

FRAMEWORK FOR THE ANNUAL REPORT OF
THE CHILDREN'S HEALTH INSURANCE PLANS

Preamble

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

The framework is designed to:

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

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

- Section I: Snapshot of CHIP Programs and Changes
- Section II: Program's Performance Measurement and Progress
- Section III: Assessment of State Plan and Program Operation
- Section IV: Program Financing for State Plan
- Section V: Program Challenges and Accomplishments

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

***Disclosure.** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, write to: CMS, 7500 Security Blvd., Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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THE CHILDREN'S HEALTH INSURANCE PLANS

DO NOT CERTIFY YOUR REPORT UNTIL ALL SECTIONS ARE COMPLETE.

State/Territory: MA
(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: _____
Robin Callahan

CHIP Program Name(s): All, Massachusetts

CHIP Program Type:
_____ CHIP Medicaid Expansion Only
_____ Separate Child Health Program Only
_____ Combination of the above

Reporting Period: 2014 Note: Federal Fiscal Year 2014 starts 10/1/2013 and ends 9/30/2014.

Contact Person/Title: Robin Callahan, Deputy Medicaid Director

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Submission Date: 12/31/2014

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

SECTION I: SNAPSHOT OF CHIP PROGRAM AND CHANGES

- 1) To provide a summary at-a-glance of your CHIP program, please provide the following information. If you would like to make any comments on your responses, please explain in narrative below this table.

☒ Provide an assurance that your state's CHIP program eligibility criteria as set forth in the CHIP state plan in section 4, inclusive of PDF pages related to Modified Adjusted Gross Income eligibility, is accurate as of the date of this report.

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 (federal poverty level) fields are defined as <u>Up to and Including</u>	

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			
	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	% of FPL 150	% of FPL 200
	\$	\$	% of FPL	% of FPL	\$20	\$ 60	% of FPL 200	% of FPL 250
	\$	\$	% of FPL	% of FPL	\$28	\$ 84	% of FPL 250	% of FPL 300
	\$	\$	% 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		\$	
	Range from	Range to	From	To	Range from	Range to	From	To
	\$	\$	% of FPL	% of FPL	\$432	\$	% of FPL 150	% of FPL 200
	\$	\$	% of FPL	% of FPL	\$720	\$	% of FPL 200	% of FPL 250
	\$	\$	% of FPL	% of FPL	\$1008	\$	% of FPL 250	% of FPL 300
	\$	\$	% of FPL	% of FPL	\$	\$	% of FPL	% of FPL
	If yes, briefly explain fee structure in the box below [500]				If yes, briefly explain fee structure in the box below (including premium/enrollment fee amounts and include Federal poverty levels where appropriate) [500]			

		\$432 for families between 150-200% FPL, \$720 for families between 200-250% FPL, \$1008 for families between 250-300%FPL
<input type="checkbox"/>	N/A	<input type="checkbox"/> N/A

Which delivery system(s) does your program use?	<input checked="" type="checkbox"/>	Managed Care	<input checked="" type="checkbox"/>	Managed Care
	<input checked="" type="checkbox"/>	Primary Care Case Management	<input checked="" type="checkbox"/>	Primary Care Case Management
	<input checked="" type="checkbox"/>	Fee for Service	<input checked="" type="checkbox"/>	Fee for Service
	Please describe which groups receive which delivery system [500] Individuals receive (fee-for-service) FFS until they enroll with MCO/PCC, and may also receive premium assistance with wrap benefits provided on a FFS basis.		Please describe which groups receive which delivery system [500] Individuals receive FFS until they enroll with MCO/PCC, and may also receive premium assistance with a FFS dental wrap.	

- 2) 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 the appropriate column.

For FFY 2014, please include only the program changes that are in addition to and/or beyond those required by the Affordable Care Act.

For each topic you responded “yes” to below, please explain the change and why the change was made.

	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) Benefits	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) 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"/>
e) Crowd out policies	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Delivery system	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g) Eligibility determination process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) 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"/>
i) Eligibility levels / target population	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j) Eligibility redetermination process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) 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"/>
l) Outreach (e.g., decrease funds, target outreach)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

m) Premium assistance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
n) 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) 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"/>
p) 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"/>
q) 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"/>
r) 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"/>
s) Other – please specify						
B.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<ul style="list-style-type: none"> Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law) 	
<ul style="list-style-type: none"> Application 	<p>The ACA-2 was the application created for ACA open enrollment in October 2013. At that time, the Medical Benefit Request Form became obsolete. The ACA-2 was revised in January 2014, and updated with the federal poverty level amounts in March 2014.</p> <p>The ACA-2 was the application created for ACA open enrollment in October 2013. At that time, the Medical Benefit Request Form became obsolete. The ACA-2 was revised in January 2014, and updated with the federal poverty level amounts in March 2014.</p>
<ul style="list-style-type: none"> Benefits 	<p>We upgraded the benefits under our unborn child option from pregnancy related services only to the comprehensive services available under MassHealth Standard.</p>
<ul style="list-style-type: none"> Cost sharing (including amounts, populations, & collection process) 	
<ul style="list-style-type: none"> Crowd out policies 	<p>Effective 1/1/14 MassHealth eliminated the six month waiting period for children with income from 200% FPL to 300% FPL.</p>
<ul style="list-style-type: none"> Delivery system 	

<ul style="list-style-type: none"> Eligibility determination process 	<p>10/1/13 MassHealth implemented an integrated eligibility system within our new state based exchange. The vision of the system was to perform all MAGI based eligibility determinations including Medicaid and CHIP. MassHealth encountered many technical obstacles preventing successful MAGI eligibility determinations. Contingency plans were implemented to ensure a temporary coverage was provided for new applicants as an interim measure until a MAGI based eligibility determination could be performed.</p> <p>10/1/13 MassHealth implemented an integrated eligibility system within our new state based exchange. The vision of the system was to perform all MAGI based eligibility determinations including Medicaid and CHIP. MassHealth encountered many technical obstacles preventing successful MAGI eligibility determinations. Contingency plans were implemented to ensure a temporary coverage was provided for new applicants as an interim measure until a MAGI based eligibility determination could be performed.</p>
<ul style="list-style-type: none"> Implementing an enrollment freeze and/or cap 	
<ul style="list-style-type: none"> Eligibility levels / target population 	
<ul style="list-style-type: none"> Eligibility redetermination process 	<p>MassHealth received authority through an E14 waiver to delay annual renewals until 10/1/14 for members subject to MAGI.</p> <p>In August 2014 MassHealth resumed existing administrative reviews and expresslane processes for eligible members.</p> <p>MassHealth received authority through an E14 waiver to delay annual renewals until 10/1/14 for members subject to MAGI.</p> <p>In August 2014 MassHealth resumed existing administrative reviews and expresslane processes for eligible members.</p>
<ul style="list-style-type: none"> Enrollment process for health plan selection 	
<ul style="list-style-type: none"> Outreach 	<p>Targeted outreach for Medicaid and CHIP through partners in the community remains the same as in previous years; however MassHealth did consolidate the number of outreach grants to implement a more regional based outreach approach. In FFY14, MassHealth awarded 23 grants statewide to hospitals and CHCs to increase enrollment in MassHealth and other health insurance programs, and to help individuals retain their health insurance coverage.</p>

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• Premium assistance	
• 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)	Effective 1/1/14 MassHealth eliminated both Prenatal and Healthy Start coverage types. Pregnant women, regardless of immigration status, now receive MassHealth Standard coverage. In the case where outstanding verifications exist MassHealth Standard coverage is of a provisional nature for up to 90 days. Effective 1/1/14 MassHealth eliminated both Prenatal and Healthy Start coverage types. Pregnant women, regardless of immigration status, now receive MassHealth Standard coverage. In the case where outstanding verifications exist MassHealth Standard coverage is of a provisional nature for up to 90 days.
• Expansion to “Lawfully Residing” children	
• Expansion to “Lawfully Residing” pregnant women	
• Pregnant Women State Plan Expansion	
• Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	
• Other – please specify	
a.	
b.	
c.	

Enter any Narrative text below. [7500]

SECTION II: PROGRAM'S PERFORMANCE MEASUREMENT AND PROGRESS

This section consists of three subsections that gather information about the CHIP and/or Medicaid program. Section IIA captures data on the core set of children's health care quality measures. Section IIB captures your enrollment progress as well as changes in the number and/or rate of uninsured children in your state. Section IIC captures progress towards meeting your state's general strategic objectives and performance goals.

SECTION IIA: REPORTING OF THE CORE SET OF CHILDREN'S HEALTH CARE QUALITY MEASURES (CHILD CORE SET)

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 a 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. CHIPRA also required the Secretary to publish changes to the Child Core Set measures beginning in January 2013. Three measures (Human Papillomavirus [HPV] Vaccine for Female Adolescents, Maternity Care - Behavioral Health Risk Assessment, and Medication Management for People with Asthma) were added to the Child Core Set in 2013 and one measure (Otitis Media with Effusion) was retired. Three additional measures (Annual Pediatric Hemoglobin A1C Testing, Appropriate Testing for Children with Pharyngitis, and Annual Percentage of Asthma Patients 2 Through 20 Years Old with One or More Asthma-Related Emergency Room Visits) were retired from the Child Core Set in 2014. Table 1 lists the Children's Core Set measures, their measure stewards, and a general description of each measure. Abbreviations replaced measure numbers beginning in 2013.

Additionally, Section 401(a)(4) required the development of a standardized reporting format for states that volunteer to report on the core set of measures. This section of CARTS will be used for standardized reporting on the Child Core Set measures.

The Technical Specifications and Resource Manual for the Child Core Set of Health Care Quality Measures can be found at:

<http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/Medicaid-and-CHIP-Child-Core-Set-Manual.pdf>

Table 1: Child Core Set Measures

Measure Abbreviation	Measure	Measure Steward	Description
PPC-CH	Timeliness of Prenatal Care	National Committee for Quality Assurance (NCQA)/ Healthcare Effectiveness Data and Information Set (HEDIS)	Percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year that received a prenatal care visit in the first trimester or within 42 days of enrollment.

Measure Abbreviation	Measure	Measure Steward	Description
FPC-CH	Frequency of Ongoing Prenatal Care	NCQA/HEDIS	Percentage of deliveries between November 6 of the year prior to the measurement year and November 5 of the measurement year that received the following number of expected prenatal visits: 1. < 21 percent of expected visits 2. 21 percent – 40 percent of expected visits 3. 41 percent – 60 percent of expected visits 4. 61 percent – 80 percent of expected visits 5. ≥ 81 percent of expected visits
LBW-CH	Live Births Weighing Less Than 2,500 Grams	Centers for Disease Control and Prevention (CDC)	Percentage of live births that weighed less than 2,500 grams in the state during the reporting period
PC02-CH	PC-02: Cesarean Section for Nulliparous Singleton Vertex	The Joint Commission	Percentage of nulliparous women with a term, singleton baby in a vertex position delivered by cesarean section
CIS-CH	Childhood Immunization Status	NCQA/HEDIS	Percentage of children who turned 2 years old during the measurement year and had specific vaccines by their second birthday
IMA-CH	Immunization Status for Adolescents	NCQA/HEDIS	Percentage of adolescents who turned 13 years old during the measurement year and had specific vaccines by their 13th birthday.
WCC-CH	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Body Mass Index Assessment for Children/Adolescents	NCQA/HEDIS	Percentage of children ages 3 to 17 who had an outpatient visit with a primary care practitioner (PCP) or obstetrical/gynecological (OB/GYN) practitioner and whose weight is classified based on body mass index (BMI) percentile for age and gender
DEV-CH	Developmental Screening in the First Three Years of Life	Oregon Health and Science University	Percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding their first, second, or third birthday

Measure Abbreviation	Measure	Measure Steward	Description
CHL-CH	Chlamydia Screening in Women	NCQA/HEDIS	Percentage of women ages 16 to 20 who were identified as sexually active and had at least one test for Chlamydia during the measurement year
W15-CH	Well-Child Visits in the First 15 Months of Life	NCQA/HEDIS	Percentage of children who turned 15 months old during the measurement year and had zero, one, two, three, four, five, or six or more well-child visits with a PCP during their first 15 months of life
W34-CH	Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	NCQA/HEDIS	Percentage of children ages 3 to 6 who had one or more well-child visits with a PCP during the measurement year
AWC-CH	Adolescent Well-Care Visit	NCQA/HEDIS	Percentage of adolescents ages 12 to 21 who had at least one comprehensive well-care visit with a PCPC or an OB/GYN practitioner during the measurement year
PDENT-CH	Percentage of Eligibles that Received Preventive Dental Services	CMS	Percentage of individuals ages 1 to 20 who are enrolled in Medicaid or CHIP Medicaid Expansion programs, are eligible for EPSDT services, and that received preventive dental services
CAP-CH	Child and Adolescent Access to Primary Care Practitioners	NCQA/HEDIS	Percentage of children and adolescents ages 12 months to 19 years who had a visit with a primary care practitioner (PCP), including four separate percentages: Children ages 12 to 24 months and 25 months to 6 years who had a visit with a PCP during the measurement year Children ages 7 to 11 years and adolescents ages 12 to 19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year
TDENT-CH	Percentage of Eligibles that Received Dental Treatment Services	CMS	Percentage of individuals ages 1 to 20 who are enrolled in Medicaid or CHIP Medicaid Expansion programs, are eligible for EPSDT services, and that received dental treatment services
AMB-CH	Ambulatory Care – Emergency Department (ED) Visits	NCQA/HEDIS	Rate of ED visits per 1,000 enrollee months among children up to age 19

Measure Abbreviation	Measure	Measure Steward	Description
CLABSI-CH	Pediatric Central Line-Associated Blood Stream Infections – Neonatal Intensive Care Unit and Pediatric Intensive Care Unit	CDC	Rate of central line-associated blood stream infections (CLABSI) in the pediatric and neonatal intensive care units during periods selected for surveillance
ADD-CH	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 the first ADHD medication was dispensed, including two rates: one for the initiation phase and one for the continuation and maintenance phase
FUH-CH	Follow-Up After Hospitalization for Mental Illness	NCQA/HEDIS	Percentage of discharges for children ages 6 to 20 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 within 7 days of discharge and within 30 days of discharge
CPC-CH	Consumer Assessment of Healthcare Providers and Systems® (CAHPS) 5.0H Child Version Including Medicaid and Children with Chronic Conditions Supplemental Items	NCQA/HEDIS	Survey on parents' experiences with their children's care
HPV-CH	Human Papillomavirus (HPV) Vaccine for Female Adolescents	NCQA/HEDIS	Percentage of female adolescents who turned 13 years old during the measurement year and who had three doses of the human papillomavirus (HPV) vaccine by their 13th birthday

Measure Abbreviation	Measure	Measure Steward	Description
BHRA-CH	Maternity Care - Behavioral Health Risk Assessment	AMA-PCPI	Percentage of women, regardless of age, who gave birth during a 12-month period seen at least once for prenatal care who received a behavioral health screening risk assessment that includes the following screenings at the first prenatal visit: depression screening, alcohol use screening, tobacco use screening, drug-use screening (illicit and prescription, over the counter), and intimate partner violence screening
MMA-CH	Medication Management for People with Asthma	NCQA/HEDIS	<p>Percentage of children ages 5 to 20 who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period.</p> <p>Two rates are reported:</p> <ol style="list-style-type: none"> 1. Percentage of children who remained on asthma controller medication for at least 50 percent of their treatment period 2. Percentage of children who remained on an asthma controller medication for at least 75 percent of their treatment period <p>This measure is reported using the following age ranges: 5 to 11 years; 12 to 18 years; 19-20 years; and total</p>

GUIDANCE FOR REPORTING

This section contains templates for reporting performance measurement data for each of the Child Core Set measures. Please report performance measurement data for the three most recent years (to the extent that data are available). In the first and second columns, data from the previous two years' annual reports (FFY 2012 and FFY 2013) will be populated with data previously reported in CARTS; enter data in these columns only if changes must be made. If you previously reported no data for either of those years, but you now have data for those years, please enter the data in the appropriate column. Indicate the data were updated using the "Did you update data for this measure?" field. In the third column, report the most recent data available at the time you are submitting the current annual report (FFY 2014). Additional instructions for completing each row of the table are provided below.

Beginning in 2011, the CARTS application requires states to provide information on why they chose not to report a measure(s) in Section IIA. The CARTS user will be prompted to provide this information for each measure during data entry. If the CARTS User skips these questions during CHIP Annual Report Template – FFY 2014

the data entry process, he/she will be prompted to respond to them before being able to certify the Annual Report.

If Data Not Reported, Please Explain Why:

If your state cannot report a specific measure, please check the box that applies to why data are not being reported for each measure. The user may select any applicable reason why data are not being reported, but must select at least one response as follows.

2. Service not covered: Check this box if your program does not cover this service.
3. Population not covered: Check this box if your program does not cover the population included in the measure. If this box is selected, users will also need to indicate whether the entire population or partial population was not covered under its program. A detailed explanation is required if partial population is not covered.
4. Data not available: Check this box if data are not available for this measure in your state. If this box is selected, users will need to explain why data are not available for reporting. Reasons may include "Budget Constraints," "Staff Constraints," "Data Inconsistencies/Accuracy," "Data Source Not Easily Accessible," "Information Not Collected," and "Other".
5. Small sample size: Check this box if the denominator size for this measure is less than 30. If the denominator size is less than 30, your state is not required to report a rate on the measure. However, the state will need to indicate the exact denominator size in the space provided.
6. Other: Please specify if there is another reason why your state cannot report the measure.

Although the Child Core Set measures are voluntarily reported, if the state does not report data on a specific measure, it is important for CMS to understand why each state is not 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:

1. 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.
2. Final: Check this box if the data you are reporting are considered final for the current CARTS reporting period.
3. Same data as reported in a previous year's annual report: Check this box if the data you are reporting are the same data that your state reported in another annual report. Indicate in which year's annual report you previously reported the data.

Measurement Specification:

For each measure, the state should indicate whether a measure adheres to the Child Core Set technical specifications, based on HEDIS® or specifications developed by other measure steward (e.g. CMS, CDC, TJC, AMA/PCPI), or "Other" measurement specifications. If HEDIS® is selected, the HEDIS® Version field must be completed.

If "Other" measurement specification is selected, an explanation must be provided.

CMS encourages states to use the technical specifications outlined in the [Technical Specifications and Resource Manual](#) for the Child Core Set measures.

4. **HEDIS® Version:**

Please specify HEDIS® Version (example HEDIS 2014). This field must be completed only when a user selects the HEDIS® measurement specification.

5. **"Other" Measurement Specification Explanation:**

The explanation field must be completed when "Other" measurement specification has been selected.

Data Source:

Data for the Child Core Set measures may come from several sources, including medical claims and medical records. For each measure, the state must indicate the source of data or methodology used to calculate the measure using the following options (some options are unavailable for some measures):

1. Administrative Data: Medical claims and encounter data or other administrative data source (e.g., immunization registry, vital records,). If this box is selected, the user must then indicate whether the administrative data for a measure are coming from the Medicaid Management Information System (MMIS) or another administrative data source.
2. Hybrid: A combination of administrative and medical records data. If this box is selected, the user must then indicate whether the administrative data for a measure are coming from the Medicaid Management Information System (MMIS) or another administrative data source. The user must also indicate whether the medical record data for a measure are coming from electronic health records (EHR), paper, or EHR and paper.
3. Survey Data: The state should specify the survey used.
4. Other: An explanation box is available for the state to specify the other source of data.

Definition of Population Included in the Measure:

Denominator: 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 (Title XXI), the Medicaid population only (Title XIX), or include both CHIP and Medicaid 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 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.

Date Range: Define the date range for the reporting period based on the “From” time period as the month and year that corresponds to the beginning period in which utilization took place and define the “To” time period as the month and year that corresponds to the end period in which utilization took place. Do not report the year in which data were collected for the measure, or the version of HEDIS® used to calculate the measure, both of which may be different from the period corresponding to utilization of services.

Child Core Set Performance Measurement Data:

In this section, report the numerators, denominators, and rates for each measure (or component). The template provides two sections for entering the data, depending on whether you are reporting using the technical specifications provided by the measure steward or another methodology. 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. “Additional Notes/Comments on Measure” may be entered but is not required. Please note that some measures require reporting of multiple rates.

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

In the section on “Definition of Population Included in the Measure,” states should indicate whether state-level rates were calculated based on rates for multiple reporting units, and if so, whether the rates were weighted based on the size of the measure-eligible population or other factor or were not weighted. For additional guidance on developing a state-level rate, please refer to the Technical Assistance Brief “Approaches to Developing State-Level Rates for Children’s Health Care Quality Measures Based on

Data from Multiple Sources,” available at: <http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/TA2-StateRates.pdf>.

Deviation from Measure Specifications

If the data provided for a measure deviate from the measure technical specifications, please select the type(s) of measure specification deviation. The types of deviations parallel the measure specification categories for each measure. When one or more of the types of deviations are selected, states are required to provide an explanation.

The five types (and examples) of deviations are:

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

Other Performance Measure:

If the state selected “Other” in the “Measure Specification” section of the template, and is thus reporting using another methodology, the user should provide a description of the measure, along with the numerator, denominator, and rate in the “Other Performance Measure” section. If reporting with another methodology, and the form fields do not give you enough space to fully report on the measure, please upload the information to the attachment facility, along with a brief description of the measure (e.g. “data reported for individuals in the 18-64 age range”). “Additional Notes/Comments on Measure” may be entered but is not required.

Beginning in 2012, in an effort to reduce state burden of reporting on the Child Core Set measures, CMS will calculate measures PDENT (Preventive Dental Services) and TDENT (Dental Treatment Services) for states based on data submitted as part of the EPSDT report (Form CMS-416), and measure CLABSI (Pediatric Central Line-Associated Blood Stream Infections) based on data submitted by hospitals to the National Healthcare Safety Network database.

Clarification About Implementing the CHIPRA CAHPS Requirement Under Section 402(a)(2):

11. **Title XXI Programs:** CHIPRA section 402(a)(2), which amends reporting requirements in section 2108 of the Social Security Act, requires Title XXI Programs (i.e., CHIP Medicaid expansion programs, separate child health programs, or a combination of the two) to report CAHPS results to CMS starting December 2013. While Title XXI Programs may select any CAHPS Child Medicaid survey to fulfill this requirement, CMS encourages these programs to use the CAHPS Health Plan Survey 5.0H Child Questionnaire with or without the Supplemental Questions Items for Children with Chronic Conditions to align with the CAHPS Child Core Set measure. Starting in 2013, Title XXI Programs should submit summary level information from the CAHPS survey to CMS via the CARTS attachment facility. We also encourage states to submit raw data to the Agency for Healthcare Research and Quality’s CAHPS Database. More information is available in the Technical Assistance fact sheet, Collecting and Reporting the CAHPS Survey as Required Under the CHIPRA: <http://www.medicicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/CAHPSFactSheet.pdf>.
12. **Title XIX Programs:** Reporting of the CAHPS survey remains voluntary for Title XIX Programs. Title XIX Programs should submit summary level information from the CAHPS survey to CMS via the CARTS attachment facility. We also encourage states to submit raw data to the Agency for Healthcare Research and Quality’s CAHPS Database.

If a state would like to provide CAHPS data on both Medicaid and CHIP enrollees, the agency must sample Title XIX (Medicaid) and Title XXI (CHIP) programs separately and submit separate results to CMS to fulfill the CHIPRA Requirement.

CHIPRA Quality Demonstration States

CHIPRA Quality Demonstration states have the option of reporting state developed quality measures through CARTS. Instructions may be found on page 27 in the web-based template and after measure MMA-CH (Medication Management for People with Asthma) on the Word template.

MEASURE PPC-CH: Timeliness of Prenatal Care

FFY 2012	FFY 2013	FFY 2014
<p>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</p> <p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</p> <p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you Report on this Measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <i>Select all that apply (Must select at least one):</i> <input type="checkbox"/> Service not covered <input type="checkbox"/> Population not covered <input type="checkbox"/> Entire population not covered <input type="checkbox"/> Partial population not covered <i>Explain the partial population not covered:</i> <input type="checkbox"/> Data not available <i>Explain why data not available</i> <input type="checkbox"/> Budget constraints <input type="checkbox"/> Staff constraints <input type="checkbox"/> Data inconsistencies/accuracy <i>Please explain:</i> <input type="checkbox"/> Data source not easily accessible <i>Select all that apply</i> <input type="checkbox"/> Requires medical record review <input type="checkbox"/> Requires data linkage which does not currently exist <input type="checkbox"/> Other: <input type="checkbox"/> Information not collected. <i>Select all that apply</i> <input type="checkbox"/> Not collected by provider (hospital/health plan) <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Small sample size (less than 30) <i>Enter specific sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i> 2011</p>	<p>Status of Data Reported: <input checked="" type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> Full quality assurance checks on the results have not been conducted. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>

FFY 2012	FFY 2013	FFY 2014
Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2011 <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2011 <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2013 <input type="checkbox"/> Other. <i>Explain:</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> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Data from PCC Plan providers and MCO providers.	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 checked="" type="checkbox"/> Other. <i>Specify:</i> State birth records	Data Source: <input type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Vital Records <input type="checkbox"/> Other. <i>Specify:</i> <input checked="" type="checkbox"/> Hybrid (Administrative and Medical Records Data) From where is the Administrative Data coming? <i>Must select one or more</i> <input checked="" type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Vital Records <input type="checkbox"/> Other. <i>Specify:</i> From where is the Medical Records Data coming? <i>Must select one:</i> <input type="checkbox"/> Electronic Health Record (EHR) Data <input type="checkbox"/> Paper <input checked="" type="checkbox"/> Both (EHR and paper) <input type="checkbox"/> Other: <i>Specify:</i>
Definition of Population Included in the Measure: Definition of numerator: HEDIS 2011 specs. 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). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:	Definition of Population Included in the Measure: Definition of numerator: Per HEDIS 2011 specifications 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). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Per HEDIS 2011 specifications	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). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate? <input checked="" type="checkbox"/> Yes If yes, indicate whether the state-level rate is weighted: <input checked="" type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit <input type="checkbox"/> The rates are weighted based on another weighting factor <input type="checkbox"/> The rates are not weighted <input type="checkbox"/> No
Date Range: From: (mm/yyyy) 01/2009 To: (mm/yyyy) 11/2010	Date Range: From: (mm/yyyy) 01/2009 To: (mm/yyyy) 12/2009	Date Range: From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2012

FFY 2012	FFY 2013	FFY 2014
Performance Measurement Data: 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	Performance Measurement Data: 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	Performance Measurement Data: 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
Numerator: 1747 Denominator: 1947 Rate: 90	Numerator: 15673 Denominator: 20654 Rate: 75.88	Numerator: 15603 Denominator: 17117 Rate: 91.2
Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator,. <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i>	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator,. <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i>	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator,. <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i>
Additional notes on measure: Rate is MassHealth weighted mean, thus the raw denominator has been adjusted to properly account for differences in plan size.	Additional notes on measure:	Additional notes/comments on measure: Numerator and denominator reported above have been weighted.
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:

MEASURE FPC-CH: Frequency of Ongoing Prenatal Care

FFY 2012	FFY 2013	FFY 2014
<p>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</p> <p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30) <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</p> <p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you Report on this Measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <i>Select all that apply (Must select at least one):</i> <input type="checkbox"/> Service not covered <input type="checkbox"/> Population not covered <input type="checkbox"/> Entire population not covered <input type="checkbox"/> Partial population not covered <i>Explain the partial population not covered:</i> <input type="checkbox"/> Data not available <i>Explain why data not available</i> <input type="checkbox"/> Budget constraints <input type="checkbox"/> Staff constraints <input type="checkbox"/> Data inconsistencies/accuracy <i>Please explain:</i> <input type="checkbox"/> Data source not easily accessible <i>Select all that apply</i> <input type="checkbox"/> Requires medical record review <input type="checkbox"/> Requires data linkage which does not currently exist <input type="checkbox"/> Other: <input type="checkbox"/> Information not collected. <i>Select all that apply</i> <input type="checkbox"/> Not collected by provider (hospital/health plan) <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Small sample size (less than 30) <i>Enter specific sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2011</i></p>	<p>Status of Data Reported: <input checked="" type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> Final quality assurance checks have not been completed. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>

