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

Preamble

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

The framework is designed to:

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

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

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

DO NOT CERTIFY YOUR REPORT UNTIL ALL SECTIONS ARE COMPLETE.

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

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

Signature:

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

CHIP Program Type:

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

Reporting Period: ***2009*** *Note: Federal Fiscal Year 2009 starts 10/1/08 and ends 9/30/09.*

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Submission Date: **December 31, 2009**

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

SECTION I: SNAPSHOT OF CHIP PROGRAM AND CHANGES

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

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

*Note: For children between 200-300% FPL, we disregard up to 100% of gross income.

*Please also note the corrections above.

*Please note that no income disregards are used for the Medicaid expansion component.

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

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

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

Does your program have a mail-in application?	☐	No	☐	No
	☒	Yes	☒	Yes
	☐	N/A	☐	N/A

Can an applicant apply for your program over the phone?	☒	No	☒	No
	☐	Yes	☐	Yes
	☐	N/A	☐	N/A

Does your program have an application on your website that can be printed, completed and mailed in?	☐	No	☐	No
	☒	Yes	☒	Yes
	☐	N/A	☐	N/A

Can an applicant apply for your program on-line?	☐	No	☐	No
	☒	Yes – please check all that apply	☒	Yes – please check all that apply
	☒	Signature page must be printed and mailed in	☒	Signature page must be printed and mailed in
	☒	Family documentation must be mailed (i.e., income documentation)	☒	Family documentation must be mailed (i.e., income documentation)
	☐	Electronic signature is required	☐	Electronic signature is required
			☐	No Signature is required
	☐	N/A	☐	N/A

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

Does your program require a child to be uninsured for a minimum amount of time prior to enrollment (waiting	☒	No	☐	No
	☐	Yes	☒	Yes
	Specify number of months		Specify number of months	6

period)?			To which groups (including FPL levels) does the period of uninsurance apply? **Children between 200% and 300% FPL.**	
			List all exemptions to imposing the period of uninsurance **(a) A child has special or serious health care needs; (b) the prior coverage was involuntarily terminated, including withdrawal of benefits by an employer, involuntary job loss, or COBRA expiration; (c) a parent in the family group died in the previous six months; (d) the prior coverage was lost due to domestic violence; (e) the prior coverage was lost due to becoming self-employed; or, (f) the existing coverage's lifetime benefits were reduced substantially within the previous six months, or prior employer-sponsored health insurance was cancelled for this reason.**	
	☐	N/A	☐	N/A

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

Does your program provide period of continuous coverage <u>regardless of income changes?</u>	☒	No	☒	No
	☐	Yes	☐	Yes
	Specify number of months		Specify number of months	
	Explain circumstances when a child would lose eligibility during the time period in the box below		Explain circumstances when a child would lose eligibility during the time period in the box below	

	Eligibility for all MassHealth matters is redetermined every 12 months. However, eligibility is redetermined whenever there is a change in income that is self-reported or discovered through a periodic match with the Commonwealth's Dept. of Revenue (DOR) and such change can result in a loss of eligibility to the extent that income exceeds 300%FPL.		**Eligibility for all MassHealth matters is redetermined every 12 months. However, eligibility is redetermined whenever there is a change in income that is self-reported or discovered through a periodic match with the Commonwealth's Dept. of Revenue (DOR) and such change can result in a loss of eligibility to the extent that income exceeds 300%FPL.**	
	☐	N/A	☐	N/A

Does your program require premiums or an enrollment fee?	☒	No	☐	No
	☐	Yes	☒	Yes
	Enrollment fee amount		Enrollment fee amount	**$0**
	Premium amount		Premium amount	**See below**
	Yearly cap		Yearly cap	**See below**
	If yes, briefly explain fee structure in the box below		If yes, briefly explain fee structure in the box below (including premium/enrollment fee amounts and include Federal poverty levels where appropriate)	
			Premium Structure: **FPL / Per child / Family max** **150.1-200.0 / $12 / $36** **200.1-250.0 / $20 / $60** **250.1-300.0 / $28 / $84**	
	☐	N/A	☐	N/A

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

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

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

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

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

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

Comments on Responses in Table:

2. Is there an assets test for children in your Medicaid program? ☐ Yes ☒ No ☐ N/A
3. Is it different from the assets test in your separate child health program? ☐ Yes ☐ No ☒ N/A
4. Are there income disregards for your Medicaid program? ☐ Yes ☒ No ☐ N/A
5. Are they different from the income disregards in your separate child health program? ☒ Yes ☐ No ☐ N/A

6. Is a joint application (i.e., the same, single application) used for your Medicaid and separate child health program? ☒ Yes ☐ No ☐ N/A

7. If you have a joint application, is the application sufficient to determine eligibility for both Medicaid and CHIP? ☒ Yes ☐ No ☐ N/A

8. Indicate what documentation is required at initial application

	Self-Declaration	Self-Declaration with internal verification	Documentation Required
Income	☐	☐	☒
Citizenship	☐	☐	☒
Insured Status	☒	☒	☐

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

	Medicaid Expansion CHIP Program			**Separate Child Health Program**		
	Yes	No Change	N/A	Yes	No Change	N/A
a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	☐	☒	☐	☐	☒	☐
b) Application	☒	☐	☐	☒	☐	☐
c) Application documentation requirements	☒	☐	☐	☒	☐	☐
d) Benefits	☐	☒	☐	☒	☐	☐
e) Cost sharing (including amounts, populations, & collection process)	☐	☒	☐	☐	☒	☐
f) Crowd out policies	☐	☒	☐	☐	☒	☐

		Medicaid Expansion CHIP Program			Separate Child Health Program		
		Yes	No Change	N/A	Yes	No Change	N/A
g)	Delivery system	☐	☒	☐	☐	☒	☐
h)	Eligibility determination process (including implementing a waiting list or open enrollment periods	☒	☐	☐	☒	☐	☐
i)	Eligibility levels / target population	☐	☒	☐	☐	☒	☐
j)	Assets test in Medicaid and/or CHIP	☐	☒	☐	☐	☒	☐
k)	Income disregards in Medicaid and/or CHIP	☐	☒	☐	☐	☒	☐
l)	Eligibility redetermination process	☒	☐	☐	☒	☐	☐
m)	Enrollment process for health plan selection	☐	☒	☐	☐	☒	☐
n)	Family coverage	☐	☒	☐	☐	☒	☐
o)	Outreach (e.g., decrease funds, target outreach)	☐	☒	☐	☐	☒	☐
p)	Premium assistance	☐	☒	☐	☐	☒	☐
q)	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)	☐	☒	☐	☐	☒	☐
r)	Expansion to "Lawfully Residing" children	☒	☐	☐	☒	☐	☐
s)	Expansion to "Lawfully Residing" pregnant women	☐	☐	☒	☐	☐	☒
t)	Pregnant Women State Plan Expansion	☐	☒	☐	☐	☒	☐
u)	Expansion to "Lawfully Residing" children	☒	☐	☐	☒	☐	☐
v)	Expansion to "Lawfully Residing" pregnant women	☐	☐	☒	☐	☐	☒
w)	Pregnant Women State Plan Expansion	☐	☒	☐	☐	☒	☐
x)	Waiver populations (funded under title XXI)						
	Parents	☐	☐	☒	☐	☐	☒
	Pregnant women	☐	☐	☒	☐	☐	☒
	Childless adults	☐	☐	☒	☐	☐	☒
y)	Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	☐	☒	☐	☐	☒	☐

z) Other – please specify

a.	**All children born to mothers receiving MassHealth are now automatically eligible for MassHealth for one year and will be exempt from the requirement to verify citizenship and identity.**	☒	☐	☐	☒	☐	☐
b.		☐	☐	☐	☐	☐	☐
c.		☐	☐	☐	☐	☐	☐

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

a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	
b) Application	**Language related to a parental affidavit for identity for a child under age 16 was removed from the signature page of the application. Instead of accepting the signature on the application as an affidavit of identity for kids, parents and guardians must now send in a form or letter attesting to the child's identity. Parental affidavit may only be used when no other verification of identity is available.** **Iraqi/Afghan special immigrant codes were added to the immigration section of the application.**
c) Application documentation requirements	**Added documents issued by federally recognized Indian tribes to the list of documents that MassHealth accepts for verification of citizenship and identity.**
d) Benefits	**A change was made in the behavioral health benefit in the Healthy Start Program to remove the 10 visit maximum in order to comply with the CHIPRA law.** **As a requirement of CHIPRA, MassHealth began to provide CHIP children who were not previously receiving dental coverage through CHIP such coverage.** **Coverage for non-emergency transportation for certain MassHealth populations, including non-disabled children in the Separate Child Health Program, was discontinued.**
e) Cost sharing (including amounts, populations, & collection process)	
f) Crowd out policies	

g) Delivery system	
h) Eligibility determination process (including implementing a waiting lists or open enrollment periods)	**In order to comply with CHIPRA, MassHealth began to provide Medicaid benefits to applicants who have unverified citizenship or identity during the verification period (a reasonable opportunity period).** **Beginning the week of March 23, 2009 any payment or tax credit received as a result of the American Recovery and Reinvestment Act (ARRA) of 2009 was considered noncountable income during the month of receipt. The ARRA stimulus one-time payment is considered a noncountable asset for a limited time only.**
i) Eligibility levels / target population	
j) Assets test in Medicaid and/or CHIP	
k) Income disregards in Medicaid and/or CHIP	
l) Eligibility redetermination process	**In December 2008, MassHealth decreased the time which individuals have to return an annual eligibility review form from 45 to 30 days. In March 2009, due to CMS' interpretation of the ARRA MOE requirement, MassHealth reinstated the 45 day period.**
m) Enrollment process for health plan selection	
n) Family coverage	
o) Outreach	
p) Premium assistance	
q) 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)	

r) Expansion to "Lawfully Residing" children	**Five year barred aliens with special status children under age 19 who have family group income that is less than or equal to 150%FPL were upgraded from state funded Family Assistance to federally funded MassHealth Standard. Five year barred aliens with special status children under age 19 who have family group income that is greater than 150% FPL or equal to 200% FPL were upgraded to federally funded MassHealth Family Assistance from state funded MassHealth Family Assistance. Five year barred aliens with special status children under age 19 who have family group income that is greater than 200% FPL but less than 300% FPL were upgraded from the Children's Medical Security Program (state program) to federally funded MassHealth Family Assistance.**
s) Expansion to "Lawfully Residing" pregnant women	
t) Pregnant Women State Plan Expansion	
u) Waiver populations (funded under title XXI)	
Parents	
Pregnant women	
Childless adults	
v) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	
w) Other – please specify	
a. All c**hildren born to mothers receiving MassHealth are now automatically eligible for MassHealth for one year and will be exempt from the requirements to verify citizenship and identity.**	**This change was made in order to comply with CHIPRA.**
b. **[50]**	
c. **[50]**	

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

SECTION II: PROGRAM'S PERFORMANCE MEASUREMENT AND PROGRESS

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

SECTION IIA: REPORTING OF CORE PERFORMANCE MEASURES

CMS is directed to examine national performance measures by the CHIP Final Rules of January 11, 2001. To address this CHIP directive, and to address the need for performance measurement in Medicaid, CMS, along with other Federal and State officials, developed a core set of performance measures for Medicaid and CHIP. The group focused on well-established measures whose results could motivate agencies, providers, and health plans to improve the quality of care delivered to enrollees. After receiving comments from Medicaid and CHIP officials on an initial list of 19 measures, the group recommended seven core measures, including four core child health measures:

- **Well child visits in the first 15 months of life**
- **Well child visits in the 3rd, 4th, 5th, and 6th years of life**
- **Use of appropriate medications for children with asthma**
- **Children's access to primary care practitioners**

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

This section contains templates for reporting performance measurement data for each of the core child health measures. Please report performance measurement data for the three most recent years (to the extent that data are available). In the first and second column, data from the previous two years' annual reports (FFY 2007 and FFY 2008) will be populated with data from previously reported data in CARTS, enter data in these columns only if changes must be made. If you previously reported no data for either of those years, but you now have recent data available for them, please enter the data. In the third column, please report the most recent data available at the time you are submitting the current annual report (FFY 2009). Additional instructions for completing each row of the table are provided below.

If Data Not Reported, Please Explain Why:

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

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

Status of Data Reported:

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

- Provisional: Check this box if you are reporting data for a measure, but the data are currently being modified, verified, or may change in any other way before you finalize them for FFY 2009.
- Final: Check this box if the data you are reporting are considered final for FFY 2009.
- Same data as reported in a previous year's annual report: Check this box if the data you are reporting are the same data that your State reported in another annual report. Indicate in which year's annual report you previously reported the data.

Measurement Specification:
For each performance measure, please indicate the measurement specification (i.e., were the measures calculated using the HEDIS® technical specifications, HEDIS®-like specifications, or some other source with measurement specifications unrelated to HEDIS®). If the measures were calculated using HEDIS® or HEDIS®-like specifications, please indicate which version was used (e.g., HEDIS® 2007). If using HEDIS®-like specifications, please explain how HEDIS® was modified.

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

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

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

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

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

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

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

Explanation of Progress:
The intent of this section is to allow your State to highlight progress and describe any quality improvement activities that may have contributed to your progress. If improvement has not occurred over time, this section can be used to discuss potential reasons for why progress was not seen and to describe future

quality improvement plans. In this section, your State is also asked to set annual performance objectives for FFY 2010, 2011, and 2012. Based on your recent performance on the measure (from FFY 2007 through 2009), use a combination of expert opinion and "best guesses" to set objectives for the next three years. Please explain your rationale for setting these objectives. For example, if your rate has been increasing by 3 or 4 percentage points per year, you might project future increases at a similar rate. On the other hand, if your rate has been stable over time, you might set a target that projects a small increase over time. If the rate has been fluctuating over time, you might look more closely at the data to ensure that the fluctuations are not an artifact of the data or the methods used to construct a rate. You might set an initial target that is an average of the recent rates, with slight increases in subsequent years.

