November 2008

MassHealth Managed Care HEDIS® 2008 Final Report

## Prepared by: Project Team:

Center for Health Policy and Research (CHPR) in collaboration with the Mass- Health Office of Acute and Ambulatory Care (OAAC) and the MassHealth Be- havioral Health Program (MHBH)

#### Center for Health Policy and Research

Terri Costanzo Paul Kirby Ann Lawthers

Heather Posner David Tringali Jen Vaccaro Jianying Zhang

#### Office of Acute and Ambulatory Care

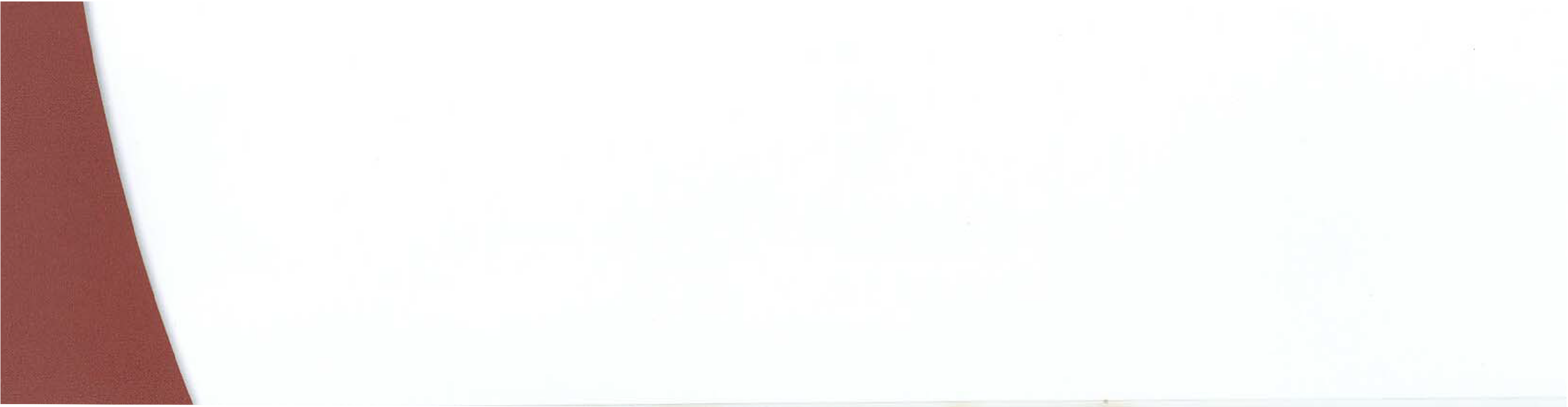
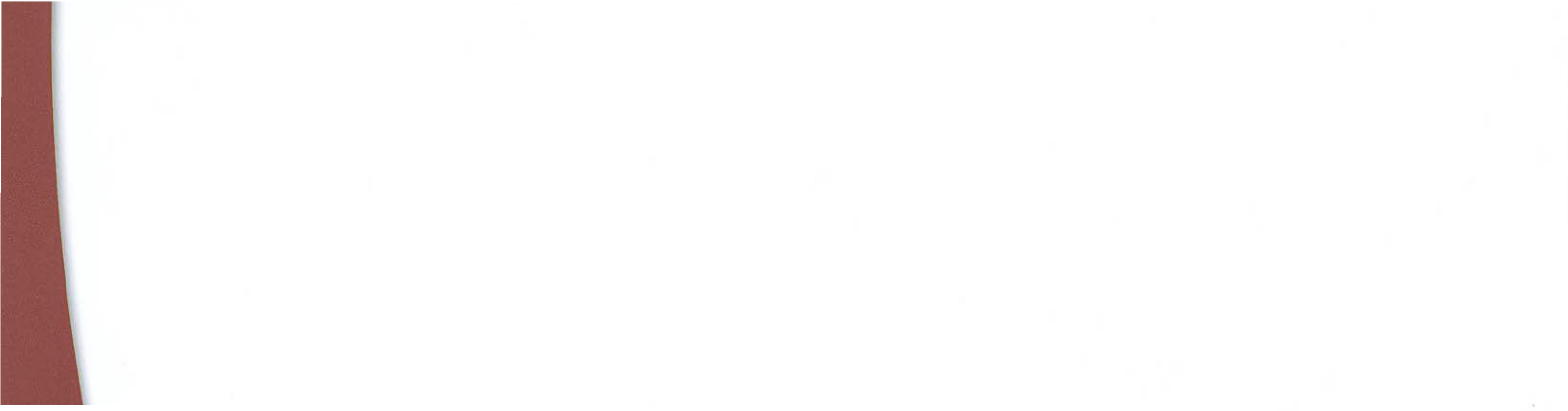
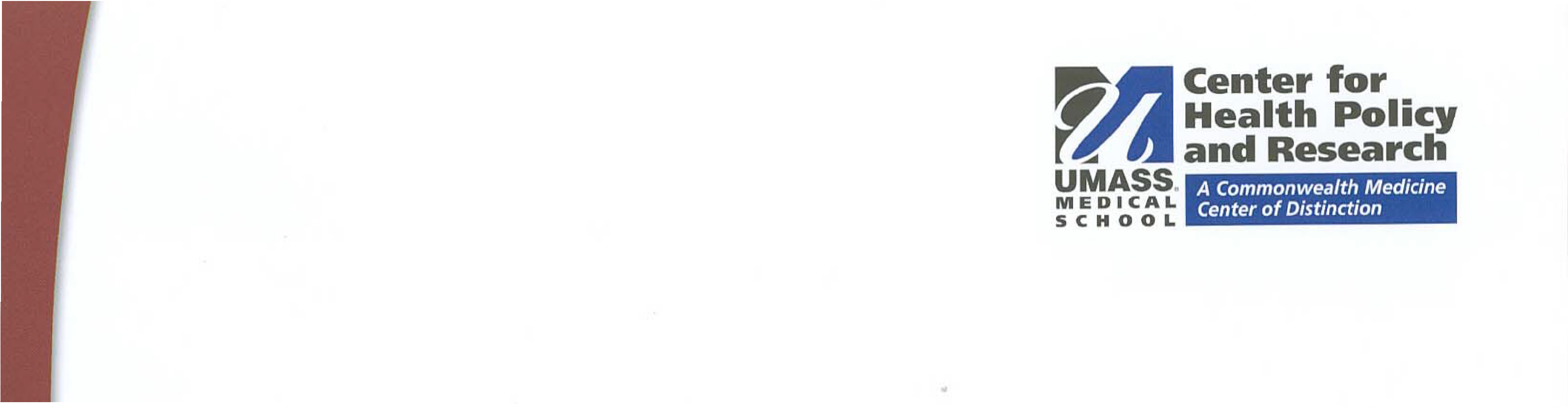
Louise Bannister Sharon Hanson Marlene Kane Susan Maguire Jennifer Maniates Mary Ann Mark Lana Miller Shaun O’Rourke

#### MassHealth Behavioral Health Program

John DeLuca

#### Data Analysis and Performance Measurement

Amina Khan Nicole Tibbetts



MassHealth Managed Care HEDIS 2008 Report

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The MassHealth Managed Care HEDIS® 2008 Re- port presents information on the quality of care pro- vided by the five health plans serving the Mass- Health managed care population (Boston Medical Center HealthNet Plan, Fallon Community Health Plan, Neighborhood Health Plan, Network Health, and the Primary Care Clinician Plan). This assess- ment was conducted by the MassHealth Office of Clinical Affairs (OCA), the MassHealth Office of Acute and Ambulatory Care (OAAC), the Center for Health Policy and Research (CHPR), and the Mass- Health Behavioral Health Program (MHBH). The data presented represent a subset of the Health- care 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 organi- zations. Through this collaborative project, OCA, OAAC, CHPR, and MHBH have evaluated a broad range of clinical and service areas that are of impor- tance to MassHealth members, policy makers and program staff.

#### Measures Selected for HEDIS 2008

The MassHealth measurement set for 2008 focused on three domains: “staying healthy” (i.e., childhood immunization status, well child visits for infants and young children, adolescent well-care visits, and chil- dren and adolescents’ access to primary care phy- sicians), “living with illness” (i.e., use of appropriate medications for people with asthma, antidepressant medication management, and follow-up after hospi- talization for mental illness), “getting better” (i.e., appropriate use of antibiotics for upper respiratory infection), and the utilization of mental health ser- vices.

#### Summary of Overall Results

Results from the MassHealth Managed Care HEDIS 2008 project demonstrate that MassHealth plans performed well overall when compared to the 2008 rates for other Medicaid plans around the country. Throughout this report, we will give results of tests of statistical significance comparing the per- formance of individual MassHealth plans with that of the top 25% of all Medicaid plans reporting HEDIS data for 2008 (represented by the 2008 national Medicaid 75th percentile, obtained from NCQA’s Quality Compass® database.)

MassHealth plans performed best, relative to this national benchmark, on measures in the “staying healthy” domain. At least four of the five Mass- Health plans reported rates that were significantly better than the 2008 national Medicaid 75th percen- tile for the measures assessing well-child visits in the first 15 months of life; well-child visits in the 3rd, 4th, 5th, and 6th years of life; adolescent well-care visits; and for three of the four age groupings in the children and adolescents’ access to primary care physicians measure. MassHealth plan performance was also strong on the childhood immunization measure. All five plans met the national benchmark, with one plan exceeding it for the Combination 2 vaccine, and two plans exceeding the benchmark for Combination 3.

MassHealth plans’ results were mixed for several other measures, with some plans performing above the benchmark, some below, and others with no statistically significant difference from the bench- mark. The antidepressant medication management, follow-up after hospitalization for mental illness, and appropriate treatment for children with upper respi- ratory infection measures follow this pattern, along with one age grouping (12 to 24 months) in the chil-

dren and adolescents’ access to primary care phy- sicians measure.

MassHealth plans’ performance on the use of ap- propriate medications for people with asthma meas- ure was also mixed. In this case, none of the five plans exceeded the national benchmark for any of the asthma measures, while several plans were significantly below the benchmark for at least one of the age groupings in the measures.

**Executive Summary**

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*Quality Compass® is a registered trademark of the National Committee for Quality Assurance (NCQA).*

**Executive Summary (*continued*)**

#### Childhood Immunization Status

* For Combination 2 (4 diptheria-tetanus- pertussis, 3 injectable polio, 1 measles- mumps-rubella, 3 H influenza type B, 3 hepati- tis B and 1 chicken pox vaccine by age 2), the overall MassHealth rate (i.e., the MassHealth weighted mean) was 81.2%.
* One MassHealth plan (FCHP) performed sig- nificantly better than the 2008 national Medi- caid 75th percentile for Combination 2.
* One plan (PCC Plan) reported Combination 2 rates that were significantly better than its HEDIS 2006 rate. (NCQA has made several changes to this measure that should be con- sidered when comparing HEDIS 2008 and HEDIS 2006 rates. See page 17 for more in- formation.)
* The MassHealth rate for Combination 3 (all Combination 2 immunizations plus 4 pneumo- coccal conjugate vaccines) was 76.8%.
* Two plans (NHP and FCHP) preformed statis- tically better than the 2008 national Medicaid 75th percentile for Combination 3.
* All five plans had 2008 rates that represented a statistically significant improvement on their HEDIS 2006 rates for Combination 3.

#### Well-Child Visits in the First Fifteen Months of Life (0, 1, 2, 3, 4, 5, and 6 or more visits)

* Eighty-one percent (81.1%) of MassHealth members who turned 15 months of age during 2007 had six or more well-child visits.
* For the six or more visit rate, all five Mass- Health plans performed significantly better than the 2008 national Medicaid 75th percen- tile.
* One plan (NH) reported a rate of six or more visits that was significantly better than its HEDIS 2006 rate.

#### Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (at least one visit during 2007)

* The MassHealth rate of members aged three through six receiving at least one well-child visit was 84.5%.
* Four MassHealth plans (PCC Plan, NHP, NH and BMCHP) performed significantly better than the 2008 national Medicaid 75th percen- tile.
* For all five plans, there was no statistical dif- ference when the 2008 rates were compared to the 2006 rates.

#### Adolescent Well-Care Visits (at least one visit during 2007)

* Sixty-one percent (61.1%) of MassHealth members aged 12-21 had at least one well- care visit.
* Four MassHealth plans (PCC Plan, NHP, NH and BMCHP) performed significantly better than the 2008 national Medicaid 75th percen- tile.
* All five plans reported rates that were not sig- nificantly different than their 2006 rates.

#### Children and Adolescents’ Access to Primary Care Practitioners (at least one visit during 2007 for the 12-24 month and 25 month-6 year age groups; at least one visit during 2006 or 2007 for the 7-11 and 12-19 age groups)

* Ninety-seven percent (97.3%) of all Mass- Health members aged 12 to 24 months had a visit with a primary care practitioner. One plan (PCC Plan) had a rate that was significantly better than the 2008 benchmark rate. Two plans (NH and BMCHP) had 2008 rates that were significantly better than their 2006 rates.
* Ninety-four percent (93.6%) of all MassHealth members aged 25 months to 6 years of age had a visit with a primary care practitioner. Four plans (PCC Plan, NHP, NH and BMCHP) had rates that were significantly better than the

2008 benchmark rate. Two plans (NH and BMCHP) had 2008 rates that were significantly better than their 2006 rates.

* Ninety-seven percent (97.0%) of all Mass- Health members aged 7 to 11 years of age had a visit with a primary care practitioner. All five plans had rates that were significantly bet- ter than the 2008 benchmark rate. Three plans (NHP, NH, and BMCHP) had 2008 rates that were significantly better than their 2006 rates.
* Ninety-five percent (94.7%) of all MassHealth adolescent members 12 to 19 years of age had a visit with a primary care practitioner. All five plans had rates that were significantly bet- ter than the 2008 benchmark rate. Two plans (NH and BMCHP) had 2008 rates that were significantly better than their 2006 rates.

#### Use of Appropriate Medications for People with Asthma

* Eighty-seven percent (87.2%) of MassHealth members 5-56 years of age with persistent asthma were appropriately prescribed asthma control medication.
* None of the MassHealth plans performed sig- nificantly better than the 2008 national Medi- caid 75th percentile for any of the measure’s age stratified rates (5-9 years, 10-17 years, and 18-56 years), or for the combined age group rate (18-56 years).
* One plan (NHP) had a 2008 rate that was sig- nificantly better than its 2006 rate for the com- bined age group (5 to 56 years).

**Executive Summary (*continued*)**

#### Antidepressant Medication Management

* + The MassHealth managed care rate for opti- mal practitioner contacts during the 84-day acute treatment phase was 29.2%. One Mass- Health plan (NH) had a rate that was signifi- cantly better than the 2008 national Medicaid 75th percentile. This plan also had a 2008 rate that was significantly better than its 2007 rate.
  + The MassHealth managed care rate for effec- tive acute phase treatment was 44.4%. None of the five plans scored significantly higher than either the national Medicaid 75th percen- tile, or their previous (2007) individual plan rates.
  + The MassHealth managed care rate for effec- tive continuation phase treatment was 28.9%. None of the five MassHealth plans significantly exceeded either the national benchmark, or their own previous plan rate from 2007.

#### Follow-up After Hospitalization for Mental Ill- ness

* + The MassHealth managed care 7-day follow- up rate was 55.9%. Two plans (NHP and FCHP) had rates that were significantly better than the 2008 national Medicaid 75th percen- tile. Four plans (PCC Plan, NH, FCHP and BMCHP) had 2008 rates that were not signifi- cantly different than their 2007 rates.
  + The MassHealth managed care 30-day follow- up rate was 75.8%. Three plans (NHP, NH, and FCHP) had rates that were significantly better than the 2008 national Medicaid 75th percentile. Four plans (PCC Plan, NH, FCHP and BMCHP) had 2008 rates that were not significantly different than their 2007 rates.

#### Appropriate Treatment for Children with Upper Respiratory Infection

* + The overall MassHealth rate of appropriate use of antibiotics in children with upper respi- ratory infection was 90.6%. Three MassHealth plans (NHP, FCHP, and BMCHP) had rates that were significantly better than the 2008

national Medicaid 75th percentile. All five plans had 2008 rates that were significantly better than their 2007 rates.

**Summary of MassHealth Managed Care HEDIS 2008 Results**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **HEDIS 2008 Measure** | **2008 National Medicaid 75**th **Percentile** | **PCC Plan** | **NHP** | **NH** | **FCHP** | **BMCHP** |
| **Childhood Immunization** |  | | | | | |
| Combination 2 | 80.1% | 81.5% | 83.1% | 78.6% | 87.1%↑ | 80.8% |
| Combination 3 | 74.2% | 75.2% | 78.9%↑ | 74.2% | 84.0%↑ | 77.6% |
| **Well-Child Visits for Infants and Young Children** |  | | | | | |
| Well-Child Visits in First 15 Months of Life (6+  visits) | 65.5% | 87.1%↑ | 81.7%↑ | 79.3%↑ | 76.1%↑ | 77.6%↑ |
| Well-Child Visits in the 3rd, 4th, 5th and 6th  Years of Life | 74.0% | 83.0%↑ | 82.1%↑ | 83.0%↑ | 74.9% | 88.3%↑ |
| **Adolescent Well-Care Visits** |  | | | | | |
| Adolescent Well-Care Visits | 51.4% | 60.8%↑ | 58.2%↑ | 58.5%↑ | 53.8% | 65.5%↑ |
| **Children and Adolescents’ Access to Primary Care Physicians** |  | | | | | |
| Age 12 to 24 Months | 97.4% | 98.1%↑ | 97.5% | 95.6%↓ | 96.5% | 97.8% |
| Age 25 Months to 6 Years | 89.6% | 95.6%↑ | 92.9%↑ | 91.3%↑ | 91.3% | 93.7%↑ |
| Age 7 to 11 Years | 91.6% | 98.0%↑ | 96.6%↑ | 95.3%↑ | 96.3%↑ | 96.8%↑ |
| Age 12 to 19 Years | 90.1% | 96.3%↑ | 94.3%↑ | 92.8%↑ | 94.4%↑ | 93.6%↑ |
| **Use of Appropriate Medications for People with**  **Asthma** |  | | | | | |
| Age 5 to 9 Years | 94.5% | 94.5% | 94.4% | 92.8% | n/a | 95.9% |
| Age 10 to 17 Years | 91.4% | 88.6%↓ | 93.0% | 90.7% | n/a | 92.8% |
| Age 18 to 56 Years | 88.7% | 81.1%↓ | 86.0% | 86.3% | 77.6%↓ | 86.2%↓ |
| Combined Ages (5 to 56 Years) | 90.7% | 84.5%↓ | 90.8% | 89.4% | 80.2%↓ | 90.5% |

**Key:** PCC Plan—Primary Care Clinician Plan FCHP—Fallon Community Health Plan NHP—Neighborhood Health Plan BMCHP—Boston Medical Center HealthNet Plan NH—Network Health

↑ Indicates a rate that is significantly better than the 2008 national Medicaid 75th percentile.

↓ Indicates a rate that is significantly worse than the 2008 national Medicaid 75th percentile.

**Summary of MassHealth Managed Care HEDIS 2008 Results (continued)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **HEDIS 2008 Measure** | **2008 National Medicaid**  **75**th **Percentile** | **PCC Plan** | **NHP** | **NH** | **FCHP** | **BMCHP** |
| **Antidepressant Medication Management** |  | | | | | |
| Optimal Practitioner Contacts | 28.9% | 27.3% | 31.1% | 40.3%↑ | 25.3% | 26.4% |
| Effective Acute Phase | 48.3% | 48.7% | 45.1% | 46.9% | 49.4% | 34.9%↓ |
| Effective Continuation Phase | 31.3% | 33.1% | 28.1% | 32.7% | 35.4% | 19.7%↓ |
| **Follow-up After Hospitalization for Mental**  **Illness** |  | | | | | |
| 7 Day | 57.4% | 55.0%↓ | 62.4%↑ | 57.9% | 70.2%↑ | 53.9%↓ |
| 30 Day | 75.0% | 74.4% | 80.2%↑ | 79.3%↑ | 91.2%↑ | 76.4% |
| **Appropriate Treatment for Children with Upper**  **Respiratory Infection** |  | | | | | |
| Appropriate Treatment for URI | 90.4% | 86.3%↓ | 94.8%↑ | 90.7% | 96.3%↑ | 93.8%↑ |

**Key:** PCC Plan—Primary Care Clinician Plan FCHP—Fallon Community Health Plan NHP—Neighborhood Health Plan BMCHP—Boston Medical Center HealthNet Plan NH—Network Health

↑ Indicates a rate that is significantly better than the 2008 national Medicaid 75th percentile.