FFY 2012	FFY 2013	FFY 2014
Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2011 <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2011 <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2013 <input type="checkbox"/> Other. <i>Explain:</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> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Data from PCC Plan providers and MCO providers.	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 checked="" type="checkbox"/> Other. <i>Specify:</i> State birth records	Data Source: <input type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Vital Records <input type="checkbox"/> Other. <i>Specify:</i> <input checked="" type="checkbox"/> Hybrid (Administrative and Medical Records Data) From where is the Administrative Data coming? <i>Must select one or more</i> <input checked="" type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Vital Records <input type="checkbox"/> Other. <i>Specify:</i> From where is the Medical Records Data coming? <i>Must select one:</i> <input type="checkbox"/> Electronic Health Record (EHR) Data <input type="checkbox"/> Paper <input checked="" type="checkbox"/> Both (EHR and paper) <input type="checkbox"/> Other: <i>Specify:</i>
Definition of Population Included in the Measure: Definition of numerator: HEDIS 2011 specs. 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). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:	Definition of Population Included in the Measure: Definition of numerator: Per 2011 HEDIS specifications 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). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Per 2011 HEDIS specifications	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). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate? <input checked="" type="checkbox"/> Yes If yes, indicate whether the state-level rate is weighted: <input checked="" type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit <input type="checkbox"/> The rates are weighted based on another weighting factor <input type="checkbox"/> The rates are not weighted <input type="checkbox"/> No

FFY 2012	FFY 2013	FFY 2014
Date Range: From: (mm/yyyy) 01/2009 To: (mm/yyyy) 11/2010	Date Range: From: (mm/yyyy) 01/2009 To: (mm/yyyy) 12/2009	Date Range: From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2012
Performance Measurement Data: Percentage of deliveries between November 6 of the year prior to the measurement year and November 5 of the measurement year that received the following number of visits: < 21 percent of expected visits 21 percent – 40 percent of expected visits 41 percent – 60 percent of expected visits 61 percent – 80 percent of expected visits ≥ 81 percent of expected visits	Performance Measurement Data: Percentage of deliveries between November 6 of the year prior to the measurement year and November 5 of the measurement year that received the following number of visits: < 21 percent of expected visits 21 percent – 40 percent of expected visits 41 percent – 60 percent of expected visits 61 percent – 80 percent of expected visits ≥ 81 percent of expected visits	Performance Measurement Data: Percentage of deliveries between November 6 of the year prior to the measurement year and November 5 of the measurement year that received the following number of expected prenatal visits: < 21 percent of expected visits 21 percent – 40 percent of expected visits 41 percent – 60 percent of expected visits 61 percent – 80 percent of expected visits ≥ 81 percent of expected visits
< 21 percent of expected visits Numerator: Denominator: Rate: 21 percent – 40 percent of expected visits Numerator: Denominator: Rate: 41 percent – 60 percent of expected visits Numerator: Denominator: Rate: 61 percent – 80 percent of expected visits Numerator: Denominator: Rate: ≥ 81 percent of expected visits Numerator: 1355 Denominator: 1964 Rate: 69	< 21 percent of expected visits Numerator: 143 Denominator: 21967 Rate: 0.65 21 percent – 40 percent of expected visits Numerator: 572 Denominator: 21967 Rate: 2.6 41 percent – 60 percent of expected visits Numerator: 1358 Denominator: 21967 Rate: 6.18 61 percent – 80 percent of expected visits Numerator: 5089 Denominator: 21967 Rate: 23.17 ≥ 81 percent of expected visits Numerator: 14803 Denominator: 21967 Rate: 67.39	< 21 percent of expected visits Numerator: 453 Denominator: 17117 Rate: 2.6 21 percent – 40 percent of expected visits Numerator: 429 Denominator: 17117 Rate: 2.5 41 percent – 60 percent of expected visits Numerator: 943 Denominator: 17117 Rate: 5.5 61 percent – 80 percent of expected visits Numerator: 2210 Denominator: 17117 Rate: 12.9 ≥ 81 percent of expected visits Numerator: 13082 Denominator: 17117 Rate: 76.4

FFY 2012	FFY 2013	FFY 2014
<p>Deviations from Measure Specifications:</p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><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.</p>	<p>Deviations from Measure Specifications:</p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p>Deviations from Measure Specifications:</p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>
<p>Additional notes on measure: Rate is MassHealth weighted mean, thus the raw denominator has been adjusted to properly account for differences in plan size.</p>	<p>Additional notes on measure:</p>	<p>Additional notes/comments on measure: Numerator and denominator reported above have been weighted.</p>
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>

MEASURE LBW-CH: Live Births Weighing Less Than 2,500 Grams

FFY 2012	FFY 2013	FFY 2014
<p>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</p> <p>Did you report on this measure? <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> These data are only available through medical record review or from DPH. MassHealth has historically not used data sources other than MassHealth administrative or hybrid data. The MA CHIPRA Quality Demonstration grant is testing the use of DPH birth record data as a possible data source for reporting on this measure in future years, however working with the data has presented challenges.</p>	<p>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</p> <p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you Report on this Measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <i>Select all that apply (Must select at least one):</i> <input type="checkbox"/> Service not covered <input type="checkbox"/> Population not covered <input type="checkbox"/> Entire population not covered <input type="checkbox"/> Partial population not covered <i>Explain the partial population not covered:</i> <input type="checkbox"/> Data not available <i>Explain why data not available</i> <input type="checkbox"/> Budget constraints <input type="checkbox"/> Staff constraints <input type="checkbox"/> Data inconsistencies/accuracy <i>Please explain:</i> <input type="checkbox"/> Data source not easily accessible <i>Select all that apply</i> <input type="checkbox"/> Requires medical record review <input type="checkbox"/> Requires data linkage which does not currently exist <input type="checkbox"/> Other: <input type="checkbox"/> Information not collected. <i>Select all that apply</i> <input type="checkbox"/> Not collected by provider (hospital/health plan) <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Small sample size (less than 30) <i>Enter specific sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <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>

FFY 2012	FFY 2013	FFY 2014
Measurement Specification: <input type="checkbox"/> CDC <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input checked="" type="checkbox"/> CDC <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> CDC <input checked="" type="checkbox"/> Other. <i>Explain:</i> State vital records.
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 checked="" type="checkbox"/> Other. <i>Specify:</i> State reported data from birth records.	Data Source: <input checked="" type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input checked="" type="checkbox"/> Vital Records Other. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
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 the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:	Definition of Population Included in the Measure: Definition of numerator: MassHealth enrolled women 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). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: MassHealth enrolled women	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). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate? <input type="checkbox"/> Yes If yes, indicate whether the state-level rate is weighted: <input type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit <input type="checkbox"/> The rates are weighted based on another weighting factor <input type="checkbox"/> The rates are not weighted <input type="checkbox"/> No
Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010	Date Range: From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010
Performance Measurement Data: Percentage of resident live births that weighed less than 2,500 grams in the State reporting period	Performance Measurement Data: Percentage of resident live births that weighed less than 2,500 grams in the State reporting period	Performance Measurement Data: Percentage of live births that weighed less than 2,500 grams in the State during the reporting period
Numerator: Denominator: Rate:	Numerator: 1752 Denominator: 21821 Rate: 8.03	Numerator: Denominator: Rate:

FFY 2012	FFY 2013	FFY 2014
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/comments 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: 1602 Denominator: 19485 Rate: 8.2
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:

MEASURE PCO2-CH: Cesarean Section for Nulliparous Singleton Vertex

FFY 2012	FFY 2013	FFY 2014
<p>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</p> <p>Did you report on this measure? <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> Under the CHIPRA Demonstration grant, MassHealth is exploring ways to calculate this measure. These data are only available through medical record review or from DPH. MassHealth has historically not used data sources other than MassHealth administrative or hybrid data. The MA CHIPRA Quality Demonstration grant is testing the use of DPH birth record data as a possible data source for reporting on this measure in future years; however working with the data has presented challenges.</p>	<p>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</p> <p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you Report on this Measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <i>Select all that apply (Must select at least one):</i> <input type="checkbox"/> Service not covered <input type="checkbox"/> Population not covered <input type="checkbox"/> Entire population not covered <input type="checkbox"/> Partial population not covered Explain the partial population not covered: <input type="checkbox"/> Data not available Explain why data not available <input type="checkbox"/> Budget constraints <input type="checkbox"/> Staff constraints <input type="checkbox"/> Data inconsistencies/accuracy Please explain: <input type="checkbox"/> Data source not easily accessible <i>Select all that apply</i> <input type="checkbox"/> Requires medical record review <input type="checkbox"/> Requires data linkage which does not currently exist <input type="checkbox"/> Other: <input type="checkbox"/> Information not collected. <i>Select all that apply</i> <input type="checkbox"/> Not collected by provider (hospital/health plan) <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Small sample size (less than 30) Enter specific sample size: <input type="checkbox"/> Other. Explain:</p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input checked="" type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> Final quality assurance checks have not been completed. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>

FFY 2012	FFY 2013	FFY 2014
Measurement Specification: <input type="checkbox"/> CMQCC <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input checked="" type="checkbox"/> CMQCC <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> The Joint Commission <input checked="" type="checkbox"/> Other. <i>Explain:</i> CHIPRA Child Core Set 2011 specifications.
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> <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> MassHealth eligibility and claims data	Data Source: <input checked="" type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input type="checkbox"/> Medicaid Management Information System (MMIS) <input checked="" type="checkbox"/> Vital Records <input type="checkbox"/> Other. <i>Specify:</i> <input type="checkbox"/> Hybrid (Administrative and Medical Records Data) From where is the Administrative Data coming? <i>Must select one or more</i> <input type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Vital Records <input type="checkbox"/> Other. <i>Specify:</i> From where is the Medical Records Data coming? <i>Must select one:</i> <input type="checkbox"/> Electronic Health Record (EHR) Data <input type="checkbox"/> Paper <input type="checkbox"/> Both (EHR and paper) <input type="checkbox"/> Other. <i>Specify:</i>
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 the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:	Definition of Population Included in the Measure: Definition of numerator: As per CMQCC specifications 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). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: As per CMQCC specifications	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). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate? <input type="checkbox"/> Yes If yes, indicate whether the state-level rate is weighted: <input type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit <input type="checkbox"/> The rates are weighted based on another weighting

FFY 2012	FFY 2013	FFY 2014
		factor <input type="checkbox"/> The rates are not weighted <input checked="" type="checkbox"/> No
Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) 01/2008 To: (mm/yyyy) 12/2008	Date Range: From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010
Performance Measurement Data: Percentage of women who had a cesarean section (C-section) among women with first live singleton births (also known as nulliparous term singleton vertex [NTSV] births) at 37 weeks of gestation or later	Performance Measurement Data: Percentage of women who had a cesarean section among women with first live singleton births (also known as nulliparous term singleton vertex [NTSV] births) at 37 weeks of gestation or later	Performance Measurement Data: Percentage of nulliparous women with a term, singleton baby in a vertex position delivered by cesarean section.
Numerator: Denominator: Rate:	Numerator: 2315 Denominator: 8753 Rate: 26.45	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/comments on measure:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 2158 Denominator: 8343 Rate: 25.9 Additional notes on measure: CHIPRA Child Core Set 2011 specifications.

MEASURE CIS-CH: Childhood Immunization Status

FFY 2012	FFY 2013	FFY 2014
<p>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</p> <p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</p> <p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you Report on this Measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <i>Select all that apply (Must select at least one):</i> <input type="checkbox"/> Service not covered <input type="checkbox"/> Population not covered <input type="checkbox"/> Entire population not covered <input type="checkbox"/> Partial population not covered <i>Explain the partial population not covered:</i> <input type="checkbox"/> Data not available <i>Explain why data not available</i> <input type="checkbox"/> Budget constraints <input type="checkbox"/> Staff constraints <input type="checkbox"/> Data inconsistencies/accuracy <i>Please explain:</i> <input type="checkbox"/> Data source not easily accessible <i>Select all that apply</i> <input type="checkbox"/> Requires medical record review <input type="checkbox"/> Requires data linkage which does not currently exist <input type="checkbox"/> Other: <input type="checkbox"/> Information not collected. <i>Select all that apply</i> <input type="checkbox"/> Not collected by provider (hospital/health plan) <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Small sample size (less than 30) <i>Enter specific sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i></p> <p><input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i></p> <p><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: 2012</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>

FFY 2012	FFY 2013	FFY 2014
Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used: 2012</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used: 2012</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used: 2014</i> <input type="checkbox"/> Other. <i>Explain:</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> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Data from PCC Plan providers and MCO providers per HEDIS 2012 specifications.	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 from PCC plan providers and MCO providers per HEDIS 2012 specifications.	Data Source: <input type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Immunization Registry <input type="checkbox"/> Other. <i>Specify:</i> <input checked="" type="checkbox"/> Hybrid (Administrative and Medical Records Data) From where is the Administrative Data coming? <i>Must select one or more</i> <input checked="" type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Immunization Registry <input type="checkbox"/> Other. <i>Specify:</i> From where is the Medical Records Data coming? <i>Must select one:</i> <input type="checkbox"/> Electronic Health Record (EHR) Data <input type="checkbox"/> Paper <input checked="" type="checkbox"/> Both (EHR and paper) <input type="checkbox"/> Other: <i>Specify:</i>

FFY 2012	FFY 2013	FFY 2014
Definition of Population Included in the Measure: Definition of numerator: HEDIS 2012 specs. 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). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:	Definition of Population Included in the Measure: Definition of numerator: Per HEDIS 2012 specifications 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). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Per HEDIS 2012 specifications	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). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate? <input checked="" type="checkbox"/> Yes If yes, indicate whether the state-level rate is weighted: <input checked="" type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit <input type="checkbox"/> The rates are weighted based on another weighting factor <input type="checkbox"/> The rates are not weighted <input type="checkbox"/> No
Date Range: From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011	Date Range: From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011	Date Range: From: (mm/yyyy) 01/2013 To: (mm/yyyy) 12/2013
Performance Measurement Data: Percentage of children who turned 2 years old during the measurement year who had specific vaccines by their second birthday	Performance Measurement Data: Percentage of children that turned 2 years old during the measurement year and had specific vaccines by their second birthday	Performance Measurement Data: Percentage of children who turned 2 years old during the measurement year and had specific vaccines by their second birthday

FFY 2012		FFY 2013		FFY 2014	
DTap Numerator: Denominator: Rate:	Combo 2 Numerator: 1624 Denominator: 2038 Rate: 79.7	DTap Numerator: Denominator: Rate:	Combo 2 Numerator: 1624 Denominator: 2038 Rate: 79.7	DTap Numerator: Denominator: Rate:	Combo 2 Numerator: 14863 Denominator: 17885 Rate: 83.1
IPV Numerator: Denominator: Rate:	Combo 3 Numerator: 1571 Denominator: 2040 Rate: 77	IPV Numerator: Denominator: Rate:	Combo 3 Numerator: 1571 Denominator: 2040 Rate: 77	IPV Numerator: Denominator: Rate:	Combo 3 Numerator: 14459 Denominator: 17885 Rate: 80.8
MMR Numerator: Denominator: Rate:	Combo 4 Numerator: Denominator: Rate:	MMR Numerator: Denominator: Rate:	Combo 4 Numerator: Denominator: Rate:	MMR Numerator: Denominator: Rate:	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: Denominator: Rate:	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: Denominator: Rate:	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: Denominator: Rate:	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: Denominator: Rate:	Combo 8 Numerator: Denominator: Rate:
Hep A Numerator: Denominator: Rate:		Hep A Numerator: Denominator: Rate:		Hep A Numerator: Denominator: Rate:	

FFY 2012		FFY 2013		FFY 2014	
RV Numerator: Denominator: Rate:	Combo 9 Numerator: Denominator: Rate:	RV Numerator: Denominator: Rate:	Combo 9 Numerator: Denominator: Rate:	RV Numerator: Denominator: Rate:	Combo 9 Numerator: Denominator: Rate:
Flu Numerator: Denominator: Rate:	Combo 10 Numerator: Denominator: Rate:	Flu Numerator: Denominator: Rate:	Combo 10 Numerator: Denominator: Rate:	Flu Numerator: Denominator: Rate:	Combo 10 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: 1. Rates are the MassHealth weighted mean, thus the raw denominator has been adjusted to properly account for differences in plan size. 2. MassHealth does not collect and report on all HEDIS combinations. Only those collected have been reported.		Additional notes on measure: 1. Rates are the MassHealth weighted mean, thus the raw denominator has been adjusted to properly account for differences in plan size. 2. MassHealth does not collect and report on all HEDIS combinations. Only those collected have been reported.		Additional notes/comments on measure: Numerator and denominator reported above have been weighted.	
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/comments on measure:	

MEASURE IMA-CH: Immunization Status for Adolescents

FFY 2012	FFY 2013	FFY 2014
<p>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</p> <p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</p> <p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you Report on this Measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <i>Select all that apply (Must select at least one):</i> <input type="checkbox"/> Service not covered <input type="checkbox"/> Population not covered <input type="checkbox"/> Entire population not covered <input type="checkbox"/> Partial population not covered <i>Explain the partial population not covered:</i> <input type="checkbox"/> Data not available <i>Explain why data not available</i> <input type="checkbox"/> Budget constraints <input type="checkbox"/> Staff constraints <input type="checkbox"/> Data inconsistencies/accuracy <i>Please explain:</i> <input type="checkbox"/> Data source not easily accessible <i>Select all that apply</i> <input type="checkbox"/> Requires medical record review <input type="checkbox"/> Requires data linkage which does not currently exist <input type="checkbox"/> Other: <input type="checkbox"/> Information not collected. <i>Select all that apply</i> <input type="checkbox"/> Not collected by provider (hospital/health plan) <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Small sample size (less than 30) <i>Enter specific sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i></p> <p><input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i></p> <p><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: 2012</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>

FFY 2012	FFY 2013	FFY 2014
Measurement Specification: <input checked="" type="checkbox"/> HEDIS. Specify version of HEDIS® used: 2012 <input type="checkbox"/> Other. Explain:	Measurement Specification: <input checked="" type="checkbox"/> HEDIS. Specify HEDIS® Version used: 2012 <input type="checkbox"/> Other. Explain:	Measurement Specification: <input checked="" type="checkbox"/> HEDIS. Specify HEDIS® Version used: 2014 <input type="checkbox"/> Other. Explain:
Data Source: <input type="checkbox"/> Administrative (claims data). Specify: <input checked="" type="checkbox"/> Hybrid (claims and medical record data). Specify: <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify: Data from PCC Plan providers and MCO providers per HEDIS 2012 specifications.	Data Source: <input type="checkbox"/> Administrative (claims data). Specify: <input checked="" type="checkbox"/> Hybrid (claims and medical record data). Specify: <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify: Data from PCC plan providers and MCO providers per HEDIS 2012 specifications	Data Source: <input type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Immunization Registry <input type="checkbox"/> Other. Specify: <input checked="" type="checkbox"/> Hybrid (Administrative and Medical Records Data) From where is the Administrative Data coming? <i>Must select one or more</i> <input checked="" type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Immunization Registry <input type="checkbox"/> Other. Specify: From where is the Medical Records Data coming? <i>Must select one:</i> <input type="checkbox"/> Electronic Health Record (EHR) Data <input type="checkbox"/> Paper <input checked="" type="checkbox"/> Both (EHR and paper) <input type="checkbox"/> Other: Specify:
Definition of Population Included in the Measure: Definition of numerator: HEDIS 2012 specs. 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). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:	Definition of Population Included in the Measure: Definition of numerator: Per HEDIS 2012 specifications 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). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Per HEDIS 2012 specifications	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). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate? <input checked="" type="checkbox"/> Yes If yes, indicate whether the state-level rate is weighted: <input checked="" type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit <input type="checkbox"/> The rates are weighted based on another weighting factor

FFY 2012	FFY 2013	FFY 2014
		<input type="checkbox"/> The rates are not weighted <input type="checkbox"/> No
Date Range: From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011	Date Range: From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011	Date Range: From: (mm/yyyy) 01/2013 To: (mm/yyyy) 12/2013
Performance Measurement Data: The percentage of adolescents 13 years of age who had specific vaccines by their 13th birthday.	Performance Measurement Data: Percentage of adolescents that turned 13 years old during the measurement year and had specific vaccines by their 13th birthday	Performance Measurement Data: Percentage of adolescents who turned 13 years old during the measurement year and had specific vaccines by their 13th birthday
Meningococcal Numerator: Denominator: Rate: Tdap/Td Numerator: Denominator: Rate: Combination (Meningococcal, Tdap/Td) Numerator: 1303 Denominator: 1825 Rate: 71.4	Meningococcal Numerator: Denominator: Rate: Tdap/Td Numerator: Denominator: Rate: Combination (Meningococcal, Tdap/Td) Numerator: 1303 Denominator: 1825 Rate: 71.4	Meningococcal Numerator: Denominator: Rate: Tdap/Td Numerator: Denominator: Rate: Combination (Meningococcal, Tdap/Td) Numerator: 13236 Denominator: 16130 Rate: 82.1
Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i>	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i>	Deviations from Measure Specifications: <input 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: 1. Rates are the MassHealth weighted mean thus the raw denominator has been adjusted to properly account for differences in plan size. 2. MassHealth does not collect and report on all HEDIS combinations, only those collected have been reported.	Additional notes/comments on measure: Numerator and denominator reported above have been weighted.
Other Performance Measurement Data: <i>(If reporting with another methodology)</i>	Other Performance Measurement Data: <i>(If reporting with another methodology)</i>	Other Performance Measurement Data: <i>(If reporting with another methodology)</i>

FFY 2012	FFY 2013	FFY 2014
Numerator: Denominator: Rate: Additional notes on measure:	Numerator: Denominator: Rate: Additional notes on measure:	Numerator: Denominator: Rate: Additional notes on measure:

Screening

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

FFY 2012	FFY 2013	FFY 2014
<p>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</p> <p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</p> <p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you Report on this Measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <i>Select all that apply (Must select at least one):</i> <input type="checkbox"/> Service not covered <input type="checkbox"/> Population not covered <input type="checkbox"/> Entire population not covered <input type="checkbox"/> Partial population not covered <i>Explain the partial population not covered:</i></p> <p><input type="checkbox"/> Data not available <i>Explain why data not available</i> <input type="checkbox"/> Budget constraints <input type="checkbox"/> Staff constraints <input type="checkbox"/> Data inconsistencies/accuracy <i>Please explain:</i> <input type="checkbox"/> Data source not easily accessible <i>Select all that apply</i> <input type="checkbox"/> Requires medical record review <input type="checkbox"/> Requires data linkage which does not currently exist <input type="checkbox"/> Other: <input type="checkbox"/> Information not collected. <i>Select all that apply</i> <input type="checkbox"/> Not collected by provider (hospital/health plan) <input type="checkbox"/> Other: <input type="checkbox"/> Small sample size (less than 30) <i>Enter specific sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input checked="" type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> Full quality assurance checks on the results have not been conducted. <input type="checkbox"/> Final.</p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report.</p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>

FFY 2012	FFY 2013	FFY 2014
<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>	<i>Specify year of annual report in which data previously reported: 2012</i>	
Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> CMS CHIPRA Technical Specifications	Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2011 <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2013 <input type="checkbox"/> Other. <i>Explain:</i>
Data Source: <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> MassHealth eligibility and claims data.	Data Source: <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> MassHealth eligibility and claims data	Data Source: <input type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Other. <i>Specify:</i> <input checked="" type="checkbox"/> Hybrid (Administrative and Medical Records Data) From where is the Administrative Data coming? <i>Must select one or more</i> <input checked="" type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Other. <i>Specify:</i> From where is the Medical Records Data coming? <i>Must select one:</i> <input type="checkbox"/> Electronic Health Record (EHR) Data <input type="checkbox"/> Paper <input checked="" type="checkbox"/> Both (EHR and paper) <input type="checkbox"/> Other: <i>Specify:</i>
Definition of Population Included in the Measure: Definition of numerator: CMS CHIPRA Specification - BMI percentile during the measurement year as identified by administrative data or medical record review. Definition of denominator: <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 the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: See attached file.	Definition of Population Included in the Measure: Definition of numerator: Denominator includes members enrolled in the PCC plan, all contracted managed care organizations, and members who are eligible for, but not yet enrolled in, one of the managed care options noted above. 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). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Denominator includes members enrolled in the PCC plan, all contracted managed care organizations, and members who are eligible for, but not yet enrolled in, one of the managed care options noted above.	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). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate? <input checked="" type="checkbox"/> Yes If yes, indicate whether the state-level rate is weighted: <input checked="" type="checkbox"/> The rates are weighted based on the size of the

FFY 2012		FFY 2013		FFY 2014	
				measure-eligible population for each reporting unit <input type="checkbox"/> The rates are weighted based on another weighting factor <input type="checkbox"/> The rates are not weighted <input type="checkbox"/> No	
Date Range: From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010		Date Range: From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010		Date Range: From: (mm/yyyy) 01/2013 To: (mm/yyyy) 12/2013	
Performance Measurement Data: Percentage of children 3 through 17 years of age whose weight is classified based on BMI percentile for age and gender.		Performance Measurement Data: Percentage of children ages 3 to 17 that had an outpatient visit with a PCP or OB/GYN and whose weight is classified based on body mass index percentile for age and gender		Performance Measurement Data: Percentage of children ages 3 to 17 who had an outpatient visit with a PCP or OB/GYN and whose weight is classified based on body mass index percentile (BMI) for age and gender	
<u>3-11 years</u> Numerator: Denominator: Rate:	<u>Total</u> Numerator: Denominator: Rate:	<u>3-11 years</u> Numerator: 4653 Denominator: 155631 Rate: 2.99	<u>Total</u> Numerator: 7821 Denominator: 238473 Rate: 3.28	<u>3-11 years</u> Numerator: Denominator: Rate:	<u>Total</u> Numerator: 193964 Denominator: 233663 Rate: 83.0
<u>12-17 years</u> Numerator: Denominator: Rate:		<u>12-17 years</u> Numerator: 3168 Denominator: 82842 Rate: 3.82		<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>		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/comments on measure: Numerator and denominator reported above have been weighted.	
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: See attached.		Additional notes on measure:		Additional notes on measure:	

MEASURE DEV-CH: Developmental Screening in the First Three Years of Life

FFY 2012	FFY 2013	FFY 2014
<p>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</p> <p>Did you report on this measure? <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> Under the CHIPRA Demonstration grant, MassHealth is exploring ways to calculate this measure</p>	<p>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</p> <p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you Report on this Measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <i>Select all that apply (Must select at least one):</i> <input type="checkbox"/> Service not covered <input type="checkbox"/> Population not covered <input type="checkbox"/> Entire population not covered <input type="checkbox"/> Partial population not covered Explain the partial population not covered: <input type="checkbox"/> Data not available Explain why data not available <input type="checkbox"/> Budget constraints <input type="checkbox"/> Staff constraints <input type="checkbox"/> Data inconsistencies/accuracy Please explain: <input type="checkbox"/> Data source not easily accessible <i>Select all that apply</i> <input type="checkbox"/> Requires medical record review <input type="checkbox"/> Requires data linkage which does not currently exist <input type="checkbox"/> Other: <input type="checkbox"/> Information not collected. <i>Select all that apply</i> <input type="checkbox"/> Not collected by provider (hospital/health plan) <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Small sample size (less than 30) Enter specific sample size: <input type="checkbox"/> Other. Explain:</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. Specify year of annual report in which data previously reported:</p>	<p>Status of Data Reported: <input checked="" type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> Final quality assurance checks have not been completed. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:</p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:</p>

FFY 2012	FFY 2013	FFY 2014
Measurement Specification: <input type="checkbox"/> CAHMI <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input checked="" type="checkbox"/> OHSU <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input checked="" type="checkbox"/> OHSU <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 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> MassHealth eligibility and claims data.	Data Source: <input checked="" type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input checked="" type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Other. <i>Specify:</i> <input type="checkbox"/> Hybrid (Administrative and Medical Records Data) From where is the Administrative Data coming? <i>Must select one or more</i> <input type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Other. <i>Specify:</i> From where is the Medical Records Data coming? <i>Must select one:</i> <input type="checkbox"/> Electronic Health Record (EHR) Data <input type="checkbox"/> Paper <input type="checkbox"/> Both (EHR and paper) <input type="checkbox"/> Other: <i>Specify:</i>
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 the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:	Definition of Population Included in the Measure: Definition of numerator: Denominator includes members enrolled in the PCC plan, all contracted managed care organizations, and members who are eligible for, but not yet enrolled in, one of the managed care options noted above. 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). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Denominator includes members enrolled in the PCC plan, all contracted managed care organizations, and members who are eligible for, but not yet enrolled in, one of the managed care options noted above.	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). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate? <input type="checkbox"/> Yes If yes, indicate whether the state-level rate is weighted: <input type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit <input type="checkbox"/> The rates are weighted based on another weighting factor <input type="checkbox"/> The rates are not weighted <input checked="" type="checkbox"/> No

