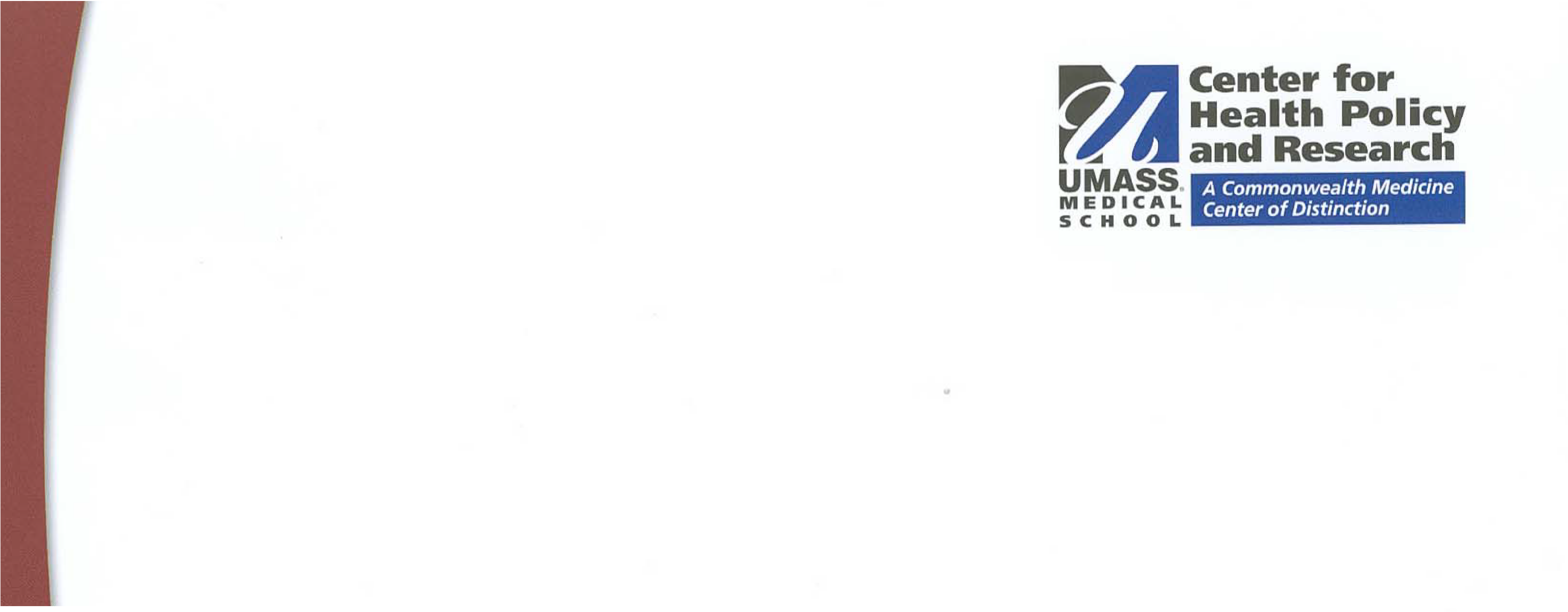
December 2009

MassHealth Managed Care HEDIS® 2009 Final Report

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#### Introduction

The MassHealth Managed Care HEDIS® 2009 Re- port presents information on the quality of care pro- vided by the five health plans serving the Mass- Health managed care population (Boston Medical Center HealthNet Plan, Fallon Community Health Plan, Neighborhood Health Plan, Network Health, and the Primary Care Clinician Plan). This assess- ment was conducted by the MassHealth Office of Clinical Affairs (OCA), the MassHealth Office of Acute and Ambulatory Care (OAAC), the Center for Health Policy and Research (CHPR), and the Mass- Health Office of Behavioral Health (OBH).

The data presented in this report are a subset of the Healthcare Effectiveness Data and Information Set (HEDIS) measures. HEDIS was developed by the National Committee for Quality Assurance (NCQA), and is the most widely used set of standardized per- formance measures for evaluation and reporting on the quality of care delivered by health care organi- zations. Through this collaborative project, OCA, OAAC, CHPR, and OBH have evaluated a broad range of clinical and service areas that are of impor- tance to MassHealth members, policy makers and program staff.

#### Measures Selected for HEDIS 2009

The MassHealth measurement set for 2009 focused on three domains: “staying healthy” (i.e., breast can- cer screening, cervical cancer screening, prenatal and postpartum care and frequency of ongoing pre- natal care), “living with illness” (i.e., comprehensive diabetes care, controlling high blood pressure, fol- low-up care for children prescribed attention-deficit/ hyperactivity disorder (ADHD) medication, and ini- tiation and engagement of alcohol and other drug

dependency treatment), and “use of services” (i.e., identification of alcohol and other drug services).

#### Summary of Overall Results

Results from the MassHealth Managed Care HEDIS 2009 project demonstrate that MassHealth plans performed well overall when compared to the 2009 rates of other Medicaid plans around the country.

Throughout this report, we will give results of tests of statistical significance comparing the perform- ance of individual MassHealth plans with that of the top 25% of all Medicaid plans reporting HEDIS data for 2009 (represented by the 2009 national Medi- caid 75th percentile, obtained from NCQA’s Quality

Compass® database.)

MassHealth plans performed well, relative to this national benchmark, on measures in all three do- mains. All five MassHealth plans reported rates that were significantly above the 2009 national Medicaid 75th percentile for the measures assessing breast cancer screening and engagement of alcohol and other drug dependence treatment. Four plans re- ported rates that were significantly above the na- tional Medicaid 75th percentile for the HbA1c testing component of the comprehensive diabetes care measure. Three of the five plans reported rates that were significantly above the national benchmark rates for cervical cancer screening and for initiation of follow-up care for children prescribed ADHD medication (though one plan fell below the bench- mark on each of the two measures).

MassHealth plans’ results were mixed for most of the remaining measures, with some plans perform- ing above the benchmark, others with no statistically significant difference from the benchmark, and no more than one plan in each measure performing

significantly below the benchmark. All but one com- ponent of the diabetes care measure followed this pattern, as did the measures for timeliness of prena- tal care, controlling high blood pressure, continua- tion and maintenance of ADHD follow-up care, and initiation of alcohol and other drug treatment.

Opportunities for improvement were found in three of the measures: postpartum care, frequency of on- going prenatal care (≥81% of expected visits), and the LDL-C control (<100 mg/dL) component of the diabetes care measure. Three of the five MassHealth plans scored significantly below the national Medicaid 75th percentile benchmark on each of these measures, and no plan exceeded the benchmark performance level.

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

**Executive Summary**

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

**Executive Summary (*continued*)**

#### Breast Cancer Screening

* MassHealth managed care members aged 40- 69 had a breast cancer screening rate of 64.9%.
* All five plans had rates significantly above the national Medicaid 75th percentile.
* Two plans (PCC Plan and NHP) reported rates that were significantly above their 2007 rates. Three plans (NH, FCHP, and BMCHP) reported rates that were not significantly different from their 2007 rates.

#### Cervical Cancer Screening

* MassHealth managed care members aged 21 to 64 had a cervical cancer screening rate of 77.4%.
* Three plans (NHP, FCHP, and BMCHP) per- formed significantly above the national Medi- caid 75th percentile.
* All five plans had rates that were not signifi- cantly different from their 2007 rates.

#### Prenatal and Postpartum Care

* The MassHealth managed care timeliness of prenatal care rate was 84.4%. None of the plans performed significantly above the national Medicaid 75th percentile but four plans (NHP, NH, FCHP, and BMCHP) had rates that were not significantly different from this benchmark. One plan (NH) had a rate that was significantly above its 2007 rate.
* The MassHealth managed care postpartum care rate was 64.0%. None of the plans per- formed significantly above the national Medi- caid 75th percentile but two plans (FCHP and BMCHP) had rates that were not significantly different from the benchmark. All five plans had rates that were not significantly different from their 2007 rates.

#### Frequency of Ongoing Prenatal Care

* Sixty-one percent (61.0%) of MassHealth man- aged care deliveries had ≥81% of the expected number of prenatal visits.
* None of the plans preformed significantly above the national Medicaid 75th percentile, although two plans (NHP and BMCHP) had rates that were not significantly different from this bench- mark.
* One plan (NH) had a rate that was significantly above its 2007 rate.

#### Comprehensive Diabetes Care

* This measure assesses eight areas of diabetes care: HbA1c testing, poor HbA1c control (>9.0%), LDL-C testing, LDL-C control (<100 mg/dL), eye exams, monitoring kidney disease, blood pressure control of <130/80, and blood pressure control of <140/90.
* MassHealth managed care plans had rates that were significantly above and/or not significantly different from the national Medicaid 75th per- centile, for six components of this measure. They include: HbA1c testing, poor HbA1c con- trol (>9.0%), LDL-C testing, eye exams, medi- cal attention for nephropathy, and blood pres- sure control (<140/90).
* One plan (BMCHP) had a rate for the HbA1c testing component that was significantly better than its 2007 rate. For all other plan/measure component combinations, 2009 rates were not statistically different from previous year com- parison rates. (The PCC Plan did not report the diabetes care measures in 2007, so no histori- cal data comparisons were made for this plan.)

#### Controlling High Blood Pressure

* Sixty-one percent (60.7%) of MassHealth man- aged care members aged 18 to 85 had a diag- nosis of hypertension and had adequately con- trolled blood pressure.
* One plan (FCHP) had a rate that was signifi- cantly above the national Medicaid 75th per- centile. Three plans (PCC Plan, NH, and BMCHP) had rates that met this benchmark.
* One plan (BMCHP) had a rate that was signifi- cantly above its 2007 rate while the other four plans (PCC Plan, NHP, NH, and FCHP) had rates that were not significantly different from their 2007 rates.

#### Follow-up Care for Children Prescribed Atten- tion-Deficit/Hyperactivity Disorder (ADHD) Medi- cation

* The MassHealth managed care initiation phase rate was 54.9%. Three plans (PCC Plan, NHP, and NH) had rates that were significantly above the national Medicaid 75th percentile. All five plans had rates that were not significantly differ- ent from their 2007 rates.
* The MassHealth managed care continuation and maintenance phase rate was 63.7%. Three plans (PCC Plan, NHP, and NH) had rates that were significantly above the national Medicaid 75th percentile. Four plans (PCC Plan, NHP, NH, and BMCHP) had rates that were not sig- nificantly different from their 2007 rates.

**Executive Summary (*continued*)**

#### Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

* + The MassHealth managed care initiation of treatment rate was 49.1%. Two plans (NHP and FCHP) had rates that were above the national Medicaid 75th percentile and two plans (NH and BMCHP) had rates that were not signifi- cantly different from this benchmark. One plan (NHP) had a rate that was significantly above its 2007 rate and three plans (NH, FCHP, and PCC Plan) had rates that were not significantly different from their 2007 rates.
  + The MassHealth managed care engagement of treatment rate was 23.6%. All five plans had rates that were significantly above the national Medicaid 75th percentile. Three plans (NH, FCHP, and PCC Plan) had rates that were sig- nificantly above their 2007 rates, and two plans (NHP and BMCHP) had rates that were not sig- nificantly different from their 2007 rates.

#### Identification of Alcohol and Other Drug Services

* + Between 2.5% and 11.9% of members in each MassHealth plan identified as needing sub- stance abuse services received such services. The percentage of members in each plan who received inpatient services ranged from 0.6% to 1.6%, intermediate services (intensive outpa- tient and partial hospitalization) from 0.3% to 3.8%, and ambulatory services from 2.2% to 10.9%.

**Summary of MassHealth Managed Care HEDIS 2009 Results**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **HEDIS 2009 Measure** | **2009 National Medicaid 75th Percentile** | **PCCP rate** | **NHP rate** | **NH rate** | **FCHP rate** | **BMCHP**  **rate** |
| **Breast Cancer Screening** | 57.4% | 63.8%↑ | 68.9%↑ | 65.2%↑ | 69.5↑ | 66.5%↑ |
| **Cervical Cancer Screening** | 73.2% | 72.5%↓ | 80.8%↑ | 76.7% | 80.4%↑ | 82.0%↑ |
| **Prenatal and Postpartum Care**  Timeliness of Prenatal Care Postpartum Care | 89.4%  68.5% | 75.4%↓  57.2%↓ | 86.7%  63.2%↓ | 86.4%  62.2%↓ | 88.8%  66.0% | 90.5%  72.3% |
| **Frequency of Ongoing Prenatal Care**  > 81+ percent | 73.4% | 45.0%↓ | 70.9% | 60.2%↓ | 46.6%↓ | 71.0% |
| **Comprehensive Diabetes Care** |  |  |  |  |  |  |
| HbA1C Screening | 86.2% | 89.8%↑ | 89.5%↑ | 89.1% | 91.1%↑ | 95.1%↑ |
| Poor HbA1c Control | 35.2% | 31.4% | 34.5% | 37.0% | 32.0% | 33.1% |
| LDL-C Screening | 79.5% | 83.9%↑ | 80.3% | 83.2% | 78.7% | 82.5% |
| LDL-C Control (<100 mg/dL) | 40.6% | 38.4% | 33.8%↓ | 33.6%↓ | 44.0% | 35.8%↓ |
| Eye Exam | 62.3% | 65.9% | 66.9% | 61.3% | 72.4%↑ | 67.4%↑ |
| Medical Attention for Nephropathy | 82.2% | 86.1%↑ | 80.5% | 81.0% | 82.7% | 85.4% |
| Blood Pressure <130/80 | 36.3% | 30.9%↓ | 37.5% | 38.0% | 37.3% | 38.0% |
| Blood Pressure <140/90 | 66.4% | 65.5% | 70.1% | 67.2% | 74.2%↑ | 68.9% |
| **Controlling High Blood Pressure** | 63.3% | 60.1% | 55.1%↓ | 59.6% | 76.7% ↑ | 64.9% |

↑ Indicates a rate that is significantly better than the 2009 national Medicaid 75th percentile.

|  |  |  |
| --- | --- | --- |
| **Key:** | PCCP—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 worse than the 2009 national Medicaid 75th percentile.

**Summary of MassHealth Managed Care HEDIS 2009 Results (continued)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **HEDIS 2009 Measure** | **2009 National Medicaid 75th Percentile** | **PCCP rate** | **NHP rate** | **NH rate** | **FCHP rate** | **BMCHP**  **rate** |
| **Follow-Up Care for Children Prescribed Attention-** |  |  |  |  |  |  |
| **Deficit/Hyperactivity Disorder (ADHD) Medication** |  |  |  |  |  |  |
| Initiation Phase | 42.2% | 63.8%↑ | 63.1%↑ | 60.6%↑ | 47.9% | 37.3%↓ |
| Continuation & Maintenance Phase | 48.4% | 73.4%↑ | 65.0%↑ | 76.9%↑ | N/A\* | 42.0%↓ |
| **Initiation and Engagement of Alcohol and Other** |  |  |  |  |  |  |
| **Drug Dependence Treatment** |  |  |  |  |  |  |
| Initiation of Treatment | 51.3% | 46.6%↓ | 63.0%↑ | 52.7% | 60.1%↑ | 52.2% |
| Engagement of Treatment | 16.8% | 22.2%↑ | 43.1%↑ | 21.6%↑ | 44.6%↑ | 21.7%↑ |

**\*** FCHP did not report results for this measure

**Key:** PCCP—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 2009 national Medicaid 75th percentile.

↓ Indicates a rate that is significantly worse than the 2009 national Medicaid 75th percentile.

Introduction

**Introduction**

#### Purpose of the Report

This report presents the results of the Mass- Health Managed Care Healthcare Effectiveness Data and Information Set (HEDIS) 2009 project. This report was designed to be used by Mass- Health program managers and by managed care organization (MCO) managers to assess plan performance in the context of other MassHealth managed care plans and national benchmarks, identify opportunities for improvement, and set quality improvement goals.

#### Project Background

The Center for Health Policy and Research (CHPR) collaborated with the MassHealth Office of Acute and Ambulatory Care (OAAC), the MassHealth Office of Behavioral Health (OBH), and the MassHealth Office of Clinical Affairs (OCA) to conduct an annual assessment of the performance of all MassHealth MCOs and the Primary Care Clinician Plan (PCC Plan), the pri- mary care case management program adminis- tered by the Executive Office of Health and Hu- man Services (EOHHS). CHPR, OAAC, OBH, and OCA conduct this annual assessment by us- ing a subset of HEDIS measures. Developed by the National Committee for Quality Assurance (NCQA), HEDIS is the most widely used set of standardized performance measures for reporting on the quality of care delivered by health care organizations. HEDIS includes clinical measures of care, as well as measures of access to care and utilization.

The measures selected for the MassHealth Man- aged Care HEDIS 2009 project assess the per- formance of the five MassHealth plans that pro- vided health care services to MassHealth man- aged care members during the 2008 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, beginning on page 12.

#### MassHealth HEDIS 2009 Measures

MassHealth selected nine measures for the HE- DIS 2009 project. The nine measures included in the report assess health care quality in three key areas: staying healthy, living with illness, and use of services.

The staying healthy measures included in this report provide information on preventive services, member access, and availability of care. The spe- cific topics evaluated in this report are breast can- cer screening, cervical cancer screening, prenatal and postpartum care, and frequency of ongoing prenatal care.

Measures in the living with illness area provide information on how well plans help members manage their chronic illnesses. The specific top- ics evaluated in this report are comprehensive diabetes care, controlling high blood pressure, follow-up care for children prescribed attention- deficit/hyperactivity disorder (ADHD) medication, and initiation and engagement of alcohol and other drug dependence.

Use of service measures provide information about what services health plan members utilize. The specific service evaluated in the report is identification of alcohol and other drug services.

**Note:** MassHealth assesses member satisfaction through the biennial administration of a consumer survey. Member experiences in 2008 were as-

sessed through a survey administered by the Massachusetts Health Quality Partners (MHQP). MHQP issued a report (jointly with CHPR) on the survey in the fall of 2009.

