

**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:

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

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

- a. Section I: Snapshot of CHIP Programs and Changes
- b. Section II; Program's Performance Measurement and Progress
- c. Section III: Assessment of State Plan and Program Operation
- d. Section IV: Program Financing for State Plan
- e. Section V: 1115 Demonstration Waivers (Financed by CHIP)
- f. 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
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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: 2011 *Note: Federal Fiscal Year 2011 starts 10/1/2010 and ends 9/30/2011.*
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

- a) 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?		XGross <input type="checkbox"/>		Income Net of Disregards		Is income calculated as gross or net income?		<input checked="" type="checkbox"/> 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	150	% of FPL *	From	150	% of FPL for children ages 6 through 16	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	<input type="checkbox"/>	No	<input type="checkbox"/>	No
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provided for children?	<input checked="" type="checkbox"/>	Yes, for whom and how long? For all children at all income levels for 60 days.	<input checked="" type="checkbox"/>	<p>Yes – Please describe below [1000]</p> <p>For which populations (include the FPL levels) For all children at all income levels for 60 days.</p> <p>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.</p> <p>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.</p>
	<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? All children, coverage begins 10 days prior to application.	<input checked="" type="checkbox"/>	Yes, for whom and how long? 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? 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? 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	
	Eligibility for all MassHealth members is redetermined every 12 months. However, eligibility is redetermined whenever there is a change in income that is self-reported or discovered through a periodic match with the Commonwealth's Dept. of Revenue (DOR) and such change can result in a loss of eligibility to the extent that income exceeds 300%FPL.		Eligibility for all MassHealth members is redetermined every 12 months. However, eligibility is redetermined whenever there is a change in income that is self-reported or discovered through a periodic match with the Commonwealth's Dept. of Revenue (DOR) and such change can result in a loss of eligibility to the extent that income exceeds 300%FPL.	
	<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 checked="" 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?	<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	

(Note: if you checked off net income in the eligibility question, you must complete this question)	[1000]		For children above 200% FPL, a maximum of 100% FPL 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 Individuals receive FFS until they enroll with MCO/PCC, and may also receive premium assistance with wrap benefits provided on a FFS basis.		Please describe which groups receive which delivery system Individuals receive FFS until they enroll with MCO/PCC, and may also receive premium assistance with a FFS dental wrap.	

Is a preprinted renewal form sent prior to eligibility expiring?	<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?

☐ Yes ☒ No ☐ N/A

2) Is it different from the assets test in your separate child health program?

☐ Yes ☐ No ☒ N/A

3) Are there income disregards for your Medicaid program?

☐ Yes ☒ No ☐ N/A

4) Are they different from the income disregards in your separate child health program?

☒ Yes ☐ No ☐ 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
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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
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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"/>	<input checked="" type="checkbox"/>
Citizenship	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Insured Status	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Residency	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Use of Income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disregards			<input type="checkbox"/> N/A

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

	Medicaid Expansion CHIP Program			Separate Child 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"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b) Application	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Application documentation requirements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Benefits	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e) Cost sharing (including amounts, populations, & collection process)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f) Crowd out policies	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g) Delivery system	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

	Medicaid Expansion CHIP Program			Separate Child Health Program		
	Yes	No Change	N/A	Yes	No Change	N/A
h) Eligibility determination process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Implementing an enrollment freeze and/or cap	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
j) Eligibility levels / target population	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
k) Assets test	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
l) Income disregards	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
m) Eligibility redetermination process	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
n) Enrollment process for health plan selection	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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						

3. [50]
4. [50]
5. [50]

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<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)	
b. Application	MassHealth has revised the Medical Benefit Request (MBR), the Senior Medical Benefit Request (SMBR), and other related forms to clarify policy and capture applicant information to appropriately determine eligibility for individuals who are visitors to Massachusetts. The MBR has also been revised to include more questions for households with an absent parent.
c. Application documentation requirements	Children who were adopted by a single parent or who have a parent who or unknown are not considered to have absent parents. The new trigger question on the MBR and the additional section on Supplement B of the MBR and the Absent Parent (AP-1) form were added to ensure that children who fall into this category are identified and properly coded. This will prevent MA21 from including these children in requests for verifications about absent parents. Responses for good cause (Part C) and absent parent (Part D) are now required. MA21 has been programmed to send an AP-1 as part of the verification process to households with children in a single-parent household who have not provided the absent parent information.
d. Benefits	
e) Cost sharing (including amounts, populations, & collection process)	
f) Crowd out policies	
g) Delivery system	

h) Eligibility determination process	<p>1.) Under the Children’s Health Insurance Program Reauthorization Act (CHIPRA) and state law, in March 2011 MassHealth began to match with the Social Security Administration (SSA) to verify citizenship and identity for United States citizens or nationals. CHIPRA requires that MassHealth provides a temporary benefit to applicants during a 90-day reasonable opportunity period when a Medical Benefit Request (MBR) or an Eligibility Review Form (ERV) is processed and the applicant has not received a temporary benefit in the previous 12 months.</p> <p>2.) The Electronic Document Management (EDM) system allows MassHealth staff to process Applications, Member Reviews and corresponding mail utilizing an electronic image. This system enhances customer service and creates work efficiencies for MassHealth Eligibility Staff. The EDM model begins at the Electronic Document Management Center (EDMC) and the Central Processing Unit (CPU). The EDMC/CPU will receive all member and applicant mail. The documents received will be sorted, prepped, scanned, quality controlled (QC) and indexed. Members are safe-guarded from administrative closing until all received documents are processed. The eligibility workers utilize a new application “myWorkspace” to retrieve the electronic image scanned at the EDMC/CPU. Eligibility workers will simultaneously use MA21/PACES to process the document they are viewing.</p>
i) Implementing an enrollment freeze and/or cap	
j) Eligibility levels / target population	
k) Assets test in Medicaid and/or CHIP	
l) Income disregards in Medicaid and/or CHIP	
m) Eligibility redetermination process	
n) Enrollment process for health plan selection	
o) Family coverage	
p) Outreach	

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

SECTION IIA: REPORTING OF CORE PERFORMANCE MEASURES

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

The Technical Specifications for the CHIPRA Initial Core Set can be found:

<http://www.cms.gov/MedicaidCHIPQualPrac/Downloads/CHIPRACoreSetTechManual.pdf>

The reporting of the Core Performance Measures 1-23 are voluntary. Title XXI programs are required to report results from the CAHPS Child Medicaid Survey and the Supplemental Items for the Child Questionnaires on dental care, access to specialist care, and coordination of care from other health providers, by December 31, 2013.

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

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

	Measure	Measure Steward	Description	Reporting
6	Immunizations for Adolescents	NCQA/HEDIS	Percentage of patients who turned 13 years old during the measurement year who had one dose on meningococcal vaccine and one tetanus, diphtheria toxoids and a cellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) by their thirteenth birthday a second dose of MMR and three hepatitis B vaccinations, and one varicella vaccination by their thirteenth birthday. The measure calculates a rate for each vaccine and one combination rate.	Measure is voluntary.
7	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: BMI Assessment for Children/Adolescents	NCQA/HEDIS	Percentage of children, 3 through 17 years of age, whose weight is classified based on BMI percentile for age and gender.	Measure is voluntary.
8	Developmental Screening in the First Three Years of Life	Child and Adolescent Health Measurement Initiative and NCQA	Assesses the extent to which children at various ages from 0-36 months were screened for social and emotional development with a standardized, documented tool or set of tools	Measure is voluntary.
9	Chlamydia Screening	NCQA/HEDIS	Percentage of women 16- 20 who were identified as sexually active who had at least one test for Chlamydia during the measurement year	Measure is voluntary.
10	Well Child Visits in the First 15 Months of Life	NCQA/HEDIS	Percentage of members who received zero, one, two, three, four, five, and six or more well child visits with a primary care practitioner during their first 15 months of life	Measure is voluntary.
11	Well Child Visits in the 3 rd , 4 th , 5 th , and 6 th Years of Life	NCQA/HEDIS	Percentage of members age 3 to 6 years old who received one or more well-child visits with a primary care practitioner during the measurement year.	Measure is voluntary.
12	Adolescent Well-Care Visits	NCQA/HEDIS	Percentage of members age 12 through 21 years who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year.	Measure is voluntary.

	Measure	Measure Steward	Description	Reporting
13	Total Eligibles who Received Preventive Dental Services	CMS	Total Eligible Children Ages 1-20 who Received Preventive Dental Services	Measure is voluntary.
14	Child and Adolescent Access to Primary Care Practitioners	NCQA/HEDIS	Percentage of enrollees who members 12 months – 19 years of age who had a visit with a primary care practitioner (PCP). Four separate percentages are reported: i. Children 12- 24 months and 25 months – 6 years who had a visit with a PCP during the measurement year ii. Children 7 – 11 years and adolescents 12 – 19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year	Measure is voluntary.
15	Appropriate Testing for Children with Pharyngitis	NCQA/HEDIS	Percentage of patients who were diagnosed with pharyngitis, dispensed an antibiotic and who received a group A streptococcus test for the episode	Measure is voluntary.
16	Otitis media with effusion – avoidance of inappropriate use of systemic antimicrobials in children – ages 2-12	American Medical Association/ Physician Consortium for Performance Improvement	Percent of patients aged 2 months through 12 years with a diagnosis of OME who were not prescribed systemic antimicrobials	Measure is voluntary.
17	Total Eligibles who Received Dental Treatment Services	CMS	Total Eligible Children Ages 1-20 who Received Dental Treatment Services	Measure is voluntary.
18	Ambulatory Care: Emergency Department Visits	NCQA/HEDIS	The number of visits per member per year as a function of all child and adolescent members enrolled and eligible during the measurement year	Measure is voluntary.
19	Pediatric central-line associated blood stream infections – NICU and PICU	CDC	Central line-associated blood stream infections (CLABSI) identified during periods selected for surveillance as a function of the number of central line catheter days selected for surveillance in pediatric and neonatal intensive care units	Measure is voluntary.

	Measure	Measure Steward	Description	Reporting
20	Annual number of asthma patients (2-20 yo) with 1 or more asthma-related emergency room visits	Alabama Medicaid	Asthma emergency department utilization for all children 2-20 years of age diagnosed with asthma or treatment with at least two short-acting beta adrenergic agents during the measurement year with one or more asthma-related 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 who had at least three follow-up care visits within a 10-month period, one of which was within 30 days from the time when the first ADHD medication was dispensed.	Measure is voluntary.
22	Annual Pediatric hemoglobin A1C testing	NCQA	Percentage of pediatric patients with diabetes with an HBA1c test in a 12-month measurement period	Measure is voluntary.

	Measure	Measure Steward	Description	Reporting
23	Follow-up after hospitalization for mental illness	NCQA/HEDIS	Percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner	Measure is voluntary.
24	Consumer Assessment Of Healthcare Providers And Systems (CAHPS®) Health Plan Survey 4.0H (Child version including Medicaid and Children with Chronic Conditions supplemental items)	NCQA/HEDIS	Family of surveys on an individual's experiences with care	<p>Reporting Required in 2013</p> <p>Title XXI programs are <u>required</u>¹ to report results from the CAHPS Child Medicaid Survey and the Supplemental Items for the Child Questionnaires on dental care, access to specialist care, and coordination of care from other health providers, by December 31, 2013.</p> <p>If States are already working with the Agency for Healthcare Research and Quality (AHRQ) to report CAHPS, they can continue doing so. We ask that States indicate in CARTS that they have submitted CAHPS data to AHRQ and using the CARTS attachment facility, provide a copy of the CAHPS results to CMS (do not submit raw data on CAHPS to CMS).</p>

This section contains templates for reporting performance measurement data for each of the core child health measures.

If Data Not Reported, Please Explain Why:

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

¹ P.L. 111-3, §402(a)(2)(e)

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

Although the Core Measures are 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 performance measure, 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. States should use the technical specifications outlined in the CHIPRA Initial Core Set Technical Specifications Manual

HEDIS® Version:

Please specify HEDIS® Version (example 2009, 2010). 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 – administrative data (claims) (specify the kind of administrative data used), hybrid data (claims and medical records) (specify how the two were used to create the data source), survey data (specify the survey used), or other source (specify the other source). If another data source was used, please explain the source.

Definition of Population included in the Measure:

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

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.

Year of Data: not available for the 2011 CARTS reporting period.

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

Date Range: available for 2011 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.

Note: CARTS will calculate the rate when you enter the numerator and denominator.

For CARTS versions prior to 2011 States were able to enter a rate without entering a numerator and denominator (If you typically calculate separate rates for each health plan, report the aggregate state-level rate for each measure [or component]. The preferred method is to calculate a “weighted rate” by summing the numerators and denominators across plans, and then deriving a single state-level rate based on the ratio of the numerator to the denominator.)

Beginning in 2011, CARTS will be requiring States to report numerators and denominators rather than providing them the option of only reporting the rate. If States reported a rate in years prior to 2011, that data will be able to be edited if the need arises.

Explanation of Progress:

The intent of this section is to allow your State to highlight progress and describe any quality improvement activities that may have contributed to your progress. If improvement has not occurred over time, this section can be used to discuss potential reasons for why progress was not seen and to describe future quality improvement plans. In this section, your State is also asked to set annual performance objectives for FFY 2012, 2013, and 2014. Based on your recent performance on the measure (from FFY 2009 through 2011), use a combination of expert opinion and “best guesses” to set objectives for the next three years. Please explain your rationale for setting these objectives. For example, if your rate has been increasing by 3 or 4 percentage points per year, you might project future increases at a similar rate. On the other hand, if your rate has been stable over time, you might set a target that projects a small increase over time. If the rate has been fluctuating over time, you might look more closely at the data to ensure that the fluctuations are not an artifact of the data or the methods used to construct a rate. You might set an initial target that is an average of the recent rates, with slight increases in subsequent years.

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

Other Comments on Measure:

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

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

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 2011 CARTS?

☒ Yes ☐ No

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

Two reports are attached: The MCO comparative report which provides information about the reviews of the capitated managed care plans, and the Executive Summary report for the PCC Plan which participates in EQRO activities on a voluntary basis.

