

# MassHealth Managed Care HEDIS® 2016 Report

**MAY 2017**

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)



University of  
Massachusetts  
Medical School



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## Executive Summary

### THE MASSHEALTH MANAGED CARE HEDIS® 2016

Report presents information on the quality of care provided by the seven health plans serving the MassHealth managed care population. These plans are: Boston Medical Center HealthNet Plan (BMCHP), CeltiCare Health (CCH), Fallon Health (FH), Health New England, Inc. (HNE), Neighborhood Health Plan (NHP), Tufts Health Plan (THP), and the Primary Care Clinician Plan (PCCP). This assessment was conducted by the MassHealth Office of Clinical Affairs (OCA), the MassHealth Office of Providers and Plans (OPP), and the MassHealth Office of Behavioral Health (OBH).

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

### Measures Selected for HEDIS 2016

The MassHealth measurement set for 2016 focuses on three domains:

#### 1. Preventive Care

- » Breast Cancer Screening
- » Cervical Cancer Screening
- » Chlamydia Screening in Women

#### 2. Chronic Disease Management

- » Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing
- » Controlling High Blood Pressure

#### 3. Perinatal Care

- » Postpartum Care

#### 4. Behavioral Health Care

- » Antidepressant Medication Management
- » Follow-up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication
- » Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
- » Follow-up After Hospitalization for Mental Illness
- » Adherence to Antipsychotic Medications for Individuals With Schizophrenias
- » Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications

#### 5. Utilization of Services

- » Inpatient Utilization - General Hospital/Acute Care
- » Identification of Alcohol and Other Drug Services

## Executive Summary

### Summary of Overall Results

Results from the MassHealth Managed Care HEDIS 2016 project demonstrate that MassHealth plans performed well overall when compared to the 2016 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 seven MassHealth managed care plans, with two comparison rates: the HEDIS 2016 national Medicaid 90<sup>th</sup> and 75<sup>th</sup> percentiles. (These two rates come from the NCQA's Quality Compass® database, and indicates 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.) The report will also show comparisons between the seven individual MassHealth plans and this benchmark.

We use the national Medicaid 90<sup>th</sup> percentile as a benchmark, representing high quality performance. The national Medicaid 75<sup>th</sup> percentile represents a threshold level of acceptable performance. In earlier years' versions of this report (through the HEDIS 2013 cycle), we used the Medicaid 75<sup>th</sup> percentile as the high performance benchmark and the national Medicaid mean as the acceptable threshold level. The decision to aim higher, using the 90<sup>th</sup> 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 Medicaid health plans nationwide, on the three measures in the Preventive Care domain (Breast Cancer Screening, Cervical Cancer Screening, and Chlamydia Screening in Women). The MassHealth weighted mean rate (representing the overall performance of all MassHealth plans combined, adjusted for the number of members enrolled in each plan) was statistically significantly higher than the national Medicaid 90<sup>th</sup> percentile benchmark for the breast cancer and chlamydia screening measures, while it was statistically equivalent to the benchmark rate for cervical cancer screening. These results

extend a long-standing trend of strong performance on preventive care measures by MassHealth plans.

MassHealth plans performed well, if not exceptionally, on the measures in the Chronic Disease Management and Perinatal Care domains (Hemoglobin A1c (HbA1c) Testing for members with diabetes, Controlling High Blood Pressure for members with hypertension, and Postpartum Care visits). The MassHealth weighted mean rates for all three measures were statistically significantly higher than the national Medicaid 75<sup>th</sup> percentile threshold rate, though they all were statistically significantly below the 90<sup>th</sup> percentile benchmark.

Most of the measures discussed in the HEDIS 2016 report fall within the Behavioral Health Care domain. MassHealth's performance on these measures was mixed. MassHealth plans were strongest on the Follow-up After Hospitalization for Mental Illness measure, with the MassHealth weighted mean rate statistically significantly higher than the national Medicaid 90<sup>th</sup> percentile benchmark for both submeasures (7 Day and 30 Day follow-up). MassHealth plans exceeded the benchmark on the Engagement component of the Initiation and Engagement of Treatment measure as well. MassHealth also performed strongly on the Follow-up Care for Children Prescribed ADHD Medication measure, with weighted mean rates that were not statistically significantly different from the 90<sup>th</sup> percentile benchmark for both submeasures (Initiation and Continuation/Maintenance Phases).

MassHealth's performance on other Behavioral Health Care domain measures had room for improvement. The MassHealth weighted mean was significantly higher than the 75<sup>th</sup> percentile threshold level for the Adherence to Antipsychotic Medications for Individuals With Schizophrenia measure, and was statistically equivalent to the 75<sup>th</sup> percentile for the Initiation of Treatment submeasure. MassHealth's performance was significantly below the 75<sup>th</sup> percentile threshold for the Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications measure. Finally, MassHealth's overall performance was weakest on the

Antidepressant Medication Management measure, with both submeasure rates statistically significantly below the national Medicaid mean rates.

The MassHealth Managed Care HEDIS 2016 report also presents data on two measures of service utilization, Identification of Alcohol and Other Drug Services, and Inpatient Utilization – General Hospital/Acute Care.

These utilization measures provide information about how health plans manage the provision of care to their members, and how plans use and manage resources. Use of services is affected by many member characteristics, such as age, sex, current health status, socioeconomic status, and regional practice patterns. Health plans may have substantial variation on these characteristics. The utilization measures presented here do not provide any information on the quality of the services utilized, nor whether the amount of utilization is appropriate.

# INTRODUCTION

## Purpose of the Report

This report presents the results of the MassHealth Managed Care Healthcare Effectiveness Data and Information Set (HEDIS) 2016 project. This report was designed to be used by MassHealth program managers and by managed care organization (MCO) managers to assess plan performance in the context of other MassHealth managed care plans and national benchmarks, identify opportunities for improvement, and set quality improvement goals. 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 have been left out of this year's report. In addition, rates for certain submeasures that are of limited relevance will not be included.

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

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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 2016 project assess the performance of the seven MassHealth plans that provided health care services to MassHealth managed care members during the 2015 calendar year. The seven MassHealth plans included in this report are the Primary Care Clinician Plan (PCCP), Neighborhood Health Plan (NHP), Tufts Health Plan (THP), Health New England (HNE), CeliCare Health (CCH), 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 14.

### MassHealth HEDIS 2016 Measures

MassHealth selected 14 measures for the HEDIS 2016 report. Twelve of these 14 measures assess the quality of health care in four domains: Preventive Care, Chronic Disease Management, Perinatal Care, and Behavioral Health Care. One-half of the quality measures selected (six out of the twelve) are in the Behavioral Health Care category. This emphasis is a reflection of MassHealth's commitment to improve Behavioral Health Care quality for its members. In addition, the report presents data on two health service utilization measures.

The Preventive Care domain includes three measures related to health screenings for women, for breast cancer, cervical cancer, and chlamydia. The Chronic Disease Management domain includes two measures in this year's report: the Hemoglobin A1c (HbA1c) testing component of the Comprehensive Diabetes Care composite measure, and a Controlling High Blood Pressure measure. The Perinatal Care domain has one measure, Postpartum Care visits.

The Behavioral Health Care domain encompasses six measures, four of which contain two separate submeasures: Antidepressant Medication Management, Follow-up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication, Initiation and Engagement of Alcohol and Other Drug Dependence Treatment, and Follow-up After Hospitalization for Mental Illness. The other two measures both relate to the usage of antipsychotic medications: Adherence to Antipsychotic Medications for Individuals With Schizophrenia, and Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications.

The two utilization measures are Identification of Alcohol and Other Drug Services, and Inpatient Utilization – General Hospital/Acute Care. Because these measures report utilization trends rather than quality per se, this section of the report will be structured differently, with less emphasis on comparison of MassHealth plan results to national benchmarks.

At the end of the report, we include a section showing trends in MassHealth's overall performance on most of this year's HEDIS measures over time, and compared 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 2016 Report

REPORT SECTION	PURPOSE OF SECTION	MEASURES REPORTED
<b>Preventive Care</b>	This section 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"> <li>» Breast Cancer Screening</li> <li>» Cervical Cancer Screening</li> <li>» Chlamydia Screening in Women</li> </ul>
<b>Chronic Disease Management</b>	This section provides information about how well a plan helps people manage chronic illness.	<ul style="list-style-type: none"> <li>» Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing</li> <li>» Controlling High Blood Pressure</li> </ul>
<b>Perinatal Care</b>	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"> <li>» Postpartum Care</li> </ul>
<b>Behavioral Health Care</b>	This section 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"> <li>» Antidepressant Medication Management</li> <li>» Follow-up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication</li> <li>» Initiation and Engagement of Alcohol and Other Drug Dependence Treatment</li> <li>» Follow-up After Hospitalization for Mental Illness</li> <li>» Adherence to Antipsychotic Medications for Individuals With Schizophrenia</li> <li>» Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</li> </ul>
<b>Utilization of Services</b>	Provides information about how health plans manage the provision of care to their members, and how plans use and manage resources.	<ul style="list-style-type: none"> <li>» Inpatient Utilization - General Hospital/Acute Care</li> <li>» Identification of Alcohol and Other Drug Services</li> </ul>
<b>Performance Trends</b>	This section 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"> <li>» All measures listed above except Utilization of Services measures</li> </ul>

### Data Collection and Submission

In the fall of 2015, the MassHealth Office of Providers and Plans finalized a list of measures to be collected for HEDIS 2016. 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 2016 Technical Specifications and for reporting the results using NCQA's Interactive Data Submission System (IDSS). Each plan submitted its results to both NCQA and OCA.

All plans undergoing NCQA accreditation must have their HEDIS data audited. The purpose of an NCQA HEDIS Compliance Audit™ is to validate a plan's HEDIS results by verifying the integrity of the plan's data collection and calculation processes. NCQA HEDIS Compliance Audits are independent reviews conducted by organizations or individuals licensed or certified by NCQA. NCQA's Quality Compass, the database from which many of the benchmarks in this report are drawn, reports only audited data. 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 appear in the denominator of a MassHealth plan's HEDIS rate. This may occur for several valid reasons, including instances where a member turns 65 during the measurement year and did not yet have their coverage terminated as of the measure's anchor date.

MassHealth plans are responsible for a member's care until his or her coverage is terminated. Therefore, MassHealth members 65 years and older were included in the eligible populations for the HEDIS 2016 measures whenever the specifications for the measure included the 65 and older population, the members' coverage had not yet been terminated and the members met all eligible criteria such as continuous enrollment and enrollment anchor date requirements.

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

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

**Diagnosis/event criteria.** Some measures require a member to have a specific diagnosis or health care event to be included in the denominator. Diagnoses are defined by specific administrative codes (e.g., ICD-10, CPT). Other health care events may include prescriptions, hospitalizations, or outpatient visits.

The measure descriptions included in this report do not include every requirement for the eligible populations (e.g., enrollment gaps). For complete specifications for each measure included in this report, please see *HEDIS 2016 Volume 2: Technical Specifications*.

## Data Collection and Analysis Methods

### MassHealth Coverage Types Included in HEDIS 2016

This report includes services received by MassHealth members enrolled in one of four Medicaid coverage types: Standard, CommonHealth, CarePlus, and Family Assistance.

### Administrative vs. Hybrid Data Collection

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

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

The **hybrid method** requires plans to identify the numerator through both administrative and medical record data. 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 2016 results from each plan, and for MassHealth managed care as a whole, are compared to a national benchmark, the 2016 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 2016 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 threshold, or 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 2016 national Medicaid data through NCQA’s Quality Compass. NCQA releases Quality Compass in July of each year with the rates for Commercial and Medicare plans. NCQA provides the national Medicaid data in a supplement that is released in the fall.

The 2016 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

## Data Collection and Analysis Methods

population for all the plans. The largest MassHealth plan (the PCC Plan) serves 30.4% of all MassHealth members, while the smallest (FH) serves just 2.6%.

### Caveats for the Interpretation of Results

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

#### Medical Record Procurement

A plan's ability (or that of its contracted vendor) to locate and obtain medical records as well as the quality of medical record documentation can affect performance on hybrid measures. Per NCQA's specifications, members for whom no medical record documentation was found were considered non-compliant with the measure. This applied to records that could not be located and obtained as well as for medical records that contained incomplete documentation (e.g., indication of a test but no date or result).

#### Lack of Case-Mix Adjustment

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

#### Demographic Differences in Plan Membership

As shown in the plan profile chart on page 14, the seven MassHealth plans differ with respect to the demographic characteristics of their members. The impact of demographic differences on MassHealth HEDIS 2016 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

## 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:** 365,549 MassHealth members as of December 31, 2015.
- » **Behavioral Health:** Members' behavioral health services are managed through Beacon Health Options' Massachusetts Behavioral Health Partnership (MBHP).

## Neighborhood Health Plan (NHP)

- » **Corporate Structure:** Non-profit managed care organization.
- » **Service Area:** Statewide.
- » **Membership:** 285,986 MassHealth members as of December 31, 2015.
- » **Behavioral Health:** Members' behavioral health services are managed through Beacon Health Options' Beacon Health Strategies.

## Tufts Health Plan (THP)

- » **Corporate Structure:** Non-profit managed care organization.
- » **Service Area:** Statewide (except for the Islands).
- » **Membership:** 203,346 MassHealth members as of December 31, 2015.
- » **Behavioral Health:** Members' behavioral health services are managed and provided by Tufts Health Plan providers.

## Health New England (HNE)

- » **Corporate Structure:** Non-profit managed care organization.
- » **Service Area:** Western Massachusetts.
- » **Membership:** 80,856 MassHealth members as of December 31, 2015.
- » **Behavioral Health:** Members' behavioral health services are managed through the Massachusetts Behavioral Health Partnership (MBHP).

## Fallon Health (FH)

- » **Corporate Structure:** Non-profit managed care organization.
- » **Service Area:** Central and northern Massachusetts.
- » **Membership:** 31,024 MassHealth members as of December 31, 2015.
- » **Behavioral Health:** Members' behavioral health services are managed through Beacon Health Options' Beacon Health Strategies.

## CeltiCare Health (CCH)

- » **Corporate Structure:** Subsidiary of Centene Corporation.
- » **Service Area:** Statewide.
- » **Membership:** 48,128 MassHealth members as of December 31, 2015 (CarePlus, ages 21-64 years).
- » **Behavioral Health:** Members' behavioral health services are managed within CeltiCare Health through a Centene company, Cenpatico.

## Boston Medical Center HealthNet Plan (BMCHP)

- » **Corporate Structure:** Provider-sponsored health plan.
- » **Service Area:** Statewide.
- » **Membership:** 187,240 MassHealth members as of December 31, 2015.
- » **Behavioral Health:** Members' behavioral health services are managed through Beacon Health Options' Beacon Health Strategies.

## Demographic Characteristics of MassHealth Members

MassHealth Plan	Total MassHealth Managed Care Members as of 12/31/15	Female	Disabled	Mean Age	0-11 yrs	12-17 yrs	18-39 yrs	40-64 yrs
Primary Care Clinician Plan	365,549	54.6%	17.0%	21.3	36.5%	17.3%	27.5%	18.7%
Neighborhood Health Plan	285,986	55.4%	7.0%	25.9	29.5%	11.5%	32.9%	26.0%
Tufts Health Plan - Network Health	203,346	53.0%	7.0%	28.3	25.2%	9.4%	35.4%	30.0%
Health New England	80,856	54.8%	13.0%	24.5	30.9%	12.8%	33.5%	22.8%
Fallon Health	31,024	48.4%	5.6%	29.6	20.3%	8.6%	40.4%	30.6%
CeltiCare Health	48,128	33.6%	0.6%	38.2	0%	0%	58.9%	41.1%
Boston Medical Center Health-Net Plan	187,240	54.2%	8.8%	28.8	22.5%	9.3%	38.3%	29.8%
<b>Total for MassHealth Managed Care Program</b>	<b>1,202,129</b>	<b>53.5%</b>	<b>10.4%</b>	<b>25.8</b>	<b>28.5%</b>	<b>12.1%</b>	<b>33.8%</b>	<b>25.6%</b>

Source: MassHealth Data Warehouse.



# PREVENTIVE CARE



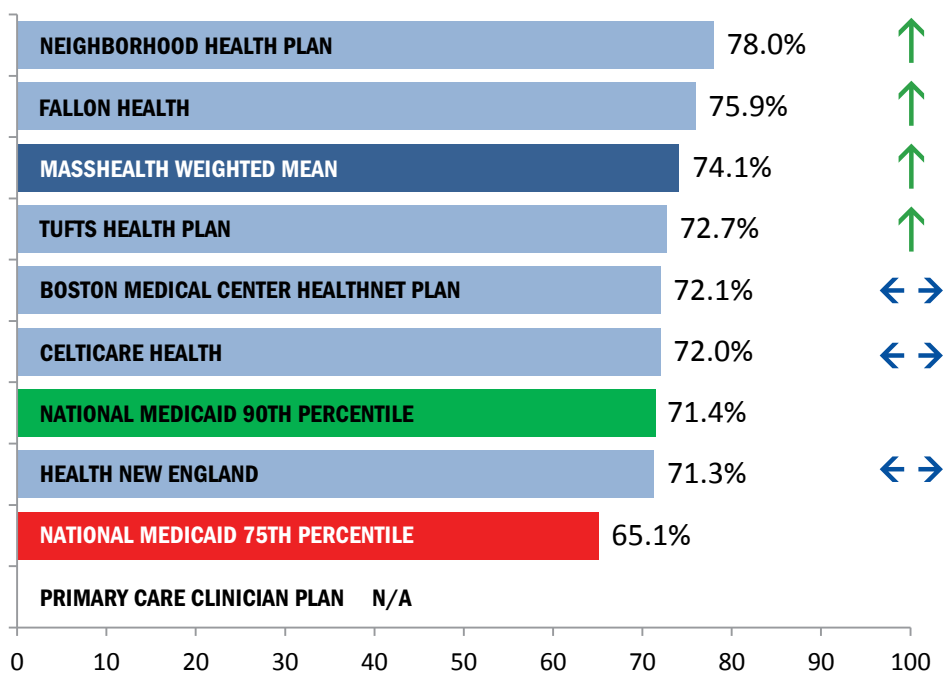
# Breast Cancer Screening

## About This Measure

Breast cancer is the second 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 ages 50 and 74 receive a mammogram every two years, and that women aged 40 to 49 discuss having a mammogram with their doctor.

