Massachusetts CARTS FY2020 Report

Basic State Information

Welcome!

We already have some information about your state from our records.
If any information is incorrect, please contact the CARTS Help Desk.

1. State or territory name:

Massachusetts

2.

Program type:

⊙ Both Medicaid Expansion CHIP and Separate CHIP

◯ Medicaid Expansion CHIP only

◯ Separate CHIP only

3. CHIP program name(s):

MassHealth

Who should we contact if we have any questions about your report?

4. Contact name:

Alison Kirchgasser

5. Job title:

Deputy Policy Director for Federal Policy & CHIP Director

6. Email:

alison.kirchgasser@mass.gov

7. Full mailing address:

Include city, state, and zip code.

EOHHS, Office of Medicaid One Ashburton, 11th Floor Boston, MA, 02108

8. Phone number:

617-573-1741

Program Fees and Policy Changes

Part 1: Medicaid Expansion CHIP Enrollment Fees, Premiums, and Delivery Systems

1.

Does your program charge an enrollment fee?

○   Yes

⦿   No

2.

Does your program charge premiums?

○   Yes

◉   No

3.

Is the maximum premium a family would be charged each year tiered by FPL?

○   Yes

○   No

4. Do premiums differ for different Medicaid Expansion CHIP populations beyond FPL (for example, by eligibility group)? If so, briefly explain the fee structure breakdown.

☐

5.

Which delivery system(s) do you use?

Select all that apply.

☑   Managed Care

☑   Primary Care Case Management

☑   Fee for Service

6. Which delivery system(s) are available to which Medicaid Expansion CHIP populations? Indicate whether eligibility status, income level, age range, or other criteria determine which delivery system a population receives.

Individuals receive FFS until they enroll with ACO/MCO/ PCC, and may also receive Employer Sponsored Insurance (ESI) premium assistance with a FFS benefit wrap for Medicaid Expansion CHIP services not covered by the ESI plan .

Part 2: Separate CHIP Enrollment Fees, Premiums, and Delivery Systems

1.

Does your program charge an enrollment fee?

○   Yes

◉   No

2.

Does your program charge premiums?

◉   Yes

○   No

3.

Is the maximum premium a family would be charged each year tiered by FPL?

◉ Yes

○ No

4. Do your premiums differ for different CHIP populations beyond FPL (for example, by eligibility group)? If so, briefly explain the fee structure breakdown.

No

5.

Which delivery system(s) do you use?

Select all that apply.

☑ Managed Care

☑ Primary Care Case Management

☑ Fee for Service

6. Which delivery system(s) are available to which CHIP populations? Indicate whether eligibility status, income level, age range, or other criteria determine which delivery system a population receives.

Individuals receive FFS until they enroll with ACO/MCO/ PCC, and may also receive Employer Sponsored Insurance (ESI) premium wrap assistance with a FFS benefit wrap for Separate CHIP services not covered by the ESI plan .

Part 3: Medicaid Expansion CHIP Program and Policy Changes

Indicate any changes you've made to your Medicaid Expansion CHIP program policies in the past federal fiscal year. Many changes listed in this section require a State Plan Amendment (SPA), while some don't, such as changing outreach efforts or changing the health plan enrollment process. Please submit a SPA to reflect any changes that do require a SPA.

1.

Have you made any changes to the eligibility determination process?

○ Yes

◉ No

○ N/A

2.

Have you made any changes to the eligibility redetermination process?

○ Yes

◉ No

○ N/A

3.

Have you made any changes to the eligibility levels or target populations?

For example: increasing income eligibility levels.

○   Yes

◉   No

○   N/A

4.

Have you made any changes to the benefits available to enrollees?

For example: adding benefits or removing benefit limits.

○   Yes

◉   No

○   N/A

5.

Have you made any changes to the single streamlined application?

○   Yes

◉   No

○   N/A

6.

Have you made any changes to your outreach efforts?

For example: allotting more or less funding for outreach, or changing your target population.

○ Yes

◉ No

○ N/A

7.

Have you made any changes to the delivery system(s)?

For example: transitioning from Fee for Service to Managed Care for different Medicaid Expansion CHIP populations.

○ Yes

◉ No

○ N/A

8.

Have you made any changes to your cost sharing requirements?

For example: changing amounts, populations, or the collection process.

○ Yes

◉ No

○ N/A

9.

Have you made any changes to the substitution of coverage policies?

For example: removing a waiting period.

○ Yes

◉ No

○ N/A

10.

Have you made any changes to the enrollment process for health plan selection?

○ Yes

◉ No

○ N/A

11.

Have you made any changes to the protections for applicants and enrollees?

For example: changing from the Medicaid Fair Hearing process to the review process used by all health insurance issuers statewide.

○   Yes

◉   No

○   N/A

12.

Have you made any changes to premium assistance?

For example: adding premium assistance or changing the population that receives premium assistance.

◉   Yes

○   No

○   N/A

13.

Have you made any changes to the methods and procedures for preventing, investigating, or referring fraud or abuse cases?

○   Yes

◉   No

○   N/A

14.

Have you made any changes to eligibility for "lawfully residing" pregnant women?

○   Yes

◉   No

○   N/A

15.

Have you made any changes to eligibility for "lawfully residing" children?

○   Yes

◉   No

○   N/A

16.

Have you made changes to any other policy or program areas?

○   Yes

◉   No

○   N/A

17. Briefly describe why you made these changes to your Medicaid Expansion CHIP program.

> #12 Premium Assistance - MassHealth will no longer offer the Student Health Insurance Premium Assistance Program, effective beginning Academic Year 20/21. A SPA and 1115 amendment will be submitted.

18.

Have you already submitted a State Plan Amendment (SPA) to reflect any changes that require a SPA?

○   Yes

◉   No

○   N/A

Part 4: Separate CHIP Program and Policy Changes

Indicate any changes you've made to your Separate CHIP program and policies in the past federal fiscal year. Many changes listed in this section require a State Plan Amendment (SPA), while some don't, such as changing outreach efforts or changing the health plan enrollment process. Please submit a SPA to reflect any changes that

do require a SPA.

1.

Have you made any changes to the eligibility determination process?

○   Yes

◉   No

○   N/A

2.

Have you made any changes to the eligibility redetermination process?

○   Yes

◉   No

○   N/A

3.

Have you made any changes to the eligibility levels or target populations?

For example: increasing income eligibility levels.

○   Yes

◉   No

○   N/A

4.

Have you made any changes to the benefits available to enrolees?

For example: adding benefits or removing benefit limits.

○ Yes

○ No

○ N/A

5.

Have you made any changes to the single streamlined application?

○ Yes

○ No

○ N/A

6.

Have you made any changes to your outreach efforts?

For example: allotting more or less funding for outreach, or changing your target population.

○   Yes

◉   No

○   N/A

7.

Have you made any changes to the delivery system(s)?

For example: transitioning from Fee for Service to Managed Care for different Separate CHIP populations.

○   Yes

◉   No

○   N/A

8.

Have you made any changes to your cost sharing requirements?

For example: changing amounts, populations, or the collection process.

○ Yes

◉ No

○ N/A

9.

Have you made any changes to substitution of coverage policies?

For example: removing a waiting period.

○ Yes

◉ No

○ N/A

10.

Have you made any changes to an enrollment freeze and/or enrollment cap?

○ Yes

◉ No

○ N/A

11.

Have you made any changes to the enrollment process for health plan selection?

○ Yes

◉ No

○ N/A

12.

Have you made any changes to the protections for applicants and enrollees?

For example: changing from the Medicaid Fair Hearing process to the review process used by all health insurance issuers statewide.

○ Yes

◉ No

○ N/A

13.

Have you made any changes to premium assistance?

For example: adding premium assistance or changing the population that receives premium assistance.

◉ Yes

○ No

○ N/A

14.

Have you made any changes to the methods and procedures for preventing, investigating, or referring fraud or abuse cases?

○ Yes

◉ No

○ N/A

15.

Have you made any changes to your conception to birth expansion (as described in the October 2, 2002 final rule)?

For example: expanding eligibility or changing this population's benefit package.

○ Yes

◉ No

○ N/A

16.

Have you made any changes to your Pregnant Women State Plan expansion?

For example: expanding eligibility or changing this population's benefit package.

○ Yes

◉ No

○ N/A

17.

Have you made any changes to eligibility for "lawfully residing" pregnant women?

○   Yes

◉   No

○   N/A

18.

Have you made any changes to eligibility for "lawfully residing" children?

○   Yes

◉   No

○   N/A

19.

Have you made changes to any other policy or program areas?

○   Yes

◉   No

○   N/A

20. Briefly describe why you made these changes to your Separate CHIP program.

> 4. Benefits - MassHealth clarified its policy that the long term care services which are limited to 100 days per admission are nursing facility and chronic disease and rehabilitation hospital (CDRH) inpatient services. 13. Premium Assistance - MassHealth will no longer offer the Student Health Insurance Premium Assistance Program, effective beginning Academic Year 20/21. 16. & 17. We don't have a Pregnant Women State Plan expansion or lawfully residing pregnant women under CHIP but N/A is not an option.

21.

Have you already submitted a State Plan Amendment (SPA) to reflect any changes that require a SPA?

◉   Yes

○   No

Enrollment and Uninsured Data

Part 1: Number of Children Enrolled in CHIP

This table is pre-filled with your SEDS data for the two most recent federal fiscal years (FFY). If the information is inaccurate, adjust your data in SEDS (go to line 7: "Unduplicated Number Ever Enrolled" in your fourth quarter SEDS report) and then refresh this page. If you're adjusting data in SEDS, allow one business day for the CARTS data below to update.

Program	Number of children enrolled in FFY 2019	Number of children enrolled in FFY 2020	Percent change
Medicaid Expansion CHIP	88,869	98,405	10.73%
Separate CHIP	144,503	120,650	-16.507%

1. If you had more than a 3% percent change from last year, what are some possible reasons why your enrollment numbers changed?

The Medicaid Expansion CHIP enrollment increase is likely due to the continuous coverage requirement in order to receive the 6.2% FMAP increase under the Families First Coronavirus Response Act (FFCRA). In response to the original interpretation of FFCRA, MassHealth has not terminated any Medicaid Expansion CHIP member eligible on or after March 18, 2020 unless they died, moved out of state or requested termination. Following release of the Interim Final Rule with Comment Period, we are re-evaluating any necessary changes needed based on the revised interpretation. It is also possible that some members moved from separate CHIP to Medicaid Expansion CHIP if family income declined due to the recession. As required by CMS, we have terminated members aging out of CHIP which likely contributed to the decrease in separate CHIP members in addition to the possible movement of children from separate CHIP to Medicaid Expansion CHIP as noted above.

Part 2: Number of Uninsured Children in Your State

This table is pre-filled with data on uninsured children (age 18 and under) who are below 200% of the Federal Poverty Level (FPL) based on annual estimates from the American Community Survey.

Year	Number of uninsured children	Margin of error	Percent of uninsured children (of total children in your state)	Margin of error
2015	7,000	2,000	0.5%	0.1%
2016	6,000	2,000	0.4%	0.2%
2017	7,000	2,000	0.5%	0.1%
2018	8,000	2,000	0.6%	0.2%
2019	6,000	2,000	0.4%	0.1%

Percent change between 2018 and 2019
Not Available

2.

Are there any reasons why the American Community Survey estimates wouldn't be a precise representation of the actual number of uninsured children in your state?

○   Yes

◉   No

3.

Do you have any alternate data source(s) or methodology for measuring the number and/or percent of uninsured children in your state?

○ Yes

◉ No

4. Is there anything else you'd like to add about your enrollment and uninsured data?

[   ]

5.

Optional: Attach any additional documents here.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

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Eligibility, Enrollment, and Operations

Program Outreach

1.

Have you changed your outreach methods in the last federal fiscal year?

○ Yes

◉ No

2.

Are you targeting specific populations in your outreach efforts?

For example: minorities, immigrants, or children living in rural areas.

◉ Yes

○ No

3. What methods have been most effective in reaching low-income, uninsured children?

For example: TV, school outreach, or word of mouth.

