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MassHealth Managed Care HEDIS® 2012 Final Report

Prepared by:

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

Project Team:

Center for Health Policy and Research
Paul Kirby
Ann Lawthers
David Tringali
Terri Costanzo
Jen Vaccaro

MassHealth Office of Providers and Plans
Sharon Hanson
Marlene Kane
Susan Maguire
Lana Miller
Nelie Lawless

MassHealth Office of Behavioral Health
John DeLuca
Carol Gyurina

Table of Contents

Executive Summary

The MassHealth Managed Care HEDIS® 2012 Report presents information on the quality of care provided by the six health plans serving the MassHealth managed care population. These plans are: Boston Medical Center HealthNet Plan (BMCHP), Fallon Community Health Plan (FCHP), Health New England, Inc. (HNE), Neighborhood Health Plan (NHP), Network Health (NH), and the Primary Care Clinician Plan (PCCP). This assessment was conducted by the MassHealth Office of Clinical Affairs (OCA), the MassHealth Office of Providers and Plans (OPP), and the MassHealth Office of Behavioral Health (OBH).

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

Measures Selected for HEDIS 2012

The MassHealth measurement set for 2012 focused on two domains: "staying healthy" (i.e., childhood immunization status, immunization for adolescents, well child visits for infants and young children, adolescent well-care visits, and chlamydia screening in women), and "living with illness" (i.e., comprehensive diabetes care, antidepressant medication management, and follow-up after hospitalization for mental illness). In addition, the report presents data on utilization of mental health services.

Summary of Overall Results

Results from the MassHealth Managed Care HEDIS 2012 project demonstrate that MassHealth plans performed well overall when compared to the 2012 rates of other Medicaid plans around the country. Throughout this report, we will give results of tests of statistical significance comparing the performance of individual MassHealth plans with that of the top 25% of all Medicaid plans reporting HEDIS data for 2012 (represented by the 2012 national Medicaid 75th percentile, obtained from NCQA's Quality Compass® database).

MassHealth plans performed best, relative to this national benchmark, on measures in the "staying healthy" domain. All MassHealth plans with reportable data had rates that were equal to or significantly higher than the 2012 national Medicaid 75th percentile for the measures assessing well-child visits in the first 15 months of life, well-child visits in the 3rd, 4th, 5th, and 6th years of life; adolescent well-care visits; immunizations for children and adolescents; and chlamydia screening for women.

MassHealth plans had more mixed results for measures in the "living with illness" domain. For all of these measures, some plans exceeded the benchmarks, some met the benchmarks, and others fell below the benchmarks. In general, MassHealth plans with reportable rates did well on the set of diabetes care measures, meeting or exceeding most benchmarks, with only a few scores below.

MassHealth also performed well on the follow-up after hospitalization for mental illness measures (7-day and 30-day), although one plan scored below both benchmarks. The antidepressant medication management measure presents further opportunities for improvement, with three plans scoring significantly below the benchmarks.

Executive Summary (*continued*)

Childhood Immunization Status

- For Combination 2, the overall MassHealth rate (i.e., the MassHealth weighted mean) was 79.7%.
- All six MassHealth plans had scores that were not significantly different from the 2012 national Medicaid 75th percentile benchmark for Combination 2.
- The MassHealth rate for Combination 3 was 77.0%.
- One plan, FCHP, performed significantly better than the national Medicaid 75th percentile benchmark for Combination 3, while the other five plan scores did not differ from the benchmark.

Immunizations for Adolescents

- Seventy-one percent (71.4%) of adolescent MassHealth members received the Combination 1 vaccine.
- Two MassHealth plans (FCHP and BMCHP) performed significantly better than the 2012 national Medicaid 75th percentile.

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

- Eighty-four percent (83.7%) of MassHealth members who turned 15 months of age during 2011 had six or more well-child visits.
- The five MassHealth plans with reportable data (HNE did not have data) performed significantly better than the 2012 national Medicaid 75th percentile for members with 6 or more visits.

Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (at least one visit during 2009)

- The MassHealth rate of members ages three through six receiving at least one well-child visit was 84.6%.
- Three MassHealth plans (PCCP, NH, and NHP) performed significantly better than the 2012 national Medicaid 75th percentile.

Adolescent Well-Care Visits (at least one visit during 2009)

- Sixty-seven percent (67.0%) of MassHealth members aged 12-21 had at least one well-care visit.
- The five MassHealth plans with reportable data (all plans except for HNE) performed significantly better than the 2012 national Medicaid 75th percentile.
- PCCP's reported rate for 2012 significantly improved from HEDIS 2010.

Chlamydia Screening in Women

- Sixty-nine percent (68.8%) of sexually active female MassHealth members 16 to 24 years of age had at least one Chlamydia test during 2011.
- All six MassHealth plans performed significantly better than both the 2012 national Medicaid 75th percentile and the Massachusetts commercial mean for the combined age group (16 to 24 years).
- The 2012 rates for PCCP and BMCHP were significantly higher than their 2010 rates.

Comprehensive Diabetes Care

- This measure assesses ten areas of diabetes care: HbA1c testing, poor HbA1c control (>9.0%), HbA1c control at <8.0% and at <7.0%, LDL-C testing, LDL-C control (<100 mg/dL), eye exams, monitoring kidney disease, blood pressure control of <140/80, and blood pressure control of <140/90.
- The five MassHealth plans with reportable data (all except PCCP) performed most strongly on eye exams (four plans exceeded the national Medicaid 75th percentile benchmark), HbA1c testing, and blood pressure control (<140/90), with two plans scoring significantly above the benchmark.

Antidepressant Medication Management

- The MassHealth rate for effective acute phase treatment was 47.6%. One plan, NH, scored significantly higher than the national Medicaid 75th percentile for this measure and also improved on its rate from HEDIS 2010. However, three plans (PCCP, NHP, and BMCHP) scored significantly below the national Medicaid benchmark.
- The MassHealth rate for effective continuation phase treatment was 32.7%. The rate for NH was significantly higher than both the national Medicaid 75th percentile benchmark rate and the plan's 2010 rate. The same three plans (PCCP, NHP, and BMCHP) also scored significantly below the national Medicaid benchmark for this measure.

Follow-up After Hospitalization for Mental Illness

- The MassHealth seven-day follow-up rate was 55.9%. Four MassHealth plans had rates that were significantly better than the 2012 national Medicaid 75th percentile, one plan rate (PCCP) was significantly below the national Medicaid 75th percentile benchmark, and one (NHP) significantly improved on its HEDIS 2010 rate.
- The MassHealth 30-day follow-up rate was 75.2%. Three plans (NHP, FCHP, and BMCHP) had significantly higher rates than the national Medicaid 75th percentile benchmark, while one plan's rate (PCCP) was significantly lower. NHP's rate was also significantly higher than its rate from HEDIS 2010.

Summary of MassHealth Managed Care HEDIS 2012 Results

HEDIS 2012 Measure	2012 National Medicaid 75th Percentile	PCCP	NHP	NH	HNE	FCHP	BMCHP
Childhood Immunization							
Combination 2	80.8%	80.0%	78.1%	83.5%	74.0%	84.5%	77.9%
Combination 3	77.5%	77.9%	74.2%	80.0%	72.6%	82.9%↑	75.9%
Immunizations for Adolescents	70.8%	69.6%	68.1%	66.7%	N/A	79.6%↑	78.3↑
Well-Child Visits for Infants and Young Children							
Well-Child Visits in First 15 Months of Life (6+ visits)	70.6%	86.4%↑	77.3%↑	84.8%↑	N/A	88.1%↑	85.4%↑
Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life	79.3%	85.6%↑	84.7%↑	86.8%↑	N/A	80.3%	82.5%
Adolescent Well-Care Visits	57.6%	67.4%↑	68.3%↑	68.3%↑	N/A	63.6%↑	64.7%↑
Chlamydia Screening in Women							
16 to 20 Years	61.2%	63.9%↑	67.4%↑	63.2%↑	73.0%↑	63.7%	66.5%↑
21 to 24 Years	69.8%	71.1%↑	74.9%↑	71.9%↑	74.5%	74.4%	74.7%↑
Combined Ages 16 to 24 Years	63.7%	67.0%↑	70.7%↑	67.5%↑	73.9%↑	68.8%↑	70.2%↑
Comprehensive Diabetes Care							
Hemoglobin A1c (HbA1c) testing	86.9%	N/A	92.0%↑	89.8%	90.9%	91.1%↑	89.2%
HbA1c poor control (>9.0%) - *lower rate better*	34.6%	N/A	39.4%↓	36.5%	35.7%	23.5%↑	31.4%
HbA1c control (<8.0%)	55.7%	N/A	52.6%	51.8%	49.0%	62.1%↑	56.4%

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

↑ Indicates a rate that is significantly better than the 2012 national Medicaid 75th percentile.
↓ Indicates a rate that is significantly worse than the 2012 national Medicaid 75th percentile.

Summary of MassHealth Managed Care HEDIS 2012 Results (continued)

HEDIS 2012 Measure	2012 National Medicaid 75th Percentile	PCCP	NHP	NH	HNE	FCHP	BMCHP
Comprehensive Diabetes Care (cont'd)							
HbA1c control (<7.0%)	41.6%	N/A	N/A	N/A	28.6%↓	40.4%	43.0%
Eye exam	61.6%	N/A	72.7%↑	70.3%↑	65.7%	74.4%↑	66.4%↑
Medical attention for nephropathy	82.7%	N/A	83.7%	84.2%	85.3%	87.0%↑	83.6%
LDL-C screening	80.8%	N/A	80.8%	83.7%	82.5%	84.3%	80.3%
LDL-C control (<100mg/dl)	41.0%	N/A	31.1%↓	45.3%	36.4%	46.8%	38.1%
BP control (<140/80 mm Hg)	46.2%	N/A	45.3%	49.1%	37.8%↓	51.5%	50.2%
BP control (<140/90 mm Hg)	69.8%	N/A	65.2%	71.0%	66.4%	75.1%↑	75.4%↑
Antidepressant Medication Management							
Effective acute phase treatment	52.7%	47.3%↓	47.3%↓	56.8%↑	42.1%	55.8%	43.4%↓
Effective continuation phase treatment	37.3%	32.3%↓	32.4%↓	42.7%↑	28.9%	37.7%	28.5%↓
Follow-up After Hospitalization for Mental Illness							
7 Day	57.7%	49.5%↓	75.1%↑	60.3%↑	N/A	69.6%↑	70.7%↑
30 Day	77.5%	70.9%↓	87.5%↑	79.1%	N/A	90.4%↑	84.3%↑

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

↑ Indicates a rate that is significantly better than the 2012 national Medicaid 75th percentile.
↓ Indicates a rate that is significantly worse than the 2012 national Medicaid 75th percentile.

Introduction

Introduction

Purpose of the Report

This report presents the results of the MassHealth Managed Care Healthcare Effectiveness Data and Information Set (HEDIS) 2012 project. This report was designed to be used by MassHealth program managers and by managed care organization (MCO) managers to assess plan performance in the context of other MassHealth managed care plans and national benchmarks, identify opportunities for improvement, and set quality improvement goals.

Project Background

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

The measures selected for the MassHealth Managed Care HEDIS 2012 project assess the performance of the six MassHealth plans that provided health care services to MassHealth managed care members during the 2011 calendar year. The six MassHealth plans included in this report are the Primary Care Clinician Plan (PCCP), Neighborhood Health Plan (NHP), Network Health (NH), Health New England (HNE) Fallon Community Health Plan (FCHP), and Boston Medical Center HealthNet Plan (BMCHP). Descriptive information about each health plan can be found in the Health Plan Profiles section, beginning on page 10.

MassHealth HEDIS 2012 Measures

MassHealth selected nine measures for the HEDIS 2012 project. The measures included in this report assess health care quality in three key areas: effectiveness of care, access and availability of care, and use of services.

The effectiveness of care measures included in this report provide information about preventive services and the management of chronic illness. The specific topics examined in this report are childhood immunization, immunizations for adolescents, chlyamydia screening for women, comprehensive diabetes care, antidepressant medication management, and follow up after hospitalization for mental illness.

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

Finally, the use of services measure presented in this report, Mental Health Utilization, provides information about what services health plan members utilize. Health care utilization is affected by member characteristics such as age, sex, comorbidities, and socioeconomic status, all of which could vary across plans. The use of services data included in this report are stratified by age, but are not adjusted for any other member characteristics such as comorbidity.

Additional Details of HEDIS Results

For brevity, certain detailed breakouts of the results have not been included in this report. Breakout data on specific immunizations that make up the vaccine combinations for the child and adolescent immunization measures are available from Paul Kirby of the MassHealth Quality Office (paul.kirby@state.ma.us).

Organization of the MassHealth Managed Care HEDIS 2012 Report

This report presents the results of the MassHealth Managed Care HEDIS 2012 project in three sections. Two of the sections are based on the consumer reporting domains used in NCQA's Health Plan Report Cards (Staying Healthy and Living with Illness). These two domains include a variety of HEDIS measures dealing with effectiveness of care, and with access to/availability of care. The third section (Use of Services) includes data on the utilization of mental health services.

REPORT SECTION	DEFINITION	MEASURES SELECTED BY MASSHEALTH FOR HEDIS 2012 REPORTING
Staying Healthy	These measures provide information about how well a plan provides services that maintain good health and prevent illness.	Childhood Immunization Status Immunization for Adolescents Well-Child Visits in the First 15 Months of Life Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life Adolescent Well-Care Visits Chlamydia Screening for Women
Living with Illness	These measures provide information about how well a plan helps people manage chronic illness.	Comprehensive Diabetes Care Antidepressant Medication Management Follow-up After Hospitalization for Mental Illness
Use of Services	This measure provides information about what services health plan members utilize.	Mental Health Utilization

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

- **Appendix A** includes a list of the MassHealth regions and the service areas the regions cover.
- **Appendix B** includes the 0 visit, 1 visit, 2 visit, 3 visit, 4 visit and 5 visit rates for the Well-Child Visit in the First 15 Months of Life measure.
- **Appendix C** presents age-stratified rates for the Mental Health Utilization measures for all plans (percentage of members using services).

Organization of the MassHealth Managed Care HEDIS 2012 Report

Name of measure

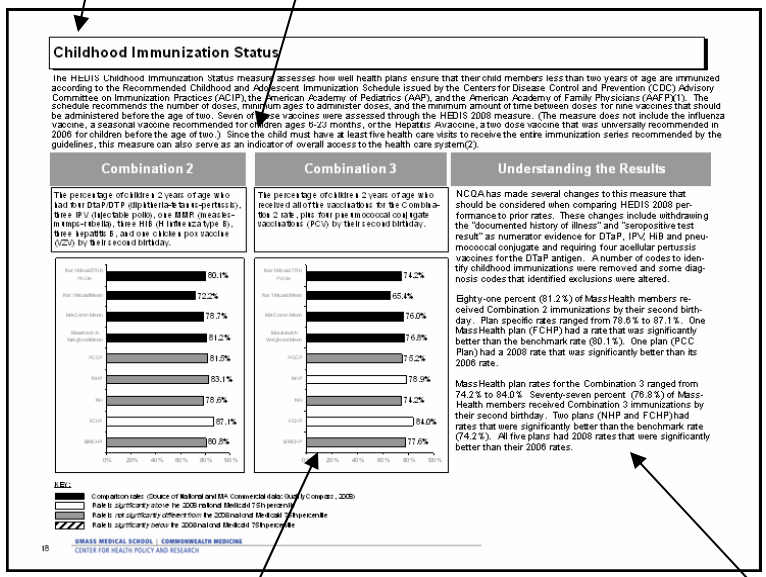
Information on the intent of each measure, including any clinical guidelines on which it is based

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

★ 2012 rate is significantly above the comparison rate
○ 2012 rate is not significantly different from the comparison rate
● 2012 rate is significantly below the comparison rate

Individual HEDIS 2012 plan data including numerator, eligible population (where applicable) denominator, reported rate, and upper and lower confidence intervals

The 2012 national Medicaid 75th percentile is listed as a benchmark. The 2012 national Medicaid 90th percentile, 2012 national Medicaid mean, 2012 Massachusetts Commercial mean, and 2012 MassHealth weighted mean and median are listed as comparison rates



Childhood Immunization Status

The HEDIS Childhood Immunization Status measure assesses how well health plans ensure that their child members less than two years of age are immunized according to the Recommended Childhood and Adolescent Immunization Schedule issued by the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP)(1). The schedule recommends the number of doses, minimum ages to administer doses, and the minimum amount of time between doses for nine vaccines that should be administered before the age of two. Seven of these vaccines were assessed through the HEDIS 2008 measure. (The measure does not include the influenza vaccine, a seasonal vaccine recommended for children ages 6-23 months, or the Hepatitis A vaccine, a two dose vaccine that was universally recommended in 2006 for children before the age of two.) Since the child must have at least five health care visits to receive the entire immunization series recommended by the guidelines, this measure can also serve as an indicator of overall access to the health care system(2).

Combination 2 | Combination 3 | Understanding the Results

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

The percentage of children 2 years of age who received all of the vaccinations for the Combination 2 rate, plus four pneumococcal conjugate vaccinations (PCV) by their second birthday.

NCQA has made several changes to this measure that should be considered when comparing HEDIS 2008 performance to prior rates. These changes include withdrawing the "documented history of illness" and "seropositive test result" as numerator evidence for DTaP, IPV, HiB and pneumococcal conjugate and requiring four acellular pertussis vaccines for the DTaP antigen. A number of codes to identify childhood immunizations were removed and some diagnosis codes that identified exclusions were altered.

Eighty-one percent (81.2%) of MassHealth members received Combination 2 immunizations by their second birthday. Plan specific rates ranged from 78.6% to 87.1%. One MassHealth plan (FCHP) had a rate that was significantly better than the benchmark rate (80.1%). One plan (PCC Plan) had a 2008 rate that was significantly better than its 2006 rate.

MassHealth plan rates for the Combination 3 ranged from 74.2% to 84.0%. Seventy-seven percent (76.8%) of MassHealth members received Combination 3 immunizations by their second birthday. Two plans (NHP and FCHP) had rates that were significantly better than the benchmark rate (74.2%). All five plans had 2008 rates that were significantly better than their 2006 rates.

