

MassHealth Managed Care HEDIS® 2015 Report

February 2016

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

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Executive Summary

THE MASSHEALTH MANAGED CARE HEDIS® 2015 REPORT presents information on the quality of care provided by the seven health plans serving the MassHealth managed care population. These plans are: Boston Medical Center HealthNet Plan (BMCHP), CeltiCare Health (CCH), Fallon Health (FH), Health New England, Inc. (HNE), Neighborhood Health Plan (NHP), Tufts Health Plan - Network Health (THP-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 2015

The MassHealth measurement set for 2015 focuses on three domains:

1. Preventive Care

- » Breast Cancer Screening
- » Chlamydia Screening in Women

2. Chronic Disease Management

- » Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing

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
- » Adherence to Antipsychotic Medications for Individuals With Schizophrenia
- » Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications

Summary of Overall Results

Results from the MassHealth Managed Care HEDIS 2015 project demonstrate that MassHealth plans performed well overall when compared to the 2015 rates of other Medicaid plans around the country. Throughout this report, in the graphs showing MassHealth plans' HEDIS 2015 performance, we use arrow graphics to indicate the results of tests of statistical significance comparing the MassHealth weighted mean, which indicates the overall, combined performance of the seven MassHealth managed care plans, with a comparison rate, the HEDIS 2015 national Medicaid 90th percentile. As a reference, we also include the national Medicaid 75th percentile in the graphs, and sometimes report tests of statistical significance, but the arrow graphics always refer only to the national Medicaid 90th percentile. (These two comparison rates come from the NCQA's Quality Compass® database, and indicates that the top-performing 10% and 25%, respectively, of all Medicaid managed care plans nationwide had measure rates equal to, or better than, the listed rate.) The report will also show comparisons between the seven individual MassHealth plans and this 90th percentile benchmark.

We use the national Medicaid 90th percentile as a benchmark, representing high quality performance. The national Medicaid 75th percentile represents a threshold level of acceptable performance. In earlier years' versions of this report (through the HEDIS 2013 cycle), we used the Medicaid 75th percentile as the high performance benchmark and the national Medicaid mean as the acceptable threshold level. The decision to aim higher, using the 90th percentile as the goal for MassHealth managed care plan performance, was made as part of MassHealth's broader quality strategy.

MassHealth plans performed best, relative to Medicaid health plans nationwide, on the measures in the Preventive Care domain. For each of the measures in this domain, Breast Cancer Screening and Chlamydia Screening in Women, the MassHealth weighted mean rate (representing the overall performance of all MassHealth plans combined) was statistically significantly higher than the national

Medicaid 90th percentile. These results extend a long-standing trend of very good performance on preventive care measures by MassHealth plans.

MassHealth plans performed at an acceptable level on the single measure included in the Chronic Disease Management domain for this report. The MassHealth weighted mean rate for Hemoglobin A1c (HbA1c) testing for members with diabetes was statistically equivalent to the national Medicaid 75th percentile threshold rate, though it did fall statistically significantly below the 90th percentile benchmark.

Most of the measures discussed in the HEDIS 2015 report fall within the Behavioral Health Care domain. MassHealth's performance on these measures was mixed. MassHealth plans were strongest on the Follow-up After Hospitalization for Mental Illness measure, with the MassHealth weighted mean rate statistically significantly higher than the national Medicaid 90th percentile benchmark for both submeasures (7 Day and 30 Day follow-up). The MassHealth weighted means for both submeasures of the Follow-up Care for Children Prescribed ADHD Medication measure, and for the Engagement submeasure of the Initiation and Engagement of Alcohol and Other Drug Dependence Treatment measure, were not statistically significantly different from the 90th percentile benchmark.

MassHealth's performance on the Initiation component of the Initiation and Engagement of Treatment measure was below the 90th percentile, but statistically significantly above the national Medicaid 75th percentile threshold. Two measures relating to antipsychotic medication usage appear in this report for the first time this year, and MassHealth's performance was mixed. The MassHealth weighted mean was statistically equivalent to the 75th percentile threshold level for the Adherence to Antipsychotic Medications for Individuals With Schizophrenia measure, and significantly below this threshold level for the Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications measure. MassHealth plans also were below the threshold level for both components of the Antidepressant Medication Management measure.

INTRODUCTION

Purpose of the Report

This report presents the results of the MassHealth Managed Care Healthcare Effectiveness Data and Information Set (HEDIS) 2015 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.

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.

Any data details not included in this report are available, however, and will be shared upon request.

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with any additional data requests.

About This Report

Project Background

The MassHealth Office of Clinical Affairs (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 2015 project assess the performance of the seven MassHealth plans that provided health care services to MassHealth managed care members during the 2014 calendar year. The seven MassHealth plans included in this report are the Primary Care Clinician Plan (PCCP), Neighborhood Health Plan (NHP), Tufts Health Plan - Network Health (THP-NH), Health New England (HNE), CeltiCare Health (CCH), Fallon Health (FH), and Boston Medical Center HealthNet Plan (BMCHP). Descriptive information about each health plan can be found in the Health Plan Profiles section, beginning on page 13.

MassHealth HEDIS 2015 Measures

MassHealth selected 9 measures for the HEDIS 2015 report. The measures included in this report assess health care quality in three key areas: Preventive Care, Chronic Disease Management, and Behavioral Health Care. The majority of the measures selected (6 of the 9 total) are in the Behavioral Health Care category.

The Preventive Care domain includes two measures related to health screenings for women: screenings for breast cancer and chlamydia. The Chronic Disease Management domain includes only one measure in this year's report: the Hemoglobin A1c (HbA1c) testing component of the Comprehensive Diabetes Care composite measure.

The Behavioral Health Care domain encompasses six measures, four of which contain two separate 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. This year's report contains two new measures, both relating to the usage of antipsychotic medications: Adherence to Antipsychotic Medications for Individuals With Schizophrenia, and Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications.

At the end of the report, we include a section showing trends in MassHealth's overall performance on most of this year's HEDIS measures over time, and compared to national benchmarks. (The two new measures on antipsychotic medications cannot yet be trended over time.) Including this historical data should give readers a broader picture of the quality of health care delivered by MassHealth managed care plans.

Organization of the MassHealth Managed Care HEDIS 2015 Report

REPORT SECTION	PURPOSE OF SECTION	MEASURES REPORTED
Preventive Care	This section 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 » Chlamydia Screening in Women
Chronic Disease Management	This section provides information about how well a plan helps people manage chronic illness.	<ul style="list-style-type: none"> » Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing
Behavioral Health Care	This section 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 » Adherence to Antipsychotic Medications for Individuals With Schizophrenia » Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications
Performance Trends	This section provides information about how well the MassHealth managed care program has provided care in the above three domains over time.	<ul style="list-style-type: none"> » All measures listed above except Adherence to Antipsychotic Medications for Individuals With Schizophrenia and Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications

Data Collection and Submission

In November 2014, the MassHealth Office of Providers and Plans finalized a list of measures to be collected for HEDIS 2015. 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 2015 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 with 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. MassHealth MCOs have NCQA accreditation, and therefore undergo a compliance audit.

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 by measure. The MassHealth managed care program serves members under the age of 65. Occasionally, members 65 and older may enter the denominator of a MassHealth plan's HEDIS rate for several valid reasons. For example, a member may turn 65 during the measurement year, yet remain in the plan through the measure's anchor date. Because

MassHealth plans are responsible for a member's care until his or her coverage is terminated, MassHealth members 65 years and older are included in the eligible populations for the HEDIS 2015 measures whenever the specifications for the measure include the 65 and older population.

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. Other 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 2015 Volume 2: Technical Specifications*.

MassHealth Coverage Types Included in HEDIS 2015

This report includes services received by MassHealth members enrolled in one of four Medicaid coverage types: Standard, CommonHealth, CarePlus, and Family Assistance.

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 and/or encounter data, or data from other administrative databases. Plans calculate the administrative measures using programs developed by plan staff or Certified HEDIS SoftwareSM purchased from a vendor. For measures collected through the administrative method, the denominator includes 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 the 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. For measures collected using the hybrid method, the denominator consists of a systematic sample of members drawn from the measure’s eligible population.

Each hybrid measure 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. The plan’s HEDIS 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 are not reported if the denominator contains fewer than 30 measure-eligible members.

Data Analysis and Benchmarking

Throughout this report, HEDIS 2015 results from each plan, and for MassHealth managed care as a whole, are compared to a national benchmark, the 2015 national Medicaid 90th percentile. This benchmark represents a level of performance that was met or exceeded by the top 10% of all Medicaid plans that submitted audited HEDIS 2015 data to NCQA. For this report, the national Medicaid 90th percentile serves as the primary benchmark against which MassHealth’s performance is compared. A second benchmark, the national Medicaid 75th percentile rate, is used as a reference indicating a threshold, or minimum standard of performance. In certain cases, a third rate, the national Medicaid mean, will be referenced, but only to indicate measures for which MassHealth’s performance needs improvement.

OCA obtained the 2015 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, and in the fall releases the national Medicaid data in a supplement.

The 2015 MassHealth weighted mean is a weighted average of the rates of the seven 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 29.2% of all MassHealth members, while the smallest (FH) serves just 2.5%.

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 15, the seven MassHealth plans differ with respect to the demographic characteristics of their members. The impact of demographic differences on MassHealth HEDIS 2015 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.

MassHealth Managed Care Plan Profiles

Primary Care Clinician Plan (PCCP)

- » **Corporate Structure:** State-run primary care case management managed care program administered by the Executive Office of Health and Human Services (EOHHS).
- » **Service Area:** Statewide.
- » **Membership:** 318,492 MassHealth members as of December 31, 2014.
- » **Behavioral Health:** Members' behavioral health services are managed through the Massachusetts Behavioral Health Partnership (MBHP), a Beacon Health Options company.

Neighborhood Health Plan (NHP)

- » **Corporate Structure:** Non-profit managed care organization.
- » **Service Area:** Statewide.
- » **Membership:** 239,496 MassHealth members as of December 31, 2014.
- » **Behavioral Health:** Members' behavioral health services are managed through Beacon Health Strategies.

Tufts Health Plan - Network Health (THP-NH)

- » **Corporate Structure:** Non-profit managed care organization.
- » **Service Area:** Statewide (except for the Islands).
- » **Membership:** 199,870 MassHealth members as of December 31, 2014.
- » **Behavioral Health:** Members' behavioral health services are managed and provided by Tufts Health Plan - Network Health providers.

Health New England (HNE)

- » **Corporate Structure:** Non-profit managed care organization.
- » **Service Area:** Western Massachusetts.
- » **Membership:** 57,353 MassHealth members as of December 31, 2014.
- » **Behavioral Health:** Members' behavioral health services are managed through the Massachusetts Behavioral Health Partnership (MBHP).

Fallon Health (FH)

- » **Corporate Structure:** Non-profit managed care organization.
- » **Service Area:** Central and northern Massachusetts.
- » **Membership:** 26,707 MassHealth members as of December 31, 2014.
- » **Behavioral Health:** Members' behavioral health services are managed through Beacon Health Strategies.

CeltiCare Health (CCH)

- » **Corporate Structure:** Subsidiary of Centene Corporation.
- » **Service Area:** Statewide.
- » **Membership:** 29,262 MassHealth members as of December 31, 2014 (CarePlus, ages 21-64 years).
- » **Behavioral Health:** Members' behavioral health services are managed within CeltiCare Health through a Centene company, Cenpatico.

Boston Medical Center HealthNet Plan (BMCHP)

- » **Corporate Structure:** Provider-sponsored health plan.
- » **Service Area:** Statewide.
- » **Membership:** 212,988 MassHealth members as of December 31, 2014.
- » **Behavioral Health:** Members' behavioral health services are managed through Beacon Health Strategies.

Demographic Characteristics of MassHealth Members

MassHealth Plan	Total MassHealth Managed Care Members as of 12/31/14	Female	Disabled	Mean Age	0-11 yrs	12-17 yrs	18-39 yrs	40-64 yrs
Primary Care Clinician Plan	318,492	54.2%	20.5%	21.7	36.8%	17.2%	26.0%	20.1%
Neighborhood Health Plan	239,496	55.6%	7.4%	25.0	31.0%	11.9%	32.8%	24.4%
Tufts Health Plan -Network Health	199,870	52.1%	7.1%	27.6	25.7%	9.0%	37.0%	28.4%
Health New England	57,353	53.8%	14.0%	22.7	34.0%	13.7%	32.5%	19.7%
Fallon Health	26,707	47.5%	6.0%	29.7	18.8%	8.1%	43.1%	30.0%
CeltiCare Health	29,262	30.9%	0.5%	38.0	0%	0%	59.1%	40.9%
Boston Medical Center Health-Net Plan	212,988	54.0%	8.9%	27.5	24.8%	9.6%	38.2%	27.4%
Total for MassHealth Managed Care Program	1,084,168	53.3%	11.6%	25.3	29.5%	12.1%	33.6%	24.8%

Source: MassHealth Data Warehouse.

