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

Preamble

Section 2108(a) of the Act provides that the State must assess the operation of the State child health plan in each fiscal year, and report to the Secretary, by January 1 following the end of the 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.

To assist States in complying with the statute, the National Academy for State Health Policy (NASHP), with funding from the David and Lucile Packard Foundation, has coordinated an effort with States and CMS over the years to design and revise this Annual Report Template. Over time, the framework has been updated to reflect program maturation and corrected where difficulties with reporting have been identified.

The framework is designed to:

- Recognize the ***diversity*** of State approaches to SCHIP and allow States ***flexibility*** to highlight key accomplishments and progress of their SCHIP 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.

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

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

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

Signature:

Robin Callahan

SCHIP Program Name(s): **All, Massachusetts**

SCHIP Program Type:

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

Reporting Period: **2006** *Note: Federal Fiscal Year 2006 starts 10/1/05 and ends 9/30/06.*

Contact Person/Title: **Robin Callahan**

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Submission Date: **1/3/2007**

(Due to your CMS Regional Contact and Central Office Project Officer by January 1st of each year)
Please copy Cynthia Pernice at NASHP (cpernice@nashp.org)

SECTION I: SNAPSHOT OF SCHIP PROGRAM AND CHANGES

1) To provide a summary at-a-glance of your SCHIP program characteristics, please provide the following information. You are encouraged to complete this table for the different SCHIP 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.

	SCHIP Medicaid Expansion Program					Separate Child Health Program				
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 1 **through 5**	300	% of FPL
	From	114	% of FPL for children ages **6 through 16**	150	% of FPL	**From**	150	% of FPL for children ages **6 through 16**	300	% of FPL
	From	0	% of FPL for children ages **17 and 18**	150	% of FPL	**From**	150	% of FPL for children ages **17 and 18**	300	% of FPL

Is presumptive eligibility provided for children?	☐	No	☐	No
	☒	Yes, for whom and how long? For children with self-declared income = 150% FPL for 60 days.	☒	Yes, for whom and how long? For children with self-declared family income >150% but = 300% FPL for 60 days.
	☐	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 period)?	☒	No	☐	No
	☐	Yes	☒	Yes
	Specify number of months		Specify number of months	6
	☐	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	

	☐	N/A	☐	N/A

Does your program require premiums or an enrollment fee?	☐	No	☐	No
	☒	Yes	☒	Yes
	Enrollment fee amount	00	Enrollment fee amount	00
	Premium amount	12	Premium amount	12
	Yearly cap	00	Yearly cap	00
	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)	
	$12 per child per month with a $15 family maximum		FPL Per child/Fam.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

Does your program require income disregards?	☒	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

Is a preprinted renewal form sent prior to eligibility expiring?	☒	No	☒	No
	☐	Yes	☐	Yes
		☐ 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

Enter any Narrative text below.

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 used for your Medicaid and separate child health program?	☒	Yes	☐	No	☐	N/A

7. 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 SCHIP 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)	Benefit structure	☐	☒	☐	☐	☒	☐
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)	☐	☒	☐	☐	☒	☐
i)	Eligibility levels / target population	☐	☒	☐	☒	☐	☐
j)	Assets test in Medicaid and/or SCHIP	☐	☒	☐	☐	☒	☐
k)	Income disregards in Medicaid and/or SCHIP	☐	☒	☐	☒	☐	☐
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 Eligibility expansion	☐	☒	☐	☐	☒	☐
r)	Waiver populations (funded under title XXI)						
	Parents	☐	☒	☐	☐	☒	☐
	Pregnant women	☐	☒	☐	☐	☒	☐
	Childless adults	☐	☒	☐	☐	☒	☐

s) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	☐	☒	☐	☐	☐	☐
t) Other – please specify						
a. _____	☐	☐	☐	☐	☐	☐
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	Changes were made that improved the processing time of applications and increased the amount of time that eligibility workers can spend with applicants. Changes were made that improved the processing time of applications and increased the amount of time that eligibility workers can spend with applicants.
c) Application documentation requirements	Implemented documentation requirements to comply with the Deficit Reduction Act. Implemented documentation requirements to comply with the Deficit Reduction Act.
d) Benefit structure	
e) Cost sharing (including amounts, populations, & collection process)	Maintained existing cost sharing, but included premiums for new income expansion.
f) Crowd out policies	Implemented six-month waiting period for income expansion group (200-300% FPL).
g) Delivery system	
h) Eligibility determination process (including implementing a waiting lists or open enrollment periods)	
i) Eligibility levels / target population	

	Effective July 1, 2006, expanded Separate Child Health eligibility to cover children under age 19 up to 300% FPL.
j) Assets test in Medicaid and/or SCHIP	
k) Income disregards in Medicaid and/or SCHIP	
	For the separate child health program, a maximum of 100% FPL is disregarded, down to 200% FPL.
l) Eligibility redetermination process	
m) Enrollment process for health plan selection	
n) Family coverage	
o) Outreach	
p) Premium assistance	Updated data used for determining cost-effectiveness of premium assistance, which makes premium assistance an option for many children who would previously have been enrolled in direct coverage.
	Updated data used for determining cost-effectiveness of premium assistance, which makes premium assistance an option for many children who would previously have been enrolled in direct coverage.
q) Prenatal Eligibility Expansion	
r) Waiver populations (funded under title XXI)	
Parents	
Pregnant women	
Childless adults	
s) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	
t) Other – please specify	
a.	
b.	
c.	

Enter any Narrative text below.

SECTION II: PROGRAM'S PERFORMANCE MEASUREMENT AND PROGRESS

This section consists of three subsections that gather information on the core performance measures for the SCHIP 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 SCHIP Final Rules of January 11, 2001. To address this SCHIP 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 SCHIP. 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 SCHIP 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 <u>not</u> 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, report data from the previous two years' annual reports (FFY 2004 and FFY 2005). 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 2006). 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:

- <u>Population not covered</u>: Check this box if your program does not cover the population included in the measure.
- <u>Data not available</u>: 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.
- <u>Small sample size</u>: 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.
- <u>Other</u>: 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:

- <u>Provisional</u>: 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 2006.
- <u>Final</u>: Check this box if the data you are reporting are considered final for FFY 2006.

- 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® 2006). 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), hybrid data (claims and medical records), survey data, or 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 SCHIP population only, or include both SCHIP 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: SARTS 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 2007, 2008, and 2009. Based on your recent performance on the measure (from FFY 2004 through 2006), 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 2004	FFY 2005	FFY 2006
If Data Not Reported, Please Explain Why: ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☒ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2004	**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*: 2004 version	**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*: 2006 version
Data Source: ☐ Administrative (claims data). ☒ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☒ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes SCHIP population only. ☒ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Members who turned 15 months old during 2003 and who received 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 SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes SCHIP population only. ☒ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Members who turned 15 months old during 2005 and who had six or more well-child visits with a primary care practitioner during the first 15 months of life.
Year of Data: 2003	**Year of Data:**	**Year of Data:** 2005

