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MassHealth Managed Care HEDIS[®] 2011 Final Report

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Executive Summary

Introduction

The MassHealth Managed Care HEDIS® 2011 Report presents information on the quality of care provided by the five health plans serving the MassHealth managed care population: Boston Medical Center HealthNet Plan, Fallon Community Health Plan, Neighborhood Health Plan, Network Health, and the Primary Care Clinician Plan. (A sixth plan, Health New England, began serving MassHealth members during 2010, and will be included in next year's report.) This assessment was conducted by the MassHealth Office of Clinical Affairs (OCA), the MassHealth Office of Providers and Plans (formerly called the Office Acute and Ambulatory Care, or OAAC), the Center for Health Policy and Research (CHPR), and the MassHealth Office of Behavioral Health (OBH).

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

Measures Selected for HEDIS 2011

The MassHealth measurement set for 2011 focused on three domains: “staying healthy” (breast cancer screening, cervical cancer screening, prenatal and postpartum care and frequency of ongoing prenatal

care), “living with illness” (follow-up care for children prescribed attention-deficit/hyperactivity disorder (ADHD) medication and initiation and engagement of alcohol and other drug dependency treatment), and “use of services” (identification of alcohol and other drug services).

Summary of Overall Results

Results from the MassHealth Managed Care HEDIS 2011 project demonstrate that MassHealth plans performed well overall when compared to the 2011 rates of other Medicaid plans around the country. Throughout this report, we will give results of tests of statistical significance comparing the performance of individual MassHealth plans with that of the top 25% of all Medicaid plans reporting HEDIS data for 2011 (represented by the 2011 national Medicaid 75th percentile, obtained from NCQA's Quality Compass® database.)

MassHealth plans performed well, relative to this national benchmark, on several of the HEDIS measures. All five MassHealth plans reported rates that were significantly above the 2011 national Medicaid 75th percentile for the breast cancer screening measure. Four of the five plans reported rates that were significantly above the national Medicaid 75th percentile for the measures assessing cervical cancer screening, follow-up care for children prescribed medication for attention deficit/hyperactivity disorder (ADHD), and initiation of treatment for alcohol and other drug (AOD) dependence.

MassHealth plans' results were mixed for the measures assessing timeliness of prenatal care, postpartum care, and engagement of treatment for those initiating treatment for AOD dependence. For each of these measures, some plans performed above

the national benchmark, others had no statistically significant difference from the benchmark, and no more than one plan in each measure scored significantly below the benchmark.

The frequency of ongoing prenatal care (over 80% of expected visits) measure presents MassHealth with an opportunity for improvement. Three of the five MassHealth plans scored significantly below the national Medicaid 75th percentile benchmark on this measure, and no plan exceeded the benchmark performance level. It should be noted, however, that the overall MassHealth rate (weighted mean of all plans) increased by over eight percentage points from the previous measurement year.

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Executive Summary

Breast Cancer Screening

- MassHealth managed care members aged 40-69 had a breast cancer screening rate of 67.2%.
- All five plans had rates significantly above the national Medicaid 75th percentile.
- Two plans (PCC Plan and NHP) reported rates that were significantly above their 2009 rates. Three plans (NH, FCHP, and BMCHP) reported rates that were not significantly different from their 2009 rates.

Cervical Cancer Screening

- MassHealth managed care members aged 21 to 64 had a cervical cancer screening rate of 76.2%.
- Four of the five plans performed significantly above the national Medicaid 75th percentile, while the PCC Plan's rate was significantly below the benchmark.
- Four of the five plan rates were not significantly different from 2009. (The PCC Plan rate for 2011 cannot be compared to 2009, because the 2009 rate used continuous enrollment criteria that did not conform to the HEDIS specifications for the Medicaid population; see page 17 for details.)

Prenatal and Postpartum Care

- The MassHealth managed care timeliness of prenatal care rate was 89.7%. Three plans (NHP, FCHP, and BMCHP) had rates that were significantly higher than the national Medicaid 75th percentile. The PCC Plan had a rate that was significantly below the national Medicaid 75th percentile. Two plans (NH and the PCC Plan) had rates significantly above their 2009 rates, while the other three plan rates did not significantly differ from the prior year.
- The MassHealth managed care postpartum care rate was 68.7%. The rate for NH was sig-

nificantly higher than the national Medicaid 75th percentile, while the PCC Plan's rate was significantly lower. The rate for NH was also significantly above its 2009 rate, while the other four plans did not differ significantly from their 2009 rates.

Frequency of Ongoing Prenatal Care

- Sixty-nine percent (69.3%) of MassHealth managed care deliveries had $\geq 81\%$ of the expected number of prenatal visits.
- Two plans (NHP and BMCHP) had rates that were not significantly different from the national Medicaid 75th percentile rate and three plans (PCC Plan, NH, and FCHP) had rates that were significantly below the Medicaid benchmark.
- Two plans (PCC Plan and FCHP) had significantly higher rates than in 2009, while the other three plan rates were not significantly different from the prior measurement year.

Follow-up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication

- The MassHealth managed care initiation phase rate was 61.2%. Four of the five plans had rates that were significantly above the national Medicaid 75th percentile, while FCHP's rate was not significantly different from the benchmark. One plan, BMCHP, improved significantly from its 2009 rate.
- The MassHealth managed care continuation and maintenance phase rate was 71.7%. All four plans for which rates could be calculated scored significantly higher than the national Medicaid 75th percentile rate (no rate could be calculated for FCHP). One plan, BMCHP, had significantly higher rate than in 2009, while the other three plan rates were not significantly different from the prior year.

Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

- The MassHealth managed care initiation of treatment rate was 52.7%. Four of the five plan rates were significantly higher than the national benchmark. BMCHP's rate was not significantly different from the benchmark. The PCC Plan improved significantly from its 2009 rate, while BMCHP's rate was lower than the previous year.
- The MassHealth managed care engagement of treatment rate was 19.9%. Two plans, NHP and FCHP, had rates significantly above the national Medicaid 75th percentile rate, while the PCC Plan's rate was significantly lower. The PCC Plan's rate was also significantly below its prior year.

Identification of Alcohol and Other Drug Services

- Between 2.5% and 10.6% of members in each MassHealth plan identified as needing substance abuse services received such services. The percentage of members in each plan who received inpatient services ranged from 0.6% to 3.3%, intermediate services (intensive outpatient and partial hospitalization) from 0.4% to 1.7%, and ambulatory services from 2.2% to 9.6%.

Summary of MassHealth Managed Care HEDIS 2011 Results

HEDIS 2011 Measure	2011 National Medicaid 75th Percentile	PCCP	NHP	NH	FCHP	BMCHP
Breast Cancer Screening	57.4%	66.1%↑	69.9%↑	69.7%↑	75.4%↑	67.5%↑
Cervical Cancer Screening	74.2%	68.3%↓	80.5%↑	85.0%↑	82.1%↑	83.2%↑
Prenatal and Postpartum Care						
Timeliness of Prenatal Care	90.0%	83.7%↓	93.1%↑	88.4%	93.2%↑	93.5%↑
Postpartum Care	70.6%	60.1%↓	66.3%	79.5%↑	65.2%	71.8%
Frequency of Ongoing Prenatal Care						
≥ 81 percent	74.9%	60.3%↓	77.1%	60.5%↓	67.0%↓	78.1%
Follow-up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication						
Initiation Phase	43.6%	66.5%↑	65.5%↑	67.2%↑	36.2%	52.0%↑
Continuation Phase	52.6%	75.2%↑	74.5%↑	77.7%↑	N/A*	63.1%↑
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment						
Initiation of Treatment	48.8%	53.2%↑	60.1%↑	52.5%↑	66.7%↑	47.5%
Engagement of Treatment	20.5%	18.3%↓	38.7%↑	20.0%	41.4%↑	20.1%

* FCHP did not have enough measure-eligible members to meet NCQA specifications for reportable rates.

Key: PCCP—Primary Care Clinician Plan
NHP—Neighborhood Health Plan
NH—Network Health

FCHP—Fallon Community Health Plan
BMCHP—Boston Medical Center HealthNet Plan

↑ Indicates a rate that is significantly better than the 2011 national Medicaid 75th percentile.
↓ Indicates a rate that is significantly worse than the 2011 national Medicaid 75th percentile.

Introduction

Introduction

Purpose of the Report

This report presents the results of the MassHealth Managed Care Healthcare Effectiveness Data and Information Set (HEDIS) 2011 project. This report was designed to be used by MassHealth program managers and by managed care organization (MCO) managers to assess plan performance in the context of other MassHealth managed care plans and national benchmarks, identify opportunities for improvement, and set quality improvement goals.

Project Background

The Center for Health Policy and Research (CHPR) collaborated with the MassHealth Office of Providers and Plans (formerly OAA), the MassHealth Office of Behavioral Health (OBH), 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 primary care case management program administered by the Executive Office of Health and Human Services (EOHHS). The collaborating agencies conduct this annual assessment by using a subset of HEDIS measures. Developed by the National Committee for Quality Assurance (NCQA), HEDIS is the most widely used set of standardized performance measures for reporting on the quality of care delivered by health care organizations. HEDIS includes clinical measures of care, as well as measures of access to care and utilization.

The measures selected for the MassHealth Managed Care HEDIS 2011 project assess the performance of the five MassHealth plans that provided health care services to MassHealth managed care members during the 2010 calendar year. The five MassHealth plans included in this

report are the Primary Care Clinician Plan (PCC Plan), Neighborhood Health Plan (NHP), Network Health (NH), Fallon Community Health Plan (FCHP), and Boston Medical Center HealthNet Plan (BMCHP). (A sixth plan, Health New England, began serving MassHealth members during 2010, and will be included in next year's report.) Descriptive information about each health plan can be found in the Health Plan Profiles section, beginning on page 9.

MassHealth HEDIS 2011 Measures

MassHealth selected seven measures for the HEDIS 2011 project. The seven measures included in the report assess health care quality in three key areas: staying healthy, living with illness, and use of services.

The staying healthy measures included in this report provide information on preventive services, member access, and availability of care. The specific topics evaluated in this report are breast cancer screening, cervical cancer screening, prenatal and postpartum care, and frequency of ongoing prenatal care.

Measures in the living with illness area provide information on how well plans help members manage their chronic illnesses. The specific topics evaluated in this report are follow-up care for children prescribed attention-deficit/hyperactivity disorder (ADHD) medication and initiation and engagement of alcohol and other drug dependence.

Use of service measures provide information about what services health plan members utilize. The specific service evaluated in the report is identification of alcohol and other drug services.

Note: MassHealth assesses member satisfaction

through the biennial administration of a consumer survey. Member experiences in 2010 were assessed through a survey administered during the fall of 2011 by the Massachusetts Health Quality Partners (MHQP). MHQP and CHPR will jointly issue a report on the survey in the spring of 2012.

