



Massachusetts CARTS FY2021 Report

Welcome!

We already have some information about your state from our records. If any information is incorrect, please contact the mdct_help@cms.hhs.gov.

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:

Federal Policy and 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:

857-207-2147

PRA Disclosure Statement.

This information is being collected to assist the Centers for Medicare & Medicaid Services (CMS) in partnership with States with the ongoing management of Medicaid and CHIP programs and policies. This mandatory information collection (42 U.S.C. 1397hh) will be used to help each state meet the statutory requirements at section 2108(a) of the Social Security Act to assess the operation of the State child health plan in each Federal fiscal year and to report the results of the assessment including the progress made in reducing the number of uncovered, low-income children. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148 (CMS-10398 #1). The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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.

n/a (response for #3 is n/a as well)

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 wrap 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

2a. Are your premiums for one child tiered by Federal Poverty Level (FPL)?

☒ Yes

☐ No

2b. Indicate the range of premiums and corresponding FPL ranges for one child.

Premiums for one child, tiered by FPL

FPL starts at

150



FPL ends at

200

Premium starts at

\$ 12



Premium ends at

\$ 36

FPL starts at

200



FPL ends at

250

Premium starts at

\$ 20



Premium ends at

\$ 60

FPL starts at

250



FPL ends at

300

Premium starts at

\$ 28



Premium ends at

\$ 84



No

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

☒ Yes

3a. Indicate the range of premiums and corresponding FPL for a family.

Maximum premiums for a family, tiered by FPL

FPL starts at

150



FPL ends at

200

Premium starts at

\$



Premium ends at

\$ 432

FPL starts at

200



FPL ends at

250

Premium starts at

\$



Premium ends at

\$ 720

FPL starts at

250



FPL ends at

300

Premium starts at

\$



Premium ends at

\$ 1,008



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.

4. To address and mitigate the negative impacts of the pandemic on children and adolescents and to further healthy developmental outcomes for MassHealth-enrolled youth, effective 9/1/21, MassHealth requires managed care plans to cover medically necessary preventive behavioral health services for members up to age 21, even if they do not meet criteria for behavioral health diagnosis and therefore do not meet medical necessity criteria for behavioral health treatment. The state has received Medicaid State Plan approval for this service and will be submitted a CHIP State Plan amendment during SFY22. For #10 - To help ensure that children are assigned to plans that best meet their needs, starting January 1, 2021, parents/guardians have an opportunity to voluntarily select a managed care plan for their child at the time eligibility is established in the Notice of Birth (NOB) form. If the parent/guardian does not select a plan on the form, the baby will remain in MassHealth's fee-for-service program for up to 14 days after the NOB is processed. If the parent/guardian does not make a voluntary managed care plan choice for the child within 14 days after eligibility was established, MassHealth will assign the child to a managed care plan. In assigning the newborn to a managed care plan, MassHealth takes several factors into consideration, including sibling and parent/guardian assignment.

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

☐ Yes

☒ No

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

4. To address and mitigate the negative impacts of the pandemic on children and adolescents and to further healthy developmental outcomes for MassHealth-enrolled youth, effective 9/1/21, MassHealth requires managed care plans to cover medically necessary preventive behavioral health services for members up to age 21, even if they do not meet criteria for behavioral health diagnosis and therefore do not meet medical necessity criteria for behavioral health treatment. The state has received Medicaid State Plan approval for this service and will be submitted a CHIP State Plan amendment during SFY22. For #10 - To help ensure that children are assigned to plans that best meet their needs, starting January 1, 2021, parents/guardians have an opportunity to voluntarily select a managed care plan for their child at the time eligibility is established in the Notice of Birth (NOB) form. If the parent/guardian does not select a plan on the form, the baby will remain in MassHealth's fee-for-service program for up to 14 days after the NOB is processed. If the parent/guardian does not make a voluntary managed care plan choice for the child within 14 days after eligibility was established, MassHealth will assign the child to a managed care plan. In assigning the newborn to a managed care plan, MassHealth takes several factors into consideration, including sibling and parent/guardian assignment.

