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MassHealth Managed Care HEDIS[®] 2006 Final Report

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Executive Summary

Background

The MassHealth Managed Care HEDIS® 2006 Report presents information on the quality of care provided by the five health plans serving the MassHealth managed care population (Boston Medical Center HealthNet Plan, Fallon Community Health Plan, Neighborhood Health Plan, Network Health and the Primary Care Clinician Plan). This assessment was conducted by the Center for Health Policy and Research (CHPR), the MassHealth Office of Acute and Ambulatory Care (OAAC), the MassHealth Behavioral Health Program (MHBH), and the MassHealth Office of Clinical Affairs (OCA) by using a subset of HEDIS (Health Plan Employer Data and Information Set) measures. HEDIS was developed by the National Committee for Quality Assurance (NCQA) and is the most widely used set of standardized performance measures to measure and report on the quality of care delivered by health care organizations. Through this collaborative project, CHPR, OAAC, MHBH and OCA have evaluated a broad range of clinical and service areas that are of importance to MassHealth members, policy makers and program staff.

Measures Selected for HEDIS 2006

The MassHealth measurement set for 2006 focused on three domains: “staying healthy” (e.g., well-child visits, adolescent well-care visits, childhood and adolescent immunization, and children and adolescent’s access to primary care practitioners), “living with illness” (e.g., comprehensive diabetes care and use of appropriate medications for people with asthma), and the utilization of services (e.g., the use of mental health and chemical dependency services).

Summary of Overall Results

Results from the MassHealth Managed Care HEDIS 2006 project demonstrate that MassHealth plans performed well overall when compared to the

2006 rates for other Medicaid plans around the country. For the purpose of this report, we conducted tests of statistical significance and compared the performance of the individual MassHealth plans with that of the top 25% of all Medicaid plans in the country for 2006 (represented by the 2006 national Medicaid 75th percentile, obtained from NCQA’s Quality Compass® database).

MassHealth plans generally reported rates that were significantly better than the 2006 national Medicaid 75th percentile for the measures assessing childhood and adolescent immunization status, well-child and adolescent well-care visits, and children and adolescent’s access to primary care practitioners. Results were mixed for the Comprehensive Diabetes Care measure, with some plans performing above the benchmark, some plans performing below the benchmark, and some plans with rates that were statistically no different from the benchmark. Performance on the Use of Appropriate Medications for People with Asthma measure was least favorable in relation to the 2006 national Medicaid 75th percentile benchmark, as compared to the other HEDIS 2006 measures. However, significant changes to the eligible population criteria for this measure since HEDIS 2005 make it difficult to interpret 2006 performance.

Results for most measures showed statistically significant variation between plans (i.e., in many cases plans had rates that were statistically different from each other). The exception was the LDL testing rate of the Comprehensive Diabetes Care measure and the Use of Appropriate Medications for People with Asthma measure (5-9 and 10-17 year old rates only). The cause of variation in HEDIS rates across MassHealth plans is unknown. CHPR and MassHealth are undertaking additional analyses of HEDIS 2006 data to begin to understand what member, provider-group, and health plan characteristics influence MassHealth plan HEDIS rates. The results of these analyses may be included in future HEDIS reports.

MassHealth HEDIS 2006 Report Highlights

- ♦ MassHealth plans generally reported rates that were significantly better than the 2006 national Medicaid 75th percentile for the measures assessing childhood and adolescent immunization status, well-child and adolescent well-care visits, and children and adolescent’s access to primary care practitioners. The 2006 national Medicaid 75th percentile represents a level of performance that was exceeded by only the top 25% of all Medicaid plans reporting HEDIS 2006 data.
- ♦ Results were mixed for the Comprehensive Diabetes Care measure, with some plans performing above the benchmark, some plans performing below the benchmark, and some plans with rates that were statistically no different from the benchmark.
- ♦ Performance on the Use of Appropriate Medications for People with Asthma measure was least favorable in relation to the 2006 national Medicaid 75th percentile benchmark, as compared to the other HEDIS 2006 measures.

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Quality Compass® is a registered trademark of the National Committee for Quality Assurance (NCQA).

Executive Summary (*continued*)

Childhood Immunization Status

- For Combination 2 (4 diphtheria-tetanus-pertussis, 3 injectable polio, 1 measles-mumps-rubella, 3 H influenza type B, 3 hepatitis B and 1 chicken pox vaccine by age 2), three MassHealth plans (NHP, FCHP and BMCHP) performed significantly better than the 2006 national Medicaid 75th percentile.
- Three plans (NHP, NH and BMCHP) reported Combination 2 rates that were significantly better than their HEDIS 2004 rates. (NCQA has made several changes to this measure that should be considered when comparing HEDIS 2006 and HEDIS 2004 rates. See page 18 for more information.)
- MassHealth rates for Combination 3 (all Combination 2 immunizations plus 4 pneumococcal conjugate vaccines) ranged from 51.3% to 72.3%. The Combination 3 rate was a new to the HEDIS measurement set for HEDIS 2006. NCQA does not release benchmark data for the first year a measure is collected. Therefore, no benchmark data for this measure is included in the report.

Adolescent Immunization Status

- For Combination 2 (2nd dose of measles-mumps-rubella, 3 hepatitis B and 1 chicken pox vaccine by age 13), four MassHealth plans (NHP, NH, FCHP and BMCHP) performed significantly better than the 2006 national Medicaid 75th percentile.
- Two plans (FCHP and BMCHP) reported Combination 2 rates that were significantly better than their HEDIS 2004 rates.

Well-Child Visits in the First Fifteen Months of Life (0, 1, 2, 3, 4, 5, and 6 or more visits)

- For the six or more visit rate, all five MassHealth plans performed significantly better than the 2006 national Medicaid 75th percentile.
- Three plans (PCC Plan, FCHP and BMCHP) reported rates of six or more visits that were

significantly better than their HEDIS 2004 rates.

Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (at least one visit during 2005)

- All five MassHealth plans performed significantly better than the 2006 national Medicaid 75th percentile.
- One plan (PCC Plan) reported a rate that was significantly better than its HEDIS 2004 rate.

Adolescent Well-Care Visits (at least one visit during 2005)

- All five MassHealth plans performed significantly better than the 2006 national Medicaid 75th percentile.
- One plan (PCC Plan) reported a rate that was significantly better than its HEDIS 2004 rate.

Children and Adolescent's Access to Primary Care Practitioners (at least one visit during 2005 for the 12-24 month and 25 month-6 year age groups; at least one visit during 2004 or 2005 for 7-11 and 12-19 age groups)

- Fewer plans had rates for the 12-24 month and 25 month-6 year measures that were significantly better than the 2006 national Medicaid 75th percentile compared to the 7-11 and 12-19 year old rates (for which all five MassHealth plans performed significantly better than the 2006 national 75th percentile).
- Several plans had rates that were significantly better than their HEDIS 2004 rates (PCC Plan for all four age-stratified rates, BMCHP for the 12-24 month rate, and NHP for the 12-19 year rate).

Comprehensive Diabetes Care

- This measure assesses seven areas of diabetes care: HbA1c testing, HbA1c control, LDL testing, LDL control (2 rates), eye exams, and screening for kidney disease.

- Performance on the seven rates comprising this measure was mixed, particularly for the HbA1c control and two LDL control measures.
- Four of the five plans (NHP, NH, FCHP and BMCHP) had at least one rate of the seven rates that was significantly better than their HEDIS 2004 rate. There was one rate (HbA1c testing) for which no MassHealth plan performed significantly better or worse than the HEDIS 2004 rates.

Use of Appropriate Medications for People with Asthma

- There were no plans that performed significantly better than the 2006 national Medicaid 75th percentile for any of the measure's age stratified rates (5-9 year, 10-17 year, and 18-56 year) or the combined rate (18-56 year).
- NCQA made a significant change to the definition of the eligible population for this measure for HEDIS 2006. Due to the significance of this change, comparisons to HEDIS 2004 are inappropriate.

Mental Health Utilization—Percentage of Members Using Services

- Between 15.4% and 28.0% of MassHealth plan members received some type of mental health service from their plan. The percentage of members who received inpatient services ranged from 0.6% to 1.7%, intermediate services from 0.1% to 1.4%, and ambulatory services from 15.3% to 27.5%.

Mental Health Utilization—Inpatient Discharges and ALOS

- Inpatient discharge rates per 1,000 members ranged from 0.7 to 2.3.
- The average length of stay (ALOS) for inpatient discharges ranged from 7.8 to 13.0 days.

(continued on next page)

Executive Summary (*continued*)

Identification of Alcohol and Other Drug Services

- Between 2.2% and 5.5% of MassHealth plan members received some type of chemical dependency service from their plan. The percentage of members who received inpatient services ranged from 0.2% to 1.6%, intermediate services from 0.0% to 1.8%, and ambulatory services from 1.9% to 4.6%.

Chemical Dependency Utilization—Inpatient Discharges and ALOS

- Inpatient discharge rates per 1,000 members ranged from 0.8 to 2.4.
- The average length of stay (ALOS) for inpatient discharges ranged from 3.8 to 5.3 days.

Summary of MassHealth Managed Care HEDIS 2006 Results

HEDIS 2006 Measure	2006 National Medicaid 75 th Percentile	PCC Plan	NHP	NH	FCHP	BMCHP
Childhood Immunization						
Combination 2*	78.5%	69.8%↓	87.1%↑	77.9%	86.9%↑	84.2%↑
Combination 3*	n/a	51.3%	68.1%	61.6%	72.3%	66.4%
Adolescent Immunization (Combination 2*)	58.2%	60.8%	76.7%↑	71.5%↑	89.5%↑	84.7%↑
Well-Child Visits in the First Fifteen Months of Life (6+ Visits)	59.2%	90.8%↑	79.4%↑	69.1%↑	70.7%↑	83.5%↑
Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life (one visit in 2005)	70.8%	87.3%↑	83.5%↑	81.0%↑	79.2%↑	81.3%↑
Adolescent Well-Care Visits (one visit in 2005)	47.9%	61.1%↑	65.4%↑	60.1%↑	53.2%↑	69.1%↑
Children and Adolescent's Access to Primary Care Practitioners						
Ages 12-24 Months (one visit in 2005)	97.5%	99.6%↑	97.7%	89.9%↓	98.0%	96.0%↓
Ages 25 Months-6 Years (one visit in 2005)	88.6%	98.7%↑	93.2%↑	87.7%↓	93.9%↑	91.1%↑
Ages 7-11 Years (one visit in 2004 or 2005)	89.3%	97.8%↑	95.6%↑	92.7%↑	97.6%↑	93.4%↑
Ages 12-19 Years (one visit in 2004 or 2005)	87.7%	96.0%↑	93.8%↑	91.0%↑	96.0%↑	90.6%↑
Comprehensive Diabetes Care						
HbA1c Testing (annual)	84.9%	86.4%	91.2%↑	85.2%	94.0%↑	90.8%↑
Poor HbA1c Control (>9.0%)**	37.3%	48.7%↓	32.6%	51.3%↓	27.2%↑	33.8%
Eye Exams (annual)	61.5%	54.3%↓	65.5%	59.9%	56.3%	69.8%↑
Monitoring Kidney Disease (annual)	59.7%	57.4%	63.7%	60.8%	60.9%	70.6%↑
LDL Testing (past 2 years)	88.1%	90.5%	91.5%↑	88.1%	90.1%	91.2%↑
LDL Control (<130 mg/dL)	61.8%	48.2%↓	63.5%	46.2%↓	70.2%↑	70.6%↑
LDL Control (<100 mg/dL)	41.0%	30.7%↓	38.2%	25.8%↓	43.7%	46.2%↑
Use of Appropriate Medications for People with Asthma (5-56 Years)***	89.7%	82.9%↓	87.6%↓	85.8%↓	75.3%↓	89.2%↓

* See page 3 for a list of the immunizations that comprise each combination rate.

** This measure is the percentage of members whose HbA1c was in poor control. Therefore, a lower rate indicates better performance.

*** Benchmarks are not available for this measure.

Key: PCC Plan—Primary Care Clinician Plan FCHP—Fallon Community Health Plan
 NHP—Neighborhood Health Plan BMCHP—Boston Medical Center HealthNet Plan
 NH—Network Health

↑ Indicates a rate that is significantly better than the 2006 national Medicaid 75th percentile.

↓ Indicates a rate that is significantly worse the 2006 national Medicaid 75th percentile.

Summary of MassHealth Managed Care HEDIS 2006 Results (continued)

HEDIS 2006 Measure	2006 National Medicaid 75 th Percentile	PCC Plan	NHP	NH	FCHP	BMCHP
Mental Health Utilization: Percentage of Members Using Services						
Inpatient services	0.9%	1.7%	0.6%	1.0%	1.1%	1.0%
Intermediate services	0.0%	1.4%	0.6%	0.1%	0.1%	0.2%
Ambulatory services	10.4%	27.5%	15.3%	19.9%	21.2%	20.0%
Any service	10.6%	28.0%	15.4%	20.0%	21.3%	20.1%
Mental Health Utilization: Inpatient Discharges and ALOS						
Days*	n/a	86,863	8,039	8,756	1,406	18,452
Average length of stay (ALOS)	8.5	13.0	9.4	8.3	8.5	7.8
Discharges*	n/a	6,681	857	1,049	165	2,368
Discharges/1000 Members	1.0	2.3	0.7	1.2	1.5	1.4
Identification of Alcohol and Other Drug Services						
Inpatient services	1.0%	0.2%	0.6%	1.5%	1.5%	1.6%
Intermediate services	0.0%	1.8%	0.2%	0.0%**	0.5%	0.1%
Ambulatory services	2.1%	4.6%	1.9%	3.2%	3.5%	4.0%
Any service	2.6%	5.5%	2.2%	3.7%	4.0%	4.5%
Chemical Dependency Utilization: Inpatient Discharges and ALOS						
Days*	n/a	38,260	3,731	6,170	445	8,290
Average length of stay (ALOS)	6.2	5.3	4.0	4.3	3.8	3.8
Discharges*	n/a	7,217	925	1,448	118	2,189
Discharges/1000 Members	0.4	2.4	0.8	1.7	1.0	1.3

* Benchmarks are not available for this measure

** actual rate is 0.0004%

Key: PCC Plan—Primary Care Clinician Plan FCHP—Fallon Community Health Plan
NHP—Neighborhood Health Plan BMCHP—Boston Medical Center HealthNet Plan
NH—Network Health

Introduction

Introduction

Purpose of the Report

This report presents the results of the MassHealth Managed Care HEDIS 2006 project. This report was designed to be used by MassHealth program managers and by managed care organization (MCO) managers to identify plan performance on select HEDIS measures, compare performance with that of other MassHealth managed care plans and with national benchmarks, identify opportunities for improvement, and set quality improvement goals.

Project Background

The Center for Health Policy and Research (CHPR) collaborated with the MassHealth Office of Acute and Ambulatory Care (OAAC), the MassHealth Behavioral Health Program (MHBH), and the MassHealth Office of Clinical Affairs (OCA) to conduct an annual assessment of the performance of all MassHealth managed care organizations (MCOs) and the Primary Care Clinician Plan (PCC Plan), the primary care case management program administered by the Executive Office of Health and Human Services (EOHHS). CHPR, OAAC, MHBH and OCA conduct this annual assessment by using a subset of HEDIS measures. Developed by the National Committee for Quality Assurance (NCQA), HEDIS is the most widely used set of standardized performance measures to measure and report on the quality of care delivered by health care organizations. HEDIS includes clinical measures, as well as measures of access to care and utilization of services.

The measures selected for the MassHealth Managed Care HEDIS 2006 project assess the performance of the five MassHealth plans that pro-

vided health care services to MassHealth managed care members during the 2005 calendar year. The five MassHealth plans included in this report are the Primary Care Clinician Plan (PCC Plan), Neighborhood Health Plan (NHP), Network Health (NH), Fallon Community Health Plan (FCHP), and Boston Medical Center HealthNet Plan (BMCHP). Descriptive information about each health plan can be found in the Health Plan Profiles section on page 11.

MassHealth HEDIS 2006 Measures

MassHealth selected twelve measures for the HEDIS 2006 project. The twelve measures included in this report assess health care quality in three key areas: clinical quality, access and availability of care, and use of services.

The clinical quality measures included in this report provide information about preventive services and the management of chronic illness. The specific topics evaluated in this report are childhood and adolescent immunization, comprehensive diabetes care, and the use of appropriate medications for people with asthma.

The access and availability of care measures included in this report provide information about the ability of members to get the basic and important services they need. The specific topics evaluated include well-child visits in the first fifteen months of life; well-child visits in the third, fourth, fifth, and sixth years of life; adolescent well-care visits; and children and adolescent's access to primary care practitioners.

The use of service data included in this report are stratified by age and gender, but are not adjusted for any other member characteristic such

as comorbidity. Use of service measures provide information about what services health plan members utilize. Health care utilization is affected by member characteristics such as age, sex, comorbidities, and socioeconomic status, all of which could vary across plans. The specific services evaluated in this report are mental health service and chemical dependency service utilization.

Note: MassHealth assesses member satisfaction through the biennial administration of the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey. Results of the MassHealth CAHPS measurement effort can be found in the biennial MassHealth CAHPS report produced by the UMASS Center for Survey Research (CSR).

Organization of the MassHealth Managed Care HEDIS 2006 Report

This report presents the results of the MassHealth Managed Care HEDIS 2006 project in three sections. Two of the sections are based on the consumer reporting domains used in NCQA's health plan report cards (i.e., Staying Healthy and Living with Illness). These two domains group clinical and access to care HEDIS measures with similar characteristics. The third section (i.e., Use of Services) includes data on the utilization of mental health and chemical dependency services.

REPORT SECTION	DEFINITION	MEASURES SELECTED BY MASSHEALTH FOR HEDIS 2006 REPORTING
Staying Healthy	These measures provide information about how well a plan provides services that maintain good health and prevent illness.	Childhood Immunization Status Adolescent Immunization Status Well-Child Visits in the First 15 Months of Life Well-Child Visits in the 3 rd , 4 th , 5 th and 6 th Years of Life Adolescent Well-Care Visits Children and Adolescent's Access to Primary Care Practitioners
Living with Illness	These measures provide information about how well a plan helps people manage chronic illness.	Comprehensive Diabetes Care Use of Appropriate Medications for People with Asthma
Use of Services	These measures provide information about what services health plan members utilize.	Mental Health Utilization– Percentage of Members Using Services Mental Health Utilization– Inpatient Discharges and Average Length of Stay Identification of Alcohol and Other Drug Services Chemical Dependency Utilization– Inpatient Discharges and Average Length of Stay

This report also includes appendices that provide more detailed results:

- **Appendix A** includes a list of the MassHealth regions and the service areas the regions cover.
- **Appendix B** includes Childhood and Adolescent Immunization rates for individual immunizations (e.g., MMR, DTaP, hepatitis B, etc.).
- **Appendix C** includes the 0 visit, 1 visit, 2 visit, 3 visit, 4 visit and 5 visit rates for the Well-Child Visit in the First 15 Months of Life measure.
- **Appendix D** presents data for the Comprehensive Diabetes Care measure for PCC Plan members with Essential coverage.
- **Appendix E** presents data for the Use of Appropriate Medications for People with Asthma measure for PCC Plan members with Essential coverage.
- **Appendix F** presents age and gender stratified rates for the Mental Health Utilization measures (percentage of members using services, inpatient discharges, and average length of stay).
- **Appendix G** includes age and gender stratified rates for the Identification of Alcohol and Other Drug Services and Chemical Dependency Utilization measures (inpatient discharges and average length of stay).
- **Appendix H** includes age and gender stratified rates for the Mental Health Utilization measure (percentage of member using services, inpatient discharges, and average length of stay) measures for PCC Plan members with Basic, Essential, or Non-Basic/Non-Essential coverage.
- **Appendix I** presents age and gender stratified rates for the Identification of Alcohol and Other Drug Services and Chemical Dependency Utilization measures (inpatient discharges and average length of stay) for PCC Plan members with Basic, Essential, and Non-Basic/Non-Essential coverage.

Organization of the MassHealth Managed Care HEDIS 2006 Report

Name of measure

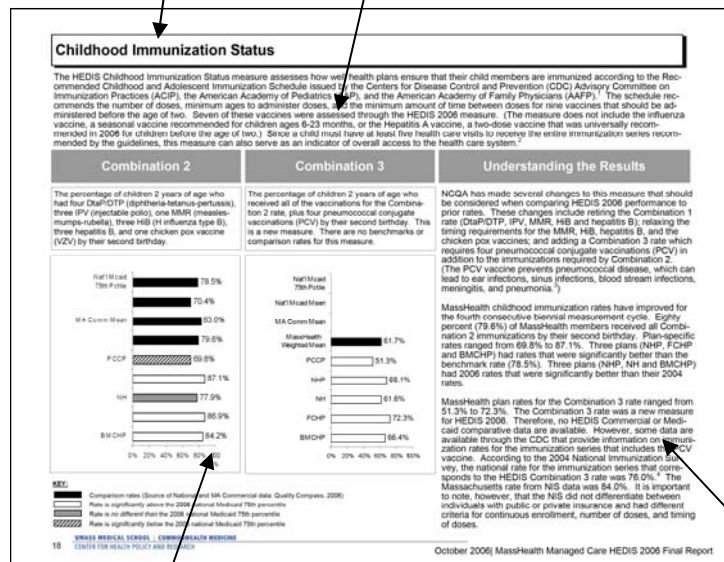
Information on the intent of each measure, including any clinical guidelines on which it is based

Statistical summary comparing plan rates to comparison rates named at the top of each column.

- ★ 2006 rate is significantly above the comparison rate.
- 2006 rate is not significantly different from the comparison rate.
- 2006 rate is significantly below the comparison rate.

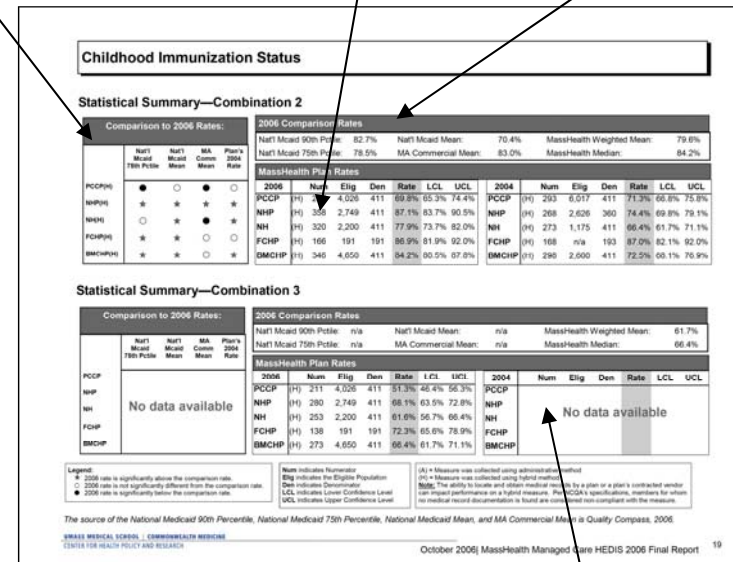
Individual HEDIS 2006 plan data including numerator, eligible population (where applicable) denominator, reported rate, and upper and lower confidence intervals

The 2006 national Medicaid 75th percentile is listed as an benchmark. The 2006 national Medicaid 90th percentile, 2006 national Medicaid mean, 2006 Massachusetts Commercial mean, and 2006 MassHealth weighted mean and median are listed as comparison rates



Comparison of plan rates with the comparison and benchmark data.

Analysis of results, including opportunities for improvement



Historical data from HEDIS 2004, if available and if there were no significant changes to the measure's specifications that prohibited comparisons to HEDIS 2004

Health Plan Profiles

MassHealth managed care plans provided care to over 638,000 Massachusetts residents as of December 31, 2005. The MassHealth Managed Care HEDIS 2006 report includes data from the five MassHealth plans serving members enrolled in managed care. This report does not reflect care provided to MassHealth members receiving their health care services outside of the five managed care plans. The following profiles provide some basic information about each plan and its members. The data chart on the next page provides a statistical summary of the demographic characteristics of each plan's population. Appendix A lists the service areas that are located within each MassHealth geographic region listed below. (Note: The term "MCOs" is used throughout the report to indicate the four capitated managed care plans serving MassHealth members—Neighborhood Health Plan, Network Health, Fallon Community Health Plan, and Boston Medical Center HealthNet Plan.)

