



Pennsylvania's Children's
Health Insurance Program
We Cover All Kids.

CHILDREN'S HEALTH INSURANCE PROGRAM

2017 ANNUAL REPORT TO THE GENERAL ASSEMBLY

Tom Wolf, Governor

Teresa Miller, Secretary
Department of Human Services



2017 Children’s Health Insurance Program Annual Report

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2017 Children's Health Insurance Program Annual Report

Executive Summary

History of CHIP in Pennsylvania

Pennsylvania's Children's Health Insurance Program (CHIP) was established through passage of Act 113 of 1992, reenacted as an amendment to The Insurance Company Law of 1921 by Act 68 of 1998, amended by Act 136 of 2006, and amended and reauthorized by Act 74 of 2013 and Act 84 of 2015 (the Act). In December of 2017, CHIP was reauthorized until December 2019 by Act 58 of 2017. It has long been acknowledged as a national model, receiving specific recognition in the Balanced Budget Act of 1997 as one of only three child health insurance programs nationwide that met Congressional specifications.

In early 2007, after passage of Act 136 of 2006, Pennsylvania received approval from the federal government to expand eligibility for CHIP through the Cover All Kids initiative. As of March 2007, CHIP includes:

- Free CHIP: Coverage is available to eligible children in households with incomes no greater than 208 percent of the Federal Poverty Level (FPL).
- Low Cost CHIP: Coverage is available for those with incomes greater than 208 percent but not greater than 314 percent of the FPL.
- At Cost CHIP: Families with incomes greater than 314 percent of the FPL have the opportunity to purchase coverage by paying the full rate negotiated by the State.

In February 2009, the federal Children's Health Insurance Program Reauthorization Act (CHIPRA) reauthorized CHIP at the federal level. Federal funding pays for about two-thirds of the total cost of CHIP. Under CHIPRA, CHIP's federal funds allotment was substantially increased. However, CHIPRA contained numerous new federal program requirements, including citizenship and identity verification, a mandate to provide coverage for orthodontic services, a mandate to make supplemental payments in certain circumstances to Federally Qualified Health Centers and Rural Health Clinics, a variety of process requirements when CHIP provides coverage through managed care plans, the obligation to provide information about dental providers to be used on a new federal website, and expanded reporting.

The Patient Protection and Affordable Care Act (ACA) together with the Health Care and Education Reconciliation Act of 2010 provided additional changes for CHIP. The ACA extended federal funding of CHIP through September of 2015, as well as added a requirement that states maintain the Medical Assistance (MA) and CHIP eligibility standards, methods and procedures in place on the date of passage of the ACA or refund the federal stimulus funds under The American Recovery and Reinvestment Act of 2009 (ARRA). In December 2015, Governor Tom Wolf signed Act 84 reauthorizing CHIP through 2017 and moving the administration of CHIP from the Insurance Department to the Department of Human Services (DHS). In 2018, the federal government passed the Bipartisan Budget Act of 2018. The program was further extended on February 9 for a total of 10 years. The CHIP program is authorized on the federal level through September 30, 2027 with funding appropriated through September 2027.

Services covered

Services funded for the year included those required by Section 2103 of the Social Security Act (Coverage Requirements for Children's Health Insurance) or other laws:

- Primary and preventive care, including physician, nurse practitioner, and physician assistant services;
- Specialist care, including physician, nurse practitioner, and physician assistant services;
- Autism services;
- Diagnosis and treatment of illness or injury;
- Laboratory/pathology testing;
- X-rays;
- Injections, immunizations and medications;
- Emergency care, including emergency transportation;
- Prescription drugs;
- Emergency, preventive and routine dental care, and medically necessary orthodontia;
- Emergency, preventive, and routine vision care;
- Emergency, preventive, and routine hearing care; and
- Inpatient hospital care.

Ancillary medically necessary and therapeutic services including inpatient and outpatient treatment of mental health, serious mental illness and substance disorder services, rehabilitative therapies, medical therapies, home health care, hospice care, durable medical equipment, and maternity care were also covered.

Eligibility

In addition to income guidelines designated in detail in Attachment #1 (Income Guidelines), eligibility for CHIP is determined on the basis of several factors:

- Age of the child (up to age 19);
- Citizenship status (must be U.S. citizen or lawfully residing in the U.S.);
- Not eligible for Medical Assistance;
- Availability of employer-based or private health care coverage;
- For families whose incomes fall in the full-cost CHIP range, cost of comparable insurance must be either unavailable or unaffordable.

Costs and Contributions

CHIP continues to provide identical, comprehensive benefits to individuals enrolled in the free, low cost, and full cost components of the program.

Free CHIP covers children in families with an adjusted gross household income no greater than 208 percent of the FPL. The commonwealth receives federal financial participation is received toward the cost of this coverage. There are no premiums and no co-payments collected for enrollees in this group.

Low cost CHIP covers children in families with an adjusted gross household income greater than 208 percent, but no greater than 314 percent of the FPL. The commonwealth receives federal financial participation for the enrollees within the low cost coverage group. The parent or guardian is required to pay a modest monthly premium directly to the insurance contractor. Enrollment in low cost CHIP is divided into three increments with progressively

- Greater than 208 percent but no greater than 262 percent – family pays 25 percent of the per-member-per-month (PMPM) premium cost. The average cost to the enrollee in 2017 was approximately \$53 per month.
- Greater than 262 percent but no greater than 288 percent – family pays 35 percent of PMPM premium cost. The average cost to the enrollee in 2017 was approximately \$74 per month.
- Greater than 288 percent but no greater than 314 percent – 40 percent of PMPM cost. The average cost per child to their families in 2017 was approximately \$84 per month.

Children in low cost CHIP also are charged point-of-service co-payments for primary care visits (\$5), specialists visits (\$10), emergency room care visits (\$25, waived if admitted), and prescriptions (\$6 for generic and \$9 for brand names). There are no co-payments for well-baby visits, well-child visits, immunizations, or emergency room care that results in an admission. Co-payments are limited to physical health care services and do not include routine preventive and diagnostic dental services or vision services. Cost sharing, the combination of premiums and point of service co-payments, is capped at five percent of household income.

The third component, full cost CHIP, is for children in families with adjusted gross household income greater than 314 percent of the FPL, that do not have access to affordable health care. Families may buy into coverage at 100 percent of the cost negotiated by the department with each of the health insurance contractors. The average premium for 2017 was \$239. No federal or state dollars are used to provide coverage for families in this component. In addition, children in families with adjusted gross income greater than 314 percent FPL are charged point-of-service co-payments for primary care visits (\$15), specialists visits (\$25), emergency room care visits (\$50, waived if admitted), and prescriptions (\$10 for generic and \$18 for brand names).

Insurance Contractors

DHS administers CHIP with at least two contractors offering coverage in every county of the Commonwealth. The following health insurers are now providing managed care coverage for children in CHIP under contracts effective December 1, 2013, through November 30, 2018:

- Aetna;
- Blue Cross of Northeastern Pennsylvania (coverage provided by First Priority Health HMO);
- Capital BlueCross (coverage provided by Keystone Health Plan Central HMO);
- Geisinger Health Plan;
- Health Partners of Philadelphia, Inc.;
- Highmark Inc. (coverage provided by Keystone Health Plan West HMO in the western part of the state and Premier BlueShield PPO in the central part of the state);
- Independence Blue Cross (coverage provided by Keystone Health Plan East HMO);
- United Health Care Community Plan of Pennsylvania and;
- UPMC Health Plan

Outreach

Pennsylvania's Children's Health Insurance Program's 2016 – 2017 outreach strategy used a combination of multiple media channels that provided numerous touchpoint opportunities to reach the target audience throughout the day. Use of broad reach mediums such as TV, spot radio, and display digital allowed us to target outreach within a county and zip code. Multiple digital channels were then layered in via content/ behavioral targeting. This approach allowed us to reach not only parents of children who need coverage but also family members, friends and influencers.

The statewide multi-media mix campaign ran from December 2016 through July 2017 to reach markets with the highest percentage of uninsured children in Pennsylvania and to heighten the awareness of the program. TV spots were aired statewide across all media markets including both broadcast and cable. A mix of television combined with radio advertising (English and Spanish) was used to penetrate the more underserved and harder to reach markets with a concentration in the urban areas.

Another attempt at reaching the largest population was the use of digital, social media, and mobile marketing tactics statewide to drive potential recipients to the CHIP website, www.CHIPcoversPAkids.com, where they are able to apply for or renew CHIP coverage. Key search words were also used to drive search engine results to the CHIP website.

For the third year, CHIP agreed to an on-air partnership with Univision Network's *Despierta America*, the number one Spanish language morning show in Philadelphia. The program offers a strong showing among Hispanic women ages 24 – 54, featuring

news and topics such as parenting advice, health and nutrition, and the latest headlines. A local TV host narrates :80 vignettes promoting CHIP.

Additionally, with the growing popularity of urgent care centers, parents and guardians were reached who were seeking treatment for health care issues by placing banner stands and brochures in the centers' waiting rooms and lobbies. Signage was placed in 35 urgent care locations across Philadelphia, Pittsburgh, Harrisburg, and Allentown-Bethlehem for a three-month period.

Grassroots Outreach

Grassroots outreach efforts focused on identifying and educating community-based organizations as well as health care and educational institutions in an effort to reach the parents of uninsured kids and teens. Outreach included both general and minority markets. Core target areas for outreach efforts included counties with the highest percentages and highest numbers of uninsured children in the state, thus the highest potential to enroll. Thirty-three counties were targeted for these efforts.

Outreach efforts used CHIP Enrollment Teams which consisted of Outreach Service Representatives (OSRs) who are trained on the program and serve as community guides educating the public about CHIP and leading activities through community, faith-based and small business events. OSRs are knowledgeable on the eligibility criteria, the application process, and on using the COMPASS website for enrollment. The enrollment teams participated in events in 33 counties targeting both general and minority markets. Libraries were also a point of focus for a back-to-school campaign where materials were displayed for patrons to take with them for reference on how to apply for or renew their coverage as well as eligibility requirements. OSRs were stationed in the libraries to help with on-line enrollment.

CHIP implemented a new inbound call center in May 2016 to provide customer service to Pennsylvanian's seeking information on the program with over 50,000 calls the first year. The CHIP inbound call center continues to operate with great success. Callers seeking information on the program can contact CHIP representatives at the 1-800-986-KIDS toll free number. Application assistance is also available through the call center.

CHIP uses and promotes the new-and-improved website to help CHIP efficiently provide health care to Pennsylvania's children by making it easier for families looking for health care coverage for their children, CHIP recipients, and providers to access important information.

School Notices

CHIP staff worked with the Pennsylvania Department of Education (PDE) to ensure Intermediate Units and public schools received electronic files of a CHIP school flyer to promote CHIP (Attachment #3) to all school-aged children in Pennsylvania. The flyers are in English and Spanish (front and back). Working with the PDE improves the likelihood that the flyers are seen by parent(s) or guardians of children potentially eligible for CHIP. Additionally, schools can request a hard copy of the notification. CHIP sent over 500,000 flyers to schools to fulfill requests for the notification.

New Birth Flyer

CHIP also printed approximately 125,000 CHIP “New Birth” flyers (Attachment #2) for insertion with each complimentary birth certificate that was mailed to the households of Pennsylvania newborns. The Pennsylvania Department of Health (DOH) has been a great partner in extending the CHIP message to new parents.

Contractor Outreach

CHIP contractors are mandated by contract to conduct community outreach at the local level in each of their service areas. Each county has two to six CHIP contractors, which provides for creative and effective coverage to underserved populations. Each CHIP contractor conducts marketing and outreach efforts in a different way, thus reaching different segments of Pennsylvania’s diverse population. By conducting different outreach efforts across a range of contractors, CHIP has been successful in reaching a large portion of Pennsylvania’s uninsured families.

Enrollment

Projected Number of Eligible Children

The average enrollment for the calendar year 2017 was 180,162. The projected average enrollment for CHIP in calendar year 2018 is 195,454. The projected enrollment is anticipated to be consistent with the current enrollment in terms of residence and poverty level.

Number of Children Receiving Health Care Services by County and by Per Centum of the Federal Poverty Level

Please refer to Attachment #4 (CHIP Enrollment by County) for county-specific data for the number of children enrolled in the program in December 2017.

The total enrollment numbers for the several levels of the FPL for the period January through December 2017 were:

Month	No greater than 208% FPL (Free)	Greater than 208% but no greater than 262% FPL (Low Cost Group 1)	Greater than 262% but no greater than 288% FPL (Low Cost Group 2)	Greater than 288% but no greater than 314% FPL (Low Cost Group 3)	Greater than 314% FPL (Full Cost)	Total Monthly Enrollment
January	121,939	29,190	7,763	5,444	6,166	170,502
February	122,953	29,483	7,952	5,463	6,389	172,240
March	124,191	29,790	7,916	5,582	6,450	173,929
April	124,072	30,307	8,047	5,779	6,776	174,981
May	123,677	30,407	8,162	5,879	6,874	174,999
June	124,110	30,734	8,280	5,941	6,983	176,048
July	123,798	31,184	8,380	6,001	7,208	176,571
August	123,398	31,086	8,402	5,987	7,368	176,241
September	123,469	31,111	8,453	6,059	7,585	176,677
October	123,404	31,081	8,543	6,123	7,767	176,918
November	124,676	31,245	8,587	6,210	7,989	178,707
December	125,690	31,445	8,666	6,271	8,090	180,162

Waiting List

There were no eligible children placed on a waiting list during this reporting period.

Healthcare Effectiveness Data and Information Set (HEDIS) Measurements
(Attachment #5)

CHIP health insurance company performance is assessed using Healthcare Effectiveness Data Information Set (HEDIS®) 2017 performance measures, 2017 Consumer Assessment of Healthcare Provider Systems (CAHPS®) 5.0 Survey items and Pennsylvania-specific performance measures. Results are presented in three sections: Access to Care, Quality of Care and Satisfaction with Care.

For HEDIS 2017 performance measures, a chart is presented with each bar representing the percentage of CHIP members receiving a specific type of care from their CHIP provider. For charts representing CAHPS survey items, each bar represents the percentage of respondents who selected option 8 or higher on a scale of 1 to 10, or “usually” or “always” when rating the care provided by their CHIP provider.

For each performance indicator, the CHIP health insurance companies are presented in order of performance from high to low with higher performing health insurance companies at the top of each chart. Inverted measures are presented in order of performance from low to high with higher performing health insurance companies at the top of each chart. In addition, the PA CHIP statewide weighted average is represented on each chart by a solid black line. The PA CHIP weighted averaged is calculated as the total number of events program-wide divided by the eligible population.

Changes to the CHIP State Plan Approved in CY 2017

During calendar year 2017, CHIP did not submit any State Plan amendments.

Conclusion

Through creative outreach, increased administrative efficiencies, and refinements to the program, CHIP continues to serve over 180,000 Pennsylvania children and strives to increase enrollment of the uninsured population.

CHIP Full Income Chart

How to use this chart:

Step 1: Locate the number of people in your household.

Step 2: Find the box that matches your household's annual gross income and age of your children.

Step 3: Look down the row to the COST BOX to see your appropriate, average monthly cost per child and the co-payments per child, per visit.

Example: A four-person household with an annual income of \$69,840 will have an average monthly premium of \$74 per child, plus any co-pays for services.

