentile
- ↓ Rate is significantly below the 2013 National Medicaid 75th percentile

Prenatal and Postpartum Care

Plan Rate Comparison to Prior Reporting Year



Postpartum Care Results

- 68.9% of MassHealth managed care plan members who gave birth during the HEDIS 2013 measurement period had a postpartum care visit between three and eight weeks (21 to 56 days) after giving birth. This MassHealth weighted mean rate is statistically significantly lower than the national Medicaid 75th percentile rate of 70.1%.
- Rates for HNE, NH, and FCHP were significantly above the national benchmark, while BMCHP, NHP, and the PCC Plan had rates that were statistically equivalent to this benchmark.
- FCHP's 2013 rate was significantly above its rate for the previous reporting year of 2011. The four other plans (excluding HNE, which did not have a 2011 rate) had 2013 rates that were statistically equal to those from 2011.

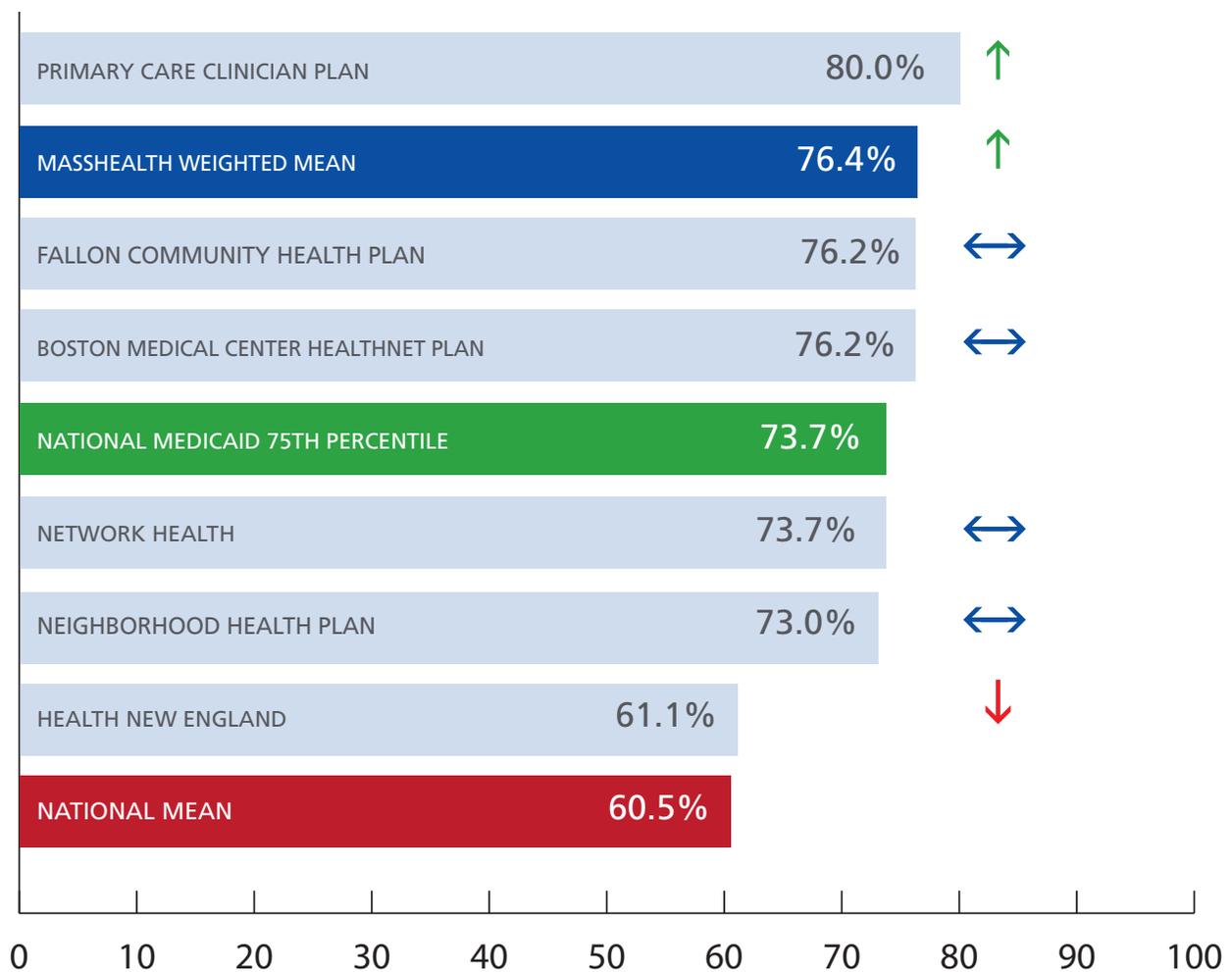
Frequency of Ongoing Prenatal Care

About this Measure

Monitoring the health and development of mother and child throughout the pregnancy can identify risks early and prevent potential complications. The American College of Obstetrics and Gynecology recommends that prenatal care begin as early as possible and keep the following schedule: every four weeks for the first 28 weeks of pregnancy, every two to three weeks for the next seven weeks, and then weekly until delivery.

The Frequency of Ongoing Prenatal Care measure reports the percentage of deliveries by MassHealth members between November 6, 2011 and November 5, 2012 that received 81% or more of the expected prenatal visits. This measure is collected using the hybrid method (claims supplemented by medical record reviews).

