

MassHealth Managed Care HEDIS® 2014 Report

February 2015

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



IN THIS REPORT

EXECUTIVE SUMMARY 4

INTRODUCTION 7

About this Report	8
Organization of the MassHealth Managed Care HEDIS 2014 Report	9
Data Collection and Analysis Methods . .	10
MassHealth Managed Care Plan Profiles .	13
Demographic Characteristics of MassHealth Members	14

PREVENTIVE CARE 15

Breast Cancer Screening	16
Cervical Cancer Screening	18
Chlamydia Screening in Women	20
Weight Assessment and Counseling for Nutrition and Physical Activity	22
Childhood Immunization Status	28
Immunizations for Adolescents	32
Human Papillomavirus Vaccine for Female Adolescents	34
Well-Child Visits in the First 15 Months of Life	36
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life.	38
Adolescent Well-Care Visits	40

CHRONIC DISEASE MANAGEMENT 43

Controlling High Blood Pressure	44
Comprehensive Diabetes Care	46

BEHAVIORAL HEALTH CARE 59

Antidepressant Medication Management .	60
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment .	64
Follow-up After Hospitalization for Mental Illness	68
Mental Health Utilization	72

PERINATAL CARE 73

Postpartum Care.	74
--------------------------	----

PERFORMANCE TRENDS 77

PROJECT TEAM

MASSHEALTH OFFICE OF CLINICAL AFFAIRS

Paul Kirby
Terri Costanzo
Amy Norrman Harmon
Ann Lawthers

ANALYTICS AND REPORTING UNIT, EOHHS IT

Susan Engel
Julie Fondurulia
Nicole Tibbetts
Ann Weinberger

MASSHEALTH OFFICE OF PROVIDERS AND PLANS

João Evora
Sharon Hanson
Maureen Kelly
Nelie Lawless
Susan Maguire
Lana Miller

MASSHEALTH OFFICE OF BEHAVIORAL HEALTH

John DeLuca

Executive Summary

THE MASSHEALTH MANAGED CARE HEDIS®

2014 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 Health (FH), Health New England, Inc. (HNE), Neighborhood Health Plan (NHP), the Primary Care Clinician Plan (PCCP), and Tufts Health Plan - Network Health (THP-NH). 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 2014

The MassHealth measurement set for 2014 focuses on four domains:

1. Preventive Care

- » Breast Cancer Screening
- » Cervical Cancer Screening
- » Chlamydia Screening in Women
- » Weight Assessment and Counseling for Nutrition and Physical Activity in Children and Adolescents
- » Childhood Immunization Status
- » Immunizations for Adolescents
- » Human Papillomavirus Vaccine for Female Adolescents
- » Well-Child Visits in the First 15 Months of Life
- » Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life
- » Adolescent Well-Care Visits

2. Chronic Disease Management

- » Controlling High Blood Pressure
- » Comprehensive Diabetes Care

3. Behavioral Health Care

- » Antidepressant Medication Management
- » Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
- » Follow-up After Hospitalization for Mental Illness
- » Mental Health Utilization

4. Perinatal Care

- » Postpartum Care

Executive Summary

Summary of Overall Results

Results from the MassHealth Managed Care HEDIS 2014 project demonstrate that MassHealth plans performed well overall when compared to the 2014 rates of other Medicaid plans around the country. Throughout this report, we will give results of tests of statistical significance comparing the MassHealth weighted mean, which indicates the overall, combined performance of the six MassHealth managed care plans, with two benchmarks: the HEDIS 2014 national Medicaid 90th and 75th percentiles. These two benchmarks come from the NCQA's Quality Compass database, and indicate that the top-performing 10% and 25%, respectively, of all Medicaid managed care plans nationwide had measure rates equal to, or better than, the listed rate. HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA). Quality Compass is a registered trademark of the National Committee for Quality Assurance (NCQA).

The report will also show comparisons between the six individual MassHealth plans and the 2014 national Medicaid 90th percentile benchmark.

The use of the national Medicaid 90th percentile benchmark as a performance goal is a new feature in this year's MassHealth Managed Care HEDIS Report. In previous reports, the national Medicaid 75th percentile had been the primary benchmark for high quality performance, while the national Medicaid mean was used as a threshold level for acceptable performance. The decision to aim higher, using the 90th percentile as the goal for MassHealth managed care plan performance, was made as part of MassHealth's broader quality strategy.

MassHealth plans performed best, relative to this national benchmark, on the measures in the Preventive Care domain. For seven of the ten measures in this domain, the MassHealth weighted mean rates were statistically equivalent to, or statistically significantly higher than, the national Medicaid 90th percentile. The only measures for which MassHealth failed to meet or exceed this benchmark were Immunizations for Adolescents, and

HPV Vaccine for Female Adolescents. (One measure in the preventive care domain, Cervical Cancer Screening, could not be evaluated against national benchmarks, because NCQA does not benchmark measures which are either new, or, as in the case of Cervical Cancer Screening, have undergone substantial changes to the measure specification.)

MassHealth's performance on the Behavioral Health Care measures was also strong, with the exception of one measure. MassHealth met or exceeded the national Medicaid 90th percentile benchmark on the Follow-up After Hospitalization for Mental Illness and the Initiation and Engagement of Alcohol and Other Drug Dependence Treatment measures. However, MassHealth continued to perform poorly on the Antidepressant Medication Management measure, scoring below the national Medicaid mean. This measure continues to present an opportunity for substantial improvement in MassHealth plan performance. The fourth measure in this domain, Mental Health Utilization, is a measure designed to capture the frequency of behavioral health service utilization at different intensity levels. This information is useful for internal evaluation, but is not compared to benchmarks, because there is no agreement among experts as to whether higher or lower scores are preferable.

MassHealth plans performed solidly, but not exceptionally well, in the other two domains: Chronic Disease Management and Perinatal Care. The MassHealth weighted means for Controlling High Blood Pressure, and for most of the Comprehensive Diabetes Care submeasures, were statistically significantly higher than the national Medicaid 75th percentile, but fell short of the 90th percentile. However, MassHealth did exceed the 90th percentile benchmark for the HbA1c Poor Control and Medical Attention for Nephropathy components of the Diabetes Care composite measure. Finally, MassHealth's overall rate for Postpartum Care was statistically equivalent to the national Medicaid 75th percentile, but was significantly below the 90th percentile benchmark.

INTRODUCTION

Purpose of the Report

This report presents the results of the MassHealth Managed Care Healthcare Effectiveness Data and Information Set (HEDIS) 2014 project. This report aims to provide information that allows MassHealth program managers and managed care organization (MCO) managers to assess plan performance in the context of other MassHealth managed care plans and national benchmarks, identify opportunities for improvement, and set quality improvement goals. The report also aims to provide information that MassHealth members would find helpful in selecting a managed care plan.

Additional Details of HEDIS Results

In order to keep the report relatively brief and easy to use, we have not included certain details about the data in the report. For example, numbers representing the denominators, numerators, and eligible populations for the individual HEDIS measures are not included. In addition, rates for certain submeasures that are of limited relevance will not be included (for example, the individual components of child and adolescent vaccine combinations).

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

Please contact **PAUL KIRBY**, of the MassHealth Office of Clinical Affairs (paul.kirby@state.ma.us), with any additional data requests.

About this Report

Project Background

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

The measures selected for the MassHealth Managed Care HEDIS 2014 project assess the performance of the six MassHealth plans that provided health care services to MassHealth managed care members during the 2013 calendar year. The six MassHealth plans included in this report are Tufts Health Plan - Network Health (THP-NH), the Primary Care Clinician Plan (PCCP), Neighborhood Health Plan (NHP), Health New England (HNE), Fallon Health (FH), and Boston Medical Center HealthNet Plan (BMCHP). Descriptive information about each health plan can be found in the Health Plan Profiles section, beginning on page 13.

MassHealth HEDIS 2014 Measures

MassHealth selected 17 measures for the HEDIS 2014 report. The measures included in this report assess health care quality in four key areas: Preventive Care, Chronic Disease Management, Behavioral Health Care, and Perinatal Care. The majority of the measures selected (10 of the 17 total) are in the Preventive Care category, reflecting the importance of screening and prevention as a means to improve member health outcomes.

The Preventive Care domain includes measures for women, children, and adolescents. Three measures relate to health screenings for women: Breast Cancer Screening, Cervical Cancer Screening, and Chlamydia Screening. Six measures relate to children and adolescents: Weight Assessment and Counseling for Nutrition and Physical Activity, Childhood Immunization Status, Immunizations for Adolescents, Human Papillomavirus Vaccine for Female Adolescents, Well-Child Visits in the First 15 Months of Life, Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life, and Adolescent Well-Care Visits.

The Chronic Disease Management domain includes two measures, Controlling High Blood Pressure and the Comprehensive Diabetes Care composite measure. The diabetes composite is a wide-ranging measure that includes a large number of submeasures. This report will include the following diabetes care submeasures: HbA1c testing, HbA1c Poor Control, HbA1c Control, Eye Exam, Medical Attention for Nephropathy, and Blood Pressure Control.

The Behavioral Health Care domain encompasses four measures, three of which contain two separate submeasures: Antidepressant Medication Management, Initiation and Engagement of Alcohol and Other Drug Dependence Treatment, and Follow-up After Hospitalization for Mental Illness. A fourth Behavioral Health measure, Mental Health Utilization, is without benchmark data, because the measure does not have a preferred direction (e.g., higher or lower score indicates good performance).

Finally, the Perinatal Care domain for this year's report has one measure, Postpartum Care.

At the end of the report, we include a section showing trends in MassHealth's overall performance on selected HEDIS measures over time, and in relation to national benchmarks. Including this historical data should give readers a broader picture of the quality of health care delivered by MassHealth managed care plans.

Organization of the MassHealth Managed Care HEDIS 2014 Report

REPORT SECTION	PURPOSE OF SECTION	MEASURES REPORTED
Preventive Care	Provides information about how well a plan provides screenings and other services that maintain good health and prevent illness.	<ul style="list-style-type: none"> » Breast Cancer Screening » Cervical Cancer Screening » Chlamydia Screening in Women » Weight Assessment and Counseling for Nutrition and Physical Activity in Children and Adolescents » Childhood Immunization Status » Immunizations for Adolescents » Human Papillomavirus Vaccine for Female Adolescents » Well-Child Visits in the First 15 Months of Life » Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life » Adolescent Well-Care Visits
Chronic Disease Management	Provides information about how well a plan helps people manage chronic illness.	<ul style="list-style-type: none"> » Controlling High Blood Pressure » Comprehensive Diabetes Care
Behavioral Health Care	Provides information about how well a plan provides care for behavioral health conditions (mental health and/or substance abuse disorders).	<ul style="list-style-type: none"> » Antidepressant Medication Management » Initiation and Engagement of Alcohol and Other Drug Dependence Treatment » Follow-up After Hospitalization for Mental Illness » Mental Health Utilization
Perinatal Care	Provides information about how well a plan provides care for pregnant women and for women after they have delivered a baby.	<ul style="list-style-type: none"> » Postpartum Care
Performance Trends	Provides information about how well the MassHealth managed care program has provided care in the above four domains over time.	<ul style="list-style-type: none"> » Selected measures from those listed above (only those for which three or more years of data are available).

Data Collection and Analysis Methods

Data Collection and Submission

In November 2013, the MassHealth Office of Providers and Plans finalized a list of measures to be collected for HEDIS 2014. 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 2014 Technical Specifications and for reporting the results using NCQA's Interactive Data Submission System (IDSS). Each plan submitted its results to both NCQA and OCA.

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

Eligible Population

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

Age: The age requirements for Medicaid HEDIS measures vary by measure. The MassHealth managed care programs serves members under the age of 65. Occasionally, members 65 and older may enter the denominator of a MassHealth plan's HEDIS rate for several valid reasons. For example, a member may

turn 65 during the measurement year and remain in the plan through the measure's anchor date. Because MassHealth plans are responsible for a member's care until his or her coverage is terminated, MassHealth members 65 years and older are included in the eligible populations for the HEDIS 2014 measures whenever the specifications for the measure include the 65 and older population.

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

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

Diagnosis/event criteria: Some measures require a member to have a specific diagnosis or health care event to be included in the denominator. 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 2014 Volume 2: Technical Specifications.

Data Collection and Analysis Methods

MassHealth Coverage Types Included in HEDIS 2014

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.

Administrative vs. Hybrid Data Collection

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

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

The hybrid method requires plans to identify the numerator through both administrative and medical record data. For measures collected using the hybrid method, the denominator consists of a systematic sample of members drawn from the measure’s eligible population.

Each hybrid measure sample generally consists of a minimum required sample size of 411 members, plus an over sample determined by the plan to account for valid exclusions and contraindications. The plan’s HEDIS rate is based on members in the sample who are found through either administrative or medical record data to have received the service reported in the numerator. Plans may report data with denominators smaller than 411 for two reasons: 1) the plan had a small eligible population or 2) the plan reduced its sample size based on its current year’s administrative rate or the previous year’s audited rate, according to NCQA’s specifications. Data are not reported if the denominator contains fewer than 30 measure-eligible members.

Data Analysis and Benchmarking

Throughout this report, HEDIS 2014 results from each plan, and for MassHealth managed care as a whole, are compared to national benchmarks. One is the 2014 national Medicaid 90th percentile. This benchmark represents a level of performance that was met or exceeded by the top 10% of all Medicaid plans that submitted audited HEDIS 2014 data to NCQA. For this report, the national Medicaid 90th percentile serves as the primary benchmark against which MassHealth’s performance is compared. A second benchmark, the national Medicaid 75th percentile rate, is used as a reference indicating a minimum standard of performance. In certain cases, a third rate, the national Medicaid mean, will be referenced, but only to indicate measures for which MassHealth’s performance needs improvement.

OCA obtained the 2014 national Medicaid data through NCQA’s Quality Compass. NCQA provides the national Medicaid data in a supplement to the Quality Compass in the fall.

Data Collection and Analysis Methods

The 2014 MassHealth weighted mean is a weighted average of the rates of the six MassHealth plans (or all plans with reportable data), and indicates the overall performance level of the MassHealth managed care program. The weighted average was calculated by multiplying the performance rate for each plan by the number of members who met the eligibility criteria for the measure. The values were then summed across plans and divided by the total eligible population for all the plans. The largest MassHealth plan (the PCC Plan) serves 40.8% of all MassHealth members, while the smallest (HNE) serves only 1.5%.

Caveats for the Interpretation of Results

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

Medical Record Procurement

A plan's ability (or that of its contracted vendor) to locate and obtain medical records as well as the quality of medical record documentation can affect performance on hybrid measures. Per NCQA's specifications, members for whom no medical record documentation is found are 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 are due to differences in the quality of care or use of services, or differences in the health of the populations served by the plans.

Demographic Differences in Plan Membership

As shown in the plan profile chart on page 14, the six MassHealth plans differ with respect to the demographic characteristics of their members. The impact of demographic differences on MassHealth HEDIS 2014 rates is unknown.

Overlapping Provider Networks

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

MassHealth Managed Care Plan Profiles

Tufts Health Plan - Network Health (THP-NH)

- » **Corporate Structure:** Non-profit managed care organization.
- » **Service Area:** Statewide (except for the Islands).
- » **Membership:** 133,876 MassHealth members as of December 31, 2013.
- » **Behavioral Health:** Members' behavioral health services are managed and provided by Network Health providers.

Primary Care Clinician Plan (PCCP)

- » **Corporate Structure:** State-run primary care case management managed care program administered by the Executive Office of Health and Human Services (EOHHS).
- » **Service Area:** Statewide.
- » **Membership:** 360,003 MassHealth members as of December 31, 2013.
- » **Behavioral Health:** Members' behavioral health services are managed through the Massachusetts Behavioral Health Partnership (MBHP).

Neighborhood Health Plan (NHP)

- » **Corporate Structure:** Non-profit managed care organization.
- » **Service Area:** Statewide.
- » **Membership:** 167,982 MassHealth members as of December 31, 2013.
- » **Behavioral Health:** Members' behavioral health services are managed through Beacon Health Strategies.

Fallon Health (FH)

- » **Corporate Structure:** Non-profit managed care organization.
- » **Service Area:** Central and northern Massachusetts.
- » **Membership:** 13,900 MassHealth members as of December 31, 2013.
- » **Behavioral Health:** Members' behavioral health services are managed through Beacon Health Strategies.

Health New England (HNE)

- » **Corporate Structure:** Non-profit managed care organization.
- » **Service Area:** Western Massachusetts.
- » **Membership:** 13,504 MassHealth members as of December 31, 2013.
- » **Behavioral Health:** Members' behavioral health services are managed through the Massachusetts Behavioral Health Partnership (MBHP).

Boston Medical Center HealthNet Plan (BMCHP)

- » **Corporate Structure:** Provider-sponsored health plan.
- » **Service Area:** Statewide.
- » **Membership:** 192,772 MassHealth members as of December 31, 2013.
- » **Behavioral Health:** Members' behavioral health services are managed through Beacon Health Strategies.

Demographic Characteristics of MassHealth Members

MassHealth Plan	Total MassHealth Managed Care Members as of 12/31/13	Female	Disabled	Mean Age	0-11 yrs	12-17 yrs	18-39 yrs	40-64 yrs
Tufts Health Plan - Network Health	133,876	54.6%	10.3%	22.7	36.5%	12.6%	30.0%	21.0%
Primary Care Clinician Plan	360,003	50.3%	19.8%	25.1	30.8%	14.4%	28.6%	26.2%
Neighborhood Health Plan	167,982	57.1%	9.3%	21.1	39.0%	15.2%	27.7%	18.1%
Health New England	13,504	51.3%	17.7%	21.8	36.8%	11.5%	32.1%	19.6%
Fallon Health	13,900	55.6%	10.4%	22.8	34.2%	14.5%	31.4%	19.9%
Boston Medical Center Health-Net Plan	192,772	56.4%	13.1%	21.3	38.2%	14.6%	29.5%	17.7%
Total for MassHealth Managed Care Program	882,037	53.7%	14.7%	23.0	35.0%	14.3%	28.9%	21.8%

Source: MassHealth Data Warehouse.

PREVENTIVE CARE

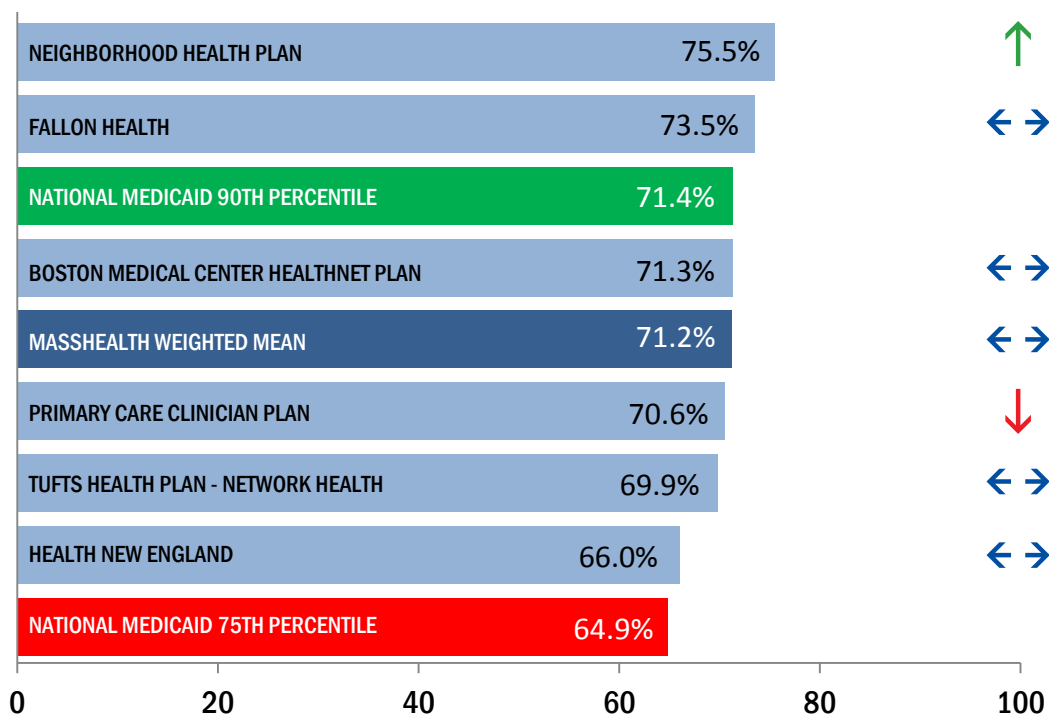
Breast Cancer Screening

About this Measure

Breast cancer is the most common type of cancer for women in the United States. Early detection and treatment of the disease can lower the risk of death. The U.S. Preventive Services Task Force (USPSTF) recommends that women between 50 and 74 years of age receive a screening mammogram every two years.

The Breast Cancer Screening measure reports the percentage of women 50-74 years of age who had a mammogram to screen for breast cancer during the 27 months prior to December 31, 2013. This measure uses administrative data (claims) only.

HEDIS 2014 Plan Performance vs. Benchmarks



Rate is significantly above the 2014 National Medicaid 90th percentile



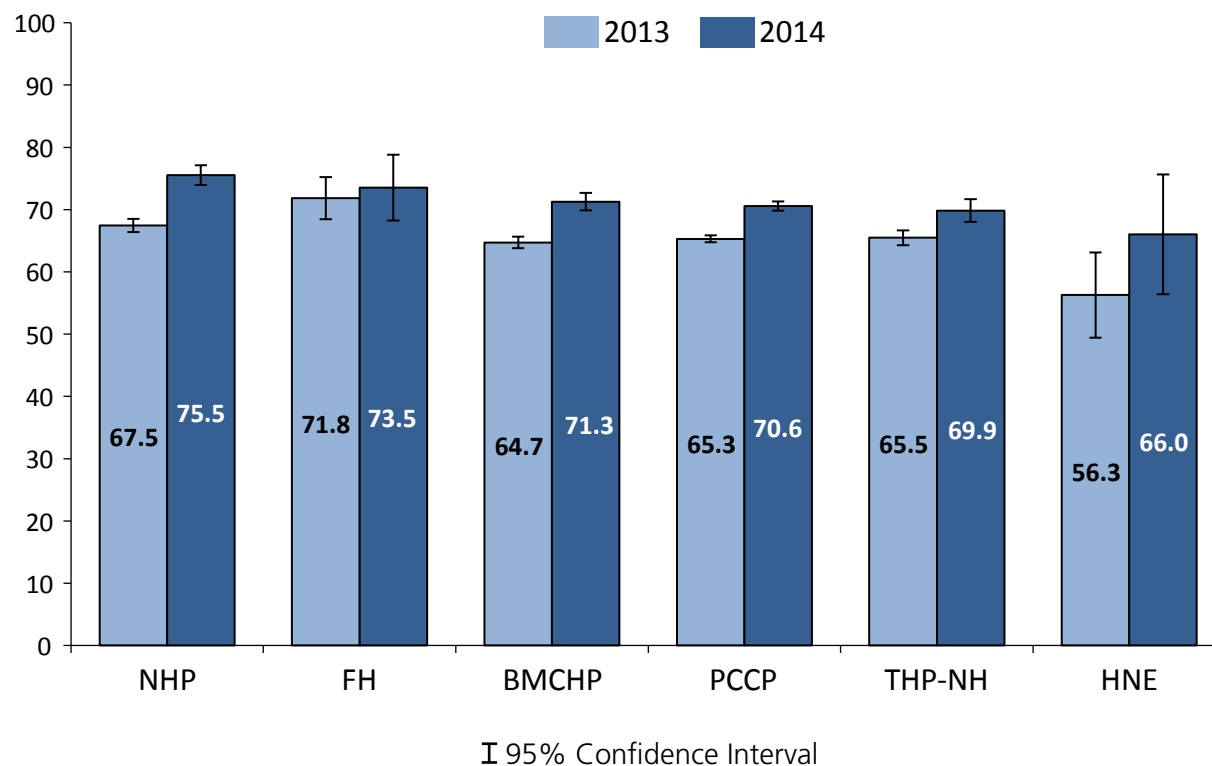
Rate is not significantly different from the 2014 National Medicaid 90th percentile



Rate is significantly below the 2014 National Medicaid 90th percentile

Breast Cancer Screening

Plan Rate Comparison to Prior Reporting Year



Results

- 71.2% of female MassHealth managed care plan members 50-74 years of age had a mammogram during the 27 months prior to December 31, 2013. This rate was statistically equivalent to the national Medicaid 90th percentile benchmark.
- Five of the six MassHealth plan rates were statistically equal to, or higher than, the 90th percentile benchmark rate of 71.4%. NHP's rate (75.5%) was statistically significantly higher than the benchmark, while FH, BMCHP, THP-NH, and HNE had rates that were statistically equal to the benchmark. The PCC Plan's rate of 70.6% was well above the national Medicaid 75th percentile rate of 64.9%, although it did not meet the 90th percentile.
- Four of the six MassHealth plans had 2014 breast cancer screening rates that were significantly above their 2013 rates. FH and HNE's 2014 rates were statistically equivalent to their 2013 rates.
- The age range and measurement period for the Breast Cancer Screening measure have been updated for HEDIS 2014. These changes may have affected current plan rates. Therefore, the prior year comparisons reported here should be interpreted with caution.

Cervical Cancer Screening

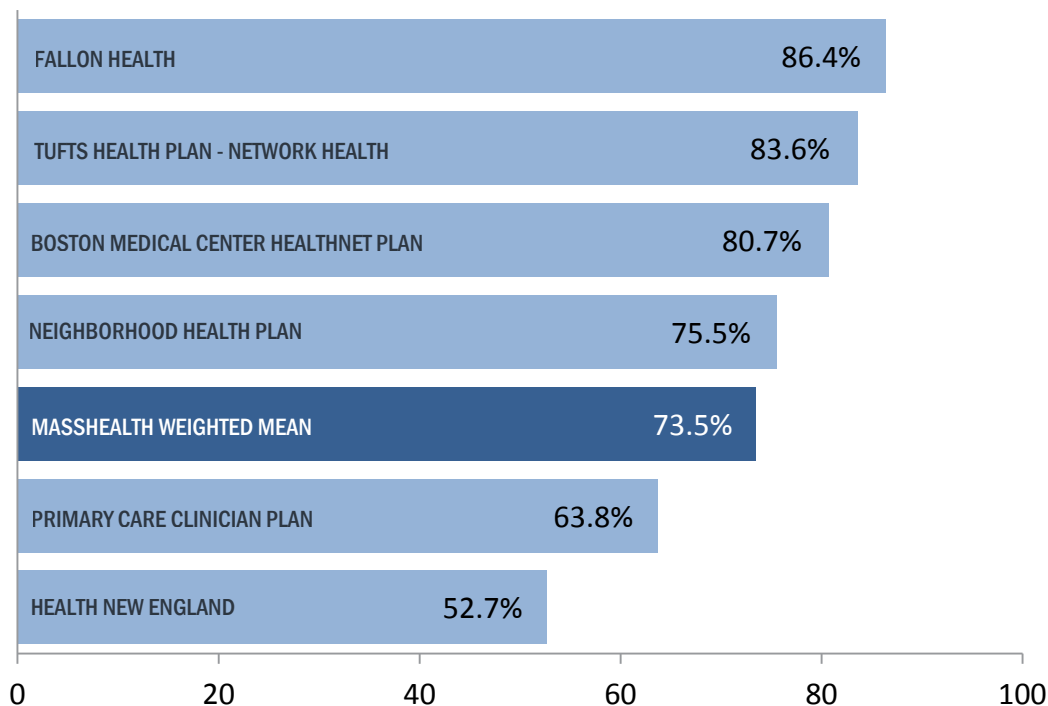
About this Measure

Cervical cancer is preventable with regular screening tests and follow-up. The U.S. Preventive Services Task Force recently made changes to its screening guidelines. The Task Force recommends that women start cervical cancer screenings at age 21, using cytology (Pap smear) testing every three years. Women 30 to 65 years of age should either continue with Pap smears every three years, or, if they wish to have less frequent testing, obtain a combination screening consisting of a Pap smear and a human papillomavirus (HPV) test every five years.