INCOME* (Effective March 1, 2017)

household size	Free		Low Cost				Full Cost
	ages 1-5	ages 6-18	ages 0-1	ages 1-18	ages 0-18	ages 0-18	ages 0-18
1	\$18,935-\$25,085	\$16,040-\$25,085	\$25,929-\$31,598	\$25,085-\$31,598	\$31,598-\$34,733	\$34,733-\$37,869	\$37,869-No Limit
2	\$25,497-\$33,780	\$21,600-\$33,780	\$34,916-\$42,549	\$33,780-\$42,549	\$42,549-\$46,772	\$46,772-\$50,994	\$50,994-No Limit
3	\$32,060-\$42,474	\$27,159-\$42,474	\$43,903-\$53,501	\$42,474-\$53,501	\$53,501-\$58,810	\$58,810-\$64,119	\$64,119-No Limit
4	\$38,622-\$51,168	\$32,718-\$51,168	\$52,890-\$64,452	\$51,168-\$64,452	\$64,452-\$70,848	\$70,848-\$77,244	\$77,244-No Limit
5	\$45,185-\$59,863	\$38,278-\$59,863	\$61,877-\$75,404	\$59,863-\$75,404	\$75,404-\$82,887	\$82,887-\$90,370	\$90,370-No Limit
6	\$51,748-\$68,557	\$43,837-\$68,557	\$70,864-\$86,356	\$68,557-\$86,356	\$86,356-\$94,925	\$94,925-\$103,495	\$103,495-No Limit
7	\$58,310-\$77,252	\$49,397-\$77,252	\$79,851-\$97,307	\$77,252-\$97,307	\$97,307-\$106,964	\$106,964-\$116,620	\$116,620-No Limit
8	\$64,873-\$85,946	\$54,956-\$85,946	\$88,838-\$108,259	\$85,946-\$108,259	\$108,259-\$119,002	\$119,002-\$129,745	\$129,745-No Limit
9	\$71,435-\$94,640	\$60,515-\$94,640	\$97,825-\$119,210	\$94,640-\$119,210	\$119,210-\$131,040	\$131,040-\$142,870	\$142,870-No Limit
10	\$77,998-\$103,335	\$66,075-\$103,335	\$106,812-\$130,162	\$103,335-\$130,162	\$130,162-\$143,079	\$143,079-\$155,996	\$155,996-No Limit

COST

average monthly premium per child	\$0	\$0	\$53	\$53	\$74	\$84	\$239
co-payments per child per visit							
doctor visit	\$0	\$0	\$5	\$5	\$5	\$5	\$15
brand name prescription	\$0	\$0	\$9	\$9	\$9	\$9	\$18
generic prescription	\$0	\$0	\$6	\$6	\$6	\$6	\$10
specialist visit	\$0	\$0	\$10	\$10	\$10	\$10	\$25
emergency room visits**	\$0	\$0	\$25	\$25	\$25	\$25	\$50

*If your income is below any amount listed, your family could be eligible for Medical Assistance. For more details, please call 1-800-986-KIDS.

**Emergency room visit co-pay applies if the child is not admitted for a hospital stay.

Updated February 2017

NO CHILD TOO SMALL. NO INCOME TOO LARGE.

CHIP NOW COVERS ALL UNINSURED KIDS AND TEENS.

As the mother of a newborn, we want to make sure you know that Pennsylvania's Children's Health Insurance Program (CHIP) now covers all uninsured kids and teens up to the age of 19 - and no family makes too much money for CHIP.

CHIP covers doctor visits, prescriptions, dental, eye care and much more. Best of all, for many families, CHIP is free - others, low-cost. If your income is below CHIP guidelines, your child may be enrolled in Medical Assistance.

www.chipcoverspakids.com
1-800-986-KIDS



Pennsylvania's Children's
Health Insurance Program
We Cover All Kids.



The benefits are online.

Applying for, or renewing your benefits online saves time.

Through COMPASS you can apply for:

- Health Care Coverage (CHIP, Medical Assistance)
- Child Care Works Program
- Long Term Living Services
- Home & Community Based Services Referrals
- Cash Assistance
- SNAP (Food Stamp Benefits)
- School Meals
- Home Heating Assistance (LIHEAP)

Plus, you can log on anytime 24/7 to start the application process.
Your benefits are just a click away.



www.compass.state.pa.us





Pennsylvania's Children's
Health Insurance Program
We Cover All Kids.

Health coverage for your child is **well within reach** with CHIP.

CHIP COVERS

- Routine check-ups
- Prescriptions
- Hospitalization
- Dental
- Eye Care
- Eyeglasses
- Behavioral care
- Specialty care
- More

CHIP covers uninsured kids up to age 19 in Pennsylvania. It doesn't matter why your kids don't have health coverage right now; CHIP may be able to help. Most kids receive CHIP for free. Others can get the same benefits at a low cost.

CHIP is brought to you by leading health insurance companies who offer quality, comprehensive coverage.

If your income is below CHIP guidelines, your child may be enrolled in Medical Assistance.

APPLY/RENEW

CHIPcoversPAkids.com • 800-986-KIDS



pennsylvania
TOM WOLF, GOVERNOR



Pennsylvania's Children's
Health Insurance Program
Cubrimos a todos los niños.



¿Necesita cobertura médica para sus hijos?

CHIP CUBRE

- Chequeos de rutina
- Recetas médicas
- Hospitalización
- Servicios dentales
- Cuidado de la vista
- Anteojos
- Salud del comportamiento
- Atención especializada
- Mucho más

CHIP cubre a niños sin seguro hasta los 19 años en Pennsylvania. No importa cuál sea la razón de que sus hijos no tienen cobertura médica ahora; CHIP puede ayudarle. La mayoría de niños reciben CHIP gratis. Otros pueden obtener los mismos beneficios a un bajo costo. CHIP es traído a usted por las principales compañías de seguros médicos que ofrecen cobertura de calidad e integral.

Si sus ingresos son menos de las pautas indicadas por CHIP, su hijo podría ser inscrito en Asistencia Médica.

INSCRIBIRSE/RENOVAR

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pennsylvania
GOBERNADOR TOM WOLF

CHIP Enrollment by Sub-Program and County

Run Date: 12/07/2017

December - 2017

County	Free	Sub 1	Sub 2	Sub 3	At Cost	Total
Adams	1,334	344	116	93	79	1,966
Allegheny	9,138	2,578	758	517	946	13,937
Armstrong	714	197	51	36	48	1,046
Beaver	1,472	409	90	66	97	2,134
Bedford	680	147	46	59	53	985
Berks	5,297	1,210	363	307	313	7,490
Blair	1,351	399	89	56	65	1,960
Bradford	613	104	30	15	28	790
Bucks	5,288	1,793	512	354	574	8,521
Butler	1,374	375	92	84	155	2,080
Cambria	1,166	358	101	82	75	1,782
Cameron	35	10	2	1	0	48
Carbon	691	140	29	43	24	927
Centre	748	212	52	39	19	1,070
Chester	3,762	1,127	340	198	365	5,792
Clarion	408	128	24	21	30	611
Clearfield	827	216	66	35	36	1,180
Clinton	364	87	25	14	13	503
Columbia	583	138	35	19	13	788
Crawford	738	222	52	24	43	1,079
Cumberland	2,066	562	145	119	133	3,025
Dauphin	2,935	635	221	174	133	4,098
Delaware	5,401	1,445	451	269	416	7,982
Elk	222	80	26	19	22	369
Erie	2,471	562	144	99	145	3,421
Fayette	1,306	352	76	55	96	1,885
Forest	22	7	4	0	4	37
Franklin	2,252	566	152	82	113	3,165
Fulton	225	51	23	14	17	330
Greene	268	62	25	15	24	394
Huntingdon	437	131	40	19	21	648
Indiana	698	195	48	30	39	1,010
Jefferson	483	142	35	26	28	714
Juniata	289	63	25	9	5	391
Lackawanna	1,822	381	107	86	64	2,460
Lancaster	6,654	2,036	571	386	454	10,101
Lawrence	757	207	43	49	41	1,097
Lebanon	1,827	394	116	77	116	2,530
Lehigh	5,083	1,079	315	202	217	6,896
Luzerne	3,402	559	151	88	87	4,287
Lycoming	1,120	216	52	35	28	1,451
Mckean	330	78	26	10	13	457
Mercer	908	200	50	43	42	1,243
Mifflin	528	142	45	28	15	758
Monroe	1,846	380	101	77	102	2,506
Montgomery	6,340	1,941	584	428	709	10,002
Montour	96	36	5	1	5	143
Northampton	2,988	756	218	157	165	4,284
Northumberland	1,020	178	44	26	16	1,284
Perry	521	131	34	30	13	729
Philadelphia	18,681	3,550	786	631	782	24,430
Pike	604	151	38	26	42	861
Potter	119	39	14	5	11	188
Schuylkill	1,396	309	103	77	58	1,943
Snyder	481	105	22	28	7	643
Somerset	704	242	59	42	68	1,115
Sullivan	47	9	2	2	2	62
Susquehanna	457	108	24	25	25	639
Tioga	414	74	17	15	12	532
Union	393	128	26	12	11	570
Venango	538	117	27	28	16	726
Warren	286	64	14	14	20	398
Washington	1,601	459	151	112	152	2,475
Wayne	475	143	34	26	17	695
Westmoreland	3,150	883	259	215	290	4,797
Wyoming	274	52	18	22	17	383
York	5,170	1,251	322	275	301	7,319
Total	125,690	31,445	8,666	6,271	8,090	180,162



Commonwealth of Pennsylvania Department of Human Services

Children's Health Insurance Program Report Card

FINAL REPORT

January 2018



Better healthcare,
realized.

Children's Health Insurance Program Report Card
January 2018

Corporate Headquarters
1979 Marcus Avenue
Lake Success, NY 11042-1072
(516) 326-7767
ipro.org

ISO
9001:2008
CERTIFIED

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Background

Title XXI of the Balanced Budget Act of 1997 created the State Children's Health Insurance Program (SCHIP), to address the growing problem of children without health insurance. SCHIP was designed as a federal/state partnership, similar to Medicaid, with the goal of expanding health insurance to children whose families earn too much money to be eligible for Medicaid, but not enough to purchase private insurance. The current Pennsylvania Children's Health Insurance Program (PA CHIP) was established in 1998 following the repeal of the existing Children's Health Care Act and enacting of Act 1998-68 by the State Senate.

PA CHIP is administered through the Pennsylvania Department of Human Services (DHS), with the CHIP program supported by both state and federal funds. The program provides payment for health care coverage for eligible children who meet income and other criteria. Approximately 180,000 children and teens were enrolled in PA CHIP as of December 2017.

The Cover All Kids initiative, enacted by the legislature in October 2006, led to the expansion of the CHIP program to include all uninsured children and teens in the Commonwealth who are not eligible for Medical Assistance. On February 4, 2009, President Obama signed into law the Children's Health Insurance Act of 2009 (CHIPRA) (Pub. L. 111-3). CHIP is provided by the following private health insurance companies that are licensed and regulated by the Department of Health Services and have contracts with the Commonwealth to offer CHIP coverage.



- Aetna, Inc.
- First Priority Health (NEPA)
- Capital Blue Cross
- Geisinger Health Plan
- Health Partners of Philadelphia
- Highmark Blue Cross Blue Shield
- Highmark Blue Shield
- Independence Blue Cross (IBC)
- UnitedHealthcare of Pennsylvania
- UPMC for Kids

Health coverage
for uninsured kids
is well within
reach.



Report Card Description

CHIP health insurance company performance is assessed using Healthcare Effectiveness Data Information Set (HEDIS®) 2017 performance measures, 2017 Consumer Assessment of Healthcare Provider Systems (CAHPS®) 5.0 Survey items and Pennsylvania-specific performance measures. Results are presented in three sections: Access to Care, Quality of Care and Satisfaction with Care.

For HEDIS 2017 performance measures, a chart is presented with each bar representing the percentage of CHIP members receiving a specific type of care from their CHIP provider. For charts representing CAHPS survey items, each bar represents the percentage of respondents who selected option 8 or higher on a scale of 1 to 10, or “usually” or “always” when rating the care provided by their CHIP provider.

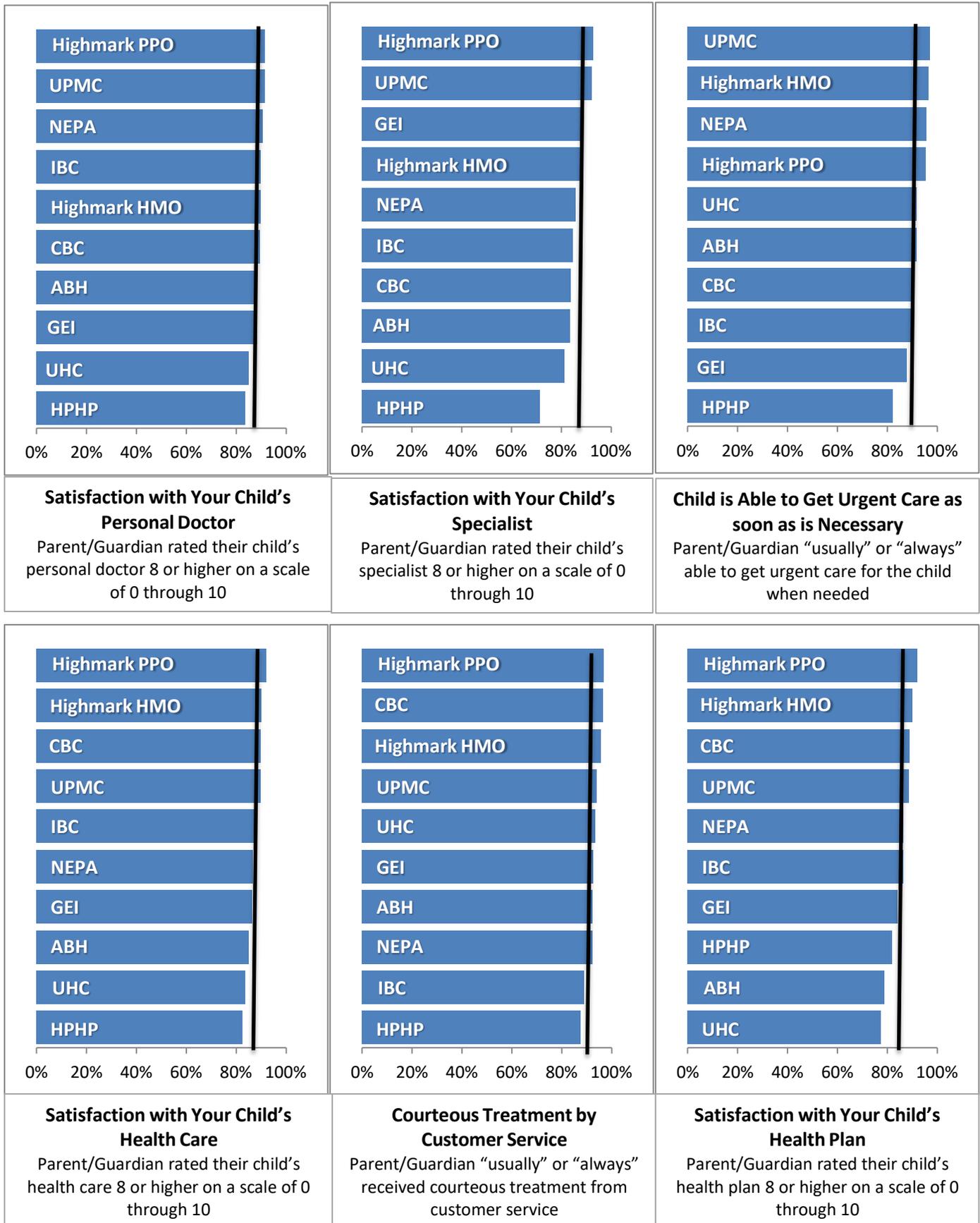
For each performance indicator, the CHIP health insurance companies are presented in order of performance from high to low with higher performing health insurance companies at the top of each chart. Inverted measures are presented in order of performance from low to high with higher performing health insurance companies at the top of each chart.

