



# **Children's Health Insurance Program (CHIP) Advisory Council Meeting**

**April 15, 2020**



# Agenda

- Welcome and Introductions
- COVID-19 CHIP Coverage and Guidance
- State Based Exchange
- CHIP by the Numbers
- Marketing Updates
- Policy Update
- Quality Assurance Updates
- Closing and Wrap-Up



# Welcome and Introductions

# COVID-19 and CHIP

## Achievements to Date

- Waive copays for testing and treatment for COVID-19.
- Issued direction that families are not losing coverage.
  - Data fix to ensure continuation of coverage.
  - Policy guidance 2020-05.

# COVID-19 and CHIP

## Achievements to Date

- Application Processing
  - CHIP is continuing to process applications.
  - Reporting income changes and reassessment.
- CHIP Call Center
  - The CHIP Call center is responding to consumer inquiries.
  - Callers should not experience a difference in their customer service experience.

# COVID-19 CHIP Coverage and Guidance

- CHIP Disaster Relief State Plan Amendment
  - What is the Disaster Relief State Plan Amendment
  - Flexibility descriptions
    - COVID-19 copay waiver
    - Premium payment delays
    - Renewal Due Date extension
    - Self-Attestation

# COVID-19 CHIP Coverage and Guidance

## Guidance to Date

- Continuation of Coverage
  - MCOs are not terminating enrollees for failure to provide renewal information, failure to pay premiums, failure to provide information regarding disability, or whereabouts unknown.
  - Families are still responsible for premium payments.
  - Families who experience financial hardship during this time should be assessed to see if income changes lower their premium payment or are appropriate for transfer to MA.
  - MCOs are to work with families on payment plans for premiums

# COVID-19 CHIP Coverage and Guidance

## Guidance to Date

- **Waiver of COVID-19 Copays**
  - MCOs are waiving copays related to the testing, screening and treatment of COVID-19
- **Waiver of Prior Authorizations**
  - MCOs are waiving prior authorizations related to the testing, screening and treatment of COVID-19
- **Early Refills Available**
  - MCOs are authorizing enrollees to receive early refills of non-opioid prescriptions
- **Member Services**
  - MCOs continue to serve members and take member inquires during this time



# COVID-19 CHIP Coverage and Guidance

## Guidance to Date

- Self-Attestation
  - Applicants may utilize self-attestation of eligibility information if they cannot provide documentation
  - MCOs and CHIP will continue to review available electronic databases to verify eligibility information at application and renewal
  - Applications and renewals must be signed to utilize self-attestation
- Enrollment prior to first premium payment
  - Children are being enrolled in CHIP at eligibility
  - Premium payments still apply but may be collected after initial enrollment



# State Based Exchange

Zachary Sherman

Executive Director,

Health Insurance Exchange Authority



A photograph of the Pennsylvania State Capitol building, featuring a prominent green and gold dome and classical architectural details like columns and a balcony. The image is slightly faded to allow text to be overlaid.

# **Pennsylvania Health Insurance Exchange Authority**

**Executive Director Zachary Sherman**

**April 15, 2020**

# Meeting Agenda

1. Exchange Authority Overview and Critical Milestones
2. Uninsured Data

# Overview of the Exchange Authority

# History of State-Based Exchanges

The evolution of State-Based Exchanges over time

- **2014:** HealthCare.Gov (FFE) and state-based exchanges (SBE) launched to varying degrees of success
  - Initial availability of federal grant funding and enhanced matching funds for Medicaid programs led to large system integration approaches in many states
  - A few states failed to go-live effectively and transitioned back to the FFE
  - Many states, including PA, assessed the implementation risk as too high and deferred operational management to the federal government
- **2015 - 2018:** States slowly began to transition from the FFE to SBE or a hybrid approach using the federal platform (SBE-FP)
  - Idaho successfully transitioned to a SBE from the FFE in 2015, declining to integrate with Medicaid or operate a small business exchange
  - AK, NM, NV and OR became SBM-FPs
- **2019 - 2020:** Led by Nevada, more states decided to begin transitioning to SBEs
  - NV procured a vendor solution for technology and customer service and went live for Open Enrollment in November 2019
  - NJ, NM, OR and PA are transitioning to a SBE and taking similar approaches to NV with their procurements

# Who is the Exchange Authority?

**The mission of the Pennsylvania Health Insurance Exchange Authority is** to improve the accessibility and affordability of individual market health coverage for Pennsylvanians.

**Our goal is** to serve Pennsylvania's individual health insurance market customers without disruption, operate a state-based exchange and support the needs of consumers purchasing health insurance while ensuring the stability and affordability of the health and dental offerings available through the Exchange Authority.

# Strategic Goals

## A seamless transition

- A vendor solution that will stand up fully-functioning exchange technology platform and customer service center on-time and on-budget
- Successful conversion of existing customers to the state exchange system
- Limited technical and operational disruption and change to community and insurer partners as well as the Department of Human Services

## Higher quality access and customer service

- Accountability to Pennsylvanians looking to access subsidized and unsubsidized individual market health insurance
- Data reporting that is accurate and timely, and can respond to all stakeholder needs
- Flexibility to accommodate changing operational and customer needs
- Ability to better serve PA families churning between individual market and Medicaid

## Lower costs and lower premiums

- Operation of the exchange at a significantly lower cost than current Healthcare.Gov price-tag
- Reduction of individual market premiums in 2021 by 5-10% through reinsurance





# Progress against Goals

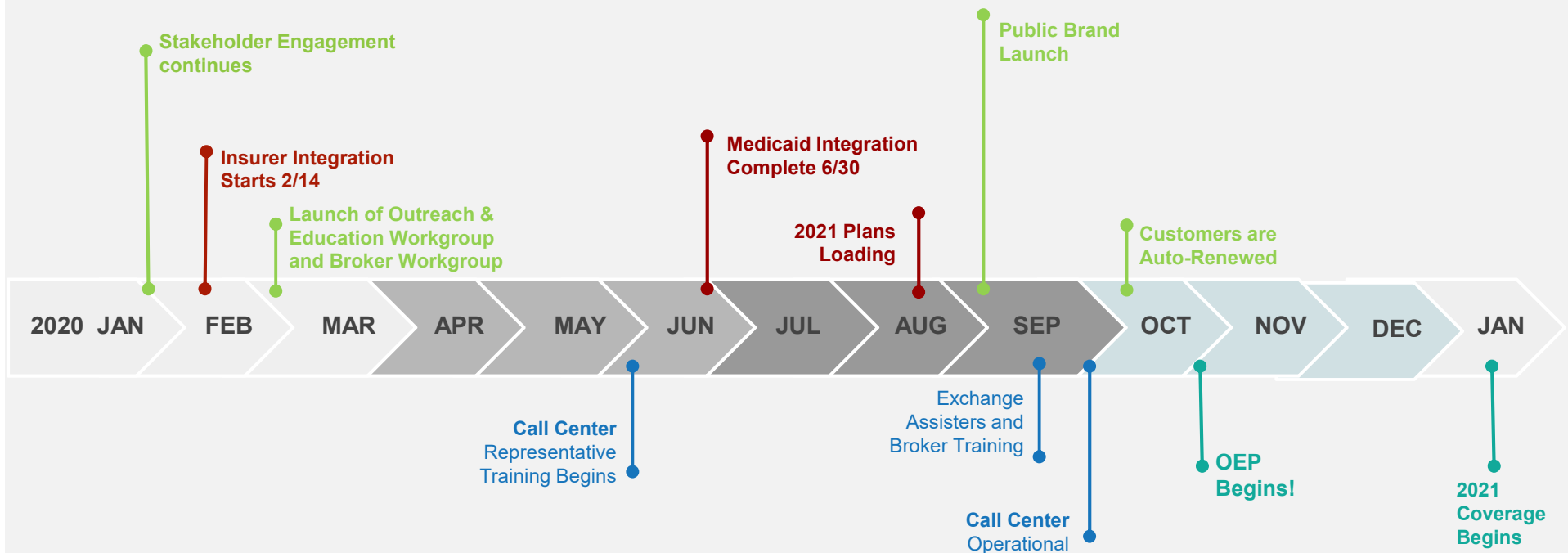
Where we are today

To date we have:

- Been working diligently with our technology platform and customer service vendor
- Begun testing the enrollment and eligibility system design
- Engaged stakeholders – consumer advocates, producers, medical and dental insurers, legislators, business and community groups, Exchange Assister, etc.
- Begun developing our brand
- Established much of the infrastructure necessary to operate a new, self-sustaining entity

