

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

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:

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

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



## SECTION I: SNAPSHOT OF SCHIP PROGRAM AND CHANGES

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				
	* Upper % of FPL are defined as <b>Up to and Including</b>									
Eligibility						From	00	% of FPL conception to birth	200	% of FPL *
	From	185	% of FPL for infants	200	% of FPL *	From	200	% of FPL for infants	300	% of FPL *
	From	133	% of FPL for children ages 1 through 5	150	% of FPL *	From	150	% of FPL for children ages 1 through 5	300	% of FPL *
	From	114	% of FPL for children ages 6 through 16	150	% of FPL *	From	150	% of FPL for children ages 6 through 16	300	% of FPL *
	From	00	% 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?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input checked="" type="checkbox"/>	Yes, for whom and how long? <b>[1000]</b> For children with income less than or equal to 150% FPL for 60 days.	<input checked="" type="checkbox"/>	Yes - Please describe below:  For which populations (include the FPL levels) <b>[1000]</b>  Average number of presumptive eligibility periods granted per individual and average duration of the presumptive eligibility period <b>[1000]</b>  Brief description of your presumptive eligibility policies <b>[1000]</b> For children with self-declared family income greater than 150% FPL but less or equal to 300% FPL for 60 days.
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

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

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

Does your program have a mail-in application?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Can an applicant apply for your program over the phone?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program have an application on your website that can be printed, completed and mailed in?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

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

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

Does your program require a child to be uninsured for a minimum amount of time prior to enrollment (waiting period)?	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	Specify number of months		Specify number of months	
			6	
			<p>To which groups (including FPL levels) does the period of uninsurance apply? <b>[1000]</b></p> <p>Children between 200-399% FPL</p> <p>List all exemptions to imposing the period of uninsurance <b>[1000]</b></p> <p>Exceptions to the waiting period will be made for situations in which: (a) a child has special or serious health care needs; (b) the prior coverage was involuntarily terminated, including withdrawal of benefits by an employer, involuntary job loss, or COBRA expiration; (c) a parent in the family group died in the previous six months; (d) the prior coverage was lost due to domestic violence; (e) the prior coverage was lost due to becoming self-employed; or, (f) the existing coverage's lifetime benefits were reduced substantially within the previous six months, or prior employer-sponsored health insurance was cancelled for this reason.</p>	
<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	

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

Does your program provide period of continuous coverage regardless of income changes?	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	Specify number of months		Specify number of months	
	Explain circumstances when a child would lose eligibility during the time period in the box below		Explain circumstances when a child would lose eligibility during the time period in the box below	
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program require premiums or an enrollment fee?	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	No											
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes											
	Enrollment fee amount		Enrollment fee amount												
	Premium amount		Premium amount												
	Yearly cap		Yearly cap												
	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)												
			<table border="1"> <tr> <td>FPL Per child</td> <td colspan="2">Family max</td> </tr> <tr> <td>150.1-200.0</td> <td>\$12</td> <td>\$36</td> </tr> <tr> <td>200.1-250.0</td> <td>\$20</td> <td>\$60</td> </tr> <tr> <td>250.1-300.0</td> <td>\$28</td> <td>\$84</td> </tr> </table>		FPL Per child	Family max		150.1-200.0	\$12	\$36	200.1-250.0	\$20	\$60	250.1-300.0	\$28
FPL Per child	Family max														
150.1-200.0	\$12	\$36													
200.1-250.0	\$20	\$60													
250.1-300.0	\$28	\$84													
<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A												

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

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

Does your program require an assets test?	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	If Yes, please describe below		If Yes, please describe below	
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program require income disregards?	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	If Yes, please describe below		If Yes, please describe below	
			For children above 200% FPL, a maximum of 100% FPL is disregarded, down to 200% FPL.	
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Is a preprinted renewal form sent prior to eligibility expiring?	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes

	<input type="checkbox"/> We send out form to family with their information pre-completed and ask for confirmation	<input type="checkbox"/> We send out form to family with their information pre-completed and ask for confirmation
	<input type="checkbox"/> We send out form but do not require a response unless income or other circumstances have changed	<input type="checkbox"/> We send out form but do not require a response unless income or other circumstances have changed
<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	

Enter any Narrative text below. [7500]

**Comments on Responses in Table:**

Is there an assets test for children in your Medicaid program?  Yes  No  N/A

Is it different from the assets test in your separate child health program? If yes, please describe in the narrative section below the asset test in your program.  Yes  No  N/A

Are there income disregards for your Medicaid program?  Yes  No  N/A

Are they different from the income disregards in your separate child health program? If yes, please describe in the narrative section below the income disregards used in your separate child health program.  Yes  No  N/A

Is a joint application used for your Medicaid and separate child health program?  Yes  No  N/A

7. Indicate what documentation is required at initial application

	<u>Self-Declaration</u>	<u>Documentation Required</u>
<u>Income</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Citizenship</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Insured Status</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

8. 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.

	<b>Medicaid Expansion SCHIP Program</b>			<b>Separate Child Health Program</b>		
	Yes	No Change	N/A	Yes	No Change	N/A
Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Application	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Application documentation requirements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Benefit structure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cost sharing (including amounts, populations, & collection process)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Crowd out policies	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Delivery system	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Eligibility determination process (including implementing a waiting lists or open enrollment periods)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Eligibility levels / target population	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Assets test in Medicaid and/or SCHIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Income disregards in Medicaid and/or SCHIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Eligibility redetermination process	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Enrollment process for health plan selection	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family coverage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outreach (e.g., decrease funds, target outreach)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Premium assistance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Prenatal Eligibility expansion	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Waiver populations (funded under title XXI)						
Parents	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pregnant women	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Childless adults	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other – please specify						
_____	<input type="checkbox"/>					
_____	<input type="checkbox"/>					
_____	<input type="checkbox"/>					

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

<p>Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)</p>	
<p>Application</p>	<p>Application revisions were made to more clearly identify actual and potential access to private health insurance. Changes were made that improved the processing time of applications and increased the amount of time that eligibility workers can spend with applicants.</p> <p>Application revisions were made to more clearly identify actual and potential access to private health insurance. Changes were made that improved the processing time of applications and increased the amount of time that eligibility workers can spend with applicants.</p>
<p>Application documentation requirements</p>	
<p>Benefit structure</p>	
<p>Cost sharing (including amounts, populations, &amp; collection process)</p>	
<p>Crowd out policies</p>	
<p>Delivery system</p>	
<p>Eligibility determination process (including implementing a waiting lists or open enrollment periods)</p>	
<p>Eligibility levels / target population</p>	
<p>Assets test in Medicaid and/or SCHIP</p>	
<p>Income disregards in Medicaid and/or SCHIP</p>	
<p>Eligibility redetermination process</p>	
<p>Enrollment process for health plan selection</p>	

Family coverage	
Outreach	Resources have been expanded to support the health care reform initiative underway in the Commonwealth. Mini-grant funding in addition to resources dedicated by the Health Insurance Connector and greater collaboration with advocates and community outreach entities, have substantially increase the overall focus and resources for outreach.
	Resources have been expanded to support the health care reform initiative underway in the Commonwealth. Mini-grant funding in addition to resources dedicated by the Health Insurance Connector and greater collaboration with advocates and community outreach entities, have substantially increase the overall focus and resources for outreach.
Premium assistance	
Prenatal Eligibility Expansion	
Waiver populations (funded under title XXI)	
Parents	
Pregnant women	
Childless adults	
Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	
Other – please specify	
a.	
b.	
c.	

Enter any Narrative text below. [7500]

## **SECTION II: PROGRAM'S PERFORMANCE MEASUREMENT AND PROGRESS**

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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 is 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 not required for reporting on your measures. The HEDIS® methodology can also be modified based on the availability of data in your State.

This section contains templates for reporting performance measurement data for each of the core child health measures. Please report performance measurement data for the three most recent years (to the extent that data are available). In the first and second column, data from the previous two years' annual reports (FFY 2005 and FFY 2006) will be populated with data from previously reported data in SARTS, enter data in these columns only if changes must be made. If you previously reported no data for either of those years, but you now have recent data available for them, please enter the data. In the third column, please report the most recent data available at the time you are submitting the current annual report (FFY 2007). Additional instructions for completing each row of the table are provided below.

#### **If Data Not Reported, Please Explain Why:**

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

Population not covered: Check this box if your program does not cover the population included in the measure.

Data not available: Check this box if data are not available for a particular measure in your State. Please provide an explanation of why the data are currently not available.

Small sample size: Check this box if the sample size (i.e., denominator) for a particular measure is less than 30. If the sample size is less than 30, your State is not required to report data on the measure. However, please indicate the exact sample size in the space provided.

Other: Please specify if there is another reason why your state cannot report the measure.

#### **Status of Data Reported:**

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

Provisional: Check this box if you are reporting data for a measure, but the data are currently being modified, verified, or may change in any other way before you finalize them for FFY 2007.

Final: Check this box if the data you are reporting are considered final for FFY 2007.

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

**Measurement Specification:**

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

**Data Source:**

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

**Definition of Population included in the Measure:**

Please indicate the definition of the population included in the denominator for each measure (such as age, continuous enrollment, type of delivery system). Check one box to indicate whether the data are for the 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 2008, 2009, and 2010. Based on your recent performance on the measure (from FFY 2005 through 2007), 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 2005	FFY 2006	FFY 2007
<p><b>Did you report on this goal?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this goal?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this goal?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input type="checkbox"/> Final.  <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported: 2004</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input type="checkbox"/> Final.  <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported: 2006</i></p>
<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                  2006 version</p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>
<p><b>Definition of Population Included in the Measure:</b>                  Definition of denominator:  <input type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).                  Definition of numerator:</p>	<p><b>Definition of Population Included in the Measure:</b>                  Definition of denominator:  <input type="checkbox"/> Denominator includes SCHIP population only.  <input checked="" type="checkbox"/> 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.</p>	<p><b>Definition of Population Included in the Measure:</b>                  Definition of denominator:  <input type="checkbox"/> Denominator includes SCHIP population only.  <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).                  Definition of numerator: Members who turned 15 months old during 2005 and who were continuously enrolled from 31 days to 15 months of age with no more than one gap in enrollment of up to 45 days.</p>
<p><b>Year of Data:</b></p>	<p><b>Year of Data:</b> 2005</p>	<p><b>Year of Data:</b> 2005</p>

