

MassHealth Managed Care HEDIS® 2017 Report

October 2018

Prepared by the MassHealth Office of Clinical Affairs (OCA) in collaboration with the MassHealth Office of Delivery System Operations (DSO) and the MassHealth Office of Behavioral Health (OBH)



University of
Massachusetts
Medical School

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Executive Summary

THE MASSHEALTH MANAGED CARE HEDIS® 2017

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), CeliCare 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 Delivery System Operations (DSO), 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 2017

The MassHealth measurement set for HEDIS 2017 focuses on five domains:

1. Preventive Care

- » Breast Cancer Screening
- » Cervical Cancer Screening
- » Chlamydia Screening in Women
- » Adult Body Mass Index (BMI) Assessment
- » Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents
- » Immunizations for 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

- » Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control
- » Controlling High Blood Pressure
- » Asthma Medication Ratio

3. Perinatal Care

- » Prenatal and Postpartum Care

4. Behavioral Health Care

- » 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 Schizophrenia
- » Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications
- » Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics

Executive Summary

Summary of Overall Results

Results from the MassHealth Managed Care HEDIS 2017 project demonstrate that MassHealth plans performed well overall when compared to 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 2017 national Medicaid 90th and 75th 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 90th percentile as a benchmark, representing high quality performance. The national Medicaid 75th percentile represents a threshold level of acceptable performance. In earlier years' versions of this report (through the HEDIS 2013 cycle), we used the Medicaid 75th percentile as the high performance benchmark and the national Medicaid mean as the acceptable threshold level. 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 Medicaid health plans nationwide, on the measures in the Preventive Care domain. 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 90th percentile benchmark for the following measures: well-child visits in the first 15 months, well-child visits in years three through six, chlamydia screening for women, and child/adolescent weight assessment and counseling (two of three submeasures). The MassHealth weighted mean rate for breast cancer screening was statistically

equivalent to the benchmark rate, and while rates for cervical cancer screening, adult and child/adolescent BMI assessment, and adolescent well-care visits were below the benchmark rate, they were all statistically significantly above the national Medicaid 75th percentile threshold rate. The only measure within the preventive care domain that fell short of the threshold rate is the adolescent immunization measure (combination 1). These results extend a long-standing trend of strong performance on preventive care measures by MassHealth plans.

MassHealth plans' performance was more mixed in the remaining three domains. MassHealth plans performed well on the measures in the Behavioral Health Care domain. MassHealth weighted mean rates exceeded the national Medicaid 90th percentile benchmark for only one measure in this domain, psychosocial care for children and adolescents on antipsychotics, and statistically equaled the benchmark rate for only the 30-day follow-up after hospitalization for mental illness measure. Most other measures in the domain were either statistically significantly higher than, or equivalent to, the national Medicaid 75th percentile threshold rate. Two measures within this domain were statistically significantly lower than the threshold rate: the measure of diabetes screening for members taking antipsychotic medications, and initiation of alcohol and other drug dependence treatment.

MassHealth's performance on the two remaining domains presents an opportunity for improvement. The MassHealth weighted mean for the postpartum care component of the Perinatal Care measure was statistically significantly below both the national Medicaid 90th percentile benchmark and 75th percentile threshold rates, though the timeliness of prenatal care component was statistically equivalent to the threshold rate. Within the Chronic Disease Management domain, MassHealth's overall performance was significantly worse than both the benchmark and threshold rates, though significantly better than the threshold rate for the measure of blood pressure control for members diagnosed with hypertension.

INTRODUCTION

Purpose of the Report

This report presents the results of the MassHealth Managed Care Healthcare Effectiveness Data and Information Set (HEDIS) 2017 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.

Any data details not included in this report are available, however, and can 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 Delivery System Operations (DSO) 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, DSO, 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 2017 project assess the performance of the seven MassHealth plans that provided health care services to MassHealth managed care members during the 2016 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 (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 13.

MassHealth HEDIS 2017 Measures

MassHealth selected 19 measures for the HEDIS 2017 report. These measures assess the quality of health care in four domains: Preventive Care, Chronic Disease Management, Perinatal Care, and Behavioral Health Care. The distribution of measures within the domains is heavily weighted towards the Preventive Care and Behavioral Health Care domains, reflecting MassHealth's commitment to improve quality of care for its members in these two areas.

The Preventive Care domain has nine measures in total. It includes three measures related to health screenings for women, for breast cancer, cervical cancer, and chlamydia, and two measures related to prevention of obesity, one measure for adults, and one for children and adolescents. Finally, the domain includes three measures of well (preventive) care visits, and one measure of immunization adherence (for adolescents).

The Chronic Disease Management domain comprises three measures in this year's report: the Hemoglobin A1c (HbA1c) poor control component of the Comprehensive Diabetes Care composite measure, a measure of blood pressure control for members diagnosed with hypertension, and a measure of appropriate asthma medication use.

The Perinatal Care domain has one measure, Prenatal and Postpartum Care. The measure has two components, one assessing the timeliness of prenatal care in the first trimester of pregnancy, and a second verifying timely receipt of postpartum care for the mothers following delivery.

The Behavioral Health Care domain includes six measures, three of which contain two separate submeasures: 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 three measures relate to the usage of antipsychotic medications: Adherence to Antipsychotic Medications for Individuals With Schizophrenia, Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications, and Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics.

Organization of the MassHealth Managed Care HEDIS 2017 Report

REPORT SECTION	PURPOSE OF SECTION	MEASURES REPORTED
Preventive Care	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"> » Breast Cancer Screening » Cervical Cancer Screening » Chlamydia Screening in Women » Adult Body Mass Index (BMI) Assessment » Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents » Immunizations for 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	This section provides information about how well a plan helps people manage chronic illness.	<ul style="list-style-type: none"> » Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control » Controlling High Blood Pressure » Asthma Medication Ratio
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
Behavioral Health Care	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"> » 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 Schizophrenia » Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications » Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics

Data Collection and Analysis Methods

Data Collection and Submission

This report provides information on a subset of the full HEDIS measure slate. Each year, MassHealth receives plan-level HEDIS data for each of the seven managed care plans that serve MassHealth members. In general, each plan was responsible for collecting the measures according to the HEDIS 2017 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 serve 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 2017 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 2017 Volume 2: Technical Specifications*.

Data Collection and Analysis Methods

MassHealth Coverage Types Included in HEDIS 2017

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 SoftwareSM purchased from a vendor. For measures collected through the administrative method, the denominator includes all members who satisfy all criteria specified in the measure including any age 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 2017 results from each plan, and for MassHealth managed care as a whole, are compared to a national benchmark, the 2017 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 2017 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 HEDIS 2017 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 2017 MassHealth weighted mean is a weighted average of the rates of the seven 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 31.7% of all MassHealth members, while the smallest (FH) serves just 3.1%.

Data Collection and Analysis Methods

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 2017 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:** 372,300 MassHealth members as of December 31, 2016.
- » **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:** 281,441 MassHealth members as of December 31, 2016.
- » **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:** 212,551 MassHealth members as of December 31, 2016.
- » **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:** 64,898 MassHealth members as of December 31, 2016.
- » **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:** 35,981 MassHealth members as of December 31, 2016.
- » **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:** 436,741 MassHealth members as of December 31, 2016 (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:** 171,533 MassHealth members as of December 31, 2016.
- » **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 12/31/16	Female	Disabled	Mean Age	0-11 yrs	12-17 yrs	18-39 yrs	40-64 yrs
Primary Care Clinician Plan	372,300	53.7%	16.2%	20.9	38.3%	17.3%	25.8%	18.6%
Neighborhood Health Plan	281,441	54.6%	7.5%	24.9	31.3%	11.4%	32.7%	24.6%
Tufts Health Plan - Network Health	212,551	52.6%	7.4%	26.5	28.4%	10.0%	34.5%	27.2%
Health New England	64,898	58.0%	15.8%	18.9	42.0%	16.1%	28.4%	13.5%
Fallon Health	35,981	48.9%	5.8%	27.1	24.5%	9.3%	39.9%	26.3%
CeltiCare Health	36,741	33.6%	0.5%	37.6	0%	0%	59.9%	40.1%
Boston Medical Center Health-Net Plan	171,533	53.3%	9.3%	27.6	24.5%	9.6%	38.4%	27.5%
Total for MassHealth Managed Care Program	1,175,445	53.1%	10.7%	24.4	31.4%	12.6%	32.5%	23.5%

Source: MassHealth Data Warehouse.

PREVENTIVE CARE

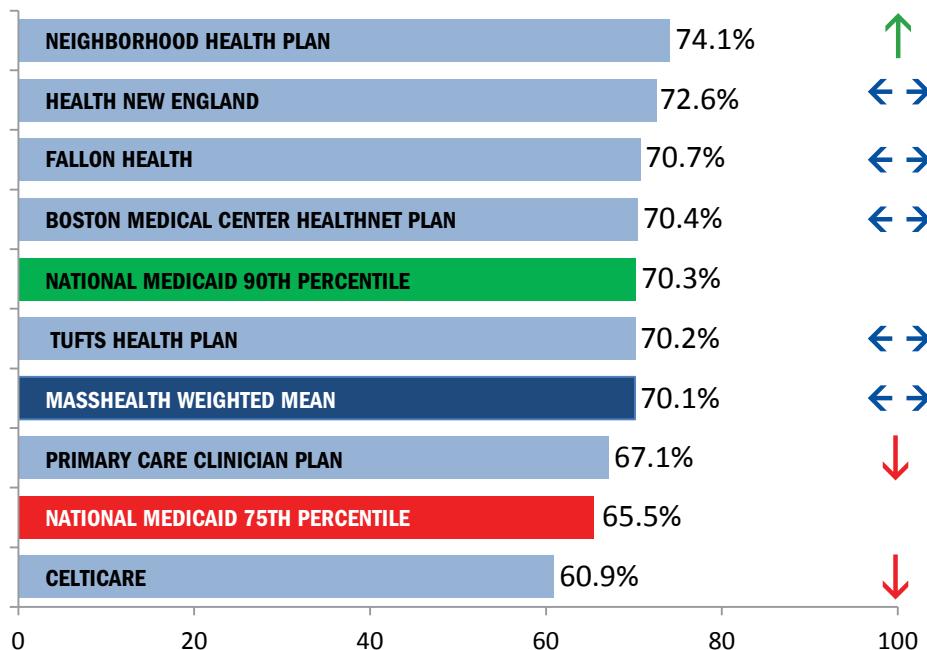
Breast Cancer Screening

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, 2016. This measure uses administrative data (claims) only.

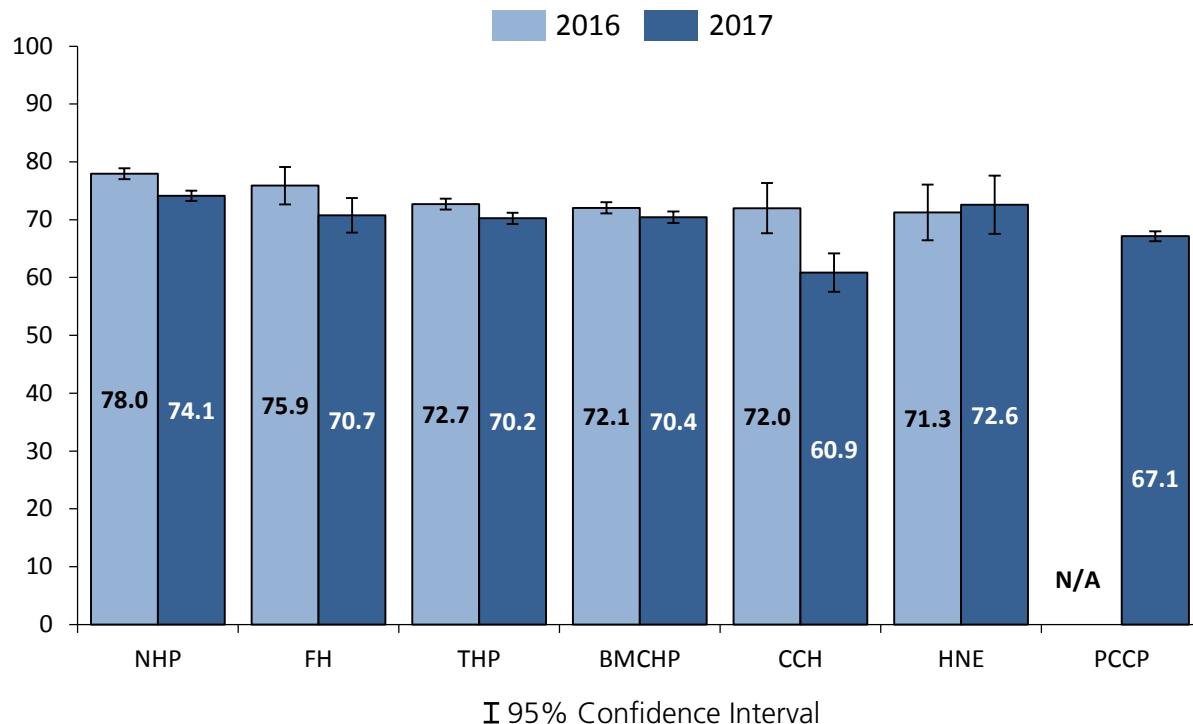
HEDIS 2017 Plan Performance vs. Benchmarks



- ↑ Rate is significantly above the 2017 National Medicaid 90th percentile
- ↔ Rate is not significantly different from the 2017 National Medicaid 90th percentile
- ↓ Rate is significantly below the 2017 National Medicaid 90th percentile

Breast Cancer Screening

Plan Rate Comparison to Prior Reporting Year



Results

- 70.1% of female MassHealth managed care plan members aged 50-74 had a mammogram during the 27 months prior to December 31, 2016. This MassHealth weighted mean rate is statistically equivalent to the national Medicaid 90th percentile rate of 70.3%.
- NHP's rate was statistically significantly higher than the 90th percentile benchmark, while BMCHP, HNE, FH, and THP had rates that were statistically equal to the benchmark. The PCC Plan and CCH had rates that were statistically significantly lower than the benchmark.
- NHP, THP, and CCH all had statistically significant lower rates in HEDIS 2017 compared to the previous year. FH, BMC, and HNE rates were statistically equal to the previous year. (The PCC Plan did not report a rate for HEDIS 2016.)

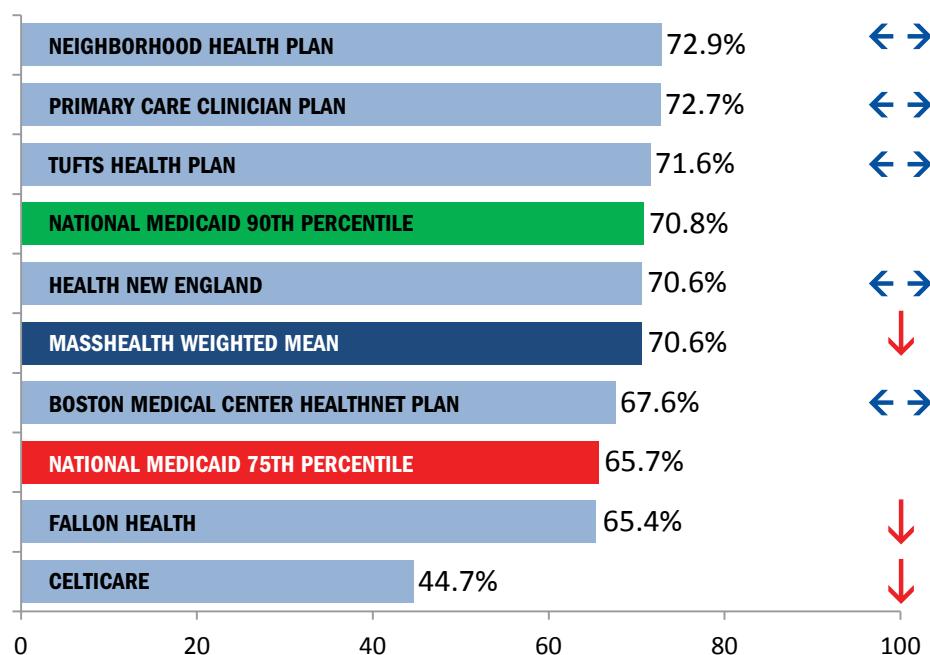
Cervical Cancer Screening

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). Fallon Health Plan used claims only, while the other six MCOs (BMCHP, CCH, HNE, THP, PCCP, and NHP) used the hybrid method.

HEDIS 2017 Plan Performance vs. Benchmarks



Rate is significantly above the 2017 National Medicaid 90th percentile



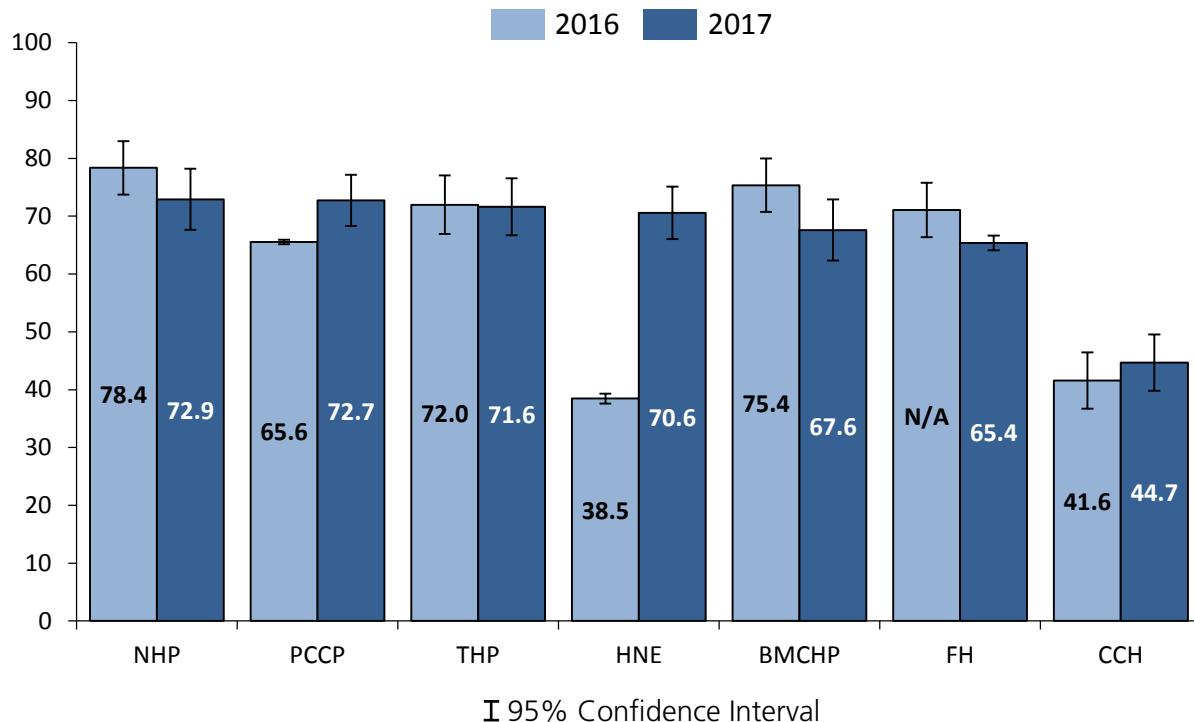
Rate is not significantly different from the 2017 National Medicaid 90th percentile



Rate is significantly below the 2017 National Medicaid 90th percentile

Cervical Cancer Screening

Plan Rate Comparison to Prior Reporting Year



Results

- 70.6% of female MassHealth managed care plan members aged 21-64 had cervical cancer screenings in accordance with the new USPSTF guidelines. This MassHealth weighted mean rate is statistically significantly lower than the national Medicaid 90th percentile rate of 70.8%, but the rate is statistically significantly higher than the national Medicaid 75th percentile threshold rate of 65.7%.
- Rates for five plans (BMCHP, HNE, THP, PCCP, and NHP) were statistically equivalent to the national Medicaid 90th percentile rate. FH's rate was statistically significantly equivalent to the national Medicaid 75th percentile threshold rate, while CCH's rate was significantly below the national Medicaid median (50th percentile).
- PCCP and HNE had HEDIS 2017 rates that were statistically significantly higher than the previous year, while rates for all other plans were statistically equivalent to the previous year.