In addition, the PA CHIP statewide weighted average is represented on each chart by a solid black line. The PA CHIP weighted averaged is calculated as the total number of events program-wide divided by the eligible population program-wide.

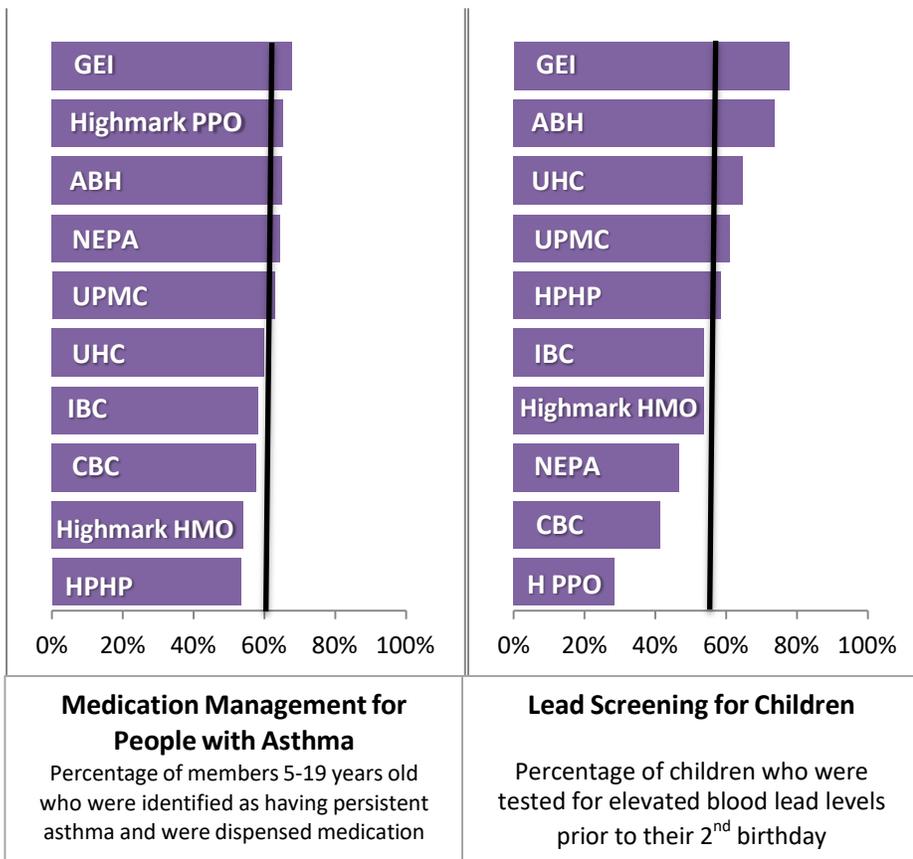
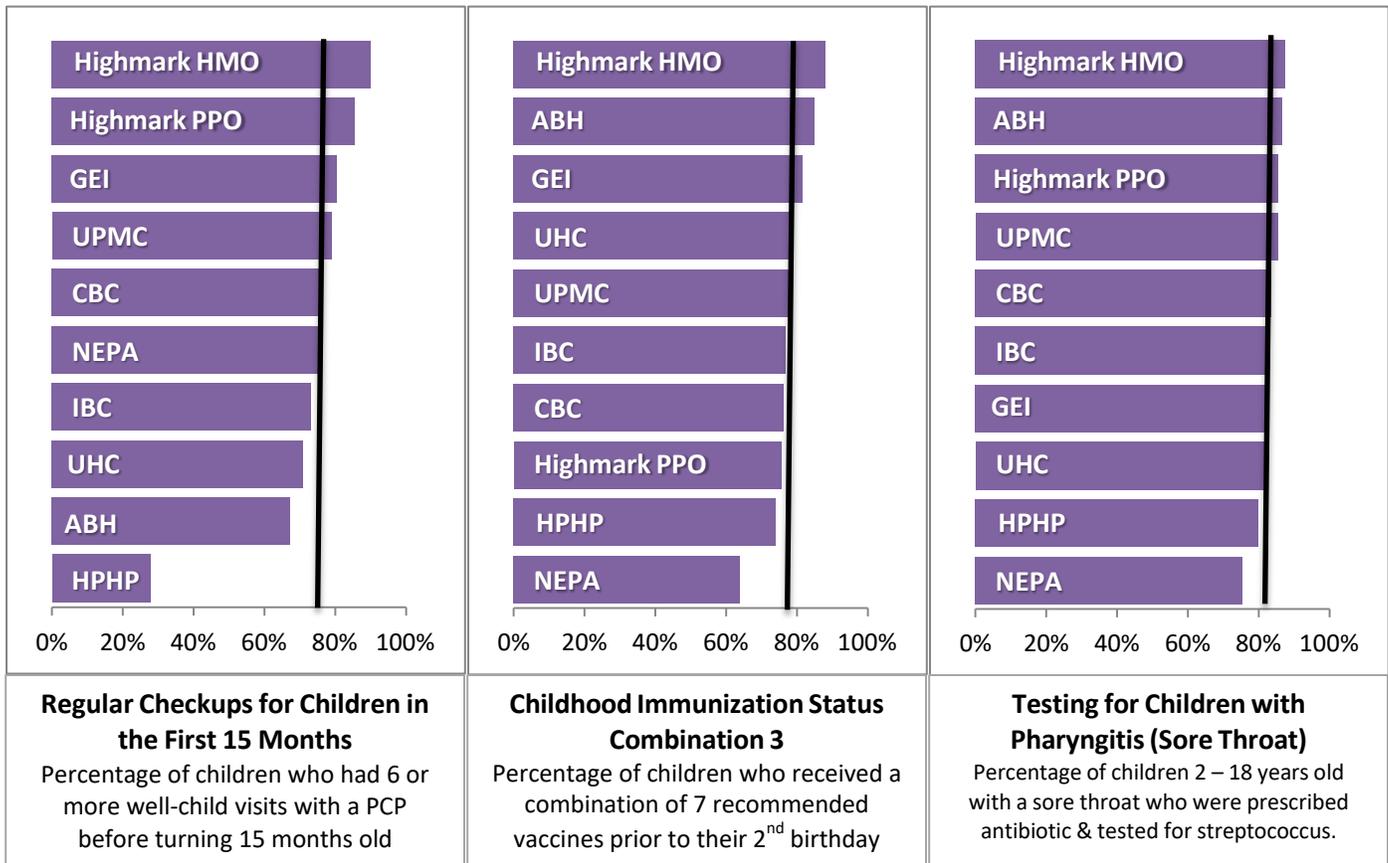
Health coverage
for uninsured kids
is well within
reach.



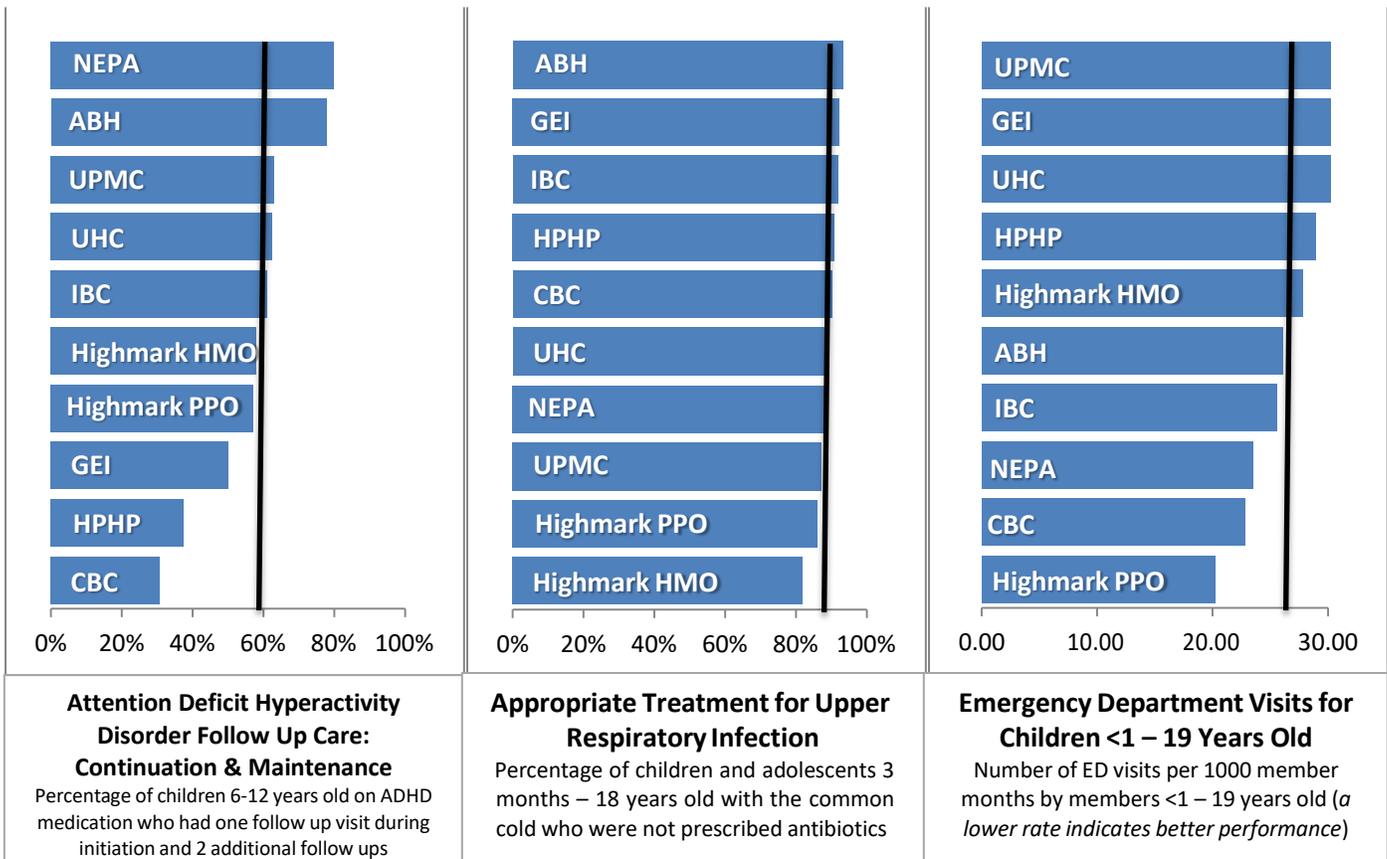
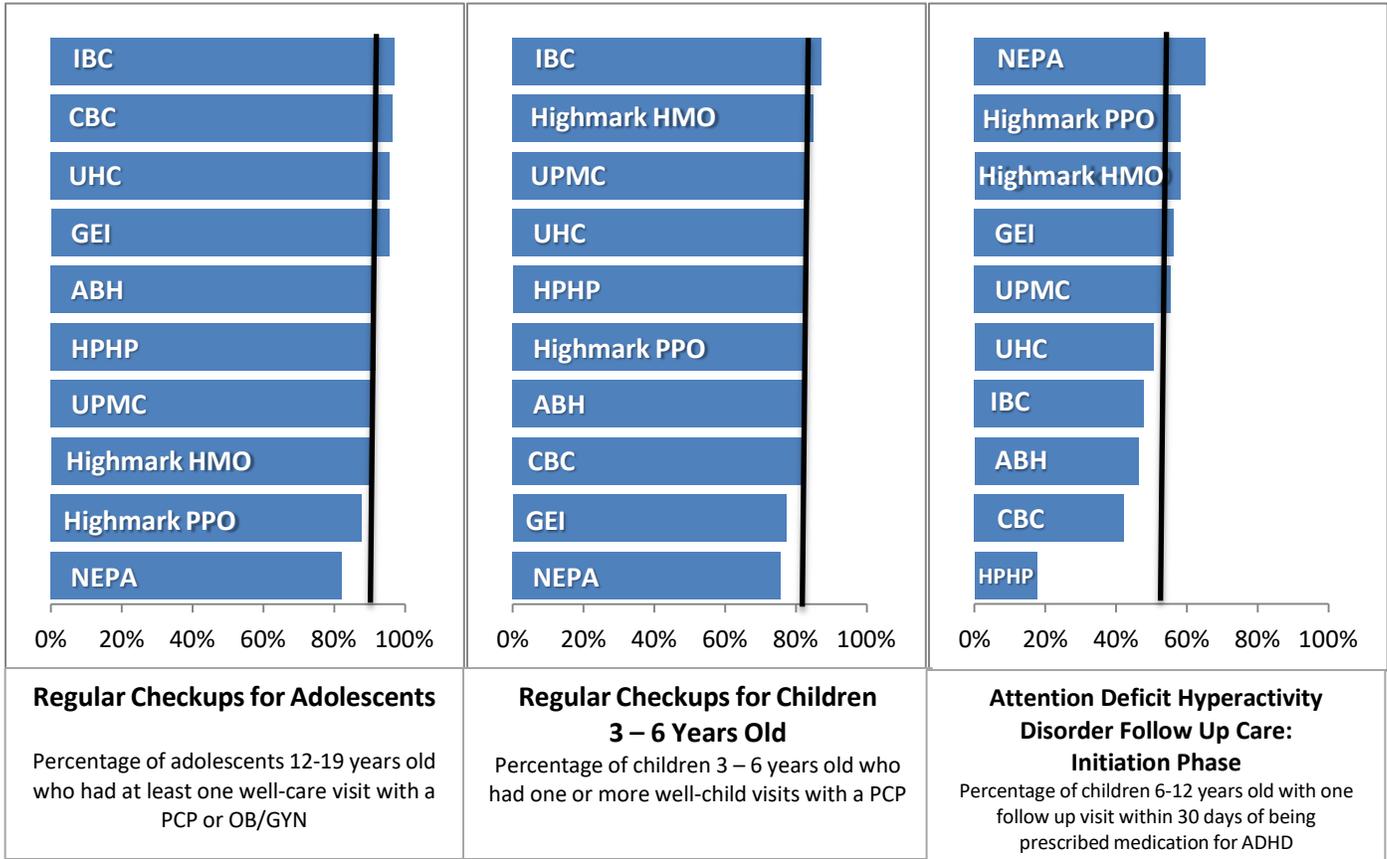
Satisfaction with Care: Is the care meeting your needs?



