



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

CHILDREN'S HEALTH INSURANCE PROGRAM

2018 ANNUAL REPORT TO THE GENERAL ASSEMBLY

Tom Wolf
Governor

Teresa D. Miller
Secretary
Department of Human Services



2018 Children’s Health Insurance Program Annual Report

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2018 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), and as amended by Act 58 of 2017. It has long been acknowledged as a national model, receiving specific recognition in the Federal 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:

- Free CHIP: Coverage has been 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; and
- 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. Historically, federal funding paid for about two-thirds of the total cost of CHIP; however, under CHIPRA, CHIP's federal funds allotment was substantially increased. Currently, federal funds pay approximately ninety percent of CHIP's total cost. 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 Affordable Care Act (the Patient Protection and Affordable Care Act together with the Health Care and Education Reconciliation Act of 2010) (ACA), signed into law in March 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 state's 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). As

of July 1, 2018, The CHIP Managed Care Organizations (MCO) were required to comply with changes to the federal managed care regulations (42 CFR chapters 457 and 438). CHIP continues to work with the CHIP MCOs to ensure organized and efficient implementation of these regulations. On January 22, 2018, the federal government passed a continuing resolution and adopted the Helping Ensure Access for Little Ones, Toddlers and Hopeful Youth by Keeping Insurance Delivery Stable Act (HEALTHY KIDS Act). CHIP was authorized on a federal level including funding appropriations through September 30, 2023. On February 9, 2018, Congress acted again to extend CHIP for an additional four years, or until September 30, 2027.

Services

Services covered for calendar year 2018 include those required by Section 2311(l)(6) of the Act 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 the following 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;
- Not currently covered through employer-based or private health care coverage; and
- For families whose incomes fall in the Full Cost CHIP range, comparable insurance must be either unavailable or unaffordable.

Costs and Contributions

CHIP continues to provide identical 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. 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. Federal financial participation is received toward the expense of this low-cost coverage. The parent or guardian is required to pay a modest monthly premium directly to the MCO. Enrollment in Low Cost CHIP is divided into three increments with progressively increasing premiums:

- Greater than 208 percent but no greater than 262 percent – 25 percent of the per-member-per-month (PMPM) cost. The average cost to the enrollee in 2018 was approximately \$55 per month.
- Greater than 262 percent but no greater than 288 percent – 35 percent of PMPM cost. The average cost to the enrollee in 2018 was approximately \$77 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 2018 was approximately \$88 per month.

Children in Low Cost CHIP also are charged point-of-service co-payments for primary care visits (\$5), specialists (\$10), emergency room care (\$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 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, if private insurance is unaffordable or inaccessible. Families may buy into coverage at 100 percent of the cost negotiated by the department with each of the MCOs. The average monthly premium for 2018 was \$258. 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 (\$25), emergency room care (\$50, waived if admitted), and prescriptions (\$10 for generic and \$18 for brand names).

Managed Care Organizations (MCO)

DHS administers CHIP with at least two MCOs offering coverage in every county of the Commonwealth. The following MCOs are now providing managed care coverage for children in CHIP under contracts effective December 1, 2013, through March 1, 2020:

- 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 Plans;
- 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

During 2017-2018, Pennsylvania's CHIP continued efforts to raise awareness of the CHIP throughout the Commonwealth. Outreach strategies were focused on increasing enrollments, renewals, and reaching parents of uninsured children. The "CHIP Strong" media campaign was developed to reach a wide variety of individuals; the campaign ran from May 2018 through July 2018. The media strategy used a mix of broad reach mediums such as TV, spot radio, and digital displays. This was reinforced with layering multiple digital channels via content and behavioral targeting. Ethnically targeted media was included to reach this population by incorporating partnerships and placements with the Hispanic media to assist with promoting the "CHIP Strong" message.

TV spots were aired state wide with the spot length of :30 second in all six Commonwealth designated market areas (DMAs) which included both broadcast and cable. The DMAs were Philadelphia, Pittsburgh, Erie, Johnstown Altoona, Wilkes Barre Scranton,

Harrisburg, Lancaster, Lebanon, and York. Spanish television stations, Telemundo and Univision also aired TV spots reaching the Hispanic population. The TV host narrated :90 second vignettes promoting CHIP.

Media channels including Terrestrial Radio, TRANSIT, Social Media, and search engine optimization aired:15 second online video. The CHIP digital video campaign served 5.3 million impressions and drove 8,524 clicks for a Click Through Rate (CTR) of 0.16%. Video placements resulted in 3,644,081 100% completions and a Video Completion Rate (VCR) of 68.4%. The top performing VCR placement were parents and mothers with a 77% rate. General Market Radio and Hispanic Market Radio advertising spots had 100-125 Gross Rating Point (GRP) per week with spot lengths of :30 and :60.

One hundred and twenty-five buses displayed external signage including three hundred interior signs in the Philadelphia area promoting CHIP awareness. In the Allentown-Bethlehem, Harrisburg, Lancaster, Lebanon, and York areas there were twenty-nine buses with external signages including forty interior signs. The social portion of the campaign ran on Facebook, Instagram, and Twitter. There were 16,627,352 impressions served and 23,468 link clicks with an overall CTR of 0.30%. This resulted in 23,468 link clicks and 25,595 total conversions. Conversion tracking for social media enable CHIP to track the actions users take after viewing or engaging CHIP ads. There were 1,534 new page fans on Facebook and 34 new Twitter followers and 131 conversions as a result of the media campaign. The Facebook/Instagram brand awareness campaign targeted two audiences: women and men between the ages of 25-54. CHIP used Estimated Ad Recall to estimate the number of people who may remember viewing CHIP media. Throughout the length of the campaign, the female audience generated the greater Estimated Ad Recall Lift of 46,800 and had the greater Estimated Ad Recall Lift Rate of 10.69% compared to the male audience. On Twitter, we targeted the same two audiences which yielded similar performance results. In addition, the campaign ran across Google Search, Bing Search, and the Google Display Network. The campaign drove 78,010 clicks from 7,178,464 impressions.

During the month of December 2017, CHIP ad panels were placed at the Lehigh Valley mall. Additionally, a display table was manned by CHIP customer service representatives that provided one-on-one information sharing with mall patrons.

The CHIP inbound call center continues to provide customer service to Pennsylvanians seeking information on the program by calling 1-800-986-KIDS. The call center also provides application assistance to those needing help applying or renewing. Below are the CHIP Call center statistics for 2018;

- Total Calls Received: 42,475
- Total Calls Answered: 41,280
- Total Calls Abandoned: 1,422
- Abandoned Rate: 3.44%
- Average Wait time for Callers: 1 minute and 3 seconds
- Average Length of Call: 3 minutes and 28 seconds

School Notices

Pennsylvania Act 84 of 2015 requires that an electronic notice of the Children's Health Insurance Program be sent to public and nonpublic schools on an annual basis. A flyer was created in English and Spanish, highlighting the benefits of CHIP. These flyers were sent prior to the start of the school year to be given to parent(s) or guardians of children potentially eligible for CHIP.

New Birth Flyer/COMPASS

The Pennsylvania Department of Health (DOH) has been a great partner in extending our message to new parents. CHIP printed "New Birth" and COMPASS flyers (Attachment #2 and Attachment #3) for insertion with each complimentary birth certificate that was mailed to the households of Pennsylvania newborns.

MCO Outreach

CHIP MCOs conduct community outreach at the local level in each of their service areas. Each county has two to six CHIP MCOs, providing coverage to underserved populations. Each CHIP MCO 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 MCOs, 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 2018 was 179,641. The projected average enrollment for CHIP in calendar year 2019 is 185,669. 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 2018.

The total enrollment numbers for the several levels of the FPL for the period January through December 2018 were:

| Month | Greater than 133% less than 208% FPL (Free) | Greater than 208% less than 262% FPL (Low Cost Group 1) | Greater than 262% less than 288% FPL (Low Cost Group 2) | Greater than 288% less than 314% FPL (Low Cost Group 3) | Greater than 314% FPL (Full Cost) | Total Monthly Enrollment |
|-----------|---|---|---|---|-----------------------------------|--------------------------|
| January | 126,882 | 31,196 | 8,670 | 6,225 | 8,026 | 180,999 |
| February | 127,517 | 30,971 | 8,631 | 6,338 | 8,097 | 181,554 |
| March | 126,688 | 31,014 | 8,689 | 6,235 | 8,206 | 180,832 |
| April | 126,803 | 31,371 | 8,815 | 6,238 | 8,376 | 181,603 |
| May | 122,966 | 31,418 | 8,820 | 6,280 | 8,555 | 178,039 |
| June | 123,246 | 31,522 | 8,855 | 6,314 | 8,709 | 178,646 |
| July | 122,940 | 31,398 | 8,911 | 6,358 | 8,748 | 178,355 |
| August | 122,663 | 31,477 | 8,863 | 6,391 | 8,907 | 178,301 |
| September | 122,694 | 31,523 | 8,883 | 6,398 | 9,096 | 178,594 |
| October | 122,591 | 31,434 | 8,813 | 6,453 | 9,232 | 178,523 |
| November | 123,550 | 31,730 | 8,847 | 6,464 | 9,390 | 179,981 |
| December | 123,688 | 31,829 | 8,823 | 6,481 | 9,439 | 180,260 |

Waiting List

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

Healthcare Effectiveness Data and Information Set (HEDIS) Measurements

CHIP health insurance company performance is assessed using Healthcare Effectiveness Data Information Set (HEDIS®) 2018 performance measures, 2018 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® 2018 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 MCOs are presented in order of performance from high to low with higher performing MCOs at the top of each chart. Inverted measures are presented in order of performance from low to high with higher performing MCOs 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. Attachment 5 (The detailed HEDIS 2018® report card.)

Changes to the CHIP State Plan Approved in CY 2018

During calendar year 2018, CHIP submitted a Mental Health Parity State Plan Amendment. CMS has issued the Final Rule applying the Mental Health Parity and Addiction Equity Act (MHPAEA) to CHIP. This act has aligned mental health and substance use disorder insurance coverage with medical/surgical insurance; ensuring that mental health and substance use disorder are treated equally for a more holistic approach to healthcare. Currently, CHIP's Mental Health Parity State Plan Amendment is under CMS review.

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.

Attachment 1: 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 \$77 per child, plus any co-pays for services.

INCOME* (Effective March 1, 2018)

| household size | Free ages | | Low Cost | | | | Full Cost ages 0-18 |
|----------------|--------------------|--------------------|---------------------|---------------------|---------------------|---------------------|------------------------|
| | 1-5 | ages 6-18 | ages 0-1 | ages 1-18 | ages 0-18 | ages 0-18 | |
| 1 | \$19,060-\$25,252 | \$16,147-\$25,252 | \$26,101-\$31,807 | \$25,252-\$31,807 | \$31,807-\$34,964 | \$34,964-\$38,120 | \$38,120-No Limit |
| 2 | \$25,843-\$34,237 | \$21,892-\$34,237 | \$35,389-\$43,126 | \$34,237-\$43,126 | \$43,126-\$47,405 | \$47,405-\$51,685 | \$51,685-No Limit |
| 3 | \$32,625-\$43,223 | \$27,638-\$43,223 | \$44,677-\$54,444 | \$43,223-\$54,444 | \$54,444-\$59,847 | \$59,847-\$65,250 | \$65,250-No Limit |
| 4 | \$39,407-\$52,208 | \$33,383-\$52,208 | \$53,965-\$65,762 | \$52,208-\$65,762 | \$65,762-\$72,288 | \$72,288-\$78,814 | \$78,814-No Limit |
| 5 | \$46,190-\$61,194 | \$39,129-\$61,194 | \$63,253-\$77,081 | \$61,194-\$77,081 | \$77,081-\$84,730 | \$84,730-\$92,379 | \$92,379-No Limit |
| 6 | \$52,972-\$70,180 | \$44,875-\$70,180 | \$72,541-\$88,399 | \$70,180-\$88,399 | \$88,399-\$97,172 | \$97,172-\$105,944 | \$105,944-No Limit |
| 7 | \$59,755-\$79,165 | \$50,620-\$79,165 | \$81,829-\$99,718 | \$79,165-\$99,718 | \$99,718-\$109,613 | \$109,613-\$119,509 | \$119,509-No Limit |
| 8 | \$66,537-\$88,151 | \$56,366-\$88,151 | \$91,117-\$111,036 | \$88,151-\$111,036 | \$111,036-\$122,055 | \$122,055-\$133,074 | \$133,074-No Limit |
| 9 | \$73,319-\$97,136 | \$62,111-\$97,136 | \$100,405-\$122,354 | \$97,136-\$122,354 | \$122,354-\$134,496 | \$134,496-\$146,638 | \$146,638-No Limit |
| 10 | \$80,102-\$106,122 | \$67,857-\$106,122 | \$109,693-\$133,673 | \$106,122-\$133,673 | \$133,673-\$146,938 | \$146,938-\$160,203 | \$160,203-No Limit |

COST

| | | | | | | | |
|-----------------------------------|-----|-----|------|------|------|------|-------|
| average monthly premium per child | \$0 | \$0 | \$55 | \$55 | \$77 | \$88 | \$258 |
| 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 |

Attachment 2: New Birth Flyer

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.

To find out more, call or log on today.

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



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



Attachment 3: COMPASS Flyer

The benefits are online.

Applying for, or renewing your benefits online saves time.

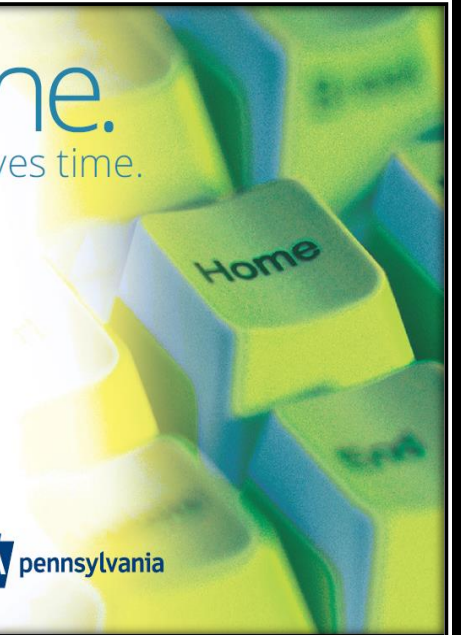
Through COMPASS you can apply for:

- 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)

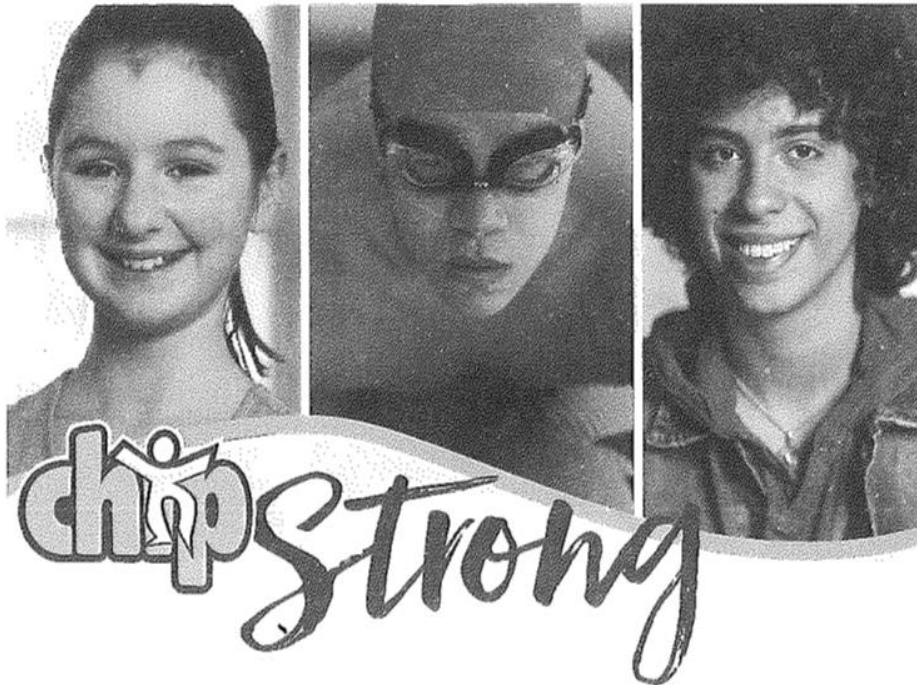
Plus, you can log on anytime 24/7 to start the application process. Your benefits are just a click away.



www.compass.state.pa.us



Attachment 4: CHIP School Flyer (English)



High-quality health care coverage from CHIP helps keep kids strong

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.

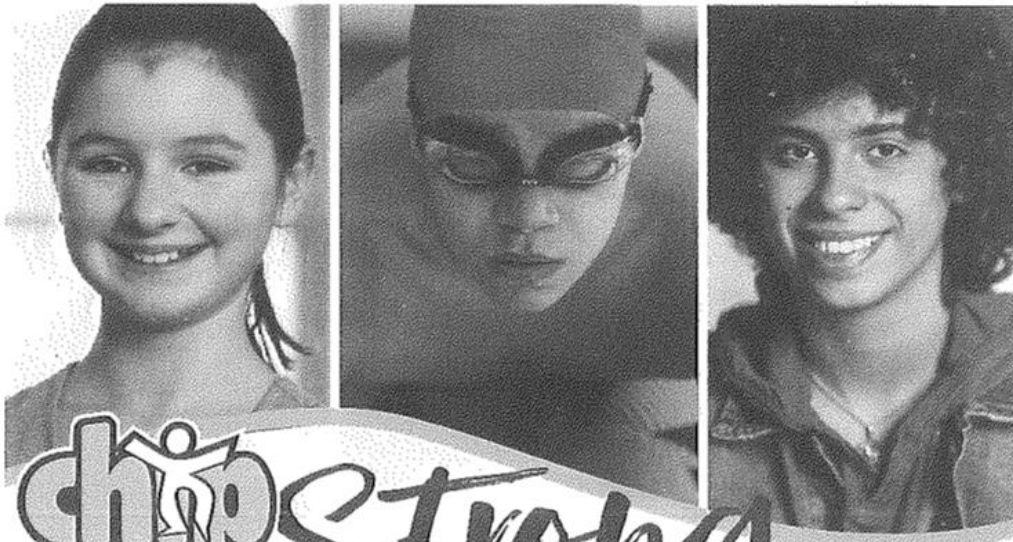
CHIP is brought to you by leading health insurance companies who offer quality, comprehensive coverage.

There is no limit on income. If your income is below CHIP guidelines, your child may be enrolled in Medical Assistance.

APPLY/RENEW

CHIPcoversPAkids.com • 800-986-KIDS





chip Strong

¿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

CHIPcoversPAkids.com • 800-986-KIDS



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

Attachment 5: CHIP Enrollment by County

CHIP Enrollment by Sub-Program and County

December - 2018

| County | Free | Sub 1 | Sub 2 | Sub 3 | At Cost | Total |
|------------|-------|-------|-------|-------|---------|--------|
| Adams | 1,317 | 324 | 105 | 96 | 127 | 1,969 |
| Allegheny | 8,530 | 2,653 | 719 | 508 | 1,190 | 13,600 |
| Armstrong | 661 | 201 | 62 | 44 | 50 | 1,018 |
| Beaver | 1,460 | 413 | 123 | 75 | 126 | 2,197 |
| Bedford | 677 | 140 | 48 | 51 | 64 | 980 |
| Berks | 5,114 | 1,329 | 371 | 294 | 364 | 7,472 |
| Blair | 1,328 | 370 | 98 | 57 | 80 | 1,933 |
| Bradford | 595 | 117 | 39 | 20 | 24 | 795 |
| Bucks | 5,213 | 1,853 | 529 | 385 | 597 | 8,577 |
| Butler | 1,315 | 381 | 121 | 82 | 180 | 2,079 |
| Cambria | 1,171 | 341 | 80 | 64 | 77 | 1,733 |
| Cameron | 37 | 5 | 3 | 1 | 1 | 47 |
| Carbon | 649 | 136 | 39 | 25 | 36 | 885 |
| Centre | 795 | 195 | 49 | 35 | 44 | 1,118 |
| Chester | 3,713 | 1,179 | 305 | 233 | 446 | 5,876 |
| Clarion | 391 | 119 | 33 | 17 | 26 | 586 |
| Clearfield | 685 | 206 | 74 | 32 | 38 | 1,035 |
| Clinton | 313 | 102 | 15 | 10 | 12 | 452 |
| Columbia | 539 | 144 | 29 | 19 | 12 | 743 |
| Crawford | 756 | 196 | 51 | 21 | 54 | 1,078 |
| Cumberland | 2,128 | 613 | 155 | 136 | 174 | 3,206 |
| Dauphin | 2,737 | 685 | 187 | 179 | 209 | 3,997 |
| Delaware | 5,741 | 1,474 | 384 | 327 | 452 | 8,378 |
| Elk | 236 | 68 | 19 | 20 | 25 | 368 |
| Erie | 2,325 | 584 | 168 | 83 | 188 | 3,348 |
| Fayette | 1,338 | 330 | 90 | 90 | 116 | 1,964 |
| Forest | 23 | 11 | 4 | 0 | 3 | 41 |
| Franklin | 2,258 | 555 | 143 | 128 | 135 | 3,219 |
| Fulton | 190 | 37 | 16 | 9 | 20 | 272 |
| Greene | 293 | 67 | 14 | 11 | 28 | 413 |
| Huntingdon | 477 | 113 | 28 | 25 | 25 | 668 |
| Indiana | 614 | 165 | 49 | 41 | 64 | 933 |
| Jefferson | 499 | 142 | 42 | 27 | 28 | 738 |
| Juniata | 238 | 85 | 27 | 9 | 8 | 367 |
| Lackawanna | 1,876 | 400 | 108 | 72 | 96 | 2,552 |
| Lancaster | 6,665 | 2,039 | 599 | 418 | 544 | 10,265 |
| Lawrence | 778 | 186 | 56 | 53 | 53 | 1,126 |
| Lebanon | 1,782 | 478 | 118 | 88 | 94 | 2,560 |
| Lehigh | 5,116 | 1,010 | 279 | 191 | 288 | 6,884 |
| Luzerne | 3,398 | 606 | 170 | 99 | 94 | 4,367 |
| Lycoming | 1,085 | 246 | 54 | 44 | 36 | 1,465 |
| Mckean | 292 | 64 | 18 | 8 | 12 | 394 |

| | | | | | | |
|-----------------------|--------|-------|-----|-----|-----|---------------|
| Mercer | 857 | 199 | 70 | 28 | 49 | 1,203 |
| Mifflin | 478 | 113 | 20 | 28 | 25 | 664 |
| Monroe | 1,836 | 389 | 112 | 82 | 117 | 2,536 |
| Montgomery | 6,197 | 1,897 | 602 | 422 | 770 | 9,888 |
| Montour | 114 | 37 | 7 | 4 | 3 | 165 |
| Northampton | 3,100 | 729 | 193 | 157 | 211 | 4,390 |
| Northumberland | 949 | 185 | 43 | 29 | 20 | 1,226 |
| Perry | 518 | 122 | 40 | 21 | 26 | 727 |
| Philadelphia | 18,604 | 3,608 | 893 | 641 | 722 | 24,468 |

| | | | | | | |
|---------------------|----------------|---------------|--------------|--------------|--------------|----------------|
| Pike | 572 | 143 | 37 | 32 | 47 | 831 |
| Potter | 122 | 23 | 10 | 9 | 15 | 179 |
| Schuylkill | 1,383 | 359 | 100 | 86 | 57 | 1,985 |
| Snyder | 503 | 100 | 33 | 8 | 13 | 657 |
| Somerset | 698 | 206 | 52 | 61 | 67 | 1,084 |
| Sullivan | 39 | 12 | 3 | 6 | 0 | 60 |
| Susquehanna | 431 | 104 | 28 | 20 | 35 | 618 |
| Tioga | 382 | 89 | 21 | 17 | 11 | 520 |
| Union | 418 | 102 | 25 | 19 | 12 | 576 |
| Venango | 535 | 105 | 39 | 19 | 23 | 721 |
| Warren | 277 | 60 | 17 | 20 | 23 | 397 |
| Washington | 1,617 | 464 | 153 | 121 | 221 | 2,576 |
| Wayne | 473 | 118 | 22 | 20 | 25 | 658 |
| Westmoreland | 2,937 | 985 | 302 | 192 | 334 | 4,750 |
| Wyoming | 272 | 60 | 23 | 14 | 11 | 380 |
| York | 5,028 | 1,258 | 357 | 298 | 362 | 7,303 |
| Total | 123,688 | 31,829 | 8,823 | 6,481 | 9,439 | 180,260 |

Attachment 6: CHIP HEDIS Report Card 2018



**Commonwealth of Pennsylvania
Department of Human Services**

**Children's Health Insurance Program
Report Card**

FINAL REPORT

December 2018



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realized.