We have found the following methods to be most effective in reaching low-income, uninsured children: MassHealth outreach team staffs facilitated enrollment events collaborating with local health centers and partner organizations across the Commonwealth. Events help members complete renewals and health plan selection. Enrollment events are opportunities for new applicants and current members to attend, meet with MassHealth staff to ask questions about their coverage, and seek assistance in understanding how to use their health care. Due to the COVID-19 public health emergency enrollment events have been put on hold since March. MassHealth continues to fund and provide leadership for the Massachusetts Health Care Training Forum (MTF) program. MTF is a partnership between MassHealth and the University of MA Medical School (UMMS). MTF utilizes a range of communication methods to reach health and human service workers in various fields to communicate State public health insurance related program and policy information, as well as information about related State programs. Communication methods include regional meetings held throughout the fiscal year in regions of the State, program updates/e-mail communications, a regularly updated program website which features a number of resources and tools, including a growing number of State program webinar opportunities. The quarterly in-person meetings feature presentations (which are also catalogued online) to keep health care organizations and community agencies that serve MassHealth members, the uninsured, and underinsured informed of the latest changes in MassHealth and overall state and federal health care policies. MassHealth presents information about programmatic operations and policy changes and often leading community advocates share updates about policy developments in state and federal health care reform. During FFY2020, two regional in-person meetings were held in four regions of the State prior to the beginning of the COVID-19 public health emergency. To ensure continued communications and to keep health care organizations and community agencies informed of MassHealth's response to the COVID-19 public health emergency, MTF held a total of 22 virtual meetings. The meetings promote information dissemination, sharing of best practices, and building of community and public sector linkages in order to increase targeted outreach and member education

information about MassHealth. In SFY20, MTF program attendance experienced an increase from previous years, a total of 6,520 individuals attended. In addition to those attending the in-person meetings, 3,478 individuals participated in conference calls and Zoom webinars. MTF also provides information via a listserv of approximately 7,313 members, and a website offering resource information and meeting materials. In FFY20, the website had over 18,000 visitors with 46,674 page views in FFY20 (an increase from approximately 32,000 page views in FFY19).

4. Is there anything else you'd like to add about your outreach efforts?

The Health Care Reform (HCR) Outreach and Education Unit coordinates statewide outreach activities, disseminates educational materials related to state and federal Health Care Reform, and collaborates with state and community-based agencies. This coordination helps prevent the duplication of outreach efforts in the community, strengthens the knowledge of providers and residents, and provides information to help individuals make smart choices about health coverage. The overall functions of the HCR Unit include the following activities: supporting and managing training and technical assistance for community providers, partners, certified assisters (including Certified Application Counselors (CACs) and Navigators) and coordinating and collaborating with state agencies around state and federal health care reform policies, messaging, and outreach activities. Activities throughout the year continue to focus on ensuring our Certified Assister community stays informed about the MassHealth health plan options, including the Accountable Care Organizations (ACOs), and MassHealth's response to the COVID-19 public health emergency. Efforts included a series of 30 weekly check-in calls, then monthly check-in calls, emails with reminders about important dates, and about MassHealth cost sharing changes for the adults who are subject to cost sharing. Ongoing CAC education and training continued in earnest throughout the year consisting of over 100 CAC touchpoints (emails, conference calls, webinars, in-person meetings) and new/updated online educational content (new/updated courses, job aids, access to recorded webinars, and Q&A).

5.

Optional: Attach any additional documents here.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
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Eligibility, Enrollment, and Operations

Substitution of Coverage

Substitution of coverage (also known as crowd-out) occurs when someone with private insurance drops their private coverage and substitutes it with publicly funded insurance such as CHIP.

1.

Do you track the number of CHIP enrollees who have access to private insurance?

⦿ Yes

◯ No

◯ N/A

2.

Do you match prospective CHIP enrollees to a database that details private insurance status?

◉ Yes

○ No

○ N/A

0	%

5. Is there anything else you'd like to add about substitution of coverage that wasn't already covered? Did you run into any limitations when collecting data?

Additional information for Question 3 - MassHealth has authorization under an 1115 Demonstration to enroll children with employer sponsored insurance at CHIP income levels into MassHealth using Title XIX funding.

6.

Optional: Attach any additional documents here.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

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Eligibility, Enrollment, and Operations

Renewal, Denials, and Retention

Part 1: Eligibility Renewal and Retention

1.

Does your state provide presumptive eligibility, allowing children to access CHIP services pending a final determination of eligibility?

This question should only be answered in respect to Separate CHIP.

⦿ Yes

◯ No

◯ N/A

2.

In an effort to retain children in CHIP, do you conduct follow-up communication with families through caseworkers and outreach workers?

◯ Yes

⦿ No

3.

Do you send renewal reminder notices to families?

○ Yes

◉ No

4. What else have you done to simplify the eligibility renewal process for families?

> MassHealth does not send a "reminder notices" but sends out two renewal notices. Members are able to complete a renewal by phone, fax, online and mail. Approximately 50% of households are eligible for ex parte or automatic renewals.

5. Which retention strategies have you found to be most effective?

> We do not have information on what is most effective.

6. How do you measure the effectiveness of your retention strategies? What data sources and methodology do you use to track retention?

> Not available

7. Is there anything else you'd like to add that wasn't already covered?

> No

Part 2: CHIP Eligibility Denials (Not Redetermination)

1.

How many applicants were denied CHIP coverage in FFY 2020?

Don't include applicants being considered for redetermination - this data will be collected in Part 3.

1599

2.

How many applicants were denied CHIP coverage for procedural reasons?

For example: They were denied because of an incomplete application, missing documentation, or a missing enrollment fee.

908

3.

How many applicants were denied CHIP coverage for eligibility reasons?

For example: They were denied because their income was too high or too low, they were determined eligible for Medicaid instead, or they had other coverage available.

691

3a.

How many applicants were denied CHIP (Title XXI) coverage and determined eligible for Medicaid (Title XIX) instead?

0

4.

How many applicants were denied CHIP coverage for other reasons?

0

5. Did you have any limitations in collecting this data?

No. Additional information for #3a - We have a joint application and determine applicants for the richest benefit for which they are eligible. Therefore, we do not deny applications for Title XXI and enroll them in Title XIX but rather just enroll them directly into Title XIX.

Table: CHIP Eligibility Denials (Not Redetermination)

This table is auto-populated with the data you entered above.

Type	Number	Percent
Total denials	1599	100%
Denied for procedural reasons	908	56.79%
Denied for eligibility reasons	691	43.21%
Denials for other reasons	0	0%

Part 3: Redetermination in CHIP

Redetermination is the process of redetermining whether a child is eligible to renew in CHIP (Title XXI) every 12 months. This section doesn't apply to any mid-year changes in circumstances that may affect eligibility (for example: income, relocation, or aging out of the program).

1.

How many children were eligible for redetermination in CHIP in FFY 2020?

223910

2.

Of the eligible children, how many were then screened for redetermination?

199092

3.

How many children were retained in CHIP after redetermination?

183820

4.

How many children were disenrolled in CHIP after the redetermination process?

This number should be equal to the total of 4a, 4b, and 4c below.

15272

Computed: 15272

4a.

How many children were disenrolled for procedural reasons?

This could be due to an incomplete application, missing documentation, or a missing enrollment fee.

8366

4b.

How many children were disenrolled for eligibility reasons?

This could be due to income that was too high or too low, eligibility in Medicaid (Title XIX) instead, or access to private coverage.

6715

4c.

How many children were disenrolled for other reasons?

191

5. Did you have any limitations in collecting this data?

No

Table: Redetermination in CHIP

These tables are auto-populated with the data you entered above.

Type	Number	Percent
Children screened for redetermination	199092	100%
Children retained after redetermination	183820	92.33%
Children disenrolled after redetermination	15272	7.67%

Table: Disenrollment in CHIP after Redetermination

Type	Number	Percent
Children disenrolled after redetermination	15272	100%
Children disenrolled for procedural reasons	8366	54.78%
Children disenrolled for eligibility reasons	6715	43.97%
Children disenrolled for other reasons	191	1.25%

Part 4: Redetermination in Medicaid

Redetermination is the process of redetermining whether a child is eligible to renew in Medicaid (Title XIX) every 12 months. This section doesn't apply to any mid-year changes in circumstances that may affect eligibility (for example: income, relocation, or aging out of the program).

1.

How many children were eligible for redetermination in Medicaid in FFY 2020?

484572

2.

Of the eligible children, how many were then screened for redetermination?

420619

3.

How many children were retained in Medicaid after redetermination?

405961

4.

How many children were disenrolled in Medicaid after the redetermination process?

This number should be equal to the total of 4a, 4b, and 4c below.

14658

Computed: 14658

4a.

How many children were disenrolled for procedural reasons?

This could be due to an incomplete application, missing documentation, or a missing enrollment fee.

6108

4b.

How many children were disenrolled for eligibility reasons?

This could be due to an income that was too high and/or eligibility in CHIP instead.

8480

4c.

How many children were disenrolled for other reasons?

70

5. Did you have any limitations in collecting this data?

No

Table: Redetermination in Medicaid

These tables are auto-populated with the data you entered above.

Type	Number	Percent
Children screened for redetermination	420619	100%
Children retained after redetermination	405961	96.52%
Children disenrolled after redetermination	14658	3.48%

Table: Disenrollment in Medicaid after Redetermination

Type	Number	Percent
Children disenrolled after redetermination	14658	100%
Children disenrolled for procedural reasons	6108	41.67%
Children disenrolled for eligibility reasons	8480	57.85%
Children disenrolled for other reasons	70	0.48%

Part 5: Tracking a CHIP cohort (Title XXI) over 18 months

Tracking a cohort of children enrolled in CHIP (Title XXI) will indicate how long a specific group of children stays enrolled over an 18-month period. This information is required by Section 402(a) of CHIPRA.

To track your cohort, identify a group of children ages 0 to 16 years who are newly enrolled in CHIP and/or Medicaid as of January through March 2020 (the second quarter of FFY 2020). Children in this cohort must be 16 years and 0 months or younger when they enroll to ensure they don't age out of the program by the end of the 18-month tracking period.

You'll identify a new cohort every two years. This year you'll report on the number of children at the start of the cohort (Jan - Mar 2020) and six months later (July - Sept 2020). Next year you'll report numbers for the same cohort at 12 months (Jan - Mar 2021) and 18 months later (July - Sept 2021). If data is unknown or unavailable, leave it blank - don't enter a zero unless the data is known to be zero.

Helpful hints on age groups

Children should be in age groups based on their age at the start of the cohort, when they're identified as newly enrolled in January, February, or March of 2020. For example, if a child is four years old when they're newly enrolled, they should continue to be reported in the "ages 1-5" group at 6 months, 12 months, and 18 months later.

The oldest children in the cohort must be no older than 16 years (and 0 months) to ensure they don't age out of the program at the end of the 18-month tracking period. That means children in the "ages 13-16" group who are newly enrolled in January 2020 must be born after January 2004. Similarly, children who are newly enrolled in February 2020 must be born after February 2004, and children newly enrolled in March 2020 must be born after March 2004.

1.

How does your state define "newly enrolled" for this cohort?

○   Newly enrolled in CHIP: Children in this cohort weren't enrolled in CHIP (Title XXI) during the previous month. For example: Newly enrolled children in January 2020 weren't enrolled in CHIP in December 2019.

⦿   Newly enrolled in CHIP and Medicaid: Children in this cohort weren't enrolled in CHIP (Title XXI) or Medicaid (Title XIX) during the previous month. For example: Newly enrolled children in January 2020 weren't enrolled in CHIP or Medicaid in December 2019.

2.

Do you have data for individual age groups?

If not, you'll report the total number for all age groups (0-16 years) instead.

⦿   Yes

○   No

January - March 2020 (start of the cohort)

3.

How many children were newly enrolled in CHIP between January and March 2020?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
459	2017	3323	1463

July - September 2020 (6 months later)

4.

How many children were continuously enrolled in CHIP six months later?

Only include children that didn't have a break in coverage during the six-month period.

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
312	1366	2344	1032

5.

How many children had a break in CHIP coverage but were re-enrolled in CHIP six months later?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
25	101	159	63

6.