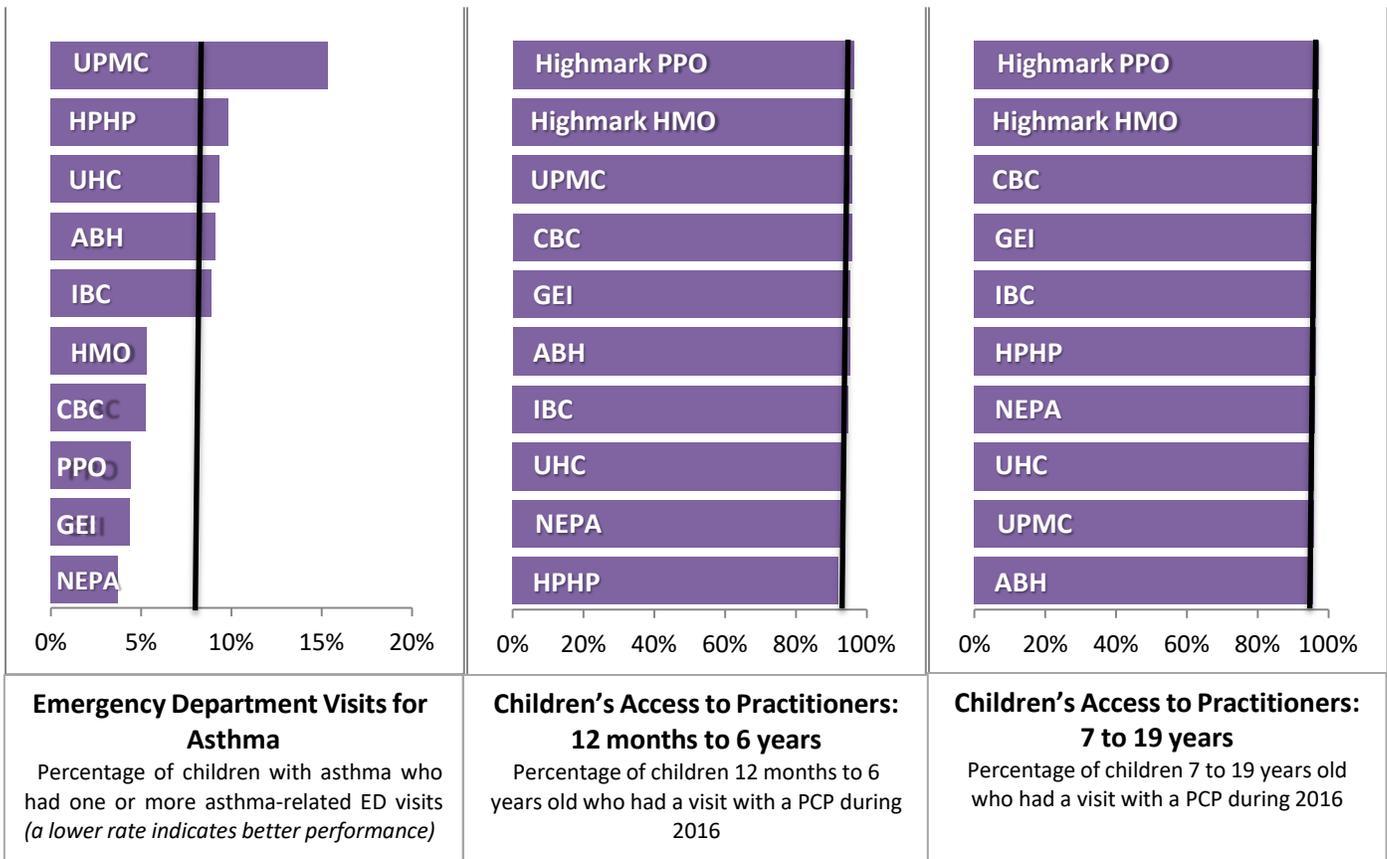
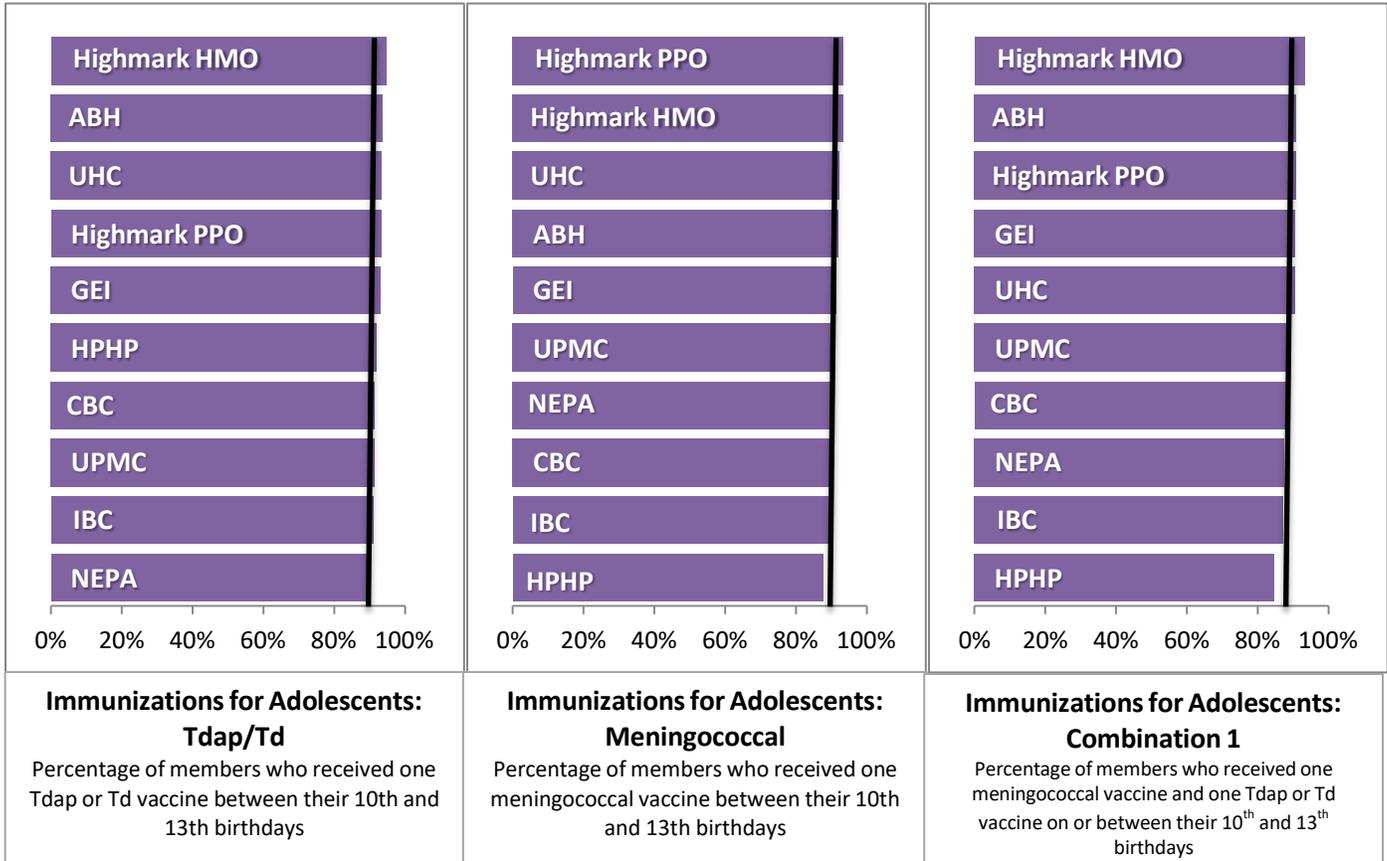
Access to Care: Are children receiving care?



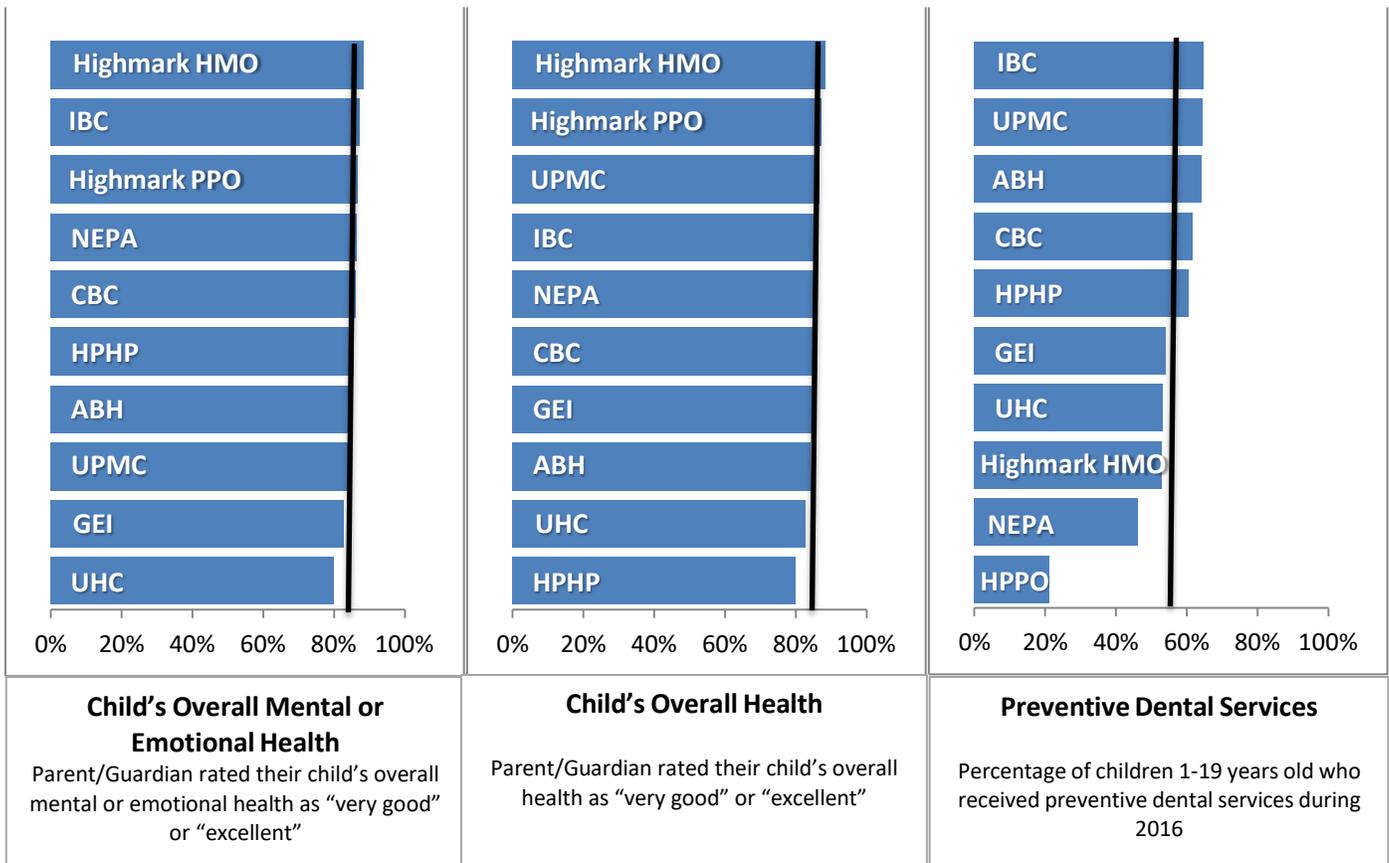
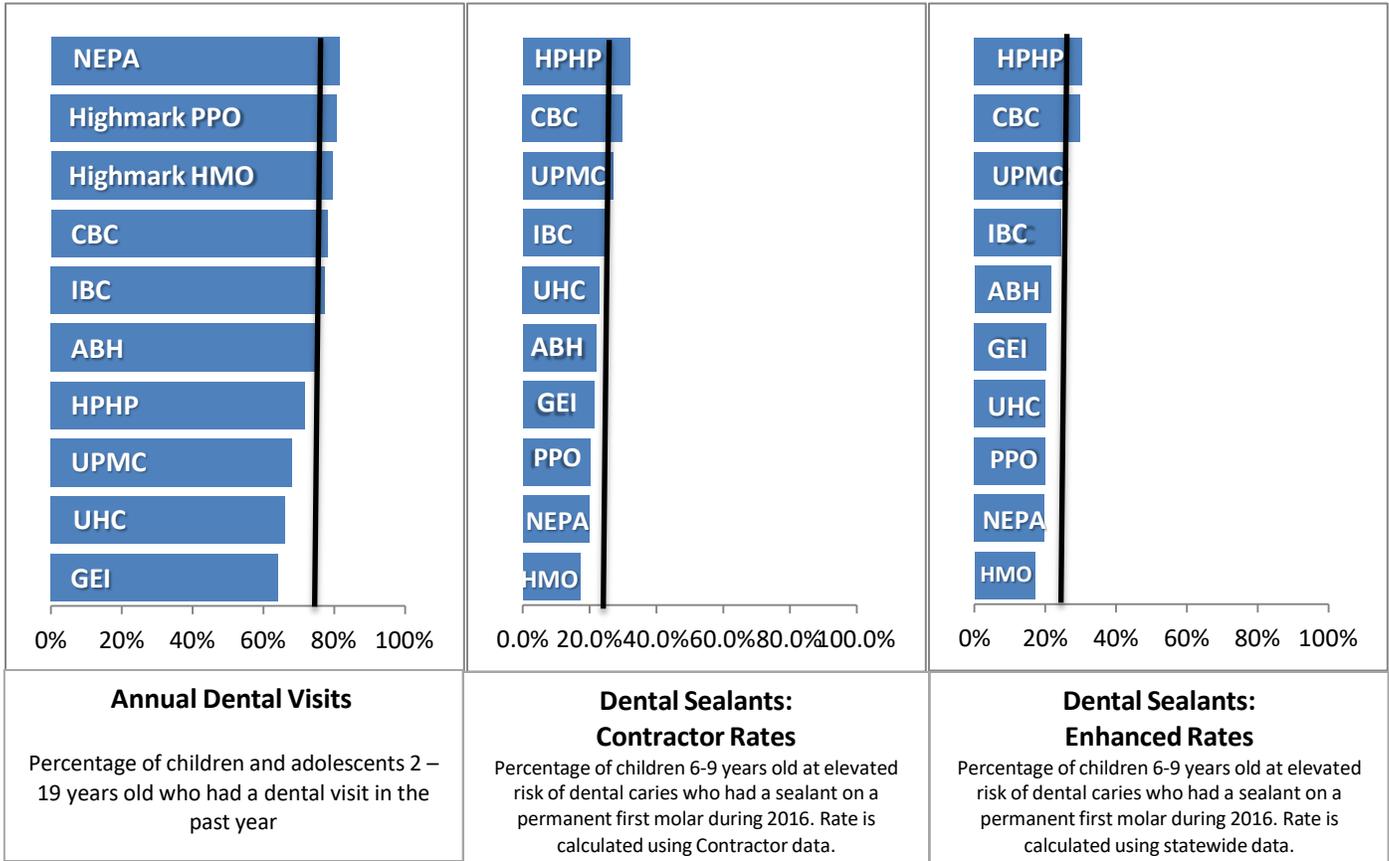
Quality of Care I: How good is the care being provided?