Organization of the MassHealth Managed Care HEDIS 2011 Report

This report presents the MassHealth Managed Care HEDIS 2011 results in three sections. These sections are based on the consumer reporting domains used in NCQA's health plan report cards (Staying Healthy, Living with Illness, and Use of Services). These domains group clinical and access to care measures with similar characteristics.

REPORT SECTION	DEFINITION	MEASURES SELECTED BY MASSHEALTH FOR HEDIS 2011 REPORTING
Staying Healthy	These measures provide information about how well a plan provides services that maintain good health and prevent illness.	<ul style="list-style-type: none"> Breast Cancer Screening Cervical Cancer Screening Frequency of Ongoing Prenatal Care Prenatal and Postpartum Care
Living with Illness	These measures provide information about how well a plan helps people manage chronic illness.	<ul style="list-style-type: none"> Follow-up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication Initiation and Engagement of Alcohol and Other Drug Dependency Treatment
Use of Services	These measures provide information about what services health plans members utilize.	<ul style="list-style-type: none"> Identification of Alcohol and Other Drug Services

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

- **Appendix A** presents a list of the MassHealth regions and the service areas the regions cover.
- **Appendix B** presents additional data on Frequency of Ongoing Prenatal Care (<21%, 21-40%, 41-60% and 61-80% of expected visits, All Plans).
- **Appendix C** presents age-stratified rates for Initiation and Engagement of Alcohol and Other Drug Dependency Treatment (All Plans).
- **Appendix D** presents age and gender-stratified rates for Identification of Alcohol and Other Drug Services (All Plans).

Organization of the MassHealth Managed Care HEDIS 2011 Report

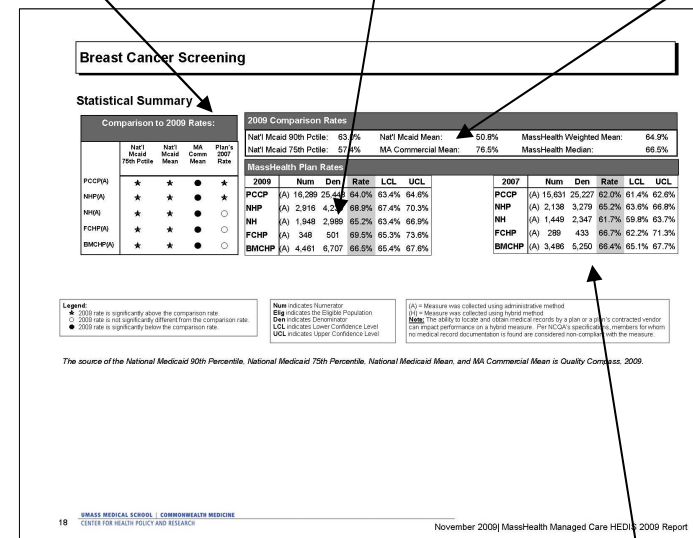
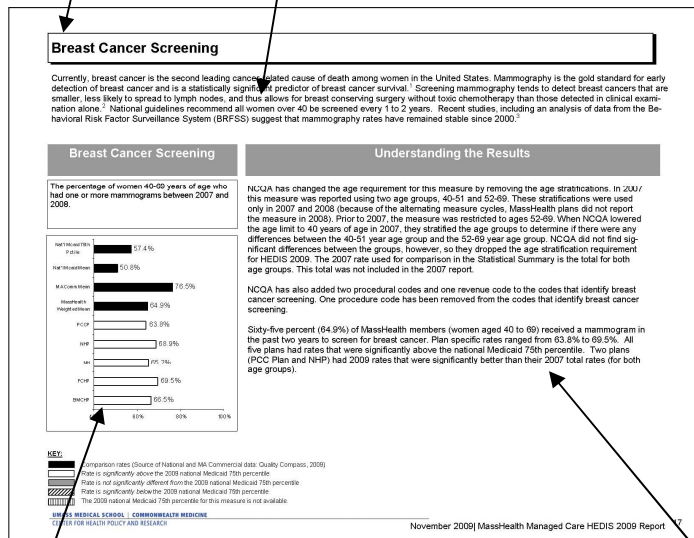
Name of measure

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

Individual HEDIS 2011 plan data including numerator, eligible population (where applicable) denominator, reported rate, and upper and lower confidence intervals

The 2011 national Medicaid 75th percentile is listed as a benchmark. The 2011 national Medicaid 90th percentile, 2011 national Medicaid mean, 2011 Massachusetts commercial mean, and 2011 MassHealth weighted mean and median are listed as comparison rates



Comparison of plan rates with the comparison and benchmark rates

Analysis of results, including opportunities for improvement

Historical data from HEDIS 2009, if available and if there were no significant changes to the measure's specifications that prohibited comparisons to prior year

Health Plan Profiles

MassHealth managed care plans provided care to 804,821 Massachusetts residents as of December 31, 2010. The MassHealth Managed Care HEDIS 2011 report includes data from the five MassHealth plans serving members enrolled in Managed Care. This report does not reflect care provided to MassHealth members receiving their health care services 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 included in this report—Neighborhood Health Plan, Network Health, Fallon Community Health Plan, and Boston Medical Center HealthNet Plan).

During 2010, a fifth MCO, Health New England (HNE), began serving the MassHealth population, primarily in Western Massachusetts. Because HNE is new to MassHealth, the plan's members did not meet the HEDIS continuous enrollment requirements for rate calculation. HNE is expected to submit data for next year's HEDIS report.

Primary Care Clinician Plan (PCC Plan)

- Primary care case management program administered by the Executive Office of Health and Human Services (EOHHS).
- Statewide managed care option for MassHealth members eligible for managed care.
- 314,456 MassHealth members as of December 31, 2010.
- 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).

Neighborhood Health Plan (NHP)

- Non-profit managed care organization that primarily serves Medicaid members, along with commercial and Commonwealth care populations.
- 148,474 MassHealth members as of December 31, 2010.
- 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 hospital-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.
- 128,677 MassHealth members as of December 31, 2010.
- Primary service areas in Western, Northern, and Central Massachusetts, and Greater Boston.
- 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.
- 13,634 MassHealth members as of December 31, 2010.

- Primary service areas in Central Massachusetts.
- Provider network for MassHealth members is exclusively through Fallon Clinic sites.
- Behavioral health services are managed through a carve-out contract with Beacon Health Strategies.

Boston Medical Center HealthNet Plan (BMCHP)

- Provider-sponsored health plan, owned and operated by Boston Medical Center, the largest public safety-net hospital in Boston, that serves the Medicaid and Commonwealth Care populations.
- 199,580 MassHealth members as of December 31, 2010.
- Primary service areas in Western and Southern Massachusetts, and Greater Boston.
- Provider network includes community health centers, hospital outpatient departments, and group and individual practices.
- Beginning in March, 2010, behavioral health services are managed through a carve-out contract with Beacon Health Strategies. Prior to that, services were provided by Boston Medical Center HealthNet Plan providers.

Differences in Populations Served by MassHealth 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 included in the measure.

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 2011 performance of the five plans.

Health Plan Profiles: Demographic Characteristics of the Plan Populations

MassHealth Plan	Total MassHealth Managed Care Members as of 12/31/10	Female	Disabled	Mean Age	0-11 yrs	12-17 yrs	18-39 yrs	40-64 yrs	65+ yrs*
Primary Care Clinician Plan	314,456	50.0%	22.6%	27.9	23.9%	12.6%	32.3%	31.2%	0.0%
Neighborhood Health Plan	148,474	58.3%	7.1%	19.0	41.7%	16.0%	28.0%	14.2%	0.0%
Network Health	128,677	56.1%	9.1%	19.5	42.1%	13.9%	28.7%	15.3%	0.0%
Fallon Community Health Plan	13,634	56.7%	9.8%	21.2	36.2%	14.8%	31.9%	17.0%	0.0%
Boston Medical Center HealthNet Plan	199,580	57.2%	11.7%	19.1	42.5%	15.2%	28.0%	14.3%	0.0%
Total for MassHealth Managed Care Program	804,821	54.4%	14.7%	22.6	34.9%	14.1%	29.8%	21.1%	0.0%

Source: MMIS

* MassHealth managed care plans generally serve members under the age of 65. In some years, a small number of MassHealth managed care members are identified who 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 2011, a total of 17 such members were identified through enrollment data, which was used to generate these health plan profiles. As a rule, any MassHealth members 65 years and older will be included in the eligible populations for the HEDIS 2011 measures whenever 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 proportion of female members than BMCHP, FCHP, and NH ($p < .001$).

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 also significant ($p < .0001$), except for that between FCHP and NH.

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 2010, the MassHealth Office of Acute and Ambulatory Care (since renamed as the MassHealth Office of Providers and Plans) provided plans with a list of measures to be collected for HEDIS 2011. The list of measures was developed by key stakeholders within MassHealth, the Office of Clinical Affairs (OCA), and the MassHealth Office of Behavioral Health (OBH). In general, each plan was responsible for collecting the measures according to the HEDIS 2011 Technical Specifications and for reporting the results using NCQA's Interactive Data Submission System (IDSS). Each plan submitted its results to both NCQA and CHPR.

All plans undergoing NCQA accreditation must have their HEDIS data audited. The purpose of an NCQA HEDIS Compliance Audit™ is to validate a plan's HEDIS results by verifying the integrity of the plan's data collection and calculation processes. NCQA HEDIS Compliance Audits are independent reviews conducted by organizations or individuals licensed or certified by NCQA. NCQA's Quality Compass, the database from which many of the benchmarks in this report are drawn, reports only audited data. The current MassHealth contract with the four MCOs does not require plans to have their data audited. However, the new contract requires NCQA Accreditation, of which the Compliance Audit is a component. BMCHP, FCHP, NH, and NHP have achieved NCQA accreditation for their MassHealth plans as of 2010.

Eligible Population

For each HEDIS measure, NCQA specifies the

eligible population by defining the age, continuous enrollment, enrollment gap, and diagnosis or event criteria that a member must meet to be eligible for a measure.

Age: The age requirements for Medicaid HEDIS measures vary by measure. The MassHealth managed care programs serve members under the age of 65. Occasionally, members 65 and older may appear in the denominator of a MassHealth plan's HEDIS rate. This may occur for several valid reasons, including instances where a member turns 65 during the measurement year and did not yet have their coverage terminated as of the measure's anchor date. MassHealth plans are responsible for a member's care until his or her coverage is terminated. Therefore, MassHealth members 65 years and older were included in the eligible populations for the HEDIS 2011 measures whenever the specifications for the measure included the 65 and older population, the members' coverage had not yet been terminated, and the members met all eligible criteria such as continuous enrollment and enrollment anchor date requirements.

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

Enrollment gap: The specifications for most measures allow members to have a gap in en-

rollment during the continuous enrollment period and still be eligible for the measure. The allowable gap is specified for each measure but is generally defined for the Medicaid population as one gap of up to 45 days.