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

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

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

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

FFY 2007	FFY 2008	FFY 2009
Did you report on this goal? ☒ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this goal?** ☒ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this goal?** ☒ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☒ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2006	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☒ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2008
Measurement Specification: ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: 2008 version	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: MassHealth Managed Care HEDIS 2008 Final Report ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:
Data Source: ☐ Administrative (claims data). *Specify*: ☒ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). *Specify*: ☒ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). *Specify*: ☒ Hybrid (claims and medical record data). *Specify*: Members who turned 15 months old during 2007 and who were continuously enrolled with no more than one gap in enrollment of up to 45 days. ☐ Survey data. *Specify*: ☐ Other. *Specify*:

FFY 2007	FFY 2008	FFY 2009
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes CHIP population only. ☒ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Members who turned 15 months old during 2005 and who were continuously enrolled from 31 days to 15 months of age with no more than one gap in enrollment of up to 45 days.	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes CHIP population only. ☒ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Members who turned 15 months old during 2007 and who had six or more well-child visits with a primary care practitioner during the first 15 months of life.	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes CHIP population only. ☒ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Members who turned 15 months old during 2007 and who had six or more well-child visits with a primary care practitioner during the first 15 months of life.
Year of Data: 2005	**Year of Data: 2007**	**Year of Data: 2007**

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

FFY 2007	FFY 2008	FFY 2009
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Percent with specified number of visits 0 visits Numerator: Denominator: Rate: 1.5 1 visit Numerator: Denominator: Rate: 0.3 2 visits Numerator: Denominator: Rate: 0.6 3 visits Numerator: Denominator: Rate: 1.4 4 visits Numerator: Denominator: Rate: 4.0 5 visits Numerator: Denominator: Rate: 10.0 6+ visits Numerator: Denominator: Rate: 82.3 Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with specified number of visits 0 visits Numerator: Denominator: Rate: 1.1 1 visit Numerator: Denominator: Rate: 0.6 2 visits Numerator: Denominator: Rate: 0.3 3 visits Numerator: Denominator: Rate: 1.6 4 visits Numerator: Denominator: Rate: 5.7 5 visits Numerator: Denominator: Rate: 9.7 6+ visits Numerator: Denominator: Rate: 81.1 Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with specified number of visits 0 visits Numerator: Denominator: Rate: 1.1 1 visit Numerator: Denominator: Rate: 0.6 2 visits Numerator: Denominator: Rate: 0.3 3 visits Numerator: Denominator: Rate: 1.6 4 visits Numerator: Denominator: Rate: 5.7 5 visits Numerator: Denominator: Rate: 9.7 6+ visits Numerator: Denominator: Rate: 81.1 Additional notes on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:

Explanation of Progress:

How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?
The HEDIS 2008 rate of MassHealth members who turned 15 months who had six or more well-child visits was 81.1%, significantly better than HEDIS 2008 national benchmarks for this measure:

- National Medicaid Mean: 53.0%
- National Medicaid 75th percentile: 65.5%

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

The MassHealth Quality Strategy establishes the framework of values that guide the kind of care that MassHealth seeks to provide for our members, including: "Doing the right thing at the right time in the right way for the right person, and having the best possible results." (Agency for Healthcare Research and Quality – AHRQ) MassHealth engages in routine quality measurement and feedback of results to health plans with the aim of improving the quality of care delivered to members.

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

Annual Performance Objective for FFY 2010: MassHealth will continue to perform at a level that meets or exceeds the national Medicaid HEDIS 75th percentile.

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

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

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

Other Comments on Measure:

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

FFY 2007	FFY 2008	FFY 2009
Did you report on this goal? ☒ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this goal?** ☒ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this goal?** ☒ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☒ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☒ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2008
Measurement Specification: ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: MassHealth Managed Care HEDIS 2008 Final Report ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:
Data Source: ☐ Administrative (claims data). *Specify*: ☒ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*: Members aged 3 to 6 years old as of December 31, 2005 and who were enrolled as of December 31, 2005 with no more than one gap of enrollment of up to 45 days. 0	**Data Source:** ☐ Administrative (claims data). *Specify*: ☒ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). *Specify*: ☒ Hybrid (claims and medical record data). *Specify*: Members aged 3 to 6 years old during 2007 and who were continuously enrolled with no more than one gap in enrollment of up to 45 days. ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes CHIP population only. ☒ Denominator includes CHIP and Medicaid (Title XIX).	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes CHIP population only. ☒ Denominator includes CHIP and Medicaid (Title XIX).	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes CHIP population only. ☒ Denominator includes CHIP and Medicaid (Title XIX).

FFY 2007	FFY 2008	FFY 2009
Definition of numerator: Members who were 3, 4, 5 or 6 years old during 2005 and who received one or more well-child visits with a primary care practitioner during 2005.	Definition of numerator: Members who were 3, 4, 5 or 6 years old during 2007 and who received one or more well-child visits with a primary care practitioner during 2007.	Definition of numerator: Members who were 3, 4, 5 or 6 years old during 2007 and who received one or more well-child visits with a primary care practitioner during 2007.
Year of Data: 2006	**Year of Data: 2007**	**Year of Data: 2007**
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Percent with 1+ visits Numerator: Denominator: Rate: 83.6 Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with 1+ visits Numerator: Denominator: Rate: 84.5 Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with 1+ visits Numerator: Denominator: Rate: 84.5 Additional notes on measure:
FFY 2007	**FFY 2008**	**FFY 2009**
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:**

FFY 2007	FFY 2008	FFY 2009

Explanation of Progress:

How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?

The HEDIS rate of MassHealth members who had well child visits in the 3rd,, 4th, 5th, and 6th years of life was 84.5%, an increase of nearly 1 percentage point since HEDIS 2006. MassHealth ranks significantly better than HEDIS 2008 national benchmarks:

- National Medicaid Mean: 65.1%
- National Medicaid percentile: 74.0%

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

The MassHealth Quality Strategy establishes the framework of values that guide the kind of care that MassHealth seeks to provide for our members, including: "Doing the right thing at the right time in the right way for the right person, and having the best possible results." (Agency for Healthcare Research and Quality – AHRQ) MassHealth engages in routine quality measurement and feedback of results to health plans with the aim of improving the quality of care delivered to members.

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

Annual Performance Objective for FFY 2010: MassHealth will continue to perform at a level that meets or exceeds the national Medicaid HEDIS 75th percentile.

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

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

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

Other Comments on Measure:

MEASURE: Use of Appropriate Medications for Children with Asthma

FFY 2007	FFY 2008	FFY 2009
Did you report on this goal? ☒ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this goal?** ☒ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this goal?** ☒ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☒ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☒ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2008
Measurement Specification: ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: MassHealth Managed Care HEDIS 2008 Final Report ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:
Data Source: ☒ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*: Members with a diagnosis of persistent asthma who were aged 5 to 17 years old as of December 31, 2005 and who were enrolled as of December 31, 2005 with no more than one gap of enrollment of up to 45 days.	**Data Source:** ☒ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). *Specify*: Members with a diagnosis of persistent asthma who were aged 5 to 17 years old during 2007 and who were continuously enrolled with no more than one gap in enrollment of up to 45 days. ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:

FFY 2007	FFY 2008	FFY 2009
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes CHIP population only. ☒ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Members ages 5 to 17 with persistent asthma who were appropriately prescribed control medication during 2005.	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes CHIP population only. ☒ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Members ages 5 to 17 with persistent asthma who were appropriately prescribed control medication during 2007.	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes CHIP population only. ☒ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Members ages 5 to 17 with persistent asthma who were appropriately prescribed control medication during 2007.
Year of Data: 2005	**Year of Data: 2007**	**Year of Data: 2007**
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Percent receiving appropriate medications 5-9 years Numerator: Denominator: Rate: 93.0 10-17 years Numerator: Denominator: Rate: 88.9 Combined rate (5-17 years) Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent receiving appropriate medications 5-9 years Numerator: Denominator: Rate:94.4 10-17 years Numerator: Denominator: Rate: 90.8 Combined rate (5-17 years) Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent receiving appropriate medications 5-9 years Numerator: Denominator: Rate:94.4 10-17 years Numerator: Denominator: Rate: 90.8 Combined rate (5-17 years) Numerator: Denominator: Rate: Additional notes on measure:
FFY 2007	**FFY 2008**	**FFY 2009**
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:

FFY 2007	FFY 2008	FFY 2009

Explanation of Progress:

How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?

The HEDIS 2008 rate of MassHealth members (ages 5-9) who used asthma medications was 94.4%, an increase of 1.4 percentage points since HEDIS 2006. MassHealth is aligned with the HEDIS 2008 national benchmarks for this measure:

- National Medicaid mean: 89.3%
- National Medicaid 75th percentile: 94.5%

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

The MassHealth Quality Strategy establishes the framework of values that guide the kind of care that MassHealth seeks to provide for our members, including: "Doing the right thing at the right time in the right way for the right person, and having the best possible results." (Agency for Healthcare Research and Quality – AHRQ) MassHealth engages in routine quality measurement and feedback of results to health plans with the aim of improving the quality of care delivered to members.

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

Annual Performance Objective for FFY 2010: MassHealth will strive to perform at a level that meets or exceeds the national Medicaid HEDIS 75th percentile.

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

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

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

Other Comments on Measure:

MEASURE: Children's Access to Primary Care Practitioners

FFY 2007	FFY 2008	FFY 2009
Did you report on this goal? ☒ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this goal?** ☒ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this goal?** ☒ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☒ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☒ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2008
Measurement Specification: ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: MassHealth Managed Care HEDIS 2008 Final Report ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:
Data Source: ☒ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). *Specify*: Members aged 12 to 24 months, 25 months, to 6 years, 7 to 11 years, and 12 to 19 years. Members aged 12 months to 6 years must have been continuously enrolled during the measurement year with no more than one gap of enrollment of up to 45 days. Members aged 7 to 19 years must be continuously enrolled during the measurement year and the year prior to the measurement year with no more than one gap of enrollment of up to 45 days each year. ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:

FFY 2007	FFY 2008	FFY 2009
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes CHIP population only. ☒ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Members aged 12 to 24 months, 25 months, to 6 years, 7 to 11 years, and 12 to 19 years. Members aged 12 months to 6 years must have been continuously enrolled during the measurement year with no more than one gap of enrollment of up to 45 days. Members aged 7 to 19 years must be continuously enrolled during the measurement year and the year prior to the measurement year with no more than one gap of enrollment of up to 45 days each year.	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes CHIP population only. ☒ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Members aged 12-24 months or 25 months to 6 years who had at least one ambulatory care or preventive care visit with a primary care practitioner in 2007. Members aged 7 to 11 years or 12 to19 years who had at least one ambulatory care or preventive care visit with a primary care practitioner in 2007.	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes CHIP population only. ☒ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Members aged 12-24 months or 25 months to 6 years who had at least one ambulatory care or preventive care visit with a primary care practitioner in 2007. Members aged 7 to 11 years or 12 to19 years who had at least one ambulatory care or preventive care visit with a primary care practitioner in 2007.
Year of Data: 2005	**Year of Data: 2007**	**Year of Data: 2007**
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Percent with a PCP visit 12-24 months Numerator: Denominator: Rate: 96.2 7-11 years Numerator: Denominator: Rate: 95.6 25 months-6 years Numerator: Denominator: Rate: 93.3 12-19 years Numerator: Denominator: Rate: 93.7 Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with a PCP visit 12-24 months Numerator: Denominator: Rate: 97.3 12-24 months Numerator: Denominator: Rate: 97.0 25 months-6 years Numerator: Denominator: Rate: 93.6 25 months-6 years Numerator: Denominator: Rate: 94.7 Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with a PCP visit 12-24 months Numerator: Denominator: Rate: 97.3 7-11 years Numerator: Denominator: Rate: 97.0 25 months-6 years Numerator: Denominator: Rate: 93.6 12-19 years Numerator: Denominator: Rate: 94.7 Additional notes on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:

FFY 2007	FFY 2008	FFY 2009

Explanation of Progress:

How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?

The HEDIS 2008 rate of MassHealth members (ages 12-24 months) having access to primary care practitioners was 97.3%, an increase of 1.1 percentage points since HEDIS 2006. MassHealth is aligned with the HEDIS 2008 national benchmarks for this measure:

- National Medicaid mean: 93.5%
- National Medicaid 75th percentile: 97.4%

The HEDIS 2008 rate of MassHealth members (ages 25months to 6 years) having access to primary care practitioners was 93.6%, which exceeds the HEDIS 2008 national benchmarks for this measure:

- National Medicaid mean: 84.3%
- National Medicaid 75th percentile: 89.6%

The HEDIS 2008 rate of MassHealth members (ages 7-11 years) having access to primary care practitioners was 97.0%, an increase of 1.4 percentage points since HEDIS 2006. MassHealth exceeds the HEDIS 2008 national benchmarks for this measure:

- National Medicaid mean: 85.9%
- National Medicaid 75th percentile: 91.6%

The HEDIS 2008 rate of MassHealth members (ages 12-19 years) having access to primary care practitioners was 94.7%, an increase of 1percentage point since HEDIS 2006. MassHealth exceeds the HEDIS 2008 national benchmarks for this measure:

- National Medicaid mean: 82.7%
- National Medicaid 75th percentile: 90.1%

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

The MassHealth Quality Strategy establishes the framework of values that guide the kind of care that MassHealth seeks to provide for our members, including: "Doing the right thing at the right time in the right way for the right person, and having the best possible results." (Agency for Healthcare Research and Quality – AHRQ) MassHealth engages in routine quality measurement and feedback of results to health plans with the aim of improving the quality of care delivered to members.

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

Annual Performance Objective for FFY 2010: MassHealth will continue to perform at a level that meets or exceeds the national Medicaid HEDIS 75th percentile.

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

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

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

Other Comments on Measure:

SECTION IIB: ENROLLMENT AND UNINSURED DATA

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

Program	FFY 2008	FFY 2009	Percent change FFY 2008-2009
CHIP Medicaid Expansion Program	**100,097**	**62,773**	**-37.2%**
Separate Child Health Program	**100,853**	**78.241**	**-22.6%**

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

      The above change is as a result of a change in counting methodology. In accordance with the SEDS instructions released by CMS in July 2009 and as a part of the implementation of the Commonwealth's new MMIS system in May, 2009, the Commonwealth completed a full redevelopment of the SEDS reporting function for the SEDS enrollment reports for the quarters ending June 30, 2009, and September 30, 2009. Prior to these reports, the Commonwealth's SEDS reporting was based on the SEDS instructions released by CMS in 2000, which specified that a child who was enrolled in both the Title XIX Expansion and the Separate Child Health Program during a single federal fiscal year should be counted as 'Ever Enrolled in Year' in each program. The new instructions specify that a child should only be counted once, which leads to the above decrease.

2. The table below shows trends in the three-year averages for the number and rate of uninsured children in your State based on the Current Population Survey (CPS), along with the percent change between 1996-1998 and 2007-2008. 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 2009 Annual Report Template.