# Critical Milestones

- Stakeholder and Customer Outreach
- Platform
- Call Center/training



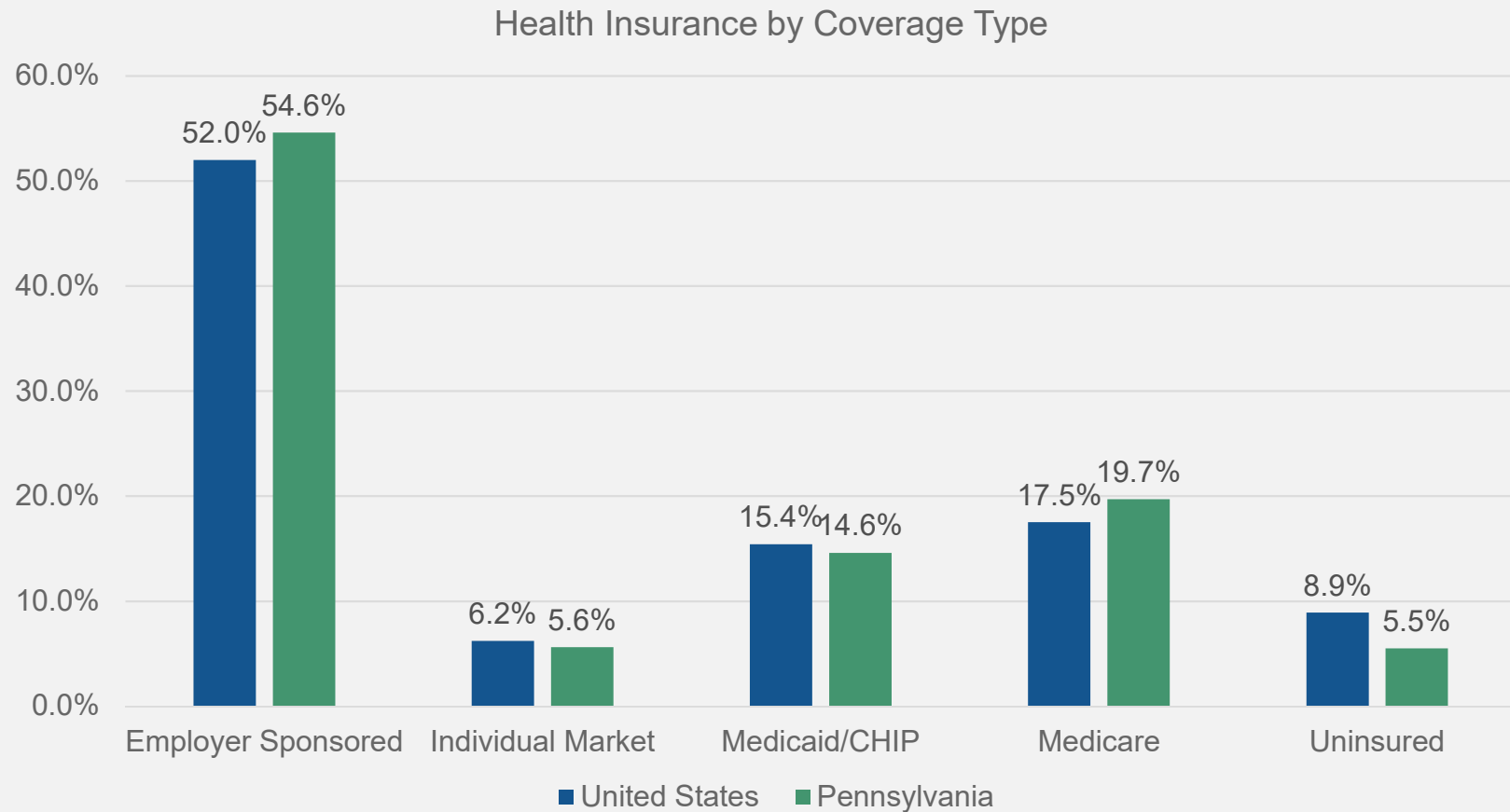
# Overview of Pennsylvania's Uninsured Population

# Overview of the Uninsured in PA

- There are over 12.5 million residents in the Commonwealth of Pennsylvania in 2018
  - Insured: 11.9 million (Through employer or government programs)
  - Uninsured: Nearly 700,000 (5.5% of the state's population)
- Adjusted to exclude uninsured undocumented immigrants and uninsured individuals with PA German ancestry, there are an estimated 607,000 uninsured residents, 4.8% of the population
- Characteristics of the 607,000 uninsured and likely to be eligible and interested in enrolling
  - Income*
    - 28% are below 138% of the federal poverty level (FPL)
    - 53% are between 138-400% of FPL
    - 19% are at or above 400% of FPL
  - Demographics*
    - 67% identify as White alone (not Hispanic or Latinx)
    - 14% identify as Hispanic or Latinx, nearly twice percent of population (7.6%)
    - 14% identify as Black or African American, disproportionately higher than percent of population (11%)

# Current Health Coverage Landscape

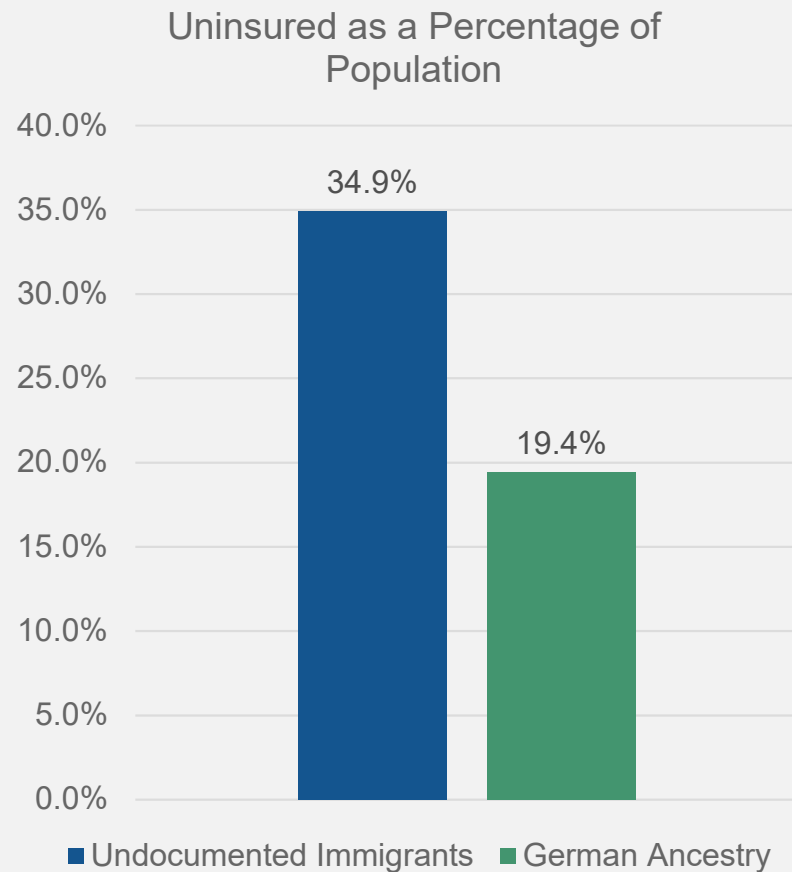
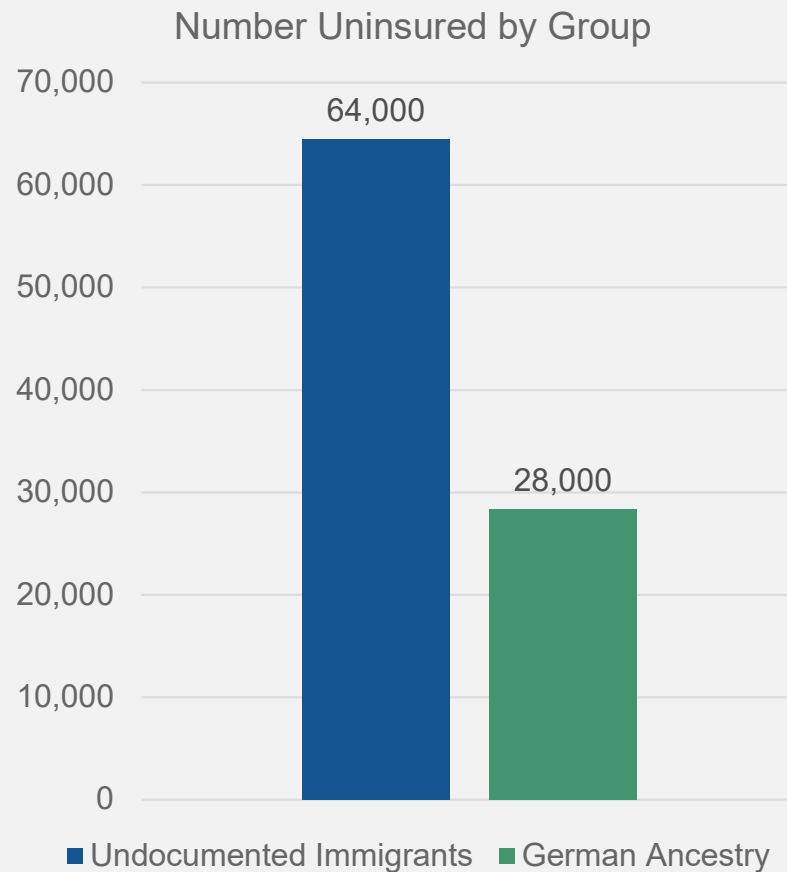
The vast majority (94.5%) of PA residents had health insurance; over 60% through commercial insurance and ~34% through government programs



