Preamble

Section 2108(a) and Section 2108(e) of the Act provides that the State and Territories* must assess the operation of the State child health plan in each Federal fiscal year, and report to the Secretary, by January 1 following the end of the Federal fiscal year, on the results of the assessment. In addition, this section of the Act provides that the State must assess the progress made in reducing the number of uncovered, low-income children. The State is out of compliance with CHIP statute and regulations if the report is not submitted by January 1. The State is also out of compliance if any section of this report relevant to the State's program is incomplete.

The framework is designed to:

- Recognize the ***diversity*** of State approaches to CHIP and allow States ***flexibility*** to highlight key accomplishments and progress of their CHIP programs, **AND**
- Provide ***consistency*** across States in the structure, content, and format of the report, **AND**
- Build on data ***already collected*** by CMS quarterly enrollment and expenditure reports, **AND**
- Enhance ***accessibility*** of information to stakeholders on the achievements under Title XXI

The CHIP Annual Report Template System (CARTs) is organized as follows:

- Section I: Snapshot of CHIP Programs and Changes
- Section II; Program's Performance Measurement and Progress
- Section III: Assessment of State Plan and Program Operation
- Section IV: Program Financing for State Plan
- Section V: 1115 Demonstration Waivers (Financed by CHIP)

* - When "State" is referenced throughout this template, "State" is defined as either a state or a territory.

FRAMEWORK FOR THE ANNUAL REPORT OF
THE CHILDREN'S HEALTH INSURANCE PLANS
UNDER TITLE XXI OF THE SOCIAL SECURITY ACT

DO NOT CERTIFY YOUR REPORT UNTIL ALL SECTIONS ARE COMPLETE.

State/Territory: **Massachusetts**
(Name of State/Territory)

The following Annual Report is submitted in compliance with Title XXI of the Social Security Act (Section 2108(a) and Section 2108(e)).

Signature:

CHIP Program Name(s): **MassHealth**

CHIP Program Type:

- ☐ CHIP Medicaid Expansion Only
- ☐ Separate Child Health Program Only
- ☒ Combination of the above

Reporting Period: ***2010*** *Note: Federal Fiscal Year 2010 starts 10/1/09 and ends 9/30/10.*

Contact Person/Title: **Robin Callahan, Director of Member Policy and Program Development**

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Submission Date:

(Due to your CMS Regional Contact and Central Office Project Officer by January 1st of each year)

SECTION I: SNAPSHOT OF CHIP PROGRAM AND CHANGES

1) To provide a summary at-a-glance of your CHIP program characteristics, please provide the following information. You are encouraged to complete this table for the different CHIP programs within your state, e.g., if you have two types of separate child health programs within your state with different eligibility rules. If you would like to make any comments on your responses, please explain in narrative below this table. Please note that the numbers in brackets, e.g., **[500]** are character limits in the Children's Health Insurance Program (CHIP) Annual Report Template System (CARTS). You will not be able to enter responses with characters greater than the limit indicated in the brackets.

	CHIP Medicaid Expansion Program					Separate Child Health Program				
	* Upper % of FPL are defined as Up to and Including									
	Gross or Net Income: ALL Age Groups as indicated below									
	Is income calculated as gross or net income?		XGross ☐		Income Net of Disregards	Is income calculated as gross or net income?		☒	Gross Income	
								☐	Income Net of Disregards	
Eligibility						From	0	% of FPL conception to birth	200	% of FPL *
	From	185	% of FPL for infants	200	% of FPL*	From	200	% of FPL for infants	300	% of FPL *
	From	133	% of FPL for children ages 1 through 5	150	% of FPL*	From	150	% of FPL for children ages 1 through 5	300	% of FPL *
	From	114	% of FPL for children ages 6 through ~~16~~ 17	150	% of FPL*	From	150	% of FPL for children ages 6 through ~~16~~ 17	300	% of FPL *
	From	0	% of FPL for children ~~ages 17 and~~ 18	150	% of FPL*	From	150	% of FPL for children ~~ages 17 and~~ 18	300	% of FPL *
						From	0	%of FPL for Pregnant Women age 19 and above.	0	% of FPL

*Note: For children between 200-300% FPL, we disregard up to 100% of gross income.
*Please also note the corrections above.
*Please note that no income disregards are used for the Medicaid expansion component.

Is presumptive eligibility provided for children?	☐	No	☐	No
	☒	Yes, for whom and how long? **For all children at all income levels for 60 days.**	☐	Yes – Please describe below For which populations (include the FPL levels) **For all children at all income levels for 60 days.** Average number of presumptive eligibility periods granted per individual and average duration of the presumptive eligibility period. **A child may receive presumptive eligibility only once in a twelve-month period.** Brief description of your presumptive eligibility policies. **A child may be determined presumptively eligible for MassHealth Standard or Family Assistance through a presumptive eligibility process based on the household's self declaration of gross income on the Medical Benefit Request (MBR). A child may only be presumptively eligible for Family Assistance if he or she has no health insurance coverage. Presumptive eligibility begins 10 calendar days prior to the date MassHealth receives the MBR and lasts until MassHealth makes an eligibility determination. If information necessary to make the eligibility determination is not submitted within 60 days of the begin date, the period of presumptive eligibility will end.**
	☐	N/A	☐	N/A

Is retroactive eligibility available?	☐	No	☐	No
	☒	Yes, for whom and how long? **All children, coverage begins 10 days prior to application.**	☒	Yes, for whom and how long? **All children, coverage begins 10 days prior to application.**
	☐	N/A	☐	N/A

Does your State Plan contain authority to implement a waiting list?	Not applicable	☒	No
		☐	Yes
		☐	N/A

Please check all the methods of application utilized by your state.	☒	Mail-in application	☒	Mail-in application	
	☐	Phoned-in application	☐	Phoned-in application	
	☒	Program has a web-based application that can be printed, completed, and mailed in	☒	Program has a web-based application that can be printed, completed, and mailed in	
	☒	Applicant can apply for your program on-line	☒	Applicant can apply for your program on-line	
	☒	Signature page must be printed and mailed in	☒	Signature page must be printed and mailed in	
	☒	Family documentation must be mailed (i.e., income documentation)	☒	Family documentation must be mailed (i.e., income documentation)	
	☐	Electronic signature is required	☐	Electronic signature is required	
			☐	No Signature is required	

Does your program require a face-to-face interview during initial application	☒	No	☒	No
	☐	Yes	☐	Yes
	☐	N/A	☐	N/A

Does your program require a child to be uninsured for a minimum amount of time prior to enrollment (waiting period)?	☒	No	☐	No
	☐	Yes	☒	Yes
	Specify number of months		Specify number of months	6
			To which groups (including FPL levels) does the period of uninsurance apply? **Children between 200% and 300% FPL.**	

			List all exemptions to imposing the period of uninsurance. **(a) A child has special or serious health care needs; (b) the prior coverage was involuntarily terminated, including withdrawal of benefits by an employer, involuntary job loss, or COBRA expiration; (c) a parent in the family group died in the previous six months; (d) the prior coverage was lost due to domestic violence; (e) the prior coverage was lost due to becoming self-employed; or, (f) the existing coverage's lifetime benefits were reduced substantially within the previous six months, or prior employer-sponsored health insurance was cancelled for this reason.**	
	☐	N/A	☐	N/A

Does your program match prospective enrollees to a database that details private insurance status?	☐	No	☐	No
	☒	Yes	☒	Yes
		Health Management Systems (HMS) conducts a monthly State and National data match using a system called "Match MAX" which identifies health Insurance for all MassHealth members.	If yes, what database? **Health Management Systems (HMS) conducts a monthly State and National data match using a system called "Match MAX" which identifies health Insurance for all MassHealth members.**	
	☐	N/A	☐	N/A

Does your program provide period of continuous coverage <u>regardless of income changes?</u>	☒	No	☒	No
	☐	Yes	☐	Yes
	Specify number of months		Specify number of months	
	Explain circumstances when a child would lose eligibility during the time period in the box below		Explain circumstances when a child would lose eligibility during the time period in the box below	
	Eligibility for all MassHealth members is redetermined every 12 months. However, eligibility is redetermined whenever there is a change in income that is self-reported or discovered through a periodic match with the Commonwealth's Dept. of Revenue (DOR) and such change can result in a loss of eligibility to the extent that income exceeds 300%FPL.		**Eligibility for all MassHealth members is redetermined every 12 months. However, eligibility is redetermined whenever there is a change in income that is self-reported or discovered through a periodic match with the Commonwealth's Dept. of Revenue (DOR) and such change can result in a loss of eligibility to the extent that income exceeds 300%FPL.**	
	☐	N/A	☐	N/A

Does your program require premiums or an enrollment fee?	☒	No				☐	No				
	☐	Yes				☒	Yes				
	Enrollment fee amount					Enrollment fee amount	**$0**				
	Premium amount					Premium amount	**See below**				
	If premiums are tiered by FPL, please breakout by FPL.					If premiums are tiered by FPL, please brea FPL.					
	Premium Amount					Premium Amount					
	Range from	Range to	From	To		Range from	Range to	From			
	$_____	$_____	% of FPL	% of FPL		$12	$36 family max	150.1 % of FPL			
	$_____	$_____	% of FPL	% of FPL		$20	$60 family max	200.1 % of FPL			
	$_____	$_____	% of FPL	% of FPL		$28	$84 family max	250.1 % of FPL			
	$_____	$_____	% of FPL	% of FPL		$_____	$_____	% of FPL			
	If premiums are tiered by FPL, please breakout by FPL.					If premiums are tiered by FPL, please brea FPL.					
	Yearly Maximum Premium Amount per Family	$_____				Yearly Maximum Premium Amount per Family	$432 for families bet 200%FPL; $720 for fa between 200-250% for families between FPL_____				
	Range from	Range to	From	To		Range from	Range to	From			
	$_____	$_____	% of FPL	% of FPL		$_____	$_____	% of FPL			
	$_____	$_____	% of FPL	% of FPL		$_____	$_____	% of FPL			
	$_____	$_____	% of FPL	% of FPL		$_____	$_____	% of FPL			
	$_____	$_____	% of FPL	% of FPL		$_____	$_____	% of FPL			
	If yes, briefly explain fee structure in the box below					If yes, briefly explain fee structure in the b (including premium/enrollment fee amou include Federal poverty levels where appr					
	[500]					**[500]**					
	☒	N/A				☐	N/A				

Does your program impose copayments or coinsurance?	☒	No	☒	No
	☐	Yes	☐	Yes
	☐	N/A	☐	N/A

Does your program impose deductibles?	☒	No	☒	No
	☐	Yes	☐	Yes
	☐	N/A	☐	N/A

Does your program require an assets test?	☒	No	☒	No
	☐	Yes	☐	Yes
	If Yes, please describe below		If Yes, please describe below	
	[500]		**[500]**	
	☐	N/A	☐	N/A
	If Yes, do you permit the administrative verification of assets?		If Yes, do you permit the administrative verification of assets?	
	☐	No	☐	No
	☐	Yes	☐	Yes
	☐	N/A	☐	N/A

Does your program require income disregards? **(Note: if you checked off net income in the eligibility question, you must complete this question)**	☒	No	☐	No
	☐	Yes	☒	Yes
	If Yes, please describe below		If Yes, please describe below	
	[1000]		**For children above 200% FPL, a maximum of 100% FPL is disregarded, down to 200% FPL.**	
	☐	N/A	☐	N/A

Which delivery system(s) does your program use?	☒	Managed Care	☒	Managed Care
	☒	Primary Care Case Management	☒	Primary Care Case Management
	☒	Fee for Service	☒	Fee for Service
	Please describe which groups receive which delivery system **Individuals receive (fee-for-service) FFS until they enroll with MCO/PCC, and may also receive premium assistance with wrap benefits provided on a FFS basis.**		Please describe which groups receive which delivery system **Individuals receive FFS until they enroll with MCO/PCC, and may also receive premium assistance with a FFS dental wrap.**	

Is a preprinted renewal form sent prior to eligibility expiring?	☒	No	☒	No
	☐	Yes, we send out form to family with their information pre-completed and	☐	Yes, we send out form to family with their information pre-completed and
	☐	We send out form to family with their information pre-completed and ask for confirmation	☐	We send out form to family with their information pre-completed and ask for confirmation
	☐	We send out form but do not require a response unless income or other circumstances have changed	☐	We send out form but do not require a response unless income or other circumstance have changed
	☐	N/A	☐	N/A

Comments on Responses in Table:

2.	Is there an assets test for children in your Medicaid program?	☐	Yes	☒	No	☐ N/A
3.	Is it different from the assets test in your separate child health program?	☐	Yes	☐	No	☒ N/A
4.	Are there income disregards for your Medicaid program?	☐	Yes	☒	No	☐ N/A
5.	Are they different from the income disregards in your separate child health program?	☒	Yes	☐	No	☐ N/A
6.	Is a joint application (i.e., the same, single application) used for your Medicaid and separate child health program?	☒	Yes	☐	No	☐ N/A
7.	If you have a joint application, is the application sufficient to determine eligibility for both Medicaid and CHIP?	☒	Yes	☐	No	☐ N/A

8. Indicate what documentation is required at initial application for

	Self-Declaration	Self-Declaration with internal verification	Documentation Required
Income	☐	☐	☒
Citizenship	☐	☐	☒
Insured Status	☒	☒	☐
Residency	☐	☒	☐
Use of Income Disregards	☐	☐	☐ N/A

9. Have you made changes to any of the following policy or program areas during the reporting period? Please indicate "yes" or "no change" by marking appropriate column.

	Medicaid Expansion CHIP Program			Separate Child Hea Program	
	Yes	No Change	N/A	Yes	No Change

	Medicaid Expansion CHIP Program			Separate Child Hea Program	
	Yes	No Change	N/A	Yes	No Change
a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	☐	☒	☐	☐	☒
b) Application	☒	☐	☐	☒	☐
c) Application documentation requirements	☒	☐	☐	☒	☐
d) Benefits	☒	☐	☐	☒	☐
e) Cost sharing (including amounts, populations, & collection process)	☐	☒	☐	☐	☒
f) Crowd out policies	☐	☒	☐	☐	☒
g) Delivery system	☐	☒	☐	☐	☒
h) Eligibility determination process	☒	☐	☐	☒	☐
i) Implementing an enrollment freeze and/or cap-	☐	☒	☐	☐	☒
j) Eligibility levels / target population	☐	☒	☐	☐	☒
k) Assets test	☐	☒	☐	☐	☒
l) Income disregards i	☐	☐	☒	☐	☒
m) Eligibility redetermination process	☐	☒	☐	☐	☒
n) Enrollment process for health plan selection	☐	☒	☐	☐	☒
o) Family coverage	☐	☒	☐	☐	☒
p) Outreach (e.g., decrease funds, target outreach)	☒	☐	☐	☒	☐
q) Premium assistance	☐	☒	☐	☐	☒
r) Prenatal care eligibility expansion (Sections 457.10, 457.350(b)(2), 457.622(c)(5), and 457.626(a)(3) as described in the October 2, 2002 Final Rule)	☐	☒	☐	☐	☒
s) Expansion to "Lawfully Residing" children	☒	☐	☐	☒	☐
t) Expansion to "Lawfully Residing" pregnant women	☐	☒	☐	☐	☒
u) Pregnant Women State Plan Expansion	☐	☒	☐	☐	☒
v) Waiver populations (funded under title XXI)					
Parents	☐	☐	☒	☐	☐

	Medicaid Expansion CHIP Program			Separate Child Hea Program	
	Yes	No Change	N/A	Yes	No Change
Pregnant women	☐	☐	☒	☐	☐
Childless adults*	☐	☐	☒	☐	☐
w) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	☐	☒	☐	☐	☒
x) Other – please specify					
a. Due to a change in federal law, certain Iraqi and Afghan aliens may qualify indefinitely for MassHealth programs as Qualified Aliens. Effective December 19, 2009, Iraqi and Afghan Special Immigrants are no longer subject to the eight-month limited period for resettlement assistance, entitlement programs, and other benefits available to refugees. They are considered Qualified Aliens without restrictions and are eligible for any benefits available to individuals categorized as refugees.	☒	☐	☐	☒	☐
b. [50]	☐	☐	☐	☐	☐
c. [50]	☐	☐	☐	☐	☐

8. For each topic you responded yes to above, please explain the change and why the change was made, below:

a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	
b) Application	MassHealth has revised the Medical Benefit Request (MBR) form to capture applicant information needed to determine eligibility for MassHealth, Commonwealth Care, and Health Safety Net benefits. Sections of the application were reformatted to improve flow of the application and assist with data entry for eligibility staff. A new quest was added to capture information related to health insurance from th uniformed services.

c) Application documentation requirements	MassHealth revised its regulations about who has to provide a social security number. In addition, the regulations and MA21 were changed allow individuals to be given a benefit for either 30 or 60 days to prov a social security number or provide proof that they have applied for a social security number. As a condition of eligibility for MassHealth and Commonwealth Care except MassHealth Limited, Healthy Start, the Children's Medical Security Plan (CMSP), and the Health Safety Net, all citizens, qualified aliens, and aliens with special status must provide either a social security number or proof that they have applied for one. Effective January 1, 2010, children under age 19 with family gross inco between 150% and 300% of the federal poverty level (FPL) will be required to verify citizenship and identity. These children had previou been exempt from citizenship and identity requirements.
d) Benefits	Effective October 1, 2009, MassHealth provides dental benefits to Fan Assistance members under age 19 who are receiving Family Assistanc premium assistance payments. This change was made to comply with Children's Health Insurance Program Reauthorization Act (CHIPRA).
e) Cost sharing (including amounts, populations, & collection process)	
f) Crowd out policies	
g) Delivery system	
h) Eligibility determination process	In order to support the changes to the MBR, MA21 screens have been modified and a new event, College Students (STU), has been created. MA21 has also been enhanced to allow the data entry of an applicant responses including "yes," "no," and blank responses.
i) Implementing an enrollment freeze and/or cap	
j) Eligibility levels / target population	
k) Assets test in Medicaid and/or CHIP	
l) Income disregards in Medicaid and/or CHIP	

m) Eligibility redetermination process	
n) Enrollment process for health plan selection	
o) Family coverage	
p) Outreach	In SFY10 $2.5 million was allocated to support the outreach grant program, which is a $1 million dollar decrease from SFY09.
q) Premium assistance	
r) Prenatal care eligibility expansion (Sections 457.10, 457.350(b)(2), 457.622(c)(5), and 457.626(a)(3) as described in the October 2, 2002 Final Rule)	
s) Expansion to "Lawfully Residing" children	Under CHIPRA, we began offering federally funded benefits to 5 year l children on 8/29/09. With further guidance from CMS, on 11/22/10 v also began offering federally funded benefits to additional lawfully residing children (that we term "PRUCOL"), retroactively back to 8/29 As these dates are not in the FFY10 reporting period, this is an update the FFY09 report.
t) Expansion to "Lawfully Residing" pregnant women	
u) Pregnant Women State Plan Expansion	
v) Waiver populations (funded under title XXI)	
Parents	
Pregnant women	
Childless adults	
w) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	
x) Other – please specify	
a. [50]	

b. [50]	
c. [50]	

Enter any Narrative text below.

SECTION II: PROGRAM'S PERFORMANCE MEASUREMENT AND PROGRESS

This section consists of three subsections that gather information on the core performance measures for the CHIP and/or Medicaid program as well as your State's progress toward meeting its general program strategic objectives and performance goals. Section IIA captures data on the core performance measures to the extent data are available. Section IIB captures your enrollment progress as well as changes in the number and/or rate of uninsured children in your State. Section IIC captures progress towards meeting your State's general strategic objectives and performance goals.

SECTION IIA: REPORTING OF CORE PERFORMANCE MEASURES

Section 401(a) of the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) (Pub.L. 111-3) required the Secretary of the Department of Health and Human Services to identify an initial core set of child health care quality measures for voluntary use by State programs administered under titles XIX and XXI, health insurance issuers and managed care entities that enter into contract with such programs, and providers of items and services under such programs. Additionally, Section 401(a)(4) required the development of a standardized reporting format for states that volunteer to report on the CHIPRA core set. This section of will be used for standardized reporting on the core set measures.

The core set measures will be implemented in at least two phases—however, CARTS will serve as the interim reporting vehicle for all phases until another system is named. The measures for the first phase of reporting are included in the table below with general measure information. States that volunteer are required to report using the standardized methodologies and specifications and report on the populations to which the measures are applied. Below are the measure stewards and general description of the measures - please reference the individual measure steward's technical specifications manual for detailed information for standardized measure reporting. **The reporting of the Core Performance Measures 1-23 are voluntary. Title XXI programs are required to report results from the CAHPS Child Medicaid Survey and the Supplemental Items for the Child Questionnaires on dental care, access to specialist care, and coordination of care from other health providers, by December 31, 2013. States may begin reporting in the 2010 CARTS.**

	Measure	Measure Steward	Description	Reporting
1	Prenatal and Postpartum Care: Timeliness of Prenatal Care	NCQA/HEDIS	The percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year that received a prenatal care visit in the first trimester or within 42 days of enrollment in the organization.	Measure is voluntary. States may begin reporting in the 2010 CARTS

	Measure	Measure Steward	Description	Reporting
2	Frequency of Ongoing Prenatal Care	NCQA/HEDIS	Percentage of Medicaid deliveries between November 6 of the year prior to the measurement year and November 5 of the measurement year that received the following number of visits: < 21 percent of expected visits 21 percent – 40 percent of expected visits 41 percent – 60 percent of expected visits 61 percent – 80 percent of expected visits ≥ 81 percent of expected visits	Measure is voluntary. States may begin reporting in the 2010 CARTS
3	Percent of live births weighing less than 2,500 grams	NVSS	The measure assesses the number of resident live births less than 2,500 grams as a percent of the number of resident live births in the State reporting period	Measure is voluntary. States may begin reporting in the 2010 CARTS
4	Cesarean rate for nulliparous singleton vertex	CMQCC	Percent of women who had a cesarean section (C-section) among women with first live singleton births (also known as nulliparous term singleton vertex [NTSV] births) at 37 weeks of gestation or later	Measure is voluntary. States may begin reporting in the 2010 CARTS
5	Childhood Immunization Status	NCQA/HEDIS	Percentage of patients who turned 2 years old during the measurement year who had four DTaP/DT, three IPV, one MMR, three H influenza type B, three hepatitis B and one chicken pox vaccine (VZV)), four pneumococcal conjugate (PCV), two hepatitis (HepA), two or three rotavirus (RV); and two influenza vaccines by the child's second birthday. The measure calculates a rate for each vaccine and nine separate combination rates.	Measure is voluntary. States may begin reporting in the 2010 CARTS

	Measure	Measure Steward	Description	Reporting
6	Immunizations for Adolescents	NCQA/HEDIS	Percentage of patients who turned 13 years old during the measurement year who had one does on meningococcal vaccine and one tetanus, diphtheria toxoids and a cellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) by their thirteenth birthday a second dose of MMR and three hepatitis B vaccinations, and one varicella vaccination by their thirteenth birthday. The measure calculates a rate for each vaccine and one combination rate.	Measure is voluntary. States may begin reporting in the 2010 CARTS
7	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: BMI Assessment for Children/Adolescents	NCQA/HEDIS	Percentage of children, 3 through 17 years of age, whose weight is classified based on BMI percentile for age and gender.	Measure is voluntary. States may begin reporting in the 2010 CARTS
8	Screening using standardized screening tools for potential delays in social and emotional development	ABCD Project	Assesses the extent to which children at various ages from 0-36 months were screened for social and emotional development with a standardized, documented tool or set of tools	Measure is voluntary. States may begin reporting in the 2010 CARTS
9	Chlamydia Screening	NCQA/HEDIS	Percentage of women 16- 20 who were identified as sexually active who had at least one test for Chlamydia during the measurement year	Measure is voluntary. States may begin reporting in the 2010 CARTS
10	Well Child Visits in the First 15 Months of Life	NCQA/HEDIS	Percentage of members who received zero, one, two, three, four, five, and six or more well child visits with a primary care practitioner during their first 15 months of life	Measure is voluntary. States may begin reporting in the 2010 CARTS
11	Well Child Visits in the 3rd, 4th, 5th, and 6th Years of Life	NCQA/HEDIS	Percentage of members age 3 to 6 years old who received one or more well-child visits with a primary care practitioner during the measurement year.	Measure is voluntary. States may begin reporting in the 2010 CARTS

	Measure	Measure Steward	Description	Reporting
12	Adolescent Well-Care Visits	NCQA/HEDIS	Percentage of members age 12 through 21 years who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year.	Measure is voluntary. States may begin reporting in the 2010 CARTS
13	Total Eligibles who Received Preventive Dental Services	EPSDT	Total Eligibles who Received Preventive Dental Services	Measure is voluntary. States may begin reporting in the 2010 CARTS
14	Child and Adolescent Access to Primary Care Practitioners	NCQA/HEDIS	Percentage of enrollees who members 12 months – 19 years of age who had a visit with a primary care practitioner (PCP). Four separate percentages are reported: • Children 12- 24 months and 25months – 6 years who had a visit with a PCP during the measurement year • Children 7 – 11 years and adolescents 12 –19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year	Measure is voluntary. States may begin reporting in the 2010 CARTS
15	Appropriate Testing for Children with Pharyngitis	NCQA/HEDIS	Percentage of patients who were diagnosed with pharyngitis, dispensed an antibiotic and who received a group A streptococcus test for the episode	Measure is voluntary. States may begin reporting in the 2010 CARTS
16	Otitis media with effusion – avoidance of inappropriate use of systemic antimicrobials in children – ages 2-12	AMA/PCPI	Percent of patients aged 2 months through 12 years with a diagnosis of OME who were not prescribed systemic antimicrobials	Measure is voluntary. States may begin reporting in the 2010 CARTS
17	Total Eligibles who Received Dental Treatment Services	EPSDT	Total Eligibles who Received Dental Treatment Services	Measure is voluntary. States may begin reporting in the 2010 CARTS
18	Ambulatory Care: Emergency Department Visits	NCQA/HEDIS	The number of visits per member per year as a function of all child and adolescent members enrolled and eligible during the measurement year	Measure is voluntary. States may begin reporting in the 2010 CARTS

	Measure	Measure Steward	Description	Reporting
19	Pediatric central-line associated blood stream infections – NICU and PICU	CDC	Central line-associated blood stream infections (CLABSI) identified during periods selected for surveillance as a function of the number of central line catheter days selected for surveillance in pediatric and neonatal intensive care units	Measure is voluntary. States may begin reporting in the 2010 CARTS
20	Annual number of asthma patients (>= 1 yo) with > 1 asthma-related emergency room visits	Alabama	Asthma emergency department utilization for all children >1 year of age diagnosed with asthma or treatment with at least two short-acting beta adrenergic agents during the measurement year with more than one asthma-related ER visit	Measure is voluntary. States may begin reporting in the 2010 CARTS
21	Follow-Up Care for Children Prescribed ADHD Medication	NCQA/HEDIS	Percentage of children newly prescribed ADHD medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed.	Measure is voluntary. States may begin reporting in the 2010 CARTS
22	Annual Pediatric hemoglobin A1C testing	NCQA/HEDIS	Percentage of pediatric patients with diabetes with an HBA1c test in a 12-month measurement period	Measure is voluntary. States may begin reporting in the 2010 CARTS

	Measure	Measure Steward	Description	Reporting
23	Follow-up after hospitalization for mental illness	NCQA/HEDIS	Percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner	Measure is voluntary. States may begin reporting in the 2010 CARTS
24	CAHPS® 4.0 (Child version including Medicaid and Children with Chronic Conditions supplemental items)	NCQA/HEDIS	Family of surveys of experiences of care, an aspect of patient-centeredness. Parents or other responsible adults report about experiences of care during visits in which they accompany their children	**States may begin reporting in 2010** **Reporting Required in 2013** Title XXI programs are required[1] to report results from the CAHPS Child Medicaid Survey and the Supplemental Items for the Child Questionnaires on dental care, access to specialist care, and coordination of care from other health providers, by December 31, 2013. States have twooptions for submitting these data: 1) States can submit the CAHPS data using the CARTS attachment facility. 2) If States are already working with the Agency for Healthcare Research and Quality to report CAHPS, they can continue doing so.