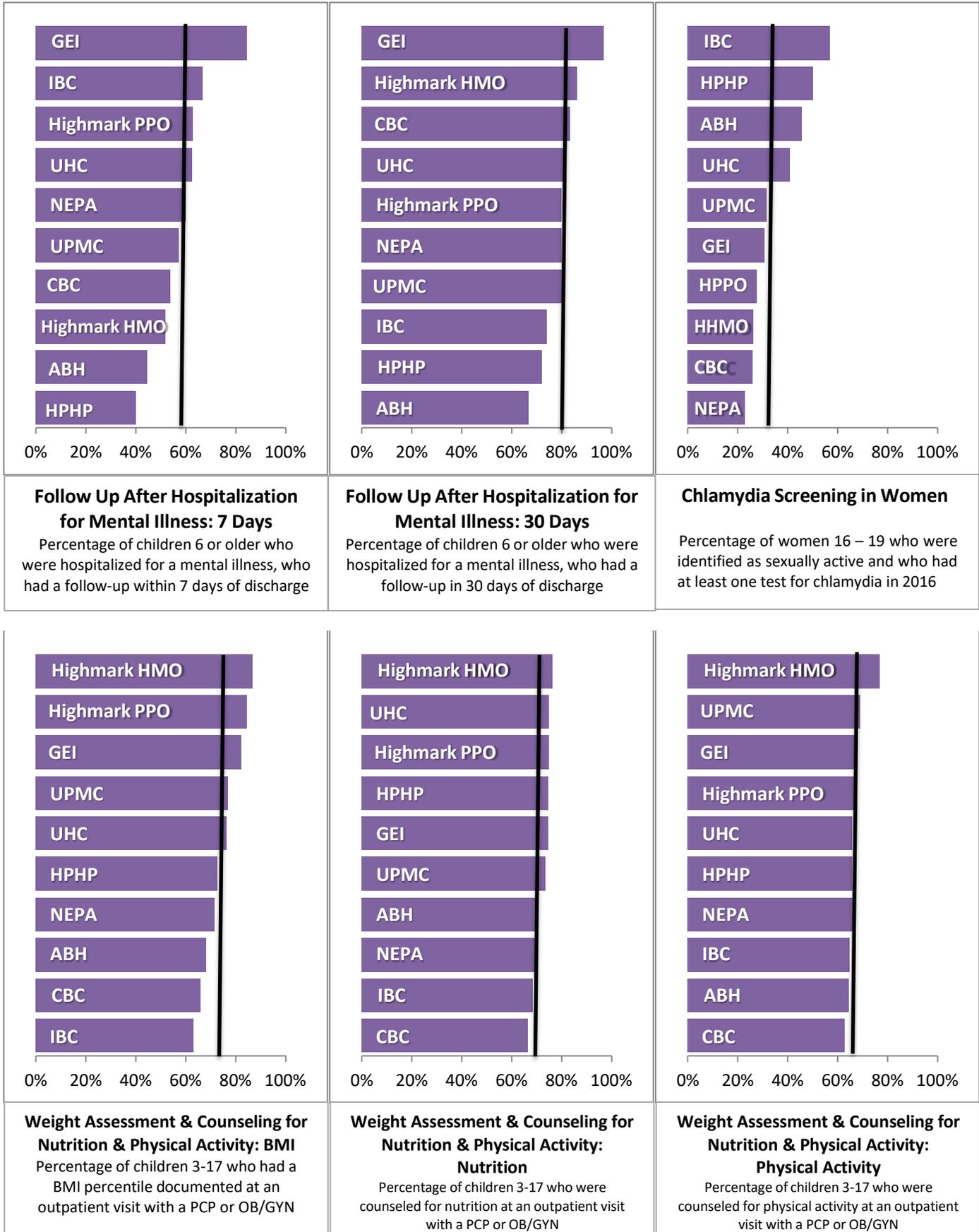
Quality of Care II: How good is the care being provided?



Quality of Care III: How good is the care being provided?



Quality of Care IV: How good is the care being provided?



CHIP Provider Contact Information

AETNA
WWW.AETNABETTERHEALTH.COM/PENNSYLVANIA
1-800-822-2447
TDD/TTY 1-800-628-3323

CAPITAL BLUE CROSS
WWW.CAPBLUECROSS.COM
1-800-543-7101
TDD 1-800-242-4816

FIRST PRIORITY HEALTH (BCNEPA)
WWW.DISCOVERHIGHMARK.COM/NORTHEASTPA
855-856-0316
TTY/TDD: 711

GEISINGER HEALTH PLAN
WWW.CHIP.THEHEALTHPLAN.COM
1-866-621-5235
Hearing-Impaired: 711

HEALTH PARTNERS (KIDZPARTNERS)
WWW.HEALTHPARTNERSPLANS.COM
1-888-888-1211
TTY: 711

HIGHMARK BLUE SHIELD (CENTRAL PA)
WWW.DISCOVERHIGHMARK.COM/CENTRALPA
855-865-4326
TTY/TDD: 711

KEYSTONE HEALTH PLAN WEST (HIGHMARK)
WWW.DISCOVERHIGHMARK.COM/WESTERNPA
855-865-4325
TTY/TDD: 711

INDEPENDENCE BLUE CROSS
WWW.IBX.COM
1-800-275-2583
TDD/TTY 877-219-5457 or (toll-free) 888-857-4816

UNITEDHEALTHCARE COMMUNITY PLAN
WWW.UHCCOMMUNITYPLAN.COM
1-800-414-9025
Hearing-Impaired: 711

UPMC HEALTH PLAN
WWW.UPMCHEALTHPLAN.COM/UPMCFORKIDS
1-800-978-8762
TDD/TTY 1-800-361-2629





**Commonwealth of Pennsylvania
Department of Human Services**

**Children’s Health Insurance Program
Administrative Performance Measure Report**

FINAL REPORT

January 2018



Better healthcare,
realized.

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Administrative Performance Measures

In the 2017 reporting year, Pennsylvania Children's Health Insurance Program (CHIP) Contractors reported the following Pennsylvania (PA) specific Performance Measures covering services delivered prior to and including calendar year (CY) 2016:

- Annual Number of Asthma Patients With One or More Asthma Related ER Visits
- Dental Sealants for 6-9 Year Old Children at Elevated Caries Risk
- Developmental Screening in the First Three Years of Life
- Total Eligibles Who Received Preventive Dental Services

PA CHIP Health Plans Included in This Report

This report presents data collected from 10 health plans (Contractors) that provide health care benefits for PA CHIP enrollees:

- Aetna Health, Inc.
- Capital Blue Cross (CBC): Capital Blue Cross through Keystone Health Plan Central
- First Priority Health (NEPA): Highmark Inc. through First Priority Health
- Geisinger Health Plan (GHP)
- Highmark HMO: Highmark Inc. through Highmark Blue Cross Blue Shield
- Highmark PPO: Highmark Inc. through Highmark Blue Shield
- Independence Blue Cross (IBC)
- Health Partners (HPHP): Health Partners of Philadelphia, Inc
- UnitedHealthcare Community Plan (UHC)
- UPMC for Kids (UPMC): UPMC Health Plan

Methodology

Data included in this report are drawn from PA specific performance measure data consisting of claims/encounter data collected using administrative data collection methodology. For each performance measure, a measure description is provided along with narrative analyses, comparison tables and charts. Comparisons are made between Contractors, with prior year's data and to Pennsylvania Medicaid Managed Care (PA MMC) benchmarks when available.

For each measure, the PA CHIP program average and weighted average is presented along with the PA MMC weighted average. The weighted average is calculated by dividing the sum of the total numerators by the sum of the total denominators. The average is calculated by dividing the sum of Contractor rates by the number of Contractors. Rates are not presented in instances where less than 30 members received a service, due to the variability associated with small denominators, which prevents direct comparisons.

Annual Number of Asthma Patients with one or more Asthma Related Emergency Department Visits

This performance measure assesses the percentage of children and adolescents two years of age through nineteen years of age, with an asthma diagnosis, who had ≥ 1 asthma-related emergency department (ED) visits during calendar year 2016. This measure is an inverted measure with lower rates indicating better performance.

For the 2017 performance measure, 12,104 PA CHIP members were identified as children or adolescents with an asthma diagnosis. Of those total members identified with an asthma diagnosis, 1,017 members had one or more asthma related ED visits during 2016 (weighted average = 8.4%). The 2017 PA CHIP ASM-ED weighted average at 8.4% was 0.2 percentage points above the 2016 weighted average of 8.2%. Across the 10 PA CHIP contractors with reportable rates, asthma ED visit rates ranged from a low of 3.7% to a high of 15.3%.

Table 1: Annual Number of Asthma Patients with One or More Asthma Related ED Visits

CHIP Contractor	Numerator	Denominator	2017 Rate
Aetna	82	901	9.1%
CBC	68	1,295	5.3%
NEPA	13	349	3.7%
Geisinger	35	801	4.4%
Highmark HMO	31	582	5.3%
Highmark PPO	34	764	4.5%
Health Partners	107	1,089	9.8%
IBC	208	2,334	8.9%
United	268	2,874	9.3%
UPMC	171	1,115	15.3%
PA CHIP Average			7.6%
PA CHIP Weighted Average	1,017	12,104	8.4%
PA MMC Weighted Average ¹			NA

¹Annual Number of Asthma Patients was discontinued for Medicaid beginning in 2016

Figure 1: Annual Number of Asthma Patients with One or More Asthma Related Emergency Department Visits: 2016 versus 2017

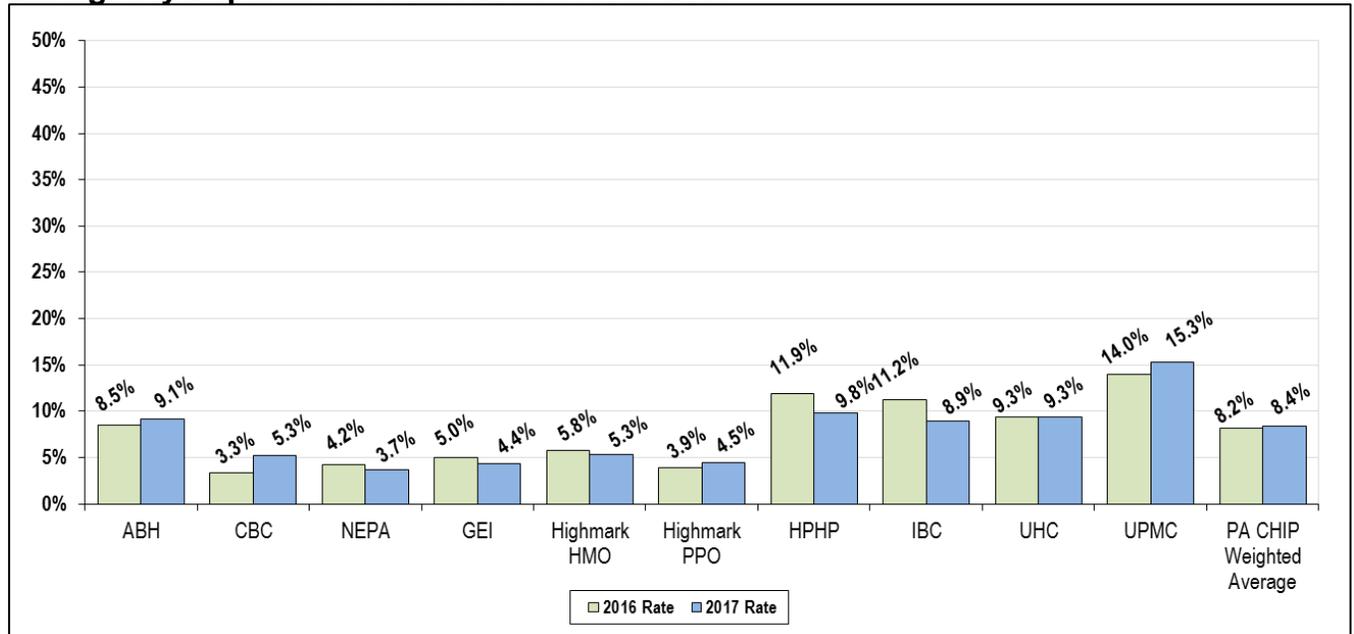
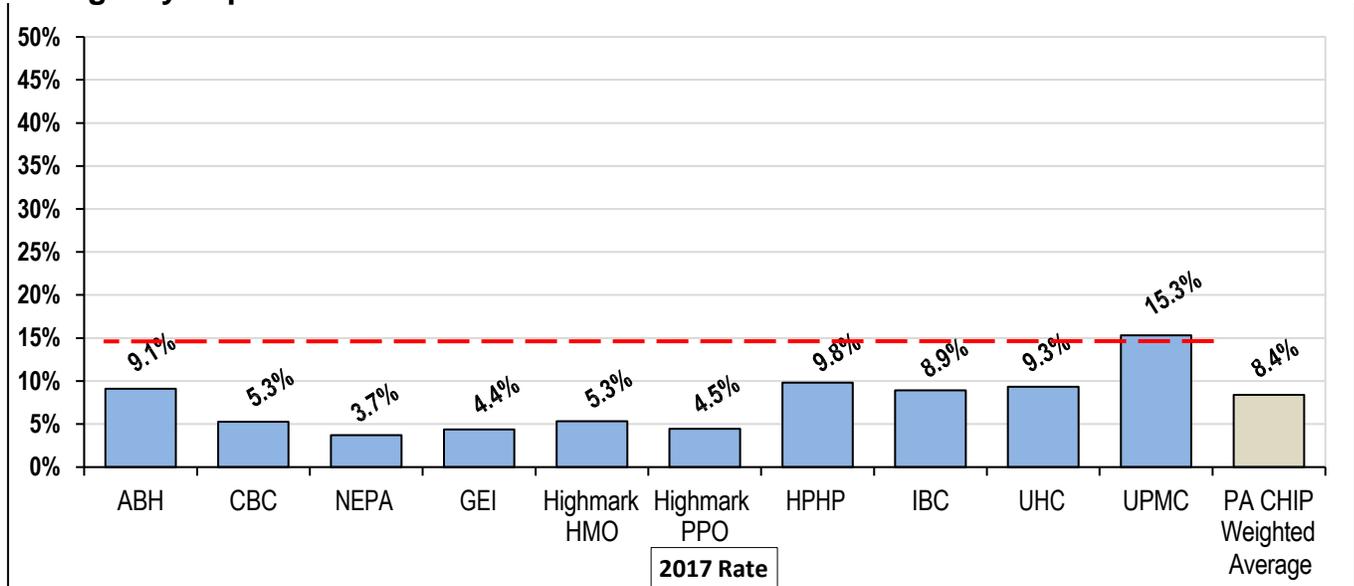


Figure 2: Annual Number of Asthma Patients with One or More Asthma Related Emergency Department Visits 2017



Developmental Screening in the First Three Years of Life

This performance measure assesses the percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the twelve months preceding their first, second, or third birthday.

Developmental Screening: Total Rate

For the 2017 performance measure, 7,356 PA CHIP members were identified as eligible for a developmental screening. Of the eligible members, 3,650 members received a developmental screening (weighted average = 49.6%). The 2017 PA CHIP weighted average of 49.6% was 9.1 percentage points above the 2016 PA CHIP weighted average of 40.5%. Screening rates ranged from a low of 29.2% to a high of 64.5% for the 10 contractors with reportable rates.