Diagnosis/event criteria: Some measures require a member to have a specific diagnosis or health care event to be included in the denominator. Diagnoses are defined by specific administrative codes (e.g., ICD-9, CPT). Other health care events may include prescriptions, hospitalizations, or outpatient visits.

The measure descriptions included in this report do not include every requirement for the eligible populations (e.g., enrollment gaps). For complete specifications for each measure included in this report, please see *HEDIS 2011 Volume 2: Technical Specifications*.

MassHealth Coverage Types Included in HEDIS 2011

MassHealth has five Medicaid coverage types whose members are eligible to enroll in any of the five MassHealth plans: Basic, Standard, CommonHealth, Family Assistance, and Essential. Prior to 2010, members in Essential were restricted to enrolling in the PCC Plan. Since 2010, Essential members have been allowed to enroll in the MCOs.

In previous HEDIS reports, appendices were provided showing the PCC Plan's data broken out by coverage type (Essential and non-Essential). Since Essential members are no longer restricted to the PCC Plan, these breakouts will no longer be provided.

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Data Collection and Analysis Methods

Administrative vs. Hybrid Data Collection

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

The **administrative method** requires plans to identify the denominator and numerator using claims or encounter data, or data from other administrative databases. Plans calculate the administrative measures using programs developed by plan staff or Certified HEDIS SoftwareSM purchased from a vendor. For measures collected through the administrative method, the denominator includes all members who satisfy all criteria specified in the measure specifications, including any age or continuous enrollment requirements (these members are known as the “eligible population”). The plan’s HEDIS rate is based on all members in the denominator who are found through administrative data to have received the service reported in the numerator (e.g., visit, test, vaccination, 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 oversample 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 2011 results from each plan are compared to several benchmarks and comparison rates, including the 2011 national Medicaid mean and the 2011 Massachusetts Commercial mean. In addition, MassHealth medians and weighted means were calculated from the five plans’ 2011 data.

2011 National Medicaid 75th Percentile

For this report, the 2011 national Medicaid 75th percentile serves as the primary benchmark to which plan performance is compared (including statistical significance).

CHPR obtained the 2011 national Medicaid data through NCQA’s Quality Compass. NCQA releases Quality Compass in July of each year with the rates for Commercial and Medicare plans. NCQA provides the national Medicaid data in a supplement that is released in the fall.

Other Comparison Rates Included in this Report

The other comparison rates included in the data tables of this report are the 2011 national Medicaid mean, 2011 national Medicaid 90th percentile, 2011 Massachusetts commercial mean, 2011 MassHealth weighted mean, and 2011 Mass-

Health median.

The 2011 national Medicaid mean is the average performance of all Medicaid plans that submitted HEDIS 2011 data. The 2011 national Medicaid 90th percentile represents a level of performance that was exceeded by only the top 10% of all Medicaid plans that submitted HEDIS 2011 data. The 2011 national Medicaid 90th percentile was included as a future goal for MassHealth plans. The 2011 Massachusetts commercial mean is the average performance of all Massachusetts commercial plans that submitted HEDIS 2011 data. Although the populations served by commercial plans differ from the population 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 2011 MassHealth weighted mean is a weighted average of the rates of the five MassHealth plans. The weighted average was calculated by multiplying the performance rate for each plan by the number of members who met the eligibility criteria for the measure. The values were then summed across plans and divided by the total eligible population for all the plans. The largest MassHealth plan (PCC Plan) serves 39.1% of all MassHealth managed care members, and the smallest (FCHP) serves only 1.7%. Because of the differences in the size of the populations served by the plans, the MassHealth weighted mean was not used for tests of statistical significance.

The 2011 MassHealth median is also provided and is the middle value of the set of values represented by the individual plan rates.

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Data Collection and Analysis Methods

Caveats for the Interpretation of Results

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

Medical Record Procurement

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

Lack of Case-Mix Adjustment

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

Demographic Differences in Plan membership

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 10, 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 10. The impact of these differences on

MassHealth HEDIS 2011 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. Factors 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 external 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 members);
- Staffing changes among the plan's HEDIS team;
- Review by an NCQA-Certified HEDIS auditor;
- Choice of administrative or hybrid data collection method for measures that allow either method.

Limitations of Certain HEDIS Measures

One measure collected in 2011, Identification of Alcohol and Other Drug Services, provides infor-

mation on the services MassHealth members utilized, but not on the content or quality of the care the members received. Data for this measure 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 rate of utilization of these services 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 delivered by a plan or its providers.

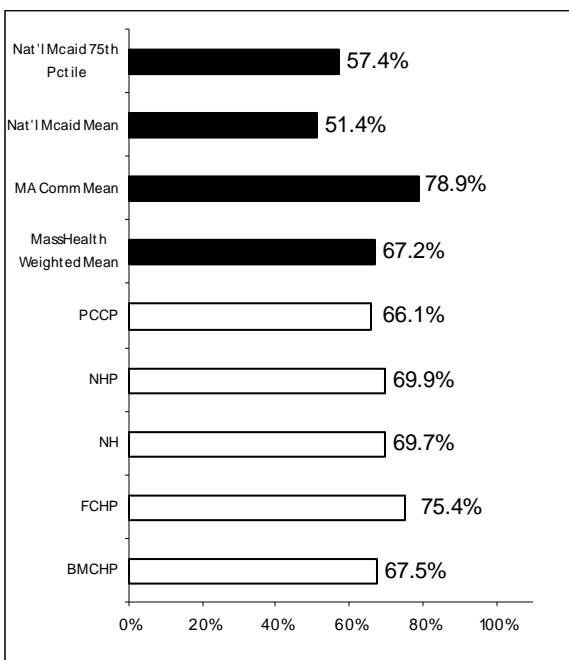
Staying Healthy

Breast Cancer Screening

Currently, breast cancer is the second leading cancer-related cause of death among women in the United States. Mammography is the gold standard for early detection of breast cancer and is a statistically significant predictor of breast cancer survival.¹ Screening mammography tends to detect breast cancers at an earlier stage, when they are smaller and less likely to spread, yet are not large enough to detect through self-examination. The most recent guidelines released by the U.S. Preventive Services Task Force (USPSTF) in 2009 recommend all women between ages 50 and 74 be screened every 2 years. Women aged 40 to 49 should discuss mammography screenings with their physicians.²

Breast Cancer Screening

The percentage of women 40-69 years of age who had one or more mammograms between 2009 and 2010.



KEY:

- Comparison rates (Source of National and MA Commercial data: Quality Compass, 2011)
- Rate is *significantly above* the 2011 national Medicaid 75th percentile
- Rate is *not significantly different* from the 2011 national Medicaid 75th percentile
- Rate is *significantly below* the 2011 national Medicaid 75th percentile
- The 2011 national Medicaid 75th percentile for this measure is not available.

Understanding the Results

Sixty-seven percent (67.2%) of MassHealth managed care members (women aged 40 to 69) received a mammogram in the past two years to screen for breast cancer. Plan specific rates ranged from 66.1% to 75.4%. All five plans had rates that were significantly above the national Medicaid 75th percentile. Two plans (PCC Plan and NH) had rates that were significantly higher than their 2009 rates.

The revised USPSTF guidelines, released in November 2009, generated a great deal of discussion. Specifically, the Task Force's recommendation that biennial screening no longer be routinely performed for the 40-49 age group was widely criticized. NCQA will review the specifications for this measure in light of the recent revision of the USPSTF guidelines. Any changes to the measure will be introduced during the HEDIS 2012 cycle.

Breast Cancer Screening

Statistical Summary

Comparison to Benchmarks				
	Nat'l Mcaid 75th Pctile	Nat'l Mcaid Mean	MA Comm Mean	Plan's 2009 Rate
PCCP(A)	★	★	●	★
NHP(A)	★	★	●	○
NH(A)	★	★	●	★
FCHP(A)	★	★	○	○
BMCHP(A)	★	★	●	○

Comparison Rates					
Nat'l Mcaid 90th Pctile:	62.9%	Nat'l Mcaid Mean:	51.4%	MassHealth Weighted Mean:	67.2%
Nat'l Mcaid 75th Pctile:	57.4%	MA Commercial Mean:	78.9%	MassHealth Median:	69.7%

MassHealth Plan Rates														
	2011	Num	Den	Rate	LCL	UCL		2009	Num	Den	Rate	LCL	UCL	
PCCP	(A)	18,818	28,448	66.1%	65.6%	66.7%		PCCP	(A)	18,164	28,467	63.8%	63.2%	64.4%
NHP	(A)	3,793	5,429	69.9%	68.6%	71.1%		NHP	(A)	2,916	4,235	68.9%	67.4%	70.3%
NH	(A)	2,817	4,041	69.7%	68.3%	71.1%		NH	(A)	1,948	2,989	65.2%	63.4%	66.9%
FCHP	(A)	407	540	75.4%	71.6%	79.1%		FCHP	(A)	348	501	69.5%	65.3%	73.6%
BMCHP	(A)	5,444	8,061	67.5%	66.5%	68.6%		BMCHP	(A)	4,461	6,707	66.5%	65.4%	67.6%

Legend:

- ★ 2011 rate is significantly above the comparison rate.
- 2011 rate is not significantly different from the comparison rate.
- 2011 rate is significantly below the comparison rate.

Num indicates Numerator
 Den indicates Denominator
 LCL indicates Lower Confidence Level
 UCL indicates Upper Confidence Level

(A) = Measure was collected using administrative method

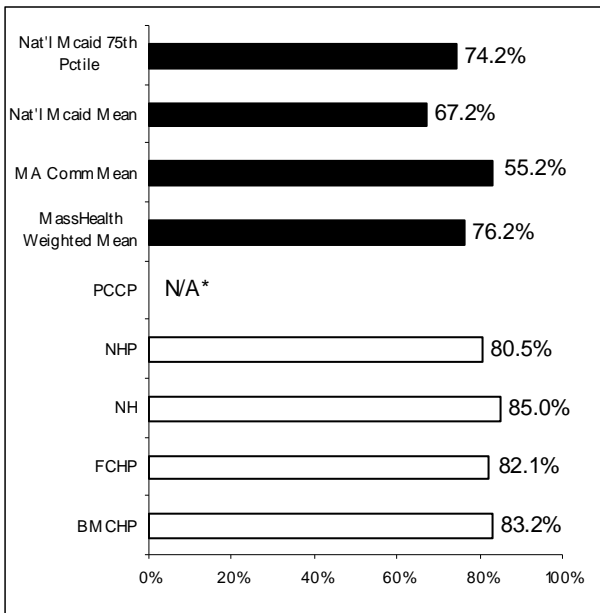
The source of the National Medicaid 90th Percentile, National Medicaid 75th Percentile, National Medicaid Mean, and MA Commercial Mean is Quality Compass, 2011.

