# MassHealth 2023 Managed Care Plan Quality Performance

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*Background*

In accordance with CFR 438.340, MassHealth annually reports performance on a slate of quality measures identified in its managed care plan (MCP) contracts. Most of the measures are reported by more than one MassHealth program, with 13 measures being reported by three or more MassHealth programs. Measure rates reflect performance in calendar year 2022, with data collection occurring in calendar year 2023.

*Data Collection*

MassHealth receives quality measure and survey data either directly from managed care plans or from analytic vendors who contract with MassHealth to provide data.

* Plan-level rates are presented in tables for each MassHealth managed care program that operated in CY 2022. These include Accountable Care Organizations (ACO), Managed Care Organizations (MCO), the Primary Care Clinician (PCC) Plan, Senior Care Organizations (SCO), One Care plans, and the Massachusetts Behavioral Health Partnership (BH PIHP). In addition to plan-level rates, the tables also present a MassHealth Weighted Mean (MHWM), which is a weighted average and reflects the overall performance of all plans reporting data for that measure. For HEDIS measures, MHWM rates are compared to national HEDIS benchmarks, where such benchmarks are available, with arrows representing performance relative to the benchmarks (for example, ↑ signifies that MHWM performance exceeds a benchmark). HEDIS benchmark data were obtained from the NCQA Quality Compass database (Medicaid and Medicare).
* For HEDIS measures, Plan performance is compared to the 90th and 75th percentiles for either or both Medicaid and Medicare, as specified below. The 90th percentile represents a level of performance that was met or exceeded by the top 10% of Medicaid plans that submitted HEDIS MY 2022 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 MY 2022 data to NCQA. For non-HEDIS measures, benchmark comparisons are not available.
* For non-HEDIS measures, Plan performance is compared to either state-defined or other national benchmarks and are noted where applicable.
* MCO, PCC Plan, BH PIHP, and ACO weighted mean rates are compared to the national Medicaid 90th and 75th percentiles. (MCO and PCC Plan rates are grouped together in a single weighted mean.)
* SCO and One Care weighted mean rates are compared to both the national Medicaid and the national Medicare 90th and 75th percentiles (where available).

Table 1 - MassHealth Public Reporting Measures Slate (By Program)

| **Measure Name** | **Steward** | **NQF #** | **ACO** | **MCO** | **PCCP** | **SCO** | **One Care** | **BH PIHP** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Access to LTS Coordinator** | EHS | N/A |  |  |  |  | X |  |
| **Advanced Care Planning (ACP)** | NCQA | 0326 |  |  |  | x |  |  |
| **Antidepressant Medication Management (AMM)** | NCQA | 0105 |  |  |  | x | x | x |
| **Asthma Medication Ratio (AMR)** | NCQA | 1800 | X | x | x |  |  |  |
| **Behavioral Health Community Partners Engagement (BH CPE)** | EHS | N/A | X | X |  |  |  |  |
| **Breast Cancer Screening (BCS)** | NQCA | 2372 |  |  |  |  | x |  |
| **CG- CAHPS** | AHRQ | N/A | X |  |  |  |  |  |
| **Community Tenure (CT)** | EHS | N/A | X | X |  |  |  |  |
| **Controlling High Blood Pressure (CBP)** | NCQA | 0018 | x | X | X | x | x |  |
| **Childhood Immunization Status (CIS)** | NCQA | 0038 | X | X | X |  |  |  |
| **Colorectal Cancer Screening (COL)** | NCQA | 0034 |  |  |  | x | x |  |
| **Depression Remission or Response (DRR)** | EHS | N/A | X |  |  |  |  |  |
| **Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic Medications (SSD)** | NCQA | 1932 |  |  |  |  |  | x |
| **Documentation of Care Plan Goals** | EHS | N/A |  |  |  |  | X |  |
| **ED visits for members 18-65 identified with a diagnosis of serious mental illness, substance addiction, or co-occurring conditions (ED SMI/SUD)** | EHS | N/A | X | X |  |  |  |  |
| **Follow-up After Emergency Department Visit for Substance Use (FUA)** | NCQA | 3489 |  | x | x |  | x | x |
| **Follow-up After Emergency Department Visit for Mental Illness (FUM)** | NCQA | 3488 | X | X | X |  | X | X |
| **Follow-Up After Hospitalization for Mental Illness (FUH)** | NCQA | 0576 | x | x | x | x | x | X |
| **Follow-up Care for Children Prescribed ADHD Medication (ADD)** | NCQA | 0108 |  |  |  |  |  | x |
| **Health Related Social Needs Screening (HRSN)** | EHS | N/A | X |  |  |  |  |  |
| **Hemoglobin A1c Control for Patients with Diabetes (HBD)** | NCQA | xxx | X | X | X |  | X |  |
| **Immunization for Adolescents (IMA)** | NCQA | 1407 | X | X | X |  |  |  |
| **Influenza Vaccination (FVO)** | NCQA |  |  |  |  | X | X |  |
| **Initiation and Engagement of Substance Use Disorder Treatment (IET)** | NCQA | 0004 | x | x | x |  | x | x |
| **Long Term Services and Supports Community Partner Engagement (LTSS CPE)** | EHS | N/A | X | X |  |  |  |  |
| **Medicare Advantage Prescription Drug Plan CAHPS** | CMS |  |  |  |  | X | X |  |
| **Timely Assessment** | CMS | N/A |  |  |  |  | X |  |
| **Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)** | NCQA | 2800 | x | x | x |  |  | x |
| **Oral Health Evaluation (OHE)** | EHS |  | X | X |  |  |  |  |
| **Osteoporosis Management in Women Who Had a Fracture (OMW)** | NCQA | 0053 |  |  |  | x |  |  |
| **Persistence of Beta-Blocker Treatment After Heart Attack (PBH)** | NCQA | 0071 |  |  |  | x | X |  |
| **Pharmacotherapy for Opioid Use Disorder (POD)** | NCQA |  |  |  |  |  |  | X |
| **Pharmacotherapy Management of COPD Exacerbation (PCE)** | NCQA | 0549 |  |  |  | x |  |  |
| **Plan All-Cause Readmission (PCR)** | NCQA | 1768 | X | X | X | x | x |  |
| **Potentially Harmful Drug Disease Interactions in the Elderly (DDE)** | NCQA | 2993 |  |  |  | x |  |  |
| **Timeliness of Prenatal Care (PPC)** | NCQA | 1517 | X | X | X |  |  |  |
| **Screening for Depression and Follow-up Plan (DSF)** | EHS |  | X |  |  |  |  |  |
| **Tracking of Demographic Information** | EHS |  |  |  |  |  | X |  |
| **Transitions of Care (TRC) - Medication Reconciliation Post Discharge** | NCQA | N/A |  |  |  | x | x |  |
| **Use of High-Risk Medications in the Elderly (DAE)** | NCQA | 0022 |  |  |  | x |  |  |
| **Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)** | NCQA | 0577 |  |  |  | x | x |  |