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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 178,000 children and teens were enrolled in PA CHIP as of October 2018.

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 MCOs 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

Report Card Description



CHIP health insurance company performance is assessed using Healthcare Effectiveness Data Information Set (HEDIS®) 2018 performance measures, 2018 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.

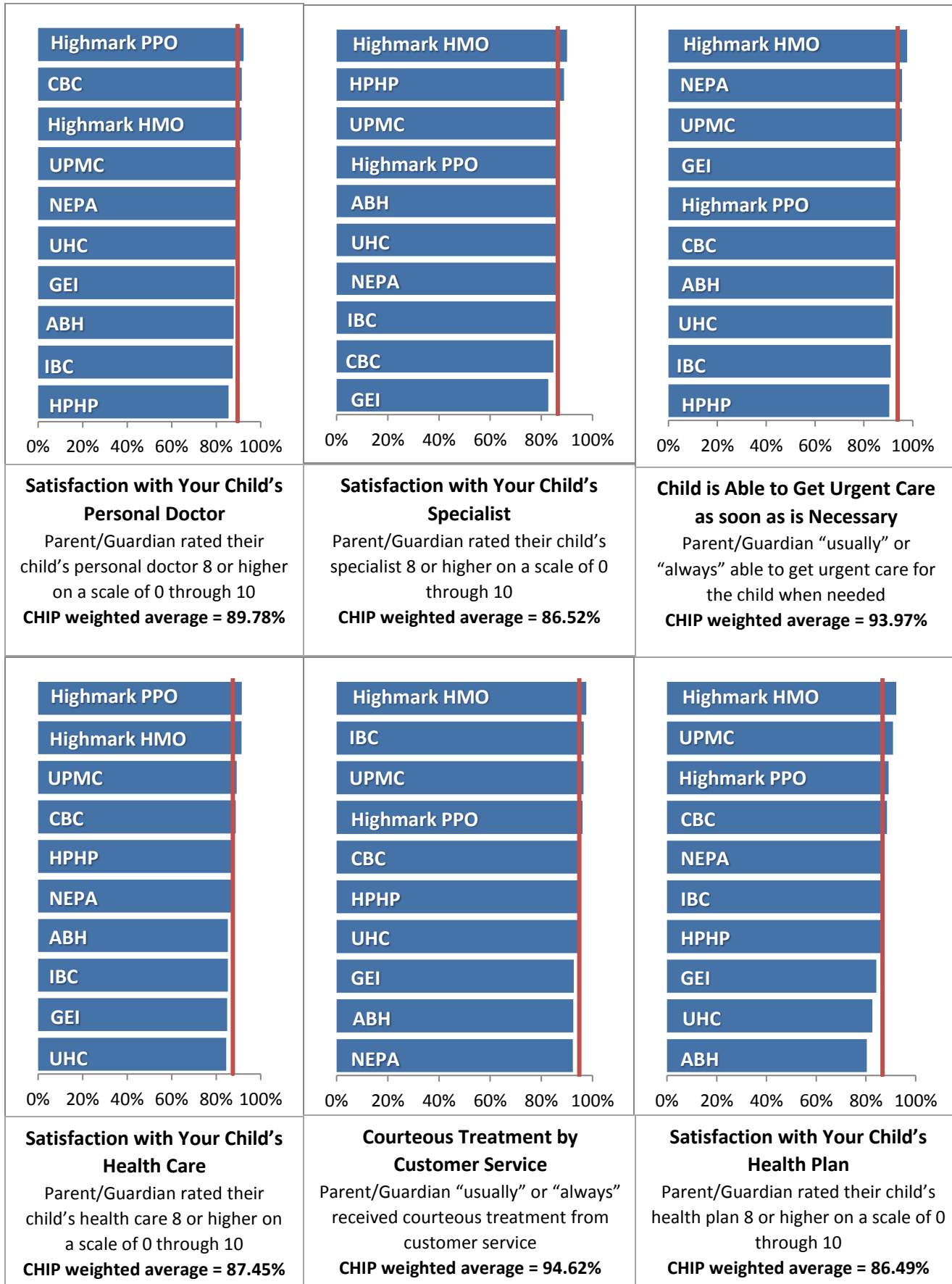
For HEDIS 2018 performance measures, a chart is presented with each bar representing the percentage of CHIP members receiving a specific type of care from their CHIP provider. For charts representing CAHPS survey items, each bar represents the percentage of respondents who selected option 8 or higher 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.

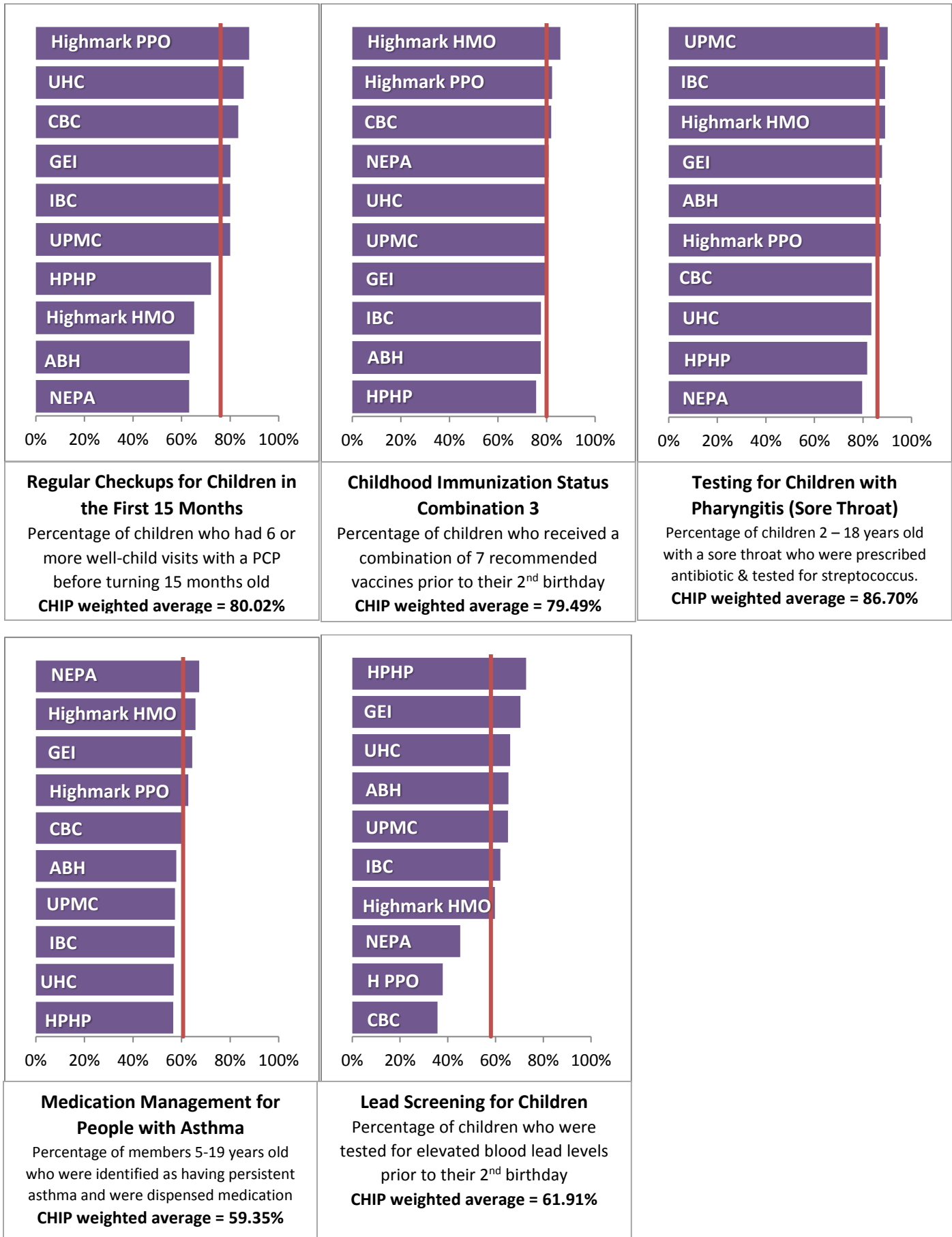
In addition, the PA CHIP statewide weighted average is represented on each chart by a solid vertical line. The PA CHIP weighted averaged is calculated as the total number of events program-wide divided by the eligible population program-wide.



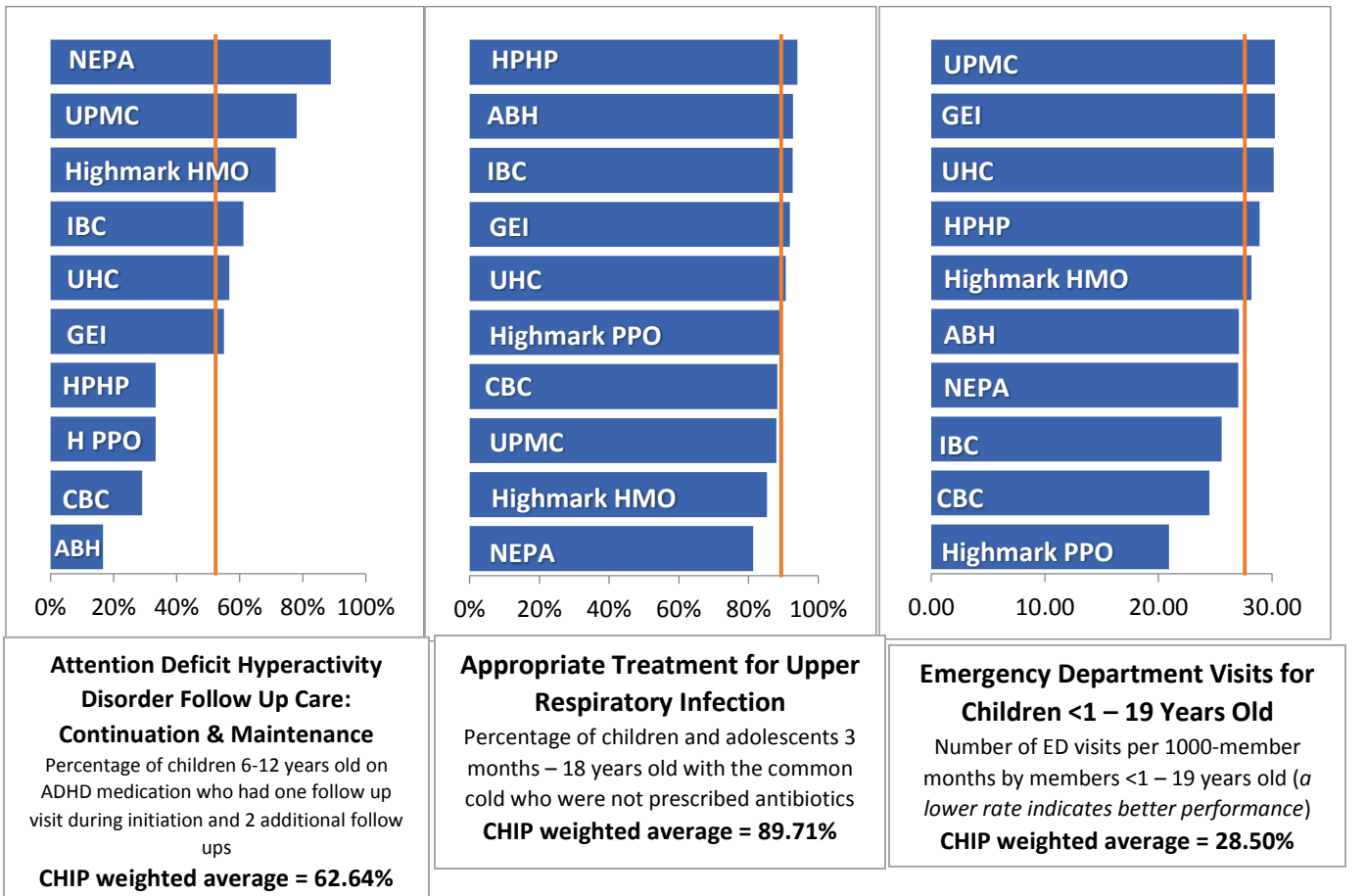
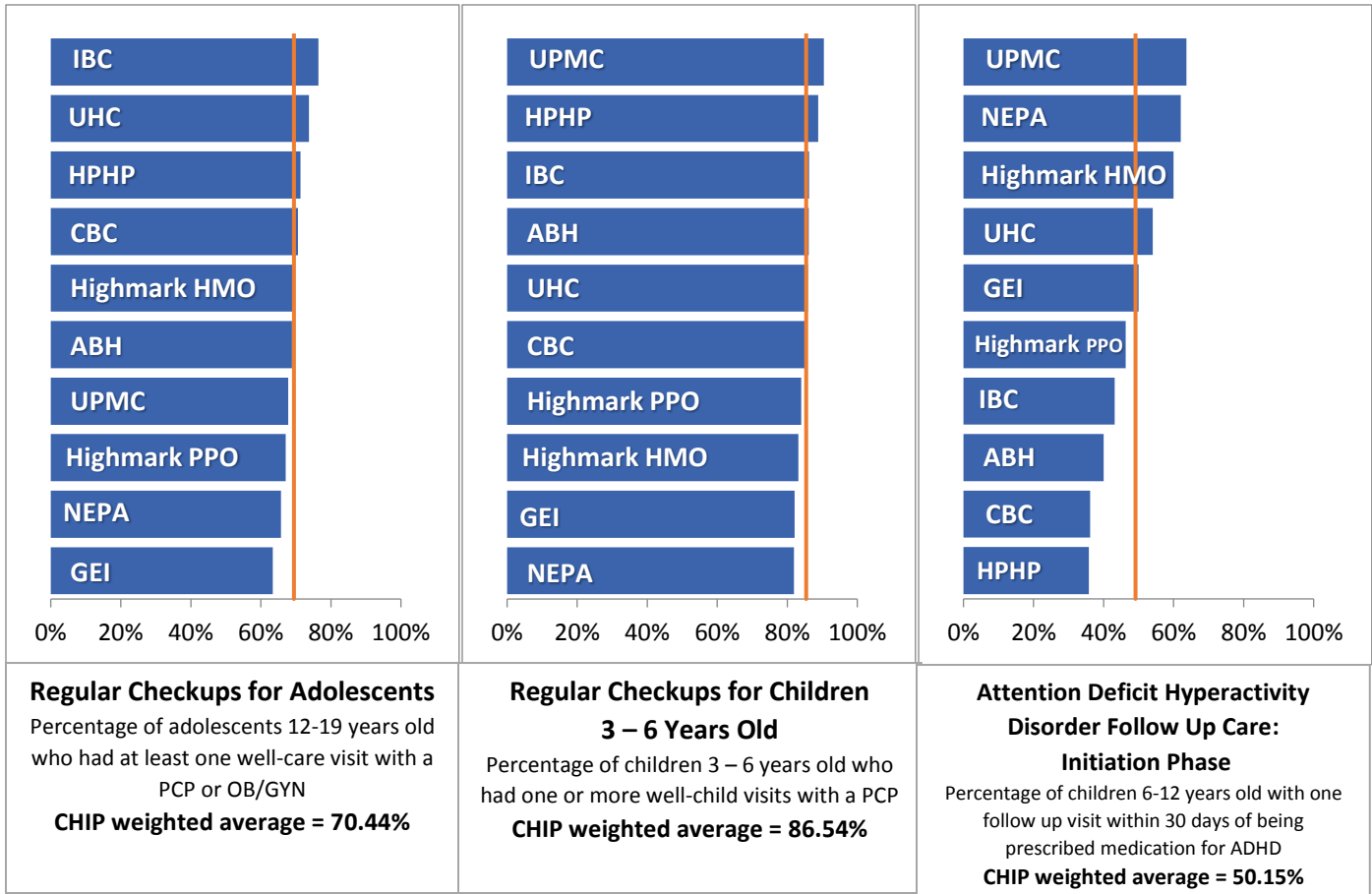
Satisfaction with Care: Is the care meeting your needs?



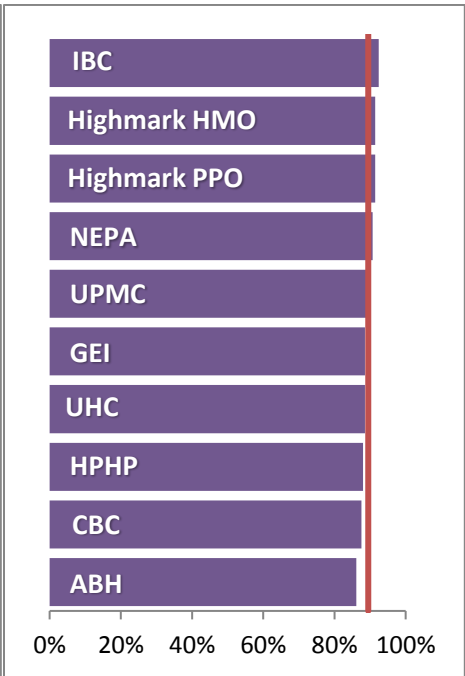
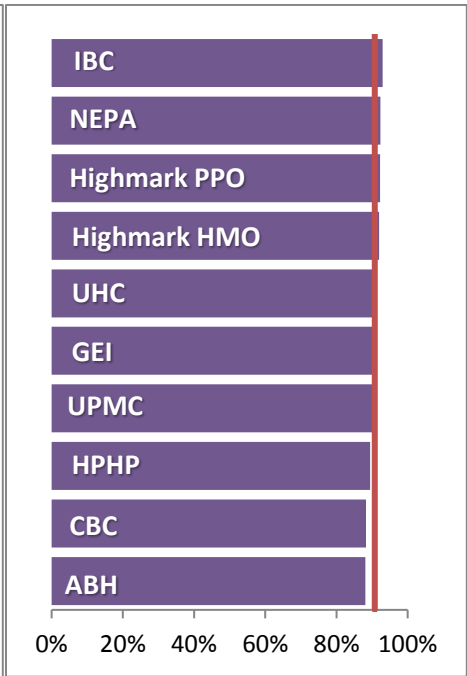
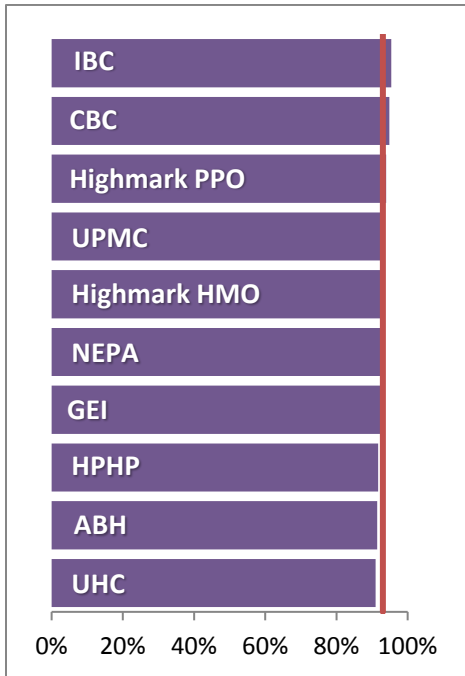
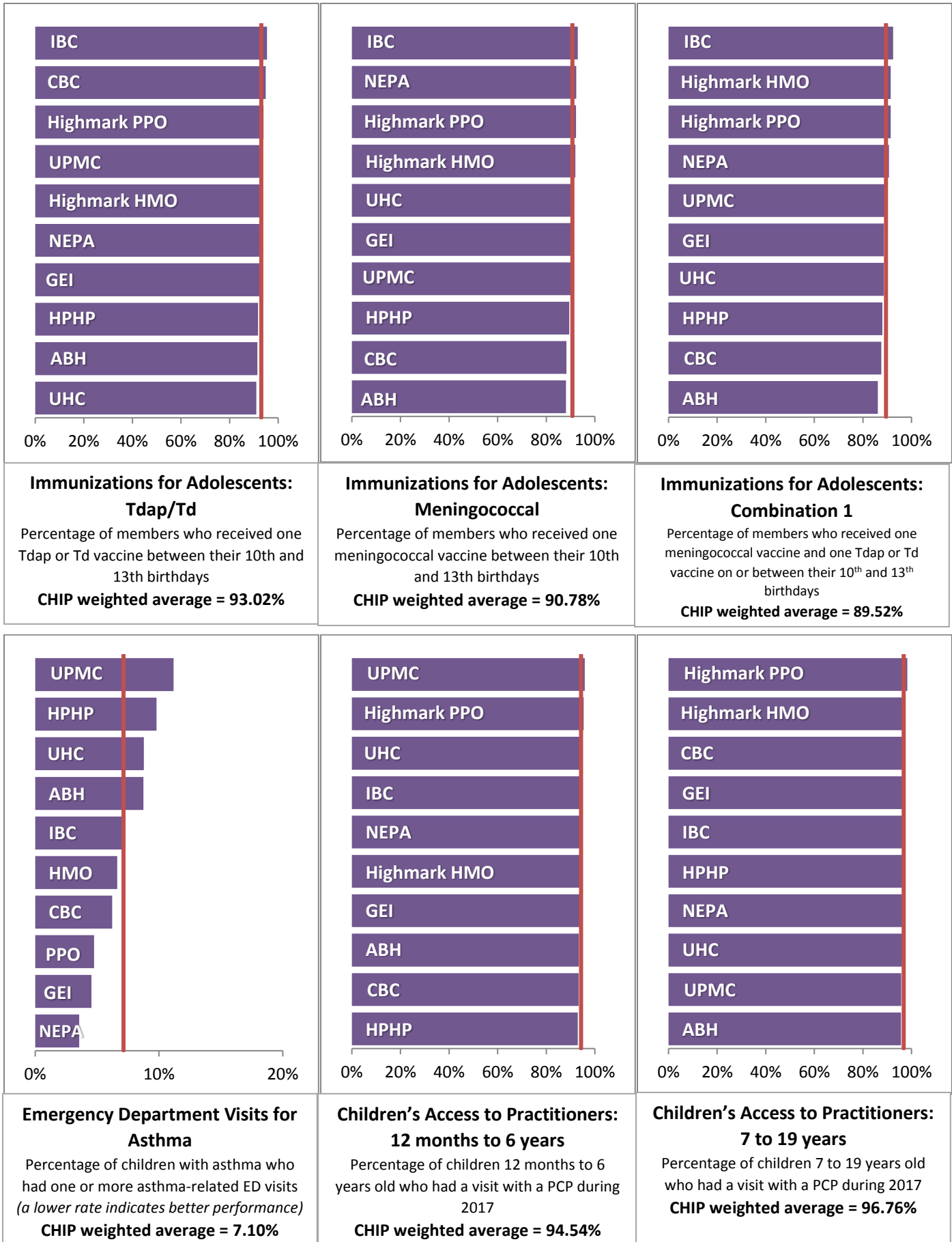
Access to Care: Are children receiving care?



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



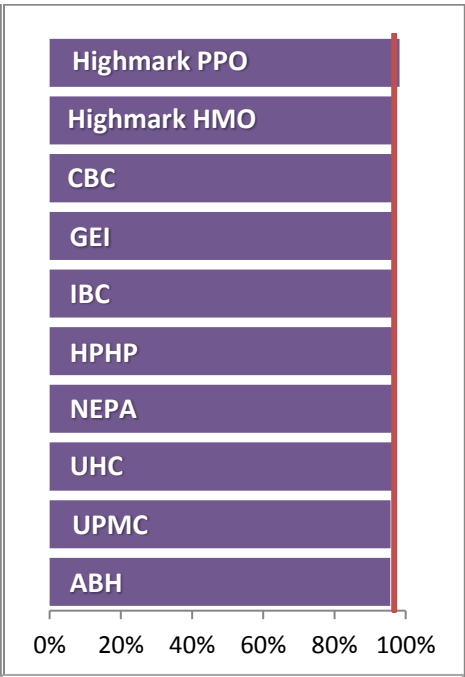
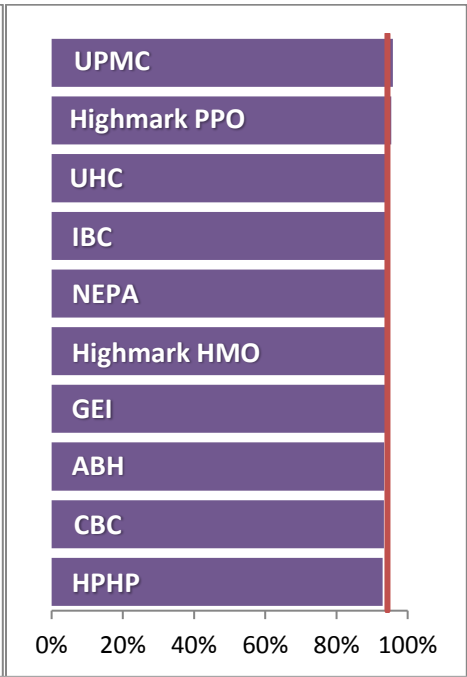
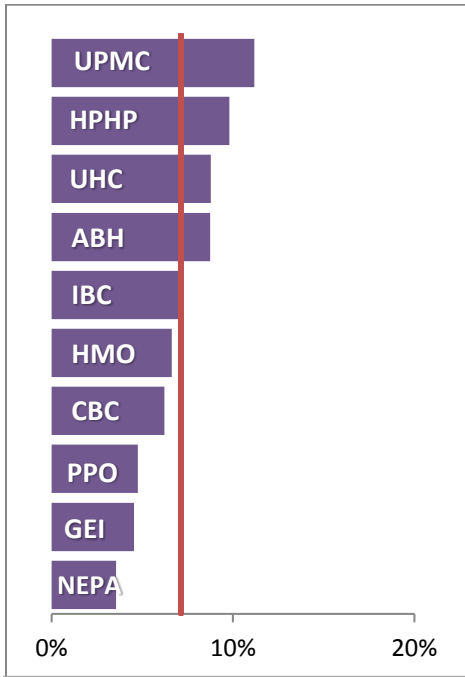
Quality of Care II: How good is the care being provided?



