MassHealth 2020 Managed Care Plan Quality Performance

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*Background*

In 2020, MassHealth identified a slate of performance measures for public reportingin accordance with CFR 438.340 which requires that states publicly report quality measures and performance outcomes annually for its managed care plans. Measures were selected for Year 3 of public reporting based on MassHealth experience in reporting the measure, availability of standardized specifications and national benchmarks, and alignment with MassHealth and CMS Priorities. Most of the measures selected are reported by more than one MassHealth program, with six measures being reported by three or more MassHealth programs. With the exception of the SCO and One Care programs, measure rates reflect performance in Calendar Year 2019, with data collection occurring in Calendar Year 2020. Due to Covid-19, CMS instructed SCO and One Care programs to not collect new performance metrics for measurement year 2019. For the purposes of this report, MassHealth is reporting MY 2018 data.

*Data Collection*

MassHealth receives plan-level HEDIS data from each of its managed care plans. Plan-level rates are presented in tables for each MassHealth managed care program which operated in 2019. These include Managed Care Organizations (MCO), Senior Care Organizations (SCO), One Care, and the Primary Care Clinician (PCC) Plan. In addition to plan-level rates, the tables also present a MassHealth Weighted Mean (MHWM), which is a weighted average and reflects an overall performance rate for all the plans reporting data for that measure. MHWM rates are compared to national benchmarks, with arrows representing relative performance (for example, ↑ represents MHWM performance exceeds a benchmark).

Data are compared to national benchmarks.

* MCO, One Care, and the PCC Plan rates are compared to the national Medicaid 90th and 75th percentiles. The 90th percentile represents a level of performance that was met or exceeded by the top 10% of Medicaid plans that submitted HEDIS 2020 data to NCQA. MassHealth uses the Medicaid 90th percentile as the primary benchmark against which plan performance is compared. The Medicaid 75th percentile is used to reflect a minimum standard of performance. This percentile represents a level of performance met or exceeded by the top 25% of Medicaid plans that submitted HEDIS 2020 data to NCQA.
* SCO Plans are compared to both the national Medicaid and the national Medicare 90th and 75th percentiles (where available).

Benchmarks were sourced from the NCQA’s 2020 Medicaid Quality Compass and the 2020 Medicare Quality Compass.

Table 1 - MassHealth Slate of Public Reporting Measures

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Measure** | **Steward** | **NQF #** | **MCO** | **PCCP** | **SCO** | **One Care** | **BH PIHP** |
| **Care for Older Adults- Advanced Care Plan** | NCQA | 0326 |  |  | x |  |  |
| **Antidepressant Medication Management** | NCQA | 0105 |  |  | x | X | x |
| **Asthma Medication Ratio** | NCQA | 1800 | x | x | ? | ? |  |
| **Breast Cancer Screening** | NQCA | 2372 |  |  |  | X |  |
| **Colorectal Cancer Screening** | NCQA | 0034 |  |  | x | X |  |
| **Comprehensive Diabetes Care: Poor Control** | NCQA | 0059 |  |  |  | x |  |
| **Controlling High Blood Pressure** | NCQA | 0018 |  |  | x | x |  |
| **Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic Medications** | NCQA | 1932 |  |  |  |  | X |
| **Follow- Up After Emergency Department Visit for Mental Illness or Alcohol and Other Drug Abuse or Dependence** | NCQA | 2605 | x | x |  | x | x |
| **Follow-Up After Hospitalization for Mental Illness (7 days)** | NCQA | 0576 | x | x | x | x |  |
| **Follow-up Care for Children Prescribed ADHD Medication** | NCQA | 0108 |  |  |  |  | x |
| **Initiation and Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment** | NCQA | 0004 | x | x |  | x | X |
| **Medication Reconciliation Post Discharge** | NCQA | 0097 |  |  | X | x |  |
| **Metabolic Monitoring for Children and Adolescents on Antipsychotics** | NCQA | 2800 | x | x |  |  | x |
| **Osteoporosis Management in Women Who Had a Fracture** | NCQA | 0053 |  |  | x |  |  |
| **Persistence of Beta Blocker Treatment After Heart Attack** | NCQA | 0071 |  |  | x |  |  |
| **Pharmacotherapy Management of COPD Exacerbation** | NCQA | 0549 |  |  | x |  |  |
| **Plan All-Cause Readmission** | NCQA | 1768 |  |  | x | x |  |
| **Potentially Harmful Drug Disease Interactions in the Elderly** | NCQA | 2993 |  |  | x |  |  |
| **Use of High-Risk Medications in the Elderly** | NCQA | 0022 |  |  | x |  |  |
| **Use of Spirometry Testing in the Assessment and Diagnosis of COPD** | NCQA | 0577 |  |  | x | x |  |