The Cervical Cancer Screening measure reports the percentage of women 21-64 years of age who received cervical cancer screening according to one of the two options listed above. This measure is collected using either the administrative (claims only) method, or the hybrid method (claims data supplemented by medical record reviews). The PCC Plan and HNE used claims only, while the other four MCOs used the hybrid method.

For HEDIS 2014, NCQA substantially revised the specifications for this measure to reflect the new USPSTF recommendation. Because of these changes, Cervical Cancer Screening is being treated as a first-year measure. Therefore, no national benchmark data are available, and as a result, the chart below will not include the benchmark rates or the accompanying statistical comparisons with the individual plan rates.

HEDIS 2014 Plan Performance



Cervical Cancer Screening

Plan Rate Comparison to Prior Reporting Year

As discussed above, NCQA's specifications for the Cervical Cancer Screening measure were extensively revised for HEDIS 2014. Therefore, prior plan rate comparisons will not be presented for this measure.

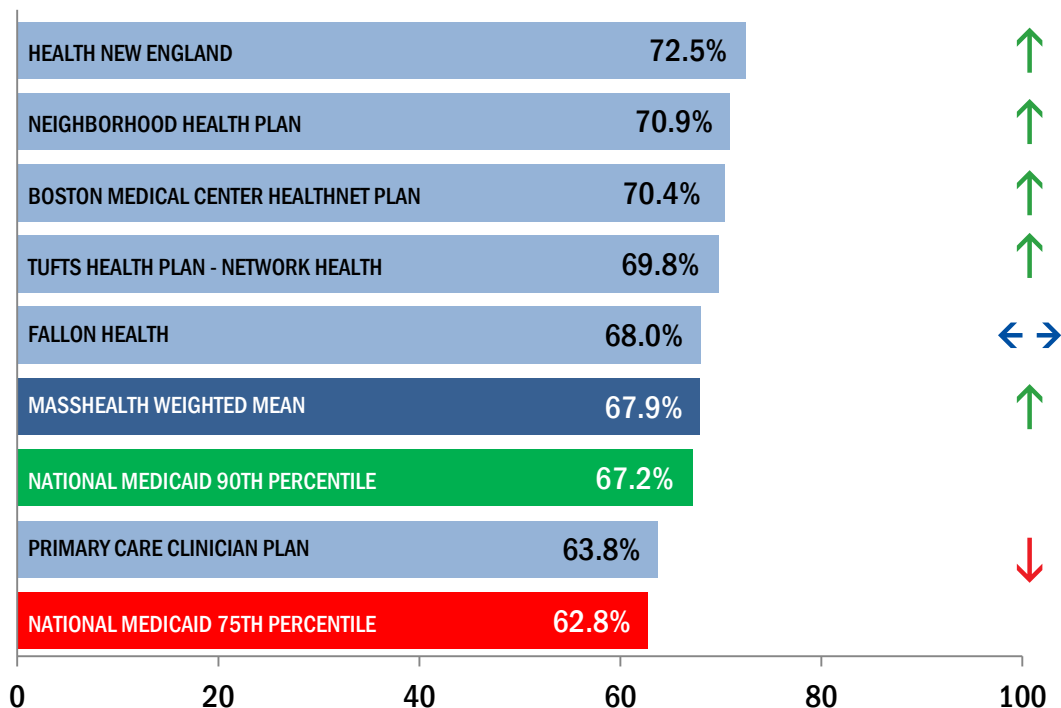
Chlamydia Screening in Women

About this Measure

Chlamydia is the most common sexually transmitted infection (STI) in the United States. Sexually active women 24 years old or younger are at highest risk of infection. Left untreated, chlamydia infections may result in ectopic pregnancy, infertility, and chronic pelvic pain. The U.S. Preventive Services Task Force (USPSTF) recommends screening for chlamydial infection every year in sexually active young women ages 24 and younger.

The Chlamydia Screening measure reports the percentage of women 16 to 24 years of age who were identified as sexually active and who had at least one chlamydia test during 2013. This measure uses administrative data (claims) only.

HEDIS 2014 Plan Performance vs. Benchmarks



Rate is significantly above the 2014 National Medicaid 90th percentile



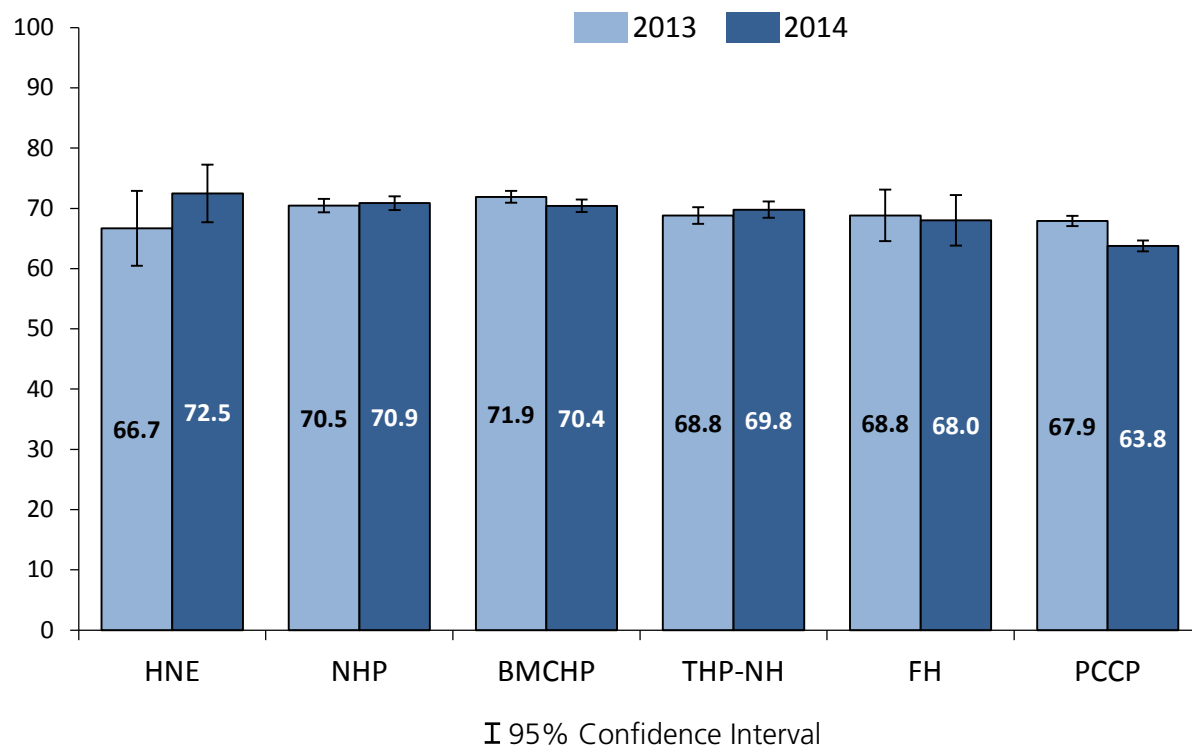
Rate is not significantly different from the 2014 National Medicaid 90th percentile



Rate is significantly below the 2014 National Medicaid 90th percentile

Chlamydia Screening in Women

Plan Rate Comparison to Prior Reporting Year



Results

- 67.9% of sexually active female MassHealth managed care plan members 16-24 years of age had a chlamydia screening test during 2013. This MassHealth weighted mean rate was statistically significantly higher than the national Medicaid 90th percentile rate of 67.2%.
- Four of the six MassHealth plan rates were statistically significantly higher than the national Medicaid 90th percentile rate. FH's rate was statistically equal to the benchmark. The PCC Plan's rate was statistically equivalent to the national Medicaid 75th percentile. However, it was significantly lower than the 90th percentile.
- The PCC Plan's HEDIS 2014 rate was significantly lower than its 2013 rate. The other MassHealth plans did not experience any statistically significant differences between their 2014 and 2013 rates.

Weight Assessment and Counseling for Nutrition and Physical Activity

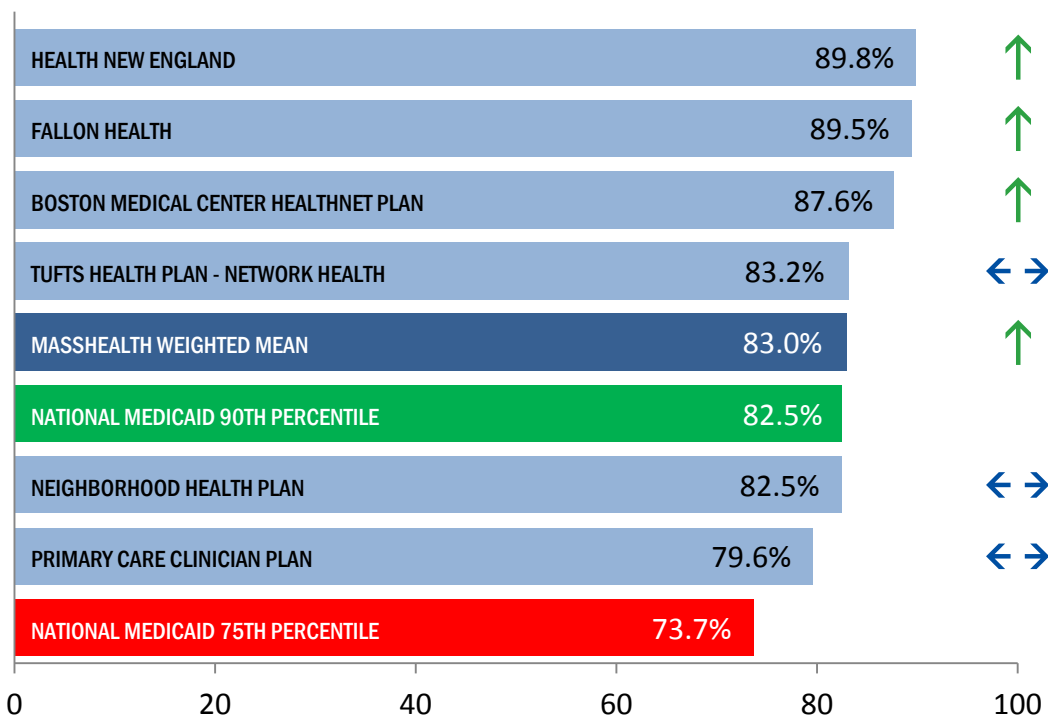
About This Measure

In recent decades, the prevalence of overweight and obese children in America has increased sharply. Overweight and obese children are more likely to be obese as adults, which can lead to increased health risks. Body mass index (BMI) is a useful tool for assessing and tracking the degree of obesity. Because BMI norms for youth vary with age and gender, the BMI percentile is assessed, rather than an absolute BMI value. Promoting healthy eating and regular physical activity are also essential to addressing obesity. BMI percentile calculation, combined with counseling on nutrition and exercise, are critical components of pediatric primary care.

This measure has three components: BMI Percentile Documentation, Counseling for Nutrition, and Counseling for Physical Activity. All data are collected using the hybrid method (claims supplemented by medical record reviews).

BMI Percentile Documentation: the percentage of children and adolescents 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of BMI percentile documentation during the measurement year (2013). This measure is collected using the hybrid method (claims data supplemented by medical record reviews).

HEDIS 2014 Plan Performance vs. Benchmarks



Rate is significantly above the 2014 National Medicaid 90th percentile



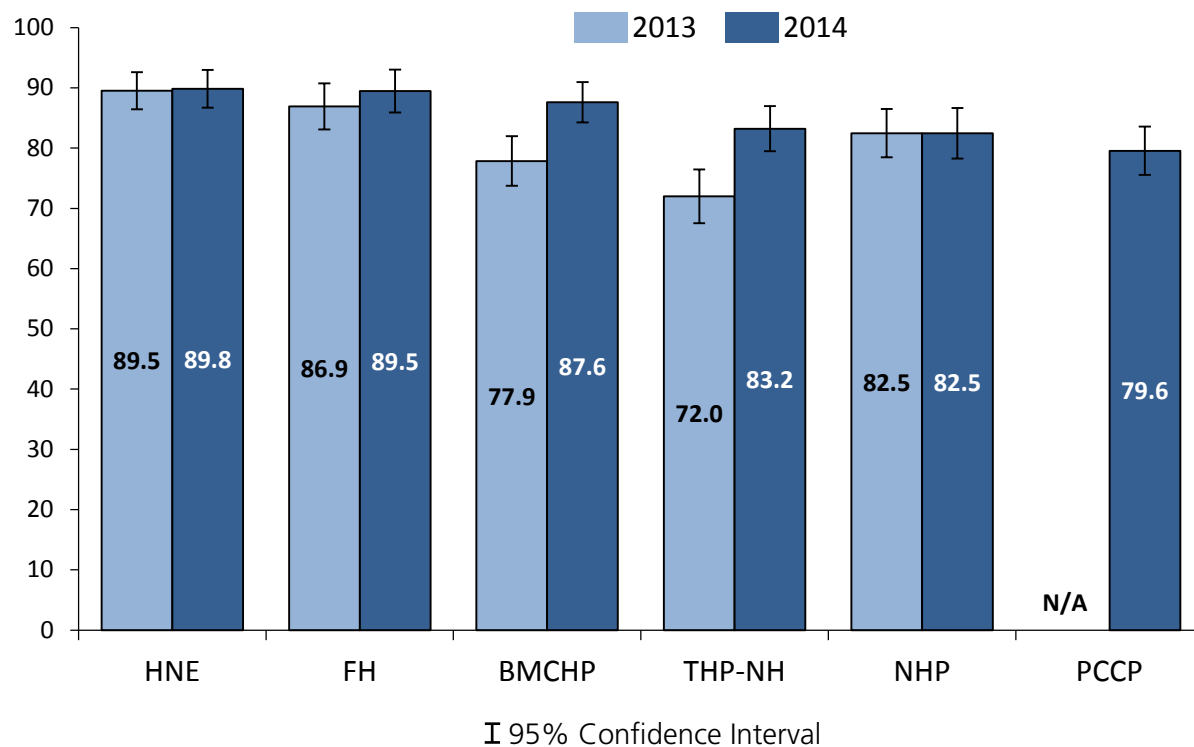
Rate is not significantly different from the 2014 National Medicaid 90th percentile



Rate is significantly below the 2014 National Medicaid 90th percentile

Weight Assessment and Counseling for Nutrition and Physical Activity

Plan Rate Comparison to Prior Reporting Year – BMI Percentile Documentation



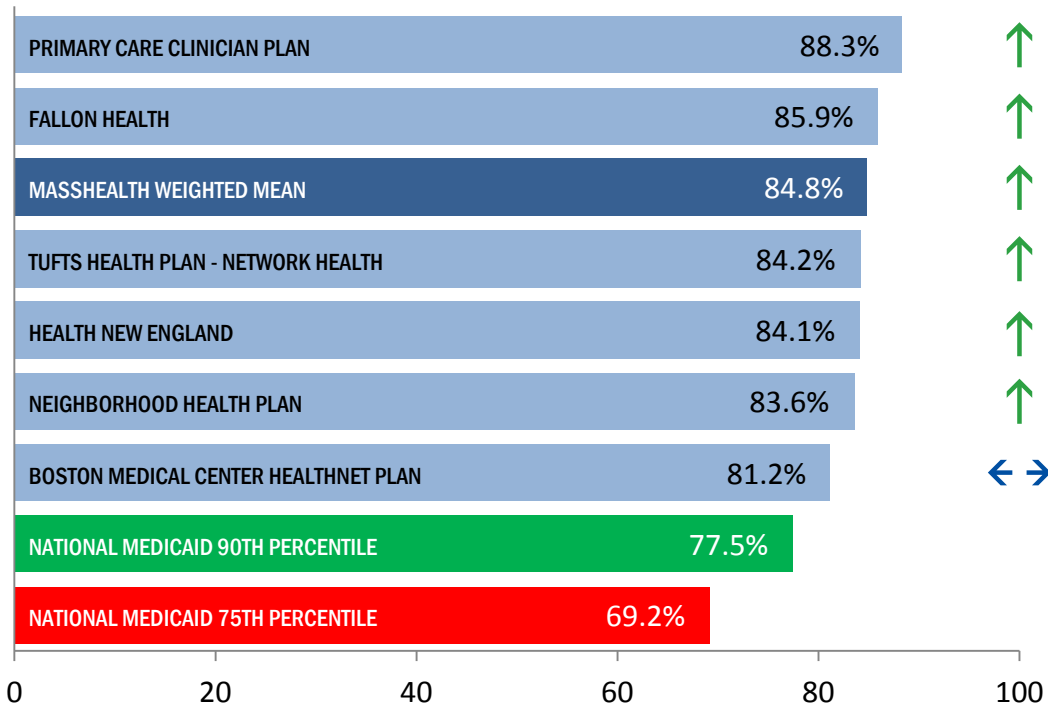
Results

- 83.0% of MassHealth managed care plan members between 3 and 17 years of age had their BMI percentile documented during the HEDIS 2014 measurement period. This MassHealth weighted mean rate was statistically significantly higher than the national Medicaid 90th percentile rate of 82.5%.
- BMCHP, FH, and HNE had rates that were significantly higher than the national Medicaid 90th percentile. Rates for the other three MassHealth plans were statistically equal to the 90th percentile.
- Of the five MassHealth plans with prior year comparison rates, BMCHP and THP-NH had rates that were significantly higher than their HEDIS 2013 rates. The other three plan rates were statistically equivalent to the previous year. The PCC Plan did not report this measure in 2013.

Weight Assessment and Counseling for Nutrition and Physical Activity

Counseling for Nutrition: the percentage of children and adolescents 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of counseling about proper nutrition during the measurement year.

HEDIS 2014 Plan Performance vs. Benchmarks



Rate is significantly above the 2014 National Medicaid 90th percentile



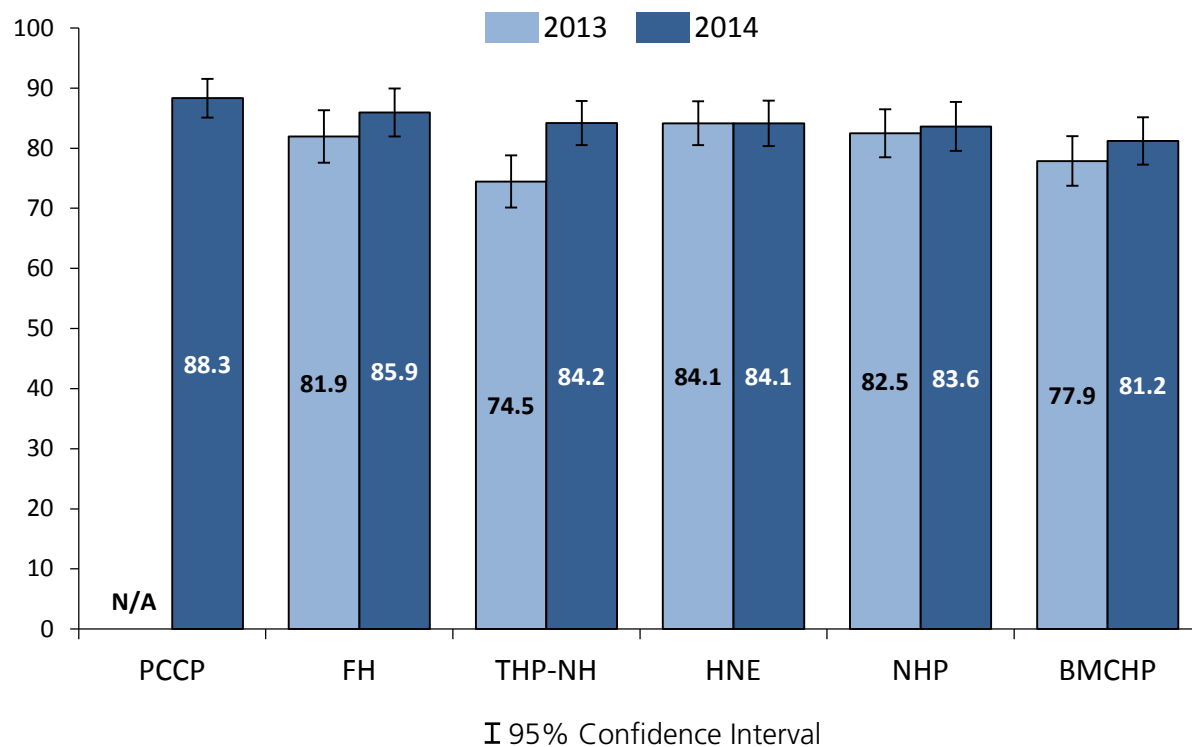
Rate is not significantly different from the 2014 National Medicaid 90th percentile



Rate is significantly below the 2014 National Medicaid 90th percentile

Weight Assessment and Counseling for Nutrition and Physical Activity

Plan Rate Comparison to Prior Reporting Year – Counseling for Nutrition



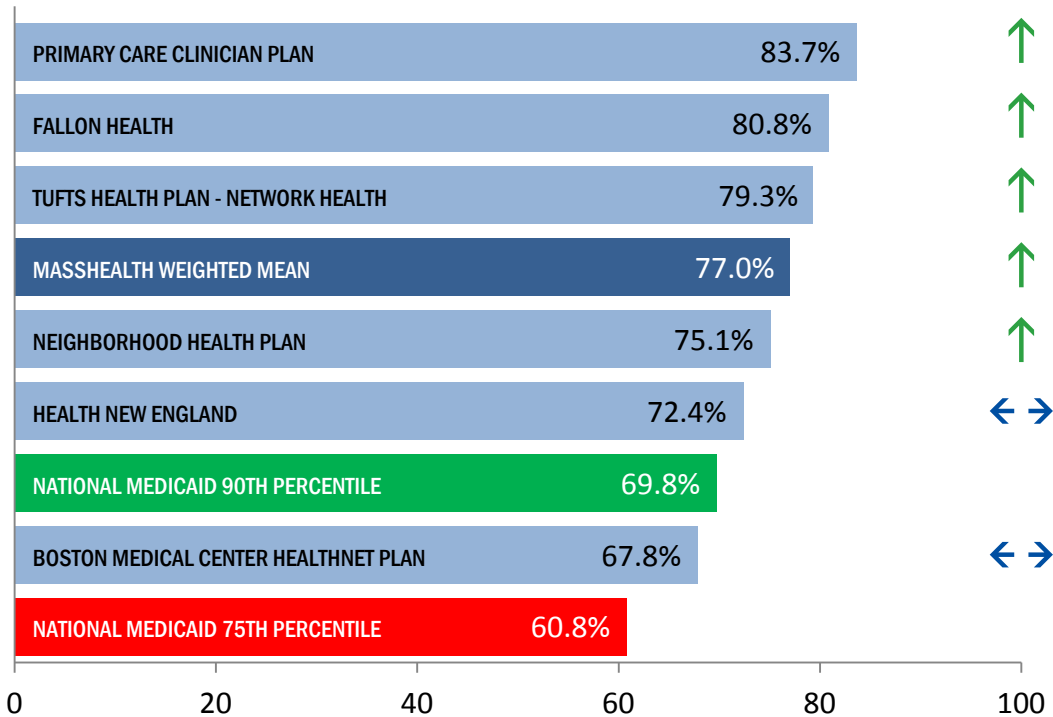
Results

- 84.8% of MassHealth managed care plan members between 3 and 17 years of age received counseling on nutrition during the HEDIS 2014 measurement period. This MassHealth weighted mean rate is statistically significantly higher than the national Medicaid 90th percentile rate of 77.5%.
- Five of the six MassHealth plan rates were significantly higher than the 90th percentile. BMCHP's rate was statistically equivalent to the benchmark.
- Of the five MassHealth plans with prior year comparison rates, only THP-NH's rate was significantly higher than its 2013 rate. The other four plans had rates that were statistically equivalent to the previous year. The PCC Plan did not report this measure in 2013.

Weight Assessment and Counseling for Nutrition and Physical Activity

Counseling for Physical Activity: the percentage of children and adolescents 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of counseling about physical activity during the measurement year.

HEDIS 2014 Plan Performance vs. Benchmarks



Rate is significantly above the 2014 National Medicaid 90th percentile



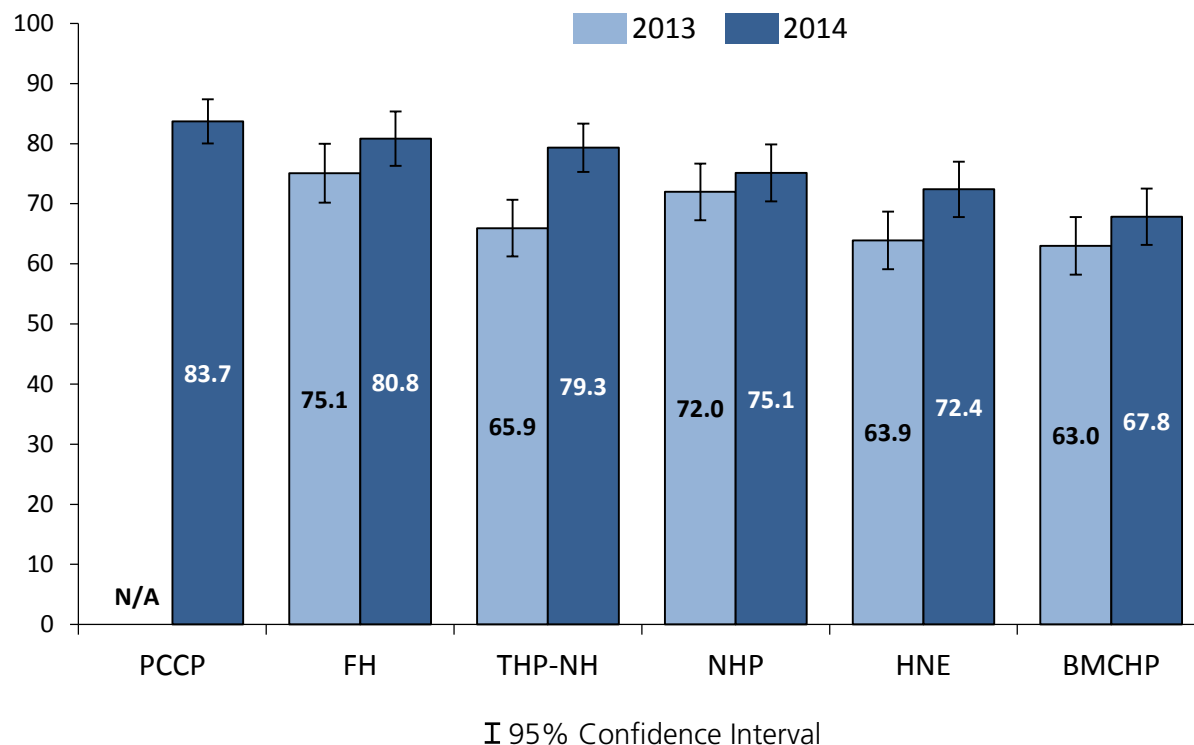
Rate is not significantly different from the 2014 National Medicaid 90th percentile



Rate is significantly below the 2014 National Medicaid 90th percentile

Weight Assessment and Counseling for Nutrition and Physical Activity

Plan Rate Comparison to Prior Reporting Year – Counseling for Physical Activity



Results

- 77.0% of MassHealth managed care plan members between 3 and 17 years of age received counseling about physical activity during the HEDIS 2014 measurement period. This MassHealth weighted mean rate was statistically significantly higher than the national Medicaid 90th percentile rate of 69.8%.
- Four of the six MassHealth plans had rates significantly higher than the 90th percentile. HNE and BMCHP's rates were statistically equivalent to the benchmark.
- Of the five MassHealth plans with prior year comparison rates, only THP-NH's rate was significantly higher than its 2013 rate. The other four plans had rates that were statistically equivalent to the previous year. The PCC Plan did not report this measure in 2013.