Primary Care Clinician Plan (PCC Plan)

- Primary care case management program administered by the Executive Office of Health and Human Services (EOHHS).
- Statewide managed care option for MassHealth members eligible for managed care.
- 295,972 MassHealth members as of December 31, 2005.
- Provider network includes group practices, community health centers, hospital outpatient departments, hospital-licensed health centers, and individual practitioners.
- Behavioral health services are managed through a carve-out contract with the Massachusetts Behavioral Health Partnership (MBHP).
- HEDIS data for select measures were collected separately for PCC Plan members with Essential coverage. MassHealth Essential covers individuals ages 19-64 who are long-term unemployed and ineligible for MassHealth Basic (certain individuals with non-citizen status are also eligible). The PCC Plan is the only MassHealth plan serving members with Essential coverage. Approximately thirteen

percent (13%) of the PCC Plan's membership has MassHealth Essential coverage.

Neighborhood Health Plan (NHP)

- Non-profit managed care organization that serves primarily Medicaid members.
- 104,559 MassHealth members as of December 31, 2005.
- Service areas throughout the State (Western, Central, Northern and Southern Massachusetts as well as Greater Boston).
- Provider network includes mostly community health centers in addition to Harvard Vanguard Medical Associates, group practices, and hospital-based clinics.
- Behavioral health services are managed through a carve-out contract with Beacon Health Strategies.

Network Health (NH)

- Medicaid-only provider-sponsored health plan owned and operated by Cambridge Health Alliance.
- 73,856 MassHealth members as of December 31, 2005.
- Primary service areas in Western, Northern and Central Massachusetts, and Greater Boston.
- Provider network includes community health centers, group practices, hospital outpatient departments, and individual practitioners.
- Behavioral health services are provided by Network Health providers.

Fallon Community Health Plan (FCHP)

- Non-profit managed care organization that serves the commercial, Medicare, and Medicaid populations.
- 10,109 MassHealth members as of December 31, 2005.
- Service area is in Central Massachusetts.
- Behavioral health services are managed through a carve-out contract with Beacon Health Services.
- Provider network for MassHealth members is exclusively through Fallon Clinic sites.

Boston Medical Center HealthNet Plan (BMCHP)

- Medicaid-only provider-sponsored health plan, owned and operated by Boston Medical Center, the largest public safety-net hospital in Boston.
- 154,016 MassHealth members as of December 31, 2005.
- Primary service areas in Western and Southern Massachusetts and Greater Boston.
- Provider network includes community health centers, hospital outpatient departments, and group and individual practices.
- Behavioral health services are provided by Boston Medical Center HealthNet Plan providers.

Differences in Populations Served by MassHealth Plans

Demographic characteristics and membership health status, including factors such as age, gender, geographic residence and disability status, vary across the five MassHealth plans. These variations are most visible in the differences between the four MCOs and the PCC Plan. Because HEDIS measures are not designed for case-mix adjustment, rates presented here do not take into account the physical and mental health status (including disability status) of the members included in the measures. CHPR and MassHealth are undertaking additional analyses of HEDIS 2006 data to begin to understand what member, provider-group, and health plan characteristics may influence MassHealth plan HEDIS rates. The results of these analyses may be included in future HEDIS reports.

The data on the next page describe each plan's population in terms of age, gender, disability status, and those also served by the Department of Mental Health. It is important for readers to consider the differences in the characteristics of each plan's population when reviewing and comparing the HEDIS 2006 performance of the five plans.

Health Plan Profiles: Demographic Characteristics of the Plan Populations

MassHealth Plan	Total MassHealth Members as of 12/31/05	Female	Disabled	DMH**	Mean Age	0-11 yrs	12-17 yrs	18-39 yrs	40-64 yrs	65+ yrs***
Primary Care Clinician Plan										
Without Essential population*	258,590	56.7%	29.6%	2.2%	25.4	28.1%	18.1%	26.9%	26.6%	0.3%
Essential population only	37,382	33.9%	0.0%	0.1%	38.8	0.0%	0.0%	52.2%	47.2%	0.6%
Neighborhood Health Plan	104,559	60.8%	2.3%	0.2%	17.7	42.6%	18.7%	27.7%	11.0%	0.0%
Network Health	73,856	58.0%	7.5%	0.4%	17.6	44.9%	16.6%	26.6%	11.7%	0.1%
Fallon Community Health Plan	10,109	60.5%	9.8%	0.2%	20.4	37.1%	16.2%	31.5%	15.1%	0.1%
Boston Medical Center HealthNet Plan	154,016	58.8%	9.0%	0.3%	17.7	44.4%	17.40%	26.5%	11.6%	0.1%
Total MassHealth Managed Care	638,512	58.2%	16.5%	1.1%	21	37.0%	17.8%	27.0%	18.0%	0.2%

MassHealth members enrolled on 12/31/2005 (Source: MMIS)

* HEDIS results based on this PCC Plan population are compared to MCO results throughout the main body of the report.

** These data represent the percentage of members who were also served by the Massachusetts Department of Mental Health (DMH).

*** MassHealth managed care plans generally serve members under the age of 65. A small number of MassHealth managed care members were 65 years of age or older as of 12/31/2005 and had not yet had their coverage terminated. MassHealth members 65 years and older were included in the eligible populations for the HEDIS 2006 measures whenever the specifications for the measure included the 65 and older population, the members' coverage was not yet terminated, and the members met all eligible population criteria such as the continuous enrollment and enrollment anchor date requirements.

Statistically Significant Differences Among the Plans

Female: All four MCOs had a significantly higher proportion of female members than the PCC Plan ($p < .005$). NH and BMCHP both had a significantly lower proportion of female members than NHP and FCHP ($p < .005$).

Disabled: The PCC Plan has a significantly higher proportion of disabled members compared to the four MCOs ($p < .005$). FCHP and BMCHP both had a significantly higher proportion of disabled members than NH and NHP ($p < .005$). In addition, NH had a significantly higher proportion of disabled members than NHP ($p < .005$).

DMH: The PCC Plan has a significantly higher proportion of members also served by the Department of Mental Health (DMH) compared to the four MCOs ($p < .005$). NH and BMCHP both had a significantly higher proportion of members also served by DMH than did NHP ($p < .005$).

Age: The mean age of PCC Plan's population is significantly older compared to the other four MCOs ($p < .005$). In addition, the mean age of FCHP's population is significantly older compared to BMCHP, NH and NHP ($p < .005$).

Note: Generally, a p-value of 0.05 indicates statistical significance. For this analysis, however, the p-value was adjusted because multiple comparisons were made between plans (a total of 10 comparisons for each demographic characteristic). Therefore, a p-value that is less than .005 is considered significant for this analysis.

Data Collection and Analysis Methods

Data Collection and Submission

In December 2005, the MassHealth Office of Acute and Ambulatory Care (OAAC) provided plans with a list of measures to be collected for HEDIS 2006. The list of measures was developed by key stakeholders within MassHealth, including stakeholders within OAAC, the Office of Clinical Affairs (OCA), and the MassHealth Behavioral Health Program (MHBH). In general, each plan was responsible for collecting the measures according to the HEDIS 2006 Technical Specifications and for reporting the results using NCQA's Data Submission Tool (DST). Each plan submitted its results to both NCQA and CHPR.

MassHealth does not require plans to undergo an NCQA HEDIS Compliance Audit™. NCQA HEDIS Compliance Audits are independent reviews conducted by organizations or individuals licensed or certified by NCQA. The purpose of the audit is to validate a plan's HEDIS results by verifying the integrity of the plan's data collection and calculation processes. All plans undergoing NCQA Accreditation must have their HEDIS data audited (none of the MassHealth plans are currently NCQA-Accredited). NCQA reports only audited data in Quality Compass, a database of regional and national Medicaid, Medicare and Commercial performance benchmarks. Two plans, NHP and FCHP, voluntarily submitted audited HEDIS 2006 data to NCQA and CHPR.

Eligible Population

For each HEDIS measure, NCQA specifies the eligible population by defining the age, continu-

ous enrollment, enrollment gap, and diagnosis or event criteria that a member must meet to be eligible for a measure.

Age: The age requirements for Medicaid HEDIS measures vary by measure. The MassHealth managed care program serves members under the age of 65. Occasionally, members 65 and older appear in the denominator of a MassHealth plan's HEDIS rates. This may occur for several valid reasons, including instances where a member turns 65 during the measurement year and did not yet have their coverage terminated as of the measure's anchor date. MassHealth plans are responsible for a member's care until his or her coverage is terminated. Therefore, MassHealth members 65 years and older were included in the eligible populations for the HEDIS 2006 measures whenever the specifications for the measure included the 65 and older population, the members' coverage had not yet been terminated, and the members met all eligible population criteria such as the continuous enrollment and enrollment anchor date requirements.

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

Enrollment gap: The specifications for most measures allow members to have a gap in enrollment during the continuous enrollment period

and still be eligible for the measure. The allowable gap is specified for each measure but is generally defined for the Medicaid population as one gap of up to 45 days.

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

The measure descriptions included in this report do not include every requirement for the eligible populations (e.g., enrollment gaps). For complete specifications for each measure included in this report, please see *HEDIS 2006 Volume 2: Technical Specifications*.

MassHealth Coverage Types Included in HEDIS 2006

MassHealth has several Medicaid coverage types whose members are eligible to enroll in any of the five MassHealth plans including Basic, Standard, CommonHealth, and Family Assistance. One coverage type, MassHealth Essential may only enroll in the PCC Plan. MassHealth Essential covers individuals ages 19-64 who are long-term unemployed and ineligible for MassHealth Basic (certain individuals with non-citizen status are also eligible). Approximately thirteen percent (13%) of the PCC Plan's membership has MassHealth Essential coverage.

During the planning for the MassHealth Managed Care HEDIS 2006 project, it was decided that the

*Quality Compass® is a registered trademark of the National Committee for Quality Assurance (NCQA).
NCQA HEDIS Compliance Audit™ is a trademark of the National Committee for Quality Assurance (NCQA).*

Data Collection and Analysis Methods (*continued*)

PCC Plan would submit two sets of HEDIS 2006 data—one submission for the PCC Plan population without members with Essential coverage and one submission for members with Essential coverage. The data for the PCC Plan population without members with Essential coverage is used in all tables and charts in the main body of the report. Separate rates for PCC Plan members with Essential coverage are included in the appendices for several adult measures (Comprehensive Diabetes Care, Use of Appropriate Medications for People with Asthma, Mental Health Utilization, Chemical Dependency Utilization, and Identification of Alcohol and Other Drug Services).

Administrative vs. Hybrid Data Collection

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

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

The **hybrid method** requires plans to identify the numerator through both administrative and medical record data. Plans may collect medical record data using plan staff and a plan-developed data collection tool. Plans may also contract with a vendor for the tool, staffing, or both. For measures collected using the hybrid method, the denominator consists of a systematic sample of members drawn from the measure’s eligible population. This systematic sample generally consists of a minimum required sample size of 411 members plus an over sample determined by the plan to account for valid exclusions and contraindications. The measure’s rate is based on members in the sample (411) who are found through either administrative or medical record data to have received the service reported in the numerator. Plans may report data with denominators smaller than 411 for two reasons: 1) the plan had a small eligible population or 2) the plan reduced its sample size based on its current year’s administrative rate or the previous year’s audited rate, according to NCQA’s specifications.

It is important to note that performance on a hybrid measure can be impacted by the ability of a plan or its contracted vendor to locate and obtain member medical records. Per NCQA’s specifications, members for whom no medical record documentation is found are considered non-compliant with the measure.

Data Analysis

Throughout this report, HEDIS 2006 results from each plan are compared to several benchmarks and comparison rates, including the 2006 national Medicaid 75th percentile, 2006 national Medicaid mean, and 2006 Massachusetts Com-

mercial mean. In addition, MassHealth medians and weighted means were calculated from 2006 data.

2006 National Medicaid 75th Percentile

For this report, the 2006 national Medicaid 75th percentile serves as the primary benchmark to which plan performance is compared (including statistical significance).

CHPR obtained the 2006 national Medicaid data through NCQA’s Quality Compass. NCQA releases Quality Compass in July of each year with the rates for Commercial and Medicare plans. NCQA provides the national Medicaid data in a supplement that is released in late Fall.

Other Comparison Rates Included in this Report

The other comparison rates included in the data tables of this report are the 2006 national Medicaid mean, 2006 national Medicaid 90th percentile, 2006 Massachusetts Commercial mean, 2006 MassHealth weighted mean, and 2006 MassHealth median.

The 2006 national Medicaid mean is the average performance of all Medicaid plans that submitted HEDIS 2006 data. The 2006 national Medicaid 90th percentile represents a level of performance that was exceeded by only the top 10% of all Medicaid plans that submitted HEDIS 2006 data. The 2006 national Medicaid 90th percentile was included as a future goal for MassHealth plans. The 2006 Massachusetts Commercial mean is the average performance of all Massachusetts Commercial plans that submitted HEDIS 2006 data. Although the populations served by Massachusetts Commercial plans differ from the population served by MassHealth, the Massachusetts

Certified HEDIS SoftwareSM is a service mark of the National Committee for Quality Assurance (NCQA).

Data Collection and Analysis Methods (*continued*)

Commercial mean may be an appropriate future goal for measures where MassHealth plans are nearing or exceeding the national Medicaid 90th percentile.

The 2006 MassHealth weighted mean is a weighted average of the rates of the five MassHealth plans. The weighted average was calculated by multiplying the performance rate for each plan by the number of individuals who met the eligibility criteria for the measure. The values were then summed across plans and divided by the total eligible population for all the plans. Because the MassHealth mean is a weighted average, the effect of a plan's performance on the mean depends on the size of that plan. The largest MassHealth plan (PCC Plan) serves 46.4% of all MassHealth members and the smallest (FCHP) serves only 1.6%. Because of the differences in the size of the populations served by the plans, the MassHealth weighted mean was not used for tests of statistical significance.

The 2006 MassHealth median is also provided and is the middle value of the set of values represented by the individual plan rates.

Caveats for the Interpretation of Results

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

Medical Record Procurement

A plan's ability (or that of its contracted vendor) to locate and obtain medical records as well as the quality of medical record documentation can affect performance on hybrid measures. Per NCQA's specifications, members for whom no medical record documentation was found were considered non-compliant with the measure. This applied for

records that could not be located and obtained as well as for medical records that contained incomplete documentation (e.g., indication of a test but no date or result).

Lack of Case-Mix Adjustment

The specifications for collecting HEDIS measures do not allow case-mix adjustment or risk-adjustment for existing co-morbidities, disability (physical or mental), or severity of disease. Therefore, it is difficult to determine whether differences among plan rates were due to differences in the quality of care or use of services, or differences in the health of the populations served by the plans. CHPR and MassHealth are working on new methodologies for analyzing MassHealth HEDIS results which may clarify this issue for future reports.

Demographic Differences in Plan Membership

In addition to disability status, the populations served by each plan may have differed in other demographic characteristics such as age, gender, and geographic residence. As shown through the plan profile chart on page 12, the PCC Plan has a higher proportion of members who are male, disabled, or served by the Department of Mental Health (DMH) as well as an older mean member age. Other differences among the plans are noted on page 12. The impact of these differences on MassHealth HEDIS rates is unknown.

Overlapping Provider Networks

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

Variation in Data Collection Procedures

Each plan collects and reports its own HEDIS

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

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

Limitations of Certain HEDIS Measures

Some measures, such as the Mental Health Utilization, Identification of Alcohol and Other Drug Services, and Chemical Dependency Utilization measures provide information on the services MassHealth members utilized and not on the content or quality of the care the members received. MassHealth HEDIS mental health utilization data are not case-mix or risk adjusted. Differences in plan utilization rates cannot be interpreted as good or bad quality (i.e., it cannot be determined whether a plan with a higher discharge rate or longer average length of stay is providing good or bad quality care). Therefore, readers are cautioned against using utilization data to make judgments about the quality of the care delivered by a plan or its providers.

Data Collection and Analysis Methods (*continued*)

In addition, MassHealth HEDIS mental health and chemical dependency utilization data differ from utilization data calculated through other methods used by MassHealth. Readers are cautioned against making direct comparisons between HEDIS mental health and chemical dependency utilization data and mental health utilization data obtained from other sources.

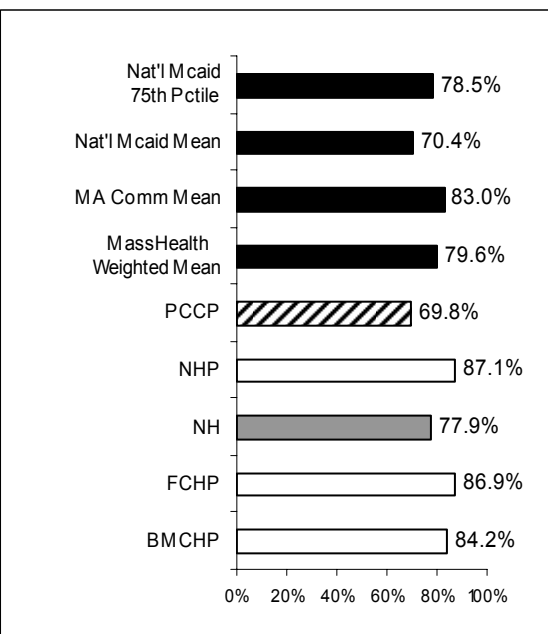
Staying Healthy

Childhood Immunization Status

The HEDIS Childhood Immunization Status measure assesses how well health plans ensure that their child members are immunized according to the Recommended Childhood and Adolescent Immunization Schedule issued by the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP).¹ The schedule recommends the number of doses, minimum ages to administer doses, and the minimum amount of time between doses for nine vaccines that should be administered before the age of two. Seven of these vaccines were assessed through the HEDIS 2006 measure. (The measure does not include the influenza vaccine, a seasonal vaccine recommended for children ages 6-23 months, or the Hepatitis A vaccine, a two-dose vaccine that was universally recommended in 2006 for children before the age of two.) Since a child must have at least five health care visits to receive the entire immunization series recommended by the guidelines, this measure can also serve as an indicator of overall access to the health care system.²

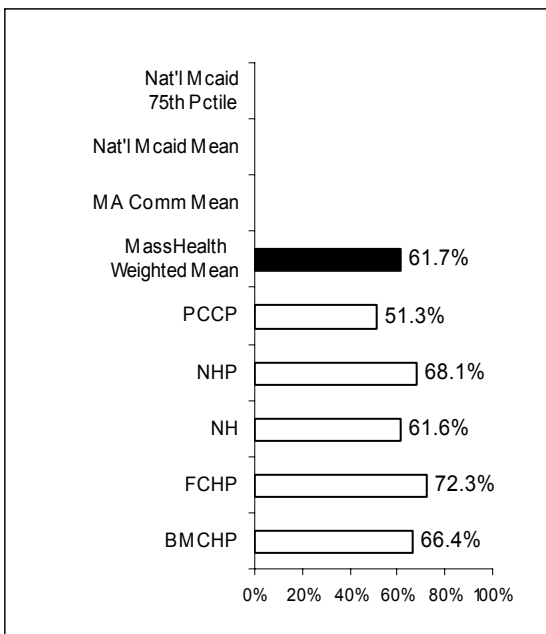
Combination 2

The percentage of children 2 years of age who had four DtaP/DTP (diphtheria-tetanus-pertussis), three IPV (injectable polio), one MMR (measles-mumps-rubella), three HiB (H influenza type B), three hepatitis B, and one chicken pox vaccine (VZV) by their second birthday.



Combination 3

The percentage of children 2 years of age who received all of the vaccinations for the Combination 2 rate, plus four pneumococcal conjugate vaccinations (PCV) by their second birthday. This is a new measure. There are no benchmarks or comparison rates for this measure.



Understanding the Results

NCQA has made several changes to this measure that should be considered when comparing HEDIS 2006 performance to prior rates. These changes include retiring the Combination 1 rate (DtaP/DTP, IPV, MMR, HiB and hepatitis B); relaxing the timing requirements for the MMR, HiB, hepatitis B, and the chicken pox vaccines; and adding a Combination 3 rate which requires four pneumococcal conjugate vaccinations (PCV) in addition to the immunizations required by Combination 2. (The PCV vaccine prevents pneumococcal disease, which can lead to ear infections, sinus infections, blood stream infections, meningitis, and pneumonia.³)

MassHealth childhood immunization rates have improved for the fourth consecutive biennial measurement cycle. Eighty percent (79.6%) of MassHealth members received all Combination 2 immunizations by their second birthday. Plan-specific rates ranged from 69.8% to 87.1%. Three plans (NHP, FCHP and BMCHP) had rates that were significantly better than the benchmark rate (78.5%). Three plans (NHP, NH and BMCHP) had 2006 rates that were significantly better than their 2004 rates.

MassHealth plan rates for the Combination 3 rate ranged from 51.3% to 72.3%. The Combination 3 rate was a new measure for HEDIS 2006. Therefore, no HEDIS Commercial or Medicaid comparative data are available. However, some data are available through the CDC that provide information on immunization rates for the immunization series that includes the PCV vaccine. According to the 2004 National Immunization Survey, the national rate for the immunization series that corresponds to the HEDIS Combination 3 rate was 76.0%.⁴ The Massachusetts rate from NIS data was 84.0%. It is important to note, however, that the NIS did not differentiate between individuals with public or private insurance and had different criteria for continuous enrollment, number of doses, and timing of doses.

KEY:

- Comparison rates (Source of National and MA Commercial data: Quality Compass, 2006)
- Rate is significantly above the 2006 national Medicaid 75th percentile
- Rate is no different than the 2006 national Medicaid 75th percentile
- Rate is significantly below the 2006 national Medicaid 75th percentile

Childhood Immunization Status

Statistical Summary—Combination 2

Comparison to 2006 Rates:				
	Nat'l Mcaid 75th Pctile	Nat'l Mcaid Mean	MA Comm Mean	Plan's 2004 Rate
PCCP(H)	●	○	●	○
NHP(H)	★	★	★	★
NH(H)	○	★	●	★
FCHP(H)	★	★	○	○
BMCHP(H)	★	★	○	★

2006 Comparison Rates																
Nat'l Mcaid 90th Pctile:		82.7%		Nat'l Mcaid Mean:		70.4%		MassHealth Weighted Mean:		79.6%						
Nat'l Mcaid 75th Pctile:		78.5%		MA Commercial Mean:		83.0%		MassHealth Median:		84.2%						
MassHealth Plan Rates																
2006		Num	Elig	Den	Rate	LCL	UCL		2004		Num	Elig	Den	Rate	LCL	UCL
PCCP	(H)	287	4,026	411	69.8%	65.3%	74.4%		PCCP	(H)	293	6,017	411	71.3%	66.8%	75.8%
NHP	(H)	358	2,749	411	87.1%	83.7%	90.5%		NHP	(H)	268	2,626	360	74.4%	69.8%	79.1%
NH	(H)	320	2,200	411	77.9%	73.7%	82.0%		NH	(H)	273	1,175	411	66.4%	61.7%	71.1%
FCHP	(H)	166	191	191	86.9%	81.9%	92.0%		FCHP	(H)	168	n/a	193	87.0%	82.1%	92.0%
BMCHP	(H)	346	4,650	411	84.2%	80.5%	87.8%		BMCHP	(H)	298	2,600	411	72.5%	68.1%	76.9%

Statistical Summary—Combination 3

Comparison to 2006 Rates:					2006 Comparison Rates											
PCCP NHP NH FCHP BMCHP	Nat'l Mcaid 75th Pctile	Nat'l Mcaid Mean	MA Comm Mean	Plan's 2004 Rate	Nat'l Mcaid 90th Pctile: n/a				Nat'l Mcaid Mean: n/a		MassHealth Weighted Mean: 61.7%					
					Nat'l Mcaid 75th Pctile: n/a				MA Commercial Mean: n/a		MassHealth Median: 66.4%					
	MassHealth Plan Rates															
	2006	Num	Elig	Den	Rate	LCL	UCL	2004	Num	Elig	Den	Rate	LCL	UCL		
	PCCP	(H)	211	4,026	411	51.3%	46.4%	56.3%	PCCP	No data available						
	NHP	(H)	280	2,749	411	68.1%	63.5%	72.8%	NHP							
NH	(H)	253	2,200	411	61.6%	56.7%	66.4%	NH								
FCHP	(H)	138	191	191	72.3%	65.6%	78.9%	FCHP								
BMCHP	(H)	273	4,650	411	66.4%	61.7%	71.1%	BMCHP								

Legend:

- ★ 2006 rate is significantly above the comparison rate.
- 2006 rate is not significantly different from the comparison rate.
- 2006 rate is significantly below the comparison rate.

Num indicates Numerator

Elig indicates the Eligible Population
Den indicates Denominator
LCL indicates Lower Confidence Level
UCL indicates Upper Confidence Level

(A) = Measure was collected using administrative method

(H) = Measure was collected using hybrid method

Note: The ability to locate and obtain medical records by a plan or a plan's contracted vendor can impact performance on a hybrid measure. Per NCQA's specifications, members for whom no medical record documentation is found are considered non-compliant with the measure.