Well Child Visits in the First 15 Months of Life (continued)		
FFY 2005	FFY 2006	FFY 2007
<p><b>HEDIS Performance Measurement Data:</b> (If reporting with HEDIS/HEDIS-like methodology)</p> <p>Percent with specified number of visits</p> <p><u>0 visits</u> Numerator:                      4 visits Denominator:                      Numerator: Rate:                                      Denominator:</p> <p><u>1 visit</u> Numerator:                      5 visits Denominator:                      Numerator: Rate:                                      Denominator:</p> <p><u>2 visits</u> Numerator:                      6+ visits Denominator:                      Numerator: Rate:                                      Denominator:</p> <p><u>3 visits</u> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p><b>HEDIS Performance Measurement Data:</b> (If reporting with HEDIS/HEDIS-like methodology)</p> <p>Percent with specified number of visits</p> <p><u>0 visits</u> Numerator:                      4 visits Denominator:                      Numerator: Rate: 1.5                                      Denominator:</p> <p><u>1 visit</u> Numerator:                      5 visits Denominator:                      Numerator: Rate: 0.3                                      Denominator:</p> <p><u>2 visits</u> Numerator:                      6+ visits Denominator:                      Numerator: Rate: 0.6                                      Denominator: Rate: 82.3</p> <p><u>3 visits</u> Numerator: Denominator: Rate: 1.4</p> <p>Additional notes on measure:</p>	<p><b>HEDIS Performance Measurement Data:</b> (If reporting with HEDIS/HEDIS-like methodology)</p> <p>Percent with specified number of visits</p> <p><u>0 visits</u> Numerator:                      4 visits Denominator:                      Numerator: Rate: 1.5                                      Denominator: Rate: 4.0</p> <p><u>1 visit</u> Numerator:                      5 visits Denominator:                      Numerator: Rate: 0.3                                      Denominator: Rate: 10.0</p> <p><u>2 visits</u> Numerator:                      6+ visits Denominator:                      Numerator: Rate: 0.6                                      Denominator: Rate: 82.3</p> <p><u>3 visits</u> Numerator: Denominator: Rate: 1.4</p> <p>Additional notes on measure:</p>
<p><b>Other Performance Measurement Data:</b> (If reporting with another methodology)</p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> (If reporting with another methodology)</p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> (If reporting with another methodology)</p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>

**Explanation of Progress:**

**How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?** The HEDIS 2006 rate of MassHealth members who turned 15 months who had six or more well-child visits was 82.3%, an increase of nearly 15 percentage points since HEDIS 2004. MassHealth ranks significantly better than HEDIS 2006 national benchmarks for this measure:

- o National Medicaid mean: 48.6%
- o National Medicaid 75th percentile: 59.2%

**Are there any quality improvement activities that contribute to your progress?**

**Annual Performance Objective for FFY 2008:** MassHealth will continue to perform at a level that meets or exceeds the national Medicaid HEIDS 75th percentile.

**Annual Performance Objective for FFY 2009:**

**Annual Performance Objective for FFY 2010:**

*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 2005	FFY 2006	FFY 2007
<p><b>Did you report on this goal?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30)  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this goal?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this goal?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input type="checkbox"/> Final.  <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i> 2004</p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input type="checkbox"/> Final.  <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                  2006 version</p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                  Members aged 3 to 6 years old as of December 31, 2005 and who were enrolled as of December 31, 2005 with no more than one gap of enrollment of up to 45 days.                  0</p>
<p><b>Definition of Population Included in the Measure:</b>                  Definition of denominator:  <input type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).                  Definition of numerator:</p>	<p><b>Definition of Population Included in the Measure:</b>                  Definition of denominator:  <input type="checkbox"/> Denominator includes SCHIP population only.  <input checked="" type="checkbox"/> 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.</p>	<p><b>Definition of Population Included in the Measure:</b>                  Definition of denominator:  <input type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> 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.</p>
<p><b>Year of Data:</b></p>	<p><b>Year of Data:</b> 2005</p>	<p><b>Year of Data:</b> 2005</p>

FFY 2005	FFY 2006	FFY 2007
<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  <u>Percent with 1+ visits</u>  Numerator:  Denominator:  Rate:    Additional notes on measure:</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Percent with 1+ visits  Numerator:  Denominator:  Rate: 83.6    Additional notes on measure:</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Percent with 1+ visits  Numerator:  Denominator:  Rate: 83.6    Additional notes on measure:</p>

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

FFY 2005	FFY 2006	FFY 2007
<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>                      Numerator:                      Denominator:                      Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>                      Numerator:                      Denominator:                      Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>                      Numerator:                      Denominator:                      Rate:</p> <p>Additional notes on measure:</p>
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?</b> The HEDIS 2006 rate of MassHealth members who had well-child visits in the 3rd, 4th, 5th, and 6th years of life was 83.6%, an increase of nearly 3 percentage points since HEDIS 2004. MassHealth ranks significantly better than HEDIS 2006 national benchmarks for this measure:</p> <ul style="list-style-type: none"> <li>o National Medicaid mean: 63.3%</li> <li>o National Medicaid 75th percentile: 70.8%</li> </ul> <p><b>Are there any quality improvement activities that contribute to your progress?</b></p> <p><b>Annual Performance Objective for FFY 2008:</b> MassHealth will continue to perform at a level that meets or exceeds the national Medicaid HEIDS 75th percentile.</p> <p><b>Annual Performance Objective for FFY 2009:</b></p> <p><b>Annual Performance Objective for FFY 2010:</b></p> <p><i>Explain how these objectives were set:</i></p>		
<p><b>Other Comments on Measure:</b></p>		

**MEASURE: Use of Appropriate Medications for Children with Asthma**

FFY 2005	FFY 2006	FFY 2007
<p><b>Did you report on this goal?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this goal?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this goal?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input type="checkbox"/> Final.  <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i> 2004</p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input type="checkbox"/> Final.  <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                  2006 version</p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                  Members with a diagnosis of persistent asthma who were aged 5 to 17 years old as of December 31, 2005 and who were enrolled as of December 31, 2005 with no more than one gap of enrollment of up to 45 days.</p>
<p><b>Definition of Population Included in the Measure:</b>                  Definition of denominator:  <input type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).                  Definition of numerator:</p>	<p><b>Definition of Population Included in the Measure:</b>                  Definition of denominator:  <input type="checkbox"/> Denominator includes SCHIP population only.  <input checked="" type="checkbox"/> 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.</p>	<p><b>Definition of Population Included in the Measure:</b>                  Definition of denominator:  <input type="checkbox"/> Denominator includes SCHIP population only.  <input checked="" type="checkbox"/> 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.</p>
<p><b>Year of Data:</b></p>	<p><b>Year of Data:</b> 2005</p>	<p><b>Year of Data:</b> 2005</p>

**Use of Appropriate Medications for Children with Asthma (continued)**

FFY 2005	FFY 2006	FFY 2007
<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>                      Percent receiving appropriate medications  <u>5-9 years</u>                      Numerator:                      Denominator:                      Rate:</p> <p><u>10-17 years</u>                      Numerator:                      Denominator:                      Rate:</p> <p><u>Combined rate (5-17 years)</u>                      Numerator:                      Denominator:                      Rate:</p> <p>Additional notes on measure:</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>                      Percent receiving appropriate medications  <u>5-9 years</u>                      Numerator:                      Denominator:                      Rate: 93.0</p> <p><u>10-17 years</u>                      Numerator:                      Denominator:                      Rate: 88.9</p> <p><u>Combined rate (5-17 years)</u>                      Numerator:                      Denominator:                      Rate:</p> <p>Additional notes on measure:</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>                      Percent receiving appropriate medications  <u>5-9 years</u>                      Numerator:                      Denominator:                      Rate: 93.0</p> <p><u>10-17 years</u>                      Numerator:                      Denominator:                      Rate: 88.9</p> <p><u>Combined rate (5-17 years)</u>                      Numerator:                      Denominator:                      Rate:</p> <p>Additional notes on measure:</p>
<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>                      Numerator:                      Denominator:                      Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>                      Numerator:                      Denominator:                      Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>                      Numerator:                      Denominator:                      Rate:</p> <p>Additional notes on measure:</p>

**Explanation of Progress:**

**How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?** The HEDIS 2006 rate of MassHealth members (ages 5-9) who used appropriate asthma medications was 93.0%, which is aligned with the HEDIS 2006 national benchmarks for this measure.

- o National Medicaid mean: 88.0%
- o National Medicaid 75th percentile: 93.4%

**Are there any quality improvement activities that contribute to your progress?**

**Annual Performance Objective for FFY 2008:** MassHealth will strive to perform at a level that meets or exceeds the national Medicaid HEIDS 75th percentile

**Annual Performance Objective for FFY 2009:**

**Annual Performance Objective for FFY 2010:**

*Explain how these objectives were set:*

**Other Comments on Measure:**

**MEASURE: Children's Access to Primary Care Practitioners**

FFY 2005	FFY 2006	FFY 2007
<p><b>Did you report on this goal?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this goal?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this goal?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input type="checkbox"/> Final.  <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i> 2004</p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input type="checkbox"/> Final.  <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                  2006 version</p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>

FFY 2005	FFY 2006	FFY 2007
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<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?</b> The HEDIS 2006 rate of MassHealth members (ages 12-24 months) having access to primary care practitioners was 96.2%, which is aligned with the HEDIS 2006 national benchmarks for this measure. The HEDIS 2006 rate of MassHealth members (ages 25 months to 6 years) having access to primary care practitioners was 93.3%, which exceeds the HEDIS 2006 national benchmarks for this measure. The HEDIS 2006 rate of MassHealth members (ages 7-11 years) having access to primary care practitioners was 95.6%, which exceeds the HEDIS 2006 national benchmarks for this measure. The HEDIS 2006 rate of MassHealth members (ages 12-19 years) having access to primary care practitioners was 93.7%, which exceeds the HEDIS 2006 national benchmarks for this measure.</p> <p><b>Are there any quality improvement activities that contribute to your progress?</b></p> <p><b>Annual Performance Objective for FFY 2008:</b> MassHealth will continue to perform at a level that meets or exceeds the national Medicaid HEIDS 75th percentile</p> <p><b>Annual Performance Objective for FFY 2009:</b></p> <p><b>Annual Performance Objective for FFY 2010:</b></p> <p><i>Explain how these objectives were set:</i></p>																																																								

FFY 2005	FFY 2006	FFY 2007
Other Comments on Measure:		

## SECTION IIB: ENROLLMENT AND UNINSURED DATA

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 4<sup>th</sup> 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 2006	FFY 2007	Percent change FFY 2006-2007
SCHIP Medicaid Expansion Program	129387	91324	-29.42
Separate Child Health Program	71650	89703	25.2

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

Note that snapshot caseloads numbers show continuous program growth.

Citizenship and Identity (C&I) documentation requirements of the DRA have increasingly become a factor in the number of applications approved for Medicaid. Because the requirements do not apply to the separate SCHIP program, caseload impact is in the Medicaid expansion portion of the SCHIP caseload.

Also, vigorous redetermination efforts ensure that change events are applied promptly in moving children from Medicaid expansion to separate SCHIP as family income rises.

The Separate Child Health Program increases are due to a full year of eligibility expansion, increased outreach activities, and the increased public attention and activity resulting from Health Care Reform implementation in the Commonwealth.

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 2004-2006. 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 2007 Annual Report Template.

Period	Uninsured Children Under Age 19 Below 200 Percent of Poverty		Uninsured Children Under Age 19 Below 200 Percent of Poverty as a Percent of Total Children Under Age 19	
	Number	Std. Error	Rate	Std. Error
1996 - 1998	70	15.5	4.6	1.0
1998 - 2000	68	15.5	4.2	.9
2000 - 2002	40	9.9	2.6	.7
2002 - 2004	53	11.7	3.4	.7
2003 - 2005	50	11.7	3.2	.7
2004 - 2006	44	11.0	2.8	.7
Percent change 1996-1998 vs. 2004-2006	-37.1%	NA	-39.1%	NA

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

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

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 January 2007 through July 2007. 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.