If the State is not submitting an EQRO report as an attachment to the 2011 CARTS, please explain. [7500]

Category I - PREVENTION AND HEALTH PROMOTION
Prenatal/Perinatal

MEASURE 1: Timeliness of prenatal care

FFY 2009	FFY 2010	FFY 2011
Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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>	Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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>	Did you report on this measure? <input checked="" 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. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i>
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>	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>	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>
Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used: 2011</i> <input type="checkbox"/> Other. <i>Explain:</i>
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>	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>	Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify: MassHealth claims, MCO encounter and claims data, medical records from hospitals, providers and clinics.</i> <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: <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: Per HEDIS 2011 specs. Definition of denominator: Per 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:
Year of Data:		
	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range of Data: From: 1/1/2009 To: 11/5/2010

MEASURE 1: Timeliness of prenatal care (continued)

FFY 2009	FFY 2010	FFY 2011
HEDIS Performance Measurement Data: Percent of deliveries that received a prenatal care visit in the first trimester or within 42 days of enrollment	HEDIS Performance Measurement Data: Percent of deliveries that received a prenatal care visit in the first trimester or within 42 days of enrollment	HEDIS Performance Measurement Data: Percent of deliveries that received a prenatal care visit in the first trimester or within 42 days of enrollment
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: 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>
Additional notes on measure:	Additional notes on measure:	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: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
Explanation of Progress: How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? MassHealth did not report an objective to CMS in 2010. What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? The managed care contracts include an explicit maternal and child health quality goal. All contracted MCOs must undertake at least one quality improvement project related to maternal and child health during each contract quality cycle. 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 2012: To maintain or improve performance at a 90% level. Annual Performance Objective for FFY 2013: To maintain or improve performance at a 90% level. Annual Performance Objective for FFY 2014: To maintain or improve performance at a 90% level. Explain how these objectives were set: These objectives were based on the principle of continuous quality improvement .		
Other Comments on Measure:		

MEASURE 2: Frequency of ongoing prenatal care

FFY 2009	FFY 2010	FFY 2011
Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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>	Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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>	Did you report on this measure? <input checked="" 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. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i>
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>	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>	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>
Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used: 2011</i> <input type="checkbox"/> Other. <i>Explain:</i>
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>	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>	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>
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: 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:
Year of Data:		
	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range of Data: From: 1/1/2009 To: 11/5/2010

MEASURE 2: Frequency of ongoing prenatal care (continued)

FFY 2009	FFY 2010	FFY 2011
HEDIS Performance Measurement Data: Percentage of Medicaid deliveries between November 6 of the year prior to the measurement year and November 5 of the measurement year that received the following number of visits: < 21 percent of expected visits 21 percent – 40 percent of expected visits 41 percent – 60 percent of expected visits 61 percent – 80 percent of expected visits ≥ 81 percent of expected visits	HEDIS Performance Measurement Data: Percentage of Medicaid deliveries between November 6 of the year prior to the measurement year and November 5 of the measurement year that received the following number of visits: < 21 percent of expected visits 21 percent – 40 percent of expected visits 41 percent – 60 percent of expected visits 61 percent – 80 percent of expected visits ≥ 81 percent of expected visits	HEDIS Performance Measurement Data: Percentage of Medicaid deliveries between November 6 of the year prior to the measurement year and November 5 of the measurement year that received the following number of visits: < 21 percent of expected visits 21 percent – 40 percent of expected visits 41 percent – 60 percent of expected visits 61 percent – 80 percent of expected visits ≥ 81 percent of expected visits
<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: Denominator: Rate:	<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: Denominator: Rate:	<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 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 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:	Additional notes on measure:	Additional notes on measure: Rate is MassHealth weighted mean, thus the raw denominator has been adjusted to properly account for differences in plan

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:	size. Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? MassHealth did not report an objective to CMS in 2010.</p> <p>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? The managed care contracts include an explicit maternal and child health quality goal. All contracted MCOs must undertake at least one quality improvement project related to maternal and child health during each contract quality cycle. 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 2012: Because the HEDIS measures are collected bi-annually, the Annual Performance Objective for FFY 2012 is to maintain or improve on 2011 performance rates</p> <p>Annual Performance Objective for FFY 2013: Because the HEDIS measures are collected bi-annually, the Annual Performance Objective for FFY 2013 is to maintain or improve on 2011 performance rates</p> <p>Annual Performance Objective for FFY 2014: Because the HEDIS measures are collected bi-annually, the Annual Performance Objective for FFY 2014 is to maintain or improve on 2013 performance rates</p> <p>Explain how these objectives were set: These objectives were based on the principle of continuous quality improvement</p>		
Other Comments on Measure:		

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

FFY 2009	FFY 2010	FFY 2011
<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> <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> <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> 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 more cost-effective and efficient manner than hybrid data collection method.</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 through the Massachusetts CHIPRA grant.</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 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 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 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 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:</p> <p>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:</p> <p>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>

FFY 2009	FFY 2010	FFY 2011
Year of Data:		
	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)

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

FFY 2009	FFY 2010	FFY 2011
Performance Measurement Data: The number of resident live births less than 2,500 grams as a percent of the number of resident live births in the State reporting period	Performance Measurement Data: The number of resident live births less than 2,500 grams as a percent of the number of resident live births in the State reporting period	Performance Measurement Data: The number of resident live births less than 2,500 grams as a percent of the number of resident live births in the State reporting period
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
	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:	Additional notes on measure:	Additional notes on measure:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
Explanation of Progress: <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</p> <p>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</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 2012:</p> <p>Annual Performance Objective for FFY 2013:</p> <p>Annual Performance Objective for FFY 2014:</p> <p>Explain how these objectives were set:</p>		
Other Comments on Measure:		

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

FFY 2009	FFY 2010	FFY 2011
Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input checked="" 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>	Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input checked="" 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>	Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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>
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>	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>	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>
Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i>
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>	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>	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>
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:	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 Low-risk First Birth Women (continued)

FFY 2009	FFY 2010	FFY 2011
Performance Measurement Data: Percent of women who had a cesarean section (C-section) among women with first live singleton births (also known as nulliparous term singleton vertex [NTSV] births) at 37 weeks of gestation or later	Performance Measurement Data: Percent of women who had a cesarean section (C-section) among women with first live singleton births (also known as nulliparous term singleton vertex [NTSV] births) at 37 weeks of gestation or later	Performance Measurement Data: Percent of women who had a cesarean section (C-section) among women with first live singleton births (also known as nulliparous term singleton vertex [NTSV] births) at 37 weeks of gestation or later
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
	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:	Additional notes on measure:	Additional notes 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:
Explanation of Progress: <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</p> <p>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</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 2012:</p> <p>Annual Performance Objective for FFY 2013:</p> <p>Annual Performance Objective for FFY 2014:</p> <p>Explain how these objectives were set:</p>		
Other Comments on Measure:		

Immunizations

MEASURE 5: Childhood Immunization Status

FFY 2009	FFY 2010	FFY 2011
<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</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. <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 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: <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 version of HEDIS used:</i> <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>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 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>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 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: HEDIS 2010 specs Definition of denominator: HEDIS 2010 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:</p>
<p>Year of Data:</p>	<p>Date Range: From:</p>	<p>Date Range: From: 1/1/2007 To: 12/31/2009</p>

MEASURE 5: Childhood Immunization Status (continued)

FFY 2009		FFY 2010		FFY 2011	
HEDIS Performance Measurement Data: Percentage of patients who turned 2 years old during the measurement year who had four DTaP/DT, three IPV, one MMR, three H influenza type B, three hepatitis B and one chicken pox vaccine (VZV) by the time period specified and by the child's second birthday		HEDIS Performance Measurement Data: Percentage of patients who turned 2 years old during the measurement year who had four DTaP/DT, three IPV, one MMR, three H influenza type B, three hepatitis B and one chicken pox vaccine (VZV) by the time period specified and by the child's second birthday		HEDIS Performance Measurement Data: Percentage of patients who turned 2 years old during the measurement year who had four DTaP/DT, three IPV, one MMR, three H influenza type B, three hepatitis B and one chicken pox vaccine (VZV) by the time period specified and by the child's second birthday	
DTaP Numerator: Denominator: Rate:	Combo 2 Numerator: Denominator: Rate:	DTaP Numerator: Denominator: Rate:	Combo 2 Numerator: Denominator: Rate:	DTaP Numerator: 1684 Denominator: 1940 Rate: 87%	Combo 2 Numerator: 1607 Denominator: 1943 Rate: 83%
IPV Numerator: Denominator: Rate:	Combo 3 Numerator: Denominator: Rate:	IPV Numerator: Denominator: Rate:	Combo 3 Numerator: Denominator: Rate:	IPV Numerator: 1807 Denominator: 1943 Rate: 93%	Combo 3 Numerator: 1544 Denominator: 1949 Rate: 79%
MMR Numerator: Denominator: Rate:	Combo 4 Numerator: Denominator: Rate:	MMR Numerator: Denominator: Rate:	Combo 4 Numerator: Denominator: Rate:	MMR Numerator: 1795 Denominator: 1938 Rate: 93%	Combo 4 Numerator: Denominator: Rate:
HiB Numerator: Denominator: Rate:	Combo 5 Numerator: Denominator: Rate:	HiB Numerator: Denominator: Rate:	Combo 5 Numerator: Denominator: Rate:	HiB Numerator: 1849 Denominator: 1936 Rate: 96%	Combo 5 Numerator: Denominator: Rate:
Hep B Numerator: Denominator: Rate:	Combo 6 Numerator: Denominator: Rate:	Hep B Numerator: Denominator: Rate:	Combo 6 Numerator: Denominator: Rate:	Hep B Numerator: 1812 Denominator: 1936 Rate: 94%	Combo 6 Numerator: Denominator: Rate:
VZV Numerator: Denominator: Rate:	Combo 7 Numerator: Denominator: Rate:	VZV Numerator: Denominator: Rate:	Combo 7 Numerator: Denominator: Rate:	VZV Numerator: 1777 Denominator: 1925 Rate: 93%	Combo 7 Numerator: Denominator: Rate:
PCV Numerator: Denominator: Rate:	Combo 8 Numerator: Denominator: Rate:	PCV Numerator: Denominator: Rate:	Combo 8 Numerator: Denominator: Rate:	PCV Numerator: 1679 Denominator: 1948 Rate: 87%	Combo 8 Numerator: Denominator: Rate:
Hep A Numerator: Denominator: Rate:	Combo 9 Numerator: Denominator: Rate:	Hep A Numerator: Denominator: Rate:	Combo 9 Numerator: Denominator: Rate:	Hep A Numerator: Denominator: Rate:	Combo 9 Numerator: Denominator: Rate:
RV Numerator: Denominator: Rate:	Combo 10 Numerator: Denominator: Rate:	RV Numerator: Denominator: Rate:	Combo 10 Numerator: Denominator: Rate:	RV Numerator: Denominator: Rate:	Combo 10 Numerator: Denominator: Rate:
Flu Numerator: Denominator: Rate:		Flu Numerator: Denominator: Rate:		Flu Numerator: Denominator: Rate:	

	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>
Additional notes on measure:	Additional notes on measure:	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.
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:
Explanation of Progress: <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? MassHealth did not report a performance objective for this measure in 2010.</p> <p>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? MassHealth has strong connections with the MA Department of Public Health's Immunization Program, which manages vaccine distribution and education in the state, as the Commonwealth is a universal distribution state, and supports efforts of the MA DPH to maintain high rates of childhood immunization.</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 2012: Because the HEDIS measures are collected bi-annually, the Annual Performance Objective for FFY 2012 is to maintain or improve on 2010 performance rates</p> <p>Annual Performance Objective for FFY 2013: Because the HEDIS measures are collected bi-annually, the Annual Performance Objective for FFY 2013 is to maintain or improve on 2012 performance rates</p> <p>Annual Performance Objective for FFY 2014: Because the HEDIS measures are collected bi-annually, the Annual Performance Objective for FFY 2014 is to maintain or improve on 2012 performance rates</p> <p>Explain how these objectives were set: MassHealth's goal is to maintain or improve performance.</p>		
Other Comments on Measure:		

Measure 6: Immunization for Adolescents

FFY 2009	FFY 2010	FFY 2011
<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 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 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 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. This measure was not selected for annual HEDIS slate. This measure will be collected in 2012.</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"/> 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:</p> <p>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:</p> <p>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:</p> <p>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: (1/2009) To: (12/2009)</p>	<p>Date Range: From: To:</p>

MEASURE 6: Immunizations for Adolescents (continued)

FFY 2009	FFY 2010	FFY 2011
HEDIS Performance Measurement Data: The percentage of adolescents 13 years of age who had one dose of meningococcal vaccine and one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) by their 13th birthday. The measure calculates a rate for each vaccine and one combination rate.	HEDIS Performance Measurement Data: The percentage of adolescents 13 years of age who had one dose of meningococcal vaccine and one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) by their 13th birthday. The measure calculates a rate for each vaccine and one combination rate.	HEDIS Performance Measurement Data: The percentage of adolescents 13 years of age who had one dose of meningococcal vaccine and one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) by their 13th birthday. The measure calculates a rate for each vaccine and one combination rate.
<u>Meningococcal</u> Numerator: Denominator: Rate:	<u>Meningococcal</u> Numerator: Denominator: Rate:	<u>Meningococcal</u> Numerator: Denominator: Rate:
<u>Tdap/Td</u> Numerator: Denominator: Rate:	<u>Tdap/Td</u> Numerator: Denominator: Rate:	<u>Tdap/Td</u> Numerator: Denominator: Rate:
Combination (<u>Meningococcal, Tdap/Td</u>) Numerator: Denominator: Rate:	Combination (<u>Meningococcal, Tdap/Td</u>) Numerator: Denominator: Rate:	Combination (<u>Meningococcal, Tdap/Td</u>) Numerator: Denominator: Rate:
	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:	Additional notes on measure:	Additional notes on measure:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:

Explanation of Progress:

How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?

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

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

Annual Performance Objective for FFY 2012:

Annual Performance Objective for FFY 2013:

Annual Performance Objective for FFY 2014:

Explain how these objectives were set:

Other Comments on Measure:

Screening

MEASURE 7: BMI Assessment for Children/Adolescents

FFY 2009	FFY 2010	FFY 2011
<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> <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> <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 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>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 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 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 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 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:</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). 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). 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 7: BMI Assessment for Children/Adolescents (continued)

FFY 2009		FFY 2010		FFY 2011	
HEDIS Performance Measurement Data: Percent of 3-17 year-olds with a BMI percentile documentation		HEDIS Performance Measurement Data: Percent of 3-17 year-olds with a BMI percentile documentation		HEDIS Performance Measurement Data: Percent of 3-17 year-olds with a BMI percentile documentation	
<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: Denominator: Rate:	<u>Total</u> Numerator: Denominator: Rate:
<u>12 – 17 years</u> Numerator: Denominator: Rate:		<u>12 – 17 years</u> Numerator: Denominator: Rate:		<u>12 – 17 years</u> Numerator: Denominator: Rate:	
		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:		Additional notes on measure:		Additional notes 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:	
Explanation of Progress: <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</p> <p>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</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 2012:</p> <p>Annual Performance Objective for FFY 2013:</p> <p>Annual Performance Objective for FFY 2014:</p> <p>Explain how these objectives were set:</p>					

Other Comments on Measure:

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

FFY 2009	FFY 2010	FFY 2011
Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input checked="" 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>	Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input checked="" 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>	Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Data Not Reported, Please Explain Why: <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>
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>	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>	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>
Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i>
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>	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>	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>
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)

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

FFY 2009	FFY 2010	FFY 2011
Performance Measurement Data: Assesses the extent to which children at various ages from 12-36 months were screened for social and emotional development with a standardized, documented tool or set of tools . .	Performance Measurement Data: Assesses the extent to which children at various ages from 12-36 months were screened for social and emotional development with a standardized, documented tool or set of tools .	Performance Measurement Data: Assesses the extent to which children at various ages from 12-36 months were screened for social and emotional development with a standardized, documented tool or set of tools .
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, <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:	Additional notes on measure:	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:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:

Explanation of Progress:

How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?