FFY 2012	FFY 2013	FFY 2014
Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010	Date Range: From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011
Performance Measurement Data: Percentage of children screened for risk development behavioral and social delays using a standardized tool in the 12 months preceding their first, second, or third birthday.	Performance Measurement Data: Percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding first, second or third birthday.	Performance Measurement Data: Percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding first, second or third birthday.
Children screened by 12 months of age Numerator: Denominator: Rate:	Children screened by 12 months of age Numerator: 11138 Denominator: 21651 Rate: 51.44	Children screened by 12 months of age Numerator: 11239 Denominator: 20539 Rate: 54.7
Children screened by 24 months of age Numerator: Denominator: Rate:	Children screened by 24 months of age Numerator: 13543 Denominator: 20575 Rate: 65.82	Children screened by 24 months of age Numerator: 13321 Denominator: 20766 Rate: 64.2
Children screened by 36 months of age Numerator: Denominator: Rate:	Children screened by 36 months of age Numerator: 11224 Denominator: 20396 Rate: 55.03	Children screened by 36 months of age Numerator: 12295 Denominator: 20881 Rate: 58.9
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: For MassHealth, 96110 can be billed for administration of the M-CHAT. Thus these results include children who received an M-CHAT.	Additional notes/comments on measure: CHIPRA Child Core Set 2011 specifications.
Other Performance Measurement Data: (If reporting with another methodology) Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: (If reporting with another methodology) Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: (If reporting with another methodology) Numerator: Denominator: Rate: Additional notes on measure:

MEASURE CHL-CH: Chlamydia Screening in Women

FFY 2012	FFY 2013	FFY 2014
<p>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</p> <p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</p> <p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you Report on this Measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <i>Select all that apply (Must select at least one):</i> <input type="checkbox"/> Service not covered <input type="checkbox"/> Population not covered <input type="checkbox"/> Entire population not covered <input type="checkbox"/> Partial population not covered <i>Explain the partial population not covered:</i></p> <p><input type="checkbox"/> Data not available <i>Explain why data not available</i> <input type="checkbox"/> Budget constraints <input type="checkbox"/> Staff constraints <input type="checkbox"/> Data inconsistencies/accuracy <i>Please explain:</i> <input type="checkbox"/> Data source not easily accessible <i>Select all that apply</i> <input type="checkbox"/> Requires medical record review <input type="checkbox"/> Requires data linkage which does not currently exist <input type="checkbox"/> Other: <input type="checkbox"/> Information not collected. <i>Select all that apply</i> <input type="checkbox"/> Not collected by provider (hospital/health plan) <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Small sample size (less than 30) <i>Enter specific sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input checked="" type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> Final quality assurance checks have not been completed. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>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: 2012</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>

FFY 2012	FFY 2013	FFY 2014
Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS® used below:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> CMS CHIPRA Technical Specifications	Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2011 <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2014 <input type="checkbox"/> Other. <i>Explain:</i>
Data Source: <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> MassHealth administrative claims and eligibility data.	Data Source: <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> MassHealth eligibility and claims data	Data Source: <input checked="" type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input checked="" type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Other. <i>Specify:</i> <input type="checkbox"/> Other: <i>Specify:</i>
Definition of Population Included in the Measure: Definition of numerator: CMS CHIPRA Specifications - At least one Chlamydia test during the measurement year as documented through administrative data. Definition of denominator: <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 the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: CMS CHIPRA Technical specifications - Women ages 16 to 20 that were identified as sexually active.	Definition of Population Included in the Measure: Definition of numerator: Denominator includes members enrolled in the PCC plan, all contracted managed care organizations, and members who are eligible for, but not yet enrolled in, one of the managed care options noted above. 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). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Denominator includes members enrolled in the PCC plan, all contracted managed care organizations, and members who are eligible for, but not yet enrolled in, one of the managed care options noted above.	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). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate? <input checked="" type="checkbox"/> Yes If yes, indicate whether the state-level rate is weighted: <input checked="" type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit <input type="checkbox"/> The rates are weighted based on another weighting factor <input type="checkbox"/> The rates are not weighted <input type="checkbox"/> No
Date Range: From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010	Date Range: From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010	Date Range: From: (mm/yyyy) 01/2013 To: (mm/yyyy) 12/2013
Performance Measurement Data: Percentage of women ages 16 to 20 that were identified as sexually active and had at least one test for Chlamydia during the measurement year	Performance Measurement Data: Percentage of women ages 16 to 20 that were identified as sexually active and had at least one test for Chlamydia during the measurement year	Performance Measurement Data: Percentage of women ages 16 to 20 who were identified as sexually active and had at least one test for Chlamydia during the measurement year
Numerator: Denominator: Rate:	Numerator: 15563 Denominator: 24098 Rate: 64.6	Numerator: 11335 Denominator: 17535 Rate: 64.6

FFY 2012	FFY 2013	FFY 2014
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/comments on measure:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 15563 Denominator: 24098 Rate: 64.6 Additional notes on measure: Deviations from Measure Specifications: Year of Data, Explain – Based on 2010 data rather than 2011 data. Denominator includes members enrolled in the state’s PCCM program (the PCC Plan), all 5 of the Managed Care Organizations contracted with MassHealth, and members who are eligible for, but not yet enrolled in, one of the managed care options noted above.	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:

Well-child Care Visits (WCV)

MEASURE W15-CH: Well-Child Visits in the First 15 Months of Life

FFY 2012	FFY 2013	FFY 2014
<p>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</p> <p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</p> <p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you Report on this Measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <i>Select all that apply (Must select at least one):</i> <input type="checkbox"/> Service not covered <input type="checkbox"/> Population not covered <input type="checkbox"/> Entire population not covered <input type="checkbox"/> Partial population not covered <i>Explain the partial population not covered:</i> <input type="checkbox"/> Data not available <i>Explain why data not available</i> <input type="checkbox"/> Budget constraints <input type="checkbox"/> Staff constraints <input type="checkbox"/> Data inconsistencies/accuracy <i>Please explain:</i> <input type="checkbox"/> Data source not easily accessible <i>Select all that apply</i> <input type="checkbox"/> Requires medical record review <input type="checkbox"/> Requires data linkage which does not currently exist <input type="checkbox"/> Other: <input type="checkbox"/> Information not collected. <i>Select all that apply</i> <input type="checkbox"/> Not collected by provider (hospital/health plan) <input type="checkbox"/> Other: <input type="checkbox"/> Small sample size (less than 30) <i>Enter specific sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input checked="" type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> Final quality assurance checks have not been completed <input type="checkbox"/> Final.</p>	<p>Status of Data Reported: <input checked="" type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> Final quality assurance checks have not been completed. <input type="checkbox"/> Final.</p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously</i></p>

FFY 2012	FFY 2013	FFY 2014
<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>	<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>	<i>reported:</i>
Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> CMS CHIPRA Technical Specifications	Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2011 <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2014 <input type="checkbox"/> Other. <i>Explain:</i>
Data Source: <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> MassHealth eligibility and claims data.	Data Source: <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> MassHealth eligibility and claims data	Data Source: <input type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Other. <i>Specify:</i> Hybrid (Administrative and Medical Records Data) From where is the Administrative Data coming? <i>Must select one or more</i> <input checked="" type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Other. <i>Specify:</i> From where is the Medical Records Data coming? <i>Must select one:</i> <input type="checkbox"/> Electronic Health Record (EHR) Data <input type="checkbox"/> Paper <input checked="" type="checkbox"/> Both (EHR and paper) <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of numerator: CHIPRA Technical Specifications – number of well-child visits 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). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: CHIPRA Technical Specifications - Children that turned 15 months old during the measurement year	Definition of Population Included in the Measure: Definition of numerator: Denominator includes members enrolled in the PCC plan, all contracted managed care organizations, and members who are eligible for, but not yet enrolled in, one of the managed care options noted above. 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). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Denominator includes members enrolled in the PCC plan, all contracted managed care organizations, and members who are eligible for, but not yet enrolled in, one of the managed care options noted above.	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). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate? <input checked="" type="checkbox"/> Yes If yes, indicate whether the state-level rate is weighted: <input checked="" type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit

FFY 2012		FFY 2013		FFY 2014	
				<input type="checkbox"/> The rates are weighted based on another weighting factor <input type="checkbox"/> The rates are not weighted <input type="checkbox"/> No	
Date Range: From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010		Date Range: From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010		Date Range: From: (mm/yyyy) 01/2013 To: (mm/yyyy) 12/2013	
Performance Measurement Data: Percentage of children that turned 15 months old during the measurement year and had zero, one, two, three, four, five, or six or more well child visits with a primary care practitioner (PCP) during their first 15 months of life		Performance Measurement Data: Percentage of children that turned 15 months old during the measurement year and had zero, one, two, three, four, five, or six or more well child visits with a primary care practitioner (PCP) during their first 15 months of life		Performance Measurement Data: Percentage of children who turned 15 months old during the measurement year and had zero, one, two, three, four, five, or six or more well child visits with a primary care practitioner (PCP) during their first 15 months of life	
<u>0 visits</u> Numerator: Denominator: Rate:	<u>4 visits</u> Numerator: Denominator: Rate:	<u>0 visits</u> Numerator: 1322 Denominator: 25550 Rate: 5.17	<u>4 visits</u> Numerator: 1730 Denominator: 25550 Rate: 6.77	<u>0 visits</u> Numerator: 42 Denominator: 13249 Rate: 0.3	<u>4 visits</u> Numerator: 451 Denominator: 13249 Rate: 3.4
<u>1 visits</u> Numerator: Denominator: Rate:	<u>5 visits</u> Numerator: Denominator: Rate:	<u>1 visits</u> Numerator: 829 Denominator: 25550 Rate: 3.24	<u>5 visits</u> Numerator: 2869 Denominator: 25550 Rate: 11.23	<u>1 visits</u> Numerator: 45 Denominator: 13249 Rate: .3	<u>5 visits</u> Numerator: 862 Denominator: 13249 Rate: 6.5
<u>2 visits</u> Numerator: Denominator: Rate:	<u>6+ visits</u> Numerator: Denominator: Rate:	<u>2 visits</u> Numerator: 957 Denominator: 25550 Rate: 3.75	<u>6+ visits</u> Numerator: 16651 Denominator: 25550 Rate: 65.17	<u>2 visits</u> Numerator: 95 Denominator: 13249 Rate: 0.7	<u>6+ visits</u> Numerator: 11655 Denominator: 13249 Rate: 88.0
<u>3 visits</u> Numerator: Denominator: Rate:		<u>3 visits</u> Numerator: 1195 Denominator: 25550 Rate: 4.67		<u>3 visits</u> Numerator: 100 Denominator: 13249 Rate: 0.8	

FFY 2012	FFY 2013	FFY 2014
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 checked="" type="checkbox"/> Numerator, <i>Explain.</i> MassHealth uses a particular code to identify EPSDT visits delivered by Community Health Centers this code was included in the numerator calculation. <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/comments on measure: Numerator and denominator reported above have been weighted.
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: See attached.	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:

MEASURE W34-CH: Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life

FFY 2012	FFY 2013	FFY 2014
<p>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</p> <p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</p> <p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you Report on this Measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <i>Select all that apply (Must select at least one):</i> <input type="checkbox"/> Service not covered <input type="checkbox"/> Population not covered <input type="checkbox"/> Entire population not covered <input type="checkbox"/> Partial population not covered <i>Explain the partial population not covered:</i> <input type="checkbox"/> Data not available <i>Explain why data not available</i> <input type="checkbox"/> Budget constraints <input type="checkbox"/> Staff constraints <input type="checkbox"/> Data inconsistencies/accuracy <i>Please explain:</i> <input type="checkbox"/> Data source not easily accessible <i>Select all that apply</i> <input type="checkbox"/> Requires medical record review <input type="checkbox"/> Requires data linkage which does not currently exist <input type="checkbox"/> Other: <input type="checkbox"/> Information not collected. <i>Select all that apply</i> <input type="checkbox"/> Not collected by provider (hospital/health plan) <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Small sample size (less than 30) <i>Enter specific sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input checked="" type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> Final quality assurance checks have not been completed <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input checked="" type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> Quality assurance checks have not been completed. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>

FFY 2012	FFY 2013	FFY 2014
Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> CMS CHIPRA Technical Specifications	Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2011 <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2014 <input type="checkbox"/> Other. <i>Explain:</i>
Data Source: <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> MassHealth eligibility and claims data.	Data Source: <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> MassHealth eligibility and claims data	Data Source: <input type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Other. <i>Specify:</i> <input checked="" type="checkbox"/> Hybrid (Administrative and Medical Records Data) From where is the Administrative Data coming? <i>Must select one or more</i> <input checked="" type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Other. <i>Specify:</i> From where is the Medical Records Data coming? <i>Must select one:</i> <input type="checkbox"/> Electronic Health Record (EHR) Data <input type="checkbox"/> Paper <input checked="" type="checkbox"/> Both (EHR and paper) <input type="checkbox"/> Other: <i>Specify:</i>
Definition of Population Included in the Measure: Definition of numerator: CHIPRA Technical Specification - At least one well-child visit with a PCP during the measurement year Definition of denominator: <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 the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: CHIPRA Technical Specifications - children turning ages 3 to 6 in the measurement year	Definition of Population Included in the Measure: Definition of numerator: Denominator includes members enrolled in the PCC plan, all contracted managed care organizations, and members who are eligible for, but not yet enrolled in, one of the managed care options noted above. 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). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Denominator includes members enrolled in the PCC plan, all contracted managed care organizations, and members who are eligible for, but not yet enrolled in, one of the managed care options noted above.	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). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate? <input checked="" type="checkbox"/> Yes If yes, indicate whether the state-level rate is weighted: <input checked="" type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit <input type="checkbox"/> The rates are weighted based on another weighting factor <input type="checkbox"/> The rates are not weighted

FFY 2012	FFY 2013	FFY 2014
		<input type="checkbox"/> No
Date Range: From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010	Date Range: From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010	Date Range: From: (mm/yyyy) 01/2013 To: (mm/yyyy) 12/2013
Performance Measurement Data: Percentage of children age 3 to 6 years old who had one or more well-child visits with a primary care practitioner during the measurement year.	Performance Measurement Data: Percentage of children ages 3 to 6 that had one or more well-child visits with a primary care practitioner during the measurement year.	Performance Measurement Data: Percentage of children ages 3 to 6 who had one or more well-child visits with a primary care practitioner (PCP) during the measurement year.
<u>1+ visits</u> Numerator: Denominator: Rate:	<u>1+ visits</u> Numerator: 69962 Denominator: 87633 Rate: 79.84	<u>1+ visits</u> Numerator: 66322 Denominator: 77371 Rate: 85.7
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 checked="" type="checkbox"/> Numerator, <i>Explain.</i> MassHealth uses a special code for EPSDT visits delivered by Community Health Centers this code is included in the numerator calculation. <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/comments on measure: Numerator and denominator reported above have been weighted.
Other Performance Measurement Data: (If reporting with another methodology) Numerator: 68953 Denominator: 87635 Rate: 78.6 Additional notes on measure: Denominator includes members enrolled in the state's PCCM program (the PCC Plan), all 5 of the Managed Care Organizations contracted with MassHealth, and members who are eligible for, but not yet enrolled in, one of the managed care options noted above. This is the first year of results from the CHIPRA	Other Performance Measurement Data: (If reporting with another methodology) Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: (If reporting with another methodology) Numerator: Denominator: Rate: Additional notes on measure:

FFY 2012	FFY 2013	FFY 2014
demonstration grant. Note that the data are solely administrative rather than a mix of administrative and hybrid as was reported in earlier years.		

MEASURE AWC-CH: Adolescent Well-Care Visit

FFY 2012	FFY 2013	FFY 2014
<p>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</p> <p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</p> <p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you Report on this Measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <i>Select all that apply (Must select at least one):</i> <input type="checkbox"/> Service not covered <input type="checkbox"/> Population not covered <input type="checkbox"/> Entire population not covered <input type="checkbox"/> Partial population not covered <i>Explain the partial population not covered:</i></p> <p><input type="checkbox"/> Data not available <i>Explain why data not available</i> <input type="checkbox"/> Budget constraints <input type="checkbox"/> Staff constraints <input type="checkbox"/> Data inconsistencies/accuracy <i>Please explain:</i> <input type="checkbox"/> Data source not easily accessible <i>Select all that apply</i> <input type="checkbox"/> Requires medical record review <input type="checkbox"/> Requires data linkage which does not currently exist <input type="checkbox"/> Other: <input type="checkbox"/> Information not collected. <i>Select all that apply</i> <input type="checkbox"/> Not collected by provider (hospital/health plan) <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Small sample size (less than 30) <i>Enter specific sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input checked="" type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> Final quality assurance checks have not been completed <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input checked="" type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> Quality assurance checks have not been completed. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>

FFY 2012	FFY 2013	FFY 2014
Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> CMS CHIPRA Technical Specifications	Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2011 <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2014 <input type="checkbox"/> Other. <i>Explain:</i>
Data Source: <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> MassHealth eligibility and claims data.	Data Source: <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> MassHealth eligibility and claims data	Data Source: <input type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Other. <i>Specify:</i> <input checked="" type="checkbox"/> Hybrid (Administrative and Medical Records Data) From where is the Administrative Data coming? <i>Must select one or more</i> <input checked="" type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Other. <i>Specify:</i> From where is the Medical Records Data coming? <i>Must select one:</i> <input type="checkbox"/> Electronic Health Record (EHR) Data <input type="checkbox"/> Paper <input checked="" type="checkbox"/> Both (EHR and paper) <input type="checkbox"/> Other: <i>Specify:</i>
Definition of Population Included in the Measure: Definition of numerator: CHIPRA Technical Specifications – least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year. Definition of denominator: <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 the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: CHIPRA Technical Specifications – Children turning 12 to 21 years old as of December 31 of the measurement year.	Definition of Population Included in the Measure: Definition of numerator: Denominator includes members enrolled in the PCC plan, all contracted managed care organizations, and members who are eligible for, but not yet enrolled in, one of the managed care options noted above. 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). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Denominator includes members enrolled in the PCC plan, all contracted managed care organizations, and members who are eligible for, but not yet enrolled in, one of the managed care options noted above.	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). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate? <input checked="" type="checkbox"/> Yes If yes, indicate whether the state-level rate is weighted: <input checked="" type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit <input type="checkbox"/> The rates are weighted based on another weighting factor <input type="checkbox"/> The rates are not weighted <input type="checkbox"/> No

FFY 2012	FFY 2013	FFY 2014
Date Range: From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010	Date Range: From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010	Date Range: From: (mm/yyyy) 01/2013 To: (mm/yyyy) 12/2013
Performance Measurement Data: Percentage of adolescents ages 12 to 21 that had at least one comprehensive well-care visit with a primary care practitioner or an obstetrical/gynecological (OB/GYN) practitioner during the measurement year.	Performance Measurement Data: Percentage of adolescents ages 12 to 21 that had at least one comprehensive well-care visit with a primary care practitioner or an obstetrical/gynecological (OB/GYN) practitioner during the measurement year.	Performance Measurement Data: Percentage of adolescents ages 12 to 21 who had at least one comprehensive well-care visit with a primary care practitioner (PCP) or an obstetrical/gynecological (OB/GYN) practitioner during the measurement year.
Numerator: Denominator: Rate:	Numerator: 90954 Denominator: 150463 Rate: 60.45	Numerator: 91232 Denominator: 127658 Rate: 71.5
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 checked="" type="checkbox"/> Numerator, <i>Explain.</i> MassHealth uses a special code for EPSDT visits delivered by Community Health Centers this code is included in the numerator calculation. <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/comments on measure: Numerator and denominator reported above have been weighted.
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 86524 Denominator: 150477 Rate: 57.5 Additional notes on measure: Denominator includes members enrolled in the state's PCCM program (the PCC Plan), all 5 of the Managed Care Organizations contracted with MassHealth, and members who are eligible for, but not yet enrolled in, one of the managed care options noted above. Year of Data, Explain – Based on 2010 data rather than 2011 data. This is the first year of results from the CHIPRA demonstration grant. Note that the data are solely	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:

FFY 2012	FFY 2013	FFY 2014
administrative rather than a mix of administrative and hybrid as was reported in earlier years.		

Dental

MEASURE PDENT-CH : Percentage of Eligibles That Received Preventive Dental Services

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

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

FFY 2012	FFY 2013	FFY 2014
<p>Did you report on this measure?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why:</p> <p><input type="checkbox"/> Population not covered.</p> <p><input type="checkbox"/> Data not available. <i>Explain:</i></p> <p><input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i></p> <p><input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why:</p> <p><input type="checkbox"/> Population not covered.</p> <p><input type="checkbox"/> Data not available. <i>Explain:</i></p> <p><input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i></p> <p><input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you Report on this Measure?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <i>Select all that apply (Must select at least one):</i></p> <p><input type="checkbox"/> Service not covered</p> <p><input type="checkbox"/> Population not covered</p> <p style="margin-left: 20px;"><input type="checkbox"/> Entire population not covered</p> <p style="margin-left: 20px;"><input type="checkbox"/> Partial population not covered</p> <p style="margin-left: 40px;"><i>Explain the partial population not covered:</i></p> <p><input type="checkbox"/> Data not available</p> <p style="margin-left: 20px;"><i>Explain why data not available</i></p> <p style="margin-left: 40px;"><input type="checkbox"/> Budget constraints</p> <p style="margin-left: 40px;"><input type="checkbox"/> Staff constraints</p> <p style="margin-left: 40px;"><input type="checkbox"/> Data inconsistencies/accuracy</p> <p style="margin-left: 40px;"><i>Please explain:</i></p> <p style="margin-left: 40px;"><input type="checkbox"/> Data source not easily accessible</p> <p style="margin-left: 60px;"><i>Select all that apply</i></p> <p style="margin-left: 80px;"><input type="checkbox"/> Requires medical record review</p> <p style="margin-left: 80px;"><input type="checkbox"/> Requires data linkage which does not currently exist</p> <p style="margin-left: 80px;"><input type="checkbox"/> Other:</p> <p style="margin-left: 40px;"><input type="checkbox"/> Information not collected.</p> <p style="margin-left: 60px;"><i>Select all that apply</i></p> <p style="margin-left: 80px;"><input type="checkbox"/> Not collected by provider (hospital/health plan)</p> <p style="margin-left: 80px;"><input type="checkbox"/> Other:</p> <p style="margin-left: 40px;"><input type="checkbox"/> Other:</p> <p><input type="checkbox"/> Small sample size (less than 30)</p> <p style="margin-left: 20px;"><i>Enter specific sample size:</i></p> <p><input type="checkbox"/> Other. <i>Explain:</i></p>

FFY 2012	FFY 2013	FFY 2014
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>	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>
Measurement Specification: <input type="checkbox"/> CMS <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> CMS <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> CMS <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 Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Other. <i>Specify:</i> <input type="checkbox"/> Other: <i>Specify:</i>
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 the denominator is a subset of the definition selected above, please further define the denominator, and 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 the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:	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). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate? <input type="checkbox"/> Yes If yes, indicate whether the state-level rate is weighted: <input type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit <input type="checkbox"/> The rates are weighted based on another weighting factor <input type="checkbox"/> The rates are not weighted <input type="checkbox"/> No
Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)

FFY 2012	FFY 2013	FFY 2014
Performance Measurement Data: Percentage of eligible children ages 1-20 who received preventive dental services	Performance Measurement Data: Percentage of individuals ages 1 to 20 who are enrolled in Medicaid or CHIP Medicaid Expansion programs, are eligible for EPSDT services, and that received preventive dental services	Performance Measurement Data: Percentage of individuals ages 1 to 20 who are enrolled in Medicaid or CHIP Medicaid Expansion programs, are eligible for EPSDT services, and that received preventive dental services
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <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/comments on measure:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:

Access

MEASURE CAP-CH: Child and Adolescent Access to Primary Care Practitioners

FFY 2012	FFY 2013	FFY 2014
<p>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</p> <p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</p> <p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you Report on this Measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <i>Select all that apply (Must select at least one):</i> <input type="checkbox"/> Service not covered <input type="checkbox"/> Population not covered <div style="margin-left: 20px;"> <input type="checkbox"/> Entire population not covered <input type="checkbox"/> Partial population not covered <i>Explain the partial population not covered:</i> </div> <input type="checkbox"/> Data not available <div style="margin-left: 20px;"> <i>Explain why data not available</i> <input type="checkbox"/> Budget constraints <input type="checkbox"/> Staff constraints <input type="checkbox"/> Data inconsistencies/accuracy <i>Please explain:</i> <input type="checkbox"/> Data source not easily accessible <i>Select all that apply</i> <input type="checkbox"/> Requires medical record review <input type="checkbox"/> Requires data linkage which does not currently exist <input type="checkbox"/> Other: <input type="checkbox"/> Information not collected. <i>Select all that apply</i> <input type="checkbox"/> Not collected by provider (hospital/health plan) <input type="checkbox"/> Other: <input type="checkbox"/> Small sample size (less than 30) <i>Enter specific sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i> </div> </p>

FFY 2012	FFY 2013	FFY 2014
<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>	<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> 2012	<i>reported:</i>
Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> CMS CHIPRA Technical Specifications	Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2011 <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2011 <input type="checkbox"/> Other. <i>Explain:</i>
Data Source: <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> MassHealth eligibility and claims data.	Data Source: <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> MassHealth eligibility and claims data.	Data Source: <input checked="" type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input checked="" type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Other. <i>Specify:</i> <input type="checkbox"/> Other: <i>Specify:</i>
Definition of Population Included in the Measure: Definition of numerator: CMS CHIPRA Specifications. 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). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: CMS CHIPRA Specifications - 12 months to 19 years old as of December 31 of the measurement year.	Definition of Population Included in the Measure: Definition of numerator: Denominator includes members enrolled in the PCC plan, all contracted managed care organizations, and members who are eligible for, but not yet enrolled in, one of the managed care options noted above. 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). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Denominator includes members enrolled in the PCC plan, all contracted managed care organizations, and members who are eligible for, but not yet enrolled in, one of the managed care options noted above.	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). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate? <input type="checkbox"/> Yes If yes, indicate whether the state-level rate is weighted: <input type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit <input type="checkbox"/> The rates are weighted based on another weighting factor <input type="checkbox"/> The rates are not weighted <input checked="" type="checkbox"/> No
Date Range: From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010	Date Range: From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010	Date Range: From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2011

FFY 2012		FFY 2013		FFY 2014	
Performance Measurement Data: Percentage of children and adolescents ages 12 months to 19 years that had a visit with a primary care practitioner (PCP), including four separate percentages: 1. Children ages 12 to 24 months and 25 months to 6 years who had a visit with a PCP during the measurement year 2. Children ages 7 to 11 years and adolescents ages 12 to 19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year		Performance Measurement Data: Percentage of children and adolescents ages 12 months to 19 years that had a visit with a primary care practitioner (PCP), including four separate percentages: 3. Children ages 12 to 24 months and 25 months to 6 years who had a visit with a PCP during the measurement year 4. Children ages 7 to 11 years and adolescents ages 12 to 19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year		Performance Measurement Data: Percentage of children and adolescents ages 12 months to 19 years who had a visit with a primary care practitioner (PCP), including four separate percentages: 5. Children ages 12 to 24 months and 25 months to 6 years who had a visit with a PCP during the measurement year 6. Children ages 7 to 11 years and adolescents ages 12 to 19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year	
<u>12-24 months</u> Numerator: Denominator: Rate:	<u>7-11 years</u> Numerator: Denominator: Rate:	<u>12-24 months</u> Numerator: 26414 Denominator: 27870 Rate: 94.8	<u>7-11 years</u> Numerator: 76958 Denominator: 79166 Rate: 97.2	<u>12-24 months</u> Numerator: 25686 Denominator: 26813 Rate: 95.8	<u>7-11 years</u> Numerator: 77787 Denominator: 80113 Rate: 97.1
<u>25 months-6 years</u> Numerator: Denominator: Rate:	<u>12-19 years</u> Numerator: Denominator: Rate:	<u>25 months-6 years</u> Numerator: 101827 Denominator: 108478 Rate: 93.9	<u>12-19 years</u> Numerator: 98264 Denominator: 102470 Rate: 95.9	<u>25 months-6 years</u> Numerator: 107804 Denominator: 115824 Rate: 93.1	<u>12-19 years</u> Numerator: 100553 Denominator: 105307 Rate: 95.5
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/comments on measure: CHIPRA Child Core Set 2011 specifications.	
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: See attached. Year of Data, Explain – Based on 2010 data rather than 2011		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:	