Childhood Immunization Status

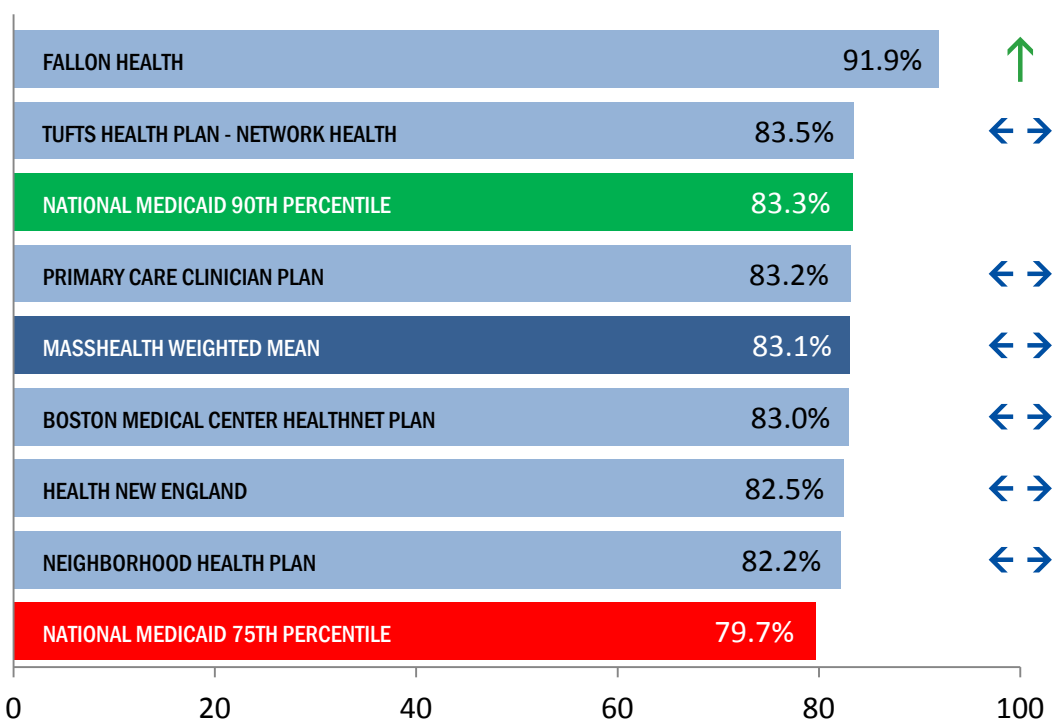
About This Measure

Immunization is a safe and effective method of preventing serious childhood diseases. Vaccines have all but eradicated diseases such as polio, but other serious and preventable diseases like pertussis (whooping cough) and measles remain a concern. Children should receive immunizations in accordance with the schedule recommended by the Centers for Disease Control and Prevention (CDC). Since multiple health care visits are required in order to receive all of the CDC-recommended immunizations, the HEDIS immunization measure also serves as an indicator of health care access for young children.

This measure is collected using the hybrid method (claims data supplemented by medical record reviews), and has two components: the Combination 2 and Combination 3 immunizations.

Combination 2: the percentage of children 2 years of age who had four diphtheria, tetanus, and acellular pertussis (DTaP); three polio (IPV); one measles, mumps, and rubella (MMR); three H influenza type B (HiB); three hepatitis B (HepB), and one chicken pox (VZV) vaccine on or before their second birthday.

HEDIS 2014 Plan Performance vs. Benchmarks



Rate is significantly above the 2014 National Medicaid 90th percentile



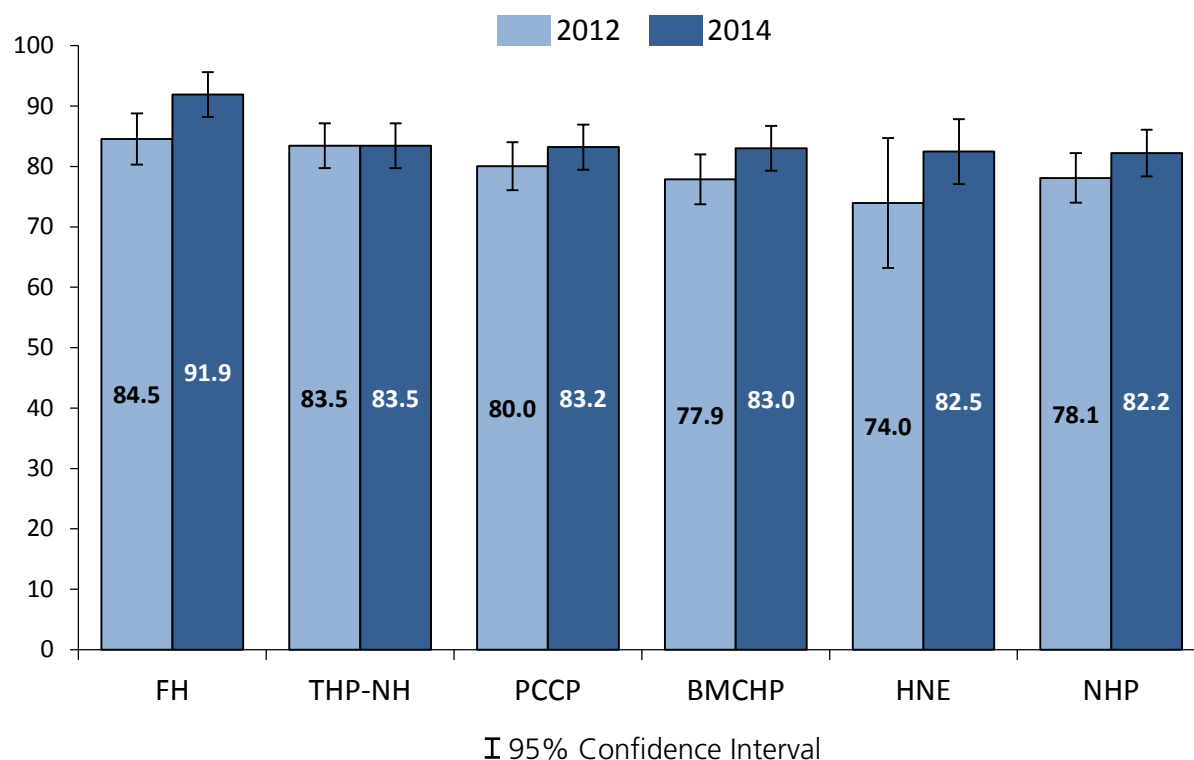
Rate is not significantly different from the 2014 National Medicaid 90th percentile



Rate is significantly below the 2014 National Medicaid 90th percentile

Childhood Immunization Status

Plan Rate Comparison to Prior Reporting Year – Combination 2



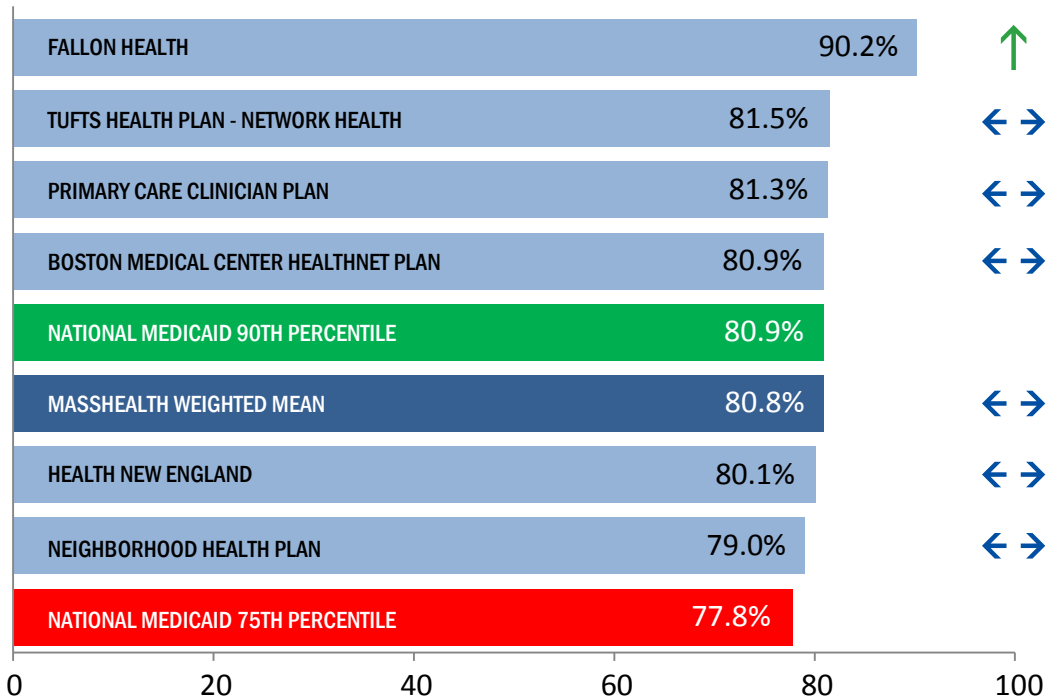
Results

- 83.1% of MassHealth managed care plan members 2 years of age received all of the Combination 2 vaccines by their second birthday. This MassHealth weighted mean rate was statistically equal to the national Medicaid 90th percentile rate of 83.3%.
- The rate for FH was statistically significantly higher than the national Medicaid 90th percentile. Rates for the other five MassHealth plans were statistically equal to the benchmark.
- The six MassHealth plans did not experience statistically significant differences between their 2014 and 2012 rates.

Childhood Immunization Status

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.

HEDIS 2014 Plan Performance vs. Benchmarks



Rate is significantly above the 2014 National Medicaid 90th percentile



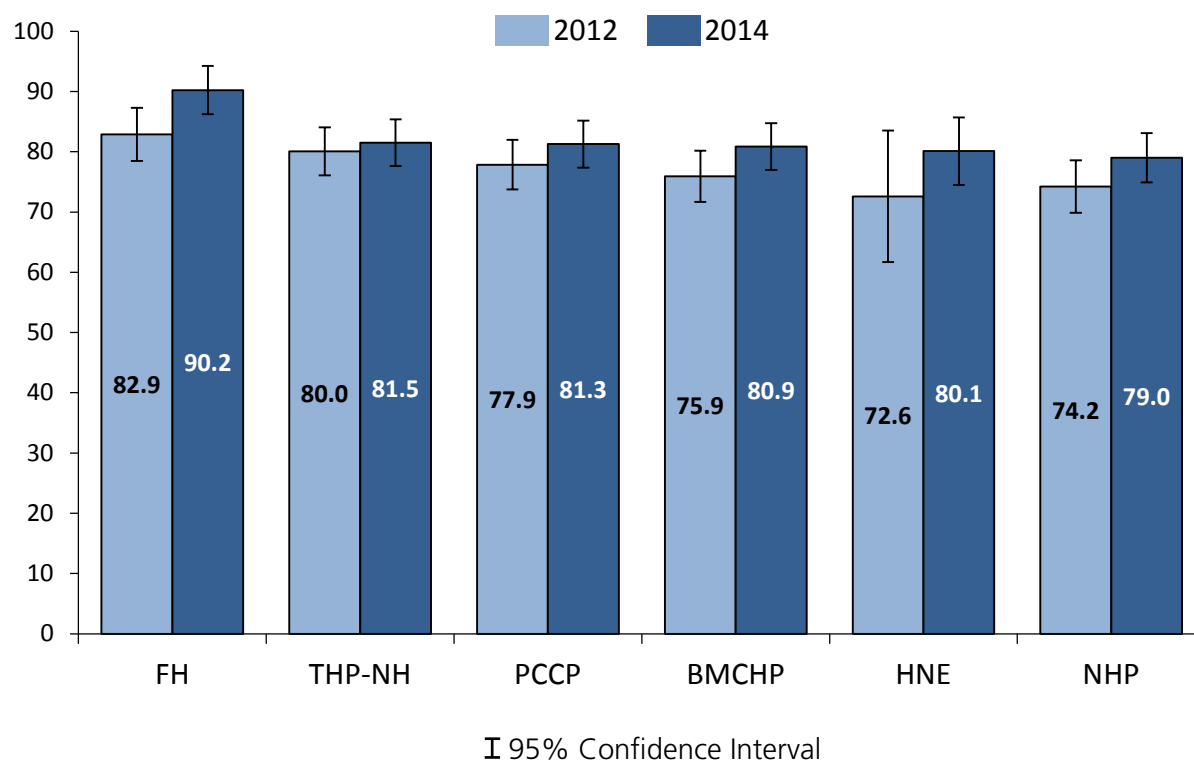
Rate is not significantly different from the 2014 National Medicaid 90th percentile



Rate is significantly below the 2014 National Medicaid 90th percentile

Childhood Immunization Status

Plan Rate Comparison to Prior Reporting Year – Combination 3



Results

- 80.8% of MassHealth managed care plan members 2 years of age received all of the Combination 3 vaccines by their second birthday. This MassHealth weighted mean rate was statistically equivalent to the national Medicaid 90th percentile rate of 80.9%.
- The rate for FH was statistically significantly higher than the national Medicaid 90th percentile for Combination 3, as it was for Combination 2. Rates for the other five MassHealth plans were also statistically equal to the benchmark.
- As with Combination 2, the six MassHealth plans did not experience statistically significant differences between their 2014 and 2012 rates.

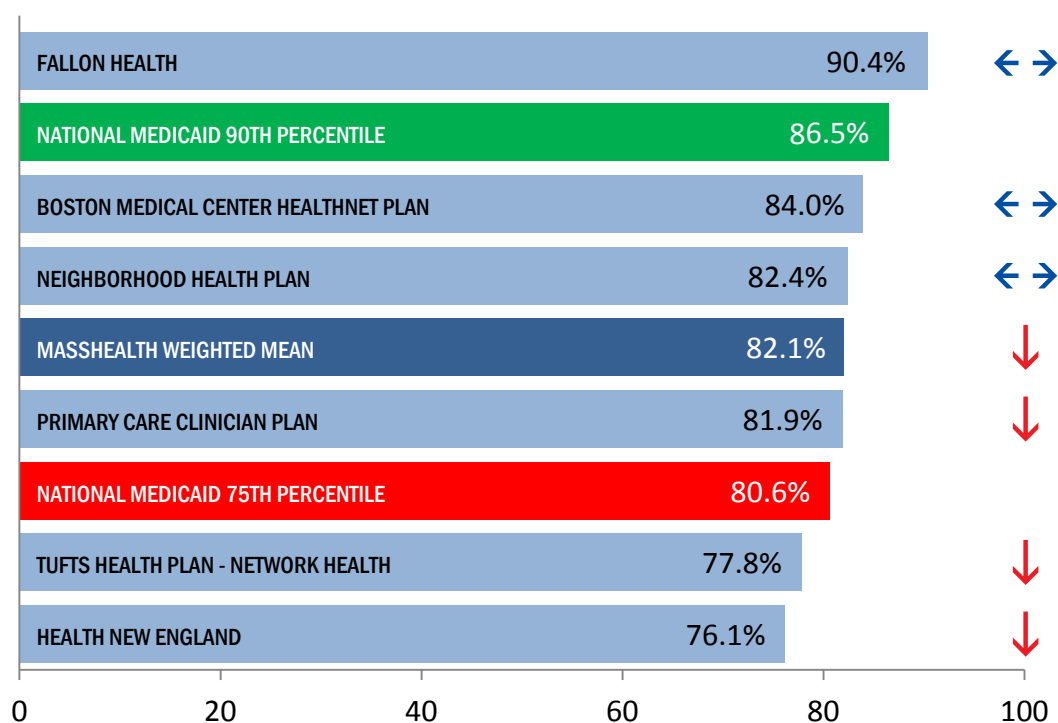
Immunizations for Adolescents

About This Measure

Adolescents need certain immunizations and booster shots for ongoing protection against diseases. Staying up to date on vaccinations is the best way to protect against potentially life-threatening, but preventable diseases.

This measure reports the percentage of adolescents 13 years of age who had one dose of meningococcal vaccine and one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) by their 13th birthday. Data are collected using the hybrid method (claims data supplemented by medical record reviews).

HEDIS 2014 Plan Performance vs. Benchmarks



Rate is significantly above the 2014 National Medicaid 90th percentile



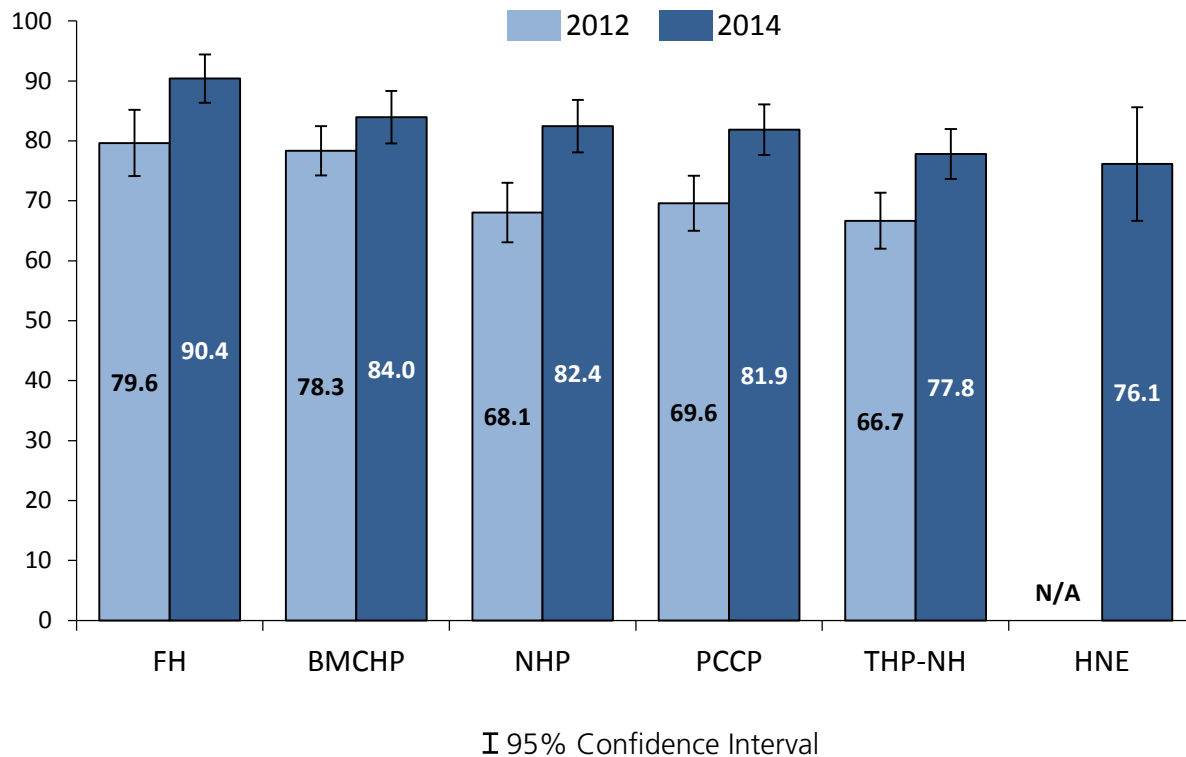
Rate is not significantly different from the 2014 National Medicaid 90th percentile



Rate is significantly below the 2014 National Medicaid 90th percentile

Immunizations for Adolescents

Plan Rate Comparison to Prior Reporting Year



Results

- 82.1% of MassHealth managed care plan members 13 years of age received the meningococcal and Tdap/Td vaccine by their 13th birthday. This MassHealth weighted mean rate was statistically significantly higher than the national Medicaid 75th percentile rate of 80.6%, although it was significantly lower than the national Medicaid 90th percentile rate of 86.5%.
- FH, BMCHP, and NHP had rates that were statistically equivalent to the 90th percentile, while rates for the other three MassHealth plans were significantly lower than this benchmark.
- Four MassHealth plans showed statistically significant improvement on their 2014 rates as compared with 2012. BMCHP's 2014 rate was statistically equal to its 2012 rate. HNE did not report this measure in 2012.

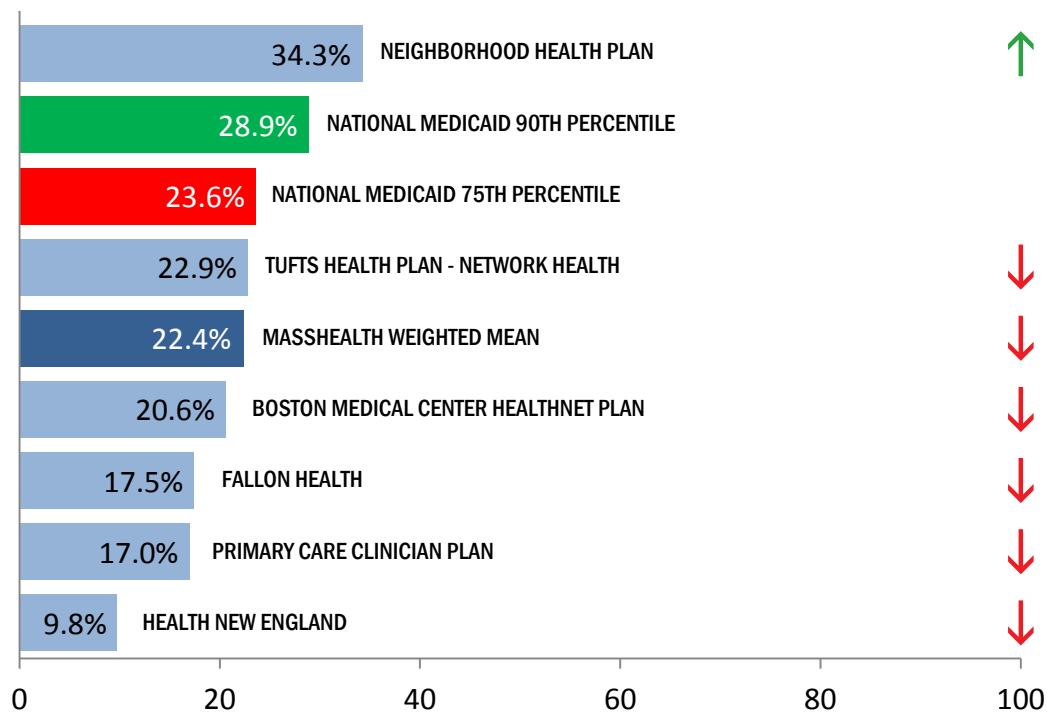
Human Papillomavirus Vaccine for Female Adolescents

About This Measure

Human papillomavirus (HPV) is a common virus that can cause cervical, vaginal, and vulvar cancers in women. HPV is spread through sexual contact. About 14 million Americans become infected with HPV each year. The CDC recommends that adolescents receive the HPV vaccine at age 11 or 12; the vaccine must be delivered as a series of three immunizations over the course of 7-8 months to be effective.

This measure reports the percentage of female adolescents 13 years of age who had three doses of the human papillomavirus (HPV) vaccine by their 13th birthday. The measure is collected using the hybrid method (claims data supplemented by medical record reviews).

HEDIS 2014 Plan Performance vs. Benchmarks



Rate is significantly above the 2014 National Medicaid 90th percentile



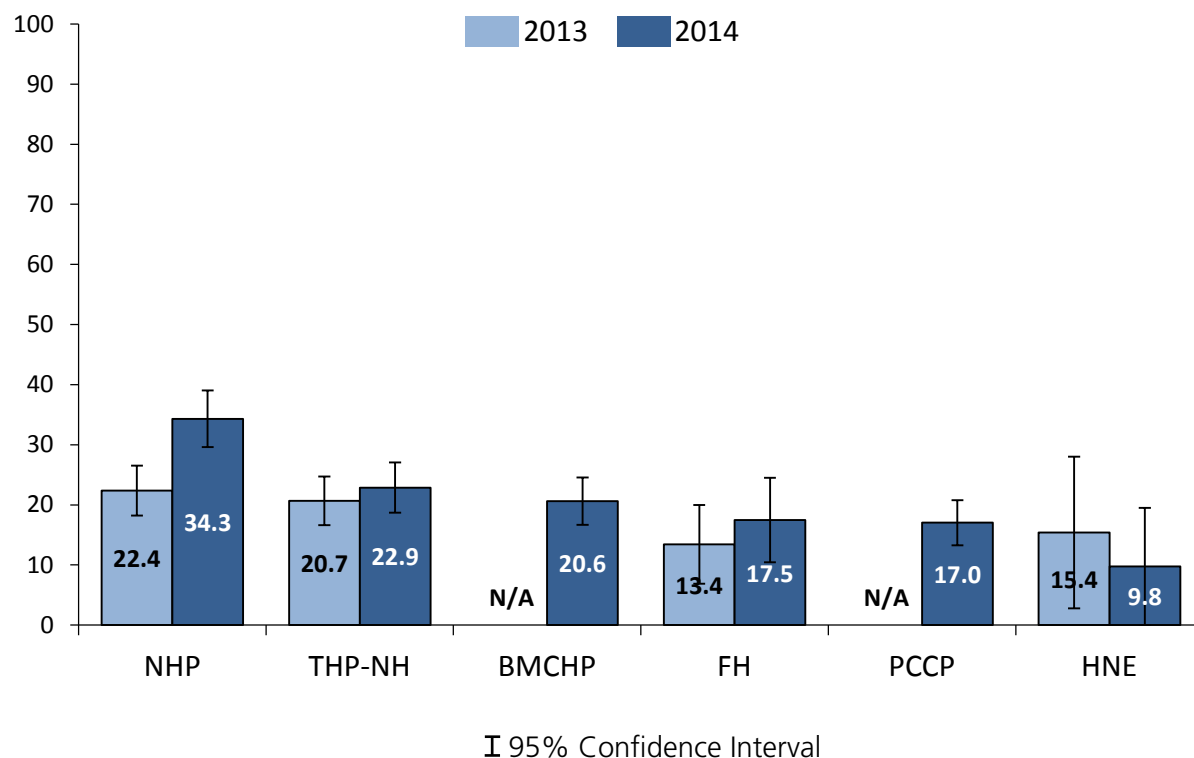
Rate is not significantly different from the 2014 National Medicaid 90th percentile



Rate is significantly below the 2014 National Medicaid 90th percentile

Human Papillomavirus Vaccine for Female Adolescents

Plan Rate Comparison to Prior Reporting Year



Results

- 22.4% of female MassHealth managed care plan members 13 years of age received three doses of the HPV vaccine by their 13th birthday. This MassHealth weighted mean rate was statistically significantly lower than the national Medicaid 90th percentile and 75th percentile rates of 28.9% and 23.6%, respectively.
- NHP's rate of 34.3% was significantly higher than the 90th percentile, while the other five MassHealth plan rates were significantly below the benchmark.
- NHP's 2014 rate showed statistically significant improvement from 2013. The other three MassHealth plans with prior year rates had no statistically significant differences between their 2014 and 2013 rates. BMCHP and the PCC Plan did not report this measure in 2013.

