

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

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)
- Section VI: Program Challenges and Accomplishments

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

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**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: 2012 Note: Federal Fiscal Year 2012 starts 10/1/2011 and ends 9/30/2012.
Contact Person/Title: Robin Callahan/Deputy Medicaid Director for Policy and Programs

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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 <u>Up to and Including</u>										
Gross or Net Income: ALL Age Groups as indicated below										
	Is income calculated as gross or net income?	GROSS	Income Net of Disregards	Is income calculated as gross or net income?	GROSS		Gross Income			
					<input type="checkbox"/>	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?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	x	Yes, for whom and how long? [1000] For all children at all income levels for a 60 day period	x	Yes – Please describe below [1000] 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.
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Is retroactive eligibility available?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input checked="" type="checkbox"/>	Yes, for whom and how long? [1000] All children, coverage begins 10 days prior to application	<input checked="" type="checkbox"/>	Yes, for whom and how long? [1000] All children, coverage begins 10 days prior to application
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your State Plan contain authority to implement a waiting list?	Not applicable		<input checked="" type="checkbox"/>	No
			<input type="checkbox"/>	Yes
			<input type="checkbox"/>	N/A

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

Does your program require a face-to-face interview during initial application	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program require a child to be uninsured for a minimum amount of time prior to enrollment (waiting period)?	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	Specify number of months		Specify number of months 6	
			To which groups (including FPL levels) does the period of uninsurance apply? [1000] 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.	
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program match prospective enrollees to a database that details private insurance status?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	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? [1000] 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.	
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program provide period of continuous coverage <u>regardless of income changes?</u>	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	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	
	[1000]		[1000]	
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program require premiums or an enrollment fee?	<input checked="" type="checkbox"/>	No				<input type="checkbox"/>	No			
	<input type="checkbox"/>	Yes				<input checked="" type="checkbox"/>	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 breakout by FPL.					
	Premium Amount				Premium Amount					
	Range from	Range to	From	To	Range from	Range to	From	To		
	\$ _____	\$ _____ —	% of FPL	% of FPL	\$12	\$36 family max	150.1% of FPL	200.0% of FPL		
	\$ _____	\$ _____ —	% of FPL	% of FPL	\$20	\$60 family max	200.1% of FPL	250.0% of FPL		
	\$ _____	\$ _____ —	% of FPL	% of FPL	\$28	\$84 family max	250.1% of FPL	300.0% of FPL		
	\$ _____	\$ _____ —	% 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 breakout by FPL.					
	Yearly Maximum Premium Amount per Family		\$ _____		Yearly Maximum Premium Amount per Family		\$432 for families between 150-200%FPL; \$720 for families between 200-250% FPL; \$1008 for families between 250-300% FPL			
	Range from	Range to	From	To	Range from	Range to	From	To		
\$ _____	\$ _____	% of FPL	% of FPL	\$ _____	\$ _____	% of FPL	% of FPL			
\$ _____	\$ _____	% 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 box below (including premium/enrollment fee amounts and include Federal poverty levels where appropriate)			
	[500]				[500]			
	<input type="checkbox"/>	N/A			<input type="checkbox"/>	N/A		

Does your program impose copayments or coinsurance?	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program impose deductibles?	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program require an assets test?	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	If Yes, please describe below		If Yes, please describe below	
	[500]		[500]	
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A
	If Yes, do you permit the administrative verification of assets?		If Yes, do you permit the administrative verification of assets?	
	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

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

Which delivery system(s) does your program use?	<input checked="" type="checkbox"/>	Managed Care	<input checked="" type="checkbox"/>	Managed Care
	<input checked="" type="checkbox"/>	Primary Care Case Management	<input checked="" type="checkbox"/>	Primary Care Case Management

<input checked="" type="checkbox"/>	Fee for Service	<input checked="" type="checkbox"/>	Fee for Service
Please describe which groups receive which delivery system [500]		Please describe which groups receive which delivery system [500]	
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.		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?	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes, we send out form to family with their information pre-completed and	<input type="checkbox"/>	Yes, we send out form to family with their information pre-completed and
	<input type="checkbox"/>	We send out form to family with their information pre-completed and ask for confirmation	<input type="checkbox"/>	We send out form to family with their information pre-completed and ask for confirmation
	<input type="checkbox"/>	We send out form but do not require a response unless income or other circumstances have changed	<input type="checkbox"/>	We send out form but do not require a response unless income or other circumstances have changed
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Comments on Responses in Table:

- | | | | |
|--|---|--|---|
| 1. Is there an assets test for children in your Medicaid program? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |
| 2. Is it different from the assets test in your separate child health program? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |
| 3. Are there income disregards for your Medicaid program? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |
| 4. Are they different from the income disregards in your separate child health program? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |
| 5. Is a joint application (i.e., the same, single application) used for your Medicaid and separate child health program? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 6. If you have a joint application, is the application sufficient to determine eligibility for both Medicaid and CHIP? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

8. Indicate what documentation is required at initial application for

	Self-Declaration	Self-Declaration with internal verification	Documentation Required
Income	<input type="checkbox"/>	<input type="checkbox"/>	x
Citizenship	<input type="checkbox"/>	<input type="checkbox"/>	x
Insured Status	<input type="checkbox"/>	x	<input type="checkbox"/>
Residency	x	<input type="checkbox"/>	<input type="checkbox"/>
Use of Income Disregards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 Health Program		
	Yes	No Change	N/A	Yes	No Change	N/A
a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	<input type="checkbox"/>	x	<input type="checkbox"/>	<input type="checkbox"/>	x	<input type="checkbox"/>
b) Application	x	<input type="checkbox"/>	<input type="checkbox"/>	x	<input type="checkbox"/>	<input type="checkbox"/>
c) Application documentation requirements	<input type="checkbox"/>	x	<input type="checkbox"/>	<input type="checkbox"/>	x	<input type="checkbox"/>
d) Benefits	<input type="checkbox"/>	x	<input type="checkbox"/>	<input type="checkbox"/>	x	<input type="checkbox"/>
e) Cost sharing (including amounts, populations, & collection process)	<input type="checkbox"/>	x	<input type="checkbox"/>	<input type="checkbox"/>	x	<input type="checkbox"/>
f) Crowd out policies	<input type="checkbox"/>	x	<input type="checkbox"/>	<input type="checkbox"/>	x	<input type="checkbox"/>
g) Delivery system	<input type="checkbox"/>	x	<input type="checkbox"/>	<input type="checkbox"/>	x	<input type="checkbox"/>
h) Eligibility determination process	<input type="checkbox"/>	x	<input type="checkbox"/>	<input type="checkbox"/>	x	<input type="checkbox"/>
i) Implementing an enrollment freeze and/or cap	<input type="checkbox"/>	<input type="checkbox"/>	x	<input type="checkbox"/>	<input type="checkbox"/>	x
j) Eligibility levels / target population	<input type="checkbox"/>	x	<input type="checkbox"/>	<input type="checkbox"/>	x	<input type="checkbox"/>
k) Assets test	<input type="checkbox"/>	<input type="checkbox"/>	x	<input type="checkbox"/>	<input type="checkbox"/>	x
l) Income disregards	<input type="checkbox"/>	<input type="checkbox"/>	x	<input type="checkbox"/>	x	<input type="checkbox"/>
m) Eligibility redetermination process	x	<input type="checkbox"/>	<input type="checkbox"/>	x	<input type="checkbox"/>	<input type="checkbox"/>
n) Enrollment process for health plan selection	<input type="checkbox"/>	x	<input type="checkbox"/>	<input type="checkbox"/>	x	<input type="checkbox"/>

	Medicaid Expansion CHIP Program			Separate Child Health Program		
	Yes	No Change	N/A	Yes	No Change	N/A
o) Family coverage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
p) Outreach (e.g., decrease funds, target outreach)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q) Premium assistance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
s) Expansion to "Lawfully Residing" children	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
t) Expansion to "Lawfully Residing" pregnant women	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
u) Pregnant Women State Plan Expansion	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
v) Waiver populations (funded under title XXI)						
Parents	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pregnant women	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Childless adults*	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
w) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
x) Other – please specify						
a. [50]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. [50]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. [50]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)	
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b) Application	MassHealth has revised the Medical Benefit Request (MBR), the Senior Medical Benefit Request (SMBR), and other related forms to determine whether individuals who are applying for benefits are residents of Massachusetts and if they intend to remain in the state. The Visitor section was removed and replaced with a new section addressing residency.
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 in Medicaid and/or CHIP	
l) Income disregards in Medicaid and/or CHIP	

m) Eligibility redetermination process	<p>MassHealth uses a streamlined eligibility review process, called administrative review. Administrative review streamlines the annual review of these MassHealth members by using data matching. On December 19, 2011, MassHealth expanded the administrative review process to more members, including community elders and disabled adults and children. Members who meet the criteria for an administrative annual review will not need to return the review form if they do not have changes to report since their most recent redetermination. Their eligibility will continue for another year, assuming no changes occur throughout the year.</p> <p>Beginning late in September 2012, an Express Lane renewal process was implemented for certain MassHealth, Commonwealth Care, and Health Safety Net families who are also receiving Supplemental Nutrition Assistance Program (SNAP) benefits administered through the Department of Transitional Assistance (DTA). Families who meet the criteria for Express Lane renewal do not need to return the annual review form if they do not have changes to report. Their eligibility will continue for another year, assuming no changes occur throughout the year.</p> <p>In September 2012, in an effort to ensure income integrity through data matching, MassHealth, in conjunction with the Department of Revenue (DOR), implemented a new DOR Job Update Process. This process identifies households in MA21 based on the current verified income on MA21 and the reported DOR income. Once these households are selected, MA21 sends the new Job Update notice and form.</p>
n) Enrollment process for health plan selection	
o) Family coverage	
p) Outreach	<p>A non-significant change in funding has occurred from FFY 2011 to FY2012. Targeted outreach for both Medicaid and CHIP through partners in the community remains the same as in previous years; however the Office of Medicaid did consolidate the number of outreach grants to implement a more regional based outreach approach.</p>
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	
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. **[7500]**

SECTION II: PROGRAM'S PERFORMANCE MEASUREMENT AND PROGRESS

This section consists of three subsections that gather information about the CHIP and/or Medicaid program. Section IIA captures data on the initial core set of children's health care quality measures. 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 THE INITIAL CORE SET OF CHILDREN'S HEALTH CARE QUALITY 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 initial core set of measures. This section of CARTS will be used for standardized reporting on the initial core set of measures.

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 Technical Specifications and Resource Manual for the Initial Core Set of Children's Health Care Quality Measures for detailed information for standardized measure reporting.

The Technical Specifications and Resource Manual for the Initial Core Set of Children's Health Care Quality Measures can be found:

<http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/InitialCoreSetResourceManual.pdf>

The reporting of the Initial Core Set of Measures 1-23 is voluntary.

Measure 24:

Title XXI Programs: CHIPRA section 402(a)(2), which amends reporting requirements in section 2108 of the Social Security Act, requires Title XXI Programs (i.e., CHIP Medicaid expansion programs, separate child health programs, or a combination of the two) to report CAHPS results to CMS starting December 2013. While Title XXI Programs may select any CAHPS Child Medicaid survey to fulfill this requirement, CMS encourages these programs to use the CAHPS Health Plan Survey 4.0H Child Questionnaire with Supplemental Questions for Children with Chronic Conditions to align with the CAHPS Initial Core Set Measure. Starting in 2013, Title XXI Programs should submit summary level information from the CAHPS survey to CMS via the CARTS attachment facility and to the Agency for Healthcare Research and Quality's CAHPS Database which will be available to accept submissions by December 2013

Title XIX Programs: Reporting of measure 24, the CAHPS survey, remains voluntary for Title XIX Programs.

	Measure	Measure Steward	Description	Reporting
1	Timeliness of Prenatal Care	National Committee for Quality Assurance (NCQA)/ Healthcare Effectiveness Data and Information Set (HEDIS)	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.	Measure is voluntary.

	Measure	Measure Steward	Description	Reporting
2	Frequency of Ongoing Prenatal Care	NCQA/HEDIS	Percentage of 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 expected prenatal 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.
3	Percentage of Live Births Weighing Less Than 2,500 Grams	Centers for Disease Control and Prevention (CDC)	Percentage of live births that weighed less than 2,500 grams in the State during the reporting period	Measure is voluntary.
4	Cesarean Rate for Nulliparous Singleton Vertex	California Maternal Care Collaborative	Percentage of women that had a cesarean 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.
5	Childhood Immunization Status	NCQA/HEDIS	Percentage of children that turned 2 years old during the measurement year and had specific vaccines by their second birthday	Measure is voluntary.
6	Adolescent Immunization Status	NCQA/HEDIS	Percentage of adolescents that turned 13 years old during the measurement year and had specific vaccines by their 13 th birthday	Measure is voluntary.
7	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Body Mass Index Assessment for Children/Adolescents	NCQA/HEDIS	Percentage of children ages 3 to 17 that had an outpatient visit with a primary care practitioner (PCP) or obstetrical/gynecological (OB/GYN) practitioner and whose weight is classified based on body mass index percentile for age and gender	Measure is voluntary.
8	Developmental Screening in the First Three Years of Life	Oregon Health and Science University, Child and Adolescent Health Measurement Initiative (CAHMI)	Percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding their first, second, or third birthday	Measure is voluntary.

	Measure	Measure Steward	Description	Reporting
9	Chlamydia Screening	NCQA/HEDIS	Percentage of women ages 16 to 20 that were identified as sexually active and had at least one test for Chlamydia during the measurement year	Measure is voluntary.
10	Well-Child Visits in the First 15 Months of Life	NCQA/HEDIS	Percentage of children that turned 15 months old during the measurement year and had zero, one, two, three, four, five, or six or more well-child visits with a primary care practitioner (PCP) during their first 15 months of life	Measure is voluntary.
11	Well-Child Visits in the 3 rd , 4 th , 5 th , and 6 th Years of Life	NCQA/HEDIS	Percentage of children ages 3 to 6 that had one or more well-child visits with a primary care practitioner during the measurement year	Measure is voluntary.
12	Adolescent Well-Care Visit	NCQA/HEDIS	Percentage of adolescents ages 12 to 21 that had at least one comprehensive well-care visit with a primary care practitioner or an obstetrical/gynecological (OB/GYN) practitioner during the measurement year	Measure is voluntary.
13	Percentage of Eligibles that Received Preventive Dental Services	CMS	Percentage of individuals ages 1 to 20 that are enrolled in Medicaid or CHIP Medicaid Expansion programs, are eligible for EPSDT services, and that received preventive dental services	Measure is voluntary.
14	Child and Adolescent Access to Primary Care Practitioners	NCQA/HEDIS	Percentage of children and adolescents ages 12 months to 19 years that had a visit with a primary care practitioner (PCP), including four separate percentages: <ul style="list-style-type: none"> • Children ages 12 to 24 months and 25 months to 6 years who had a visit with a PCP during the measurement year • Children ages 7 to 11 years and adolescents ages 12 to 19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year 	Measure is voluntary.

	Measure	Measure Steward	Description	Reporting
15	Appropriate Testing for Children with Pharyngitis	NCQA/HEDIS	Percentage of children ages 2 to 18 that were diagnosed with pharyngitis, dispensed an antibiotic, and received a group A streptococcus test for the episode	Measure is voluntary.
16	Otitis Media with Effusion (OME) – Avoidance of Inappropriate Use of Systemic Antimicrobials in Children	American Medical Association/ Physician Consortium for Performance Improvement (PCPI)	Percentage of children ages 2 months to 12 years with a diagnosis of otitis media with effusion (OME) that were not prescribed systemic antimicrobials	Measure is voluntary.
17	Percentage of Eligibles that Received Dental Treatment Services	CMS	Percentage of individuals ages 1 to 20 that are enrolled in Medicaid or CHIP Medicaid Expansion programs, are eligible for EPSDT services, and that received dental treatment services	Measure is voluntary.
18	Ambulatory Care – Emergency Department (ED) Visits	NCQA/HEDIS	Rate of ED visits per 1,000 member months among children up to age 19	Measure is voluntary.
19	Pediatric Central Line Associated Blood Stream Infections – Neonatal Intensive Care Unit and Pediatric Intensive Care Unit	CDC	Rate of central line-associated blood stream infections (CLABSI) in the pediatric and neonatal intensive care units during periods selected for surveillance	Measure is voluntary.
20	Annual Percentage of Asthma Patients 2 Through 20 Years Old with One or More Asthma-Related Emergency Room Visits	Alabama Medicaid	Percentage of children ages 2 to 20 diagnosed with asthma during the measurement year with one or more asthma-related emergency room (ER) visits	Measure is voluntary.
21	Follow-Up Care for Children Prescribed Attention Deficit Hyperactivity Disorder (ADHD) Medication	NCQA/HEDIS	Percentage of children newly prescribed ADHD medication that had at least three follow-up care visits within a 10-month period, one of which was within 30 days from the time the first ADHD medication was dispensed, including two rates: one for the initiation phase and one for the continuation and maintenance phase	Measure is voluntary.
22	Annual Pediatric Hemoglobin A1C Testing	NCQA	Percentage of children ages 5 to 17 with diabetes (type 1 and type 2) that had a Hemoglobin A1c (HbA1c) test during the measurement year	Measure is voluntary.

	Measure	Measure Steward	Description	Reporting
23	Follow-Up After Hospitalization for Mental Illness	NCQA/HEDIS	Percentage of discharges for children ages 6 to 20 that 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 within 7 days of discharge and within 30 days of discharge	Measure is voluntary.

	Measure	Measure Steward	Description	Reporting
24	Consumer Assessment of Healthcare Providers and Systems® (CAHPS) 4.0H (Child Version Including Medicaid and Children with Chronic Conditions Supplemental Items)	NCQA/HEDIS	Survey on parents' experiences with their children's care	<p><u>Title XXI Programs:</u> CHIPRA section 402(a)(2), which amends reporting requirements in section 2108 of the Social Security Act, requires Title XXI Programs to report CAHPS results to CMS starting December 2013. While Title XXI Programs may choose any CAHPS Child Medicaid survey to fulfill this requirement, CMS encourages these programs to use the CAHPS Health Plan Survey 4.0H Child Questionnaire with Supplemental Questions for Children with Chronic Conditions to align with the CAHPS Initial Core Set Measure.</p> <p>Starting in 2013, Title XXI Programs should submit summary level information from the CAHPS survey to CMS via the CARTS attachment facility and to the Agency for Healthcare Research and Quality's CAHPS Database which will be available to accept submissions by December 2013.</p> <p><u>Title XIX Programs:</u> Reporting of measure 24, the CAHPS survey, remains voluntary for Title XIX Programs.</p>
	CHIP Annual Report Template – FFY 2012		21	Final 11-15-2012

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 columns, data from the previous two years' annual reports (FFY 2010 and FFY 2011) 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 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 2012). Additional instructions for completing each row of the table are provided below.

Beginning in 2011, the CARTS application requires States to provide information on why they chose not to report a measure(s) in Section IIA. The CARTS user will be prompted to provide this information for each measure during data entry. If the CARTS User skips these questions during the data entry process, he/she will be prompted to respond to them before being able to certify the Annual Report.

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 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 denominator size for a particular measure is less than 30. If the denominator size is less than 30, your State is not required to report a rate on the measure. However, please indicate the exact denominator size in the space provided.
- Other: Please specify if there is another reason why your State cannot report the measure.

Although the Initial Core Set of Measures is voluntarily reported, if the State is not reporting data on a specific measure, it is important to complete the reason why the State is not reporting the measure. It is important for CMS to understand why each State and why all States as a group may not be reporting on specific measures. Your selection of a reason for not reporting and/or provision of an "other" reason for not reporting will assist CMS in that understanding.

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 the current CARTS reporting period.

Explanation of Provisional Data – When the value of the Status of Data Reported field is selected as "Provisional", the State must specify why the data are provisional and when the State expects the data will be final.

- Final: Check this box if the data you are reporting are considered final for the current CARTS reporting period.
- 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 measure, please indicate whether the measure is based on HEDIS® technical specifications, the specifications developed by other measure stewards listed in the Technical Specifications and Resource Manual (e.g. CMS, CDC, AMA/PCPI), or "other" measurement specifications. If HEDIS® is selected, the HEDIS® Version field must be completed. If "Other" measurement specification is selected, the explanation field must be completed. States should use the technical specifications outlined in the Technical Specifications and Resource Manual for the Initial Core Set of Children's Health Care Quality Measures.

HEDIS® Version:

Please specify HEDIS® Version (example 2010, 2011). This field must be completed only when a user selects the HEDIS® measurement specification.

“Other” measurement specification explanation:

If “Other,” measurement specification is selected, please complete the explanation of the “Other” measurement specification. The explanation field must be completed when “Other” measurement specification has been selected,

Data Source:

For each measure, please indicate the source of data or methodology used to calculate the measure – administrative data (such as claims and encounters) (specify the kind of administrative data used); hybrid methods (combining administrative data and medical records) (specify how the two were used to create the rate); survey data (specify the survey used); or other source (specify the other source).

Definition of Population included in the Measure:

Numerator: Please indicate the definition of the population included in the numerator for each measure.

Denominator: Please indicate the definition of the population included in the denominator for each measure by checking one box to indicate whether the data are for the CHIP population only, the Medicaid population only, or include both CHIP and Medicaid (Title XIX) children combined.

If the denominator reported is not fully representative of the population defined above (the CHIP population only, the Medicaid population only, or the CHIP and Medicaid (Title XIX) populations combined), please further define the denominator, including those who are excluded from the denominator. For example, please note if the denominator excludes children enrolled in managed care in certain counties or certain plans or if it excludes children in fee-for-service or PCCM. Also, please report the number of children excluded. The provision of this information is important and will provide CMS with a context so that comparability of denominators can be assessed across the States and over time.

Deviation from Measure Technical Specification

If the data provided for a measure deviates from the measure technical specification, please select the type(s) of measure specification deviation. The types of deviation parallel the measure specification categories for each measure. Each type of deviation is accompanied by a comment field that States must use to explain in greater detail or further specify the deviation when a deviation(s) from a measure is selected.

The five types (and examples) of deviations are:

- Year of Data (e.g., partial year),
- Data Source (e.g., use of different data sources among health plans or delivery systems),
- Numerator (e.g., coding issues),
- Denominator (e.g., exclusion of MCOs, different age groups, definition of continuous enrollment),
- Other (please describe in detail).

When one or more of the types of deviations are selected, States are required to provide an explanation.

Year of Data: not available for the 2012 CARTS reporting period.

Please report the year of data for each 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.

Date Range: available for 2012 CARTS reporting period.

Please define the date range for the reporting period based on the “From” time period as the month and year that corresponds to the beginning period in which utilization took place and please report the “To” time period as the month and year that corresponds to the end 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.

Initial Core Set Measurement Data:

In this section, please report the numerators and denominators, rates for each measure (or component). The template provides two sections for entering the data, depending on whether you are reporting using HEDIS® or other methodologies. The form fields have been set up to facilitate entering numerators and denominators for each measure. If the form fields do not give you enough space to fully report on the measure, please use the “additional notes” section.

The preferred method is to calculate a single state-level “weighted rate” based on the distribution of the eligible population included in each separate rate. The reporting unit for each measure is the State as a whole. If States calculate rates for multiple reporting units (e.g., individual health plans, different health care delivery systems), States must aggregate data from all these sources into one State rate before reporting the data to CMS. In the situation where a State combines data across multiple reporting units, all or some of which use the hybrid method to calculate the rates, the State should enter zeroes in the “Numerator” and “Denominator” fields. In these cases, it should report the State-level rate in the “Rate” field and, when possible, include individual reporting unit numerators, denominators, and rates in the field labeled “Additional Notes on Measure,” along with a description of the method used to derive the State-level rate.

Beginning in 2012, in an effort to reduce State burden of reporting on the Core Measures, CMS will calculate Measures 13 (Preventive Dental Services) and 17 (Dental Treatment Services) for States based on data submitted as part of the EPSDT report (CMS-416).