Cervical Cancer Screening

The National Cancer Institute estimates that there will be 12,710 new cases of cervical cancer in the United States in 2011, resulting in 4,290 deaths.³ With a 68.6% five-year relative survival rate, cervical cancer is highly treatable, particularly if it is detected early.⁴ Because early stage cervical cancers usually have no symptoms, regular Pap tests are crucial to reducing mortality. According to the American Cancer Society, between 60% and 80% of women with newly diagnosed invasive cervical cancer have not had a Pap test in the past 5 years, and many of these women have never had a Pap test.⁵ According to the Centers for Disease Control and Prevention, women should start cervical cancer screenings at age 21, or within three years of first sexual activity, whichever is first.⁶

Cervical Cancer Screening

The percentage of women 21-64 years of age who received one or more Pap tests to screen for cervical cancer between 2008 and 2010.



* The PCC Plan's 2011 rate for this measure should not be compared with its 2009 rate, due to a change in the calculation of the measure-eligible population.

KEY:

- Comparison rates (Source of National and MA Commercial data: Quality Compass, 2011)
- Rate is *significantly above* the 2011 national Medicaid 75th percentile
- Rate is *not significantly different from* the 2011 national Medicaid 75th percentile
- Rate is *significantly below* the 2011 national Medicaid 75th percentile
- The 2011 national Medicaid 75th percentile for this measure is not available.

Understanding the Results

Seventy-six percent (76.2%) of MassHealth managed care members (women aged 21 to 64) received one or more Pap tests to screen for cervical cancer during the three-year measurement period. Plan specific rates ranged from 68.3% to 85.0%. All plans except for the PCC Plan had rates that were significantly above the national Medicaid 75th percentile. The PCC Plan's rate was significantly below the national benchmark. Four of the five plan rates showed no significant difference from 2009.

The PCC Plan's 2011 rate cannot be compared to 2009. Prior to 2011, the PCC Plan rates for this measure included only those members who had three consecutive years of continuous enrollment (the measurement year and the two prior years). This was the HEDIS specification for the commercial insurance population, rather than for Medicaid. In 2011, the PCC Plan has followed the continuous enrollment specification for the Medicaid population, which requires continuous enrollment during the measurement year only, resulting in a much larger denominator. Therefore, statistical comparisons between the two rates would not be valid. For reference, the PCC Plan's 2009 data are included in the table on the next page, but readers should not compare the older rate with the current one.

The HEDIS Cervical Cancer Screening measure evaluates whether women had at least one Pap test in the measurement year or two years prior to the measurement year. Many women prefer to have annual screenings, but according to the US Preventive Services Task Force and the American Cancer Society, an interval of three years between screenings is appropriate for most women. However, doctors may be reluctant to reduce the frequency of screening, because annual Pap tests bring women into their office, and women may be resistant to less frequent screening.⁷

Cervical Cancer Screening

Statistical Summary

Comparison to Benchmarks				
	Nat'l Medicaid 75th Pctile	Nat'l Medicaid Mean	MA Comm Mean	Plan's 2009 Rate
PCCP(A)	●	★	●	n/a*
NHP(H)	★	★	○	○
NH(H)	★	★	○	○
FCHP(H)	★	★	○	○
BMCHP(H)	★	★	○	○

Comparison Rates			
Nat'l Medicaid 90th Pctile:	78.7%	Nat'l Medicaid Mean:	67.2%
Nat'l Medicaid 75th Pctile:	74.2%	MA Commercial Mean:	83.1%
		MassHealth Weighted Mean:	76.2%
		MassHealth Median:	82.1%

MassHealth Plan Rates															
	2011	Num	Elig	Den	Rate	LCL	UCL	2009	Num	Elig	Den	Rate	LCL	UCL	
PCCP*	(A)	42,678	62,470	62,470	68.3%	68.0%	68.7%	PCCP*	(A)	27,595	38,087	38,087	72.5%	72.0%	72.9%
NHP	(H)	227	23,564	282	80.5%	75.7%	85.3%	NHP	(H)	177	20,277	219	80.8%	75.4%	86.3%
NH	(H)	204	17,780	240	85.0%	80.3%	89.7%	NH	(H)	240	14,061	313	76.7%	71.8%	81.5%
FCHP	(A)	1,681	2,047	2,047	82.1%	80.4%	83.8%	FCHP	(H)	176	2,118	219	80.4%	74.9%	85.9%
BMCHP	(H)	357	31,156	429	83.2%	79.6%	86.9%	BMCHP	(H)	337	27,770	411	82.0%	78.2%	85.8%

* The PCC Plan's 2011 rate for this measure should not be compared with its 2009 rate, due to a change in the calculation of the measure-eligible population.

Legend:
 ★ 2011 rate is significantly above the comparison rate.
 ○ 2011 rate is not significantly different from the comparison rate.
 ● 2011 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.

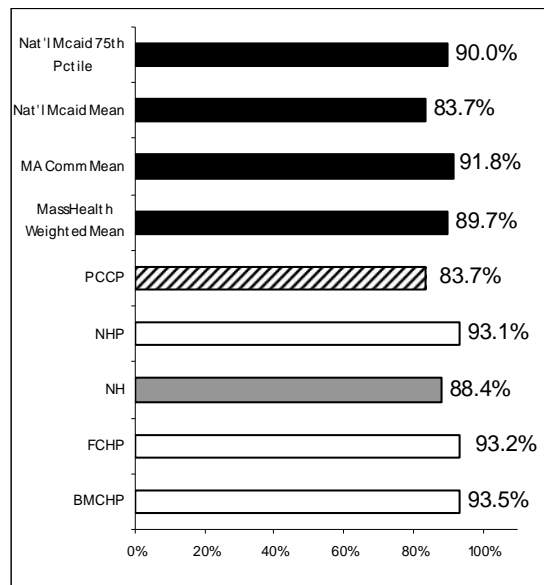
The source of the National Medicaid 90th Percentile, National Medicaid 75th Percentile, National Medicaid Mean, and MA Commercial Mean is Quality Compass, 2011.

Prenatal and Postpartum Care

The U.S. infant mortality rate currently ranks 30th among all industrialized nations, with 6.9 deaths per 1,000 live births.⁸ The leading causes of infant mortality in the U.S. are congenital malformations, disorders related to pre-term birth and low-birth weight, and Sudden Infant Death Syndrome (SIDS).⁹ Prenatal visits in the first trimester provide an opportunity for early risk assessment (including screening for tobacco, alcohol, drug use, and domestic violence), health promotion (including discussion of exercise habits and environmental hazards) and medical, nutritional, and psychosocial interventions that can help ensure good clinical outcomes for both mother and child. Similarly, routine postpartum care between three and eight weeks after delivery helps to ensure good outcomes. These visits provide the opportunity for not only a physical exam, but also counseling on continued breastfeeding, family planning, and post-partum depression.¹⁰

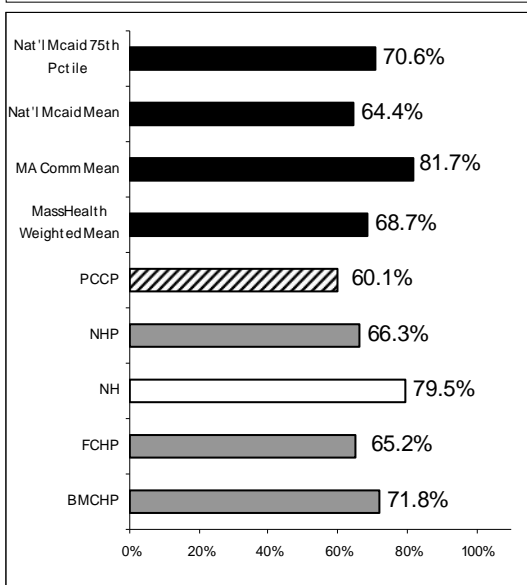
Timeliness of Prenatal Care

The percentage of deliveries that received a prenatal care visit as a member of the organization in the first trimester or within 42 days of enrollment in the organization.



Postpartum Care

The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery.



Understanding the Results

Ninety percent (89.7%) of MassHealth managed care members received a prenatal care visit in their first trimester or within 42 days of enrollment. Plan specific rates ranged from 83.7% to 93.5%. Three plans (NHP, FCHP, and BMCHP) had rates that were significantly higher than the national Medicaid 75th percentile. One plan (PCC Plan) had a rate that was significantly below the national Medicaid 75th percentile. Two plans (NH and the PCC Plan) had rates significantly above their 2009 rates, while the other three plan rates did not significantly differ from the prior year.

Sixty-nine percent (68.7%) of MassHealth managed care members had a postpartum visit on or between 21 and 56 days after delivery. Plan specific rates ranged from 60.1% to 79.5%. One plan, NH, was significantly higher than the national Medicaid 75th percentile, while one plan, the PCC Plan, had a significantly lower rate. The rate for NH was also significantly above its 2009 rate, while the other four plans did not differ significantly from 2009.

KEY:

- Comparison rates (Source of National and MA Commercial data: Quality Compass, 2011)
- Rate is *significantly above* the 2011 national Medicaid 75th percentile
- Rate is *not significantly different* from the 2011 national Medicaid 75th percentile
- Rate is *significantly below* the 2011 national Medicaid 75th percentile

Prenatal and Postpartum Care

Statistical Summary — Timeliness of Prenatal Care

Comparison to Benchmarks					Comparison Rates															
	Nat'l Mcaid 75th Pctile	Nat'l Mcaid Mean	MA Comm Mean	Plan's 2009 Rate	Nat'l Mcaid 90th Pctile:		Nat'l Mcaid Mean:		MassHealth Weighted Mean:		Nat'l Mcaid 75th Pctile:		MA Commercial Mean:		MassHealth Median:					
PCCP(H)	●	○	●	★	93.2%		83.7%		89.7%		90.0%		91.8%		93.1%					
NHP(H)	★	★	○	★	MassHealth Plan Rates															
NH(H)	○	★	●	○	2011	Num	Elig	Den	Rate	LCL	UCL	2009	Num	Elig	Den	Rate	LCL	UCL		
FCHP(H)	★	★	○	○	PCCP	(H)	344	4,439	411	83.7%	80.0%	87.4%	PCCP	(H)	310	4,752	411	75.4%	71.1%	79.7%
BMCHP(H)	★	★	○	○	NHP	(H)	337	3,631	362	93.1%	90.3%	95.8%	NHP	(H)	351	3,501	405	86.7%	83.2%	90.1%
					NH	(H)	349	3,113	395	88.4%	85.1%	91.6%	NH	(H)	350	2,606	405	86.4%	83.0%	89.9%
					FCHP	(H)	260	281	279	93.2%	90.1%	96.3%	FCHP	(H)	261	296	294	88.8%	85.0%	92.6%
					BMCHP	(H)	457	4,555	489	93.5%	91.2%	95.8%	BMCHP	(H)	372	4,687	411	90.5%	87.6%	93.5%