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, 2015. This measure uses administrative data (claims) only.

## HEDIS 2016 Plan Performance vs. Benchmarks



Rate is significantly above the 2016 National Medicaid 90<sup>th</sup> percentile



Rate is not significantly different from the 2016 National Medicaid 90<sup>th</sup> percentile

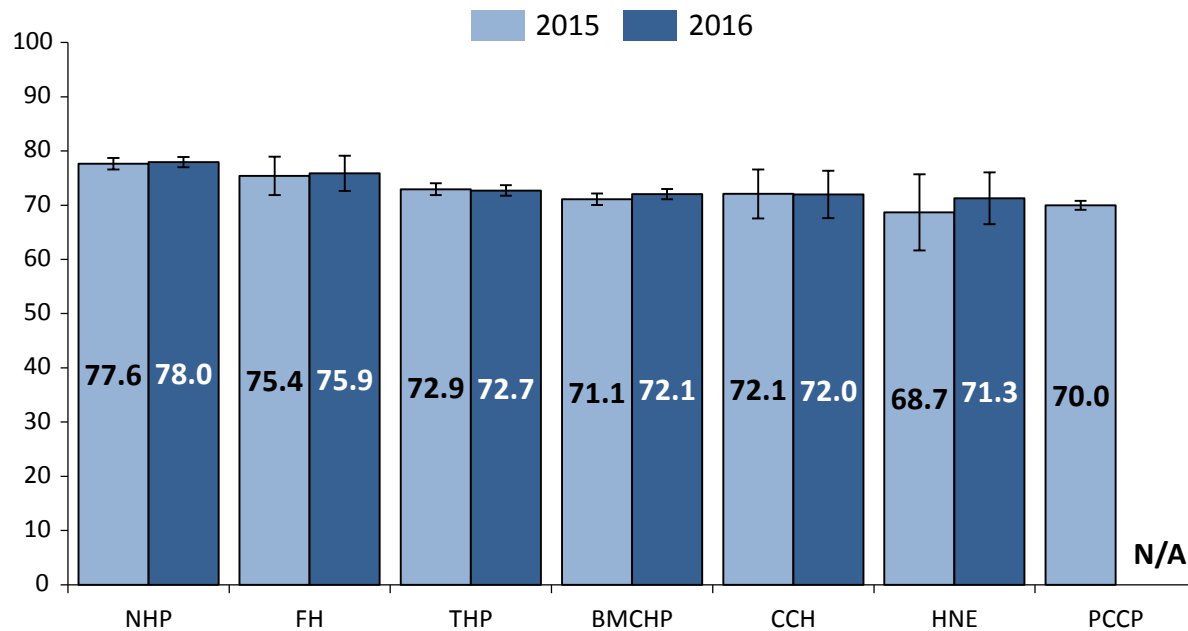


Rate is significantly below the 2016 National Medicaid 90<sup>th</sup> percentile



# Breast Cancer Screening

## Plan Rate Comparison to Prior Reporting Year



┆ 95% Confidence Interval

## Results

- 74.1% of female MassHealth managed care plan members aged 50-74 had a mammogram during the 27 months prior to December 31, 2015. This rate is statistically significantly higher than the national Medicaid 90<sup>th</sup> percentile benchmark of 71.4%.
- All six MassHealth plans reporting HEDIS 2016 data had rates that were statistically equal to, or higher than, the 90<sup>th</sup> percentile benchmark. NHP, FH, and THP were statistically significantly higher than the benchmark, while BMCHP, CCH, and HNE had rates that were statistically equal to the benchmark. (No rate for this measure is available for the PCC Plan.)
- None of the six plans with reported rates for both HEDIS 2015 and 2016 had statistically significant differences between their 2015 and 2016 rates.

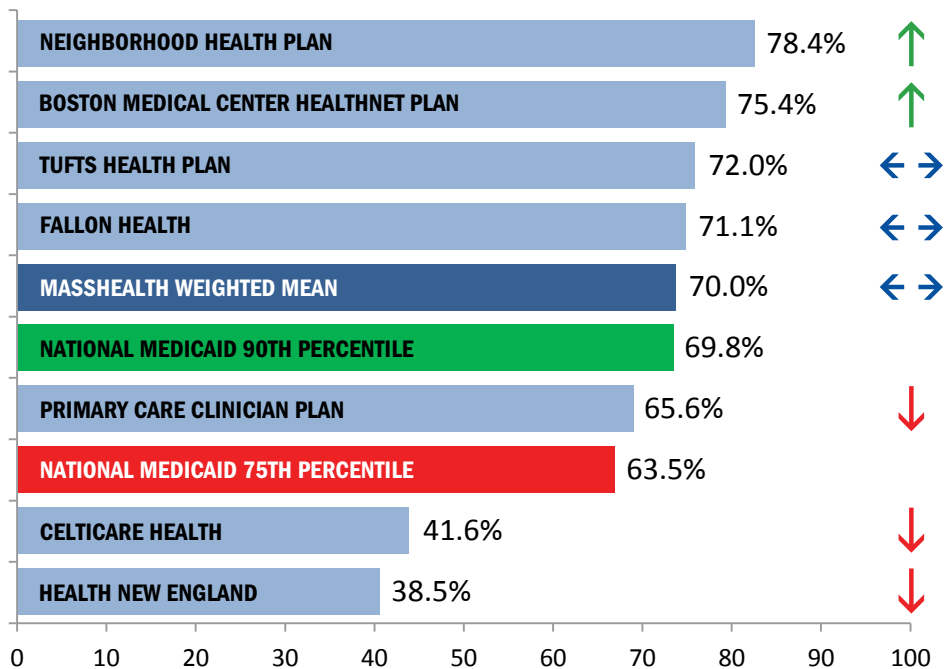
# Cervical Cancer Screening

## About this Measure

Cervical cancer is preventable with regular screening tests and follow-up. The U.S. Preventative Services Task Force (USPSTF) 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 aged 30 to 65 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 can be collected with either the administrative (claims only) method, or the hybrid method (claims supplemented by medical record reviews). The PCC Plan and HNE used claims only, while the other five MCOs (BMCHP, CCH, FH, THP, and NHP) used the hybrid method.

## HEDIS 2016 Plan Performance vs. Benchmarks



Rate is significantly above the 2016 National Medicaid 90<sup>th</sup> percentile



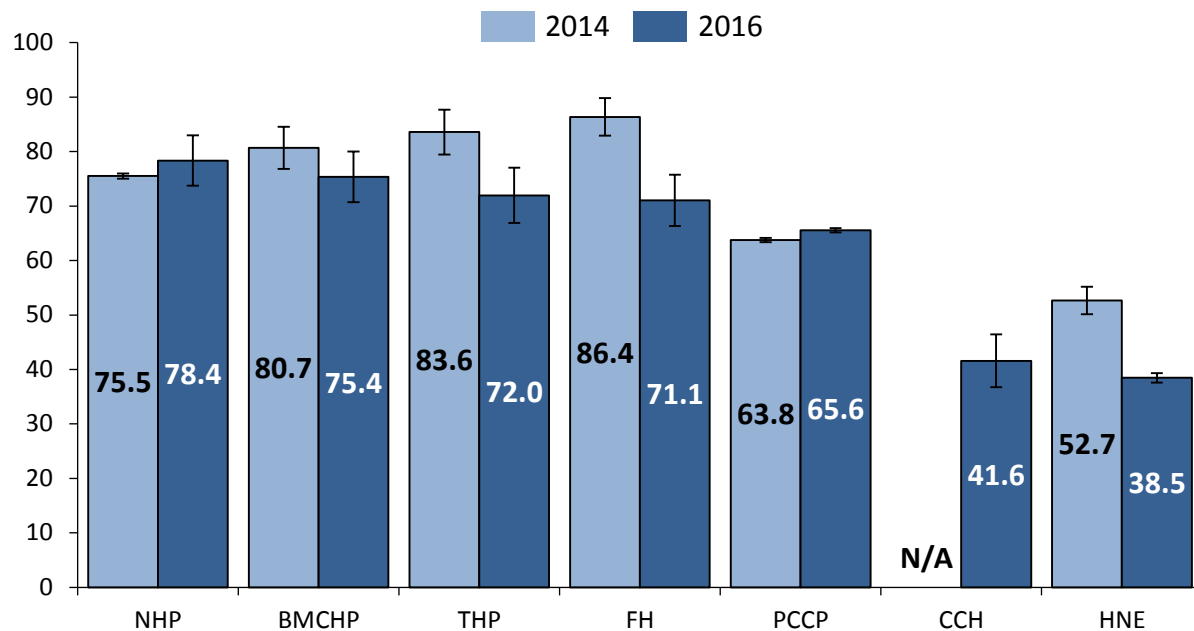
Rate is not significantly different from the 2016 National Medicaid 90<sup>th</sup> percentile



Rate is significantly below the 2016 National Medicaid 90<sup>th</sup> percentile

# Cervical Cancer Screening

## Plan Rate Comparison to Prior Reporting Year



┆ 95% Confidence Interval

## Results

- 70.0% of female MassHealth managed care plan members aged 21-64 had cervical cancer screening in accordance with the new USPSTF guidelines. This MassHealth weighted mean rate is statistically significantly equivalent to the national Medicaid 90<sup>th</sup> percentile rate of 69.8%, but the rate is statistically significantly higher than the national Medicaid 75<sup>th</sup> percentile threshold rate of 63.5%.
- Rates for BMCHP and NHP were statistically significantly higher than the national Medicaid 90<sup>th</sup> percentile rate, while FH and THP were statistically equivalent to the benchmark. The PCC Plan's rate was statistically significantly above the national Medicaid 75<sup>th</sup> percentile threshold rate. CCH and HNE had rates that fell significantly below the national Medicaid 50<sup>th</sup> percentile.
- The PCC Plan's 2016 rate was statistically significantly higher than its 2014 rate, while 2016 rates for NHP, BMCHP, and THP were statistically equivalent to 2014. FH and HNE saw a statistically significant decline in their 2016 performance, as compared with the previously reported 2014 rates.

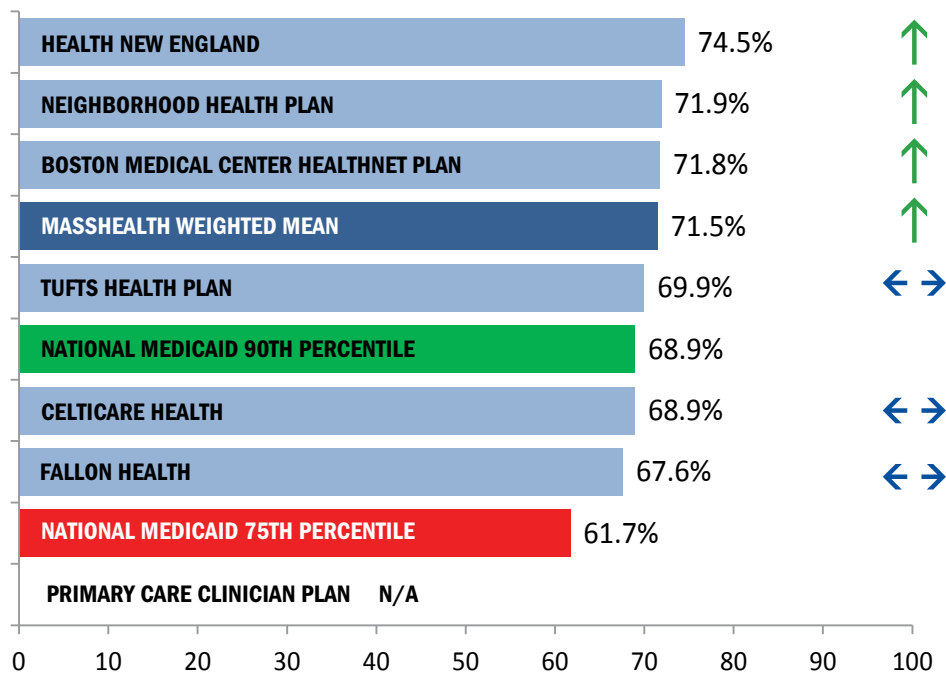
# Chlamydia Screening in Women

## 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 HEDIS measurement year 2015. This measure uses administrative data (claims) only.

## HEDIS 2016 Plan Performance vs. Benchmarks



Rate is significantly above the 2016 National Medicaid 90<sup>th</sup> percentile



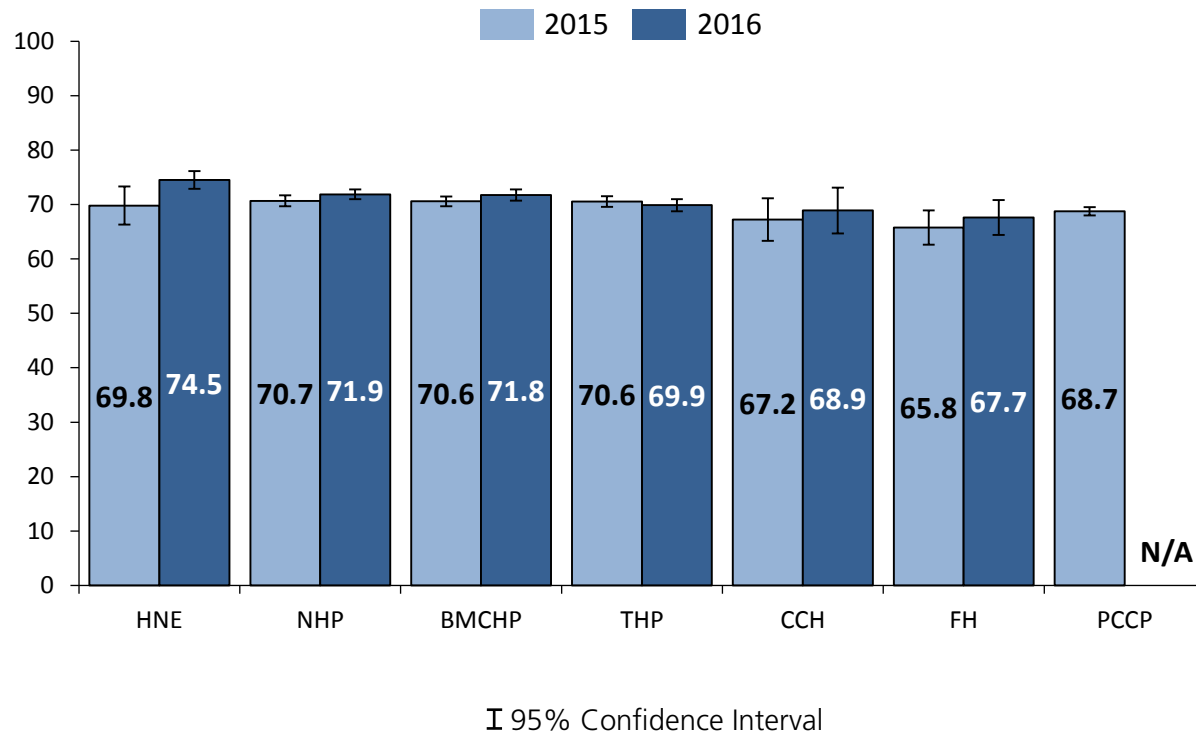
Rate is not significantly different from the 2016 National Medicaid 90<sup>th</sup> percentile



Rate is significantly below the 2016 National Medicaid 90<sup>th</sup> percentile

# Chlamydia Screening in Women

## Plan Rate Comparison to Prior Reporting Year



## Results

- 71.5% of sexually active female MassHealth managed care plan members aged 16-24 had a chlamydia screening test during HEDIS measurement period 2015. This MassHealth weighted mean rate is statistically significantly higher than the national Medicaid 90<sup>th</sup> percentile rate of 68.9%.
- Three MassHealth plans (BMCHP, NHP, and HNE) had rates that were statistically significantly higher than the national Medicaid 90<sup>th</sup> percentile rate. The other three plans (THP, CCH, and FH) had rates statistically equal to the benchmark. (The PCC Plan did not report a rate for 2016).
- None of the six MassHealth plans with reported rates in both years had statistically significant differences between their 2015 and 2016 rates. (The PCC Plan did not report a rate for 2016).



# CHRONIC DISEASE MANAGEMENT

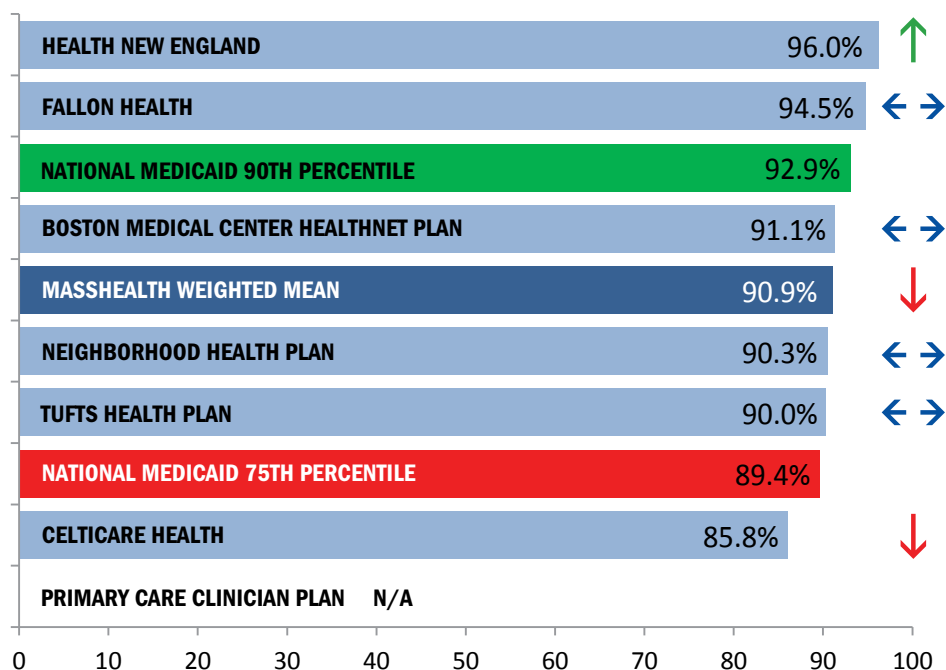
# Comprehensive Diabetes Care – Hemoglobin A1c (HbA1c) Testing

## About This Measure

The number of children and adults with diabetes has increased greatly in recent decades. The Centers for Disease Control (CDC) estimates that, in 2012, 29.1 million Americans, or 9.3% of the population, had type 1 or type 2 diabetes. Of these, over 8 million were undiagnosed, meaning that they were going completely untreated. Diabetes can cause serious health complications including heart disease, blindness, kidney failure, and even amputations. It is also the 7<sup>th</sup> leading cause of death in the United States.