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 2020	Number of children enrolled in FFY 2021	Percent change
Medicaid Expansion CHIP	0	118,465	-
Separate CHIP	120,650	102,661	-14.91%

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

The increase in Medicaid Expansion CHIP numbers is due to the FFCRA Maintenance of Effort (MOE) as the number of new members enrolled is much larger than the small number of children terminated during the PHE for allowable reasons (moving out of state, death, or voluntary withdrawal). The decrease in Separate CHIP is due to the redeterminations which were restarted in August 2020 and the updated guidance from CMS that we could terminate individuals aging out of Separate CHIP.

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. Due to the impacts of the COVID-19 PHE on collection of ACS data, the 2020 children's uninsurance rates are currently unavailable. Please skip to Question 3.

Year	Number of uninsured children	Margin of error	Percent of uninsured children (of total children in your state)	Margin of error
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%
2020	Not Available	Not Available	Not Available	Not Available

Percent change between 2019 and 2020
Not Available

1. What are some reasons why the number and/or percent of uninsured children has changed?

As directed by CMS we are skipping questions 1-5 due to the unavailability of the data

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).

Browse...

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

2a. Have these efforts been successful? How have you measured the effectiveness of your outreach efforts?

The Member Education Unit conducts in-service presentations to various organizations including but not limited to: Native American Indian Tribes; School Nurses; School-based Medicaid Programs; sister state agencies such as the Department of Public Health (DPH), Department of Mental Health, Department of Children and Families, Department of Developmental Services, Department of Veteran's Services, and the Bureau of Substance Addiction Services at DPH; advocates for the homeless, shelters, and other facilities working with the homeless population; and the Massachusetts Head Start Program. These presentations provide education on a variety of topics including: MassHealth benefits; coverage types; covered services; rights and responsibilities; navigation tools such as website searching; how to access the MAhealthconnector.org; how to access other state health insurance programs; the application process; and post-enrollment information on how to maintain health coverage once it has been obtained. Member Education offers continued support to these organizations via e-mail and telephone to ensure proper procedure for application submission and other eligibility processes and an expedited service to the members they serve. These efforts have been successful by encouraging new applicants, dispelling any myths about public programs, and assisting members with health insurance coverage retention. The MassHealth team has worked across all of the child-serving EHS agencies to target education and enrollment activities for Transition-aged youth (TAY), particularly those aging out of the child welfare system. MassHealth has provided information to a consortium of agencies that serve this population to ensure that TAY living independently have access to MassHealth.



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 facilitate 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 2020. 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 Chan Medical School (UMass Chan). 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 several 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 FFY2021, in response to the COVID-19 public health emergency, and to support the health and safety of our participants and staff, all MTF meetings were held virtually. 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 36 virtual meetings. The meetings promote information dissemination, sharing of best practices, and building of community and public sector linkages to increase targeted outreach and member education

information about MassHealth. In SFY21, MTF program attendance experienced a decrease from previous years due to remote work and participants' varied access to webinar platforms, a total of 4,180 individuals attended. In SFY21, MTF outreached to listserv participants to identify 4,545 active members. MTF also provides information via the listserv, and a website offering resource information and meeting materials. In FFY21, the website had over 44,497 visitors with 77,732-page views in FFY21 (an increase from approximately 31,000 page views in FFY20).

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 50 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 85 CAC touchpoints (i.e., how often we communicated and held trainings via 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.

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

Browse...

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

1a. What percent of CHIP enrollees had access to private insurance at the time of application?

9.7%

☐ No

☐ N/A

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

☒ Yes

2a. Which database do you use?

The Premium Assistance vendor conducts a monthly state and national data match which identifies health insurance for all MassHealth members. In FFY21 Accenture handled all Premium Assistance activities, including monthly health insurance data matching for all MassHealth members.

☐ No

☐ N/A

3. What percent of applicants screened for CHIP eligibility cannot be enrolled because they have group health plan coverage?

0 %

4. If you have a Separate CHIP program, do you require individuals to be uninsured for a minimum amount of time before enrollment ("the waiting period")?

☐ Yes

☒ No

☐ N/A

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).

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

1a. What percent of children are presumptively enrolled in CHIP pending a full eligibility determination?

0.03

%

1b. Of the children who are presumptively enrolled, what percent are determined fully eligible and enrolled in the program (upon completion of the full eligibility determination)?

0

%

☐ 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 performs streamlined renewals, annual renewals, and automatic ex parte renewals to decrease the number of paper renewals that are sent to families. If a paper renewal is sent out the member can mail, fax, phone or complete the renewal online.