PREVENTIVE CARE

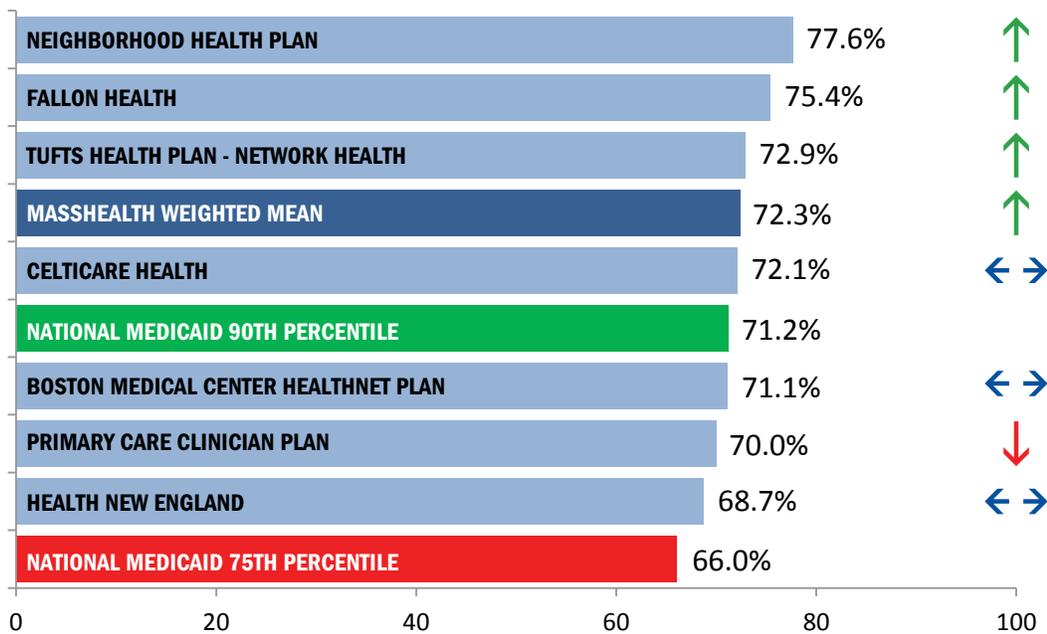
Breast Cancer Screening

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 the ages of 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 50-74 years of age who had a mammogram to screen for breast cancer during the 27 months prior to December 31, 2014. This measure uses administrative data (claims) only.

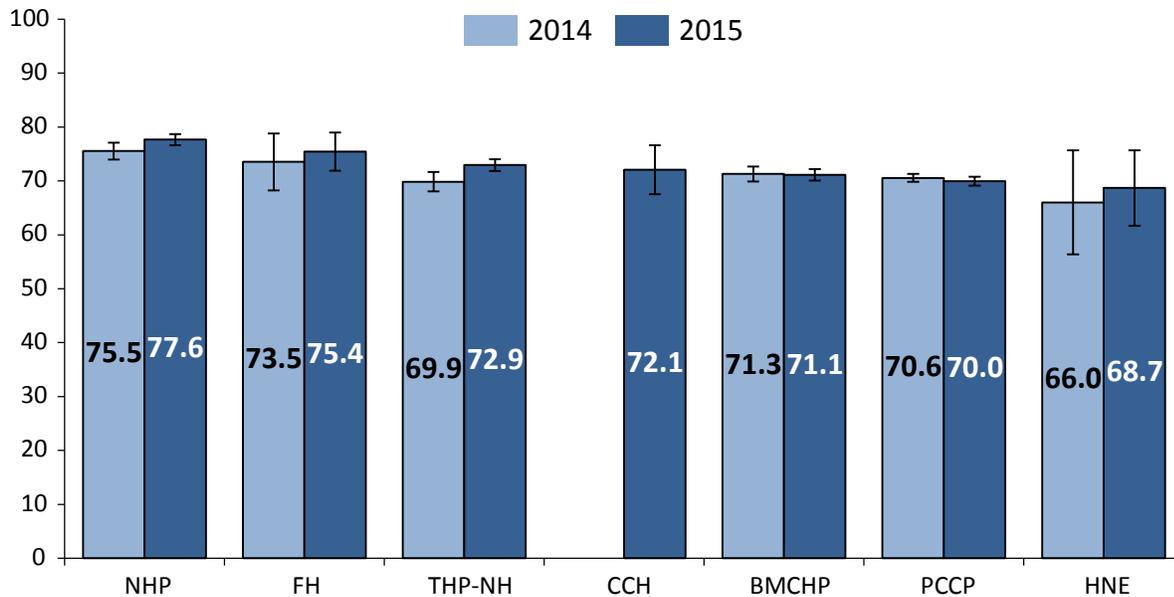
HEDIS 2015 Plan Performance vs. Benchmarks



- ↑ Rate is significantly above the 2015 National Medicaid 90th percentile
- ↔ Rate is not significantly different from the 2015 National Medicaid 90th percentile
- ↓ Rate is significantly below the 2015 National Medicaid 90th percentile

Breast Cancer Screening

Plan Rate Comparison to Prior Reporting Year



I 95% Confidence Interval

Results

- 72.3% of female MassHealth managed care plan members aged 50-74 had a mammogram during the 27 months prior to December 31, 2014. This rate is statistically significantly higher than the national Medicaid 90th percentile benchmark of 71.2%.
- Six of the seven MassHealth plan rates were statistically equal to, or higher than, the 90th percentile benchmark. NHP, FH, and THP-NH were statistically significantly higher than the benchmark, while CCH, BMCHP, and HNE had rates that were statistically equal to the benchmark. Only the PCC Plan's rate failed to meet the benchmark, though it was significantly above the national Medicaid 75th percentile threshold rate of 66.0%.
- THP-NH experienced a statistically significant improvement in its 2015 breast cancer screening rate, as compared to HEDIS 2014. The other five plans with prior year rates had no statistically significant differences between their 2015 and 2014 rates. (This is the first year of data for CCH, so no prior year comparison is possible.)

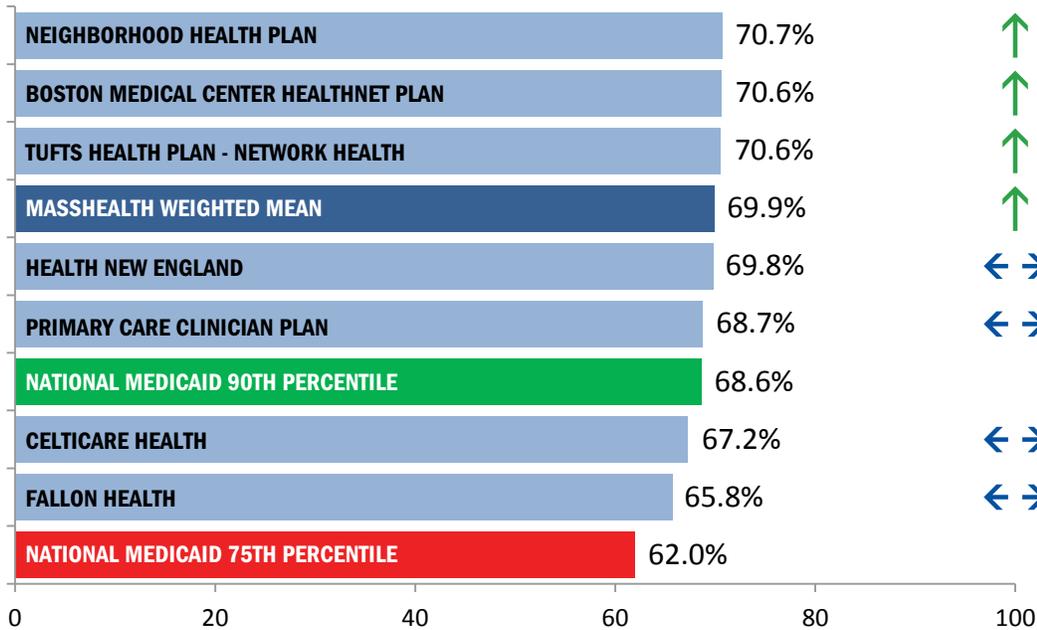
Chlamydia Screening in Women

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 U.S. Preventive Services Task Force (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 2014. This measure uses administrative data (claims) only.

HEDIS 2015 Plan Performance vs. Benchmarks



Rate is significantly above the 2015 National Medicaid 90th percentile



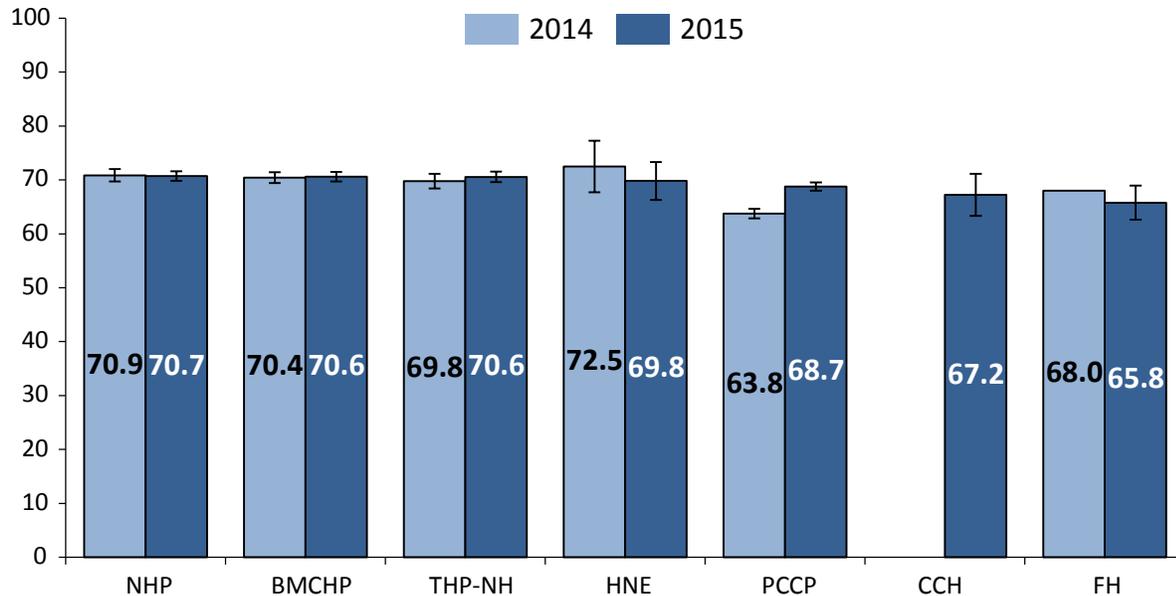
Rate is not significantly different from the 2015 National Medicaid 90th percentile



Rate is significantly below the 2015 National Medicaid 90th percentile

Chlamydia Screening in Women

Plan Rate Comparison to Prior Reporting Year



I 95% Confidence Interval

Results

- 69.9% of sexually active female MassHealth managed care plan members aged 16-24 had a chlamydia screening test during 2014. This MassHealth weighted mean rate is statistically significantly higher than the national Medicaid 90th percentile rate of 68.6%.
- Three MassHealth plan rates (for NHP, BMCHP, and THP-NH) were statistically significantly higher than the national Medicaid 90th percentile rate. Rates for the other four plans were statistically equivalent to the benchmark.
- The PCC Plan significantly improved its HEDIS 2015 rate as compared to its rate in HEDIS 2013. None of the other five MassHealth plans with prior year data had any statistically significant differences between their 2015 and 2014 rates. (This is the first year of data for CCH, so no prior year comparison is possible.)

CHRONIC DISEASE MANAGEMENT

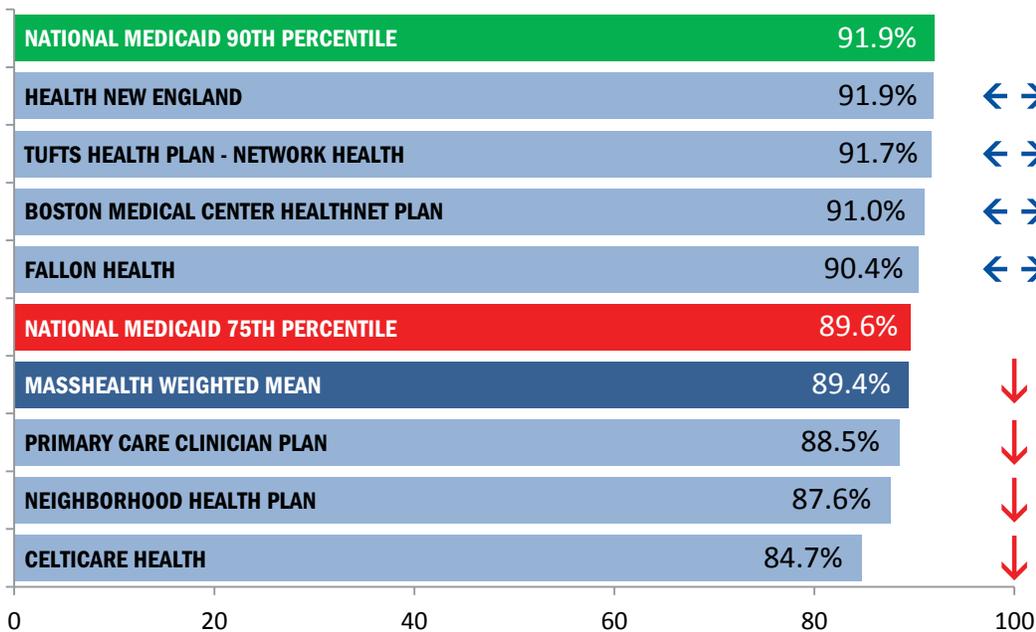
Comprehensive Diabetes Care – Hemoglobin A1c (HbA1c) Testing

About This Measure

The number of children and adults with diabetes has greatly increased in recent decades. The Centers for Disease Control (CDC) estimates that in 2012, 29.1 million Americans, or 9.3% of the population, had type 1 or type 2 diabetes. Of these, over 8 million were undiagnosed, meaning that they were going completely untreated. Diabetes can cause serious health complications including heart disease, blindness, kidney failure, and even amputations. It is also the 7th leading cause of death in the United States.

