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MassHealth HEDIS 2004

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Purpose

This report presents the MassHealth HEDIS 2004 results. This report is designed to be used by MassHealth program managers and by managed care plan managers to identify their plan's performance, compare performance against other plans and national rates, identify opportunities for improvement and set quality improvement goals. This report also provides detailed information that can facilitate more in-depth analyses.

Organization of This Report

This report has three major sections:

- **Staying Healthy:** The measures reported in this section focus on how well the Plan provides services that maintain good health and prevent illness, with a particular emphasis on immunizations and routine check-ups.

- **Living with Illness:** The measures reported in this section emphasize how well the Plan cares for people when they are sick, with a particular focus on diabetes and asthma.

- **Behavioral Health Care:** The measures reported in this section provide information on the rate of use for mental health and substance abuse services.

The sections include Statistical Summaries for each measure that show each Plan's performance compared to national and Massachusetts benchmarks. Each Plan's performance is also compared to its own rates from prior HEDIS data collection efforts, when available.

The Individual Measure Pages show Plan results charted side-by-side with selected benchmarks. Plans that performed significantly better than the MassHealth average have white bars. Benchmarks are in black. All other results are depicted as gray bars.

Each section concludes with the Measure and Benchmark Details for the measures reported in that section. The Details page reports the rates for each individual plan as well as the numerator, denominator and confidence intervals. The report also includes three Appendices that include antigen-specific immunization rates and breakouts of data for the Basic and non-Basic populations for selected Mental Health and Chemical Dependency measures.

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Executive Summary

The National Committee for Quality Assurance (NCQA) developed the Health Plan Employer Data and Information Set (HEDIS®) to standardize the measurement and reporting of health plan performance. NCQA's goal has been to develop a set of measures that are consistent over time and that are specified in sufficient detail so that the results will be comparable among health plans. HEDIS is part of NCQA's integrated system to establish accountability in health care organizations.

HEDIS Measurement Domains

HEDIS measures have been developed across a number of domains that include: Effectiveness of Care, Access and Availability of Care, and Use of Services. These categories are described below.

- Effectiveness of care measures are intended to demonstrate the impact of health care delivered during the designated measurement period. These measures allow both purchasers and consumers to draw inferences about the clinical effectiveness of health care interventions delivered by the Plan.

- Access and availability of care measures estimate the extent to which covered services are obtainable. Measures in this domain provide evidence of the extent to which members do in fact access specified health services. Highly motivated members may overcome substantial barriers to obtain desired care, while even minor barriers to receiving care may deter others. These measures offer some insight into how members access important and basic services.

- Use of services measures are intended to provide insight into plan performance by describing the utilization of services in a manner that focuses on what services are obtained by populations that can expect to need them, such as routine well-child visits for young children. These measures also include the rate of use, generally expressed in terms of either percentage of

services having a particular characteristic, or as the number of services delivered for every 1000 months of membership (e.g. the rate of mental health services). Utilization measures can suggest how efficiently a plan delivers services to the population. Utilization rates that are very low may suggest barriers to care.

MassHealth HEDIS 2004 Data Collection

The MassHealth Office of Acute and Ambulatory Care (OAAC) used a subset of HEDIS measures to assess the performance of the five health plans that provided health care services to MassHealth Managed Care members during the 2003 calendar year. This report presents HEDIS 2004 performance data based on care provided by Boston Medical Center HealthNet Plan (BMCHP), Fallon Community Health Plan (FCHP), Neighborhood Health Plan (NHP) and Network Health (NH) as well as the Primary Care Clinician Plan (PCCP), the primary care case management program administered by the Executive Office of Health and Human Services (EOHHS).

The HEDIS data offer useful information on the performance of the health plans. The results provide MassHealth with a means for assessing whether the health plans are performing satisfactorily and contribute information about potential areas for improvement. These data are integral to MassHealth's efforts to improve the quality of health care delivered to members.

Measures Collected for HEDIS 2004

Staying Healthy

Access and Availability of Care

- Children and Adolescent's Access to Primary Care Practitioners

Effectiveness of Care

- Childhood Immunization Status
- Adolescent Immunization Status

Measures Collected for HEDIS 2004

Use of Services

- Well-Child Visits in the First 15 Months of Life
- Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life
- Adolescent Well-Care Visits

Living with Illness

Effectiveness of Care

- Comprehensive Diabetes Care
- Use of Appropriate Medications for People with Asthma

Behavioral Health Care

Use of Services

- Mental Health Utilization- Inpatient Discharges and ALOS
- Mental Health Utilization- Percentage Using Services
- Chemical Dependency Utilization- Inpatient Discharges and ALOS
- Chemical Dependency Utilization- Percentage Using Services

Summary of Performance

Overall, performance across MassHealth Plans has improved. Although MassHealth Plans generally outperformed national Medicaid benchmarks and, in some cases, national Commercial benchmarks, there is potential for improvement in a number of areas. In the results section of this report, comparisons to benchmarks and potential opportunities for improvement are noted for each individual measure or group of measures. The Summary Tables on the following pages present the overall results for MassHealth Plans for HEDIS 2004, as well as Massachusetts Commercial, national Commercial and national Medicaid benchmarks. Appendix D presents the MassHealth average and individual plan results for all HEDIS 2004 measures.



Executive Summary

Table A: Summary of Staying Healthy Measures

HEDIS Measures	MassHealth Weighted Mean	MassHealth Median	MA Commercial Mean 2004	National Commercial Mean 2004	National Medicaid Mean 2004
Childhood Immunization (Combination 1)	76.1%	75.7%	82.2%	74.4%	61.8%
Childhood Immunization (Combination 2)	72.8%	72.5%	78.5%	69.7%	58.4%
Adolescent Immunization (Combination 1)	79.0%	78.9%	83.6%	58.7%	51.8%
Adolescent Immunization (Combination 2)	66.8%	68.6%	78.3%	41.5%	33.8%
Well-Child Visits in the First 15 Months of Life (6+ visits)	67.7%	69.1%	84.0%	66.6%	45.3%
Well-Child Visits in the 3rd - 6th Years of Life	80.9%	83.0%	86.4%	62.7%	60.5%
Adolescent Well-Care Visits	59.3%	56.9%	61.4%	37.1%	37.4%
Children and Adolescents' Access to Primary Care Practitioners					
12 - 24 Months	95.2%	96.8%	98.0%	96.3%	92.5%
25 Months - 6 Yrs	91.8%	92.2%	95.0%	88.5%	82.0%
7 - 11 Yrs	95.9%	94.9%	96.2%	88.5%	82.0%
12 - 19 Yrs	93.8%	92.6%	NA*	NA*	NA*

Table B: Summary of Living with Illness Measures

HEDIS Measures	MassHealth Weighted Mean	MassHealth Median	MA Commercial Mean 2004	National Commercial Mean 2004	National Medicaid Mean 2004
Comprehensive Diabetes Care					
HbA1c Screening	86.8%	86.6%	89.2%	84.6%	74.9%
Poor HbA1c Control	45.6%	42.3%	29.5%	32.0%	48.5%
Retinal Eye Exams	50.8%	51.3%	61.4%	48.8%	45.0%
Monitoring for Nephropathy	52.8%	56.7%	58.1%	48.2%	43.8%
LDL Screening	87.2%	84.7%	90.6%	88.4%	75.9%
LDL Control (<130)	44.7%	50.4%	60.1%	60.4%	47.9%
LDL Control (<100)	27.9%	28.0%	NA*	NA*	NA*
Use of Appropriate Medications for People with Asthma					
5 - 9 Years	68.5%	68.4%	77.9%	72.4%	62.1%
10 - 17 Years	65.8%	65.1%	71.5%	68.2%	62.2%
18 - 56 Years	61.7%	62.9%	73.3%	72.3%	66.0%
Combined Ages	63.8%	64.6%	73.3%	71.5%	64.2%

* The source of the 2004 benchmarks (national Medicaid, national Commercial and Massachusetts Commercial means) was the 2004 Quality Compass. The 2004 Quality Compass did not include benchmark data for measures that were reported for the first time.



Executive Summary

Table C: Summary of Behavioral Health Care Measures

HEDIS Measures	MassHealth Mean	MA Commercial Mean 2004	National Commercial Mean 2004	National Medicaid Mean 2004
Mental Health Utilization				
% with any MH Service	23.1%	8.4%	5.4%	6.9%
% with Inpatient MH Services	1.4%	0.2%	0.2%	0.6%
% with Day/Night MH Services	0.6%	0.1%	0.1%	0.1%
% with Ambulatory MH Services	22.8%	8.3%	5.3%	6.6%
Inpatient Discharges per 1,000 Member Months	2.1	3.4	2.8	0.7
Average Length of Stay	10.3	7.6	6.0	7.5
Chemical Dependency				
% with any CD Service	4.9%	0.5%	0.4%	0.9%
% with Inpatient CD Services	0.6%	0.2%	0.1%	0.4%
% with Day/Night CD Services	1.5%	0.1%	0.0%	0.1%
% with Ambulatory CD Services	3.8%	0.4%	0.3%	0.5%
Inpatient Discharges per 1,000 Member Months	3.6	2.0	1.2	0.3
Average Length of Stay	4.2	4.0	4.8	5.8

Introduction

HEDIS 2004 Participant Profiles

The following five health Plans submitted data for this report.

Boston Medical Center HealthNet Plan (BMCHP)

The Boston Medical Center HealthNet Plan (BMCHP) began operations in July 1997 as a provider-sponsored health plan, owned and operated by Boston Medical Center, the largest public safety net hospital in Boston. As of December 2003, BMCHP served approximately 121,000 MassHealth members.

BMCHP's membership is spread throughout much of the state. Beyond Boston, BMCHP serves members living in Brockton, Quincy, Springfield, Holyoke, Northampton, Greenfield, and Westfield as well as in Adams, Pittsfield, Fall River, New Bedford and Wareham, as of 2002, and Taunton, as of 2003. BMCHP's provider network includes community health centers and hospital outpatient departments, as well as many group and individual practices.

Fallon Community Health Plan (FCHP)

Fallon Community Health Plan (FCHP) is a non-profit managed care organization that serves commercial, Medicare and Medicaid members. As of December 2003, FCHP served approximately 9,000 MassHealth members. FCHP's provider network is based primarily at 24 Fallon Clinic sites, which are group practices in Central Massachusetts.

Network Health (NH)

Network Health (NH) is a growing MassHealth managed care organization that was started by the Cambridge Health Alliance in July 1997. As of December 2003, NH served approximately 55,000 MassHealth members. Since 2001, NH's membership has grown in areas outside its traditional service area of Cambridge, Somerville, Arlington, Malden and Revere, to include Worcester, Gardner-Fitchburg, Southbridge, Lowell, Lawrence, Springfield, Southbridge, Holyoke and Haverhill, beginning in 2003. NH's provider network includes community health centers, group practices and hospital outpatient departments.

Neighborhood Health Plan (NHP)

Neighborhood Health Plan (NHP) is a non-profit managed care organization that serves primarily Medicaid members. As of December 2003, NHP served approximately 91,000 MassHealth members. The Plan's membership is spread throughout the state, with a large portion of its membership residing in the Greater Boston area. NHP's provider network includes mostly community health centers, in addition to Harvard Vanguard Medical Associates, group practices and hospital-based clinics.

Primary Care Clinician Plan (PCCP)

The Primary Care Clinician Plan (PCCP) is a primary care case management program administered by the Executive Office of Health and Human Services. The PCC Plan is a statewide managed care option for MassHealth members. As of December 2003 there were approximately 302,000 members in the PCC Plan. Each member who chooses or is assigned to the PCC Plan is enrolled with a primary care clinician who delivers primary and preventive care services, and coordinates most other health care services. The PCC Plan provider network includes individual physicians, group practices, community health centers, outpatient departments and independent nurse practitioners. Behavioral health services for PCC Plan members are managed through a carve-out contract with the Massachusetts Behavioral Health Partnership (MBHP).



Data Collection and Analysis Methods

In December 2003, the MassHealth Office of Acute and Ambulatory Care (OAAC) provided plans with the list of measures to be collected for HEDIS 2004. Each Plan was responsible for collecting and reporting the data according to the HEDIS specifications. The Plans submitted data to NCQA using NCQA's Data Submission Tool (DST) and forwarded a copy of the DST to the Center for Health Policy and Research (CHPR).

MassHealth Mean

The MassHealth Mean is a weighted average of the five managed care Plans participating in HEDIS 2004. The weighted average is calculated by multiplying the performance rate for each Plan by the number of individuals who were enrolled in the MassHealth portion of that Plan during the year and who met the eligibility criteria for the measure. The values are then summed across Plans and divided by the total eligible population for all the Plans.

MassHealth Median

The median value for the Plans was identified and reported as the MassHealth Median. The median is defined as the middle value of a set of values. If there are an even number of values, then the median is the arithmetic mean of the values on either side of the midpoint.

Confidence Intervals

A 95% confidence interval was calculated for each measure. The 95% confidence interval defines a range that would be expected to contain the actual population mean 95% of the time, if the measurement were repeated using the same sample size. Confidence intervals reported here are used to test whether the observed performance rate for a Plan is the same as the benchmark rate. If a Plan's confidence interval includes the benchmark rate, we can conclude with 95% certainty that there is no difference between the benchmark rate and the Plan rate. That is, they are statistically the same. The width of the confidence interval varies by the observed rate and by the sample size. Large samples generate narrower confidence intervals; small samples generate broader ones.

Benchmarks

Benchmarks in this report include Massachusetts Commercial, national Commercial and national Medicaid means. These benchmarks were obtained from the 2004 NCQA Quality Compass®. NCQA releases Quality Compass in July of each year with the rates for Commercial and Medicare plans. NCQA provides national Medicaid benchmarks in a supplement to Quality Compass that is released in late Fall. Although NCQA included some Medicaid data in its 2004 State of Health Care Quality Report that was released in June, these data were based on the Medicaid submissions that were available to NCQA at the time the report was released and therefore were not suitable as benchmarks for this report. Data from the State of Health Care Quality Report is discussed here only for first-year measures for which no national Medicaid benchmark data were available through Quality Compass.

This report includes a comparison of each Plan's performance to its prior HEDIS rate, where applicable. Two rates were collected for the first time this year (the 12-19 year old rate for Children and Adolescents' Access to Primary Care Practitioners and the LDL <100 mg/dL rate for Comprehensive Diabetes Care). Because these were first-year rates, no historical MassHealth or benchmark data from Quality Compass were available.

Quality Compass

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Data Collection and Analysis Methods

Statistical Summaries

The Statistical Summary pages compare individual Plan performance to national and Massachusetts Commercial benchmarks for HEDIS 2004, national Medicaid Benchmarks for HEDIS 2004 and the Plan's own prior performance on the measure (as feasible).

Each Plan's rate was compared to the benchmark and assigned a statistical rating as follows:

- * = Rate is significantly better than the average, that is, the Plan's 95% confidence interval exceeds the comparison rate
- = Rate is not significantly different from the average, that is, the Plan's 95% confidence interval includes the comparison rate
- = Rate is significantly worse than the average, that is, the Plan's 95% confidence interval is below the comparison rate

Note: Two health plans may have identical scores, but due to different sample sizes, produce different results on the statistical significance tests. This is because smaller sample sizes at the Plan level yield less precise measures of performance and may be insufficient to achieve statistical significance. Therefore, readers should take sample size into account when interpreting the results of the statistical table.

Administrative vs. Hybrid Data Collection

The data used in this report were acquired using two data collection methodologies, administrative and hybrid.

The administrative methodology requires Plans to identify the denominator and numerator using claims or encounter data or other administrative databases. For measures collected using the administrative methodology, the denominator includes all eligible members. Eligible members are those who satisfy all criteria specified in the measure including any age and continuous enrollment requirements and who do not meet any of the exclusion criteria. The Plan's rate is based on all members who meet the denominator criteria and who are found through administrative data to have received the service reported in the numerator.

The hybrid methodology requires Plans to identify the numerator through both administrative and medical record data. The medical record is the collective accumulation of notes kept by all practitioners who treat a member – it constitutes the official record of patient visits and treatment. For measures collected using the hybrid methodology, the denominator consists of a systematic sample of members drawn from the measure's eligible population. Eligible members are those who satisfy all criteria specified in the measure. 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. With the exception of the Comprehensive Diabetes Care measure, Plans may not report a measure using the hybrid methodology when the numerator is derived solely from administrative data.

In general, each Plan was responsible for collecting data for both the administrative and hybrid measures and reporting that data to CHPR. The only exception is that CHPR contracted with MassPRO, an independent review organization, to collect the hybrid measures for the PCC Plan. Appendix E lists the methodology (administrative or hybrid) used by the Plans for all HEDIS 2004 measures.

Continuous Enrollment

Some measures specify continuous enrollment, the minimum amount of time a member must be enrolled in the Plan before becoming eligible for the measure. The intent of continuous enrollment is to ensure that the Plan has a sufficient amount of time to render service(s) to its members and be held accountable for providing those services. The continuous enrollment period is specified for each measure along with an allowable gap for that continuous enrollment period. For the majority of measures, a member is considered continuously enrolled if the member was enrolled in the Plan during the measurement year and had no more than one gap in enrollment of up to 45 days during any time from January 1 through December 31, 2003.



Caveats for the Interpretation of Results

Before reviewing the results, the reader must be cautioned against over-interpretation of the findings. All data analyses have limitations and those presented here are no exception.

Comparability of Results Across Plans

Measures may not be fully comparable across Plans. HEDIS does not provide for risk adjustment across populations in terms of social risk, existing co-morbidities or severity of condition. Thus, statistically significant differences in these measures may reflect differences in the populations served and not in the quality or use of services offered or delivered.

Sample Sizes

Plan sample sizes vary, thereby affecting the comparability of data between Plans. Large sample sizes lead to more precise estimates and generate narrower confidence intervals. If a sample size is large enough, even a small difference in performance may be statistically significant. However, statistical significance should not be confused with clinical significance. Small sample sizes (less than 30 members) yield less precise performance estimates with wide confidence intervals. Confidence intervals for smaller Plans may be so wide as to prevent comparison between health Plans.

Overlapping Provider Networks

Many of the providers caring for MassHealth members have contracts with more than one Plan. Other providers will deliver care to MassHealth members in only a single Plan. The presence of overlapping contractual arrangements dilute the ability of any one Plan to substantially influence a provider's behavior. HEDIS rates for any one Plan may not entirely be due to that Plan's activities.

Utilization is Not the Same as Quality

Some HEDIS measures, especially the Well-Child Visits, Adolescent Well-Care, Children and Adolescents' Access to Primary Care Practitioners, Mental Health and Chemical Dependency Utilization measures, reflect the use of and access to services rather than the technical quality of service delivery. Access to services is necessary but not a sufficient condition for good quality care.

Availability of Benchmarks

The limited availability of benchmarks for the Medicaid population makes interpretation of these results challenging. A benchmark can be defined as a goal to be achieved. Sometimes a benchmark is set at the highest achievable performance for a Plan; in other situations a benchmark may be defined as the usual or average performance, which is the manner benchmarks will be used in the report.

One important source of these benchmarks, as discussed under the Methods section of this report, is the 2004 NCQA Quality Compass. These data allow for the use of national and regional averages for commercial and Medicaid populations as benchmarks.

Variation in Data Quality

HEDIS data are collected and supplied by the Plans. Although there are standard specifications and definitions for the measures, MassHealth does not monitor the uniformity of the actual systems and methods used to collect the data. Factors that may affect the comparability of individual Plan results from year to year include staffing changes, internal systems changes and use of the HEDIS administrative or hybrid methodology. Although Plans may audit data for their commercial populations to submit to Quality Compass® and/or for NCQA accreditation, MassHealth does not require data submitted by Plans to be audited.