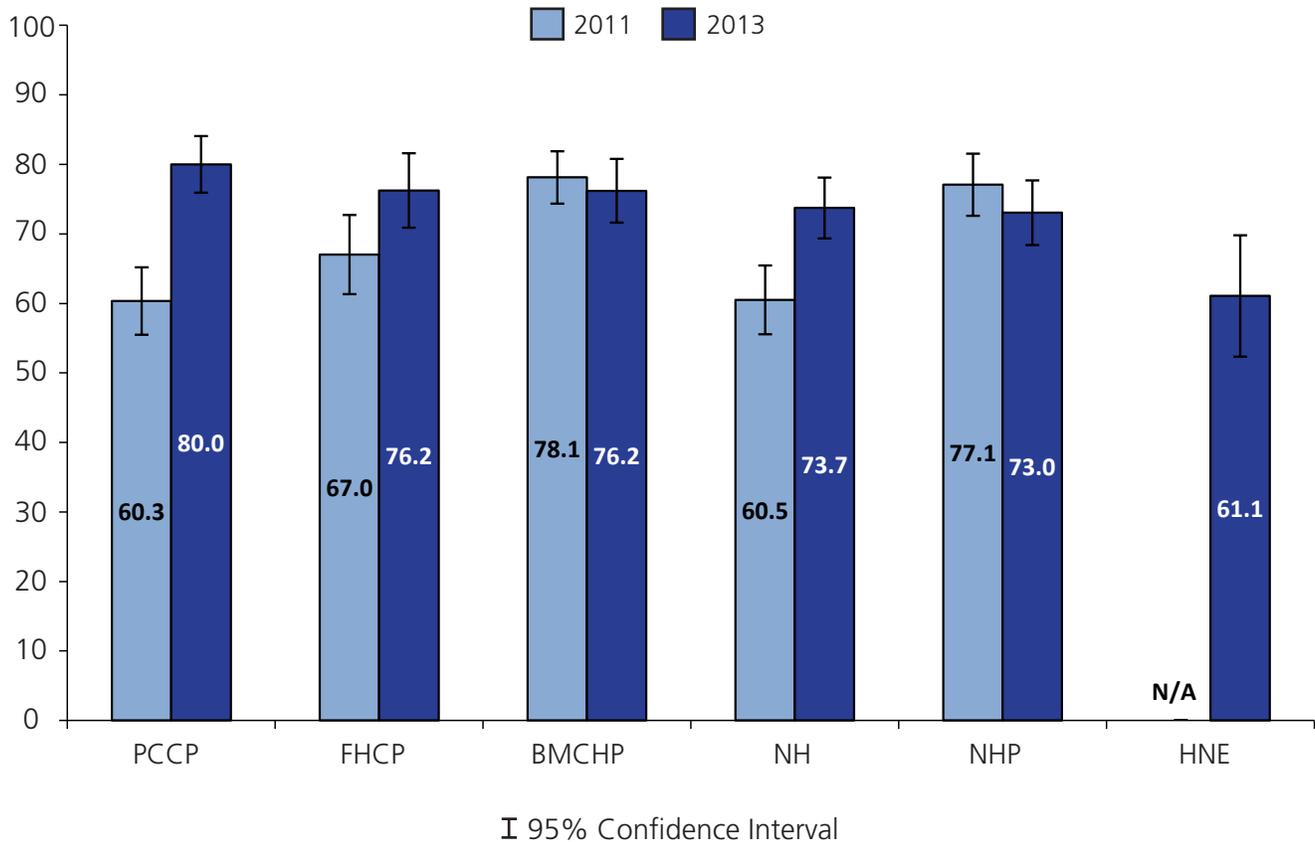
HEDIS 2013 Plan Performance vs. Benchmarks



- ↑ Rate is significantly above the 2013 National Medicaid 75th percentile
- ↔ Rate is not significantly different from the 2013 National Medicaid 75th percentile
- ↓ Rate is significantly below the 2013 National Medicaid 75th percentile

Frequency of Ongoing Prenatal Care

Plan Rate Comparison to Prior Reporting Year



Results

- 76.4% of MassHealth managed care plan members who gave birth during the HEDIS 2013 measurement period received 81% or more of the expected number of prenatal visits. This MassHealth weighted mean rate is statistically significantly higher than the national Medicaid 75th percentile rate of 73.7%.
- The PCC Plan's rate was significantly above the national benchmark, while four plans (FHCP, BMCHP, NH, and NHP) had rates that were statistically equivalent to this benchmark.
- HNE's rate was significantly below the national benchmark.
- The PCC Plan and NH significantly improved their 2013 rates, as compared to the previous reporting year, 2011. The other plans (excluding HNE, which did not have a 2011 rate) had no significant differences as compared to their prior rates.