FFY 2012	FFY 2013	FFY 2014
<p>data.</p> <p>Denominator includes members enrolled in the state's PCCM program (the PCC Plan), all 5 of the Managed Care Organizations contracted with MassHealth, and members who are eligible for, but not yet enrolled in, one of the managed care options noted above.</p>		

MEASURE TDENT-CH: Percentage of Eligibles that Received Dental Treatment Services

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

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

FFY 2012	FFY 2013	FFY 2014
<p>Did you report on this measure? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you Report on this Measure? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <i>Select all that apply (Must select at least one):</i> <input type="checkbox"/> Service not covered <input type="checkbox"/> Population not covered <input type="checkbox"/> Entire population not covered <input type="checkbox"/> Partial population not covered <i>Explain the partial population not covered:</i></p> <p><input type="checkbox"/> Data not available <i>Explain why data not available</i> <input type="checkbox"/> Budget constraints <input type="checkbox"/> Staff constraints <input type="checkbox"/> Data inconsistencies/accuracy <i>Please explain:</i> <input type="checkbox"/> Data source not easily accessible <i>Select all that apply</i> <input type="checkbox"/> Requires medical record review <input type="checkbox"/> Requires data linkage which does not currently exist <input type="checkbox"/> Other: <input type="checkbox"/> Information not collected. <i>Select all that apply</i> <input type="checkbox"/> Not collected by provider (hospital/health plan) <input type="checkbox"/> Other: <input type="checkbox"/> Other:</p> <p><input type="checkbox"/> Small sample size (less than 30) <i>Enter specific sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>

FFY 2012	FFY 2013	FFY 2014
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>	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>
Measurement Specification: <input type="checkbox"/> CMS <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> CMS <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> CMS <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 Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Other. <i>Specify:</i> <input type="checkbox"/> Other: <i>Specify:</i>
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 the denominator is a subset of the definition selected above, please further define the denominator, and 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 the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:	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). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate? <input type="checkbox"/> Yes If yes, indicate whether the state-level rate is weighted: <input type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit <input type="checkbox"/> The rates are weighted based on another weighting factor <input type="checkbox"/> The rates are not weighted <input type="checkbox"/> No
Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)

FFY 2012	FFY 2013	FFY 2014
Performance Measurement Data: Percentage of eligible children ages 1-20 who received dental treatment services	Performance Measurement Data: Percentage of individuals ages 1 to 20 who are enrolled in Medicaid or CHIP Medicaid Expansion programs, are eligible for EPSDT services, and that received dental treatment services	Performance Measurement Data: Percentage of individuals ages 1 to 20 who are enrolled in Medicaid or CHIP Medicaid Expansion programs, are eligible for EPSDT services, and that received dental treatment services
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <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/comments on measure:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:

MEASURE AMB-CH: Ambulatory Care - Emergency Department (ED) Visits

FFY 2012	FFY 2013	FFY 2014
<p>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</p> <p>Did you report on this measure? <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 anticipated to be produced under the CHIPRA Demonstration grant in FFY 2013.</p>	<p>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</p> <p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you Report on this Measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <i>Select all that apply (Must select at least one):</i> <input type="checkbox"/> Service not covered <input type="checkbox"/> Population not covered <input type="checkbox"/> Entire population not covered <input type="checkbox"/> Partial population not covered <i>Explain the partial population not covered:</i></p> <p><input type="checkbox"/> Data not available <i>Explain why data not available</i> <input type="checkbox"/> Budget constraints <input type="checkbox"/> Staff constraints <input type="checkbox"/> Data inconsistencies/accuracy <i>Please explain:</i> <input type="checkbox"/> Data source not easily accessible <i>Select all that apply</i> <input type="checkbox"/> Requires medical record review <input type="checkbox"/> Requires data linkage which does not currently exist <input type="checkbox"/> Other: <input type="checkbox"/> Information not collected. <i>Select all that apply</i> <input type="checkbox"/> Not collected by provider (hospital/health plan) <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Small sample size (less than 30) <i>Enter specific sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i></p> <p><input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input checked="" type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> Final quality assurance checks have not been completed.</p> <p><input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <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>

FFY 2012	FFY 2013	FFY 2014
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: 2011</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 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> MassHealth eligibility and claims data.	Data Source: <input checked="" type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input checked="" type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Other. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
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 the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:	Definition of Population Included in the Measure: Definition of numerator: Denominator includes members enrolled in the PCC plan, all contracted managed care organizations, and members who are eligible for, but not yet enrolled in, one of the managed care options noted above. 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). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Denominator includes members enrolled in the PCC plan, all contracted managed care organizations, and members who are eligible for, but not yet enrolled in, one of the managed care options noted above.	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). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate? <input type="checkbox"/> Yes If yes, indicate whether the state-level rate is weighted: <input type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit <input type="checkbox"/> The rates are weighted based on another weighting factor <input type="checkbox"/> The rates are not weighted <input checked="" type="checkbox"/> No
Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010	Date Range: From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011
Performance Measurement Data: Rate of ED visits per 1,000 member months among children up to age 19	Performance Measurement Data: Rate of ED visits per 1,000 member months among children up to age 19	Performance Measurement Data: Rate of ED visits per 1,000 enrollee months among children up to age 19

FFY 2012		FFY 2013		FFY 2014	
<1 year Numerator: Denominator: Rate:	10 to 19 years Numerator: Denominator: Rate:	<1 year Numerator: 29644 Denominator: 410211 Rate: 72.3	10 to 19 years Numerator: 76241 Denominator: 2248102 Rate: 33.9	<1 year Numerator: 29090 Denominator: 389688 Rate: 74.6	10 to 19 years Numerator: 77488 Denominator: 2308910 Rate: 33.6
1 to 9 years Numerator: Denominator: Rate:	Total Numerator: Denominator: Rate:	1 to 9 years Numerator: 120143 Denominator: 2736493 Rate: 43.9	Total Numerator: 226028 Denominator: 5394806 Rate: 41.9	1 to 9 years Numerator: 126891 Denominator: 2834917 Rate: 44.8	Total Numerator: 233469 Denominator: 5533515 Rate: 42.2
Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i>		Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i>		Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i>	
Additional notes on measure:		Additional notes on measure:		Additional notes/comments on measure: CHIPRA Child Core Set 2011 specifications.	
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:	

Inpatient

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

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

FFY 2012	FFY 2013	FFY 2014
<p>Did you report on this measure? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you Report on this Measure? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <i>Select all that apply (Must select at least one):</i> <input type="checkbox"/> Service not covered <input type="checkbox"/> Population not covered <input type="checkbox"/> Entire population not covered <input type="checkbox"/> Partial population not covered Explain the partial population not covered: <input type="checkbox"/> Data not available Explain why data not available <input type="checkbox"/> Budget constraints <input type="checkbox"/> Staff constraints <input type="checkbox"/> Data inconsistencies/accuracy Please explain: <input type="checkbox"/> Data source not easily accessible <i>Select all that apply</i> <input type="checkbox"/> Requires medical record review <input type="checkbox"/> Requires data linkage which does not currently exist <input type="checkbox"/> Other: <input type="checkbox"/> Information not collected. <i>Select all that apply</i> <input type="checkbox"/> Not collected by provider (hospital/health plan) <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Small sample size (less than 30) Enter specific sample size: <input type="checkbox"/> Other. Explain:</p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</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.</p>

FFY 2012	FFY 2013	FFY 2014
<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>	<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>	<i>Specify year of annual report in which data previously reported:</i>
Measurement Specification: <input type="checkbox"/> CDC <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> CDC <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> CDC <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"/> Hybrid (Administrative and Medical Records Data) From where is the Administrative Data coming? <i>Must select one or more</i> <input type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Other. <i>Specify:</i> From where is the Medical Records Data coming? <i>Must select one:</i> <input type="checkbox"/> Electronic Health Record (EHR) Data <input type="checkbox"/> Paper <input type="checkbox"/> Both (EHR and paper) <input type="checkbox"/> Other: <i>Specify:</i>
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 the denominator is a subset of the definition selected above, please further define the denominator, and 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 the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:	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). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate? <input type="checkbox"/> Yes If yes, indicate whether the state-level rate is weighted: <input type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit <input type="checkbox"/> The rates are weighted based on another weighting factor <input type="checkbox"/> The rates are not weighted <input type="checkbox"/> No

FFY 2012	FFY 2013	FFY 2014
Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)
Performance Measurement Data: Rate of central line-associated blood stream infections (CLABSI) in the pediatric and neonatal intensive care units during periods selected for surveillance	Performance Measurement Data: Rate of central line-associated blood stream infections (CLABSI) in the pediatric and neonatal intensive care units during periods selected for surveillance	Performance Measurement Data: Rate of central line-associated blood stream infections (CLABSI) in the pediatric and neonatal intensive care units during periods selected for surveillance
Pediatric Intensive Care Unit Numerator: Denominator: Rate: Neonatal Intensive Care Unit Numerator: Denominator: Rate:	Pediatric Intensive Care Unit Numerator: Denominator: Rate: Neonatal Intensive Care Unit Numerator: Denominator: Rate:	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>	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/comments on measure:
Other Performance Measurement Data: (If reporting with another methodology) Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: (If reporting with another methodology) Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: (If reporting with another methodology) Numerator: Denominator: Rate: Additional notes on measure:

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

FFY 2012	FFY 2013	FFY 2014
<p>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</p> <p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you Update any Data for this Measure? <input checked="" type="checkbox"/> Yes</p> <p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you Report on this Measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <i>Select all that apply (Must select at least one):</i> <input type="checkbox"/> Service not covered <input type="checkbox"/> Population not covered <input type="checkbox"/> Entire population not covered <input type="checkbox"/> Partial population not covered <i>Explain the partial population not covered:</i></p> <p><input type="checkbox"/> Data not available <i>Explain why data not available</i> <input type="checkbox"/> Budget constraints <input type="checkbox"/> Staff constraints <input type="checkbox"/> Data inconsistencies/accuracy <i>Please explain:</i> <input type="checkbox"/> Data source not easily accessible <i>Select all that apply</i> <input type="checkbox"/> Requires medical record review <input type="checkbox"/> Requires data linkage which does not currently exist <input type="checkbox"/> Other: <input type="checkbox"/> Information not collected. <i>Select all that apply</i> <input type="checkbox"/> Not collected by provider (hospital/health plan) <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Small sample size (less than 30) <i>Enter specific sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input checked="" type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> Final quality assurance checks have not been completed <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <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>

FFY 2012	FFY 2013	FFY 2014
Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> CMS CHIPRA Technical Specifications	Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2011 <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2013 <input type="checkbox"/> Other. <i>Explain:</i>
Data Source: <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> MassHealth eligibility and claims data.	Data Source: <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> MassHealth eligibility and claims data.	Data Source: <input checked="" type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input checked="" type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Other. <i>Specify:</i> <input type="checkbox"/> Other: <i>Specify:</i>
Definition of Population Included in the Measure: Definition of numerator: CMS CHIPRA Technical Specifications 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). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Denominator includes members enrolled in the state's PCCM program (the PCC Plan), all 5 of the Managed Care Organizations contracted with MassHealth, and members who are eligible for, but not yet enrolled in, one of the managed care options noted above.	Definition of Population Included in the Measure: Definition of numerator: All managed care enrolled. 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). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:	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). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate? <input checked="" type="checkbox"/> Yes If yes, indicate whether the state-level rate is weighted: <input checked="" type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit <input type="checkbox"/> The rates are weighted based on another weighting factor <input type="checkbox"/> The rates are not weighted <input type="checkbox"/> No
Date Range: From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010	Date Range: From: (mm/yyyy) 03/2009 To: (mm/yyyy) 02/2010	Date Range: From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2012
Performance Measurement Data: Percentage of children newly prescribed ADHD medication that had at least three follow-up care visits within a 10-month period, one of which was within 30 days from the time the first ADHD medication was dispensed, including two rates: one for the initiation phase and one for the continuation and maintenance phase	Performance Measurement Data: Percentage of children newly prescribed ADHD medication that had at least three follow-up care visits within a 10-month period, one of which was within 30 days from the time the first ADHD medication was dispensed, including two rates: one for the initiation phase and one for the continuation and maintenance phase	Performance Measurement Data: 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 the first ADHD medication was dispensed, including two rates: one for the initiation phase and one for the continuation and maintenance phase

FFY 2012	FFY 2013	FFY 2014
<p>Initiation Phase Numerator: Denominator: Rate:</p> <p>Continuation and Maintenance (C&M) Phase: Numerator: Denominator: Rate:</p>	<p>Initiation Phase Numerator: 2409 Denominator: 5079 Rate: 47.4</p> <p>Continuation and Maintenance (C&M) Phase: Numerator: 405 Denominator: 787 Rate: 51.5</p>	<p>Initiation Phase Numerator: 2252 Denominator: 4373 Rate: 51.5</p> <p>Continuation and Maintenance (C&M) Phase: Numerator: 634 Denominator: 1052 Rate: 60.3</p>
<p>Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain</i>.</p> <p><input type="checkbox"/> Data Source, <i>Explain</i>.</p> <p><input type="checkbox"/> Numerator, <i>Explain</i>.</p> <p><input type="checkbox"/> Denominator, <i>Explain</i>.</p> <p><input type="checkbox"/> Other, <i>Explain</i>.</p>	<p>Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain</i>.</p> <p><input type="checkbox"/> Data Source, <i>Explain</i>.</p> <p><input type="checkbox"/> Numerator, <i>Explain</i>.</p> <p><input type="checkbox"/> Denominator, <i>Explain</i>.</p> <p><input type="checkbox"/> Other, <i>Explain</i>.</p>	<p>Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain</i>.</p> <p><input type="checkbox"/> Data Source, <i>Explain</i>.</p> <p><input type="checkbox"/> Numerator, <i>Explain</i>.</p> <p><input type="checkbox"/> Denominator, <i>Explain</i>.</p> <p><input type="checkbox"/> Other, <i>Explain</i>.</p>
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:
<p>Other Performance Measurement Data: (If reporting with another methodology) Numerator: Denominator: Rate:</p> <p>Additional notes on measure: Initiation Phase Numerator: 1335 Denominator: 3455 Rate: 38.6%</p> <p>Continuation and Maintenance (C&M) Phase: Numerator: 403 Denominator: 1031 Rate: 39.1%</p> <p>Year of Data, Explain – Based on 2010 data rather than 2011 data.</p>	<p>Other Performance Measurement Data: (If reporting with another methodology) Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: (If reporting with another methodology) Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>

Mental Health

MEASURE FUH-CH: Follow-up after hospitalization for mental illness

FFY 2012	FFY 2013	FFY 2014
<p>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</p> <p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</p> <p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you Report on this Measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <i>Select all that apply (Must select at least one):</i> <input type="checkbox"/> Service not covered <input type="checkbox"/> Population not covered <input type="checkbox"/> Entire population not covered <input type="checkbox"/> Partial population not covered <i>Explain the partial population not covered:</i> <input type="checkbox"/> Data not available <i>Explain why data not available</i> <input type="checkbox"/> Budget constraints <input type="checkbox"/> Staff constraints <input type="checkbox"/> Data inconsistencies/accuracy <i>Please explain:</i> <input type="checkbox"/> Data source not easily accessible <i>Select all that apply</i> <input type="checkbox"/> Requires medical record review <input type="checkbox"/> Requires data linkage which does not currently exist <input type="checkbox"/> Other: <input type="checkbox"/> Information not collected. <i>Select all that apply</i> <input type="checkbox"/> Not collected by provider (hospital/health plan) <input type="checkbox"/> Other: <input type="checkbox"/> Small sample size (less than 30) <i>Enter specific sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final.</p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final.</p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously</i></p>

FFY 2012	FFY 2013	FFY 2014
<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>	<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> 2012	<i>reported:</i>
Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2012 <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input checked="" type="checkbox"/> HEDIS <i>Specify HEDIS® Version used:</i> 2012 <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input checked="" type="checkbox"/> HEDIS <i>Specify HEDIS® Version used:</i> 2011 <input type="checkbox"/> Other. <i>Explain:</i>
Data Source: <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> MassHealth eligibility and claims data.	Data Source: <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> MassHealth eligibility and claims data.	Data Source: <input checked="" type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input checked="" type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Other. <i>Specify:</i> <input type="checkbox"/> Other: <i>Specify:</i>
Definition of Population Included in the Measure: Definition of numerator: HEDIS 2012 specs. 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). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: HEDIS 2012 specs, members age 6 and older.	Definition of Population Included in the Measure: Definition of numerator: HEDIS 2012 specifications 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). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: HEDIS 2012 specifications, members ages 6 and older	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). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate? <input type="checkbox"/> Yes If yes, indicate whether the state-level rate is weighted: <input type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit <input type="checkbox"/> The rates are weighted based on another weighting factor <input type="checkbox"/> The rates are not weighted <input checked="" type="checkbox"/> No
Date Range: From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011	Date Range: From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011	Date Range: From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011

FFY 2012	FFY 2013	FFY 2014
Performance Measurement Data: Percentage of discharges for children aged 6 years and older that 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 children ages 6 to 20 that were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner within 7 days of discharge and within 30 days of discharge	Performance Measurement Data: Percentage of discharges for children ages 6 to 20 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 within 7 days of discharge and within 30 days of discharge
7 Day Follow-Up Numerator: 6957 Denominator: 12453 Rate: 55.9 30 Day Follow-Up Numerator: 9360 Denominator: 12453 Rate: 75.2	7 Day Follow-Up (children ages 6 to 20) Numerator: 6957 Denominator: 12453 Rate: 55.9 30 Day Follow-Up (children ages 6 to 20) Numerator: 9360 Denominator: 12453 Rate: 75.2	7 Day Follow-Up (children ages 6 to 20) Numerator: 2089 Denominator: 3288 Rate: 63.5 30 Day Follow-Up (children ages 6 to 20) Numerator: 2606 Denominator: 3288 Rate: 79.3
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 checked="" type="checkbox"/> Denominator, <i>Explain.</i> Not limited to children – includes all members age 6 and older <input type="checkbox"/> Other, <i>Explain.</i>	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: Based on HEDIS 2012 data (1/2011-12/2011). NOTE: This is the HEDIS measure and includes adults. Also note that the rate is MassHealth weighted mean, thus the raw denominator has been adjusted to properly account for differences in plan size.	Additional notes on measure: The rate is the MassHealth weighted mean thus the raw denominator has been adjusted to properly account for differences in plan size.	Additional notes/comments on measure: CHIPRA Child Core Set 2011 specifications.
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:

FFY 2012	FFY 2013	FFY 2014
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:

MEASURE CPC-CH: Consumer Assessment Of Healthcare Providers and Systems® (CAHPS) 5.0H
(Child Version Including Medicaid and Children with Chronic Conditions Supplemental Items)

FFY 2012	FFY 2013	FFY 2014
<p>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</p> <p>Did you collect on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, how did you report this measure (select all that apply) <input type="checkbox"/> Submitted raw data to AHRQ. <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 collected: <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 Update any Data for this Measure? <input type="checkbox"/> Yes</p> <p>Did you collect on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, how did you report this measure (select all that apply) <input type="checkbox"/> Submitted raw data to AHRQ. <input checked="" 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 collected: <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 Collect this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes, How Did you Report this Measure (select all that apply): <input type="checkbox"/> Submitted raw data to AHRQ (CAHPS Database) <input type="checkbox"/> Submitted a summary report to CMS using the CARTS attachment facility (NOTE: do not submit raw CAHPS data to CMS) <input type="checkbox"/> Other: <i>Explain:</i></p> <p>If Data Not Reported, Please Explain Why: <i>Select all that apply (Must select at least one):</i> <input type="checkbox"/> Service not covered <input type="checkbox"/> Population not covered <input type="checkbox"/> Entire population not covered <input type="checkbox"/> Partial population not covered <i>Explain the partial population not covered:</i></p> <p><input checked="" type="checkbox"/> Data not available <i>Explain why data not available</i> <input checked="" type="checkbox"/> Budget constraints <input checked="" type="checkbox"/> Staff constraints <input type="checkbox"/> Data inconsistencies/accuracy <i>Please explain:</i> <input type="checkbox"/> Data source not easily accessible <i>Select all that apply</i> <input type="checkbox"/> Requires medical record review <input type="checkbox"/> Requires data linkage which does not currently exist <input type="checkbox"/> Other: <input checked="" type="checkbox"/> Information not collected. <i>Select all that apply</i> <input type="checkbox"/> Not collected by provider (hospital/health plan) <input checked="" type="checkbox"/> Other: Not collected at the state level. <input type="checkbox"/> Other: <input type="checkbox"/> Small sample size (less than 30) <i>Enter specific sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>

FFY 2012	FFY 2013	FFY 2014
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). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: N/A	Definition of Population Included in the Measure: Definition of population included in the survey sample: <input type="checkbox"/> Survey sample includes CHIP (Title XXI) population only. <input type="checkbox"/> Survey sample includes Medicaid (Title XIX) population only. <input checked="" type="checkbox"/> Survey sample includes CHIP (Title XXI) and Medicaid (Title XIX) populations, combined. <input type="checkbox"/> Two sets of survey results submitted; survey samples includes CHIP and Medicaid (Title XIX) populations, separately. If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:	Definition of Population Included in the Measure: Definition of population included in the survey sample: <input type="checkbox"/> Survey sample includes CHIP (Title XXI) population only. <input type="checkbox"/> Survey sample includes Medicaid (Title XIX) population only. <input type="checkbox"/> Survey sample includes CHIP (Title XXI) and Medicaid (Title XIX) populations, combined. <input type="checkbox"/> Two sets of survey results submitted; survey samples includes CHIP and Medicaid (Title XIX) populations, separately. If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:
Which Version of the CAHPS® Survey was Used? <input type="checkbox"/> CAHPS 4.0. <input type="checkbox"/> CAHPS 4.0H. <input checked="" type="checkbox"/> Other. Explain: Massachusetts Health Quality Partners PCMH Survey – Based on CAHPS-CG PCMH	Which Version of the CAHPS® Survey was Used? <input type="checkbox"/> CAHPS 5.0. <input checked="" type="checkbox"/> CAHPS 5.0H. <input type="checkbox"/> Other. Explain:	Which Version of the CAHPS® Survey was Used? <input type="checkbox"/> CAHPS 5.0. <input type="checkbox"/> CAHPS 5.0H. <input type="checkbox"/> Other. Explain:
Which supplemental item sets were included in the survey? <input type="checkbox"/> No supplemental item sets were included <input type="checkbox"/> CAHPS Item Set for Children with Chronic Conditions <input checked="" type="checkbox"/> Other CAHPS Item Set. Explain: PCMH	Which supplemental item sets were included in the survey? <input type="checkbox"/> No supplemental item sets were included <input type="checkbox"/> CAHPS Item Set for Children with Chronic Conditions <input checked="" type="checkbox"/> Other CAHPS Item Set. Explain: Communication, dental care, QI subset-coordination questions, utilization subset - ED question, chronic condition subset - impact on family	Which Supplemental Item Sets were Included in the Survey? <input type="checkbox"/> No supplemental item sets were included <input type="checkbox"/> CAHPS Item Set for Children with Chronic Conditions <input type="checkbox"/> Other CAHPS Item Set. Explain:
	Which Administrative Protocol was Used to Administer the Survey? <input type="checkbox"/> NCQA HEDIS CAHPS 5.0H administrative protocol <input checked="" type="checkbox"/> AHRQ CAHPS administrative protocol <input type="checkbox"/> Other administrative protocol. Explain:	Which Administrative Protocol was Used to Administer the Survey? <input type="checkbox"/> NCQA HEDIS CAHPS 5.0H administrative protocol <input type="checkbox"/> AHRQ CAHPS administrative protocol <input type="checkbox"/> Other administrative protocol. Explain:

MEASURE HPV-CH: Human Papillomavirus (HPV) for Female Adolescents

	FFY 2013	FFY 2014
	<p>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</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. Explain: <input type="checkbox"/> Small sample size (less than 30). Specify sample size: <input type="checkbox"/> Other. Explain: Data collection currently underway but not complete</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: <i>Select all that apply (Must select at least one):</i></p> <p><input type="checkbox"/> Service not covered <input type="checkbox"/> Population not covered <input type="checkbox"/> Entire population not covered <input type="checkbox"/> Partial population not covered Explain the partial population not covered:</p> <p><input type="checkbox"/> Data not available Explain why data not available <input type="checkbox"/> Budget constraints <input type="checkbox"/> Staff constraints <input type="checkbox"/> Data inconsistencies/accuracy Please explain: <input type="checkbox"/> Data source not easily accessible <i>Select all that apply</i> <input type="checkbox"/> Requires medical record review <input type="checkbox"/> Requires data linkage which does not currently exist <input type="checkbox"/> Other: <input type="checkbox"/> Information not collected. <i>Select all that apply</i> <input type="checkbox"/> Not collected by provider (hospital/health plan) <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Small sample size (less than 30) Enter specific sample size: <input type="checkbox"/> Other. Explain:</p>
	<p>Status of Data Reported:</p> <p><input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final.</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>

	FFY 2013	FFY 2014
	Measurement Specification: <input type="checkbox"/> HEDIS. Specify version of HEDIS® below: <input type="checkbox"/> Other. Explain:	Measurement Specification: <input checked="" type="checkbox"/> HEDIS. Specify HEDIS® Version used: 2014 <input type="checkbox"/> Other. Explain:
	Data Source: <input type="checkbox"/> Administrative (claims data). Specify: <input type="checkbox"/> Hybrid (claims and medical record data). Specify: <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify: Explanation:	Data Source: <input type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Other. Specify: <input checked="" type="checkbox"/> Hybrid (Administrative and Medical Records Data) From where is the Administrative Data coming? <i>Must select one or more</i> <input checked="" type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Other. Specify: From where is the Medical Records Data coming? <i>Must select one:</i> <input type="checkbox"/> Electronic Health Record (EHR) Data <input type="checkbox"/> Paper <input checked="" type="checkbox"/> Both (EHR and paper) <input type="checkbox"/> Other: Specify:

	FFY 2013	FFY 2014
	<p>Definition of Population Included in the Measure: Definition of numerator:</p> <p>Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p> <p>If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</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 checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p> <p>If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p> <p>Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate? <input checked="" type="checkbox"/> Yes If yes, indicate whether the state-level rate is weighted: <input checked="" type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit <input type="checkbox"/> The rates are weighted based on another weighting factor <input type="checkbox"/> The rates are not weighted <input type="checkbox"/> No</p>
	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>	<p>Date Range: From: (mm/yyyy) 01/2013 To: (mm/yyyy) 12/2013</p>
	<p>Performance Measurement Data: Percentage of females that turned 13 years old during the measurement year and had three doses of the human papillomavirus (HPV) vaccine by their 13th birthday</p>	<p>Performance Measurement Data: Percentage of females who turned 13 years old during the measurement year and who had three doses of the human papillomavirus (HPV) vaccine by their 13th birthday</p>
	<p>Numerator: Denominator: Rate:</p>	<p>Numerator: 1741 Denominator: 7761 Rate: 22.4</p>
	<p>Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, Explain <input type="checkbox"/> Data Source, Explain <input type="checkbox"/> Numerator, Explain <input type="checkbox"/> Denominator, Explain <input type="checkbox"/> Other, Explain</p>	<p>Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, Explain <input type="checkbox"/> Data Source, Explain <input type="checkbox"/> Numerator, Explain <input type="checkbox"/> Denominator, Explain <input type="checkbox"/> Other, Explain</p>

	FFY 2013	FFY 2014
	Additional notes/comments on measure:	Additional notes/comments on measure: Numerator and denominator reported above have been weighted.
	Other Performance Measurement Data: (If reporting with another methodology) Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: (If reporting with another methodology) Numerator: Denominator: Rate: Additional notes on measure:

MEASURE BHRA-CH: Maternity Care - Behavioral Health Risk Assessment

	FFY 2013	FFY 2014
	<p>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</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. Explain: <input type="checkbox"/> Small sample size (less than 30). Specify sample size: <input type="checkbox"/> Other. Explain: No available source for data at this time.</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: <i>Select all that apply (Must select at least one):</i></p> <p><input type="checkbox"/> Service not covered <input type="checkbox"/> Population not covered <input type="checkbox"/> Entire population not covered <input type="checkbox"/> Partial population not covered Explain the partial population not covered:</p> <p><input checked="" type="checkbox"/> Data not available Explain why data not available <input checked="" type="checkbox"/> Budget constraints <input checked="" type="checkbox"/> Staff constraints <input type="checkbox"/> Data inconsistencies/accuracy Please explain: <input type="checkbox"/> Data source not easily accessible <i>Select all that apply</i> <input type="checkbox"/> Requires medical record review <input type="checkbox"/> Requires data linkage which does not currently exist <input type="checkbox"/> Other: <input type="checkbox"/> Information not collected. <i>Select all that apply</i> <input type="checkbox"/> Not collected by provider (hospital/health plan) <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Small sample size (less than 30) Enter specific sample size: <input type="checkbox"/> Other. Explain:</p>
	<p>Status of Data Reported:</p> <p><input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final.</p>	<p>Status of Data Reported:</p> <p><input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:</p>

	FFY 2013	FFY 2014
	Measurement Specification: <input type="checkbox"/> AMA-PCPI. <input type="checkbox"/> Other. Explain:	Measurement Specification: <input type="checkbox"/> AMA-PCPI. <input type="checkbox"/> Other. Explain:
	Data Source: <input type="checkbox"/> Electronic Health Records. Specify: <input type="checkbox"/> Other. Specify: Explanation:	Data Source: <input type="checkbox"/> Electronic Health Records. Specify: <input type="checkbox"/> Other. Specify:
	Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:	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). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate? <input type="checkbox"/> Yes If yes, indicate whether the state-level rate is weighted: <input type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit <input type="checkbox"/> The rates are weighted based on another weighting factor <input type="checkbox"/> The rates are not weighted <input type="checkbox"/> No
	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)

MEASURE BHRA-CH: Maternity Care - Behavioral Health Risk Assessment (continued)

	FFY 2013	FFY 2014
	Performance Measurement Data: Percentage of women, regardless of age, who gave birth during a 12-month period that were seen at least once for prenatal care and who received a behavioral health risk assessment at the first prenatal visit	Performance Measurement Data: Percentage of women, regardless of age, who gave birth during a 12-month period seen at least once for prenatal care who received a behavioral health screening risk assessment that includes the following screenings at the first prenatal visit: depression screening, alcohol use screening, tobacco use screening, drug-use screening (illicit and prescription, over the counter), and intimate partner violence screening
	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, Explain <input type="checkbox"/> Data Source, Explain <input type="checkbox"/> Numerator, Explain <input type="checkbox"/> Denominator, Explain <input type="checkbox"/> Other, Explain	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, Explain <input type="checkbox"/> Data Source, Explain <input type="checkbox"/> Numerator, Explain <input type="checkbox"/> Denominator, Explain <input type="checkbox"/> Other, Explain
	Additional notes/comments on measure:	Additional notes/comments on measure:
	Other Performance Measurement Data: (If reporting with another methodology) Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: (If reporting with another methodology) Numerator: Denominator: Rate: Additional notes on measure:

MEASURE MMA-CH: Medication Management for People with Asthma

	FFY 2013	FFY 2014
	<p>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</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. Explain: <input type="checkbox"/> Small sample size (less than 30). Specify sample size: <input type="checkbox"/> Other. Explain: MassHealth uses a rotation approach to its data collection activities. This measure is not part of the current HEDIS measure collection activities.</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: <i>Select all that apply (Must select at least one):</i></p> <p><input type="checkbox"/> Service not covered <input type="checkbox"/> Population not covered <input type="checkbox"/> Entire population not covered <input type="checkbox"/> Partial population not covered Explain the partial population not covered:</p> <p><input type="checkbox"/> Data not available Explain why data not available <input type="checkbox"/> Budget constraints <input type="checkbox"/> Staff constraints <input type="checkbox"/> Data inconsistencies/accuracy Please explain: <input type="checkbox"/> Data source not easily accessible <i>Select all that apply</i> <input type="checkbox"/> Requires medical record review <input type="checkbox"/> Requires data linkage which does not currently exist <input type="checkbox"/> Other: <input type="checkbox"/> Information not collected. <i>Select all that apply</i> <input type="checkbox"/> Not collected by provider (hospital/health plan) <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Small sample size (less than 30) Enter specific sample size: <input type="checkbox"/> Other. Explain:</p>
	<p>Status of Data Reported:</p> <p><input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final.</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>

	FFY 2013	FFY 2014
	Measurement Specification: <input type="checkbox"/> HEDIS. Specify HEDIS® Version used below: <input type="checkbox"/> Other. Explain:	Measurement Specification: <input checked="" type="checkbox"/> HEDIS. Specify HEDIS® Version used below: 2014 <input type="checkbox"/> Other. Explain:
	Data Source: <input type="checkbox"/> Administrative (claims data). Specify: <input type="checkbox"/> Hybrid (claims and medical record data). Specify: <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:	Data Source: <input checked="" type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input checked="" type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Other. Specify: <input type="checkbox"/> Other: Specify:
	Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:	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). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate? <input checked="" type="checkbox"/> Yes If yes, indicate whether the state-level rate is weighted: <input checked="" type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit <input type="checkbox"/> The rates are weighted based on another weighting factor <input type="checkbox"/> The rates are not weighted <input type="checkbox"/> No
	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) 01/2013 To: (mm/yyyy) 12/2013

MEASURE MMA-CH: Medication Management for People with Asthma (continued)

	FFY 2013	FFY 2014
	<p>Performance Measurement Data: Percentage of children ages 5 to 20 that were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period</p> <p>Two rates are reported:</p> <ol style="list-style-type: none"> 1. Percentage of children that remained on an asthma controller medication for at least 50 percent of their treatment period 2. Percentage of children that remained on an asthma controller medication for at least 75 percent of their treatment period. <p>This measure is reported using the following age ranges: 5 to 11 years; 12 to 18 years; 19 to 20 years; and total</p>	<p>Performance Measurement Data: Percentage of children ages 5 to 20 who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period</p> <p>Two rates are reported:</p> <ol style="list-style-type: none"> 3. Percentage of children who remained on an asthma controller medication for at least 50 percent of their treatment period 4. Percentage of children who remained on an asthma controller medication for at least 75 percent of their treatment period. <p>This measure is reported using the following age ranges: 5 to 11 years; 12 to 18 years; 19 to 20 years; and total</p>

	<u>Remained on Asthma Medication for 50 Percent of Treatment Period</u> <u>5-11 Years</u> Numerator: Denominator: Rate: <u>12-18 Years</u> Numerator: Denominator: Rate: <u>19-20 Years</u> Numerator: Denominator: Rate: <u>Total</u> Numerator: Denominator: Rate:	<u>Remained on Asthma Medication for 75 Percent of Treatment Period</u> <u>5-11 Years</u> Numerator: Denominator: Rate: <u>12-18 Years</u> Numerator: Denominator: Rate: <u>19-20 Years</u> Numerator: Denominator: Rate: <u>Total</u> Numerator: Denominator: Rate:	<u>Remained on Asthma Medication for 50 Percent of Treatment Period</u> <u>5-11 Years</u> Numerator: 1174 Denominator: 2617 Rate: 44.9 <u>12-18 Years</u> Numerator: 653 Denominator: 1462 Rate: 44.7 <u>19-20 Years</u> Numerator: Denominator: Rate: <u>Total</u> Numerator: Denominator: Rate:	<u>Remained on Asthma Medication for 75 Percent of Treatment Period</u> <u>5-11 Years</u> Numerator: 597 Denominator: 2617 Rate: 22.8 <u>12-18 Years</u> Numerator: 347 Denominator: 1462 Rate: 23.7 <u>19-20 Years</u> Numerator: Denominator: Rate: <u>Total</u> Numerator: Denominator: Rate:
	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, Explain <input type="checkbox"/> Data Source, Explain <input type="checkbox"/> Numerator, Explain <input type="checkbox"/> Denominator, Explain <input type="checkbox"/> Other, Explain		Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, Explain <input type="checkbox"/> Data Source, Explain <input type="checkbox"/> Numerator, Explain <input type="checkbox"/> Denominator, Explain <input type="checkbox"/> Other, Explain	
	Additional notes/comments on measure:		Additional notes/comments on measure:	

	Other Performance Measurement Data: (If reporting with another methodology) Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: (If reporting with another methodology) Numerator: Denominator: Rate: Additional notes on measure:
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Reporting of state-specific measures:

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

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

☐ Yes ☒ No

SECTION IIB: ENROLLMENT AND UNINSURED DATA

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

Program	FFY 2013	FFY 2014	Percent change FFY 2013-2014
CHIP Medicaid Expansion Program	69113	63042	-8.78
Separate Child Health Program	79606	63555	-20.16

- Please explain any factors that may account for enrollment increases or decreases exceeding 10 percent. **[7500]**

Overall child enrollment in both our Medicaid and CHIP programs has increased but recent system issues have resulted in children being enrolled in temporary Medicaid coverage approved by CMS through the MassHealth 1115 Demonstration who may likely be eligible for CHIP once we complete a MAGI redetermination for them.

- 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 2011-2013. Significant changes are denoted with an asterisk (*). If your state uses an alternate data source and/or methodology for measuring change in the number and/or rate of uninsured children, please explain in Question #3. CARTS will fill in this information automatically, but in the meantime, please refer to the CPS data attachment that was sent with the FFY 2012 Annual Report Template.

Period	Uninsured Children Under Age 19 Below 200 Percent of Poverty		Uninsured Children Under Age 19 Below 200 Percent of Poverty as a Percent of Total Children Under Age 19	
	Number	Std. Error	Rate	Std. Error
1996 - 1998	70	15.5	4.6	1.0
1998 - 2000	68	15.5	4.2	.9
2000 - 2002	40	9.9	2.6	.7
2002 - 2004	53	11.7	3.4	.7
2003 - 2005	50	11.7	3.2	.7

2004 - 2006	44	11.0	2.8	.7
2005 - 2007	36	10.0	2.3	.7
2006 - 2008	35	10.0	2.3	.6
2007 - 2009	23	8.0	1.5	.5
2008 - 2010	25	5.0	1.6	.3
2009-2011	28	5.0	1.8	.3
2010-2012	26	5.0	1.7	0
2013	10	2.0	.7	.2
Percent change 1996-1998 vs. 2011-2013	-60.0%	NA	-60.9%	NA

1. Please explain any activities or factors that may account for increases or decreases in your number and/or rate of uninsured children. **[7500]**

Our rate of uninsured children continues to decline. This is a result of many factors. Our state health reforms of 2006 raised the income limit for our CHIP program from 200% to 300% FPL and the availability of coverage for parents and families through our state Exchange, the Health Connector, helped increase coverage for children as the remainder of their families became covered. The Affordable Care Act further strengthened this culture of coverage. We also provide outreach grants to community based organizations to find and enroll the remaining uninsured children in the state. We implemented Express Lane renewals for children and parents to help reduce churn.

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

- 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 the rest of the question)

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

Data source(s)	
Reporting period (2 or more points in time)	
Methodology	
Population (Please include ages)	

and income levels)	
Sample sizes	
Number and/or rate for two or more points in time	
Statistical significance of results	

- Please explain why your state chose to adopt a different methodology to measure changes in the number and/or rate of uninsured children. **[7500]**
 - What is your state's assessment of the reliability of the estimate? What are the limitations of the data or estimation methodology? (Provide a numerical range or confidence intervals if available.) **[7500]**
3. What are the limitations of the data or estimation methodology? **[7500]**
 4. How does your state use this alternate data source in CHIP program planning? **[7500]**

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:

1. Reducing the number of uninsured children
2. CHIP enrollment
3. Medicaid enrollment
4. Increasing access to care
5. 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 2012 and FFY 2013) will be populated with data from previously reported data in CARTS. If you reported data in the two previous years' reports and you want to update/change the data, please enter that data. If you reported no data for either of those two years, but you now have 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 2014).

Note that the term performance measure is used differently in Section IIA versus IIC. In Section IIA, the term refers to the Child Core Set 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:

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

7. Continuing: Check this box if the goal you are reporting is the same one you have reported in previous annual reports.
8. 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:

9. 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 2014.

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.

10. Final: Check this box if the data you are reporting are considered final for FFY 2014.
11. 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 2011, 2012). 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. check one box to indicate whether the data are for the CHIP population only, or include both CHIP and Medicaid (Title XIX) children combined.
 - i. 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:

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

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

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

Date Range: available for 2014 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.

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

Explanation of Progress:

The intent of this section is to allow your state to highlight progress and describe any quality-improvement activities that may have contributed to your progress. Any quality-improvement activity described should involve the CHIP program, benefit CHIP enrollees, and relate to the performance measure and your progress. An example of a quality-improvement activity is a state-wide initiative to inform individual families directly of their children’s immunization status with the goal of increasing immunization rates. CHIP would either be the primary lead or substantially involved in the project. If improvement has not occurred over time, this section can be used to discuss potential reasons for why progress was not seen and to describe future quality-improvement plans. In this section, your state is also asked to set annual performance objectives for FFY 2015, 2016 and 2017. Based on your recent performance on the measure (from FFY 2012 through 2014), use a combination of expert opinion and “best guesses” to set objectives for the next three years. Please explain your rationale for setting these objectives. For example, if your rate has been increasing by 3 or 4 percentage points per year, you might project future increases at a similar rate. On the other hand, if your rate has been stable over time, you might set a target that projects a small increase over time. If the rate has been fluctuating over time, you might look more closely at the data to ensure that the fluctuations are not an artifact of the data or the methods used to construct a rate. You might set an initial target that is an average of the recent rates, with slight increases in subsequent years. In future annual reports, you will be asked to comment on how your actual performance compares to the objective your state set for the year, as well as any quality-improvement activities that have helped or could help your state meet future objectives.

Other Comments on Measure:

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

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

FFY 2012	FFY 2013	FFY 2014
Goal #1 (Describe) Maintain an overall children's uninsurance rate under 200% FPL of no more than 3%.	Goal #1 (Describe) Maintain an overall children's uninsurance rate under of no more than 3%	Goal #1 (Describe) Maintain an overall children's uninsurance rate of no more than 2%
Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> We are using the CPS data which only includes children up to 200%.	Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> The CPS Survey data for 2012 includes an overall children's uninsurance rate	Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> Since our uninsurance rate for children is so low, we revised the goal to be under 2%.
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>	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 checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> U.S. Census Bureau Current Population Survey 3-year average 2009-2011 (coverage year).	Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> U.S. Census Bureau CPS American Community Survey 2012	Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> CPS American Community Survey data for 2013
Definition of Population Included in the Measure: Definition of denominator: Number of children under 19 years of age at or below 200 Percent of Poverty. Definition of numerator: Number of children at or below 200% of poverty without health insurance.	Definition of Population Included in the Measure: Definition of denominator: Number of children under 18 years in Massachusetts Definition of numerator: Number of uninsured children under 18 years in Massachusetts	Definition of Population Included in the Measure: Definition of denominator: Number of children under age 18 in Massachusetts Definition of numerator: Number of uninsured children under age 18 in Massachusetts
Date Range: From: (mm/yyyy) 01/2009 To: (mm/yyyy) 12/2011	Date Range: From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2012	Date Range: From: (mm/yyyy) 01/2013 To: (mm/yyyy) 12/2013
Performance Measurement Data: Described what is being measured: Children's uninsurance rate under 200% FPL Numerator: 0 Denominator: 0 Rate:	Performance Measurement Data: Described what is being measured: The uninsurance rate for children under 18 in Massachusetts Numerator: 20206 Denominator: 1397972 Rate: 1.4	Performance Measurement Data: Described what is being measured: The uninsurance rate for children under 18 in Massachusetts Numerator: 21079 Denominator: 1389165 Rate: 1.5

FFY 2012	FFY 2013	FFY 2014
Additional notes on measure: Rate: 1.8%	Additional notes on measure:	Additional notes/comments on measure:
<p>Explanation of Progress:</p> <p>How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report? We are using CPS data and therefore cannot make a comparison to last year's annual report which used state data.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report? It is not possible to compare the 2013 performance to the 2012 performance as we are using a new measure and a different data source. However, the reduction in rate from 1.8% to 1.4% in the CPS data is consistent with our state estimates in continued reductions in uninsured children and to an extremely low uninsurance rate for children.</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>Explanation of Progress:</p> <p>How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report? The uninsurance rate for children under 18 decreased from 1.8% to 1.5%.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>
<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2013: Massachusetts will continue efforts to enroll every child eligible for health insurance and as a result, will maintain an uninsurance rate among all children with household income less than 200% FPL of no more than 3%.</p> <p>Annual Performance Objective for FFY 2014: Massachusetts will continue efforts to enroll every child eligible for health insurance and as a result, will maintain an uninsurance rate among all children with household income less than 200% FPL of no more than 3%.</p>	<p>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 2014: Massachusetts will continue efforts to enroll every child eligible for health insurance and as a result, will maintain an uninsurance rate among children under 18 of no more than 2%.</p> <p>Annual Performance Objective for FFY 2015: Massachusetts will continue efforts to enroll every child eligible for health insurance and as a result, will maintain an uninsurance rate among children under 18 of no more than 2%.</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 2015: Massachusetts will continue efforts to enroll every child eligible for health insurance and as a result, will maintain an uninsurance rate among children under 18 of no more than 2%.</p> <p>Annual Performance Objective for FFY 2016: Massachusetts will continue efforts to enroll every child eligible for health insurance and as a result, will maintain an uninsurance rate among children under 18 of no more than 2%.</p>

FFY 2012	FFY 2013	FFY 2014
<p>Annual Performance Objective for FFY 2015: Massachusetts will continue efforts to enroll every child eligible for health insurance and as a result, will maintain an uninsurance rate among all children with household income less than 200% FPL of no more than 3%.</p> <p><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>Annual Performance Objective for FFY 2016: Massachusetts will continue efforts to enroll every child eligible for health insurance and as a result, will maintain an uninsurance rate among children under 18 of no more than 2%.</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>Annual Performance Objective for FFY 2017: Massachusetts will continue efforts to enroll every child eligible for health insurance and as a result, will maintain an uninsurance rate among children under 18 of no more than 2%.</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 these efforts, it is likely there will always be a small percentage of the population that reports being uninsured, and the uninsurance 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>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

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

FFY 2012	FFY 2013	FFY 2014
Goal #2 (Describe) Maintain an uninsurance rate for children under 150% FPL of no more than 3%.	Goal #2 (Describe) Maintain or reduce the uninsurance rate for Hispanic/Latino children at or below 6%	Goal #2 (Describe) Maintain or reduce the uninsurance rate for Black children under the age of 18 at or below 5%
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input checked="" type="checkbox"/> Discontinued. <i>Explain:</i> We have decided to use the CPS data for reporting. It does not contain the break down for 150% FPL.	Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> Last year we used the goal of maintaining an uninsurance rate for children under 200% of no more than 3%. Since that goal uses the data that was reported in Section IIB, Question 2, we have developed a different goal for this year.	Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> The 2014 census data for uninsurance rates for Hispanic/Latino children did not seem to be accurate so we chose a different goal.
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>	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 type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> US Census, CPS, 2011 - 2013 survey	Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> US Census, CPS, 2013
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: The estimated number of Hispanic/Latino children in MA Definition of numerator: The estimated number of uninsured Hispanic/Latino children in MA	Definition of Population Included in the Measure: Definition of denominator: The number of black children in MA Definition of numerator: The number of uninsured black children in MA
Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2013	Date Range: From: (mm/yyyy) 01/2013 To: (mm/yyyy) 12/2013
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:	Performance Measurement Data: Described what is being measured: The uninsurance rate for Hispanic/Latino children in MA Numerator: 11213 Denominator: 224260 Rate: 5	Performance Measurement Data: Described what is being measured: The uninsurance rate for black children in MA Numerator: 5000 Denominator: 154000 Rate: 3.2
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:

FFY 2012	FFY 2013	FFY 2014
<p>Explanation of Progress:</p> <p>How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report? It is not possible to compare the performance as we are using a new measure.</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>Explanation of Progress:</p> <p>How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report? This is a new measure.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>
<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2013: Annual Performance Objective for FFY 2014:</p> <p>Annual Performance Objective for FFY 2015: <i>Explain how these objectives were set:</i></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 2014: Massachusetts will continue efforts to enroll every child eligible for health insurance and as a result, will reduce the uninsurance rate among Hispanic/Latino children to below 5.5%. Annual Performance Objective for FFY 2015: Massachusetts will continue efforts to enroll every child eligible for health insurance and as a result, will reduce the uninsurance rate among Hispanic/Latino children to below 5%. Annual Performance Objective for FFY 2016: Massachusetts will continue efforts to enroll every child eligible for health insurance and as a result, will reduce the uninsurance rate among Hispanic/Latino children to below 4.5%.</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>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 2015: Maintain or reduce the uninsurance rate for Black children under the age of 18 at or below 4% Annual Performance Objective for FFY 2016: Maintain or reduce the uninsurance rate for Black children under the age of 18 at or below 4%</p> <p>Annual Performance Objective for FFY 2017: Maintain or reduce the uninsurance rate for Black children under the age of 18 at or below 4%</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 these efforts, it is likely there will always be a small percentage of the population that reports being uninsured, and the uninsurance 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>	<p>Other Comments on Measure:</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 and 3) (Continued)

FFY 2012	FFY 2013	FFY 2014
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)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input checked="" type="checkbox"/> Discontinued. <i>Explain:</i> We have decided to use the CPS data for reporting. It does not contain the break down for 150% and 300% FPL.	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input checked="" type="checkbox"/> Discontinued. <i>Explain:</i> Since a state survey was not done for FFY13, we have decided to use the CPS data for reporting. It does not contain the break down for 150% and 300% FPL	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. <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>	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:
Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:
Explanation of Progress: How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report?	Explanation of Progress: How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report?	Explanation of Progress: How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report?

FFY 2012	FFY 2013	FFY 2014
<p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2013: Annual Performance Objective for FFY 2014: Annual Performance Objective for FFY 2015:</p> <p><i>Explain how these objectives were set:</i></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 2014: Annual Performance Objective for FFY 2015: Annual Performance Objective for FFY 2016:</p> <p><i>Explain how these objectives were set:</i></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 2015: Annual Performance Objective for FFY 2016: Annual Performance Objective for FFY 2017:</p> <p><i>Explain how these objectives were set:</i></p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Related to CHIP Enrollment

FFY 2012	FFY 2013	FFY 2014
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 Affordable Care Act (ACA) Certified Application Counselor (CAC) Assister sites at 100 or higher statewide
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> On 10/1/13 Massachusetts phased in a CAC program. This involved converting high-volume Virtual Gateway health application assistance sites to ones that would continue to assist consumers apply for health insurance, but would instead need to meet the more stringent ACA CAC requirements, and begin using the new HIX, rather than the health portion of the Virtual Gateway, which was phased out on 12/31/13. 1000 CAC individuals was selected as the first year's goal.
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>	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 and the Office of Medicaid.	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Records kept by Executive Office of Health and Human Services Virtual Gateway Operations Unit and the Office of Medicaid.	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, the Massachusetts Health Connector, and the Office of Medicaid.
Definition of Population Included in the Measure: Definition of denominator: Measure: The number of organizations that submitted MassHealth applications through the Virtual Gateway during SFY12 vs. SFY11 and FFY12 vs. FFY11. Definition of numerator: Measure: The number of organizations that submitted MassHealth applications through the Virtual Gateway during SFY12 vs. SFY11 and FFY12 vs. FFY11.	Definition of Population Included in the Measure: Definition of denominator: Count of organizations that submitted applications through the VG Definition of numerator: Count of organizations that submitted applications through the VG	Definition of Population Included in the Measure: Definition of denominator: N/A Definition of numerator: N/A

FFY 2012	FFY 2013	FFY 2014
Date Range: From: (mm/yyyy) 10/2011 To: (mm/yyyy) 09/2012	Date Range: From: (mm/yyyy) 10/2012 To: (mm/yyyy) 09/2013	Date Range: From: (mm/yyyy) 10/2013 To: (mm/yyyy) 09/2014
Performance Measurement Data: Described what is being measured: Date Range: 07/2011 to 6/2012 (SFY) and 10/2011 to 9/2012 (FFY) Measure: The number of organizations that submitted MassHealth applications through the Virtual Gateway during SFY12 vs. SFY11 and FFY12 vs. FFY11. Describe what is being measured: The number of organizations that submitted MassHealth applications increased from 273 to 279 in SFY12 and from 267 to 285 in FFY12 Numerator: 0 Denominator: 0 Rate:	Performance Measurement Data: Described what is being measured: The number of organizations that submitted MassHealth applications through the Virtual Gateway during FFY13 vs. FFY12. Numerator: 290 Denominator: 290 Rate: 100	Performance Measurement Data: Described what is being measured: The number of organizations that successfully met ACA CAC requirements and executed a CAC contract with both the Office of Medicaid and the Massachusetts Health Connector during FFY14. Numerator: 0 Denominator: 0 Rate:
Additional notes on measure:	Additional notes on measure: The number of organizations that submitted MassHealth applications increased from 285 to 290 in FFY13	Additional notes/comments on measure: The number of organizations meeting this standard went from 0 just before the start of the FFY to 173 as of 9/30/14
Explanation of Progress: How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report? The number of Virtual Gateway access sites, or organizations submitting MassHealth applications using the Virtual Gateway, increased by 18 during the Federal Fiscal Year and by 6 during the State Fiscal Year. What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? The increase in the number of organizations that access the Virtual Gateway has the capacity to increase access to and enrollment in health programs for children.	Explanation of Progress: How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report? The number of Virtual Gateway access sites, or organizations submitting MassHealth applications using the Virtual Gateway, increased by 5 during the Federal 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.	Explanation of Progress: How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report? This is a new objective, given that on October 1, 2013, the implementation of the Affordable Care Act in Massachusetts resulted in the phasing out of the health assistance portion of the Virtual Gateway online system, and the introduction of new rules for application Assistors, as well as a new Health Insurance Exchange website. 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 effort to continuously increase the number of CACs statewide has the capacity to increase access to and enrollment in health programs for children.