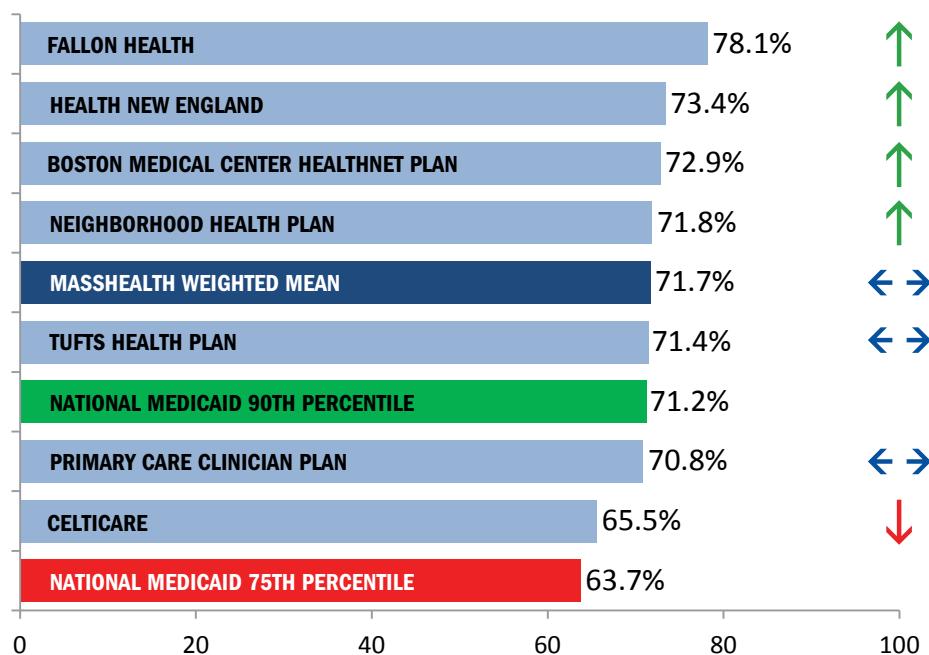
Chlamydia Screening in Women

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 the measurement period (2016). This measure uses administrative data (claims) only.

HEDIS 2017 Plan Performance vs. Benchmarks



Rate is significantly above the 2017 National Medicaid 90th percentile



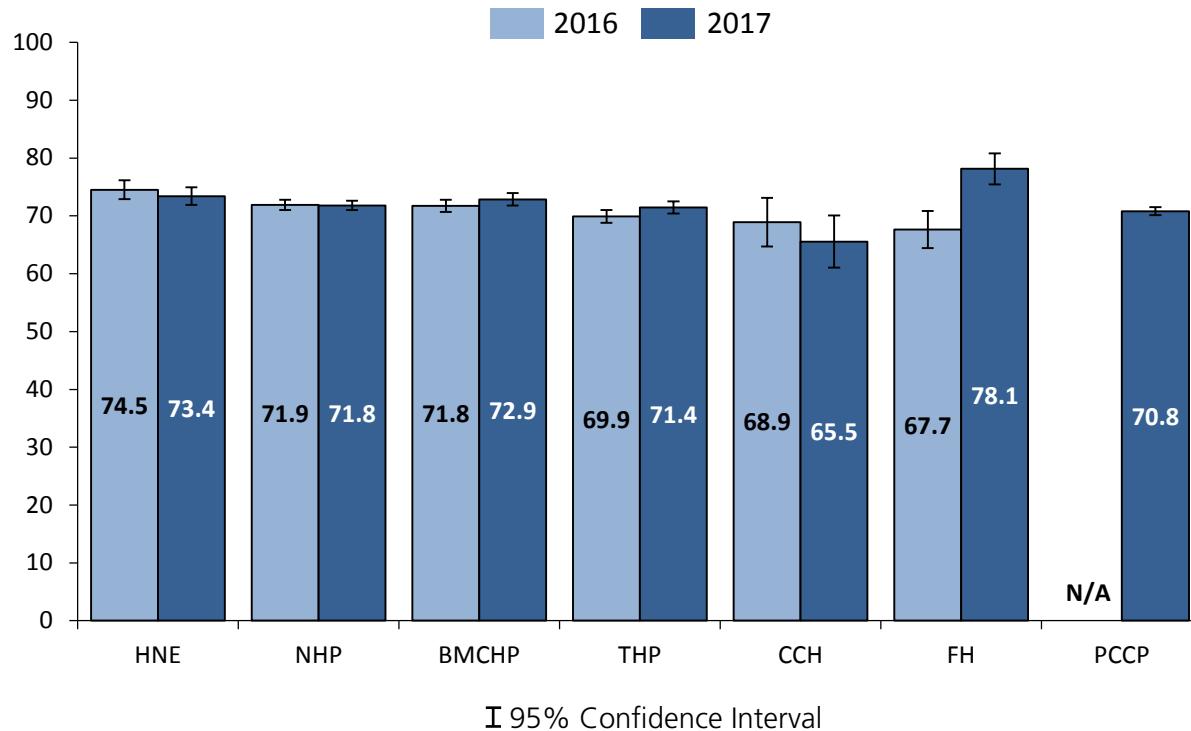
Rate is not significantly different from the 2017 National Medicaid 90th percentile



Rate is significantly below the 2017 National Medicaid 90th percentile

Chlamydia Screening in Women

Plan Rate Comparison to Prior Reporting Year



Results

- 71.7% of sexually active female MassHealth managed care plan members aged 16-24 had a chlamydia screening test during the measurement period. This MassHealth weighted mean rate is statistically significantly higher than the national Medicaid 90th percentile benchmark rate of 71.2%.
- Three MassHealth plans (BMCHP, FH, and HNE) had rates that were statistically significantly higher than the national Medicaid 90th percentile rate. Three other plans (PCCP, THP, and NHP) had rates statistically equal to the benchmark. One plan, CCH, was significantly below the benchmark.
- FH's screening rate for 2017 was significantly higher than in the previous measurement year. Five of the other MassHealth plans with reported rates in both years were statistically equivalent between their 2016 and 2017 rates. (The PCC Plan did not report a rate for 2016.)

Adult BMI Assessment

About This Measure

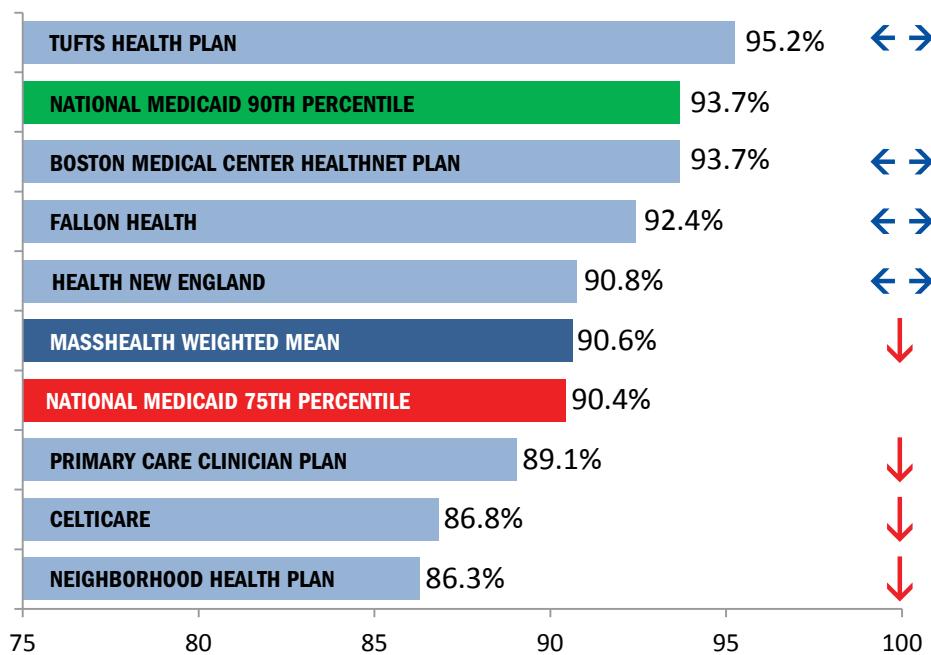
Obesity is one of the leading preventable causes of death in the United States, and is linked to heart disease, stroke, type 2 diabetes, and some cancers. Nearly 40% of American adults are obese, according to the most recent data (2015-16).* Obesity contributes both to excess mortality and to reduced quality of life. Body Mass Index (BMI) is used in the primary care setting as a tool for assessing healthy weight in adults.

The Adult Body Mass Index Assessment reports the percentage of members 18-74 years of age who had an outpatient visit and whose BMI was documented during the measurement year, or in the year prior. For members under 20 years of age as of the date of service, documentation must include height, weight, and the BMI percentile (calculated using the CDC's BMI-for-age growth chart).

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

*<https://www.cdc.gov/obesity/data/adult.html>

HEDIS 2017 Plan Performance vs. Benchmarks



Rate is significantly above the 2017 National Medicaid 90th percentile

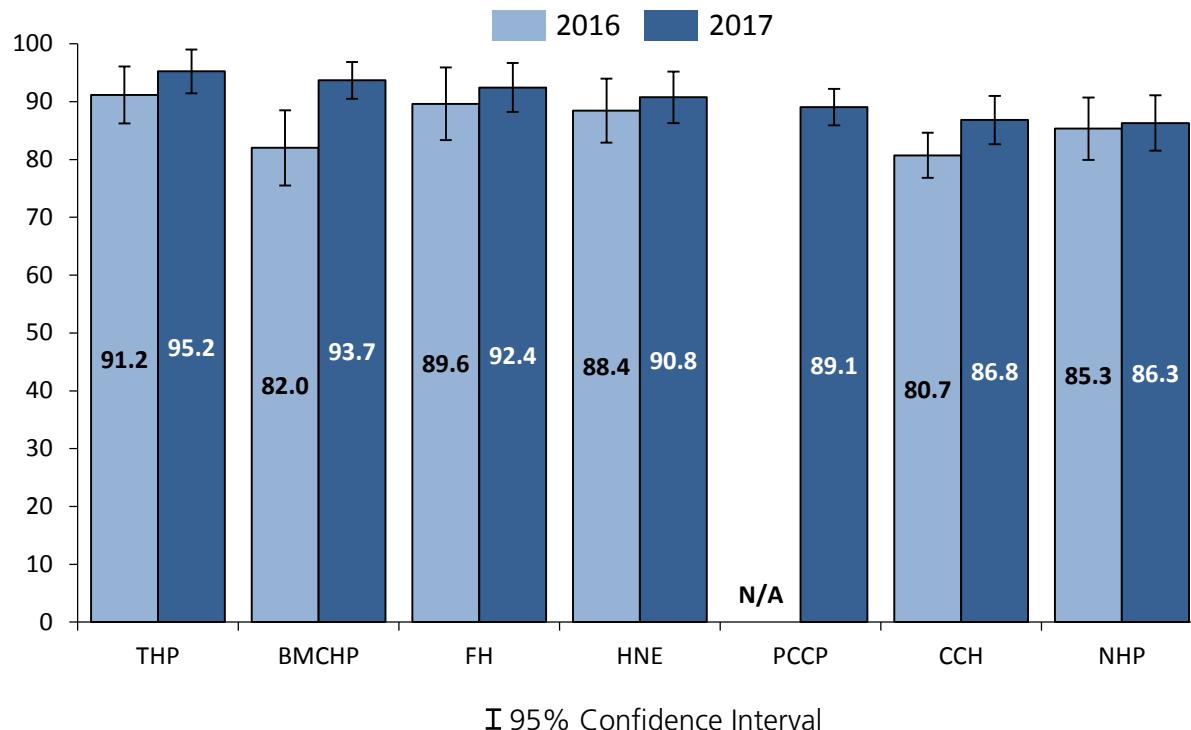


Rate is not significantly different from the 2017 National Medicaid 90th percentile



Rate is significantly below the 2017 National Medicaid 90th percentile

Plan Rate Comparison to Prior Reporting Year



Results

- 90.6% of MassHealth members aged 18-74 had a BMI assessment within the current or previous measure year. This MassHealth weighted mean rate is significantly lower than the national Medicaid 90th percentile rate of 93.7%.
- Four MassHealth plans, BMCHP, HNE, FH, and THP, had rates significantly equivalent to the 90th percentile benchmark.
- All seven plans had rates that were statistically equivalent to or above the national Medicaid 75th percentile threshold rate of 90.4%.
- BMCHP's rate was statistically significantly higher than the previous year. The other five plans with rates in both years were statistically equivalent to the previous reported year.

Weight Assessment and Counseling for Nutrition and Physical Activity

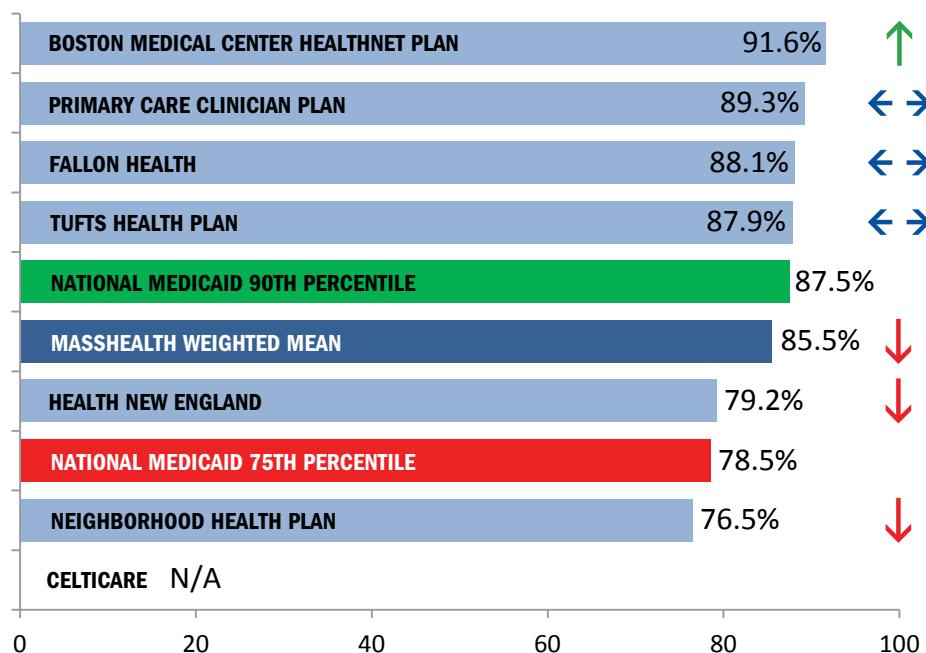
About This Measure

In recent decades, the number of overweight and obese children in America has gone up dramatically. 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 screening tool used to identify overweight and obesity. Promoting healthy eating and regular physical activity are also essential to addressing the problem. 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 members 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 (2016). This measure is collected using the hybrid method (claims supplemented by medical record reviews).

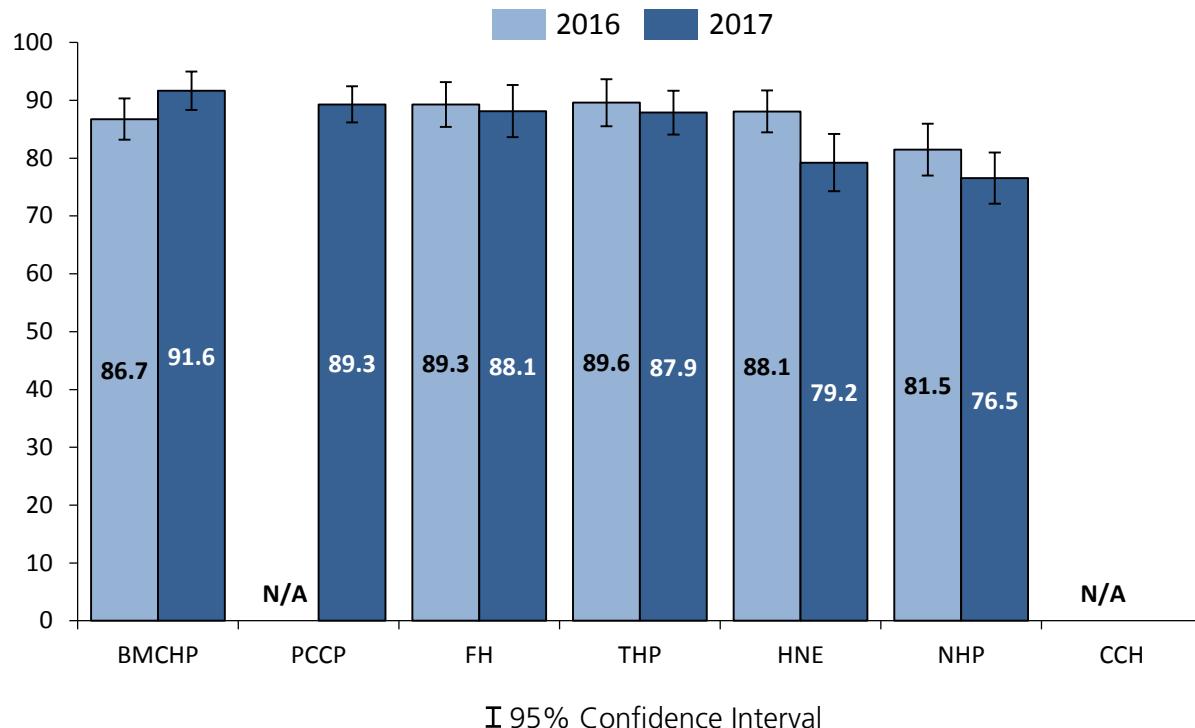
HEDIS 2017 Plan Performance vs. Benchmarks



- ↑ Rate is significantly above the 2017 National Medicaid 90th percentile
- ↔ Rate is not significantly different from the 2017 National Medicaid 90th percentile
- ↓ Rate is significantly below the 2017 National Medicaid 90th percentile

Weight Assessment and Counseling for Nutrition and Physical Activity

Plan Rate Comparison to Prior Reporting Year



Results

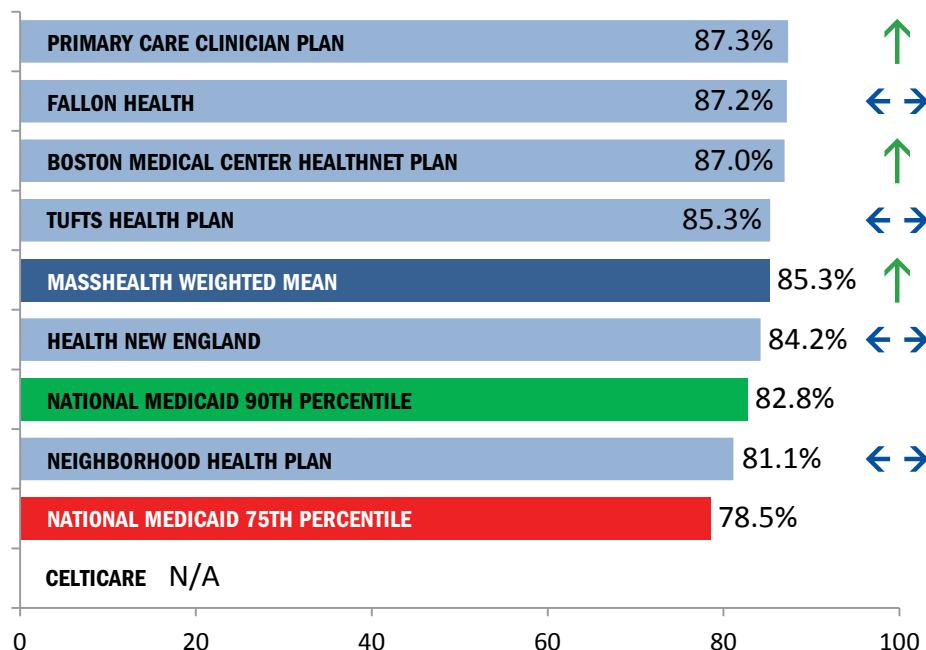
- 85.5% of MassHealth children and adolescents (between 3 and 17 years of age) had their BMI percentile documented during the 2016 measurement year. This MassHealth weighted mean is statistically significantly below the national Medicaid 90th percentile rate of 87.5%.
- BMCHP's rate was statistically significantly higher than the 90th percentile benchmark while, PCCP, FH, and THP had rates that were statistically equal to the benchmark. Rates for HNE and NHP were statistically significantly below the benchmark.
- Four plans (BMCHP, FH, THP, and NHP) that reported rates for the previous year had statistically equivalent rates between 2016 and 2017, while a fifth plan, HNE, had a significant decrease in HEDIS 2017. The PCC Plan did not have a 2016 rate. (CCH does not report for this measure, because it does not serve child members.)