**Organization of the MassHealth Managed Care HEDIS 2009 Report**

This report presents the results of the MassHealth Managed Care HEDIS 2009 project in three sections. These sections are based on the consumer report- ing domains used in NCQA’s health plan report cards (Staying Healthy, Living with Illness, and Use of Services). These domains group clinical and access to care measures with similar characteristics.

|  |  |  |
| --- | --- | --- |
| **REPORT SECTION** | **DEFINITION** | **MEASURES SELECTED BY MASSHEALTH FOR HEDIS 2007 REPORTING** |
| Staying Healthy | These measures provide information about how well a plan provides ser- vices that maintain good health and prevent illness. | * Breast Cancer Screening * Cervical Cancer Screening * Frequency of Ongoing Prenatal Care * Prenatal and Postpartum Care |
| Living with Illness | These measures provide information about how well a plan helps people manage chronic illness. | * Comprehensive Diabetes Care * Controlling High Blood Pressure * Follow-up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication * Initiation and Engagement of Alcohol and Other Drug Dependency Treatment |
| Use of Services | These measures provide information about what services health plans members utilize. | * Identification of Alcohol and Other Drug Services |

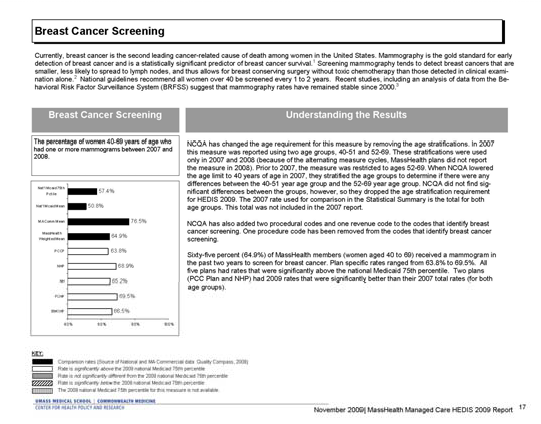
This report also includes eight appendices that provide more detailed results:

* + **Appendix A** presents a list of the MassHealth regions and the service areas the regions cover.
  + **Appendix B** presents additional data on Frequency of Ongoing Prenatal Care (<21%, 21-40%, 41-60% and 61-80% of expected visits, All Plans).
  + **Appendix C** presents PCC Plan Breast Cancer Screening rates for members with Essential coverage.
  + **Appendix D** presents PCC Plan Cervical Cancer Screening rates for members with Essential coverage.
  + **Appendix E** presents age-stratified rates for Initiation and Engagement of Alcohol and Other Drug Dependency Treatment (All Plans).
  + **Appendix F** presents age-stratified rates for PCC Plan members with Basic, Essential, and Non-Basic/Non-Essential Coverage for Initiation and En- gagement of Alcohol and Other Drug Dependency Treatment.
  + **Appendix G** presents age and gender-stratified rates for Identification of Alcohol and Other Drug Services (All Plans).
  + **Appendix H** presents Identification of Alcohol and Other Drug Services rates for PCC Plan members with Basic, Essential, and Non-Basic/Non- Essential Coverage.

**Organization of the MassHealth Managed Care HEDIS 2009 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

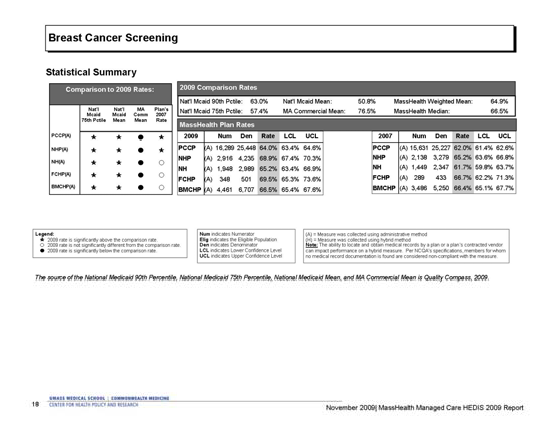
**\*** 2009 rate is significantly above the comparison rate

O 2009 rate is not significantly different from the comparison rate

**e** 2009 rate is significantly below the comparison rate

Individual HEDIS 2009 plan data including numerator, eligible population (where applica- ble) denominator, reported rate, and upper and lower confidence intervals

The 2009 national Medicaid 75th percentile is listed as a benchmark. The 2009 national Medi- caid 90th percentile, 2009 national Medicaid mean, 2009 Massachusetts commercial mean, and 2009 MassHealth weighted mean and me- dian 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 2007, if available and if there were no sig- nificant changes to the measure’s specifications that prohibited com- parisons to prior year

**Health Plan Profiles**

MassHealth managed care plans provided care to 681,923 Massachusetts residents as of December 31, 2008. The MassHealth Managed Care HEDIS 2009 report includes data from the five MassHealth plans serving members enrolled in Managed Care. This report does not reflect care provided to Mass- Health members receiving their health care ser- vices outside of the five managed care plans.

The following profiles provide some basic informa- tion about each plan and its members. The data chart on the next page provides a statistical sum- mary of the demographic characteristics of each plan’s population. Appendix A lists the service ar- eas that are located within each MassHealth geo- graphic 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 ad- ministered by the Executive Office of Health and Human Services (EOHHS).
* Statewide managed care option for Mass- Health members eligible for managed care.
* 284,844 MassHealth members as of Decem- ber 31, 2008.
* 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 with the Massachusetts Behavioral Health Partnership (MBHP).
* HEDIS data for the PCC Plan include mem- bers with Essential coverage. MassHealth Es- sential covers individuals ages 19-64 who are long-term unemployed and ineligible for Mass- Health Basic (certain individuals with non- citizen status are also eligible). Currently, the

PCC Plan is the only MassHealth plan serving members with Essential coverage. Approxi- mately 20% of the PCC Plan’s membership has MassHealth Essential coverage.

#### Neighborhood Health Plan (NHP)

* Non-profit managed care organization that pri- marily serves Medicaid members, along with commercial and Commonwealth care popula- tions.
* 122,639 MassHealth members as of Decem- ber 31, 2008.
* Service areas throughout the state (Western, Central, Northern, and Southern Massachu- setts, as well as Greater Boston).
* Provider network includes mostly community health centers, in addition to Harvard Van- guard 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)

* Provider-sponsored health plan owned and operated by Cambridge Health Alliance that serves the Medicaid and Commonwealth Care populations.
* 96,754 MassHealth members as of December 31, 2008.
* Primary service areas in Western, Northern, and Central Massachusetts, and Greater Bos- ton.
* 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 commercial, Medicare, Medicaid, and Commonwealth Care populations.
* 10,961 MassHealth members as of December 31, 2008.
* Primary service areas in Central Massachu- setts.
* 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)

* Provider-sponsored health plan, owned and operated by Boston Medical Center, the larg- est public safety-net hospital in Boston, that serves the Medicaid and Commonwealth Care populations.
* 166,725 MassHealth members as of Decem- ber 31, 2008.
* Primary service areas in Western and South- ern Massachusetts, and Greater Boston.
* Provider network includes community health centers, hospital outpatient departments, and group and individual practices.
* Behavioral health services provided by Boston Medical Center HealthNet Plan providers.

#### Differences in Populations Served by Mass- Health Plans

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 in- cluded in the measure.

The data on the next page describe each plan’s population in terms of age, gender and disability status. It is important for readers to consider the differences in the characteristics of each plan’s population when reviewing and comparing the HE- DIS 2009 performance of the five plans.

**Health Plan Profiles: Demographic Characteristics of the Plan Populations**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MassHealth Plan** | **Total MassHealth Managed Care Members as of 12/31/08** | **Female** | **Disabled** | **Mean Age** | **0-11 yrs** | **12-17 yrs** | **18-39 yrs** | **40-64 yrs** | **65+ yrs\*\*** |
| Primary Care Clinician Plan\* |  | | | | | | | | |
| Without Essential population | 226,667 | 56.3% | 30.8% | 25.9 | 28.9% | 15.8% | 26.8% | 28.5% | 0.0% |
| Essential population only | 58,177 | 32.0% | 0.0% | 38.3 | 0.0% | 0.0% | 53.6% | 46.4% | 0.0% |
| Neighborhood Health Plan | 122,639 | 59.1% | 5.2% | 17.6 | 44.5% | 17.4% | 26.1% | 12.1% | 0.0% |
| Network Health | 96,754 | 57.4% | 8.0% | 17.3 | 46.9% | 15.3% | 25.3% | 12.4% | 0.0% |
| Fallon Community Health Plan | 10,961 | 58.6% | 9.7% | 16.0 | 38.3% | 15.8% | 30.8% | 15.1% | 0.0% |
| Boston Medical Center HealthNet Plan | 166,725 | 58.4% | 11.0% | 17.7 | 45.5% | 16.0% | 26.0% | 12.5% | 0.0% |
| **Total for MassHealth**  **Managed Care Program** | **681,923** | **55.5%** | **15.1%** | **22.1** | **36.0%** | **14.7%** | **28.6%** | **20.7%** | **0.0%** |

**Source: MMIS**

\* PCC Plan HEDIS results presented in the main body of the report include all members, including those with Essential coverage. Comparisons of statistical significance below are also based on the entire PCCP population (284,844).

\*\* MassHealth managed care plans generally serve members under the age of 65. In previous years, a small number of MassHealth managed care members were 65 years of age or older as of December 31st of the measurement year, and had not yet had their coverage terminated. For HEDIS 2009, no such members were identified through enrollment data, which was used to generate these health plan profiles. However, as a rule, any MassHealth members 65 years and older would be included in the eligible populations for the HEDIS 2009 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 Members: All four MCOs had a significantly higher proportion of female members than PCCP (p<.0001). NH had a significantly lower proportion of females than the other three MCOs (p<.05), and BMC had a significantly lower proportion of females than NHP (p<.001).

Disabled Members: PCCP had a significantly higher proportion of disabled members than any of the four MCOs (p<.0001). All observed differences between MCOs are significant (p<.001).

Mean Age of Members: All four MCOs had a population whose mean age was significantly lower than that of PCCP (p<.0001). All observed differences between MCOs are significant (p<.05).

**Data Collection and Analysis Methods**

#### Data Collection and Submission

In November 2008, the MassHealth Office of Acute and Ambulatory Care (OAAC) provided plans with a list of measures to be collected for HEDIS 2009. The list of measures was devel- oped by key stakeholders within MassHealth, including stakeholders within OAAC, the Office of Clinical Affairs (OCA), and the MassHealth Office of Behavioral Health (OBH). In general, each plan was responsible for collecting the measures according to the HEDIS 2009 Techni- cal Specifications and for reporting the results using NCQA’s Interactive Data Submission Sys- tem (IDSS). Each plan submitted its results to both NCQA and CHPR.

All plans undergoing NCQA accreditation must have their HEDIS data audited. The purpose of an NCQA HEDIS Compliance Audit™ is to vali- date a plan’s HEDIS results by verifying the in- tegrity of the plan’s data collection and calcula- tion processes. NCQA HEDIS Compliance Au- dits are independent reviews conducted by or- ganizations or individuals licensed or certified by NCQA. NCQA’s Quality Compass, the data- base from which many of the benchmarks in this report are drawn, reports only audited data. The current MassHealth contract with the four MCOs does not require plans to have their data audited. However, the new contract requires NCQA Accreditation, of which the Compliance Audit is a component. BMCHP, FCHP, and NHP have achieved NCQA accreditation for their MassHealth plans, while NH is working toward it.

#### 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 programs serve members under the age of 65. Occasionally, members 65 and older may appear in the denominator of a Mass- Health plan’s HEDIS rate. This may occur for several valid reasons, including instances where a member turns 65 during the measure- ment year and did not yet have their coverage terminated as of the measure’s anchor date.

MassHealth plans are responsible for a mem- ber’s care until his or her coverage is termi- nated. Therefore, MassHealth members 65 years and older were included in the eligible populations for the HEDIS 2009 measures whenever the specifications for the measure included the 65 and older population, the mem- bers’ coverage had not yet been terminated, and the members met all eligible criteria such as continuous enrollment and enrollment anchor date requirements.

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

Enrollment gap: The specifications for most measures allow members to have a gap in en- rollment during the continuous enrollment pe- riod 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 re- quire a member to have a specific diagnosis or health care event to be included in the denomi- nator. Diagnoses are defined by specific admin- istrative codes (e.g., ICD-9, CPT). Other health care events may include prescriptions, hospitali- zations, or outpatient visits.

The measure descriptions included in this report do not include every requirement for the eligible populations (e.g., enrollment gaps). For com- plete specifications for each measure included in this report, please see *HEDIS 2009 Volume 2: Technical Specifications*.

#### MassHealth Coverage Types Included in HEDIS 2009

MassHealth has four Medicaid coverage types whose members are eligible to enroll in any of the five MassHealth plans: Basic, Standard, CommonHealth, and Family Assistance. A fifth coverage type, MassHealth Essential, only per- mits enrollment in the PCC Plan. MassHealth Essential covers individuals ages 19-64 who are long-term unemployed and ineligible for Mass- Health Basic (certain individuals with non-citizen status are also eligible). Approximately 20 per- cent of the PCC Plan’s membership has Mass- Health Essential coverage.

*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*)**

Because members with Essential coverage have been restricted to enrolling in the PCC Plan, pre- vious years’ HEDIS reports have not included Essential members in the PCC Plan’s rates. In- stead, Essential member data has been reported separately, in appendices. However, starting in calendar year 2010, Essential members will be able to enroll in the MCOs, so the rationale for excluding them from the PCC Plan’s rates will no longer be valid.

In preparation for this change, MassHealth de- cided to begin including Essential members in the PCC Plan’s rates for the HEDIS 2009 report. This change should be kept in mind when comparing the PCC Plan’s 2009 rates to prior years. (Some measures, such as those relating to prenatal and postpartum care, will not capture any Essential members, since pregnant women automatically become eligible for MassHealth Standard.) As in previous years, appendices will be provided for certain measures, giving separate rates for mem- bers with Essential (as well as Basic) coverage, for reference purposes.

#### 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 ad- ministrative databases. Plans calculate the ad- ministrative 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 specifications, including any age or continuous enrollment requirements (these members are known as the “eligible population”). The plan’s HEDIS rate is based on all members in the denominator who are found through administrative data to have received the service reported in the numerator (e.g., visit, test, vaccination, 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 oversample 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.

#### Data Analysis

Throughout this report, HEDIS 2009 results from each plan are compared to several benchmarks

and comparison rates, including the 2009 national Medicaid mean and the 2009 Massachusetts Commercial mean. In addition, MassHealth medi- ans and weighted means were calculated from the five plans’ 2009 data.

2009 National Medicaid 75th Percentile

For this report, the 2009 national Medicaid 75th percentile serves as the primary benchmark to which plan performance is compared (including statistical significance).

CHPR obtained the 2009 national Medicaid data through NCQA’s Quality Compass. NCQA re- leases Quality Compass in July of each year with the rates for Commercial and Medicare plans.

NCQA provides the national Medicaid data in a supplement that is released in the fall.

Other Comparison Rates Included in this Report The other comparison rates included in the data tables of this report are the 2009 national Medi- caid mean, 2009 national Medicaid 90th percen- tile, 2009 Massachusetts commercial mean, 2009 MassHealth weighted mean, and 2009 Mass- Health median.

The 2009 national Medicaid mean is the average performance of all Medicaid plans that submitted HEDIS 2009 data. The 2009 national Medicaid 90th percentile represents a level of performance that was exceeded by only the top 10% of all Medicaid plans that submitted HEDIS 2009 data. The 2009 national Medicaid 90th percentile was included as a future goal for MassHealth plans. The 2009 Massachusetts commercial mean is the average performance of all Massachusetts com- mercial plans that submitted HEDIS 2009 data.

Although the populations served by commercial

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**Data Collection and Analysis Methods (*continued*)**

plans differ from the population served by Mass- Health, the Massachusetts commercial mean may be an appropriate future goal for measures where MassHealth plans are nearing or exceed- ing the national Medicaid 90th percentile.

The 2009 MassHealth weighted mean is a weighted average of the rates of the five Mass- Health plans. The weighted average was calcu- lated by multiplying the performance rate for each plan by the number of members who met the eligibility criteria for the measure. The values were then summed across plans and divided by the total eligible population for all the plans. The largest MassHealth plan (PCC Plan) serves 41.8% 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 signifi- cance.

The 2009 MassHealth median is also provided and is the middle value of the set of values rep- resented by the individual plan rates.

#### Caveats for the Interpretation of Results

All data analyses have limitations and those pre- sented here are no exception.

Medical Record Procurement

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

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

Lack of Case-Mix Adjustment

The specifications for collecting HEDIS meas- ures 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 dif- ferences among plan rates were due to differ- ences in the quality of care or use of services, or differences in the health of the populations served by the plans.

Demographic Differences in Plan membership In addition to disability status, the populations served by each plan may have differed in other demographic characteristics such as age, gen- der, and geographic residence. As shown in the plan profile chart on page 12, the PCC Plan has a higher proportion of members who are male or

disabled, 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 2009 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 meth-

ods. Factors that may influence the collection of HEDIS data by plan include:

* + Use of software to calculate the administra- tive measures,
  + Use of a tool and/or abstractors from an ex- ternal 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 mem- bers),
  + Staffing changes among the plan’s HEDIS team,
  + Voluntary review by an NCQA-Certified HEDIS auditor,
  + Choice of administrative or hybrid data col- lection method for measures that allow ei- ther method.

Limitations of Certain HEDIS Measures

One measure collected in 2009, Identification of Alcohol and Other Drug Services, provides infor- mation on the services MassHealth members utilized, but not on the content or quality of the care the members received. Data for this meas- ure are not case-mix or risk adjusted. Differ- ences in plan utilization rates cannot be inter- preted as a measure of quality (i.e., it cannot be determined whether a plan with a higher rate of utilization of these services is providing either good or bad quality of 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.