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

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

Annual Performance Objective for FFY 2012:

Annual Performance Objective for FFY 2013:

Annual Performance Objective for FFY 2014:

Explain how these objectives were set:

Other Comments on Measure:

MEASURE 9: Chlamydia screening 16-20 females

FFY 2009	FFY 2010	FFY 2011
Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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>Measure not selected for annual HEDIS slate</i>	Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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>Measure not selected for annual HEDIS slate</i>	Did you report on this measure? <input checked="" 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. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i>
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>	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>	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>
Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> HEDIS 2010 specs <input type="checkbox"/> Other. <i>Explain:</i>
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>	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>	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>
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 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: HEDIS 2010 specs Definition of denominator: HEDIS 2010 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:
Year of Data:	Date Range: From:	Date Range: From: 1/1/2009 To: 12/31/2009

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

FFY 2009	FFY 2010	FFY 2011
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	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
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: 10,497 Denominator: 16,427 Rate: 64%
		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>
Additional notes on measure:	Additional notes on measure:	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.
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:
Explanation of Progress: How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? MassHealth did not report a performance objective for this measure in 2010. What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? MassHealth managed care plans are contractually required to conduct quality improvement projects related to maternal and child health. 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 2012: Because the HEDIS measures are collected bi-annually, the Annual Performance Objective for FFY 2012 is to maintain or improve on 2010 performance rates Annual Performance Objective for FFY 2013: Because the HEDIS measures are collected bi-annually, the Annual Performance Objective for FFY 2013 is to maintain or improve on 2012 performance rates Annual Performance Objective for FFY 2014: Because the HEDIS measures are collected bi-annually, the Annual Performance Objective for FFY 2014 is to maintain or improve on 2012 performance rates Explain how these objectives were set: MassHealth's goal is to maintain or improve performance		

Other Comments on Measure:

Well-child Care Visits (WCV)

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

FFY 2009	FFY 2010	FFY 2011
<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:</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 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> 2008</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 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> 2008 <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 2010 <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> Members who turned 15 months old during 2007 and who were continuously enrolled with no more than one gap in enrollment of up to 45 days. <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> <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>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 checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Members who turned 15 months old during 2007 and who had six or more well-child visits with a primary care practitioner during the first 15 months of life.</p>	<p>Definition of Population Included in the Measure: Definition of numerator: HEDIS 2010 specs</p> <p>Definition of denominator: HEDIS 2010 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).</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:</p> <p>Definition of denominator: HEDIS 2010 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).</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: 2007</p>		
	<p>Date Range: From: (1/2009) To: (12/2009)</p>	<p>Date Range: From: 7/1/2008 To: 12/31/2009</p>

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

FFY 2009		FFY 2010		FFY 2011	
HEDIS Performance Measurement Data: Percentage of members who received zero, one, two, three, four, five, and six or more well child visits with a primary care practitioner during their first 15 months of life		HEDIS Performance Measurement Data: Percentage of members who received zero, one, two, three, four, five, and six or more well child visits with a primary care practitioner during their first 15 months of life		HEDIS Performance Measurement Data: Percentage of members who received zero, one, two, three, four, five, and six or more well child visits with a primary care practitioner during their first 15 months of life	
<u>0 Visits</u> Numerator: Denominator: Rate: 1.1	<u>4 Visits</u> Numerator: Denominator: Rate: 5.7	<u>0 visits</u> Numerator: 60 Denominator: 14,495 Rate: 0.41%	<u>4 visits</u> Numerator: 618 Denominator: 14,495 Rate: 4.27%	<u>0 Visits</u> Numerator: 5 Denominator: 1250 Rate: 0.4%	<u>4 Visits</u> Numerator: 55 Denominator: 1279 Rate: 4%
<u>1 Visit</u> Numerator: Denominator: Rate: 0.6	<u>5 Visits</u> Numerator: Denominator: Rate: 9.7	<u>1 visit</u> Numerator: 63 Denominator: 14,495 Rate: 0.43%	<u>5 visits</u> Numerator: 1,109 Denominator: 14,495 Rate: 7.65%	<u>1 Visit</u> Numerator: 7 Denominator: 1750 Rate: 0.4%	<u>5 Visits</u> Numerator: 113 Denominator: 1614 Rate: 7%
<u>2 Visits</u> Numerator: Denominator: Rate: 0.3	<u>6+ Visits</u> Numerator: Denominator: Rate: 81.1	<u>2 visits</u> Numerator: 54 Denominator: 14,495 Rate: 0.37%	<u>6+ visits</u> Numerator: 12,398 Denominator: 14,495 Rate: 85.53%	<u>2 Visits</u> Numerator: 6 Denominator: 1500 Rate: 0.4%	<u>6+ Visits</u> Numerator: 1176 Denominator: 1375 Rate: 86%
<u>3 Visits</u> Numerator: Denominator: Rate: 1.6		<u>3 visits</u> Numerator: 193 Denominator: 14,495 Rate: 1.33%		<u>3 Visits</u> Numerator: 18 Denominator: 1385 Rate: 1.3%	
		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>	
Additional notes on measure:		Additional notes on measure:		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.	
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:		Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:		Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:	
Additional notes on measure:		Additional notes on measure:		Additional notes on measure:	

Explanation of Progress:

How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?

MassHealth was unable to report this measure in 2010 due to technical problems. The 2010 performance objective sought to perform above the national Medicaid 75 percentile. This objective was achieved in the 2010 measurement. The measurement will be repeated in 2012.

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

The managed care contracts include an explicit maternal and child health quality goal. All contracted MCOs must undertake at least one quality improvement project related to maternal and child health during each contract quality cycle.

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 2012: Because the HEDIS measures are collected bi-annually, the Annual Performance Objective for FFY 2012 is to maintain or improve on 2010 performance rates

Annual Performance Objective for FFY 2013: Because the HEDIS measures are collected bi-annually, the Annual Performance Objective for FFY 2013 is to maintain or improve on 2012 performance rates

Annual Performance Objective for FFY 2014: Because the HEDIS measures are collected bi-annually, the Annual Performance Objective for FFY 2014 is to maintain or improve on 2012 performance rates

Explain how these objectives were set: These objectives were based on the principle of continuous quality improvement

Other Comments on Measure:

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

FFY 2009	FFY 2010	FFY 2011
Did you report on this goal? <input checked="" 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. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Did you report on this measure? <input checked="" 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. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Did you report on this measure? <input checked="" 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. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <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:</i> 2008	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>
Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2008 <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS@ Version used:</i> HEDIS 2010 specifications <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS@ Version used:</i> HEDIS 2010 specifications <input type="checkbox"/> Other. <i>Explain:</i>
Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> MassHealth claims, eligibility and encounter data. <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> MassHealth claims, eligibility and encounter data plus medical records from provider offices. <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Some health plans used administrative only data; others used the hybrid method.	Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input checked="" 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>	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>
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 checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Members who were 3, 4, 5 or 6 years old during 2007 and who received one or more well-child visits with a primary care practitioner during 2007.	Definition of Population Included in the Measure: Definition of numerator: HEDIS 2010 specifications Definition of denominator: HEDIS 2010 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:	Definition of Population Included in the Measure: Definition of numerator: HEDIS 2010 specifications Definition of denominator: HEDIS 2010 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:
Year of Data: 2007	Year of Data: 2009	
	Date Range: From:	Date Range: From: 1/1/2009 To: 12/31/2009

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

FFY 2009	FFY 2010	FFY 2011
HEDIS Performance Measurement Data: Percentage of members age 3 to 6 years old who received one or more well-child visits with a primary care practitioner during the measurement year.	HEDIS Performance Measurement Data: Percentage of members age 3 to 6 years old who received one or more well-child visits with a primary care practitioner during the measurement year.	HEDIS Performance Measurement Data: Percentage of members age 3 to 6 years old who received one or more well-child visits with a primary care practitioner during the measurement year.
<u>1+ visits</u> Numerator: 47,305 Denominator: 55,996 Rate: 84.5%	<u>Percent with 1+ visits</u> Numerator: 15151 Denominator: 17720 Rate: 86%	<u>Percent with 1+ visits</u> Numerator: 15151 Denominator: 17720 Rate: 86%
	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:	Additional notes on measure:	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.
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:
Explanation of Progress: How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? MassHealth was unable to report this measure in 2010 due to technical problems. The 2010 performance objective sought to perform above the national Medicaid 75 percentile. This objective was achieved in the 2010 measurement. The measurement will be repeated in 2012. What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? The managed care contracts include an explicit maternal and child health quality goal. All contracted MCOs must undertake at least one quality improvement project related to maternal and child health during each contract quality cycle. 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 2012: Because the HEDIS measures are collected bi-annually, the Annual Performance Objective for FFY 2012 is to maintain or improve on 2010 performance rates Annual Performance Objective for FFY 2013: Because the HEDIS measures are collected bi-annually, the Annual Performance Objective for FFY 2013 is to maintain or improve on 2012 performance rates Annual Performance Objective for FFY 2014: Because the HEDIS measures are collected bi-annually, the Annual Performance Objective for FFY 2014 is to maintain or improve on 2012 performance rates Explain how these objectives were set: These objectives were based on the principle of continuous quality improvement.		
Other Comments on Measure:		

MEASURE 12: Adolescent Well-Care Visits

FFY 2009	FFY 2010	FFY 2011
Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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>Measure not selected for the annual HEDIS slate</i>	Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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>Measure not selected for the annual HEDIS slate</i>	Did you report on this measure? <input checked="" 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. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i>
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>	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>	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>
Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> : HEDIS 2010 specifications <input type="checkbox"/> Other. <i>Explain:</i>
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>	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>	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>
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 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: : HEDIS 2010 specifications Definition of denominator: : HEDIS 2010 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:
Year of Data:	Year of Data:	Date Range: From 1/1/2009 To: 12/31/2009

MEASURE 12: Adolescent Well-Care Visits (continued)

FFY 2009	FFY 2010	FFY 2011
HEDIS Performance Measurement Data: Percentage of members age 12 through 21 years who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year.	HEDIS Performance Measurement Data: Percentage of members age 12 through 21 years who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year.	HEDIS Performance Measurement Data: Percentage of members age 12 through 21 years who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year.
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: 28,867 Denominator: 43,279 Rate: 67%
		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>
Additional notes on measure:	Additional notes on measure:	Additional notes on measure: Based on HEDIS 2010 data (1/2009-12/2009) 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:	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:
Explanation of Progress: <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? MassHealth did not report an objective to CMS in 2010.</p> <p>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? The managed care contracts include an explicit maternal and child health quality goal. All contracted MCOs must undertake at least one quality improvement project related to maternal and child health during each contract quality cycle. 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 2012: Because the HEDIS measures are collected bi-annually, the Annual Performance Objective for FFY 2012 is to maintain or improve on 2010 performance rates</p> <p>Annual Performance Objective for FFY 2013: Because the HEDIS measures are collected bi-annually, the Annual Performance Objective for FFY 2013 is to maintain or improve on 2012 performance rates</p> <p>Annual Performance Objective for FFY 2014: Because the HEDIS measures are collected bi-annually, the Annual Performance Objective for FFY 2014 is to maintain or improve on 2012 performance rates</p> <p>Explain how these objectives were set: These objectives were based on the principle of continuous quality improvement</p>		
Other Comments on Measure:		

Dental

MEASURE 13: Total eligible children ages one through twenty years old receiving preventive dental services (CMS Form 416)

FFY 2009	FFY 2010	FFY 2011
<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 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 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 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. <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 version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</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 checked="" type="checkbox"/> Other. <i>Explain:</i> CMS 416 specification</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 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 checked="" type="checkbox"/> Other. <i>EPSDT CMS-416</i></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:</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:</p> <p>Definition of numerator: <i>EPSDT CMS-416</i></p> <p>Definition of denominator: <i>EPSDT CMS-416</i> <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:</p>	<p>Date Range: From: 10/1/2009 To: 9/30/2010</p>

MEASURE 13: Total eligible children ages one through twenty years old receiving preventive dental services (CMS Form 416)
(continued)

FFY 2009	FFY 2010	FFY 2011
Performance Measurement Data: Total eligible children ages 1-20 who received preventive dental services	Performance Measurement Data: Total eligible children ages 1-20 who received preventive dental services	Performance Measurement Data: Total eligible children ages 1-20 who received preventive dental services
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: 258,501 Denominator: 615,599 Rate: 41.99%
		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:	Additional notes on measure:	Additional notes 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:
Explanation of Progress: How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? MassHealth did not report an objective to CMS in 2010. What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? The managed care contracts include an explicit maternal and child health quality goal. All contracted MCOs must undertake at least one quality improvement project related to maternal and child health during each contract quality cycle. 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 2012: To maintain or improve FFY2011 performance Annual Performance Objective for FFY 2013: To maintain or improve FFY2011 performance Annual Performance Objective for FFY 2014: To maintain or improve FFY2011 performance Explain how these objectives were set: These objectives were based on the principle of continuous quality improvement		
Other Comments on Measure:		

Access

MEASURE 14: Children and Adolescents' Access to Primary Care

FFY 2009	FFY 2010	FFY 2011
<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 goal?</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 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 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>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. <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> 2008</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 checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification:</p> <p><input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2008 <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 checked="" 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 claims, eligibility and encounter data. health plans. <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 denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Members ages 12-24 months or 25 months to 6 years who had at least one ambulatory care or preventive care visit with a primary care practitioner in 2007. Members ages 7 to 11 years or 12 to 19 years who had at least one ambulatory care or preventive care visit with a primary care practitioner in 2007.</p>	<p>Definition of Population Included in the Measure:</p> <p>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:</p>
<p>Year of Data: (1/2008-12/2008)</p>	<p>Year of Data: 2007</p>	
	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>

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

HEDIS Performance Measurement Data: Percentage of enrollees who had a visit with a primary care practitioner <table border="0"> <tr> <td><u>12-24 months</u></td> <td><u>7-11 years</u></td> </tr> <tr> <td>Numerator: 18623</td> <td>Numerator: 44382</td> </tr> <tr> <td>Denominator: 19140</td> <td>Denominator: 45755</td> </tr> <tr> <td>Rate: 97%</td> <td>Rate: 97%</td> </tr> </table> <table border="0"> <tr> <td><u>25 months-6 years</u></td> <td><u>12-19 years</u></td> </tr> <tr> <td>Numerator: 65902</td> <td>Numerator: 64679</td> </tr> <tr> <td>Denominator: 70109</td> <td>Denominator: 68299</td> </tr> <tr> <td>Rate: 94%</td> <td>Rate: 95%</td> </tr> </table>	<u>12-24 months</u>	<u>7-11 years</u>	Numerator: 18623	Numerator: 44382	Denominator: 19140	Denominator: 45755	Rate: 97%	Rate: 97%	<u>25 months-6 years</u>	<u>12-19 years</u>	Numerator: 65902	Numerator: 64679	Denominator: 70109	Denominator: 68299	Rate: 94%	Rate: 95%	HEDIS Performance Measurement Data: Percentage of enrollees who had a visit with a primary care practitioner <table border="0"> <tr> <td><u>12-24 months</u></td> <td><u>7-11 years</u></td> </tr> <tr> <td>Numerator:</td> <td>Numerator:</td> </tr> <tr> <td>Denominator:</td> <td>Denominator:</td> </tr> <tr> <td>Rate: 97.3</td> <td>Rate: 97.0</td> </tr> </table> <table border="0"> <tr> <td><u>25 months-6 years</u></td> <td><u>12-19 years</u></td> </tr> <tr> <td>Numerator:</td> <td>Numerator:</td> </tr> <tr> <td>Denominator:</td> <td>Denominator:</td> </tr> <tr> <td>Rate: 93.6</td> <td>Rate: 94.7</td> </tr> </table>	<u>12-24 months</u>	<u>7-11 years</u>	Numerator:	Numerator:	Denominator:	Denominator:	Rate: 97.3	Rate: 97.0	<u>25 months-6 years</u>	<u>12-19 years</u>	Numerator:	Numerator:	Denominator:	Denominator:	Rate: 93.6	Rate: 94.7	HEDIS Performance Measurement Data: Percentage of enrollees who had a visit with a primary care practitioner <table border="0"> <tr> <td><u>12-24 months</u></td> <td><u>7-11 years</u></td> </tr> <tr> <td>Numerator:</td> <td>Numerator:</td> </tr> <tr> <td>Denominator:</td> <td>Denominator:</td> </tr> <tr> <td>Rate:</td> <td>Rate:</td> </tr> </table> <table border="0"> <tr> <td><u>25 months-6 years</u></td> <td><u>12-19 years</u></td> </tr> <tr> <td>Numerator:</td> <td>Numerator:</td> </tr> <tr> <td>Denominator:</td> <td>Denominator:</td> </tr> <tr> <td>Rate:</td> <td>Rate:</td> </tr> </table>	<u>12-24 months</u>	<u>7-11 years</u>	Numerator:	Numerator:	Denominator:	Denominator:	Rate:	Rate:	<u>25 months-6 years</u>	<u>12-19 years</u>	Numerator:	Numerator:	Denominator:	Denominator:	Rate:	Rate:
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Additional notes on measure:	Additional notes on measure: MassHealth reports a weighted mean rate over all the reporting plans.	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:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:																																																
Explanation of Progress: How did your performance in 2010 compare with the Annual Performance Objective documented in your 2010 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 2012: Annual Performance Objective for FFY 2013: Annual Performance Objective for FFY 2014: <i>Explain how these objectives were set:</i>																																																		
Other Comments on Measure:																																																		

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

MEASURE 15: Appropriate Testing for Children with Pharyngitis

FFY 2009	FFY 2010	FFY 2011
<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> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Measure not selected for annual HEDIS slate</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 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>Measure not selected for annual HEDIS slate</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 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>Measure not selected for annual HEDIS slate. We will be testing this measure as part of the Massachusetts CHIPRA demonstration.</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 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 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 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 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:</p> <p>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:</p> <p>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>	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>

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

FFY 2009	FFY 2010	FFY 2011
HEDIS Performance Measurement Data: Percentage of patients 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 patients 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 patients ages 2-18 who were diagnosed with pharyngitis, dispensed an antibiotic and who received a group A streptococcus test for the episode
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
	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:	Additional notes on measure:	Additional notes 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:
Explanation of Progress: How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. Annual Performance Objective for FFY 2012: Annual Performance Objective for FFY 2013: Annual Performance Objective for FFY 2014: Explain how these objectives were set:		
Other Comments on Measure:		

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

FFY 2009	FFY 2010	FFY 2011
<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> <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> <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 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> Measure not selected for MassHealth annual HEDIS cycle due to concerns about specifications. The MA CHIPRA Quality Grant team will not be testing this measure due to the specifications concerns with this measure. The grant team came to this decision following multiple conversations with the TA vendor for the Core Measures set, and based on CMS' decision to not require reporting on this measure at this time, until the measure steward provides additional guidance.</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 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 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 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 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:</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>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 16: Otitis Media with Effusion - avoidance of inappropriate use of systemic antimicrobials (continued)