CHIPRA Quality Demonstration States

CHIPRA Quality Demonstration States have the option of reporting State developed quality measures through CARTS. Instructions may be found on page 25 in the web-based template and after core measure 24 on the Word template.

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.

Is the State submitting an EQRO report as an attachment to the 2012 CARTS Report?

X Yes ☐ No

If yes, please provide a further description of the attachment. [7500]

The MCO comparative report provides information about the reviews of the capitated managed care plans.

If the State is not submitting an EQRO report as an attachment to the 2012 CARTS Report, please explain. [7500]

Category I - PREVENTION AND HEALTH PROMOTION
Prenatal/Perinatal

MEASURE 1: Timeliness of Prenatal Care

FFY 2010	FFY 2011	FFY 2012
<p>Did you report on this measure?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2011</i></p>
<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used: 2009</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used: 2011</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used: 2011</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> MassHealth claims, MCO encounter and claims data, medical records from hospitals, providers and clinics. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> MassHealth claims, MCO encounter and claims data, medical records from hospitals, providers and clinics. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> Data from PCC Plan providers and MCO providers. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of numerator: HEDIS 2009 specs. Definition of denominator: HEDIS 2009 specs.</p> <p><input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p> <p>If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>	<p>Definition of Population Included in the Measure: Definition of numerator: HEDIS 2011 specs. Definition of denominator: HEDIS 2011 specs.</p> <p><input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p> <p>If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>	<p>Definition of Population Included in the Measure: Definition of numerator: HEDIS 2011 specs. Definition of denominator: HEDIS 2011 specs.</p> <p><input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p> <p>If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>
<p>Date Range: From: 1/2007 To: 11/2008</p>	<p>Date Range of Data: From: 1/2009 To: 11/2010</p>	<p>Date Range: From: 1/2009 To: 11/2010</p>

MEASURE 1: Timeliness of Prenatal Care (continued)

FFY 2010	FFY 2011	FFY 2012
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: 1644 Denominator: 1926 Rate: 84.4%	Numerator: 1747 Denominator: 1947 Rate: 90%	Numerator: 1747 Denominator: 1947 Rate: 90%
Deviations from Measure Specifications; <input type="checkbox"/> Year of Data, <i>Explain</i> <input type="checkbox"/> Data Source, <i>Explain</i> <input type="checkbox"/> Numerator, <i>Explain</i> <input type="checkbox"/> Denominator, <i>Explain</i> <input type="checkbox"/> Other, <i>Explain</i>	Deviations from Measure Specifications; <input type="checkbox"/> Year of Data, <i>Explain</i> <input type="checkbox"/> Data Source, <i>Explain</i> <input type="checkbox"/> Numerator, <i>Explain</i> <input type="checkbox"/> Denominator, <i>Explain</i> <input type="checkbox"/> Other, <i>Explain</i>	Deviations from Measure Specifications; <input type="checkbox"/> Year of Data, <i>Explain</i> <input type="checkbox"/> Data Source, <i>Explain</i> <input type="checkbox"/> Numerator, <i>Explain</i> <input type="checkbox"/> Denominator, <i>Explain</i> <input type="checkbox"/> Other, <i>Explain</i>
Additional notes on measure: Reported rate is the MassHealth weighted mean. <i>CY 2008</i>	Additional notes on measure: Rate is MassHealth weighted mean, thus the raw denominator has been adjusted to properly account for differences in plan size.	Additional notes on measure: Rate is MassHealth weighted mean, thus the raw denominator has been adjusted to properly account for differences in plan size.
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:

MEASURE 2: Frequency of Ongoing Prenatal Care

FFY 2010	FFY 2011	FFY 2012
<p>Did you report on this measure?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i> 2009</p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i> 2011</p>
<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2009 <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2011 <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2011 <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> MassHealth claims, MCO encounter and claims data, medical records from hospitals, providers and clinics. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> MassHealth claims, MCO encounter and claims data, medical records from hospitals, providers and clinics. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> Data from PCC Plan providers and MCO providers. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of numerator: HEDIS 2009 specs. Definition of denominator: HEDIS 2009 specs.</p> <p><input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p> <p>If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>	<p>Definition of Population Included in the Measure: Definition of numerator: HEDIS 2011 specs. Definition of denominator: HEDIS 2011 specs.</p> <p><input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p> <p>If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>	<p>Definition of Population Included in the Measure: Definition of numerator: HEDIS 2011 specs. Definition of denominator: HEDIS 2011 specs.</p> <p><input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p> <p>If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>
<p>Date Range: From: 1/2007 To: 11/2008</p>	<p>Date Range of Data: From: 1/2009 To: 11/2010</p>	<p>Date Range: From: 1/2009 To: 11/2010</p>

MEASURE 2: Frequency of Ongoing Prenatal Care (continued)

FFY 2010	FFY 2011	FFY 2012
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	Performance Measurement Data: Percentage of 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 expected prenatal 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
<u>< 21 percent of expected visits</u> Numerator: Denominator: Rate: <u>21 percent – 40 percent of expected visits</u> Numerator: Denominator: Rate: <u>41 percent – 60 percent of expected visits</u> Numerator: Denominator: Rate: <u>61 percent – 80 percent of expected visits</u> Numerator: Denominator: Rate: ≥ 81 percent of expected visits Numerator: 1145 Denominator: 1877 Rate: 61%	<u>< 21 percent of expected visits</u> Numerator: Denominator: Rate: <u>21 percent – 40 percent of expected visits</u> Numerator: Denominator: Rate: <u>41 percent – 60 percent of expected visits</u> Numerator: Denominator: Rate: <u>61 percent – 80 percent of expected visits</u> Numerator: Denominator: Rate: ≥ 81 percent of expected visits Numerator: 1355 Denominator: 1964 Rate: 69%	<u>< 21 percent of expected visits</u> Numerator: Denominator: Rate: <u>21 percent – 40 percent of expected visits</u> Numerator: Denominator: Rate: <u>41 percent – 60 percent of expected visits</u> Numerator: Denominator: Rate: <u>61 percent – 80 percent of expected visits</u> Numerator: Denominator: Rate: ≥ 81 percent of expected visits Numerator: 1355 Denominator: 1964 Rate: 69%
Deviations from Measure Specifications; <input checked="" type="checkbox"/> Year of Data, <i>Based on HEDIS 2009 data, CY 2008</i> <input type="checkbox"/> Data Source, <i>Explain</i> <input type="checkbox"/> Numerator, <i>Explain</i> <input type="checkbox"/> Denominator, <i>Explain</i> <input type="checkbox"/> Other, <i>Explain</i>	Deviations from Measure Specifications; <input type="checkbox"/> Year of Data, <i>Explain</i> <input type="checkbox"/> Data Source, <i>Explain</i> <input type="checkbox"/> Numerator, <i>Explain</i> <input type="checkbox"/> Denominator, <i>Explain</i> <input checked="" type="checkbox"/> Other, <i>Explain</i> A weighted mean is calculated only for the 81+% of expected visits, thus this is the only rate we present here.	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain</i> <input type="checkbox"/> Data Source, <i>Explain</i> <input type="checkbox"/> Numerator, <i>Explain</i> <input type="checkbox"/> Denominator, <i>Explain</i> <input checked="" type="checkbox"/> Other, <i>Explain</i> A weighted mean is calculated only for the 81+% of expected visits, thus this is the only rate we present here.
Additional notes on measure: Rate is MassHealth weighted mean, thus the raw denominator has been adjusted to properly account for differences in plan size.	Additional notes on measure: Rate is MassHealth weighted mean, thus the raw denominator has been adjusted to properly account for differences in plan size.	Additional notes/comments on measure: Rate is MassHealth weighted mean, thus the raw denominator has been adjusted to properly account for differences in plan size.

MEASURE 2: Frequency of Ongoing Prenatal Care (continued)

FFY 2010	FFY 2011	FFY 2012
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:

MEASURE 3: Percentage of Live Births Weighing Less Than 2,500 Grams

FFY 2010	FFY 2011	FFY 2012
<p>Did you report on this measure?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input checked="" type="checkbox"/> Data not available. <i>Explain:</i> These data are only available through medical record review or from DPH. MassHealth has historically not used data sources other than MassHealth administrative or hybrid data. The MA CHIPRA Quality Demonstration grant is testing the use of DPH birth record data as a possible data source for reporting on this measure in future years. If MassHealth can calculate this measure from DPH birth records, then it can collect this measure in a cost-effective and efficient manner than hybrid data collection method. <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> This measure is being tested through the Massachusetts CHIPRA grant.</p>	<p>Did you report on this measure?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input checked="" type="checkbox"/> Data not available. <i>Explain:</i> These data are only available through medical record review or from DPH. MassHealth has historically not used data sources other than MassHealth administrative or hybrid data. The MA CHIPRA Quality Demonstration grant is testing the use of DPH birth record data as a possible data source for reporting on this measure in future years. If MassHealth can calculate this measure from DPH birth records, then it can collect this measure in a cost-effective and efficient manner than hybrid data collection method. <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> This measure is being tested through the Massachusetts CHIPRA grant.</p>	<p>Did you report on this measure?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input checked="" type="checkbox"/> Data not available. <i>Explain:</i> These data are only available through medical record review or from DPH. MassHealth has historically not used data sources other than MassHealth administrative or hybrid data. The MA CHIPRA Quality Demonstration grant is testing the use of DPH birth record data as a possible data source for reporting on this measure in future years, however working with the data has presented challenges. <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:</p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:</p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:</p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. Specify version of HEDIS used: <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> CDC <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> CDC <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). Specify: <input type="checkbox"/> Hybrid (claims and medical record data). Specify: <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:</p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). Specify: <input type="checkbox"/> Hybrid (claims and medical record data). Specify: <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:</p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). Specify: <input type="checkbox"/> Hybrid (claims and medical record data). Specify: <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:</p>
<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of numerator:</p> <p>Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p> <p>If denominator is a subset of the definition selected above, please further define the denominator, please indicate the number of children excluded:</p>	<p>Definition of Population Included in the Measure: Definition of numerator:</p> <p>Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p> <p>If denominator is a subset of the definition selected above, please further define the denominator, please indicate the number of children excluded:</p>

FFY 2010	FFY 2011	FFY 2012
Year of Data:		
	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)

MEASURE- 3: Percentage of Live Births Weighing Less Than 2,500 Grams (continued)

FFY 2010	FFY 2011	FFY 2012
Performance Measurement Data: Percentage of resident live births that weighed less than 2,500 grams in the State reporting period	Performance Measurement Data: Percentage of resident live births that weighed less than 2,500 grams in the State reporting period	Performance Measurement Data: Percentage of resident live births that weighed less than 2,500 grams in the State during the reporting period
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, Explain <input type="checkbox"/> Data Source, Explain <input type="checkbox"/> Numerator, Explain <input type="checkbox"/> Denominator, Explain <input type="checkbox"/> Other, Explain	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, Explain <input type="checkbox"/> Data Source, Explain <input type="checkbox"/> Numerator, Explain <input type="checkbox"/> Denominator, Explain <input type="checkbox"/> Other, Explain
Additional notes on measure:	Additional notes on measure:	Additional notes/comments 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:

MEASURE 4: Cesarean Rate for Nulliparous Singleton Vertex

FFY 2010	FFY 2011	FFY 2012
<p>Did you report on this measure?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input checked="" type="checkbox"/> Data not available. <i>Explain:</i> Identification of denominator population is challenging. This measure will be collected by the MA CHIPRA Quality Grant team, using data collected from the MA Department of Public Health. <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input checked="" type="checkbox"/> Data not available. <i>Explain:</i> Identification of denominator population is challenging. This measure will be collected by the MA CHIPRA Quality Grant team, using data collected from the MA Department of Public Health. <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input checked="" type="checkbox"/> Data not available. <i>Explain:</i> Under the CHIPRA Demonstration grant, MassHealth is exploring ways to calculate this measure. These data are only available through medical record review or from DPH. MassHealth has historically not used data sources other than MassHealth administrative or hybrid data. The MA CHIPRA Quality Demonstration grant is testing the use of DPH birth record data as a possible data source for reporting on this measure in future years; however working with the data has presented challenges. <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:</p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:</p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:</p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. Specify version of HEDIS used: <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> CMQCC <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> CMQCC <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). Specify: <input type="checkbox"/> Hybrid (claims and medical record data). Specify: <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:</p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). Specify: <input type="checkbox"/> Hybrid (claims and medical record data). Specify: <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:</p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). Specify: <input type="checkbox"/> Hybrid (claims and medical record data). Specify: <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:</p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of numerator: . Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the denominator, please indicate the number of children excluded:</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the denominator, please indicate the number of children excluded:</p>
<p>Year of Data:</p>		

FFY 2010	FFY 2011	FFY 2012
	Range of Data: From: (mm/yyyy) To: (mm/yyyy)	Range of Data: From: (mm/yyyy) To: (mm/yyyy)

MEASURE 4: Cesarean Rate for Nulliparous Singleton Vertex (continued)

FFY 2010	FFY 2011	FFY 2012
Performance Measurement Data: Percentage 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: Percentage 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: Percentage of women that had a cesarean 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:
	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, Explain <input type="checkbox"/> Data Source, Explain <input type="checkbox"/> Numerator, Explain <input type="checkbox"/> Denominator, Explain <input type="checkbox"/> Other, Explain	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, Explain <input type="checkbox"/> Data Source, Explain <input type="checkbox"/> Numerator, Explain <input type="checkbox"/> Denominator, Explain <input type="checkbox"/> Other, Explain
Additional notes on measure:	Additional notes on measure:	Additional notes/comments 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:

Immunizations

MEASURE 5: Childhood Immunization Status

FFY 2010	FFY 2011	FFY 2012
<p>Did you report on this measure?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why:</p> <p><input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other.</p>	<p>Did you report on this measure?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why:</p> <p><input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why:</p> <p><input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported:</p> <p><input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported:</p> <p><input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i> 2010</p>	<p>Status of Data Reported:</p> <p><input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification:</p> <p><input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> HEDIS 2010 <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification:</p> <p><input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS@ Version used:</i> HEDIS 2010 <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification:</p> <p><input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS@ Version used:</i> HEDIS 2012 <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source:</p> <p><input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> MassHealth claims, MCO encounter and claims data, medical records from hospitals, providers and clinics <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source:</p> <p><input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> MassHealth claims, MCO encounter and claims data, medical records from hospitals, providers and clinics. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source:</p> <p><input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> Data from PCC Plan providers and MCO providers per HEDIS 2012 specifications <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: HEDIS 2010 specs. Definition of numerator: HEDIS 2010 specs.</p> <p><input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p>	<p>Definition of Population Included in the Measure: Definition of numerator: HEDIS 2010 specs. Definition of denominator: HEDIS 2010 specs.</p> <p><input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p> <p>If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>	<p>Definition of Population Included in the Measure: Definition of numerator: HEDIS 2012 specs. Definition of denominator: HEDIS 2012 specs.</p> <p><input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p> <p>If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>
<p>Date Range: From: 1/2008 To: 12/2009</p>	<p>Date Range: From: 1/2008 To: 12/2009</p>	<p>Date Range: From: 1/2011 To: 12/2011</p>

MEASURE 5: Childhood Immunization Status (continued)

FFY 2010		FFY 2011		FFY 2012	
HEDIS Performance Measurement Data: Percentage of children who turned 2 years old during the measurement year who had specific vaccines by their second birthday		HEDIS Performance Measurement Data: Percentage of children who turned 2 years old during the measurement year who had specific vaccines by their second birthday		Performance Measurement Data: Percentage of children that turned 2 years old during the measurement year and had specific vaccines by their second birthday	
DTap Numerator: 1684 Denominator: 1940 Rate: 87% IPV Numerator: 1807 Denominator: 1943 Rate: 93% MMR Numerator: 1795 Denominator: 1938 Rate: 93% HiB Numerator: 1849 Denominator: 1936 Rate: 96% Hep B Numerator: 1812 Denominator: 1936 Rate: 94% VZV Numerator: 1777 Denominator: 1925 Rate: 93% PCV Numerator: 1679 Denominator: 1948 Rate: 87% Hep A Numerator: Denominator: Rate: RV Numerator: Denominator: Rate: Flu Numerator: Denominator: Rate:	Combo 2 Numerator: 1607 Denominator: 1943 Rate: 83% Combo 3 Numerator: 1544 Denominator: 1949 Rate: 79% Combo 4 Numerator: Denominator: Rate: Combo 5 Numerator: Denominator: Rate: Combo 6 Numerator: Denominator: Rate: Combo 7 Numerator: Denominator: Rate: Combo 8 Numerator: Denominator: Rate: Combo 9 Numerator: Denominator: Rate: Combo 10 Numerator: Denominator: Rate:	DTap Numerator: 1684 Denominator: 1940 Rate: 87% IPV Numerator: 1807 Denominator: 1943 Rate: 93% MMR Numerator: 1795 Denominator: 1938 Rate: 93% HiB Numerator: 1849 Denominator: 1936 Rate: 96% Hep B Numerator: 1812 Denominator: 1936 Rate: 94% VZV Numerator: 1777 Denominator: 1925 Rate: 93% PCV Numerator: 1679 Denominator: 1948 Rate: 87% Hep A Numerator: Denominator: Rate: RV Numerator: Denominator: Rate: Flu Numerator: Denominator: Rate:	Combo 2 Numerator: 1607 Denominator: 1943 Rate: 83% Combo 3 Numerator: 1544 Denominator: 1949 Rate: 79% Combo 4 Numerator: Denominator: Rate: Combo 5 Numerator: Denominator: Rate: Combo 6 Numerator: Denominator: Rate: Combo 7 Numerator: Denominator: Rate: Combo 8 Numerator: Denominator: Rate: Combo 9 Numerator: Denominator: Rate: Combo 10 Numerator: Denominator: Rate:	DTap Numerator: Denominator: Rate: IPV Numerator: Denominator: Rate: MMR Numerator: Denominator: Rate: HiB Numerator: Denominator: Rate: Hep B Numerator: Denominator: Rate: VZV Numerator: Denominator: Rate: PCV Numerator: Denominator: Rate: Hep A Numerator: Denominator: Rate: RV Numerator: Denominator: Rate: Flu Numerator: Denominator: Rate:	Combo 2 Numerator: 1624 Denominator: 2038 Rate: 79.7% Combo 3 Numerator: 1571 Denominator: 2040 Rate: 77.0% Combo 4 Numerator: Denominator: Rate: Combo 5 Numerator: Denominator: Rate: Combo 6 Numerator: Denominator: Rate: Combo 7 Numerator: Denominator: Rate: Combo 8 Numerator: Denominator: Rate: Combo 9 Numerator: Denominator: Rate: Combo 10 Numerator: Denominator: Rate:

MEASURE 5: Childhood Immunization Status (continued)

FFY 2010	FFY 2011	FFY 2012
Deviations from Measure Specifications; <input type="checkbox"/> Year of Data, <i>Explain</i> <input type="checkbox"/> Data Source, <i>Explain</i> <input type="checkbox"/> Numerator, <i>Explain</i> <input type="checkbox"/> Denominator, <i>Explain</i> <input type="checkbox"/> Other, <i>Explain</i>	Deviations from Measure Specifications; <input type="checkbox"/> Year of Data, <input type="checkbox"/> Data Source, <i>Explain</i> <input type="checkbox"/> Numerator, <i>Explain</i> <input type="checkbox"/> Denominator, <i>Explain</i> <input type="checkbox"/> Other, <i>Explain</i>	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain</i> <input type="checkbox"/> Data Source, <i>Explain</i> <input type="checkbox"/> Numerator, <i>Explain</i> <input type="checkbox"/> Denominator, <i>Explain</i> <input type="checkbox"/> Other, <i>Explain</i>
Additional notes on measure: 1. Rates are the MassHealth weighted mean, thus the raw denominator has been adjusted to properly account for differences in plan size. 2. MassHealth does not collect and report on all HEDIS combinations. Only those collected have been reported.	Additional notes on measure: 1. Rates are the MassHealth weighted mean, thus the raw denominator has been adjusted to properly account for differences in plan size. 2. MassHealth does not collect and report on all HEDIS combinations. Only those collected have been reported.	Additional notes/comments on measure: 1. Rates are the MassHealth weighted mean, thus the raw denominator has been adjusted to properly account for differences in plan size. 2. MassHealth does not collect and report on all HEDIS combinations. Only those collected have been reported.
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:

MEASURE 6: Adolescent Immunization Status

FFY 2010	FFY 2011	FFY 2012
<p>Did you report on this measure?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why:</p> <p><input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> NCQA Changed the specifications for this measure and MassHealth does not collect measures the first year changes are made.</p>	<p>Did you report on this measure?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why:</p> <p><input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. MassHealth implements a rotational approach to its HEDIS measurement project, to allow time for improvement work between measurement periods. Measure not selected for annual HEDIS slate. This measure will be collected in 2012.</p>	<p>Did you report on this measure?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why:</p> <p><input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported:</p> <p><input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported:</p> <p><input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported:</p> <p><input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification:</p> <p><input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification:</p> <p><input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification:</p> <p><input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2012 <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source:</p> <p><input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source:</p> <p><input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source:</p> <p><input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> Data from PCC Plan providers and MCO providers per HEDIS 2012 specifications <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure:</p> <p>Definition of numerator: Definition of denominator:</p> <p><input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p> <p>If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>	<p>Definition of Population Included in the Measure:</p> <p>Definition of numerator: Definition of denominator:</p> <p><input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p> <p>If denominator is a subset of the definition selected above, please further define the denominator, please indicate the number of children excluded:</p>	<p>Definition of Population Included in the Measure:</p> <p>Definition of numerator: HEDIS 2012 specs. Definition of denominator: HEDIS 2012 specs.</p> <p><input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p> <p>If denominator is a subset of the definition selected above, please further define the denominator, please indicate the number of children excluded:</p>
<p>Year of Data:</p>	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>	<p>Date Range: From: 1/2011 To: 12/2011</p>

MEASURE 6: Adolescent Immunization Status (continued)

FFY 2010	FFY 2011	FFY 2012
Performance Measurement Data: The percentage of adolescents 13 years of age who had specific vaccines by their 13th birthday.	Performance Measurement Data: The percentage of adolescents 13 years of age who had specific vaccines by their 13th birthday.	Performance Measurement Data: Percentage of adolescents that turned 13 years old during the measurement year and had specific vaccines by their 13th birthday
<u>Meningococcal</u> Numerator: Denominator: Rate: <u>Tdap/Td</u> Numerator: Denominator: Rate: Combination (<u>Meningococcal</u> , <u>Tdap/Td</u>) Numerator: Denominator: Rate:	<u>Meningococcal</u> Numerator: Denominator: Rate: <u>Tdap/Td</u> Numerator: Denominator: Rate: Combination (<u>Meningococcal</u> , <u>Tdap/Td</u>) Numerator: Denominator: Rate:	<u>Meningococcal</u> Numerator: Denominator: Rate: <u>Tdap/Td</u> Numerator: Denominator: Rate: Combination (<u>Meningococcal</u> , <u>Tdap/Td</u>) Numerator: 1303 Denominator: 1825 Rate: 71.4%
	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, Explain <input type="checkbox"/> Data Source, Explain <input type="checkbox"/> Numerator, Explain <input type="checkbox"/> Denominator, Explain <input type="checkbox"/> Other, Explain	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, Explain <input type="checkbox"/> Data Source, Explain <input type="checkbox"/> Numerator, Explain <input type="checkbox"/> Denominator, Explain <input type="checkbox"/> Other, Explain
Additional notes on measure:	Additional notes on measure:	Additional notes/comments 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:

Screening

MEASURE 7: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Body Mass Index Assessment for Children/Adolescents