These measures are based on specifications provided by the Health Plan Employer Data and Information Set (HEDIS®). HEDIS® provides a useful framework for defining and measuring performance. However, use of HEDIS® methodology is not required for reporting on your measures. The HEDIS® methodology can also be modified based on the availability of data in your State.

This section contains templates for reporting performance measurement data for each of the core child health measures. Please report performance measurement data for the three most recent years (to the extent that data are available). In the first and second column, data from the previous two years' annual reports (FFY 2008 and FFY 2009) will be populated with data from previously reported data in CARTS, enter data in these columns only if changes must be made. If you previously reported no data for either of those years, but you now have recent data available for them, please enter the data. In the third

[1] P.L. 111-3, §402(a)(2)(e)

column, please report the most recent data available at the time you are submitting the current annual report (FFY 2010). Additional instructions for completing each row of the table are provided below.

If Data Not Reported, Please Explain Why:

If you cannot provide a specific measure, please check the box that applies to your State for each performance measure as follows:

- Population not covered: Check this box if your program does not cover the population included in the measure.
- Data not available: Check this box if data are not available for a particular measure in your State. Please provide an explanation of why the data are currently not available.
- Small sample size: Check this box if the sample size (i.e., denominator) for a particular measure is less than 30. If the sample size is less than 30, your State is not required to report data on the measure. However, please indicate the exact sample size in the space provided.
- Other: Please specify if there is another reason why your state cannot report the measure.

Status of Data Reported:
Please indicate the status of the data you are reporting, as follows:

- Provisional: Check this box if you are reporting data for a measure, but the data are currently being modified, verified, or may change in any other way before you finalize them for FFY 2010.
- Final: Check this box if the data you are reporting are considered final for FFY 2010.
- Same data as reported in a previous year's annual report: Check this box if the data you are reporting are the same data that your State reported in another annual report. Indicate in which year's annual report you previously reported the data.

Measurement Specification:
For each performance measure, please indicate the measurement specification (i.e., were the measures calculated using the HEDIS® technical specifications, HEDIS®-like specifications, or some other source with measurement specifications unrelated to HEDIS®). If the measures were calculated using HEDIS® or HEDIS®-like specifications, please indicate which version was used (e.g., HEDIS® 2008). If using HEDIS®-like specifications, please explain how HEDIS® was modified.

Data Source:
For each performance measure, please indicate the source of data – administrative data (claims) (specify the kind of administrative data used), hybrid data (claims and medical records) (specify how the two were used to create the data source), survey data (specify the survey used), or other source (specify the other source). If another data source was used, please explain the source.

Definition of Population included in the Measure:
Please indicate the definition of the population included in the denominator for each measure (such as age, continuous enrollment, type of delivery system). Check one box to indicate whether the data are for the CHIP population only, or include both CHIP and Medicaid (Title XIX) children combined. Also provide a definition of the numerator (such as the number of visits required for inclusion).

Note: You do not need to report data for all delivery system types. You may choose to report data for only the delivery system with the most enrollees in your program.

Year of Data:
Please report the year of data for each performance measure. The year (or months) should correspond to the *period in which utilization took place*. Do *not* report the year in which data were collected for the measure, or the version of HEDIS® used to calculate the measure, both of which may be different from the period corresponding to utilization of services.

Performance Measurement Data (HEDIS® or Other):
In this section, please report the numerators, denominators, and rates for each measure (or component). The template provides two sections for entering the performance measurement data, depending on whether you are reporting using HEDIS® or HEDIS®-like methodology or a methodology other than HEDIS®. The form fields have been set up to facilitate entering numerators, denominators, and rates for each measure. If the form fields do not give you enough space to fully report on your measure, please use the "additional notes" section.

Note: CARTS will calculate the rate if you enter the numerator and denominator. Otherwise, if you only have the rate, enter it in the rate box.

If you typically calculate separate rates for each health plan, report the aggregate state-level rate for each measure (or component). The preferred method is to calculate a "weighted rate" by summing the numerators and denominators across plans, and then deriving a single state-level rate based on the ratio of the numerator to the denominator. Alternatively, if numerators and denominators are not available, you may calculate an "unweighted average" by taking the mean rate across health plans.

Explanation of Progress:
The intent of this section is to allow your State to highlight progress and describe any quality improvement activities that may have contributed to your progress. If improvement has not occurred over time, this section can be used to discuss potential reasons for why progress was not seen and to describe future quality improvement plans. In this section, your State is also asked to set annual performance objectives for FFY 2011, 2012, and 2013. Based on your recent performance on the measure (from FFY 2008 through 2010), use a combination of expert opinion and "best guesses" to set objectives for the next three years. Please explain your rationale for setting these objectives. For example, if your rate has been increasing by 3 or 4 percentage points per year, you might project future increases at a similar rate. On the other hand, if your rate has been stable over time, you might set a target that projects a small increase over time. If the rate has been fluctuating over time, you might look more closely at the data to ensure that the fluctuations are not an artifact of the data or the methods used to construct a rate. You might set an initial target that is an average of the recent rates, with slight increases in subsequent years.

In future annual reports, you will be asked to comment on how your actual performance compares to the objective your State set for the year, as well as any quality improvement activities that have helped or could help your State meet future objectives.

Other Comments on Measure:
Please use this section to provide any other comments on the measure, such as data limitations or plans to report on a measure in the future.

NOTE: Please do not reference attachments in this table. If details about a particular measure are located in an attachment, please summarize the relevant information from the attachment in the space provided for each measure.

EQRO Requirement: States with CHIP managed care that have existing external quality review organization (EQRO) reports are required to submit EQRO reports as an attachment.

Category I - PREVENTION AND HEALTH PROMOTION
Prenatal/Perinatal

MEASURE 1: Timeliness of prenatal care

FFY 2008	FFY 2009	FFY 2010
Did you report on this goal? ☐ Yes ☐ No	**Did you report on this goal?** ☐ Yes ☐ No	**Did you report on this goal?** ☐ Yes ☐ No
If Data Not Reported, Please Explain Why: ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:
Data Source: ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**

MEASURE 1: Timeliness of prenatal care (continued)

FFY 2008	FFY 2009	FFY 2010
HEDIS Performance Measurement Data: Percent of deliveries that received a prenatal care visit in the first trimester or within 42 days of enrollment	**HEDIS Performance Measurement Data:** Percent of deliveries that received a prenatal care visit in the first trimester or within 42 days of enrollment	**HEDIS Performance Measurement Data:** Percent of deliveries that received a prenatal care visit in the first trimester or within 42 days of enrollment
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?** **What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2011:** **Annual Performance Objective for FFY 2012:** **Annual Performance Objective for FFY 2013:** **Explain how these objectives were set:**		
Other Comments on Measure:		

MEASURE 2: Frequency of ongoing prenatal care

FFY 2008	FFY 2009	FFY 2010
Did you report on this goal? ☐ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this goal?** ☐ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this goal?** ☐ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:
Data Source: ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**

MEASURE 2: Frequency of ongoing prenatal care (continued)

FFY 2008	FFY 2009	FFY 2010
HEDIS Performance Measurement Data: Percentage of Medicaid deliveries between November 6 of the year prior to the measurement year and November 5 of the measurement year that received the following number of visits: < 21 percent of expected visits 21 percent – 40 percent of expected visits 41 percent – 60 percent of expected visits 61 percent – 80 percent of expected visits ≥ 81 percent of expected visits	**HEDIS Performance Measurement Data:** Percentage of Medicaid deliveries between November 6 of the year prior to the measurement year and November 5 of the measurement year that received the following number of visits: < 21 percent of expected visits 21 percent – 40 percent of expected visits 41 percent – 60 percent of expected visits 61 percent – 80 percent of expected visits ≥ 81 percent of expected visits	**HEDIS Performance Measurement Data:** Percentage of Medicaid deliveries between November 6 of the year prior to the measurement year and November 5 of the measurement year that received the following number of visits: < 21 percent of expected visits 21 percent – 40 percent of expected visits 41 percent – 60 percent of expected visits 61 percent – 80 percent of expected visits ≥ 81 percent of expected visits
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?** **What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2011:** **Annual Performance Objective for FFY 2012:** **Annual Performance Objective for FFY 2013:** **Explain how these objectives were set:**		
Other Comments on Measure:		

MEASURE 3: Percent of live births weighing less than 2,500 grams

FFY 2008	FFY 2009	FFY 2010
Did you report on this goal? ☐ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this goal?** ☐ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this goal?** ☐ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:
Data Source: ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**

MEASURE- 3: Percent of live births weighing less than 2,500 grams (continued)

FFY 2008	FFY 2009	FFY 2010
Performance Measurement Data: Percent of live births weighing less than 2,500 grams	**Performance Measurement Data:** Percent of live births weighing less than 2,500 grams	**Performance Measurement Data:** Percent of live births weighing less than 2,500 grams
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?** **What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2011:** **Annual Performance Objective for FFY 2012:** **Annual Performance Objective for FFY 2013:** **Explain how these objectives were set:**		
Other Comments on Measure:		

MEASURE 4: Cesarean Rate for Nulliparous Singleton Vertex Low-risk First Birth Women

FFY 2008	FFY 2009	FFY 2010
Did you report on this goal? ☐ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this goal?** ☐ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this goal?** ☐ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:
Data Source: ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**

MEASURE 4: Cesarean Rate for Nulliparous Singleton Vertex Low-risk First Birth Women (continued)

FFY 2008	FFY 2009	FFY 2010
Performance Measurement Data: Percent of women who had a cesarean section (C-section) among women with first live singleton births (also known as nulliparous term singleton vertex [NTSV] births) at 37 weeks of gestation or later	**Performance Measurement Data:** Percent of women who had a cesarean section (C-section) among women with first live singleton births (also known as nulliparous term singleton vertex [NTSV] births) at 37 weeks of gestation or later	**Performance Measurement Data:** Percent of women who had a cesarean section (C-section) among women with first live singleton births (also known as nulliparous term singleton vertex [NTSV] births) at 37 weeks of gestation or later
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?** **What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2011:** **Annual Performance Objective for FFY 2012:** **Annual Performance Objective for FFY 2013:** **Explain how these objectives were set:**		
Other Comments on Measure:		

Immunizations

MEASURE 5: Childhood Immunization Status

FFY 2008	FFY 2009	FFY 2010
Did you report on this goal? ☐ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this goal?** ☐ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this goal?** ☐ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:
Data Source: ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**

MEASURE 5: Childhood Immunization Status (continued)

FFY 2008	FFY 2009	FFY 2010
HEDIS Performance Measurement Data: Percentage of patients who turned 2 years old during the measurement year who had four DTaP/DT, three IPV, one MMR, three H influenza type B, three hepatitis B and one chicken pox vaccine (VZV) by the time period specified and by the child's second birthday	**HEDIS Performance Measurement Data:** Percentage of patients who turned 2 years old during the measurement year who had four DTaP/DT, three IPV, one MMR, three H influenza type B, three hepatitis B and one chicken pox vaccine (VZV) by the time period specified and by the child's second birthday	**HEDIS Performance Measurement Data:** Percentage of patients who turned 2 years old during the measurement year who had four DTaP/DT, three IPV, one MMR, three H influenza type B, three hepatitis B and one chicken pox vaccine (VZV) by the time period specified and by the child's second birthday
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:

Explanation of Progress:

How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?

What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?

Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.

Annual Performance Objective for FFY 2011:

Annual Performance Objective for FFY 2012:

Annual Performance Objective for FFY 2013:

Explain how these objectives were set:

Other Comments on Measure:

MEASURE 6: Immunizations for Adolescents (revised for 2010)

FFY 2008	FFY 2009	FFY 2010
Did you report on this goal? ☐ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this goal?** ☐ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this goal?** ☐ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:
Data Source: ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**

MEASURE 6: Immunizations for Adolescents (revised for 2010) (continued)

FFY 2008	FFY 2009	FFY 2010
HEDIS Performance Measurement Data: Percentage of patients who turned 13 years old during the measurement year who had a second dose of MMR and three hepatitis B vaccinations, and one varicella vaccination by their thirteenth birthday	**HEDIS Performance Measurement Data:** Percentage of patients who turned 13 years old during the measurement year who had a second dose of MMR and three hepatitis B vaccinations, and one varicella vaccination by their thirteenth birthday	**HEDIS Performance Measurement Data:** Percentage of patients who turned 13 years old during the measurement year who had a second dose of MMR and three hepatitis B vaccinations, and one varicella vaccination by their thirteenth birthday
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?** **What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2011:** **Annual Performance Objective for FFY 2012:** **Annual Performance Objective for FFY 2013:** **Explain how these objectives were set:**		
Other Comments on Measure:		

Screening

MEASURE 7: BMI Assessment for Children/Adolescents

FFY 2008	FFY 2009	FFY 2010
Did you report on this goal? ☐ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this goal?** ☐ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this goal?** ☐ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:
Data Source: ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**

MEASURE 7: BMI Assessment for Children/Adolescents (continued)

<table>
<tr><th colspan="2">FFY 2008</th><th colspan="2">FFY 2009</th><th colspan="2">FFY 2010</th></tr>
<tr><td colspan="2">HEDIS Performance Measurement Data:
Percent of 2-18 year-olds with a BMI percentile documentation</td><td colspan="2">HEDIS Performance Measurement Data:
Percent of 2-18 year-olds with a BMI percentile documentation</td><td colspan="2">HEDIS Performance Measurement Data:
Percent of 2-18 year-olds with a BMI percentile documentation</td></tr>
<tr><td><u>12-24 months</u>
Numerator:
Denominator:
Rate:

<u>25 months-6 years</u>
Numerator:
Denominator:
Rate:</td><td><u>7-11 years</u>
Numerator:
Denominator:
Rate:

<u>12-19 years</u>
Numerator:
Denominator:
Rate:</td><td><u>12-24 months</u>
Numerator:
Denominator:
Rate:

<u>25 months-6 years</u>
Numerator:
Denominator:
Rate:</td><td><u>7-11 years</u>
Numerator:
Denominator:
Rate:

<u>12-19 years</u>
Numerator:
Denominator:
Rate:</td><td><u>12-24 months</u>
Numerator:
Denominator:
Rate:

<u>25 months-6 years</u>
Numerator:
Denominator:
Rate:</td><td><u>7-11 years</u>
Numerator:
Denominator:
Rate:

<u>12-19 years</u>
Numerator:
Denominator:
Rate:</td></tr>
<tr><td colspan="2">Additional notes on measure:</td><td colspan="2">Additional notes on measure:</td><td colspan="2">Additional notes on measure:</td></tr>
<tr><td colspan="2">Other Performance Measurement Data:
(If reporting with another methodology)
Numerator:
Denominator:
Rate:

Additional notes on measure:</td><td colspan="2">Other Performance Measurement Data:
(If reporting with another methodology)
Numerator:
Denominator:
Rate:

Additional notes on measure:</td><td colspan="2">Other Performance Measurement Data:
(If reporting with another methodology)
Numerator:
Denominator:
Rate:

Additional notes on measure:</td></tr>
<tr><td colspan="6">Explanation of Progress:

How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?

What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?

Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.

Annual Performance Objective for FFY 2011:

Annual Performance Objective for FFY 2012:

Annual Performance Objective for FFY 2013:

Explain how these objectives were set:</td></tr>
<tr><td colspan="6">Other Comments on Measure:</td></tr>
</table>

MEASURE 8: Rates of screening using standardized screening tools for potential delays in social and emotional development

FFY 2008	FFY 2009	FFY 2010
Did you report on this goal? ☐ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this goal?** ☐ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this goal?** ☐ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:
Data Source: ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**

MEASURE 8: Rates of screening using standardized screening tools for potential delays in social and emotional development (continued)

FFY 2008	FFY 2009	FFY 2010
Performance Measurement Data: Rates of children screened for social and emotional development with a standardized, documented tool or set of tools as part of a well child or other visit to their primary care provider with in the specified age categories and which are enrollees in Medicaid or CHIP	**Performance Measurement Data:** Rates of children screened for social and emotional development with a standardized, documented tool or set of tools as part of a well child or other visit to their primary care provider with in the specified age categories and which are enrollees in Medicaid or CHIP	**Performance Measurement Data:** Rates of children screened for social and emotional development with a standardized, documented tool or set of tools as part of a well child or other visit to their primary care provider with in the specified age categories and which are enrollees in Medicaid or CHIP
Numerator: Denominator: Rate: Additional notes on measure:	Numerator: Denominator: Rate: Additional notes on measure:	Numerator: Denominator: Rate: Additional notes on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?** **What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2011:** **Annual Performance Objective for FFY 2012:** **Annual Performance Objective for FFY 2013:** **Explain how these objectives were set:**		
Other Comments on Measure:		

MEASURE 9: Chlamydia screening 16-20 females

FFY 2008	FFY 2009	FFY 2010
Did you report on this goal? ☐ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this goal?** ☐ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this goal?** ☐ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:
Data Source: ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**

MEASURE 9: Chlamydia screening 16-20 females (continued)

FFY 2008	FFY 2009	FFY 2010
HEDIS Performance Measurement Data: Percent of 16-20 year old females wgi were indentified as sexually active and who had at least one test for chlamydia during the measurement year	**HEDIS Performance Measurement Data:** Percent of 16-20 year old females wgi were indentified as sexually active and who had at least one test for chlamydia during the measurement year	**HEDIS Performance Measurement Data:** Percent of 16-20 year old females wgi were indentified as sexually active and who had at least one test for chlamydia during the measurement year
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?** **What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2011:** **Annual Performance Objective for FFY 2012:** **Annual Performance Objective for FFY 2013:** **Explain how these objectives were set:**		
Other Comments on Measure:		

Well-child Care Visits (WCV)

MEASURE 10: Well Child Visits in the First 15 Months of Life

FFY 2008	FFY 2009	FFY 2010
Did you report on this goal? ☒ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this goal?** ☒ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this goal?** ☒ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☒ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2008	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☒HEDIS. *Specify version of HEDIS used*: 2008 version ☐Other. *Explain*:	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: 2008 ☐Other. *Explain*:	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: Is it MassHealth Managed Care HEDIS **2010** ☐Other. *Explain*:
Data Source: ☐ Administrative (claims data). *Specify*: ☒ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). *Specify*: ☒ Hybrid (claims and medical record data). *Specify*: Members who turned 15 months old during 2007 and who were continuously enrolled with no more than one gap in enrollment of up to 45 days. ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). *Specify*: ☒ Hybrid (claims and medical record data). *Specify*: MassHealth claims, eligibility and encounter data, and medical records from provider offices. ☐ Survey data. *Specify*: ☐ Other. *Specify*:

FFY 2008	FFY 2009	FFY 2010
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☒ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Members who turned 15 months old during 2007 and who had six or more well-child visits with a primary care practitioner during the first 15 months of life.	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☒ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Members who turned 15 months old during 2007 and who had six or more well-child visits with a primary care practitioner during the first 15 months of life.	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☒ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Definition of numerator: Members who turned 15 months old during 2009 and who had zero to one or more visits in the measurement year
Year of Data: 2007	**Year of Data: 2007**	**Year of Data: CY2009**

MEASURE 10: Well Child Visits in the First 15 Months of Life (continued)

<table>
<tr><th colspan="2">FFY 2008</th><th colspan="2">FFY 2009</th><th colspan="2">FFY 2010</th></tr>
<tr><td colspan="2">HEDIS Performance Measurement Data:
Percent with specified number of visits</td><td colspan="2">HEDIS Performance Measurement Data:
Percent with specified number of visits</td><td colspan="2">HEDIS Performance Measurement Data:
Percent with specified number of visits</td></tr>
<tr><td>0 visits
Numerator:
Denominator:
Rate: 1.1

1 visit
Numerator:
Denominator:
Rate: 0.6

2 visits
Numerator:
Denominator:
Rate: 0.3

3 visits
Numerator:
Denominator:
Rate: 1.6</td><td>4 visits
Numerator:
Denominator:
Rate: 5.7

5 visits
Numerator:
Denominator:
Rate: 9.7

6+ visits
Numerator:
Denominator:
Rate: 81.1</td><td>0 visits
Numerator:
Denominator:
Rate: 1.1

1 visit
Numerator:
Denominator:
Rate: 0.6

2 visits
Numerator:
Denominator:
Rate: 0.3

3 visits
Numerator:
Denominator:
Rate: 1.6</td><td>4 visits
Numerator:
Denominator:
Rate: 5.7

5 visits
Numerator:
Denominator:
Rate: 9.7

6+ visits
Numerator:
Denominator:
Rate: 81.1</td><td>0 visits
Numerator: 60
Denominator: 14,495
Rate: 0.41%

1 visit
Numerator: 63
Denominator: 14,495
Rate: 0.43%

2 visits
Numerator: 54
Denominator: 14,495
Rate: 0.37%

3 visits
Numerator: 193
Denominator: 14,495
Rate: 1.33%</td><td>4 visits
Numerator: 618
Denominator: 14,495
Rate: 4.27%

5 visits
Numerator: 1,109
Denominator: 14,495
Rate: 7.65%

6+ visits
Numerator: 12,398
Denominator: 14,495
Rate: 85.53%</td></tr>
<tr><td colspan="2">Additional notes on measure:</td><td colspan="2">Additional notes on measure:</td><td colspan="2">Additional notes on measure: One MassHealth plan used Administrative methodology, the other four used Hybrid. For consistency, hybrid rates are multiplied by eligible population to obtain expected numerator values for calculation of MassHealth weighted mean (all five plans).</td></tr>
<tr><td colspan="2">Other Performance Measurement Data:
(If reporting with another methodology)
Numerator:
Denominator:
Rate:

Additional notes on measure:</td><td colspan="2">Other Performance Measurement Data:
(If reporting with another methodology)
Numerator:
Denominator:
Rate:

Additional notes on measure:</td><td colspan="2">Other Performance Measurement Data:
(If reporting with another methodology)
Numerator:
Denominator:
Rate:

Additional notes on measure:</td></tr>
</table>

Explanation of Progress:

How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?
MassHealth continued to perform above the Medicaid HEDIS 75th percentile.

What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?
The MassHealth Annual Quality Plan, as well as the BBA-required MassHealth Managed Care Quality Strategy, establish the framework of values that guide the kind of care that MassHealth seeks to provide to member, including: "Doing the right thing at the right time in the right way for the right person, and having the best possible results." (Agency for Healthcare Research and Quality – AHRQ) MassHealth engages in routine quality measurement and feedback of results to health plans with the aim of improving the quality of care delivered to members.

Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.

Annual Performance Objective for FFY 2011: MassHealth will continue to perform at a level that meets or exceeds the national Medicaid HEDIS 75th percentile.

Annual Performance Objective for FFY 2012: MassHealth will continue to perform at a level that meets or exceeds the national Medicaid HEDIS 75th percentile.

Annual Performance Objective for FFY 2013: MassHealth will continue to perform at a level that meets or exceeds the national Medicaid HEDIS 75th percentile.

Explain how these objectives were set: This objective was set in conjunction with national quality standards and the MassHealth Quality Strategy with a stated goal of maintaining or improving on current performance.

Other Comments on Measure:

MEASURE 11: Well-Child Visits in Children the 3rd, 4th, 5th, and 6th Years of Life

FFY 2008	FFY 2009	FFY 2010
Did you report on this goal? ☒ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this goal?** ☒ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this goal?** ☒ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☒ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2008	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☒HEDIS. *Specify version of HEDIS used*: 2008 ☐Other. *Explain*:	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: 2008 ☐Other. *Explain*:	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: 2010 ☐Other. *Explain*:
Data Source: ☒ Administrative (claims data). *Specify*: MassHealth claims, eligibility and encounter data. ☒ Hybrid (claims and medical record data). *Specify*: MassHealth claims, eligibility and encounter data plus medical records from provider offices. ☐ Survey data. *Specify*: ☒ Other. *Specify*: Some health plans used administrative only data; others used the hybrid method.	**Data Source:** ☒ Administrative (claims data). *Specify*: MassHealth claims, eligibility and encounter data. ☒ Hybrid (claims and medical record data). *Specify*: MassHealth claims, eligibility and encounter data plus medical records from provider offices. ☐ Survey data. *Specify*: ☒ Other. *Specify*: Some health plans used administrative only data; others used the hybrid method.	**Data Source:** ☒ Administrative (claims data). *Specify*: MassHealth claims, eligibility and encounter data. ☒ Hybrid (claims and medical record data). *Specify*: MassHealth claims, eligibility and encounter data plus medical records from provider offices. ☐ Survey data. *Specify*: ☒ Other. *Specify*: Some health plans used administrative only data; others used the hybrid method.

FFY 2008	FFY 2009	FFY 2010
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☒ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Members who were 3, 4, 5 or 6 years old during 2007 and who received one or more well-child visits with a primary care practitioner during 2007.	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☒ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Members who were 3, 4, 5 or 6 years old during 2007 and who received one or more well-child visits with a primary care practitioner during 2007.	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☒ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Members who were e, 4, 5 or 6 years old during 2009 and who received one or more well-child visits with a primary care practitioner during 2009.
Year of Data: 2007	**Year of Data: 2007**	**Year of Data: CY2009**

MEASURE 11 : Well-Child Visits in Children the 3rd, 4th, 5th, and 6th Years of Life (continued)

FFY 2008		FFY 2009		FFY 2010	
HEDIS Performance Measurement Data: Percent with specified number of visits		**HEDIS Performance Measurement Data:** Percent with specified number of visits		**HEDIS Performance Measurement Data:** Percent with specified number of visits	
1+ visits Numerator: **47,305** Denominator: **55,996** Rate: **84.5%**		1+ visits Numerator: Denominator: Rate: **84.5%**		1+ visits Numerator: **54,592** Denominator: **63,843** Rate: **85.51%**	
Additional notes on measure: One MassHealth plan used Administrative methodology, the other four used Hybrid. For consistency, hybrid rates are multiplied by eligible population to obtain expected numerator values for calculation of MassHealth weighted mean (all five plans).		Additional notes on measure:		Additional notes on measure: One MassHealth plan used Administrative methodology, the other four used Hybrid. For consistency, hybrid rates are multiplied by eligible population to obtain expected numerator values for calculation of MassHealth weighted mean (all five plans).	
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:		**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:		**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	

Explanation of Progress:

How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?
The HEDIS rate of MassHealth members who had well child visits in the 3rd, 4th, 5th, and 6th years of life was 85.5%, an increase of nearly 1 percentage point over HEDIS 2008. MassHealth ranks significantly better than the HEDIS 2010 national benchmarks.

What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?
The MassHealth Annual Quality Plan, as well as the BBA-required MassHealth Managed Care Quality Strategy, establish the framework of values that guide the kind of care that MassHealth seeks to provide to member, including: "Doing the right thing at the right time in the right way for the right person, and having the best possible results." (Agency for Healthcare Research and Quality – AHRQ) MassHealth engages in routine quality measurement and feedback of results to health plans with the aim of improving the quality of care delivered to members.

Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.

Annual Performance Objective for FFY 2011: MassHealth will continue to perform at a level that meets or exceeds the national Medicaid HEDIS 75th percentile.

Annual Performance Objective for FFY 2012: MassHealth will continue to perform at a level that meets or exceeds the national Medicaid HEDIS 75th percentile.

Annual Performance Objective for FFY 2013: MassHealth will continue to perform at a level that meets or exceeds the national Medicaid HEDIS 75th percentile.

Explain how these objectives were set: This objective was set in conjunction with national quality standards and the MassHealth Quality Strategy with a stated goal of maintaining or improving on current performance.