Source: SHADAC analysis of the United States Census Bureau's American Community Survey (ACS).

# Uninsured and Unlikely to Enroll

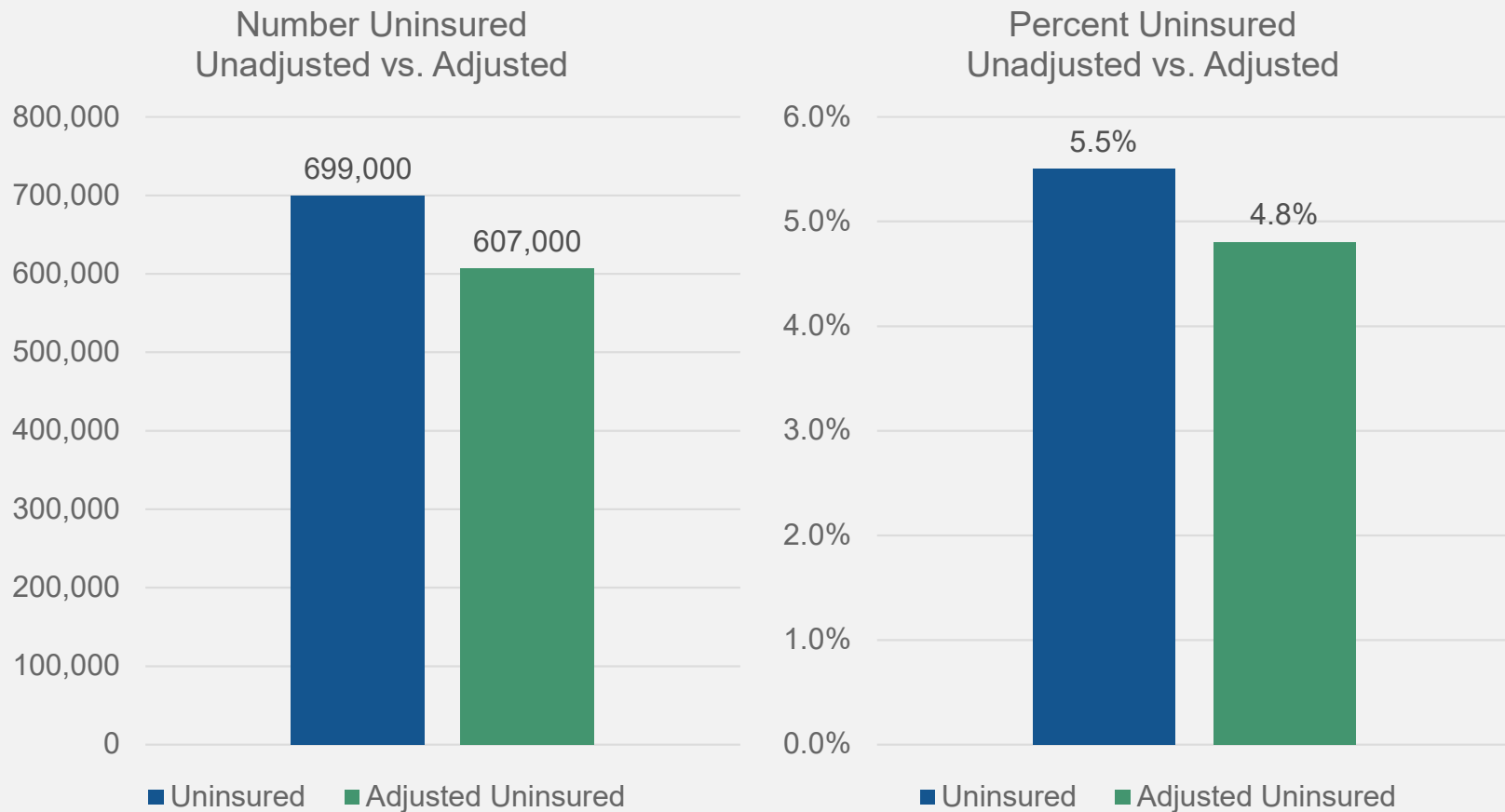
Undocumented immigrants are ineligible for exchange coverage; Amish and Mennonite populations have historically not enrolled in exchange coverage



Source: SHADAC analysis of the United States Census Bureau's American Community Survey (ACS).

# Uninsured and Likely Eligible

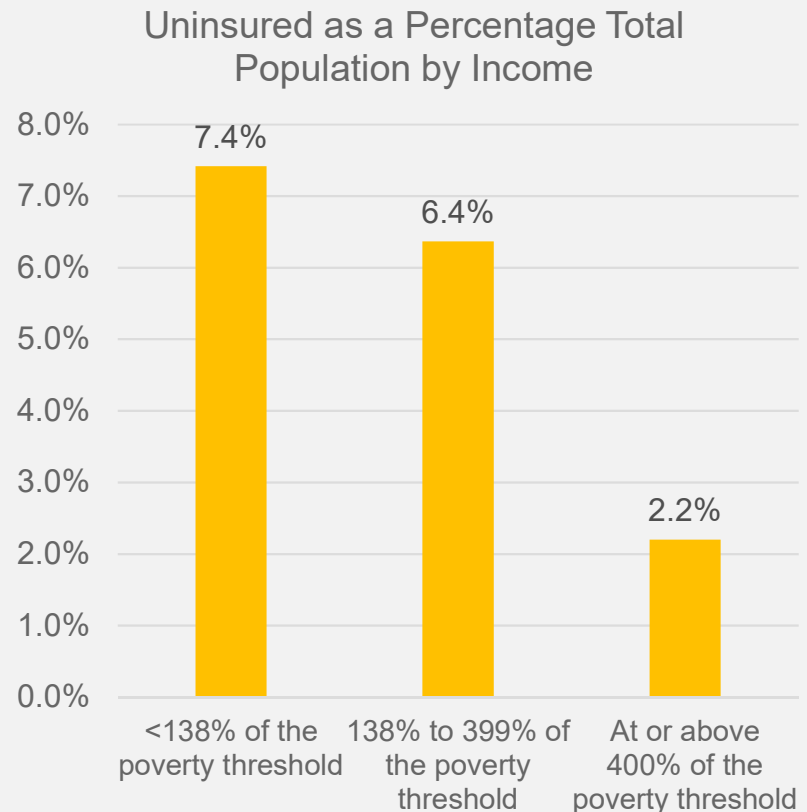
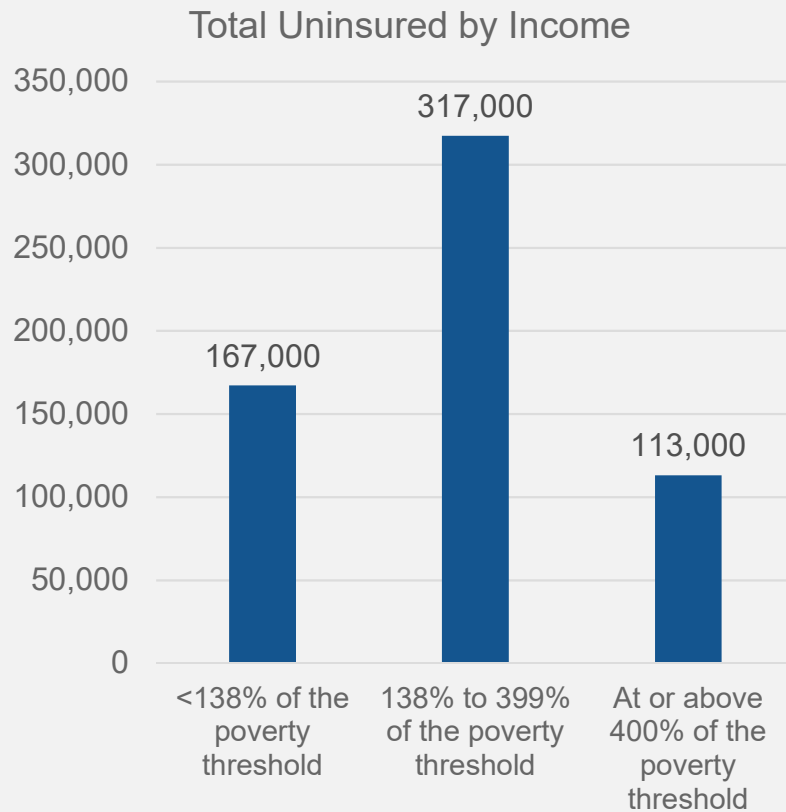
Adjusted to exclude undocumented immigrants and residents with German ancestry, the likely eligible uninsured rate is 4.8%