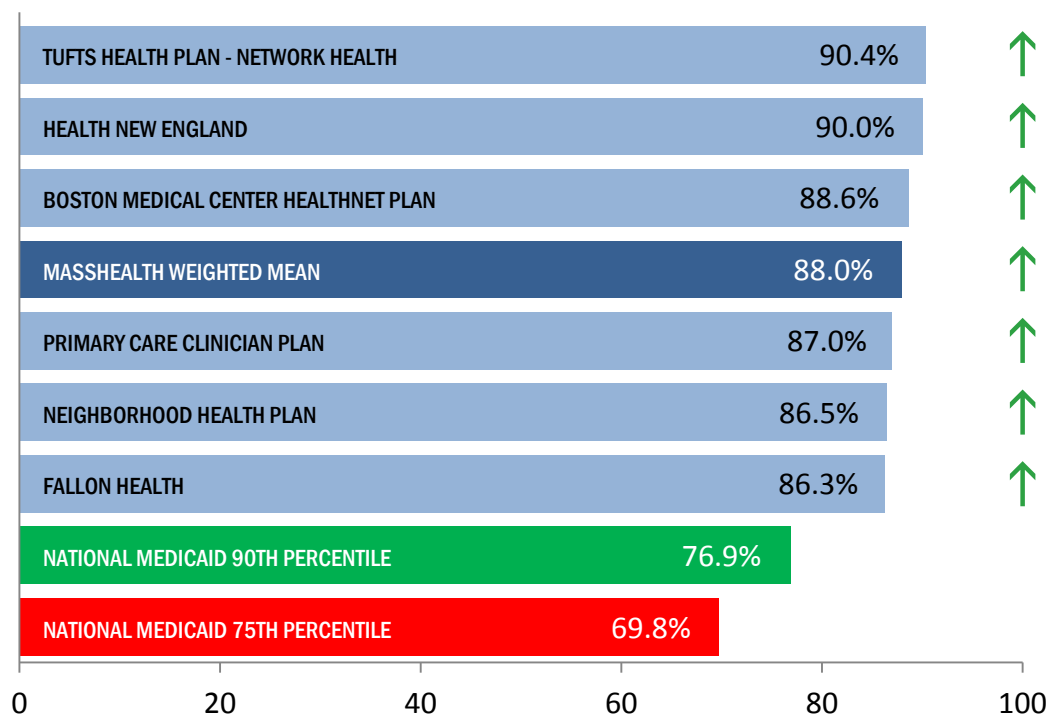
Well-Child Visits in the First 15 Months of Life

About This Measure

Children grow and develop quickly in the first years of life. Well-child visits allow doctors to evaluate and monitor children's growth and development at regular intervals. During well-child visits, doctors can administer vaccinations, assess behavioral issues, and provide guidance on injury prevention, violence prevention, sleep position, and nutrition. Well-child visits can improve health outcomes and reduce avoidable hospitalizations.

This measure reports the percentage of children who turned 15 months old during 2013 and who had six or more well-child visits with a primary care practitioner during the first 15 months of life. All plans except for FH used hybrid methodology (claims data supplemented by medical record reviews) for this measure.

HEDIS 2014 Plan Performance vs. Benchmarks



Rate is significantly above the 2014 National Medicaid 90th percentile



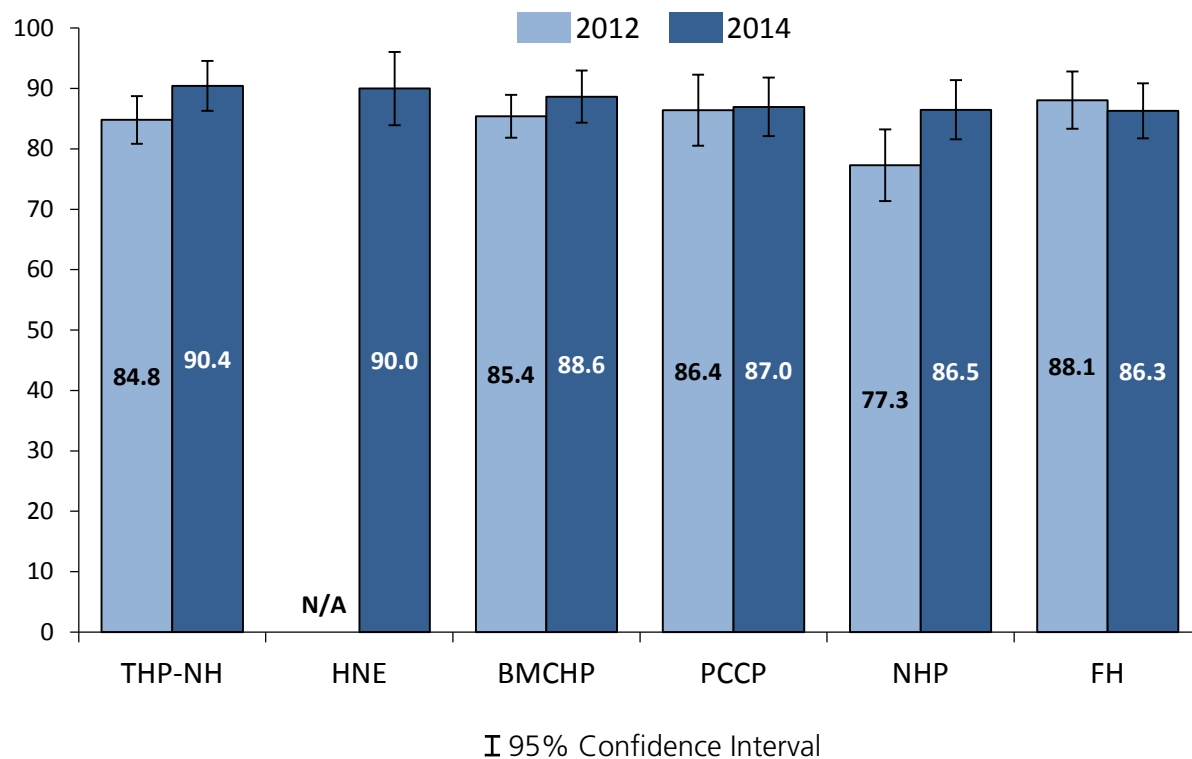
Rate is not significantly different from the 2014 National Medicaid 90th percentile



Rate is significantly below the 2014 National Medicaid 90th percentile

Well-Child Visits in the First 15 Months of Life

Plan Rate Comparison to Prior Reporting Year – Well-Child Visits in the First 15 Months of Life



Results

- 88.0% of MassHealth managed care plan members who turned 15 months old during 2013 had six or more well-child visits with a primary care practitioner during the first 15 months of life. This MassHealth weighted mean rate is statistically significantly higher than the national Medicaid 90th percentile rate of 76.9%.
- All six MassHealth plan rates were significantly higher than the 90th percentile.
- All MassHealth plan rates for 2014 were statistically equivalent to their 2012 rates. HNE did not report this measure in 2012.

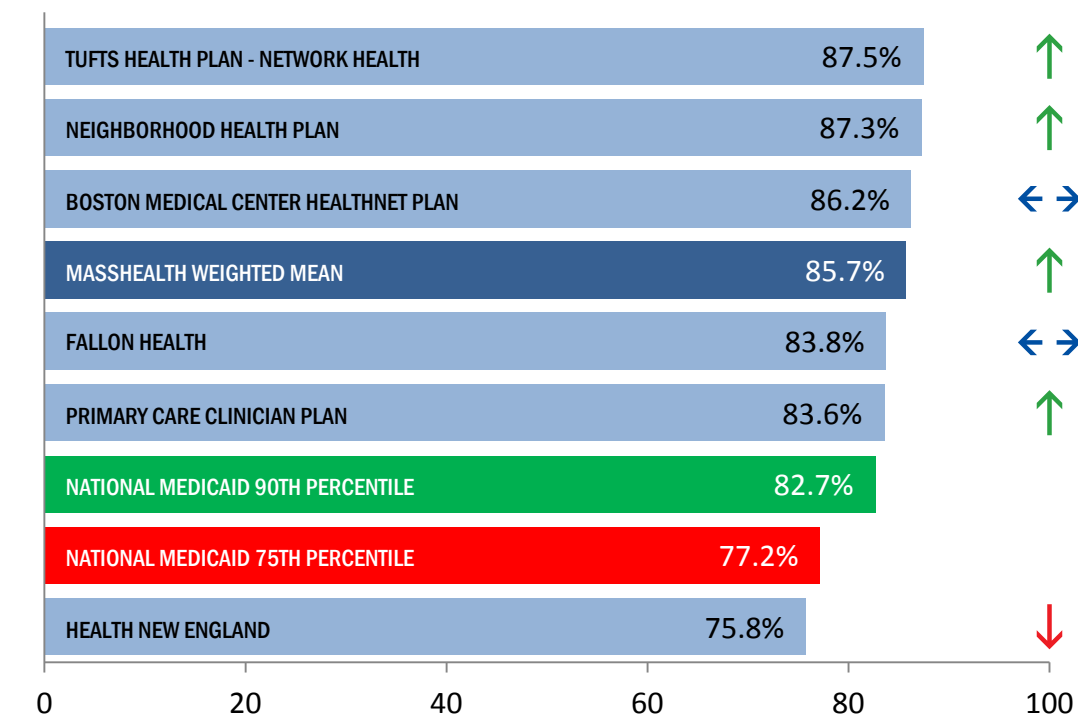
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life

About This Measure

Well-child visits for children three through six years of age facilitate early detection of problems with vision, hearing, speech, or other developmental issues. As these are the years young children begin attending school, early detection and appropriate intervention can improve communication skills and avoid or reduce language and learning problems. The American Academy of Pediatrics recommends annual well visits for children aged three and above.

This measure reports the percentage of children who were three, four, five, or six years old during 2013 who received one or more well-child visits with a primary care practitioner. FH, HNE, and the PCC Plan used administrative data (claims only), while BMCHP, THP-NH, and NHP used the hybrid method (claims data supplemented by medical record reviews).

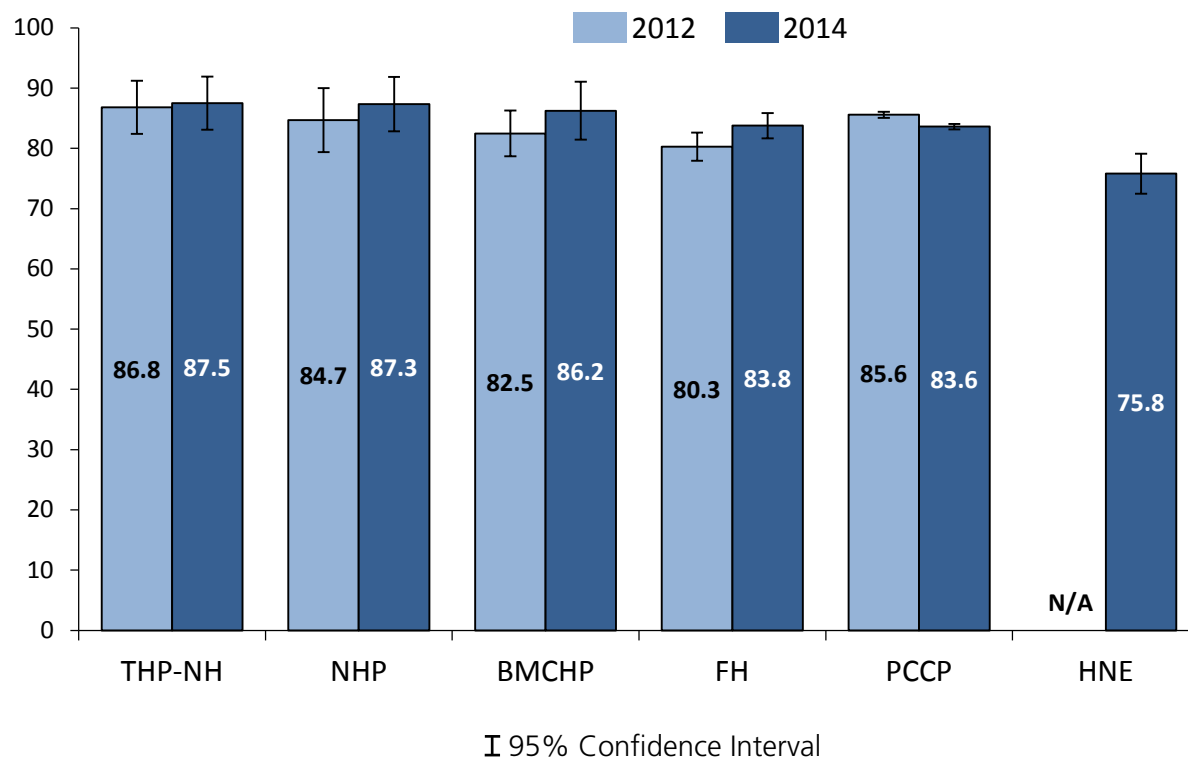
HEDIS 2014 Plan Performance vs. Benchmarks



- ↑ Rate is significantly above the 2014 National Medicaid 90th percentile
- ↔ Rate is not significantly different from the 2014 National Medicaid 90th percentile
- ↓ Rate is significantly below the 2014 National Medicaid 90th percentile

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

Plan Rate Comparison to Prior Reporting Year – Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life



Results

- 85.7% of MassHealth managed care plan members who were three, four, five, or six years old during 2013 received one or more well-child visits with a primary care practitioner during 2013. This MassHealth weighted mean rate was statistically significantly higher than the national Medicaid 90th percentile rate of 82.7%.
- Three MassHealth plans had rates that were significantly higher than the 90th percentile, while BMCHP and FH were statistically equal to the benchmark. HNE's rate was statistically equivalent to the 75th percentile.
- The PCC Plan's 2014 rate was significantly lower than its 2012 rate. The other four MassHealth plans with prior year rates did not experience a statistically significant difference between 2014 and 2012. HNE did not report this measure in 2012.

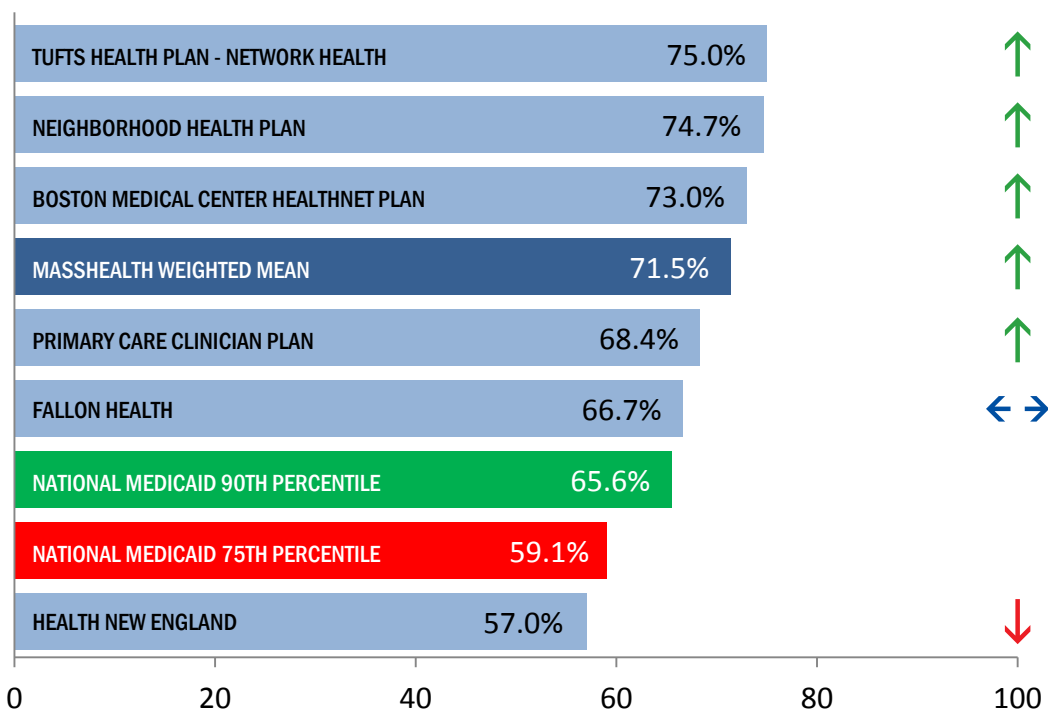
Adolescent Well-Care Visits

About This Measure

Annual visits with a primary care provider or OB/GYN during adolescence allow providers to conduct physical examinations for growth, assess behavior, and deliver guidance on issues related to violence, injury prevention, and nutrition. Well-care visits can also 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 programs.

The Adolescent Well-Care Visit measure reports the percentage of members 12-21 years of age who had at least one well-care visit with a primary care provider or OB/GYN practitioner during 2013. FH, HNE, and the PCC Plan used claims only, while BMCHP, THP-NH, and NHP used the hybrid method (claims data supplemented by medical record reviews).

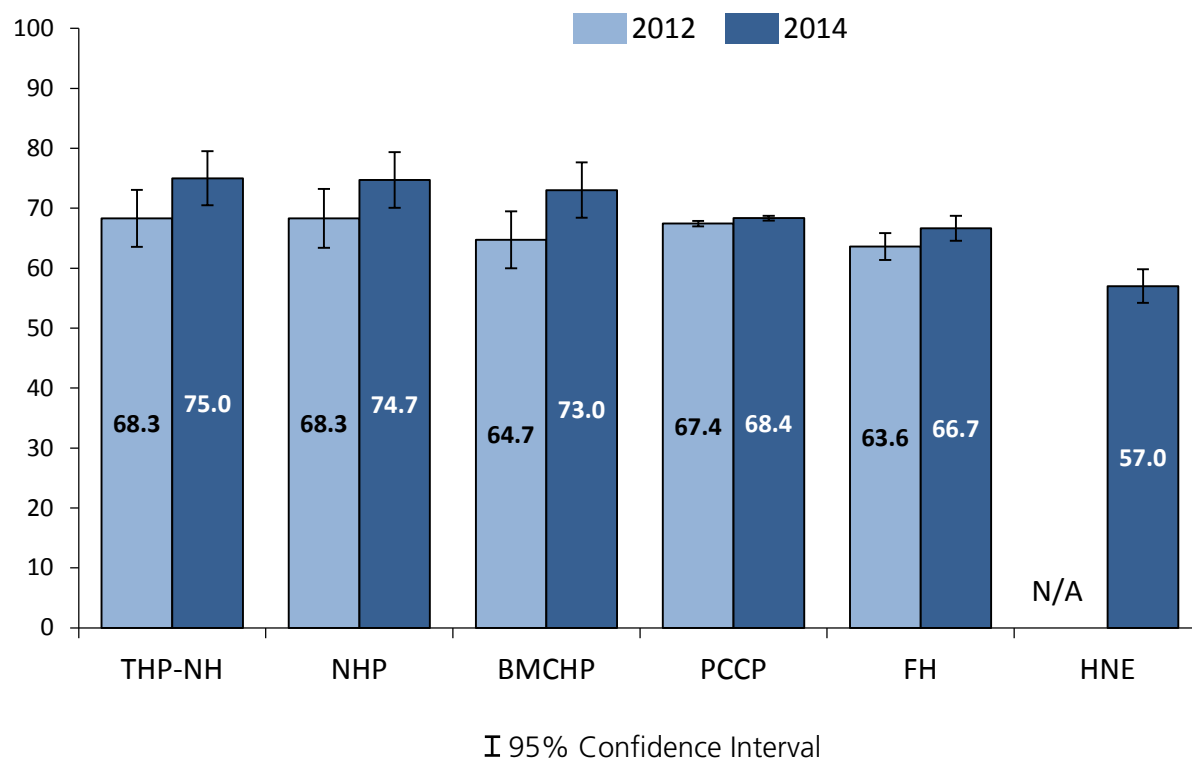
HEDIS 2014 Plan Performance vs. Benchmarks



- ↑ Rate is significantly above the 2014 National Medicaid 90th percentile
- ↔ Rate is not significantly different from the 2014 National Medicaid 90th percentile
- ↓ Rate is significantly below the 2014 National Medicaid 90th percentile

Adolescent Well-Care Visits

Plan Rate Comparison to Prior Reporting Year



Results

- 71.5% of MassHealth managed care plan members 12-21 years of age had at least one well-care visit with a primary care or OB/GYN provider during 2013. This MassHealth weighted mean rate was statistically significantly higher than the national Medicaid 90th percentile rate of 65.6%.
- Four MassHealth plans had rates significantly above the 90th percentile, while FH's rate was statistically equivalent to the benchmark. HNE's rate was statistically equivalent to the 75th percentile.
- The PCC Plan's 2014 rate was statistically significantly higher than its 2012 rate. The other four MassHealth plans with 2012 rates had no significant changes in 2014. HNE did not report this measure in 2012.

CHRONIC DISEASE MANAGEMENT

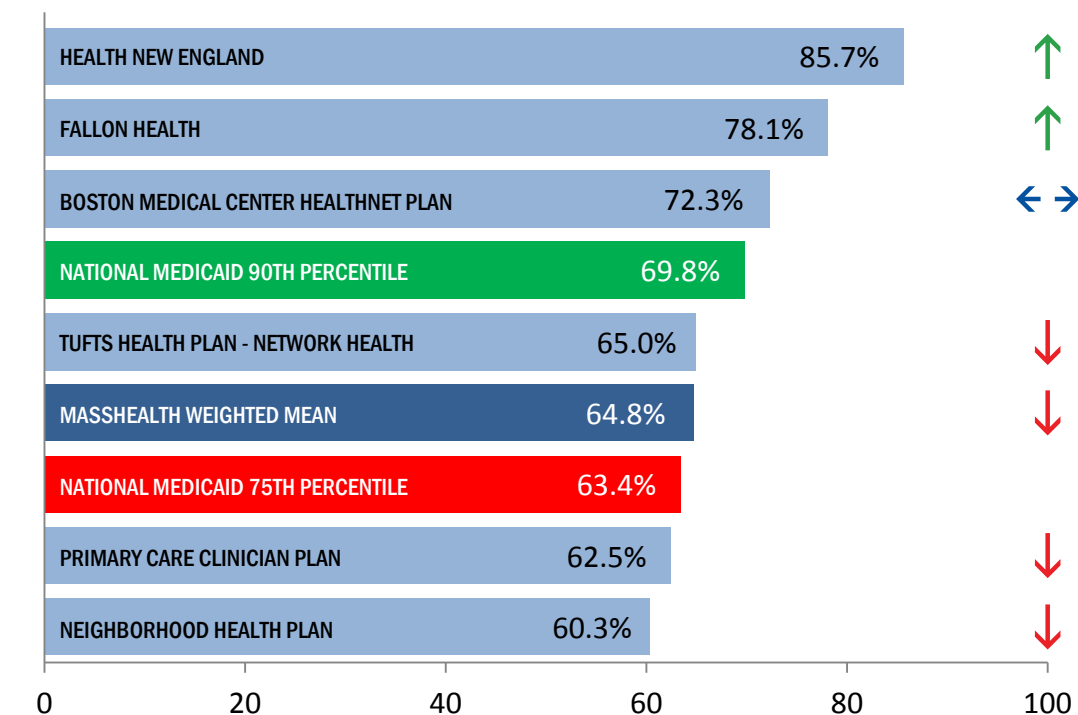
Controlling High Blood Pressure

About This Measure

High blood pressure, also known as hypertension, can lead to heart disease, stroke, and renal failure. Controlling and lowering blood pressure through diet, exercise and/or medications reduces the risk of death from stroke or heart disease. The National Heart, Lung, and Blood Institute generally considers a blood pressure reading of 140/90 (140 mm Hg systolic over 90 mm Hg diastolic) or lower adequately controlled.

The Controlling High Blood Pressure measure reports the percentage of members 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90) during 2013. This measure is collected using the hybrid method (claims data supplemented by medical record reviews).

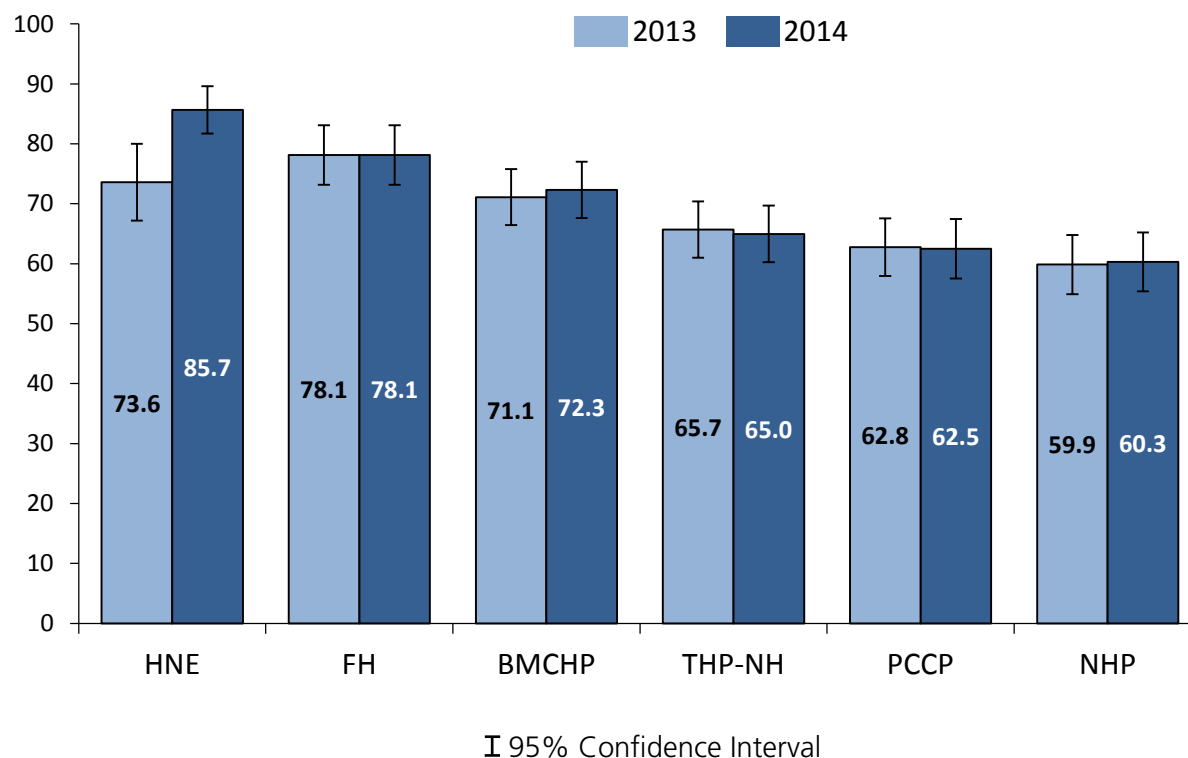
HEDIS 2014 Plan Performance vs. Benchmarks



- ↑ Rate is significantly above the 2014 National Medicaid 90th percentile
- ↔ Rate is not significantly different from the 2014 National Medicaid 90th percentile
- ↓ Rate is significantly below the 2014 National Medicaid 90th percentile

Controlling High Blood Pressure

Plan Rate Comparison to Prior Reporting Year



Results

- 64.8% of MassHealth managed care plan members 18-85 years of age with a hypertension diagnosis had adequately controlled blood pressure during 2013. This MassHealth weighted mean rate was statistically significantly above the national Medicaid 75th percentile rate of 63.4%, although it was significantly lower than the national Medicaid 90th percentile benchmark rate of 69.8%.
- Rates for HNE and FH were statistically significantly higher than the benchmark, while BMCHP's rate was statistically equal to the benchmark. The other three MassHealth plan rates were significantly below the benchmark.
- HNE's rate was significantly higher than its 2013 rate. No other MassHealth plans had statistically significant rate changes from the previous year.