Weight Assessment and Counseling for Nutrition and Physical Activity

About This Measure

Counseling for Nutrition: the percentage of members 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, or a referral for nutritional counseling, during the measurement year.

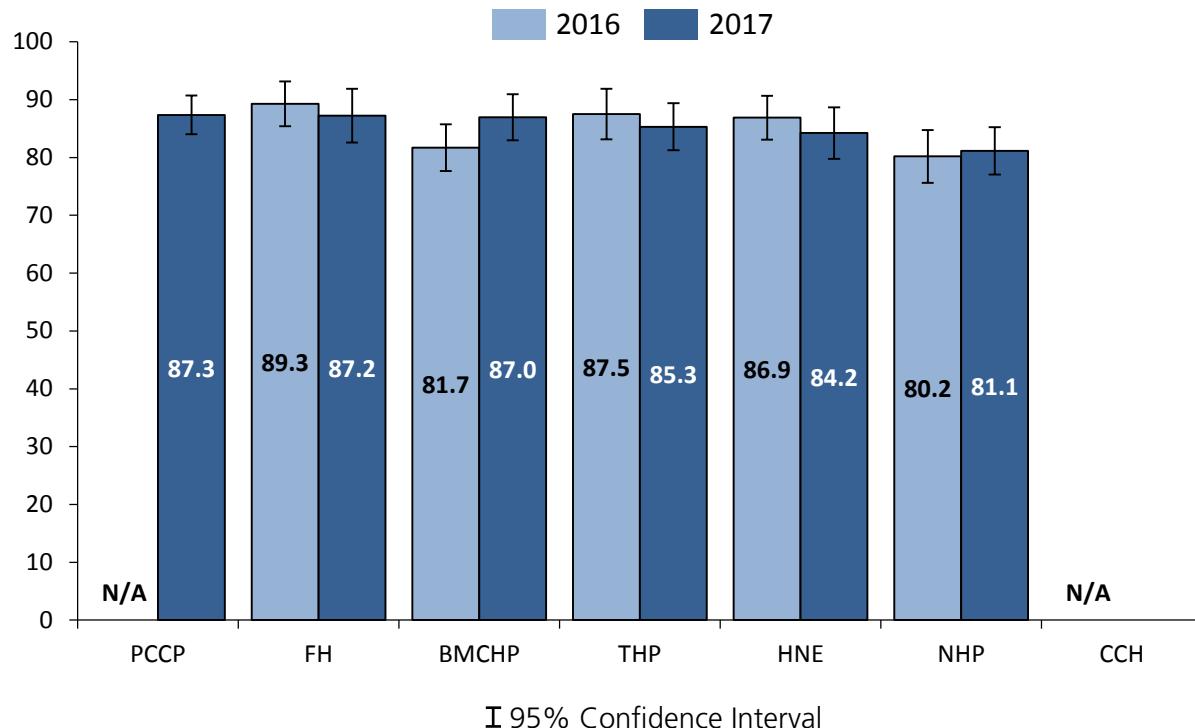
HEDIS 2017 Plan Performance vs. Benchmarks



- ↑ Rate is significantly above the 2017 National Medicaid 90th percentile
- ↔ Rate is not significantly different from the 2017 National Medicaid 90th percentile
- ↓ Rate is significantly below the 2017 National Medicaid 90th percentile

Weight Assessment and Counseling for Nutrition and Physical Activity

Plan Rate Comparison to Prior Reporting Year



Results

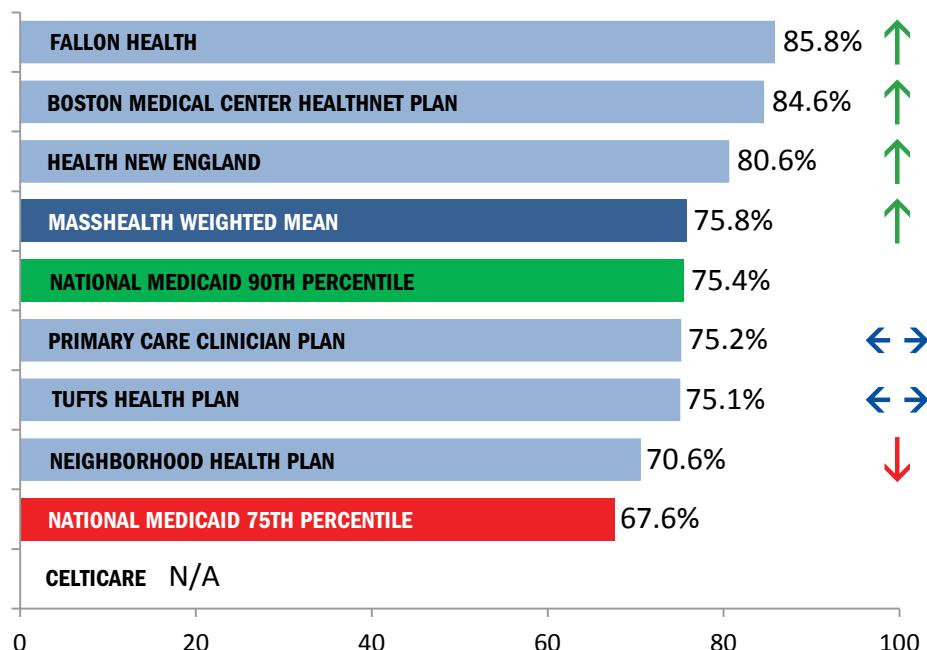
- 85.3% of MassHealth children and adolescents (between 3 and 17 years of age) received counseling on nutrition during the HEDIS 2016 measurement period. This MassHealth weighted mean rate is statistically significantly higher than the national Medicaid 90th percentile rate of 82.8%.
- Two of the six MassHealth (PCCP and BMCHP) plan rates were significantly higher than the 90th percentile benchmark. FH, THP, HNE, and NHP's rates were all statistically equivalent to the benchmark.
- All five plans with prior year comparison rates had statistically equivalent rates.

Weight Assessment and Counseling for Nutrition and Physical Activity

About This Measure

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

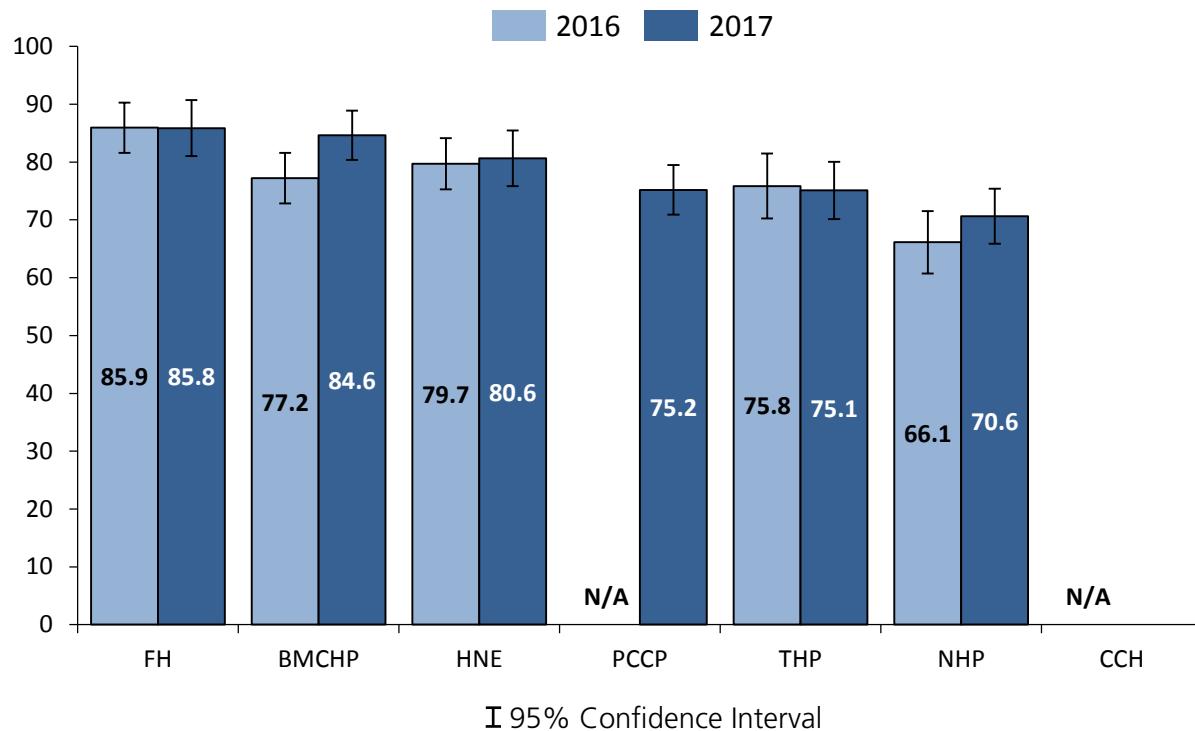
HEDIS 2017 Plan Performance vs. Benchmarks



- ↑ Rate is significantly above the 2017 National Medicaid 90th percentile
- ↔ Rate is not significantly different from the 2017 National Medicaid 90th percentile
- ↓ Rate is significantly below the 2017 National Medicaid 90th percentile

Weight Assessment and Counseling for Nutrition and Physical Activity

Plan Rate Comparison to Prior Reporting Year



Results

- 75.8% of MassHealth children and adolescents (between 3 and 17 years of age) received counseling about physical activity during the HEDIS 2016 measurement period. This MassHealth weighted mean rate is statistically significantly higher than the national Medicaid 90th percentile rate of 75.4%.
- Three of the six MassHealth plans (FH, BMCHP, and HNE) had rates significantly higher than the 90th percentile benchmark. THP and PCCP had rates that were statistically equivalent to the benchmark. NHP's rate was statistically lower than the benchmark.
- All five plans with prior year comparison rates had statistically equivalent rates.

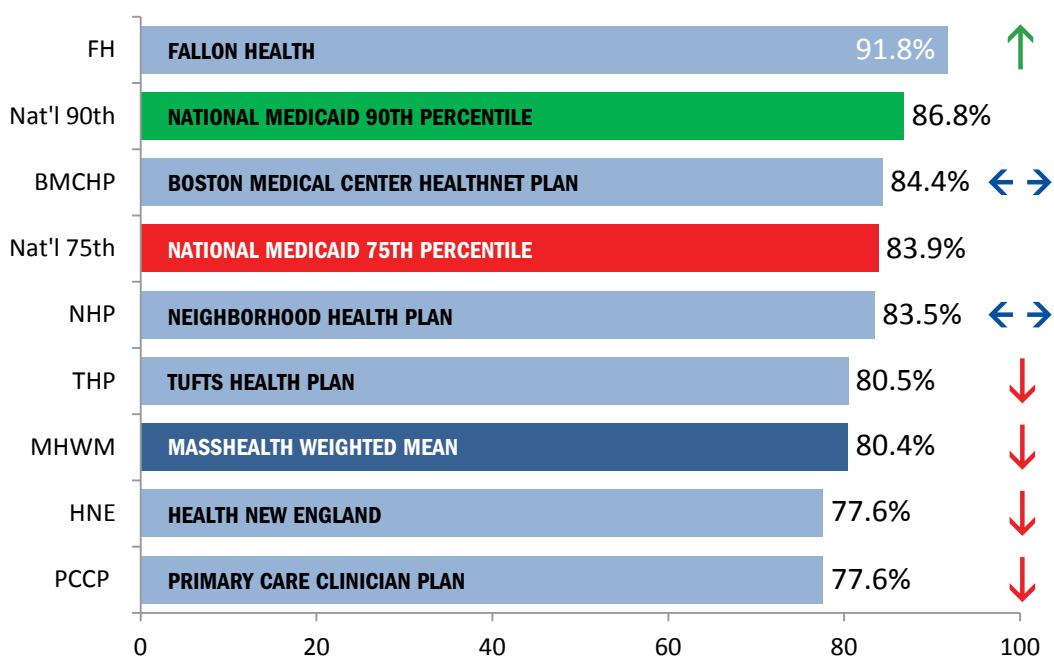
Immunizations for Adolescents

About This Measure

Adolescents need additional immunizations (booster shots) for ongoing protection against serious diseases. As children get older, some childhood vaccines begin to wear off, while others work better when given during adolescence. 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 MassHealth adolescents (13 years of age) who had one dose of meningococcal conjugate vaccine, and one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) by their 13th birthday. Data are collected using the hybrid method (claims supplemented by medical record reviews).

HEDIS 2017 Plan Performance vs. Benchmarks



Rate is significantly above the 2017 National Medicaid 90th percentile



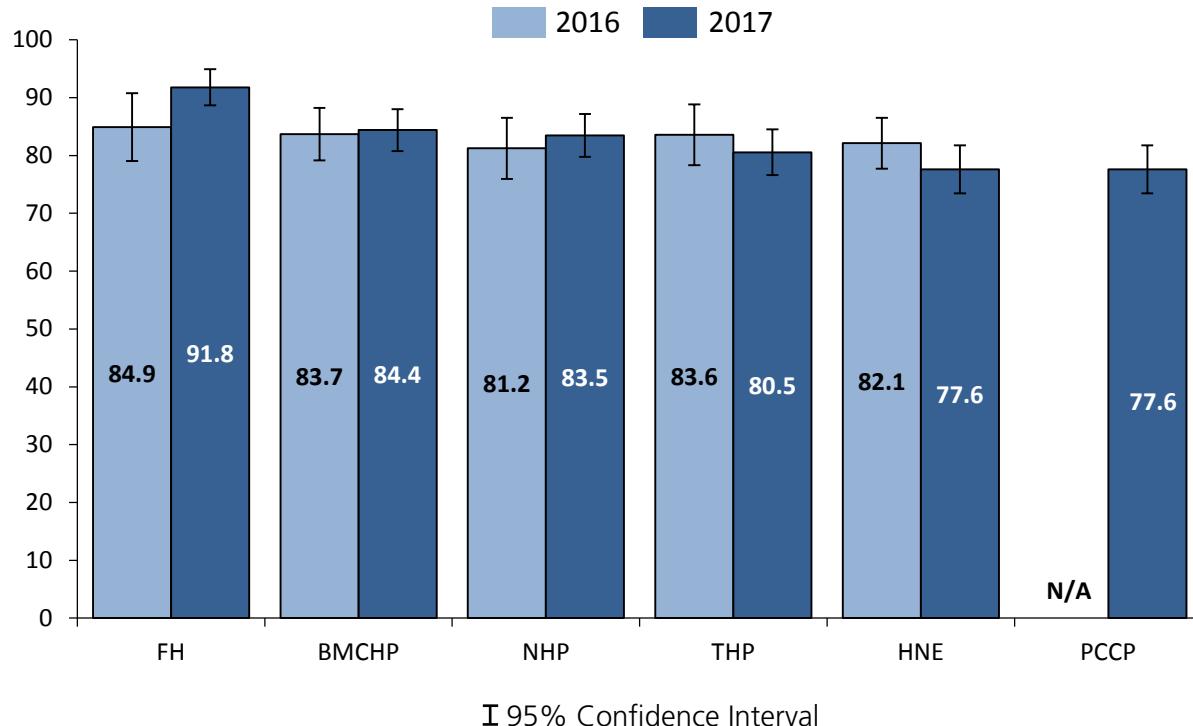
Rate is not significantly different from the 2017 National Medicaid 90th percentile



Rate is significantly below the 2017 National Medicaid 90th percentile

Immunizations for Adolescents

Plan Rate Comparison to Prior Reporting Year



Results

- 80.4% of MassHealth children 13 years of age received the meningococcal and Tdap vaccine combination by their 13th birthday. This MassHealth weighted mean rate is statistically significantly lower than both the national Medicaid 90th percentile benchmark rate of 86.8% and the national Medicaid 75th percentile rate of 83.9%.
- One MassHealth plan (FH) had a rate that was significantly higher than the 90th percentile benchmark, while two plans (BMCHP and NHP) were statistically equivalent to the national 90th percentile. Three plans (THP, HNE, and PCCP) had rates that were significantly statistically below the threshold. (CCH does not have data for this measure, as it does not serve child members.)
- Five plans (FH, BMCHP, NHP, THP, and HNE) that reported in HEDIS 2017 had rates that were statistically equivalent to the previous year's rate. (The PCC Plan did not report a rate in HEDIS 2016.)

Well-Child Visits for Infants and Young Children

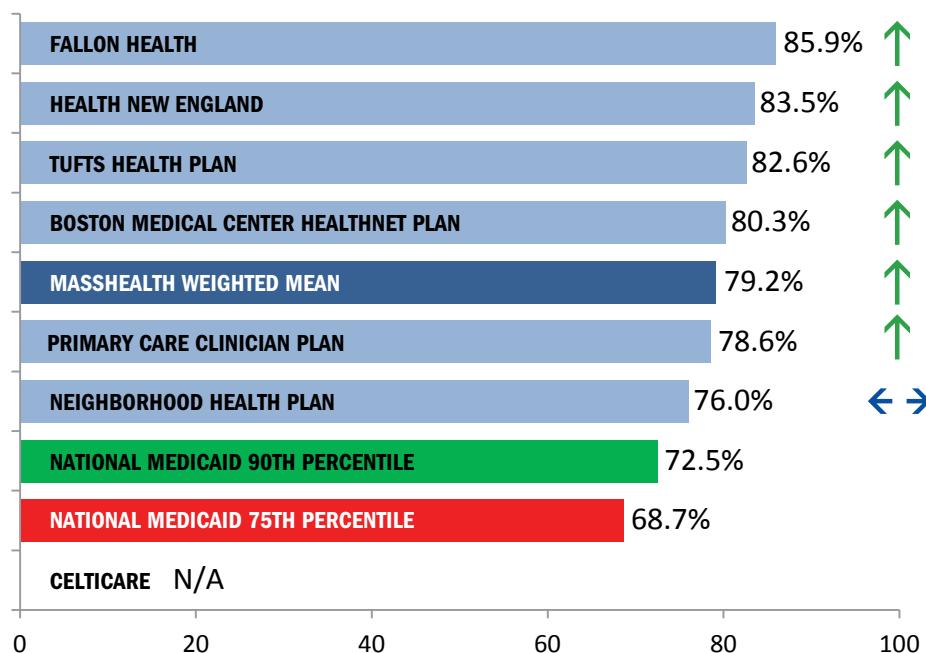
About This Measure

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.

The Well-Child Visit measure has two components, Well-Child Visits in the First 15 Months of Life (6+ visits) and Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life.

Well-Child Visits in the First 15 Months of Life: the percentage of members who turned 15 months old during 2016 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 supplemented by medical record review) for this measure.