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

Percent change 1996-1998 vs. 2006-2008				

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

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

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

- The CPS is a labor market survey, and is not designed to measure the rate of health insurance coverage
- The CPS is based on the previous twelve months of time. Thus, 2009 CPS data are based on the period from March 2007 through March 2008.
- The CPS is a "residual" estimate for the entire previous year. The CPS did improve on this residual methodology by adding a confirming health insurance coverage question starting in 2000.
- The state's DHCFP survey (see #3 below) is a "point-in-time" estimate, with data collection efforts held in spring 2009. Respondents answer the state sponsored survey based on their current insurance status. Experts do not agree on what timeframe the CPS survey measures (point-in-time vs. entire year's insurance status vs. part of the year).
- The CPS estimates insurance status for missing data using a mix of national averages. This disproportionately affects Massachusetts data due to our generous Medicaid program and our higher than average employer offered insurance base. This is a very complex and highly important issue that many believe makes up a large percentage of the discrepancy between CPS and state-sponsored survey estimates.

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

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

☐ No (skip to Question #4)

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

Data source(s)	Massachusetts Health Insurance Survey (MHIS), conducted on behalf of the Massachusetts Division of Health Care Finance and Policy (DHCFP) by the Urban Institute	
Reporting period (2 or more points in time)	2008, 2009	
Methodology	Massachusetts chose to redesign its state sponsored survey starting in 2008 to address some of the limitations of other surveys being used to estimate uninsured rates in Massachusetts. One of the biggest changes is that the revised MHIS includes a residential	

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

Number and/or rate for two or more points in time	2008 – 1.2% 2009 – 1.9%	
Statistical significance of results	The 2009 estimates are not significantly different from the estimates for 2008.	

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

Refer to answers listed under #2b above.

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

The State deems the DHCFP survey to be more reliable than CPS data, for the reasons detailed in question #2B above. The margin of error due to sampling at the 95% confidence interval for estimates that use the full sample is +/-1.54 percentage points. Estimates based on subsets of the full sample will have a larger margin of error.

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

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

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

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

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

MassHealth's outreach activities do not specifically target the SCHIP population, but all children eligible for MassHealth. Therefore, MassHealth cannot estimate the number of children enrolled in Medicaid through these activities. The MassHealth caseload has increased by over 35,000 children since the beginning of federal fiscal year 2008.

SECTION IIC: STATE STRATEGIC OBJECTIVES AND PERFORMANCE GOALS

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

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

Please report performance measurement data for the three most recent years for which data are available (to the extent that data are available). In the first two columns, report data from the previous two years' annual reports (FFY 2007 and FFY 2008) will be populated with data from previously reported data in CARTS, enter data in these columns only if changes must be made. If you previously reported no data for either of those years, but you now have recent data available for them, please enter the data. In the third column, please report the most recent data available at the time you are submitting the current annual report (FFY 2009).

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

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

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

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

Goal:

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

Type of Goal:

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

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

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

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

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

- Provisional: Check this box if you are reporting performance measure data for a goal, but the data are currently being modified, verified, or may change in any other way before you finalize them for FFY 2009.

- Final: Check this box if the data you are reporting are considered final for FFY 2009.

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

Measurement Specification:
This section is included for only two of the objectives— objectives related to increasing access to care, and objectives related to use of preventative care—because these are the two objectives for which States may report using the HEDIS® measurement specification. In this section, for each goal, please indicate the measurement specification used to calculate your performance measure data (i.e., were the measures calculated using the HEDIS® specifications, HEDIS®-like specifications, or some other method unrelated to HEDIS®). If the measures were calculated using HEDIS® or HEDIS®-like specifications, please indicate which version was used (e.g., HEDIS® 2007). If using HEDIS®-like specifications, please explain how HEDIS® was modified.

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

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

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

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

Performance Measurement Data:

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

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

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

Explanation of Progress:

The intent of this section is to allow your State to highlight progress and describe any quality improvement activities that may have contributed to your progress. Any quality improvement activity described should involve the CHIP program, benefit CHIP enrollees, and relate to the performance measure and your progress. An example of a quality improvement activity is a state-wide initiative to inform individual families directly of their children's immunization status with the goal of increasing immunization rates. CHIP would either be the primary lead or substantially involved in the project. If improvement has not occurred over time, this section can be used to discuss potential reasons for why progress was not seen and to describe future quality improvement plans. In this section, your State is also asked to set annual performance objectives for FFY 2010, 2011 and 2012. Based on your recent performance on the measure (from FFY 2007 through 2009), 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 2007	FFY 2008	FFY 2009
Goal #1 (Describe) Reduce the number of uninsured children in the Commonwealth.	**Goal #1 (Describe)** Reduce the number of uninsured children in the Commonwealth.	**Goal #1 (Describe)** Maintain an overall children's uninsurance rate of no more than 3%.
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☒ New/revised. *Explain*: Massachusetts has succeeded in continuing to reduce the percentage of uninsured children. The Commonwealth is committed to sustaining the gains that have been made and ensuring that all children who are eligible for insurance are enrolled. ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data ☒ Survey data. *Specify*: ☐ Other. *Specify*: Division of Health Care Finance and Policy (DHCFP) Survey on Health Insurance Status and Current Population Survey (CPS	**Data Source:** ☐ Eligibility/Enrollment data ☒ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☒ Survey data. *Specify*: Division of Health Care Finance and Policy (DHCFP) Massachusetts Health Insurance Survey, 2009 ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: All children residing in the State Definition of numerator: Children estimated to be without health insurance	**Definition of Population Included in the Measure:** Definition of denominator: All children aged 0 to 18 residing in the Commonwealth. Definition of numerator: Definition of numerator: Children aged 0 to 18 estimated to be without health insurance.	**Definition of Population Included in the Measure:** Definition of denominator: The estimate of the number of children in Massachusetts Definition of numerator: The estimate of the number of uninsured children in Massachusetts
Year of Data: 2007	**Year of Data:** 2008	**Year of Data: 2009**
Performance Measurement Data: Described what is being measured: Rate of insured children Decrease the rate of uninsured children as a proportion	**Performance Measurement Data:** Described what is being measured: Rate of uninsured children	**Performance Measurement Data:** Describe what is being measured: The uninsurance rate among children in Massachusetts at all income levels

FFY 2007	FFY 2008	FFY 2009
of all children in the Commonwealth. Numerator: Denominator: Rate: 1.43 Additional notes on measure: DHCFP estimated the ratio at 1:43 in the 2007 survey of Health Insurance Status. The CPS March 2006 Supplement estimates the ratio at 1:22. Both estimates indicate that Massachusetts is currently exceeding the state objective.	Numerator: Denominator: Rate: 1.2% Additional notes on measure: DHCFP redesigned the survey for 2008 to address many of the limitations of the existing surveys used to estimate uninsurance in Massachusetts in order to have a reliable estimate of uninsurance moving forward. The 2008 DHCFP-Health Insurance Survey includes a residential address-based sample, similar to that of the CPS, providing a more complete profile of households in Massachusetts than in earlier versions of that survey and in other surveys. Unlike other surveys, the new DHCFP-HIS includes households without telephones and cell-phone-only households, two populations that are more likely to be uninsured.	Numerator: The estimate of the number of uninsured children in Massachusetts Denominator: The estimate of the number of children in Massachusetts Rate: 1.9% Additional notes on measure:

FFY 2007	FFY 2008	FFY 2009

Explanation of Progress:

How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?

This is a new goal for FFY 2009.

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

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

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 2010: Massachusetts will continue efforts to enroll every child eligible for health insurance and as a result, will maintain an uninsurance rate among all children of no more than 3%.

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

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

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

Other Comments on Measure:

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

FFY 2007	FFY 2008	FFY 2009
Goal #2 (Describe) Reduce the number of uninsured children (between 200-300% FPL) in the Commonwealth.	**Goal #2 (Describe)** Reduce the number of uninsured children (between 150-300% FPL) in the Commonwealth.	**Goal #2 (Describe)** Maintain an uninsurance rate for children under 150% FPL of no more than 3%.
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☒ Discontinued. *Explain*: Because MassHealth is reformulating the way it calculates income level within populations in FY07, no information is available on the number of children between 200-300% FPL. This number will be calculated again starting in FY08	**Type of Goal:** ☒ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☒ New/revised. *Explain*: Massachusetts has succeeded in continuing to reduce the percentage of uninsured children. The Commonwealth is committed to sustaining the gains that have been made and ensuring that all children who are eligible for insurance are enrolled, with a particular focus on children under 150% FPL. ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data ☒ Survey data. *Specify*: ☐ Other. *Specify*: Division of Health Care Finance and Policy (DHCFP) Survey on Health Insurance Status	**Data Source:** ☐ Eligibility/Enrollment data ☒ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data ☒ Survey data. *Specify*: Division of Health Care Finance and Policy (DHCFP) Massachusetts Health Insurance Survey, 2009 ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: All children between 200% - 300% FPL Definition of numerator: Uninsurec children between 200-300% FPL	**Definition of Population Included in the Measure:** Definition of denominator: Estimate of all children in Massachusetts between 150% - 300% FPL Definition of numerator: Estimate of uninsured children between 150%-300% FPL	**Definition of Population Included in the Measure:** Definition of denominator: The estimate of the number of children in Massachusetts with household income under 150% FPL Definition of numerator: The estimate of uninsured children in Massachusetts with household income less than 150%FPL
Year of Data:	**Year of Data: 2008**	**Year of Data: 2009**
Performance Measurement Data:	**Performance Measurement Data:**	**Performance Measurement Data:**

FFY 2007	FFY 2008	FFY 2009
Described what is being measured: The percentage of all children between 200- 300 % FPL who are uninsured. Numerator: Denominator: Rate: Additional notes on measure:	Described what is being measured: The percentage of all children between 150%- 300 % FPL who are uninsured. Numerator: Denominator: Rate: 2.2% Additional notes on measure:	Describe what is being measured: The rate of uninsurance among children with household income less than 150% FPL Numerator: The estimate of uninsured children in Massachusetts with household income less than 150%FPL Denominator: The estimate of the number of children in Massachusetts with household income under 150% FPL Rate: 2.7% Additional notes on measure:

FFY 2007	FFY 2008	FFY 2009

Explanation of Progress:

How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?

This is a new goal for FFY 2009.

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

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

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 2010: Massachusetts will continue efforts to enroll every child eligible for health insurance and as a result, will maintain an uninsurance rate among all children with household income less than 150% FPL of no more than 3%.

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

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

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

Other Comments on Measure:

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

FFY 2007	FFY 2008	FFY 2009
Goal #3 (Describe)	**Goal #3 (Describe)**	**Goal #3 (Describe)** Reduce the uninsurance rate for children between 150%-300 % FPL to that of the overall rate of uninsurance for children.
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☒ New/revised. *Explain*: The uninsurance rate for this income segment exceeds the overall uninsurance rate for children, and the Commonwealth is committed to bringing it down to that of the overall population. ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data ☒ Survey data. *Specify*: Division of Health Care Finance and Policy (DHCFP) Massachusetts Health Insurance Survey, 2009 ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: The estimate of the uninsurance rate for all children in Massachusetts Definition of numerator: The estimate of the uninsurance rate for children in Massachusetts with household incomes between 150-300% FPL
Year of Data:	**Year of Data:**	**Year of Data: 2009**
Performance Measurement Data: Describe what is being measured: Numerator: Denominator: Rate:	**Performance Measurement Data:** Describe what is being measured: Numerator: Denominator: Rate:	**Performance Measurement Data:** Describe what is being measured: The ratio of the estimate of the uninsurance rate for children in Massachusetts with household income between 150%-300% FPL and. the estimate of the uninsurance rate for children in Massachusetts at all income levels.

FFY 2007	FFY 2008	FFY 2009
Additional notes on measure:	Additional notes on measure:	Numerator: 5.4% Denominator: 1.9% Rate: 2.84 Additional notes on measure:

Explanation of Progress:

How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?

This is a new goal for FFY 2009.

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

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

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 2010: Massachusetts will continue efforts to enroll every child eligible for health insurance and as a result, will work to reduce the uninsurance rate among children with household income between 150-300% FPL to no more than the uninsurance rate for children at all income levels.

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

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

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

Other Comments on Measure:

Objectives Related to CHIP Enrollment

FFY 2007	FFY 2008	FFY 2009
Goal #1 (Describe) Increase overall enrollment in the SCHIP program	**Goal #1 (Describe)** Increase overall enrollment in the SCHIP program	**Goal #1 (Describe)** Maintain or increase the number of Virtual Gateway access sites at 235 or higher.
Type of Goal: ☒ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☒ New/revised. *Explain*: Since the Virtual Gateway can improve efficiency for applicants and potential members during the application process, this goal reflects a growing level of technical organization at MassHealth that increases access that individuals may have to benefits during the application process. ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☒ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☒ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☒ Other. *Specify*: Records kept by Executive Office of Health and Human Services Virtual Gateway Operations Unit.

FFY 2007	FFY 2008	FFY 2009
Definition of Population Included in the Measure: Definition of denominator: Measure 1: Total number of children enrolled in the SCHIP Program. Measure 2: Number of enrolled SCHIP children between 200% and 300% FPL. Measure 3: Number of enrolled SCHIP children under 200% FPL Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Measure 1: Total number of children enrolled in the SCHIP Program. Measure 2: Number of enrolled SCHIP children between 200% and 300% FPL. Measure 3: Number of enrolled SCHIP children under 200% FPL Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator: Measure: The number of organizations that submitted MassHealth applications through the Virtual Gateway during SFY09 vs. SFY08 and FFY09 vs. FFY08.
Year of Data: 2007	**Year of Data: 2008**	**Year of Data: SFY08 and FFY08**
Performance Measurement Data: Described what is being measured: Measure 1: Total number of children enrolled in the SCHIP Program: 98,600 Measure 2: Number of enrolled CHIP children between 200% and 300% FPL: 15,900 Measure 3: Number of enrolled CHIP children under 200% FPL: 82,700 Because this is a new goal for the FY2007 SCHIP report, the numbers reported here will serve as a baseline. In FY2008 MassHealth will be able to report a percentage change in enrollment based upon this year's baseline numbers. Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Measure 1: Total number of children enrolled in the SCHIP Program: 103,100. Measure 2: Number of enrolled CHIP children between 200% and 300% FPL: 19,700. Measure 3: Number of enrolled CHIP children under 200% FPL: 83,400. Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Describe what is being measured: Numerator: Denominator: Rate: Additonal notes on the measure: The number of organizations that submitted MassHealth applications increased from 229 to 240 in SFY09 and from 233 to 243 in FFY09.

FFY 2007	FFY 2008	FFY 2009

Explanation of Progress:

How did your performance in 2009 compare with the Annual Performance Objective documented in your 20078Annual Report?

This is a new goal for FFY 2009.