The Hemoglobin A1c (HbA1c) testing measure reports the percentage of MassHealth adult members (18-75 years of age) with diagnosed diabetes (type 1 and type 2) who received and HbA1c test during 2014. All plans except for the PCC Plan collected the measure using the hybrid method (claims supplemented by medical record reviews). The PCC Plan used administrative data (claims) only. In addition, four plans – FH, HNE, NHP, and THP-NH – reported HEDIS 2014 data (measuring calendar year 2013). These plans opted to use “measure rotation” for the year.

HEDIS 2015 Plan Performance vs. Benchmarks



Rate is significantly above the 2015 National Medicaid 90th percentile



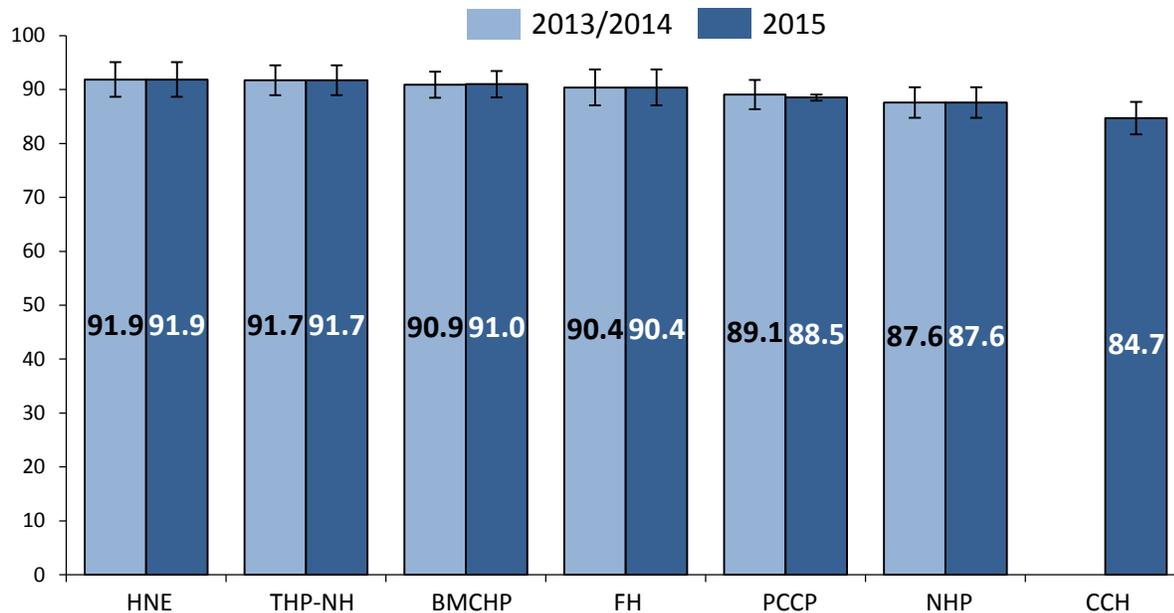
Rate is not significantly different from the 2015 National Medicaid 90th percentile



Rate is significantly below the 2015 National Medicaid 90th percentile

Comprehensive Diabetes Care – Hemoglobin A1c (HbA1c) Testing

Plan Rate Comparison to Prior Reporting Year



I 95% Confidence Interval

Results

- 89.4% of adult MassHealth members with diabetes received a Hemoglobin A1c test during the HEDIS 2014 measurement period. This MassHealth weighted mean rate is statistically significantly below than the national Medicaid 90th percentile benchmark rate of 91.9%, but is statistically equivalent to the national Medicaid 75th percentile threshold rate of 89.6%.
- None of the individual MassHealth plan rates were significantly higher than the 90th percentile benchmark, but four of the seven plan rates were statistically equivalent to the benchmark. CCH, NHP, and the PCC Plan were significantly below the benchmark.
- The rates for all six plans with prior year data were unchanged (statistically equivalent) from the previous reported year. (This is the first year of data for CCH, so no prior year comparison is possible.)

BEHAVIORAL HEALTH CARE

Antidepressant Medication Management

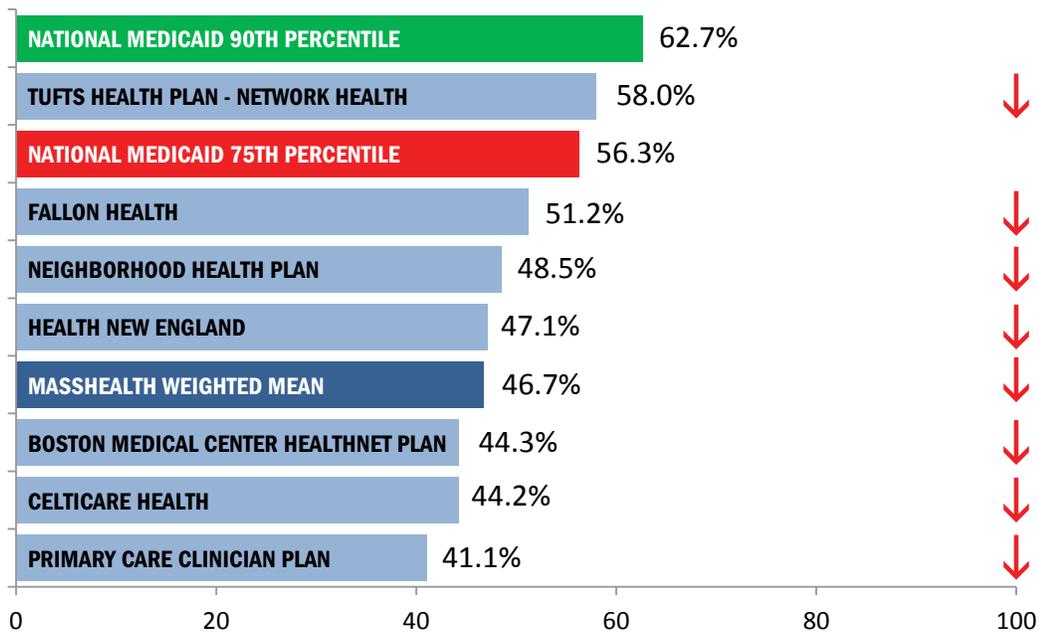
About This Measure

The CDC estimates that 7.6% of Americans suffer from moderate or severe depression. Among persons with incomes below the federal poverty level, the prevalence of depression is much higher – 15%, as compared to 6.2% among those living above the poverty level. (*Pratt LA, Brody DJ. Depression in the U.S. household population, 2009–2012. NCHS data brief, no 172. Hyattsville, MD: National Center for Health Statistics. 2014.*) If left untreated, symptoms of depression can last for years and may eventually lead to death or suicide. According to the American Psychiatric Association, depression is best treated through a combination of antidepressants and psychosocial therapy. Finding an appropriate antidepressant medication is helpful in controlling symptoms of depression. However, continued use of that antidepressant medication is just as important for preventing the return of symptoms.

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 who were newly treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication for at least 84 days (12 weeks).

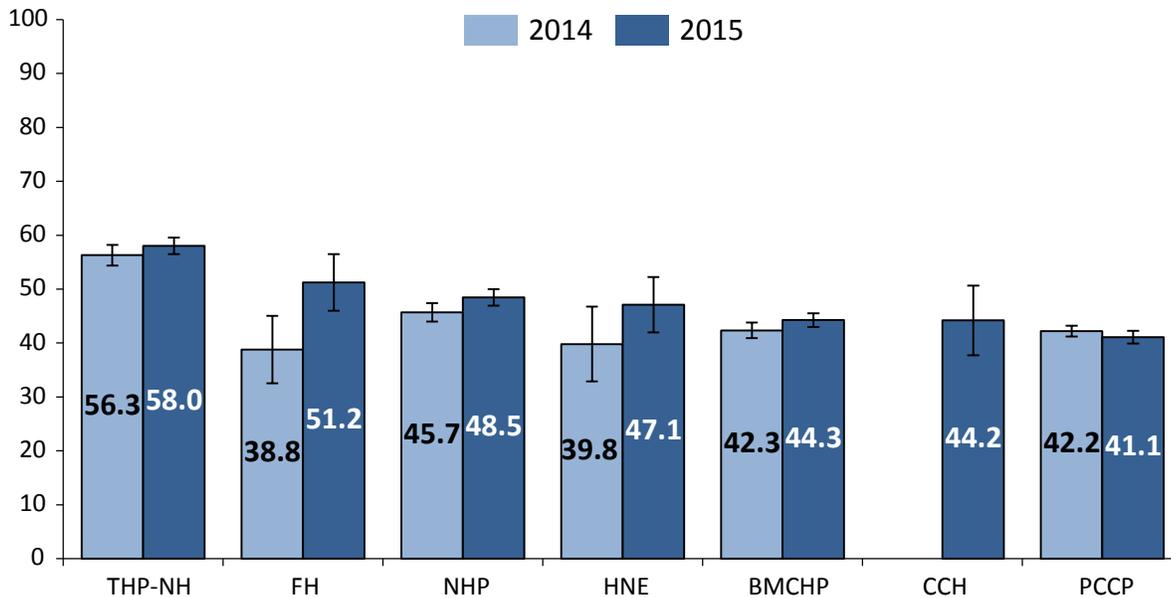
Acute Phase: HEDIS 2015 Plan Performance vs. Benchmarks



- ↑ Rate is significantly above the 2015 National Medicaid 90th percentile
- ↔ Rate is not significantly different from the 2015 National Medicaid 90th percentile
- ↓ Rate is significantly below the 2015 National Medicaid 90th percentile

Antidepressant Medication Management

Plan Rate Comparison to Prior Reporting Year – Effective Acute Phase



I 95% Confidence Interval

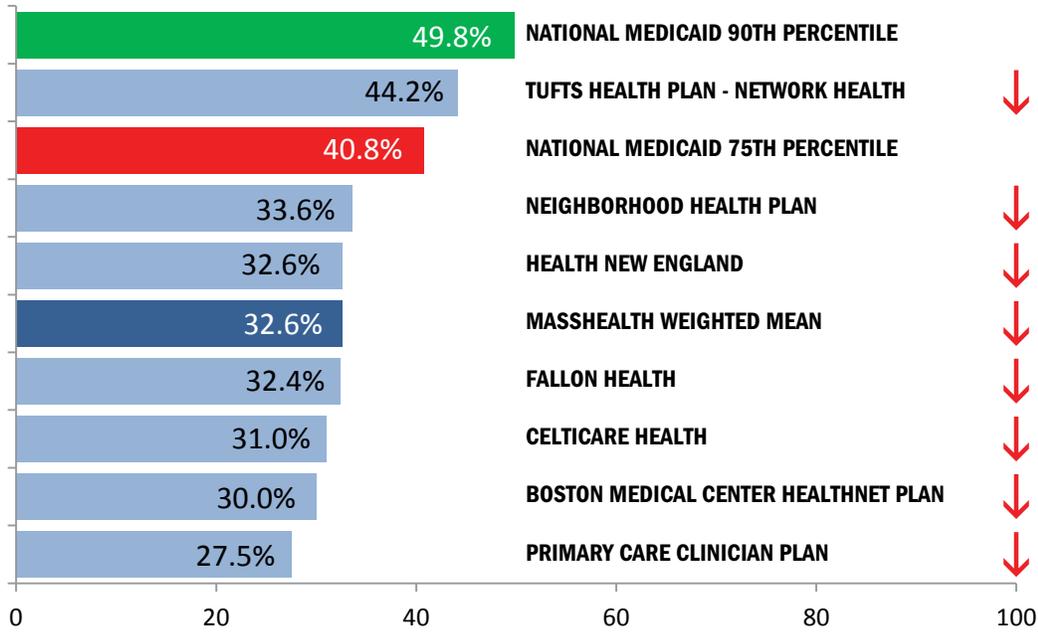
Results

- 46.7% of adult MassHealth members who started treatment on an antidepressant medication and were diagnosed with major depression remained on the medication during the acute phase (84 days/12 weeks). This MassHealth weighted mean rate is statistically significantly lower than the both the national Medicaid 90th percentile benchmark and 75th percentile threshold rates (62.7% and 56.3%). It is also significantly below the national Medicaid mean rate of 50.5%.
- All seven individual MassHealth plan rates were significantly below the 90th percentile benchmark. The rate for THP-NH was significantly above the 75th percentile threshold, while FH's rate was statistically equivalent to it. Three plans, NHP, BMCHP, and the PCC Plan, had rates significantly below the national Medicaid mean.
- One plan, FH, saw a statistically significant improvement from its 2014 rates. The other five plans with prior year rates had no statistically significant differences between their 2015 and 2014 rates. (This is the first year of data for CCH, so no prior year comparison is possible.)