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

The most effective is streamlined renewals.

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

We do not track retention. We track the percentage of auto renewals that was done by renewal data source.

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

Part 2: CHIP Eligibility Denials (Not Redetermination)

1. How many applicants were denied CHIP coverage in FFY 2021?

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

929

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.

702

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.

227

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?

The system will not allow us to enter "0" for Q3a and Q4 but that is the correct response to both questions. 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.

	Percent
Total denials	100%
Denied for procedural reasons	75.57%
Denied for eligibility reasons	24.43%
Denials for other reasons	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 2021?

219724

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

216919

3. How many children were retained in CHIP after redetermination?

210275

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.

6644

4a. How many children were disenrolled for procedural reasons?
This could be due to an incomplete application, missing documentation, or a missing enrollment fee.

3002

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.

3462

4c. How many children were disenrolled for other reasons?

0

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.

	Percent
Children screened for redetermination	100%
Children retained after redetermination	96.94%
Children disenrolled after redetermination	3.06%

Table: Disenrollment in CHIP after Redetermination

	Percent
Children disenrolled after redetermination	100%
Children disenrolled for procedural reasons	45.18%
Children disenrolled for eligibility reasons	52.11%
Children disenrolled for other reasons	0%

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 2021?

519307

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

434545

3. How many children were retained in Medicaid after redetermination?

425301

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.

9244

4a. How many children were disenrolled for procedural reasons?

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

1847

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.

7397

4c. How many children were disenrolled for other reasons?

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.

	Percent
Children screened for redetermination	100%
Children retained after redetermination	97.87%
Children disenrolled after redetermination	2.13%

Table: Disenrollment in Medicaid after Redetermination

	Percent
Children disenrolled after redetermination	100%
Children disenrolled for procedural reasons	19.98%
Children disenrolled for eligibility reasons	80.02%
Children disenrolled for other reasons	

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 last year you reported on the number of children at the start of the cohort (Jan - Mar 2020) and six months later (July - Sept 2020). This year you'll report on 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): included in 2020 report.

You completed this section in your 2020 CARTS Report. Please refer to that report to assist in filling out this section if needed.

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

Ages 0-1

459

Ages 1-5

2017

Ages 6-12

3323

Ages 13-16

1463

July - September 2020 (6 months later): included in 2020 report.

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

312

Ages 1-5

1366

Ages 6-12

2344

Ages 13-16

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:• Transferred to another health insurance program other than CHIP• Didn't meet eligibility criteria anymore• Didn't complete documentation• 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): to be completed this year.
This year, please report data about your cohort for this section

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

280

1213

2138

955

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

50

176

221

101

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

46

161

205

92

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

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

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

129

628

964

407

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

99

460

756

316

July - September of 2021 (18 months later): to be completed this year
This year, please report data about your cohort for this section.

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

246

Ages 1-5

1080

Ages 6-12

1952

Ages 13-16

883

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

Ages 0-1

65

Ages 1-5

227

Ages 6-12

299

Ages 13-16

115

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

59

Ages 1-5

213

Ages 6-12

279

Ages 13-16

106

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

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

Ages 0-1

148

Ages 1-5

710

Ages 6-12

1072

Ages 13-16

465

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

110

Ages 1-5

515

Ages 6-12

811

Ages 13-16

345

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 last year you reported the number of children identified at the start of the cohort (Jan-Mar 2020) and six months later (July-Sept 2020). This 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 2021. 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 2021 must be born after January 2004. Similarly, children who are newly enrolled in February 2021 must be born after February 2004, and children newly enrolled in March 2021 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): included in 2020 report

You completed this section in your 2020 CARTS Report. Please refer to that report to assist in filling out this section if needed.

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): included in 2020 report

You completed this section in your 2020 CARTS report. Please refer to that report to assist in filling out this section if needed.

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

<11

27

18

<11

7. How many children were no longer enrolled in Medicaid six months later?
Possible reasons for no longer being enrolled:• Transferred to another health insurance program other than Medicaid• Didn't meet eligibility criteria anymore• Didn't complete documentation• 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): to be completed this year
This year, please report data about your cohort for this section.