KEY:
Comparison rates (Source of National and MA Commercial data: Quality Compass, 2008)
Rate is significantly above the 2008 national Medicaid 75th percentile
Rate is not significantly different from the 2008 national Medicaid 75th percentile
Rate is significantly below the 2008 national Medicaid 75th percentile

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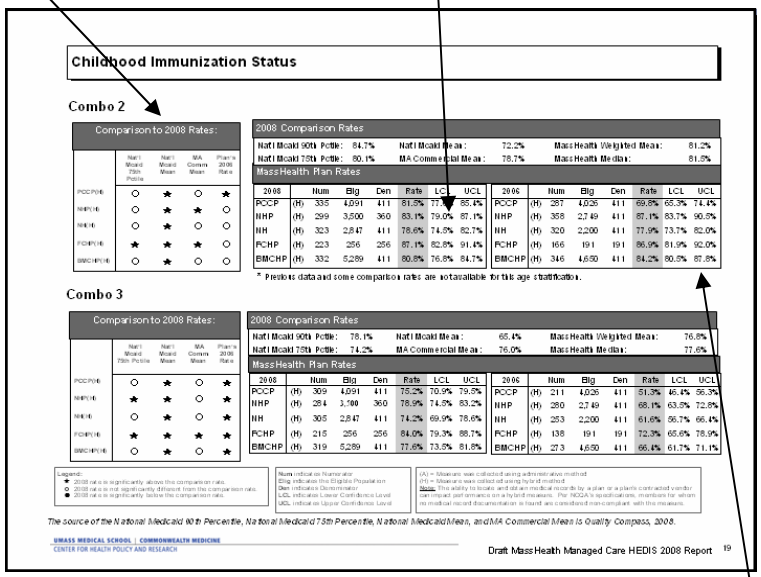
18



Childhood Immunization Status

Combo 2

Comparison to 2008 Rates:

2008 Comparison Rates

Natl Medicaid 90th Pctile: 84.7% | Natl Medicaid Mean: 72.2% | MassHealth Weighted Mean: 81.2%
Natl Medicaid 75th Pctile: 80.1% | MA Commercial Mean: 78.7% | MassHealth Median: 81.8%

MassHealth Plan Rates

2008		Num	Elig	Den	Rate	LCL	UCL	2006		Num	Elig	Den	Rate	LCL	UCL
PCCP	(H)	335	4,091	411	81.5%	77.4%	85.4%	PCCP	(H)	287	4,035	411	69.8%	65.3%	74.4%
NHP	(H)	299	3,500	360	83.1%	79.0%	87.1%	NHP	(H)	358	2,749	411	87.1%	83.7%	90.5%
NH	(H)	323	2,847	411	78.6%	74.5%	82.7%	NH	(H)	320	2,200	411	77.9%	73.7%	82.0%
FCHP	(H)	223	256	256	87.1%	82.8%	91.4%	FCHP	(H)	166	191	191	86.9%	81.9%	92.0%
BMCHP	(H)	332	5,289	411	80.8%	76.8%	84.7%	BMCHP	(H)	346	4,650	411	84.2%	80.8%	87.8%

* Previous data and some comparison rates are not available for this age stratification.

Combo 3

Comparison to 2008 Rates:

2008 Comparison Rates

Natl Medicaid 90th Pctile: 78.1% | Natl Medicaid Mean: 65.4% | MassHealth Weighted Mean: 76.8%
Natl Medicaid 75th Pctile: 74.2% | MA Commercial Mean: 76.0% | MassHealth Median: 77.6%

MassHealth Plan Rates

2008		Num	Elig	Den	Rate	LCL	UCL	2006		Num	Elig	Den	Rate	LCL	UCL
PCCP	(H)	309	4,091	411	75.2%	70.9%	79.5%	PCCP	(H)	211	4,035	411	51.3%	46.4%	56.3%
NHP	(H)	284	3,760	360	78.9%	74.8%	83.2%	NHP	(H)	280	2,749	411	68.1%	63.5%	72.8%
NH	(H)	305	2,847	411	74.2%	69.9%	78.6%	NH	(H)	253	2,200	411	61.6%	56.7%	66.4%
FCHP	(H)	215	256	256	84.0%	79.3%	88.7%	FCHP	(H)	138	191	191	72.3%	65.6%	78.9%
BMCHP	(H)	319	5,289	411	77.6%	73.5%	81.8%	BMCHP	(H)	273	4,650	411	66.4%	61.7%	71.1%

The source of the National Medicaid 90th Percentile, National Medicaid 75th Percentile, National Medicaid Mean, and MA Commercial Mean is Quality Compass, 2008.

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Draft MassHealth Managed Care HEDIS 2008 Report 19

Comparison of plan rates with the comparison and benchmark data

Analysis of results, including opportunities for improvement

Historical data from HEDIS 2010

Health Plan Profiles

MassHealth managed care plans provided care to 751,260 Massachusetts residents as of December 31, 2011. The MassHealth Managed Care HEDIS 2012 report includes data for MassHealth members served by the six health plans. This report does not reflect care provided to MassHealth members receiving their health care services outside of the six managed care plans.

The following profiles provide some basic information about each plan and its members. The data chart on the next page provides a statistical summary of the demographic characteristics of each plan's population. Appendix A lists the service areas that are located within each MassHealth geographic region listed below. (NOTE: The term "MCO" refers to the five capitated managed care plans serving MassHealth members — Neighborhood Health Plan, Network Health, Health New England, Fallon Community Health Plan, and Boston Medical Center HealthNet Plan. All five MCOs have received NCQA accreditation for their MassHealth plans.)

Primary Care Clinician Plan (PCCP)

- Primary care case management program administered by the Executive Office of Health and Human Services (EOHHS).
- Statewide managed care option for MassHealth members eligible for managed care.
- 366,956 MassHealth members as of December 31, 2011.
- 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).

Neighborhood Health Plan (NHP)

- Non-profit managed care organization that primarily serves Medicaid members, along with commercial and Commonwealth Care populations.
- 155,960 MassHealth members as of December 31, 2011.
- Statewide service area.
- Provider network includes mostly community health centers in addition to Harvard Vanguard Medical Associates, group practices, and hospital-based clinics.
- Behavioral health services are managed through a carve-out contract with Beacon Health Strategies.

Network Health (NH)

- Provider-sponsored health plan with ownership that transitioned from Cambridge Health Alliance to Tufts Associated Health Maintenance Organization (TAHMO) as of 11/1/2011.
- Serves the Medicaid and Commonwealth Care populations.
- 128,131 MassHealth members as of December 31, 2011.
- Statewide service area.
- Provider network includes community health centers, group practices, hospital outpatient departments, and individual practitioners.
- Behavioral health services provided by Network Health providers.

Health New England (HNE)

- For-profit managed care organization, owned by Baystate Health Systems. Serves Medicaid, commercial, and Medicare Advantage populations.
- 7,694 MassHealth members as of December 31, 2011.
- Became a MassHealth MCO as of July 1, 2010.
- Service area is Western Massachusetts only.
- Provider network includes community health centers, hospital outpatient departments, and group and individual practices.
- Behavioral health services are managed through a carve-out with the Massachusetts Behavioral Health Partnership (MBHP).

Fallon Community Health Plan (FCHP)

- Non-profit managed care organization that serves commercial, Medicare, Medicaid and Commonwealth Care populations.
- 13,021 MassHealth members as of December 31, 2011.
- Service area is in Central Massachusetts.
- Behavioral health services are managed through a carve-out contract with Beacon Health Services.
- Provider network for MassHealth members through Reliant Medical Group (previously through Fallon Clinic sites), CHCs, group practices, and hospital-based clinics.

Boston Medical Center HealthNet Plan (BMCHP)

- Provider-sponsored health plan, owned and operated by Boston Medical Center, the largest public safety-net hospital in Boston, that serves the Medicaid and Commonwealth Care populations. Began serving the commercial population as of January 2012.
- 189,526 MassHealth members as of December 31, 2011.
- Statewide service area (except for the Islands).
- Provider network includes community health centers, hospital outpatient departments, and group and individual practices.
- Behavioral health services are managed through a carve-out contract with Beacon Health Strategies.

Health Plan Profiles

Differences in Populations Served by MassHealth 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 included in the measures.

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 HEDIS 2012 performance of the six plans.

Health Plan Profiles: Demographic Characteristics of the Plan Populations

MassHealth Plan	Total MassHealth Managed Care Members as of 12/31/11	Female	Disabled	Mean Age	0-11 yrs	12-17 yrs	18-39 yrs	40-64 yrs	65+ yrs*
Primary Care Clinician Plan	366,956	50.0%	19.5%	25.2	29.9%	13.9%	29.6%	26.6%	0.0%
Neighborhood Health Plan	155,960	57.5%	8.6%	19.8	41.5%	15.1%	27.0%	16.4%	0.0%
Network Health	128,131	55.5%	9.9%	21.0	40.2%	13.0%	28.2%	18.6%	0.0%
Health New England	7,694	51.6%	19.3%	23.0	32.3%	13.1%	33.3%	21.3%	0.0%
Fallon Community Health Plan	13,021	55.0%	10.0%	21.9	36.0%	14.1%	31.1%	18.8%	0.0%
Boston Medical Center HealthNet Plan	189,526	56.6%	12.6%	19.6	42.4%	14.5%	27.5%	15.6%	0.0%
Total for MassHealth Managed Care Program	**861,288**	**53.7%**	**14.4%**	**22.3**	**36.4%**	**14.1%**	**28.5%**	**21.0%**	**0.0%**

Source: MMIS

* 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 2012, 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 2012 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 five MCOs had a significantly higher proportion of female members than PCCP ($p<.0001$ for all plans except HNE, $p<.01$). FCHP and NH did not have significantly different proportions of female members; all other MCO differences were significant ($p<.001$).

Disabled Members: PCCP had a significantly higher proportion of disabled members than four of the five MCOs ($p<.0001$). HNE's disabled proportion was not significantly different than PCCP. All other differences among the MCOs were significant ($p<.0001$), except for that between FCHP and NH.

Mean Age of Members: All five MCOs had a population whose mean age was significantly lower than that of PCCP ($p<.0001$). All differences among the MCOs were also significant ($p<.0001$).

Data Collection and Analysis Methods

Data Collection and Submission

In November 2011, the MassHealth Office of Providers and Plans finalized a list of measures to be collected for HEDIS 2012. The measure list was developed by key stakeholders within MassHealth, including stakeholders within the Office of Providers and Plans (OPP), the Office of Clinical Affairs (OCA), and the MassHealth Office of Behavioral Health (OBH). In general, each plan was responsible for collecting the measures according to the HEDIS 2012 Technical Specifications and for reporting the results using NCQA's Interactive Data Submission System (IDSS). Each plan submitted its results to both NCQA and OCA.

All plans undergoing NCQA accreditation must have their HEDIS data audited. The purpose of an NCQA HEDIS Compliance Audit™ is to validate a plan's HEDIS results by verifying the integrity of the plan's data collection and calculation processes. NCQA HEDIS Compliance Audits are independent reviews conducted by organizations or individuals licensed or certified by NCQA. NCQA's Quality Compass, the database from which many of the benchmarks in this report are drawn, reports only audited data. The current MassHealth contract with the 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. All five of the MCOs have achieved NCQA accreditation for their MassHealth plans.

Eligible Population

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

Age: The age requirements for Medicaid HEDIS measures vary by measure. The MassHealth managed care programs serves members under the age of 65. Occasionally, members 65 and older may appear in the denominator of a MassHealth plan's HEDIS rate. This may occur for several valid reasons, including instances where a member turns 65 during the measurement year and did not yet have their coverage terminated as of the measure's anchor date. MassHealth plans are responsible for a member's care until his or her coverage is terminated. Therefore, MassHealth members 65 years and older were included in the eligible populations for the HEDIS 2012 measures whenever the specifications for the measure included the 65 and older population, the members' coverage had not yet been terminated and the members met all eligible criteria such as continuous enrollment and enrollment anchor date requirements.

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

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

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

The measure descriptions included in this report do not include every requirement for the eligible populations (e.g., enrollment gaps). For complete specifications for each measure included in this report, please see *HEDIS 2012 Volume 2: Technical Specifications*.

MassHealth Coverage Types Included in HEDIS 2012

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

Administrative vs. Hybrid Data Collection

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

Data Collection and Analysis Methods (*continued*)

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

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

Data Analysis

Throughout this report, HEDIS 2012 results from each plan are compared to several benchmarks and comparison rates, including the 2012 national Medicaid mean and the 2012 Massachusetts Commercial mean. In addition, MassHealth medians and weighted means were calculated from 2012 data, for all plans with reportable data.

2012 National Medicaid 75th Percentile

For this report, the 2012 national Medicaid 75th percentile serves as the primary benchmark to which plan performance is compared (including statistical significance).

CHPR obtained the 2012 national Medicaid data through NCQA's Quality Compass. NCQA releases Quality Compass in July of each year with the rates for Commercial and Medicare plans. NCQA provides the national Medicaid data in a supplement that is released in the fall.

Other Comparison Rates Included in this Report

The other comparison rates included in the data tables of this report are the 2012 national Medicaid mean, 2012 national Medicaid 90th percentile, 2012 Massachusetts Commercial mean, 2012 MassHealth weighted mean, and 2012 MassHealth median.

The 2012 national Medicaid mean is the average performance of all Medicaid plans that submitted HEDIS 2012 data. The 2012 national Medicaid 90th percentile represents a level of performance that was exceeded by only the top 10% of all Medicaid plans that submitted HEDIS 2012 data. The 2012 national Medicaid 90th percentile was included as a future goal for MassHealth plans.

The 2012 Massachusetts Commercial mean is the average performance of all Massachusetts Commercial plans that submitted HEDIS 2012 data. Although the populations served by Massachusetts Commercial plans differ from the population served by MassHealth, the Massachusetts Commercial mean may be an appropriate future goal for measures where MassHealth plans are nearing or exceeding the national Medicaid 90th percentile.

The 2012 MassHealth weighted mean is a weighted average of the rates of the six MassHealth plans (or all plans with reportable data). The weighted average was calculated by multiplying the performance rate for each plan by the number of members who met the eligibility criteria for the measure. The values were then summed across plans and divided by the total eligible population for all the plans. The largest MassHealth plan (PCCP) serves 42.6% of all MassHealth members, and the smallest (HNE) serves only 0.9%. The 2012 MassHealth median is also provided and is the middle value of the set of values represented by the individual plan rates.

Caveats for the Interpretation of Results

All data analyses have limitations and those pre-

Certified HEDIS Software[SM] is a service mark of the National Committee for Quality Assurance (NCQA).

Data Collection and Analysis Methods (*continued*)

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., indication of a test but no date or result).

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

Demographic Differences in Plan membership
In addition to disability status, the populations served by each plan may have differed in other demographic characteristics such as age, gender, and geographic residence. As shown in the plan profile chart on page 12, PCCP 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 2012 rates is unknown.

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

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

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

Limitation of Certain HEDIS Measures
One measure collected in 2012, Mental Health Utilization, provides information on the services MassHealth members utilized and not on the content or quality of the care the members received. MassHealth HEDIS mental health utilization data are not case-mix or risk adjusted. Differences in plan utilization rates cannot be interpreted as a measure of quality (i.e., it cannot be determined whether a plan with a higher utilization rate 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.

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

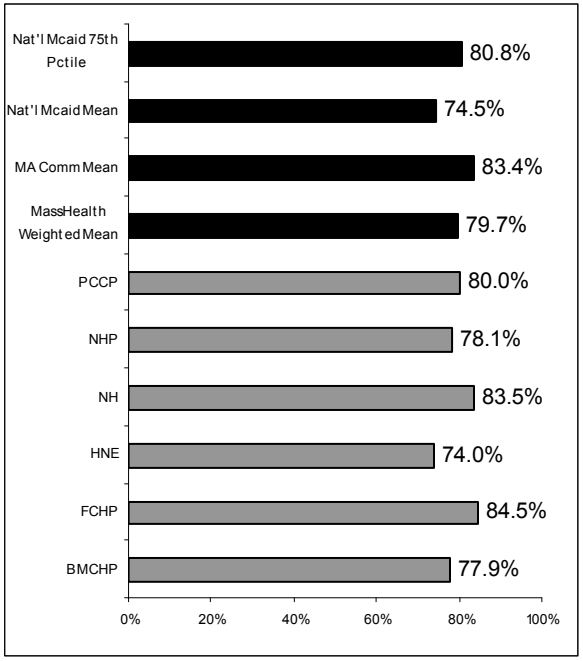
Staying Healthy

Childhood Immunization Status

The HEDIS Childhood Immunization Status measure assesses how well health plans ensure that their child members less than two years of age are immunized, following the Recommended Childhood and Adolescent Immunization Schedule issued by the Centers for Disease Control and Prevention (CDC) and the Advisory Committee on Immunization Practices (ACIP).[1] The schedule recommends the number of doses, minimum ages to administer doses, and the minimum amount of time between doses for ten vaccines that should be administered before the age of two. Ten of those vaccines were assessed through the HEDIS 2012 measure. Since the child must have at least five health care visits to receive the entire immunization series recommended by the guidelines, this measure can also serve as an indicator of overall access to the health care system.[2]

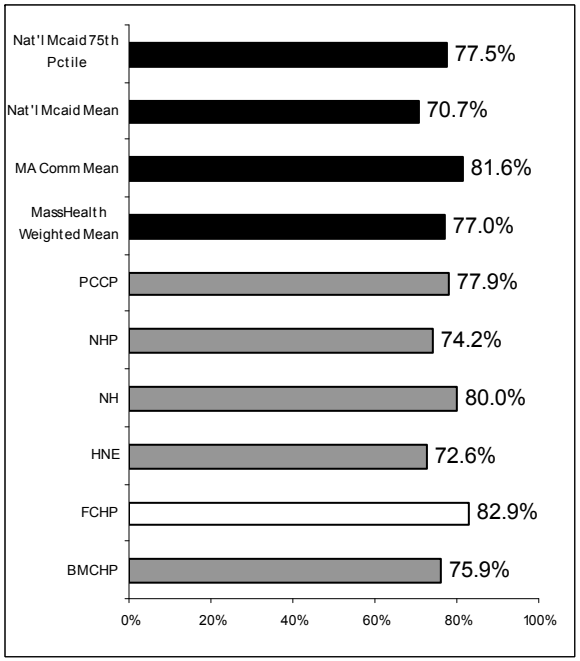
Combination 2

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



Combination 3

The percentage of children 2 years of age who received all of the vaccinations for the Combination 2 rate, plus four pneumococcal conjugate vaccinations (PCV) on or before their second birthday.