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

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

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

Annual Performance Objective for FFY 2010: MassHealth will continue to devote resources in order to maintain or increase the number of Virtual Gateway access sites at 235 or higher.

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

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

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

Other Comments on Measure:

Objectives Related to CHIP Enrollment (Continued)

FFY 2007	FFY 2008	FFY 2009
Goal #2 (Describe) Continue to increase participation in the MassHealth Family Assistance premium assistance program.	**Goal #2 (Describe)** Continue to increase participation in the MassHealth Family Assistance premium assistance program.	**Goal #2 (Describe)** Maintain or increase the percentage of kids enrolled in premium assistance at 3.5% or more of overall MassHealth child enrollment.
Type of Goal: ☒ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*: The goal for FY2007 has remained the same, but the measures for this goal have been updated.	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☒ New/revised. *Explain*: Because enrollment in the Commonwealth's premium assistance program is mandatory for all MassHealth-eligible populations once access to qualifying insurance is confirmed, and subsidizing members' enrollment in employer-sponsored insurance (ESI) is a cost-effective strategy for MassHealth, measuring the share of MassHealth children who receive premium assistance should reflect the Commonwealth's ongoing efforts to maximize ESI. ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☒ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☒ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☒ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: Measure 1: Number of SCHIP children enrolled in Family Assistance Premium Assistance (FA/PA). Measure 2: The number of CHIP "Covered Lives" enrolled in Family Assistance Premium Assistance (FA/PA).	**Definition of Population Included in the Measure:** Definition of denominator: Number of SCHIP children enrolled in Family Assistance Premium Assistance (FA/PA). Definition of numerator: The number of CHIP "Covered Lives" enrolled in Family Assistance Premium Assistance (FA/PA).	**Definition of Population Included in the Measure:** Definition of denominator: The number of children in MassHealth at all income levels. Definition of numerator: The number of children enrolled in premium assistance at all income levels.

FFY 2007	FFY 2008	FFY 2009
Definition of numerator:		
Year of Data: 2007	**Year of Data: 2008**	**Year of Data: FFY2009**
Performance Measurement Data: Described what is being measured: Measure 1: 6,375 children were enrolled in FA/PA as of June 30, 2007 Measure 2: There were 12,351 "Covered Lives" enrolled in the FA/PA program as of June 30, 2007. Numerator: Denominator: Rate: Additional notes on measure: MassHealth revised the measures for FY2007 as it felt the measures as previously reported were not clear. This year's data will serve as a baseline for reporting any changes in enrollment (per measure definition) in the FY2008 report.	**Performance Measurement Data:** Described what is being measured: Measure 1: 8,039 children were enrolled in FA/PA as of June 30, 2008 Measure 2: There were 15,706 "Covered Lives" enrolled in the FA/PA program as of June 30, 2008. Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Describe what is being measured: The percentage of children in MassHealth who receive premium assistance. Numerator 20,000 Denominator: 520,000 Rate: 3.8% Additional notes on measure: 3.8% of the children in MassHealth receive premium assistance.

FFY 2007	FFY 2008	FFY 2009

Explanation of Progress:

How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?

This is a new goal for FFY2009.

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

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

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

Annual Performance Objective for FFY 2010: 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 3.5%.

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

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

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

Other Comments on Measure:

Objectives Related to CHIP Enrollment (Continued)

FFY 2007	FFY 2008	FFY 2009
Goal #3 (Describe)	**Goal #3 (Describe)**	**Goal #3 (Describe)** Maintain or increase the percentage of MassHealth applications submitted through the Virtual Gateway at 53 % or above (vs. those submitted via paper).
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☒ New/revised. *Explain*: The Commonwealth has reported on the volume of Virtual Gateway applications before but this is a new goal and a new measurement which recognizes the month-to-month fluctuations in application and enrollment trends and is therefore a better indicator for MassHealth. ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☒ Other. *Specify*: Records kept by Executive Office of Health and Human Services Virtual Gateway Operations Unit.
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: The total number of MassHealth applications submitted, including paper applications. Definition of numerator: The number of applications submitted through the Virtual Gateway. The threshold monthly percentage during SFY09 of all

FFY 2007	FFY 2008	FFY 2009
		MassHealth applications that were electronic Virtual Gateway applications (vs. paper applications).
Year of Data	**Year of Data:**	**Year of Data: SFY2009**
Performance Measurement Data: Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure: In all months of SFY09 the percentage of all MassHealth applications that were electronic Virtual Gateway applications, (vs. paper applications) met or exceeded 53%, achieving a high of 60% at one point.

Explanation of Progress:

How did your performance in 2009 compare with the Annual Performance Objective documented in your 20078Annual Report?

This is a revised goal for FFY2009.

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

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

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

Annual Performance Objective for FFY 2010: MassHealth will continue to devote resources in order to maintain or increase the percentage of MassHealth applications submitted through the Virtual Gateway at 53 % or above.

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

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

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

FFY 2007	FFY 2008	FFY 2009
Other Comments on Measure:		

Objectives Related to CHIP Enrollment (Continued)

FFY 2007	FFY 2008	FFY 2009
Goal #4 (Describe)	**Goal #4 (Describe)** .	**Goal #4(Describe)** Maintain or increase the number of Virtual Gateway Health Insurance and Health Assistance program users at 6500 or more.
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☒ New/revised. *Explain*: Since the Virtual Gateway is increasingly used by more organizations to screen and enroll children for MassHealth, this goal reflects a growing level of access that organizations have to the MassHealth application process. ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☒ Other. *Specify*: Records kept by the Executive Office of Health and Human Services virtual Gateway Operations Unit.
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator: The number of Virtual Gateway account holders thoughout Massachusetts that have the capability to submit electronic MassHealth applications using the Virtual Gateway. This measures the number of individuals employed by organizations that are registered to use the Virtual Gateway.

FFY 2007	FFY 2008	FFY 2009
Year of Data: FFY2007	**Year of Data: 2008**	**Year of Data: 2009**
Performance Measurement Data: Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Describe what is being measured: Numerator: Denominator: Rate:	**Performance Measurement Data:** Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure: Number of Virtual Gateway account holders throughout Massachusetts that have the capability to submit electronic MassHealth applications using the Virtual Gateway increased from 6,401 to 6,806 during SFY09 and increased from 6,502 to 7,043 during FFY09.

Explanation of Progress:

How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008Annual Report?

This is a new goal for FFY 2009.

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

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

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

Annual Performance Objective for FFY 2010: MassHealth will continue to devote resources in order to maintain or increase the number of Virtual Gateway Health Insurance and Health Assistance program users, i.e. individuals who have the ability to submit MassHealth applications through the Virtual Gateway) at 6500 or more.

Annual Performance Objective for FFY 2011: MassHealth will continue to devote resources in order to maintain or increase the number of Virtual Gateway Health Insurance and Health Assistance program users, i.e. individuals who have the ability to submit MassHealth applications through the Virtual Gateway) at 6500 or more.

Annual Performance Objective for FFY 2012: MassHealth will continue to devote resources in order to maintain or increase the number of Virtual Gateway Health Insurance and Health Assistance program users, i.e. individuals who have the ability to submit MassHealth applications through the Virtual Gateway) at 6500 or more.

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

FFY 2007	FFY 2008	FFY 2009
Other Comments on Measure:		

Objectives Related to Medicaid Enrollment

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

FFY 2007	FFY 2008	FFY 2009
Goal #1 (Describe) Improve the efficiency of the eligibility determination process (by improving the turnaround time for Medical Benefit Requests).	**Goal #1 (Describe)** Improve the efficiency of the eligibility determination process (by improving the turnaround time for Medical Benefit Requests).	**Goal #1 (Describe)**
Type of Goal: ☒ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*: Same goal as last year, but the measure has been clarified.	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☒ Other. *Specify*: MassHealth Member Services	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☒ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator: The turnaround time for processing both paper and electronic Medical Benefit Requests (MBRs) for MassHealth applicants.	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator: Definition of numerator: The turnaround time for processing both paper and electronic Medical Benefit Requests (MBRs) for MassHealth applicants.	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Year of Data: 2007	**Year of Data: 2008**	**Year of Data:**

FFY 2007	FFY 2008	FFY 2009
Performance Measurement Data: Described what is being measured: Describe what is being measured: Average turnaround time for paper MBRs was 7 days in SFY07. Average turnaround time for electronic MBRs was 5 days in SFY07. Numerator: Denominator: Rate: Additional notes on measure: See below	**Performance Measurement Data:** Described what is being measured: Average turnaround time for paper MBRs was 7.5 days in SFY08. Average turnaround time for electronic MBRs was 5.82 days in SFY08. Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?** **What quality improvement activities that involve the 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 2010:** **Annual Performance Objective for FFY 2011:** **Annual Performance Objective for FFY 2012:** *Explain how these objectives were set:*		
Other Comments on Measure:		

Objectives Related to Medicaid Enrollment (Continued)

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

FFY 2007	FFY 2008	FFY 2009
Goal #2 (Describe) Improve the efficiency of the eligibility determination process (by enhancing and expanding access to MassHealth through implementation of an electronic application process via the Virtual Gateway).	**Goal #2 (Describe)** Improve the efficiency of the eligibility determination process (by enhancing and expanding access to MassHealth through implementation of an electronic application process via the Virtual Gateway (VG)).	**Goal #2 (Describe)**
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☒ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☒ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☒ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator: Compare the percentage of online applications for MassHealth via the Virtual Gateway in FFY06 to FFY07	**Definition of Population Included in the Measure:** 1st Measure: Definition of denominator: All MassHealth applications submitted in June 2008. Definition of numerator: MassHealth applications submitted via the Virtual Gateway in June 2008. 2nd Measure: Definition of denominator: The total number of virtual gateway users in SFY 07. Definition of numerator: The total number of virtual gateway users in SFY 08.	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:

FFY 2007	FFY 2008	FFY 2009
Year of Data: 2007	**Year of Data: 2008**	**Year of Data:**
Performance Measurement Data: Described what is being measured: The percentage of member benefit requests (MBRs) sent electronically via the Virtual Gateway remained the same at 60% from SFY06 to SFY07. Numerator: Denominator: Rate: Additional notes on measure: See below	**Performance Measurement Data:** Described what is being measured: 1st Measure: Described what is being measured: The percentage of member benefit requests (MBRs) sent electronically via the Virtual Gateway at the end of 08 vs the end of 07. Numerator: Denominator: Rate: 59% in June 08, as compared to 48% in June 07. Additional notes on measure: We are relying on the end of year snapshot, rather than the aggregate year data, because the aggregate data does not adequately show the progress we are making, due to a rise in paper applications in late 2007 and early 2008 that skewed the percentage of VG applications for the year. 2nd Measure: Describe what is being measured: The increase in the total number of virtual gateway users from SFY 07 to SFY08 Numerator: 6104 Denominator: 4177 Rate: 1.46 or an increase of 46%	**Performance Measurement Data:** Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:

FFY 2007	FFY 2008	FFY 2009
Explanation of Progress: **How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?** **What quality improvement activities that involve the 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 2010:** **Annual Performance Objective for FFY 2011:** **Annual Performance Objective for FFY 2012:** *Explain how these objectives were set:*		
Other Comments on Measure:		

Objectives Related to Medicaid Enrollment (Continued)

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

FFY 2007	FFY 2008	FFY 2009
Goal #3 (Describe)	**Goal #3 (Describe)**	**Goal #3 (Describe)**
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**
Performance Measurement Data: Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:

FFY 2007	FFY 2008	FFY 2009
Explanation of Progress: **How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?** **What quality improvement activities that involve the 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 2010:** **Annual Performance Objective for FFY 2011:** **Annual Performance Objective for FFY 2012:** *Explain how these objectives were set:*		
Other Comments on Measure:		

Objectives Related to Medicaid Enrollment (Continued)

Since Massachusetts has a joint application for its Medicaid and CHIP programs, collectively known as MassHealth, and children at all income levels can be enrolled in premium assistance, Goal #4 of "Objectives Related to CHIP Enrollment" applies to "Objectives Related to Medicaid Enrollment" also.

FFY 2007	FFY 2008	FFY 2009
Goal #4 (Describe)	**Goal #4(Describe)**	**Goal #4 (Describe)**
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**
Performance Measurement Data: Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:

FFY 2007	FFY 2008	FFY 2009
Explanation of Progress: **How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?** **What quality improvement activities that involve the 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 2010:** **Annual Performance Objective for FFY 2011:** **Annual Performance Objective for FFY 2012:** *Explain how these objectives were set:*		
Other Comments on Measure:		

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

FFY 2007	FFY 2008	FFY 2009
Goal #1 (Describe) Increase access to care (as measured by the "Getting Care Quickly" CAHPS Composite Measure).	**Goal #1 (Describe)** Increase access to care (as measured by the "Getting Care Quickly" CAHPS Composite Measure).	**Goal #1 (Describe)** Maintain or improve the percentage of parents or guardians who respond that they were able to get an answer to their question the same day that they called their doctor's office at 95% or above.
Type of Goal: ☒ **New/revised. *Explain*:** ☐ **Continuing.** ☐ **Discontinued. *Explain*:**	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☒ New/revised. *Explain*: The results of the 2008-2009 Massachusetts Health Quality Partners (MHQP)Patient Experience Survey are newly available and more up-to-date than CHAPS. The MHQP is a statewide survey of MassHealth members' experiences with their providers. The 2006 CAHPS survey contained a question that is nearly identical to the 2008 MHQP survey question. ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ **Provisional.** ☒ **Final.** ☐ **Same data as reported in a previous year's annual report.** ***Specify year of annual report in which data previously reported:***	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☒ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: The 2005-2006 MassHealth Managed Care Member Survey using the CAHPS questionnaire.	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: The 2005-2006 MassHealth Managed Care Member Survey using the CAHPS questionnaire.	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: The 2008 -2009 Massachusetts Health Quality Partners Patient Experience Survey
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☒ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☒ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☒ Survey data. *Specify*: The MHQP Patient Experience Survey is a statewide survey of MassHealth members' experiences with their providers. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes CHIP population only. ☒ Denominator includes CHIP and Medicaid (Title	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes CHIP population only. ☒ Denominator includes CHIP and Medicaid (Title	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes CHIP population only. ☒ Denominator includes CHIP and Medicaid (Title

FFY 2007	FFY 2008	FFY 2009
XIX). Definition of denominator: The 2006 CAHPS survey sample population consisted of 4,200 parents of MassHealth covered children	XIX). Definition of denominator: The 2006 CAHPS survey sample population consisted of 4,200 parents of MassHealth covered children.	XIX). Definition of denominator: The 2008 MHQP survey sample population consisted of 7,569 parents or guardians of MassHealth covered children.
Year of Data: 2006	**Year of Data: 2006**	**Year of Data: 2008**
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:

FFY 2007	FFY 2008	FFY 2009
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure: "Getting Care Quickly" CAHPS Composite Measure results: Out of 1902 respondents, 82% were either always or usually able to get care quickly based on a composite score using the above 4 measures.	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure: "Getting Care Quickly" CAHPS Composite The following 4 measures were used to produce the "Getting Care Quickly" composite measure results: <u>Measure 1: Getting phone advice during office hours</u> Out of 1070 respondents, 92% either always or usually got phone advice during office hours. <u>Measure 2: Getting timely urgent care.</u> Out of 797 respondents, 91% either always or usually got timely urgent care. <u>Measure 3: Getting a timely appointment.</u> Out of 1267 respondents, 88% either always or usually got a timely appointment. <u>Measure 4: Taken to an exam room within 15 minutes</u>. Out of 1713 respondents, 58% either always or usually got taken to an exam room within 15 minutes Measure results: Out of 1902 respondents, 82% were either always or usually able to get care quickly based on a composite score using the above 4 measures.	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Subset of the denominator who always, almost always or usually were able to get an answer to their question the same day. Denominator: Number of respondents who called their child's doctor's office with a medical question during regular office hours (n=4,186). Rate: 95% **Survey Question:** In the last 12 months, when you called your child's doctor's office with a medical question during regular office hours, how often did you get an answer to your question that same day?

