

# **A Focus on Provider Quality: Selected Clinical Measures, 2018 and 2020**

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Technical Appendix



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## TECHNICAL APPENDIX

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The clinical performance measures included in this report are drawn from the Healthcare Effectiveness Data and Information Set (HEDIS®) Measure Set developed by the National Committee for Quality Assurance (NCQA). All health plans that apply for NCQA accreditation for a given product line (Commercial, Medicare, and/or Medicaid) submit their HEDIS® measures to NCQA, based on the specified health plan enrollee population, using standard technical measure specifications defined by NCQA. NCQA recently changed their naming protocol to align with the measurement year rather than the year that the measure set was submitted. MHQP's CQ HEDIS 2021 therefore corresponds to HEDIS Measurement Year (MY) 2020.

NCQA requires that these measures be submitted annually by each health plan and that the measures be independently audited by an NCQA-accredited auditing agency according to standard auditing specifications. All the health plans that submitted HEDIS® MY 2020 measures included in this report have successfully completed the NCQA-mandated audits for the measurement year.

## Population

Measures for Commercially Insured Enrollees in HMO and Point of Service (excluding Marketplace) products in participating health plans (AllWays Health Partners, Blue Cross Blue Shield of Massachusetts, Fallon Community Health Plan, Harvard Pilgrim Health Care, Health New England, and Tufts Health Plan) are included in this report.

The HEDIS® measures reported cover the health plan population that was enrolled as of December 31st of the measurement year (2020) and met the enrollment, demographic, and clinical specifications required for each measure.

## Measurement Periods

The measurement periods vary somewhat by measure, but in general, HEDIS® MY 2020 measures report on performance during calendar year 2020. Certain measures also count care provided in earlier years: for example, the breast cancer screening measure looks at exams performed in the measurement year or in the prior year.

## Measure Selection

MHQP, CHIA, and participating health plans collaboratively selected HEDIS® measures to be reported in 2021. The measure selection process began with HEDIS® measures that MHQP had collected in previous years and HEDIS® measures that are on the State's Aligned Measure Set. The Aligned Measure Set is the result of a multi-year Quality Alignment Taskforce measure selection process to propose measures intended to focus provider quality improvement efforts, while reducing administrative burden on provider organizations to measure and improve quality. HEDIS® measures ultimately selected are those that are likely to be able to be reported at a level below the state level, reflect the State's measurement priorities, and reflect health plans' recommendations. Of the measures

selected, results for those that an individual health plan perceived to be inaccurate were excluded from the data the health plan shared with MHQP. Specifically, the data provided by AllWays Health Partners calculated using the Hybrid Methodology (see definition below) have been excluded.

## Performance Measures

The chart below contains a list of the HEDIS measures reported by CHIA. Measures are reported at the medical group level when there is sufficient data for reliable results. Results will also be provided at the network and statewide levels. Measures for which there is not sufficient data for reliable results at the medical group level will be reported only at the statewide level, as indicated in the chart.

MEASURE CATEGORY	MEASURE NAME	MEASURE ABBREV.	HYBRID METHODOLOGY	ALIGNED MEASURE SET STATUS	REPORTING LEVEL
Adult Diagnostic and Preventive Care	Colorectal Cancer Screening	COL	✓	Menu	Medical Group
Adult Diagnostic and Preventive Care	Use of Imaging Studies for Low Back Pain	LBP		Menu	Medical Group
Adult Diagnostic and Preventive Care	Use of Spirometry Testing in the Assessment and Diagnosis of COPD	SPR			Statewide Only
Adult Diagnostic and Preventive Care	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	AAB			Medical Group
Adult Diagnostic and Preventive Care	Persistence of Beta Blocker Treatment After Heart Attack	PBH			Statewide Only
Chronic Condition Care	Asthma Medication Ratio	AMR		Menu	Medical Group
Chronic Condition Care	Comprehensive Diabetes Care – Retinal Eye Exams	CDC-EY	✓	Menu	Medical Group
Chronic Condition Care	Comprehensive Diabetes Care – HbA1c Testing	CDC-HT	✓	Monitoring	Medical Group