Performance Trends

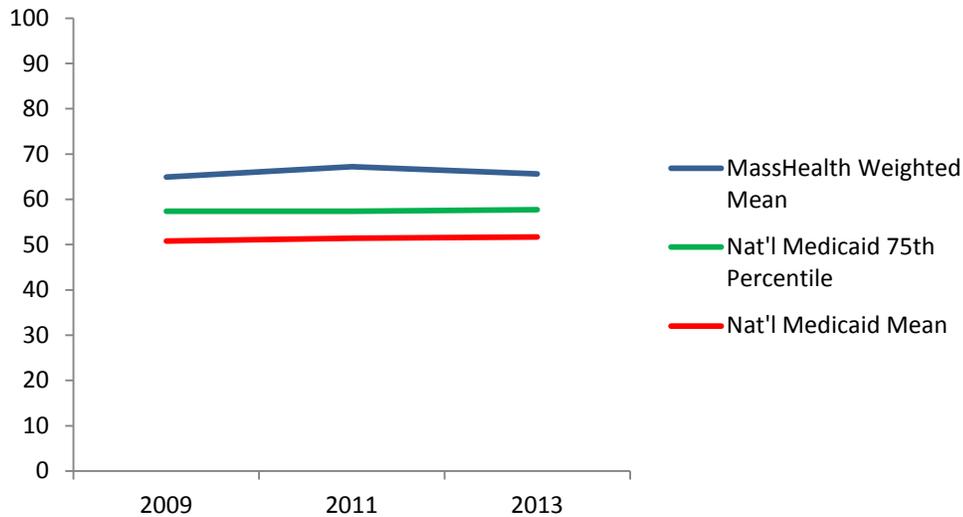


Performance Trends

Breast Cancer Screening

MassHealth’s breast cancer screening rates, as indicated by the weighted mean performance on this measure, have been well above the national Medicaid 75th percentile benchmark for the last three HEDIS reporting periods. In fact, the MassHealth weighted mean has been significantly higher than the national Medicaid 90th percentile rate (not shown in this report) in all three reporting periods.

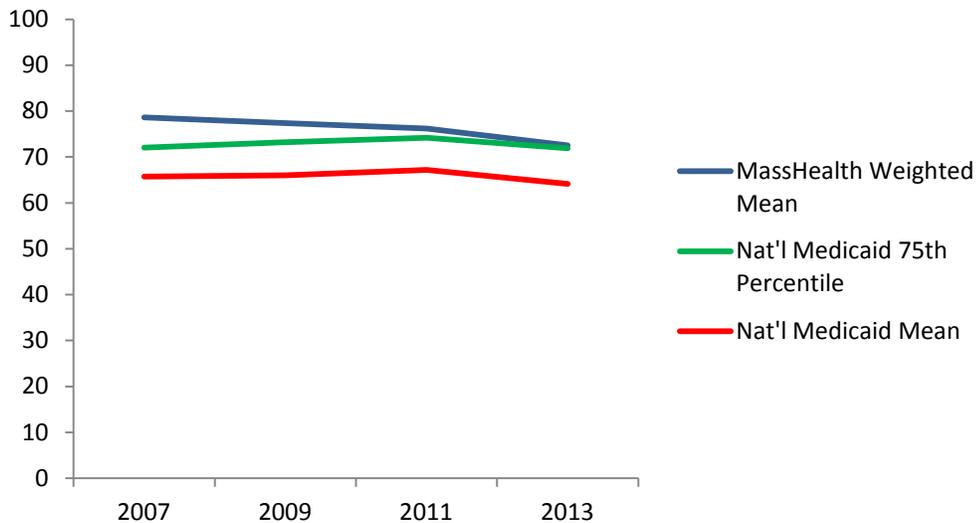
	2009	2011	2013
MassHealth Weighted Mean	64.9	67.2	65.6
Nat'l Medicaid 75th Percentile	57.4	57.4	57.7
Nat'l Medicaid Mean	50.8	51.4	51.7



Cervical Cancer Screening

Although the MassHealth weighted mean rate for cervical cancer screening has remained above the national Medicaid 75th percentile for the past four HEDIS reports, rates have declined over this period. The current (HEDIS 2013) MassHealth rate fell almost four percentage points from the 2011 report.

	2007	2009	2011	2013
MassHealth Weighted Mean	78.6	77.4	76.2	72.5
Nat'l Medicaid 75th Percentile	72.0	73.2	74.2	71.9
Nat'l Medicaid Mean	65.7	66.0	67.2	64.1

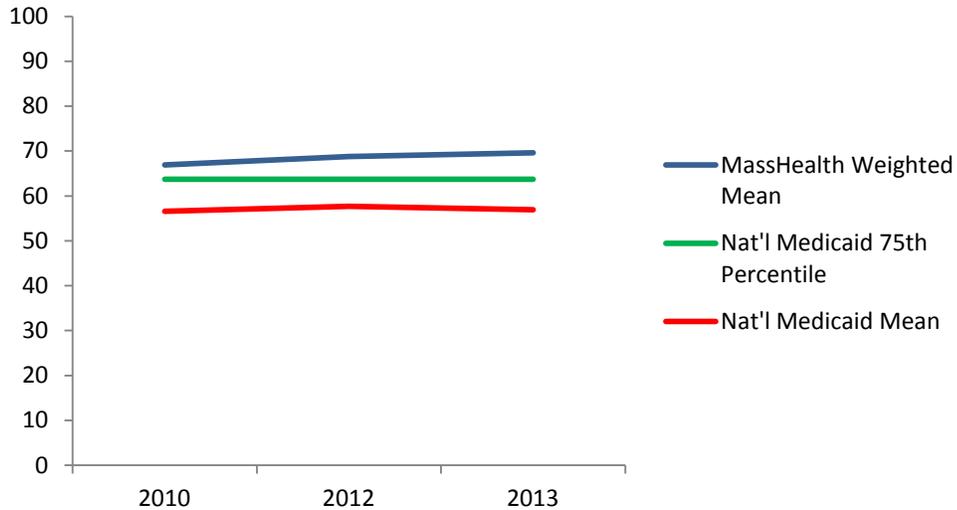


Performance Trends

Chlamydia Screening

While the national Medicaid benchmark rates have remained very stable in the past few years, MassHealth has slowly improved its rate of Chlamydia screening for women aged 16-24. In the current year (HEDIS 2013), the MassHealth weighted mean is significantly above not only the national Medicaid 75th percentile benchmark, but the 90th percentile (not shown) as well.