Immunizations for Adolescents: Tdap/Td
Percentage of members who received one Tdap or Td vaccine between their 10th and 13th birthdays
CHIP weighted average = 93.02%

Immunizations for Adolescents: Meningococcal
Percentage of members who received one meningococcal vaccine between their 10th and 13th birthdays
CHIP weighted average = 90.78%

Immunizations for Adolescents: Combination 1
Percentage of members who received one meningococcal vaccine and one Tdap or Td vaccine on or between their 10th and 13th birthdays
CHIP weighted average = 89.52%

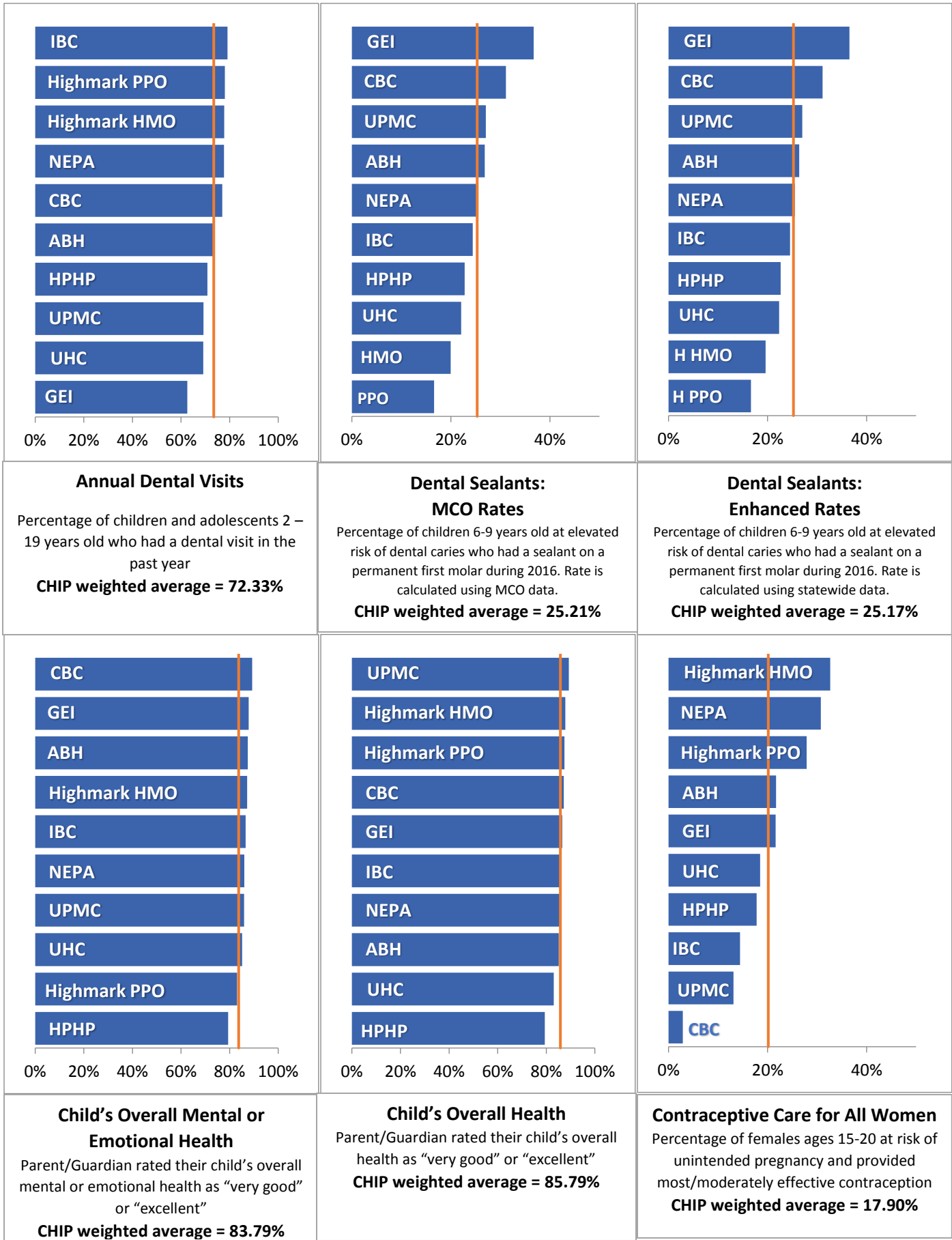


Emergency Department Visits for Asthma
Percentage of children with asthma who had one or more asthma-related ED visits (a lower rate indicates better performance)
CHIP weighted average = 7.10%

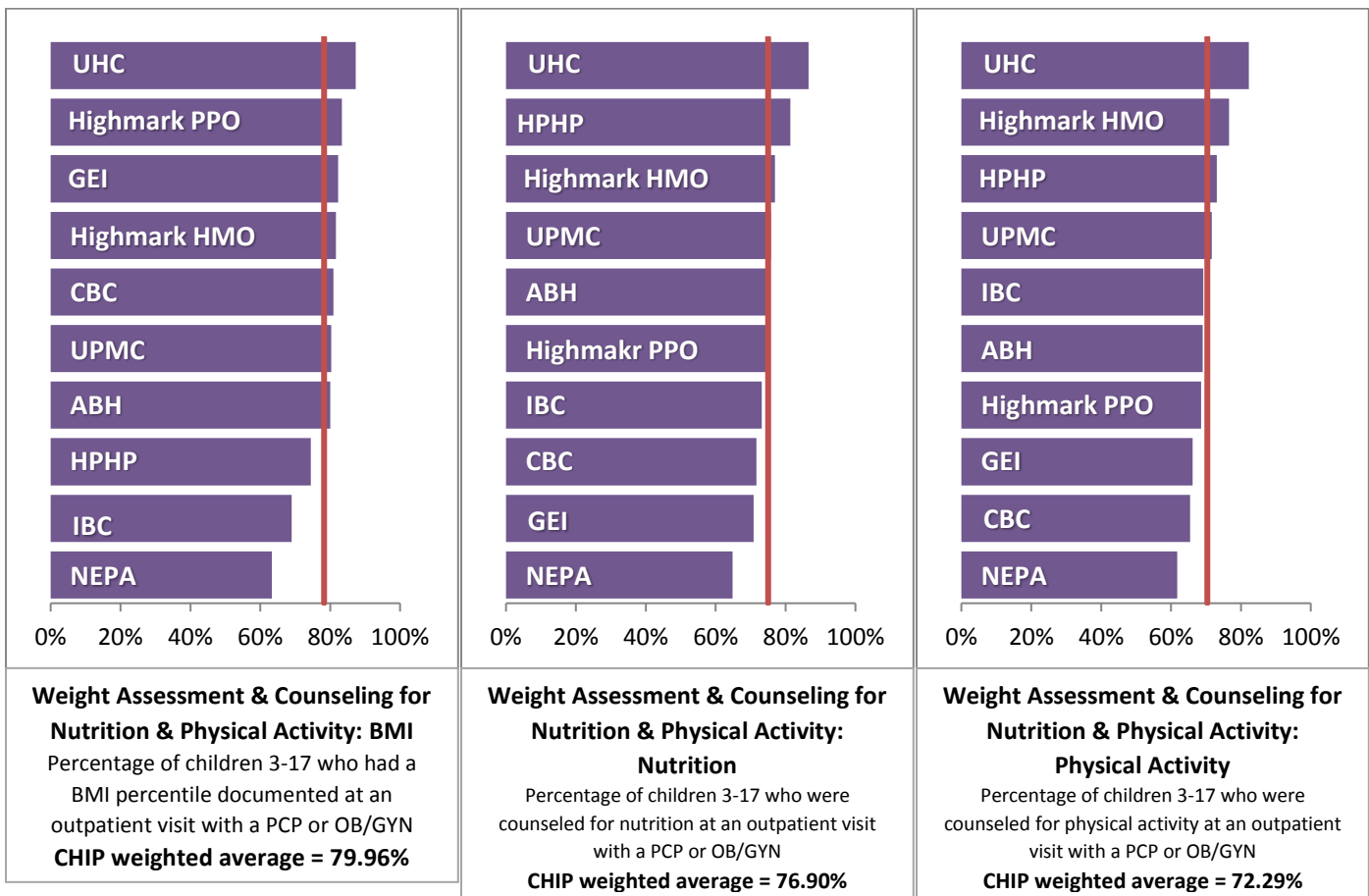
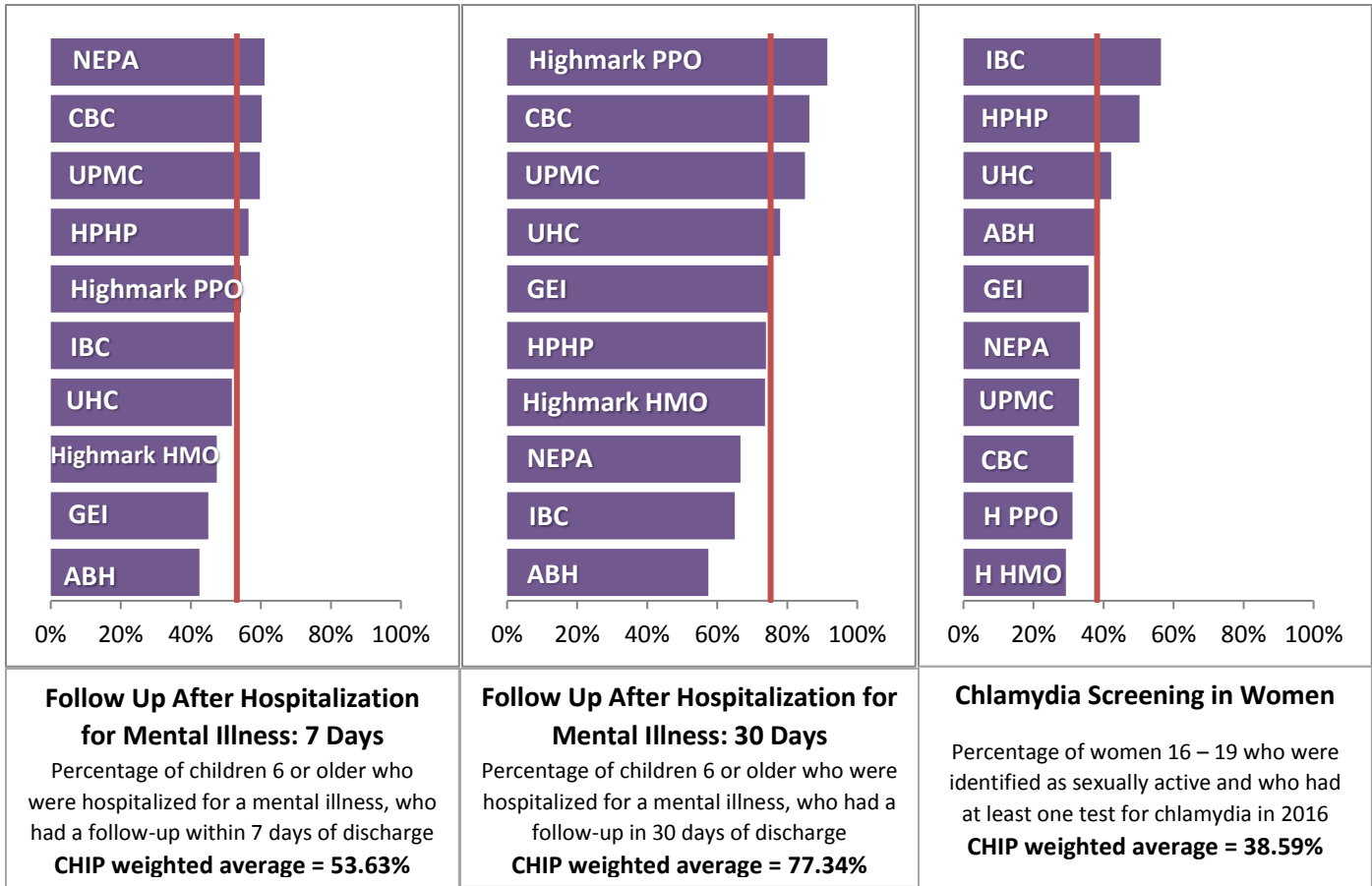
Children's Access to Practitioners: 12 months to 6 years
Percentage of children 12 months to 6 years old who had a visit with a PCP during 2017
CHIP weighted average = 94.54%

Children's Access to Practitioners: 7 to 19 years
Percentage of children 7 to 19 years old who had a visit with a PCP during 2017
CHIP weighted average = 96.76%

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/CHIP

1-800-543-7101

TTY/TDD: 711

FIRST PRIORITY HEALTH (BCNEPA)

WWW.DISCOVERHIGHMARK.COM/NORTHEASTPA

800-547-9378

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/CENTRAL
PA](http://WWW.DISCOVERHIGHMARK.COM/CENTRALPA)

800-543-7105

TTY/TDD: 711

KEYSTONE HEALTH PLAN WEST (HIGHMARK)

[WWW.DISCOVERHIGHMARK.COM/WESTER
NPA](http://WWW.DISCOVERHIGHMARK.COM/WESTERNPA)

800-543-7105

TTY/TDD: 711

INDEPENDENCE BLUE CROSS

[WWW.IBX.COM/INDIVIDUALS/FIND_PLAN/C
HIP/INDEX.HTML](http://WWW.IBX.COM/INDIVIDUALS/FIND_PLAN/CHIP/INDEX.HTML)

1-800-464-5437

TTY/TDD: 711

UNITEDHEALTHCARE COMMUNITY PLAN

WWW.UHCCOMMUNITYPLAN.COM

1-800-414-9025

Hearing-Impaired: 711

UPMC HEALTH PLAN

[WWW.UPMCHEALTHPLAN.COM/UPMCFOR
KIDS](http://WWW.UPMCHEALTHPLAN.COM/UPMCFORKIDS)

1-800-978-8762

TDD/TTY 1-800-361-2629



Attachment 7: CHIP Administrative Performance Measure Report



Commonwealth of Pennsylvania Department of Human Services

Children's Health Insurance Program Administrative Performance Measure Report

January 2019



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Administrative Performance Measures

In the 2018 reporting year, Pennsylvania Children's Health Insurance Program (CHIP) Managed Care Organizations (MCO) reported the following Pennsylvania (PA) specific Performance Measures covering services delivered prior to and including calendar year (CY) 2017:

- 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 Eligible Who Received Preventive Dental Services

PA CHIP Health Plans Included

This report presents data collected from 10 health plans (MCOs) 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.

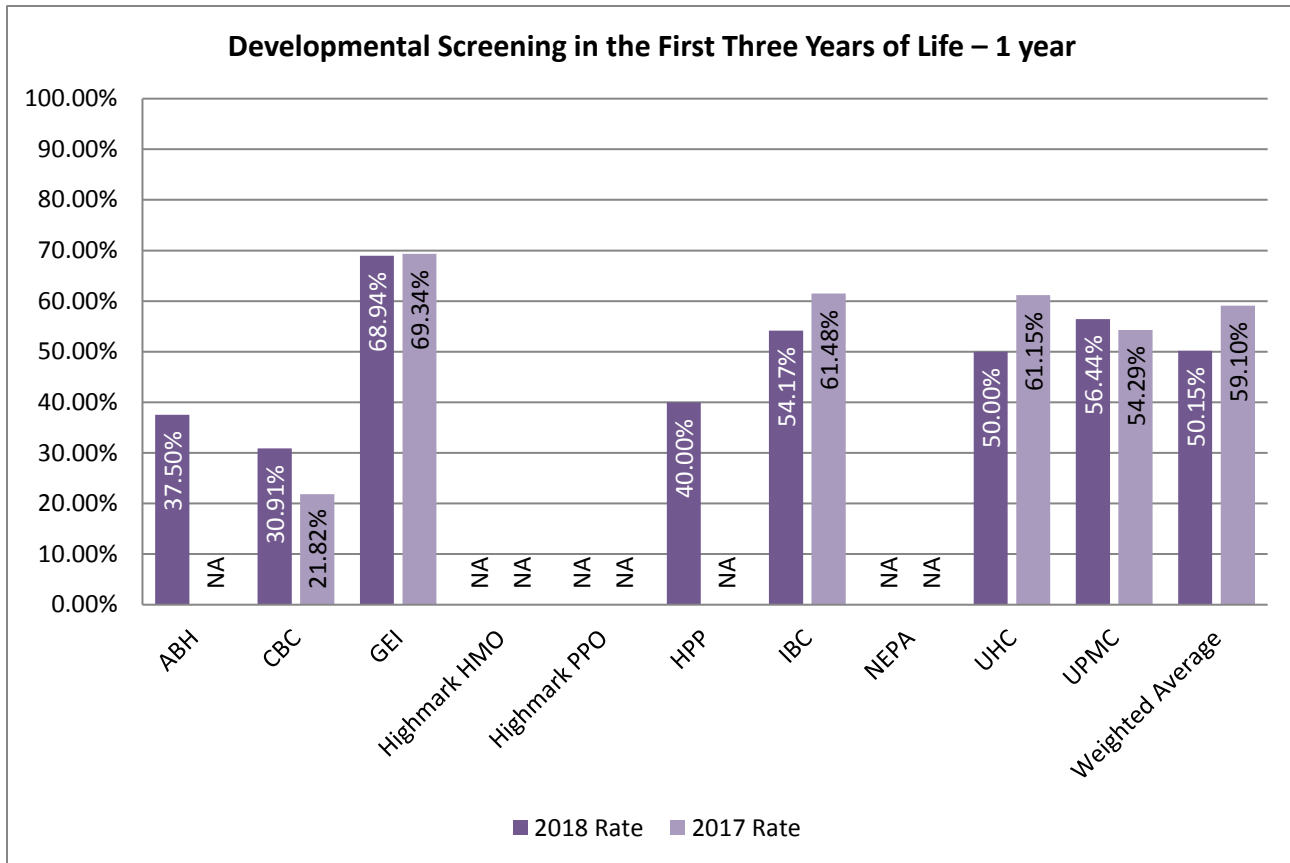
For each measure, the PA CHIP program average and weighted average is presented along with the PA MMC weighted average. The weighted average is calculated by dividing the sum of the total numerators by the sum of the total denominators. The average is calculated by dividing the sum of MCO rates by the number of MCOs. 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.

PA Specific Administrative Measures

Developmental Screening in the First Three Years of Life– CHIPRA Core Set

This performance measure assesses the percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding their first, second, or third birthday. Four rates, one for each group and a combined rate, are to be calculated and reported for each numerator.

Figure 1: Developmental Screening 1 year old



❖ Note: N/A is reported for MCOs where denominators are low.