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

FFY 2004	FFY 2005	FFY 2006
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Percent with specified number of visits 0 visits Numerator: Denominator: Rate: 4 visits Numerator: Denominator: Rate: 1 visit Numerator: Denominator: Rate: 5 visits Numerator: Denominator: Rate: 2 visits Numerator: Denominator: Rate: 6+ visits Numerator: Denominator: Rate: 67.7 3 visits Numerator: Denominator: Rate: 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: 4 visits Numerator: Denominator: Rate: 1 visit Numerator: Denominator: Rate: 5 visits Numerator: Denominator: Rate: 2 visits Numerator: Denominator: Rate: 6+ visits Numerator: Denominator: Rate: 3 visits Numerator: Denominator: Rate: 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: 1.5 4 visits Numerator: Denominator: Rate: 4.0 1 visit Numerator: Denominator: Rate: 0.3 5 visits Numerator: Denominator: Rate: 10.0 2 visits Numerator: Denominator: Rate: 0.6 6+ visits Numerator: Denominator: Rate: 82.3 3 visits Numerator: Denominator: Rate: 1.4 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: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		
Other Comments on Measure:		

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

FFY 2004	FFY 2005	FFY 2006
If Data Not Reported, Please Explain Why: ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30) *Specify sample size*: ☐ Other. *Explain*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☒ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2004	**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*: 2004 version	**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*: 2006 version
Data Source: ☐ Administrative (claims data). ☒ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☒ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes SCHIP population only. ☒ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Members who were 3, 4, 5 or 6 years old during 2003 and who received one or more well-child visits with a primary care practitioner during 2003.	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). 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.
Year of Data: 2003	**Year of Data:**	**Year of Data:** 2005
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Percent with 1+ visits Numerator: Denominator: Rate: 80.9 Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with 1+ visits Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with 1+ visits Numerator: Denominator: Rate: 83.6 Additional notes on measure:

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

FFY 2004	FFY 2005	FFY 2006
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: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		
Other Comments on Measure:		

MEASURE: Use of Appropriate Medications for Children with Asthma

FFY 2004	FFY 2005	FFY 2006
If Data Not Reported, Please Explain Why: ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☒ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2004	**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*: 2004 version	**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*: 2006 version
Data Source: ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes SCHIP population only. ☒ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Members ages 5-17 with persistent asthma who were appropriately prescribed control medication during 2003.	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes SCHIP population only. ☒ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Members ages 5 to 17 with persistent asthma who were appropriately prescribed control medication during 2005.
Year of Data: 2003	**Year of Data:**	**Year of Data:** 2005

Use of Appropriate Medications for Children with Asthma (continued)

FFY 2004	FFY 2005	FFY 2006
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Percent receiving appropriate medications 5-9 years Numerator: Denominator: Rate: 68.5 10-17 years Numerator: Denominator: Rate: 65.8 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: 10-17 years Numerator: Denominator: Rate: 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: 93.0 10-17 years Numerator: Denominator: Rate: 88.9 Combined rate (5-17 years) Numerator: Denominator: Rate: Additional notes on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		
Other Comments on Measure:		

MEASURE: Children's Access to Primary Care Practitioners

FFY 2004	FFY 2005	FFY 2006
If Data Not Reported, Please Explain Why: ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☒ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2004	**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*: 2004 version	**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*: 2006 version
Data Source: ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes SCHIP population only. ☒ Denominator includes SCHIP 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 2003. Members aged 7 to 11 years or 12 to 19 years who had at least one ambulatory care or preventive care visit with a primary care practitioner in 2002 or 2003.	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes SCHIP population only. ☒ Denominator includes SCHIP 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 2005. Members aged 7 to 11 years or 12 to 19 years who had at least one ambulatory care or preventive care visit with a primary care practitioner in 2004 or 2005.
Year of Data: 2003	**Year of Data:**	**Year of Data:** 2005

FFY 2004	FFY 2005	FFY 2006
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Percent with a PCP visit 12-24 months / 7-11 years Numerator: / Numerator: Denominator: / Denominator: Rate: 95.1 / Rate: 95.9 25 months-6 years / 12-19 years Numerator: / Numerator: Denominator: / Denominator: Rate: 91.8 / Rate: 93.8 Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with a PCP visit 12-24 months / 7-11 years Numerator: / Numerator: Denominator: / Denominator: Rate: / Rate: 25 months-6 years / 12-19 years Numerator: / Numerator: Denominator: / Denominator: Rate: / Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with a PCP visit 12-24 months / 7-11 years Numerator: / Numerator: Denominator: / Denominator: Rate: 96.2 / Rate: 95.6 25 months-6 years / 12-19 years Numerator: / Numerator: Denominator: / Denominator: Rate: 93.3 / Rate: 93.7 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:
Explanation of Progress: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		
Other Comments on Measure:		

SECTION IIB: ENROLLMENT AND UNINSURED DATA

1. The information in the table below is the Unduplicated Number of Children Ever Enrolled in SCHIP in your State for the two most recent reporting periods. The enrollment numbers reported below should correspond to line 7 in your State's 4th quarter data report (submitted in October) in the SCHIP 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 SARTS through a link to SEDS. Please wait until you have an enrollment number from SEDS before you complete this response.

Program	FFY 2005	FFY 2006	Percent change FFY 2005-2006
SCHIP Medicaid Expansion Program	119268	126120	5.75
Separate Child Health Program	43411	57050	31.42

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

Three major factors account for the increase in enrollment: eligibility expansion, increased outreach activities, and the increased public attention and activity resulting from the Health Care Reform discourse.

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 2003-2005. 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. SARTS will fill in this information automatically, but in the meantime, please refer to the CPS data attachment that was sent with the FFY 2006 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	Std. Error	Rate	Std. Error
1996 - 1998	70	15.5	4.6	1.0
1998 - 2000	68	15.5	4.2	.9
2000 - 2002	40	9.9	2.6	.7
2002 - 2004	53	11.7	3.4	.7
2003 - 2005	50	11.7	3.2	.7
Percent change	-28.6%	NA	-30.4%	NA

1996-1998 vs. 2003-2005				

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 discourse.

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, 2006 CPS data are based on the period from March 2004 through March 2005.

- 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 from February 2006 through August 2006. 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)	2006 Massachusetts Survey of Health Insurance Status, on behalf of the Massachusetts Division of Health Care Finance and Policy (DHCFP) by the Center for Survey Research at UMass-Boston.
Reporting period (2 or more points in time)	1998, 2000, 2002, 2004, 2006
Methodology	The methodology used for the 2006 survey was similar to that used in

	the previous surveys. The same basic survey questionnaire with modifications was used. A few questions were refined, added or deleted based on feedback received from prior surveys and public policy needs. There are two major differences in the 1998 survey compared to surveys undertaken after 1998. First, after 1998, only “random digit dial” (RDD) telephone interviews, where the sample is drawn from telephone listings, were conducted. The 1998 survey also included an “area probability sample” (APS) or field survey. This field survey was based on a sample drawn from randomly selected addresses and included face-to-face interviews with households that were difficult or impossible to reach via telephone. An analysis of the results obtained from the two methodologies in 1998 (RDD and APS) showed no statistically significant differences in the estimate of the state uninsured percent or other factors. As the results were similar and it is quite expensive to conduct a survey using the APS methodology, a decision was made to conduct future surveys exclusively using the RDD methodology. Second, the 2000 and 2002 surveys include a survey of additional households in five urban areas in order to develop valid estimates of the percent uninsured and identify characteristics of the uninsured in these urban areas. The five urban areas are: Boston, Springfield, Worcester, Lowell/Lawrence and New Bedford/Fall River. The 2004 and 2006 surveys did not include an additional survey of urban areas. However, the sample size was increased to 4,725 households, nearly 12,000 individuals. This was a significant increase over the 2,625 households interviewed in the previous surveys. The data was collected from February 2006 through the first week of August 2006. The overall response rate was 60%, comparable to the previous three surveys. Interviews were conducted using computer-assisted telephone interviewing (CATI) technology. The survey design is a simple stratified sample by five regional areas in the state. There were two areas with major survey question changes in 2004. One was adding a question to clarify someone’s source of insurance. The second change was to clarify estimates of household income. The survey is designed to provide information on both the uninsured and insured populations. The questionnaire is divided into four parts. The first part, the screener section, asks for basic information on all household members, including whether or not each household member has health insurance coverage. The insured section asks detailed questions of the insured, the uninsured section asks detailed questions of the uninsured and a special section pertaining primarily to pharmacy coverage asks some specific questions of the population ages 65 or older. All households respond to the screener section and then continue to one or more sections as applicable. The questionnaire is available in both English and Spanish. Survey question responses are weighted in order to produce accurate population estimates. The weights adjust for design features of the sample. Some of these design features include: the sampling methodology, if the unit of interest is individual level or household level, and non-response.