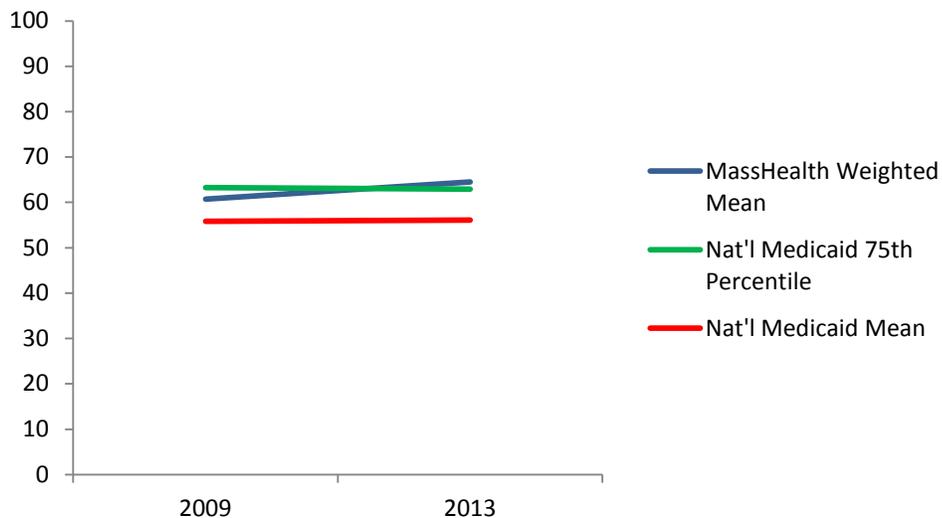
	2010	2012	2013
MassHealth Weighted Mean	66.9	68.8	69.6
Nat'l Medicaid 75th Percentile	63.7	63.7	63.7
Nat'l Medicaid Mean	56.6	57.7	56.9



Controlling High Blood Pressure

Data on this measure are available from all MassHealth plans only in two recent HEDIS reporting years, 2009 and 2013. In this interval, the MassHealth weighted mean rate for controlling high blood pressure has risen above the national Medicaid 75th percentile.

	2009	2013
MassHealth Weighted Mean	60.7	64.5
Nat'l Medicaid 75th Percentile	63.3	62.9
Nat'l Medicaid Mean	55.8	56.1

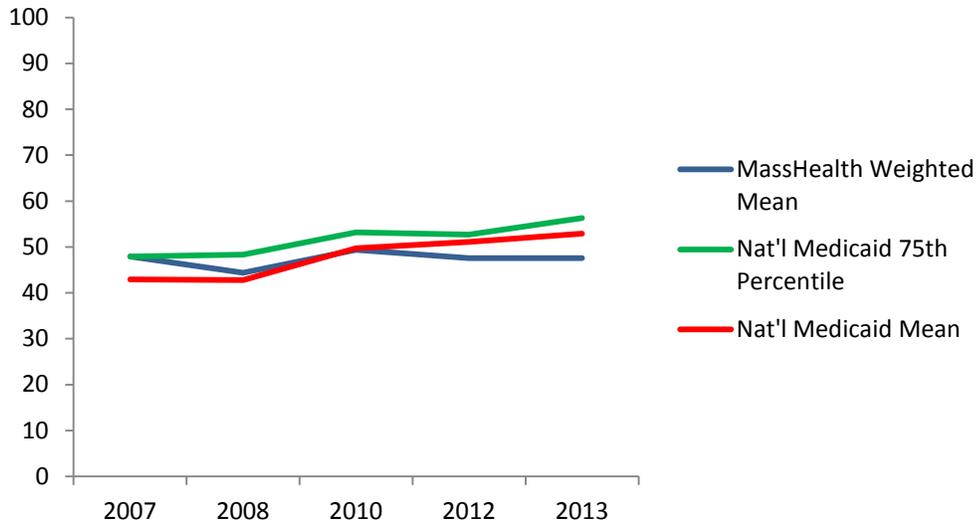


Performance Trends

Antidepressant Medication Management - Acute Phase

MassHealth's performance on the antidepressant medication management acute phase component has been fairly stable over the past five report periods, though the national Medicaid benchmark rates have improved strongly. As a result, the MassHealth weighted mean has fallen significantly below the national Medicaid 75th percentile and national Medicaid mean rates, in HEDIS 2012 and 2013.

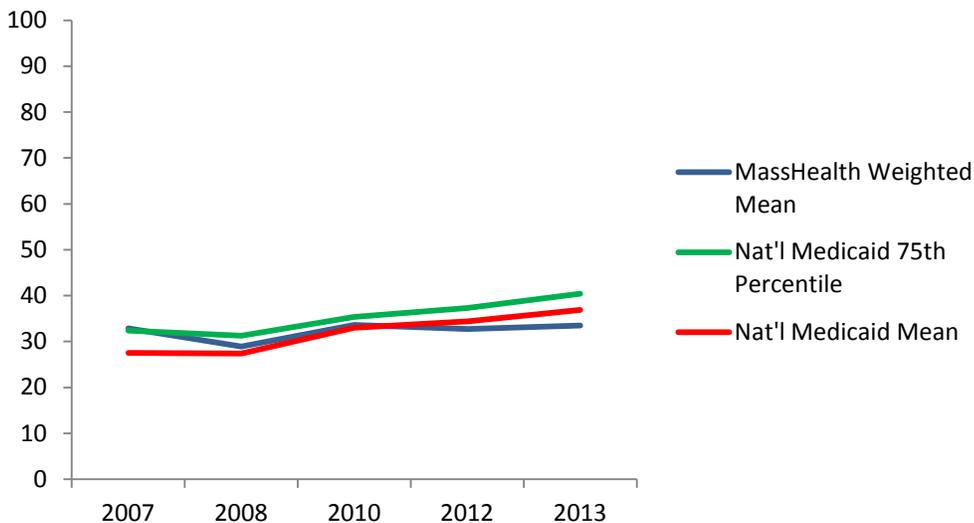
	2007	2008	2010	2012	2013
MassHealth Weighted Mean	47.9	44.4	49.4	47.6	47.6
Nat'l Medicaid 75th Percentile	47.9	48.3	53.2	52.7	56.3
Nat'l Medicaid Mean	42.9	42.8	49.7	51.1	52.9