FFY 2007	FFY 2008	FFY 2009

Explanation of Progress:

How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?

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

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

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

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

Annual Performance Objective for FFY 2010: To maintain or improve the percentage of parents or guardians who respond that they were able to get an answer to their question the same day that they called their doctor's office at 95% or above.

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

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

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

Other Comments on Measure:

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

FFY 2007	FFY 2008	FFY 2009
Goal #2 (Describe) Increase access to care (as measured by the "Getting Needed Care" CAHPS Composite Measure).	**Goal#2 (Describe)** Increase access to care (as measured by the "Getting Needed Care" CAHPS Composite Measure).	**Goal #2** Maintain or improve the percentage of parents or guardians who responded that they were able to get help or advice after regular office hours at 92% or above.
Type of Goal: ☒ **New/revised. *Explain*:** ☐ **Continuing.** ☐ **Discontinued. *Explain*:**	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☒ New/revised. *Explain*: The results of the 2008-2009 Massachusetts Health Quality Partners (MHQP) Patient Experience Survey are newly available and more up-to-date than CHAPS. This is a new objective which measures a member's after-hours experience with their provider. ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ **Provisional.** ☒ **Final.** ☐ **Same data as reported in a previous year's annual report.** ***Specify year of annual report in which data previously reported:***	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: The 2005-2006 MassHealth Managed Care Member Survey using the CAHPS questionnaire	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: The 2005-2006 MassHealth Managed Care Member Survey using the CAHPS questionnaire	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: The 2008 -2009 Massachusetts Health Quality Partners Patient Experience Survey
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☒ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☒ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☒ Survey data. *Specify*: The MHQP Patient Experience Survey is a statewide survey of MassHealth members' experiences with their providers. ☐ Other. *Specify*:

FFY 2007	FFY 2008	FFY 2009
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes CHIP population only. ☒ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: 1: Problems with delays waiting for plan approval Out of 308 respondents, 86% either had no problem or only a small problem with delays while waiting for plan approval when attempting to get needed care. 2: Problem getting a personal doctor or nurse. Out of 912 respondents, 96% either had no problem or only a small problem getting a personal doctor or nurse. 3: Problem seeing a specialist. Out of 617 respondents, 89% either had no problem or only small problem seeing a specialist.	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes CHIP population only. ☒ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: The survey sample population consisted of 4200 parents of MassHealth covered children.	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes CHIP population only. ☒ Denominator includes CHIP and Medicaid (Title XIX). Definition of denominator: The 2008 MHQP survey sample population consisted of 7,569 parents or guardians of MassHealth covered children.
Year of Data: 2006	**Year of Data: 2008**	**Year of Data: 2008**
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:

FFY 2007	FFY 2008	FFY 2009
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure: "Getting Needed Care" CAHPS Composite Measure results: Out of 1566 respondents, 92% were either always or usually able to get care quickly based on a composite score using the above 3 measures.	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure: The following 3 measures were used to produce the "Getting Needed Care" composite measure results: <u>Measure 1: Problems with delays waiting for plan approval.</u> Out of 308 respondents, 86% either had no problem or only a small problem with delays while waiting for plan approval when attempting to get needed care. <u>Measure 2: Problem getting a personal doctor or nurse</u>. Out of 912 respondents, 96% either had no problem or only a small problem getting a personal doctor or nurse. <u>Measure 3: Problem seeing a specialist</u>. Out of 617 respondents, 89% either had no problem or only small problem seeing a specialist. Composite Measure results: Out of 1566 respondents, 92% were either always or usually able to get care quickly based on a composite score using the above 3 measures.	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Subset of the denominator who always, almost always or usually were able to get the help or advice they needed after regular office hours. Denominator: Number of respondents who called their child's doctor's office after regular office hours for help or advice (n=2,040). Rate: 92% **Survey Question:** In the last 12 months, when you called your child's doctor's office after office hours, how often did you get the help or advice you needed?

FFY 2007	FFY 2008	FFY 2009

Explanation of Progress:

How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?

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

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

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

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

Annual Performance Objective for FFY 2010: To maintain or improve the percentage of parents or guardians who responded that they were able to get help or advice after regular office hours at 92% or above.

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

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

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

Other Comments on Measure:

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

FFY 2007	FFY 2008	FFY 2009
Goal #1 (Describe) Improve the health status and well being of children enrolled in MassHealth direct coverage programs, which includes the Primary Care Clinician (PCC) and Managed Care organization (MCO) Plans: Goal#1: Improve the delivery of well-child care by measuring the number of visits for children and adolescents, and implementing improvement activities as appropriate	**Goal#1 (Describe)** Improve the health status and well being of children enrolled in MassHealth direct coverage programs, which includes the Primary Care Clinician (PCC) and Managed Care Organization (MCO) plans and fee-for service. Goal#1: Improve the delivery of well-child care by measuring the number of visits for children and adolescents, and implementing improvement activities as appropriate.	**Goal#1 (Describe)** Maintain or improve the percentage of parents or guardians who report that their child's doctor talked with them about how their child was growing or developing at 94% or above.
Type of Goal: ☒ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☒ New/revised. *Explain*: In 2008-2009 MassHealth assessed member experience using a practice-level survey developed by the Massachusetts Health Quality Partners (MHQP) called the the Patient Experience Survey. This is a new objective which addresses the content of the well child visit. ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. CMS 416 ☒ MassHealth Managed Care HEDIS 2008 Final Report *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: Hedis 2006 CMS 416 report data	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: 2008 ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: CMS 416	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: The 2008 -2009 Massachusetts Health Quality Partners Patient Experience Survey
Data Source: ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☒ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☒ Survey data. *Specify*: The MHQP Patient Experience Survey is a statewide survey of MassHealth

FFY 2007	FFY 2008	FFY 2009
		members' experiences with their providers. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes CHIP population only. ☒ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes CHIP population only. ☒ Denominator includes CHIP and Medicaid (Title XIX).	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes CHIP population only. ☒ Denominator includes CHIP and Medicaid (Title XIX). Definition of denominator: The 2008 MHQP survey sample population consisted of 7,569 parents or guardians of MassHealth covered children.
Year of Data: 2006	**Year of Data: 2006**	**Year of Data: 2008**
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: 63.7 Additional notes on measure: Numerator: Number of MassHealth adolescents who were 12-21 years of age during 2005 and who had at least one comprehensive well-care visit with a primary care practitioner or OB/GYN during 2005. Denominators: Number of MassHealth adolescents who were 12-21 years as of 12/31/2005, continuously enrolled in the PCC Plan in 2005, with no more than one gap in enrollment of up to 45 days. Rates: 63.7% of adolescent members had a well visit.	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Number of MassHealth adolescents who were 12-21 years of age during 2007 and who had at least one comprehensive well-care visit with a primary care practitioner or OB/GYN during 2007 Denominator: Number of MassHealth adolescents who were 12-21 years as of 12/31/2007, continuously enrolled in a MassHealth managed care plan in 2007, with no more than one gap in enrollment of up to 45 days Rate: 61.1% of adolescent MassHealth members ages 12-21 had a well visit (MassHealth Weighted Mean) Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:

FFY 2007	FFY 2008	FFY 2009
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure: EPSDT participation ratio Numerator: Number of MassHealth Standard and CommonHealth enrolled children who had a well visit in accordance with the EPSDT Medical Protocol and Periodicity Schedule. Denominator: Number of MassHealth Standard and CommonHealth enrolled children enrolled in FFY 05 adjusted for length of eligibility. Rate: 79% for FFY06	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Number of MassHealth Standard and CommonHealth (EPSDT) enrolled children who had a well visit in accordance with the EPSDT Medical Protocol and Periodicity Schedule Denominator: Number of MassHealth Standard and CommonHealth enrolled children enrolled in FFY 07 adjusted for length of eligibility. Rate: 76% for FFY 07 Additional notes on measure: EPSDT participation ratio.	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Subset of the denominator who reported "yes" when queried about whether their child's doctor talked with them about how their child was growing and developing Denominator: Number of respondents who answered the question (n=6,413). Rate: 94% **Survey Question:** In the last 12 months, did your child's doctor talk with you about how your child is growing and developing?

FFY 2007	FFY 2008	FFY 2009

Explanation of Progress:

How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?

This is a new measure for FFY2009 so there is no direct comparison to 2008 performance. The measure reported for 2009 addresses the content of the well child visit. Asking a parent about how a child is growing and developing is a critical first step to identifying potential developmental and behavioral issues. Early detection should lead to early treatment.

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

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

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

Annual Performance Objective for FFY 2010: To maintain or improve the percentage of parents or guardians who report that their child's doctor talked with them about how their child was growing or developing at 94% or above.

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

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

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

Other Comments on Measure:

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

FFY 2007	FFY 2008	FFY 2009
Goal #2 (Describe) Improve the immunization rates by measuring the rate of immunization administration and implement improvement activities as appropriate	**Goal#2 (Describe)** Improve the immunization status of children by measuring the rate of immunization administration and implement improvement activities as appropriate	**Goal #2** Maintain or improve the percentage of parents or guardians who report that their child's doctor's office reminded them to get preventive care that their child was due to receive at 85% or above.
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☒ New/revised. *Explain*: In 2008-2009 MassHealth assessed member experience using a practice-level survey developed by the Massachusetts Health Quality Partners (MHQP) called thePatient Experience Survey. ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☒ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2006	**Status of Data Reported:** ☐ Provisional. ☒ MassHealth Managed Care HEDIS 2008 Final Report ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: 2008 ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: The 2008 -2009 Massachusetts Health Quality Partners Patient Experience Survey
Data Source: ☐ Administrative (claims data). ☒ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☒ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☒ Survey data. *Specify*: MHQP Patient Experience Survey ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes CHIP population only. ☒ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: MassHealth uses a measure	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes CHIP population only. ☒ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes CHIP population only. ☒ Denominator includes CHIP and Medicaid (Title XIX). Definition of denominator:

FFY 2007	FFY 2008	FFY 2009
rotation approach with which to implement its HEDIS measures. MassHealth administered its immunization measure in 2006, and reported these results in the FY06 SCHIP report. MassHealth plans to repeat the administration of the immunization measure again in 2008.	Eligible members who had four DTaP/DT, three IPV, one MMR, three H influenza type B, three hepatitis B, and one chicken pox vaccine (Combination 2) and all these vaccines plus four pneumococcal conjugate vaccines (Combination 3) by the time period for each vaccination and by the child's second birthday. Denominator: Children continuously enrolled in MassHealth for 12 months prior to the member's second birthday (with no more than a 45 day gap in coverage) who turn 2 years of age during 2007 Rate: Combination 2: 81.2% (MassHealth Weighted Mean) Combination 3: 76.8% (MassHealth Weighted Mean) The adolescent immunization status measure was retired and not completed in 2008.	The 2008 MHQP survey sample population consisted of 7,569 parents or guardians of MassHealth covered children.
Year of Data: 2005	**Year of Data: 2007**	**Year of Data: 2008**
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure: MassHealth uses a measure rotation approach with which to implement its HEDIS measures. MassHealth administered its immunization measure in 2006, and reported these results in the FY06 SCHIP report. MassHealth plans to repeat the administration of the immunization measure again in 2008.	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure: NCQA made several changes to this measure that should be considered when comparing HEDIS 2008 performance to prior rates. These changes include withdrawing the "documented history of illness" and "seropositive test result" as numerator evidence for DTaP, IPV, HiB and pneumococcal conjugate and requiring four acellular pertussis vaccines for the DTaP antigen. A number of procedural and diagnostic codes to identify childhood immunizations were removed, and one diagnostic code that identified exclusions was edited (a fifth digit was added).	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:

FFY 2007	FFY 2008	FFY 2009
Other Performance Measurement Data: *(If reporting with another methodology)* Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Subset of the denominator who reported "yes" when queried about whether their child's doctor's office reminded them to get preventive care that their child was due to receive. Denominator: Number of respondents who answered the question (n=6,839). Rate: 85% **Survey Question:** In the last 12 months, did your child's doctor's office remind you to get preventive care that your child was due to receive (for example, immunization, flu shot, eye exam)? Additional notes on measure:

Explanation of Progress:

How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?

This is a new measure for FFY2009.

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

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

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

Annual Performance Objective for FFY 2010: To maintain or improve the percentage of parents or guardians who report that their child's doctor's office reminded them to get preventive care that their child was due to receive at 85% or above.

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

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

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

Other Comments on Measure:

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

As MassHealth members, CHIP eligible children are included in various MassHealth quality activities. MassHealth calculated HEDIS indicators in 2009, 2008 and 2007. HEDIS 2009 indicators included Follow-up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication and three maternal health measures: Prenatal and Postpartum Care and Frequency of Ongoing Prenatal Care. A copy of all reports are available upon request

MassHealth conducted its biennial (CAHPS) member satisfaction survey in 2006. A copy of final CAHPS report is available upon request. The 2008 member survey was completed by Massachusetts Health Quality Partners (MHQP) is also available upon request. In contrast to the previous member surveys, the MHQP member survey is at the provider level rather than the plan level.