Table 2 - MCO and PCC Plan Performance Measures, 2023 (Measurement Period: Calendar Year 2022)

Table Legend:

1 A lower score represents better performance

\* ↑ = Weighted Mean Performance Better Than Benchmark ↓ = Weighted Mean Performance Worse Than Benchmark

| **Measure Code** | **Measure Name** | **THP** | **WLS** | **PCCP** | **MH Weighted Mean** | **Nat'l Medicaid 75th Percentile\*** | **Nat'l Medicaid 90th Percentile\*** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **AMR** | **Asthma Medication Ratio (Total)** | 50.9% | 61.4% | 60.1% | 57.6% | ↓ | ↓ |
| **APM** | **Metabolic Monitoring for Children and Adolescents on Antipsychotics (Total)** | 54.5% | 49.0% | 40.0% | 43.1% | ↑ | ↓ |
| **CBP** | **Controlling High Blood Pressure** | 58.0% | 67.4% | 65.9% | 63.9% | ↓ | ↓ |
| **CIS** | **Childhood Immunization Status (Combo 10)** | 32.8% | 32.6% | 45.0% | 39.9% | ↑ | ↓ |
| **CPE - BH** | **Behavioral Health Community Partner Engagement** | 3.7% | 4.3% | N/A | 4.0% | N/A | N/A |
| **CPE - LTSS** | **LTSS Community Partner Engagement** | 11.5% | 4.5% | N/A | 8.4% | N/A | N/A |
| **CT - BSP** | **Community Tenure - BSP (Risk adjusted O/E ratio) 1** | 0.53 | 1.13 | N/A | 0.78 | N/A | N/A |
| **CT - LTSS**  | **Community Tenure - LTSS (non-BSP) Risk adjusted O/E ratio 1** | 0.82 | 1.01 | N/A | 0.92 | N/A | N/A |
| **ED SMI/SUD** | **Risk adjusted ratio (obs/exp) of ED visits for members with SMI/SUD/co-occurring conditions 1** | 0.75 | 0.78 | N/A | 0.77 | N/A | N/A |
| **FUA - 7** | **Follow-Up After Emergency Department Visit for Substance Use (7 days)** | 44.1% | 46.2% | 44.9% | 45.3% | ↑ | ↑ |
| **FUH - 7** | **Follow-Up After Hospitalization for Mental Illness (7 days)** | 40.5% | 41.1% | 45.4% | 42.9% | ↓ | ↓ |
| **FUM - 7** | **Follow-Up After Emergency Department Visit for Mental Illness (7 days)** | 74.4% | 72.7% | 81.8% | 78.1% | ↑ | ↑ |
| **HBD - Poor** | **Hemoglobin A1c Control for Patients with Diabetes - Poor HbA1c Control 1** | 37.5% | 32.5% | 39.4% | 37.6% | ↑ | ↑ |
| **IET - Eng Total** | **Initiation and Engagement of Substance Use Disorder Treatment (Engagement Total)** | 22.7% | 23.5% | 24.3% | 23.6% | ↑ | ↓ |
| **IET - Init Total** | **Initiation and Engagement of Substance Use Disorder Treatment (Initiation Total)** | 53.1% | 55.7% | 51.6% | 53.1% | ↑ | ↓ |
| **IMA** | **Immunization for Adolescents (Combo 2)** | 39.0% | 21.6% | 32.6% | 33.2% | ↓ | ↓ |
| **OHE** | **Oral Health Evaluation** | 50.9% | 48.4% | N/A | 50.1% | N/A | N/A |
| **PCR** | **Plan All-Cause Readmission (observed to expected ratio) 1** | 10.8% | 12.5% | 10.2% | 10.9% | ↑ | ↑ |
| **PPC** | **Timeliness of Prenatal Care** | 90.2% | 84.6% | 84.6% | 86.4% | ↓ | ↓ |

MCO and PCC plans are compared to the national Medicaid 75th and 90th percentile benchmarks in the table above, where benchmark data are available. Weighted means are presented for administrative (claims only) measures, while median rates are shown for hybrid measures (claims and medical record review).

* The MassHealth Weighted Mean (MHWM) rates for FUA and FUM were above the national Medicaid 90th percentile benchmark.
* The MWHM rates for APM, CIS (Combination 10) and IET (both initiation and engagement sub measures) were below the 90th percentile, but above the 75th percentile.
* The MHWM rates for AMR, CBP, FUH, IMA (Combination 2), and PPC (timeliness submeasure) were below the 75th percentile.
* The MHWM rate for HBD poor control cohort and PCR were higher than the 90th percentile, meaning that plan performance failed to meet those benchmarks (because a lower rate signifies better performance).

Table 3 - SCO Performance Measures, 2023 (Measurement Period: Calendar Year 2022)

Table Legend:

1 A lower score represents better performance.

2 Individual plan rates not included because denominator (number of members eligible for measure) < 30, but plan denominator and numerator included in weighted mean calculation.