Other Comments on Measure:

MEASURE 12: Adolescent Well-Care Visits

FFY 2008	FFY 2009	FFY 2010
Did you report on this goal? ☐ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this goal?** ☐ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this goal?** ☐ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:
Data Source: ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**

MEASURE 12: Adolescent Well-Care Visits (continued)

FFY 2008	FFY 2009	FFY 2010
HEDIS Performance Measurement Data: Percentage of members age 12 through 21 years who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year.	**HEDIS Performance Measurement Data:** Percentage of members age 12 through 21 years who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year.	**HEDIS Performance Measurement Data:** Percentage of members age 12 through 21 years who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year.
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?** **What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2011:** **Annual Performance Objective for FFY 2012:** **Annual Performance Objective for FFY 2013:** **Explain how these objectives were set:**		
Other Comments on Measure:		

Dental

MEASURE 13: Total eligibles receiving preventive dental services (EPSDT measure Line 12B)

FFY 2008	FFY 2009	FFY 2010
Did you report on this goal? ☐ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this goal?** ☐ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this goal?** ☐ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
1Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:
Data Source: ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**

MEASURE 13: Total eligibles receiving preventive dental services (EPSDT measure Line 12B) (continued)

FFY 2008	FFY 2009	FFY 2010
Performance Measurement Data: Total EPSDT eligibles who received preventive d1ental services	**Performance Measurement Data:** Total EPSDT eligibles who received preventive dental services	**Performance Measurement Data:** Total EPSDT eligibles who received preventive dental services
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?** **What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2011:** **Annual Performance Objective for FFY 2012:** **Annual Performance Objective for FFY 2013:** **Explain how these objectives were set:**		
Other Comments on Measure:		

Access

MEASURE 14: Children and Adolescents' Access to Primary Care

FFY 2009	FFY 2010	FFY 2010
Did you report on this goal? ☒ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this goal?** ☒ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this goal?** ☒ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* **Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*: **Data Source:** ☒ Administrative (claims data). *Specify*: MassHealth claims, eligibility and encounter data. health plans. ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☒ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2008 **Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: 2008 ☐Other. *Explain*: **Data Source:** ☒ Administrative (claims data). *Specify*: MassHealth claims, eligibility and encounter data. health plans. ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☒ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2008 **Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: 2008 ☐Other. *Explain*: **Data Source:** ☒ Administrative (claims data). *Specify*: MassHealth claims, eligibility and encounter data. health plans. ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:

FFY 2009	FFY 2010	FFY 2010
Definition of Population Included in the Measure:	**Definition of Population Included in the Measure:**	**Definition of Population Included in the Measure:**
Definition of denominator: ☐ Denominator includes CHIP population only. ☒ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Members aged 12-24 months or 25 months to 6 years who had at least one ambulatory care or preventive care visit with a primary care practitioner in 2007. Members aged 7 to 11 years or 12 to19 years who had at least one ambulatory care or preventive care visit with a primary care practitioner in 2007. **Year of Data: 2007**	Definition of denominator: ☐ Denominator includes CHIP population only. ☒ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Members aged 12-24 months or 25 months to 6 years who had at least one ambulatory care or preventive care visit with a primary care practitioner in 2007. Members aged 7 to 11 years or 12 to19 years who had at least one ambulatory care or preventive care visit with a primary care practitioner in 2007. **Year of Data: 2007**	Definition of denominator: ☐ Denominator includes CHIP population only. ☒ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Members ages 12-24 months or 25 months to 6 years who had at least one ambulatory care or preventive care visit with a primary care practitioner in 2007. Members ages 7 to 11 years or 12 to 19 years who had at least one ambulatory care or preventive care visit with a primary care practitioner in 2007. **Year of Data: 2007**

MEASURE 14: Children and Adolescents' Access to Primary Care (continued)

HEDIS Performance Measurement Data: Percentage of enrollees who had a visit with a primary care practitioner 12-24 months Numerator: Denominator: Rate: 97.3 25 months-6 years Numerator: Denominator: Rate: 93.6 12-24 months Numerator: Denominator: Rate: 97.0 25 months-6 years Numerator: Denominator: Rate: 94.7 Additional notes on measure:	**HEDIS Performance Measurement Data:** Percentage of enrollees who had a visit with a primary care practitioner 12-24 months Numerator: Denominator: Rate: 97.3 25 months-6 years Numerator: Denominator: Rate: 93.6 7-11 years Numerator: Denominator: Rate: 97.0 12-19 years Numerator: Denominator: Rate: 94.7 Additional notes on measure:	**HEDIS Performance Measurement Data:** Percentage of enrollees who had a visit with a primary care practitioner 12-24 months Numerator: Denominator: Rate: 97.3 25 months-6 years Numerator: Denominator: Rate: 93.6 7-11 years Numerator: Denominator: Rate: 97.0 12-19 years Numerator: Denominator: Rate: 94.7 Additional notes on measure: MassHealth reports a weighted mean rate over all the reporting plans.
Other Performance Measurement Data: *(If reporting with another methodology)*	**Other Performance Measurement Data:** *(If reporting with another methodology)*	**Other Performance Measurement Data:** *(If reporting with another methodology)*

Numerator: Denominator: Rate: Additional notes on measure:	Numerator: Denominator: Rate: Additional notes on measure:	Numerator: Denominator: Rate: Additional notes on measure:

Explanation of Progress:

How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?
Not applicable as we are reporting the same data as in 2009.

What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?
The MassHealth Annual Quality Plan, as well as the BBA-required MassHealth Managed Care Quality Strategy, establish the framework of values that guide the kind of care that MassHealth seeks to provide to member, including: "Doing the right thing at the right time in the right way for the right person, and having the best possible results." (Agency for Healthcare Research and Quality – AHRQ) MassHealth engages in routine quality measurement and feedback of results to health plans with the aim of improving the quality of care delivered to members.

Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.

Annual Performance Objective for FFY 2011: This measure will not be collected in 2011 as part of HEDIS. The performance objective will be to facilitate the collection of this measure through the CHIPRA grant. Data through the CHIPRA grant may be available by the beginning of FFY 2012.

Annual Performance Objective for FFY 2012: The CHIPRA grant will have measurement year 2010 results by FFY 2012. The expectation is that MassHealth will continue to perform at a level that meets or exceeds the national Medicaid 75th percentile.

Annual Performance Objective for FFY 2013: MassHealth will continue activities that support primary care access of children.

Explain how these objectives were set: These objectives were set to align with national quality standards and the MassHealth Quality Strategy **.**

Other Comments on Measure:

Category II - MANAGEMENT OF ACUTE CONDITIONS

Upper Respiratory -- Appropriate Use of Antibiotics

MEASURE 15: Appropriate Testing for Children with Pharyngitis

FFY 2008	FFY 2009	FFY 2010
Did you report on this goal? ☐ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this goal?** ☐ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this goal?** ☐ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:
Data Source: ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**

MEASURE 15: Appropriate Testing for Children with Pharyngitis (continued)

FFY 2008	FFY 2009	FFY 2010
HEDIS Performance Measurement Data: Percentage of patients who were diagnosed with pharyngitis, prescribed an antibiotic and who received a group A streptococcus test for the episode	**HEDIS Performance Measurement Data:** Percentage of patients who were diagnosed with pharyngitis, prescribed an antibiotic and who received a group A streptococcus test for the episode	**HEDIS Performance Measurement Data:** Percentage of patients who were diagnosed with pharyngitis, prescribed an antibiotic and who received a group A streptococcus test for the episode
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?** **What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2011:** **Annual Performance Objective for FFY 2012:** **Annual Performance Objective for FFY 2013:** **Explain how these objectives were set:**		
Other Comments on Measure:		

MEASURE 16: Otitis Media with Effusion - avoidance of inappropriate use of systemic antimicrobials

FFY 2008	FFY 2009	FFY 2010
Did you report on this goal? ☐ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this goal?** ☐ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this goal?** ☐ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:
Data Source: ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**

MEASURE 16: Otitis Media with Effusion - avoidance of inappropriate use of systemic antimicrobials (continued)

FFY 2007	FFY 2008	FFY 2009
Performance Measurement Data: Percent of patients aged 2 months through 12 years with a diagnosis of OME who were not prescribed systemic antimicrobials	**Performance Measurement Data:** Percent of patients aged 2 months through 12 years with a diagnosis of OME who were not prescribed systemic antimicrobials	**Performance Measurement Data:** Percent of patients aged 2 months through 12 years with a diagnosis of OME who were not prescribed systemic antimicrobials
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?** **What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2011:** **Annual Performance Objective for FFY 2012:** **Annual Performance Objective for FFY 2013:** **Explain how these objectives were set:**		
Other Comments on Measure:		

Dental

MEASURE 17: Total EPSDT eligibles who received dental treatment services (EPSDT CMS Form 416 Line 12C)

FFY 2008	FFY 2009	FFY 2010
Did you report on this goal? ☐ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this goal?** ☐ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this goal?** ☐ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:
Data Source: ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**

MEASURE 17: Total EPSDT eligibles who received dental treatment services (EPSDT CMS Form 416 Line 12C) (continued)

FFY 2008	FFY 2009	FFY 2010
Performance Measurement Data: Total EPSDT eligibles who received preventive dental services	**Performance Measurement Data:** Total EPSDT eligibles who received preventive dental services	**Performance Measurement Data:** Total EPSDT eligibles who received preventive dental services
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?** **What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2011:** **Annual Performance Objective for FFY 2012:** **Annual Performance Objective for FFY 2013:** **Explain how these objectives were set:**		
Other Comments on Measure:		

Emergency Department

MEASURE 18: Emergency Department (ED) Utilization – Average number of ED visits per member per reporting period

FFY 2008	FFY 2009	FFY 2010
Did you report on this goal? ☐ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this goal?** ☐ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this goal?** ☐ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:
Data Source: ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**

MEASURE 18: Emergency Department (ED) Utilization – Average number of ED visits per member per reporting period (continued)

FFY 2008	FFY 2009	FFY 2010
HEDIS Performance Measurement Data: the number of visits per member per year as a function of all child and adolescent members enrolled and eligible during the measurement year.	**HEDIS Performance Measurement Data:** the number of visits per member per year as a function of all child and adolescent members enrolled and eligible during the measurement year.	**HEDIS Performance Measurement Data:** the number of visits per member per year as a function of all child and adolescent members enrolled and eligible during the measurement year.
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?** **What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2011:** **Annual Performance Objective for FFY 2012:** **Annual Performance Objective for FFY 2013:** **Explain how these objectives were set:**		
Other Comments on Measure:		

Inpatient

MEASURE 19: Pediatric catheter associated blood stream infection rates (PICU and ICU)

FFY 2008	FFY 2009	FFY 2010
Did you report on this goal? ☐ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this goal?** ☐ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this goal?** ☐ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:
Data Source: ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**

MEASURE 19: Pediatric catheter associated blood stream infection rates (PICU and ICU) (continued)

FFY 2008	FFY 2009	FFY 2010
Performance Measurement Data: Central line-associated blood stream infections (CLABSI) identified during periods selected for surveillance as a function of the number of central line catheter days selected for surveillance in pediatric and neonatal intensive care units	**Performance Measurement Data:** Central line-associated blood stream infections (CLABSI) identified during periods selected for surveillance as a function of the number of central line catheter days selected for surveillance in pediatric and neonatal intensive care units	**Performance Measurement Data:** Central line-associated blood stream infections (CLABSI) identified during periods selected for surveillance as a function of the number of central line catheter days selected for surveillance in pediatric and neonatal intensive care units
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:

Explanation of Progress: **How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?** **What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2011:** **Annual Performance Objective for FFY 2012:** **Annual Performance Objective for FFY 2013:** **Explain how these objectives were set:**
Other Comments on Measure:

Category III - MANAGEMENT OF CHRONIC CONDITIONS

Asthma

MEASURE 20: Annual number of asthma patients (> 1 year-old) with > 1 asthma related ER visit

FFY 2008	FFY 2009	FFY 2010
Did you report on this goal? ☐ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this goal?** ☐ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this goal?** ☐ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:
Data Source: ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**

MEASURE 20: Annual number of asthma patients (> 1 year-old) with > 1 asthma related ER visit (continued)

FFY 2008	FFY 2009	FFY 2010
Performance Measurement Data: Annual number of asthma patients (> 1 year-old) with > 1 asthma related ER visit	**Performance Measurement Data:** Annual number of asthma patients (> 1 year-old) with > 1 asthma related ER visit	**Performance Measurement Data:** Annual number of asthma patients (> 1 year-old) with > 1 asthma related ER visit
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?** **What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2011:** **Annual Performance Objective for FFY 2012:** **Annual Performance Objective for FFY 2013:** **Explain how these objectives were set:**		
Other Comments on Measure:		

Attention-Deficit/Hyperactivity Disorder

MEASURE 21: Follow-up care for children prescribed attention-deficit/hyperactivity disorder (ADHD) medication

FFY 2008	FFY 2009	FFY 2010
Did you report on this goal? ☐ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this goal?** ☐ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this goal?** ☐ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:
Data Source: ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**

MEASURE 21: Follow-up care for children prescribed attention-deficit/hyperactivity disorder (ADHD) medication (continued)

FFY 2008	FFY 2009	FFY 2010
HEDIS Performance Measurement Data: Initiation Phase: Percentage of children 6 - 12 years of age as of the Index Prescription Episode Start Date (IPSD) with an ambulatory prescription dispensed who had one follow up visit. Continuation and Maintenance (C&M) Phase: Percentage of members 6 - 12 years of age as of the IPSD with an ambulatory prescription who remained on the medication for at least 210 days and who, in addition to the visit in the initiation phase had at least two follow-up visits with practitioner within 270 days (9 months) after the initiation phase ended.	**HEDIS Performance Measurement Data:** Initiation Phase: Percentage of children 6 - 12 years of age as of the Index Prescription Episode Start Date (IPSD) with an ambulatory prescription dispensed who had one follow up visit. Continuation and Maintenance (C&M) Phase: Percentage of members 6 - 12 years of age as of the IPSD with an ambulatory prescription who remained on the medication for at least 210 days and who, in addition to the visit in the initiation phase had at least two follow-up visits with practitioner within 270 days (9 months) after the initiation phase ended.	**HEDIS Performance Measurement Data:** Initiation Phase: Percentage of children 6 - 12 years of age as of the Index Prescription Episode Start Date (IPSD) with an ambulatory prescription dispensed who had one follow up visit. Continuation and Maintenance (C&M) Phase: Percentage of members 6 - 12 years of age as of the IPSD with an ambulatory prescription who remained on the medication for at least 210 days and who, in addition to the visit in the initiation phase had at least two follow-up visits with practitioner within 270 days (9 months) after the initiation phase ended.
Initiation Phase Numerator: Denominator: Rate: Continuation and Maintenance (C&M) Phase: Numerator: Denominator: Rate:	Initiation Phase Numerator: Denominator: Rate: Continuation and Maintenance (C&M) Phase: Numerator: Denominator: Rate:	Initiation Phase Numerator: Denominator: Rate: Continuation and Maintenance (C&M) Phase: Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:

Explanation of Progress: **How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?** **What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2011:** **Annual Performance Objective for FFY 2012:** **Annual Performance Objective for FFY 2013:** **Explain how these objectives were set:**
Other Comments on Measure:

Diabetes

MEASURE 22: Annual hemoglobin A1C testing (all children and adolescents diagnosed with diabetes)

FFY 2008	FFY 2009	FFY 2010
Did you report on this goal? ☐ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this goal?** ☐ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this goal?** ☐ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:
Data Source: ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**

MEASURE 22: Annual hemoglobin A1C testing (all children and adolescents diagnosed with diabetes) (continued)

FFY 2008	FFY 2009	FFY 2010
Performance Measurement Data: Percentage of pediatric patients with diabetes with a HBA1c test in a 12-month measurement period	**Performance Measurement Data:** Percentage of pediatric patients with diabetes with a HBA1c test in a 12-month measurement period	**Performance Measurement Data:** Percentage of pediatric patients with diabetes with a HBA1c test in a 12-month measurement period
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?** **What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2011:** **Annual Performance Objective for FFY 2012:** **Annual Performance Objective for FFY 2013:** **Explain how these objectives were set:**		
Other Comments on Measure:		

Mental Health

MEASURE 23: Follow-up after hospitalization for mental illness

FFY 2008	FFY 2009	FFY 2010
Did you report on this goal? ☐ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this goal?** ☐ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this goal?** ☐ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:
Data Source: ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**

MEASURE 23: Follow-up after hospitalization for mental illness (continued)

FFY 2008	FFY 2009	FFY 2010
Performance Measurement Data: Percentage of individuals aged 6 years and older who have had a mental hospitalization and were discharged from the hospitalization had an outpatient visit, intensive outpatient encounter, or partial hospitalization with a mental health practitioner	**Performance Measurement Data:** Percentage of individuals aged 6 years and older who have had a mental hospitalization and were discharged from the hospitalization had an outpatient visit, intensive outpatient encounter, or partial hospitalization with a mental health practitioner	**Performance Measurement Data:** Percentage of individuals aged 6 years and older who have had a mental hospitalization and were discharged from the hospitalization had an outpatient visit, intensive outpatient encounter, or partial hospitalization with a mental health practitioner
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?** **What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2011:** **Annual Performance Objective for FFY 2012:** **Annual Performance Objective for FFY 2013:** **Explain how these objectives were set:**		
Other Comments on Measure:		

SECTION IIB: ENROLLMENT AND UNINSURED DATA

1. The information in the table below is the Unduplicated Number of Children Ever Enrolled in CHIP in your State for the two most recent reporting periods. The enrollment numbers reported below should correspond to line 7 (Unduplicated # Ever Enrolled Year) in your State's 4th quarter data report (submitted in October) in the CHIP Statistical Enrollment Data System (SEDS). The percent change column reflects the percent change in enrollment over the two-year period. If the percent change exceeds 10 percent (increase or decrease), please explain in letter A below any factors that may account for these changes (such as decreases due to elimination of outreach or increases due to program expansions). This information will be filled in automatically by CARTS through a link to SEDS. Please wait until you have an enrollment number from SEDS before you complete this response.

Program	FFY 2009	FFY 2010	Percent change FFY 2009-2010
CHIP Medicaid Expansion Program	**62,773**	**64,119**	**+2.1%**
Separate Child Health Program	**78.241**	**77,320**	**-3.6%**

A. Please explain any factors that may account for enrollment increases or decreases exceeding 10 percent. N/A

2. The table below shows trends in the three-year averages for the number and rate of uninsured children in your State based on the Current Population Survey (CPS), along with the percent change between 1996-1998 and 2008-2009. Significant changes are denoted with an asterisk (*). If your state uses an alternate data source and/or methodology for measuring change in the number and/or rate of uninsured children, please explain in Question #3. CARTS will fill in this information automatically, but in the meantime, please refer to the CPS data attachment that was sent with the FFY 2010 Annual Report Template.

	Uninsured Children Under Age 19 Below 200 Percent of Poverty		Uninsured Children Under Age 19 Below 200 Percent of Poverty as a Percent of Total Children Under Age 19	
Period	Number (In Thousands)	Std. Error	Rate	Std. Error
1996-1998				
1998-2000				
2000-2002				
2002–2004				
2003–2005				
2004–2006				
2005–2007				
2006-2008				
2007-2009				
Percent change 1996-1998 vs. 2007-2009				

A. Please explain any activities or factors that may account for increases or decreases in your number and/or rate of uninsured children.

Three major factors account for decreases in the number and rate of uninsured children in Massachusetts: eligibility expansion, increased outreach activities, and the increased public attention and activity resulting from the health care reform in Massachusetts.

B. Please note any comments here concerning CPS data limitations that may affect the reliability or precision of these estimates.

- The CPS is a labor market survey, and is not designed to measure the rate of health insurance coverage
- The CPS is based on the previous twelve months of time. Thus, 2010 CPS data are based on the period from March 2008 through March 2009.
- The CPS is a "residual" estimate for the entire previous year. The CPS did improve on this residual methodology by adding a confirming health insurance coverage question starting in 2000.
- The state's DHCFP survey (see #3 below) is a "point-in-time" estimate, with data collection efforts held in spring 2010. Respondents answer the state sponsored survey based on their current insurance status. Experts do not agree on what timeframe the CPS survey measures (point-in-time vs. entire year's insurance status vs. part of the year).
- The CPS estimates insurance status for missing data using a mix of national averages. This disproportionately affects Massachusetts data due to our generous Medicaid program and our higher than average employer offered insurance base. This is a very complex and highly important issue that many believe makes up a large percentage of the discrepancy between CPS and state-sponsored survey estimates.

3. Please indicate by checking the box below whether your State has an alternate data source and/or methodology for measuring the change in the number and/or rate of uninsured children.

☒ Yes (please report your data in the table below)

☐ No (skip to Question #4)

Please report your alternate data in the table below. Data are required for two or more points in time to demonstrate change (or lack of change). Please be as specific and detailed as possible about the method used to measure progress toward covering the uninsured.

Data source(s)	Massachusetts Health Insurance Survey (MHIS), conducted on behalf of the Massachusetts Division of Health Care Finance and Policy (DHCFP) by the Urban Institute
Reporting period (2 or more points in time)	2008, 2009, 2010
Methodology	Massachusetts chose to redesign its state sponsored survey starting in 2008 to address some of the limitations of other surveys being used to estimate uninsured rates in Massachusetts. One of the biggest changes is that the revised MHIS includes a residential address-based sample, similar to that of the U.S. Census Bureau's Current Population Survey (CPS). This provides a more complete profile of Massachusetts households than in earlier versions of the Massachusetts and other surveys (the Massachusetts Department of Public Health/Centers for Disease Control BRFSS and the Massachusetts Health Reform Survey (MHRS) which is funded by various foundations including the Blue Cross Blue Shield Foundation). The prior state survey, along with other surveys, relied solely on random-digit-dial (RDD) survey design to sample households in the state who have a landline telephone number. Data suggests that individuals who are not captured by RDD surveys are more likely to

	be uninsured. In order to ensure that the state survey covers nearly all residents of Massachusetts, the revised state survey uses a dual sample frame design combining a random-digit-dial (RDD) sample with an address-based (AB) sample. This method was chosen to better capture the changing nature of the telephone environment with a growing number of households without landline telephones. The AB-sample captures households with landline phones, cell-phone-only households, and non-telephone households, supplementing the landline sample of the traditional RDD survey. The sample does not include the homeless population (nor do the other surveys), which is estimated to be less than 1% of the Massachusetts population. The revised MHIS uses a revised questionnaire to include very detailed questions on insurance coverage for all adults and children in a sample of 4,900 households in the state. It also provides information on access to and use of health care, and on health care costs. The revised state survey also gave respondents more methods by which to respond to the survey in order to increase participation rates. The state offers an internet option, a mail option, and an option for the respondent to call in and set up a time convenient to them to complete the survey on the telephone, in addition to the traditional telephone call to the respondent method (outbound). Forty six percent of respondents used the internet option, forty five percent the traditional outbound telephone, eight percent the inbound telephone, and one percent of the surveys were completed using the mail in 2008. These options are all explained in initial mailings to Massachusetts residents in the survey sample. The state also added another language option, Portuguese (along with Spanish and English as in the prior survey). In 2009, surveys were completed with 4,910 Massachusetts households. The margin of error due to sampling at the 95% confidence interval for estimates that use the full sample is +/-1.54 percentage points. Estimates based on subsets of the full sample will have a larger margin of error. All estimates reported here are based on sample sizes of at least 50 observations. The response rate for the 2009 MHIS was 50% for the RDD-sample and 37% for the address-based sample, for a combined response rate of 41%. While address-based samples typically yield lower response rates than RDD samples, the address-based sample, by capturing cell phone-only households and non-telephone households, improves the extent to which the survey covers the entire Massachusetts population. In 2010, surveys were completed with 4,478 Massachusetts households. The margin of error due to sampling at the 95% confidence interval for estimates that use the full sample is +/-1.71 percentage points. Estimates based on subsets of the full sample will have larger margins of error. All estimates reported here are based on sample sizes of at least 50 observations. The response rate for the 2010 MHIS was 49% for the RDD-sample and 37% for the address-based sample, for a combined response rate of 40%. While address-based samples typically yield lower response rates than RDD samples, the address-based sample, by capturing cell phone-only households and non-telephone households, improves the extent to which the survey covers the entire Massachusetts population. Additional information on the MHIS is available at www.mass.gov/dhcfp.
Population (Please include ages	See methodology section

and income levels)	
Sample sizes	See methodology section
Number and/or rate for two or more points in time	2008 – 1.2% 2009 – 1.9% 2010 - 0.2%
Statistical significance of results	The Massachusetts Health Insurance Survey 2010 estimates of the overall uninsured rate and the uninsured rate for children in Massachusetts were significantly lower than in 2009.

A. Please explain why your State chose to adopt a different methodology to measure changes in the number and/or rate of uninsured children.

Please see response to Question 2B above

B. What is your State's assessment of the reliability of the estimate? Please provide standard errors, confidence intervals, and/or p-values if available.

The State deems the DHCFP survey to be more reliable than CPS data, for the reasons detailed in question #2B above. The margin of error due to sampling at the 95% confidence interval for estimates that use the full sample is +/-1.71 percentage points. Estimates based on subsets of the full sample will have a larger margin of error.

C. What are the limitations of the data or estimation methodology?

One limitation of the selected sampling techniques is that they miss homeless persons in in the Commonwealth. However, this is estimated to be less than 1% of the total population.

D. How does your State use this alternate data source in CHIP program planning?

The Commonwealth continues to monitor this survey to assess progress in covering uninsured children.

4. How many children do you estimate have been enrolled in Medicaid as a result of CHIP outreach activities and enrollment simplification? Describe the data source and method used to derive this information.

MassHealth's outreach activities do not specifically target the CHIP population, but all children eligible for MassHealth. Therefore, MassHealth cannot estimate the number of children enrolled in Medicaid through these activities. The MassHealth (Medicaid plus CHIP) caseload has increased by over 45,000 children since the beginning of federal fiscal year 2008.

SECTION IIC: STATE STRATEGIC OBJECTIVES AND PERFORMANCE GOALS

This subsection gathers information on your State's general strategic objectives, performance goals, performance measures and progress towards meeting goals, as specified in your CHIP State Plan. (If your goals reported in the annual report now differ from Section 9 of your CHIP state plan, please indicate how they differ in "Other Comments on Measure." Also, the state plan should be amended to reconcile these differences). The format of this section provides your State with an opportunity to track progress over time. This section contains templates for reporting performance measurement data for each of five categories of strategic objectives, related to:

- Reducing the number of uninsured children
- CHIP enrollment
- Medicaid enrollment
- Increasing access to care
- Use of preventative care (immunizations, well child care)

Please report performance measurement data for the three most recent years for which data are available (to the extent that data are available). In the first two columns, report data from the previous two years' annual reports (FFY 2008 and FFY 2009) will be populated with data from previously reported data in CARTS, enter data in these columns only if changes must be made. If you previously reported no data for either of those years, but you now have recent data available for them, please enter the data. In the third column, please report the most recent data available at the time you are submitting the current annual report (FFY 2010).

Note that the term *performance measure* is used differently in Section IIA versus IIC. In Section IIA, the term refers to the four core child health measures. In this section, the term is used more broadly, to refer to any data your State provides as evidence towards a particular goal within a strategic objective. For the purpose of this section, "objectives" refer to the five broad categories listed above, while "goals" are State-specific, and should be listed in the appropriate subsections within the space provided for each objective.

NOTES: Please do not reference attachments in this section. If details about a particular measure are located in an attachment, please summarize the relevant information from the attachment in the space provided for each measure.

In addition, please do not report the same data that were reported in Sections IIA or IIB. The intent of this section is to capture goals and measures that your State did not report elsewhere in Section II.

Additional instructions for completing each row of the table are provided below.

Goal:

For each objective, space has been provided to report up to three goals. Use this section to provide a brief description of each goal you are reporting within a given strategic objective. **All new goals should include a direction and a target. For clarification only, an <u>example</u> goal would be**: "Increase (direction) by 5 percent (target) the number of CHIP beneficiaries who turned 13 years old during the measurement year who had a second dose of MMR, three hepatitis B vaccinations and one varicella vaccination by their 13th birthday."