"What Gets Measured, Gets Improved"

Because there are a limited number of standardized measures for evaluating health plan performance, it has been suggested that health plans may concentrate performance improvement efforts in only those areas measured by HEDIS. Therefore, it is important not to extrapolate from the measures contained in this report to more general aspects of overall health plan performance.

Unmeasured Aspects of Care

Some aspects of the health plan's performance will not be captured directly by these measures. MassHealth conducts members surveys and other activities to complement the data discussed in this report.

PCC Plan Enrollment Relative to Other Plan Enrollment

Interpretation of the MassHealth Weighted Mean requires careful consideration. Because the PCC Plan has an enrollment of similar size to all MassHealth MCOs combined, it contributes more to the weighted mean (when the administrative data collection methodology is used) than does the performance of other Plans. The MassHealth weighted mean describes care for the average enrollee who is eligible for the measure, but does not necessarily describe the performance of the typical MassHealth Plan. The median value describes 'middle of the road' performance within the MassHealth managed care plans. It is less sensitive to extreme variations within a sample, and is a better measure of 'skewed' populations.

Staying Healthy

Staying Healthy

Statistical Summary

This page summarizes the performance of MassHealth Plans on the HEDIS 2004 effectiveness of care measures related to immunization practices. These data include the Childhood Immunization Status and the Adolescent Immunization Status measures.

	Childhood Immunization Status										Adolescent Immunization Status									
	Combination 1* 2004 Rate Compared To:					Combination 2* 2004 Rate Compared To:					Combination 1* 2004 Rate Compared To:					Combination 2* 2004 Rate Compared To:				
	Nat'l Comm	MA Comm	Nat'l Mcaid 2004	Mass Health Mean	Plan's 2002 Rate	Nat'l Comm	MA Comm	Nat'l Mcaid 2004	Mass Health Mean	Plan's 2002 Rate	Nat'l Comm	MA Comm	Nat'l Mcaid 2004	Mass Health Mean	Plan's 2002 Rate	Nat'l Comm	MA Comm	Nat'l Mcaid 2004	Mass Health Mean	Plan's 2002 Rate
	PCCP	○	●	☆	○	○	○	●	☆	○	○	☆	●	☆	○	☆	☆	●	☆	●
NHP	○	●	☆	○	○	☆	○	☆	○	○	☆	●	☆	○	○	☆	●	☆	○	○
NH	○	●	☆	●	○	○	●	☆	●	○	☆	●	☆	○	☆	☆	●	☆	○	☆
FCHP	☆	☆	☆	☆	☆	☆	☆	☆	☆	☆	☆	○	☆	○	☆	☆	○	☆	☆	☆
BMCHP	○	●	☆	○	☆	○	●	☆	○	☆	☆	●	☆	○	☆	☆	●	☆	○	☆

Legend

- 2004 rate is significantly below the comparison rate, that is, the Plan's 95% upper confidence level is below the comparison rate
- 2004 rate is not significantly different from the comparison rate, that is, the Plan's 95% confidence interval includes the comparison rate
- ☆ 2004 rate is significantly above the comparison rate, that is, the Plan's 95% lower confidence level exceeds the comparison rate

PCCP: Primary Care Clinician Plan NHP: Neighborhood Health Plan NH: Network Health

FCHP: Fallon Community Health Plan BMCHP: Boston Medical Center Healthnet Plan

* Childhood Immunization Combination 1 consists of the following vaccinations: 4 DTaP (diphtheria-tetanus-pertussis) or 4 DT, 3 OPV/IPV (oral or injectable polio), 1 MMR (measles-mumps-rubella), 3 HiB (H influenza type B), and 3 Hepatitis B. Childhood Immunization Combination 2 consists of all of the immunizations for Combination 1, plus one VZV (chicken pox) vaccination. Adolescent Immunization Combination 1 consists of a second dose of MMR (measles-mumps-rubella) and 3 Hepatitis B. Adolescent Immunization Combination 2 consists of all of the immunizations for Combination 1, plus one VZV (chicken pox) vaccination.

Staying Healthy

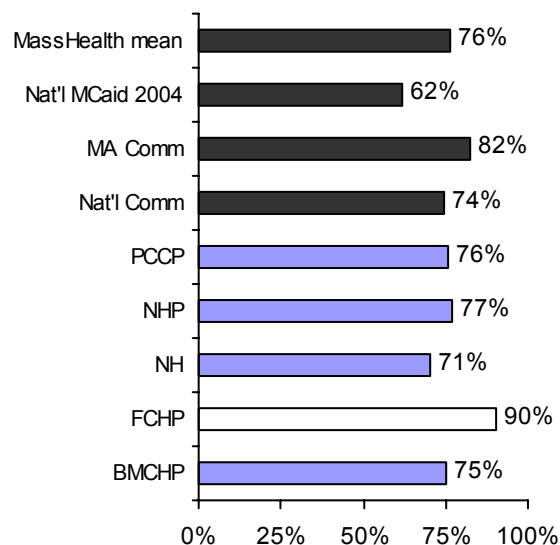
Childhood Immunization Status

Prior to routine immunization, vaccine-preventable disease was a major cause of morbidity and mortality for children in the United States. Routine immunization is a cost-effective means of avoiding many vaccine-preventable diseases such as polio, diphtheria, hepatitis B, influenza, mumps, measles, rubella and chicken pox (1, 2). With every dollar spent on immunization now, \$10-\$14 are saved by preventing disease in the future (3). Despite advances in immunization coverage and the cost effectiveness of vaccination, immunization levels for children are still below nationally-recognized goals such as the 90% target set forth in Healthy People 2010.

Combination 1

This chart shows the percentage of children who received the following immunizations by their second birthday: four DTaP (diphtheria-tetanus-pertussis) or four DT vaccinations; three OPV/IPV (oral or injectable polio) vaccinations; one MMR (measles-mumps-rubella); three HiB (H influenza type B) vaccinations; and three Hepatitis B vaccinations.

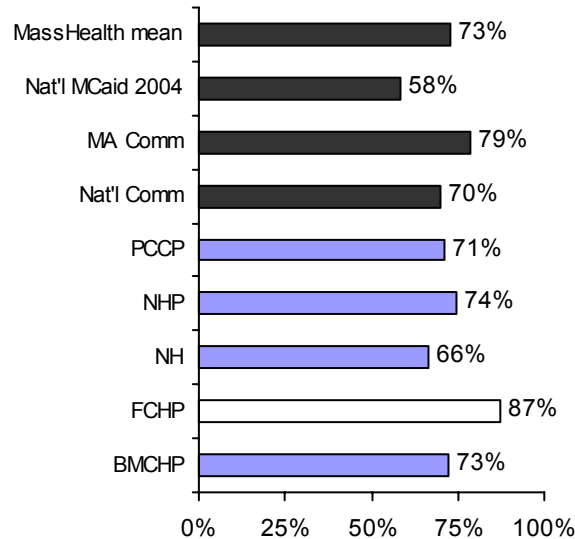
Black bars are benchmarks
White bars represent rates significantly above the MassHealth mean



Combination 2

This chart shows the percentage of children who received all of the immunizations for Combination 1, plus one VZV (chicken pox) vaccination, by their second birthday.

Black bars are benchmarks
White bars represent rates significantly above the MassHealth mean



Understanding the Results

Childhood immunization rates for the MassHealth population continue to improve. In 2003, 76% of enrolled children received the HEDIS Combination 1 immunizations, compared to 73% in 2001. Seventy-three percent (73%) of children received the HEDIS Combination 2 immunizations in 2003, compared to 67% in 2001.

MassHealth's 2003 average rates for Combination 1 and Combination 2 are higher than the national Medicaid (62% and 58%) and national Commercial averages (74% and 70%). Despite outperforming the national Medicaid and Commercial benchmarks, MassHealth's 2003 rates are lower than the Massachusetts Commercial averages (82% and 79% for Combination 1 and Combination 2, respectively). Massachusetts Commercial plans typically have some of the highest immunization rates in the country, so these findings are not surprising, but do indicate a potential for improvement.

The most pervasive barriers to immunization are those related to poverty (4). Other barriers can be categorized as client-related (e.g., misconceptions about severity of vaccine-preventable disease), provider-related (e.g., missed opportunities during visits) and system-related (e.g., inadequate access) (5). Interventions for increasing immunization rates have been well-studied and include client-based interventions such as reminder/recall systems, patient/family incentives, and patient-held medical records; provider-based interventions such as reminder/recall systems, assessment and feedback, and standing orders; and system interventions such as community education, vaccination programs in WIC settings, and home visits. (Standing orders authorize nurses to administer vaccinations according to an institution- or physician-approved protocol without the need for a physician's direct order.)

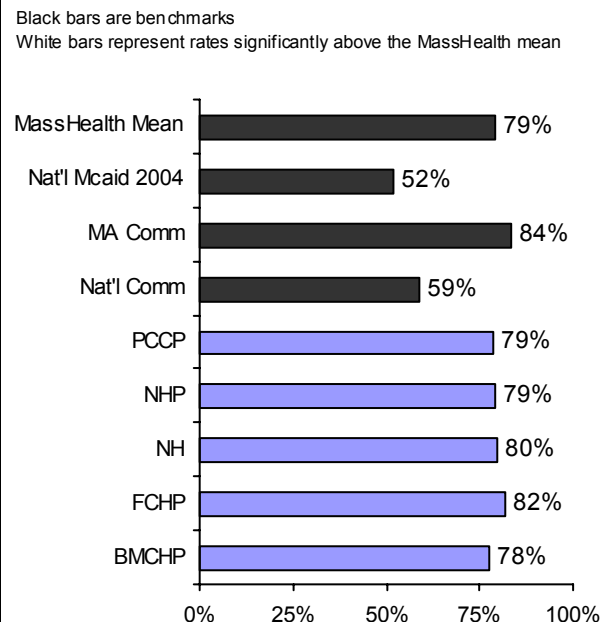
Staying Healthy

Adolescent Immunization Status

Although many vaccination programs emphasize childhood immunizations, the booster shots that are administered during adolescence are critical to providing complete coverage against certain vaccine-preventable diseases. Prior to routine vaccination, nearly 4 million people were infected with measles annually and nearly 500 deaths occurred each year (6). Routine immunization and the introduction of the 2-dose MMR (mumps-measles-rubella) vaccination schedule has led to the elimination of measles from the United States and record low incidences of mumps and rubella. Despite the importance of adequate immunization coverage, adolescent immunization rates for the measles-mumps-rubella, Hepatitis B and chicken pox vaccinations fall short of national targets, such as those set by the Centers for Disease Control and Prevention.

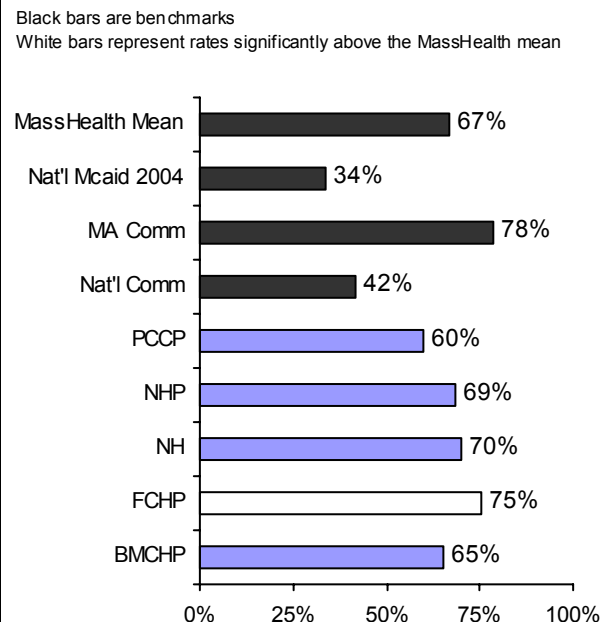
Combination 1

This chart shows the percentage of enrolled adolescents who received a second dose of MMR (measles-mumps-rubella) and three Hepatitis B vaccinations by their thirteenth birthday



Combination 2

This chart shows the percentage of enrolled adolescents who received the Combination 1 immunizations as well as one VZV (chicken pox) vaccination by their thirteenth birthday.



Understanding the Results

Adolescent immunization rates for the MassHealth population have improved dramatically since these data were last collected. In 2003, 79% of adolescents enrolled in MassHealth received the HEDIS Combination 1 immunizations, compared to 64% in 2001. Sixty-seven (67%) of enrolled adolescents received the HEDIS Combination 2 immunizations in 2003, compared to 49% in 2001. Individual plan 2003 rates range from 78% to 82% for Combination 1, with all 5 plans performing better than the national Medicaid and Commercial means. For Combination 2, individual plan 2003 rates range from 60% to 75%, with all 5 plans performing better than the national Medicaid and Commercial means.

Although MassHealth outperformed the national Medicaid and Commercial means (52% and 59% for Combination 1 and 34% and 42% for Combination 2), its 2003 average rates are much lower than those for Massachusetts Commercial plans (84% for Combination 1 and 78% for Combination 2). This is not surprising considering that the New England region continues to report the highest Commercial HEDIS rates for adolescent immunization in the country.

In general, adolescents utilize the health care system to a far lesser extent than children or adults. Because adolescents have fewer contacts with the health care system, providing routine primary care, including immunizations, to adolescents is a challenge. Successful interventions to improve adolescent coverage take into account the unique needs of adolescent patients.

Staying Healthy

Measure and Benchmark Details

Childhood Immunization Status

COMBO1

Benchmarks 2004	
MassHealth Weighted Mean:	76.1%
MassHealth Median:	75.7%
Nat'l MCaid 2004:	61.8%
MA Comm:	82.2%
Nat'l Comm:	74.4%

Rates For: 2004

	Num	Den	Rate	LCL	UCL
PCCP (H)	311	411	75.7%	71.4%	79.9%
NHP (H)	276	360	76.7%	72.2%	81.2%
NH (H)	290	411	70.6%	66.0%	75.1%
FCHP (H)	174	193	90.2%	85.7%	94.6%
BMCHP (H)	309	411	75.2%	70.9%	79.5%

Rates For: 2002

	Num	Den	Rate	LCL	UCL
PCCP (H)	302	411	73.5%	69.1%	77.9%
NHP (H)	304	411	74.0%	69.1%	78.3%
NH (H)	256	411	62.3%	57.5%	67.1%
FCHP (H)	140	189	74.1%	67.6%	80.6%
BMCHP (H)	249	411	60.6%	55.7%	65.4%

COMBO2

Benchmarks 2004	
MassHealth Weighted Mean:	72.8%
MassHealth Median:	72.5%
Nat'l MCaid 2004:	58.4%
MA Comm:	78.5%
Nat'l Comm:	69.7%

Rates For: 2004

	Num	Den	Rate	LCL	UCL
PCCP (H)	293	411	71.3%	66.8%	75.8%
NHP (H)	268	360	74.4%	69.8%	79.1%
NH (H)	273	411	66.4%	61.7%	71.1%
FCHP (H)	168	193	87.0%	82.1%	92.0%
BMCHP (H)	298	411	72.5%	68.1%	76.9%

Rates For: 2002

	Num	Den	Rate	LCL	UCL
PCCP (H)	279	411	67.9%	63.3%	72.5%
NHP (H)	276	411	67.2%	62.5%	71.8%
NH (H)	237	411	57.7%	52.8%	62.6%
FCHP (H)	126	189	66.7%	59.7%	73.7%
BMCHP (H)	237	411	57.7%	52.8%	62.6%

Staying Healthy

Measure and Benchmark Details

Adolescent Immunization Status

COMBO1

Benchmarks 2004	
MassHealth Weighted Mean:	79%
MassHealth Median:	78.9%
Nat'l MCaid 2004:	51.8%
MA Comm:	83.6%
Nat'l Comm:	58.7%

Rates For: 2004

	Num	Den	Rate	LCL	UCL
PCCP (H)	323	411	78.6%	74.5%	82.7%
NHP (H)	284	360	78.9%	74.5%	83.2%
NH (H)	327	411	79.6%	75.5%	83.6%
FCHP (H)	146	179	81.6%	75.6%	87.5%
BMCHP (H)	319	411	77.6%	73.5%	81.8%

Rates For: 2002

	Num	Den	Rate	LCL	UCL
PCCP (H)	258	411	62.8%	58.0%	67.6%
NHP (H)	299	411	72.8%	68.3%	77.2%
NH (H)	237	368	64.4%	59.4%	69.4%
FCHP (H)	111	172	64.5%	57.1%	72.0%
BMCHP (H)	240	411	58.4%	53.5%	63.3%

COMBO2

Benchmarks 2004	
MassHealth Weighted Mean:	66.8%
MassHealth Median:	68.6%
Nat'l MCaid 2004:	33.8%
MA Comm:	78.3%
Nat'l Comm:	41.5%

Rates For: 2004

	Num	Den	Rate	LCL	UCL
PCCP (H)	247	411	60.1%	55.2%	65.0%
NHP (H)	247	360	68.6%	63.7%	73.5%
NH (H)	287	411	69.8%	65.3%	74.4%
FCHP (H)	135	179	75.4%	68.8%	82.0%
BMCHP (H)	268	411	65.2%	60.5%	69.9%

Rates For: 2002

	Num	Den	Rate	LCL	UCL
PCCP (H)	188	411	45.7%	40.8%	50.7%
NHP (H)	263	411	64.0%	59.2%	68.8%
NH (H)	183	368	49.7%	44.5%	55.0%
FCHP (H)	82	172	47.7%	39.9%	55.4%
BMCHP (H)	116	411	28.2%	23.8%	32.7%

Staying Healthy Statistical Summary

This page summarizes the performance of MassHealth Plans on the HEDIS 2004 use of service and access measures related to well-child visits and adolescent well-care.

	Well-Child Visits in First 15 Months (6+ visits)					Well-Child Visits (3-6 Yrs of Age)					Adolescent Well-Care Visits				
	2004 Rate Compared To:					2004 Rate Compared To:					2004 Rate Compared To:				
	Nat'l Comm	MA Comm	Nat'l Medicaid 2004	Mass Health Mean	Plan's 2002 Rate	Nat'l Comm	MA Comm	Nat'l Medicaid 2004	Mass Health Mean	Plan's 2002 Rate	Nat'l Comm	MA Comm	Nat'l Medicaid 2004	Mass Health Mean	Plan's 2002 Rate
PCCP	●	●	☆	●	○	☆	●	☆	●	☆	☆	●	☆	●	☆
NHP	☆	●	☆	☆	☆	☆	●	☆	○	○	☆	○	☆	○	○
NH	☆	○	☆	☆	☆	☆	☆	☆	☆	○	☆	☆	☆	☆	☆
FCHP	●	●	○	●	○	☆	☆	☆	☆	☆	☆	●	☆	●	☆
BMCHP	○	●	☆	○	☆	☆	○	☆	○	☆	☆	☆	☆	☆	☆

Legend

- 2004 rate is significantly below the comparison rate, that is, the Plan's 95% upper confidence level is below the comparison rate
- 2004 rate is not significantly different from the comparison rate, that is, the Plan's 95% confidence interval includes the comparison rate
- ☆ 2004 rate is significantly above the comparison rate, that is, the Plan's 95% lower confidence level exceeds the comparison rate

PCCP: Primary Care Clinician Plan NHP: Neighborhood Health Plan NH: Network Health

FCHP: Fallon Community Health Plan BMCHP: Boston Medical Center Healthnet Plan

Staying Healthy

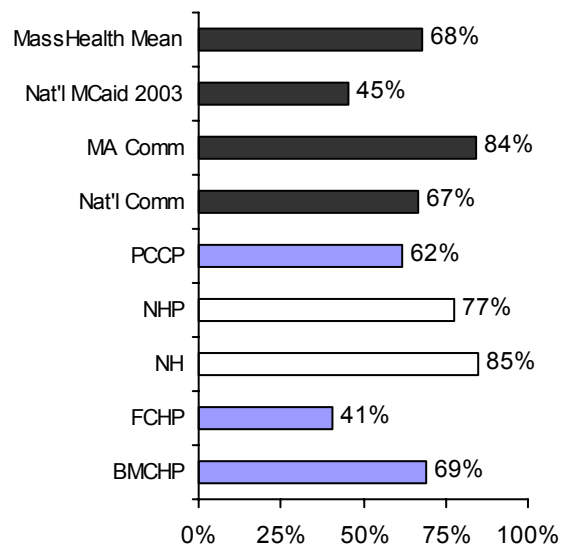
Well-Child Visits

Well-child visits—routine visits with a primary care practitioner according to the recommended schedule—are a critical component to reducing mortality and morbidity in the early years of a child's life. Well-child visits create the opportunity to detect health care problems early, when intervention can have its greatest impact. These visits also provide the opportunity to monitor developmental stages, provide health education and injury prevention guidance, and administer vaccines. Despite the importance of routine well-child care and the removal of financial barriers, studies have shown Medicaid-enrolled children use fewer preventive services and more emergency services, and have higher hospitalization rates as compared to Commercially-enrolled children (7, 8, 9).