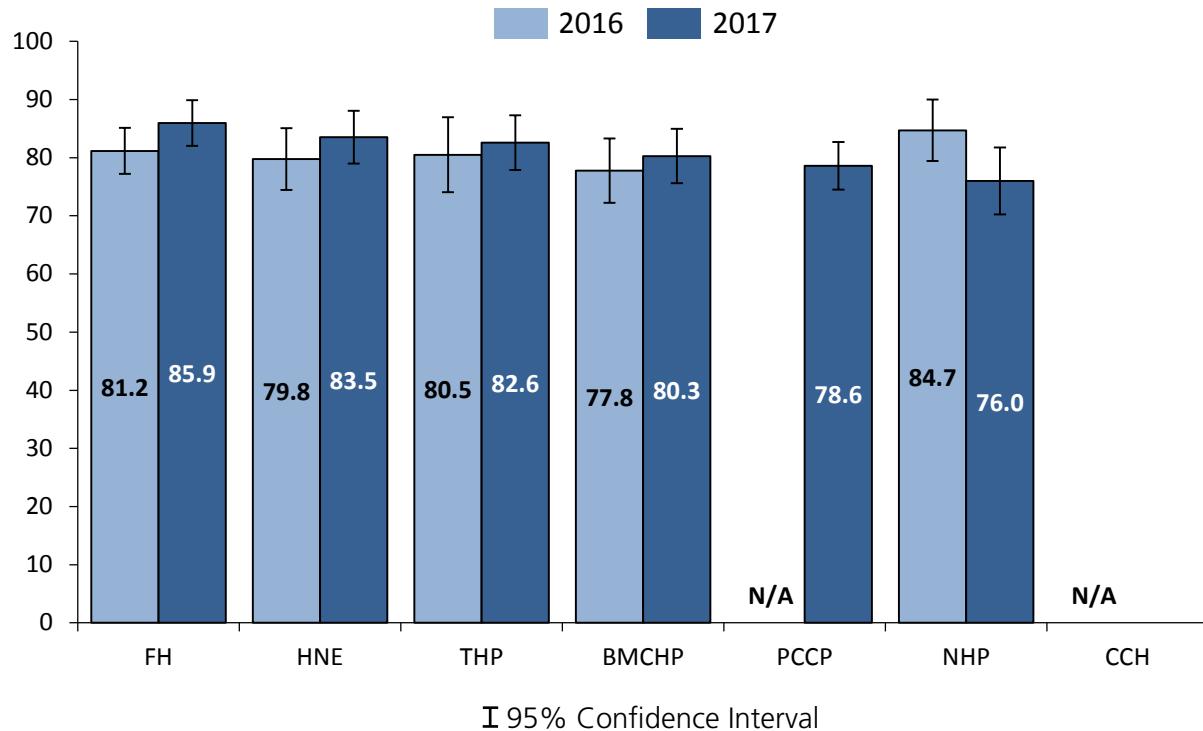
HEDIS 2017 Plan Performance vs. Benchmarks



- ↑ Rate is significantly above the 2017 National Medicaid 90th percentile
- ↔ Rate is not significantly different from the 2017 National Medicaid 90th percentile
- ↓ Rate is significantly below the 2017 National Medicaid 90th percentile

Well-Child Visits for Infants and Young Children

Plan Rate Comparison to Prior Reporting Year



Results

- 79.2% of MassHealth children who turned 15 months old during 2017 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 72.5%.
- Five of the six individual MassHealth plan rates were significantly higher than the 90th percentile benchmark. NHP was statistically equivalent to the benchmark. (CCH does not have data for this measure, as it does not enroll child members.)
- There were no statistically significant changes between HEDIS 2017 and HEDIS 2016 rates for any of the plans reporting in both years.

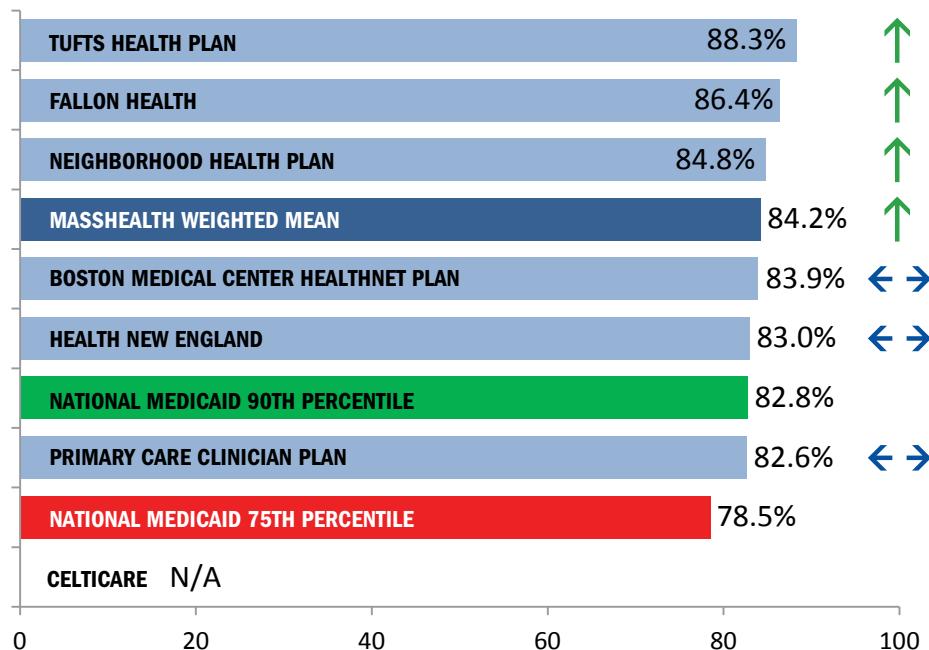
Well-Child Visits for Infants and Young Children

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.

Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life: The percentage of members who were three, four, five, or six years old during 2017 who received one or more well-child visits with a primary care practitioner during 2017. FH, HNE, NHP, and the PCC Plan used administrative data (claims) only, while the BMCHP and THP used the hybrid method of data collection (claims supplemented by medical record review).

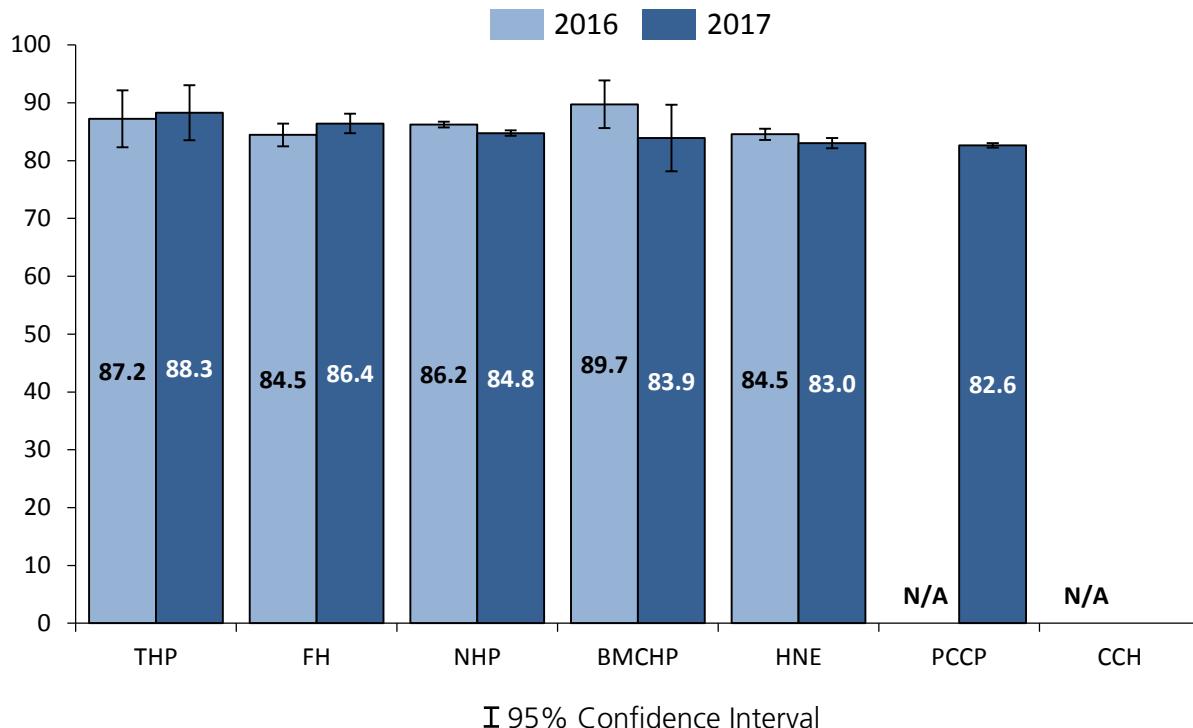
HEDIS 2017 Plan Performance vs. Benchmarks



- ↑ Rate is significantly above the 2017 National Medicaid 90th percentile
- ↔ Rate is not significantly different from the 2017 National Medicaid 90th percentile
- ↓ Rate is significantly below the 2017 National Medicaid 90th percentile

Well-Child Visits for Infants and Young Children

Plan Rate Comparison to Prior Reporting Year



Results

- 84.2% of MassHealth children who were three, four, five, or six years old during 2017 received one or more well-child visits with a primary care practitioner during 2017. This MassHealth weighted mean rate is statistically significantly higher than the national Medicaid 90th percentile rate of 82.8%.
- Three MassHealth plans (THP, FH, and NHP) had rates that were significantly higher than the 90th percentile benchmark, while BMCHP, PCCP, and HNE were statistically equal to the benchmark rate.
- Four plans (THP, FH, BMCHP, and HNE) had statistically equivalent rates between 2017 and 2016. NHP's rate declined significantly from the previous year. (The PCC Plan did not have a rate for 2016 and CCH does not report for this measure, as it does not enroll child members.)

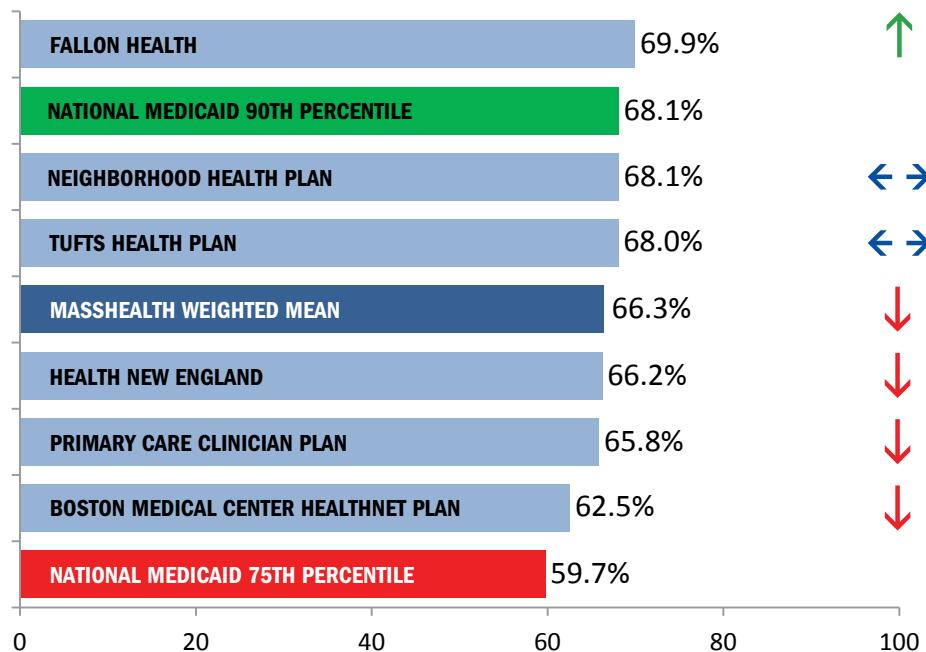
Adolescent Well-Care Visits

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 MassHealth adolescent members (12-21 years of age) who had at least one well-care visit with a primary care provider or OB/GYN practitioner during 2017. FH, HNE, and the PCC Plan used claims only, while BMCHP, THP, and NHP used the hybrid method (claims data supplemented by medical record reviews).

HEDIS 2017 Plan Performance vs. Benchmarks



Rate is significantly above the 2017 National Medicaid 90th percentile



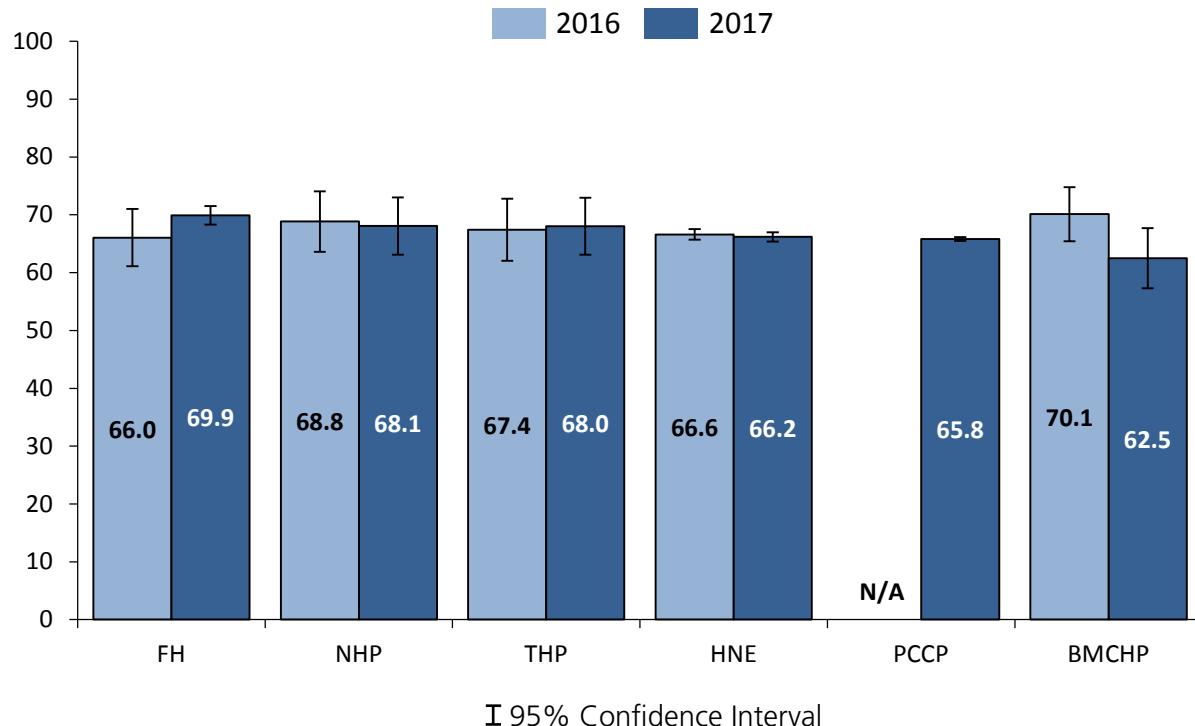
Rate is not significantly different from the 2017 National Medicaid 90th percentile



Rate is significantly below the 2017 National Medicaid 90th percentile

Adolescent Well-Care Visits

Plan Rate Comparison to Prior Reporting Year



Results

- 66.3% of MassHealth adolescents had at least one well-care visit with a primary care or OB/GYN provider during 2017. This MassHealth weighted mean rate is statistically significantly lower than the national Medicaid 90th percentile rate of 68.1%.
- One MassHealth plan (FH) had a rate significantly above the 90th percentile benchmark, while THP and NHP's rates were statistically equivalent to the benchmark. HNE, PCCP, and BMCHP's rates were significantly lower than the 90th percentile. (CCH does not have data for this measure, as it does not serve child members.)
- All five MassHealth plans with HEDIS 2016 rates did not have significant changes between the years. (The PCC Plan did not report HEDIS 2016 data for this measure.)

CHRONIC DISEASE MANAGEMENT

Comprehensive Diabetes Care – Hemoglobin A1c (HbA1c) Poor Control

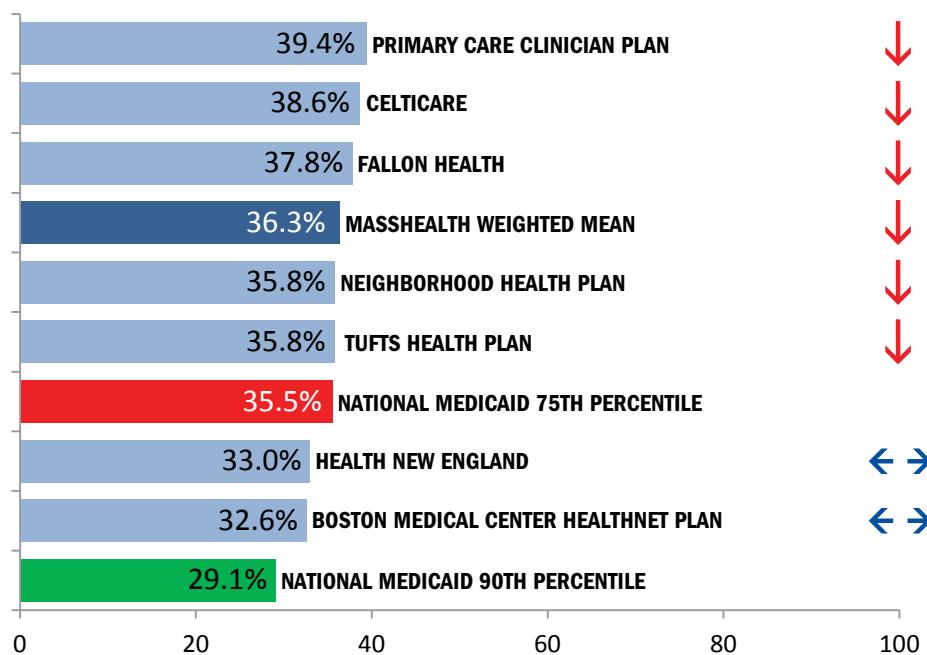
About This Measure

The number of children and adults with diabetes has increased greatly in recent decades. The Centers for Disease Control (CDC) estimates that, in 2015, 30.3 million Americans, or 9.4% of the population, had type 1 or type 2 diabetes. Of these, over 7 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 was also the 7th leading cause of death in the United States in 2015.

The Hemoglobin A1c (HbA1c) Poor Control measure reports the percentage of MassHealth adult members (18-75 years of age) with diagnosed diabetes (type 1 and type 2) whose most recent measured HbA1c level during the measurement year was $>9.0\%$, representing poor A1c control. Members whose most recent A1c test has a missing result, or who did not have an A1c test during the measurement year, are also considered numerator compliant. All plans that collected data for this measure used the hybrid method (claims supplemented by medical record reviews).

Note: This is an inverse measure; lower rates are considered better performance.