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

7233

3169

3413

1407

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

56

96

94

53

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

28

51

36

14

13. How many children were no longer enrolled in Medicaid 12 months later?
Possible reasons for not being enrolled:• Transferred to another health insurance program other than Medicaid• Didn't meet eligibility criteria anymore• Didn't complete documentation• Didn't pay a premium or enrollment fee

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

447

564

568

256

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

187

237

264

105

July - September of 2021 (18 months later): to be completed next year
This year, please report data about your cohort for this section.

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

5776

Ages 1-5

2946

Ages 6-12

3194

Ages 13-16

1293

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

Ages 0-1

400

Ages 1-5

170

Ages 6-12

153

Ages 13-16

85

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

344

Ages 1-5

108

Ages 6-12

87

Ages 13-16

36

18. How many children were no longer enrolled in Medicaid 18 months later?
Possible reasons for not being enrolled:• Transferred to another health insurance program other than Medicaid• Didn't meet eligibility criteria anymore• Didn't complete documentation• Didn't pay a premium or enrollment fee

Ages 0-1

1560

Ages 1-5

713

Ages 6-12

728

Ages 13-16

338

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

1201

Ages 1-5

316

Ages 6-12

348

Ages 13-16

155

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

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")

2a. What information or tools do you provide families with so they can track cost sharing?

The Well-Child Care Claim form and the 5% Max Claim Form are available on <https://www.mass.gov/service-details/masshealth-member-forms>

☐ 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?

5,953 children

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?

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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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

6a. How do you track cost sharing to ensure families don't pay more than 5% of the aggregate household income in a year?

Parents of eligible children are notified of the family out of pocket maximum (calculated using 5 percent of the family income less anticipated required member contribution towards ESI plan). Parents submit receipts for costs incurred and once 5 percent cap amount is met, children receive MassHealth wrap benefits for remainder of family cap year.

☐ No

☐ N/A

7. How many children were enrolled in the premium assistance program on average each month in FFY 2021?

17549

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?

\$

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

\$

Table: Coverage breakdown

Child

State	Employer	Employee
314		

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

\$ 432

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 2021?

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 2021?

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. Child: State - \$314 Per Member Per Month Employer - 50% of total ESI premium Employee - 50% of total ESI premium Parent (policyholder only and only when there is a 50% employer contribution) State - \$150 Employer - 50% of total ESI premium Employee - 50% of total ESI premium

18. 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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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 Chan Medical School (UMass Chan), 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 UMass Chan, 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 also oversees an Acute Hospital Utilization Management contract with Permedion, including both pre- and post-payment reviews carried out by the acute hospital utilization control vendor. In addition, the Office of Clinical Affairs Non-Institutional Provider Review Unit also operated within UMass Chan conducts post-pay utilization clinical peer review of non-institutional providers, including reviews of the paid claims, medical records, and other relevant records. 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, in FY21, approximately 21% 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 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 UMass Chan 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

5a. What safeguards and procedures do the Managed Care plans have in place?

All managed care plans that serve the CHIP population are required to have written program integrity plans and written fraud, waste, and abuse plans in place. Contract language for ACOs, MCOs and our behavioral health PIHP specifies program integrity and fraud and abuse prevention, detection, and reporting requirements for health plans contracting with MassHealth.

☐ No

☐ N/A

6. How many eligibility denials have been appealed in a fair hearing in FFY 2021?

2040

7. How many cases have been found in favor of the beneficiary in FFY 2021?

19

8. How many cases related to provider credentialing were investigated in FFY 2021?

139

9. How many cases related to provider credentialing were referred to appropriate law enforcement officials in FFY 2021?

0

10. How many cases related to provider billing were investigated in FFY 2021?

109

11. How many cases were referred to appropriate law enforcement officials in FFY 2021?

4

12. How many cases related to beneficiary eligibility were investigated in FFY 2021?

6465

13. How many cases related to beneficiary eligibility were referred to appropriate law enforcement officials in FFY 2021?

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

15a. How do you provide oversight of the contractors?