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)	2007 Massachusetts Survey of Health Insurance Status, on behalf of the Massachusetts Division of Health Care Finance and Policy (DHCFFP) by the Center for Survey Research at UMass-Boston.
Reporting period (2 or more points in time)	1998, 2000, 2002, 2004, 2006, 2007
Methodology	<p>The most recent state survey – conducted between January and July 2007 – found that 355,000, or 5.7 percent of Massachusetts residents, do not have health insurance. This represents a 10 percent decrease from the prior year. The overall uninsured rate dropped from 6.4 percent to 5.7 percent, and the number of people with coverage fell from 395,000 to 355,000. This decrease reflects the successful early implementation of health reform in Massachusetts.</p> <p>The methodology used for the 2007 survey was similar to that used in the previous surveys. However, in the process of analyzing the survey results a methodological issue was identified that resulted in a restatement of the 2006 survey results. This adjustment corrected for an under-representation of young adults aged 18-30, who are more likely to be uninsured. The likely explanation for this under-representation is the growth in cell-phone only households. Both the 2006 and 2007 survey results have been adjusted to address this issue. This adjustment yielded a higher estimate of the uninsured in the Commonwealth in 2006 of 6.4 percent or 395,000 compared to 6.0 percent or 372,000, as had been originally reported.</p> <p>There are three major differences across all the survey years thus far.</p> <p>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. Since the results were similar and it is quite expensive to conduct a survey using the APS methodology, a</p>

	<p>decision was made to conduct future surveys exclusively using the RDD methodology.</p> <p>Second, the 2000 and 2002 surveys included 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.</p> <p>And third, beginning with the 2004 survey, although no longer including an additional survey of urban areas, the statewide survey sample size was increased twofold to around 4,725 households, or nearly 12,000 individuals. This was a significant increase over the 2,625 households interviewed</p> <p>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.</p> <p>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.</p> <p>Surveys conducted by other organizations have estimated a higher number of uninsured in Massachusetts. For instance, a survey conducted in the fall of 2006 by the Urban Institute estimated there were more than 500,000 uninsured adults in Massachusetts.</p> <p>The Division of Health Care Finance and Policy (DHCFP) is currently working to ensure that it has the best methodology possible for measuring and tracking the number of uninsured in Massachusetts so that it can accurately measure the impact of health reform. Beginning in 2008, DHCFP anticipates making some significant changes in the survey methodology which will make the 2008 results not directly comparable to prior year estimates.</p>
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% 2007 – 2.3%
Statistical significance of results	The results for 2007 are not statistically significant from the 2006 results.

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

refer to answers listed under 2b above

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 confidence interval of the 0-18 age group in the 2007 survey was 1.6% to 3.0%.

What are the limitations of the data or estimation methodology?

Data collection efforts for the state's DHCFP survey only occur from January 2007 through July 2007 and not over the course of the whole year.

How does your State use this alternate data source in SCHIP program planning?

The DHCFP survey informed estimates for the SCHIP expansion to children between 200-300% FPL that went into effective on July 1, 2006. The Commonwealth continues to monitor this survey to assess progress in covering uninsured children.

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 21,000 children since the beginning of federal fiscal year 2007.

## 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. (If Section 9 of your SCHIP State Plan has changed, please indicate when it changed, and how the goals and objectives in Section 9 of your State Plan and the goals reported in this section of the annual report are different. Also, the state plan should be amended to reconcile these differences). The format of this section provides your State with an opportunity to track progress over time. This section contains templates for reporting performance measurement data for each of five categories of strategic objectives, related to:

Reducing the number of uninsured children

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, report data from the previous two years' annual reports (FFY 2005 and FFY 2006) will be populated with data from previously reported data in SARTS, enter data in these columns only if changes must be made. If you previously reported no data for either of those years, but you now have recent data available for them, please enter the data. In the third column, please report the most recent data available at the time you are submitting the current annual report (FFY 2007).

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

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

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

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

### **Goal:**

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

### **Type of Goal:**

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

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

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

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

### **Status of Data Reported:**

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

Provisional: Check this box if you are reporting performance measure data for a goal, but the data are currently being modified, verified, or may change in any other way before you finalize them for FFY 2007.

Final: Check this box if the data you are reporting are considered final for FFY 2007.

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

### **Measurement Specification:**

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

### **Data Source:**

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

### **Definition of Population Included in Measure:**

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

For measures related to increasing access to care and use of preventative care, please also check one box to indicate whether the data are for the 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 2008, 2009, and 2010. Based on your recent performance on the measure (from FFY 2005 through 2007), 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 2005	FFY 2006	FFY 2007
<p><b>Goal #1 (Describe)</b> Reduce the number of uninsured children in the Commonwealth.</p>	<p><b>Goal #1 (Describe)</b> Reduce the number of uninsured children in the Commonwealth.</p>	<p><b>Goal #1 (Describe)</b> Reduce the number of uninsured children in the Commonwealth.</p>
<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data  <input checked="" type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                      Division of Health Care Finance and Policy (DHCFP) Survey on Health Insurance Status and Current Population Survey (CPS)</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data  <input checked="" type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                      Division of Health Care Finance and Policy (DHCFP) Survey on Health Insurance Status and Current Population Survey (CPS)</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data  <input checked="" type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                      Division of Health Care Finance and Policy (DHCFP) Survey on Health Insurance Status and Current Population Survey (CPS)</p>
<p><b>Definition of Population Included in the Measure:</b></p> <p>Definition of denominator: Uninsured children and insured children under 19 yrs old with a household income =200% FPL.</p> <p>Definition of numerator:</p>	<p><b>Definition of Population Included in the Measure:</b></p> <p>Definition of denominator: Uninsured children and insured children under 19 yrs old with a household income =200% FPL.</p> <p>Definition of numerator:</p>	<p><b>Definition of Population Included in the Measure:</b></p> <p>Definition of denominator: All children residing in the State</p> <p>Definition of numerator: Children estimated to be without health insurance</p>
<p><b>Year of Data:</b> 2004</p>	<p><b>Year of Data:</b> 2006</p>	<p><b>Year of Data:</b> 2007</p>
<p><b>Performance Measurement Data:</b>                      Described what is being measured:                      Decrease the ratio of uninsured children to insured children from 2:3 to 1:9.</p> <p>Numerator:                      Denominator:                      Rate:</p> <p>Additional notes on measure: Year of Data: 2004 (DHCFP) and 2005 (CPS)</p>	<p><b>Performance Measurement Data:</b>                      Described what is being measured:                      Decrease the ratio of uninsured children to insured children from 2:3 to 1:9.</p> <p>Numerator:                      Denominator:                      Rate:</p> <p>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.</p>	<p><b>Performance Measurement Data:</b>                      Described what is being measured:                      Rate of insured children                      Decrease the rate of uninsured children as a proportion of all children in the Commonwealth.</p> <p>Numerator:                      Denominator:                      Rate: 1.43</p> <p>Additional notes on measure: DHCFP estimated the ratio at 1:43 in the 2007 survey of Health Insurance Status. The CPS March 2006 Supplement estimates the ratio at 1:22. Both estimates indicate that Massachusetts is currently exceeding</p>

FFY 2005	FFY 2006	FFY 2007
<p>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.</p>	<p>Both estimates indicate that Massachusetts is currently exceeding the state objective.</p>	<p>the state objective.</p>
	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b></p> <p><b>Are there any quality improvement activities that contribute to your progress?</b></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?</b> Based upon the DHCFP survey the ratio of uninsured to insured children in Massachusetts has improved in FY07 compared to FY06.</p> <p><b>Are there any quality improvement activities that contribute to your progress?</b> See references throughout this report to the major Health Care Reform initiative underway in the Commonwealth.</p>
	<p><b>Annual Performance Objective for FFY 2007:</b>  <b>Annual Performance Objective for FFY 2008:</b>  <b>Annual Performance Objective for FFY 2009:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Annual Performance Objective for FFY 2008:</b>  <b>Annual Performance Objective for FFY 2009:</b>  <b>Annual Performance Objective for FFY 2010:</b></p> <p><i>Explain how these objectives were set:</i></p>
<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>

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

FFY 2005	FFY 2006	FFY 2007
<p><b>Goal #2 (Describe)</b></p>	<p><b>Goal #2 (Describe)</b> Reduce the number of uninsured children (between 200-300% FPL) in the commonwealth.</p>	<p><b>Goal #2 (Describe)</b> Reduce the number of uninsured children (between 200-300% FPL) in the Commonwealth.</p>
<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input checked="" type="checkbox"/> New/revised. <i>Explain:</i>  <input type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input type="checkbox"/> Continuing.  <input checked="" type="checkbox"/> Discontinued. <i>Explain:</i>                      Because MassHealth is reformulating the way it calculates income level within populations in FY07, no information is available on the number of children between 200-300% FPL. This number will be calculated again starting in FY08</p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data  <input checked="" type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                      Division of Health Care Finance and Policy (DHCFP) Survey on Health Insurance Status</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data  <input checked="" type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                      Division of Health Care Finance and Policy (DHCFP) Survey on Health Insurance Status</p>
<p><b>Definition of Population Included in the Measure:</b></p> <p>Definition of denominator:</p> <p>Definition of numerator:</p>	<p><b>Definition of Population Included in the Measure:</b></p> <p>Definition of denominator: All children between 200-300% FPL</p> <p>Definition of numerator: Uninsured children between 200-300% FPL</p>	<p><b>Definition of Population Included in the Measure:</b></p> <p>Definition of denominator: All children between 200% - 300% FPL</p> <p>Definition of numerator: Uninsured children between 200-300% FPL</p>
<p><b>Year of Data:</b></p>	<p><b>Year of Data:</b> 2006</p>	<p><b>Year of Data:</b></p>
<p><b>Performance Measurement Data:</b>                      Described what is being measured:</p> <p>Numerator:                      Denominator:                      Rate:</p> <p>Additional notes on measure:</p>	<p><b>Performance Measurement Data:</b>                      Described what is being measured:                      The percentage of all children between 200 and 300 percent FPL who are uninsured.</p> <p>Numerator: 4700                      Denominator: 288000                      Rate: 1.6</p>	<p><b>Performance Measurement Data:</b>                      Described what is being measured:                      The percentage of all children between 200- 300 % FPL who are uninsured.</p> <p>Numerator:                      Denominator:                      Rate:</p>

<b>FFY 2005</b>	<b>FFY 2006</b>	<b>FFY 2007</b>
	Additional notes on measure:	Additional notes on measure:
	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b></p> <p><b>Are there any quality improvement activities that contribute to your progress?</b></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?</b> Because MassHealth is reformulating the way it calculates income level within populations in FY07, no information is available on the number of children between 200-300% FPL. This number will be calculated again starting in FY08.</p> <p><b>Are there any quality improvement activities that contribute to your progress?</b></p>
	<p><b>Annual Performance Objective for FFY 2007:</b>  <b>Annual Performance Objective for FFY 2008:</b>  <b>Annual Performance Objective for FFY 2009:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Annual Performance Objective for FFY 2008:</b>  <b>Annual Performance Objective for FFY 2009:</b>  <b>Annual Performance Objective for FFY 2010:</b></p> <p><i>Explain how these objectives were set:</i></p>
<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>