Table 2 - MCO Performance Measures, 2020 (Measurement Period: Calendar Year 2019)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Measure Code** | **2019 Measures** | **BMCHP** | **THP** | **PCCP** | **MH Weighted Mean** | **Nat'l Mcaid 75th Percentile** | **Nat'l Mcaid 90th Percentile** |
| **AMR** | **Asthma Medication Ratio** | 48.7% | 52.7% | 62.0% | 57.7% | ↓ | ↓ |
| **FUM** | **Follow-up After Emergency Department Visit for Mental Illness (7 days)** | 69.5% | 74.1% | 82.6% | 76.9% | ↑ | ↑ |
| **FUH** | **Follow-up After Hospitalization for Mental Illness (7 days)** | 45.6% | 38.9% | 53.6% | 46.7% | ↑ | ↓ |
| **IET** | **Initiation and Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment** |  | | | | | |
|  | **Initiation Total** | 54.9% | 51.9% | 45.2% | 50.6% | ↑ | ↓ |
|  | **Engagement Total** | 23.7% | 21.0% | 16.2% | 20.2% | ↑ | ↓ |
| **APM** | **Metabolic Monitoring for Children and Adolescents on Antipsychotics-Total** | 20.6% | 31.7% | 43.4% | 39.6%% | ↓ | ↓ |

MCO plans are compared to the Medicaid 90th and 75th percentile benchmarks in the table above.

* The MHWM rate for FUM was above the Medicaid 90th percentile.
* The MHWM rates for FUH and IET (Initiation and Engagement) were below the 90th percentile, but above the 75th percentile.
* The MHWM rates for AMR and APM were below both the 90th and 75th percentile.

Table 3 - SCO Performance Measures, 2020 (Measurement Period: Calendar Year 2018)1

1. Due to Covid-19, CMS instructed SCO programs to not collect new performance metrics for measurement year 2019. Plans were permitted to re-report MY 2018 data.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Measure Code** | **2019 Measures** | **BMCHP** | **CCA** | **FH** | **SWH** | **Tufts HP** | **UHC** | **MH Weighted Mean** | **Nat'l Medicare 75th Percentile** | **Nat'l Medicare 90th Percentile** | **Nat'l Medicaid75th Percentile** | **Nat'l Medicaid 90th Percentile** |
| **AMM** | **Antidepressant Medication Management** |  | | | | | | | | | | |
|  | **Effective Acute Phase** | N/A | 72.7% | 71.7% | 72.5% | 63.8% | 68.6% | 70.5% | ↓ | ↓ | ↑ | ↑ |
|  | **Effective Continuation Phase** | N/A | 58.4% | 59.5% | 59.1% | 52.4% | 57.3% | 57.9% | ↓ | ↓ | ↑ | ↑ |
| **COA** | **Care for Older Adults (Advance Care Plan Only)** | 88.5% | 87.7% | 69.4% | 97.2% | 97.0% | 73.0% | 83.9% | N/A | N/A | N/A | N/A |
| **COL** | **Colorectal Cancer Screening** | 68.5% | 80.4% | 66.1% | 84.2% | 75.8% | 82.5% | 80.5% | ↑ | ↓ | N/A | N/A |
| **CBP** | **Controlling High Blood Pressure** | 56.7% | 81.0% | 73.5% | 75.9% | 77.1% | 70.3% | 74.3% | ↓ | ↓ | ↑ | ↑ |
| **FUH** | **Follow-up After Hospitalization for Mental Illness (7 days)** | N/A | 33.3% | 46.0% | 35.9% | 45.7% | 23.3% | 36.7% | ↑ | ↓ | ↓ | ↓ |
| **MRP** | **Medication Reconciliation Post-Discharge (in AP)** | 73.7% | 70.8% | 87.0% | 69.3% | 59.4% | 53.5% | 65.9% | ↓ | ↓ | N/A | N/A |
| **OMW** | **Osteoporosis Management in Women Who Had a Fracture** | N/A | 43.2% | N/A | 21.7% | N/A | 42.6% | 36.4% | ↓ | ↓ | N/A | N/A |
| **PBH** | **Persistence of Beta-Blocker Treatment After Heart Attack** | N/A | N/A | N/A | N/A | N/A | 93.8% | 93.8% | ↑ | ↓ | ↑ | ↑ |
| **PCE** | **Pharmacotherapy Management of COPD Exacerbation** |  | | | | | | | | | | |
|  | **Systemic Corticosteroid** | 87.9% | 73.7% | 76.3% | 80.1% | 78.9% | 79.9% | 78.2% | ↑ | ↓ | ↑ | ↑ |
|  | **Bronchodilator** | 97.0% | 94.2% | 84.0% | 89.0% | 88.6% | 91.2% | 90.0% | ↑ | ↑ | ↑ | ↑ |
| **DDE** | **\*Potentially Harmful Drug Disease Interactions in the Elderly (Total)** | N/A | 45.8% | 52.3% | 44.9% | 47.1% | 44.8% | 46.1% | ↑ | ↑ | N/A | N/A |
| **DAE** | **\*Use of High-Risk Medications in the Elderly** |  | | | | | | | | | | |
|  | **One Prescription** | 19.5% | 19.6% | 23.9% | 20.4% | 17.2% | 22.7% | 21.2% | ↑ | ↑ | N/A | N/A |
|  | **At Least Two Prescriptions** | 13.7% | 15.6% | 20.3% | 15.0% | 13.6% | 16.3% | 16.0% | ↑ | ↑ | N/A | N/A |
| **SPR** | **Use of Spirometry Testing in the Assessment and Diagnosis of COPD** | N/A | 28.6% | 22.7% | 24.5% | 36.7% | 29.6% | 27.5% | ↓ | ↓ | ↓ | ↓ |
| **PCR** | **Plan All-Cause Readmission – Part B (expected to observed ratio)\*** | 1.1718 | 0.7050 | 0.5304 | 0.9599 | 0.7 113 | 0.5967 | N/A | N/A | N/A | N/A | N/A |
| \* A lower rate represents better performance. | | | | | | | | | | | | |