For each of the aforementioned vendors, MassHealth has contract management controls in place including regular reporting and meetings to review vendor activity. The MassHealth Program Integrity Unit oversees the UMass Chan Provider Compliance Unit (PCU) through numerous communications and documentation, including monthly meetings between MassHealth and PCU to review monthly activities, findings, and reports. MassHealth has developed and implemented a process for monitoring the UMass Chan PCU's monthly case report. MassHealth and PCU use a shared mailbox to document MassHealth sign-off on case openings, closings, mailing of findings and any other update in a case's status. On a quarterly basis, MassHealth reviews these emails against the monthly report to ensure cases are updated accurately. In addition, on a quarterly basis, MassHealth requests records for a sample of open cases as well as any cases closed in the fiscal year for a review for quality as well as accuracy against the monthly report. The MassHealth Program Integrity Unit oversees the UMass Chan Financial Compliance Unit (FCU) through numerous communications and documentation, including monthly meetings between MassHealth and FCU to review monthly activities, findings, and reports. MassHealth has implemented an updated monitoring process of the FCU audits of inpatient hospital and long-term care audits. At the beginning of each fiscal year, FCU sends a list of inpatient hospitals and long-term care facility audit candidates to the inpatient hospital and nursing facility program managers for their approval. On a quarterly basis, MassHealth will review the monthly report provided by FCU against the list of audit targets identified at the beginning of the fiscal year. At the monthly FCU meetings, MassHealth will raise any questions stemming from this review and resolve any open issues to ensure all audits planned for the fiscal year remain on track. In addition, MassHealth will provide an administrative review and approval of each audit's findings prior to FCU issuing to the provider. This review will focus on accuracy of cover letter against findings attachments and identify any inconsistencies to be corrected before sending to the provider. In addition, the Office of Long-Term Services and Supports (OLTSS) oversees Optum's program integrity activities. OLTSS requires Optum to report the

results of those activities monthly through monthly meetings and reports. The monthly meetings and reports focus on algorithms, site audits, and desk audits, as well as management minutes questionnaire (MMQ) audits of nursing facilities. To ensure that Optum is conducting MMQ audits correctly and appropriately, the OLTSS Clinical Team audits Optum's findings on a subsample of providers within each of the MMQ audit cycles. The results of these audits are presented to Optum and training opportunities are identified, either for the Optum RN team generally or with individual nurses. The Optum Clinical Manager also has a monthly call with OLTSS Clinical team to review any questions or concerns that arise from Optum's monthly audits.

☐ No

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

☒ Yes

16a. What specifically are the contractors responsible for in terms of oversight?

MassHealth's contracted managed health care plans provide oversight of their own safeguards and procedures, including any material subcontractors performing program integrity functions for the managed care population of members/providers. As noted in response to #5 above, managed care health plans are required by contract to have written program integrity plans and written fraud, waste, and abuse plans in place. MassHealth provides direct oversight of the EOHHS-contracted vendors, as noted in the response to #4 above, performing program integrity functions.

☐ No

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

Details for #6 above - A total of 6,133 eligibility denial appeals filed for all age groups: For the under age 65 group, 2,040 appeals filed Details for #7 above - For under age 65 group 19 decisions found in favor of the beneficiary.

18. 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...

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 2021?

Ages 0-1	Ages 1-2	Ages 3-5	Ages 6-9	Ages 10-14	Ages 15-18
611	4434	22346	35475	48703	37206

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 2021?

Ages 0-1	Ages 1-2	Ages 3-5	Ages 6-9	Ages 10-14	Ages 15-18
111	714	6580	12407	17138	12335

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 2021?

Ages 0-1	Ages 1-2	Ages 3-5	Ages 6-9	Ages 10-14	Ages 15-18
0	683	6392	11840	15616	10201

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 2021?

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	62	1625	5993	9961	8113

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 2021?

3453

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.

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.

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

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. For the 2021 CARTS report, we highly encourage states to report all raw CAHPS data to the Agency for Healthcare Research and Quality (AHRQ) CAHPS Database instead of reporting a summary of the data via CARTS. For 2022, the

only option for reporting CAHPS results will be through the submission of raw data to ARHQ.

1. Did you collect the CAHPS survey?

☒ Yes

1a. Did you submit your CAHPS raw data to the AHRQ CAHPS database?

☐ Yes

☒ No

☐ 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).

Browse...

MA CAHPS survey summary.docx

MA CAHPS survey summary.docx

2. Which CHIP population did you survey?

- ☐ Medicaid Expansion CHIP
- ☐ Separate CHIP
- ☐ Both Separate CHIP and Medicaid Expansion CHIP
- ☒ Other

2a. Which population did you survey?