FFY 2009	FFY 2010	FFY 2011
Performance Measurement Data: Percent of patients aged 2 months through 12 years with a diagnosis of Otitis Media with Effusion (OME) who were not prescribed systemic antimicrobials	Performance Measurement Data: Percent of patients aged 2 months through 12 years with a diagnosis of Otitis Media with Effusion (OME) who were not prescribed systemic antimicrobials	Performance Measurement Data: Percent of patients aged 2 months through 12 years with a diagnosis of Otitis Media with Effusion (OME) who were not prescribed systemic antimicrobials
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
	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:	Additional notes on measure:	Additional notes on measure:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
Explanation of Progress: <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</p> <p>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</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 2012:</p> <p>Annual Performance Objective for FFY 2013:</p> <p>Annual Performance Objective for FFY 2014:</p> <p>Explain how these objectives were set:</p>		
Other Comments on Measure:		

Dental

MEASURE 17: Total eligible children ages one through twenty who received dental treatment services (CMS Form 416)

FFY 2009	FFY 2010	FFY 2011
<p>Did you report on this measure?</p> <p><input type="checkbox"/> Yes x 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 type="checkbox"/> Yes x 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 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. <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 version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</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 checked="" type="checkbox"/> Other. EPSDT CMS-416</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 claims and MCO encounter 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 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:</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:</p> <p>Definition of numerator: EPSDT CMS-416</p> <p>Definition of denominator: EPSDT CMS-416 <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:</p>	<p>Date Range: From: 10/1/2009 To: 9/30/2010</p>

MEASURE 17: Total eligible children ages one through twenty who received dental treatment services (CMS Form 416) (continued)

FFY 2009	FFY 2010	FFY 2011
Performance Measurement Data: Total eligible children ages 1-20 who received dental treatment services	Performance Measurement Data: Total eligible children ages 1-20 who received dental treatment services	Performance Measurement Data: Total eligible children ages 1-20 who received dental treatment services
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: 152,828 Denominator: 615,599 Rate: 24.8%
		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:	Additional notes on measure:	Additional notes 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:
Explanation of Progress: <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? MassHealth did not report an objective to CMS in 2010.</p> <p>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? The managed care contracts include an explicit maternal and child health quality goal. All contracted MCOs must undertake at least one quality improvement project related to maternal and child health during each contract quality cycle. 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 2012: To maintain or improve performance rates</p> <p>Annual Performance Objective for FFY 2013: To maintain or improve performance rates</p> <p>Annual Performance Objective for FFY 2014: To maintain or improve performance rates</p> <p>Explain how these objectives were set: These objectives were based on the principle of continuous quality improvement</p>		
Other Comments on Measure:		

Emergency Department

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

FFY 2009	FFY 2010	FFY 2011
<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> <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> <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 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 being tested as part of the Massachusetts CHIPRA grant</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 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: <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 type="checkbox"/> Other. <i>Explain:</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 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>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>	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>

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

FFY 2009	FFY 2010	FFY 2011
HEDIS Performance Measurement Data: The number of visits per member per year as a function of all child and adolescent members enrolled and eligible during the measurement year.	HEDIS Performance Measurement Data: The number of visits per member per year as a function of all child and adolescent members enrolled and eligible during the measurement year.	HEDIS Performance Measurement Data: The number of visits per member per year as a function of all child and adolescent members enrolled and eligible during the measurement year.
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
	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:	Additional notes on measure:	Additional notes 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:
Explanation of Progress: <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</p> <p>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</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 2012:</p> <p>Annual Performance Objective for FFY 2013:</p> <p>Annual Performance Objective for FFY 2014:</p> <p>Explain how these objectives were set:</p>		
Other Comments on Measure:		

Inpatient

MEASURE 19: Pediatric central-line associated bloodstream infection rates (PICU and NICU)

FFY 2009	FFY 2010	FFY 2011
<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> <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> <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> The feasibility of collecting this measure will be part of the Massachusetts CHIPRA grant process. <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 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 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 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 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:</p> <p>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:</p> <p>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>	<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 infection rates (PICU and NICU) (continued)

FFY 2009	FFY 2010	FFY 2011
Performance Measurement Data: Central line-associated blood stream infections (CLABSI) identified during periods selected for surveillance as a function of the number of central line catheter days selected for surveillance in pediatric and neonatal intensive care units	Performance Measurement Data: Central line-associated blood stream infections (CLABSI) identified during periods selected for surveillance as a function of the number of central line catheter days selected for surveillance in pediatric and neonatal intensive care units	Performance Measurement Data: Central line-associated blood stream infections (CLABSI) identified during periods selected for surveillance as a function of the number of central line catheter days selected for surveillance in pediatric and neonatal intensive care units
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:	Pediatric Intensive Care Unit Numerator: Denominator: Rate: Neonatal Intensive Care Unit Numerator: Denominator: Rate:
	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:	Additional notes on measure:	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:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</p> <p>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</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 2012:</p> <p>Annual Performance Objective for FFY 2013:</p> <p>Annual Performance Objective for FFY 2014:</p> <p>Explain how these objectives were set:</p>		
Other Comments on Measure:		

Category III - MANAGEMENT OF CHRONIC CONDITIONS
Asthma

MEASURE 20: Annual number of asthma patients 2 through 20 years old with one or more asthma-related emergency room visits

FFY 2009	FFY 2010	FFY 2011
<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> <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> <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 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>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 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 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 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 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:</p> <p>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:</p> <p>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>	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>

MEASURE 20: Annual number of asthma patients 2 through 20 years old with one or more asthma-related emergency room visits (continued)

FFY 2009	FFY 2010	FFY 2011
Performance Measurement Data: Asthma emergency department utilization for all children 2-20 years of age diagnosed with asthma or treatment with at least two short-acting beta adrenergic agents during the measurement year with one or more asthma-related ER visits.	Performance Measurement Data: Asthma emergency department utilization for all children 2-20 years of age diagnosed with asthma or treatment with at least two short-acting beta adrenergic agents during the measurement year with one or more asthma-related ER visits.	Performance Measurement Data: Asthma emergency department utilization for all children 2-20 years of age diagnosed with asthma or treatment with at least two short-acting beta adrenergic agents during the measurement year with one or more asthma-related ER visits.
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
	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:	Additional notes on measure:	Additional notes on measure:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
Explanation of Progress: <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</p> <p>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</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 2012:</p> <p>Annual Performance Objective for FFY 2013:</p> <p>Annual Performance Objective for FFY 2014:</p> <p>Explain how these objectives were set:</p>		
Other Comments on Measure:		

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Attention-Deficit/Hyperactivity Disorder

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

FFY 2009	FFY 2010	FFY 2011
<p>Did you report on this goal?</p> <p><input type="checkbox"/> Yes x 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 goal?</p> <p><input type="checkbox"/> Yes x 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 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. <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 version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</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 checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> HEDIS 2011 specifications <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 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>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:</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:</p> <p>Definition of numerator: : HEDIS 2011 specifications</p> <p>Definition of denominator: : HEDIS 2011 specifications</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>Year of Data:</p>	<p>Date Range:</p>
	<p>Date Range:</p> <p>From:</p>	<p>From: 3/1/2009 To: 12/31/2010</p>

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

FFY 2009	FFY 2010	FFY 2011
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.	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.
Initiation Phase Numerator: Denominator: Rate: Continuation and Maintenance (C&M) Phase: Numerator: Denominator: Rate:	Initiation Phase Numerator: Denominator: Rate: Continuation and Maintenance (C&M) Phase: Numerator: Denominator: Rate:	Initiation Phase Numerator: 2466 Denominator: 4029 Rate: 61% Continuation and Maintenance (C&M) Phase: Numerator: 748 Denominator: 1043 Rate: 72%
	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:	Additional notes on measure:	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: <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:

Explanation of Progress:

How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?

MassHealth did not report an objective to CMS in 2010.

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

The managed care contracts include an explicit maternal and child health quality goal. All contracted MCOs must undertake at least one quality improvement project related to maternal and child health during each contract quality cycle.

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 2012: Because the HEDIS measures are collected bi-annually, the Annual Performance Objective for FFY 2012 is to maintain or improve on 2011 performance rates

Annual Performance Objective for FFY 2013: Because the HEDIS measures are collected bi-annually, the Annual Performance Objective for FFY 2013 is to maintain or improve on 2011 performance rates

Annual Performance Objective for FFY 2014: Because the HEDIS measures are collected bi-annually, the Annual Performance Objective for FFY 2014 is to maintain or improve on 2013 performance rates

Explain how these objectives were set: These objectives were based on the principle of continuous quality improvement

Other Comments on Measure:

Diabetes

MEASURE 22: Annual hemoglobin A1C testing

FFY 2009	FFY 2010	FFY 2011
<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:</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 goal?</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 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 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>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. <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 version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</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>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 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:</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:</p> <p>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>	<p>Year of Data:</p>	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>

MEASURE 22: Annual hemoglobin A1C testing (continued)

FFY 2009	FFY 2010	FFY 2011
Performance Measurement Data: Percentage of pediatric patients (5-17 years old) with diabetes with a HBA1c test in a 12-month measurement period	Performance Measurement Data: Percentage of pediatric patients (5-17 years old) with diabetes with a HBA1c test in a 12-month measurement period	Performance Measurement Data: Percentage of pediatric patients (5-17 years old) with diabetes with a HBA1c test in a 12-month measurement period
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
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:	Additional notes on measure:	Additional notes 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:
Explanation of Progress: <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</p> <p>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</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 2012:</p> <p>Annual Performance Objective for FFY 2013:</p> <p>Annual Performance Objective for FFY 2014:</p> <p>Explain how these objectives were set:</p>		
Other Comments on Measure:		

Mental Health

MEASURE 23: Follow-up after hospitalization for mental illness

FFY 2009	FFY 2010	FFY 2011
<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>Measure not selected for annual HEDIS slate</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 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>Measure not selected for annual HEDIS slate</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 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. <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 version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</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 checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> HEDIS Specifications 2010 <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 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>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:</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:</p> <p>Definition of numerator: HEDIS Specifications 2010</p> <p>Definition of denominator: HEDIS Specifications 2010 <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:</p>	<p>Date Range: From: 1/1/2009 To: 12/31/2009</p>

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

FFY 2009	FFY 2010	FFY 2011
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 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
<u>7 Day Follow-Up</u> Numerator: Denominator: Rate: <u>30 Day Follow-Up</u> Numerator: Denominator: Rate:	<u>7 Day Follow-Up</u> Numerator: Denominator: Rate: <u>30 Day Follow-Up</u> Numerator: Denominator: Rate:	<u>7 Day Follow-Up</u> Numerator: 5592 Denominator: 9592 Rate: 58% <u>30 Day Follow-Up</u> Numerator: 7502 Denominator: 9581 Rate: 78%
	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>
Additional notes on measure:	Additional notes on measure:	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.
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:

Explanation of Progress:

How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?

MassHealth did not report an objective to CMS in 2010.

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

The managed care contracts include an explicit maternal and child health quality goal. All contracted MCOs must undertake at least one quality improvement project related to maternal and child health during each contract quality cycle.

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 2012: Because the HEDIS measures are collected bi-annually, the Annual Performance Objective for FFY 2012 is to maintain or improve on 2010 performance rates

Annual Performance Objective for FFY 2013: Because the HEDIS measures are collected bi-annually, the Annual Performance Objective for FFY 2013 is to maintain or improve on 2012 performance rates

Annual Performance Objective for FFY 2014: Because the HEDIS measures are collected bi-annually, the Annual Performance Objective for FFY 2014 is to maintain or improve on 2012 performance rates

Explain how these objectives were set: These objectives were based on the principle of continuous quality improvement

Other Comments on Measure:

**MEASURE 24: Consumer Assessment Of Healthcare Providers And Systems (CAHPS®) Health Plan Survey 4.0H
(Child version including Medicaid and Children with Chronic Conditions supplemental items)**

	FFY 2010	FFY 2011
	<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>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>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</p> <p>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</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 2012:</p> <p>Annual Performance Objective for FFY 2013:</p> <p>Annual Performance Objective for FFY 2014:</p> <p>Explain how these objectives were set:</p>		
<p>Other Comments on Measure:</p>		

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 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 ☒ No

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 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.

SECTION IIB: ENROLLMENT AND UNINSURED DATA

Section IIB: Enrollment And Uninsured Data

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

Program	FFY 2010	FFY 2011	Percent change FFY 2010-2011
CHIP Medicaid Expansion Program	64,906	65,198	+0.4%
Separate Child Health Program	77,373	78,693	+1.7%

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

[7500]

2. The table below shows trends in the three-year averages for the number and rate of uninsured children in your State based on the Current Population Survey (CPS), along with the percent change between 1996-1998 and 2009-2010. 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 2011 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				
1998-2000				
2000-2002				
2002-2004				
2003-2005				
2004-2006				
2005-2007				
2006-2008				
2007-2009				
2008-2010				
Percent change 1996-1998 vs. 2008-2010				

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

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

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

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

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

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

☐ No (skip to Question #4)

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

Data source(s)	Massachusetts Health Insurance Survey (MHIS), conducted on behalf of the Massachusetts Division of Health Care Finance and Policy (DHCFP) by the Urban Institute
Reporting period (2 or more points in time)	2008, 2009, 2010 (The results of the 2011 MHIS were not available at the time of the submission of this report).
Methodology	Massachusetts chose to redesign its state sponsored survey starting in 2008 to address some of the limitations of other surveys being used to estimate uninsured rates in Massachusetts. One of the biggest changes is that the revised MHIS includes a residential address-based sample, similar to that of the U.S. Census Bureau’s Current Population Survey (CPS). This provides a more complete profile of Massachusetts households than in earlier versions of the Massachusetts and other surveys (the Massachusetts Department of Public Health/Centers for Disease Control BRFSS and the Massachusetts Health Reform Survey (MHRS) which is funded by

	<p>various foundations including the Blue Cross Blue Shield Foundation).</p> <p>The prior state survey, along with other surveys, relied solely on random-digit-dial (RDD) survey design to sample households in the state who have a landline telephone number. Data suggests that individuals who are not captured by RDD surveys are more likely to be uninsured. In order to ensure that the state survey covers nearly all residents of Massachusetts, the revised state survey uses a dual sample frame design combining a random-digit-dial (RDD) sample with an address-based (AB) sample. This method was chosen to better capture the changing nature of the telephone environment with a growing number of households without landline telephones. The AB-sample captures households with landline phones, cell-phone-only households, and non-telephone households, supplementing the landline sample of the traditional RDD survey. The sample does not include the homeless population (nor do the other surveys), which is estimated to be less than 1% of the Massachusetts population.</p> <p>The revised MHIS uses a revised questionnaire to include very detailed questions on insurance coverage for all adults and children in a sample of 4,900 households in the state. It also provides information on access to and use of health care, and on health care costs. The revised state survey also gave respondents more methods by which to respond to the survey in order to increase participation rates. The state offers an internet option, a mail option, and an option for the respondent to call in and set up a time convenient to them to complete the survey on the telephone, in addition to the traditional telephone call to the respondent method (outbound). Forty six percent of respondents used the internet option, forty five percent the traditional outbound telephone, eight percent the inbound telephone, and one percent of the surveys were completed using the mail in 2008. These options are all explained in initial mailings to Massachusetts residents in the survey sample. The state also added another language option, Portuguese (along with Spanish and English as in the prior survey).</p> <p>In 2009, surveys were completed with 4,910 Massachusetts households. The margin of error due to sampling at the 95% confidence interval for estimates that use the full sample is +/-1.54 percentage points. Estimates based on subsets of the full sample will have a larger margin of error. All estimates reported here are based on sample sizes of at least 50 observations. The response rate for the 2009 MHIS was 50% for the RDD-sample and 37% for the address-based sample, for a combined response rate of 41%. While address-based samples typically yield lower response rates than RDD samples, the address-based sample, by capturing cell phone-only households and non-telephone households, improves the extent to which the survey covers the entire Massachusetts population.</p> <p>In 2010, surveys were completed with 4,478 Massachusetts households. The margin of error due to sampling at the 95% confidence interval for estimates that use the full sample is +/-1.71 percentage points. Estimates based on subsets of the full sample will have larger margins of error. All estimates reported here are based on</p>
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	sample sizes of at least 50 observations. The response rate for the 2010 MHIS was 49% for the RDD-sample and 37% for the address-based sample, for a combined response rate of 40%. While address-based samples typically yield lower response rates than RDD samples, the address-based sample, by capturing cell phone-only households and non-telephone households, improves the extent to which the survey covers the entire Massachusetts population. Additional information on the MHIS is available at www.mass.gov/dhcfp .
Population (Please include ages and income levels)	See methodology section
Sample sizes	See methodology section
Number and/or rate for two or more points in time	2008 – 1.2% 2009 – 1.9% 2010 - 0.2%
Statistical significance of results	The Massachusetts Health Insurance Survey 2010 estimates of the overall uninsured rate and the uninsured rate for children in Massachusetts were significantly lower than in 2009.