Well-Child Visits in the First 15 Months of Life (6 or more visits)

This chart shows the percentage of members who turned 15 months old during the measurement year and who received six or more well-child visits with a primary care practitioner during the first 15 months of life.

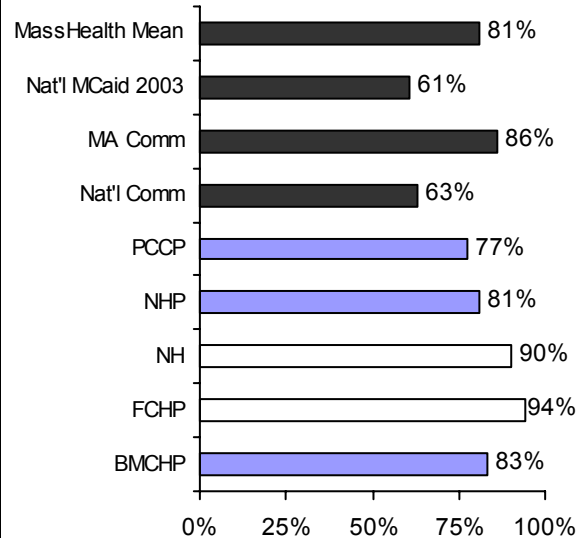
Black bars are benchmarks
White bars represent rates significantly above the MassHealth mean



Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life

This chart shows the percentage of members who were three, four, five or six years of age during the measurement year and who received one or more well-child visits with a primary care practitioner.

Black bars are benchmarks
White bars represent rates significantly above the MassHealth mean



Understanding the Results

Approximately 68% of children enrolled in MassHealth had six or more visits with a primary care practitioner by the age of 15 months, compared to 62% the last time these data were collected. Individual plan rates ranged from 41% to 85%. Four of the five plans performed statistically better than the national Medicaid average (45%) and two of the five plans statistically outperformed the national Commercial rate (67%).

Approximately 81% of children ages three, four, five or six had at least one well-child visit with a primary care practitioner in 2003, compared to 75% in 2001. All MassHealth plans performed better than the national Medicaid and national Commercial averages (61% and 63%), but only two performed better than the Massachusetts' commercial rate (86%).

Factors associated with inadequate well-child care include lower maternal education level, poverty, unmarried marital status, maternal age younger than 20 years and higher birth order for the infant (10). In addition, African American race, Hispanic ethnicity and inadequate prenatal care are also factors associated with incomplete well-child care (11). An ongoing relationship with a family physician prior to and during pregnancy or establishing a relationship with a pediatrician during the prenatal period may promote adequate well-child care (12).

It should be noted that the well-child measures assess only whether a member had a visit during the measurement year and, like the adolescent well-care measures, do not provide any information on the quality or the content of the visits.

Staying Healthy

Adolescent Well-Care Visits

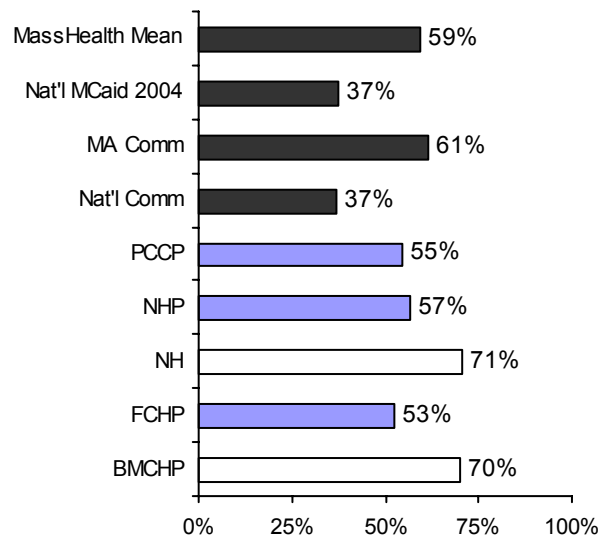
The importance of routine, comprehensive well-care visits for the adolescent population cannot be overstated. Well-care visits during adolescence provide critical opportunities for physicians to screen and counsel patients on a number of causes of adolescent morbidity and mortality such as alcohol use, sexual activity, depression, suicide, smoking and violence (13). This screening and counseling is important since many of the health-related behaviors developed during adolescence influence a patient's health for many years (14). Despite the importance of these visits, many adolescents do not have regular visits to a primary care practitioner and make relatively little use of health services in general.

Adolescent Well-Care Visits

This chart shows the percentage of members 12-21 years of age who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner during 2003.

Black bars are benchmarks

White bars represent rates significantly above the MassHealth mean



Understanding the Results

Approximately 59% of adolescent MassHealth members 12-21 years of age had a well-care visit with a primary care practitioner or OB/GYN in 2003, compared to 51% in 2001. This rate is well above the national Medicaid and Commercial averages, both 37%, and slightly below the Massachusetts Commercial average of 61%. Individual plan rates ranged from 53% to 71%.

Interventions that may increase adolescent well-care visits include assuring private and confidential visits and reducing the number of inconvenient service sites. Because adolescents use the health care system infrequently, designing effective interventions to increase the number of adolescents who receive a well-care visit is a challenge.

It should be noted that the adolescent well-care measure assesses only whether a member had a visit during the measurement year and, like the well-child visit measures, does not provide any information on the quality or the content of the visits. The quality of well-care provided to adolescents and children is an area that may warrant future consideration. For example, one study found that adolescents who had a HEDIS defined well-care visit were not more likely to have received counseling and screening for risky behaviors, sexual activity and sexually transmitted diseases, or emotional health and relationship issues and were less likely than adolescents with any other type of visit to have been counseled or screened for diet, weight and exercise, or have access to a private and confidential visit (15).

Staying Healthy

Measure and Benchmark Details

Well-Care Visits

Well-Child Visits in the First 15 Months of Life (6+ Visits)

Benchmarks 2004

MassHealth Weighted Mean:	67.7%
MassHealth Median:	69.1%
Nat'l MCaid 2004:	45.3%
MA Comm:	83.9%
Nat'l Comm:	66.5%

Rates For: 2004

	Num	Den	Rate	LCL	UCL
PCCP (A)	3,870	6,263	61.8%	60.6%	63.0%
NHP (H)	303	392	77.3%	73.0%	81.6%
NH (H)	349	411	84.9%	81.3%	88.5%
FCHP (A)	63	154	40.9%	32.8%	49.0%
BMCHP (H)	284	411	69.1%	64.5%	73.7%

Rates For: 2002

	Num	Den	Rate	LCL	UCL
PCCP (A)	4,755	7,534	63.1%	62.0%	64.2%
NHP (H)	249	407	61.2%	56.3%	66.0%
NH (H)	245	338	72.5%	67.6%	77.4%
FCHP (A)	73	209	34.9%	28.2%	41.6%
BMCHP (H)	209	407	51.4%	46.4%	56.3%

Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life

Benchmarks 2004

MassHealth Weighted Mean:	80.9%
MassHealth Median:	83%
Nat'l MCaid 2004:	60.5%
MA Comm:	86.4%
Nat'l Comm:	62.7%

Rates For: 2004

	Num	Den	Rate	LCL	UCL
PCCP (A)	16,898	21,819	77.4%	76.9%	78.0%
NHP (H)	260	321	81.0%	76.5%	85.4%
NH (H)	296	328	90.2%	86.9%	93.6%
FCHP (A)	731	776	94.2%	92.5%	95.9%
BMCHP (H)	341	411	83.0%	79.2%	86.7%

Rates For: 2002

	Num	Den	Rate	LCL	UCL
PCCP (A)	25,287	33,663	74.5%	74.6%	75.6%
NHP (H)	251	335	74.9%	70.1%	79.7%
NH (H)	287	342	83.9%	79.9%	88.0%
FCHP (A)	551	822	67.0%	63.8%	70.3%
BMCHP (H)	302	411	73.5%	69.1%	77.9%

Adolescent Well-Care Visits

Benchmarks 2004

MassHealth Weighted Mean:	59.3%
MassHealth Median:	56.9%
Nat'l MCaid 2004:	37.4%
MA Comm:	61.3%
Nat'l Comm:	37%

Rates For: 2004

	Num	Den	Rate	LCL	UCL
PCCP (A)	24,362	44,461	54.8%	54.3%	55.3%
NHP (H)	234	411	56.9%	52.0%	61.8%
NH (H)	290	411	70.6%	66.0%	75.1%
FCHP (A)	671	1,277	52.5%	49.8%	55.3%
BMCHP (H)	288	411	70.1%	65.5%	74.6%

Rates For: 2002

	Num	Den	Rate	LCL	UCL
PCCP (A)	31,165	62,194	50.1%	49.7%	50.5%
NHP (H)	210	411	51.1%	46.1%	56.1%
NH (H)	250	411	60.8%	56.0%	65.7%
FCHP (A)	588	1,318	44.6%	41.9%	47.3%
BMCHP (H)	231	411	56.2%	51.3%	61.1%

Staying Healthy

Statistical Summary

This page summarizes the performance of MassHealth Plans on the HEDIS 2004 access measures related to children and adolescent's access to primary care practitioners.

	Children and Adolescent's Access to Primary Care Practitioners																			
	Ages 12 to 24 months					Ages 25 months to 6 years					Ages 7 to 11 years					Ages 12 to 19 years				
	2004 Rate Compared To:					2004 Rate Compared To:					2004 Rate Compared To:					2004 Rate Compared To:				
	Nat'l Comm	MA Comm	Nat'l Mcaid 2004	Mass Health Mean	Plan's 2002 Rate	Nat'l Comm	MA Comm	Nat'l Mcaid 2004	Mass Health Mean	Plan's 2002 Rate	Nat'l Comm	MA Comm	Nat'l Mcaid 2004	Mass Health Mean	Plan's 2002 Rate	Nat'l Comm	MA Comm	Nat'l Mcaid 2004	Mass Health Mean	Plan's 2002 Rate
PCCP	☆	●	☆	☆	○	☆	●	☆	☆	○	☆	☆	☆	☆	○					☆
NHP	○	●	☆	☆	☆	☆	●	☆	○	☆	☆	●	☆	●	☆					●
NH	●	●	●	●	☆	☆	●	☆	●	○	☆	●	☆	●	○					●
FCHP	○	○	☆	☆	☆	☆	○	☆	☆	☆	☆	☆	☆	☆	☆					○
BMCHP	●	●	○	●	☆	☆	●	☆	●	☆	☆	●	☆	●	☆					●

Legend

- 2004 rate is significantly below the comparison rate, that is, the Plan's 95% upper confidence level is below the comparison rate
- 2004 rate is not significantly different from the comparison rate, that is, the Plan's 95% confidence interval includes the comparison rate
- ☆ 2004 rate is significantly above the comparison rate, that is, the Plan's 95% lower confidence level exceeds the comparison rate

PCCP: Primary Care Clinician Plan NHP: Neighborhood Health Plan NH: Network Health

FCHP: Fallon Community Health Plan BMCHP: Boston Medical Center Healthnet Plan

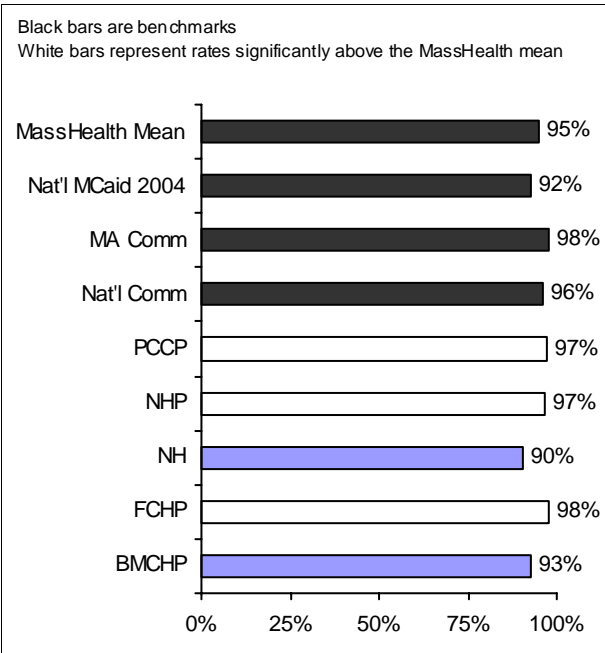
Staying Healthy

Children and Adolescents' Access to Primary Care Practitioners

Nationally, publicly-insured children and adolescents living in urban areas face limited access to primary care (16). Problems with access to primary care can lead to higher utilization of acute settings for primary care services, a costly and ineffective alternative to routine access to primary care providers.

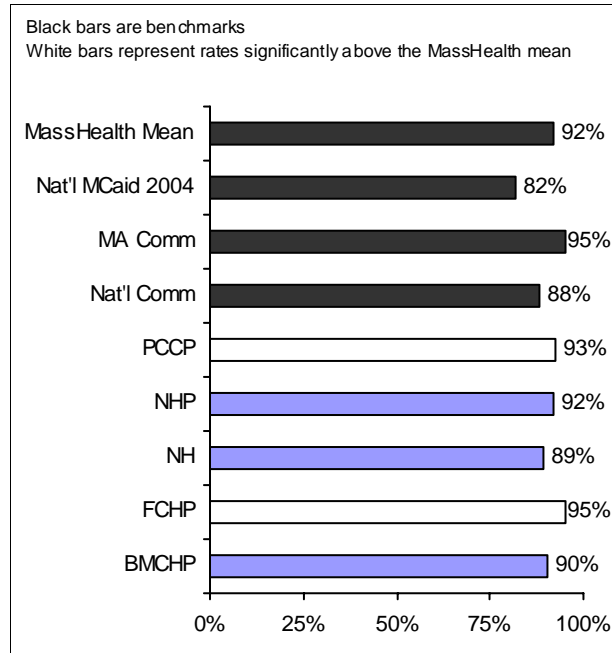
Ages 12-24 months

This chart shows the percentage of enrolled members 12-24 months of age who had at least one ambulatory care or preventive care visit with a primary care practitioner in 2003.



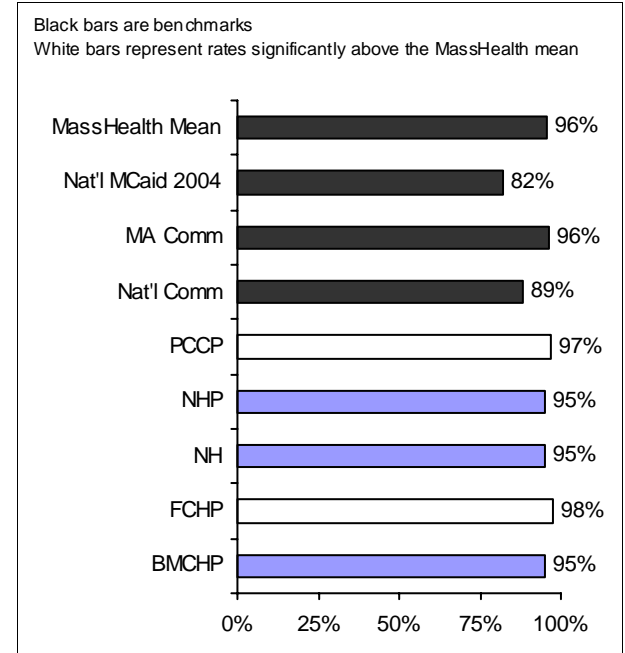
Ages 25 months-6 years

This chart shows the percentage of enrolled members 25 months-6 years of age who had at least one ambulatory care or preventive care visit with a primary care practitioner in 2003.



Ages 7-11 years

This chart shows the percentage of enrolled members 7-11 years of age who had at least one ambulatory care or preventive care visit with a primary care practitioner in 2003 or 2002.



Staying Healthy

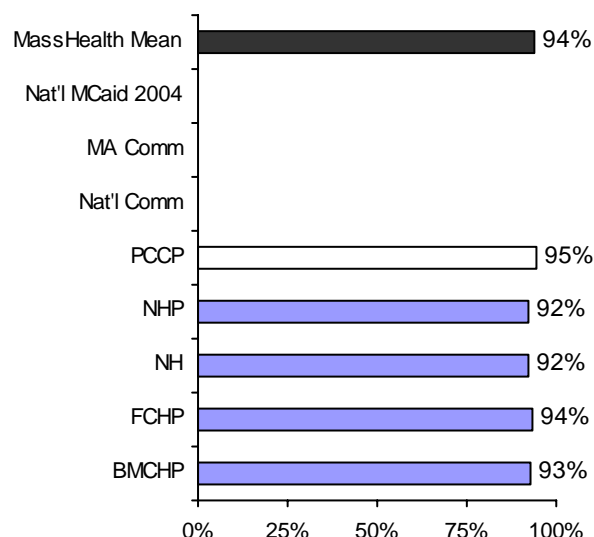
Children and Adolescents' Access to Primary Care Practitioners

Ages 12-19 years

This chart shows the percentage of enrolled members 12-19 years of age who had at least one ambulatory care or preventive care visit with a primary care practitioner in 2003 or 2002. This age band is a first-year measure. Because of the measure's first-year status, there are no national or Massachusetts benchmarks

Black bars are benchmarks

White bars represent rates significantly above the MassHealth mean



Understanding the Results

MassHealth rates for access to primary care practitioners for children aged 12 months to 11 years have improved since last measured. In many cases, individual plan 2003 rates exceeded national Medicaid, national Commercial and Massachusetts Commercial averages. (Note that there are no 2004 Quality Compass benchmarks for children ages 12-19 because this rate was a first-year measure. This measure was also not included in the 2004 State of Health Care Quality Report.) Children 7-11 years of age had the highest rate of visits to a primary care practitioner, with 96% of these children receiving a visit in 2002 or 2003. The rate of visits in 2003 for children 12-24 months of age was also high (95%), followed by adolescents ages 12-19 (94%), and children ages 25 months to 6 years (92%).

Barriers to routine primary care include lack of a regular source of care and lack of transportation. To maintain and increase children and adolescents' access to primary care providers, health plans should assess whether these or other issues are barriers to care for their population and develop and implement interventions to address these obstacles.