MEASURE CATEGORY	MEASURE NAME	MEASURE ABBREV.	HYBRID METHODOLOGY	ALIGNED MEASURE SET STATUS	REPORTING LEVEL
Behavioral Health	Antidepressant Medication Management – Effective Acute Phase Treatment	AMM-AP			Medical Group
Behavioral Health	Antidepressant Medication Management – Effective Continuation Phase Treatment	AMM-CP			Medical Group
Behavioral Health	Metabolic Monitoring for Children and Adolescents on Antipsychotics: Combined Blood Glucose/Cholesterol Testing	APM-BGCT		Menu	Statewide Only
Behavioral Health	Follow-up After Hospitalization for Mental Illness (30-day)	FUH-30		Menu	Statewide Only
Behavioral Health	Follow-up After Hospitalization for Mental Illness (7-day)	FUH-7		Menu	Statewide Only
Behavioral Health	Follow-up After Emergency Department Visit for Mental Illness (30-day)	FUM-30			Statewide Only
Behavioral Health	Follow-up After Emergency Department Visit for Mental Illness (7-day)	FUM-7		Menu	Statewide Only
Pediatric/Adolescent Care	Follow-up of Care of Children Prescribed ADHD Medications – Continuation and Maintenance Phase	ADHD-CP			Statewide Only
Pediatric/Adolescent Care	Follow-up of Care of Children Prescribed ADHD	ADHD-IP			Medical Group

MEASURE CATEGORY	MEASURE NAME	MEASURE ABBREV.	HYBRID METHODOLOGY	ALIGNED MEASURE SET STATUS	REPORTING LEVEL
	Medications – Initiation Phase				
Pediatric/Adolescent Care	Appropriate Testing for Children with Pharyngitis	CWP			Medical Group
Pediatric/Adolescent Care	Appropriate Treatment for Children with Upper Respiratory Infection (URI)	URI			Medical Group
Pediatric/Adolescent Care	Childhood Immunization Status – MMR	CIS-MMR	✓		Medical Group
Pediatric/Adolescent Care	Immunizations for Adolescents (Combo 2)	IMA-2	✓	Menu	Medical Group
Pediatric/Adolescent Care	Well-Child Visits in the first 30 Months of Life: 0 - 15 Months	W15		Monitoring	Medical Group
Pediatric/Adolescent Care	Well-Child Visits in the first 30 Months of Life: 15 - 30 Months	W30		Monitoring	Statewide Only
Pediatric/Adolescent Care	Child and Adolescent Well Care Visits, 3– 21 years: 3– 11 years	WCV-11			Statewide Only
Pediatric/Adolescent Care	Child and Adolescent Well Care Visits, 3 – 21 years: 12 – 17 years	WCV-17			Statewide Only
Pediatric/Adolescent Care	Child and Adolescent Well Care Visits, 3 – 21 years: 18 – 21 years	WCV-21			Statewide Only
Behavioral Health	Initiation and Engagement of Alcohol and other Drug Abuse or Dependence Treatment – Engagement of AOD Treatment	IET-E		Menu	Medical Group

MEASURE CATEGORY	MEASURE NAME	MEASURE ABBREV.	HYBRID METHODOLOGY	ALIGNED MEASURE SET STATUS	REPORTING LEVEL
Behavioral Health	Initiation and Engagement of Alcohol and other Drug Abuse or Dependence Treatment – Initiation of AOD Treatment	IET-I		Menu	Medical Group
Screenings and Prevention	Breast Cancer Screening	BCS		Menu	Medical Group
Screenings and Prevention	Cervical Cancer Screening	CCS	✓	Menu	Medical Group
Screenings and Prevention	Chlamydia Screening in Women Ages 16 to 20	CHL-AD		Menu	Medical Group
Screenings and Prevention	Chlamydia Screening in Women Ages 21 to 24	CHL-YA		Menu	Medical Group

## Data Sources

Six Massachusetts health plans provided the HEDIS® data used to compile the measures in these reports. Four of these plans provided de-identified data at the individual member level, and two health plans aggregated to the individual provider level prior to submission to MHQP. All measures were attributed to the enrollee’s assigned primary care provider (PCP) as of December 31st of the measurement year (2020). A numerator event delivered by any eligible health care provider was credited to the assigned PCP, even if the event was delivered by a different eligible health care provider. The providers included in the reports were those listed as PCPs by at least one of the six participating health plans. These providers included internists, family practitioners, geriatricians, pediatricians, and nurse practitioners with patient panels as a PCP, and specialists who served as PCPs for some patients and had dual status according to at least one of the health plans.