FFY 2010	FFY 2011	FFY 2012
<p>Did you report on this measure?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why:</p> <p><input type="checkbox"/> Population not covered. <input checked="" type="checkbox"/> Data not available. <i>Explain:</i> MassHealth implements a rotational approach to its HEDIS measurement project, to allow time for improvement work between measurement periods. MassHealth has not yet included this measure in its regular rotation of HEDIS measures <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> This measure is being tested as part of the CHIPRA demonstration grant.</p>	<p>Did you report on this measure?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why:</p> <p><input type="checkbox"/> Population not covered. <input checked="" type="checkbox"/> Data not available. <i>Explain:</i> MassHealth implements a rotational approach to its HEDIS measurement project, to allow time for improvement work between measurement periods. MassHealth has not yet included this measure in its regular rotation of HEDIS measures. <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> This measure is being tested as part of the CHIPRA demonstration grant.</p>	<p>Did you report on this measure?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why:</p> <p><input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported:</p> <p><input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported:</p> <p><input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported:</p> <p><input checked="" type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> Full quality assurance checks on the results have not been conducted. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification:</p> <p><input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification:</p> <p><input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification:</p> <p><input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> CMS CHIPRA Technical Specifications</p>
<p>Data Source:</p> <p><input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source:</p> <p><input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source:</p> <p><input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> MassHealth eligibility and claims data. <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>

FFY 2010	FFY 2011	FFY 2012
Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the denominator, please indicate the number of children excluded:	Definition of Population Included in the Measure: Definition of numerator: CMS CHIPRA Specification - BMI percentile during the measurement year as identified by administrative data or medical record review. Definition of denominator: CMS CHIPRA Specification - A systematic sample drawn from the eligible population for the Total age band (Ages 3 to 17). <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the denominator, please indicate the number of children excluded: Denominator includes members enrolled in the state's PCCM program (the PCC Plan), all 5 of the Managed Care Organizations contracted with MassHealth, and members who are eligible for, but not yet enrolled in, one of the managed care options noted above.
Year of Data:		
	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: 1/2010 To: 12/2010

MEASURE 7: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Body Mass Index Assessment for Children/Adolescents (continued)

FFY 2010		FFY 2011		FFY 2012	
HEDIS Performance Measurement Data: Percentage of children 3 through 17 years of age whose weight is classified based on BMI percentile for age and gender.		HEDIS Performance Measurement Data: Percentage of children 3 through 17 years of age whose weight is classified based on BMI percentile for age and gender.		Performance Measurement Data: Percentage of children ages 3 to 17 that had an outpatient visit with a PCP or OB/GYN and whose weight is classified based on body mass index percentile for age and gender	
<u>3-11 years</u> Numerator: Denominator: Rate:	<u>Total</u> Numerator: Denominator: Rate: :	<u>3-11 years</u> Numerator: Denominator: Rate:	<u>Total</u> Numerator: Denominator: Rate:	<u>3-11 years</u> Numerator: 4,653 Denominator: 155,631 Rate: 2.99%	<u>Total</u> Numerator: 7,821 Denominator: 238,473 Rate: 3.28%
<u>12 – 17 years</u> Numerator: Denominator: Rate:		<u>12 – 17 years</u> Numerator: Denominator: Rate:		<u>11-17 years</u> Numerator: 3,168 Denominator: 82,842 Rate: 3.82%	
		Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, Explain <input type="checkbox"/> Data Source, Explain <input type="checkbox"/> Numerator, Explain <input type="checkbox"/> Denominator, Explain <input type="checkbox"/> Other, Explain		Deviations from Measure Specifications: <input checked="" type="checkbox"/> Year of Data, Explain – Based on 2010 data rather than 2011 data. <input type="checkbox"/> Data Source, Explain <input type="checkbox"/> Numerator, Explain <input type="checkbox"/> Denominator, Explain <input type="checkbox"/> Other, Explain	
Additional notes on measure:		Additional notes on measure:		Additional notes/comments on measure:	
Other Performance Measurement Data: (If reporting with another methodology) Numerator: Denominator: Rate:		Other Performance Measurement Data: (If reporting with another methodology) Numerator: Denominator: Rate:		Other Performance Measurement Data: (If reporting with another methodology) Numerator: Denominator: Rate:	
Additional notes on measure:		Additional notes on measure:		Additional notes on measure:	

MEASURE 8: Developmental Screening in the First Three Years of Life

FFY 2010	FFY 2011	FFY 2012
<p>Did you report on this measure?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why:</p> <p><input type="checkbox"/> Population not covered. <input checked="" type="checkbox"/> Data not available. <i>Explain:</i> MassHealth is testing the feasibility of collecting this measure as part of its CHIPRA demonstration grant <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why:</p> <p><input type="checkbox"/> Population not covered. <input checked="" type="checkbox"/> Data not available. <i>Explain:</i> MassHealth is testing the feasibility of collecting this measure as part of its CHIPRA demonstration grant <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why:</p> <p><input type="checkbox"/> Population not covered. <input checked="" type="checkbox"/> Data not available. <i>Explain:</i> Under the CHIPRA Demonstration grant, MassHealth is exploring ways to calculate this measure <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported:</p> <p><input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:</p>	<p>Status of Data Reported:</p> <p><input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:</p>	<p>Status of Data Reported:</p> <p><input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:</p>
<p>Measurement Specification:</p> <p><input type="checkbox"/> HEDIS. Specify version of HEDIS used: <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification:</p> <p><input type="checkbox"/> CAHMI/NCQA <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification:</p> <p><input type="checkbox"/> CAHMI <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source:</p> <p><input type="checkbox"/> Administrative (claims data). Specify: <input type="checkbox"/> Hybrid (claims and medical record data). Specify: <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:</p>	<p>Data Source:</p> <p><input type="checkbox"/> Administrative (claims data). Specify: <input type="checkbox"/> Hybrid (claims and medical record data). Specify: <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:</p>	<p>Data Source:</p> <p><input type="checkbox"/> Administrative (claims data). Specify: <input type="checkbox"/> Hybrid (claims and medical record data). Specify: <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:</p>
<p>Definition of Population Included in the Measure:</p> <p>Definition of numerator: Definition of denominator:</p> <p><input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p>	<p>Definition of Population Included in the Measure:</p> <p>Definition of numerator: Definition of denominator:</p> <p><input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p> <p>If denominator is a subset of the definition selected above, please further define the denominator, please indicate the number of children excluded:</p>	<p>Definition of Population Included in the Measure:</p> <p>Definition of numerator: Definition of denominator:</p> <p><input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p> <p>If denominator is a subset of the definition selected above, please further define the denominator, please indicate the number of children excluded:</p>
<p>Year of Data:</p>		
	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>

MEASURE 8: Developmental Screening in the First Three Years of Life (continued)

FFY 2010	FFY 2011	FFY 2012
Performance Measurement Data: Percentage of children screened for risk development, behavioral, and social delays using a standardized tool in the first, second, or third year of life	Performance Measurement Data: Percentage of children screened for risk development, behavioral, and social delays using a standardized tool in the first, second, or third year of life	Performance Measurement Data: Percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding their first, second, or third birthday
Children screened by 12 months of age Numerator: Denominator: Rate: Children screened by 24 months of age Numerator: Denominator: Rate: Children screened by 36 months of age Numerator: Denominator: Rate:	Children screened by 12 months of age Numerator: Denominator: Rate: Children screened by 24 months of age Numerator: Denominator: Rate: Children screened by 36 months of age Numerator: Denominator: Rate:	Children screened by 12 months of age Numerator: Denominator: Rate: Children screened by 24 months of age Numerator: Denominator: Rate: Children screened by 36 months of age Numerator: Denominator: Rate:
	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, Explain <input type="checkbox"/> Data Source, Explain <input type="checkbox"/> Numerator, Explain <input type="checkbox"/> Denominator, Explain <input type="checkbox"/> Other, Explain	Deviations from Measure Specifications: <input checked="" type="checkbox"/> Year of Data, Explain – Based on 2010 data rather than 2011 data. <input type="checkbox"/> Data Source, Explain <input type="checkbox"/> Numerator, Explain <input type="checkbox"/> Denominator, Explain <input type="checkbox"/> Other, Explain
Additional notes on measure:	Additional notes on measure:	Additional notes/comments 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:

MEASURE 9: Chlamydia Screening

FFY 2010	FFY 2011	FFY 2012
<p>Did you report on this measure?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other.</p>	<p>Did you report on this measure?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i> 2010</p>	<p>Status of Data Reported: <input checked="" type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> Final quality assurance checks have not been completed. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> HEDIS 2010 <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> HEDIS 2010 <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> CMS CHIPRA Technical Specifications</p>
<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> MassHealth claims, MCO encounter and claims data. <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> MassHealth claims, MCO encounter and claims data. <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> MassHealth administrative claims and eligibility data. <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of numerator: HEDIS 2010 specs. Definition of denominator: HEDIS 2010 specs.</p> <p><input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p> <p>If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>	<p>Definition of Population Included in the Measure: Definition of numerator: HEDIS 2010 specs. Definition of denominator: HEDIS 2010 specs.</p> <p><input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p> <p>If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>	<p>Definition of Population Included in the Measure: Definition of numerator: CMS CHIPRA Specifications - At least one Chlamydia test during the measurement year as documented through administrative data. Definition of denominator: CMS CHIPRA Technical specifications - Women ages 16 to 20 that were identified as sexually active</p> <p><input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p> <p>If denominator is a subset of the definition selected above, please further define the denominator, please indicate the number of children excluded: Denominator includes members enrolled in the state's PCCM program (the PCC Plan), all 5 of the Managed Care Organizations contracted with MassHealth, and members who are eligible for, but not yet enrolled in, one of the managed care options noted above.</p>

FFY 2010		FFY 2011		FFY 2012	
Date Range: From: 1/2009 To: 12/2009		Date Range: From: 1/2009 To: 12/2009		Date Range: From: 1/2010 To: 12/2010	

MEASURE 9: Chlamydia Screening (continued)

FFY 2010	FFY 2011	FFY 2012
HEDIS Performance Measurement Data: Percent of 16-20 year old females who were identified 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 who were identified as sexually active and who had at least one test for Chlamydia during the measurement year	Performance Measurement Data: Percentage of women ages 16 to 20 that were identified as sexually active and had at least one test for Chlamydia during the measurement year
Numerator: 10,497 Denominator: 16,427 Rate: 64%	Numerator: 10,497 Denominator: 16,427 Rate: 64%	Numerator: 15,563 Denominator: 24,098 Rate: 64.6%
	Deviations from Measure Specifications; <input type="checkbox"/> Year of Data, <i>Explain</i> <input type="checkbox"/> Data Source, <i>Explain</i> <input type="checkbox"/> Numerator, <i>Explain</i> <input type="checkbox"/> Denominator, <i>Explain</i> <input type="checkbox"/> Other, <i>Explain</i>	Deviations from Measure Specifications: <input checked="" type="checkbox"/> Year of Data, <i>Explain</i> – Based on 2010 data rather than 2011 data. <input type="checkbox"/> Data Source, <i>Explain</i> <input type="checkbox"/> Numerator, <i>Explain</i> <input type="checkbox"/> Denominator, <i>Explain</i> <input type="checkbox"/> Other, <i>Explain</i>
Additional notes on measure: Based on HEDIS 2010 data. Rate is MassHealth weighted mean, thus the raw denominator has been adjusted to properly account for differences in plan size.	Additional notes on measure: Based on HEDIS 2010 data. Rate is MassHealth weighted mean, thus the raw denominator has been adjusted to properly account for differences in plan size.	Additional notes/comments 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:

Well-Child Care Visits (WCV)

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

FFY 2010	FFY 2011	FFY 2012
<p>Did you report on this measure?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why:</p> <p><input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why:</p> <p><input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why:</p> <p><input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported:</p> <p><input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported:</p> <p><input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. 2010 <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported:</p> <p><input checked="" type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> Final quality assurance checks have not been completed <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification:</p> <p><input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> HEDIS 2010 <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification:</p> <p><input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> HEDIS 2010 <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification:</p> <p><input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> CMS CHIPRA Technical Specifications</p>
<p>Data Source:</p> <p><input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> MassHealth claims, MCO encounter and claims data, medical records from hospitals, providers and clinics. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source:</p> <p><input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> MassHealth claims, MCO encounter and claims data, medical records from hospitals, providers and clinics. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source:</p> <p><input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> MassHealth eligibility and claims data. <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of numerator: HEDIS 2010 specs. Definition of denominator: HEDIS 2010 specs.</p> <p><input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p> <p>If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>	<p>Definition of Population Included in the Measure: Definition of numerator: HEDIS 2010 specs. Definition of denominator: HEDIS 2010 specs.</p> <p><input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p> <p>If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>	<p>Definition of Population Included in the Measure: Definition of numerator: CHIPRA Technical Specifications – number of well-child visits Definition of denominator: CHIPRA Technical Specifications - Children that turned 15 months old during the measurement year</p> <p><input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p> <p>If denominator is a subset of the definition selected above, please further define the denominator, please indicate the number of children excluded: Denominator includes members enrolled in the state's PCCM program (the PCC Plan), all 5 of the Managed Care Organizations contracted with MassHealth, and members who are eligible for, but not yet enrolled in, one of the managed care options noted above.</p>

Date Range: From: 1/2009 To: 12/2009	Date Range: From: 1/2009 To: 12/2009	Date Range: From: 1/2010 To: 12/2010

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

FFY 2010		FFY 2011		FFY 2012	
HEDIS Performance Measurement Data: Percentage of children who had 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		HEDIS Performance Measurement Data: Percentage of children who had 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		Performance Measurement Data: Percentage of children that turned 15 months old during the measurement year and had zero, one, two, three, four, five, or six or more well child visits with a primary care practitioner (PCP) during their first 15 months of life	
<u>0 visits</u> Numerator: 5 Denominator: 1250 Rate: 0.4% <u>1 visit</u> Numerator: 7 Denominator: 1750 Rate: 0.4% <u>2 visits</u> Numerator: 6 Denominator: 1500 Rate: 0.4% <u>3 visits</u> Numerator: 18 Denominator: 1385 Rate: 1.3%	<u>4 visits</u> Numerator: 55 Denominator: 1279 Rate: 4% <u>5 visits</u> Numerator: 113 Denominator: 1614 Rate: 7% <u>6+ visits</u> Numerator: 1176 Denominator: 1375 Rate: 86%	<u>0 visits</u> Numerator: 5 Denominator: 1250 Rate: 0.4% <u>1 visit</u> Numerator: 7 Denominator: 1750 Rate: 0.4% <u>2 visits</u> Numerator: 6 Denominator: 1500 Rate: 0.4% <u>3 visits</u> Numerator: 18 Denominator: 1385 Rate: 1.3%	<u>4 visits</u> Numerator: 55 Denominator: 1279 Rate: 4% <u>5 visits</u> Numerator: 113 Denominator: 1614 Rate: 7% <u>6+ visits</u> Numerator: 1176 Denominator: 1375 Rate: 86%	<u>0 visits</u> Numerator: 1,791 Denominator: 25,560 Rate: 7.0% <u>1 visit</u> Numerator: 987 Denominator: 25,560 Rate: 3.9% <u>2 visits</u> Numerator: 1,142 Denominator: 25,560 Rate: 4.5% <u>3 visits</u> Numerator: 1,419 Denominator: 25,560 Rate: 5.6%	<u>4 visits</u> Numerator: 1,929 Denominator: 25,560 Rate: 7.6% <u>5 visits</u> Numerator: 3,060 Denominator: 25,560 Rate: 11.9% <u>6+ visits</u> Numerator: 15,232 Denominator: 25,560 Rate: 59.6%
Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, Explain <input type="checkbox"/> Data Source, Explain <input type="checkbox"/> Numerator, Explain <input type="checkbox"/> Denominator, Explain <input type="checkbox"/> Other, Explain		Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, Explain <input type="checkbox"/> Data Source, Explain <input type="checkbox"/> Numerator, Explain <input type="checkbox"/> Denominator, Explain <input type="checkbox"/> Other, Explain		Deviations from Measure Specifications: <input checked="" type="checkbox"/> Year of Data, Explain – Based on 2010 data rather than 2011 data. <input type="checkbox"/> Data Source, Explain <input type="checkbox"/> Numerator, Explain <input type="checkbox"/> Denominator, Explain <input type="checkbox"/> Other, Explain	
Additional notes on measure:		Additional notes on measure:		Additional notes/comments 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:	

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

FFY 2010	FFY 2011	FFY 2012
<p>Did you report on this measure?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i> 2010</p>	<p>Status of Data Reported: <input checked="" type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> Final quality assurance checks have not been completed <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> HEDIS 2010 <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> HEDIS 2010 <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> CMS CHIPRA Technical Specifications</p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> MassHealth claims, MCO encounter and claims data, medical records from hospitals, providers and clinics. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> MassHealth claims, MCO encounter and claims data, medical records from hospitals, providers and clinics. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> MassHealth eligibility and claims data. <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>

FFY 2010	FFY 2011	FFY 2012
<p>Definition of Population Included in the Measure: Definition of numerator: HEDIS 2010 specs. Definition of denominator: HEDIS 2010 specs.</p> <p> <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). </p> <p>If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>	<p>Definition of Population Included in the Measure: Definition of numerator: HEDIS 2010 specs. Definition of denominator: HEDIS 2010 specs.</p> <p> <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). </p> <p>If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>	<p>Definition of Population Included in the Measure: Definition of numerator: CHIPRA Technical Specification - At least one well-child visit with a PCP during the measurement year Definition of denominator: CHIPRA Technical Specifications - children turning ages 3 to 6 in the measurement year</p> <p> <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). </p> <p>If denominator is a subset of the definition selected above, please further define the denominator, please indicate the number of children excluded: Denominator includes members enrolled in the state's PCCM program (the PCC Plan), all 5 of the Managed Care Organizations contracted with MassHealth, and members who are eligible for, but not yet enrolled in, one of the managed care options noted above.</p>
Year of Data: 2009		
Date Range: From: 1/2009 To: 12/2009	Date Range: From: 1/2009 To: 12/2009	Date Range: From: 1/2010 To: 12/2010

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

FFY 2010	FFY 2011	FFY 2012
HEDIS Performance Measurement Data: Percentage of children age 3 to 6 years old who had one or more well-child visits with a primary care practitioner during the measurement year.	HEDIS Performance Measurement Data: Percentage of children age 3 to 6 years old who had one or more well-child visits with a primary care practitioner during the measurement year.	Performance Measurement Data: Percentage of children ages 3 to 6 that had one or more well-child visits with a primary care practitioner during the measurement year
<u>Percent with 1+ visits</u> Numerator: 15151 Denominator: 17720 Rate: 86%	<u>Percent with 1+ visits</u> Numerator: 15151 Denominator: 17720 Rate: 86%	<u>Percent with 1+ visits</u> Numerator: 68,953 Denominator: 87,635 Rate: 78.6%
	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, Explain <input type="checkbox"/> Data Source, Explain <input type="checkbox"/> Numerator, Explain <input type="checkbox"/> Denominator, Explain <input type="checkbox"/> Other, Explain	Deviations from Measure Specifications: <input checked="" type="checkbox"/> Year of Data, Explain – Based on 2010 data rather than 2011 data. <input type="checkbox"/> Data Source, Explain <input type="checkbox"/> Numerator, Explain <input type="checkbox"/> Denominator, Explain <input type="checkbox"/> Other, Explain
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure: This is the first year of results from the CHIPRA demonstration grant. Note that the data are solely administrative rather than a mix of administrative and hybrid as was reported in earlier years.
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:

MEASURE 12: Adolescent Well-Care Visit

FFY 2010	FFY 2011	FFY 2012
<p>Did you report on this measure?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why:</p> <p><input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why:</p> <p><input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why:</p> <p><input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported:</p> <p><input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported:</p> <p><input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2010</i></p>	<p>Status of Data Reported:</p> <p><input checked="" type="checkbox"/> Provisional. <i>Explanation of Provisional Data: Final quality assurance checks have not been completed</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification:</p> <p><input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used: HEDIS 2010</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification:</p> <p><input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used: HEDIS 2010</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification:</p> <p><input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input checked="" type="checkbox"/> Other. <i>Explain: CMS CHIPRA Technical Specifications</i></p>
<p>Data Source:</p> <p><input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> MassHealth claims, MCO encounter and claims data, medical records from hospitals, providers and clinics. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source:</p> <p><input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> MassHealth claims, MCO encounter and claims data, medical records from hospitals, providers and clinics. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source:</p> <p><input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> MassHealth eligibility and claims data. <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure:</p> <p>Definition of numerator: HEDIS 2010 specs. Definition of denominator: HEDIS 2010 specs.</p> <p><input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p> <p>If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>	<p>Definition of Population Included in the Measure:</p> <p>Definition of numerator: HEDIS 2010 specs. Definition of denominator: HEDIS 2010 specs.</p> <p><input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p> <p>If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>	<p>Definition of Population Included in the Measure:</p> <p>Definition of numerator: CHIPRA Technical Specifications - least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year. Definition of denominator: CHIPRA Technical Specifications – Children turning 12 to 21 years old as of December 31 of the measurement year.</p> <p><input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p> <p>If denominator is a subset of the definition selected above, please further define the denominator, please indicate the number of children excluded: Denominator includes members enrolled in the state's PCCM program (the PCC Plan), all 5 of the Managed Care Organizations contracted with MassHealth, and members who are eligible for, but not yet enrolled in, one of the managed care options noted above.</p>

FFY 2010	FFY 2011	FFY 2012
Year of Data: 2009		
Date Range: From: 1/2009 To: 12/2009	Date Range: From: 1/2009 To: 12/2009	Date Range: From: 1/2010 To: 12/2010

MEASURE 12: Adolescent Well-Care Visit (continued)

FFY 2010	FFY 2011	FFY 2012
HEDIS Performance Measurement Data: Percentage of adolescents 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 adolescents 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.	Performance Measurement Data: Percentage of adolescents ages 12 to 21 that had at least one comprehensive well-care visit with a primary care practitioner or an obstetrical/gynecological (OB/GYN) practitioner during the measurement year.
Numerator: 28,867 Denominator: 43,279 Rate: 67%	Numerator: 28,867 Denominator: 43,279 Rate: 67%	Numerator: 86,524 Denominator: 150,477 Rate: 57.5%
	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, Explain <input type="checkbox"/> Data Source, Explain <input type="checkbox"/> Numerator, Explain <input type="checkbox"/> Denominator, Explain <input type="checkbox"/> Other, Explain	Deviations from Measure Specifications: <input checked="" type="checkbox"/> Year of Data, Explain – Based on 2010 data rather than 2011 data. <input type="checkbox"/> Data Source, Explain <input type="checkbox"/> Numerator, Explain <input type="checkbox"/> Denominator, Explain <input type="checkbox"/> Other, Explain
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure: This is the first year of results from the CHIPRA demonstration grant. Note that the data are solely administrative rather than a mix of administrative and hybrid as was reported in earlier years.
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:

Dental

MEASURE 13: Percentage of Eligibles That Received Preventive Dental Services

In an effort to reduce State burden of reporting on the Core Measures, CMS will be calculating this measure for your State based on data submitted as part of the FY 2011 EPSDT report (CMS-416). If you are unfamiliar with the data reported by your State on the CMS-416, CMS encourages communication with the responsible staff to ensure familiarity with the data as it will be reported publicly in the Annual Secretary's Report.

Note: the denominator for this measure includes **only** individuals enrolled in a Medicaid or CHIP Medicaid expansion program determined to be eligible for EPSDT services. If you are reporting data about a separate CHIP program, you will be asked to provide dental data in Section IIIG of this report.