Staying Healthy

Measure and Benchmark Details

Children's Access to Primary Care Providers

12mos-24mos

Benchmarks 2004

MassHealth Weighted Mean:	95.1%
MassHealth Median:	96.8%
Nat'l MCaid 2004:	92.5%
MA Comm:	97.9%
Nat'l Comm:	96.2%

Rates For: 2004

	Num	Den	Rate	LCL	UCL
PCCP (A)	5,956	6,143	97.0%	96.5%	97.4%
NHP (A)	2,821	2,913	96.8%	96.2%	97.5%
NH (A)	1,569	1,734	90.5%	89.1%	91.9%
FCHP (A)	196	201	97.5%	95.1%	99.9%
BMCHP (A)	3,753	4,045	92.8%	92.0%	93.6%

Rates For: 2002

	Num	Den	Rate	LCL	UCL
PCCP (A)	10,144	10,473	96.9%	96.5%	97.2%
NHP (A)	2,558	2,920	87.6%	86.4%	88.8%
NH (A)	644	753	85.5%	83.0%	88.1%
FCHP (A)	216	256	84.4%	79.7%	89.0%
BMCHP (A)	1,005	1,276	78.8%	76.5%	81.1%

25mos-6yr

Benchmarks 2004

MassHealth Weighted Mean:	91.8%
MassHealth Median:	92.2%
Nat'l MCaid 2004:	82.0%
MA Comm:	94.9%
Nat'l Comm:	88.4%

Rates For: 2004

	Num	Den	Rate	LCL	UCL
PCCP (A)	24,891	26,854	92.7%	92.4%	93.0%
NHP (A)	11,197	12,148	92.2%	91.7%	92.7%
NH (A)	5,091	5,689	89.5%	88.7%	90.3%
FCHP (A)	914	959	95.3%	93.9%	96.7%
BMCHP (A)	12,591	13,943	90.3%	89.8%	90.8%

Rates For: 2002

	Num	Den	Rate	LCL	UCL
PCCP (A)	38,854	41,996	92.5%	92.3%	92.8%
NHP (A)	9,273	11,502	80.6%	79.9%	81.4%
NH (A)	2,930	3,313	88.4%	87.3%	89.5%
FCHP (A)	867	1,008	86.0%	83.8%	88.2%
BMCHP (A)	3,356	4,188	80.1%	78.9%	81.4%

7yr-11yr

Benchmarks 2004

MassHealth Weighted Mean:	95.9%
MassHealth Median:	94.9%
Nat'l MCaid 2004:	82%
MA Comm:	96.2%
Nat'l Comm:	88.5%

Rates For: 2004

	Num	Den	Rate	LCL	UCL
PCCP (A)	21,170	21,910	96.6%	96.4%	96.9%
NHP (A)	7,197	7,582	94.9%	94.4%	95.4%
NH (A)	2,699	2,847	94.8%	94.0%	95.6%
FCHP (A)	663	680	97.5%	96.3%	98.7%
BMCHP (A)	5,142	5,420	94.9%	94.3%	95.5%

Rates For: 2002

	Num	Den	Rate	LCL	UCL
PCCP (A)	31,267	32,454	96.3%	96.1%	96.6%
NHP (A)	6,060	6,656	91.1%	90.4%	91.7%
NH (A)	820	868	94.5%	92.9%	96.1%
FCHP (A)	677	732	92.5%	90.5%	94.5%
BMCHP (A)	986	1,218	81.0%	78.7%	83.2%

Staying Healthy

Measure and Benchmark Details

Children's Access to Primary Care Providers

12yr-19yr

Benchmarks 2004

MassHealth Weighted Mean: 93.8%

MassHealth Median: 92.6%

Nat'l MCaid 2004: N/A

MA Comm: N/A

Nat'l Comm: N/A

Rates For: 2004

	Num	Den	Rate	LCL	UCL
PCCP (A)	31,680	33,492	94.6%	94.3%	94.8%
NHP (A)	9,285	10,056	92.3%	91.8%	92.9%
NH (A)	3,089	3,348	92.3%	91.3%	93.2%
FCHP (A)	884	945	93.5%	91.9%	95.2%
BMCHP (A)	6,481	7,000	92.6%	92.0%	93.2%

Rates For:

	Num	Den	Rate	LCL	UCL
PCCP					
NHP					
NH					
FCHP					
BMCHP					

Living with Illness

Living With Illness

Statistical Summary

This page summarizes the performance of MassHealth Plans on the HEDIS 2004 effectiveness of care measures related to diabetes care.

	Comprehensive Diabetes Care														
	HbA1c Testing					Poor HbA1c Control * (> 9.0%)					Eye Exams				
	2004 Rate Compared To:					2004 Rate Compared To:					2004 Rate Compared To:				
	Nat'l Comm	MA Comm	Nat'l Mcaid 2004	Mass Health Mean	Plan's 2002 Rate	Nat'l Comm	MA Comm	Nat'l Mcaid 2004	Mass Health Mean	Plan's 2002 Rate	Nat'l Comm	MA Comm	Nat'l Mcaid 2004	Mass Health Mean	Plan's 2002 Rate
PCCP	○	○	☆	○	○	●	●	○	○		○	●	☆	○	○
NHP	○	○	☆	○	○	●	●	☆	○		○	●	☆	○	●
NH	☆	○	☆	○	○	●	●	○	●		○	●	☆	○	○
FCHP	○	○	☆	○	○	○	○	☆	☆		☆	○	☆	○	○
BMCHP	○	○	☆	○	○	●	●	☆	☆		○	●	☆	○	○

Legend

- 2004 rate is significantly below the comparison rate, that is, the Plan's 95% upper confidence level is below the comparison rate
- 2004 rate is not significantly different from the comparison rate, that is, the Plan's 95% confidence interval includes the comparison rate
- ☆ 2004 rate is significantly above the comparison rate, that is, the Plan's 95% lower confidence level exceeds the comparison rate

PCCP: Primary Care Clinician Plan NHP: Neighborhood Health Plan NH: Network Health

FCHP: Fallon Community Health Plan BMCHP: Boston Medical Center Healthnet Plan

* A lower rate indicates better performance for this measure. No comparisons to the Plans' 2002 rates are displayed due to changes in the measure specifications since the measure was last collected.

Living With Illness

Statistical Summary

This page summarizes the performance of MassHealth Plans on the HEDIS 2004 effectiveness of care measures related to diabetes care.

	Comprehensive Diabetes Care																			
	Monitoring Nephropathy					LDL-C Screening					LDL-C Level Controlled (<130 mg/dL)					LDL-C Level Controlled (<100 mg/dL)				
	2004 Rate Compared To:					2004 Rate Compared To:					2004 Rate Compared To:					2004 Rate Compared To:				
	Nat'l Comm	MA Comm	Nat'l Mcaid 2004	Mass Health Mean	Plan's 2002 Rate	Nat'l Comm	MA Comm	Nat'l Mcaid 2004	Mass Health Mean	Plan's 2002 Rate	Nat'l Comm	MA Comm	Nat'l Mcaid 2004	Mass Health Mean	Plan's 2002 Rate	Nat'l Comm	MA Comm	Nat'l Mcaid 2004	Mass Health Mean	Plan's 2002 Rate
PCCP	○	●	☆	○	☆	○	○	☆	○	☆	●	●	○	○	☆				○	
NHP	☆	○	☆	○	○	●	●	☆	●	☆	●	●	○	☆	○				○	
NH	○	●	☆	○	○	●	●	☆	○	☆	●	●	●	○	☆				●	
FCHP	☆	○	☆	○	○	○	○	☆	○	○	○	○	☆	☆	○				○	
BMCHP	☆	○	☆	☆	☆	●	●	☆	●	☆	●	●	○	☆	☆				○	

Legend

- 2004 rate is significantly below the comparison rate, that is, the Plan's 95% upper confidence level is below the comparison rate
- 2004 rate is not significantly different from the comparison rate, that is, the Plan's 95% confidence interval includes the comparison rate
- ☆ 2004 rate is significantly above the comparison rate, that is, the Plan's 95% lower confidence level exceeds the comparison rate

PCCP: Primary Care Clinician Plan NHP: Neighborhood Health Plan NH: Network Health
 FCHP: Fallon Community Health Plan BMCHP: Boston Medical Center Healthnet Plan

Living with Illness

Comprehensive Diabetes Care

According to the American Diabetes Association, diabetes affects 18.2 million people in the United States, or 6.3% of the population. Diabetes and its complications exact an enormous economic toll; according to a 2002 analysis, \$132 billion in direct and indirect medical expenditures can be attributed to diabetes (17).

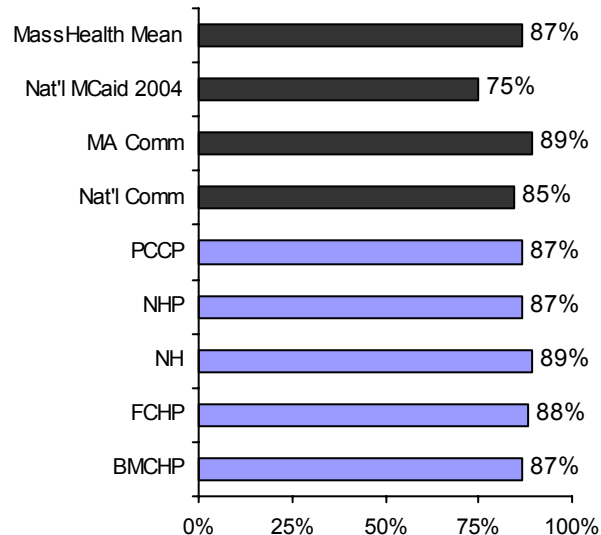
Uncontrolled diabetes can lead to significant morbidity, including visual impairment, blindness, kidney disease and failure, cardiovascular disease and lower-extremity amputations. Routine monitoring of hemoglobin A1c, LDL cholesterol and microalbumin levels as well as annual eye exams, can prevent complications from diabetes and are critical components to any diabetes management plan.

HbA1c Testing

This chart shows the percentage of members 18-64 years of age with diabetes who had a hemoglobin A1c (HbA1c) test during the measurement year.

Black bars are benchmarks

White bars represent rates significantly above the MassHealth mean

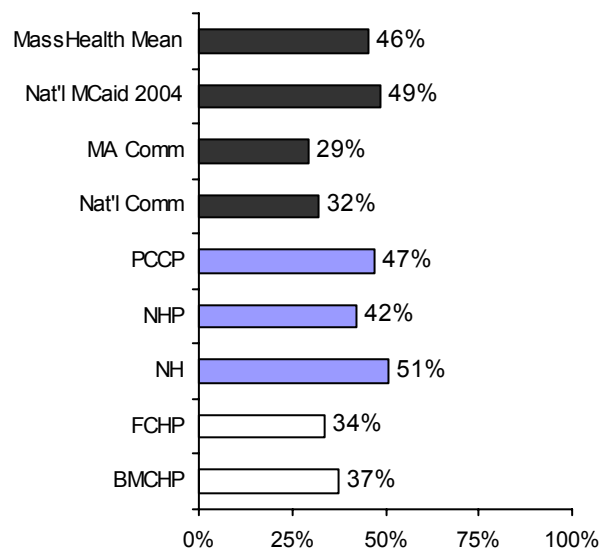


Poor HbA1c Control

This chart shows the percentage of members 18-64 years of age with diabetes who had a hemoglobin A1c (HbA1c) test during the measurement year and whose HbA1c was poorly controlled (>9.0%).

Black bars are benchmarks

White bars represent rates significantly BELOW the MassHealth mean
Lower scores are more desirable for this measure.



Understanding the Results

Approximately 87% of MassHealth members with diabetes received at least one HbA1c screening in 2003, compared to 82% in 2001. All five MassHealth plans performing significantly better than the national Medicaid average and one plan performing significantly better than the national Commercial average. MassHealth plans were not different statistically from the Commercial average for all Massachusetts plans (89%). All five of the plans performed very well and individual plan rates ranged from 87% to 89%; there was little variation among the plans.

Approximately 46% of MassHealth members with diabetes had poor HbA1c control. (Keep in mind that for this rate, higher values indicate poorer performance). Individual plan rates ranged from 34% to 51%. Three of the five plans performed statistically better than the national Medicaid average of 49%. None of the plans performed statistically better than the national and Massachusetts Commercial averages (32% and 29%, respectively). Comparisons can not be made to the 2002 MassHealth average of 53% because the measure's criteria has changed (poor control was defined as HbA1c greater than 9.5% in 2002).

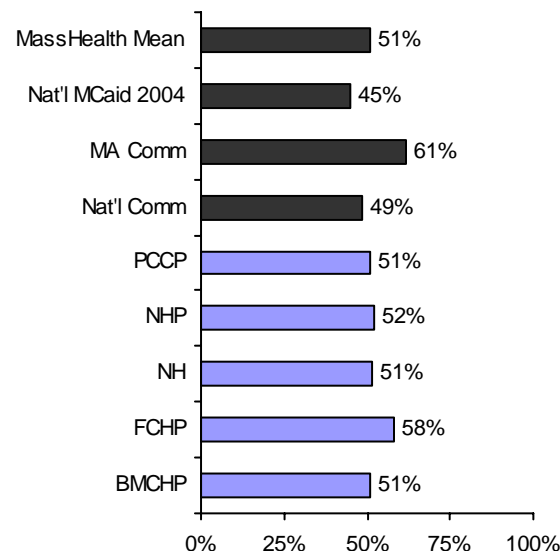
Living with Illness

Comprehensive Diabetes Care

Eye Exams

This chart shows the percentage of members 18-64 years of age with diabetes who had a retinal eye exam.

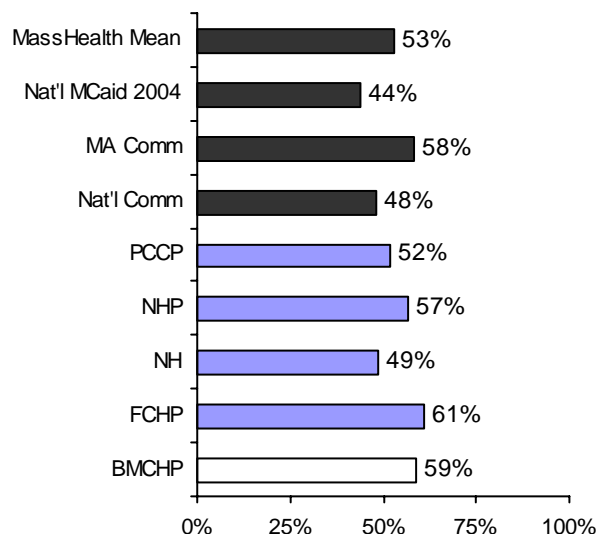
Black bars are benchmarks
White bars represent rates significantly above the MassHealth mean



Monitoring Nephropathy

This chart shows the percentage of members 18-64 years of age with diabetes who were monitored for diabetic nephropathy (kidney disease).

Black bars are benchmarks
White bars represent rates significantly above the MassHealth mean



Understanding the Results

Fewer MassHealth members with diabetes received a dilated retinal eye exam in 2003 (51%) than in 2001 (60%), although this decline was statistically significant for only one plan. Despite the decline, all five plans performed better than the national Medicaid average (45%) and one performed better than the national Commercial average (49%). One possible explanation for the decline in eye exam rates from the last measurement is the specification change for HEDIS 2004 that required a more stringent criterion for counting eye exams in the year prior to the measurement year.

Approximately 53% of MassHealth members with diabetes were monitored for diabetic nephropathy in 2003, compared to 43% in 2001. Individual plan rates ranged from 49% to 61%. All five plans performed statistically better than the national Medicaid average (44%) and one plan performed statistically better than the national Commercial average (48%).

Living with Illness

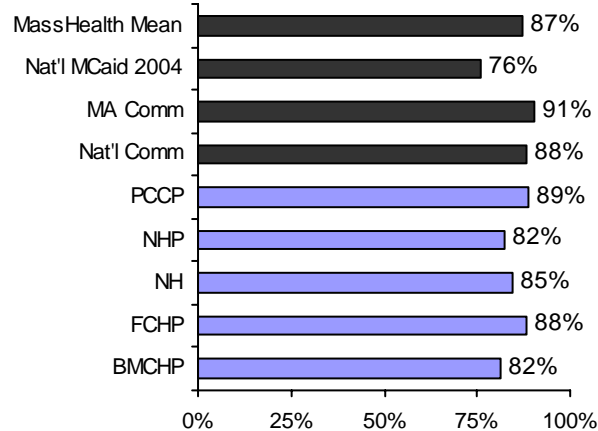
Comprehensive Diabetes Care

LDL-C Screening

This chart shows the percentage of members 18-64 years of age with diabetes who had an LDL screening in the measurement year or the year prior.

Black bars are benchmarks

White bars represent rates significantly above the MassHealth mean

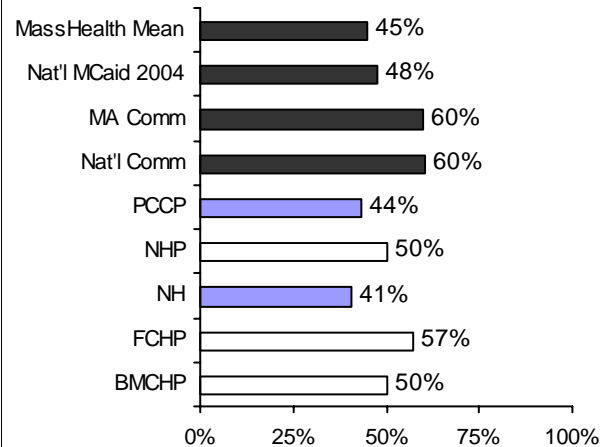


LDL-C Level (<130 mg/dL)

This chart shows the percentage of members 18-64 years of age with diabetes who had an LDL screening performed in the measurement year or the year prior and who had an LDL level <130 mg/dL.

Black bars are benchmarks

White bars represent rates significantly above the MassHealth mean

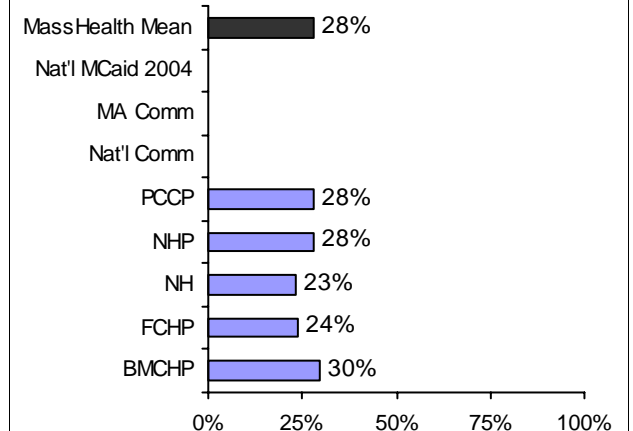


LCL-C Level (<100 mg/dL)

This chart shows the percentage of members 18-64 years of age with diabetes who had an LDL screening performed and who had an LDL level <100 mg/dL. This measure is new for HEDIS 2004 and there are no national Medicaid, national Commercial or Massachusetts Commercial benchmarks available.

Black bars are benchmarks

White bars represent rates significantly above the MassHealth mean



Understanding the Results

Approximately 87% of MassHealth members with diabetes received a LDL screening in 2003 or 2002, compared to 74% in 2001. Individual plan rates ranged from 82% to 89%. Forty-five percent (45%) of MassHealth members with diabetes had their LDL cholesterol controlled to <130 mg/dL and only 28% had their LDL cholesterol controlled according to the new guidelines (<100 mg/dL). One plan performed better than the national Medicaid average (48%) for the LDL<130 mg/dL measure. None of the plans performed better than the national or Massachusetts Commercial averages for the LDL <130 mg/dL measure (60% each). Although the 2003 MassHealth rate did not meet or exceed most national rates or any Massachusetts Commercial rates, it does represent an improvement from the 2001 rate of 33%. (Because the LDL<100 mg/dL rate is a first-year measure, NCQA did not include any benchmarks in Quality Compass. However, NCQA did provide a national Medicaid rate for this measure in its 2004 State of Health Care Quality Report (28%). This rate was based on 2004 Medicaid HEDIS submissions available to NCQA at the time of the report's release.)