In addition, four health plans provided MHQP with a file containing provider directory information for all physicians and nurse practitioners in their plan eligible to serve as PCPs as of December 31st of the performance year. These files were integrated into the Massachusetts Provider Database (MPD), which MHQP used to group the member-level data to the individual PCP level and the practice level. Individual PCP-level HEDIS® data supplied by the health plans was then mapped to each provider.

In an effort to continuously improve the assignment of providers to networks, medical groups, and practice sites, provider assignments begin with the information received from these organizations in previous years. Updated provider directories health plans submit annually supplement this information. All networks, medical groups, and

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practice sites on MHQP's private MPD website (<https://private.mhqp.org/>) then have access to updated directories and yearly review and update contact information on this website, to remove the providers who no longer practice at their organization and to add the providers not listed. A majority of networks, medical groups, and practice sites have reviewed and modified their directories. The final clinician assignments for the current report are based on the modifications. If an organization did not review and validate its provider directory, the final provider assignments for that organization are based on the previous year's assignments.

## Measurement Methods

For each of the measures, NCQA specified whether results should be calculated using administrative (claims/encounter) data only (Administrative Data Method) or whether health plans could opt to draw a random sample of the HEDIS®-eligible population and use data obtained through medical record reviews to supplement the data derived from their claims and encounter records (Hybrid Method). Medical record data could be used to identify patients who should be dropped from the denominator population, based on the exclusion criteria for a given measure, and to identify eligible numerator events that were not captured in the plans' administrative data. Appendix A identifies measures that may be calculated using the Hybrid Method. Please note that, for some health plans, access to on-site medical records and at practice sites in 2020 and 2021 was limited due to the ongoing COVID pandemic.

## Adjustment Methodology

If a health plan chose to report eligible measures to NCQA using the Hybrid Method, the health plan reported the rate for their sample population based on Administrative Data Method and the rate based on the Hybrid Method (combination of administrative data and medical record review data) to MHQP. This enabled MHQP to calculate a "chart adjustment factor," which represents the increase in a plan's measured rate after medical record review (i.e., the Hybrid Method rate minus the Administrative Data Method only rate). MHQP adjusted the rates that were obtained for the health plan's entire HEDIS®-eligible population using the Administrative Data Method by applying the respective chart adjustment factors to each affected measure for the provider site, medical group, or physician network.

Since the completeness of administrative data can be influenced by factors such as the length of members' tenure with the plan (affecting the completeness of their historical clinical information), the completeness of encounter submission by the plan's network providers, and plan-specific payment policies that can affect measure specific procedure coding, the chart adjustment factors varied both by measure and by health plan. MHQP's adjustment methodology applied health plan and measure specific adjustment factors to each PCP's HEDIS® measurements. An example of the adjustment methodology is shown below.



HEALTH PLAN	RAW NUMERATOR (A)	RAW DENOMINATOR (B)	UNADJUSTED RATE (C) CALCULATED AS: (C = A/B)	CHART ADJUSTMENT FACTOR (D)	ADJUSTED RATE (E) CALCULATED AS (E = C+D)	ADJUSTED NUMERATOR (X) CALCULATED AS (X = E × B)
Health Plan 1	12	20	60%	5%	65%	13
Health Plan 2	15	30	50%	10%	60%	18
Health Plan 3	15	30	50%	No adjustment	50% (unchanged)	15 (unchanged)
Overall	42	80	52.5% (42/80)		57.5% (46/80)	46

The claims adjustment factors were applied to each applicable measure by recalculating the measure numerator after increasing each clinician’s plan-specific rate for that measure by the plan-specific adjustment factor for the measure.