**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 2005	FFY 2006	FFY 2007
<b>Goal #3 (Describe)</b>	<b>Goal #3 (Describe)</b>	<b>Goal #3 (Describe)</b>
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:
<b>Year of Data:</b>	<b>Year of Data:</b>	<b>Year of Data:</b>
<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:
	<b>Explanation of Progress:</b>  <p style="text-align: center;"><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b></p> <p style="text-align: center;"><b>Are there any quality improvement activities that contribute to your progress?</b></p>	<b>Explanation of Progress:</b>  <p style="text-align: center;"><b>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?</b></p> <p style="text-align: center;"><b>Are there any quality improvement activities that contribute to your progress?</b></p>

FFY 2005	FFY 2006	FFY 2007
	<b>Annual Performance Objective for FFY 2007:</b> <b>Annual Performance Objective for FFY 2008:</b> <b>Annual Performance Objective for FFY 2009:</b>  <i>Explain how these objectives were set:</i>	<b>Annual Performance Objective for FFY 2008:</b> <b>Annual Performance Objective for FFY 2009:</b> <b>Annual Performance Objective for FFY 2010:</b>  <i>Explain how these objectives were set:</i>
<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>

**Objectives Related to SCHIP Enrollment**

FFY 2005	FFY 2006	FFY 2007
<p><b>Goal #1 (Describe)</b> Continue to increase participation in the MassHealth Family Assistance premium assistance program.</p>	<p><b>Goal #1 (Describe)</b> Continue to increase participation in the MassHealth Family Assistance premium assistance program.</p>	<p><b>Goal #1 (Describe)</b> Increase overall enrollment in the SCHIP program</p>
<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input checked="" type="checkbox"/> New/revised. <i>Explain:</i>  <input type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>            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.</p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>            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.</p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>
<p><b>Definition of Population Included in the Measure:</b>             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</p>	<p><b>Definition of Population Included in the Measure:</b>             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</p>	<p><b>Definition of Population Included in the Measure:</b>             Definition of denominator: Measure 1: Total number of children enrolled in the SCHIP Program.             Measure 2: Number of enrolled SCHIP children between 200% and 300% FPL.             Measure 3: Number of enrolled SCHIP children under 200% FPL             Definition of numerator:</p>

FFY 2005	FFY 2006	FFY 2007
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	
<b>Year of Data:</b>	<b>Year of Data:</b> 2006	<b>Year of Data:</b> 2007
<b>Performance Measurement Data:</b> 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:	<b>Performance Measurement Data:</b> 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:	<b>Performance Measurement Data:</b> Described what is being measured: Measure 1: Total number of children enrolled in the SCHIP Program: 98,600  Measure 2: Number of enrolled SCHIP children between 200% and 300% FPL: 15,900  Measure 3: Number of enrolled SCHIP children under 200% FPL: 82,700  Because this is a new goal for the FY2007 SCHIP report, the numbers reported here will serve as a baseline. In FY2008 MassHealth will be able to report a percentage change in enrollment based upon this year's baseline numbers.  Numerator: Denominator: Rate:  Additional notes on measure:
	<b>Explanation of Progress:</b>  <b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b>  <b>Are there any quality improvement activities that contribute to your progress?</b>	<b>Explanation of Progress:</b>  <b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b> This is a new goal for the SCHIP 2007 report. <b>Are there any quality improvement activities that contribute to your progress?</b>
	<b>Annual Performance Objective for FFY 2007:</b> <b>Annual Performance Objective for FFY 2008:</b> <b>Annual Performance Objective for FFY 2009:</b>  <i>Explain how these objectives were set:</i>	<b>Annual Performance Objective for FFY 2008:</b> <b>Annual Performance Objective for FFY 2009:</b> <b>Annual Performance Objective for FFY 2010:</b>  <i>Explain how these objectives were set:</i>
<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>

**Objectives Related to SCHIP Enrollment (Continued)**

FFY 2005	FFY 2006	FFY 2007
<b>Goal #2 (Describe)</b>	<b>Goal #2 (Describe)</b>	<b>Goal #2 (Describe)</b> Continue to increase participation in the MassHealth Family Assistance premium assistance program.
<b>Type of Goal:</b> <input type="checkbox"/> New/revise <i>d</i> . <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revise <i>d</i> . <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input checked="" type="checkbox"/> New/revise <i>d</i> . <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> The goal for FY2007 has remained the same, but the measures for this goal have been updated.
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator: Measure 1: Number of SCHIP children enrolled in Family Assistance Premium Assistance (FA/PA).  Measure 2: The number of SCHIP "Covered Lives" enrolled in Family Assistance Premium Assistance (FA/PA).  Definition of numerator:
<b>Year of Data:</b>	<b>Year of Data:</b>	<b>Year of Data:</b> 2007

FFY 2005	FFY 2006	FFY 2007
<p><b>Performance Measurement Data:</b> Described what is being measured:</p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p><b>Performance Measurement Data:</b> Described what is being measured:</p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p><b>Performance Measurement Data:</b> Described what is being measured: Measure 1: 6,375 children were enrolled in FA/PA as of June 30, 2007</p> <p>Measure 2: There were 12,351 “Covered Lives” enrolled in the FA/PA program as of June 30, 2007.</p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure: MassHealth revised the measures for FY2007 as it felt the measures as previously reported were not clear. This year’s data will serve as a baseline for reporting any changes in enrollment (per measure definition) in the FY2008 report.</p>
	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b></p> <p><b>Are there any quality improvement activities that contribute to your progress?</b></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b> An Annual Performance Objective was not reported in the 2006 SCHIP Annual Report. However, MassHealth’s Employer Sponsored Insurance (ESI) program established an internal performance objective to increase enrollment in the FA/PA program in FY07 by 38%. In fact, MassHealth exceeded this goal and increased enrollment by 54%.</p> <p><b>Are there any quality improvement activities that contribute to your progress?</b></p>
	<p><b>Annual Performance Objective for FFY 2007:</b> <b>Annual Performance Objective for FFY 2008:</b></p> <p><b>Annual Performance Objective for FFY 2009:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Annual Performance Objective for FFY 2008:</b> The ESI program has established an internal performance objective to increase enrollment in the FA/PA program in FY08 by 35%.</p> <p><b>Annual Performance Objective for FFY 2009:</b> <b>Annual Performance Objective for FFY 2010:</b></p> <p><i>Explain how these objectives were set:</i></p>

FFY 2005	FFY 2006	FFY 2007
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

**Objectives Related to SCHIP Enrollment (Continued)**

FFY 2005	FFY 2006	FFY 2007
<b>Goal #3 (Describe)</b>	<b>Goal #3 (Describe)</b>	<b>Goal #3 (Describe)</b>
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:
<b>Year of Data:</b>	<b>Year of Data:</b>	<b>Year of Data:</b>
<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:
	<b>Explanation of Progress:</b>  <p style="text-align: center;"><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b></p> <p style="text-align: center;"><b>Are there any quality improvement activities that contribute to your progress?</b></p>	<b>Explanation of Progress:</b>  <p style="text-align: center;"><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b></p> <p style="text-align: center;"><b>Are there any quality improvement activities that contribute to your progress?</b></p>

FFY 2005	FFY 2006	FFY 2007
	<b>Annual Performance Objective for FFY 2007:</b> <b>Annual Performance Objective for FFY 2008:</b> <b>Annual Performance Objective for FFY 2009:</b>  <i>Explain how these objectives were set:</i>	<b>Annual Performance Objective for FFY 2008:</b> <b>Annual Performance Objective for FFY 2009:</b> <b>Annual Performance Objective for FFY 2010:</b>  <i>Explain how these objectives were set:</i>
<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>

**Objectives Related to Medicaid Enrollment**

FFY 2005	FFY 2006	FFY 2007
<p><b>Goal #1 (Describe)</b>            Improve the efficiency of the eligibility determination process (by eliminating certain verifications).</p>	<p><b>Goal #1 (Describe)</b>            Improve the efficiency of the eligibility determination process (by eliminating certain verifications).</p>	<p><b>Goal #1 (Describe)</b>            Improve the efficiency of the eligibility determination process (by improving the turnaround time for Medical Benefit Requests).</p>
<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input checked="" type="checkbox"/> New/revised. <i>Explain:</i>  <input type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i>            Same goal as last year, but the measure has been clarified.</p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input checked="" type="checkbox"/> Other. <i>Specify:</i>            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.</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input checked="" type="checkbox"/> Other. <i>Specify:</i>            MassHealth Member Services.</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input checked="" type="checkbox"/> Other. <i>Specify:</i>            MassHealth Member Services</p>
<p><b>Definition of Population Included in the Measure:</b>             Definition of denominator:             Definition of numerator:</p>	<p><b>Definition of Population Included in the Measure:</b>             Definition of denominator:             Definition of numerator:</p>	<p><b>Definition of Population Included in the Measure:</b>             Definition of denominator:             Definition of numerator: The turnaround time for processing both paper and electronic Medical Benefit Requests (MBRs) for MassHealth applicants.</p>
<p><b>Year of Data:</b> 2005</p>	<p><b>Year of Data:</b> 2006</p>	<p><b>Year of Data:</b> 2007</p>

FFY 2005	FFY 2006	FFY 2007
<p><b>Performance Measurement Data:</b> Described what is being measured:</p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p><b>Performance Measurement Data:</b> Described what is being measured:</p> <p>Numerator: Denominator: Rate:</p> <p>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.</p>	<p><b>Performance Measurement Data:</b> Described what is being measured: Describe what is being measured: Average turnaround time for paper MBRs was 7 days in SFY07. Average turnaround time for electronic MBRs was 5 days in SFY07.</p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure: See below</p>
	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b> Last year, MassHealth only reported its paper MBR turnaround time. This year the turnaround time for both paper and electronic MBRs is being reported. For FY07 the average turnaround time for paper MBRs increased by 1 day. The average turnaround time for electronic MBRs remained constant at 5 days as compared with FY06. Processing turnaround time increased slightly in SFY07 as a result of a common application for MassHealth, Commonwealth Care, and the Uncompensated Care Pool. SFY07 was the first year of the Commonwealth Care program that required applicants to apply via the MassHealth application to access Commonwealth Care eligibility. This combined application process increased the number of applications that MassHealth processed in SFY07.</p>

FFY 2005	FFY 2006	FFY 2007
	<p><b>Are there any quality improvement activities that contribute to your progress?</b></p>	<p><b>Are there any quality improvement activities that contribute to your progress?</b> Applicants for MassHealth continued to benefit from a streamlined eligibility process during the ninth year of the Demonstration. Improvements in the system for receiving and processing applications reflect the fact that Massachusetts has: (1) worked hard to develop a mail-in and electronic application process as part of its expansion efforts; (2) increased the efficiency with which applications can be processed; (3) standardized the outcome of eligibility determination decisions; (4) worked to develop verification and matching processes with SSA and DOR to validate social security income and earned income. A new data match was also introduced in FY07 to validate Citizenship and Identity for applicants and members who previously verified with other agencies; and (5) developed unattended e-MBR/Virtual Gateway technologies (applications that can pass through the automated determination process without worker intervention).</p>
	<p><b>Annual Performance Objective for FFY 2007:</b>  <b>Annual Performance Objective for FFY 2008:</b></p> <p><b>Annual Performance Objective for FFY 2009:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Annual Performance Objective for FFY 2008:</b>  <b>Annual Performance Objective for FFY 2009:</b></p> <p><b>Annual Performance Objective for FFY 2010:</b></p> <p><i>Explain how these objectives were set:</i></p>
<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>