A CHIP and Medicaid Expansion CHIP population that includes: • Children enrolled in the PCC Plan, Accountable Care Partnership Plan ACOs, Accountable Primary Care ACOs were surveyed. • MassHealth FFS program and MCO-only (members not in the Accountable Care Partnership Plan ACO, or Primary Care ACOs) are not included.

2b. How many children were included in the survey?

11488

3. Which version of the CAHPS survey did you use?

- ☐ CAHPS 5.0
- ☐ CAHPS 5.0H
- ☒ Other

3a. Which CAHPS survey did you use?

3.0 CAHPS-based Clinician and Group Survey

4. Which supplemental item sets did you include in your survey?
Select all that apply.

- ☐ None
- ☐ Children with Chronic Conditions
- ☒ Other

4a. Which supplemental item sets did you include?

MassHealth tested supplemental items related to members experience with telehealth visits.

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 not administered by MassHealth but surveyed through MH contracted plans (sampled as part of their overall managed care population). Plans are encouraged to submit these raw data directly to the AHRQ CAHPS database. The MCO-only (non-ACO managed care population) is also not available given a very limited population, and budget constraints. Additional information for 1a. - Although the response to "Did you submit your CAHPS raw data to the AHRQ CAHPS database" is no, we encourage MH contracted managed care plans that collect the CAHPS survey to submit raw data directly to the AHRQ CAHPS database where available. Additional information for 2b - For Performance Year 2019: o 598 completed surveys for the PCCM population and o 10,890 completed surveys for the ACO population

Part 3: You didn't collect the CAHPS survey

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?

4869

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?

94% 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?

180

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 exposure to violence.

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

All youth 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).

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?

22196

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

22196

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?

43.9% 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 by this program 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 For #7 - the statistic has not changed since last year since the survey was not done this year due to COVID-19

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?

11510

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?

4.1% 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).

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?

602

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?

97% of clients served (583) avoided out-of-home placements.

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

Provides an array of family-driven community-based 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?

197475

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?

197,475 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

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 men (age 14-24) identified by their communities as the highest risk individuals for being perpetrators or victims of violence, and their families.

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

1836

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?

1,030 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?

1625

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 youths provided evidence-based sexuality education programming.

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

1,625 youth received the above-mentioned 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?

Youth at elevated risk for violence but who are not yet engaging in serious acts of violence

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

2191

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 youths aged 18 or younger who receive direct services.

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

2,191 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. These prevention interventions include, but are not limited to: The promotion of family and community environments that support healthy youth development; quality out-of-school-education programs; strengthening youth skills through Positive Youth Development, and, intervening to lessen harm and prevent future violence. 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?

787

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?

528 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?

68272

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?

95.50% 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 - this 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?

317

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?

3,803 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 child care 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?

58727

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?

19% 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?

966

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?

966 Individuals served.

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

The funding for this program is used to provide targeted, developmentally appropriate intervention 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?

671

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?

671 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).

Do you have another HSI Program in this list?

Optional

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.

Goal #1- Maintain an overall children's uninsurance rate of no more than 1.5%. As directed by CMS, we are not reporting on this goal this year due to the unavailability of data

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.

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 eligible children in the last federal fiscal year.

6. Denominator (total number)

Computed:

7. What is the date range of your data?

Start

mm/yyyy

 /

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 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% As directed by CMS, we are not reporting on this goal this year due to the unavailability of data

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.

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 eligible children in the last federal fiscal year.

6. Denominator (total number)

Computed:

7. What is the date range of your data?

Start

mm/yyyy

 /

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).

Do you have another Goal 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.

Objective Related to CHIP Enrollment

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 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?

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

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 FFY21.

4. Numerator (total number)

261

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.

N/A

6. Denominator (total number)

Computed:

7. What is the date range of your data?

Start

mm/yyyy

10

/

2020

End

mm/yyyy

09

/

2021

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 did not change; there were 261 organizations at the end of 9/30/20 and 9/30/21. This is well over the 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.

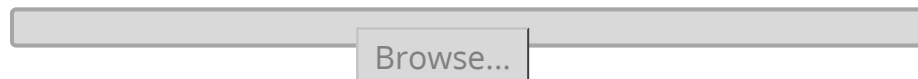
11. Anything else you'd like to tell us about this goal?

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).

A horizontal gray bar representing a file upload area. In the center of the bar is a small, light gray button with the text "Browse..." in a dark gray font.

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 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?