The source of the National Medicaid 90th Percentile, National Medicaid 75th Percentile, National Medicaid Mean, and MA Commercial Mean is Quality Compass, 2006.

Childhood Immunization Status

Understanding the Results (continued)

Vaccine shortages, which can be widespread or localized, have the potential to impact HEDIS immunization rates. (Although the exact impact of vaccine shortages on MassHealth plan rates is unknown, NCQA has acknowledged the potential impact of vaccine shortages on overall HEDIS rates during previous measurement years.^{5,6}) There was one shortage during the look-back period for the HEDIS 2006 measure (i.e., the 2004 and 2005 calendar years). Between February and September 2004, there was a shortage of PCV, during which time the CDC recommended that all providers suspend routine use of both the third and fourth doses while the sole manufacturer of the vaccine increased production.⁷ After the shortage, the CDC recommended that providers focus their efforts for catch-up vaccination on high-risk children under the age of five, followed by healthy children who were not yet fully immunized.⁸ It is possible that the shortage and subsequent delay in routine immunization of healthy children impacted HEDIS 2006 PCV rates and the Combination 3 rate.

HEDIS 2006 is the first measurement year to include a rate that requires the PCV vaccine, although the vaccine was added to the Recommended Childhood Immunization Schedule in 2001.⁹ With the addition of the PCV vaccine to the immunization schedule, there was some concern that the new requirement could lead to missed shots as providers moved other vaccines to later ages; recent research suggests, however, that the addition of the PCV vaccine to the immunization schedule has not had an impact on up-to-date status for the overall immunization coverage.¹⁰

Although the HEDIS childhood immunization measure is an important indicator of the quality of preventive care delivered by a health plan, the measure does have some weaknesses. For example, HEDIS does not assess the timeliness of immunization with regard to the recommended age intervals for vaccination. In fact, some research suggests that many children who are compliant with the HEDIS Childhood Immunization Status measure do not receive immunizations on-time.¹¹ Another major criticism is that, in order to be included in the eligible population of the measure, members must be continuously enrolled in a plan for twelve months. Members who are excluded because they do not meet the continuous enrollment criteria were not captured by this measure and may have been at risk for low immunization rates and missed immunizations.¹² Therefore, this measure may not be a good indicator of the quality of care delivered to MassHealth members who are most vulnerable for poor immunization coverage.

HEDIS childhood immunization rates are usually lower than state and national childhood immunization rates reported through other data sources such as the National Immunization Survey (NIS) and National Health Information Survey (NHIS).¹³ The difference in rates is believed to be due in part to different continuous enrollment criteria and different requirements for the number and timing of doses. (For example, when HEDIS criteria are applied to NIS data, immunization coverage rates fall by approximately 20%.¹⁴)

Childhood Immunization Status

Opportunities for Improvement

Although Massachusetts has some of the highest immunization coverage rates in the United States,¹⁵ opportunity for improvement still exists. The immunizations required by the Combination 2 rate are consistent with those defined by Healthy People 2010. The Healthy People 2010 childhood immunization goal of 90% may represent a target for continued improvement on this measure. It is important to note, however, that increased attention to areas measured by HEDIS at the expense of other non-measured preventive services, such as those addressed in other Healthy People 2010 goals, could have the unintended effect of reducing the overall quality of preventive care (i.e., if non-measured services are neglected).¹⁶ Nonetheless, since childhood and adolescent immunization are two of the most cost-effective practices of all areas assessed through HEDIS¹⁷, increased attention to improving immunization rates could yield benefits to both plans and the members they serve.

Opportunities for improvement may also exist with regard to specific antigens (see Appendix B for antigen-specific rates for each plan). For most plans, the DtaP/DTP rate was significantly lower than the rates for other antigens, such as the MMR, HiB, hepatitis B and VZV rates. Although there was a shortage of DtaP vaccine (as well as the MMR vaccine) between 2000 and mid-2002¹⁸, it is unclear whether the shortage and subsequent efforts to catch-up children could have impacted HEDIS 2006 rates (the look-back period for HEDIS 2006 went only as far back as January 2003). Some research suggests that only children vaccinated in public clin-

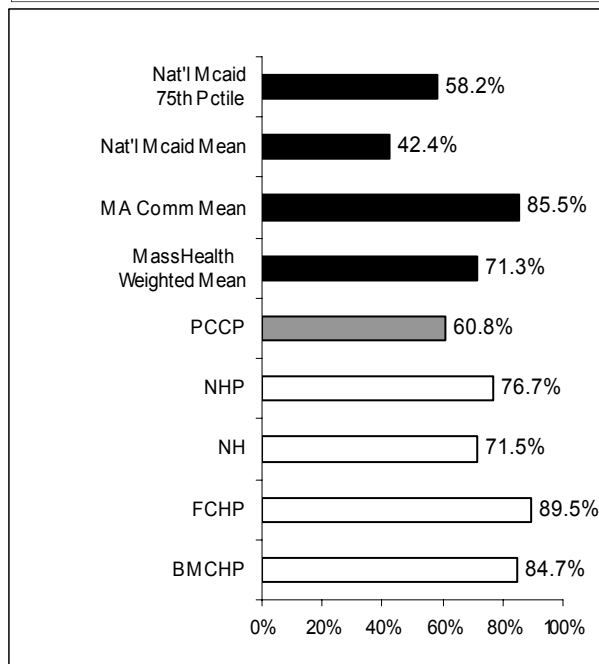
ics, rural areas or the Southern U.S. were affected by the recent DtaP/DTP and MMR shortages.¹⁹

Adolescent Immunization Status

The HEDIS Adolescent Immunization Status measure assesses how well health plans ensure that their adolescent members are immunized according to the Recommended Childhood Immunization Schedule. Specifically, this measure assesses whether adolescents received the booster shots needed to maintain adequate coverage against mumps, measles, rubella, hepatitis B, and chicken pox. There are a number of barriers to maintaining adequate immunization coverage in adolescents, including the adolescent population's general lack of contact with the health care system.²⁰

Combination 2

The percentage of adolescents 13 years of age who had a second dose of the MMR vaccine, three hepatitis B vaccines, and one chicken pox (VZV) vaccine by their 13th birthday.



KEY:

- Comparison rates (Source of National and MA Commercial data: Quality Compass, 2006)
- Rate is *significantly above* the 2006 national Medicaid 75th percentile
- Rate is *no different than* the 2006 national Medicaid 75th percentile
- Rate is *significantly below* the 2006 national Medicaid 75th percentile

Understanding the Results

Adolescent immunization rates for the Combination 2 series have improved steadily since the measure was first collected by MassHealth plans through HEDIS 1998. For HEDIS 2006, 71.3% of MassHealth members were fully immunized by their thirteenth birthday. MassHealth plan rates for Combination 2 ranged from 60.8% to 89.5%. Four plans (NHP, NH, FCHP and BMCHP) had rates that were significantly better than the benchmark rate (58.2%). Two plans (FCHP and BMCHP) had rates that were significantly better than their 2004 rates.

NCQA made no major changes to this measure after HEDIS 2004, except that NCQA retired the Combination 1 rate (MMR and hepatitis B) with the HEDIS 2006 reporting year.

There are some factors that are known to influence HEDIS adolescent immunization rates. Researchers from the CDC and NCQA reviewed data from HEDIS 1996 through HEDIS 1999 and found that larger plans, those with the highest NCQA Accreditation status (i.e., "Excellent"), those in New England, and those in states with middle school immunization requirements had higher rates of vaccination for the two-dose MMR and three-dose hepatitis B requirements.²¹ None of the MassHealth plans are currently NCQA-Accredited, however Massachusetts law requires all children attending public school to have 2 doses of MMR and 3 doses of Hepatitis B as well as one dose of VZV before entering first grade.²²

Adolescent Immunization Status

Statistical Summary—Combination 2

Comparison to 2006 Rates:				
	Nat'l Mcaid 75th Pctile	Nat'l Mcaid Mean	MA Comm Mean	Plan's 2004 Rate
PCCP(H)	○	★	●	○
NHP(H)	★	★	●	○
NH(H)	★	★	●	○
FCHP(H)	★	★	○	★
BMCHP(H)	★	★	○	★

2006 Comparison Rates											
Nat'l Mcaid 90th Pctile:		69.8%		Nat'l Mcaid Mean:		42.4%		MassHealth Weighted Mean:		71.3%	
Nat'l Mcaid 75th Pctile:		58.2%		MA Commercial Mean:		85.5%		MassHealth Median:		76.7%	

MassHealth Plan Rates															
2006		Num	Elig	Den	Rate	LCL	UCL	2004		Num	Elig	Den	Rate	LCL	UCL
PCCP	(H)	250	4,948	411	60.8%	56.0%	65.7%	PCCP	(H)	247	6,510	411	60.1%	55.2%	65.0%
NHP	(H)	276	2,253	360	76.7%	72.2%	81.2%	NHP	(H)	247	2,282	360	68.6%	63.7%	73.5%
NH	(H)	294	1,184	411	71.5%	67.0%	76.0%	NH	(H)	287	831	411	69.8%	65.3%	74.4%
FCHP	(H)	171	191	191	89.5%	84.9%	94.1%	FCHP	(H)	135	n/a	179	75.4%	68.8%	82.0%
BMCHP	(H)	348	2,806	411	84.7%	81.1%	88.3%	BMCHP	(H)	268	1740	411	65.2%	60.5%	69.9%

Legend:

- ★ 2006 rate is significantly above the comparison rate.
- 2006 rate is not significantly different from the comparison rate.
- 2006 rate is significantly below the comparison rate.

Num indicates Numerator
Elig indicates the Eligible Population
Den indicates Denominator
LCL indicates Lower Confidence Level
UCL indicates Upper Confidence Level

(A) = Measure was collected using administrative method
 (H) = Measure was collected using hybrid method
Note: The ability to locate and obtain medical records by a plan or a plan's contracted vendor can impact performance on a hybrid measure. Per NCQA's specifications, members for whom no medical record documentation is found are considered non-compliant with the measure.

The source of the National Medicaid 90th Percentile, National Medicaid 75th Percentile, National Medicaid Mean, and MA Commercial Mean is Quality Compass, 2006.

Opportunities for Improvement

Healthy People 2010 has set the goal of achieving an adolescent immunization rate of 90% for the MMR, hepatitis B, and VZV vaccines.²³ Two health plans (FCHP and BMCHP) have already met or exceeded the Healthy People 2010 goal for the MMR and hepatitis B vaccines (see Appendix B for antigen-specific rates for each plan). For the other MassHealth plans, the Healthy People 2010 goal offers a potential target for improvement. In addition, immunization rates for the VZV vaccine were the lowest of the three adolescent antigens, indicating more potential room for improvement for the VZV vaccine for this population than for the MMR or hepatitis B vaccines.

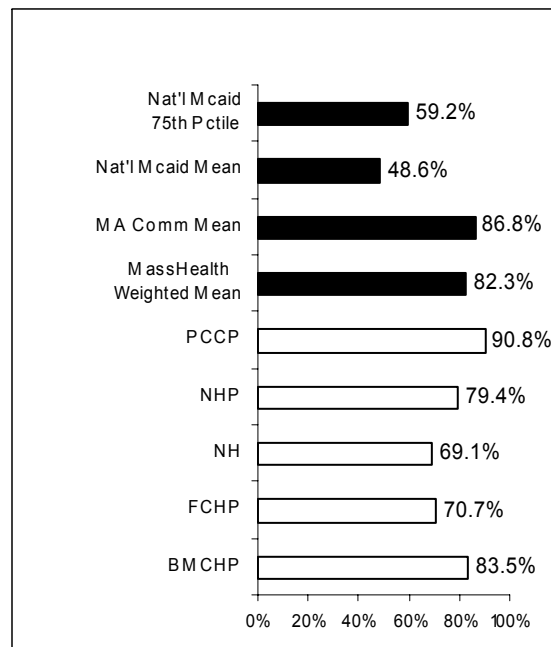
Recently, there has been increased attention to adolescent immunization issues due to the introduction of the human papilloma virus (HPV) vaccine as well as new universal recommendations for meningococcal vaccination.^{24,25} Although these vaccines are not currently assessed through the HEDIS Adolescent Immunization Status measure, increased attention to vaccination for the adolescent population may offer additional opportunities for members to become up-to-date on the other universally-recommended immunizations assessed in this measure.

Well-Child Visits for Infants and Young Children

The HEDIS well-child measures assess whether infants and young children receive a minimum number of the well-child visits recommended by current clinical guidelines. The American Academy of Pediatrics (AAP) recommends a schedule of at least eight well-child visits between birth and the 15th month of life.²⁶ The AAP also recommends a schedule of annual well-child visits during the 3rd, 4th, 5th and 6th years of life. These well-child visits offer the opportunity for evaluation of growth and development, the administration of immunizations, the assessment of behavioral issues, and the delivery of anticipatory guidance on issues such as injury prevention, violence prevention, sleep position and nutrition. The HEDIS well-child visit measures assess only the frequency of well-child visits and do not provide information on the content or quality of the care received during those visits. However, compliance with preventive care guidelines, including the recommended number of visits, can improve health outcomes; for example, Medicaid-enrolled children under the age of 2 who receive well-child visits according to the frequency prescribed by AAP have fewer avoidable hospitalizations.²⁷

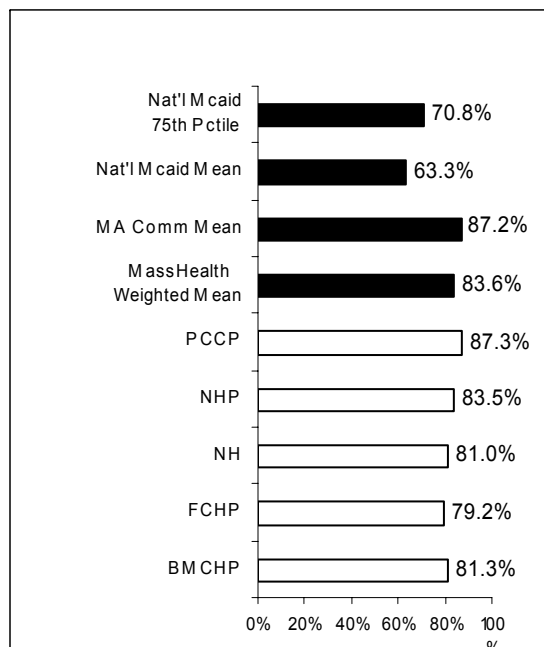
Well-Child Visits in the First 15 Months of Life (6 or more visits*)

The percentage of children who turned 15 months old during 2005 and who had six or more well-child visits with a primary care practitioner during the first 15 months of life.



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

The percentage of members who were three, four, five or six years old during 2005 who received one or more well-child visits with a primary care practitioner during 2005.



Understanding the Results

The HEDIS 2006 rate of MassHealth members who turned 15 months who had six or more well-child visits was 82.3%, an increase of nearly 15 percentage points since HEDIS 2004. Plan-specific rates ranged from 69.1% to 90.8%. All five MassHealth plans had rates that were significantly better than the benchmark rate (59.2%). Three plans (PCC Plan, FCHP and BMCHP) had 2006 rates that were significantly better than their 2004 rates.

Eighty-four percent (83.6%) of MassHealth members who were three, four, five or six years old had a well-child visit during 2005. MassHealth rates for this measure have shown less improvement than for the 15 month measure (3 percentage points since HEDIS 2004). Plan-specific rates ranged from 79.2% to 87.3%. All five MassHealth plans had rates that were significantly better than the benchmark rate (70.8%). One plan (PCC Plan) had a 2006 rate that was significantly better than its 2004 rate.

Opportunities for Improvement

MassHealth well-child visit rates continue to improve. Three plans (PCC Plan, NHP and BMCHP) reported 2006 rates for the measure for 15 month old children that were significantly better than the 2006 national Medicaid 90th percentile (68.6%). Two plans (PCC Plan and NHP) reported 2006 rates on the measures for 3-6 year olds that were significantly better than the 2006 national Medicaid 90th percentile (77.5%). The 2006 national Medicaid 90th percentile is a rate that was exceeded by only 10% of the Medicaid plans that submitted HEDIS 2006 data. Plans should seek to maintain the high rates for both the 15-month and 3-6 year rates, and improve their rates where possible.

* Data for the zero through five visit rates are in Appendix C.

KEY:

- Comparison rates (Source of National and MA Commercial data: Quality Compass, 2006)
- Rate is significantly above the 2006 national Medicaid 75th percentile
- Rate is no different than the 2006 national Medicaid 75th percentile
- Rate is significantly below the 2006 national Medicaid 75th percentile

Well-Child Visits for Infants and Young Children

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

Comparison to 2006 Rates:				
PCCP(H) NHP(H) NH(H) FCHP(H) BMCHP(H)	Nat'l Mcaid 75th Pctile	Nat'l Mcaid Mean	MA Comm Mean	Plan's 2004 Rate
	★	★	★	★
	★	★	●	○
	★	★	●	●
	★	★	●	★
	★	★	○	★

2006 Comparison Rates																	
Nat'l Mcaid 90th Pctile:				68.6%		Nat'l Mcaid Mean:				48.6%		MassHealth Weighted Mean:				82.3%	
Nat'l Mcaid 75th Pctile:				59.2%		MA Commercial Mean:				86.8%		MassHealth Median:				79.4%	
MassHealth Plan Rates																	
2006		Num	Elig	Den	Rate	LCL	UCL		2004		Num	Elig	Den	Rate	LCL	UCL	
PCCP	(H)	236	2,838	260	90.8%	87.1%	94.5%		PCCP	(A)	3,870	6,263	6,263	61.8%	60.6%	63.0%	
NHP	(H)	235	2,285	296	79.4%	74.6%	84.2%		NHP	(H)	303	2,223	392	77.3%	73.0%	81.6%	
NH	(H)	284	1,512	411	69.1%	64.5%	73.7%		NH	(H)	349	998	411	84.9%	81.3%	88.5%	
FCHP	(H)	130	184	184	70.7%	63.8%	77.5%		FCHP	(A)	63	154	154	40.9%	32.8%	49.0%	
BMCHP	(H)	343	3,630	411	83.5%	79.7%	87.2%		BMCHP	(H)	284	1,873	411	69.1%	64.5%	73.7%	

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

Comparison to 2006 Rates:					2006 Comparison Rates																
	Nat'l Mcaid 75th Pctile	Nat'l Mcaid Mean	MA Comm Mean	Plan's 2004 Rate	Nat'l Mcaid 90th Pctile: 77.5%				Nat'l Mcaid Mean: 63.3%				MassHealth Weighted Mean: 83.6%								
					Nat'l Mcaid 75th Pctile: 70.8%				MA Commercial Mean: 87.2%				MassHealth Median: 81.3%								
					MassHealth Plan Rates																
PCCP(H)	★	★	○	★	2006	Num	Elig	Den	Rate	LCL	UCL		2004	Num	Elig	Den	Rate	LCL	UCL		
NHP(H)	★	★	○	○	PCCP	(H)	200	15,209	229	87.3%	82.8%	91.9%	PCCP	(A)	16,898	21,819	21,819	77.4%	76.9%	78.0%	
NH(H)	★	★	●	●	NHP	(H)	217	10,536	260	83.5%	78.8%	88.2%	NHP	(H)	260	9,809	321	81.0%	76.5%	85.4%	
FCHP(A)	★	★	●	●	NH	(H)	282	7,188	348	81.0%	76.8%	85.3%	NH	(H)	296	4,410	328	90.2%	86.9%	93.6%	
BMCHP(H)	★	★	●	○	FCHP	(A)	605	764	764	79.2%	76.2%	82.1%	FCHP	(A)	731	776	776	94.2%	92.5%	95.9%	
					BMCHP	(H)	334	15,272	411	81.3%	77.4%	85.2%	BMCHP	(H)	341	10,843	411	83.0%	79.2%	86.7%	

Legend:

- ★ 2006 rate is significantly above the comparison rate.
- 2006 rate is not significantly different from the comparison rate.
- 2006 rate is significantly below the comparison rate.

Num indicates Numerator

Elig indicates the Eligible Population

Den indicates Denominator

LCL indicates Lower Confidence Level

UCL indicates Upper Confidence Level

(A) = Measure was collected using administrative method

(H) = Measure was collected using hybrid method

Note: The ability to locate and obtain medical records by a plan or a plan's contracted vendor can impact performance on a hybrid measure. Per NCQA's specifications, members for whom no medical record documentation is found are considered non-compliant with the measure.

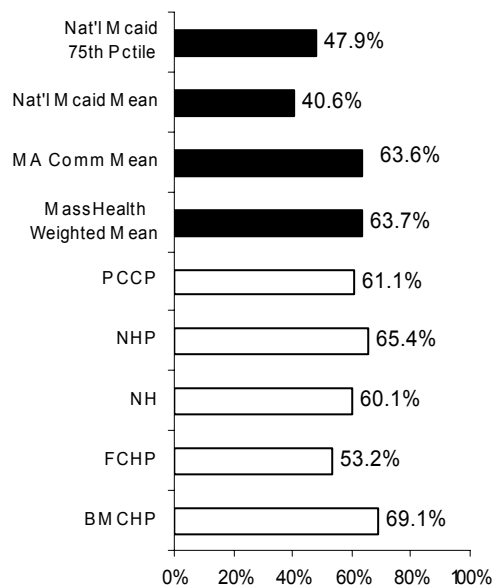
The source of the National Medicaid 90th Percentile, National Medicaid 75th Percentile, National Medicaid Mean, and MA Commercial Mean is Quality Compass, 2006.

Adolescent Well-Care Visits

The Adolescent Well-Care Visits measure assesses whether adolescents had at least one well-care visit with a primary care provider or OB/GYN during 2005, as recommended by clinical guidelines set forth by the American Medical Association (AMA), American Academy of Pediatrics (AAP), and Bright Futures.²⁸ Annual visits during adolescence allow providers to conduct physical examinations of growth, assess behavior, and deliver anticipatory guidance on issues related to violence, injury prevention and nutrition and to screen for sexual activity, smoking and depression. Adolescents are more likely than younger children to have no well-care visits at all; this gap is more pronounced for adolescents in publicly-funded managed care.²⁹

Adolescent Well-Care Visits

The percentage of adolescents who were 12-21 years of age during 2005 and who had at least one comprehensive well-care visit with a primary care practitioner or OB/GYN during 2005.



KEY:

- Comparison rates (Source of National and MA Commercial data: Quality Compass, 2006)
- Rate is *significantly above* the 2006 national Medicaid 75th percentile
- Rate is *no different than* the 2006 national Medicaid 75th percentile
- Rate is *significantly below* the 2006 national Medicaid 75th percentile

Understanding the Results

MassHealth rates of adolescent well-care visits have improved with each measurement cycle since HEDIS 1999. For HEDIS 2006, 63.7% of MassHealth adolescent members who were 12 to 21 years of age had at least one well-care visit with a primary care practitioner or OB/GYN during 2005. Plan-specific rates ranged from 53.2% to 69.1%. All five MassHealth plans had 2006 rates that were significantly better than the benchmark rate (47.9%). One plan (PCCP) had a 2006 rate that was significantly better than its 2004 rate.

One caveat to be kept in mind for both this measure and the well-child measures is that the measures are calculated using administrative and medical record data as opposed to data obtained by survey. Well-care rates generated from parent surveys and adolescent self-reported surveys yield significantly higher rates of visits compared to the HEDIS well-care measures.³⁰ In fact, the national rate of children meeting the AAP guidelines for the number of well-care visits is as high as 77% when calculated from parent surveys.³¹ However, whether administrative and medical record data actually under-report well-care visit rates or survey data over-report the occurrence of well-care visits is unknown. In addition, the miscoding of well-child visits for infants and young children and well-care visits for adolescents affects the results of this measure. Research comparing Medicaid administrative data with child medical records has documented substantial misclassification of well-child visits as sick visits.³²

Opportunities for Improvement

MassHealth HEDIS 2006 adolescent well-care rates for all five plans met or exceeded both the 2006 national Medicaid 75th percentile (47.9%) and national Medicaid 90th percentile (54.5%). One plan (BMCHP) had an adolescent well-care rate that was significantly better than the 2006 Massachusetts Commercial mean (63.6%). Three other plans (PCC Plan, NHP and NH) had rates that were not statistically different from the 2006 Massachusetts Commercial mean. The Massachusetts Commercial mean may be an appropriate target for future improvement for some plans.