Figure 2: Developmental Screening 2-year-old

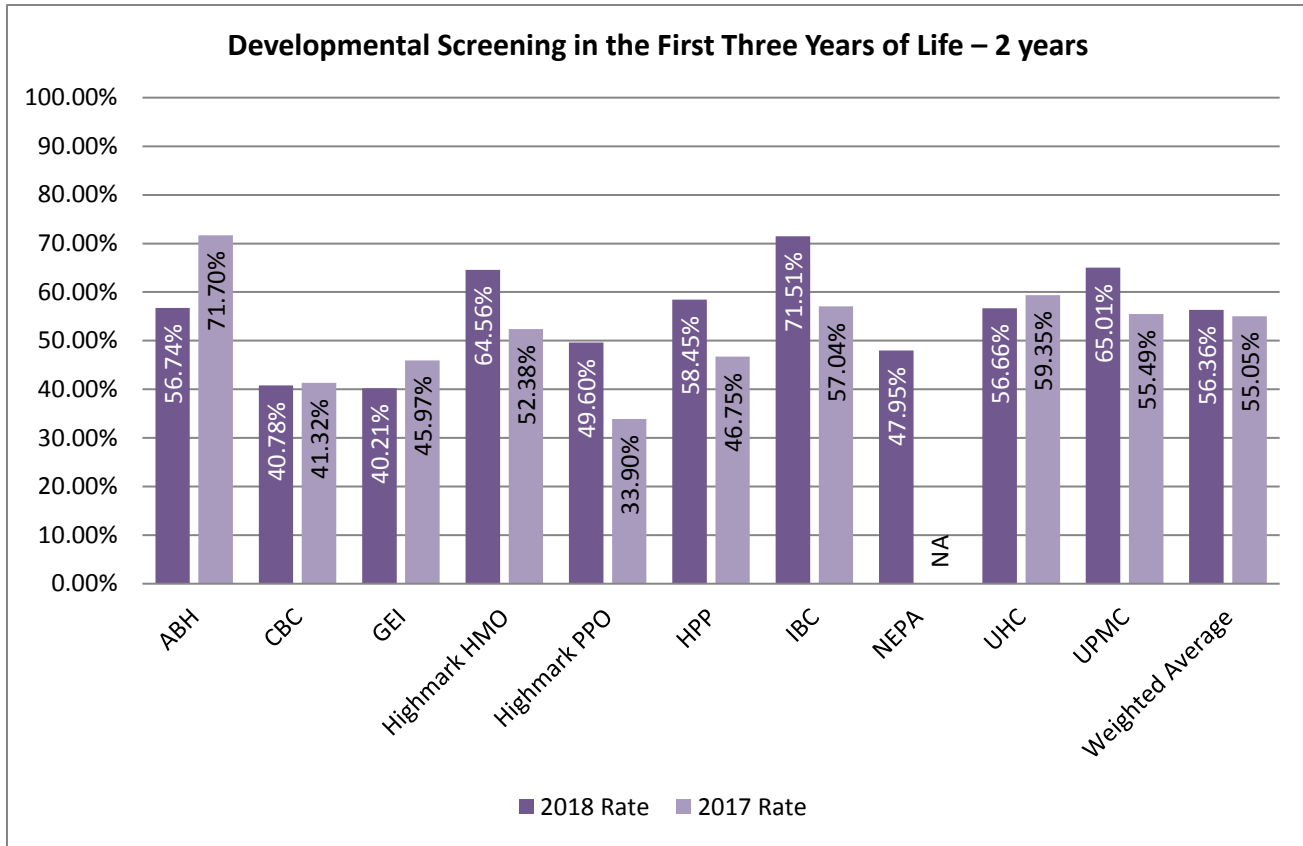


Figure 3: Developmental Screening 3-year-old

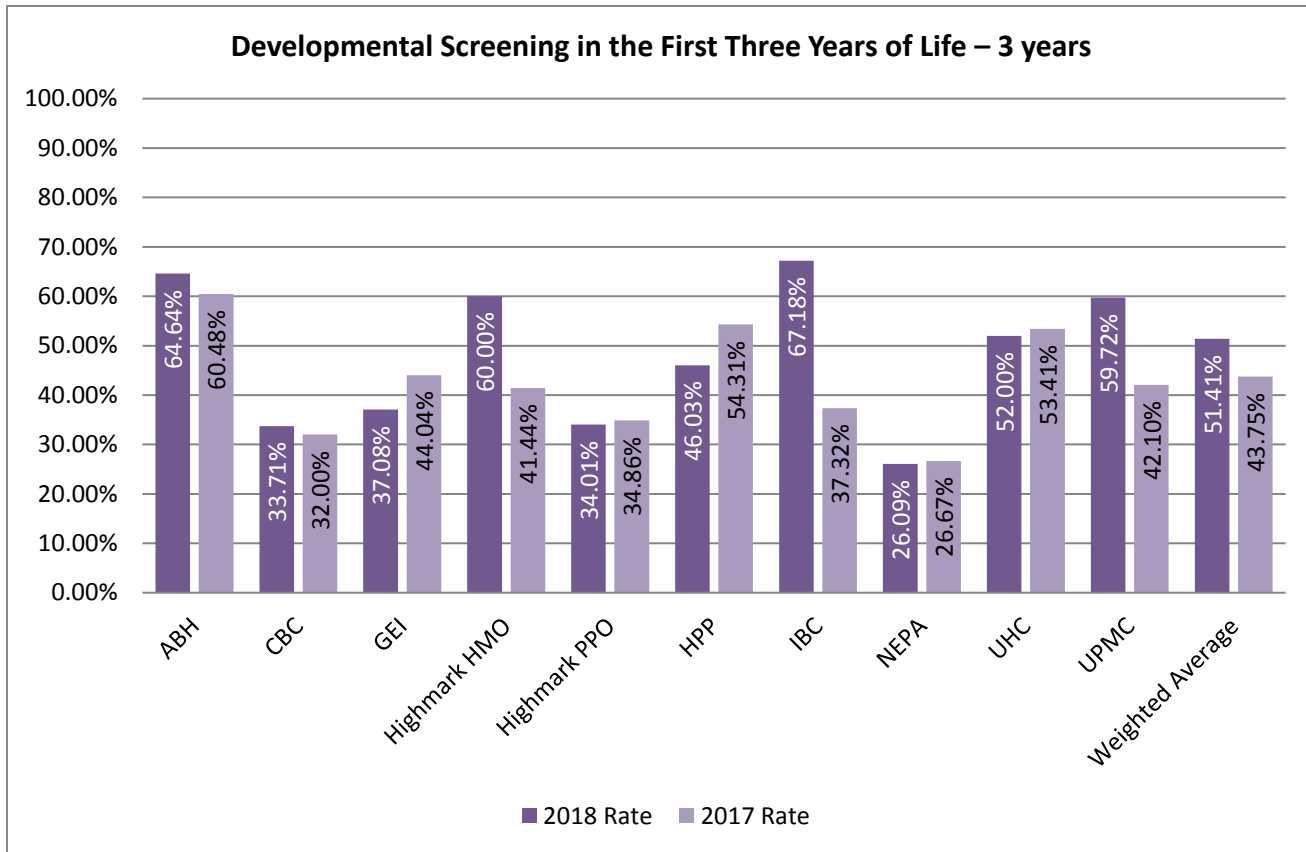
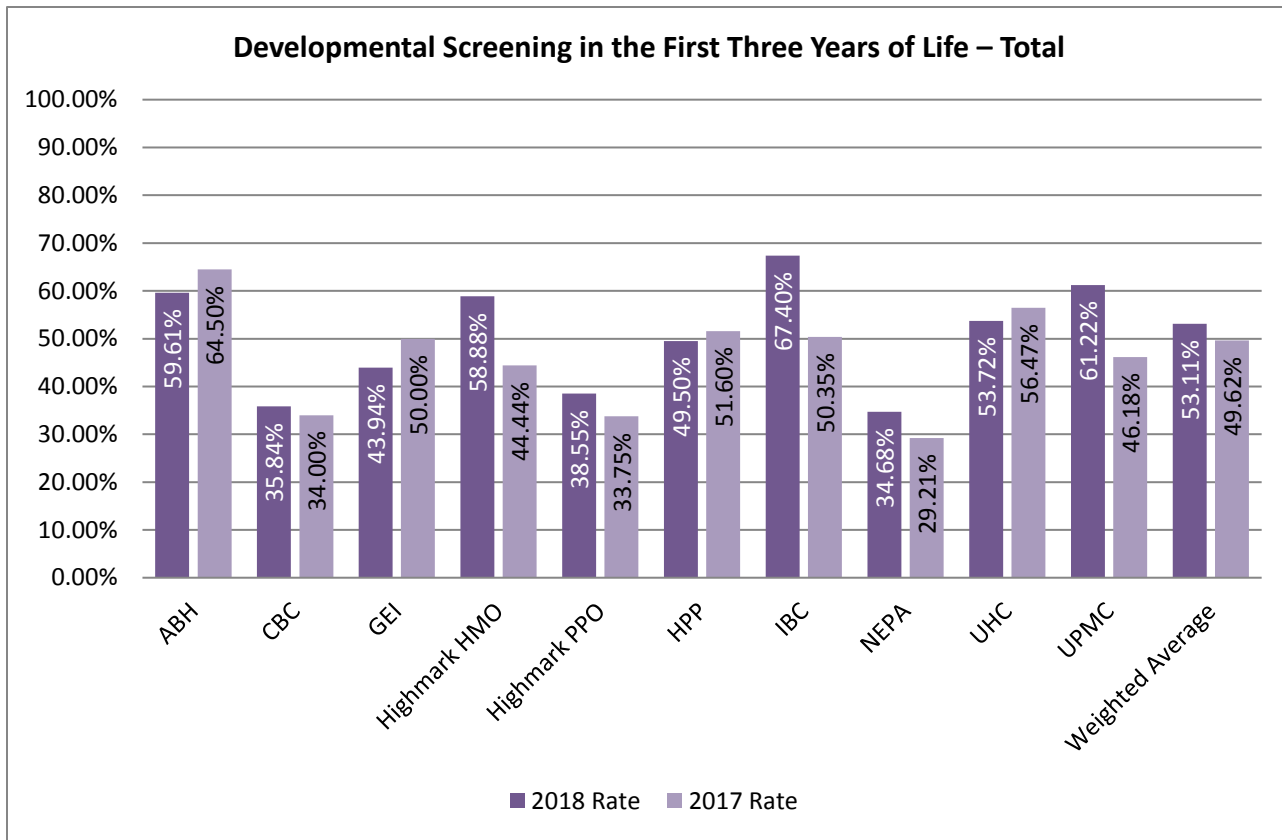


Figure 4: Developmental Screening – Total Rate



Dental Sealants for 6-9-Year-Old Children at Elevated Caries Risk – CHIPRA Core Set

This performance measure assesses the percentage of enrolled children ages 6-9 years at elevated risk of dental caries who received a sealant on a permanent first molar tooth within the measurement year. Three rates are reported:

- CHIPRA – which utilized CHIPRA provider inclusion criteria

Additionally, to be more closely aligned to the CHIPRA Core Set Measure specifications, this measure is enhanced for the state with additional available dental data (Dental-enhanced).

Figure 5: Dental Sealants for Children (CHIPRA)

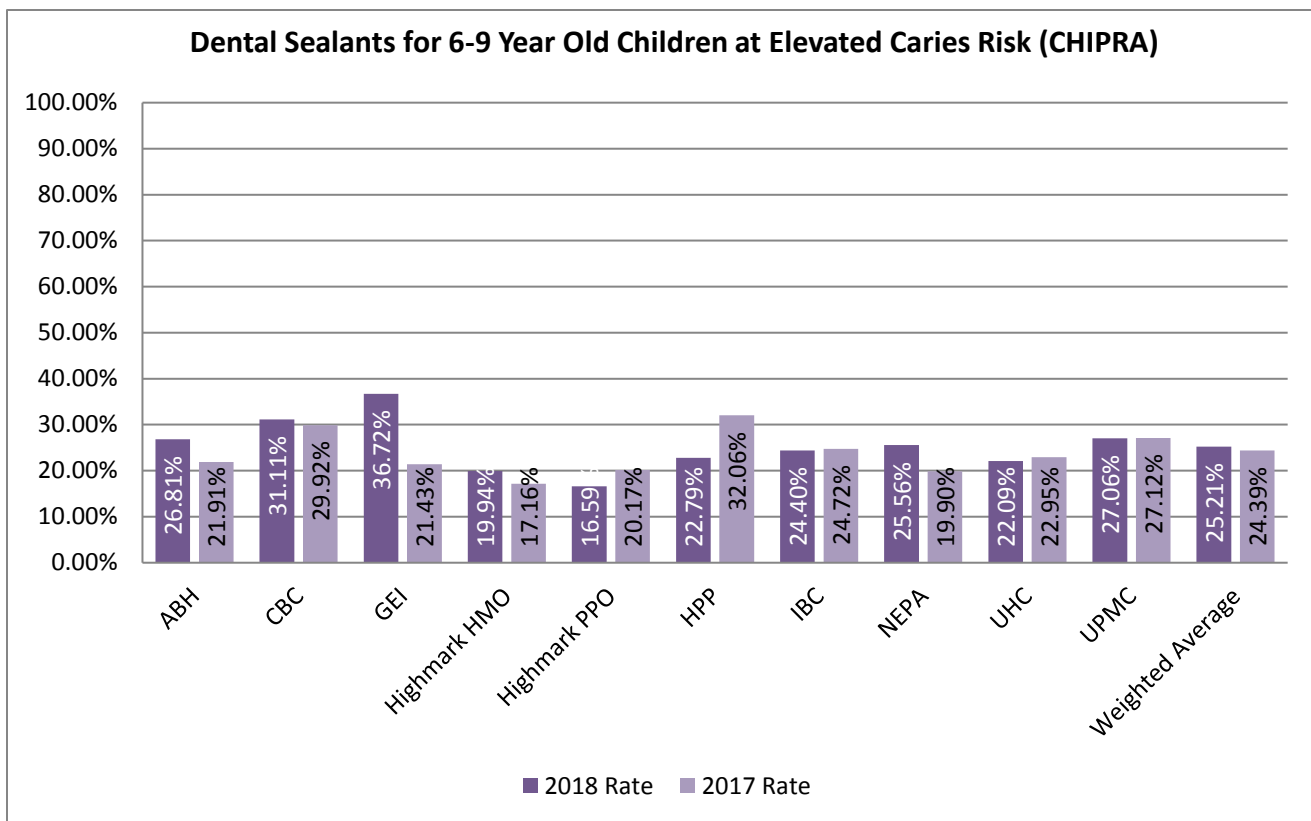
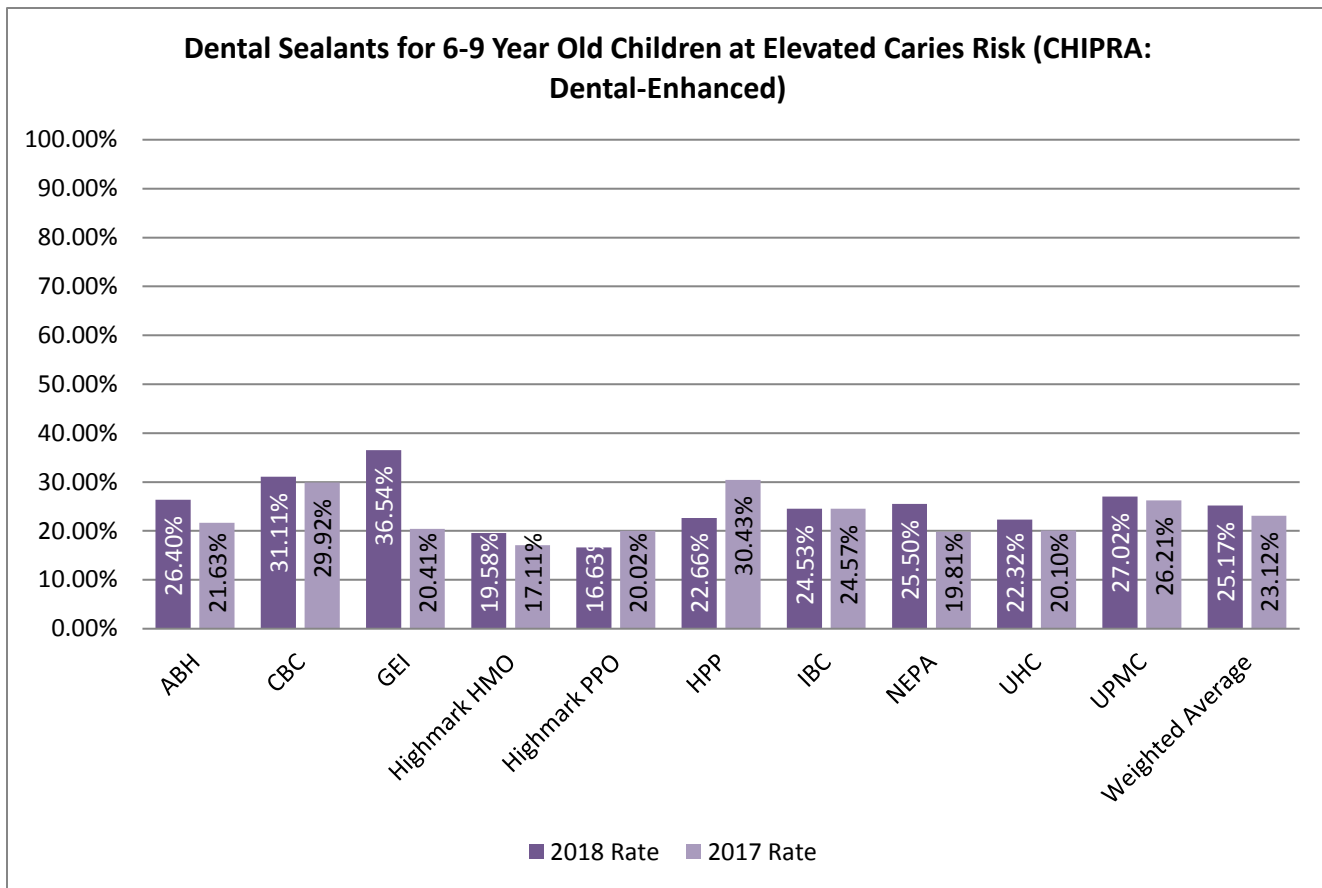


Figure 6: Dental Sealants for Children (CHIPRA: Dental-Enhanced)

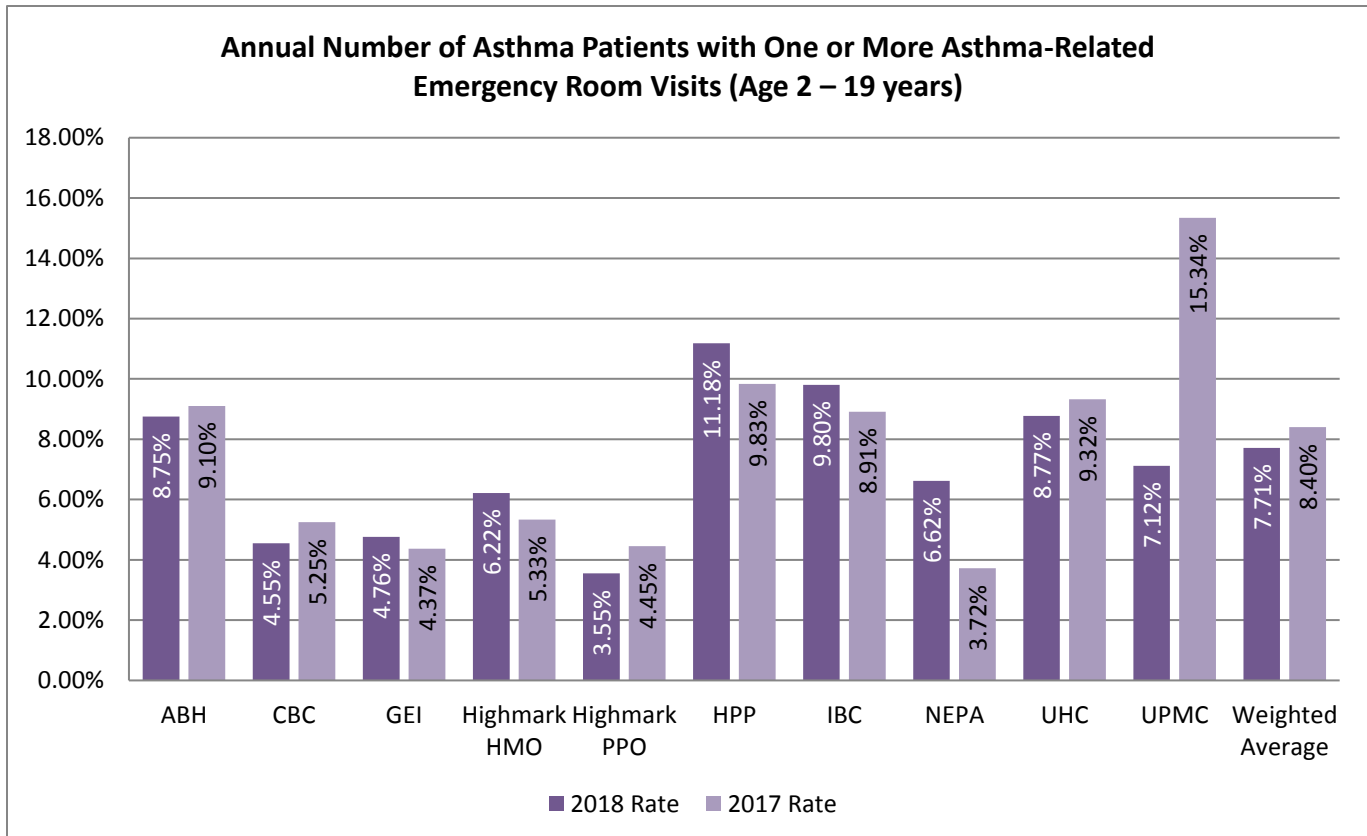


Annual Number of Asthma Patients with One or More Asthma-Related Emergency Room Visits

This performance measure assesses the percentage of children and adolescents, 2 years of age through 19 years of age, with an asthma diagnosis who have ≥ 1 emergency department (ED) visit during the measurement year.

For this measure a lower rate indicates better performance.

Figure 7: Annual Number of Asthma Patients with One or More Asthma Related Emergency Department Visits



Contraceptive Care for All Women

This performance measure assesses the percentage of women ages 15 through 20 at risk of unintended pregnancy and were provided a most effective/moderately effective contraception method or a long-acting reversible method of contraception (LARC). For the CMS Core measures, two rates are reported: one each for (1) the provision of most/moderately effective contraception and for (2) the provision of LARC.

Figure 8: Contraceptive Care for All Women (Age 15 – 20 years): Most or Moderately Effective

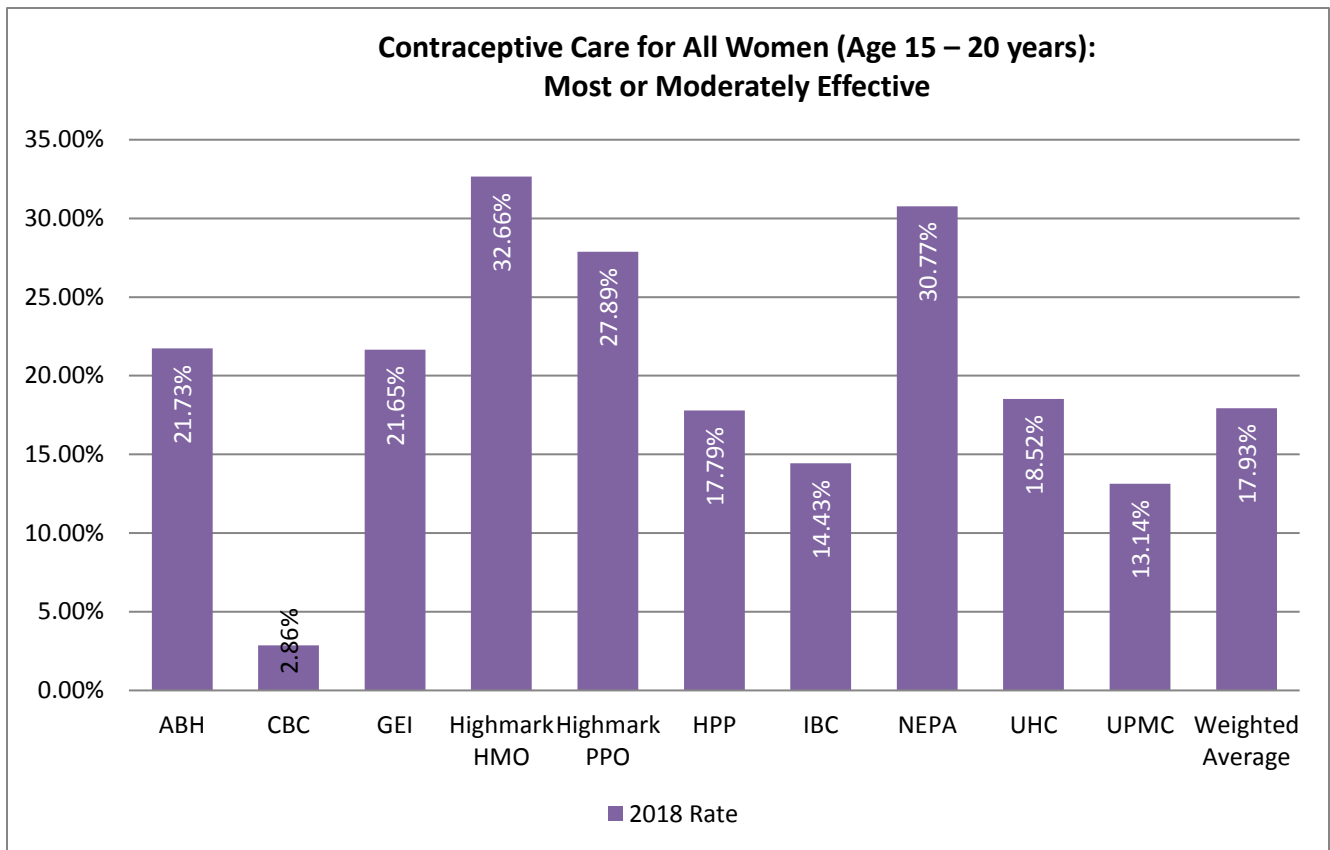
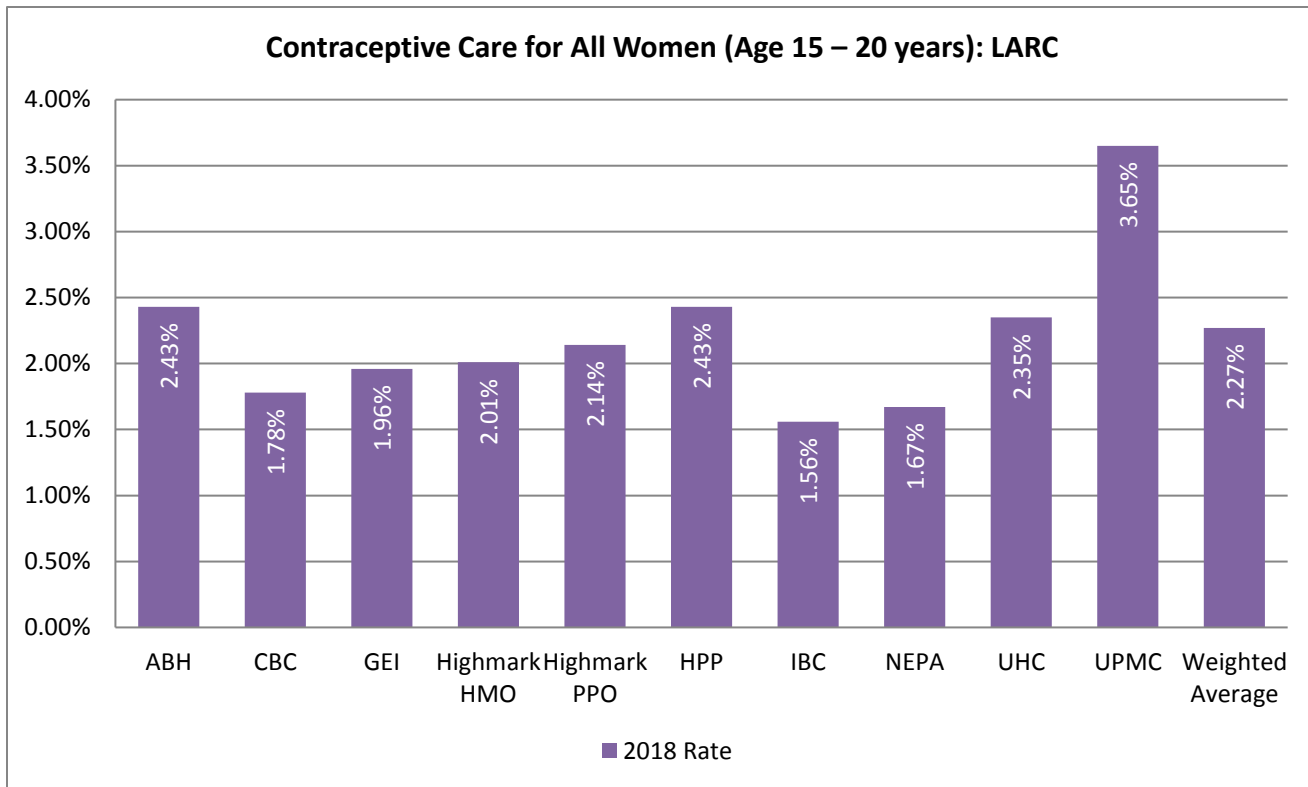


Figure 9: Contraceptive Care for All Women (Age 15-20 years): LARC



Contraceptive Care for Postpartum Women

This performance measure assesses the percentage of women ages 15 through 20 who had a live birth and were provided a most effective/moderately effective contraception method or a long-acting reversible method of contraception (LARC), within 3 days and within 60 days of delivery. For the CMS Core measures, four rates are reported in total (1) Most or moderately effective contraception – 3 days, (2) Most or moderately effective contraception – 60 days, (3) LARC – 3 days, and (4) LARC – 60 days.