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	1998 – 6.3% 2000 – 3.0% 2002 – 3.2% 2004 – 3.2% 2006 – 2.5%
Statistical significance of results	The results for 2006 are statistically significant from the 2004 results.

A. Please explain why your State chose to adopt a different methodology to measure changes in the number and/or rate of uninsured children.
Refer to answers given for question #2B above.

B. What is your State's assessment of the reliability of the estimate? What are the limitations of the data or estimation methodology? (Provide a numerical range or confidence intervals if available.)
The State deems the DHCFP survey to be more reliable than CPS data, for the reasons detailed in question #2B above. The range for the 0-18 age group was 1.9-3.1%.

C. What are the limitations of the data or estimation methodology?
Data collection efforts for the state's DHCFP survey only occur from February 2006 through August 2006 and not over the course of the whole year.

4. How many children do you estimate have been enrolled in Medicaid as a result of SCHIP 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 17,000 children since October 2005.

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 SCHIP State Plan. The format of this section has been revised for FFY 2006 to provide 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
- SCHIP 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, please enter the data you reported for each objective in the previous two years' annual reports (FFY 2004 and FFY 2005). In the third column, please report the most recent data available at the time you are submitting the annual report.

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.

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 2006.
- Final: Check this box if the data you are reporting are considered final for FFY 2006.
- 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® 2006). 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 SCHIP or Medicaid enrollment, please indicate whether you have used eligibility/enrollment data, survey data (specify the survey used), or other source. For the objectives related to access to care and use of preventative care, please indicate whether you used administrative data (claims), hybrid data (claims and medical records), survey data (specify the survey used), or 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 SCHIP population only, or include both SCHIP 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. 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 2007, 2008, and 2009. Based on your recent performance on the measure (from FFY 2004 through 2006), 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.

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

FFY 2004	FFY 2005	FFY 2006
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)** Reduce the number of uninsured children in the Commonwealth.
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*: Survey data: 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*: 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*: Division of Health Care Finance and Policy (DHCFP) Survey on Health Insurance Status and Current Population Survey (CPS)
Definition of Population Included in the Measure: Definition of denominator: Uninsured children and insured children under 19 yrs old with a household income =200% FPL. Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Uninsured children and insured children under 19 yrs old with a household income =200% FPL. Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Uninsured children and insured children under 19 yrs old with a household income =200% FPL. Definition of numerator:
Year of Data: 2003	**Year of Data:** 2004	**Year of Data:** 2006
Performance Measurement Data: Described what is being measured: Decrease the ratio of uninsured children to insured children from 2:3 to 1:9. Numerator: Denominator: Rate: Additional notes on measure: Year of data: 2004 (DHCFP) and 2003 (CPS)	**Performance Measurement Data:** Described what is being measured: Decrease the ratio of uninsured children to insured children from 2:3 to 1:9. Numerator: Denominator: Rate: Additional notes on measure: Year of Data: 2004 (DHCFP) and 2005 (CPS)	**Performance Measurement Data:** Described what is being measured: Decrease the ratio of uninsured children to insured children from 2:3 to 1:9. Numerator: Denominator: Rate: Additional notes on measure: Rate: DHCFP estimated the ratio at 1:40 in their 2006 survey of Health Insurance Status. The CPS March 2006 Supplement estimates the ratio at 1:22.

FFY 2004	FFY 2005	FFY 2006
Rate: DHCFP estimated the ratio at 1:30 in their 2004 survey of Health Insurance Status. The CPS March 2003 Supplement estimates the ratio at 1:11. Both estimates indicate that Massachusetts is currently exceeding the state objective.	Rate:DHCFP estimated the ratio at 1:30 in their 2004 survey of Health Insurance Status. The CPS March 2005 Supplement estimates the ratio at 1:15. Both estimates indicate that Massachusetts is currently exceeding the state objective.	Both estimates indicate that Massachusetts is currently exceeding the state objective.
Explanation of Progress: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		
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 2004	FFY 2005	FFY 2006
Goal #2 (Describe)	**Goal #2 (Describe)**	**Goal #2 (Describe)** Reduce the number of uninsured children (between 200-300% FPL) in the commonwealth.
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*: Division of Health Care Finance and Policy (DHCFP) Survey on Health Insurance Status
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: All children between 200-300% FPL Definition of numerator: Uninsured children between 200-300% FPL
Year of Data:	**Year of Data:**	**Year of Data:** 2006
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: The percentage of all children between 200 and 300 percent FPL who are uninsured. Numerator: 4700 Denominator: 288000 Rate: 1.6 Additional notes on measure:

FFY 2004	FFY 2005	FFY 2006
Explanation of Progress: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		
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 2004	FFY 2005	FFY 2006
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: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		
Other Comments on Measure:		