↓ Indicates a rate that is significantly worse than the 2008 national Medicaid 75th percentile.

Introduction

**Introduction**

#### Purpose of the Report

This report presents the results of the Mass- Health Managed Care Healthcare Effectiveness Data and Information Set (HEDIS) 2008 project. This report was designed to be used by Mass- Health program managers and by managed care organization (MCO) managers to identify plan performance with that of other MassHealth man- aged care plans and with national benchmarks, identify opportunities for improvement, and set quality improvement goals.

#### Project Background

The Center for Health Policy and Research (CHPR) collaborated with the MassHealth Office of Acute and Ambulatory Care (OAAC), the MassHealth Behavioral Health Program (MHBH), and the MassHealth Office of Clinical Affairs (OCA) to conduct an annual assessment of the performance of all MassHealth MCOs and the Primary Care Clinician Plan (PCC Plan), the pri- mary care case management program adminis- tered by the Executive Office of Health and Hu- man Services (EOHHS). CHPR, OAAC, MHBH and OCA 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 report- ing 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 Man- aged Care HEDIS 2008 project assess the per- formance of the five MassHealth plans that pro- vided health care services to MassHealth man-

aged care members during the 2007 calendar year. The five MassHealth plans included in this report are the Primary Care Clinician Plan (PCC Plan), Neighborhood Health Plan (NHP), Net- work Health (NH), Fallon Community Health Plan (FCHP), 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 12.

#### MassHealth HEDIS 2008 Measures

MassHealth selected ten measures for the HEDIS 2008 project. The ten measures included in this report assess health care quality in three key areas: effectiveness of care, access and availability of care, and use of services.

The effectiveness of care measures included in this report provide information about preventive services and the management of chronic illness. The specific topics evaluated in this report are childhood immunization; appropriate treatment for children with upper respiratory infection; the use of appropriate medications for people with asthma; antidepressant medication manage- ment; and follow up after hospitalization for men- tal illness.

The access and availability of care measures included in this report provide information about the ability of members to get the basic and im- portant services they need. The specific topics evaluated include well-child visits in the first fif- teen months of life; well-child visits in the third, fourth, fifth and sixth years of life; adolescent well-care visits; and children and adolescents’ access to primary care practitioners.

The use of services data included in this report are stratified by age and gender, but are not ad- justed for any other member characteristics such as comorbidity. Use of services measures pro- vide information about what services health plan members utilize. Health care utilization is af- fected by member characteristics such as age, sex, comorbidities, and socioeconomic status, all of which could vary across plans. The specific service evaluated in this report is Mental Health Utilization.

**Note:** MassHealth assesses member satisfaction through the biennial administration of a con- sumer survey. Member experiences in 2008 will be assessed through a survey administered by the Massachusetts Health Quality Partners (MHQP). Survey data is currently being col- lected, and MHQP will issue a report (jointly with CHPR) in 2009.

**Organization of the MassHealth Managed Care HEDIS 2008 Report**

This report presents the results of the MassHealth Managed Care HEDIS 2008 project in four sections. Three of the sections are based on the consumer reporting domains used in NCQA’s Health Plan Report Cards (Staying Healthy, Living with Illness, and Getting Better). These three domains include a vari- ety of HEDIS measures dealing with effectiveness of care, and with access to/availability of care. The fourth section (Use of Services) includes data on the utilization of mental health services.

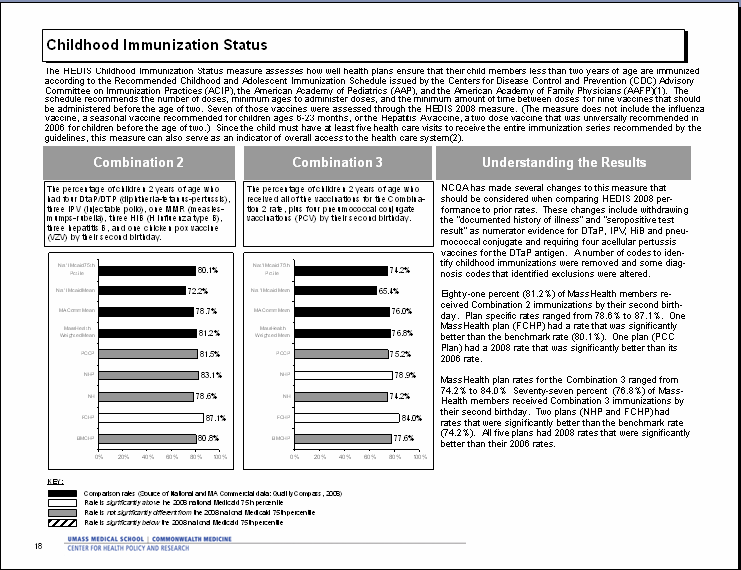
|  |  |  |
| --- | --- | --- |
| **REPORT SECTION** | **DEFINITION** | **MEASURES SELECTED BY MASSHEALTH FOR HEDIS 2008 REPORTING** |
| Staying Healthy | These measures provide informa- tion about how well a plan provides services that maintain good health and prevent illness. | Childhood Immunization Status  Well-Child Visits in the First 15 Months of Life  Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life Adolescent Well-Care Visits  Children and Adolescents’ Access to Primary Care Practitioners |
| Living with Illness | These measures provide informa- tion about how well a plan helps people manage chronic illness. | Use of Appropriate Medications for People with Asthma Antidepressant Medication Management  Follow-up After Hospitalization for Mental Illness |
| Getting Better | This measure provides information about how well a plan helps people recover from illness. | Appropriate Treatment for Children with URI |
| Use of Services | These measures provide informa- tion about what services health plan members utilize. | Mental Health Utilization |

This report also includes several appendices that provide more detailed results:

* + - **Appendix A** includes a list of the MassHealth regions and the service areas the regions cover.
    - **Appendix B** includes Childhood Immunization rates for individual immunizations (e.g., MMR, DTaP, hepatitis B, etc.).
    - **Appendix C** includes the 0 visit, 1 visit, 2 visit, 3 visit, 4 visit and 5 visit rates for the Well-Child Visit in the First 15 Months of Life measure.
    - **Appendix D** presents data for the Use of Appropriate Medications for People with Asthma measure for PCC Plan members with Essential coverage.
    - **Appendix E** presents data for the Antidepressant Medication Management measure for PCC Plan members with Basic, Essential and Non-Basic/Non- Essential coverage.
    - **Appendix F** presents data for the Follow-up After Hospitalization for Mental Illness measure for PCC Plan members with Basic, Essential and Non- Basic/Non-Essential coverage.
    - **Appendix G** includes age stratified rates for the Mental Health Utilization measure (percentage of members using services, inpatient discharges, and average length of stay) measures for PCC Plan members with Basic, Essential, or Non-Basic/Non-Essential coverage.
    - **Appendix H** presents age and gender stratified rates for the Mental Health Utilization measures (percentage of members using services).

**Organization of the MassHealth Managed Care HEDIS 2008 Report**

Name of measure



Information on the intent of each measure, including any clinical guidelines on which it is based

Statistical summary comparing plan rates to comparison rates named at the top of each column

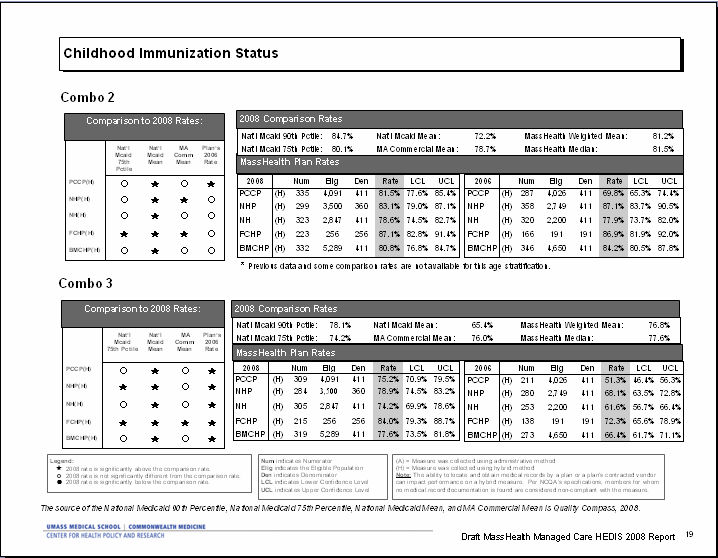
**\*** 2008 rate is significantly above the comparison rate

O 2008 rate is not significantly different from the comparison rate

* 2008 rate is significantly below the comparison rate

Individual HEDIS 2008 plan data including numerator, eligible population (where applica- ble) denominator, reported rate, and upper and lower confidence intervals

The 2008 national Medicaid 75th percentile is listed as a benchmark. The 2008 national Medi- caid 90th percentile, 2008 national Medicaid mean, 2008 Massachusetts Commercial mean, and 2008 MassHealth weighted mean and me- dian are listed as comparison rates



Comparison of plan rates with the comparison and benchmark data

Analysis of results, including opportunities for improvement

Historical data from HEDIS 2006/2007

**Health Plan Profiles**

MassHealth managed care plans provided care to 657,644 Massachusetts residents as of December 31, 2007. The MassHealth Managed Care HEDIS 2008 report includes data from the five MassHealth plans serving members enrolled in Managed Care. This report does not reflect care provided to Mass- Health members receiving their health care ser- vices outside of the five managed care plans. The following profiles provide some basic information about each plan and its members. The data chart on the next page provides a statistical summary of the demographic characteristics of each plan’s population. Appendix A lists the service areas that are located within each MassHealth geographic region listed below. (NOTE: The term “MCOs” is used throughout the report to indicate the four capitated managed care plans serving MassHealth members —Neighborhood Health Plan, Network Health, Fallon Community Health Plan, and Boston Medical Center HealthNet Plan.)

#### Primary Care Clinician Plan (PCC Plan)

* + Primary care case management program ad- ministered by the Executive Office of Health and Human Services (EOHHS).
  + Statewide managed care option for Mass- Health members eligible for managed care.
  + 279,602 MassHealth members as of Decem- ber 31, 2007.
  + Provider network includes group practices, community health centers, hospital outpatient departments, hospital-licensed health centers, and individual practitioners.
  + Behavioral health services are managed through a carve-out with the Massachusetts Behavioral Health Partnership (MBHP).
  + HEDIS data for select measures were col- lected separately for PCC Plan members with Essential coverage. MassHealth Essential cov- ers individuals ages 19-64 who are long-term unemployed and ineligible for MassHealth Ba- sic (certain individuals with non-citizen status are also eligible). The PCC Plan is the only MassHealth plan serving members with Essen- tial coverage. Approximately 18% of the PCC Plan’s membership has MassHealth Essential

coverage.

#### Neighborhood Health Plan (NHP)

* Non-profit managed care organization that pri- marily serves Medicaid members, along with commercial and Commonwealth Care popula- tions.
* 117,104 MassHealth members as of Decem- ber 31, 2007.
* Service areas throughout the state (Western, Central, Northern and Southern Massachusetts as well as Greater Boston).
* Provider network includes mostly community health centers in addition to Harvard Vanguard Medical Associates, group practices, and hos- pital-based clinics.
* Behavioral health services are managed through a carve-out contract with Beacon Health Strategies.

#### Network Health (NH)

* Provider-sponsored health plan owned and operated by Cambridge Health Alliance that serves the Medicaid and Commonwealth Care populations.
* 89,018 MassHealth members as of December 31, 2007.
* Primary service areas in Western, Northern and Central Massachusetts, and Greater Bos- ton.
* Provider network includes community health centers, group practices, hospital outpatient departments, and individual practitioners.
* Behavioral health services are provided by Network Health providers.

#### Fallon Community Health Plan (FCHP)

* Non-profit managed care organization that serves commercial, Medicare, Medicaid and Commonwealth Care populations.
* 10,824 MassHealth members as of December 31, 2007.
* Service area is in Central Massachusetts.
* Behavioral health services are managed through a carve-out contract with Beacon Health Services.
* Provider network for MassHealth members is exclusively through Fallon Clinic sites.

#### Boston Medical Center HealthNet Plan (BMCHP)

* Provider-sponsored health plan, owned and operated by Boston Medical Center, the larg- est public safety-net hospital in Boston, that serves the Medicaid and Commonwealth Care populations.
* 161,096 MassHealth members as of Decem- ber 31, 2007.
* Primary service areas in Western and South- ern Massachusetts and Greater Boston.
* Provider network includes community health centers, hospital outpatient departments, and group and individual practices.
* Behavioral health services are provided by Boston Medical Center HealthNet Plan provid- ers.

#### Differences in Populations Served by Mass- Health Plans

HEDIS measures are not designed for case-mix adjustment. Rates presented here do not take into account the physical and mental health status (including disability status) of the members in- cluded in the measures.

The data on the next page describe each plan’s population in terms of age, gender, and disability status. It is important for readers to consider the differences in the characteristics of each plan’s population when reviewing and comparing the HEDIS 2008 performance of the five plans.

**Health Plan Profiles: Demographic Characteristics of the Plan Populations**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MassHealth Plan** | **Total MassHealth Managed Care Members as of 12/31/07** | **Female** | **Disabled** | **Mean Age** | **0-11 yrs** | **12-17 yrs** | **18-39 yrs** | **40-64 yrs** | **65+ yrs\*\*** |
| Primary Care Clinician Plan |  | | | | | | | | |
| Without Essential population\* | 229,666 | 56.7% | 30.9% | 25.8 | 29.0% | 15.9% | 26.6% | 28.5% | 0.0% |
| Essential population only | 49,936 | 32.9% | 0.0% | 38.8 | 0.0% | 0.0% | 51.9% | 48.1% | 0.0% |
| Neighborhood Health Plan | 117,104 | 59.7% | 4.3% | 17.4 | 44.3% | 18.3% | 26.0% | 11.4% | 0.0% |
| Network Health | 89,018 | 57.5% | 7.7% | 17.0 | 47.0% | 16.1% | 25.1% | 11.8% | 0.0% |
| Fallon Community Health Plan | 10,824 | 58.8% | 9.5% | 20.1 | 37.7% | 16.6% | 30.5% | 15.2% | 0.0% |
| Boston Medical Center HealthNet Plan | 161,096 | 58.5% | 10.4% | 17.4 | 45.8% | 16.9% | 25.3% | 11.9% | 0.0% |
| **Total for MassHealth**  **Managed Care Program** | **657,644** | **56.0%** | **15.3%** | **21.9** | **36.2%** | **15.4%** | **28.0%** | **20.4%** | **0.0%** |

**Source: MMIS**

\* HEDIS results based on this PCC Plan population are compared to MCO results throughout the main body of the report.

\*\* MassHealth managed care plans generally serve members under the age of 65. In previous years, a small number of MassHealth managed care members were 65 years of age or older as of December 31st of the measurement year, and had not yet had their coverage terminated. For HEDIS 2008, no such members were identified through enrollment data, which was used to generate these health plan profiles. However, as a rule, any MassHealth members 65 years and older would be included in the eligible populations for the HEDIS 2008 measures when- ever the specifications for the measure included the 65 and older population, the members’ coverage was not yet terminated, and the members met all eligible population criteria such as the continuous enrollment and enrollment anchor date requirements.

#### Statistically Significant Differences Among the Plans

Female Members: All four MCOs had a significantly higher proportion of female members than PCC Plan (p<.0001). NHP had a significantly higher propor- tion of female members than BMCHP and NH, while BMCHP had a higher proportion than NH (all p<.0001).

Disabled Members: PCC Plan had a significantly higher proportion of disabled members than any of the four MCOs (p<.0001). All differences among the MCOs are significant, with p<.0001, except for the difference between BMCHP and FCHP.

Mean Age of Members: All four MCOs had a population whose mean age was significantly lower than that of PCC Plan (p<.0001). FCHP’s population had a mean age that was significantly higher than that of BMCHP, NHP, and NH (p<.0001).

**Data Collection and Analysis Methods**

#### Data Collection and Submission

In November 2007, the MassHealth Office of Acute and Ambulatory Care (OAAC) provided plans with a list of measures to be collected for HEDIS 2008. The list of measures was devel- oped by key stakeholders within MassHealth, including stakeholders within OAAC, the Office of Clinical Affairs (OCA), and the MassHealth Be- havioral Health Program (MHBH). In general, each plan was responsible for collecting the measures according to the HEDIS 2008 Techni- cal Specifications and for reporting the results using NCQA’s Interactive Data Submission Sys- tem (IDSS). Each plan submitted its results to both NCQA and CHPR.

MassHealth does not require plans to undergo an NCQA HEDIS Compliance Audit™. NCQA HEDIS Compliance Audits are independent re- views conducted by organizations or individuals licensed or certified by NCQA. The purpose of the audit is to validate a plan’s HEDIS results by verifying the integrity of the plan’s data collection and calculation processes. All plans undergoing NCQA Accreditation must have their HEDIS data audited. FCHP and NHP have achieved NCQA accreditation for their MassHealth plans, while BMCHP and NH are working toward it. NCQA reports only audited data in the Quality Compass, a database of regional and national Medicaid, Medicare and Commercial performance bench- marks.

#### Eligible Population

For each HEDIS measure, NCQA specifies the eligible population by defining the age, continu- ous enrollment, enrollment gap, and diagnosis or

event criteria that a member must meet to be eligible for a measure.

Age: The age requirements for Medicaid HEDIS measures vary by measure. The MassHealth managed care programs serves members under the age of 65. Occasionally, members 65 and older may appear in the denominator of a Mass- Health 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 2008 measures whenever the specifications for the measure included the 65 and older popula- tion, the members’ coverage had not yet been terminated and the members met all eligible crite- ria such as continuous enrollment and enrollment anchor date requirements.

Continuous enrollment: The continuous enroll- ment criteria varies for each measure and speci- fies 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 pro- viding those services.

Enrollment gap: The specifications for most measures allow members to have a gap in enroll- ment during the continuous enrollment period and still be eligible for the measure. The allow- able 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-9, CPT). Other health care events may include prescriptions, hospitaliza- tions, 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 2008 Volume 2: Tech- nical Specifications*.

#### MassHealth Coverage Types Included in HEDIS 2008

MassHealth has several Medicaid coverage types whose members are eligible to enroll in any of the five MassHealth plans including Basic, Standard, CommonHealth, and Family Assis- tance. One coverage type, MassHealth Essential, may only enroll in the PCC Plan. MassHealth Essential covers individuals ages 19-64 who are long-term unemployed and ineligible for Mass- Health Basic (certain individuals with non-citizen status are also eligible). Approximately 18 per- cent of the PCC Plan’s membership has Mass- Health Essential coverage.

During the planning for the MassHealth Managed Care HEDIS 2008 project, it was decided that the PCC Plan would submit two sets of HEDIS 2008 data — one submission for the PCC Plan popula- tion without members with Essential coverage

*Quality Compass® is a registered trademark of the National Committee for Quality Assurance (NCQA). NCQA HEDIS Compliance Audit*™ *is a trademark of the National Committee for Quality Assurance (NCQA).*

**Data Collection and Analysis Methods (*continued*)**

and one submission for members with Essential coverage. The data for the PCC Plan population without members with Essential coverage is used in all tables and charts in the main body of the report. Separate rates for PCC Plan mem- bers with Essential coverage are included in the appendices for several adult measures (D,E, F, and G).

#### 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 ad- ministrative databases. Plans calculate the ad- ministrative 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, treatment, etc.).

The ***hybrid method*** requires plans to identify the numerator through both administrative and medical record data. Plans may collect medical record data using plan staff and a plan- developed data collection tool. Plans may also contract with a vendor for the tool, staffing, or

both. For measures collected using the hybrid method, the denominator consists of a systematic sample of members drawn from the measure’s eligible population. This systematic 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 measure’s rate is based on members in the sample (411) 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 Analysis

Throughout this report, HEDIS 2008 results from each plan are compared to several benchmarks and comparison rates, including the 2008 na- tional Medicaid mean and the 2008 Massachu- setts Commercial mean. In addition, MassHealth medians and weighted means were calculated from 2008 data.