KEY:

- Comparison rates (Source of National and MA Commercial data: Quality Compass, 2012)
- Rate is *significantly above* the 2012 national Medicaid 75th percentile
- Rate is *not significantly different from* the 2012 national Medicaid 75th percentile
- Rate is *significantly below* the 2012 national Medicaid 75th percentile

Understanding the Results

NCQA added hepatitis A, rotavirus, and influenza vaccines to this measure beginning with HEDIS 2010. The inclusion of these three additional vaccines means that there are now seven new combination vaccines measured by HEDIS (Combinations 4-10). MassHealth plan rates for these combinations are not included in this report; however, they are available by contacting the MassHealth Quality Office (see page 7 for contact information).

Almost eighty percent (79.7%) of MassHealth members received Combination 2 immunizations by their second birthday. Plan specific rates ranged from 74.0% to 84.5%. None of the plans had a significantly higher rate than the national Medicaid 75th percentile benchmark rate of 80.8%. NHP's rate was significantly lower than it was in 2010, while the other plans did not differ significantly from their prior year rates.

Seventy-seven percent (77.0%) of MassHealth members received Combination 3 immunizations by their second birthday. MassHealth plan rates for Combination 3 ranged from 72.6% to 82.9%. One plan (FCHP) had significantly higher rates then the national Medicaid 75th percentile benchmark (77.5%). As with Combination 2, NHP's 2012 rate was significantly below its 2010 rate, while none of the other plans had significant differences.

Childhood Immunization Status

Statistical Summary — Combo 2

Comparison to Benchmarks:	Nat'l Mcaid 75th Pctile	Nat'l Mcaid Mean	MA Comm Mean	Plan's 2010 Rate
PCCP	○	★	○	○
NHP	○	○	●	●
NH	○	★	○	○
HNE	○	○	○	n/a
FCHP	○	★	○	○
BMCHP	○	○	●	○

2012 Comparison Rates

Nat'l Mcaid 90th Pctile:	84.2%	Nat'l Mcaid Mean:	74.5%	MassHealth Weighted Mean:	79.7%
Nat'l Mcaid 75th Pctile:	80.8%	MA Commercial Mean:	83.4%	MassHealth Median:	79.1%

MassHealth Plan Rates

2012		Num	Elig	Den	Rate	LCL	UCL
PCCP	(H)	329	4,083	411	80.0%	76.1%	84.0%
NHP	(H)	321	3,875	411	78.1%	74.0%	82.2%
NH	(H)	343	3,646	411	83.5%	79.7%	87.2%
HNE	(H)	54	74	73	74.0%	63.2%	84.7%
FCHP	(H)	257	310	304	84.5%	80.3%	88.8%
BMCHP	(H)	320	5,294	411	77.9%	73.7%	82.0%

2010		Num	Elig	Den	Rate	LCL	UCL
PCCP	(H)	334	4,029	411	81.3%	77.4%	85.2%
NHP	(H)	354	4,360	411	86.1%	82.7%	89.6%
NH	(H)	324	3,978	411	78.8%	74.8%	82.9%
HNE	(H)	n/a	n/a	n/a	n/a	n/a	n/a
FCHP	(H)	251	294	293	85.7%	81.5%	89.8%
BMCHP	(H)	344	6,035	411	83.7%	80.0%	87.4%

Statistical Summary — Combo 3

Comparison to Benchmarks:	Nat'l Mcaid 75th Pctile	Nat'l Mcaid Mean	MA Comm Mean	Plan's 2010 Rate
PCCP	○	★	○	○
NHP	○	○	●	●
NH	○	★	○	○
HNE	○	○	○	n/a
FCHP	★	★	○	○
BMCHP	○	★	●	○

2012 Comparison Rates

Nat'l Mcaid 90th Pctile:	82.4%	Nat'l Mcaid Mean:	70.7%	MassHealth Weighted Mean:	77.0%
Nat'l Mcaid 75th Pctile:	77.5%	MA Commercial Mean:	81.6%	MassHealth Median:	76.9%

MassHealth Plan Rates

2012		Num	Elig	Den	Rate	LCL	UCL
PCCP	(H)	320	4,083	411	77.9%	73.7%	82.0%
NHP	(H)	305	3,875	411	74.2%	69.9%	78.6%
NH	(H)	329	3,646	411	80.0%	76.1%	84.0%
HNE	(H)	53	74	73	72.6%	61.7%	83.5%
FCHP	(H)	252	310	304	82.9%	78.5%	87.3%
BMCHP	(H)	312	5,294	411	75.9%	71.7%	80.2%

2010		Num	Elig	Den	Rate	LCL	UCL
PCCP	(H)	315	4,029	411	76.6%	72.4%	80.9%
NHP	(H)	345	4,360	411	83.9%	80.3%	87.6%
NH	(H)	312	3,978	411	75.9%	71.7%	80.2%
HNE	(H)	n/a	n/a	n/a	n/a	n/a	n/a
FCHP	(H)	246	294	293	84.0%	79.6%	88.3%
BMCHP	(H)	326	6,035	411	79.3%	75.3%	83.4%

Legend:
★ 2012 rate is significantly above the comparison rate.
○ 2012 rate is not significantly different from the comparison rate.
● 2012 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, 2012.

Childhood Immunization Status

Understanding the Results (continued)

Although the HEDIS Childhood Immunization Status measure is an important indicator of the quality of preventive care delivered by a health plan, the measure does have some limitations. For example, HEDIS does not assess the timeliness of immunization delivery with regard to the recommended age intervals for vaccination. However, a recent study using both parent interview and medical record data found a high degree of concordance between meeting the HEDIS immunization criteria and vaccination timeliness, as defined by the CDC.[3] Another limitation is the exclusion of members who are not continuously enrolled. In order to be included in the measure (the denominator), members must be continuously enrolled in a plan for twelve months prior to their second birthday. Members who are excluded because they do not meet this continuous enrollment criterion may be at risk for low immunization rates and missed immunizations. Therefore, this measure may not be a good indicator of the quality of care delivered to MassHealth members who are at the greatest risk of poor immunization coverage.

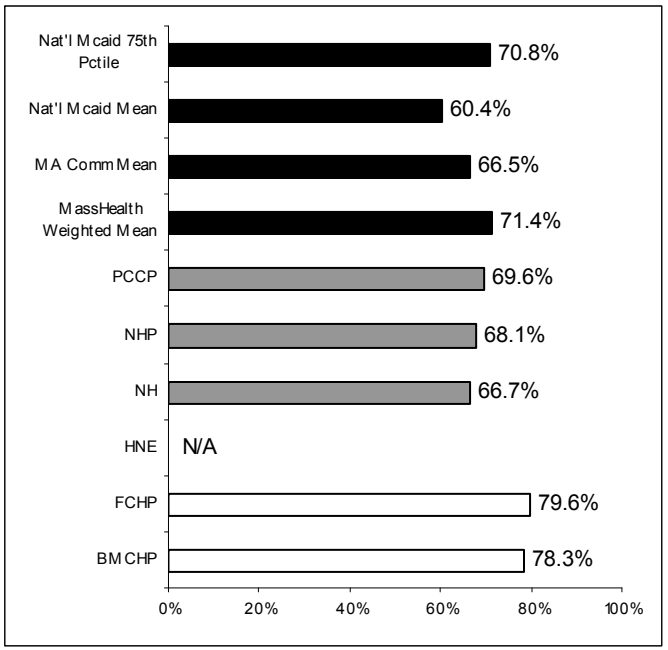
Although Massachusetts has one of the highest immunization coverage rates in the United States,[4] opportunity for improvement still exists. The immunizations required by the Combination 2 rate are consistent with those defined by Healthy People 2010. The Healthy People 2010 childhood immunization goal of 90% may represent a target for continued improvement on this measure. Increased attention to areas measured by HEDIS at the expense of other non-measured preventive services, such as those addressed in other Healthy People 2010 goals, could have the unintended effect of reducing the overall quality of preventive care (i.e., if non-measured services are neglected).[5] Nonetheless, since childhood and adolescent immunization are two of the most cost-effective practices of all areas assessed through HEDIS,[6] greater efforts at improving immunization rates could yield benefits to both plans and the members they serve.

Immunization for Adolescents

The HEDIS Immunization for Adolescents measure assesses how well health plans ensure that their adolescent members thirteen years of age are immunized, following the Recommended Childhood and Adolescent Immunization Schedule issued by the Centers for Disease Control and Prevention (CDC) and the Advisory Committee on Immunization Practices (ACIP).[7] The schedule recommends the number of doses, ages to administer doses, and the minimum amount of time between doses for vaccines that should be administered by thirteen years of age. For this measure, HEDIS 2012 focuses on adolescents receiving 2 vaccines between ages 10 to 13.

Combination 1

Adolescents who received one meningococcal vaccine on or between the members 11th and 13th birthday and one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) on or between the member's 10th and 13th birthday.



KEY:

- Comparison rates (Source of National and MA Commercial data: Quality Compass, 2012)
- Rate is *significantly above* the 2012 national Medicaid 75th percentile
- Rate is *not significantly different from* the 2012 national Medicaid 75th percentile
- Rate is *significantly below* the 2012 national Medicaid 75th percentile

Understanding the Results

NCQA added this measure in 2010 as an experimental first-year measure. Therefore, this is the first year this measure is included in the report. Accordingly, no prior-year rate comparisons can be made.

Seventy-one percent (71.4%) of adolescent MassHealth members received the Combination 1 vaccines by their 13th birthday. Plan rates ranged from 66.7% to 79.6%. Two plans, FCHP and BMCHP, had significantly higher rates than the benchmark rate of 70.8%, representing the national Medicaid 75th percentile, while three other plans, NH, NHP, and PCCP, had rates that did not differ significantly from the benchmark. (Health New England did not have data to report for this measure, as for several others in this report. HNE is both the newest MassHealth plan, and the smallest in terms of membership.)

Data for this measure are also broken out by the component vaccines, though the detailed results are not included in this report. These data breakouts showed that for the five plans with reportable data, rates for the Tdap/Td vaccines were between 10 and 15 percentage points higher than rates for the meningococcal vaccine. (Component vaccine rate breakouts are available from the MassHealth Quality Office; see p. 7 for contact information.)

Immunization for Adolescents

Statistical Summary — Combo 1

Comparison to Benchmarks:	Nat'l Mcaid 75th Pctile	Nat'l Mcaid Mean	MA Comm Mean	Plan's 2010 Rate
PCCP	○	★	○	n/a
NHP	○	★	○	n/a
NH	○	★	○	n/a
HNE	n/a	n/a	n/a	n/a
FCHP	★	★	★	n/a
BMCHP	★	★	★	n/a

2012 Comparison Rates

Nat'l Mcaid 90th Pctile:	80.9%	Nat'l Mcaid Mean:	60.4%	MassHealth Weighted Mean:	71.4%
Nat'l Mcaid 75th Pctile:	70.8%	MA Commercial Mean:	66.5%	MassHealth Median:	69.6%

MassHealth Plan Rates

2012		Num	Elig	Den	Rate	LCL	UCL
PCCP	(H)	286	4,758	411	69.6%	65.0%	74.2%
NHP	(H)	245	2,944	360	68.1%	63.1%	73.0%
NH	(H)	274	2,114	411	66.7%	62.0%	71.3%
HNE	(H)	.	.	.	.	.	.
FCHP	(H)	176	221	221	79.6%	74.1%	85.2%
BMCHP	(H)	322	3,856	411	78.3%	74.2%	82.4%

2010	Num	Elig	Den	Rate	LCL	UCL
PCCP	n/a	n/a	n/a	n/a	n/a	n/a
NHP	n/a	n/a	n/a	n/a	n/a	n/a
NH	n/a	n/a	n/a	n/a	n/a	n/a
HNE	n/a	n/a	n/a	n/a	n/a	n/a
FCHP	n/a	n/a	n/a	n/a	n/a	n/a
BMCHP	n/a	n/a	n/a	n/a	n/a	n/a

Legend:
★ 2012 rate is significantly above the comparison rate.
○ 2012 rate is not significantly different from the comparison rate.
● 2012 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.

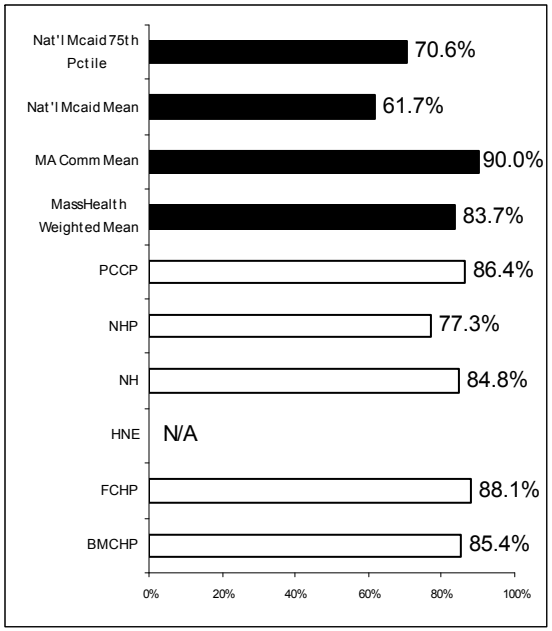
The source of the National Medicaid 90th Percentile, National Medicaid 75th Percentile, National Medicaid Mean, and MA Commercial Mean is Quality Compass, 2012.

Well-Child Visits for Infants and Young Children

The HEDIS Well-Child Visits measure assesses whether infants and young children receive the number of well-child visits recommended by current clinical guidelines. The American Academy of Pediatrics (AAP) recommends a schedule of nine well-child visits between birth and the first 15 months of life.[8] The AAP also recommends a schedule of annual well-child visits during the 3rd, 4th, 5th and 6th years of life. These well-child visits offer the opportunity for evaluation of growth and development, the administration of vaccinations, the assessment of behavioral issues, and delivery of anticipatory guidance on such issues as injury prevention, violence prevention, sleep position and nutrition. The HEDIS well-child visit measures assess only the frequency of well-child visits. They provide no information on the content or quality of care received during those visits. However, compliance with the preventative care guidelines, including the recommended number of visits, can improve health outcomes; for example, Medicaid-enrolled children under the age of 2 who receive well-child visits according to the frequency prescribed by the AAP have fewer avoidable hospitalizations.[9]

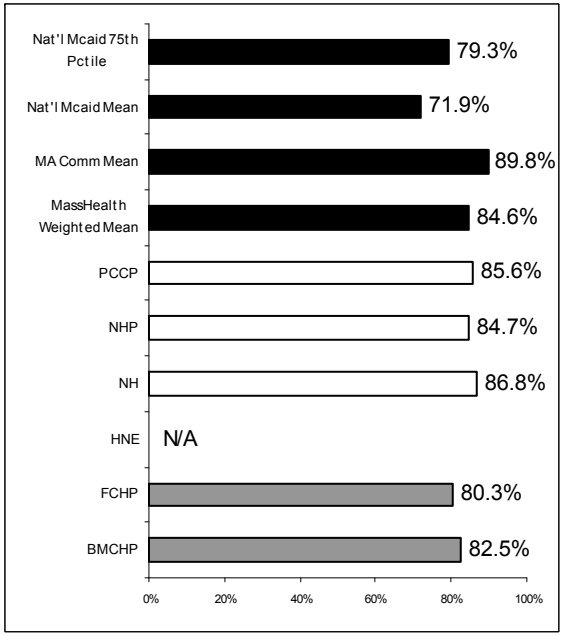
Well-Child Visits in the First 15 Months of Life (6+ visits)

The percentage of members who turned 15 months old during 2011 and who had six or more well-child visits with a primary care practitioner during the first 15 months of life.



Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life

The percentage of members who were three, four, five or six years old during 2011 who received one or more well-child visits with a primary care practitioner during 2011.



KEY:

- Comparison rates (Source of National and MA Commercial data: Quality Compass, 2012)
- Rate is *significantly above* the 2012 national Medicaid 75th percentile
- Rate is *not significantly different from* the 2012 national Medicaid 75th percentile
- Rate is *significantly below* the 2012 national Medicaid 75th percentile

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

Understanding the Results

Eighty-four percent (83.7%) of MassHealth members who turned 15 months during the measurement year had six or more well-child visits during their first 15 months of life. Rates for each plan ranged from 77.3% to 88.1%. (HNE did not have data to report.) All five MassHealth Plans with reportable data had significantly higher rates than the benchmark (70.6%), the national Medicaid 75th percentile. However, no plan rates were significantly different from 2010.

Eighty-five percent (84.6%) of MassHealth members who were three, four, five, or six years old during the measurement year received one or more well-child visits during 2011. Rates for each plan (except for HNE) ranged from 80.3% to 86.8%. Three plans, PCCP, NHP, and NH, had significantly higher rates compared to the national Medicaid 75th percentile benchmark of 79.3%. None of the individual plan rates were significantly different from 2010.