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

Please see response to Question 2B above

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

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

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

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

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

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

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

MassHealth's outreach activities do not specifically target the CHIP population, but all children eligible for MassHealth. Therefore, MassHealth cannot estimate the number of children enrolled in Medicaid through these activities. The MassHealth (Medicaid plus CHIP) caseload has increased by over 50,000 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 2009 and FFY 2010) will be populated with data from previously reported data in CARTS. If you previously reported data in the 2 previous years reports (2009 and/or 2010) 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 2011).

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 2011.

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 2011.
- 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 2009, 2010). 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.
1. 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.

Year of Data: not available for the 2011 CARTS reporting period.

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 2011 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.

Note: CARTS will calculate the rate when you enter the numerator and denominator.

For CARTS versions prior to 2011 States were able to enter a rate without entering a numerator and denominator (If you typically calculate separate rates for each health plan, report the aggregate state-level rate for each measure [or component]. The preferred method is to calculate a “weighted rate” by summing the numerators and denominators across plans, and then deriving a single state-level rate based on the ratio of the numerator to the denominator.) **Beginning in 2011, CARTS will be requiring States to report numerators and denominators rather than providing them the option of only reporting the rate. If States reported a rate in years prior to 2011, that data will be able to be edited if the need arises.**

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 2012,, 2013, and 2014. Based on your recent performance on the measure (from FFY 2009 through 2011), 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 2009	FFY 2010	FFY 2011
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 of no more than 3%.
Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> Massachusetts has succeeded in continuing to reduce the percentage of uninsured children. The Commonwealth is committed to sustaining the gains that have been made and ensuring that all children who are eligible for insurance are enrolled. <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. <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
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, 2009 <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> Division of Health Care Finance and Policy (DHCFP) Massachusetts Health Insurance Survey, 2010 <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: The estimate of the number of children in Massachusetts Definition of numerator: The estimate of the number of uninsured children in Massachusetts
Year of Data: 2009	Year of Data: 2010	Year of Data: 2010
		Date Range: From: (mm/yyyy) To: (mm/yyyy)
Performance Measurement Data: Describe what is being measured: The uninsurance rate among children in Massachusetts at all income levels	Performance Measurement Data: Describe what is being measured: The uninsurance rate among children in Massachusetts at all income levels	Performance Measurement Data: Describe what is being measured: The uninsurance rate among children in Massachusetts at all income

FFY 2009	FFY 2010	FFY 2011
<p>Numerator: The estimate of the number of uninsured children in Massachusetts</p> <p>Denominator: The estimate of the number of children in Massachusetts</p> <p>Rate: 1.9%</p> <p>Additional notes on measure:</p>	<p>Numerator: 3228 Denominator: 1,560,159 Rate: 0.2%</p> <p>Additional notes on measure:</p>	<p>levels Numerator: 3228 Denominator: 1,560,159 Rate: 0.2%</p> <p>Additional notes on measure:</p>
<p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</p> <p>The Commonwealth is reporting the results from the FFY2010 report because the results of the 2011 MHIS were not available at the time of the submission of the FFY2011 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>Massachusetts is committed to continuing to reduce the number of uninsured children and is currently pursuing operational enhancements to make it easier to apply for and stay enrolled in MassHealth. These include upgrades to the Virtual Gateway and the Commonwealth's work as a Robert Wood Johnson Foundation Maximizing Enrollment for Kids grantee, among others. MassHealth is also continually working with our partners in the community, for example, with our outreach and enrollment grantees, to find, screen and enroll even the most difficult-to-reach populations. In FFY2010, MassHealth collaborated with the two HHS CHIPRA grantees in the state on initiatives which also contributed to reducing the uninsured rate.</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 2012: Massachusetts will continue efforts to enroll every child eligible for health insurance and as a result, will maintain an uninsurance rate among all children of no more than 3%.</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 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 of no more than 3%.</p> <p><i>Explain how these objectives were set:</i> 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 2009	FFY 2010	FFY 2011
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 checked="" type="checkbox"/> New/revised. <i>Explain:</i> Massachusetts has succeeded in continuing to reduce the percentage of uninsured children. The Commonwealth is committed to sustaining the gains that have been made and ensuring that all children who are eligible for insurance are enrolled, with a particular focus on children under 150% FPL. <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. <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
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, 2009 <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> Division of Health Care Finance and Policy (DHCFP) Massachusetts Health Insurance Survey, 2010 <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 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: The estimate of the number of children in Massachusetts with household income under 150% FPL Definition of numerator: The estimate of uninsured children in Massachusetts with household income less than 150% FPL
Year of Data: 2009	Year of Data: 2010	Year of Data: 2010
		Date Range: From: (mm/yyyy) To: (mm/yyyy)
Performance Measurement Data: Describe what is being measured: The rate of	Performance Measurement Data: Describe what is being measured: The rate of	Performance Measurement Data: Describe what is being measured: The rate of

FFY 2009	FFY 2010	FFY 2011
<p>uninsurance among children with household income less than 150% FPL</p> <p>Numerator: The estimate of uninsured children in Massachusetts with household income less than 150% FPL</p> <p>Denominator: The estimate of the number of children in Massachusetts with household income under 150% FPL</p> <p>Rate: 2.7%</p> <p>Additional notes on measure:</p>	<p>uninsurance among children with household income less than 150% FPL</p> <p>Numerator: 0 Denominator: 331,583 Rate: 0%</p> <p>Additional notes on measure:</p>	<p>uninsurance among children with household income less than 150% FPL</p> <p>Numerator: 0 Denominator: 331,583 Rate: 0%</p> <p>Additional notes on measure:</p>

FFY 2009	FFY 2010	FFY 2011
<p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</p> <p>The Commonwealth is reporting the results from the FFY2010 report because the results of the 2011 MHIS were not available at the time of the submission of the FFY2011 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>Massachusetts is committed to continuing to reduce the number of uninsured children and is currently pursuing operational enhancements to make it easier to apply for and stay enrolled in MassHealth. These include upgrades to the Virtual Gateway and the Commonwealth's work as a Robert Wood Johnson Foundation grantee, among others. MassHealth is also continually working with our partners in the community, for example, with our outreach and enrollment grantees, to find, screen and enroll even the most difficult-to-reach populations. In FFY2010, MassHealth collaborated with the two HHS CHIPRA grantees in the state on initiatives which also contributed to reducing the uninsured rate.</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 2012: Massachusetts will continue efforts to enroll every child eligible for health insurance and as a result, will maintain an uninsurance rate among all children with household income less than 150% FPL of no more than 3%.</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 150% 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 150% FPL of no more than 3%.</p> <p><i>Explain how these objectives were set:</i> The Commonwealth will continue to maximize its efforts to enroll every eligible child in health insurance. Despite those efforts, it is likely that there will always be a small percentage of the population that reports being uninsured, and the uninsured rate may also fluctuate depending on economic conditions. The Commonwealth will reevaluate this goal each year, and will adjust it as more data becomes available regarding the theoretical floor for the rate of uninsurance among children.</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 2009	FFY 2010	FFY 2011
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 checked="" type="checkbox"/> New/revised. <i>Explain:</i> The uninsurance rate for this income segment exceeds the overall uninsurance rate for children, and the Commonwealth is committed to bringing it down to that of the overall population. <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. <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
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, 2009 <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> Division of Health Care Finance and Policy (DHCFP) Massachusetts Health Insurance Survey, 2010 <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: The estimate of the uninsurance rate for all children in Massachusetts Definition of numerator: The estimate of the uninsurance rate for children in Massachusetts with household incomes between 150-300% FPL
Year of Data: 2009	Year of Data: 2010	Year of Data: 2010
		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: The ratio of the estimate of the uninsurance rate for children in Massachusetts with household income between 150%-

FFY 2009	FFY 2010	FFY 2011
<p>300% FPL and. the estimate of the uninsurance rate for children in Massachusetts at all income levels.</p> <p>Numerator: 5.4% Denominator: 1.9% Rate: 2.84</p> <p>Additional notes on measure:</p>	<p>300% FPL and. the estimate of the uninsurance rate for children in Massachusetts at all income levels.</p> <p>Numerator: 1.1% Denominator: 0.2% Rate: 5.34</p> <p>Additional notes on measure:</p>	<p>300% FPL and. the estimate of the uninsurance rate for children in Massachusetts at all income levels.</p> <p>Numerator: 1.1% Denominator: 0.2% Rate: 5.34</p> <p>Additional notes on measure:</p>
<p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</p> <p>The Commonwealth is reporting the results from the FFY2010 report because the results of the 2011 MHIS were not available at the time of the submission of the FFY2011 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>Massachusetts is committed to continuing to reduce the number of uninsured children and is currently pursuing operational enhancements to make it easier to apply for and stay enrolled in MassHealth. These include upgrades to the Virtual Gateway and the Commonwealth's work as a Robert Wood Johnson Foundation grantee, among others. MassHealth is also continually working with our partners in the community, for example, with our outreach and enrollment grantees, to find, screen and enroll even the most difficult-to-reach populations. In FFY2011, MassHealth continued our collaboration with the two HHS CHIPRA grantees in the state on initiatives with the goal of further reducing the uninsured rate.</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 2012: Massachusetts will continue efforts to enroll every child eligible for health insurance and as a result, will work to reduce the uninsurance rate among children with household income between 150-300% FPL to no more than the uninsurance rate for children at all income levels.</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 work to reduce the uninsurance rate among children with household income between 150-300% FPL to no more than the uninsurance rate for children at all income levels.</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 work to reduce the uninsurance rate among children with household income between 150-300% FPL to no more than the uninsurance rate for children at all income levels.</p> <p><i>Explain how these objectives were set:</i> Massachusetts is closing in on near universal coverage, especially for children. This objective was set in order to refine our focus on target populations which may have a disproportionately high rate of uninsurance among them.</p> <p>Other Comments on Measure:</p>		

Objectives Related to CHIP Enrollment

FFY 2009	FFY 2010	FFY 2011
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 checked="" type="checkbox"/> New/revised. <i>Explain:</i> Since the Virtual Gateway can improve efficiency for applicants and potential members during the application process, this goal reflects a growing level of technical organization at MassHealth that increases access that individuals may have to benefits during the application process. <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. <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.
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator: Measure: The number of organizations that submitted MassHealth applications through the Virtual Gateway during SFY09 vs. SFY08 and FFY09 vs. FFY08.	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator: Measure: The number of organizations that submitted MassHealth applications through the Virtual Gateway during SFY10 vs. SFY09 and FFY10 vs. FFY09.	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.
Year of Data: SFY08 and FFY08	Year of Data: SFY10 and FFY10	
		Date Range: From: 07/2010 to 6/2011 (SFY) and 10/2010 to

FFY 2009	FFY 2010	FFY 2011
		9/2011 (FFY)
<p>Performance Measurement Data: Describe what is being measured: Numerator: Denominator: Rate:</p> <p>Additional notes on the measure: The number of organizations that submitted MassHealth applications increased from 229 to 240 in SFY09 and from 233 to 243 in FFY09.</p>	<p>Performance Measurement Data: Describe what is being measured: Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p> <p>In preparing the FFY10 report, the Operations Unit discovered that all figures reported for FFY09 for the number of organizations that submitted MassHealth applications were miscalculated by one. Each number should have been one fewer.</p> <p>Therefore, in this section, revised FFY09 responses are provided, as well as the latest FFY10 responses.</p> <p>REVISED FFY'09 RESPONSE: The number of organizations that submitted MassHealth applications increased from 228 to 239 in SFY09 and from 232 to 242 in FFY09.</p> <p>FFY'10 RESPONSE: The number of organizations that submitted MassHealth applications increased from 239 to 249 in SFY10 and from 242 to 259 in FFY10.</p>	<p>Performance Measurement Data: Describe what is being measured: The number of organizations that submitted MassHealth applications increased from 249 to 273 in SFY11 and from 259 to 267 in FFY11</p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>

FFY 2009	FFY 2010	FFY 2011
Explanation of Progress: How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? The number of Virtual Gateway access sites, or organizations submitting MassHealth applications using the Virtual Gateway, increased by 8 during the Federal Fiscal Year and by 24 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 2012: MassHealth will continue to devote resources in order to maintain or increase the number of Virtual Gateway access sites at 235 or higher. Annual Performance Objective for FFY 2013: MassHealth will continue to devote resources in order to maintain or increase the number of Virtual Gateway access sites at 235 or higher. Annual Performance Objective for FFY 2014: MassHealth will continue to devote resources in order to maintain or increase the number of Virtual Gateway access sites at 235 or higher. <i>Explain how these objectives were set:</i> This goal is part of MassHealth's mission to simplify the enrollment and application process and enhance member communications by using the most advanced technology possible. MassHealth plans include increasing the number of Virtual Gateway access sites.		
Other Comments on Measure:		

Objectives Related to the Goal: CHIP Enrollment (Continued)

FFY 2009	FFY 2010	FFY 2011
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 (Describe) Maintain or increase the percentage of kids enrolled in premium assistance at 3.5% or more of overall MassHealth child enrollment.
Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> Because enrollment in the Commonwealth's premium assistance program is mandatory for all MassHealth-eligible populations once	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>

FFY 2009	FFY 2010	FFY 2011
<p>access to qualifying insurance is confirmed, and subsidizing members' enrollment in employer-sponsored insurance (ESI) is a cost-effective strategy for MassHealth, measuring the share of MassHealth children who receive premium assistance should reflect the Commonwealth's ongoing efforts to maximize ESI.</p> <p><input type="checkbox"/> Continuing.</p> <p><input type="checkbox"/> Discontinued. <i>Explain:</i></p>		
<p>Status of Data Reported:</p> <p><input type="checkbox"/> Provisional.</p> <p><input checked="" type="checkbox"/> Final.</p> <p><input type="checkbox"/> Same data as reported in a previous year's annual report.</p> <p><i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported:</p> <p><input type="checkbox"/> Provisional.</p> <p><input checked="" type="checkbox"/> Final.</p> <p><input type="checkbox"/> Same data as reported in a previous year's annual report.</p> <p><i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported:</p> <p><input type="checkbox"/> Provisional.</p> <p><input checked="" type="checkbox"/> Final.</p> <p><input type="checkbox"/> Same data as reported in a previous year's annual report.</p> <p><i>Specify year of annual report in which data previously reported:</i></p>
<p>Data Source:</p> <p><input checked="" type="checkbox"/> Eligibility/Enrollment data.</p> <p><input type="checkbox"/> Survey data. <i>Specify:</i></p> <p><input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source:</p> <p><input checked="" type="checkbox"/> Eligibility/Enrollment data.</p> <p><input type="checkbox"/> Survey data. <i>Specify:</i></p> <p><input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source:</p> <p><input checked="" type="checkbox"/> Eligibility/Enrollment data.</p> <p><input type="checkbox"/> Survey data. <i>Specify:</i></p> <p><input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: The number of children in MassHealth at all income levels.</p> <p>Definition of numerator: The number of children enrolled in premium assistance at all income levels.</p>	<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: The number of children in MassHealth at all income levels.</p> <p>Definition of numerator: The number of children enrolled in premium assistance at all income levels.</p>	<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: The number of children in MassHealth at all income levels.</p> <p>Definition of numerator: The number of children enrolled in premium assistance at all income levels.</p>
<p>Year of Data: FFY2009</p>	<p>Year of Data: FFY2010</p>	<p>FFY2011</p>
		<p>Date Range:</p> <p>From: From: (10/2010) To: (09/2011)</p>

FFY 2009	FFY 2010	FFY 2011
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: 29,129 Denominator: 656,835 Rate: 4.4% Additional notes on measure: 4.4% of the children in MassHealth receive premium assistance.
Explanation of Progress: How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? In FFY10, MassHealth set a new goal. In FFY11, 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 and unemployment rates. Providing subsidies to employees so that they can participate in their employer-sponsored insurance is a valuable and cost-effective tool for MassHealth in decreasing uninsurance and increasing enrollment in health insurance for children- particularly within higher income ranges. Enrollment in employer-sponsored insurance in Massachusetts 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 2012: MassHealth will continue to maintain our efforts to maximize employer-sponsored insurance for our members. The approximate proportion of children enrolled in premium assistance will continue to be above 3.5%. Annual Performance Objective for FFY 2013: MassHealth will continue to maintain our efforts to maximize employer-sponsored insurance for our members. The approximate proportion of children enrolled in premium assistance will continue to be above 3.5%. 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%. <i>Explain how these objectives were set:</i> 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.		