FFY 2012	FFY 2013	FFY 2014
<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2013: MassHealth will continue to devote resources in order to maintain or increase the number of Virtual Gateway access sites at 235 or higher.</p> <p>Annual Performance Objective for FFY 2014: Beginning in October 2013, and as part of the rollout of the Federal Affordable Care Act, Massachusetts will introduce a new, web-based state-of-the-art Health Insurance Exchange that will build upon the existing features and success of the Virtual Gateway, plus offer even more enhanced features for organizational users, and for the first time allow members of the public to apply, themselves, online, for MassHealth and other health benefit programs. This will allow MassHealth to continue to devote resources in order to maintain or increase the number of web-based health benefit application organizational access sites.</p> <p>Annual Performance Objective for FFY 2015: Beginning in October 2013, and as part of the rollout of the Federal Affordable Care Act, Massachusetts will introduce a new, web-based state-of-the-art Health Insurance Exchange that will build upon the existing features and success of the Virtual Gateway, plus offer even more enhanced features for organizational users, and for the first time allow members of the public to apply, themselves, online, for MassHealth and other health benefit programs. This will allow MassHealth to continue to devote resources in order to maintain or increase the number of web-based health benefit application organizational access sites.</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>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 2014: Beginning in October 2013, and as part of the rollout of the Federal Affordable Care Act, Massachusetts introduced a new, web-based state-of-the-art Health Insurance Exchange (HIX) that will build upon the existing features and success of the Virtual Gateway, plus offer even more enhanced features for organizational users, and for the first time allow members of the public to apply, themselves, online, for MassHealth and other health benefit programs. This will allow MassHealth to continue to devote resources in order to maintain or increase the number of web-based health benefit application organizational access sites.</p> <p>Annual Performance Objective for FFY 2015: We will continue to devote resources in order to maintain or increase the number of web-based health benefit application organizational access sites.</p> <p>Annual Performance Objective for FFY 2016: We will continue to devote resources in order to maintain or increase the number of web-based health benefit application organizational access sites.</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>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 2015: Beginning in November 2014, and as part of the rollout of the Federal Affordable Care Act 2014-2015 Open Enrollment period, Massachusetts introduced a new version of the Health Insurance Exchange that provides much improved functionality over the edition released in October 2013. This version offers enhanced features for consumers, and allows members of the public to more easily apply, themselves, online, for MassHealth and other health benefit programs. This will allow MassHealth to continue to devote resources in order to maintain or increase the number of web-based health benefit application organizational access sites, known as "CACs".</p> <p>Annual Performance Objective for FFY 2016: We will continue to devote resources in order to maintain or increase the number of web-based health benefit application organizational access sites, known as "CACs" under the Affordable Care Act.</p> <p>Annual Performance Objective for FFY 2017: We will continue to devote resources in order to maintain or increase the number of web-based health benefit application organizational access sites (CACs).</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>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Related to CHIP Enrollment (Continued)

FFY 2012	FFY 2013	FFY 2014
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 children enrolled in premium assistance at 3.5% or more of overall MassHealth child enrollment
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of 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. <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>	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 checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: The number of children in MassHealth at all income levels. Definition of numerator: The number of children enrolled in premium assistance at all income levels.	Definition of Population Included in the Measure: Definition of denominator: The number of children in MassHealth at all income levels. Definition of numerator: The number of children enrolled in premium assistance at all income levels.	Definition of Population Included in the Measure: Definition of denominator: The number of children in MassHealth at all income levels Definition of numerator: The number of children enrolled in premium assistance at all income levels
Date Range: From: (mm/yyyy) 10/2011 To: (mm/yyyy) 09/2012	Date Range: From: (mm/yyyy) 10/2012 To: (mm/yyyy) 09/2013	Date Range: From: (mm/yyyy) 10/2013 To: (mm/yyyy) 09/2014
Performance Measurement Data: Described what is being measured: The percentage of children in MassHealth who receive premium assistance. Numerator: 28227 Denominator: 652469 Rate: 4.3	Performance Measurement Data: Described what is being measured: The percentage of children in MassHealth who receive premium assistance. Numerator: 29817 Denominator: 655517 Rate: 4.5	Performance Measurement Data: Described what is being measured: The percentage of children in MassHealth who receive premium assistance Numerator: 29141 Denominator: 672011 Rate: 4.3
Additional notes on measure: 4.3% of the children in MassHealth receive premium assistance.	Additional notes on measure:	Additional notes/comments on measure:

FFY 2012	FFY 2013	FFY 2014
<p>Explanation of Progress:</p> <p>How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report? In FFY 11 and FFY 12, we exceeded the objective that we set with enrollment in the MassHealth premium assistance program.</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 Commonwealth's efforts towards universal coverage continue to succeed despite increases in health insurance premiums. Providing subsidies to employees so that they can participate in their employer-sponsored insurance is a valuable and cost-effective tool for MassHealth in decreasing uninsurance and increasing enrollment in health insurance of children-particularly within higher income ranges. Enrollment in employer-sponsored insurance in Massachusetts continues to be strong and has remained steady since the implementation of health care reform, showing no signs that MassHealth has crowded out private insurance.</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report? The 4.5% rate for FFY13 is slightly higher than the 4.3% reported for FFY12.</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 Commonwealth's efforts towards universal coverage continue to succeed despite increases in health insurance premiums. Providing subsidies to employees so that they can participate in their employer-sponsored insurance is a valuable and cost-effective tool for MassHealth in decreasing uninsurance and increasing enrollment in health insurance of children-particularly within higher income ranges. Enrollment in employer-sponsored insurance in Massachusetts continues to be strong and has remained steady since the implementation of health care reform, showing no signs that MassHealth has crowded out private insurance.</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report? The 4.3% rate for FFY14 is slightly less than the 4.5% reported for FFY13.</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 Commonwealth's efforts towards universal coverage continue to succeed despite increases in health insurance premiums. Providing subsidies to employees so that they can participate in their employer-sponsored insurance is a valuable and cost-effective tool for MassHealth in decreasing uninsurance and increasing enrollment in health insurance of children-particularly within higher income ranges. Enrollment in employer sponsored insurance in Massachusetts continues to be strong and has remained steady since the implementation of health care reform, showing no signs that MassHealth has crowded out private insurance.</p>
<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2013: MassHealth will continue to 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%.</p> <p>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%.</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 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 4%.</p> <p>Annual Performance Objective for FFY 2015: MassHealth will continue to maintain our efforts to maximize employer-sponsored insurance for our members. The approximate proportion of children enrolled in premium assistance will continue to be above 4%.</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 2015: MassHealth will continue to maintain our efforts to maximize employer-sponsored insurance for our members. The approximate proportion of children enrolled in premium assistance will continue to be above 4%.</p> <p>Annual Performance Objective for FFY 2016: 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 4%.</p>

FFY 2012	FFY 2013	FFY 2014
<p>Annual Performance Objective for FFY 2015: MassHealth will continue to maintain our efforts to maximize employer-sponsored insurance for our members. The approximate proportion of children enrolled in premium assistance will continue to be above 3.5%.</p> <p><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.</p>	<p>Annual Performance Objective for FFY 2016: 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 4%.</p> <p><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.</p>	<p>Annual Performance Objective for FFY 2017: 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 4%.</p> <p><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 in such insurance.</p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Related to CHIP Enrollment (Continued)

FFY 2012	FFY 2013	FFY 2014
<p>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).</p>	<p>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).</p>	<p>Goal #3 (Describe) Maintain or increase the number of ACA Certified Application Counselor (CAC) Assistors at 1,000 individuals or more statewide</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> On 10/1/13 Massachusetts phased in a CAC program. This involved converting high-volume Virtual Gateway health application assistance sites to ones that would continue to assist consumers apply for health insurance, but would instead need to meet the more stringent ACA CAC requirements, and begin using the new HIX, rather than the health portion of the Virtual Gateway, which was phased out on 12/31/13. 1,000 CAC individuals was selected as the first year's goal.</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. Specify year of annual report in which data previously reported:</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. Specify year of annual report in which data previously reported:</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. Specify year of annual report in which data previously reported:</p>
<p>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.</p>	<p>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.</p>	<p>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, the Health Connector, and the Office of Medicaid.</p>
<p>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.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: The total number of MassHealth applications submitted, including paper applications in FFY2013. Definition of numerator: The number of applications submitted through the Virtual Gateway in FFY2013.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: N/A Definition of numerator: N/A</p>

FFY 2012	FFY 2013	FFY 2014
Date Range: From: (mm/yyyy) 10/2011 To: (mm/yyyy) 09/2012	Date Range: From: (mm/yyyy) 10/2012 To: (mm/yyyy) 09/2013	Date Range: From: (mm/yyyy) 10/2013 To: (mm/yyyy) 09/2014
Performance Measurement Data: Described what is being measured: The threshold monthly percentage during FFY09 of all MassHealth applications that were electronic Virtual Gateway applications (vs. paper applications). This is again used as the performance goal for FFY12. Numerator: 0 Denominator: 0 Rate:	Performance Measurement Data: Described what is being measured: The percentage of MassHealth applications that were electronic Virtual Gateway applications (vs. paper applications) over the course of the twelve months of FFY13 Numerator: 29885 Denominator: 47225 Rate: 63.3	Performance Measurement Data: Described what is being measured: The number of ACA Certified Application Counselor Assistors throughout Massachusetts that have met CAC training and contractual requirements and have the capability to assist in submitting an electronic application on the ACA's HIX website, or via paper. Numerator: 0 Denominator: 0 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 FFY12 met or exceeded 53%, reaching a rate of 67% in October 2011.	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 FFY13 met or exceeded 53%, reaching a rate of 65% in November, 2012.	Additional notes/comments on measure: Number of CACs throughout Massachusetts that have the capability to assist in submitting an electronic application on the ACA's HIX website, or via paper increased from 0 immediately before the start of FFY2014, to 1,153 as of 9/30/2014.
Explanation of Progress: <p>How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report? The average percentage of electronic Virtual Gateway applications (vs. paper applications) over the course of the twelve months of FFY12 rose seven percentage points, to 65%, over FFY11's 12-month average of 58%.</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 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>	Explanation of Progress: <p>How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report? The average percentage of electronic Virtual Gateway applications (vs. paper applications) over the course of the twelve months of FFY13 was 63%, compared to FFY12's 12-month average of 65%.</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 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>	Explanation of Progress: <p>How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report? This is a new objective, given that on October 1, 2013, the implementation of the Affordable Care Act in Massachusetts resulted in the phasing out of the health assistance portion of the Virtual Gateway online system, and the introduction of new rules for application Assistors, as well as a new Health Insurance Exchange website</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 effort to continuously increase the number of CACs statewide has the capacity to increase access to and enrollment in health programs for children.</p>

FFY 2012	FFY 2013	FFY 2014
<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2013: MassHealth will continue to devote resources in order to maintain or increase the percentage of MassHealth applications submitted through the Virtual Gateway at 53% or above.</p> <p>Annual Performance Objective for FFY 2014: Beginning in October 2013, and as part of the rollout of the Federal Affordable Care Act, Massachusetts will introduce a new, web-based state-of-the-art Health Insurance Exchange that will build upon the existing features and success of the Virtual Gateway, plus offer even more enhanced features for organizational users, and for the first time allow members of the public to apply, themselves, online, for MassHealth and other health benefit programs. This will allow MassHealth to continue to devote resources in order to maintain or increase the percentage of MassHealth applications submitted on the web.</p> <p>Annual Performance Objective for FFY 2015: Beginning in October 2013, and as part of the rollout of the Federal Affordable Care Act, Massachusetts will introduce a new, web-based state-of-the-art Health Insurance Exchange that will build upon the existing features and success of the Virtual Gateway, plus offer even more enhanced features for organizational users, and for the first time allow members of the public to apply, themselves, online, for MassHealth and other health benefit programs. This will allow MassHealth to continue to devote resources in order to maintain or increase the number percentage of MassHealth applications submitted on the web.</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>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 2014: Beginning in October 2013, and as part of the rollout of the Federal Affordable Care Act, Massachusetts introduced a new, web-based state-of-the-art Health Insurance Exchange (HIX) that will build upon the existing features and success of the Virtual Gateway, plus offer even more enhanced features for organizational users, and for the first time allow members of the public to apply, themselves, online, for MassHealth and other health benefit programs. This will allow MassHealth to continue to devote resources in order to maintain or increase the percentage of MassHealth applications submitted on the web.</p> <p>Annual Performance Objective for FFY 2015: We will continue to devote resources in order to maintain or increase the the percentage of MassHealth applications submitted on the web.</p> <p>Annual Performance Objective for FFY 2016: We will continue to devote resources in order to maintain or increase the the percentage of MassHealth applications submitted on the web.</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>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 2015: Beginning in November 2014, and as part of the rollout of the Federal Affordable Care Act 2014-2015 Open Enrollment period, Massachusetts introduced a new version of the Health Insurance Exchange that provides much improved functionality over the edition released in October 2013. This version offers enhanced features for consumers, and allows members of the public to more easily apply, themselves, online, for MassHealth and other health benefit programs. This will allow MassHealth to continue to devote resources in order to maintain or increase the number of web-based health benefit application Assistants, known as "CACs."</p> <p>Annual Performance Objective for FFY 2016: We will continue to devote resources in order to maintain or increase the number of web-based health benefit application Assistants, known as "CACs" under the Affordable Care Act.</p> <p>Annual Performance Objective for FFY 2017: We will continue to devote resources in order to maintain or increase the number of web-based health benefit application Assistants, known as "CACs" under the Affordable Care Act.</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 web-based enrollment resources available to the community.</p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Related to Medicaid Enrollment

FFY 2012	FFY 2013	FFY 2014
Goal #1 (Describe) 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”	Goal #1 (Describe) 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, all “Objectives Related to CHIP Enrollment” apply to “Objectives Related to Medicaid Enrollment” also.	Goal #1 (Describe) 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 HIX, all “Objectives Related to CHIP Enrollment” apply to “Objectives Related to Medicaid Enrollment” also.
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. <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>	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:
Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:

FFY 2012	FFY 2013	FFY 2014
<p>Explanation of Progress:</p> <p>How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 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>Explanation of Progress:</p> <p>How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>
<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2013: Annual Performance Objective for FFY 2014: Annual Performance Objective for FFY 2015:</p> <p><i>Explain how these objectives were set:</i></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 2014: Annual Performance Objective for FFY 2015: Annual Performance Objective for FFY 2016:</p> <p><i>Explain how these objectives were set:</i></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 2015: Annual Performance Objective for FFY 2016: Annual Performance Objective for FFY 2017:</p> <p><i>Explain how these objectives were set:</i></p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Related to Medicaid Enrollment (Continued)

FFY 2012	FFY 2013	FFY 2014
Goal #2 (Describe) 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”	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. <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>	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:
Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:

FFY 2012	FFY 2013	FFY 2014
<p>Explanation of Progress:</p> <p>How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 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>Explanation of Progress:</p> <p>How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>
<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2013: Annual Performance Objective for FFY 2014: Annual Performance Objective for FFY 2015:</p> <p><i>Explain how these objectives were set:</i></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 2014: Annual Performance Objective for FFY 2015: Annual Performance Objective for FFY 2016:</p> <p><i>Explain how these objectives were set:</i></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 2015: Annual Performance Objective for FFY 2016: Annual Performance Objective for FFY 2017:</p> <p><i>Explain how these objectives were set:</i></p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Related to Medicaid Enrollment (Continued)

FFY 2012	FFY 2013	FFY 2014
Goal #3 (Describe) 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”	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. <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>	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:
Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:

FFY 2012	FFY 2013	FFY 2014
Explanation of Progress: How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report?	Explanation of Progress: How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report?	Explanation of Progress: How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 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?	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?	What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?
Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. Annual Performance Objective for FFY 2013: Annual Performance Objective for FFY 2014: Annual Performance Objective for FFY 2015: <i>Explain how these objectives were set:</i>	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 2014: Annual Performance Objective for FFY 2015: Annual Performance Objective for FFY 2016: <i>Explain how these objectives were set:</i>	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 2015: Annual Performance Objective for FFY 2016: Annual Performance Objective for FFY 2017: <i>Explain how these objectives were set:</i>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

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

FFY 2012	FFY 2013	FFY 2014
Goal #1 (Describe) Maintain or improve the percentage of parents or guardians who respond that they were able to get an answer to their questions the same day that they called their doctor's office at 95% or above.	Goal #1 (Describe) Maintain or improve the percentage of parents or guardians who respond that they were able to get an answer to their questions the same day that they called their doctor's office at 95% or above.	Goal #1 (Describe) Frequency of Prenatal Care: Improve the percentage of enrolled women who have received at least 81% of the required prenatal care visits to the 2013 national Medicaid 90th percentile rate of 80.12%
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> MassHealth is refocusing its objectives, selecting new measures from the CHIPRA Pediatric Core Set & associated benchmarks. We have focused on the same measures for several years, focusing on data gathered from the CAHPS survey, but changes in the survey tool have limited our ability to assess progress towards meeting benchmarks. With this change, we will be focusing on additional clinical areas, & will leverage the work of our CHIPRA Quality Demonstration Grant & our Adult Core Measures Grant.
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. Specify year of annual report in which data previously reported:	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. Specify year of annual report in which data previously reported: 2012	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. Specify year of annual report in which data previously reported:
Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> The 2011-2012 MHQP survey	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> CAHPS-CG	Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2013 <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 checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> The 2011-2012 MHQP 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> <input type="checkbox"/> Other. <i>Specify:</i> The 2011-2012 MHQP survey	Data Source: <input type="checkbox"/> Administrative (claims data). <input checked="" 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 numerator: Subset of the denominator who always or usually were able to get an answer to their question the same day. Definition of denominator: <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: The 2011-2012 MHQP survey sample population consisted of 4,421 parents or guardians of	Definition of Population Included in the Measure: Definition of numerator: Numerator: Subset of the denominator who always or usually were able to get an answer to their question the same day Denominator: The 2011-2012 MHQP survey sample population consisted of 4,421 parents/guardians of MAHealth children. For this question 4317 valid responses were received. Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).	Definition of Population Included in the Measure: Definition of numerator: Enrolled pregnant women who have received at least 81% of the required prenatal care visits. Definition of denominator: <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: Enrolled pregnant women.

FFY 2012	FFY 2013	FFY 2014
MassHealth covered children. For this question, 4,317 valid responses were received.	If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: The denominator excluded 1855 children whose parents or guardians did NOT telephone the office with a medical question	
Date Range: From: (mm/yyyy) 11/2011 To: (mm/yyyy) 03/2012	Date Range: From: (mm/yyyy) 07/2011 To: (mm/yyyy) 06/2012	Date Range: From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2012
HEDIS Performance Measurement Data: (If reporting with HEDIS/HEDIS-like methodology) Numerator: Denominator: Rate:	HEDIS Performance Measurement Data: (If reporting with HEDIS/HEDIS-like methodology) Numerator: Denominator: Rate:	HEDIS Performance Measurement Data: (If reporting with HEDIS) Numerator: 13082 Denominator: 17117 Rate: 76.4
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: 2204 Denominator: 2462 Rate: 89.5 Additional notes on measure: Survey Question: In the last 12 months, when you phoned the providers office during regular hours, how often did you get an answer to your medical question the same day? Between the 08-09 survey and the 11-12 survey, the response option scaling changed from 6 possible response points to 4.	Other Performance Measurement Data: (If reporting with another methodology) Numerator: 2204 Denominator: 2462 Rate: 89.5 Additional notes on measure:	Other Performance Measurement Data: (If reporting with another methodology) Numerator: Denominator: Rate: Additional notes on measure:

FFY 2012	FFY 2013	FFY 2014
<p>Explanation of Progress:</p> <p>How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report? The performance rate reported in 2011-2012 is somewhat lower than the rate derived from the 2008-2009 survey. The 2008-2009 survey was the most recent survey conducted by MassHealth. FFY13 will include initiatives to explore the reasons for the changes, including the possibilities of differences in sample and differences in the way the questions were asked.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? MassHealth is implementing patient-centered medical home based care. This initiative, which includes enhanced access as a fundamental competency, seeks to improve the quality of care for children.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2013: To identify reasons for the change in performance and implement performance improvement initiatives.</p> <p>Annual Performance Objective for FFY 2014: To implement performance improvement projects.</p> <p>Annual Performance Objective for FFY 2015: To improve performance over 2012 rates.</p> <p><i>Explain how these objectives were set:</i> The objectives are based on a philosophy of continuous quality improvement.</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report? No change</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? MassHealth is implementing patient-centered medical home based care. This initiative, which includes enhanced access as a fundamental competency, seeks to improve the quality of care for children.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2014: To identify reasons for the change in performance and implement performance improvement initiatives.</p> <p>Annual Performance Objective for FFY 2015: To implement performance improvement projects</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report? Not applicable, as new focus area and goal chosen.</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? MassHealth(MH)convenes a Quality Workgroup that works on quality improvement activity implementation, support for providers, and/or management of quality components in contracts with MCO plans. In late 2014 this group selected a set of pediatric measures that either impact a large number of enrollees, demonstrate significant room for improvement, and/or align with work that MH is undertaking in the arenas of postpartum care (through its Adult Core Measures grant), child behavioral health care (through the Commonwealth's Child Behavioral Health Initiative) and in supporting the delivery of coordinated care through Primary Care Payment Reform. A subset of this Quality Workgroup will work over the next several months to identify activities to support improved performance on each of the measures selected for focus, and will begin to initiate activities to promote performance improvement in each of these areas.</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 2015: national Medicaid 90th percentile for HEDIS 2014</p> <p>Annual Performance Objective for FFY 2016: national Medicaid 90th percentile for HEDIS 2015</p>

FFY 2012	FFY 2013	FFY 2014
	<p>Annual Performance Objective for FFY 2016: To improve performance over 2012 rates</p> <p>The objectives are based on a philosophy of continuous quality improvement.</p> <p><i>Explain how these objectives were set:</i> The objectives are based on a philosophy of continuous quality improvement.</p>	<p>Annual Performance Objective for FFY 2017: national Medicaid 90th percentile for HEDIS 2016</p> <p><i>Explain how these objectives were set:</i> MassHealth has identified the national Medicaid 90th percentile as an appropriate achievable benchmark of care</p>
<p>Other Comments on Measure: Additional notes on measure: Survey question: In the last 12 months, when you phoned this provider's office during regular office hours, how often did you get an answer to your medical question that same day?</p> <p>Note: Between the 2008-09 survey and the 11-12 survey, the response option scaling changed from six possible response points to four possible response points.</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>

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

FFY 2012	FFY 2013	FFY 2014
Goal #2 (Describe) Maintain or improve the percentage of parents or guardians who responded that they were able to get help or advice after regular office hours at 92% or above.	Goal #2 (Describe) Maintain or improve the percentage of parents or guardians who responded that they were able to get help or advice after regular office hours at 92% or above.	Goal #2 (Describe) Maintain or improve the percentage of children aged 6-20 who were discharged from a hospitalization for treatment of selected mental health disorders and who had a follow-up visit with a mental health practitioner within 7 days of discharge at the current level, which exceeds the national 2014 Medicaid 90th percentile rate of 63.21%.
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> MassHealth is refocusing its objectives, selecting new measures from the CHIPRA Pediatric Core Set & associated benchmarks. We have focused on the same measures for several years, focusing on data gathered from the CAHPS survey, but changes in the survey tool have limited our ability to assess progress towards meeting benchmarks. With this change, we will be focusing on additional clinical areas, & will leverage the work of our CHIPRA Quality Demonstration Grant & our Adult Core Measures Grant.
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. Specify year of annual report in which data previously reported:	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. Specify year of annual report in which data previously reported: 2012	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. Specify year of annual report in which data previously reported:

FFY 2012	FFY 2013	FFY 2014
Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> The 2011-2012 MHQP survey	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> CAHPS-CG	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> CHIPRA Core Measure Specifications – 2011 specifications used as part of MA’s CHIPRA Quality Demonstration Grant work
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> <input type="checkbox"/> Other. <i>Specify:</i> The 2011-2012 MHQP 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> <input type="checkbox"/> Other. <i>Specify:</i> The 2011-2012 MHQP survey	Data Source: <input checked="" 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 numerator: The subset of the denominator who always or usual were able to get the help or advice they needed after regular office hours. Definition of denominator: <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: The 2011-2012 MHQP survey sample population consisted of 4,421 parents or guardians of MassHealth covered children. For this question, 4,333 valid responses were received.	Definition of Population Included in the Measure: Definition of numerator: The subset of the denominator who always or usual were able to get the help or advice they needed after regular office hours Definition of denominator: <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: The 11-12 MHQP survey sample population consisted of 4,421 parents or guardians of MassHealth covered children. For this question, 4333 valid responses were received. Of the 4,333 valid responses, 3,271 responses were excluded because the parent or guardian did NOT telephone the office after hours.	Definition of Population Included in the Measure: Definition of numerator: Percentage of enrolled children aged 6-20 who were discharged from a hospitalization for treatment of selected mental health disorders and who had a follow-up visit with a mental health practitioner within 7 days of discharge Definition of denominator: <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: Enrolled children aged 6-20 who were discharged from a hospitalization for treatment of selected mental health disorders
Date Range: From: (mm/yyyy) 11/2011 To: (mm/yyyy) 03/2012	Date Range: From: (mm/yyyy) 11/2011 To: (mm/yyyy) 03/2012	Date Range: From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011
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>	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>

FFY 2012	FFY 2013	FFY 2014
Additional notes on measure:	Additional notes on measure:	Additional note/commentss on measure:
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 913 Denominator: 1062 Rate: 86</p> <p>Additional notes on measure: Of the 4,333 valid response, 3,271 responses were excluded because the parent or guardian did NOT telephone the office after hours.</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 913 Denominator: 1062 Rate: 86</p> <p>Additional notes on measure: Survey Question: In the last 12 months, when you phoned this provider's office after regular office hours, how often did you get an answer to your medical question as soon as you needed?</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 2089 Denominator: 3288 Rate:</p> <p>Additional notes on measure: 63.5,</p>
<p>Explanation of Progress:</p> <p>How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report? The performance rate reported in 2011-2012 is somewhat lower than the rate derived from the 2008-2009 survey. The 2008-2009 survey was the most recent survey conducted by MassHealth. FFY13 will include initiatives to explore the reasons for the changes, including the possibilities of differences in sample and differences in the way the questions were asked.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? MassHealth is implementing patient-centered medical home based care. This initiative, which includes enhanced access as a fundamental competency, seeks to improve the quality of care for children.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2013: To</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report? No change</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?MassHealth is implementing patient-centered medical home based care. This initiative, which includes enhanced access as a fundamental competency, seeks to improve the quality of care for children.</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report? Not applicable, as new focus area and goal chosen.</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?MassHealth(MH)convenes a Quality Workgroup that works on quality improvement activity implementation, support for providers, and/or management of quality components in contracts with MCO plans. In late 2014 this group selected a set of pediatric measures that either impact a large number of enrollees, demonstrate significant room for improvement, and/or align with work that MH is undertaking in the arenas of postpartum care (through its Adult Core Measures grant), child behavioral health care (through the Commonwealth's Child Behavioral Health Initiative) and in supporting the delivery of coordinated care through Primary Care Payment Reform. A subset of this Quality Workgroup will work over the next several months to identify activities to support improved performance on each of the measures selected for focus, and will begin to initiate activities to promote performance improvement in each of these areas.</p>

FFY 2012	FFY 2013	FFY 2014
<p>identify reasons for the change in performance and implement performance improvement initiatives. Annual Performance Objective for FFY 2014: To implement performance improvement projects. Annual Performance Objective for FFY 2015: To improve performance over 2012 rates.</p> <p><i>Explain how these objectives were set:</i> The objectives are based on a philosophy of continuous quality improvement.</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 2014: To identify reasons for the change in performance and implement performance improvement initiatives. Annual Performance Objective for FFY 2015: To implement performance improvement projects Annual Performance Objective for FFY 2016: To improve performance over 2012 rates.</p> <p><i>Explain how these objectives were set:</i> The objectives are based on a philosophy of continuous quality improvement.</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 2015: national Medicaid 90th percentile for HEDIS 2014 Annual Performance Objective for FFY 2016: national Medicaid 90th percentile for HEDIS 2015 Annual Performance Objective for FFY 2017: national Medicaid 90th percentile for HEDIS 2016</p> <p><i>Explain how these objectives were set:</i> MassHealth has identified the national Medicaid 90th percentile as an appropriate achievable benchmark of care.</p>
<p>Other Comments on Measure: Describe what is being measured: percentage of parents or guardians who responded that they were able to get help or advice after regular office</p> <p>Survey Question: In the last 12 months, when you phoned this provider's office after regular office hours, how often did you get an answer to your medical question as soon as you needed?</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>

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

FFY 2012	FFY 2013	FFY 2014
Goal #3 (Describe)	Goal #3 (Describe)	Goal #3 (Describe) Increase the percentage of children newly prescribed ADHD medication who had at least 3 follow-up visits in a 10 month period (continuation phase) to the 2013 national Medicaid 90th percentile rate of 63.75%
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 checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> MassHealth is refocusing its objectives, selecting new measures from the CHIPRA Pediatric Core Set & associated benchmarks. We have focused on the same measures for several years, focusing on data gathered from the CAHPS survey, but changes in the survey tool have limited our ability to assess progress towards meeting benchmarks. With this change, we will be focusing on additional clinical areas, & will leverage the work of our CHIPRA Quality Demonstration Grant & our Adult Core Measures Grant.
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>	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> 2013 <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 checked="" 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 numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	Definition of Population Included in the Measure: Definition of numerator: Enrolled children newly prescribed ADHD medication who had at least 3 follow-up visits in a 10 month period Definition of denominator: <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: Enrolled children newly

FFY 2012	FFY 2013	FFY 2014
		prescribed ADHD medication
From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2012
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: 634 Denominator: 1052 Rate: 60.3
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, <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/comments on measure:
Other Performance Measurement Data: 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 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report?	Explanation of Progress: How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report?	Explanation of Progress: How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report? Not applicable, as new focus area and goal chosen.