The Hemoglobin A1c (HbA1c) testing measure reports the percentage of MassHealth adult members (18-75 years of age) with diagnosed diabetes (type 1 and type 2) who received HbA1c test during HEDIS measurement year 2015. All plans that collected data for this measure used the hybrid method (claims supplemented by medical record reviews).

## HEDIS 2016 Plan Performance vs. Benchmarks



Rate is significantly above the 2016 National Medicaid 90<sup>th</sup> percentile



Rate is not significantly different from the 2016 National Medicaid 90<sup>th</sup> percentile

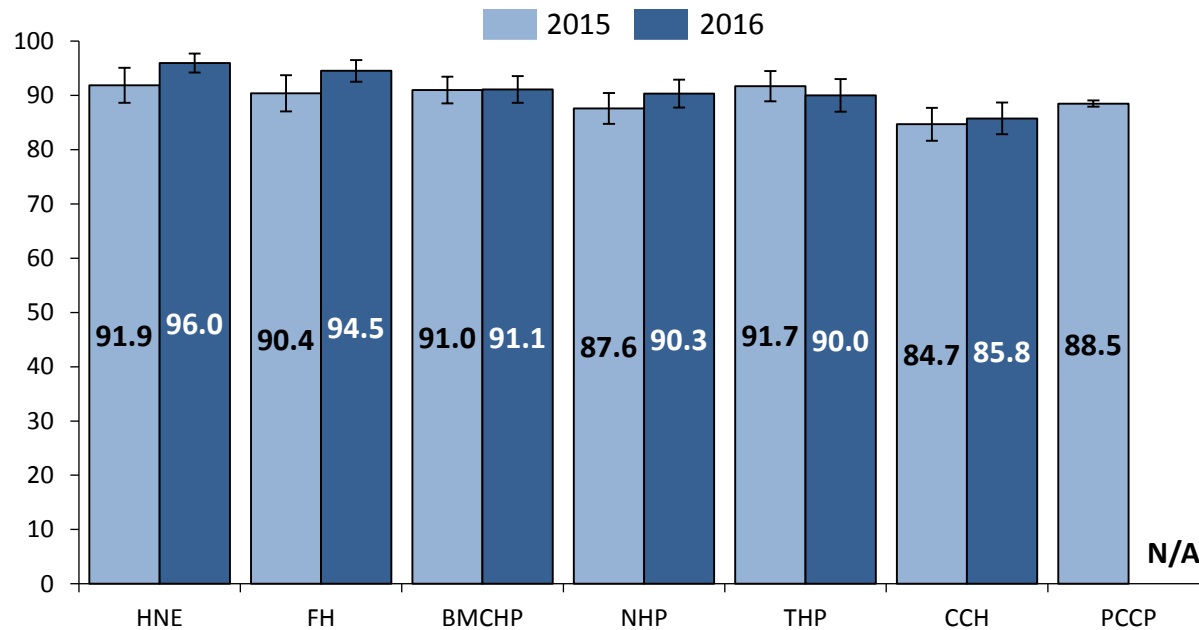


Rate is significantly below the 2016 National Medicaid 90<sup>th</sup> percentile



# Comprehensive Diabetes Care – Hemoglobin A1c (HbA1c) Testing

## Plan Rate Comparison to Prior Reporting Year



I 95% Confidence Interval

## Results

- 90.9% of adult MassHealth members with diabetes received a Hemoglobin A1c test during the HEDIS 2016 measurement period. This MassHealth weighted mean rate is statistically significantly below the national Medicaid 90<sup>th</sup> percentile benchmark rate of 92.9%, but is statistically significantly higher than the national Medicaid 75<sup>th</sup> percentile threshold rate of 89.4%.
- Only HNE's rate was significantly higher than the 90<sup>th</sup> percentile benchmark. THP, NHP, BMCHP, and FH had rates that were statistically equivalent to the benchmark. CCH was significantly below the national Medicaid 75<sup>th</sup> percentile threshold. (The PCC Plan did not report a rate for 2016).
- None of the six plans with prior year data had statistically significant differences between their current and prior year rates. (The PCC Plan did not report a rate for 2016.)

# Controlling High Blood Pressure

## About This Measure

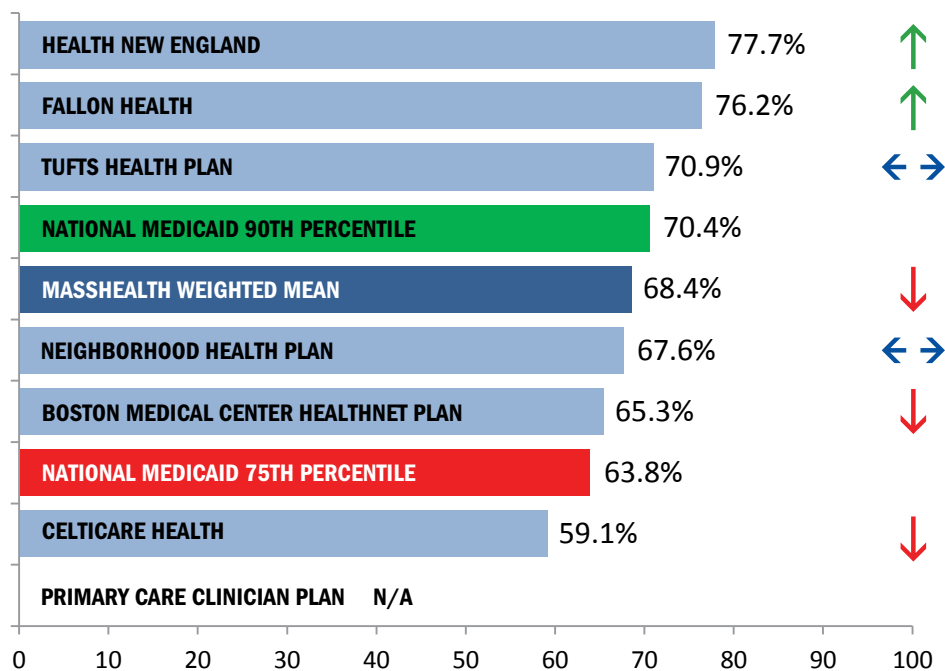
High blood pressure, also known as hypertension, can lead to heart disease, stroke and renal failure. Controlling and lowering blood pressure through diet, exercise and/or medications reduces the risk of death from stroke or heart disease. The National Heart, Lung, and Blood Institute generally considers 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 MassHealth members aged 18-85 who had a diagnosis of hypertension and whose blood pressure was adequately controlled during the measurement year (2015) based on the following criteria:

- Members 18–59 years of age whose BP was <140/90 mm Hg.
- Members 60–85 years of age with a diagnosis of diabetes whose BP was <140/90 mm Hg.
- Members 60–85 years of age without a diagnosis of diabetes whose BP was <150/90 mm Hg.

This measure is collected using the hybrid method (claims supplemented by medical record reviews).

## HEDIS 2016 Plan Performance vs. Benchmarks



Rate is significantly above the 2016 National Medicaid 90<sup>th</sup> percentile



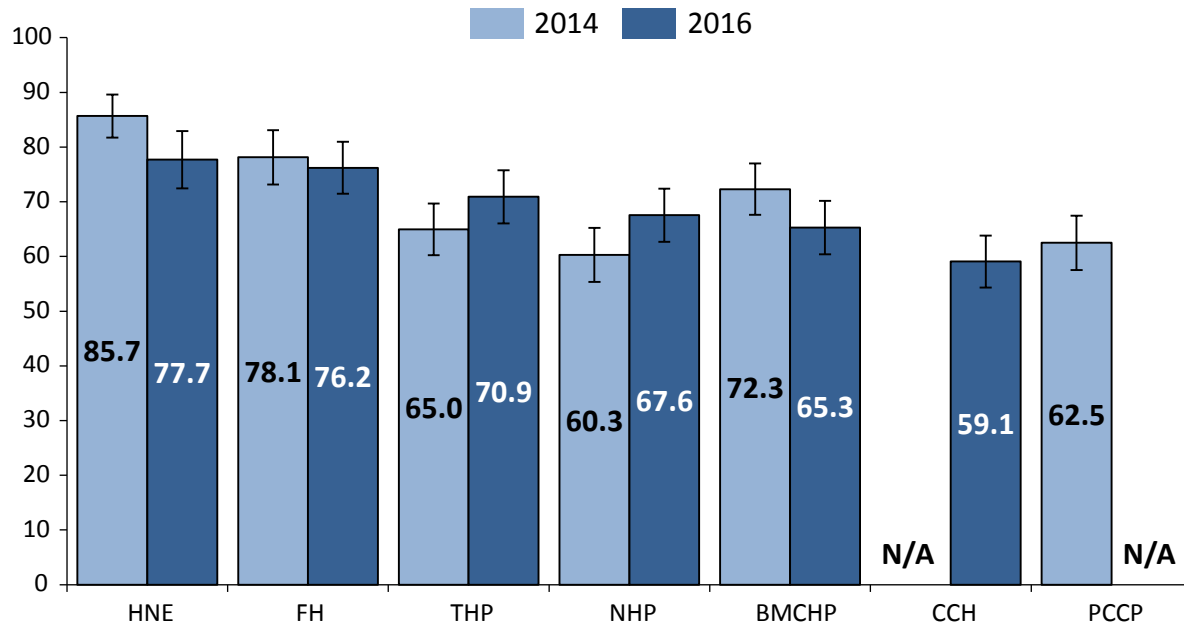
Rate is not significantly different from the 2016 National Medicaid 90<sup>th</sup> percentile



Rate is significantly below the 2016 National Medicaid 90<sup>th</sup> percentile

# Controlling High Blood Pressure

## Plan Rate Comparison to Prior Reporting Year



I 95% Confidence Interval

### Results write up:

- 68.4% of adult MassHealth members with a hypertension diagnosis had adequately controlled blood pressure during the HEDIS 2016 measurement period. This MassHealth weighted mean rate is statistically significantly lower than the national Medicaid 90<sup>th</sup> percentile rate of 70.4%, but the rate is statistically significantly higher than the national Medicaid 75<sup>th</sup> percentile threshold rate of 63.8%.
- Rates for FH and HNE were statistically significantly higher than the national Medicaid 90<sup>th</sup> percentile rate, while NHP and THP were statistically equivalent to the benchmark. BMCHP and CCH had rates that fell significantly below the 90<sup>th</sup> percentile benchmark, but were statistically equivalent to the national Medicaid 75<sup>th</sup> percentile threshold rate of 63.8%.
- The HEDIS 2016 rates for HNE, FH, THP, NHP, and BMCHP were unchanged (statistically equivalent) compared to HEDIS 2014. (CCH and the PCC Plan do not have data available from both comparison years).





# PERINATAL CARE



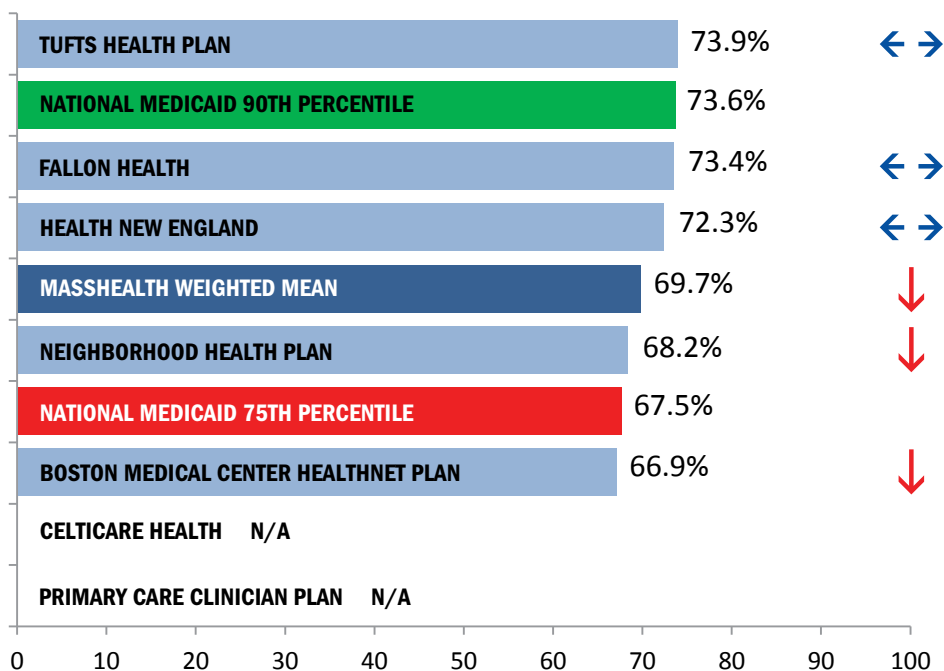
# Prenatal and Postpartum Care

## About This Measure

Health care visits early in a pregnancy, especially during the first three months of pregnancy, increase the chances of a safe and healthy delivery for mother and child by identifying potential health risks, promoting healthy choices, and addressing any needs. Similarly, a visit three to eight weeks after giving birth is an opportunity to address important postpartum care needs of the mother. These include pregnancy complications, chronic conditions, interconception care, postpartum depression screening, and providing guidance on breastfeeding and other issues.

The Postpartum Care measure reports the deliveries by MassHealth members between November 6, 2014 to November 5, 2015 that had a postpartum visit on or between 21 and 56 days after delivery.

## HEDIS 2016 Plan Performance vs. Benchmarks



Rate is significantly above the 2016 National Medicaid 90<sup>th</sup> percentile



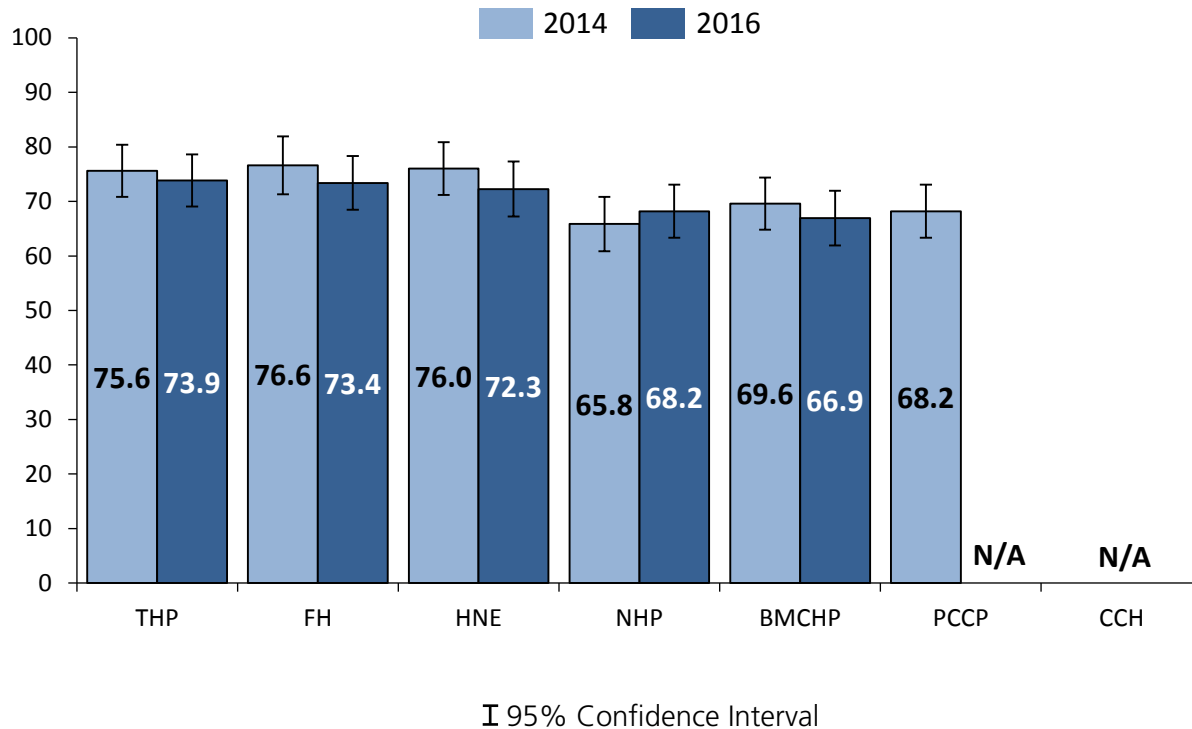
Rate is not significantly different from the 2016 National Medicaid 90<sup>th</sup> percentile



Rate is significantly below the 2016 National Medicaid 90<sup>th</sup> percentile

# Prenatal and Postpartum Care

## Plan Rate Comparison to Prior Reporting Year



## Postpartum Care Results:

- 69.7% 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 is statistically significantly lower than the national Medicaid 90<sup>th</sup> percentile benchmark rate of 73.6%, but is statistically above the 75<sup>th</sup> threshold of 67.5%.
- Rates for HNE, FH, and THP were statistically equivalent to the national benchmark, while BMCHP and NHP had rates that were statistically significantly below the benchmark. Both BMCHP and NHP had rates that were statistically equivalent to the national Medicaid 75<sup>th</sup> percentile threshold of 67.5%. (CCH and the PCC Plan did not report rates for 2016).
- None of the five plans with rates for 2016 had statistically significant differences from their 2014 rates. (There is no comparison data for CCH and the PCC Plan).