Staying Healthy

**Breast Cancer Screening**

Currently, breast cancer is the second leading cancer-related cause of death among women in the United States. Mammography is the gold standard for early detection of breast cancer and is a statistically significant predictor of breast cancer survival.1 Screening mammography tends to detect breast cancers at an earlier stage, when they are smaller and less likely to spread to lymph nodes. Cancers found through mammography are better candidates for breast conserv- ing surgery (without toxic chemotherapy), compared with those detected by clinical examination alone.2 National guidelines recommend all women over 40 be screened every 1 to 2 years. Recent studies, including an analysis of data from the Behavioral Risk Factor Surveillance System (BRFSS) suggest that mam- mography rates have remained stable since 2000.3

**Breast Cancer Screening**

**Understanding the Results**

NCQA has changed the age requirement for this measure by removing the age stratifications. In 2007 this measure was reported using two age groups, 40-51 and 52-69. These stratifications were used only in 2007 and 2008 (because of the alternating measure cycles, MassHealth plans did not report the measure in 2008). Prior to 2007, the measure was restricted to ages 52-69. When NCQA lowered the age limit to 40 years of age in 2007, they stratified the age groups to determine if there were any differences between the 40-51 year age group and the 52-69 year age group. NCQA did not find sig- nificant differences between the groups, so they dropped the age stratification requirement for HEDIS 2009. The 2007 rate used for comparison in the Statistical Summary is the total for both age groups. This total was not included in the 2007 report, but was calculated at the time.

Sixty-five percent (64.9%) of MassHealth members (women aged 40 to 69) received a mammogram in the past two years to screen for breast cancer. Plan specific rates ranged from 63.8% to 69.5%. All five plans had rates that were significantly above the national Medicaid 75th percentile. Two plans (PCC Plan and NHP) had 2009 rates that were significantly better than their 2007 total rates (for both age groups).

Nat ' l Mcaid 75t h Pct ile

57.4%

Nat ' l Mcaid Mean

50.8%

MA Comm Mean

76.5%

MassHealt h Weight ed Mean

64.9%

PCCP

63.8%

NHP

68.9%

NH

65.2%

FCHP

69.5%

BMCHP

66.5%

40%

60%

80%

100%

The percentage of women 40-69 years of age who had one or more mammograms between 2007 and 2008.

**KEY:**



Comparison rates (Source of National and MA Commercial data: Quality Compass, 2009) Rate is *significantly above* the 2009 national Medicaid 75th percentile

Rate is *not significantly different from* the 2009 national Medicaid 75th percentile Rate is *significantly below* the 2009 national Medicaid 75th percentile

The 2009 national Medicaid 75th percentile for this measure is not available.



**Breast Cancer Screening**

## Statistical Summary

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **2009 Comparison Rates** | | | | | |
| Nat'l Mcaid 90th Pctile: | 63.0% | Nat'l Mcaid Mean: | 50.8% | MassHealth Weighted Mean: | 64.9% |
| Nat'l Mcaid 75th Pctile: | 57.4% | MA Commercial Mean: | 76.5% | MassHealth Median: | 66.5% |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Comparison to 2009 Rates:** | | | | |
|  | **Nat’l Mcaid 75th Pctile** | **Nat’l Mcaid Mean** | **MA**  **Comm Mean** | **Plan’s 2007**  **Rate** |
| **PCCP(A)** | **\*** | **\*** | **e** | **\*** |
| **NHP(A)** | **\*** | **\*** | **e** | **\*** |
| **NH(A)** | **\*** | **\*** | **e** | O |
| **FCHP(A)** | **\*** | **\*** | **e** | O |
| **BMCHP(A)** | **\*** | **\*** | **e** | O |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MassHealth Plan Rates** | | | | | | | | | | | | | | |
| **2009** |  | **Num** | **Den** | **Rate** | **LCL** | **UCL** |  | **2007** |  | **Num** | **Den** | **Rate** | **LCL** | **UCL** |
| **PCCP** | (A) | 18,164 | 28,467 | 63.8% | 63.2% | 64.4% | **PCCP** | (A) | 15,631 | 25,227 | 62.0% | 61.4% | 62.6% |
| **NHP** | (A) | 2,916 | 4,235 | 68.9% | 67.4% | 70.3% | **NHP** | (A) | 2,138 | 3,279 | 65.2% | 63.6% | 66.8% |
| **NH** | (A) | 1,948 | 2,989 | 65.2% | 63.4% | 66.9% | **NH** | (A) | 1,449 | 2,347 | 61.7% | 59.8% | 63.7% |
| **FCHP** | (A) | 348 | 501 | 69.5% | 65.3% | 73.6% | **FCHP** | (A) | 289 | 433 | 66.7% | 62.2% | 71.3% |
| **BMCHP** | (A) | 4,461 | 6,707 | 66.5% | 65.4% | 67.6% | **BMCHP** | (A) | 3,486 | 5,250 | 66.4% | 65.1% | 67.7% |

**Legend:**

**\*** 2009 rate is significantly above the comparison rate.

O 2009 rate is not significantly different from the comparison rate.

**e** 2009 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

*The source of the National Medicaid 90th Percentile, National Medicaid 75th Percentile, National Medicaid Mean, and MA Commercial Mean is Quality Compass, 2009.*

**Cervical Cancer Screening**

The National Cancer Institute estimates that there will be 11,270 new cases of cervical cancer in the United States in 2009, resulting in 4,070 deaths.4 The death rate from cervical cancer continues to decline by nearly 4% each year.5 With a 71% five-year survival rate, cervical cancer is highly curable, particu- larly if it is detected and treated early. Because early stage cervical cancers usually have no symptoms, regular Pap tests are crucial to identifying cancers before they become invasive. According to the American Cancer Society, between 60% and 80% of women with newly diagnosed invasive cervical cancer have not had a Pap test in the past 5 years, and many of these women have never had a Pap test.6

**Cervical Cancer Screening**

**Understanding the Results**

Seventy-four percent (77.4%) of MassHealth members (women aged 21 to 64) received one or more Pap tests to screen for cervical cancer. Plan specific rates ranged from 72.5% to 82.0%. Three plans (NHP, FCHP, and BMCHP) had rates that were significantly above the national Medicaid 75th per- centile. One plan’s (PCC Plan) rate was significantly below the national Medicaid 75th Percentile.

None of the plans had rates that were significantly different from their 2007 rates.



Nat 'l M caid 75t h Pctile

73.2%

Nat 'l M caid M ean

66.0%

M A Comm M ean

83.5%

M assHealth Weight ed M ean

77.4%

PCCP

72.5%

NHP

80.8%

NH

76.7%

FCHP

80.4%

BM CHP

82.0%

40%

60%

80%

100%

The percentage of women 21-64 years of age who received one or more Pap tests to screen for cervical cancer between 2006 and 2008.

The HEDIS Cervical Cancer Screening measure evaluates whether women had at least one Pap test in the measurement year or two years prior to the measurement year. Many women prefer to have annual screenings, but according to the US Preventative Services Task Force and the American Cancer Society, an interval of three years between screenings is appropriate for most women. How- ever, doctors may be reluctant to reduce the frequency of screening, because annual Pap tests bring

women into their office, and women may be resistant to less frequent screening.7

**KEY:**

Comparison rates (Source of National and MA Commercial data: Quality Compass, 2009) Rate is *significantly above* the 2009 national Medicaid 75th percentile



Rate is *not significantly different from* the 2009 national Medicaid 75th percentile Rate is *significantly below* the 2009 national Medicaid 75th percentile

The 2009 national Medicaid 75th percentile for this measure is not available.



**Cervical Cancer Screening**

## Statistical Summary

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Comparison to 2009 Rates:** | | | | |
|  | **Nat’l Mcaid 75th Pctile** | **Nat’l Mcaid Mean** | **MA**  **Comm Mean** | **Plan’s 2007**  **Rate** |
| **PCCP(A)** | **e** | **\*** | **e** | O |
| **NHP(H)** | **\*** | **\*** | O | O |
| **NH(H)** | O | **\*** | **e** | O |
| **FCHP(H)** | **\*** | **\*** | O | O |
| **BMCHP(H)** | **\*** | **\*** | O | O |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **2009 Comparison Rates** | | | | | |
| Nat'l Mcaid 90th Pctile: | 79.5% | Nat'l Mcaid Mean: | 66.0% | MassHealth Weighted Mean: | 77.4% |
| Nat'l Mcaid 75th Pctile: | 73.2% | MA Commercial Mean: | 83.5% | MassHealth Median: | 80.4% |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MassHealth Plan Rates** | | | | | | | | | | | | | | | | |
| **2009** |  | **Num** | **Elig** | **Den** | **Rate** | **LCL** | **UCL** |  | **2007** |  | **Num** | **Elig** | **Den** | **Rate** | **LCL** | **UCL** |
| **PCCP** | (A) | 27,595 | 38,087 | 38,087 | 72.5% | 72.0% | 72.9% | **PCCP** | (H) | 243 | 35,592 | 328 | 74.1% | 69.2% | 79.0% |
| **NHP** | (H) | 177 | 20,277 | 219 | 80.8% | 75.4% | 86.3% | **NHP** | (H) | 350 | 18,145 | 411 | 85.2% | 81.6% | 88.7% |
| **NH** | (H) | 240 | 14,061 | 313 | 76.7% | 71.8% | 81.5% | **NH** | (H) | 248 | 10,920 | 328 | 75.6% | 70.8% | 80.4% |
| **FCHP** | (H) | 176 | 2,118 | 219 | 80.4% | 74.9% | 85.9% | **FCHP** | (H) | 350 | 1,936 | 411 | 85.2% | 81.6% | 88.7% |
| **BMCHP** | (H) | 337 | 27,770 | 411 | 82.0% | 78.2% | 85.8% | **BMCHP** | (H) | 333 | 24,992 | 411 | 81.0% | 77.1% | 84.9% |

**Legend:**

**\*** 2009 rate is significantly above the comparison rate.

O 2009 rate is not significantly different from the comparison rate.

**e** 2009 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, 2009.*

**Prenatal and Postpartum Care**

The U.S. infant mortality rate (the rate at which babies less than one year of age die) has declined by 2% between 2005 and 2006. Despite this, the U.S. infant mortality rate ranked 29th among all industrialized nations, with 6.7 deaths per 1,000 live births.8 The leading causes of infant mortality in the U.S. are congenital malformations, disorders related to pre-term birth and low-birth weight, and Sudden Infant Death Syndrome (SIDS).9 Prenatal visits in the first trimester provide an opportunity for early risk assessment (including screening for tobacco, alcohol, drug use, and domestic violence), health promotion (including discussion of exercise habits and environmental hazards) and medical, nutritional, and psychosocial interventions that can help ensure good clini- cal outcomes for both mother and child. Similarly, routine postpartum care between three and eight weeks after delivery helps to ensure good outcomes.

These visits provide the opportunity for not only a physical exam, but also counseling on continued breastfeeding, family planning, and post-partum depres- sion.10

The percentage of deliveries that received a pre- natal care visit as a member of the organization in the first trimester or within 42 days of enrollment in the organization.

The percentage of deliveries that had a postpar- tum visit on or between 21 and 56 days after delivery.

**Timeliness of Prenatal Care**

**Postpartum Care**

**Understanding the Results**

Eighty-four percent (84.4%) of MassHealth members re- ceived a prenatal care visit in their first trimester or within 42 days. Plan specific rates ranged from 75.4% to 90.5%. Four plans (NHP, NH, FCHP, and BMCHP) had rates that were not significantly different than the national Medicaid 75th per- centile. One plan (PCC Plan) had a rate that was significantly below the national Medicaid 75th percentile. One plan (NH) had a rate that was significantly above its 2007 rate; while, another plan (PCC Plan) had a rate that was significantly be- low its 2007 rate. The rest of the plan rates did not signifi- cantly differ from their 2007 rate.

**KEY:**



Nat ' l Mcaid 75t h

Pct ile

89.4%

Nat ' l Mcaid Mean

81.9%

MA Comm Mean

85.1%

MassHealt h

Weight ed Mean

84.4%

PCCP

75.4%

NHP

86.7%

NH

86.4%

FCHP

88.8%

BMCHP

90.5%

70%

90%

Comparison rates (Source of National and MA Commercial data: Quality Compass, 2009) Rate is *significantly above* the 2009 national Medicaid 75th percentile

Rate is *not significantly different from* the 2009 national Medicaid 75th percentile Rate is *significantly below* the 2009 national Medicaid 75th percentile

Sixty-four percent (64.0%) of MassHealth members had a postpartum visit on or between 21 and 56 days after delivery. Plan specific rates ranged from 57.2% to 72.3%. Two plans (FCHP and BMCHP) had rates that were not significantly dif- ferent from the national Medicaid 75th percentile, while three plans (PCC Plan, NHP, and NH) had rates that were signifi- cantly below the Medicaid rate. All five plans had rates that were not significantly different from their 2007 rates.

A study of national HEDIS timeliness of prenatal care rates suggested that observed rates underestimate the quality of prenatal care. The study found significantly higher rates of prenatal visits in the first trimester through patient survey and medical record review compared to HEDIS rates based on



Nat ' l Mcaid 75t h Pct ile

Nat ' l Mcaid Mean

MA Comm Mean

MassHealt h Weight ed Mean

PCCP

NHP

NH

FCHP

BMCHP

50%

70%

90%

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 68.5%  62.7%  74.5%  64.0% | | | | |
|  | 57.2% | | | |
|  | | | | |
|  | | 63.2% | | |
|  | | 62.2% | | |
|  | |
|  | |
|  | | | 66.0% | |
|  | | | | |
|  | | | | 72.3% |
|  | | | |

*(Continued on page 23)*

**Prenatal and Postpartum Care**

## Statistical Summary — Timeliness of Prenatal Care

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Comparison to 2009 Rates:** | | | | |
|  | **Nat’l Mcaid 75th Pctile** | **Nat’l Mcaid Mean** | **MA**  **Comm Mean** | **Plan’s 2007**  **Rate** |
| **PCCP(H)** | **e** O O O  O | **e**  **\***  **\***  **\***  **\*** | **e** O O O  **\*** | **e** O  **\***  O O |
| **NHP(H)** |
| **NH(H)** |
| **FCHP(H)** |
| **BMCHP(H)** |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2009 Comparison Rates** | | | | | | | | |
| Nat'l Mcaid 90th Pctile: 92.2% Nat'l Mcaid Mean: 81.9% MassHealth Weighted Mean: 84.4%  Nat'l Mcaid 75th Pctile: 89.4% MA Commercial Mean: 85.1% MassHealth Median: 86.7% | | | | | | | | |
| **MassHealth Plan Rates** | | | | | | | | |
| **2009** | **Num Elig Den** | **Rate** | **LCL UCL** |  | **2007** | **Num Elig Den** | **Rate** | **LCL UCL** |
| **PCCP** | (H) 310 4,752 411 | 75.4% | 71.1% 79.7% | **PCCP** | (H) 362 5,150 411 | 88.1% | 84.8% 91.3% |
| **NHP** | (H) 351 3,501 405 | 86.7% | 83.2% 90.1% | **NHP** | (H) 351 3,303 403 | 87.1% | 83.7% 90.5% |
| **NH** | (H) 350 2,606 405 | 86.4% | 83.0% 89.9% | **NH** | (H) 292 2,164 411 | 71.0% | 66.5% 75.6% |
| **FCHP** | (H) 261 296 294 | 88.8% | 85.0% 92.6% | **FCHP** | (H) 256 287 287 | 89.2% | 85.4% 93.0% |
| **BMCHP** | (H) 372 4,687 411 | 90.5% | 87.6% 93.5% | **BMCHP** | (H) 371 4,408 411 | 90.3% | 87.3% 93.3% |

**Statistical Summary — Postpartum Care**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Comparison to 2009 Rates:** | | | | |
|  | **Nat’l Mcaid 75th Pctile** | **Nat’l Mcaid Mean** | **MA**  **Comm Mean** | **Plan’s 2007**  **Rate** |
| **PCCP(H)** | **e e e** O  O | **e** O O O  **\*** | **e e e e**  O | O O O O  O |
| **NHP(H)** |
| **NH(H)** |
| **FCHP(H)** |
| **BMCHP(H)** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **2009 Comparison Rates** | | | | | |
| Nat'l Mcaid 90th Pctile: | 72.7% | Nat'l Mcaid Mean: | 62.7% | MassHealth Weighted Mean: | 64.0% |
| Nat'l Mcaid 75th Pctile: | 68.5% | MA Commercial Mean: | 74.5% | MassHealth Median: | 63.2% |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MassHealth Plan Rates** | | | | | | | | | | | | | | | | |
| **2009** |  | **Num** | **Elig** | **Den** | **Rate** | **LCL** | **UCL** |  | **2007** |  | **Num** | **Elig** | **Den** | **Rate** | **LCL** | **UCL** |
| **PCCP** | (H) | 235 | 4,752 | 411 | 57.2% | 52.3% | 62.1% | **PCCP** | (H) | 227 | 5150 | 411 | 55.2% | 50.3% | 60.2% |
| **NHP** | (H) | 256 | 3,501 | 405 | 63.2% | 58.4% | 68.0% | **NHP** | (H) | 226 | 3303 | 403 | 56.1% | 51.1% | 61.0% |
| **NH** | (H) | 252 | 2,606 | 405 | 62.2% | 57.4% | 67.1% | **NH** | (H) | 250 | 2164 | 411 | 60.8% | 56.0% | 65.7% |
| **FCHP** | (H) | 194 | 296 | 294 | 66.0% | 60.4% | 71.6% | **FCHP** | (H) | 193 | 287 | 287 | 67.2% | 61.6% | 72.9% |
| **BMCHP** | (H) | 297 | 4,687 | 411 | 72.3% | 67.8% | 76.7% | **BMCHP** | (H) | 264 | 4408 | 411 | 64.2% | 59.5% | 69.0% |

**Legend:**

**\*** 2009 rate is significantly above the comparison rate.

O 2009 rate is not significantly different from the comparison rate.