Of the children who had a break in CHIP coverage (in the previous question), how many were enrolled in Medicaid during the break?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
24	91	153	57

7.

How many children were no longer enrolled in CHIP six months later?

Possible reasons for no longer being enrolled:
b" Transferred to another health insurance program other than CHIP
b" Didn't meet eligibility criteria anymore
b" Didn't complete documentation
b" Didn't pay a premium or enrollment fee

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
122	550	820	368

8.

Of the children who were no longer enrolled in CHIP (in the previous question), how many were enrolled in Medicaid six months later?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
98	439	681	304

9. Is there anything else you'd like to add about your data?

No

January - March 2021 (12 months later)

Next year you'll report this data. Leave it blank in the meantime.

10.

How many children were continuously enrolled in CHIP 12 months later?

Only include children that didn't have a break in coverage during the 12-month period.

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

11.

How many children had a break in CHIP coverage but were re-enrolled in CHIP 12 months later?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

12.

Of the children who had a break in CHIP coverage (in the previous question), how many were enrolled in Medicaid during the break?

Ages 0-1   Ages 1-5   Ages 6-12   Ages 13-16

13.

How many children were no longer enrolled in CHIP 12 months later?

Possible reasons for not being enrolled:
b" Transferred to another health insurance program other than CHIP
b" Didn't meet eligibility criteria anymore
b" Didn't complete documentation
b" Didn't pay a premium or enrollment fee

Ages 0-1   Ages 1-5   Ages 6-12   Ages 13-16

14.

Of the children who were no longer enrolled in CHIP (in the previous question), how many were enrolled in Medicaid 12 months later?

Ages 0-1   Ages 1-5   Ages 6-12   Ages 13-16

July - September of 2021 (18 months later)

Next year you'll report this data. Leave it blank in the meantime.

15.

How many children were continuously enrolled in CHIP 18 months later?

Only include children that didn't have a break in coverage during the 18-month period.

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

16.

How many children had a break in CHIP coverage but were re-enrolled in CHIP 18 months later?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

17.

Of the children who had a break in CHIP coverage (in the previous question), how many were enrolled in Medicaid during the break?

Ages 0-1   Ages 1-5   Ages 6-12   Ages 13-16

[   ]   [   ]   [   ]   [   ]

18.

How many children were no longer enrolled in CHIP 18 months later?

Possible reasons for not being enrolled:
b" Transferred to another health insurance program other than CHIP
b" Didn't meet eligibility criteria anymore
b" Didn't complete documentation
b" Didn't pay a premium or enrollment fee

Ages 0-1   Ages 1-5   Ages 6-12   Ages 13-16

[   ]   [   ]   [   ]   [   ]

19.

Of the children who were no longer enrolled in CHIP (in the previous question), how many were enrolled in Medicaid 18 months later?

Ages 0-1   Ages 1-5   Ages 6-12   Ages 13-16

[   ]   [   ]   [   ]   [   ]

20. Is there anything else you'd like to add about your data?

[   ]

Part 6: Tracking a Medicaid (Title XIX) cohort over 18 months

Tracking a cohort of children enrolled in Medicaid (Title XIX) will indicate how long a specific group of children stays enrolled over an 18-month period. This information is required by Section 402(a) of CHIPRA.
To track your cohort, identify a group of children ages 0 to 16 years, who are newly enrolled in Medicaid and/or CHIP as of January through March 2020 (the second quarter of FFY 2020). Children in this cohort must be 16 years and 0 months or younger when they enroll to ensure they don't age out of the program by the end of the 18-month tracking period.
You'll identify a new cohort every two years. This year you'll report the number of children identified at the start of the cohort (Jan-Mar 2020) and six months later (July-Sept 2020). Next year you'll report numbers for the same cohort at 12 months (Jan-Mar 2021) and 18 months later (July-Sept 2021). If data is unknown or unavailable, leave it blank - don't enter a zero unless the data is known to be zero.

Helpful hints on age groups

Children should be in age groups based on their age at the start of the cohort, when they're identified as newly enrolled in January, February, or March of 2020. For example, if a child is four years old when they're newly enrolled, they should continue to be reported in the "ages 1-5" group at 6 months, 12 months, and 18 months later.

The oldest children in the cohort must be no older than 16 years (and 0 months) to ensure they don't age out of the program at the end of the 18-month tracking period. That means children in the "ages 13-16" group who are newly enrolled in January 2020 must be born after January 2004. Similarly, children who are newly enrolled in February 2020 must be born after February 2004, and children newly enrolled in March 2020 must be born after March 2004.

1.

How does your state define "newly enrolled" for this cohort?

○   Newly enrolled in Medicaid: Children in this cohort weren't enrolled in Medicaid (Title XIX) during the previous month. For example: Newly enrolled children in January 2020 weren't enrolled in Medicaid in December 2019.

◉   Newly enrolled in CHIP and Medicaid: Children in this cohort weren't enrolled in CHIP (Title XXI) or Medicaid (Title XIX) during the previous month. For example: Newly enrolled children in January 2020 weren't enrolled in CHIP or Medicaid in December 2019.

2.

Do you have data for individual age groups?

If not, you'll report the total number for all age groups (0-16 years) instead.

◉   Yes

○   No

January - March 2020 (start of the cohort)

3.

How many children were newly enrolled in Medicaid between January and March 2020?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
7736	3829	4075	1716

July - September 2020 (6 months later)

4.

How many children were continuously enrolled in Medicaid six months later?

Only include children that didn't have a break in coverage during the six-month period.

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
7385	3385	3575	1444

5.

How many children had a break in Medicaid coverage but were re-enrolled in Medicaid six months later?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
37	58	53	30

6.

Of the children who had a break in Medicaid coverage (in the previous question), how many were enrolled in CHIP during the break?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
9	27	18	9

7.

How many children were no longer enrolled in Medicaid six months later?

Possible reasons for no longer being enrolled:
b" Transferred to another health insurance program other than Medicaid
b" Didn't meet eligibility criteria anymore
b" Didn't complete documentation
b" Didn't pay a premium or enrollment fee

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
314	433	447	242

8.

Of the children who were no longer enrolled in Medicaid (in the previous question), how many were enrolled in CHIP six months later?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
91	138	157	68

9. Is there anything else you'd like to add about your data?

January - March 2021 (12 months later)

Next year you'll report this data. Leave it blank in the meantime.

10.

How many children were continuously enrolled in Medicaid 12 months later?

Only include children that didn't have a break in coverage during the 12-month period.

Ages 0-1   Ages 1-5   Ages 6-12   Ages 13-16

[   ]   [   ]   [   ]   [   ]

11.

How many children had a break in Medicaid coverage but were re-enrolled in Medicaid 12 months later?

Ages 0-1   Ages 1-5   Ages 6-12   Ages 13-16

[   ]   [   ]   [   ]   [   ]

12.

Of the children who had a break in Medicaid coverage (in the previous question), how many were enrolled in CHIP during the break?

Ages 0-1   Ages 1-5   Ages 6-12   Ages 13-16

[   ]   [   ]   [   ]   [   ]

13.

How many children were no longer enrolled in Medicaid 12 months later?

Possible reasons for not being enrolled:
b" Transferred to another health insurance program other than Medicaid
b" Didn't meet eligibility criteria anymore
b" Didn't complete documentation
b" Didn't pay a premium or enrollment fee

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

14.

Of the children who were no longer enrolled in Medicaid (in the previous question), how many were enrolled in CHIP 12 months later?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

July - September of 2021 (18 months later)

Next year you'll report this data. Leave it blank in the meantime.

15.

How many children were continuously enrolled in Medicaid 18 months later?

Only include children that didn't have a break in coverage during the 18-month period.

Ages 0-1   Ages 1-5   Ages 6-12   Ages 13-16

16.

How many children had a break in Medicaid coverage but were re-enrolled in Medicaid 18 months later?

Ages 0-1   Ages 1-5   Ages 6-12   Ages 13-16

17.

Of the children who had a break in Medicaid coverage (in the previous question), how many were enrolled in CHIP during the break?

Ages 0-1   Ages 1-5   Ages 6-12   Ages 13-16

18.

How many children were no longer enrolled in Medicaid 18 months later?

Possible reasons for not being enrolled:
b" Transferred to another health insurance program other than Medicaid
b" Didn't meet eligibility criteria anymore
b" Didn't complete documentation
b" Didn't pay a premium or enrollment fee

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

19.

Of the children who were no longer enrolled in Medicaid (in the previous question), how many were enrolled in CHIP 18 months later?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

20. Is there anything else you'd like to add about your data?

Eligibility, Enrollment, and Operations

Cost Sharing (Out-of-Pocket Costs)

States can choose whether or not to require cost sharing in their CHIP program. Cost sharing includes payments such as enrollment fees, premiums, deductibles,

coinsurance, and copayments.

1.

Does your state require cost sharing?

○ Yes

○ No

2.

Who tracks cost sharing to ensure families don't pay more than the 5% aggregate household income in a year?

○ Families ("the shoebox method")

○ Health plans

○ States

○ Third party administrator

○ Other

3. How are healthcare providers notified that they shouldn't charge families once families have reached the 5% cap?

Massachusetts' eligibility verification system (EVS) enables providers to recognize no cost sharing is applicable for member via restrictive messaging that displays upon verification of eligibility.

4. Approximately how many families exceeded the 5% cap in the last federal fiscal year?

8853 children exceeded the cap

5.

Have you assessed the effects of charging premiums and enrollment fees on whether eligible families enroll in CHIP?

○　　Yes

◉　　No

6.

Have you assessed the effects of charging copayments and other out-of-pocket fees on whether enrolled families use CHIP services?

○　　Yes

◉　　No

8. Is there anything else you'd like to add that wasn't already covered?

No

9.

Optional: Attach any additional documents here.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
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Eligibility, Enrollment, and Operations

Employer Sponsored Insurance and Premium Assistance

States with a premium assistance program can use CHIP funds to purchase coverage through employer sponsored insurance (ESI) on behalf of eligible children and parents.

1.

Does your state offer ESI including a premium assistance program under the CHIP State Plan or a Section 1115 Title XXI demonstration?

- ⦿ Yes

- ◯ No

1.

Under which authority and statutes does your state offer premium assistance?

Check all that apply.

- ☑ Purchase of Family Coverage under CHIP State Plan [2105(c)(3)]

- ☐ Additional Premium Assistance Option under CHIP State Plan [2105(c)(10)]

- ☐ Section 1115 Demonstration (Title XXI)

2.

Does your premium assistance program include coverage for adults?

◉   Yes

○   No

3. What benefit package is offered as part of your premium assistance program, including any applicable minimum coverage requirements?

This only applies to states operating an 1115 demo.

> Secretary approved per the State Plan amendment approved in March 2002

4.

Does your premium assistance program provide wrap-around coverage for gaps in coverage?

This only applies to states operating an 1115 demo.

◉   Yes

○   No

○   N/A

5.

Does your premium assistance program meet the same cost sharing requirements as that of the CHIP program?

This only applies to states operating an 1115 demo.

⊙   Yes

○   No

○   N/A

6.

Are there protections on cost sharing for children (such as the 5% out-of-pocket maximum) in your premium assistance program?

This only applies to states operating an 1115 demo.

⊙   Yes

○   No

○   N/A

7.

How many children were enrolled in the premium assistance program on average each month in FFY 2020?

19419

8.

What's the average monthly contribution the state pays towards coverage of a child?

$ 314

9.

What's the average monthly contribution the employer pays towards coverage of a child?

$ 0

10.

What's the average monthly contribution the employee pays towards coverage of a child?

$ 0

Table: Coverage breakdown

Child

State	Employer	Employee
314	0	0

11.

What's the range in the average monthly contribution paid by the state on behalf of a child?

Average Monthly Contribution

Starts at

$ 0

➜

Ends at

$ 4,412.52

12.

What's the range in the average monthly contribution paid by the state on behalf of a parent?

Average Monthly Contribution

Starts at

$ 0

➜

Ends at

$ 150

13.

What's the range in income levels for children who receive premium assistance (if it's different from the range covering the general CHIP population)?

Federal Poverty Levels

Starts at

0

➜

Ends at

300

14. What strategies have been most effective in reducing the administrative barriers in order to provide premium assistance?