# BEHAVIORAL HEALTH CARE

# Antidepressant Medication Management

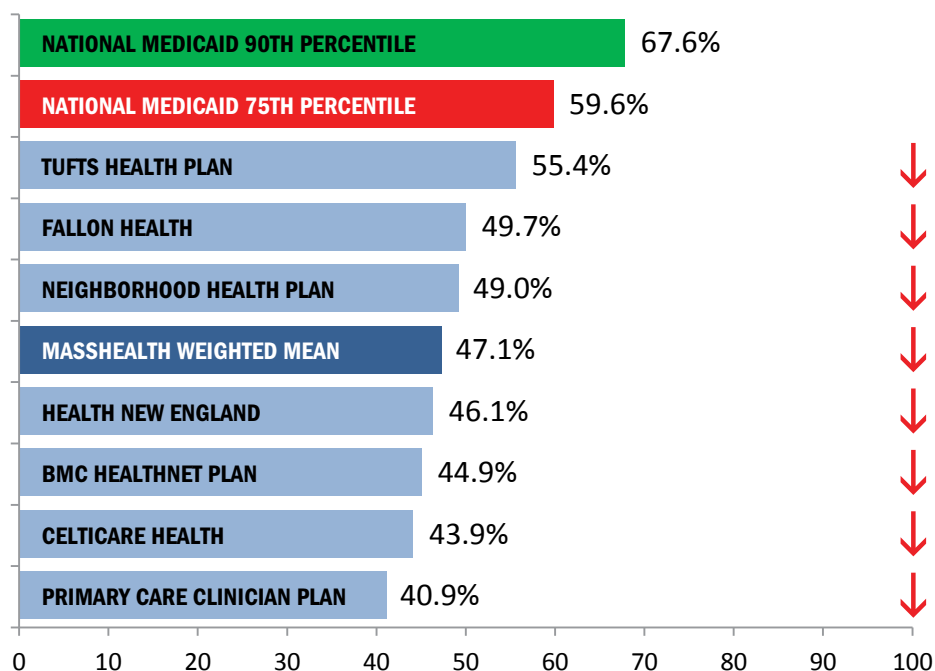
## About This Measure

The CDC estimates 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. (Pratt LA, Brody DJ. Depression in the U.S. household population, 2009–2012. NCHS data brief, no 172. Hyattsville, MD: National Center for Health Statistics. 2014.) 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 symptoms of depression, and continued use of that antidepressant medication is 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 treated with antidepressant medication, and who remained on an antidepressant medication for at least 84 days (12 weeks).

## Acute Phase: HEDIS 2016 Plan Performance vs. Benchmarks



Rate is significantly above the 2016 National Medicaid 90<sup>th</sup> percentile



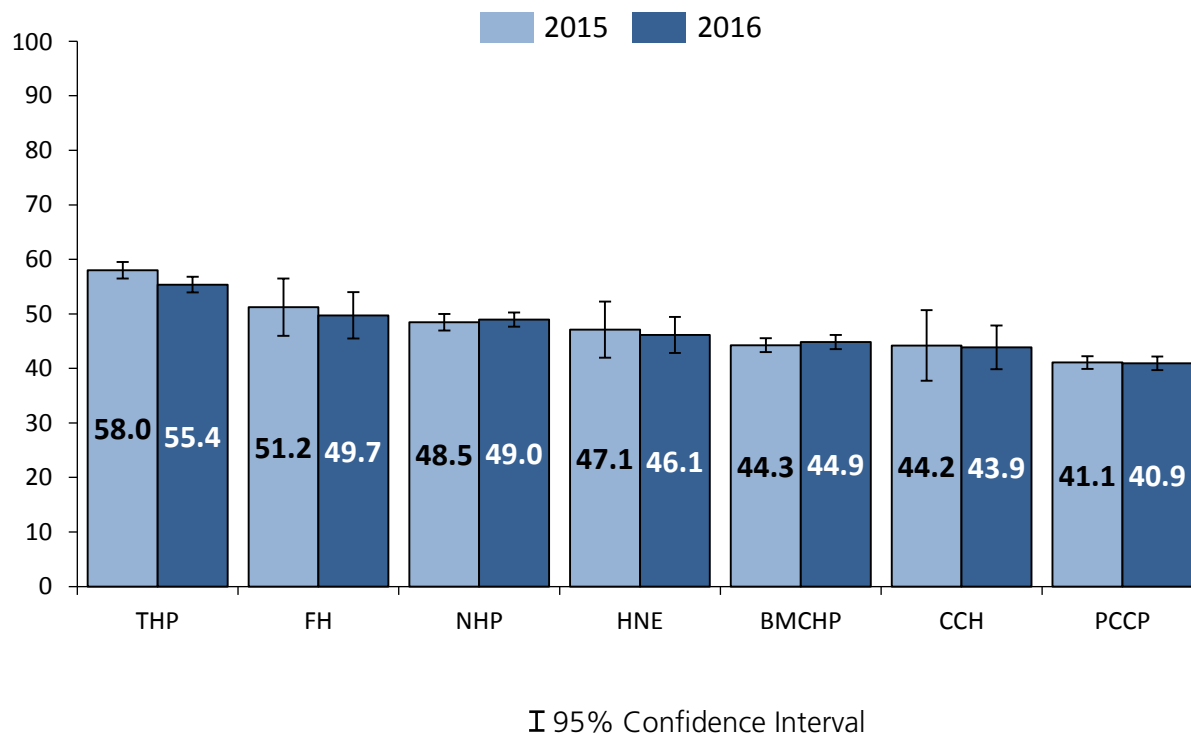
Rate is not significantly different from the 2016 National Medicaid 90<sup>th</sup> percentile



Rate is significantly below the 2016 National Medicaid 90<sup>th</sup> percentile

# Antidepressant Medication Management

## Plan Rate Comparison to Prior Reporting Year – Effective Acute Phase



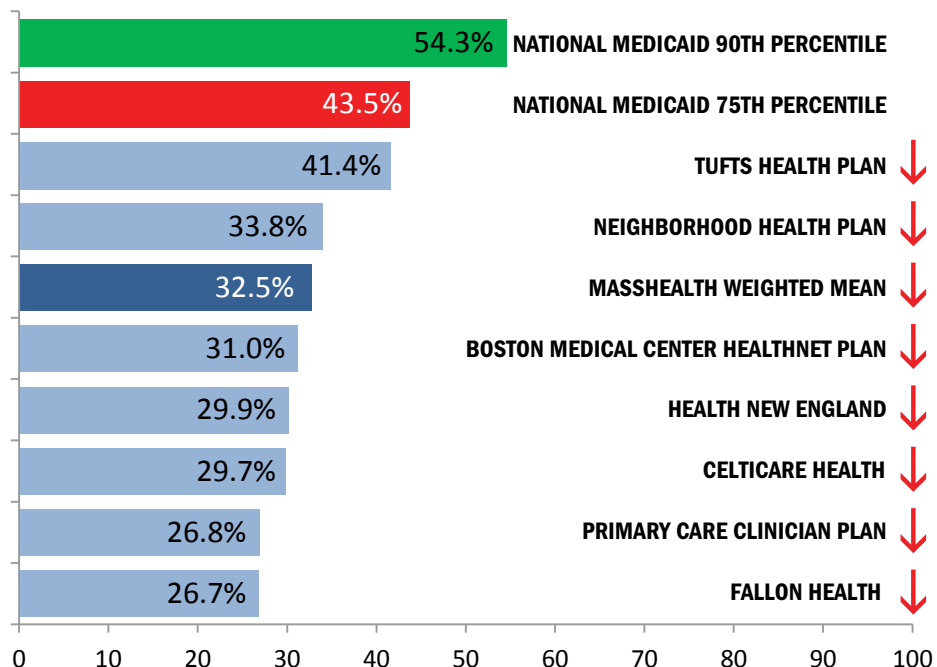
## Results

- 47.1% of adult MassHealth members 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 the national Medicaid 90th percentile benchmark and 75<sup>th</sup> percentile threshold rates, as well as the national Medicaid mean rate (67.6%, 59.6%, and 54.5%, respectively).
- All seven individual MassHealth plan rates were significantly below the 90<sup>th</sup> percentile benchmark and the 75<sup>th</sup> percentile threshold.
- None of the plans had statistically significant differences between their 2015 and 2016 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 treated with antidepressant medication, and who remained on an antidepressant medication for at least 180 days (six months).

## HEDIS 2016 Plan Performance vs. Benchmarks



Rate is significantly above the 2016 National Medicaid 90<sup>th</sup> percentile



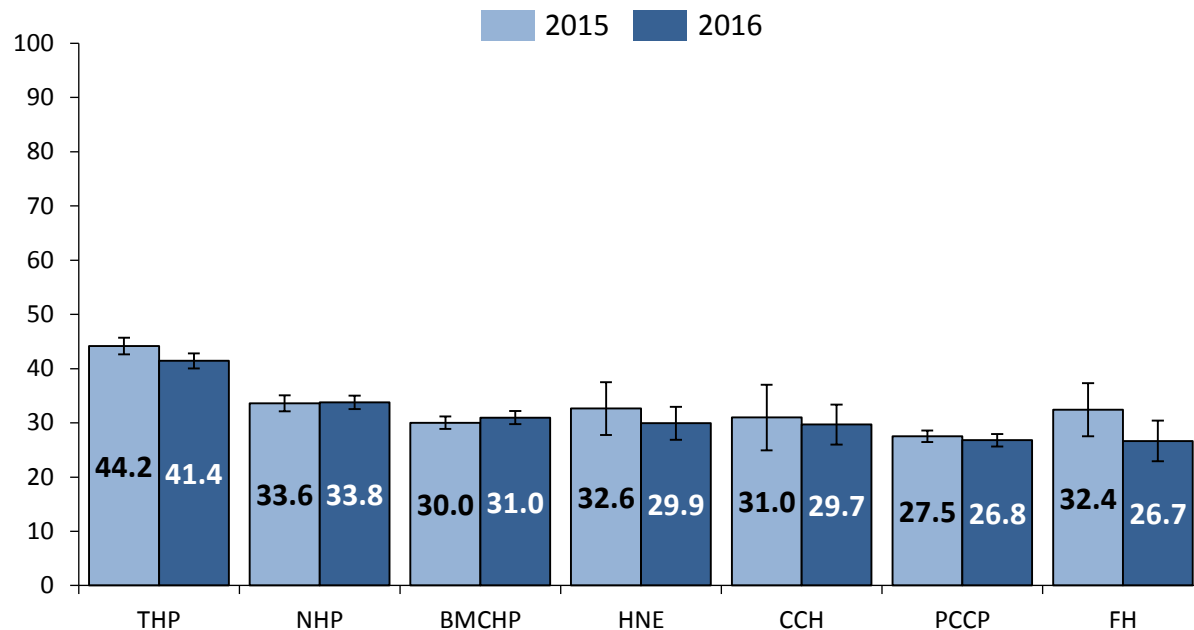
Rate is not significantly different from the 2016 National Medicaid 90<sup>th</sup> percentile



Rate is significantly below the 2016 National Medicaid 90<sup>th</sup> percentile

# Antidepressant Medication Management

## Plan Rate Comparison to Prior Reporting Year – Effective Continuation Phase



I 95% Confidence Interval

## Results

- 32.5% of adult MassHealth members 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). The MassHealth weighted mean rate for the Continuation Phase is below the national Medicaid 90<sup>th</sup>, 75<sup>th</sup>, and Mean percentile rates (54.3%, 43.5%, and 39.5%, respectively).
- One MassHealth plan, THP, had a rate significantly higher than the national Medicaid mean of 39.5%.
- None of the plans had statistically significant differences between their 2015 and 2016 rates

# Follow-up Care for Children Prescribed ADHD Medication

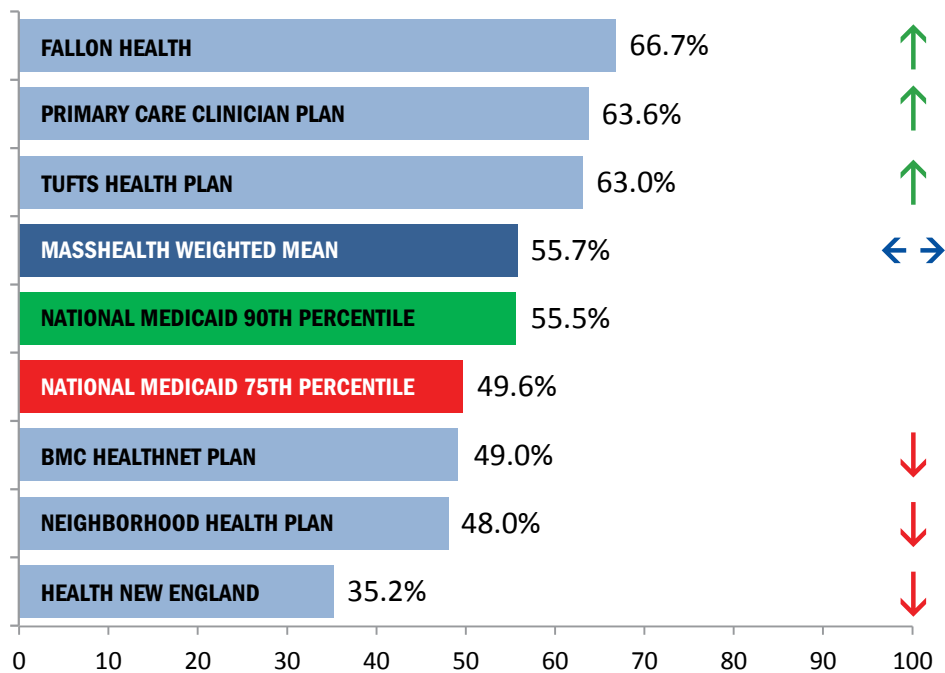
## About This Measure

Attention-Deficit/Hyperactivity Disorder (ADHD) is one of the more common behavioral health disorders among children. ADHD may be related to problems such as difficulties in school, academic underachievement, and behavioral problems that last into adulthood. Consistent ADHD medication treatment is important for managing the disorder. Follow-up care with the child's clinician enables the evaluation of clinical symptoms and potential side effects of the ADHD medication.

The Follow-up Care for Children Prescribed ADHD Medication measure has two components, Initiation Phase and Continuation and Maintenance Phase, both of which use administrative data (claims) only. Please note that CeltiCare Health (CCH) enrolls only adults, and therefore has no data for this measure.

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

## HEDIS 2016 Plan Performance vs. Benchmarks



Rate is significantly above the 2016 National Medicaid 90<sup>th</sup> percentile



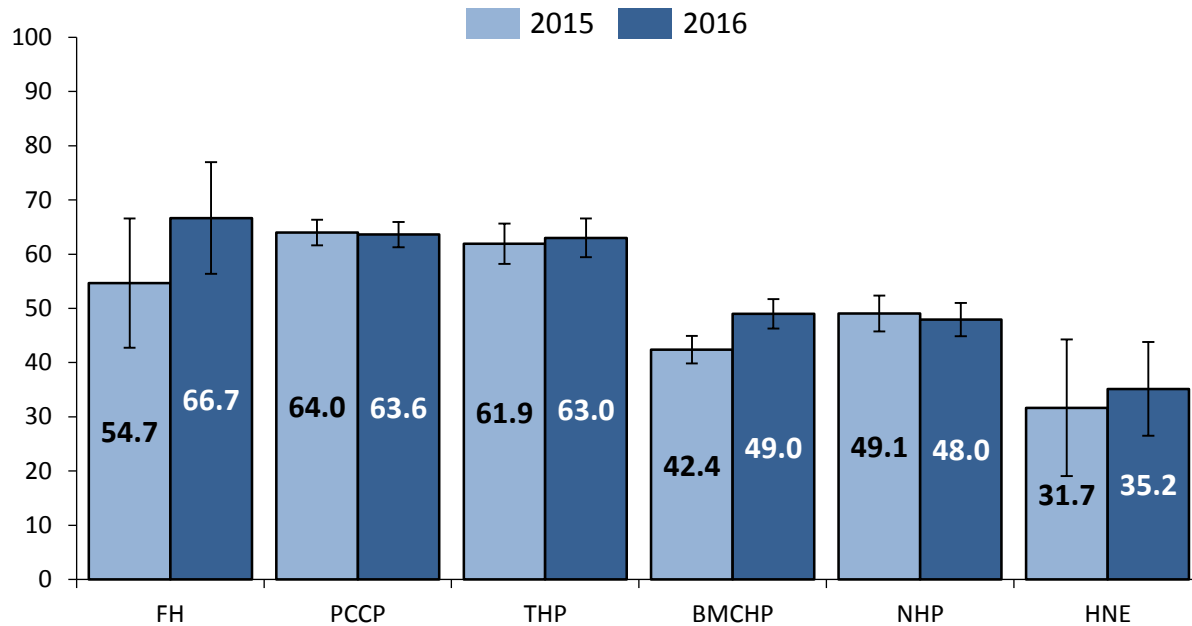
Rate is not significantly different from the 2016 National Medicaid 90<sup>th</sup> percentile



Rate is significantly below the 2016 National Medicaid 90<sup>th</sup> percentile

## Follow-up Care for Children Prescribed ADHD Medication

### Plan Rate Comparison to Prior Reporting Year – Initiation Phase



I 95% Confidence Interval

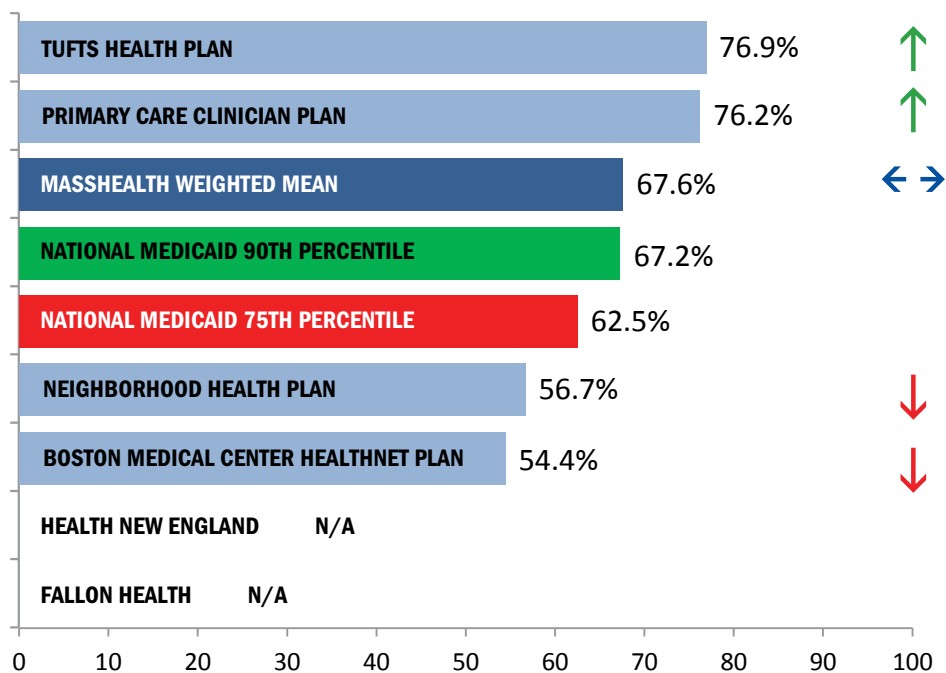
### Results

- 55.7% of MassHealth members aged 6-12 who received a prescription for ADHD medication had a follow-up visit within 30 days. This MassHealth weighted mean rate is statistically equivalent to the national Medicaid 90<sup>th</sup> percentile rate of 55.5%.
- Three MassHealth plans, the PCC Plan, FH, and THP, had rates significantly higher than the 90<sup>th</sup> percentile benchmark.
- BMCHP and NHP had rates that were statistically equivalent to the national Medicaid 75<sup>th</sup> percentile threshold rate, while HNE's rate was significantly below it.
- BMCHP's rate was statistically significantly higher than the previous year. The other five plans rates were statistically equivalent to the previous reported year.