FFY 2010	FFY 2011	FFY 2012
<p>Did you report on this measure?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why:</p> <p><input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. Explain: <input type="checkbox"/> Small sample size (less than 30). Specify sample size: <input type="checkbox"/> Other. Explain:</p>	<p>Did you report on this measure?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why:</p> <p><input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. Explain: <input type="checkbox"/> Small sample size (less than 30). Specify sample size: <input type="checkbox"/> Other. Explain:</p>	<p>Did you report on this measure?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why:</p> <p><input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. Explain: <input type="checkbox"/> Small sample size (less than 30). Specify sample size: <input type="checkbox"/> Other. Explain:</p>
<p>Status of Data Reported:</p> <p><input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:</p>	<p>Status of Data Reported:</p> <p><input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:</p>	<p>Status of Data Reported:</p> <p><input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:</p>
<p>Measurement Specification:</p> <p><input type="checkbox"/> HEDIS. Specify version of HEDIS used: <input type="checkbox"/> Other. Explain:</p>	<p>Measurement Specification:</p> <p><input type="checkbox"/> CMS <input type="checkbox"/> Other. Explain:</p>	<p>Measurement Specification:</p> <p><input type="checkbox"/> CMS <input type="checkbox"/> Other. Explain:</p>
<p>Data Source:</p> <p><input type="checkbox"/> Administrative (claims data). Specify: <input type="checkbox"/> Hybrid (claims and medical record data). Specify: <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:</p>	<p>Data Source:</p> <p><input type="checkbox"/> Administrative (claims data). Specify: <input type="checkbox"/> Hybrid (claims and medical record data). Specify: <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:</p>	<p>Data Source:</p> <p><input type="checkbox"/> Administrative (claims data). Specify: <input type="checkbox"/> Hybrid (claims and medical record data). Specify: <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:</p>

MEASURE 13: Percentage of Eligibles That Received Preventive Dental Services (continued)

Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the denominator, please indicate the number of children excluded:	Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the denominator, please indicate the number of children excluded:
Year of Data:		
	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)
Performance Measurement Data: Percentage of eligible children ages 1-20 who received preventive dental services	Performance Measurement Data: Percentage of eligible children ages 1-20 who received preventive dental services	Performance Measurement Data: Percentage of individuals ages 1 to 20 that are enrolled in Medicaid or CHIP Medicaid Expansion programs, are eligible for EPSDT services, and that received preventive dental services
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, Explain <input type="checkbox"/> Data Source, Explain <input type="checkbox"/> Numerator, Explain <input type="checkbox"/> Denominator, Explain <input type="checkbox"/> Other, Explain	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, Explain <input type="checkbox"/> Data Source, Explain <input type="checkbox"/> Numerator, Explain <input type="checkbox"/> Denominator, Explain <input type="checkbox"/> Other, Explain
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:
Other Performance Measurement Data: (If reporting with another methodology) Numerator: Denominator: Rate:	Other Performance Measurement Data: (If reporting with another methodology) Numerator: Denominator: Rate:	Other Performance Measurement Data: (If reporting with another methodology) Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:

Access

MEASURE 14: Child and Adolescent Access to Primary Care Practitioners

FFY 2010	FFY 2011	FFY 2012
<p>Did you report on this measure?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> This measure is no longer part of the regular MassHealth HEDIS rotation. The rates are very high for MassHealth (last measurement in 2007 showed 97% compliance). MassHealth decided to focus measurement and reporting on areas where potential opportunities for improvement would be found. Massachusetts will be testing this measure as part of its CHIPRA demonstration grant.</p>	<p>Did you report on this measure?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> This measure is no longer part of the regular MassHealth HEDIS rotation. The rates are very high for MassHealth (last measurement in 2007 showed 97% compliance). MassHealth decided to focus measurement and reporting on areas where potential opportunities for improvement would be found. Massachusetts will be testing this measure as part of its CHIPRA demonstration grant.</p>	<p>Did you report on this measure?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input checked="" type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> Final quality assurance checks have not been completed <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> CMS CHIPRA Technical Specifications</p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> MassHealth eligibility and claims data. <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>

FFY 2010	FFY 2011	FFY 2012
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).	Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the denominator, please indicate the number of children excluded:	Definition of Population Included in the Measure: Definition of numerator: CMS CHIPRA Specifications Definition of denominator: CMS CHIPRA Specifications - 12 months to 19 years old as of December 31 of the measurement year. <input type="checkbox"/> Denominator includes CHIP population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the denominator, please indicate the number of children excluded: Denominator includes members enrolled in the state's PCCM program (the PCC Plan), all 5 of the Managed Care Organizations contracted with MassHealth, and members who are eligible for, but not yet enrolled in, one of the managed care options noted above.
Year of Data:		
	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: 1/2010 To: 12/2010

MEASURE 14: Child and Adolescent Access to Primary Care Practitioners (continued)

FFY 2010	FFY 2011	FFY 2012
HEDIS Performance Measurement Data: Percentage of children and adolescents who had a visit with a primary care practitioner <div> <u>12-24 months</u> Numerator: Denominator: Rate: </div> <div> <u>7-11 years</u> Numerator: Denominator: Rate: </div> <div> <u>25 months-6 years</u> Numerator: Denominator: Rate: </div> <div> <u>12-19 years</u> Numerator: Denominator: Rate: </div>	HEDIS Performance Measurement Data: Percentage of children and adolescents who had a visit with a primary care practitioner <div> <u>12-24 months</u> Numerator: Denominator: Rate: </div> <div> <u>7-11 years</u> Numerator: Denominator: Rate: </div> <div> <u>25 months-6 years</u> Numerator: Denominator: Rate: </div> <div> <u>12-19 years</u> Numerator: Denominator: Rate: </div>	Performance Measurement Data: Percentage of children and adolescents ages 12 months to 19 years that had a visit with a primary care practitioner (PCP), including four separate percentages: Children ages 12 to 24 months and 25 months to 6 years who had a visit with a PCP during the measurement year Children ages 7 to 11 years and adolescents ages 12 to 19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year <div> <u>12-24 months</u> Numerator: 26,414 Denominator: 27,870 Rate: 94.8% </div> <div> <u>7-11 years</u> Numerator: 76,958 Denominator: 79,166 Rate: 97.2% </div> <div> <u>25 months-6 years</u> Numerator: 101,827 Denominator: 108,478 Rate: 93.9% </div> <div> <u>12-19 years</u> Numerator: 98,264 Denominator: 102,470 Rate: 95.9% </div>
	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, Explain <input type="checkbox"/> Data Source, Explain <input type="checkbox"/> Numerator, Explain <input type="checkbox"/> Denominator, Explain <input type="checkbox"/> Other, Explain	Deviations from Measure Specifications: <input checked="" type="checkbox"/> Year of Data, Explain – Based on 2010 data rather than 2011 data. <input type="checkbox"/> Data Source, Explain <input type="checkbox"/> Numerator, Explain <input type="checkbox"/> Denominator, Explain <input type="checkbox"/> Other, Explain

Additional notes on measure:	Additional notes on measure:	Additional notes/comments 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:

Category II - MANAGEMENT OF ACUTE CONDITIONS
Upper Respiratory -- Appropriate Use of Antibiotics

MEASURE 15: Appropriate Testing for Children with Pharyngitis

FFY 2010	FFY 2011	FFY 2012
<p>Did you report on this measure?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. Measure not selected for annual HEDIS slate.</p>	<p>Did you report on this measure?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. Measure not selected for annual HEDIS slate. We will be testing this measure as part of the Massachusetts CHIPRA demonstration.</p>	<p>Did you report on this measure?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:</p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:</p>	<p>Status of Data Reported: <input checked="" type="checkbox"/> Provisional. Explanation of Provisional Data: Final quality assurance checks have not been completed. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:</p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. Specify version of HEDIS used: <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. Specify HEDIS® Version used: <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. Specify HEDIS® Version used: <input checked="" type="checkbox"/> Other. <i>Explain:</i> CMS CHIPRA Technical Specifications</p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> MassHealth eligibility and claims data. <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>

FFY 2010	FFY 2011	FFY 2012
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).	Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the denominator, please indicate the number of children excluded:	Definition of Population Included in the Measure: Definition of numerator: CMS CHIPRA Specifications - A group A streptococcus test in the seven-day period from three days prior to the IESD through three days after the IESD Definition of denominator: CMS CHIPRA Specifications - Children ages 2 to 18 that were diagnosed with pharyngitis <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the denominator, please indicate the number of children excluded: Denominator includes members enrolled in the state's PCCM program (the PCC Plan), all 5 of the Managed Care Organizations contracted with MassHealth, and members who are eligible for, but not yet enrolled in, one of the managed care options noted above.
Year of Data:		
	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: 1/2010 To: 12/2010

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

FFY 2010	FFY 2011	FFY 2012
HEDIS Performance Measurement Data: Percentage of children ages 2-18 who were diagnosed with pharyngitis, dispensed an antibiotic and who received a group A streptococcus test for the episode	HEDIS Performance Measurement Data: Percentage of children ages 2-18 who were diagnosed with pharyngitis, dispensed an antibiotic and who received a group A streptococcus test for the episode	Performance Measurement Data: Percentage of children ages 2 to 18 that were diagnosed with pharyngitis, dispensed an antibiotic, and received a group A streptococcus test for the episode
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: 4184 Denominator: 5362 Rate: 78.0%
	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, Explain <input type="checkbox"/> Data Source, Explain <input type="checkbox"/> Numerator, Explain <input type="checkbox"/> Denominator, Explain <input type="checkbox"/> Other, Explain	Deviations from Measure Specifications: <input checked="" type="checkbox"/> Year of Data, Explain – Based on 2010 data rather than 2011 data. <input type="checkbox"/> Data Source, Explain <input type="checkbox"/> Numerator, Explain <input type="checkbox"/> Denominator, Explain <input type="checkbox"/> Other, Explain
Additional notes on measure:	Additional notes on measure:	Additional notes/comments 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:

MEASURE 16: Otitis Media with Effusion (OME) - Avoidance of Inappropriate Use of Systemic Antimicrobials in Children

Because CPT II codes are required for this measure and are not commonly used by states, this measure is currently on hold. Thus, states do not need to report this measure in CARTS.

FFY 2010	FFY 2011	FFY 2012
Did you report on this measure? <input type="checkbox"/> Yes <input type="checkbox"/> No If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. Explain: <input type="checkbox"/> Small sample size (less than 30). Specify sample size: <input type="checkbox"/> Other. Explain:	Did you report on this measure? <input type="checkbox"/> Yes <input type="checkbox"/> No If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. Explain: <input type="checkbox"/> Small sample size (less than 30). Specify sample size: <input type="checkbox"/> Other. Explain:	Did you report on this measure? <input type="checkbox"/> Yes <input type="checkbox"/> No If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. Explain: <input type="checkbox"/> Small sample size (less than 30). Specify sample size: <input type="checkbox"/> Other. Explain:
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> 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: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> 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: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:
Measurement Specification: <input type="checkbox"/> HEDIS. Specify version of HEDIS used: <input type="checkbox"/> Other. Explain:	Measurement Specification: <input type="checkbox"/> AMA/PCPI <input type="checkbox"/> Other. Explain:	Measurement Specification: <input type="checkbox"/> AMA/PCPI <input type="checkbox"/> Other. Explain:
Data Source: <input type="checkbox"/> Administrative (claims data). Specify: <input type="checkbox"/> Hybrid (claims and medical record data). Specify: <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:	Data Source: <input type="checkbox"/> Administrative (claims data). Specify: <input type="checkbox"/> Hybrid (claims and medical record data). Specify: <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:	Data Source: <input type="checkbox"/> Administrative (claims data). Specify: <input type="checkbox"/> Hybrid (claims and medical record data). Specify: <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:
Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).	Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the denominator, please indicate the number of children excluded:	Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the denominator, please indicate the number of children excluded:
Year of Data:		
	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)

MEASURE 16: Otitis Media with Effusion (OME) - Avoidance of Inappropriate Use of Systemic Antimicrobials in Children (continued)

FFY 2009	FFY 2010	FFY 2011
Performance Measurement Data: Percentage of children ages 2 months through 12 years with a diagnosis of Otitis Media with Effusion (OME) who were not prescribed systemic antimicrobials	Performance Measurement Data: Percent age of children ages 2 months through 12 years with a diagnosis of Otitis Media with Effusion (OME) who were not prescribed systemic antimicrobials	Performance Measurement Data: Percent age of children ages 2 months to 12 years with a diagnosis of otitis media with effusion (OME) that were not prescribed systemic antimicrobials
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
	Deviations from Measure Specifications; <input type="checkbox"/> Year of Data, Explain <input type="checkbox"/> Data Source, Explain <input type="checkbox"/> Numerator, Explain <input type="checkbox"/> Denominator, Explain <input type="checkbox"/> Other, Explain	Deviations from Measure Specifications; <input type="checkbox"/> Year of Data, Explain <input type="checkbox"/> Data Source, Explain <input type="checkbox"/> Numerator, Explain <input type="checkbox"/> Denominator, Explain <input type="checkbox"/> Other, Explain
Additional notes on measure:	Additional notes on measure:	Additional notes/comments 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:

Dental

MEASURE 17: Percentage of Eligibles that Received Dental Treatment Services

In an effort to reduce State burden of reporting on the Core Measures, CMS will be calculating this measure for your State based on data submitted as part of the FY 2011 EPSDT report (CMS-416). If you are unfamiliar with the data reported by your State on the CMS-416, CMS encourages communication with the responsible staff to ensure familiarity with the data as it will be reported publicly in the Annual Secretary's Report.

Note: the denominator for this measure includes **only** individuals enrolled in a Medicaid or CHIP Medicaid expansion program determined to be eligible for EPSDT services. If you are reporting data about a separate CHIP program, you will be asked to provide dental data in Section IIIG of this report.

FFY 2010	FFY 2011	FFY 2012
Did you report on this measure? <input type="checkbox"/> Yes <input type="checkbox"/> No If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. Explain: <input type="checkbox"/> Small sample size (less than 30). Specify sample size: <input type="checkbox"/> Other. Explain:	Did you report on this measure? <input type="checkbox"/> Yes <input type="checkbox"/> No If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. Explain: <input type="checkbox"/> Small sample size (less than 30). Specify sample size: <input type="checkbox"/> Other. Explain:	Did you report on this measure? <input type="checkbox"/> Yes <input type="checkbox"/> No If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. Explain: <input type="checkbox"/> Small sample size (less than 30). Specify sample size: <input type="checkbox"/> Other. Explain:
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> 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: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> 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: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:
Measurement Specification: <input type="checkbox"/> HEDIS. Specify version of HEDIS used: <input type="checkbox"/> Other. Explain:	Measurement Specification: <input type="checkbox"/> CMS <input type="checkbox"/> Other. Explain:	Measurement Specification: <input type="checkbox"/> CMS <input type="checkbox"/> Other. Explain:
Data Source: <input type="checkbox"/> Administrative (claims data). Specify: <input type="checkbox"/> Hybrid (claims and medical record data). Specify: <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:	Data Source: <input type="checkbox"/> Administrative (claims data). Specify: <input type="checkbox"/> Hybrid (claims and medical record data). Specify: <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:	Data Source: <input type="checkbox"/> Administrative (claims data). Specify: <input type="checkbox"/> Hybrid (claims and medical record data). Specify: <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:

MEASURE 17: Percentage of Eligibles that Received Dental Treatment Services (CMS Form 416) (continued)

FFY 2010	FFY 2011	FFY 2012
Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the denominator, please indicate the number of children excluded:	Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the denominator, please indicate the number of children excluded:
Year of Data:		
	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)
Performance Measurement Data: Percentage of eligible children ages 1-20 who received dental treatment services	Performance Measurement Data: Percentage of eligible children ages 1-20 who received dental treatment services	Performance Measurement Data: Percentage of individuals ages 1 to 20 that are enrolled in Medicaid or CHIP Medicaid Expansion programs, are eligible for EPSDT services, and that received dental treatment services
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, Explain <input type="checkbox"/> Data Source, Explain <input type="checkbox"/> Numerator, Explain <input type="checkbox"/> Denominator, Explain <input type="checkbox"/> Other, Explain	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, Explain <input type="checkbox"/> Data Source, Explain <input type="checkbox"/> Numerator, Explain <input type="checkbox"/> Denominator, Explain <input type="checkbox"/> Other, Explain
Additional notes on measure:	Additional notes on measure:	Additional notes/comments 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:

Emergency Department

MEASURE 18: Ambulatory Care - Emergency Department (ED) Visits

FFY 2010	FFY 2011	FFY 2012
<p>Did you report on this measure?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why:</p> <p><input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available.</p> <p><i>Explain:</i></p> <p><input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> This measure is being tested as part of the Massachusetts CHIPRA grant.</p>	<p>Did you report on this measure?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why:</p> <p><input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available.</p> <p><i>Explain:</i></p> <p><input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> This measure is being tested as part of the Massachusetts CHIPRA grant.</p>	<p>Did you report on this measure?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why:</p> <p><input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> This measure is anticipated to be produced under the CHIPRA Demonstration grant in FFY 2013.</p>
<p>Status of Data Reported:</p> <p><input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i></p> <p><input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported:</p> <p><input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i></p> <p><input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported:</p> <p><input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i></p> <p><input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification:</p> <p><input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification:</p> <p><input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification:</p> <p><input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source:</p> <p><input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source:</p> <p><input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source:</p> <p><input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure:</p> <p>Definition of numerator: Definition of denominator:</p> <p><input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p> <p>If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>	<p>Definition of Population Included in the Measure:</p> <p>Definition of numerator: Definition of denominator:</p> <p><input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p> <p>If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>	<p>Definition of Population Included in the Measure:</p> <p>Definition of numerator: Definition of denominator:</p> <p><input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p> <p>If denominator is a subset of the definition selected above, please further define the denominator, please indicate the number of children excluded:</p>
<p>Date Range:</p> <p>From: (mm/yyyy) To: (mm/yyyy)</p>	<p>Date Range:</p> <p>From: (mm/yyyy) To: (mm/yyyy)</p>	<p>Date Range:</p> <p>From: (mm/yyyy) To: (mm/yyyy)</p>

MEASURE 18: Ambulatory Care - Emergency Department (ED) Visits

FFY 2010	FFY 2011	FFY 2012
HEDIS Performance Measurement Data: The number of emergency department visits per child/adolescent per year as a function of all children and adolescents enrolled and eligible during the measurement year	HEDIS Performance Measurement Data: The number of emergency department visits per child/adolescent per year as a function of all children and adolescents enrolled and eligible during the measurement year	Performance Measurement Data: Rate of ED visits per 1,000 member months among children up to age 19
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	<1 year Numerator: Denominator: Rate: 1 to 9 years Numerator: Denominator: Rate: 10 to 19 years Numerator: Denominator: Rate: Total Numerator: Denominator: Rate:
	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, Explain <input type="checkbox"/> Data Source, Explain <input type="checkbox"/> Numerator, Explain <input type="checkbox"/> Denominator, Explain <input type="checkbox"/> Other, Explain	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, Explain <input type="checkbox"/> Data Source, Explain <input type="checkbox"/> Numerator, Explain <input type="checkbox"/> Denominator, Explain <input type="checkbox"/> Other, Explain
Additional notes on measure:	Additional notes on measure:	Additional notes/comments 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:

Inpatient

MEASURE 19: Pediatric Central Line-Associated Blood Stream Infections– Neonatal Intensive Care Unit and Pediatric Intensive Care Unit

Because the data for this measure are collected by hospitals and are not readily available to states, CMS plans to obtain data to calculate this measure from the National Healthcare Safety Network. Thus, states do not need to report this measure in CARTS.

FFY 2010	FFY 2011	FFY 2012
<p>Did you report on this measure?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why:</p> <p><input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. Explain: <input type="checkbox"/> Small sample size (less than 30). Specify sample size: <input type="checkbox"/> Other. Explain:</p>	<p>Did you report on this measure?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why:</p> <p><input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. Explain: <input type="checkbox"/> Small sample size (less than 30). Specify sample size: <input type="checkbox"/> Other. Explain:</p>	<p>Did you report on this measure?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why:</p> <p><input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. Explain: <input type="checkbox"/> Small sample size (less than 30). Specify sample size: <input type="checkbox"/> Other. Explain:</p>
<p>Status of Data Reported:</p> <p><input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:</p>	<p>Status of Data Reported:</p> <p><input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:</p>	<p>Status of Data Reported:</p> <p><input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:</p>
<p>Measurement Specification:</p> <p><input type="checkbox"/> HEDIS. Specify version of HEDIS used: <input type="checkbox"/> Other. Explain:</p>	<p>Measurement Specification:</p> <p><input type="checkbox"/> CDC <input type="checkbox"/> Other. Explain:</p>	<p>Measurement Specification:</p> <p><input type="checkbox"/> CDC <input type="checkbox"/> Other. Explain:</p>
<p>Data Source:</p> <p><input type="checkbox"/> Administrative (claims data). Specify: <input type="checkbox"/> Hybrid (claims and medical record data). Specify: <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:</p>	<p>Data Source:</p> <p><input type="checkbox"/> Administrative (claims data). Specify: <input type="checkbox"/> Hybrid (claims and medical record data). Specify: <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:</p>	<p>Data Source:</p> <p><input type="checkbox"/> Administrative (claims data). Specify: <input type="checkbox"/> Hybrid (claims and medical record data). Specify: <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:</p>
<p>Definition of Population Included in the Measure:</p> <p>Definition of numerator: Definition of denominator:</p> <p><input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p>	<p>Definition of Population Included in the Measure:</p> <p>Definition of numerator: Definition of denominator:</p> <p><input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p> <p>If denominator is a subset of the definition selected above, please further define the denominator, please indicate the number of children excluded:</p>	<p>Definition of Population Included in the Measure:</p> <p>Definition of numerator: Definition of denominator:</p> <p><input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p> <p>If denominator is a subset of the definition selected above, please further define the denominator, please indicate the number of children excluded:</p>
<p>Year of Data:</p>	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>

MEASURE 19: Pediatric Central Line-Associated Blood Stream Infections– Neonatal Intensive Care Unit and Pediatric Intensive Care Unit (continued)

FFY 2010	FFY 2011	FFY 2012
Performance Measurement Data: Rate of central line-associated blood stream infections (CLABSI) in the pediatric and neonatal intensive care units during periods selected for surveillance	Performance Measurement Data: Rate of central line-associated blood stream infections (CLABSI) in the pediatric and neonatal intensive care units during periods selected for surveillance	Performance Measurement Data: Rate of central line-associated blood stream infections (CLABSI) in the pediatric and neonatal intensive care units during periods selected for surveillance
Pediatric Intensive Care Unit Numerator: Denominator: Rate: Neonatal Intensive Care Unit Numerator: Denominator: Rate:	Pediatric Intensive Care Unit Numerator: Denominator: Rate: Neonatal Intensive Care Unit Numerator: Denominator: Rate:	<u>Pediatric Intensive Care Unit</u> Numerator: Denominator: Rate: <u>Neonatal Intensive Care Unit</u> Numerator: Denominator: Rate:
	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, Explain <input type="checkbox"/> Data Source, Explain <input type="checkbox"/> Numerator, Explain <input type="checkbox"/> Denominator, Explain <input type="checkbox"/> Other, Explain	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, Explain <input type="checkbox"/> Data Source, Explain <input type="checkbox"/> Numerator, Explain <input type="checkbox"/> Denominator, Explain <input type="checkbox"/> Other, Explain
Additional notes on measure:	Additional notes on measure:	Additional notes/comments 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:

Category III - MANAGEMENT OF CHRONIC CONDITIONS
Asthma

MEASURE 20: Annual Percentage of Asthma Patients 2 Through 20 Years Old with One or More Asthma-Related Emergency Room Visits