2008 National Medicaid 75th Percentile

For this report, the 2008 national Medicaid 75th percentile serves as the primary benchmark to which plan performance is compared (including statistical significance).

CHPR obtained the 2008 national Medicaid data through NCQA’s Quality Compass. NCQA re- leases 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.

Other Comparison Rates Included in this Report The other comparison rates included in the data tables of this report are the 2008 national Medi- caid mean, 2008 national Medicaid 90th percen- tile, 2008 Massachusetts Commercial mean, 2008 MassHealth weighted mean, and 2008 MassHealth median.

The 2008 national Medicaid mean is the average performance of all Medicaid plans that submitted HEDIS 2008 data. The 2008 national Medicaid 90th percentile represents a level of performance that was exceeded by only the top 10% of all Medicaid plans that submitted HEDIS 2008 data. The 2008 national Medicaid 90th percentile was included as a future goal for MassHealth plans. The 2008 Massachusetts Commercial mean is the average performance of all Massachusetts Commercial plans that submitted HEDIS 2008 data. Although the populations served by Massa- chusetts Commercial plans differ from the popu- lation served by MassHealth, the Massachusetts Commercial mean may be an appropriate future goal for measures where MassHealth plans are nearing or exceeding the national Medicaid 90th percentile.

The 2008 MassHealth weighted mean is a weighted average of the rates of the five Mass- Health plans. The weighted average was calcu- lated 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 (PCC Plan) serves

*Certified HEDIS SoftwareSM is a service mark of the National Committee for Quality Assurance (NCQA).*

**Data Collection and Analysis Methods (*continued*)**

42.5% of all MassHealth members, and the small- est (FCHP) serves only 1.6%. Because of the dif- ferences in the size of the populations served by the plans, the MassHealth weighted mean was not used for tests of statistical significance.

The 2008 MassHealth median is also provided and is the middle value of the set of values repre- sented by the individual plan rates.

#### Caveats for the Interpretation of Results

All data analyses have limitations and those pre- sented 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 re- cord 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 incom- plete 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. There- fore, 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 In addition to disability status, the populations

served by each plan may have differed in other demographic characteristics such as age, gender, and geographic residence. As shown in the plan profile chart on page 12, the PCC Plan has a higher proportion of members who are male or disabled, as well as an older mean member age. Other differences among the plans are noted on page 12. The impact of these differences on MassHealth HEDIS 2008 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.

Variation in Data Collection Procedures

Each plan collects and reports its own HEDIS data. Although there are standard specifications for collecting HEDIS measures, MassHealth does not audit the plans’ data collection methods. Fac- tors that may influence the collection of HEDIS data by plan include:

* Use of software to calculate the administrative measures,
* Use of a tool and/or abstractors from an exter- nal medical record review vendor,
* Completeness of administrative data due to claims lags,
* Amount of time in the field collecting medical record data,
* The overall sample size for medical record review (plans with small eligible populations could have samples smaller than 411 mem- bers),
* Staffing changes among the plan’s HEDIS team,
* Voluntary review by an NCQA-Certified HEDIS auditor,
* Choice of administrative or hybrid data collec- tion method for measures that allow either method.

Limitation of Certain HEDIS Measures

One measure collected in 2008, Mental Health Utilization, provides information on the services MassHealth members utilized and not on the con- tent or quality of the care the members received. MassHealth HEDIS mental health utilization data are not case-mix or risk adjusted. Differences in plan utilization rates cannot be interpreted as a measure of quality (i.e., it cannot be determined whether a plan with a higher discharge rate or longer average length of stay is providing either good or bad quality of care). Therefore, readers are cautioned against using utilization data to make judgments about the quality of the care de- livered by a plan or its providers.

In addition, MassHealth HEDIS mental health utili- zation data differ from utilization data calculated through other methods used by MassHealth.

Readers are cautioned against making direct com- parisons between HEDIS mental health utilization data and mental health utilization data obtained from other sources.

Staying Healthy

**Childhood Immunization Status**

The HEDIS Childhood Immunization Status measure assesses how well health plans ensure that their child members less than two years of age are immunized, following the Recommended Childhood and Adolescent Immunization Schedule issued by the Centers for Disease Control and Prevention (CDC) Advisory Com- mittee on Immunization Practices (ACIP).1 The schedule recommends the number of doses, minimum ages to administer doses, and the minimum amount of time between doses for nine vaccines that should be administered before the age of two. Seven of those vaccines were assessed through the HEDIS 2008 measure. (The measure does not include the influenza vaccine, a seasonal vaccine recommended for children ages 6-23 months, or the Hepatitis A vaccine, a two dose vaccine that was universally recommended in 2006 for children before the age of two.) Since the child must have at least five health care visits to receive the en- tire immunization series recommended by the guidelines, this measure can also serve as an indicator of overall access to the health care system.2

**Combination 2**

**Combination 3**

**Understanding the Results**

NCQA has made several changes to this measure that should be considered when comparing HEDIS 2008 per- formance to prior rates. These changes include withdrawing the “documented history of illness” and “seropositive test result” as numerator evidence for DTaP, IPV, HiB and pneu- mococcal conjugate and requiring four acellular pertussis vaccines for the DTaP antigen. A number of procedural and diagnostic codes to identify childhood immunizations were removed, and one diagnostic code that identified exclusions was edited (a fifth digit was added).

Eighty-one percent (81.2%) of MassHealth members re- ceived Combination 2 immunizations by their second birth- day. Plan specific rates ranged from 78.6% to 87.1%. One MassHealth plan (FCHP) had a rate that was significantly better than the benchmark rate of 80.1%, which represents the national Medicaid 75th percentile. One plan (PCC Plan) had a 2008 rate that was significantly better than its 2006 rate.

Nat ' l Mcaid 75t h

Pct ile

80.1%

Nat ' l Mcaid Mean

72.2%

MA Comm Mean

78.7%

MassHealt h

Weight ed Mean

81.2%

PCCP

81.5%

NHP

83.1%

NH

78.6%

FCHP

87.1%

BMCHP

80.8%

0% 20% 40% 60% 80% 100%

The percentage of children 2 years of age who received all of the vaccinations for the Combina- tion 2 rate, plus four pneumococcal conjugate vaccinations (PCV) by their second birthday.

Nat ' l Mcaid 75t h

Pct ile

74.2%

Nat ' l Mcaid Mean

65.4%

MA Comm Mean

76.0%

MassHealt h

Weight ed Mean

76.8%

PCCP

75.2%

NHP

78.9%

NH

74.2%

FCHP

84.0%

BMCHP

77.6%

0% 20% 40% 60% 80% 100%

The percentage of children 2 years of age who had four DTaP/DTP (diphtheria-tetanus- pertussis), three IPV (injectable polio), one MMR (measles-mumps-rubella), three HiB (H influenza type B), three hepatitis B, and one VZV (chicken pox) by their second birthday.

**KEY:**

Comparison rates (Source of National and MA Commercial data: Quality Compass, 2008) Rate is *significantly above* the 2008 national Medicaid 75th percentile



Rate is *not significantly different from* the 2008 national Medicaid 75th percentile Rate is *significantly below* the 2008 national Medicaid 75th percentile

MassHealth plan rates for the Combination 3 immunizations ranged from 74.2% to 84.0%. Seventy-seven percent (76.8%) of MassHealth members received Combination 3 immunizations by their second birthday. Two plans (NHP and FCHP) had rates that were significantly better than the benchmark rate (74.2%). All five plans had 2008 rates that were significantly better than their 2006 rates. (2006 was the first year that HEDIS measured Combination 3.)

**Childhood Immunization Status**

## Combo 2

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Comparison to Benchmarks:** | | | | |
|  | **Nat’l** | **Nat’l** | **MA** | **Plan’s** |
| **Mcaid** | **Mcaid** | **Comm** | **2006** |
| **75th** | **Mean** | **Mean** | **Rate** |
| **Pctile** |  |  |  |
| **PCCP(H)** | O | **\*** | O | **\*** |
| **NHP(H)** | O | **\*** | **\*** | O |
| **NH(H)** | O | **\*** | O | O |
| **FCHP(H)** | **\*** | **\*** | **\*** | O |
| **BMCHP(H)** | O | **\*** | O | O |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2008 Comparison Rates** | | | | | | | | | | | | |
| Nat'l Mcaid 90th Pctile: 84.7% | | Nat'l Mcaid Mean: | | |  | 72.2% |  | MassHealth Weighted Mean: | | | | 81.2% |
| Nat'l Mcaid 75th Pctile: 80.1% | | MA Commercial Mean: | | | 78.7% | MassHealth Median: | | | | 81.5% |
| **MassHealth Plan Rates** | | | | | | | | | | | | |
| **2008** | **Num Elig Den** | **Rate** | **LCL** | **UCL** |  | **2006** |  | **Num** | **Elig** | **Den** | **Rate** | **LCL UCL** |
| **PCCP** | (H) 335 4,091 411 | 81.5% | 77.6% | 85.4% | **PCCP** | (H) | 287 | 4,026 | 411 | 69.8% | 65.3% 74.4% |
| **NHP** | (H) 299 3,500 360 | 83.1% | 79.0% | 87.1% | **NHP** | (H) | 358 | 2,749 | 411 | 87.1% | 83.7% 90.5% |
| **NH** | (H) 323 2,847 411 | 78.6% | 74.5% | 82.7% | **NH** | (H) | 320 | 2,200 | 411 | 77.9% | 73.7% 82.0% |
| **FCHP** | (H) 223 256 256 | 87.1% | 82.8% | 91.4% | **FCHP** | (H) | 166 | 191 | 191 | 86.9% | 81.9% 92.0% |
| **BMCHP** | (H) 332 5,289 411 | 80.8% | 76.8% | 84.7% | **BMCHP** | (H) | 346 | 4,650 | 411 | 84.2% | 80.5% 87.8% |

**Combo 3**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Comparison to Benchmarks:** | | | | |
|  | **Nat’l Mcaid 75th Pctile** | **Nat’l Mcaid Mean** | **MA**  **Comm Mean** | **Plan’s 2006**  **Rate** |
| **PCCP(H)** | O | **\*** | O | **\*** |
| **NHP(H)** | **\*** | **\*** | O | **\*** |
| **NH(H)** | O | **\*** | O | **\*** |
| **FCHP(H)** | **\*** | **\*** | **\*** | **\*** |
| **BMCHP(H)** | O | **\*** | O | **\*** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2008 Comparison Rates** | | | | | | | | | | | | |
| Nat'l Mcaid 90th Pctile: | | | 78.1% | Nat'l Mcaid Mean: | | |  | 65.4% |  | MassHealth Weighted Mean: | | 76.8% |
| Nat'l Mcaid 75th Pctile: | | | 74.2% | MA Commercial Mean: | | | 76.0% | MassHealth Median: | | 77.6% |
| **MassHealth Plan Rates** | | | | | | | | | | | | |
| **2008** |  | **Num** | **Elig Den** |  | **Rate** | **LCL UCL** |  | **2006** | **Num Elig Den** | | **Rate** | **LCL UCL** |
| **PCCP** | (H) | 309 | 4,091 411 |  | 75.2% | 70.9% 79.5% | **PCCP** | (H) | 211 4,026 411 | 51.3% | 46.4% 56.3% |
| **NHP** | (H) | 284 | 3,500 360 |  | 78.9% | 74.5% 83.2% | **NHP** | (H) | 280 2,749 411 | 68.1% | 63.5% 72.8% |
| **NH** | (H) | 305 | 2,847 411 |  | 74.2% | 69.9% 78.6% | **NH** | (H) | 253 2,200 411 | 61.6% | 56.7% 66.4% |
| **FCHP** | (H) | 215 | 256 256 |  | 84.0% | 79.3% 88.7% | **FCHP** | (H) | 138 191 191 | 72.3% | 65.6% 78.9% |
| **BMCHP** | (H) | 319 | 5,289 411 |  | 77.6% | 73.5% 81.8% | **BMCHP** | (H) | 273 4,650 411 | 66.4% | 61.7% 71.1% |

**Legend:**

**\*** 2008 rate is significantly above the comparison rate.

O 2008 rate is not significantly different from the comparison rate.

* 2008 rate is significantly below the comparison rate.

**Num** indicates Numerator

**Elig** indicates the Eligible Population

**Den** indicates Denominator

**LCL** indicates Lower Confidence Level

**UCL** indicates Upper Confidence Level

(A) = Measure was collected using administrative method

(H) = Measure was collected using hybrid method

**Note:** The ability to locate and obtain medical records by a plan or a plan’s contracted vendor can impact performance on a hybrid measure. Per NCQA’s specifications, members for whom no medical record documentation is found are considered non-compliant with the measure.

*The source of the National Medicaid 90th Percentile, National Medicaid 75th Percentile, National Medicaid Mean, and MA Commercial Mean is Quality Compass, 2008.*

**Childhood Immunization Status**

**Understanding the Results (continued)**

Although the HEDIS childhood immunization measure is an important indicator of the quality of preventive care delivered by a health plan, the measure does have some weaknesses. For example, HEDIS does not assess the timeliness of immunization with regard to the recom- mended age intervals for vaccination. In fact, some research suggests that many children who are compliant with the HEDIS Childhood Immu- nization Status measure do not receive immuni- zations on-time.3 Another major criticism is that, in order to be included in the eligible population of the measure, members must be continuously enrolled in a plan for twelve months. Members who are excluded because they do not meet the continuous enrollment criteria were not captured by this measure and may have been at risk for low immunization rates and missed immuniza- tions.4 Therefore, this measure may not be a good indicator of the quality of care delivered to MassHealth members who are at the greatest risk of poor immunization coverage.

HEDIS childhood immunization rates are usually lower than state and national childhood immuni- zation rates reported through other data sources such as the National Immunization Survey (NIS) and National Health Information Survey (NHIS).5 The difference in rates is believed to be due in part to different continuous enrollment criteria and different requirements for the number and timing of doses. (For example, when HEDIS cri- teria are applied to NIS data, immunization cov- erage rates fall by approximately 20%).6

Although Massachusetts has some of the high- est immunization coverage rates in the United States,7 opportunity for improvement still exists. The immunizations required by the Combination 2 rate are consistent with those defined by Healthy People 2010. The Healthy People 2010 childhood immunization goal of 90% may repre- sent a target for continued improvement on this measure. It is important to note, however, that increased attention to areas measured by HEDIS at the expense of other non-measured preventive services, such as those addressed in other Healthy People 2010 goals, could have the unintended effect of reducing the overall quality of preventive care (i.e., if non-measured services are neglected).8 Nonetheless, since childhood and adolescent immunization are two of the most cost-effective practices of all areas assessed through HEDIS,9 increased attention to improving immunization rates could yield benefits to both plans and the members they serve.

**Well-Child Visits for Infants and Young Children**

The HEDIS Well-Child Visits measure assesses whether infants and young children receive the number of well-child visits recommended by current clinical guidelines. The American Academy of Pediatrics (AAP) recommends a schedule of at least eight well-child visits between birth and the first 15 months of life.10 The AAP also recommends a schedule of annual well-child visits during the 3rd, 4th, 5th and 6th years of life. These well-child visits offer the opportu- nity for evaluation of growth and development, the administration of vaccinations, the assessment of behavioral issues, and delivery of anticipatory guid- ance on such issues as injury prevention, violence prevention, sleep position and nutrition. The HEDIS well-child visit measures assess only the frequency of well-child visits. They provide no information on the content or quality of care received during those visits. However, compliance with the preventative care guidelines, including the recommended number of visits, can improve health outcomes; for example, Medicaid-enrolled children under the age of 2 who receive well-child visits according to the frequency prescribed by the AAP have fewer avoidable hospitalizations.11

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

**Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life**

**Understanding the Results**

The HEDIS rate for MassHealth members who turned 15 months during the measurement year and had six or more well-child visits was 81.1%. Plan-specific rates ranged from 76.1% to 87.1%. All five MassHealth plans had rates that were significantly better than the benchmark rate (65.5%). One plan (NH) had a 2008 rate that was signifi- cantly better than its 2006 rate.

Eighty-five percent (84.5%) of MassHealth members who were three, four, five, or six years of age had a well-child visit during 2007. Plan-specific rates ranged from 74.9% to 88.3%. Four plans (PCC Plan, NHP, NH, and BMCHP) had rates that were significantly better than the benchmark rate. All five plans had 2008 rates that were not signifi- cantly different than their 2006 rates.

Nat ' l Mcaid 75t h

Pct ile

65.5%

Nat ' l Mcaid Mean

53.0%

MA Comm Mean

87.5%

MassHealt h

Weight ed Mean

81.1%

PCCP

87.1%

NHP

81.7%

NH

79.3%

FCHP

76.1%

BMCHP

77.6%

0% 20% 40% 60% 80% 100%

Nat ' l Mcaid 75t h

Pct ile

74.0%

Nat ' l Mcaid Mean

65.1%

MA Comm Mean

86.9%

MassHealt h

Weight ed Mean

84.5%

PCCP

83.0%

NHP

82.1%

NH

83.0%

FCHP

74.9%

BMCHP

88.3%

0% 20% 40% 60% 80% 100%

The percentage of members who turned 15 months old during 2007 and who had six or more well-child visits with a primary care practitioner during the first 15 months of life.

The percentage of members who were three, four, five or six years old during 2007 who received one or more well-child visits with a primary care practi- tioner during 2007.

While the MassHealth plans generally exceed national Medicaid benchmarks on both well-visit measures, none exceed the Massachusetts commercial plan mean for either measure. In addition, only NH scored significantly higher than its own previous score (for the first 15 months of life measure). Plans should seek to improve upon their scores where possible.

\* Data for the zero through five visit rates are in Appendix C.

**KEY:**

Comparison rates (Source of National and MA Commercial data: Quality Compass, 2008) Rate is *significantly above* the 2008 national Medicaid 75th percentile



Rate is *not significantly different from* the 2008 national Medicaid 75th percentile Rate is *significantly below* the 2008 national Medicaid 75th percentile

**Well-Child Visits for Infants and Young Children**

## Statistical Summary—Well-Child Visits in the First 15 Months of Life (6+ visits)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Comparison to Benchmarks:** | | | | |
|  | **Nat’l Mcaid 75th Pctile** | **Nat’l Mcaid Mean** | **MA**  **Comm Mean** | **Plan’s 2006**  **Rate** |
| **PCCP(H)** | **\*** | **\*** | O | O |
| **NHP(H)** | **\*** | **\*** | **•** | O |
| **NH(H)** | **\*** | **\*** | **•** | **\*** |
| **FCHP(H)** | **\*** | **\*** | **•** | O |
| **BMCHP(H)** | **\*** | **\*** | **•** | O |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2008 Comparison Rates** | | | | | | | | | |
| Nat'l Mcaid 90th Pctile: 73.7%  Nat'l Mcaid 75th Pctile: 65.5% | | Nat'l Mcaid Mean:  MA Commercial Mean: | | | 53.0%  87.5% |  | MassHealth Weighted Mean: 81.1%  MassHealth Median: 79.3% | | |
| **MassHealth Plan Rates** | | | | | | | | | |
| **2008** | **Num Elig Den** | **Rate** | **LCL UCL** |  | **2006** | **Num Elig Den** | | **Rate** | **LCL UCL** |
| **PCCP** | (H) 209 3,251 240 | 87.1% | 82.6% 91.5% | **PCCP** | (H) | 236 2,838 260 | 90.8% | 87.1% 94.5% |
| **NHP** | (H) 228 3,003 279 | 81.7% | 77.0% 86.4% | **NHP** | (H) | 235 2,285 296 | 79.4% | 74.6% 84.2% |
| **NH** | (H) 326 2,587 411 | 79.3% | 75.3% 83.4% | **NH** | (H) | 284 1,512 411 | 69.1% | 64.5% 73.7% |
| **FCHP** | (H) 159 212 209 | 76.1% | 70.1% 82.1% | **FCHP** | (H) | 130 184 184 | 70.7% | 63.8% 77.5% |
| **BMCHP** | (H) 319 4,497 411 | 77.6% | 73.5% 81.8% | **BMCHP** | (H) | 343 3,630 411 | 83.5% | 79.7% 87.2% |

**Statistical Summary—Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Comparison to Benchmarks:** | | | | |
|  | **Nat’l Mcaid 75th Pctile** | **Nat’l Mcaid Mean** | **MA**  **Comm Mean** | **Plan’s 2006**  **Rate** |
| **PCCP(A)** | **\*** | **\*** | **•** | O |
| **NHP(H)** | **\*** | **\*** | O | O |
| **NH(H)** | **\*** | **\*** | O | O |
| **FCHP(H)** | O | **\*** | **•** | O |
| **BMCHP(H)** | **\*** | **\*** | O | O |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **2008 Comparison Rates** | | | | | |
| Nat'l Mcaid 90th Pctile: | 78.9% | Nat'l Mcaid Mean: | 65.1% | MassHealth Weighted Mean: | 84.5% |
| Nat'l Mcaid 75th Pctile: | 74.0% | MA Commercial Mean: | 86.9% | MassHealth Median: | 83.0% |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MassHealth Plan Rates** | | | | | | | | | | | | | | | | |
| **2008** |  | **Num** | **Elig** | **Den** | **Rate** | **LCL** | **UCL** |  | **2006** |  | **Num** | **Elig** | **Den** | **Rate** | **LCL** | **UCL** |
| **PCCP** | (A) | 12,685 | 15,279 | 15,279 | 83.0% | 82.4% | 83.6% | **PCCP** | (H) | 200 | 15,209 | 229 | 87.3% | 82.8% | 91.9% |
| **NHP** | (H) | 197 | 11,745 | 240 | 82.1% | 77.0% | 87.1% | **NHP** | (H) | 217 | 10,536 | 260 | 83.5% | 78.8% | 88.2% |
| **NH** | (H) | 239 | 9,305 | 288 | 83.0% | 78.5% | 87.5% | **NH** | (H) | 282 | 7,188 | 348 | 81.0% | 76.8% | 85.3% |
| **FCHP** | (H) | 209 | 837 | 279 | 74.9% | 69.6% | 80.2% | **FCHP** | (A) | 605 | 764 | 764 | 79.2% | 76.2% | 82.1% |
| **BMCHP** | (H) | 363 | 18,830 | 411 | 88.3% | 85.1% | 91.5% | **BMCHP** | (H) | 334 | 15,272 | 411 | 81.3% | 77.4% | 85.2% |

**Legend:**

**\*** 2008 rate is significantly above the comparison rate.

O 2008 rate is not significantly different from the comparison rate.