Since Premium Assistance investigates employers and the insurance offered to employees, maintaining an employer database is critical in facilitating the investigation process. The process allows MassHealth to gather all of the ESI information that an employer offers including: the names of all health insurance plans the employer offers, premiums and tiers, annual open enrollment rates, and summary of benefits for each health insurance offered. This process of gathering and storing current employer insurance information streamlines the determination when other members are being reviewed and are employed by the same employer. The database is updated annually, during the open enrollment periods.

15. What challenges did you experience with your premium assistance program in FFY 2020?

The greatest challenge for the ESI program has been and continues to be the maintenance of household information relating to employment, health insurance plan benefits meeting the qualifying standards for coverage (ESI plans are steadily increasing deductibles and out of pocket maximums, health Insurance premiums are increasing, more employers are offering High Deductible Health Plans with Health Savings Accounts).

16. What accomplishments did you experience with your premium assistance program in FFY 2020?

The Premium Assistance Unit continues work toward the goal of increasing enrollment into the program by making enhancements to streamline the process of investigating referrals for access to ESI. This includes targeted approaches to analyzing and working referral files and enhancing relationships with employers to get more timely and accurate updated information. Premium Assistance enrollment numbers have steadily increased over the course of the year due to consistent efforts.

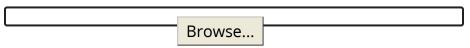17. Is there anything else you'd like to add that wasn't already covered?

The response for both 9 and 10 is "50% of the total ESI premium" but the box would only take numbers. Additional information for response to question 12: $150 is calculated into the cost-effective amount for a non-MassHealth eligible parent when the parent is the policyholder of the ESI-plan and the employer contributes 50% of the total cost of the insurance plan.

18.

Optional: Attach any additional documents here.

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Eligibility, Enrollment, and Operations

Program Integrity

States with a premium assistance program can use CHIP funds to purchase coverage through employer sponsored insurance (ESI) on behalf of eligible children and parents.

1.

Do you have a written plan with safeguards and procedures in place for the prevention of fraud and abuse cases?

◉ Yes

○ No

2.

Do you have a written plan with safeguards and procedures in place for the investigation of fraud and abuse cases?

◉ Yes

○ No

3.

Do you have a written plan with safeguards and procedures in place for the referral of fraud and abuse cases?

◉ Yes

○ No

4. What safeguards and procedures are in place for the prevention, investigation, and referral of fraud and abuse cases?

The Provider Compliance Unit, operated within the University of Massachusetts Medical School (UMMS), and managed by the MassHealth Program Integrity Unit, is our primary post-payment fraud detection unit. Utilizing algorithms and reports found in our data warehouse, and through data analysis, the Provider Compliance Unit reviews paid claims data to detect aberrant trends and outlier billing patterns that can indicate potential fraud. The Provider Compliance Unit works closely with Program Integrity to meet our federal regulatory obligation to establish a surveillance utilization control system to safeguard against fraudulent, abusive, and inappropriate use of the Medicaid program. The Financial Compliance Unit (FCU) also operated within UMMS, and managed by the MassHealth Program Integrity Unit, performs audits or reviews of providers' financial records. These audits focus on providers' accounting records, specifically accounts receivables. FCU analyzes charges, payments, and other account activity, leading to the identification of overpayments. The FCU works closely with Program Integrity to safeguard against inappropriate, abusive, and potential fraudulent use of the Medicaid program. Additionally, MassHealth oversees a Third-Party Administrator contract with Optum which is responsible for carrying out program integrity activities, including on-site audits, desk reviews and algorithms, focused on long-term supports and services (LTSS) providers. MassHealth Program Integrity works closely with Optum across multiple weekly coordination calls and provides detailed input on all audit findings of non-compliance and associated overpayments. MassHealth Program Integrity also works across units engaged in program integrity to coordinate activities, establish unit specific internal control plans and risk assessments, manage external audit activity, coordinate the CMS Payment Error Rate Measurement (PERM), and establish and monitor compliance with information privacy and security requirements. Our MMIS system processes provider claims and contains a significant number of sophisticated edits, rules, and other program integrity checks and balances. As a result, approximately 22% of all claims submitted are denied and less than 1% are suspended for manual review, verification and pricing. The MMIS has been designed with enhanced Program Integrity capabilities, including expanded functionality to add claims edits as needed in order to keep abreast with the latest trends in aberrant or fraudulent claims submissions. Generally, information systems support to MassHealth remains a significant priority of the Executive Office of Health and Human Services,

in large part because of the potential of leveraging technology to combat fraud, waste, and abuse in the Medicaid program. The EOHHS Data Warehouse, for example, is a consolidated repository of claims and eligibility data that provides program and financial managers with the ability to develop standard and ad-hoc management reports. The Claims Operations Unit manages our claims processing contractor and monitors claims activity weekly. The EOHHS Office of Financial Management organizes a weekly Cash Management Team made up of budget, program, and operations staff that closely monitors the weekly provider claims payroll and compares year-to-date cash spending with budgeted spending by both provider type and budget category. The prior authorization unit ensures that certain services are medically necessary before approving the service. Even more sophisticated measures are in place for the pharmacy program. The Drug Utilization Review program at UMMS monitors and audits pharmacy claims and is designed to prevent early refills, therapeutic duplication, ingredient duplication, and problematic drug-drug interaction. In February 2004, our Managed Care Program instituted required reporting on fraud and abuse protections for all of MassHealth's managed care organizations. Finally, MassHealth contracts with two vendors, one who supports LTSS and the other that supports the Office of Provider & Pharmacy Programs to support provider enrollment. These two vendors provide customer service to MassHealth members and providers. Our customer service contractors verify the credentials of all providers applying to participate in our program as well as re-credentialing existing providers and will work closely with the Board of Registration in Medicine, the Division of Professional Licensing, the Department of Public Health, the US Department of Health and Human Services, and the Office of the Inspector General to identify disciplinary actions against enrolled providers.

5.

Do the Managed Care plans contracted by your Separate CHIP program have written plans with safeguards and procedures in place?

⦿ Yes

◯ No

◯ N/A

6.

How many eligibility denials have been appealed in a fair hearing in FFY 2020?

> 4992

7.

How many cases have been found in favor of the beneficiary in FFY 2020?

> 154

8.

How many cases related to provider credentialing were investigated in FFY 2020?

170

9.

How many cases related to provider credentialing were referred to appropriate law enforcement officials in FFY 2020?

0

10.

How many cases related to provider billing were investigated in FFY 2020?

43

11.

How many cases were referred to appropriate law enforcement officials in FFY 2020?

4

12.

How many cases related to beneficiary eligibility were investigated in FFY 2020?

3250

13.

How many cases related to beneficiary eligibility were referred to appropriate law enforcement officials in FFY 2020?

760

14.

Does your data for Questions 8-13 include cases for CHIP only or for Medicaid and CHIP combined?

○   CHIP only

◉   Medicaid and CHIP combined

15.

Do you rely on contractors for the prevention, investigation, and referral of fraud and abuse cases?

◉   Yes

○   No

16.

Do you contract with Managed Care health plans and/or a third party contractor to provide this oversight?

○ Yes

○ No

17. Is there anything else you'd like to add that wasn't already covered?

> For #6 and 7, the responses represent total number of eligibility appeals and favorable findings for members under 65

18.

Optional: Attach any additional documents here.

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Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

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Eligibility, Enrollment, and Operations

Dental Benefits

Tell us about the children receiving dental benefits in your Separate CHIP program. Include children who are receiving full benefits and those who are only receiving supplemental dental benefits. Include the unduplicated number of children enrolled in all types of delivery systems (Managed Care, PCCM, and Fee for Service).

Note on age groups

Children should be in age groups based on their age on September 30th, the end of the federal fiscal year (FFY). For example, if a child turns three years old on September 15th, the child should be included in the "ages 3-5" group. Even if the child received dental services on September 1st while they were still two years old, all dental services should be counted as their age at the end of the FFY.

1.

Do you have data for individual age groups?

If not, you'll report the total number for all age groups (0-18 years) instead.

◉ Yes

◯ No

2.

How many children were enrolled in Separate CHIP for at least 90 continuous days during FFY 2020?

Ages 0-1	Ages 1-2	Ages 3-5	Ages 6-9	Ages 10-14	Ages 15-18
1028	14671	30058	51885	69801	64388

3.

How many children (who were enrolled in Separate CHIP for at least 90 continuous days) received at least one dental care service during FFY 2020?

Ages 0-1	Ages 1-2	Ages 3-5	Ages 6-9	Ages 10-14	Ages 15-18
13	2590	13016	29636	40194	29666

Dental care service codes and definitions

The dental service must be provided by or under the supervision of a dentist as defined by HCPCS codes D0100-D9999 (or equivalent CDT codes D0100-D9999, or equivalent CPT codes) based on an unduplicated paid, unpaid, or denied claim.

All data should be based on the definitions in the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Report (Form CMS-416).

4.

How many children (who were enrolled in Separate CHIP for at least 90 continuous days) received at least one preventative dental care service during FFY 2020?

Ages 0-1	Ages 1-2	Ages 3-5	Ages 6-9	Ages 10-14	Ages 15-18
2	2416	12443	27965	35364	23250

Dental care service codes and definitions

The dental service must be provided by or under the supervision of a dentist as defined by HCPCS codes D0100 - D9999 (or equivalent CDT codes D0100 - D9999, or equivalent CPT codes) based on an unduplicated paid, unpaid, or denied claim. All data should be based on the definitions in the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Report (Form CMS-416).

5.

How many children (who were enrolled in Separate CHIP for at least 90 continuous days) received dental treatment services during FFY 2020?

This includes orthodontics, periodontics, implants, oral and maxillofacial surgery, and other treatments.

Ages 0-1	Ages 1-2	Ages 3-5	Ages 6-9	Ages 10-14	Ages 15-18
11	343	3074	12601	22509	18956

Dental treatment service codes and definitions

The dental service must be provided by or under the supervision of a dentist as defined by HCPCS codes D2000-D9999 (or equivalent CDT codes D2000-D9999 or equivalent CPT codes that involve periodontics, maxillofacial prosthetics, implants, oral and maxillofacial surgery, orthodontics, adjunctive general services) based on an unduplicated paid, unpaid, or denied claim.

All data should be based on the definitions in the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Report (Form CMS-416).

6.

How many children in the "ages 6-9" group received a sealant on at least one permanent molar tooth during FFY 2020?

7471

Sealant codes and definitions

The sealant on a permanent molar tooth is provided by a dental professional for whom placing a sealant is within their scope of practice. It's defined by HCPCS code D1351 (or equivalent CDT code D1351) based on an unduplicated paid, unpaid, or denied claim. Permanent molars are teeth numbered 2, 3, 14, 15, 18, 19, 30, and 31, and additionally - for states covering sealants on third molars ("wisdom teeth") - teeth numbered 1, 16, 17, and 32.

All data should be based on the definitions in the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Report (Form CMS-416).

7.

Do you provide supplemental dental coverage?

○   Yes

◉   No

8. Is there anything else you'd like to add about your dental benefits? If you weren't able to provide data, let us know why.

No

9.

Optional: Attach any additional documents here.

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Eligibility, Enrollment, and Operations

CAHPS Survey Results

Children's Health Insurance Program Reauthorization Act (CHIPRA) requires that all CHIP programs submit survey results from the Consumer Assessment of Healthcare Providers and Systems (CAHPS). The survey assesses your CHIP program quality and customer satisfaction.

1.

Did you collect the CAHPS survey?

◉   Yes

○   No

Part 2: You collected the CAHPS survey

Since you collected the CAHPS survey, please complete Part 2.

1.

Upload a summary report of your CAHPS survey results.

This is optional if you already submitted CAHPS raw data to the AHRQ CAHPS database. Submit results only for the CHIP population, not for both Medicaid (Title XIX) and CHIP (Title XXI) together. Your data should represent children enrolled in all types of delivery systems (Managed Care, PCCM, and Fee for Service).

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

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2.

Which CHIP population did you survey?

○ Medicaid Expansion CHIP

○ Separate CHIP

○ Both Separate CHIP and Medicaid Expansion CHIP

◉ Other

3.