Well-Child Visits for Infants and Young Children

Statistical Summary — Well-Child Visits in the First 15 Months of Life (6+ visits)

Comparison to Benchmarks:	Nat'l Mcaid 75th Pctile	Nat'l Mcaid Mean	MA Comm Mean	Plan's 2010 Rate
PCCP	★	★	○	○
NHP	★	★	●	○
NH	★	★	●	○
HNE	n/a	n/a	n/a	n/a
FCHP	★	★	○	○
BMCHP	★	★	●	○

2012 Comparison Rates

Nat'l Mcaid 90th Pctile:	77.3%	Nat'l Mcaid Mean:	61.7%	MassHealth Weighted Mean:	83.7%
Nat'l Mcaid 75th Pctile:	70.6%	MA Commercial Mean:	90.0%	MassHealth Median:	85.4%

MassHealth Plan Rates

2012		Num	Elig	Den	Rate	LCL	UCL
PCCP	(H)	127	2,808	147	86.4%	80.5%	92.3%
NHP	(H)	160	2,820	207	77.3%	71.3%	83.2%
NH	(H)	290	2,439	342	84.8%	80.8%	88.7%
HNE	(A)	.	.	.	.	.	.
FCHP	(A)	177	201	201	88.1%	83.3%	92.8%
BMCHP	(H)	351	3,795	411	85.4%	81.9%	88.9%

2010		Num	Elig	Den	Rate	LCL	UCL
PCCP	(H)	228	2,681	250	91.2%	87.5%	94.9%
NHP	(H)	224	3,457	260	86.2%	81.8%	90.5%
NH	(H)	305	3,061	376	81.1%	77.0%	85.2%
HNE		n/a	n/a	n/a	n/a	n/a	n/a
FCHP	(A)	190	224	224	84.8%	79.9%	89.7%
BMCHP	(H)	229	5,072	270	84.8%	80.3%	89.3%

Statistical Summary — Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life

Comparison to Benchmarks:	Nat'l Mcaid 75th Pctile	Nat'l Mcaid Mean	MA Comm Mean	Plan's 2010 Rate
PCCP	★	★	●	○
NHP	★	★	○	○
NH	★	★	○	○
HNE	n/a	n/a	n/a	n/a
FCHP	○	★	●	○
BMCHP	○	★	●	○

2012 Comparison Rates

Nat'l Mcaid 90th Pctile:	82.9%	Nat'l Mcaid Mean:	71.9%	MassHealth Weighted Mean:	84.6%
Nat'l Mcaid 75th Pctile:	79.3%	MA Commercial Mean:	89.8%	MassHealth Median:	84.7%

MassHealth Plan Rates

2012		Num	Elig	Den	Rate	LCL	UCL
PCCP	(A)	15,105	17,652	17,652	85.6%	85.0%	86.1%
NHP	(H)	166	16,590	196	84.7%	79.4%	90.0%
NH	(H)	217	13,890	250	86.8%	82.4%	91.2%
HNE	(A)	.	.	.	.	.	.
FCHP	(A)	927	1,155	1155	80.3%	77.9%	82.6%
BMCHP	(H)	339	21,265	411	82.5%	78.7%	86.3%

2010		Num	Elig	Den	Rate	LCL	UCL
PCCP	(A)	14,332	16,895	16,895	84.8%	84.3%	85.4%
NHP	(H)	218	13,721	250	87.2%	82.9%	91.5%
NH	(H)	197	11,699	229	86.0%	81.3%	90.7%
HNE		n/a	n/a	n/a	n/a	n/a	n/a
FCHP	(H)	210	991	250	84.0%	79.3%	88.7%
BMCHP	(H)	194	20,537	229	84.7%	79.8%	89.6%

Legend:
★ 2012 rate is significantly above the comparison rate.
○ 2012 rate is not significantly different from the comparison rate.
● 2012 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.

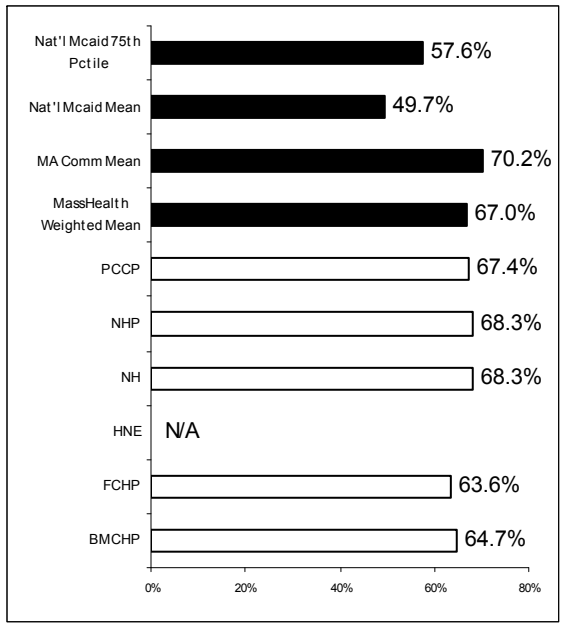
The source of the National Medicaid 90th Percentile, National Medicaid 75th Percentile, National Medicaid Mean, and MA Commercial Mean is Quality Compass, 2012.

Adolescent Well-Care Visits

The HEDIS Adolescent Well-Care Visits measure assesses whether adolescents had a least one well-care visit with a primary care provider or OB/GYN during 2011, as recommended by clinical guidelines set forth by the American Medical Association (AMA), American Academy of Pediatrics (AAP), and Bright Futures.[10] Annual visits during adolescence allow providers to conduct physical examinations for growth, assess behavior, and deliver anticipatory guidance on issues related to violence, injury prevention and nutrition, as well as to screen for sexual activity, smoking and depression. Adolescents are more likely than younger children to have no well-care visits at all, and this gap is more pronounced for adolescents in publicly-funded managed care.[11,12]

Adolescent Well-Care Visits

The percentage of members who were 12-21 years of age during 2011 and who had at least one comprehensive well-care visit with a primary care practitioner or OB/GYN during 2011.



KEY:

- Comparison rates (Source of National and MA Commercial data: Quality Compass, 2012)
- Rate is *significantly above* the 2012 national Medicaid 75th percentile
- Rate is *not significantly different from* the 2012 national Medicaid 75th percentile
- Rate is *significantly below* the 2012 national Medicaid 75th percentile

Understanding the Results

Sixty-seven percent (67.0%) of MassHealth members who were 12 to 21 years of age had at least one comprehensive well-care visit with a primary care practitioner or OB/GYN during 2011. Rates for the five MassHealth plans with reportable data ranged from 63.6% to 68.3%, and all five of these plans had significantly higher rates than the national Medicaid 75th percentile benchmark rate of 57.6%. However, only one plan (PCCP) significantly improved from 2010. In addition, three plans (BMCHP, FCHP, and PCCP) had significantly lower rates of adolescent well-care visits compared to the Massachusetts commercial plan mean, so opportunities for improvement remain.

One caveat related to both this measure and the well-child measure is that these measures are calculated using administrative and/or medical record data, rather than survey data. Well-care rates generated from parent surveys and adolescent reported surveys generally yield higher rates of visits compared to the HEDIS well-care measures.[13] For example, the national rate of children meeting AAP guidelines for number of well-care visits is as high as 77% when calculated from parent surveys.[14] However, whether or not administrative and medical record data actually under-report well-care visit rates or survey data over-report the occurrence of well-child visits is unknown. In addition, miscoding of well-child visits for infants and young children and well-care visits for adolescents affect the results of this measure. Research comparing Medicaid administrative data with well-child medical records has documented substantial misclassification of well-child visits as sick visits.[15]

Adolescent Well-Care Visits

Statistical Summary

Comparison to Benchmarks:	Nat'l Mcaid 75th Pctile	Nat'l Mcaid Mean	MA Comm Mean	Plan's 2010 Rate
PCCP	★	★	●	★
NHP	★	★	○	○
NH	★	★	○	○
HNE	n/a	n/a	n/a	n/a
FCHP	★	★	●	○
BMCHP	★	★	●	○

2012 Comparison Rates

Nat'l Mcaid 90th Pctile:	64.3%	Nat'l Mcaid Mean:	49.7%	MassHealth Weighted Mean:	67.0%
Nat'l Mcaid 75th Pctile:	57.6%	MA Commercial Mean:	70.2%	MassHealth Median:	67.4%

MassHealth Plan Rates

2012		Num	Elig	Den	Rate	LCL	UCL
PCCP	(A)	28,444	42,177	42,177	67.4%	67.0%	67.9%
NHP	(H)	250	23,710	366	68.3%	63.4%	73.2%
NH	(H)	265	17,263	388	68.3%	63.5%	73.1%
HNE	(A)	.	.	.	.	.	.
FCHP	(A)	1,156	1,817	1,817	63.6%	61.4%	65.9%
BMCHP	(H)	266	30,202	411	64.7%	60.0%	69.5%

2010		Num	Elig	Den	Rate	LCL	UCL
PCCP	(A)	27,104	41,604	41,604	65.1%	64.7%	65.6%
NHP	(H)	271	21,245	401	67.6%	62.9%	72.3%
NH	(H)	256	14,340	384	66.7%	61.8%	71.5%
HNE		n/a	n/a	n/a	n/a	n/a	n/a
FCHP	(A)	993	1,680	1,680	59.1%	56.7%	61.5%
BMCHP	(H)	243	27,916	354	68.6%	63.7%	73.6%

Legend:
★ 2012 rate is significantly above the comparison rate.
○ 2012 rate is not significantly different from the comparison rate.
● 2012 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.

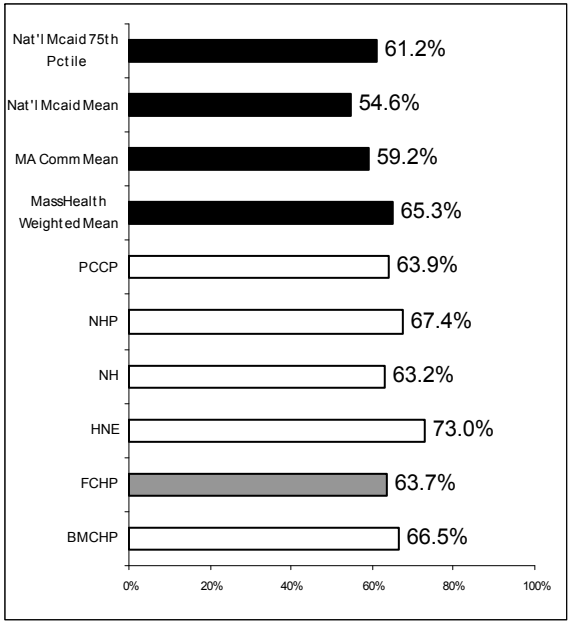
The source of the National Medicaid 90th Percentile, National Medicaid 75th Percentile, National Medicaid Mean, and MA Commercial Mean is Quality Compass, 2012.

Chlamydia Screening in Women

The HEDIS Chlamydia Screening in Women measure assesses whether women 15-24 years of age who were identified as sexually active had at least one test for chlamydia during 2011. Chlamydia is the most commonly sexually transmitted bacterial pathogen in the United States.[16] There are estimated to be 3 million new infections each year.[17] Sexually active women 24 years of age or younger are at highest risk for chlamydial infection. Chlamydia can cause urethritis, cervicitis, pelvic inflammatory disease (PID), and can result in ectopic pregnancy, infertility, and chronic pelvic pain. A number of tests are available to identify chlamydia using endocervical or urethral swabs and urine specimens. The U.S. Preventive Services Task Force (USPSTF), American Academy of Family Physicians (AAFP), American College of Obstetricians and Gynecologists (ACOG), and American College of Preventive Medicine (ACPM) all recommend chlamydia screening in women at increased risk for chlamydial infection.[16] Studies show screening can reduce the prevalence of PID in women at increased risk.[16]

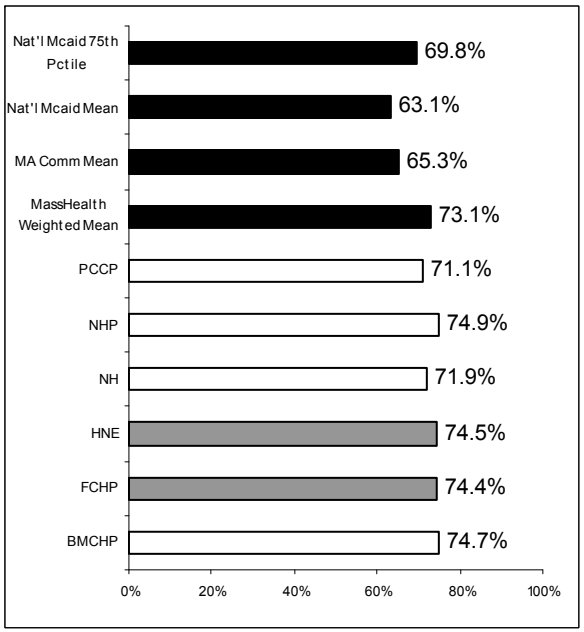
Age 16 to 20 Years

The percentage of women 16 to 20 years of age who were identified as sexually active and who had at least one chlamydia test during 2011.



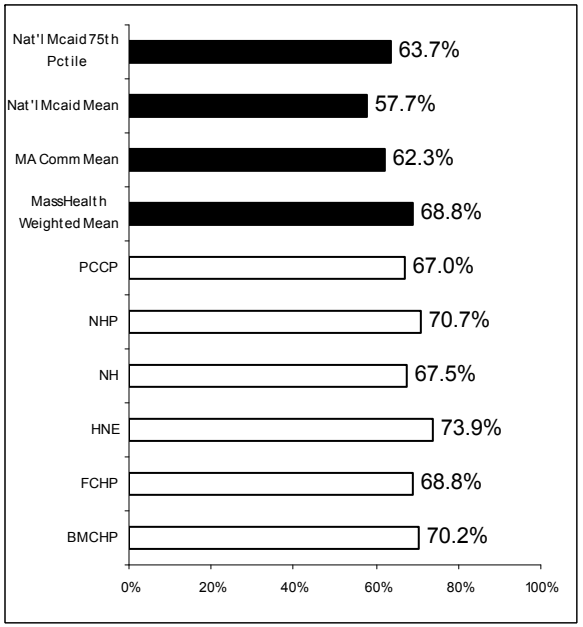
Age 21 to 24 Years

The percentage of women 21 to 24 years of age who were identified as sexually active and who had at least one chlamydia test during 2011.



Combined Ages 16 to 24 Years

The percentage of women 16 to 24 years of age who were identified as sexually active and who had at least one chlamydia test during 2011.



KEY:

- Comparison rates (Source of National and MA Commercial data: Quality Compass, 2012)
- Rate is *significantly above* the 2012 national Medicaid 75th percentile
- Rate is *not significantly different from* the 2012 national Medicaid 75th percentile
- Rate is *significantly below* the 2012 national Medicaid 75th percentile

Chlamydia Screening in Women

Statistical Summary — Age 16 to 20

Comparison to Benchmarks:

	Nat'l Mcaid 75th Pctile	Nat'l Mcaid Mean	MA Comm Mean	Plan's 2010 Rate
PCCP	★	★	★	★
NHP	★	★	★	○
NH	★	★	★	○
HNE	★	★	★	n/a
FCHP	○	★	○	○
BMCHP	★	★	★	○

2012 Comparison Rates

Nat'l Mcaid 90th Pctile:	67.3%	Nat'l Mcaid Mean:	54.6%	MassHealth Weighted Mean:	65.3%
Nat'l Mcaid 75th Pctile:	61.2%	MA Commercial Mean:	59.2%	MassHealth Median:	65.2%

MassHealth Plan Rates

2012		Num	Den	Rate	LCL	UCL
PCCP	(A)	3,798	5,947	63.9%	62.6%	65.1%
NHP	(A)	2,380	3,532	67.4%	65.8%	68.9%
NH	(A)	1,487	2,354	63.2%	61.2%	65.1%
HNE	(A)	73	100	73.0%	63.8%	82.2%
FCHP	(A)	160	251	63.7%	57.6%	69.9%
BMCHP	(A)	3,047	4,585	66.5%	65.1%	67.8%

2010		Num	Den	Rate	LCL	UCL
PCCP	(A)	3,771	6,142	61.4%	60.2%	62.6%
NHP	(A)	2,274	3,380	67.3%	65.7%	68.9%
NH	(A)	1,371	2,169	63.2%	61.2%	65.3%
HNE		n/a	n/a	n/a	n/a	n/a
FCHP	(A)	161	266	60.5%	54.5%	66.6%
BMCHP	(A)	2,920	4,471	65.3%	63.9%	66.7%

Statistical Summary — Age 21 to 24

Comparison to Benchmarks:

	Nat'l Mcaid 75th Pctile	Nat'l Mcaid Mean	MA Comm Mean	Plan's 2010 Rate
PCCP	★	★	★	★
NHP	★	★	★	○
NH	★	★	★	○
HNE	○	★	★	n/a
FCHP	○	★	★	○
BMCHP	★	★	★	★

2012 Comparison Rates

Nat'l Mcaid 90th Pctile:	72.7%	Nat'l Mcaid Mean:	63.1%	MassHealth Weighted Mean:	73.1%
Nat'l Mcaid 75th Pctile:	69.8%	MA Commercial Mean:	65.3%	MassHealth Median:	74.5%

MassHealth Plan Rates

2012		Num	Den	Rate	LCL	UCL
PCCP	(A)	3,286	4,622	71.1%	69.8%	72.4%
NHP	(A)	2,107	2,812	74.9%	73.3%	76.5%
NH	(A)	1,677	2,331	71.9%	70.1%	73.8%
HNE	(A)	105	141	74.5%	66.9%	82.0%
FCHP	(A)	169	227	74.4%	68.6%	80.3%
BMCHP	(A)	2,898	3,882	74.7%	73.3%	76.0%

2010		Num	Den	Rate	LCL	UCL
PCCP	(A)	3,492	5,182	67.4%	66.1%	68.7%
NHP	(A)	1,931	2,519	76.7%	75.0%	78.3%
NH	(A)	1,534	2,139	71.7%	69.8%	73.6%
HNE		n/a	n/a	n/a	n/a	n/a
FCHP	(A)	156	225	69.3%	63.1%	75.6%
BMCHP	(A)	2,805	4,021	69.8%	68.3%	71.2%

Legend:
★ 2012 rate is significantly above the comparison rate.
○ 2012 rate is not significantly different from the comparison rate.
● 2012 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, 2012.