**Objectives Related to Medicaid Enrollment (Continued)**

FFY 2005	FFY 2006	FFY 2007
<p><b>Goal #2 (Describe)</b>            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).</p>	<p><b>Goal #2 (Describe)</b>            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).</p>	<p><b>Goal #2 (Describe)</b>            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).</p>
<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>            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.</p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>
<p><b>Definition of Population Included in the Measure:</b>             Definition of denominator:             Definition of numerator:</p>	<p><b>Definition of Population Included in the Measure:</b>             Definition of denominator: Compare the percentage of online applications for MassHealth via the Virtual Gateway in FFY 05 to FFY 06.             Definition of numerator:</p>	<p><b>Definition of Population Included in the Measure:</b>             Definition of denominator:             Definition of numerator: Compare the percentage of online applications for MassHealth via the Virtual Gateway in FFY06 to FFY07</p>
<p><b>Year of Data:</b> 2005</p>	<p><b>Year of Data:</b> 2006</p>	<p><b>Year of Data:</b> 2007</p>

FFY 2005	FFY 2006	FFY 2007
<p><b>Performance Measurement Data:</b> Described what is being measured:</p> <p>Numerator: Denominator: Rate:</p> <p>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.</p>	<p><b>Performance Measurement Data:</b> 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.</p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p><b>Performance Measurement Data:</b> Described what is being measured: The percentage of member benefit requests (MBRs) sent electronically via the Virtual Gateway remained the same at 60% from SFY06 to SFY07.</p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure: See below</p>
	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b></p> <p><b>Are there any quality improvement activities that contribute to your progress?</b></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b> Member Benefit Requests remained the same at 60%.</p> <p><b>Are there any quality improvement activities that contribute to your progress?</b> MassHealth has incorporated e-MBR technology into the Virtual Gateway Intake, Eligibility, and Referral system. The Virtual Gateway builds upon e-MBR technology by allowing contracted hospitals and community health centers to apply for MassHealth programs online via a secured EOHHS internet portal. MassHealth piloted the e-MBR technology in a collaborative effort with Massachusetts General Hospital. Connectivity was successful in transmitting application information electronically from the remote site to the MassHealth Central Processing Unit (CPU).</p> <p>As of July 2007, there are 120 MassHealth Virtual Gateway providers that are able to submit electronic applications via the Virtual Gateway, of which 72 are hospital sites and 48 are community health centers.</p> <p>In SFY07 the Virtual Gateway Deployment Coordinators worked with Virtual Gateway provider sites by providing training on the SCHIP Population, which was added to the Virtual Gateway.</p>

FFY 2005	FFY 2006	FFY 2007
	<p><b>Annual Performance Objective for FFY 2007:</b>  <b>Annual Performance Objective for FFY 2008:</b></p> <p><b>Annual Performance Objective for FFY 2009:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Annual Performance Objective for FFY 2008:</b>  <b>Annual Performance Objective for FFY 2009:</b></p> <p><b>Annual Performance Objective for FFY 2010:</b></p> <p><i>Explain how these objectives were set:</i></p>
<p><b>Other Comments on Measure:</b> Total number of online applications in FFY04: 624  Total number of online applications in FFY05: 114,627</p>	<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>

**Objectives Related to Medicaid Enrollment (Continued)**

FFY 2005	FFY 2006	FFY 2007
<b>Goal #3 (Describe)</b>	<b>Goal #3 (Describe)</b>	<b>Goal #3 (Describe)</b>
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:
<b>Year of Data:</b>	<b>Year of Data:</b>	<b>Year of Data:</b>
<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:
	<b>Explanation of Progress:</b>  <p style="text-align: center;"><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b></p> <p style="text-align: center;"><b>Are there any quality improvement activities that contribute to your progress?</b></p>	<b>Explanation of Progress:</b>  <p style="text-align: center;"><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b></p> <p style="text-align: center;"><b>Are there any quality improvement activities that contribute to your progress?</b></p>

FFY 2005	FFY 2006	FFY 2007
	<p data-bbox="751 185 1226 237"><b>Annual Performance Objective for FFY 2007:</b> <b>Annual Performance Objective for FFY 2008:</b></p> <p data-bbox="751 302 1226 328"><b>Annual Performance Objective for FFY 2009:</b></p> <p data-bbox="751 358 1125 384"><i>Explain how these objectives were set:</i></p>	<p data-bbox="1373 185 1848 237"><b>Annual Performance Objective for FFY 2008:</b> <b>Annual Performance Objective for FFY 2009:</b></p> <p data-bbox="1373 302 1848 328"><b>Annual Performance Objective for FFY 2010:</b></p> <p data-bbox="1373 358 1747 384"><i>Explain how these objectives were set:</i></p>
<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>

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

FFY 2005	FFY 2006	FFY 2007
<b>Goal #1 (Describe)</b>	<b>Goal #1 (Describe)</b>	<b>Goal #1 (Describe)</b> Increase access to care (as measured by the “Getting Care Quickly” CAHPS Composite Measure).
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>	<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>	<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> The 2005-2006 MassHealth Managed Care Member Survey using the CAHPS questionnaire.
<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b> Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	<b>Definition of Population Included in the Measure:</b> Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	<b>Definition of Population Included in the Measure:</b> Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: The 2006 CAHPS survey sample population consisted of 4,200 parents of MassHealth covered children
<b>Year of Data:</b>	<b>Year of Data:</b>	<b>Year of Data:</b> 2006
<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:  Additional notes on measure:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:  Additional notes on measure:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:  Additional notes on measure:

FFY 2005	FFY 2006	FFY 2007
<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>            Numerator:            Denominator:            Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>            Numerator:            Denominator:            Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>            Numerator:            Denominator:            Rate:</p> <p>Additional notes on measure: “Getting Care Quickly”            CAHPS Composite Measure results:            Out of 1902 respondents, 82% were either always or usually able to get care quickly based on a composite score using the above 4 measures.</p>
	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b></p> <p><b>Are there any quality improvement activities that contribute to your progress?</b></p> <p><b>Annual Performance Objective for FFY 2007:</b>  <b>Annual Performance Objective for FFY 2008:</b></p> <p><b>Annual Performance Objective for FFY 2009:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b> This is the first time MassHealth has reported on this measure</p> <p><b>Are there any quality improvement activities that contribute to your progress?</b></p> <p><b>Annual Performance Objective for FFY 2008:</b>  <b>Annual Performance Objective for FFY 2009:</b></p> <p><b>Annual Performance Objective for FFY 2010:</b></p> <p><i>Explain how these objectives were set:</i></p>
<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>

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

FFY 2005	FFY 2006	FFY 2007
<b>Goal #2 (Describe)</b>	<b>Goal #2 (Describe)</b>	<b>Goal #2 (Describe)</b> Increase access to care (as measured by the "Getting Needed Care" CAHPS Composite Measure).
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>	<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>	<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> The 2005-2006 MassHealth Managed Care Member Survey using the CAHPS questionnaire
<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b> Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	<b>Definition of Population Included in the Measure:</b> Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	<b>Definition of Population Included in the Measure:</b> Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: 1: Problems with delays waiting for plan approval Out of 308 respondents, 86% either had no problem or only a small problem with delays while waiting for plan approval when attempting to get needed care.  2: Problem getting a personal doctor or nurse. Out of 912 respondents, 96% either had no problem or only a small problem getting a personal doctor or nurse.  3: Problem seeing a specialist. Out of 617 respondents, 89% either had no problem or only small problem seeing a specialist.

FFY 2005	FFY 2006	FFY 2007
<b>Year of Data:</b>	<b>Year of Data:</b>	<b>Year of Data:</b> 2006
<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:  Additional notes on measure:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:  Additional notes on measure:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:  Additional notes on measure:
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure: “Getting Needed Care” CAHPS Composite Measure results: Out of 1566 respondents, 92% were either always or usually able to get care quickly based on a composite score using the above 3 measures.
	<b>Explanation of Progress:</b>  <b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b>  <b>Are there any quality improvement activities that contribute to your progress?</b>  <b>Annual Performance Objective for FFY 2007:</b> <b>Annual Performance Objective for FFY 2008:</b>  <b>Annual Performance Objective for FFY 2009:</b>  <i>Explain how these objectives were set:</i>	<b>Explanation of Progress:</b>  <b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b> This is the first time MassHealth has reported on this measure. <b>Are there any quality improvement activities that contribute to your progress?</b>  <b>Annual Performance Objective for FFY 2008:</b> <b>Annual Performance Objective for FFY 2009:</b>  <b>Annual Performance Objective for FFY 2010:</b>  <i>Explain how these objectives were set:</i>
<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>

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

FFY 2005	FFY 2006	FFY 2007
<b>Goal #3 (Describe)</b>	<b>Goal #3 (Describe)</b>	<b>Goal #3 (Describe)</b>
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>	<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>	<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>
<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b> Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	<b>Definition of Population Included in the Measure:</b> Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	<b>Definition of Population Included in the Measure:</b> Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:
<b>Year of Data:</b> <b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:  Additional notes on measure:	<b>Year of Data:</b> <b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:  Additional notes on measure:	<b>Year of Data:</b> <b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:  Additional notes on measure:

FFY 2005	FFY 2006	FFY 2007
<p><b>Other Performance Measurement Data:</b></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>
	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b></p> <p><b>Are there any quality improvement activities that contribute to your progress?</b></p> <p><b>Annual Performance Objective for FFY 2007:</b> <b>Annual Performance Objective for FFY 2008:</b></p> <p><b>Annual Performance Objective for FFY 2009:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b></p> <p><b>Are there any quality improvement activities that contribute to your progress?</b></p> <p><b>Annual Performance Objective for FFY 2008:</b> <b>Annual Performance Objective for FFY 2009:</b></p> <p><b>Annual Performance Objective for FFY 2010:</b></p> <p><i>Explain how these objectives were set:</i></p>
<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>

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

FFY 2005	FFY 2006	FFY 2007
<p><b>Goal #1 (Describe)</b>            Improve the delivery of well-child care by measuring the number of well-child care visits and implementing improvement activities as appropriate.</p>	<p><b>Goal #1 (Describe)</b>            Improve the delivery of well-child care by measuring the number of well-child care visits and implementing improvement activities as appropriate.</p>	<p><b>Goal #1 (Describe)</b>            Improve the health status and well being of children enrolled in MassHealth direct coverage programs, which includes the Primary Care Clinician (PCC) and Managed Care organization (MCO) Plans:            Goal#1: Improve the delivery of well-child care by measuring the number of visits for children and adolescents, and implementing improvement activities as appropriate</p>
<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input checked="" type="checkbox"/> New/revised. <i>Explain:</i>  <input type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i>            CMS 416 Report</p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i>            CMS 416 Report</p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>            Hedis 2006            CMS 416 report data</p>
<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>
<p><b>Definition of Population Included in the Measure:</b>            Definition of denominator:  <input type="checkbox"/> Denominator includes SCHIP population only.  <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).            Definition of numerator:</p>	<p><b>Definition of Population Included in the Measure:</b>            Definition of denominator:  <input type="checkbox"/> Denominator includes SCHIP population only.  <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).            Definition of numerator:</p>	<p><b>Definition of Population Included in the Measure:</b>            Definition of denominator:  <input type="checkbox"/> Denominator includes SCHIP population only.  <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).            Definition of numerator:</p>
<p><b>Year of Data:</b></p>	<p><b>Year of Data:</b></p>	<p><b>Year of Data:</b> 2006</p>
<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>             Numerator:            Denominator:</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>             Numerator:            Denominator:</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>             Numerator:            Denominator:</p>