## Follow-up Care for Children Prescribed ADHD Medication

**Continuation and Maintenance Phase:** The percentage of members 6-12 years of age as of the Index Prescription Episode Start Date with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least 2 follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.

### HEDIS 2016 Plan Performance vs. Benchmarks



Rate is significantly above the 2016 National Medicaid 90<sup>th</sup> percentile



Rate is not significantly different from the 2016 National Medicaid 90<sup>th</sup> percentile

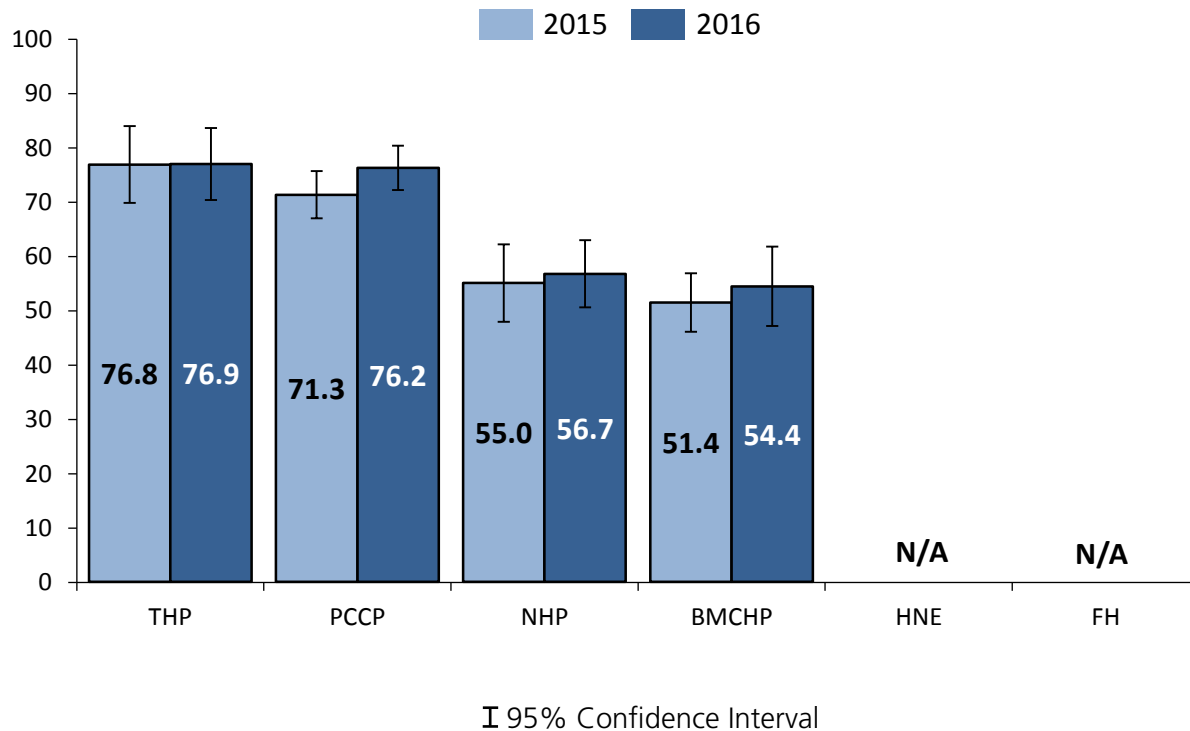


Rate is significantly below the 2016 National Medicaid 90<sup>th</sup> percentile



## Follow-up Care for Children Prescribed ADHD Medication

### Plan Rate Comparison to Prior Reporting Year – Continuation and Maintenance Phase



### Results

- 67.6% of MassHealth members aged 6-12 who received a prescription for ADHD medication, and remained on the prescription for at least 210 days, had at least two additional follow-up visits within 270 days (9 months) of the Initiation Phase. This MassHealth weighted mean rate is not statistically significantly different from the national Medicaid 90<sup>th</sup> percentile rate of 67.2%.
- Two MassHealth plans, THP and the PCC Plan, had 2016 rates that significantly exceeded the national Medicaid 90<sup>th</sup> percentile benchmark. Two other plans, NHP and BMCHP, had rates that were significantly below that benchmark, though NHP's rate was statistically equivalent to the 75<sup>th</sup> percentile threshold.
- Two plans, HNE and FH, did not have reportable rates, because they had fewer than 30 measure-eligible members.
- None of the four plans reporting rates in both years experienced statistically significant changes between their 2015 and 2016 rates. (HNE and FH did not have reportable rates in 2015 or 2016.)

# Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

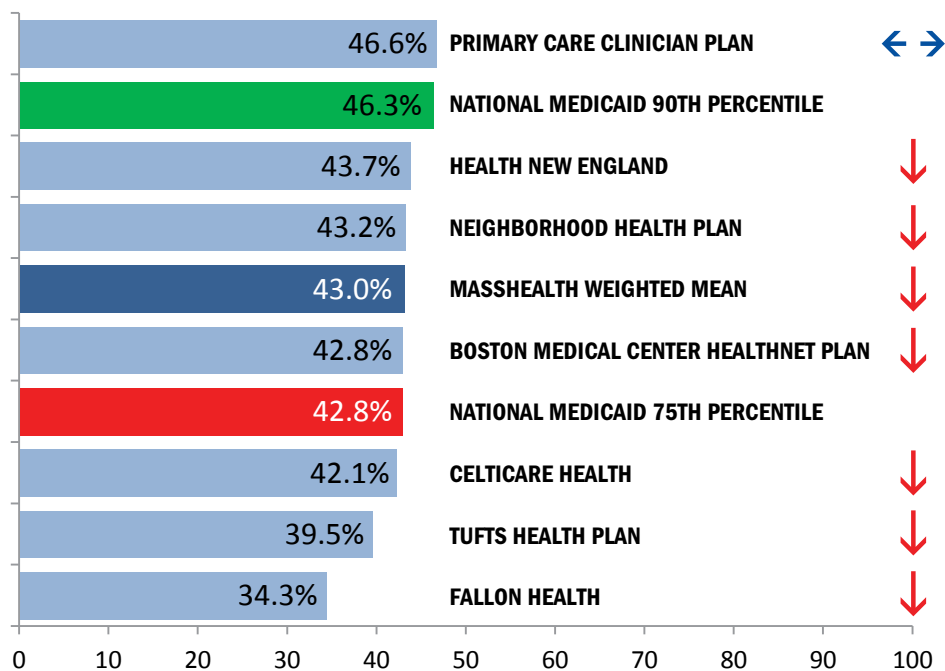
## About This Measure

Substance abuse continues to be a serious problem in the United States. Individuals with substance abuse disorders, meaning dependence on or abuse of alcohol and/or illicit drugs, should seek the help of 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 adolescent and adult members with a new episode of alcohol or other drug (AOD) dependence who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis.

## HEDIS 2016 Plan Performance vs. Benchmarks



Rate is significantly above the 2016 National Medicaid 90<sup>th</sup> percentile



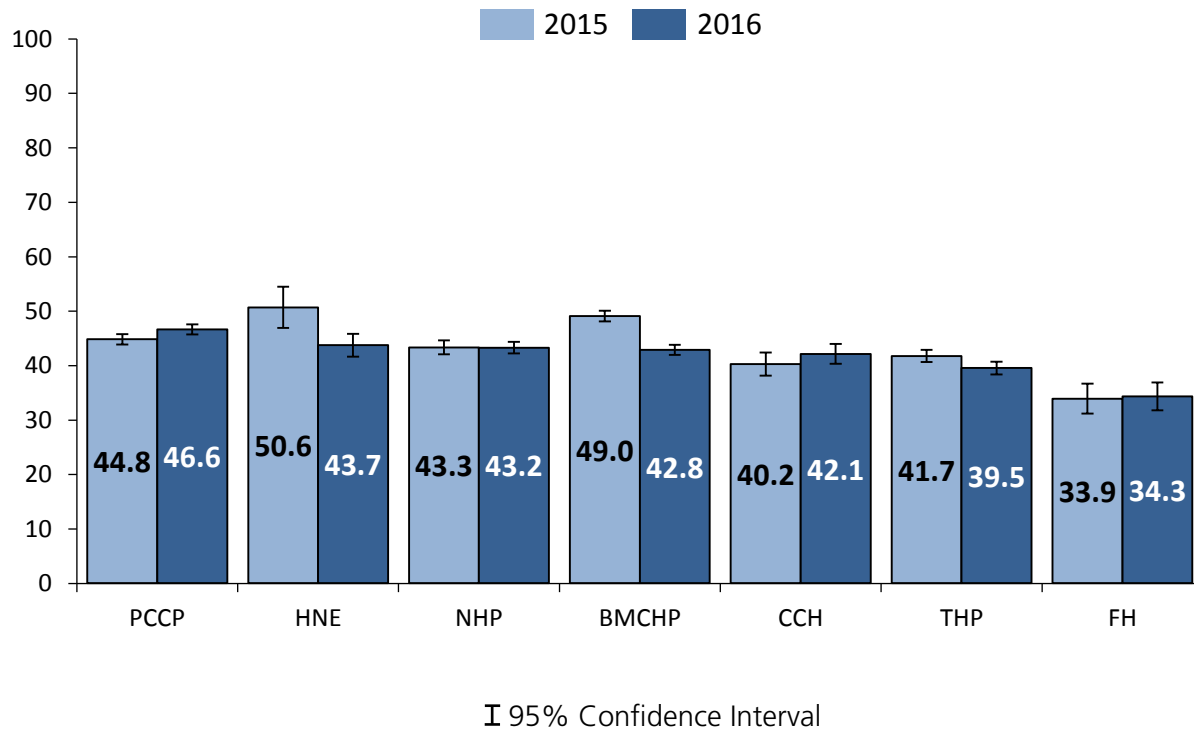
Rate is not significantly different from the 2016 National Medicaid 90<sup>th</sup> percentile



Rate is significantly below the 2016 National Medicaid 90<sup>th</sup> percentile

# Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

## Plan Rate Comparison to Prior Reporting Year – Initiation Phase



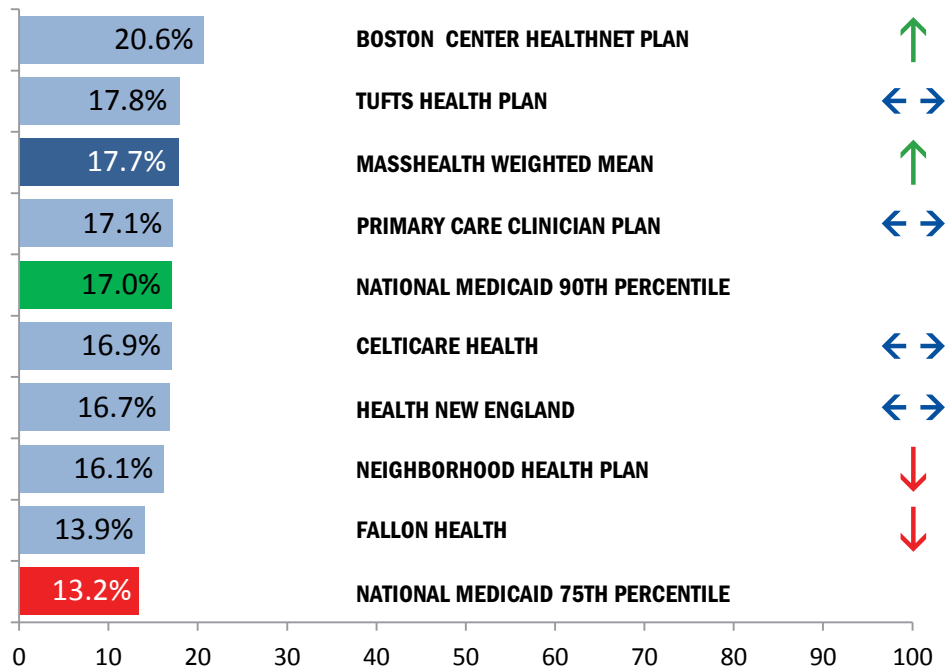
## Results

- 43.0% of MassHealth 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 significantly below the national Medicaid 90<sup>th</sup> percentile benchmark rate of 46.3%, but is statistically equivalent to the national Medicaid 75<sup>th</sup> percentile threshold rate of 42.8%.
- One plan (the PCC Plan) had a rate statistically equal to the benchmark. All other plan rates were significantly below the benchmark; four plans (HNE, NHP, BMCHP, and CCH) had rates statistically equivalent to the 75<sup>th</sup> percentile threshold. FH and THP were statistically below the threshold.
- HNE and BMCHP's HEDIS 2016 rates declined significantly from the previous year. The other five plans had rates that were statistically equivalent to the prior year.

# Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

**Engagement of treatment:** the percentage of adolescent and adult members 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 2016 Plan Performance vs. Benchmarks



Rate is significantly above the 2016 National Medicaid 90<sup>th</sup> percentile



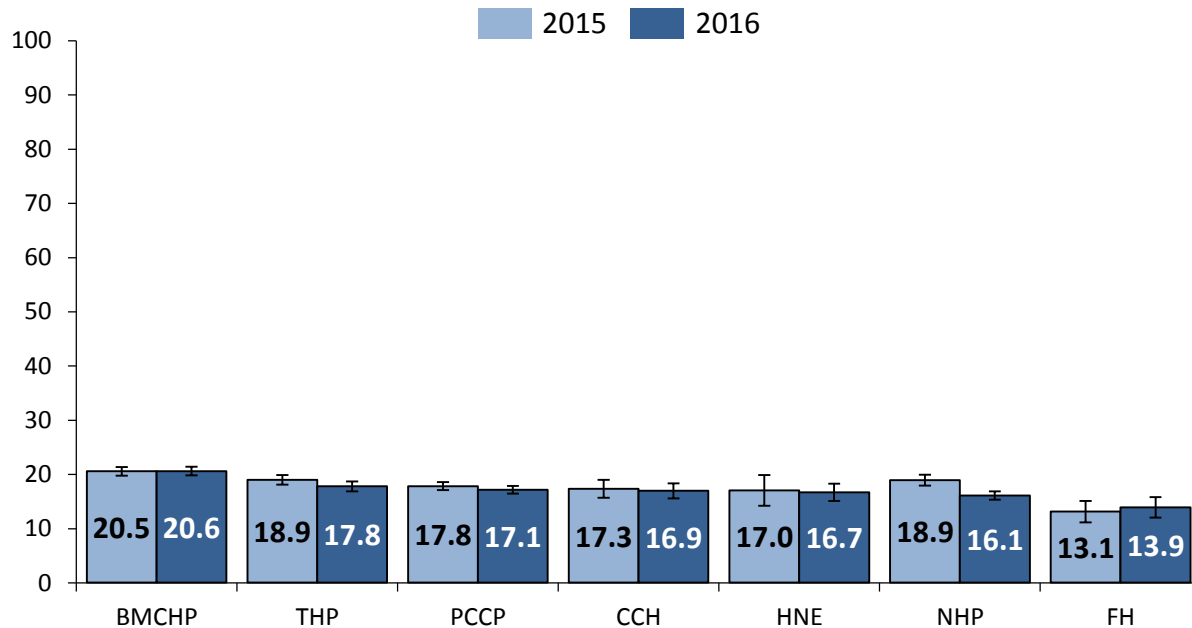
Rate is not significantly different from the 2016 National Medicaid 90<sup>th</sup> percentile



Rate is significantly below the 2016 National Medicaid 90<sup>th</sup> percentile

# Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

## Plan Rate Comparison to Prior Reporting Year – Engagement Phase



I 95% Confidence Interval

## Results

- 17.7% of MassHealth 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 above the national Medicaid 90<sup>th</sup> percentile benchmark rate of 17.0%.
- BMCHP's rate was significantly above the national benchmark, while four other plan rates (THP, the PCC Plan, CCH, and HNE) did not differ significantly from the benchmark rate. Rates for NHP and FH fell significantly below the benchmark, but were statistically equivalent or above the national Medicaid 75<sup>th</sup> percentile threshold rate of 13.2%.
- NHP's HEDIS 2016 rate declined significantly from the previous year. The other six plans had rates that were statistically equivalent to the prior year.