**e** 2009 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

(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, 2009.*

**Prenatal and Postpartum Care**

**Understanding the Results (continued)**

administrative data or administrative data com- bined with medical record data. The study also found that HEDIS rates are heavily influenced by missing medical records, and that using the baby’s birth date (from administrative data) yields underestimated rates when delivery occurs be-

fore the estimated delivery date (EDD).11

**Frequency of Ongoing Prenatal Care**

Ongoing monitoring throughout pregnancy is necessary to prevent complications that can threaten the health of both mother and child, to monitor fetal de- velopment, and to help prepare the woman for delivery. The American College of Obstetrics and Gynecology (ACOG) recommends that women have prena- tal visits every four weeks for the first 28 weeks of pregnancy, every two to three weeks for the seven weeks until 36 weeks, and then weekly until delivery. (Although the HEDIS measure is based on the ACOG guidelines, many MassHealth managed care plans follow guidelines from the Massachusetts Health Quality Partnership, which recommends monthly visits up to 28 weeks, visits every two weeks until 36 weeks, and then visits once a week until delivery.) The percentage of expected visits a women has throughout her pregnancy, based on gestational age and the time of enrollment, provides important infor- mation on the adequacy of prenatal care. This measure only provides information on the number of visits, however, and does not indicate whether the tim- ing, content, or distribution of those visits throughout the pregnancy was appropriate.

**≥ 81% of Expected Visits**

**Understanding the Results**

Sixty-one percent (61.0%) of MassHealth members who delivered between November 6 of the year prior to the measurement year and November 5 of the measurement year received 81% or more of the expected number of prenatal visits. Plan specific rates ranged from 45.0% to 71.0%. Two plans (NHP and BMCHP) had rates that were not significantly different from the national Medicaid 75th percentile rate and three plans (PCC Plan, NH, and FCHP) had rates that were significantly below the Medicaid rate. One plan (NH) had a rate that was significantly above its 2007 rate, while two plans (NHP and BMCHP) had rates that were not significantly different than their 2007 rates and two plans (PCC Plan and FCHP) had rates that were significantly below their 2007 rates.

A number of individual and systemic factors may affect the likelihood of pregnant women receiv- ing the recommended number of prenatal visits. These factors include health insurance status prior to conception,12 whether or not the pregnancy was wanted and/or planned,13 and demo- graphic characteristics, especially race and ethnicity.14 Other research has found the impact of logistical barriers, such as lack of transportation, to be smaller than previously thought.15



Nat 'l M caid 75t h Pctile

73.4%

Nat 'l M caid M ean 58.7%

M A Comm M ean

N/A\*

M assHealt h Weight ed M ean

61.0%

PCCP

45.0%

NHP

70.9%

NH

60.2%

FCHP

46.6%

BM CHP

71.0%

40%

60%

80%

The percentage of Medicaid deliveries between No- vember 6 of the year prior to the measurement year and November 5 of the measurement year that re- ceived 81% or more of the expected prenatal visits.

**KEY:**



\* This measure is collected for Medicaid populations only.

Comparison rates (Source of National and MA Commercial data: Quality Compass, 2009) Rate is *significantly above* the 2009 national Medicaid 75th percentile

Rate is *not significantly different from* the 2009 national Medicaid 75th percentile Rate is *significantly below* the 2009 national Medicaid 75th percentile

**Frequency of Ongoing Prenatal Care**

## Statistical Summary — ≥81% of Expected Visits

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Comparison to 2009 Rates:** | | | | |
|  | **Nat’l Mcaid 75th Pctile** | **Nat’l Mcaid Mean** | **MA**  **Comm Mean\*** | **Plan’s 2007**  **Rate** |
| **PCCP(H)** | **e** O  **e e**  O | **e**  **\***  O  **e**  **\*** | n/a n/a n/a n/a  n/a | **e** O  **\***  **e** O |
| **NHP(H)** |
| **NH(H)** |
| **FCHP(H)** |
| **BMCHP(H)** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **2009 Comparison Rates** | | | | | |
| Nat'l Mcaid 90th Pctile: | 81.0% | Nat'l Mcaid Mean: | 58.7% | MassHealth Weighted Mean: | 61.0% |
| Nat'l Mcaid 75th Pctile: | 73.4% | MA Commercial Mean: | n/a\* | MassHealth Median: | 60.2% |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MassHealth Plan Rates** | | | | | | | | | | | | | | | | |
| **2009** |  | **Num** | **Elig** | **Den** | **Rate** | **LCL** | **UCL** |  | **2007** |  | **Num** | **Elig** | **Den** | **Rate** | **LCL** | **UCL** |
| **PCCP** | (H) | 185 | 4,752 | 411 | 45.0% | 40.1% | 49.9% | **PCCP** | (H) | 256 | 5,150 | 411 | 62.3% | 57.5% | 67.1% |
| **NHP** | (H) | 287 | 3,501 | 405 | 70.9% | 66.3% | 75.4% | **NHP** | (H) | 271 | 3,303 | 403 | 67.2% | 62.5% | 72.0% |
| **NH** | (H) | 244 | 2,606 | 405 | 60.2% | 55.4% | 65.1% | **NH** | (H) | 203 | 2,164 | 411 | 49.4% | 44.4% | 54.3% |
| **FCHP** | (H) | 137 | 296 | 294 | 46.6% | 40.7% | 52.5% | **FCHP** | (H) | 209 | 287 | 287 | 72.8% | 67.5% | 78.1% |
| **BMCHP** | (H) | 292 | 4,687 | 411 | 71.0% | 66.5% | 75.6% | **BMCHP** | (H) | 255 | 4,408 | 411 | 62.0% | 57.2% | 66.9% |

\* This is a Medicaid-only measure.

**Legend:**

**\*** 2009 rate is significantly above the comparison rate.

O 2009 rate is not significantly different from the comparison rate.

**e** 2009 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

(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, 2009.*

Living With Illness

**Comprehensive Diabetes Care**

Current estimates suggest that almost 24 million Americans, or nearly 8% of the total population, have type 1 or type 2 diabetes.16 Diabetes prevalence has increased dramatically in recent decades, with type 2 diabetes rates doubling in the last three decades among the middle-aged.17 Diabetes can lead to sig- nificant health complications such as heart disease, stroke, kidney disease, blindness, and amputations. Controlling levels of blood glucose, blood pressure, and cholesterol, and receiving timely preventative care are all crucial to preventing diabetes-related complications. This composite HEDIS measure as- sesses the effectiveness of diabetes care provided to MassHealth members using a single sample of members ages 18-75\* who have type 1 or type 2 dia- betes.

The percentage of members 18-75\* years of age with diabetes (type 1 or type 2) who had Hemoglobin A1c (HbA1c) testing during 2008.

The percentage of members 18-75\* years of age with diabetes (type 1 or type2) who had poor HbA1c control (>9.0%) during 2008. (Note: for this measure, a lower percentage represents higher quality.)

**HbA1c Testing**

**Poor HbA1c Control (>9.0%)**

**Understanding the Results**

Ninety-one percent (90.7%) of MassHealth members 18-75 years of age with diabetes (type 1 or type 2) had an Hemoglobin A1c test during 2008. Individual plan rates ranged from 89.1% to 95.1%. Four plans (PCC Plan, NHP, FCHP, and BMCHP) had rates that were significantly above the national Medicaid 75th percentile rate while one plan (NH) was not signifi- cantly different that the Medicaid rate. One plan (BMCHP) had a rate that was significantly above its 2007 rate while three plans (NHP, NH, and FCHP) had rates that were not significantly different than their 2007 rates. The PCC Plan did not report this measure in 2007.

Thirty-two percent (32.4%) of MassHealth members 18-75 years of age with diabetes (type 1 or type 2) had poor HbA1c control during 2008. The plan spe- cific rates ranged from 31.4% to 37.0%. All five plans had rates that were not statistically different that the national Medicaid 75th percentile rate. All four plans that reported data in 2007 (NHP, NH, FCHP, and BMCHP) had 2009 rates that were not statistically different. The PCC Plan did not report this measure in 2007.

Nat ' l Mcaid 75t h

Pct ile

86.2%

Nat ' l Mcaid Mean

80.5%

MA Comm Mean

89.9%

MassHealt h

Weight ed Mean

90.7%

PCCP

89.8%

NHP

89.5%

NH

89.1%

FCHP

91.1%

BMCHP

95.1%

60%

80%

100%

Nat 'l M caid 75t h Pct ile

Nat'l M caid M ean

MA Comm M ean M assHealt h

Weight ed M ean

PCCP

NHP

NH

FCHP

BM CHP

20%

40%

60%

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 35.2%  44.8%  25.6%  32.4% | | | | | |
|  | 31.4% | | | | |
|  | | | | | |
|  | | | | 34.5% | |
|  | | | | | |
|  | | | | | 37.0% |
|  | | 32.0% | | | |
|  | |
|  | |
|  | | | 33.1% | | |
|  | | |

**KEY:**

Comparison rates (Source of National and MA Commercial data: Quality Compass, 2009) Rate is *significantly above* the 2009 national Medicaid 75th percentile



Rate is *not significantly different from* the 2009 national Medicaid 75th percentile Rate is *significantly below* the 2009 national Medicaid 75th percentile

\* This measure’s age range is 18-75. Although 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 (see page 13 for more information). MassHealth members 65 and older were included in the eligi-

ble population for this measure if the member met all eligible population criteria, including enrollment criteria.

**Comprehensive Diabetes Care**

## Statistical Summary — HbA1c Testing

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **2009 Comparison Rates** | | | | | |
| Nat'l Mcaid 90th Pctile: | 89.3% | Nat'l Mcaid Mean: | 80.5% | MassHealth Weighted Mean: | 90.7% |
| Nat'l Mcaid 75th Pctile: | 86.2% | MA Commercial Mean: | 89.9% | MassHealth Median: | 89.8% |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Comparison to 2009 Rates:** | | | | |
|  | **Nat’l Mcaid 75th Pctile** | **Nat’l Mcaid Mean** | **MA**  **Comm Mean** | **Plan’s 2007**  **Rate** |
| **PCCP(H) \*** | **\*** | **\*** | O | n/a |
| **NHP(H)** | **\*** | **\*** | O | O |
| **NH(H)** | O | **\*** | O | O |
| **FCHP(H)** | **\*** | **\*** | O | O |
| **BMCHP(H)** | **\*** | **\*** | **\*** | **\*** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MassHealth Plan Rates** | | | | | | | | | | | | | | | | |
| **2009** |  | **Num** | **Elig** | **Den** | **Rate** | **LCL** | **UCL** |  | **2007** |  | **Num** | **Elig** | **Den** | **Rate** | **LCL** | **UCL** |
| **PCCP** | (H) | 369 | 13,972 | 411 | 89.8% | 86.7% | 92.8% | **PCCP\*** | . | . | . | . | . | . | . |
| **NHP** | (H) | 368 | 1,664 | 411 | 89.5% | 86.5% | 92.6% | **NHP** | (H) | 375 | 1,392 | 411 | 91.2% | 88.4% | 94.1% |
| **NH** | (H) | 366 | 1,649 | 411 | 89.1% | 85.9% | 92.2% | **NH** | (H) | 344 | 1,290 | 411 | 83.7% | 80.0% | 87.4% |
| **FCHP** | (H) | 205 | 248 | 225 | 91.1% | 87.2% | 95.1% | **FCHP** | (H) | 151 | 170 | 167 | 90.4% | 85.7% | 95.2% |
| **BMCHP** | (H) | 391 | 3,819 | 411 | 95.1% | 92.9% | 97.3% | **BMCHP** | (H) | 365 | 3,210 | 411 | 88.8% | 85.6% | 92.0% |

\* PCCP did not collect or report the Comprehensive Diabetes Care measure for HEDIS 2007.

## Statistical Summary — Poor HbA1c Control (>9.0)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **2009 Comparison Rates** | | | | | |
| Nat'l Mcaid 90th Pctile: | 29.3% | Nat'l Mcaid Mean: | 44.8% | MassHealth Weighted Mean: | 32.4% |
| Nat'l Mcaid 75th Pctile: | 35.2% | MA Commercial Mean: | 25.6% | MassHealth Median: | 33.1% |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Comparison to 2009 Rates:** | | | | |
|  | **Nat’l Mcaid 75th Pctile** | **Nat’l Mcaid Mean** | **MA**  **Comm Mean** | **Plan’s 2007**  **Rate** |
| **PCCP(H) \*** | O | **\*** | **e** | n/a |
| **NHP(H)** | O | **\*** | **e** | O |
| **NH(H)** | O | **\*** | **e** | O |
| **FCHP(H)** | O | **\*** | **e** | O |
| **BMCHP(H)** | O | **\*** | **e** | O |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MassHealth Plan Rates** | | | | | | | | | | | | | | | | |
| **2009** |  | **Num** | **Elig** | **Den** | **Rate** | **LCL** | **UCL** |  | **2007** |  | **Num** | **Elig** | **Den** | **Rate** | **LCL** | **UCL** |
| **PCCP** | (H) | 129 | 13,972 | 411 | 31.4% | 26.8% | 36.0% | **PCCP\*** | . | . | . | . | . | . | . |
| **NHP** | (H) | 142 | 1,664 | 411 | 34.5% | 29.8% | 39.3% | **NHP** | (H) | 131 | 1,392 | 411 | 31.9% | 27.2% | 36.5% |
| **NH** | (H) | 152 | 1,649 | 411 | 37.0% | 32.2% | 41.8% | **NH** | (H) | 172 | 1,290 | 411 | 41.8% | 37.0% | 46.7% |
| **FCHP** | (H) | 72 | 248 | 225 | 32.0% | 25.7% | 38.3% | **FCHP** | (H) | 52 | 170 | 167 | 31.1% | 23.8% | 38.5% |
| **BMCHP** | (H) | 136 | 3,819 | 411 | 33.1% | 28.4% | 37.8% | **BMCHP** | (H) | 170 | 3,210 | 411 | 41.4% | 36.5% | 46.2% |

**Legend:**

**\*** 2009 rate is significantly above (HbA1c testing) or below (Poor HbA1c Control) the comparison rate.

O 2009 rate is not significantly different from the comparison rate.

**e** 2009 rate is significantly below (HbA1c testing) or above (Poor HbA1c Control) the comparison rate.

**Num** indicates Numerator

**Elig** indicates the Eligible Population

**Den** indicates Denominator

**LCL** indicates Lower Confidence Level

**UCL** indicates Upper Confidence Level

(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, 2009.*

**Comprehensive Diabetes Care**

**LDL-C Testing**

**LDL-C Control**

**Understanding the Results**

Eighty-three percent (83.3%) of MassHealth mem- bers 18 to 75 years of age with diabetes (type 1 or type 2) had LDL-C testing during 2008. Individual plan rates ranged from 78.7% to 83.9%. One plan (PCC Plan) had a rate that was significantly above the national Medicaid 75th percentile rate while the other 4 plans (NHP, NH, FCHP, and BMCHP) had rates that were not significantly different from the Medicaid rate. Four plans (NHP, NH, FCHP, and BMCHP) had rates that were not significantly differ- ent from their 2007 rates. The PCC Plan did not re- port this measure in 2007.

Thirty-seven percent (37.3%) of MassHealth mem- bers 18 to 75 years of age with diabetes (type 1 or type 2) had an LDL test in 2008 with a result of <100 mg/dL. Plan specific rates ranged from 33.6% to 44.0%. Two plans (PCC Plan and FCHP) had rates that were not significantly different that the national Medicaid 75th percentile rate. Three plans (NHP, NH and BMCHP) had rates that were significantly below the Medicaid 75th percentile rate. All four plans that reported data in 2007 (NHP, NH, FCHP, and BMCHP) had 2009 rates that were not statistically different. The PCC Plan did not report this measure in 2007.

Nat ' l Mcaid 75t h

Pct ile

79.5%

Nat ' l Mcaid Mean

74.1%

MA Comm Mean

86.0%

MassHealt h

Weight ed Mean

83.3%

PCCP

83.9%

NHP

80.3%

NH

83.2%

FCHP

78.7%

BMCHP

82.5%

60%

80%

100%



Nat'l M caid 75th Pctile

40.6%

Nat 'l M caid M ean

33.8%

M A Comm M ean

44.9%

M assHealth Weight ed M ean

37.3%

PCCP

38.4%

NHP

33.8%

NH

33.6%

FCHP

44.0%

BM CHP

35.8%

20%

40%

60%

The percentage of members 18-75\* years of age with diabetes (type 1 or type 2) who had LDL-C test- ing during 2008.

The percentage of members 18-75\* years of age with diabetes (type 1 or type 2) who had an LDL-C test in 2008 with a result of <100 mg/dL.

**KEY:**

Comparison rates (Source of National and MA Commercial data: Quality Compass, 2009) Rate is *significantly above* the 2009 national Medicaid 75th percentile



Rate is *not significantly different from* the 2009 national Medicaid 75th percentile Rate is *significantly below* the 2009 national Medicaid 75th percentile

\* This measure’s age range is 18-75. Although 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 (see page 13 for more information). MassHealth members 65 and older were included in the eligi- ble population for this measure if the member met all eligible population criteria, including enrollment criteria.

**Comprehensive Diabetes Care**

## Statistical Summary — LDL-C Screening

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Comparison to 2009 Rates:** | | | | |
|  | **Nat’l Mcaid 75th Pctile** | **Nat’l Mcaid Mean** | **MA**  **Comm Mean** | **Plan’s 2007**  **Rate** |
| **PCCP(H) \*** | **\*** | **\*** | O | n/a |
| **NHP(H)** | O | **\*** | **e** | O |
| **NH(H)** | O | **\*** | O | O |
| **FCHP(H)** | O | O | **e** | O |
| **BMCHP(H)** | O | **\*** | O | O |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **2009 Comparison Rates** | | | | | |
| Nat'l Mcaid 90th Pctile: | 82.5% | Nat'l Mcaid Mean: | 74.1% | MassHealth Weighted Mean: | 83.3% |
| Nat'l Mcaid 75th Pctile: | 79.5% | MA Commercial Mean: | 86.0% | MassHealth Median: | 82.5% |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MassHealth Plan Rates** | | | | | | | | | | | | | | | | |
| **2009** |  | **Num** | **Elig** | **Den** | **Rate** | **LCL** | **UCL** |  | **2007** |  | **Num** | **Elig** | **Den** | **Rate** | **LCL** | **UCL** |
| **PCCP** | (H) | 345 | 13,972 | 411 | 83.9% | 80.3% | 87.6% | **PCCP\*** | . | . | . | . | . | . | . |
| **NHP** | (H) | 330 | 1,664 | 411 | 80.3% | 76.3% | 84.3% | **NHP** | (H) | 329 | 1,392 | 411 | 80.0% | 76.1% | 84.0% |
| **NH** | (H) | 342 | 1,649 | 411 | 83.2% | 79.5% | 86.9% | **NH** | (H) | 334 | 1,290 | 411 | 81.3% | 77.4% | 85.2% |
| **FCHP** | (H) | 177 | 248 | 225 | 78.7% | 73.1% | 84.2% | **FCHP** | (H) | 130 | 170 | 167 | 77.8% | 71.2% | 84.4% |
| **BMCHP** | (H) | 339 | 3,819 | 411 | 82.5% | 78.7% | 86.3% | **BMCHP** | (H) | 320 | 3,210 | 411 | 77.9% | 73.7% | 82.0% |

\* PCCP did not collect or report the Comprehensive Diabetes Care measure for HEDIS 2007.