Statistical Summary — Postpartum Care

Comparison to Benchmarks					Comparison Rates															
	Nat'l Mcaid 75th Pctile	Nat'l Mcaid Mean	MA Comm Mean	Plan's 2009 Rate	Nat'l Mcaid 90th Pctile:		Nat'l Mcaid Mean:		MassHealth Weighted Mean:		Nat'l Mcaid 75th Pctile:		MA Commercial Mean:		MassHealth Median:					
PCCP(H)	●	○	●	○	75.2%		64.4%		68.7%		70.6%		81.7%		66.3%					
NHP(H)	○	○	●	○	MassHealth Plan Rates															
NH(H)	★	★	○	★	2011	Num	Elig	Den	Rate	LCL	UCL	2009	Num	Elig	Den	Rate	LCL	UCL		
FCHP(H)	○	○	●	○	PCCP	(H)	247	4,439	411	60.1%	55.2%	65.0%	PCCP	(H)	235	4,752	411	57.2%	52.3%	62.1%
BMCHP(H)	○	★	●	○	NHP	(H)	240	3,631	362	66.3%	61.3%	71.3%	NHP	(H)	256	3,501	405	63.2%	58.4%	68.0%
					NH	(H)	314	3,113	395	79.5%	75.4%	83.6%	NH	(H)	252	2,606	405	62.2%	57.4%	67.1%
					FCHP	(H)	182	281	279	65.2%	59.5%	71.0%	FCHP	(H)	194	296	294	66.0%	60.4%	71.6%
					BMCHP	(H)	351	4,555	489	71.8%	67.7%	75.9%	BMCHP	(H)	297	4,687	411	72.3%	67.8%	76.7%

Legend:

- ★ 2011 rate is significantly above the comparison rate.
- 2011 rate is not significantly different from the comparison rate.
- 2011 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

(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.

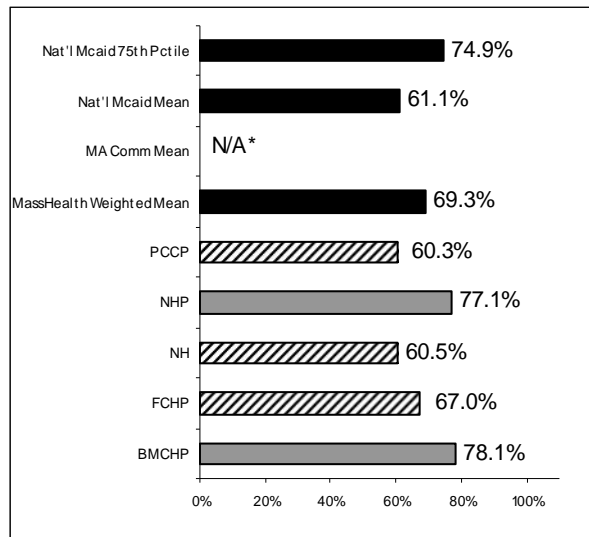
The source of the National Medicaid 90th Percentile, National Medicaid 75th Percentile, National Medicaid Mean, and MA Commercial Mean is Quality Compass, 2011.

Frequency of Ongoing Prenatal Care

Ongoing monitoring throughout pregnancy is necessary to prevent complications that can threaten the health of both mother and child, to monitor fetal development, and to help prepare the woman for delivery. The American College of Obstetrics and Gynecology (ACOG) recommends that women have prenatal visits every four weeks for the first 28 weeks of pregnancy, every two to three weeks from that point up to 36 weeks, and then weekly until delivery. (Although the HEDIS measure is based on the ACOG guidelines, many MassHealth managed care plans follow guidelines from the Massachusetts Health Quality Partnership, which recommends monthly visits up to 28 weeks, then visits every two weeks until 36 weeks, and then weekly visits until delivery.) The percentage of expected visits a woman has throughout her pregnancy, based on gestational age and the time of enrollment, provides important information on the adequacy of prenatal care. This measure only provides information on the number of visits, however, and does not indicate whether the timing, content, or distribution of those visits throughout the pregnancy was appropriate.

≥ 81% of Expected Visits

The percentage of Medicaid deliveries between November 6 of the year prior to the measurement year and November 5 of the measurement year that received 81% or more of the expected prenatal visits.



Understanding the Results

Sixty-nine percent (69.3%) of MassHealth managed care members who delivered newborns between November 6 of the year prior to the measurement year and November 5 of the measurement year received 81% or more of the expected number of prenatal visits. Plan specific rates ranged from 60.3% to 78.1%. Two plans (NHP and BMCHP) had rates that were not significantly different from the national Medicaid 75th percentile rate and three plans (PCC Plan, NH, and FCHP) had rates that were significantly below the Medicaid rate. Two plans (PCC Plan and FCHP) had significantly higher rates than they had in 2009, while the other three plan rates were not significantly different from the prior measurement year.

A number of individual and systemic factors may affect the likelihood of pregnant women receiving the recommended number of prenatal visits. These factors include health insurance status prior to conception,¹¹ whether or not the pregnancy was wanted and/or planned,¹² and demographic characteristics, especially race and ethnicity.¹³ Other research has found the impact of logistical barriers, such as childcare and transportation, to be smaller than previously thought.¹⁴

KEY: * This measure is collected for Medicaid populations only.

- Comparison rates (Source of National and MA Commercial data: Quality Compass, 2011)
- Rate is *significantly above* the 2011 national Medicaid 75th percentile
- Rate is *not significantly different* from the 2011 national Medicaid 75th percentile
- Rate is *significantly below* the 2011 national Medicaid 75th percentile

Frequency of Ongoing Prenatal Care

Statistical Summary — ≥81% of Expected Visits

Comparison to Benchmarks					Comparison Rates															
	Nat'l Medicaid 75th Pctile	Nat'l Medicaid Mean	MA Comm Mean*	Plan's 2009 Rate	Nat'l Medicaid 90th Pctile: 81.8%						Nat'l Medicaid Mean: 61.1%		MassHealth Weighted Mean: 69.3%							
					Nat'l Medicaid 75th Pctile: 74.9%						MA Commercial Mean: n/a*		MassHealth Median: 67.0%							
					MassHealth Plan Rates															
					2011	Num	Elig	Den	Rate	LCL	UCL		2009	Num	Elig	Den	Rate	LCL	UCL	
PCCP(H)	●	○	n/a	★	PCCP	(H)	248	4,439	411	60.3%	55.5%	65.2%	PCCP	(H)	185	4,752	411	45.0%	40.1%	49.9%
NHP(H)	○	★	n/a	○	NHP	(H)	279	3,631	362	77.1%	72.6%	81.5%	NHP	(H)	287	3,501	405	70.9%	66.3%	75.4%
NH(H)	●	○	n/a	○	NH	(H)	239	3,113	395	60.5%	55.6%	65.4%	NH	(H)	244	2,606	405	60.2%	55.4%	65.1%
FCHP(H)	●	★	n/a	★	FCHP	(H)	187	281	279	67.0%	61.3%	72.7%	FCHP	(H)	137	296	294	46.6%	40.7%	52.5%
BMCHP(H)	○	★	n/a	○	BMCHP	(H)	382	4,555	489	78.1%	74.4%	81.9%	BMCHP	(H)	292	4,687	411	71.0%	66.5%	75.6%

* This is a Medicaid-only measure.

Legend:

- ★ 2011 rate is significantly above the comparison rate.
- 2011 rate is not significantly different from the comparison rate.
- 2011 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

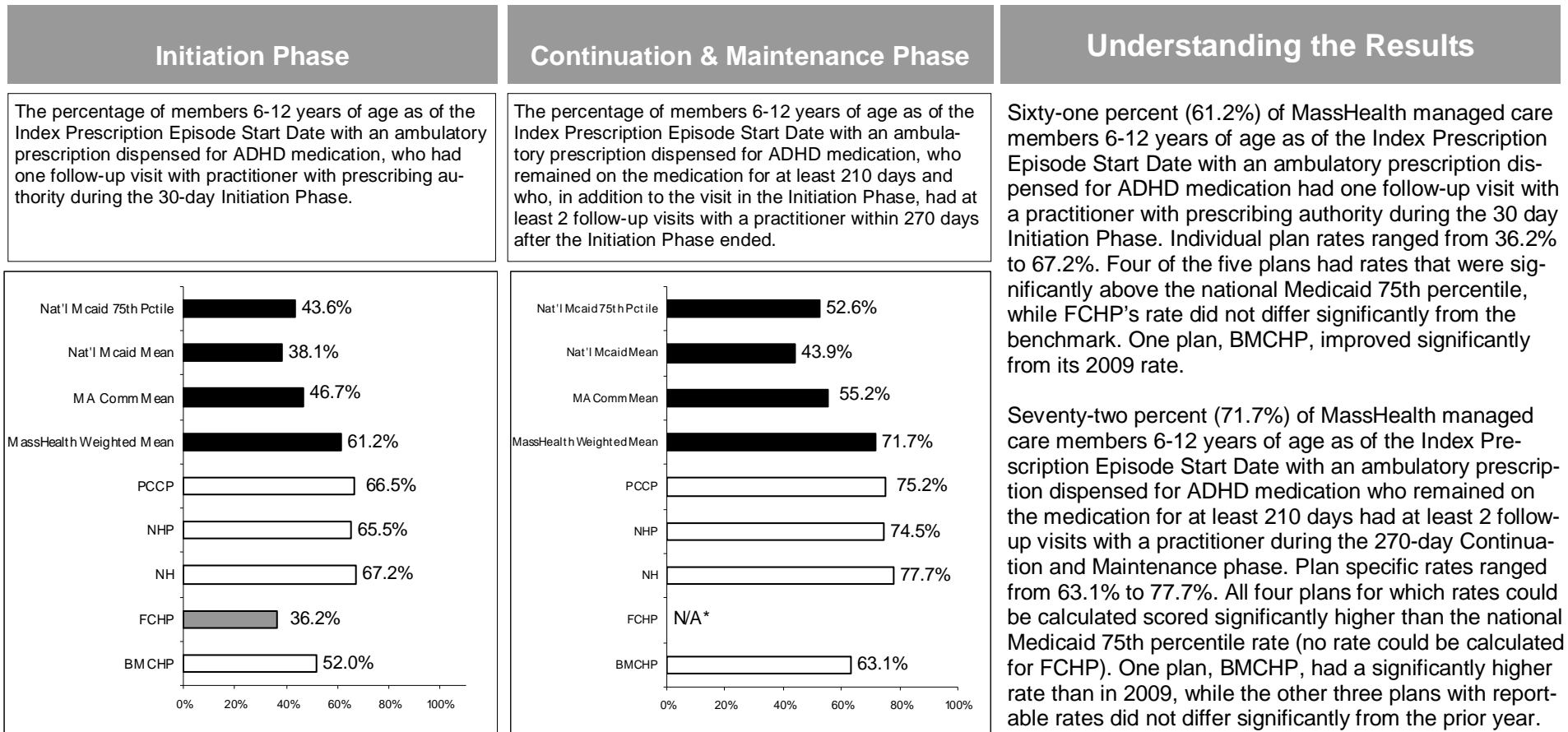
(H) = Measure was collected using hybrid method
Note: The ability to locate and obtain medical records by a plan or a plan's contracted vendor can impact performance on a hybrid measure. Per NCQA's specifications, members for whom no medical record documentation is found are considered non-compliant 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, 2011.