# Follow-up After Hospitalization for Mental Illness

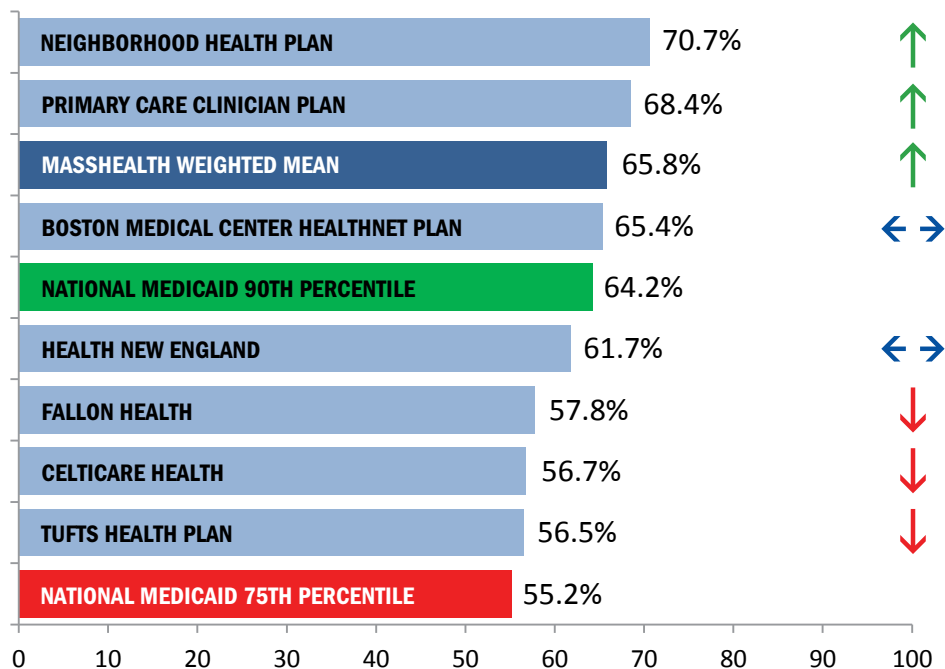
## About This Measure

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

## HEDIS 2016 Plan Performance vs. Benchmarks



Rate is significantly above the 2016 National Medicaid 90<sup>th</sup> percentile



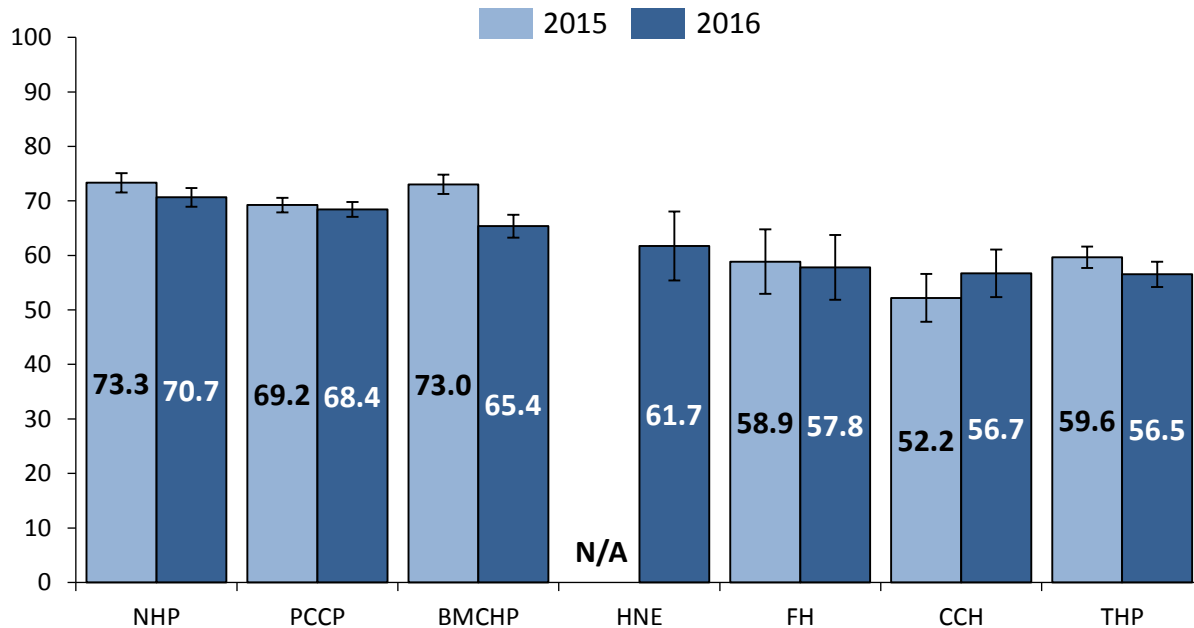
Rate is not significantly different from the 2016 National Medicaid 90<sup>th</sup> percentile



Rate is significantly below the 2016 National Medicaid 90<sup>th</sup> percentile

## Follow-up After Hospitalization for Mental Illness

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



I 95% Confidence Interval

### Results

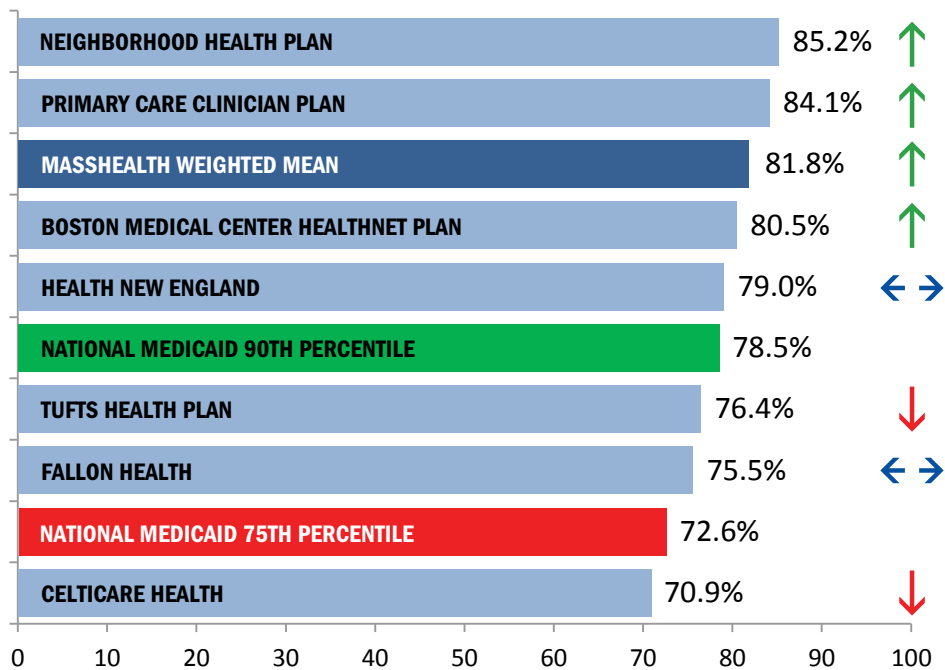
- 65.8% of MassHealth members aged 6 and above who were discharged after hospitalization for mental illness had a follow-up visit within 7 days. This MassHealth weighted mean rate is statistically significantly higher than the national Medicaid 90<sup>th</sup> percentile benchmark rate of 64.2%.
- Two MassHealth plans (NHP and the PCC Plan) had rates significantly higher than the 90<sup>th</sup> percentile benchmark. HNE and BMCHP's rates were statistically equal to the benchmark, while the rates for FH, THP, and CCH were significantly below it. FH, THP, and CCH's rates are statistically equivalent to the 75<sup>th</sup> percentile threshold rate of 55.2%.
- BMCHP had a statistically significant reduction in reported rates between 2016 and 2015. The other five plans with prior year data had 2016 rates that were statistically equivalent to their 2015 rates. (HNE did not have reportable data in 2015).

# Follow-up After Hospitalization for Mental Illness

## About This Measure

**30 Day Follow-up:** the percentage of members 6 years of age and older who were discharged after treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner within 30 days of discharge.

## HEDIS 2016 Plan Performance vs. Benchmarks



Rate is significantly above the 2016 National Medicaid 90<sup>th</sup> percentile



Rate is not significantly different from the 2016 National Medicaid 90<sup>th</sup> percentile

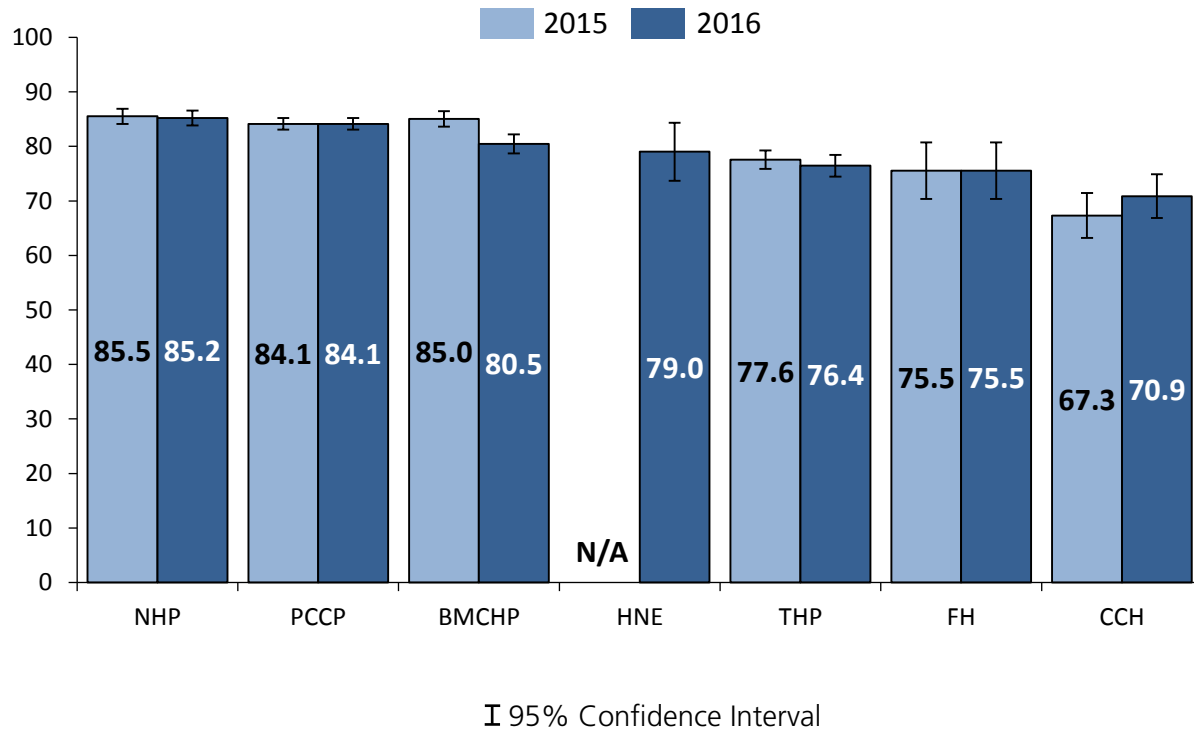


Rate is significantly below the 2016 National Medicaid 90<sup>th</sup> percentile



## Follow-up After Hospitalization for Mental Illness

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



### Results

- 81.8% of MassHealth members aged 6 and above who were discharged after hospitalization for mental illness had a follow-up visit within 30 days. This MassHealth weighted mean rate is statistically significantly higher than the national Medicaid 90th percentile benchmark rate of 78.5%.
- Three MassHealth plans (NHP, BMCHP, and the PCC Plan) had 30 Day Follow-up rates significantly higher than the 90<sup>th</sup> percentile benchmark. FH and HNE's rates were statistically equal to the benchmark, while the rates for THP and CCH were significantly below it. THP's rate is statistically significantly above the 75<sup>th</sup> percentile threshold rate of 72.6%, while CCH's rate is statistically equivalent to that rate.
- The HEDIS 2016 rates for BMCHP fell significantly compared to the prior year, while the other five plans had no statistically significant changes between HEDIS 2015 and 2016. (HNE did not have reportable data for 2015).

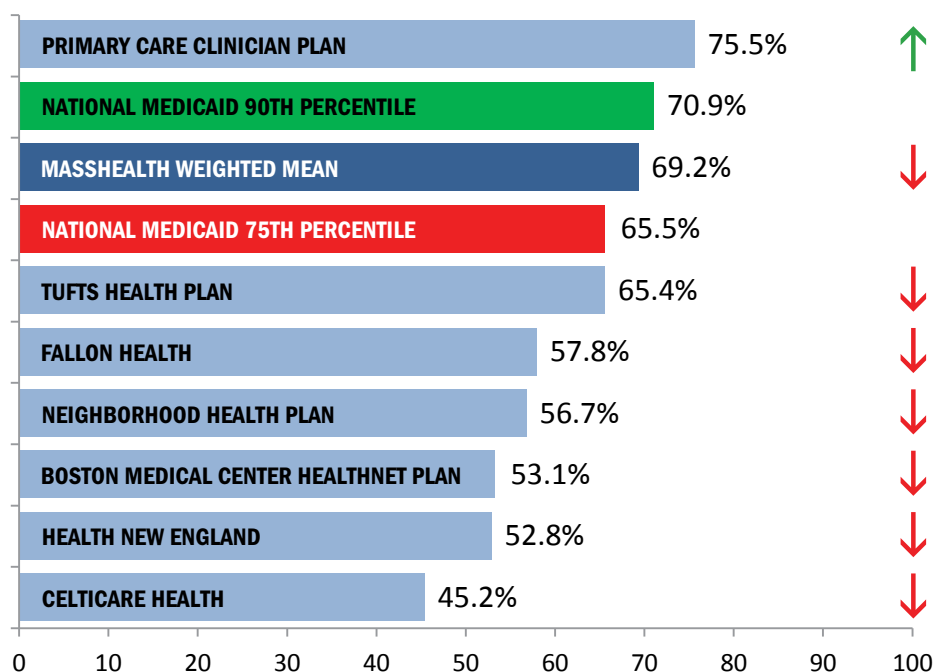
# Adherence to Antipsychotic Medications for Individuals With Schizophrenia

## About This Measure

Schizophrenia is a serious, chronic brain disorder affecting about 1.1% of adult Americans, according to an estimate from the National Institute of Mental Health (NIMH). (<http://www.nimh.nih.gov/health/statistics/prevalence/schizophrenia.shtml>) Those suffering from schizophrenia may be high users of health services, particularly in the Emergency Department setting. Significant advances in pharmaceutical treatments for schizophrenia have occurred in recent decades. However, the success of treatment depends on adherence to medication – people who frequently miss, or altogether stop taking, their medications are vulnerable to the return of severe symptoms, such as hallucinations, delusions, and thought disorders. Clinicians should work closely with patients with schizophrenia to help them maintain adherence to their medications.

The Adherence to Antipsychotic Medications measure reports the percentage of members 19–64 years of age during the measurement year with schizophrenia who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period (the interval from the members' first prescription to the end of the measurement year, 2015). This measure uses administrative data (claims) only.

## HEDIS 2016 Plan Performance vs. Benchmarks



Rate is significantly above the 2016 National Medicaid 90<sup>th</sup> percentile



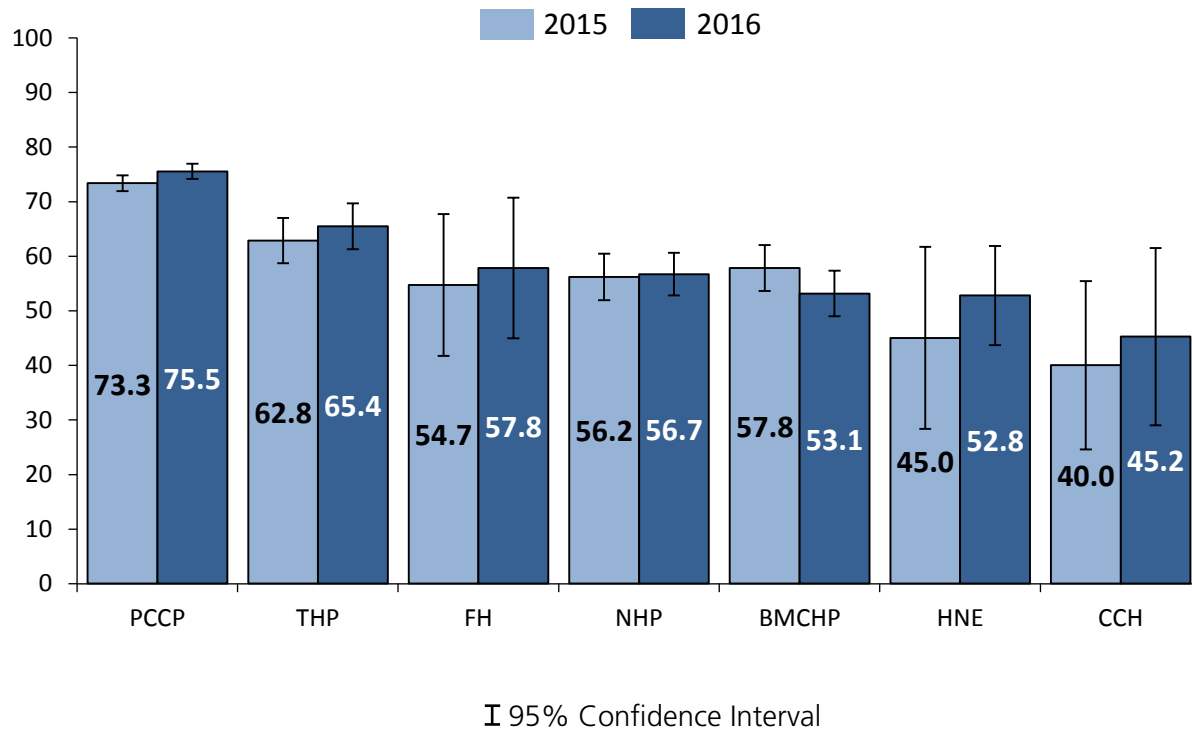
Rate is not significantly different from the 2016 National Medicaid 90<sup>th</sup> percentile



Rate is significantly below the 2016 National Medicaid 90<sup>th</sup> percentile

# Adherence to Antipsychotic Medications for Individuals With Schizophrenia

## Plan Rate Comparison to Prior Reporting Year



## Results

- 69.2% of MassHealth members aged 19-64 with schizophrenia were dispensed and remained on an antipsychotic medication for at least 80% of the treatment period. This rate is statistically significantly lower than the national Medicaid 90<sup>th</sup> percentile benchmark of 70.9%, but is statistically significantly higher than the national Medicaid 75<sup>th</sup> percentile threshold rate of 65.5%.
- The PCC Plan's rate was significantly above the national Medicaid 90<sup>th</sup> percentile benchmark rate. The other six MassHealth plan rates were significantly below the 90<sup>th</sup> percentile benchmark, though two plan rates (FH and THP) were statistically equivalent to the national Medicaid 75<sup>th</sup> percentile threshold rate of 65.5%.
- The HEDIS 2016 rates for all seven plans were unchanged from (statistically equivalent to) the previous reported year.