FFY 2010	FFY 2011	FFY 2012
<p>Did you report on this measure?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why:</p> <p><input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> This measure will be tested as part of the Massachusetts CHIPRA grant.</p>	<p>Did you report on this measure?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why:</p> <p><input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> This measure will be tested as part of the Massachusetts CHIPRA grant.</p>	<p>Did you report on this measure?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why:</p> <p><input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> MassHealth is exploring ways to calculate this measure under the CHIPRA Demonstration grant in FFY 2013.</p>
<p>Status of Data Reported:</p> <p><input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported:</p> <p><input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported:</p> <p><input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification:</p> <p><input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification:</p> <p><input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification:</p> <p><input type="checkbox"/> Alabama Medicaid <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source:</p> <p><input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source:</p> <p><input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source:</p> <p><input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure:</p> <p>Definition of numerator:</p> <p>Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p> <p>If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>	<p>Definition of Population Included in the Measure:</p> <p>Definition of numerator:</p> <p>Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p> <p>If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>	<p>Definition of Population Included in the Measure:</p> <p>Definition of numerator:</p> <p>Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p> <p>If denominator is a subset of the definition selected above, please further define the denominator, please indicate the number of children excluded:</p>
<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>

MEASURE 20: Annual Percentage of Asthma Patients 2 Through 20 Years Old with One or More Asthma-Related Emergency Room Visits (continued)

FFY 2010	FFY 2011	FFY 2012
Performance Measurement Data: Percentage of children 2-20 years of age diagnosed with asthma during the measurement year with one or more asthma-related ED visits.	Performance Measurement Data: Percentage of children 2-20 years of age diagnosed with asthma during the measurement year with one or more asthma-related ED visits.	Performance Measurement Data: Percentage of children ages 2 to 20 diagnosed with asthma during the measurement year with one or more asthma-related emergency room (ER) visits
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, Explain <input type="checkbox"/> Data Source, Explain <input type="checkbox"/> Numerator, Explain <input type="checkbox"/> Denominator, Explain <input type="checkbox"/> Other, Explain	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, Explain <input type="checkbox"/> Data Source, Explain <input type="checkbox"/> Numerator, Explain <input type="checkbox"/> Denominator, Explain <input type="checkbox"/> Other, Explain
Additional notes on measure:	Additional notes on measure:	Additional notes/comments 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:

Attention-Deficit/Hyperactivity Disorder

MEASURE 21: Follow-Up Care for Children Prescribed Attention Deficit Hyperactivity Disorder (ADHD) Medication

FFY 2010	FFY 2011	FFY 2012
<p>Did you report on this goal?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input checked="" type="checkbox"/> Provisional. <i>Explanation of Provisional Data: Final quality assurance checks have not been completed</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> HEDIS 2009 <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> HEDIS 2011 specifications <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> CMS CHIPRA Technical Specifications</p>
<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> MassHealth claims, MCO encounter and claims data. <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> MassHealth claims, MCO encounter and claims data. <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> MassHealth eligibility and claims data. <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>

FFY 2010	FFY 2011	FFY 2012
Definition of Population Included in the Measure: Definition of numerator: HEDIS 2009 specs. Definition of denominator: HEDIS 2009 specs. <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).	Definition of Population Included in the Measure: Definition of numerator: HEDIS 2011 specs. Definition of denominator: HEDIS 2011 specs. <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	Definition of Population Included in the Measure: Definition of numerator: CMS CHIPRA Technical Specifications Definition of denominator: CMS CHIPRA Technical Specifications <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the denominator, please indicate the number of children excluded: Denominator includes members enrolled in the state's PCCM program (the PCC Plan), all 5 of the Managed Care Organizations contracted with MassHealth, and members who are eligible for, but not yet enrolled in, one of the managed care options noted above.
Year of Data: 2009		
Date Range: From: 1/2009 To: 12/2009	Date Range: From: 3/2009 To: 12/2010	Date Range: From: 1/2010 To: 12/2010

**MEASURE 21: Follow-Up Care for Children Prescribed Attention Deficit Hyperactivity Disorder (ADHD) Medication
(continued)**

FFY 2010	FFY 2011	FFY 2012
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 for ADHD dispensed who had one follow up visit with a practitioner with prescribing authority during the 30 day initiation phase. 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 for ADHD dispensed who had one follow up visit with a practitioner with prescribing authority during the 30 day initiation phase. 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.	Performance Measurement Data: Percentage of children newly prescribed ADHD medication that had at least three follow-up care visits within a 10-month period, one of which was within 30 days from the time the first ADHD medication was dispensed, including two rates: one for the initiation phase and one for the continuation and maintenance phase
Initiation Phase Numerator: 1951 Denominator: 3554 Rate: 55% Continuation and Maintenance (C&M) Phase: Numerator: 627 Denominator: 984 Rate: 64%	Initiation Phase Numerator: 2466 Denominator: 4029 Rate: 61% Continuation and Maintenance (C&M) Phase: Numerator: 748 Denominator: 1043 Rate: 72%	<u>Initiation Phase</u> Numerator: 1335 Denominator: 3455 Rate: 38.6% <u>Continuation and Maintenance (C&M) Phase:</u> Numerator: 403 Denominator: 1031 Rate: 39.1%
Deviations from Measure Specifications; <input type="checkbox"/> Year of Data, <i>Explain</i> <input type="checkbox"/> Data Source, <i>Explain</i> <input type="checkbox"/> Numerator, <i>Explain</i> <input type="checkbox"/> Denominator, <i>Explain</i> <input type="checkbox"/> Other, <i>Explain</i>	Deviations from Measure Specifications; <input type="checkbox"/> Year of Data, <i>Explain</i> <input type="checkbox"/> Data Source, <i>Explain</i> <input type="checkbox"/> Numerator, <i>Explain</i> <input type="checkbox"/> Denominator, <i>Explain</i> <input type="checkbox"/> Other, <i>Explain</i>	Deviations from Measure Specifications: <input checked="" type="checkbox"/> Year of Data, <i>Explain</i> – Based on 2010 data rather than 2011 data. <input type="checkbox"/> Data Source, <i>Explain</i> <input type="checkbox"/> Numerator, <i>Explain</i> <input type="checkbox"/> Denominator, <i>Explain</i> <input type="checkbox"/> Other, <i>Explain</i>
Additional notes on measure: Rate is MassHealth weighted mean, thus the raw denominator has been adjusted to properly account for differences in plan size.	Additional notes on measure: Rate is MassHealth weighted mean, thus the raw denominator has been adjusted to properly account for differences in plan size.	Additional notes/comments on measure:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:

Diabetes

MEASURE 22: Annual Pediatric Hemoglobin A1C Testing

FFY 2010	FFY 2011	FFY 2012
<p>Did you report on this goal?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> MassHealth only collects HEDIS diabetes metrics for adult populations. This will be tested as part of the CHIPRA demonstration grant.</p>	<p>Did you report on this measure?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> MassHealth only collects HEDIS diabetes metrics for adult populations. This will be tested as part of the CHIPRA demonstration grant.</p>	<p>Did you report on this measure?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input checked="" type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> Final quality assurance checks have not been completed <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> CMS CHIPRA Technical Specifications</p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> MassHealth eligibility and claims data. <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>

FFY 2010	FFY 2011	FFY 2012
Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).	Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	Definition of Population Included in the Measure: Definition of numerator: CMS CHIPRA Technical Specifications Definition of denominator: CMS CHIPRA Technical Specifications <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the denominator, please indicate the number of children excluded: Denominator includes members enrolled in the state's PCCM program (the PCC Plan), all 5 of the Managed Care Organizations contracted with MassHealth, and members who are eligible for, but not yet enrolled in, one of the managed care options noted above.
Year of Data:		
	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: 1/2010 To: 12/2010

MEASURE 22: Annual Pediatric Hemoglobin A1C Testing (continued)

FFY 2010	FFY 2011	FFY 2012
Performance Measurement Data: Percentage of children (5-17 years old) with diabetes and a HBA1c test during the measurement year period	Performance Measurement Data: Percentage of children (5-17 years old) with diabetes and a HBA1c test during the measurement year period	Performance Measurement Data: Percentage of children ages 5 to 17 with diabetes (type 1 and type 2) that had a Hemoglobin A1c (HbA1c) test during the measurement year
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: 553 Denominator: 598 Rate: 92.5%
	Deviations from Measure Specifications: Year of Data, Explain Data Source, Explain Numerator, Explain Denominator, Explain Other, Explain	Deviations from Measure Specifications: <input checked="" type="checkbox"/> Year of Data, Explain – Based on 2010 data rather than 2011 data. <input type="checkbox"/> Data Source, Explain <input type="checkbox"/> Numerator, Explain <input type="checkbox"/> Denominator, Explain <input type="checkbox"/> Other, Explain
Additional notes on measure:	Additional notes on measure:	Additional notes/comments 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:

Mental Health

MEASURE 23: Follow-Up After Hospitalization for Mental Illness

FFY 2010	FFY 2011	FFY 2012
<p>Did you report on this measure?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why:</p> <p><input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why:</p> <p><input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why:</p> <p><input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported:</p> <p><input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported:</p> <p><input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i> 2010</p>	<p>Status of Data Reported:</p> <p><input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <input type="checkbox"/> Specify year of annual report in which data previously reported:</p>
<p>Measurement Specification:</p> <p><input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> HEDIS 2010 <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification:</p> <p><input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> HEDIS 2010 <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification:</p> <p><input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> HEDIS 2012 <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source:</p> <p><input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> MassHealth claims, MCO encounter and claims data. <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source:</p> <p><input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> MassHealth claims, MCO encounter and claims data. <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source:</p> <p><input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> MassHealth eligibility and claims data. <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure:</p> <p>Definition of numerator: HEDIS 2010 specs. Definition of denominator: HEDIS 2010 specs.</p> <p><input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p>	<p>Definition of Population Included in the Measure:</p> <p>Definition of numerator: HEDIS 2010 specs. Definition of denominator: HEDIS 2010 specs.</p> <p><input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p> <p>If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>	<p>Definition of Population Included in the Measure:</p> <p>Definition of numerator: HEDIS 2012 specs. Definition of denominator: HEDIS 2012 specs, members age 6 and older.</p> <p><input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p> <p>If denominator is a subset of the definition selected above, please further define the denominator, please indicate the number of children excluded:</p>
<p>Date Range:</p> <p>From: 1/2009 To: 12/2009</p>	<p>Date Range:</p> <p>From: 1/2009 To: 12/2009</p>	<p>Date Range:</p> <p>From: 1/2011 To: 12/2011</p>

MEASURE 23: Follow-Up After Hospitalization for Mental Illness (continued)

FFY 2010	FFY 2011	FFY 2012
Performance Measurement Data: Percentage of discharges for individuals aged 6 years and older who were hospitalized for treatment of a mental health disorder and who had an outpatient visit, intensive outpatient encounter, or partial hospitalization with a mental health practitioner	Performance Measurement Data: Percentage of discharges for individuals aged 6 years and older who were hospitalized for treatment of a mental health disorder and who had outpatient visit, intensive outpatient encounter, or partial hospitalization with a mental health practitioner	Performance Measurement Data: Percentage of discharges for members 6 year of age and older that 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 within 7 days of discharge and within 30 days of discharge
<u>7 Day Follow-Up</u> Numerator: 5592 Denominator: 9592 Rate: 58% <u>30 Day Follow-Up</u> Numerator: 7502 Denominator: 9581 Rate: 78%	<u>7 Day Follow-Up</u> Numerator: 5592 Denominator: 9592 Rate: 58% <u>30 Day Follow-Up</u> Numerator: 7502 Denominator: 9581 Rate: 78%	<u>7 Day Follow-Up</u> Numerator: 6957 Denominator: 12,453 Rate: 55.9% <u>30 Day Follow-Up</u> Numerator: 9,360 Denominator: 12,453 Rate: 75.2%
Deviations from Measure Specifications; <input type="checkbox"/> Year of Data, <i>Explain</i> <input type="checkbox"/> Data Source, <i>Explain</i> <input type="checkbox"/> Numerator, <i>Explain</i> <input type="checkbox"/> Denominator, <i>Explain</i> <input type="checkbox"/> Other, <i>Explain</i>	Deviations from Measure Specifications; <input type="checkbox"/> Year of Data, <i>Explain</i> <input type="checkbox"/> Data Source, <i>Explain</i> <input type="checkbox"/> Numerator, <i>Explain</i> <input type="checkbox"/> Denominator, <i>Explain</i> <input type="checkbox"/> Other, <i>Explain</i>	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain</i> <input type="checkbox"/> Data Source, <i>Explain</i> <input type="checkbox"/> Numerator, <i>Explain</i> <input checked="" type="checkbox"/> Denominator, <i>Explain</i> – Not limited to children – includes all members age 6 and older <input type="checkbox"/> Other, <i>Explain</i>
Additional notes on measure: Based on HEDIS 2010 data (1/2009-12/2009). NOTE: This is the HEDIS measure and includes adults. Also note that the rate is MassHealth weighted mean, thus the raw denominator has been adjusted to properly account for differences in plan size.	Additional notes on measure: Based on HEDIS 2010 data (1/2009-12/2009). NOTE: This is the HEDIS measure and includes adults. Also note that the rate is MassHealth weighted mean, thus the raw denominator has been adjusted to properly account for differences in plan size.	Additional notes/comments on measure: Based on HEDIS 2012 data (1/2011-12/2011). NOTE: This is the HEDIS measure and includes adults. Also note that the rate is MassHealth weighted mean, thus the raw denominator has been adjusted to properly account for differences in plan size.
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:

Family Experiences of Care

MEASURE 24: Consumer Assessment Of Healthcare Providers and Systems® (CAHPS) 4.0H (Child Version Including Medicaid and Children with Chronic Conditions Supplemental Items)

Reporting CAHPS Data: The Agency for Healthcare Research and Quality's CAHPS Database will be unavailable to take submissions in 2012. For CARTS reporting, States should indicate below if they have collected the CAHPS survey and the populations sampled.

FFY 2010	FFY 2011	FFY 2012
<p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, how did you report this measure?</p> <p><input type="checkbox"/> Submitted raw data to AHRQ</p> <p><input type="checkbox"/> Submitted a summary report to CMS using the CARTS attachment facility (NOTE: do not submit raw CAHPS data to CMS)</p> <p>If no, explain why data were not reported:</p> <p><input type="checkbox"/> Population not covered.</p> <p><input type="checkbox"/> Data not available. <i>Explain:</i></p> <p><input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i></p> <p><input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, how did you report this measure?</p> <p><input type="checkbox"/> Submitted raw data to AHRQ</p> <p><input type="checkbox"/> Submitted a summary report to CMS using the CARTS attachment facility (NOTE: do not submit raw CAHPS data to CMS)</p> <p>If no, explain why data were not reported:</p> <p><input type="checkbox"/> Population not covered.</p> <p><input checked="" type="checkbox"/> Data not available. <i>Explain:</i> MassHealth is currently in the field with a survey that will be reported in FFY12's report.</p> <p><input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i></p> <p><input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why:</p> <p><input type="checkbox"/> Population not covered.</p> <p><input type="checkbox"/> Data not available. <i>Explain:</i></p> <p><input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i></p> <p><input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator:</p> <p><input type="checkbox"/> Denominator includes CHIP population only.</p> <p><input type="checkbox"/> Denominator includes Medicaid population only.</p> <p><input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p> <p>If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>	<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator:</p> <p><input type="checkbox"/> Denominator includes CHIP population only.</p> <p><input type="checkbox"/> Denominator includes Medicaid population only.</p> <p><input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p> <p>If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>	<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator:</p> <p><input type="checkbox"/> Denominator includes CHIP population only.</p> <p><input type="checkbox"/> Denominator includes Medicaid population only.</p> <p><input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p> <p>If denominator is a subset of the definition selected above, please further define the denominator, please indicate the number of children excluded:</p>
		<p>Which version of the CAHPS® survey was used?</p> <p><input type="checkbox"/> CAHPS® 4.0.</p> <p><input type="checkbox"/> CAHPS® 4.0H.</p> <p><input checked="" type="checkbox"/> Other. <i>Explain:</i> Massachusetts Health Quality Partners PCMH Survey – Based on CAHPS-CG PCMH</p>
		<p>Which supplemental item sets were included in the survey?</p>

		No supplemental item sets were included CAHPS Item Set for Children with Chronic Conditions <input checked="" type="checkbox"/> Other CAHPS Item Set. Explain: PCMH
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Reporting of State-specific measures:

In addition to reporting the CHIPRA core set quality measures, if your State has developed State-specific quality measures as part of the CHIPRA Quality Demonstration Grant project, the State may report that data in CARTS. The State may attach documents/data regarding the State-specific measures by using the CARTS attachment facility. Please provide a brief description of the attachment in the space provided when submitting the attachment.

Is the State attaching any State-specific quality measures as a CARTS attachment?

Yes XX No

SECTION IIB: ENROLLMENT AND UNINSURED DATA

- 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 2011	FFY 2012	Percent change FFY 2011-2012
CHIP Medicaid Expansion Program	66,349	66,537	+.28%
Separate Child Health Program	78,418	78,825	+.52%

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

[7500]

- 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 2009-2011. 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 2012 Annual Report Template.

Period	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	
	Number (In Thousands)	Std. Error	Rate	Std. Error
1996-1998	70	15.5	4.6	1.0
1998-2000	68	15.5	4.2	.9
2000-2002	40	9.9	2.6	.7
2002-2004	53	11.7	3.4	.7
2003-2005	50	11.7	3.2	.7
2004-2006	44	11.0	2.8	.7
2005-2007	36	10.0	2.3	.7
2006-2008	35	10.0	2.3	.6
2007-2009	23	8.0	1.5	.5
2008-2010	25	5.0	1.6	.3
2009-2011	28	5.0	1.8	.3

Percent change 1996-1998 vs. 2009-2011	-60.0%	N/A	-60.9%	N/A
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- A. Please explain any activities or factors that may account for increases or decreases in your number and/or rate of uninsured children.

The difference in rate for uninsured children is .2%. Since the difference is so small, we believe that this could be attributed to sampling error.

[7500]

- B. Please note any comments here concerning CPS data limitations that may affect the reliability or precision of these estimates. **[7500]**

- 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, 2011 CPS data are based on the period from March 2009 through March 2010.
- 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.

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)

X 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)	
Reporting period (2 or more points in time)	
Methodology	
Population (Please include ages and income levels)	
Sample sizes	
Number and/or rate for two or more points in time	
Statistical significance of results	

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

[7500]

- 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.

[7500]

C. What are the limitations of the data or estimation methodology?
[7500]

D. How does your State use this alternate data source in CHIP program planning?
[7500]

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. **[7500]**

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 40,000 children since the beginning of federal fiscal year 2009.

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, data from the previous two years' annual reports (FFY 2010 and FFY 2011) will be populated with data from previously reported data in CARTS. If you previously reported data in the 2 previous years reports (2010 and/or 20112010) and you want to update/change the data, please enter that data. 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 2012).

Note that the term performance measure is used differently in Section IIA versus IIC. In Section IIA, the term refers to the 24 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 example 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 2012.

Explanation of Provisional Data – When the value of the Status of Data Reported field is selected as “Provisional”, the State must specify why the data are provisional and when the State expects the data will be final.

- Final: Check this box if the data you are reporting are considered final for FFY 2012.
- 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 or some other method unrelated to HEDIS®).

Please indicate whether the measure is based on HEDIS® technical specifications or another source. If HEDIS® is selected, the HEDIS® Version field must be completed. If “Other” measurement specification is selected, the explanation field must be completed.

HEDIS® Version:

Please specify HEDIS® Version (example 2010, 2011). This field must be completed only when a user select the HEDIS® measurement specification.

“Other” measurement specification explanation:

If “Other”, measurement specification is selected, please complete the explanation of the “Other” measurement specification. The explanation field must be completed when “Other” measurement specification has been selected,

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:

Numerator: Please indicate the definition of the population included in the numerator for each measure (such as the number of visits required for inclusion, e.g., one or more visits in the past year).

Denominator: Please indicate the definition of the population included in the denominator for each measure

For measures related to increasing access to care and use of preventative care, please

- check one box to indicate whether the data are for the CHIP population only, or include both CHIP and Medicaid (Title XIX) children combined.
- If the denominator reported is not fully representative of the population defined above (the CHIP population only, or the CHIP and Medicaid (Title XIX) populations combined), please further define the denominator. For example, denominator includes only children enrolled in managed care in certain counties, technological limitations preventing reporting on the full population defined, etc.). Please report information on exclusions in the definition of the denominator (including the proportion of children excluded). The provision of this information is important and will provide CMS with a context so that comparability of denominators across the States and over time can occur.

Deviations from Measure

For the measures related to increasing access to care and use of preventative care.

If the data provided for a measure deviates from the measure specification, please select the type(s) of measure specification deviation. The types of deviation parallel the measure specification categories for each measure. Each type of deviation is accompanied by a comment field that States must use to explain in greater detail or further specify the deviation when a deviation(s) from a measure is selected..

The five types (and examples) of deviations are:

- Year of Data (e.g., partial year),
- Data Source (e.g., use of different data sources among health plans or delivery systems),
- Numerator (e.g., coding issues),
- Denominator (e.g., exclusion of MCOs, different age groups, definition of continuous enrollment),
- Other.

When one or more of the types are selected, states are required to provide an explanation.

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.

Date Range: available for 2012 CARTS reporting period.

Please define the date range for the reporting period based on the “From” time period as the month and year which corresponds to the beginning period in which utilization took place and please report the “To” time period as the month and year which corresponds to the end 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 and denominators, 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 other methodologies. The form fields have been set up to facilitate entering numerators and denominators for each measure. If the form fields do not give you enough space to fully report on the measure, please use the “additional notes” section.

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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). The reporting unit for each measure is the State as a whole. If States calculate rates for multiple reporting units (e.g., individual health plans, different health care delivery systems), States must aggregate data from all these sources into one State rate before reporting the data to CMS. In the situation where a State combines data across multiple reporting units, all or some of which use the hybrid method to calculate the rates, the State should enter zeroes in the “Numerator” and “Denominator” fields. In these cases, it should report the State-level rate in the “Rate” field and, when possible, include individual reporting unit numerators, denominators, and rates in the field labeled “Additional Notes on Measure,” along with a description of the method used to derive the State-level rate.