FFY 2009	FFY 2010	FFY 2011
Other Comments on Measure:		

Objectives Related to CHIP Enrollment (Continued)

FFY 2009	FFY 2010	FFY 2011
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 checked="" type="checkbox"/> New/revised. <i>Explain:</i> The Commonwealth has reported on the volume of Virtual Gateway applications before but this is a new goal and a new measurement which recognizes the month-to-month fluctuations in application and enrollment trends and is therefore a better indicator for MassHealth. <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 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. <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: The total number of MassHealth applications submitted, including paper applications. Definition of numerator: The number of applications submitted through the Virtual Gateway.	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.	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.

FFY 2009	FFY 2010	FFY 2011
The threshold monthly percentage during SFY09 of all MassHealth applications that were electronic Virtual Gateway applications (vs. paper applications).	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.	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.
Year of Data: SFY2009	Year of Data: FFY2010	Year of Data: FFY2011
		Date Range: From: 10/2010 to 9/2011 (FFY)
Performance Measurement Data: Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure: In all months of SFY09 the percentage of all MassHealth applications that were electronic Virtual Gateway applications, (vs. paper applications) met or exceeded 53%, achieving a high of 60% at one point.	Performance Measurement Data: Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure: In all months of FFY10 except one (January, 2010) the percentage of MassHealth applications that were electronic Virtual Gateway applications (vs. paper applications) met or exceeded 53%, achieving a rate of 56% or higher in 9 months, reaching a high of 60% in August '10.	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.

FFY 2009	FFY 2010	FFY 2011
<p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</p> <p>The average percentage of electronic Virtual Gateway applications (vs. paper applications) over the course of the twelve months of FFY11 rose a full percentage point, to 58%, over FFY10's 12-month average of 57%.</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>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.</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 2012: MassHealth will continue to devote resources in order to maintain or increase the percentage of MassHealth applications submitted through the Virtual Gateway at 53 % or above.</p> <p>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.</p> <p>Annual Performance Objective for FFY 2014: 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.</p> <p><i>Explain how these objectives were set:</i> 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.</p>		
<p>Other Comments on Measure:</p>		

FFY 2009	FFY 2010	FFY 2011
Goal #4(Describe) Maintain or increase the number of Virtual Gateway Health Insurance and Health Assistance program users at 6500 or more.	Goal #4 (Describe) Maintain or increase the number of Virtual Gateway Health Insurance and Health Assistance program users at 5700 or more.	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> Since the Virtual Gateway is increasingly used by more organizations to screen and enroll children for MassHealth, this goal reflects a growing level of access that organizations have to the MassHealth application process. <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	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> X 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	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	Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> X Final.

FFY 2009	FFY 2010	FFY 2011
report. <i>Specify year of annual report in which data previously reported:</i>	report. <i>Specify year of annual report in which data previously reported:</i>	<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 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 the 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 the Executive 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: 2009	Year of Data: FFY2010	
		Date Range: From: 07/2010 to 6/2011 (SFY) and 10/2010 to 9/2011 (FFY)

FFY 2009	FFY 2010	FFY 2011
<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 6,401 to 6,806 during SFY09 and increased from 6,502 to 7,043 during FFY09.</p>	<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>

FFY 2009	FFY 2010	FFY 2011
<p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 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 '10 to FFY '11 was 476 individuals – a rate higher than we experienced between FFY '09 and FFY'10. 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 2012: MassHealth will continue to devote resources in order to maintain or increase the number of Virtual Gateway Health Insurance and Health Assistance program users, i.e. individuals who have the ability to submit MassHealth applications through the Virtual Gateway) at 5700 or more.</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: 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><i>Explain how these objectives were set:</i> This objective was set as part of MassHealth's commitment to enroll all eligible individuals, to ease the application and renewal processes for our members, and to expand access to the most up-to-date enrollment resources available to the community.</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” also.

FFY 2009	FFY 2010	FFY 2011
Goal #1 (Describe)	Goal #1 (Describe)	Goal #1 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input 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 type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
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>	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>	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>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <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>	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: 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 2009	FFY 2010	FFY 2011
<p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 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 2012:</p> <p>Annual Performance Objective for FFY 2013:</p> <p>Annual Performance Objective for FFY 2014:</p> <p><i>Explain how these objectives were set:</i></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” also.

FFY 2009	FFY 2010	FFY 2011
Goal #2 (Describe)	Goal #2 (Describe)	Goal #2 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input 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 type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
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>	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>	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>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <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>	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: 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 2009	FFY 2010	FFY 2011
<p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 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 2012:</p> <p>Annual Performance Objective for FFY 2013:</p> <p>Annual Performance Objective for FFY 2014:</p> <p><i>Explain how these objectives were set:</i></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 #3 of “Objectives Related to CHIP Enrollment” applies to “Objectives Related to Medicaid Enrollment” also.

FFY 2009	FFY 2010	FFY 2011
Goal #3 (Describe)	Goal #3 (Describe)	Goal #3 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input 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 type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
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>	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>	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>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <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>	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: 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 2009	FFY 2010	FFY 2011
<p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 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 2012:</p> <p>Annual Performance Objective for FFY 2013:</p> <p>Annual Performance Objective for FFY 2014:</p> <p><i>Explain how these objectives were set:</i></p>		
<p>Other Comments on Measure:</p>		

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

FFY 2009	FFY 2010	FFY 2011
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 question the same day that they called their doctor's office at 95% or above.
Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> The results of the 2008-2009 Massachusetts Health Quality Partners (MHQP) Patient Experience Survey are newly available and more up-to-date than CHAPS. The MHQP is a statewide survey of MassHealth members' experiences with their providers. The 2006 CAHPS survey contained a question that is nearly identical to the 2008 MHQP survey question. <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. <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>
Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> The 2008 -2009 Massachusetts Health Quality Partners Patient Experience Survey	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> The 2008 -2009 Massachusetts Health Quality Partners Patient Experience Survey	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> The 2008 -2009 Massachusetts Health Quality Partners Patient Experience Survey
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 2008 -2009 Massachusetts Health Quality Partners Patient Experience Survey – CAHPS- CG <input type="checkbox"/> Other. <i>Specify:</i>

FFY 2009	FFY 2010	FFY 2011
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 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). 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	Year of Data: 2008
		Date Range: From: 1/1/2008 to 12/31/2008
HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i> Numerator: Denominator: Rate:
		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:	Additional notes on measure:	Additional notes on measure:

FFY 2009	FFY 2010	FFY 2011
<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> 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>Explanation of Progress: How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? The member survey is currently being repeated. Updated results on this question will be available in the spring of 2012.</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? The MHQP survey is a statewide survey of MassHealth members' experiences with their providers. This biennial survey tracks the efforts of the four capitated and one PCCM plan to maintain and improve the quality of care delivered to children.</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 2012: To maintain or improve performance</p> <p>Annual Performance Objective for FFY 2013: To maintain or improve performance</p> <p>Annual Performance Objective for FFY 2014: To maintain or improve performance</p> <p><i>Explain how these objectives were set:</i> 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 2009	FFY 2010	FFY 2011
Goal #2 Maintain or improve the percentage of parents or guardians who responded that they were able to get help or advice after regular office hours at 92% or above.	Goal #2 Maintain or improve the percentage of parents or guardians who responded that they were able to get help or advice after regular office hours at 92% or above.	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 checked="" type="checkbox"/> New/revised. <i>Explain:</i> The results of the 2008-2009 Massachusetts Health Quality Partners (MHQP) Patient Experience Survey are newly available and more up-to-date than CHAPS. This is a new objective which measures a member's after-hours experience with their provider. <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. <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>
Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> The 2008 -2009 Massachusetts Health Quality Partners Patient Experience Survey	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> The 2008 -2009 Massachusetts Health Quality Partners Patient Experience Survey	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> The 2008 -2009 Massachusetts Health Quality Partners Patient Experience Survey
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 MHQP Patient Experience Survey is a statewide survey of MassHealth members' experiences with their providers <input type="checkbox"/> Other. <i>Specify:</i>

FFY 2009	FFY 2010	FFY 2011
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 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:
Year of Data: 2008	Year of Data: 2008	Year of Data: 2008
		Date Range: From: 1/1/2008 to 12/31/2008
HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i> Numerator: Denominator: Rate:
		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:	Additional notes on measure:	Additional notes on measure:

FFY 2009	FFY 2010	FFY 2011
<p>Other Performance Measurement Data: (If reporting with another methodology) Numerator: Subset of the denominator who always, almost always or usually were able to get the help or advice they needed after regular office hours.</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>Other Performance Measurement Data: (If reporting with another methodology) Numerator: Subset of the denominator who always, almost always or usually were able to get the help or advice they needed after regular office hours.</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>Other Performance Measurement Data: (If reporting with another methodology) 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>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? The member survey is currently being repeated. Updated results on this question will be available in the spring of 2012.</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? The MHQP Member Experience Survey is a statewide survey of MassHealth members' experiences with their providers. This biennial survey tracks the efforts of the four capitated and one PCCM plan to maintain and improve the quality of care delivered to children.</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 2012: To maintain or improve performance</p> <p>Annual Performance Objective for FFY 2013: To maintain or improve performance</p> <p>Annual Performance Objective for FFY 2014: To maintain or improve performance</p> <p><i>Explain how these objectives were set:</i> 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 2009	FFY 2010	FFY 2011
Goal #3 (Describe)	Goal #3 (Describe)	Goal #3 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input 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 type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
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>	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>	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>
Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i>
Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</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 type="checkbox"/> Survey data. <i>Specify:</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 type="checkbox"/> Survey data. <i>Specify:</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 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 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:
Year of Data:	Year of Data:	
		Date Range: From: (mm/yyyy) To: (mm/yyyy)

FFY 2009	FFY 2010	FFY 2011
HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS HEDIS-like methodology)</i> Numerator: Denominator: Rate:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i> Numerator: Denominator: Rate:
		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:	Additional notes on measure:	Additional notes on measure:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 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 2012: Annual Performance Objective for FFY 2013: Annual Performance Objective for FFY 2014: <i>Explain how these objectives were set:</i>		
Other Comments on Measure:		

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

FFY 2009	FFY 2010	FFY 2011
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 child's doctor talked with them about how their child was growing or developing at 94% or above.
Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> In 2008-2009 MassHealth assessed member experience using a practice-level survey developed by the Massachusetts Health Quality Partners (MHQP) called the the Patient Experience Survey. This is a new objective which addresses the content of the well child visit. <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. <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>
Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> The 2008 -2009 Massachusetts Health Quality Partners Patient Experience Survey	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> The 2008 -2009 Massachusetts Health Quality Partners Patient Experience Survey	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> The 2008 -2009 Massachusetts Health Quality Partners Patient Experience Survey
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 MHQP Patient Experience Survey is a statewide survey of MassHealth members' experiences with their providers <input type="checkbox"/> Other. <i>Specify:</i>

FFY 2009	FFY 2010	FFY 2011
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 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 above, please further define the Denominator, please indicate the number of children excluded:
Year of Data: 2008	Year of Data: 2008	Year of Data: 2008
		Date Range: 1/1/2008 to 12/31/2008
HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i> Numerator: Denominator: Rate:
		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:	Additional notes on measure:	Additional notes on measure:

FFY 2009	FFY 2010	FFY 2011
<p>Other Performance Measurement Data: (If reporting with another methodology) Numerator: Subset of the denominator who reported “yes” when queried about whether their child’s doctor talked with them about how their child was growing and developing</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: (If reporting with another methodology) Numerator: Subset of the denominator who reported “yes” when queried about whether their child’s doctor talked with them about how their child was growing and developing</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: (If reporting with another methodology) 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>Explanation of Progress: How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? The member survey is currently being repeated. Updated results on this question will be available in the spring of 2012.</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? The MHQP Member Experience Survey is a statewide survey of MassHealth members’ experiences with their providers. This biennial survey tracks the efforts of the four capitated and one PCCM plan to maintain and improve the quality of care delivered to children.</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 2012: To maintain or improve performance</p> <p>Annual Performance Objective for FFY 2013: To maintain or improve performance</p> <p>Annual Performance Objective for FFY 2014: To maintain or improve performance</p> <p><i>Explain how these objectives were set:</i> 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 2009	FFY 2010	FFY 2011
Goal #2 Maintain or improve the percentage of parents or guardians who report that their child's doctor's office reminded them to get preventive care that their child was due to receive at 85% or above.	Goal #2 Maintain or improve the percentage of parents or guardians who report that their child's doctor's office reminded them to get preventive care that their child was due to receive at 85% or above.	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 checked="" type="checkbox"/> New/revised. <i>Explain:</i> In 2008-2009 MassHealth assessed member experience using a practice-level survey developed by the Massachusetts Health Quality Partners (MHQP) called the Patient Experience Survey. <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. <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>
Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> The 2008 -2009 Massachusetts Health Quality Partners Patient Experience Survey	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> The 2008 -2009 Massachusetts Health Quality Partners Patient Experience Survey	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> The 2008 -2009 Massachusetts Health Quality Partners Patient Experience Survey
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> MHQP Patient Experience Survey <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> MHQP Patient Experience Survey <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>

FFY 2009	FFY 2010	FFY 2011
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 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:
Year of Data: 2008	Year of Data: 2008	Year of Data: 2008
		Date Range: From 1/1/2008 to 12/31/2008
HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i> Numerator: Denominator: Rate:
		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:	Additional notes on measure:	Additional notes on measure:

FFY 2009	FFY 2010	FFY 2011
<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’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>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’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>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> 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>Explanation of Progress: How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? The member survey is currently being repeated. Updated results on this question will be available in the spring of 2012.</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? The MHQP Member Experience Survey is a statewide survey of MassHealth members’ experiences with their providers. This biennial survey tracks the efforts of the four capitated and one PCCM plan to maintain and improve the quality of care delivered to children.</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 2012: To maintain or improve performance</p> <p>Annual Performance Objective for FFY 2013: To maintain or improve performance</p> <p>Annual Performance Objective for FFY 2014: To maintain or improve performance</p> <p><i>Explain how these objectives were set:</i> 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 2009	FFY 2010	FFY 2011
Goal #3 (Describe)	Goal #3 (Describe)	Goal #3 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input 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 type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
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>	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>	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>
Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i>
Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</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 type="checkbox"/> Survey data. <i>Specify:</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 type="checkbox"/> Survey data. <i>Specify:</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 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 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:
Year of Data:	Year of Data:	
		Date Range:

FFY 2009	FFY 2010	FFY 2011
		From: (mm/yyyy) To: (mm/yyyy)
HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i> Numerator: Denominator: Rate:
		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:	Additional notes on measure:	Additional notes on measure:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 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 2012: Annual Performance Objective for FFY 2013: Annual Performance Objective for FFY 2014: <i>Explain how these objectives were set:</i>		
Other Comments on Measure:		

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

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

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

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

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

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

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

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

Improvability: extent of the gap between current practice and evidence-based best practice, and the likelihood that the gap can be closed and the conditions improved through change

Inclusiveness: relevance to a broad range of individuals with regard to age, gender, socioeconomic status, and ethnicity/race

Each MCO is allowed to select and implement plan specific interventions targeted at members and/or providers to improve the health outcomes for enrolled members. Results of the QI initiatives are submitted to the MCO program for evaluation and assessment

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

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

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

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

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

Please see response to question 1 above.