\* ↑ = Weighted Mean Performance Better Than Benchmark ↓ = Weighted Mean Performance Worse Than Benchmark

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Measure Code** | **Measure Name** | **CCA** | **FHP** | **SWH** | **THP** | **UHC** | **WLS** | **MH Weighted Mean** | **Nat'l Medicare 75th Percentile\*** | **Nat’l Medicare 90th Percentile\*** | **Nat'l Medicaid 75th Percentile\*** | **Nat'l Medicaid 90th Percentile\*** |
| **ACP** | **Advanced Care Planning** | 33.2% | 74.1% | 41.2% | N/A | 59.0% | 16.7% | 49.6% | N/A | N/A | N/A | N/A |
| **AMM - Acute** | **Antidepressant Medication Management - Effective Acute Phase** | 80.6% | 84.6% | 92.4% | 82.1% | 79.2% | 80.4% | 85.4% | ↑ | ↓ | ↑ | ↑ |
| **AMM - Cont** | **Antidepressant Medication Management - Effective Continuation Phase** | 72.9% | 68.0% | 87.1% | 68.1% | 64.8% | 68.6% | 75.6% | ↑ | ↑ | ↑ | ↑ |
| **CBP** | **Controlling High Blood Pressure** | 74.7% | 66.7% | 56.7% | 74.5% | 76.7% | 77.4% | 70.7% | ↓ | ↓ | ↑ | ↓ |
| **COL** | **Colorectal Cancer Screening** | 78.8% | 66.2% | 75.7% | 72.5% | 88.1% | 77.6% | 79.1% | ↑ | ↓ | N/A | N/A |
| **DAE Total** | **Use of High-Risk Medications in the Elderly - 2+ High Risk Medications (Total) 1** | 25.6% | 25.1% | 18.3% | 19.0% | 21.4% | 17.0% | 21.6% | ↑ | ↑ | N/A | N/A |
| **DDE Total** | **Potentially Harmful Drug Disease Interactions in the Elderly (Total) 1** | 31.4% | 36.3% | 27.8% | 31.4% | 32.6% | 29.3% | 31.5% | ↑ | ↑ | N/A | N/A |
| **FUH - 30** | **Follow-Up After Hospitalization for Mental Illness (30 days)** | 70.5% | 61.1% | N/A | 77.8% | N/A | N/A | 63.0% | ↑ | ↓ | ↓ | ↓ |
| **FUH - 7** | **Follow-Up After Hospitalization for Mental Illness (7 days)** | 48.9% | 38.9% | N/A | 50.0% | 19.1% | N/A | 39.3% | ↑ | ↓ | ↓ | ↓ |
| **FVO** | **Influenza Vaccination** | 78.0% | 80.0% | 79.0% | 82.0% | 81.0% | 78.0% | 80.0% | N/A | N/A | N/A | N/A |
| **OMW** | **Osteoporosis Management in Women Who Had a Fracture** | 38.5% | 67.6% | 20.5% | 23.7% | 43.2% | N/A | 36.1% | ↓ | ↓ | N/A | N/A |
| **PBH** | **Persistence of Beta-Blocker Treatment After Heart Attack** | N/A | 75.0% | N/A | 92.9% | N/A | N/A | 83.6% | ↓ | ↓ | ↓ | ↓ |
| **PCE - Bronch** | **Pharmacotherapy Management of COPD Exacerbation - Bronchodilator** | 87.8% | 87.3% | N/A | 93.4% | N/A | 94.4% | 89.3% | ↑ | ↓ | ↑ | ↓ |
| **PCE - Cort** | **Pharmacotherapy Management of COPD Exacerbation - Systemic Corticosteroid** | 66.6% | 78.5% | 75.6% | 77.5% | 79.5% | 68.5% | 74.6% | ↓ | ↓ | ↓ | ↓ |
| **PCR** | **Plan All-Cause Readmission (observed to expected ratio) 1** | 1.48 | 1.05 | 1.20 | 1.37 | 1.17 | 1.16 | 1.25 | ↑ | ↑ | ↑ | ↑ |
| **SPR** | **Use of Spirometry Testing in the Assessment and Diagnosis of COPD** | 22.0% | 25.7% | 19.4% | 22.1% | 22.8% | N/A | 22.1% | ↓ | ↓ | ↓ | ↓ |
| **TRC** | **Transitions of Care: Medication Reconciliation Post-Discharge** | 86.1% | 89.5% | 57.2% | 55.7% | 73.5% | 82.1% | 74.4% | ↓ | ↓ | N/A | N/A |

SCO plans are compared to both the national Medicare and Medicaid 90th and 75th percentile benchmarks in the table above, where benchmark data are available.

* The MassHealth Weighted Mean (MHWM) rate for AMM (Continuation) is above the 90th percentile for both Medicare and Medicaid.
* The MHWM rate for PCE (Bronchodilator) is above the 75th percentile, but below the 90th percentile for both Medicare and Medicaid.
* The MHWM rate for AMM (Acute) is above the 75th but below the 90th percentile for Medicare, but above the 90th percentile for Medicaid.
* The MHWM rate for CBP is below the 75th percentile for Medicare, but above the 75th percentile for Medicaid.
* The MHWM rates for FUH 7 and 30 day cohorts are above the 75th percentile for Medicare, but below the 75th percentile for Medicaid
* The MHWM rate for COL is above the 75th, but below the 90th, percentile for Medicare. COL has no Medicaid benchmark.
* The MHWM rates for PBH, SPR, and PCE (Corticosteroid) are below the 75th percentile for both Medicare and Medicaid.
* The MHWM rates for TRC and OMW are below the 75th percentile for Medicare. Neither of these measures has a Medicare benchmark.
* The MHWM rate for PCR is higher than both the 75th and 90th percentile for both Medicare and Medicaid, meaning that plan performance failed to meet those benchmarks (because a lower rate signifies better performance).
* The MHWM rates for DAE (Total) and DDE (Total) were higher than both the 75th and 90th percentile for Medicare, meaning that plan performance failed to meet that benchmark (because a lower rate signifies better performance). Neither measure has a Medicaid benchmark.