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 2013, 2014, , and 2015..2015. Based on your recent performance on the measure (from FFY 2010through 2012), 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 & 3)

FFY 2010	FFY 2011	FFY 2012
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%.	Goal #1 (Describe) Maintain an overall children's uninsurance rate under 200% FPL of no more than 3%
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> We are using the CPS data which only includes children up to 200%. <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i> 2010	Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> Division of Health Care Finance and Policy (DHCFP) Massachusetts Health Insurance Survey, 2010 <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> Division of Health Care Finance and Policy (DHCFP) Massachusetts Health Insurance Survey, 2010 <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> U.S. Census Bureau Current Population Survey 3-year average 2009-2011 (coverage year) <input type="checkbox"/> Other. <i>Specify:</i>
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	Definition of Population Included in the Measure: Definition of denominator: Number of children under 19 years of age at or below 200 Percent of Poverty Definition of numerator: Number of children at or below 200% of poverty without health insurance
Year of Data: 2010	Year of Data: 2010	
	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (1/2009) To: (12/2011)
Performance Measurement Data: Describe what is being measured: The uninsurance rate among children in Massachusetts at all income levels Numerator: 3228 Denominator: 1,560,159 Rate: 0.2% Additional notes on measure:	Performance Measurement Data: Describe what is being measured: The uninsurance rate among children in Massachusetts at all income levels Numerator: 3228 Denominator: 1,560,159 Rate: 0.2% Additional notes on measure:	Performance Measurement Data: Describe what is being measured: Children's uninsurance rate under 200% FPL Numerator: Denominator: Rate: 1.8% Additional notes/comments on measure:

FFY 2010	FFY 2011	FFY 2012
<p>Explanation of Progress:</p> <p>How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report? We are using CPS data and therefore cannot make a comparison to last year's annual report which used state data.</p> <p>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?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>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 200% FPL of no more than 3%.</p> <p>Annual Performance Objective for FFY 2014: 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 200% FPL of no more than 3%.</p> <p>Annual Performance Objective for FFY 2015: 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 200% FPL of no more than 3%.</p> <p>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.</p> <p>Other Comments on Measure:</p>		

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

FFY 2010	FFY 2011	FFY 2012
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%.	Goal #2 (Describe) Maintain an uninsurance rate for children under 150% FPL of no more than 3%
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input checked="" type="checkbox"/> Discontinued. <i>Explain:</i> We have decided to use the CPS data for reporting. It does not contain the break down for 150% FPL
Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i> 2010	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> Division of Health Care Finance and Policy (DHCFP) Massachusetts Health Insurance Survey, 2010 <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> Division of Health Care Finance and Policy (DHCFP) Massachusetts Health Insurance Survey, 2010 <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> Other. <i>Specify:</i>
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	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:
Year of Data: 2010	Year of Data: 2010	
	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)
Performance Measurement Data: Describe what is being measured: The rate of uninsurance among children with household income less than 150% FPL	Performance Measurement Data: Describe what is being measured: The rate of uninsurance among children with household income less than 150% FPL	Performance Measurement Data: Describe what is being measured: Numerator: Denominator: Rate:

FFY 2010	FFY 2011	FFY 2012
Numerator: 0 Denominator: 331,583 Rate: 0%	Numerator: 0 Denominator: 331,583 Rate: 0%	Additional notes on measure:
Additional notes on measure:	Additional notes on measure:	
Explanation of Progress: <p>How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report?</p> <p>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?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data</p> <p>Annual Performance Objective for FFY 2013:</p> <p>Annual Performance Objective for FFY 2014:</p> <p>Annual Performance Objective for FFY 2015:</p> <p>Explain how these objectives were set:</p>		
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 & 3) (Continued)

FFY 2010	FFY 2011	FFY 2012
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.	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: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input checked="" type="checkbox"/> Discontinued. <i>Explain:</i> We have decided to use the CPS data for reporting. It does not contain the break down for 150% and 300% FPL
Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i> 2010	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. Explanation of Provisional Data: <input type="checkbox"/> Same data as reported in a previous year's annual report. <input type="checkbox"/> Specify year of annual report in which data previously reported:
Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> Division of Health Care Finance and Policy (DHCFP) Massachusetts Health Insurance Survey, 2010 <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> Division of Health Care Finance and Policy (DHCFP) Massachusetts Health Insurance Survey, 2010 <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
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	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:
Year of Data: 2010	Year of Data: 2010	
	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)
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%-	Performance Measurement Data: Describe what is being measured: Numerator:

FFY 2010	FFY 2011	FFY 2012
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:	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:	Denominator: Rate: Additional notes on measure:
Explanation of Progress: How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 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 2013: Annual Performance Objective for FFY 2014: Annual Performance Objective for FFY 2015: Explain how these objectives were set:		
Other Comments on Measure:		

Objectives Related to CHIP Enrollment

FFY 2010	FFY 2011	FFY 2012
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.	Goal #1 (Describe) Maintain or increase the number of Virtual Gateway access sites at 235 or higher.
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Records kept by Executive Office of Health and Human Services Virtual Gateway Operations Unit.	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Records kept by Executive Office of Health and Human Services Virtual Gateway Operations Unit.	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Records kept by Executive Office of Health and Human Services Virtual Gateway Operations Unit and the Office of Medicaid.
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.	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 SFY11 vs. SFY10 and FFY11 vs. FFY10.	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 SFY12 vs. SFY11 and FFY12 vs. FFY11.
Year of Data: SFY10 and FFY10		
	Date Range: From: 07/2010 to 6/2011 (SFY) and 10/2010 to 9/2011 (FFY)	Date Range: 07/2011 to 6/2012 (SFY) and 10/2011 to 9/2012 (FFY)

FFY 2010	FFY 2011	FFY 2012
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: The number of organizations that submitted MassHealth applications increased from 273 to 279 in SFY12 and from 267 to 285 in FFY12 Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report? The number of Virtual Gateway access sites, or organizations submitting MassHealth applications using the Virtual Gateway, increased by 18 during the Federal Fiscal Year and by 6 during the State Fiscal Year. 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 2013: 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 2014: Beginning in October 2013, and as part of the rollout of the Federal Affordable Care Act, Massachusetts will introduce a new, web-based state-of-the-art Health Insurance Exchange that will build upon the existing features and success of the Virtual Gateway, plus offer even more enhanced features for organizational users, and for the first time allow members of the public to apply, themselves, online, for MassHealth and other health benefit programs. This will allow MassHealth to continue to devote resources in order to maintain or increase the number of web-based health benefit application organizational access sites. Annual Performance Objective for FFY 2015: Beginning in October 2013, and as part of the rollout of the Federal Affordable Care Act, Massachusetts will introduce a new, web-based state-of-the-art Health Insurance Exchange that will build upon the existing features and success of the Virtual Gateway, plus offer even more enhanced features for organizational users, and for the first time allow members of the public to apply, themselves, online, for MassHealth and other health benefit programs. This will allow MassHealth to continue to devote resources in order to maintain or increase the number of web-based health benefit application organizational access sites. 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 CHIP Enrollment (Continued)

FFY 2010	FFY 2011	FFY 2012
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.	Goal #2 Maintain or increase the percentage of kids enrolled in premium assistance at 3.5% or more of overall MassHealth child enrollment
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Objective: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
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.	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
Year of Data: FFY2010	FFY2011	Date Range: From: October 1, 2011 To: September 30, 2012
	Date Range: From: (10/2010) To: (09/2011)	

FFY 2010	FFY 2011	FFY 2012
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.	Performance Measurement Data: Describe what is being measured: The percentage of children in MassHealth who receive premium assistance. Numerator: 28,227 Denominator: 652,469 Rate: 4.3% Additional notes on measure: 4.3% of the children in MassHealth receive premium assistance.
Explanation of Progress: How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report? In FFY 11 and FFY 12, 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? The Commonwealth's efforts towards universal coverage continue to succeed despite increases in health insurance premiums. 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 of children-particularly within higher income ranges. Enrollment in employer-sponsored insurance in Massachusetts continues to be strong and has remained steady since the implementation of health care 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 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%. Annual Performance Objective for FFY 2014: 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 2015: 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 FFY10 baseline adjusted to account for uncertainty in the employment market.		
Other Comments on Measure:		

Objectives Related to CHIP Enrollment (Continued)

FFY 2010	FFY 2011	FFY 2012
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).	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: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Objective: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Objective: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Records kept by Executive Office of Health and Human Services Virtual Gateway Operations Unit.	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Records kept by Executive Office of Health and Human Services Virtual Gateway Operations Unit and the Office of Medicaid.	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Records kept by Executive Office of Health and Human Services Virtual Gateway Operations Unit and the Office of Medicaid.
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 MassHealth applications that were electronic Virtual Gateway applications (vs. paper applications). This is again used as the performance goal for FFY10.	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 MassHealth applications that were electronic Virtual Gateway applications (vs. paper applications). This is again used as the performance goal for FFY11.	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 FFY09 of all MassHealth applications that were electronic Virtual Gateway applications (vs. paper applications). This is again used as the performance goal for FFY12.
Year of Data: FFY2010	Year of Data: FFY2011	Year of Data: FFY 2012
	Date Range: From: 10/2010 to 9/2011 (FFY)	

FFY 2010	FFY 2011	FFY 2012
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.	Performance Measurement Data: Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure: The percentage of MassHealth applications that were electronic Virtual Gateway applications (vs. paper applications) over the course of the twelve months of FFY11 met or exceeded 53%, reaching a rate of 65% in January 2011.	Performance Measurement Data: Describe what is being measured: The percentage of MassHealth applications that were electronic Virtual Gateway applications (vs. paper applications) over the course of the twelve months of FFY12 met or exceeded 53%, reaching a rate of 67% in October 2011. Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report? The average percentage of electronic Virtual Gateway applications (vs. paper applications) over the course of the twelve months of FFY12 rose seven percentage points, to 65%, over FFY11's 12-month average of 58%. 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 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. Annual Performance Objective for FFY 2014: Beginning in October 2013, and as part of the rollout of the Federal Affordable Care Act, Massachusetts will introduce a new, web-based state-of-the-art Health Insurance Exchange that will build upon the existing features and success of the Virtual Gateway, plus offer even more enhanced features for organizational users, and for the first time allow members of the public to apply, themselves, online, for MassHealth and other health benefit programs. This will allow MassHealth to continue to devote resources in order to maintain or increase the percentage of MassHealth applications submitted on the web. Annual Performance Objective for FFY 2015: Beginning in October 2013, and as part of the rollout of the Federal Affordable Care Act, Massachusetts will introduce a new, web-based state-of-the-art Health Insurance Exchange that will build upon the existing features and success of the Virtual Gateway, plus offer even more enhanced features for organizational users, and for the first time allow members of the public to apply, themselves, online, for MassHealth and other health benefit programs. This will allow MassHealth to continue to devote resources in order to maintain or increase the number percentage of MassHealth applications submitted on the web. 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 2010	FFY 2011	FFY 2012
Goal #4 (Describe) Maintain or increase the number of Virtual Gateway Health Insurance and Health Assistance program users at 5700 or more.	Goal #4 (Describe) Maintain or increase the number of Virtual Gateway Health Insurance and Health Assistance program users at 5700 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: <input checked="" type="checkbox"/> New/ revised . <i>Explain:</i> 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. <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/ revised . <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/ revised . <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Records kept by the Executive	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Records kept by the	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Records kept by the Executive

FFY 2010	FFY 2011	FFY 2012
Office of Health and Human Services virtual Gateway Operations Unit.	Executive Office of Health and Human Services Virtual Gateway Operations Unit.	Office of Health and Human Services Virtual Gateway Operations Unit.
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.	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.	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: FFY2010		
	Date Range: From: 07/2010 to 6/2011 (SFY) and 10/2010 to 9/2011 (FFY)	Date Range: From: 07/2011 to 6/2012 (SFY) and 10/2011 to 9/2012 (FFY)

FFY 2010	FFY 2011	FFY 2012
<p>Performance Measurement Data: Describe what is being measured: Numerator: Denominator: Rate:</p> <p>Additional notes on measure: Please refer also to clarification in "Type of Goal" section, above.</p> <p>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.</p> <p>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.</p>	<p>Performance Measurement Data: Describe what is being measured: Numerator: Denominator: Rate:</p> <p>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 6,222 to 6,584 during SFY11 and increased from 6,307 to 6,783 during FFY11.</p>	<p>Performance Measurement Data: Describe what is being measured: Number of Virtual Gateway account holders throughout Massachusetts that have the capability to submit electronic MassHealth applications using the Virtual Gateway increased from 6,584 to 7,283 during SFY12 and increased from 6,783 to 7,409 during FFY12.</p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>

FFY 2010	FFY 2011	FFY 2012
<p>Explanation of Progress:</p> <p>How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report? The rate of growth in Virtual Gateway account holders having the capability to submit electronic MassHealth applications using the Virtual Gateway from FFY '11 to FFY '12 was 626 individuals – a rate higher than we experienced between FFY'10 and FFY'11. This is an encouraging statistic and continues to show that most organizations in Massachusetts needing or wanting access to the Virtual Gateway for submitting MassHealth applications receive such access.</p> <p>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</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>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.</p> <p>Annual Performance Objective for FFY 2014: Beginning in October 2013, and as part of the rollout of the Federal Affordable Care Act, Massachusetts will introduce a new, web-based state-of-the-art Health Insurance Exchange that will build upon the existing features and success of the Virtual Gateway, plus offer even more enhanced features for organizational users, and for the first time allow members of the public to apply, themselves, online, for MassHealth and other health benefit programs. This will allow MassHealth to continue to devote resources in order to maintain or increase the number of web-based health benefit application organizational users (i.e. individuals who have the ability to submit MassHealth applications through the web) at 5700 or more.</p> <p>Annual Performance Objective for FFY 2015: Beginning in October 2013, and as part of the rollout of the Federal Affordable Care Act, Massachusetts will introduce a new, web-based state-of-the-art Health Insurance Exchange that will build upon the existing features and success of the Virtual Gateway, plus offer even more enhanced features for organizational users, and for the first time allow members of the public to apply, themselves, online, for MassHealth and other health benefit programs. This will allow MassHealth to continue to devote resources in order to maintain or increase the number of web-based health benefit application organizational users (i.e. individuals who have the ability to submit MassHealth applications through the web) at 5700 or more.</p> <p>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 web-based enrollment resources available to the community.</p>		
<p>Other Comments on Measure:</p>		

Objectives Related to Medicaid Enrollment

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 #1 of “Objectives Related to CHIP Enrollment” applies to “Objectives Related to Medicaid Enrollment”

FFY 2010	FFY 2011	FFY 2012
Goal #1 (Describe)	Goal #1 (Describe)	Goal #1 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain:	Type of Goal: <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain:	Type of Goal: <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain:
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> 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: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> 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: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:
Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> 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:
		Date Range: From: (mm/yyyy) To: (mm/yyyy)
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 2010	FFY 2011	FFY 2012
<p>Explanation of Progress:</p> <p>How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report?</p> <p>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?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2013:</p> <p>Annual Performance Objective for FFY 2014:</p> <p>Annual Performance Objective for FFY 2015:</p> <p>Explain how these objectives were set:</p>		
<p>Other Comments on Measure:</p>		

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 #2 of “Objectives Related to CHIP Enrollment” applies to “Objectives Related to Medicaid Enrollment”

FFY 2010	FFY 2011	FFY 2012
Goal #2 (Describe)	Goal #2 (Describe)	Goal #2 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain:	Type of Goal: <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain:	Type of Goal: <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain:
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> 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: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> 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: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:
Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> 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:	Date Range: From: (mm/yyyy) To: (mm/yyyy)
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 2010	FFY 2011	FFY 2012
Explanation of Progress: How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 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 2013: Annual Performance Objective for FFY 2014: Annual Performance Objective for FFY 2015: 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”

FFY 2010	FFY 2011	FFY 2012
Goal #3 (Describe)	Goal #3 (Describe)	Goal #3 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain:	Type of Goal: <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain:	Type of Goal: <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain:
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> 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: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> 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: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:
Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> 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:	Date Range: From: (mm/yyyy) To: (mm/yyyy)
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 2010	FFY 2011	FFY 2012
Explanation of Progress: How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 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 2013: Annual Performance Objective for FFY 2014: Annual Performance Objective for FFY 2015: Explain how these objectives were set:		
Other Comments on Measure:		

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

FFY 2010	FFY 2011	FFY 2012
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.	Goal #1 (Describe) Maintain or improve the percentage of parents or guardians who respond that they were able to get an answer to their questions the same day that they called their doctor's office at 95% or above.
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2009</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2010</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> The MHQP Patient Experience Survey is a statewide survey of MassHealth members' experiences with their providers. <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> The 2008 -2009 Massachusetts Health Quality Partners Patient Experience Survey – CAHPS- CG <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> The 2011-2012 MHQP survey <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input checked="" type="checkbox"/> 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 numerator: Subset of the denominator who always, almost always or usually were able to get an answer to their question the same day. Definition of denominator: The 2008 MHQP survey sample population consisted of 7,569 parents or guardians of MassHealth covered children. Number of respondents who called their child's doctor's office with a medical question during regular office hours (n=4,186). <input type="checkbox"/> Denominator includes CHIP population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).	Definition of Population Included in the Measure: Definition of numerator: Subset of the denominator who always or usually were able to get an answer to their question the same day. Definition of denominator: The 2011-2012 MHQP survey sample population consisted of 4,421 parents or guardians of MassHealth covered children. For this question, 4,317 valid responses were received. Additional Notes on Measure: The denominator excluded 1855 children whose parents or guardians did NOT telephone the office with a medical question

FFY 2010	FFY 2011	FFY 2012
	If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	
Year of Data: 2008	Year of Data: 2008	Date Range: From: 11/2011 To: 03/2012

FFY 2010	FFY 2011	FFY 2012
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Subset of the denominator who always, almost always or usually were able to get an answer to their question the same day.</p> <p>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%</p> <p>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?</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Describe what is being measured: Access to urgent care 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%</p> <p>Additional notes on measure: The 2008 MHQP survey sample population consisted of 7,569 parents or guardians of MassHealth covered children. The MHQP survey is virtually identical to the CAHPS-CG with some additional MassHealth specific questions.</p> <p><u>Survey Question:</u> 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?</p>	<p>Performance Measurement Data: Describe what is being measured: Access to care Numerator: 2204 Denominator: 2462 Rate: 89.5%</p> <p>Additional notes on measure: Survey question: In the last 12 months, when you phoned this provider's office during regular office hours, how often did you get an answer to your medical question that same day?</p> <p>Note: Between the 2008-09 survey and the 11-12 survey, the response option scaling changed from six possible response points to four possible response points.</p>

Explanation of Progress:

How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report?

The performance rate reported in 2011-2012 is somewhat lower than the rate derived from the 2008-2009 survey. The 2008-2009 survey was the most recent survey conducted by MassHealth. FFY13 will include initiatives to explore the reasons for the changes, including the possibilities of differences in sample and differences in the way the questions were asked.

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?

MassHealth is implementing patient-centered medical home based care. This initiative, which includes enhanced access as a fundamental competency, seeks to improve the quality of care 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 2013: To identify reasons for the change in performance and implement performance improvement initiatives.

Annual Performance Objective for FFY 2014: To implement performance improvement projects.

Annual Performance Objective for FFY 2015: To improve performance over 2012 rates.

Explain how these objectives were set: The objectives are based on a philosophy of continuous quality improvement.

Other Comments on Measure:

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

FFY 2010	FFY 2011	FFY 2012
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 (Describe) 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 (Describe) 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: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2009</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2010</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> The MHQP Patient Experience Survey is a statewide survey of MassHealth members' experiences with their providers. <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> The MHQP Patient Experience Survey is a statewide survey of MassHealth members' experiences with their providers <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> The 2011-2012 MHQP survey <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input checked="" type="checkbox"/> 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 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 Definition of denominator: Number of respondents who called their child's doctor's office after regular office hours for help or advice (n=2,040). <input type="checkbox"/> Denominator includes CHIP population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	Definition of Population Included in the Measure: Definition of numerator: The subset of the denominator who always or usual were able to get the help or advice they needed after regular office hours. Definition of denominator: The 2011-2012 MHQP survey sample population consisted of 4,421 parents or guardians of MassHealth covered children. For this question, 4,333 valid responses were received. Additional Notes on Measure: Of the 4,333 valid response, 3,271 responses were excluded because the parent or guardian did NOT telephone the office after hours.
Year of Data: 2008	Year of Data: 2008	Date Range: From: 11/ 2011 To: 03/2012

<p>Performance Measurement Data: 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.</p> <p>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%</p> <p>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?</p>	<p>Performance Measurement Data: Describe what is being measured: Access to after-hours care 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%</p> <p>Additional notes on measure: The MHQP survey is virtually identical to the CAHPS-CG with some additional MassHealth specific questions. <u>Survey Question:</u> 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?</p>	<p>Performance Measurement Data: Describe what is being measured: percentage of parents or guardians who responded that they were able to get help or advice after regular office Numerator: 913 Denominator: 1062 Rate: 86%</p> <p>Additional notes on measure: Survey Question: In the last 12 months, when you phoned this provider's office after regular office hours, how often did you get an answer to your medical question as soon as you needed?</p>
<p>Explanation of Progress: How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report?</p> <p>The performance rate reported in 2011-2012 is somewhat lower than the rate derived from the 2008-2009 survey. The 2008-2009 survey was the most recent survey conducted by MassHealth. FFY13 will include initiatives to explore the reasons for the changes, including the possibilities of differences in sample and differences in the way the questions were asked.</p> <p>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?</p> <p>MassHealth is implementing patient-centered medical home based care. This initiative, which includes enhanced access as a fundamental competency, seeks to improve the quality of care for children.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2013: To identify reasons for the change in performance and implement performance improvement initiatives.</p> <p>Annual Performance Objective for FFY 2014: To implement performance improvement projects.</p> <p>Annual Performance Objective for FFY 2015: To improve performance over 2012 rates.</p> <p>Explain how these objectives were set: The objectives are based on a philosophy of continuous quality improvement.</p>		
<p>Other Comments on Measure:</p>		

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

FFY 2010	FFY 2011	FFY 2012
Goal #3 (Describe)	Goal #3 (Describe)	Goal #3 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain:	Type of Goal: <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain:	Type of Goal: <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain:
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> 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: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> 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: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:
Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> 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:	
		Date Range: From: (mm/yyyy) To: (mm/yyyy)
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 2010	FFY 2011	FFY 2012
<p>Explanation of Progress:</p> <p>How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report?</p> <p>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?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2013:</p> <p>Annual Performance Objective for FFY 2014:</p> <p>Annual Performance Objective for FFY 2015:</p> <p>Explain how these objectives were set:</p>		
<p>Other Comments on Measure:</p>		

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

FFY 2010	FFY 2011	FFY 2012
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.	Goal #1 (Describe) Maintain or improve the percentage of parents or guardians who report that their provider paid attention to their child's growth and development at 75% or above.
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> The survey used in the 2011-12 includes a composite measure of provider attention to child growth and development. This metric is included in the Child CAHPS-CG. <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2009</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2010</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> The MHQP Patient Experience Survey is a statewide survey of MassHealth members' experiences with their providers. <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> The MHQP Patient Experience Survey is a statewide survey of MassHealth members' experiences with their providers <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> The 2011-2012 Massachusetts Health Quality Partners Patient Experience Survey <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input checked="" type="checkbox"/> 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 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 Definition of denominator: Number of respondents who answered the question (n=6,413). <input type="checkbox"/> Denominator includes CHIP population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected	Definition of Population Included in the Measure: Definition of numerator: A composite measure that captures whether a provider pays attention to child growth and development. The composite includes 6 questions: talking about the child's learning ability, talking about behaviors that are normal for the child's age, talking about the child's body growth, talking about the child's moods and emotions, talking about how the child gets along with others, talking about the time the child spends on the computer or TV Definition of denominator: The 2011-2012 MHQP survey sample population consisted of 4,421 parents or

FFY 2010	FFY 2011	FFY 2012
	above, please further define the Denominator, please indicate the number of children excluded:	guardians of MassHealth covered children. For this composite, 4,021 valid responses were received.
Year of Data: 2008	Year of Data: 2008	
	Date Range: 1/1/2008 to 12/31/2008	Date Range: From: 11/2011 To: 3/2012

<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> 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</p> <p>Denominator: Number of respondents who answered the question (n=6,413). Rate: 94%</p> <p>Survey Question: In the last 12 months, did your child’s doctor talk with you about how your child is growing and developing?</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Describe what is being measured: Developmental screening 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</p> <p>Denominator: Number of respondents who answered the question (n=6,413). Rate: : 94%</p> <p>Additional notes on measure: The MHQP survey is virtually identical to the CAHPS-CG with some additional MassHealth specific questions. <u>Survey Question:</u> In the last 12 months, did your child’s doctor talk with you about how your child is growing and developing?</p>	<p>Performance Measurement Data: Describe what is being measured: Preventive care Numerator: N/A (composite) Denominator: 4,021 Rate: 73.36</p> <p>Additional notes on measure: This is a composite score of provider attention to child growth and development</p>
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Explanation of Progress:

How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report?

This is a new performance 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?

MassHealth is implementing patient-centered medical home based care. This initiative, which includes enhanced access as a fundamental competency, seeks to improve the quality of care 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 2013: To improve performance over 2012 rates.

Annual Performance Objective for FFY 2014: To implement performance improvement projects.

Annual Performance Objective for FFY 2015: To improve performance over 2012 rates.

Explain how these objectives were set: The objectives are based on a philosophy of continuous quality improvement.