Table 2: Developmental Screening - Total Rate

CHIP Contractor	Numerator	Denominator	2017 Rate
ABH	278	431	64.5%
CBC	169	497	34.0%
NEPA	26	89	29.2%
GEI	325	650	50.0%
Highmark HMO	68	153	44.4%
Highmark PPO	81	240	33.8%
HPHP	145	281	51.6%
IBC	1166	2316	50.3%
UHC	799	1415	56.5%
UPMC	593	1284	46.2%
PA CHIP Average			49.6%
PA CHIP Weighted Average	3,650	7,356	49.6%
PA MMC Weighted Average			54.3%

Figure 3: Developmental Screening - Total Rate: 2016 versus 2017

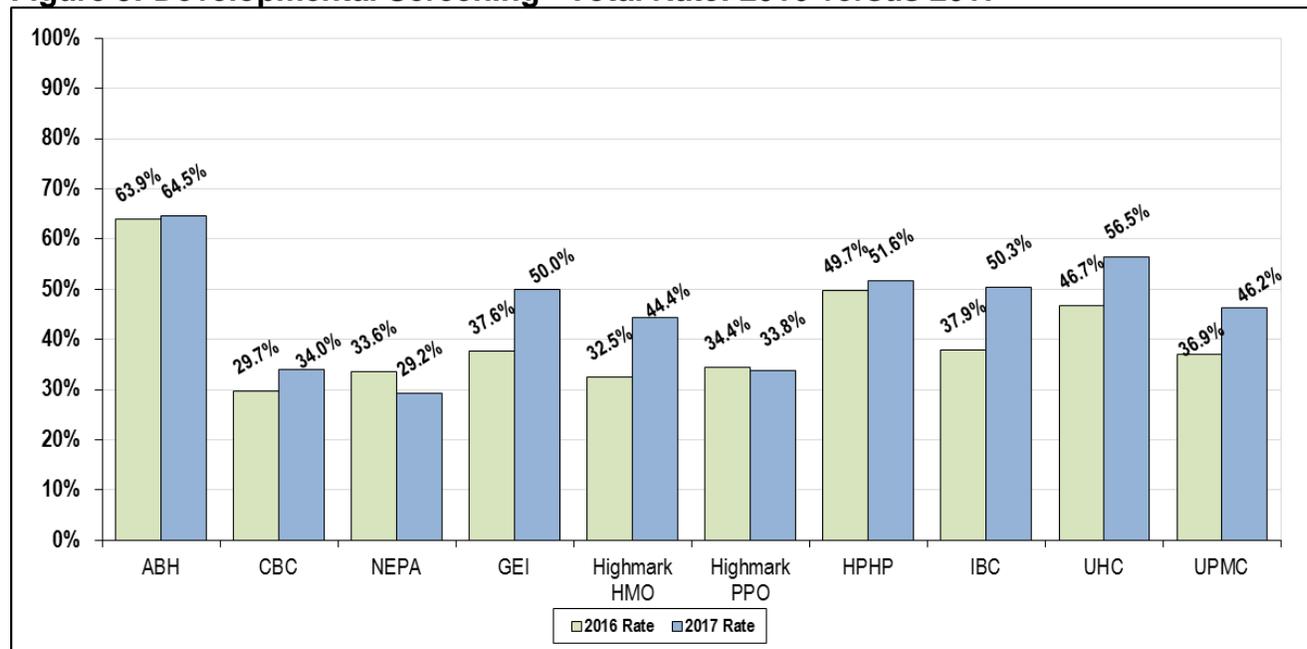


Figure 4: Developmental Screening - Total Rate

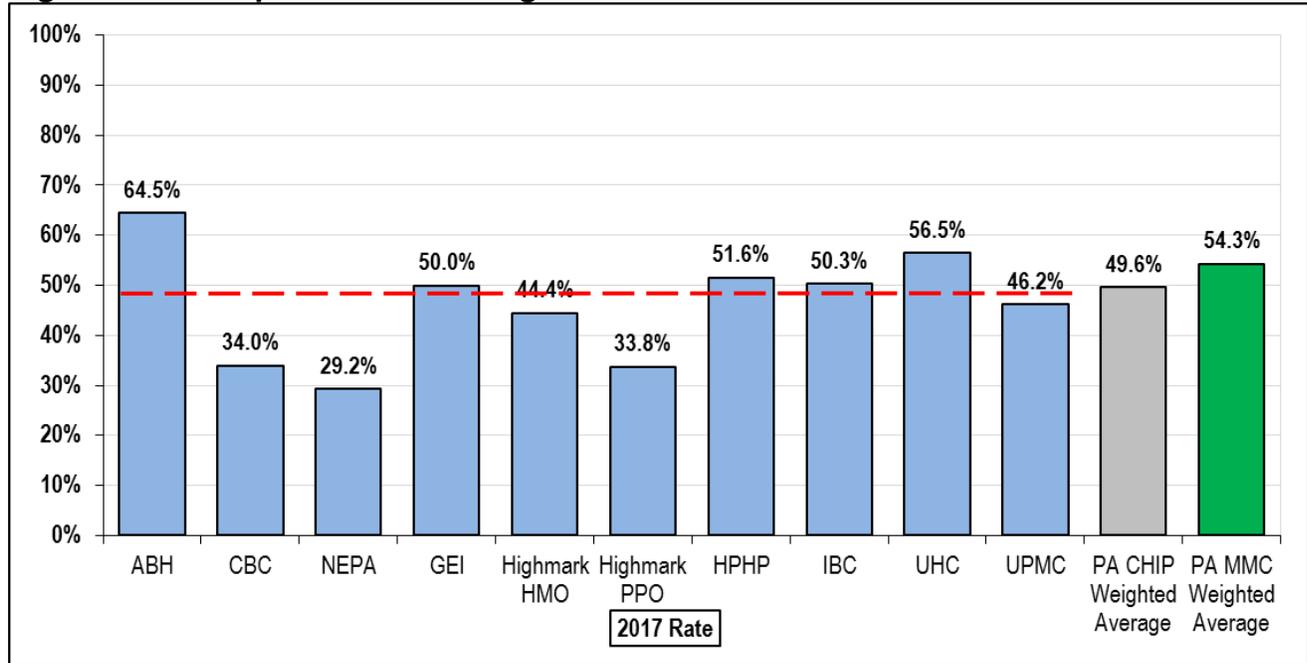
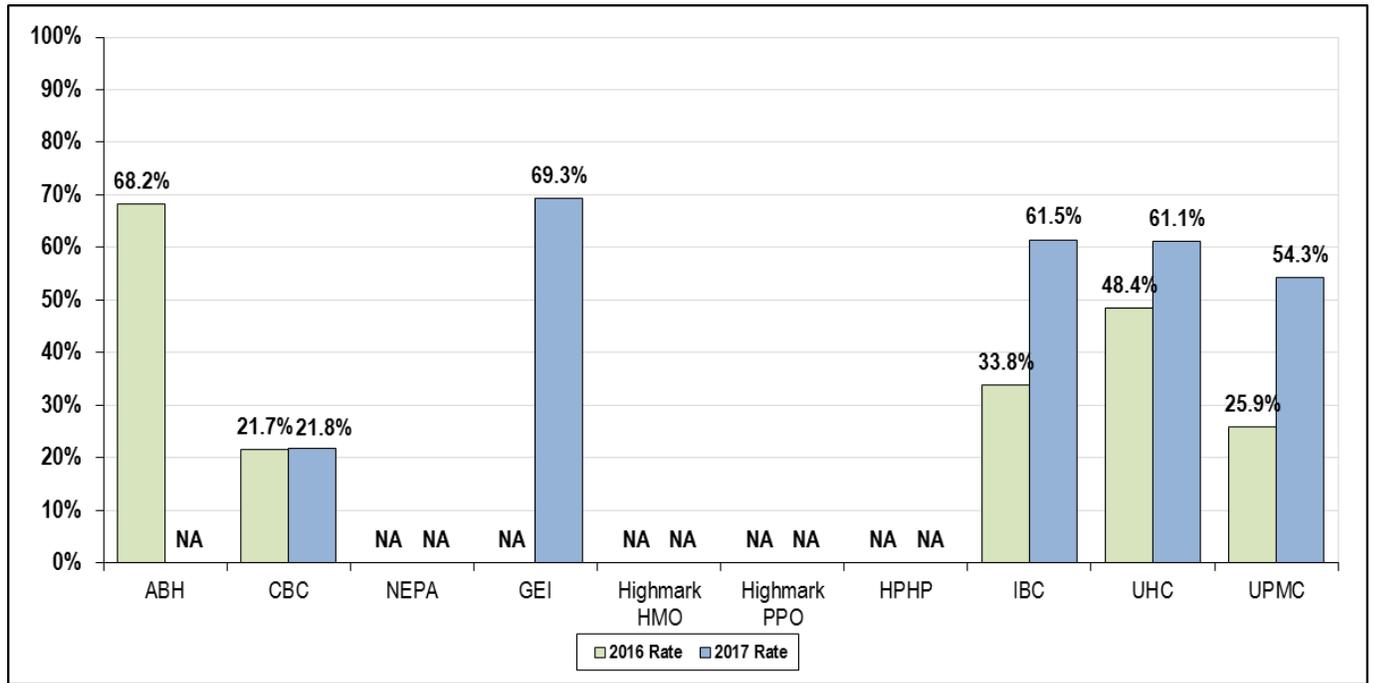


Table 3: Developmental Screening - 1 year old

CHIP Contractor	Numerator	Denominator	2017 Rate
ABH	14	24	NA
CBC	12	55	21.8%
NEPA	0	1	NA
GEI	95	137	69.3%
Highmark HMO	0	0	NA
Highmark PPO	0	6	NA
HPHP	2	7	NA
IBC	340	553	61.5%
UHC	96	157	61.1%
UPMC	38	70	54.3%
PA CHIP Average			53.6%
PA CHIP Weighted Average	597	1010	59.1%
PA MMC Weighted Average			49.5%

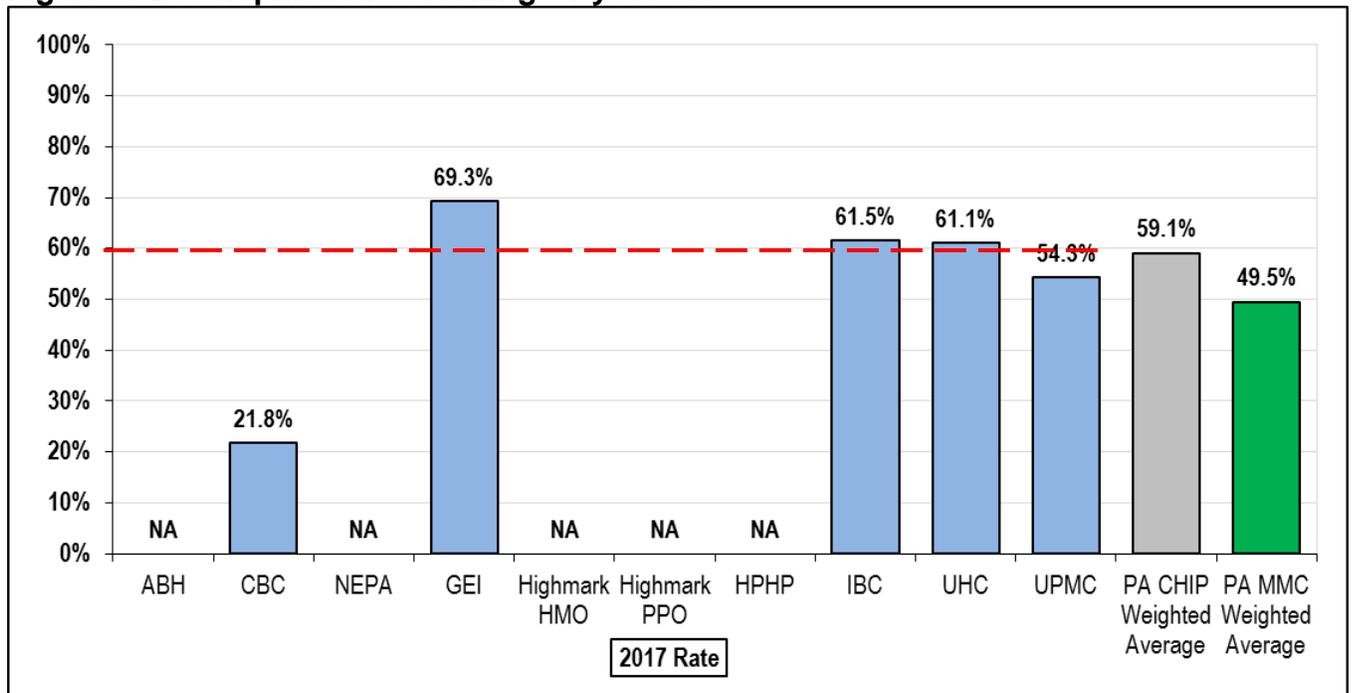
* NA = Fewer than 30 members received the service (small denominator).

Figure 5*: Developmental Screening - 1 year old 2016 versus 2017



* NA = Fewer than 30 members received the service (small denominator).

Figure 6: Developmental Screening - 1 year old



* NA = Fewer than 30 members received the service (small denominator).

Table 4: Developmental Screening - 2 years old

CHIP Contractor	Numerator	Denominator	2017 Rate
Aetna	114	159	71.7%
CBC	69	167	41.3%
NEPA	10	28	NA
Geisinger	97	211	46.0%
Highmark HMO	22	42	52.4%
Highmark PPO	20	59	33.9%
Health Partners	36	77	46.8%
IBC	486	852	57.0%
United	311	524	59.4%
UPMC	182	328	55.5%
PA CHIP Average			51.5%
PA CHIP Weighted Average	1,347	2,447	55.0%
PA MMC Weighted Average			58.2%