Objectives Related to SCHIP Enrollment

FFY 2004	FFY 2005	FFY 2006
Goal #1 (Describe) Continue to increase participation in the MassHealth Family Assistance premium assistance program.	**Goal #1 (Describe)** Continue to increase participation in the MassHealth Family Assistance premium assistance program.	**Goal #1 (Describe)** Continue to increase participation in the MassHealth Family Assistance premium assistance program.
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. ☐ Other. *Specify*: Measure 1: Comparison of children enrolled in Family Assistance Premium Assistance (FA/PA) with those enrolled in Family Assistance Direct Coverage (FA/DC). Measure 2: Comparison of those in FA/PA who came in insured with those who came in uninsured. Measure 3: Comparison of those in FA/PA who came in uninsured with access to Employer Sponsored Insurance (ESI) and met Title XXI requirements with those who came in uninsured with access to ESI and met 1115 waiver requirements.	**Data Source:** ☒ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*: Measure 1: Comparison of children enrolled in Family Assistance Premium Assistance (FA/PA) with those enrolled in Family Assistance Direct Coverage (FA/DC). Measure 2: Comparison of those in FA/PA who came in insured with those who came in uninsured. Measure 3: Comparison of those in FA/PA who came in uninsured with access to Employer Sponsored Insurance (ESI) and met Title XXI requirements with those who came in uninsured with access to ESI and met 1115 waiver requirements.	**Data Source:** ☒ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*: Measure 1: Comparison of children enrolled in Family Assistance Premium Assistance (FA/PA) with those enrolled in Family Assistance Direct Coverage (FA/DC). Measure 2: Comparison of those in FA/PA who came in insured with those who came in uninsured. Measure 3: Comparison of those in FA/PA who came in uninsured with access to Employer Sponsored Insurance (ESI) and met Title XXI requirements with those who came in uninsured with access to ESI and met 1115 waiver requirements.
Definition of Population Included in the Measure: Definition of denominator: Definition of denominator: Measure 1: Children in FA/DC as of September 30, 2004 = 18,699 Measure 2: Children in FA/PA who came in insured as of September 30, 2004 = 2,164 Measure 3: Children in FA/PA who came in uninsured and met 1115 waiver requirements as of September 30, 2004 = 480 Definition of numerator: Measure 1: Children in FA/PA as of September 30, 2004 =4,711 Measure 2: Children in FA/PA who came in uninsured as of September 30, 2004 = 2,547	**Definition of Population Included in the Measure:** Definition of denominator: Measure 1: Children in FA/DC as of September 30, 2005 (22,552) + children in FA/PA (5,215) = 27,767 total. Measure 2: Children in FA/PA who came in insured as of September 30, 2005 (2,383) + children FA/PA who came in uninsured (2,832) = 5,215 total Measure 3: Children in FA/PA who came in uninsured and met 1115 waiver requirements as of September 30, 2005 (573) + children in FA/PA who came in uninsured and met Title XXI requirements (2,259) = 2,832 total Definition of numerator: Measure 1: Children in FA/PA as of September 30, 2005 =5,215	**Definition of Population Included in the Measure:** Definition of denominator: Measure 1: Children in FA/DC as of September 30, 2006 (35,102) + children in FA/PA (6,358) = 41,460 total. Measure 2: Children in FA/PA who came in insured as of September 30, 2006 (3,179) + children FA/PA who came in uninsured (3,179) = 6,358 total Measure 3: Children in FA/PA who came in uninsured and met 1115 waiver requirements as of September 30, 2006 (697) + children in FA/PA who came in uninsured and met Title XXI requirements (2,482) = 3,179 total Definition of numerator: Measure 1: Children in FA/PA as of September 30, 2006 =6,358

FFY 2004	FFY 2005	FFY 2006
Measure 3: Children in FA/PA who came in uninsured and met Title XXI requirements as of September 30, 200= 2,067	Measure 2: Children in FA/PA who came in uninsured as of September 30, 2005 = 2,832 Measure 3: Children in FA/PA who came in uninsured and met Title XXI requirements as of September 30, 2005= 2,259	Measure 2: Children in FA/PA who came in uninsured as of September 30, 2006 = 3,179 Measure 3: Children in FA/PA who came in uninsured and met Title XXI requirements as of September 30, 2006= 2,482
Year of Data: 2004	**Year of Data:**	**Year of Data:** 2006
Performance Measurement Data: Described what is being measured: 1: 4,711child. are in FA/PA as of 9/30. An additional 18,699 are in FA/DC. Approx.20% of children in Family Assistance are in PA. 2: 2,547child. in FA/PA came in uninsured. 2,164 of children in FA/PA came in insured. Approximately 54% of child.came in uninsured. 3: 2,067child.met Title XXI requirements for access to ESI. 480 child.met the 1115 waiver requirement for access to ESI. Approximately 81% of the uninsured child.enrolled in FA/PA were enrolled through the Title XXI requirement. Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: 1: 5,215 child.are in FA/PA as of 9/30 additional 22,552 are in FA/DC. Approx 19% of child in Family Assistance are in PA. 2: 2,832 child.in FA/PA came in uninsured. 2,383of child.in FA/PA came in insured. Approx.54% of child came in uninsured. 3: 2,259 child met Title XXI requirements for access to ESI. 573 children met the 1115 waiver requirement for access to ESI. Approximately 80% of the uninsured child enrolled in FA/PA were enrolled through the Title XXI requirement. Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: M1:6,358 child. are in FA/PA as of 9/30. An additional 35,102 are in FA/DC. Approximately 15% of child.in Family Assistance are in PA.M2:3,179 child.in FA/PA came in uninsured. 3,179of child. in FA/PA came in insured. Approximately 50% of child. came in uninsured. M3: 2,482 child. met TXXI requirements for access to ESI. 697 child. met the 1115 waiver requirement for access to ESI. Approximately 78% of the uninsured child. enrolled in FA/PA were enrolled through the Title XXI requirement. Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		
Other Comments on Measure:		

Objectives Related to SCHIP Enrollment (Continued)

FFY 2004	FFY 2005	FFY 2006
Goal #2 (Describe)	**Goal #2 (Describe)**	**Goal #2 (Describe)**
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ 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: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		

FFY 2004	FFY 2005	FFY 2006
Other Comments on Measure:		

Objectives Related to SCHIP Enrollment (Continued)

FFY 2004	FFY 2005	FFY 2006
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. ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ 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: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		

FFY 2004	FFY 2005	FFY 2006
Other Comments on Measure:		

Objectives Related to Medicaid Enrollment

FFY 2004	FFY 2005	FFY 2006
Goal #1 (Describe) Improve the efficiency of the eligibility determination process (by eliminating certain verifications).	**Goal #1 (Describe)** Improve the efficiency of the eligibility determination process (by eliminating certain verifications).	**Goal #1 (Describe)** Improve the efficiency of the eligibility determination process (by eliminating certain verifications).
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. ☒ Other. *Specify*: Collapsing enrollment for safety-net. Unified application process for uncompensated care pool users, Healthy Start, and the Children's Medical Security Plan.	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. ☒ Other. *Specify*: In FFY05, three new programs were added to the MassHealth eligibility determination system (MA21). These three programs account for seven new categories of assistance supported by MA21: four categories to determine eligibility for the Children's Medical Security Plan, three categories for the SCHIP funded Healthy Start Program, and two for the state's Safety Net Care Pool.	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. ☒ Other. *Specify*: MassHealth Member Services.
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: 2004	**Year of Data:** 2005	**Year of Data:** 2006

FFY 2004	FFY 2005	FFY 2006
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure: Average turnaround time for MBRs decreased from 14.5 days in SFY05 to 8 days in SFY06. This is due to several improvements, including: the ability to fax follow-up verifications required to process electronic MBRs; standardizing the outcome of eligibility determination decisions; and developing verification and matching processes with SSA and DOR.
Explanation of Progress: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		
Other Comments on Measure:		

Objectives Related to Medicaid Enrollment (Continued)

FFY 2004	FFY 2005	FFY 2006
Goal #2 (Describe) Improve the efficiency of the eligibility determination process (by developing a fully automated eligibility determination process).	**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).
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:* 2004	**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. ☒ Other. *Specify*: During SFY04 the Commonwealth prepared for implementation of the first release of a new Virtual Gateway to the Executive Office of Health and Human Services (EOHHS). This web portal, which is integrated with the overall Mass.Gov site, is a comprehensive streamlining of information and transactions relating to Health and Human Services.	**Data Source:** ☒ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*: Two months prior to FFY05, the Commonwealth implemented the first release of a new Virtual Gateway for the Executive Office of Health and Human Services (EOHHS). This web portal, which is integrated with the overall Mass.Gov site, is a comprehensive streamlining of information and transactions relating to Health and Human Services.	**Data Source:** ☒ Eligibility/Enrollment data. ☐ Survey data. ☐ 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: Compare the percentage of online applications for MassHealth via the Virtual Gateway in FFY 05 to FFY 06. Definition of numerator:
Year of Data: 2004	**Year of Data:** 2005	**Year of Data:** 2006