FFY 2005	FFY 2006	FFY 2007
<p>Rate: 73</p> <p>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.</p>	<p>Rate: 77</p> <p>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.</p>	<p>Rate: 63.7</p> <p>Additional notes on measure: Numerator: Number of MassHealth adolescents who were 12-21 years of age during 2005 and who had at least one comprehensive well-care visit with a primary care practitioner or OB/GYN during 2005.  Denominators: Number of MassHealth adolescents who were 12-21 years as of 12/31/2005, continuously enrolled in the PCC Plan in 2005, with no more than one gap in enrollment of up to 45 days.  Rates: 63.7% of adolescent members had a well visit.</p>
<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>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</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>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</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure: EPSDT participation ratio</p> <p>Numerator: Number of MassHealth Standard and CommonHealth enrolled children who had a well visit in accordance with the EPSDT Medical Protocol and Periodicity Schedule.</p> <p>Denominator: Number of MassHealth Standard and CommonHealth enrolled children enrolled in FFY 05 adjusted for length of eligibility.</p> <p>Rate: 79% for FFY06</p>

FFY 2005	FFY 2006	FFY 2007
	<p data-bbox="695 183 951 207"><b>Explanation of Progress:</b></p> <p data-bbox="741 240 1291 318"><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b></p> <p data-bbox="741 654 1291 703"><b>Are there any quality improvement activities that contribute to your progress?</b></p> <p data-bbox="751 1230 1224 1279"><b>Annual Performance Objective for FFY 2007: Annual Performance Objective for FFY 2008:</b></p>	<p data-bbox="1316 183 1572 207"><b>Explanation of Progress:</b></p> <p data-bbox="1362 240 1913 345"><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b> Performance on the CMS 416 participation ratio was improved.</p> <p data-bbox="1362 378 1913 508">The HEDIS 2006 rate for MassHealth members (ages 12-21 years) who had at least one comprehensive well-care visit with a primary care practitioner or OB/GYN during 2005 was 63.7%, which exceeds the HEDIS 2006 national benchmarks for this measure.</p> <ul data-bbox="1362 516 1913 621" style="list-style-type: none"> <li>o National Medicaid mean (ages 12-21 years): 40.6%</li> <li>o National Medicaid 75th percentile (ages 12-21 years): 47.9%</li> </ul> <p data-bbox="1362 654 1913 1092"><b>Are there any quality improvement activities that contribute to your progress?</b> (1) Continued to endorse, along with commercial health plans, the guidelines of the Massachusetts Health Quality Partners “Recommendations for Pediatric Preventive Care” for all MassHealth and MCO enrolled primary care providers, to promote consistency of guideline adoption. MassHealth participates in the development of these guidelines (and periodic updates) and uses the guidelines as a basis for the EPSDT Protocol and Periodicity Schedule. The guidelines are widely distributed as wall posters, a condensed desktop version, pocket cards, and web resources. They have been included in member and provider newsletters, as have multiple articles relating to the timing, importance of, and reasons for accessing well-child care;</p> <p data-bbox="1362 1125 1913 1198">(2) Continued to produce linguistically and culturally appropriate materials related to well-child care to support providers and members;</p> <p data-bbox="1362 1206 1913 1360">( <b>Annual Performance Objective for FFY 2008:</b> MassHealth expects that its health plans (MCO and PCC Plan) will continue to perform at a level that meets or exceeds the national <b>Annual Performance Objective for FFY 2009:</b></p>

FFY 2005	FFY 2006	FFY 2007
	<b>Annual Performance Objective for FFY 2009:</b>  <i>Explain how these objectives were set:</i>	<b>Annual Performance Objective for FFY 2010:</b>  <i>Explain how these objectives were set:</i>
<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>

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

FFY 2005	FFY 2006	FFY 2007
<p><b>Goal #2 (Describe)</b>            Improve the immunization rates by measuring the rate of immunization administration and implement improvement activities as appropriate.</p>	<p><b>Goal #2 (Describe)</b>            Improve the immunization rates by measuring the rate of immunization administration and implement improvement activities as appropriate.</p>	<p><b>Goal #2 (Describe)</b>            Improve the immunization rates by measuring the rate of immunization administration and implement improvement activities as appropriate.</p>
<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input type="checkbox"/> Final.  <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported: 2004</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input type="checkbox"/> Final.  <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported: 2006</i></p>
<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>            Childhood/Adolescent Immunization Status</p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data).  <input checked="" type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data).  <input checked="" type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>
<p><b>Definition of Population Included in the Measure:</b>            Definition of denominator:  <input type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).            Definition of numerator:</p>	<p><b>Definition of Population Included in the Measure:</b>            Definition of denominator:  <input type="checkbox"/> Denominator includes SCHIP population only.  <input checked="" type="checkbox"/> 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.</p>	<p><b>Definition of Population Included in the Measure:</b>            Definition of denominator:  <input type="checkbox"/> Denominator includes SCHIP population only.  <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).            Definition of numerator: MassHealth uses a measure rotation approach with which to implement its HEDIS measures. MassHealth administered its immunization measure in 2006, and reported these results in the FY06 SCHIP report. MassHealth plans to repeat the administration of the immunization measure again in 2008.</p>
<p><b>Year of Data:</b></p>	<p><b>Year of Data:</b> 2005</p>	<p><b>Year of Data:</b> 2005</p>
<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>             Numerator:            Denominator:</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>             Numerator:            Denominator:</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>             Numerator:            Denominator:</p>

FFY 2005	FFY 2006	FFY 2007
<p>Rate:</p> <p>Additional notes on measure:</p>	<p>Rate:</p> <p>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.</p> <p>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.</p>	<p>Rate:</p> <p>Additional notes on measure: MassHealth uses a measure rotation approach with which to implement its HEDIS measures. MassHealth administered its immunization measure in 2006, and reported these results in the FY06 SCHIP report. MassHealth plans to repeat the administration of the immunization measure again in 2008.</p>
<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator:</p> <p>Denominator:</p> <p>Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator:</p> <p>Denominator:</p> <p>Rate:</p> <p>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</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator:</p> <p>Denominator:</p> <p>Rate:</p> <p>Additional notes on measure: See below</p>
	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b> MassHealth uses a measure rotation approach with which to implement its HEDIS measures. MassHealth administered its immunization measure in 2006, and reported these results in the FY06 SCHIP report. MassHealth plans to repeat the administration of the immunization measure again in 2008.</p>



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

FFY 2005	FFY 2006	FFY 2007
<b>Goal #3 (Describe)</b>	<b>Goal #3 (Describe)</b>	<b>Goal #3 (Describe)</b>
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>	<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>	<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>
<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b> Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	<b>Definition of Population Included in the Measure:</b> Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	<b>Definition of Population Included in the Measure:</b> Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:
<b>Year of Data:</b> <b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:  Additional notes on measure:	<b>Year of Data:</b> <b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:  Additional notes on measure:	<b>Year of Data:</b> <b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:  Additional notes on measure:

FFY 2005	FFY 2006	FFY 2007
<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>            Numerator:            Denominator:            Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>            Numerator:            Denominator:            Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>            Numerator:            Denominator:            Rate:</p> <p>Additional notes on measure:</p>
	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b></p> <p><b>Are there any quality improvement activities that contribute to your progress?</b></p> <p><b>Annual Performance Objective for FFY 2007:</b>  <b>Annual Performance Objective for FFY 2008:</b></p> <p><b>Annual Performance Objective for FFY 2009:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b></p> <p><b>Are there any quality improvement activities that contribute to your progress?</b></p> <p><b>Annual Performance Objective for FFY 2008:</b>  <b>Annual Performance Objective for FFY 2009:</b></p> <p><b>Annual Performance Objective for FFY 2010:</b></p> <p><i>Explain how these objectives were set:</i></p>
<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>

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 2006 and 2004. Copies of final CAHPS reports are available upon request.

MassHealth will be conducting a new CTR and HEDIS review for FY08.

The PCC Plan produces PCC Profile Reports every six months to help PCCs identify areas for improvement and to identify related improvement interventions. PCC Profile Reports are provided for each PCC practice serving 200 or more PCC Plan members.

- One significant profile report enhancement made in SFY07 focused on the development of a new access measure. The measure will first be included in FY08, and will report the percent of newly enrolled members seen by their PCC within 4 months of enrollment, or the previous 12 months, if the member was previously enrolled with the same PCC. To assist PCCs with coordination of their members' care, new indicators were added to the Care Monitoring Registry and Reminder Report. In addition to noting if a member received care management from MBHP, the indicators designate one or more of the following categories: member was enrolled in the Controlled Substances Management Program; enrolled in Department of Mental Health; in the care or custody of DSS, DMH or DYS; has Essential coverage making them eligible for Essential Care; or disabled.
- Other Profile Report enhancements included adding a new column, "Immunization Status Reviewed," to the Well-Child Care Reminder Report for PCC use, and adding the "time of ED visits" to the ED CMR to demonstrate to PCCs which ED visits occur during PCC office hours. In addition, the Well-Child Care Billing Summary Table was revamped to be more user-friendly.

In SFY07, the Profile Report Improvement Meeting (PRIM) workgroup continued to meet biweekly to discuss ongoing quality improvement for the reports. The rigorous quality assurance process developed and implemented during SFY06 continued in SFY07 and included comprehensive documentation of both the programming and processes followed, upgrading the reports to Crystal 11, and the creation of a master date file which now automatically updates date fields when we go from one cycle to the next. These enhancements will reduce errors and improve production efficiency.

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 2006-2007, MCOs worked to standardize goals in the areas of asthma, diabetes, care management, and maternal and child

health. The latter includes components addressing: Childhood Health Screening and Promotion – Primary Care Visits; Childhood Health Screening and Promotion – Lead Screenings; Prenatal Care – Identification and Care Management; and Prenatal Care – Identification, Care Management, and Birth Outcomes.

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 health care needs or other emerging health care needs? What have you found?

Please see response to question 1 above

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

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

## SECTION III: ASSESSMENT OF STATE PLAN AND PROGRAM OPERATION

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Please reference and summarize attachments that are relevant to specific questions

### OUTREACH

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

The web-enabled Virtual Gateway was used extensively in SFY07 to expand access to health insurance and health assistance programs to populations that might not ordinarily have this access. During FY '07, the Virtual Gateway allowed hundreds of Virtual Gateway users - MassHealth providers, along with MassHealth-affiliated organizations and an increasing number of community service organizations - to use the technology of the internet to outreach to numerous individuals and assist them in signing up for health insurance that meets their specific needs. Also during SFY07, MassHealth Operations and the Virtual Gateway Team developed an easy-to-use on-line tool that allows hospital, community health center and other front-line patient counselors having proper security and privacy clearance to view, in real-time: A client's current MassHealth coverage status, coverage start and end dates, all notices sent to the client by MassHealth, the client's next MassHealth eligibility review date, the items needed by MassHealth to finalize the client's application, and the location to send that information. This new tool, being rolled out in FY '08 to over 3000 Virtual Gateway users, is already allowing providers to access information they need to assist MassHealth applicants and members more quickly and effectively.