Which version of the CAHPS survey did you use?

○ CAHPS 5.0

○ CAHPS 5.0H

◉ Other

4.

Which supplemental item sets did you include in your survey?

Select all that apply.

☑ None

☐ Children with Chronic Conditions

☐ Other

5.

Which administrative protocol did you use to administer the survey?

Select all that apply.

☐ NCQA HEDIS CAHPS 5.0H

☐ HRQ CAHPS

☑ Other

> 5a. Which administrative protocol did you use?
>
> The state utilizes a CAHPS-based protocol adapted by our vendor (Massachusetts Health Quality Partners, www.mhqp.org) who implements CAHPS-based surveys statewide in Massachusetts for the commercial and Medicaid population. Scoring is based on average response versus top-box scoring.

6. Is there anything else you'd like to add about your CAHPS survey results?

MassHealth administers and collects a CAHPS-based survey instrument developed and used statewide in Massachusetts. It is based on the 3.0 CAHPS Clinician and Group survey and is administered for the managed care (specifically ACO) and PCCM population. The FFS population is not surveyed given limited population, budget and staff constraints. The MCO-only (non-ACO managed care population) is also not available given a very limited population, and budget constraints.

Part 3: You didn't collect the CAHPS survey

Eligibility, Enrollment, and Operations

Health Services Initiative (HSI) Programs

All states with approved HSI program(s) should complete this section.
States can use up to 10% of their fiscal year allotment to develop Health Services Initiatives (HSI) that provide direct services and other public health initiatives for low-income children. [See Section 2105(a)(1)(D)(ii) of the Social Security Act.] States can only develop HSI programs after funding other costs to administer their CHIP State Plan, as defined in regulations at 42 CFR 457.10.

1.

Does your state operate Health Service Initiatives using CHIP (Title XXI) funds?

Even if you're not currently operating the HSI program, if it's in your current approved CHIP State Plan, please answer "yes."

◉ Yes

○ No

Tell us about your HSI program(s).

1. What is the name of your HSI program?

Healthy Families - Newborn Home Visiting Program

2.

Are you currently operating the HSI program, or plan to in the future?

⊙ Yes

○ No

3. Which populations does the HSI program serve?

Families with at-risk newborns.

4.

How many children do you estimate are being served by the HSI program?

2400

5.

How many children in the HSI program are below your state's FPL threshold?

Computed:

Skip to the next section if you're already reporting HSI metrics and outcomes to CMS, such as in quarterly or monthly reports.

6. How do you measure the HSI program's impact on the health of low-income children in your state? Define a metric to measure the impact.

This is defined as percentage of children with a primary care provider.

7. What outcomes have you found when measuring the impact?

93% of children have a primary care provider.

8. Is there anything else you'd like to add about this HSI program?

Healthy Families provides a neonatal and postnatal parenting education and home visiting program. For #5 - this statistic is not captured

9.

Optional: Attach any additional documents.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

Browse...

1. What is the name of your HSI program?

Essential School Health Services (ESHS)

2.

Are you currently operating the HSI program, or plan to in the future?

◉ Yes

◯ No

3. Which populations does the HSI program serve?

Students in elementary school (K-12) who receive school nurse services.

4.

How many children do you estimate are being served by the HSI program?

5.

How many children in the HSI program are below your state's FPL threshold?

Computed:

Skip to the next section if you're already reporting HSI metrics and outcomes to CMS, such as in quarterly or monthly reports.

6. How do you measure the HSI program's impact on the health of low-income children in your state? Define a metric to measure the impact.

This is defined as the proportion of students at funded ESHS programs with special health care needs who have an Individual Health Care Plan.

7. What outcomes have you found when measuring the impact?

21% have an Individual Health Care Plan.

8. Is there anything else you'd like to add about this HSI program?

This program provides school nurse services. For #4 - This statistic is not available. While more than 4.6 million student health encounters are recorded annually, there is no data available on the number of unduplicated users. For #5 - this statistic is not captured

9.

Optional: Attach any additional documents.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

Browse...

1. What is the name of your HSI program?

Safe Spaces

2.

Are you currently operating the HSI program, or plan to in the future?

◉ Yes

◯ No

3. Which populations does the HSI program serve?

Young LGBT people throughout the Commonwealth.

4.

How many children do you estimate are being served by the HSI program?

311

5.

How many children in the HSI program are below your state's FPL threshold?

Computed:

Skip to the next section if you're already reporting HSI metrics and outcomes to CMS, such as in quarterly or monthly reports.

6. How do you measure the HSI program's impact on the health of low-income children in your state? Define a metric to measure the impact.

> The number of youth who receive direct services to decrease risk for suicidal (and self-harm) behaviors or violence.

7. What outcomes have you found when measuring the impact?

> All children within the program are receiving direct services.

8. Is there anything else you'd like to add about this HSI program?

> Through this program community agencies provide suicide prevention and violence prevention services for Gay, Lesbian, Bisexual, and Transgender youth. For #5 - this statistic is not captured

9.

Optional: Attach any additional documents.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

Browse...

1. What is the name of your HSI program?

> State Funded Women, Infant, and Children (WIC) Program

2.

Are you currently operating the HSI program, or plan to in the future?

◉ Yes

◯ No

3. Which populations does the HSI program serve?

Pregnant Women and mothers with children under age 5

4.

How many children do you estimate are being served by the HSI program?

22412

5.

How many children in the HSI program are below your state's FPL threshold?

22412

Computed: 100%

Skip to the next section if you're already reporting HSI metrics and outcomes to CMS, such as in quarterly or monthly reports.

6. How do you measure the HSI program's impact on the health of low-income children in your state? Define a metric to measure the impact.

This is defined as the percentage of WIC infants breastfeeding at 3 months.

7. What outcomes have you found when measuring the impact?

43.8% of WIC infants are breastfeeding at 3 months

8. Is there anything else you'd like to add about this HSI program?

This program provides the same services as the federally funded Women, Infants and Children program. For #5 - the program uses WIC eligibility criteria which is 185% FPL so all served through this HSI are under our CHIP threshold of 300% FPL.

9.

Optional: Attach any additional documents.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

Browse...

1. What is the name of your HSI program?

Smoking Prevention and Cessation Program

2.

Are you currently operating the HSI program, or plan to in the future?

○ Yes

○ No

3. Which populations does the HSI program serve?

Youth in Massachusetts who report using tobacco products

4.

How many children do you estimate are being served by the HSI program?

5.

How many children in the HSI program are below your state's FPL threshold?

Computed:

Skip to the next section if you're already reporting HSI metrics and outcomes to CMS, such as in quarterly or monthly reports.

6. How do you measure the HSI program's impact on the health of low-income children in your state? Define a metric to measure the impact.

This is defined as the percentage of youth in Massachusetts who report using tobacco products.

7. What outcomes have you found when measuring the impact?

35%

8. Is there anything else you'd like to add about this HSI program?

This program funds media campaigns and youth training initiatives to discourage tobacco use among young people. For #4 - This statistic is not captured. This program primarily funds media campaigns, outreach programs and youth training initiatives to combat youth tobacco use. Therefore, there is no specific client count. For #5 - this statistic is not captured

9.

Optional: Attach any additional documents.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

Browse...

1. What is the name of your HSI program?

Family Planning Programs

2.

Are you currently operating the HSI program, or plan to in the future?

◉ Yes

○ No

3. Which populations does the HSI program serve?

Clients of community-based organizations including clinics, health centers, etc.

4.

How many children do you estimate are being served by the HSI program?

14185 clients aged 19 and under.

5.

How many children in the HSI program are below your state's FPL threshold?

Computed:

Skip to the next section if you're already reporting HSI metrics and outcomes to CMS, such as in quarterly or monthly reports.

6. How do you measure the HSI program's impact on the health of low-income children in your state? Define a metric to measure the impact.

Percentage of female clients who were pregnant at the time they sought services at a funded site.

7. What outcomes have you found when measuring the impact?

2.8% of all female clients.

8. Is there anything else you'd like to add about this HSI program?

This program provides services such as exams, referrals, counseling, and education. For #5 - this statistic is not captured

9.

Optional: Attach any additional documents.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

Browse...

1. What is the name of your HSI program?

Project to Prevent Out of Home Residential Placements

2.

Are you currently operating the HSI program, or plan to in the future?

○ Yes

○ No

3. Which populations does the HSI program serve?

Clients of the Massachusetts Department of Developmental Services who are at high-risk of needing an institutional level of care.

4.

How many children do you estimate are being served by the HSI program?

550

5.

How many children in the HSI program are below your state's FPL threshold?

Computed:

Skip to the next section if you're already reporting HSI metrics and outcomes to CMS, such as in quarterly or monthly reports.

6. How do you measure the HSI program's impact on the health of low-income children in your state? Define a metric to measure the impact.

The percent of individuals being served that avoid out of home placements.

7. What outcomes have you found when measuring the impact?

98% of clients served (539) avoided out of home placements.

8. Is there anything else you'd like to add about this HSI program?

Provides an array of community-bases services to help young people continue to live at home with their families. For #5 - this statistic is not captured

9.

Optional: Attach any additional documents.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

Browse...

1. What is the name of your HSI program?

School Breakfast

2.

Are you currently operating the HSI program, or plan to in the future?

⦿   Yes

◯   No

3. Which populations does the HSI program serve?

Children in K-12 schools

4.

How many children do you estimate are being served by the HSI program?

187236

5.

How many children in the HSI program are below your state's FPL threshold?

Computed:

Skip to the next section if you're already reporting HSI metrics and outcomes to CMS, such as in quarterly or monthly reports.

6. How do you measure the HSI program's impact on the health of low-income children in your state? Define a metric to measure the impact.

> This is defined as the number of school children in Massachusetts who receive nutritious breakfast.

7. What outcomes have you found when measuring the impact?

> 187,236 children received nutritious breakfasts.

8. Is there anything else you'd like to add about this HSI program?

> The funding for this program is used to provide nutritious breakfasts for school-age children. For #5 - this statistic is not captured

9.

Optional: Attach any additional documents.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

[   ] Browse...

1. What is the name of your HSI program?

> Safe and Successful Youth (SSY)

2.

Are you currently operating the HSI program, or plan to in the future?

○ Yes

○ No

3. Which populations does the HSI program serve?

At-risk young people.

4.

How many children do you estimate are being served by the HSI program?

2075 youth served

5.

How many children in the HSI program are below your state's FPL threshold?

Computed:

Skip to the next section if you're already reporting HSI metrics and outcomes to CMS, such as in quarterly or monthly reports.

6. How do you measure the HSI program's impact on the health of low-income children in your state? Define a metric to measure the impact.

Number of clients enrolled in SSY Case Management Services.

7. What outcomes have you found when measuring the impact?

921 clients enrolled in Case Management.

8. Is there anything else you'd like to add about this HSI program?

This program provides funding for communities to design and implement strategies to reduce high risk behaviors among young males. For #5 - this statistic is not captured

9.

Optional: Attach any additional documents.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

Browse...

1. What is the name of your HSI program?

Teen Pregnancy Prevention

2.

Are you currently operating the HSI program, or plan to in the future?

◉   Yes

◯   No

3. Which populations does the HSI program serve?

Teens at risk of becoming pregnant.

4.

How many children do you estimate are being served by the HSI program?

4002

5.

How many children in the HSI program are below your state's FPL threshold?

Computed:

Skip to the next section if you're already reporting HSI metrics and outcomes to CMS, such as in quarterly or monthly reports.

6. How do you measure the HSI program's impact on the health of low-income children in your state? Define a metric to measure the impact.

> The number of youth provided evidence-based sexuality education programming.

7. What outcomes have you found when measuring the impact?

> 4,002 youth received the services

8. Is there anything else you'd like to add about this HSI program?

> This program funds community-based programs which implement strategies to reduce teen pregnancies. For #5 - this statistic is not captured

9.

Optional: Attach any additional documents.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

Browse...

1. What is the name of your HSI program?

> Youth Violence Prevention

2.

Are you currently operating the HSI program, or plan to in the future?

○ Yes

○ No

3. Which populations does the HSI program serve?

High risk youth

4.

How many children do you estimate are being served by the HSI program?