FFY 2012	FFY 2013	FFY 2014
<p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2013: Annual Performance Objective for FFY 2014: Annual Performance Objective for FFY 2015:</p> <p><i>Explain how these objectives were set:</i></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 2014: Annual Performance Objective for FFY 2015:</p> <p>Annual Performance Objective for FFY 2016:</p> <p><i>Explain how these objectives were set:</i></p>	<p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>MassHealth(MH)convenes a Quality Workgroup that works on quality improvement activity implementation, support for providers, and/or management of quality components in contracts with MCO plans. In late 2014 this group selected a set of pediatric measures that either impact a large number of enrollees, demonstrate significant room for improvement, and/or align with work that MH is undertaking in the arenas of postpartum care (through its Adult Core Measures grant), child behavioral health care (through the Commonwealth's Child Behavioral Health Initiative) and in supporting the delivery of coordinated care through Primary Care Payment Reform. A subset of this Quality Workgroup will work over the next several months to identify activities to support improved performance on each of the measures selected for focus, and will begin to initiate activities to promote performance improvement in each of these areas.</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 2015: national Medicaid 90th percentile for HEDIS 2014 Annual Performance Objective for FFY 2016: national Medicaid 90th percentile for HEDIS 2015 Annual Performance Objective for FFY 2017: national Medicaid 90th percentile for HEDIS 2016</p> <p><i>Explain how these objectives were set:</i> MassHealth has identified the national Medicaid 90th percentile as an appropriate achievable benchmark of care</p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

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

FFY 2012	FFY 2013	FFY 2014
Goal #1 (Describe) Maintain or improve the percentage of parents or guardians who report that their provider paid attention to their child's growth and development at 75% or above.	Goal #1 (Describe) Maintain or improve the percentage of parents or guardians who report that their provider paid attention to their child's growth and development at 75% or above.	Goal #1 (Describe) Maintain or improve the percentage of children who turned two in the measurement year who received specific vaccines (combo #3) by their second birthday at or above the 2014 national Medicaid 90th percentile rate of 80.86
Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> The survey used in the 2011-12 includes a composite measure of provider attention to child growth and development. This metric is included in the Child CAHPS-CG.	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> MassHealth is refocusing its objectives, selecting new measures from the CHIPRA Pediatric Core Set & associated benchmarks. We have focused on the same measures for several years, focusing on data gathered from the CAHPS survey, but changes in the survey tool have limited our ability to assess progress towards meeting benchmarks. With this change, we will be focusing on additional clinical areas, & will leverage the work of our CHIPRA Quality Demonstration Grant & our Adult Core Measures Grant.
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 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> 2012	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 checked="" type="checkbox"/> Other. <i>Explain:</i> The 2011-2012 Massachusetts Health Quality Partners Patient Experience Survey	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i> CAHPS-CG	Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2014 <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 checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> The 2011-2012 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> <input type="checkbox"/> Other. <i>Specify:</i> The 2011-2012 Massachusetts Health Quality Partners Patient Experience Survey	Data Source: <input type="checkbox"/> Administrative (claims data). <input checked="" 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 numerator: A composite measure that captures whether a provider pays attention to child growth and development. The composite includes 6 questions: talking about the child's learning ability, talking about behaviors that are normal for the child's age, talking about the child's body growth, talking about the child's moods and emotions, talking about how the child gets along with others, talking	Definition of Population Included in the Measure: Definition of numerator: A composite measure that captures whether a provider pays attention to child growth and development. The composite includes 6 questions: talking about the child's learning ability, talking about behaviors that are normal for the child's age, talking about the child's body growth, talking about the child's moods and emotions, talking about how the child gets along with others, talking	Definition of Population Included in the Measure: Definition of numerator: Children who turned two in the measurement year who received specific vaccines (combo #3) by their second birthday. Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only.

FFY 2012	FFY 2013	FFY 2014
<p>about the time the child spends on the computer or TV</p> <p>Definition of denominator:</p> <p><input type="checkbox"/> Denominator includes CHIP population only.</p> <p><input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p> <p>If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: The 2011-2012 MHQP survey sample population consisted of 4,421 parents or guardians of MassHealth covered children. For this composite, 4,021 valid responses were received.</p>	<p>about the time the child spends on the computer or TV.</p> <p>Definition of denominator:</p> <p><input type="checkbox"/> Denominator includes CHIP population only.</p> <p><input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p> <p>If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: The 2011-2012 MHQP survey sample population consisted of 4,421 parents or guardians of MassHealth covered children. For this composite, 4,021 valid responses were received.</p>	<p><input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p> <p>If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: Children who turned two in the measurement year</p>
<p>Date Range:</p> <p>From: (mm/yyyy) 11/2011 To: (mm/yyyy) 03/2012</p>	<p>Date Range:</p> <p>From: (mm/yyyy) 11/2011 To: (mm/yyyy) 03/2012</p>	<p>Date Range:</p> <p>From: (mm/yyyy) 01/2013 To: (mm/yyyy) 12/2013</p>
<p>HEDIS Performance Measurement Data:</p> <p><i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator:</p> <p>Denominator:</p> <p>Rate:</p>	<p>HEDIS Performance Measurement Data:</p> <p><i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator:</p> <p>Denominator:</p> <p>Rate:</p>	<p>HEDIS Performance Measurement Data:</p> <p><i>(If reporting with HEDIS)</i></p> <p>Numerator: 14459</p> <p>Denominator: 17885</p> <p>Rate: 80.8</p>
<p>Deviations from Measure Specifications:</p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p>Deviations from Measure Specifications:</p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p>Deviations from Measure Specifications:</p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>
<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>	<p>Additional notes/comments on measure:</p>
<p>Other Performance Measurement Data:</p> <p><i>(If reporting with another methodology)</i></p> <p>Numerator: 0</p> <p>Denominator: 4021</p> <p>Rate: 73.36</p> <p>Additional notes on measure: Describe what is being measured: Preventive care</p> <p>Numerator: N/A (composite)</p> <p>Additional notes on measure: This is a composite score of provider attention to child growth and development</p>	<p>Other Performance Measurement Data:</p> <p><i>(If reporting with another methodology)</i></p> <p>Numerator: 0</p> <p>Denominator: 4021</p> <p>Rate:</p> <p>Additional notes on measure: Numerator is a composite. Rate is 73.36%. This is a composite score of provider attention to child growth and development</p>	<p>Other Performance Measurement Data:</p> <p><i>(If reporting with another methodology)</i></p> <p>Numerator:</p> <p>Denominator:</p> <p>Rate:</p> <p>Additional notes on measure:</p>

FFY 2012	FFY 2013	FFY 2014
<p>Explanation of Progress:</p> <p>How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report? This is a new performance goal.</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? MassHealth is implementing patient-centered medical home based care. This initiative, which includes enhanced access as a fundamental competency, seeks to improve the quality of care for children.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2013: To improve performance over 2012 rates. Annual Performance Objective for FFY 2014: To implement performance improvement projects. Annual Performance Objective for FFY 2015: To improve performance over 2012 rates.</p> <p><i>Explain how these objectives were set:</i> The objectives are based on a philosophy of continuous quality improvement.</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report? No change</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? MassHealth is implementing patient-centered medical home based care. This initiative, which includes enhanced access as a fundamental competency, seeks to improve the quality of care for children.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2014: To identify opportunities for improvement</p> <p>Annual Performance Objective for FFY 2015: To implement performance improvement projects</p> <p>Annual Performance Objective for FFY 2016: To improve performance over 2012 rates</p> <p><i>Explain how these objectives were set:</i> The objectives</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report? Not applicable, as new focus area and goal chosen.</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? MassHealth(MH)convenes a Quality Workgroup that works on quality improvement activity implementation, support for providers, and/or management of quality components in contracts with MCO plans. In late 2014 this group selected a set of pediatric measures that either impact a large number of enrollees, demonstrate significant room for improvement, and/or align with work that MH is undertaking in the arenas of postpartum care (through its Adult Core Measures grant), child behavioral health care (through the Commonwealth's Child Behavioral Health Initiative) and in supporting the delivery of coordinated care through Primary Care Payment Reform. A subset of this Quality Workgroup will work over the next several months to identify activities to support improved performance on each of the measures selected for focus, and will begin to initiate activities to promote performance improvement in each of these areas.</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 2015: national Medicaid 90th percentile for HEDIS 2014 Annual Performance Objective for FFY 2016: national Medicaid 90th percentile for HEDIS 2015</p> <p>Annual Performance Objective for FFY 2017: national Medicaid 90th percentile for HEDIS 2016</p> <p><i>Explain how these objectives were set:</i> MassHealth has identified the national Medicaid 90th percentile as an</p>

FFY 2012	FFY 2013	FFY 2014
	are based on a philosophy of continuous quality improvement.	appropriate achievable benchmark of care
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

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

FFY 2012	FFY 2013	FFY 2014
Goal #2 (Describe) Maintain or improve the percentage of parents or guardians who report that their child's doctor's office reminded them to get preventive care that their child was due to receive at 85% or above	Goal #2 (Describe) Maintain or improve the percentage of parents or guardians who report that their child's doctor's office reminded them to get preventive care that their child was due to receive at 85% or above	Goal #2 (Describe) Increase the percentage of adolescents who turned 13 years old during the measurement year and had specific vaccines (combo) by their 13th birthday to the 2014 national Medicaid average of 86.46%
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> MassHealth is refocusing its objectives, selecting new measures from the CHIPRA Pediatric Core Set & associated benchmarks. We have focused on the same measures for several years, focusing on data gathered from the CAHPS survey, but changes in the survey tool have limited our ability to assess progress towards meeting benchmarks. With this change, we will be focusing on additional clinical areas, & will leverage the work of our CHIPRA Quality Demonstration Grant & our Adult Core Measures Grant.
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 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> 2012	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 checked="" type="checkbox"/> Other. <i>Explain:</i> 2011-2012 MHQP Patient Experience Survey	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> CAHPS-CG	Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2014 <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 checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> 2011-2012 MHQP 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> <input type="checkbox"/> Other. <i>Specify:</i> 2011-2012 MHQP Patient Experience Survey	Data Source: <input type="checkbox"/> Administrative (claims data). <input checked="" 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 numerator: Subset of the denominator who responded "yes" to the question: "Some offices send patients reminders between visits about tests, treatment, or appointments. In the last 12 months, did you get any reminders about your child's care from this provider's office between visits?" Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only.	Definition of Population Included in the Measure: Definition of numerator: Subset of the denominator who responded "yes" to the question: "Some offices send patients reminders between visits about tests, treatment, or appointments. In the last 12 months, did you get any reminders about your child's care from this provider's office between visits?"	Definition of Population Included in the Measure: Definition of numerator: Adolescents who turned 13 years old during the measurement year and had specific vaccines (combo) by their 13th birthday Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).

FFY 2012	FFY 2013	FFY 2014
<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: The 2011-2012 MHQP survey included 4,345 valid responses for this question.	Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: Definition of denominator: The 2011-2012 MHQP survey included 4,345 valid responses for this question.	If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: Adolescents who turned 13 years old during the measurement year
Date Range: From: (mm/yyyy) 11/2011 To: (mm/yyyy) 03/2012	Date Range: From: (mm/yyyy) 11/2011 To: (mm/yyyy) 03/2012	Date Range: From: (mm/yyyy) 01/2013 To: (mm/yyyy) 12/2013
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: 13236 Denominator: 16130 Rate: 82.1
Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i>	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i>	Deviations from Measure Specifications: <input 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/comments on measure:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 3388 Denominator: 4345 Rate: 78 Additional notes on measure: Describe what is being measured: Reminders Survey Question: Some offices send patients reminders between visits about tests, treatment, or appointments. In the last 12 months, did you get any reminders about your child's care from this provider's office between visits?	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 3388 Denominator: 4345 Rate: 78 Additional notes on measure: Rate: 78% Survey Question: Some offices send patients reminders between visits about tests, treatment, or appointments. In the last 12 months, did you get any reminders about your child's care from this provider's office between visits?	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:

FFY 2012	FFY 2013	FFY 2014
<p>Explanation of Progress:</p> <p>How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report? The performance rate reported in 2011-2012 is somewhat lower than the rate derived from the 2008-2009 survey. The 2008-2009 survey was the most recent survey conducted by MassHealth. FFY13 will include initiatives to explore the reasons for the changes, including the possibilities of differences in sample and differences in the way the questions were asked.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? MassHealth is implementing patient-centered medical home based care. This initiative, which includes enhanced access as a fundamental competency, seeks to improve the quality of care for children.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2013: To identify reasons for the change in performance and implement performance improvement initiatives. Annual Performance Objective for FFY 2014: To implement performance improvement projects. Annual Performance Objective for FFY 2015: To improve performance over 2012 rates.</p> <p><i>Explain how these objectives were set:</i> The objectives are based on a philosophy of continuous quality improvement.</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report? No change</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? MassHealth is implementing patient-centered medical home based care. This initiative, which includes enhanced access as a fundamental competency, seeks to improve the quality of care for children.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2014: To identify opportunities for improvement</p> <p>Annual Performance Objective for FFY 2015: To implement performance improvement projects</p> <p>Annual Performance Objective for FFY 2016: To improve performance over 2012 rates</p> <p><i>Explain how these objectives were set:</i> The objectives are based on a philosophy of continuous quality</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report? Not applicable, as new focus area and goal chosen.</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? MassHealth(MH)convenes a Quality Workgroup that works on quality improvement activity implementation, support for providers, and/or management of quality components in contracts with MCO plans. In late 2014 this group selected a set of pediatric measures that either impact a large number of enrollees, demonstrate significant room for improvement, and/or align with work that MH is undertaking in the arenas of postpartum care (through its Adult Core Measures grant), child behavioral health care (through the Commonwealth's Child Behavioral Health Initiative) and in supporting the delivery of coordinated care through Primary Care Payment Reform. A subset of this Quality Workgroup will work over the next several months to identify activities to support improved performance on each of the measures selected for focus, and will begin to initiate activities to promote performance improvement in each of these areas.</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 2015: national Medicaid 90th percentile for HEDIS 2014 Annual Performance Objective for FFY 2016: national Medicaid 90th percentile for HEDIS 2015</p> <p>Annual Performance Objective for FFY 2017: national Medicaid 90th percentile for HEDIS 2016</p> <p><i>Explain how these objectives were set:</i> MassHealth has identified the national Medicaid 90th percentile as an appropriate achievable benchmark of care.</p>

FFY 2012	FFY 2013	FFY 2014
	improvement.	
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

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

FFY 2012	FFY 2013	FFY 2014
Goal #3 (Describe)	Goal #3 (Describe)	Goal #3 (Describe) Maintain or improve the percentage of children ages 3 to 17 who had an outpatient visit with a primary care practitioner (PCP) or obstetrical/ gynecological (OB/GYN) practitioner and whose weight is classified based on body mass index (BMI) percentile for age and gender relative to the 2014 national Medicaid 90th percentile of 82.46%
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 checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> MassHealth is refocusing its objectives, selecting new measures from the CHIPRA Pediatric Core Set & associated benchmarks. We have focused on the same measures for several years, focusing on data gathered from the CAHPS survey, but changes in the survey tool have limited our ability to assess progress towards meeting benchmarks. With this change, we will be focusing on additional clinical areas, & will leverage the work of our CHIPRA Quality Demonstration Grant & our Adult Core Measures Grant.
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>	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> 2014 <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 checked="" 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 numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	Definition of Population Included in the Measure: Definition of numerator: Children ages 3 to 17 who had an outpatient visit with a primary care practitioner (PCP) or obstetrical/ gynecological (OB/GYN) practitioner and whose weight is classified based on body mass index (BMI) percentile for age and gender Definition of denominator:

FFY 2012	FFY 2013	FFY 2014
		<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: Children ages 3 to 17 who had an outpatient visit with a primary care practitioner (PCP) or obstetrical/ gynecological (OB/GYN) practitioner
Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) 01/2013 To: (mm/yyyy) 12/2013
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: 193964 Denominator: 233663 Rate: 83
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/comments on measure:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report?	Explanation of Progress: How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report?	Explanation of Progress: How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report? Not applicable, as new focus area and goal chosen.

FFY 2012	FFY 2013	FFY 2014
<p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2013: Annual Performance Objective for FFY 2014: Annual Performance Objective for FFY 2015:</p> <p><i>Explain how these objectives were set:</i></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 2014: Annual Performance Objective for FFY 2015:</p> <p>Annual Performance Objective for FFY 2016:</p> <p><i>Explain how these objectives were set:</i></p>	<p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>MassHealth(MH)convenes a Quality Workgroup that works on quality improvement activity implementation, support for providers, and/or management of quality components in contracts with MCO plans. In late 2014 this group selected a set of pediatric measures that either impact a large number of enrollees, demonstrate significant room for improvement, and/or align with work that MH is undertaking in the arenas of postpartum care (through its Adult Core Measures grant), child behavioral health care (through the Commonwealth's Child Behavioral Health Initiative) and in supporting the delivery of coordinated care through Primary Care Payment Reform. A subset of this Quality Workgroup will work over the next several months to identify activities to support improved performance on each of the measures selected for focus, and will begin to initiate activities to promote performance improvement in each of these areas.</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 2015: national Medicaid 90th percentile for HEDIS 2014 Annual Performance Objective for FFY 2016: national Medicaid 90th percentile for HEDIS 2015 Annual Performance Objective for FFY 2017: national Medicaid 90th percentile for HEDIS 2016</p> <p><i>Explain how these objectives were set:</i> MassHealth has identified the national Medicaid 90th percentile as an appropriate achievable benchmark of care.</p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

1. What other strategies does your state use to measure and report on access to, quality, or outcomes of care received by your CHIP population? What have you found? **[7500]**

Topic: Wellness and Health Promotion

Measures: Weight Assessment for Children/Adolescents, Adolescent Well-Care Visits, Well-Child Visits in the 3, 4, 5 and 6 Years of Life Well-Child Visits in the First 15 Months of Life.

Quality Improvement Project: Design and implement strategies to improve outreach to children (age 7-11) and adolescents who are overdue for well-visits, a provider-focused intervention focusing on facilitating nutritional and physical activity counseling with members, a one member-oriented intervention designed to educate members on health promotion and wellness, including those with special health care needs.

Topic: Access and Availability

Measures: Children and Adolescents' Access to Primary Care Practitioners, Initiation and Engagement of Alcohol and Other Drug Dependence Treatment(IET): 14 Days, Initiation and Engagement of Alcohol and Other Drug Dependence Treatment(IET):30 Days, Timeliness of Prenatal Care, Postpartum Care, Frequency of Ongoing Prenatal Care, Emergency Department Visits, Emergency Department Visits for Ambulatory Care Sensitive Conditions.

QIP: Design and implement - at least one provider-focused intervention designed to support members in their continuation of alcohol and other drug dependence treatment after diagnosis, at least one provider-focused intervention designed to reduce ED visits for members with ambulatory care sensitive conditions, at least one member-oriented intervention designed to educate members on the importance of keeping scheduled preventive visits with a health care provider and appropriate follow-up, at least one member-oriented intervention designed to improve outreach to members on postpartum visits, including during discharge planning process.

2. What strategies does your CHIP program have for future measurement and reporting on access to, quality, or outcomes of care received by your CHIP population? When will data be available? **[7500]**

MassHealth is increasingly aligning around the CHIPRA Core Measure Set, as described below.

MassHealth level: MassHealth has for many years collected and reported on HEDIS measures for both of its managed care 'products' - the Primary Care Clinician (PCC) Plan (the state's primary care case management program) and for the Managed Care Organizations with which it contracts. MassHealth uses the resulting HEDIS reports to identify for which measures there are opportunities for improvement, and to inform its approach to quality management work undertaken with the Managed Care Organizations on their quality goals, and to guide its work in supporting the PCC Plan's providers in quality improvement work.

MassHealth uses a measure rotation approach to determining which measures will be included in each annual administration of HEDIS, so measures are not collected each year. See table below for the measures from the core set that were included in the HEDIS measure rotation schedule in the HEDIS 2011, 2012, 2013 and 2014 reports.

Code	NCQA HEDIS –CHIPRA Measure	HEDIS 2011	HEDIS 2012	HEDIS 2013	HEDIS 2014
DOMAIN: Prevention and Screening					
WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents				X
CIS	Childhood Immunization Status		X		X
HPV	Human Papillomavirus Vaccine for Female Adolescents	New in 2012			X
IMA	Immunizations for Adolescents		X		X
CHL	Chlamydia Screening in Women		X	X	X
Domain: Respiratory Conditions					
MMA	Medication Management for People with Asthma				
Domain: Behavioral Health					
ADD	Follow-up Care for Children Prescribed ADHD Medication	X		X	
FUH	F/U After Hospitalization for Mental Illness		X	X	X
DOMAIN: Access/Availability of Care					
CAP	Children's Access to Primary Care Practitioners				
PPC	Prenatal and Postpartum Care	X		X	Post-partum only
DOMAIN: Experience of Care					
CPC	CAHPS Health Plan Survey 5.0H, Child Version			X	
CCC	Children with Chronic Conditions				
DOMAIN: Utilization					
FPC	Frequency of Ongoing Prenatal Care	X		X	
W15	Well-Child Visits in the First 15 Months of Life		X		X
W34	Well-Child Visits in the 3rd, 4th, 5th and 6th year of Life		X		X
AWC	Adolescent Well-Care Visits		X		X

Health plan level: MassHealth uses some CHIPRA core measures in supporting its work with the contracted Managed Care Organizations on quality improvement efforts.

In each contract amendment with the MCOs, MassHealth includes a set of measures that the MCOs must collect. For each grouping (domain) of measures (e.g., access and availability, wellness and health promotion), MassHealth also requires each MCO to develop and implement activities designed to impact the MCO's performance on each domain of measures. Each MCO must periodically report on the status of these activities, and MassHealth monitors the MCOs performance on the measures over time.

Practice/health care system level: MassHealth is including some of the CHIPRA core measures in its Primary Care Payment Reform Initiative, which is an alternative payment methodology project that began in 2014. Specifically, these are:

CIS - Childhood immunizations

CHL - Chlamydia screening

W 15, W34, AWC - Well child care for the 3 different age cohorts

ADD - Follow up for children prescribed ADHD medications

FUH - Follow up after hospitalization for mental illness

CPC -CAHPS survey

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

MassHealth is engaged in an inter-agency initiative to screen women for post-partum depression. Post-partum depression is a serious, yet treatable, health risk for children. The Inter-Agency Workgroup for Postpartum Depression has made a recommendation to the Medicaid Director for both pre-natal and post-partum screening. The recommendation is awaiting action by the Medicaid Director.

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 health coverage initiatives. **[7500]**

MassHealth publishes several reports each year.

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>

SECTION III: ASSESSMENT OF STATE PLAN AND PROGRAM OPERATION

Please reference and summarize attachments that are relevant to specific questions

A. OUTREACH

1. How have you redirected/changed your outreach strategies during the reporting period? **[7500]**

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 FFY14, the unit awarded 23 grants to hospitals and community health centers to increase enrollment in MassHealth (MH) and other health insurance programs through outreach and application assistance, as well as providing one-on-one assistance with case maintenance processes to help individuals retain their health insurance coverage. During the January 1, 2014 roll-out of the ACA and the new MAhealthconnector.org, which is our single “front door” online application system for individuals seeking health coverage, we experienced unforeseen systems delays in processing applications in a timely manner. MassHealth has been providing temporary Medicaid coverage, with the approval from CMS, to individuals seeking health care to ensure applicants did not experience any gaps in their health care.

Grantees assist both families and individuals accessing health care. In late 2014 (July - November), grantees enrolled over 15,979 individuals into MassHealth, Temporary Medicaid, Temporary Limited Medicaid, the Health Safety Net and other public health insurance programs available. Of those enrolled, 18% were children in the MassHealth program.

In SFY14, the Office of Medicaid's HCR Unit continued to work closely with the Massachusetts CHIPRA Outreach grantee – Health Care For All. The Office of Medicaid verifies enrollment data for the grantee. In addition, the Office of Medicaid has participated in workgroup meetings with Health Care for All to collaborate on outreach initiatives, discuss what outreach workers are experiencing and finding what works well when conducting outreach, and to share resources.

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? **[7500]**

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 Health Insurance Exchange (HIX)/Integrated Eligibility System (IES) system at the MAhealthconnector.org. Grantees ensure services are provided in a culturally and linguistically appropriate fashion, reaching individuals where they are and conducting services in a way that meets the individual's needs. 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 understand their health insurance coverage. They will also be helping individuals who received temporary Medicaid coverage reapply

during the 2014 Open Enrollment period from November 15, 2014 – February 15, 2015. This includes setting up appointments to complete the new HIX online system or 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 include 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 continues to fund and provide leadership for the Massachusetts Health Care Training Forum (MTF) program. MTF is a partnership between MassHealth and Mass Area Health Education Center (AHEC) Network at University of Massachusetts Medical School (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 5,855 members, and a website offering resource information and meeting materials. 134 updates were sent through the listserv in SFY14 and the website had over 70,300 visitors in SFY14. 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 SFY14, MTF program attendance remained steadily high at a total of 1,735 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 1,000-2,100 individuals per quarter, totaling an additional 4,000-8,000 reached in FY14.

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

All of the methods referenced in #2 are considered a best practice. It's very effective to reach individuals where they are in the community and to conduct services in a cultural and linguistic fashion that meets the individual's needs. Submitting applications via an online system with the functionality to provide real time program determination will greatly improve the ability of providers to assist individuals seeking health care.

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

☒ Yes

☐ No

Have these efforts been successful, and how have you measured effectiveness? **[7500]**

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

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

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

These presentations provide education on a variety of topics including: MassHealth benefits; coverage types; covered services; rights and responsibilities; navigation tools such as website searching; how to access the MAhealthconnector.org; how to access other state health insurance programs; the application process; and post-enrollment information on how to maintain health coverage once it has been obtained. Member Education offers continued support to these organizations via e-mail and telephone in order to ensure proper procedure and an expedited service to the members. These efforts have been successful by encouraging new applicants, dispelling any myths about public programs, and assisting members with health insurance coverage retention.

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

5. What percentage of children below 200 percent of the Federal poverty level (FPL) who are eligible for Medicaid or CHIP have been enrolled in those programs? [5] 100

(Identify the data source used). **[7500]**

According to CPS Data for 2013, .7% of children under 200% FPL in Massachusetts are uninsured. It is extremely challenging to determine what portion of the remaining uninsured are eligible for Medicaid or CHIP, particularly given uncertainty around the immigration status of such individuals. With that said, given the extremely low uninsurance rate for children under 200% FPL and the Commonwealth's extensive efforts to identify and enroll all eligible children, the Commonwealth believes that the number of remaining eligible but unenrolled children is minimal. Since the field above requires a number, we entered 100 but again are unable to verify this number.

B. SUBSTITUTION OF COVERAGE (CROWD-OUT)

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

1. Table 1.

Does your program require a child to be uninsured for a minimum	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes

amount of time prior to enrollment (waiting period)?	Specify number of months	
	To which groups (including FPL levels) does the period of uninsurance apply? [1000]	
	List all exemptions to imposing the period of uninsurance [1000]	
	<input type="checkbox"/>	N/A

Does your program match prospective enrollees to a database that details private insurance status?	<input type="checkbox"/>	No
	<input checked="" type="checkbox"/>	Yes
	If yes, what database? [1000] Health Management Systems (HMS) conducts a monthly State and National data match using a system called "Match MAX" which identifies health Insurance for all MassHealth members.	
	<input type="checkbox"/>	N/A

- At the time of application, what percent of CHIP applicants are found to have Medicaid [(# applicants found to have Medicaid/total # applicants) * 100] **[5]** 0
and what percent of applicants are found to have other group insurance [(# applicants found to have other insurance/total # applicants) * 100] **[5]**? 30
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, 30% of CHIP applicant children (children with income in CHIP range) were found to have other insurance.

- What percent of CHIP applicants cannot be enrolled because they have group health plan coverage **[5]** 1

Less than one percent of child applicants with CHIP income levels were denied enrollment because they have group health plan coverage. This number will eventually be zero as, under our 1115 renewal, such children will be eligible for Title XIX coverage.

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

0

- 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]**
8.63

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: Eligibility Renewal and Retention

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

If yes

1. What percent of children are presumptively enrolled in CHIP pending a full eligibility determination? **[5]** 0

0% of children were presumptively enrolled in CHIP pending a full eligibility determination because, due to system limitations, we provided temporary coverage to new applicants as an interim measure until a MAGI based eligibility determination could be performed.

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

2. Select the measures from those below that 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 TEST

1. How many notices are sent to the family prior to disenrolling the child from the program? **[500]**

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

2. At what intervals are reminder notices sent to families (e.g., how many weeks before the end of the current eligibility period is a follow-up letter sent if the renewal has not been received by the state?) **[500]**

No reminder notices are sent

☐ Other, *please explain*: **[500]**

3. Which of the above strategies appear to be the most effective? Have you evaluated the effectiveness of any strategies? If so, please describe the evaluation, including data sources and methodology. **[7500]**

All of the above strategies have played an important role in making the process work better for our MassHealth members. MassHealth has not conducted a formal evaluation of each outreach strategy, but rather has measured effectiveness through qualitative reporting from our outreach partners. Each month, grantees report on what enrollment and outreach 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 outreach 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.