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

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

4. Numerator (total number)

4673

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.

All children ever enrolled in CHIP during the fiscal year

6. Denominator (total number)

219724

Computed: 2.13%

7. What is the date range of your data?

Start

mm/yyyy

10 / 2020

End

mm/yyyy

09 / 2021

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 2.13%. This is below the goal and lower than the 3% rate for FFY20.

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.

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 increase the number of ACA Certified Application Counselor (CAC) Assistants 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?

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

The number of ACA Certified Application Counselor Assistants 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)

1352

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.

N/A

6. Denominator (total number)

Computed:

7. What is the date range of your data?

Start

mm/yyyy

10 / 2020

End

mm/yyyy

09 / 2021

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 1399 immediately before the start of FFY2020, to 1352 as of 9/30/2021, which is above the established 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 Goal 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.

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%.

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

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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

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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%.

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

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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

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Browse...

Do you have another Goal in this list?

Optional

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

1. Briefly describe your goal for this objective.

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?

4. Numerator (total number)

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

6. Denominator (total number)

Computed:

7. What is the date range of your data?

Start

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End

mm/yyyy

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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).

Do you have another Goal in this list?

Optional

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

1. Briefly describe your goal for this objective.

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?

4. Numerator (total number)

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

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...

Do you have another Goal in this list?

Optional

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

1. Briefly describe your goal for this objective.

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?

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 eligible children in the last federal fiscal year.

6. Denominator (total number)

Computed:

7. What is the date range of your data?

Start

mm/yyyy

 /

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...

Do you have another Goal in this list?

Optional

Do you have another objective in your State Plan?

Optional

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?

To further support and inform measurement and reporting goals, other strategies include: • Use of performance improvement project priorities to support performance goals, including current child focus on vaccinations and access to telehealth. • Supplemental survey questions related to access and use of telehealth services included in the current member experience surveys. • Information found through these strategies has not been finalized yet.

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?

• Continued use of the core measures annual reporting process to support evaluation of related metrics for monitoring of goals and objectives. Data are anticipated to be available and submitted by the end of the year as the updated CARTS/MACPro tool becomes available for upload. • Update of the Quality Strategy and Evaluation Report anticipated by end of March 2022. • Annual public reporting per managed care rule requirements.

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 2021.

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...

Tell us how much you spent on your CHIP program in FFY 2021, and how much you anticipate spending in FFY 2022 and 2023.

Part 1: Benefit Costs

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

Combine your costs for both Medicaid Expansion CHIP and Separate CHIP programs into one budget.

1. How much did you spend on Managed Care in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021

\$ 350,171,370

2022

\$ 402,483,350

2023

\$ 436,184,170

2. How much did you spend on Fee for Service in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021

2022

2023

\$ 422,439,504

\$ 445,280,064

\$ 482,564,348

3. How much did you spend on anything else related to benefit costs in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021

2022

2023

\$ 9,651,945

\$ 10,452,929

\$ 11,320,384

4. How much did you receive in cost sharing from beneficiaries to offset your costs in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021

2022

2023

\$

\$

\$

Table 1: Benefits Costs

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

	FFY 2021	FFY 2022	FFY 2023
Managed Care	350171370	402483350	436184170
Fee for Service	422439504	445280064	482564348
Other benefit costs	9651945	10452929	11320384
Cost sharing payments from beneficiaries			
Total benefit costs	782262819	858216343	930068902

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 2021? How much do you anticipate spending in FFY 2022 and 2023?

This includes wages, salaries, and other employee costs.

2021

2022

2023

\$

\$

\$

2. How much did you spend on general administration in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021

2022

2023

\$ 26,033,605

\$ 26,033,605

\$ 26,033,605

3. How much did you spend on contractors and brokers, such as enrollment contractors in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021

2022

2023

\$

\$

\$

4. How much did you spend on claims processing in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021

2022

2023

\$

\$

\$

5. How much did you spend on outreach and marketing in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021

2022

2023

\$

\$

\$

6. How much did you spend on your Health Services Initiatives (HSI) if you had any in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021

2022

2023

\$ 70,000,000

\$ 73,000,000

\$ 77,000,000

7. How much did you spend on anything else related to administrative costs in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021

2022

2023

\$

\$

\$

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.