5687

5.

How many children in the HSI program are below your state's FPL threshold?

Computed:

Skip to the next section if you're already reporting HSI metrics and outcomes to CMS, such as in quarterly or monthly reports.

6. How do you measure the HSI program's impact on the health of low-income children in your state? Define a metric to measure the impact.

This is defined as the number of youth aged 18 or younger who receive direct services.

7. What outcomes have you found when measuring the impact?

5,687 youth aged 18 or younger received direct services.

8. Is there anything else you'd like to add about this HSI program?

This program provides funding to community-based organizations which provide activities aimed at preventing and reducing at-risk behavior among young people. For #5 - this statistic is not captured

9.

Optional: Attach any additional documents.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

Browse...

1. What is the name of your HSI program?

Young Parent Support Program

2.

Are you currently operating the HSI program, or plan to in the future?

⦿ Yes

◯ No

3. Which populations does the HSI program serve?

High-risk families

4.

How many children do you estimate are being served by the HSI program?

836

5.

How many children in the HSI program are below your state's FPL threshold?

Computed:

Skip to the next section if you're already reporting HSI metrics and outcomes to CMS, such as in quarterly or monthly reports.

6. How do you measure the HSI program's impact on the health of low-income children in your state? Define a metric to measure the impact.

Number of children whose parents received parenting education services.

7. What outcomes have you found when measuring the impact?

554 received parenting education services.

8. Is there anything else you'd like to add about this HSI program?

This program provides funding for community-based organizations that provide outreach, home visits, mentoring, and parent groups in order to strengthen the skills of young parents. For #5 - this statistic is not captured

9.

Optional: Attach any additional documents.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

Browse...

1. What is the name of your HSI program?

Child At Risk Hotline

2.

Are you currently operating the HSI program, or plan to in the future?

○ Yes

○ No

3. Which populations does the HSI program serve?

Children at risk of abuse and neglect

4.

How many children do you estimate are being served by the HSI program?

75706

5.

How many children in the HSI program are below your state's FPL threshold?

Computed:

Skip to the next section if you're already reporting HSI metrics and outcomes to CMS, such as in quarterly or monthly reports.

6. How do you measure the HSI program's impact on the health of low-income children in your state? Define a metric to measure the impact.

> This is defined as the percentage of the hotline calls that are answered and processed.

7. What outcomes have you found when measuring the impact?

> 90.55% of the calls to the hotline are answered and processed.

8. Is there anything else you'd like to add about this HSI program?

> This at-risk hotline provides a resource for reports of child abuse and neglect. For #4 - the count reflects the number of calls that come in over the course of the year to the child abuse and neglect hotline. This is not an unduplicated child count. For #5 - this statistic is not captured

9.

Optional: Attach any additional documents.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

Browse...

1. What is the name of your HSI program?

> Services for Homeless Youth

2.

Are you currently operating the HSI program, or plan to in the future?

◉ Yes

○ No

3. Which populations does the HSI program serve?

Homeless youth in the Commonwealth of Massachusetts.

4.

How many children do you estimate are being served by the HSI program?

466

5.

How many children in the HSI program are below your state's FPL threshold?

Computed:

Skip to the next section if you're already reporting HSI metrics and outcomes to CMS, such as in quarterly or monthly reports.

6. How do you measure the HSI program's impact on the health of low-income children in your state? Define a metric to measure the impact.

> The number of monthly child care slots with support services made available during the year for homeless youth.

7. What outcomes have you found when measuring the impact?

> 5,588 monthly child care slots for homeless youth were made available.

8. Is there anything else you'd like to add about this HSI program?

> Under this HSI, the Department of Early Education and Care provides funds to community organizations that provide childcare slots and related support services for homeless youth so their families can secure housing, employment, and/or attend necessary appointments. For #5 - this statistic is not captured

9.

Optional: Attach any additional documents.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

Browse...

1. What is the name of your HSI program?

> Children's Medical Security Plan

2.

Are you currently operating the HSI program, or plan to in the future?

○ Yes

○ No

3. Which populations does the HSI program serve?

Uninsured children under the age of 19.

4.

How many children do you estimate are being served by the HSI program?

56566

5.

How many children in the HSI program are below your state's FPL threshold?

Computed:

Skip to the next section if you're already reporting HSI metrics and outcomes to CMS, such as in quarterly or monthly reports.

6. How do you measure the HSI program's impact on the health of low-income children in your state? Define a metric to measure the impact.

This is defined as percent of eligible children receiving covered services per month.

7. What outcomes have you found when measuring the impact?

10% of eligible children received covered services per month.

8. Is there anything else you'd like to add about this HSI program?

This program provides preventive and primary care services to uninsured children under the age of 19 who are not eligible for Medicaid or CHIP. For #5 - this statistic is not captured

9.

Optional: Attach any additional documents.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

Browse...

1. What is the name of your HSI program?

Pediatric Sexual Assault Nurse Examiner Program (SANE)

2.

Are you currently operating the HSI program, or plan to in the future?

○ Yes

○ No

3. Which populations does the HSI program serve?

Adolescents and children who disclose sexual assault and report to SANE
designated emergency departments or Children's Advocacy Centers in MA.

4.

How many children do you estimate are being served by the HSI program?

1371

5.

How many children in the HSI program are below your state's FPL threshold?

Computed:

Skip to the next section if you're already reporting HSI metrics and outcomes to CMS,
such as in quarterly or monthly reports.

6. How do you measure the HSI program's impact on the health of low-income children in your state? Define a metric to measure the impact.

Children and youth under age 19 that received a consult from a pediatric Sexual Assault Nurse Examiner (SANE).

7. What outcomes have you found when measuring the impact?

1,371 Individuals served.

8. Is there anything else you'd like to add about this HSI program?

The funding for this program is used to assist children and adolescents who have disclosed sexual assault. For #5 - this statistic is not captured

9.

Optional: Attach any additional documents.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

Browse...

1. What is the name of your HSI program?

Pediatric Palliative Care Program (PPC)

2.

Are you currently operating the HSI program, or plan to in the future?

◉   Yes

○   No

3. Which populations does the HSI program serve?

Children age 18 and younger with life-limiting illnesses

4.

How many children do you estimate are being served by the HSI program?

642

5.

How many children in the HSI program are below your state's FPL threshold?

Computed:

Skip to the next section if you're already reporting HSI metrics and outcomes to CMS, such as in quarterly or monthly reports.

6. How do you measure the HSI program's impact on the health of low-income children in your state? Define a metric to measure the impact.

> This is defined as the number of children age 18 and under determined by a physician to have a life-limiting illness.

7. What outcomes have you found when measuring the impact?

> 642 children age 18 and under determined by a physician to have a life-limiting illness

8. Is there anything else you'd like to add about this HSI program?

> This program provides funding to assist children with life limiting illnesses and their families. For #5 - this statistic is not captured

9.

Optional: Attach any additional documents.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

Browse...

1. What is the name of your HSI program?

> Failure to Thrive

2.

Are you currently operating the HSI program, or plan to in the future?

⊙   Yes

○   No

3. Which populations does the HSI program serve?

This program is currently inactive

4.

How many children do you estimate are being served by the HSI program?

5.

How many children in the HSI program are below your state's FPL threshold?

Computed:

Skip to the next section if you're already reporting HSI metrics and outcomes to CMS, such as in quarterly or monthly reports.

6. How do you measure the HSI program's impact on the health of low-income children in your state? Define a metric to measure the impact.

[   ]

7. What outcomes have you found when measuring the impact?

[   ]

8. Is there anything else you'd like to add about this HSI program?

[   ]

9.

Optional: Attach any additional documents.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

[   ] Browse...

Do you have another in this list?
Optional

State Plan Goals and Objectives

Part 1: Tell us about your goals and objectives

Tell us about the progress you've made on your performance goals in the past year. The objectives and goals you add to this section should match those reflected in your CHIP State Plan, Section 9. Submit a CHIP State Plan Amendment (SPA) if any of them are different.
Objective 1 is required. We've provided examples for other objectives, but you can edit them so they match the objectives in your CHIP State Plan. You can add additional objectives and goals to fit what's in your CHIP State Plan.

1. Briefly describe your goal for this objective.

For example: In an effort to reduce the number of uninsured children, our goal is to enroll 90% of eligible children in the CHIP program.

Maintain an overall children's uninsurance rate of no more than 1.5%.

2.

What type of goal is it?

○ New goal

◉ Continuing goal

○ Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

For example: The number of children enrolled in CHIP in the last federal fiscal year.

Number of uninsured children under age 19 in Massachusetts at all income levels.

4.

Numerator (total number)

22000

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

For example: The total number of eligible children in the last federal fiscal year.

Total number of children under the age of 19 in Massachusetts at all income levels.

6.

Denominator (total number)

1446000

Computed: 1.52%

7.

What is the date range of your data?

Start
mm/yyyy

01 / 2019

End
mm/yyyy

12 / 2019

8.

Which data source did you use?

○   Eligibility or enrollment data

⊙   Survey data

○   Another data source

9. How did your progress towards your goal last year compare to your previous year's progress?

> While the uninsurance rate increased slightly from FFY19's reported rate of 1.2% to FFY20's reported rate of 1.52%, the FFY20 reported rate meets the goal of maintaining the uninsurance rate at no more than 1.5%.

10. What are you doing to continually make progress towards your goal?

> Massachusetts will continue efforts to enroll every child eligible for health insurance.

11. Anything else you'd like to tell us about this goal?

> According to ACS data, the number of uninsured children nationally grew by over 327,000 from 2018 to 2019 and the uninsured rate for children nationally increased nearly 0.5 percentage points from just under 5.1% in 2018 to 5.6% in 2019. https://www.kff.org/uninsured/issue-brief/key-facts-about-the-uninsured-population/

12.

Do you have any supporting documentation?

Optional

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

| | Browse... | |

1. Briefly describe your goal for this objective.

For example: In an effort to reduce the number of uninsured children, our goal is to enroll 90% of eligible children in the CHIP program.

Maintain or reduce the uninsurance rate for Hispanic children under the age of 18 at or below 1.5%

2.

What type of goal is it?

○   New goal

◉   Continuing goal

○   Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

For example: The number of children enrolled in CHIP in the last federal fiscal year.

Total number of uninsured Hispanic children in Massachusetts at all income levels.

4.

Numerator (total number)

5757

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

For example: The total number of eligible children in the last federal fiscal year.

Total number of Hispanic children under the age of 18 in Massachusetts at all income levels.

6.

Denominator (total number)

272029

Computed: 2.12%

7.

What is the date range of your data?

Start
mm/yyyy

01 / 2019

End
mm/yyyy

12 / 2019

8.

Which data source did you use?

○   Eligibility or enrollment data

◉   Survey data

○   Another data source

9. How did your progress towards your goal last year compare to your previous year's progress?

In FFY 2019 the reported rate was 1.9% and this year it was 2.12% so the rate increased and is over the goal.

10. What are you doing to continually make progress towards your goal?

Massachusetts will continue efforts to enroll every child eligible for health insurance to maintain an uninsurance rate among Hispanic children 18 and under of no more than 1.5%.

11. Anything else you'd like to tell us about this goal?

According to ACS data, while the uninsured rate increased for children nationally of all races and ethnicities, the increase was largest for Hispanic children, growing from 8.1% in 2018 to 9.2% in 2019. https://www.kff.org/uninsured/issue-brief/key-facts-about-the-uninsured-population/

12.

Do you have any supporting documentation?

Optional

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

| Browse... |

Do you have another in this list?
Optional

1. What is the next objective listed in your CHIP State Plan?

You can edit the suggested objective so it matches what's in your CHIP State Plan.

Increase access to care

1. Briefly describe your goal for this objective.

For example: In an effort to increase access to care, our goal is to increase the number of children who have visited a primary care physician by 5%.

Improve the percentage of women with a live birth in the reporting period and who had a prenatal care visit in the first trimester, or within 42 days of enrollment to the 2019 National Medicaid 90th percentile rate of 91.0%

2.

What type of goal is it?

○   New goal

○   Continuing goal

◉   Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

For example: The number of children enrolled in CHIP who visited a primary care physician in the last federal fiscal year.

[   ]

4.