Source: SHADAC analysis of the United States Census Bureau's American Community Survey (ACS).

# Uninsured By Income

The majority (53%) of the uninsured are eligible for subsidized coverage through the Exchange; uninsured rate is highest for Medicaid eligible; **kids in low-income households are 1.5x likelier to be uninsured**



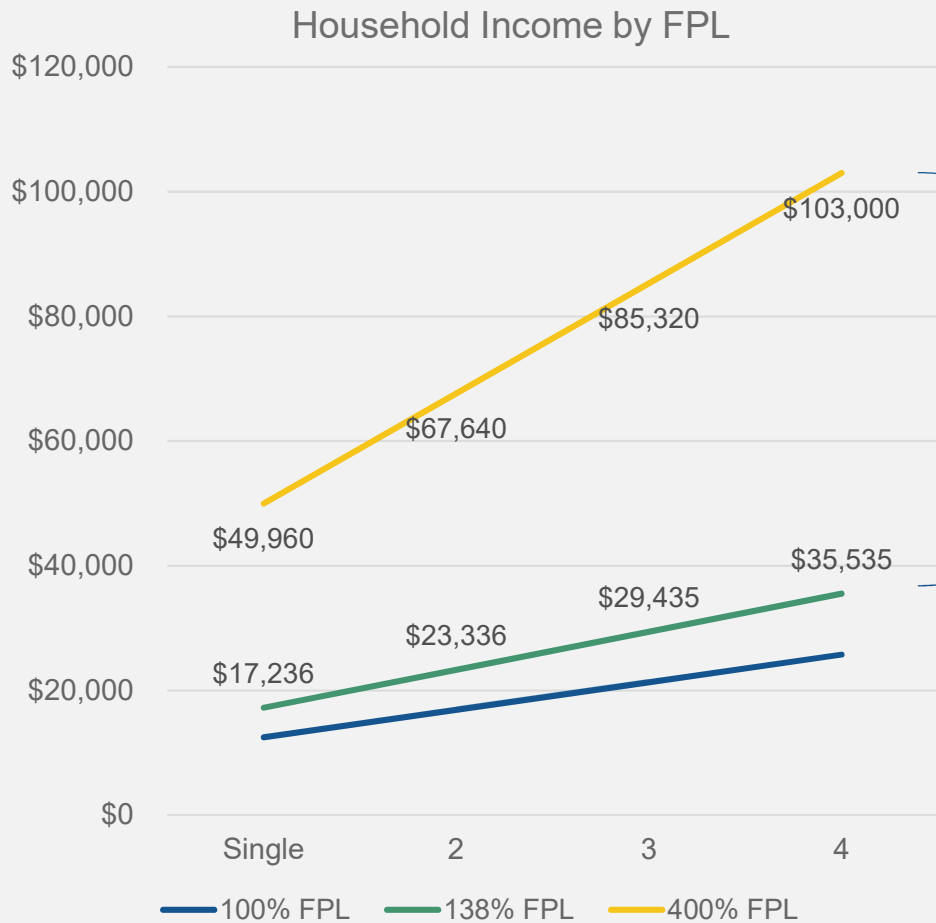
Notes: Uninsured has been adjusted to exclude uninsured undocumented immigrants (likely ineligible for ACA coverage) and uninsured individuals who indicate Pennsylvania German ancestry. Civilian noninstitutionalized population.

Sources: SHADAC analysis of the United States Census Bureau's American Community Survey (ACS). Pennsylvania Partnerships for Children, State of Children's Health Care – October 2019



# Emphasis on Financial Assistance

Individuals between 100-400% of the Federal Poverty Level (FPL) are eligible for advance premium tax credits (APTC) through the exchange