Antidepressant Medication Management

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

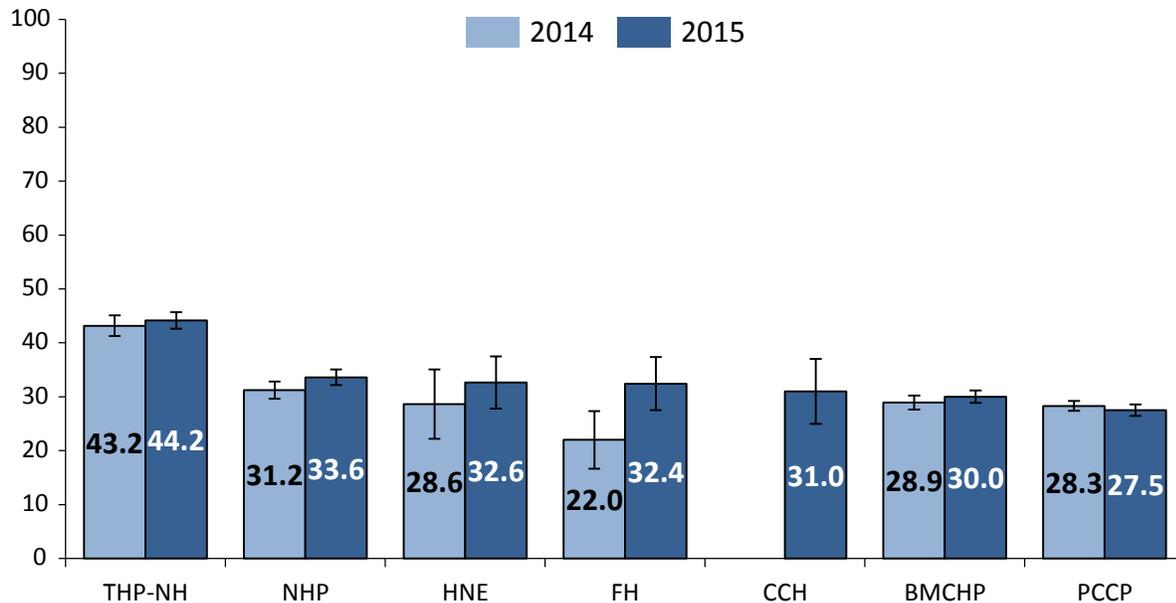
HEDIS 2015 Plan Performance vs. Benchmarks



- ↑ Rate is significantly above the 2015 National Medicaid 90th percentile
- ↔ Rate is not significantly different from the 2015 National Medicaid 90th percentile
- ↓ Rate is significantly below the 2015 National Medicaid 90th percentile

Antidepressant Medication Management

Plan Rate Comparison to Prior Reporting Year – Effective Continuation Phase



I 95% Confidence Interval

Results

- 32.6% of adult MassHealth members who started treatment on an antidepressant medication and had a diagnosis of major depression 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 below the national Medicaid 90th, 75th, and mean percentile rates (49.8%, 40.8%, and 34.0%, respectively).
- One MassHealth plan, THP-NH, had a 2015 rate that significantly exceeded the national Medicaid 75th percentile threshold. The other six plan rates were significantly below the 75th percentile, and two plans, BMCHP and the PCC Plan, were also significantly below the national Medicaid mean.
- The HEDIS 2015 rate for FH was statistically significantly higher than its 2014 rate. The other five plans had no statistically significant changes from 2014. (This is the first year of data for CCH, so no prior year comparison is possible.)

Follow-up Care for Children Prescribed ADHD Medication

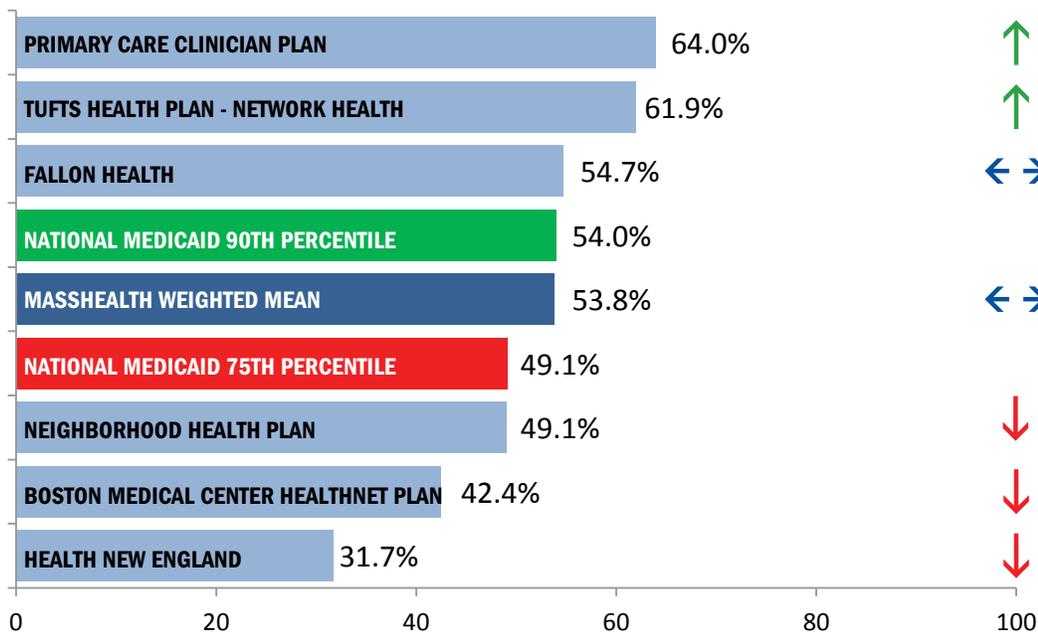
About This Measure

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. Please note that Celticare Health (CCH) enrolls only adults, and therefore has no data for this measure.

Initiation Phase: the percentage of members 6-12 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.

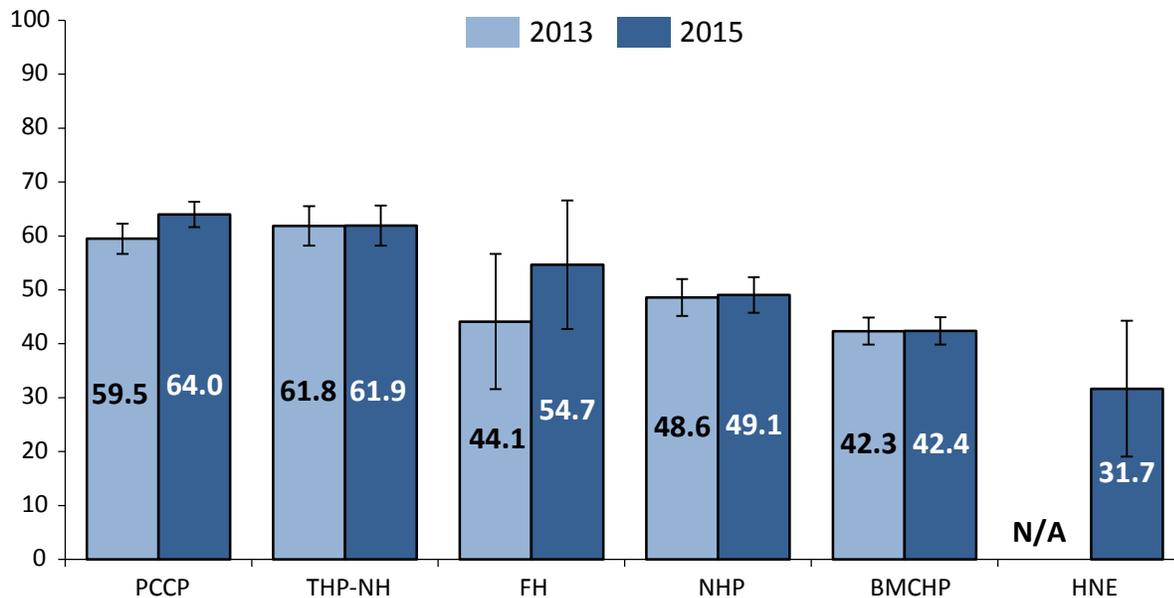
HEDIS 2015 Plan Performance vs. Benchmarks



- ↑ Rate is significantly above the 2015 National Medicaid 90th percentile
- ↔ Rate is not significantly different from the 2015 National Medicaid 90th percentile
- ↓ Rate is significantly below the 2015 National Medicaid 90th percentile

Follow-up Care for Children Prescribed ADHD Medication

Plan Rate Comparison to Prior Reporting Year – Initiation Phase



I 95% Confidence Interval

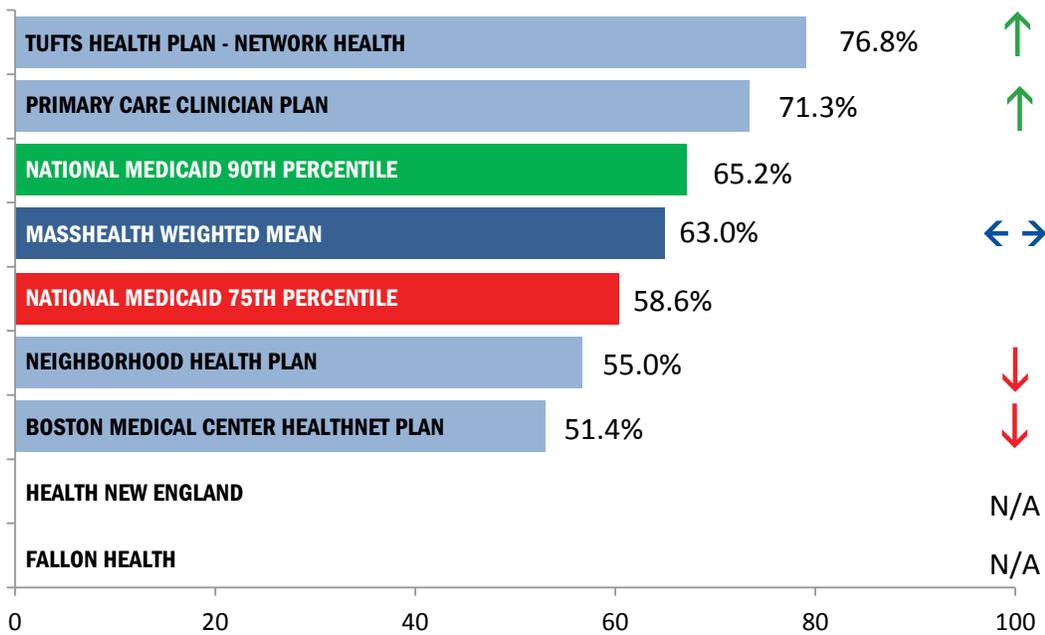
Results

- 53.8% of MassHealth members aged 6-12 who received a prescription for ADHD medication had a follow-up visit within 30 days. This MassHealth weighted mean rate is statistically equivalent to the national Medicaid 90th percentile rate of 54.0%.
- Two MassHealth plans, the PCC Plan and THP-NH, had rates significantly higher than the 90th percentile benchmark, while FH's rate was statistically equal to the benchmark.
- HNE's rate was equivalent to the national 75th percentile, while the rates for BMCHP and HNE were significantly below it.
- None of the five plans with reportable rates from 2013 experienced statistically significant changes between their 2013 and 2015 rates. (HNE did not have a reportable rate in 2013.)

Follow-up Care for Children Prescribed ADHD Medication

Continuation and Maintenance Phase: The percentage of members 6-12 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 2 follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.