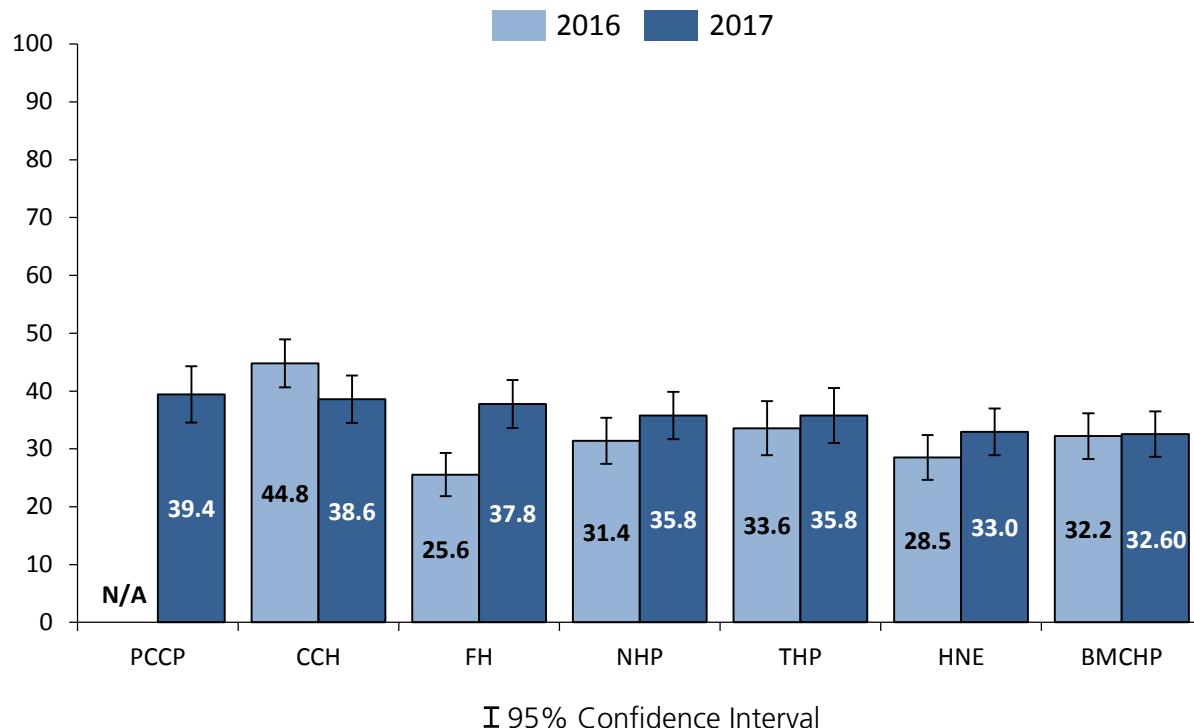
HEDIS 2017 Plan Performance vs. Benchmarks



- ↑ Rate is significantly above the 2017 National Medicaid 90th percentile
- ↔ Rate is not significantly different from the 2017 National Medicaid 90th percentile
- ↓ Rate is significantly below the 2017 National Medicaid 90th percentile

Comprehensive Diabetes Care – Hemoglobin A1c (HbA1c) Poor Control

Plan Rate Comparison to Prior Reporting Year



Results

- 36.3% of adult MassHealth members with diabetes demonstrated poor A1c control in their most recent A1c test during the HEDIS 2017 measurement period. This MassHealth weighted mean rate is statistically significantly above the national Medicaid 90th percentile benchmark rate of 29.1%, meaning that overall MassHealth performance is worse than the benchmark. MassHealth's performance was also significantly higher (worse) than the national Medicaid 75th percentile threshold rate of 35.5%.
- HNE and BMCHP had rates that were statistically equivalent to the 90th percentile benchmark. All other plan rates were statistically significantly higher (meaning worse performance) than the benchmark.
- FH's HEDIS 2017 rate was significantly higher (worse performance) than the previous year. Five of the other plan rates were statistically equivalent to their previous year's rates. (The PCC Plan did not report a rate for HEDIS 2016.)

Controlling High Blood Pressure

About This Measure

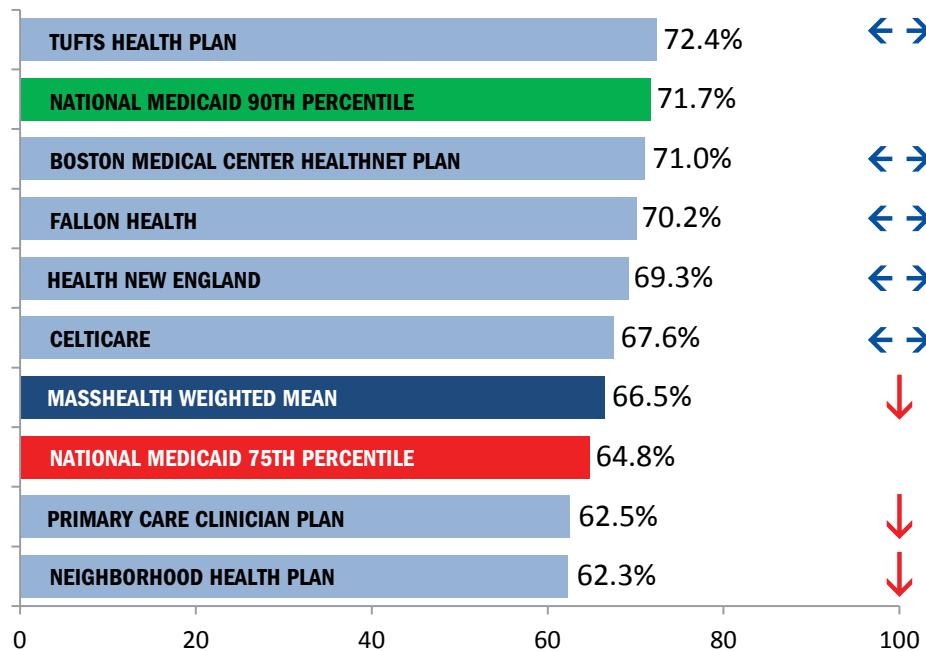
High blood pressure, also known as hypertension, can lead to heart disease, stroke, and renal failure. Controlling and lowering blood pressure through diet, exercise, and/or medications reduces the risk of death from stroke or heart disease. The National Heart, Lung, and Blood Institute generally considers 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 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 records).

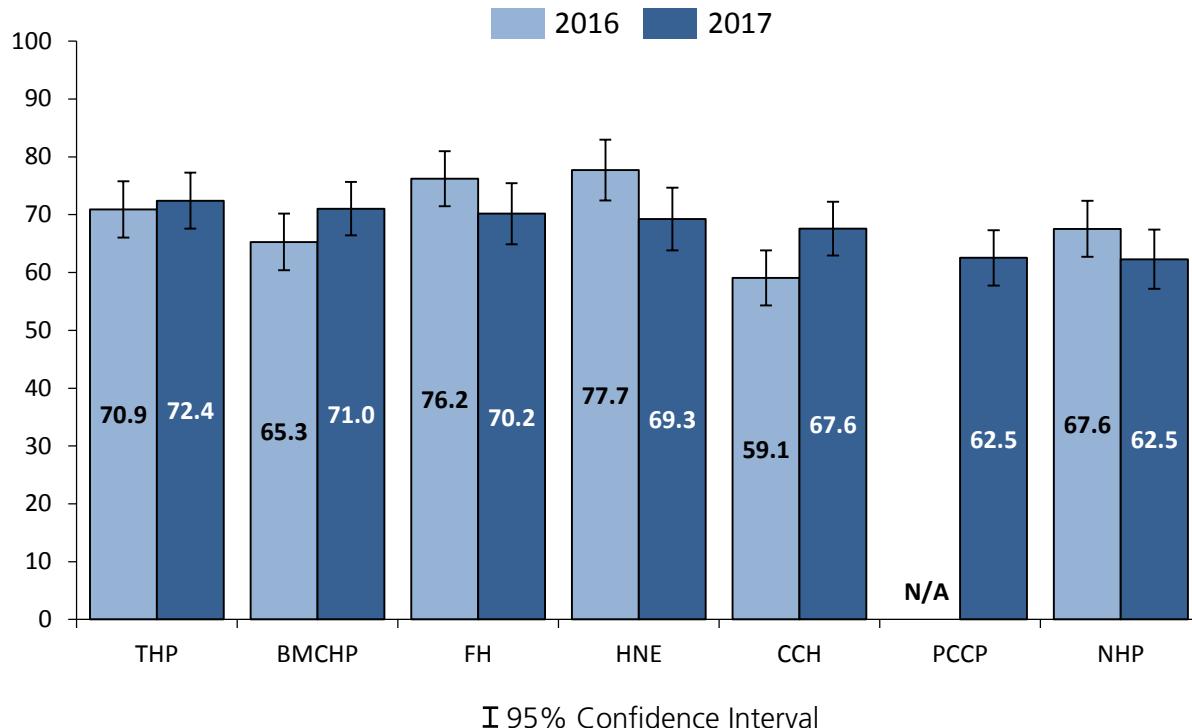
HEDIS 2017 Plan Performance vs. Benchmarks



- ↑ Rate is significantly above the 2017 National Medicaid 90th percentile
- ↔ Rate is not significantly different from the 2017 National Medicaid 90th percentile
- ↓ Rate is significantly below the 2017 National Medicaid 90th percentile

Controlling High Blood Pressure

Plan Rate Comparison to Prior Reporting Year



Results write up:

- 66.5% of adult MassHealth members with a hypertension diagnosis had adequately controlled blood pressure during the HEDIS 2017 measurement period. This MassHealth weighted mean rate is statistically significantly lower than the national Medicaid 90th percentile rate of 71.7%, but the rate is statistically significantly higher than the national Medicaid 75th percentile threshold rate of 64.8%.
- Rates for five plans (CCH, HNE, FH, BMCHP, and THP) were statistically equivalent to the national Medicaid 90th percentile rate, while PCCP and NHP had rates that fell significantly below the 90th percentile benchmark.
- The HEDIS 2017 rates for HNE, FH, THP, NHP, PCCP, and BMCHP were unchanged (statistically equivalent) compared to HEDIS 2016. The PCC Plan did not have data available from HEDIS 2016.

Asthma Medication Ratio

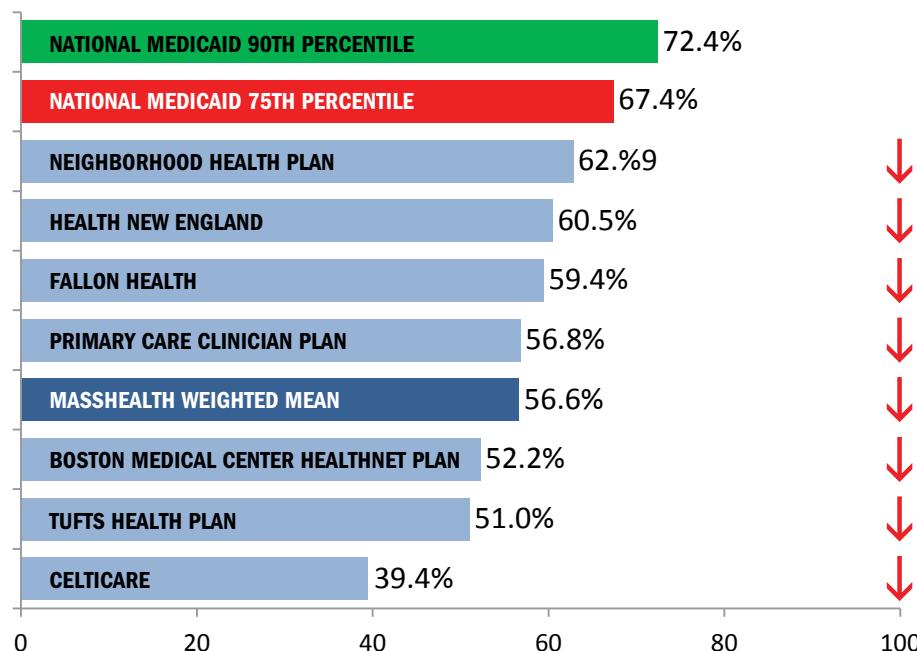
About This Measure

Asthma medications are generally categorized as either long-term controller medications, used to control persistent asthma over time, and quick-reliever (rescue) medications, used for relief of acute symptoms (i.e., asthma attacks). Long-term control of asthma is the most effective strategy for living with this chronic condition. Appropriate ratios of controller to quick-reliever medications can improve quality of life, and reduce asthma-related costs, both medical (emergency room visits and hospitalizations) and social (missed days of school or work).

The Asthma Medication Ratio is the percentage of members 5-85 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year (2016). Treatments can include: Oral Medication Dispensing Events, Inhaler Dispensing Events, and/or Injection Dispensing Events.

This measure uses administrative data (claims) only.

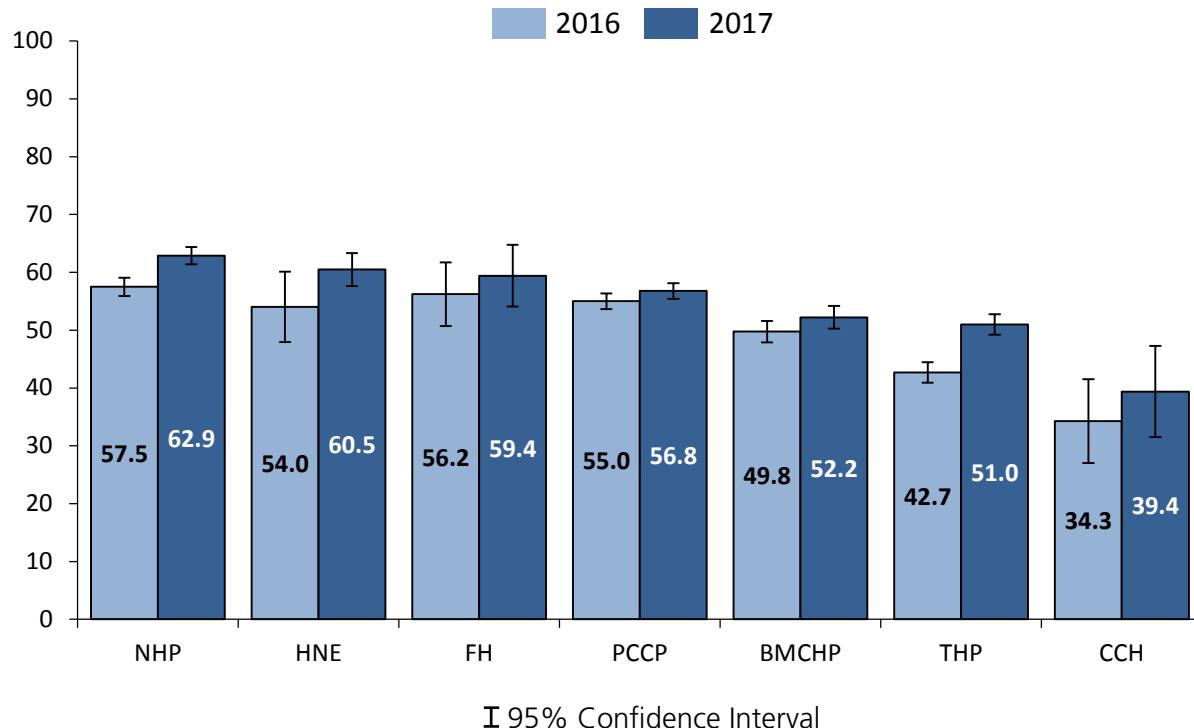
HEDIS 2017 Plan Performance vs. Benchmarks



- ↑ Rate is significantly above the 2017 National Medicaid 90th percentile
- ↔ Rate is not significantly different from the 2017 National Medicaid 90th percentile
- ↓ Rate is significantly below the 2017 National Medicaid 90th percentile

Asthma Medication Ratio

Plan Rate Comparison to Prior Reporting Year



Results write up:

- 56.6% of MassHealth members aged 5-85 had an asthma control visit within the measurement year. This MassHealth weighted mean rate is significantly lower than the national Medicaid 90th percentile rate of 72.4%, as well as the national Medicaid 75th percentile rate of 67.4%.
- All MassHealth plans had rates significantly below the 90th percentile benchmark and the 75th percentile threshold.
- Two plans (THP and NHP) reported rates that were statistically significantly higher than the previous year. The other five plans rates were statistically equivalent to the previous reported year.

PERINATAL CARE

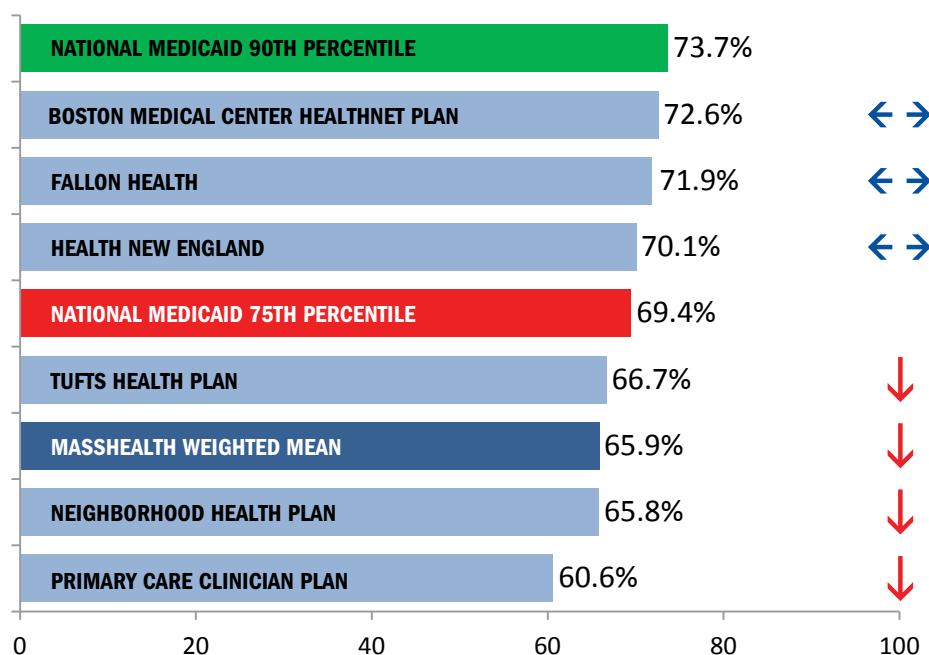
Prenatal and Postpartum Care

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.

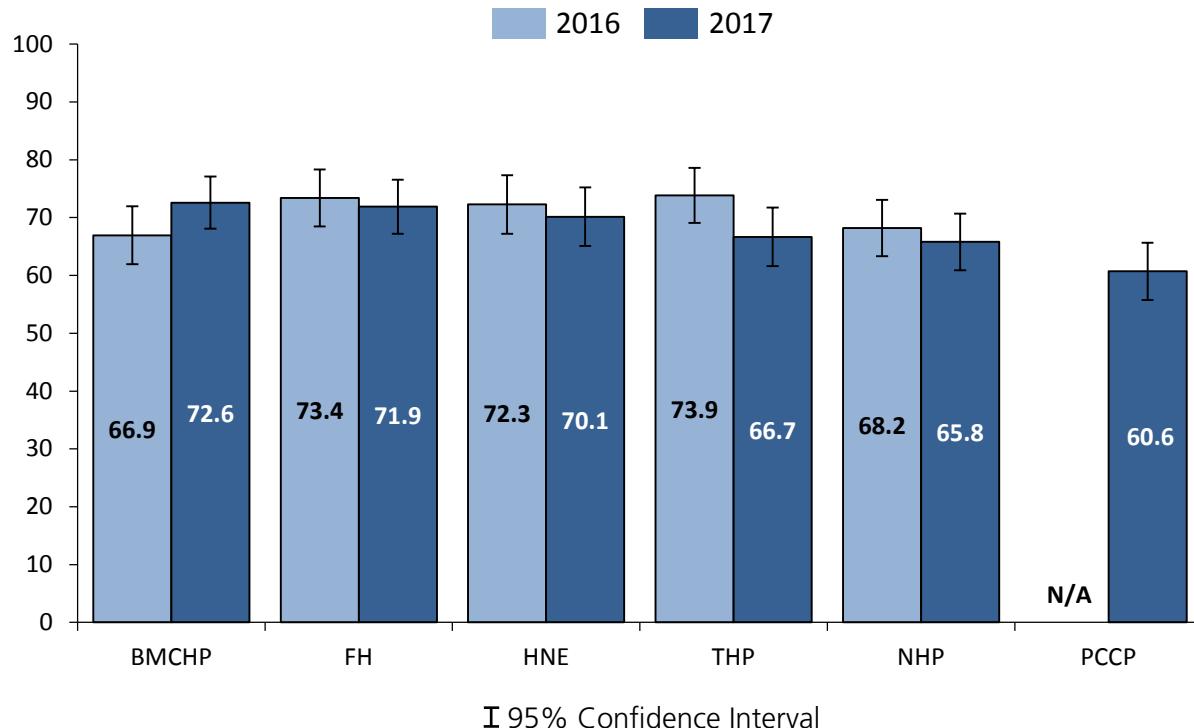
The Postpartum Care measure reports the deliveries by MassHealth members between November 6, 2015 to November 5, 2016 that had a postpartum visit on or between 21 and 56 days after delivery.