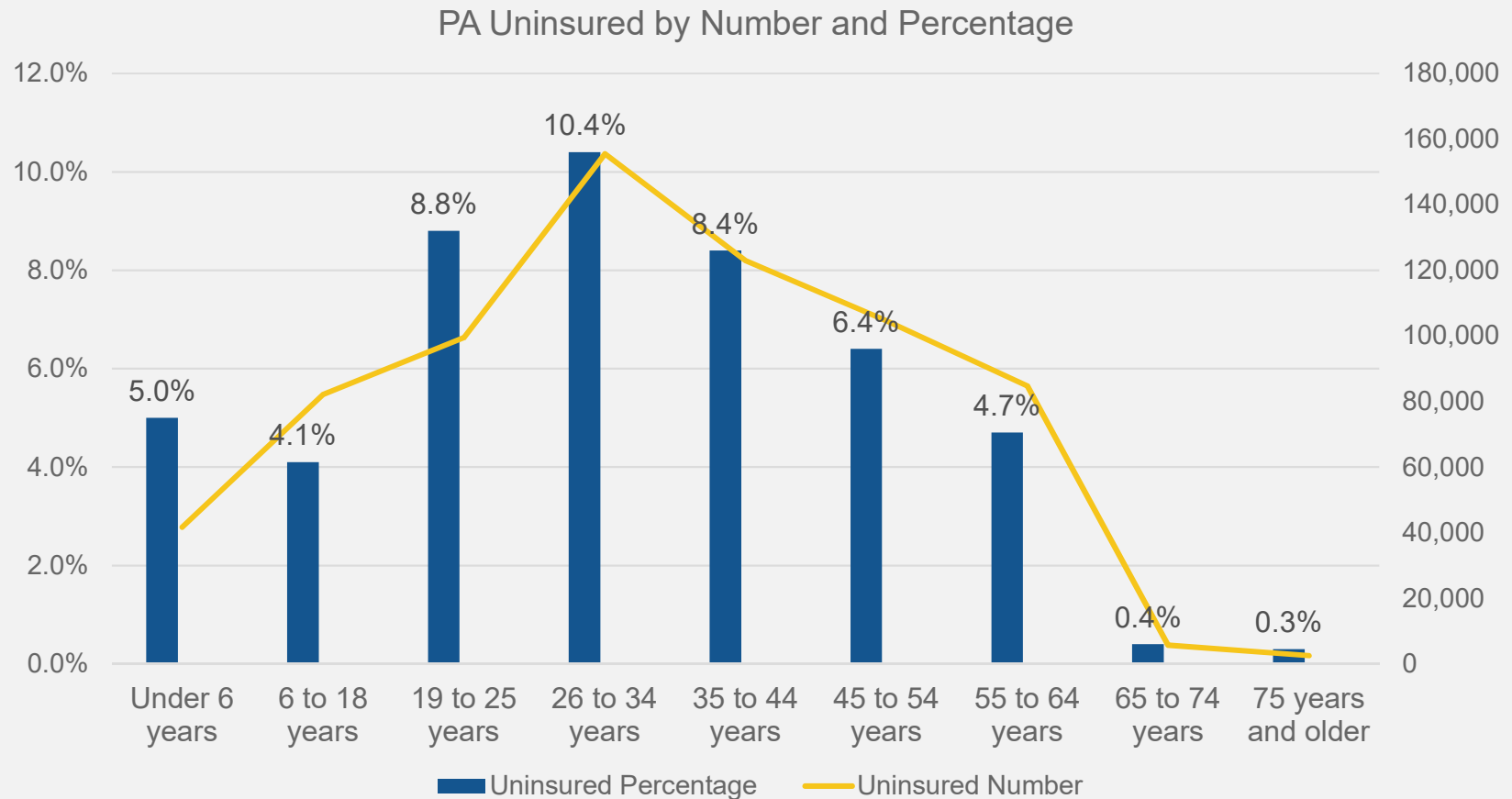


**317,000** uninsured individuals are eligible for financial assistance.

Source: ASPE – Coverage year 2020

# Age Demographics of the Uninsured

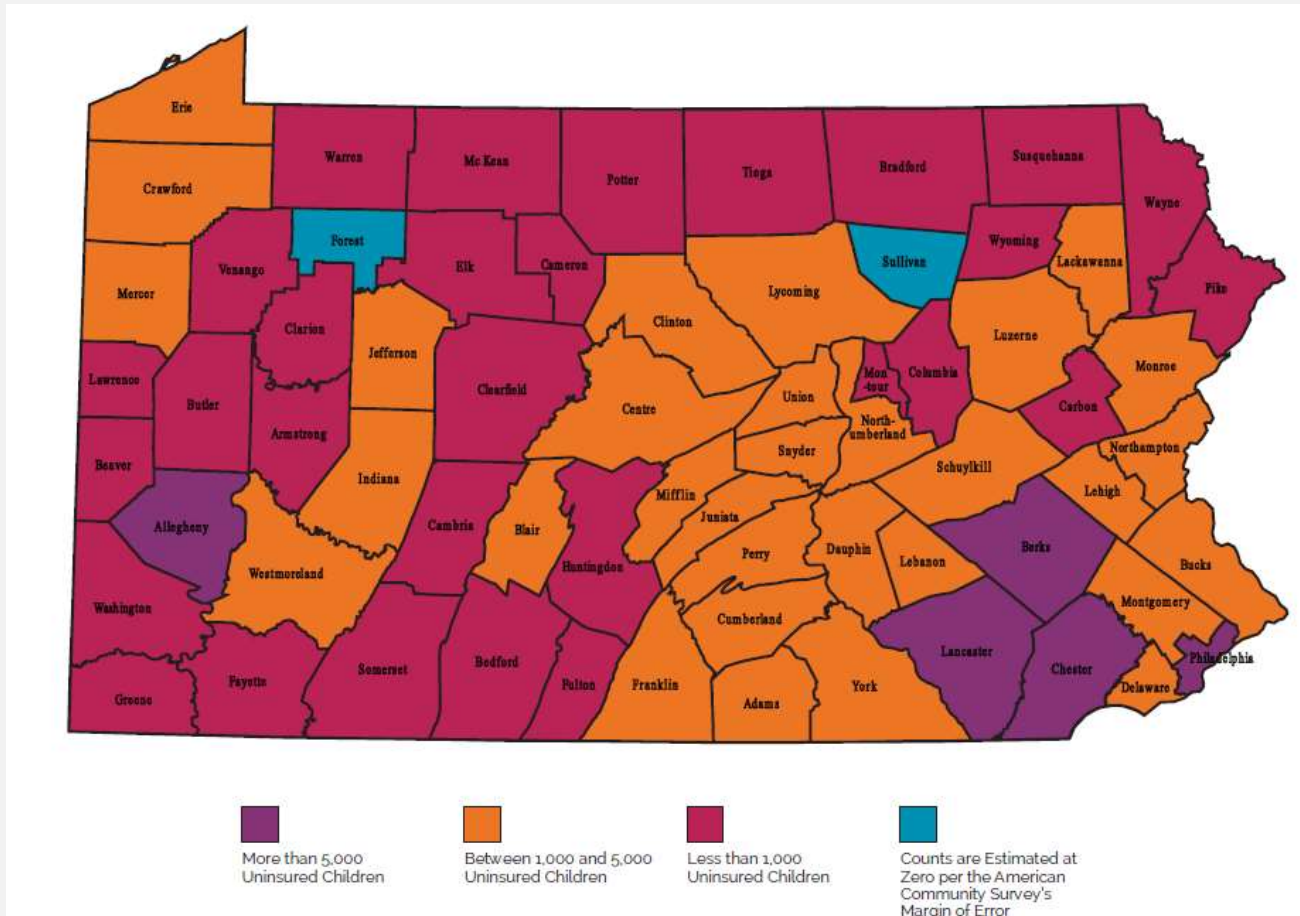
Five percent of children under six years of age are uninsured;  
 Approximately 124,000 children under 19 are uninsured statewide



Source: SHADAC analysis of the United States Census Bureau's American Community Survey (ACS).

# 40 Percent of Pennsylvania's Uninsured Kids Live in Five Counties

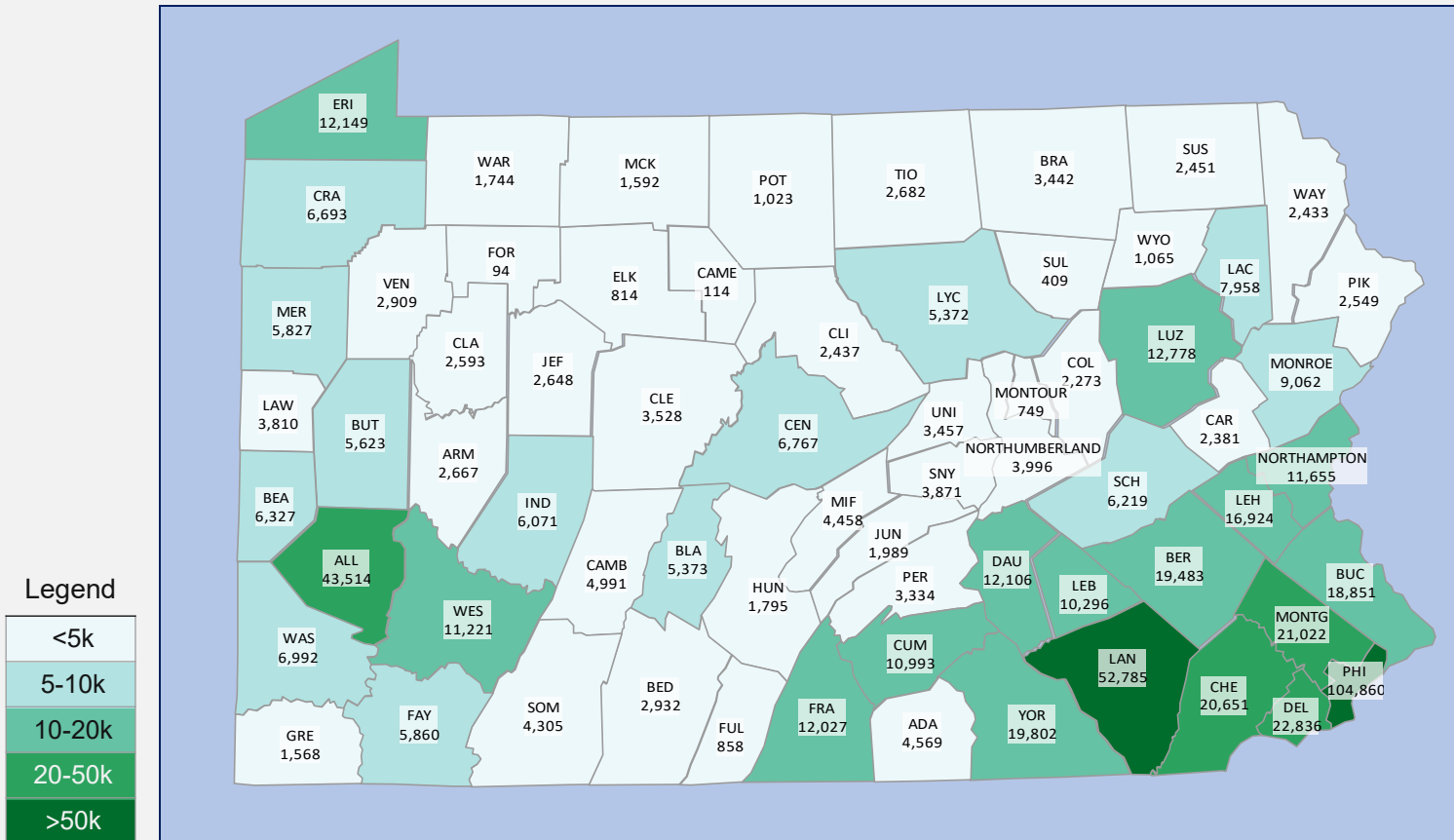
Lancaster, Allegheny, Berks, Chester and Philadelphia counties have the highest uninsured rate for children