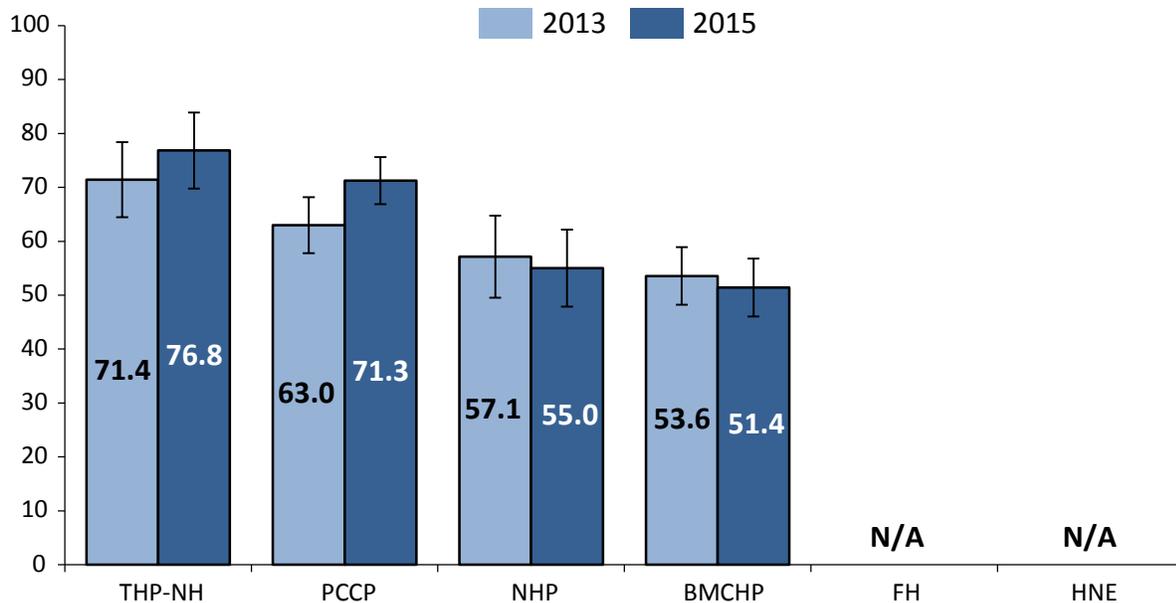
HEDIS 2015 Plan Performance vs. Benchmarks



- ↑ Rate is significantly above the 2015 National Medicaid 90th percentile
- ↔ Rate is not significantly different from the 2015 National Medicaid 90th percentile
- ↓ Rate is significantly below the 2015 National Medicaid 90th percentile

Follow-up Care for Children Prescribed ADHD Medication

Plan Rate Comparison to Prior Reporting Year – Continuation and Maintenance Phase



I 95% Confidence Interval

Results

- 63.0% of MassHealth members aged 6-12 who received a prescription for ADHD medication, remained on the prescription for at least 210 days, and had at least two additional follow-up visits within 270 days (9 months) of the Initiation Phase. This MassHealth weighted mean rate is not statistically significantly different from the national Medicaid 90th percentile rate of 65.2%.
- Two MassHealth plans, THP-NH and the PCC Plan, had 2015 rates that significantly exceeded the national Medicaid 90th percentile benchmark. Two other plans, NHP and BMCHP, had rates that were significantly below that benchmark. However, NHP's rate was statistically equal to the national Medicaid 75th percentile rate of 58.6%.
- Two plans, HNE and FH, did not have reportable rates because they had fewer than 30 measure-eligible members.
- None of the four plans with reportable rates from 2013 experienced statistically significant changes between their 2013 and 2015 rates. (HNE and FH did not have reportable rates in 2013.)

Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

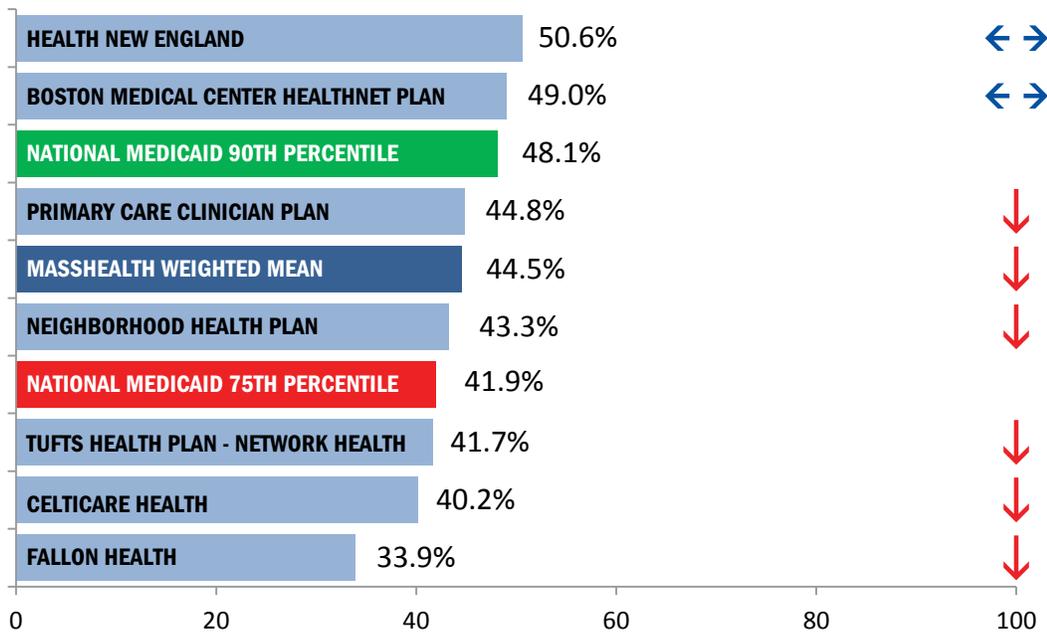
About This Measure

Substance abuse continues to be a serious problem in the United States. Individuals with substance abuse disorders, meaning dependence on or abuse of alcohol and/or illicit drugs, should seek the help of 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.

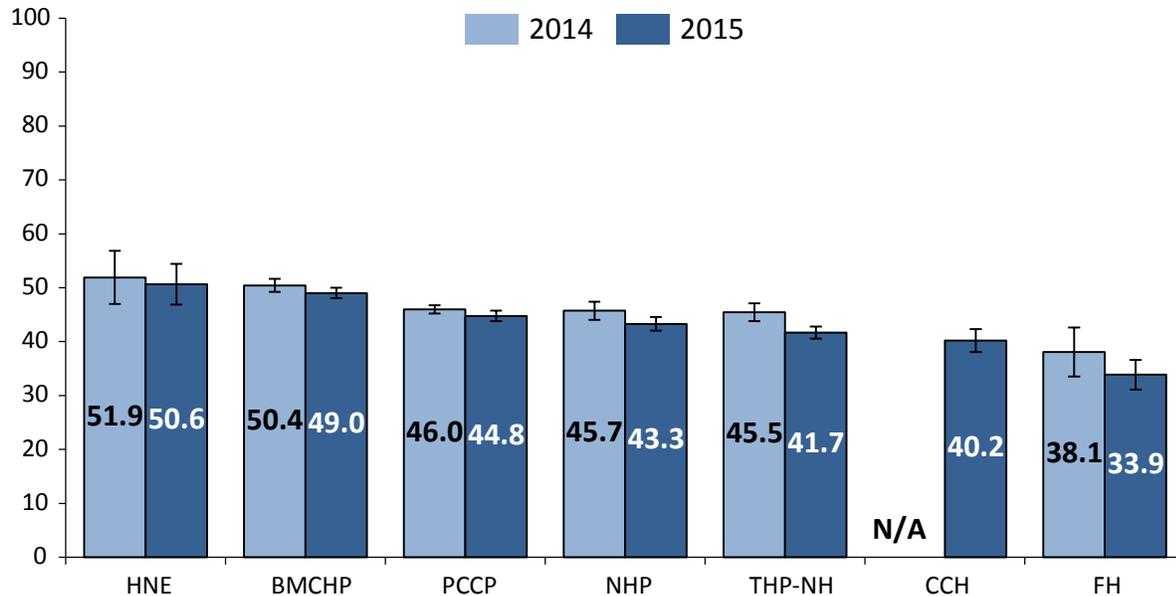
HEDIS 2015 Plan Performance vs. Benchmarks



- ↑ Rate is significantly above the 2015 National Medicaid 90th percentile
- ↔ Rate is not significantly different from the 2015 National Medicaid 90th percentile
- ↓ Rate is significantly below the 2015 National Medicaid 90th percentile

Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

Plan Rate Comparison to Prior Reporting Year – Initiation Phase



I 95% Confidence Interval

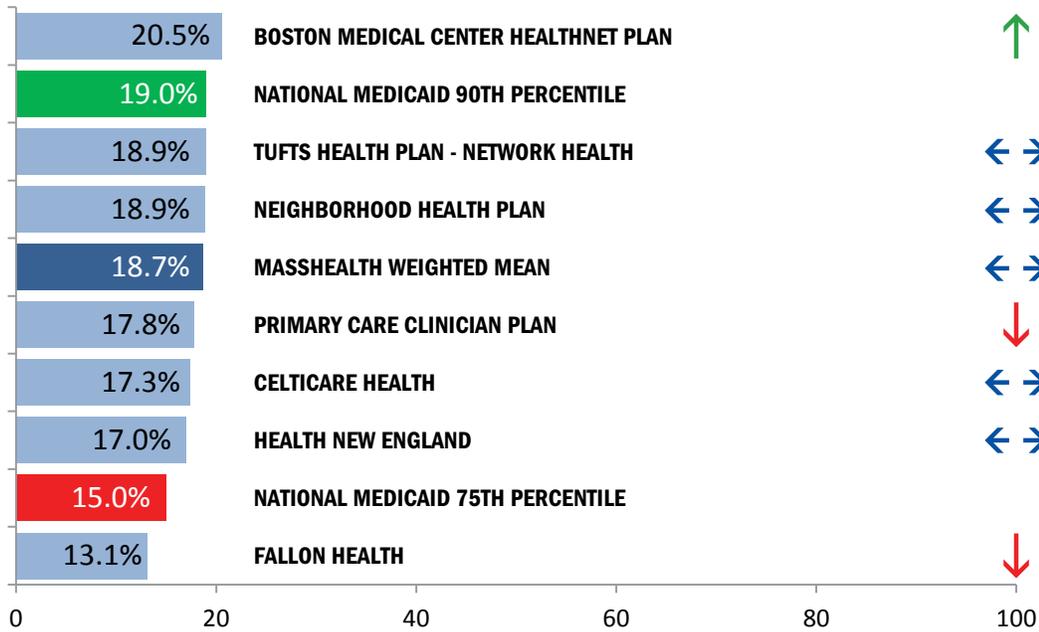
Results

- 44.5% of MassHealth members aged 13 and older who were newly diagnosed with a substance abuse disorder initiated treatment within 14 days of the diagnosis. This MassHealth weighted mean rate is statistically significantly below the national Medicaid 90th percentile benchmark rate of 48.1%.
- Two plans, HNE and BMCHP, had rates statistically equal to the benchmark. All other plan rates were significantly below the benchmark, though the rates for all plans except FH were either significantly above or equivalent to the national Medicaid 75th percentile threshold rate of 41.9%.
- THP-NH's HEDIS 2015 rate declined significantly from the previous year. The other five plans with prior year data had rates that were statistically equivalent to the prior year. (This is the first year of data for CCH, so no prior year comparison is possible.)

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.

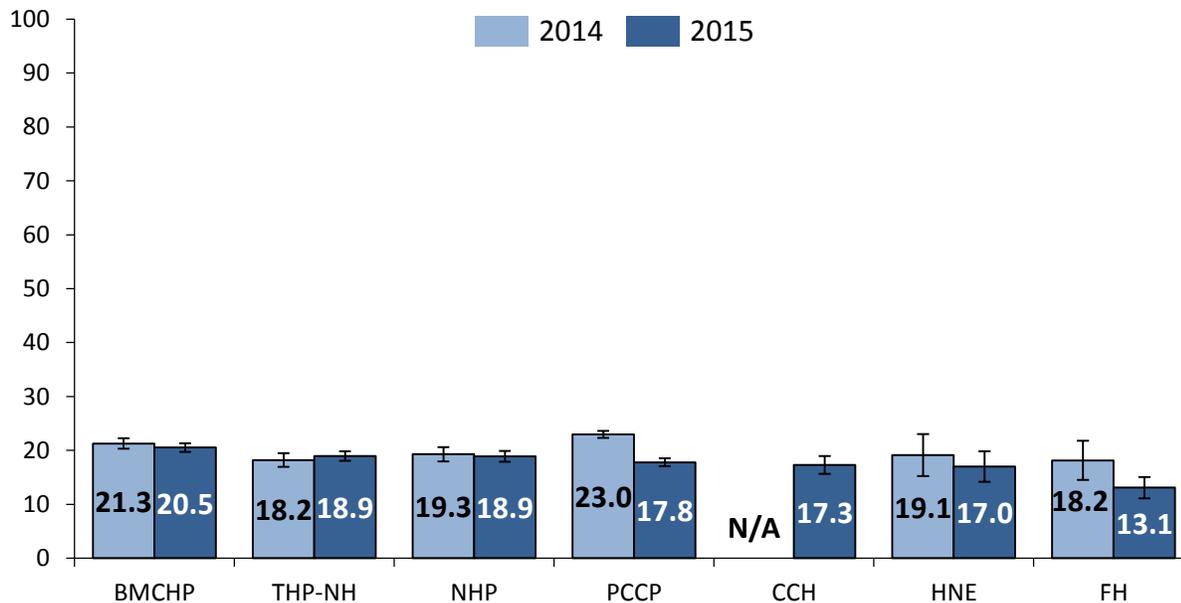
HEDIS 2015 Plan Performance vs. Benchmarks



- ↑ Rate is significantly above the 2015 National Medicaid 90th percentile
- ↔ Rate is not significantly different from the 2015 National Medicaid 90th percentile
- ↓ Rate is significantly below the 2015 National Medicaid 90th percentile

Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

Plan Rate Comparison to Prior Reporting Year – Engagement Phase



I 95% Confidence Interval

Results

- 18.7% 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 equivalent to the national Medicaid 90th percentile benchmark rate of 19.0%.
- BMCHP's rate was significantly above the national benchmark, while four other plan rates (THP-NH, NHP, CCH, and HNE) did not differ significantly from the benchmark rate. Rates for the PCC Plan and FH fell significantly below the benchmark, but were statistically equivalent to the national Medicaid 75th percentile threshold rate of 15.0%.
- The PCC Plan's HEDIS 2015 rate declined significantly from the previous year. The other five plans with prior year data had rates that were statistically equivalent to the prior year. (This is the first year of data for CCH, so no prior year comparison is possible.)