* 2008 rate is significantly below the comparison rate.

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**Num** indicates Numerator

**Elig** indicates the Eligible Population

**Den** indicates Denominator

**LCL** indicates Lower Confidence Level

**UCL** indicates Upper Confidence Level

(A) = Measure was collected using administrative method

(H) = Measure was collected using hybrid method

**Note:** The ability to locate and obtain medical records by a plan or a plan’s contracted vendor can impact performance on a hybrid measure. Per NCQA’s specifications, members for whom no medical record documentation is found are considered non-compliant with the measure.

**Adolescent Well-Care Visits**

The Adolescent Well-Care Visits measure assesses whether adolescents had at least one well-care visit with a primary care provider or OB/GYN during 2007, as recommended by clinical guidelines set forth by the American Medical Association (AMA), American Academy of Pediatrics (AAP), and Bright Futures.12 Annual visits during adolescence allow providers to conduct physical examinations for growth, assess behavior, and deliver anticipatory guid- ance on issues related to violence, injury prevention and nutrition, as well as to 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.13

**Adolescent Well-Care Visits**

**Understanding the Results**

Sixty-one percent (61.1%) of MassHealth adolescent members who were 12 to 21 years of age had at least one well-care visit with a primary care practitioner or OB/GYN during 2007. Plan specific rates ranged from 53.8% to 65.5%. Four plans (PCC Plan, NHP, NH and BMCHP) had rates that were significantly better than the benchmark rate (51.4%), and two plans (PCCP and BMCHP) scored significantly higher than the Na- tional Medicaid 90th percentile. However, none of the plans had 2008 rates that were significantly better than their 2006 rates.

One caveat related to both this measure and the well-child measure is that the measures are calculated using administrative and/or medical record data, rather than through the use of surveys. Well-care rates generated from parent surveys and adolescent reported surveys yield higher rates of visits compared to the HEDIS well-care measures.14 In fact, the national rate of children meeting the AAP guidelines for the num- ber of well-care visits is as high as 77% when calculated from parent surveys.15 However, whether adminis- trative and medical record data actually under-report well-care visit rates or survey data over-report the oc- currence of well-child visits is unknown. In addition, the miscoding of well-child visits for infants and young children and well-care visits for adolescents affects the result of this measure. Research comparing Medi- caid administrative data with well-child medical records has documented substantial misclassification of well-child visits as sick visits.16

Nat ' l Mcaid 75t h

Pct ile

51.4%

Nat ' l Mcaid Mean

41.9%

MA Comm Mean

65.8%

MassHealt h

Weight ed Mean

61.1%

PCCP

60.8%

NHP

58.2%

NH

58.5%

FCHP

53.8%

BMCHP

65.5%

0%

20%

40%

60%

80%

The percentage of members who were 12-21 years of age during 2007 and who had at least one comprehensive well-care visit with a primary care practitioner or OB/GYN during 2007.

**KEY:**

Comparison rates (Source of National and MA Commercial data: Quality Compass, 2008) Rate is *significantly above* the 2008 national Medicaid 75th percentile

Rate is *not significantly different from* the 2008 national Medicaid 75th percentile

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **2008 Comparison Rates** | | | | | |
| Nat'l Mcaid 90th Pctile: | 56.7% | Nat'l Mcaid Mean: | 41.9% | MassHealth Weighted Mean: | 61.1% |
| Nat'l Mcaid 75th Pctile: | 51.4% | MA Commercial Mean: | 65.8% | MassHealth Median: | 58.5% |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Comparison to Benchmarks:** | | | | |
|  | **Nat’l Mcaid 75th Pctile** | **Nat’l Mcaid Mean** | **MA**  **Comm Mean** | **Plan’s 2006**  **Rate** |
| **PCCP(A)** | **\*** | **\*** | **•** | O |
| **NHP(H)** | **\*** | **\*** | **•** | O |
| **NH(H)** | **\*** | **\*** | **•** | O |
| **FCHP(A)** | O | **\*** | **•** | O |
| **BMCHP(H)** | **\*** | **\*** | O | O |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MassHealth Plan Rates** | | | | | | | | | | | | | | | |
| **2008** |  | **Num** | **Elig** | **Den** | **Rate** | **LCL** | **UCL** | **2006** |  | **Num** | **Elig** | **Den** | **Rate** | **LCL** | **UCL** |
| **PCCP** | (A) | 24,394 | 40,093 | 40,093 | 60.8% | 60.4% | 61.3% | **PCCP** | (H) | 237 | 35,842 | 388 | 61.1% | 56.1% | 66.1% |
| **NHP** | (H) | 219 | 20,066 | 376 | 58.2% | 53.1% | 63.4% | **NHP** | (H) | 265 | 17,118 | 405 | 65.4% | 60.7% | 70.2% |
| **NH** | (H) | 237 | 13,281 | 405 | 58.5% | 53.6% | 63.4% | **NH** | (H) | 247 | 9,624 | 411 | 60.1% | 55.2% | 65.0% |
| **FCHP** | (A) | 219 | 1,549 | 407 | 53.8% | 48.8% | 58.8% | **FCHP** | (A) | 697 | 1,311 | 1,311 | 53.2% | 50.4% | 55.9% |
| **BMCHP** | (H) | 269 | 27,174 | 411 | 65.5% | 60.7% | 70.2% | **BMCHP** | (H) | 284 | 21,147 | 411 | 69.1% | 64.5% | 73.7% |

**Adolescent Well-Care Visits**

**Legend:**

**\*** 2008 rate is significantly above the comparison rate.

O 2008 rate is not significantly different from the comparison rate.

* 2008 rate is significantly below the comparison rate.

**Num** indicates Numerator

**Elig** indicates the Eligible Population

**Den** indicates Denominator

**LCL** indicates Lower Confidence Level

**UCL** indicates Upper Confidence Level

(A) = Measure was collected using administrative method

(H) = Measure was collected using hybrid method

**Note:** The ability to locate and obtain medical records by a plan or a plan’s contracted vendor can impact performance on a hybrid measure. Per NCQA’s specifications, members for whom no medical record documentation is found are considered non-compliant with the measure.

*The source of the National Medicaid 90th Percentile, National Medicaid 75th Percentile, National Medicaid Mean, and MA Commercial Mean is Quality Compass, 2008.*

**Children and Adolescents’ Access to Primary Care Physicians**

The age-stratified rates for the Children and Adolescents’ Access to Primary Care Practitioners measure reflect general access to care by indicating whether children had a preventative or ambulatory care visit with a primary care provider during 2007 (for children ages 12 to 24 months and 25 months to 6 years) or during 2006 and 2007 (for children ages 7 to 11 years and 12 to 19 years). Any type of visit with a primary care practitioner counts towards this measure.

This measure does not assess whether children have the appropriate number of visits recommended by clinical guidelines (e.g., children ages 12 to 24 months should have 3-4 well-child visits during the measure’s timeframe), and does not assess the quality or content of the well-care visits counted by the measure.

The percentage of members 12 to 24 months of age who had a visit with a primary care practi- tioner during 2007.

**Age 12 to 24 Months**

**Age 25 Months to 6 Years**

**Understanding the Results**

**KEY:**



Nat ' l Mcaid 75t h

Pct ile

97.4%

Nat ' l Mcaid Mean

93.5%

MA Comm Mean

97.1%

MassHealt h

Weight ed Mean

97.3%

PCCP

98.1%

NHP

97.5%

NH

95.6%

FCHP

96.5%

BMCHP

97.8%

80%

100%

Comparison rates (Source of National and MA Commercial data: Quality Compass, 2008) Rate is *significantly above* the 2008 national Medicaid 75th percentile

Rate is *not significantly different from* the 2008 national Medicaid 75th percentile

Ninety-seven percent (97.3%) of MassHealth members aged 12 to 24 months had a preventative or ambulatory care visit with a primary care provider in 2007. Plan- specific rates ranged from 95.6% to 98.1%. One Mass- Health plan (PCC Plan) had a rate that was significantly better than the benchmark rate, while one plan’s rate (NH) was significantly lower. Two plans (NH and BMCHP) had 2008 rates that were significantly better than their 2006 rate, while one (PCC Plan) was signifi- cantly lower.

Ninety-four percent (93.6%) of MassHealth members aged 25 months to 6 years had a preventative or ambu- latory care visit with a primary care provider in 2007.

Nat ' l Mcaid 75t h

Pct ile

89.6%

Nat ' l Mcaid Mean

84.3%

MA Comm Mean

95.1%

MassHealt h

Weight ed Mean

93.6%

PCCP

95.6%

NHP

92.9%

NH

91.3%

FCHP

91.3%

BMCHP

93.7%

60%

80%

100%

The percentage of members 25 months to 6 years of age who had a visit with a primary care practi- tioner during 2007.

Plan specific rates ranged from 91.3% to 95.6%. Four MassHealth plans (PCC Plan, NHP, NH and BMCHP) had 2008 rates that were significantly better than the benchmark rate. Two plans (NH and BMCHP) had 2008 rates that were significantly better than their 2006 rate. The PCC Plan’s rate was significantly lower than in its rate for 2006.

In the most recent measurement cycles, some Mass- Health plan rates for this access to care measure were nearing 100%, indicating little additional room for im- provement. (A goal of 100% utilization is appropriate for this measure since children in this age group should be receiving annual well-care visits.) Opportunity for im- provement may exist for any plan that performed below the benchmark or that had a 2008 rate that was signifi- cantly lower than its 2006 rate (possibly indicating re- duced access).

**Children and Adolescents’ Access to Primary Care Physicians**

## Statistical Summary— Age 12 to 24 Months

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Comparison to Benchmarks:** | | | | |
|  | **Nat’l Mcaid 75th Pctile** | **Nat’l Mcaid Mean** | **MA**  **Comm Mean** | **Plan’s 2006**  **Rate** |
| **PCCP(A)** | **\***  O  **•** O O | **\***  **\***  **\***  **\***  **\*** | **\***  O  **•** O  **\*** | **•** O  **\***  O  **\*** |
| **NHP(A)** |
| **NH(A)** |
| **FCHP(A)** |
| **BMCHP(A)** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2008 Comparison Rates** | | | | | | | | | | |
| Nat'l Mcaid 90th Pctile: 98.4%  Nat'l Mcaid 75th Pctile: 97.4% | | | Nat'l Mcaid Mean:  MA Commercial Mean: | | 93.5%  97.1% | | MassHealth Weighted Mean:  MassHealth Median: | | | 97.3%  97.5% |
| **MassHealth Plan Rates** | | | | | | | | | | |
| **2008** | **Num Den** | **Rate** | **LCL UCL** |  | | **2006** | | **Num Den** | **Rate** | **LCL UCL** |
| **PCCP** | (A) 4,549 4,638 | 98.1% | 97.7% 98.5% | **PCCP** | | (A) 3,967 3,981 | 99.6% | 99.5% 99.8% |
| **NHP** | (A) 4,071 4,174 | 97.5% | 97.0% 98.0% | **NHP** | | (A) 3,322 3,400 | 97.7% | 97.2% 98.2% |
| **NH** | (A) 3,732 3,903 | 95.6% | 95.0% 96.3% | **NH** | | (A) 2,518 2,802 | 89.9% | 88.7% 91.0% |
| **FCHP** | (A) 249 258 | 96.5% | 94.1% 98.9% | **FCHP** | | (A) 239 244 | 98.0% | 96.0% 99.9% |
| **BMCHP** | (A) 6,022 6,157 | 97.8% | 97.4% 98.2% | **BMCHP** | | (A) 5,013 5,223 | 96.0% | 95.4% 96.5% |

**Statistical Summary— Age 25 Months to 6 Years**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Comparison to Benchmarks:** | | | | |  | **2008 Comparison Rates** | | | | | | | | |
| Nat'l Mcaid 90th Pctile: 92.0% Nat'l Mcaid Mean: 84.3% MassHealth Weighted Mean: 93.6%  Nat'l Mcaid 75th Pctile: 89.6% MA Commercial Mean: 95.1% MassHealth Median: 92.9% | | | | | | | | |
|  | **Nat’l Mcaid 75th Pctile** | **Nat’l Mcaid Mean** | **MA**  **Comm Mean** | **Plan’s 2006**  **Rate** |
|  | **MassHealth Plan Rates** | | | | | | | | |
| **PCCP(A)** | **\*** | **\*** | **\*** | **•** |  | **2008** | **Num Den** | **Rate** | **LCL UCL** |  | **2006** | **Num Den** | **Rate** | **LCL UCL** |
| **NHP(A)**  **NH(A)** | **\***  **\*** | **\***  **\*** | **•**  **•** | O  **\*** | **PCCP NHP**  **NH** | (A) 18,188 19,032  (A) 13,779 14,838  (A) 10,857 11,894 | 95.6%  92.9%  91.3% | 95.3% 95.9%  92.4% 93.3%  90.8% 91.8% | **PCCP NHP**  **NH** | (A) 17,746 17,972  (A) 12,263 13,163  (A) 8,238 9,389 | 98.7%  93.2%  87.7% | 98.6% 98.9%  92.7% 93.6%  87.1% 88.4% |
| **FCHP(A)** | O | **\*** | **•** | O | **FCHP** | (A) 965 1057 | 91.3% | 89.5% 93.0% | **FCHP** | (A) 882 939 | 93.9% | 92.3% 95.5% |
| **BMCHP(A)** | **\*** | **\*** | **•** | **\*** | **BMCHP** | (A) 22,113 23,600 | 93.7% | 93.4% 94.0% | **BMCHP** | (A) 17,869 19,607 | 91.1% | 90.7% 91.5% |

**Legend:**

**\*** 2008 rate is significantly above the comparison rate.

O 2008 rate is not significantly different from the comparison rate.

* 2008 rate is significantly below the comparison rate.

**Num** indicates Numerator

**Elig** indicates the Eligible Population

**Den** indicates Denominator

**LCL** indicates Lower Confidence Level

**UCL** indicates Upper Confidence Level

(A) = Measure was collected using administrative method

(H) = Measure was collected using hybrid method

**Note:** The ability to locate and obtain medical records by a plan or a plan’s contracted vendor can impact performance on a hybrid measure. Per NCQA’s specifications, members for whom no medical record documentation is found are considered non-compliant with the measure.

*The source of the National Medicaid 90th Percentile, National Medicaid 75th Percentile, National Medicaid Mean, and MA Commercial Mean is Quality Compass, 2008.*

**Children and Adolescents’ Access to Primary Care Physicians**

**Age 7 to 11 Years**

**Age 12 to 19 Years**

**Understanding the Results**

Ninety-seven percent (97.0%) of MassHealth members aged 7 to 11 had a visit with a primary care practitioner during 2006 or 2007. Plan specific rates ranged from

95.3 to 98.0. All five MassHealth plans had 2008 rates that were significantly better than the benchmark rate (91.6%). Three plans (NHP, NH and BMCHP) had 2008 rates that were significantly better than their 2006 rates.

Nat ' l Mcaid 75t h

Pct ile

90.1%

Nat ' l Mcaid Mean

82.7%

MA Comm Mean

94.9%

MassHealt h

Weight ed Mean

94.7%

PCCP

96.3%

NHP

94.3%

NH

92.8%

FCHP

94.4%

BMCHP

93.6%

60%

80%

100%

Nat'l M caid 75t h Pctile

91.6%

Nat'l M caid M ean

85.9%

MA Comm M ean

97.0%

M assHealth Weight ed M ean

97.0%

PCCP

98.0%

NHP

96.6%

NH

95.3%

FCHP

96.3%

BM CHP

96.8%

80%

100%

The percentage of members 7 to 11 years of age who had at least one visit with a primary care practitioner in 2006 or 2007.

The percentage of members 12 to 19 years of age who had at least one visit with a primary care practi- tioner in 2006 or 2007.

Access to primary care practitioners for MassHealth members aged 12 to 19 was also high (94.7%). Mass- Health plans rates ranged from 92.8% to 96.3%. Again, all five MassHealth plans had 2008 rates that were sig- nificantly better than both the benchmark rate (90.1%), and the National Medicaid 90th percentile (91.9%). Two plans (NH and BMCHP) had 2008 rates that were sig- nificantly better than their 2006 rates.

Plans with rates that are nearing 100% should focus on continued maintenance of the high rates. A goal of 100% access is appropriate for this measure since children in this age group should have visits with their primary care providers on an annual basis.