Numerator (total number)

[   ]

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

For example: The total number of children enrolled in CHIP in the last federal fiscal year.

[   ]

6.

Denominator (total number)

[   ]

Computed:

7.

What is the date range of your data?

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End

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8.

Which data source did you use?

◯   Eligibility or enrollment data

◯   Survey data

◯   Another data source

9. How did your progress towards your goal last year compare to your previous year's progress?

[   ]

10. What are you doing to continually make progress towards your goal?

_____

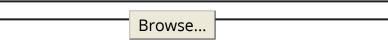11. Anything else you'd like to tell us about this goal?

_____

12.

Do you have any supporting documentation?

Optional

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

[_____ Browse...]

1. Briefly describe your goal for this objective.

For example: In an effort to increase access to care, our goal is to increase the number of children who have visited a primary care physician by 5%.

Maintain or improve the percentage of children aged 6-20 who were discharged from a hospital for treatment of selected mental health disorders and who had a follow-up visit with a mental health practitioner within 7 days of discharge at a level which meets or exceeds the 2019 national Medicaid 90th percentile rate of 51.7%.

2.

What type of goal is it?

○ New goal

○ Continuing goal

◉ Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

For example: The number of children enrolled in CHIP who visited a primary care physician in the last federal fiscal year.

[ ]

4.

Numerator (total number)

[ ]

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

For example: The total number of children enrolled in CHIP in the last federal fiscal year.

[   ]

6.

Denominator (total number)

[   ]

Computed:

7.

What is the date range of your data?

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/

End

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▯ , ▯
/

8.

Which data source did you use?

○   Eligibility or enrollment data

○   Survey data

○   Another data source

9. How did your progress towards your goal last year compare to your previous year's progress?

[   ]

10. What are you doing to continually make progress towards your goal?

[   ]

11. Anything else you'd like to tell us about this goal?

[   ]

12.

Do you have any supporting documentation?

Optional

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

[Browse...   ]

1. Briefly describe your goal for this objective.

For example: In an effort to increase access to care, our goal is to increase the number of children who have visited a primary care physician by 5%.

> Increase the percentage of children newly prescribed ADHD medication who had at least three follow-up visits in a 10-month period (continuation phase) to meet or exceed the 2019 national Medicaid 90th percentile rate of 69.15%

2.

What type of goal is it?

○　　New goal

○　　Continuing goal

◉　　Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

For example: The number of children enrolled in CHIP who visited a primary care physician in the last federal fiscal year.

4.

Numerator (total number)

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

For example: The total number of children enrolled in CHIP in the last federal fiscal year.

6.

Denominator (total number)

Computed:

7.

What is the date range of your data?

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/

End

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/

8.

Which data source did you use?

○ Eligibility or enrollment data

○ Survey data

○ Another data source

9. How did your progress towards your goal last year compare to your previous year's progress?

[   ]

10. What are you doing to continually make progress towards your goal?

11. Anything else you'd like to tell us about this goal?

12.

Do you have any supporting documentation?

Optional

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

Browse...

Do you have another in this list?
Optional

1. What is the next objective listed in your CHIP State Plan?

You can edit the suggested objective to match what's in your CHIP State Plan.

Increase the use of preventative care

1. Briefly describe your goal for this objective.

For example: In an effort to increase the use of preventative care, our goal is to increase the number of children who receive one or more well child visits by 5%.

Increase the percentage of adolescents who turned 13 years old in the measurement year and had specific vaccines (combination 1) by their 13th birthday to the 2018 national Medicaid 90th percentile rate of 88%.

2.

What type of goal is it?

○ New goal

○ Continuing goal

◉ Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

For example: The number of children who received one or more well child visits in the last federal fiscal year.

[   ]

4.

Numerator (total number)

[   ]

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

For example: The total number of children enrolled in CHIP in the last federal fiscal year.

[   ]

6.

Denominator (total number)

[   ]

Computed:

7.

What is the date range of your data?

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End

mm/yyyy

🔲 , 🔲 / 🔲

8.

Which data source did you use?

○   Eligibility or enrollment data

○   Survey data

○   Another data source

9. How did your progress towards your goal last year compare to your previous year's progress?

[_____]

10. What are you doing to continually make progress towards your goal?

[ ]

11. Anything else you'd like to tell us about this goal?

[ ]

12.

Do you have any supporting documentation?

Optional

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

[Browse...]

1. Briefly describe your goal for this objective.

For example: In an effort to increase the use of preventative care, our goal is to increase the number of children who receive one or more well child visits by 5%.

> Maintain the percentage of adolescents ages 12 to 21 who had at least one comprehensive well-care visit with a primary care practitioner (PCP) or an obstetric/gynecologic (OB/GYN) practitioner during the measurement year to meet or exceed the 2019 Medicaid 90th percentile rate of 68.1%

2.

What type of goal is it?

○ New goal

○ Continuing goal

◉ Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

For example: The number of children who received one or more well child visits in the last federal fiscal year.

[   ]

4.

Numerator (total number)

[   ]

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

For example: The total number of children enrolled in CHIP in the last federal fiscal year.

6.

Denominator (total number)

Computed:

7.

What is the date range of your data?

Start
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☐ , ☐ / ☐

End
mm/yyyy

☐ , ☐ / ☐

8.

Which data source did you use?

○   Eligibility or enrollment data

○   Survey data

○   Another data source

9. How did your progress towards your goal last year compare to your previous year's progress?

[   ]

10. What are you doing to continually make progress towards your goal?

[   ]

11. Anything else you'd like to tell us about this goal?

[   ]

12.

Do you have any supporting documentation?

Optional

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

Browse...

1. Briefly describe your goal for this objective.

For example: In an effort to increase the use of preventative care, our goal is to increase the number of children who receive one or more well child visits by 5%.

Maintain or improve the percentage of children aged 3-17 who had an outpatient visit with a primary care practitioner or obstetrical/gynecological (OB/GYN) practitioner and whose weight is classified based on body mass index (BMI) percentile for age and gender to the 2018 national 90th percentile of 90.4%.

2.

What type of goal is it?

○   New goal

○   Continuing goal

◉   Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

For example: The number of children who received one or more well child visits in the last federal fiscal year.

_____

4.

Numerator (total number)

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

For example: The total number of children enrolled in CHIP in the last federal fiscal year.

[   ]

6.

Denominator (total number)

[   ]

Computed:

7.

What is the date range of your data?

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End
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[ ] , [ ]
 /

8.

Which data source did you use?

○ Eligibility or enrollment data

○ Survey data

○ Another data source

9. How did your progress towards your goal last year compare to your previous year's progress?

[   ]

10. What are you doing to continually make progress towards your goal?

[   ]

11. Anything else you'd like to tell us about this goal?

[   ]

12.

Do you have any supporting documentation?

Optional

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

Browse...

Do you have another in this list?
Optional

1. What is the next objective listed in your CHIP State Plan?

Objectives Related to CHIP Enrollment

1. Briefly describe your goal for this objective.

Maintain or increase the number of Affordable Care Act (ACA) Certified Application Counselor (CAC) Assister sites at 100 or higher statewide

2.

What type of goal is it?

○ New goal

◉ Continuing goal

○ Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

The number of organizations that successfully met ACA CAC requirements and executed a CAC contract with both the Office of Medicaid and the Massachusetts Health Connector during FFY20.

4.

Numerator (total number)

261

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

N/A

6.

Denominator (total number)

Computed:

7.

What is the date range of your data?

Start
mm/yyyy

10 / 2019

End
mm/yyyy

09 / 2020

8.

Which data source did you use?

○ Eligibility or enrollment data

○ Survey data

◉ Another data source

9. How did your progress towards your goal last year compare to your previous year's progress?

The number of organizations meeting this standard went from 270 as of 9/30/19 to 261 as of 9/30/20. While there was a slight decrease, the number of CAC organizations throughout the Commonwealth far surpass this particular goal of 100.

10. What are you doing to continually make progress towards your goal?

We will continue to devote resources in order to maintain or increase the number of web-based health benefit application organizational access sites, known as "CACs" under the Affordable Care Act.

11. Anything else you'd like to tell us about this goal?

12.

Do you have any supporting documentation?

Optional

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

Browse...

1. Briefly describe your goal for this objective.

Maintain or increase the percentage of CHIP children enrolled in premium assistance at 2.5% or more of overall MassHealth CHIP child enrollment.

2.

What type of goal is it?

○ New goal

⦿ Continuing goal

○ Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

All CHIP children ever enrolled in CHIP Premium Assistance during the fiscal year

4.

Numerator (total number)

6666

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

All children ever enrolled in CHIP during the fiscal year

6.

Denominator (total number)

223910

Computed: 2.98%

7.

What is the date range of your data?

Start
mm/yyyy

| 10 | / | 2019 |

End
mm/yyyy

| 09 | / | 2020 |

8.

Which data source did you use?

◉   Eligibility or enrollment data

○   Survey data

○   Another data source

9. How did your progress towards your goal last year compare to your previous year's progress?

The percentage of CHIP children ever enrolled in Premium Assistance during the year was 2.98%. This is above the goal but slightly lower than the 3.3% rate for FFY19.

10. What are you doing to continually make progress towards your goal?

The Commonwealth's efforts towards universal coverage continue to succeed despite increases in health insurance premiums. Providing subsidies to employees so that they can participate in their employer-sponsored insurance is a valuable and cost-effective tool for MassHealth in decreasing uninsurance and increasing enrollment in health insurance of children, particularly within higher income ranges. Enrollment in employer sponsored insurance in Massachusetts continues to be strong and has remained steady since the implementation of health care reform, showing no signs that MassHealth has crowded out private insurance.

11. Anything else you'd like to tell us about this goal?

12.

Do you have any supporting documentation?

Optional

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

Browse...

1. Briefly describe your goal for this objective.

Maintain or increase the number of ACA Certified Application Counselor (CAC) Assisters at 1,000 individuals or more statewide

2.

What type of goal is it?

○   New goal

⦿   Continuing goal

○   Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

The number of ACA Certified Application Counselor Assisters throughout Massachusetts that have met CAC training and contractual requirements and have the capability to assist in submitting an electronic application on the ACA's HIX website, or via paper.

4.

Numerator (total number)

1399

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

N/A

6.

Denominator (total number)

Computed:

7.

What is the date range of your data?

Start

mm/yyyy

10	/	2019

End

mm/yyyy

09	/	2020

8.

Which data source did you use?

○ Eligibility or enrollment data

○ Survey data

⊙ Another data source

9. How did your progress towards your goal last year compare to your previous year's progress?

The number of CACs throughout Massachusetts that have the capability to assist in submitting an electronic application on the ACA's HIX website, or via paper changed from 1384 immediately before the start of FFY2019, to 1399 as of 9/30/2020, which is over the goal.

10. What are you doing to continually make progress towards your goal?

We will continue to devote resources in order to maintain or increase the number of web-based health benefit application organizational access sites, known as "CACs" under the Affordable Care Act.

11. Anything else you'd like to tell us about this goal?

12.

Do you have any supporting documentation?

Optional

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

Browse...

Do you have another in this list?
Optional

Do you have another objective in your State Plan?

Part 2: Additional questions

1. Do you have other strategies for measuring and reporting on your performance goals? What are these strategies, and what information have you found through this research?

> No

2. Do you plan to add new strategies for measuring and reporting on your goals and objectives? What do you plan to do, and when will this data become available?

> Use of the core measures annual reporting process to support evaluation of related metrices for monitoring of goals and objectives. Data are anticipated to be available and submitted by the end of the year.

3. Have you conducted any focused studies on your CHIP population? (For example: studies on adolescents, attention deficit disorder, substance use, special healthcare needs, or other emerging healthcare needs.) What have you discovered through this research?

> No, not in FY20.

4.

Optional: Attach any additional documents here.

For example: studies, analyses, or any other documents that address your performance goals.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

| Browse... |

Program Financing

Tell us how much you spent on your CHIP program in FFY 2020, and how much you anticipate spending in FFY 2021 and 2022.

Part 1: Benefit Costs

Please type your answers in only. Do not copy and paste your answers.

1.

How much did you spend on Managed Care in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

2020	2021	2022
$ 308,162,065	**$** 378,344,136	**$** 425,474,093

2.