Source: Pennsylvania Partnerships for Children, [State of Children's Health Care](#) – October 2019

# Where do the uninsured live?

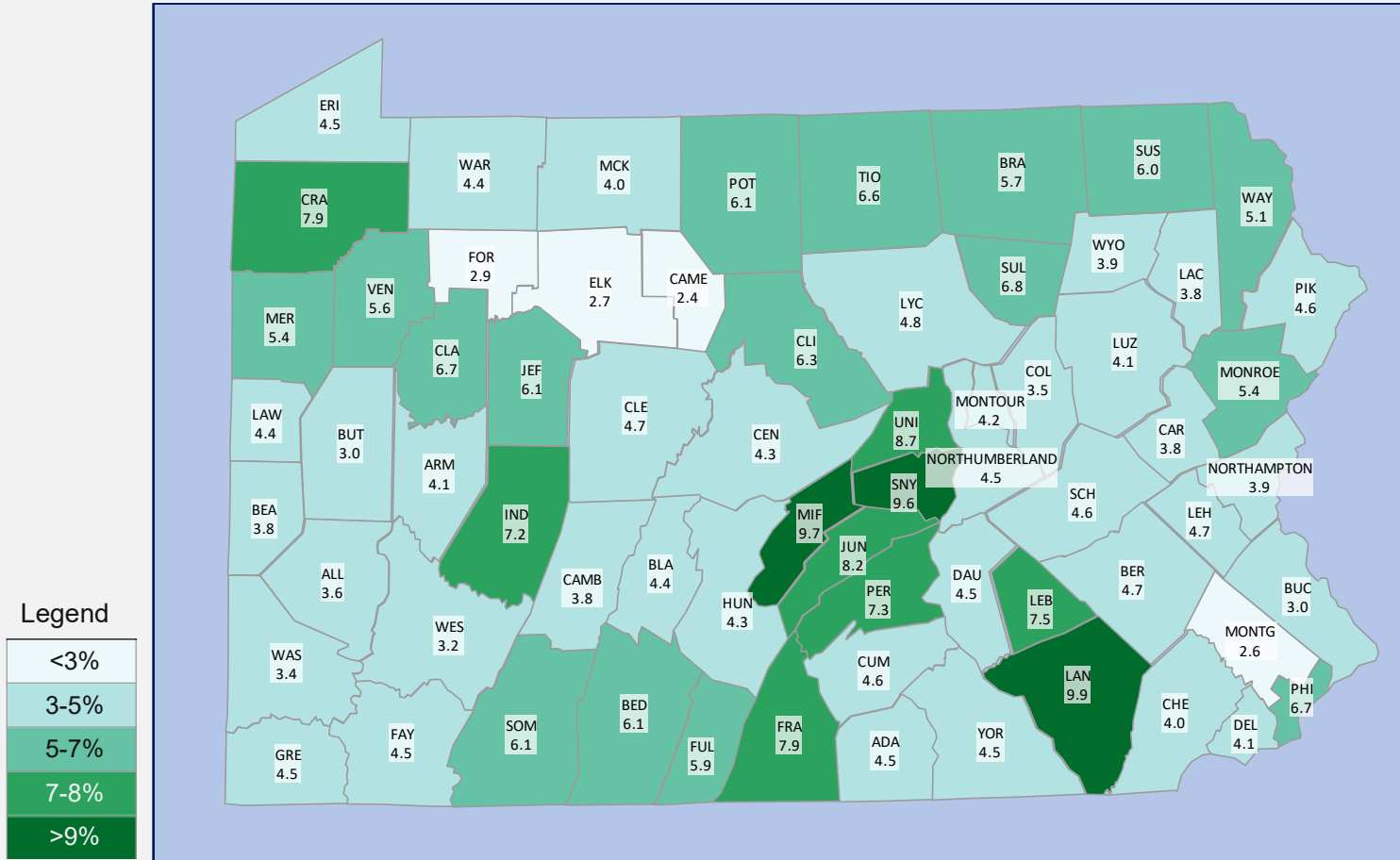
Five counties (Chester, Delaware, Lancaster, Montgomery and Philadelphia) in the southeast make up 36.6% of the uninsured



Notes: Uninsured has been adjusted to *exclude* uninsured undocumented immigrants (likely ineligible for ACA coverage) and uninsured individuals who indicate Pennsylvania German ancestry. Civilian noninstitutionalized population.  
 Source: SHADAC analysis of the United States Census Bureau's American Community Survey (ACS).

# Where are the highest uninsured rates?

Lancaster County's uninsured rate is the highest; several Central PA counties have higher than average rates



Notes: Uninsured has been adjusted to *exclude* uninsured undocumented immigrants (likely ineligible for ACA coverage) and uninsured individuals who indicate Pennsylvania German ancestry. Civilian noninstitutionalized population.  
 Source: SHADAC analysis of the United States Census Bureau's American Community Survey (ACS).

**Questions?**

**THANK YOU**  
zsherman@pa.gov



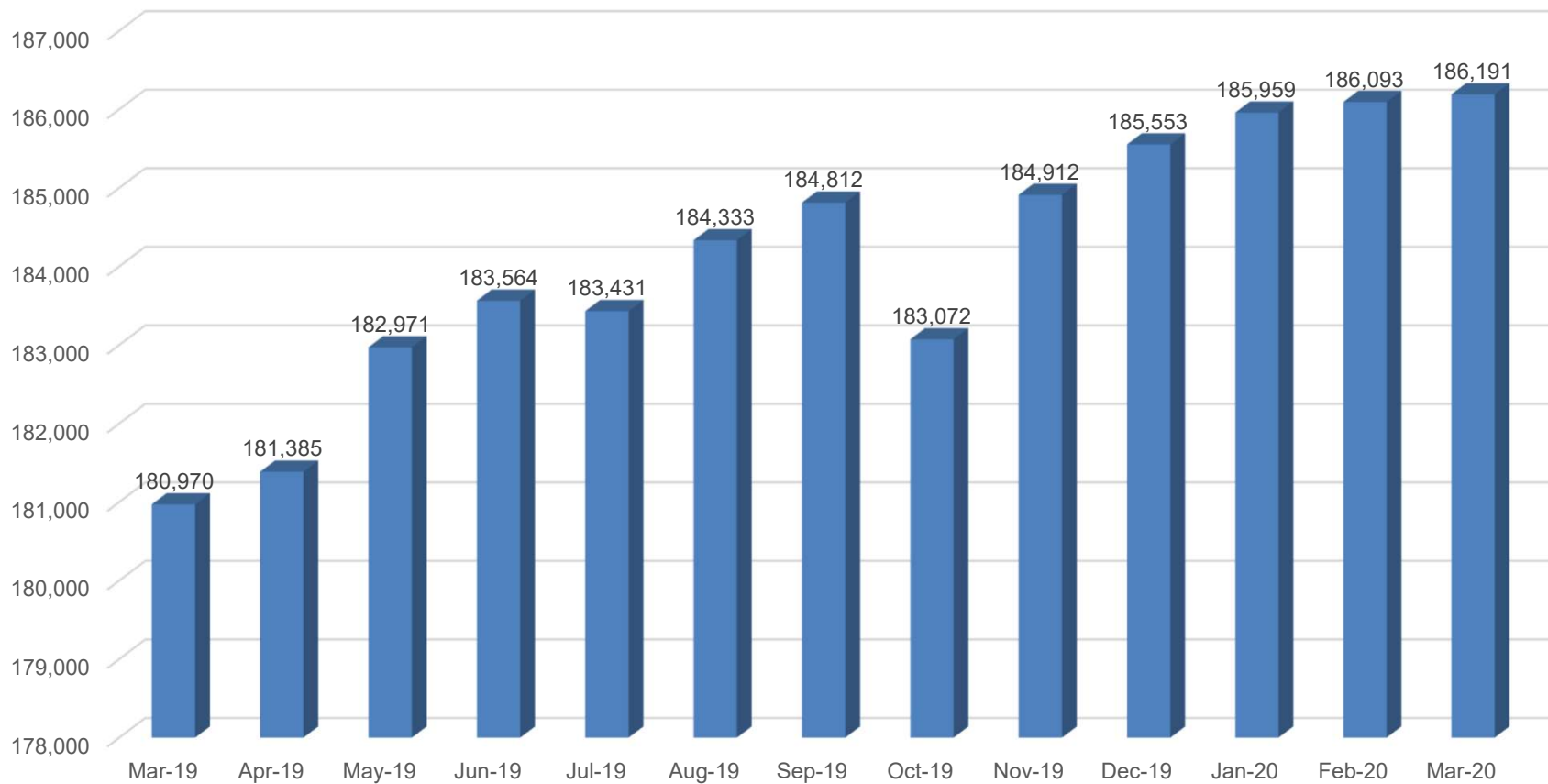
# CHIP by the Numbers





# CHIP Enrollment

## CHIP Enrollment



# MG18C Children

- MG18C refers to MA Children age 0-4 that remain in MA until their renewal date when their family is over the MA income limits.