Comprehensive Diabetes Care

About This Measure

The prevalence of diabetes is increasing, as approximately 10.2% of Massachusetts residents are living with diabetes (Institute for Alternative Futures Diabetes 2025 Forecasting Model). Diabetes can cause serious health complications including heart disease, blindness, kidney failure, and even amputations. It is also the 7th leading cause of death in the United States. Controlling blood glucose levels and blood pressure are important to preventing diabetes-related complications.

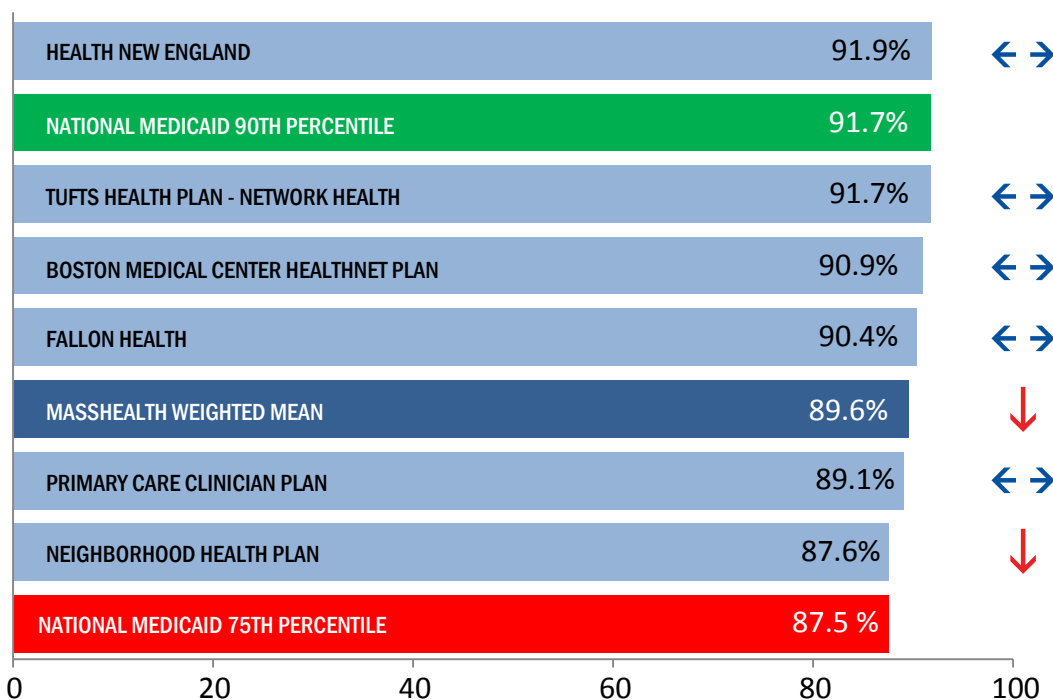
This measure provides six different percentage rates for members 18-75 years of age with diabetes (type 1 and type 2) who had each of the following during 2013.

- » Hemoglobin A1c (HbA1c) testing
- » HbA1c poor control (>9.0%)
- » HbA1c control (<8.0%) (first-year indicator)
- » Eye exam (retinal) performed
- » Medical attention for nephropathy
- » Blood pressure control (<140/90 mm Hg)

All of the above measures are collected using the hybrid method (claims data supplemented by medical record reviews).

Hemoglobin A1c (HbA1c) Testing: the percentage of members 18-75 years of age with diabetes (type 1 or type 2) who had an HbA1c test during 2013.

HEDIS 2014 Plan Performance vs. Benchmarks



Rate is significantly above the 2014 National Medicaid 90th percentile



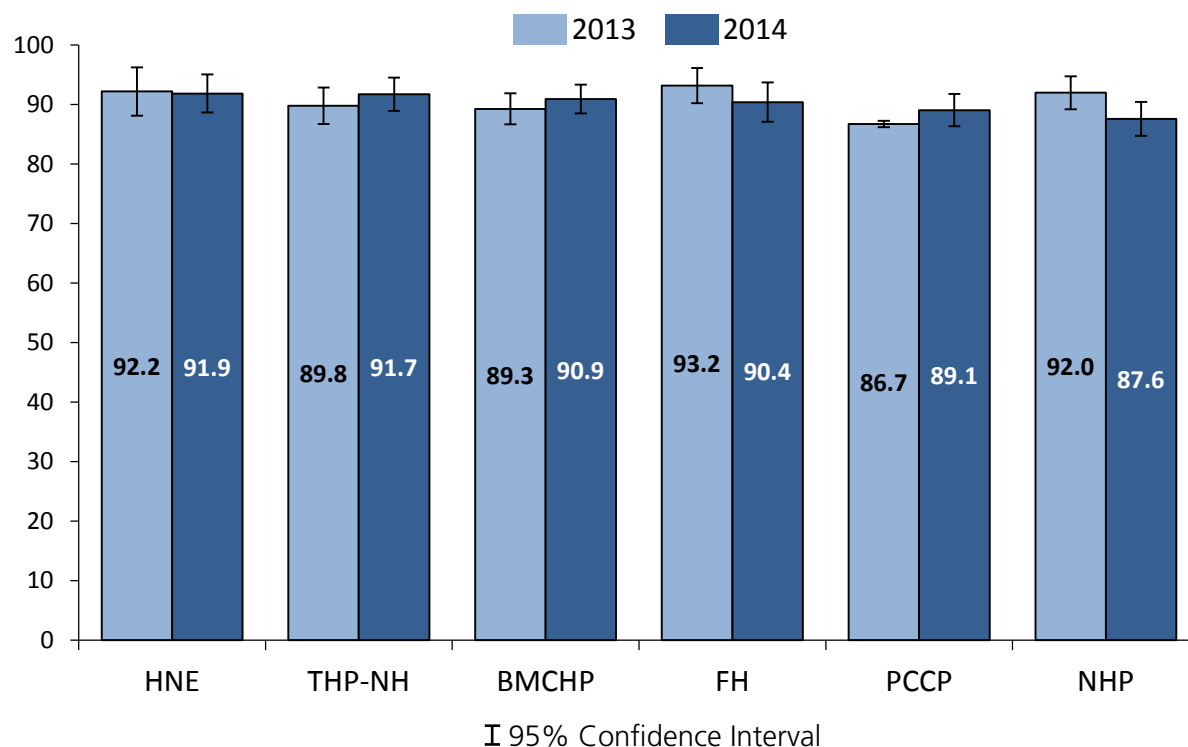
Rate is not significantly different from the 2014 National Medicaid 90th percentile



Rate is significantly below the 2014 National Medicaid 90th percentile

Comprehensive Diabetes Care

Plan Rate Comparison to Prior Reporting Year – Hemoglobin A1c (HbA1c) Testing



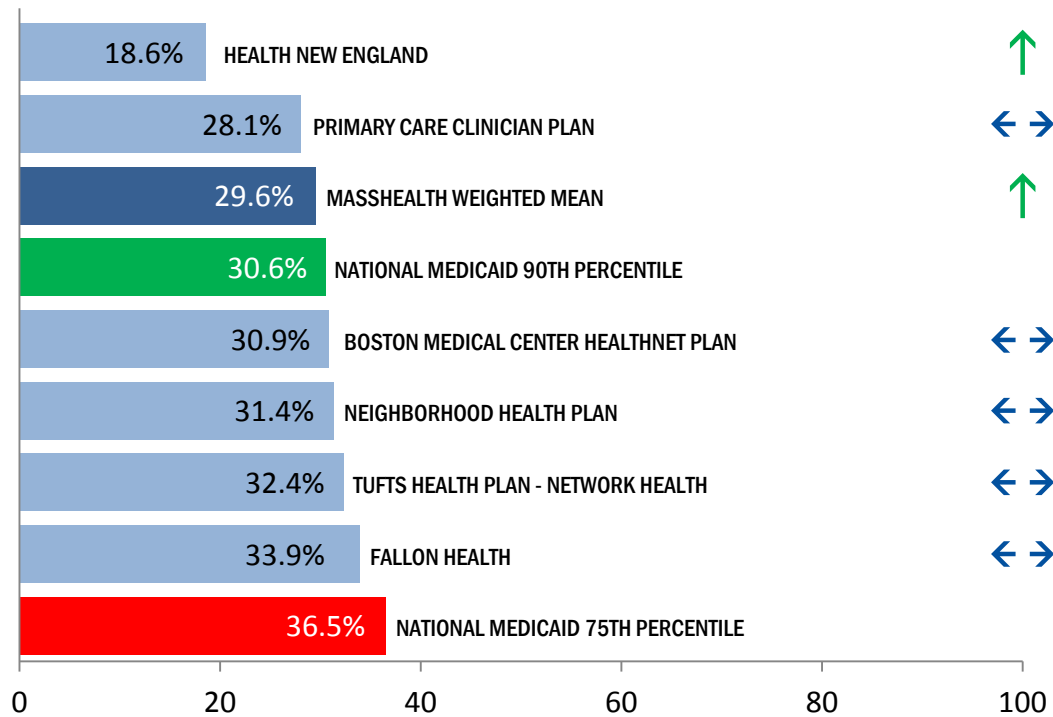
Results

- 89.6% of MassHealth managed care plan members 18-75 years of age with diabetes received at least one HbA1c test during 2013. This MassHealth weighted mean rate was statistically significantly above the national Medicaid 75th percentile rate of 87.5%, although it was significantly below the national Medicaid 90th percentile benchmark rate of 91.7%.
- Five of the six MassHealth plan rates were statistically equivalent to the 90th percentile. NHP was significantly below the benchmark.
- All six MassHealth plans 2014 rates were statistically equivalent to their 2013 rates.

Comprehensive Diabetes Care

HbA1c Poor Control (>9.0%): the percentage of members 18-75 years of age with diabetes (type 1 or type 2) who had poor HbA1c control (>9.0%) during 2013. (Note: for this measure, a lower percentage represents higher quality.)

HEDIS 2014 Plan Performance vs. Benchmarks (Lower is Better)



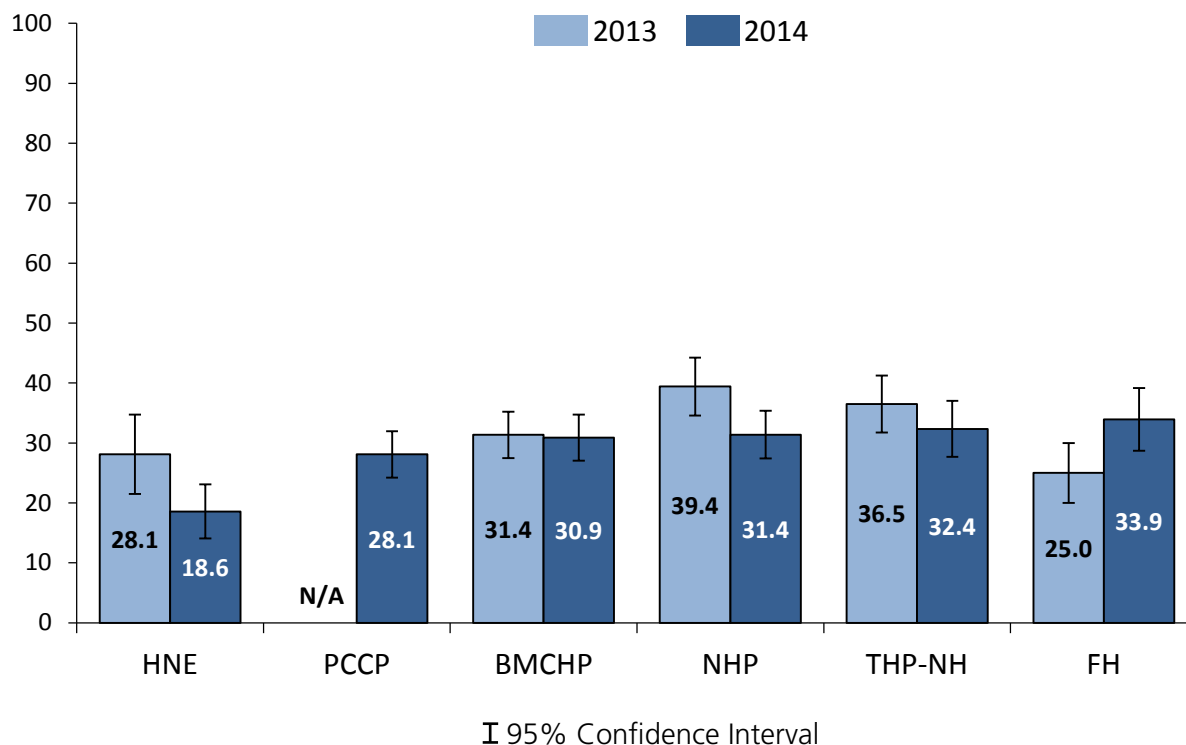
Rate is significantly below the 2014 National Medicaid 90th percentile



Rate is not significantly different from the 2014 National Medicaid 90th percentile

Comprehensive Diabetes Care

Plan Rate Comparison to Prior Reporting Year – HbA1c Poor Control (>9.0%)



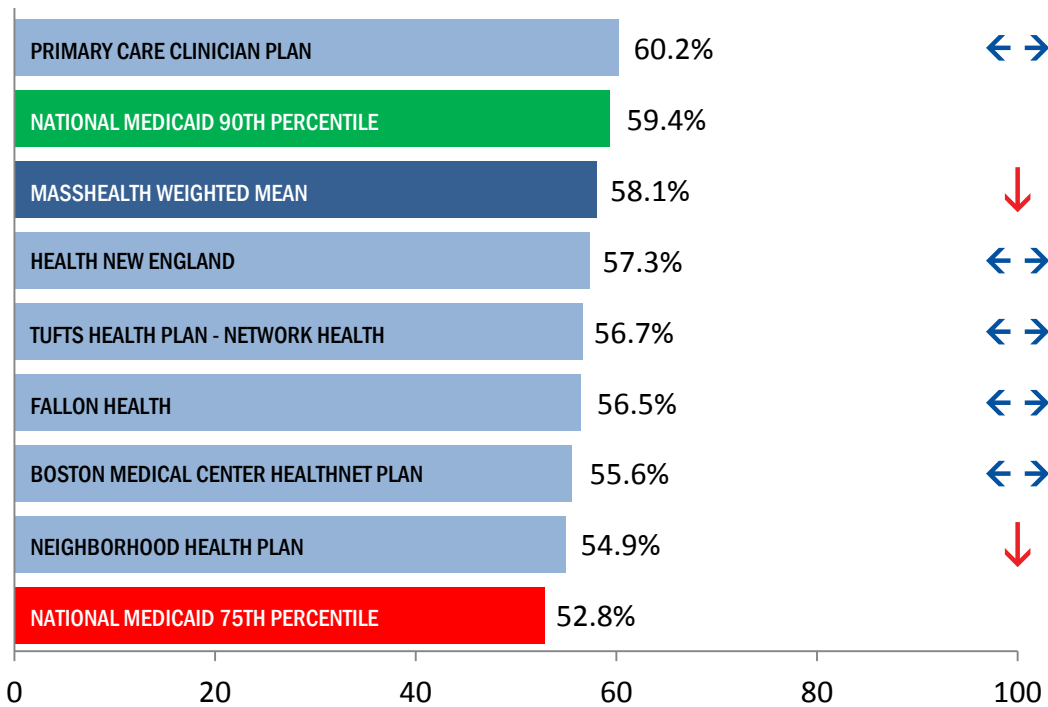
Results (Lower is Better)

- 29.6% of MassHealth managed care plan members 18-75 years of age with diabetes had poor control of their HbA1c levels. This is statistically significantly better than the national Medicaid 90th percentile benchmark rate of 30.6%. (A lower rate is better.)
- HNE's rate was significantly better than the 90th percentile. The other five MassHealth plan rates were statistically equivalent to the benchmark.
- All five MassHealth plans with prior year comparison rates were statistically unchanged from their 2013 rates. The PCC Plan did not report this measure in 2013.

Comprehensive Diabetes Care

HbA1c Control: the percentage of members 18-75 years of age with diabetes (type 1 or type 2) who had HbA1c control (<8.0%) during 2013.

HEDIS 2014 Plan Performance vs. Benchmarks



Rate is significantly above the 2014 National Medicaid 90th percentile



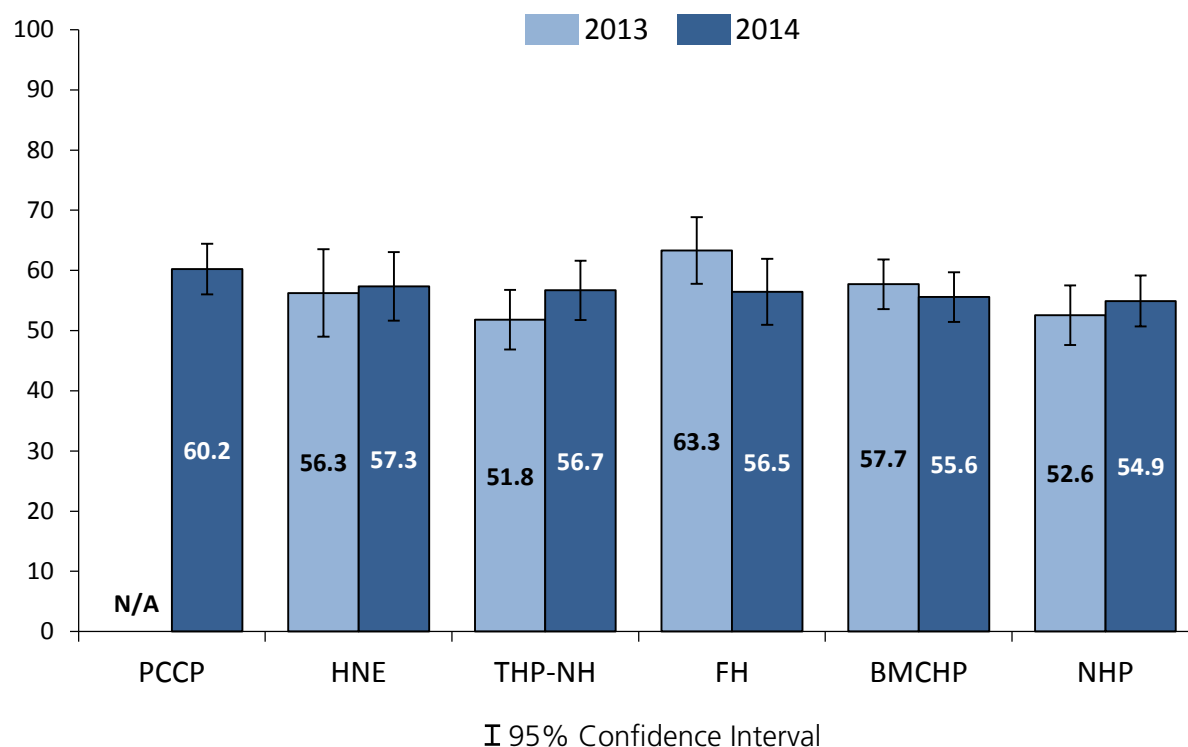
Rate is not significantly different from the 2014 National Medicaid 90th percentile



Rate is significantly below the 2014 National Medicaid 90th percentile

Comprehensive Diabetes Care

Plan Rate Comparison to Prior Reporting Year – HbA1c Control (<8.0%)



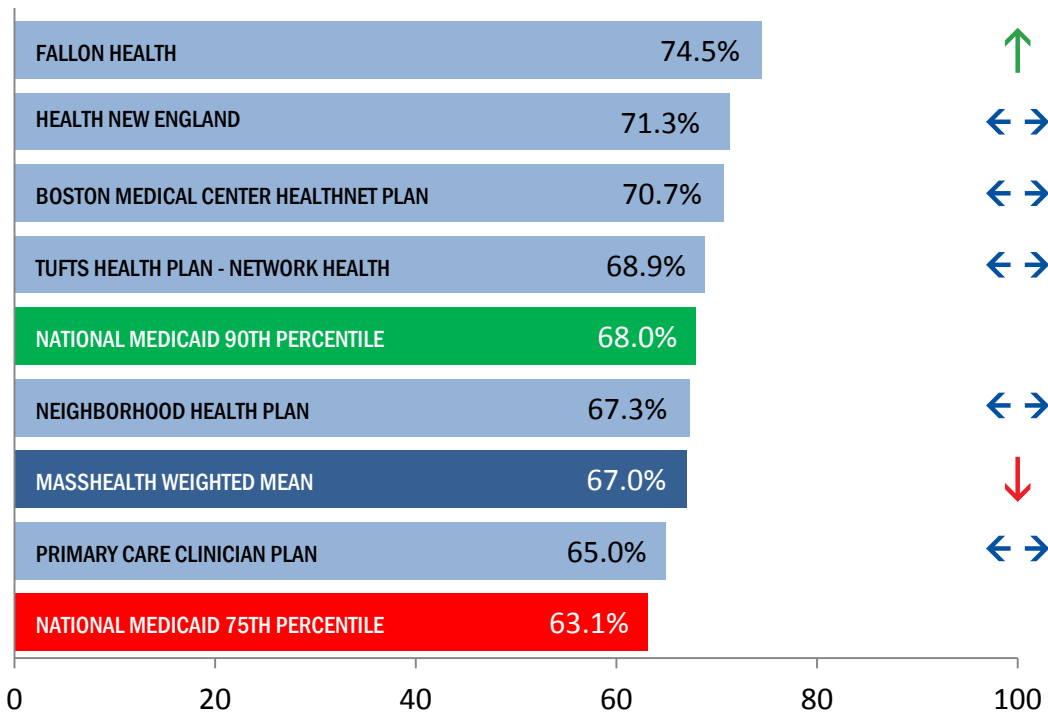
Results

- 58.1% of MassHealth managed care plan members 18-75 years of age with diabetes had HbA1c control (<8.0%) during the HEDIS 2014 measurement period. This MassHealth weighted mean rate was statistically significantly above the national Medicaid 75th percentile threshold rate of 52.8%. However, it was significantly below the national Medicaid 90th percentile rate of 59.4%.
- Five of the six MassHealth plan rates were statistically equivalent to the benchmark. NHP was significantly below the benchmark.
- All five MassHealth plans with prior year comparison rates had rates that were statistically equivalent to their 2013 rates. The PCC Plan did not report this measure in 2013.

Comprehensive Diabetes Care

Eye Exam: the percentage of members 18-75 years of age with diabetes (type 1 or type 2) who received a retinal eye exam.

HEDIS 2014 Plan Performance vs. Benchmarks



Rate is significantly above the 2014 National Medicaid 90th percentile



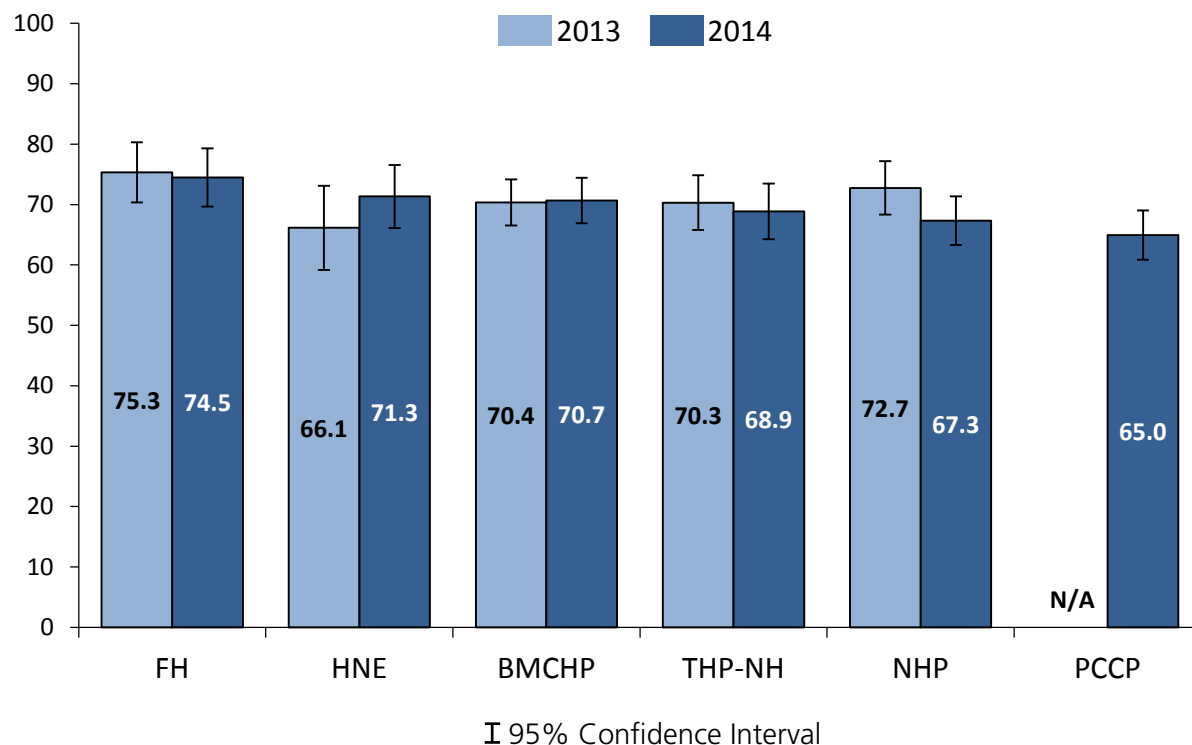
Rate is not significantly different from the 2014 National Medicaid 90th percentile



Rate is significantly below the 2014 National Medicaid 90th percentile

Comprehensive Diabetes Care

Plan Rate Comparison to Prior Reporting Year – Eye Exam



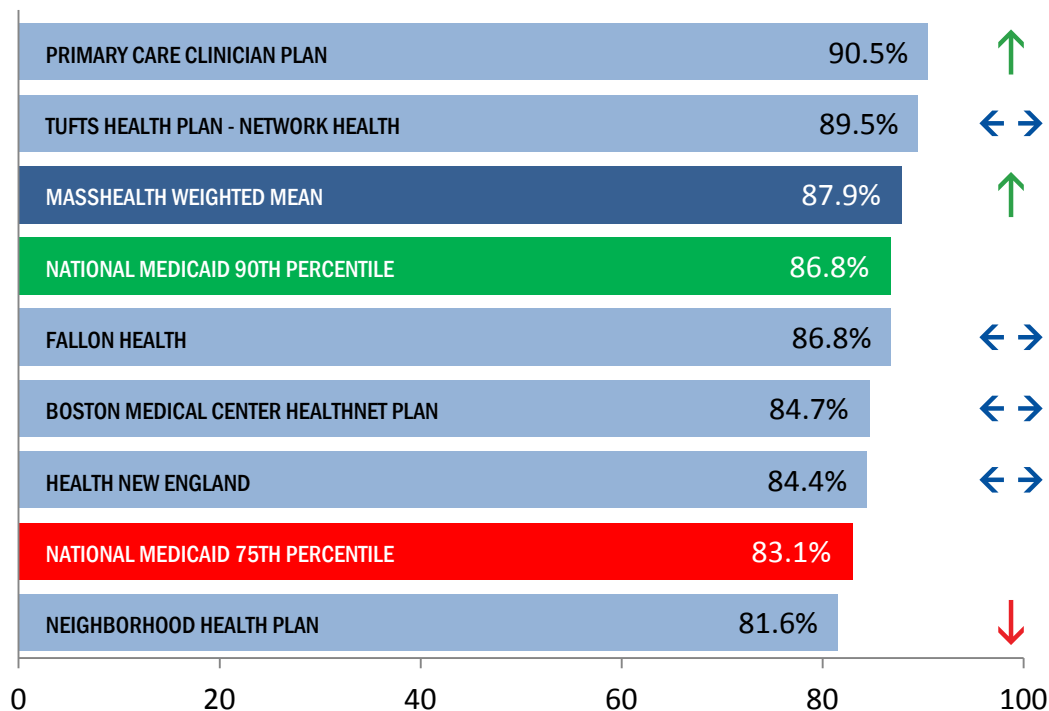
Results

- 67.0% of MassHealth managed care plan members 18-75 years of age with diabetes received a retinal eye exam during 2012 or 2013. This MassHealth weighted mean rate was statistically significantly above the national Medicaid 75th percentile rate of 63.1%, although it was significantly lower than the national Medicaid 90th percentile benchmark rate of 68.0%.
- FH's rate was significantly higher than the 90th percentile benchmark. The other five MassHealth plan rates were statistically equivalent to the benchmark.
- All five MassHealth plans with prior year comparison rates had rates that were statistically equivalent to their 2013 rates. The PCC Plan did not report this measure in 2013.