Adolescent Well-Care Visits

Statistical Summary: Adolescent Well-Care Visits

Comparison to 2006 Rates:					2006 Comparison Rates																
	Nat'l Mcaid 75th Pctile	Nat'l Mcaid Mean	MA Comm Mean	Plan's 2004 Rate	Nat'l Mcaid 90th Pctile: 54.5% Nat'l Mcaid Mean: 40.6% MassHealth Weighted Mean: 63.7%																
					Nat'l Mcaid 75th Pctile: 47.9% MA Commercial Mean: 63.6% MassHealth Median: 61.1%																
	MassHealth Plan Rates																				
PCCP(H)	★	★	○	★	2006	Num Elig Den			Rate	LCL	UCL	2004	Num Elig Den			Rate	LCL	UCL			
NHP(H)	★	★	○	○	PCCP	(H)	237	35,842	388	61.1%	56.1%	66.1%	PCCP	(A)	24,362	44,461	44,461	54.8%	54.3%	55.3%	
NH(H)	★	★	○	●	NHP	(H)	265	17,118	405	65.4%	60.7%	70.2%	NHP	(H)	234	15,052	411	56.9%	52.0%	61.8%	
FCHP(A)	★	★	●	○	NH	(H)	247	9,624	411	60.1%	55.2%	65.0%	NH	(H)	290	6,332	411	70.6%	66.0%	75.1%	
BMCHP(H)	★	★	★	○	FCHP	(A)	697	1,311	1,311	53.2%	50.4%	55.9%	FCHP	(A)	671	1,277	1,277	52.5%	49.8%	55.3%	
					BMCHP	(H)	284	21,147	411	69.1%	64.5%	73.7%	BMCHP	(H)	288	15,718	411	70.1%	65.5%	74.6%	

Legend:

- ★ 2006 rate is significantly above the comparison rate.
- 2006 rate is not significantly different from the comparison rate.
- 2006 rate is significantly below the comparison rate.

Num indicates Numerator
Elig indicates the Eligible Population
Den indicates Denominator
LCL indicates Lower Confidence Level
UCL indicates Upper Confidence Level

(A) = Measure was collected using administrative method
 (H) = Measure was collected using hybrid method
Note: The ability to locate and obtain medical records by a plan or a plan's contracted vendor can impact performance on a hybrid measure. Per NCQA's specifications, members for whom no medical record documentation is found are considered non-compliant with the measure.

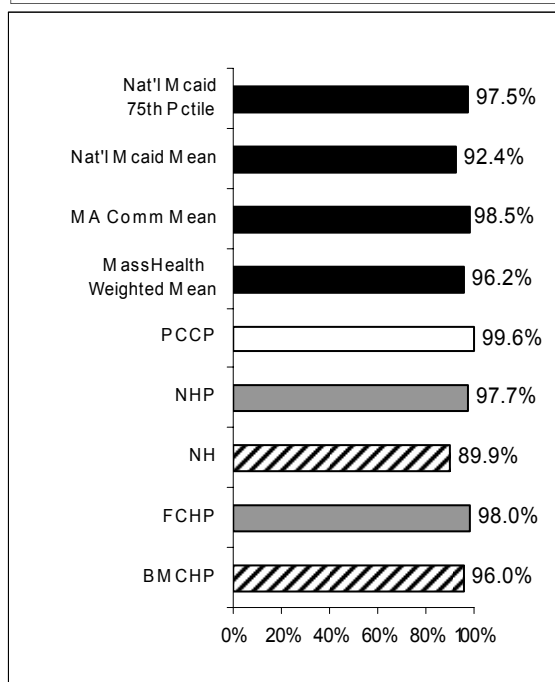
The source of the National Medicaid 90th Percentile, National Medicaid 75th Percentile, National Medicaid Mean, and MA Commercial Mean is Quality Compass, 2006.

Children and Adolescent's Access to Primary Care Practitioners

The age-stratified rates of the Children and Adolescent's Access to Primary Care Practitioners measure reflect general access to care by indicating whether children had a preventive or ambulatory care visit with a primary care provider in 2005 (for children ages 12 to 24 months and 25 months to 6 years) or during 2004 or 2005 (for children ages 7 to 11 years and 12 to 19 years). Any type of visit with a primary care practitioner counts toward this measure. This measure does not assess whether children have the appropriate number of visits recommended by clinical guidelines (e.g., children ages 12 to 24 months should have 3-4 well-child visits during the measure's timeframe), nor does the measure assess the quality or the content of the well-care visits counted by the measure.

Ages 12 to 24 Months

The percentage of children 12 to 24 months of age who had a visit with a primary care practitioner during 2005.

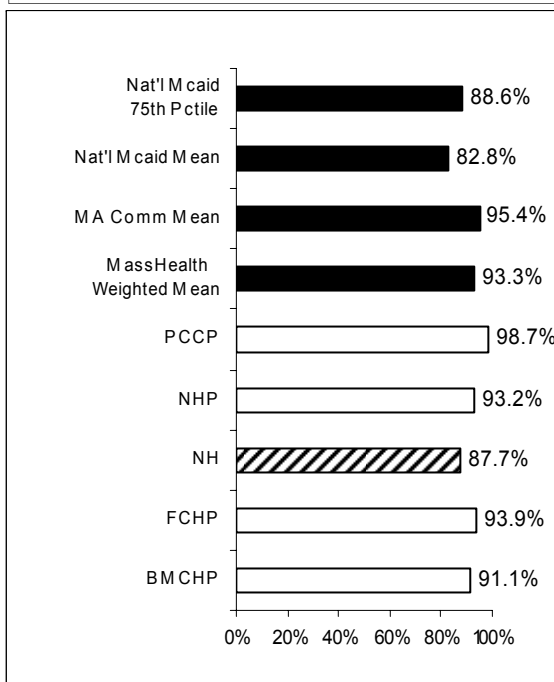


KEY:

- Comparison rates (Source of National and MA Commercial data: Quality Compass, 2006)
- Rate is *significantly above* the 2006 national Medicaid 75th percentile
- Rate is *no different than* the 2006 national Medicaid 75th percentile
- Rate is *significantly below* the 2006 national Medicaid 75th percentile

Ages 25 Months to 6 Years

The percentage of children 25 months to 6 years of age who had a visit with a primary care practitioner during 2005.



Understanding the Results

Ninety-six percent (96.2%) of MassHealth members aged 12 to 24 months had a preventive or ambulatory care visit with a primary care provider in 2005. Plan-specific rates ranged from 89.9% to 99.6%. One MassHealth plan (PCC Plan) had a 2006 rate that was significantly better than the benchmark rate (97.5%). Two plans (PCCP and BMCHP) had 2006 rates that were significantly better than their 2004 rate.

Slightly fewer MassHealth members ages 25 months to 6 years had a preventive or ambulatory care visit with a primary care provider in 2005 (93.3%). Plan-specific rates ranged from 87.7% to 98.7%. Four MassHealth plans (PCC Plan, NHP, FCHP and BMCHP) had 2006 rates that were significantly better than the benchmark rate (88.6%). One plan (PCC Plan) had a 2006 rate that was significantly better than its 2004 rate.

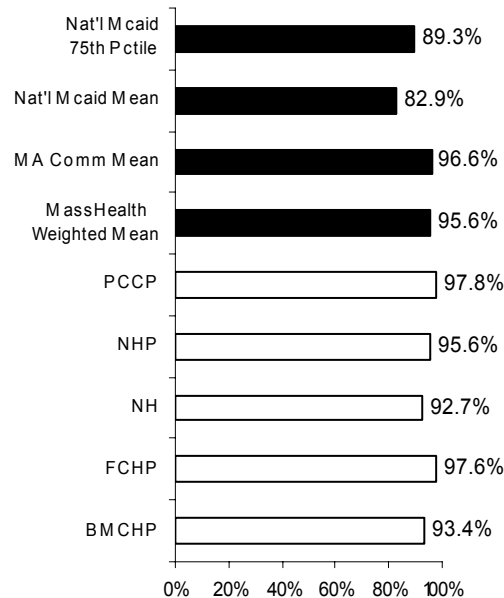
Opportunities for Improvement

Overall MassHealth plan rates for these two age-stratified measures have been at or approaching 90% since this measure was first reported with HEDIS 1997. As of HEDIS 2006, some MassHealth plan rates for this access to care measure were nearing 100%, indicating little additional room for improvement. (A goal of 100% utilization is appropriate for this measure since children in this age group should be receiving annual well-visits.) Opportunity for improvement may exist for any plan that performed below the benchmark or that had a 2006 rate that was significantly lower than its 2004 rate (possibly indicating reduced access).

Children and Adolescent's Access to Primary Care Practitioners

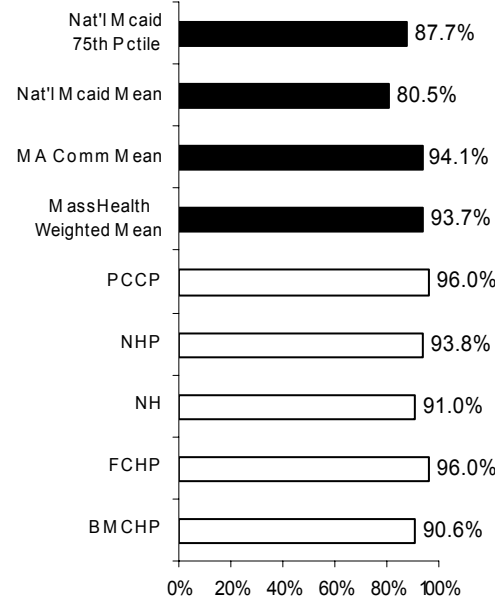
Ages 7 to 11 Years

The percentage of children 7 to 11 years of age who had at least one visit with a primary care practitioner in 2004 or 2005.



Ages 12 to 19 Years

The percentage of adolescents 12 to 19 years of age who had at least one visit with a primary care practitioner in 2004 or 2005.



Understanding the Results

Ninety-six percent (95.6%) of MassHealth members ages 7 to 11 years had a visit with a primary care practitioner during 2004 or 2005. Plan-specific rates ranged from 92.7% to 97.8%. All five MassHealth plans had 2006 rates that were significantly better than the benchmark rate (89.3%). Two MassHealth plans (PCC Plan and FCHP) had 2006 rates that met or exceeded the Massachusetts Commercial mean (96.6%). One plan (PCC Plan) had a 2006 rate that was significantly better than its 2004 rate.

Access to primary care practitioners for MassHealth members aged 12 to 19 was also high (93.7%). MassHealth plan rates ranged from 90.6% to 96.0%. All five MassHealth plans had 2006 rates that were significantly better than the benchmark rate (87.7%). Three MassHealth plans (PCC Plan, NHP and FCHP) had 2006 rates that met or exceeded the Massachusetts Commercial mean (94.1%). Two plans (PCC Plan and NHP) had 2006 rates that were significantly better than their 2004 rate.

Opportunities for Improvement

HEDIS 2006 rates for both the 7 to 11 year and 12 to 19 year age stratifications dipped slightly since HEDIS 2004, although only two plans had rates that were significantly lower than their HEDIS 2004 rates. Plans should continue to monitor these age groups for any reduction in visit rates. Plans with rates that are nearing 100% should focus on continued maintenance of the high rates. A goal of 100% access is appropriate for this measure since children in this age group should have visits with their primary care providers on an annual basis.

KEY:

- Comparison rates (Source of National and MA Commercial data: Quality Compass, 2006)
- Rate is *significantly above* the 2006 national Medicaid 75th percentile
- Rate is *no different than* the 2006 national Medicaid 75th percentile
- Rate is *significantly below* the 2006 national Medicaid 75th percentile

Children and Adolescent's Access to Primary Care Practitioners

Statistical Summary: Ages 7-11 Years

Comparison to 2006 Rates:				
	Nat'l Mcaid 75th Pctile	Nat'l Mcaid Mean	MA Comm Mean	Plan's 2004 Rate
PCCP(A)	★	★	★	★
NHP(A)	★	★	●	○
NH(A)	★	★	●	●
FCHP(A)	★	★	○	○
BMCHP(A)	★	★	●	●

2006 Comparison Rates												
Nat'l Mcaid 90th Pctile:		92.0%		Nat'l Mcaid Mean:		82.9%		MassHealth Weighted Mean:		95.6%		
Nat'l Mcaid 75th Pctile:		89.3%		MA Commercial Mean:		96.6%		MassHealth Median:		95.6%		
MassHealth Plan Rates												
2006	Num	Den	Rate	LCL	UCL		2004	Num	Den	Rate	LCL	UCL
PCCP	(A) 14,834	15,161	97.8%	97.6%	98.1%		PCCP	(A) 21,170	21,910	96.6%	96.4%	96.9%
NHP	(A) 7,552	7,897	95.6%	95.2%	96.1%		NHP	(A) 7,197	7,582	94.9%	94.4%	95.4%
NH	(A) 3,857	4,161	92.7%	91.9%	93.5%		NH	(A) 2,699	2,847	94.8%	94.0%	95.6%
FCHP	(A) 617	632	97.6%	96.4%	98.9%		FCHP	(A) 663	680	97.5%	96.3%	98.7%
BMCHP	(A) 10,085	10,796	93.4%	92.9%	93.9%		BMCHP	(A) 5,142	5,420	94.9%	94.3%	95.5%

Statistical Summary: Ages 12-19 Years

Comparison to 2006 Rates:					2006 Comparison Rates											
	Nat'l Mcaid 75th Pctile	Nat'l Mcaid Mean	MA Comm Mean	Plan's 2004 Rate	Nat'l Mcaid 90th Pctile:		90.2%	Nat'l Mcaid Mean:		80.5%	MassHealth Weighted Mean:		93.7%			
					Nat'l Mcaid 75th Pctile:		87.7%	MA Commercial Mean:		94.1%	MassHealth Median:		93.8%			
MassHealth Plan Rates																
PCCP(A) NHP(A) NH(A) FCHP(A) BMCHP(A)	★ ★ ★ ★ ★	★ ★ ★ ★ ★	★ ○ ● ★ ●	★ ○ ○ ○ ●	2006	Num	Den	Rate	LCL	UCL	2004	Num	Den	Rate	LCL	UCL
					PCCP	(A) 24,520	25,546	96.0%	95.7%	96.2%	PCCP	(A) 31,680	33,492	94.6%	94.3%	94.8%
					NHP	(A) 10,774	11,491	93.8%	93.3%	94.2%	NHP	(A) 9,285	10,056	92.3%	91.8%	92.9%
					NH	(A) 4,928	5,418	91.0%	90.2%	91.7%	NH	(A) 3,089	3,348	92.3%	91.3%	93.2%
					FCHP	(A) 847	882	96.0%	94.7%	97.4%	FCHP	(A) 884	945	93.5%	91.9%	95.2%
					BMCHP	(A) 12,625	13,937	90.6%	90.1%	91.1%	BMCHP	(A) 6,481	7,000	92.6%	92.0%	93.2%

Legend:

- ★ 2006 rate is significantly above the comparison rate.
- 2006 rate is not significantly different from the comparison rate.
- 2006 rate is significantly below the comparison rate.

Num indicates Numerator
Den indicates Denominator
LCL indicates Lower Confidence Level
UCL indicates Upper Confidence Level

(A) = Measure was collected using administrative method
(H) = Measure was collected using hybrid method
Note: The ability to locate and obtain medical records by a plan or a plan's contracted vendor can impact performance on a hybrid measure. Per NCQA's specifications, members for whom no medical record documentation is found are considered non-compliant with the measure.

The source of the National Medicaid 90th Percentile, National Medicaid 75th Percentile, National Medicaid Mean, and MA Commercial Mean is Quality Compass, 2006.

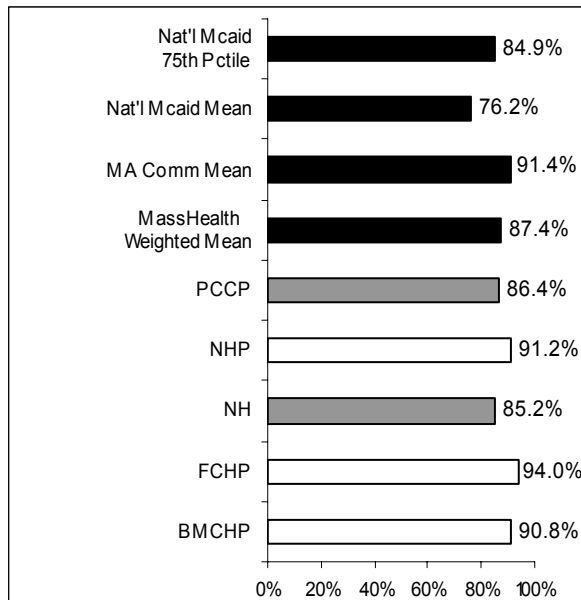
Living With Illness

Comprehensive Diabetes Care

This composite HEDIS measure evaluates seven aspects of diabetes care using a single sample of members ages 18-75* who have type 1 or type 2 diabetes. This measure is based on the work of the Diabetes Quality Improvement Project (DQIP). Formed in 1997 and federally funded, DQIP is a coalition of public and private entities that sought to establish a set of quality measures that assessed diabetes care at the health plan level. The specific rates comprising this measure are based in part on the guidelines of the American Diabetes Association (ADA)³³ and include hemoglobin A1c (HbA1c) testing, HbA1c poor control (>9.0%), eye exams performed, screening for kidney disease, LDL-C (cholesterol) screening, and LDL-C control. Future versions of this HEDIS measure will include rates of blood pressure control (<130/80 and <140/90) and a more stringent measure of HbA1c control (<7.0%).³⁴

HbA1c Testing

The percentage of adults 18 to 75 years of age* with type 1 or type 2 diabetes who had at least one hemoglobin A1c (HbA1c) test during 2005.

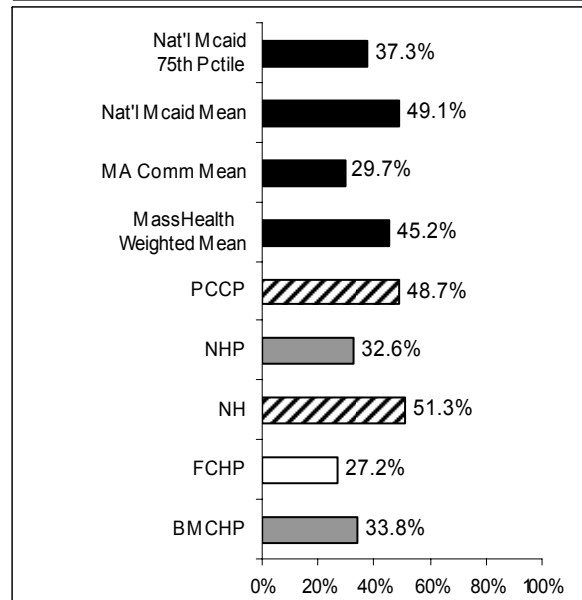


KEY:

- Comparison rates (Source of National and MA Commercial data: Quality Compass, 2006)
- Rate is *significantly better* than the 2006 national Medicaid 75th percentile
- Rate is *no different* than the 2006 national Medicaid 75th percentile
- Rate is *significantly worse* than the 2006 national Medicaid 75th percentile

Poor HbA1c Control

The percentage of adults 18 to 75 years of age* with type 1 or type 2 diabetes whose most recent HbA1c test during 2005 was >9.0%, indicating poor control. **For this measure, a lower rate means better performance.**



Understanding the Results

Eighty-seven percent (87.4%) of MassHealth members 18-75 years of age* with diabetes had a HbA1c test during 2005. Plan-specific rates ranged from 85.2% to 94.0%. Three plans (NHP, FCHP and BMCHP) had rates that were significantly better than the benchmark rate (84.9%). All five plans had 2006 rates that were statistically no different than their 2004 rates.

Forty-five percent (45.2%) of MassHealth members 18-75 years of age* with diabetes had poor HbA1c control. Plan-specific rates ranged from 27.2% to 51.3%. (For this measure, a lower rate means better performance.) One plan (FCHP) had a rate that was significantly better than the benchmark rate (37.3%). One plan (NHP) had a 2006 rate that was significantly better than its 2004 rate.

Although this measure is based on clinical practice guidelines such as those of the ADA, the measure's current specifications do not directly correspond to all of those guidelines' recommendations. For example, the ADA recommends twice yearly HbA1c screenings whereas HEDIS requires one annual screening.³⁵ The HEDIS diabetes measure is an indicator of health plan performance and is not intended to reflect "the minimum or maximum level of care that should be provided to a person with diabetes."³⁶ However, future versions of this measure will be more closely aligned with current clinical guidelines (e.g., a new measure will define good HbA1c control as <7.0%).

* This measure's age range is 18-75. The MassHealth managed care program generally serves members under the age of 65. Members 65 and older occasionally appear in the denominator of a plan's HEDIS rate due to a number of valid reasons (see page 13 for more information). MassHealth members 65 and older were included in the eligible population for this measure if the member met all eligible population criteria, including enrollment criteria.

Comprehensive Diabetes Care

Statistical Summary—HbA1c Testing

Comparison to 2006 Rates:					2006 Comparison Rates															
	Nat'l Mcaid 75th Pctile	Nat'l Mcaid Mean	MA Comm Mean	2004 Rate	Nat'l Mcaid 90th Pctile: 88.8%				Nat'l Mcaid Mean: 76.2%			MassHealth Weighted Mean: 87.4%								
					Nat'l Mcaid 75th Pctile: 84.9%				MA Commercial Mean: 91.4%			MassHealth Median: 90.8%								
					MassHealth Plan Rates															
2006	Num	Elig	Den	Rate	LCL	UCL	2004	Num	Elig	Den	Rate	LCL	UCL							
PCCP(H)	○	★	●	○	PCCP	(H)	355	11,659	411	86.4%	82.9%	89.8%	PCCP	(H)	356	11,446	411	86.6%	83.2%	90.0%
NHP(H)	★	★	○	○	NHP	(H)	375	1,054	411	91.2%	88.4%	94.1%	NHP	(H)	356	894	411	86.6%	83.2%	90.0%
NH(H)	○	★	●	○	NH	(H)	350	1,105	411	85.2%	81.6%	88.7%	NH	(H)	366	757	411	89.1%	85.9%	92.2%
FCHP(H)	★	★	○	○	FCHP	(H)	142	155	151	94.0%	89.9%	98.1%	FCHP	(H)	126	n/a	143	88.1%	82.5%	93.8%
BMCHP(H)	★	★	○	○	BMCHP	(H)	373	2,793	411	90.8%	87.8%	93.7%	BMCHP	(H)	356	1,735	411	86.6%	83.2%	90.0%

Statistical Summary—Poor HbA1c Control (>9.0%)*

Comparison to 2006 Rates:					2006 Comparison Rates															
	Nat'l Medicaid 75th Pctile	Nat'l Medicaid Mean	MA Comm Mean	Plan's 2004 Rate	Nat'l Medicaid 90th Pctile:		30.3%		Nat'l Medicaid Mean:		49.1%		MassHealth Weighted Mean:		45.2%					
					Nat'l Medicaid 75th Pctile:		37.3%		MA Commercial Mean:		29.7%		MassHealth Median:		33.8%					
	MassHealth Plan Rates																			
PCCP(H)	●	○	●	○	2006	Num	Elig	Den	Rate	LCL	UCL	2004	Num	Elig	Den	Rate	LCL	UCL		
NHP(H)	○	★	○	★	PCCP	(H)	200	11,659	411	48.7%	43.7%	53.6%	PCCP	(H)	193	11,446	411	47.0%	42.0%	51.9%
NH(H)	●	○	●	○	NHP	(H)	134	1,054	411	32.6%	27.9%	37.3%	NHP	(H)	174	894	411	42.3%	37.4%	47.2%
FCHP(H)	★	★	○	○	NH	(H)	211	1,105	411	51.3%	46.4%	56.3%	NH	(H)	209	757	411	50.9%	45.9%	55.8%
BMCHP(H)	○	★	○	○	FCHP	(H)	41	155	151	27.2%	19.7%	34.6%	FCHP	(H)	48	n/a	143	33.6%	25.5%	41.7%
					BMCHP	(H)	139	2,793	411	33.8%	29.1%	38.5%	BMCHP	(H)	153	1,735	411	37.2%	32.4%	42.0%

* This measure is the percentage of a plan's members who have poor HbA1c control; therefore, a lower rate indicates better performance.

Legend:

- ★ 2006 rate is significantly above the comparison rate.
- 2006 rate is not significantly different from the comparison rate.
- 2006 rate is significantly below the comparison rate.