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

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

The PCC Plan produces PCC Profile Reports (PR) every six months to help PCCs identify areas for improvement and to identify related improvement interventions. PCC PR are provided for each PCC practice serving 180 or more PCC Plan members. The new access measure developed in SFY07 was introduced in FY08. The measure shows the PCC the percent of newly enrolled members seen by the PCC within 4 months of enrollment, or the previous 12 months, if the member was previously enrolled with the same PCC, as required by the PCC contract. PCCs with 180 or more PCC Plan members continue to receive the PCC Care Monitoring Registries (CMR) and PCC Reminder Reports (RR) every six months. As part of the PCC Pay for Performance initiative, all PCCs will receive the CMR(s) and RR(s) that correlate to the Pay for Performance measures. In SFY09, the Profile Report Improvement Meeting (PRIM) workgroup continued to meet biweekly to discuss ongoing quality improvement for the reports. The rigorous quality assurance process developed and implemented during SFY06 has been maintained.

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

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

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

Each MCO is allowed to select and implement plan specific interventions targeted at members and/or providers to improve the health outcomes for enrolled members. Results of the QI initiatives are submitted to the MCO program for evaluation and assessment. For FY 2008- 2009 the MCOs worked on QI goals in the following topical areas: Asthma, Diabetes, Maternal and Child Health, Care Management and Behavioral Health. An overview of each QI goal is below:

Asthma: The Asthma goal has 3 objectives;

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

Diabetes: The diabetes goals have two objectives;

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

Maternal Child Health: The MCH goal has four objectives;

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

Care Management: The Care Management goal has two objectives;

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

Behavioral Health: The Behavioral Health goal has three objectives;

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

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

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

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

Please see response to question 1 above.

4. Please attach any additional studies, analyses or other documents addressing outreach, enrollment, access, quality, utilization, costs, satisfaction, or other aspects of your CHIP program's performance. Please list attachments here and summarize findings or list main findings.

HEDIS reports 2003-2008: Annual MassHealth Managed Care reports that measure plan performance based on measures set by the NCQA (National Committee for Quality Assurance.)
http://tiny.cc/HEDISrpts

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

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

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

EOHHS Enrollment, Outreach and Access to Care Grants, October 2009 Summary Report of Direct Service Outreach Grantees: This report provides a snapshot look at the work of the grantees. The report

provides data on the number of individuals that grantees assisted to: submit an application, locate a health provider, and help enroll in a health insurance program, among other findings.
http://tiny.cc/Dh6Yb

SECTION III: ASSESSMENT OF STATE PLAN AND PROGRAM OPERATION

Please reference and summarize attachments that are relevant to specific questions

A. OUTREACH

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

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

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

   In SFY09, the HCR unit awarded fifty-eight grants statewide to community-based non-profit organizations to increase enrollment in MassHealth and other health insurance programs, as well as provide assistance in helping individuals retain their health insurance coverage through redetermination or other case maintenance processes. To do this, two different types of grants were awarded – direct service grants and network coordination grants. The direct service grants are for organizations that provide outreach and direct one-on-one enrollment assistance and redetermination services. These grantees help individuals with the application and enrollment process, help new enrollees understand how to use their health insurance, and educate them on the importance of having their care coordinated through a primary care physician. Grantees also help individuals understand and respond to requests for information from insurers and can also help individuals understand options available to them during open-enrollment. Each of the grantees tailors their programs to meet the needs of the people and regions they serve. Grantees use creative and innovative approaches for outreach including on-site enrollment activities at health fairs, homeless shelters, clinics, schools, and businesses. In addition to the fifty-one organizations that received funding for this effort, network grants were awarded to seven additional organizations. These lead organizations build a network, either region or population based, that work together conducting health-care-reform outreach and enrollment activities within the network. The seven network grantees are responsible for ensuring that the activities of participating organizations are coordinated, in order to prevent duplication of efforts. Lead organizations are also responsible for connecting with organizations that do not traditionally do outreach and enrollment and bringing them into the effort. For both the traditional and network grantees, the HCR Unit provides technical assistance including various training and educational opportunities to share best practices and network with one another. These include orientations, regional grantee quarterly meetings, and a statewide outreach summit event. In SFY09, grantees enrolled over 97,704 individuals MassHealth, Commonwealth Care, Commonwealth Choice, the Health Safety Net and other public health insurance programs available under health care reform. Of those enrolled, 28% were children in the MassHealth

program. Grantees have also assisted over 45,236 individuals with submitting redetermination paperwork necessary to retain coverage. Of those assisted with redeterminations, 26% were children.

The web-enabled Virtual Gateway continued to be used extensively in SFY09 to expand access to health insurance and health assistance programs to increasing numbers in the community. During SFY09, Virtual Gateway technology continued to reach a rising number of Virtual Gateway users –including MassHealth providers, state agencies and a growing number of community service organizations - to use the technology of the internet to outreach to numerous individuals and assist them in signing up for health insurance that meets their specific needs.

In SFY09 enhancements continued to be made to MassHealth systems designed to improve member access to and control of their case data, ensuring that coverage does not lag through premature or inappropriate termination of benefits.

SFY09 saw, for example, a steady increase in the utilization of the Virtual Gateway's My Account Page (MAP) function, introduced in SFY08, that allows human service providers, with their clients' permission, the ability to view, on the web in real time, their clients' MassHealth, Commonwealth Care and Health Safety Net case information. There are curently over 300,000 "hits" per month to this web-based service. It has provided members, with the help of their assistors, access to the most accurate and up-to-date application and case information without having to call a MassHealth office, helping to ensure that applicants and members receive the most appropriate benefits as efficiently as possible. Members in SFY09 were also given the ability to access the same information providers see on MAP by calling a dedicated 24 hour, 7 day a week self-service toll-free phone number. Members hear detailed information about their case status including key eligibility dates, health benefit information and outstanding verifications. Since its introduction in December 2008, there have been approximately 740,000 calls to this new service.

Functionality was also introduced during SFY09 that allows members, with the help of providers, to change, online, basic demographic information through the new Virtual Gateway Change Form. Since its introduction in December, 2008, there have been over 12,000 changes submitted that in the past would have required a phone call to MassHealth. The Change Form supports continuous coverage by preventing members from being disenrolled due to outdated demographic information. It also may at times result in benefit upgrades, since changes trigger the redetermination of benefits. Finally, the Change Form collects member race and ethnicity information, improving the Commonwealth's ability to measure outcomes and address health disparities.

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

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

MassHealth outreach grant recipients conduct outreach and enrollment at locations where individuals spend time in routine daily life activities in their own communities rather than requiring individuals to come to a health facility or state agency for application assistance. Applications are submitted on site at the point of engagement through laptops and utilizing the Virtual Gateway system. Grantees ensure services are provided in a culturally and linguistically appropriate fashion. Reaching individuals where they are, conducting services in a way that meets the individual's needs and submitting applications in real time has proven extremely effective. Equally important to ensuring application assistance, MassHealth outreach grant recipients are vigilant in providing follow-up and case management after enrollment to help newly insured retain their health insurance coverage. This includes setting up appointments to complete the annual review paperwork, helping explain notices from MassHealth, and helping individuals respond to requests for information from their insurer. Remaining a locally trusted and reliable resource that individuals can turn to for help has been very successful. Many other referrals come to our partners via word of mouth.

MassHealth also continues to work with the medical community, including the Massachusetts Hospital Association, the Massachusetts League of Community Health Centers, the Massachusetts Medical Society, and the American Academy of Pediatrics to promote the MassHealth program. Providers are encouraged to participate in regular training sessions to stay current on developments in the MassHealth program.

MassHealth also works collaboratively with the University of Massachusetts Medical School (UMMS) on the Area Health Education Center (AHEC) program which works to recruit, train and retain a workforce of health professionals committed to underserved populations. The MassAHEC Network plays a key role in strengthening this workforce. MassAHEC provides a range of programs for health professionals, including medical interpreter and community health worker training, cultural competency workshops, continuing educational programs, as well as providing consultation on interpretation, translation and health literacy. The Network consists ofsix regional programs – Central Massachusetts, Pioneer Valley, Merrimack Valley, Boston, Berkshire, and Southeastern Massachusetts. Each regional AHEC has the same mission but bases its programming on the needs of its region.

MassHealth also continues to fund and provide leadership for the Massachusetts Health Care Training Forum (MTF) program. MTF is a partnership between MassHealth and the Office of Community Programs at UMMS. MTF hosts five regional meetings each quarter that feature presentations to keep health care organizations and community agencies that serve MassHealth members, the uninsured, and underinsured informed of the latest changes in MassHealth and overall health care reform policies. MassHealth presents information about programmatic operations and policy changes and often leading community advocates share updates aboutpolicy developments in health care reform. . MTF also provides information via a listserv (of approximately 3,550 members), and a website offering resource information and meeting materials. The website had over 48,000 visitors in SFY09. The meetings currently promote information dissemination, sharing of best practices, and building of community andpublic sector linkages in order to increase targeted outreach and member education information about MassHealth. In SFY09 MTF program attendance increased by 7% from FY08, with a total of 2,030 individuals attending the meetings for the fiscal year. In addition to those attending the meetings, evaluation reports indicate that participants share the materials with staff and stakeholders to reach approximately an additional 2,500 individuals per quarter, totaling an additional 10,000 reached in FY09.

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

   All of the methods referenced in #2 are considered a best practice. It's very effective to reach individuals where they are in the community, to conduct services in a cultural and linguistic fashion that meets the individual's needs, and to submit applications via the Virtual Gateway in real time. Providing Virtual Gateway users with additional tools to do their work has proven to be tremendously helpful.

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

4. Is your state targeting outreach to specific populations (e.g., minorities, immigrants, and children living in rural areas)? Have these efforts been successful, and how have you measured effectiveness?
   ☒ Yes ☐ No

   Outreach activities include print, TV, and radio advertisements to the Latino, Portuguese, Cambodian, Russian, and Chinese communities. MassHealth continues to translate materials into Spanish, 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, Mental Health, Department of Children and Families (formerly DSS); Community Action Councils; the Brain Injury Association of Massachusetts; various ethnic cultural organizations (including the Latino, Vietnamese, Brazilian, Somalia populations), advocates for the homeless, shelters, and other facilities working with the homeless population; and the Massachusetts Department of Veteran's Services.

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

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

According to the 2009 Massachusetts Health Insurance Survey, 4% of children under 300% FPL are uninsured (summary MHIS results do not provide a split at 200% FPL). It is extremely challenging to determine what portion of the remaining uninsured are eligible for Medicaid or CHIP, particularly given uncertainty around the immigration status of such individuals, which is not measured in a useful way by the Current Population Survey (CPS) and is not measured at all by the MHIS. With that said, given the extremely low uninsurance rate for children under 300% FPL and the Commonwealth's extensive efforts to identify and enroll all eligible children, the Commonwealth believes that the number of remaining eligible but unenrolled children is minimal.

B. SUBSTITUTION OF COVERAGE (CROWD-OUT)

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

1. Do you have substitution prevention policies in place?

☒ Yes ☐ No

If yes, indicate if you have the following policies:
☒ Imposing waiting periods between terminating private coverage and enrolling in CHIP
☐ Imposing cost sharing in approximation to the cost of private coverage
☒ Monitoring health insurance status at the time of application
☒ Other, please explain

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

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

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

For applicants above 200% FPL MassHealth uses the health insurance investigation to determine if ESI was dropped prior to application. MassHealth monitors health insurance status of potential members both at the time of application and monthly to ensure that only uninsured children are covered in 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 records with a file from the Department of Revenue (DOR) to identify noncustodial parents of applicants and recipients who have court orders for medical support. This process allows us to not only verify existing coverage, but also to enforce the obligation of non-custodial parents by contacting their employers to arrange enrollment of the parent in an employer-sponsored family plan to cover their children.

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

   Please see response below

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

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

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

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

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

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

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

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

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

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

All States must complete the following questions

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

   MassHealth has a joint application for Medicaid and CHIP; as such, it is not possible to determine the first statistic. 1.3% of all children applying for MassHealth were found to have other insurance.

   Describe the incidence of substitution. What percent of CHIP applicants drop group health plan coverage to enroll in CHIP (i.e., (# applicants who drop coverage/total # applicants) * 100)? [**5**]

   Please enter any narrative discussion: Because MassHealth requires that those below 200% FPL with employer-sponsored insurance that is cost-effective and meets the basic benefit level to purchase that insurance, there is no substitution in this income group. In the 200-300% FPL group, the six month waiting period significantly reduces the risk of substitution.

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

   Applicant children over 200% who are found to have insurance may be exempted from the waiting period if they meet one of the state's exemptions. There were no applying children over 200% FPL with exceptions to the waiting period. Children under 200% do not have to wait; if they already have health insurance, they receive premium assistance through the Commonwealth's 1115 demonstration waiver.

   b. Of those found to have other, private insurance, what percent must remain uninsured until the waiting period is met [(# applicants who must complete waiting period/total # of new applicants who were enrolled)*100]? All applicants are screened for ESI at the time of application. Children under 200% do not have to wait; if they already have health insurance, they receive premium assistance through the Commonwealth's 1115 demonstration waiver. Any applicant over 200% FPL who already has insurance would be denied MassHealth coverage. For children over 200% FPL, they may be exempted from the waiting period if they meet one of the state's exemptions; there were no applying children over 200% FPL with exceptions to the waiting period.

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

   ☐ Yes ☒ No

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

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

      ☐ Yes ☐ No

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

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

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

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

☐ Yes ☐ No

If yes, please provide relevant findings. **[7500]**

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

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

As of September 30, 2009, 3.8% of all children (just under 20,000 children) in MassHealth had access to qualifying ESI and as such were required to enroll in premium assistance.

C. ELIGIBILITY

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

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

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

☒ Yes ☐ No

If no, please describe the screen and enroll process.

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

   MassHealth does not operationally differentiate between children based on eligibility type. MA-21, MassHealth's single eligibility system, determines eligibility for the CHIP and Medicaid programs. This system is programmed to accommodate children as they move from one program to another. As long as the child remains eligible for MassHealth, movements among categories of assistance are seamless for the member. Members receive a systems-generated eligibility notice which communicates any changes in benefits.

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

   ☒ Yes ☐ No

   If no, please explain.

4. Are you utilizing the Express Lane option in making eligibility determinations and/or renewals for both Medicaid and CHIP?

   ☐ Yes ☒ No

   a. If yes, which Express Lane Agencies are you using?

      ☐ Supplemental Nutrition Assistance Program (SNAP), formerly Food Stamps

      ☐ Tax/Revenue Agency

      ☐ Unemployment Compensation Agency

      ☐ Women, Infants, and Children (WIC)

      ☐ Free, Reduced School Lunch Program

      ☐ Subsidized Child Care Program

      ☐ Other, please explain.

   b. If yes, what information is the Express Lane Agency providing?