Comprehensive Diabetes Care

Medical Attention for Nephropathy: the percentage of members 18-75 years of age with diabetes (type 1 or type 2) who had a nephropathy screening test or evidence of nephropathy during 2013.

HEDIS 2014 Plan Performance vs. Benchmarks



Rate is significantly above the 2014 National Medicaid 90th percentile



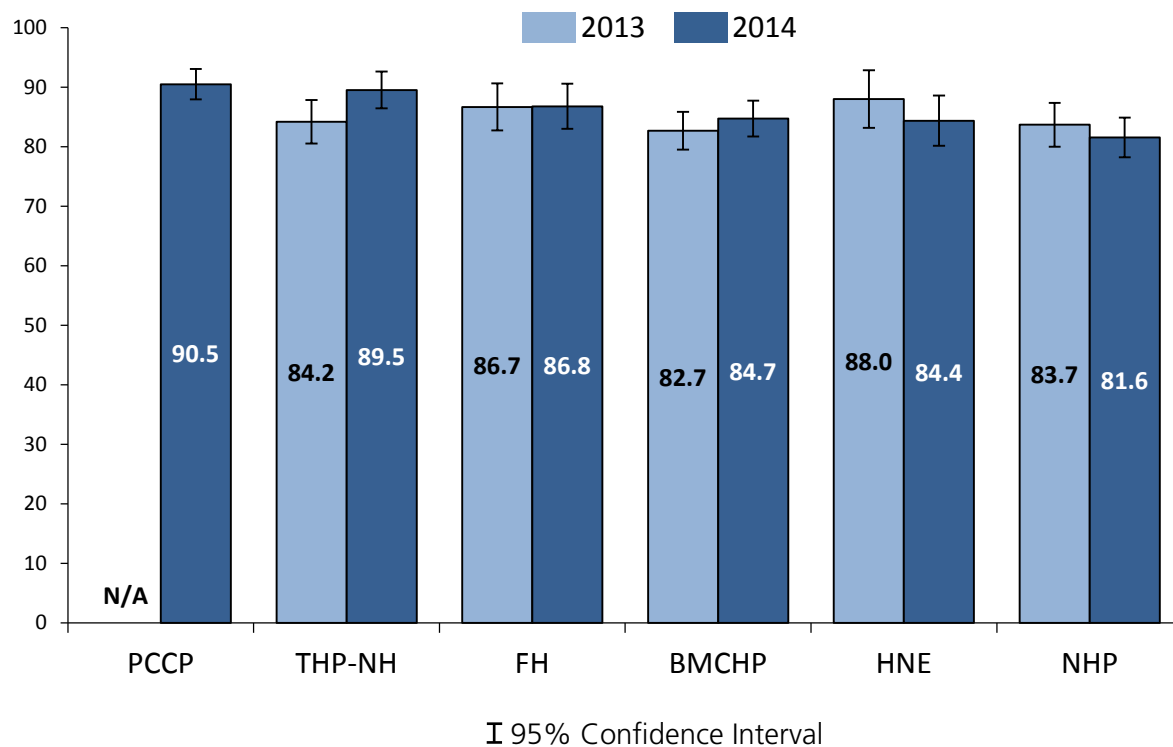
Rate is not significantly different from the 2014 National Medicaid 90th percentile



Rate is significantly below the 2014 National Medicaid 90th percentile

Comprehensive Diabetes Care

Plan Rate Comparison to Prior Reporting Year – Medical Attention for Nephropathy



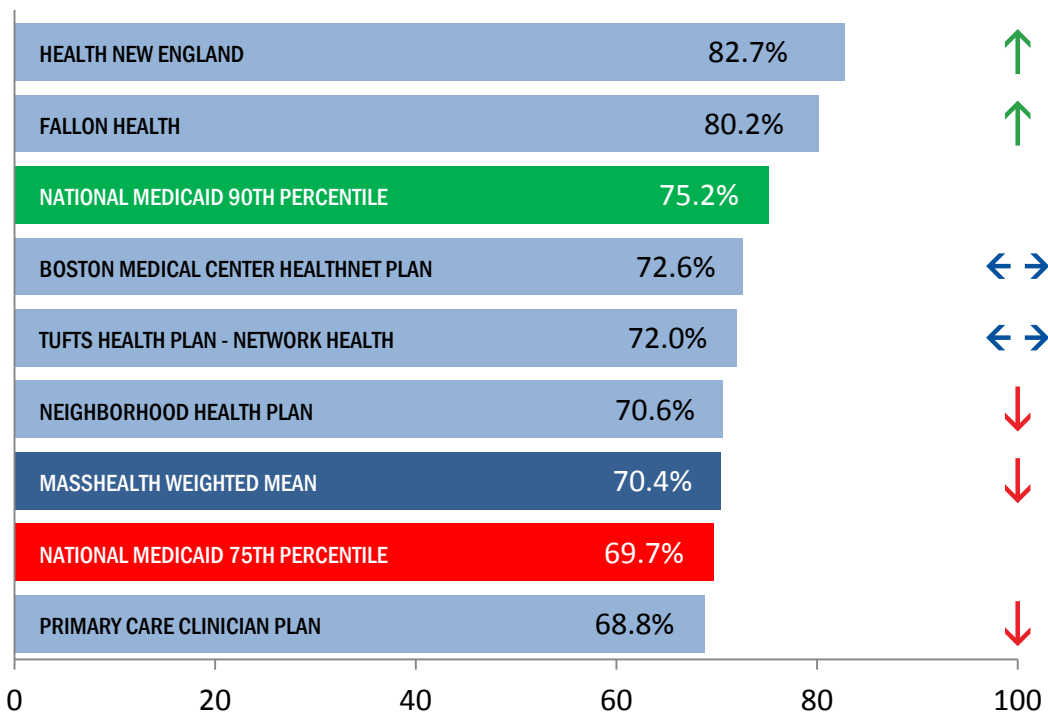
Results

- 87.9% of MassHealth managed care plan members 18-75 years of age with diabetes had a nephropathy screening test or evidence of nephropathy during 2013. This MassHealth weighted mean rate was statistically significantly above the national Medicaid 90th percentile rate of 86.8%.
- The PCC Plan's rate was significantly higher than the 90th percentile. Four other MassHealth plan rates were statistically equivalent to the benchmark, while NHP's rate was significantly below the benchmark.
- All five MassHealth plans with prior year comparison rates had rates that were statistically equivalent to their 2013 rates. The PCC Plan did not report this measure in 2013.

Comprehensive Diabetes Care

Blood Pressure 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 during 2013 was <140/90.

2014 Plan Performance vs. Benchmarks



Rate is significantly above the 2014 National Medicaid 90th percentile



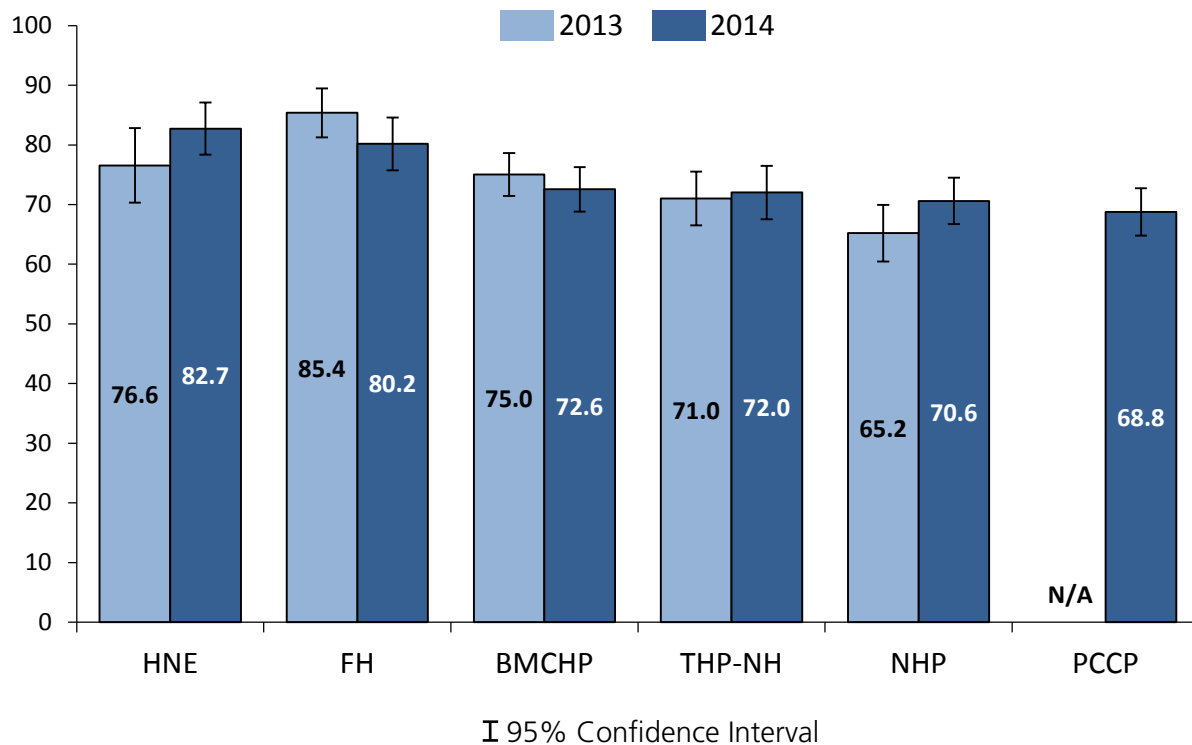
Rate is not significantly different from the 2014 National Medicaid 90th percentile



Rate is significantly below the 2014 National Medicaid 90th percentile

Comprehensive Diabetes Care

Plan Rate Comparison to Prior Reporting Year – Blood Pressure Control (<140/90 mm Hg)



Results

- 70.4% of MassHealth managed care plan members 18-75 years of age with diabetes had controlled blood pressure (<140/90 mm Hg) at their most recent reading during the HEDIS 2014 measurement period. This MassHealth weighted mean rate was significantly above the national Medicaid 75th percentile threshold rate of 69.7%, although it was significantly below the national Medicaid 90th percentile rate of 75.2%.
- The rates for HNE and FH were significantly higher than the 90th percentile, while BMCHP's and THP-NH's rates were statistically equivalent to the benchmark. NHP and the PCC Plan had rates that were significantly lower than the benchmark.
- All five MassHealth plans with prior year comparison rates had rates that were statistically equivalent to their 2013 rates. The PCC Plan did not report this measure in 2013.

BEHAVIORAL HEALTH CARE

Antidepressant Medication Management

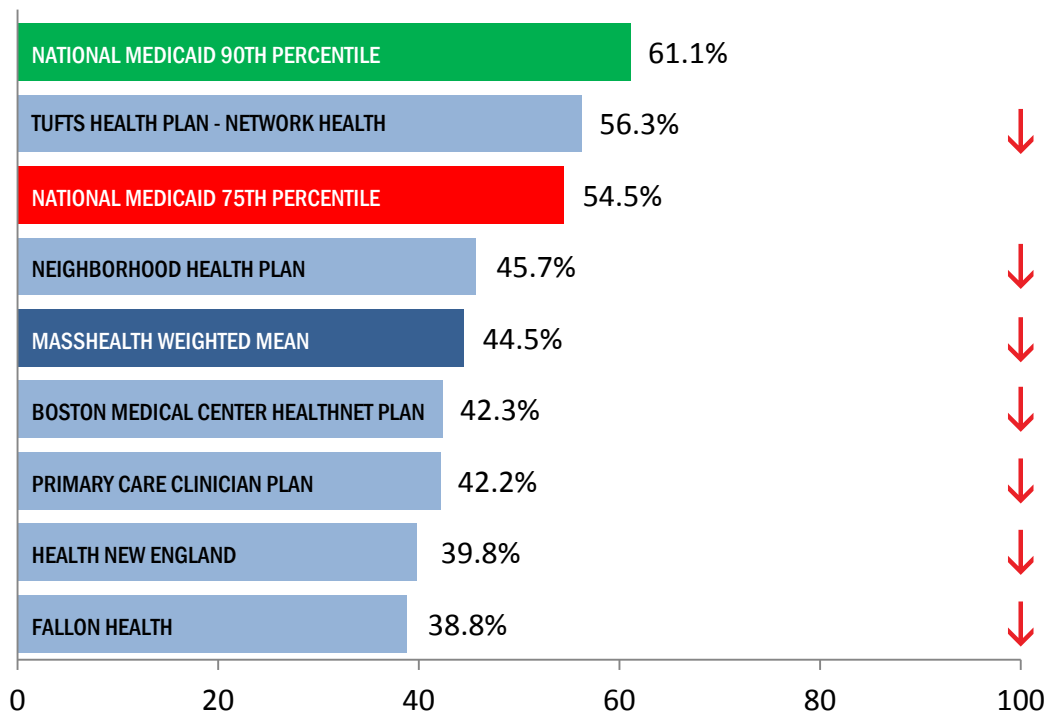
About this Measure

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

The Antidepressant Medication Management measure has two components, Effective Acute Phase and Effective Continuation Phase, both of which use administrative data (claims) only.

Effective Acute Phase: the percentage of members 18 years of age and older with a diagnosis of major depression who were newly treated with antidepressant medication, and who remained on an antidepressant medication for at least 84 days (12 weeks).

HEDIS 2014 Plan Performance vs. Benchmarks



Rate is significantly above the 2014 National Medicaid 90th percentile



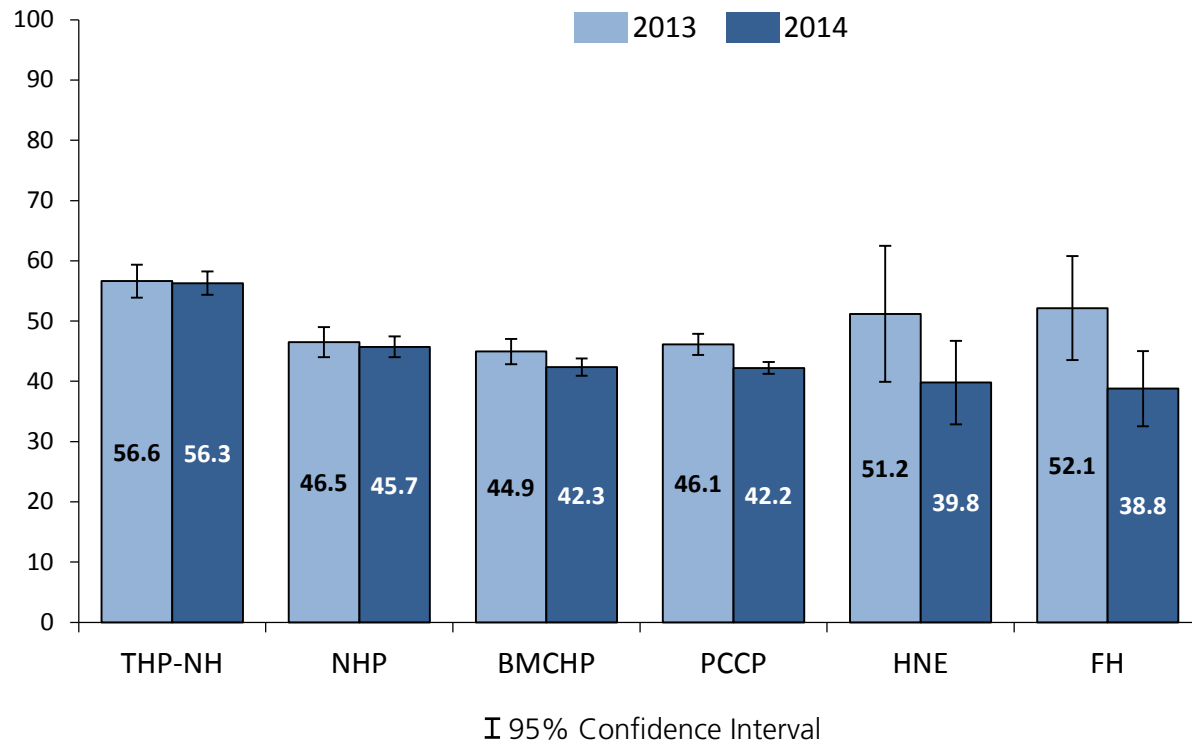
Rate is not significantly different from the 2014 National Medicaid 90th percentile



Rate is significantly below the 2014 National Medicaid 90th percentile

Antidepressant Medication Management

Plan Rate Comparison to Prior Reporting Year – Effective Acute Phase



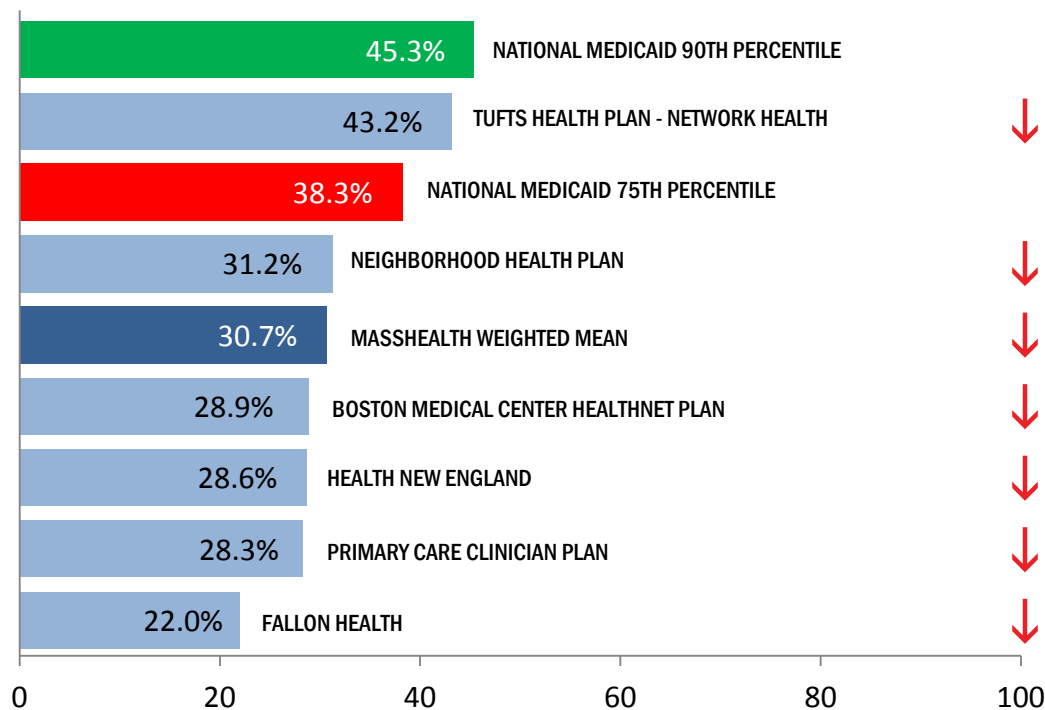
Results

- 44.5% of MassHealth managed care plan members 18 years of age and older who were diagnosed with major depression and started treatment on an antidepressant medication remained on the medication during the acute phase (84 days/12 weeks). This MassHealth weighted mean rate is statistically significantly lower than both the national Medicaid 90th percentile and 75th percentile rates (61.1% and 54.5%). It is also significantly below the national Medicaid mean rate of 50.6%.
- All six MassHealth plan rates were significantly below the 90th percentile. THP-NH's rate was statistically equivalent to the 75th percentile. The other five plan rates were significantly below the national Medicaid mean rate.
- The PCC Plan's 2014 rate was significantly lower than 2013. The other five plans did not experience a statistically significant difference between their 2014 and 2013 rates.

Antidepressant Medication Management

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

HEDIS 2014 Plan Performance vs. Benchmarks



Rate is significantly above the 2014 National Medicaid 90th percentile



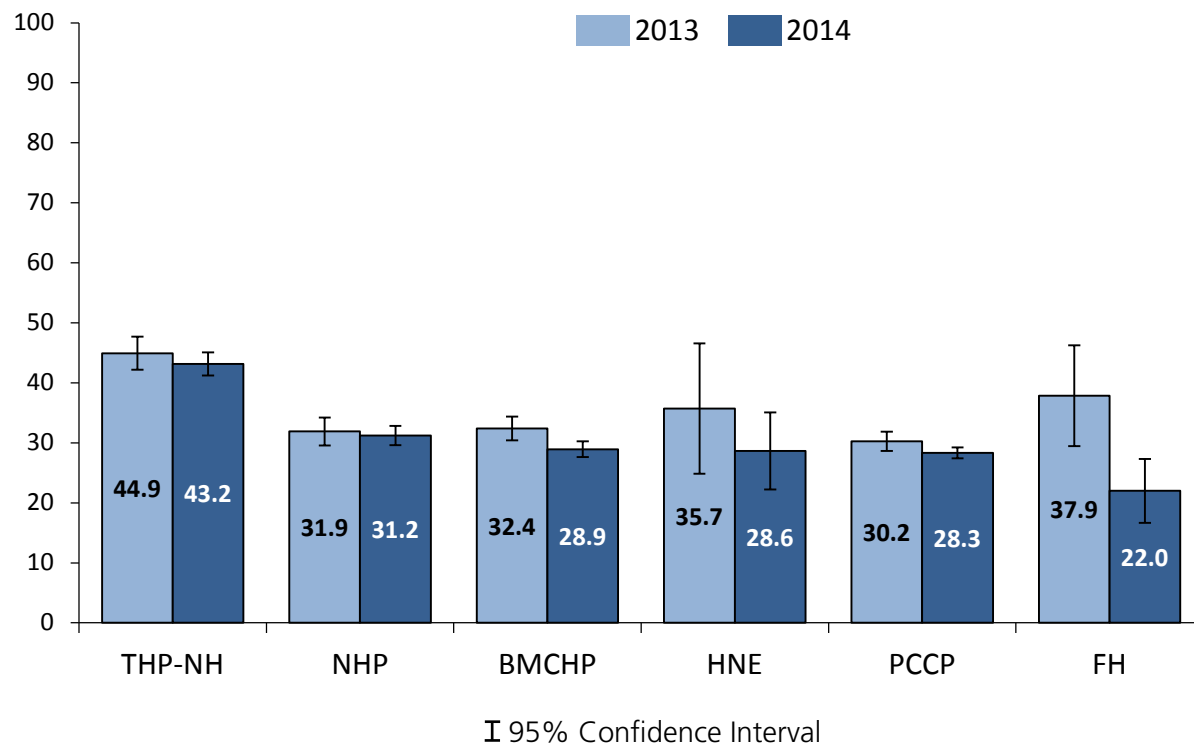
Rate is not significantly different from the 2014 National Medicaid 90th percentile



Rate is significantly below the 2014 National Medicaid 90th percentile

Antidepressant Medication Management

Plan Rate Comparison to Prior Reporting Year – Effective Continuation Phase



Results

- 30.7% of MassHealth managed care plan members 18 years of age and older who were diagnosed with major depression and started treatment on an antidepressant medication remained on the medication during the continuation phase (180 days/six months). As with the Acute Phase, the MassHealth weighted mean rate for the Continuation Phase is below the national Medicaid 90th, 75th, and Mean percentile rates (45.3%, 38.3%, and 35.3%, respectively).
- One MassHealth plan, THP-NH, had a 2014 rate that significantly exceeded the national Medicaid 75th percentile. The other five plan rates were significantly below the national Medicaid mean rate.
- BMCHP and FH had 2014 rates significantly below their reported rates for 2013. The other four MassHealth plans did not experience a statistically significant difference between their 2014 and 2013 rates.

Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

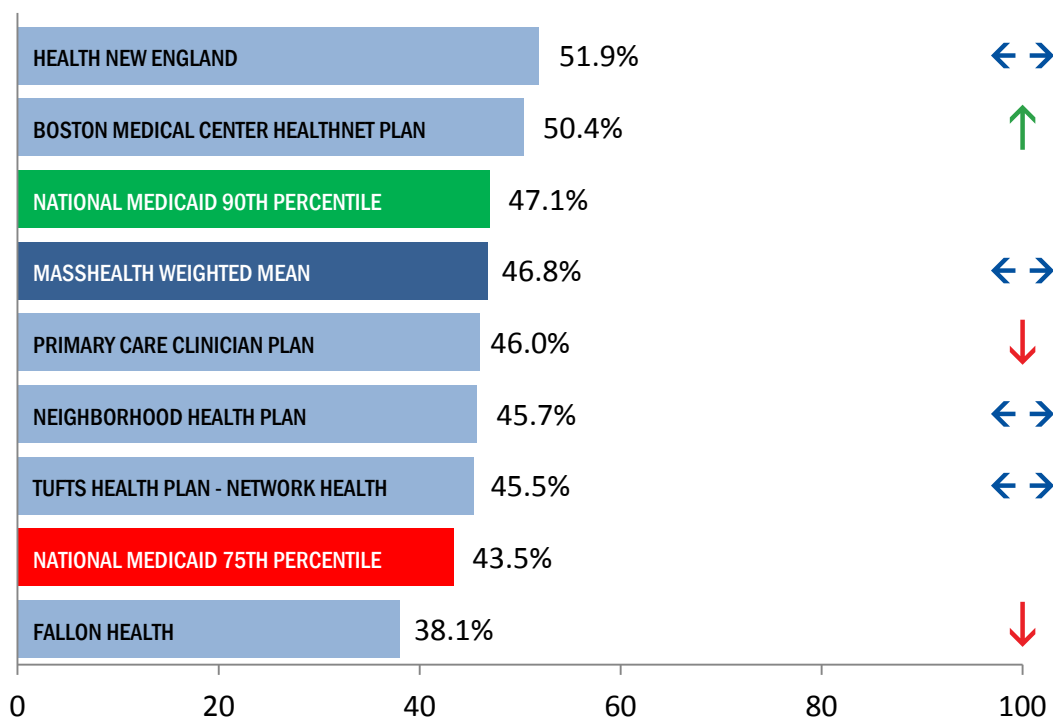
About This Measure

Substance abuse continues to be a serious problem in the United States, resulting in deaths, illnesses, and disabilities. Individuals with a dependence on or who abuse alcohol and/or illicit drugs can benefit from substance abuse treatment programs. Active participation in treatment programs is critical to a successful recovery. Research shows that the longer an individual stays in treatment, the greater the individual's improvement.