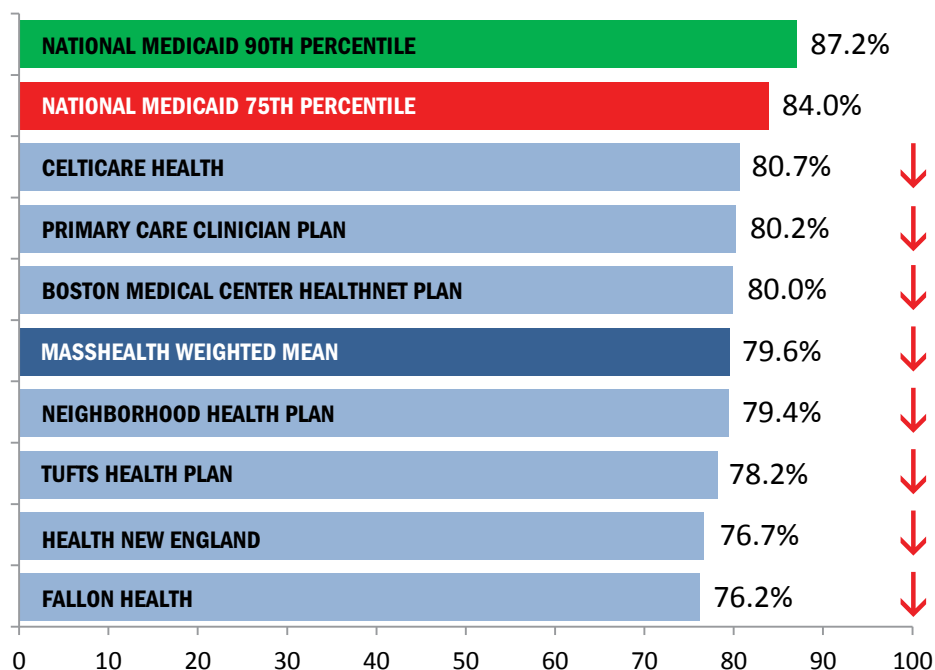
# Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications

## About This Measure

Schizophrenia and bipolar disorder are serious and chronic mental illnesses, but both are treatable with medications, including many new (second-generation) antipsychotic medications. However, these medications are associated with side effects, including weight gain and other metabolic changes that can lead to diabetes among long-term users of the medications. This in turn contributes to an elevated risk of diabetes-related illness and mortality among persons with schizophrenia or bipolar disorder.

The Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications measure reports the percentage of members 18–64 years of age with schizophrenia or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year (2015). This measure uses administrative data (claims) only.

## HEDIS 2016 Plan Performance vs. Benchmarks



Rate is significantly above the 2016 National Medicaid 90<sup>th</sup> percentile



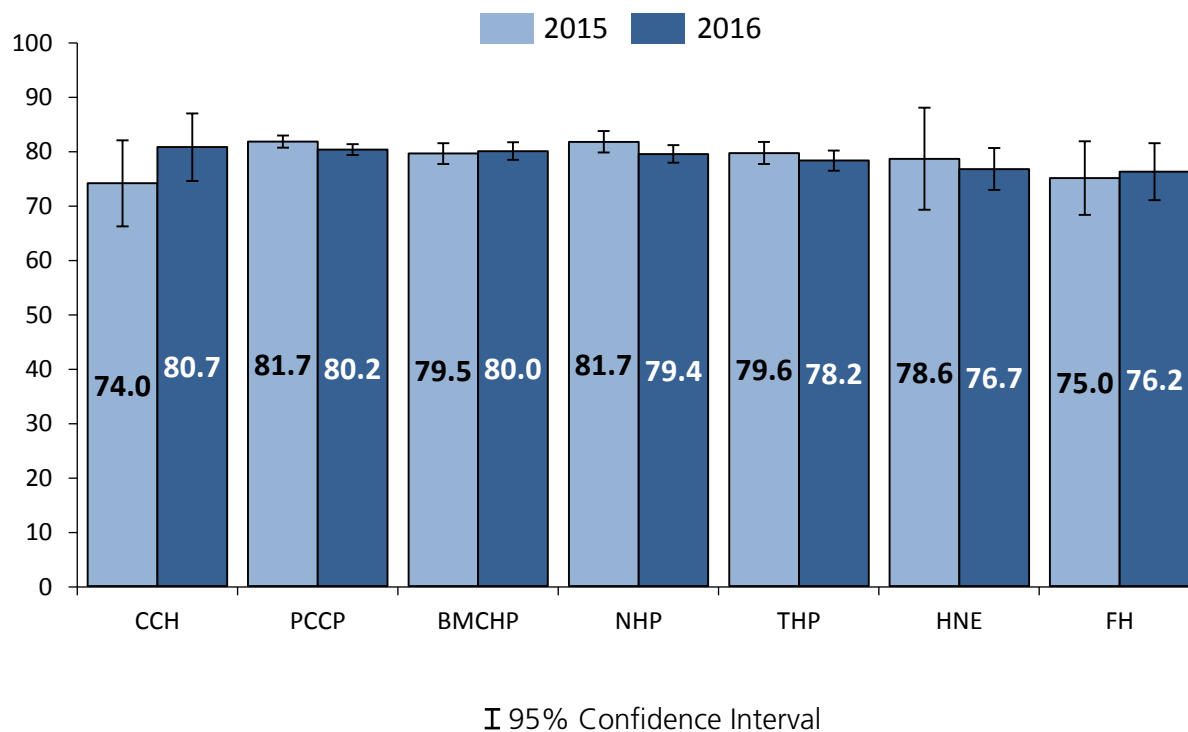
Rate is not significantly different from the 2016 National Medicaid 90<sup>th</sup> percentile



Rate is significantly below the 2016 National Medicaid 90<sup>th</sup> percentile

# Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications

## Plan Rate Comparison to Prior Reporting Year



## Results

- 79.6% of MassHealth members aged 18-64 with schizophrenia or bipolar disorder, and who were dispensed an antipsychotic medication during 2015, received a diabetes screening test. This rate is statistically significantly lower than both the national Medicaid 90<sup>th</sup> percentile benchmark of 87.2% and the national Medicaid 75<sup>th</sup> percentile threshold rate of 84.0%.
- All MassHealth plan rates were significantly below the 90<sup>th</sup> percentile benchmark. All plans except CCH also fell significantly below the national Medicaid 75<sup>th</sup> percentile threshold rate.
- The HEDIS 2016 rates for all seven plans with were unchanged (statistically equivalent) from the previous reported year.



# UTILIZATION OF SERVICES

## Inpatient Utilization – General Hospital/Acute Care

### About This Measure

The Inpatient Utilization measure gathers information about how health plans manage the provision of care to their members, and how plans use and manage resources. Use of services is affected by many member characteristics, such as age, sex, current health status, socioeconomic status, and regional practice patterns. Health plans may have substantial variation on these characteristics. The HEDIS Inpatient Utilization measure provides basic information on the utilization of inpatient health services. The data shown here do not provide any information on the quality of the inpatient services utilized, nor do they indicate whether the amount of utilization is appropriate.

	Member Months	Total Inpatient		Medicine		Surgery		Maternity*	
		Discharges/ 1,000 Member Months	Average Length of Stay	Discharges/ 1,000 Member Months	Average Length of Stay	Discharges/ 1,000 Member Months	Average Length of Stay	Discharges/ 1,000 Member Months	Average Length of Stay
<b>BMCHP</b>	2,422,669	6.71	4.13	3.26	3.89	1.47	6.07	2.47	3.07
<b>CCH</b>	569,689	4.57	4.61	3.24	3.88	1.23	6.67	0.1	3
<b>FH</b>	365,641	5.34	3.99	2.7	3.64	1.18	5.3	1.39	2.88
<b>HNE</b>	871,171	6.77	3.99	3.36	4.14	1.16	5.5	3.06	2.96
<b>NHP</b>	3,273,278	6.97	3.81	3.79	3.57	1.67	5	2.04	3.11
<b>THP</b>	2,496,417	6.84	4.62	3.73	4.69	1.49	6.01	2.07	3.15

\* members aged 10-64 years



# Identification of Alcohol and Other Drug Services

## About this Measure

According to the 2015 National Survey on Drug Use and Health, only 10.8% of all people aged 12 and older who needed treatment for an alcohol or illicit drug use disorder received any substance abuse treatment services at a specialty facility. (Source: <https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2015Rev1/NSDUH-FFR1-2015Rev1/NSDUH-FFR1-2015Rev1/NSDUH-National%20Findings-REVISED-2015.htm>). Potential underutilization of substance abuse services is therefore an area of concern. The HEDIS Identification of Alcohol and Other Drug Services measure provides basic information on the utilization of substance abuse services by members who were identified as needing these services. The data shown here do not provide any information on the quality of substance abuse services utilized, nor do they indicate whether the amount of utilization is appropriate.

The Identification of Alcohol and Other Drug Services measure reports the number and percentage of members with an alcohol and other drug (AOD) claim who received chemical dependency services during 2015. Chemical dependency services are broken down by inpatient, intermediate, ambulatory, and any service. Intermediate services include intensive outpatient and partial hospitalization programs. Inpatient services include detoxification, at either a hospital or a treatment facility. Ambulatory services are delivered in either an outpatient or an ED setting. The denominator used to calculate the percentages is member years (i.e., member months divided by 12).

This measure uses administrative data (claims) only.

	Member Months	Any Service		Inpatient		Intensive Outpatient/ Partial Hospitalization		Outpatient/ED	
		N	%	N	%	N	%	N	%
<b>BMCHP</b>	2,422,669	26,063	12.9%	7,676	3.8%	3,749	1.9%	24,030	11.9%
<b>CCH</b>	569,689	7,552	15.9%	1,673	3.5%	787	1.7%	6,986	14.7%
<b>FH</b>	365,641	3,431	11.3%	843	2.8%	472	1.6%	3,241	10.6%
<b>HNE</b>	871,171	6,650	9.2%	1,487	2.1%	795	1.1%	6,198	8.5%
<b>NHP</b>	3,273,278	24,133	8.9%	6,590	2.4%	4,352	1.6%	22,262	8.2%
<b>PCCP</b>	4,343,677	25,739	7.1%	7,925	2.2%	4,648	1.3%	19,919	5.5%
<b>THP</b>	2,496,417	19,348	9.3%	5,699	2.7%	2,508	1.2%	17,919	8.6%
<b>NM90</b>			13.9%		3.8%		0.8%		11.7%
<b>NM75</b>			7.8%		2.1%		0.3%		7.4%





# PERFORMANCE TRENDS

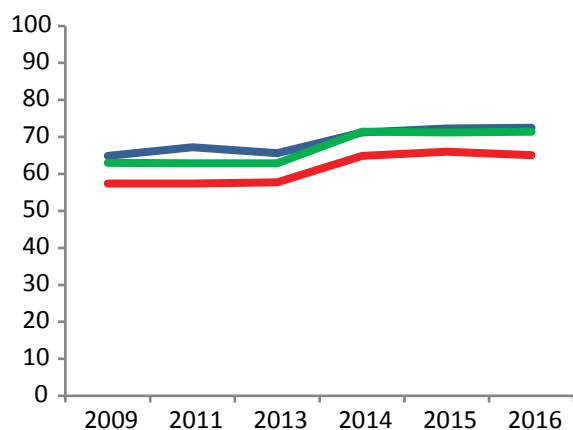


## Performance Trends

### 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 90<sup>th</sup> percentile benchmark since the HEDIS 2009 reporting period.

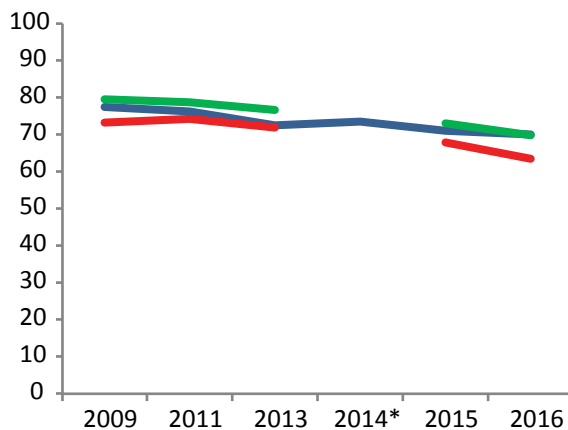
	2009	2011	2013	2014	2015	2016
MassHealth Weighted Mean	64.9	67.2	65.6	71.2	72.3	72.5
Nat'l Medicaid 90 <sup>th</sup> Percentile	63	62.9	62.9	71.4	71.2	71.4
Nat'l Medicaid 75 <sup>th</sup> Percentile	57.4	57.4	57.7	64.9	66	65.1



### Cervical Cancer Screening

The MassHealth weighted mean rate for cervical cancer screening has trended somewhat lower over time, but the national benchmark rates have fallen more sharply. This may be due in part to substantial changes in the measure specification beginning in HEDIS 2014 (for which no benchmark data is available as a result). The most recent (HEDIS 2016) data shows MassHealth's performance as statistically equivalent to the national Medicaid 90<sup>th</sup> percentile benchmark rate.

	2009	2011	2013	2014*	2015	2016
MassHealth Weighted Mean	77.4	76.2	72.5	73.5	71.0	70.0
Nat'l Medicaid 90 <sup>th</sup> Percentile	79.5	78.7	76.6		73.0	69.8
Nat'l Medicaid 75 <sup>th</sup> Percentile	73.2	74.2	71.9		67.9	63.5



\* Quality Compass benchmark data for 2014 unavailable

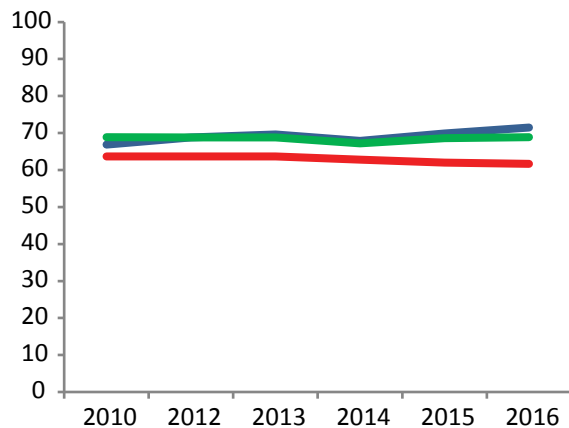
— MassHealth Weighted Mean  
 — Nat'l Medicaid 90<sup>th</sup> Percentile  
 — Nat'l Medicaid 75<sup>th</sup> Percentile

## Performance Trends

### Chlamydia Screening

MassHealth's weighted mean rate of Chlamydia screening for women aged 16-24 has been statistically significantly above the national Medicaid 90<sup>th</sup> percentile benchmark for the past four HEDIS reporting periods (2013 through 2016).

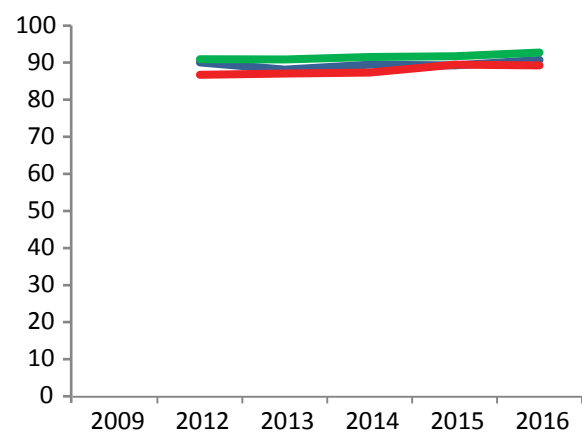
	2010	2012	2013	2014	2015	2016
MassHealth Weighted Mean	66.9	68.8	69.6	67.9	69.9	71.5
Nat'l Medicaid 90 <sup>th</sup> Percentile	68.9	68.8	68.8	67.2	68.6	68.9
Nat'l Medicaid 75 <sup>th</sup> Percentile	63.7	63.7	63.7	62.8	62	61.7



### Comprehensive Diabetes Care – HbA1c Testing

MassHealth's performance on the HbA1c Testing component of the Comprehensive Diabetes Care measure has been very stable, at around 90%, for the past six reporting periods. During this same time period, the national benchmark rates have slowly risen. In recent years, the MassHealth weighed mean has generally been between the national Medicaid 90<sup>th</sup> percentile benchmark and the national Medicaid 75<sup>th</sup> percentile threshold rates.

	2009	2012	2013	2014	2015	2016
MassHealth Weighted Mean	90.7	90.2	88.3	89.6	89.4	90.9
Nat'l Medicaid 90 <sup>th</sup> Percentile	89.3	91.1	91.0	91.7	91.9	92.9
Nat'l Medicaid 75 <sup>th</sup> Percentile	86.2	86.9	87.2	87.5	89.6	89.4



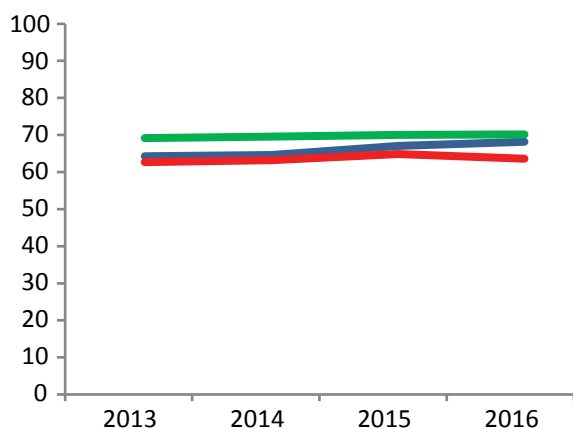
— MassHealth Weighted Mean  
 — Nat'l Medicaid 90<sup>th</sup> Percentile  
 — Nat'l Medicaid 75<sup>th</sup> Percentile

## Performance Trends

### Controlling High Blood Pressure

The MassHealth weighted mean rate for controlling high blood pressure among members with a diagnosis of hypertension has slowly improved over the past four HEDIS reporting periods (2013 through 2016). During this period, MassHealth's performance has come closer to the national Medicaid 90<sup>th</sup> percentile rate, though still falling statistically below that benchmark. MassHealth's rate has been significantly above the 75<sup>th</sup> percentile threshold throughout this period.