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Comparison to 2009 Rates:** | | | | |
|  | **Nat’l Mcaid 75th Pctile** | **Nat’l Mcaid Mean** | **MA**  **Comm Mean** | **Plan’s 2007**  **Rate** |
| **PCCP(H) \*** | O | O | **e** | n/a |
| **NHP(H)** | **e** | O | **e** | O |
| **NH(H)** | **e** | O | **e** | O |
| **FCHP(H)** | O | **\*** | O | O |
| **BMCHP(H)** | **e** | O | **e** | O |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2009 Comparison Rates** | | | | | | | | | | | | | | | | |
| Nat'l Mcaid 90th Pctile: 44.7% Nat'l Mcaid Mean: 33.8% MassHealth Weighted Mean: 37.3%  Nat'l Mcaid 75th Pctile: 40.6% MA Commercial Mean: 44.9% MassHealth Median: 35.8% | | | | | | | | | | | | | | | | |
| **MassHealth Plan Rates** | | | | | | | | | | | | | | | | |
| **2009** |  | **Num** | **Elig** | **Den** | **Rate** | **LCL** | **UCL** |  | **2007** |  | **Num** | **Elig** | **Den** | **Rate** | **LCL** | **UCL** |
| **PCCP NHP NH FCHP**  **BMCHP** | (H)  (H)  (H)  (H)  (H) | 158  139  138  99  147 | 13,972  1,664  1,649  248  3,819 | 411  411  411  225  411 | 38.4%  33.8%  33.6%  44.0%  35.8% | 33.6%  29.1%  28.9%  37.3%  31.0% | 43.3%  38.5%  38.3%  50.7%  40.5% | **PCCP\* NHP NH FCHP**  **BMCHP** | . (H)  (H)  (H)  (H) | . 144  152  59  145 | . 1,392  1,290  170  3,210 | . 411  411  167  411 | .  35.0%  37.0%  35.3%  35.3% | .  30.3%  32.2%  27.8%  30.5% | .  39.8%  41.8%  42.9%  40.0% |

**Legend:**

**\*** 2009 rate is significantly above the comparison rate.

O 2009 rate is not significantly different from the comparison rate.

**e** 2009 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

(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, 2007.*

**Comprehensive Diabetes Care**

**Eye Exams**

**Medical Attention for Nephropathy**

**Understanding the Results**

Sixty-six percent (66.0%) of MassHealth members 18 to 75 years of age with diabetes (type 1 or type 2) had eye exams during 2008. The individual plan rates ranged from 61.3% to 72.4%. Two plans (FCHP and BMCHP) had rates that were significantly above the national Medicaid 75th percentile rate. The other three plans (PCC Plan, NHP, and NH) had rates that were not significantly different from the Medicaid rate. All four plans (NHP, NH, FCHP, and BMCHP) had rates that were not significantly different from their 2007 rates.

The PCC Plan did not report this measure in 2007.

Nat'l M caid 75th Pctile

82.2%

Nat 'l M caid M ean

76.6%

M A Comm M ean

83.4%

M assHealth Weight ed M ean

85.1%

PCCP

86.1%

NHP

80.5%

NH

81.0%

FCHP

82.7%

BM CHP

85.4%

60%

80%

100%

Nat ' l Mcaid 75t h

Pct ile

62.3%

Nat ' l Mcaid Mean

52.8%

MA Comm Mean

64.5%

MassHealt h

Weight ed Mean

66.0%

PCCP

65.9%

NHP

66.9%

NH

61.3%

FCHP

72.4%

BMCHP

67.4%

40%

60%

80%

The percentage of members 18-75\* years of age with diabetes (type 1 or type 2) who had eye exams during 2008.

The percentage of members 18-75\* years of age with diabetes (type 1 or type 2) who had a nephropathy screening test or evidence of nephropathy during 2008.

Eighty-five percent (85.1%) of MassHealth members 18 to 75 years of age with diabetes (type 1 or type 2) had either a nephropathy screening test or showed evi- dence of nephropathy during 2008. Plan specific rates ranged from 80.5% to 86.1%. One plan (PCC Plan) had a rate that was significantly above the national Medi- caid 75th percentile rate while the other four plans (NHP, NH, FCHP, and BMCHP) had rates that were not significantly different than the Medicaid rate. All four plans (NHP, NH, FCHP, and BMCHP) that reported data in 2007 or 2008 had rates that were not signifi- cantly different from their prior year rates. The PCC Plan did not report data this measure in 2007.

**KEY:**

Comparison rates (Source of National and MA Commercial data: Quality Compass, 2006) Rate is *significantly above* the 2009 national Medicaid 75th percentile



Rate is *not significantly different from* the 2009 national Medicaid 75th percentile Rate is *significantly below* the 2009 national Medicaid 75th percentile

\* This measure’s age range is 18-75. Although 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 (see page 13 for more information). MassHealth members 65 and older were included in the eligi- ble population for this measure if the member met all eligible population criteria, including enrollment criteria.

**Comprehensive Diabetes Care**

## Statistical Summary — Eye Exams

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Comparison to 2009 Rates:** | | | | |
|  | **Nat’l Mcaid 75th Pctile** | **Nat’l Mcaid Mean** | **MA**  **Comm Mean** | **Plan’s 2007**  **Rate** |
| **PCCP(H) \*\*** | O | **\*** | O | n/a |
| **NHP(H)** | O | **\*** | O | O |
| **NH(H)** | O | **\*** | O | O |
| **FCHP(H) \*** | **\*** | **\*** | **\*** | O |
| **BMCHP(H)** | **\*** | **\*** | O | O |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2009 Comparison Rates** | | | | | | | | | |
| Nat'l Mcaid 90th Pctile: 70.8%  Nat'l Mcaid 75th Pctile: 62.3% | | Nat'l Mcaid Mean:  MA Commercial Mean: | | | 52.8%  64.5% | | MassHealth Weighted Mean:  MassHealth Median: | | 66.0%  66.9% |
| **MassHealth Plan Rates** | | | | | | | | | |
| **2009** | **Num Elig Den** | **Rate** | **LCL UCL** |  | **2007** | **Num Elig Den** | | **Rate** | **LCL UCL** |
| **PCCP** | (H) 271 13,972 411 | 65.9% | 61.2% 70.6% | **PCCP\*\*** | . | . . . | . | . . |
| **NHP** | (H) 275 1,664 411 | 66.9% | 62.2% 71.6% | **NHP** | (H) | 289 1392 411 | 70.3% | 65.8% 74.9% |
| **NH** | (H) 252 1,649 411 | 61.3% | 56.5% 66.1% | **NH** | (H) | 258 1290 411 | 62.8% | 58.0% 67.6% |
| **FCHP\*** | (H) 134 229 185 | 72.4% | 65.7% 79.1% | **FCHP** | (H) | 113 170 167 | 67.7% | 60.3% 75.1% |
| **BMCHP** | (H) 277 3,819 411 | 67.4% | 62.7% 72.1% | **BMCHP** | (H) | 307 3210 411 | 74.7% | 70.4% 79.0% |

\* FCHP data on eye exams is from 2008.

\* \* PCCP did not collect or report the Comprehensive Diabetes Care measure for HEDIS

## Statistical Summary — Medical Attention for Nephropathy

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Comparison to 2009 Rates:** | | | | |
|  | **Nat’l Mcaid 75th Pctile** | **Nat’l Mcaid Mean** | **MA**  **Comm Mean** | **Plan’s 2007**  **Rate** |
| **PCCP(H) \*\*** | **\*** | **\*** | O | n/a |
| **NHP(H)** | O | O | O | O |
| **NH(H)** | O | **\*** | O | O |
| **FCHP(H)** | O | **\*** | O | O |
| **BMCHP(H)** | O | **\*** | O | O |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2009 Comparison Rates** | | | | | | | | | | |
| Nat'l Mcaid 90th Pctile: 85.4%  Nat'l Mcaid 75th Pctile: 82.2% | | Nat'l Mcaid Mean:  MA Commercial Mean: | | | 76.6%  83.4% | | MassHealth Weighted Mean:  MassHealth Median: | |  | 85.1%  82.7% |
| **MassHealth Plan Rates** | | | | | | | | | | |
| **2009** | **Num Elig Den** | **Rate** | **LCL UCL** |  | **2007** | **Num Elig Den** | | **Rate** | **LCL UCL** | |
| **PCCP** | (H) 354 13,972 411 | 86.1% | 82.7% 89.6% | **PCCP\*** | . | . . . | . | . . | |
| **NHP** | (H) 331 1,664 411 | 80.5% | 76.6% 84.5% | **NHP** | (H) | 342 1392 411 | 83.2% | 79.5% 86.9% | |
| **NH** | (H) 333 1,649 411 | 81.0% | 77.1% 84.9% | **NH** | (H) | 322 1290 411 | 78.3% | 74.2% 82.4% | |
| **FCHP** | (H) 186 248 225 | 82.7% | 77.5% 87.8% | **FCHP** | (H) | 128 170 167 | 76.6% | 69.9% 83.4% | |
| **BMCHP** | (H) 351 3,819 411 | 85.4% | 81.9% 88.9% | **BMCHP** | (H) | 344 3210 411 | 83.7% | 80.0% 87.4% | |

**Comprehensive Diabetes Care**

**Blood Pressure Control (<130/80)**

**Blood Pressure Control (<140/90)**

**Understanding the Results**

Thirty-three percent (33.3%) of MassHealth members 18 to 75 years of age with diabetes (type 1 or type 2) had blood pressure control of <130/80 on their most recent measurement in 2008. The individual plan rates ranged from 30.9% to 38.0%. Four plans (NHP, NH, FCHP, and BMCHP) had rates that were not signifi- cantly different than the national Medicaid 75th percen- tile rate. One plan (PCC Plan) had a rate that was sig- nificantly below the Medicaid rate. All four plans (NHP, NH, FCHP, and BMCHP) had rates that were not sig- nificantly different from their 2007 rates. The PCC Plan did not report this measure in 2007.

Sixty-seven percent (66.7%) of MassHealth members 18 to 75 years of age with diabetes (type 1 or type 2) had blood pressure control of <140/90 on their most recent measurement in 2008. Plan specific rates ranged from 65.5% to 74.2%. Four plans (PCC Plan NHP, NH, and BMCHP) had rates that were not signifi- cantly different than the national Medicaid 75th percen- tile rate. One plan (FCHP) had a rate that was signifi- cantly above the Medicaid rate. All four plans that re- ported data in 2007 (NHP, NH, FCHP, and BMCHP) had 2009 rates that were not statistically different. The PCC Plan did not report this measure in 2007.

Nat'l M caid 75th Pctile

Nat 'l M caid M ean

M A Comm M ean M assHealth

Weight ed M ean

PCCP

NHP

NH

FCHP

%

BM CHP

40%

60%

80%



Nat ' l Mcaid 75t h

Pct ile

36.3%

Nat ' l Mcaid Mean

30.7%

MA Comm Mean

34.0%

MassHealt h

Weight ed Mean

33.3%

PCCP

30.9%

NHP

37.5%

NH

38.0%

FCHP

37.3%

BMCHP

38.0%

20%

40%

60%

The percentage of members 18-75\* years of age with diabetes (type 1 or type 2) whose most recent blood pressure level (taken during 2008) was

<130/80.

The percentage of members 18-75\* years of age with diabetes (type 1 or type 2) whose most recent blood pressure level (taken during 2008) was

<140/90.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 66.4%  56.9%  66.3%  66.7% | | | | | |
|  | 65.5% | | | | |
|  | | | | | |
|  | | | | 70.1% | |
|  | | | | | |
|  | | 67.2% | | | |
|  | | | | | |
|  | | | | | 74.2 |
|  | | | 68.9% | | |
|  | | |
|  | | |

**KEY:**

Comparison rates (Source of National and MA Commercial data: Quality Compass, 2009) Rate is *significantly above* the 2009 national Medicaid 75th percentile



Rate is *not significantly different from* the 2009 national Medicaid 75th percentile Rate is *significantly below* the 2009 national Medicaid 75th percentile

The 2009 national Medicaid 75th percentile for this measure is not available.



\* This measure’s age range is 18-75. Although 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 (see page 13 for more information). MassHealth members 65 and older were included in the eligi- ble population for this measure if the member met all eligible population criteria, including enrollment criteria.

**Comprehensive Diabetes Care**

## Statistical Summary — Blood Pressure Control (<130/80)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Comparison to 2009 Rates:** | | | | |
|  | **Nat’l Mcaid 75th Pctile** | **Nat’l Mcaid Mean** | **MA**  **Comm Mean** | **Plan’s 2007**  **Rate** |
| **PCCP(H) \*** | **e** | O | O | n/a |
| **NHP(H)** | O | **\*** | O | O |
| **NH(H)** | O | **\*** | O | O |
| **FCHP(H)** | O | **\*** | O | O |
| **BMCHP(H)** | O | **\*** | O | O |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2009 Comparison Rates** | | | | | | | | | |
| Nat'l Mcaid 90th Pctile: 41.9%  Nat'l Mcaid 75th Pctile: 36.3% | | Nat'l Mcaid Mean:  MA Commercial Mean: | | | 30.7%  34.0% | | MassHealth Weighted Mean:  MassHealth Median: | | 33.3%  37.5% |
| **MassHealth Plan Rates** | | | | | | | | | |
| **2009** | **Num Elig Den** | **Rate** | **LCL UCL** |  | **2007** | **Num Elig Den** | | **Rate** | **LCL UCL** |
| **PCCP** | (H) 127 13,972 411 | 30.9% | 26.3% 35.5% | **PCCP\*** | . | . . . | . | . . |
| **NHP** | (H) 154 1,664 411 | 37.5% | 32.7% 42.3% | **NHP** | (H) | 142 1392 411 | 34.5% | 29.8% 39.3% |
| **NH** | (H) 156 1,649 411 | 38.0% | 33.1% 42.8% | **NH** | (H) | 157 1290 411 | 38.2% | 33.4% 43.0% |
| **FCHP** | (H) 84 248 225 | 37.3% | 30.8% 43.9% | **FCHP** | (H) | 76 170 167 | 45.5% | 37.7% 53.4% |
| **BMCHP** | (H) 156 3,819 411 | 38.0% | 33.1% 42.8% | **BMCHP** | (H) | 141 3210 411 | 34.3% | 29.6% 39.0% |

\* PCCP did not collect or report the Comprehensive Diabetes Care measure for HEDIS 2007.

## Statistical Summary — Blood Pressure Control (<140/90)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Comparison to 2009 Rates:** | | | | |
|  | **Nat’l Mcaid 75th Pctile** | **Nat’l Mcaid Mean** | **MA**  **Comm Mean** | **Plan’s 2007**  **Rate** |
| **PCCP(H) \*** | O | **\*** | O | n/a |
| **NHP(H)** | O | **\*** | O | O |
| **NH(H)** | O | **\*** | O | O |
| **FCHP(H)** | **\*** | **\*** | **\*** | O |
| **BMCHP(H)** | O | **\*** | O | O |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2009 Comparison Rates** | | | | | | | | | | |
| Nat'l Mcaid 90th Pctile: 71.2%  Nat'l Mcaid 75th Pctile: 66.4% | | Nat'l Mcaid Mean:  MA Commercial Mean: | | | 56.9%  66.3% | | MassHealth Weighted Mean:  MassHealth Median: | |  | 66.7%  68.9% |
| **MassHealth Plan Rates** | | | | | | | | | | |
| **2009** | **Num Elig Den** | **Rate** | **LCL UCL** |  | **2007** | **Num Elig Den** | | **Rate** | **LCL UCL** | |
| **PCCP** | (H) 269 13,972 411 | 65.5% | 60.7% 70.2% | **PCCP\*** | . | . . . | . | . . | |
| **NHP** | (H) 288 1,664 411 | 70.1% | 65.5% 74.6% | **NHP** | (H) | 281 1392 411 | 68.4% | 63.8% 73.0% | |
| **NH** | (H) 276 1,649 411 | 67.2% | 62.5% 71.8% | **NH** | (H) | 275 1290 411 | 66.9% | 62.2% 71.6% | |
| **FCHP** | (H) 167 248 225 | 74.2% | 68.3% 80.2% | **FCHP** | (H) | 130 170 167 | 77.8% | 71.2% 84.4% | |
| **BMCHP** | (H) 283 3,819 411 | 68.9% | 64.3% 73.5% | **BMCHP** | (H) | 279 3210 411 | 67.9% | 63.2% 72.5% | |

**Comprehensive Diabetes Care**

**Understanding the Results (continued)**

Diabetes is one of the most difficult chronic dis- eases to manage, because it presents with an overwhelming array of behavioral challenges and because optimal control requires a large amount of patient initiative. Currently experts feel that 95% of treatment for diabetes is carried out by the patient or their family members. An important as- pect of treatment for diabetes is communication

between the physician and the patient.18

Studies have shown that enhancing patient- provider communication has resulted in improved health outcomes such as:

* Greater patient satisfaction,
* Adherence to treatment plans,
* Higher self-reported health status,
* Better emotional health,
* Greater symptom relief, and
* Physiological measures of disease control.