Type of Goal:

For each goal you are reporting within a given strategic objective, please indicate the type of goal, as follows:

- New/revised: Check this box if you have revised or added a goal. Please explain how and why the goal was revised.

- Continuing: Check this box if the goal you are reporting is the same one you have reported in previous annual reports.

- Discontinued: Check this box if you have met your goal and/or are discontinuing a goal. Please explain why the goal was discontinued.

Status of Data Reported:
Please indicate the status of the data you are reporting for each goal, as follows:

- Provisional: Check this box if you are reporting performance measure data for a goal, but the data are currently being modified, verified, or may change in any other way before you finalize them for FFY 2010.

- Final: Check this box if the data you are reporting are considered final for FFY 2010.

- Same data as reported in a previous year's annual report: Check this box if the data you are reporting are the same data that your State reported for the goal in another annual report. Indicate in which year's annual report you previously reported the data.

Measurement Specification:
This section is included for only two of the objectives— objectives related to increasing access to care, and objectives related to use of preventative care—because these are the two objectives for which States may report using the HEDIS® measurement specification. In this section, for each goal, please indicate the measurement specification used to calculate your performance measure data (i.e., were the measures calculated using the HEDIS® specifications, HEDIS®-like specifications, or some other method unrelated to HEDIS®). If the measures were calculated using HEDIS® or HEDIS®-like specifications, please indicate which version was used (e.g., HEDIS® 2008). If using HEDIS®-like specifications, please explain how HEDIS® was modified.

Data Source:
For each performance measure, please indicate the source of data. The categories provided in this section vary by objective. For the objectives related to reducing the number of uninsured children and CHIP or Medicaid enrollment, please indicate whether you have used eligibility/enrollment data, survey data (specify the survey used), or other source (specify the other source). For the objectives related to access to care and use of preventative care, please indicate whether you used administrative data (claims) (specify the kind of administrative data used), hybrid data (claims and medical records) (specify how the two were used to create the data source), survey data (specify the survey used), or other source (specify the other source). In all cases, if another data source was used, please explain the source.

Definition of Population Included in Measure:
Please indicate the definition of the population included in the denominator for each measure (such as age, continuous enrollment, type of delivery system). Also provide a definition of the numerator (such as the number of visits required for inclusion, e.g., one or more visits in the past year).

For measures related to increasing access to care and use of preventative care, please also check one box to indicate whether the data are for the CHIP population only, or include both CHIP and Medicaid (Title XIX) children combined.

Year of Data:
Please report the year of data for each performance measure. The year (or months) should correspond to the *period in which enrollment or utilization took place*. Do *not* report the year in which data were collected for the measure, or the version of HEDIS® used to calculate the measure, both of which may be different from the period corresponding to enrollment or utilization of services.

Performance Measurement Data:

Describe what is being measured: Please provide a brief explanation of the information you intend to capture through the performance measure.

Numerator, Denominator, and Rate: Please report the numerators, denominators, and rates for each measure (or component). For the objectives related to increasing access to care and use of preventative care, the template provides two sections for entering the performance measurement data, depending on whether you are reporting using HEDIS® or HEDIS®-like methodology or a methodology other than HEDIS®. The form fields have been set up to facilitate entering numerators, denominators, and rates for each measure. If the form fields do not give you enough space to fully report on your measure, please use the "additional notes" section.

If you typically calculate separate rates for each health plan, report the aggregate state-level rate for each measure (or component). The preferred method is to calculate a "weighted rate" by summing the numerators and denominators across plans, and then deriving a single state-level rate based on the ratio of the numerator to the denominator. Alternatively, if numerators and denominators are not available, you may calculate an "unweighted average" by taking the mean rate across health plans.

Explanation of Progress:

The intent of this section is to allow your State to highlight progress and describe any quality improvement activities that may have contributed to your progress. Any quality improvement activity described should involve the CHIP program, benefit CHIP enrollees, and relate to the performance measure and your progress. An example of a quality improvement activity is a state-wide initiative to inform individual families directly of their children's immunization status with the goal of increasing immunization rates. CHIP would either be the primary lead or substantially involved in the project. If improvement has not occurred over time, this section can be used to discuss potential reasons for why progress was not seen and to describe future quality improvement plans. In this section, your State is also asked to set annual performance objectives for FFY 2011, 2012 and 2013. Based on your recent performance on the measure (from FFY 2008 through 2010), use a combination of expert opinion and "best guesses" to set objectives for the next three years. Please explain your rationale for setting these objectives. For example, if your rate has been increasing by 3 or 4 percentage points per year, you might project future increases at a similar rate. On the other hand, if your rate has been stable over time, you might set a target that projects a small increase over time. If the rate has been fluctuating over time, you might look more closely at the data to ensure that the fluctuations are not an artifact of the data or the methods used to construct a rate. You might set an initial target that is an average of the recent rates, with slight increases in subsequent years. In future annual reports, you will be asked to comment on how your actual performance compares to the objective your State set for the year, as well as any quality improvement activities that have helped or could help your State meet future objectives.

Other Comments on Measure:

Please use this section to provide any other comments on the measure, such as data limitations, plans to report on a measure in the future, or differences between performance measures reported here and those discussed in Section 9 of the CHIP state plan.

Objectives Related to Reducing the Number of Uninsured Children (Do not report data that was reported in Section IIB, Questions 2 and 3)

FFY 2008	FFY 2009	FFY 2010
Goal #1 (Describe) Reduce the number of uninsured children in the Commonwealth.	**Goal #1 (Describe)** Maintain an overall children's uninsurance rate of no more than 3%.	**Goal #1 (Describe)** Maintain an overall children's uninsurance rate of no more than 3%.
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☒ New/revised. *Explain*: Massachusetts has succeeded in continuing to reduce the percentage of uninsured children. The Commonwealth is committed to sustaining the gains that have been made and ensuring that all children who are eligible for insurance are enrolled. ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data ☒ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☒ Survey data. *Specify*: Division of Health Care Finance and Policy (DHCFP) Massachusetts Health Insurance Survey, 2009 ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☒ Survey data. *Specify*: Division of Health Care Finance and Policy (DHCFP) Massachusetts Health Insurance Survey, 2010 ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: All children aged 0 to 18 residing in the Commonwealth. Definition of numerator: Definition of numerator: Children aged 0 to 18 estimated to be without health insurance.	**Definition of Population Included in the Measure:** Definition of denominator: The estimate of the number of children in Massachusetts Definition of numerator: The estimate of the number of uninsured children in Massachusetts	**Definition of Population Included in the Measure:** Definition of denominator: The estimate of the number of children in Massachusetts Definition of numerator: The estimate of the number of uninsured children in Massachusetts
Year of Data: 2008	**Year of Data: 2009**	**Year of Data: 2010**
Performance Measurement Data: Described what is being measured: Rate of uninsured children	**Performance Measurement Data:** Describe what is being measured: The uninsurance rate among children in Massachusetts at all income levels	**Performance Measurement Data:** Describe what is being measured: The uninsurance rate among children in Massachusetts at all income

FFY 2008	FFY 2009	FFY 2010
Numerator: Denominator: Rate: 1.2% Additional notes on measure: DHCFP redesigned the survey for 2008 to address many of the limitations of the existing surveys used to estimate uninsurance in Massachusetts in order to have a reliable estimate of uninsurance moving forward. The 2008 DHCFP-Health Insurance Survey includes a residential address-based sample, similar to that of the CPS, providing a more complete profile of households in Massachusetts than in earlier versions of that survey and in other surveys. Unlike other surveys, the new DHCFP-HIS includes households without telephones and cell-phone-only households, two populations that are more likely to be uninsured.	Numerator: The estimate of the number of uninsured children in Massachusetts Denominator: The estimate of the number of children in Massachusetts Rate: 1.9% Additional notes on measure:	levels Numerator: 3228 Denominator: 1,560,159 Rate: 0.2% Additional notes on measure:

FFY 2008	FFY 2009	FFY 2010

Explanation of Progress:

How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?

The Commonwealth met and exceeded our 2009 goal.

What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?

Massachusetts is committed to continuing to reduce the number of uninsured children and is currently pursuing operational enhancements to make it easier to apply for and stay enrolled in MassHealth. These include upgrades to the Virtual Gateway and the Commonwealth's work as a Robert Wood Johnson Foundation Maximizing Enrollment for Kids grantee, among others. MassHealth is also continually working with our partners in the community, for example, with our outreach and enrollment grantees, to find, screen and enroll even the most difficult-to-reach populations. In FFY2010, MassHealth collaborated with the two HHS CHIPRA grantees in the state on initiatives which also contributed to reducing the uninsured rate.

Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.

Annual Performance Objective for FFY 2011: Massachusetts will continue efforts to enroll every child eligible for health insurance and as a result, will maintain an uninsurance rate among all children of no more than 3%.

Annual Performance Objective for FFY 2012: Massachusetts will continue efforts to enroll every child eligible for health insurance and as a result, will maintain an uninsurance rate among all children of no more than 3%.

Annual Performance Objective for FFY 2013: Massachusetts will continue efforts to enroll every child eligible for health insurance and as a result, will maintain an uninsurance rate among all children of no more than 3%.

Explain how these objectives were set: The Commonwealth will continue to maximize its efforts to enroll every eligible child in health insurance. Despite those efforts, it is likely that there will always be a small percentage of the population that reports being uninsured, and the uninsured rate may also fluctuate depending on economic conditions. The Commonwealth may need to reevaluate this goal each year, and will adjust it as more data becomes available regarding the theoretical floor for the rate of uninsurance among children.

Other Comments on Measure:

Objectives Related to Reducing the Number of Uninsured Children (Do not report data that was reported in Section IIB, Questions 2 and 3) (Continued)

FFY 2008	FFY 2009	FFY 2010
Goal #2 (Describe) Reduce the number of uninsured children (between 150-300% FPL) in the Commonwealth.	**Goal #2 (Describe)** Maintain an uninsurance rate for children under 150% FPL of no more than 3%.	**Goal #2 (Describe)** Maintain an uninsurance rate for children under 150% FPL of no more than 3%.
Type of Goal: ☒ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☒ New/revised. *Explain*: Massachusetts has succeeded in continuing to reduce the percentage of uninsured children. The Commonwealth is committed to sustaining the gains that have been made and ensuring that all children who are eligible for insurance are enrolled, with a particular focus on children under 150% FPL. ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data ☒ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data ☒ Survey data. *Specify*: Division of Health Care Finance and Policy (DHCFP) Massachusetts Health Insurance Survey, 2009 ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data ☒ Survey data. *Specify*: Division of Health Care Finance and Policy (DHCFP) Massachusetts Health Insurance Survey, 2010 ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: Estimate of all children in Massachusetts between 150% - 300% FPL Definition of numerator: Estimate of uninsured children between 150%-300% FPL	**Definition of Population Included in the Measure:** Definition of denominator: The estimate of the number of children in Massachusetts with household income under 150% FPL Definition of numerator: The estimate of uninsured children in Massachusetts with household income less than 150% FPL	**Definition of Population Included in the Measure:** Definition of denominator: The estimate of the number of children in Massachusetts with household income under 150% FPL Definition of numerator: The estimate of uninsured children in Massachusetts with household income less than 150% FPL
Year of Data: 2008	**Year of Data: 2009**	**Year of Data: 2010**

FFY 2008	FFY 2009	FFY 2010
Performance Measurement Data: Described what is being measured: The percentage of all children between 150%- 300 % FPL who are uninsured. Numerator: Denominator: Rate: 2.2% Additional notes on measure:	**Performance Measurement Data:** Describe what is being measured: The rate of uninsurance among children with household income less than 150% FPL Numerator: The estimate of uninsured children in Massachusetts with household income less than 150% FPL Denominator: The estimate of the number of children in Massachusetts with household income under 150% FPL Rate: 2.7% Additional notes on measure:	**Performance Measurement Data:** Describe what is being measured: The rate of uninsurance among children with household income less than 150% FPL Numerator: 0 Denominator: 331,583 Rate: 0% Additional notes on measure:

FFY 2008	FFY 2009	FFY 2010

Explanation of Progress:

How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?

The Commonwealth met and exceeded our 2009 goal.

What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?

Massachusetts is committed to continuing to reduce the number of uninsured children and is currently pursuing operational enhancements to make it easier to apply for and stay enrolled in MassHealth. These include upgrades to the Virtual Gateway and the Commonwealth's work as a Robert Wood Johnson Foundation grantee, among others. MassHealth is also continually working with our partners in the community, for example, with our outreach and enrollment grantees, to find, screen and enroll even the most difficult-to-reach populations. In FFY2010, MassHealth collaborated with the two HHS CHIPRA grantees in the state on initiatives which also contributed to reducing the uninsured rate.

Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data

Annual Performance Objective for FFY 2011: Massachusetts will continue efforts to enroll every child eligible for health insurance and as a result, will maintain an uninsurance rate among all children with household income less than 150% FPL of no more than 3%.

Annual Performance Objective for FFY 2012: Massachusetts will continue efforts to enroll every child eligible for health insurance and as a result, will maintain an uninsurance rate among all children with household income less than 150% FPL of no more than 3%.

Annual Performance Objective for FFY 2013: Massachusetts will continue efforts to enroll every child eligible for health insurance and as a result, will maintain an uninsurance rate among all children with household income less than 150% FPL of no more than 3%.

Explain how these objectives were set: The Commonwealth will continue to maximize its efforts to enroll every eligible child in health insurance. Despite those efforts, it is likely that there will always be a small percentage of the population that reports being uninsured, and the uninsured rate may also fluctuate depending on economic conditions. The Commonwealth will reevaluate this goal each year, and will adjust it as more data becomes available regarding the theoretical floor for the rate of uninsurance among children.

Other Comments on Measure:

Objectives Related to Reducing the Number of Uninsured Children (Do not report data that was reported in Section IIB, Questions 2 and 3) (Continued)

FFY 2008	FFY 2009	FFY 2010
Goal #3 (Describe)	**Goal #3 (Describe)** Reduce the uninsurance rate for children between 150%-300 % FPL to that of the overall rate of uninsurance for children.	**Goal #3 (Describe)** Reduce the uninsurance rate for children between 150%-300 % FPL to that of the overall rate of uninsurance for children.
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☒ New/revised. *Explain*: The uninsurance rate for this income segment exceeds the overall uninsurance rate for children, and the Commonwealth is committed to bringing it down to that of the overall population. ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data ☒ Survey data. *Specify*: Division of Health Care Finance and Policy (DHCFP) Massachusetts Health Insurance Survey, 2009 ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data ☒ Survey data. *Specify*: Division of Health Care Finance and Policy (DHCFP) Massachusetts Health Insurance Survey, 2010 ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: The estimate of the uninsurance rate for all children in Massachusetts Definition of numerator: The estimate of the uninsurance rate for children in Massachusetts with household incomes between 150-300% FPL	**Definition of Population Included in the Measure:** Definition of denominator: The estimate of the uninsurance rate for all children in Massachusetts Definition of numerator: The estimate of the uninsurance rate for children in Massachusetts with household incomes between 150-300% FPL
Year of Data:	**Year of Data: 2009**	**Year of Data: 2010**
Performance Measurement Data: Describe what is being measured:	**Performance Measurement Data:** Describe what is being measured: The ratio of the estimate of the uninsurance rate for children in Massachusetts with household income between 150%-	**Performance Measurement Data:** Describe what is being measured: The ratio of the estimate of the uninsurance rate for children in Massachusetts with household income between 150%-

FFY 2008	FFY 2009	FFY 2010
Numerator: Denominator: Rate: Additional notes on measure:	300% FPL and. the estimate of the uninsurance rate for children in Massachusetts at all income levels. Numerator: 5.4% Denominator: 1.9% Rate: 2.84 Additional notes on measure:	300% FPL and. the estimate of the uninsurance rate for children in Massachusetts at all income levels. Numerator: 1.1% Denominator: 0.2% Rate: 5.34 Additional notes on measure:

Explanation of Progress:

How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?

The Commonwealth has made significant strides in FFY10 in reducing the uninsured rate for children between 150%-300% FPL as compared with FFY09, and children in this FPL bracket are covered at almost the same rate as children overall.

What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?

Massachusetts is committed to continuing to reduce the number of uninsured children and is currently pursuing operational enhancements to make it easier to apply for and stay enrolled in MassHealth. These include upgrades to the Virtual Gateway and the Commonwealth's work as a Robert Wood Johnson Foundation grantee, among others. MassHealth is also continually working with our partners in the community, for example, with our outreach and enrollment grantees, to find, screen and enroll even the most difficult-to-reach populations. In FFY2010, MassHealth collaborated with the two HHS CHIPRA grantees in the state on initiatives which also contributed to reducing the uninsured rate.

Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.

Annual Performance Objective for FFY 2011: Massachusetts will continue efforts to enroll every child eligible for health insurance and as a result, will work to reduce the uninsurance rate among children with household income between 150-300% FPL to no more than the uninsurance rate for children at all income levels.

Annual Performance Objective for FFY 2012: Massachusetts will continue efforts to enroll every child eligible for health insurance and as a result, will work to reduce the uninsurance rate among children with household income between 150-300% FPL to no more than the uninsurance rate for children at all income levels.

Annual Performance Objective for FFY 2013: Massachusetts will continue efforts to enroll every child eligible for health insurance and as a result, will work to reduce the uninsurance rate among children with household income between 150-300% FPL to no more than the uninsurance rate for children at all income levels.

Explain how these objectives were set: Massachusetts is closing in on near universal coverage, especially for children. This objective was set in order to refine our focus on target populations which may have a disproportionately high rate of uninsurance among them.

Other Comments on Measure:

Objectives Related to CHIP Enrollment

FFY 2008	FFY 2009	FFY 2010
Goal #1 (Describe) Increase overall enrollment in the SCHIP program	**Goal #1 (Describe)** Maintain or increase the number of Virtual Gateway access sites at 235 or higher.	**Goal #1 (Describe)** Maintain or increase the number of Virtual Gateway access sites at 235 or higher.
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☒ New/revised. *Explain*: Since the Virtual Gateway can improve efficiency for applicants and potential members during the application process, this goal reflects a growing level of technical organization at MassHealth that increases access that individuals may have to benefits during the application process. ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☒ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☒ Other. *Specify*: Records kept by Executive Office of Health and Human Services Virtual Gateway Operations Unit.	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☒ Other. *Specify*: Records kept by Executive Office of Health and Human Services Virtual Gateway Operations Unit.
Definition of Population Included in the Measure: Definition of denominator: Measure 1: Total number of children enrolled in the SCHIP Program. Measure 2: Number of enrolled SCHIP children between 200% and 300% FPL. Measure 3: Number of enrolled SCHIP children under 200% FPL	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator: Measure: The number of organizations that submitted MassHealth applications through the Virtual Gateway during SFY09 vs. SFY08 and FFY09 vs. FFY08.	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator: Measure: The number of organizations that submitted MassHealth applications through the Virtual Gateway during SFY10 vs. SFY09 and FFY10 vs. FFY09.

FFY 2008	FFY 2009	FFY 2010
Definition of numerator:		
Year of Data: 2008	**Year of Data: SFY08 and FFY08**	**Year of Data: SFY10 and FFY10**
Performance Measurement Data: Described what is being measured: Measure 1: Total number of children enrolled in the SCHIP Program: 103,100. Measure 2: Number of enrolled CHIP children between 200% and 300% FPL: 19,700. Measure 3: Number of enrolled CHIP children under 200% FPL: 83,400. Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Describe what is being measured: Numerator: Denominator: Rate: Additonal notes on the measure: The number of organizations that submitted MassHealth applications increased from 229 to 240 in SFY09 and from 233 to 243 in FFY09.	**Performance Measurement Data:** Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure: In preparing the FFY10 report, the Operations Unit discovered that all figures reported for FFY09 for the number of organizations that submitted MassHealth applications were miscalculated by one. Each number should have been one fewer. Therefore, in this section, revised FFY09 responses are provided, as well as the latest FFY10 responses. **REVISED FFY'09 RESPONSE:** The number of organizations that submitted MassHealth applications increased from 228 to 239 in SFY09 and from 232 to 242 in FFY09. **FFY'10 RESPONSE:** The number of organizations that submitted MassHealth applications increased from 239 to 249 in SFY10 and from 242 to 259 in FFY10.

FFY 2008	FFY 2009	FFY 2010

Explanation of Progress:

How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?

The number of Virtual Gateway access sites, or organizations submitting MassHealth applications using the Virtual Gateway, increased by 17 during the Federal Fiscal Year. It should be noted that the original figure of 15 provided in the FFY09 report was incorrect.

What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?

The increase in the number of organizations that access the Virtual Gateway has the capacity to increase access to and enrollment in health programs for children.

Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.

Annual Performance Objective for FFY 2011:
MassHealth will continue to devote resources in order to maintain or increase the number of Virtual Gateway access sites at 235 or higher.

Annual Performance Objective for FFY 2012:
MassHealth will continue to devote resources in order to maintain or increase the number of Virtual Gateway access sites at 235 or higher.

Annual Performance Objective for FFY 2013:
MassHealth will continue to devote resources in order to maintain or increase the number of Virtual Gateway access sites at 235 or higher.

Explain how these objectives were set:
This goal is part of MassHealth's mission to simplify the enrollment and application process and enhance member communications by using the most advanced technology possible. MassHealth plans include increasing the number of Virtual Gateway access sites.

Other Comments on Measure:

Objectives Related to CHIP Enrollment (Continued)

FFY 2008	FFY 2009	FFY 2010
Goal #2 (Describe) Continue to increase participation in the MassHealth Family Assistance premium assistance program.	**Goal #2 (Describe)** Maintain or increase the percentage of kids enrolled in premium assistance at 3.5% or more of overall MassHealth child enrollment.	**Goal #2 (Describe)** Maintain or increase the percentage of kids enrolled in premium assistance at 3.5% or more of overall MassHealth child enrollment.
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☒ New/revised. *Explain*: Because enrollment in the Commonwealth's premium assistance program is mandatory for all MassHealth-eligible populations once access to qualifying insurance is confirmed, and subsidizing members' enrollment in employer-sponsored insurance (ESI) is a cost-effective strategy for MassHealth, measuring the share of MassHealth children who receive premium assistance should reflect the Commonwealth's ongoing efforts to maximize ESI. ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☒ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☒ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☒ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: Number of SCHIP children enrolled in Family Assistance Premium Assistance (FA/PA). Definition of numerator: The number of CHIP "Covered Lives" enrolled in Family Assistance Premium Assistance (FA/PA).	**Definition of Population Included in the Measure:** Definition of denominator: The number of children in MassHealth at all income levels. Definition of numerator: The number of children enrolled in premium assistance at all income levels.	**Definition of Population Included in the Measure:** Definition of denominator: The number of children in MassHealth at all income levels. Definition of numerator: The number of children enrolled in premium assistance at all income levels.

FFY 2008	FFY 2009	FFY 2010
Year of Data: 2008	**Year of Data: FFY2009**	**Year of Data:**
Performance Measurement Data: Described what is being measured: Measure 1: 8,039 children were enrolled in FA/PA as of June 30, 2008 Measure 2: There were 15,706 "Covered Lives" enrolled in the FA/PA program as of June 30, 2008. Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Describe what is being measured: The percentage of children in MassHealth who receive premium assistance. Numerator 20,000 Denominator: 520,000 Rate: 3.8% Additional notes on measure: 3.8% of the children in MassHealth receive premium assistance.	**Performance Measurement Data:** Describe what is being measured: The percentage of children in MassHealth who receive premium assistance. Numerator: 27,325 Denominator: 629, 364 Rate: 4.3% Additional notes on measure: 4.3% of the children in MassHealth receive premium assistance.

FFY 2008	FFY 2009	FFY 2010

Explanation of Progress:

How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?

In FFY09, MassHealth set a new goal. In FFY10, we exceeded the objective that we set with enrollment in the MassHealth premium assistance program.

What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?

As part of the Commonwealth's push towards universal coverage, eligibility for the MassHealth for children was expanded. This expansion included access to all of MassHealth's delivery systems for children including premium assistance. Providing subsidies to employees so that they can participate in their employer-sponsored insurance is a valuable and cost-effective tool for MassHealth in decreasing uninsurance and increasing enrollment in health insurance for children- particularly within higher income ranges. Enrollment in employer-sponsored insurance in Massachusetts is strong and has remained steady since the implementation of health reform, showing no signs that MassHealth has crowded out private insurance.

Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.

Annual Performance Objective for FFY 2011: MassHealth will continue to maintain our efforts to maximize employer-sponsored insurance for our members. The approximate proportion of children enrolled in premium assistance will continue to be above 3.5%.

Annual Performance Objective for FFY 2012: MassHealth will continue to maintain our efforts to maximize employer-sponsored insurance for our members. The approximate proportion of children enrolled in premium assistance will continue to be above 3.5%.

Annual Performance Objective for FFY 2013: MassHealth will continue to maintain our efforts to maximize employer-sponsored insurance for our members. The approximate proportion of children enrolled in premium assistance will continue to be above 3.5%.

Explain how these objectives were set: This objective was set as part of MassHealth's commitment to maximize private insurance by identifying applicants with access to employer-sponsored insurance and requiring enrollment. Mandatory enrollment in employer-sponsored insurance is MassHealth's primary mechanism to control crowd-out. The performance target was based on the FFY09 baseline adjusted to account for uncertainty in the employment market.

Other Comments on Measure:

Objectives Related to CHIP Enrollment (Continued)

FFY 2008	FFY 2009	FFY 2010
Goal #3 (Describe)	**Goal #3 (Describe)** Maintain or increase the percentage of MassHealth applications submitted through the Virtual Gateway at 53 % or above (vs. those submitted via paper).	**Goal #3 (Describe)** Maintain or increase the percentage of MassHealth applications submitted through the Virtual Gateway at 53 % or above (vs. those submitted via paper).
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☒ New/revised. *Explain*: The Commonwealth has reported on the volume of Virtual Gateway applications before but this is a new goal and a new measurement which recognizes the month-to-month fluctuations in application and enrollment trends and is therefore a better indicator for MassHealth. ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☒ Other. *Specify*: Records kept by Executive Office of Health and Human Services Virtual Gateway Operations Unit.	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☒ Other. *Specify*: Records kept by Executive Office of Health and Human Services Virtual Gateway Operations Unit.
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: The total number of MassHealth applications submitted, including paper applications. Definition of numerator: The number of applications submitted through the Virtual Gateway. The threshold monthly percentage during SFY09 of all	**Definition of Population Included in the Measure:** Definition of denominator: The total number of MassHealth applications submitted, including paper applications. Definition of numerator: The number of applications submitted through the Virtual Gateway. The threshold monthly percentage during SFY09 of all

FFY 2008	FFY 2009	FFY 2010
	MassHealth applications that were electronic Virtual Gateway applications (vs. paper applications).	MassHealth applications that were electronic Virtual Gateway applications (vs. paper applications). This is again used as the performance goal for FFY10.
Year of Data:	**Year of Data: SFY2009**	**Year of Data: FFY2010**
Performance Measurement Data: Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure: In all months of SFY09 the percentage of all MassHealth applications that were electronic Virtual Gateway applications, (vs. paper applications) met or exceeded 53%, achieving a high of 60% at one point.	**Performance Measurement Data:** Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure: In all months of FFY10 except one (January, 2010) the percentage of MassHealth applications that were electronic Virtual Gateway applications (vs. paper applications) met or exceeded 53%, achieving a rate of 56% or higher in 9 months, reaching a high of 60% in August '10.

FFY 2008	FFY 2009	FFY 2010

Explanation of Progress:

How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?

The average percentage of electronic Virtual Gateway applications (vs. paper applications) over the course of the twelve months of FFY10 rose a full percentage point, to 57%, over FFY09's 12-month average of 56%, achieving a rate of 56% or higher in 9 months of FFY10.

What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?