Antidepressant Medication Management - Continuation Phase

The trend in MassHealth's performance on the antidepressant medication management continuation phase component is similar to that of the acute phase, with the MassHealth weighted mean broadly stable, while the national Medicaid benchmark rates have risen strongly. MassHealth's performance on this measure in the HEDIS 2012 and 2013 reports has been significantly lower than the national Medicaid 75th percentile and mean rates.

	2007	2008	2010	2012	2013
MassHealth Weighted Mean	32.9	28.9	33.6	32.7	33.5
Nat'l Medicaid 75th Percentile	32.4	31.3	35.4	37.3	40.4
Nat'l Medicaid Mean	27.5	27.4	33.0	34.4	36.9

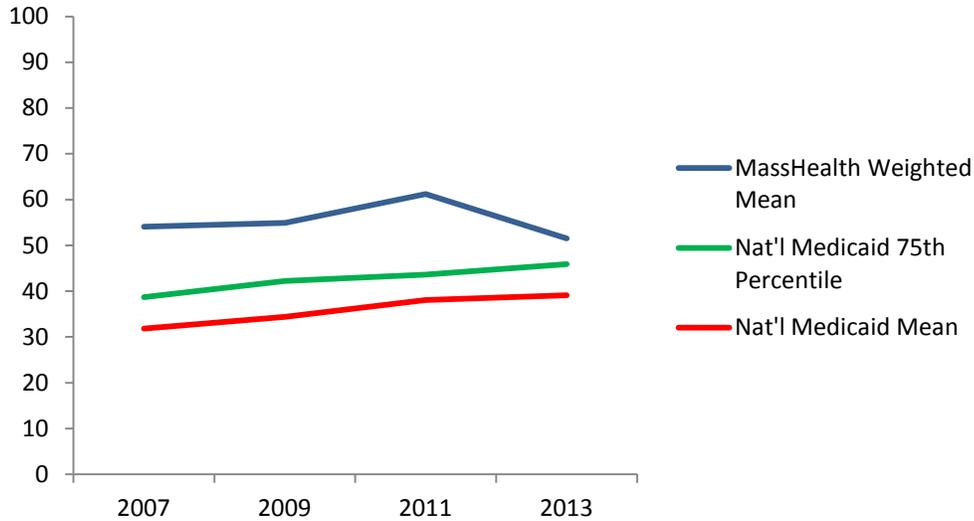


Performance Trends

Follow-up Care for Children Prescribed ADHD Medication - Initiation

MassHealth's performance on initiation of follow-up care for children prescribed ADHD medication fell quite sharply between HEDIS 2013 and HEDIS 2011. In fact, the current weighted mean rate is the lowest of the past four reporting periods, going back to HEDIS 2007. Despite the drop in HEDIS 2013, MassHealth's aggregate performance remains significantly higher than the national Medicaid 75th percentile benchmark.

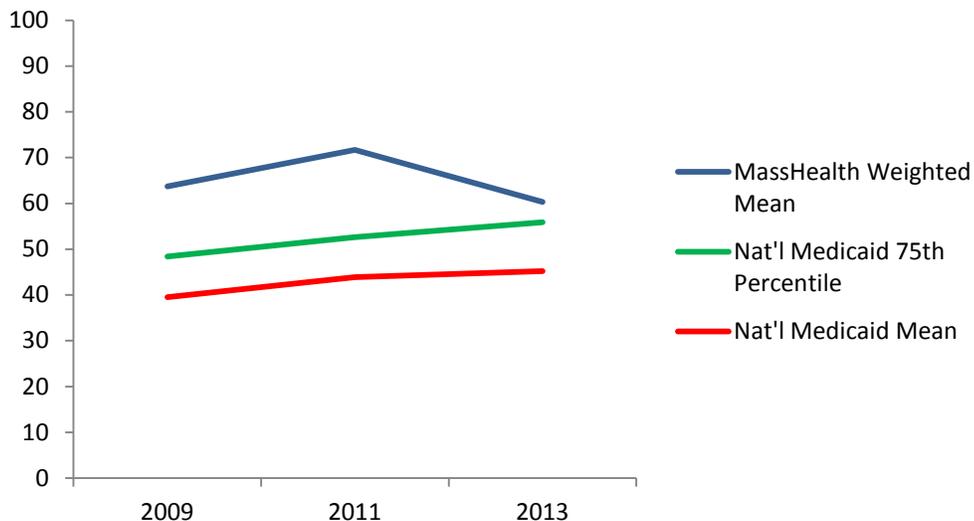
	2007	2009	2011	2013
MassHealth Weighted Mean	54.1	54.9	61.2	51.5
Nat'l Medicaid 75th Percentile	38.7	42.2	43.6	45.9
Nat'l Medicaid Mean	31.8	34.4	38.1	39.1



Follow-up Care for Children Prescribed ADHD Medication - Continuation and Maintenance

The trend in MassHealth weighted mean rates on continuation and maintenance of follow-up care for children prescribed ADHD medication follows a pattern similar to the initiation submeasure. MassHealth's 2013 rate is the lowest of the last three reporting periods, going back to HEDIS 2009. (HEDIS 2007 comparative data are not available for the continuation and maintenance submeasure.) Nonetheless, the weighted mean rate remains significantly above the national Medicaid 75th percentile benchmark.