How much did you spend on Fee for Service in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

2020	2021	2022
$ 308,162,065	$ 378,344,136	$ 425,474,093

3.

How much did you spend on anything else related to benefit costs in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

2020	2021	2022
$ 393,100,549	$ 436,672,513	$ 491,068,379

4.

How much did you receive in cost sharing from beneficiaries to offset your costs in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

2020	2021	2022
$ 23,474,273	$ 26,315,116	$ 29,449,757

Table 1: Benefits Costs

This table is auto-populated with the data you entered above.

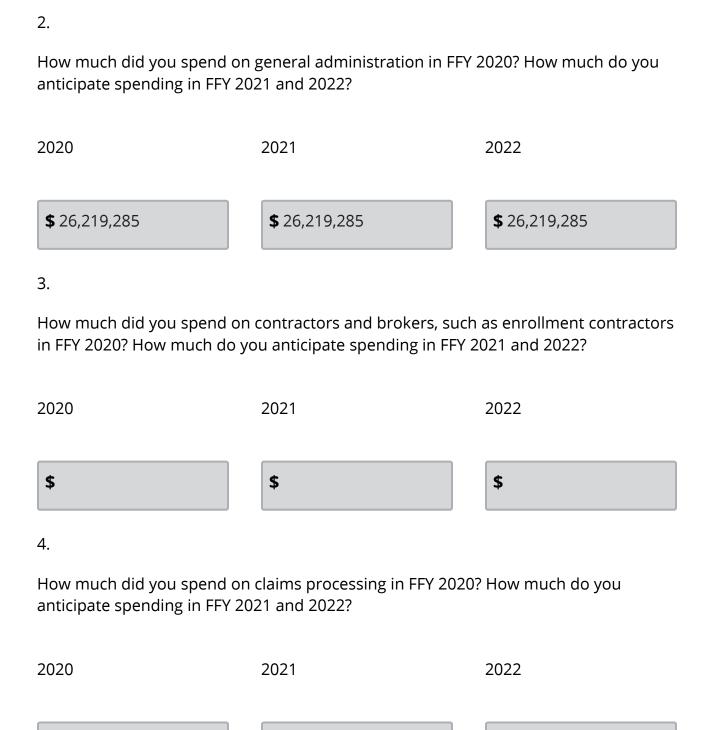| Type	FFY 2020	FFY 2021	FFY 2022
Managed Care	308162065	378344136	425474093
Fee for Service	393100549	436672513	491068379
Other benefit costs	23474273	26315116	29449757
Cost sharing payments from beneficiaries	Not Answered	Not Answered	Not Answered
Total benefit costs	724736887	841331765	945992229

Part 2: Administrative Costs

Please type your answers in only. Do not copy and paste your answers.

1.

How much did you spend on personnel in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

This includes wages, salaries, and other employee costs.

2020   2021   2022

$ $ $

2.

How much did you spend on general administration in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

2020	2021	2022
$ 26,219,285	$ 26,219,285	$ 26,219,285

3.

How much did you spend on contractors and brokers, such as enrollment contractors in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

2020	2021	2022
$	$	$

4.

How much did you spend on claims processing in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

2020	2021	2022
$	$	$

5.

How much did you spend on outreach and marketing in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

2020	2021	2022
$	$	$

6.

How much did you spend on your Health Services Initiatives (HSI) if you had any in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

2020	2021	2022
$ 54,000,000	$ 58,000,000	$ 60,000,000

7.

How much did you spend on anything else related to administrative costs in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

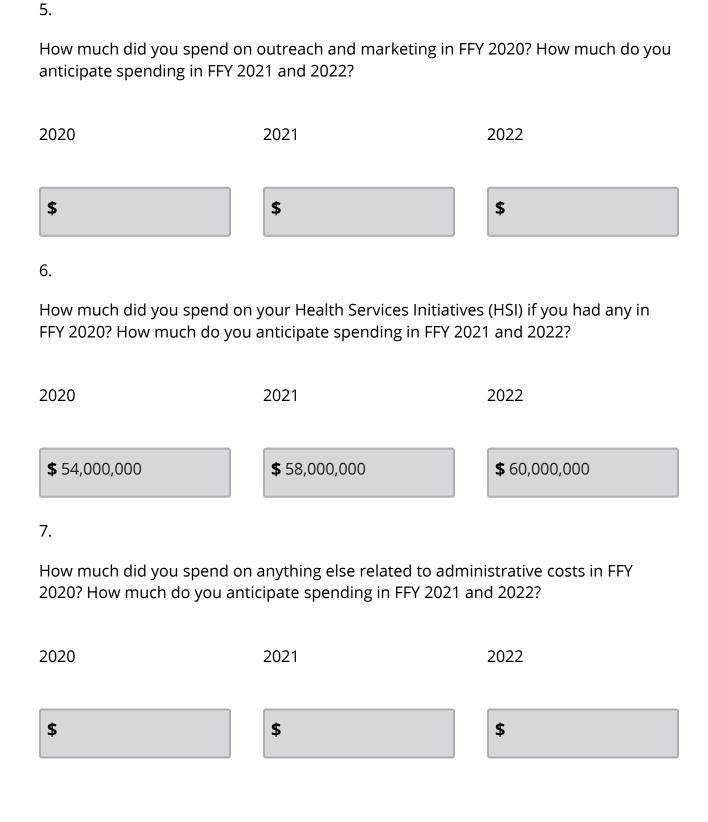| 2020	2021	2022
$	$	$

Table 2: Administrative Costs

This table is auto-populated with the data you entered above.
Your total administrative costs cannot be more than 10% of your total CHIP program
costs (the sum of your benefit and administrative costs). The 10% administrative cap
is calculated by dividing the total benefit costs by 9.

Type	FFY 2020	FFY 2021	FFY 2022
Personnel	Not Answered	Not Answered	Not Answered
General administration	26219285	26219285	26219285
Contractors and brokers	Not Answered	Not Answered	Not Answered
Claims processing	Not Answered	Not Answered	Not Answered
Outreach and marketing	Not Answered	Not Answered	Not Answered
Health Services Initiatives (HSI)	54000000	58000000	60000000
Other administrative costs	Not Answered	Not Answered	Not Answered
Total administrative costs	80219285	84219285	86219285
10% administrative cap	80526320.78	93481307.22	105110247.67

Table 3: Federal and State Shares

CHIP is funded by federal and state budgets. The federal share of funding is calculated by multiplying your state's Federal Medical Assistance Percentage (eFMAP) by your total program costs (the sum of your benefit and administrative costs). The remaining amount of your total program costs is covered by your state share of funding.
This table is auto-calculated using the data you entered above. The federal and state shares for FFY 2022 will be calculated once the eFMAP rate for 2022 becomes available. In the meantime, these values will be blank.

Type	FFY 2020	FFY 2021	FFY 2022
Total program costs	804956172	925551050	1032211514
eFMAP	76.5	65	65
Federal share	615791471.58	601608182.5	670937484.1
State share	189164700.42	323942867.5	361274029.9

8.

What were your state funding sources in FFY 2020?

Select all that apply.

☑ State appropriations

☐ County/local funds

☐ Employer contributions

☐ Foundation grants

☐ Private donations

☐ Tobacco settlement

☐ Other

9.

Did you experience a shortfall in federal CHIP funds this year?

○ Yes

⊙ No

Part 3: Managed Care Costs

Complete this section only if you have a Managed Care delivery system.

1.

How many children were eligible for Managed Care in FFY 2020? How many do you anticipate will be eligible in FFY 2021 and 2022?

2020

2021

2022

178099

190759

204320

2.

What was your per member per month (PMPM) cost based on the number of children eligible for Managed Care in FFY 2020? What is your projected PMPM cost for FFY 2021 and 2022?

Round to the nearest whole number.

2020

2021

2022

$ 277.96

$ 291.84

$ 306.41

Type	FFY 2020	FFY 2021	FFY 2022
Eligible children	178099	190759	204320
PMPM cost	277.96	291.84	306.41

Part 4: Fee for Service Costs

Complete this section only if you have a Fee for Service delivery system.

1.

How many children were eligible for Fee for Service in FFY 2020? How many do you anticipate will be eligible in FFY 2021 and 2022?

2020

| 45811 |

2021

| 49068 |

2022

| 52556 |

2.

What was your per member per month (PMPM) cost based on the number of children eligible for Fee For Service in FFY 2020? What is your projected PMPM cost for FFY 2021 and 2022?

The per member per month cost will be the average cost per month to provide services to these enrollees. Round to the nearest whole number.

2020

| $ 329.61 |

2021

| $ 346.07 |

2022

| $ 363.35 |

Type	FFY 2020	FFY 2021	FFY 2022
Eligible children	45811	49068	52556
PMPM cost	329.61	346.07	363.35

1. Is there anything else you'd like to add about your program finances that wasn't already covered?
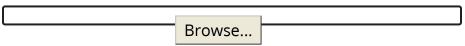
> The matching rate indicated in the chart above does not include the 11.5% increase for FFY20 under the CHIP funding extension or the higher matching rate resulting from the Families First Coronavirus Response Act. Due to both of these increases the matching rate for FFY20 was 80%.

2.

Optional: Attach any additional documents here.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

| | Browse... |

Challenges and Accomplishments

1. How has your state's political and fiscal environment affected your ability to provide healthcare to low-income children and families?

> Despite budget challenges due to the economic impact of the COVID-19 pandemic, Massachusetts continues to have a strong culture of support for near universal healthcare coverage for all of its residents, including low-income children and families.

2. What's the greatest challenge your CHIP program has faced in FFY 2020?

The greatest challenge has been the response to the COVID-19 pandemic and ensuring that individuals have coverage for healthcare services they need and that they are able to access those services. While Medicaid Expansion CHIP members are subject to the continuous coverage requirements of the FFCRA we have been working with CMS to understand the circumstances in which we can maintain coverage for separate CHIP members, and which require termination. The severe reduction in in-person services in response to the pandemic initially saw a sharp drop in vaccination rates and certain preventive services for children, though in recent months vaccination rates have returned to pre-pandemic levels.

3. What are some of the greatest accomplishments your CHIP program has experienced in FFY 2020?

We have made a number of temporary policy changes to respond to the COVID-19 pandemic, including allowing all services to be performed through telehealth whenever medically necessary and clinically appropriate, and this has helped to mitigate the decrease in services described above. During FFY2020 we reported on 21 of the 26 FFY19 child core set measures and, while our rates were below the median on some measures and cohorts (which we will use to determine any needed performance improvement activities), our overall rates for the measures remain high. b" Of the 14 measures and cohorts included In the Primary Care Access and Preventive Care domain, our rates were above the median and in the highest quartile for 11 of the measures/cohorts and above the median and in the second highest quartile for 2 of the measures/cohorts. b" Of the 9 measures/cohorts included in the Maternal and Perinatal Care domain, our rates were above the median and in the highest quartile for 5 of the measures/cohorts, above the median and in the second highest quartile for 3 of the measures/cohorts, and not significantly different from the national baseline for one measure. b" Of the 2 measures included in the Care of Acute and Chronic Conditions domain, our rates were in the second highest quartile for one of the two measures but was below the median and in the lowest or second lowest quartile for all cohorts in the other measure. b" Of the 6 measures/cohorts included in the Behavioral Health Care domain, our rates were above the median for all but one measure. For 3 of the measure/ cohorts, our rates were in the top quartile and in the second highest quartile for 2 measures/cohorts. b" Of the 2 measures included in the Dental and Oral Health domain, our rates were above the median for both measures, and in the top quartile for one measure, and the second highest quartile for the other measure.

4. What changes have you made to your CHIP program in FFY 2020 or plan to make in FFY 2021? Why have you decided to make these changes?

To expedite the enrollment process for separate CHIP eligible children seeking services from a hospital we requested and received authority to expand our Hospital Presumptive Eligibility process to include separate CHIP members, effective 7/1/19. We have no major changes currently planned for FFY 2021.

5. Is there anything else you'd like to add about your state's challenges and accomplishments?

We have appreciated CMS's support and partnership as we have worked through the challenges in response to COVID-19.

6.

Optional: Attach any additional documents here.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

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