The Virtual Gateway is an internet portal that can be used to submit a single application for multiple health programs in one step. The MassHealth applications submitted through the Virtual Gateway take less time to complete, require less manual follow-up for missing information, and allow for quicker benefit determinations. Quickly enrolling members in health insurance, especially children, ensures that there are no gaps in medical coverage and provides for greater continuity of care.

Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.

Annual Performance Objective for FFY 2011: MassHealth will continue to devote resources in order to maintain or increase the percentage of MassHealth applications submitted through the Virtual Gateway at 53 % or above.

Annual Performance Objective for FFY 2012: MassHealth will continue to devote resources in order to maintain or increase the percentage of MassHealth applications submitted through the Virtual Gateway at 53 % or above.

Annual Performance Objective for FFY 2013: MassHealth will continue to devote resources in order to maintain or increase the percentage of MassHealth applications submitted through the Virtual Gateway at 53 % or above.

Explain how these objectives were set:

This goal is part of MassHealth's mission to screen and enroll all individuals who may be eligible, to simplify and streamline the application process, and to increase the efficiency of MassHealth operations.

Other Comments on Measure:

Objectives Related to CHIP Enrollment (Continued)

FFY 2008	FFY 2009	FFY 2010
Goal #4 (Describe)	**Goal #4(Describe)** Maintain or increase the number of Virtual Gateway Health Insurance and Health Assistance program users at 6500 or more.	**Goal #4 (Describe)** Maintain or increase the number of Virtual Gateway Health Insurance and Health Assistance program users at 5700 or more.
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☒ New/revised. *Explain*: Since the Virtual Gateway is increasingly used by more organizations to screen and enroll children for MassHealth, this goal reflects a growing level of access that organizations have to the MassHealth application process. ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☒ New/**revised**. *Explain*: In preparing the FFY10 report, the Operations Unit discovered that the FFY09 "6500 users" number which defined this goal, and the numbers stemming from that figure as used in the FFY09 report, did not capture the "users" as they had been defined (the Virtual Gateway Health Insurance and Health Assistance program users.) The number reported in FFY09 did not accurately reflect what the goal was trying to measure, mistakenly over-including hundreds of additional Virtual Gateway users of a different, unrelated, function. The "5700 users" number is a corrected goal for both FFY09 and FFY10, and reflects the intent of the original "6500 users" goal, with the erroneously included individuals removed from the count. Therefore, throughout this FFY10 section, revised FFY09 responses are provided, as well as the latest FFY10 responses. ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☒ Other. *Specify*: Records kept by the Executive Office of Health and Human Services virtual Gateway Operations Unit.	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☒ Other. *Specify*: Records kept by the Executive Office of Health and Human Services virtual Gateway Operations Unit.

FFY 2008	FFY 2009	FFY 2010
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator: The number of Virtual Gateway account holders thoughout Massachusetts that have the capability to submit electronic MassHealth applications using the Virtual Gateway. This measures the number of individuals employed by organizations that are registered to use the Virtual Gateway.	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator: The number of Virtual Gateway account holders throughout Massachusetts that have the capability to submit electronic MassHealth applications using the Virtual Gateway. This measures the number of individuals employed by organizations that are registered to use the Virtual Gateway.
Year of Data:	**Year of Data: 2009**	**Year of Data: FFY2010**

FFY 2008	FFY 2009	FFY 2010
Performance Measurement Data: Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure: Number of Virtual Gateway account holders throughout Massachusetts that have the capability to submit electronic MassHealth applications using the Virtual Gateway increased from 6,401 to 6,806 during SFY09 and increased from 6,502 to 7,043 during FFY09.	**Performance Measurement Data:** Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure: Please refer also to clarification in "Type of Goal" section, above. **REVISED FFY'09 RESPONSE:** Number of Virtual Gateway account holders throughout Massachusetts that have the capability to submit electronic MassHealth applications using the Virtual Gateway increased from 5121 to 5730 during SFY09 and increased from 5,206 to 5,858 during FFY09. **FFY'10 RESPONSE:** Number of Virtual Gateway account holders throughout Massachusetts that have the capability to submit electronic MassHealth applications using the Virtual Gateway increased from 5,730 to 6,222 during SFY10 and increased from 5,858 to 6,307 during FFY10.

FFY 2008	FFY 2009	FFY 2010

Explanation of Progress:

How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?

While the rate of growth in Virtual Gateway account holders having the capability to submit electronic MassHealth applications using the Virtual Gateway was a bit lower during FFY10 than in FFY09, the rate of growth was very close to that of '09's, and continued to show steady, substantial growth in the number of those having access. The slight slowing in the rate of growth also is the result of a positive "saturation" effect: Most organizations in Massachusetts needing or wanting access to the Virtual Gateway for submitting MassHealth applications have already received such access.

What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?

Virtual Gateway account holders have the capability to use the Virtual Gateway to quickly and knowledgeably assist families and children with their MassHealth applications. Empowering more individuals with this qualification opens up the types of populations and communities who can receive help applying for health benefits.

Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.

Annual Performance Objective for FFY 2011:
MassHealth will continue to devote resources in order to maintain or increase the number of Virtual Gateway Health Insurance and Health Assistance program users, i.e. individuals who have the ability to submit MassHealth applications through the Virtual Gateway) at 5700 or more.

Annual Performance Objective for FFY 2012:

MassHealth will continue to devote resources in order to maintain or increase the number of Virtual Gateway Health Insurance and Health Assistance program users, i.e. individuals who have the ability to submit MassHealth applications through the Virtual Gateway) at 5700 or more.

Annual Performance Objective for FFY 2013:

MassHealth will continue to devote resources in order to maintain or increase the number of Virtual Gateway Health Insurance and Health Assistance program users, i.e. individuals who have the ability to submit MassHealth applications through the Virtual Gateway) at 5700 or more.

Explain how these objectives were set:
This objective was set as part of MassHealth's commitment to enroll all eligible individuals, to ease the application and renewal processes for our members, and to expand access to the most up-to-date enrollment resources available to the community.

Other Comments on Measure:

Objectives Related to Medicaid Enrollment

Since Massachusetts has a joint application for its Medicaid and CHIP programs, collectively known as MassHealth, and Virtual Gateway access sites are used by organizations to submit applications for both programs, Goal #1 of "Objectives Related to CHIP Enrollment" applies to "Objectives Related to Medicaid Enrollment" also.

FFY 2008	FFY 2009	FFY 2010
Goal #1 (Describe) Improve the efficiency of the eligibility determination process (by improving the turnaround time for Medical Benefit Requests).	**Goal #1 (Describe)**	**Goal #1 (Describe)**
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☒ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator: Definition of numerator: The turnaround time for processing both paper and electronic Medical Benefit Requests (MBRs) for MassHealth applicants.	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Year of Data: 2008	**Year of Data:**	**Year of Data:**

FFY 2008	FFY 2009	FFY 2010
Performance Measurement Data: Described what is being measured: Average turnaround time for paper MBRs was 7.5 days in SFY08. Average turnaround time for electronic MBRs was 5.82 days in SFY08. Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2011:** **Annual Performance Objective for FFY 2012:** **Annual Performance Objective for FFY 2013:** *Explain how these objectives were set:*		
Other Comments on Measure:		

Objectives Related to Medicaid Enrollment (Continued)

Since Massachusetts has a joint application for its Medicaid and CHIP programs, collectively known as MassHealth, and Virtual Gateway Health Insurance and Health Assistance program users submit applications for both programs, Goal #2 of "Objectives Related to CHIP Enrollment" applies to "Objectives Related to Medicaid Enrollment" also.

FFY 2008	FFY 2009	FFY 2010
Goal #2 (Describe) Improve the efficiency of the eligibility determination process (by enhancing and expanding access to MassHealth through implementation of an electronic application process via the Virtual Gateway (VG)).	**Goal #2 (Describe)**	**Goal #2 (Describe)**
Type of Goal: ☒ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☒ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: 1st Measure: Definition of denominator: All MassHealth applications submitted in June 2008. Definition of numerator: MassHealth applications submitted via the Virtual Gateway in June 2008. 2nd Measure: Definition of denominator: The total number of virtual gateway users in SFY 07.	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:

FFY 2008	FFY 2009	FFY 2010
Definition of numerator: The total number of virtual gateway users in SFY 08.		
Year of Data: 2008	**Year of Data:**	**Year of Data:**
Performance Measurement Data: Described what is being measured: 1st Measure: Described what is being measured: The percentage of member benefit requests (MBRs) sent electronically via the Virtual Gateway at the end of 08 vs the end of 07. Numerator: Denominator: Rate: 59% in June 08, as compared to 48% in June 07. Additional notes on measure: We are relying on the end of year snapshot, rather than the aggregate year data, because the aggregate data does not adequately show the progress we are making, due to a rise in paper applications in late 2007 and early 2008 that skewed the percentage of VG applications for the year. 2nd Measure: Describe what is being measured: The increase in the total number of virtual gateway users from SFY 07 to SFY08 Numerator: 6104 Denominator: 4177 Rate: 1.46 or an increase of 46%	**Performance Measurement Data:** Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:

FFY 2008	FFY 2009	FFY 2010
Explanation of Progress: **How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2011:** **Annual Performance Objective for FFY 2012:** **Annual Performance Objective for FFY 2013:** *Explain how these objectives were set:*		
Other Comments on Measure:		

Objectives Related to Medicaid Enrollment (Continued)

Since Massachusetts has a joint application for its Medicaid and CHIP programs, collectively known as MassHealth and applications for both programs can be submitted through the Virtual Gateway, Goal #3 of "Objectives Related to CHIP Enrollment" applies to "Objectives Related to Medicaid Enrollment" also.

FFY 2008	FFY 2009	FFY 2010
Goal #3 (Describe)	**Goal #3 (Describe)**	**Goal #3 (Describe)**
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**
Performance Measurement Data: Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:

FFY 2008	FFY 2009	FFY 2010
Explanation of Progress: **How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2011:** **Annual Performance Objective for FFY 2012:** **Annual Performance Objective for FFY 2013:** *Explain how these objectives were set:*		
Other Comments on Measure:		

Objectives Related to Medicaid Enrollment (Continued)

Since Massachusetts has a joint application for its Medicaid and CHIP programs, collectively known as MassHealth and applications for both programs can be submitted through the Virtual Gateway, Goal #4 of "Objectives Related to CHIP Enrollment" applies to "Objectives Related to Medicaid Enrollment" also.

FFY 2008	FFY 2009	FFY 2010
Goal #4 (Describe)	**Goal #4 (Describe)**	**Goal #4 (Describe)**
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**
Performance Measurement Data: Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:

FFY 2008	FFY 2009	FFY 2010
Explanation of Progress: **How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2011:** **Annual Performance Objective for FFY 2012:** **Annual Performance Objective for FFY 2013:** *Explain how these objectives were set:*		
Other Comments on Measure:		

Objectives Increasing Access to Care (Usual Source of Care, Unmet Need)

FFY 2008	FFY 2009	FFY 2010
Goal #1 (Describe) Increase access to care (as measured by the "Getting Care Quickly" CAHPS Composite Measure).	**Goal #1 (Describe)** Maintain or improve the percentage of parents or guardians who respond that they were able to get an answer to their question the same day that they called their doctor's office at 95% or above.	**Goal #1 (Describe)** Maintain or improve the percentage of parents or guardians who respond that they were able to get an answer to their question the same day that they called their doctor's office at 95% or above.
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☒ New/revised. *Explain*: The results of the 2008-2009 Massachusetts Health Quality Partners (MHQP)Patient Experience Survey are newly available and more up-to-date than CHAPS. The MHQP is a statewide survey of MassHealth members' experiences with their providers. The 2006 CAHPS survey contained a question that is nearly identical to the 2008 MHQP survey question. ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☒ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☒ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* **2009**
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: The 2005-2006 MassHealth Managed Care Member Survey using the CAHPS questionnaire.	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: The 2008 -2009 Massachusetts Health Quality Partners Patient Experience Survey	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: The 2008 -2009 Massachusetts Health Quality Partners Patient Experience Survey
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☒ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☒ Survey data. *Specify*: The MHQP Patient Experience Survey is a statewide survey of MassHealth members' experiences with their providers. ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☒ Survey data. *Specify*: The MHQP Patient Experience Survey is a statewide survey of MassHealth members' experiences with their providers. ☐ Other. *Specify*:

FFY 2008	FFY 2009	FFY 2010
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes CHIP population only. ☒ Denominator includes CHIP and Medicaid (Title XIX). Definition of denominator: The 2006 CAHPS survey sample population consisted of 4,200 parents of MassHealth covered children.	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes CHIP population only. ☒ Denominator includes CHIP and Medicaid (Title XIX). Definition of denominator: The 2008 MHQP survey sample population consisted of 7,569 parents or guardians of MassHealth covered children.	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes CHIP population only. ☒ Denominator includes CHIP and Medicaid (Title XIX). Definition of denominator: The 2008 MHQP survey sample population consisted of 7,569 parents or guardians of MassHealth covered children.
Year of Data: 2006	**Year of Data: 2008**	**Year of Data: 2008**
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:

FFY 2008	FFY 2009	FFY 2010
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure: "Getting Care Quickly" CAHPS Composite The following 4 measures were used to produce the "Getting Care Quickly" composite measure results: <u>Measure 1: Getting phone advice during office hours</u> Out of 1070 respondents, 92% either always or usually got phone advice during office hours. <u>Measure 2: Getting timely urgent care.</u> Out of 797 respondents, 91% either always or usually got timely urgent care. <u>Measure 3: Getting a timely appointment.</u> Out of 1267 respondents, 88% either always or usually got a timely appointment. <u>Measure 4: Taken to an exam room within 15 minutes</u>. Out of 1713 respondents, 58% either always or usually got taken to an exam room within 15 minutes Measure results: Out of 1902 respondents, 82% were either always or usually able to get care quickly based on a composite score using the above 4 measures.	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Subset of the denominator who always, almost always or usually were able to get an answer to their question the same day. Denominator: Number of respondents who called their child's doctor's office with a medical question during regular office hours (n=4,186). Rate: 95% **Survey Question:** In the last 12 months, when you called your child's doctor's office with a medical question during regular office hours, how often did you get an answer to your question that same day?	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Subset of the denominator who always, almost always or usually were able to get an answer to their question the same day. Denominator: Number of respondents who called their child's doctor's office with a medical question during regular office hours (n=4,186). Rate: 95% **Survey Question:** In the last 12 months, when you called your child's doctor's office with a medical question during regular office hours, how often did you get an answer to your question that same day?

FFY 2008	FFY 2009	FFY 2010

Explanation of Progress:

How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?

The 2008 data reported in the FFY10 report was also reported in 2009. The 2006 CAHPS survey contained a question that is nearly identical to the 2008 MHQP survey question. In 2006, 92% of respondents were able to get phone advice during office hours. In 2008, the percentage had improved to 95% of respondents.

What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?

The MHQP is a statewide survey of MassHealth members' experiences with their providers. This biennial survey tracks the efforts of the four capitated and one PCCM plan to maintain and improve the quality of care delivered to children.

Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.

Annual Performance Objective for FFY 2011: To maintain or improve the percentage of parents or guardians who respond that they were able to get an answer to their question the same day that they called their doctor's office at 95% or above.

Annual Performance Objective for FFY 2012: To maintain or improve the percentage of parents or guardians who respond that they were able to get an answer to their question the same day that they called their doctor's office at 95% or above.

Annual Performance Objective for FFY 2013: To maintain or improve the percentage of parents or guardians who respond that they were able to get an answer to their question the same day that they called their doctor's office at 95% or above.

Explain how these objectives were set: This objective was set based on current MassHealth pediatric quality measures with a stated goal of maintaining or improving on current performance**.**

Other Comments on Measure:

Objectives Related to Increasing Access to Care (Usual Source of Care, Unmet Need) (Continued)

FFY 2008	FFY 2009	FFY 2010
Goal#2 (Describe) Increase access to care (as measured by the "Getting Needed Care" CAHPS Composite Measure).	**Goal #2** Maintain or improve the percentage of parents or guardians who responded that they were able to get help or advice after regular office hours at 92% or above.	**Goal #2** Maintain or improve the percentage of parents or guardians who responded that they were able to get help or advice after regular office hours at 92% or above.
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☒ New/revised. *Explain*: The results of the 2008-2009 Massachusetts Health Quality Partners (MHQP) Patient Experience Survey are newly available and more up-to-date than CHAPS. This is a new objective which measures a member's after-hours experience with their provider. ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* **2009**
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: The 2005-2006 MassHealth Managed Care Member Survey using the CAHPS questionnaire	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: The 2008 -2009 Massachusetts Health Quality Partners Patient Experience Survey	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: The 2008 -2009 Massachusetts Health Quality Partners Patient Experience Survey
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☒ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☒ Survey data. *Specify*: The MHQP Patient Experience Survey is a statewide survey of MassHealth members' experiences with their providers. ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☒ Survey data. *Specify*: The MHQP Patient Experience Survey is a statewide survey of MassHealth members' experiences with their providers. ☐ Other. *Specify*:

FFY 2008	FFY 2009	FFY 2010
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes CHIP population only. ☒ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: The survey sample population consisted of 4200 parents of MassHealth covered children.	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes CHIP population only. ☒ Denominator includes CHIP and Medicaid (Title XIX). Definition of denominator: The 2008 MHQP survey sample population consisted of 7,569 parents or guardians of MassHealth covered children.	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes CHIP population only. ☒ Denominator includes CHIP and Medicaid (Title XIX). Definition of denominator: The 2008 MHQP survey sample population consisted of 7,569 parents or guardians of MassHealth covered children.
Year of Data: 2008	**Year of Data: 2008**	**Year of Data: 2008**
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:

FFY 2008	FFY 2009	FFY 2010
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure: The following 3 measures were used to produce the "Getting Needed Care" composite measure results: <u>Measure 1: Problems with delays waiting for plan approval.</u> Out of 308 respondents, 86% either had no problem or only a small problem with delays while waiting for plan approval when attempting to get needed care. <u>Measure 2: Problem getting a personal doctor or nurse</u>. Out of 912 respondents, 96% either had no problem or only a small problem getting a personal doctor or nurse. <u>Measure 3: Problem seeing a specialist</u>. Out of 617 respondents, 89% either had no problem or only small problem seeing a specialist. Composite Measure results: Out of 1566 respondents, 92% were either always or usually able to get care quickly based on a composite score using the above 3 measures.	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Subset of the denominator who always, almost always or usually were able to get the help or advice they needed after regular office hours. Denominator: Number of respondents who called their child's doctor's office after regular office hours for help or advice (n=2,040). Rate: 92% **Survey Question:** In the last 12 months, when you called your child's doctor's office after office hours, how often did you get the help or advice you needed?	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Subset of the denominator who always, almost always or usually were able to get the help or advice they needed after regular office hours. Denominator: Number of respondents who called their child's doctor's office after regular office hours for help or advice (n=2,040). Rate: 92% **Survey Question:** In the last 12 months, when you called your child's doctor's office after office hours, how often did you get the help or advice you needed?

FFY 2008	FFY 2009	FFY 2010

Explanation of Progress:

How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?

The 2008 data reported in the FFY10 report was also reported in 2009. The 2006 CAHPS survey did not measure a patient's after hours care. MassHealth believes that after-hours access to a child's primary care clinician is critical to high quality medical care. Thus, the 2008 survey included a measure of after-hours access. Ninety-two (92%) of respondents reported no difficulty receiving help or advice they needed after regular office hours.

What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?

The MHQP Member Experience Survey is a statewide survey of MassHealth members' experiences with their providers. This biennial survey tracks the efforts of the four capitated and one PCCM plan to maintain and improve the quality of care delivered to children.

Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.

Annual Performance Objective for FFY 2011: To maintain or improve the percentage of parents or guardians who responded that they were able to get help or advice after regular office hours at 92% or above.

Annual Performance Objective for FFY 2012: To maintain or improve the percentage of parents or guardians who responded that they were able to get help or advice after regular office hours at 92% or above.

Annual Performance Objective for FFY 2013: To maintain or improve the percentage of parents or guardians who responded that they were able to get help or advice after regular office hours at 92% or above.

Explain how these objectives were set: This objective was set based on current MassHealth pediatric quality measures with a stated goal of maintaining or improving on current performance.

Other Comments on Measure:

Objectives Related to Increasing Access to Care (Usual Source of Care, Unmet Need) (Continued)

FFY 2008	FFY 2009	FFY 2010
Goal #3 (Describe)	**Goal #3 (Describe)**	**Goal #3 (Describe)**
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:

FFY 2008	FFY 2009	FFY 2010
Other Performance Measurement Data: *(If reporting with another methodology)* Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2011:** **Annual Performance Objective for FFY 2012:** **Annual Performance Objective for FFY 2013:** *Explain how these objectives were set:*		
Other Comments on Measure:		

Objectives Related to Use of Preventative Care (Immunizations, Well Child Care)

FFY 2008	FFY 2009	FFY 2010
Goal#1 (Describe) Improve the health status and well being of children enrolled in MassHealth direct coverage programs, which includes the Primary Care Clinician (PCC) and Managed Care Organization (MCO) plans and fee-for service. Goal#1: Improve the delivery of well-child care by measuring the number of visits for children and adolescents, and implementing improvement activities as appropriate.	**Goal#1 (Describe)** Maintain or improve the percentage of parents or guardians who report that their child's doctor talked with them about how their child was growing or developing at 94% or above.	**Goal#1 (Describe)** Maintain or improve the percentage of parents or guardians who report that their child's doctor talked with them about how their child was growing or developing at 94% or above.
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☒ New/revised. *Explain*: In 2008-2009 MassHealth assessed member experience using a practice-level survey developed by the Massachusetts Health Quality Partners (MHQP) called the the Patient Experience Survey. This is a new objective which addresses the content of the well child visit. ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. CMS 416 ☒ MassHealth Managed Care HEDIS 2008 Final Report *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* **2009**
Measurement Specification: ☒HEDIS. *Specify version of HEDIS used*: 2008 ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: CMS 416	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: The 2008 -2009 Massachusetts Health Quality Partners Patient Experience Survey	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: The 2008 -2009 Massachusetts Health Quality Partners Patient Experience Survey
Data Source: ☐ Administrative (claims data). ☒ Hybrid (claims and medical record data). ☐ Survey data. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☒ Survey data. *Specify*: The MHQP Patient	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☒ Survey data. *Specify*: The MHQP Patient

FFY 2008	FFY 2009	FFY 2010
☐ Other. *Specify*:	Experience Survey is a statewide survey of MassHealth members' experiences with their providers. ☐ Other. *Specify*:	Experience Survey is a statewide survey of MassHealth members' experiences with their providers. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes CHIP population only. ☒ Denominator includes CHIP and Medicaid (Title XIX).	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes CHIP population only. ☒ Denominator includes CHIP and Medicaid (Title XIX). Definition of denominator: The 2008 MHQP survey sample population consisted of 7,569 parents or guardians of MassHealth covered children.	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes CHIP population only. ☒ Denominator includes CHIP and Medicaid (Title XIX). Definition of denominator: The 2008 MHQP survey sample population consisted of 7,569 parents or guardians of MassHealth covered children.
Year of Data: 2006	**Year of Data: 2008**	**Year of Data: 2008**
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Number of MassHealth adolescents who were 12-21 years of age during 2007 and who had at least one comprehensive well-care visit with a primary care practitioner or OB/GYN during 2007 Denominator: Number of MassHealth adolescents who were 12-21 years as of 12/31/2007, continuously enrolled in a MassHealth managed care plan in 2007, with no more than one gap in enrollment of up to 45 days Rate: 61.1% of adolescent MassHealth members ages 12-21 had a well visit (MassHealth Weighted Mean) Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:

FFY 2008	FFY 2009	FFY 2010
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Number of MassHealth Standard and CommonHealth (EPSDT) enrolled children who had a well visit in accordance with the EPSDT Medical Protocol and Periodicity Schedule Denominator: Number of MassHealth Standard and CommonHealth enrolled children enrolled in FFY 07 adjusted for length of eligibility. Rate: 76% for FFY 07 Additional notes on measure: EPSDT participation ratio.	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Subset of the denominator who reported "yes" when queried about whether their child's doctor talked with them about how their child was growing and developing Denominator: Number of respondents who answered the question (n=6,413). Rate: 94% **Survey Question:** In the last 12 months, did your child's doctor talk with you about how your child is growing and developing?	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Subset of the denominator who reported "yes" when queried about whether their child's doctor talked with them about how their child was growing and developing Denominator: Number of respondents who answered the question (n=6,413). Rate: 94% **Survey Question:** In the last 12 months, did your child's doctor talk with you about how your child is growing and developing?

Explanation of Progress:

How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?

The 2008 data reported in the FFY10 report was also reported in 2009. The measure was a new measure in 2009 and addresses the content of the well child visit. Asking a parent about how a child is growing and developing is a critical first step to identifying potential developmental and behavioral issues. Early detection should lead to early treatment.

What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?

The MHQP Member Experience Survey is a statewide survey of MassHealth members' experiences with their providers. This biennial survey tracks the efforts of the four capitated and one PCCM plan to maintain and improve the quality of care delivered to children.

Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.

Annual Performance Objective for FFY 2011: To maintain or improve the percentage of parents or guardians who report that their child's doctor talked with them about how their child was growing or developing at 94% or above.

Annual Performance Objective for FFY 2012: To maintain or improve the percentage of parents or guardians who report that their child's doctor talked with them about how their child was growing or developing at 94% or above.

Annual Performance Objective for FFY 2013: To maintain or improve the percentage of parents or guardians who report that their child's doctor talked with them about how their child was growing or developing at 94% or above.

Explain how these objectives were set: This objective was set based on current MassHealth pediatric quality measures with a stated goal of maintaining or improving on current performance**.**

Other Comments on Measure:

Objectives Related to Use of Preventative Care (Immunizations, Well Child Care) (Continued)

FFY 2008	FFY 2009	FFY 2010
Goal#2 (Describe) Improve the immunization status of children by measuring the rate of immunization administration and implement improvement activities as appropriate	**Goal #2** Maintain or improve the percentage of parents or guardians who report that their child's doctor's office reminded them to get preventive care that their child was due to receive at 85% or above.	**Goal #2** Maintain or improve the percentage of parents or guardians who report that their child's doctor's office reminded them to get preventive care that their child was due to receive at 85% or above.
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☒ New/revised. *Explain*: In 2008-2009 MassHealth assessed member experience using a practice-level survey developed by the Massachusetts Health Quality Partners (MHQP) called thePatient Experience Survey. ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ MassHealth Managed Care HEDIS 2008 Final Report ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* **2009**
Measurement Specification: ☒HEDIS. *Specify version of HEDIS used*: 2008 ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: The 2008 -2009 Massachusetts Health Quality Partners Patient Experience Survey	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: The 2008 -2009 Massachusetts Health Quality Partners Patient Experience Survey
Data Source: ☐ Administrative (claims data). ☒ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☒ Survey data. *Specify*: MHQP Patient Experience Survey ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☒ Survey data. *Specify*: MHQP Patient Experience Survey ☐ Other. *Specify*:

FFY 2008	FFY 2009	FFY 2010
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes CHIP population only. ☒ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Eligible members who had four DTaP/DT, three IPV, one MMR, three H influenza type B, three hepatitis B, and one chicken pox vaccine (Combination 2) and all these vaccines plus four pneumococcal conjugate vaccines (Combination 3) by the time period for each vaccination and by the child's second birthday. Denominator: Children continuously enrolled in MassHealth for 12 months prior to the member's second birthday (with no more than a 45 day gap in coverage) who turn 2 years of age during 2007 Rate: Combination 2: 81.2% (MassHealth Weighted Mean) Combination 3: 76.8% (MassHealth Weighted Mean) The adolescent immunization status measure was retired and not completed in 2008.	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes CHIP population only. ☒ Denominator includes CHIP and Medicaid (Title XIX). Definition of denominator: The 2008 MHQP survey sample population consisted of 7,569 parents or guardians of MassHealth covered children.	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes CHIP population only. ☒ Denominator includes CHIP and Medicaid (Title XIX). Definition of denominator: The 2008 MHQP survey sample population consisted of 7,569 parents or guardians of MassHealth covered children.
Year of Data: 2007	**Year of Data: 2008**	**Year of Data: 2008**
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure: NCQA made several changes to this measure that should be considered when comparing HEDIS 2008 performance to prior rates. These changes include withdrawing the "documented history of illness" and "seropositive test result" as numerator evidence for DTaP, IPV, HiB and pneumococcal conjugate and requiring four acellular pertussis vaccines for the DTaP	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:

FFY 2008	FFY 2009	FFY 2010
antigen. A number of procedural and diagnostic codes to identify childhood immunizations were removed, and one diagnostic code that identified exclusions was edited (a fifth digit was added).		
Other Performance Measurement Data: *(If reporting with another methodology)* Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Subset of the denominator who reported "yes" when queried about whether their child's doctor's office reminded them to get preventive care that their child was due to receive. Denominator: Number of respondents who answered the question (n=6,839). Rate: 85% **Survey Question:** In the last 12 months, did your child's doctor's office remind you to get preventive care that your child was due to receive (for example, immunization, flu shot, eye exam)? Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Subset of the denominator who reported "yes" when queried about whether their child's doctor's office reminded them to get preventive care that their child was due to receive. Denominator: Number of respondents who answered the question (n=6,839). Rate: 85% **Survey Question:** In the last 12 months, did your child's doctor's office remind you to get preventive care that your child was due to receive (for example, immunization, flu shot, eye exam)? Additional notes on measure:

FFY 2008	FFY 2009	FFY 2010

Explanation of Progress:

How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?