	2009	2011	2013
MassHealth Weighted Mean	63.7	71.7	60.3
Nat'l Medicaid 75th Percentile	48.4	52.6	55.9
Nat'l Medicaid Mean	39.5	43.9	45.2

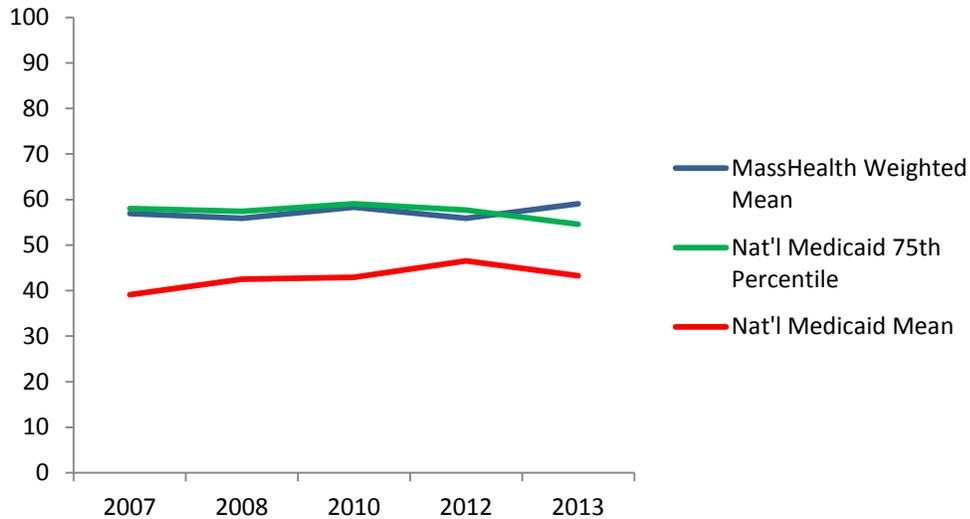


Performance Trends

Follow-up After Hospitalization for Mental Illness - 7 Days

The MassHealth weighted mean for follow-up within seven days of hospitalization for mental illness improved by several percentage points between the HEDIS 2012 and 2013 reports. In the current reporting period, MassHealth's overall rate has risen significantly above the national Medicaid 75th percentile benchmark (although this benchmark rate also fell from the previous year).

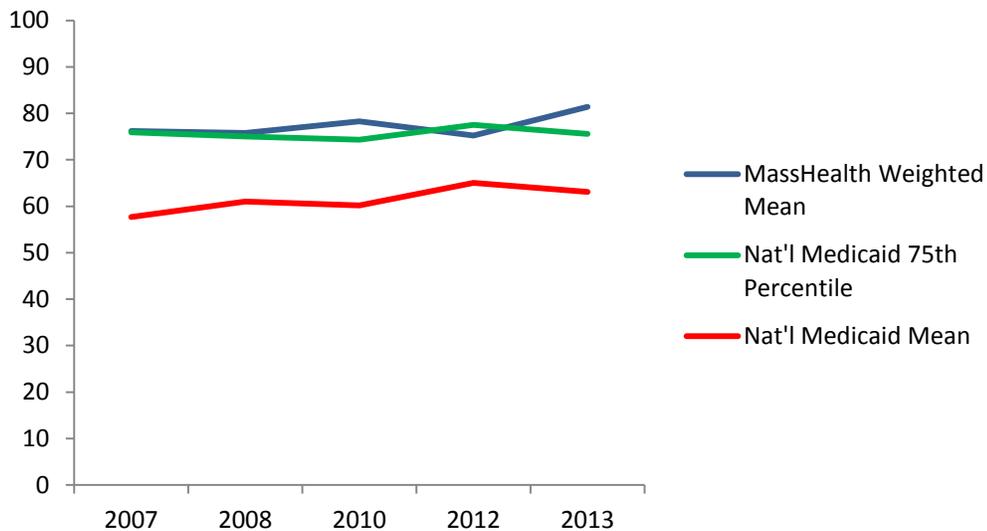
	2007	2008	2010	2012	2013
MassHealth Weighted Mean	56.9	55.9	58.3	55.9	59.1
Nat'l Medicaid 75th Percentile	58.0	57.4	59.1	57.7	54.6
Nat'l Medicaid Mean	39.1	42.5	42.9	46.5	43.3



Follow-up After Hospitalization for Mental Illness - 30 Days

The HEDIS 2013 MassHealth weighted mean for follow-up within 30 days of hospitalization for mental illness also rose substantially, by just over six percentage points, as compared to the previous report. As with the seven-day submeasure, MassHealth's HEDIS 2013 performance is significantly higher than the national Medicaid 75th percentile.