Patient-related barriers to good diabetes care include non-compliance with treatment, denial and the willingness to live with mild symptoms without treatment. Interventions to address these barriers can include efforts to increase patients' knowledge of diabetes, change lifestyle behaviors and teach coping skills. Provider-related barriers to good diabetes care include lack of awareness of current clinical guidelines; lack of computerized tracking and reminder systems; and inadequate means of identifying high-risk patients. Interventions to address these barriers include increased access to clinical information and decision support systems.

Living With Illness

Measure and Benchmark Details

Comprehensive Diabetes Care

HbA1C Testing

Benchmarks 2004	
MassHealth Weighted Mean:	86.8%
MassHealth Median:	86.6%
Nat'l MCaid 2004:	74.9%
MA Comm:	89.2%
Nat'l Comm:	84.5%

Rates For: 2004

	Num	Den	Rate	LCL	UCL
PCCP (H)	356	411	86.6%	83.2%	90.0%
NHP (H)	356	411	86.6%	83.2%	90.0%
NH (H)	366	411	89.1%	85.9%	92.2%
FCHP (H)	126	143	88.1%	82.5%	93.8%
IMCHP (H)	356	411	86.6%	83.2%	90.0%

Rates For: 2002

	Num	Den	Rate	LCL	UCL
PCCP (H)	333	411	81.0%	77.1%	84.9%
NHP (H)	346	411	84.2%	80.5%	87.8%
NH (H)	255	310	82.3%	77.8%	86.7%
FCHP (H)	132	145	91.0%	86.0%	96.0%
IMCHP (H)	340	411	82.7%	79.0%	86.5%

Poor HbA1c Control

Benchmarks 2004	
MassHealth Weighted Mean:	45.6%
MassHealth Median:	42.3%
Nat'l MCaid 2004:	48.5%
MA Comm:	29.4%
Nat'l Comm:	31.9%

Rates For: 2004

	Num	Den	Rate	LCL	UCL
PCCP (H)	193	411	47.0%	42.0%	51.9%
NHP (H)	174	411	42.3%	37.4%	47.2%
NH (H)	209	411	50.9%	45.9%	55.8%
FCHP (H)	48	143	33.6%	25.5%	41.7%
IMCHP (H)	153	411	37.2%	32.4%	42.0%

Rates For: 2002

	Num	Den	Rate	LCL	UCL
PCCP (H)	226	411	55.0%	50.1%	59.9%
NHP (H)	137	411	33.3%	28.7%	38.0%
NH (H)	184	310	59.4%	53.7%	65.0%
FCHP (H)	40	145	27.6%	20.0%	35.2%
IMCHP (H)	227	411	55.2%	50.3%	60.2%

Eye Exams

Benchmarks 2004	
MassHealth Weighted Mean:	50.8%
MassHealth Median:	51.3%
Nat'l MCaid 2004:	45%
MA Comm:	61.4%
Nat'l Comm:	48.7%

Rates For: 2004

	Num	Den	Rate	LCL	UCL
PCCP (H)	208	411	50.6%	45.7%	55.6%
NHP (H)	215	411	52.3%	47.4%	57.3%
NH (H)	211	411	51.3%	46.4%	56.3%
FCHP (H)	83	143	58.0%	49.6%	66.5%
IMCHP (H)	209	411	50.9%	45.9%	55.8%

Rates For: 2002

	Num	Den	Rate	LCL	UCL
PCCP (H)	246	411	59.9%	55.0%	64.7%
NHP (H)	263	411	64.0%	59.2%	68.8%
NH (H)	148	310	47.7%	42.0%	53.5%
FCHP (H)	100	145	69.0%	61.1%	76.8%
IMCHP (H)	173	411	42.1%	37.2%	47.0%

Living With Illness

Measure and Benchmark Details

Comprehensive Diabetes Care

Monitoring Nephropathy

Benchmarks 2004

MassHealth Weighted Mean:	52.8%
MassHealth Median:	56.7%
Nat'l MCaid 2004:	43.8%
MA Comm:	58.1%
Nat'l Comm:	48.2%

Rates For: 2004

	Num	Den	Rate	LCL	UCL
PCCP (H)	213	411	51.8%	46.9%	56.8%
NHP (H)	233	411	56.7%	51.8%	61.6%
NH (H)	201	411	48.9%	44.0%	53.9%
FCHP (H)	87	143	60.8%	52.5%	69.2%
BMCHP (H)	241	411	58.6%	53.8%	63.5%

Rates For: 2002

	Num	Den	Rate	LCL	UCL
PCCP (H)	164	411	39.9%	35.1%	44.8%
NHP (H)	236	411	57.4%	52.5%	62.3%
NH (H)	148	310	47.7%	42.0%	53.5%
FCHP (H)	81	145	55.9%	47.4%	64.3%
BMCHP (H)	200	411	48.7%	43.7%	53.6%

LDL-C Screening

Benchmarks 2004

MassHealth Weighted Mean:	87.2%
MassHealth Median:	84.7%
Nat'l MCaid 2004:	75.9%
MA Comm:	90.6%
Nat'l Comm:	88.4%

Rates For: 2004

	Num	Den	Rate	LCL	UCL
PCCP (H)	364	411	88.6%	85.4%	91.8%
NHP (H)	338	411	82.2%	78.4%	86.1%
NH (H)	348	411	84.7%	81.1%	88.3%
FCHP (H)	126	143	88.1%	82.5%	93.8%
BMCHP (H)	335	411	81.5%	77.6%	85.4%

Rates For: 2002

	Num	Den	Rate	LCL	UCL
PCCP (H)	309	411	75.2%	70.9%	79.5%
NHP (H)	292	411	71.1%	66.5%	75.6%
NH (H)	226	310	72.9%	67.8%	78.0%
FCHP (H)	110	145	75.9%	68.6%	83.2%
BMCHP (H)	240	411	58.4%	53.5%	63.3%

LDL-C Level (<130 mg/dL)

Benchmarks 2004

MassHealth Weighted Mean:	44.7%
MassHealth Median:	50.4%
Nat'l MCaid 2004:	47.9%
MA Comm:	60.1%
Nat'l Comm:	60.4%

Rates For: 2004

	Num	Den	Rate	LCL	UCL
PCCP (H)	179	411	43.6%	38.6%	48.5%
NHP (H)	207	411	50.4%	45.4%	55.3%
NH (H)	168	411	40.9%	36.0%	45.8%
FCHP (H)	82	143	57.3%	48.9%	65.8%
BMCHP (H)	207	411	50.4%	45.4%	55.3%

Rates For: 2002

	Num	Den	Rate	LCL	UCL
PCCP (H)	124	411	30.2%	25.6%	34.7%
NHP (H)	207	411	50.4%	45.4%	55.3%
NH (H)	81	310	26.1%	21.1%	31.2%
FCHP (H)	70	145	48.3%	39.8%	56.8%
BMCHP (H)	97	411	23.6%	19.4%	27.8%

Living With Illness

Measure and Benchmark Details

Comprehensive Diabetes Care

LDL-C Level (<100 mg/dL)

Benchmarks 2004

MassHealth Weighted Mean: 27.9%

MassHealth Median: N/A

Nat'l MCaid 2004: N/A

MA Comm: N/A

Nat'l Comm: N/A

Rates For: 2004

	Num	Den	Rate	LCL	UCL
PCCP (H)	115	411	28.0%	23.5%	32.4%
NHP (H)	115	411	28.0%	23.5%	32.4%
NH (H)	96	411	23.4%	19.1%	27.6%
FCHP (H)	34	143	23.8%	16.4%	31.1%
MCHP (H)	122	411	29.7%	25.1%	34.2%

Living With Illness

Statistical Summary

This page summarizes the performance of MassHealth Plans on the HEDIS 2004 effectiveness of care measures related to the management of asthma with appropriate medications.

	Use of Appropriate Medications for People with Asthma																				
	Ages 5 to 9					Ages 10 to 17					Ages 18 to 56					Combined Ages					
	2004 Rate Compared To:					2004 Rate Compared To:					2004 Rate Compared To:					2004 Rate Compared To:					
	Nat'l Comm	MA Comm	Nat'l Mcaid 2004	Mass Health Mean	Plan's 2001 Rate	Nat'l Comm	MA Comm	Nat'l Mcaid 2004	Mass Health Mean	Plan's 2001 Rate	Nat'l Comm	MA Comm	Nat'l Mcaid 2004	Mass Health Mean	Plan's 2001 Rate	Nat'l Comm	MA Comm	Nat'l Mcaid 2004	Mass Health Mean	Plan's 2001 Rate	
PCCP	●	●	☆	○	☆	●	●	☆	○	☆	●	●	●	○	○		●	●	●	●	☆
NHP	●	●	☆	○	☆	○	○	☆	☆	○	●	●	○	☆	○		●	●	☆	☆	☆
NH	○	●	☆	○	○	○	●	○	○	○	●	●	○	○	○		●	●	○	○	○
FCHP						○	○	○	○	○	●	●	●	●	○		●	●	●	●	○
BMCHP	●	●	○	○	○	○	●	○	○	○	●	●	○	☆	○		●	●	☆	☆	☆

Legend

- 2004 rate is significantly below the comparison rate, that is, the Plan's 95% upper confidence level is below the comparison rate
- 2004 rate is not significantly different from the comparison rate, that is, the Plan's 95% confidence interval includes the comparison rate
- ☆ 2004 rate is significantly above the comparison rate, that is, the Plan's 95% lower confidence level exceeds the comparison rate

PCCP: Primary Care Clinician Plan NHP: Neighborhood Health Plan NH: Network Health

FCHP: Fallon Community Health Plan BMCHP: Boston Medical Center Healthnet Plan

Living with Illness

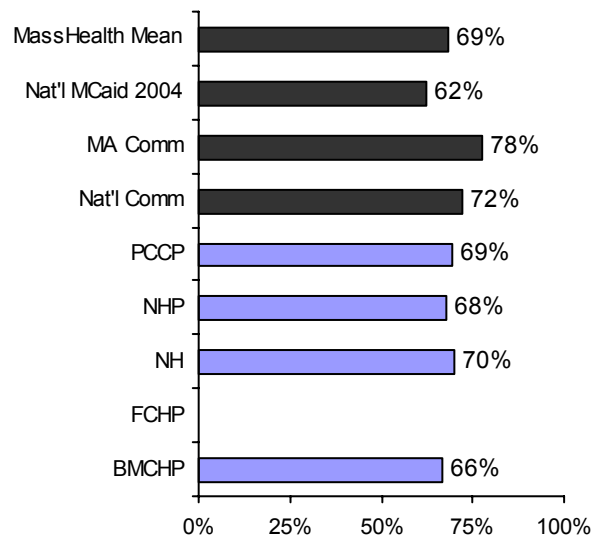
Use of Appropriate Medications for People with Asthma

As one of the most common chronic conditions in the United States, asthma affects nearly 15 million people, including 5 million children (18). Because asthma disproportionately affects the poor, measuring the use of appropriate asthma medications is an important indicator of the quality of care provided to Medicaid members. Inhaled corticosteroids, leukotriene modifiers and nedocromil (inhaled non-steroidal anti-inflammatory medication) are the acceptable therapies for asthma, although inhaled corticosteroids are the preferred therapy for long-term asthma control. Appropriate use of these therapies can prevent exacerbations that can lead to hospitalizations (19) and emergency department visits (20). In fact, high performance on the asthma HEDIS measure has been found to be associated with the reduced risk of subsequent ER visits (21). Despite this, many children and adults with asthma do not receive adequate therapy. Medicaid-insured children and poor children living in urban areas are at particularly high risk for inadequate asthma care (22, 23).

Ages 5-9

This chart shows the percentage of members ages 5-9 with persistent asthma who were appropriately prescribed medication during the measurement year.

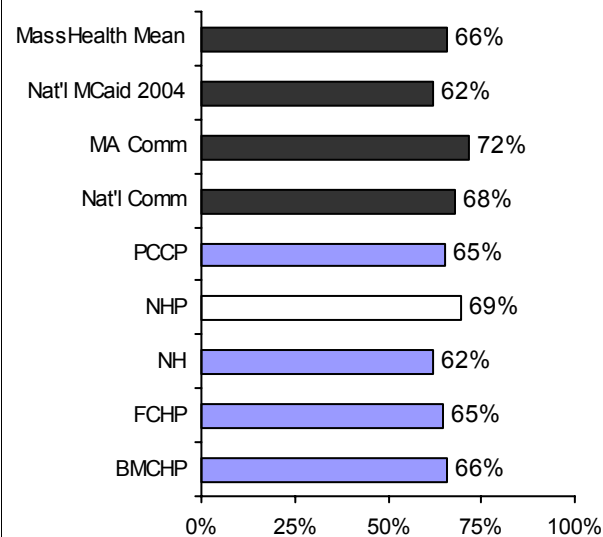
Black bars are benchmarks
White bars represent rates significantly above the MassHealth mean



Ages 10-17

This chart shows the percentage of members ages 10-17 with persistent asthma who were appropriately prescribed medication during the measurement year.

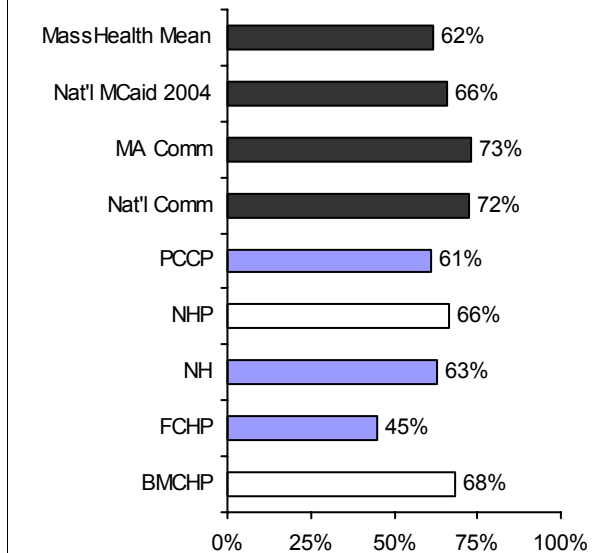
Black bars are benchmarks
White bars represent rates significantly above the MassHealth mean



Ages 18-56

This chart shows the percentage of members ages 18-56 with persistent asthma who were appropriately prescribed medication during the measurement year.

Black bars are benchmarks
White bars represent rates significantly above the MassHealth mean



Living with Illness

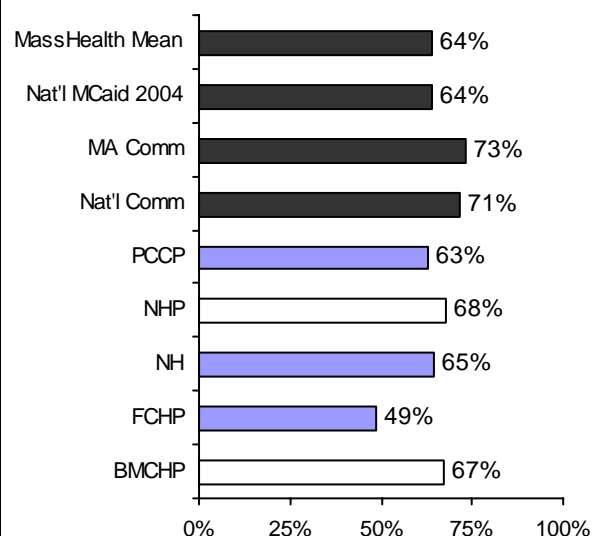
Use of Appropriate Medications for People with Asthma

Combined Ages

This chart shows the percentage of members ages 5-56 with persistent asthma who were appropriately prescribed medication during the measurement year.

Black bars are benchmarks

White bars represent rates significantly above the MassHealth mean



Understanding the Results

Approximately 64% of MassHealth members ages 5-56 with persistent asthma were appropriately prescribed medication in 2003, compared to 59% in 2000. In fact, the 2003 MassHealth average was better than the average from 2000 for every age stratification. In 2003, 69% of members aged 5-9 were appropriately prescribed medications, compared to 56% in 2000. Also in 2003, 66% of members aged 10-17 and 62% aged 18-56 were appropriately prescribed medications, compared to 56% and 61% in 2000.

Two plans performed statistically better than the 2003 national Medicaid average for 5-56 year olds (64%) and two performed statistically worse. None of the plans performed statistically better than the 2003 national or Massachusetts Commercial averages (71% and 73%, respectively). Although MassHealth plans did not perform better than the national and Massachusetts Commercial averages, rates for children and adolescents (ages 5-9 and 10-17) are statistically no different from Commercial benchmarks for several plans.

There are several known barriers to appropriate medication use for patients with asthma. Employment status, income and education level are all factors that been shown to impact anti-inflammatory use. Other factors that are more actionable for health plans include lack of regular scheduled visits and ongoing communication with a provider; lack of patient awareness of symptoms and ability to accurately describe the frequency, severity and duration of symptoms; and parental expectations and perceptions that asthma is uncontrollable. In addition, access to specialists may also serve as a barrier. Some research has suggested that primary care physicians provide less adequate asthma care than asthma specialists (24, 25).

Living With Illness

Measure and Benchmark Details

Use of Appropriate Medications for People with Asthma

Ages 5-9

Benchmarks 2004	
MassHealth Weighted Mean:	68.5%
MassHealth Median:	68.4%
Nat'l MCaid 2004:	62%
MA Comm:	77.8%
Nat'l Comm:	72.4%

Ages 10-17

Benchmarks 2004	
MassHealth Weighted Mean:	65.8%
MassHealth Median:	65.1%
Nat'l MCaid 2004:	62.2%
MA Comm:	71.5%
Nat'l Comm:	68.1%

Ages 18-56

Benchmarks 2004	
MassHealth Weighted Mean:	61.7%
MassHealth Median:	62.9%
Nat'l MCaid 2004:	66%
MA Comm:	73.2%
Nat'l Comm:	72.3%

Rates For: 2004

	Num	Den	Rate	LCL	UCL
PCCP (A)	1,037	1,497	69.3%	66.9%	71.6%
NHP (A)	354	524	67.6%	63.5%	71.7%
NH (A)	143	205	69.8%	63.2%	76.3%
FCHP (A)	8	22			
BMCHP (A)	262	394	66.5%	61.7%	71.3%

Rates For: 2004

	Num	Den	Rate	LCL	UCL
PCCP (A)	1,500	2,305	65.1%	63.1%	67.0%
NHP (A)	482	694	69.5%	66.0%	73.0%
NH (A)	139	224	62.1%	55.5%	68.6%
FCHP (A)	22	34	64.7%	47.2%	82.2%
BMCHP (A)	309	469	65.9%	61.5%	70.3%

Rates For: 2004

	Num	Den	Rate	LCL	UCL
PCCP (A)	4,385	7,213	60.8%	59.7%	61.9%
NHP (A)	511	769	66.4%	63.0%	69.9%
NH (A)	188	299	62.9%	57.2%	68.5%
FCHP (A)	35	78	44.9%	33.2%	56.6%
BMCHP (A)	410	600	68.3%	64.5%	72.1%

Rates For: 2001

	Num	Den	Rate	LCL	UCL
PCCP (A)	1,157	2,067	56.0%	53.8%	58.1%
NHP (A)	172	308	55.8%	50.1%	61.6%
NH (A)	9	18			
FCHP (A)	12	26			
BMCHP (A)	12	25			

Rates For: 2001

	Num	Den	Rate	LCL	UCL
PCCP (A)	1,448	2,632	55.0%	53.1%	56.9%
NHP (A)	255	413	61.7%	56.9%	66.6%
NH (A)	15	19			
FCHP (A)	11	25			
BMCHP (A)	4	12			

Rates For: 2001

	Num	Den	Rate	LCL	UCL
PCCP (A)	4,698	7,765	60.5%	59.4%	61.6%
NHP (A)	556	874	63.6%	60.4%	66.9%
NH (A)	31	46	67.4%	52.8%	82.0%
FCHP (A)	53	112	47.3%	37.6%	57.0%
BMCHP (A)	28	49			

Living With Illness

Measure and Benchmark Details

Use of Appropriate Medications for People with Asthma

Combined

Benchmarks 2004	
MassHealth Weighted Mean:	63.8%
MassHealth Median:	64.6%
Nat'l MCaid 2004:	64.2%
MA Comm:	73.3%
Nat'l Comm:	71.4%

Rates For: 2004

	Num	Den	Rate	LCL	UCL
PCCP (A)	6,922	11,015	62.8%	61.9%	63.7%
NHP (A)	1,347	1,987	67.8%	65.7%	69.9%
NH (A)	470	728	64.6%	61.0%	68.1%
FCHP (A)	65	134	48.5%	39.7%	57.3%
BMCHP (A)	981	1,463	67.1%	64.6%	69.5%

Rates For: 2001

	Num	Den	Rate	LCL	UCL
PCCP (A)	7,303	12,464	58.6%	57.7%	59.5%
NHP (A)	983	1,595	61.6%	59.2%	64.0%
NH (A)	55	83	66.3%	55.5%	77.0%
FCHP (A)	76	163	46.6%	38.7%	54.6%
BMCHP (A)	44	86	51.2%	40.0%	62.3%

Behavioral Health Care

Behavioral Health Care

Mental Health Services

These data measure both access to care (members with at least one service) and utilization of mental health services (discharges per 1000 members). Substance abuse services are not included in this measure; substance abuse services are reported in the Chemical Dependency Services measure. The National Medicaid average rate for each measure appears below; average utilization rates for National and Massachusetts Commercial Plans appear on page esiii.