Chlamydia Screening in Women

Statistical Summary — Age 16 to 24

Comparison to Benchmarks:

	Nat'l Mcaid 75th Pctile	Nat'l Mcaid Mean	MA Comm Mean	Plan's 2010 Rate
PCCP	★	★	★	★
NHP	★	★	★	○
NH	★	★	★	○
HNE	★	★	★	n/a
FCHP	★	★	★	○
BMCHP	★	★	★	★

2012 Comparison Rates

Nat'l Mcaid 90th Pctile:	68.8%	Nat'l Mcaid Mean:	57.7%	MassHealth Weighted Mean:	68.8%
Nat'l Mcaid 75th Pctile:	63.7%	MA Commercial Mean:	62.3%	MassHealth Median:	69.5%

MassHealth Plan Rates

2012		Num	Den	Rate	LCL	UCL
PCCP	(A)	7,084	10,569	67.0%	66.1%	67.9%
NHP	(A)	4,487	6,344	70.7%	69.6%	71.9%
NH	(A)	3,164	4,685	67.5%	66.2%	68.9%
HNE	(A)	178	241	73.9%	68.1%	79.6%
FCHP	(A)	329	478	68.8%	64.6%	73.1%
BMCHP	(A)	5,945	8,467	70.2%	69.2%	71.2%

2010		Num	Den	Rate	LCL	UCL
PCCP	(A)	7,263	11,324	64.1%	63.3%	65.0%
NHP	(A)	4,205	5,899	71.3%	70.1%	72.4%
NH	(A)	2,905	4,308	67.4%	66.0%	68.8%
HNE		n/a	n/a	n/a	n/a	n/a
FCHP	(A)	317	491	64.6%	60.2%	68.9%
BMCHP	(A)	5,725	8,492	67.4%	66.4%	68.4%

Legend:
★ 2012 rate is significantly above the comparison rate.
○ 2012 rate is not significantly different from the comparison rate.
● 2012 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, 2012.

Understanding the Results

Sixty-five percent (65.3%) of MassHealth female members who were 16 to 20 years of age and who were identified as sexually active had at least one chlamydia test during 2011. All of the plans except for FCHP had a significantly higher rate than the national Medicaid 75th percentile benchmark (61.2%). All six plans had significantly higher rates compared to the Massachusetts commercial mean of 59.2%, and one plan (PCCP) significantly improved upon its 2010 rate.

Seventy-three percent (73.1%) of members who were age 21 to 24 years and identified as sexually active had at least one chlamydia test during 2011. Reported rates for four plans (PCCP, NHP, NH, and BMCHP) were significantly higher compared to the national Medicaid 75th percentile benchmark (69.8%). In addition, all six plans had significantly better rates than the Massachusetts commercial mean (65.3%). PCCP and BMCHP had significantly higher rates than they had in 2010.

Chlamydia Screening in Women

Understanding the Results (continued)

Overall, combining the two age groups, sixty-nine percent (68.8%) of sexually active female members 16 to 24 years of age had at least one chlamydia test during 2011. Plan specific rates ranged from 67.0% to 73.9%. All six plan rates were significantly higher than both the national Medicaid 75th percentile (63.7%) and the Massachusetts commercial mean (62.3%). Combined 2012 rates for the PCC Plan and BMCHP were significantly improved from 2010.

The HEDIS Chlamydia Screening measure estimates screening rates for each plan using administrative data. Although studies show that using administrative data is an acceptable method for identifying the eligible population (the denominator), overestimation can occur if sexually active members who do not have claims are excluded from the measure.[18,19] Miscoding of services can also affect HEDIS estimates by underestimating the actual screening rate (for example, when chlamydia screening tests are performed but are not captured in claims data).[18,19]

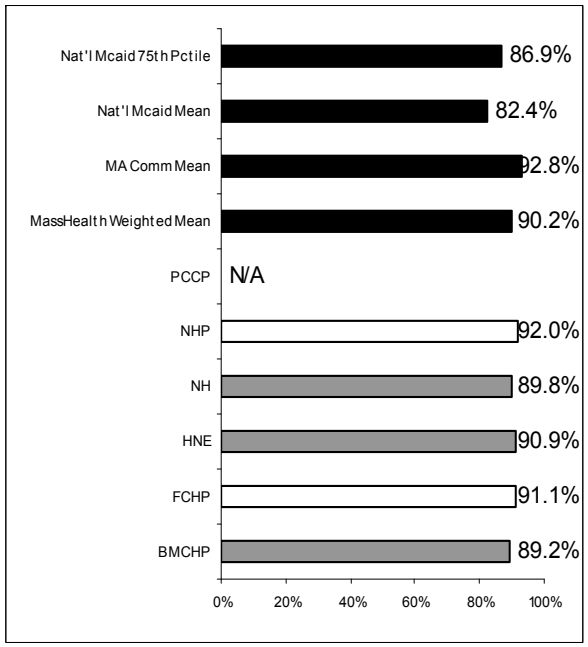
Living With Illness

Comprehensive Diabetes Care

Current estimates suggest that almost 25.8 million Americans, or nearly 8.3% of the total population, have type 1 or type 2 diabetes.[20] Diabetes prevalence has increased dramatically in recent decades, with type 2 diabetes rates doubling in the last three decades among the middle-aged.[21] Diabetes can lead to significant 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 assesses 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 diabetes.

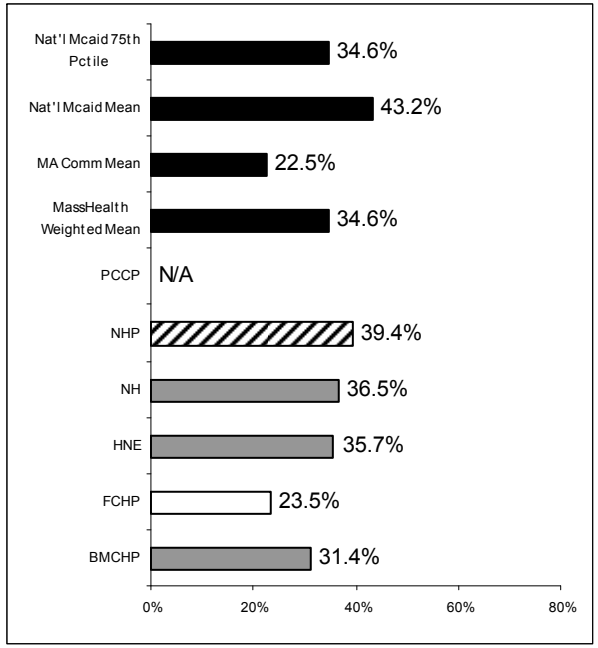
Hemoglobin A1c (HbA1c) Testing

The percentage of members 18-75* years of age with diabetes (type 1 or type 2) who had Hemoglobin A1c (HbA1c) testing during 2011.



HbA1c Poor Control (>9.0)

The percentage of members 18-75* years of age with diabetes (type 1 or type2) who had poor HbA1c control (>9.0%) during 2011. (Note: for this measure, a lower percentage represents higher quality.)



KEY:

- Comparison rates (Source of National and MA Commercial data: Quality Compass, 2012)
- Rate is *significantly above* (A1c Testing) or *significantly below* (Poor Control) the 2012 national Medicaid 75th percentile
- Rate is *not significantly different from* the 2012 national Medicaid 75th percentile
- Rate is *significantly below* (A1c Testing) or *significantly below* (Poor Control) the 2012 national Medicaid 75th percentile

Understanding the Results

Ninety percent (90.2%) of MassHealth members 18-75 years of age with diabetes (type 1 or type 2) had an HbA1c test during 2011. Individual plan rates ranged from 89.2% to 92.0%. Two plans, NHP and FCHP, had rates significantly higher than the Medicaid 75th percentile benchmark of 86.9%. BMCHP had a significantly lower rate than it reported in the HEDIS 2009 report (data from 2008).

Thirty-five percent (34.6%) of MassHealth members 18-75 years of age with diabetes (type 1 or type 2) had poor HbA1c control during 2011. Plan-specific rates ranged from 23.5% (the best performance) to 39.4% (the worst performance). FCHP's rate of 23.5% was significantly better than the national Medicaid 75th percentile benchmark rate of 34.6%, while NHP's rate of 39.4% was significantly worse. There were four plans, BMCHP, FCHP, NHP, and NH, with data in the current year and the previous reporting year (2009); none showed any statistically significant difference.

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

Comprehensive Diabetes Care

Hemoglobin A1c (HbA1c) Testing

Comparison to Benchmarks:	Nat'l Mcaid 75th Pctile	Nat'l Mcaid Mean	MA Comm Mean	Plan's 2009 Rate
PCCP	n/a	n/a	n/a	n/a
NHP	★	★	○	○
NH	○	★	○	○
HNE	○	★	○	n/a
FCHP	★	★	○	○
BMCHP	○	★	●	●

2012 Comparison Rates

Nat'l Mcaid 90th Pctile:	91.1%	Nat'l Mcaid Mean:	82.4%	MassHealth Weighted Mean: 90.2%
Nat'l Mcaid 75th Pctile:	86.9%	MA Commercial Mean:	92.8%	MassHealth Median: 90.9%

MassHealth Plan Rates

2012		Num	Elig	Den	Rate	LCL	UCL
PCCP	(H)	n/a	n/a	n/a	n/a	n/a	n/a
NHP	(H)	378	3,036	411	92.0%	89.2%	94.7%
NH	(H)	369	2,771	411	89.8%	86.7%	92.8%
HNE	(H)	130	153	143	90.9%	85.8%	96.0%
FCHP	(H)	267	321	293	91.1%	87.7%	94.6%
BMCHP	(H)	489	5,286	548	89.2%	86.5%	91.9%

2009		Num	Elig	Den	Rate	LCL	UCL
PCCP	(H)	369	13,972	411	89.8%	86.7%	92.8%
NHP	(H)	368	1,664	411	89.5%	86.5%	92.6%
NH	(H)	366	1,649	411	89.1%	85.9%	92.2%
HNE		n/a	n/a	n/a	n/a	n/a	n/a
FCHP	(H)	205	248	225	91.1%	87.2%	95.1%
BMCHP	(H)	391	3,819	411	95.1%	92.9%	97.3%

HbA1c Poor Control (>9.0 - Lower Rate is Better)

Comparison to Benchmarks:	Nat'l Mcaid 75th Pctile	Nat'l Mcaid Mean	MA Comm Mean	Plan's 2009 Rate
PCCP	n/a	n/a	n/a	n/a
NHP	●	○	●	○
NH	○	★	●	○
HNE	○	○	●	n/a
FCHP	★	★	○	○
BMCHP	○	★	●	○

2012 Comparison Rates

Nat'l Mcaid 90th Pctile:	29.0%	Nat'l Mcaid Mean:	43.2%	MassHealth Weighted Mean: 34.6%
Nat'l Mcaid 75th Pctile:	34.6%	MA Commercial Mean:	22.5%	MassHealth Median: 35.7%

MassHealth Plan Rates

2012		Num	Elig	Den	Rate	LCL	UCL
PCCP	(H)	n/a	n/a	n/a	n/a	n/a	n/a
NHP	(H)	162	3,036	411	39.4%	34.6%	44.3%
NH	(H)	150	2,771	411	36.5%	31.7%	41.3%
HNE	(H)	51	153	143	35.7%	27.5%	43.9%
FCHP	(H)	69	321	293	23.5%	18.5%	28.6%
BMCHP	(H)	172	5,286	548	31.4%	27.4%	35.4%

2009		Num	Elig	Den	Rate	LCL	UCL
PCCP	(H)	129	13,972	411	31.4%	26.8%	36.0%
NHP	(H)	142	1,664	411	34.5%	29.8%	39.3%
NH	(H)	152	1,649	411	37.0%	32.2%	41.8%
HNE		n/a	n/a	n/a	n/a	n/a	n/a
FCHP	(H)	72	248	225	32.0%	25.7%	38.3%
BMCHP	(H)	136	3,819	411	33.1%	28.4%	37.8%

Legend:
- ★ 2012 rate is significantly above (HbA1c testing) or below (Poor HbA1c Control) the comparison rate.
- ○ 2012 rate is not significantly different from the comparison rate.
- ● 2012 rate is significantly below (HbA1c testing) or above (Poor HbA1c Control) the comparison rate.

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

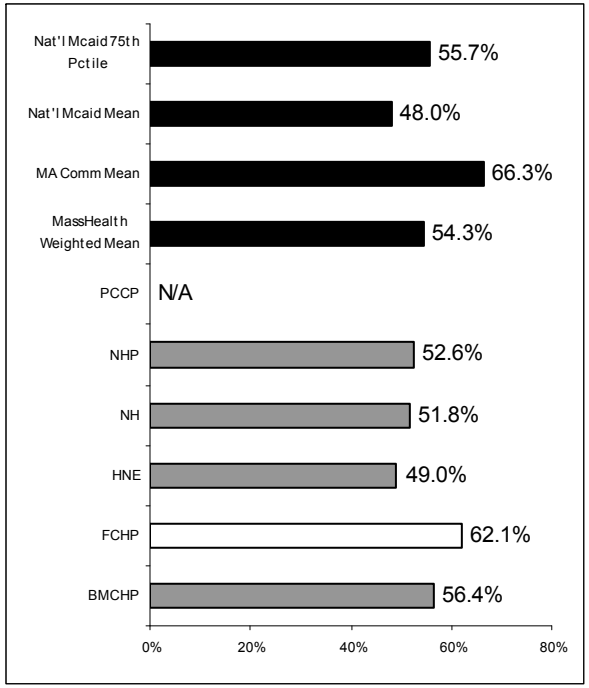
(H) = Measure was collected using hybrid method
Note: The ability to locate and obtain medical records by a plan or a plan's contracted vendor can impact performance on a hybrid measure. Per NCQA's specifications, members for whom no medical record documentation is found are considered non-compliant 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, 2012.

Comprehensive Diabetes Care

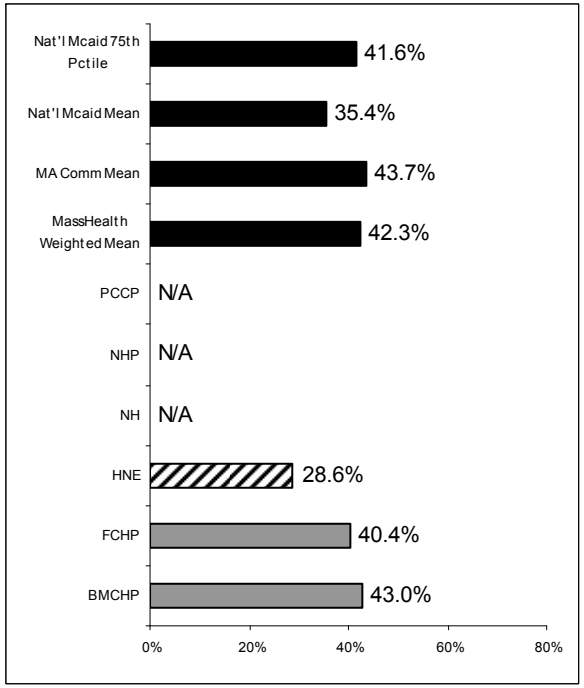
HbA1c Control (<8.0)

The percentage of members 18-75* years of age with diabetes (type 1 or type 2) who had Hemoglobin A1c (HbA1c) control (<8.0) during 2011.



HbA1c Control (<7.0)

The percentage of members 18-75* years of age with diabetes (type 1 or type 2) who had Hemoglobin A1c (HbA1c) control (<7.0) during 2011.



KEY:

- Comparison rates (Source of National and MA Commercial data: Quality Compass, 2012)
- Rate is *significantly above* the 2012 national Medicaid 75th percentile
- Rate is *not significantly different from* the 2012 national Medicaid 75th percentile
- Rate is *significantly below* the 2012 national Medicaid 75th percentile

Understanding the Results

The two HbA1c control measures reported here have not previously been reported by MassHealth plans. As a result, no prior year comparisons can be made. The first measure uses HbA1c levels under 8.0% as an indicator of good control. The second measure uses the lower level of <7.0%, but is only applied to a selected population. (Members with certain heart or vascular conditions are excluded, for example.)

Fifty-four percent (54.3%) of MassHealth members 18-75 years of age with diabetes (type 1 or type 2) had an HbA1c levels under 8.0% during 2011. Individual plan rates ranged from 49.0% to 62.1%. One plan, FCHP, had a rate significantly higher than the Medicaid 75th percentile benchmark of 55.7%, while the other four plans with reported data had no significant difference from the benchmark.

Forty-two percent (42.3%) of MassHealth members 18-75 years of age with diabetes (type 1 or type 2) achieved the higher standard of HbA1c control (<7.0%) during 2011. The three plans reporting data had rates ranging from 28.6% to 43.0%. HNE's rate of was significantly lower than the national Medicaid 75th percentile benchmark rate 41.6%, while the other two plan rates (FCHP and BMCHP) were not significantly different than the benchmark.

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

Comprehensive Diabetes Care

Hemoglobin A1c (HbA1c) Control (<8.0)

Comparison to Benchmarks:	Nat'l Mcaid 75th Pctile	Nat'l Mcaid Mean	MA Comm Mean	Plan's 2009 Rate*
PCCP	n/a	n/a	n/a	n/a
NHP	○	○	●	n/a
NH	○	○	●	n/a
HNE	○	○	●	n/a
FCHP	★	★	○	n/a
BMCHP	○	★	●	n/a

2012 Comparison Rates

Nat'l Mcaid 90th Pctile:	59.4%	Nat'l Mcaid Mean:	48.0%	MassHealth Weighted Mean:	54.3%
Nat'l Mcaid 75th Pctile:	55.7%	MA Commercial Mean:	66.3%	MassHealth Median:	52.6%

MassHealth Plan Rates

2012		Num	Elig	Den	Rate	LCL	UCL
PCCP	(H)	n/a	n/a	n/a	n/a	n/a	n/a
NHP	(H)	216	3,036	411	52.6%	47.6%	57.5%
NH	(H)	213	2,771	411	51.8%	46.9%	56.8%
HNE	(H)	70	153	143	49.0%	40.4%	57.5%
FCHP	(H)	182	321	293	62.1%	56.4%	67.8%
BMCHP	(H)	309	5,286	548	56.4%	52.1%	60.6%

2009*	Num	Elig	Den	Rate	LCL	UCL
PCCP	n/a	n/a	n/a	n/a	n/a	n/a
NHP	n/a	n/a	n/a	n/a	n/a	n/a
NH	n/a	n/a	n/a	n/a	n/a	n/a
HNE	n/a	n/a	n/a	n/a	n/a	n/a
FCHP	n/a	n/a	n/a	n/a	n/a	n/a
BMCHP	n/a	n/a	n/a	n/a	n/a	n/a

* Measure not reported in 2009.