FFY 2004	FFY 2005	FFY 2006
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure: This release provides the tools for the public to inquire into eligibility for health and nutrition programs, and for providers to sign people up, over the Internet, using one electronic form, for nine different health and nutrition programs—including MassHealth, Food Stamps, WIC, and others. An annual series of releases is planned to further extend these capabilities.	**Performance Measurement Data:** Described what is being measured: The percentage of member benefit requests (MBRs) sent electronically via the Virtual Gateway increased from 28% in SFY05 to 60% in SFY06. Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		
Other Comments on Measure:		

Objectives Related to Medicaid Enrollment (Continued)

FFY 2004	FFY 2005	FFY 2006
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. ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ 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: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		
Other Comments on Measure:		

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

FFY 2004	FFY 2005	FFY 2006
Goal #1 (Describe)	**Goal #1 (Describe)**	**Goal #1 (Describe)**
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:

FFY 2004	FFY 2005	FFY 2006
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: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		
Other Comments on Measure:		

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

FFY 2004	FFY 2005	FFY 2006
Goal #2 (Describe)	**Goal #2 (Describe)**	**Goal #2 (Describe)**
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:
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Year of Data:	**Year of Data:**	**Year of Data:**
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:

FFY 2004	FFY 2005	FFY 2006
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: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		
Other Comments on Measure:		

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

FFY 2004	FFY 2005	FFY 2006
Goal #3 (Describe)	**Goal #3 (Describe)**	**Goal #3 (Describe)**
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:

FFY 2004	FFY 2005	FFY 2006
Performance Measurement Data: 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: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		
Other Comments on Measure:		

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

FFY 2004	FFY 2005	FFY 2006
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 well-child care visits and implementing improvement activities as appropriate.	**Goal #1 (Describe)** Improve the delivery of well-child care by measuring the number of well-child care visits and implementing improvement activities as appropriate.	**Goal #1 (Describe)** Improve the delivery of well-child care by measuring the number of well-child care visits and implementing improvement activities as appropriate.
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: CMS 416 Report	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: CMS 416 Report	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: CMS 416 Report
Data Source: ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes SCHIP population only. ☒ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes SCHIP population only. ☒ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes SCHIP population only. ☒ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data: 2003	**Year of Data:**	**Year of Data:**
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator:

FFY 2004	FFY 2005	FFY 2006
Rate: Additional notes on measure: Numerator: Number of MassHealth children enrolled who had a well-child visit in accordance with the EPSDT Medical Protocol and Periodicity Schedule. Denominator: Number of MassHealth Standard Children enrolled in FFY 03 adjusted for length of eligibility. Rate: 71 % for FFY03 (vs. 66% for FFY02)	Rate: 73 Additional notes on measure: Numerator: Number of MassHealth children enrolled who had a well-child visit in accordance with the EPSDT Medical Protocol and Periodicity Schedule. Denominator: Number of MassHealth Standard Children enrolled in FFY 04 adjusted for length of eligibility.	Rate: 77 Additional notes on measure: Numerator: Number of MassHealth children enrolled who had a well-child visit in accordance with the EPSDT Medical Protocol and Periodicity Schedule. Denominator: Number of MassHealth Standard Children enrolled in FFY 05 adjusted for length of eligibility.
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: 1) Continued to utilize the MA Health Quality Partners 2) Continued to produce linguistically and culturally appropriate materials related to well-child care to support providers and members(3) Continued to work on the MassHealth Adolescent Anticipatory Guidance Public Awareness Campaign (4) Lead a Maternal Child Workgroup (5) Coordinated with other agencies (6) Continued with a data sharing agreement with WIC(7) Continued to participate in the CMS Health Start/Grow Smart booklet distribution	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure: 1)assured meeting guidelines of the MA Health Quality Partners 2)produced linguistically and culturally appropriate materials 3)worked on adolescent health care activities 4) Worked w/ school based health centers5) Participated on the Governor's Adolescent Health Council 6)Convened a Maternal Child Workgroup 7)Coordinated with other agencies 8)data sharing agreement w/ WIC 9)participated in the CMS Health Start/Grow Smart booklet distribution 10) Participated on several Massachusetts committees
Explanation of Progress: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		
Other Comments on Measure:		

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

FFY 2004	FFY 2005	FFY 2006
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 rates by measuring the rate of immunization administration and implement improvement activities as appropriate.	**Goal #2 (Describe)** Improve the immunization rates by measuring the rate of immunization administration and implement improvement activities as appropriate.
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:* 2004	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: Childhood/Adolescent Immunization Status
Data Source: ☐ Administrative (claims data). ☒ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☒ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes SCHIP population only. ☒ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes SCHIP population only. ☒ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Childhood Immunization: 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.
Year of Data: 2003	**Year of Data:**	**Year of Data:** 2005
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator:

FFY 2004	FFY 2005	FFY 2006
Rate: Additional notes on measure:	Rate: Additional notes on measure:	Rate: Additional notes on measure: Rate: Childhood Immunization: Combination 2 – 79.6% and Combination 3 – 61.7% for 2005. Adolescent Immunization: Combination 2 – 71.3% for 2005. Since 2003, the HEDIS specifications for Childhood Immunization Status changed to eliminate Combination 1 and create a Combination 3. The HEDIS specifications for Adolescent Immunization Status changes to eliminate Combination 1.
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure: Rate: Childhood Immunization: Combination 1 - 76.1% and Combination 2 – 72.8% for 2003. (For 2001: Childhood Immunization: Combination 1 - 72.5% and Combination 2 – 66.8%) Adolescent Immunization: Combination 1 - 79.0% and Combination 2 – 66.8% for 2003. (For 2001: Adolescent Immunization: Combination 1 – 64.4% and Combination 2 – 48.5%)	**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: (1)(2)Continued to collaborate with the Massachusetts Health Quality Partners (MHQP)Continued to work closely with the Massachusetts Department of Public Health(3) Participated in the Massachusetts Chapter of the American Academy of Pediatrics Immunization Initiative (4)Continued to distribute a booklet jointly prepared by MassHealth and its contracted MCOs
Explanation of Progress: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		
Other Comments on Measure:		

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

FFY 2004	FFY 2005	FFY 2006
Goal #3 (Describe)	**Goal #3 (Describe)**	**Goal #3 (Describe)**
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:
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Year of Data:	**Year of Data:**	**Year of Data:**
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:

FFY 2004	FFY 2005	FFY 2006
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: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		
Other Comments on Measure:		

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

As MassHealth members, SCHIP eligible children are included in various MassHealth quality activities. MassHealth calculated HEDIS indicators in 2006 and 2005 and conducted Clinical Topic Reviews (CTR) in 2004 and 2005. HEDIS 2006 indicators addressed areas including child and adolescent immunization, asthma in children, well child care indicators, and children and adolescent's access to primary care practitioners. HEDIS 2005 indicators included Appropriate Treatment for Children with Upper Respiratory Infections, Follow-up after Hospitalization for Mental Illness (children 6 years and older), and Initiation of Alcohol and Other Drug Dependence Treatment (adolescents 13-17 years). The 2004 CTR examined women's health issues, which included adolescent females beginning at age 11. The 2005 CTR addressed the promotion of healthy development in children, ages 3 to 48 months, through a member survey and medical record review. Copies of final HEDIS and CTR reports are available upon request.

MassHealth conducted its biennial (CAHPS) member satisfaction survey in 2004 and is in the middle of conducting the 2006 CAHPS survey. Copies of final CAHPS reports are available upon request.