HEDIS 2017 Plan Performance vs. Benchmarks



- ↑ Rate is significantly above the 2017 National Medicaid 90th percentile
- ↔ Rate is not significantly different from the 2017 National Medicaid 90th percentile
- ↓ Rate is significantly below the 2017 National Medicaid 90th percentile

Plan Rate Comparison to Prior Reporting Year



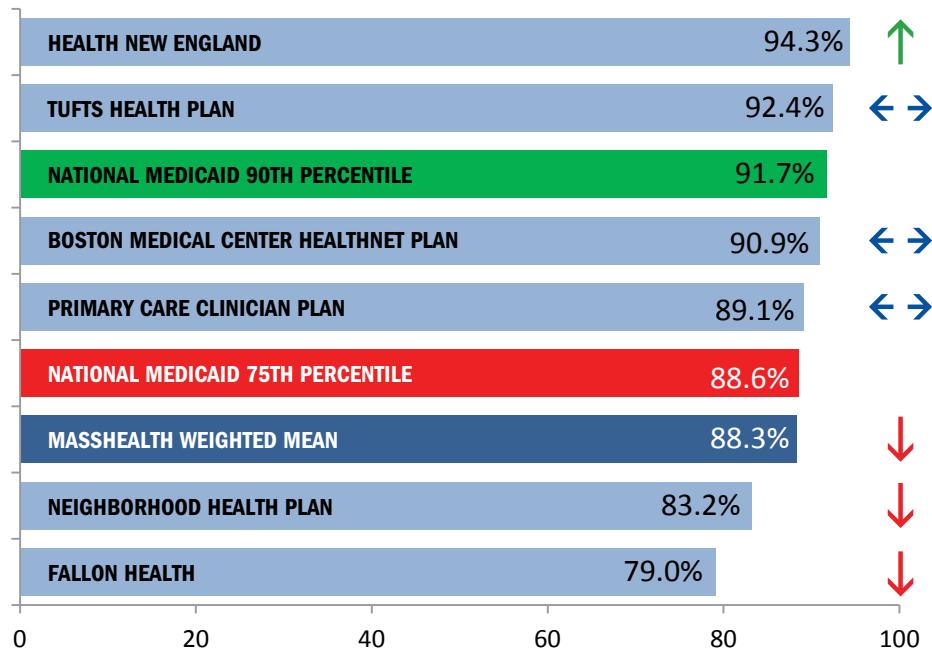
Postpartum Care Results:

- 65.9% 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 both the national Medicaid 90th percentile benchmark rate of 73.7% and the national Medicaid 75th percentile threshold rate of 69.4%.
- Rates for HNE, FH, and BMCHP were statistically equivalent to the national benchmark, while THP, PCCP, and NHP had rates that were statistically significantly below the benchmark. However, NHP and THP had rates statistically equivalent to the threshold rate. (CCH does not have data for this measure.)
- None of the five plans with rates for both years had any statistically significant differences between their HEDIS 2016 and 2017 rates. (The PCC Plan did not report a rate for HEDIS 2016.)

About This Measure

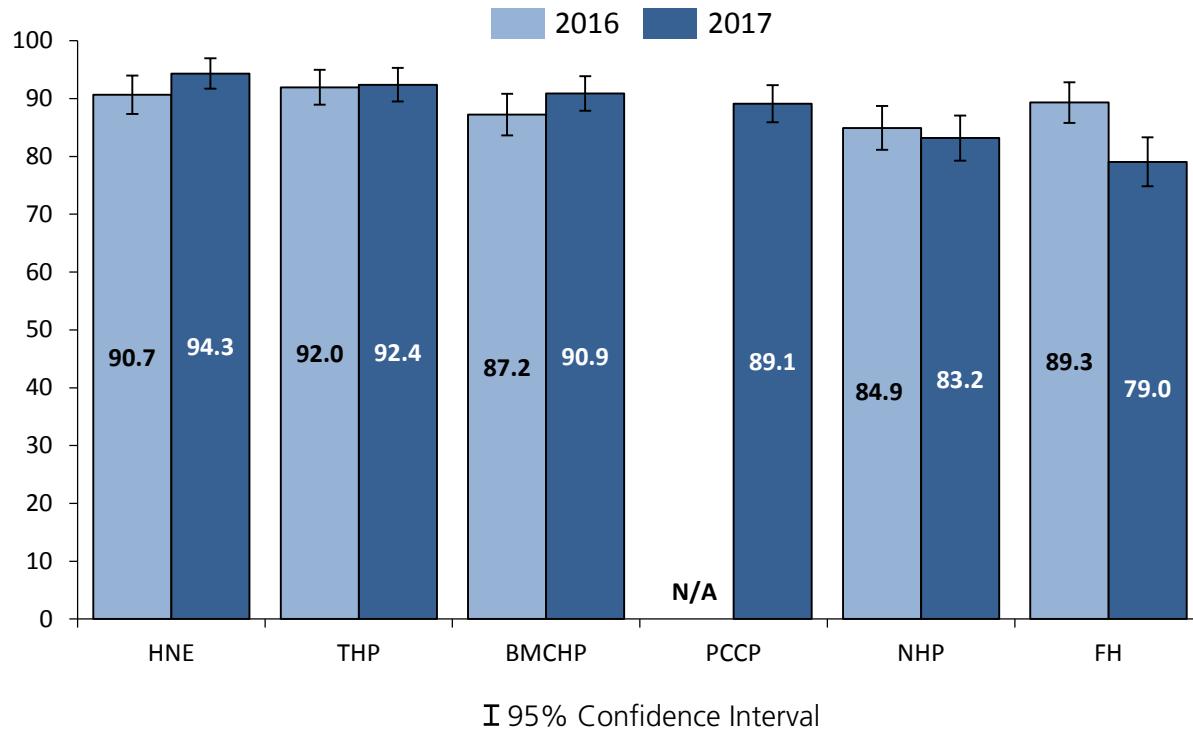
Timeliness of Prenatal Care: the percentage of deliveries by MassHealth members between November 6, 2015 and November 5, 2016 that received a prenatal care visit as a member of the health plan in the first trimester or within 42 days of enrollment in the plan.

HEDIS 2017 Plan Performance vs. Benchmarks



- ↑ Rate is significantly above the 2017 National Medicaid 90th percentile
- ↔ Rate is not significantly different from the 2017 National Medicaid 90th percentile
- ↓ Rate is significantly below the 2017 National Medicaid 90th percentile

Plan Rate Comparison to Prior Reporting Year



Prenatal Care Results:

- 88.3% of MassHealth managed care plan members who gave birth during the measurement period had a prenatal visit in the first trimester of pregnancy, or within 42 days of enrolling the plan. This MassHealth weighted mean rate is statistically significantly below the national Medicaid 90th percentile rate of 91.7%, but is statistically equivalent to the national Medicaid 75th percentile threshold rate of 88.6%.
- HNE's rate was significantly above the national benchmark, while THP, BMCHP, and PCCP plans had rates that were statistically equivalent to the 90th percentile benchmark. NHP and FH had rates that were statistically significantly below the benchmark. (CCH does not have data for this measure.)
- Four plans (HNE, THP, BMCHP, and NHP) had HEDIS 2017 rates that were statistically equivalent to the previous year. FH had a statistically significant rate decrease between 2016 and 2017. (The PCC Plan did not report a rate for HEDIS 2016.)

BEHAVIORAL HEALTH CARE

Follow-up Care for Children Prescribed ADHD Medication

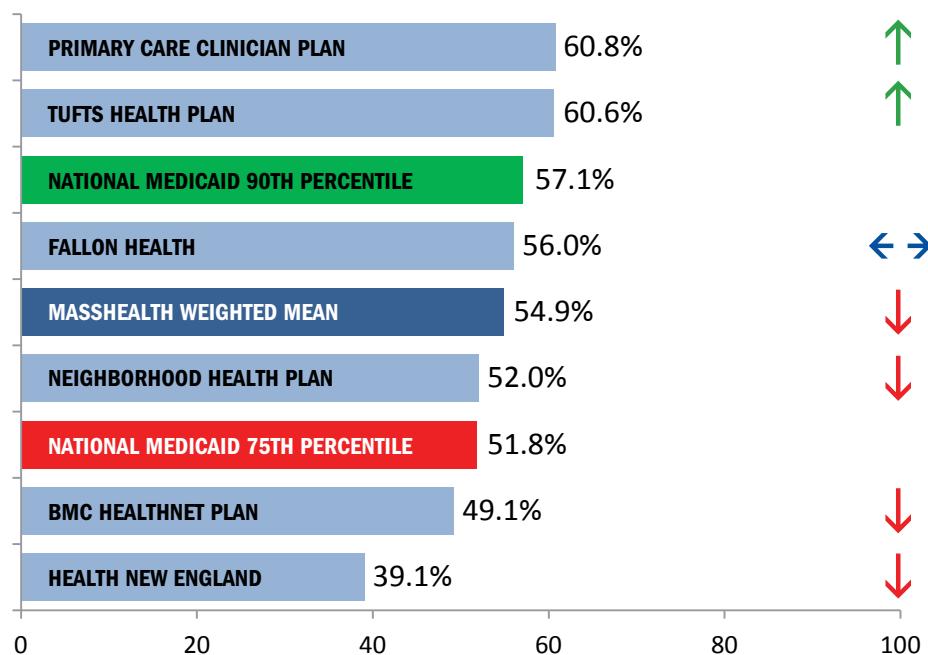
About This Measure

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 CeliCare 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.

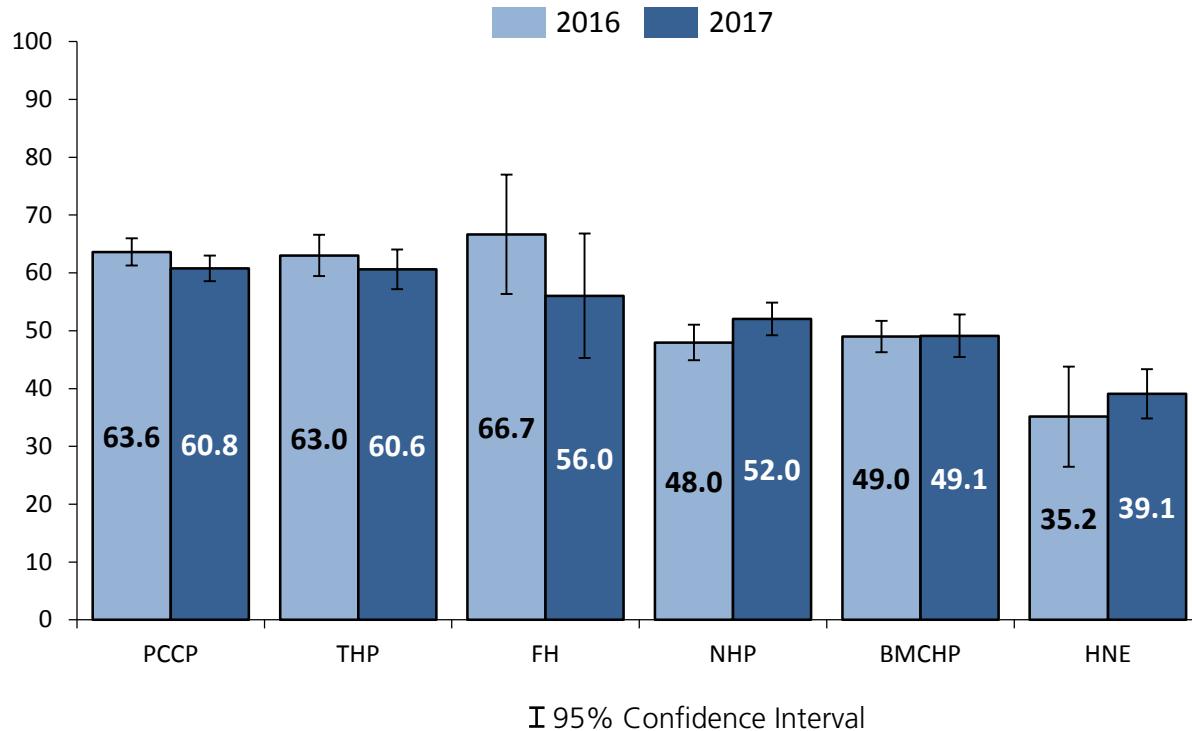
HEDIS 2017 Plan Performance vs. Benchmarks



- ↑ Rate is significantly above the 2017 National Medicaid 90th percentile
- ↔ Rate is not significantly different from the 2017 National Medicaid 90th percentile
- ↓ Rate is significantly below the 2017 National Medicaid 90th percentile

Follow-up Care for Children Prescribed ADHD Medication

Plan Rate Comparison to Prior Reporting Year – Initiation Phase



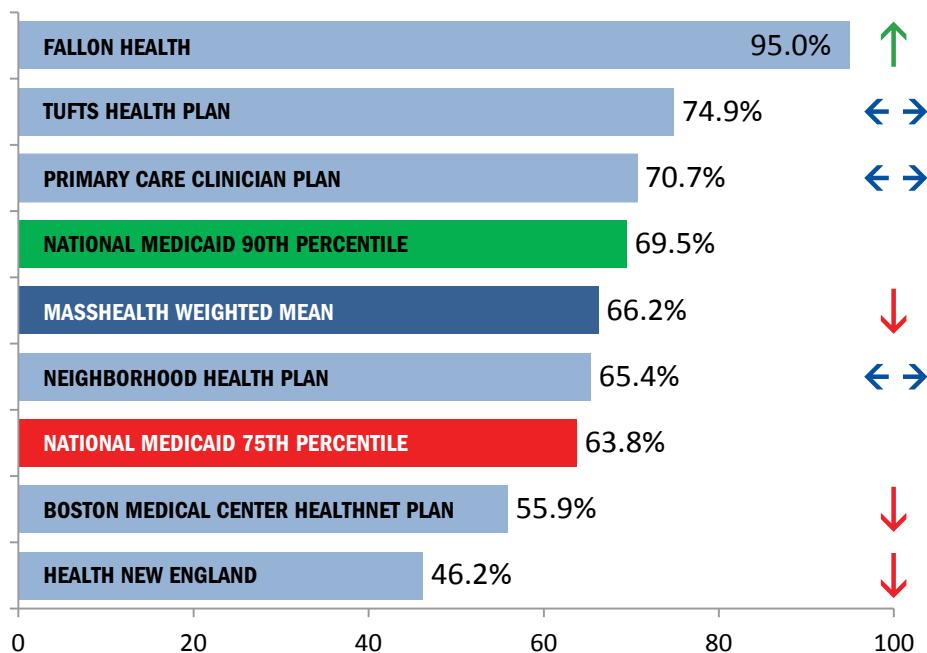
Initiation Phase Results

- 54.9% 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 below the national Medicaid 90th percentile rate of 57.1%.
- Two MassHealth plans, the PCC Plan and THP, had rates significantly higher than the 90th percentile benchmark.
- BMCHP and NHP had rates that were statistically equivalent to the national Medicaid 75th percentile threshold rate of 51.8%, while HNE's rate was significantly below it.
- 2017 rates were statistically equivalent to the previously reported year for all the plans.

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.

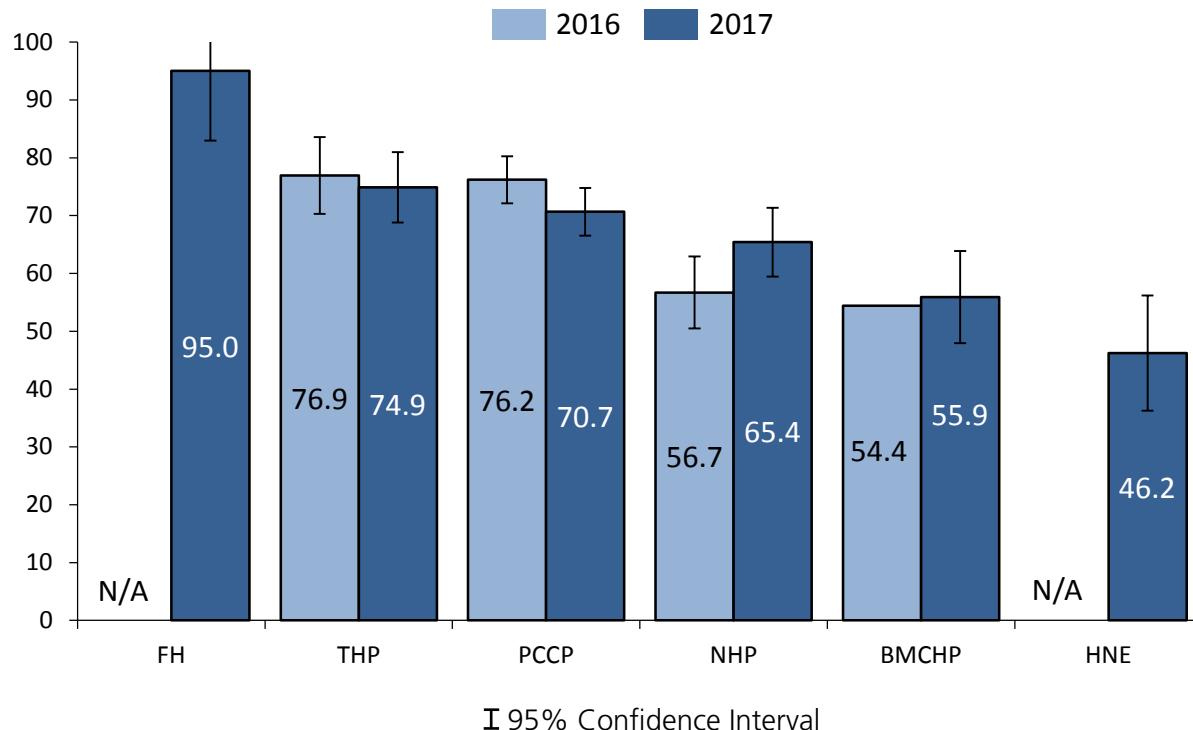
HEDIS 2017 Plan Performance vs. Benchmarks



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Follow-up Care for Children Prescribed ADHD Medication

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



Continuation and Maintenance Phase Results

- 66.2% 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 statistically significantly below the national Medicaid 90th percentile rate of 69.5%, but is statistically equivalent to the national Medicaid 75th percentile benchmark rate of 63.8%.
- One MassHealth plan, FH, significantly exceeded the national Medicaid 90th percentile benchmark. Three plans (NHP, PCCP, and THP) had rates that were statistically equivalent to the 90th percentile benchmark. HNE and BMCHP fell below the benchmark.
- None of the four plans reporting rates in both years experienced statistically significant changes between their 2016 and 2017 rates (HNE and FH did not have reportable rates in 2016).

Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

About This Measure

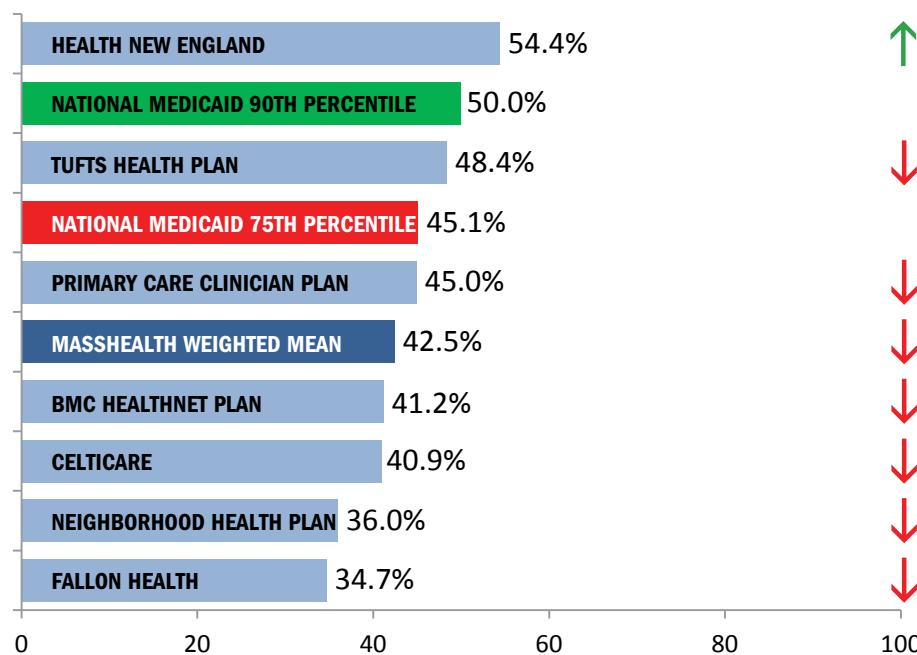
Substance abuse continues to be a serious problem in the United States. Individuals with substance abuse disorders, meaning dependence on or abuse of alcohol and/or illicit drugs, should seek the help of treatment programs. Active participation in treatment programs is critical to a successful recovery. 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 Phase

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.

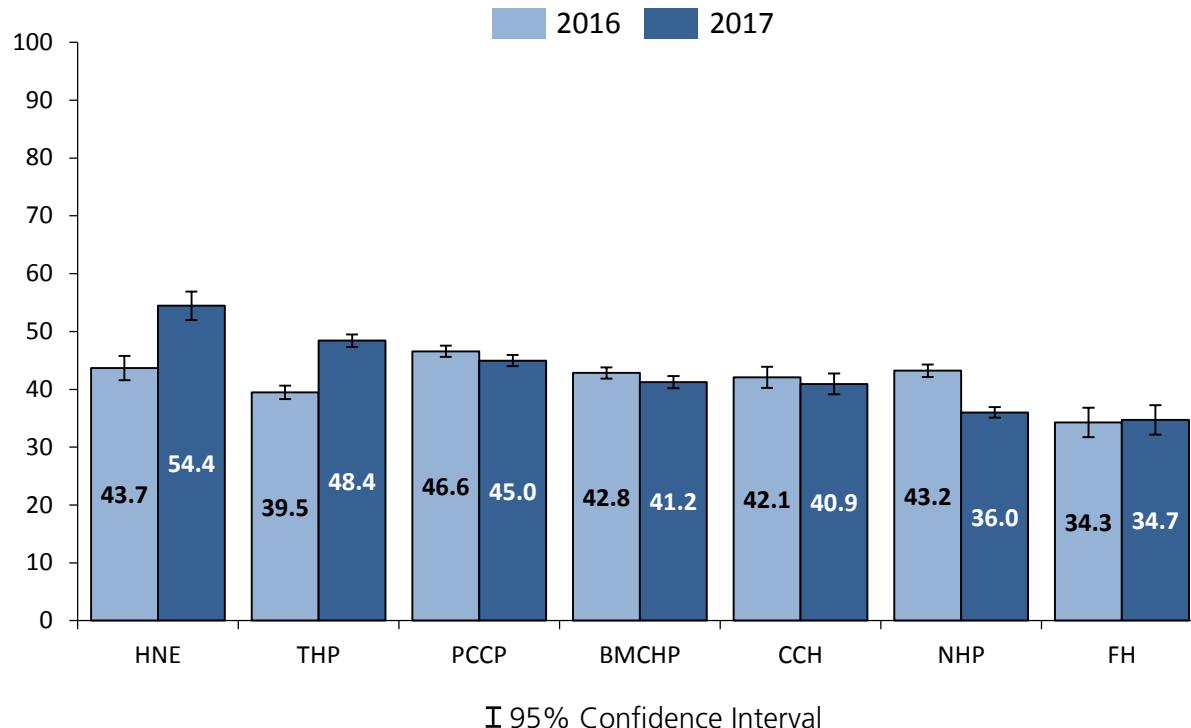
HEDIS 2017 Plan Performance vs. Benchmarks



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Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

Plan Rate Comparison to Prior Reporting Year – Initiation Phase



Initiation Phase Results

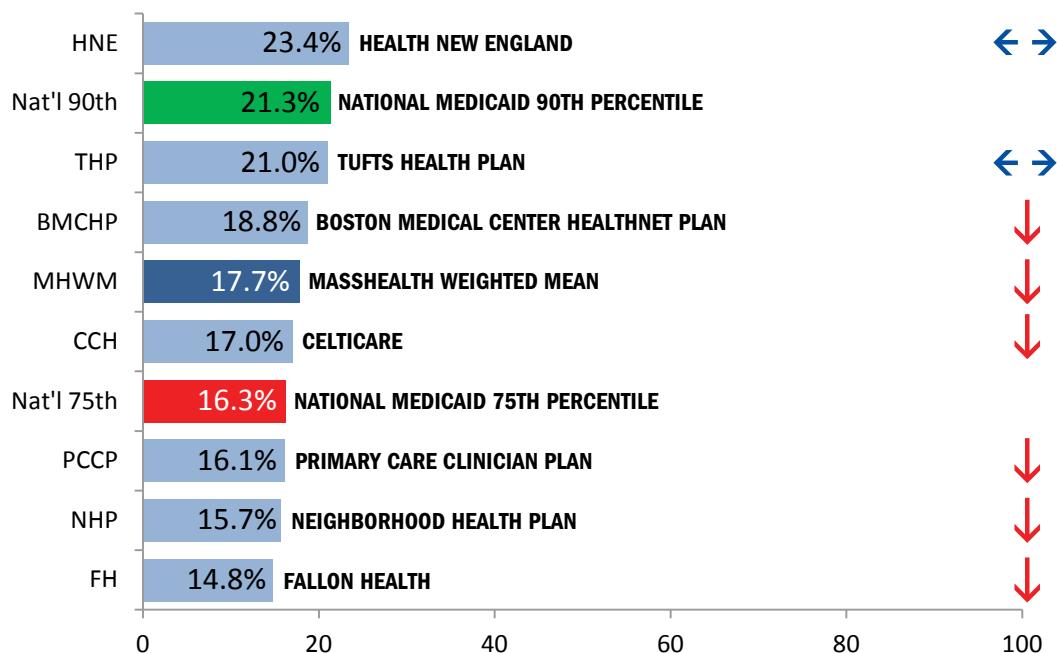
- 42.5% of MassHealth members aged 13 and older who were newly diagnosed with a substance abuse disorder initiated treatment within 14 days of the diagnosis. This MassHealth weighted mean rate is statistically significantly below the national Medicaid 90th percentile benchmark rate of 50.0%, as well as the national Medicaid 75th percentile threshold rate of 45.1%.
- One plan (the HNE Plan) had a rate statistically significantly above the benchmark. All other plan rates were significantly below the benchmark rate, but THP's rate was significantly higher than the 75th percentile threshold rate.
- HNE and THP's HEDIS 2017 rates increased significantly from the previous year. NHP's HEDIS 2017 rate fell significantly compared with the HEDIS 2016, while the other four plans had rates that were statistically equivalent to the prior year.

Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

Engagement phase

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.

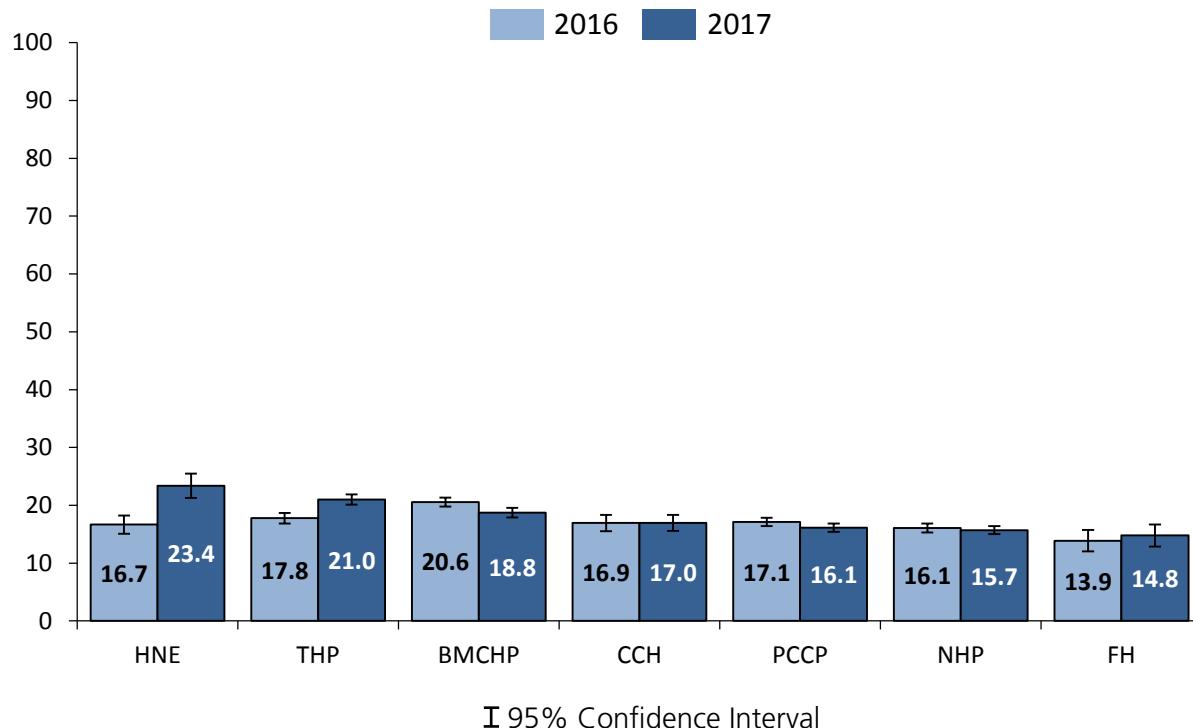
HEDIS 2017 Plan Performance vs. Benchmarks



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- ↔ Rate is not significantly different from the 2017 National Medicaid 90th percentile
- ↓ Rate is significantly below the 2017 National Medicaid 90th percentile

Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

Plan Rate Comparison to Prior Reporting Year – Engagement Phase



Engagement Phase 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 below the national Medicaid 90th percentile benchmark rate of 21.3%, but significantly above the National Medicaid 75th percentile benchmark rate of 16.3%.
- Rates for HNE and THP were statistically equivalent to the 90th percentile benchmark, while the other plan rates fell below the benchmark.
- HNE and THP's HEDIS 2017 rates increased significantly from the previous year. BMCHP's HEDIS 2017 rate fell significantly compared with the prior year, while the other four plans had rates that were statistically equivalent to the prior year.

Follow-up After Hospitalization for Mental Illness

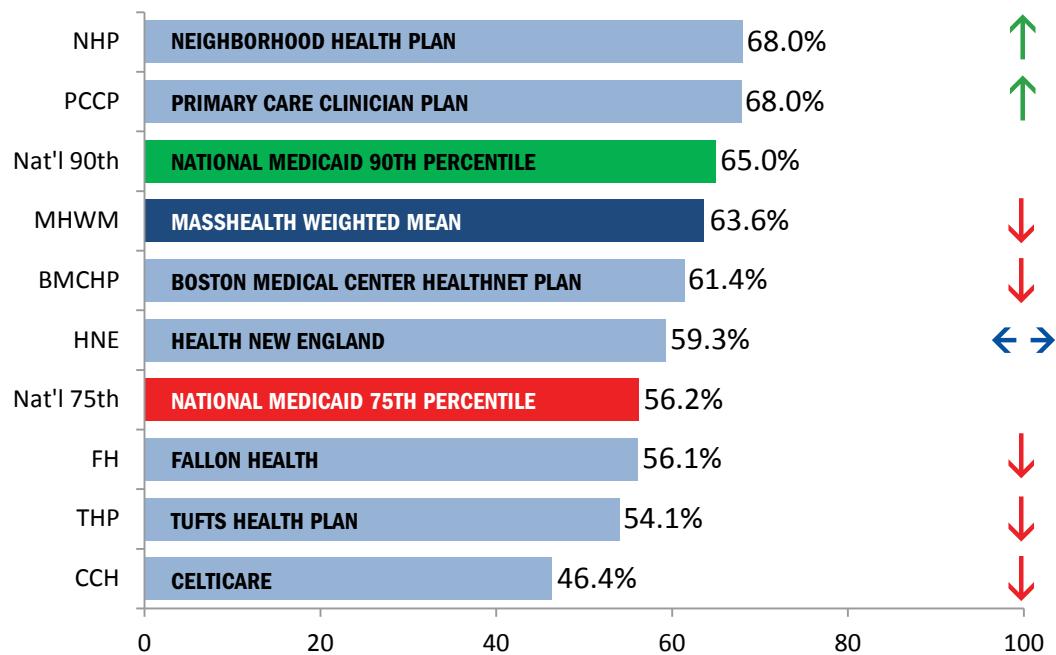
About This Measure

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 had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner within 7 days of discharge.

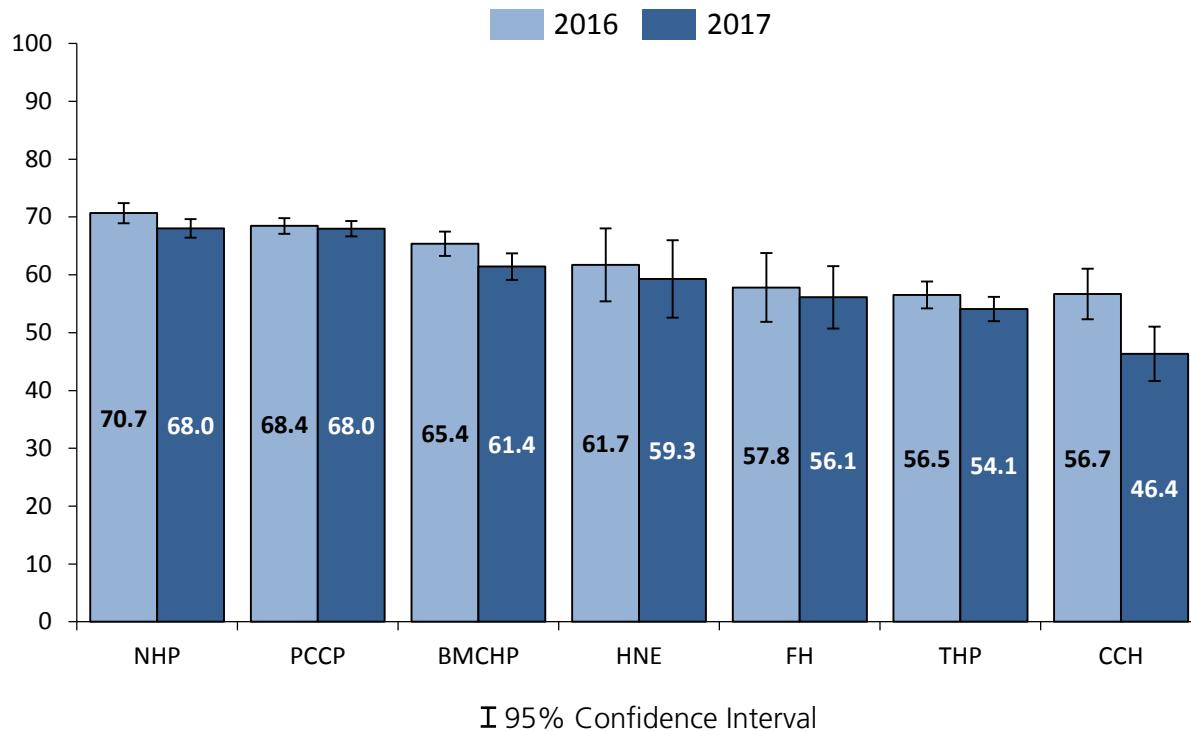
HEDIS 2017 Plan Performance vs. Benchmarks



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Follow-up After Hospitalization for Mental Illness

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



7 Day Follow-up Results

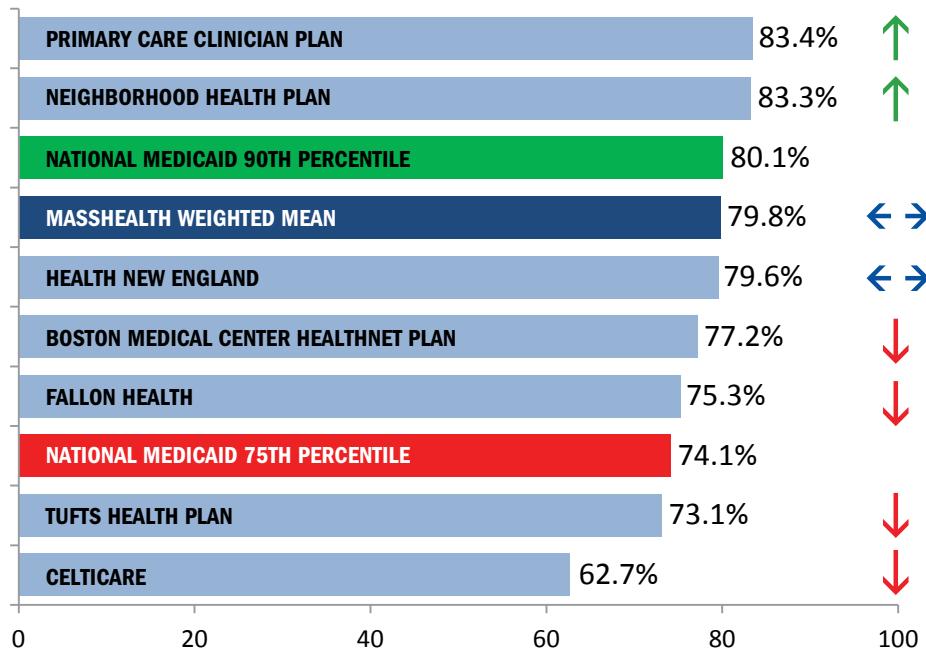
- 63.6% of MassHealth members aged 6 and above who were discharged after hospitalization for mental illness had a follow-up visit within 7 days. This MassHealth weighted mean rate is statistically significantly lower than the national Medicaid 90th percentile benchmark rate of 65.0%, but is significantly higher than the national Medicaid 75th percentile threshold rate of 56.2%.
- Two MassHealth plans (NHP and the PCC Plan) had rates significantly higher than the 90th percentile benchmark. HNE's rate was statistically equivalent to the benchmark, while BMCHP and FH's rates were statistically below the benchmark. Rates for CCH and THP were below the 75th percentile threshold rate.
- CCH reported a lower HEDIS 2017 rate compared to 2016. All other plans had rates that were statistically equivalent to the prior year.

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.