Follow-up After Hospitalization for Mental Illness

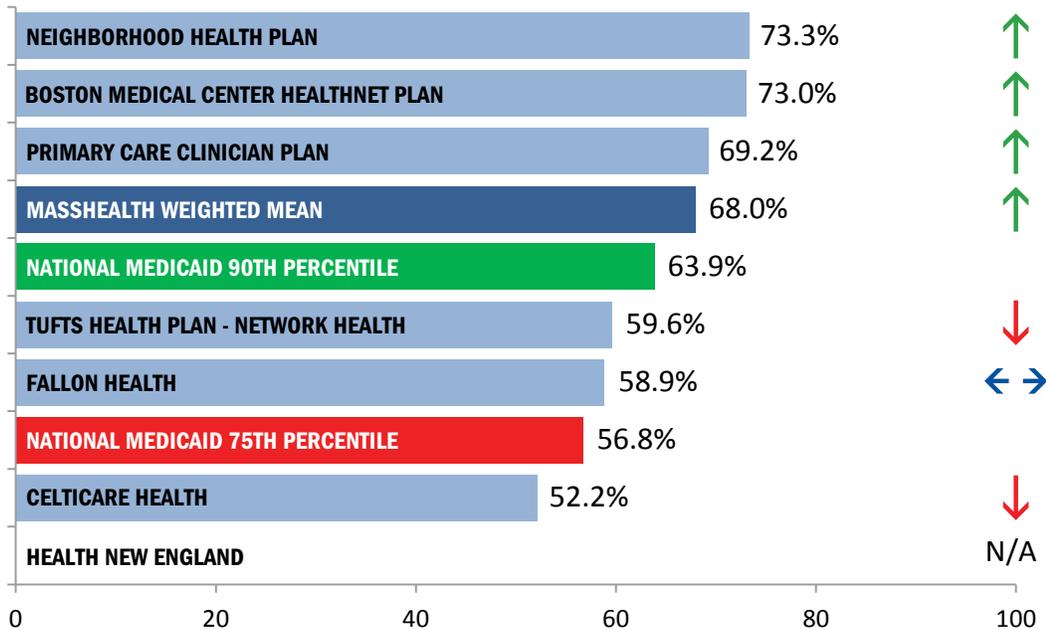
About This Measure

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 7 days after discharge.

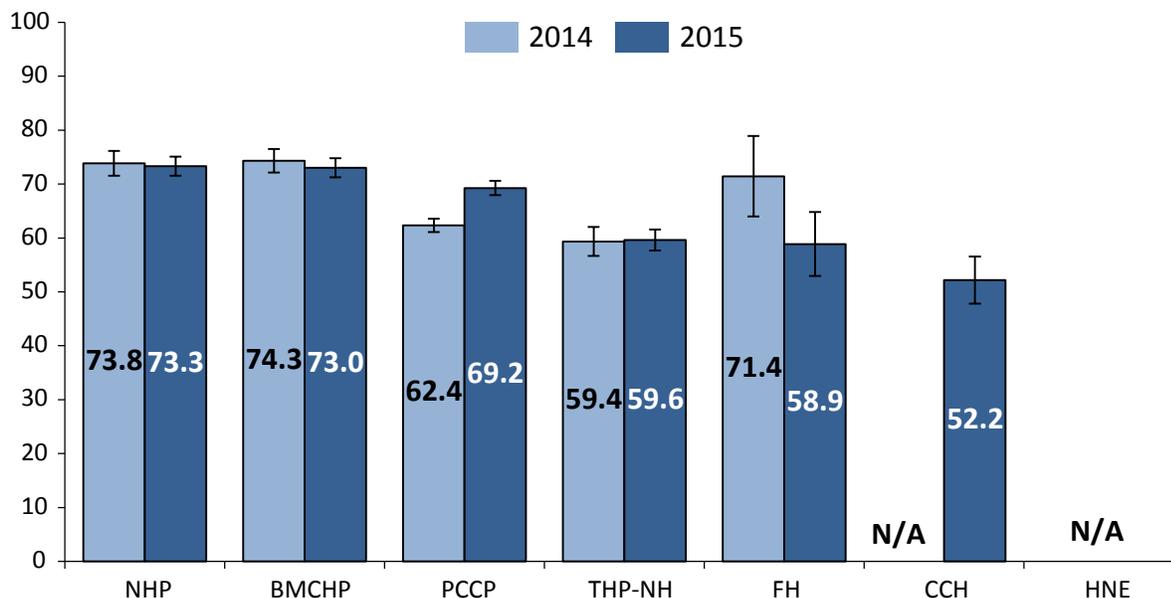
HEDIS 2015 Plan Performance vs. Benchmarks



- ↑ Rate is significantly above the 2015 National Medicaid 90th percentile
- ↔ Rate is not significantly different from the 2015 National Medicaid 90th percentile
- ↓ Rate is significantly below the 2015 National Medicaid 90th percentile

Follow-up After Hospitalization for Mental Illness

Plan Rate Comparison to Prior Reporting Year – 7 Day Follow-up



I 95% Confidence Interval

Results

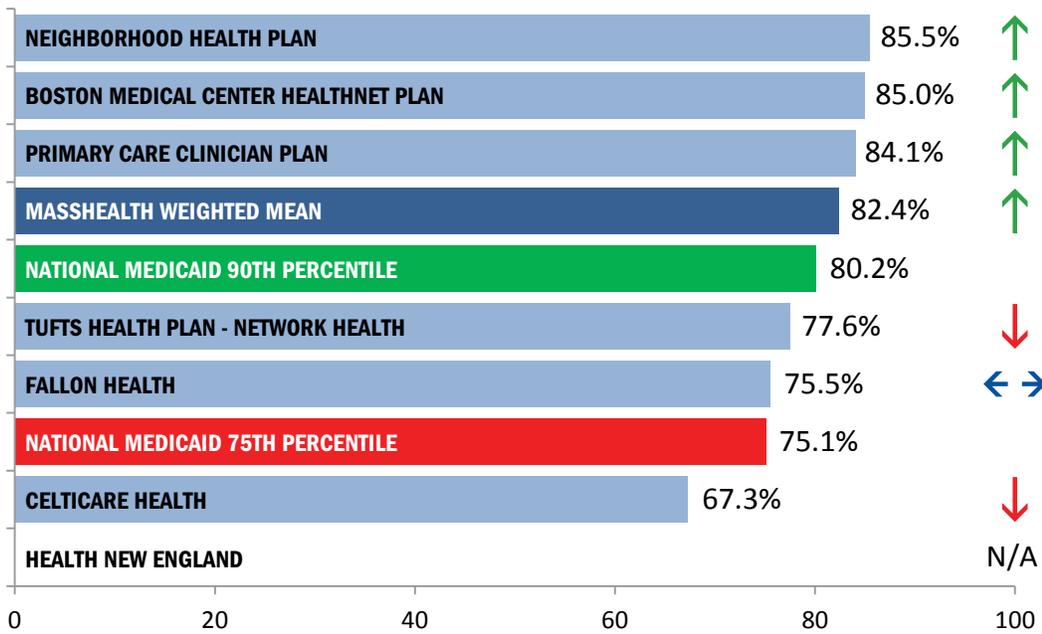
- 68.0% of MassHealth members aged 6 and above who were discharged after hospitalization for mental illness had a follow-up visit within 7 days. This MassHealth weighted mean rate is statistically significantly higher than the national Medicaid 90th percentile benchmark rate of 63.9%.
- Three MassHealth plans (NHP, BMCHP, and the PCC Plan) had rates significantly higher than the 90th percentile benchmark. FH’s rate was statistically equal to the benchmark, while the rates for THP-NH and CCH were significantly below it. In addition, CCH’s rate was significantly lower than the 75th percentile threshold. (HNE did not have a reportable rate, because it did not have the required minimum of 30 measure-eligible members.)
- The PCC Plan’s rate significantly improved from the prior year (HEDIS 2014). The other four plans with prior year data had 2015 rates that were statistically equivalent to their 2014 rates. (HNE did not have reportable data in either year. This is the first year of data for CCH, so no prior year comparison is possible.)

Follow-up After Hospitalization for Mental Illness

About This Measure

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.

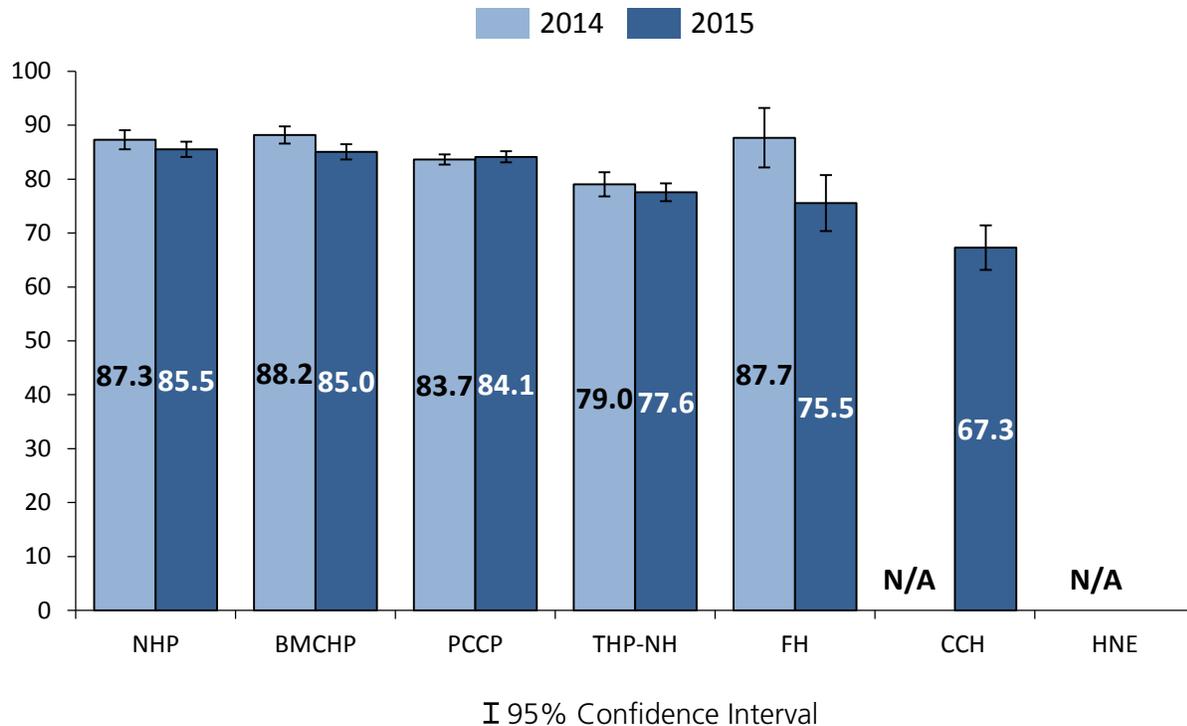
HEDIS 2015 Plan Performance vs. Benchmarks



- ↑ Rate is significantly above the 2015 National Medicaid 90th percentile
- ↔ Rate is not significantly different from the 2015 National Medicaid 90th percentile
- ↓ Rate is significantly below the 2015 National Medicaid 90th percentile

Follow-up After Hospitalization for Mental Illness

Plan Rate Comparison to Prior Reporting Year – 30 Day Follow-up



Results

- 82.4% of MassHealth members aged 6 and above who were discharged after hospitalization for mental illness had a follow-up visit within 30 days. This MassHealth weighted mean rate is statistically significantly higher than the national Medicaid 90th percentile benchmark rate of 80.2%.
- As with the 7 Day Follow-up measure, three MassHealth plans (NHP, BMCHP, and the PCC Plan) had 30 Day Follow-up rates significantly higher than the 90th percentile benchmark. FH's rate was statistically equal to the benchmark, while the rates for THP-NH and CCH were significantly below it. CCH's rate was also significantly below the 75th percentile threshold. (HNE did not have a reportable rate, because it did not have the required minimum of 30 measure-eligible members.)
- The HEDIS 2015 rates for BMCHP and FH fell significantly compared to the prior year, while the other three plans had no statistically significant changes between HEDIS 2014 and 2015. (HNE did not have reportable data in either year. This is the first year of data for CCH, so no prior year comparison is possible.)