A large survey study determined that a multifac- eted disease management program that incorpo- rates a focus on patient self-management was promising. The findings illustrated that physician efforts at providing information to patients about their illness and treatment plans were the main determinant of how well patients self-managed their diabetes. The results controlled for age and

health status, which were both found not to influ- ence a patient’s self-management.19

The American Diabetes Association’s 2009 ver- sion of Standards of Medical Care in Diabetes recommends strategies for improving diabetes care, several of which target changes at the nexus of care between physicians and patients and include the following:

* A management plan should be formulated as an individual therapeutic alliance among the patient, family, physician, and other members of the health care team.
* Ongoing education and development of prob- lem-solving skills must be a constant aspect of the disease management strategy.
* The goals of the treatment plan established by the patient and physician must be reason- able.
* Diabetes self-management education (DSME) is an integral component of patient care.20

Studies have found that keeping A1c at normal levels in people with diabetes can greatly reduce cardiovascular disease and other comorbidities associated with diabetes. However, another study has found that despite recent trends toward im- proved glycemic control, about 40% of U.S. dia- betics fail to maintain good A1c control (<7%).

Continued development of new pharmacological options is needed, in combination with efforts in- tended to support patient self-management.21

**Controlling High Blood Pressure**

Nearly 30% of the U.S. population has high blood pressure (hypertension), and of this group, only about one-third have their blood pressure in good control. However, rates of control and awareness of the condition are increasing.22 The HEDIS Controlling High Blood Pressure measure defines blood pressure control as <140/90, a less stringent requirement than some current clinical guidelines such as those put out by the National Heart, Lung, and Blood Institute, which defines a normal blood pressure to be less than 120/80, prehypertension as 120-139/80-89, and high blood pressure as 140/90 or higher.23 Lifestyle modifications such as increased exercise, weight loss, tobacco cessation, reduced alcohol intake, and reduced salt intake can help individuals control their blood pressure. In addition, antihypertensive pharmacotherapy is effective in controlling blood pressure and has been associated with reduced incidence of stroke, heart attack, and heart failure.24

**Controlling High Blood Pressure**

**Understanding the Results**

The percentage of members 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90) during the measure- ment year.

Sixty-one percent (60.7%) of MassHealth members 18 to 85 years of age had a diagnosis of hy- pertension and also had adequately controlled blood pressure (<140/90) during 2008. Individual plan rates ranged from 55.1% to 76.7%. One plan (FCHP) had a rate that was significantly above the national Medicaid 75th percentile rate. Three plans (PCC Plan, NH, and BMCHP) had rates that were not significantly different while one plan (NHP) had a rate that was significantly below the Medicaid rate. One plan (BMCHP) had a rate that was significantly above its 2007 rate, and the other four plans (PCC Plan, NHP, NH, and FCHP) had rates that were not significantly differ- ent than their 2007 rates.

The definition of blood pressure control currently used for the HEDIS Controlling High Blood Pressure measure is <140/90, a criteria that is less stringent than other clinical guidelines. The HEDIS measure’s definition of the eligible population includes all members who meet the diagno- sis criteria for hypertension, including higher risk populations such as members with diabetes (the one exception is that the measure does exclude members with a diagnosis of end stage renal disease). Although a control threshold of <140/90 may be appropriate for certain populations, it may not be an appropriate threshold for more complicated members, such as those with co- morbid diabetes or heart disease, who should have their blood pressure controlled to at least



Nat 'l M caid 75t h Pctile

63.3%

Nat 'l M caid M ean

55.8%

M A Comm M ean

68.6%

M assHealth Weight ed M ean

60.7%

PCCP

60.1%

NHP

55.1%

NH

59.6%

FCHP

76.7%

BM CHP

64.9%

40%

60%

80%

100%

<130/80.25

Adherence to pharmacological treatment plans for high blood pressure is associated with im- proved hypertension control.26 A number of patient factors may be related to adherence, such as the severity of the hypertension, number of comorbidities, and side effects of treatment.

*(Continued on page 38)*

**KEY:**

Comparison rates (Source of National and MA Commercial data: Quality Compass, 2009) Rate is *significantly above* the 2009 national Medicaid 75th percentile



Rate is *not significantly different from* the 2009 national Medicaid 75th percentile Rate is *significantly below* the 2009 national Medicaid 75th percentile

The 2009 national Medicaid 75th percentile for this measure is not available.



**Controlling High Blood Pressure**

## Statistical Summary

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Comparison to 2009 Rates:** | | | | |
|  | **Nat’l Mcaid 75th Pctile** | **Nat’l Mcaid Mean** | **MA**  **Comm Mean** | **Plan’s 2007**  **Rate** |
| **PCCP(H)** | O  **e** O  **\***  O | O O O  **\***  **\*** | **e e e**  **\***  O | O O O O  **\*** |
| **NHP(H)** |
| **NH(H)** |
| **FCHP(H)** |
| **BMCHP(H)** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2009 Comparison Rates** | | | | | | | | | |
| Nat'l Mcaid 90th Pctile: 66.6%  Nat'l Mcaid 75th Pctile: 63.3% | | Nat'l Mcaid Mean:  MA Commercial Mean: | | | 55.8%  68.6% | | MassHealth Weighted Mean:  MassHealth Median: | | 60.7%  60.1% |
| **MassHealth Plan Rates** | | | | | | | | | |
| **2009** | **Num Elig Den** | **Rate** | **LCL UCL** |  | **2007** | **Num Elig Den** | | **Rate** | **LCL UCL** |
| **PCCP** | (H) 247 14,385 411 | 60.1% | 55.2% 65.0% | **PCCP** | (H) | 218 11,733 411 | 53.0% | 48.1% 58.0% |
| **NHP** | (H) 216 2,491 392 | 55.1% | 50.1% 60.2% | **NHP** | (H) | 253 1,845 411 | 61.6% | 56.7% 66.4% |
| **NH** | (H) 245 1,724 411 | 59.6% | 54.7% 64.5% | **NH** | (H) | 213 1,367 378 | 56.3% | 51.2% 61.5% |
| **FCHP** | (H) 207 276 270 | 76.7% | 71.4% 81.9% | **FCHP** | (H) | 136 211 198 | 68.7% | 62.0% 75.4% |
| **BMCHP** | (H) 264 4,934 407 | 64.9% | 60.1% 69.6% | **BMCHP** | (H) | 223 3,894 411 | 54.3% | 49.3% 59.2% |

**Legend:**

**\*** 2009 rate is significantly above the comparison rate.

O 2009 rate is not significantly different from the comparison rate.

**e** 2009 rate is significantly below the comparison rate.

**Num** indicates Numerator

**Den** indicates Denominator

**Elig** indicates the Eligible Population **LCL** indicates Lower Confidence Level **UCL** indicates Upper Confidence Level

(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, 2009.*

**Controlling High Blood Pressure**

**Understanding the Results (continued)**

Strategies to improve patient adherence to hyper- tension treatment include designing treatment plans to reflect patient preferences and lifestyles, identifying specific blood pressure targets, in- structing patients to perform self-management, and discussing strategies for managing side ef-

fects.27

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

ADHD is one of the most common neurobehavioral disorders of childhood. It is usually first diagnosed in childhood and often lasts into adulthood.28 A 2007 study found that the prevalence of ADHD in a national population-based sample of U.S. children aged 8 to 15 years old assessed with a DSM-IV-based diag- nostic instrument was 8.7%, or approximately 2.4 million children.29 This study also revealed that ADHD is more common among poorer children, with 11% of children in the poorest quintile meeting DSM-IV criteria for ADHD. More troubling is that these children were the least likely to receive consistent ADHD medi- cation treatment compared with higher income children. Given the high prevalence of ADHD among low-income children, providers serving Medicaid popula- tions are likely to see these children in their practices.

**Initiation Phase**

**Continuation & Maintenance Phase**

**Understanding the Results**

The percentage of members 6-12 years of age as of the Index Prescription Episode Start Date with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with practitioner with prescribing au- thority during the 30-day Initiation Phase.

The percentage of members 6-12 years of age as of the Index Prescription Episode Start Date with an ambula- tory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least 2 follow-up visits with a practitioner within 270 days after the Initiation Phase ended.

Fifty-five percent (54.9%) of MassHealth members 6-12 years of age as of the Index Prescription Episode Start Date with an ambulatory prescription dispensed for ADHD medication had one follow-up visit with a practitio- ner with prescribing authority during the 30 day Initiation Phase. Individual plan rates range from 37.3% to 63.8%. Three plans (PCC Plan, NHP, and NH) had rates that were significantly above the national Medicaid 75th per- centile. One plan (FCHP) has a rate that was not signifi- cantly different that the Medicaid rate while one plan (BMCHP) had a rate that was significantly below the Medicaid rate. All five plans had rates that were not sig- nificantly different than their 2007 rate.

**KEY:**



Nat ' l Mcaid 75t h

Pct ile

42.2%

Nat ' l Mcaid Mean

34.4%

MA Comm Mean

43.4%

MassHealt h

Weight ed Mean

54.9%

PCCP

63.8%

NHP

63.1%

NH

60.6%

FCHP

47.9%

BMCHP

37.3%

20%

40%

60%

80%

Nat 'l M caid 75t h Pctile

48.4%

Nat 'l M caid M ean

39.5%

M A Comm M ean

50.2%

M assHealt h Weight ed M ean

63.7%

PCCP

73.4%

NHP

65.0%

NH

76.9%

FCHP

N/A\*

BM CHP

42.0%

20%

40%

60%

80%

100%

Comparison rates (Source of National and MA Commercial data: Quality Compass, 2009) Rate is *significantly above* the 2009 national Medicaid 75th percentile



Rate is *not significantly different from* the 2009 national Medicaid 75th percentile Rate is *significantly below* the 2009 national Medicaid 75th percentile

The 2009 national Medicaid 75th percentile for this measure is not available.



Sixty-four percent (63.7%) of MassHealth members 6-12 years of age as of the Index Prescription Episode Start Date with an ambulatory prescription dispensed for ADHD medication who remained on the medication for at least 210 days had at least 2 follow-up visits with a practi- tioner within 270 days after the Initiation Phase ended.

Plan specific rates ranged from 42.0% to 76.9%. Three plans (PCC Plan, NHP, and NH) had rates that were sig- nificantly above the national Medicaid 75th percentile rate. One plan (BMCHP) had a rate that was significantly below the Medicaid rate. Four plans (PCC Plan, NHP, NH, and BMCHP) had rates that were not significantly different than their 2007 rates.

*(Continued on page 41)*

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

## Statistical Summary — Initiation

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Comparison to 2009 Rates:** | | | | |
|  | **Nat’l Mcaid 75th Pctile** | **Nat’l Mcaid Mean** | **MA**  **Comm Mean** | **Plan’s 2007**  **Rate** |
| **PCCP(A)** | **\***  **\***  **\***  O  **e** | **\***  **\***  **\***  O  O | **\***  **\***  **\***  O  **e** | O O O O  O |
| **NHP(A)** |
| **NH(A)** |
| **FCHP(A)** |
| **BMCHP(A)** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2009 Comparison Rates** | | | | | | | | | | |
| Nat'l Mcaid 90th Pctile: 46.8%  Nat'l Mcaid 75th Pctile: 42.2% | | | Nat'l Mcaid Mean:  MA Commercial Mean: | | 34.4%  43.4% | | MassHealth Weighted Mean:  MassHealth Median: | | | 54.9%  60.6% |
| **MassHealth Plan Rates** | | | | | | | | | | |
| **2009** | **Num Den** | **Rate** | **LCL UCL** |  | | **2007** | | **Num Den** | **Rate** | **LCL UCL** |
| **PCCP** | (A) 846 1,325 | 63.8% | 61.2% 66.5% | **PCCP** | | (A) 912 1433 | 63.6% | 61.1% 66.2% |
| **NHP** | (A) 358 567 | 63.1% | 59.1% 67.2% | **NHP** | | (A) 333 549 | 60.7% | 56.5% 64.8% |
| **NH** | (A) 319 526 | 60.6% | 56.4% 64.9% | **NH** | | (A) 282 445 | 63.4% | 58.8% 68.0% |
| **FCHP** | (A) 23 48 | 47.9% | 32.7% 63.1% | **FCHP** | | (A) 36 53 | 67.9% | 54.4% 81.4% |
| **BMCHP** | (A) 405 1,087 | 37.3% | 34.3% 40.2% | **BMCHP** | | (A) 317 996 | 31.8% | 28.9% 34.8% |

**Statistical Summary — Continuation and Maintenance**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Comparison to 2009 Rates:** | | | | |
|  | **Nat’l Mcaid 75th Pctile** | **Nat’l Mcaid Mean** | **MA**  **Comm Mean** | **Plan’s 2007**  **Rate** |
| **PCCP(A)** | **\*** | **\*** | **\*** | O |
| **NHP(A)** | **\*** | **\*** | **\*** | O |
| **NH(A)** | **\*** | **\*** | **\*** | O |
| **FCHP(A)** | n/a | n/a | n/a | n/a |
| **BMCHP(A)** | **e** | O | **e** | O |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2009 Comparison Rates** | | | | | | | | | | |
| Nat'l Mcaid 90th Pctile: 53.8%  Nat'l Mcaid 75th Pctile: 48.4% | | | Nat'l Mcaid Mean:  MA Commercial Mean: | | 39.5%  50.2% | | MassHealth Weighted Mean:  MassHealth Median: | | | 63.7%  69.2% |
| **MassHealth Plan Rates** | | | | | | | | | | |
| **2009** | **Num Den** | **Rate** | **LCL UCL** |  | | **2007** | | **Num Den** | **Rate** | **LCL UCL** |
| **PCCP** | (A) 325 443 | 73.4% | 69.1% 77.6% | **PCCP** | | (A) 334 445 | 75.1% | 70.9% 79.2% |
| **NHP** | (A) 78 120 | 65.0% | 56.0% 74.0% | **NHP** | | (A) 60 95 | 63.2% | 52.9% 73.4% |
| **NH** | (A) 100 130 | 76.9% | 69.3% 84.6% | **NH** | | (A) 70 99 | 70.7% | 61.2% 80.2% |
| **FCHP** | (A) 5 5 | . | . . | **FCHP** | | (A) 2 3 | . | . . |
| **BMCHP** | (A) 119 283 | 42.0% | 36.1% 48.0% | **BMCHP** | | (A) 99 276 | 35.9% | 30.0% 41.7% |

**Legend:**

**\*** 2009 rate is significantly above the comparison rate.

O 2009 rate is not significantly different from the comparison rate.

**e** 2009 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

*The source of the National Medicaid 90th Percentile, National Medicaid 75th Percentile, National Medicaid Mean, and MA Commercial Mean is Quality Compass, 2009.*

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

**Understanding the Results (continued)**

To assist primary care clinicians with the appropri- ate treatment of children with ADHD, the American Academy of Pediatrics developed clinical practice guidelines. Key aspects of these recommended guidelines include:

* + Treat ADHD as a chronic condition;
  + Recommend stimulant medication and/or behavior therapy;
  + Evaluate original diagnosis, adherence to treatment plan, and presence of coexisting conditions;
  + Follow up with child and family periodically to assess effects of treatment and adverse reactions to medication.30

Adherence to these guidelines among pediatri- cians and family physicians was examined in a 2004 study and revealed that only 53% reported following the guideline regarding periodic follow- up to assess effects of treatment and adverse reactions. The study also found that family physi- cians (67.5%) reported significantly more frequent

follow up compared with pediatricians (41.6%).31

Relatively few studies have examined factors as- sociated with appropriate follow-up care for chil- dren prescribed ADHD medications. One study examined factors associated with follow-up care for children identified with ADHD, whether or not they were prescribed medication, and found that:

* + Follow up visits with primary care provid- ers were more common with those physi-

cians that completed a fellowship that in- cluded mental health training;

* + African American families were more likely to see a specialist after their child was di- agnosed with ADHD, especially if their child was prescribed medication;
  + Children receiving Medicaid were more likely to see specialists after being diag- nosed with ADHD.32

The finding relating to Medicaid coverage sug- gests that MassHealth plans have an opportunity to provide better care in this area than commercial plans. This in fact occurred for three of the five MassHealth plans, whose rates were significantly higher than the Massachusetts commercial mean for both the initiation and continuation phases of the measure.

A 2005 survey of families of 856 children with ADHD asked about the reasons that they post- poned or discontinued the use of ADHD treatment

for their child.33 The most common reasons in- cluded:

* + Fear of medication side effects;
  + Lack of information about ADHD;
  + Distrust in the brief assessment process that their child received for diagnosis;
  + Development of side effects such as in- somnia or loss of appetite on medications.

Building on these findings, some ways to improve rates of follow up care for children prescribed ADHD medication may include:

* Provide education, both verbal and writ- ten, to parents or caregivers on ADHD, treatment options, and importance of fol- low up;
* Address concerns of parents and children on ADHD medications including their side effects, and what to do if these arise;
* Provide training on the AAP ADHD clinical guidelines to pediatricians and family phy- sicians.

**Initiation and Engagement of Alcohol and Other Drug Dependence Treatment**

Substance abuse continues to be a serious problem in the U.S. In 2008, an estimated 22.2 million Americans age 12 and older (8.9% of the population) suf- fered from alcohol or other drug abuse.34 Although the evidence is growing that substance abuse treatment programs can be effective, actively engaging in al- cohol and other drug dependence treatment is critical for an individual’s successful recovery from substance abuse conditions. Specifically, research shows that individuals that complete treatment or stay in treatment for a longer period of time have better outcomes than those who leave treatment prematurely.35 Fully engaging in therapy after initiation is key to prevention.

**Initiation of Treatment**

**Engagement of Treatment**

**Understanding the Results**

Forty-nine percent (49.1%) of MassHealth members had treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter, or par- tial hospitalization within 14 days of diagnosis. The individual plan rates ranged from 46.6% to 63.0%.