      ☐ Income

      ☐ Resources

      ☐ Residency

      ☐ Age

      ☐ Citizenship

      ☐ Other, please explain.

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

This section is designed to assist CMS and the States track and determine eligibility for a CHIPRA performance bonus payment by meeting the required "5 out of 8" eligibility and enrollment milestones.

Question	Medicaid	CHIP
1. Does the State provide continuous eligibility for 12 months for children regardless of changes in circumstances other than the situations identified below: a. child is no longer a resident of the State; b. death of the child; c. child reaches the age limit; d. child/representative requests disenrollment; e. child enrolled in a separate CHIP program files a Medicaid application, is determined eligible for Medicaid and is enrolled in Medicaid without a coverage gap.	In accordance with section 1902(e)(12) of the Act ☐ Yes ☒ No	☐ Yes ☒ No
2. Does the State have an assets test?	☐ Yes ☒ No	☐ Yes ☒ No
3. If there is an asset test, does the State allow administrative verification of assets?	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
4. Does the State require an in-person interview to apply?	☐ Yes ☒ No	☐ Yes ☒ No
5. Does the State use the same application form, supplemental forms, and information verification process for *establishing* eligibility for Medicaid and CHIP?	☒ Yes ☐ No	
6. Does the State provide presumptive eligibility to children who appear to be eligible for Medicaid and CHIP to enroll	☒ Yes ☐ No	

pending a full determination of eligibility?		
7. Has the State implemented premium assistance as added or modified by CHIPRA?	In accordance with section1906A of the Act, as added by section 301(b) of CHIPRA. ☐ Yes ☒ No	In accordance with section 2105(c)(10) of the Act, as added by section 301(a)(1) of CHIPRA. ☐ Yes ☒ No
8. For renewals of Medicaid or CHIP eligibility, does the State provide a preprinted form populated with eligibility information available to the State, to the child or the child's parent or other representative, along with a notice that eligibility will be renewed and continued based on such information unless the State is provided other information that affects eligibility?	☐ Yes ☒ No	☐ Yes ☒ No
9. Does the State do an ex parte renewal? Specifically, does the State renew Medicaid or CHIP eligibility to the maximum extent possible based on information contained in the individual's Medicaid file or other information available to the State, before it seeks any information from the child's parent or representative?	☐ Yes ☒ No	☐ Yes ☒ No
10. Has the State eliminated an in-person requirement for renewal of CHIP eligibility?	☒ Yes ☐ No	☒ Yes ☐ No
11. Does the State use the same application form, supplemental forms, and information verification process for *renewing* eligibility for Medicaid and CHIP?	☒ Yes ☐ No	

Section IIIC: Subpart D: Eligibility Renewal and Retention

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

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

   ☒ Sends renewal reminder notices to all families

   - How many notices are sent to the family prior to disenrolling the child from the program? **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?) **2 weeks**

   ☒ Other, please explain:

MassHealth provides funding for community-based outreach grants recipients. Grantees provide application assistance, as well as thorough follow up assistance to members who have been sent renewal paperwork. Follow-up is conducted to ensure the renewal paperwork is submitted accurately and timely to avoid any loss of benefits.

MassHealth continues to fund and provide leadership for Massachusetts Health Care Training Forums (MTF). At these quarterly meetings, operational, policy and programmatic changes related to MassHealth and other health care reform programs are shared with participants. The meetings promote information dissemination, sharing of best practices, and building of community andpublic sector linkages to increase targeted outreach and member education information about MassHealth.

MassHealth provides a simplified reenrollment process. The state has employed a combined Medicaid/SCHIP application and renewal form. The reenrollment form is simpler and eliminates questions about circumstances and characteristics not subject to change.

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

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

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

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

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

Section IIIC: Subpart E: Eligibility Data

1. What percentage of children who apply for the program are denied eligibility for enrollment? (i.e., (# of children denied/total # of children who apply) * 100).

   24% are denied eligibility for Medicaid/CHIP.

2. What percentage of children in the program are retained in the program at redetermination (i.e., (# children retained/total # children up for redetermination 384379) ? * 100) **[5]**? What percentage of children in the program are disenrolled at redetermination (i.e., (# children disenrolled/total # children up for redetermination 384379) * 100).

   52% of MassHealth children were retained at redetermination. At redetermination, 48% of children enrolled in MassHealth were disenrolled. A large portion of those children who are disenrolled at redetermination are re-enrolled at a later date.

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

   ☐ Yes ☒ No ☐ N/A

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

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

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

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

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

F. COST SHARING

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

   a. Cost sharing is tracked by:

   ☒ Enrollees (shoebox method)
   ☐ Health Plan(s)
   ☐ State
   ☐ Third Party Administrator

☐ N/A (No cost sharing required)
☐ Other, please explain. **[7500]**

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

2. Please describe how providers are notified that no cost sharing should be charged to enrollees exceeding the 5% cap.

MassHealth distributes a Children's Allowable Receipts and Expenses (CARE) kit to all Family Assistance premium assistance members. The CARE kit helps eligible families track their out-of-pocket expenses and send all receipts to MassHealth. After meeting the cap, MassHealth will notify the family so that when the next medical bill arrives, the family can forward it to the agency for payment or the provider can bill MassHealth directly.

3. 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.

As of September 30, 2009, only 157 children in the Family Assistance program had met the 5% cap on cost-sharing. 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?

MassHealth premium billing and accounts receivable functions are part of the MassHealth Customer Service Team, which is managed by MAXIMUS, Inc. The transition to MAXIMUS provided an opportunity to improve overall customer service for members by providing them with a one-stop customer service option that includes expanded opportunities for self-service. Further, the transition enabled EOHHS to be better positioned with a robust, real-time, Oracle-based system to invoice members on a regular basis for their entire premium balance. EOHHS is currently engaged with Maximus to develop reporting on caseload volatility related to premium billing.

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?

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

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

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

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

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

7. If your state has increased or decreased cost sharing in the past federal fiscal year, how is the State monitoring the impact of these changes on application, enrollment, disenrollment, and utilization of health services in CHIP. If so, what have you found?

G. 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.

☐ Family Coverage Waiver under the State Plan
☐ CHIP Section 1115 Demonstration
☒ Medicaid Section 1115 Demonstration
☐ Health Insurance Flexibility & Accountability Demonstration (Title XXI)

Adults

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

☒ Family Coverage Waiver under the CHIP State Plan (Parents covered incidentally)
☐ CHIP Section 1115 Demonstration (Title XXI)
☐ Health Insurance Flexibility & Accountability Demonstration (Title XXI)
☐ Premium Assistance option under the Medicaid State Plan (Section 1906 HIPP)

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

   ☐ Parents and Caretaker Relatives
   ☐ Childless Adults
   ☐ Pregnant Women

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

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

   For children in families with household incomes below 200% FPL, once access to ESI is confirmed, their parents must enroll in premium assistance or their MassHealth will be

terminated. Children in the separate child health program above 200% FPL must also be uninsured at the time of application; households who have dropped health insurance within the past six months are subject to a waiting period from the date of loss of coverage before being allowed to participate in the program.

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

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

4. What benefit package does the ESI program use?

   Secretary approved per the state plan amendment approved in March 2002.

5. Are there any minimum coverage requirements for the benefit package?
   ☒ Yes ☐ No

   MassHealth requires that the ESI meet the following minimum requirements:

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

6. Does the program provide wrap-around coverage for benefits or cost sharing?
   ☒ Yes ☐ No

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

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

   ☒ Yes ☐ No

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

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

☐ Yes ☒ No

8. 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).

   Please note that the data below is snapshot data as of 10/1/09. Ever-enrolled data was not available at this time.

0	Number of childless adults ever-enrolled during the reporting period
9600	Number of adults ever-enrolled during the reporting period
20,000	Number of children ever-enrolled during the reporting period

9. Identify the estimated amount of substitution, if any, that occurred or was prevented as a result of your employer sponsored insurance program (including premium assistance program). Discuss how was this measured?

   As a result of the premium assistance program, MassHealth has no substitution of coverage for families below 200% FPL. For families in the 200-300% FPL group, there is a six-month waiting period that effectively eliminates the risk of substitution.

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

    The greatest challenge for the ESI program continues to be the maintenance of household information relating to employment, health insurance plan benefits that do not meet the Minimum Creditable Coverage standard, premiums, and employer and employee contribution amounts.

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

    In SFY 2010, enhancements have been made to streamline the current process of processing cases. In order to keep up with the increase in enrollment of the uninsured, improvements were made in how cases are referred, reviewed, and investigated. A tracking system was created that enables the premium assistance unit to process and collect overpayments in a more timely manner.

12. 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.

During the previous fiscal year, we worked to ensure that all of the health insurance polices supported by the premium assistance program met the Minimum Creditable Coverage standards set out under Massachusetts health care reform legislation.

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

We do not have data available for this question. The premium assistance program has been effective in enrolling children who would have otherwise required full coverage from the Commonwealth.14. Identify the total state expenditures for providing coverage under your ESI program during the reporting period.

During FFY 2009, the total spending for providing coverage under the ESI program to CHIP enrollees was $10,405,045.

15. Provide the average amount each entity pays towards coverage of the beneficiary under your ESI program:

State: _____$286_per policy__

Employer: At least 50% of total premium

Employee: $12-84 depending on income level plus employee's share not to exceed 5% of family income

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

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

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

☒ Yes ☐ No

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

18. Is there a required period of uninsurance before enrolling in your program?

☒ Yes ☐ No

If yes, what is the period of uninsurance?

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

19. Do you have a waiting list for your program? ☐ Yes ☒ No
Can you cap enrollment for your program? ☐ Yes ☒ No

No, we do not have a waiting list or an enrollment cap.

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

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

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

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

   Please explain:

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

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

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

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

   1) MassHealth Program Integrity Activities Inventory
   2) Efforts to Prevent and Identify Fraud, Waste, and Abuse—description and identification of responsible units
   3) Provider Compliance activity sheet
   4) Utilization Management plan
   5) Memorandum of Understanding between EOHHS and the Office of the Attorney General Massachusetts Medicaid Fraud Control Unit
   6) Interdepartmental Service Agreement between EOHHS and the Department of Revenue (DOR)

7) MassHealth Eligibility Operations Memo 04-04 re: New Member Fraud Referral Process
8) MassHealth Eligibility Operations Memo 01-7 re: Department of Revenue "New Hire" Match
9) MassHealth Eligibility Operations Memo 99-14 re: Annual Eligibility Review Process for Health Care Reform Members on MA-21
10) Contract between EOHHS and MedStat Group to perform Program Integrity gap analysis—deliverables due June 30, 2005
11) Recipient Eligibility Verification System (REVS) codes—online system for providers to verify MassHealth eligibility at point of service
12) Managed care contract amendment language specifying program integrity and fraud and abuse prevention, detection, and reporting requirements for health plans contracting with MassHealth

If the state does not have a written plan, do managed health care plans with which your program contracts have written plans? Please Explain:

The state does have written plans as noted above. MassHealth's managed care plans have written agreements that cover program integrity activities for the managed care population in Massachusetts which is roughly a third of the total caseload.

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

Provider Credentialing

51 Number of cases investigated

0 Number of cases referred to appropriate law enforcement officials

Provider Billing

163 Number of cases investigated

12 Number of cases referred to appropriate law enforcement officials

Beneficiary Eligibility

739 Number of cases investigated

235 Number of cases referred to appropriate law enforcement officials

Are these cases for:

CHIP ☐

Medicaid and CHIP Combined ☒

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

☒ Yes, please answer question below.

☐ No

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

First, the Provider Compliance Unit, operated with the University of Massachusetts Medical School (UMMS), and managed by the MassHealth Operations Integrity Unit, is our primary post-payment fraud detection unit. Utilizing algorithims and reports found in our data warehouse, and through data analysis, the Program Integrity Unit reviews paid claims data to detect aberrant trends and outlier billing patterns that can indicate potential fraud. The 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. Second, MassHealth's Internal Control Unit, while not primarily a fraud detection unit, plays an important role by establishing unit-specific internal control plans and risk assessments. That unit also manages external audit activity, coordinates the CMS Payment Accuracy Management Project, and makes suspected member fraud referrals to Bureau of Special Investigations.

Our current Medicaid Management Information System (MMIS) processes provider claims and contains a significant number of sophisticated edits, rules, and other program integrity checks and balances. As a result, approximately 23% of all claims submitted are denied and 1% are suspended for review or verification. The Executive Office of Health and Human Services (EOHHS) is currently involved in a multi-year project to design and implement a new MMIS system and has included language in that contract to incorporate new fraud and abuse support in the new MMIS. We view the implementation of our new MMIS as an opportunity to enhance our ability to detect and deter inappropriate claims. More generally, information systems support to MassHealth remains a significant priority of EOHHS, in large part because of the potential of leveraging technology to combat fraud, waste, and abuse in the Medicaid program. The EOHHS Data Warehouse 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.

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

☒ Yes

☐ No

Please Explain:

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

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SECTION IV: PROGRAM FINANCING FOR STATE PLAN

1. Please complete the following table to provide budget information. Describe in narrative any details of your planned use of funds below, including the assumptions on which this budget was based (per member/per month rate, estimated enrollment and source of non-Federal funds). (*Note: This reporting period equals Federal Fiscal Year 2009. 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	**2009**	**2010**	**2011**
Insurance payments	$10,503,286	$12,488,444	$12,778,025
Managed Care	$197,534,696	$219,472,309	$244,708,765
Fee for Service	$185,154,471	$209,251,823	$214,876,792
Total Benefit Costs	$393,192,453	$441,212,577	$472,363,582
(Offsetting beneficiary cost sharing payments)			
Net Benefit Costs	$393,192,453	$441,212,577	$472,363,582

Administration Costs			
Personnel			
General Administration			
Contractors/Brokers (e.g., enrollment contractors)			
Claims Processing			
Outreach/Marketing costs			
Other (e.g., indirect costs)			
Health Services Initiatives			
Total Administration Costs	**$4,915,242**	**$4,255,776**	**$4,321,800**

10% Administrative Cap (net benefit costs ÷ 9)	$43,688,050	$49,023,620	$52,484,842

Federal Title XXI Share	$258,051,192	$288,413,000	$308,534,000
State Share	$140,056,502	$157,055,353	$168,151,382

TOTAL COSTS OF APPROVED CHIP PLAN	$398,107,695	$445,468,353	$476,685,382

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? All shortfalls were addressed via additional federal funding.