Note: There are no figures for the Contraceptive Care for Postpartum Women (Age 15-20 years) PA PM, as denominators for all MCOs across all indicators are less than 30.

HEDIS Performance Measure Selection and Descriptions

Each MCO underwent a full HEDIS compliance audit in 2018. As indicated previously, performance on selected HEDIS measures is included in this year's EQR report. Development of HEDIS measures and the clinical rationale for their inclusion in the HEDIS measurement set can be found in HEDIS 2018, Volume 2 Narrative. The measurement year for HEDIS 2018 measures is 2017, as well as prior years for selected measures. Each year, DHS updates its requirements for the MCOs to be consistent with NCQA's requirement for the reporting year. MCOs are required to report the complete set of CHIP measures, as specified in the HEDIS Technical Specifications, Volume 2. In addition, DHS does not require the MCOs to produce the Chronic Conditions component of the CAHPS 5.0 – Child Survey.

Children and Adolescents' Access to Primary Care Practitioners

This measure assesses the percentage of members 12 months–19 years of age who had a visit with a PCP. The organization reports four separate percentages for each product line.

Children 12–24 months and 25 months–6 years who had a visit with a PCP during the measurement year.

Children 7–11 years and adolescents 12–19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year.

Figure 10: Children and Adolescents' Access to Primary Care Practitioners Ages 12-24 Months

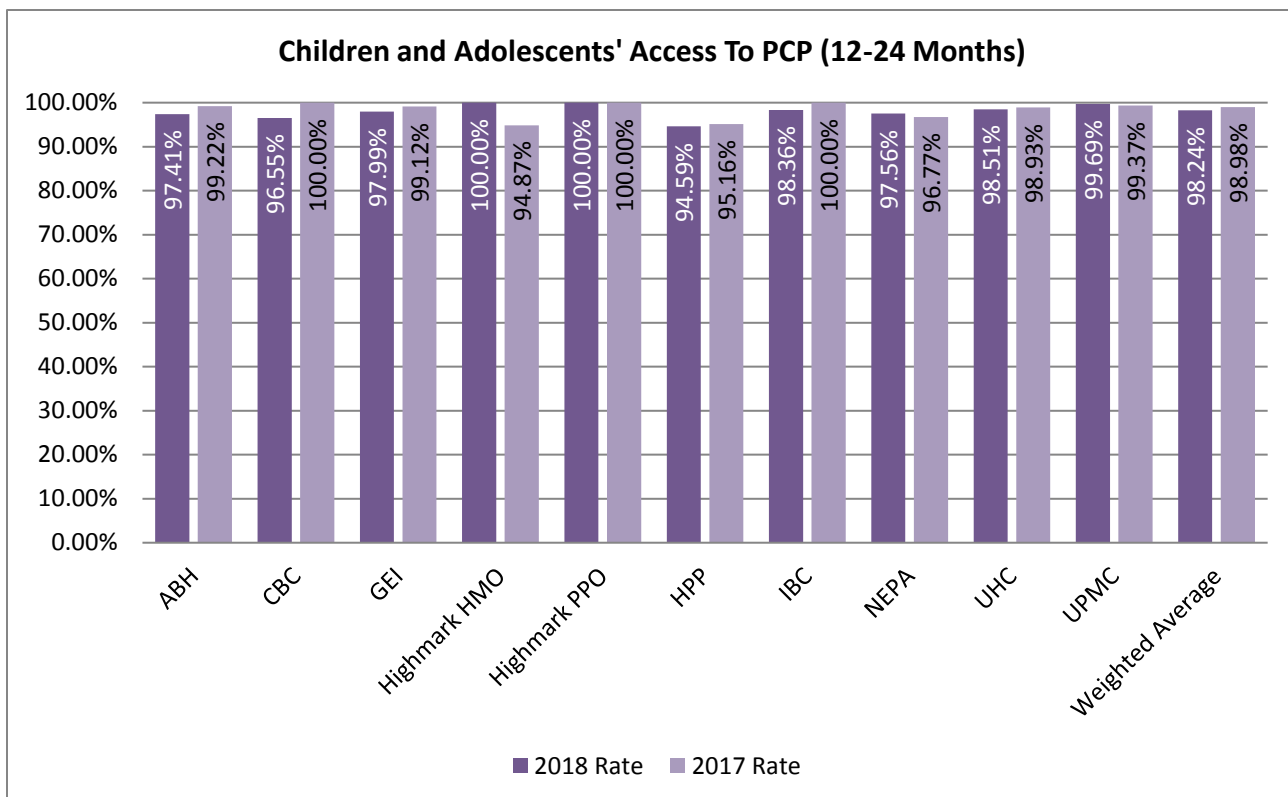


Figure 11: Children and Adolescents' Access to Primary Care Practitioners Ages 25 Months - 6 Years

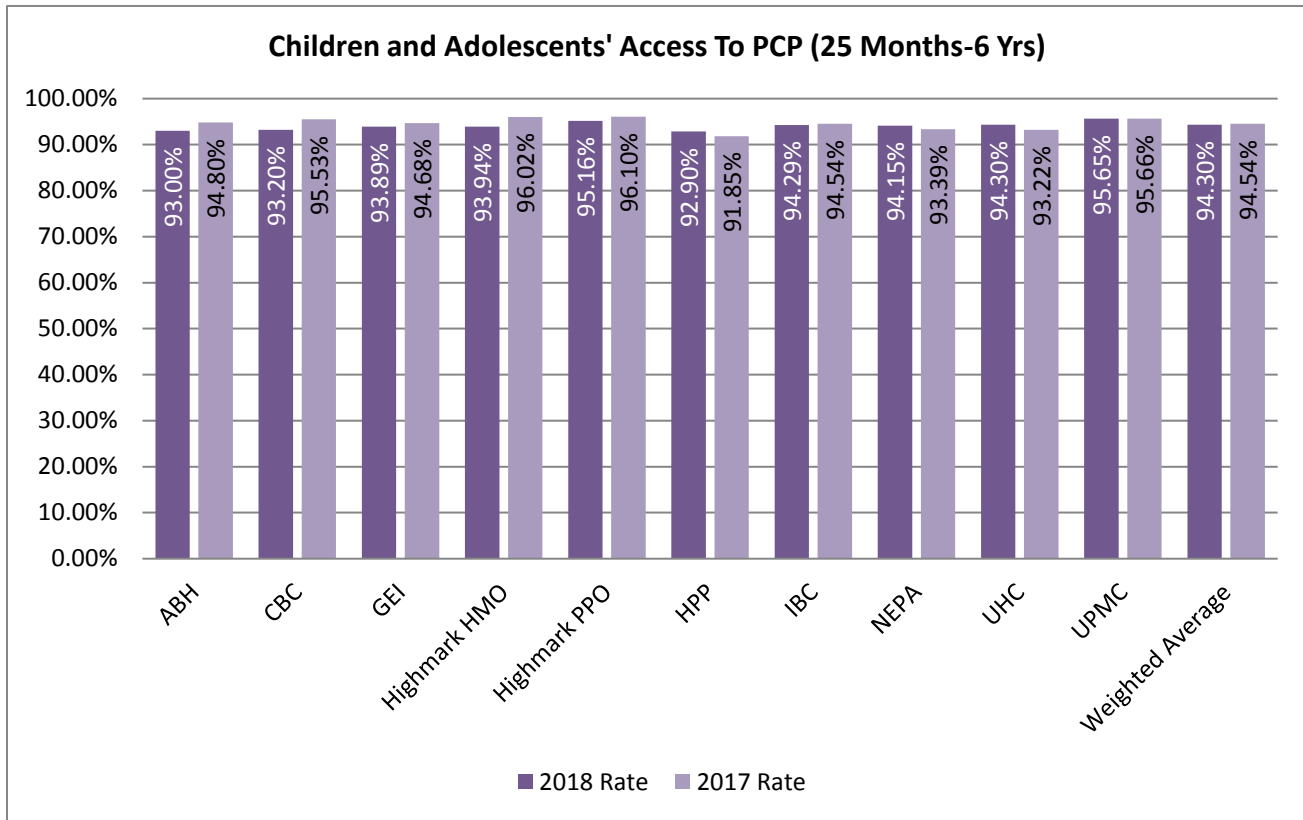


Figure 12: Children and Adolescents' Access to Primary Care Practitioners Ages 7-11 Years

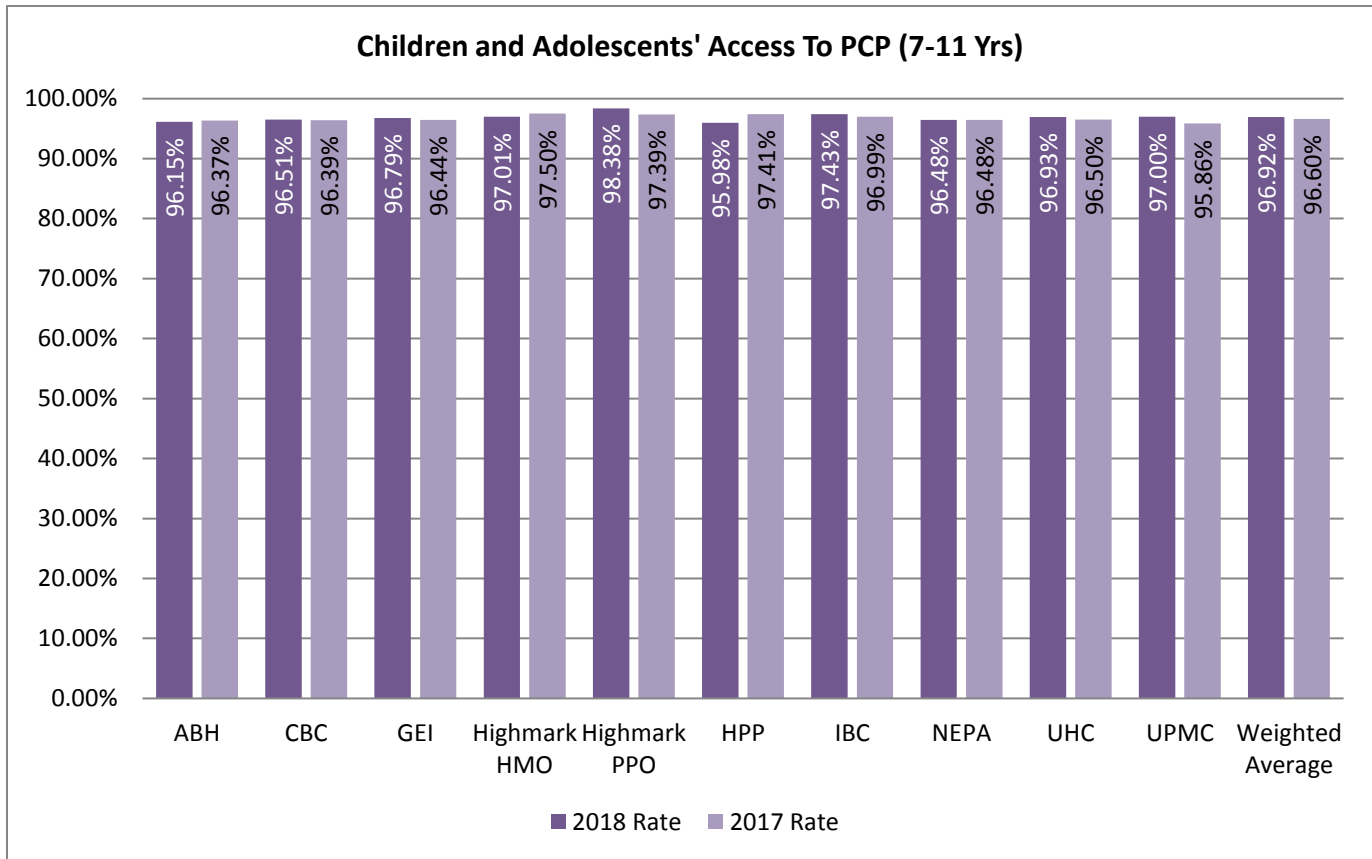
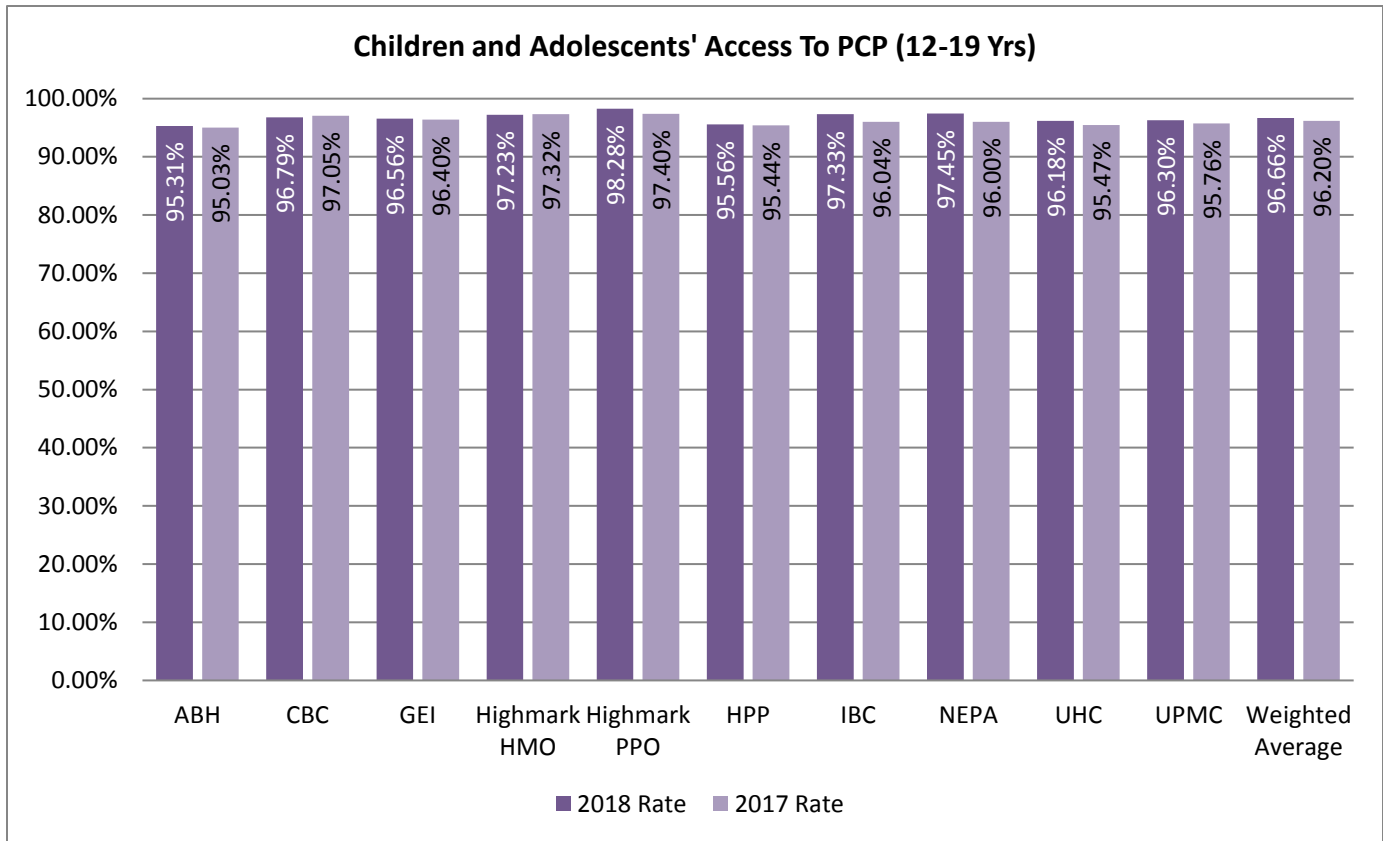


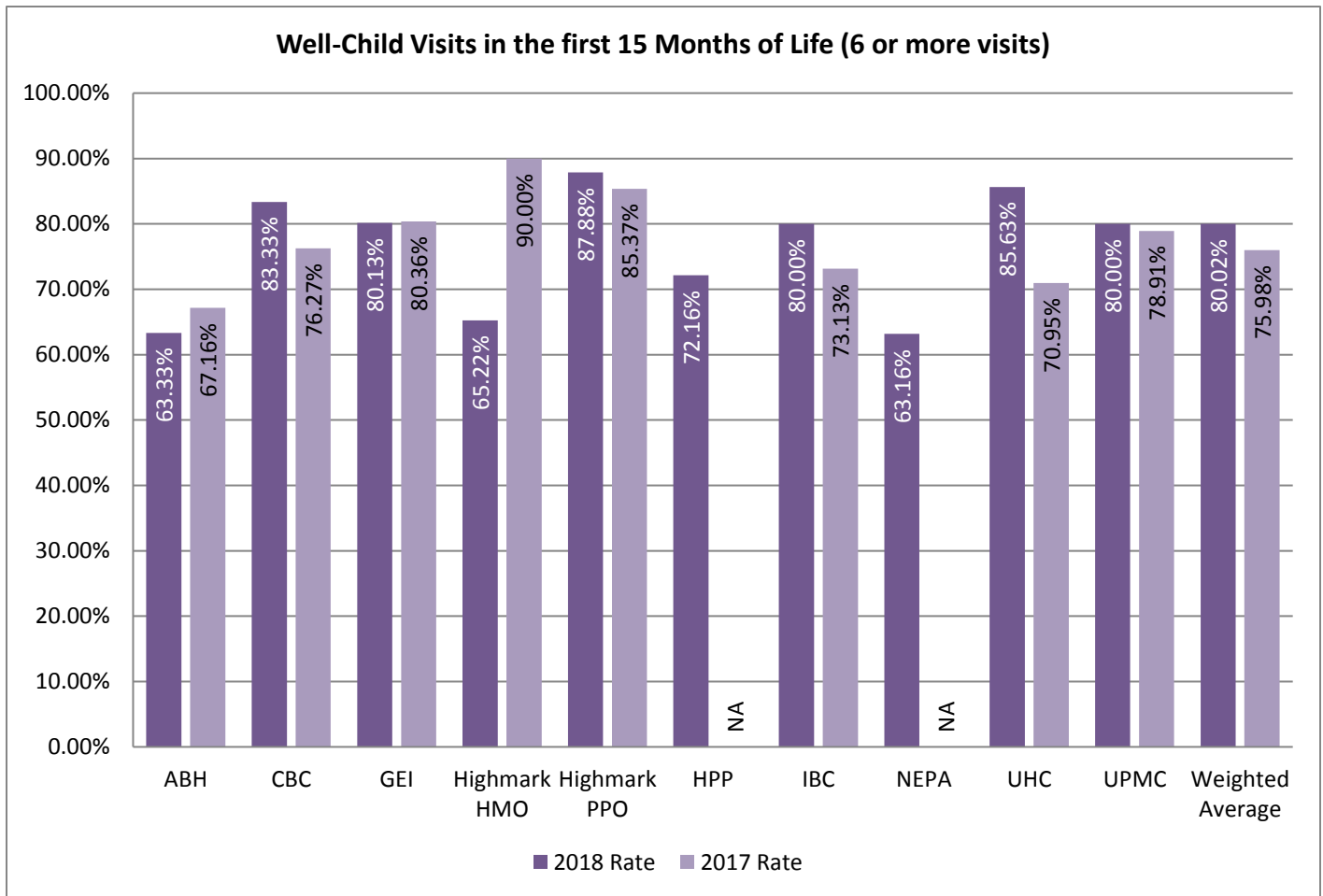
Figure 13: Children and Adolescents' Access to Primary Care Practitioners Ages 12-19 Years



Well-Child Visits in the First 15 Months of Life

This measure assessed the percentage of enrollees who turned 15 months old during the measurement year, who were continuously enrolled from 31 days of age through 15 months of age who received six or more well-child visits with a PCP during their first 15 months of life.

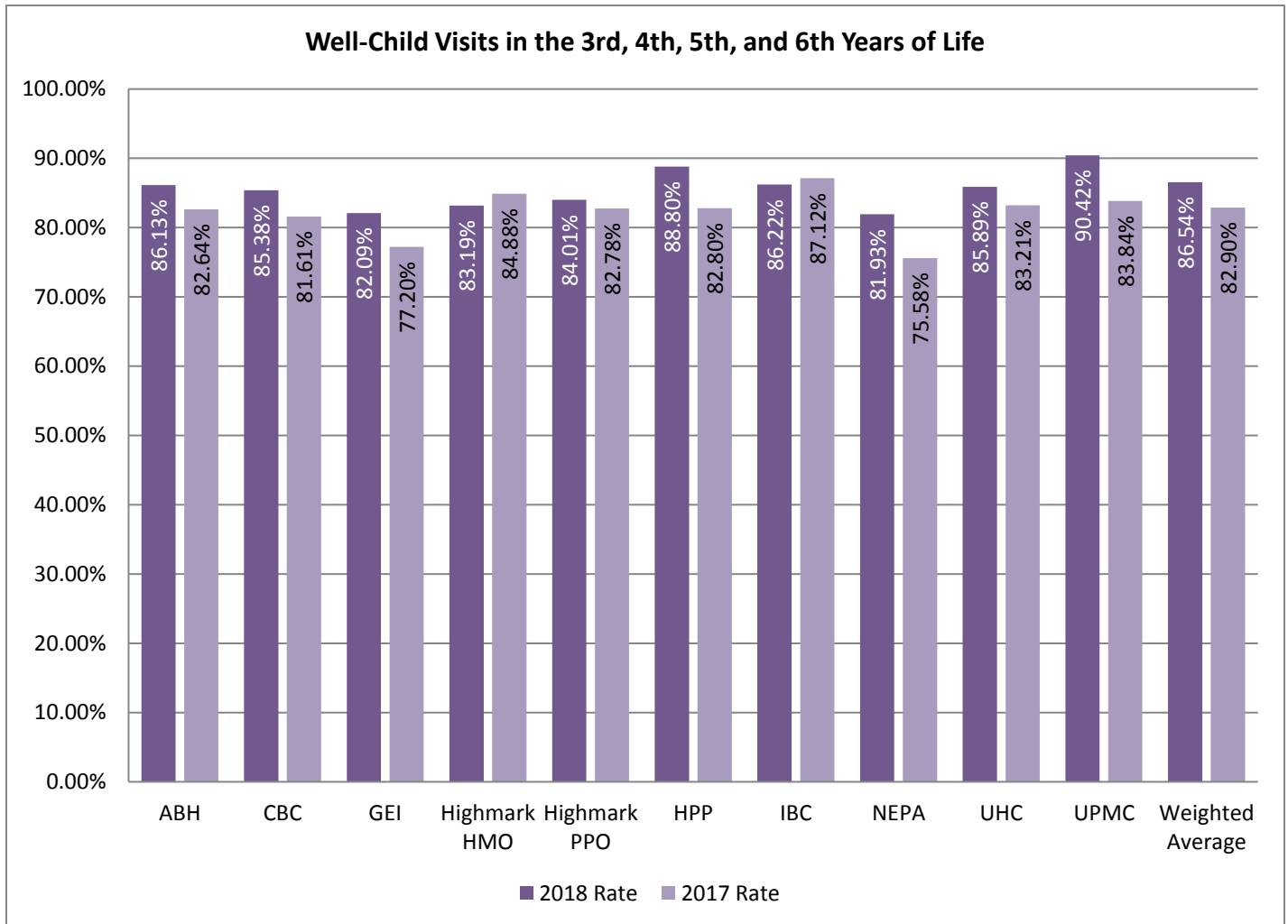
Figure 14: Well Child Visits in the First 15 Months – 6 or more Visits



Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life

This measure assessed the percentage of enrollees who were 3, 4, 5, or 6 years of age during the measurement year, who were continuously enrolled during the measurement year and received one or more well-child visits with a PCP during the measurement year.