Figure 7: Developmental Screening - 2 years old 2016 versus 2017

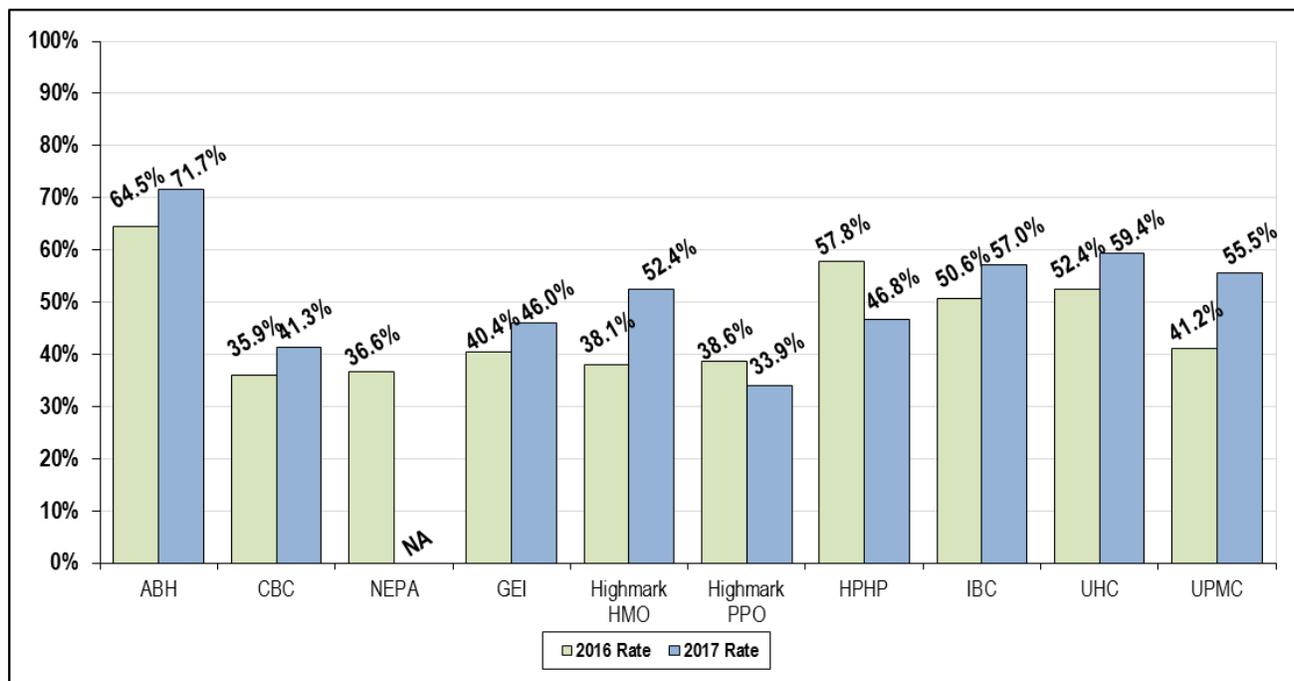


Figure 8: Developmental Screening - 2 years old

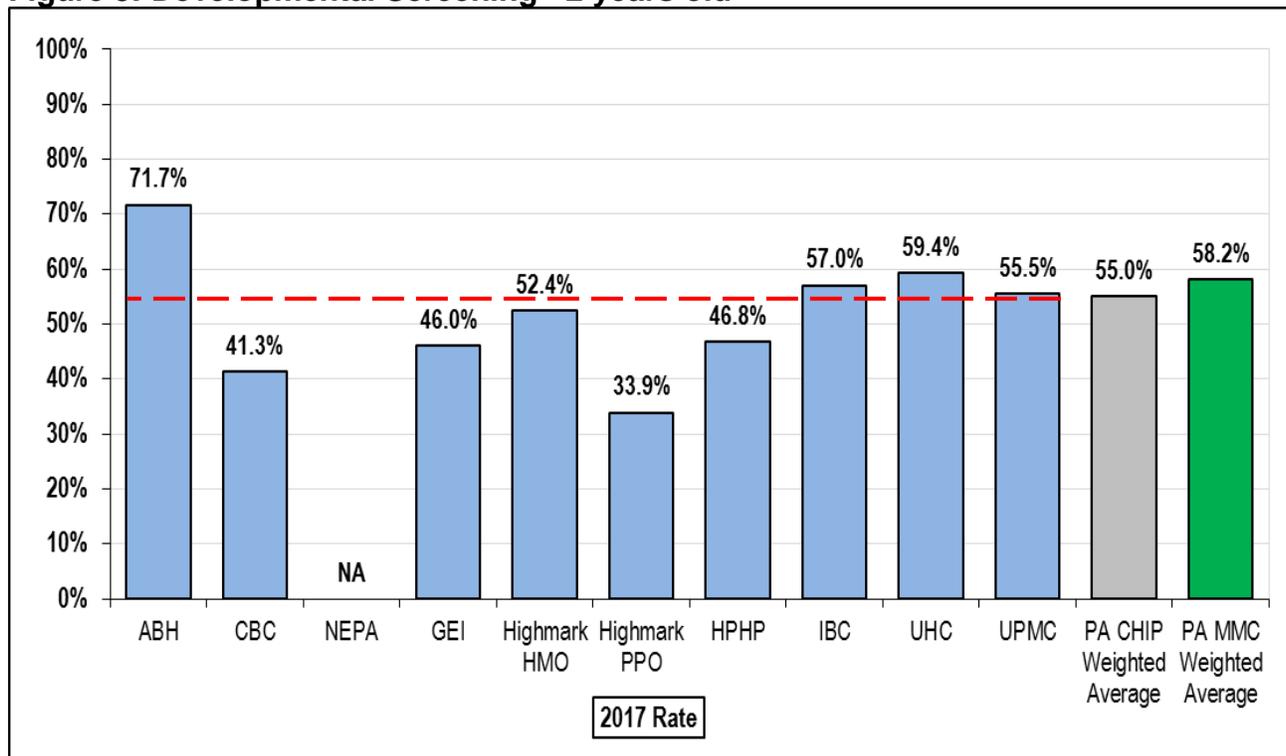


Table 5: Developmental Screening - 3 years old

CHIP Contractor	Numerator	Denominator	2017 Rate
Aetna	150	248	60.5%
CBC	88	275	32.0%
NEPA	16	60	26.7%
Geisinger	133	302	44.0%
Highmark HMO	46	111	41.4%
Highmark PPO	61	175	34.9%
Health Partners	107	197	54.3%
IBC	340	911	37.3%
United	392	734	53.4%
UPMC	373	886	42.1%
PA CHIP Average			42.7%
PA CHIP Weighted Average	1,706	3,899	43.8%
PA MMC Weighted Average			55.5%

Figure 9: Developmental Screening - 3 years old 2016 versus 2017

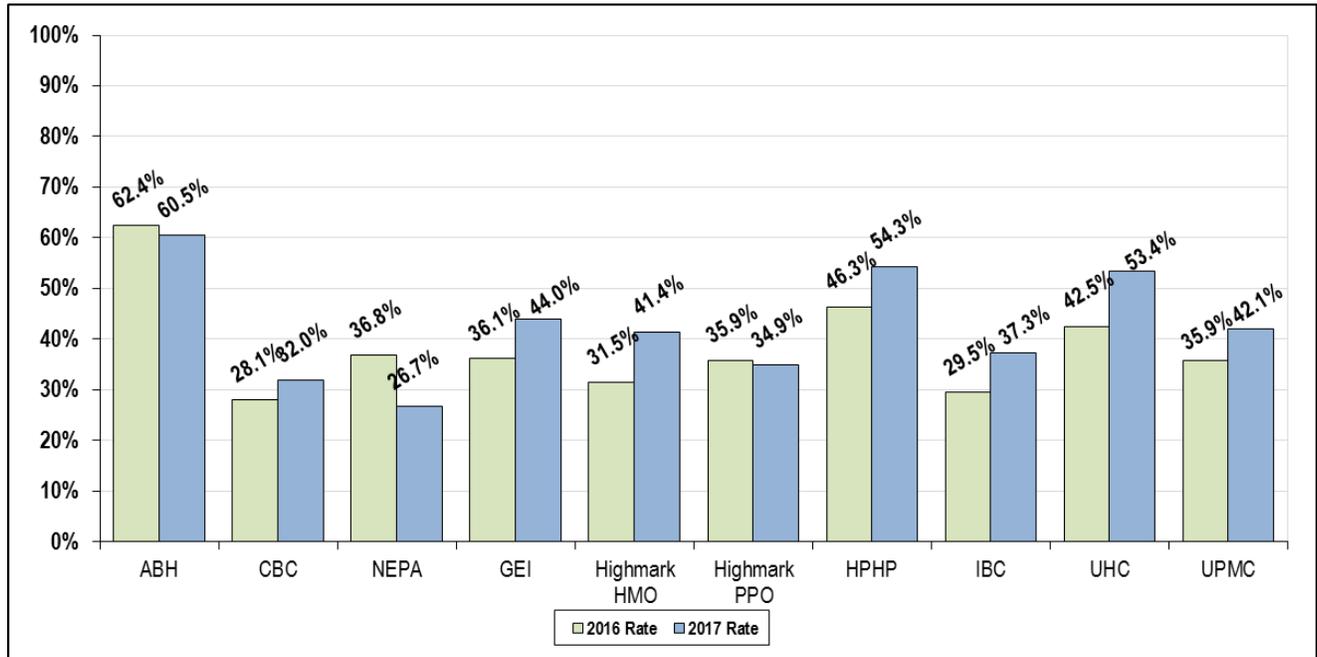
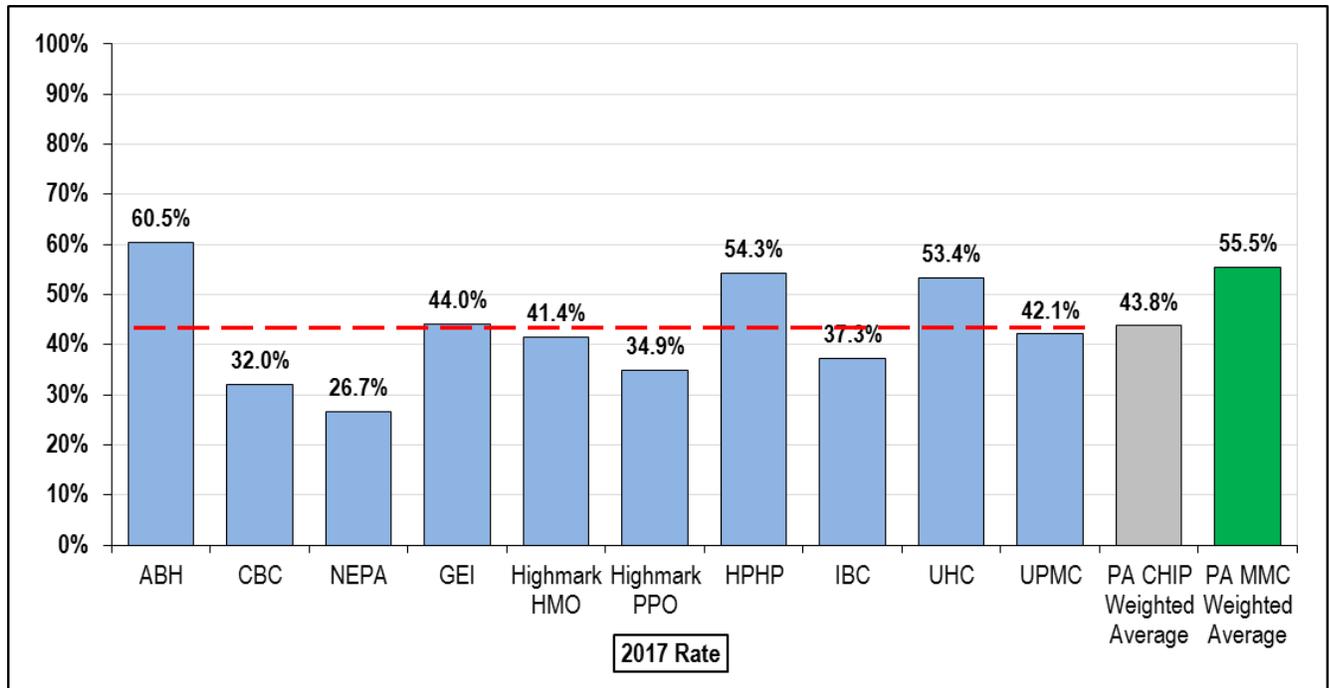


Figure 10: Developmental Screening - 3 years old



Total Eligibles Who Received Preventive Dental Services

This performance measure assesses the total number of eligible and enrolled children ages one through twenty years of age who received preventive dental services during the measurement year 2016.

For the 2017 performance measure, 195,353 PA CHIP members were identified as eligible to receive preventive dental services in 2016. Of these eligible members, 103,852 received preventive dental services during 2016 (weighted average = 53.2%). The 2017 PA CHIP weighted average of 53.2% was 0.2 percentage points below the 2016 PA CHIP weighted average of 53.4%. Preventive Dental Services rates ranged from a low of 46.8% to a high of 69.4% for the 10 contractors with reportable rates.

Table 6: Total Eligibles who Received Dental Treatment Services

CHIP Contractor	Numerator	Denominator	2017 Rate
Aetna	6,808	12,539	54.3%
CBC	11,485	19,338	59.4%
NEPA	3,318	4,783	69.4%
Geisinger	5,911	12,640	46.8%
Highmark HMO	6,594	9,987	66.0%
Highmark PPO	2,277	3,578	63.6%
Health Partners	7,627	15,529	49.1%
IBC	16,233	25,893	62.7%
United	22,394	47,145	47.5%
UPMC	21,205	43,921	48.3%
PA CHIP Average			56.7%
PA CHIP Weighted Average	103,852	195,353	53.2%

Figure 11: Total Eligibles who Received Dental Treatment Services: 2016 versus 2017

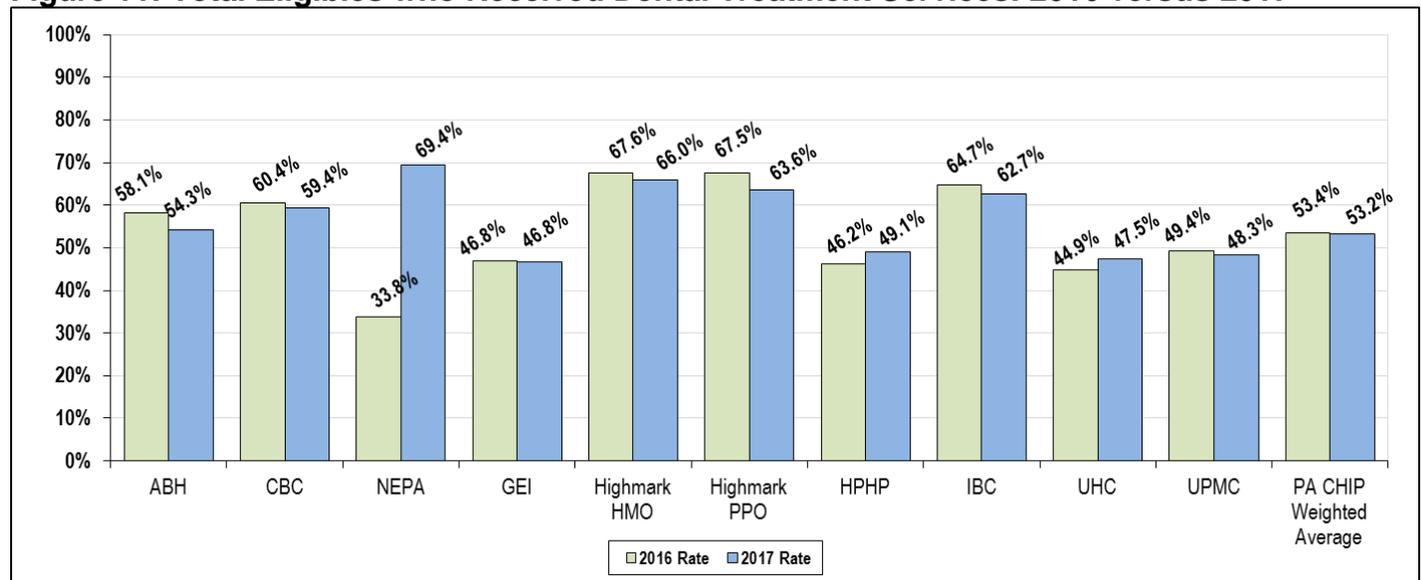
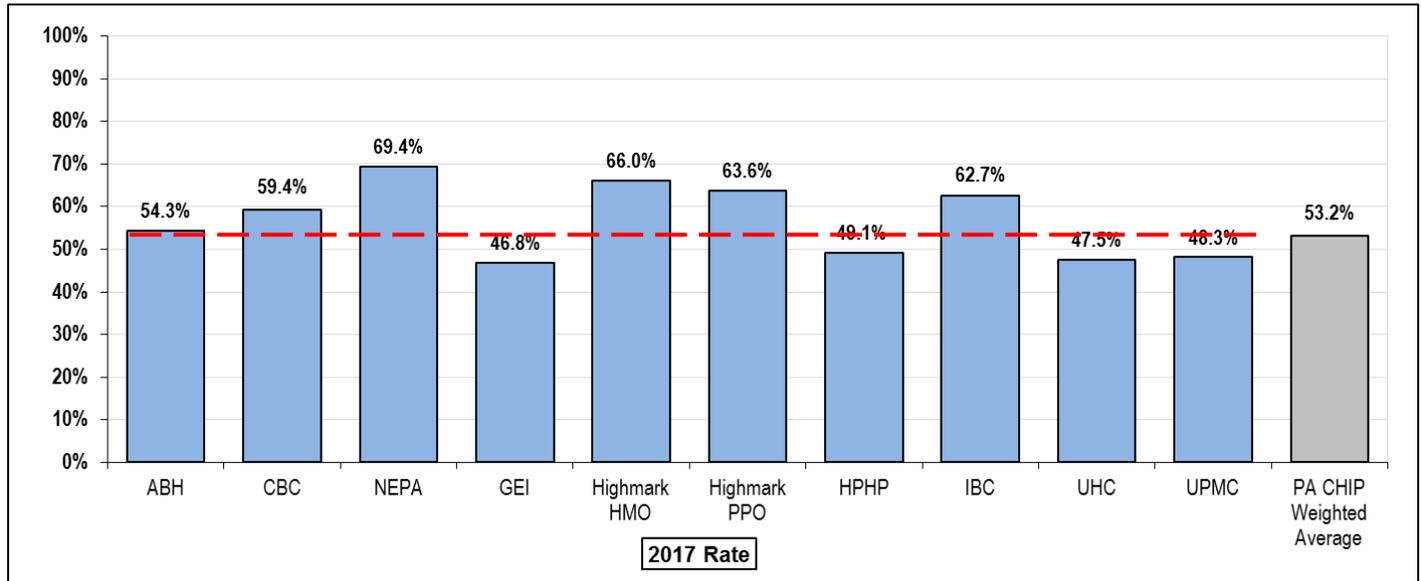


Figure 12: Total Eligibles who Received Dental Treatment Services



Dental Sealants In 6-9 Year old Children at Elevated Caries Risk

This performance measure assesses the percentage of enrolled children ages six to nine years at elevated risk of dental caries who received a sealant on a permanent first molar tooth within measurement year 2016.