Num indicates Numerator
Elig indicates the Eligible Population
Den indicates Denominator
LCL indicates Lower Confidence Level
UCL indicates Upper Confidence Level

(A) = Measure was collected using administrative method
(H) = Measure was collected using hybrid method

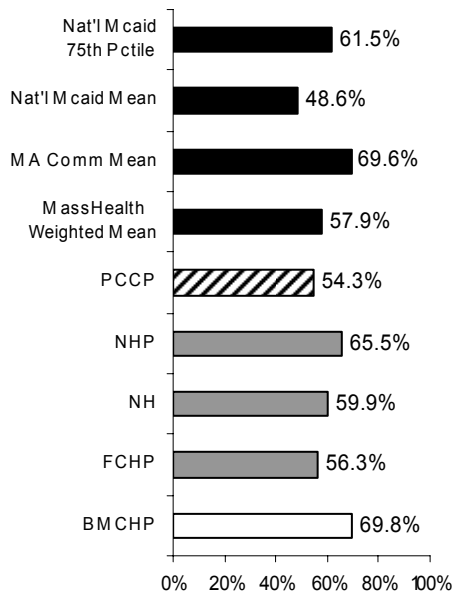
Note: The ability to locate and obtain medical records by a plan or a plan's contracted vendor can impact performance on a hybrid measure. Per NCQA's specifications, members for whom no medical record documentation is found are considered non-compliant with the measure.

The source of the National Medicaid 90th Percentile, National Medicaid 75th Percentile, National Medicaid Mean, and MA Commercial Mean is Quality Compass, 2006.

Comprehensive Diabetes Care

Eye Exams

The percentage of adults 18 to 75 years of age* with type 1 or type 2 diabetes who had a dilated eye exam** by an eye care professional in 2005 (adults with diabetes who had a negative dilated eye exam in 2004 were also considered compliant).



KEY:

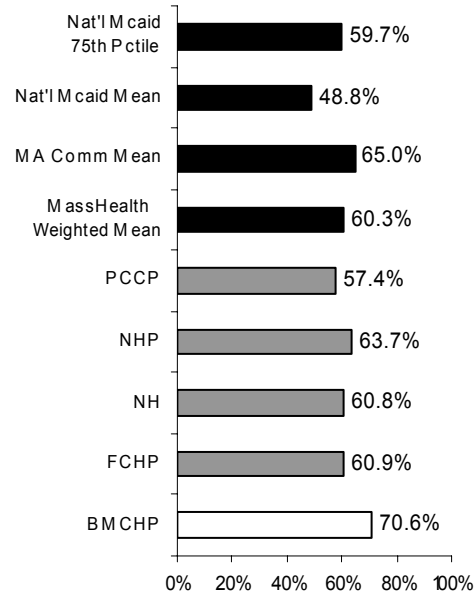
- Comparison rates (Source of National and MA Commercial data: Quality Compass, 2006)
- Rate is *significantly above* the 2006 national Medicaid 75th percentile
- Rate is *no different than* the 2006 national Medicaid 75th percentile
- Rate is *significantly below* the 2006 national Medicaid 75th percentile

* This measure's age range is 18-75. The MassHealth managed care program generally serves members under the age of 65. Members 65 and older occasionally appear in the denominator of a plan's HEDIS rate due to a number of valid reasons (see page 13 for more information). MassHealth members 65 and older were included in the eligible population for this measure if the member met all eligible population criteria, including enrollment criteria.

** Eye exams provided by eye care professionals are a proxy for dilated eye exams because there is no administrative way to determine that a dilated eye exam was performed.

Monitoring Kidney Disease

The percentage of adults 18 to 75 years of age* with type 1 or type 2 diabetes who were screened for kidney disease (nephropathy) during 2005 (adults with a history of the disease were also considered compliant).



Understanding the Results

NCQA has relaxed the criteria for identifying adults with diabetes who are at low risk for eye disease. Plans no longer need to document the lack of an insulin prescription or an HbA1c level <8.0% during the measurement year in order to accept a negative eye exam in the year prior to the measurement year.

Fifty-eight percent (57.9%) of MassHealth members 18-75 years of age* with diabetes had a eye exam in 2005 or a negative eye exam in 2004. Plan-specific rates ranged from 54.3% to 69.8%. One plan (BMCHP) had a rate that was significantly better than the benchmark rate (61.5%). Two plans (NHP and BMCHP) had 2006 rates that were significantly better than their 2004 rates.

Sixty percent (60.3%) of MassHealth members 18-75 years of age* with diabetes were either screened for kidney disease (nephropathy) during 2005 or had evidence of the disease. Plan-specific rates ranged from 57.4% to 70.6%. One plan (BMCHP) had a rate that was significantly better than the benchmark rate (59.7%). Two plans (NH and BMCHP) had 2006 rates that were significantly better than their 2004 rates.

As noted for other measures included in this report, rates of diabetes care, particularly eye exams, may be higher when calculated through other data sources. For example, state-specific eye exam rates for people with diabetes are consistently and substantially lower when calculated through HEDIS criteria than when reported through the Behavioral Risk Factor Surveillance System (BRFSS).³⁷

Comprehensive Diabetes Care

Statistical Summary—Eye Exams

Comparison to 2006 Rates:				
	Nat'l Mcaid 75th Pctile	Nat'l Mcaid Mean	MA Comm Mean	Plan's 2004 Rate
PCCP(H)	●	★	●	○
NHP(H)	○	★	○	★
NH(H)	○	★	●	○
FCHP(H)	○	○	●	○
BMCHP(H)	★	★	○	★

2006 Comparison Rates																	
Nat'l Mcaid 90th Pctile:				68.1%		Nat'l Mcaid Mean:				48.6%		MassHealth Weighted Mean:				57.9%	
Nat'l Mcaid 75th Pctile:				61.5%		MA Commercial Mean:				69.6%		MassHealth Median:				59.9%	
MassHealth Plan Rates																	
2006	Num	Elig	Den	Rate	LCL	UCL		2004	Num	Elig	Den	Rate	LCL	UCL			
PCCP	(H)	223	11,659	411	54.3%	49.3%	59.2%	PCCP	(H)	208	11,446	411	50.6%	45.7%	55.6%		
NHP	(H)	269	1,054	411	65.5%	60.7%	70.2%	NHP	(H)	215	894	411	52.3%	47.4%	57.3%		
NH	(H)	246	1,105	411	59.9%	55.0%	64.7%	NH	(H)	211	757	411	51.3%	46.4%	56.3%		
FCHP	(H)	85	155	151	56.3%	48.0%	64.5%	FCHP	(H)	83	n/a	143	58.0%	49.6%	66.5%		
BMCHP	(H)	287	2,793	411	69.8%	65.3%	74.4%	BMCHP	(H)	209	1,735	411	50.9%	45.9%	55.8%		

Statistical Summary—Monitoring Kidney Disease

Comparison to 2006 Rates:					2006 Comparison Rates															
	Nat'l Mcaid 75th Pctile	Nat'l Mcaid Mean	MA Comm Mean	Plan's 2004 Rate	Nat'l Mcaid 90th Pctile:		65.6%		Nat'l Mcaid Mean:		48.8%		MassHealth Weighted Mean:		60.3%					
					Nat'l Mcaid 75th Pctile:		59.7%		MA Commercial Mean:		65.0%		MassHealth Median:		60.9%					
					MassHealth Plan Rates															
2006	Num	Elig	Den	Rate	LCL	UCL		2004	Num	Elig	Den	Rate	LCL	UCL						
PCCP(H)	○	★	●	○	PCCP	(H)	236	11,659	411	57.4%	52.5%	62.3%	PCCP	(H)	213	11,446	411	51.8%	46.9%	56.8%
NHP(H)	○	★	○	○	NHP	(H)	262	1,054	411	63.7%	59.0%	68.5%	NHP	(H)	233	894	411	56.7%	51.8%	61.6%
NH(H)	○	★	○	★	NH	(H)	250	1,105	411	60.8%	56.0%	65.7%	NH	(H)	201	757	411	48.9%	44.0%	53.9%
FCHP(H)	○	★	○	○	FCHP	(H)	92	155	151	60.9%	52.8%	69.0%	FCHP	(H)	87	n/a	143	60.8%	52.5%	69.2%
BMCHP(H)	★	★	★	★	BMCHP	(H)	290	2,793	411	70.6%	66.0%	75.1%	BMCHP	(H)	241	1,735	411	58.6%	53.8%	63.5%

Legend:

- ★ 2006 rate is significantly above the comparison rate.
- 2006 rate is not significantly different from the comparison rate.
- 2006 rate is significantly below the comparison rate.

Num indicates Numerator

Elig indicates the Eligible Population

Den indicates Denominator

LCL indicates Lower Confidence Level

UCL indicates Upper Confidence Level

(A) = Measure was collected using administrative method

(H) = Measure was collected using hybrid method

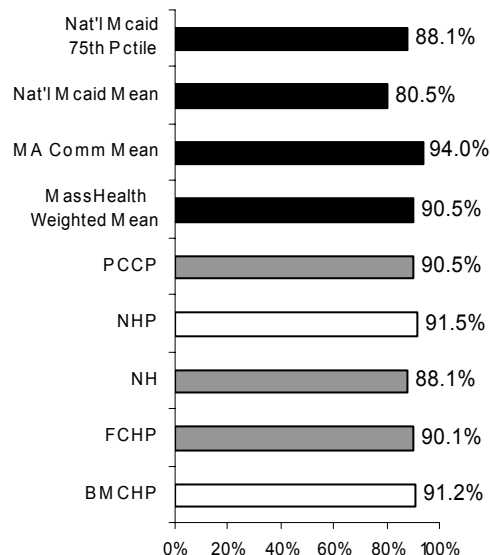
Note: The ability to locate and obtain medical records by a plan or a plan's contracted vendor can impact performance on a hybrid measure. Per NCQA's specifications, members for whom no medical record documentation is found are considered non-compliant with the measure.

The source of the National Medicaid 90th Percentile, National Medicaid 75th Percentile, National Medicaid Mean, and MA Commercial Mean is Quality Compass, 2006.

Comprehensive Diabetes Care

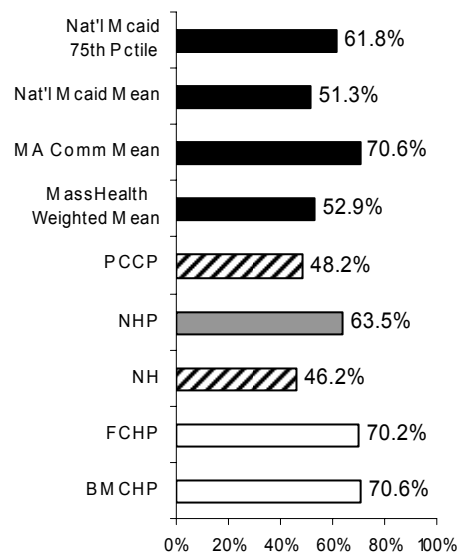
LDL-C Testing

The percentage of adults 18 to 75 years of age* with type 1 or type 2 diabetes who had an LDL-C test during 2004 or 2005.



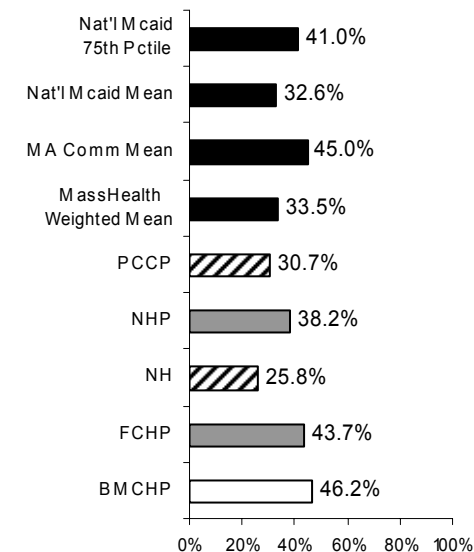
LDL-C Control (<130mg/dL)

The percentage of adults 18 to 75 years of age* with type 1 or type 2 diabetes whose most recent LDL-C test during 2004 or 2005 was <130 mg/dL.



LDL-C Control (<100mg/dL)

The percentage of adults 18 to 75 years of age* with type 1 or type 2 diabetes whose most recent LDL-C test during 2004 or 2005 was <100 mg/dL.



KEY:

- Comparison rates (Source of National and MA Commercial data: Quality Compass, 2006)
- Rate is *significantly above* the 2006 national Medicaid 75th percentile
- Rate is *no different than* the 2006 national Medicaid 75th percentile
- Rate is *significantly below* the 2006 national Medicaid 75th percentile

Understanding the Results

Ninety-one percent (90.5%) of MassHealth members 18-75 years of age* with diabetes had an LDL-C test in 2005. Plan-specific rates ranged from 88.1% to 91.5%. Two plans (NHP and BMCHP) had rates that were significantly better than the benchmark rate (88.1%). Two plans (NHP and BMCHP) had 2006 rates that were significantly better than their 2004 rates. Fifty-three percent (52.9%) of MassHealth members 18-75 years of age* with diabetes had their most recent cholesterol level in 2005 controlled to <130 mg/dL. Plan-specific rates ranged from 48.2% to 70.6%. Two plans (FCHP and BMCHP) had rates that were significantly better than the benchmark rate (61.8%) and two plans (NHP and BMCHP) had 2006 rates that were significantly better than their 2004 rates. The LDL <130mg/dL measure will be retired for HEDIS 2007.

* This measure's age range is 18-75. The MassHealth managed care program generally serves members under the age of 65. Members 65 and older occasionally appear in the denominator of a plan's HEDIS rate due to a number of valid reasons (see page 13 for more information). MassHealth members 65 and older were included in the eligible population for this measure if the member met all eligible population criteria, including enrollment criteria.

Comprehensive Diabetes Care

Statistical Summary—LDL-C Testing

Comparison to 2006 Rates:					2006 Comparison Rates															
	Nat'l Mcaid 75th Pctile	Nat'l Mcaid Mean	MA Comm Mean	Plan's 2004 Rate	Nat'l Mcaid 90th Pctile:		90.8%		Nat'l Mcaid Mean:		80.5%		MassHealth Weighted Mean:		90.5%					
					Nat'l Mcaid 75th Pctile:		88.1%		MA Commercial Mean:		94.0%		MassHealth Median:		90.5%					
					MassHealth Plan Rates															
2006	Num	Elig	Den	Rate	LCL	UCL	2004	Num	Elig	Den	Rate	LCL	UCL							
PCCP(H)	○	★	●	○	PCCP	(H)	372	11,659	411	90.5%	87.6%	93.5%	PCCP	(H)	364	11,446	411	88.6%	85.4%	91.8%
NHP(H)	★	★	○	★	NHP	(H)	376	1,054	411	91.5%	88.7%	94.3%	NHP	(H)	338	894	411	82.2%	78.4%	86.1%
NH(H)	○	★	●	○	NH	(H)	362	1,105	411	88.1%	84.8%	91.3%	NH	(H)	348	757	411	84.7%	81.1%	88.3%
FCHP(H)	○	★	○	○	FCHP	(H)	136	155	151	90.1%	85.0%	95.2%	FCHP	(H)	126	n/a	143	88.1%	82.5%	93.8%
BMCHP(H)	★	★	○	★	BMCHP	(H)	375	2,793	411	91.2%	88.4%	94.1%	BMCHP	(H)	335	1,735	411	81.5%	77.6%	85.4%

Statistical Summary—LDL-C Control (<130mg/dL)

Comparison to 2006 Rates:					2006 Comparison Rates															
	Nat'l Mcaid 75th Pctile	Nat'l Mcaid Mean	MA Comm Mean	Plan's 2004 Rate	Nat'l Mcaid 90th Pctile: 69.3%					Nat'l Mcaid Mean: 51.3%			MassHealth Weighted Mean: 52.9%							
					Nat'l Mcaid 75th Pctile: 61.8%					MA Commercial Mean: 70.6%			MassHealth Median: 63.5%							
					MassHealth Plan Rates															
PCCP(H)	●	○	●	○	2006	Num	Elig	Den	Rate	LCL	UCL	2004	Num	Elig	Den	Rate	LCL	UCL		
NHP(H)	○	★	●	★	PCCP	(H)	198	11,659	411	48.2%	43.2%	53.1%	PCCP	(H)	179	11,446	411	43.6%	38.6%	48.5%
NH(H)	●	●	●	○	NHP	(H)	261	1,054	411	63.5%	58.7%	68.3%	NHP	(H)	207	894	411	50.4%	45.4%	55.3%
FCHP(H)	★	★	○	○	NH	(H)	190	1,105	411	46.2%	41.3%	51.2%	NH	(H)	168	757	411	40.9%	36.0%	45.8%
BMCHP(H)	★	★	○	★	FCHP	(H)	106	155	151	70.2%	62.6%	77.8%	FCHP	(H)	82	n/a	143	57.3%	48.9%	65.8%
					BMCHP	(H)	290	2,793	411	70.6%	66.0%	75.1%	BMCHP	(H)	207	1,735	411	50.4%	45.4%	55.3%

Legend:

- ★ 2006 rate is significantly above the comparison rate.
- 2006 rate is not significantly different from the comparison rate.
- 2006 rate is significantly below the comparison rate.

Num indicates Numerator

Elig indicates the Eligible Population

Den indicates Denominator

LCL indicates Lower Confidence Level

UCL indicates Upper Confidence Level

(A) = Measure was collected using administrative method

(H) = Measure was collected using hybrid method

Note: The ability to locate and obtain medical records by a plan or a plan's contracted vendor can impact performance on a hybrid measure. Per NCQA's specifications, members for whom no medical record documentation is found are considered non-compliant with the measure.

The source of the National Medicaid 90th Percentile, National Medicaid 75th Percentile, National Medicaid Mean, and MA Commercial Mean is Quality Compass, 2006.

Comprehensive Diabetes Care

Statistical Summary—LDL-C Control (<100mg/dL)

Comparison to 2006 Rates:					2006 Comparison Rates															
	Nat'l Mcaid 75th Pctile	Nat'l Mcaid Mean	MA Comm Mean	Plan's 2004 Rate	Nat'l Mcaid 90th Pctile:		46.5%		Nat'l Mcaid Mean:		32.6%		MassHealth Weighted Mean:		33.5%					
					Nat'l Mcaid 75th Pctile:		41.0%		MA Commercial Mean:		45.0%		MassHealth Median:		38.2%					
					MassHealth Plan Rates															
2006	Num	Elig	Den	Rate	LCL	UCL	2004	Num	Elig	Den	Rate	LCL	UCL							
PCCP(H)	●	○	●	○	PCCP	(H)	126	11,659	411	30.7%	26.1%	35.2%	PCCP	(H)	115	11,446	411	28.0%	23.5%	32.4%
NHP(H)	○	★	●	★	NHP	(H)	157	1,054	411	38.2%	33.4%	43.0%	NHP	(H)	115	894	411	28.0%	23.5%	32.4%
NH(H)	●	●	●	○	NH	(H)	106	1,105	411	25.8%	21.4%	30.1%	NH	(H)	96	757	411	23.4%	19.1%	27.6%
FCHP(H)	○	★	○	★	FCHP	(H)	66	155	151	43.7%	35.5%	52.0%	FCHP	(H)	34	n/a	143	23.8%	16.4%	31.1%
BMCHP(H)	★	★	○	★	BMCHP	(H)	190	2,793	411	46.2%	41.3%	51.2%	BMCHP	(H)	122	1,735	411	29.7%	25.1%	34.2%

Legend:

- ★ 2006 rate is significantly above the comparison rate.
- 2006 rate is not significantly different from the comparison rate.
- 2006 rate is significantly below the comparison rate.

Num indicates Numerator
Elig indicates the Eligible Population
Den indicates Denominator
LCL indicates Lower Confidence Level
UCL indicates Upper Confidence Level

(A) = Measure was collected using administrative method
(H) = Measure was collected using hybrid method

Note: The ability to locate and obtain medical records by a plan or a plan's contracted vendor can impact performance on a hybrid measure. Per NCQA's specifications, members for whom no medical record documentation is found are considered non-compliant with the measure.

* This measure's age range is 18-75. The MassHealth managed care program generally serves members under the age of 65. Members 65 and older occasionally appear in the denominator of a plan's HEDIS rate due to a number of valid reasons (see page 13 for more information). MassHealth members 65 and older were included in the eligible population for this measure if the member met all eligible population criteria, including enrollment criteria.

The source of the National Medicaid 90th Percentile, National Medicaid 75th Percentile, National Medicaid Mean, and MA Commercial Mean is Quality Compass, 2006.

Understanding the Results

The primary goal of cholesterol management in people with diabetes is an LDL<100 mg/dL.³⁸ MassHealth rates for the LDL<100 mg/dL measure were considerably lower than the LDL<130 mg/dL measure. Thirty-four percent (33.5%) of MassHealth members 18-75 years of age* with diabetes had their most recent cholesterol level in 2005 controlled to <100mg/dL. Plan-specific rates ranged from 25.8% to 46.2%. One plan (BMCHP) had a rate that was significantly better than the benchmark rate (41.0%). Three plans (NHP, FCHP and BMCHP) had 2006 rates that were significantly better than their 2004 rates.

Comprehensive Diabetes Care

Opportunities for Improvement

Healthy People 2010 includes several goals for diabetes care that are related to the HEDIS Comprehensive Diabetes Care measure.³⁹ These goals may help to identify opportunities for improvement related to this measure. For example, Healthy People 2010 seeks to increase the rate of dilated eye exams for people with diabetes to a target rate of 75% from a 1998 baseline rate of 47% (age adjusted to year 2000 standard population).

Similarly, Healthy People 2010 calls for an increase in the rate of nephropathy screening (i.e., urine microalbumin measurement) in adults with diabetes. Although Healthy People 2010 does not specify a target rate for this increase, it does note that such an increase would improve the quality of life for people with diabetes and reduce costs to the health system related to the microvascular and metabolic complications of diabetes.

One of the Healthy People 2010 diabetes goals has already been exceeded by the MassHealth plans. Healthy People 2010 seeks to increase the proportion of adults with diabetes who have annual HbA1c screenings to 50% from a 1998 baseline of 24% (age adjusted to year 2000 standard population). The MassHealth plan rates for HbA1c screenings is 87.4%. In addition, several MassHealth plans have HbA1c screening rates that have met or exceeded both the 2006 national Medicaid 90th percentile and 2006 Massachusetts Commercial mean.

The greatest opportunities for improvement of MassHealth HEDIS diabetes rates may be to im-

prove HbA1c control and cholesterol (LDL) control rates. MassHealth plan performance for the HEDIS 2006 HbA1c poor control measure (>9.0%), was mixed, with one plan performing favorably compared to the benchmark and two plans not performing favorably compared to the benchmark. Due to the format in which HEDIS data are submitted to NCQA and CHPR, it is not known what percentage of members who were found to have HbA1c controlled to <9.0% also would have had HbA1c controlled to <7.0%, and therefore would have been compliant with the new measure that NCQA will introduce for HEDIS 2007.

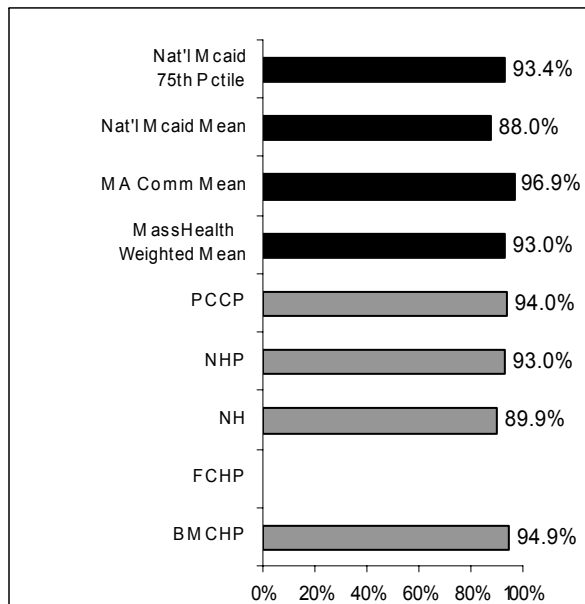
Since clinical guidelines recommend that people with diabetes control their cholesterol to <100 mg/dL, the HEDIS 2006 <130 mg/dL measure was an intermediate measure of plan performance. The transition to reporting only the <100 mg/dL measure beginning with HEDIS 2007 highlights the importance of improving LDL control rates.