	FFY 2021	FFY 2022	FFY 2023
Personnel			
General administration	26033605	26033605	26033605
Contractors and brokers			
Claims processing			
Outreach and marketing			
Health Services Initiatives (HSI)	70000000	73000000	77000000
Other administrative costs			
Total administrative costs	96033605	99033605	103033605
10% administrative cap	86918091	95357371.44	103340989.11

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 2023 will be calculated once the eFMAP rate for 2023 becomes available. In the meantime, these values will be blank.

FMAP Table	FFY 2021	FFY 2022	FFY 2023
Total program costs	878296424	957249948	1033102507
eFMAP	65	65	65
Federal share	570892675.6	622212466.2	671516629.55
State share	307403748.4	335037481.8	361585877.45

8. What were your state funding sources in FFY 2021?

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 2021? How many do you anticipate will be eligible in FFY 2022 and 2023?

2021

172771

2022

174541

2023

176330

2. What was your per member per month (PMPM) cost based on the number of children eligible for Managed Care in FFY 2021? What is your projected PMPM cost for FFY 2022 and 2023?

Round to the nearest whole number.

2021

\$ 290

2022

\$ 311

2023

\$ 334

	FFY 2021	FFY 2022	FFY 2023
PMPM cost	290	311	334

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 2021? How many do you anticipate will be eligible in FFY 2022 and 2023?

2021

46953

2022

47434

2023

47920

2. What was your per member per month (PMPM) cost based on the number of children eligible for Fee For Service in FFY 2021? What is your projected PMPM cost for FFY 2022 and 2023?

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.

2021

\$ 329

2022

\$ 353

2023

\$ 379

	FFY 2021	FFY 2022	FFY 2023
PMPM cost	329	353	379

1. Is there anything else you'd like to add about your program finances that wasn't already covered?

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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).

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

Despite the continuing impact of the COVID-19 pandemic, Massachusetts has maintained its strong culture of support for near universal healthcare coverage for all its residents, including low-income children and families.

2. What's the greatest challenge your CHIP program has faced in FFY 2021?

The greatest challenge has been the continued 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.

3. What are some of the greatest accomplishments your CHIP program has experienced in FFY 2021?

During FFY2021 Massachusetts updated its telehealth policy to ensure continued access to telehealth modalities for delivery of medically necessary MassHealth covered services and to promote equity in access and high quality of care. During FFY2021 Massachusetts reported on 22 of the 24 FFY2020 child core set measures and, while the rates were below the median on some measures and cohorts (which we will use to determine any needed performance improvement activities), the overall rates for the measures remain high. • Of the 12 measures and cohorts included in the Primary Care Access and Preventive Care domain, Massachusetts rates were above the median and in the highest quartile for 10 of the measures/cohorts and above the median and in the second highest quartile for 2 of the measures/cohorts. • Of the 8 measures/cohorts included in the Maternal and Perinatal Care domain, Massachusetts rates were above the median and in the highest quartile for 4 of the measures/cohorts, above the median and in the second highest quartile for 3 of the measures/cohorts, and in the lowest quartile for 1 of the measures/cohorts. • Of the 4 measures included in the Care of Acute and Chronic Conditions domain, Massachusetts rates were in the second highest quartile for 1 of the measure/cohort and below the median and in the lowest or quartile for the remaining measures/cohorts. • Of the 8 measures/cohorts included in the Behavioral Health Care domain, Massachusetts rates were above the median and in the highest quartile for 6 of the measures/cohorts and above the median and in the second highest quartile for 2 of the measures/cohorts. • Of the 2 measures included in the Dental and Oral Health domain, Massachusetts 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 2021 or plan to make in FFY 2022? Why have you decided to make these changes?

As noted in Section 1, in FFY2021 we added a new Preventive Behavioral Health benefit, effective 9/1/21 and updated the process for newborn assignment to managed care plans. In FFY 2022 we plan to expand the postpartum coverage period (at state cost for non-emergency services outside of the labor & delivery bundled payment) for the CHIP Unborn population from the current 60 days to 12 months. This is an important component of our health equity efforts to address disproportionate maternal health outcomes for individuals who are ineligible for federally funded coverage due to immigration status.

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. We have worked closely in partnership with the state Department of Public Health to address pediatric vaccines inequities and also bolster connection with their Title V program to address the needs of pregnant and postpartum population and children with special health care needs.

6. Optional: Attach any additional documents here.

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