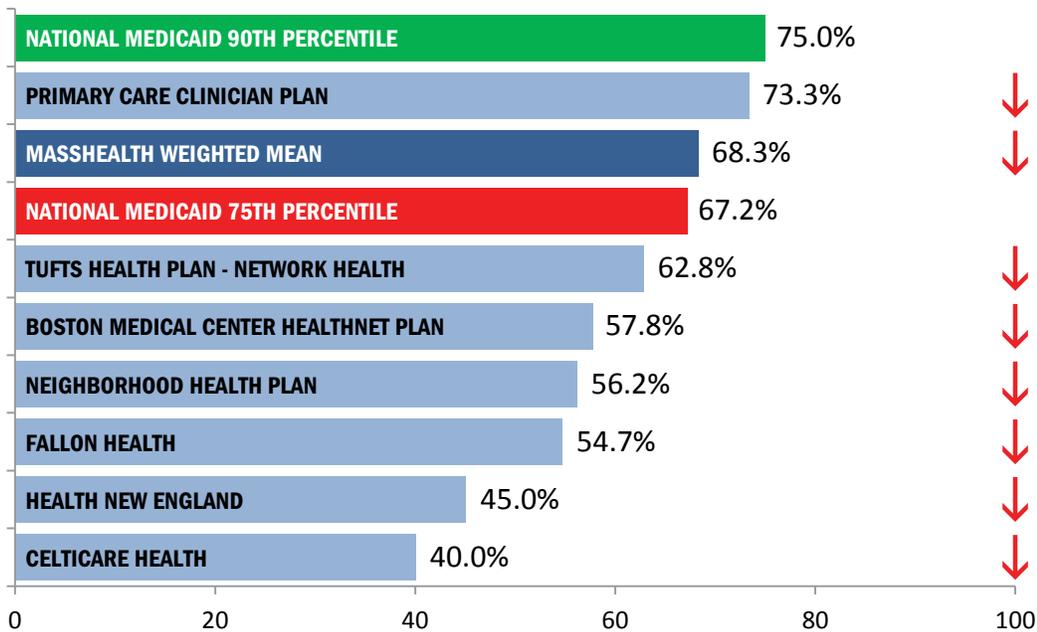
Adherence to Antipsychotic Medications for Individuals With Schizophrenia

About This Measure

Schizophrenia is a serious, chronic brain disorder affecting about 1.1% of adult Americans, according to an estimate from the National Institute of Mental Health (NIMH). (<http://www.nimh.nih.gov/health/statistics/prevalence/schizophrenia.shtml>). Significant advances in pharmaceutical treatments for schizophrenia have occurred in recent decades. However, the success of treatment depends on adherence to medication – people who frequently miss, or altogether stop taking, their medications are vulnerable to the return of severe symptoms, such as hallucinations, delusions, and thought disorders.

The Adherence to Antipsychotic Medications measure reports the percentage of members 19–64 years of age with schizophrenia who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period (the interval from the members' first prescription to the end of the measurement year, 2014). This measure uses administrative data (claims) only.

HEDIS 2015 Plan Performance vs. Benchmarks



- ↑ Rate is significantly above the 2015 National Medicaid 90th percentile
- ↔ Rate is not significantly different from the 2015 National Medicaid 90th percentile
- ↓ Rate is significantly below the 2015 National Medicaid 90th percentile

Adherence to Antipsychotic Medications for Individuals With Schizophrenia

Plan Rate Comparison to Prior Reporting Year

Because this is the first HEDIS reporting cycle during which all MassHealth managed care plans have data for this measure, we will not present prior year data comparisons.

Results

- 68.3% of MassHealth members aged 19-64 with schizophrenia were dispensed and remained on an antipsychotic medication for at least 80% of the treatment period. This rate is statistically significantly lower than the national Medicaid 90th percentile benchmark of 75.0%, but is statistically equivalent to the national Medicaid 75th percentile threshold rate of 67.2%.
- All seven MassHealth plan rates were significantly below the 90th percentile benchmark. The PCC Plan's rate was significantly above the national Medicaid 75th percentile threshold rate, but the other six plans all fell significantly below that rate.
- Because this is the first year this measure has been included in the report, prior year comparison data will not be presented.

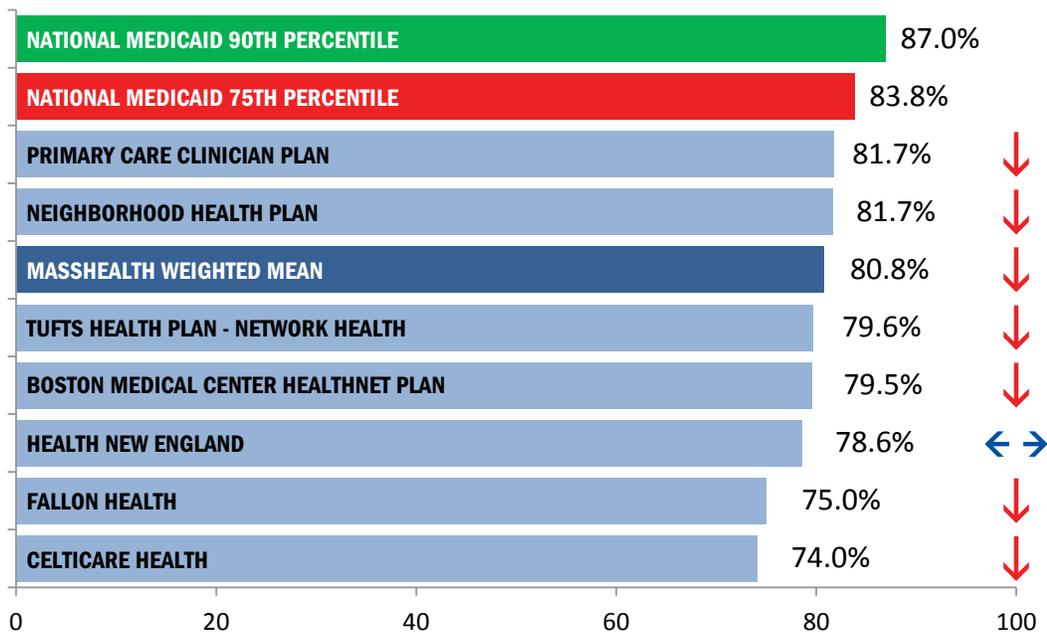
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications

About This Measure

Schizophrenia and bipolar disorder are serious and chronic mental illnesses, but both are treatable with medications, including many new (second-generation) antipsychotic medications. However, these medications are associated with side effects, including weight gain and other metabolic changes that can lead to diabetes among long-term users of the medications. This in turn contributes to an elevated risk of diabetes-related illness and mortality among persons with schizophrenia or bipolar disorder.

The Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications measure reports the percentage of members 18–64 years of age with schizophrenia or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year, 2014). This measure uses administrative data (claims) only.

HEDIS 2015 Plan Performance vs. Benchmarks



- ↑ Rate is significantly above the 2015 National Medicaid 90th percentile
- ↔ Rate is not significantly different from the 2015 National Medicaid 90th percentile
- ↓ Rate is significantly below the 2015 National Medicaid 90th percentile

Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications

Plan Rate Comparison to Prior Reporting Year

Because this is the first HEDIS reporting cycle during which all MassHealth managed care plans have data for this measure, we will not present prior year data comparisons.

Results

- 80.8% of MassHealth members aged 18-64 with schizophrenia or bipolar disorder, and who were dispensed an antipsychotic medication during 2014, received a diabetes screening test. This rate is statistically significantly lower than both the national Medicaid 90th percentile benchmark of 87.0% and the national Medicaid 75th percentile threshold rate of 83.8%.
- All MassHealth plan rates were significantly below the 90th percentile benchmark (with the exception of HNE, which was statistically equivalent to the benchmark). All plans (except HNE) also fell significantly below the national Medicaid 75th percentile threshold rate.
- Because this is the first year this measure has been included in the report, prior year comparison data will not be presented.

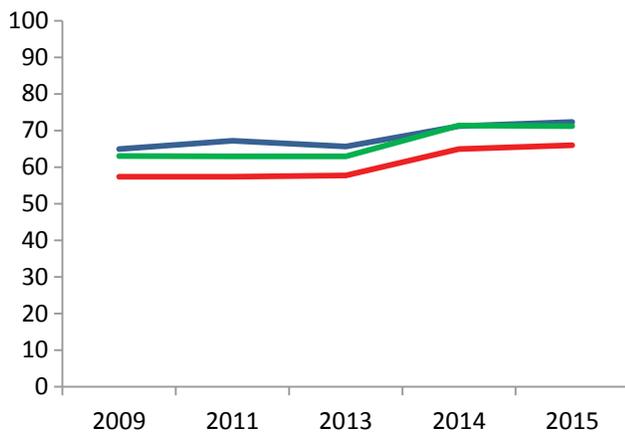
PERFORMANCE TRENDS

Performance Trends

Breast Cancer Screening

MassHealth's performance on the breast cancer screening measure has been strong over time. The MassHealth weighted mean rates have been statistically significantly above or equivalent to the national Medicaid 90th percentile benchmark for the last five HEDIS reporting periods.

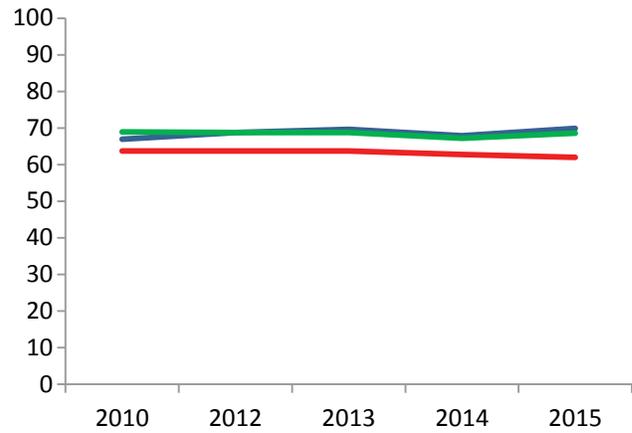
	2009	2011	2013	2014	2015
MassHealth Weighted Mean	64.9	67.2	65.6	71.2	72.3
Nat'l Medicaid 90 th Percentile	63.0	62.9	62.9	71.4	71.2
Nat'l Medicaid 75 th Percentile	57.4	57.4	57.7	64.9	66.0



Chlamydia Screening

MassHealth's weighted mean rate of Chlamydia screening for women aged 16-24 has been statistically significantly above the national Medicaid 90th percentile benchmark for the past three HEDIS reporting periods (2013 through 2015).

	2010	2012	2013	2014	2015
MassHealth Weighted Mean	66.9	68.8	69.6	67.9	69.9
Nat'l Medicaid 90 th Percentile	68.9	68.8	68.8	67.2	68.6
Nat'l Medicaid 75 th Percentile	63.7	63.7	63.7	62.8	62.0



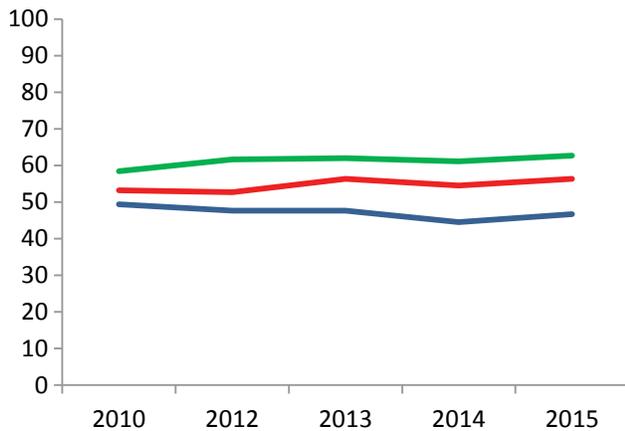
- MassHealth Weighted Mean
- Nat'l Medicaid 90th Percentile
- Nat'l Medicaid 75th Percentile

Performance Trends

Antidepressant Medication Management – Acute Phase

Despite a slight increase in HEDIS 2015, MassHealth’s performance on the antidepressant medication management acute phase component has trended downward in recent years. As a result, the MassHealth weighted mean has fallen significantly below the national Medicaid 90th percentile, 75th percentile, and national Medicaid mean rates.