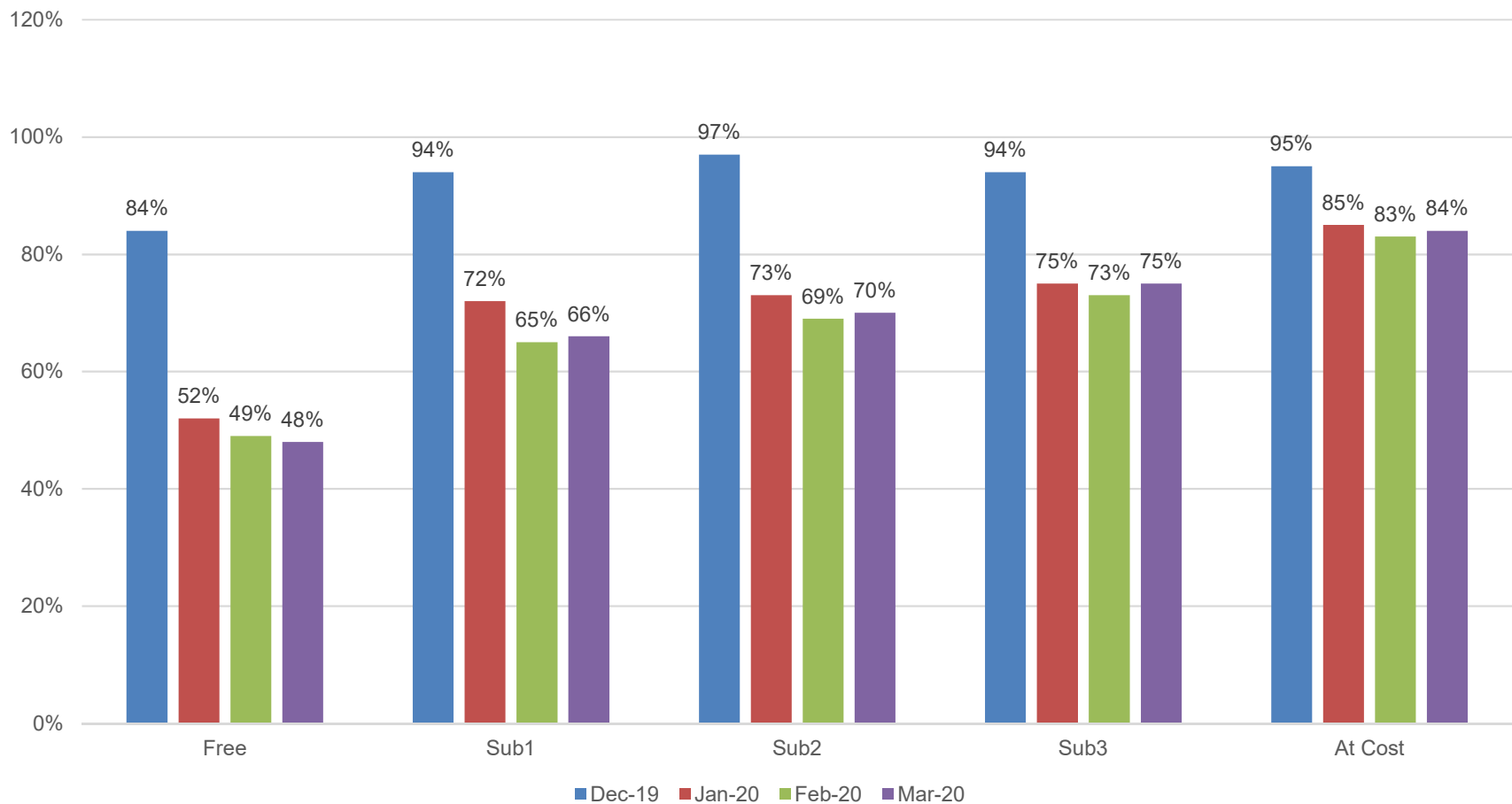
MG18C Children	TOTAL
July 2019	1,430
August 2019	1,558
September 2019	1,339
October 2019	1,742
November 2019	1,314
December 2019	1,575
January 2020	977
February 2020	1,040

CHIP Enrollment Ages 0 to 4	TOTAL
July 2019	27,957
August 2019	28,121
September 2019	28,191
October 2019	27,939
November 2019	28,076
December 2019	28,069
January 2020	28,130
February 2020	28,250