Hemoglobin A1c (HbA1c) Control (<7.0)

Comparison to Benchmarks:	Nat'l Mcaid 75th Pctile	Nat'l Mcaid Mean	MA Comm Mean	Plan's 2009 Rate*
PCCP	n/a	n/a	n/a	n/a
NHP	n/a	n/a	n/a	n/a
NH	n/a	n/a	n/a	n/a
HNE	●	○	●	n/a
FCHP	○	○	○	n/a
BMCHP	○	★	○	n/a

2012 Comparison Rates

Nat'l Mcaid 90th Pctile:	44.0%	Nat'l Mcaid Mean:	35.4%	MassHealth Weighted Mean:	42.3%
Nat'l Mcaid 75th Pctile:	41.6%	MA Commercial Mean:	43.7%	MassHealth Median:	40.4%

MassHealth Plan Rates

2012		Num	Elig	Den	Rate	LCL	UCL
PCCP	(H)	n/a	n/a	n/a	n/a	n/a	n/a
NHP	(H)	.	.	.	.	.	.
NH	(H)	.	.	.	.	.	.
HNE	(H)	36	153	126	28.6%	20.3%	36.9%
FCHP	(H)	91	247	225	40.4%	33.8%	47.1%
BMCHP	(H)	177	4,144	412	43.0%	38.1%	47.9%

2009*	Num	Elig	Den	Rate	LCL	UCL
PCCP	n/a	n/a	n/a	n/a	n/a	n/a
NHP	n/a	n/a	n/a	n/a	n/a	n/a
NH	n/a	n/a	n/a	n/a	n/a	n/a
HNE	n/a	n/a	n/a	n/a	n/a	n/a
FCHP	n/a	n/a	n/a	n/a	n/a	n/a
BMCHP	n/a	n/a	n/a	n/a	n/a	n/a

Legend:
★ 2012 rate is significantly above the comparison rate.
○ 2012 rate is not significantly different from the comparison rate.
● 2012 rate is significantly below the comparison rate.

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

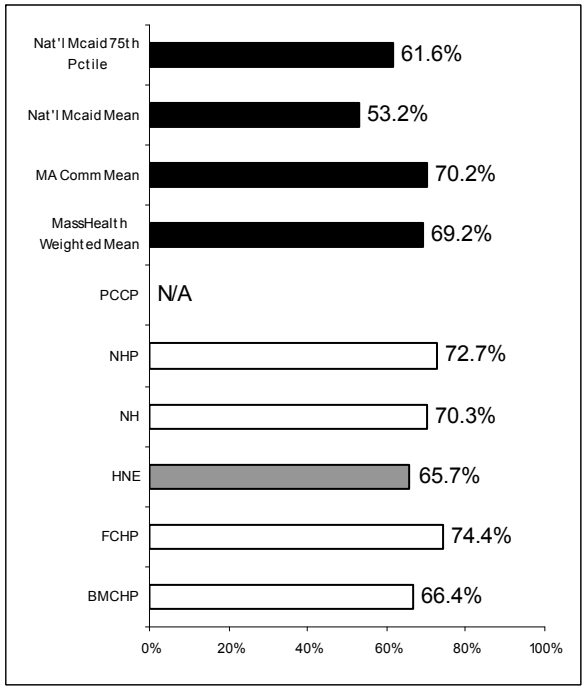
(H) = Measure was collected using hybrid method
Note: The ability to locate and obtain medical records by a plan or a plan's contracted vendor can impact performance on a hybrid measure. Per NCQA's specifications, members for whom no medical record documentation is found are considered non-compliant 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, 2012.

Comprehensive Diabetes Care

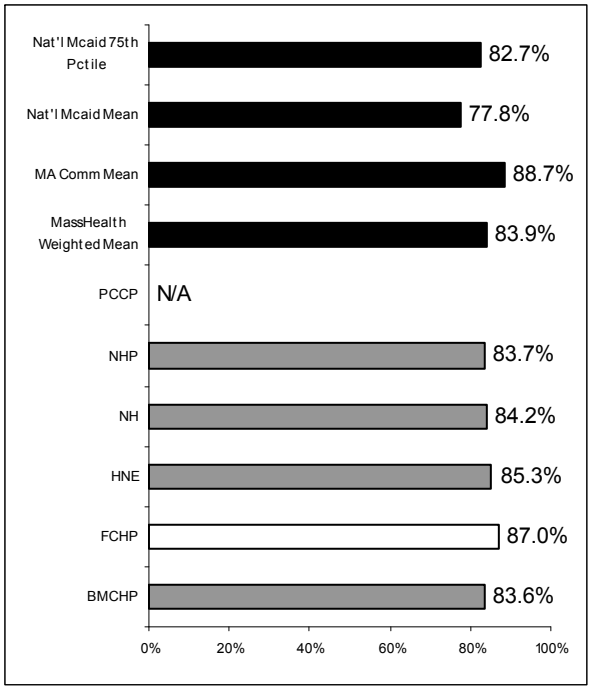
Eye Exam

The percentage of members 18-75* years of age with diabetes (type 1 or type 2) who had eye exams during 2011.



Medical Attention for Nephropathy

The percentage of members 18-75* years of age with diabetes (type 1 or type 2) who had a neph-ropathy screening test or evidence of nephropathy during 2011.



KEY:

- Comparison rates (Source of National and MA Commercial data: Quality Compass, 2012)
- Rate is *significantly above* the 2012 national Medicaid 75th percentile
- Rate is *not significantly different from* the 2012 national Medicaid 75th percentile
- Rate is *significantly below* the 2012 national Medicaid 75th percentile

Understanding the Results

Sixty-nine percent (69.2%) of MassHealth members 18 to 75 years of age with diabetes (type 1 or type 2) had eye exams during 2011. The individual plan rates ranged from 65.7% to 74.4%. Four plans (BMCHP, FCHP, NH, and NHP) had rates that were significantly above the national Medicaid 75th percentile rate of 61.6%. No plan improved on its prior year rate.

Eighty-four percent (83.9%) of MassHealth members 18 to 75 years of age with diabetes (type 1 or type 2) had either a nephropathy screening test or showed evidence of nephropathy during 2011. Plan specific rates ranged from 83.6% to 87.0%. One plan (FCHP) had a rate that was significantly above the national Medicaid 75th per-centile rate of 82.7% while the other four plans (BMCHP, HNE, NH, and NHP) had rates that were not significantly different than this benchmark. None of the plans im-proved on previously reported rates.

* This measure's age range is 18-75. Although the Mass-Health 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 eligible population for this measure if the member met all eligible population criteria, including enrollment criteria.

Comprehensive Diabetes Care

Eye Exam

Comparison to Benchmarks:	Nat'l Mcaid 75th Pctile	Nat'l Mcaid Mean	MA Comm Mean	Plan's 2009 Rate
PCCP	n/a	n/a	n/a	n/a
NHP	★	★	○	○
NH	★	★	○	○
HNE	○	★	○	n/a
FCHP	★	★	○	○
BMCHP	★	★	○	○

2012 Comparison Rates

Nat'l Mcaid 90th Pctile:	69.7%	Nat'l Mcaid Mean:	53.2%	MassHealth Weighted Mean:	69.2%
Nat'l Mcaid 75th Pctile:	61.6%	MA Commercial Mean:	70.2%	MassHealth Median:	70.3%

MassHealth Plan Rates

2012		Num	Elig	Den	Rate	LCL	UCL
PCCP	(H)	n/a	n/a	n/a	n/a	n/a	n/a
NHP	(H)	299	3,036	411	72.7%	68.3%	77.2%
NH	(H)	289	2,771	411	70.3%	65.8%	74.9%
HNE	(H)	94	153	143	65.7%	57.6%	73.9%
FCHP	(H)	218	321	293	74.4%	69.2%	79.6%
BMCHP	(H)	364	5,286	548	66.4%	62.4%	70.5%

2009		Num	Elig	Den	Rate	LCL	UCL
PCCP	(H)	271	13,972	411	65.9%	61.2%	70.6%
NHP	(H)	275	1,664	411	66.9%	62.2%	71.6%
NH	(H)	252	1,649	411	61.3%	56.5%	66.1%
HNE		n/a	n/a	n/a	n/a	n/a	n/a
FCHP	(H)	134	229	185	72.4%	65.7%	79.1%
BMCHP	(H)	277	3,819	411	67.4%	62.7%	72.1%

Medical Exam for Nephropathy

Comparison to Benchmarks:	Nat'l Mcaid 75th Pctile	Nat'l Mcaid Mean	MA Comm Mean	Plan's 2009 Rate
PCCP	n/a	n/a	n/a	n/a
NHP	○	★	●	○
NH	○	★	●	○
HNE	○	★	○	n/a
FCHP	★	★	○	○
BMCHP	○	★	●	○

2012 Comparison Rates

Nat'l Mcaid 90th Pctile:	86.9%	Nat'l Mcaid Mean:	77.8%	MassHealth Weighted Mean:	83.9%
Nat'l Mcaid 75th Pctile:	82.7%	MA Commercial Mean:	88.7%	MassHealth Median:	84.2%

MassHealth Plan Rates

2012		Num	Elig	Den	Rate	LCL	UCL
PCCP	(H)	n/a	n/a	n/a	n/a	n/a	n/a
NHP	(H)	344	3,036	411	83.7%	80.0%	87.4%
NH	(H)	346	2,771	411	84.2%	80.5%	87.8%
HNE	(H)	122	153	143	85.3%	79.2%	91.5%
FCHP	(H)	255	321	293	87.0%	83.0%	91.0%
BMCHP	(H)	458	5,286	548	83.6%	80.4%	86.8%

2009		Num	Elig	Den	Rate	LCL	UCL
PCCP	(H)	354	13,972	411	86.1%	82.7%	89.6%
NHP	(H)	331	1,664	411	80.5%	76.6%	84.5%
NH	(H)	333	1,649	411	81.0%	77.1%	84.9%
HNE		n/a	n/a	n/a	n/a	n/a	n/a
FCHP	(H)	186	248	225	82.7%	77.5%	87.8%
BMCHP	(H)	351	3,819	411	85.4%	81.9%	88.9%

Legend:
★ 2012 rate is significantly above the comparison rate.
○ 2012 rate is not significantly different from the comparison rate.
● 2012 rate is significantly below the comparison rate.

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

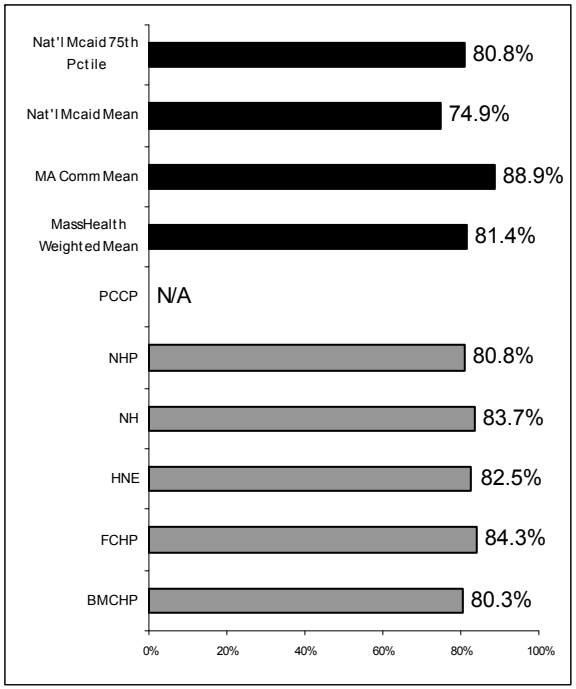
(H) = Measure was collected using hybrid method
Note: The ability to locate and obtain medical records by a plan or a plan's contracted vendor can impact performance on a hybrid measure. Per NCQA's specifications, members for whom no medical record documentation is found are considered non-compliant 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, 2012.

Comprehensive Diabetes Care

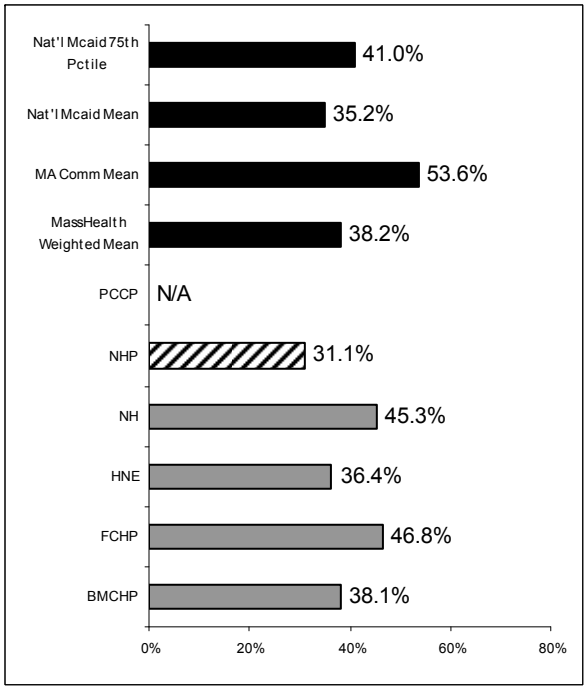
LDL-C Screening

The percentage of members 18-75* years of age with diabetes (type 1 or type 2) who had LDL-C testing during 2011.



LDL-C Control (<100 mg/dL)

The percentage of members 18-75* years of age with diabetes (type 1 or type 2) who had an LDL-C test in 2011 with a result of <100 mg/dL.



KEY:

- Comparison rates (Source of National and MA Commercial data: Quality Compass, 2012)
- Rate is *significantly above* the 2012 national Medicaid 75th percentile
- Rate is *not significantly different from* the 2012 national Medicaid 75th percentile
- Rate is *significantly below* the 2012 national Medicaid 75th percentile

Understanding the Results

Eighty-one percent (81.4%) of MassHealth members 18 to 75 years of age with diabetes (type 1 or type 2) had LDL-C testing during 2011. Individual plan rates ranged from 80.3% to 84.3%. None of the reportable plan rates differed significantly from the national Medicaid 75th percentile benchmark of 80.8%, or from the previous year plan rates.

Thirty-eight percent (38.2%) of MassHealth members 18 to 75 years of age with diabetes (type 1 or type 2) had an LDL test in 2011 with a result of <100 mg/dL. Plan specific rates ranged from 31.1% to 46.8%. NHP's rate was significantly lower than the national Medicaid 75th percentile (41.0%), while BMCHP, FCHP, HNE, and NH had rates that were not significantly different from the national Medicaid 75th percentile benchmark. NH's rate was significantly higher than its prior year rate.

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

Comprehensive Diabetes Care

LDL-C Screening

Comparison to Benchmarks:	Nat'l Mcaid 75th Pctile	Nat'l Mcaid Mean	MA Comm Mean	Plan's 2009 Rate
PCCP	n/a	n/a	n/a	n/a
NHP	○	★	●	○
NH	○	★	●	○
HNE	○	★	○	n/a
FCHP	○	★	●	○
BMCHP	○	★	●	○

2012 Comparison Rates

Nat'l Mcaid 90th Pctile:	83.5%	Nat'l Mcaid Mean:	74.9%	MassHealth Weighted Mean:	81.4%
Nat'l Mcaid 75th Pctile:	80.8%	MA Commercial Mean:	88.9%	MassHealth Median:	82.5%

MassHealth Plan Rates

2012		Num	Elig	Den	Rate	LCL	UCL
PCCP	(H)	n/a	n/a	n/a	n/a	n/a	n/a
NHP	(H)	332	3,036	411	80.8%	76.8%	84.7%
NH	(H)	344	2,771	411	83.7%	80.0%	87.4%
HNE	(H)	118	153	143	82.5%	75.9%	89.1%
FCHP	(H)	247	321	293	84.3%	80.0%	88.6%
BMCHP	(H)	440	5,286	548	80.3%	76.9%	83.7%

2009		Num	Elig	Den	Rate	LCL	UCL
PCCP	(H)	345	13,972	411	83.9%	80.3%	87.6%
NHP	(H)	330	1,664	411	80.3%	76.3%	84.3%
NH	(H)	342	1,649	411	83.2%	79.5%	86.9%
HNE		n/a	n/a	n/a	n/a	n/a	n/a
FCHP	(H)	177	248	225	78.7%	73.1%	84.2%
BMCHP	(H)	339	3,819	411	82.5%	78.7%	86.3%

LDL-C Control (<100 mg/dL)

Comparison to Benchmarks:	Nat'l Mcaid 75th Pctile	Nat'l Mcaid Mean	MA Comm Mean	Plan's 2009 Rate
PCCP	n/a	n/a	n/a	n/a
NHP	●	○	●	○
NH	○	★	●	★
HNE	○	○	●	n/a
FCHP	○	★	●	○
BMCHP	○	○	●	○

2012 Comparison Rates

Nat'l Mcaid 90th Pctile:	46.4%	Nat'l Mcaid Mean:	35.2%	MassHealth Weighted Mean:	38.2%
Nat'l Mcaid 75th Pctile:	41.0%	MA Commercial Mean:	53.6%	MassHealth Median:	38.1%

MassHealth Plan Rates

2012		Num	Elig	Den	Rate	LCL	UCL
PCCP	(H)	n/a	n/a	n/a	n/a	n/a	n/a
NHP	(H)	128	3,036	411	31.1%	26.5%	35.7%
NH	(H)	186	2,771	411	45.3%	40.3%	50.2%
HNE	(H)	52	153	143	36.4%	28.1%	44.6%
FCHP	(H)	137	321	293	46.8%	40.9%	52.6%
BMCHP	(H)	209	5,286	548	38.1%	34.0%	42.3%

2009		Num	Elig	Den	Rate	LCL	UCL
PCCP	(H)	158	13,972	411	38.4%	33.6%	43.3%
NHP	(H)	139	1,664	411	33.8%	29.1%	38.5%
NH	(H)	138	1,649	411	33.6%	28.9%	38.3%
HNE		n/a	n/a	n/a	n/a	n/a	n/a
FCHP	(H)	99	248	225	44.0%	37.3%	50.7%
BMCHP	(H)	147	3,819	411	35.8%	31.0%	40.5%

Legend:
★ 2012 rate is significantly above the comparison rate.
○ 2012 rate is not significantly different from the comparison rate.
● 2012 rate is significantly below the comparison rate.