Use of Appropriate Medications for People with Asthma

This measure evaluates whether members with persistent asthma are prescribed medications that are acceptable as primary therapy for long-term asthma control according to the National Heart, Lung, and Blood Institute's (NHLBI) *Guidelines for the Diagnosis and Management of Asthma*.⁴⁰ The guidelines, first issued in 1991 and updated in 1997 and 2002, recommend the use of daily, long-term control medication for patients with persistent asthma symptoms. Long-term control medications, such as inhaled corticosteroids, reduce airway inflammation^{41,42} and decrease the asthma exacerbations⁴³ that can increase the risk of emergency department visits, hospitalization, and death.⁴⁴ Several studies have documented underuse of asthma control medications in Medicaid populations^{45,46,47} and lower prescription rates for control medications compared to privately insured children.⁴⁸

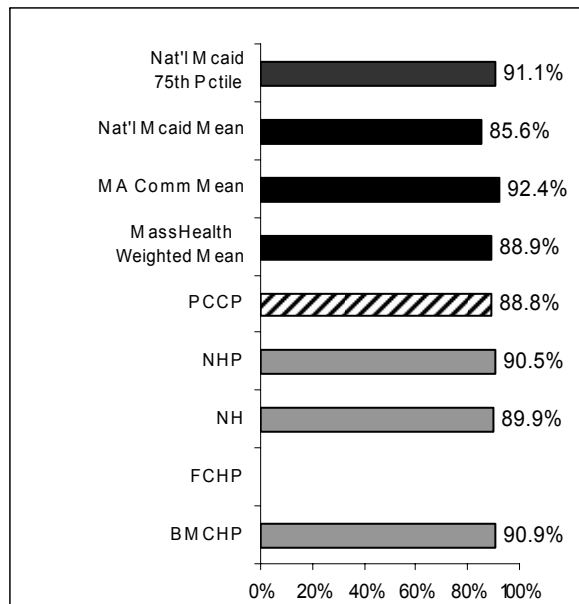
Ages 5 to 9 Years

The percentage of members 5 to 9 years of age with persistent asthma who were appropriately prescribed control medication (inhaled corticosteroids, or long-acting beta-agonists in conjunction with inhaled corticosteroids) during 2005.



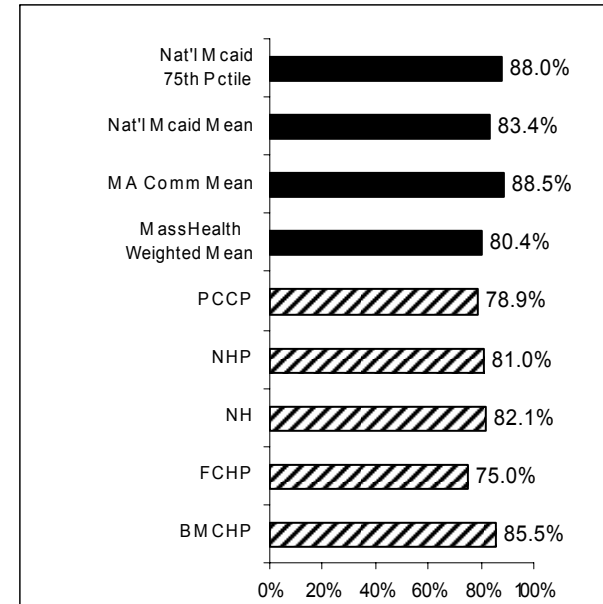
Ages 10 to 17 Years

The percentage of members 10 to 17 years of age with persistent asthma who were appropriately prescribed control medication (inhaled corticosteroids, or long-acting beta-agonists in conjunction with inhaled corticosteroids) during 2005.



Ages 18 to 56 Years

The percentage of members 18 to 56 years of age with persistent asthma who were appropriately prescribed control medication (inhaled corticosteroids, or long-acting beta-agonists in conjunction with inhaled corticosteroids) during 2005.



KEY:

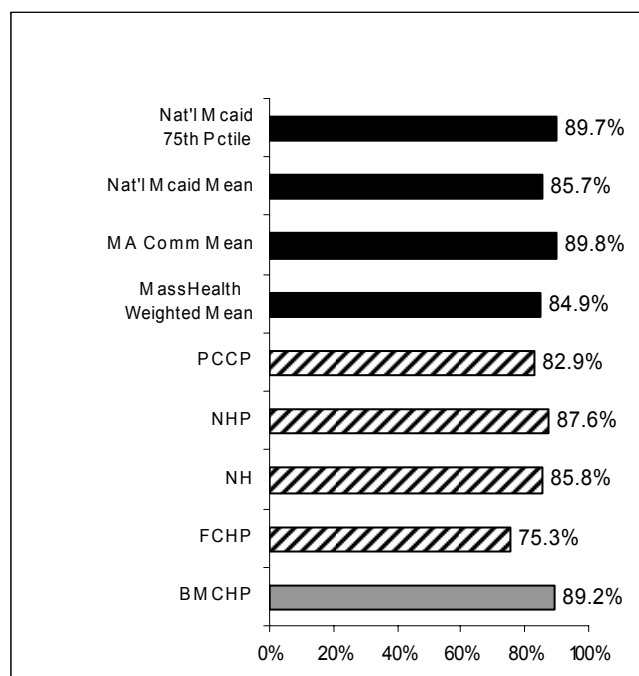
- Comparison rates (Source of National and MA Commercial data: Quality Compass, 2006)
- Rate is *significantly above* the 2006 national Medicaid 75th percentile
- Rate is *no different than* the 2006 national Medicaid 75th percentile
- Rate is *significantly below* the 2006 national Medicaid 75th percentile

Note: FCHP's denominators for the 5-9 and 10-17 year rates were less than 30. Per HEDIS specifications, any measure for which a plan has fewer than 30 members in the denominator is not reported as a rate. See page 43 for FCHP's numerator and denominator.

Use of Appropriate Medications for People with Asthma

Combined Ages (5 to 56 Years)

The percentage of members 5 to 56 years of age with persistent asthma who were appropriately prescribed control medication (inhaled corticosteroids, or long-acting beta-agonists in conjunction with inhaled corticosteroids) during 2005.



KEY:

- Comparison rates (Source of National and MA Commercial data: Quality Compass, 2006)
- Rate is *significantly above* the 2006 national Medicaid 75th percentile
- Rate is *no different than* the 2006 national Medicaid 75th percentile
- Rate is *significantly below* the 2006 national Medicaid 75th percentile

Understanding the Results

NCQA made a significant change to the definition of the eligible population for this measure for HEDIS 2006. Due to the extent of this change, comparisons of HEDIS 2006 results to HEDIS 2004 or HEDIS 2005 data, including benchmarks, are inappropriate. HEDIS 2004 rates for this measure are not included in this report.

Eighty-five percent (84.9%) of MassHealth members 5-56 years of age with persistent asthma were appropriately prescribed control medication during 2005. Plan-specific rates ranged from 75.3% to 89.2%. No plan had a rate that was significantly better than the benchmark rate (89.7%). Details on the age stratified rates can be found on pages 44 and 45.

In recent years, there was concern that the prior HEDIS definition of persistent asthma (which is based on prescriptions, ED visits, hospitalizations, or outpatient visits) led to a high number of "false positives" compared to other severity criteria such as those defined by the NHLBI (which categorizes severity based on daytime and nighttime symptoms and lung function).⁴⁹ Some evidence suggested that the over-classification of persistent asthma using HEDIS criteria was more pronounced for urban and underserved populations.⁵⁰ There was also concern that the one-year qualification for defining a member as having persistent asthma was not sensitive enough to capture only those members with persistent asthma, and not those with intermittent symptoms.⁵¹ (This same study found that most children and adults included in the measure's eligible population were defined as eligible through the use of asthma medications and not ED visits or outpatient visits). Because an individual's asthma status can change over time, measures like the HEDIS measure that identify asthma cases in one year and assess outcomes in a subsequent year may be biased.⁵² The effect of the prior HEDIS definition for persistent asthma may have inflated the denominator for the measure and led to the appearance that providers were under-prescribing control medications. The change in the denominator for HEDIS 2006 (i.e., that members must meet the persistent asthma criteria for two years instead of one) was expected to increase HEDIS rates and reduce variation in the measure overall.⁵³

This measure is reported in three age stratifications (5-9, 10-17, and 18-56 years) and as a combined rate (5-56 years). MassHealth plan rates for children and adolescents (i.e., the 5-9 year old and 10-17 year old stratifications) were significantly higher than rates for the adult population (i.e., 18-56 year old stratification). This difference was consistent across all plans. Interestingly, this trend seems to contradict some clinical literature that suggests that children are less likely than adults to receive prescriptions for asthma control medications.⁵⁴ One reason for this apparent inconsistency may be that the change in specifications for the measure's denominator differentially impacted the number of children who became eligible for the measure compared to adults (i.e., fewer children were defined as having persistent asthma according to the HEDIS 2006 criteria).

Use of Appropriate Medications for People with Asthma

Statistical Summary—Ages 5 to 9 Years

Comparison to 2006 Rates:				
	Nat'l Mcaid 75th Pctile	Nat'l Mcaid Mean	MA Comm Mean	Plan's 2004 Rate*
PCCP(A)	○	★	●	n/a
NHP(A)	○	★	●	n/a
NH(A)	○	○	●	n/a
FCHP(A)	n/a**	n/a**	n/a**	n/a
BMCHP(A)	○	★	●	n/a

2006 Comparison Rates								
Nat'l Mcaid 90th Pctile:		95.8%	Nat'l Mcaid Mean:		88.0%	MassHealth Weighted Mean:		93.0%
Nat'l Mcaid 75th Pctile:		93.4%	MA Commercial Mean:		96.9%	MassHealth Median:		93.5%

MassHealth Plan Rates													
2006		Num	Den	Rate	LCL	UCL	2004		Num	Den	Rate	LCL	UCL
PCCP	(A)	918	977	94.0%	92.4%	95.5%	PCCP	N/A					
NHP	(A)	373	401	93.0%	90.4%	95.6%	NHP						
NH	(A)	222	247	89.9%	85.9%	93.8%	NH						
FCHP	(A)	10	14	n/a**	n/a**	n/a**	FCHP						
BMCHP	(A)	582	613	94.9%	93.1%	96.8%	BMCHP						

Statistical Summary—Ages 10 to 17 Years

Comparison to 2006 Rates:				
	Nat'l Mcaid 75th Pctile	Nat'l Mcaid Mean	MA Comm Mean	Plan's 2004 Rate*
PCCP(A)	●	★	●	n/a
NHP(A)	○	★	○	n/a
NH(A)	○	★	○	n/a
FCHP(A)	n/a**	n/a**	n/a**	n/a
BMCHP(A)	○	★	○	n/a

2006 Comparison Rates								
Nat'l Mcaid 90th Pctile:		93.5%	Nat'l Mcaid Mean:		85.6%	MassHealth Weighted Mean:		88.9%
Nat'l Mcaid 75th Pctile:		91.1%	MA Commercial Mean:		92.4%	MassHealth Median:		90.2%

MassHealth Plan Rates												
2006	Num	Den	Rate	LCL	UCL	2004	Num	Den	Rate	LCL	UCL	
PCCP	(A)	1,151	1,296	88.8%	87.1%	90.6%	PCCP	N/A				
NHP	(A)	446	493	90.5%	87.8%	93.2%	NHP					
NH	(A)	222	247	89.9%	85.9%	93.8%	NH					
FCHP	(A)	18	23	n/a**	n/a**	n/a**	FCHP					
BMCHP	(A)	518	570	90.9%	88.4%	93.3%	BMCHP					

Legend:

- ★ 2006 rate is significantly above the comparison rate.
- 2006 rate is not significantly different from the comparison rate.
- 2006 rate is significantly below the comparison rate.

Num indicates Numerator
Den indicates Denominator
LCL indicates Lower Confidence Level
UCL indicates Upper Confidence Level

(A) = Measure was collected using administrative method
(H) = Measure was collected using hybrid method
Note: The ability to locate and obtain medical records by a plan or a plan's contracted vendor can impact performance on a hybrid measure. Per NCQA's specifications, members for whom no medical record documentation is found are considered non-compliant with the measure.

* NCQA made a significant change to the definition of the eligible population for this measure after HEDIS 2005; comparison to previous benchmarks/rates is inappropriate.

** Per HEDIS specifications, plans with denominators less than 30 do not report rates or confidence intervals.

The source of the National Medicaid 90th Percentile, National Medicaid 75th Percentile, National Medicaid Mean, and MA Commercial Mean is Quality Compass, 2006.

Use of Appropriate Medications for People with Asthma

Statistical Summary—Ages 18 to 56 Years

Comparison to 2006 Rates:				
	Nat'l Medicaid 75th Pctile	Nat'l Medicaid Mean	MA Comm Mean	Plan's 2004 Rate*
PCCP(A)	●	●	●	n/a
NHP(A)	●	○	●	n/a
NH(A)	●	○	●	n/a
FCHP(A)	●	○	●	n/a
BMCHP(A)	●	★	●	n/a

2006 Comparison Rates			
Nat'l Medicaid 90th Pctile:	90.9%	Nat'l Medicaid Mean:	83.4%
Nat'l Medicaid 75th Pctile:	88.0%	MA Commercial Mean:	88.5%
		MassHealth Weighted Mean:	80.4%
		MassHealth Median:	81.0%

MassHealth Plan Rates													
2006		Num	Den	Rate	LCL	UCL	2004		Num	Den	Rate	LCL	UCL
PCCP	(A)	3,711	4,703	78.9%	77.7%	80.1%	PCCP	N/A					
NHP	(A)	449	554	81.0%	77.7%	84.4%	NHP						
NH	(A)	446	543	82.1%	78.8%	85.5%	NH						
FCHP	(A)	45	60	75.0%	63.2%	86.8%	FCHP						
BMCHP	(A)	1,008	1,179	85.5%	83.4%	87.5%	BMCHP						

Statistical Summary—Combined Ages (5 to 56 Years)

Comparison to 2006 Rates:				
	Nat'l Medicaid 75th Pctile	Nat'l Medicaid Mean	MA Comm Mean	Plan's 2004 Rate*
PCCP(A)	●	●	●	n/a
NHP(A)	●	★	●	n/a
NH(A)	●	○	●	n/a
FCHP(A)	●	●	●	n/a
BMCHP(A)	○	★	○	n/a

2006 Comparison Rates			
Nat'l Medicaid 90th Pctile:	92.5%	Nat'l Medicaid Mean:	85.7%
Nat'l Medicaid 75th Pctile:	89.7%	MA Commercial Mean:	89.8%
		MassHealth Weighted Mean:	84.9%
		MassHealth Median:	85.8%

MassHealth Plan Rates													
2006		Num	Den	Rate	LCL	UCL	2004		Num	Den	Rate	LCL	UCL
PCCP	(A)	5,780	6,976	82.9%	82.0%	83.7%	PCCP				N/A		
NHP	(A)	12,68	1,448	87.6%	85.8%	89.3%	NHP						
NH	(A)	890	1,037	85.8%	83.7%	88.0%	NH						
FCHP	(A)	73	97	75.3%	66.2%	84.4%	FCHP						
BMCHP	(A)	2,108	2,362	89.2%	88.0%	90.5%	BMCHP						

Legend:

- ★ 2006 rate is significantly above the comparison rate.
- 2006 rate is not significantly different from the comparison rate.
- 2006 rate is significantly below the comparison rate.

Num indicates Numerator
Den indicates Denominator
LCL indicates Lower Confidence Level
UCL indicates Upper Confidence Level

(A) = Measure was collected using administrative method
(H) = Measure was collected using hybrid method
Note: The ability to locate and obtain medical records by a plan or a plan's contracted vendor can impact performance on a hybrid measure. Per NCQA's specifications, members for whom no medical record documentation is found are considered non-compliant with the measure.

* NCQA made a significant change to the definition of the eligible population for this measure after HEDIS 2005; comparison to previous benchmarks/rates is inappropriate.
The source of the National Medicaid 90th Percentile, National Medicaid 75th Percentile, National Medicaid Mean, and MA Commercial Mean is Quality Compass, 2006.

Use of Appropriate Medications for People with Asthma

Opportunities for Improvement

Healthy People 2010 has a number of goals related to asthma (e.g., reduction in deaths, hospitalizations, ER visits, activity limitations and missed school/work days) that are indirectly affected by improved performance on the asthma HEDIS measure.⁵⁵ The use of control medication, as measured through the HEDIS measure, is associated with lower risk of subsequent emergency department (ED) visits, although the lower ED utilization may be the result of other aspects of care received by recipients of control medication and not solely the effectiveness of the control medication itself.⁵⁶ One Healthy People 2010 goal that is directly related to this measure is the effort to increase the proportion of persons with asthma who receive appropriate asthma care according to the NHLBI guidelines. This goal specifically recommends providing individuals with asthma with medication regimens that prevent the need for excessive use of short-acting beta agonists for symptom relief. The medications assessed through the asthma HEDIS measure (e.g., inhaled corticosteroids) are medication regimens that can reduce the need for short-acting beta agonists for symptom relief. For these reasons, it is appropriate for MassHealth plans to focus on increasing rates of appropriate medication for MassHealth members with asthma, with a particular focus on adults with asthma, since MassHealth plan rates for this population are significantly lower than rates for children (ages 5 to 9 years) and adolescents (ages 10 to 17 years).

Improving the management of asthma could help to contain costs. It is estimated that even small plans (those with approximately 50,000 members) have approximately 2,000 members with asthma who create annual medical care costs in excess of 1.5 million dollars.⁵⁷

Use of Services

Mental Health Utilization

The Mental Health Utilization measure provides information about the utilization of mental health services during 2005. These data do not provide information on the quality of the mental health services utilized (i.e., the appropriateness or effectiveness of care) nor on potential over- or under-utilization of services. The relationship between utilization and quality is not well-understood. However, plans with low levels of outpatient and inpatient mental health utilization have been shown to have increased odds of poor results on other HEDIS behavioral health measures, such as the 7-day and 30-day follow-up rates after hospitalization for mental illness and the acute, continuation and provider measures of antidepressant medication management (these two clinical HEDIS measures were last collected by MassHealth plans for HEDIS 2005).⁵⁸

According to the 2004 National Survey on Drug Use and Health, 7.1% of U.S. adults received outpatient treatment and 0.9% received inpatient treatment for mental health problems in the year prior to the survey.⁵⁹ Chemical dependency services are not included in this measure. Chemical dependency services are reported in the Identification of Alcohol and Other Drug Services and the Chemical Dependency Utilization measures.

Note: MassHealth HEDIS mental health utilization data are not case-mix or risk adjusted. In addition, MassHealth HEDIS mental health utilization data differ from utilization data calculated through other methods used by MassHealth. Readers are cautioned against making direct comparisons between HEDIS mental health utilization data and mental health utilization data obtained from other sources.

Percentage of Members Using Services

The number and percentage of members who received mental health services during 2005. Mental health services are broken down by inpatient, ambulatory, intermediate, and any service. (Intermediate services include day treatment and partial hospitalization programs.) The denominator used to calculate the percentages is member years (i.e., member months divided by 12). Data stratified by gender and age (0-12, 13-17, 18-64, and 65+) appear in Appendix F.

	<u>Member</u> <u>Months</u>	<u>Inpatient</u> <u>N</u>	<u>Inpatient</u> <u>%</u>	<u>Intermediate</u> <u>N</u>	<u>Intermediate</u> <u>%</u>	<u>Ambulatory</u> <u>N</u>	<u>Ambulatory</u> <u>%</u>	<u>Any Service</u> <u>N</u>	<u>Any Service</u> <u>%</u>
PCCP	2,949,108	4,149	1.7%	3,417	1.4%	67,637	27.5%	68,757	28.0%
NHP	1,199,181	620	0.6%	574	0.6%	15,299	15.3%	15,390	15.4%
NH	849,659	682	1.0%	44	0.1%	14,066	19.9%	14,164	20.0%
FCHP	113,697	100	1.1%	7	0.1%	2,012	21.2%	2,018	21.3%
BMCHP	1,738,856	1,512	1.0%	258	0.2%	28,916	20.0%	29,094	20.1%
2006 National Medicaid 75th Percentile			0.9%		0.0%		10.4%		10.6%

Inpatient Discharge and ALOS

The total number of inpatient discharges with mental health as the primary diagnosis during 2005 and the average length of stay (ALOS) for those admissions. Data stratified by gender and age (0-12, 13-17, 18-64, and 65+) appear in Appendix F.

	<u>Member</u> <u>Months</u>	<u>Days</u>	<u>ALOS</u>	<u>Discharges</u>	<u>Discharges /</u> <u>1000 Member</u>
PCCP	2,949,108	86,863	13	6,681	2.3
NHP	1,199,181	8,039	9.4	857	0.7
NH	849,659	8,756	8.3	1,049	1.2
FCHP	113,697	1,406	8.5	165	1.5
BMCHP	1,738,856	18,452	7.8	2,368	1.4
2006 National Medicaid 75th Percentile			8.5		1.0

The source of the National Medicaid 75th Percentile is Quality Compass, 2006.

Identification of Alcohol and Other Drug Services & Chemical Dependency Utilization

These two measures provide information on the extent to which chemical dependency services were used during 2005. Like the data reported for the Mental Health Utilization measure, these data do not provide information on the quality of the chemical dependency services utilized (i.e., the appropriateness or effectiveness of care) nor on the potential over- or under-utilization of services. NCQA introduced the Identification of Alcohol and Other Drug Services (AOD) measure into the HEDIS measurement set in 2004 as a replacement to the Chemical Dependency Utilization Percentage of Members Receiving Inpatient, Day/Night Care and Ambulatory Services measure, which MassHealth had reported since 1997 and which NCQA fully retired in 2005. The new measure focuses on the identification of people in need of AOD services as the first step toward providing access to appropriate care.⁶⁰ The Identification of Alcohol and Other Drug Services measure uses a broader definition of chemical dependency than the previous measure through the addition of procedure codes to the measure's specifications as well as the removal of the requirement that chemical dependency practitioners perform certain procedures in order for them to be counted.

According to the 2004 National Survey on Drug Use and Health, 1.6% of the US population (aged 12 or older) received some type of substance abuse treatment in the year prior to the survey.⁶¹

Note: MassHealth HEDIS chemical dependency utilization data are not case-mix or risk-adjusted. In addition, MassHealth HEDIS chemical dependency utilization data differ from utilization data calculated through other methods used by MassHealth. Readers are cautioned against making direct comparisons between HEDIS chemical dependency utilization data and chemical dependency utilization data obtained from other sources.

Identification of Alcohol and Other Drug Services

The number and percentage of members who received chemical dependency services during 2005. Chemical dependency services are broken down by inpatient, intermediate, ambulatory, and any service. (Intermediate services include day treatment and partial hospitalization programs. Inpatient services include detoxification, at either a hospital or a treatment facility.) The denominator used to calculate the percentages is member years (i.e., member months divided by 12). Data stratified by gender and age (0-12, 13-17, 18-64, and 65+) appear in Appendix G.

	<u>Member Months</u>	<u>Inpatient</u>		<u>Intermediate</u>		<u>Ambulatory</u>		<u>Any Service</u>	
		N	%	N	%	N	%	N	%
PCCP	2,949,108	510	0.2%	4,383	1.8%	11,227	4.6%	13,558	5.5%
NHP	1,199,181	566	0.6%	175	0.2%	1,916	1.9%	2,159	2.2%
NH	849,659	1,030	1.5%	30	0.0%*	2,277	3.2%	2,634	3.7%
FCHP	113,697	143	1.5%	44	0.5%	328	3.5%	376	4.0%
BMCHP	1,738,856	2,278	1.6%	87	0.1%	5,816	4.0%	6,591	4.5%
2006 National Medicaid 75th Percentile			1.0%		0.0%		2.1%		2.6%

* actual rate is 0.0004% The source of the National Medicaid 75th Percentile is Quality Compass, 2006.

Chemical Dependency Inpatient Discharge and ALOS

The number of inpatient discharges with chemical dependency as the primary diagnosis during 2005 and the average length of stay (ALOS) for those admissions. Inpatient discharges include detoxification, at either a hospital or a treatment facility. Data stratified by gender and age (0-12, 13-17, 18-64, and 65+) appear in Appendix G.

	<u>Member Months</u>	<u>Days</u>	<u>ALOS</u>	<u>Discharges</u>	<u>Discharges / 1000 Members</u>
PCCP	2,949,108	38,260	5.3	7,217	2.4
NHP	1,199,181	3,731	4	925	0.8
NH	849,659	6,170	4.3	1,448	1.7
FCHP	113,697	445	3.8	118	1.0
BMCHP	1,738,856	8,290	3.8	2,189	1.3
2006 National Medicaid 75th Percentile			6.2		0.4

Appendix A:

MassHealth Regions and Service Areas

MassHealth Service Areas and Regions

<u>Region</u>	<u>Service Areas*</u>
Western	Adams, Greenfield, Holyoke, Northampton, Pittsfield, Springfield, and Westfield
Central	Athol, Framingham, Gardner-Fitchburg, Southbridge, Waltham, and Worcester
Northern	Beverly, Gloucester, Haverhill, Lawrence, Lowell, Lynn, Malden, Salem, and Woburn
Boston-Greater Boston	Boston, Revere, Somerville, and Quincy
Southern	Attleboro, Barnstable, Brockton, Fall River, Falmouth, Nantucket, New Bedford, Oak Bluffs, Orleans, Plymouth, Taunton, Wareham

* each service area includes multiple cities and towns.