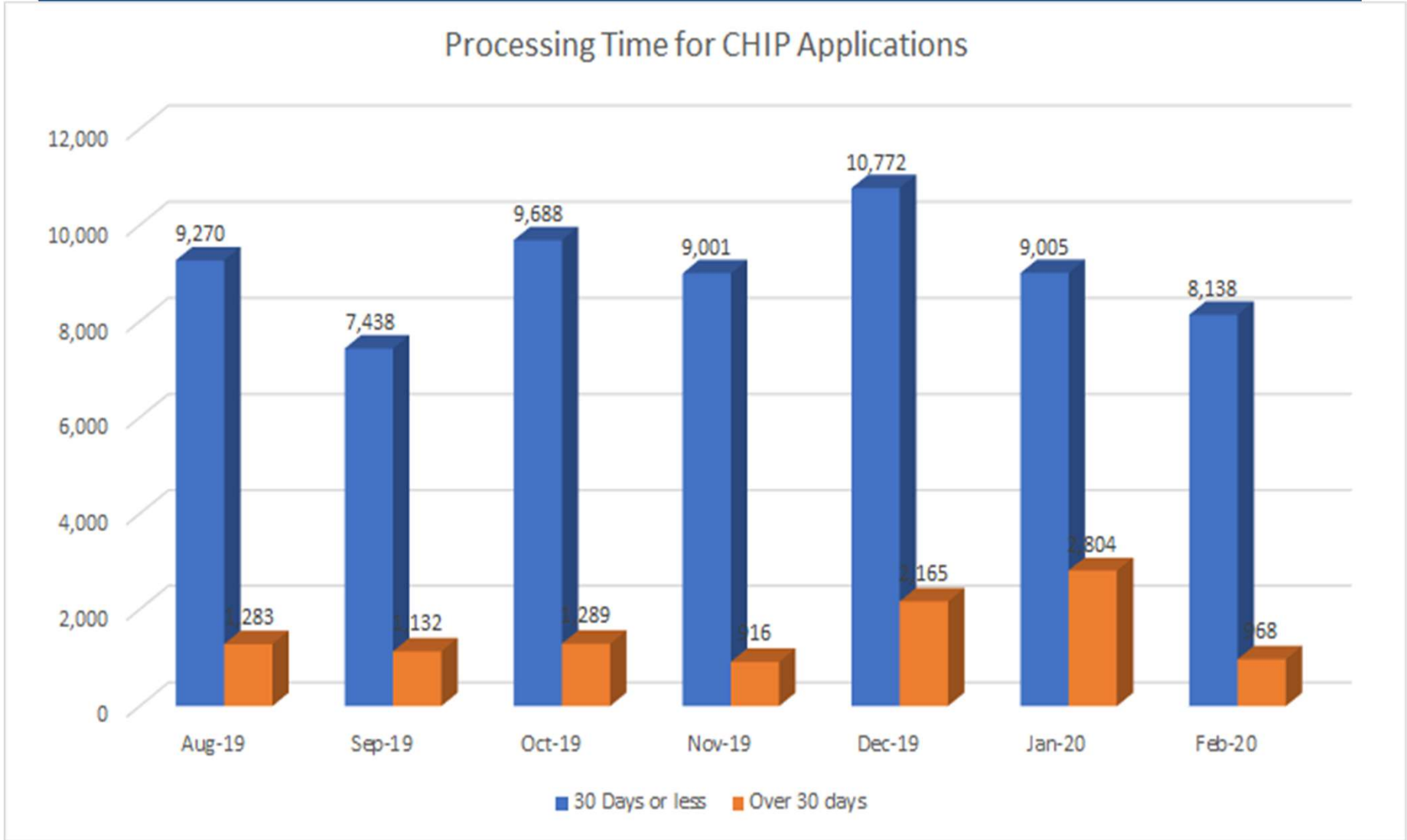


# CHIP Successful Renewals

CHIP Successful Renewals

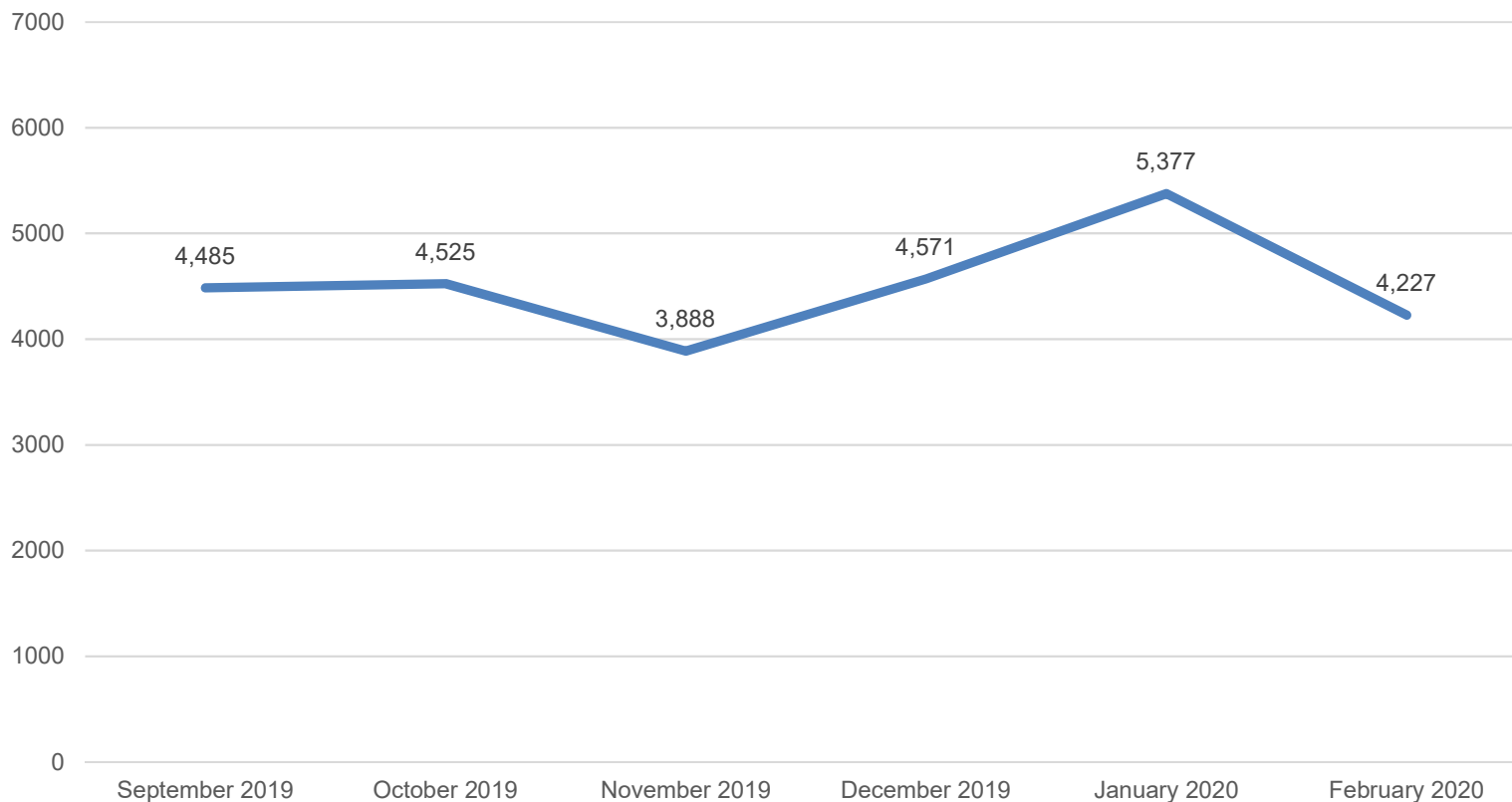


# Processing Times for CHIP Applications



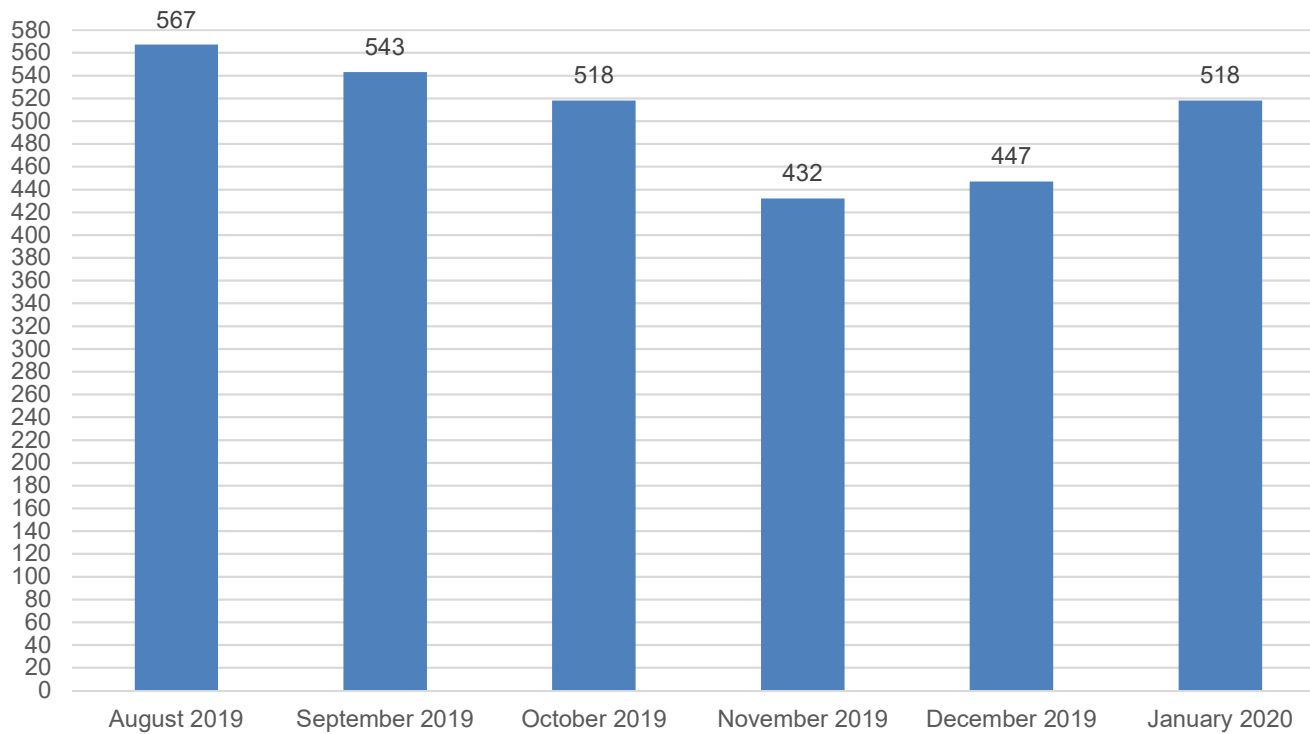
# Customer Calls to the CHIP Call Center

## 1-800-986-KIDS Calls Received



# CHIP Call Center Metrics (continued)

## Apply Over the Phone: Completed Applications





# Policy Updates



# Policy Updates



**2019 Report to the General Assembly**



**State Health Official Letter**





# Quality Assurance Updates

# Quality Assurance (QA) Updates

- **Encounter Data Validation**
- **EQR Technical Reports**

# Questions?



## Closing and Wrap Up

- Topics of discussion for next meeting?
- Next Advisory Council meetings:
  - Wednesday, October 14, 2020