In SFY07, MassHealth awarded grants to community-based non-profit organizations across the state to increase MassHealth enrollment. The grant awards were awarded based on two different types of models. Model A approach was for organizations that provided outreach and direct one-on-one enrollment assistance and redetermination services. Model B approach was for organizations conducting education and information dissemination via comprehensive broad-scale media or grassroots campaigns. A total of 39 organizations received grants between the two models. MassHealth provided training resources and materials to ensure all grantees had the most up to date information on the MassHealth program and the 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. Grantees used creative and innovative approaches for outreach including health fairs, homeless shelters, clinics, schools, and businesses. Model B grantees developed materials, submitted to MassHealth for accuracy review, and disseminated widely. Model B grantees also utilized public service announcements via radio and TV, video broadcasts in patient waiting rooms and developed a website that made available outreach materials for other community-based organizations. Grantees carried out these activities from December 2006 to June 30, 2007 and enrolled over 23,000 new members into the MassHealth program.

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? **Would you consider this a best practice?** [7500]

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

MassHealth continues to collaborate with the advocacy group 'Health Care for All' on the Massachusetts Covering Kids and Families and Initiative. The goal of the Massachusetts Covering Kids and Families Initiative is to reduce the number of uninsured children and families. The Initiative carries out innovative outreach programs to let families know about available public health coverage

programs and works with state agencies to simplify health care enrollment. The Massachusetts CKF Initiative coordinates a statewide coalition with members from hospitals, community health centers, outreach workers, and state agencies, including MassHealth.

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 regular training sessions on MassHealth.

MassHealth also works collaboratively with UMass Medical School on the Area Health Education Center (AHEC) program which works to recruit, train and retain a health professions workforce committed to underserved populations. AHEC program plays a key role in strengthening this workforce. The Mass AHEC program promotes support to health professionals, including workforce development such as medical interpreter trainings. The Mass AHEC program is made up of 6 regional programs – Central MA, Pioneer Valley, Merrimack Valley, Boston, Berkshire, and Southeastern MA. Each regional AHEC has the same mission but bases its programming on the needs of its region.

MassHealth also continues to fund and provide leadership for the MassHealth Training Forum (MTF) program. MTF program is a partnership between MassHealth and the University of Massachusetts Medical School's Office of Community Programs. MTF hosts five regional meetings each quarter that feature presentations on MassHealth operations and policy changes to health care organizations and community agencies that serve MassHealth members. MTF also provides information via a listserv (of approximately 1900 members), and a website offering resource information and meeting materials. The 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. In FY07, attendees were surveyed and findings showed over 75% found the presentations very helpful to their every day work. Also, in FY07 the MTF program had an approximate 50% increase in meeting attendance.

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? **[7500]**

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.

What percentage of children below 200 percent of the Federal poverty level (FPL) who are eligible for Medicaid or SCHIP have been enrolled in those programs? (Identify the data source used). **[7500]**

CPS data and state survey data show that less than 3% of children below 200% FPL are uninsured in Massachusetts.

### **SUBSTITUTION OF COVERAGE (CROWD-OUT)**

**States with a separate child health program up to and including 200% of FPL must complete question 1.**

Is your state's eligibility level up to and including 200 percent of the FPL?

- Yes
- No
- N/A

If yes, if you have substitution prevention policies in place, please identify those strategies. **[7500]**

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 a separate child health program above 200 through 250% of FPL must complete question 2. All other states with trigger mechanisms should also answer this question.**

Is your state's eligibility level above 200 and up to and including 250 percent of the FPL?

- Yes
- No
- N/A

If yes, please identify the trigger mechanisms or point at which your substitution prevention policy is instituted. **[7500]**

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

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

- (a) A child or children has special or serious health care needs;
- (b) The prior coverage was involuntarily terminated, including withdrawal of benefits by an employer, involuntary job loss, or COBRA expiration;
- (c) A parent in the family group died in the previous six months;
- (d) The prior coverage was lost due to domestic violence;
- (e) The prior coverage was lost due to becoming self-employed; or

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

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

**States with separate child health programs over 250% of FPL must complete question 3. All other states with substitution prevention provisions should also answer this question.**

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.). **[7500]**

See Question #2 above

**All States must complete the following 3 questions**

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

See question #2 above

At the time of application, what percent of applicants are found to have insurance? **[7500]**

Approximately 13.5% 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.

Describe the incidence of substitution. What percent of applicants drop group health plan coverage to enroll in SCHIP? **[7500]**

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

**COORDINATION BETWEEN SCHIP AND MEDICAID**

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

Do you have the same redetermination procedures to renew eligibility for Medicaid and SCHIP (e.g., the same verification and interview requirements)? Please explain. **[7500]**

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.

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. **[7500]**

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.

Are the same delivery systems (including provider networks) used in Medicaid and SCHIP? Please explain. **[7500]**

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

For states that do not use a joint application, please describe the screen and enroll process. **[7500]**.

## ELIGIBILITY REDETERMINATION AND RETENTION

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?  
**[500]**  
two 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?) **[500]**  
15 days prior to closing

Sends targeted mailings to selected populations

Please specify population(s) (e.g., lower income eligibility groups) **[500]**

Holds information campaigns

Provides a simplified reenrollment process,

*Please describe efforts (e.g., reducing the length of the application, creating combined Medicaid/SCHIP application) **[500]***

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: **[500]***

Other, *please explain: **[500]***

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

Data not currently available to answer this question

What percentage of children in the program are retained in the program at redetermination? What percentage of children in the program are disenrolled at redetermination? **[500]**

This data is not available at this time.

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? **[7500]**

N/A

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. **[7500]**.

**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. Include the time period reflected in the data (e.g., calendar year, fiscal year, one month, etc.) **[7500]**.

N/A

**COST SHARING**

Has your State undertaken any assessment of the effects of premiums/enrollment fees on participation in SCHIP? If so, what have you found? **[7500]**

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 2007, 50,596 children were required to pay a premium. Of those, 407 or 0.80%, were disenrolled for failure to pay this premium. In the entire premium billing population (including but not exclusive to SCHIP children), 23.91% of members disenrolled for failure to pay premiums re-enrolled within 30 days of termination.

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? **[7500]**

no

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? **[7500]**

The State is closely monitoring the impact of premiums on the 200-300% FPL expansion group.

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

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

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

**Children**

- Yes, Check all that apply and complete each question for each authority.
- Family Coverage Waiver under the State Plan  
 SCHIP Section 1115 Demonstration  
 Medicaid Section 1115 Demonstration  
 Health Insurance Flexibility & Accountability Demonstration

**Adults**

- Yes, Check all that apply and complete each question for each authority.
- Family Coverage Waiver under the State Plan  
 SCHIP Section 1115 Demonstration  
 Health Insurance Flexibility & Accountability Demonstration  
 Premium Assistance under the Medicaid State Plan (Section 1906 HIPP)

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

- Parents and Caretaker Relatives  
 Childless Adults  
 Pregnant Women

Briefly describe how your program operates (e.g., is your program an employer sponsored insurance program or a premium assistance program, how do you coordinate assistance between the state and/or employer, etc.) **[7500]**

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). Assistance is provided directly to workers based on information provided by employers.

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

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

Are there any minimum coverage requirements for the benefit package? **[7500]**

MassHealth requires that the ESI meet the following minimum requirements:

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

Does the program provide wrap-around coverage for benefits or cost sharing? **[7500]**

The program does not provide wrap-around coverage.

Are there any limits on cost sharing for children in your ESI program? Are there any limits on cost sharing for adults in your ESI program? **[7500]**

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

8. Identify the total number of children and adults enrolled in the ESI program for whom Title XXI funds are used during the reporting period (provide the number of adults enrolled in this program even if they were covered incidentally, i.e., not explicitly covered through a demonstration).

\_\_\_\_\_ Number of childless adults ever-enrolled during the reporting period  
\_\_\_\_\_ Number of adults ever-enrolled during the reporting period  
\_\_\_\_\_ Number of children ever-enrolled during the reporting period

9. Identify the estimated amount of substitution, if any, that occurred or was prevented as a result of your employer sponsored insurance program (including premium assistance program). Discuss how was this measured? **[7500]**

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.

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

The greatest challenge for the ESI program has been the maintenance of household information related to employment, health insurance plan benefits and premiums, and employer and employee contribution amounts.

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

We continue to enhance current automated systems to keep up with the increase in enrollment in the ESI program. We improved and simplified the referral process which made enrollment more efficient.

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

The Massachusetts Health Care Reform legislation requires that all Massachusetts residents have health insurance that meets Minimum Creditable Coverage (MCC) by January 1, 2009. During the next fiscal year, staff will review all policies in our ESI program to ensure that the policies meet MCC. If the policy does not meet MCC, we will require the members to enroll in policies that do meet the MCC or they will lose their premium assistance.

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

We do not have data available for this question.

14. Identify the total state expenditures for providing coverage under your ESI program during the reporting period. **(For states offering premium assistance under a family coverage waiver or for states offering employer sponsored insurance or premium assistance under a demonstration.)** **[7500]**

During FY'07, the total state expenditures for providing coverage under the ESI program was \$8,827,260.

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

State: \_\_\_\_\_

Employer: \_\_\_\_\_

Employee: \_\_\_\_\_

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

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

17. Do you have a cost effectiveness test that you apply in determining whether an applicant can receive coverage (e.g., the state's share of a premium assistance payment must be less than or equal to the cost of covering the applicant under SCHIP or Medicaid)? **[7500]**

Yes, we ensure that the state's share of premium assistance is less than what MassHealth would pay to cover the member if that member were enrolled in MassHealth's MCO program.

18. Is there a required period of uninsurance before enrolling in your program? If yes, what is the period of uninsurance? **[500]**

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

19. Do you have a waiting list for your program? Can you cap enrollment for your program? **[500]**

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

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

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

- (1) prevention
- (2) investigation
- (3) referral of cases of fraud and abuse?

Please explain: **[7500]**

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

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

Provider Credentialing

75 Number of cases investigated  
0 Number of cases referred to appropriate law enforcement officials

Provider Billing

78 Number of cases investigated  
15 Number of cases referred to appropriate law enforcement officials

Beneficiary Eligibility

494 Number of cases investigated  
159 Number of cases referred to appropriate law enforcement officials

Are these cases for:

SCHIP

Medicaid and SCHIP Combined

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

Yes, please answer question below.