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

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

HEDIS reports 2003-2010: 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>

EOHHS (Executive Office of Health and Human Services) enrollment and outreach grant program

Statewide grass-roots, health care reform outreach and enrollment efforts are funded by the state of Massachusetts under the direction of MassHealth and supported by several public organizations. This website provides information about the grant program and the work of EOHHS grant funded organizations and the work of EOHHS grant funded organizations.

www.outreachgrants.org

EOHHS Outreach Grant Program Evaluation

In 2009, MassHealth asked the UMass Medical School's Center for Health Policy and Research (CHPR) to evaluate the contribution of the Enrollment Outreach Grant Program to advancing health care reform goals. This included evaluating how the program has a) supported Massachusetts residents with navigating health care reform requirements, and b) adapted in scope and services to meet the unique needs of health care reform partners. A copy of the executive summary can be found here:

http://www.outreachgrants.org/uploadedFiles/Outreach_Grants/Included_Content/Right_Column_Content/O_E%20Eval_Final%20Executive%20Summary_2-25-10.pdf

Access to Health Care in Massachusetts: Results from 2008, 2009 and 2010 Massachusetts Health Insurance Surveys, Massachusetts Division of Health Care Finance and Policy

<http://www.mass.gov/eohhs/docs/dhcfp/r/pubs/11/his-access-chartbook-2010-children.pdf>

Massachusetts Health Care Reform – 2011 Progress Report

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

Health Insurance Coverage in Massachusetts: Results from the 2008 - 2010 Massachusetts Health Insurance Surveys, Massachusetts Division of Health Care Finance and Policy (DHCFP)

<http://www.mass.gov/eohhs/docs/dhcfp/r/pubs/10/mhis-report-12-2010.pdf>

SECTION III: ASSESSMENT OF STATE PLAN AND PROGRAM OPERATION

Please reference and summarize attachments that are relevant to specific questions

A. OUTREACH

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

Located within the Office of Medicaid, the Health Care Reform (HCR) Outreach and Education Unit coordinates statewide outreach activities, disseminates educational materials related to state and federal Health Care Reform, and collaborates with state and community-based agencies. This coordination helps prevent the duplication of outreach efforts in the community, strengthens the knowledge of providers and residents, and provides information to help individuals make smart choices about health coverage.

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

In SFY11, the HCR unit awarded fifty-one grants statewide to community-based non-profit organizations to increase enrollment in MassHealth and other health insurance programs, as well as provide assistance in helping individuals retain their health insurance coverage through redetermination or other case maintenance processes. Grantees conduct outreach and 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 use creative and innovative approaches for outreach including on-site enrollment activities at health fairs, homeless shelters, clinics, schools, and businesses. The HCR Unit provides technical assistance including various training and educational opportunities to share best practices and network with one another. Examples include regional grantee quarterly meetings and an annual statewide outreach summit event. In SFY11 the annual statewide outreach summit was sponsored by the Office of Medicaid, the Health Connector, and the Massachusetts Blue Cross Blue Shield Foundation (the Foundation). The Foundation administers a similar grant program called *Connecting Consumers to Care* which also focuses on targeted outreach, enrollment, and retention activities. Professional workshops were conducted for outreach grantees in the areas of: cultural competency, health literacy, and avoiding community health worker burnout.

In SFY11, grantees enrolled over 99,404 individuals into MassHealth, Commonwealth Care, Commonwealth Choice, the Health Safety Net and other public health insurance programs

available under our state health care reform. Of those enrolled, 21% were children in the MassHealth program. Grantees have also assisted over 61,084 individuals with submitting redetermination paperwork necessary to retain coverage. Of those assisted with redeterminations, 30% were children.

In SYFY11, the HCR Unit continued to work closely with the two Massachusetts CHIPRA Outreach grantees – *Health Care For All* and *South End Community Health Center*. The Office of Medicaid verifies enrollment and redetermination data for these two grantees. In addition, the Office of Medicaid has participated in workgroup meetings with both grantees to collaborate on outreach initiatives, discuss what outreach workers are experiencing and finding works well when conducting outreach, and to share resources. One of these recent outreach initiatives included a month long Kids Enrollment Statewide Challenge to find and enroll uninsured children into MassHealth coverage. The event involved 66 community-based organizations statewide, many of which included state outreach grant organizations, collectively working on this enrollment campaign. The Office of Medicaid participated in the planning workgroup and provided data validation support post event.. The Statewide Challenge resulted in 1,479 children being enrolled in MassHealth coverage

In October 2010, EOHHS, Office of Medicaid was awarded a Consumer Assistance Program (CAP) Grant, by the Center for Consumer Information & Insurance Oversight. The Consumer Assistance Grant 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. 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. In SFY11 the CAP Program received an average of 3,000 inquiries a month. A CAP website was created (www.consumerassistance.org) providing resource 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. In SY11, the CAP program accepted 150 cases involving private insurance appeals and grievances. The CAP 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.

The web-enabled Virtual Gateway continued to be used extensively in SFY11 to expand access to health insurance and health assistance programs to increasing numbers in the community. During SFY11, Virtual Gateway technology continued to reach a rising number of Virtual Gateway users – including MassHealth providers, MassHealth members themselves, state agencies and a growing number of community service organizations - to use the technology of the internet to outreach to numerous individuals and assist them in signing up for health insurance that meets their specific needs. For example, the number of organizations that submitted health insurance and health assistance program applications on the Virtual Gateway increased from 249 in SFY10, to 273 in SFY11.

In addition, SFY11 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 SFY11, for example, MAP was processing on average of over 420,000 transactions per month from registered organizational users. MAP has provided members, with the help of their assistants, 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 SFY 11, 47,932, health assistance searches were performed by members who are heads of households.

In SFY12, plans are underway to expand MAP functionality so that human service providers, with their clients' permission, and Heads of Households, will be able to view any eligibility document that has been received by MassHealth and show if it has been "processed" or "unprocessed" by the MassHealth agency. This information will 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 result 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 October 2011, there have been almost 2 million (1,989,395) 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, and through November 2011, there have been 56,388 changes submitted that in the past would have required a phone call to MassHealth. The Change Form supports continuous coverage by preventing members from being disenrolled due to outdated demographic information. It also may at times result in benefit upgrades, since changes trigger the redetermination of benefits. Finally, the Change Form collects member race and ethnicity information, improving the Commonwealth's ability to measure outcomes and address health disparities. During SFY10, access to the Change Form was expanded to include the Head of a Household. Since this expanded access was introduced in March of 2010, to the end of SFY 11, 2,464 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 (4000 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 4,570 members), and a website offering resource information and meeting materials. 177 updates were sent through the listserv in SFY11 and the website had over 55,000 visitors in SFY11. 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 SFY11 MTF program attendance remained steadily high at a total of 1,679 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 1,500-2,300 individuals per quarter, totaling an additional 7,000-9,000 reached in FY11.

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

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

The Electronic Document Management (EDM) system has resulted in streamlining the entry point for all incoming documentation to MassHealth making it easier for our members and community partners to send information. Prior to enhancements made possible through EDM, members, providers, and community partners needed to keep track of several different addresses and fax numbers depending on the type of documentation being sent to MassHealth. EDM has resulted in two statewide E-fax numbers. Previously all mail was directed to the four MassHealth Enrollment Centers (MECs) and assigned to staff for processing. All mail is now redirected to one location, the Electronic Document Management Center (EDMC) for scanning and indexing. The EDM system has enabled the use of a statewide workforce where all staff have real-time access to every document. The EDM system also allows for more operational efficiency at the MECs, improves customer service, and has significantly improved the workflow. EDM is transforming MassHealth eligibility processing and these enhancements are better serving our members, providers and community partners.

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

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

☒ Yes ☐ No

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

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

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

The Massachusetts Office of Refugees and Immigrants Refugee Resettlement Training Unit; Native American Indian Tribes; School Nurses; Municipal Medicaid Programs through various schools; sister state agencies such as the Department of Public Health, Department of Mental Health, Department of Children and Families (formerly DSS), Department of 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 Somali 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?

According to the 2010 Massachusetts Health Insurance Survey, 1.1% of children under 300% FPL are uninsured (summary MHIS results do not provide a split at 200% FPL). It is extremely challenging to determine what portion of the remaining uninsured are eligible for Medicaid or CHIP, particularly given uncertainty around the immigration status of such individuals, which is not measured in a useful way by the Current Population Survey (CPS) and is not measured at all by the MHIS. With that said, given the extremely low uninsurance rate for children under 300% FPL and the Commonwealth's extensive efforts to identify and enroll all eligible children, the Commonwealth believes that the number of remaining eligible but unenrolled children is minimal. At the time of submission of the 2011 Annual Report, the results of the 2011 MHIS were not available.

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

B. SUBSTITUTION OF COVERAGE (CROWD-OUT)

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

B. Do you have substitution prevention policies in place?

☒ Yes ☐ No

If yes, indicate if you have the following policies:

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

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

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

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

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

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

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

Please see response below

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

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

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

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

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

All States must complete the following questions

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

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

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

12% of CHIP applicants cannot be enrolled because they have 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)*]?

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

Applicant children over 200% who are found to have insurance may be exempted from the waiting period if they meet one of the state's exemptions. However, in FFY11 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?

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

☐ Yes ☐ No

If yes, please provide relevant findings.

7. If your State does not have an affordability exception, does your State collect data on the cost of health insurance for an individual or family?

MassHealth collects information regarding the cost of health insurance as a part of the health insurance investigation process.

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

☒ Yes ☐ No

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

☒ Yes ☐ No

If yes, what percent of individuals that enrolled in CHIP had access to private health insurance at the time of application during the last Federal Fiscal Year [(# of individuals that had access to private health insurance/total # of individuals enrolled in CHIP)*100]?
[5]

8% of individuals that enrolled in CHIP had access to private health insurance at time of application

C. ELIGIBILITY

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

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

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

☒ Yes ☐ No

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

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

When a child's eligibility changes from Medicaid to CHIP, a downgrade notice is sent to the household advising of the change in eligibility status. The new benefit is effective 14 days from the date of determination. If the family is now required to pay a monthly premium for the CHIP benefit, the eligibility notice will also explain the monthly premium required for the family. Premiums will begin effective the month after the notice is sent to the family.

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

☒ Yes ☐ No

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

If yes

- a. What percent of children are presumptively enrolled in CHIP pending a full eligibility determination

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

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

Of those children who are presumptively enrolled, 55% 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Liberalization of Asset (or Resource Test) Requirements	2. Does the State have an assets test?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	3. If there is an assets test, does the State allow administrative verification of assets?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Elimination of In-Person Interview	4. Does the State require an in-person interview to apply?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

	5. Has the State eliminated an in-person requirement for renewal of CHIP eligibility?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Use of Same Application and Renewal Forms and Procedures for Medicaid and CHIP	6. Does the State use the same application form, supplemental forms, and information verification process for <i>establishing</i> eligibility for Medicaid and CHIP?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	7. Does the State use the same application form, supplemental forms, and information verification process for <i>renewing</i> eligibility for Medicaid and CHIP?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Automatic/Administrative Renewal	8. For renewals of Medicaid or CHIP eligibility, does the State provide a preprinted form populated with eligibility information available to the State, to the child or the child's parent or other representative, along with a notice that eligibility will be renewed and continued based on such information unless the State is provided other information that affects eligibility?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	9. Does the State do an ex parte renewal? Specifically, does the State renew Medicaid or CHIP eligibility to the maximum extent possible based on information contained in the individual's Medicaid file or other information available to the State, before it seeks any information from the child's parent or representative?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		<p>If exparte is used, is it used for</p> <p>All applicants</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>A subset of applicants</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>In a limited capacity for Kailiegh Mulligan program (for severely disabled children under age 19)</p>	<p>If exparte is used, is it used for</p> <p>All applicants</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>A subset of applicants</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 <input checked="" type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	In accordance with section 2105(c)(10) of the Act, as added by section 301(a)(1) of CHIPRA. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Section IIIC: Subpart C: Eligibility Renewal and Retention

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

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

☒ Sends renewal reminder notices to all families

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

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

- B. At what intervals are reminder notices sent to families (e.g., how many weeks before the end of the current eligibility period is a follow-up letter sent if the renewal has not been received by the State?) **No reminder notices are sent.**

☐ Other, please explain: **[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.

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 2011

States are required to report on questions 1 and 2 in FFY 2011. Reporting on questions 2.a., 2.b., and 2.c. is voluntary in FFY 2011, 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
a. Total number of title XXI applicants	17,718	100%
b. Total number of application denials	6,434	36%
1. Total number of procedural denials		

2. Total number of eligibility denials		
a. Total number of applicants denied for title XXI and enrolled in title XIX		
<input type="checkbox"/> (Check here if there are no additional categories) 3. 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:

- 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 2011. 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 2011 (e.g., an application that was determined eligible in September 2011, but coverage was effective October 1, 2011 is counted in FFY 2011).
 - 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 2011. This definition only includes denials for title XXI at the time of initial application (not redetermination).
1. The “total number of procedural denials” is defined as the total number of applicants denied for title XXI procedural reasons in FFY 2011 (i.e., incomplete application, missing documentation, missing enrollment fee, etc.).
 2. The “total number of eligibility denials” is defined as the total number of applicants denied for title XXI eligibility reasons in FFY 2011 (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
 3. 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 2011 CARTS?

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

X 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			
• Total number of children who are eligible to be redetermined	17536	100%			
• Total number of children screened for redetermination	17536		100%		
• Total number of children retained after the redetermination process	15699				
• Total number of children disenrolled from title XXI after the redetermination process	1837			100%	
○ Total number of children disenrolled from title XXI for failure to comply with procedures					
○ Total number of children disenrolled from title XXI for failure to meet eligibility criteria					100%
1. Disenrolled from title XXI because income too high for title XXI (If unable to provide the data, check here <input type="checkbox"/>)					
2. Disenrolled from title XXI because income too low for title XXI (If unable to provide the data, check here <input type="checkbox"/>)					
3. 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 <input type="checkbox"/>)					
4. Disenrolled from title XXI for other eligibility reason(s) Please indicate: _____ (If unable to provide the data check here <input type="checkbox"/>)					
○ Total number of children disenrolled from title XXI for other reason(s)					

Please indicate: _____ (Check here if there are no additional categories <input type="checkbox"/>)					
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- 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:

- i. 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) 2011, 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.
 - ii. 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 2011 (i.e., those children whose families have returned redetermination forms to the State, as well as administrative redeterminations and ex parte redeterminations).
 - iii. 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 2011.
 - iv. 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 2011. This includes those children that States may define as “transferred” to Medicaid for title XIX eligibility screening.
1. 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 2011 (i.e., families that failed to submit a complete application, failed to provide complete documentation, failed to pay premium or enrollment fee, etc.).
 2. 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.
 3. 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 2011). 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 <input type="checkbox"/>)										
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 <input type="checkbox"/>)										
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 <input type="checkbox"/>)										
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 <input type="checkbox"/>)										
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 <input type="checkbox"/>)										
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 <input type="checkbox"/>)										

Definitions:

- a. 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.
 - b. 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
 - c. 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.
- d. 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.
- e. 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

- f. 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 prior to 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.
- g. 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.
- h. 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
- i. 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.
- j. 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?

Cost sharing is tracked by:

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

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

2. When the family reaches the 5% cap, are premiums, copayments and other cost sharing ceased?
☒ Yes ☐ No
3. Please describe how providers are notified that no cost sharing should be charged to enrollees exceeding the 5% cap. **Massachusetts 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.

There were 20 children who met the 5% cap in the state's CHIP program

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?
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?
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? **n/a**

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

1. Does your State offer an employer sponsored insurance program (including a premium assistance program) for children and/or adults using Title XXI funds?
☒ Yes, please answer questions below.
☐ No, skip to Program Integrity subsection.