Two plans (NHP and FCHP) had rates that were sig- nificantly above the national Medicaid 75th percentile rate, two plans (NH and BMCHP) had rates that were not significantly different, and one plan (PCC Plan) had a rate that was significantly below the Medicaid rate. One plan (NHP) had a rate that was significantly above its 2007 rate, three plans (NH, FCHP, and PCC Plan) had rates that were not significantly different, while one plan (BMCHP) had a rate that was signifi- cantly below its 2007 rate.



Nat ' l Mcaid 75t h Pct ile

51.3%

Nat 'l Mcaid Mean

44.5%

MA Comm Mean

46.5%

MassHealt h Weight ed Mean

49.1%

PCCP

46.6%

NHP

63.0%

NH

52.7%

FCHP

60.1%

BMCHP

52.2%

20% 40% 60% 80% 100%

Nat 'l M caid 75t h Pctile

16.8%

Nat 'l M caid M ean

12.4%

M A Comm M ean

20.6%

M assHealth Weight ed M ean

23.6%

PCCP

22.2%

NHP

43.1%

NH

21.6%

FCHP

44.6%

BM CHP

21.7%

0%

20%

40%

60%

The percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter, or partial hospitaliza- tion within 14 days of the diagnosis.

The percentage of members who initiated treatment and who had two or more additional services with an AOD diagnosis within 30 days of the initiation visit.

Twenty-four percent (23.6%) of MassHealth members initiated treatment and had two or more additional ser- vices with an AOD diagnosis within 30 days of the ini- tiation visit. Plan specific rates ranged from 22.2% to 44.6%. All five plans had rates that were significantly above the national Medicaid 75th percentile rate.

Three plans (NH, FCHP, and PCC Plan) had rates that were significantly above their 2007 rates, while the other two (NHP and BMCHP) had rates that were not significantly different than their 2007 rates.

**KEY:**

Comparison rates (Source of National and MA Commercial data: Quality Compass, 2009) Rate is *significantly above* the 2009 national Medicaid 75th percentile



Rate is *not significantly different from* the 2009 national Medicaid 75th percentile Rate is *significantly below* the 2009 national Medicaid 75th percentile

*(Continued on page 44)*

**Initiation and Engagement of Alcohol and Other Drug Dependence Treatment**

## Statistical Summary — Initiation Rate (All Ages)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Comparison to 2009 Rates:** | | | | |
|  | **Nat’l Mcaid 75th Pctile** | **Nat’l Mcaid Mean** | **MA**  **Comm Mean** | **Plan’s 2007**  **Rate** |
| **PCCP(A)** | **e**  **\***  O  **\***  O | **\***  **\***  **\***  **\***  **\*** | O  **\***  **\***  **\***  **\*** | O  **\*** O O  **e** |
| **NHP(A)** |
| **NH(A)** |
| **FCHP(A)** |
| **BMCHP(A)** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2009 Comparison Rates** | | | | | | | | | | |
| Nat'l Mcaid 90th Pctile: 57.3%  Nat'l Mcaid 75th Pctile: 51.3% | | | Nat'l Mcaid Mean:  MA Commercial Mean: | | 44.5%  46.5% | | MassHealth Weighted Mean:  MassHealth Median: | | | 49.1%  52.7% |
| **MassHealth Plan Rates** | | | | | | | | | | |
| **2009** | **Num Den** | **Rate** | **LCL UCL** |  | | **2007** | | **Num Den** | **Rate** | **LCL UCL** |
| **PCCP** | (A) 7,171 15,402 | 46.6% | 45.8% 47.3% | **PCCP** | | (A) 4,278 9,060 | 47.2% | 46.2% 48.3% |
| **NHP** | (A) 899 1,428 | 63.0% | 60.4% 65.5% | **NHP** | | (A) 395 820 | 48.2% | 44.7% 51.7% |
| **NH** | (A) 826 1,566 | 52.7% | 50.2% 55.3% | **NH** | | (A) 619 1,286 | 48.1% | 45.4% 50.9% |
| **FCHP** | (A) 89 148 | 60.1% | 51.9% 68.4% | **FCHP** | | (A) 100 188 | 53.2% | 45.8% 60.6% |
| **BMCHP** | (A) 1,878 3,595 | 52.2% | 50.6% 53.9% | **BMCHP** | | (A) 1,670 2,946 | 56.7% | 54.9% 58.5% |

**Statistical Summary — Engagement Rate (All Ages)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Comparison to 2009 Rates:** | | | | |
|  | **Nat’l Mcaid 75th Pctile** | **Nat’l Mcaid Mean** | **MA**  **Comm Mean** | **Plan’s 2007**  **Rate** |
| **PCCP(A)** | **\*** | **\*** | **\*** | **\*** |
| **NHP(A)** | **\*** | **\*** | **\*** | O |
| **NH(A)** | **\*** | **\*** | O | **\*** |
| **FCHP(A)** | **\*** | **\*** | **\*** | **\*** |
| **BMCHP(A)** | **\*** | **\*** | O | O |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2009 Comparison Rates** | | | | | | | | | | |
| Nat'l Mcaid 90th Pctile: 21.7%  Nat'l Mcaid 75th Pctile: 16.8% | | | Nat'l Mcaid Mean:  MA Commercial Mean: | | 12.4%  20.6% | | MassHealth Weighted Mean:  MassHealth Median: | | | 23.6%  22.2% |
| **MassHealth Plan Rates** | | | | | | | | | | |
| **2009** | **Num Den** | **Rate** | **LCL UCL** |  | | **2007** | **Num Den** | **Rate** | **LCL** | **UCL** |
| **PCCP** | (A) 3,417 15,402 | 22.2% | 21.5% 22.8% | **PCCP** | (A) 1,738 9,060 | 19.2% | 18.4% | 20.0% |
| **NHP** | (A) 615 1,428 | 43.1% | 40.5% 45.7% | **NHP** | (A) 324 820 | 39.5% | 36.1% | 42.9% |
| **NH** | (A) 339 1,566 | 21.6% | 19.6% 23.7% | **NH** | (A) 191 1,286 | 14.9% | 12.9% | 16.8% |
| **FCHP** | (A) 66 148 | 44.6% | 36.2% 52.9% | **FCHP** | (A) 44 188 | 23.4% | 17.1% | 29.7% |
| **BMCHP** | (A) 780 3,595 | 21.7% | 20.3% 23.1% | **BMCHP** | (A) 647 2,946 | 22.0% | 20.5% | 23.5% |

**Legend:**

**\*** 2009 rate is significantly above the comparison rate.

O 2009 rate is not significantly different from the comparison rate.

**e** 2009 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

*The source of the National Medicaid 90th Percentile, National Medicaid 75th Percentile, National Medicaid Mean, and MA Commercial Mean is Quality Compass, 2009.*

**Initiation and Engagement of Alcohol and Other Drug Dependence Treatment**

**Understanding the Results (continued)**

Several individual factors are associated with lower rates of initiation and engagement in substance abuse treatment. These include:36

* + Older age
  + Greater severity of alcohol or drug abuse
  + Co-morbid psychiatric severity
  + Prior treatment history

In addition to these personal factors, several characteristics of substance abuse treatment programs are associated with client engage- ment in treatment.

Engagement in treatment may be higher in programs with the following factors:37

* + Smaller provider caseloads
  + JCAHO or CARF accredited programs
  + Staff have more confidence in their skills
  + Staff report a more supportive work cli- mate, and
  + Staff are engaged in professional commu- nity practices (e.g., peer collaboration, use of reflective dialogue, focus on quality im- provement, and collective responsibility).

Organizational climate or culture can also have an impact on client engagement in treatment. Specifically, consensus among staff in residen- tial substance abuse treatment programs is a

significant predictor of client treatment engage- ment.38 Consensus is defined in this study as agreement between staff on the goals and methods of treatment. Additionally, agreement

between staff and clients on goals and meth- ods of treatment is a significant predictor of successful engagement.

Plans should consider whether program and organizational factors are facilitating or hinder- ing successful treatment engagement by their members with identified substance abuse is- sues. Factors such as positive working rela- tionships among staff and agreement on treat- ment approaches and philosophies appear to make a difference in how likely clients are to engage in substance abuse treatment. Educat- ing program directors on the impact of these structural factors on client engagement may lead to improvements in the future.

Use of Services

**Identification of Alcohol and Other Drug Services**

The 2008 National Survey on Drug Use and Health estimated that only 10% of persons aged 12 and above who needed specialty treatment for substance abuse actually received such services.39 Underutilization of substance abuse services is therefore an area of concern. The HEDIS Identification of Alcohol and Other Drug Services measure provides basic information on the utilization of substance abuse services by members who were identified as needing these ser- vices. The data shown here do not provide any information on the quality of substance abuse services utilized, nor do they indicate whether the amount of utili- zation is appropriate.

**Identification of Alcohol and Other Drug Services**

The number and percentage of members with an alcohol and other drug (AOD) claim who received chemical dependency services during 2008. Chemical dependency services are broken down by inpatient, intermediate, ambulatory, and any service. (Intermediate ser- vices include intensive outpatient 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, 18-24, 25-34, 35-64, and 65+) appear in Appendix G.

**Member Inpatient Intermediate Ambulatory Any Service Months**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **N** | **%** | **N** | **%** | **N** | **%** | **N** | **%** |
| **PCCP** | 3,458,444 3,399 | 1.2% | 10,867 | 3.8% | 31,352 | 10.9% | 34,165 | 11.9% |
| **NHP** | 1,499,726 791 | 0.6% | 419 | 0.3% | 2,743 | 2.2% | 3,068 | 2.5% |
| **NH** | 1,143,567 1,125 | 1.2% | 306 | 0.3% | 3,335 | 3.5% | 3,714 | 3.9% |
| **FCHP** | 136,894 126 | 1.1% | 34 | 0.3% | 432 | 3.8% | 474 | 4.2% |
| **BMCHP** | 2,018,254 2,721 | 1.6% | 880 | 0.5% | 7,048 | 4.2% | 7,974 | 4.7% |

**2009 National Medicaid 75th Percentile**

1.3% 0.3% 3.6% 4.1%

*The source of the National Medicaid 75th Percentile is Quality Compass, 2009.*

Appendix A:

MassHealth Regions and Service Areas

**MassHealth Service Areas and Regions**

#### Region Service Areas\*

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:

Frequency of Ongoing Prenatal Care Percent of All Expected Visit Rates

**Frequency of Ongoing Prenatal Care - Percentage of All Expected Visit Rates**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **<21%** | | | | | | | |
| **2009** |  | **Num** | **Elig** | **Den** | **Rate** | **LCL** | **UCL** |
| **PCCP** | (H) | 41 | 4,752 | 411 | 10.0% | 7.0% | 13.0% |
| **NHP** | (H) | 32 | 3,501 | 405 | 7.9% | 5.2% | 10.7% |
| **NH** | (H) | 51 | 2,606 | 405 | 12.6% | 9.2% | 15.9% |
| **FCHP** | (H) | 89 | 296 | 294 | 30.3% | 24.9% | 35.7% |
| **BMCHP** | (H) | 14 | 4,687 | 411 | 3.4% | 1.5% | 5.3% |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **21%-40%** | | | | | | | |
| **2009** |  | **Num** | **Elig** | **Den** | **Rate** | **LCL** | **UCL** |
| **PCCP** | (H) | 38 | 4,752 | 411 | 9.2% | 6.3% | 12.2% |
| **NHP** | (H) | 13 | 3,501 | 405 | 3.2% | 1.4% | 5.1% |
| **NH** | (H) | 34 | 2,606 | 405 | 8.4% | 5.6% | 11.2% |
| **FCHP** | (H) | 3 | 296 | 294 | 1.0% | 0.0% | 2.3% |
| **BMCHP** | (H) | 18 | 4,687 | 411 | 4.4% | 2.3% | 6.5% |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **41%-60%** | | | | | | | |
| **2009** |  | **Num** | **Elig** | **Den** | **Rate** | **LCL** | **UCL** |
| **PCCP** | (H) | 47 | 4,752 | 411 | 11.4% | 8.2% | 14.6% |
| **NHP** | (H) | 20 | 3,501 | 405 | 4.9% | 2.7% | 7.2% |
| **NH** | (H) | 24 | 2,606 | 405 | 5.9% | 3.5% | 8.3% |
| **FCHP** | (H) | 14 | 296 | 294 | 4.8% | 2.2% | 7.4% |
| **BMCHP** | (H) | 23 | 4,687 | 411 | 5.6% | 3.3% | 7.9% |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **61%-80%** | | | | | | | |
| **2009** |  | **Num** | **Elig** | **Den** | **Rate** | **LCL** | **UCL** |
| **PCCP** | (H) | 100 | 4,752 | 411 | 24.3% | 20.1% | 28.6% |
| **NHP** | (H) | 53 | 3,501 | 405 | 13.1% | 9.7% | 16.5% |
| **NH** | (H) | 52 | 2,606 | 405 | 12.8% | 9.5% | 16.2% |
| **FCHP** | (H) | 51 | 296 | 294 | 17.3% | 12.8% | 21.8% |
| **BMCHP** | (H) | 64 | 4,687 | 411 | 15.6% | 11.9% | 19.2% |

Appendix C:

PCC Plan Breast Cancer Screening Rates for Members with Essential Coverage

**Breast Cancer Screening - PCC Plan Essential Population**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Essential Population Only (Compared with Non-Essential)** | | | | | | |
| **2009** |  | **Num** | **Den** | **Rate** | **LCL** | **UCL** |
| **Essential** | (A) | 1,875 | 3,019 | 62.1% | 60.4% | 63.9% |
| **Non-Essential** | (A) | 16,289 | 25,448 | 64.0% | 63.4% | 64.6% |

Appendix D:

PCC Plan Cervical Cancer Screening Rates for Members with Essential Coverage

**Cervical Cancer Screening - PCC Plan Essential Population**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Essential Population Only (Compared with Total)** | | | | | | |
| **2009** |  | **Num** | **Den** | **Rate** | **LCL** | **UCL** |
| **Essential** | (A) | 1,420 | 2,326 | 61.0% | 59.0% | 63.1% |
| **Non-Essential** | (A) | 26,175 | 35,761 | 73.2% | 72.7% | 73.7% |

Appendix E:

Initiation and Engagement of Alcohol and Other Drug Dependency Treatment (Age–Stratified Rates, All Plans)

**Initiation and Engagement of Alcohol and Other Drug Dependency Treatment**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **13-17 Initiation** | | | | | |
| **2009** | **Num** | **Den** | **Rate** | **LCL** | **UCL** |
| **PCCP** | (A) 112 | 374 | 29.9% | 25.2% | 34.7% |
| **NHP** | (A) 48 | 88 | 54.5% | 43.6% | 65.5% |
| **NH** | (A) 57 | 132 | 43.2% | 34.4% | 52.0% |
| **FCHP** | (A) 2 | 10 | . | . | . |
| **BMCHP** | (A) 93 | 257 | 36.2% | 30.1% | 42.3% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **13-17 Engagement** | | | | | |
| **2009** | **Num** | **Den** | **Rate** | **LCL** | **UCL** |
| **PCCP** | (A) 55 | 374 | 14.7% | 11.0% | 18.4% |
| **NHP** | (A) 33 | 88 | 37.5% | 26.8% | 48.2% |
| **NH** | (A) 27 | 132 | 20.5% | 13.2% | 27.7% |
| **FCHP** | (A) 2 | 10 | . | . | . |
| **BMCHP** | (A) 51 | 257 | 19.8% | 14.8% | 24.9% |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **18+ Initiation** | | | | | | |
| **2009** |  | **Num** | **Den** | **Rate** | **LCL** | **UCL** |
| **PCCP** | (A) | 7,059 | 15,028 | 47.0% | 46.2% | 47.8% |
| **NHP** | (A) | 851 | 1,340 | 63.5% | 60.9% | 66.1% |
| **NH** | (A) | 769 | 1,434 | 53.6% | 51.0% | 56.2% |
| **FCHP** | (A) | 87 | 138 | 63.0% | 54.6% | 71.5% |
| **BMCHP** | (A) | 1,785 | 3,338 | 53.5% | 51.8% | 55.2% |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **18+ Engagement** | | | | | | |
| **2009** |  | **Num** | **Den** | **Rate** | **LCL** | **UCL** |
| **PCCP** | (A) | 3,362 | 15,028 | 22.4% | 21.7% | 23.0% |
| **NHP** | (A) | 582 | 1,340 | 43.4% | 40.7% | 46.1% |
| **NH** | (A) | 312 | 1,434 | 21.8% | 19.6% | 23.9% |
| **FCHP** | (A) | 64 | 138 | 46.4% | 37.7% | 55.1% |
| **BMCHP** | (A) | 729 | 3,338 | 21.8% | 20.4% | 23.3% |

Appendix F:

Initiation and Engagement of Alcohol and Other Drug Dependency Treatment: Age- Stratified Rates for PCC Plan Coverage Breakouts

**Initiation and Engagement of Alcohol and Other Drug Dependency Treatment (PCC Plan)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **13-17 Initiation** | | | | | |
| **2009** | **Num** | **Den** | **Rate** | **LCL** | **UCL** |
| **Basic** | (A) - | - | - | - | - |
| **Essential** | (A) - | - | - | - | - |
| **NB/NE** | (A) 112 | 374 | 29.9 | 25.2 | 34.7 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **13-17 Engagement** | | | | | |
| **2009** | **Num** | **Den** | **Rate** | **LCL** | **UCL** |
| **Basic** | (A) - | - | - | - | - |
| **Essential** | (A) - | - | - | - | - |
| **NB/NE** | (A) 55 | 374 | 14.7 | 11.0 | 18.4 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **18+ Initiation** | | | | | | |
| **2009** |  | **Num** | **Den** | **Rate** | **LCL** | **UCL** |
| **Basic** | (A) | 570 | 1,176 | 48.5 | 45.6 | 51.4 |
| **Essential** | (A) | 2,851 | 5,762 | 49.5 | 48.2 | 50.8 |
| **NB/NE** | (A) | 3,638 | 8,090 | 45.0 | 43.9 | 46.1 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **18+ Engagement** | | | | | | |
| **2009** |  | **Num** | **Den** | **Rate** | **LCL** | **UCL** |
| **Basic** | (A) | 291 | 1,176 | 24.7 | 22.2 | 27.3 |
| **Essential** | (A) | 1,527 | 5,762 | 26.5 | 25.4 | 27.6 |
| **NB/NE** | (A) | 1,544 | 8,090 | 19.1 | 18.2 | 19.9 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Total Initiation** | | | | | | |
| **2009** |  | **Num** | **Den** | **Rate** | **LCL** | **UCL** |
| **Basic** | (A) | 570 | 1,176 | 48.5 | 45.6 | 51.4 |
| **Essential** | (A) | 2,851 | 5,762 | 49.5 | 48.2 | 50.8 |
| **NB/NE** | (A) | 3,750 | 8,464 | 44.3 | 43.2 | 45.4 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Total Engagement** | | | | | | |
| **2009** |  | **Num** | **Den** | **Rate** | **LCL** | **UCL** |
| **Basic** | (A) | 291 | 1,176 | 24.7 | 22.2 | 27.3 |
| **Essential** | (A) | 1,527 | 5,762 | 26.5 | 25.4 | 27.6 |
| **NB/NE** | (A) | 1,599 | 8,464 | 18.9 | 18.1 | 19.7 |