Table 4 - One Care Performance Measures, 2023 (Measurement Period: Calendar Year 2022)

Table Legend:

1 A lower score represents better performance.

\* ↑ = Weighted Mean Performance Better Than Benchmark ↓ = Weighted Mean Performance Worse Than Benchmark

Table 4.a: HEDIS Measures

| **Measure Code** | **Measure Name** | **CCA** | **THP** | **UHC** | **MH Weighted Mean** | **Nat'l Medicare 75th Percentile\*** | **Nat'l Medicare 90th Percentile\*** | **Nat'l Medicaid 75th Percentile\*** | **Nat'l Medicaid 90th Percentile\*** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **AMM - Acute** | **Antidepressant Medication Management - Effective Acute Phase** | 78.4% | 75.1% | N/A | 78.09% | ↓ | ↓ | ↑ | ↑ |
| **AMM - Cont** | **Antidepressant Medication Management - Effective Continuation Phase** | 67.7% | 62.2% | N/A | 67.1% | ↓ | ↓ | ↑ | ↑ |
| **BCS** | **Breast Cancer Screening** | 67.6% | 64.1% | N/A | 67.2% | ↓ | ↓ | ↑ | ↑ |
| **CBP** | **Controlling High Blood Pressure** | 73.2% | 67.2% | 35.0% | 72.6% | ↓ | ↓ | ↑ | ↑ |
| **COL** | **Colorectal Cancer Screening** | 59.6% | 52.1% | N/A | 58.9% | ↓ | ↓ | N/A | N/A |
| **FUA - 7** | **Follow-Up After Emergency Department Visit for Substance Use (7 days)** | 47.8% | 49.6% | 38.2% | 47.7% | ↑ | ↑ | ↑ | ↑ |
| **FUH - 30** | **Follow-Up After Hospitalization for Mental Illness (30 days)** | 62.2% | 69.9% | 45.3% | 62.2% | ↑ | ↓ | ↓ | ↓ |
| **FUH - 7** | **Follow-Up After Hospitalization for Mental Illness (7 days)** | 41.2% | 54.4% | 29.1% | 42.0% | ↑ | ↓ | ↓ | ↓ |
| **FUM - 7** | **Follow-Up After Emergency Department Visit for Mental Illness (7 days)** | 80.4% | 73.5% | 72.7% | 79.6% | ↑ | ↑ | ↑ | ↑ |
| **HBD - Poor** | **Hemoglobin A1c Control for Patients with Diabetes - Poor HbA1c Control 1** | 36.3% | 29.2% | N/A | 35.7% | ↑ | ↑ | ↑ | ↑ |
| **IET - Eng Total** | **Initiation and Engagement of Substance Use Disorder Treatment (Engagement Total)** | 10.6% | 11.1% | N/A | 10.7% | ↑ | ↑ | ↓ | ↓ |
| **IET - Init Total** | **Initiation and Engagement of Substance Use Disorder Treatment (Initiation Total)** | 38.9% | 38.2% | N/A | 38.7% | ↓ | ↓ | ↓ | ↓ |
| **PBH** | **Persistence of Beta-Blocker Treatment After Heart Attack** | 96.4% | N/A | N/A | 95.5% | ↑ | ↑ | ↑ | ↑ |
| **PCR** | **Plan All-Cause Readmission (observed to expected ratio) 1** | 1.38 | 0.98 | N/A | 1.34 | ↑ | ↑ | ↑ | ↑ |
| **SPR** | **Use of Spirometry Testing in the Assessment and Diagnosis of COPD** | 20.0% | 19.0% | N/A | 19.8% | ↓ | ↓ | ↓ | ↓ |
| **TRC** | **Transitions of Care: Medication Reconciliation Post-Discharge** | 68.5% | 37.5% | 59.5% | 65.2% | ↓ | ↓ | N/A | N/A |

One Care plans are compared to both the national Medicare and Medicaid 75th and 90th percentile benchmarks in the table above, where benchmark data are available.

* The MassHealth Weighted Mean (MHWM) rates for FUM (7 day), FUA (7 day) and PBH are above the 90th percentile for both Medicare and Medicaid.
* The MHWM rate for IET (Engagement) is above the 90th percentile for Medicare, but below the 75th percentile for Medicaid.
* The MHWM rates for AMM (both submeasures), CBP, and BCS are below the 75th percentile for Medicare, but above the 90th percentile for Medicaid
* The MHWM rate for FUH (both submeasures) is above the 75th for Medicare, but below the 75th percentile for Medicaid.
* The MHWM rates for SPR and IET (Initiation) are below the 75th percentile for both Medicare and Medicaid.
* The MHWM rates for COL and TRC (Medication Reconciliation) are below the 75th percentile for Medicare. COL and TRC have no Medicaid benchmark.
* The MHWM rates for PCR and the mean for HBD (Poor Control) were higher than both the 75th and 90th percentile for both Medicare and Medicaid, meaning that plan performance failed to meet those benchmarks (because a lower rate signifies better performance).