Appendix B:

Antigen-Specific Childhood and Adolescent Immunization Rates

Antigen-Specific Childhood and Adolescent Immunization Rates

Childhood Immunization Rates

2006 Comparison Rates— 4 DTAP/DT						
Nat'l Medicaid 90 th Percentile:	88.9%					
Nat'l Medicaid 75 th Percentile:	84.1%					
Nat'l Medicaid Mean:	76.8%					
MA Commercial Mean:	85.2%					
MassHealth Weighted Mean:	85.9%					
MassHealth Median:	89.1%					

DTAP		Num	Elig	Den	Rate	LCL	UCL
PCCP	(H)	330	4,026	411	80.3%	76.3%	84.3%
NHP	(H)	374	2,749	411	91.0%	88.1%	93.9%
NH	(H)	339	2,200	411	82.5%	78.7%	86.3%
FCHP	(H)	178	191	191	93.2%	89.4%	97.0%
BMCHP	(H)	366	4,650	411	89.1%	85.9%	92.2%

2006 Comparison Rates— 3 IPV						
Nat'l Medicaid 90 th Percentile:	94.7%					
Nat'l Medicaid 75 th Percentile:	91.7%					
Nat'l Medicaid Mean:	84.5%					
MA Commercial Mean:	93.7%					
MassHealth Weighted Mean:	89.3%					
MassHealth Median:	92.9%					

IPV		Num	Elig	Den	Rate	LCL	UCL
PCCP	(H)	337	4,026	411	82.0%	78.2%	85.8%
NHP	(H)	392	2,749	411	95.4%	93.2%	97.5%
NH	(H)	358	2,200	411	87.1%	83.7%	90.5%
FCHP	(H)	183	191	191	95.8%	92.7%	98.9%
BMCHP	(H)	382	4,650	411	92.9%	90.3%	95.5%

2006 Comparison Rates—1 MMR						
Nat'l Medicaid 90 th Percentile:	95.3%					
Nat'l Medicaid 75 th Percentile:	93.4%					
Nat'l Medicaid Mean:	89.5%					
MA Commercial Mean:	94.6%					
MassHealth Weighted Mean:	92.0%					
MassHealth Median:	96.4%					

MMR		Num	Elig	Den	Rate	LCL	UCL
PCCP	(H)	346	4,026	411	84.2%	80.5%	87.8%
NHP	(H)	396	2,749	411	96.4%	94.4%	98.3%
NH	(H)	374	2,200	411	91.0%	88.1%	93.9%
FCHP	(H)	186	191	191	97.4%	94.9%	99.9%
BMCHP	(H)	397	4,650	411	96.6%	94.7%	98.5%

2006 Comparison Rates—3 HiB						
Nat'l Medicaid 90 th Percentile:	95.1%					
Nat'l Medicaid 75 th Percentile:	92.4%					
Nat'l Medicaid Mean:	86.7%					
MA Commercial Mean:	95.9%					
MassHealth Weighted Mean:	93.3%					
MassHealth Median:	96.8%					

HIB		Num	Elig	Den	Rate	LCL	UCL
PCCP	(H)	356	4,026	411	86.6%	83.2%	90.0%
NHP	(H)	404	2,749	411	98.3%	96.9%	99.7%
NH	(H)	376	2,200	411	91.5%	88.7%	94.3%
FCHP	(H)	186	191	191	97.4%	94.9%	99.9%
BMCHP	(H)	398	4,650	411	96.8%	95.0%	98.7%

2006 Comparison Rates—3 HepB						
Nat'l Medicaid 90 th Percentile:	95.2%					
Nat'l Medicaid 75 th Percentile:	92.2%					
Nat'l Medicaid Mean:	85.2%					
MA Commercial Mean:	93.1%					
MassHealth Weighted Mean:	89.3%					
MassHealth Median:	92.2%					

HepB		Num	Elig	Den	Rate	LCL	UCL
PCCP	(H)	336	4,026	411	81.8%	77.9%	85.6%
NHP	(H)	395	2,749	411	96.1%	94.1%	98.1%
NH	(H)	361	2,200	411	87.8%	84.6%	91.1%
FCHP	(H)	183	191	191	95.8%	92.7%	98.9%
BMCHP	(H)	379	4,650	411	92.2%	89.5%	94.9%

2006 Comparison Rates—1 VZV						
Nat'l Medicaid 90 th Percentile:	93.8%					
Nat'l Medicaid 75 th Percentile:	92.0%					
Nat'l Medicaid Mean:	86.4%					
MA Commercial Mean:	92.3%					
MassHealth Weighted Mean:	90.5%					
MassHealth Median:	93.7%					

VZV		Num	Elig	Den	Rate	LCL	UCL
PCCP	(H)	334	4,026	411	81.3%	77.4%	85.2%
NHP	(H)	391	2,749	411	95.1%	92.9%	97.3%
NH	(H)	371	2,200	411	90.3%	87.3%	93.3%
FCHP	(H)	179	191	191	93.7%	90.0%	97.4%
BMCHP	(H)	394	4,650	411	95.9%	93.8%	97.9%

The source of the National Medicaid 90th Percentile, National Medicaid 75th Percentile, National Medicaid Mean, and MA Commercial Mean is Quality Compass, 2006.

Antigen-Specific Childhood and Adolescent Immunization Rates

Childhood Immunization Rates (continued)

2006 Comparison Rates—4 PCV						
Nat'l Medicaid 90 th Percentile:				n/a		
Nat'l Medicaid 75 th Percentile:				n/a		
Nat'l Medicaid Mean:				n/a		
MA Commercial Mean:				n/a		
MassHealth Weighted Mean:				67.6%		
MassHealth Median:				71.5%		

PCV		Num	Elig	Den	Rate	LCL	UCL
PCCP	(H)	245	4,026	411	59.6%	54.7%	64.5%
NHP	(H)	298	2,749	411	72.5%	68.1%	76.9%
NH	(H)	274	2,200	411	66.7%	62.0%	71.3%
FCHP	(H)	148	191	191	77.5%	71.3%	83.7%
BMCHP	(H)	294	4,650	411	71.5%	67.0%	76.0%

Adolescent Immunization Rates

2006 Comparison Rates—1 MMR						
Nat'l Medicaid 90 th Percentile:				91.2%		
Nat'l Medicaid 75 th Percentile:				84.5%		
Nat'l Medicaid Mean:				70.7%		
MA Commercial Mean:				91.4%		
MassHealth Weighted Mean:				87.4%		
MassHealth Median:				88.3%		

2006 Comparison Rates—3 HepB						
Nat'l Medicaid 90 th Percentile:				85.4%		
Nat'l Medicaid 75 th Percentile:				79.4%		
Nat'l Medicaid Mean:				63.6%		
MA Commercial Mean:				91.6%		
MassHealth Weighted Mean:				85.7%		
MassHealth Median:				89.2%		

2006 Comparison Rates—1 VZV						
Nat'l Medicaid 90 th Percentile:				75.2%		
Nat'l Medicaid 75 th Percentile:				64.5%		
Nat'l Medicaid Mean:				48.3%		
MA Commercial Mean:				89.9%		
MassHealth Weighted Mean:				75.8%		
MassHealth Median:				83.6%		

MMR		Num	Elig	Den	Rate	LCL	UCL
PCCP	(H)	344	4,948	411	83.7%	80.0%	87.4%
NHP	(H)	318	2,253	360	88.3%	84.9%	91.8%
NH	(H)	356	1,184	411	86.6%	83.2%	90.0%
FCHP	(H)	182	191	191	95.3%	92.0%	98.6%
BMCHP	(H)	384	2,806	411	93.4%	90.9%	95.9%

HepB		Num	Elig	Den	Rate	LCL	UCL
PCCP	(H)	334	4,948	411	81.3%	77.4%	85.2%
NHP	(H)	321	2,253	360	89.2%	85.8%	92.5%
NH	(H)	338	1,184	411	82.2%	78.4%	86.1%
FCHP	(H)	178	191	191	93.2%	89.4%	97.0%
BMCHP	(H)	378	2,806	411	92.0%	89.2%	94.7%

VZV		Num	Elig	Den	Rate	LCL	UCL
PCCP	(H)	263	4,948	411	64.0%	59.2%	68.8%
NHP	(H)	301	2,253	360	83.6%	79.6%	87.6%
NH	(H)	324	1,184	411	78.8%	74.8%	82.9%
FCHP	(H)	175	191	191	91.6%	87.4%	95.8%
BMCHP	(H)	363	2,806	411	88.3%	85.1%	91.5%

The source of the National Medicaid 90th Percentile, National Medicaid 75th Percentile, National Medicaid Mean, and MA Commercial Mean is Quality Compass, 2006.

Appendix C:

Well-Child Visit in the First 15 Months of Life (Rates for 0, 1, 2, 3, 4 and 5 Visits)

Well-Child rates (0,1,2,3,4 and 5 Visits)

2005/2006 Comparison Rates—0 visits	
Nat'l Medicaid 90 th Percentile:	10.0%
Nat'l Medicaid 75 th Percentile:	3.9%
Nat'l Medicaid Mean:	5.0%
MA Commercial Mean:	0.7%
MassHealth Weighted Mean:	1.5%
MassHealth Median:	1.0%

0 visits		Num	Elig	Den	Rate	LCL	UCL
PCCP	(H)	1	2,838	260	0.4%	0.0%	1.3%
NHP	(H)	2	2,285	296	0.7%	0.0%	1.8%
NH	(H)	25	1,512	411	6.1%	3.7%	8.5%
FCHP	(H)	3	184	184	1.6%	0.0%	3.7%
BMCHP	(H)	4	3,630	411	1.0%	0.0%	2.0%

2005/2006 Comparison Rates—1 visit	
Nat'l Medicaid 90 th Percentile:	6.7%
Nat'l Medicaid 75 th Percentile:	4.0%
Nat'l Medicaid Mean:	3.5%
MA Commercial Mean:	0.2%
MassHealth Weighted Mean:	0.3%
MassHealth Median:	0.5%

1 visit		Num	Elig	Den	Rate	LCL	UCL
PCCP	(H)	0	2,838	260	0.0%	0.0%	0.2%
NHP	(H)	2	2,285	296	0.7%	0.0%	1.8%
NH	(H)	4	1,512	411	1.0%	0.0%	2.0%
FCHP	(H)	1	184	184	0.5%	0.0%	1.9%
BMCHP	(H)	0	3,630	411	0.0%	0.0%	0.1%

2005/2006 Comparison Rates—2 visits	
Nat'l Medicaid 90 th Percentile:	7.7%
Nat'l Medicaid 75 th Percentile:	5.7%
Nat'l Medicaid Mean:	4.5%
MA Commercial Mean:	0.4%
MassHealth Weighted Mean:	0.6%
MassHealth Median:	1.1%

2 visits		Num	Elig	Den	Rate	LCL	UCL
PCCP	(H)	0	2,838	260	0.0%	0.0%	0.2%
NHP	(H)	5	2,285	296	1.7%	0.1%	3.3%
NH	(H)	5	1,512	411	1.2%	0.0%	2.4%
FCHP	(H)	2	184	184	1.1%	0.0%	2.9%
BMCHP	(H)	1	3,630	411	0.2%	0.0%	0.8%

2005/2006 Comparison Rates—3 visits	
Nat'l Medicaid 90 th Percentile:	11.1%
Nat'l Medicaid 75 th Percentile:	8.8%
Nat'l Medicaid Mean:	7.1%
MA Commercial Mean:	1.2%
MassHealth Weighted Mean:	1.4%
MassHealth Median:	1.7%

3 visits		Num	Elig	Den	Rate	LCL	UCL
PCCP	(H)	2	2,838	260	0.8%	0.0%	2.0%
NHP	(H)	2	2,285	296	0.7%	0.0%	1.8%
NH	(H)	10	1,512	411	2.4%	0.8%	4.0%
FCHP	(H)	9	184	184	4.9%	1.5%	8.3%
BMCHP	(H)	7	3,630	411	1.7%	0.3%	3.1%

2005/2006 Comparison Rates—4 visits	
Nat'l Medicaid 90 th Percentile:	17.5%
Nat'l Medicaid 75 th Percentile:	15.1%
Nat'l Medicaid Mean:	12.6%
MA Commercial Mean:	3.2%
MassHealth Weighted Mean:	4.0%
MassHealth Median:	5.4%

4 visits		Num	Elig	Den	Rate	LCL	UCL
PCCP	(H)	6	2,838	260	2.3%	0.3%	4.3%
NHP	(H)	16	2,285	296	5.4%	2.7%	8.2%
NH	(H)	22	1,512	411	5.4%	3.1%	7.7%
FCHP	(H)	20	184	184	10.9%	6.1%	15.6%
BMCHP	(H)	14	3,630	411	3.4%	1.5%	5.3%

2005/2006 Comparison Rates—5 visits	
Nat'l Medicaid 90 th Percentile:	25.3%
Nat'l Medicaid 75 th Percentile:	22.6%
Nat'l Medicaid Mean:	18.8%
MA Commercial Mean:	7.6%
MassHealth Weighted Mean:	10.0%
MassHealth Median:	10.3%

5 visits		Num	Elig	Den	Rate	LCL	UCL
PCCP	(H)	15	2,838	260	5.8%	2.7%	8.8%
NHP	(H)	34	2,285	296	11.5%	7.7%	15.3%
NH	(H)	61	1,512	411	14.8%	11.3%	18.4%
FCHP	(H)	19	184	184	10.3%	5.7%	15.0%
BMCHP	(H)	42	3,630	411	10.2%	7.2%	13.3%

The source of the National Medicaid 90th Percentile, National Medicaid 75th Percentile, National Medicaid Mean, and MA Commercial Mean is Quality Compass, 2006.

Appendix D:

Comprehensive Diabetes Care—PCC Plan Members with Essential Coverage

Comprehensive Diabetes Care—PCC Plan Members with Essential Coverage

HbA1c Testing

2006 Comparison Rates

Nat'l Medicaid 90 th Percentile:	88.8%
Nat'l Medicaid 75 th Percentile:	84.9%
Nat'l Medicaid Mean:	76.2%
MA Commercial Mean:	91.4%

		Num	Elig	Den	Rate	LCL	UCL
PCC Plan w/o Essential	(H)	355	11,659	411	86.4%	82.9%	89.8%
Essential Only	(H)	343	1,404	411	83.5%	79.7%	87.2%

Poor HbA1c Control*

2006 Comparison Rates

Nat'l Medicaid 90 th Percentile:	30.3%
Nat'l Medicaid 75 th Percentile:	37.3%
Nat'l Medicaid Mean:	49.1%
MA Commercial Mean:	29.7%

		Num	Elig	Den	Rate	LCL	UCL
PCC Plan w/o Essential	(H)	200	11,659	411	48.7%	43.7%	53.6%
Essential Only	(H)	194	1,404	411	47.2%	42.3%	52.2%

* This measure is the percentage of a plan's members who have poor HbA1c control; therefore, a lower rate indicates better performance.

The source of the National Medicaid 90th Percentile, National Medicaid 75th Percentile, National Medicaid Mean, and MA Commercial Mean is Quality Compass, 2006.

Eye Exam

2006 Comparison Rates

Nat'l Medicaid 90 th Percentile:	68.1%
Nat'l Medicaid 75 th Percentile:	61.5%
Nat'l Medicaid Mean:	48.6%
MA Commercial Mean:	69.6%

		Num	Elig	Den	Rate	LCL	UCL
PCC Plan w/o Essential	(H)	223	11,659	411	54.3%	49.3%	59.2%
Essential Only	(H)	181	1,404	411	44.0%	39.1%	49.0%

Note: Essential members are restricted to eye exams performed by ophthalmologists only. PCC Plan members who do not have Essential coverage can have eye exams performed by an optometrist or ophthalmologist.

LDL-C Testing

2006 Comparison Rates

Nat'l Medicaid 90 th Percentile:	90.8%
Nat'l Medicaid 75 th Percentile:	88.1%
Nat'l Medicaid Mean:	80.5%
MA Commercial Mean:	94.0%

		Num	Elig	Den	Rate	LCL	UCL
PCC Plan w/o Essential	(H)	372	11,659	411	90.5%	87.6%	93.5%
Essential Only	(H)	349	1,404	411	84.9%	81.3%	88.5%

Comprehensive Diabetes Care—PCC Plan Members with Essential Coverage

LDL-C Control (<130 mg/dL)						
2006 Comparison Rates						
Nat'l Medicaid 90 th Percentile:				69.3%		
Nat'l Medicaid 75 th Percentile:				61.8%		
Nat'l Medicaid Mean:				51.3%		
MA Commercial Mean:				70.6%		
	Num	Elig	Den	Rate	LCL	UCL
PCC Plan w/o Essential	(H) 198	11,659	411	48.2%	43.2%	53.1%
Essential Only	(H) 215	1,404	411	52.3%	47.4%	57.3%

LDL-C Control (<100 mg/dL)						
2006 Comparison Rates						
Nat'l Medicaid 90 th Percentile:				46.5%		
Nat'l Medicaid 75 th Percentile:				41.0%		
Nat'l Medicaid Mean:				32.6%		
MA Commercial Mean:				45.0%		
	Num	Den	Elig	Rate	LCL	UCL
PCC Plan w/o Essential	(H) 126	411	11,659	30.7%	26.1%	35.2%
Essential Only	(H) 148	411	1,404	36.0%	31.2%	40.8%

Monitoring Kidney Disease						
2006 Comparison Rates						
Nat'l Medicaid 90 th Percentile:				65.6%		
Nat'l Medicaid 75 th Percentile:				59.7%		
Nat'l Medicaid Mean:				48.8%		
MA Commercial Mean:				65.0%		
	Num	Elig	Den	Rate	LCL	UCL
PCC Plan w/o Essential	(H) 236	11,659	411	57.4%	52.5%	62.3%
Essential Only	(H) 223	1,404	411	54.3%	49.3%	59.2%

The source of the National Medicaid 90th Percentile, National Medicaid 75th Percentile, National Medicaid Mean, and MA Commercial Mean is Quality Compass, 2006.

Appendix E:

Use of Appropriate Medications for
People with Asthma—PCC Plan
Members with Essential Coverage

Use of Appropriate Medications for People with Asthma—PCC Plan Members with Essential Coverage

Use of Appropriate Medications for People with Asthma—18 to 56 Years

2006 Comparison Rates

Nat'l Medicaid 90 th Percentile:	92.5%
Nat'l Medicaid 75 th Percentile:	89.7%
Nat'l Medicaid Mean:	85.7%
MA Commercial Mean:	89.8%

		Num	Den	Rate	LCL	UCL
PCC Plan w/o Essential	(A)	3,711	4,703	78.9%	77.7%	80.1%
Essential Only	(A)	201	253	79.5%	74.3%	84.6%

The source of the National Medicaid 90th Percentile, National Medicaid 75th Percentile, National Medicaid Mean, and MA Commercial Mean is Quality Compass, 2006.

Appendix F:

Mental Health Utilization Rates, Age and Gender Stratifications, All Plans

Mental Health Utilization—Percentage of Members Using Services

Ages 0-12

Male

	<u>Member</u> <u>Months</u>	<u>Inpatient</u>		<u>Intermediate</u>		<u>Ambulatory</u>		<u>Any Service</u>	
		<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
PCCP	493,321	205	0.5%	559	1.4%	7,770	18.9%	7,857	19.1%
NHP	286,692	57	0.2%	131	0.5%	2,763	11.6%	2,775	11.6%
NH	213,115	47	0.3%	1	0.0%*	3,040	17.1%	3,046	17.2%
FCHP	232,08	4	0.2%	0	0.0%	363	18.8%	363	18.8%
BMCHP	429,679	103	0.3%	21	0.1%	5,898	16.5%	5,906	16.5%

Female

	<u>Member</u> <u>Months</u>	<u>Inpatient</u>		<u>Intermediate</u>		<u>Ambulatory</u>		<u>Any Service</u>	
		<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
PCCP	452,068	82	0.2%	207	0.5%	4,483	11.9%	4,513	12.0%
NHP	281,444	13	0.1%	46	0.2%	1,794	7.6%	1,796	7.7%
NH	205,650	24	0.1%	1	0.0%*	1,819	10.6%	1,824	10.6%
FCHP	23,549	1	0.1%	0	0.0%	233	11.9%	233	11.9%
BMCHP	415,955	50	0.1%	10	0.0%	3,608	10.4%	3,613	10.4%

Male

Ages 13-17

	<u>Member</u> <u>Months</u>	<u>Inpatient</u>		<u>Intermediate</u>		<u>Ambulatory</u>		<u>Any Service</u>	
		<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
PCCP	199,564	210	1.3%	285	1.7%	4,904	29.5%	4,971	29.9%
NHP	89,545	52	0.7%	74	1.0%	1,349	18.1%	1,361	18.2%
NH	56,216	48	1.0%	8	0.2%	946	20.2%	952	20.3%
FCHP	7,689	8	1.2%	0	0.0%	133	20.8%	134	20.9%
BMCHP	120,056	62	0.6%	6	0.1%	1,895	18.9%	1,899	19.0%

Female

	<u>Member</u> <u>Months</u>	<u>Inpatient</u>		<u>Intermediate</u>		<u>Ambulatory</u>		<u>Any Service</u>	
		<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
PCCP	184,524	226	1.5%	345	2.2%	4,180	27.2%	4,238	27.6%
NHP	95,249	92	1.2%	88	1.1%	1,569	19.8%	1,581	19.9%
NH	56,497	49	1.0%	3	0.1%	1,055	22.4%	1,060	22.5%
FCHP	7,488	6	1.0%	0	0.0%	147	23.6%	148	23.7%
BMCHP	121,766	113	1.1%	15	0.1%	2,092	20.6%	2,104	20.7%

Mental Health Utilization—Percentage of Members Using Services

Ages 18-64

Male

	<u>Member</u> <u>Months</u>	<u>Inpatient</u>		<u>Intermediate</u>		<u>Ambulatory</u>		<u>Any Service</u>	
		<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
PCCP	553,448	1,496	3.2%	845	1.8%	15,087	32.7%	15,536	33.7%
NHP	93,423	109	1.4%	54	0.7%	1,261	16.2%	1,281	16.5%
NH	87,502	171	2.3%	12	0.2%	1,645	22.6%	1,678	23.0%
FCHP	13,930	26	2.2%	3	0.3%	246	21.2%	248	21.4%
BMCHP	163,481	399	2.9%	47	0.3%	3,428	25.2%	3,486	25.6%

Female

	<u>Member</u> <u>Months</u>	<u>Inpatient</u>		<u>Intermediate</u>		<u>Ambulatory</u>		<u>Any Service</u>	
		<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
PCCP	1,066,183	1,930	2.2%	1,176	1.3%	31,213	35.1%	31,642	35.6%
NHP	352,591	297	1.0%	181	0.6%	6,563	22.3%	6,596	22.4%
NH	230,678	343	1.8%	19	0.1%	5,561	28.9%	5,604	29.2%
FCHP	37,833	55	1.7%	4	0.1%	890	28.2%	892	28.3%
BMCHP	487,899	785	1.9%	159	0.4%	11,994	29.5%	12,085	29.7%

Ages 65+ *

Male

	<u>Member</u> <u>Months</u>	<u>Inpatient</u>		<u>Intermediate</u>		<u>Ambulatory</u>		<u>Any Service</u>	
		<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
PCCP	0	0	0.0%	0	0.0%	0	0.0%	0	0.0%
NHP	125	0	0.0%	0	0.0%	0	0.0%	0	0.0%
NH	1	0	0.0%	0	0.0%	0	0.0%	0	0.0%
FCHP	0	0	0.0%	0	0.0%	0	0.0%	0	0.0%
BMCHP	1	0	0.0%	0	0.0%	0	0.0%	0	0.0%

Female

	<u>Member</u> <u>Months</u>	<u>Inpatient</u>		<u>Intermediate</u>		<u>Ambulatory</u>		<u>Any Service</u>	
		<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
PCCP	0	0	0.0%	0	0.0%	0	0.0%	0	0.0%
NHP	112	0	0.0%	0	0.0%	0	0.0%	0	0.0%
NH	0	0	0.0%	0	0.0%	0	0.0%	0	0.0%
FCHP	0	0	0.0%	0	0.0%	0	0.0%	0	0.0%
BMCHP	10	0	0.0%	0	0.0%	1	120.0%	1	120.0%

* The MassHealth managed care program serves members under the age of 65. MassHealth members 65 years and older were included in the eligible populations for the HE-DIS 2006 measures whenever the specifications for the measure included the 65 and older population, the members' coverage had not yet been terminated, and the members met all eligible population criteria such as the continuous enrollment and enrollment anchor date requirements.