Children

- ☒ Yes, Check all that apply and complete each question for each authority.
- ☒ Purchase of Family Coverage under the CHIP State Plan (2105(c)(3))

- ☒ Additional Premium Assistance Option under CHIP State Plan (2105(c)(10))
- ☐ Section 1115 Demonstration (Title XXI)
- ☒ Premium Assistance Option (applicable to Medicaid expansion) children (1906)
- ☒ Premium Assistance Option (applicable to Medicaid expansion) children (1906A)

Adults

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

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

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

- ☐ Parents and Caretaker Relatives
- ☐ Childless Adults
- ☐ Pregnant Women

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

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

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

MassHealth uses a comprehensive health insurance investigation to determine if ESI was dropped prior to application. MassHealth monitors health insurance status of potential members both at the time of application and monthly so that only uninsured children are covered in SCHIP. Insurance status is verified through national insurance databases that identify coverage from any source, including noncustodial parents. MassHealth contracts with Health Management Systems (HMS) which conducts a monthly state and national data match using a

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

4. What benefit package does the ESI program use?

Secretary approved per the State Plan amendment approved in March 2002

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

☒ Yes ☐ No

MassHealth requires that the ESI meet the following minimum requirements:

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

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

☒ Yes ☐ No

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

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

☒ Yes ☐ No

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

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 ?

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>8,568</u>	Number of adults ever-enrolled during the reporting period
<u>29,129</u>	Number of children ever-enrolled during the reporting period Please note that this includes both Title 21 and Title 19

11. Provide the average monthly enrollment of children and parents ever enrolled in the premium assistance program during FFY 2011.

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?

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

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

The Premium Assistance Unit continues to make enhancements in order to streamline the current process of processing cases. In order to keep up with the increase in enrollments of the uninsured, improvements were made in how cases are referred, reviewed, and investigated. A newly implemented tracking system has proven very successful in helping us process and collect overpayments more efficiently.

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.

As a result of a State mandate this fiscal year, we are in the process of making changes in the way MassHealth makes payments to members. Effective 1/1/2012, all Premium Assistance payments will be made via Electronic Funds Transfers (EFT) and automatically credited to members designated checking or savings account; Checks will no longer be mailed to members. EFT payments offer cost savings both to the Commonwealth and to the members while also providing highly dependable, efficient and more timely payments.

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?

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.

\$12,455,017

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

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

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

Children	Low	\$522.00	High	\$1,314
Parent	Low	_____	High	N/A

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

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

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 than or equal to what MassHealth pays to cover a member if that member were enrolled in MassHealth 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	300% of FPL
Income level of Parents:	150% of FPL	300% of FPL

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

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

☒ Yes ☐ No

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

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, but 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?

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

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

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

(1) prevention: ☒ Yes ☐ No

(2) investigation;: ☒ Yes ☐ No

(3) referral of cases of fraud and abuse? ☒ Yes ☐ No

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

MassHealth emphasizes aggressive management of its front-end program processes to ensure that services provided are medically necessary, provided by qualified health care providers, provided to eligible residents of the Commonwealth, and that payments are appropriately made. Ongoing efforts to combat fraud, waste, and abuse, including utilization management

and regular program and clinical review, are central to all program areas. Sophisticated information systems support MassHealth's efforts to detect inappropriate billings before payment is made, and to ensure that eligibility determinations are accurate.

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

MassHealth has the following documentation regarding established methods and procedures for prevention, investigation, and referral of cases of fraud and abuse:

- 1) MassHealth Program Integrity Activities Inventory
- 2) Efforts to Prevent and Identify Fraud, Waste, and Abuse—description and identification of responsible units
- 3) Provider Compliance activity sheet
- 4) Utilization Management plan
- 5) Memorandum of Understanding between the Executive Office of Health and Human Services (EOHHS) and the Office of the Attorney General, Massachusetts Medicaid Fraud Control Unit
- 6) Interdepartmental Service Agreement between EOHHS and the Department of Revenue (DOR)
- 7) MassHealth Eligibility Operations Memo 04-04 re: New Member Fraud Referral Process
- 8) MassHealth Eligibility Operations Memo 01-7 re: Department of Revenue "New Hire" Match
- 9) MassHealth Eligibility Operations Memo 99-14 re: Annual Eligibility Review Process for Health Care Reform Members on MA-21
- 10) Contract between EOHHS and MedStat Group to perform Program Integrity gap analysis—deliverables 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:

Please see response above

2. For the reporting period, please report the

886 Number of hearing appeals of eligibility denials

258 Number of cases found in favor of beneficiary

NOTE: 258 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 (886) is only a partial sum of total appeals filed. The vast majority of appeals filed (15,591 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

84 Number of cases investigated

0 Number of cases referred to appropriate law enforcement officials

Provider Billing

74 Number of cases investigated

16 Number of cases referred to appropriate law enforcement officials

Beneficiary Eligibility

609 Number of cases investigated

324 Number of cases referred to appropriate law enforcement officials

Are these cases for:

CHIP ☐

Medicaid and CHIP Combined ☒

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

☒ Yes, please answer question below.

☐ No

5. If your state relies on contractors to perform the above functions, how does your state provide oversight of those contractors? Please explain: The Provider Compliance Unit, operated within the University of Massachusetts Medical School (UMMS), and managed by the MassHealth Operations Integrity Unit, is our primary post-payment fraud detection unit. Utilizing 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, EOHHHS'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 22% of all claims submitted are denied and 1% are suspended for review or verification. The NewMMIS, completed in May of 2009, has been designed with enhanced Program Integrity capabilities, including expanded functionality to add claims edits as needed in order to keep abreast with the latest trends in aberrant or fraudulent claims submissions. Generally, information systems support to MassHealth remains a significant priority of the Executive Office of Health and Human Services, in large part because of the potential of leveraging technology to combat fraud, waste, and abuse in the Medicaid program. The EOHHS Data Warehouse, for example, is a consolidated repository of claims and eligibility data that provides program and financial managers with the ability to develop standard and ad-hoc management reports.

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

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

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

☒ Yes

☐ No

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

G. DENTAL BENEFITS - Reporting is required in 2010 CARTS

Is the State reporting this data in the 2011 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 _____ FFY _____	Age Groups						
	Total	<1	1 – 2*	3 – 5	6 – 9	10–14	15–18
Total Enrollees Receiving Any Dental Services ¹ [7]	77592	1	1461	8717	20234	25886	21293
Total Enrollees Receiving Preventive Dental Services ² [7]	69798	1	1314	8320	19219	23298	17646
Total Enrollees Receiving Dental Treatment Services ³ [7]	43318	0	205	2740	10216	15915	14242

*Includes 12-month visit

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

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

³**Total Eligibles Receiving Dental Treatment Services** - Enter the unduplicated number of children enrolled in CHIP for at least 90 continuous days and receiving at least one treatment service by or under the supervision of a dentist, as defined by HCPCS codes D2000 - D9999 (CDT codes D2000 - 09999).

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

6115 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 regardless of whether the sealant was provided by a dentist or a non-dentist, as defined by HCPCS code D1351 (CDT code D1351). Number of 6-9 yr olds with protective sealant: **6115**

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 2011. 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

	2011	2012	2013
Benefit Costs			
Insurance payments	\$13,170,421	\$13,444,463	\$13,333,392
Managed Care	\$249,843,221	\$277,590,760	\$281,965,121
Fee for Service	\$174,923,484	\$183,199,629	\$191,867,342
Total Benefit Costs	\$437,937,126	\$474,234,852	\$487,165,855
(Offsetting beneficiary cost sharing payments)			
Net Benefit Costs			

Administration Costs

Personnel			
General Administration			
Contractors/Brokers (e.g., enrollment contractors)			
Claims Processing			
Outreach/Marketing costs			
Other (e.g., indirect costs)			
Health Services Initiatives			
Total Administration Costs	\$9,709,560	\$10,307,286	\$10,800,088
10% Administrative Cap (net benefit costs ÷ 9)	\$46,355,636	\$50,354,156	\$51,755,855

Federal Title XXI Share	\$277,491,682	\$301,271,546	\$309,791,806
State Share	\$149,418,598	\$162,223,140	\$166,810,973

TOTAL COSTS OF APPROVED CHIP PLAN	\$426,910,280	\$463,494,686	\$476,602,779
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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 short fall 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.

	2011		2012		2013	
	# of eligibles	\$ PMPM	# of eligibles	\$ PMPM	# of eligibles	\$ PMPM
Managed Care	68,424	\$242.90	75,815	\$252.21	82,056	\$259.26
Fee for Service	38,537	\$515.73	38,092	\$535.50	35,103	\$550.47

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.

2. 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)

- C. 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]**

- D. Please provide budget information in the following table for the years in which the demonstration is approved. *Note: This reporting period (Federal Fiscal Year 2011 starts 10/1/2010 and ends 9/30/2011).*

COST PROJECTIONS OF DEMONSTRATION (SECTION 1115 or HIFA)	2011	2012	2013	2014	2015
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**Benefit Costs for Demonstration Population #1
(e.g., children)**

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 #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 #4					

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

Beneficiary Cost Sharing Payments)					
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Administration Costs

Personnel					
General Administration					
Contractors/Brokers (<i>e.g., enrollment contractors</i>)					
Claims Processing					
Outreach/Marketing costs					
Other (<i>specify</i>)					
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.

Massachusetts' 2006 health care reform law was enacted with the goal of moving towards universal insurance by increasing access to affordable health care coverage. In Massachusetts significantly more adults and children have health insurance as a result of our state health reform law. In fact, state and national surveys and studies consistently demonstrate that increasingly nearly all residents in the state are insured. In fact, according to an *October 2011 Blue Cross Blue Shield Foundation* report (which relies on data from the *Current Population Survey (CPS)* and the *Massachusetts State Division of Health Care Finance and Policy, DHCFP, Massachusetts Health Insurance (HIS) survey*), Massachusetts has the lowest rate of uninsurance in the nation among all ages. The most recent state survey found the overall adult uninsured rate to be 1.9%; therefore, 98.1% of Mass residents were covered. This was a significant gain over 2009 when 97.3% of Massachusetts' residents were covered (*DHCFP, 2010 Massachusetts HIS*). (As previously indicated in this report, the results of the 2011 survey were not available at the time of the submission of this report). The *October 2011 Blue Cross Blue Shield Foundation* report found that 441,000 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 20%. The 2010 state survey illustrates that the overall uninsurance rate for children statewide has continued to drop, estimated to be 0.2% in 2010, and as a result more than 99.8% of children in Massachusetts have health coverage (*DHCFP, 2010 Massachusetts HIS*). In the previous year, 98.1% of children had coverage. (*DHCFP, 2009 Massachusetts HIS*). 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 52,854 children. The 2010 DHCFP data estimates that for those children in households earning less than 150% FPL the uninsurance rate is 0%. The data suggests that the remaining uninsured children in Massachusetts reside in households earning between 150% and 300% of the FPL. Additionally the 2010 US Census Bureau (*2010 CPS*) reports that although the uninsured rate for children across the nation held steady, the uninsurance rate for children in Massachusetts declined.

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 2010 and FFY 2011. The stand-alone CHIP program grew nearly 5 %, while the Medicaid expansion population grew more than 3%. (The combined Medicaid and CHIP program grew at about 4.22%)

Substantial support for health reform overall persists despite statewide concerns about healthcare costs and economic conditions. An October 2011 Blue Cross Blue Shield Foundation (BCBSF) report (*Health Reform in Massachusetts, Expanding Access to Health Insurance Coverage* report) indicates that support for health reform has remained high despite state budgetary pressures and the economic recession. The 2011 survey shows that two out of three adults support reform. The 2011 BCBSF report indicates that public support for reform has been relatively stable since 2006, when Massachusetts' state health care reform was enacted. Public opinion of state health reform has remained positive; the 2011 BCBSF report 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?

As in FFY10, the greatest challenge that Massachusetts CHIP program experienced during FFY11 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?

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 SFY11 the Office of Medicaid's Health Care Reform (HCR) Outreach and Education Unit awarded fifty-one grants statewide to community-based non-profit organizations to increase enrollment in MassHealth and other health insurance programs, as well as provide assistance in helping individuals retain their health insurance coverage through redetermination or other case maintenance processes.

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

In SFY11, grantees enrolled over 99,404 individuals into MassHealth, Commonwealth Care, Commonwealth Choice, the Health Safety Net and other public health insurance programs available under our state health care reform. Of those enrolled, 21% were children in the MassHealth program. Grantees have also assisted over 61,084 individuals with submitting redetermination paperwork necessary to retain coverage. Of those assisted with redeterminations, 30% were children.

In SFY11, the Office of Medicaid's HCR Unit continued to work closely with the two Massachusetts CHIPRA Outreach grantees – *Health Care For All* and *South End Community Health Center*. The Office of Medicaid verifies enrollment and redetermination data for these two grantees. In addition, the Office of Medicaid has participated in workgroup meetings with both grantees to collaborate on outreach initiatives, discuss what outreach workers are experiencing and finding works well when conducting outreach, and to share resources. One of these recent outreach initiatives included a month long Kids Enrollment Statewide Challenge to find and enroll uninsured children into MassHealth coverage. The event involved 66 community-based organizations statewide, many of which included MassHealth outreach grant organizations, collectively working on this enrollment campaign. The Office of Medicaid participated in the workgroup planning the event and provided data validation support post event. The Statewide Challenge resulted in over 1,479 children being enrolled in MassHealth coverage

In October 2010, 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 FY11 the CAP Program received an average of 3,000 inquiries a month. A CAP website was created (www.consumerassistance.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.

Massachusetts has continued to work on strategies that improve retention and reduce reliance on paper processing. One accomplishment in 2011 was the implementation of the Electronic Document Management (EDM) system. Previously all mail was directed to the four MassHealth Enrollment Centers (MECs) and assigned to staff for processing. All mail is now redirected one location, the Electronic Document Management Center (EDMC) for scanning and indexing. The EDM system has enabled the use of a statewide workforce where all staff has real-time access to every document. The EDM system also allows for more operational efficiency at the MECs, improves customer service, and has significantly improved the workflow.

Two other accomplishments in 2011 were the implementation of the match with the Social Security Administration to verify citizenship and identity and a match with the state Department of Workforce Development to verify unemployment income and health insurance. These initiatives are designed to

improve member retention through increased use of data matching by reducing the need for the members and applicants to submit paper verifications.

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

MassHealth is in its third 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 also 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.

MassHealth is currently engaged with the Department of Transitional Assistance, the state Supplemental Nutrition Assistance (SNAP) agency to conduct an Express Lane Renewal process through data matching. This project will increase retention, increase the use of data, improve customer service, and enhance agency collaboration. Massachusetts is proposing to renew coverage for families with gross monthly income at or below 150% of the federal poverty level who are receiving state subsidized health benefits and SNAP benefits. This process will include both children and adults and will continue to streamline the enrollment and renewal process in Massachusetts. MassHealth is working to implement this Express Lane Renewal option in early 2012.

Through the (EDM) system MassHealth implemented in 2011 MassHealth expects to experience continued workflow improvements. In SFY12, MassHealth through EDM is targeting to have received documents scanned, indexed, and imaged electronically within a 24 -48 hr window for eligibility processing. This window is currently 2-3 day window, so this will provide MassHealth staff even greater real-time access to every document for eligibility processing.

The web-enabled Virtual Gateway continued to be used extensively in SFY11 to expand access to health insurance and health assistance programs to increasing numbers in the community. During SFY11, Virtual Gateway technology continued to reach a rising number of Virtual Gateway users – including MassHealth providers, MassHealth members themselves, state agencies and a growing number of community service organizations - to use the technology of the internet to outreach to numerous individuals and assist them in signing up for health insurance that meets their specific needs. For example, the number of organizations that submitted health insurance and health assistance program applications on the Virtual Gateway increased from 249 in SFY10, to 273 in SFY11.

In addition, SFY11 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 SFY11, for example, MAP

was processing on average of over 420,000 transactions per month from registered organizational users. MAP has provided members, with the help of their assistors, access to the most accurate and up-to-date application and case information without having to call a MassHealth office, helping to ensure that applicants and members receive the most appropriate benefits as efficiently as possible.

In addition, 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 SFY 11, 47,932, health assistance searches were performed by members who are heads of households.

In SFY12, plans are underway to expand MAP functionality so that human service providers, with their clients' permission, and Heads of Households, will be able to view any eligibility document that has been received by MassHealth and show if it has been “processed” or “unprocessed” by the MassHealth agency. This information will 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 result 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 October 2011, there have been almost 2 million (1,989,395) 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, and through November 2011, there have been 56,388 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 SFY10, access to the Change Form was expanded to include the Head of a Household. Since this expanded access was introduced in March of 2010, to the end of SFY 11, 2,464 changes have been submitted by health assistance members.