Table 4.b: State-Defined and MA PDP CAHPS Measures

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Measure Code** | **Measure Name** | **CCA** | **THP** | **UHC** | **MH Weighted Mean** | **Medicare Advantage FFS Average Score** | **MMP Quality Withhold Benchmark Goal** |
| **N/A Access** | **Access to LTS Coordinator - Percent of members with LTSS needs who have a referral to an LTS Coordinator within 90 days of enrollment** | 99.9% | 71.4% | 33.7% | 68.9% | N/A | ↓ |
| **N/A Assessment** | **Tracking of Demographic Information - Percent of members whose demographic data are collected and maintained in the MMP Centralized Enrollee Record (race/ethnicity/ primary language/homelessness/disability type/LGBTQ identity** | 75.5% | 69.9% | 61.0% | 73.3% | N/A | ↓ |
| **N/A** | **Timely Assessment - Percent of members with an initial assessment completed within 90 days of enrollment** | 91.1% | 96.2% | 51.1% | 81.1% | N/A | ↓ |
| **N/A Tracking** | **Documentation of Care Plan Goals - Percent of members with documented discussions of care goals** | 100% | 97.6% | 98.3% | 99.0% | N/A | ↑ |
| **FVA** | **Influenza Vaccination** | 69.0% | 67.0% | 67.0% | 69.0% | ↓ | N/A |
| **MA PDP CAHPS** | **Medicare Advantage Prescription Drug Plan CAHPS – Getting Needed Care Composite** | 79.0% | 75.0% | N/A | 78.0% | ↓ | N/A |
| **MA PDP CAHPS** | **Medicare Advantage Prescription Drug Plan CAHPS – Getting Appointments and Care Quickly** | 76.0% | N/A | N/A | 76.0% | ↑ | N/A |
| **MA PDP CAHPS** | **Medicare Advantage Prescription Drug Plan CAHPS – Customer Service** | 90.0% | N/A | N/A | 90.0% | ↑ | N/A |
| **MA PDP CAHPS** | **Medicare Advantage Prescription Drug Plan CAHPS – Rating of Health Plan** | 90.0% | 86.0% | N/A | 89.0% | ↑ | N/A |
| **MA PDP CAHPS** | **Medicare Advantage Prescription Drug Plan CAHPS – Care Coordination** | 84.0% | N/A | N/A | 84.0% | ↓ | N/A |

For state-defined measures, One Care plans are compared to MMP quality withhold benchmarks that were determined by MassHealth in consultation with CMS. For the Medicare Advantage Prescription Drug Plan (MA PDP) CAHPS, One Care plans are compared to the Medicare Advantage (MA) Fee for Service (FFS) average.

* The MassHealth Weighted Mean (MHWM) rates for three of the four state-defined measures (LTS Coordinator, Tracking Demographic information, and Timely Assessment) were lower than the Quality withhold benchmarks.
* The MHWM rates for three of the six the MA PDP CAHPS composite measures (Getting Appointments/Care Quickly, Customer Service, and Rating of Health Plan) were above the MA FFS average while three (Getting Needed Care, Care Coordination, and Flu Vaccine) were below the MA FFS average.

Table 5 - Massachusetts Behavioral Health Partnership (BH PIHP) Measures, 2023 (Measurement Period: Calendar Year 2022)

\* ↑ = BH PIHP Performance Better Than Benchmark ↓ = BH PIHP Performance Worse Than Benchmark

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Measure Code** | **Measure Name** | **Measure Rate** | **Nat'l Medicaid 75th Percentile\*** | **Nat'l Medicaid 90th Percentile\*** |
| **ADD - Cont** | **Follow-Up Care for Children Prescribed ADHD Medication - Continuation and Maintenance Phase** | 44.7% | ↓ | ↓ |
| **ADD - Init** | **Follow-Up Care for Children Prescribed ADHD Medication - Initiation Phase** | 39.8% | ↓ | ↓ |
| **AMM - Acute** | **Antidepressant Medication Management - Effective Acute Phase** | 71.4% | ↑ | ↓ |
| **AMM - Cont** | **Antidepressant Medication Management - Effective Continuation Phase** | 56.1% | ↑ | ↓ |
| **APM** | **Metabolic Monitoring for Children and Adolescents on Antipsychotics (Total)** | 36.4% | ↓ | ↓ |
| **FUA - 30** | **Follow-Up After Emergency Department Visit for Substance Use (30 days)** | 53.2% | ↑ | ↓ |
| **FUA - 7** | **Follow-Up After Emergency Department Visit for Substance Use (7 days)** | 41.3% | ↑ | ↑ |
| **FUH - 30** | **Follow-Up After Hospitalization for Mental Illness (30 days)** | 64.3% | ↓ | ↓ |
| **FUH - 7** | **Follow-Up After Hospitalization for Mental Illness (7 days)** | 42.5% | ↓ | ↓ |
| **FUM - 30** | **Follow-Up After Emergency Department Visit for Mental Illness (30 days)** | 83.7% | ↑ | ↑ |
| **FUM - 7** | **Follow-Up After Emergency Department Visit for Mental Illness (7 days)** | 77.3% | ↑ | ↑ |
| **IET - Eng Total** | **Initiation and Engagement of Substance use Disorder Treatment (Engagement Total)** | 16.9% | ↓ | ↓ |
| **IET - Init Total** | **Initiation and Engagement of Substance use Disorder Treatment (Initiation Total)** | 44.2% | ↓ | ↓ |
| **POD** | **Pharmacotherapy for Opioid Use Disorder** | 47.2% | ↑ | ↑ |
| **SSD** | **Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic Medications** | 77.8% | ↓ | ↓ |

Massachusetts Behavioral Health Partnership (BH PIHP) measures are compared to the Medicaid 90th and 75th percentiles in the table above.

* The MassHealth Weighted Mean (MHWM) rates for FUM (7 and 30 day follow-up), FUA (7 day follow-up) and POD are above the national Medicaid 90th percentile benchmark.
* The MHWM rates for AMM (Acute and Continuation) and FUA (30 day follow-up), are above the Medicaid 75th percentile.
* The MHWM rates for ADD (both cohorts), APM, FUH (7 and 30 day follow-up), IET (initiation and engagement sub measures), and SSD are below the Medicaid 75th percentile.