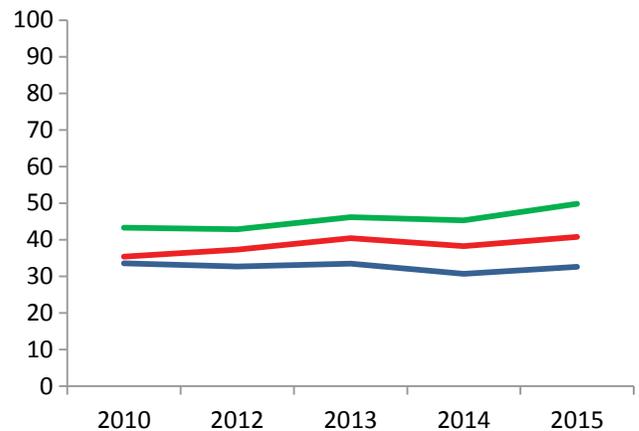
	2010	2012	2013	2014	2015
MassHealth Weighted Mean	49.4	47.6	47.6	44.5	46.7
Nat’l Medicaid 90 th Percentile	58.4	61.6	62.0	61.1	62.7
Nat’l Medicaid 75 th Percentile	53.2	52.7	56.3	54.5	56.3



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. The MassHealth weighted mean remains significantly below the national Medicaid 90th percentile, 75th percentile, and national Medicaid mean rates.

	2010	2012	2013	2014	2015
MassHealth Weighted Mean	33.6	32.7	33.5	30.7	32.6
Nat’l Medicaid 90 th Percentile	43.3	42.9	46.2	45.3	49.8
Nat’l Medicaid 75 th Percentile	35.4	37.3	40.4	38.3	40.8



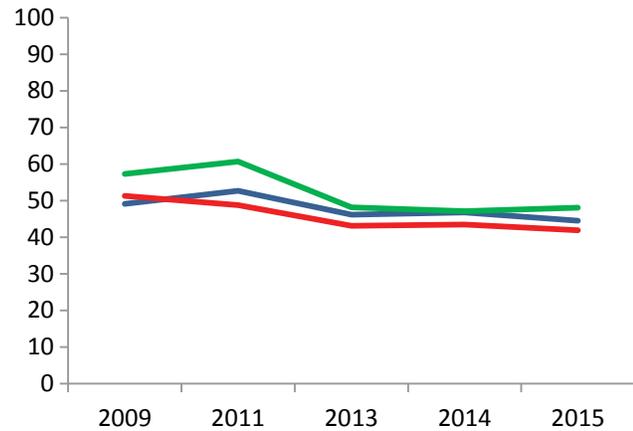
- MassHealth Weighted Mean
- Nat’l Medicaid 90th Percentile
- Nat’l Medicaid 75th Percentile

Performance Trends

Initiation of Alcohol and Other Drug Dependence Treatment

The MassHealth weighted mean for initiation of alcohol and other drug treatment has trended downward over time. The national Medicaid benchmark rates have followed a similar downward trend, indicating that access to substance abuse treatment remains an area of concern nationwide.

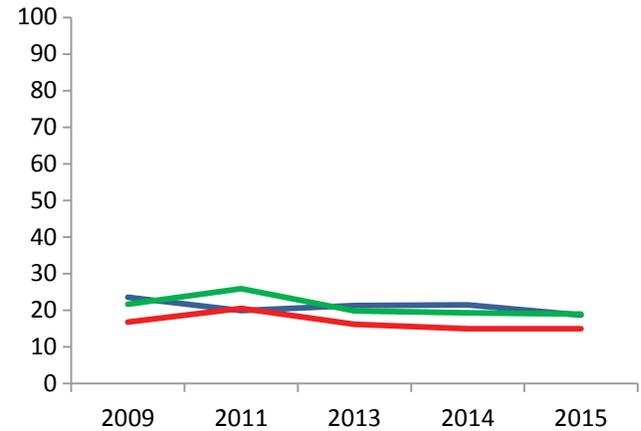
	2009	2011	2013	2014	2015
MassHealth Weighted Mean	49.1	52.7	46.2	46.8	44.5
Nat'l Medicaid 90 th Percentile	57.3	60.7	48.2	47.1	48.1
Nat'l Medicaid 75 th Percentile	51.3	48.8	43.1	43.5	41.9



Engagement of Alcohol and Other Drug Dependence Treatment

After holding fairly steady over several previous reporting periods, the MassHealth weighted mean for engagement of alcohol and other drug treatment fell in HEDIS 2015. However, national benchmarks have also fallen over time, so MassHealth's performance in HEDIS 2015 was not statistically significantly different from the national Medicaid 90th percentile benchmark.

	2009	2011	2013	2014	2015
MassHealth Weighted Mean	23.6	19.9	21.3	21.5	18.7
Nat'l Medicaid 90 th Percentile	21.7	25.9	19.8	19.3	19.0
Nat'l Medicaid 75 th Percentile	16.8	20.5	16.2	15.0	15.0



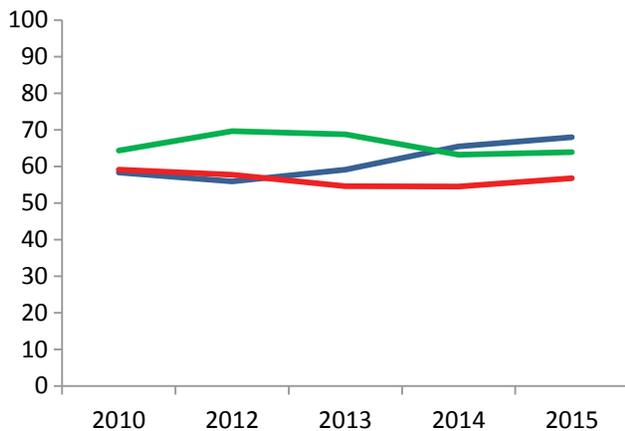
- MassHealth Weighted Mean
- Nat'l Medicaid 90th Percentile
- Nat'l Medicaid 75th Percentile

Performance Trends

Follow-up After Hospitalization for Mental Illness – 7 Days

The MassHealth weighted mean rate for follow-up within seven days of hospitalization for mental illness has increased sharply in the last three reporting periods. As a result, MassHealth’s overall rate has risen significantly above the national Medicaid 90th percentile benchmark (although this national benchmark rate has fallen somewhat over time).

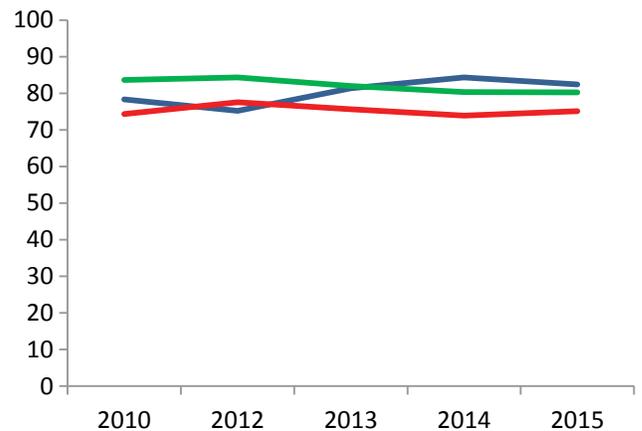
	2010	2012	2013	2014	2015
MassHealth Weighted Mean	58.3	55.9	59.1	65.5	68.0
Nat'l Medicaid 90 th Percentile	64.3	69.6	68.8	63.2	63.9
Nat'l Medicaid 75 th Percentile	59.1	57.7	54.6	54.5	56.8



Follow-up After Hospitalization for Mental Illness – 30 Days

The MassHealth weighted mean rate for follow-up within thirty days of hospitalization for mental illness has stabilized at a fairly high level of performance in recent years. For the past two reporting periods, MassHealth’s overall rate has been statistically significantly above the national Medicaid 90th percentile benchmark.

	2010	2012	2013	2014	2015
MassHealth Weighted Mean	78.3	75.2	81.4	84.3	82.4
Nat'l Medicaid 90 th Percentile	83.6	84.3	82.0	80.3	80.2
Nat'l Medicaid 75 th Percentile	74.3	77.5	75.6	73.9	75.1



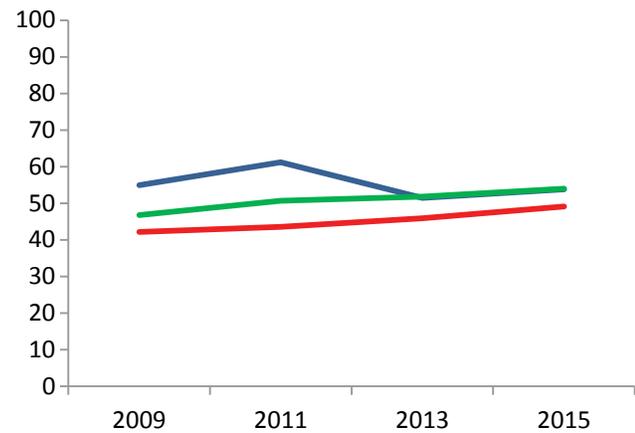
- MassHealth Weighted Mean
- Nat'l Medicaid 90th Percentile
- Nat'l Medicaid 75th Percentile

Performance Trends

Follow-up Care for Children Prescribed ADHD Medication – Initiation (ADD-INIT)

MassHealth’s performance on initiation of follow-up care for children prescribed ADHD medication fell quite sharply between HEDIS 2011 and HEDIS 2013. However, the MassHealth weighted mean did increase in HEDIS 2015, and it is not statistically significantly different from the national Medicaid 90th percentile benchmark

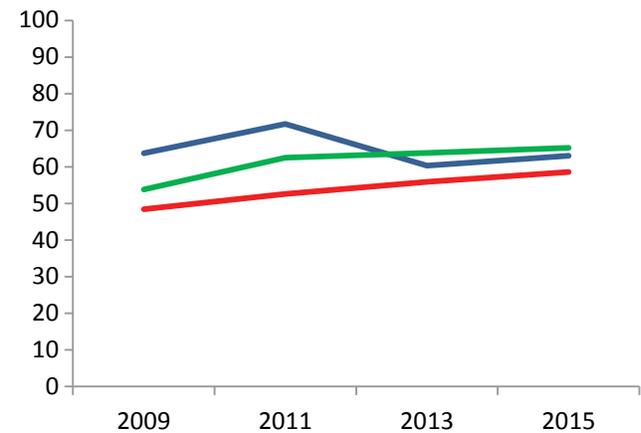
	2009	2011	2013	2015
MassHealth Weighted Mean	54.9	61.2	51.5	53.8
Nat’l Medicaid 90 th Percentile	46.8	50.7	51.8	54.0
Nat’l Medicaid 75 th Percentile	42.2	43.6	45.9	49.1



Follow-up Care for Children Prescribed ADHD Medication – Continuation and Maintenance (ADD-CONT)

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. Following a sharp drop between the 2011 and 2013 HEDIS cycles, MassHealth’s 2015 performance improved somewhat, and is not statistically significantly different from the national Medicaid 90th percentile benchmark.

	2009	2011	2013	2015
MassHealth Weighted Mean	63.7	71.7	60.3	63.0
Nat’l Medicaid 90 th Percentile	53.8	62.5	63.8	65.2
Nat’l Medicaid 75 th Percentile	48.4	52.6	55.9	58.6



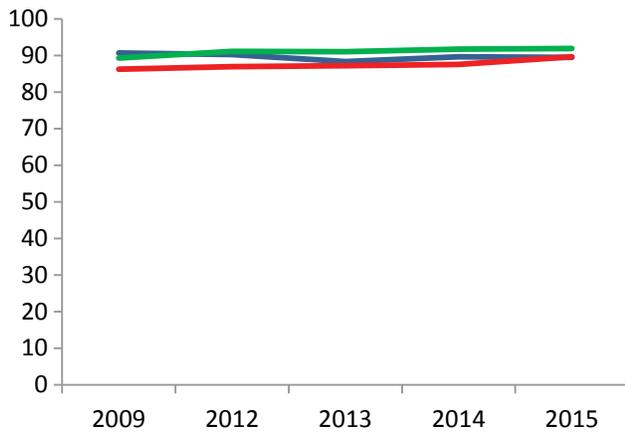
- MassHealth Weighted Mean
- Nat’l Medicaid 90th Percentile
- Nat’l Medicaid 75th Percentile

Performance Trends

Comprehensive Diabetes Care – HbA1c Testing

MassHealth’s performance on the HbA1c Testing component of the Comprehensive Diabetes Care measure has been very stable, at around 90%, for the past five reporting periods. During this same time period, the national benchmark rates have slowly risen. As a result, the MassHealth weighted mean has fallen statistically significantly below both the national Medicaid 90th percentile benchmark and the national Medicaid 75th percentile threshold.

	2009	2012	2013	2014	2015
MassHealth Weighted Mean	90.7	90.2	88.3	89.6	89.4
Nat’l Medicaid 90 th Percentile	89.3	91.1	91.0	91.7	91.9
Nat’l Medicaid 75 th Percentile	86.2	86.9	87.2	87.5	89.6



- MassHealth Weighted Mean
- Nat’l Medicaid 90th Percentile
- Nat’l Medicaid 75th Percentile



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