Numerous epidemiological studies have documented that vulnerable populations are at particular risk for mental health or chemical dependency issues. When utilization of inpatient mental health services is carefully managed through concurrent review that is based upon the criteria for medical necessity, the average number of days a member remains in the hospital will be minimized. Clinically appropriate utilization of mental health day/night services are a transitional resource for some members leaving the inpatient setting and for other members are a service that will be used in lieu of an unnecessary mental health hospitalization.

Use of Services

This table displays the number (N) and percentage of members who received Mental Health services during the measurement year. Mental Health services are broken down by Inpatient, Day/Night, Ambulatory, and then Any Service. Note that the denominator used to calculate these percentages is member years (i.e., member months divided by 12).

All MassHealth members (Basic and non-Basic) are represented in this chart.

	<u>Member Months</u>	<u>Inpatient</u>		<u>Day/Night</u>		<u>Ambulatory</u>		<u>Any Service</u>	
		N	%	N	%	N	%	N	%
PCC	3,689,280	6,101	2.0%	2,855	0.9%	86,860	28.3%	88,184	28.7%
NHP	1,126,299	607	0.6%	390	0.4%	14,440	15.4%	14,531	15.5%
NH	630,973	472	0.9%	26	0.0%	7,669	14.6%	7,748	14.7%
FCHP	108,797	101	1.1%	22	0.2%	1,617	17.8%	1,630	18.0%
BMC	1,350,706	1,005	0.9%	192	0.2%	20,832	18.5%	20,998	18.7%

National Medicaid 2004 0.6% 0.1% 6.6% 6.9%

Inpatient Discharges and Average Length of Stay

This table shows the number of inpatient discharges associated with the use of Mental Health services, and the average length of stay (ALOS) for those admissions.

All MassHealth members (Basic and non-Basic) are represented in this chart.

	<u>Member Months</u>	<u>Days</u>	<u>ALOS</u>	<u>Disch.</u>	<u>Disch /1000</u>
PCC	3,689,280	124,700	10.9	11,435	3.1
NHP	1,126,299	7,337	9.2	798	0.7
NH	630,973	4,982	7.2	689	1.1
FCHP	108,797	956	7.1	134	1.2
BMC	1,350,706	12,800	8.4	1,528	1.1

National Medicaid 2004 7.5 0.7

Behavioral Health Care

Chemical Dependency Services

These data measure both access to care (members with at least one service) and utilization of chemical dependency services (discharges per 1000 members). The National Medicaid average rate for each measure appears below; average utilization rates for National and Massachusetts Commercial Plans appear on page esiii.

Numerous epidemiological studies have documented that vulnerable populations are at particular risk for mental health or chemical dependency issues. When utilization of inpatient chemical dependency services is carefully managed through concurrent review that is based upon the criteria for medical necessity, the average number of days a member remains in the hospital will be minimized. Clinically appropriate utilization of chemical dependency day/night services are a transitional resource for some members leaving the inpatient setting and for other members are a service that will be used in lieu of an unnecessary hospitalization.

Use of Services

This table displays the number (N) and percentage of members who received Chemical Dependency services during the measurement year. Chemical Dependency services are broken down by Inpatient, Day/Night, Ambulatory, and then Any Service. Note that the denominator used to calculate these percentages is member years (i.e., member months divided by 12).

All MassHealth members (Basic and non-Basic) are represented in this table.

Inpatient Discharges and Average Length of Stay

This table displays the number of inpatient discharges associated with the use of Chemical Dependency services, and the average length of stay (ALOS) for those admissions.

All MassHealth members (Basic and non-Basic) are represented in this table.

	<u>Member Months</u>	<u>Inpatient*</u>		<u>Day/Night*</u>		<u>Ambulatory</u>		<u>Any Service</u>	
		N	%	N	%	N	%	N	%
PCC	3,689,280	678	0.2%	8,294	2.7%	15,961	5.2%	20,316	6.6%
NHP	1,126,299	884	0.9%	150	0.2%	1,739	1.9%	2,274	2.4%
NH	630,973	434	0.8%	5	0.0%	878	1.7%	1,122	2.1%
FCHP	108,797	69	0.8%	37	0.4%	198	2.2%	253	2.8%
BMC	1,350,706	1,595	1.4%	64	0.1%	3,137	2.8%	4,036	3.6%
National Medicaid 2004			0.4%		0.1%		0.5%		0.9%

	<u>Member Months</u>	<u>Days</u>	<u>ALOS</u>	<u>Disch.</u>	<u>/1000</u>
PCC	3,689,280	82,356	4.3	19,138	5.2
NHP	1,126,299	6,221	3.9	1,606	1.4
NH	630,973	3,219	3.8	857	1.4
FCHP	108,797	474	3.2	147	1.4
BMC	1,350,706	12,442	3.9	3,215	2.4

National Medicaid 2004 5.8 0.3

*MassHealth changed the definition of covered chemical dependency services for the PCC Plan after the 2002 data were collected. Specifically, MassHealth reduced the types of "Inpatient" services that are covered and expanded the types of Day/Night services. Therefore, readers are cautioned against making comparisons between the 2002 and 2004 data for Inpatient and Day/Night Chemical Dependency Services.

Appendix A: Antigen-Specific Immunization Rates

Staying Healthy

Childhood and Adolescent Immunization

CIS Childhood Immunization Status

COMBO1

MassHealth Wt. Mean: 76.1%
 MassHealth Median: 75.7%
 Nat'l MCaid 04': 61.8%
 MA Comm: 82.3%
 Nat'l Comm: 74.4%

CIS Childhood Immunization Status

COMBO2

MassHealth Wt. Mean: 72.8%
 MassHealth Median: 72.5%
 Nat'l MCaid 04': 58.4%
 MA Comm: 78.6%
 Nat'l Comm: 69.7%

CIS Childhood Immunization Status

DTP

MassHealth Wt. Mean: 85.8%
 MassHealth Median: 85.6%
 Nat'l MCaid 04': 72.4%
 MA Comm: 91.7%
 Nat'l Comm: 84.3%

	Num	Den	Rate	LCL	UCL
PCCP	311	411	75.7%	71.4%	79.9%
NHP	276	360	76.7%	72.2%	81.2%
NH	290	411	70.6%	66.0%	75.1%
FCHP	174	193	90.2%	85.7%	94.6%
BMCHP	309	411	75.2%	70.9%	79.5%

	Num	Den	Rate	LCL	UCL
PCCP	293	411	71.3%	66.8%	75.8%
NHP	268	360	74.4%	69.8%	79.1%
NH	273	411	66.4%	61.7%	71.1%
FCHP	168	193	87.0%	82.1%	92.0%
BMCHP	298	411	72.5%	68.1%	76.9%

	Num	Den	Rate	LCL	UCL
PCCP	350	411	85.2%	81.6%	88.7%
NHP	317	360	88.1%	84.6%	91.5%
NH	330	411	80.3%	76.3%	84.3%
FCHP	184	193	95.3%	92.1%	98.6%
BMCHP	352	411	85.6%	82.1%	89.2%

Staying Healthy

Childhood and Adolescent Immunization

CIS Childhood Immunization Status

HBV

MassHealth Wt. Mean: 87.3%
 MassHealth Median: 86.9%
 Nat'l MCaid 04': 79.4%
 MA Comm: 91.6%
 Nat'l Comm: 85.8%

	Num	Den	Rate	LCL	UCL
PCCP	357	411	86.9%	83.5%	90.2%
NHP	325	360	90.3%	87.1%	93.5%
NH	338	411	82.2%	78.4%	86.1%
FCHP	189	193	97.9%	95.7%	100.0%
BMCHP	350	411	85.2%	81.6%	88.7%

CIS Childhood Immunization Status

HIB

MassHealth Wt. Mean: 88.1%
 MassHealth Median: 88.8%
 Nat'l MCaid 04': 77.5%
 MA Comm: 92.9%
 Nat'l Comm: 88.1%

	Num	Den	Rate	LCL	UCL
PCCP	363	411	88.3%	85.1%	91.5%
NHP	325	360	90.3%	87.1%	93.5%
NH	336	411	81.8%	77.9%	85.6%
FCHP	185	193	95.9%	92.8%	98.9%
BMCHP	365	411	88.8%	85.6%	92.0%

CIS Childhood Immunization Status

IPV

MassHealth Wt. Mean: 90.1%
 MassHealth Median: 89.5%
 Nat'l MCaid 04': 83.0%
 MA Comm: 94.4%
 Nat'l Comm: 88.7%

	Num	Den	Rate	LCL	UCL
PCCP	368	411	89.5%	86.5%	92.6%
NHP	341	360	94.7%	92.3%	97.2%
NH	349	411	84.9%	81.3%	88.5%
FCHP	185	193	95.9%	92.8%	98.9%
BMCHP	366	411	89.1%	85.9%	92.2%

Staying Healthy

Childhood and Adolescent Immunization

CIS Childhood Immunization Status

MMR

MassHealth Wt. Mean: 89.4%
 MassHealth Median: 90.3%
 Nat'l MCaid 04': 87.2%
 MA Comm: 94.2%
 Nat'l Comm: 91.5%

	Num	Den	Rate	LCL	UCL
PCCP	371	411	90.3%	87.3%	93.3%
NHP	341	360	94.7%	92.3%	97.2%
NH	355	411	86.4%	82.9%	89.8%
FCHP	157	193	81.3%	75.6%	87.1%
BMCHP	372	411	90.5%	87.6%	93.5%

CIS Childhood Immunization Status

VZV

MassHealth Wt. Mean: 88.0%
 MassHealth Median: 87.6%
 Nat'l MCaid 04': 81.6%
 MA Comm: 91.1%
 Nat'l Comm: 85.7%

	Num	Den	Rate	LCL	UCL
PCCP	352	411	85.6%	82.1%	89.2%
NHP	326	360	90.6%	87.4%	93.7%
NH	350	411	85.2%	81.6%	88.7%
FCHP	183	193	94.8%	91.4%	98.2%
BMCHP	360	411	87.6%	84.3%	90.9%

AIS Adolescent Immunization Status

COMBO1

MassHealth Wt. Mean: 79.0%
 MassHealth Median: 78.9%
 Nat'l MCaid 04': 51.8%
 MA Comm: 83.6%
 Nat'l Comm: 58.7%

	Num	Den	Rate	LCL	UCL
PCCP	323	411	78.6%	74.5%	82.7%
NHP	284	360	78.9%	74.5%	83.2%
NH	327	411	79.6%	75.5%	83.6%
FCHP	146	179	81.6%	75.6%	87.5%
BMCHP	319	411	77.6%	73.5%	81.8%

Staying Healthy

Childhood and Adolescent Immunization

AIS Adolescent Immunization Status

COMBO2

MassHealth Wt. Mean: 66.8%
 MassHealth Median: 68.6%
 Nat'l MCaid 04': 33.8%
 MA Comm: 78.3%
 Nat'l Comm: 41.5%

AIS Adolescent Immunization Status

HBV

MassHealth Wt. Mean: 80.6%
 MassHealth Median: 79.7%
 Nat'l MCaid 04': 56.1%
 MA Comm: 84.9%
 Nat'l Comm: 62.7%

AIS Adolescent Immunization Status

MMR

MassHealth Wt. Mean: 90.1%
 MassHealth Median: 91.7%
 Nat'l MCaid 04': 71.0%
 MA Comm: 92.5%
 Nat'l Comm: 73.9%

	Num	Den	Rate	LCL	UCL
PCCP	247	411	60.1%	55.2%	65.0%
NHP	247	360	68.6%	63.7%	73.5%
NH	287	411	69.8%	65.3%	74.4%
FCHP	135	179	75.4%	68.8%	82.0%
BMCHP	268	411	65.2%	60.5%	69.9%

	Num	Den	Rate	LCL	UCL
PCCP	327	411	79.6%	75.5%	83.6%
NHP	287	360	79.7%	75.4%	84.0%
NH	342	411	83.2%	79.5%	86.9%
FCHP	146	179	81.6%	75.6%	87.5%
BMCHP	326	411	79.3%	75.3%	83.4%

	Num	Den	Rate	LCL	UCL
PCCP	386	411	93.9%	91.5%	96.3%
NHP	330	360	91.7%	88.7%	94.7%
NH	345	411	83.9%	80.3%	87.6%
FCHP	165	179	92.2%	88.0%	96.4%
BMCHP	370	411	90.0%	87.0%	93.0%

Staying Healthy

Childhood and Adolescent Immunization

AIS Adolescent Immunization Status

VZV

MassHealth Wt. Mean: 77.0%

MassHealth Median: 77.6%

Nat'l MCaid 04': 44.0%

MA Comm: 87.2%

Nat'l Comm: 50.9%

	Num	Den	Rate	LCL	UCL
PCCP	293	411	71.3%	66.8%	75.8%
NHP	290	360	80.6%	76.3%	84.8%
NH	314	411	76.4%	72.2%	80.6%
FCHP	149	179	83.2%	77.5%	89.0%
BMCHP	319	411	77.6%	73.5%	81.8%

Appendix B: Mental Health Service Utilization: Basic and Non- Basic Populations

Behavioral Health Care Mental Health Services

Basic
Ages 18-64

Use of Services

18-64 Female

	<u>Member Months</u>	<u>Any Service</u>		<u>Inpatient</u>		<u>Day/Night</u>		<u>Ambulatory</u>	
		N	%	N	%	N	%	N	%
PCC	57,607	2,406	50.1%	207	4.3%	83	1.7%	2,313	48.2%
NHP	15,204	664	52.4%	46	3.6%	23	1.8%	660	52.1%
NH	7,534	282	44.9%	31	4.9%	1	0.2%	273	43.5%
FCHP	1,467	69	56.4%	5	4.1%	2	1.6%	69	56.4%
BMC	15,994	661	49.6%	64	4.8%	13	1.0%	651	48.8%

18-64 Male

	<u>Member Months</u>	<u>Any Service</u>		<u>Inpatient</u>		<u>Day/Night</u>		<u>Ambulatory</u>	
		N	%	N	%	N	%	N	%
PCC	88,143	3,164	43.1%	382	5.2%	133	1.8%	2,972	40.5%
NHP	20,952	801	45.9%	73	4.2%	35	2.0%	782	44.8%
NH	11,505	284	29.6%	43	4.5%	1	0.1%	272	28.4%
FCHP	2,244	90	48.1%	11	5.9%	1	0.5%	89	47.6%
BMC	29,664	912	36.9%	114	4.6%	11	0.4%	881	35.6%

18-64 Total

	<u>Member Months</u>	<u>Any Service</u>		<u>Inpatient</u>		<u>Day/Night</u>		<u>Ambulatory</u>	
		N	%	N	%	N	%	N	%
PCC	145,750	5,570	45.9%	589	4.8%	216	1.8%	5,285	43.5%
NHP	36,156	1,465	48.6%	119	3.9%	58	1.9%	1,442	47.9%
NH	19,039	566	35.7%	74	4.7%	2	0.1%	545	34.4%
FCHP	3,711	159	51.4%	16	5.2%	3	1.0%	158	51.1%
BMC	45,658	1,573	41.3%	178	4.7%	24	0.6%	1,532	40.3%

Inpatient Discharges and ALOS

	<u>Member Months</u>	<u>Days</u>	<u>ALOS</u>	<u>Disch.</u>	<u>Disch /1000</u>
PCC	57,607	2,089	6.7	313	5.4
NHP	15,204	468	8.5	55	3.6
NH	7,534	209	4.8	44	5.8
FCHP	1,467	44	7.3	6	4.1
BMC	15,994	615	7.2	86	5.4

	<u>Member Months</u>	<u>Days</u>	<u>ALOS</u>	<u>Disch.</u>	<u>Disch /1000</u>
PCC	88,143	3,950	6.3	630	7.1
NHP	20,952	746	7.2	104	5.0
NH	11,505	491	6.1	81	7.0
FCHP	2,244	81	6.2	13	5.8
BMC	29,664	1,123	6.9	163	5.5

	<u>Member Months</u>	<u>Days</u>	<u>ALOS</u>	<u>Disch.</u>	<u>Disch /1000</u>
PCC	145,750	6,039	6.4	943	6.5
NHP	36,156	1,214	7.6	159	4.4
NH	19,039	700	5.6	125	6.6
FCHP	3,711	125	6.6	19	5.1
BMC	45,658	1,738	7.0	249	5.5



Behavioral Health Care Mental Health Services

Basic
Ages total

Use of Services

Female Total

	<u>Member Months</u>	<u>Any Service</u>		<u>Inpatient</u>		<u>Day/Night</u>		<u>Ambulatory</u>	
		N	%	N	%	N	%	N	%
PCC	57,607	2,406	50.1%	207	4.3%	83	1.7%	2,313	48.2%
NHP	15,204	664	52.4%	46	3.6%	23	1.8%	660	52.1%
NH	7,534	282	44.9%	31	4.9%	1	0.2%	273	43.5%
FCHP	1,467	69	56.4%	5	4.1%	2	1.6%	69	56.4%
BMC	15,994	661	49.6%	64	4.8%	13	1.0%	651	48.8%

Male Total

	<u>Member Months</u>	<u>Any Service</u>		<u>Inpatient</u>		<u>Day/Night</u>		<u>Ambulatory</u>	
		N	%	N	%	N	%	N	%
PCC	88,143	3,164	43.1%	382	5.2%	133	1.8%	2,972	40.5%
NHP	20,952	801	45.9%	73	4.2%	35	2.0%	782	44.8%
NH	11,505	284	29.6%	43	4.5%	1	0.1%	272	28.4%
FCHP	2,244	90	48.1%	11	5.9%	1	0.5%	89	47.6%
BMC	29,664	912	36.9%	114	4.6%	11	0.4%	881	35.6%