Mental Health Utilization—Percentage of Members Using Services

Ages Unknown

Male

Female

	<u>Member</u>	<u>Inpatient</u>		<u>Intermediate</u>		<u>Ambulatory</u>		<u>Any Service</u>			<u>Member</u>	<u>Inpatient</u>		<u>Intermediate</u>		<u>Ambulatory</u>		<u>Any Service</u>	
	<u>Months</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>		<u>Months</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
PCCP	0	0	0.0%	0	0.0%	0	0.0%	0	0.0%	PCCP	0	0	0.0%	0	0.0%	0	0.0%	0	0.0%
NHP	0	0	0.0%	0	0.0%	0	0.0%	0	0.0%	NHP	0	0	0.0%	0	0.0%	0	0.0%	0	0.0%
NH	0	0	0.0%	0	0.0%	0	0.0%	0	0.0%	NH	0	0	0.0%	0	0.0%	0	0.0%	0	0.0%
FCHP	0	0	0.0%	0	0.0%	0	0.0%	0	0.0%	FCHP	0	0	0.0%	0	0.0%	0	0.0%	0	0.0%
BMCHP	9	0	0.0%	0	0.0%	0	0.0%	0	0.0%	BMCHP	0	0	0.0%	0	0.0%	0	0.0%	0	0.0%

Mental Health Utilization—Percentage of Members Using Services

TOTAL Male/Female: Ages 0—12

	<u>Member</u> <u>Months</u>	<u>Inpatient</u>		<u>Intermediate</u>		<u>Ambulatory</u>		<u>Any Service</u>	
		<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
PCCP	945,389	287	0.4%	766	1.0%	12,253	15.6%	12,370	15.7%
NHP	568,136	70	0.1%	177	0.4%	4,557	9.6%	4,571	9.7%
NH	418,765	71	0.2%	2	0.0%*	4,859	13.9%	4,870	14.0%
FCHP	46,757	5	0.1%	0	0.0%	596	15.3%	596	15.3%
BMCHP	845,634	153	0.2%	31	0.0%	9,506	13.5%	9,519	13.5%

TOTAL Male/Female: Ages 13-17

	<u>Member</u> <u>Months</u>	<u>Inpatient</u>		<u>Intermediate</u>		<u>Ambulatory</u>		<u>Any Service</u>	
		<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
PCCP	384,088	436	1.4%	630	2.0%	9,084	28.4%	9,209	28.8%
NHP	184,794	144	0.9%	162	1.1%	2,918	18.9%	2,942	19.1%
NH	112,713	97	1.0%	11	0.1%	2,001	21.3%	2,012	21.4%
FCHP	15,177	14	1.1%	0	0.0%	280	22.1%	282	22.3%
BMCHP	241,822	175	0.9%	21	0.1%	3,987	19.8%	4,003	19.9%

TOTAL Male/Female: Ages 18-64

	<u>Member</u> <u>Months</u>	<u>Inpatient</u>		<u>Intermediate</u>		<u>Ambulatory</u>		<u>Any Service</u>	
		<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
PCCP	1,619,631	3,426	2.5%	2,021	1.5%	46,300	34.3%	47,178	35.0%
NHP	446,014	406	1.1%	235	0.6%	7,824	21.1%	7,877	21.2%
NH	318,180	514	1.9%	31	0.1%	7,206	27.2%	7,282	27.5%
FCHP	51,763	81	1.9%	7	0.2%	1,136	26.3%	1,140	26.4%
BMCHP	651,380	1,184	2.2%	206	0.4%	15,422	28.4%	15,571	28.7%

TOTAL Male/Female: Ages 65+ *

	<u>Member</u> <u>Months</u>	<u>Inpatient</u>		<u>Intermediate</u>		<u>Ambulatory</u>		<u>Any Service</u>	
		<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
PCCP	0	0	0.0%	0	0.0%	0	0.0%	0	0.0%
NHP	237	0	0.0%	0	0.0%	0	0.0%	0	0.0%
NH	1	0	0.0%	0	0.0%	0	0.0%	0	0.0%
FCHP	0	0	0.0%	0	0.0%	0	0.0%	0	0.0%
BMCHP	11	0	0.0%	0	0.0%	1	109.1%	1	109.1%

* The MassHealth managed care program serves members under the age of 65. MassHealth members 65 years and older were included in the eligible populations for the HE-DIS 2006 measures whenever the specifications for the measure included the 65 and older population, the members' coverage had not yet been terminated, and the members met all eligible population criteria such as the continuous enrollment and enrollment anchor date requirements.

Mental Health Utilization—Percentage of Members Using Services

TOTAL Male/Female: Ages Unknown

	<u>Member</u> <u>Months</u>	<u>Inpatient</u>		<u>Intermediate</u>		<u>Ambulatory</u>		<u>Any Service</u>	
		<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
PCCP	0	0	0.0%	0	0.0%	0	0.0%	0	0.0%
NHP	0	0	0.0%	0	0.0%	0	0.0%	0	0.0%
NH	0	0	0.0%	0	0.0%	0	0.0%	0	0.0%
FCHP	0	0	0.0%	0	0.0%	0	0.0%	0	0.0%
BMCHP	9	0	0.0%	0	0.0%	0	0.0%	0	0.0%

Mental Health Utilization—Inpatient Discharges and Average Length of Stay (ALOS)

Ages 0-12

MALE	<u>Member Months</u>	<u>Days</u>	<u>ALOS</u>	<u>Discharges</u>	<u>Discharges / 1000 Member</u>
PCCP	493,321	10,000	26.5	378	0.8
NHP	286,692	1,443	17.0	85	0.3
NH	213,115	557	9.8	57	0.3
FCHP	23,208	28	7.0	4	0.2
BMCHP	429,679	1,480	10.9	136	0.3

FEMALE	<u>Member Months</u>	<u>Days</u>	<u>ALOS</u>	<u>Discharges</u>	<u>Discharges / 1000 Member</u>
PCCP	452,068	3,373	26.4	128	0.3
NHP	281,444	265	14.7	18	0.1
NH	205,650	229	7.9	29	0.1
FCHP	23,549	5	5.0	1	0.0
BMCHP	415,955	773	12.1	64	0.2

TOTAL	<u>Member Months</u>	<u>Days</u>	<u>ALOS</u>	<u>Discharges</u>	<u>Discharges / 1000 Member</u>
PCCP	945,389	13,373	26.4	506	0.5
NHP	568,136	1,708	16.6	103	0.2
NH	418,765	786	9.1	86	0.2
FCHP	46,757	33	6.6	5	0.1
BMCHP	845,634	2,253	11.3	200	0.2

Ages 13-17

MALE	<u>Member Months</u>	<u>Days</u>	<u>ALOS</u>	<u>Discharges</u>	<u>Discharges / 1000 Member</u>
PCCP	199,564	7,310	24.3	301	1.5
NHP	89,545	687	10.0	69	0.8
NH	56,216	730	11.1	66	1.2
FCHP	7,689	101	11.2	9	1.2
BMCHP	120,056	1,035	13.8	75	0.6

FEMALE	<u>Member Months</u>	<u>Days</u>	<u>ALOS</u>	<u>Discharges</u>	<u>Discharges / 1000 Member</u>
PCCP	184,524	7,379	21.6	342	1.9
NHP	95,249	1,481	13.7	108	1.1
NH	56,497	727	10.5	69	1.2
FCHP	7,488	37	4.1	9	1.2
BMCHP	121,766	1,396	9.1	153	1.3

TOTAL	<u>Member Months</u>	<u>Days</u>	<u>ALOS</u>	<u>Discharges</u>	<u>Discharges / 1000 Member</u>
PCCP	384,088	14,689	22.8	643	1.7
NHP	184,794	2,168	12.2	177	1.0
NH	112,713	1,457	10.8	135	1.2
FCHP	15,177	138	7.7	18	1.2
BMCHP	241,822	2,431	10.7	228	0.9

Mental Health Utilization—Inpatient Discharges and Average Length of Stay (ALOS)

Ages 18-64

MALE	<u>Member Months</u>	<u>Days</u>	<u>ALOS</u>	<u>Discharges</u>	<u>Discharges / 1000 Member</u>
PCCP	553,448	27,009	10.9	2,475	4.5
NHP	93,423	1,145	7.2	159	1.7
NH	87,502	2,559	8.6	296	3.4
FCHP	13,930	367	9.7	38	2.7
BMCHP	163,481	5,552	7.4	750	4.6

FEMALE	<u>Member Months</u>	<u>Days</u>	<u>ALOS</u>	<u>Discharges</u>	<u>Discharges / 1000 Member</u>
PCCP	1,066,183	31,792	10.4	3,057	2.9
NHP	352,591	3,018	7.2	418	1.2
NH	230,678	3,954	7.4	532	2.3
FCHP	37,833	868	8.3	104	2.7
BMCHP	487,899	8,216	6.9	1,190	2.4

TOTAL	<u>Member Months</u>	<u>Days</u>	<u>ALOS</u>	<u>Discharges</u>	<u>Discharges / 1000 Member</u>
PCCP	1,619,631	58,801	10.6	5,532	3.4
NHP	446,014	4,163	7.2	577	1.3
NH	318,180	6,513	7.9	828	2.6
FCHP	51,763	1,235	8.7	142	2.7
BMCHP	651,380	13,768	7.1	1,940	3.0

Ages 65+ *

MALE	<u>Member Months</u>	<u>Days</u>	<u>ALOS</u>	<u>Discharges</u>	<u>Discharges / 1000 Member</u>
PCCP	0	0	.	0	.
NHP	125	0	.	0	0.0
NH	1	0	.	0	0.0
FCHP	0	0	.	0	.
BMCHP	1	0	.	0	0.0

FEMALE	<u>Member Months</u>	<u>Days</u>	<u>ALOS</u>	<u>Discharges</u>	<u>Discharges / 1000 Member</u>
PCCP	0	0	.	0	.
NHP	112	0	.	0	0.0
NH	0	0	.	0	.
FCHP	0	0	.	0	.
BMCHP	10	0	.	0	0.0

TOTAL	<u>Member Months</u>	<u>Days</u>	<u>ALOS</u>	<u>Discharges</u>	<u>Discharges / 1000 Member</u>
PCCP	0	0	.	0	.
NHP	237	0	.	0	0.0
NH	1	0	.	0	0.0
FCHP	0	0	.	0	.
BMCHP	11	0	.	0	0.0

Note: Rates that cannot be calculated are represented by .

* The MassHealth managed care program serves members under the age of 65. MassHealth members 65 years and older were included in the eligible populations for the HE-DIS 2006 measures whenever the specifications for the measure included the 65 and older population, the members' coverage had not yet been terminated, and the members met all eligible population criteria such as the continuous enrollment and enrollment anchor date requirements.

Mental Health Utilization—Inpatient Discharges and Average Length of Stay (ALOS)

Age Unknown

MALE	<u>Member Months</u>	<u>Days</u>	<u>ALOS</u>	<u>Discharges</u>	<u>Discharges / 1000 Member</u>
PCCP	.	.	.	.	.
NHP	0	0	.	0	.
NH	0	0	.	0	.
FCHP	0	0	.	0	.
BMCHP	9	0	.	0	.

FEMALE	<u>Member Months</u>	<u>Days</u>	<u>ALOS</u>	<u>Discharges</u>	<u>Discharges / 1000 Member</u>
PCCP	.	.	.	.	.
NHP	0	0	.	0	.
NH	0	0	.	0	.
FCHP	0	0	.	0	.
BMCHP	0	0	.	0	.

TOTAL	<u>Member Months</u>	<u>Days</u>	<u>ALOS</u>	<u>Discharges</u>	<u>Discharges / 1000 Member</u>
PCCP	.	.	.	.	.
NHP	0	0	.	0	.
NH	0	0	.	0	.
FCHP	0	0	.	0	.
BMCHP	9	0	.	0	.

Note: Rates that cannot be calculated are represented by .

All Age Categories

MALE	<u>Member Months</u>	<u>Days</u>	<u>ALOS</u>	<u>Discharges</u>	<u>Discharges / 1000 Member</u>
PCCP	1,246,333	44,319	14.1	3,154	2.5
NHP	469,785	3,275	10.5	313	0.7
NH	356,834	3,846	9.2	419	1.2
FCHP	44,827	496	9.7	51	1.1
BMCHP	713,226	8,067	8.4	961	1.3

FEMALE	<u>Member Months</u>	<u>Days</u>	<u>ALOS</u>	<u>Discharges</u>	<u>Discharges / 1000 Member</u>
PCCP	1,702,775	42,544	12.1	3,527	2.1
NHP	729,396	4,764	8.8	544	0.7
NH	492,825	4,910	7.8	630	1.3
FCHP	68,870	910	8.0	114	1.7
BMCHP	1,025,630	10,385	7.4	1,407	1.4

TOTAL	<u>Member Months</u>	<u>Days</u>	<u>ALOS</u>	<u>Discharges</u>	<u>Discharges / 1000 Member</u>
PCCP	2,949,108	86,863	13.0	6,681	2.3
NHP	1,199,181	8,039	9.4	857	0.7
NH	849,659	8,756	8.3	1,049	1.2
FCHP	113,697	1,406	8.5	165	1.5
BMCHP	1,738,856	18,452	7.8	2,368	1.4

Appendix G:

Chemical Dependency Utilization Rate,
Age and Gender Stratifications, All
Plans

Chemical Dependency Utilization—Inpatient Discharges and Average Length of Stay

Ages 0-12

MALE	<u>Member Months</u>	<u>Days</u>	<u>ALOS</u>	<u>Discharges</u>	<u>Discharges / 1000 Member</u>
PCCP	493,321	0	.	0	0.0
NHP	286,692	0	.	0	0.0
NH	213,115	0	.	0	0.0
FCHP	23,208	0	.	0	0.0
BMCHP	429,679	0	.	0	0.0

FEMALE	<u>Member Months</u>	<u>Days</u>	<u>ALOS</u>	<u>Discharges</u>	<u>Discharges / 1000 Member</u>
PCCP	452,068	0	.	0	0.0
NHP	281,444	0	.	0	0.0
NH	205,650	0	.	0	0.0
FCHP	23,549	0	.	0	0.0
BMCHP	415,955	0	.	0	0.0

TOTAL	<u>Member Months</u>	<u>Days</u>	<u>ALOS</u>	<u>Discharges</u>	<u>Discharges / 1000 Member</u>
PCCP	945,389	0	.	0	0.0
NHP	568,136	0	.	0	0.0
NH	418,765	0	.	0	0.0
FCHP	46,757	0	.	0	0.0
BMCHP	845,634	0	.	0	0.0

Ages 13-17

MALE	<u>Member Months</u>	<u>Days</u>	<u>ALOS</u>	<u>Discharges</u>	<u>Discharges / 1000 Member</u>
PCCP	199,564	347	23.1	15	0.1
NHP	89,545	31	6.2	5	0.1
NH	56,216	19	4.8	4	0.1
FCHP	7,689	3	3.0	1	0.1
BMCHP	120,056	19	2.1	9	0.1

FEMALE	<u>Member Months</u>	<u>Days</u>	<u>ALOS</u>	<u>Discharges</u>	<u>Discharges / 1000 Member</u>
PCCP	184,524	128	9.1	14	0.1
NHP	95,249	48	5.3	9	0.1
NH	56,497	29	3.2	9	0.2
FCHP	7,488	0	.	0	0.0
BMCHP	121,766	31	3.9	8	0.1

TOTAL	<u>Member Months</u>	<u>Days</u>	<u>ALOS</u>	<u>Discharges</u>	<u>Discharges / 1000 Member</u>
PCCP	384,088	475	16.4	29	0.1
NHP	184,794	79	5.6	14	0.1
NH	112,713	48	3.7	13	0.1
FCHP	15,177	3	3.0	1	0.1
BMCHP	241,822	50	2.9	17	0.1

Note: Rates that cannot be calculated are represented by .

Chemical Dependency Utilization—Inpatient Discharges and Average Length of Stay

Ages 18-64

	<u>Member Months</u>	<u>Days</u>	<u>ALOS</u>	<u>Discharges</u>	<u>Discharges / 1000 Member</u>
MALE					
PCCP	553,448	22,571	5.2	4,365	7.9
NHP	93,423	1,393	3.8	363	3.9
NH	87,502	3,129	4.4	708	8.1
FCHP	13,930	240	4.0	60	4.3
BMCHP	163,481	4,580	3.7	1,244	7.6
FEMALE					
PCCP	1,066,183	15,214	5.4	2,823	2.6
NHP	352,591	2,259	4.1	548	1.6
NH	230,678	2,993	4.1	727	3.2
FCHP	37,833	202	3.5	57	1.5
BMCHP	487,899	3,660	3.9	928	1.9
TOTAL					
PCCP	1,619,631	37,785	5.3	7,188	4.4
NHP	446,014	3,652	4.0	911	2.0
NH	318,180	6,122	4.3	1,435	4.5
FCHP	51,763	442	3.8	117	2.3
BMCHP	651,380	8,240	3.8	2,172	3.3

Ages 65+ *

	<u>Member Months</u>	<u>Days</u>	<u>ALOS</u>	<u>Discharges</u>	<u>Discharges / 1000 Member</u>
MALE					
PCCP	0	0	.	0	.
NHP	125	0	.	0	0.0
NH	1	0	.	0	0.0
FCHP	0	0	.	0	.
BMCHP	1	0	.	0	0.0
FEMALE					
PCCP	0	0	.	0	.
NHP	112	0	.	0	0.0
NH	0	0	.	0	.
FCHP	0	0	.	0	.
BMCHP	10	0	.	0	0.0
TOTAL					
PCCP	0	0	.	0	.
NHP	237	0	.	0	0.0
NH	1	0	.	0	0.0
FCHP	0	0	.	0	.
BMCHP	11	0	.	0	0.0

Note: Rates that cannot be calculated are represented by .

* The MassHealth managed care program serves members under the age of 65. MassHealth members 65 years and older were included in the eligible populations for the HEDIS 2006 measures whenever the specifications for the measure included the 65 and older population, the members' coverage had not yet been terminated, and the members met all eligible population criteria such as the continuous enrollment and enrollment anchor date requirements.

Chemical Dependency Utilization—Inpatient Discharges and Average Length of Stay

Age Unknown

MALE	<u>Member Months</u>	<u>Days</u>	<u>ALOS</u>	<u>Discharges</u>	<u>Discharges / 1000 Member</u>
PCCP	.	.	.	.	.
NHP	0	0	.	0	.
NH	0	0	.	0	.
FCHP	0	0	.	0	.
BMCHP	9	0	.	0	.

FEMALE	<u>Member Months</u>	<u>Days</u>	<u>ALOS</u>	<u>Discharges</u>	<u>Discharges / 1000 Member</u>
PCCP	.	.	.	.	.
NHP	0	0	.	0	.
NH	0	0	.	0	.
FCHP	0	0	.	0	.
BMCHP	0	0	.	0	.

TOTAL	<u>Member Months</u>	<u>Days</u>	<u>ALOS</u>	<u>Discharges</u>	<u>Discharges / 1000 Member</u>
PCCP	.	.	.	.	.
NHP	0	0	.	0	.
NH	0	0	.	0	.
FCHP	0	0	.	0	.
BMCHP	9	0	.	0	.

All Age Categories

MALE	<u>Member Months</u>	<u>Days</u>	<u>ALOS</u>	<u>Discharges</u>	<u>Discharges / 1000 Member</u>
PCCP	1,246,333	22,918	5.2	4,380	3.5
NHP	469,785	1,424	3.9	368	0.8
NH	356,834	3,148	4.4	712	2.0
FCHP	44,827	243	4.0	61	1.4
BMCHP	713,226	4,599	3.7	1,253	1.8

FEMALE	<u>Member Months</u>	<u>Days</u>	<u>ALOS</u>	<u>Discharges</u>	<u>Discharges / 1000 Member</u>
PCCP	1,702,775	15,342	5.4	2,837	1.7
NHP	729,396	2,307	4.1	557	0.8
NH	492,825	3,022	4.1	736	1.5
FCHP	68,870	202	3.5	57	0.8
BMCHP	1,025,630	3,691	3.9	936	0.9

TOTAL	<u>Member Months</u>	<u>Days</u>	<u>ALOS</u>	<u>Discharges</u>	<u>Discharges / 1000 Member</u>
PCCP	2,949,108	38,260	5.3	7,217	2.4
NHP	1,199,181	3,731	4.0	925	0.8
NH	849,659	6,170	4.3	1,448	1.7
FCHP	113,697	445	3.8	118	1.0
BMCHP	1,738,856	8,290	3.8	2,189	1.3

Note: Rates that cannot be calculated are represented by .

Appendix H:

PCC Plan Mental Health Utilization Rates for Members with Basic, Essential, and Non-Basic/Non-Essential Coverage

Mental Health Utilization—Percentage of Members Using Services

Members with Basic Coverage

	<u>Member</u> <u>Months</u>	<u>Inpatient</u>		<u>Intermediate</u>		<u>Ambulatory</u>		<u>Any Service</u>	
		<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
Ages 18-64	68,122	352	6.2%	250	4.4%	3522	62.0%	3653	64.3%

Members with Essential Coverage

	<u>Member</u> <u>Months</u>	<u>Inpatient</u>		<u>Intermediate</u>		<u>Ambulatory</u>		<u>Any Service</u>	
		<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
Ages 18-64	431,961	811	2.3%	505	1.4%	6,090	16.9%	6,545	18.2%

Members with Non-Basic/Non-Essential Coverage

	<u>Member</u> <u>Months</u>	<u>Inpatient</u>		<u>Intermediate</u>		<u>Ambulatory</u>		<u>Any Service</u>	
		<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
Ages 0-12	945,387	287	0.4%	766	1.0%	12,253	15.6%	12,370	15.7%
Ages 13-17	384,088	436	1.4%	630	2.0%	9,084	28.4%	9,209	28.8%
Ages 18-64	1,551,509	3,100	2.4%	1,801	1.4%	43,489	33.6%	44,277	34.2%
Ages Total	2,880,984	3,823	1.6%	3,197	1.3%	64,826	27.0%	65,856	27.4%

Mental Health Utilization—Inpatient Discharges and Average Length of Stay (ALOS)

Members with Basic Coverage	<u>Member Months</u>	<u>Days</u>	<u>ALOS</u>	<u>Discharges</u>	<u>Discharges / 1000 Member</u>
Ages 18-64	68,122	5,130	9.1	565	8.3

Members with Essential Coverage	<u>Member Months</u>	<u>Days</u>	<u>ALOS</u>	<u>Discharges</u>	<u>Discharges / 1000 Member</u>
Ages 18-64	431,961	10,833	8.5	1,275	3.0

Members with Non-Basic/Non-Essential Coverage	<u>Member Months</u>	<u>Days</u>	<u>ALOS</u>	<u>Discharges</u>	<u>Discharges / 1000 Member</u>
Ages 0-12	945,387	13,373	26.4	506	0.5
Ages 13-17	384,088	14,689	22.8	643	1.7
Ages 18-64	1,551,509	53,671	10.8	4,967	3.2
Ages Total	2,880,984	81,733	13.4	6,116	2.1

Appendix I:

PCC Plan Chemical Dependency Utilization Rates for Members with Basic, Essential, and Non-Basic/Non- Essential Coverage

Chemical Dependency Utilization—Inpatient Discharges and Average Length of Stay

Members with Basic Coverage	<u>Member Months</u>	<u>Days</u>	<u>ALOS</u>	<u>Discharges</u>	<u>Discharges / 1000 Member</u>
Ages 18-64	68,122	9,712	5.1	1,895	27.8

Members with Essential Coverage	<u>Member Months</u>	<u>Days</u>	<u>ALOS</u>	<u>Discharges</u>	<u>Discharges / 1000 Member</u>
Ages 18-64	431,961	39,083	5.2	7,466	17.3

Members with Non-Basic/Non-Essential Coverage	<u>Member Months</u>	<u>Days</u>	<u>ALOS</u>	<u>Discharges</u>	<u>Discharges / 1000 Member</u>
Ages 0-12	945,387	0	.	0	0.0
Ages 13-17	384,088	475	16.4	29	0.1
Ages 18-64	1,551,509	28,073	5.3	5,293	3.4
Ages Total	2,880,984	28,548	5.4	5,322	1.8

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