In addition, contracted MCOs worked on and submitted reports regarding standard QI Goals in the areas of Maternal and Child Health and Special Populations, and plan-specific goals that had initiatives addressing children with special health care needs, individuals with physical disabilities, asthma, diabetes, and culturally and linguistically appropriate services, among others. In 2005-2006, MCOs worked to standardize goals in the areas of asthma, diabetes, care management, and maternal and child health. The latter includes components addressing childhood and adolescent primary care visits and improved rates of childhood lead screening.

The PCC Plan produces a semiannual PCC Profile report that includes individual and comparative data on a number of measures, including well child care and adolescent well care indicators and asthma in children ages 5 to 17. The PCC Plan works directly with PCCs to review this information and implement action plans to improve performance in these areas.

The PCC Plan also has a quality improvement project aimed at increasing the use of asthma controller (anti-inflammatory) medications by PCC Plan pediatric members identified as having persistent asthma.

2. What strategies does your SCHIP program have for future measurement and reporting on access to, quality, or outcomes of care received by your SCHIP 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 SCHIP 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 SCHIP program's performance. Please list attachments here and summarize findings or list main findings.

Copies of the HEDIS and Clinical Topic Review reports are available upon request.

Enter any Narrative text below.

SECTION III: ASSESSMENT OF STATE PLAN AND PROGRAM OPERATION

Please reference and summarize attachments that are relevant to specific questions

OUTREACH

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

   MassHealth provides technical access points with which to engage in outreach activities, including an online application process called the Virtual Gateway. The goal of the Virtual Gateway is to provide a single point of intake, eligibility screening, and referral services for applicants. This allows potential applicants of health and human services in the Commonwealth, either directly through the web or with assistance from a health and human services agency or a patient-accounts staff person, to obtain information and to gain access to available HHS programs. In addition, providers are also able to track electronically submitted applications.

   In SFY06, MassHealth awarded $500,000 in mini-grants to 22 community-based organizations across the state to increase MassHealth enrollment. MassHealth worked closely with these grantees to give them the knowledge and tools to enroll new MassHealth members. One component of this effort was training those grantees who were not already doing so to submit electronic applications for MassHealth. Each of the grantees tailored their programs to meet the needs of the people and regions they serve. To buttress training provided by MassHealth, grantees used novel approaches for outreach, including health fairs, public notices, multi-lingual collaborations with YMCAs, YWCAs, hospitals, community service organizations, soup kitchens, homeless shelters, clinics, schools, and businesses, as well print, radio, and television marketing campaigns. Grantees carried out their activities from November 2005 to June 30, 2006 and enrolled over 11,000 new members into the MassHealth program.

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:

   Massachusetts continues as a Robert Wood Johnson Foundation Covering Kids' site, for which MassHealth collaborates with the advocacy group Health Care for All. MassHealth also continues to work with the medical community, including the Massachusetts Hospital Association, the Massachusetts Medical Society, and the American Academy of Pediatrics to promote the MassHealth program. Providers are encouraged to participate in training sessions on MassHealth and are supplied with enrollment kits titled "What to do when an Uninsured Child Shows up at your Door".

   To support member education efforts, MassHealth continues to provide funding for the Health Access Networks (HANs). HANs were developed in partnership with the University of Massachusetts Medical School's Area Health Education Center (AHEC) as a forum to share information, strategies, and experiences on effective member education practices. HANs have been established in each of the six regional areas and continued to meet monthly during SFY06. MassHealth Operations continues to fund and provide leadership for this effort as MassHealth Technical Forums. These meetings currently promote information dissemination, sharing of best practices, and building of community/public sector linkages to increase targeted outreach and member education information about MassHealth.

3. 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?

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, Laotian, French, and Arabic.

The Member Education Unit conducts scheduled yearly in-service presentations with the Massachusetts Office of Refugees and Immigrants-Refugee Resettlement Training Unit, advocates for the homeless, shelters, and other facilities working with this population, and the Massachusetts Department of Veteran's Services. These presentations provide education regarding MassHealth benefits, the application process, and post-enrollment activities.

SUBSTITUTION OF COVERAGE (CROWD-OUT)

States with a separate child health program above 200 through 250% of FPL must complete question 1. All other states with trigger mechanisms should also answer this question.

1. Does your state cover children between 200 and 250 percent of the FPL or does it identify a trigger mechanism or point at which a substitution prevention policy is instituted?

   ☒ Yes
   ☐ No
   ☐ N/A

   If yes, please identify the trigger mechanisms or point at which your substitution prevention policy is instituted.

   All children between 200 - 300% FPL are subject to a waiting period of six months from the loss of employer-sponsored group coverage. See below for additional detail.

States with separate child health programs over 250% of FPL must complete question 2. All other states with substitution prevention provisions should also answer this question.

2. Does your state cover children above 250 percent of the FPL or does it employ substitution prevention provisions?

   ☒ Yes
   ☐ No
   ☐ N/A

If yes, identify your substitution prevention provisions (waiting periods, etc.).

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.

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.

During the first five months of state fiscal year 2007, exceptions to the crowd-out policy were used seven times.

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 3 questions

3. Describe how substitution of coverage is monitored and measured and the effectiveness of your policies.

   See Question #2 above.

4. At the time of application, what percent of applicants are found to have insurance?

   Approximately 11.5% of children below 200% FPL and otherwise eligible for the separate child health program had insurance at the time of application. For those with qualifying insurance enrolled in premium assistance, MassHealth receives the standard Medicaid match rather than the enhanced SCHIP match.

   Since the inception of the 200-300% FPL expansion on July 1, 720 applying children have either declared private insurance coverage or been found to have private insurance coverage. MassHealth does not provide premium assistance or direct coverage to children above 200% FPL who are insured.

5. Describe the incidence of substitution. What percent of applicants drop group health plan coverage to enroll in SCHIP?

   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 effectively eliminates the risk of substitution.

COORDINATION BETWEEN SCHIP AND MEDICAID

(This subsection should be completed by States with a Separate Child Health Program)

1. Do you have the same redetermination procedures to renew eligibility for Medicaid and SCHIP (e.g., the same verification and interview requirements)? Please explain.

   MassHealth does not differentiate between children enrolling in MassHealth and children enrolling in MassHealth due to SCHIP eligibility. The redetermination procedures are the same for all children.

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

   MassHealth does not differentiate between children enrolling in MassHealth and children enrolling in MassHealth due to SCHIP eligibility. As long as the child remains eligible for MassHealth, movements among categories of assistance are seamless for the member. Members receive written notice of any changes in benefits.

3. Are the same delivery systems (including provider networks) used in Medicaid and SCHIP? Please explain.

   MassHealth does not differentiate between children enrolling in MassHealth and children enrolling in MassHealth due to SCHIP eligibility. All children enrolled in MassHealth have access to the same delivery systems.

ELIGIBILITY REDETERMINATION AND RETENTION

1. What measures does your State employ to retain eligible children in SCHIP? Please check all that apply and provide descriptions as requested.

☐ 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 notices
- 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?)
  15 days

☐ Sends targeted mailings to selected populations

- Please specify population(s) (e.g., lower income eligibility groups)

☒ Holds information campaigns

☒ Provides a simplified reenrollment process,

Please describe efforts (e.g., reducing the length of the application, creating combined Medicaid/SCHIP application)

The state has employed a combined Medicaid/SCHIP application and renewal form. The reenrollment form is simpler and eliminates questions not subject to change.