Tables 6 & 7 - ACO Performance Measures, 2023 (Measurement Period: Calendar Year 2022)

Table 6 - ACO Performance Measures, Allways Health Plan - Fallon

Table Legend:

1 A lower score represents better performance.

2 ACO weighted mean includes the 17 ACOs in Table 6 and Table 7.

\* ↑ = Weighted Mean Performance Better Than Benchmark ↓ = Weighted Mean Performance Worse Than Benchmark

Table 6.a: HEDIS Measures

| **Measure Code** | **Measure Name** | **AHP** | **C3** | **FH 365** | **FH BERK** | **FH WFC** | **HNE** | **LAHEY** | **MGB** | **STEWARD** | **ACO MHWM** | **Nat’l Medicaid 75th Percentile\*** | **Nat'l Medicaid 90th Percentile\*** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **AMR** | **Asthma Medication Ratio (Total)** | 61.9% | 63.4% | 58.9% | 55.3% | 55.6% | 58.4% | 56.9% | 58.5% | 58.0% | 60.7% | ↓ | ↓ |
| **APM** | **Metabolic Monitoring for Children and Adolescents on Antipsychotics (Total)** | 52.1% | 57.3% | 31.5% | 30.0% | 32.8% | 51.0% | 14.3% | 33.8% | 43.6% | 41.8% | ↓ | ↓ |
| **CBP** | **Controlling High Blood Pressure** | 69.3% | 67.9% | 70.4% | 67.9% | 67.2% | 54.2% | 68.6% | 60.9% | 73.5% | 67.2% | ↓ | ↓ |
| **CIS** | **Childhood Immunization Status (Combo 10)** | 33.1% | 58.2% | 60.4% | 45.1% | 49.4% | 36.0% | 20.0% | 54.5% | 48.3% | 52.5% | ↑ | ↑ |
| **FUH - 7** | **Follow-Up After Hospitalization for Mental Illness (7 days)** | 35.5% | 45.3% | 49.5% | 48.4% | 39.5% | 50.7% | 47.5% | 48.4% | 42.0% | 46.4% | ↑ | ↓ |
| **FUM - 7** | **Follow-Up After Emergency Department Visit for Mental Illness (7 days)** | 74.7% | 68.7% | 85.1% | 73.9% | 80.7% | 80.9% | 74.7% | 75.2% | 72.7% | 74.7% | ↑ | ↑ |
| **HBD - Poor** | **Hemoglobin A1c Control for Patients with Diabetes - Poor HbA1c Control 1** | 30.9% | 37.0% | 25.3% | 35.0% | 29.8% | 38.3% | 23.7% | 43.3% | 36.2% | 34.1% | ↑ | ↑ |
| **IET - Eng Total** | **Initiation and Engagement of Substance use Disorder Treatment (Engagement Total)** | 12.8% | 32.8% | 18.0% | 28.3% | 15.8% | 36.4% | 22.1% | 18.3% | 22.6% | 22.9% | ↑ | ↓ |
| **IET - Init Total** | **Initiation and Engagement of Substance use Disorder Treatment (Initiation Total)** | 38.5% | 56.2% | 74.6% | 69.1% | 41.9% | 64.2% | 51.1% | 44.6% | 46.8% | 50.9% | ↑ | ↓ |
| **IMA** | **Immunization for Adolescents (Combo 2)** | 33.1% | 58.2% | 60.4% | 45.1% | 49.4% | 36.0% | 20.0% | 54.5% | 48.3% | 52.5% | ↑ | ↑ |
| **PCR** | **Plan All-Cause Readmission (observed to expected ratio) 1** | 1.33 | 1.19 | 1.56 | 1.36 | 1.60 | 1.31 | 1.33 | 1.09 | 1.02 | 1.29 | ↑ | ↑ |
| **PPC** | **Timeliness of Prenatal Care** | 96.0% | 92.5% | 95.0% | 88.6% | 74.4% | 84.2% | 78.1% | 75.0% | 90.7% | 86.8% | ↓ | ↓ |