In the above example, three of the five participating health plans provided HEDIS data for the provider on a given measure. Health Plans 1 and 2 used the Hybrid Method and supplied claims adjustment factors for this measure, while Health Plan 3 used the Administrative Data Method and made no adjustments.

Adjusted rates for provider networks, medical groups, and practice sites were calculated based on the sums of the adjusted numerators and the raw denominators for each affiliated PCP for each measure.

## Reporting Methods

Rates are calculated for the following levels of provider organizations:

**Network:** A network is an overarching affiliation of medical groups and/or practice sites with an integrated approach to quality improvement that health plans regard as a contracting entity for provider organizations. Most represent a collection of ambulatory practice sites whose integrated systems and procedures support clinical and administrative functions (e.g., scheduling, treating patients, ordering services, prescribing, keeping medical records and follow-up). Some embody a collection of hospital-affiliated clinicians.

**Medical Group:** A medical group is a self-defined “parent” provider organization which may exist within a broader network structure and generally comprises multiple practice sites, but can represent a single, large multi-specialty practice site. Medical groups often have integrated administrative systems and procedures. Some represent hospital-affiliated provider organizations.

**Practice Site:** A practice site is one clinician or a group of clinicians who practice together at a single location (i.e., same mailing address down to the suite #). The single location is the site where care is provided during specific periods of time. The same systems and procedures support clinical and administrative functions (e.g., scheduling, treating patients, ordering services, prescribing, maintaining comprehensive medical records). Medical records for all patients treated at the practice site are available to and shared by all physicians at the practice site, as appropriate. Note that CHIA does not publicly report at the practice site level.

The dataset provided includes all medical groups/practices who have eligible patients for a given measure. MHQP has identified those organizations whose results are reliable for benchmarking and reporting. For a medical group, there must be at least 3 or more providers and at least 30 eligible patients for a given measure. For a practice, there must be at least 3 or more providers and at least 10 eligible patients for a given measure. For MHQP to publicly report a given measure, at least 50% of the practices/medical groups must be reportable for the measure. More information on public reporting requirements is included in the benchmarks and performance categories section of this report.

## Calculation of the State Rate

The Massachusetts Statewide Performance rate is calculated by dividing the number of eligible managed care members from the six health plans who received the required test or intervention by the total number of members eligible to have received the test or intervention. This is a population-based rate, not the average of all the rates achieved by all of the physician groups involved.

## 2020 Parent Provider Group Affiliations

Source: Massachusetts Health Quality Partners

NETWORK NAME	MEDICAL GROUP NAME
Atrius Health	Dedham Medical Associates
Atrius Health	Granite Medical
Atrius Health	Harvard Vanguard Medical Associates
Atrius Health	PMG Physician Associates
Baycare Health Partners	Baycare Health Partners – Other
Baycare Health Partners	Baystate Medical Practices
Baycare Health Partners	Baystate Wing Hospital Corporation
Baycare Health Partners	Caring Health Center, Inc.
Baycare Health Partners	Chestnut Medical Associates, Inc.
Baycare Health Partners	Community Health Center of Franklin County
Baycare Health Partners	Endocrine Associates of Western Mass