**KEY:**

Comparison rates (Source of National and MA Commercial data: Quality Compass, 2008) Rate is *significantly above* the 2008 national Medicaid 75th percentile



Rate is *not significantly different from* the 2008 national Medicaid 75th percentile Rate is *significantly below* the 2008 national Medicaid 75th percentile

**Children and Adolescents’ Access to Primary Care Physicians**

## Statistical Summary— Age 7 to 11 Years

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Comparison to Benchmarks:** | | | | |
|  | **Nat’l Mcaid 75th Pctile** | **Nat’l Mcaid Mean** | **MA**  **Comm Mean** | **Plan’s 2006**  **Rate** |
| **PCCP(A)** | **\*** | **\*** | **\***  O  **•** O O | O |
| **NHP(A)** | **\*** | **\*** | **\*** |
| **NH(A)** | **\*** | **\*** | **\*** |
| **FCHP(A)** | **\*** | **\*** | O |
| **BMCHP(A)** | **\*** | **\*** | **\*** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2008 Comparison Rates** | | | | | | | | | | |
| Nat'l Mcaid 90th Pctile: 94.1%  Nat'l Mcaid 75th Pctile: 91.6% | | | Nat'l Mcaid Mean:  MA Commercial Mean: | | 85.9%  97.0% | | MassHealth Weighted Mean:  MassHealth Median: | | | 97.0%  96.6% |
| **MassHealth Plan Rates** | | | | | | | | | | |
| **2008** | **Num Den** | **Rate** | **LCL UCL** |  | | **2006** | | **Num Den** | **Rate** | **LCL UCL** |
| **PCCP** | (A) 14,944 15,250 | 98.0% | 97.8% 98.2% | **PCCP** | | (A) 14,834 15,161 | 97.8% | 97.6% 98.1% |
| **NHP** | (A) 9,198 9,519 | 96.6% | 96.3% 97.0% | **NHP** | | (A) 7,552 7,897 | 95.6% | 95.2% 96.1% |
| **NH** | (A) 5,823 6,113 | 95.3% | 94.7% 95.8% | **NH** | | (A) 3,857 4,161 | 92.7% | 91.9% 93.5% |
| **FCHP** | (A) 628 652 | 96.3% | 94.8% 97.8% | **FCHP** | | (A) 617 632 | 97.6% | 96.4% 98.9% |
| **BMCHP** | (A) 13,789 14,241 | 96.8% | 96.5% 97.1% | **BMCHP** | | (A) 10,085 10,796 | 93.4% | 92.9% 93.9% |

**Statistical Summary— Age 12 to 19 Years**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Comparison to Benchmarks:** | | | | | **2008 Comparison Rates** | | | | | | | | | | | | | | |
| Nat'l Mcaid 90th Pctile: 91.9% Nat'l Mcaid Mean: 82.7% MassHealth Weighted Mean: 94.7%  Nat'l Mcaid 75th Pctile: 90.1% MA Commercial Mean: 94.9% MassHealth Median: 94.3% | | | | | | | | | | | | | | |
|  | **Nat’l Mcaid 75th Pctile** | **Nat’l Mcaid Mean** | **MA**  **Comm Mean** | **Plan’s 2006**  **Rate** |
|  | **MassHealth Plan Rates** | | | | | | | | | | | | | | |
| **PCCP(A)** | **\*** | **\*** | **\***  **•**  **•** O  **•** | O | **2008** |  | **Num** | **Den** | **Rate** | **LCL** | **UCL** |  | **2006** |  | **Num** | **Den** | **Rate** | **LCL** | **UCL** |
| **NHP(A)** | **\*** | **\*** | O | **PCCP** | (A) | 25,616 26,610 | | 96.3% | 96.0% | 96.5% | **PCCP** | (A) | 24,520 25,546 | | 96.0% | 95.7% | 96.2% |
| **NH(A)** | **NHP**  **NH** | (A)  (A) | 12,927 13,715  7,542 8,127 | | 94.3%  92.8% | 93.9%  92.2% | 94.6%  93.4% | **NHP**  **NH** | (A)  (A) | 10,774 11,491  4,928 5,418 | | 93.8%  91.0% | 93.3%  90.2% | 94.2%  91.7% |
| **\*** | **\*** | **\*** |
| **FCHP(A)** | **\*** | **\*** | O | **FCHP** | (A) | 929 | 984 | 94.4% | 92.9% | 95.9% | **FCHP** | (A) | 847 | 882 | 96.0% | 94.7% | 97.4% |
| **BMCHP(A)** | **\*** | **\*** | **\*** | **BMCHP** | (A) | 17,665 18,877 | | 93.6% | 93.2% | 93.9% | **BMCHP** | (A) | 12,625 13,937 | | 90.6% | 90.1% | 91.1% |

**Legend:**

**\*** 2008 rate is significantly above the comparison rate.

O 2008 rate is not significantly different from the comparison rate.

* 2008 rate is significantly below the comparison rate.

**Num** indicates Numerator

**Elig** indicates the Eligible Population

**Den** indicates Denominator

**LCL** indicates Lower Confidence Level

**UCL** indicates Upper Confidence Level

(A) = Measure was collected using administrative method

(H) = Measure was collected using hybrid method

**Note:** The ability to locate and obtain medical records by a plan or a plan’s contracted vendor can impact performance on a hybrid measure. Per NCQA’s specifications, members for whom no medical record documentation is found are considered non-compliant with the measure.

Living With Illness

**Use of Appropriate Medications for People with Asthma**

This measure assesses whether members with persistent asthma were appropriately prescribed medications deemed as preferred therapy for long-term asthma control. The National Heart, Lung, and Blood Institute’s (NHLBI) *Guidelines for the Diagnosis and Management of Asthma*, updated in 2007, recom- mend daily long-term control therapy for patients experiencing persistent asthma symptoms.17 Medications that decrease airway inflammation, such as in- haled corticosteroids (ICS), are considered to be the most effective for controlling asthma.18,19 These medications reduce the severity of symptoms20 and prevent exacerbations21 that can increase the risk of emergency department (ED) visits, hospitalizations, and death from asthma.22 Studies of Medicaid populations have reported underutilization of asthma control medications23,34,25 and lower prescription rates compared to privately insured patients.26

**Age 5 to 9 Years**

**Age 10 to 17 Years**

**Age 18 to 56 Years**

The percentage of members 5 to 9 years of age who were identified as having persistent asthma and who were appropriately prescribed medication during 2007.

The percentage of members 10 to 17 years of age who were identified as having persistent asthma and who were appropriately prescribed medication during 2007.

The percentage of members 18 to 56 years of age who were identified as having persistent asthma and who were appropriately prescribed medication during 2007.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Weight ed Mean |  |  |  |  | Weight ed Mean |  |  |  | Weight ed Mean |  | | |
| PCCP |  |  |  | 94.5% | PCCP |  | 88.6% |  | PCCP |  |  | 81.1% |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| NHP |  |  |  | 94.4% | NHP |  |  | 93.0% | NHP |  |  | 86.0% |
| NH  FCHP  BMCHP  80 | % | 92. |  | 8%  95.0%  100% | NH  FCHP  BMCHP  80 | % | 90.7%  92.8%  10 | | NH  FCHP  BMCHP  0% 60 | % | 86.3%  77.6%  86.2%  80% 10 | |

**KEY:**



Nat ' l Mcaid 75t h

Pct ile

91.4%

Nat ' l Mcaid Mean

86.9%

MA Comm Mean

94.8%

MassHealt h

90.8%



Nat ' l Mcaid 75t h

Pct ile

88.7%

Nat ' l Mcaid Mean

84.4%

MA Comm Mean

89.5%

MassHealt h

82.9%

0%

Nat ' l Mcaid 75t h

Pct ile

94.5%

Nat ' l Mcaid Mean

89.3%

MA Comm Mean

98.2%

MassHealt h

94.4%

Comparison rates (Source of National and MA Commercial data: Quality Compass, 2008) Rate is *significantly above* the 2008 national Medicaid 75th percentile



Rate is *not significantly different from* the 2008 national Medicaid 75th percentile Rate is *significantly below* the 2008 national Medicaid 75th percentile

Note: FCHP’s denominators for the 5-9 and 10-17 year rates were less than 30. Per HEDIS specifications, any measure for which a plan has fewer than 30 members in the denominator is not reported as a rate. See page 34 for FCHP’s numerator and denomi- nator.

**Use of Appropriate Medications for People with Asthma**

**Combined Ages (5 to 56 Years)**

**Understanding the Results**

Eighty-seven percent (87.2%) of members 5-56 years of age with persistent asthma were appropriately prescribed asthma control medication. Rates for three plans (NHP, NH and BMCHP) showed no significant difference compared to the benchmark rate (90.7%), while the rates for two (PCCP and FCHP) were significantly lower. One plan, NHP, significantly improved its rate, as compared to the previous reporting period.

MassHealth plan rates calculated for children (age 5-9 years) with persistent asthma did not differ significantly from the benchmark rate (94.5%). However, the rate reported by one plan (PCCP) for adolescents (age 10-17 years), and rates for adults (age 18-56 years) reported by three plans (PCCP, FCHP and BMCHP), were significantly lower than the benchmarks (91.4% and 88.7%, respectively).



Nat ' l Mcaid 75t h

Pct ile

90.7%

Nat ' l Mcaid Mean

86.9%

MA Comm Mean

91.6%

MassHealt h

Weight ed Mean

87.2%

PCCP

84.5%

NHP

90.8%

NH

89.4%

FCHP

80.2%

BMCHP

90.5%

60%

80%

100%

The percentage of members 5 to 56 years of age who were identified as having persistent asthma and who were appropriately prescribed medication during 2007.

Healthy People 2010 set a number of objectives related to asthma that are directly (e.g., increased rates of appropriate asthma care) and indirectly (e.g., reductions in deaths, hospitalizations, ED visits, activity restrictions. and missed school/work) associated with improved performance on the asthma HEDIS measure.27 Appropriate asthma care emphasizes patient education and treatment with medication regimens that reduce excessive use of short-acting beta agonists for symptom relief. Use of the asthma medications assessed through the HEDIS measure (e.g., inhaled corticosteroids) can reduce the need for short-acting beta agonists and is associated with reduced risk of subsequent ED visits and hospitalizations among patients with persistent asthma.28

**KEY:**

Comparison rates (Source of National and MA Commercial data: Quality Compass, 2008) Rate is *significantly above* the 2008 national Medicaid 75th percentile



Rate is *not significantly different from* the 2008 national Medicaid 75th percentile Rate is *significantly below* the 2008 national Medicaid 75th percentile

**Use of Appropriate Medications for People with Asthma**

## Statistical Summary—Age 5 to 9 Years

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Comparison to Benchmarks:** | | | | |
|  | **Nat’l Mcaid 75th Pctile** | **Nat’l Mcaid Mean** | **MA**  **Comm Mean** | **Plan’s 2006**  **Rate** |
| **PCCP(A)** | O | **\*** | **•** | O |
| **NHP(A)** | O | **\*** | **•** | O |
| **NH(A)** | O | **\*** | **•** | O |
| **FCHP(A)** | n/a | n/a | n/a | n/a |
| **BMCHP(A)** | O | **\*** | **•** | O |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2008 Comparison Rates** | | | | | | | | | | | | |
| Nat'l Mcaid 90th Pctile: | | 96.1% | Nat'l Mcaid Mean: | | | 89.3% | | MassHealth Weighted Mean: | | |  | 94.4% |
| Nat'l Mcaid 75th Pctile: | | 94.5% | MA Commercial Mean: | | | 98.2% | | MassHealth Median: | | | 94.4% |
| **MassHealth Plan Rates** | | | | | | | | | | | | |
| **2008** | **Num** | **Den** | **Rate** | **LCL UCL** |  | | **2006** | | **Num Den** | **Rate** | **LCL UCL** | |
| **PCCP** | (A) 988 | 1,046 | 94.5% | 93.0% 95.9% | **PCCP** | | (A) 918 977 | 94.0% | 92.4% 95.5% | |
| **NHP** | (A) 485 | 514 | 94.4% | 92.3% 96.4% | **NHP** | | (A) 373 401 | 93.0% | 90.4% 95.6% | |
| **NH** | (A) 389 | 419 | 92.8% | 90.3% 95.4% | **NH** | | (A) 222 247 | 89.9% | 85.9% 93.8% | |
| **FCHP** | (A) 23 | 27 | n/a\* | n/a\* n/a\* | **FCHP** | | (A) 10 14 | n/a\* | n/a\* n/a\* | |
| **BMCHP** | (A) 883 | 929 | 95.0% | 93.6% 96.5% | **BMCHP** | | (A) 582 613 | 94.9% | 93.1% 96.8% | |

**Statistical Summary—Age 10 to 17 Years**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Comparison to Benchmarks:** | | | | |
|  | **Nat’l Mcaid 75th Pctile** | **Nat’l Mcaid Mean** | **MA**  **Comm Mean** | **Plan’s 2006**  **Rate** |
| **PCCP(A)** | **•** | **\*** | **•** | O |
| **NHP(A)** | O | **\*** | O | O |
| **NH(A)** | O | **\*** | **•** | O |
| **FCHP(A)** | n/a | n/a | n/a | n/a |
| **BMCHP(A)** | O | **\*** | **•** | O |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2008 Comparison Rates** | | | | | | | | | | | | |
| Nat'l Mcaid 90th Pctile: | | 93.3% | Nat'l Mcaid Mean: | | | 86.9% | | MassHealth Weighted Mean: | | |  | 90.8% |
| Nat'l Mcaid 75th Pctile: | | 91.4% | MA Commercial Mean: | | | 94.8% | | MassHealth Median: | | | 91.8% |
| **MassHealth Plan Rates** | | | | | | | | | | | | |
| **2008** | **Num** | **Den** | **Rate** | **LCL UCL** |  | | **2006** | | **Num Den** | **Rate** | **LCL UCL** | |
| **PCCP** | (A) 1,231 | 1,389 | 88.6% | 86.9% 90.3% | **PCCP** | | (A) 1,151 1,296 | 88.8% | 87.1% 90.6% | |
| **NHP** | (A) 506 | 544 | 93.0% | 90.8% 95.2% | **NHP** | | (A) 446 493 | 90.5% | 87.8% 93.2% | |
| **NH** | (A) 362 | 399 | 90.7% | 87.8% 93.7% | **NH** | | (A) 222 247 | 89.9% | 85.9% 93.8% | |
| **FCHP** | (A) 22 | 27 | n/a\* | n/a\* n/a\* | **FCHP** | | (A) 18 23 | n/a\* | n/a\* n/a\* | |
| **BMCHP** | (A) 870 | 937 | 92.8% | 91.1% 94.6% | **BMCHP** | | (A) 518 570 | 90.9% | 88.4% 93.3% | |

**Legend:**

**\*** 2008 rate is significantly above the comparison rate.

O 2008 rate is not significantly different from the comparison rate.

* 2008 rate is significantly below the comparison rate.

**Num** indicates Numerator

**Elig** indicates the Eligible Population

**Den** indicates Denominator

**LCL** indicates Lower Confidence Level

**UCL** indicates Upper Confidence Level

(A) = Measure was collected using administrative method

(H) = Measure was collected using hybrid method

**Note:** The ability to locate and obtain medical records by a plan or a plan’s contracted vendor can impact performance on a hybrid measure. Per NCQA’s specifications, members for whom no medical record documentation is found are considered non-compliant with the measure.

**Use of Appropriate Medications for People with Asthma**

## Statistical Summary—Age 18 to 56 Years

|  |  |  |  |
| --- | --- | --- | --- |
| **Comparison to Benchmarks:** | | | |
|  | **Nat’l Nat’l Mcaid 75th Mcaid**  **Pctile Mean** | **MA**  **Comm Mean** | **Plan’s 2006**  **Rate** |
| **PCCP(A)** | **• •** | **•** | O |
| **NHP(A)** | O O | **•** | O |
| **NH(A)** | O O | **•** | O |
| **FCHP(A)** | * O | **•** | O |
| **BMCHP(A)** | * **\*** | **•** | O |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2008 Comparison Rates** | | | | | | | | | | |
| Nat'l Mcaid 90th Pctile: 90.7%  Nat'l Mcaid 75th Pctile: 88.7% | | | Nat'l Mcaid Mean:  MA Commercial Mean: | | 84.4%  89.5% | | MassHealth Weighted Mean:  MassHealth Median: | | | 82.9%  86.0% |
| **MassHealth Plan Rates** | | | | | | | | | | |
| **2008** | **Num Den** | **Rate** | **LCL UCL** |  | | **2006** | | **Num Den** | **Rate** | **LCL UCL** |
| **PCCP** | (A) 3,875 4,779 | 81.1% | 80.0% 82.2% | **PCCP** | | (A) 3,711 4,703 | 78.9% | 77.7% 80.1% |
| **NHP** | (A) 553 643 | 86.0% | 83.2% 88.8% | **NHP** | | (A) 449 554 | 81.0% | 77.7% 84.4% |
| **NH** | (A) 542 628 | 86.3% | 83.5% 89.1% | **NH** | | (A) 446 543 | 82.1% | 78.8% 85.5% |
| **FCHP** | (A) 52 67 | 77.6% | 66.9% 88.3% | **FCHP** | | (A) 45 60 | 75.0% | 63.2% 86.8% |
| **BMCHP** | (A) 1,306 1,515 | 86.2% | 84.4% 88.0% | **BMCHP** | | (A) 1,008 1,179 | 85.5% | 83.4% 87.5% |

**Statistical Summary—Combined Ages (5 to 56 Years)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Comparison to Benchmarks:** | | | |
|  | **Nat’l Nat’l Mcaid 75th Mcaid**  **Pctile Mean** | **MA**  **Comm Mean** | **Plan’s 2006**  **Rate** |
| **PCCP(A)** | **• •** | **•** | O |
| **NHP(A)** | O **\*** | O | **\*** |
| **NH(A)** | O **\*** | **•** | O |
| **FCHP(A)** | * O | **•** | O |
| **BMCHP(A)** | O **\*** | **•** | O |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2008 Comparison Rates** | | | | | | | | | | |
| Nat'l Mcaid 90th Pctile: 91.9%  Nat'l Mcaid 75th Pctile: 90.7% | | | Nat'l Mcaid Mean:  MA Commercial Mean: | | 86.9%  91.6% | | MassHealth Weighted Mean:  MassHealth Median: | | | 87.2%  89.4% |
| **MassHealth Plan Rates** | | | | | | | | | | |
| **2006** | **Num Den** | **Rate** | **LCL UCL** |  | | **2006** | | **Num Den** | **Rate** | **LCL UCL** |
| **PCCP** | (A) 6,094 7,214 | 84.5% | 83.6% 85.3% | **PCCP** | | (A) 5,780 6,976 | 82.9% | 82.0% 83.7% |
| **NHP** | (A) 1,544 1,701 | 90.8% | 89.4% 92.2% | **NHP** | | (A) 12,68 1,448 | 87.6% | 85.8% 89.3% |
| **NH** | (A) 1,293 1,446 | 89.4% | 87.8% 91.0% | **NH** | | (A) 890 1,037 | 85.8% | 83.7% 88.0% |
| **FCHP** | (A) 97 121 | 80.2% | 72.6% 87.7% | **FCHP** | | (A) 73 97 | 75.3% | 66.2% 84.4% |
| **BMCHP** | (A) 3,059 3,381 | 90.5% | 89.5% 91.5% | **BMCHP** | | (A) 2,108 2,362 | 89.2% | 88.0% 90.5% |

**Antidepressant Medication Management**

The Antidepressant Medication Management (AMM) measure assesses the level of clinical and pharmacological management of depression for newly diag- nosed MassHealth members 18 years of age and older. Antidepressants and psychosocial therapy are an effective combination for treating major depres- sion.29 However, discontinuation of prescribed antidepressants during the acute and continuous phase of treatment can increase the risk of relapse, the per- sistence of depressive symptoms, and new episodes of depression.30 Recent studies using the HEDIS AMM measure have reported decreases in antide- pressant adherence rates over the course of treatment; by the end of the continuation phase less than half of patients remained on prescribed medica- tion.31,32 One study found that only 19% of depressed patients met the criteria for all three of the HEDIS measure indicators (optimal practitioner contacts, effective acute phase treatment and effective continual phase treatment).33

**Optimal Practitioner Contacts**

**Effective Acute Phase**

**Effective Continuation Phase**

The percentage of members 18 years of age and older who were diagnosed with a new episode of depression and treated with antidepressant medication, and who had at least three follow-up contacts with a practitioner coded with a mental health diagnosis during the 84-day Acute Treat- ment Phase.

The percentage of members 18 years of age and older who were diagnosed with a new episode of depression, were treated with antidepressant medication and remained on an antidepressant drug during the entire 84-day Acute Treatment Phase.

The percentage of members 18 years of age and older who where diagnosed with a new episode of depression and treated with antidepressant medication and who re- mained on an antidepressant drug for at least 180 days.