Figure 15: Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life



Childhood Immunization Status

This measure assessed the percentage of children who turned two years of age in the measurement year who were continuously enrolled for the 12 months preceding their second birthday and who received one or both of two immunization combinations on or before their second birthday. Separate rate were calculated for each Combination. Combination 2 and 3 consists of the following immunizations:

(4) Diphtheria and Tetanus, and Pertussis Vaccine/Diphtheria and Tetanus (DTaP/DT)

(3) Injectable Polio Vaccine (IPV)

(1) Measles, Mumps, and Rubella (MMR)

(3) Haemophilus Influenza Type B (HiB)

(3) Hepatitis B (HepB)

(1) Chicken Pox (VZV)

(4) Pneumococcal Conjugate Vaccine – Combination 3 only

Figure 16: Childhood Immunization Status – Combination 2

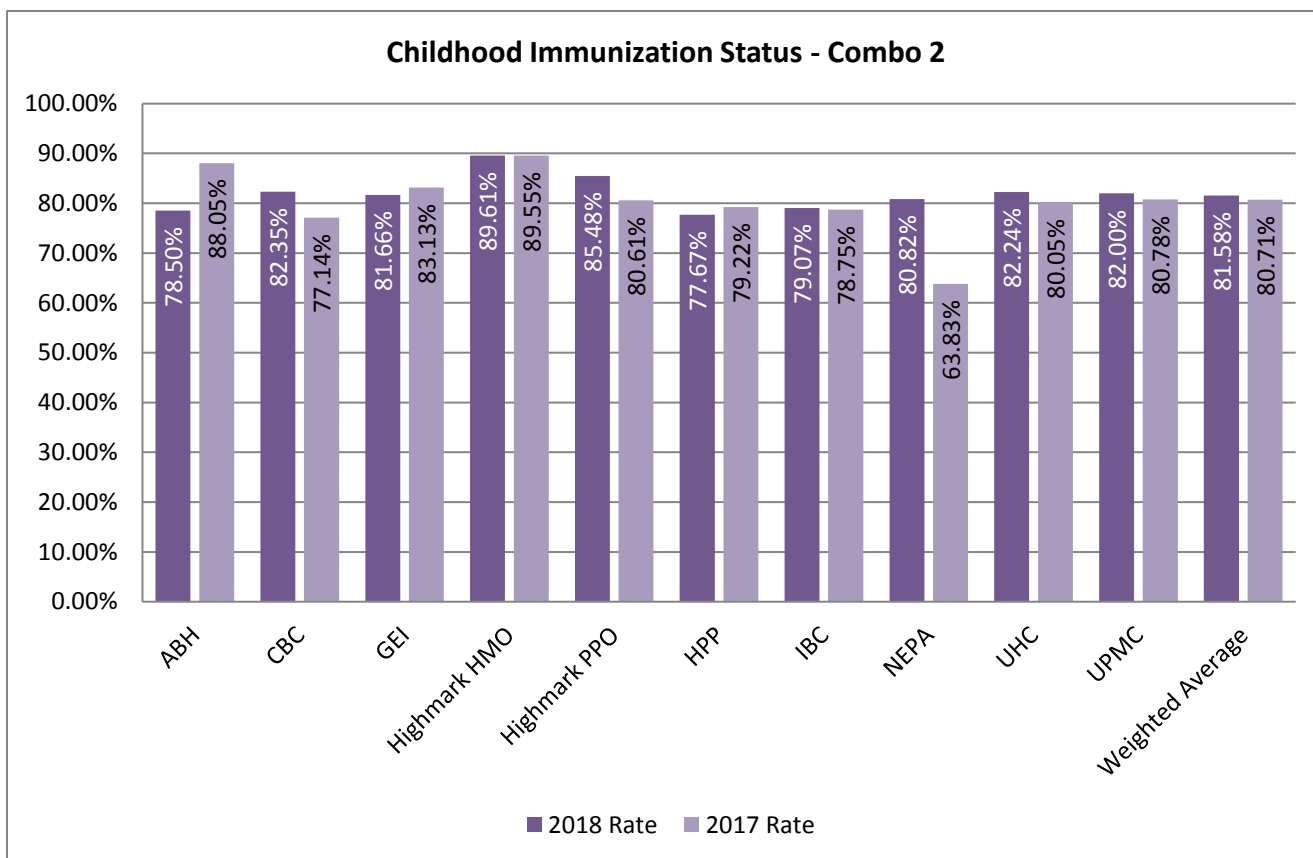


Figure 17: Childhood Immunization Status – Combination 3

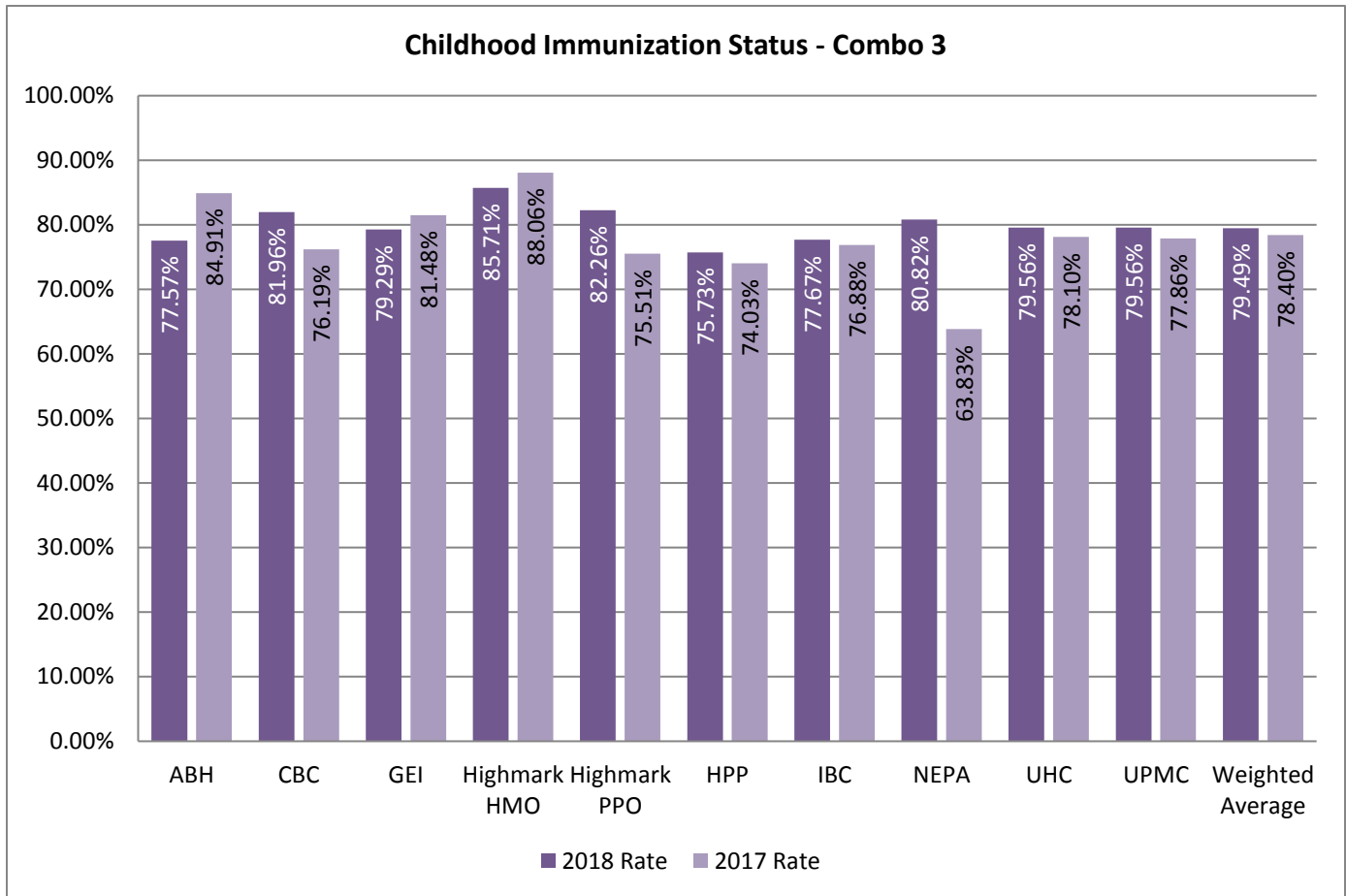


Figure 18: Childhood Immunization Status – Combination 4

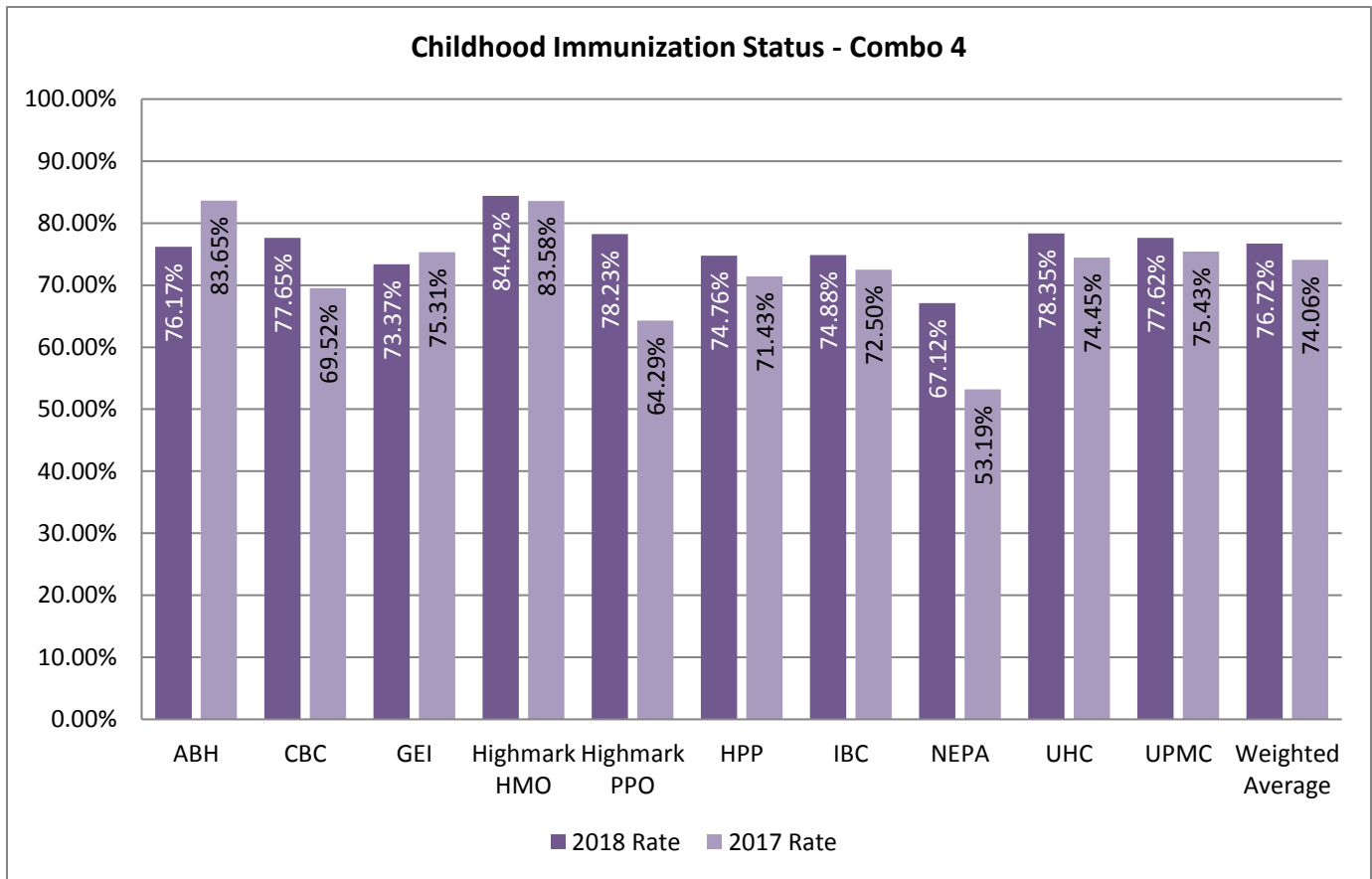


Figure 19: Childhood Immunization Status – Combination 5

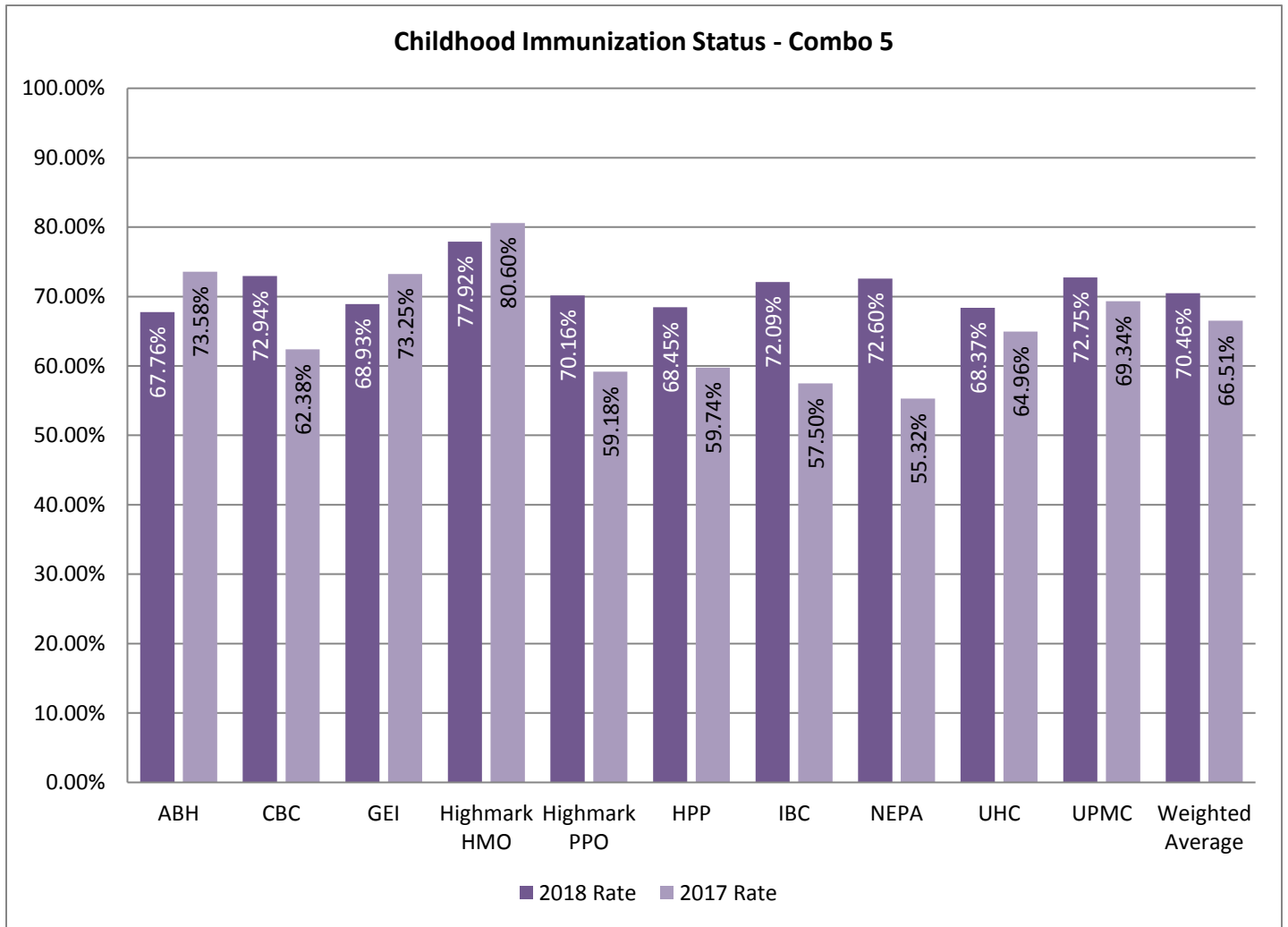


Figure 20: Childhood Immunization Status – Combination 6

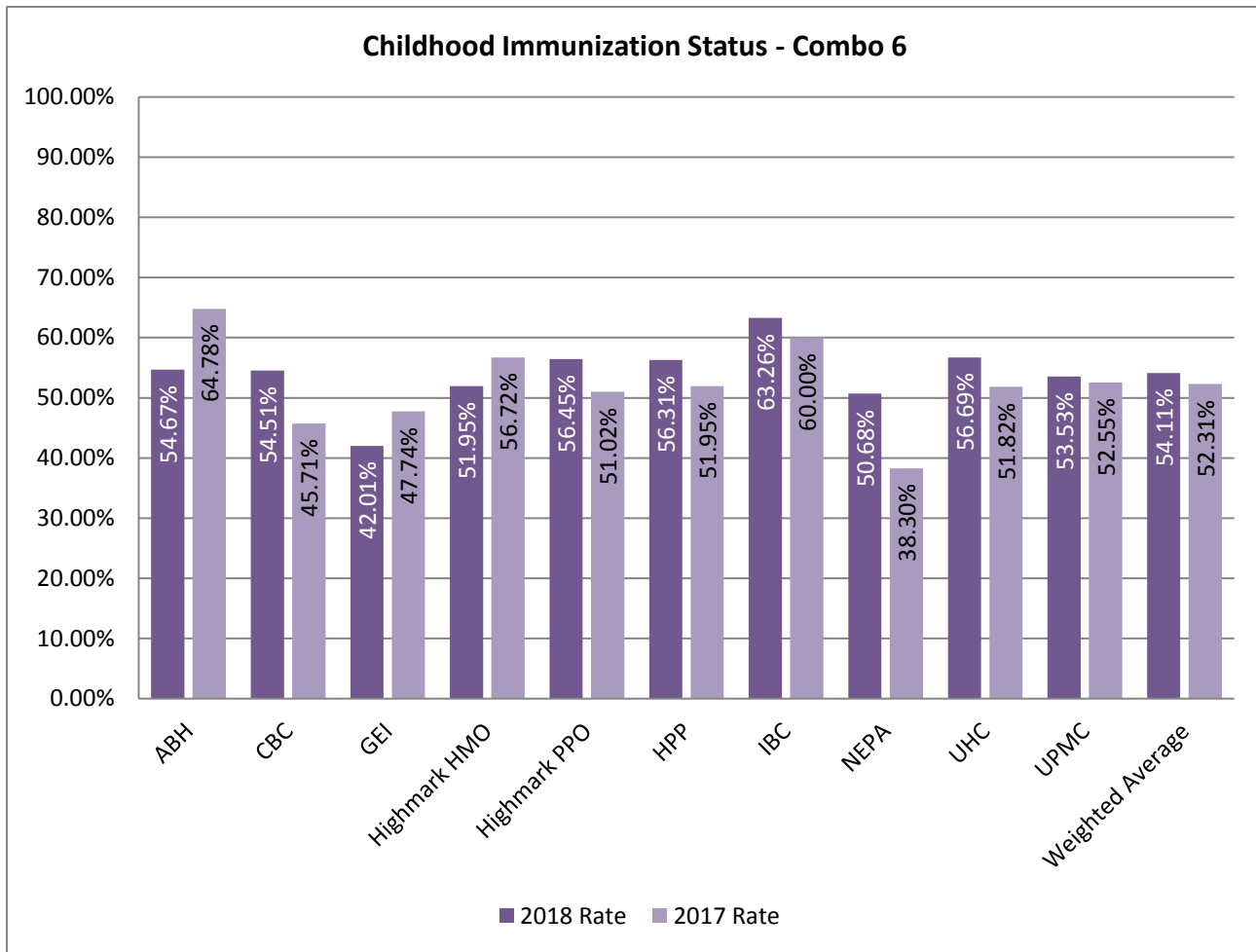


Figure 21: Childhood Immunization Status – Combination 7

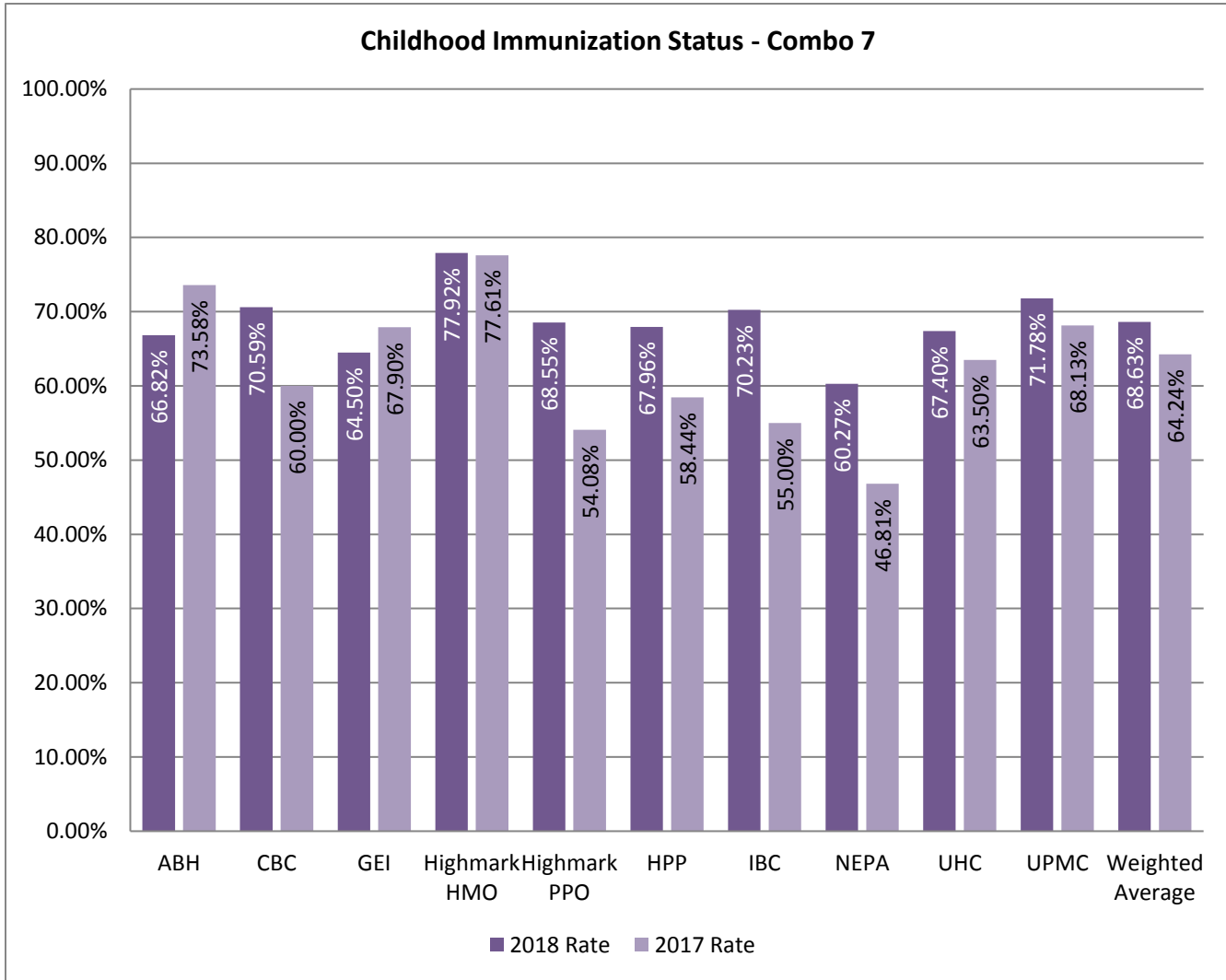


Figure 22: Childhood Immunization Status – Combination 8