Total

	<u>Member Months</u>	<u>Any Service</u>		<u>Inpatient</u>		<u>Day/Night</u>		<u>Ambulatory</u>	
		N	%	N	%	N	%	N	%
PCC	145,750	5,570	45.9%	589	4.8%	216	1.8%	5,285	43.5%
NHP	36,156	1,465	48.6%	119	3.9%	58	1.9%	1,442	47.9%
NH	19,039	566	35.7%	74	4.7%	2	0.1%	545	34.4%
FCHP	3,711	159	51.4%	16	5.2%	3	1.0%	158	51.1%
BMC	45,658	1,573	41.3%	178	4.7%	24	0.6%	1,532	40.3%

Inpatient Discharges and ALOS

	<u>Member Months</u>	<u>Days</u>	<u>ALOS</u>	<u>Disch.</u>	<u>Disch /1000</u>
PCC	57,607	2,089	6.7	313	5.4
NHP	15,204	468	8.5	55	3.6
NH	7,534	209	4.8	44	5.8
FCHP	1,467	44	7.3	6	4.1
BMC	15,994	615	7.2	86	5.4

	<u>Member Months</u>	<u>Days</u>	<u>ALOS</u>	<u>Disch.</u>	<u>Disch /1000</u>
PCC	88,143	3,950	6.3	630	7.1
NHP	20,952	746	7.2	104	5.0
NH	11,505	491	6.1	81	7.0
FCHP	2,244	81	6.2	13	5.8
BMC	29,664	1,123	6.9	163	5.5

	<u>Member Months</u>	<u>Days</u>	<u>ALOS</u>	<u>Disch.</u>	<u>Disch /1000</u>
PCC	145,750	6,039	6.4	943	6.5
NHP	36,156	1,214	7.6	159	4.4
NH	19,039	700	5.6	125	6.6
FCHP	3,711	125	6.6	19	5.1
BMC	45,658	1,738	7.0	249	5.5



Behavioral Health Care Mental Health Services

**Non-Basic
Ages 0-12**

Use of Services

0-12 Female

	<u>Member Months</u>	<u>Any Service</u>		<u>Inpatient</u>		<u>Day/Night</u>		<u>Ambulatory</u>	
		N	%	N	%	N	%	N	%
PCC	601,497	6,456	12.9%	117	0.2%	97	0.2%	6,443	12.9%
NHP	263,622	1,670	7.6%	21	0.1%	23	0.1%	1,668	7.6%
NH	149,741	830	6.7%	8	0.1%	0	0.0%	830	6.7%
FCHP	21,320	138	7.8%	4	0.2%	0	0.0%	137	7.7%
BMC	325,403	2,513	9.3%	27	0.1%	12	0.0%	2,509	9.3%

0-12 Male

	<u>Member Months</u>	<u>Any Service</u>		<u>Inpatient</u>		<u>Day/Night</u>		<u>Ambulatory</u>	
		N	%	N	%	N	%	N	%
PCC	647,023	10,642	19.7%	291	0.5%	209	0.4%	10,612	19.7%
NHP	267,549	2,647	11.9%	66	0.3%	93	0.4%	2,641	11.8%
NH	154,665	1,376	10.7%	22	0.2%	3	0.0%	1,369	10.6%
FCHP	22,498	248	13.2%	7	0.4%	0	0.0%	247	13.2%
BMC	331,333	4,135	15.0%	58	0.2%	25	0.1%	4,132	15.0%

0-12 Total

	<u>Member Months</u>	<u>Any Service</u>		<u>Inpatient</u>		<u>Day/Night</u>		<u>Ambulatory</u>	
		N	%	N	%	N	%	N	%
PCC	1,248,520	17,098	16.4%	408	0.4%	306	0.3%	17,055	16.4%
NHP	531,171	4,317	9.8%	87	0.2%	116	0.3%	4,309	9.7%
NH	304,406	2,206	8.7%	30	0.1%	3	0.0%	2,199	8.7%
FCHP	43,818	386	10.6%	11	0.3%	0	0.0%	384	10.5%
BMC	656,736	6,648	12.1%	85	0.2%	37	0.1%	6,641	12.1%

Inpatient Discharges and ALOS

	<u>Member Months</u>	<u>Days</u>	<u>ALOS</u>	<u>Disch.</u>	<u>/1000</u>
PCC	601,497	4,853	18.2	266	0.4
NHP	263,622	506	18.7	27	0.1
NH	149,741	108	7.2	15	0.1
FCHP	21,320	78	7.1	11	0.5
BMC	325,403	447	11.8	38	0.1

	<u>Member Months</u>	<u>Days</u>	<u>ALOS</u>	<u>Disch.</u>	<u>/1000</u>
PCC	647,023	15,353	21.9	702	1.1
NHP	267,549	1,161	13.5	86	0.3
NH	154,665	303	11.7	26	0.2
FCHP	22,498	104	14.9	7	0.3
BMC	331,333	966	12.4	78	0.2

	<u>Member Months</u>	<u>Days</u>	<u>ALOS</u>	<u>Disch.</u>	<u>/1000</u>
PCC	1,248,520	20,206	20.9	968	0.8
NHP	531,171	1,667	14.8	113	0.2
NH	304,406	411	10.0	41	0.1
FCHP	43,818	182	10.1	18	0.4
BMC	656,736	1,413	12.2	116	0.2



Behavioral Health Care Mental Health Services

**Non-Basic
Ages 13-17**

Use of Services

13-17 Female

	<u>Member Months</u>	<u>Any Service</u>		<u>Inpatient</u>		<u>Day/Night</u>		<u>Ambulatory</u>	
		N	%	N	%	N	%	N	%
PCC	216,801	5,484	30.4%	337	1.9%	205	1.1%	5,433	30.1%
NHP	83,198	1,326	19.1%	75	1.1%	69	1.0%	1,307	18.9%
NH	40,315	552	16.4%	33	1.0%	3	0.1%	544	16.2%
FCHP	6,560	93	17.0%	7	1.3%	2	0.4%	93	17.0%
BMC	86,999	1,415	19.5%	63	0.9%	10	0.1%	1,408	19.4%

13-17 Male

	<u>Member Months</u>	<u>Any Service</u>		<u>Inpatient</u>		<u>Day/Night</u>		<u>Ambulatory</u>	
		N	%	N	%	N	%	N	%
PCC	232,487	6,348	32.8%	270	1.4%	132	0.7%	6,300	32.5%
NHP	75,146	1,058	16.9%	35	0.6%	18	0.3%	1,055	16.8%
NH	39,209	484	14.8%	26	0.8%	3	0.1%	481	14.7%
FCHP	6,866	110	19.2%	4	0.7%	0	0.0%	108	18.9%
BMC	87,363	1,281	17.6%	46	0.6%	7	0.1%	1,274	17.5%

13-17 Total

	<u>Member Months</u>	<u>Any Service</u>		<u>Inpatient</u>		<u>Day/Night</u>		<u>Ambulatory</u>	
		N	%	N	%	N	%	N	%
PCC	449,288	11,832	31.6%	607	1.6%	337	0.9%	11,733	31.3%
NHP	158,344	2,384	18.1%	110	0.8%	87	0.7%	2,362	17.9%
NH	79,524	1,036	15.6%	59	0.9%	6	0.1%	1,025	15.5%
FCHP	13,426	203	18.1%	11	1.0%	2	0.2%	201	18.0%
BMC	174,362	2,696	18.6%	109	0.8%	17	0.1%	2,682	18.5%

Inpatient Discharges and ALOS

	<u>Member Months</u>	<u>Days</u>	<u>ALOS</u>	<u>Disch.</u>	<u>Disch /1000</u>
PCC	216,801	12,145	18.2	666	3.1
NHP	83,198	982	10.2	96	1.2
NH	40,315	370	8.6	43	1.1
FCHP	6,560	40	5.7	7	1.1
BMC	86,999	1,125	12.6	89	1.0

	<u>Member Months</u>	<u>Days</u>	<u>ALOS</u>	<u>Disch.</u>	<u>Disch /1000</u>
PCC	232,487	11,782	21.6	545	2.3
NHP	75,146	747	14.4	52	0.7
NH	39,209	346	10.8	32	0.8
FCHP	6,866	44	11.0	4	0.6
BMC	87,363	844	13.8	61	0.7

	<u>Member Months</u>	<u>Days</u>	<u>ALOS</u>	<u>Disch.</u>	<u>Disch /1000</u>
PCC	449,288	23,927	19.8	1,211	2.7
NHP	158,344	1,729	11.7	148	0.9
NH	79,524	716	9.5	75	0.9
FCHP	13,426	84	7.6	11	0.8
BMC	174,362	1,969	13.1	150	0.9



Behavioral Health Care Mental Health Services

**Non-Basic
Ages 18-64**

Use of Services

18-64 Female

	<u>Member Months</u>	<u>Any Service</u>		<u>Inpatient</u>		<u>Day/Night</u>		<u>Ambulatory</u>	
		N	%	N	%	N	%	N	%
PCC	1,244,487	38,314	36.9%	2,736	2.6%	1,267	1.2%	37,841	36.5%
NHP	321,909	5,518	20.6%	224	0.8%	107	0.4%	5,490	20.5%
NH	169,050	3,117	22.1%	202	1.4%	12	0.1%	3,097	22.0%
FCHP	35,372	703	23.8%	41	1.4%	14	0.5%	700	23.7%
BMC	355,071	7,969	26.9%	415	1.4%	84	0.3%	7,908	26.7%

18-64 Male

	<u>Member Months</u>	<u>Any Service</u>		<u>Inpatient</u>		<u>Day/Night</u>		<u>Ambulatory</u>	
		N	%	N	%	N	%	N	%
PCC	575,505	15,915	33.2%	1,734	3.6%	712	1.5%	15,476	32.3%
NHP	78,719	847	12.9%	67	1.0%	22	0.3%	837	12.8%
NH	58,954	823	16.8%	107	2.2%	3	0.1%	803	16.3%
FCHP	12,488	213	20.5%	23	2.2%	3	0.3%	209	20.1%
BMC	118,859	2,111	21.3%	217	2.2%	30	0.3%	2,068	20.9%

18-64 Total

	<u>Member Months</u>	<u>Any Service</u>		<u>Inpatient</u>		<u>Day/Night</u>		<u>Ambulatory</u>	
		N	%	N	%	N	%	N	%
PCC	1,819,992	54,229	35.8%	4,470	2.9%	1,979	1.3%	53,317	35.2%
NHP	400,628	6,365	19.1%	291	0.9%	129	0.4%	6,327	19.0%
NH	228,004	3,940	20.7%	309	1.6%	15	0.1%	3,900	20.5%
FCHP	47,860	916	23.0%	64	1.6%	17	0.4%	909	22.8%
BMC	473,930	10,080	25.5%	632	1.6%	114	0.3%	9,976	25.3%

Inpatient Discharges and ALOS

	<u>Member Months</u>	<u>Days</u>	<u>ALOS</u>	<u>Disch.</u>	<u>Disch</u> <u>/1000</u>
PCC	1,244,487	43,927	8.7	5,025	4.0
NHP	321,909	1,931	6.7	290	0.9
NH	169,050	1,965	6.9	284	1.7
FCHP	35,372	343	6.7	51	1.4
BMC	355,071	4,378	7.1	619	1.7

	<u>Member Months</u>	<u>Days</u>	<u>ALOS</u>	<u>Disch.</u>	<u>Disch</u> <u>/1000</u>
PCC	575,505	29,975	9.4	3,187	5.5
NHP	78,719	796	9.0	88	1.1
NH	58,954	1,190	7.3	164	2.8
FCHP	12,488	222	6.3	35	2.8
BMC	118,859	3,298	8.4	393	3.3

	<u>Member Months</u>	<u>Days</u>	<u>ALOS</u>	<u>Disch.</u>	<u>Disch</u> <u>/1000</u>
PCC	1,819,992	73,902	9.0	8,212	4.5
NHP	400,628	2,727	7.2	378	0.9
NH	228,004	3,155	7.0	448	2.0
FCHP	47,860	565	6.6	86	1.8
BMC	473,930	7,676	7.6	1,012	2.1



Behavioral Health Care Mental Health Services

Non-Basic
Ages total

Use of Services

Female Total

	<u>Member Months</u>	<u>Any Service</u>		<u>Inpatient</u>		<u>Day/Night</u>		<u>Ambulatory</u>	
		N	%	N	%	N	%	N	%
PCC	2,062,785	50,254	29.2%	3,190	1.9%	1,569	0.9%	49,717	28.9%
NHP	668,729	8,514	15.3%	320	0.6%	199	0.4%	8,465	15.2%
NH	359,106	4,499	15.0%	243	0.8%	15	0.1%	4,471	14.9%
FCHP	63,252	934	17.7%	52	1.0%	16	0.3%	930	17.6%
BMC	767,473	11,897	18.6%	505	0.8%	106	0.2%	11,825	18.5%

Male Total

	<u>Member Months</u>	<u>Any Service</u>		<u>Inpatient</u>		<u>Day/Night</u>		<u>Ambulatory</u>	
		N	%	N	%	N	%	N	%
PCC	1,455,015	32,905	27.1%	2,295	1.9%	1,053	0.9%	32,388	26.7%
NHP	421,414	4,552	13.0%	168	0.5%	133	0.4%	4,533	12.9%
NH	252,828	2,683	12.7%	155	0.7%	9	0.0%	2,653	12.6%
FCHP	41,852	571	16.4%	34	1.0%	3	0.1%	564	16.2%
BMC	537,555	7,527	16.8%	321	0.7%	62	0.1%	7,474	16.7%

Total

	<u>Member Months</u>	<u>Any Service</u>		<u>Inpatient</u>		<u>Day/Night</u>		<u>Ambulatory</u>	
		N	%	N	%	N	%	N	%
PCC	3,517,800	83,159	28.4%	5,485	1.9%	2,622	0.9%	82,105	28.0%
NHP	1,090,143	13,066	14.4%	488	0.5%	332	0.4%	12,998	14.3%
NH	611,934	7,182	14.1%	398	0.8%	24	0.0%	7,124	14.0%
FCHP	105,104	1,505	17.2%	86	1.0%	19	0.2%	1,494	17.1%
BMC	1,305,028	19,424	17.9%	826	0.8%	168	0.2%	19,299	17.7%

Inpatient Discharges and ALOS

	<u>Member Months</u>	<u>Days</u>	<u>ALOS</u>	<u>Disch.</u>	<u>/1000</u>
PCC	2,062,785	60,925	10.2	5,957	2.9
NHP	668,729	3,419	8.3	413	0.6
NH	359,106	2,443	7.1	342	1.0
FCHP	63,252	461	6.7	69	1.1
BMC	767,473	5,950	8.0	746	1.0

	<u>Member Months</u>	<u>Days</u>	<u>ALOS</u>	<u>Disch.</u>	<u>/1000</u>
PCC	1,455,015	57,110	12.9	4,434	3.0
NHP	421,414	2,704	12.0	226	0.5
NH	252,828	1,839	8.3	222	0.9
FCHP	41,852	370	8.0	46	1.1
BMC	537,555	5,108	9.6	532	1.0

	<u>Member Months</u>	<u>Days</u>	<u>ALOS</u>	<u>Disch.</u>	<u>/1000</u>
PCC	3,517,800	118,035	11.4	10,391	3.0
NHP	1,090,143	6,123	9.6	639	0.6
NH	611,934	4,282	7.6	564	0.9
FCHP	105,104	831	7.2	115	1.1
BMC	1,305,028	11,058	8.7	1,278	1.0



Appendix C: Chemical Dependency Service Utilization: Basic and Non-Basic Populations

Behavioral Health Care Chemical Dependency Services

Basic
Ages 18-64

Use of Services

18-64 Female

	<u>Member Months</u>	<u>Any Service</u>		<u>Inpatient</u>		<u>Day/Night</u>		<u>Ambulatory</u>	
		N	%	N	%	N	%	N	%
PCC	57,607	1,476	30.7%	38	0.8%	650	3.5%	1,125	23.4%
NHP	15,204	263	20.8%	112	8.8%	14	1.1%	199	15.7%
NH	7,534	94	15.0%	43	6.8%	0	0.0%	71	11.3%
FCHP	1,467	15	12.3%	5	4.1%	4	3.3%	12	9.8%
BMC	15,994	303	22.7%	114	8.6%	6	0.5%	245	18.4%

18-64 Male

	<u>Member Months</u>	<u>Any Service</u>		<u>Inpatient</u>		<u>Day/Night</u>		<u>Ambulatory</u>	
		N	%	N	%	N	%	N	%
PCC	88,143	4,325	58.9%	98	1.3%	2,100	8.6%	2,974	40.5%
NHP	20,952	810	46.4%	386	22.1%	42	2.4%	552	31.6%
NH	11,505	221	23.1%	107	11.2%	1	0.1%	159	16.6%
FCHP	2,244	74	39.6%	28	15.0%	4	2.1%	55	29.4%
BMC	29,664	1,045	42.3%	526	21.3%	10	0.4%	681	27.5%

18-64 Total

	<u>Member Months</u>	<u>Any Service</u>		<u>Inpatient</u>		<u>Day/Night</u>		<u>Ambulatory</u>	
		N	%	N	%	N	%	N	%
PCC	145,750	5,801	47.8%	136	1.1%	2,750	2.6%	4,099	33.7%
NHP	36,156	1,073	35.6%	498	16.5%	56	1.9%	751	24.9%
NH	19,039	315	19.9%	150	9.5%	1	0.1%	230	14.5%
FCHP	3,711	89	28.8%	33	10.7%	8	2.6%	67	21.7%
BMC	45,658	1,348	35.4%	640	16.8%	16	0.4%	926	24.3%

Inpatient Discharges and ALOS

	<u>Member Months</u>	<u>Days</u>	<u>ALOS</u>	<u>Disch.</u>	<u>Disch. /1000</u>
PCC	57,607	5,991	4.2	1,412	24.5
NHP	15,204	866	3.8	230	15.1
NH	7,534	237	3.4	70	9.3
FCHP	1,467	21	3.5	6	4.1
BMC	15,994	1,026	4.8	213	13.3

	<u>Member Months</u>	<u>Days</u>	<u>ALOS</u>	<u>Disch.</u>	<u>Disch. /1000</u>
PCC	88,143	21,469	4.3	5,002	56.7
NHP	20,952	2,864	4.1	697	33.3
NH	11,505	885	3.9	229	19.9
FCHP	2,244	141	3.1	45	20.1
BMC	29,664	4,076	3.8	1,085	36.6

	<u>Member Months</u>	<u>Days</u>	<u>ALOS</u>	<u>Disch.</u>	<u>Disch. /1000</u>
PCC	145,750	27,460	4.3	6,414	44.0
NHP	36,156	3,730	4.0	927	25.6
NH	19,039	1,122	3.8	299	15.7
FCHP	3,711	162	3.2	51	13.7
BMC	45,658	5,102	3.9	1,298	28.4

Behavioral Health Care Chemical Dependency Services

Basic
Ages total

Use of Services

Female Total

	<u>Member Months</u>	<u>Any Service</u>		<u>Inpatient</u>		<u>Day/Night</u>		<u>Ambulatory</u>	
		N	%	N	%	N	%	N	%
PCC	57,607	1,476	30.7%	38	0.8%	650	3.5%	1,125	23.4%
NHP	15,204	263	20.8%	112	8.8%	14	1.1%	199	15.7%
NH	7,534	94	15.0%	43	6.8%	0	0.0%	71	11.3%
FCHP	1,467	15	12.3%	5	4.1%	4	3.3%	12	9.8%
BMC	15,994	303	22.7%	114	8.6%	6	0.5%	245	18.4%

Male Total

	<u>Member Months</u>	<u>Any Service</u>		<u>Inpatient</u>		<u>Day/Night</u>		<u>Ambulatory</u>	
		N	%	N	%	N	%	N	%
PCC	88,143	4,325	58.9%	98	1.3%	2,100	8.6%	2,974	40.5%
NHP	20,952	810	46.4%	386	22.1%	42	2.4%	552	31.6%
NH	11,505	221	23.1%	107	11.2%	1	0.1%	159	16.6%
FCHP	2,244	74	39.6%	28	15.0%	4	2.1%	55	29.4%
BMC	29,664	1,045	42.3%	526	21.3%	10	0.4%	681	27.5%