Other Comments on Measure:

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

FFY 2010	FFY 2011	FFY 2012
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 (Describe) 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 (Describe) 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: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2009</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2010</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input checked="" type="checkbox"/> Survey data. <i>Specify: MHQP Patient Experience Survey</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input checked="" type="checkbox"/> Survey data. <i>Specify: The MHQP Patient Experience Survey is a statewide survey of MassHealth members' experiences with their providers</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input checked="" type="checkbox"/> Survey data. <i>Specify: 2011-2012 MHQP Patient Experience Survey</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input checked="" type="checkbox"/> 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 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 Definition of denominator: Number of respondents who answered the question (n=6,839). <input type="checkbox"/> Denominator includes CHIP population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	Definition of Population Included in the Measure: Definition of numerator: Subset of the denominator who responded "yes" to the question: "Some offices send patients reminders between visits about tests, treatment, or appointments. In the last 12 months, did you get any reminders about your child's care from this provider's office between visits?" Definition of denominator: The 2011-2012 MHQP survey included 4,345 valid responses for this question.
Year of Data: 2008	Year of Data: 2008	Date Range: From: 11/2011 To: 03/2012

<p>Performance Measurement Data: 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.</p> <p>Denominator: Number of respondents who answered the question (n=6,839). Rate: 85%</p> <p>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)?</p> <p>Additional notes on measure:</p>	<p>Performance Measurement Data: Describe what is being measured: Reminders for preventive care 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%</p> <p>Additional notes on measure: The MHQP survey is virtually identical to the CAHPS-CG with some additional MassHealth specific questions. <u>Survey Question:</u> 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)?</p>	<p>Performance Measurement Data: Describe what is being measured: Reminders Numerator: 3,388 Denominator: 4,345 Rate: 78%</p> <p>Additional notes on measure: Survey Question: Some offices send patients reminders between visits about tests, treatment, or appointments. In the last 12 months, did you get any reminders about your child’s care from this provider’s office between visits?</p>
<p>Explanation of Progress: How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report?</p> <p>The performance rate reported in 2011-2012 is somewhat lower than the rate derived from the 2008-2009 survey. The 2008-2009 survey was the most recent survey conducted by MassHealth. FFY13 will include initiatives to explore the reasons for the changes, including the possibilities of differences in sample and differences in the way the questions were asked.</p> <p>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?</p> <p>MassHealth is implementing patient-centered medical home based care. This initiative, which includes enhanced access as a fundamental competency, seeks to improve the quality of care for children.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2013: To identify reasons for the change in performance and implement performance improvement initiatives.</p> <p>Annual Performance Objective for FFY 2014: To implement performance improvement projects.</p> <p>Annual Performance Objective for FFY 2015: To improve performance over 2012 rates.</p> <p>Explain how these objectives were set: The objectives are based on a philosophy of continuous quality improvement.</p>		
<p>Other Comments on Measure:</p>		

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

FFY 2010	FFY 2011	FFY 2012
Goal #3 (Describe)	Goal #3 (Describe)	Goal #3 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain:	Type of Goal: <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain:	Type of Goal: <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain:
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> 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: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> 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: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:
Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> 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:	Date Range: From: (mm/yyyy) To: (mm/yyyy)
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 2010	FFY 2011	FFY 2012
Explanation of Progress: How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 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 2013: Annual Performance Objective for FFY 2014: Annual Performance Objective for FFY 2015: 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? **[7500]**

As MassHealth members, CHIP eligible children are included in all MassHealth quality activities. For example, the annual HEDIS measurement includes CHIP eligible children. Measures from 2011 and 2012 that include children are initiation and engagement of alcohol and other drug dependence treatment (2011), follow-up care for children prescribed attention-deficit/hyperactivity disorder (ADHD) medication (2011), childhood immunization (2012), immunizations for adolescents (2012), well-child visits in the first 15 months of life (2012), well-child visits in the 3rd, 4th, 5th and 6th year of life (2012), adolescent well visits (2012), chlamydia screening (2012), and follow-up after hospitalization for mental illness (2012). The reports may be found at <http://www.mass.gov/eohhs/researcher/insurance/masshealth-annual-reports.html>

In 2011, we found that MassHealth performed above the national Medicaid mean and, for most MassHealth MCO plans above the national Medicaid 75th percentile on both the initiation and engagement and the ADHD measures. In addition, all MassHealth MCO plans had maintained their previous gains and had rates that were not statistically different from their 2009 rates.

In 2012, for most of the measures, MassHealth met or exceeded the National Medicaid 75th percentile of performance.

The results of MassHealth's biennial survey became available in the Fall of 2012. The measurement was at the practice-site level and information was provided to individual practices to guide quality improvement efforts.

The PCC Plan produces PCC Profile Reports (PR) every six months to help PCCs identify areas for improvements and to identify related improvement interventions. A PCC PR is provided to each PCC practice serving 180 or more PCC Plan members. All PCCs, regardless of size receive the PCC Care Monitoring Registry (and PCC Reminder Reports (RR)) every six months.

In addition, contracted MCOs are required to implement standardized Quality Improvement (QI) initiatives. The Table below shows the results of MCO activities in 2010 and 2011 related to children.

MCO QI Goal Priority Area	MCO QI Goal Priority Area Components	Quality Improvement Activities and Interventions for Members	Quality Improvement Activities and Interventions for Providers
1. Asthma	<ol style="list-style-type: none"> Population identification, tracking, and management Use of appropriate medications for managing asthma in ambulatory care settings Inpatient hospital and emergency room utilization 	<ol style="list-style-type: none"> Refined registry to identify members with asthma in need of care management Asthma Treatment Advisory Report (ATAR). Asthma incentive program Education mailings, post-cards, and newsletter articles. Asthma Home Visit Program Co-branded letter on Asthma Control Test (ACT) 	<ol style="list-style-type: none"> Dissemination of practice site trigger/data reports and education related to use of report information. Onsite ACT survey ACT letter co-branded from each MCO Provider newsletter articles Regional provider meetings
6. Maternal and Child Health	<ol style="list-style-type: none"> Wellness and health promotion in primary care settings (including children and adolescents with special health care needs). Childhood screening- lead screening Prenatal care-population 	<ol style="list-style-type: none"> Outreach and education materials, newsletter articles, and mailings related to pregnancy, well-child visits, lead screening etc. 	<ol style="list-style-type: none"> Dissemination of provider reports identifying children in need of well-child visits Provider visit reminder campaigns via automated voice mail reminder message and mail reminder cards

MCO QI Goal Priority Area	MCO QI Goal Priority Area Components	Quality Improvement Activities and Interventions for Members	Quality Improvement Activities and Interventions for Providers
	identification and birth outcomes 4. Pregnancy and care management 5. Managing post-partum care		3. Telephonic survey of providers to determine the frequency of providing lead screenings in the office versus an outside lab 4. Education on resources available to members through newsletters, handbooks, web-site and provider relation representatives
5. Behavioral Health	1. Children's behavioral health screening in primary care settings 2. Initiation and engagement in treatment for alcohol and other drug dependence 3. Recidivism to inpatient detoxification after engagement in treatment.	1. Provide follow-up with parents/guardians of children ages 7-11 with a positive behavioral health screen not engaged in follow-up care 2. Aftercare coordination and assistance 3. Member outreach phone calls and letter mailing appointment reminders 4. Outreach to high-risk members with frequent detox admissions.	1. Mailings to providers identifying members in need of age appropriate well-child visits and behavioral health screens 2. Development of provider newsletter articles 3. Distribution of resources via direct mailings and postings on MCO-specific web-sites 4. Outreach to providers with a list of members ages 7-11 identified with a positive behavioral health screen without follow-up 5. Discharge planning and aftercare coordination offered to inpatient facilities 6. Readmission data tracked and shared with facilities

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? **[7500]**

MassHealth will continue to expand its annual measurement program of HEDIS and seeks ways of bolstering its patient survey initiatives.

In addition, MassHealth participates as a CHIPRA Demonstration Grant state and is testing provider-level reporting of the CHIPRA core measures. MassHealth is also implementing a pediatric specific medical home initiative to improve quality of care for children, specifically in the areas of asthma and ADHD treatment.

3. Have you conducted any focused quality studies on your CHIP population, e.g., adolescents, attention deficit disorder, substance abuse, special health care needs or other emerging health care needs? What have you found? **[7500]**

Contingent upon MassHealth receiving a CMS grant related to the Adult Core Measure set, two quality improvements that affect children will be undertaken. The first relates to improving new mother's attendance at their post-partum visit. The focus for the quality improvement effort will be on screening for depression, a parental factor that significantly influences infant outcomes. The second project will be related to initiation and engagement in alcohol and drug dependence

treatment, a project that will include understanding differential engagement patterns by age group, e.g. adolescent populations.

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. [7500]

Please list attachments here and summarize findings or list main findings. [7500]

HEDIS reports 2003-2010: Annual MassHealth Managed Care reports that measure plan performance based on measures set by the NCQA (National Committee for Quality Assurance.)

<http://www.mass.gov/eohhs/researcher/insurance/masshealth-annual-reports.html>

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://www.mass.gov/eohhs/docs/masshealth/research/qualitystrategy-05.pdf>

Massachusetts Health Quality Partners: MassHealth Quality Partners conducts a statewide survey of MassHealth's members' experiences with their providers.

<http://www.mhqp.org/quality/whatisquality.asp?nav=030000>

The Executive Office of Health and Human Services has partnered with two non-profit organizations, Health Care for All and Health Law Advocates, to create the Massachusetts Consumer Assistance Program. This website contains information about the MA-CAP program, fact sheets, and resource information.

www.massconsumerassistance.org

Massachusetts Health Care Reform – 2011 Progress Report

<https://www.mahealthconnector.org/portal/binary/com.epicentric.contentmanagement.servlet.ContentDeliveryServlet/Health%2520Care%2520Reform/Overview/ConnectorProgressReport2011.pdf>

Enter any Narrative text below. [7500]

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? **[7500]**

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; and coordinating and collaborating with state agencies around state and federal health care reform policies, messaging, and outreach activities.

In FFY12, the HCR unit awarded thirteen grants statewide to hospitals and community health centers 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.

Grantees assist both families and individuals access health care. Between July and September 2012, grantees enrolled over 6,624 individuals into MassHealth, Commonwealth Care, Commonwealth Choice, the Health Safety Net and other public health insurance programs available under our state health care reform. Grantees have also assisted over 4,495 individuals with submitting redetermination paperwork necessary to retain coverage.

In August 2012, EOHHS and the Office of Medicaid was awarded a Consumer Assistance Program (CAP) Grant, by the Center for Consumer Information & Insurance Oversight. The program was established by the federal Affordable Care Act (ACA), to help strengthen and enhance existing state-based programs that directly assist consumers with questions or concerns regarding their health care coverage. Building on a CAP grant received in October 2010, The Office of Medicaid has partnered with two non-profit organizations, Health Care for All and Health Law Advocates to assist uninsured residents enroll in health coverage; educate consumers about their rights; help consumers file complaints and appeals with health plans; and track consumer complaints to help identify problems and improve enforcement. In FFY12, CAP received an average of 3,000 inquiries a month. A CAP website has been created (www.massconsumerassistance.org) to provide resource information including various fact sheets on consumer rights and protections under the ACA. The fact sheets detail which provisions and protections have already taken effect and what to expect as January 1, 2014 approaches when many of the new coverage provisions will be implemented. The CAP has also received numerous calls from consumers who are seeking to understand their rights under their health insurance plan and their new rights under the ACA. A limited English proficiency campaign is planned for late winter 2012-early spring 2013 with a focus on Portuguese and Spanish speaking populations. The campaign will be one component of a larger public awareness outreach effort by the Commonwealth to ensure residents are informed about the Affordable Care Act, understand how to enroll and get coverage, and are provided with resources and access points on where they can get help. In early 2013, CAP will have established

an additional 10 community based partnerships and access points statewide for residents to seek assistance. These partners will conduct outreach, education and help residents get coverage.

The web-enabled Virtual Gateway continued to be used more extensively than ever during state and federal FY12 to expand access to health insurance and health assistance programs to increasing numbers in the community. During state and federal FY12, Virtual Gateway technology continued to reach a steadily rising number of Virtual Gateway users – including MassHealth providers and members, state agencies and a growing number of community service organizations that use the technology to reach numerous individuals and assist them in signing up for health insurance that meets their specific needs. For example, the number of organizations that submitted health insurance and health assistance program applications on the Virtual Gateway increased from 267 to 285 in FFY12. In addition, in FFY12, there was a sharp increase in the use of Virtual Gateway features 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.

For example, there was a continued and sizable increase in the usage of the Virtual Gateway's My Account Page (MAP) function, introduced in SFY08. MAP 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. At the end of FFY12, MAP was processing hundreds of thousands of view requests per month from registered organizational users. MAP has provided members, with the help of their assisters, 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, functionality introduced during SFY10 allowing MassHealth members who are designated "Heads of Households" (the person who signed the application for benefits) to gain 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 has proven to be extremely useful to members. From March of 2010, when this expanded access to MAP was introduced, to the end of FFY12, 140,578 health assistance searches were performed by members who are heads of households.

During SFY12, MAP functionality was expanded so that service providers, with their clients' permission, as well as Heads of Households, could view a list of eligibility documents (verifications, eligibility review forms, etc.) submitted by a provider or household member and received by MassHealth, and their statuses: whether the documents were "processed" or not yet processed by MassHealth. This information has proven to be extremely helpful for advocates, providers, and community service organizations assisting applicants and members, as well as members accessing this information on their own, and has resulted in fewer calls to MassHealth inquiring on the status of such documentation.

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, and through September 2012, there have been over 2.7 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 76,718 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 FFY12, access to the Change Form by Heads of Household continued to increase. Since this expanded access was introduced in March of 2010, to the end of FFY12, 7,279 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 Pediatrics. 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 culturally and linguistically diverse and skilled 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 (200-300 interpreters trained annually) and community health worker/patient navigator training (generally 30-50 annually), cultural competency and customer service workshops, continuing educational programs (4,000 health professionals annually), as well as providing consultation on interpretation, translation and health literacy to improve health care access and adherence. MassAHEC is involved with the state's Patient Medical Home Initiative on consumer and community engagement to address the particular needs of limited English proficient patients and culturally diverse communities; materials have been developed and translated to define the concept of patient-centered medical home and the roles and responsibilities of actively engaged patients and their provider team with toolkits for practice on how to engage patients in practice transformation to be patient-centered. MassAHEC consists of six regional programs covering the state – 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 4,384 members, and a website offering resource information and meeting materials. One-hundred and one updates were sent through the listserv in SFY12 and the website had over 62,000 visitors in SFY12. 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 SFY12, MTF program attendance remained steadily high at a total of 1,780 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 1,200-2,000 individuals per quarter, totaling an additional 4,800-8,000 reached in FY12.

3. Which of the methods described in Question 2 would you consider a best practice(s)? [7500]

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? [7500]

Grantee outreach activities include print, and local grassroots advertisement to the Latino, Portuguese, Vietnamese, 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 Department of Developmental Services (formerly DMR), 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, Senior Care Organizations, 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.

The Member Education Unit also provides education to the MassHealth Managed Care Plan network regarding ongoing member case coverage.

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? [5]

(Identify the data source used). [7500]

According to the three year average (2009-2011) CPS Data, 1.8% of children under 200% FPL are uninsured. 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. With that said, given the extremely low uninsurance rate for children under 200% 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.

2011 Current Population Survey, US Census Bureau

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 [7500]**

The primary mechanism for crowd-out prevention is mandatory employer-sponsored health insurance enrollment in CHIP. MassHealth Family Assistance (Massachusetts' separate CHIP 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.

2. Describe how substitution of coverage is monitored and measured and how the State evaluates the effectiveness of its policies. **[7500]**

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. **[7500]**

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% 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, 31% 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? [5]

13% 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% FPL 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 FFY12 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? [7500]

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?

☒ 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]?
[5]

8% 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?

☒ 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.
[7500]

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?

☒ 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? ☒ 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 presumptive eligibility. Of all children applications to MassHealth, 34% 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, 48% 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; 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.	In accordance with section 1902(e)(12) of the Act Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Liberalization of Asset (or Resource Test) Requirements	2. Does the State have an assets test?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	3. If there is an assets test, does the State allow administrative verification of assets?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> N/A
		N/A	
Elimination of In-Person Interview	4. Does the State require an in-person interview to apply?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	5. Has the State eliminated an in-person requirement for renewal of CHIP eligibility?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
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 <input type="checkbox"/> No <input type="checkbox"/>	
	7. Does the State use the same application form, supplemental forms, and information verification process for renewing eligibility for Medicaid and CHIP?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Automatic/Administrative Renewal	8. For renewals of Medicaid or CHIP eligibility, does the State provide a preprinted form populated with eligibility	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

	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?		
	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?	<input type="checkbox"/> Yes No	Yes <input type="checkbox"/> 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?	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes No	
		If yes, which Express Lane Agencies are you using? <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP), formerly Food Stamps <input type="checkbox"/> Tax/Revenue Agency <input type="checkbox"/> Unemployment Compensation Agency <input type="checkbox"/> Women, Infants, and Children (WIC) <input type="checkbox"/> Free, Reduced School Lunch Program <input type="checkbox"/> Subsidized Child Care Program Other, please explain. [7500]	
		If yes, what information is the Express Lane Agency providing? <input type="checkbox"/> Income <input type="checkbox"/> Resources <input type="checkbox"/> Residency <input type="checkbox"/> Age <input type="checkbox"/> 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 <input type="checkbox"/> No <input checked="" type="checkbox"/>	In accordance with section 2105(c)(10) of the Act, as added by section 301(a)(1) of CHIPRA. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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? [500]

Massachusetts sends one notice to the family advising 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?) [500]

No reminder notices are sent.

Other, please explain: [500]

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. [7500]

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.

Community organizations and consumer advocates have partnered to distribute bookmarks which explain the guidelines parents must follow in order to maintain MassHealth coverage for their children and magnets that provide an annual reminder of when their coverage must be renewed. MassHealth has played a role in vetting these materials and helping disseminate them through MTF program and through the MassHealth Member Education Unit. Providing families with this additional reminder information is

another strategy being employed to help with the annual renewal process and retention of benefits for members.

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.

Section IIIC: Subpart D: Eligibility Data

Table 1. Application Status of Title XXI Children in FFY 2012

States are required to report on questions 1 and 2 in FFY 2012. Reporting on questions 2.a., 2.b., and 2.c. is voluntary i, 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	15,216	100%
2. Total number of application denials	4,348	29%
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 2012. 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 2012 (e.g., an application that was determined eligible in September 2012, but coverage was effective October 1, 2012 is counted in FFY 2012).
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 2012. 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 2012 (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 2012 (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.

Table 2. Redetermination Status of Children Enrolled in Title XXI

For this table, States may voluntarily report in 2011 and 2012. Reporting is required for 2013.

Is the State reporting this data in the 2012 CARTS?

Yes (complete) State is reporting all measures in the redetermination table.

Yes (but incomplete) Please describe which measures the State did not report on, and why the State did not report on these measures.
Explain: [7500]

The state is not reporting on the breakdown of reasons why children were disenrolled after the redetermination process. We are working to clarify the denial reasons in our eligibility system in order to report these breakdowns as required in 2013.

No If the State is not reporting any data, please explain why. Explain: [7500]

Please enter the data requested in the table below in the "Number" column, and the template will automatically tabulate the percentages.

	Number	Percent			
1. Total number of children who are eligible to be redetermined	17,872	100%			
2. Total number of children screened for redetermination	17,872		100%		
3. Total number of children retained after the redetermination process	16,987				
4. Total number of children disenrolled from title XXI after the redetermination process	885			100%	
a. Total number of children disenrolled from title XXI for failure to comply with procedures					
b. Total number of children disenrolled from title XXI for failure to meet eligibility criteria					100%
i. Disenrolled from title XXI because income too high for title XXI (If unable to provide the data, check here)					
ii. Disenrolled from title XXI because income too low for title XXI (If unable to provide the data, check here)					
iii. Disenrolled from title XXI because application indicated access to private coverage or obtained private coverage (If unable to provide the data or if you have a title XXI Medicaid expansion and this data is not relevant check here)					
iv. Disenrolled from title XXI for other eligibility reason(s) Please indicate: _____ (If unable to provide the data check here)					
c. Total number of children disenrolled from title XXI for other reason(s) Please indicate: _____ (Check here if there are no additional categories)					

5. If relevant, please describe any limitations or restrictions on the data entered into this table. Please describe any State policies or procedures that may have impacted the redetermination outcomes data [7500].

Definitions:

1. The “total number of children who are eligible to be redetermined” is defined as the total number of children due to renew their eligibility in Federal Fiscal Year (FFY) 2012, and did not age out (did not exceed the program’s maximum age requirement) of the program by or before redetermination. This total number may include those children who are eligible to renew prior to their 12 month eligibility redetermination anniversary date. This total number may include children whose eligibility can be renewed through administrative redeterminations, whereby the State sends the family a renewal form that is pre-populated with eligibility information already available through program records and requires the family to report any changes. This total may also include ex parte redeterminations, the process when a State uses information available to it through other databases, such as wage and labor records, to verify ongoing eligibility.
2. The “total number of children screened for redetermination” is defined as the total number of children that were screened by the State for redetermination in FFY 2012 (i.e., those children whose families have returned redetermination forms to the State, as well as administrative redeterminations and ex parte redeterminations).
3. The “total number of children retained after the redetermination process” is defined as the total number of children who were found eligible and remained in the program after the redetermination process in FFY 2012.
4. The “total number of children disenrolled from title XXI after the redetermination process” is defined as the total number of children who are disenrolled from title XXI following the redetermination process in FFY 2012. This includes those children that States may define as “transferred” to Medicaid for title XIX eligibility screening.
 - a. The “total number of children disenrolled for failure to comply with procedures” is defined as the total number of children disenrolled from title XXI for failure to successfully complete the redetermination process in FFY 2012 (i.e., families that failed to submit a complete application, failed to provide complete documentation, failed to pay premium or enrollment fee, etc.).
 - b. The “total number of children disenrolled for failure to meet eligibility criteria” is defined as the total number of children disenrolled from title XXI for no longer meeting one or more of their State’s CHIP eligibility criteria (i.e., income too low, income too high, obtained private coverage or if applicable, had access to private coverage during your State’s specified waiting period, etc.). If possible, please break out the reasons for failure to meet eligibility criteria in i.-iv.
 - c. The “total number of children disenrolled for other reason(s)” is defined as the total number of children disenrolled from title XXI for a reason other than failure to comply with procedures or failure to meet eligibility criteria, and are not already captured in 4.a. or 4.b.The data entered in 4.a., 4.b., and 4.c. should sum to the total number of children disenrolled from title XXI (line 4).

Table 3. Duration Measure of Selected Children, Ages 0-16, Enrolled in Title XXI, Second Quarter FFY 2012

The purpose of this table is to measure title XXI enrollees' duration, or continuity, of public coverage (title XIX and title XXI). This information is required by CHIPRA, Section 402(a). **Reporting is not required until 2013, but States will need to identify newly enrolled children in the second quarter of FFY 2012 (January, February, and March of 2012). If your eligibility system already has the capability to track a cohort of enrollees over time, an additional "flag" or unique identifier may not be necessary.**

Instructions: For this prospective duration measure, please identify newly enrolled children in title XXI in the second quarter of FFY 2012, ages 0 months to 16 years at time of enrollment. Children enrolled in January 2012 must have birthdates after July 1995 (e.g., children must be younger than 16 years and 5 months) to ensure that they will not age out of the program at the 18th month of coverage. Similarly, children enrolled in February 2012 must have birthdates after August 1995, and children enrolled in March 2012 must have birthdates after September 1995. Each child newly enrolled during this time frame needs a unique identifier or "flag" so that the cohort can be tracked over time. If your eligibility system already has the capability to track a cohort of enrollees over time, an additional "flag" or unique identifier may not be necessary. Please follow the child based on the child's age category at the time of enrollment (e.g., the child's age at enrollment creates an age cohort that does not change over the 18 month time span). Please enter the data requested in the table below and the template will tabulate the percentages.