SCO plans are compared to the Medicare 90th and 75th percentiles benchmarks in the table above.

* The MHWM rates are above the national Medicare 90th and 75th percentiles for PCE – bronchodilator cohort. The MHWM rates are above the national Medicaid 90th and 75th percentile for AMM, CBP, PBH, and both cohorts of the PCE measure.
* The MHWM rates are below the Medicare 90th percentile, but above the 75th percentile for COL, FUH, PBH, and PCE – Corticosteroid cohort.
* The MHWM rates are below both the Medicare 90th percentile and the 75th percentile for AMM (Acute and Continuation), CBP, MRP, OMW, and SPR. The MHWM rates are below the Medicaid 90th and 75th percentile for FUH and SPR.
* For DDE and DAE (1 and 2 prescriptions), where a lower rate is better, the MHWM rates are above (worse than) both the national Medicare 75th and 90th percentiles.
* There are no benchmarks available for COA or PCR.

Table 4 - One Care Performance Measures, 2020 (Measurement Period: Calendar Year 2018)2

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Measure Code** | **2019 Measures** | **CCA** | **Tufts HP** | **MH Weighted Mean** | **Nat'l Mcaid 75th Percentile** | **Nat'l Mcaid 90th Percentile** |
| **AMM** | **Antidepressant Medication Management** |  | | | | |
|  | **Effective Acute Phase** | 63.4% | 85.4% | 66.1% | ↑ | ↔ |
|  | **Effective Continuation Phase** | 51.4% | 78.1% | 54.6% | ↑ | ↑ |
| **BCS** | **Breast Cancer Screening** | 73.6% | 66.0% | 72.4% | ↑ | ↑ |
| **COL** | **Colorectal Cancer Screening** | 71.3% | 58.7% | 69.2% | N/A | N/A |
| **CDC** | **\*Comprehensive Diabetes Care: Poor Control** | 40.9% | 27.6% | 39.1% | ↑ | ↑ |
| **CBP** | **Controlling High Blood Pressure** | 72.0% | 74.2% | 72.3% | ↑ | ↔ |
| **FUM** | **Follow-up After Emergency Department Visit for Mental Illness (7 days)** | 76.9% | 79.8% | 77.2% | ↑ | ↑ |
| **FUA** | **Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (7 days)** | 24.9% | 17.5% | 23.6% | ↑ | ↑ |
| **FUH** | **Follow-up After Hospitalization for Mental Illness (7 days)** | 41.6% | 51.6% | 42.9% | ↑ | ↓ |
| **IET** | **Initiation and Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment** |  | | | | |
|  | **Initiation Total** | 41.6% | 42.6% | 41.7% | ↓ | ↓ |
|  | **Engagement Total** | 12.0% | 14.4% | 12.3% | ↓ | ↓ |
| **MRP** | **Medication Reconciliation Post-Discharge** | 55.7% | 38.7% | 53.2% | N/A | N/A |
| **PBH** | **Persistence of Beta-Blocker Treatment After Heart Attack** | 93.0% | N/A | 93.0% | ↑ | ↑ |
| **SPR** | **Use of Spirometry Testing in the Assessment and Diagnosis of COPD** | 30.3% | 38.6% | 31.6% | ↓ | ↓ |
| **PCR** | **Plan All-Casue Readmission (observed to expected ratio)\*** | 0.8805 | 0.8994 | N/A | N/A | N/A |
| \* A lower rate represents better performance. | | | | | | |