NETWORK NAME	MEDICAL GROUP NAME
Baycare Health Partners	Ludlow Pediatrics, Inc.
Baycare Health Partners	Mercy Medical Group
Baycare Health Partners	Mercy Specialist Physicians, Inc.
Baycare Health Partners	Mercy Inpatient Medical Associates
Baycare Health Partners	New England Orthopedic Surgeons
Baycare Health Partners	Orchard Medical Associates, LLC
Baycare Health Partners	Pediatric Services of Springfield
Baycare Health Partners	Pioneer Valley Pediatrics, Inc.
Baycare Health Partners	Radiology & Imaging, Inc.
Baycare Health Partners	Redwood Pediatric & Adolescent Medicine
Baycare Health Partners	Riverbend Medical Group, Inc.
Baycare Health Partners	Sumner Pediatrics
Baycare Health Partners	Valley Medical Associates, P.C.
Baycare Health Partners	Valley Medical Group, P.C.
Baycare Health Partners	West Brookfield Family Practice
Baycare Health Partners	Western Mass Gastroenterology Associates
Berkshire Health Systems	Berkshire Faculty Services
Berkshire Health Systems	Williamstown Medical Associates
Beth Israel Deaconess Care Organization LLC	Affiliated Physicians Inc., Groups
Beth Israel Deaconess Care Organization LLC	American Chinese Medical Center, PC
Beth Israel Deaconess Care Organization LLC	API/Chestnut Health Care Alliance
Beth Israel Deaconess Care Organization LLC	Beth Israel Deaconess Affiliated Community Health Centers
Beth Israel Deaconess Care Organization LLC	Beth Israel Deaconess Care Organization Specialty Practices
Beth Israel Deaconess Care Organization LLC	Beth Israel Deaconess Healthcare
Beth Israel Deaconess Care Organization LLC	Beth Israel Deaconess Medical Center
Beth Israel Deaconess Care Organization LLC	BIDMC Hospitalist Program
Beth Israel Deaconess Care Organization LLC	BIDPO Solo Practices
Beth Israel Deaconess Care Organization LLC	Cambridge Health Alliance
Beth Israel Deaconess Care Organization LLC	Jordan Physician Associates
Beth Israel Deaconess Care Organization LLC	LMVPHO
Beth Israel Deaconess Care Organization LLC	Medical Care of Boston Management Corporation
Beth Israel Deaconess Care Organization LLC	Milton
Lahey Health	Lahey Health Hub Specialists
Lahey Health	Lahey Health Primary Care
Lahey Health	Lahey Hospital & Medical Center Specialists
Lahey Health	Winchester PHO
Mass General Brigham	Affiliated Pediatric Practices (APP)
Mass General Brigham	Brigham And Women's Physicians Organization

NETWORK NAME	MEDICAL GROUP NAME
Mass General Brigham	Charles River Medical Associates, P.C.
Mass General Brigham	Emerson Hospital And Emerson PHO
Mass General Brigham	Martha's Vineyard Hospital
Mass General Brigham	Massachusetts General Hospital Physicians Organization
Mass General Brigham	Milford Regional Physician Group
Mass General Brigham	Newton-Wellesley PHO, Inc.
Mass General Brigham	North Shore Health System, Inc.
Mass General Brigham	Pentucket Medical Associates (PMA)
Mass General Brigham	Suburban North
New England Quality Care Alliance	Cape Physicians, LLC - NEQCA
New England Quality Care Alliance	Hallmark Health PHO - NEQCA
New England Quality Care Alliance	Healthcare South, PC - NEQCA
New England Quality Care Alliance	Highland Healthcare Associates IPA - NEQCA
New England Quality Care Alliance	Mass Bay Primary Care - NEQCA
New England Quality Care Alliance	MetroWest Accountable Health Care Organization, LLC – NEQCA
New England Quality Care Alliance	Milton Primary Care - NEQCA
New England Quality Care Alliance	Plymouth Bay Primary Care - NEQCA
New England Quality Care Alliance	Primary Care Medical Assoc. of Norwood - NEQCA
New England Quality Care Alliance	Tufts Medical Center Physicians - NEQCA
Steward Health Care Network	Cape Cod Preferred Physicians
Steward Health Care Network	Compass Medical, P.C.
Steward Health Care Network	Hawthorn Medical Associates
Steward Health Care Network	Prima CARE, PC
Steward Health Care Network	Steward Health Care Network
Steward Health Care Network	Steward Medical Group
UMass Memorial Health Care, Inc.	CentMass Association of Physicians
UMass Memorial Health Care, Inc.	Federally Qualified Health Centers
UMass Memorial Health Care, Inc.	Harrington Hospital Group
UMass Memorial Health Care, Inc.	Heywood Hospital Group
UMass Memorial Health Care, Inc.	UMass Independent Practices
UMass Memorial Health Care, Inc.	UMass Memorial Community Medical Group
UMass Memorial Health Care, Inc.	UMass Memorial Medical Center-Based Practices