Keeping our grantees and partners up to date on where to find the tools needed to understand the current eligibility status of a member and providing sample notices that are sent to our members informing of the member's new coverage or requesting missing verifications has been extremely helpful during the transition to a new online system that has experienced issues as expressed by our grantees in the monthly reports.

Community organizations and consumer advocates have partnered to develop ACA fact sheets and helped provide input to our direct mail communications to members. It has been very effective to work collaboratively with our community partners to help us with messaging to our membership, as they are on the front lines and will be receiving calls from members getting the communications looking for assistance.

Section IIIC: Subpart B: Eligibility Data

Table 1. Application Status of Title XXI Children in FFY 2014

States are required to report on all questions (1,2,2.a.,2.b., and 2.c) in FFY 2014. Please enter the data requested in the table below and the template will tabulate the requested percentages.

	Number	Percent
1. Total number of title XXI applicants	2926	100
2. Total number of application denials	1073	36.7
1. Total number of procedural denials	483	16.5
2. Total number of eligibility denials	590	20.2
1. Total number of applicants denied for title XXI and enrolled in title XIX	0	
(Check here if there are no additional categories <input type="checkbox"/>)		
2. Total number of applicants denied for other reasons Please indicate:		

3. Please describe any limitations or restrictions on the data used in this table: Due to system limitations during FFY14, many newly applying children were enrolled in temporary Medicaid coverage approved by CMS through our 1115 Demonstration to ensure they had coverage while the system issues were being addressed. This is why the Title XXI application number is so much lower than in previous years. As of 11/15/14, our new online enrollment system is able to make accurate program determinations. Many of the children that applied during FFY14 will likely be eligible for CHIP once we do a MAGI redetermination on them during FFY15.

Definitions:

1. The "total number of title XXI applicants," including those that applied using a joint application form, is defined as the total number of applicants that had an eligibility decision made for title XXI in FFY 2014. 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 2014 (e.g., an application that was determined eligible in September 2014, but coverage was effective October 1, 2014 is counted in FFY 2014).
2. The "the total number of denials" is defined as the total number of applicants that have had an eligibility decision made for title XXI and denied enrollment for title XXI in FFY 2014. 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 2014 (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 2014 (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.)
 1. 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, reporting is required for FFY 2014.

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

	Number	Percent			
1. Total number of children who are eligible to be redetermined	19721	100%			
2. Total number of children screened for redetermination	1710	8.67	100%		
3. Total number of children retained after the redetermination process	1526	7.74	89.24		
4. Total number of children disenrolled from title XXI after the redetermination process	184	0.93	10.76	100%	
1. Total number of children disenrolled from title XXI for failure to comply with procedures	96			52.17	
2. Total number of children disenrolled from title XXI for failure to meet eligibility criteria	88			47.83	100%
1. Disenrolled from title XXI because income too high for title XXI (If unable to provide the data, check here <input type="checkbox"/>)	20				22.73
2. Disenrolled from title XXI because income too low for title XXI (If unable to provide the data, check here <input type="checkbox"/>)	0				
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"/>)	52				59.09
4. Disenrolled from title XXI for other eligibility reason(s) Please indicate: non-resident, non-payment of premium	16				18.18

(If unable to provide the data check here <input type="checkbox"/>)					
5. 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"/>)					

6. 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.
Due to system limitations in FFY14, CMS approved a suspension of redeterminations until FFY15. Therefore our redetermination number is significantly lower than in past years. In addition we were unable to determine the number of children eligible for redetermination so we used the number of FFY13. Children found to have other insurance at redetermination are dis-enrolled from CHIP and covered under Title XIX through our 1115 waiver. This is invisible to the member as we have a combination program.
- 7.

Definitions:

1. The “total number of children who are eligible to be redetermined” is defined as the total number of children due to renew their eligibility in federal fiscal year (FFY) 2014, and did not age out (did not exceed the program’s maximum age requirement) of the program by or before redetermination. This total number may include those children who are eligible to renew prior to their 12 month eligibility redetermination anniversary date. This total number may include children whose eligibility can be renewed through administrative redeterminations, whereby the State sends the family a renewal form that is pre-populated with eligibility information already available through program records and requires the family to report any changes. This total may also include ex parte redeterminations, the process when a State uses information available to it through other databases, such as wage and labor records, to verify ongoing eligibility.
2. The “total number of children screened for redetermination” is defined as the total number of children that were screened by the State for redetermination in FFY 2014 (i.e., those children whose families have returned redetermination forms to the State, as well as administrative redeterminations and ex parte redeterminations).
3. The “total number of children retained after the redetermination process” is defined as the total number of children who were found eligible and remained in the program after the redetermination process in FFY 2014.
4. The “total number of children disenrolled from title XXI after the redetermination process” is defined as the total number of children who are disenrolled from title XXI following the redetermination process in FFY 2014. 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 2014 (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 2014

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 required in 2014, with states identifying newly enrolled children in the second quarter of FFY 2014 (January, February, and March of 2014). 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.**

NOTE: The first cohort of newly enrolled children was identified in the second quarter of 2012 (January, February, and March of 2012), was followed for 18 months (through FFY2013), and stopped. This new cohort is required for all states in the second quarter of FFY2014 (January, February, and March of 2014) for the purpose of measuring duration of public coverage (title XIX and title XXI), similar to the measurement of the first 2012 cohort.

Instructions: For this prospective duration measure, please identify newly enrolled children in title XXI in the second quarter of FFY 2014, ages 0 months to 16 years at time of enrollment. Children enrolled in January 2014 must have birthdates after July 1997 (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 2014 must have birthdates after August 1997, and children enrolled in March 2014 must have birthdates after September 1997. 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. **Only enter a "0" (zero) if the data are known to be zero. If data are unknown or unavailable, leave the field blank.**

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 2014, he/she would not be enrolled in either title XXI or title XIX in December 2013, 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 2014, he/she would not be enrolled in title XXI in December 2013, 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 2014		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:

1. The “total number of children newly enrolled in title XXI in the second quarter of FFY 2014” is defined as those children either new to public coverage or new to title XXI, in the month before enrollment. Please define your population of “newly enrolled” in the Instructions section.
2. The total number of children that were continuously enrolled in title XXI for 6 months is defined as the sum of:

the number of children with birthdates after July 1997, who were newly enrolled in January 2014 and who were continuously enrolled through the end of June 2014

+ the number of children with birthdates after August 1997, who were newly enrolled in February 2014 and who were continuously enrolled through the end of July 2014

+ the number of children with birthdates after September 1997, who were newly enrolled in March 2014 and who were continuously enrolled through the end of August 2014

3. The total number who had a break in title XXI coverage during 6 months of enrollment (regardless of the number of breaks in coverage) but were re-enrolled in title XXI by the end of the 6 months, is defined as the sum of:
 - the number of children with birthdates after July 1997, who were newly enrolled in January 2014 and who disenrolled and re-enrolled in title XXI by the end of June 2014
 - + the number of children with birthdates after August 1997, who were newly enrolled in February 2014 and who disenrolled and re-enrolled in title XXI by the end of July 2014
 - + the number of children with birthdates after September 1997, who were newly enrolled in March 2014 and who disenrolled and re-enrolled in title XXI by the end of August 2014
 - 3.a. From the population in #3, provide the total number of children who were enrolled in title XIX during their break in coverage.
4. The total number who disenrolled from title XXI, 6 months after their enrollment month is defined as the sum of:
 - the number of children with birthdates after July 1997, who were newly enrolled in January 2014 and were disenrolled by the end of June 2014
 - + the number of children with birthdates after August 1997, who were newly enrolled in February 2014 and were disenrolled by the end of July 2014
 - + the number of children with birthdates after September 1997, who were newly enrolled in March 2014 and were disenrolled by the end of August 2014
 - 4.a. From the population in #4, provide the total number of children who were enrolled in title XIX in the month after their disenrollment from title XXI.
5. The total number of children who were continuously enrolled in title XXI for 12 months is defined as the sum of:
 - the number of children with birthdates after July 1997, who were newly enrolled in January 2014 and were continuously enrolled through the end of December 2014
 - + the number of children with birthdates after August 1997, who were newly enrolled in February 2014 and were continuously enrolled through the end of January 2015
 - + the number of children with birthdates after September 1997, who were newly enrolled in March 2014 and were continuously enrolled through the end of February 2015
6. The total number of children who had a break in title XXI coverage during 12 months of enrollment (regardless of the number of breaks in coverage), but were re-enrolled in title XXI by the end of the 12 months, is defined as the sum of:
 - the number of children with birthdates after July 1997, who were newly enrolled in January 2014 and who disenrolled and then re-enrolled in title XXI by the end of December 2014
 - + the number of children with birthdates after August 1997, who were newly enrolled in February 2014 and who disenrolled and then re-enrolled in title XXI by the end of January 2015
 - + the number of children with birthdates after September 1997, who were newly enrolled in March 2014 and who disenrolled and then re-enrolled in title XXI by the end of February 2015
 - 6.a. From the population in #6, provide the total number of children who were enrolled in title XIX during their break in coverage.

7. The total number of children who disenrolled from title XXI 12 months after their enrollment month is defined as the sum of:
 - the number of children with birthdates after July 1997, who were enrolled in January 2014 and were disenrolled by the end of December 2014
 - + the number of children with birthdates after August 1997, who were enrolled in February 2014 and were disenrolled by the end of January 2015
 - + the number of children with birthdates after September 1997, who were enrolled in March 2014 and were disenrolled by the end of February 2015
 - 7.a. From the population in #7, provide the total number of children, who were enrolled in title XIX in the month after their disenrollment from title XXI.

8. The total number of children who were continuously enrolled in title XXI for 18 months is defined as the sum of:
 - the number of children with birthdates after July 1997, who were newly enrolled in January 2014 and were continuously enrolled through the end of June 2015
 - + the number of children with birthdates after August 1997, who were newly enrolled in February 2014 and were continuously enrolled through the end of July 2015
 - + the number of children with birthdates after September 1997, who were newly enrolled in March 2014 and were continuously enrolled through the end of August 2015

9. The total number of children who had a break in title XXI coverage during 18 months of enrollment (regardless of the number of breaks in coverage), but were re-enrolled in title XXI by the end of the 18 months, is defined as the sum of:
 - the number of children with birthdates after July 1997, who were newly enrolled in January 2014 and who disenrolled and re-enrolled in title XXI by the end of June 2015
 - + the number of children with birthdates after August 1997, who were newly enrolled in February 2014 and who disenrolled and re-enrolled in title XXI by the end of July 2015
 - + the number of children with birthdates after September 1997, who were newly enrolled in March 2014 and who disenrolled and re-enrolled in title XXI by the end of August 2015
 - 9.a. From the population in #9, provide the total number of children who were enrolled in title XIX during their break in coverage.

10. The total number of children who were disenrolled from title XXI 18 months after their enrollment month is defined as the sum of:
 - the number of children with birthdates after July 1997, who were newly enrolled in January 2014 and disenrolled by the end of June 2015
 - + the number of children with birthdates after August 1997, who were newly enrolled in February 2014 and disenrolled by the end of July 2015
 - + the number of children with birthdates after September 1997, who were newly enrolled in March 2014 and disenrolled by the end of August 2015
 - 10.a. From the population in #10, provide the total number of children who are enrolled in title XIX (Medicaid) in the month after their disenrollment from XXI.

D. COST SHARING

1. Describe how the state tracks cost sharing to ensure enrollees do not pay more than 5 percent aggregate maximum in the year?
 - a. Cost sharing is tracked by:
 - ☒ Enrollees (shoebox method)
If the state uses the shoebox method, please describe informational tools provided to enrollees to track cost sharing. **[7500]**
 - ☐ Health Plan(s)
 - ☐ State
 - ☐ Third Party Administrator
 - ☐ N/A (No cost sharing required)
 - ☐ Other, please explain. **[7500]**
2. When the family reaches the 5% cap, are premiums, copayments and other cost sharing ceased? **[7500]** ☒ Yes ☐ No
3. Please describe how providers are notified that no cost sharing should be charged to enrollees exceeding the 5% cap. **[7500]**
Massachusetts' eligibility verification system (EVS) enables providers to recognize no cost sharing is applicable for a member via restrictive messaging that displays upon verification of eligibility
4. Please provide an estimate of the number of children that exceeded the 5 percent cap in the state's CHIP program during the federal fiscal year. **[500]**
During FFY14, there were approximately 199 children that exceeded the 5% cap.
5. Has your state undertaken any assessment of the effects of premiums/enrollment fees on participation in CHIP?
 - ☐ Yes
 - ☒ No

If so, what have you found? **[7500]**
6. Has your state undertaken any assessment of the effects of cost sharing on utilization of health services in CHIP?
 - ☐ Yes
 - ☒ No

If so, what have you found? **[7500]**
7. If your state has increased or decreased cost sharing in the past federal fiscal year, has the state undertaken any assessment of the impact of these changes on application, enrollment, disenrollment, and utilization of children's health services in CHIP. If so, what have you found? **[7500]**
N/A

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

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

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

Children

- ☒ Yes, Check all that apply and complete each question for each authority.
- ☐ Purchase of Family Coverage under the CHIP state plan (2105(c)(3))
 - ☒ Additional Premium Assistance Option under CHIP state plan (2105(c)(10))
 - ☐ Section 1115 demonstration (Title XXI)
 - ☐ Premium Assistance Option (applicable to Medicaid expansion) children (1906)
 - ☐ Premium Assistance Option (applicable to Medicaid expansion) children (1906A)

Adults

- ☒ Yes, Check all that apply and complete each question for each authority.
- ☒ Purchase of Family Coverage under the CHIP state plan (2105(c)(10))
 - ☐ 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
 - ☐ Pregnant Women
3. Briefly describe how your program operates (e.g., is your program an employer sponsored insurance program or a premium assistance program, how do you coordinate assistance between the state and/or employer, who receives the subsidy if a subsidy is provided, etc.) **[7500]**

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

Once access to ESI is confirmed, children's parents must enroll them in premium assistance or the child's MassHealth will be terminated. Children must be uninsured at the time of application to be eligible for CHIP funding. If they are insured at the time of application they will be eligible for Title XIX under our 1115 waiver.

MassHealth monitors health insurance status of potential members both at the time of application and monthly so that only uninsured children are covered in SCHIP. Insurance status is verified through national insurance databases that identify coverage from any source, including noncustodial parents. MassHealth contracts with Health Management Systems (HMS) which conducts a monthly state and national data match using a system called "Match MAX" which identifies health insurance for all potential members.

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

4. What benefit package does the ESI program use? **[7500]**

Secretary approved per the State Plan amendment approved in March 2002

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

☒ Yes
☐ No

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

☒ Yes
☐ No

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

☒ Yes
☐ No

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

☐ Yes
☒ No

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

☒ Yes ☐ No

If yes, how is the cost sharing tracked to ensure it remains within the 5 percent yearly aggregate maximum [7500]? Parents of eligible children are notified of the family out of pocket maximum (calculated using 5 percent of the family income less anticipated required member contribution towards ESI plan). Parents submit receipts for cost incurred and once 5 percent cap amount is met, children receive MassHealth wrap benefits for remainder of family cap year.

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).

0	Number of childless adults ever-enrolled during the reporting period
8195	Number of adults ever-enrolled during the reporting period
29141	Number of children ever-enrolled during the reporting period

11. Provide the average monthly enrollment of children and parents ever enrolled in the premium assistance program during FFY 2014

Children	0
Parents	0

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

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

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

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

14. What changes have you made or are planning to make in your ESI program during the next fiscal year? Please comment on why the changes are planned. **[7500]**

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

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

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

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

Children		Parent	
State:	279	State:	
Employer:	50	Employer:	
Employee:	50	Employee:	

17. 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	1	High	3585
Parents	Low		High	

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

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

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

From	To
------	----

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

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

20. Is there a required period of uninsurance before enrolling in premium assistance? **[500]**

- ☐ Yes
☒ No

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

21. Do you have a waiting list for your program?

- ☐ Yes
☒ No

22. Can you cap enrollment for your program?

- ☒ Yes
☐ No

23. What strategies has the state found to be effective in reducing administrative barriers to the provision of premium assistance in ESI? **[7500]** Since Premium Assistance investigates the employers, the employer database that was created for the program is heavily dependent upon in facilitating the process. The process allows MassHealth to gather all of the ESI information that an employer offers including: health insurance plans the employer offers, premiums and tiers, annual open enrollment rates, summary of benefits for each health insurance offered. This process streamlines the determination when other members are being reviewed and are employed by the same employer. The database is updated annually, during the open enrollment periods.

Enter any Narrative text below. **[7500]** Currently, we are unable to answer #11, since the health insurance that MassHealth helps purchase are family plans. We count covered lives which include parents and other members in the family.

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

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

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

Please explain: **[7500]**

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

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

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

MassHealth implemented a pre-payment predictive modeling solution in June 2013. The predictive modeling tool uses sophisticated algorithms to analyze claims, builds provider profiles of suspicious billing patterns and assigns risk scores to potentially inappropriate claims.

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) Eligibility Verification System (EVS) codes—online system for providers to verify MassHealth eligibility at point of service
- 12) Managed care contract language specifying program integrity and fraud and abuse prevention, detection, and reporting requirements for health plans contracting with MassHealth, including the requirement to have a compliance plan, designed to guard against fraud and abuse.

Do managed health care plans with which your program contracts have written plans?

☒ Yes

☐ No

Please Explain: **[500]**

See above

2. For the reporting period, please report the

<u>919</u>	Number of fair hearing appeals of eligibility denials
<u>262</u>	Number of cases found in favor of beneficiary

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

a. Provider Credentialing

<u>39</u>	Number of cases investigated
<u>4</u>	Number of cases referred to appropriate law enforcement officials

b. Provider Billing

<u>104</u>	Number of cases investigated
<u>13</u>	Number of cases referred to appropriate law enforcement officials

c. Beneficiary Eligibility

<u>340</u>	Number of cases investigated
<u>148</u>	Number of cases referred to appropriate law enforcement officials

Are these cases for:

CHIP ☐

Medicaid and CHIP Combined ☒

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

☒ Yes, please answer question below.

☐ No

5. If your state relies on contractors to perform the above functions, how does your state provide oversight of those contractors? Please explain : **[7500]**

The Provider Compliance Unit, operated within the University of Massachusetts Medical School (UMMS), and managed by the EOHHS Compliance Office, is our primary post-payment fraud detection unit. Utilizing algorithms and reports found in our data warehouse, and through data analysis, the Provider Compliance Unit reviews paid claims data to detect aberrant trends and outlier billing patterns that can indicate potential fraud. The Provider Compliance Unit, which works closely with Medicaid Fraud Control Unit and our legal staff, meets our federal regulatory obligation to establish a surveillance utilization control system to safeguard against fraudulent, abusive, and inappropriate use of the Medicaid program.

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

Our New Medicaid Management Information System (NewMMIS) processes provider claims and contains a significant number of sophisticated edits, rules, and other program integrity checks and balances. As a result, approximately 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: [500]

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

G. DENTAL BENEFITS – Please ONLY report data in this section for children in Separate CHIP programs and the Separate CHIP part of Combination programs. Reporting is required for all states with Separate CHIP programs and Combination programs.

If your state has a Combination program or a Separate CHIP program but you are not reporting data in this section on children in the Separate CHIP part of your program, please explain why.

Explain: [7500]

1. Information on Dental Care Children in Separate CHIP Programs (including children in the Separate CHIP part of Combination programs). Include all delivery system types, e.g., MCO, PCCM, FFS.

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

1. Annual Dental Participation Table for Children Enrolled in Separate CHIP programs and the Separate CHIP part of Combination programs (for Separate CHIP programs, please include ONLY children receiving full CHIP benefits and supplemental benefits).

State: MA FFY: 2014	Age Group						
	Total	< 1	1-2*	3-5	6-9	10-14	15-18
Total individuals enrolled for at least 90 continuous days ¹	58825	99	3948	8848	13236	17612	15082
Total Enrollees Receiving Any Dental Services ² [7]	88997	8	1949	11594	23454	30159	21833
Total Enrollees Receiving Preventive Dental Services ³	35383	4	982	5229	9545	11635	7988
Total Enrollees Receiving Dental Treatment Services ⁴	19163	2	127	1411	4757	7198	5668

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

²Total Eligibles Receiving Any Dental Services - Enter the unduplicated number of children enrolled in a separate CHIP program or the separate CHIP part of a combination program 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).

³Total Eligibles Receiving Preventive Dental Services - Enter the unduplicated number of children enrolled in a separate CHIP program or the separate CHIP part of a combination program 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).

⁴Total Eligibles Receiving Dental Treatment Services - Enter the unduplicated number of children enrolled in a separate CHIP program or the separate CHIP part of a combination program for at least 90 continuous days and receiving at least one treatment service by or under the supervision of a dentist, as defined by HCPCS codes D2000 - D9999 (CDT codes D2000 - D9999).

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

b. For the age grouping that includes children 8 years of age, what is the number of such children who have received a sealant on at least one permanent molar tooth⁵? [7]

⁵Receiving a Sealant on a Permanent Molar Tooth -- Enter the unduplicated number of children enrolled in a separate CHIP program or the separate CHIP part of a combination program for 90 continuous days and in the age category of 6-9 who received a sealant on a permanent molar tooth, as defined by HCPCS code D1351 (CDT code D1351).

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

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

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

What percent of the total number of enrolled children have supplemental dental coverage? [5]

H. CHIPRA CAHPS REQUIREMENT

CHIPRA section 402(a)(2), which amends reporting requirements in section 2108 of the Social Security Act, requires Title XXI Programs (i.e., CHIP Medicaid expansion programs, separate child health programs, or a combination of the two) to report CAHPS results to CMS starting December 2013. While Title XXI Programs may select any CAHPS survey to fulfill this requirement, CMS encourages these programs to use the CAHPS Health Plan Survey 5.0H Child Questionnaire with or without the Supplemental Items for Children with Chronic Conditions (CCC) to align with the CAHPS measure in the Children's Core Set of Health Care Quality Measures for Medicaid and CHIP. Starting in 2013, Title XXI Programs should submit summary level information from the CAHPS survey to CMS via the CARTS CHIP Annual Report Template – FFY 2014

attachment facility. We also encourage states to submit raw data to the Agency for Healthcare Research and Quality's CAHPS Database. More information is available in the Technical Assistance fact sheet, Collecting and Reporting the CAHPS Survey as Required Under the CHIPRA: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/CAHPSFactSheet.pdf>.

If a state would like to provide CAHPS data on both Medicaid and CHIP enrollees, the agency must sample Title XIX (Medicaid) and Title XXI (CHIP) programs separately and submit separate results to CMS to fulfill the CHIPRA Requirement.

Did you Collect this Survey in Order to Meet the CHIPRA CAHPS Requirement? ☐ Yes ☒ No

If Yes, How Did you Report this Survey (select all that apply):

- ☐ Submitted raw data to AHRQ (CAHPS Database)
- ☐ Submitted a summary report to CMS using the CARTS attachment facility (NOTE: do not submit raw CAHPS data to CMS)
- ☐ Other. Explain:

If No, Explain Why:

Select all that apply (Must select at least one):

- ☐ Service not covered
- ☐ Population not covered
 - ☐ Entire population not covered
 - ☐ Partial population not covered
 - Explain the partial population not covered:
- ☒ Data not available
 - Explain why data not available
 - ☒ Budget constraints
 - ☒ Staff constraints
 - ☒ Data inconsistencies/accuracy
 - Please explain: CAHPS is done bi-annually, and was not scheduled for 2014, but will be done for 2015.
 - ☐ Data source not easily accessible
 - Select all that apply:*
 - ☐ Requires medical record review
 - ☐ Requires data linkage which does not currently exist
 - ☐ Other:
 - ☒ Information not collected.
 - Select all that apply:*
 - ☐ Not collected by provider (hospital/health plan)
 - ☒ Other: Not collected at the state level
 - ☐ Other:
- ☐ Small sample size (less than 30).
 - Enter specific sample size:*
- ☐ Other. Explain:

Definition of Population Included in the Survey Sample:

Definition of Population Included in the Survey Sample:

- ☐ Denominator includes CHIP (Title XXI) population only.

- ☐ Survey sample includes CHIP Medicaid Expansion population.
- ☐ Survey sample includes Separate CHIP population.
- ☐ Survey sample includes Combination CHIP population.

If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:

Which Version of the CAHPS® Survey was Used?

- ☐ CAHPS® 5.0
- ☐ CAHPS® 5.0H
- ☐ Other.

Explain:

Which Supplemental Item Sets were Included in the Survey?

- ☐ No supplemental item sets were included
- ☐ CAHPS Item Set for Children with Chronic Conditions
- ☐ Other CAHPS Item Set. Explain:

Which Administrative Protocol was Used to Administer the Survey?

- ☐ NCQA HEDIS CAHPS 5.0H administrative protocol
- ☐ AHRQ CAHPS administrative protocol
- ☐ Other administrative protocol. Explain:

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 =Federal Fiscal Year 2014. If you have a combination program you need only submit one budget; programs do not need to be reported separately.)

COST OF APPROVED CHIP PLAN

Benefit Costs	2014	2015	2016
Insurance payments	8393227	8682793	8982350
Managed Care	265412676	274569414	284042058
Fee for Service	193682182	200364217	207276783
Total Benefit Costs	467488085	483616424	500301191
(Offsetting beneficiary cost sharing payments)			
Net Benefit Costs	\$ 467488085	\$ 483616424	\$ 500301191

Administration Costs

Personnel			
General Administration	10131299	10007508	10007508
Contractors/Brokers (e.g., enrollment contractors)			
Claims Processing			
Outreach/Marketing costs			
Other (e.g., indirect costs)			
Health Services Initiatives	41785153	43000000	43000000
Total Administration Costs	51916452	53007508	53007508
10% Administrative Cap (net benefit costs ÷ 9)	51943121	53735158	55589021

Federal Title XXI Share	337612949	348805556	359650654
State Share	181791588	187818376	193658045

TOTAL COSTS OF APPROVED CHIP PLAN	519404537	536623932	553308699
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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]**

No

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 (PMPM) 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.

	2014		2015		2016	
	# of eligibles	\$ PMPM	# of eligibles	\$ PMPM	# of eligibles	\$ PMPM
Managed Care	65608	\$ 308	67227	\$ 311	67741	\$ 319
Fee for Service	60989	\$ 346	62494	\$ 350	62972	\$ 359

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

SECTION V: PROGRAM CHALLENGES AND ACCOMPLISHMENTS

1. For the reporting period, please provide an overview of your state's political and fiscal environment as it relates to health care for low income, uninsured children and families, and how this environment impacted CHIP. **[7500]**

Massachusetts remains committed to providing access to health insurance to all of its residents. The major elements of the Affordable Care Act were modeled after our state health reforms of 2006 and the implementation of the ACA in the state built on and enhanced our state reform efforts. In October 2013 our original ACA compliant Health Insurance Exchange (HIX) did not function as designed and was unable to process health insurance determinations. In order to prevent individuals from going without insurance, CMS authorized the state to provide MassHealth administered temporary insurance for anyone applying for insurance in FFY14 where we were unable to make a program determination. This temporary insurance allowed the state to maintain its highest in the nation insurance rate, measured at 96% and at 99.3% for children in 2013. Although our CHIP enrollment numbers in this report have gone down since last year, this is due to system issues that are bucketing likely CHIP eligible children into Medicaid aid categories. It is important to note that our overall child enrollment has continued to increase.

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

Our greatest challenge was the failure of our HIX system to be able to process program determinations. With the help of CMS and the strong commitment of the Patrick administration to maintaining coverage, we were able to provide temporary coverage to individuals newly applying for insurance which helped maintain our high levels of coverage

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

We upgraded the coverage for our unborn child option from pregnancy only services to the full comprehensive benefits of MassHealth standard. We removed the six month waiting period that had been in place for children with income between 200% and 300% FPL. Through our 1115 demonstration waiver we received authorization for Express Lane renewals for parents, allowing entire families to be redetermined through this administrative simplification strategy.

4. What changes have you made or are planning to make in your CHIP program during the next fiscal year? Please comment on why the changes are planned. **[7500]**

Our newly redesigned HIX, which went into use on November 15, 2014, is working well and is able to process program determinations for Medicaid, CHIP and Qualified Health Plans in real time. We will begin doing Medicaid and CHIP redeterminations in 2015 and will continue to review administrative simplification options to improve the retention rate for eligible children.

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