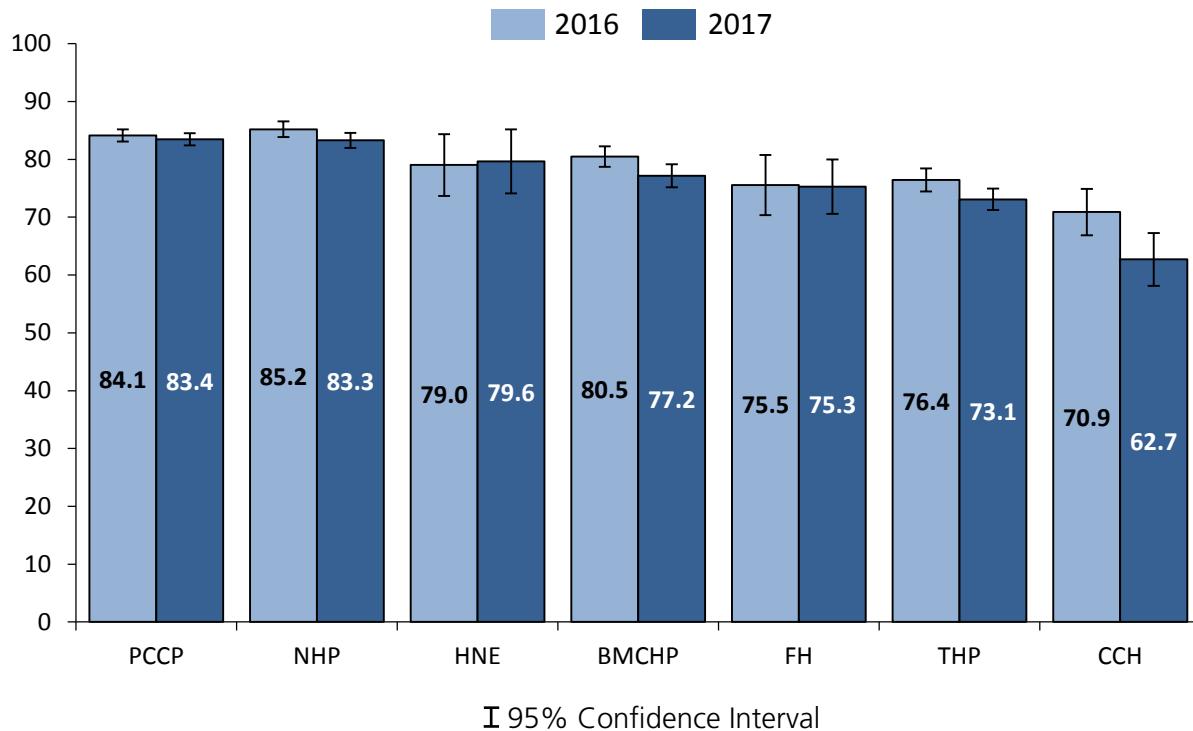
HEDIS 2017 Plan Performance vs. Benchmarks



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- ↓ Rate is significantly below the 2017 National Medicaid 90th percentile

Follow-up After Hospitalization for Mental Illness

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



30 Day Follow-up Results

- 79.8% 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 equivalent to the national Medicaid 90th percentile benchmark rate of 80.1%.
- Two MassHealth plans (NHP and the PCC Plan) had 30 Day Follow-up rates significantly higher than the 90th percentile benchmark, while HNE's rate was statistically equivalent to the benchmark rate. The remaining plan rates all fell below the national benchmark.
- None of the plans had statistically significant changes in rates between HEDIS 2016 and HEDIS 2017.

Adherence to Antipsychotic Medications for Individuals With Schizophrenia

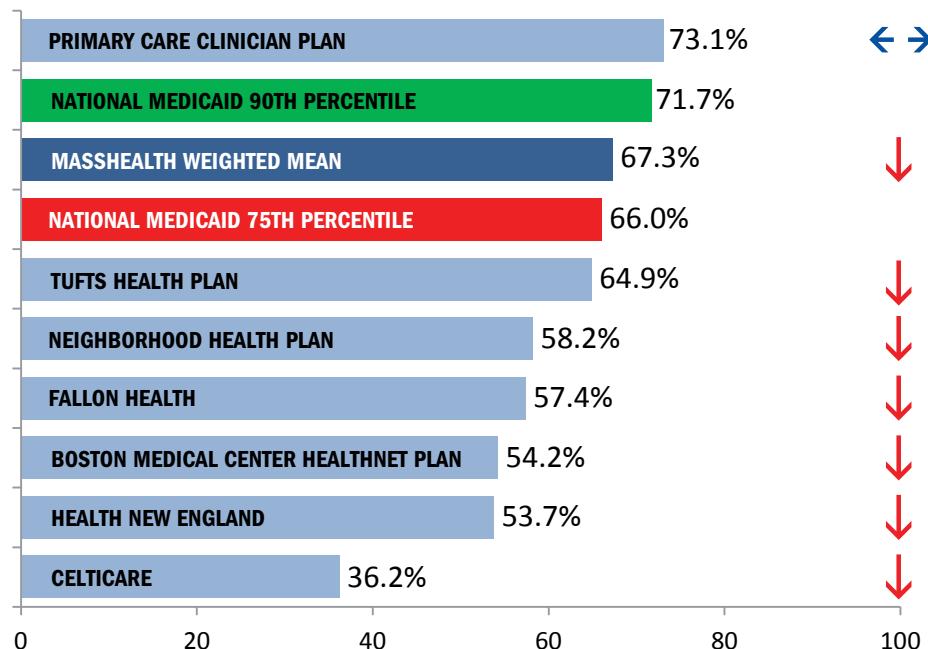
About This Measure

Schizophrenia is a serious, chronic brain disorder affecting between 0.25% and 0.64% of Americans, according to an estimate from the National Institute of Mental Health (NIMH).* 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, 2016). This measure uses administrative data (claims) only.

* <http://www.nimh.nih.gov/health/statistics/prevalence/schizophrenia.shtml>

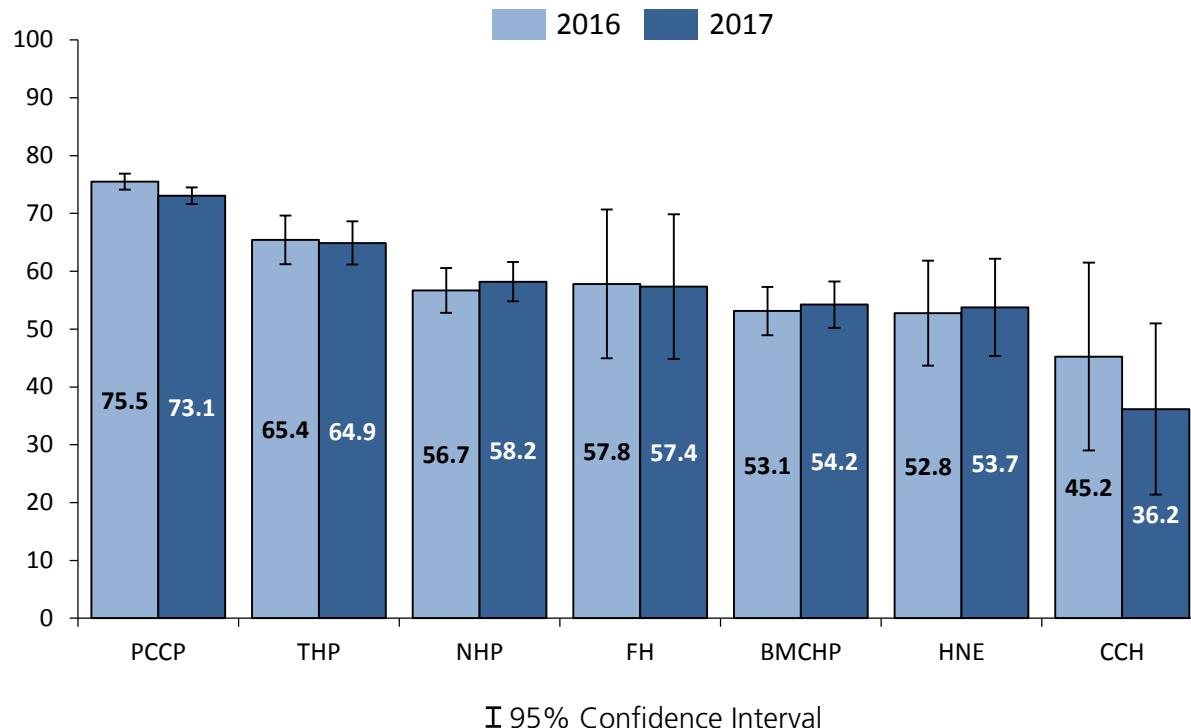
HEDIS 2017 Plan Performance vs. Benchmarks



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Adherence to Antipsychotic Medications for Individuals With Schizophrenia

Plan Rate Comparison to Prior Reporting Year



Results

- 67.3% 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 90th percentile benchmark of 71.7%, but is statistically significantly above the national Medicaid 75th percentile threshold rate of 66.0%.
- The PCC Plan's rate was statistically equal to the national Medicaid 90th percentile benchmark rate. The other six MassHealth plan rates were significantly below the 90th percentile benchmark.
- The HEDIS 2017 rates for all seven plans were unchanged from (statistically equivalent to) the previous year.

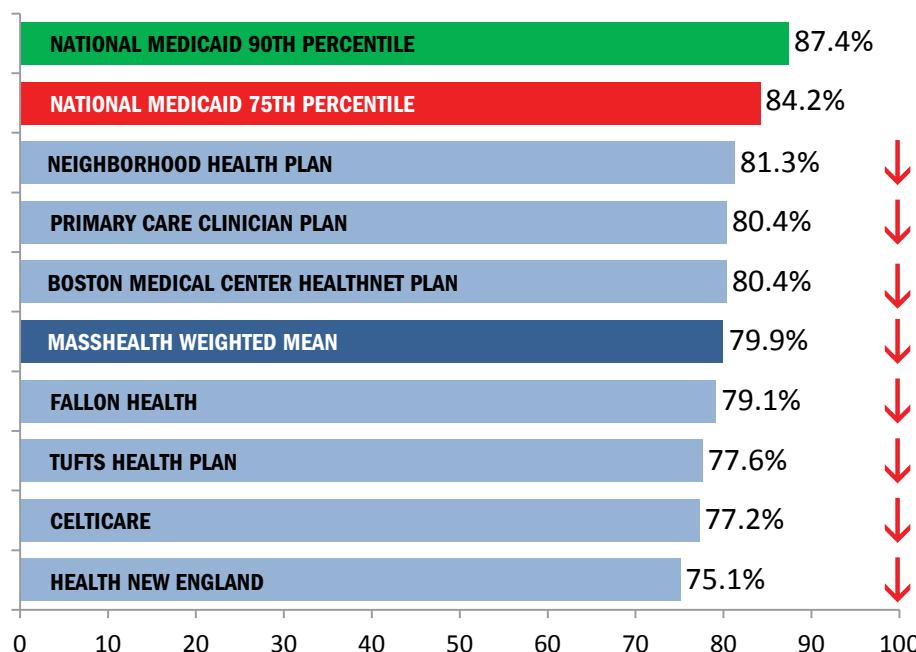
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications

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 (2016). This measure uses administrative data (claims) only.

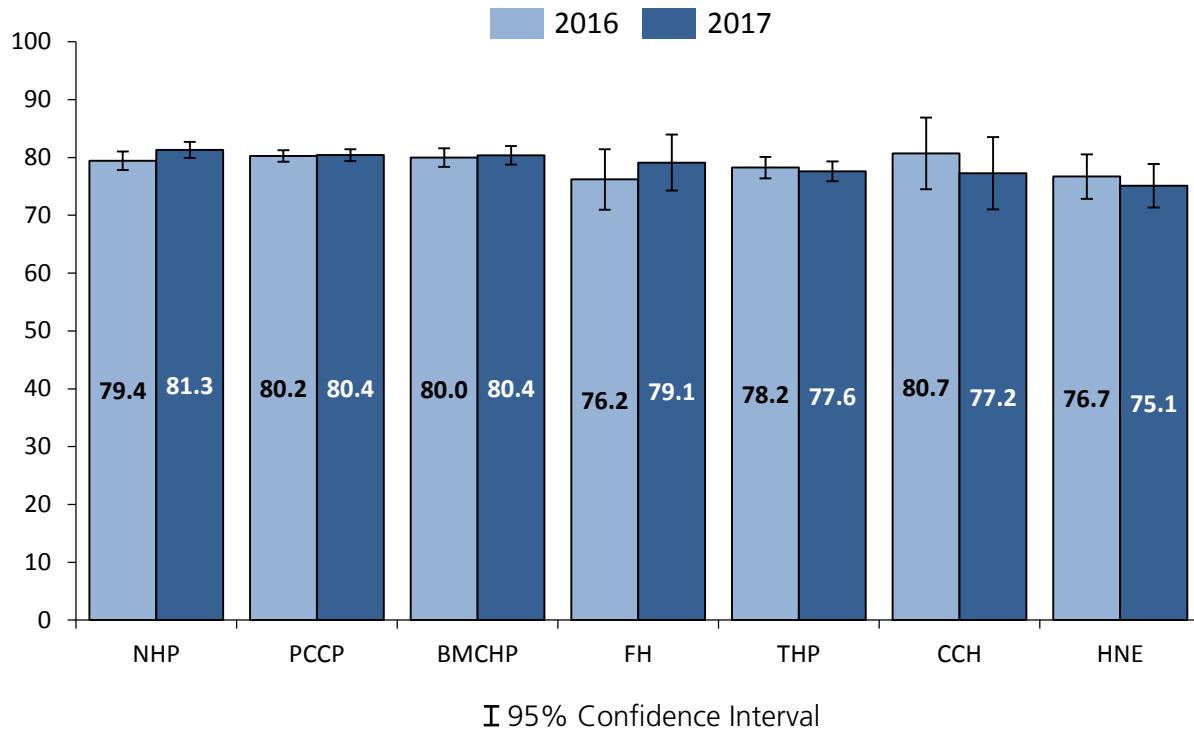
HEDIS 2017 Plan Performance vs. Benchmarks



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

Plan Rate Comparison to Prior Reporting Year



Results

- 79.9% of MassHealth members aged 18-64 with schizophrenia or bipolar disorder, and who were dispensed an antipsychotic medication during 2016, received a diabetes screening test. This rate is statistically significantly lower than both the national Medicaid 90th percentile benchmark of 87.4% and the national Medicaid 75th percentile threshold rate of 84.2%.
- All MassHealth plan rates were significantly below both the benchmark and threshold rates.
- The HEDIS 2017 rates for all seven plans were unchanged (statistically equivalent) from the previous reported year.

Use of First-Line Psychosocial Care for Children/Adolescents on Antipsychotics

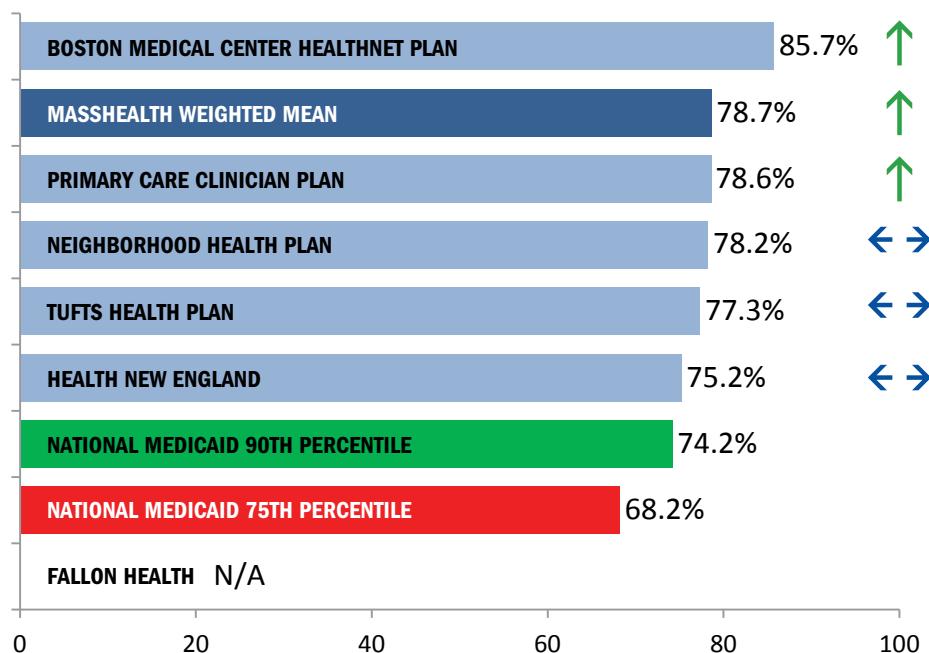
About This Measure

Antipsychotic medications can have serious side effects, such as weight gain, diabetes, and movement disorders. While these medications may be appropriate in some cases for child psychiatric conditions, they are often used “off-label” for conditions such as attention-deficit hyperactivity disorder, aggression, or disruptive behavior. Psychosocial interventions should be provided as the first-line treatment for these conditions, prior to any use of antipsychotic medications.

The use of first-line psychosocial care is measured as the percentage of children and adolescents, aged 1-17 years as of December 31, who had a new prescription for an antipsychotic medication, and had documentation of a psychosocial care visit as first line treatment.

This measure uses administrative data (claims) only.

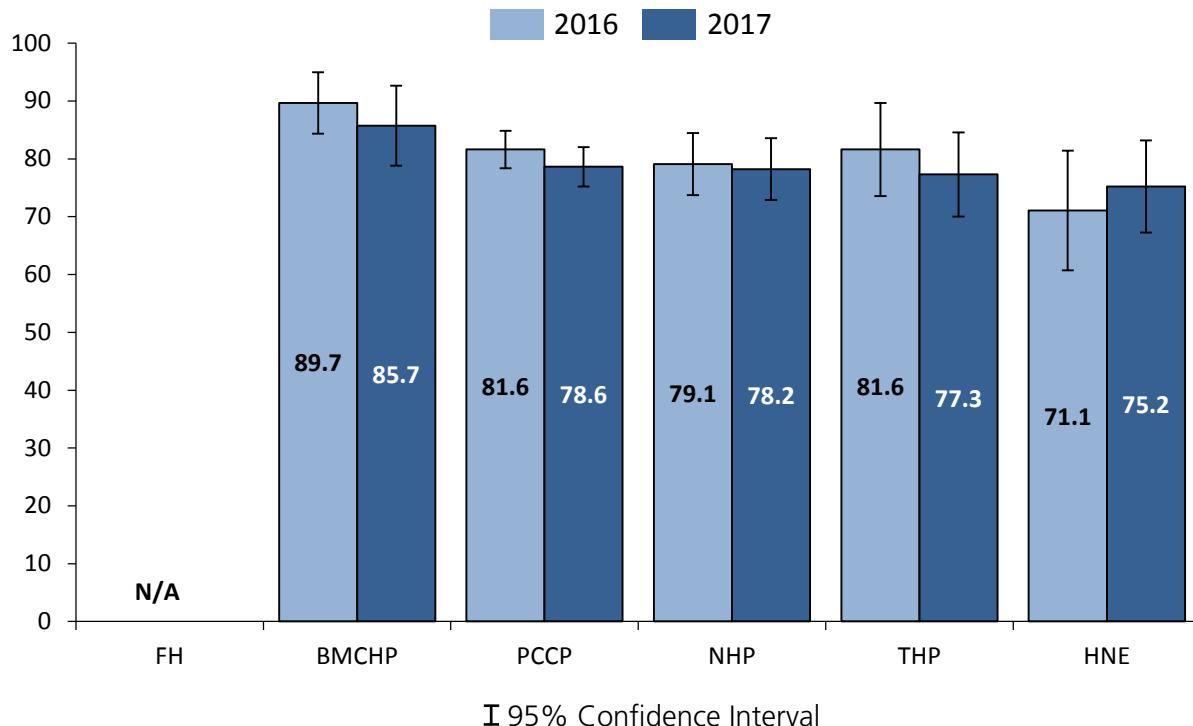
HEDIS 2017 Plan Performance vs. Benchmarks



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Use of First-Line Psychosocial Care for Children/Adolescents on Antipsychotics

Plan Rate Comparison to Prior Reporting Year



Results

- 78.7% of MassHealth members aged 1-17 received psychosocial treatment as a first line of care. This MassHealth weighted mean rate is statistically significantly higher than the national Medicaid 90th percentile benchmark rate of 74.2%.
- BMCHP and PCCP had rates significantly higher than the 90th percentile benchmark, while the other three plans with data were statistically equivalent to the benchmark. (FH did not have reportable data, and CCH does not enroll child members.)
- All reporting plans had rates that were statistically equivalent to their 2016 rates.

Notes



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