*NB/NE = Non-Basic/Non-Essential*

Appendix G:

Identification of Alcohol and Other Drug Services: Age and Gender Stratifications, All Plans

**Identification of Alcohol and Other Drug Services - Percentage of Members Using Services**

**Ages 0-12**

Male Female

**Member Inpatient Intermediate Ambulatory Any Service Member Inpatient Intermediate Ambulatory Any Service**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Months** | **N** | **%** | **N** | **%** | **N** | **%** | **N** | **%** |  | **Months** | **N** | **%** | **N** | **%** | **N** | **%** | **N** | **%** |
| **PCCP** | 460,777 | 1 | 0.0% | 1 | 0.0% | 38 | 0.1% | 40 | 0.1% | **PCCP** | 421,792 | 0 | 0.0% | 4 | 0.0% | 25 | 0.1% | 29 | 0.1% |
| **NHP** | 358,797 | 0 | 0.0% | 1 | 0.0% | 8 | 0.0% | 9 | 0.0% | **NHP** | 348,294 | 0 | 0.0% | 0 | 0.0% | 5 | 0.0% | 5 | 0.0% |
| **NH** | 289,093 | 2 | 0.0% | 0 | 0.0% | 23 | 0.1% | 24 | 0.1% | **NH** | 281,370 | 0 | 0.0% | 0 | 0.0% | 17 | 0.1% | 17 | 0.1% |
| **FCHP** | 28,451 | 1 | 0.0% | 0 | 0.0% | 0 | 0.0% | 1 | 0.0% | **FCHP** | 27,450 | 0 | 0.0% | 0 | 0.0% | 1 | 0.0% | 1 | 0.0% |
| **BMCHP** | 497,187 | 7 | 0.0% | 0 | 0.0% | 53 | 0.1% | 59 | 0.1% | **BMCHP** | 482,376 | 2 | 0.0% | 0 | 0.0% | 41 | 0.1% | 43 | 0.1% |

# Male

### Ages 13-17

Female

**Member Inpatient Intermediate Ambulatory Any Service Months N % N % N % N %**

195,656 29 0.2% 61 0.4% 408 2.5% 428 2.6%

109,745 13 0.1% 8 0.1% 68 0.7% 79 0.9%

77,041 17 0.3% 6 0.1% 145 2.3% 154 2.4%

9,151 1 0.1% 2 0.3% 21 2.8% 22 2.9%

140,754 37 0.3% 6 0.1% 269 2.3% 288 2.5%

179,697 26 0.2% 48 0.3% 285 1.9% 314 2.1%

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NHP** | 114,468 | 8 | 0.1% | 4 | 0.0% | 36 | 0.4% | 44 | 0.5% |
| **NH** | 74,582 | 15 | 0.2% | 1 | 0.0% | 80 | 1.3% | 88 | 1.4% |
| **FCHP** | 9,633 | 0 | 0.0% | 0 | 0.0% | 7 | 0.9% | 7 | 0.9% |
| **BMCHP** | 139,948 | 34 | 0.3% | 3 | 0.0% | 160 | 1.4% | 179 | 1.5% |

**Member Inpatient Intermediate Ambulatory Any Service Months N % N % N % N %**

**PCCP NHP NH FCHP BMCHP**

**PCCP**

**Identification of Alcohol and Other Drug Services - Percentage of Members Using Services**

### Ages 18-24

Male Female

**Member Inpatient Intermediate Ambulatory Any Service**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Months** | **N** | **%** | **N** | **%** | **N** | **%** | **N** | **%** |
| **PCCP** | 184,510 | 288 | 1.9% | 976 | 6.3% | 2,322 | 15.1% | 2,653 | 17.3% |
| **NHP** | 38,937 | 41 | 1.3% | 15 | 0.5% | 120 | 3.7% | 144 | 4.4% |
| **NH** | 28,505 | 51 | 2.1% | 12 | 0.5% | 164 | 6.9% | 186 | 7.8% |
| **FCHP** | 4,351 | 7 | 1.9% | 0 | 0.0% | 19 | 5.2% | 22 | 6.1% |
| **BMCHP** | 50,332 | 126 | 3.0% | 41 | 1.0% | 326 | 7.8% | 384 | 9.2% |

**Member Inpatient Intermediate Ambulatory Any Service Months N % N % N % N %**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PCCP** | 211,206 | 197 | 1.1% | 696 | 4.0% | 1,896 | 10.8% | 2,045 | 11.6% |
| **NHP** | 104,524 | 104 | 1.2% | 51 | 0.6% | 283 | 3.2% | 318 | 3.7% |
| **NH** | 79,630 | 139 | 2.1% | 32 | 0.5% | 371 | 5.6% | 422 | 6.4% |
| **FCHP** | 9,532 | 14 | 1.8% | 1 | 0.1% | 35 | 4.4% | 41 | 5.2% |
| **BMCHP** | 143,155 | 320 | 2.7% | 102 | 0.9% | 689 | 5.8% | 816 | 6.8% |

### Ages 25-34

Male Female

**Member Inpatient Intermediate Ambulatory Any Service Member Inpatient Intermediate Ambulatory Any Service**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Months** | **N** | **%** | **N** | **%** | **N** | **%** | **N** | **%** |  | **Months** | **N** | **%** | **N** | **%** | **N** | **%** | **N** | **%** |
| **PCCP** | 208,715 | 579 | 3.3% | 2,161 | 12.4% | 5,111 | 29.4% | 5,703 | 32.8% | **PCCP** | 259,613 | 331 | 1.5% | 1,140 | 5.3% | 3,195 | 14.8% | 3,384 | 15.6% |
| **NHP** | 26,044 | 87 | 4.0% | 35 | 1.6% | 260 | 12.0% | 293 | 13.5% | **NHP** | 144,296 | 192 | 1.6% | 120 | 1.0% | 652 | 5.4% | 712 | 5.9% |
| **NH** | 25,165 | 85 | 4.1% | 22 | 1.0% | 305 | 14.5% | 339 | 16.2% | **NH** | 98,679 | 216 | 2.6% | 71 | 0.9% | 617 | 7.5% | 669 | 8.1% |
| **FCHP** | 4,563 | 7 | 1.8% | 2 | 0.5% | 44 | 11.6% | 46 | 12.1% | **FCHP** | 15,506 | 19 | 1.5% | 7 | 0.5% | 84 | 6.5% | 89 | 6.9% |
| **BMCHP** | 41,305 | 200 | 5.8% | 70 | 2.0% | 537 | 15.6% | 607 | 17.6% | **BMCHP** | 185,293 | 471 | 3.1% | 199 | 1.3% | 1,327 | 8.6% | 1,466 | 9.5% |

**Identification of Alcohol and Other Drug Services - Percentage of Members Using Services**

# Male

### Ages 35-64

Female

**Member Inpatient Intermediate Ambulatory Any Service**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Months** | **N** | **%** | **N** | **%** | **N** | **%** | **N** | **%** |
| **PCCP** | 615,497 | 1,185 | 2.3% | 4,037 | 7.9% | 11,491 | 22.4% | 12,541 | 24.5% |
| **NHP** | 74,912 | 160 | 2.6% | 76 | 1.2% | 529 | 8.5% | 613 | 9.8% |
| **NH** | 64,947 | 315 | 5.8% | 65 | 1.2% | 747 | 13.8% | 860 | 15.9% |
| **FCHP** | 10,036 | 35 | 4.2% | 10 | 1.2% | 98 | 11.7% | 112 | 13.4% |
| **BMCHP** | 108,587 | 780 | 8.6% | 190 | 2.1% | 1,671 | 18.5% | 1,913 | 21.1% |

**Member Inpatient Intermediate Ambulatory Any Service Months N % N % N % N %**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PCCP** | 720,981 | 763 | 1.3% | 1,743 | 2.9% | 6,581 | 11.0% | 7,028 | 11.7% |
| **NHP** | 179,418 | 186 | 1.2% | 109 | 0.7% | 777 | 5.2% | 846 | 5.7% |
| **NH** | 124,535 | 285 | 2.7% | 97 | 0.9% | 866 | 8.3% | 955 | 9.2% |
| **FCHP** | 18,221 | 42 | 2.8% | 12 | 0.8% | 123 | 8.1% | 133 | 8.8% |
| **BMCHP** | 229,315 | 744 | 3.9% | 269 | 1.4% | 1,975 | 10.3% | 2,219 | 11.6% |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Member** | | **Inpatient** | | Male  **Intermediate** | | **Ambulatory** | | **Any Service** | | **Member** | | **Inpatient** | | Female  **Intermediate** | | **Ambulatory** | | **Any Service** | |
|  | **Months** | **N** | **%** | **N** | **%** | **N** | **%** | **N** | **%** |  | **Months** | **N** | **%** | **N** | **%** | **N** | **%** | **N** | **%** |
| **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** | 133 | 0 | 0.0% | 0 | 0.0% | 2 | 18.0% | 2 | 18.0% | **NHP** | 158 | 0 | 0.0% | 0 | 0.0% | 3 | 22.8% | 3 | 22.8% |
| **NH** | 0 | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | **NH** | 20 | 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** | 1 | 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% |

\* 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 2009 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.

**Identification of Alcohol and Other Drug Services - Percentage of Members Using Services**

### TOTAL Male/Female: Ages 0—12 TOTAL Male/Female: Ages 13-17

**Member Inpatient Intermediate Ambulatory Any Service**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Months** | **N** | **%** | **N** | **%** | **N** | **%** | **N** | **%** |
| **PCCP** | 882,569 | 1 | 0.0% | 5 | 0.0% | 63 | 0.1% | 69 | 0.1% |
| **NHP** | 707,091 | 0 | 0.0% | 1 | 0.0% | 13 | 0.0% | 14 | 0.0% |
| **NH** | 570,463 | 2 | 0.0% | 0 | 0.0% | 40 | 0.1% | 41 | 0.1% |
| **FCHP** | 55,901 | 1 | 0.0% | 0 | 0.0% | 1 | 0.0% | 2 | 0.0% |
| **BMCHP** | 979,563 | 9 | 0.0% | 0 | 0.0% | 94 | 0.1% | 102 | 0.1% |

**Member Inpatient Intermediate Ambulatory Any Service Months N % N % N % N %**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PCCP** | 375,353 | 55 | 0.2% | 109 | 0.3% | 693 | 2.2% | 742 | 2.4% |
| **NHP** | 224,213 | 21 | 0.1% | 12 | 0.1% | 104 | 0.6% | 123 | 0.7% |
| **NH** | 151,623 | 32 | 0.3% | 7 | 0.1% | 225 | 1.8% | 242 | 1.9% |
| **FCHP** | 18,784 | 1 | 0.1% | 2 | 0.1% | 28 | 1.8% | 29 | 1.9% |
| **BMCHP** | 280,702 | 71 | 0.3% | 9 | 0.0% | 429 | 1.8% | 467 | 2.0% |

### TOTAL Male/Female: Ages 18-24 TOTAL Male/Female: Ages 25-34

**Member Inpatient Intermediate Ambulatory Any Service Member Inpatient Intermediate Ambulatory Any Service**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Months** | **N** | **%** | **N** | **%** | **N** | **%** | **N** | **%** |  | **Months** | **N** | **%** | **N** | **%** | **N** | **%** | **N** | **%** |
| **PCCP** | 395,716 | 485 | 1.5% | 1,672 | 5.1% | 4,218 | 12.8% | 4,698 | 14.2% | **PCCP** | 468,328 | 910 | 2.3% | 3,301 | 8.5% | 8,306 | 21.3% | 9,087 | 23.3% |
| **NHP** | 143,461 | 145 | 1.2% | 66 | 0.6% | 403 | 3.4% | 462 | 3.9% | **NHP** | 170,340 | 279 | 2.0% | 155 | 1.1% | 912 | 6.4% | 1,005 | 7.1% |
| **NH** | 108,135 | 190 | 2.1% | 44 | 0.5% | 535 | 5.9% | 608 | 6.7% | **NH** | 123,844 | 301 | 2.9% | 93 | 0.9% | 922 | 8.9% | 1,008 | 9.8% |
| **FCHP** | 13,883 | 21 | 1.8% | 1 | 0.1% | 54 | 4.7% | 63 | 5.4% | **FCHP** | 20,069 | 26 | 1.6% | 9 | 0.5% | 128 | 7.7% | 135 | 8.1% |
| **BMCHP** | 193,487 | 446 | 2.8% | 143 | 0.9% | 1,015 | 6.3% | 1,200 | 7.4% | **BMCHP** | 226,598 | 671 | 3.6% | 269 | 1.4% | 1,864 | 9.9% | 2,073 | 11.0% |

**Identification of Alcohol and Other Drug Services - Percentage of Members Using Services**

### TOTAL Male/Female: Ages 35-64 TOTAL Male/Female: Ages 65+ \*

**Member Inpatient Intermediate Ambulatory Any Service**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Months** | **N** | **%** | **N** | **%** | **N** | **%** | **N** | **%** |
| **PCCP** | 1,336,478 | 1,948 | 1.7% | 5,780 | 5.2% | 18,072 | 16.2% | 19,569 | 17.6% |
| **NHP** | 254,330 | 346 | 1.6% | 185 | 0.9% | 1,306 | 6.2% | 1,459 | 6.9% |
| **NH** | 189,482 | 600 | 3.8% | 162 | 1.0% | 1,613 | 10.2% | 1,815 | 11.5% |
| **FCHP** | 28,257 | 77 | 3.3% | 22 | 0.9% | 221 | 9.4% | 245 | 10.4% |
| **BMCHP** | 337,902 | 1,524 | 5.4% | 459 | 1.6% | 3,646 | 12.9% | 4,132 | 14.7% |

### TOTAL Female: All Ages

**Member Inpatient Intermediate Ambulatory Any Service Months N % N % N % N %**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PCCP** | 0 | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| **NHP** | 291 | 0 | 0.0% | 0 | 0.0% | 5 | 20.6% | 5 | 20.6% |
| **NH** | 20 | 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** | 2 | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |

### TOTAL Male: All Ages

**Member Inpatient Intermediate Ambulatory Any Service**

**Member Inpatient Intermediate Ambulatory Any Service**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Months** | **N** | **%** | **N** | **%** | **N** | **%** | **N** | **%** |
| **PCCP** | 1,793,289 | 1,317 | 0.9% | 3,631 | 2.4% | 11,982 | 8.0% | 12,800 | 8.6% |
| **NHP** | 891,158 | 490 | 0.7% | 284 | 0.4% | 1,756 | 2.4% | 1,928 | 2.6% |
| **NH** | 658,816 | 655 | 1.2% | 201 | 0.4% | 1,951 | 3.6% | 2,151 | 3.9% |
| **FCHP** | 80,342 | 75 | 1.1% | 20 | 0.3% | 250 | 3.7% | 271 | 4.0% |
| **BMCHP** | 1,180,088 | 1,571 | 1.6% | 573 | 0.6% | 4,192 | 4.3% | 4,723 | 4.8% |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Months** | **N** | **%** | **N** | **%** | **N** | **%** | **N** | **%** |
| **PCCP** | 1,665,155 | 2,082 | 1.5% | 7,236 | 5.2% | 19,370 | 14.0% | 21,365 | 15.4% |
| **NHP** | 608,568 | 301 | 0.6% | 135 | 0.3% | 987 | 1.9% | 1,140 | 2.2% |
| **NH** | 484,751 | 470 | 1.2% | 105 | 0.3% | 1,384 | 3.4% | 1,563 | 3.9% |
| **FCHP** | 56,552 | 51 | 1.1% | 14 | 0.3% | 182 | 3.9% | 203 | 4.3% |
| **BMCHP** | 838,166 | 1,150 | 1.6% | 307 | 0.4% | 2,856 | 4.1% | 3,251 | 4.7% |

\* 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 2009 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.

Appendix H:

Identification of Alcohol and Other Drug Services: Rates for PCC Plan Coverage Breakouts

**Identification of Alcohol and Other Drug Services - Percentage of Members Using Services**

### PCC Plan Members with Basic Coverage

**Member Inpatient Intermediate Ambulatory Any Service Months N % N % N % N %**

Ages 18-64

65,710

325 5.9% 1,184 21.6% 3,202 58.5% 3,512 64.1%

### PCC Plan Members with Essential Coverage

**Member Inpatient Intermediate Ambulatory Any Service Months N % N % N % N %**

Ages 18-64

664,516 1,196 2.2% 5,764 10.4% 13,244 23.9% 14,868 26.8%

### PCC Plan Members with

**Non-Basic/Non-Essential Coverage**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Member** | **Inpatient** | **Intermediate** | **Ambulatory** | **Any Service** |
| **Months** | **N %** | **N %** | **N %** | **N %** |
| Ages 0-17 | 1,257,915 | 56 0.1% | 114 0.1% | 756 0.7% | 811 0.8% |
| Ages 18-64 | 1,470,296 | 1,914 1.6% | 4,334 3.5% | 16,262 13.3% | 17,387 14.2% |

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