The measure has two components, Initiation and Engagement, both of which use administrative data (claims) only.

Initiation of Treatment: the percentage of members aged 13 and older with a new episode of alcohol or other drug (AOD) dependence who initiate treatment within 14 days of the diagnosis.

HEDIS 2014 Plan Performance vs. Benchmarks



Rate is significantly above the 2014 National Medicaid 90th percentile



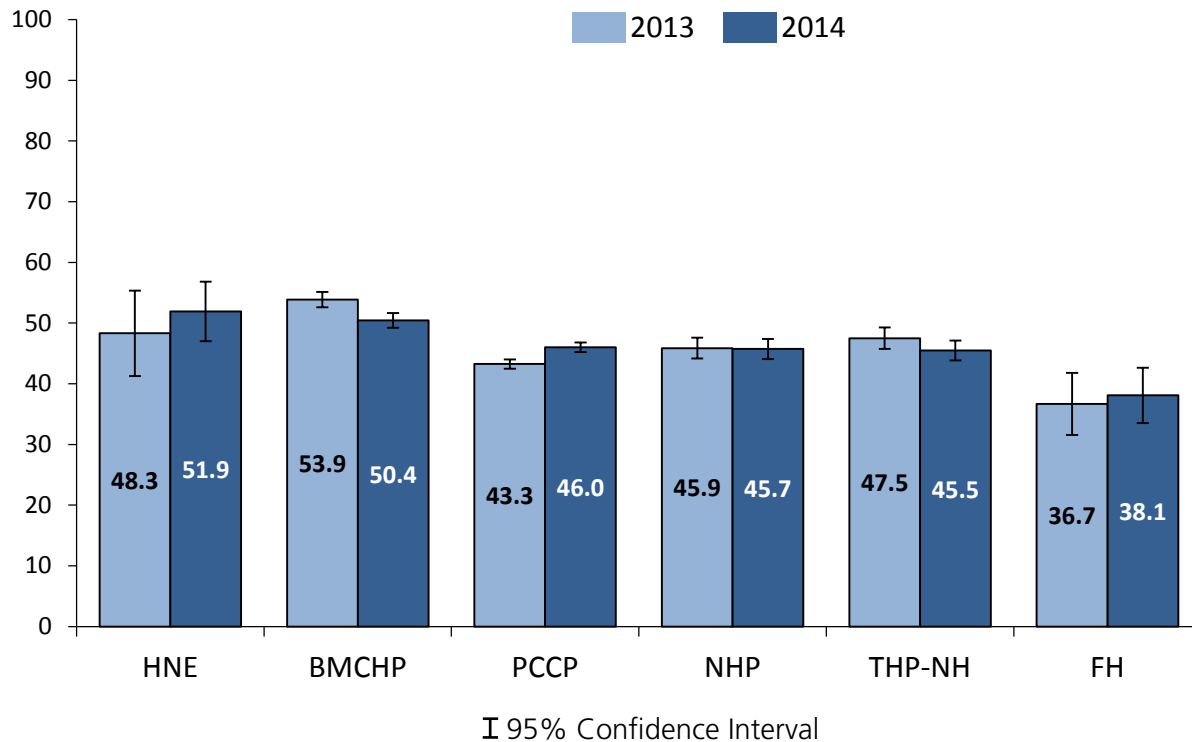
Rate is not significantly different from the 2014 National Medicaid 90th percentile



Rate is significantly below the 2014 National Medicaid 90th percentile

Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

Plan Rate Comparison to Prior Reporting Year – Initiation of Treatment



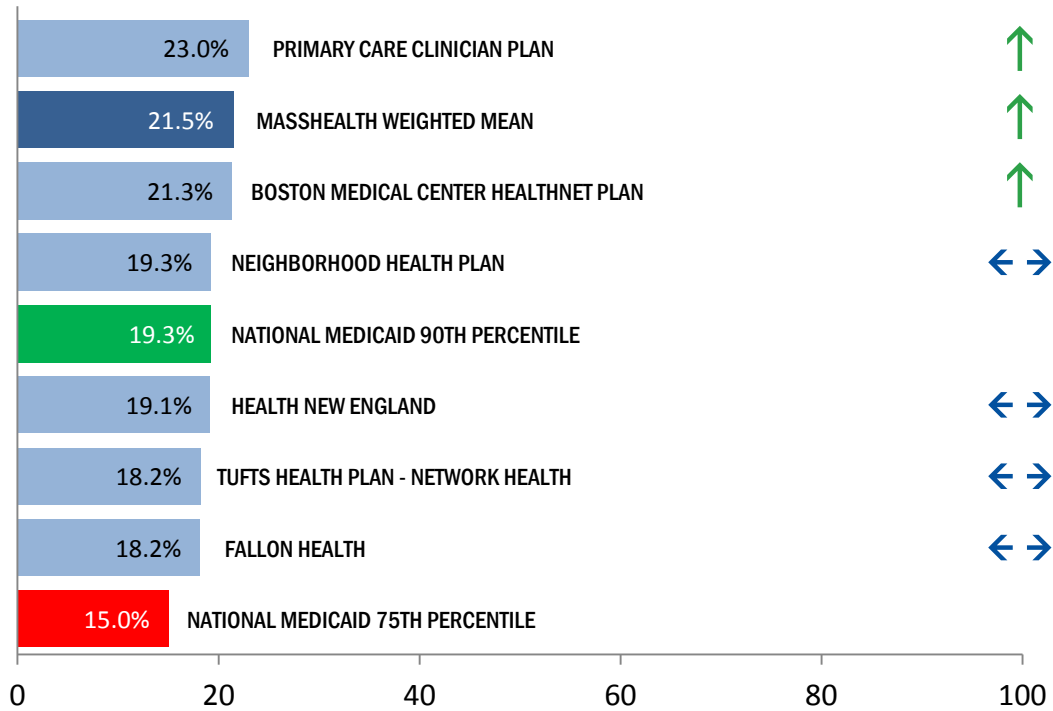
Results

- 46.8% of MassHealth managed care plan members aged 13 and older who were newly diagnosed with a substance abuse disorder initiated treatment within 14 days of the diagnosis. This MassHealth weighted mean rate is statistically equivalent to the national Medicaid 90th percentile rate of 47.1%.
- BMCHP's rate was significantly above the national 90th percentile, while three MassHealth plan rates were statistically equivalent to the benchmark. Rates for the PCC Plan and FH were significantly below the benchmark, though the PCC Plan's rate was significantly above the 75th percentile.
- The PCC Plan's 2014 rate showed statistically significant improvement from that of 2013, while BMCHP's rate declined significantly. The other four MassHealth plan rates were statistically equivalent to their 2013 rates.

Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

Engagement of Treatment: the percentage of members aged 13 and older with a new episode of alcohol or other drug (AOD) dependence who initiated treatment and who had two or more additional services with an AOD diagnosis within 30 days of the initiation visit.

HEDIS 2014 Plan Performance vs. Benchmarks



Rate is significantly above the 2014 National Medicaid 90th percentile



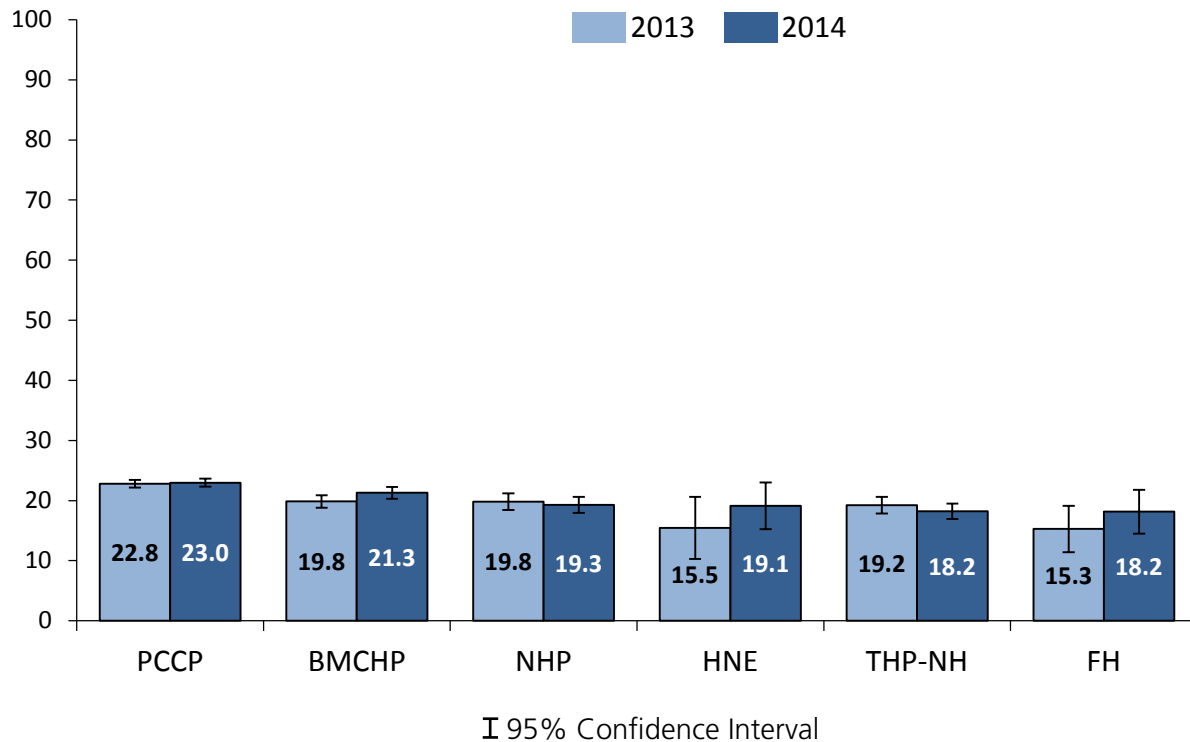
Rate is not significantly different from the 2014 National Medicaid 90th percentile



Rate is significantly below the 2014 National Medicaid 90th percentile

Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

Plan Rate Comparison to Prior Reporting Year – Engagement of Treatment



Results

- 21.5% of MassHealth managed care plan members aged 13 and older both initiated substance abuse treatment and engaged with treatment by receiving two or more additional services within 30 days of the initial treatment. This rate was statistically significantly higher than the national Medicaid 90th percentile rate of 19.3%.
- The PCC Plan and BMCHP had plan rates significantly above the national 90th percentile, while the remaining four MassHealth plan rates did not differ significantly from the benchmark rate.
- All six MassHealth plans had 2014 rates that were statistically equivalent to their 2013 rates.

Follow-up After Hospitalization for Mental Illness

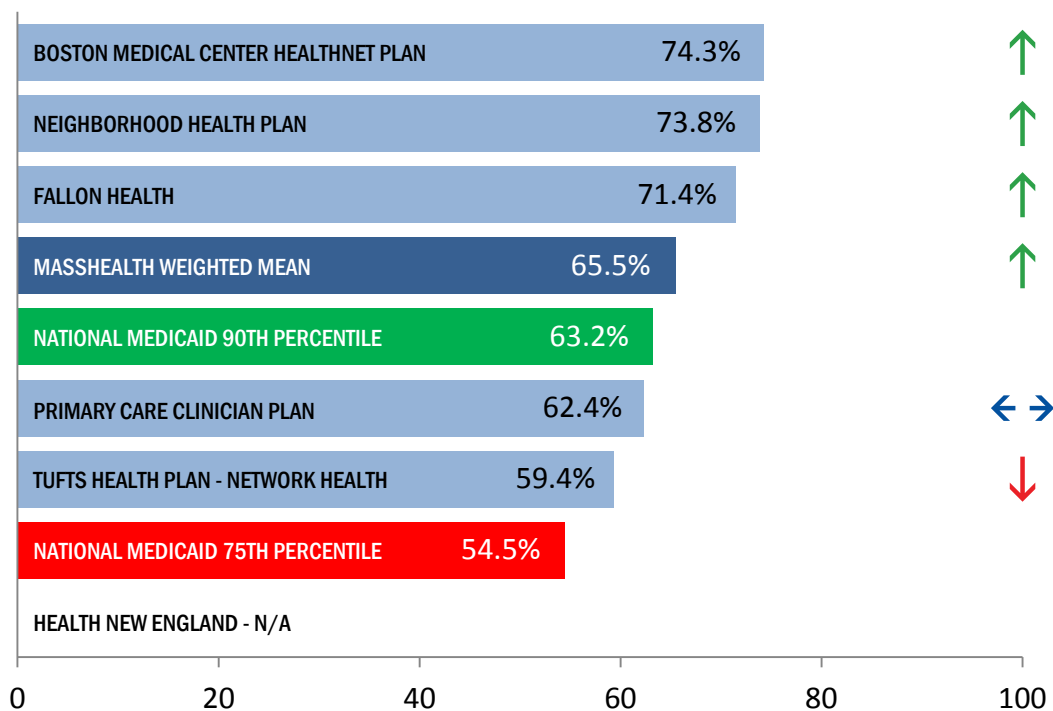
About This Measure

Follow-up services for persons who have been hospitalized for mental illness are critical to their transition back to home or work environments. Follow-up care can also detect medication problems early and help prevent readmissions.

The Follow-up After Hospitalization for Mental Illness Measure has two submeasures, 7-Day and 30-Day follow-up. Both submeasures use administrative data (claims) only.

7-Day Follow-Up: the percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental health disorders and who were seen on an ambulatory basis or were in intermediate treatment with a mental health provider within 7 days after discharge.

HEDIS 2014 Plan Performance vs. Benchmarks



Rate is significantly above the 2014 National Medicaid 90th percentile



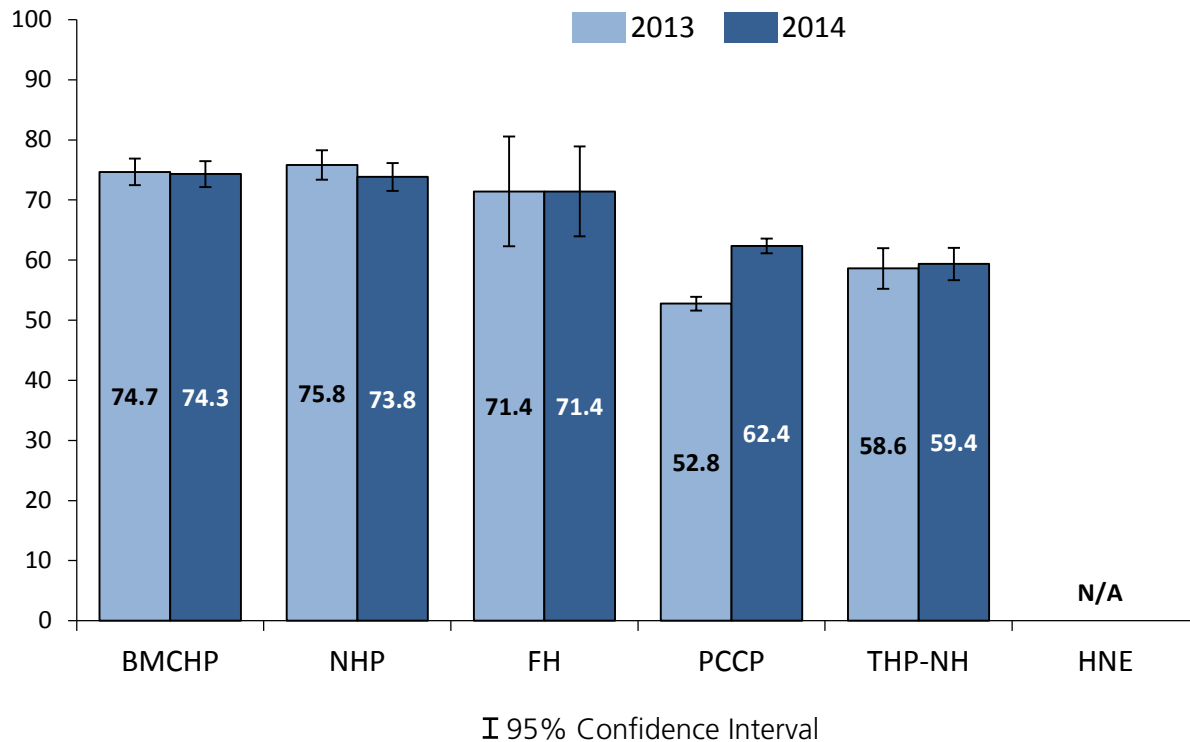
Rate is not significantly different from the 2014 National Medicaid 90th percentile



Rate is significantly below the 2014 National Medicaid 90th percentile

Follow-up After Hospitalization for Mental Illness

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



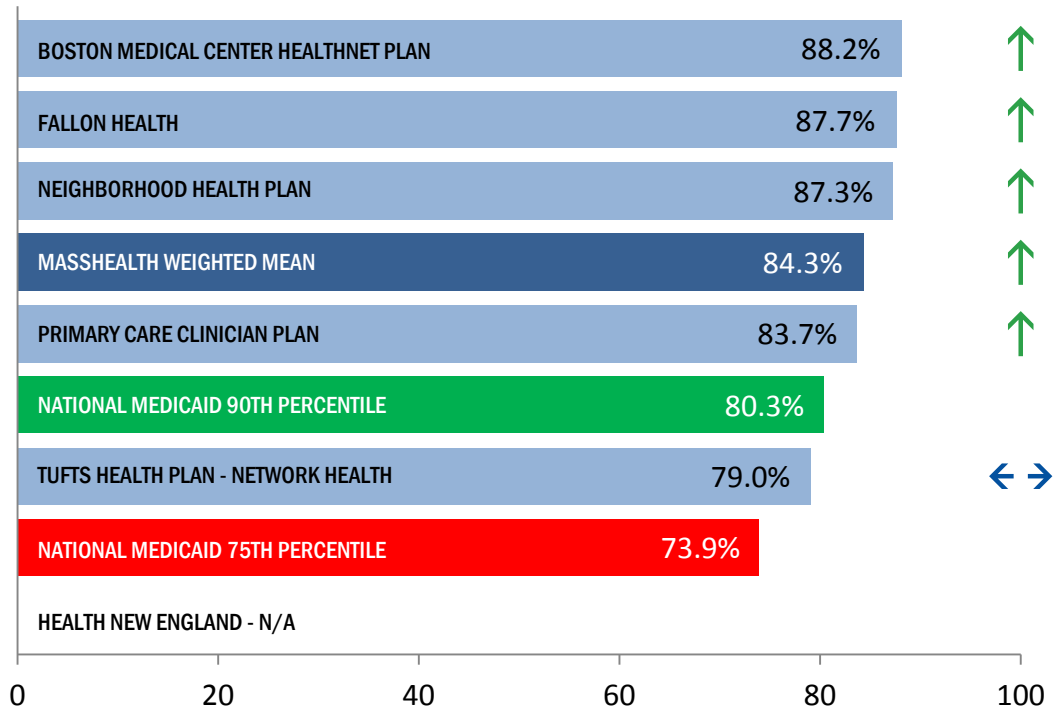
Results

- 65.5% of MassHealth managed care plan discharges from hospitalization for mental illness for members six years of age and older received follow-up care within seven days. This MassHealth weighted mean rate is statistically significantly higher than the national Medicaid 90th percentile rate of 63.2%.
- Three MassHealth plans had rates significantly higher than the 90th percentile. The PCC Plan's rate was statistically equivalent to the 90th percentile. THP-NH's rate was significantly above the 75th percentile, although significantly below the 90th percentile.
- The PCC Plan's 2014 rate significantly improved from its 2013 rate. Four other plans had 2014 rates that were statistically equivalent to their 2013 rates. HNE did not report this measure in 2013 or 2014.

Follow-up After Hospitalization for Mental Illness

30-Day Follow-Up: the percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental health disorders and who were seen on an ambulatory basis or were in intermediate treatment with a mental health provider within 30 days after discharge.

HEDIS 2014 Plan Performance vs. Benchmarks



Rate is significantly above the 2014 National Medicaid 90th percentile



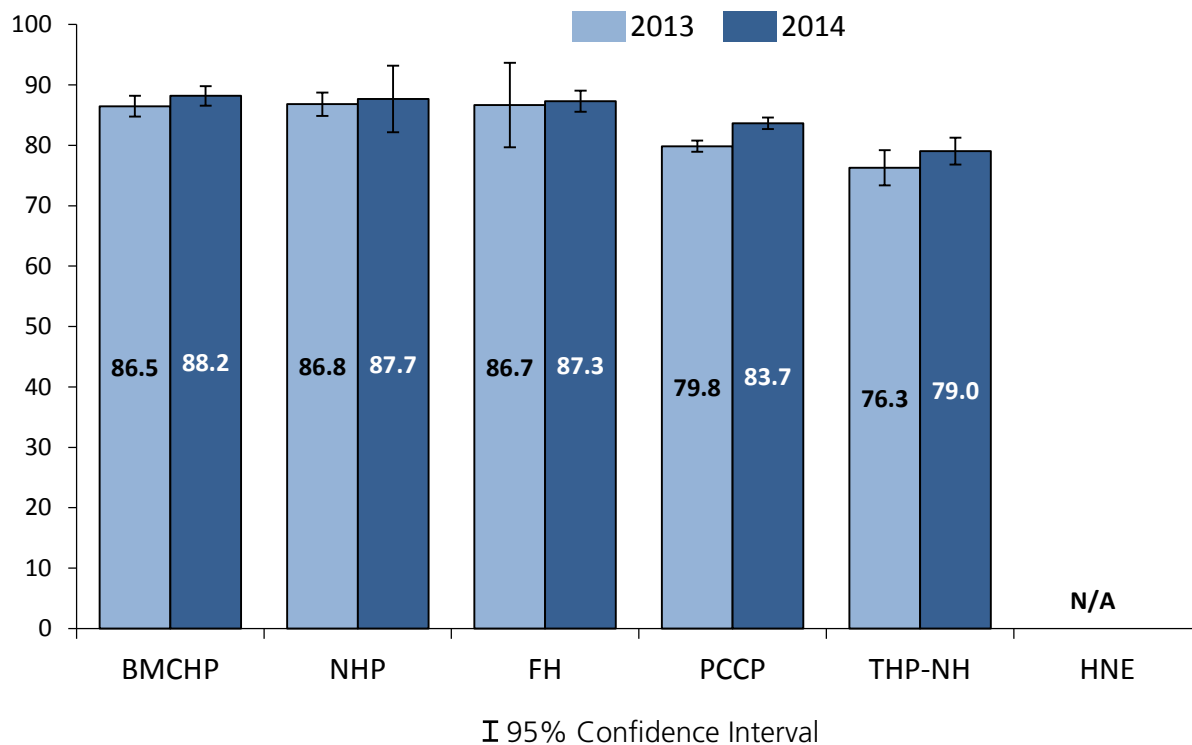
Rate is not significantly different from the 2014 National Medicaid 90th percentile



Rate is significantly below the 2014 National Medicaid 90th percentile

Follow-up After Hospitalization for Mental Illness

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



Results

- 84.3% of MassHealth managed care plan discharges from hospitalization for mental illness for members six years of age and older received follow-up care within 30 days. This MassHealth weighted mean rate is statistically significantly higher than the national Medicaid 90th percentile rate of 80.3%.
- Four MassHealth plans had rates significantly higher than the 90th percentile, while THP-NH's rate was statistically equivalent to the benchmark.
- The PCC Plan's 2014 rate significantly improved from its 2013 rate. The other four plans had 2014 rates that were statistically equivalent to their 2013 rates. HNE did not report this measure in 2013 or 2014.

Mental Health Utilization

About This Measure

The 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 2013. 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. (Druss BG, Miller CL, Pincus HA and Shih S. The Volume-Quality Relationship of Mental Health Care: Does Practice Make Perfect? *Am J Psychiatry*, 161(12): 2282-2286. 2004.)

	Member Years*	Any Service		Inpatient		Intermediate		Outpatient/ED	
		N	%	N	%	N	%	N	%
BMCHP	192,806	46,056	23.9%	2,502	1.3%	3,562	1.9%	45,167	23.4%
FH	14,008	3,092	22.1%	163	1.2%	246	1.8%	3,030	21.6%
HNE	13,286	3,023	22.8%	337	2.5%	255	1.9%	2,893	21.8%
NHP	161,336	37,744	23.4%	1,954	1.2%	5,689	3.5%	36,070	22.4%
PCCP	354,817	110,695	31.2%	9,417	2.7%	19,578	5.5%	107,580	30.3%
THP-NH	137,032	29,103	21.2%	2,127	1.6%	2,526	1.8%	28,238	20.6%
MassHealth Total	873,285	229,713	26.3%	16,500	1.9%	31,856	3.6%	222,978	25.5%

*Member Years = Member Months ÷ 12



PERINATAL CARE



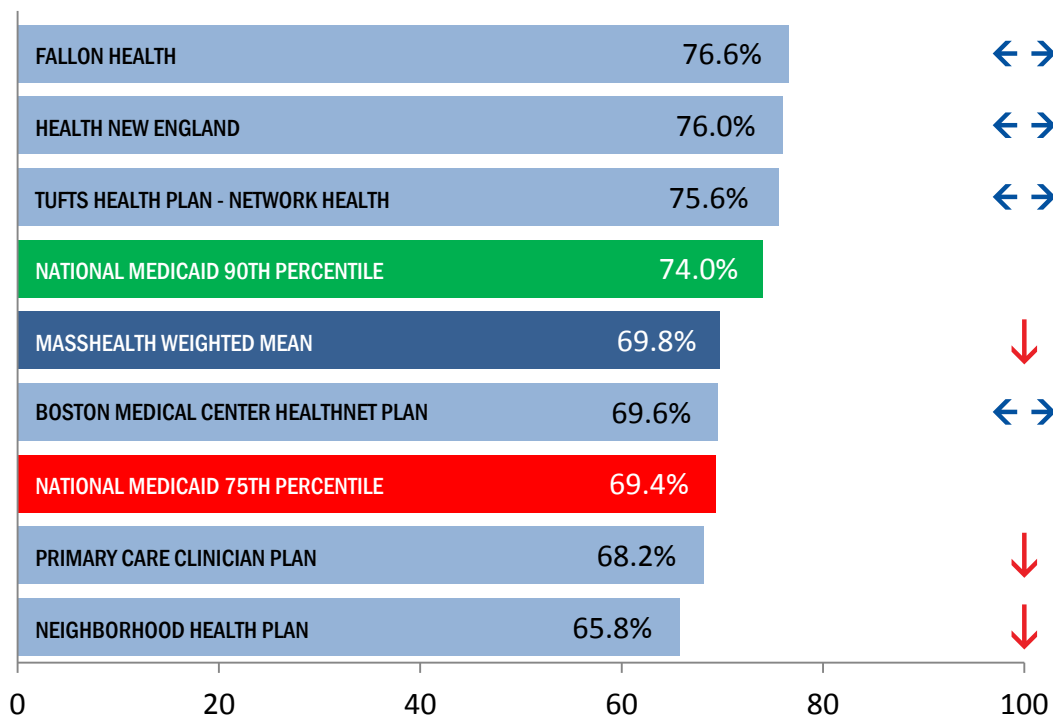
Postpartum Care

About This Measure

A postpartum care visit with the mother's healthcare provider between three and eight weeks after giving birth provides an opportunity to address important postpartum care needs of the mother. These include pregnancy complications, chronic conditions, interconception care, postpartum depression screening, guidance on breastfeeding, and other issues.