☐ Conducts surveys or focus groups with disenrollees to learn more about reasons for disenrollment *please describe:*

☐ Other, *please explain*:

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

   Renewal reminder notices have been effective. Retention strategies were not evaluated in this report period.

3. Does your State generate monthly reports or conduct assessments that track the outcomes of individuals who disenroll, or do not reenroll, in SCHIP (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

   When was the monthly report or assessment last conducted?

If you responded yes to the question above, 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 SCHIP

Total Number of Dis-enrollees	**Obtain other public or private coverage**		**Remain uninsured**		**Age-out**		**Move to new geographic area**		**Other**	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent

Please describe the data source (e.g., telephone or mail survey, focus groups) used to derive this information.

COST SHARING

1. Has your State undertaken any assessment of the effects of premiums/enrollment fees on participation in SCHIP? If so, what have you found?

   The State continued to produce a quarterly premium billing analysis report in SFY 2006, which includes SCHIP children in addition to other populations. During SFY 2006, 38,338 unduplicated children were required to pay a premium. Of those, 873, or 2.28%, were disenrolled for failure to pay this premium. In the entire premium billing population (including but not exclusive to SCHIP children), 33.01% of members disenrolled for failure to pay premiums re-enrolled within 30 days of termination.

2. Has your State undertaken any assessment of the effects of cost sharing on utilization of health services in SCHIP? If so, what have you found?

   No.

3. If your state has increased or decreased cost sharing in the past federal fiscal year, has the state undertaken any assessment of the impact of these changes on application, enrollment, disenrollment, and utilization of health services in SCHIP. If so, what have you found?

   The State has not increased or decreased cost sharing in the past federal fiscal year. The State is closely monitoring the impact of premiums on the 200-300% FPL expansion group.

PREMIUM ASSISTANCE PROGRAM(S) UNDER SCHIP STATE PLAN

1. Does your State offer a premium assistance program for children and/or adults using Title XXI funds under any of the following authorities?

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

Children

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

☒ Premium Assistance under the State Plan
☐ Family Coverage Waiver under the State Plan
☐ SCHIP Section 1115 Demonstration
☒ Medicaid Section 1115 Demonstration
☐ Health Insurance Flexibility & Accountability Demonstration
☒ Premium Assistance under the Medicaid State Plan (Section 1906 HIPP)

Adults

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

☐ Premium Assistance under the State Plan (Incidentally)
☐ Family Coverage Waiver under the State Plan
☐ SCHIP Section 1115 Demonstration
☒ Medicaid Section 1115 Demonstration
☐ Health Insurance Flexibility & Accountability Demonstration
☐ Premium Assistance 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

3. Briefly describe your program (including current status, progress, difficulties, etc.)

The MassHealth Family Assistance Premium Assistance program is designed to make employer sponsored insurance (ESI) affordable to low-income workers. Premium Assistance offers subsidies, on behalf of eligible MassHealth members, to help low-wage workers pay their share of ESI for child(ren). MassHealth requires that the ESI meet the following minimum requirements: the employers must contribute at least 50% to the cost of the health insurance premium, the offered plan must meet the basic benefit level, and providing premium assistance must be cost effective for the Commonwealth. In order to meet the cost sharing requirements, out of pocket expenses to the member cannot exceed 5% of the family's income.

4. What benefit package does the program use?

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

5. Does the program provide wrap-around coverage for benefits or cost sharing?

No.

6. Identify the total number of children and adults enrolled in the premium assistance program for whom Title XXI funds are used during the reporting period (provide the number of adults enrolled in premium assistance even if they were covered incidentally and not via the SCHIP family coverage provision).

00 Number of adults ever-enrolled during the reporting period

00 Number of children ever-enrolled during the reporting period

7. Identify the estimated amount of substitution, if any, that occurred or was prevented as a result of your premium assistance program. How was this measured?

See Substitution of Coverage Section.

8. During the reporting period, what has been the greatest challenge your premium assistance program has experienced?

Maintenance of information about members continues to be a challenge. We need to constantly keep up-to-date on whether the member is still employed and has access to insurance, what insurance plan the member is enrolled in, what the employer contribution to the insurance is, and what the new rates for insurance are each year so that we can make accurate premium assistance payments.

9. During the reporting period, what accomplishments have been achieved in your premium assistance program?

We were able to expand participation in Premium Assistance by updating the cost effectiveness rates. This resulted in more members being eligible for Premium Assistance and shifted members on Direct Coverage to Premium Assistance. The Health Care Reform expansion of Mass Health coverage to high income groups also represents an opportunity to expand premium assistance.

We continue to increase enrollment by using automated methods to verify insurance which ensures that premium payments are accurate. We have also improved how we target cases. For example, we look at large families with access to employer-sponsored insurance (ESI). These cases are more likely to be cost effective in terms of providing premium assistance. The employer database continues to provide us with relevant information on whether the employer offers insurance, how much the employer contributes, if the insurance offered meets our benefit level, etc. This employer information database greatly improves our ability to target investigations and to successfully enroll family assistance children in cost-effective ESI.

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

We were able to change the cost effectiveness rates to FY05 Actual PMPM rates, thereby increasing Family Assistance participation by 27%. We are planning to track enrollment in Premium Assistance as a result of the Health Care Reform by creating reports that will capture this information.

11. Indicate the effect of your premium assistance program on access to coverage. How was this measured?

While children continue to be the primary beneficiaries of the program, adults also benefit by obtaining access to health insurance by default. MassHealth purchases the family plan from the employer to cover the children, and then parents are covered as well. This will prove beneficial for the Health Care Reform population that have access to ESI and are uninsured. The increase in FPL below 300% will allow families previously not eligible to qualify for the program.

12. What do you estimate is the impact of premium assistance on enrollment and retention of children? How was this measured?

MassHealth has not estimated the impact of premium assistance on enrollment and retention of children.

13. Identify the total state expenditures for family coverage during the reporting period. **(For states offering premium assistance under a family coverage waiver only.)**

N/A

PROGRAM INTEGRITY (COMPLETE ONLY WITH REGARD TO SEPARATE SCHIP 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 prevention, investigation and referral of cases of fraud and abuse? Please explain.
It is important to point out that while Massachusetts' SCHIP has a "separate" component –that is, a component that is not Medicaid expansion– the Commonwealth does not have a "stand alone" SCHIP program. SCHIP is managed and operated seamlessly as one program component of the broader MassHealth program. Therefore, while there are no separate fraud and abuse activities for SCHIP, 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 SCHIP. In Massachusetts, state staff performs all application, redetermination, matching, case maintenance, and referral processes for all MassHealth programs, including SCHIP. All contractual arrangements regarding fraud and abuse activities apply to SCHIP 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

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

a) Provider credentialing

Number of cases investigated

Number of cases referred to appropriate law enforcement officials

b) Provider billing

Number of cases investigated

Number of cases referred to appropriate law enforcement officials

c) Beneficiary eligibility

Number of cases investigated

Number of cases referred to appropriate law enforcement officials

3. If your state relies on contractors to perform the above functions, how does your state provide oversight of those contractors?
First, the Program Integrity Unit, operated with the University of Massachusetts Medical School (UMMS), is our primary post-payment fraud detection unit. Utilizing a specialized software application, 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 PAM project, and makes suspected member fraud referrals to BSI.

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 21% of all claims submitted are denied and a substantial number are suspended for review or verification. 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 two separate vendors for customer services, one responsible for provider relations and another for 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.