	2007	2008	2010	2012	2013
MassHealth Weighted Mean	76.2	75.8	78.3	75.2	81.4
Nat'l Medicaid 75th Percentile	75.9	75.0	74.3	77.5	75.6
Nat'l Medicaid Mean	57.7	61.0	60.2	65.0	63.1

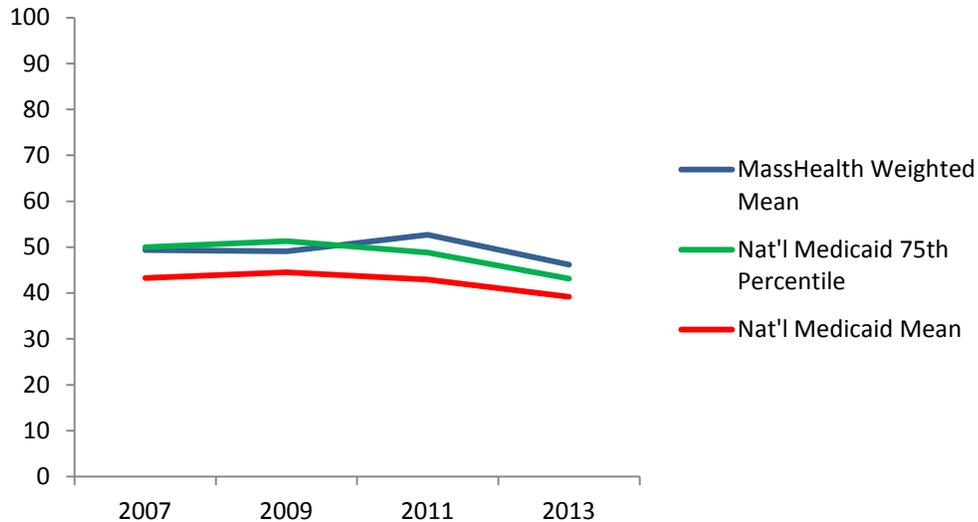


Performance Trends

Initiation of Drug/Alcohol Treatment

The MassHealth weighted mean for initiation of alcohol and other drug treatment dropped sharply between the 2011 and 2013 HEDIS reporting periods. This was mirrored by a drop in the national Medicaid benchmark rates as well, however, and MassHealth's rate remained significantly higher than the 75th percentile of Medicaid plans nationwide.

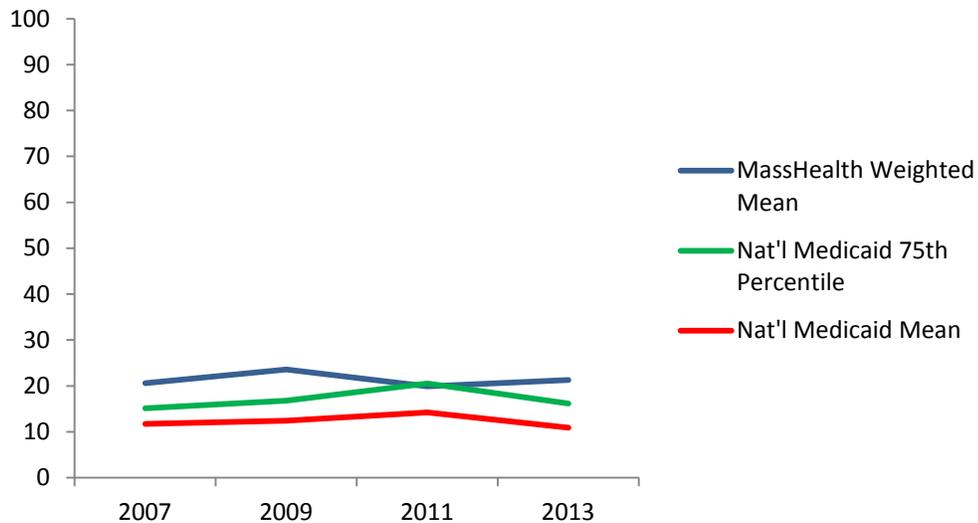
	2007	2009	2011	2013
MassHealth Weighted Mean	49.4	49.1	52.7	46.2
Nat'l Medicaid 75th Percentile	50.0	51.3	48.8	43.1
Nat'l Medicaid Mean	43.3	44.5	42.9	39.2



Engagement of Drug/Alcohol Treatment

The MassHealth weighted mean for engagement of alcohol and other drug treatment has been steady over the past four reporting periods. MassHealth's rate rose somewhat from HEDIS 2011 to the 2013 report, while the national benchmarks dropped substantially. As a result, the MassHealth rate for engagement in HEDIS 2013 is significantly higher than all Medicaid benchmarks, including the national 90th percentile (not shown).

	2007	2009	2011	2013
MassHealth Weighted Mean	20.6	23.6	19.9	21.3
Nat'l Medicaid 75th Percentile	15.1	16.8	20.5	16.2
Nat'l Medicaid Mean	11.7	12.4	14.2	10.9

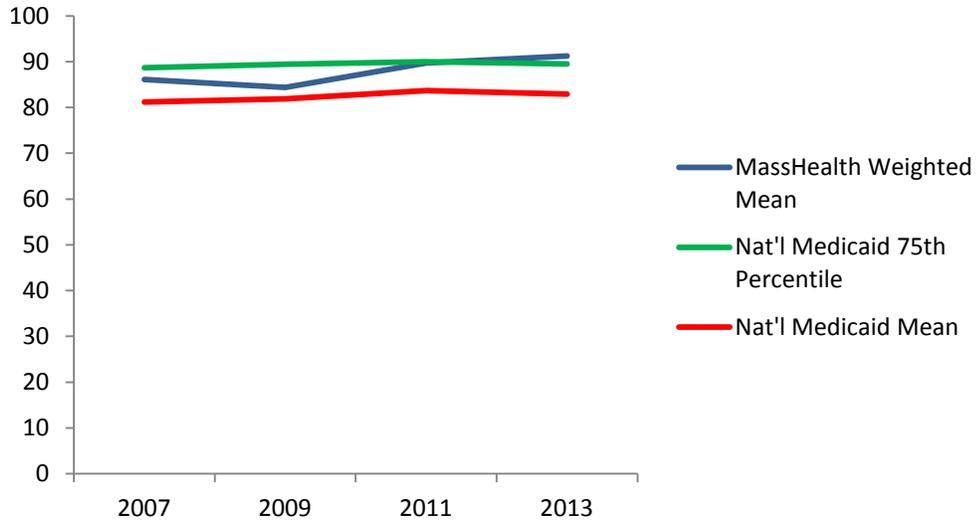


Performance Trends

Prenatal and Postpartum Care: Timeliness of Prenatal Care

The MassHealth weighed mean rate for timeliness of prenatal care has risen in the past two reporting periods (HEDIS 2011 and 2013). With its HEDIS 2013 rate, MassHealth's performance on this submeasure is significantly better than the national Medicaid 75th percentile, for the first time in the past four reporting periods.