The 2008 data reported in the FFY10 report was also reported in 2009.

What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?

The MHQP Member Experience Survey is a statewide survey of MassHealth members' experiences with their providers. This biennial survey tracks the efforts of the four capitated and one PCCM plan to maintain and improve the quality of care delivered to children.

Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.

Annual Performance Objective for FFY 2011: To maintain or improve the percentage of parents or guardians who report that their child's doctor's office reminded them to get preventive care that their child was due to receive at 85% or above.

Annual Performance Objective for FFY 2012: To maintain or improve the percentage of parents or guardians who report that their child's doctor's office reminded them to get preventive care that their child was due to receive at 85% or above.

Annual Performance Objective for FFY 2013: To maintain or improve the percentage of parents or guardians who report that their child's doctor's office reminded them to get preventive care that their child was due to receive at 85% or above.

Explain how these objectives were set: This objective was set based on current MassHealth pediatric quality measures with a stated goal of maintaining or improving on current performance**.**

Other Comments on Measure:

Objectives Related to Use of Preventative Care (Immunizations, Well Child Care) (Continued)

FFY 2008	FFY 2009	FFY 2010
Goal #3 (Describe)	**Goal #3 (Describe)**	**Goal #3 (Describe)**
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:

FFY 2008	FFY 2009	FFY 2010
Other Performance Measurement Data: *(If reporting with another methodology)* Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2011:** **Annual Performance Objective for FFY 2012:** **Annual Performance Objective for FFY 2013:** *Explain how these objectives were set:*		
Other Comments on Measure:		

1. What other strategies does your State use to measure and report on access to, quality, or outcomes of care received by your CHIP population? What have you found?

As MassHealth members, CHIP eligible children are included in various MassHealth quality activities. MassHealth calculated HEDIS indicators in 2010, 2009, and 2008. HEDIS 2010 indicators that include children in the denominator were Appropriate Treatment of Children with URI, Use of Appropriate Medication for People with Asthma, Chlamydia Screening in Women, Follow-up after Hospitalization for Mental Illness, Mental Health – Percent Using Services, Childhood Immunization, Well Child Care in the First 15 Months of Life, Well Child Care in the 3rd, 4th, 5th, and 6th Year of Life and Adolescent Well Care Visits. A copy of all reports are available upon request .

MassHealth conducted its biennial member satisfaction survey in 2006 and 2008/9. The survey is being repeated in the spring of 2011. A copy of both reports (CAHPS, 2006 and Massachusetts Health Quality Partners (MHQP), 2009) are available upon request. The 2008/9 survey provides unique information to aid quality improvement efforts as it was conducted at the practice-level.

MassHealth conducted a Clinical Topic Review (CTR) in FY08 and reported the result in FY09. CTR 2008 examined the extent and quality of behavioral health screening in a sample population of children, adolescents, and young adults under the age of 21 prior to the implementation of the requirement to use a standardized behavioral health screening tool as of December 31, 2007. The report is available upon request.

In SFY08, a Primary Care Clinician (PCC) Plan Pay for Performance program was developed. The program provides PCCs the chance to earn incentive payments by completing a PCC practice infrastructure survey that is designed to gather information on PCCs' practices in the areas of access and the use of health information technology. Additionally, PCCs can earn incentive payments by meeting or exceeding benchmarks, or making improvements in care related to certain clinical indicators. The indicators include well child visits in the 3rd, 4th, 5th, and, 6th years of life, adolescent well care visits, and cervical cancer screening. PCCs were notified of their baseline performance in April 09 and will be receiving the practice incentive payment after January 1, 2010. Incentive payments for clinical indicators were made in September 2010.

The PCC Plan produces PCC Profile Reports (PR) every six months to help PCCs identify areas for improvement and to identify related improvement interventions. A PCC PR is provided for each PCC practice serving 180 or more PCC Plan members. The new access measure developed in SFY07 was introduced in FY08. The measure shows the PCC the percent of newly enrolled members seen by the PCC within 4 months of enrollment, or the previous 12 months, if the member was previously enrolled with the same PCC, as required by the PCC contract. PCCs with 180 or more PCC Plan members continue to receive the PCC Care Monitoring Registries (CMR) and PCC Reminder Reports (RR) every six months. As part of the PCC Pay for Performance initiative, all PCCs receive the CMR(s) and RR(s) that correlate to the Pay for Performance measures. In SFY10, the Profile Report Improvement Meeting (PRIM) workgroup continued to meet biweekly to discuss ongoing quality improvement for the reports. The rigorous quality assurance process developed and implemented during SFY06 has been maintained.

In addition, contracted MCOs are required to implement standardized Quality Improvement (QI) initiatives. QI goals were selected based on the following criteria for identification of prevalent and priority areas, as delineated by the Institute of Medicine:

Impact: extent of the burden imposed by the condition, including effects on patients, families, and communities

Improvability: extent of the gap between current practice and evidence-based best practice, and the likelihood that the gap can be closed and the conditions improved through change
Inclusiveness: relevance to a broad range of individuals with regard to age, gender, socioeconomic status, and ethnicity/race

Each MCO is allowed to select and implement plan specific interventions targeted at members and/or providers to improve the health outcomes for enrolled members. Results of the QI initiatives are submitted to the MCO program for evaluation and assessment. For FY 2009- 2010 the MCOs worked on QI goals in the following topical areas: Asthma, Diabetes, Maternal and Child Health, Care Management and Behavioral Health. An overview of each QI goal is below:

Asthma: The Asthma goal has 3 objectives;

- *Objective # 1* - Population Identification, Tracking and Management: Identify members with asthma and improve processes to manage the population.
- *Objective # 2* - Medication Utilization: Increase appropriate medication utilization for persistent asthmatics.
- *Objective # 3* - Emergency department and Inpatient Hospitalization Utilization: Decrease ER and inpatient hospitalization for members with persistent asthma.

Diabetes: The diabetes goals have two objectives;

- *Objective # 1*- Population Identification, Tracking and Management: Identify MassHealth members with diabetes and continuously improve processes to facilitate management of this population.
- *Objective # 2* - Comprehensive Care: Improve care of members with diabetes so as to prevent or delay development of complications care.

Maternal Child Health: The MCH goal has four objectives;

- *Objective # 1*: - Primary Care Visits: Assess primary care visits by children and adolescents and promote appropriate preventative care in accordance with EPSDT protocols.
- *Objective* # 2 - Lead Screenings: MCOs are required to ensure that age appropriate lead screenings are performed, and to increase member and provider awareness regarding the importance of lead screenings.
- *Objective # 3* - Prenatal Care – Identification and Care Management: Increase the rate of identification of pregnant women and enhance care provided.
- *Objective # 4* - Prenatal Care – Identification, Care Management and Birth Outcomes: Assess correlation between birth outcomes and prenatal care, and explore systems capacities to link birth outcomes and prenatal care data effectively.

Care Management: The Care Management goal has two objectives;

- *Objective # 1* - Ongoing Care/Disease Management Activities: Refines structure and processes of care/disease management program (s) so as to enhance capacity to identify members for care/disease management, and conduct stratification, outreach, and intervention effectively on an ongoing basis.
- *Objective # 2* – Emergency Department and Inpatient Hospitalization Utilization: Decrease ED and inpatient hospitalization for members enrolled in care/disease management and across the membership.

Behavioral Health: The Behavioral Health goal has three objectives;

- *Objective # 1* - Hospital Admission and Readmissions: Identify members with at least one discharge from an inpatient hospital or treatment facility (with a Mental Health (MH) primary diagnosis) and decrease the rate at which such members are readmitted for a MH diagnosis within 30 Days of discharge.
- *Objective # 2* - Aftercare Utilization: Increase appropriate utilization of MH outpatient or intermediate aftercare services for members with at least one discharge from a MH inpatient hospital or treatment facility.
- *Objective # 3* – Emergency department Utilization: Decrease ER utilization, following inpatient hospital or facility discharge for members with at least one discharge from a MH inpatient hospital or treatment facility.

2. What strategies does your CHIP program have for future measurement and reporting on access to, quality, or outcomes of care received by your CHIP population? When will data be available?

MassHealth plans to continue monitoring access and quality through its HEDIS, CTR, and member survey initiatives. In addition, MCOs will continue to strive towards standardized QI Goals (please see response to Question 1 above). Availability of reports differs by project.

In February 2010 MassHealth was awarded, in partnership with Children's Hospital of Boston, the Massachusetts Health Quality Partners, the National Initiative for Children's Healthcare Quality, and the University of Massachusetts' Medical School, a CHIPRA Quality Demonstration Grant. Under that grant, Massachusetts plans to collect and report on each of the measures included in the set of 24 core pediatric health care quality measures recommended by U.S. Health and Human Services Secretary Sebelius. Massachusetts plans to collect the core set of measures in 2011 and in 2013. Where possible, the collection of these measures will be coordinated with measure collection undertaken by MassHealth, as described herein.

The core measures will be reported out at the provider practice level, where possible, and will be collected for both MassHealth (Medicaid and CHIP) enrolled members, as well as those patients who are commercially insured. Reporting on the two cycles of core measures collection and analysis will be made in 2012 and 2014, respectively. The reports on the measures will be shared with providers and with families and consumers, and input from each group on the utility of the measures and measures reporting will be gathered. Likewise, the measures reporting activities will be coordinated where possible with other existing measures reporting methodologies.

3. Have you conducted any focused quality studies on your CHIP population, e.g., adolescents, attention deficit disorder, substance abuse, special heath care needs or other emerging health care needs? What have you found?

Please see response to question 1 above.

4. Please attach any additional studies, analyses or other documents addressing outreach, enrollment, access, quality, utilization, costs, satisfaction, or other aspects of your CHIP program's performance. Please include any analyses or descriptions of any efforts designed to reduce the number of uncovered children in the state through a state health insurance connector program or support for innovative private health coverage initiatives.

Please list attachments here and summarize findings or list main findings.

HEDIS reports 2003-2009: Annual MassHealth Managed Care reports that measure plan performance based on measures set by the NCQA (National Committee for Quality Assurance.)

http://tiny.cc/HEDISrpts

MassHealth Managed Care Quality Strategy: The MassHealth Managed Care Quality Strategy sets forth the values, goals and strategies that reflect the commitment to deliver care that is of high quality. http://tiny.cc/BBA_QualityStrat

Massachusetts Health Quality Partners: MassHealth Quality Partners conducts a statewide survey of MassHealth's members' experiences with their providers. http://tiny.cc/juoLR

EOHHS (Executive Office of Health and Human Services) enrollment and outreach grant program Statewide grass-roots, health care reform outreach and enrollment efforts are funded by the state of Massachusetts under the direction of MassHealth and supported by several public organizations. This website provides information about the grant program and the work of EOHHS grant funded organizations and the work of EOHHS grant funded organizations.
www.outreachgrants.org

EOHHS Outreach Grant Program Evaluation
In 2009, MassHealth asked the UMass Medical School's Center for Health Policy and Research (CHPR) to evaluate the contribution of the Enrollment Outreach Grant Program to advancing health care reform goals. This included evaluating how the program has a) supported Massachusetts residents with navigating health care reform requirements, and b) adapted in scope and services to meet the unique needs of health care reform partners. A copy of the executive summary can be found here:
http://www.outreachgrants.org/uploadedFiles/Outreach_Grants/Included_Content/Right_Column_Content/O_E%20Eval_Final%20Executive%20Summary_2-25-10.pdf

Access to Health Care in Massachusetts: Results from 2008 and 2009 Massachusetts Health Insurance Surveys, Massachusetts Division of Health Care Finance and Policy
http://www.mass.gov/Eeohhs2/docs/dhcfp/r/pubs/09/his_access_chartbook_nov-2009.ppt

Masssachusetts Health Care Reform – 2010 Progress Report
https://www.mahealthconnector.org/portal/binary/com.epicentric.contentmanagement.servlet.ContentDeliveryServlet/Health%2520Care%2520Reform/Overview/Connector%2520Progress%2520Report%252010.pdf

Health Insurance Coverage in Massachusetts: Results from the 2008 - 2010 Massachusetts Health Insurance Surveys, Massachusetts Division of Health Care Finance and Policy (DHCFP)
http://www.mass.gov/Eeohhs2/docs/dhcfp/r/pubs/10/mhis_report_12-2010.pdf

SECTION III: ASSESSMENT OF STATE PLAN AND PROGRAM OPERATION

Please reference and summarize attachments that are relevant to specific questions

A. OUTREACH

1. How have you redirected/changed your outreach strategies during the reporting period?

Located within the Office of Medicaid, the Health Care Reform (HCR) Outreach and Education Unit coordinates statewide outreach activities, disseminates educational materials related to state and federal Health Care Reform, and collaborates with state and community-based agencies. This

coordination helps prevent the duplication of outreach efforts in the community, strengthens the knowledge of providers and residents, and provides information to help individuals make smart choices about health coverage.

The overall functions of the HCR Unit include: managing and providing oversight to the outreach and enrollment grant programs; supporting and managing training and technical assistance for community providers, partners, and grantee organizations around health care reform policy and program changes; coordinating and collaborating with state agencies around state and federal health care reform policies, messaging, and outreach activities.

In SFY10, the HCR unit awarded fifty-one grants statewide to community-based non-profit organizations to increase enrollment in MassHealth and other health insurance programs, as well as provide assistance in helping individuals retain their health insurance coverage through redetermination or other case maintenance processes. Grantees conduct outreach and provider one-on-one enrollment assistance and redetermination services. The grantees help individuals with the application and enrollment process, help new enrollees understand how to use their health insurance, and educate them on the importance of having their care coordinated through a primary care physician. Grantees also help individuals understand and respond to requests for information from insurers and can also help individuals understand options available to them during open-enrollment. Each of the grantee organizations tailor their programs to meet the needs of the people and regions they serve.

Grantees use creative and innovative approaches for outreach including on-site enrollment activities at health fairs, homeless shelters, clinics, schools, and businesses. The HCR Unit provides technical assistance including various training and educational opportunities to share best practices and network with one another. Examples include regional grantee quarterly meetings and an annual statewide outreach summit event.

In SFY10, grantees enrolled over 97,130 individuals into MassHealth, Commonwealth Care, Commonwealth Choice, the Health Safety Net and other public health insurance programs available under our state health care reform. Of those enrolled, 26% were children in the MassHealth program. Grantees have also assisted over 51,152 individuals with submitting redetermination paperwork necessary to retain coverage. Of those assisted with redeterminations, 27% were children.

The HCR Unit has also developed strong partnerships and established Memorandum of Understandings (MOUs) with the two Massachusetts CHIPRA Outreach grantees – *Health Care For All* and *South End Community Health Center*. The Office of Medicaid verifies enrollment and redetermination data for these two grantees. In addition, the Office of Medicaid has participated in workgroup meetings with both grantees to collaborate on outreach intiatives, discuss what outreach workers are experiencing and finding works well when conducting outreach, and to share resources. One of these recent outreach initiatives included an all day Phonation on September 29th. The event was heavily advertised, encouraging families to call the *Health Care For All* Helpline to sign up for coverage. The Office of Medicaid, collaborating with numerous community based organizations, including *South End Community Health Center* (the other Massachusetts CHIPRA Outreach grantee,) assisted in planning the event and provided support on-site as well. The event resulted in over 130 children receiving application assistance in one day.

The web-enabled Virtual Gateway continued to be used extensively in SFY10 to expand access to

health insurance and health assistance programs to increasing numbers in the community. During SFY10, Virtual Gateway technology continued to reach a rising number of Virtual Gateway users – including MassHealth providers, MassHealth members themselves, state agencies and a growing number of community service organizations - to use the technology of the internet to outreach to numerous individuals and assist them in signing up for health insurance that meets their specific needs.

In SFY10 enhancements continued to be made to MassHealth systems designed to improve member access to and control of their case data, ensuring that coverage does not lag through premature or inappropriate termination of benefits. SFY10 saw, for example, a steady increase in the utilization of the Virtual Gateway's My Account Page (MAP) function, introduced in SFY08, that allows human service providers, with their clients' permission, the ability to view, on the web in real time, their clients' MassHealth, Commonwealth Care and Health Safety Net case information. There are currently over 300,000 "hits" per month to this web-based service. It has provided members, with the help of their assistors, access to the most accurate and up-to-date application and case information without having to call a MassHealth office, helping to ensure that applicants and members receive the most appropriate benefits as efficiently as possible. In addition, during SFY10, for the first time, MassHealth members themselves who are designated "Heads of Households" (the person who signed the application for benefits) gained access to MAP without the need for third-party assistance to view accurate and up-to-date application and case information without having to call a MassHealth office. Since this expanded access to MAP was introduced in March of 2010, 14,881 health assistance searches have been performed by members who are heads of households. Members also continued to use the feature, introduced in SFY09, that allows members themselves to access the same information providers see on MAP by calling a dedicated 24 hour, 7 day a week self-service toll-free phone number. Members hear detailed information about their case status including key eligibility dates, health benefit information and outstanding verifications. Since its introduction in December 2008, there have been approximately 1.3 million calls to this service.

Functionality introduced during SFY09 that allows members, with the help of providers, to change, online, basic demographic information through a Virtual Gateway Change Form continues to be used extensively by providers. Since its introduction in December, 2008, there have been over 36,112 changes submitted that in the past would have required a phone call to MassHealth. The Change Form supports continuous coverage by preventing members from being disenrolled due to outdated demographic information. It also may at times result in benefit upgrades, since changes trigger the redetermination of benefits. Finally, the Change Form collects member race and ethnicity information, improving the Commonwealth's ability to measure outcomes and address health disparities. During SFY10, access to the Change Form was expanded to include the Head of a Household. Since this expanded access was introduced in March of 2010, 865 changes have been submitted by health assistance members.

2. What methods have you found most effective in reaching low-income, uninsured children (e.g., T.V., school outreach, word-of-mouth)? How have you measured effectiveness?

We have found the following methods to be most effective in reaching low-income, uninsured children:

MassHealth outreach grant recipients conduct outreach and enrollment at locations where individuals spend time in routine daily life activities in their own communities rather than requiring individuals to come to a health facility or state agency for application assistance. Applications are submitted on site at the point of engagement through laptops and utilizing the

Virtual Gateway system. Grantees ensure services are provided in a culturally and linguistically appropriate fashion. Reaching individuals where they are, conducting services in a way that meets the individual's needs and submitting applications in real time has proven extremely effective. Equally important to ensuring application assistance, MassHealth outreach grant recipients are vigilant in providing follow-up and case management after enrollment to help newly insured retain their health insurance coverage. This includes setting up appointments to complete the annual review paperwork, helping explain notices from MassHealth, and helping individuals respond to requests for information from their insurer. Remaining a locally trusted and reliable resource that individuals can turn to for help has been very successful. Many other referrals come to our partners via word of mouth.

MassHealth also continues to work collaboratively with the Massachusetts medical community to train, educate and promote MassHealth policies and initiatives. These collaborations are inclusive of working with over 25 Massachusetts Professional Associations, including the Massachusetts Hospital Association, the Massachusetts League of Community Health Centers, the Massachusetts Medical Society and the Massachusetts Chapter of the American Academy of Pediatriacs. MassHealth reaches their respective constituents by presenting at their meetings and hosting provider specific educational forums. Additional outreach efforts include utilizing the web as a major communication vehicle to reach the provider community, conducting one-on-one provider training and hosting targeted face-to-face provider educational and training forums throughout the state as well as conducting training and education sessions online. These tools help ensure MassHealth providers stay current on developments in the MassHealth program.

MassHealth also works collaboratively with the University of Massachusetts Medical School (UMMS) MassAHEC Network (Area Health Education Center) program which works to recruit, train and retain a workforce of health professionals committed to underserved populations. The MassAHEC Network plays a key role in strengthening this workforce. MassAHEC provides a range of programs for health professionals, including medical interpreter and community health worker/patient navigator training, cultural competency workshops, continuing educational programs, as well as providing consultation on interpretation, translation and health literacy. MassAHEC is involved with the state's Patient Medical Home Initiatives on consumer and community engagement with particular understanding of the needs of limited English proficient patients and culturally diverse communities. The Network consists of six regional programs – Central Massachusetts, Pioneer Valley, Merrimack Valley, Boston, Berkshire, and Southeastern Massachusetts. Each regional AHEC has the same mission but bases its programming on the needs of its region

MassHealth also continues to fund and provide leadership for the Massachusetts Health Care Training Forum (MTF) program. MTF is a partnership between MassHealth and the Office of Community Programs at UMMS. MTF hosts five regional meetings each quarter that feature presentations to keep health care organizations and community agencies that serve MassHealth members, the uninsured, and underinsured informed of the latest changes in MassHealth and overall state and federal health care reform policies. MassHealth presents information about programmatic operations and policy changes and often leading community advocates share updates about policy developments in state and federal health care reform. MTF also provides information via a listserv (of approximately 3,510 members), and a website offering resource information and meeting materials. The website had over 62,000 visitors in SFY10. The meetings promote information dissemination, sharing of best practices, and building of community and public sector linkages in order to increase targeted outreach and member education information about MassHealth. In SFY10 MTF program attendance climbed to a total of 1,968 individuals. In addition to those attending the meetings,

evaluation reports indicate that participants share the materials with staff and stakeholders to reach approximately an additional 2,000-2,500 individuals per quarter, totaling an additional 8,000-10,000 reached in FY10.

3. Which of the methods described in Question 2 would you consider a best practice(s)?

All of the methods referenced in #2 are considered a best practice. It's very effective to reach individuals where they are in the community, to conduct services in a cultural and linguistic fashion that meets the individual's needs, and to submit applications via the Virtual Gateway in real time. Providing Virtual Gateway users with additional tools, such as My Account Page which includes a dedicated 24 hour, 7 day a week self-service toll-free phone number to obtain real time eligibility information, has proven to be tremendously helpful.

Providing opportunities for educational and workforce development and for a broad network of information dissemination has proven to be very effective. Our applicant and member population is better served by more knowledgeable providers and organizations.

4. Is your state targeting outreach to specific populations (e.g., minorities, immigrants, and children living in rural areas)?

   ☒ Yes ☐ No

   Have these efforts been successful, and how have you measured effectiveness?

   Grantee outreach activities include print, TV, and radio advertisements to the Latino, Portuguese, Cambodian, Russian, and Chinese communities. MassHealth continues to translate materials into Spanish, Brazilian Portuguese, Chinese, Vietnamese, Haitian Creole, Russian, Cambodian, and Laotian.

   The Member Education Unit conducts in-service presentations to various organizations including but not limited to:

   The Massachusetts Office of Refugees and Immigrants Refugee Resettlement Training Unit; Native American Indian Tribes; School Nurses; Municipal Medicaid Programs through various schools; sister state agencies such as the Department of Public Health, Department of Mental Health, Department of Children and Families (formerly DSS), Department of Veteran's Services, and the Office of Substance Abuse; Community Action Councils; the Brain Injury Association of Massachusetts; various ethnic cultural organizations (including the Latino, Vietnamese, Brazilian, and Somalian populations), advocates for the homeless, shelters, and other facilities working with the homeless population, the Massachusetts Head Start Program, the Office of Substance Abuse, Family Support Groups, and the Gay, Lesbian, Bisexual and Transgender Youth Support Project.

   These presentations provide education on a variety of topics including: MassHealth benefits; coverage types; covered services; rights and responsibilities; navigation tools such as website searching; how to access the Virtual Gateway; how to access other state health insurance programs; the application process; and post-enrollment information on how to maintain health coverage once it has been obtained. Member Education offers continued support to

these organizations via e-mail and telephone in order to ensure proper procedure and an expedited service to the members. These efforts have been successful by encouraging new applicants, dispelling any myths about public programs, and assisting members with health insurance coverage retention.

5. What percentage of children below 200 percent of the Federal poverty level (FPL) who are eligible for Medicaid or CHIP have been enrolled in those programs?

According to the 2010 Massachusetts Health Insurance Survey, 1.1& of children under 300% FPL are uninsured (summary MHIS results do not provide a split at 200% FPL). It is extremely challenging to determine what portion of the remaining uninsured are eligible for Medicaid or CHIP, particularly given uncertainty around the immigration status of such individuals, which is not measured in a useful way by the Current Population Survey (CPS) and is not measured at all by the MHIS. With that said, given the extremely low uninsurance rate for children under 300% FPL and the Commonwealth's extensive efforts to identify and enroll all eligible children, the Commonwealth believes that the number of remaining eligible but unenrolled children is minimal.

(Identify the data source used). The Massachusetts Department of Health Care Finance and Policy (DHCFP) 2010 Massachusetts Health Insurance Survey

B. SUBSTITUTION OF COVERAGE (CROWD-OUT)

All states should answer the following questions. Please include percent calculations in your responses when applicable and requested.

1. Do you have substitution prevention policies in place?

☒ Yes ☐ No

If yes, indicate if you have the following policies:

☒ Imposing waiting periods between terminating private coverage and enrolling in CHIP
☐ Imposing cost sharing in approximation to the cost of private coverage
☒ Monitoring health insurance status at the time of application
☒ Other, please explain

The primary mechanism for crowd-out prevention is mandatory employer-sponsored health insurance enrollment in CHIP. MassHealth Family Assistance (Massachusetts' separate SCHIP program) maximizes private insurance by providing premium assistance if an uninsured child has access to qualifying coverage through employer-based insurance, and only offering direct coverage through MassHealth if there is no other access to health insurance.

Enrollment in ESI is mandatory for all MassHealth- eligible populations once access to qualifying insurance is confirmed. For children in families with household incomes below 200% FPL, once access to ESI is confirmed, their parents must enroll in premium assistance or their MassHealth will be terminated. Children in the separate child health program above 200% FPL must also be uninsured at the time of application; households who have dropped health insurance within the past six months are subject to a waiting period from the date of loss of coverage before being allowed to participate in the program.

For all applicants, the Commonwealth performs a health insurance investigation, accessing a comprehensive database. Contact is made with all employed members of the household and their employers to determine if employer-sponsored insurance (ESI) is available that meets a basic benefit level and cost-effectiveness test. If MassHealth-qualifying ESI is available, applicants may receive premium assistance, but may not receive direct coverage. MassHealth does not allow the family to opt out of ESI in order to obtain direct public coverage. This process controls crowd-out by maximizing the state's opportunity to identify applicants with access to qualifying ESI and require enrollment in such coverage.