Specify how your "newly enrolled" population is defined:

Not Previously Enrolled in CHIP or Medicaid—"Newly enrolled" is defined as not enrolled in either title XXI or title XIX in the month before enrollment (i.e., for a child enrolled in January 2012, he/she would not be enrolled in either title XXI or title XIX in December 2011, etc.)

Not Previously Enrolled in CHIP—"Newly enrolled" is defined as not enrolled in title XXI in the month before enrollment (i.e., for a child enrolled in January 2012, he/she would not be enrolled in title XXI in December 2011, etc.)

Duration Measure, Title XXI	All Children Ages 0-16		Age Less than 12 months		Ages 1-5		Ages 6-12		Ages 13-16	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
1. Total number of children newly enrolled in title XXI in the second quarter of FFY 2012		100%		100%		100%		100%		100%
Enrollment Status 6 months later										
2. Total number of children continuously enrolled in title XXI										
3. Total number of children with a break in title XXI coverage but re-enrolled in title XXI										
3.a. Total number of children enrolled in Medicaid (title XIX) during title XXI coverage break (If unable to provide the data, check here)										
4. Total number of children disenrolled from title XXI										
4.a. Total number of children enrolled in Medicaid (title XIX) after being disenrolled from title XXI (If unable to provide the data, check here)										
Enrollment Status 12 months later										
5. Total number of children continuously enrolled in title XXI										
6. Total number of children with a break in title XXI coverage but re-enrolled in title XXI										
6.a. Total number of children enrolled in Medicaid (title XIX) during title XXI coverage break (If unable to provide the data, check here)										
7. Total number of children disenrolled from title XXI										
7.a. Total number of children enrolled in Medicaid (title XIX) after being disenrolled from title XXI (If unable to provide the data, check here)										
Enrollment Status 18 months later										
8. Total number of children continuously enrolled in title XXI										
9. Total number of children with a break in title XXI coverage but re-enrolled in title XXI										
9.a. Total number of children enrolled in Medicaid (title XIX) during title XXI coverage break (If unable to provide the data, check here)										
10. Total number of children disenrolled from title XXI										
10.a. Total number of children enrolled in Medicaid (title XIX) after being disenrolled from title XXI (If unable to provide the data, check here)										

Definitions:

1. The "total number of children newly enrolled in title XXI in the second quarter of FFY 2012" is defined as those children either new to public coverage or new to title XXI, in the month before enrollment. Please define your population of "newly enrolled" in the Instructions section.
2. The total number of children that were continuously enrolled in title XXI for 6 months is defined as the sum of:
 - the number of children with birthdates after July 1995, who were newly enrolled in January 2012 and who were continuously enrolled through July 2012
 - + the number of children with birthdates after August 1995, who were newly enrolled in February 2012 and who were continuously enrolled through August 2012
 - + the number of children with birthdates after September 1995, who were newly enrolled in March 2012 and who were continuously enrolled through September 2012
3. The total number who had a break in title XXI coverage during 6 months of enrollment (regardless of the number of breaks in coverage) but were re-enrolled in title XXI by the end of the 6 months, is defined as the sum of:
 - the number of children with birthdates after July 1995, who were newly enrolled in January 2012 and who disenrolled and re-enrolled in title XXI by July 2012
 - + the number of children with birthdates after August 1995, who were newly enrolled in February 2012 and who disenrolled and re-enrolled in title XXI by August 2012
 - + the number of children with birthdates after September 1995, who were newly enrolled in March 2012 and who disenrolled and re-enrolled in title XXI by September 2012
 - 3.a. From the population in #3, provide the total number of children who were enrolled in title XIX during their break in coverage.
4. The total number who disenrolled from title XXI, 6 months after their enrollment month is defined as the sum of:
 - the number of children with birthdates after July 1995, who were newly enrolled in January 2012 and were disenrolled by July 2012
 - + the number of children with birthdates after August 1995, who were newly enrolled in February 2012 and were disenrolled by August 2012
 - + the number of children with birthdates after September 1995, who were newly enrolled in March 2012 and were disenrolled by September 2012
 - 4.a. From the population in #4, provide the total number of children who were enrolled in title XIX in the month after their disenrollment from title XXI.
5. The total number of children who were continuously enrolled in title XXI for 12 months is defined as the sum of:
 - the number of children with birthdates after July 1995, who were newly enrolled in January 2012 and were continuously enrolled through January 2013
 - + the number of children with birthdates after August 1995, who were newly enrolled in February 2012 and were continuously enrolled through February 2013
 - + the number of children with birthdates after September 1995, who were newly enrolled in March 2012 and were continuously enrolled through March 2013
6. The total number of children who had a break in title XXI coverage during 12 months of enrollment (regardless of the number of breaks in coverage), but were re-enrolled in title XXI by the end of the 12 months, is defined as the sum of:
 - the number of children with birthdates after July 1995, who were newly enrolled in January 2012 and who disenrolled and then re-enrolled in title XXI by January 2013
 - + the number of children with birthdates after August 1995, who were newly enrolled in February 2012 and who disenrolled and then re-enrolled in title XXI by February 2013
 - + the number of children with birthdates after September 1995, who were newly enrolled in March 2012 and who disenrolled and then re-enrolled in title XXI by March 2013
 - 6.a. From the population in #6, provide the total number of children who were enrolled in title XIX during their break in coverage.
7. The total number of children who disenrolled from title XXI 12 months after their enrollment month is defined as the sum of:

- the number of children with birthdates after July 1995, who were enrolled in January 2012 and were disenrolled by January 2013
- + the number of children with birthdates after August 1995, who were enrolled in February 2012 and were disenrolled by February 2013
- + the number of children with birthdates after September 1995, who were enrolled in March 2012 and were disenrolled March 2013
- 7.a. From the population in #7, provide the total number of children, who were enrolled in title XIX in the month after their disenrollment from title XXI.
- 8. The total number of children who were continuously enrolled in title XXI for 18 months is defined as the sum of:
 - the number of children with birthdates after July 1995, who were newly enrolled in January 2012 and were continuously enrolled through July 2013
 - + the number of children with birthdates after August 1995, who were newly enrolled in February 2012 and were continuously enrolled through August 2013
 - + the number of children with birthdates after September 1995, who were newly enrolled in March 2012 and were continuously enrolled through September 2013
- 9. The total number of children who had a break in title XXI coverage during 18 months of enrollment (regardless of the number of breaks in coverage), but were re-enrolled in title XXI by the end of the 18 months, is defined as the sum of:
 - the number of children with birthdates after July 1995, who were newly enrolled in January 2012 and who disenrolled and re-enrolled in title XXI by July 2013
 - + the number of children with birthdates after August 1995, who were newly enrolled in February 2012 and who disenrolled and re-enrolled in title XXI by August 2013
 - + the number of children with birthdates after September 1995, who were newly enrolled in March 2012 and who disenrolled and re-enrolled in title XXI by September 2013
- 9.a. From the population in #9, provide the total number of children who were enrolled in title XIX during their break in coverage.
- 10. The total number of children who were disenrolled from title XXI 18 months after their enrollment month is defined as the sum of:
 - the number of children with birthdates after July 1995, who were newly enrolled in January 2012 and disenrolled by July 2013
 - + the number of children with birthdates after August 1995, who were newly enrolled in February 2012 and disenrolled by August 2013
 - + the number of children with birthdates after September 1995, who were newly enrolled in March 2012 and disenrolled by September 2013

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. **[7500]**

Massachusetts eligibility 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. **[500]**

During this Federal Fiscal year, there were approximately 17 children that exceeded the 5 percent cap.

5. 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? **[7500]**

6. 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? **[7500]**

7. 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? **[7500]**

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.)

[7500]

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? **[7500]**

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 minimum creditable coverage; and
3. The 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. 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.

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

Yes ☒ No

9. 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 [7500]?

10. 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).

<u>0</u>	Number of childless adults ever-enrolled during the reporting period
<u>8,452</u>	Number of adults ever-enrolled during the reporting period
<u>28,227</u>	Number of children ever-enrolled during the reporting period

11. Provide the average monthly enrollment of children and parents ever enrolled in the premium assistance program during FFY 2012.

Children _____ Parents _____

Currently, we are unable to answer this question, since the health insurance that MassHealth helps purchase are Family plans. We count covered lives which includes parents and other members in the family that are not MassHealth members.

12. During the reporting period, what has been the greatest challenge your ESI program has experienced? **[7500]**

The greatest challenge for the ESI program continues to be the maintenance of household information relating to employment, health insurance plan benefits meeting the qualifying standards for coverage, health Insurance premiums increasing, employer contribution decreasing.

13. During the reporting period, what accomplishments have been achieved in your ESI program? **[7500]**

The Premium Assistance Unit continues to make enhancements in order to streamline the current process of processing cases.

14. 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. **[7500]**

Through better use of reports, the Premium Assistance program intends to capture overpayments earlier which will reduce outstanding balances members owe. By implementing a better quality control process and having indicators that flag overpayments, the program can control overpayments.

15. What do you estimate is the impact of your ESI program (including premium assistance) on enrollment and retention of children? How was this measured? **[7500]**

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.

16. Identify the total state expenditures for providing coverage under your ESI program during the reporting period. **[7500]**

\$12,200,031

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

Child		Parent	
State:	<u>\$279</u>	State:	N/A
Employer:	<u>50%</u>	Employer:	N/A
Employee:	<u>50%</u>	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 \$101.00	High \$1051.00
Parent	Low N/A	High N/A

19. If you offer a premium assistance program, what, if any, is the minimum employer contribution? **[500]**

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

20. 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 on direct coverage.

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

From To

Income level of Children:	150 % of FPL [5]	300% of FPL [5]
Income level of Parents:	150 % of FPL [5]	300 % of FPL [5]

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

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

☒ Yes No

If yes, what is the period of uninsurance? **[500]**

For families with income between 200%-300% of FPL, a 6 month uninsurance requirement applies.

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

24. Can you cap enrollment for your program? ☒ Yes No

The state has never capped enrollment in the premium assistance program, however the State Plan gives MassHealth the authority to do so if necessary.

25. What strategies has the State found to be effective in reducing administrative barriers to the provision of premium assistance in ESI? **[7500]**

Since Premium Assistance investigates the employers, the employer database that was created for the program is heavily dependent upon in facilitating the process. The process allows MassHealth to gather **all of the** ESI information that an employer offers including:

- health insurance plans the employer offers
- premiums and tiers,
- annual open enrollment rates
- summary of benefits for each health insurance offered.

This process streamlines the determination when other members are being reviewed and are employed by the same employer. The database is updated annually, during the open enrollment periods.

Enter any Narrative text below. **[7500]**

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: **[7500]**

It is important to point out that in Massachusetts Medicaid and CHIP are managed and operated seamlessly as one program known as the 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 Medicaid 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 01-07 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 dated 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 MassHealth

Do managed health care plans with which your program contracts have written plans? Please Explain: **[500]**

Please see response above

2. For the reporting period, please report the

977 Number of hearing appeals of eligibility denials

299 Number of cases found in favor of beneficiary

NOTE: 299 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 (977) is only a partial sum of total appeals filed. The vast majority of appeals filed (19,087 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 (FFY)

85 Number of cases investigated

0 Number of cases referred to appropriate law enforcement officials

Provider Billing (FFY)

123 Number of cases investigated

14 Number of cases referred to appropriate law enforcement officials

Beneficiary Eligibility (FFY)

593 Number of cases investigated

271 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: **[7500]**

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 algorithms 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 Measurement (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 2% 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: [500]

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

G. DENTAL BENEFITS - Reporting is required.

Is the State reporting this data in the 2012 CARTS?

☒ Yes If yes, then please complete G1 and G2.

☐ No If the State is not reporting data, please explain why.

Explain: [7500]

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 (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 MA FFY 2012	Age Groups						
	Total	<1	1 – 2	3 – 5	6 – 9	10–14	15–18
Total individuals enrolled for at least 90 continuous days ¹	136,223	207	7,555	16,214	31,133	40,056	41,058
Total Enrollees Receiving Any Dental Services ² [7]	77,541	2	1,565	8,756	20,598	25,837	20,783
Total Enrollees Receiving Preventive Dental Services ³ [7]	69,933	2	1,415	8,376	19,603	23,226	17,311
Total Enrollees Receiving Dental Treatment Services ⁴ [7]	41,935	0	196	2,612	9,994	15,606	13,627

¹ **Total Individuals Enrolled for at Least 90 Continuous Days** – Enter the total unduplicated number of children who have been continuously enrolled in CHIP for at least 90 continuous days in the Federal fiscal year, distributed by age. For example, if a child is enrolled January 1st to March 31st, this child is considered continuously enrolled in CHIP for at least 90 continuous days in the Federal fiscal year. If a child was enrolled from August 1st to September 30th and October 1st to November 30th, the child would not be considered to have been enrolled for 90 continuous days in the Federal fiscal year. Children should be counted in age groupings based on their age at the end of the fiscal year. For example, if a child turned 3 on September 15th, the child should be counted in the 3-6 age grouping.

²**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).

³**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).

⁴**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 - D9999).

Report all dental services data in the age category reflecting the child's age at the end of the Federal fiscal year even if the child received services while in two age categories. For example, if a child turned 10 on September 1st, but had a cleaning in April and a cavity filled in September, both the cleaning and the filling would be counted in the 10-14 age category.

b. For the age grouping that includes children 8 years of age, what is the number of such children who have received a sealant on at least one permanent molar tooth⁴? [7]

6,140 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 90 continuous days and in the age category of 6-9 who received a sealant on a permanent molar tooth, as defined by HCPCS code D1351 (CDT code D1351).

Report all sealant data in the age category reflecting the child's age at the end of the Federal fiscal year even if the child was factually a different age on the date of service. For example, if a child turned 6 on September 1st, but had a sealant applied in July, the sealant would be counted in the age 6-9 category.

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 2012. 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	2012	2013	2014
Insurance payments	\$13,120,927	\$13,315,760	\$13,456,789
Managed Care	\$246,399,486	\$274,922,048	\$284,193,627
Fee for Service	\$183,199,629	\$191,867,342	\$200,945,150
Total Benefit Costs			
(Offsetting beneficiary cost sharing payments)			
Net Benefit Costs	\$442,720,042	\$480,105,149	\$498,595,567

Administration Costs

Personnel			
General Administration			
Contractors/Brokers (e.g., enrollment contractors)			
Claims Processing			
Outreach/Marketing costs			
Other (e.g., indirect costs)	\$8,234,574	\$9,621,451	\$8,543,292
Health Services Initiatives	\$61,407,169	\$42,447,401	\$37,560,005
Total Administration Costs	\$69,641,743	\$52,068,852	\$46,103,297
10% Administrative Cap (net benefit costs ÷ 9)	\$49,038,620	\$52,068,852	\$46,103,297

Federal Title XXI Share	\$333,035,351	\$345,785,503	\$353,913,763
State Share	\$179,326,434	\$186,388,499	\$190,785,101

TOTAL COSTS OF APPROVED CHIP PLAN	\$512,361,785	\$532,174,001	\$544,698,864
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2. What were the sources of non-Federal funding used for State match during the reporting period?

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? **[1500]**

There was no shortfall in CHIP funds this year.

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.

	2012		2013		2014	
	# of eligibles	\$ PMPM	# of eligibles	\$ PMPM	# of eligibles	\$ PMPM
Managed Care	69,082	\$237	76,163	\$246	82,033	\$253
Fee for Service	32,067	\$640	32,005	\$665	30,450	\$683

Enter any Narrative text below. **[1500]**

Fee for Service includes spending on the Primary Care Clinician (PCC) Plan

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 <u>Up to and Including</u>											
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 2012 starts 10/1/2011 and ends 9/30/2012).

COST PROJECTIONS OF DEMONSTRATION (SECTION 1115 or HIFA)	2012	2013	2014	2015	2016
Benefit Costs for Demonstration Population #1 (e.g., children)					
Insurance Payments					
Managed care					
per member/per month rate for managed care					

COST PROJECTIONS OF DEMONSTRATION (SECTION 1115 or HIFA)	2012	2013	2014	2015	2016
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					
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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. [7500]

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 nearly all residents in the state are insured. According to a *May 2012 Blue Cross Blue Shield Foundation (BCBSF) report, Health Reform in Massachusetts Expanding Access to Health Insurance Coverage Assessing the Results report*, Massachusetts has the lowest rate of uninsurance in the nation among all ages. The U.S. Census Bureau, Current Population Survey, 2009 to 2012 Annual Social and Economic Supplements found the overall adult uninsured rate to be 4.5%; therefore, 95.5% of Mass residents were covered. The BCBS report found that 439,000 more Massachusetts residents have health insurance coverage than before reform. The Affordable Care Act will further increase access to affordable coverage in Massachusetts. Our state reforms provide subsidized coverage for individuals and families with income up to 300% FPL. Starting in 2014, federal reform will offer tax credits for people with incomes up to 400% FPL to purchase insurance through the Insurance Exchange.

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 21%. The Current Population Survey illustrates that between 2009 and 2011, the overall uninsurance rate for children statewide is 1.8%, and as a result 98.2% of children in Massachusetts have health coverage. Between 2008 and 2010, 98.4% of children had coverage based on the Current Population Survey data. 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 50,000 children.

A September 2010 report by the Urban Institute and the Robert Wood Johnson Foundation (RWJF) report (*Uninsured Children: Who Are They and Where Do They Live?*) 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 the 2010 Urban/ RWJF report, 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 between FFY 2011 and FFY 2012. The stand-alone CHIP program grew .52%, while the Medicaid expansion population grew .28%.

Substantial support for health reform overall persists despite statewide concerns about healthcare costs and economic conditions. The May 2012 BCBSF report indicates that support for health reform has remained high despite state budgetary pressures and the economic recession. The 2012 report shows that two out of three adults support reform and indicates that public support for

reform has been relatively stable since 2006, when Massachusetts' state health care reform was enacted. The 2012 BCBSF report also reveals that physician support for reform remains high and that most employers believe health reform has been "good for Massachusetts" and 88% of Massachusetts physicians believe reform improved, or did not affect, care or quality of care.

2. During the reporting period, what has been the greatest challenge your program has experienced? **[7500]**

As in FFY11, the greatest challenge that Massachusetts CHIP program experienced during FFY12 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 downturn, leading to increased fiscal constraints.

3. During the reporting period, what accomplishments have been achieved in your program? **[7500]**

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 insurance rates. In SFY12 the Office of Medicaid's Health Care Reform (HCR) Outreach and Education Unit awarded thirteen grants statewide to hospitals and community health centers 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.

Grantees assist both families and individuals access health care. Between July and September 2012, grantees enrolled over 6,624 individuals into MassHealth, Commonwealth Care, Commonwealth Choice, the Health Safety Net and other public health insurance programs available under our state health care reform. Grantees have also assisted over 4,495 individuals with submitting redetermination paperwork necessary to retain coverage.

In August 2012, EOHHS (The Office of Medicaid) was awarded a Consumer Assistance Program Grant, by the Center for Consumer Information & Insurance Oversight. The Consumer Assistance Program (CAP) was established by the federal Affordable Care Act to help strengthen and enhance existing state-based programs that directly assist consumers with questions or concerns regarding their health care coverage. The Office of Medicaid partnered with two non-profit organizations, Health Care for All and Health Law Advocates to assist uninsured residents enroll in health coverage; educate consumers about their rights; help consumers file complaints and appeals against health plans; and track consumer complaints to help identify problems and improve enforcement of beneficiaries' rights. In FY12 the CAP Program received an average of 3,000 inquiries a month. A CAP website was created (www.massconsumerassistance.org) providing resources and information, including various fact sheets on consumer rights and protections under the ACA. Targeted outreach was conducted including dissemination of

brochures and postcards to groups such as: banks, physician groups, colleges, and churches. The CAP program handled 150 cases involving private insurance appeals and grievances and received numerous calls from consumers who were seeking to understand their rights under their health insurance plan, particularly their new rights under the ACA.

MassHealth is in its fourth and final year of implementing a Maximizing Enrollment grant work plan developed in consultation with the Robert Wood Johnson Foundation and the National Academy for State Health Policy. In 2011 the scope of the grant expanded from increasing enrollment and retention of Medicaid and CHIP children in public health programs to include implementation of the Affordable Care Act. The grant has continued to provide MassHealth with specific goals to work on including increasing retention, improving the capacity and use of data, improving customer service, and enhancing agency collaboration.

Through its participation in the Maximizing Enrollment grant, Massachusetts learned of other states' success in using Express Lane Eligibility (ELE) to enroll and retain eligible children in Medicaid and CHIP benefits. In late 2012 MassHealth implemented an Express Lane renewal process for families receiving both subsidized health benefits and Supplemental Nutrition Assistance Program (SNAP) benefits. SNAP benefits are administered by the Massachusetts Department of Transitional Assistance which is considered by CHIPRA to be an approved Express Lane Agency (ELA).

Massachusetts received 1115 Waiver Research and Demonstration approval in December 2011 to include parents in an Express Lane renewal process. Subsequently in 2012 it received both Medicaid and CHIP State Plan Amendment (SPA) approval to include children in an Express Lane renewal process.

Through its Express Lane renewal process, families with children under the age of 19 who have gross income as verified by MassHealth at or below 150% of the Federal Poverty Level (FPL) and who are receiving SNAP benefits with SNAP-verified income of 180% FPL or lower will automatically have their benefits renewed at the time of annual renewal. (CHIPRA allows states to establish a screening threshold for using an income finding from Express Lane agencies that is 30 percentage points higher than the highest Medicaid income threshold for a child.) Express Lane renewal increases retention in MA's subsidized health programs by providing a streamlined renewal process for families.

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. [7500]

The web-enabled Virtual Gateway continued to be used more extensively than ever during state and federal FY'12 to expand access to health insurance and health assistance programs to increasing numbers in the community. During state and federal FY'12, Virtual Gateway technology continued to reach a steadily 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. For example, the number of organizations that submitted health insurance and health assistance program applications on the Virtual Gateway increased from 267 to 285 in FFY12. In addition, FFY12 continued to see a sharp increase in the use of Virtual Gateway features 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.

For example, there was a continued and sizable increase in the usage of the Virtual Gateway's My Account Page (MAP) function, introduced in SFY08. MAP 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. At the end of FFY12, MAP was processing several hundred thousand view requests per month from registered organizational users. MAP has provided members, with the help of their assisters, 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, functionality introduced during SFY10 allowing MassHealth members who are designated “Heads of Households” (the person who signed the application for benefits) to gain 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 has proven to be extremely useful to members. From March of 2010, when this expanded access to MAP was introduced, to the end of FFY12, 140,578 health assistance searches were performed by members who are heads of households.

During SFY12, MAP functionality was expanded so that service providers, with their clients' permission, as well as Heads of Households, could view a list of eligibility documents (verifications, eligibility review forms, etc.) submitted by a provider or household member and received by MassHealth, and their statuses: whether the document(s) was “processed” or not yet processed by MassHealth. This information has proven to be extremely helpful for advocates, providers, and community service organizations assisting applicants and members, as well as members accessing this information on their own, and has resulted in fewer calls to MassHealth inquiring on the status of such documentation.

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, and through September 2012, there have been over 2.7 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 76,718 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. As During FFY11, access to the Change Form by Heads of Household continued to increase. Since this expanded access was introduced in March of 2010, to the end of FFY12, 7,279 changes have been submitted by health assistance members.

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. **[7500]**

During the next year fiscal year Massachusetts will be focusing on implementation of the Affordable Care Act (ACA). In addition to ongoing policy analysis and decisions, Massachusetts is implementing a new Health Insurance Exchange / Integrated Eligibility System (HIX/IES). MassHealth has been working closely with the Massachusetts Health Connector Authority, the Massachusetts Exchange, on development of the HIX/IES and will continue to do so through this fiscal year. The HIX/IES will be functional for open enrollment in October 2013 and will provide a streamlined application and renewal process for both MassHealth and Exchange applicants and members.