The Postpartum Care measure reports the percentage of deliveries by MassHealth members between November 6, 2012 and November 5, 2013 that were followed by a postpartum visit on or between 21 and 56 days after delivery. This measure is collected with the hybrid methodology (claims data supplemented by medical record reviews).

HEDIS 2014 Plan Performance vs. Benchmarks



Rate is significantly above the 2014 National Medicaid 90th percentile



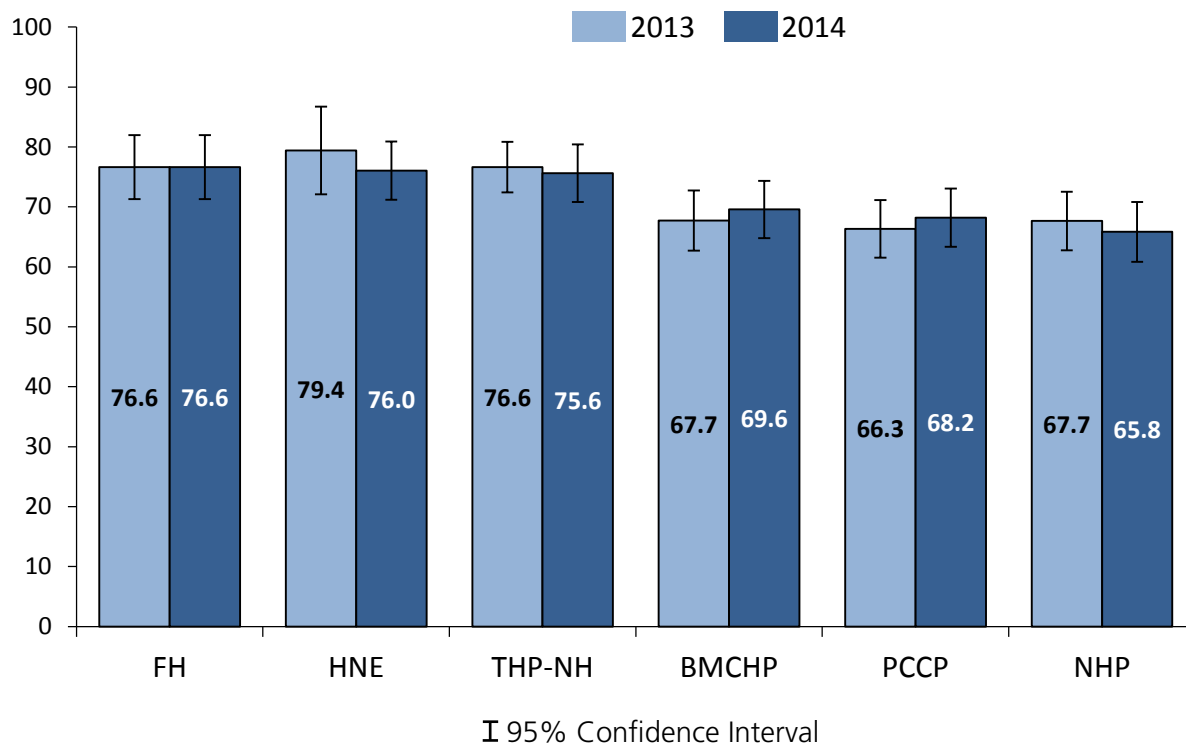
Rate is not significantly different from the 2014 National Medicaid 90th percentile



Rate is significantly below the 2014 National Medicaid 90th percentile

Postpartum Care

Plan Rate Comparison to Prior Reporting Year



Results

- 69.8% of MassHealth managed care plan members who gave birth during the measurement period went on to have a postpartum care visit between three and eight weeks (21-56 days) after giving birth. This MassHealth weighted mean rate was statistically equivalent to the national Medicaid 75th percentile rate of 69.4%, although it was significantly lower than the 90th percentile rate of 74.0%.
- Four MassHealth plan rates were statistically equivalent to the 90th percentile. The PCCP Plan and NHP had rates statistically significantly below the benchmark.
- All six MassHealth plan rates for 2014 were statistically unchanged from their 2013 rates.

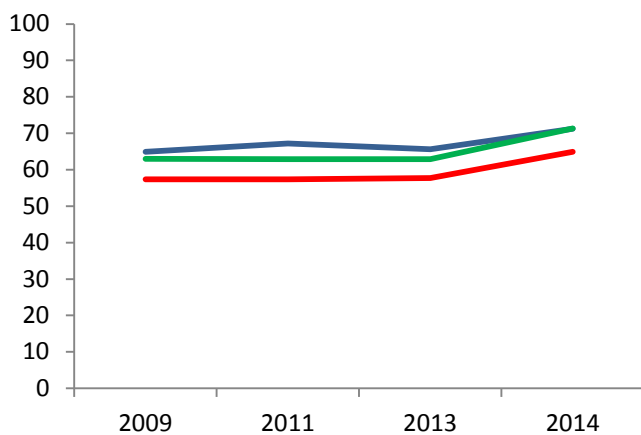
PERFORMANCE TRENDS

Performance Trends

Breast Cancer Screening

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

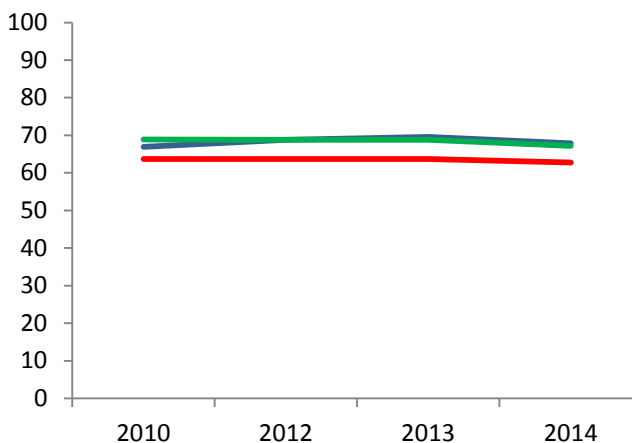
	2009	2011	2013	2014
MassHealth Weighted Mean	64.9	67.2	65.6	71.2
Nat'l Medicaid 90th Percentile	63.0	62.9	62.9	71.4
Nat'l Medicaid 75th Percentile	57.4	57.4	57.7	64.9



Chlamydia Screening

MassHealth's weighted mean rate of Chlamydia screening for women aged 16-24 has been statistically significantly above the national Medicaid 90th percentile for the past two HEDIS reporting periods (2013 and 2014).

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



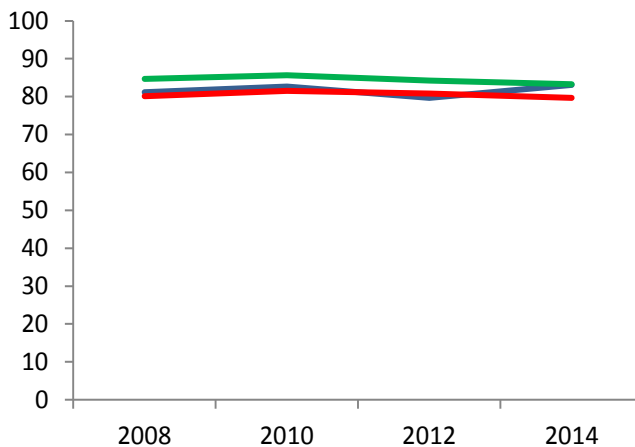
— MassHealth Weighted Mean
 — Nat'l Medicaid 90th Percentile
 — Nat'l Medicaid 75th Percentile

Performance Trends

Childhood Immunization Status – Combination 2

The MassHealth weighted mean rate of children receiving the Combination 2 vaccine dropped in HEDIS 2012 but improved substantially in HEDIS 2014. In the latest measurement period, MassHealth's overall rate was statistically equivalent to the national Medicaid 90th percentile.

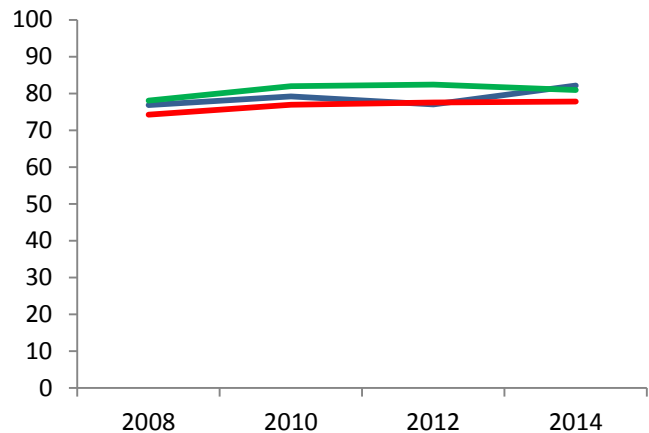
	2008	2010	2012	2014
MassHealth Weighted Mean	81.2	82.7	79.7	83.1
Nat'l Medicaid 90th Percentile	84.7	85.6	84.2	83.3
Nat'l Medicaid 75th Percentile	80.1	81.5	80.8	79.7



Childhood Immunization Status – Combination 3

The MassHealth weighted mean rate of children receiving the Combination 3 vaccine dropped in HEDIS 2012 but improved sharply in HEDIS 2014. In the latest measurement period, MassHealth's overall rate was statistically significantly higher than the national Medicaid 90th percentile.

	2008	2010	2012	2014
MassHealth Weighted Mean	76.8	79.2	77.0	82.1
Nat'l Medicaid 90th Percentile	78.1	82.0	82.4	80.9
Nat'l Medicaid 75th Percentile	74.2	76.9	77.5	77.8



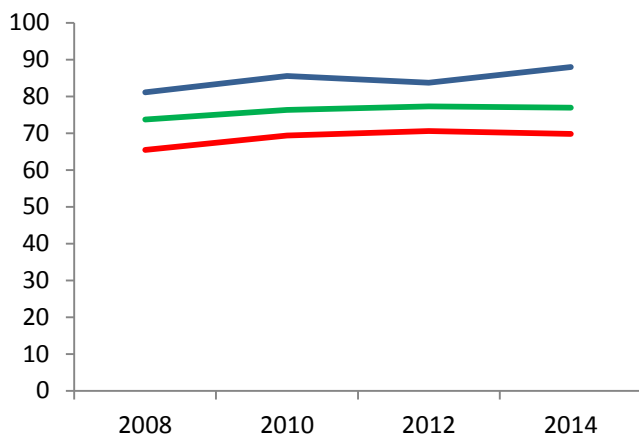
— MassHealth Weighted Mean
 — Nat'l Medicaid 90th Percentile
 — Nat'l Medicaid 75th Percentile

Performance Trends

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

MassHealth's performance on well-child visits for infants has been strong over the past four HEDIS reporting periods. The MassHealth weighted mean rate of children receiving six or more well-child care visits in the first 15 months of life has been significantly higher than the national Medicaid 90th percentile since HEDIS 2008.

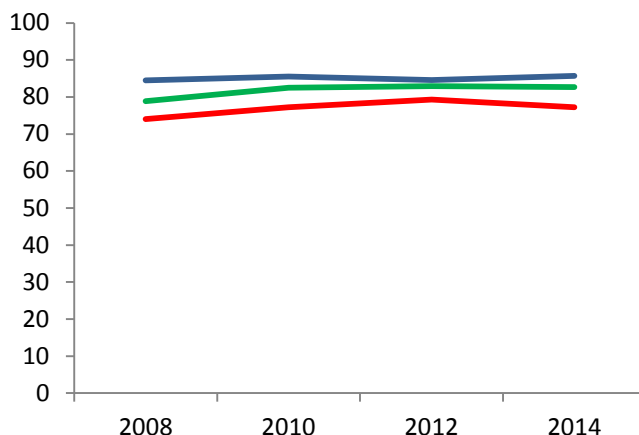
	2008	2010	2012	2014
MassHealth Weighted Mean	81.1	85.5	83.7	88.0
Nat'l Medicaid 90th Percentile	73.7	76.3	77.3	76.9
Nat'l Medicaid 75th Percentile	65.5	69.4	70.6	69.8



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

MassHealth's performance on well-child visits for children aged three through six has also been strong over the past four HEDIS reporting periods. The MassHealth weighted mean rate of children in this age range who receive an annual well-child visit has been significantly higher than the national Medicaid 90th percentile since HEDIS 2008.

	2008	2010	2012	2014
MassHealth Weighted Mean	84.5	85.5	84.6	85.7
Nat'l Medicaid 90th Percentile	78.9	82.5	82.9	82.7
Nat'l Medicaid 75th Percentile	74.0	77.2	79.3	77.2



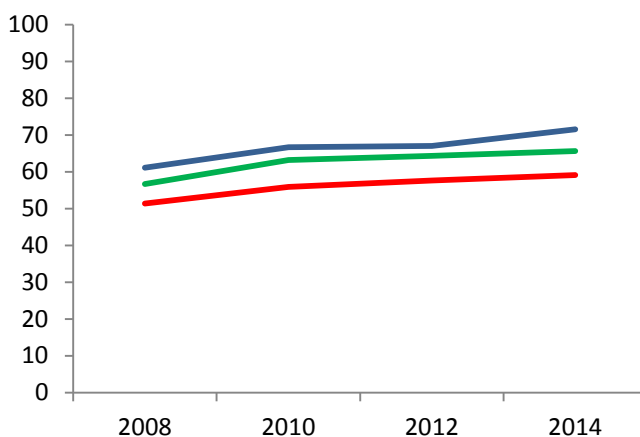
— MassHealth Weighted Mean
 — Nat'l Medicaid 90th Percentile
 — Nat'l Medicaid 75th Percentile

Performance Trends

Adolescent Well-Care Visits

As with well-child visits for infants and young children, the adolescent well-care visit measure has seen very strong performance by MassHealth in recent years. For the last four available HEDIS reporting periods, the MassHealth weighted mean rate of adolescents receiving annual well-care visits has been statistically significantly higher than the national Medicaid 90th percentile.

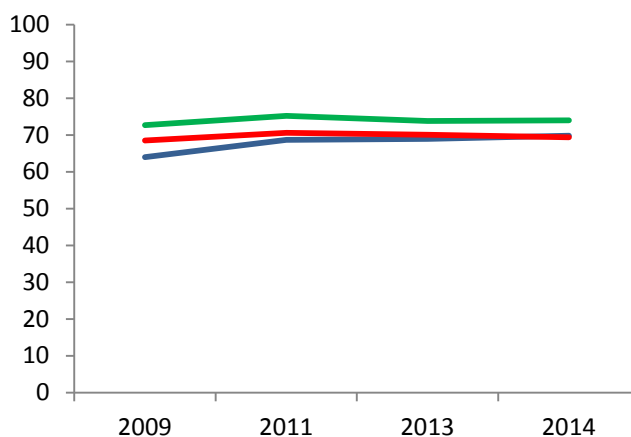
	2008	2010	2012	2014
MassHealth Weighted Mean	61.1	66.7	67.0	71.5
Nat'l Medicaid 90th Percentile	56.7	63.2	64.3	65.6
Nat'l Medicaid 75th Percentile	51.4	55.9	57.6	59.1



Postpartum Care

MassHealth's performance on the postpartum care component of the prenatal and postpartum care measure has gradually improved over the last four reporting periods. While the MassHealth weighted mean rate is below the national Medicaid 90th percentile benchmark, it has risen far enough to be statistically equivalent to the 75th percentile rate in HEDIS 2014.

	2009	2011	2013	2014
MassHealth Weighted Mean	64.0	68.7	68.9	69.8
Nat'l Medicaid 90th Percentile	72.7	75.2	73.8	74.0
Nat'l Medicaid 75th Percentile	68.5	70.6	70.1	69.4



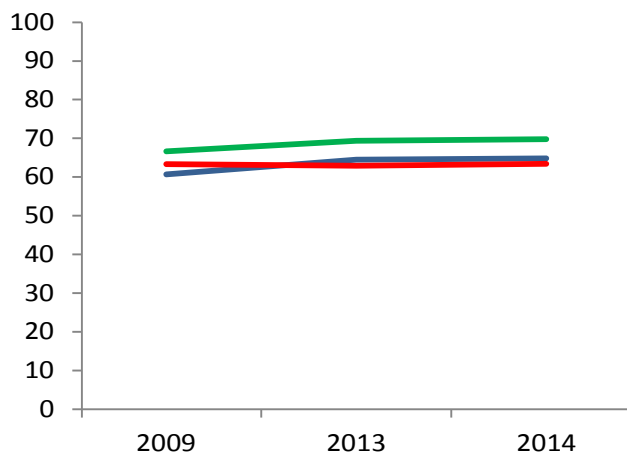
— MassHealth Weighted Mean
 — Nat'l Medicaid 90th Percentile
 — Nat'l Medicaid 75th Percentile

Performance Trends

Controlling High Blood Pressure

During the last three available measurement periods, the MassHealth weighted mean rate for controlling high blood pressure has risen above the national Medicaid 75th percentile, but remained significantly lower than the 90th percentile.

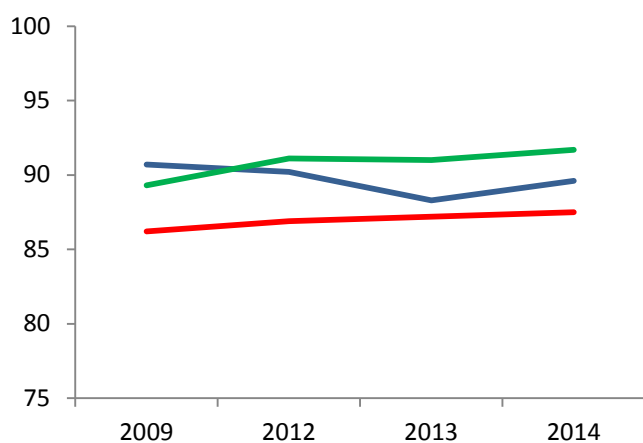
	2009	2013	2014
MassHealth Weighted Mean	60.7	64.5	64.8
Nat'l Medicaid 90th Percentile	66.6	69.4	69.8
Nat'l Medicaid 75th Percentile	63.3	62.9	63.4



Comprehensive Diabetes Care – HbA1c Testing

MassHealth's performance on the HbA1c Testing component of the Comprehensive Diabetes Care measure has been stable over the past few reporting periods, except for a slight decline in HEDIS 2013. While the MassHealth weighted mean has been statistically significantly below the national Medicaid 90th percentile, it remains significantly higher than the national Medicaid 75th percentile.

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



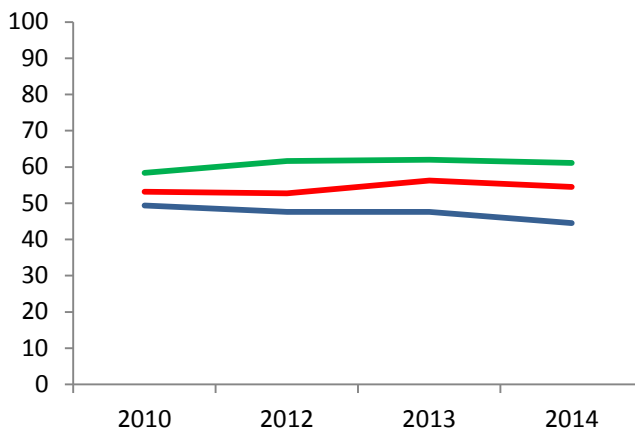
— MassHealth Weighted Mean
 — Nat'l Medicaid 90th Percentile
 — Nat'l Medicaid 75th Percentile

Performance Trends

Antidepressant Medication Management – Acute Phase

MassHealth's performance on the antidepressant medication management acute phase component has trended downward in recent years. As a result, the MassHealth weighted mean has been significantly below the national Medicaid 90th and 75th percentile rates..

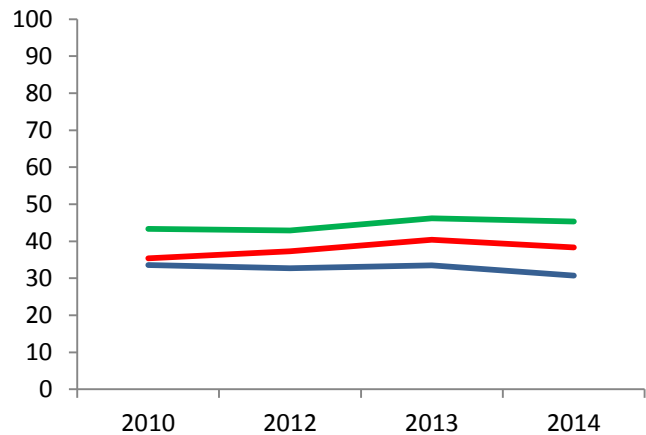
	2010	2012	2013	2014
MassHealth Weighted Mean	49.4	47.6	47.6	44.5
Nat'l Medicaid 90th Percentile	58.4	61.6	62.0	61.1
Nat'l Medicaid 75th Percentile	53.2	52.7	56.3	54.5



Antidepressant Medication Management – Continuation Phase

The trend in MassHealth's performance on the antidepressant medication management continuation phase component is similar to that of the acute phase. The MassHealth weighted mean has been significantly below the national Medicaid 90th and 75th percentile rates.

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



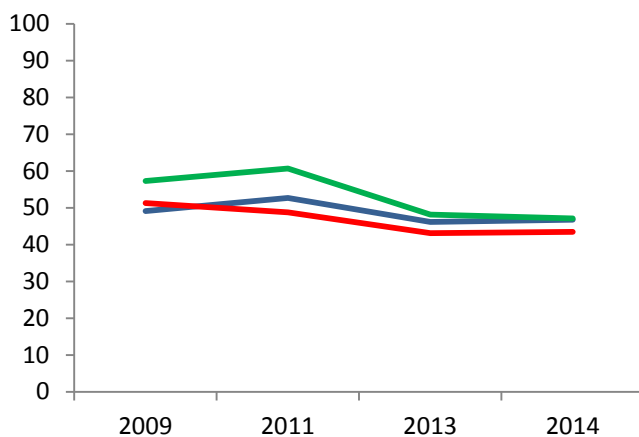
— MassHealth Weighted Mean
 — Nat'l Medicaid 90th Percentile
 — Nat'l Medicaid 75th Percentile

Performance Trends

Initiation of Alcohol and Other Drug Dependence Treatment

Similar to national trends, the MassHealth weighted mean for initiation of alcohol and other drug treatment dropped sharply between the 2012 and 2013 HEDIS reporting periods. MassHealth's HEDIS 2014 weighted mean rate was statistically equivalent to the 90th percentile of Medicaid plans nationwide.

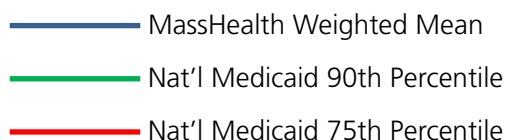
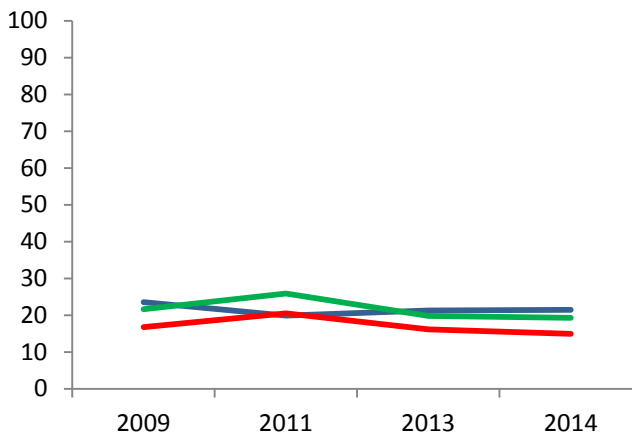
	2009	2011	2013	2014
MassHealth Weighted Mean	49.1	52.7	46.2	46.8
Nat'l Medicaid 90th Percentile	57.3	60.7	48.2	47.1
Nat'l Medicaid 75th Percentile	51.3	48.8	43.1	43.5



Engagement of Alcohol and Other Drug Dependence Treatment

The MassHealth weighted mean for engagement of alcohol and other drug treatment has remained steady over the past four reporting periods in comparison to the national benchmarks, which have trended downward. MassHealth's performance has been statistically significantly higher than the national Medicaid 90th percentile in HEDIS 2013 and 2014.

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

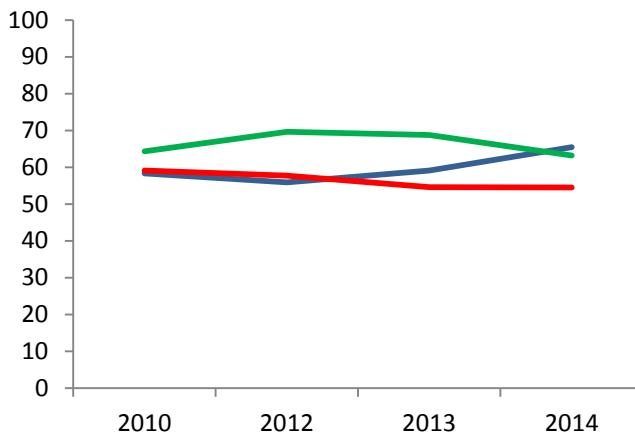


Performance Trends

Follow-up After Hospitalization for Mental Illness - 7 Days

The MassHealth weighted mean for follow-up within seven days after discharge from a hospitalization for mental illness but has improved in 2013 and 2014. MassHealth's overall rate has risen significantly above the national Medicaid 90th percentile.

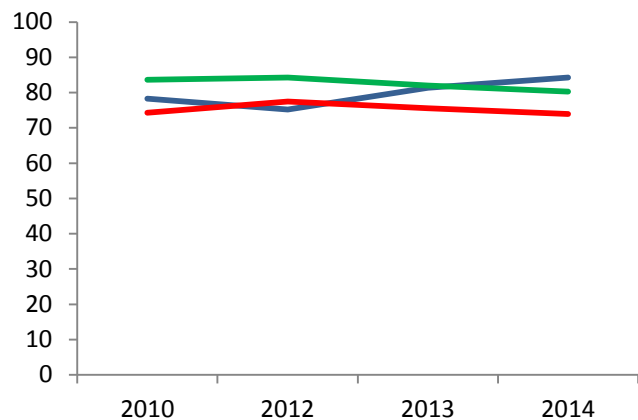
	2010	2012	2013	2014
MassHealth Weighted Mean	58.3	55.9	59.1	65.5
Nat'l Medicaid 90th Percentile	64.3	69.6	68.8	63.2
Nat'l Medicaid 75th Percentile	59.1	57.7	54.6	54.5



Follow-up After Hospitalization for Mental Illness - 30 Days

As with the seven day follow-up measure, the MassHealth weighted mean for follow-up within thirty days after discharge from a hospitalization for mental illness has improved in 2013 and 2014. MassHealth's overall rate has risen significantly above the national Medicaid 90th percentile.

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



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



MassHealth Office of Clinical Affairs

100 Hancock Street, Sixth Floor

Quincy, MA 02171