Nat ' l Mcaid 75t h

Pct ile

28.9%

Nat ' l Mcaid Mean

22.6%

MA Comm Mean

29.1%

MassHealt h

Weight ed Mean

29.2%

PCCP

27.3%

NHP

31.1%

NH

40.3%

FCHP

25.3%

BMCHP

26.4%

0% 20% 40% 60% 80% 100%



Nat ' l Mcaid 75t h

Pct ile

48.3%

Nat ' l Mcaid Mean

42.8%

MA Comm Mean

64.5%

MassHealt h

Weight ed Mean

44.4%

PCCP

48.7%

NHP

45.1%

NH

46.9%

FCHP

49.4%

BMCHP

34.9%

0% 20% 40% 60% 80% 100%



Nat ' l Mcaid 75t h

Pct ile

31.3%

Nat ' l Mcaid Mean

27.4%

MA Comm Mean

49.8%

MassHealt h

Weight ed Mean

28.9%

PCCP

33.1%

NHP

28.1%

NH

32.7%

FCHP

35.4%

BMCHP

19.7%

0% 20% 40% 60% 80% 100%

**KEY:**

Comparison rates (Source of National and MA Commercial data: Quality Compass, 2008) Rate is *significantly above* the 2008 national Medicaid 75th percentile



Rate is *not significantly different from* the 2008 national Medicaid 75th percentile Rate is *significantly below* the 2008 national Medicaid 75th percentile

**Antidepressant Medication Management**

## Statistical Summary—Optimal Practitioner Contacts

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Comparison to Benchmarks:** | | | | |
|  | **Nat’l Mcaid 75th Pctile** | **Nat’l Mcaid Mean** | **MA**  **Comm Mean** | **Plan’s 2007**  **Rate** |
| **PCCP(A)** | O O  **\***  O O | **\***  **\***  **\***  O  **\*** | O O  **\***  O  **•** | O O  **\***  O  **•** |
| **NHP(A)** |
| **NH(A)** |
| **FCHP(A)** |
| **BMCHP(A)** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2008 Comparison Rates** | | | | | | | | | | | | |
| Nat'l Mcaid 90th Pctile: | | 39.6% | | Nat'l Mcaid Mean: | | 22.6% | MassHealth Weighted Mean: | | | |  | 29.2% |
| Nat'l Mcaid 75th Pctile: | | 28.9% | | MA Commercial Mean: | | 29.1% | MassHealth Median: | | | | 27.3% |
| **MassHealth Plan Rates** | | | | | | | | | | | | |
| **2008** | **Num** | **Den** | **Rate** | **LCL UCL** |  | **2007** |  | **Num** | **Den** | **Rate** | **LCL UCL** | |
| **PCCP** | (A) 528 | 1937 | 27.3% | 25.2% 29.3% | **PCCP** | (A) | 614 | 2,092 | 29.3% | 27.4% 31.3% | |
| **NHP** | (A) 179 | 576 | 31.1% | 27.2% 34.9% | **NHP** | (A) | 199 | 564 | 35.3% | 31.3% 39.3% | |
| **NH** | (A) 221 | 548 | 40.3% | 36.1% 44.5% | **NH** | (A) | 140 | 459 | 30.5% | 26.2% 34.8% | |
| **FCHP** | (A) 20 | 79 | 25.3% | 15.1% 35.5% | **FCHP** | (A) | 22 | 81 | 27.2% | 16.9% 37.5% | |
| **BMCHP** | (A) 296 | 1121 | 26.4% | 23.8% 29.0% | **BMCHP** | (A) | 343 | 998 | 34.4% | 31.4% 37.4% | |

**Statistical Summary—Effective Acute Phase**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Comparison to Benchmarks:** | | | | |
|  | **Nat’l Mcaid 75th Pctile** | **Nat’l Mcaid Mean** | **MA**  **Comm Mean** | **Plan’s 2007**  **Rate** |
| **PCCP(A)** | O O O O  **•** | **\*** O O O  **•** | **•**  **•**  **•**  **•**  **•** | O O O O  O |
| **NHP(A)** |
| **NH(A)** |
| **FCHP(A)** |
| **BMCHP(A)** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2008 Comparison Rates** | | | | | | | | | | | | | | |
| Nat'l Mcaid 90th Pctile: | | 49.9% | | Nat'l Mcaid Mean: | | | 42.8% | MassHealth Weighted Mean: | | | | |  | 44.4% |
| Nat'l Mcaid 75th Pctile: | | 48.3% | | MA Commercial Mean: | | | 64.5% | MassHealth Median: | | | | | 46.9% |
| **MassHealth Plan Rates** | | | | | | | | | | | | | | |
| **2008** | **Num** | **Den** | **Rate** | | **LCL UCL** |  | **2007** |  | **Num** | **Den** | **Rate** |  | **LCL** | **UCL** |
| **PCCP** | (A) 944 | 1937 | 48.7% | | 46.5% 51.0% | **PCCP** | (A) | 1,102 | 2,092 | 52.7% |  | 50.5% | 54.8% |
| **NHP** | (A) 260 | 576 | 45.1% | | 41.0% 49.3% | **NHP** | (A) | 259 | 564 | 45.9% |  | 41.7% | 50.1% |
| **NH** | (A) 257 | 548 | 46.9% | | 42.6% 51.2% | **NH** | (A) | 253 | 459 | 55.1% |  | 50.5% | 59.8% |
| **FCHP** | (A) 39 | 79 | 49.4% | | 37.7% 61.0% | **FCHP** | (A) | 40 | 81 | 49.4% |  | 37.9% | 60.9% |
| **BMCHP** | (A) 391 | 1121 | 34.9% | | 32.0% 37.7% | **BMCHP** | (A) | 353 | 998 | 35.4% |  | 32.4% | 38.4% |

**Antidepressant Medication Management**

**Statistical Summary—Effective Continuation Phase**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Comparison to Benchmarks:** | | | | |
|  | **Nat’l Mcaid 75th Pctile** | **Nat’l Mcaid Mean** | **MA**  **Comm Mean** | **Plan’s 2007**  **Rate** |
| **PCCP(A)** | O O O O  **•** | **\***  O  **\***  O  **•** | **•**  **•**  **•**  **•**  **•** | **•** O  **•** O  O |
| **NHP(A)** |
| **NH(A)** |
| **FCHP(A)** |
| **BMCHP(A)** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2008 Comparison Rates** | | | | | | | | | | | | | | |
| Nat'l Mcaid 90th Pctile: | | 33.7% | | Nat'l Mcaid Mean: | | | 27.4% | MassHealth Weighted Mean: | | | | |  | 28.9% |
| Nat'l Mcaid 75th Pctile: | | 31.3% | | MA Commercial Mean: | | | 49.8% | MassHealth Median: | | | | | 32.7% |
| **MassHealth Plan Rates** | | | | | | | | | | | | | | |
| **2008** | **Num** | **Den** | **Rate** | | **LCL UCL** |  | **2007** |  | **Num** | **Den** | **Rate** |  | **LCL** | **UCL** |
| **PCCP** | (A) 641 | 1937 | 33.1% | | 31.0% 35.2% | **PCCP** | (A) | 798 | 2,092 | 38.1% |  | 36.0% | 40.3% |
| **NHP** | (A) 162 | 576 | 28.1% | | 24.4% 31.9% | **NHP** | (A) | 151 | 564 | 26.8% |  | 23.0% | 30.5% |
| **NH** | (A) 179 | 548 | 32.7% | | 28.6% 36.7% | **NH** | (A) | 200 | 459 | 43.6% |  | 38.9% | 48.2% |
| **FCHP** | (A) 28 | 79 | 35.4% | | 24.3% 46.6% | **FCHP** | (A) | 30 | 81 | 37.0% |  | 25.9% | 48.2% |
| **BMCHP** | (A) 221 | 1121 | 19.7% | | 17.3% 22.1% | **BMCHP** | (A) | 200 | 998 | 20.0% |  | 17.5% | 22.6% |

**Understanding the Results**

Twenty-nine percent (29.2%) of MassHealth members who were diagnosed with a new episode of major depression and were treated with antidepressant medication had at least three follow-up contacts with a practitioner during the 84-day Acute Treatment Phase. Rates for individual plans ranged from 25.3% to 40.3%. One plan (BMCHP) reported a significantly lower rate compared to its 2007 rate, while another (NH) reported a significantly higher rate. One plan (NH) had an optimal practitioner contact rate significantly above the benchmark rate (28.9%), while the difference in rates for the other four plans was not statistically significant.

Forty-four percent (44.4%) of members diagnosed with a new episode of major depression and treated with antidepressant medication remained on an an- tidepressant drug during the entire 84-day Acute Treatment Phase. Individual plan rates reported for HEDIS 2008 ranged from 34.9% to 49.4%. None of these values was statistically significantly different from 2007. There were no statistically significant differences between the plan rates of effective acute phase treatment compared to the benchmark (48.3%) except for one plan (BMCHP), which had a rate significantly lower than the benchmark.

Twenty-nine percent (28.9%) of members with a new episode of major depression who were treated with antidepressant medication remained on an anti- depressant drug for at least 180 days. Individual plan rates of effective continuous phase treatment reported for 2008 ranged from 19.7% to 35.4%. Rates for two plans (PCCP and NH) decreased significantly from 2007, while the rates for the remaining three plans did not show a statistically significant change from the previous year. The rate for one plan (BMCHP) was significantly below the benchmark (31.3%).

**Legend:**

**\*** 2008 rate is significantly above the comparison rate.

O 2008 rate is not significantly different from the comparison rate.

* 2008 rate is significantly below the comparison rate.

**Num** indicates Numerator

**Elig** indicates the Eligible Population

**Den** indicates Denominator

**LCL** indicates Lower Confidence Level

**UCL** indicates Upper Confidence Level

(A) = Measure was collected using administrative method

(H) = Measure was collected using hybrid method

**Note:** The ability to locate and obtain medical records by a plan or a plan’s contracted vendor can impact performance on a hybrid measure. Per NCQA’s specifications, members for whom no medical record documentation is found are considered non-compliant with the measure.

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**Antidepressant Medication Management**

**Understanding the Results (continued)**

Non-adherence with antidepressant regimens during the first 30 days of treatment is more likely among patients with certain sociodemo- graphic characteristics: younger age, fewer than 12 years of education, and lower income status.34,35,36,37 Other factors associated with higher rates of non-adherence include: comorbid substance abuse or cardiovascular/metabolic conditions,38 lower severity of perceived mental health symptoms39,40 and antidepressant side- effects such as weight gain, anxiety,41 and sex- ual dysfunction.42

Access to mental health specialty care along with antidepressants is strongly associated with higher rates of acute and continuous phase ad- herence.43 Patients are significantly more likely to continue taking their medication past 30 days if they receive care from a psychiatrist versus another specialist or general practitioner.44,45 Treatment with newer medications (e.g., selec- tive serotonin reuptake inhibitors (SSRIs)/ serotonin-norepinephrine reuptake inhibitors (SNRIs)) at higher than target doses is also as- sociated with increased rates of longer term ad- herence compared to other antidepressants.46,47 A recent study found that psychiatrists are more likely than general medical providers to pre- scribe SSRIs at levels that approximate the maximum recommended dose.48

Increasing patient access to psychiatric care directly or through collaborative care models may improve rates of adherence to antidepres- sants. A psychiatric telemedicine program for primary care clinics that lack on-site psychia- trists has been shown to improve adherence rates in rural communities with limited access to specialized mental health services.49 Improving provider-patient communication about treatment with antidepressants can also have a positive influence on rates of adherence. Three key pro- vider messages shown to have significantly in- creased the odds of adherence involve talking to patients about the length of time they should expect to take the medication, what to do if they have questions, and the importance of continu- ing to take the medication even if they are feel- ing better.50

**Follow-up After Hospitalization for Mental Illness**

This measure assesses the rate of follow-up care seven and 30 days after hospitalization for the treatment of mental illness. Timely follow-up services for patients discharged from psychiatric hospitalization can reduce the risk of readmission.51 Research on the factors that influence compliance with follow-up care has shown that longer intervals between the date of discharge and first outpatient visit increase the likelihood of missed appointments.52 One study reported patients were more likely to attend initial follow-up appointments scheduled within two weeks of their discharge from the hospital.53

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

**7 Day**

**30 Day**

**Understanding the Results**

**KEY:**



Nat ' l Mcaid 75t h

Pct ile

57.4%

Nat ' l Mcaid Mean

42.5%

MA Comm Mean

66.7%

MassHealt h

Weight ed Mean

55.9%

PCCP

55.0%

NHP

62.4%

NH

57.9%

FCHP

70.2%

BMCHP

53.9%

0% 20% 40% 60% 80% 100%

Comparison rates (Source of National and MA Commercial data: Quality Compass, 2008) Rate is *significantly above* the 2008 national Medicaid 75th percentile



Rate is *not significantly different from* the 2008 national Medicaid 75th percentile

Rate is *significantly below* the 2008 national Medicaid 75th percentile

Fifty-six percent (55.9%) of MassHealth members 6 years of age and older who were hospitalized for treatment of mental illness had a follow-up visit (i.e., outpatient (OP), intensive OP encounter, or partial hospitalization) within seven days of discharge.

Seven-day follow-up rates for individual plans ranged from 53.9% to 70.2%. The rate for one plan (NHP) declined significantly compared to its 2007 rate, while rates for the other four plans remained statistically unchanged from the previous year. Two plans (NHP and FCHP) had rates significantly higher than the benchmark rate (57.4%), two (PCCP and BMCHP) had significantly lower rates, and one (NH) had a rate that did not differ statistically from the benchmark.

Nat'l M caid 75t h Pctile

75.0%

Nat'l M caid M ean

61.0%

M A Comm M ean

82.6%

M assHealth Weight ed M ean

75.8%

PCCP

74.4%

NHP

80.2%

NH

79.3%

FCHP

91.2%

BM CHP

76.4%

0% 20% 40% 60% 80% 100%

The percentage of members 6 years of age and older who were discharged after treatment of selected mental health disorders and who were seen on an ambulatory basis or were in intermediate treatment with a mental health provider within 30 days after discharge.

Seventy-six percent (75.8%) of MassHealth mem- bers 6 years of age and older who were hospitalized for treatment of mental illness had a follow-up visit (i.e., OP, intensive OP encounter, or partial hospi- talization) within 30 days. Thirty-day follow-up rates for individual plans ranged from 74.4% to 91.2%.

One plan (NHP) had a significantly lower rate com- pared to 2007. Rates for the other plans did not dif- fer significantly from the rates reported for 2007.

Three plans (NHP, NH and FCHP) had rates signifi- cantly higher than the benchmark (75.0%) while the rates for the other two plans remained statistically unchanged.

**Follow-up After Hospitalization for Mental Illness**

## Statistical Summary—7 Day

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Comparison to Benchmarks:** | | | | |
|  | **Nat’l Mcaid 75th Pctile** | **Nat’l Mcaid Mean** | **MA**  **Comm Mean** | **Plan’s 2007**  **Rate** |
| **PCCP(A)** | **•** | **\*** | **•** | O |
| **NHP(A)** | **\*** | **\*** | **•** | **•** |
| **NH(A)** | O | **\*** | **•** | O |
| **FCHP(A)** | **\*** | **\*** | O | O |
| **BMCHP(A)** | **•** | **\*** | **•** | O |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2008 Comparison Rates** | | | | | | | | | | | | | | |
| Nat'l Mcaid 90th Pctile: | | | 65.4% | | Nat'l Mcaid Mean: | | 42.5% | MassHealth Weighted Mean: | | | | |  | 55.9% |
| Nat'l Mcaid 75th Pctile: | | | 57.4% | | MA Commercial Mean: | | 66.7% | MassHealth Median: | | | | | 57.9% |
| **MassHealth Plan Rates** | | | | | | | | | | | | | | |
| **2008** |  | **Num** | **Den** | **Rate** | **LCL UCL** |  | **2007** |  | **Num** | **Den** | **Rate** | **LCL UCL** | | |
| **PCCP** | (A) | 3016 | 5480 | 55.0% | 53.7% 56.4% | **PCCP** | (A) | 3,139 | 5,631 | 55.7% | 54.4% 57.1% | | |
| **NHP** | (A) | 467 | 748 | 62.4% | 58.9% 66.0% | **NHP** | (A) | 346 | 482 | 71.8% | 67.7% 75.9% | | |
| **NH** | (A) | 346 | 598 | 57.9% | 53.8% 61.9% | **NH** | (A) | 334 | 574 | 58.2% | 54.1% 62.3% | | |
| **FCHP** | (A) | 80 | 114 | 70.2% | 61.3% 79.0% | **FCHP** | (A) | 49 | 84 | 58.3% | 47.2% 69.5% | | |
| **BMCHP** | (A) | 755 | 1402 | 53.9% | 51.2% 56.5% | **BMCHP** | (A) | 781 | 1405 | 55.6% | 53.0% 58.2% | | |

**Statistical Summary—30 Day**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Comparison to Benchmarks:** | | | | |
|  | **Nat’l Mcaid 75th Pctile** | **Nat’l Mcaid Mean** | **MA**  **Comm Mean** | **Plan’s 2007**  **Rate** |
| **PCCP(A)** | O  **\***  **\***  **\***  O | **\***  **\***  **\***  **\***  **\*** | **•** O  **•**  **\***  **•** | O  **•** O O  O |
| **NHP(A)** |
| **NH(A)** |
| **FCHP(A)** |
| **BMCHP(A)** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2008 Comparison Rates** | | | | | | | | | | | | |
| Nat'l Mcaid 90th Pctile: | | 80.3% | | Nat'l Mcaid Mean: | | | 61.0% | MassHealth Weighted Mean: | | |  | 75.8% |
| Nat'l Mcaid 75th Pctile: | | 75.0% | | MA Commercial Mean: | | | 82.6% | MassHealth Median: | | | 79.3% |
| **MassHealth Plan Rates** | | | | | | | | | | | | |
| **2008** | **Num Den** | | **Rate** | | **LCL UCL** |  | **2007** | **Num Den** | **Rate** | **LCL UCL** | | |
| **PCCP** | (A) 4076 5480 | | 74.4% | | 73.2% 75.5% | **PCCP** | (A) 4,175 5,631 | 74.1% | 73.0% 75.3% | | |
| **NHP** | (A) 600 748 | | 80.2% | | 77.3% 83.1% | **NHP** | (A) 443 482 | 91.9% | 89.4% 94.4% | | |
| **NH** | (A) 474 598 | | 79.3% | | 75.9% 82.6% | **NH** | (A) 442 574 | 77.0% | 73.5% 80.5% | | |
| **FCHP** | (A) 104 114 | | 91.2% | | 85.6% 96.9% | **FCHP** | (A) 67 84 | 79.8% | 70.6% 88.9% | | |
| **BMCHP** | (A) 1071 1402 | | 76.4% | | 74.1% 78.6% | **BMCHP** | (A) 1,102 1,405 | 78.4% | 76.2% 80.6% | | |

**Legend:**

**\*** 2008 rate is significantly above the comparison rate.

O 2008 rate is not significantly different from the comparison rate.

* 2008 rate is significantly below the comparison rate.

**Num** indicates Numerator

**Elig** indicates the Eligible Population

**Den** indicates Denominator

**LCL** indicates Lower Confidence Level

**UCL** indicates Upper Confidence Level

(A) = Measure was collected using administrative method

(H) = Measure was collected using hybrid method

**Note:** The ability to locate and obtain medical records by a plan or a plan’s contracted vendor can impact performance on a hybrid measure. Per NCQA’s specifications, members for whom no medical record documentation is found are considered non-compliant with the measure.

*The source of the National Medicaid 90th Percentile, National Medicaid 75th Percentile, National Medicaid Mean, and MA Commercial Mean is Quality Compass, 2008.*

**Follow-up After Hospitalization for Mental Illness**

**Understanding the Results (continued)**

Other significant predictors of missed follow-up appointments may include: lack of prior psychi- atric treatment and continuation of care following discharge; involuntary admission to the hospital; discharge against medical advice; and the pres- ence of psychosocial stressors.54,55,56 In a recent study, adult Medicaid-enrollees from a large

mid-Atlantic state who received clinical services for mental health in the month leading up to hos- pital admission were more than three times likely to adhere to scheduled follow-up care within 7 or 30 days after discharge than individu- als who did not.57

Plans serving MassHealth members with mental illness might improve their follow-up rates by pursuing interventions targeting individuals with one or more of the above risk factors for poor attendance at outpatient visits. For example, hospital discharge planning designed to con- sider patient preferences for outpatient treat- ment, promote early and ongoing communica- tion between clinician and patients, and set ap- propriate expectations for the type and timing of follow-up care could foster compliance with scheduled appointments.58,59 Designating staff to coordinate patient care after hospital discharge has been shown to increase rates of compliance with follow-up care.60

For patients lacking primary social support, plans could initiate interventions that help strengthen existing family supports or create linkages to consumer supports in the commu- nity. One model, the Peer Bridger Project of the New York Association of Psychiatric Rehabilita- tion Services, connects individuals who have a history of psychiatric hospitalization with admit- ted patients, with the aim of helping the patients identify positive community support groups fol- lowing their discharge.61

Getting Better

**Appropriate Treatment for Children with Upper Respiratory Infection**

Current guidelines recommend against prescribing antibiotics for upper respiratory infections (URIs) which are commonly caused by viruses, not bacteria. Adherence to these guidelines is important to the control of the emergence and spread of antibiotic-resistant bacteria, which is due in part to the inappropri- ate use of antibiotics for conditions which do not warrant antibiotic treatment. Despite this, approximately three-fourths of all outpatient prescriptions are given to children with URIs.62

**Appropriate Treatment for URI**

**Understanding the Results**

NCQA has made several changes to this measure that should be considered when comparing HEDIS 2008 to prior rates. These changes include adding Negative Competing Diagnosis in order to exclude members who had claims or encounters with competing diagnoses within three days of the episode (encounter) being evaluated. This is done to ensure that antibiotic prescriptions found in the data are not related to other conditions, for which they would be appropriate.