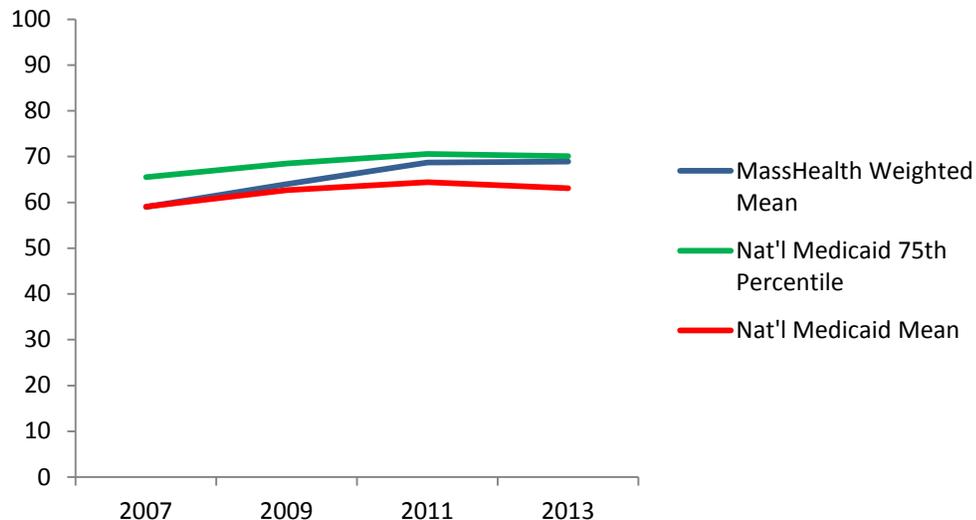
	2007	2009	2011	2013
MassHealth Weighted Mean	86.1	84.4	89.7	91.2
Nat'l Medicaid 75th Percentile	88.7	89.4	90.0	89.5
Nat'l Medicaid Mean	81.2	81.9	83.7	82.9



Prenatal and Postpartum Care: Postpartum Visits

MassHealth's performance on the postpartum visit component of the prenatal and postpartum care measure has improved substantially since the HEDIS 2007 reporting period. The rate has increased almost ten percentage points over this period, though improvement leveled off in the current report. The MassHealth weighted mean does remain significantly below the national Medicaid 75th percentile, however.

	2007	2009	2011	2013
MassHealth Weighted Mean	59.0	64.0	68.7	68.9
Nat'l Medicaid 75th Percentile	65.5	68.5	70.6	70.1
Nat'l Medicaid Mean	59.1	62.7	64.4	63.1

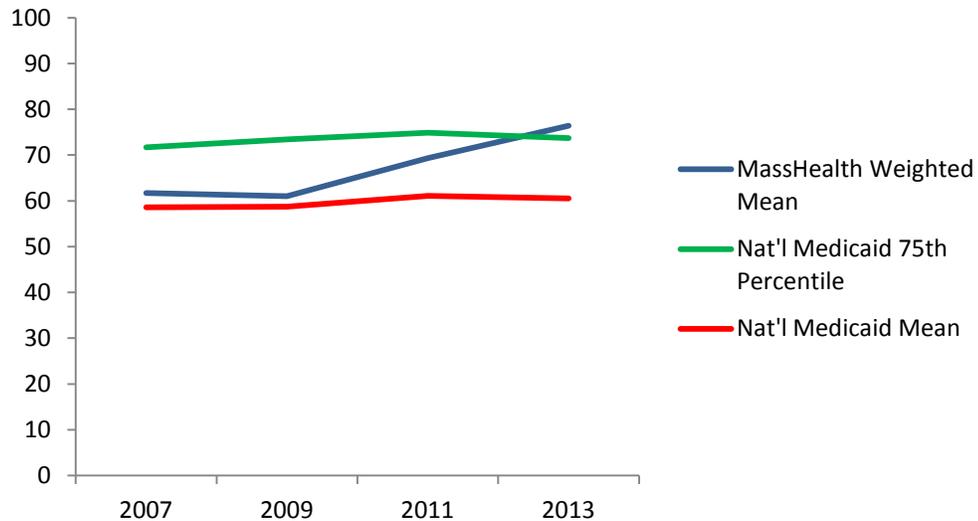


Performance Trends

Frequency of Prenatal Care - $\geq 81\%$ of Expected Visits

MassHealth has sharply increased the percentage of expectant mothers receiving 81% or more of the expected number of prenatal visits since the HEDIS 2009 reporting period. In all, the MassHealth weighted mean rate for this measure has risen by over 15 percentage points, and significantly exceeds the national Medicaid 75th percentile benchmark for the first time in the past four reporting periods.

	2007	2009	2011	2013
MassHealth Weighted Mean	61.7	61.0	69.3	76.4
Nat'l Medicaid 75th Percentile	71.7	73.4	74.9	73.7
Nat'l Medicaid Mean	58.6	58.7	61.1	60.5





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