This measure was a new CMS Core measure for 2016, collected for the first time for both Medicaid and CHIP plans as a replacement for the Dental Sealants for Children measure, which was retired. CMS has provided guidance to States to calculate the CHIPRA measure using all applicable data across the state, including examining data across the plans during the three year look back period to identify members at elevated risk. Once those at elevated risk are identified, it is recommended that all applicable Medicaid and CHIP data available be used to create enhanced rates. In 2017, additional changes were made to the performance measure specifications, requiring plans to report both a CHIPRA and non-CHIPRA rate. To address implementation issues that occurred for 2016, a second indicator (Numerator B) was added to quantify cases that would not have been accepted under the CMS guidance because the provider type could not be crosswalked to an acceptable CMS provider. Numerator B was created to quantify these cases, and to provide additional information for DHS about whether sealants were being applied by providers other than those outlined by CMS, for potential future consideration when discussing the measure. A third numerator, C, included all the unduplicated individuals in Numerators A and B. Numerators B and C deviate from CMS guidance – they were provided to DHS for informational purposes, and enhancements are not applicable for these numerators. Data for these indicators have not been included in this report. Numerator A represents the CMS measure, is aligned with CMS guidance, and is comparable to 2016. Sections I and II below outline the rates that were contractor reported (I), as well as the previously outlined enhanced rates (II), for Numerator A.

I. Contractor Reported Rates

For the 2017 performance measure, 14,545 PA CHIP members, age six to nine years as of December 31, 2016, were identified as being at moderate or high risk for dental caries. Of these eligible members, 3,548 were at elevated risk for dental caries and received a sealant on a permanent first molar tooth as a dental service (weighted average = 24.4%). The 2017 PA CHIP weighted average of 24.4% was 3.9 percentage points above the 2016 PA CHIP weighted average of 20.5%. Sealant rates ranged from a low of 17.2% to a high of 32.1% for the 10 contractors with reportable rates.

Table 7: Dental Sealants for Children: Contractor Reported Rates – Numerator A

CHIP Contractor	Numerator	Denominator	2017 Rate
Aetna	239	1091	21.9%
CBC	272	909	29.9%
NEPA	82	412	19.9%
Geisinger	201	938	21.4%
Highmark HMO	115	670	17.2%
Highmark PPO	171	848	20.2%
Health Partners	335	1045	32.1%
IBC	445	1800	24.7%
United	906	3948	22.9%
UPMC	782	2884	27.1%
PA CHIP Average			23.7%
PA CHIP Weighted Average	3,548	14,545	24.4%
PA MMC Weighted Average			23.6%

Figure 13: Dental Sealants for Children: Contractor Reported Rates – Numerator A: 2016 versus 2017

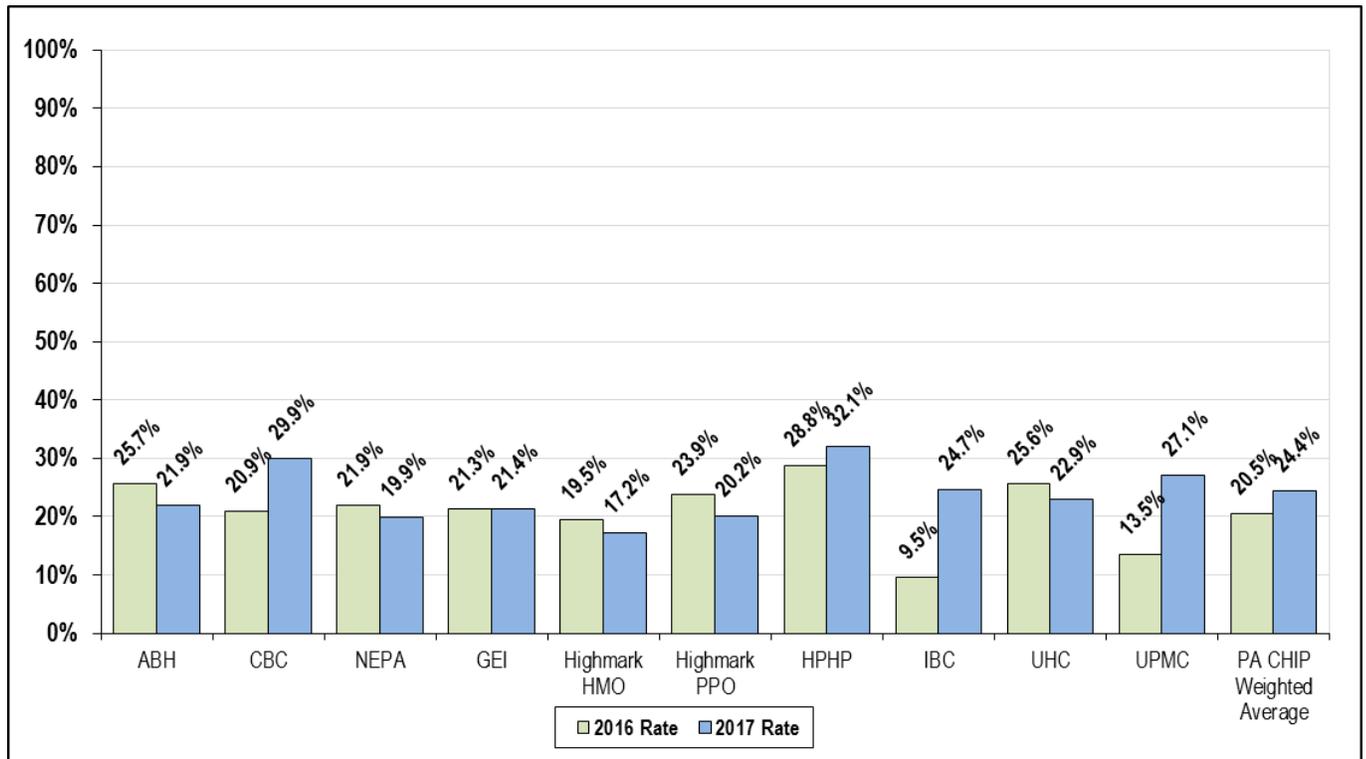
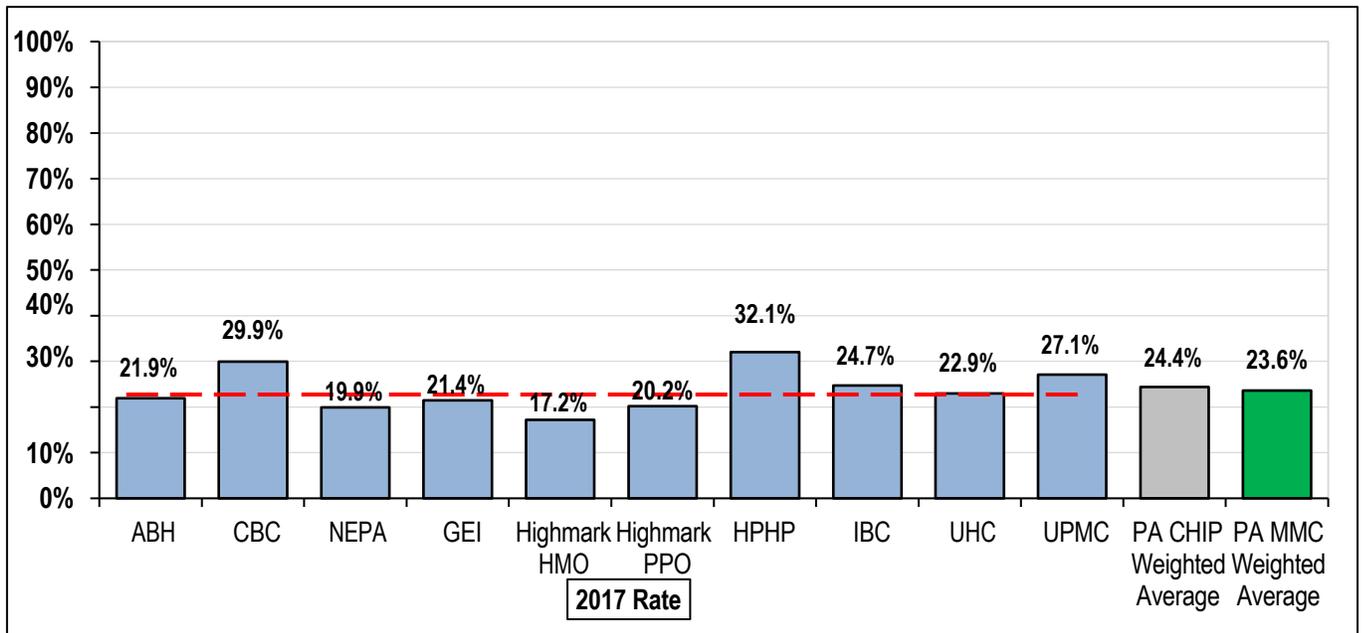


Figure 14: Dental Sealants for Children: Contractor Reported Rates – Numerator A



II. Enhanced Reported Rates

Numerator A

For the 2017 performance measure, 15,388 PA CHIP members, age six to nine years as of December 31, 2016, were identified as being at moderate or high risk for dental caries. Of these eligible members, 3,557 were at elevated risk for dental caries and received a sealant on a permanent first molar tooth as a dental service (weighted average = 23.1%). The 2017 PA CHIP weighted average of 23.1% was 3.4 percentage points above the 2016 PA CHIP weighted average of 19.7%. Sealant rates ranged from a low of 17.1% to a high of 30.4% for the 10 contractors with reportable rates.

Table 9: Dental Sealants for Children: Enhanced Reported Rates – Numerator A

CHIP Contractor	Numerator	Denominator	2017 Rate
Aetna	239	1,105	21.6%
CBC	272	909	29.9%
NEPA	82	414	19.8%
Geisinger	201	985	20.4%
Highmark HMO	115	672	17.1%
Highmark PPO	171	854	20.0%
Health Partners	335	1,101	30.4%
IBC	445	1,811	24.6%
United	915	4,553	20.1%
UPMC	782	2,984	26.2%
PA CHIP Average			23.0%
PA CHIP Weighted Average	3,557	15,388	23.1%
PA MMC Weighted Average			22.2%

Figure 16: Dental Sealants for Children: Enhanced Reported Rates – Numerator A: 2016 versus 2017

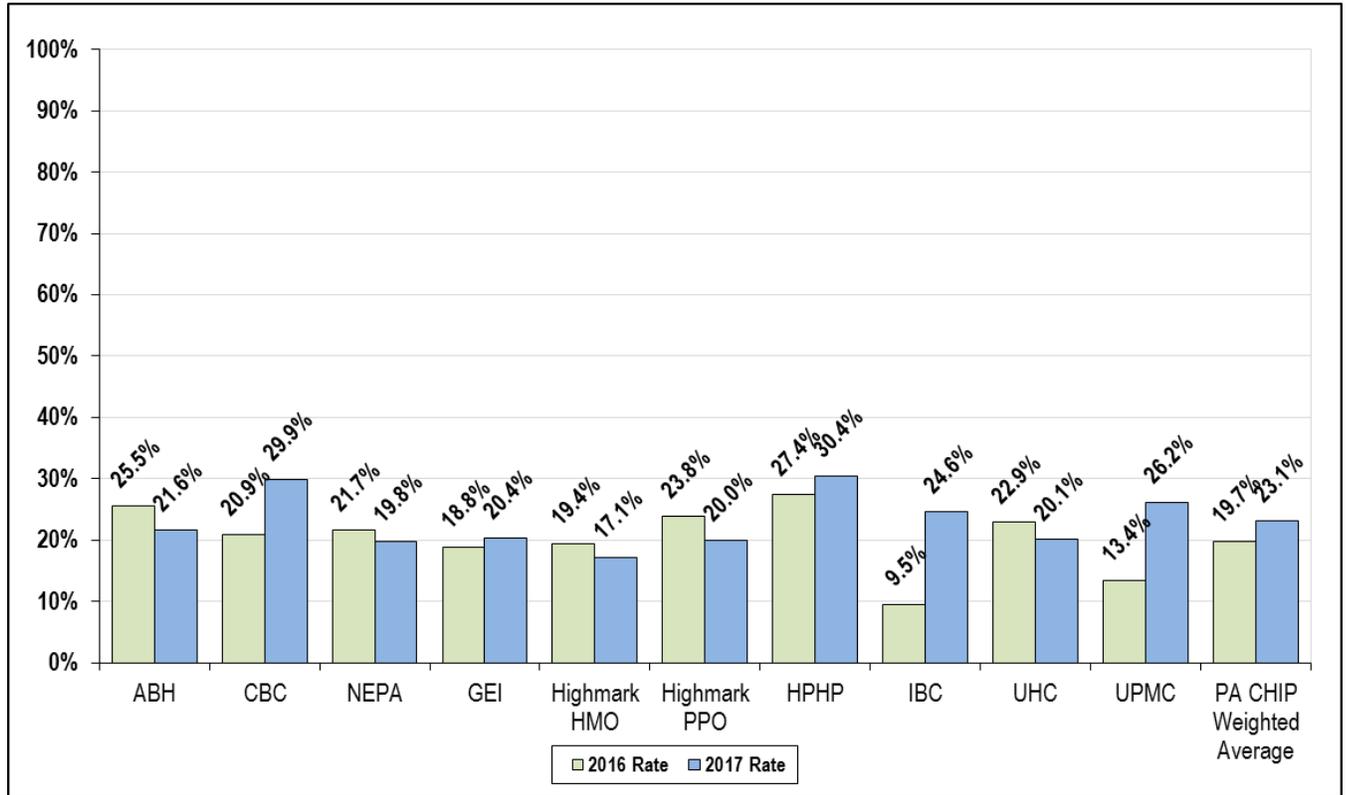


Figure 17: Dental Sealants for Children: Enhanced Reported Rates – Numerator A