For applicants above 200% FPL MassHealth uses the health insurance investigation to determine if ESI was dropped prior to application. MassHealth monitors health insurance status of potential members both at the time of application and monthly to ensure that only uninsured children are covered in CHIP. Insurance status is verified through national insurance databases that identify coverage from any source, including noncustodial parents. MassHealth contracts with Health Management Systems (HMS) which conducts a monthly state and national data match using a system called "Match MAX" which identifies health insurance for all potential members.

MassHealth also has a dedicated process to match records with a file from the Department of Revenue (DOR) to identify noncustodial parents of applicants and recipients who have court orders for medical support. This process allows us to not only verify existing coverage, but also to enforce the obligation of non-custodial parents by contacting their employers to arrange enrollment of the parent in an employer-sponsored family plan to cover their children.

2. Describe how substitution of coverage is monitored and measured and how the State evaluates the effectiveness of its policies.

   Please see response below

3. Identify the trigger mechanism or point at which your substitution prevention policy is instituted or modified if you currently have a substitution policy.

   For children up to 200% FPL who appear to have employer-sponsored group coverage, MassHealth conducts a health insurance investigation to determine if the insurance meets MassHealth standards and is cost-effective. If there is access to qualified health insurance coverage, the children will be eligible for premium assistance toward the cost of their employer-sponsored insurance. CHIP funds are not used to cover children who are insured at time of application or to provide direct coverage for children when there is access to qualifying ESI.

   Additionally, for children between 200 and 300 percent FPL, MassHealth will not provide direct coverage or premium assistance if a family had employer-sponsored group coverage for applying children within the previous six months. Families in this income range which had employer-sponsored group coverage within the previous six months will be subject to a six-month waiting period, from the date of loss of coverage, before being allowed to enroll. Exceptions from this waiting period will be made for situations in which:

   (a) A child or children has special or serious health care needs;

   (b) The prior coverage was involuntarily terminated, including withdrawal of benefits by an employer, involuntary job loss, or COBRA expiration;

   (c) A parent in the family group died in the previous six months;

   (d) The prior coverage was lost due to domestic violence;

(e) The prior coverage was lost due to becoming self-employed; or

(f) The existing coverage's lifetime benefits were reduced substantially within the previous six months, or prior employer-sponsored health insurance was cancelled for this reason.

Thus far, MassHealth has found that Medicaid/CHIP are not crowding out private insurance to any extent. If MassHealth finds a significant level of crowd-out, it will reevaluate the exceptions to the waiting period to determine if they are contributing to crowd-out, and modify them as necessary.

All States must complete the following questions

4. At the time of application, what percent of CHIP applicants are found to have Medicaid [(# applicants found to have Medicaid/total # applicants) * 100] [5] and what percent of applicants are found to have other group health insurance [(# applicants found to have other insurance/total # applicants) * 100] [5]? Provide a combined percent if you cannot calculate separate percentages. [5]

MassHealth has a joint application for Medicaid and CHIP; as such it is not possible to determine the first statistic. After eligibility determination was done, 32% of CHIP applicant children (children with income in CHIP range) were found to have other insurance .

5. What percent of CHIP applicants cannot be enrolled because they have group health plan coverage?

2% of CHIP applicants were denied enrollment due to group health plan coverage

a. Of those found to have had other, private insurance and have been uninsured for only a portion of the state's waiting period, what percent meet your state's exemptions to the waiting period (if your state has a waiting period and exemptions) [(# applicants who are exempt/total # of new applicants who were enrolled)*100]? [5]

Children under 200% do not have to wait; if they already have health insurance, they receive premium assistance through the Commonwealth's 1115 demonstration waiver.

Applicant children over 200% who are found to have insurance may be exempted from the waiting period if they meet one of the state's exemptions. However, in FFY10 there were no applying children over 200% FPL with exceptions to the waiting period.

6. Does your State have an affordability exception to its waiting period?

☐ Yes ☒ No

If yes, please respond to the following questions. If no, skip to question 7.

a. Has the State established a specific threshold for defining affordability (e.g., when the cost of the child's portion of the family's employer-based health insurance premium is more than X percent of family income)?

☐ Yes ☐ No

If the State has established a specific threshold, please provide this figure and whether this applies to net or gross income. If no, how does the State determine who meets the affordability exception? [7500]

b. What expenses are counted for purposes of determining when the family exceeds the affordability threshold? (e.g., Does the State consider only premiums, or premiums and other cost-sharing charges? Does the State base the calculation on the total premium for family coverage under the employer plan or on the difference between the amount of the premium for employee-only coverage and the amount of the premium for family coverage? Other approach?) [7500]

c. What percentage of enrollees at initial application qualified for this exception in the last Federal Fiscal Year? (e.g., Number of applicants who were exempted because of affordability exception/total number of applicants who were enrolled). [5]

d. Does the State conduct surveys or focus groups that examine whether affordability is a concern?

☐ Yes ☐ No

If yes, please provide relevant findings. [7500]

7. If your State does not have an affordability exception, does your State collect data on the cost of health insurance for an individual or family? MassHealth collects information regarding the cost of health insurance as a part of the health insurance investigation process.

8. Does the State's CHIP application ask whether applicants have access to private health insurance?

☒ Yes ☐ No

If yes, do you track the number of individuals who have access to private insurance?

☒ Yes ☐ No

If yes, what percent of individuals that enrolled in CHIP had access to private health insurance at the time of application during the last Federal Fiscal Year [(# of individuals that had access to private health insurance/total # of individuals enrolled in CHIP)*100]?

10% of individuals that enrolled in CHIP had access to private health insurance at time of application during the last Federal Fiscal Year.

C. ELIGIBILITY

(This subsection should be completed by all States. Medicaid Expansion states should complete applicable responses and indicate those questions that are non-applicable with N/A.

Section IIIC: Subpart A: Overall CHIP and Medicaid Eligibility Coordination

1. Does the State use a joint application for establishing eligibility for Medicaid or CHIP?

☒ Yes ☐ No

If no, please describe the screen and enroll process. [7500]

2. Please explain the process that occurs when a child's eligibility status changes from Medicaid to CHIP and from CHIP to Medicaid. Have you identified any challenges? If so, please explain.

When a child's eligibility changes from Medicaid to CHIP, a downgrade notice is sent to the household advising of the change in eligibility status. The new benefit is effective 14 days from the

date of determination. If the family is now required to pay a monthly premium for the CHIP benefit, the eligibility notice will also explain the monthly premium required for the family. Premiums will begin effective the month after the notice is sent to the family.

3. Are the same delivery systems (such as managed care or fee for service,) or provider networks used in Medicaid and CHIP?

   ☒ Yes ☐ No

   If no, please explain. [7500]

4. Do you have authority in your CHIP State plan to provide for presumptive eligibility, and have you implemented this? ☒ Yes ☐ No

   If yes

   a. What percent of children are presumptively enrolled in CHIP pending a full eligibility determination? [5]

   We cannot determine which children are eligible for CHIP and which are eligible for Medicaid until after the determination so can only provide a total number for both for presumptive eligibility. Of all children applications to MassHealth, 30% were presumptively enrolled pending a full eligibility determination.

   b. Of those children who are presumptively enrolled, what percent of those children are determined eligible and enrolled upon completion of the full eligibility determination those children are determined eligible and enrolled? [5

   Of those children who are presumptively enrolled, 62% were determined eligible (for either Medicaid or CHIP) and enrolled upon completion of the full eligibility determination.

Section IIIC: Subpart B: Initial Eligibility, Enrollment, and Renewal for CHIP (Title XXI) and Medicaid (Title XIX) Programs
Table B1

This section is designed to assist CMS and the States track progress on the "5 out of 8" eligibility and enrollment milestones. It will not be used to determine CHIPRA performance bonus payments.

Program Feature	Question	Medicaid	CHIP
Continuous Eligibility	1. Does the State provide continuous eligibility for 12 months for children regardless of changes in circumstances other than the situations identified below: a. child is no longer a resident of the State; b. death of the child; c. child reaches the age limit; d. child/representative requests disenrollment;	In accordance with section 1902(e)(12) of the Act ☐ Yes ☒ No	☐ Yes ☒ No

	e. child enrolled in a separate CHIP program files a Medicaid application, is determined eligible for Medicaid and is enrolled in Medicaid without a coverage gap.		
Liberalization of Asset (or Resource Test) Requirements	2. Does the State have an assets test?	☐ Yes ☒ No	☐ Yes ☒ No
	3. If there is an assets test, does the State allow administrative verification of assets?	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
Elimination of In-Person Interview	4. Does the State require an in-person interview to apply?	☐ Yes ☒ No	☐ Yes ☒ No
	5. Has the State eliminated an in-person requirement for renewal of CHIP eligibility?	☒ Yes ☐ No	
Use of Same Application and Renewal Forms and Procedures for Medicaid and CHIP	6. Does the State use the same application form, supplemental forms, and information verification process for *establishing* eligibility for Medicaid and CHIP?	☒ Yes ☐ No	
	7. Does the State use the same application form, supplemental forms, and information verification process for *renewing* eligibility for Medicaid and CHIP?	☒ Yes ☐ No	
Automatic/Administrative Renewal	8. For renewals of Medicaid or CHIP eligibility, does the State provide a preprinted form populated with eligibility information available to the State, to the child or the child's parent or other representative, along with a notice that eligibility will be renewed and continued based on such information unless the State is provided other information that affects eligibility?	☐ Yes ☒ No	☐ Yes ☒ No
	9. Does the State do an ex parte renewal? Specifically, does the State renew Medicaid or CHIP eligibility to the maximum extent possible based on information contained in the individual's Medicaid file or other information available to the State, before it seeks any information from the child's parent or representative?	☐ Yes ☒ No	☐ Yes ☒ No
		If exparte is used, is it used for All applicants ☐ Yes ☐ No A subset of applicants ☐ Yes ☐ No	If exparte is used, is it used for All applicants ☐ Yes ☐ No A subset of applicants ☐ Yes ☐ No

Presumptive Eligibility	10. Does the State provide presumptive eligibility to children who appear to be eligible for Medicaid and CHIP to enroll pending a full determination of eligibility?	☒ Yes ☐ No	
Express Lane Eligibility	11. Are you utilizing the Express Lane option in making eligibility determinations and/or renewals for both Medicaid and CHIP?	☐ Yes ☒ No	
		If yes, which Express Lane Agencies are you using? ☐ Supplemental Nutrition Assistance Program (SNAP), formerly Food Stamps ☐ Tax/Revenue Agency ☐ Unemployment Compensation Agency ☐ Women, Infants, and Children (WIC) ☐ Free, Reduced School Lunch Program ☐ Subsidized Child Care Program ☐ Other, please explain. [7500]	
		If yes, what information is the Express Lane Agency providing? ☐ Income ☐ Resources ☐ Residency ☐ Age ☐ Citizenship ☐ Other, please explain. [7500]	
Premium Assistance	12. Has the State implemented premium assistance as added or modified by CHIPRA?	In accordance with section 2105(c)(10) of the Act, as added by section 301(a)(1) of CHIPRA. ☐ Yes ☒ No	In accordance with section 2105(c)(10) of the Act, as added by section 301(a)(1) of CHIPRA. ☐ Yes ☒ No

Section IIIC: Subpart C: Eligibility Renewal and Retention

1. What additional measures, besides those described in Tables B1 or C1, does your State employ to simplify an eligibility renewal and retain eligible children in CHIP?

☒ Conducts follow-up with clients through caseworkers/outreach workers

☒ Sends renewal reminder notices to all families

- How many notices are sent to the family prior to disenrolling the child from the program?

Massachusetts sends one notice to the family adivising of the need to submit the annual review.

- At what intervals are reminder notices sent to families (e.g., how many weeks before the end of the current eligibility period is a follow-up letter sent if the renewal has not been received by the State?)

No reminder notices are sent.

☒ Other, please explain:

2. Which of the above strategies appear to be the most effective? Have you evaluated the effectiveness of any strategies? If so, please describe the evaluation, including data sources and methodology.

   All of the above strategies have played an important role in making the process work better for our MassHealth members. MassHealth has not conducted a formal evaluation of each outreach strategy, but rather has measured effectiveness through qualitative reporting from our outreach partners. Each month, grantees report on what enrollment and retention strategies worked best. Findings show it's very effective to follow-up with individuals where they are in the community, conducting services in a cultural and linguistic fashion that meets the individual's needs. Tying enrollment and retention events to current affairs, such as a flu prevention event or back to school campaign, is also key to success since these are a natural draw for individuals to attend.

   Providing our grantees and partners with the tools they need to understand the current eligibility status on a member's case, the verifications that are missing, and what notices have been sent to the member, all in real time, has been extremely helpful. Grantee monthly reports mention how the "My Account Page" feature available through the Virtual Gateway has made their work much easier. Previously this information was not available online in real time; it could only be accessed by calling MassHealth.

   Utilizing one renewal form for MassHealth, Commonwealth Care, and other health insurance programs is a streamlined process which prevents members and outreach partners from having to navigate numerous processes and forms for various programs. An individual's renewal forms are screened and processed for the richest benefit in the same way that they are during the application process.

   Keeping our partners well informed, with the current latest program information is also extremely effective. Providing quarterly updates and timely information through the MTF program continues to be cited as a key source of information and training for our providers, outreach partners, and advocates. The more knowledge providers and organizations that work with our applicant and member population have, the better the applicants and members will be served.

Section IIIC: Subpart D: Eligibility Data

Table 1. Application Status of Title XXI Children in FFY 2010

States are required to report on questions 1 and 2 in FFY 2010. Reporting on questions 2.a., 2.b., and 2.c. is voluntary in FFY 2010, FFY 2011, and FFY 2012. Reporting on questions 2.a., 2.b., and 2.c. is required in 2013. Please enter the data requested in the table below and the template will tabulate the requested percentages.

	Number	Percent
1. Total number of title XXI applicants	17,267	100%
2. Total number of [title XXI] application denials	6,488	38%
a. Total number of procedural denials		
b. Total number of eligibility denials		
i. Total number of applicants denied for title XXI and enrolled in title XIX		
☐ (Check here if there are no additional categories) c. Total number of applicants denied for other reasons Please indicate: _____		

3. Please describe any limitations or restrictions on the data used in this table: _____

_____

Definitions:

1. The "total number of title XXI applicants," including those that applied using a joint application form, is defined as the total number of applicants that had an eligibility decision made for title XXI in FFY 2010. This measure is for applicants that have not been previously enrolled in title XXI or they were previously enrolled in title XXI but had a break in coverage, thus requiring a new application. Please include only those applicants that have had a Title XXI *eligibility determination made* in FFY 2010 (e.g., an application that was determined eligible in September 2010, but coverage was effective October 1, 2010 is counted in FFY 2010).

2. The "the total number of denials" is defined as the total number of applicants that have had an eligibility decision made for title XXI and denied enrollment for title XXI in FFY 2010. This definition only includes denials for title XXI at the time of initial application (not redetermination).

   a. The "total number of procedural denials" is defined as the total number of applicants denied for title XXI procedural reasons in FFY 2010 (i.e., incomplete application, missing documentation, missing enrollment fee, etc.).

   b. The "total number of eligibility denials" is defined as the total number of applicants denied for title XXI eligibility reasons in FFY 2010 (i.e., income too high, income too low for title XXI /referred for Medicaid eligibility determination/determined Medicaid eligible , obtained private coverage or if applicable, had access to private coverage during your State's specified waiting period, etc.)

i. The total number of applicants that are denied eligibility for title XXI and determined eligible for title XIX

c. The "total number of applicants denied for other reasons" is defined as any other type of denial that does not fall into 2a or 2b. Please check the box provided if there are no additional categories.

2. What percentage of children in the program is retained in the program at redetermination (i.e., # of children retained/total # of children who may remain eligible for CHIP at redetermination * 100) [5]? Please note that "may remain eligible" means that group of children who from the information the State has on record, appear to meet the eligibility criteria for renewal.

84% of CHIP children were retained at redetermination

3. What percentage of children in the program are disenrolled at redetermination (i.e., (# children disenrolled/total # children who may remain eligible for CHIP) * 100).

16% of CHIP children were disenrolled at redetermination

4. Does your State generate monthly reports or conduct assessments that track the outcomes of individuals who disenroll, or do not reenroll, in CHIP (e.g., how many obtain other public or private coverage, how many remain uninsured, how many age-out, how many move to a new geographic area)?

☐ Yes

☒ No
☐ N/A

a. When was the monthly report or assessment last conducted? [7500]

b. If yes, please provide a summary of the most recent findings (in the table below) from these reports and/or assessments. [7500]

Findings from Report/Assessment on Individuals Who Disenroll, or Do Not Reenroll in CHIP

Total Number of Disenrollees	**Obtain other public or private coverage**		**Remain uninsured**		**Age-out**		**Move to new geographic area**		**Other (specify)**	
			Number	Percent	Number	Percent	Number	Percent	Number	Percent

c. Please describe the data source (e.g., telephone or mail survey, focus groups) used to derive this information. Include the time period reflected in the data (e.g., calendar year, fiscal year, one month, etc.) [7500]

D. COST SHARING

1. Describe how the State tracks cost sharing to ensure enrollees do not pay more than 5 percent aggregate maximum in the year?

a. Cost sharing is tracked by:

☒ Enrollees (shoebox method)
☐ Health Plan(s)
☐ State
☐ Third Party Administrator
☐ N/A (No cost sharing required)
☐ Other, please explain. **[7500]**

If the State uses the shoebox method, please describe informational tools provided to enrollees to track cost sharing. **[7500]**

2. When the family reaches the 5% cap, are premiums, copayments and other cost sharing ceased? ☒ Yes ☐ No

3. Please describe how providers are notified that no cost sharing should be charged to enrollees exceeding the 5% cap. **Massachusetts Eligiblity Verification System (EVS) enables providers to recognize no cost sharing is applicable for a member via restrictive messaging that displays upon verification of eligibility.**

4. Please provide an estimate of the number of children that exceeded the 5 percent cap in the State's CHIP program during the Federal fiscal year.

There were 38 children who met the 5% cap in the state's CHIP program

Has your State undertaken any assessment of the effects of premiums/enrollment fees on participation in CHIP?

☐ Yes ☒ No If so, what have you found?

5. Has your State undertaken any assessment of the effects of cost sharing on utilization of health services in CHIP?

☐ Yes ☒ No If so, what have you found?

6. If your State has increased or decreased cost sharing in the past Federal Fiscal year, how is the State monitoring the impact of these changes on application, enrollment, disenrollment, and utilization of children's health services in CHIP. If so, what have you found? **N/A**

E. EMPLOYER SPONSORED INSURANCE PROGRAM (INCLUDING PREMIUM ASSISTANCE PROGRAM(S)) UNDER THE CHIP STATE PLAN OR A SECTION 1115 TITLE XXI DEMONSTRATION

1. Does your State offer an employer sponsored insurance program (including a premium assistance program) for children and/or adults using Title XXI funds?

☒ Yes, please answer questions below.
☐ No, skip to Program Integrity subsection.

Children

☒ Yes, Check all that apply and complete each question for each authority.

☐ Purchase of Family Coverage under the CHIP State Plan (2105(c)(3))
☐ Additional Premium Assistance Option under CHIP State Plan (2105(c)(10))
☒ Section 1115 Demonstration (Title XXI)
☐ Premium Assistance Option (applicable to Medicaid expansion) children (1906)
☐ Premium Assistance Option (applicable to Medicaid expansion) children (1906A)

Adults

☒ Yes, Check all that apply and complete each question for each authority.

☒ Purchase of Family Coverage under the CHIP State Plan (2105(c)(10)
☐ Additional Premium Assistance Option under the CHIP State Plan (2105(c)(3)
☐ Section 1115 Demonstration (Title XXI)
☐ Premium Assistance option under the Medicaid State Plan (1906)
☐ Premium Assistance option under the Medicaid State Plan (1906A)

2. Please indicate which adults your State covers with premium assistance. (Check all that apply.)

☐ Parents and Caretaker Relatives
☐ Childless Adults
☐ Pregnant Women

3. Briefly describe how your program operates (e.g., is your program an employer sponsored insurance program or a premium assistance program., how do you coordinate assistance between the state and/or employer, who receives the subsidy if a subsidy is provided, etc.)

MassHealth Family Assistance maximizes private insurance by providing premium assistance if an uninsured child has access to coverage through employer-based insurance, and only offering direct coverage through MassHealth if there is no other access to health insurance. For all applicants, the Commonwealth performs a health insurance investigation, accessing a comprehensive database. Contact is made with all employed members of the household and their employers to determine if employer-sponsored insurance (ESI) is available that meets the basic benefit level, is cost effective and meets an employer contribution level of 50%. If MassHealth-qualifying ESI is available, applicants may receive premium assistance, but may not receive direct coverage. MassHealth does not allow the family to opt out of ESI in order to obtain direct public coverage. This process controls crowd-out by maximizing the state's opportunity to identify applicants with access to ESI and require enrollment.

For children in families with household incomes below 200% FPL, once access to ESI is confirmed, their parents must enroll in premium assistance or their MassHealth will be at the time of application; households who have dropped health insurance within the past six months are subject to a waiting period from the date of loss of coverage before being allowed to participate in the program.

MassHealth uses a comprehensive health insurance investigation to determine if ESI was dropped prior to application. MassHealth monitors health insurance status of potential members both at the time of application and monthly so that only uninsured children are covered in SCHIP. Insurance status is verified through national insurance databases that identify coverage from any source, including noncustodial parents. MassHealth contracts with Health Management Systems (HMS) which conducts a monthly state and national data match using a system called "Match MAX" which Identifies health Insurance for all potential members. MassHealth also has a dedicated process to match with a file from the Department of Revenue (DOR) to identify noncustodial parents of applicants and recipients who have court orders for medical support. This process allows us to not only verify existing coverage, but also to enforce the obligation of non-custodial parents by contacting their employers to arrange enrollment of the parent in an employer-sponsored family plan to cover their children

4. What benefit package does the ESI program use?

Secretary approved per the State Plan amendment approved in March 2002

5. Are there any minimum coverage requirements for the benefit package?

☒ Yes ☐ No

MassHealth requires that the ESI meet the following minimum requirements:

1. The employer must contribute at least 50% to the cost of the health insurance premium;
2. The offered plan must meet the basic benefit level; and
3. Providing premium assistance must be cost effective.

6. Does the program provide wrap-around coverage for benefits?

☒ Yes ☐ No

For children enrolled in the Medicaid Expansion, as well as for disabled children enrolled in the Separate Child Health Program, MassHealth provides wrap-around coverage for benefits. For non-disabled children enrolled in the Separate Child Health Program, MassHealth does not provide wrap-around coverage, with the exception of dental, effective October 1, 2009. For all children enrolled in premium assistance, MassHealth will pay cost-sharing for any amounts in excess of 5% of family income, annually.

7. Are there limits on cost sharing for children in your ESI program?

☒ Yes ☐ No

In order to meet the cost sharing requirements, out of pocket expenses to the member cannot exceed 5% of the family's income.

7. Are there any limits on cost sharing for adults in your ESI program?

☐ Yes ☒ No

8. Are there protections on cost sharing for children (e.g., the 5 percent out-of-pocket maximum) in your premium assistance program?

☐ Yes ☒ No If yes, how is the cost sharing tracked to ensure it remains within the 5 percent yearly aggregate maximum

9. Identify the total number of children and adults enrolled in the ESI program for whom Title XXI funds are used during the reporting period (provide the number of adults enrolled in this program even if they were covered incidentally, i.e., not explicitly covered through a demonstration).

0	Number of childless adults ever-enrolled during the reporting period
8337	Number of adults ever-enrolled during the reporting period
27,325	Number of children ever-enrolled during the reporting period

Please note that the 27,325 includes both Title 21 and Title 19

10. Provide the average monthly enrollment of children and parents ever enrolled in the premium assistance program during FFY 2010.

Children _____ Parents_____

11. During the reporting period, what has been the greatest challenge your ESI program has experienced?

    The greatest challenge for the ESI program continues to be the maintenance of household information relating to employment and whether health insurance plan benefits meet the qualifying standards for coverage, premiums, and employer and employee contribution amounts.

12. During the reporting period, what accomplishments have been achieved in your ESI program?

Implementing dental benefits for premium assistance members that did not previously have them was a significant accomplishment for the ESI program.

13. What changes have you made or are planning to make in your ESI program during the next fiscal year? Please comment on why the changes are planned.

    The Premium Assistance Unit continue to make enhancements in order to streamline the current process of processing cases. In order to keep up with the increase in enrollment s of the uninsured, improvements were made in how cases are referred, reviewed, and investigated. A tracking system has been created which enables the premium assistance unit to process and collect overpayments in a more timely manner.

14. What do you estimate is the impact of your ESI program (including premium assistance) on enrollment and retention of children? How was this measured?

There are several factors that MassHealth looks at when measuring the impact of the ESI program on retention of children. The Premium assistance program allows MassHealth to enroll more members into the program because of the cost savings incurred by helping Medicaid eligible members enroll into private health insurance. Because MassHealth helps purchase family plans household members that are not Medicaid eligible are also covered. Enrolling families in ESI and private insurance is critical to retention of children in the program. MassHealth analyzes how many policies are purchased in order to determine cost avoidance and cost savings.

15. Identify the total state expenditures for providing coverage under your ESI program during the reporting period. $11,945,045

16. Provide the average amount each entity pays towards coverage of the dependent child/parent under your ESI program:

Child	$279	Parent	N/A
State:	50%	State:	N/A
Employer:	50%	Employer:	N/A
Employee:	$12-84	Employee:	N/A

18. Indicate the range in the average monthly dollar amount of premium assistance provided by the state on behalf of a child or parent.

Children	Low_____	High _____
Parent	Low_____	High _____

17. If you offer a premium assistance program, what, if any, is the minimum employer contribution?

    Employers must contribute at least 50% towards the cost of the insurance premium.

18. Do you have a cost effectiveness test that you apply in determining whether an applicant can receive coverage (e.g., the state's share of a premium assistance payment must be less than or equal to the cost of covering the applicant under SCHIP or Medicaid)?

    ☒ Yes ☐ No

    We ensure that the state's share of the Premium assistance is less or equal to what Masshealth pays to cover a member if that member were enrolled in MassHealth cirect coverage.

19. Please provide the income levels of the children or families provided premium assistance.

	From	To
Income level of Children:	150% of FPL	300% of FPL
Income level of Parents:	150% of FPL	300% of FPL

    Please note: MassHealth premium assistance makes determinations based on household income, rather than that of children.

20. Is there a required period of uninsurance before enrolling in premium assistance?

    ☒ Yes ☐ No

    If yes, what is the period of uninsurance? For Families with income between 200%-300% FPL, a 6 month uninsurance requirement applies.

21. Do you have a waiting list for your program? ☐ Yes ☒ No

22. Can you cap enrollment for your program? ☒ Yes ☐ No The state has never capped enrollment, but the state plan gives MassHealth the authority to do so if necessary.

23. What strategies has the State found to be effective in reducing administrative barriers to the provision of premium assistance in ESI?

    Creating an employer database. Premium Assistance investigates the employers. We gather all of the ESI that they offer; including the premiums, tiers, all of their health plans, with the summary of benefits. This way when we are processing a member that is employed by an employer that is on the database, we automatically determine them having access or no access. This database is updated annually, during the open enrollment periods.