Table 6.b: State-Defined and CG-CAHPS Measures

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Measure Code** | **Measure Name** | **AHP** | **C3** | **FH 365** | **FH BERK** | **FH WFC** | **HNE** | **LAHEY** | **MGB** | **STEWARD** | **ACO MHWM** | **Attainment** | **Goal** |
| **CG-CAHPS AD Communication** | **Adult: Overall Rating and Care Delivery: Communication** | 85.9% | 84.5% | 87.7% | 87.4% | 88.5% | 86.1% | 86.4% | 89.9% | 88.3% | 86.9% | ↑ | ↓ |
| **CG-CAHPS AD Integration** | **Adult: Person-Centered Integrated Care: Integration of Care** | 72.4% | 72.7% | 79.8% | 76.1% | 79.2% | 75.8% | 78.4% | 80.2% | 77.6% | 78.1% | ↑ | ↓ |
| **CG-CAHPS AD Knowledge** | **Adult: Person-Centered Integrated Care: Knowledge of Patient** | 80.0% | 78.4% | 82.7% | 82.2% | 84.5% | 80.6% | 81.2% | 84.7% | 82.9% | 81.5% | ↑ | ↓ |
| **CG-CAHPS AD Willingness** | **Adult: Overall Rating and Care Delivery: Willingness to recommend** | 83.2% | 79.9% | 87.5% | 86.1% | 85.6% | 83.0% | 84.1% | 88.0% | 85.1% | 84.5% | ↑ | ↓ |
| **CG-CAHPS CH Communication** | **Child: Overall Rating and Care Delivery: Communication** | 89.4% | 89.0% | 91.6% | 87.3% | 91.1% | 89.8% | 96.7% | 91.8% | 90.9% | 90.4% | ↑ | ↓ |
| **CG-CAHPS CH Integration** | **Child: Person-Centered Integrated Care: Integration of Care** | 73.3% | 73.0% | 78.3% | 76.1% | 77.6% | 72.9% | 95.2% | 78.3% | 79.3% | 78.6% | ↑ | ↓ |
| **CG-CAHPS CH Knowledge** | **Child: Person-Centered Integrated Care: Knowledge of Patient** | 82.5% | 84.3% | 87.5% | 81.5% | 87.5% | 85.0% | 86.5% | 87.8% | 87.3% | 86.2% | ↑ | ↓ |
| **CG-CAHPS CH Willingness** | **Child: Overall Rating and Care Delivery: Willingness to recommend** | 86.2% | 86.8% | 91.0% | 82.8% | 91.2% | 87.2% | 98.2% | 90.8% | 90.5% | 89.2% | ↑ | ↓ |
| **CPE - BH** | **Behavioral Health Community Partner Engagement** | 13.3% | 8.1% | 10.3% | 15.3% | 26.6% | 11.9% | 8.8% | 10.0% | 8.5% | 10.6% | ↑ | ↓ |
| **CPE - LTSS** | **LTSS Community Partner Engagement** | 13.6% | 10.1% | 12.8% | 6.3% | 23.4% | 3.7% | 10.5% | 7.4% | 4.5% | 7.5% | ↑ | ↓ |
| **CT - BSP** | **Community Tenure - BSP (Risk adjusted O/E ratio) 1** | 0.70 | 1.13 | 0.49 | 0.58 | 0.85 | 0.73 | 0.71 | 1.18 | 1.17 | 0.82 | ↑ | ↓ |
| **CT - LTSS** | **Community Tenure - LTSS Risk adjusted O/E ratio 1** | 1.33 | 1.86 | 0.50 | 0.75 | 0.96 | 0.82 | 1.08 | 1.57 | 1.71 | 1.13 | ↑ | ↓ |
| **DRR** | **Depression Remission or Response** | 5.6% | 7.9% | 3.6% | 6.0% | 7.0% | 0.5% | 5.3% | 2.4% | 2.5% | 6.6% | ↑ | ↓ |
| **CDF** | **Screening for Depression and Follow-Up Plan** | 38.4% | 51.9% | 42.2% | 26.8% | 41.1% | 42.3% | 34.1% | 41.8% | 40.4% | 46.2% | ↑ | ↓ |
| **ED SMI/SUD** | **Risk adjusted ratio (obs/exp) of ED visits for members with SMI/SUD/co-occurring conditions 1** | 0.98 | 1.03 | 0.61 | 0.83 | 0.94 | 0.74 | 0.86 | 0.83 | 1.00 | 0.87 | ↑ | ↑ |
| **HRSN** | **Health-Related Social Needs Screening** | 24.1% | 28.7% | 22.6% | 4.9% | 10.5% | 22.4% | N/A | 34.1% | 8.8% | 29.5% | ↑ | ↑ |
| **OHE** | **Oral Health Evaluation** | 54.3% | 53.7% | 57.7% | 36.5% | 55.1% | 50.6% | 42.8% | 56.0% | 50.7% | 53.3% | ↑ | ↑ |

Table 7 - ACO Performance Measures, Health New England - Tufts

Table Legend:

1 A lower score represents better performance.

2 ACO weighted mean includes the 17 ACOs in Table 6 and Table 7.

\* ↑ = Weighted Mean Performance Better Than Benchmark ↓ = Weighted Mean Performance Worse Than Benchmark

Table 7.a: HEDIS Measures

| **Measure Code** | **Measure Name** | **THP ATRIUS** | **THP BIDCO** | **THP CHA** | **THP CHILDREN'S** | **WLS BACO** | **WLS MERCY** | **WLS SCOAST** | **WLS SIGN** | **ACO MHWM** | **Nat’l Medicaid 75th Percentile\*** | **Nat'l Medicaid 90th Percentile\*** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **AMR** | **Asthma Medication Ratio (Total)** | 61.5% | 58.0% | 52.1% | 65.9% | 61.9% | 68.8% | 61.6% | 64.0% | 60.7% | ↓ | ↓ |
| **APM** | **Metabolic Monitoring for Children and Adolescents on Antipsychotics (Total)** | 46.3% | 28.6% | 31.0% | 41.0% | 46.7% | 42.4% | 34.9% | 66.7% | 41.8% | ↓ | ↓ |
| **CBP** | **Controlling High Blood Pressure** | 78.0% | 67.4% | 65.6% | 62.3% | 63.5% | 68.4% | 70.1% | 78.6% | 67.2% | ↓ | ↓ |
| **CIS** | **Childhood Immunization Status (Combo 10)** | 56.2% | 55.6% | 56.1% | 56.1% | 53.6% | 36.5% | 34.3% | 49.3% | 52.5% | ↑ | ↑ |
| **FUH - 7** | **Follow-Up After Hospitalization for Mental Illness (7 days)** | 41.1% | 42.0% | 57.5% | 52.2% | 43.2% | 51.5% | 48.0% | 54.3% | 46.4% | ↑ | ↓ |
| **FUM - 7** | **Follow-Up After Emergency Department Visit for Mental Illness (7 days)** | 77.8% | 71.8% | 73.7% | 83.9% | 71.4% | 69.4% | 71.6% | 77.8% | 74.7% | ↑ | ↑ |
| **HBD - Poor** | **Hemoglobin A1c Control for Patients with Diabetes - Poor HbA1c Control 1** | 30.0% | 25.9% | 32.9% | 58.3% | 29.8% | 37.0% | 37.7% | 19.5% | 34.1% | ↑ | ↑ |
| **IET - Eng Total** | **Initiation and Engagement of Substance Use Treatment (Engagement Total)** | 18.6% | 17.6% | 19.3% | 28.2% | 19.2% | 21.0% | 16.0% | 22.5% | 22.9% | ↑ | ↓ |
| **IET - Init Total** | **Initiation and Engagement of Substance Use Treatment (Initiation Total)** | 35.8% | 49.9% | 63.3% | 51.4% | 48.8% | 46.2% | 38.9% | 53.0% | 50.9% | ↑ | ↓ |
| **IMA** | **Immunization for Adolescents (Combo 2)** | 56.2% | 55.6% | 56.1% | 56.1% | 53.6% | 36.5% | 34.3% | 49.3% | 52.5% | ↑ | ↑ |
| **PCR** | **Plan All-Cause Readmission (observed to expected ratio) 1** | 1.33 | 1.21 | 1.27 | 1.40 | 1.27 | 1.28 | 0.94 | 1.37 | 1.29 | ↑ | ↑ |
| **PPC** | **Timeliness of Prenatal Care** | 69.8% | 83.7% | 87.8% | 63.7% | 88.2% | 73.9% | 92.9% | 87.7% | 86.8% | ↓ | ↓ |