Enter any Narrative text below.

RE Question 6 (Premium Assistance Program):MassHealth does not maintain the data in the format requested above. However, as of September 30, 2006, 3,179, children were enrolled in FA/PA and met the Title XXI requirements. MassHealth continues to estimate that an additional 1.5 adults per child are covered by default.

RE Question 2 (Program Integrity) Massachusetts does not track program integrity data for the separate SCHIP program. All data are for the entire MassHealth program, which includes Medicaid, Medicaid-expansion, and separate SCHIP programs.

SECTION IV: PROGRAM FINANCING FOR STATE PLAN

1. Please complete the following table to provide budget information. Describe in narrative any details of your planned use of funds below, including the assumptions on which this budget was based (per member/per month rate, estimated enrollment and source of non-Federal funds). (*Note: This reporting period =Federal Fiscal Year 2005. If you have a combination program you need only submit one budget; programs do not need to be reported separately.)*

COST OF APPROVED SCHIP PLAN

Benefit Costs	**2006**	**2007**	**2008**
Insurance payments	3,825,329	5,680,807	6,149,088
Managed Care	85,496,291	136,139,123	164136630
per member/per month rate @ # of eligibles			
Fee for Service	154,336,206	187,231,449	212,874,288
Total Benefit Costs	243,657,826	329,051,379	383,160,006
(Offsetting beneficiary cost sharing payments)			
Net Benefit Costs	$ 243,657,826	$ 329,051,379	$ 383,160,006

Administration Costs			
Personnel			
General Administration			
Contractors/Brokers (e.g., enrollment contractors)			
Claims Processing			
Outreach/Marketing costs			
Other total admin. costs	2,714,896	2,986,386	3,285,024
Health Services Initiatives			
Total Administration Costs	2,714,896	2,986,386	3,285,024
10% Administrative Cap (net benefit costs ÷ 9)	27,073,092	36,561,264	42,573,334

Federal Title XXI Share	160,142,269	215,824,547	251,189,270
State Share	86,230,453	116,213,218	135,255,760

TOTAL COSTS OF APPROVED SCHIP PLAN	246,372,722	332,037,765	386,445,030

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)

Enter any Narrative text below.
Fee for service includes spending on the PCC plan

SECTION V: 1115 DEMONSTRATION WAIVERS (FINANCED BY SCHIP)

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

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

	SCHIP Non-HIFA Demonstration Eligibility					HIFA Waiver Demonstration Eligibility				
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 SCHIP 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?

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 2005 starts 10/1/04 and ends 9/30/05).*

COST PROJECTIONS OF DEMONSTRATION (SECTION 1115 or HIFA)	**2006**	**2007**	**2008**	**2009**	**2010**
Benefit Costs for Demonstration Population #1 (e.g., children)					
Insurance Payments					
Managed care					
per member/per month rate @ # of eligibles					
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 @ # of eligibles					

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 @ # of eligibles					
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 @ # of eligibles					
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)?

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

Other notes relevant to the budget:

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 SCHIP.

   The Massachusetts environment was dominated this year by the achievement of major Health Care Reform (HCR) legislation.

   On April 12, 2006, Governor Mitt Romney signed landmark legislation designed to provide access to affordable health insurance coverage to all Massachusetts residents. The legislation, Chapter 58 of the Acts of 2006, titled An Act Providing Access to Affordable, Quality, Accountable Health Care (Act), builds upon the MassHealth Section 1115 Demonstration Project extension negotiated between Governor Romney and federal officials and approved by the Centers for Medicare and Medicaid Services (CMS) on January 26, 2005. The Act accomplishes several key goals of the demonstration extension, including improving the fiscal integrity of the MassHealth program, directing more federal and state health care dollars to individuals and less to institutions, and subsidizing the purchase of private insurance for low-income individuals to reduce substantially the number of uninsured in the Commonwealth. An important component of the Act was the expansion of the Family Assistance program via SCHIP to children in families with income 200% to 300% FPL.

   Prior to implementation of HCR, it was estimated that there were approximately 27,000 uninsured children in families with income between 200 and 300% FPL. SCHIP expansion to this income group was approved by CMS in a Title XXI State Plan amendment that was effective July 1, 2006. To date, the Commonwealth has enrolled approximately 13,000 children as a result of this expansion. Most of the expansion children enrolled thus far (approximately 9,200) were known to the Commonwealth from their enrollment in the state-funded Children's Medical Security Program (CMSP). CMSP offers certain preventative and ambulatory care on a fee-for-service basis without any inpatient hospitalization coverage. Shifting these children to the Family Assistance program via SCHIP has given them access to comprehensive managed care options in MassHealth as well as access to premium assistance that could cover the entire family when employer-sponsored health insurance is available that meets the basic benefit level and is cost-effective. The conversion of coverage from CMSP to Family Assistance for those who were eligible for SCHIP was completely within one month of SCHIP expansion implementation because of the Commonwealth's joint application and unified eligibility system that places Medicaid, SCHIP, and CMSP on the same processing platform.

   Furthermore, HCR legislation, with its emphasis on individual responsibility and the creation of affordable coverage products, has created a heightened public awareness of health insurance coverage. This higher level of awareness and public discourse will continue to help promote SCHIP participation in Massachusetts directly and indirectly, as it is an important piece in reaching the various uninsured population groups in the Commonwealth.

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

   Planning for the future continues to be a particular challenge given the impending end of the current authorization for SCHIP. As the redistribution picture shifts and we approach the end of the current authorization, planning and ensuring stability in the program becomes more difficult at a very important juncture. The Commonwealth is making every effort to ensure that funding uncertainty does not adversely affect enrollment. To the extent that the Commonwealth has uncovered SCHIP shortfalls, it must move expenditures for certain children (Medicaid expansion and kids up to 200% FPL) to the MassHealth 1115 Demonstration Project, where their coverage is also authorized. This, in

turn, adversely impacts budget neutrality for the Demonstration, resulting in a squeeze on adult expansion efforts there.

Massachusetts Health Care Reform, with the support of the 1115 MassHealth Demonstration Project, has mobilized to provide affordable health insurance coverage through subsidies for all adults up to 300% FPL. It is critical that its SCHIP program continues to cover children up to that income level as well. These combined efforts to cover lower income people and families will further combine with insurance market reforms, an unsubsidized health insurance exchange entity for higher income residents and small businesses, and an individual mandate for coverage, to make affordable health coverage available to virtually all Massachusetts residents. It is critical that SCHIP funding be a strong and certain link in the chain. Planning and building in an environment of uncertainty with regard to federal SCHIP funding is the greatest challenge we now face in the SCHIP program.

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

1. SCHIP expansion to children in families with income up to 300% FPL has resulted in 13,000 newly eligible children to date.

2. Updating the cost-effective test for premium assistance to reflect increase health care costs has allowed the Commonwealth to offer more premium assistance relative to direct coverage in the SCHIP program. The new cost-effective test creates savings in the program by ensuring that increased contributions to employer-sponsored health insurance will be less than the cost of direct coverage for the members affected.

3. Increased outreach efforts and electronic access points (Virtual Gateway) resulting in increased enrollment. Apart from expansion, considerable outreach efforts have been directed toward reaching eligible, but unenrolled children. From October 2005 to September 2006, the number of children enrolled in MassHealth increased by over 17,000.

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

There are presently no plans to change the SCHIP program in the next fiscal year.

Enter any Narrative text below.