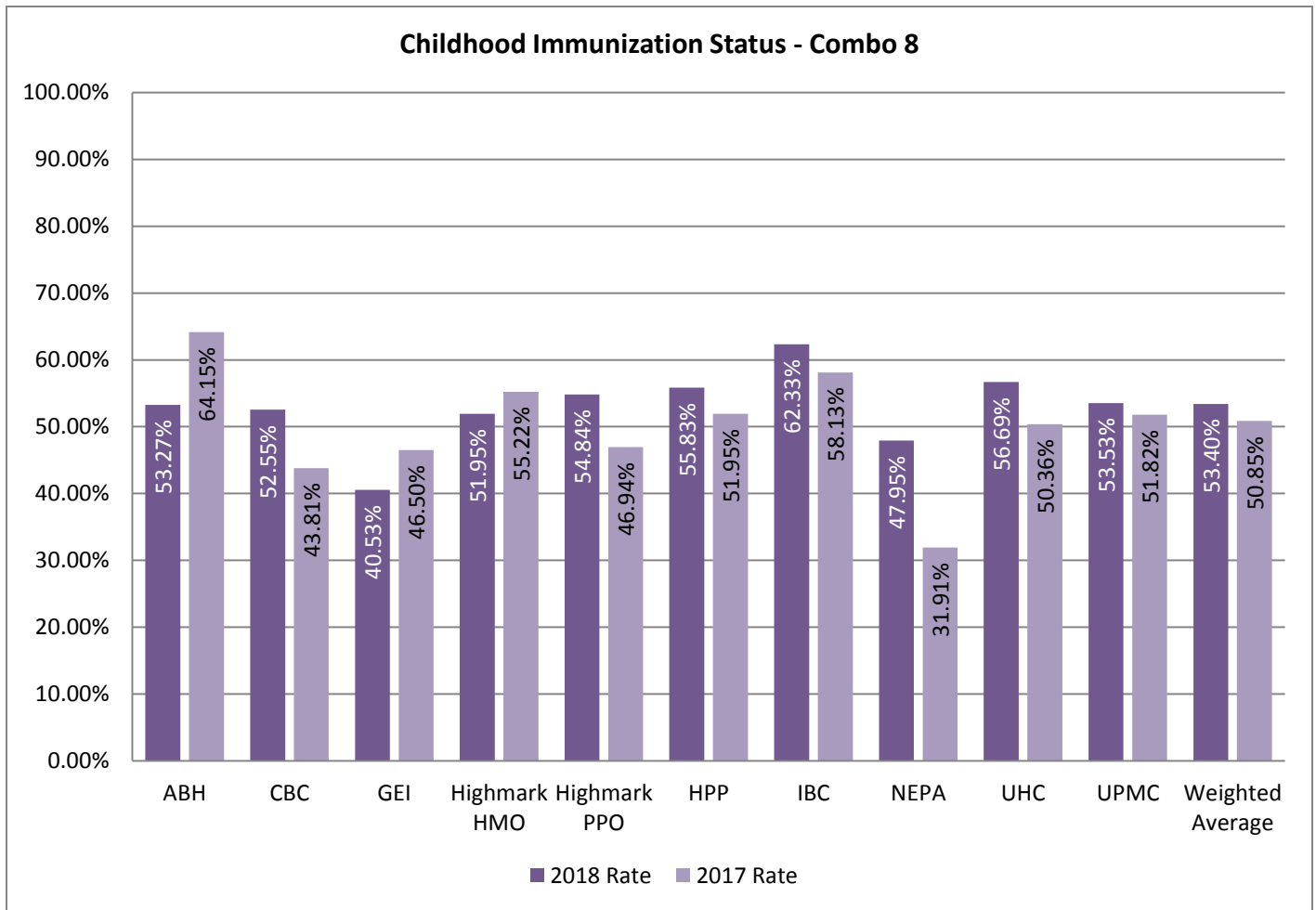


Figure 23: Childhood Immunization Status – Combination 9

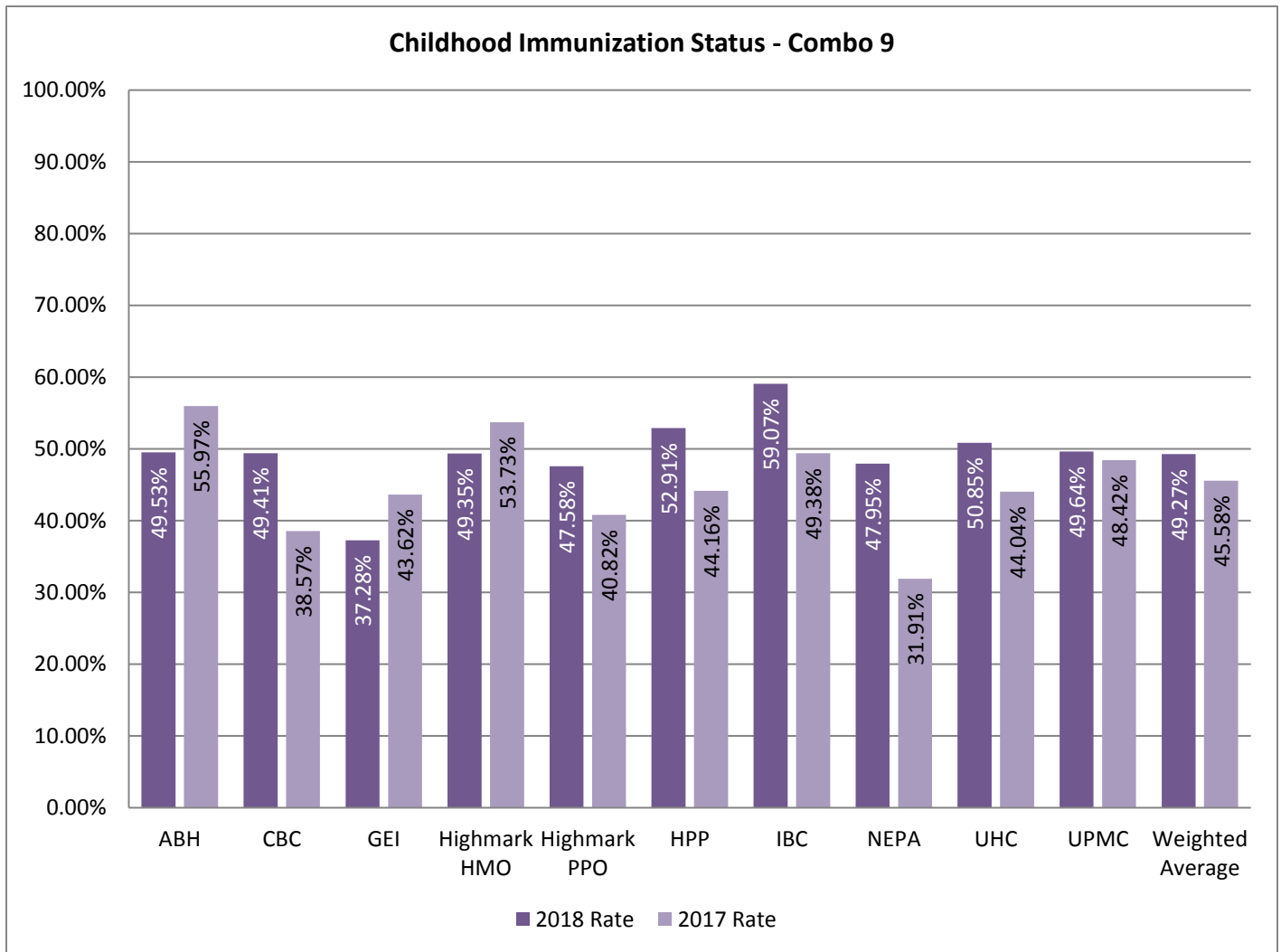
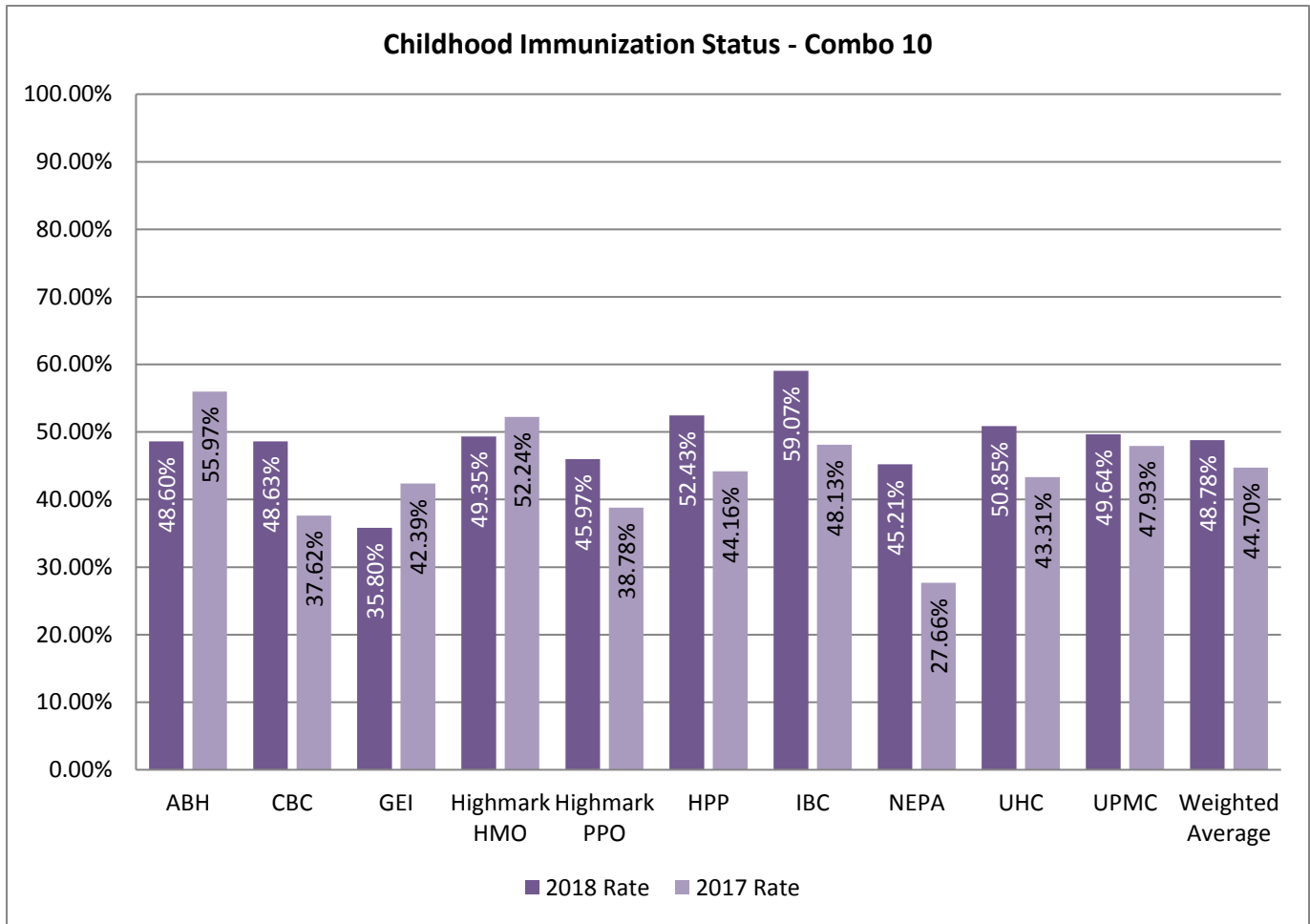


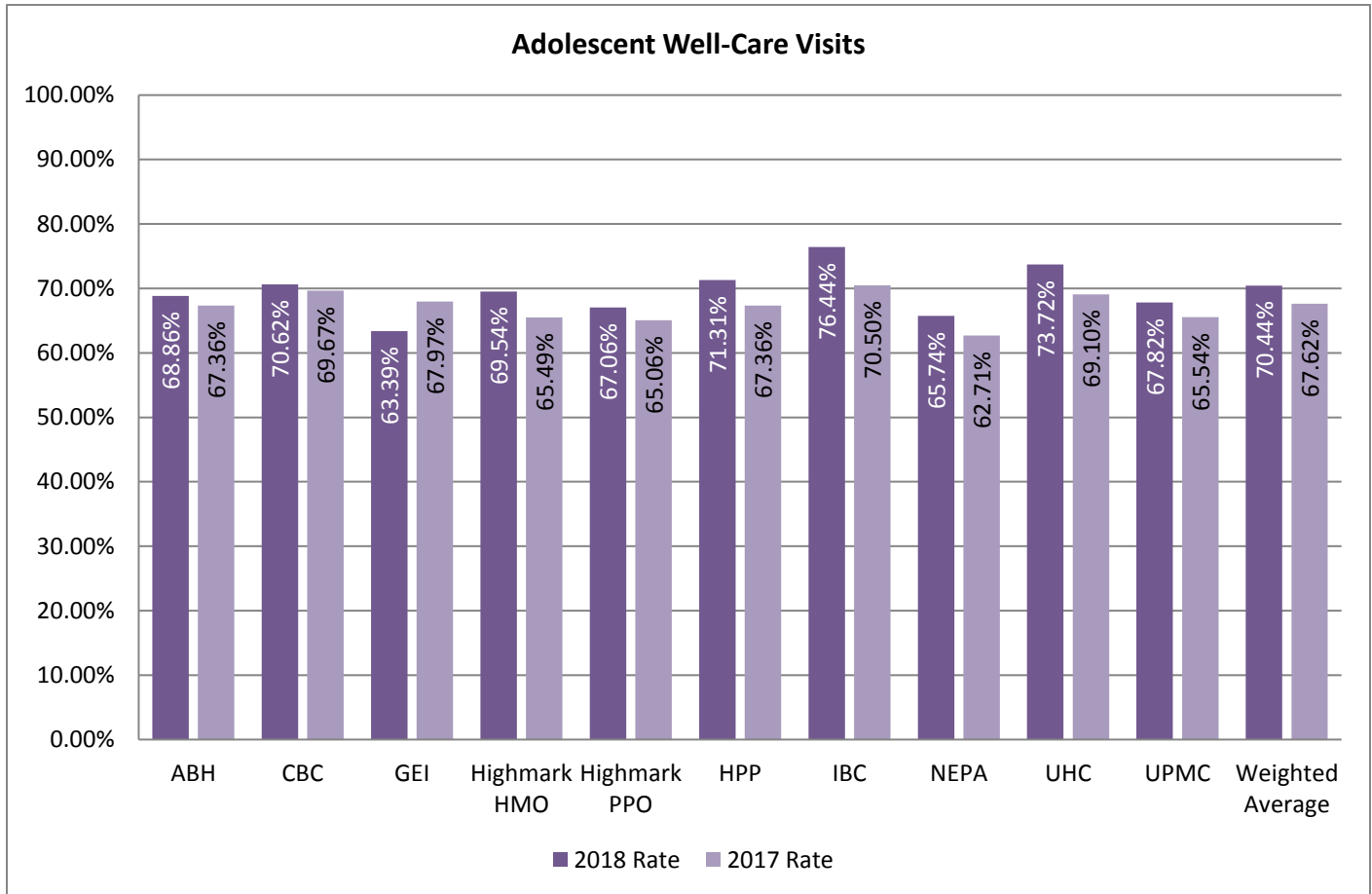
Figure 24: Childhood Immunization Status – Combination 10



Adolescent Well-Care Visits

This measure assessed the percentage of enrolled members 12–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

Figure 25: Adolescent Well-Care Visits



Weight assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents

The percentage of members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following during the measurement year.

BMI percentile documentation.

Counseling for nutrition.

Counseling for physical activity

**Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value.*

Figure 26: Weight Assessment and Counseling – Body Mass Index 3-17 Years

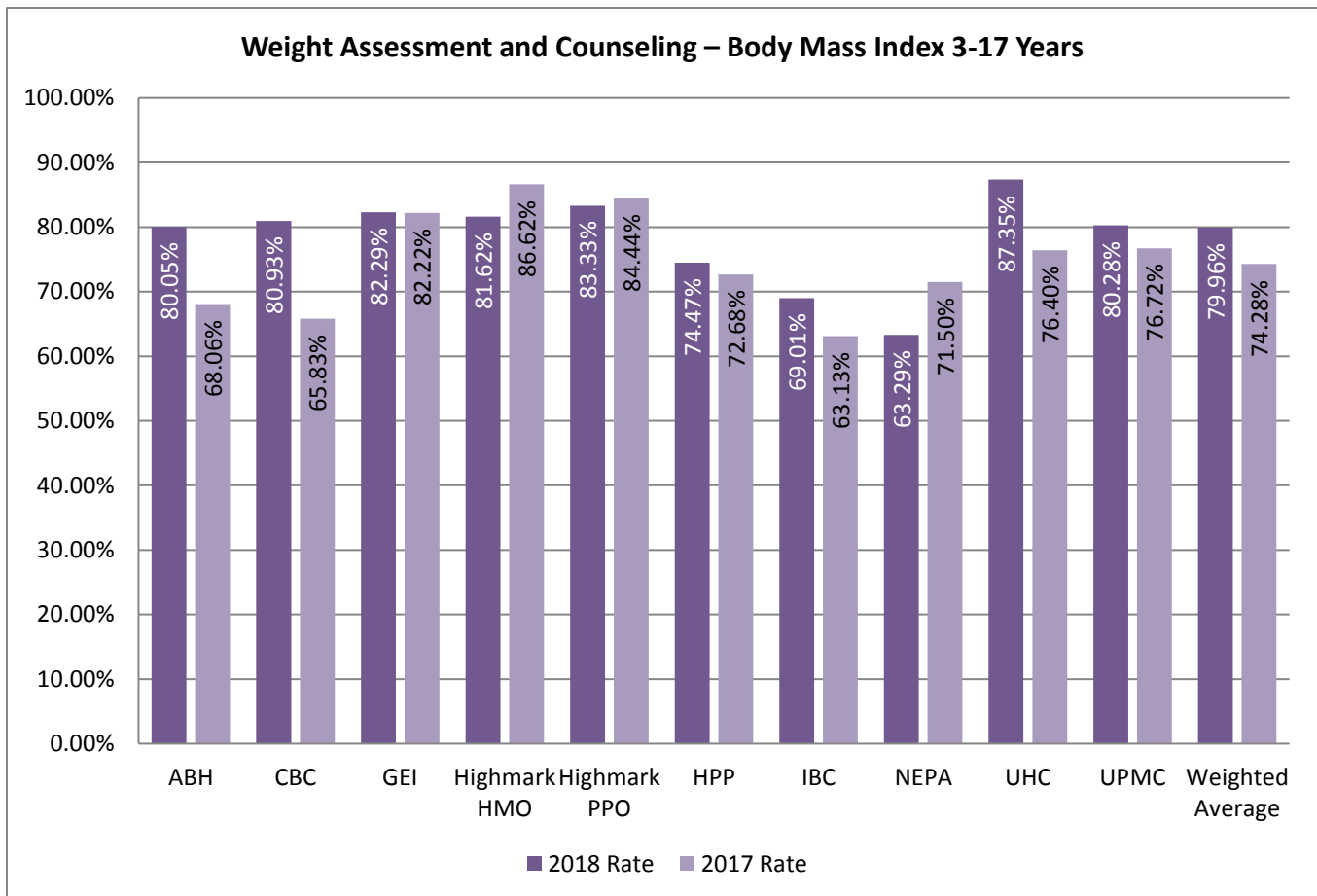


Figure 27: Weight Assessment and Counseling – Nutrition 3-17 Years

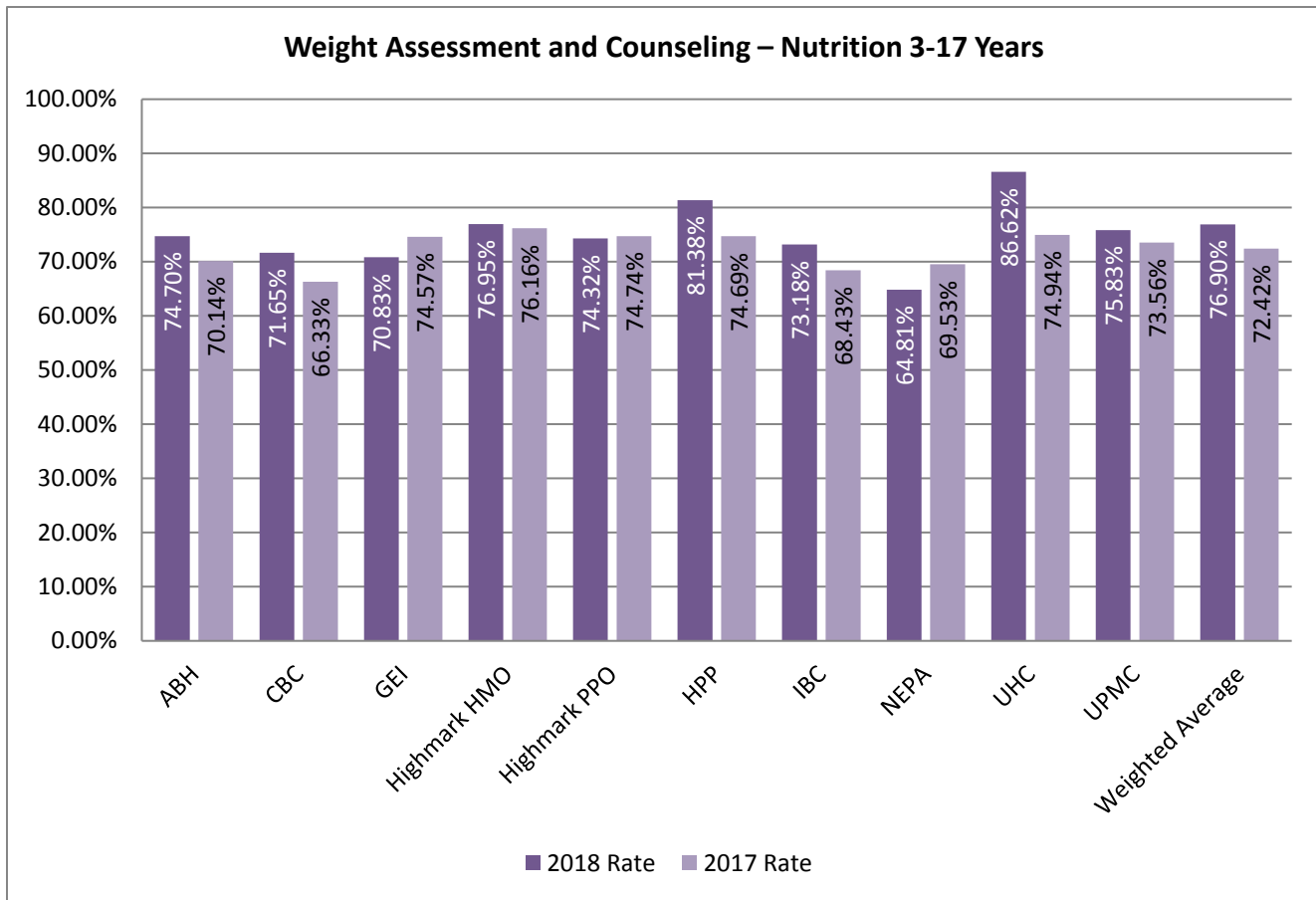
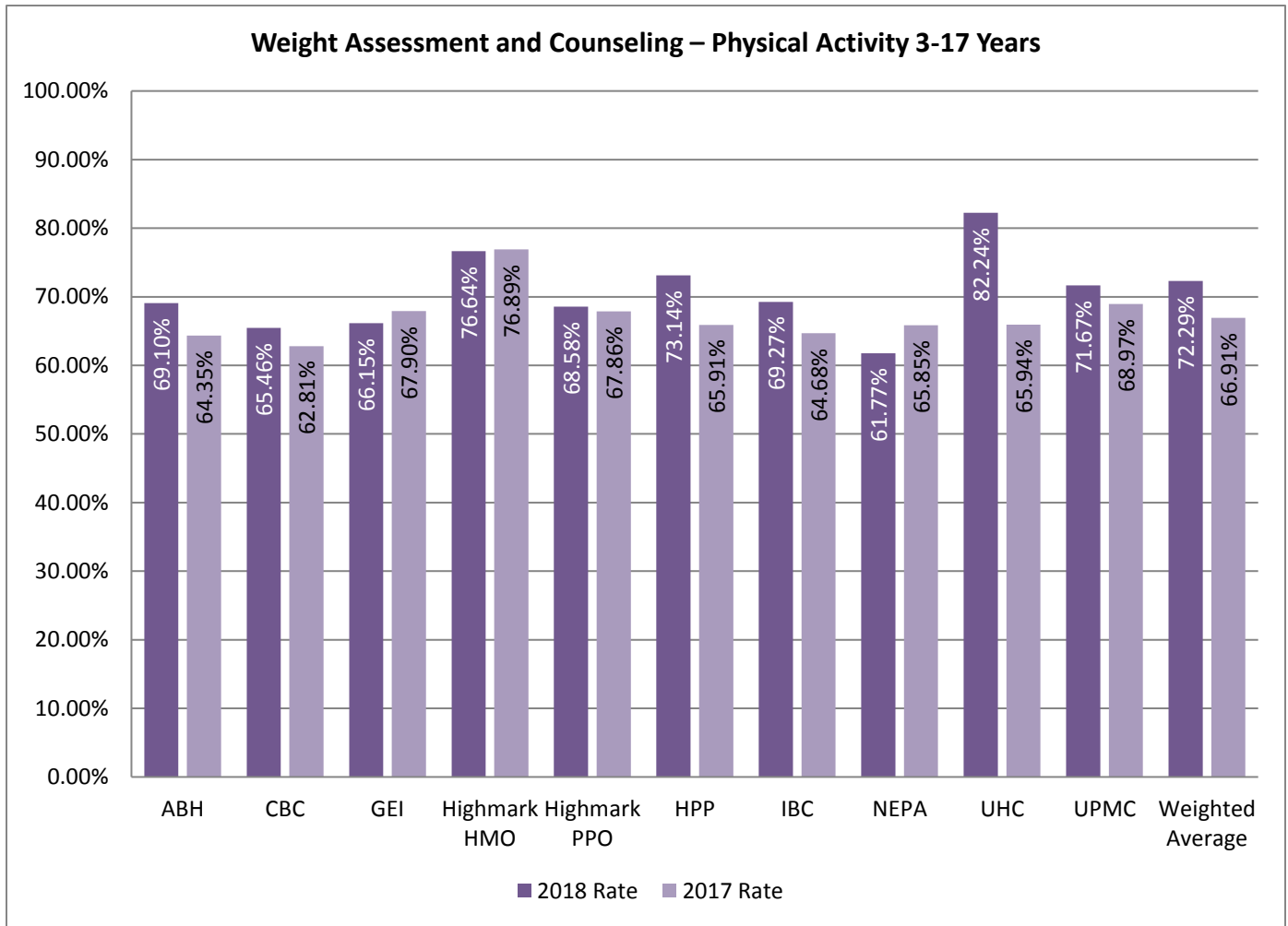


Figure 28: Weight Assessment and Counseling – Physical Activity 3-17 Years



Immunization for Adolescents

This measure assessed the percentage of adolescents 13 years of age who had one dose of meningococcal conjugate vaccine and one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine by their 13th birthday. The measure calculates a rate for each vaccine and two combination rates.