Total

	<u>Member Months</u>	<u>Any Service</u>		<u>Inpatient</u>		<u>Day/Night</u>		<u>Ambulatory</u>	
		N	%	N	%	N	%	N	%
PCC	145,750	5,801	47.8%	136	1.1%	2,750	2.6%	4,099	33.7%
NHP	36,156	1,073	35.6%	498	16.5%	56	1.9%	751	24.9%
NH	19,039	315	19.9%	150	9.5%	1	0.1%	230	14.5%
FCHP	3,711	89	28.8%	33	10.7%	8	2.6%	67	21.7%
BMC	45,658	1,348	35.4%	640	16.8%	16	0.4%	926	24.3%

Inpatient Discharges and ALOS

	<u>Member Months</u>	<u>Days</u>	<u>ALOS</u>	<u>Disch.</u>	<u>Disch /1000</u>
PCC	57,607	5,991	4.2	1,412	24.5
NHP	15,204	866	3.8	230	15.1
NH	7,534	237	3.4	70	9.3
FCHP	1,467	21	3.5	6	4.1
BMC	15,994	1,026	4.8	213	13.3

	<u>Member Months</u>	<u>Days</u>	<u>ALOS</u>	<u>Disch.</u>	<u>Disch /1000</u>
PCC	88,143	21,469	4.3	5,002	56.7
NHP	20,952	2,864	4.1	697	33.3
NH	11,505	885	3.9	229	19.9
FCHP	2,244	141	3.1	45	20.1
BMC	29,664	4,076	3.8	1,085	36.6

	<u>Member Months</u>	<u>Days</u>	<u>ALOS</u>	<u>Disch.</u>	<u>Disch /1000</u>
PCC	145,750	27,460	4.3	6,414	44.0
NHP	36,156	3,730	4.0	927	25.6
NH	19,039	1,122	3.8	299	15.7
FCHP	3,711	162	3.2	51	13.7
BMC	45,658	5,102	3.9	1,298	28.4

Behavioral Health Care Chemical Dependency Services

Non-Basic
Ages 0-12

Use of Services

0-12 Female

	<u>Member Months</u>	<u>Any Service</u>		<u>Inpatient</u>		<u>Day/Night</u>		<u>Ambulatory</u>	
		N	%	N	%	N	%	N	%
PCC	601,497	13	0.0%	0	0.0%	1	0.0%	12	0.0%
NHP	263,622	1	0.0%	0	0.0%	0	0.0%	1	0.0%
NH	149,741	2	0.0%	0	0.0%	0	0.0%	2	0.0%
FCHP	21,320	0	0.0%	0	0.0%	0	0.0%	0	0.0%
BMC	325,403	5	0.0%					5	0.0%

0-12 Male

	<u>Member Months</u>	<u>Any Service</u>		<u>Inpatient</u>		<u>Day/Night</u>		<u>Ambulatory</u>	
		N	%	N	%	N	%	N	%
PCC	647,023	30	0.1%	0	0.0%	0	0.0%	30	0.1%
NHP	267,549	6	0.0%	0	0.0%	0	0.0%	6	0.0%
NH	154,665	3	0.0%	1	0.0%	0	0.0%	2	0.0%
FCHP	22,498	0	0.0%	0	0.0%	0	0.0%	0	0.0%
BMC	331,333	8	0.0%	1	0.0%			7	0.0%

0-12 Total

	<u>Member Months</u>	<u>Any Service</u>		<u>Inpatient</u>		<u>Day/Night</u>		<u>Ambulatory</u>	
		N	%	N	%	N	%	N	%
PCC	1,248,520	43	0.0%	0	0.0%	1	0.0%	42	0.0%
NHP	531,171	7	0.0%	0	0.0%	0	0.0%	7	0.0%
NH	304,406	5	0.0%	1	0.0%	0	0.0%	4	0.0%
FCHP	43,818	0	0.0%	0	0.0%	0	0.0%	0	0.0%
BMC	656,736	13	0.0%	1	0.0%			12	0.0%

Inpatient Discharges and ALOS

	<u>Member Months</u>	<u>Days</u>	<u>ALOS</u>	<u>Disch.</u>	<u>Disch /1000</u>
PCC	601,497	5	5.0	1	0.0
NHP	263,622	0	0.0	0	0.0
NH	149,741	0	0.0	0	0.0
FCHP	21,320	0	0.0	0	0.0
BMC	325,403		0.0		

	<u>Member Months</u>	<u>Days</u>	<u>ALOS</u>	<u>Disch.</u>	<u>Disch /1000</u>
PCC	647,023	0	0.0	0	0.0
NHP	267,549	0	0.0	0	0.0
NH	154,665	1	1.0	1	0.0
FCHP	22,498	0	0.0	0	0.0
BMC	331,333	1	1.0	1	0.0

	<u>Member Months</u>	<u>Days</u>	<u>ALOS</u>	<u>Disch.</u>	<u>Disch /1000</u>
PCC	1,248,520	5	5.0	1	0.0
NHP	531,171	0	0.0	0	0.0
NH	304,406	1	1.0	1	0.0
FCHP	43,818	0	0.0	0	0.0
BMC	656,736	1	1.0	1	0.0

Behavioral Health Care Chemical Dependency Services

**Non-Basic
Ages 13-17**

Use of Services

13-17 Female

	<u>Member Months</u>	<u>Any Service</u>		<u>Inpatient</u>		<u>Day/Night</u>		<u>Ambulatory</u>	
		N	%	N	%	N	%	N	%
PCC	216,801	139	0.8%	2	0.0%	25	0.1%	125	0.7%
NHP	83,198	24	0.3%	4	0.1%	1	0.0%	22	0.3%
NH	40,315	19	0.6%	3	0.1%	1	0.0%	17	0.5%
FCHP	6,560	1	0.2%	0	0.0%	0	0.0%	1	0.2%
BMC	86,999	39	0.5%	10	0.1%			31	0.4%

13-17 Male

	<u>Member Months</u>	<u>Any Service</u>		<u>Inpatient</u>		<u>Day/Night</u>		<u>Ambulatory</u>	
		N	%	N	%	N	%	N	%
PCC	232,487	272	1.4%	2	0.0%	31	0.2%	253	1.3%
NHP	75,146	49	0.8%	2	0.0%	0	0.0%	49	0.8%
NH	39,209	36	1.1%	1	0.0%	0	0.0%	36	1.1%
FCHP	6,866	4	0.7%	1	0.2%	0	0.0%	3	0.5%
BMC	87,363	69	0.9%	11	0.2%	2	0.0%	65	0.9%

13-17 Total

	<u>Member Months</u>	<u>Any Service</u>		<u>Inpatient</u>		<u>Day/Night</u>		<u>Ambulatory</u>	
		N	%	N	%	N	%	N	%
PCC	449,288	411	1.1%	4	0.0%	56	0.1%	378	1.0%
NHP	158,344	73	0.6%	6	0.0%	1	0.0%	71	0.5%
NH	79,524	55	0.8%	4	0.1%	1	0.0%	53	0.8%
FCHP	13,426	5	0.4%	1	0.1%	0	0.0%	4	0.4%
BMC	174,362	108	0.7%	21	0.1%	2	0.0%	96	0.7%

Inpatient Discharges and ALOS

	<u>Member Months</u>	<u>Days</u>	<u>ALOS</u>	<u>Disch.</u>	<u>Disch /1000</u>
PCC	216,801	197	6.6	30	0.1
NHP	83,198	7	2.3	3	0.0
NH	40,315	9	2.3	4	0.1
FCHP	6,560	0	0.0	0	0.0
BMC	86,999	36	2.8	13	0.1

	<u>Member Months</u>	<u>Days</u>	<u>ALOS</u>	<u>Disch.</u>	<u>Disch /1000</u>
PCC	232,487	214	7.4	29	0.1
NHP	75,146	29	3.6	8	0.1
NH	39,209	3	1.0	3	0.1
FCHP	6,866	4	4.0	1	0.1
BMC	87,363	53	4.4	12	0.1

	<u>Member Months</u>	<u>Days</u>	<u>ALOS</u>	<u>Disch.</u>	<u>Disch /1000</u>
PCC	449,288	411	7.0	59	0.1
NHP	158,344	36	3.3	11	0.1
NH	79,524	12	1.7	7	0.1
FCHP	13,426	4	4.0	1	0.1
BMC	174,362	89	3.6	25	0.1

Behavioral Health Care Chemical Dependency Services

**Non-Basic
Ages 18-64**

Use of Services

18-64 Female

	<u>Member Months</u>	<u>Any Service</u>		<u>Inpatient</u>		<u>Day/Night</u>		<u>Ambulatory</u>	
		N	%	N	%	N	%	N	%
PCC	1,244,487	7,468	7.2%	259	0.2%	2,638	2.5%	6,336	6.1%
NHP	321,909	825	3.1%	280	1.0%	73	0.3%	685	2.6%
NH	169,050	464	3.3%	165	1.2%	1	0.0%	372	2.6%
FCHP	35,372	99	3.4%	38	1.3%	19	0.6%	82	2.8%
BMC	355,071	1,468	5.0%	480	1.6%	29	0.1%	1,254	4.2%

18-64 Male

	<u>Member Months</u>	<u>Any Service</u>		<u>Inpatient</u>		<u>Day/Night</u>		<u>Ambulatory</u>	
		N	%	N	%	N	%	N	%
PCC	575,505	6,490	13.5%	253	0.5%	2,486	5.2%	5,127	10.7%
NHP	78,719	296	4.5%	100	1.5%	20	0.3%	225	3.4%
NH	58,954	283	5.8%	114	2.3%	2	0.0%	219	4.5%
FCHP	12,488	62	6.0%	26	2.5%	10	1.0%	48	4.6%
BMC	118,859	1,099	11.1%	453	4.6%	17	0.2%	849	8.6%

18-64 Total

	<u>Member Months</u>	<u>Any Service</u>		<u>Inpatient</u>		<u>Day/Night</u>		<u>Ambulatory</u>	
		N	%	N	%	N	%	N	%
PCC	1,819,992	13,958	9.2%	512	0.3%	5,124	3.4%	11,463	7.6%
NHP	400,628	1,121	3.4%	380	1.1%	93	0.3%	910	2.7%
NH	228,004	747	3.9%	279	1.5%	3	0.0%	591	3.1%
FCHP	47,860	161	4.0%	64	1.6%	29	0.7%	130	3.3%
BMC	473,930	2,567	6.5%	933	2.4%	46	0.1%	2,103	5.3%

Inpatient Discharges and ALOS

	<u>Member Months</u>	<u>Days</u>	<u>ALOS</u>	<u>Disch.</u>	<u>Disch /1000</u>
PCC	1,244,487	23,262	4.4	5,251	4.2
NHP	321,909	1,889	3.9	486	1.5
NH	169,050	1,063	3.8	281	1.7
FCHP	35,372	162	3.2	50	1.4
BMC	355,071	3,415	4.0	850	2.4

	<u>Member Months</u>	<u>Days</u>	<u>ALOS</u>	<u>Disch.</u>	<u>Disch /1000</u>
PCC	575,505	26,262	4.2	6,198	10.8
NHP	78,719	566	3.1	182	2.3
NH	58,954	1,021	3.8	269	4.6
FCHP	12,488	146	3.2	45	3.6
BMC	118,859	3,835	3.7	1,041	8.8

	<u>Member Months</u>	<u>Days</u>	<u>ALOS</u>	<u>Disch.</u>	<u>Disch /1000</u>
PCC	1,819,992	49,524	4.3	11,449	6.3
NHP	400,628	2,455	3.7	668	1.7
NH	228,004	2,084	3.8	550	2.4
FCHP	47,860	308	3.2	95	2.0
BMC	473,930	7,250	3.8	1,891	4.0

Behavioral Health Care Chemical Dependency Services

Non-Basic
Ages total

Use of Services

Female Total

	<u>Member Months</u>	<u>Any Service</u>		<u>Inpatient</u>		<u>Day/Night</u>		<u>Ambulatory</u>	
		N	%	N	%	N	%	N	%
PCC	2,062,785	7,620	4.4%	261	0.2%	2,664	1.5%	6,473	3.8%
NHP	668,729	850	1.5%	284	0.5%	74	0.1%	708	1.3%
NH	359,106	485	1.6%	168	0.6%	2	0.0%	391	1.3%
FCHP	63,252	100	1.9%	38	0.7%	19	0.4%	83	1.6%
BMC	767,473	1,512	2.4%	490	0.8%	29	0.0%	1,290	2.0%

Male Total

	<u>Member Months</u>	<u>Any Service</u>		<u>Inpatient</u>		<u>Day/Night</u>		<u>Ambulatory</u>	
		N	%	N	%	N	%	N	%
PCC	1,455,015	6,792	5.6%	255	0.2%	2,517	2.1%	5,410	4.5%
NHP	421,414	351	1.0%	102	0.3%	20	0.1%	280	0.8%
NH	252,828	322	1.5%	116	0.6%	2	0.0%	257	1.2%
FCHP	41,852	66	1.9%	27	0.8%	10	0.3%	51	1.5%
BMC	537,555	1,176	2.6%	465	1.0%	19	0.0%	921	2.1%

Total

	<u>Member Months</u>	<u>Any Service</u>		<u>Inpatient</u>		<u>Day/Night</u>		<u>Ambulatory</u>	
		N	%	N	%	N	%	N	%
PCC	3,517,800	14,412	4.9%	516	0.2%	5,181	1.8%	11,883	4.1%
NHP	1,090,143	1,201	1.3%	386	0.4%	94	0.1%	988	1.1%
NH	611,934	807	1.6%	284	0.6%	4	0.0%	648	1.3%
FCHP	105,104	166	1.9%	65	0.7%	29	0.3%	134	1.5%
BMC	1,305,028	2,688	2.5%	955	0.9%	48	0.0%	2,211	2.0%

Inpatient Discharges and ALOS

	<u>Member Months</u>	<u>Days</u>	<u>ALOS</u>	<u>Disch.</u>	<u>Disch /1000</u>
PCC	2,062,785	23,464	4.4	5,282	2.6
NHP	668,729	1,896	3.9	489	0.7
NH	359,106	1,072	3.8	285	0.8
FCHP	63,252	162	3.2	50	0.8
BMC	767,473	3,451	4.0	863	1.1

	<u>Member Months</u>	<u>Days</u>	<u>ALOS</u>	<u>Disch.</u>	<u>Disch /1000</u>
PCC	1,455,015	26,476	4.3	6,227	4.3
NHP	421,414	595	3.1	190	0.5
NH	252,828	1,025	3.8	273	1.1
FCHP	41,852	150	3.3	46	1.1
BMC	537,555	3,889	3.7	1,054	2.0

	<u>Member Months</u>	<u>Days</u>	<u>ALOS</u>	<u>Disch.</u>	<u>Disch /1000</u>
PCC	3,517,800	49,940	4.3	11,509	3.3
NHP	1,090,143	2,491	3.7	679	0.6
NH	611,934	2,097	3.8	558	0.9
FCHP	105,104	312	3.3	96	0.9
BMC	1,305,028	7,340	3.8	1,917	1.5

Appendix D: MassHealth Performance Summary

APPENDIX D: Summary of MassHealth Performance

HEDIS Measures	MassHealth Weighted Mean	BMCHP	Fallon	Network Health	NHP	PCC Plan
Childhood Immunization Status						
HEDIS Combination 1 (4 DTaP/DT, 3 OPV/IPV, 1MMR, 3 HiB, 3 Hep B)	76.1%	75.2%	90.2%	70.6%	76.7%	75.7%
HEDIS Combination 2 (4 DTaP/DT, 3 OPV/IPV, 1MMR, 3 HiB, 3 Hep B, 1 VZV)	72.8%	72.5%	87.0%	66.4%	74.4%	71.3%
Adolescent Immunization Status						
HEDIS Combination 1 - (1 MMR, 3 Hep B)	79.0%	77.6%	81.6%	79.6%	78.9%	78.6%
HEDIS Combination 2 - (1 MMR, 3 Hep B, 1 VZV)	66.8%	65.2%	75.4%	69.8%	68.6%	60.1%
Well-Care Visits						
Well-Child Visits in the First Fifteen Months of Life (6 or more visits)	67.7%	69.1%	40.9%	84.9%	77.3%	61.8%
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	80.9%	83.0%	94.2%	90.2%	81.0%	77.4%
Adolescent Well-Care Visits	59.3%	70.1%	52.5%	70.6%	56.9%	54.8%
Children's Access to Primary Care						
12-24 Months	95.1%	92.8%	97.5%	90.5%	96.8%	97.0%
25 Months – 6 Years	91.8%	90.3%	95.3%	89.5%	92.2%	92.7%
7-11 Years	95.9%	94.9%	97.5%	94.8%	94.9%	96.6%
12-19 Years	93.8%	92.6%	93.5%	92.3%	92.3%	94.6%

HEDIS Measures	MassHealth Weighted Mean	BMCHP	Fallon	Network Health	NHP	PCC Plan
Comprehensive Diabetes Care						
Hemoglobin A1c (HbA1c) testing	88.6%	86.6%	88.1%	89.1%	86.6%	86.6%
Poor HbA1c control (HbA1c > 9.0%)	45.6%	37.2%	33.6%	50.9%	42.3%	47.0%
Eye exams (retinal) performed	50.8%	50.9%	58.0%	51.3%	52.3%	50.6%
Kidney disease (nephropathy) monitored	52.8%	58.6%	60.8%	48.9%	56.7%	51.8%
LDL-C (Lipid) screening performed	87.2%	81.5%	88.1%	84.7%	82.2%	88.6%
LDL-C (Lipid) level (LDL < 130 mg/dL)	44.7%	50.4%	57.3%	40.9%	50.4%	43.6%
LDL-C (Lipid) level (LDL < 100 mg/dL)	27.9%	29.7%	23.8%	23.4%	28.0%	28.0%
Use of Appropriate Medications For People with Asthma						
Ages 5-9	68.5%	66.5%	NA	69.8%	67.6%	69.3%
Ages 10-17	65.8%	65.9%	64.7%	62.1%	69.5%	65.1%
Ages 18-46	61.7%	68.3%	44.9%	62.9%	66.4%	60.8%
Combined	63.8%	67.1%	48.5%	64.6%	67.8%	62.8%

Appendix E: Data Collection Methodology Table

APPENDIX E: Data Collection Methodology Table

Measure	Plan	Methodology ¹
Childhood Immunization Status	All Plans	Hybrid
Adolescent Immunization Status	All Plans	Hybrid
Well-Child Visits in the First Fifteen Months of Life	BMCHP	Hybrid
	Fallon	Administrative
	NHP	Hybrid
	Network Health	Hybrid
	PCC Plan	Administrative
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	BMCHP	Hybrid
	Fallon	Administrative
	NHP	Hybrid
	Network Health	Hybrid
	PCC Plan	Administrative
Adolescent Well-Care Visits	BMCHP	Hybrid
	Fallon	Administrative
	NHP	Hybrid
	Network Health	Hybrid
	PCC Plan	Administrative
Children and Adolescent's Access to Primary Care Practitioners	All Plans	Administrative
Comprehensive Diabetes Care	All Plans	Hybrid
Use of Appropriate Medications for People with Asthma	All Plans	Administrative

¹The **Administrative** methodology requires Plans to identify the denominator and numerator using claims or encounter data or other administrative databases.

The **Hybrid** methodology requires Plans to identify the numerator through both administrative and medical record data.

For a full description of the Administrative and Hybrid data collection methodologies, please see page 3.

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