Living With Illness

Follow-up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication

ADHD is one of the most prevalent behavioral health disorders among children. While the initial diagnosis is usually made in childhood, the disorder lasts into adulthood. The most recent statistics from the Centers for Disease Control (CDC) indicate that between 2007 and 2009, 9.0% of children ages 5 to 17 years had been diagnosed with ADHD at some point in their lives, a substantial increase from the 6.9% prevalence found between 1998 and 2000. In addition, ADHD prevalence for children with family income less than 100% of the poverty level increased from 7.5% to 10.3% between these two periods.¹⁵ Despite higher prevalence, lower-income children are less likely to receive consistent ADHD medication treatment compared with higher income children.¹⁶ Proper monitoring of ADHD medication treatment must be an ongoing priority for providers serving Medicaid populations.



KEY:

- Comparison rates (Source of National and MA Commercial data: Quality Compass, 2011)
- Rate is significantly above the 2011 national Medicaid 75th percentile
- Rate is not significantly different from the 2011 national Medicaid 75th percentile
- Rate is significantly below the 2011 national Medicaid 75th percentile

* FCHP did not have enough measure-eligible members to meet NCQA specifications for reportable rates.

Follow-up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication

Statistical Summary — Initiation

Comparison to Benchmarks					Comparison Rates													
	Nat'l Medicaid 75th Pctile	Nat'l Medicaid Mean	MA Comm Mean	Plan's 2009 Rate	Nat'l Medicaid 90th Pctile: 50.7%		Nat'l Medicaid Mean: 38.1%		MassHealth Weighted Mean: 61.2%			Nat'l Medicaid 75th Pctile: 43.6%		MA Commercial Mean: 46.7%		MassHealth Median: 65.5%		
MassHealth Plan Rates																		
	2011	Num	Den	Rate	LCL	UCL		2009	Num	Den	Rate	LCL	UCL					
PCCP(A)	★	★	★	○	PCCP	(A)	878	1,320	66.5%	63.9%	69.1%	PCCP	(A)	846	1,325	63.8%	61.2%	66.5%
NHP(A)	★	★	★	○	NHP	(A)	453	692	65.5%	61.8%	69.1%	NHP	(A)	358	567	63.1%	59.1%	67.2%
NH(A)	★	★	★	○	NH	(A)	420	625	67.2%	63.4%	71.0%	NH	(A)	319	526	60.6%	56.4%	64.9%
FCHP(A)	○	○	○	○	FCHP	(A)	21	58	36.2%	23.0%	49.4%	FCHP	(A)	23	48	47.9%	32.7%	63.1%
BMCHP(A)	★	★	★	★	BMCHP	(A)	694	1,335	52.0%	49.3%	54.7%	BMCHP	(A)	405	1,087	37.3%	34.3%	40.2%

Statistical Summary — Continuation and Maintenance

Comparison to Benchmarks					Comparison Rates													
	Nat'l Medicaid 75th Pctile	Nat'l Medicaid Mean	MA Comm Mean	Plan's 2009 Rate	Nat'l Medicaid 90th Pctile: 62.5%		Nat'l Medicaid Mean: 43.9%		MassHealth Weighted Mean: 71.7%			Nat'l Medicaid 75th Pctile: 52.6%		MA Commercial Mean: 55.2%		MassHealth Median: 74.9%		
MassHealth Plan Rates																		
	2011	Num	Den	Rate	LCL	UCL		2009	Num	Den	Rate	LCL	UCL					
PCCP(A)	★	★	★	○	PCCP	(A)	334	444	75.2%	71.1%	79.4%	PCCP	(A)	325	443	73.4%	69.1%	77.6%
NHP(A)	★	★	★	○	NHP	(A)	108	145	74.5%	67.0%	81.9%	NHP	(A)	78	120	65.0%	56.0%	74.0%
NH(A)	★	★	★	○	NH	(A)	101	130	77.7%	70.2%	85.2%	NH	(A)	100	130	76.9%	69.3%	84.6%
FCHP(A)*	n/a	n/a	n/a	n/a	FCHP*	(A)	3	6	.	.	.	FCHP*	(A)	5	5	.	.	.
BMCHP(A)	★	★	★	★	BMCHP	(A)	202	320	63.1%	57.7%	68.6%	BMCHP	(A)	119	283	42.0%	36.1%	48.0%

Legend:

- ★ 2011 rate is significantly above the comparison rate.
- 2011 rate is not significantly different from the comparison rate.
- 2011 rate is significantly below the comparison rate.

Num indicates Numerator
Den indicates Denominator
LCL indicates Lower Confidence Level
UCL indicates Upper Confidence Level

(A) = Measure was collected using administrative method

* FCHP did not have enough measure-eligible members to meet NCQA specifications for reportable rates.

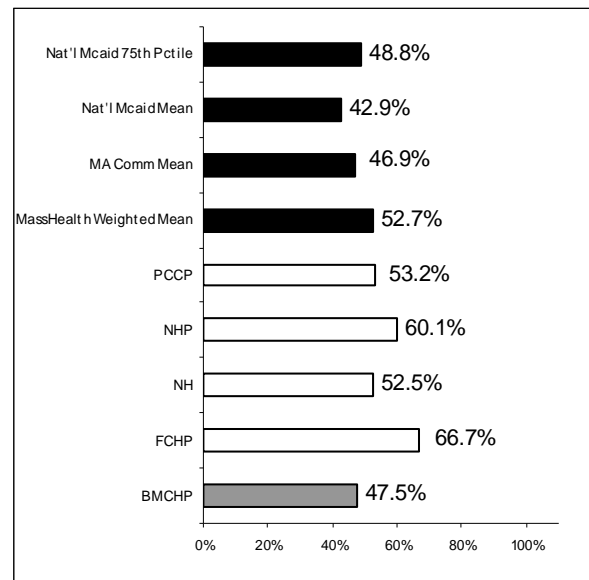
The source of the National Medicaid 90th Percentile, National Medicaid 75th Percentile, National Medicaid Mean, and MA Commercial Mean is Quality Compass, 2011.

Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

Substance abuse continues to be a serious problem in the U.S. In 2010, an estimated 22.1 million Americans aged 12 and older (8.7% of the population) had a substance use disorder (dependence on or abuse of alcohol and/or illicit drugs).¹⁷ While identifying substance use disorders and connecting sufferers with treatment programs is the necessary first step, active engagement with treatment programs is critical for an individual's successful recovery. Specifically, research shows that longer durations of treatment are associated with greater individual improvement.¹⁸ Providers can facilitate member engagement with treatment by focusing on coordination and continuity of care, particularly after discharge from intensive treatment programs.¹⁹

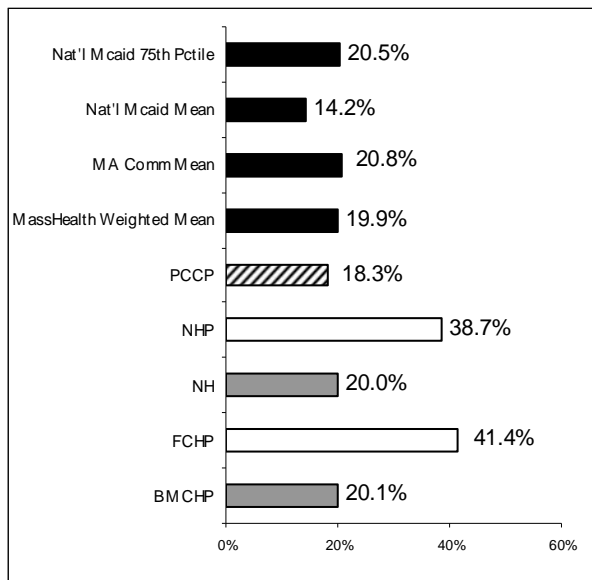
Initiation of Treatment

The percentage of members aged 13 and older with a new episode of alcohol or other drug (AOD) dependence who initiate treatment within 14 days of the diagnosis.



Engagement of Treatment

The percentage of members aged 13 and older with a new episode of alcohol or other drug (AOD) dependence who initiated treatment and who had two or more additional services with an AOD diagnosis within 30 days of the initiation visit.



Understanding the Results

Fifty-three percent (52.7%) of MassHealth managed care members with a new AOD dependence episode had treatment through an inpatient admission, outpatient visit, intensive outpatient encounter, or partial hospitalization within 14 days of diagnosis. The individual plan rates ranged from 47.5% to 66.7%. Four of the five plans had rates significantly above the national Medicaid 75th percentile, while BMCHP's rate did not differ from the benchmark. The PCC Plan improved significantly from its 2009 rate, while BMCHP scored lower than the prior year.

Twenty percent (19.9%) of those MassHealth managed care members who initiated treatment received two or more additional services with an AOD diagnosis within 30 days of the initiation visit. Plan specific rates ranged from 18.3% to 41.4%. NHP and FCHP had rates significantly above the national Medicaid 75th percentile, while the PCC Plan's rate was significantly lower. The PCC Plan's rate was significantly below the previous year, but there were no significant differences between current and prior year rates for the other four plans.

The rates for this measure are broken out by age group in Appendix C. Adolescent (13-17 years of age) and adult (18+) rates are reported separately.