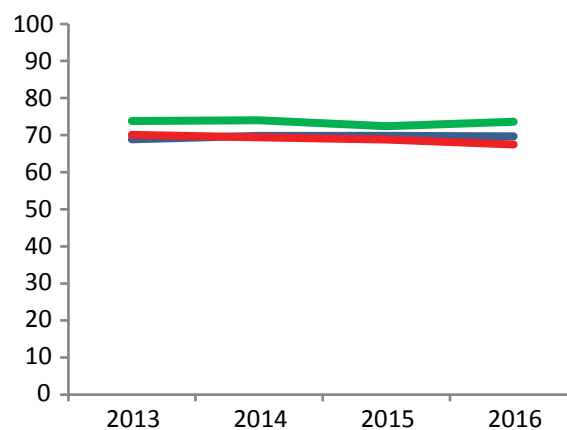
	2013	2014	2015	2016
MassHealth Weighted Mean	64.5	64.8	67.3	68.4
Nat'l Medicaid 90 <sup>th</sup> Percentile	69.4	69.8	70.3	70.4
Nat'l Medicaid 75 <sup>th</sup> Percentile	62.9	63.4	65.1	63.8



### Postpartum Care Visits

MassHealth's performance on the postpartum visit component of the prenatal and postpartum care measure has held steady over the last four reporting periods. While the MassHealth weighted mean rate continues to fall short of the national Medicaid 90<sup>th</sup> percentile benchmark, it has been statistically significantly above the 75<sup>th</sup> percentile threshold rate in the two most recent HEDIS reporting periods (2015 and 2016).

	2013	2014	2015	2016
MassHealth Weighted Mean	68.9	69.8	69.8	69.7
Nat'l Medicaid 90 <sup>th</sup> Percentile	73.8	74.0	72.4	73.6
Nat'l Medicaid 75 <sup>th</sup> Percentile	70.1	69.4	68.8	67.5



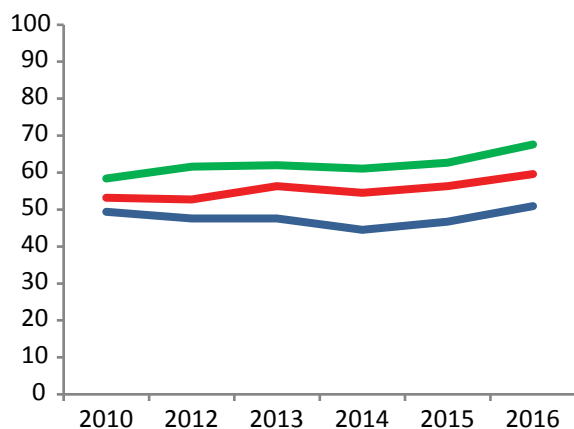
— MassHealth Weighted Mean  
 — Nat'l Medicaid 90<sup>th</sup> Percentile  
 — Nat'l Medicaid 75<sup>th</sup> Percentile

## Performance Trends

### Antidepressant Medication Management – Acute Phase

After trending downward for several years, MassHealth's performance on the antidepressant medication management acute phase component has begun to move back upward in the past two HEDIS reporting years (2015 & 2016). However, MassHealth weighted mean rates remain statistically significantly below the national Medicaid 90<sup>th</sup> percentile, 75<sup>th</sup> percentile, and national Medicaid mean rates.

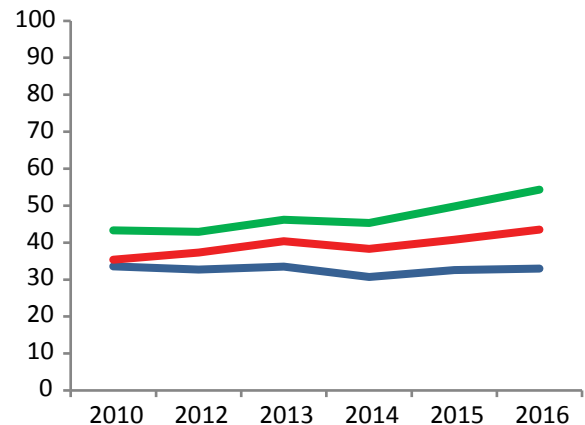
	2010	2012	2013	2014	2015	2016
MassHealth Weighted Mean	49.4	47.6	47.6	44.5	46.7	50.9
Nat'l Medicaid 90 <sup>th</sup> Percentile	58.4	61.6	62	61.1	62.7	67.6
Nat'l Medicaid 75 <sup>th</sup> Percentile	53.2	52.7	56.3	54.5	56.3	59.6



### 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 remains significantly below the national Medicaid 90<sup>th</sup> percentile, 75<sup>th</sup> percentile, and national Medicaid mean rates.

	2010	2012	2013	2014	2015	2016
MassHealth Weighted Mean	33.6	32.7	33.5	30.7	32.6	33.0
Nat'l Medicaid 90 <sup>th</sup> Percentile	43.3	42.9	46.2	45.3	49.8	54.3
Nat'l Medicaid 75 <sup>th</sup> Percentile	35.4	37.3	40.4	38.3	40.8	43.5



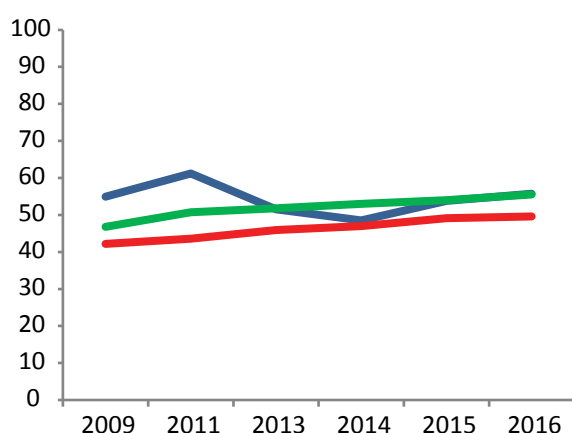
— MassHealth Weighted Mean  
 — Nat'l Medicaid 90<sup>th</sup> Percentile  
 — Nat'l Medicaid 75<sup>th</sup> Percentile

## Performance Trends

### Follow-up Care for Children Prescribed ADHD Medication – Initiation Phase

MassHealth's performance on initiation of follow-up care for children prescribed ADHD medication fell during the HEDIS 2013 and 2014 reporting periods, but has recovered in the two most recent periods. During these last two periods, the MassHealth weighted mean rate was statistically equivalent to the national Medicaid 90<sup>th</sup> percentile benchmark.

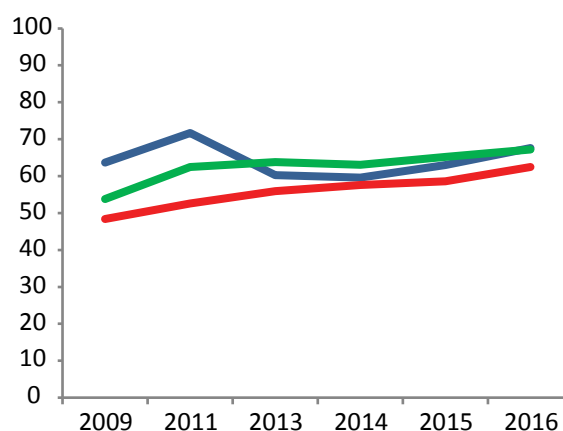
	2009	2011	2013	2014	2015	2016
MassHealth Weighted Mean	54.9	61.2	51.5	48.5	53.8	55.7
Nat'l Medicaid 90 <sup>th</sup> Percentile	46.8	50.7	51.8	53.0	54.0	55.5
Nat'l Medicaid 75 <sup>th</sup> Percentile	42.2	43.6	45.9	47.0	49.1	49.6



### Follow-up Care for Children Prescribed ADHD Medication – Continuation Phase

The trend in MassHealth weighted mean rates on continuation and maintenance of follow-up care for children prescribed ADHD medication follows a pattern similar to the initiation submeasure. Following a decline during the 2013 and 2014 HEDIS cycles, MassHealth's performance bounced back subsequently, and has been statistically equivalent to the national Medicaid 90<sup>th</sup> percentile benchmark in the 2015 and 2016 reporting periods.

	2009	2011	2013	2014	2015	2016
MassHealth Weighted Mean	63.7	71.7	60.3	59.6	63.0	67.6
Nat'l Medicaid 90 <sup>th</sup> Percentile	53.8	62.5	63.8	63.1	65.2	67.2
Nat'l Medicaid 75 <sup>th</sup> Percentile	48.4	52.6	55.9	57.6	58.6	62.5



— MassHealth Weighted Mean  
 — Nat'l Medicaid 90<sup>th</sup> Percentile  
 — Nat'l Medicaid 75<sup>th</sup> Percentile

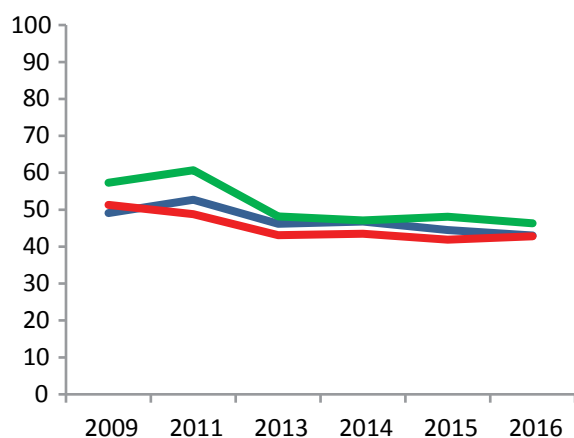


## Performance Trends

### Initiation of Alcohol and Other Drug Dependence Treatment

The MassHealth weighted mean for initiation of alcohol and other drug treatment has trended downward over time. The national Medicaid benchmark rates have followed a similar downward trend, indicating that access to substance abuse treatment remains an area of concern nationwide. In recent HEDIS reporting years, MassHealth's weighted mean rate has been between the national Medicaid 90<sup>th</sup> percentile benchmark and the national Medicaid 75<sup>th</sup> percentile threshold rates.

	2009	2011	2013	2014	2015	2016
MassHealth Weighted Mean	49.1	52.7	46.2	46.8	44.5	43.0
Nat'l Medicaid 90 <sup>th</sup> Percentile	57.3	60.7	48.2	47.1	48.1	46.3
Nat'l Medicaid 75 <sup>th</sup> Percentile	51.3	48.8	43.1	43.5	41.9	42.8

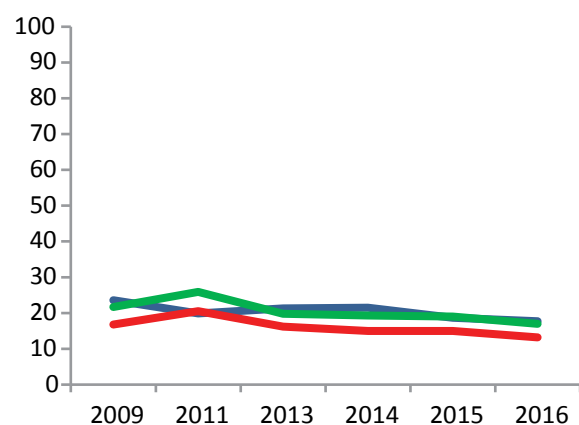


— MassHealth Weighted Mean  
 — Nat'l Medicaid 90<sup>th</sup> Percentile  
 — Nat'l Medicaid 75<sup>th</sup> Percentile

### Engagement of Alcohol and Other Drug Dependence Treatment

After holding fairly steady over several earlier reporting periods, the MassHealth weighted mean for engagement of alcohol and other drug treatment fell in the last two periods (HEDIS 2015 & 2016). However, national benchmarks have also fallen over time, so MassHealth's HEDIS 2016 performance was statistically significantly higher than the national Medicaid 90<sup>th</sup> percentile benchmark.

	2009	2011	2013	2014	2015	2016
MassHealth Weighted Mean	23.6	19.9	21.3	21.5	18.7	17.7
Nat'l Medicaid 90 <sup>th</sup> Percentile	21.7	25.9	19.8	19.3	19	17.0
Nat'l Medicaid 75 <sup>th</sup> Percentile	16.8	20.5	16.2	15	15	13.2

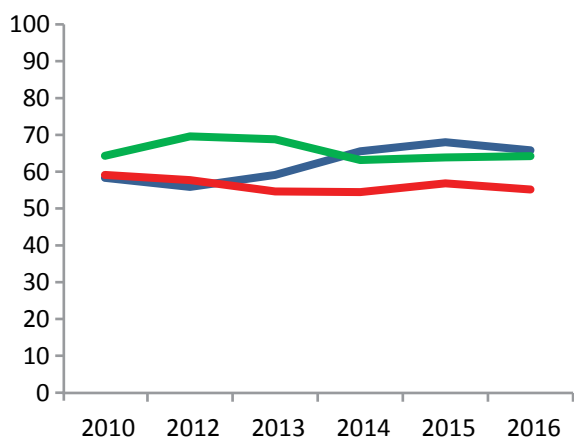


## Performance Trends

### Follow-up After Hospitalization for Mental Illness – 7 Days

The MassHealth weighted mean rate for follow-up within seven days of hospitalization for mental illness has stabilized at a high level of performance over the last three reporting periods. MassHealth's overall rate has been significantly higher than the national Medicaid 90<sup>th</sup> percentile benchmark for the HEDIS 2014-2016 reporting years (although this national benchmark rate has fallen somewhat over time).

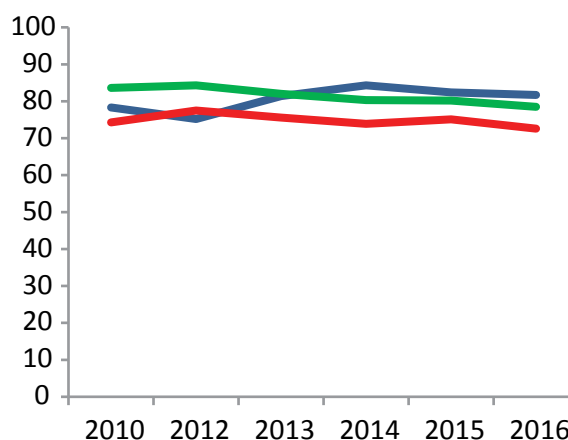
	2010	2012	2013	2014	2015	2016
MassHealth Weighted Mean	58.3	55.9	59.1	65.5	68	65.8
Nat'l Medicaid 90 <sup>th</sup> Percentile	64.3	69.6	68.8	63.2	63.9	64.2
Nat'l Medicaid 75 <sup>th</sup> Percentile	59.1	57.7	54.6	54.5	56.8	55.2



### Follow-up After Hospitalization for Mental Illness – 30 Days

The MassHealth weighted mean rate for follow-up within thirty days of hospitalization for mental illness has also stabilized at a high level of performance in recent years. As with the seven day measure, MassHealth's overall rate has been statistically significantly above the national Medicaid 90<sup>th</sup> percentile benchmark for the past three reporting years, though this benchmark has also trended somewhat lower.

	2010	2012	2013	2014	2015	2016
MassHealth Weighted Mean	78.3	75.2	81.4	84.3	82.4	81.7
Nat'l Medicaid 90 <sup>th</sup> Percentile	83.6	84.3	82	80.3	80.2	78.5
Nat'l Medicaid 75 <sup>th</sup> Percentile	74.3	77.5	75.6	73.9	75.1	72.6



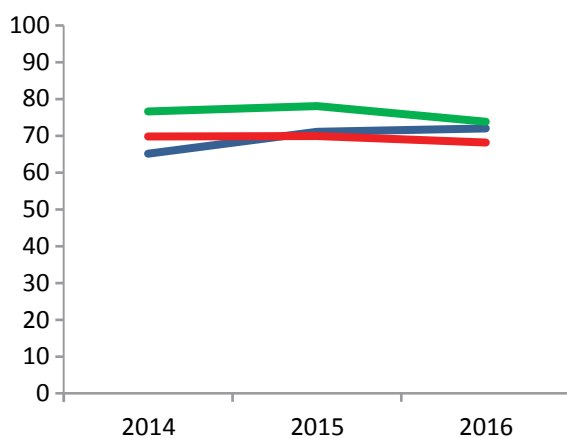
— MassHealth Weighted Mean  
 — Nat'l Medicaid 90<sup>th</sup> Percentile  
 — Nat'l Medicaid 75<sup>th</sup> Percentile

## Performance Trends

### Adherence to Antipsychotic Medications for Individuals With Schizophrenia

MassHealth's overall performance on this relatively new HEDIS measure has improved in the three reporting years the measure has been collected. The MassHealth weighted mean rate has risen statistically significantly above the national Medicaid 75<sup>th</sup> percentile threshold, though it remains below the 90<sup>th</sup> percentile benchmark.

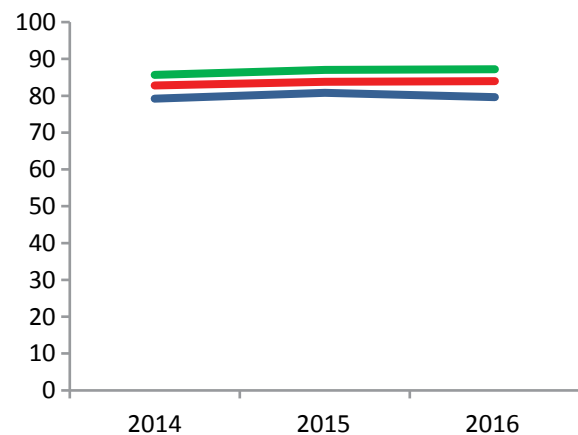
	2014	2015	2016
MassHealth Weighted Mean	62.6	68.3	69.2
Nat'l Medicaid 90 <sup>th</sup> Percentile	73.6	75.0	70.9
Nat'l Medicaid 75 <sup>th</sup> Percentile	67.1	67.2	65.5



### Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications

This second measure relating to antipsychotic medications is also relatively new. MassHealth's overall performance has been stable, but the MassHealth weighted mean rate has been statistically significantly below the national Medicaid 75<sup>th</sup> percentile threshold in each of the three years the measure has been collected.

	2014	2015	2016
MassHealth Weighted Mean	79.2	80.8	79.6
Nat'l Medicaid 90 <sup>th</sup> Percentile	85.7	87.0	87.2
Nat'l Medicaid 75 <sup>th</sup> Percentile	82.8	83.8	84.0



— MassHealth Weighted Mean  
 — Nat'l Medicaid 90<sup>th</sup> Percentile  
 — Nat'l Medicaid 75<sup>th</sup> Percentile

## Notes





**MassHealth Office of Clinical Affairs**

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