Table 7.b: State-Defined and CG-CAHPS Measures

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Measure Code** | **Measure Name** | **THP ATRIUS** | **THP BIDCO** | **THP CHA** | **THP CHILDREN'S** | **WLS BACO** | **WLS MERCY** | **WLS SCOAST** | **WLS SIGN** | **ACO MHWM** | **Attainment** | **Goal** |
| **CG-CAHPS AD Communication** | **Adult: Overall Rating and Care Delivery: Communication** | 89.1% | 86.4% | 86.0% | 92.5% | 86.2% | 80.2% | 88.1% | 85.0% | 86.9% | ↑ | ↓ |
| **CG-CAHPS AD Integration** | **Adult: Person-Centered Integrated Care: Integration of Care** | 81.5% | 78.3% | 77.0% | 82.0% | 74.9% | 70.8% | 79.8% | 74.7% | 78.1% | ↑ | ↓ |
| **CG-CAHPS AD Knowledge** | **Adult: Person-Centered Integrated Care: Knowledge of Patient** | 84.6% | 81.3% | 80.6% | 88.9% | 80.6% | 72.8% | 82.7% | 78.5% | 81.5% | ↑ | ↓ |
| **CG-CAHPS AD Willingness** | **Adult: Overall Rating and Care Delivery: Willingness to recommend** | 88.2% | 84.3% | 85.7% | 91.7% | 84.1% | 75.0% | 86.9% | 82.4% | 84.5% | ↑ | ↓ |
| **CG-CAHPS CH Communication** | **Child: Overall Rating and Care Delivery: Communication** | 91.7% | 88.6% | 88.0% | 92.5% | 89.3% | 84.6% | 92.8% | 88.6% | 90.4% | ↑ | ↓ |
| **CG-CAHPS CH Integration** | **Child: Person-Centered Integrated Care: Integration of Care** | 79.3% | 76.3% | 74.4% | 80.7% | 73.8% | 79.6% | 80.7% | 71.4% | 78.6% | ↑ | ↓ |
| **CG-CAHPS CH Knowledge** | **Child: Person-Centered Integrated Care: Knowledge of Patient** | 88.1% | 84.4% | 83.5% | 88.5% | 85.1% | 79.5% | 89.2% | 82.0% | 86.2% | ↑ | ↓ |
| **CG-CAHPS CH Willingness** | **Child: Overall Rating and Care Delivery: Willingness to recommend** | 92.4% | 87.5% | 90.1% | 91.6% | 86.8% | 79.0% | 92.4% | 84.8% | 89.2% | ↑ | ↓ |
| **CPE - BH** | **Behavioral Health Community Partner Engagement** | 25.1% | 12.0% | 10.0% | N/A | 11.6% | 7.3% | 14.2% | 16.3% | 10.6% | ↑ | ↓ |
| **CPE - LTSS** | **LTSS Community Partner Engagement** | 35.4% | 13.0% | 13.1% | 14.7% | 7.9% | 6.8% | 9.0% | 8.4% | 7.5% | ↑ | ↓ |
| **CT - BSP** | **Community Tenure - BSP (Risk adjusted O/E ratio) 1** | 0.51 | 0.74 | 0.53 | 0.52 | 1.09 | 1.02 | 0.95 | 1.03 | 0.82 | ↑ | ↓ |
| **CT - LTSS** | **Community Tenure - LTSS Risk adjusted O/E ratio 1** | 0.72 | 1.22 | 1.12 | 0.87 | 1.40 | 1.01 | 0.98 | 1.24 | 1.13 | ↑ | ↓ |
| **DRR** | **Depression Remission or Response** | 3.9% | 9.2% | 4.3% | 8.2% | 12.2% | 9.1% | 2.4% | 32.7% | 6.6% | ↑ | ↓ |
| **DSF** | **Screening for Depression and Follow-Up Plan** | 35.3% | 43.6% | 42.1% | 63.0% | 57.1% | 28.7% | 44.5% | 70.0% | 46.2% | ↑ | ↓ |
| **ED SMI/SUD** | **Risk adjusted ratio (obs/exp) of ED visits for members with SMI/SUD/co-occurring conditions 1** | 0.74 | 0.95 | 1.04 | 0.85 | 1.00 | 0.83 | 0.78 | 0.85 | 0.87 | ↑ | ↑ |
| **HRSN** | **Health-Related Social Needs Screening** | 37.5% | 14.1% | 42.3% | 56.2% | 38.9% | 24.8% | 33.4% | 42.1% | 29.5% | ↑ | ↑ |
| **OHE** | **Oral Health Evaluation** | 56.0% | 57.7% | 52.4% | 54.2% | 48.5% | 54.5% | 46.5% | 53.4% | 53.3% | ↑ | ↑ |

* The MHWM rates for CIS (Combo 10), IMA (Combo 2) and FUM (7 day) were above the Medicaid 90th percentile.
* The MHWM rates for FUH (7 day) and IET (both cohorts) were above the Medicaid 75th percentile, but below the Medicaid 90th percentile.
* The MHWM rates for APM, PPC (Timeliness), CBP, and AMR were below the Medicaid 75th percentile.
* The MHWM rates for HBD (Poor Control) and PCR were higher than both the 90th and 75th percentile, meaning that plan performance failed to meet those benchmarks (because a lower rate signifies better performance).
* The MHWM rates for all State-Defined and CG-CAHPS measures were above the Attainment thresholds set by EHS.
* The MHWM rates for ED SMI/SUD, HRSN, and OHE were higher than the Goal benchmark set by EHS; rates for all other State-Defined and CG-CAHPS measures were below the Goal benchmark.