KEY:

- Comparison rates (Source of National and MA Commercial data: Quality Compass, 2011)
- Rate is significantly above the 2011 national Medicaid 75th percentile
- Rate is not significantly different from the 2011 national Medicaid 75th percentile
- Rate is significantly below the 2011 national Medicaid 75th percentile

Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

Statistical Summary — Initiation Rate (All Ages)

Comparison to Benchmarks					Comparison Rates								
	Nat'l Medicaid 75th Pctile	Nat'l Medicaid Mean	MA Comm Mean	Plan's 2009 Rate	Nat'l Medicaid 90th Pctile:	60.7%	Nat'l Medicaid Mean:	42.9%	MassHealth Weighted Mean:	52.7%			
					Nat'l Medicaid 75th Pctile:	48.8%	MA Commercial Mean:	46.9%	MassHealth Median:	53.2%			
MassHealth Plan Rates													
	2011	Num	Den	Rate	LCL	UCL		2009	Num	Den	Rate	LCL	UCL
PCCP(A)	★	★	★	★	★	★		PCCP	(A) 7,171	15,402	46.6%	45.8%	47.3%
NHP(A)	★	★	★	★	○	○		NHP	(A) 899	1,428	63.0%	60.4%	65.5%
NH(A)	★	★	★	★	○	○		NH	(A) 826	1,566	52.7%	50.2%	55.3%
FCHP(A)	★	★	★	★	○	○		FCHP	(A) 89	148	60.1%	51.9%	68.4%
BMCHP(A)	○	★	○	●	○	○		BMCHP	(A) 1,878	3,595	52.2%	50.6%	53.9%

Statistical Summary — Engagement Rate (All Ages)

Comparison to Benchmarks					Comparison Rates								
	Nat'l Medicaid 75th Pctile	Nat'l Medicaid Mean	MA Comm Mean	Plan's 2009 Rate	Nat'l Medicaid 90th Pctile:	25.9%	Nat'l Medicaid Mean:	14.2%	MassHealth Weighted Mean:	19.9%			
					Nat'l Medicaid 75th Pctile:	20.5%	MA Commercial Mean:	20.8%	MassHealth Median:	20.1%			
MassHealth Plan Rates													
	2011	Num	Den	Rate	LCL	UCL		2009	Num	Den	Rate	LCL	UCL
PCCP(A)	●	★	●	●	○	○		PCCP	(A) 3,417	15,402	22.2%	21.5%	22.8%
NHP(A)	★	★	★	★	○	○		NHP	(A) 615	1,428	43.1%	40.5%	45.7%
NH(A)	○	★	○	○	○	○		NH	(A) 339	1,566	21.6%	19.6%	23.7%
FCHP(A)	★	★	★	★	○	○		FCHP	(A) 66	148	44.6%	36.2%	52.9%
BMCHP(A)	○	★	○	○	○	○		BMCHP	(A) 780	3,595	21.7%	20.3%	23.1%

Legend:

- ★ 2011 rate is significantly above the comparison rate.
- 2011 rate is not significantly different from the comparison rate.
- 2011 rate is significantly below the comparison rate.

Num indicates Numerator
 Den indicates Denominator
 LCL indicates Lower Confidence Level
 UCL indicates Upper Confidence Level

(A) = Measure was collected using administrative method

The source of the National Medicaid 90th Percentile, National Medicaid 75th Percentile, National Medicaid Mean, and MA Commercial Mean is Quality Compass, 2011.

Use of Services

Identification of Alcohol and Other Drug Services

According to the National Survey on Drug Use and Health, only 11.2% of all people who needed treatment for an alcohol or illicit drug use disorder in 2010 received any substance abuse treatment services at a specialty facility.²⁰ Potential underutilization of substance abuse services is therefore an area of concern. The HEDIS Identification of Alcohol and Other Drug Services measure provides basic information on the utilization of substance abuse services by members who were identified as needing these services. The data shown here do not provide any information on the quality of substance abuse services utilized, nor do they indicate whether the amount of utilization is appropriate.

Identification of Alcohol and Other Drug Services

The number and percentage of members with an alcohol and other drug (AOD) claim who received chemical dependency services during 2010. Chemical dependency services are broken down by inpatient, intermediate, ambulatory, and any service. Intermediate services include intensive outpatient and partial hospitalization programs. Inpatient services include detoxification, at either a hospital or a treatment facility. Ambulatory services are delivered in either an outpatient or an ED setting. The denominator used to calculate the percentages is member years (i.e., member months divided by 12). Data stratified by gender and age (0-12, 13-17, 18-24, 25-34, 35-64, and 65+) appear in Appendix G.

	<u>Member Months</u>	<u>Inpatient</u>		<u>Intermediate</u>		<u>Ambulatory</u>		<u>Any Service</u>	
		N	%	N	%	N	%	N	%
PCCP	3,757,163	10,233	3.3%	5,247	1.7%	30,049	9.6%	33,231	10.6%
NHP	1,702,709	926	0.7%	743	0.5%	3,436	2.4%	3,800	2.7%
NH	1,404,609	1,715	1.5%	482	0.4%	4,814	4.1%	5,447	4.7%
FCHP	155,025	77	0.6%	69	0.5%	288	2.2%	326	2.5%
BMCHP	2,238,943	3,118	1.7%	789	0.4%	9,333	5.0%	10,293	5.5%
2011 National Medicaid 75th Percentile			0.4%		0.1%		1.2%		1.4%

The source of the National Medicaid 75th Percentile is Quality Compass, 2011.

Appendix A:

MassHealth Regions and Service Areas

MassHealth Service Areas and Regions

<u>Region</u>	<u>Service Areas*</u>
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:

Frequency of Ongoing Prenatal Care Percent of All Expected Visit Rates

Frequency of Ongoing Prenatal Care - Percentage of All Expected Visit Rates

<21%							
2011		Num	Elig	Den	Rate	LCL	UCL
PCCP	(H)	47	4,439	411	11.4%	8.2%	14.6%
NHP	(H)	26	3,631	362	7.2%	4.4%	10.0%
NH	(H)	26	3,113	395	6.6%	4.0%	9.2%
FCHP	(H)	23	281	279	8.2%	4.8%	11.7%
BMCHP	(H)	12	4,555	489	2.5%	1.0%	3.9%

21%-40%							
2011		Num	Elig	Den	Rate	LCL	UCL
PCCP	(H)	22	4,439	411	5.4%	3.1%	7.7%
NHP	(H)	17	3,631	362	4.7%	2.4%	7.0%
NH	(H)	35	3,113	395	8.9%	5.9%	11.8%
FCHP	(H)	5	281	279	1.8%	0.1%	3.5%
BMCHP	(H)	13	4,555	489	2.7%	1.1%	4.2%

41%-60%							
2011		Num	Elig	Den	Rate	LCL	UCL
PCCP	(H)	27	4,439	411	6.6%	4.1%	9.1%
NHP	(H)	20	3,631	362	5.5%	3.0%	8.0%
NH	(H)	36	3,113	395	9.1%	6.1%	12.1%
FCHP	(H)	16	281	279	5.7%	2.8%	8.6%
BMCHP	(H)	29	4,555	489	5.9%	3.7%	8.1%

61%-80%							
2011		Num	Elig	Den	Rate	LCL	UCL
PCCP	(H)	67	4,439	411	16.3%	12.6%	20.0%
NHP	(H)	20	3,631	362	5.5%	3.0%	8.0%
NH	(H)	59	3,113	395	14.9%	11.3%	18.6%
FCHP	(H)	48	281	279	17.2%	12.6%	21.8%
BMCHP	(H)	53	4,555	489	10.8%	8.0%	13.7%

Appendix C:

Initiation and Engagement of Alcohol and Other Drug Dependency Treatment (Age–Stratified Rates, All Plans)

Initiation and Engagement of Alcohol and Other Drug Dependency Treatment

13-17 Initiation						
2011		Num	Den	Rate	LCL	UCL
PCCP	(A)	424	713	59.5%	55.8%	63.1%
NHP	(A)	60	101	59.4%	49.3%	69.5%
NH	(A)	73	151	48.3%	40.0%	56.6%
FCHP*	(A)	4	6	.	.	.
BMCHP	(A)	121	304	39.8%	34.1%	45.5%

13-17 Engagement						
2011		Num	Den	Rate	LCL	UCL
PCCP	(A)	57	713	8.0%	5.9%	10.1%
NHP	(A)	47	101	46.5%	36.3%	56.8%
NH	(A)	31	151	20.5%	13.8%	27.3%
FCHP*	(A)	3	6	.	.	.
BMCHP	(A)	54	304	17.8%	13.3%	22.2%

18+ Initiation						
2011		Num	Den	Rate	LCL	UCL
PCCP	(A)	9204	17379	53.0%	52.2%	53.7%
NHP	(A)	751	1248	60.2%	57.4%	62.9%
NH	(A)	881	1665	52.9%	50.5%	55.3%
FCHP	(A)	70	105	66.7%	57.2%	76.2%
BMCHP	(A)	1841	3829	48.1%	46.5%	49.7%

18+ Engagement						
2011		Num	Den	Rate	LCL	UCL
PCCP	(A)	3246	17379	18.7%	18.1%	19.3%
NHP	(A)	475	1248	38.1%	35.3%	40.8%
NH	(A)	332	1665	19.9%	18.0%	21.9%
FCHP	(A)	43	105	41.0%	31.1%	50.8%
BMCHP	(A)	777	3829	20.3%	19.0%	21.6%

* FCHP did not have enough measure-eligible members to meet NCQA specifications for reportable rates.

Appendix D:

Identification of Alcohol and Other Drug Services: Age and Gender Stratifications, All Plans

Identification of Alcohol and Other Drug Services - Percentage of Members Using Services

Ages 0-12

Male

Female

	<u>Member Months</u>		<u>Inpatient</u>		<u>Intermediate</u>		<u>Ambulatory</u>		<u>Any Service</u>			<u>Member Months</u>		<u>Inpatient</u>		<u>Intermediate</u>		<u>Ambulatory</u>		<u>Any Service</u>	
	N	%	N	%	N	%	N	%	N	%		N	%	N	%	N	%	N	%	N	%
PCCP	488,982	1	0.0%	0	0.0%	59	0.1%	60	0.2%	PCCP	453,244	0	0.0%	0	0.0%	43	0.1%	43	0.1%		
NHP	396,027	0	0.0%	5	0.0%	8	0.0%	12	0.0%	NHP	381,887	0	0.0%	3	0.0%	4	0.0%	7	0.0%		
NH	336,758	4	0.0%	0	0.0%	31	0.1%	35	0.1%	NH	327,588	4	0.0%	0	0.0%	20	0.1%	24	0.1%		
FCHP	33,141	0	0.0%	0	0.0%	1	0.0%	1	0.0%	FCHP	31,249	0	0.0%	0	0.0%	2	0.1%	2	0.1%		
BMCHP	534,215	4	0.0%	0	0.0%	58	0.1%	60	0.1%	BMCHP	514,493	4	0.0%	0	0.0%	44	0.1%	46	0.1%		

Ages 13-17

Male

Female

	<u>Member Months</u>		<u>Inpatient</u>		<u>Intermediate</u>		<u>Ambulatory</u>		<u>Any Service</u>			<u>Member Months</u>		<u>Inpatient</u>		<u>Intermediate</u>		<u>Ambulatory</u>		<u>Any Service</u>	
	N	%	N	%	N	%	N	%	N	%		N	%	N	%	N	%	N	%	N	%
PCCP	201,568	108	0.6%	39	0.2%	326	1.9%	369	2.2%	PCCP	185,881	45	0.3%	21	0.1%	185	1.2%	205	1.3%		
NHP	116,981	27	0.3%	28	0.3%	85	0.9%	106	1.1%	NHP	118,884	10	0.1%	14	0.1%	32	0.3%	48	0.5%		
NH	87,776	39	0.5%	14	0.2%	141	1.9%	163	2.2%	NH	85,680	22	0.3%	6	0.1%	107	1.5%	119	1.7%		
FCHP	10,100	3	0.4%	5	0.6%	4	0.5%	8	1.0%	FCHP	10,550	1	0.1%	1	0.1%	0	0.0%	1	0.1%		
BMCHP	147,514	55	0.5%	11	0.1%	335	2.7%	368	3.0%	BMCHP	146,447	44	0.4%	12	0.1%	190	1.6%	219	1.8%		