No

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

First, the Provider Compliance Unit, operated with the University of Massachusetts Medical School (UMMS), and managed by the MassHealth Operations Integrity Unit, is our primary post-payment fraud detection unit. Utilizing algorithms and reports found in our data warehouse, and through data analysis, the Program Integrity Unit reviews paid claims data to detect aberrant trends and outlier billing patterns that can indicate potential fraud. The Unit, which works closely with Medicaid Fraud Control Unit and our legal staff, meets our federal regulatory obligation to establish a surveillance utilization control system to safeguard against fraudulent, abusive, and inappropriate use of the Medicaid program. Second, MassHealth's Internal Control Unit, while not primarily a fraud detection unit, plays an important role by establishing unit-specific internal control plans and risk assessments. That unit also manages external audit activity, coordinates the CMS 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 a single vendor for customer services, responsible for both provider relations and member relations. The integration of these vendor services brings with it many new opportunities in the program integrity area. Our customer services contractor verifies the credentials of all providers applying to participate in our program as well as re-credentialing existing providers and will work closely with the Board of Registration in Medicine, the Division of Professional Licensing, the Department of Public Health, the US Department of Health and

Human Services, and the Office of the Inspector General to identify disciplinary actions against enrolled providers.

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

## 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 2007. 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

	2007	2008	2009
<b>Benefit Costs</b>			
Insurance payments	6462710	7935636	9020725
Managed Care	139683099	179321349	219879259
Fee for Service	175831033	233145752	254811693
<b>Total Benefit Costs</b>	321976842	420402737	483711677
(Offsetting beneficiary cost sharing payments)			
<b>Net Benefit Costs</b>	\$ 321976842	\$ 420402737	\$ 483711677

### Administration Costs

Personnel			
General Administration			
Contractors/Brokers (e.g., enrollment contractors)			
Claims Processing			
Outreach/Marketing costs			
Other (e.g., indirect costs)	5214468	5501376	6253613
Health Services Initiatives			
<b>Total Administration Costs</b>	5214468	5501376	6253613
<b>10% Administrative Cap</b> (net benefit costs ÷ 9)	35775205	46711415	53745742

<b>Federal Title XXI Share</b>	212674352	276837673	318477439
<b>State Share</b>	114516958	149066440	171487851

<b>TOTAL COSTS OF APPROVED SCHIP PLAN</b>	327191310	425904113	489965290
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2. What were the sources of non-Federal funding used for State match during the reporting period?

- State appropriations
- County/local funds
- Employer contributions
- Foundation grants
- Private donations
- Tobacco settlement
- Other (specify) **[500]**

3. Did you experience a short fall in SCHIP funds this year? If so, what is your analysis for why there were not enough Federal SCHIP funds for your program? **[1500]**

After redistributions and shortfall allotments, Massachusetts had sufficient federal funds to support its program in FFY 2007. Higher enrollment, utilization, health plan and provider rates, combine to create shortfall.

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

	2007		2008		2009	
	# of eligibles	\$ PMPM	# of eligibles	\$ PMPM	# of eligibles	\$ PMPM
Managed Care	40266	\$ 26096	49758	\$ 29228	50684	\$ 32735
Fee for Service	51897	\$ 31454	58164	\$ 35228	60112	\$ 39456

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

\* The 'managed care' line in #1 above includes expenditures for capitated behavioral health services (for members who receive other services under the Primary Care Clinician Plan) while the 'managed care' line in #4 above include only members in full-benefit managed care organizations.

\*\* The 'fee for service' line in #4 above includes premium assistance.

## SECTION V: 1115 DEMONSTRATION WAIVERS (FINANCED BY SCHIP)

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

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					
* Upper % of FPL are defined as Up to and Including										
Children	From		% of FPL to		% of FPL *	From		% of FPL to		% of FPL *
Parents	From		% of FPL to		% of FPL *	From		% of FPL to		% of FPL *
Childless Adults	From		% of FPL to		% of FPL *	From		% of FPL to		% of FPL *
Pregnant Women	From		% of FPL to		% of FPL *	From		% of FPL to		% of FPL *

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

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

Please provide budget information in the following table for the years in which the demonstration is approved. *Note: This reporting period (Federal Fiscal Year 2007 starts 10/1/06 and ends 9/30/07).*

COST PROJECTIONS OF DEMONSTRATION (SECTION 1115 or HIFA)	2007	2008	2009	2010	2011
<b>Benefit Costs for Demonstration Population #1 (e.g., children)</b>					
Insurance Payments					
Managed care per member/per month rate @ # of eligibles					
Fee for Service Average cost per enrollee in fee for service					
<b>Total Benefit Costs for Waiver Population #1</b>					

### Benefit Costs for Demonstration Population #2

**(e.g., parents)**

Insurance Payments					
Managed care per member/per month rate for managed care					
Fee for Service Average cost per enrollee in fee for service					
<b>Total Benefit Costs for Waiver Population #2</b>					

**Benefit Costs for Demonstration Population #3**

**(e.g., pregnant women)**

Insurance Payments					
Managed care per member/per month rate for managed care					
Fee for Service Average cost per enrollee in fee for service					
<b>Total Benefit Costs for Waiver Population #3</b>					

**Benefit Costs for Demonstration Population #4**

**(e.g., childless adults)**

Insurance Payments					
Managed care per member/per month rate for managed care					
Fee for Service Average cost per enrollee in fee for service					
<b>Total Benefit Costs for Waiver Population #3</b>					

**Total Benefit Costs**

(Offsetting Beneficiary Cost Sharing Payments)

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

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**Administration Costs**

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

**Federal Title XXI Share**

**State Share**

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**TOTAL COSTS OF DEMONSTRATION**

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

Please provide a description of any assumptions that are included in your calculations. **[500]**

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

## **SECTION VI: PROGRAM CHALLENGES AND ACCOMPLISHMENTS**

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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. **[7500]**

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

During the first eighteen months of health reform implementation, Massachusetts has made measurable strides towards increasing access to affordable health insurance to all Massachusetts residents and reducing the rate of uninsurance in the state. Chapter 58 (state Health care reform legislation) increased opportunities for individuals to secure health care coverage through both public programs and employer-sponsored insurance.

The implementation of Chapter 58 has been a collaborative effort between political leaders, business organizations, health care advocates and the state. The new law created a sense of shared responsibility among these stakeholders. Fundamental to the reform is the expansion of the SCHIP program.

The Family Assistance program, was expanded through SCHIP to children in families with income 200% to 300% FPL. Prior to health care reform, it was estimated that there were approximately 27,000 uninsured children in families with income between 200 and 300% FPL. The Commonwealth has enrolled approximately 16,000 children in this group as a result of the SCHIP expansion. Funds were also allocated to community-based organizations to enroll new members and reach many people who were already eligible but not yet enrolled.

Expanded MassHealth eligibility and the creation of new subsidized health coverage for low-income adults through Commonwealth Care, combined to insure almost 300,000 previously uninsured residents. Another underlying factor in the boost in enrollment numbers is the insurance mandate. The mandate requires all adults to acquire creditable coverage if it is affordable to them; employers who do not offer or contribute to their employees' health care coverage must pay an assessment. Even though the mandate does not directly target children, joint application processes in Massachusetts ensure that as mandated parents apply for health insurance, their Medicaid or SCHIP eligible children are enrolled as well. The sense of individual responsibility along with newly-revitalized community outreach campaigns have helped promote Medicaid and SCHIP along with Commonwealth Care.

This environment has stimulated insurance access and enrollment across the state and has directly affected the SCHIP.

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

Medicaid and SCHIP have been enormously successful in providing high quality, accessible healthcare for children and families in Massachusetts. While Medicaid guarantees coverage to all low-income children, SCHIP builds on that foundation by granting financial assistance to help states pay for coverage for families that earn too much for Medicaid but can't afford private insurance. The financial uncertainty around SCHIP reauthorization has made maintaining programmatic stability and continuity in coverage a difficult task. Massachusetts has faced SCHIP funding uncertainty at the same time it is implementing major provisions of the health reform law and its Medicaid expansion.

The August 17, 2007 CMS SCHIP directive imposes enrollment, administrative and procedural requirements that could make it daunting to operate the Commonwealth's Medicaid and SCHIP programs. A key provision, that states must first demonstrate that they have covered 95 percent of children in families earning less than 200 percent of the poverty level before covering those from families making 250 percent or more, challenges the successful SCHIP expansion that the Commonwealth has initiated. The increased enrollment in MassHealth of all eligible low-income children, both in traditional Medicaid and the expansion population, is one of the biggest successes of health reform to date. However, it is unclear exactly what tools will be used to measure success in the CMS goal requirements and it is imperative that whatever is used is fair, accurate and not overly burdensome. There is no argument that low income should not lose ground as higher income children are covered—the key is that all kids who do not have access to affordable coverage must be reached. In absence of clear information about how this new directive will be implemented, it must be considered a challenge.

Employer-based coverage has been on the decline nationwide, and it is still unclear how the employer-related provision of Chapter 58 will influence business behavior. Therefore, the stipulation to also show that private employer-based coverage for lower income children has not decreased by more than two percentage points over the past five years seems especially arbitrary. The innovations of the health reform law were designed to close the affordability gap for families who cannot afford private employer-based coverage. The Commonwealth utilizes a 6 month period of uninsurance for individuals seeking MassHealth coverage. The crowd-out policy permits exceptions for extenuating circumstances in which children and families require urgent access to care. The Commonwealth views these policies as reasonable and effective anti-crowd out measures that are important to protecting the health of children. The one-year uninsurance requirement, with no exceptions, as a matter of CMS policy presents a serious challenge.

Amending the SCHIP state plan as required by the August 17, 2007 guidelines, in the midst of health care reform efforts, along with interpreting and meeting unclear performance standards by the summer of 2008 would be excessively burdensome and could jeopardize the accomplishments of the SCHIP program and health care reform-related full insurance efforts.

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

An appreciable product of health reform has been getting the eligible but unenrolled children, individuals and families into MassHealth and other insurance programs. A great accomplishment of the last year has been moving almost 300,000 previously uninsured individuals into health care coverage. Since July 2006, total MassHealth growth has been approximately 73,000 members. SCHIP expansion to children in families with income up to 300% FPL has brought SCHIP enrollment up to 98,600.

This program growth can be attributed to outreach efforts and enrollment streamlining. The FY 08 state budget provided a total of \$3.5 million for outreach and enrollment grants. The grants are awarded to community-based organizations across the state to identify, educate and enroll individuals who are eligible for MassHealth, Commonwealth Care and Commonwealth Choice health insurance coverage. So far forty-five organizations, including hospitals and community health centers, from across the state will receive grants in amounts between \$26,000 and \$55,000.

The Office of Medicaid, in partnership with the Commonwealth Connector Authority, will award the second half of the grant money to qualified private and non-profit organizations interested in coordinating a network of groups performing outreach and enrollment activities. The impact of community-based outreach has begun to reveal its efficacy. Newly- renewed community outreach campaigns promote traditional Medicaid as well as expanded SCHIP coverage alongside Commonwealth Care.

Participation in the MassHealth program has risen; one-half to two-thirds of the children who have gained coverage since the SCHIP expansion were lower income children who had previously been eligible. Technical improvements to the application and enrollment process have improved access significantly. One single application gives an entire family a single door to access state health programs. Parents interested in Commonwealth Care will also trigger SCHIP enrollment for their children (and vice versa.)

As health insurance coverage rates escalate, the number of uninsured individuals determined eligible to receive services paid for by the state's free care pool has decreased. Decreased safety net care-by almost 13% over the year - helps illustrate the movement of individuals into health care coverage.

Overall, Health Care Reform is working in Massachusetts to expand coverage across all ages. The SCHIP program is a key component in this initiative.

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. **[7500]**

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