F. PROGRAM INTEGRITY (COMPLETE ONLY WITH REGARD TO SEPARATE CHIP PROGRAMS, I.E., THOSE THAT ARE NOT MEDICAID EXPANSIONS)

1. Does your state have a written plan that has safeguards and establishes methods and procedures for:

    (1) prevention: ☒ Yes ☐ No
    (2) investigation;: ☒ Yes ☐ No
    (3) referral of cases of fraud and abuse? ☒ Yes ☐ No

Please explain:

It is important to point out that in Massachusetts Medicaid and CHIP are managed and operated seamlessly as one program component of the broader MassHealth program. Therefore, while there are no separate fraud and abuse activities for CHIP, all methods and procedures employed by the Commonwealth to detect, investigate, and refer cases of fraud and abuse in the MassHealth program are brought to bear on CHIP. In Massachusetts, state staff performs all application, redetermination, matching, case maintenance, and referral processes for all MassHealth programs, including CHIP. All contractual arrangements regarding fraud and abuse activities apply to CHIP as well as Medicaid.

MassHealth emphasizes aggressive management of its front-end program processes to ensure that services provided are medically necessary, provided by qualified health care providers, provided to eligible residents of the Commonwealth, and that payments are appropriately made. Ongoing efforts to combat fraud, waste, and abuse, including utilization management and regular program and clinical review, are central to all program areas. Sophisticated information systems support MassHealth's efforts to detect inappropriate billings before payment is made, and to ensure that eligibility determinations are accurate.

Equally important are mechanisms for detailed reporting and review of claims after bills are paid to identify inappropriate provider behavior, and methods to ensure that MassHealth identifies members whose changed circumstances may affect their continuing eligibility. As with our front-end processes, information systems are a critical component of MassHealth's work to identify and address inappropriate payments. Post-payment activities are an important "second look" and are particularly important to the identification of prosecutable fraud. And when our systems identify potential fraud, MassHealth acts aggressively to pursue the case with the appropriate authorities.

MassHealth has the following documentation regarding established methods and procedures for prevention, investigation, and referral of cases of fraud and abuse:
1) MassHealth Program Integrity Activities Inventory
2) Efforts to Prevent and Identify Fraud, Waste, and Abuse—description and identification of responsible units
3) Provider Compliance activity sheet
4) Utilization Management plan
5) Memorandum of Understanding between the Executive Office of Health and Human Services (EOHHS) and the Office of the Attorney General
Massachusetts Medicaid Fraud Control Unit
6) Interdepartmental Service Agreement between EOHHS and the Department of Revenue (DOR)
7) MassHealth Eligibility Operations Memo 04-04 re: New Member Fraud Referral Process
8) MassHealth Eligibility Operations Memo 01-7 re: Department of Revenue "New Hire" Match
9) MassHealth Eligibility Operations Memo 99-14 re: Annual Eligibility Review Process for Health Care Reform Members on MA-21
10) Contract between EOHHS and MedStat Group to perform Program Integrity gap analysis—deliverables due June 30, 2005
11) Recipient Eligibility Verification System (REVS) codes—online system for providers to verify MassHealth eligibility at point of service
12) Managed care contract amendment language specifying program integrity and fraud and abuse prevention, detection, and reporting requirements for health plans contracting with

Do managed health care plans with which your program contracts have written plans? Please Explain: Please see response above.

2. For the reporting period, please report the

1,021 Number of fair hearing appeals of eligibility denials

277 Number of cases found in favor of beneficiary

NOTE: 277 represents the number of hearings that resulted in decisions that either fully or partially favored the beneficiary (i.e. a decision may have resulted in the reinstatement of the recipient's eligibility, without granting the appellant's asserted eligibility start date.)

The actual number of fair hearings held for beneficiaries (1,021) is only a partial sum of total appeals filed. The vast majority of appeals filed (16,083 for the last federal fiscal year) resulted in dismissals outside of hearings, in which case the majority were dismissed because of a favorable action by the agency toward the beneficiary (reinstatement of eligibility, retroactive adjustments, etc) The agency does not keep track of dismissal reasons, which are outside the purview of the MassHealth Board of Hearings.

3. For the reporting period, please indicate the number of cases investigated, and cases referred, regarding fraud and abuse in the following areas:

Provider Credentialing

75 Number of cases investigated

0 Number of cases referred to appropriate law enforcement officials

Provider Billing

129 Number of cases investigated

19 Number of cases referred to appropriate law enforcement officials

Beneficiary Eligibility

662 Number of cases investigated

258 Number of cases referred to appropriate law enforcement officials

Are these cases for:

CHIP ☐

Medicaid and CHIP Combined ☒

4. Does your state rely on contractors to perform the above functions?

☒ Yes, please answer question below.

☐ No

5. If your state relies on contractors to perform the above functions, how does your state provide oversight of those contractors? Please explain:

The Provider Compliance Unit, operated within the University of Massachusetts Medical School (UMMS), and managed by the MassHealth Operations Integrity Unit, is our primary post-payment fraud detection unit. Utilizing algorithims and reports found in our data warehouse, and through data analysis, the Provider Compliance Unit reviews paid claims data to detect aberrant trends and outlier billing

patterns that can indicate potential fraud. The Provider Compliance Unit, which works closely with Medicaid Fraud Control Unit and our legal staff, meets our federal regulatory obligation to establish a surveillance utilization control system to safeguard against fraudulent, abusive, and inappropriate use of the Medicaid program.

Additionally, EOHHS's Compliance Office works across units engaged in program integrity to coordinate activities, establish unit specific internal control plans and risk assessments, manage external audit activity, coordinate the CMS Payment Error Rate Measaurment (PERM), and establish and monitor compliance with information privacy and security requirements.

Our New Medicaid Management Information System (NewMMIS) processes provider claims and contains a significant number of sophisticated edits, rules, and other program integrity checks and balances. As a result, approximately 23% of all claims submitted are denied and 1% are suspended for review or verification. The NewMMIS, completed in May of 2009, has been designed with enhanced Program Integrity capabilities, including expanded functionality to add claims edits as needed in order to keep abreast with the latest trends in aberrant or fraudulent claims submissions. Generally, information systems support to MassHealth remains a significant priority of the Executive Office of Health and Human Services, in large part because of the potential of leveraging technology to combat fraud, waste, and abuse in the Medicaid program. The EOHHS Data Warehouse, for example, is a consolidated repository of claims and eligibility data that provides program and financial managers with the ability to develop standard and ad-hoc management reports.

The Claims Operations Unit manages our claims processing contractor and monitors claims activity weekly. The EOHHS Office of Financial Management organizes a weekly Cash Management Team made up of budget, program, and operations staff that closely monitors the weekly provider claims payroll and compares year-to-date cash spending with budgeted spending by both provider type and budget category. The prior authorization unit ensures that certain services are medically necessary before approving the service. Even more sophisticated measures are in place for the pharmacy program. The Drug Utilization Review program at UMMS monitors and audits pharmacy claims and is designed to prevent early refills, therapeutic duplication, ingredient duplication, and problematic drug-drug interaction. In February 2004, our Managed Care Program instituted required reporting on fraud and abuse protections for all of MassHealth's managed care organizations.

Finally, the MassHealth Operations unit provides close oversight of a contract for customer services to MassHealth members and providers. MassHealth currently employs a single vendor for customer services, responsible for both provider relations and member relations. The integration of these vendor services brings with it many new opportunities in the program integrity area. Our customer services contractor verifies the credentials of all providers applying to participate in our program as well as re-credentialing existing providers and will work closely with the Board of Registration in Medicine, the Division of Professional Licensing, the Department of Public Health, the US Department of Health and Human Services, and the Office of the Inspector General to identify disciplinary actions against enrolled providers.

6. Do you contract with managed care health plans and/or a third party contractor to provide this oversight?

   ☒ Yes

   ☐ No

Please Explain: The relationship with UMMS as described above is governed by an interagency service agreement (ISA) between the medical school and EOHHS.

G. DENTAL BENEFITS

1. Information on Dental Care for CHIP Children (Include all delivery types, i.e. MCO, PCCM, FFS).

Data for this table are based from the definitions provided on the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Report (Form CMS-416)

a. Annual Dental Participation Table for CHIP Enrolled Children Children (Include children receiving full CHIP benefits and supplemental benefits) .

Please check which populations of CHIP children are included in the following table:

☐ Medicaid Expansion
☐ Separate CHIP
☒ Both Medicaid Expansion and Separate CHIP

State Massachusetts____ FFY____2010_____	Age Groups						
	Total	<1	1 – 2*	3 – 5	6 – 9	10–14	15–18
Total Enrollees Receiving Any Dental Services[1] [7]	71,983	0	1,146	7,848	19,088	23,803	20,098
Total Enrollees Receiving Preventive Dental Services[2] [7]	64,197	0	1,038	7,483	18,021	21,194	16,461
Total Enrollees Receiving Dental Treatment Services[3] [7]	39,816	0	170	2,528	9,491	14,369	13,258

*Includes 12-month visit

[1]Total Eligibles Receiving Any Dental Services - Enter the unduplicated number of children enrolled in CHIP for at least 90 continuous days and receiving at least one dental service by or under the supervision of a dentist as defined by HCPCS codes D0100 - D9999 (CDT codes D0100 - D9999).

[2]Total Eligibles Receiving Preventive Dental Services - Enter the unduplicated number of children enrolled in CHIP for at least 90 continuous days and receiving at least one preventive dental service by or under the supervision of a dentist as defined by HCPCS codes D1000 - D1999 -(CDT codes D1000 - D1999).

[3]Total Eligibles Receiving Dental Treatment Services - Enter the unduplicated number of children enrolled in CHIP for at least 90 continuous days and receiving at least one treatment

service by or under the supervision of a dentist, as defined by HCPCS codes D2000 - D9999 (CDT codes D2000 - 09999).

c. For the age grouping that includes children 8 years of age, what is the number of such children who have received a protective sealant on at least one permanent molar tooth[4]?

5676 children received a protective sealant on at least one permanent molar tooth.

[4]Receiving a Sealant on a Permanent Molar Tooth -- Enter the unduplicated number of children enrolled in CHIP for at least 90 continuous days and in the age category of 6-9 who received a sealant on a permanent molar tooth regardless of whether the sealant was provided by a dentist or a non-dentist, as defined by HCPCS code D1351 (CDT code D1351).

2. Does the State provide supplemental dental coverage? ☐ Yes ☒ No

   If yes, how many children are enrolled? _____[7]

   What percent of the total amount of children have supplemental dental coverage? _____[5]

SECTION IV: PROGRAM FINANCING FOR STATE PLAN

1. Please complete the following table to provide budget information. Describe in narrative any details of your planned use of funds below, including the assumptions on which this budget was based (per member/per month rate, estimated enrollment and source of non-Federal funds). (*Note: This reporting period equals Federal Fiscal Year 2010. If you have a combination program you need only submit one budget; programs do not need to be reported separately.)*

COST OF APPROVED CHIP PLAN

Benefit Costs	2010	2011	2012
Insurance payments	$ 12,185,422	$ 13,184,651	$ 13,459,
Managed Care	$ 230,213,667	$253,778,402	$ 270,136,
Fee for Service	$ 173,722,370	$174,923,484	$ 183,199,
Total Benefit Costs			
(Offsetting beneficiary cost sharing payments)			
Net Benefit Costs	**$ 416,121,460**	**$441,886,538**	**$ 466,796,**

Administration Costs

Personnel			
General Administration			
Contractors/Brokers (e.g., enrollment contractors)			
Claims Processing			
Outreach/Marketing costs			
Other (e.g., indirect costs)			
Total Administration Costs	$ 9,305,852	$ 5,200,000	$ 5,491,
10% Administrative Cap (net benefit costs ÷ 9)	$ 46,235,718	$ 49,098,504	$ 51,866,

Federal Title XXI Share	$ 276,527,965	$290,606,473	$ 306,986,
State Share	$ 148,899,347	$156,480,065	$ 165,300.

TOTAL COSTS OF APPROVED CHIP PLAN	$ 425,427,312	$447,086,538	$ 472,287,

2. What were the sources of non-Federal funding used for State match during the reporting period?

- [x] State appropriations
- [ ] County/local funds
- [ ] Employer contributions
- [ ] Foundation grants
- [ ] Private donations
- [ ] Tobacco settlement
- [ ] Other (specify) [500]

3. Did you experience a short fall in CHIP funds this year? If so, what is your analysis for why there were not enough Federal CHIP funds for your program? All shortfalls were addressed via additional federal funding.

4. In the table below, enter 1) number of eligibles used to determine per member per month costs for the current year and estimates for the next two years; and, 2) per member per month cost rounded to a whole number. If you have CHIP enrollees in a fee for service program, per member per month cost will be the average cost per month to provide services to these enrollees.

	2010		2011		2012	
	# of eligibles	$ PMPM	# of eligibles	$ PMPM	# of eligibles	$ PMPM
Managed Care	69,447	$ 238	80,061	$247	86,655	$ 254
Fee for Service	44,110	$ 411	39,883	$ 427	38,451	$439

Enter any Narrative text below.

Fee for service includes spending on the Primary Care Clinician (PCC) plan

The higher administrative cost in FFY10 is due to a transfer of transportation expenditures from program to administration. At the request of CMS, Massachusetts transferred expenditures related to 7 quarters of certain transportation services totaling approximately $65M (gross expenditures) from program to administration in the CMS 64 and CMS 21 for QE 6/10. The purpose was to bring expenditures in line with the State Plan and the Cost Allocation Plan. On an ongoing basis, the transfer will be approximately $11M per quarter (gross expenditures) with a revenue impact to CHIP of approximately $300,000 per quarter.

SECTION V: 1115 DEMONSTRATION WAIVERS (FINANCED BY CHIP)

Please reference and summarize attachments that are relevant to specific questions.

1. If you do not have a Demonstration Waiver financed with CHIP funds skip to Section VI. If you do, please complete the following table showing whom you provide coverage to.

CHIP Non-HIFA Demonstration Eligibility						HIFA Waiver Demonstration Eligibility				
* Upper % of FPL are defined as Up to and Including										
Children	From		% of FPL to		% of FPL*	From		% of FPL to		% of FPL*
Parents	From		% of FPL to		% of FPL*	From		% of FPL to		% of FPL*
Childless Adults	From		% of FPL to		% of FPL*	From		% of FPL to		% of FPL
Pregnant Women	From		% of FPL to		% of FPL*	From		% of FPL to		% of FPL*

2. Identify the total number of children and adults ever enrolled (an unduplicated enrollment count) in your CHIP demonstration during the reporting period.

_____ Number of **children** ever enrolled during the reporting period in the demonstration

_____ Number of **parents** ever enrolled during the reporting period in the demonstration

_____ Number of **pregnant women** ever enrolled during the reporting period in the demonstration

_____ Number of **childless adults** ever enrolled during the reporting period in the demonstration (*Only report for 1st Quarter of the FFY)

3. What have you found about the impact of covering adults on enrollment, retention, and access to care of children? You are required to evaluate the effectiveness of your demonstration project, so report here on any progress made in this evaluation, specifically as it relates to enrollment, retention, and access to care for children. [1000]

4. Please provide budget information in the following table for the years in which the demonstration is approved. *Note: This reporting period (Federal Fiscal Year 2010 starts 10/1/09 and ends 9/30/10).*

COST PROJECTIONS OF DEMONSTRATION (SECTION 1115 or HIFA)	2010	2011	2012	2013	2014
Benefit Costs for Demonstration Population #1 (e.g., children)					
Insurance Payments					

COST PROJECTIONS OF DEMONSTRATION (SECTION 1115 or HIFA)	2010	2011	2012	2013	2014
Managed care					
per member/per month rate for managed care					
Fee for Service					
Average cost per enrollee in fee for service					
Total Benefit Costs for Waiver Population #1					

Benefit Costs for Demonstration Population #2
(e.g., parents)

Insurance Payments					
Managed care					
per member/per month rate for managed care					
Fee for Service					
Average cost per enrollee in fee for service					
Total Benefit Costs for Waiver Population #2					

Benefit Costs for Demonstration Population #3
(e.g., pregnant women)

Insurance Payments					
Managed care					
per member/per month rate for managed care					
Fee for Service					
Average cost per enrollee in fee for service					
Total Benefit Costs for Waiver Population #3					

Benefit Costs for Demonstration Population #4
(e.g., childless adults)

Insurance Payments					
Managed care					
per member/per month rate for managed care					
Fee for Service					
Average cost per enrollee in fee for service					
Total Benefit Costs for Waiver Population #3					

Total Benefit Costs					
(Offsetting Beneficiary Cost Sharing Payments)					
Net Benefit Costs (Total Benefit Costs - Offsetting Beneficiary Cost Sharing Payments)					

Administration Costs

Personnel					
General Administration					

Contractors/Brokers *(e.g., enrollment contractors)*					
Claims Processing					
Outreach/Marketing costs					
Other *(specify)*					
Total Administration Costs					
10% Administrative Cap (net benefit costs ÷ 9)					

Federal Title XXI Share					
State Share					

TOTAL COSTS OF DEMONSTRATION					

When was your budget last updated (please include month, day and year)? [500]

Please provide a description of any assumptions that are included in your calculations. [7500]

Other notes relevant to the budget: [7500]

SECTION VI: PROGRAM CHALLENGES AND ACCOMPLISHMENTS

1. For the reporting period, please provide an overview of your state's political and fiscal environment as it relates to health care for low income, uninsured children and families, and how this environment impacted CHIP.

Massachusetts' 2006 health care reform law was enacted with the goal of moving towards universal insurance by increasing access to affordable health care coverage. In Massachusetts significantly more adults and children have health insurance as a result of our state health reform law. In fact, state and national surveys and studies consistently demonstrate that increasingly nearly all residents in the state are insured. The most recent state survey found the overall adult uninsured rate to be 1.9%; therefore, 98.1% of Mass residents were covered. This was a significant gain over 2009 when 97.3% of Massachusetts' residents were covered (Division of Health Care Finance and Policy, DHCFP, 2010 Massachusetts Health Insurance Survey). The federal reform law will further increase access to coverage, when the tax credits go into effect for those with income up to 400% FPL (our state reforms provide subsidized coverage for individuals with income up to 300% FPL).

Since the end of Federal Fiscal Year 2007, following the passage of state health care reform, the CHIP program (stand-alone and Medicaid expansion) has grown more than 14%. The 2010 state survey illustrates that the overall uninsurance rate for children statewide has continued to drop, estimated to be 0.2% in 2010, and as a result more than 99.8% of children in Massachusetts have health coverage (DHCFP, 2010 Massachusetts Health Insurance Survey). In the previous year, 98.1% of children had coverage. (DHCFP, 2009 Massachusetts Health Insurance Survey). The results show that health reform and the related coverage expansions and outreach efforts are succeeding in reaching those who need health care.

In fact, since the beginning of Federal Fiscal Year 2008 the MassHealth (Medicaid plus CHIP) caseload increased by over 45,000 children. The 2010 DHCFP data estimates that for those children in households earning less than 150% FPL the uninsurance rate is 0%. The data suggests that the remaining uninsured children in Massachusetts reside in households earning between 150% and 300% of the FPL. Additionally the 2010 US Census Bureau (2010 Current Population Survey) reports that although the uninsured rate for children across the nation held steady, the uninsurance rate for children in Massachusetts declined.

A September 2010 Urban/ RWJF report confirms that nearly every child in the Commonwealth is covered and Massachusetts has the lowest uninsurance rate in the nation. A product of Massachusetts' health care reform has been a consistent and collaborative effort to find and enroll children in health care coverage. According to a September 2010 report by the Urban Institute and Robert Wood Johnson Foundation (RWJF), Massachusetts continues to be in a leader in insuring children and enrolling eligible children in the state's Medicaid and CHIP programs. According to the report, participation in Massachusetts' Medicaid and CHIP programs is 95.2%- statistically higher than the national average. (Note the participation rate is defined as the ratio of a state's Medicaid/CHIP enrollment to that number plus uninsured eligible children.) According to the report Massachusetts also led the nation with the lowest rate of Hispanic children without health coverage. Only 2% of Hispanic children in the Commonwealth are without health coverage, compared to nationwide, where more than one in six (17.5 percent) Hispanic children are uninsured.

The Massachusetts CHIP program grew substantially between FFY 2009 and FFY 2010, due primarily to the effect of the recession. The stand-alone CHIP program grew nearly 9%, while the Medicaid expansion population grew more than 6%. (The combined Medicaid and CHIP program grew at about 5%).

Substantial support for health reform overall persists despite statewide concerns about healthcare costs and economic conditions. The 2010 Blue Cross Blue Shield Foundation Massachusetts Health Reform Survey indicates that support for health reform has remained high among nonelderly adults despite state budgetary pressures and the economic recession. The 2010 survey, which reports Fall 2009 data, shows that more than two-thirds of respondents have supported health reform since 2006, when Massachusetts' state health care reform was enacted.

2. During the reporting period, what has been the greatest challenge your program has experienced?

The greatest challenge that Massachusetts CHIP program experienced during FFY10 was the severe fiscal environment. It is difficult to find the administrative resources to do the important enrollment simplification and retention work we have planned while also trying to protect the expansions created by our state health reform and accompanying outreach efforts. At the same time, our caseloads are growing due to the economic downtown, leading to increased fiscal constraints.

3. During the reporting period, what accomplishments have been achieved in your program?

In addition to operational enhancements to MassHealth systems, outreach efforts continued to contribute to the steadily declining children's health uninsurance rate and Massachusetts' overall success. In FFY10 the Office of Medicaid's Health Care Reform (HCR) Outreach and Education Unit awarded fifty-one grants statewide to community-based non-profit organizations to increase enrollment in MassHealth and other health insurance programs, as well as provide assistance in helping individuals retain their health insurance coverage through redetermination or other case maintenance processes.

Grantees conduct outreach and provide one-on-one enrollment assistance and redetermination services. The grantees help individuals with the application and enrollment process, help new enrollees understand how to use their health insurance, and educate them on the importance of having their care coordinated through a primary care physician. Grantees also help individuals understand and respond to requests for information from insurers and can also help individuals understand options available to them during open-enrollment. Each of the grantee organizations tailor their programs to meet the needs of the people and regions they serve.

In SFY10, grantees enrolled over 97,130 individuals in MassHealth, Commonwealth Care (subsidized coverage for uninsured individuals up to 300% FPL), Commonwealth Choice (private health insurance options for individuals over 300%FPL), the Health Safety Net and other public health insurance programs available under Massachusetts health care reform. Of those enrolled, 26% were children in the MassHealth program. Grantees have also assisted over 51,152 individuals with submitting the redetermination paperwork necessary to retain coverage. Of those assisted with redeterminations, 27% were children.

The Office of Medicaid's Health Care Reform Unit developed strong partnerships and established Memorandum of Understandings (MOUs) with the two Massachusetts CHIPRA Outreach grantees – *Health Care For All* and *South End Community Health Center*. The Office of Medicaid verifies enrollment

and redetermination data for these two grantees, participates in workgroup meetings with both grantees to collaborate on outreach initiatives, discusses what outreach workers are experiencing and finding works well when conducting outreach, and sharing resources. One of these recent outreach initiatives included an all day Phonation on September 29th. The event was heavily advertised, encouraging families to call the *Health Care For All* Helpline to sign up for coverage. The Office of Medicaid, collaborating with numerous community based organizations, including *South End Community Health Center* (the other Massachusetts CHIPRA Outreach grantee,) assisted in planning the event and provided support on-site as well. The event resulted in over 130 children receiving application assistance in one day.

4. What changes have you made or are planning to make in your CHIP program during the next fiscal year? Please comment on why the changes are planned.

MassHealth is in the second year of implementing a *Maximizing Enrollment for Kids* grant work plan developed in consultation with The Robert Wood Johnson Foundation. The grant has provided MassHealth with specific areas to focus on such as improving retention, streamlining the eligibility review process and increasing administrative efficiencies while maintaining program integrity.

Strategies that improve retention and reduce paper processing have been helpful in alleviating pressure in the operational work flow. Electronic Document Management (EDM) will digitize the role of paper in the enrollment and renewal process and will significantly improve workflow. It will also improve customer service as staff will have real-time access to every document and a statewide workforce will be utilized instead of having a case record tied to a regional office. Testing was completed in October 2010 and a pilot is scheduled to begin in early January 2011. Statewide implementation of EDM is estimated to occur in summer/fall of 2011.) This initiative will continue to help MassHealth gain efficiencies as the agency faces staffing and resource shortages during a challenging fiscal climate.

Another key initiative designed to increase retention is the increased use of data matching, moving toward a system that uses electronic income verifications and administrative renewals for populations whose eligibility circumstance are unlikely to change. MassHealth is currently engaged with the Department of Transitional Assistance (the SNAP agency) and DOR (for both wage files and child support disbursement data) on third party data matches to determine if alternative renewal options such as Ex-Parte or Express Lane Eligibility are possible. MassHealth is also working to implement the optional match with the Social Security Administration to verify citizenship and identity and hopes to have this match in place in March of 2011.

In August 2010, MassHealth ended the use of Job Update Forms, which previously were used to certify income information for members who were identified as having a change in income or job status through a match with state Department of Revenue (DOR) quarterly wage reporting and 14-day new hire files. The Job Update forms required beneficiaries to submit documentation to prove their incomes within 60 days or lose coverage. In SY10 almost 46% of the individuals who received these forms were disenrolled. 95% of these case closures were due to the member's failure to return or complete the Job Update Form. Two thirds of the case closures for failure to return or complete the form were later approved or pending approval during SFY10. In particular, for children, the elimination of the Job Update Form in 2010 has increased retention in the MassHealth program; their benefits won't be discontinued due to their parent's failure to return a form.

A new paperless process is being developed to use the DOR match data to improve program integrity and ensure members are enrolled in the most appropriate coverage. MassHealth is also exploring the

feasibility of downloading DOR data files directly into program case records in order to accept information about income in these files as verified for most of these beneficiaries.

The web-enabled Virtual Gateway continued to be used extensively in SFY10 to expand access to health insurance and health assistance programs to increasing numbers in the community. During SFY10, Virtual Gateway technology continued to reach a rising number of users –including MassHealth providers, MassHealth members, state agencies and a growing number of community service organizations - to use internet technology to outreach to numerous individuals and assist them in signing up for health insurance that meets their specific needs.

In SFY10 enhancements continued to be made to MassHealth systems designed to improve member access to and control of their case data, ensuring that coverage does not lag through premature or inappropriate termination of benefits. SFY10 saw, for example, a steady increase in the utilization of the Virtual Gateway's My Account Page (MAP) function, introduced in SFY08, that allows human service providers, with their clients' permission, the ability to view, on the web in real time, their clients' MassHealth, Commonwealth Care and Health Safety Net case information. There are currently over 300,000 "hits" per month to this web-based service. It has provided members, with the help of their assistors, access to the most accurate and up-to-date application and case information without having to call a MassHealth office, helping to ensure that applicants and members receive the most appropriate benefits as efficiently as possible.

For the first time, during SFY10, MassHealth members who are designated "Heads of Households" (the person who signed the application for benefits) gained access to MAP without the need for third-party assistance to view up-to-date application and case information without having to call a MassHealth office. Since this expanded access to MAP was introduced in March of 2010, 14,881 health assistance searches have been performed by members who are heads of households. Members also continued to use the feature, introduced in SFY09, that allows members themselves to access the same information providers see on MAP by calling a dedicated 24 hour, 7 day a week self-service toll-free phone number. Members hear detailed information about their case status including key eligibility dates, health benefit information and outstanding verifications. Since its introduction in December 2008, there have been approximately 1.3 million calls to this service.

Functionality introduced during SFY09 that allows members, with the help of providers, to change, online, basic demographic information through a Virtual Gateway Change Form continues to be used extensively by providers. Since its introduction in December, 2008, there have been over 36,112 changes submitted that in the past would have required a phone call to MassHealth. The Change Form supports continuous coverage by preventing members from being disenrolled due to outdated demographic information. It also may at times result in benefit upgrades, since changes trigger the redetermination of benefits. Finally, the Change Form collects member race and ethnicity information, improving the Commonwealth's ability to measure outcomes and address health disparities. During SFY10, access to the Change Form was expanded to include the Head of a Household. Since this expanded access was introduced in March of 2010, 865 changes have been submitted by health assistance members.