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

	2009		2010		2011	
	# of eligibles	$ PMPM	# of eligibles	$ PMPM	# of eligibles	$ PMPM
Managed Care	51,917	$ 287	53,926	$ 307	56,072	$ 329
Fee for Service	58,002	$ 308	61,187	$ 330	59,070	$ 354

Enter any Narrative text below:
Fee for Service' includes spending for individuals enrolled in the Primary Care Clinician (PCC) plan.

SECTION V: 1115 DEMONSTRATION WAIVERS (FINANCED BY CHIP)

Not Applicable in Massachusetts

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

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

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

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

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

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

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

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

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

4. Please provide budget information in the following table for the years in which the demonstration is approved. *Note: This reporting period (Federal Fiscal Year 2009 starts 10/1/08 and ends 9/30/09).*

COST PROJECTIONS OF DEMONSTRATION (SECTION 1115 or HIFA)	2009	2010	2011	2012	2013
Benefit Costs for Demonstration Population #1					

COST PROJECTIONS OF DEMONSTRATION (SECTION 1115 or HIFA)	2009	2010	2011	2012	2013
(e.g., children)					
Insurance Payments					
Managed care					
per member/per month rate for managed care					
Fee for Service					
Average cost per enrollee in fee for service					
Total Benefit Costs for Waiver Population #1					
Benefit Costs for Demonstration Population #2 (e.g., parents)					
Insurance Payments					
Managed care					
per member/per month rate for managed care					
Fee for Service					
Average cost per enrollee in fee for service					
Total Benefit Costs for Waiver Population #2					
Benefit Costs for Demonstration Population #3 (e.g., pregnant women)					
Insurance Payments					
Managed care					
per member/per month rate for managed care					
Fee for Service					
Average cost per enrollee in fee for service					
Total Benefit Costs for Waiver Population #3					
Benefit Costs for Demonstration Population #4 (e.g., childless adults)					
Insurance Payments					
Managed care					
per member/per month rate for managed care					
Fee for Service					
Average cost per enrollee in fee for service					
Total Benefit Costs for Waiver Population #3					
Total Benefit Costs					
(Offsetting Beneficiary Cost Sharing Payments)					
Net Benefit Costs (Total Benefit Costs - Offsetting Beneficiary Cost Sharing Payments)					

Administration Costs

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

Federal Title XXI Share					
State Share					

TOTAL COSTS OF DEMONSTRATION					

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

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

Other notes relevant to the budget: **[7500]**

SECTION VI: PROGRAM CHALLENGES AND ACCOMPLISHMENTS

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

   The Massachusetts health care reform law (Chapter 58 of the Acts of 2006) was enacted with the goal of moving towards universal health insurance by increasing access to affordable health insurance. Coverage for children in CHIP was expanded from 200% to 300% FPL and opportunities for residents to secure coverage through public programs, employer-sponsored insurance, and the commercial market were increased. Significantly more adults and children in Massachusetts have health insurance as a result of health reform. Surveys and studies conducted over the past year reveal that nearly all adults and children in the state are indeed insured and, that, despite an economic downturn, statewide support for reform continues to be strong.

   The most recent state survey shows that the uninsurance rate statewide has continued to drop among all residents, and as a result, more than 97% of residents have health coverage (Division of Health Care Finance and Policy, DHCFP, 2009 Massachusetts Health Insurance Survey). The largest increase in insurance coverage has been among adults, which has in turn driven an increase in the insurance rate among children, as newly enrolled adults have secured coverage for their entire families. As a result, nearly every child in the state is covered and only 1.9% of children in Massachusetts are currently uninsured (DHCFP, 2009).

   The Commonwealth's success in increasing health care coverage can be attributed to a collaborative effort between political leaders, business, health care advocates and the state- all of whom are still actively engaged in implementation. Central to passing the health reform law was a sense of shared responsibility that continues to be equally essential in the implementation and sustainability of the law.

   This year the Commonwealth was one of eight states awarded a four-year $1 million grant from the Robert Wood Johnson (RWJ) Foundation to increase enrollment and retention of eligible children in CHIP and Medicaid. The RWJ initiative, *Maximizing Enrollment for Kids*, discussed in greater depth below, provides MassHealth with expert assistance and state-to-state learning designed to help keep CHIP and Medicaid eligible kids enrolled in coverage. MassHealth's grant application received support from the highest levels of state government, including the Governor, the Speaker of the State House of Representatives, and the Senate President, and from advocates, providers and community groups alike. Advocates and state leaders, who share a history of working with MassHealth to affect positive policy change, have been firm in their commitment to children's health care and the goals of the *Maximizing Enrollment for Kids* initiative.

   Substantial support for health reform overall persists despite statewide concerns about ongoing program costs and economic conditions. The findings of the 2008 and 2009 DHCFP surveys illustrate that favorable public opinion about health reform continues to be robust: Nearly three-quarters of those surveyed said they support health reform in Massachusetts. The 2009 responses (73% of households supported reform) and the responses in 2008 (74% of households supported reform) demonstrate considerable backing for the law.

   Studies and polls conducted among specific key health reform constituencies also convey favorable opinions about Chapter 58. According to a poll conducted this fall, funded by the Robert Wood Johnson Foundation and the Blue Cross Blue Shield of Massachusetts Foundation, 70% of practicing

physicians in Massachusetts back the reforms implemented after passage of the law in 2006 and three out of four surveyed doctors expressed an interest in continuing those changes.

An Urban Institute study, published October 1, 2009 in *Health Affairs*, interviewed workers in the fall of 2008 about their employer-sponsored insurance (ESI) coverage. The findings, which also analyzed survey data from previous years, show that access to ESI has not weakened since the implementation of health care reform and that the expansions under MassHealth and Commonwealth Care (state subsidized coverage for uninsured individuals up to 300% FPL) have not crowded out private insurance. The study found that since health reform, more workers report that their employer offered coverage to them and more workers are taking them up on that offer. As a result, ESI coverage has increased to 84%, up from 80% prior to reform.

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

   The MassHealth program has not been impervious to the effects of the weakened national economy. The decreased revenue stream affecting state budgets and their public programs also impacted the Commonwealth and its budget. The continued decline in state revenues is creating unprecedented fiscal pressures on all programs in the Commonwealth, and Medicaid and CHIP, like all other state programs, are vulnerable to funding uncertainties. However, thus far, despite the scale of the budget deficits facing MassHealth, the administration and the legislature has sustained its dedication to children's health care coverage. MassHealth is closely monitoring conditions to determine the impact of the economic downturn on overall Medicaid and CHIP enrollment.

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

   Three years after the passage of health care reform Massachusetts has increased coverage to nearly all residents and now has the highest percentage of insured residents in the nation (Urban Institute/ Robert Wood Johnson Foundation, 2009). In 2009, Massachusetts led the nation in the coverage of children as evidenced by the state's 1.9% uninsurance rate for children (DHCFP, 2009). The state's expansions to public programs and private market reforms have been especially successful in reaching and covering more families and children. The MassHealth program for children has grown by 80,000 children since the beginning of health care reform. In FFY09, enrollment grew to a total of 520,000 children at all income levels in MassHealth.

   The growth in the MassHealth program can be attributed to extensive statewide outreach and education efforts that involved government and community-based organizations. Although the mandate to enroll in insurance applies only to adults, Massachusetts' joint application process ensures that as mandated parents apply for state subsidized health insurance, their Medicaid or CHIP eligible children are also screened and enrolled. MassHealth's integrated application and eligibility system creating a single access point for families below 300% FPL was cited as one of the reasons behind the prompt decline in the uninsurance rate immediately following the passage of Chapter 58(Urban Institute/ RWJF, November 11, 2009).

   Ensuring continuous enrollment in Medicaid and CHIP is essential to realizing the full potential of health reform in Massachusetts. The state works cooperatively towards this goal with many partners. The November 2009 Urban analysis highlighted the important role that community-based organizations play in helping residents enroll in and maintain their health care coverage and identified this among the factors critical to the successful of health reform in Massachusetts. According to that study, more than half of all successful applications for subsidized coverage were completed for consumers by community-based organizations and providers.

The Office of Medicaid is in its fourth year of administering an outreach grant program in which $3.5 million dollars in grant funding was awarded statewide to community-based non-profit organizations to increase enrollment in MassHealth and other health insurance programs and to provide assistance to members through the redetermination process so that they can retain their health insurance coverage. Fifty one community-based organizations in the Commonwealth were awarded direct service outreach grant funding. These grantees are front-line workers who provide personal application and renewal assistance to current and prospective members. Grantees are representative of both rural and urban community settings and cover a wide array of target populations. Target populations include: children, at-risk youth, single adults, families, senior citizens, homeless individuals, pregnant women, disabled individuals, individuals who are recently unemployed or self-employed, small business owners, individuals who are medically underserved, individuals with limited English proficiency, gay and lesbian community members, and the deaf and hard of hearing community. Grantees also focus on a range of racial and ethnic minority groups including the following communities: Asians, South Africans, Latinos, and Native Americans.

Additionally, seven network coordination grants were awarded to community agencies. Network grant recipients serve as the lead entity to a system of organizations conducting outreach and enrollment in a particular region of the state. As the principal planners, network grantees coordinate outreach activities among its members to ensure greater collaboration and efficiency. Partnering with groups that don't traditionally do outreach has yielded greater outcomes. Network grantees work to ensure that efforts are not duplicated among organizations and that there is maximum coordination of existing outreach activities and, as a result, have generated greater results.

All grantees focused their work not only on enrolling uninsured children in the programs for which they are eligible but also on making certain that they remain enrolled. This year grantees enrolled over 72,344 individuals into MassHealth, Commonwealth Care, and Commonwealth Choice; of those enrolled, 28% were children in the MassHealth program. Grantees assisted over 45,236 individuals with submitting their annual eligibility review paperwork in order to assist with retaining their health benefits. Of those assisted with redeterminations, 26% were children.

As previously stated, in February 2009 Massachusetts was one of eight states awarded an RWJ *Maximizing Enrollment for Kids* grant to increase enrollment and retention of eligible children in CHIP and Medicaid. The *Maximizing Enrollment for Kids* grant is helping MassHealth develop new enrollment and retention strategies including those designed to reduce churning and target outreach and assistance to children who may benefit the most.

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.

As a result of CHIPRA, MassHealth instituted several changes in FFY09. Mandatory changes included: all children born to mothers receiving MassHealth are now eligible for Medicaid for one year and are exempt from the DRA requirement to verify their citizenship and identity; and MassHealth began to provide Medicaid benefits to applicants with unverified citizenship or identity during the verification period (a reasonable opportunity period). MassHealth also elected to provide Medicaid/CHIP benefits to five-year barred AWSS who are children and have family group income up to 300% FPL or who are pregnant and have family group income that is up to 200% FPL, who were formerly in state-funded coverage. This fall, at the start of FFY10, as a requirement of CHIPRA, MassHealth began to provide CHIP children who were not previously receiving dental coverage through CHIP such

coverage. Effective 1/1/10, per CHIPRA requirements, the Commonwealth will begin requiring citizenship and identity documentation for CHIP children.

In SFY09 MassHealth systems continued to make operational enhancements to improve member access to and control over their case data, ensuring that coverage does not lag through premature or inappropriate termination of benefits. A steady increase in the usage of the Virtual Gateway's My Account Page (MAP) function has helped to ensure that applicants and members receive the most appropriate benefits as efficiently as possible. Originally launched in SFY08, MAP allows human service providers, with their clients' permission, the ability to view, on the web in real time, their clients' case information. Members, with the help of their caregivers, can access the most accurate and up-to-date application and case information without having to call a MassHealth office. There are currently over 300,000 "hits" per month to this web-based service.

This year MassHealth implemented a 24-hour, 7-day-a-week toll-free self-service telephone number to give applicants and members the ability to access the same information providers see on MAP. Callers hear detailed information about their case status including key eligibility dates, health benefit information, and outstanding verifications. Since its introduction in December 2008, there have been approximately 740,000 calls to this new service.

Functionality was also introduced during SFY09 that allows members, with the help of providers, to change, online, basic demographic information through the new Virtual Gateway Change Form. Since its introduction in December 2008, there has been over 12,000 changes submitted that, in the past would have required a phone call to MassHealth. The Change Form supports continuous coverage by preventing members from being disenrolled due to outdated demographic information. It also may at times result in benefit upgrades, since changes trigger a redetermination of benefits. Finally, the Change Form collects member race and ethnicity information, improving the Commonwealth's ability to measure outcomes and address health disparities.

As previously stated, this year the Massachusetts Office of Medicaid began working with RWJ to increase enrollment and retention of eligible children in CHIP and Medicaid through the *Maximizing Enrollment for Kids* grant program. Working with the National Academy for State Health Policy (NASHP), the National Program Office for the grant, one of the initial steps of participation in the grant process is a standardized diagnostic assessment of the strengths and weaknesses of the MassHealth enrollment and renewal systems, policies, and procedures.

The need to reduce churn was a primary finding of the diagnostic assessment and it became the focus of the subsequent development of the improvement plan, which covers the remaining 3 1/2 years of the program. The goals in the improvement plan include 1) increase retention; 2) improve the use and expand the capacity of data; 3) improve customer service and enhance the customer interface; and 4) enhance agency collaboration. All the goals and their associated activities should have a direct or indirect impact on retention.

The state is currently not planning any substantive policy changes for next year; however, we are pursuing additional operational enhancements that are expected to make it easier for eligible children to apply for and retain benefits. MassHealth's work with RWJ is ongoing and will continue, at a minimum, through the term of the grant. We are collaborating with RWJ to improve our understanding of barriers to retention and to streamline the annual review process in order to reduce churning in the population of Medicaid and CHIP eligible children. These strategies include the implementation of an Electronic Document Management (EDM) solution that will allow

MassHealth to consolidate its mail operations in one location and allow for electronic handling of applications, verifications, and other mail resulting in a more efficient, flexible, and lean organization.

Scheduled for February 2010, MassHealth is changing the regulations regarding who has to provide a Social Security Number. In addition, the regulations and MA21 are being changed to allow an individual to receive a benefit for either 30 or 60 days if they have provided proof of application for a Social Security Number.

Beginning in December 2009, MassHealth will extend the window of electronic data matching capacity with the Registry of Vital Statistics to include birth years back to 1958 which was previously limited to 1988 and beyond.

MassHealth has also changed its application process to allow children for whom citizenship and identity have not yet been verified to begin receiving Medicaid and CHIP benefits immediately and throughout the reasonable opportunity period.