Ninety-one percent (90.6%) of members aged 3 months to 18 years who had a URI were not pre- scribed an antibiotic within the first three days after diagnosis. The range of rates for individual plans was from 86.3% to 96.3%. Three MassHealth plans (NHP, FCHP and BMCHP) had rates that were significantly better than the 2008 national Medicaid 75th percentile, while one (the PCC Plan) had a rate that was significantly lower than the benchmark. All five plans had a 2008 rate that was signifi- cantly better than their 2007 rate.



Nat ' l Mcaid 75t h Pct ile

90.4%

Nat ' l Mcaid Mean

84.1%

MA Comm Mean

92.2%

MassHealt h Weight ed Mean

90.6%

PCCP

86.3%

NHP

94.8%

NH

90.7%

FCHP

96.3%

BMCHP

93.8%

60%

80%

100%

The percentage of members 3 months to 18 years of age who had a URI and were not dispensed an antibiotic pre- scription on or three days after the outpatient visit where the URI diagnosis was made. Higher rates indicate more appropriate use of antibiotics.

A number of other factors influence the inappropriate prescription of antibiotics for children with URI. These factors include physician’s perception of parental expectations for an antibiotic prescription in response to an illness episode, if the child is of school age, the existence of a chronic illness such as asthma, if the physician is a pediatrician, and the number of years the provider has been in prac- tice.63,64,65 Activities that can help decrease rates of inappropriate antibiotic use for URIs include pro- vider education about current clinical guidelines as well as availability and distribution of educational materials in examination rooms.66

**KEY:**

Comparison rates (Source of National and MA Commercial data: Quality Compass, 2008) Rate is *significantly above* the 2008 national Medicaid 75th percentile



Rate is *not significantly different from* the 2008 national Medicaid 75th percentile Rate is *significantly below* the 2008 national Medicaid 75th percentile

**Appropriate Treatment for Children with URI**

## Statistical Summary—

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Comparison to Benchmarks:** | | | | |
|  | **Nat’l Mcaid 75th Pctile** | **Nat’l Mcaid Mean** | **MA**  **Comm Mean** | **Plan’s 2007**  **Rate** |
| **PCCP(A)** | **•** | **\*** | **•** | **\*** |
| **NHP(A)** | **\*** | **\*** | **\*** | **\*** |
| **NH(A)** | O | **\*** | **•** | **\*** |
| **FCHP(A)** | **\*** | **\*** | **\*** | **\*** |
| **BMCHP(A)** | **\*** | **\*** | **\*** | **\*** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2008 Comparison Rates** | | | | | | | | | | | | |
| Nat'l Mcaid 90th Pctile: | | | 94.2% | | Nat'l Mcaid Mean: | | | 84.1% | | MassHealth Weighted Mean: 90.6% | | |
| Nat'l Mcaid 75th Pctile: | | | 90.4% | | MA Commercial Mean: | | | 92.2% | | MassHealth Median: 93.8% | | |
| **MassHealth Plan Rates** | | | | | | | | | | | | |
| **2008** |  | **Num** | **Den** | **Rate \*** | | **LCL UCL** |  | | **2007** | **Num Den** | **Rate \*** | **LCL UCL** |
| **PCCP** | (A) | 1,890 | 13,778 | 86.3% | | 85.7% 86.9% | **PCCP** | (A) 2,513 15,692 | 84.0% | 83.4% 84.6% |
| **NHP** | (A) | 328 | 6,356 | 94.8% | | 94.3% 95.4% | **NHP** | (A) 535 6,504 | 91.8% | 91.1% 92.4% |
| **NH** | (A) | 380 | 4,104 | 90.7% | | 89.8% 91.6% | **NH** | (A) 557 4,652 | 88.0% | 87.1% 89.0% |
| **FCHP** | (A) | 19 | 515 | 96.3% | | 94.6% 98.0% | **FCHP** | (A) 48 487 | 90.1% | 87.4% 92.9% |
| **BMCHP** | (A) | 591 | 9,500 | 93.8% | | 93.3% 94.3% | **BMCHP** | (A) 948 10,656 | 91.1% | 90.6% 91.6% |

\* Reported percentages are inverted rates (i.e., 1-(numerator/denominator)).

**Legend:**

**\*** 2008 rate is significantly above the comparison rate.

O 2008 rate is not significantly different from the comparison rate.

* 2008 rate is significantly below the comparison rate.

**Num** indicates Numerator

**Elig** indicates the Eligible Population

**Den** indicates Denominator

**LCL** indicates Lower Confidence Level

**UCL** indicates Upper Confidence Level

(A) = Measure was collected using administrative method

(H) = Measure was collected using hybrid method

**Note:** The ability to locate and obtain medical records by a plan or a plan’s contracted vendor can impact performance on a hybrid measure. Per NCQA’s specifications, members for whom no medical record documentation is found are considered non-compliant with the measure.

Use of Services

**Mental Health Utilization**

The HEDIS 2008 Mental Health Utilization measure assesses utilization of mental health services (e.g., inpatient, intensive outpatient, partial hospitaliza- tion, outpatient, and emergency department) by MassHealth members during 2007. These data provide insights into the volume of mental health services utilized but do not address their quality (i.e., the appropriateness or effectiveness of care) or the potential for over- or under-utilization of services, particu- larly across various mental health conditions, such as depression or schizophrenia. The relationship between the volume and quality of mental health ser- vices has not been thoroughly studied. One study, however, concluded that health plans with low utilization for outpatient and inpatient mental health ser- vices are more likely to demonstrate poor results on other HEDIS behavior health measures, e.g., rates of 7-day and 30-day follow-up after hospitalization for mental illness, and rates of provider contact and acute and continuation phase treatment with antidepressant medication.67 (Data for these measures are presented in this report, on pages 33-39).

**Percentage of Members Using Services**

**Member Inpatient Intermediate Ambulatory Any Service**

The number and percentage of members who received mental health services during 2007. Mental health services are broken down by inpatient, intermediate, ambulatory, and any service. (The Intermediate category refers to intensive outpatient services and partial hospitalization programs.) The denominator used to calculate the percentages is member years (i.e., member months divided by 12). Data stratified by gender and age (0-12, 13-17, 18-64, and 65+) appear in Appendix H.

According to the 2007 National Survey on Drug Use and Health (NSDUH), rates of mental health services utilization by U.S. adults have remained relatively constant compared to the 2006 survey re- sults: 13.25% (vs. 12.9% in 2006) received mental health services during the 12-months prior to the survey; 1.0% (vs. 0.7% in 2006) re- ceived inpatient treatment and 6.9% (vs. 6.7% in 2006) received out- patient treatment during the same time period.68 Although data on utili- zation of chemical dependency services was reported in the 2007 NSDUH, this measure is not being evaluated in the 2008 HEDIS Re- port.

For HEDIS 2008, NCQA modified the criteria for identifying utilization of mental health services obtained on an outpatient or emergency ba-

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Months** | **N** | **%** | **N** | **%** | **N** | **%** | **N** | **%** | sis. Due to this change, comparisons of the 2008 HEDIS results to  HEDIS 2006 data, including benchmarks, are inappropriate. |
| **PCCP** | 2,757,546 | 5,584 | 2.4% | 5,082 | 2.2% | 73,477 | 32.0% | 74,035 | 32.2% |  |
| **NHP** | 1,358,803 | 840 | 0.7% | 725 | 0.6% | 16,570 | 14.6% | 16,670 | 14.7% |  |
| **NH** | 1,036,563 | 764 | 0.9% | 4,257 | 4.9% | 15,664 | 18.1% | 15,783 | 18.3% |  |
| **FCHP** | 128,498 | 135 | 1.3% | 36 | 0.3% | 2,014 | 18.8% | 2,026 | 18.9% |  |
| **BMCHP** | 1,910,762 | 1,634 | 1.0% | 584 | 0.4% | 31,052 | 19.5% | 31,190 | 19.6% |  |

**2008 National Medicaid 75th Percentile**

1.0% 0.4% 10.7% 11.1%

*The source of the National Medicaid 75th Percentile is Quality Compass, 2008.*

Appendix A:

MassHealth Regions and Service Areas

**MassHealth Service Areas and Regions**

#### Region Service Areas\*

Western Adams, Greenfield, Holyoke, Northampton, Pittsfield, Springfield, and Westfield

Central Athol, Framingham, Gardner-Fitchburg, Southbridge, Waltham, and Worcester

Northern Beverly, Gloucester, Haverhill, Lawrence, Lowell, Lynn, Malden, Salem, and Woburn Boston-Greater Boston Boston, Revere, Somerville, and Quincy

Southern Attleboro, Barnstable, Brockton, Fall River, Falmouth, Nantucket, New Bedford, Oak Bluffs, Orleans, Plymouth, Taunton, Wareham

\* each service area includes multiple cities and towns.

Appendix B:

Antigen-Specific Childhood Immunization Rates

**2008 Comparison Rates—3 HepB**

Nat'l Medicaid 90th Percentile: Nat'l Medicaid 75th Percentile: Nat'l Medicaid Mean:

MA Commercial Mean: MassHealth Weighted Mean:

MassHealth Median:

95.8%

93.9%

87..2%

86.7%

93.0%

93.9%

**Antigen-Specific Childhood Immunization Rates**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **2008 Comparison Rates— 4 DTaP/DT** | | | | |
| Nat'l Medicaid 90th Percentile: | | 87.1% | |  |
| Nat'l Medicaid 75th Percentile: | | 84.3% | |
| Nat'l Medicaid Mean: | | 77.8% | |
| MA Commercial Mean: | | 84.4% | |
| MassHealth Weighted Mean: | | 86.5% | |
| MassHealth Median: | | 86.9% | |
| **DTaP** | **Num Elig Den** | **Rate** | **LCL** | **UCL** |
| PCCP | (H) 362 4091 411 | 88.1% | 84.8% | 91.3% |
| NHP | (H) 313 3500 360 | 86.9% | 83.3% | 90.6% |
| NH | (H) 349 2847 411 | 84.9% | 81.3% | 88.5% |
| FCHP | (H) 228 256 256 | 89.1% | 85.0% | 93.1% |
| BMCHP | (H) 352 5289 411 | 85.6% | 82.1% | 89.2% |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **2008 Comparison Rates— 3 IPV** | | | | |
| Nat'l Medicaid 90th Percentile: | | 95.4% | |  |
| Nat'l Medicaid 75th Percentile: | | 92.9% | |
| Nat'l Medicaid Mean: | | 87.4% | |
| MA Commercial Mean: | | 87.4% | |
| MassHealth Weighted Mean: | | 92.4% | |
| MassHealth Median: | | 92.8% | |
| **IPV** | **Num Elig Den** | **Rate** | **LCL** | **UCL** |
| PCCP | (H) 390 4091 411 | 94.9% | 92.6% | 97.1% |
| NHP | (H) 334 3500 360 | 92.8% | 90.0% | 95.6% |
| NH | (H) 366 2847 411 | 89.1% | 85.9% | 92.2% |
| FCHP | (H) 245 256 256 | 95.7% | 93.0% | 98.4% |
| BMCHP | (H) 378 5289 411 | 92.0% | 89.2% | 94.7% |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **2008 Comparison Rates—1 MMR** | | | | |
| Nat'l Medicaid 90th Percentile: | | 95.4% | |  |
| Nat'l Medicaid 75th Percentile: | | 94.2% | |
| Nat'l Medicaid Mean: | | 90.4% | |
| MA Commercial Mean: | | 90.7% | |
| MassHealth Weighted Mean: | | 93.1% | |
| MassHealth Median: | | 93.4% | |
| **MMR** | **Num Elig Den** | **Rate** | **LCL** | **UCL** |
| PCCP | (H) 384 4091 411 | 93.4% | 90.9% | 95.9% |
| NHP | (H) 333 3500 360 | 92.5% | 89.6% | 95.4% |
| NH | (H) 371 2847 411 | 90.3% | 87.3% | 93.3% |
| FCHP | (H) 243 256 256 | 94.9% | 92.0% | 97.8% |
| BMCHP | (H) 389 5289 411 | 94.6% | 92.3% | 96.9% |

*The source of the National Medicaid 90th Percentile, National Medicaid 75th Percentile, National Medicaid Mean, and MA Commercial Mean is Quality Compass, 2008.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **2008 Comparison Rates—3 HiB** | | | | |
| Nat'l Medicaid 90th Percentile: 95.3%  Nat'l Medicaid 75th Percentile: 93.0%  Nat'l Medicaid Mean: 87.7%  MA Commercial Mean: 89.5%  MassHealth Weighted Mean: 95.1%  MassHealth Median: 95.3% | | | | |
| **HiB** | **Num Elig Den** | **Rate** | **LCL** | **UCL** |
| PCCP | (H) 395 4091 411 | 96.1% | 94.1% | 98.1% |
| NHP | (H) 341 3500 360 | 94.7% | 92.3% | 97.2% |
| NH | (H) 383 2847 411 | 93.2% | 90.6% | 95.7% |
| FCHP | (H) 244 256 256 | 95.3% | 92.5% | 98.1% |
| BMCHP | (H) 393 5289 411 | 95.6% | 93.5% | 97.7% |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **2008 Comparison Rates—1 VZV** | | | | |
| Nat'l Medicaid 90th Percentile: | | 94.4% | |  |
| Nat'l Medicaid 75th Percentile: | | 92.8% | |
| Nat'l Medicaid Mean: | | 88.8% | |
| MA Commercial Mean: | | 89.8% | |
| MassHealth Weighted Mean: | | 91.3% | |
| MassHealth Median: | | 91.7% | |
| **VZV** | **Num Elig Den** | **Rate** | **LCL** | **UCL** |
| PCCP | (H) 377 4091 411 | 91.7% | 88.9% | 94.5% |
| NHP | (H) 332 3500 360 | 92.2% | 89.3% | 95.1% |
| NH | (H) 364 2847 411 | 88.6% | 85.4% | 91.8% |
| FCHP | (H) 236 256 256 | 92.2% | 88.7% | 95.7% |
| BMCHP | (H) 377 5289 411 | 91.7% | 88.9% | 94.5% |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **HepB** | **Num** | | **Elig** | **Den** | **Rate** | **LCL** | **UCL** |
| PCCP | (H) | 382 | 4091 | 411 | 92.9% | 90.3% | 95.5% |
| NHP | (H) | 338 | 3500 | 360 | 93.9% | 91.3% | 96.5% |
| NH | (H) | 369 | 2847 | 411 | 89.8% | 86.7% | 92.8% |
| FCHP | (H) | 245 | 256 | 256 | 95.7% | 93.0% | 98.4% |
| BMCHP | (H) | 386 | 5289 | 411 | 93.9% | 91.5% | 96.3% |

**Antigen-Specific Childhood Immunization Rates**

|  |  |
| --- | --- |
| **2008 Comparison Rates—4 PCV** |  |
| Nat'l Medicaid 90th Percentile: | 84.9% |
| Nat'l Medicaid 75th Percentile: | 81.3% |
| Nat'l Medicaid Mean: | 73.9% |
| MA Commercial Mean: | 84.0% |
| MassHealth Weighted Mean: | 84.6% |
| MassHealth Median: | 84.7% |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **PCV** | **Num** | | **Elig** | **Den** | **Rate** | **LCL** | **UCL** |
| PCCP | (H) | 346 | 4091 | 411 | 84.2% | 80.5% | 87.8% |
| NHP | (H) | 304 | 3500 | 360 | 84.4% | 80.6% | 88.3% |
| NH | (H) | 348 | 2847 | 411 | 84.7% | 81.1% | 88.3% |
| FCHP | (H) | 225 | 256 | 256 | 87.9% | 83.7% | 92.1% |
| BMCHP | (H) | 349 | 5289 | 411 | 84.9% | 81.3% | 88.5% |

Appendix C:

Well-Child Visits in the First 15 Months of Life (Rates for 0, 1, 2, 3, 4 and 5 Visits)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **2008 Comparison Rates—3 visits** |  |  | **2008 Comparison Rates—4 visits** |  |
| Nat'l Medicaid 90th Percentile: | 9.9% |  | Nat'l Medicaid 90th Percentile: | 16.1% |
| Nat'l Medicaid 75th Percentile: | 8.1% |  | Nat'l Medicaid 75th Percentile: | 13.6% |
| Nat'l Medicaid Mean: | 6.2% |  | Nat'l Medicaid Mean: | 10.8% |
| MA Commercial Mean: | 0.9% |  | MA Commercial Mean: | 2.0% |
| MassHealth Weighted Mean: | 1.6% |  | MassHealth Weighted Mean: | 5.7% |
| MassHealth Median: | 1.5% |  | MassHealth Median: | 4.6% |

**Well-Child rates (0,1,2,3,4 and 5 Visits)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **2008 Comparison Rates—0 visits** | | | | |
| Nat'l Medicaid 90th Percentile: 7.8%  Nat'l Medicaid 75th Percentile: 3.3%  Nat'l Medicaid Mean: 5.7%  MA Commercial Mean: 2.3%  MassHealth Weighted Mean: 1.1%  MassHealth Median: 1.2% | | | | |
| **0 visits** | **Num Elig Den** | **Rate** | **LCL** | **UCL** |
| PCCP | (H) 0 3251 240 | 0.0% | 0.0% | 0.2% |
| NHP | (H) 3 3003 279 | 1.1% | 0.0% | 2.5% |
| NH | (H) 8 2587 411 | 1.9% | 0.5% | 3.4% |
| FCHP | (H) 6 212 209 | 2.9% | 0.4% | 5.4% |
| BMCHP | (H) 5 4497 411 | 1.2% | 0.0% | 2.4% |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **2008 Comparison Rates—1 visit** | | | | |
| Nat'l Medicaid 90th Percentile: 6.4%  Nat'l Medicaid 75th Percentile: 3.3%  Nat'l Medicaid Mean: 3.3%  MA Commercial Mean: 0.4%  MassHealth Weighted Mean: 0.6%  MassHealth Median: 0.2% | | | | |
| **1 visit** | **Num Elig Den** | **Rate** | **LCL** | **UCL** |
| PCCP | (H) 3 3251 240 | 1.3% | 0.0% | 2.9% |
| NHP | (H) 0 3003 279 | 0.0% | 0.0% | 0.2% |
| NH | (H) 1 2587 411 | 0.2% | 0.0% | 0.8% |
| FCHP | (H) 0 212 209 | 0.0% | 0.0% | 0.2% |
| BMCHP | (H) 3 4497 411 | 0.7% | 0.0% | 1.7% |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **2008 Comparison Rates—2 visits** | | | | |
| Nat'l Medicaid 90th Percentile: 7.5%  Nat'l Medicaid 75th Percentile: 5.1%  Nat'l Medicaid Mean: 3.9%  MA Commercial Mean: 0.5%  MassHealth Weighted Mean: 0.3%  MassHealth Median: 0.4% | | | | |
| **2 visits** | **Num Elig Den** | **Rate** | **LCL** | **UCL** |
| PCCP | (H) 1 3251 240 | 0.4% | 0.0% | 1.4% |
| NHP | (H) 1 3003 279 | 0.4% | 0.0% | 1.2% |
| NH | (H) 2 2587 411 | 0.5% | 0.0% | 1.3% |
| FCHP | (H) 3 212 209 | 1.4% | 0.0% | 3.3% |
| BMCHP | (H) 0 4497 411 | 0.0% | 0.0% | 0.1% |