Identification of Alcohol and Other Drug Services - Percentage of Members Using Services

Ages 18-24

Male

	<u>Member</u>	<u>Inpatient</u>		<u>Intermediate</u>		<u>Ambulatory</u>		<u>Any Service</u>	
	<u>Months</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
PCCP	232,760	946	4.9%	475	2.5%	2,236	11.5%	2,568	13.2%
NHP	48,790	65	1.6%	48	1.2%	150	3.7%	187	4.6%
NH	39,105	98	3.0%	18	0.6%	258	7.9%	304	9.3%
FCHP	4,531	1	0.3%	0	0.0%	17	4.5%	17	4.5%
BMCHP	61,716	162	3.2%	48	0.9%	479	9.3%	542	10.5%

Female

	<u>Member</u>	<u>Inpatient</u>		<u>Intermediate</u>		<u>Ambulatory</u>		<u>Any Service</u>	
	<u>Months</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
PCCP	233,974	641	3.3%	372	1.9%	1,798	9.2%	1,966	10.1%
NHP	117,135	103	1.1%	85	0.9%	304	3.1%	351	3.6%
NH	95,943	184	2.3%	54	0.7%	492	6.2%	558	7.0%
FCHP	11,125	10	1.1%	6	0.7%	19	2.1%	24	2.6%
BMCHP	154,003	351	2.7%	83	0.7%	923	7.2%	1,039	8.1%

Ages 25-34

Male

	<u>Member</u>	<u>Inpatient</u>		<u>Intermediate</u>		<u>Ambulatory</u>		<u>Any Service</u>	
	<u>Months</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
PCCP	269,995	2,331	10.4%	1,010	4.5%	5,936	26.4%	6,683	29.7%
NHP	37,336	101	3.3%	68	2.2%	347	11.2%	380	12.2%
NH	38,857	204	6.3%	52	1.6%	529	16.3%	617	19.1%
FCHP	5,238	9	2.1%	8	1.8%	39	8.9%	42	9.6%
BMCHP	56,435	313	6.7%	80	1.7%	935	19.9%	1,020	21.7%

Female

	<u>Member</u>	<u>Inpatient</u>		<u>Intermediate</u>		<u>Ambulatory</u>		<u>Any Service</u>	
	<u>Months</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
PCCP	275,318	1,056	4.6%	650	2.8%	3,480	15.2%	3,731	16.3%
NHP	168,458	219	1.6%	165	1.2%	857	6.1%	926	6.6%
NH	133,580	298	2.7%	125	1.1%	1,011	9.1%	1,108	10.0%
FCHP	16,243	16	1.2%	13	1.0%	50	3.7%	57	4.2%
BMCHP	218,072	539	3.0%	171	0.9%	1,799	9.9%	1,943	10.7%

Identification of Alcohol and Other Drug Services - Percentage of Members Using Services

Ages 35-64

Male										Female											
	<u>Member Months</u>		<u>Inpatient</u>		<u>Intermediate</u>		<u>Ambulatory</u>		<u>Any Service</u>			<u>Member Months</u>		<u>Inpatient</u>		<u>Intermediate</u>		<u>Ambulatory</u>		<u>Any Service</u>	
	N	%	N	%	N	%	N	%	N	%		N	%	N	%	N	%	N	%	N	%
PCCP	692,216	3,799	6.6%	1,858	3.2%	10,766	18.7%	11,954	20.7%	PCCP	723,212	1,306	2.2%	822	1.4%	5,220	8.7%	5,652	9.4%		
NHP	101,122	194	2.3%	137	1.6%	717	8.5%	787	9.3%	NHP	215,738	207	1.2%	190	1.1%	932	5.2%	996	5.5%		
NH	97,119	497	6.1%	115	1.4%	1,156	14.3%	1,331	16.5%	NH	162,198	365	2.7%	98	0.7%	1,069	7.9%	1,188	8.8%		
FCHP	11,913	17	1.7%	16	1.6%	65	6.6%	73	7.4%	FCHP	20,925	20	1.2%	20	1.2%	90	5.2%	100	5.7%		
BMCHP	138,691	857	7.4%	169	1.5%	2,198	19.0%	2,453	21.2%	BMCHP	267,357	789	3.5%	215	1.0%	2,372	10.7%	2,603	11.7%		

Ages 65+ *

Male										Female											
	<u>Member Months</u>		<u>Inpatient</u>		<u>Intermediate</u>		<u>Ambulatory</u>		<u>Any Service</u>			<u>Member Months</u>		<u>Inpatient</u>		<u>Intermediate</u>		<u>Ambulatory</u>		<u>Any Service</u>	
	N	%	N	%	N	%	N	%	N	%		N	%	N	%	N	%	N	%	N	%
PCCP	0	0	0.0%	0	0.0%	0	0.0%	0	0.0%	PCCP	13	0	0.0%	0	0.0%	0	0.0%	0	0.0%		
NHP	154	0	0.0%	0	0.0%	0	0.0%	0	0.0%	NHP	197	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%	NH	3	0	0.0%	0	0.0%	0	0.0%	0	0.0%		
FCHP	10	0	0.0%	0	0.0%	1	100%	1	100%	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	0	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 2011 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.

Identification of Alcohol and Other Drug Services - Percentage of Members Using Services

TOTAL Male/Female: Ages 0—12

	<u>Member</u>	<u>Inpatient</u>		<u>Intermediate</u>		<u>Ambulatory</u>		<u>Any Service</u>	
	<u>Months</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
PCCP	942,226	1	0.0%	0	0.0%	102	0.1%	103	0.1%
NHP	777,914	0	0.0%	8	0.0%	12	0.0%	19	0.0%
NH	664,346	8	0.0%	0	0.0%	51	0.1%	59	0.1%
FCHP	64,390	0	0.0%	0	0.0%	3	0.1%	3	0.1%
BMCHP	1,048,708	8	0.0%	0	0.0%	102	0.1%	106	0.1%

TOTAL Male/Female: Ages 13-17

	<u>Member</u>	<u>Inpatient</u>		<u>Intermediate</u>		<u>Ambulatory</u>		<u>Any Service</u>	
	<u>Months</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
PCCP	387,449	153	0.5%	60	0.2%	511	1.6%	574	1.8%
NHP	235,865	37	0.2%	42	0.2%	117	0.6%	154	0.8%
NH	173,456	61	0.4%	20	0.1%	248	1.7%	282	2.0%
FCHP	20,650	4	0.2%	6	0.4%	4	0.2%	9	0.5%
BMCHP	293,961	99	0.4%	23	0.1%	525	2.1%	587	2.4%

TOTAL Male/Female: Ages 18-24

	<u>Member</u>	<u>Inpatient</u>		<u>Intermediate</u>		<u>Ambulatory</u>		<u>Any Service</u>	
	<u>Months</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
PCCP	466,734	1,587	4.1%	847	2.2%	4,034	10.4%	4,534	11.7%
NHP	165,925	168	1.2%	133	1.0%	454	3.3%	538	3.9%
NH	135,048	282	2.5%	72	0.6%	750	6.7%	862	7.7%
FCHP	15,656	11	0.8%	6	0.5%	36	2.8%	41	3.1%
BMCHP	215,719	513	2.9%	131	0.7%	1,402	7.8%	1,581	8.8%

TOTAL Male/Female: Ages 25-34

	<u>Member</u>	<u>Inpatient</u>		<u>Intermediate</u>		<u>Ambulatory</u>		<u>Any Service</u>	
	<u>Months</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
PCCP	545,313	3,387	7.5%	1,660	3.7%	9,416	20.7%	10,414	22.9%
NHP	205,794	320	1.9%	233	1.4%	1,204	7.0%	1,306	7.6%
NH	172,437	502	3.5%	177	1.2%	1,540	10.7%	1,725	12.0%
FCHP	21,481	25	1.4%	21	1.2%	89	5.0%	99	5.5%
BMCHP	274,507	852	3.7%	251	1.1%	2,734	12.0%	2,963	13.0%

Identification of Alcohol and Other Drug Services - Percentage of Members Using Services

TOTAL Male/Female: Ages 35-64

	<u>Member Months</u>	<u>Inpatient</u>		<u>Intermediate</u>		<u>Ambulatory</u>		<u>Any Service</u>	
		<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
PCCP	1,415,428	5,105	4.3%	2,680	2.3%	15,986	13.6%	17,606	14.9%
NHP	316,860	401	1.5%	327	1.2%	1,649	6.3%	1,783	6.8%
NH	259,317	862	4.0%	213	1.0%	2,225	10.3%	2,519	11.7%
FCHP	32,838	37	1.4%	36	1.3%	155	5.7%	173	6.3%
BMCHP	406,048	1,646	4.9%	384	1.1%	4,570	13.5%	5,056	14.9%

TOTAL Male/Female: Ages 65+ *

	<u>Member Months</u>	<u>Inpatient</u>		<u>Intermediate</u>		<u>Ambulatory</u>		<u>Any Service</u>	
		<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
PCCP	13	0	0.0%	0	0.0%	0	0.0%	0	0.0%
NHP	351	0	0.0%	0	0.0%	0	0.0%	0	0.0%
NH	5	0	0.0%	0	0.0%	0	0.0%	0	0.0%
FCHP	10	0	0.0%	0	0.0%	1	100%	1	100%
BMCHP	0	0	0.0%	0	0.0%	0	0.0%	0	0.0%

TOTAL Female: All Ages

	<u>Member Months</u>	<u>Inpatient</u>		<u>Intermediate</u>		<u>Ambulatory</u>		<u>Any Service</u>	
		<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
PCCP	1,871,642	3,048	1.95%	1,865	1.20%	10,726	6.88%	11,597	7.44%
NHP	1,002,299	539	0.65%	457	0.55%	2,129	2.55%	2,328	2.79%
NH	804,992	873	1.30%	283	0.42%	2,699	4.02%	2,997	4.47%
FCHP	90,092	47	0.63%	40	0.53%	161	2.14%	184	2.45%
BMCHP	1,300,372	1,727	1.59%	481	0.44%	5,328	4.92%	5,850	5.40%

TOTAL Male: All Ages

	<u>Member Months</u>	<u>Inpatient</u>		<u>Intermediate</u>		<u>Ambulatory</u>		<u>Any Service</u>	
		<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
PCCP	1,885,521	7,185	4.6%	3,382	2.2%	19,323	12.3%	21,634	13.8%
NHP	700,410	387	0.7%	286	0.5%	1,307	2.2%	1,472	2.5%
NH	599,617	842	1.7%	199	0.4%	2,115	4.2%	2,450	4.9%
FCHP	64,933	30	0.6%	29	0.5%	127	2.4%	142	2.6%
BMCHP	938,571	1,391	1.8%	308	0.4%	4,005	5.1%	4,443	5.7%

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