1. Due to Covid-19, CMS instructed One Care programs to not collect new performance metrics for measurement year 2019. Plans were permitted to re-report MY 2018 data.

One Care plans are compared to the Medicaid 90th and 75th percentile benchmarks in the table above.

* The MHWM rates for AMM, BCS, CBP, FUM, FUA, and PBH are above the Medicaid 75th  and above, or not different from, the 90th percentile.
* The MHWM rate for FUH are below the 90th percentile, but above the 75th percentile.
* The MHWM rates for IET (Initiation and Engagement cohorts) and SPR are below both the Medicaid 90th and 75th percentile.
* For CDC Poor Control, for which lower rates are better, the MHWM rates are above (worse performance than) both the Medicaid 90th and 75th percentile.
* There are no benchmarks available for COL, MRP, and PCR.

Table 5 – MassHealth Behavioral Health Measures, 2020 (Measurement Period: Calendar Year 2019)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Measure Code** | **2019 Measures** | **Rate** | **Nat'l Mcaid 75th Percentile** | **Nat'l Mcaid 90th Percentile** |
| **ADD** | **Follow-Up Care for Children Prescribed ADHD Medication** |  | | |
|  | **Initiation** | 58.7% | ↑ | ↑ |
|  | **Continuation** | 70.8% | ↑ | ↑ |
| **AMM** | **Antidepressant Medication Management** |  | | |
|  | **Effective Acute Phase** | 61.7% | ↑ | ↓ |
|  | **Effective Continuation Phase** | 43.5% | ↑ | ↓ |
| **APM** | **Metobolic Monitoring for Children and Adolecents on Antipsychotics** | 25.1% | ↓ | ↓ |
| **FUM** | **Follow-Up After Emergency Department Visit for Mental Illness** |  | | |
|  | **Follow-up within 7 days** | 76.8% | ↑ | ↑ |
|  | **Follow-up within 30 days** | 82.2% | ↑ | ↑ |
| **FUA** | **Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence** |  | | |
|  | **Follow-up within 7 days** | 22.0% | ↑ | ↓ |
|  | **Follow-up within 30 days** | 30.7% | ↑ | ↓ |
| **FUH** | **Follow-Up After Hospitlization for Mental Illness** |  | | |
|  | **Follow-up within 7 days** | 49.0% | ↑ | ↓ |
|  | **Follow-up within 30 days** | 70.0% | ↑ | ↓ |
| **IET** | **Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment** |  | | |
|  | **Initiation** | 44.7% | ↓ | ↓ |
|  | **Engagement** | 17.1% | ↓ | ↓ |
| **SSD** | **Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic Medications** | 70.3% | ↓ | ↓ |

Behavioral Health measures are compared to the Medicaid 90th and 75th percentiles in the table above.

* The MHWM rates are above the 90th and 75th percentile for ADD (Initiation and Continuation) and FUM (7 and 30 day).
* The MHWM rates are below the 90th percentile, but above the 75th percentile, for AMM (Acute and Continuation), FUA (7 and 30 day), and FUH (7 and 30 day).
* The MHWM rates are below the 90th and 75th percentile for APM, IET (Initiation and Engagement), and SSD.