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

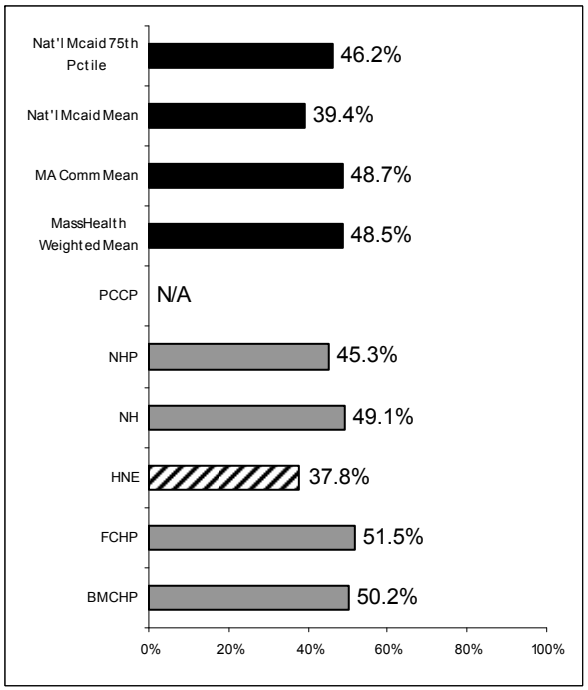
(H) = Measure was collected using hybrid method
Note: The ability to locate and obtain medical records by a plan or a plan's contracted vendor can impact performance on a hybrid measure. Per NCQA's specifications, members for whom no medical record documentation is found are considered non-compliant 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, 2012.

Comprehensive Diabetes Care

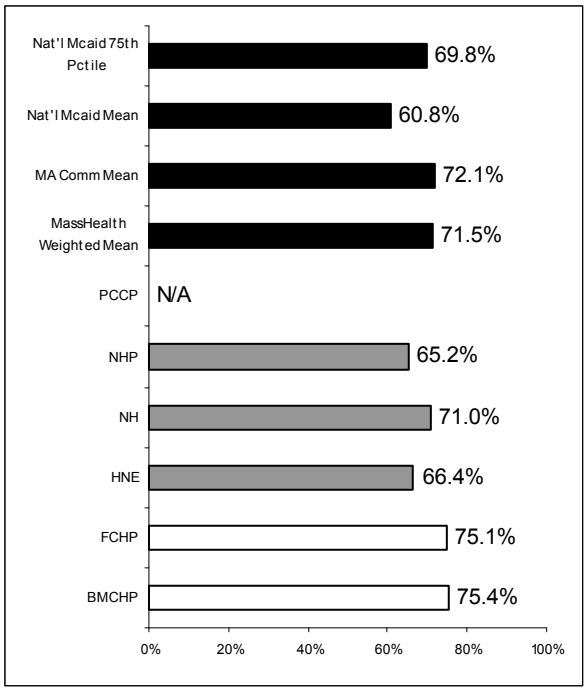
BP Control (<140/80 mm Hg)

The percentage of members 18-75* years of age with diabetes (type 1 or type 2) whose most recent blood pressure level (taken during 2011) was <140/80.



BP Control (<140/90 mm Hg)

The percentage of members 18-75* years of age with diabetes (type 1 or type 2) whose most recent blood pressure level (taken during 2011) was <140/90.



KEY:

- Comparison rates (Source of National and MA Commercial data: Quality Compass, 2012)
- Rate is *significantly above* the 2012 national Medicaid 75th percentile
- Rate is *not significantly different from* the 2012 national Medicaid 75th percentile
- Rate is *significantly below* the 2012 national Medicaid 75th percentile

Understanding the Results

Forty-nine percent (48.5%) of MassHealth members 18 to 75 years of age with diabetes (type 1 or type 2) had blood pressure control of <140/80 on their most recent measurement in 2011. The individual plan rates ranged from 37.8% to 51.5%. HNE's rate was significantly lower than the national Medicaid 75th percentile (46.2%), while the other four reported plan rates (for BMCHP, FCHP, NH, and NHP) did not differ significantly from the benchmark. Because this is a new measure, no prior year rate comparisons are available.

Seventy-two percent (71.5%) 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 2011. Plan specific rates ranged from 65.2% to 75.4%. BMCHP and FCHP's rates were significantly better than the national Medicaid 75th percentile benchmark of 69.8%, while the other three plans (HNE, NH, and NHP) did not differ significantly from the benchmark. None of the current plan rates (for those plans able to report data) were significantly different from prior year reported rates.

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

Comprehensive Diabetes Care

BP Control (<140/80 mm Hg)

Comparison to Benchmarks:	Nat'l Mcaid 75th Pctile	Nat'l Mcaid Mean	MA Comm Mean	Plan's 2009 Rate*
PCCP	n/a	n/a	n/a	n/a
NHP	○	★	○	n/a
NH	○	★	○	n/a
HNE	●	○	●	n/a
FCHP	○	★	○	n/a
BMCHP	○	★	○	n/a

2012 Comparison Rates

Nat'l Mcaid 90th Pctile:	53.0%	Nat'l Mcaid Mean:	39.4%	MassHealth Weighted Mean:	48.5%
Nat'l Mcaid 75th Pctile:	46.2%	MA Commercial Mean:	48.7%	MassHealth Median:	49.1%

MassHealth Plan Rates

2012		Num	Elig	Den	Rate	LCL	UCL
PCCP	(H)	n/a	n/a	n/a	n/a	n/a	n/a
NHP	(H)	186	3,036	411	45.3%	40.3%	50.2%
NH	(H)	202	2,771	411	49.1%	44.2%	54.1%
HNE	(H)	54	153	143	37.8%	29.5%	46.1%
FCHP	(H)	151	321	293	51.5%	45.6%	57.4%
BMCHP	(H)	275	5,286	548	50.2%	45.9%	54.5%

2009*	Num	Elig	Den	Rate	LCL	UCL
PCCP	n/a	n/a	n/a	n/a	n/a	n/a
NHP	n/a	n/a	n/a	n/a	n/a	n/a
NH	n/a	n/a	n/a	n/a	n/a	n/a
HNE	n/a	n/a	n/a	n/a	n/a	n/a
FCHP	n/a	n/a	n/a	n/a	n/a	n/a
BMCHP	n/a	n/a	n/a	n/a	n/a	n/a

* Prior to HEDIS 2012, the BP control standard for this measure was < 130/80 mm Hg)

BP Control (<140/90 mm Hg)

Comparison to Benchmarks:	Nat'l Mcaid 75th Pctile	Nat'l Mcaid Mean	MA Comm Mean	Plan's 2009 Rate
PCCP	n/a	n/a	n/a	n/a
NHP	○	○	●	○
NH	○	★	○	○
HNE	○	○	○	n/a
FCHP	★	★	○	○
BMCHP	★	★	○	○

2012 Comparison Rates

Nat'l Mcaid 90th Pctile:	75.4%	Nat'l Mcaid Mean:	60.8%	MassHealth Weighted Mean:	71.5%
Nat'l Mcaid 75th Pctile:	69.8%	MA Commercial Mean:	72.1%	MassHealth Median:	71.0%

MassHealth Plan Rates

2012		Num	Elig	Den	Rate	LCL	UCL
PCCP	(H)	n/a	n/a	n/a	n/a	n/a	n/a
NHP	(H)	268	3,036	411	65.2%	60.5%	69.9%
NH	(H)	292	2,771	411	71.0%	66.5%	75.6%
HNE	(H)	95	153	143	66.4%	58.3%	74.5%
FCHP	(H)	220	321	293	75.1%	70.0%	80.2%
BMCHP	(H)	413	5,286	548	75.4%	71.7%	79.1%

2009		Num	Elig	Den	Rate	LCL	UCL
PCCP	(H)	269	13,972	411	65.5%	60.7%	70.2%
NHP	(H)	288	1,664	411	70.1%	65.5%	74.6%
NH	(H)	276	1,649	411	67.2%	62.5%	71.8%
HNE		n/a	n/a	n/a	n/a	n/a	n/a
FCHP	(H)	167	248	225	74.2%	68.3%	80.2%
BMCHP	(H)	283	3,819	411	68.9%	64.3%	73.5%

Legend:
★ 2012 rate is significantly above the comparison rate.
○ 2012 rate is not significantly different from the comparison rate.
● 2012 rate is significantly below the comparison rate.

Num indicates Numerator
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, 2012.

Understanding the Results (continued)

Diabetes is one of the most difficult chronic diseases to manage, because its treatment involves 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 aspect of treatment for diabetes is communication between the physician and the patient.[22]

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 multifaceted disease management program that incorporates 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 influence a patient's self-management.[22]

The American Diabetes Association's 2009 version 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 problem-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 reasonable.
- Diabetes self-management education (DSME) is an integral component of patient care.[23]

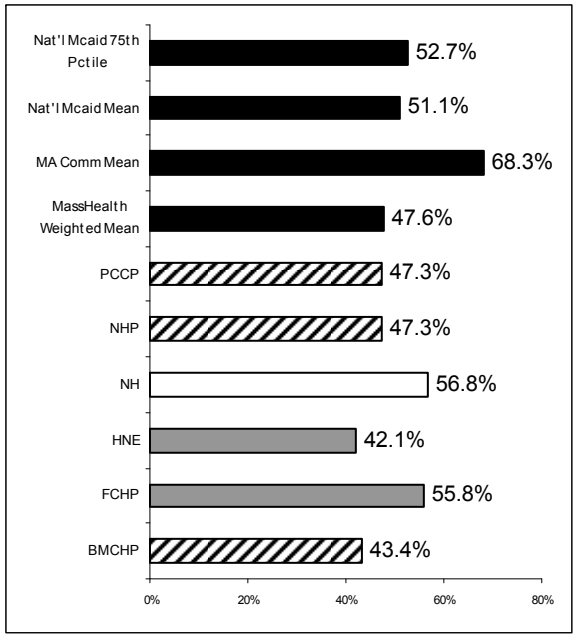
Studies have found that keeping A1c at normal levels in people with diabetes can greatly reduce cardiovascular disease and other comorbidities associated with diabetes. However, another study has found that despite recent trends toward improved glycemic control, about 40% of U.S. diabetics fail to maintain good A1c control (<7%). Continued development of new pharmacological options is needed, in combination with efforts intended to support patient self-management.[21]

Antidepressant Medication Management

The HEDIS Antidepressant Medication Management (AMM) measure assesses the level of clinical and pharmacological management of depression for newly diagnosed MassHealth members 18 years of age and older. Antidepressants and psychosocial therapy are an effective combination for treating major depression.[24] However, discontinuation of prescribed antidepressants during the acute and continuous phase of treatment can increase the risk of relapse, the persistence of depressive symptoms, and new episodes of depression.[24] Recent studies using the HEDIS AMM measure have reported decreases in antidepressant adherence rates over the course of treatment; by the end of the continuation phase less than half of patients remain on prescribed medication.[25,26]

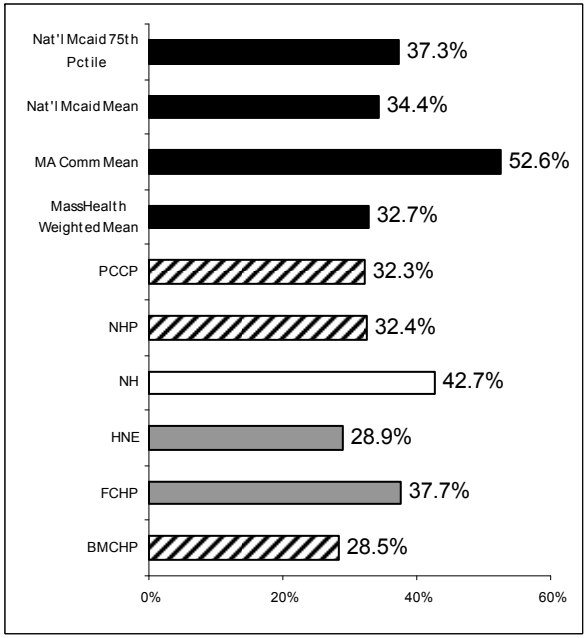
Effective Acute Phase

The percentage of members 18 years of age and older who were diagnosed with a new episode of depression, were treated with antidepressant medication and remained on an antidepressant drug during the entire 84-day Acute Treatment Phase.



Effective Continuation Phase

The percentage of members 18 years of age and older who where diagnosed with a new episode of depression and treated with antidepressant medication and who remained on an antidepressant drug for at least 180 days.



KEY:

- Comparison rates (Source of National and MA Commercial data: Quality Compass, 2012)
- Rate is *significantly above* the 2012 national Medicaid 75th percentile
- Rate is *not significantly different from* the 2012 national Medicaid 75th percentile
- Rate is *significantly below* the 2012 national Medicaid 75th percentile

Understanding the Results

Forty-eight percent (47.6%) of MassHealth members age 18 years and older who were diagnosed with a new episode of depression and were treated with antidepressant medication remained on an antidepressant drug during the entire 84-day Acute Treatment Phase. Rates for each MassHealth plan ranged from 42.1% to 56.8%. Three plans (PCCP, NHP, and BMCHP) had rates that were significantly lower than the national Medicaid 75th percentile benchmark (52.7%), and dropped significantly from the prior year, while one plan (NH) had a significantly higher rate compared to the benchmark and to its prior year rate.

Thirty-three percent (32.7%) of members age 18 years and older who were diagnosed with a new episode of depression and treated with antidepressant medication remained on an antidepressant drug for at least 180 days. Plan rates ranged from 28.5% to 42.7%. Three plans (PCCP, NHP, and BMCHP) had rates that were significantly lower than the national Medicaid 75th percentile benchmark (37.3%), and dropped significantly from the prior year, while one plan (NH) had a significantly higher rate compared to the benchmark and to its prior year rate.

Antidepressant Medication Management

Statistical Summary — Effective Acute Phase

Comparison to Benchmarks:	Nat'l Mcaid 75th Pctile	Nat'l Mcaid Mean	MA Comm Mean	Plan's 2010 Rate
PCCP	●	●	●	●
NHP	●	●	●	○
NH	★	★	●	★
HNE	○	○	●	n/a
FCHP	○	○	●	○
BMCHP	●	●	●	○

2012 Comparison Rates

Nat'l Mcaid 90th Pctile:	61.6%	Nat'l Mcaid Mean:	51.1%	MassHealth Weighted Mean:	47.6%
Nat'l Mcaid 75th Pctile:	52.7%	MA Commercial Mean:	68.3%	MassHealth Median:	47.3%

MassHealth Plan Rates

2012		Num	Den	Rate	LCL	UCL
PCCP	(A)	1,385	2,928	47.3%	45.5%	49.1%
NHP	(A)	536	1,132	47.3%	44.4%	50.3%
NH	(A)	442	778	56.8%	53.3%	60.4%
HNE	(A)	16	38	42.1%	25.1%	59.1%
FCHP	(A)	43	77	55.8%	44.1%	67.6%
BMCHP	(A)	651	1,500	43.4%	40.9%	47.3%

2010		Num	Den	Rate	LCL	UCL
PCCP	(A)	1,215	2,336	52.0%	50.0%	54.1%
NHP	(A)	410	852	48.1%	44.7%	51.5%
NH	(A)	329	677	48.6%	44.8%	52.4%
HNE		n/a	n/a	n/a	n/a	n/a
FCHP	(A)	49	79	62.0%	50.7%	73.4%
BMCHP	(A)	611	1,345	45.4%	42.7%	48.1%

Statistical Summary — Effective Continuation Phase

Comparison to Benchmarks:	Nat'l Mcaid 75th Pctile	Nat'l Mcaid Mean	MA Comm Mean	Plan's 2010 Rate
PCCP	●	●	●	●
NHP	●	○	●	○
NH	★	★	●	★
HNE	○	○	●	n/a
FCHP	○	○	●	○
BMCHP	●	●	●	○

2012 Comparison Rates

Nat'l Mcaid 90th Pctile:	42.9%	Nat'l Mcaid Mean:	34.4%	MassHealth Weighted Mean:	32.7%
Nat'l Mcaid 75th Pctile:	37.3%	MA Commercial Mean:	52.6%	MassHealth Median:	32.3%

MassHealth Plan Rates

2012		Num	Den	Rate	LCL	UCL
PCCP	(A)	945	2,928	32.3%	30.6%	34.0%
NHP	(A)	367	1,132	32.4%	29.6%	35.2%
NH	(A)	332	778	42.7%	39.1%	46.2%
HNE	(A)	11	38	28.9%	13.2%	44.7%
FCHP	(A)	29	77	37.7%	26.2%	49.1%
BMCHP	(A)	427	1,500	28.5%	26.1%	30.8%

2010		Num	Den	Rate	LCL	UCL
PCCP	(A)	843	2,336	36.1%	34.1%	38.1%
NHP	(A)	277	852	32.5%	29.3%	35.7%
NH	(A)	210	677	31.0%	27.5%	34.6%
HNE		n/a	n/a	n/a	n/a	n/a
FCHP	(A)	32	79	40.5%	29.0%	52.0%
BMCHP	(A)	416	1,345	30.9%	28.4%	33.4%

Legend:
★ 2012 rate is significantly above the comparison rate.
○ 2012 rate is not significantly different from the comparison rate.
● 2012 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, 2012.