*The source of the National Medicaid 90th Percentile, National Medicaid 75th Percentile, National Medicaid Mean, and MA Commercial Mean is Quality Compass, 2008.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **2008 Comparison Rates—5 visits** | | | | |
| Nat'l Medicaid 90th Percentile: 23.4%  Nat'l Medicaid 75th Percentile: 20.8%  Nat'l Medicaid Mean: 17.1%  MA Commercial Mean: 6.4%  MassHealth Weighted Mean: 9.7%  MassHealth Median: 11.9% | | | | |
| **5 visits** | **Num Elig Den** | **Rate** | **LCL** | **UCL** |
| PCCP | (H) 13 3251 240 | 5.4% | 2.3% | 8.5% |
| NHP | (H) 24 3003 279 | 8.6% | 5.1% | 12.1% |
| NH | (H) 50 2587 411 | 12.2% | 8.9% | 15.4% |
| FCHP | (H) 28 212 209 | 13.4% | 8.5% | 18.3% |
| BMCHP | (H) 49 4497 411 | 11.9% | 8.7% | 15.2% |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **3 visits** | **Num** | | **Elig** | **Den** | **Rate** | **LCL** | **UCL** |
| PCCP | (H) | 6 | 3251 | 240 | 2.5% | 0.3% | 4.7% |
| NHP | (H) | 3 | 3003 | 279 | 1.1% | 0.0% | 2.5% |
| NH | (H) | 5 | 2587 | 411 | 1.2% | 0.0% | 2.4% |
| FCHP | (H) | 7 | 212 | 209 | 3.3% | 0.7% | 6.0% |
| BMCHP | (H) | 6 | 4497 | 411 | 1.5% | 0.2% | 2.7% |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **4 visits** | **Num** | | **Elig** | **Den** | **Rate** | **LCL** | **UCL** |
| PCCP | (H) | 8 | 3251 | 240 | 3.3% | 0.9% | 5.8% |
| NHP | (H) | 20 | 3003 | 279 | 7.2% | 4.0% | 10.4% |
| NH | (H) | 19 | 2587 | 411 | 4.6% | 2.5% | 6.8% |
| FCHP | (H) | 6 | 212 | 209 | 2.9% | 0.4% | 5.4% |
| BMCHP | (H) | 29 | 4497 | 411 | 7.1% | 4.5% | 9.7% |

Appendix D:

Use of Appropriate Medication for People with Asthma—PCC Plan Members with Essential Coverage

**Use of Appropriate Medication for People with Asthma—PCC Plan Members with Essential Coverage**

|  |
| --- |
| **Use of Appropriate Medications for People with Asthma—18 to 56 Years** |
| **2008 Comparison Rates** |
| Nat'l Medicaid 90th Percentile: 90.7%  Nat'l Medicaid 75th Percentile: 88.7%  Nat'l Medicaid Mean: 84.4%  MA Commercial Mean: 89.5% |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Num Den** | **Rate** | **LCL UCL** |
| **PCC Plan w/o Essential** | (A) 3,875 4,779 | 81.1% | 80.0% 82.2% |
| **Essential Only** | (A) 296 384 | 77.1% | 72.7% 81.4% |

*The source of the National Medicaid 90th Percentile, National Medicaid 75th Percentile, National Medicaid Mean, and MA Commercial Mean is Quality Compass, 2008.*

Appendix E:

PCC Plan Antidepressant Medication Management Rates for Members with Basic, Essential, and Non-Basic/Non- Essential Coverage

**PCC Plan Antidepressant Medication Management Rates for Members with Basic, Essential, and Non-Basic/Non-Essential Coverage**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Optimal Practitioner Contacts** | | | | | | |
| **2008** |  | **Num** | **Den** | **Rate** | **LCL** | **UCL** |
| **Basic** | (A) | 50 | 147 | 34.0% | 26.0% | 42.0% |
| **Essential** | (A) | 172 | 544 | 31.6% | 27.6% | 35.6% |
| **NonBasic/NonEssntl** | (A) | 478 | 1790 | 26.7% | 24.6% | 28.8% |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Effective Acute Phase Treatment** | | | | | | |
| **2008** |  | **Num** | **Den** | **Rate** | **LCL** | **UCL** |
| **Basic** | (A) | 73 | 147 | 49.7% | 41.2% | 58.1% |
| **Essential** | (A) | 308 | 544 | 56.6% | 52.4% | 60.9% |
| **NonBasic/NonEssntl** | (A) | 871 | 1790 | 48.7% | 46.3% | 51.0% |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Effective Continuous Phase Treatment** | | | | | | |
| **2008** |  | **Num** | **Den** | **Rate** | **LCL** | **UCL** |
| **Basic** | (A) | 53 | 147 | 36.1% | 28.0% | 44.2% |
| **Essential** | (A) | 221 | 544 | 40.6% | 36.4% | 44.8% |
| **NonBasic/NonEssntl** | (A) | 588 | 1790 | 32.9% | 30.6% | 35.1% |

Appendix F:

PCC Plan Follow-up After Hospitalization for Mental Illness Rates for Members with Basic, Essential, and Non-Basic/ Non-Essential Coverage

**PCC Plan Follow-up After Hospitalization for Mental Illness for Members with Basic, Essential, and Non-Basic/Non-Essential Coverage**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **7 Day** | | | | | | |
| **2008** |  | **Num** | **Den** | **Rate** | **LCL** | **UCL** |
| **Basic** | (A) | 171 | 366 | 46.7% | 41.5% | 52.0% |
| **Essential** | (A) | 485 | 1035 | 46.9% | 43.8% | 49.9% |
| **NonBasic/NonEssntl** | (A) | 2845 | 5114 | 55.6% | 54.3% | 57.0% |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **30 Day** | | | | | | |
| **2008** |  | **Num** | **Den** | **Rate** | **LCL** | **UCL** |
| **Basic** | (A) | 236 | 366 | 64.5% | 59.4% | 69.5% |
| **Essential** | (A) | 662 | 1035 | 64.0% | 61.0% | 66.9% |
| **NonBasic/NonEssntl** | (A) | 3840 | 5114 | 75.1% | 73.9% | 76.3% |

Appendix G:

PCC Plan Mental Health Utilization Rates for Members with Basic, Essential, and Non-Basic/Non-Essential Coverage

**PCC Plan Mental Health Utilization for Members with Basic, Essential, and Non-Basic/Non-Essential Coverage**

**Members with Basic Coverage**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Months** | **N** | **%** | **N** | **%** | **N** | **%** | **N** | **%** |
| Ages 18-64 | 65,641 | 431 | 7.9% | 374 | 6.8% | 4,414 | 80.7% | 4,484 | 82.0% |

**Member Inpatient Intermediate Outpatient/ED Any Service**

### Members with Essential Coverage

**Member Inpatient Intermediate Outpatient/ED Any Service Months N % N % N % N %**

Ages 18-64

566,109 1,281 2.7% 977 2.1% 10,616 22.5% 10,840 23.0%

### Members with

**Non-Basic/Non-Essential Coverage**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Months** | **N** | **%** | **N** | **%** | **N** | **%** | **N** | **%** |
| Ages 0-12 | 860,195 | 427 | .6% | 1,232 | 1.7% | 12,671 | 17.7% | 12,820 | 17.9% |
| Ages 13-17 | 366,328 | 675 | 2.2% | 1,159 | 3.8% | 10,016 | 32.8% | 10,163 | 33.3% |
| Ages 18-64 | 1,465,380 | 4,082 | 3.3% | 2,349 | 1.9% | 47,355 | 38.8% | 47,564 | 39.0% |
| Ages Total | 2,691,905 | 5,151 | 2.3% | 4,657 | 2.1% | 68,422 | 30.5% | 68,890 | 30.7% |

**Member Inpatient Intermediate Outpatient/ED Any Service**

Appendix H:

Mental Health Utilization Rates, Age and Gender Stratifications, All Plans

**Mental Health Utilization—Percentage of Members Using Services**

### Ages 0-12

Male Female

**Member Inpatient Intermediate Ambulatory Any Service**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Months** | **N** | **%** | **N** | **%** | **N** | **%** | **N** | **%** |
| **PCCP** | 409,598 | 102 | 0.3% | 366 | 1.1% | 4,721 | 13.8% | 4,773 | 14.0% |
| **NHP** | 316,362 | 18 | 0.1% | 50 | 0.2% | 1,590 | 6.0% | 1,595 | 6.1% |
| **NH** | 255,169 | 22 | 0.1% | 528 | 2.5% | 2,143 | 10.1% | 2,144 | 10.1% |
| **FCHP** | 26, 024 | 1 | 0.1% | 0 | 0.0% | 204 | 9.4% | 204 | 9.4% |
| **BMCHP** | 455, 925 | 52 | 0.1% | 16 | 0.0% | 3,671 | 9.7% | 3676 | 9.7% |

**Member Inpatient Intermediate Ambulatory Any Service**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Months** | **N** | **%** | **N** | **%** | **N** | **%** | **N** | **%** |
| **PCCP** | 450,597 | 325 | 0.9% | 866 | 2.3% | 7,950 | 21.2% | 8,047 | 21.4% |
| **NHP** | 321,728 | 68 | 0.3% | 137 | 0.5% | 2,594 | 9.7% | 2,606 | 9.7% |
| **NH** | 262,383 | 72 | 0.3% | 825 | 3.8% | 3,276 | 15.0% | 3,278 | 15.0% |
| **FCHP** | 25,975 | 4 | 0.2% | 0 | 0.0% | 338 | 15.6% | 339 | 15.7% |
| **BMCHP** | 472,813 | 111 | 0.3% | 66 | 0.2% | 6,032 | 15.3% | 6,039 | 15.3% |

# Male

### Ages 13-17

Female

**Member Inpatient Intermediate Ambulatory Any Service Member Inpatient Intermediate Ambulatory Any Service**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Months** | **N** | **%** | **N** | **%** | **N** | **%** | **N** | **%** |  | **Months** | **N** | **%** | **N** | **%** | **N** | **%** | **N** | **%** |
| **PCCP** | 191,610 | 339 | 2.1% | 565 | 3.5% | 5,465 | 34.2% | 5,531 | 34.6% | **PCCP** | 174,718 | 336 | 2.3% | 594 | 4.1% | 4,551 | 31.3% | 4,632 | 31.8% |
| **NHP** | 102,833 | 71 | 0.8% | 98 | 1.1% | 1,496 | 17.5% | 1,513 | 17.7% | **NHP** | 108,344 | 98 | 1.1% | 112 | 1.2% | 1,530 | 17.0% | 1,540 | 17.1% |
| **NH** | 70,699 | 42 | 0.7% | 369 | 6.3% | 1,136 | 19.3% | 1,146 | 19.5% | **NH** | 69,824 | 75 | 1.3% | 377 | 6.5% | 1,205 | 20.7% | 1,210 | 20.8% |
| **FCHP** | 8,640 | 7 | 1.0% | 0 | 0.0% | 135 | 18.8% | 135 | 18.8% | **FCHP** | 9,150 | 7 | 0.9% | 1 | 0.1% | 146 | 19.2% | 146 | 19.2% |
| **BMCHP** | 136,534 | 92 | 0.8% | 25 | 0.2% | 2,343 | 20.6% | 2,353 | 20.7% | **BMCHP** | 137,187 | 133 | 1.2% | 35 | 0.3% | 2,444 | 21.4% | 2,453 | 21.5% |

**Mental Health Utilization—Percentage of Members Using Services**

# Male

### Ages 18-64

Female

**Member Inpatient Intermediate Ambulatory Any Service Member Inpatient Intermediate Ambulatory Any Service**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Months** | **N** | **%** | **N** | **%** | **N** | **%** | **N** | **%** |  | **Months** | **N** | **%** | **N** | **%** | **N** | **%** | **N** | **%** |
| **PCCP** | 544,275 | 2,000 | 4.4% | 1,180 | 2.6% | 17,875 | 39.4% | 18,027 | 39.7% | **PCCP** | 986,746 | 2,482 | 3.0% | 1,511 | 1.8% | 32,914 | 40.0% | 33,024 | 40.2% |
| **NHP** | 114,983 | 177 | 1.9% | 86 | 0.9% | 1,790 | 18.7% | 1,815 | 18.9% | **NHP** | 394,262 | 408 | 1.2% | 242 | 0.7% | 7,545 | 23.0% | 7,576 | 23.1% |
| **NH** | 103,868 | 174 | 2.0% | 456 | 5.3% | 1,734 | 20.0% | 1,776 | 20.5% | **NH** | 274,617 | 379 | 1.7% | 1,702 | 7.4% | 6,170 | 27.0% | 6,229 | 27.2% |
| **FCHP** | 17,420 | 39 | 2.7% | 9 | 0.6% | 280 | 19.3% | 247 | 19.8% | **FCHP** | 41,289 | 77 | 2.2% | 26 | 0.8% | 911 | 26.5% | 915 | 26.6% |
| **BMCHP** | 179,392 | 413 | 2.8% | 127 | 0.9% | 3,591 | 24.0% | 3,632 | 24.3% | **BMCHP** | 528,907 | 833 | 1.9% | 315 | 0.7% | 12,971 | 29.4% | 13,037 | 29.6% |

# Male

### Ages 65+ \*

Female

**Member Inpatient Intermediate Ambulatory Any Service Member Inpatient Intermediate Ambulatory Any Service**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Months** | **N** | **%** | **N** | **%** | **N** | **%** | **N** | **%** |  | **Months** | **N** | **%** | **N** | **%** | **N** | **%** | **N** | **%** |
| **PCCP** | 0 | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | **PCCP** | 2 | 0 | 0.0% | 0 | 0.0% | 1 | 600.0% | 1 | 600.0% |
| **NHP** | 126 | 0 | 0.0% | 0 | 0.0% | 10 | 95.2% | 10 | 95.2% | **NHP** | 165 | 0 | 0.0% | 0 | 0.0% | 15 | 109.1% | 15 | 109.1% |
| **NH** | 1 | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | **NH** | 2 | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| **FCHP** | 0 | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | **FCHP** | 0 | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| **BMCHP** | 0 | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | **BMCHP** | 4 | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |

\* The MassHealth managed care program serves members under the age of 65. MassHealth members 65 years and older were included in the eligible populations for the HEDIS 2008 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 population criteria such as the continuous enrollment and enrollment anchor date requirements.

**Mental Health Utilization—Percentage of Members Using Services**

### Ages Unknown

Male Female

**Member Inpatient Intermediate Ambulatory Any Service Member Inpatient Intermediate Ambulatory Any Service**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Months** | **N** | **%** | **N** | **%** | **N** | **%** | **N** | **%** |  | **Months** | **N** | **%** | **N** | **%** | **N** | **%** | **N** | **%** |
| **PCCP** | 0 | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | **PCCP** | 0 | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| **NHP** | 0 | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | **NHP** | 0 | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| **NH** | 0 | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | **NH** | 0 | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| **FCHP** | 0 | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | **FCHP** | 0 | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| **BMCHP** | 9 | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | **BMCHP** | 0 | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |

# Male

### Age Group Totals By Gender

Female

**Member Inpatient Intermediate Ambulatory Any Service Member Inpatient Intermediate Ambulatory Any Service**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Months** | **N** | **%** | **N** | **%** | **N** | **%** | **N** | **%** |  | **Months** | **N** | **%** | **N** | **%** | **N** | **%** | **N** | **%** |
| **PCCP** | 1,186,482 | 2,664 | 2.7% | 2,611 | 2.6% | 31,290 | 31.7% | 31,605 | 32.0% | **PCCP** | 1,571,064 | 2,920 | 2.2% | 2,471 | 1.9% | 42,187 | 32.2% | 42,430 | 32.4% |
| **NHP** | 539,670 | 316 | 0.7% | 321 | 0.7% | 5,890 | 13.1% | 5,944 | 13.2% | **NHP** | 819,133 | 524 | 0.8% | 404 | 0.6% | 10,680 | 15.7% | 10,726 | 15.7% |
| **NH** | 436,951 | 288 | 0.8% | 1,650 | 4.5% | 6,146 | 16.9% | 6,200 | 17.0% | **NH** | 599,612 | 476 | 1.0% | 2,607 | 5.2% | 9,518 | 19.1% | 9,583 | 19.2% |
| **FCHP** | 52,035 | 50 | 1.2% | 9 | 0.2% | 753 | 17.4% | 761 | 17.6% | **FCHP** | 76,463 | 85 | 1.3% | 27 | 0.4% | 1,261 | 19.8% | 1,265 | 19.9% |
| **BMCHP** | 788,739 | 616 | 0.9% | 218 | 0.3% | 11,966 | 18.2% | 12,024 | 18.3% | **BMCHP** | 1,122,023 | 1,018 | 1.1% | 366 | 0.4% | 19,086 | 20.4% | 19,166 | 20.1% |

**Mental Health Utilization—Percentage of Members Using Services**

### TOTAL Male/Female: Ages 0—12 TOTAL Male/Female: Ages 13-17

**Member Inpatient Intermediate Ambulatory Any Service Member Inpatient Intermediate Ambulatory Any Service**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Months** | **N** | **%** | **N** | **%** | **N** | **%** | **N** | **%** |  | **Months** | **N** | **%** | **N** | **%** | **N** | **%** | **N** | **%** |
| **PCCP** | 860,195 | 427 | 0.6% | 1,232 | 1.7% | 12,671 | 17.7% | 12,820 | 17.9% | **PCCP** | 366,328 | 675 | 2.2% | 1,159 | 3.8% | 10,016 | 32.8% | 10,163 | 33.3% |
| **NHP** | 638,090 | 86 | 0.2% | 187 | 0.4% | 4,184 | 7.9% | 4,201 | 7.9% | **NHP** | 211,177 | 169 | 1.0% | 210 | 1.2% | 3,026 | 17.2% | 3,053 | 17.4% |
| **NH** | 517,552 | 94 | 0.2% | 1,353 | 3.1% | 5,419 | 12.6% | 5,422 | 12.6% | **NH** | 140,523 | 117 | 1.0% | 746 | 6.4% | 2,341 | 20.0% | 2,356 | 20.1% |
| **FCHP** | 51,999 | 5 | 0.1% | 0 | 0.0% | 542 | 12.5% | 543 | 12.5% | **FCHP** | 17,790 | 14 | 0.9% | 1 | 0.1% | 281 | 19.0% | 281 | 19.0% |
| **BMCHP** | 928,738 | 163 | 0.2% | 82 | 0.1% | 9,703 | 12.5% | 9,715 | 12.6% | **BMCHP** | 273,721 | 225 | 1.0% | 60 | 0.3% | 4,787 | 21.0% | 4,806 | 21.1% |

### TOTAL Male/Female: Ages 18-64 TOTAL Male/Female: Ages 65+ \*

**Member Inpatient Intermediate Ambulatory Any Service Member Inpatient Intermediate Ambulatory Any Service**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Months** | **N** | **%** | **N** | **%** | **N** | **%** | **N** | **%** |  | **Months** | **N** | **%** | **N** | **%** | **N** | **%** | **N** | **%** |
| **PCCP** | 1,531,021 | 4,482 | 3.5% | 2,691 | 2.1% | 50,789 | 39.8% | 51,051 | 40.0% | **PCCP** | 2 | 0 | 0.0% | 0 | 0.0% | 1 | 600.0% | 1 | 600.0% |
| **NHP** | 509,245 | 585 | 1.4% | 328 | 0.8% | 9,335 | 22.0% | 9,391 | 22.1% | **NHP** | 291 | 0 | 0.0% | 0 | 0.0% | 25 | 103.1% | 25 | 103.1% |
| **NH** | 378,485 | 553 | 1.8% | 2,158 | 6.8% | 7,904 | 25.1% | 8,005 | 25.4% | **NH** | 3 | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| **FCHP** | 58,709 | 116 | 2.4% | 35 | 0.7% | 1,191 | 24.3% | 1,202 | 24.6% | **FCHP** | 0 | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| **BMCHP** | 708,299 1,246 2.1% 442 0.8% 16,562 28.1% 16,669 28.2% **BMCHP** | | | | | | | | | | 4 0 0.0% 0 0.0% 0 0.0% 0 0.0% | | | | | | | | |

\* The MassHealth managed care program serves members under the age of 65. MassHealth members 65 years and older were included in the eligible populations for the HEDIS 2008 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 population criteria such as the continuous enrollment and enrollment anchor date requirements.

**Mental Health Utilization—Percentage of Members Using Services**

### TOTAL Male/Female: Ages Unknown

**Member Inpatient Intermediate Ambulatory Any Service**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Months** | **N** | **%** | **N** | **%** | **N** | **%** | **N** | **%** |
| **PCCP** | 0 | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| **NHP** | 0 | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| **NH** | 0 | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| **FCHP** | 0 | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| **BMCHP** | 9 | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |

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