Antidepressant Medication Management

Understanding the Results (continued)

Non-adherence with antidepressant regimens during the first 30 days of treatment is more likely to occur among patients with certain socio-demographic characteristics including: younger age, fewer than 12 years of education, and lower income status.[26,27,28,29] Other factors associated with higher rates of non-adherence include: comorbid substance abuse or cardiovascular/metabolic conditions,[26] lower severity of perceived mental health symptoms[27,29] and antidepressant side-effects such as weight gain, anxiety,[30] and sexual dysfunction.[28]

Having access to mental health specialty care along with antidepressants is strongly associated with higher rates of acute and continuous phase adherence.[25] Patients are significantly more likely to continue taking their medication past 30 days if they receive care from a psychiatrist versus another specialist or general practitioner.[31,32] In addition, treatment with newer medications, such as selective serotonin reuptake inhibitors (SSRIs) and serotonin-norepinephrine reuptake inhibitors (SNRIs)), at higher than target doses has been associated with increased rates of longer term adherence compared to other antidepressants.[27,25] A recent study found that psychiatrists are more likely to prescribe SSRIs at levels that approximate the maximum recommended dose than general medical providers.[32]

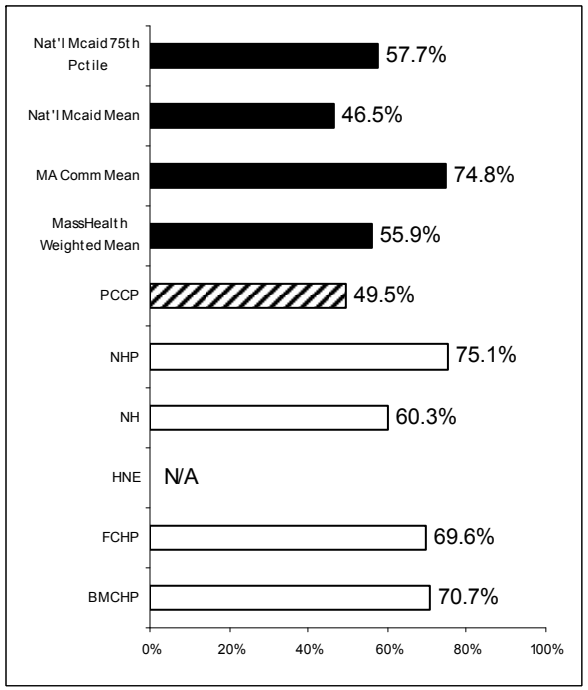
Increasing patient access to psychiatric care directly or through collaborative care models may improve rates of adherence to antidepressants. A psychiatric telemedicine program for primary care clinics that lacked on-site psychiatrists was shown to improve adherence rates in rural communities with limited access to specialized mental health services.[33] In addition, improving provider-patient communication about treatment with antidepressants can also have a positive influence on adherence rates. Three key provider messages shown to have significantly increased the odds of adherence involve talking to patients about the length of time they should expect to take the medication, what to do if they have questions, and the importance of continuing to take the medication even if they are feeling better.[34]

Follow-up After Hospitalization for Mental Illness

This measure assesses the rate of follow-up care 7 and 30 days after hospitalization for the treatment of mental illness. Timely follow-up services for patients discharged from psychiatric hospitalization can reduce the risk of readmission.[35,36] Predictors of timely follow-up care include members' sociodemographic, clinical, and service utilization characteristics. For example, patients in mental health treatment before hospitalization have been shown to be more likely to have timely follow-up care than those who have not been in treatment.[36]

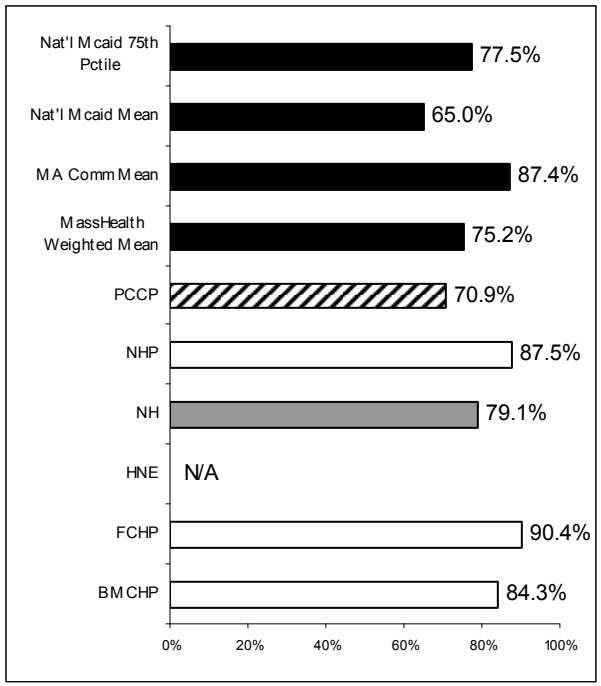
7 Day

The percentage of members 6 years of age and older who were discharged after treatment of selected mental health disorders and who were seen on an ambulatory basis or were in intermediate treatment with a mental health provider within 7 days after discharge.



30 Day

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



Understanding the Results

Fifty-six percent (55.9%) of MassHealth members age 6 years and older who were hospitalized for treatment of mental illness had a follow-up visit (i.e., outpatient (OP), intensive OP encounter, or partial hospitalization) within seven days of discharge. Seven-day follow-up rates for individual plans ranged from 49.5% to 75.1%. The rate for PCCP was significantly lower than the national Medicaid 75th percentile benchmark rate of 57.7%, but the other four plans with data scored significantly higher than the benchmark. (HNE was not able to report data for the follow-up after hospitalization measures.) PCCP's current rate was significantly lower than its prior year rate, while NH's was significantly higher.

Seventy-five percent (75.2%) of members age 6 years and older who were hospitalized for treatment of mental illness had a follow-up visit within 30 days. Thirty-day follow-up rates from individual plans ranged from 70.9% to 90.4%. Three plans (NHP, FCHP, and BMCHP) had rates that were significantly above the national Medicaid 75th percentile benchmark (77.5%), while PCCP's rate was significantly lower than the benchmark. As with the 7-day measure, NH's current rate was significantly higher than its prior year rate, while PCCP's rate was significantly lower.

KEY:

- Comparison rates (Source of National and MA Commercial data: Quality Compass, 2012)
- Rate is *significantly above* the 2012 national Medicaid 75th percentile
- Rate is *not significantly different from* the 2012 national Medicaid 75th percentile
- Rate is *significantly below* the 2012 national Medicaid 75th percentile

Follow-up After Hospitalization for Mental Illness

Statistical Summary — 7 Day

Comparison to Benchmarks:

	Nat'l Mcaid 75th Pctile	Nat'l Mcaid Mean	MA Comm Mean	Plan's 2010 Rate
PCCP	●	★	●	●
NHP	★	★	○	★
NH	★	★	●	○
HNE	n/a	n/a	n/a	n/a
FCHP	★	★	○	○
BMCHP	★	★	●	○

2012 Comparison Rates

Nat'l Mcaid 90th Pctile:	69.6%	Nat'l Mcaid Mean:	46.5%	MassHealth Weighted Mean:	55.9%
Nat'l Mcaid 75th Pctile:	57.7%	MA Commercial Mean:	74.8%	MassHealth Median:	69.6%

MassHealth Plan Rates

2012		Num	Den	Rate	LCL	UCL
PCCP	(A)	4,070	8,217	49.5%	48.4%	50.6%
NHP	(A)	790	1,052	75.1%	72.4%	77.8%
NH	(A)	884	1,466	60.3%	57.8%	62.8%
HNE	(A)	.	.	.	.	.
FCHP	(A)	80	115	69.6%	60.7%	80.3%
BMCHP	(A)	1,133	1,603	70.7%	68.4%	72.9%

2010		Num	Den	Rate	LCL	UCL
PCCP	(A)	3,428	6,308	54.3%	53.1%	55.6%
NHP	(A)	656	1,021	64.3%	61.3%	67.2%
NH	(A)	486	759	64.0%	60.6%	67.5%
HNE		n/a	n/a	n/a	n/a	n/a
FCHP	(A)	72	108	66.7%	57.3%	76.0%
BMCHP	(A)	950	1,390	68.3%	65.9%	70.8%

Statistical Summary — 30 Day

Comparison to Benchmarks:

	Nat'l Mcaid 75th Pctile	Nat'l Mcaid Mean	MA Comm Mean	Plan's 2010 Rate
PCCP	●	★	●	●
NHP	★	★	○	★
NH	○	★	●	○
HNE	n/a	n/a	n/a	n/a
FCHP	★	★	○	○
BMCHP	★	★	●	○

2012 Comparison Rates

Nat'l Mcaid 90th Pctile:	84.3%	Nat'l Mcaid Mean:	65.0%	MassHealth Weighted Mean:	75.2%
Nat'l Mcaid 75th Pctile:	77.5%	MA Commercial Mean:	87.4%	MassHealth Median:	84.3%

MassHealth Plan Rates

2012		Num	Den	Rate	LCL	UCL
PCCP	(A)	5,825	8,217	70.9%	69.9%	71.9%
NHP	(A)	920	1,052	87.5%	85.4%	89.5%
NH	(A)	1,160	1,466	79.1%	77.0%	81.2%
HNE	(A)	.	.	.	.	.
FCHP	(A)	104	115	90.4%	84.6%	96.2%
BMCHP	(A)	1,351	1,603	84.3%	82.5%	86.1%

2010		Num	Den	Rate	LCL	UCL
PCCP	(A)	4,769	6,308	75.6%	74.5%	76.7%
NHP	(A)	830	1,021	81.3%	78.9%	83.7%
NH	(A)	634	759	83.5%	80.8%	86.2%
HNE		n/a	n/a	n/a	n/a	n/a
FCHP	(A)	99	108	91.7%	86.0%	97.3%
BMCHP	(A)	1,170	1,390	84.2%	82.2%	86.1%

Legend:
★ 2012 rate is significantly above the comparison rate.
○ 2012 rate is not significantly different from the comparison rate.
● 2012 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, 2012.

Understanding the Results (continued)

In addition to prior psychiatric treatment and continuity of care, other significant predictors of missed follow-up appointments may include: involuntary admission to a hospital; discharge against medical advice; and the presence of psychosocial stressors.[36,37,38] In a recent study, adult Medicaid-enrollees from a large mid-Atlantic state who received clinical services for mental health in the month leading up to hospital admission were more than three times likely to adhere to scheduled follow-up care within 7 or 30 days after discharge than individuals who did not.[36]

Plans serving MassHealth members with mental illness might improve their follow-up rates by pursuing interventions targeting individuals with one or more of the above risk factors for poor attendance at outpatient visits. For example, hospital discharge planning designed to consider patient preferences for outpatient treatment, promote early and ongoing communication between clinician and patients, and set appropriate expectations for the type and timing of follow-up care could foster compliance with scheduled appointments.[36,38] Designating staff to coordinate patient care after hospital discharge has been shown to increase rates of compliance with follow-up care.[39]

For patients lacking primary social support, plans could initiate interventions that help strengthen existing family supports or create linkages to consumer supports in the community. One model, the Peer Bridger Project of the New York Association of Psychiatric Rehabilitation Services, connects individuals who have a history of psychiatric hospitalization with admitted patients, with the aim of helping them identify positive community support groups following their discharge.[38]

Use of Services

Mental Health Utilization

The HEDIS 2012 Mental Health Utilization measure assesses utilization of mental health services (e.g., inpatient, intensive outpatient, partial hospitalization, outpatient, and emergency department) by MassHealth members during 2011. These data provide insights into the volume of mental health services utilized but do not address their quality (i.e., the appropriateness or effectiveness of care) or the potential for over- or under-utilization of services, particularly across various mental health conditions, such as depression or schizophrenia. The relationship between the volume and quality of mental health services has not been thoroughly studied. One study, however, concluded that health plans with low utilization for outpatient and inpatient mental health services are more likely to demonstrate poor results on other HEDIS behavior health measures, e.g., rates of 7-day and 30-day follow-up after hospitalization for mental illness, and rates of provider contact and acute and continuation phase treatment with antidepressant medication.[40] (Data for these measures are presented on pages 42-47).

Percentage of Members Using Services

The number and percentage of members who received mental health services during 2011. Mental health services are broken down by inpatient, intermediate, ambulatory, and any service. (The Intermediate category refers to intensive outpatient services and partial hospitalization programs.) The denominator used to calculate the percentages is member years (i.e., member months divided by 12). Data stratified by age (0-12, 13-17, 18-64, and 65+) appear in Appendix C.

	Member Months	Inpatient N	Inpatient %	Intermediate N	Intermediate %	Ambulatory N	Ambulatory %	Any Service N	Any Service %
PCCP	3,848,200	8,571	2.7%	3,238	1.0%	94,408	29.4%	95,333	29.7%
NHP	1,788,342	1,451	1.0%	3,504	2.4%	25,860	17.4%	26,867	18.0%
NH	1,537,475	1,714	1.3%	643	0.5%	24,623	19.2%	24,892	19.4%
HNE	84,014	19	0.3%	38	0.5%	1,434	20.5%	1,441	20.6%
FCHP	160,585	134	1.0%	57	0.4%	2,543	19.0%	2,560	19.1%
BMCHP	2,345,965	2,385	1.2%	1,152	0.6%	45,077	23.1%	45,247	23.1%
2012 National Medicaid 75th Percentile			1.0%		0.4%		12.6%		13.1%

The source of the National Medicaid 75th Percentile is Quality Compass, 2012.

Appendix A:
MassHealth Regions and Service Areas

MassHealth Regions and Service Areas

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:

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

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

0 Visits

2012	Num	Elig	Den	Rate	LCL	UCL
PCCP	1	2808	147	0.7%	0.0%	2.4%
NHP	1	2820	207	0.5%	0.0%	1.7%
NH	3	2439	342	0.9%	0.0%	2.0%
HNE	0	0	0	0.0%		
FCHP	4	201	201	2.0%	0.0%	4.2%
BMCHP	4	3795	411	1.0%	0.0%	2.0%

1 Visit

2012	Num	Elig	Den	Rate	LCL	UCL
PCCP	0	2808	147	0.0%	0.0%	0.3%
NHP	0	2820	207	0.0%	0.0%	0.2%
NH	0	2439	342	0.0%	0.0%	0.2%
HNE	0	0	0	0.0%		
FCHP	0	201	201	0.0%	0.0%	0.3%
BMCHP	2	3795	411	0.5%	0.0%	1.3%

2 Visits

2012	Num	Elig	Den	Rate	LCL	UCL
PCCP	0	2808	147	0.0%	0.0%	0.3%
NHP	5	2820	207	2.4%	0.1%	4.8%
NH	3	2439	342	0.9%	0.0%	2.0%
HNE	0	0	0	0.0%		
FCHP	0	201	201	0.0%	0.0%	0.3%
BMCHP	1	3795	411	0.2%	0.0%	0.8%

3 Visits

2012	Num	Elig	Den	Rate	LCL	UCL
PCCP	4	2808	147	2.7%	0.0%	5.7%
NHP	15	2820	207	7.3%	3.5%	11.0%
NH	8	2439	342	2.3%	0.6%	4.1%
HNE	0	0	0	0.0%		
FCHP	4	201	201	2.0%	0.0%	4.2%
BMCHP	10	3795	411	2.4%	0.8%	4.0%

4 Visits

2012	Num	Elig	Den	Rate	LCL	UCL
PCCP	1	2808	147	0.7%	0.0%	2.4%
NHP	16	2820	207	7.7%	3.9%	11.6%
NH	10	2439	342	2.9%	1.0%	4.9%
HNE	0	0	0	0.0%		
FCHP	7	201	201	3.5%	0.7%	6.3%
BMCHP	12	3795	411	2.9%	1.2%	4.7%

5 Visits

2012	Num	Elig	Den	Rate	LCL	UCL
PCCP	14	2808	147	9.5%	4.4%	14.6%
NHP	10	2820	207	4.8%	1.7%	8.0%
NH	28	2439	342	8.2%	5.1%	11.2%
HNE	0	0	0	0.0%		
FCHP	9	201	201	4.5%	1.4%	7.6%
BMCHP	31	3795	411	7.5%	4.9%	10.2%

Appendix C:
Mental Health Utilization Rates, Age Stratifications, All Plans

Mental Health Utilization—Percentage of Members Using Services

Ages 0-12

	Member Months	Inpatient N	Inpatient %	Intermediate N	Intermediate %	Ambulatory N	Ambulatory %	Any Service N	Any Service %
PCCP	1,086,003	712	0.8%	243	0.3%	16,903	18.7%	16,941	18.7%
NHP	783,755	176	0.3%	1,332	2.0%	6,131	9.4%	6,566	10.1%
NH	668,222	161	0.3%	23	0.04%	7,424	13.3%	7,429	13.3%
HNE	23,834	5	0.3%	8	0.4%	256	12.9%	256	12.9%
FCHP	60,845	6	0.1%	0	0.00%	597	11.8%	599	11.8%
BMCHP	1,042,336	224	0.3%	216	0.3%	13,815	15.9%	13,821	15.9%

Ages 13-17

	Member Months	Inpatient N	Inpatient %	Intermediate N	Intermediate %	Ambulatory N	Ambulatory %	Any Service N	Any Service %
PCCP	423,232	1,041	3.0%	429	1.2%	11,033	31.3%	11,082	31.4%
NHP	233,855	299	1.5%	1,165	6.0%	3,970	20.4%	4,334	22.2%
NH	173,359	209	1.5%	67	0.5%	3,064	21.2%	3,073	21.2%
HNE	8,596	3	0.4%	4	0.6%	153	21.4%	152	21.2%
FCHP	19,311	9	0.6%	3	0.2%	308	19.1%	309	19.2%
BMCHP	290,884	318	1.3%	152	0.6%	6,261	25.8%	6,272	25.9%

Ages 18-64

	Member Months	Inpatient N	Inpatient %	Intermediate N	Intermediate %	Ambulatory N	Ambulatory %	Any Service N	Any Service %
PCCP	2,338,965	6,818	3.5%	2,566	1.3%	66,472	34.1%	67,310	34.5%
NHP	770,376	975	1.5%	1,007	1.6%	15,714	24.5%	15,922	24.85%
NH	695,893	1,344	2.3%	553	1.0%	14,135	24.4%	14,390	24.8%
HNE	51,569	11	0.3%	26	0.6%	1,025	23.9%	1,033	24.0%
FCHP	80,429	119	1.8%	54	0.8%	1,638	24.4%	1,652	24.7%
BMCHP	1,012,745	1,843	2.2%	784	0.9%	25,001	29.6%	25,154	29.8%

Ages 65+

	Member Months	Inpatient N	Inpatient %	Intermediate N	Intermediate %	Ambulatory N	Ambulatory %	Any Service N	Any Service %
PCCP	0	0	0.0%	0	0.0%	0	0.0%	0	0.0%
NHP	0	0	0.0%	0	0.0%	0	0.0%	0	0.0%
NH	0	0	0.0%	0	0.0%	0	0.0%	0	0.0%
HNE	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	0	0	0.0%	0	0.0%	0	0.0%	0	0.0%

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