- Combination 1: Meningococcal and Tdap
- Combination 2: Meningococcal, Tdap, and HPV

Figure 29: Immunizations for Adolescents – Meningococcal Vaccination

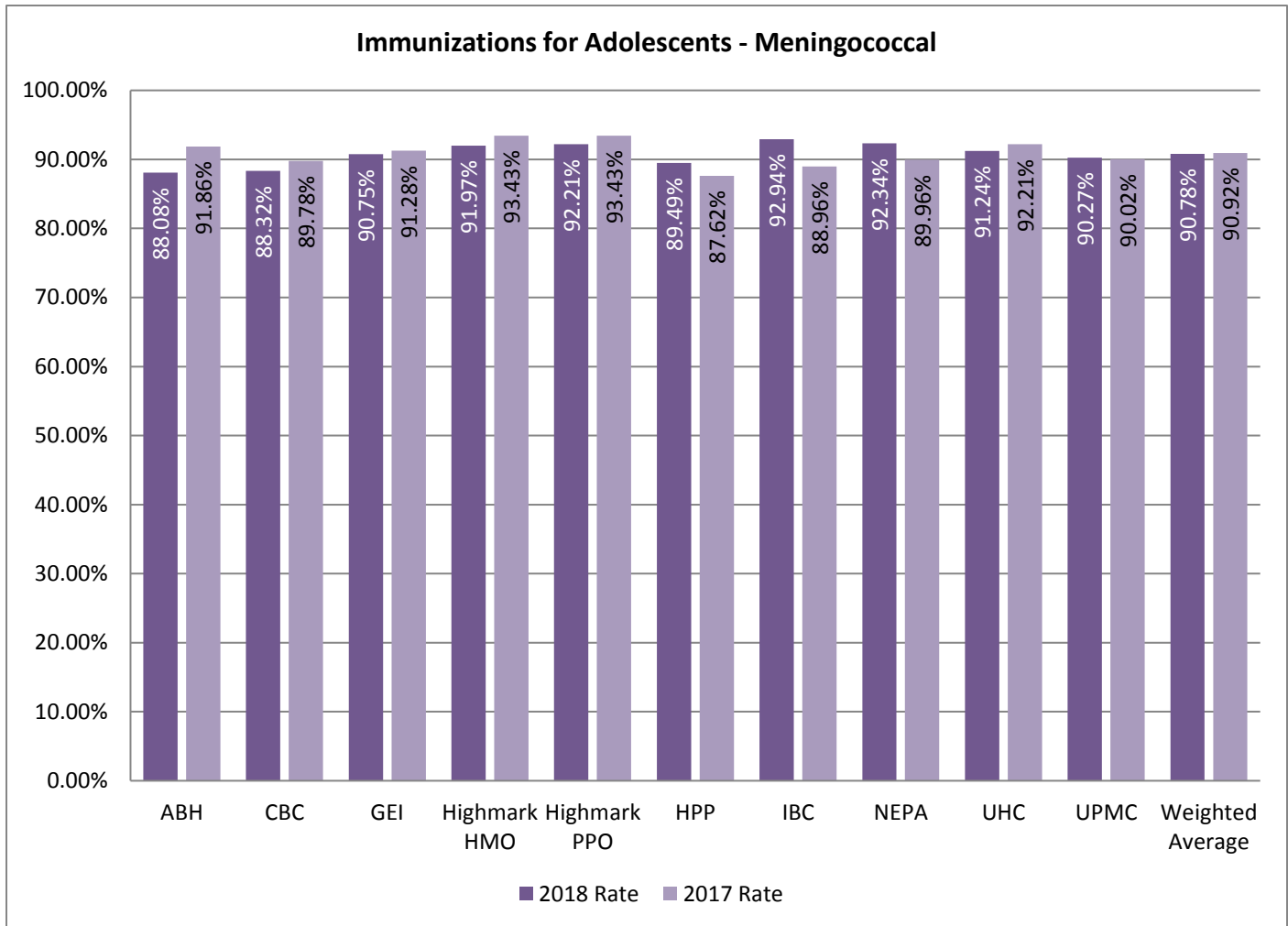


Figure 30: Immunizations for Adolescents – Tdap/Td

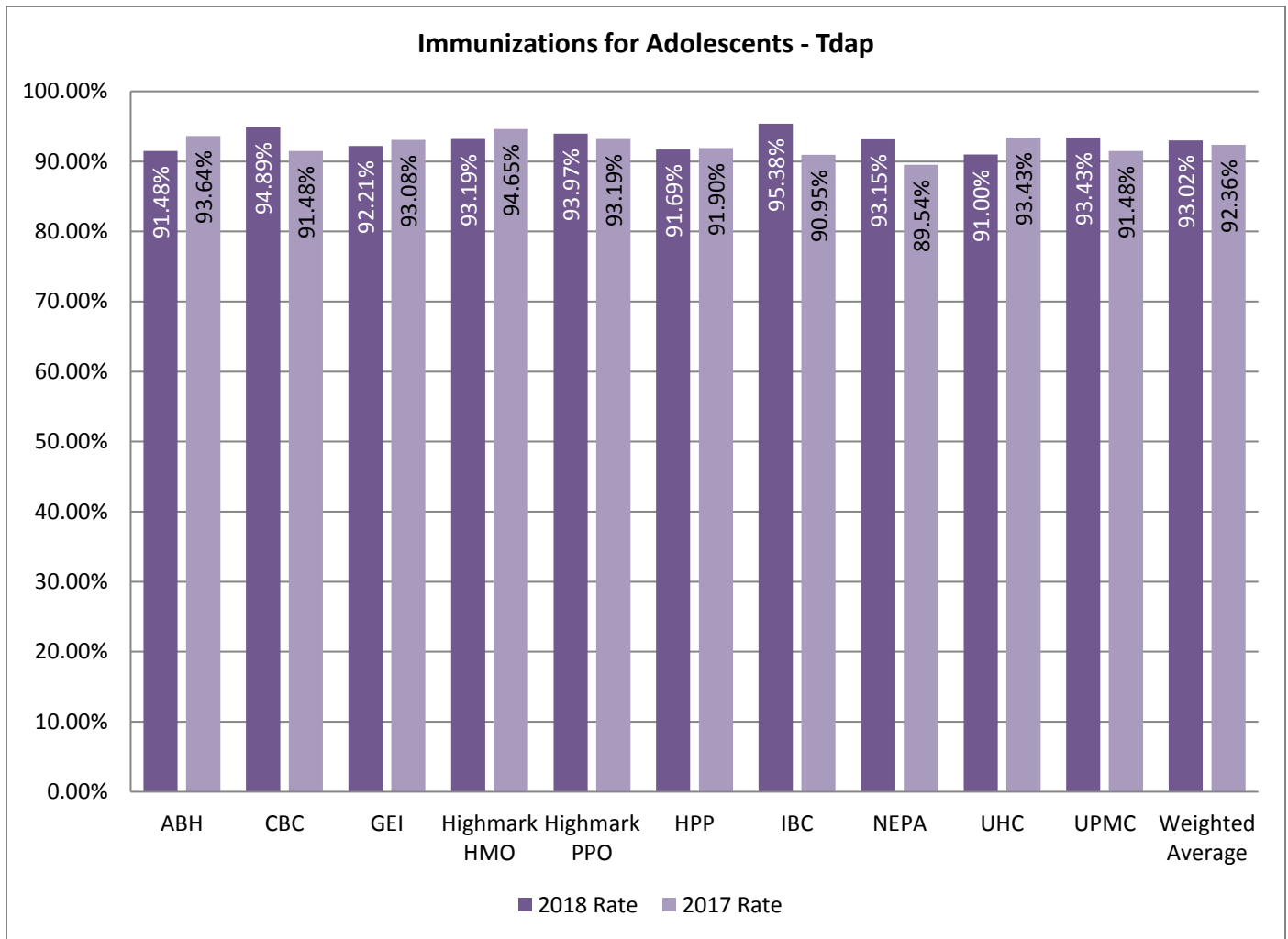


Figure 31: Immunizations for Adolescents – HPV

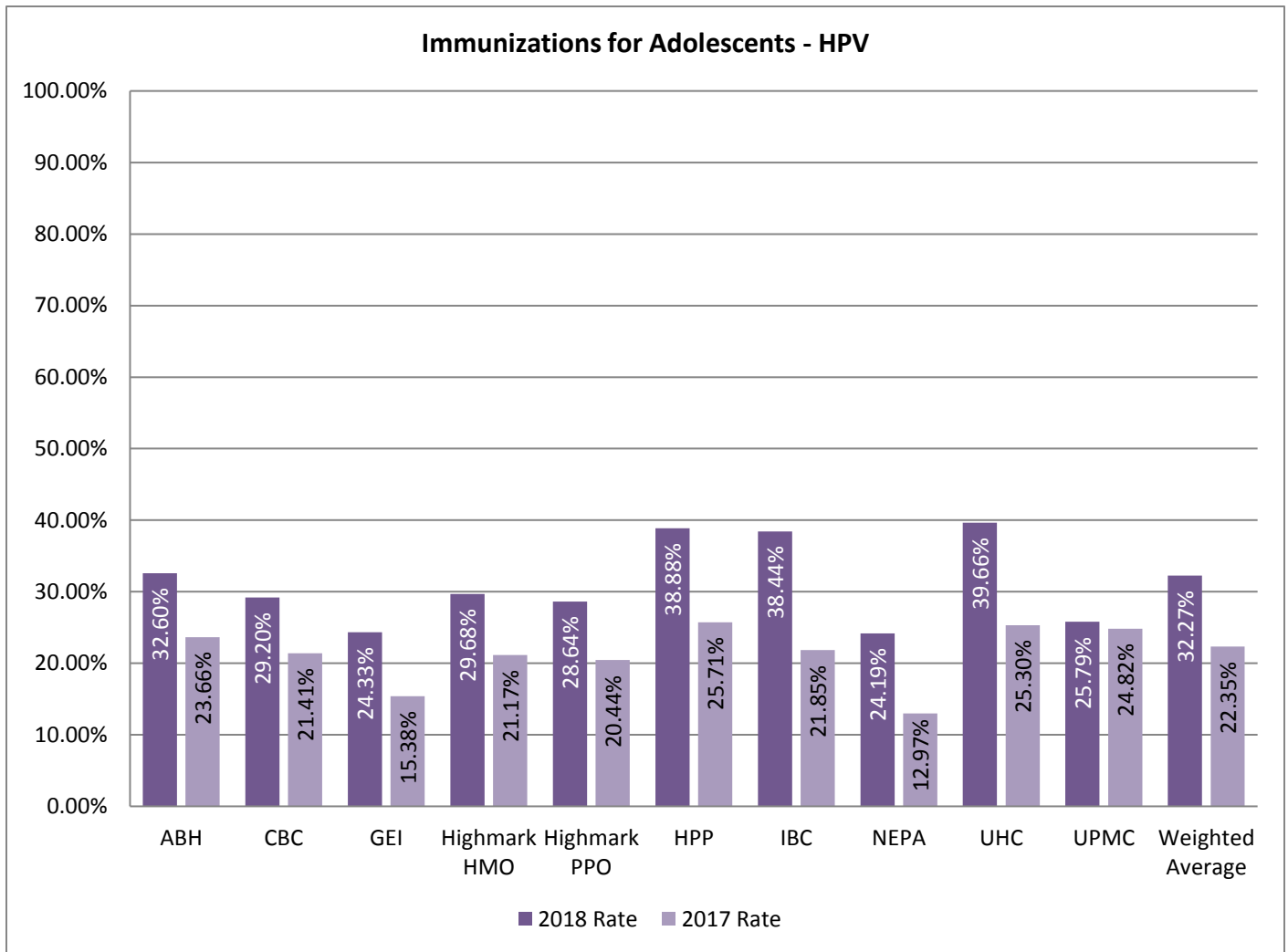


Figure 32: Immunizations for Adolescents – Combination 1

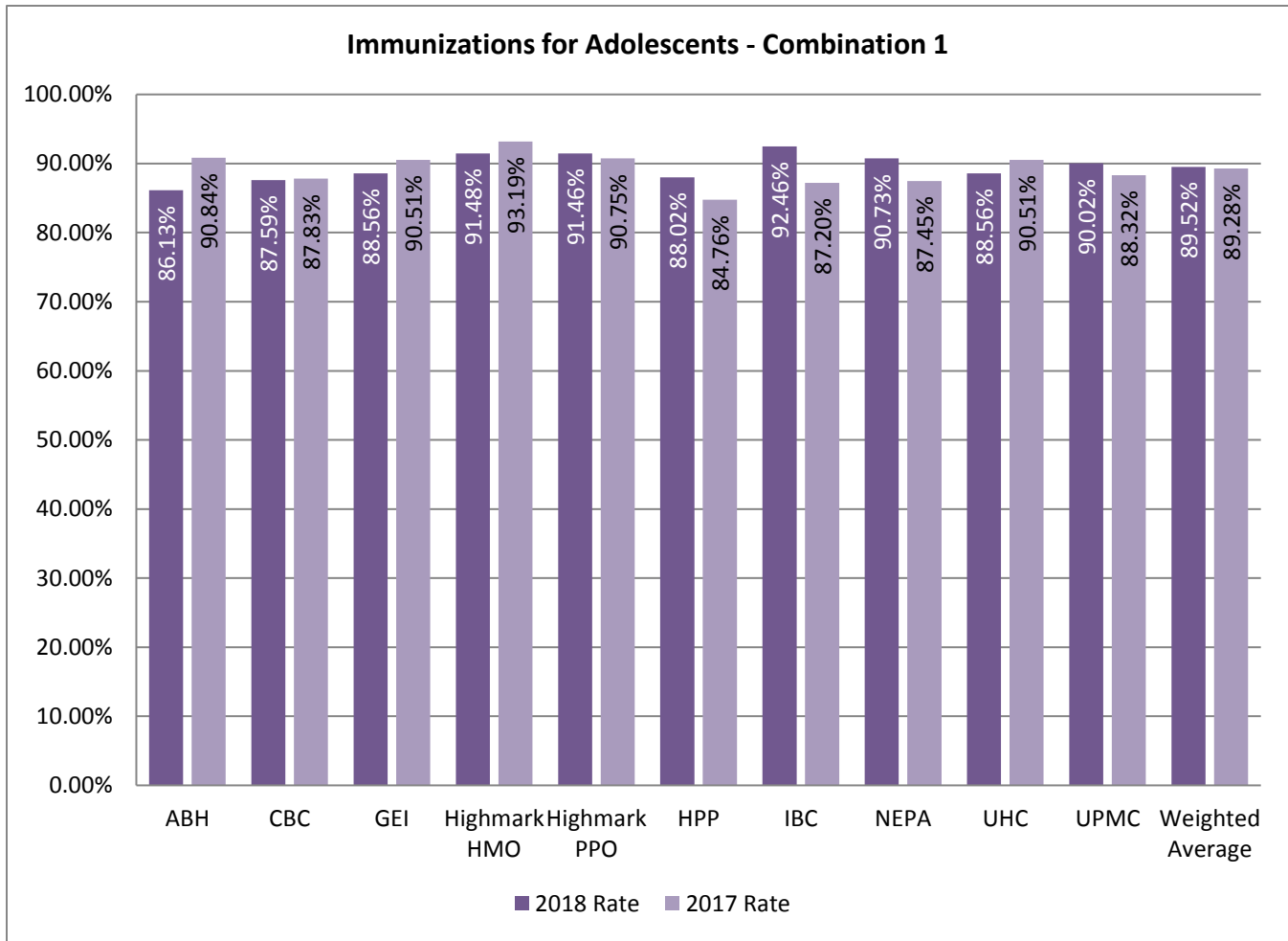
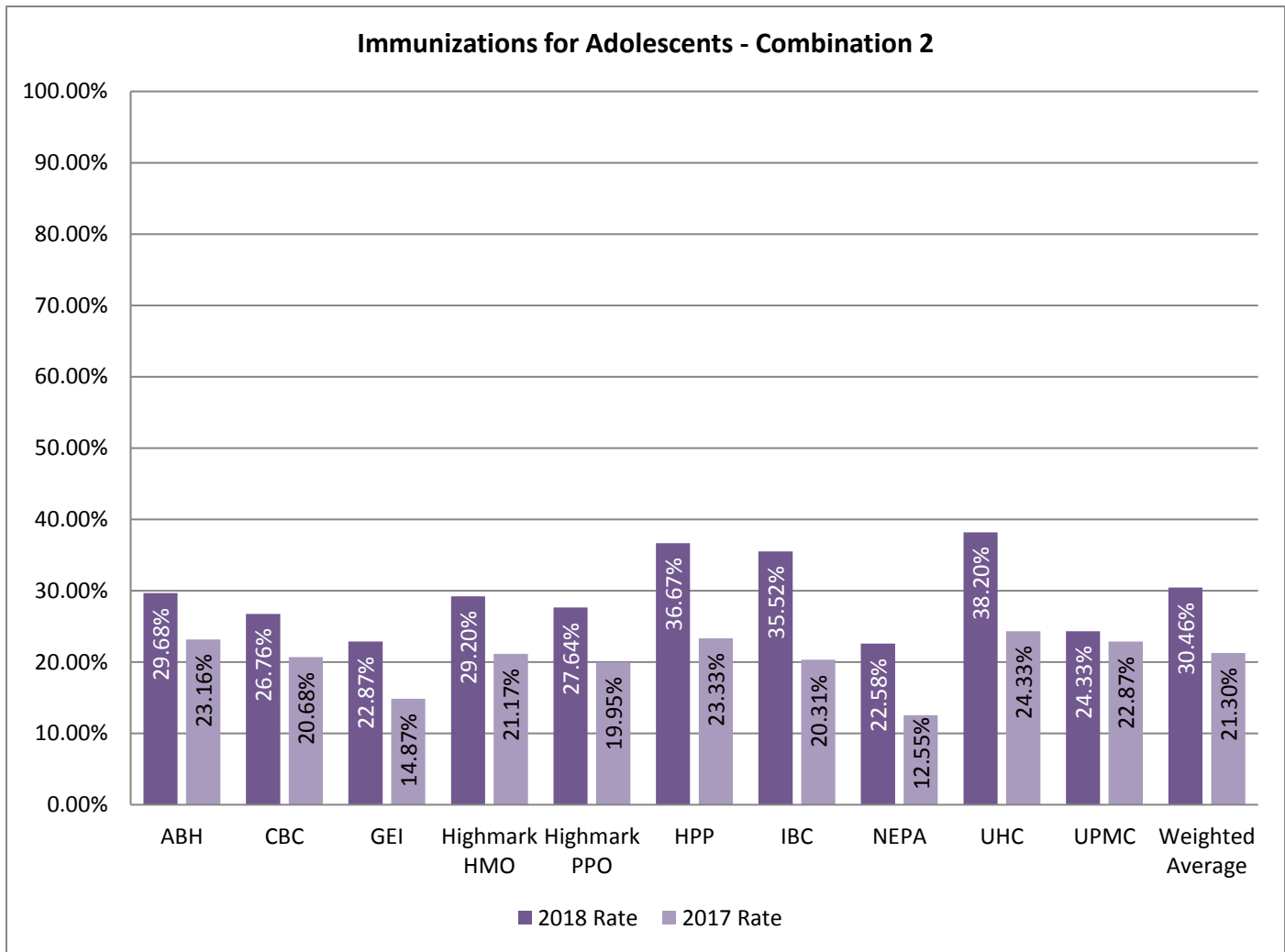


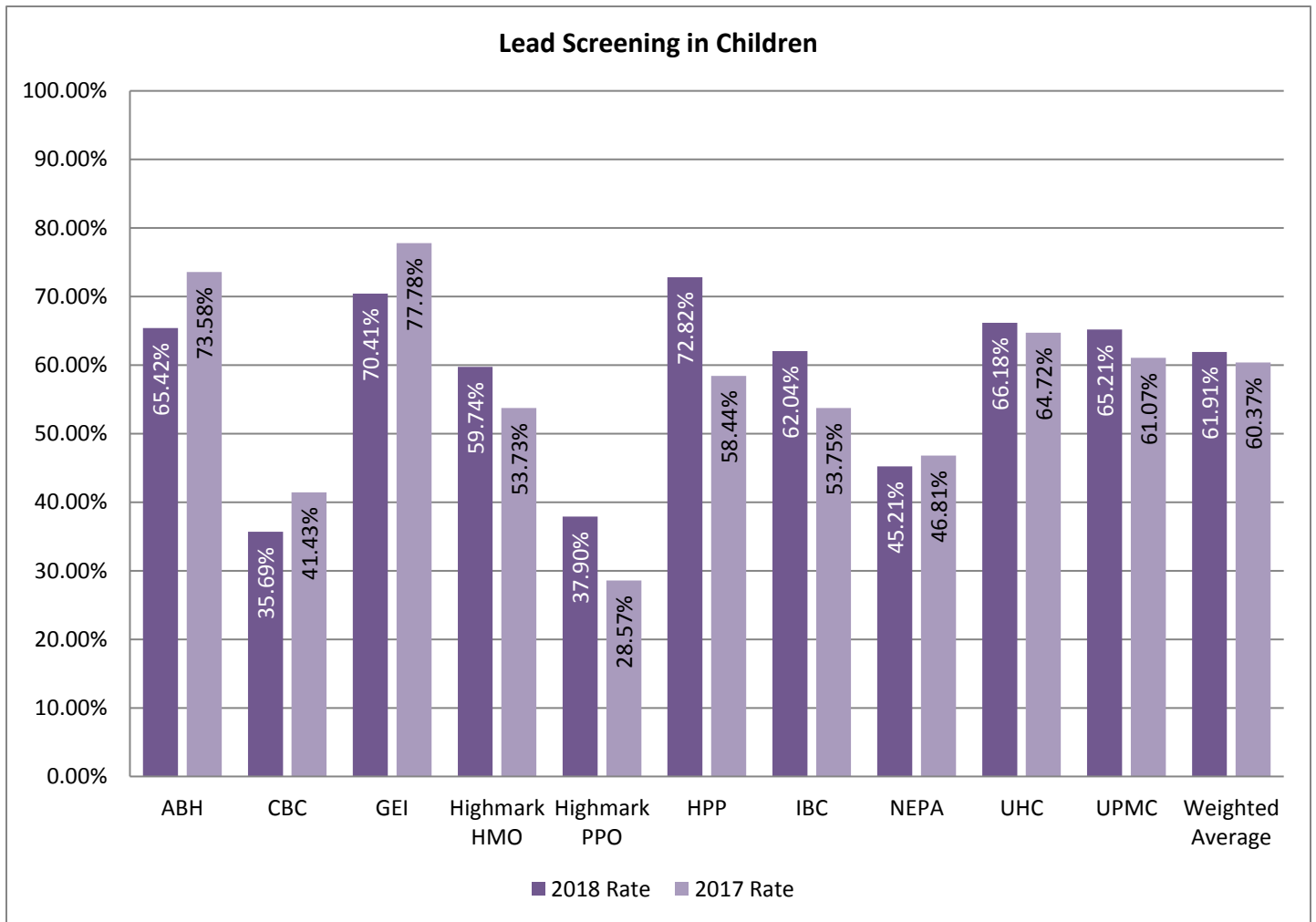
Figure 33: Immunizations for Adolescents – Combination 2



Lead Screening in Children

This measure assessed the percentage of children 2 years of age who had one or more capillary or venous lead blood tests for lead poisoning by their second birthday.

Figure 34: Lead Screening in Children



Follow-up Care for Children Prescribed ADHD Medication

This measure assessed the percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported.

Initiation Phase. The percentage of members 6–12 years of age as of the IPSP with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase.

Continuation and Maintenance (C&M) Phase. The percentage of members 6–12 years of age as of the IPSP with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.

Figure 35: Follow-up Care for Children Prescribed ADHD Medication - Initiation Phase

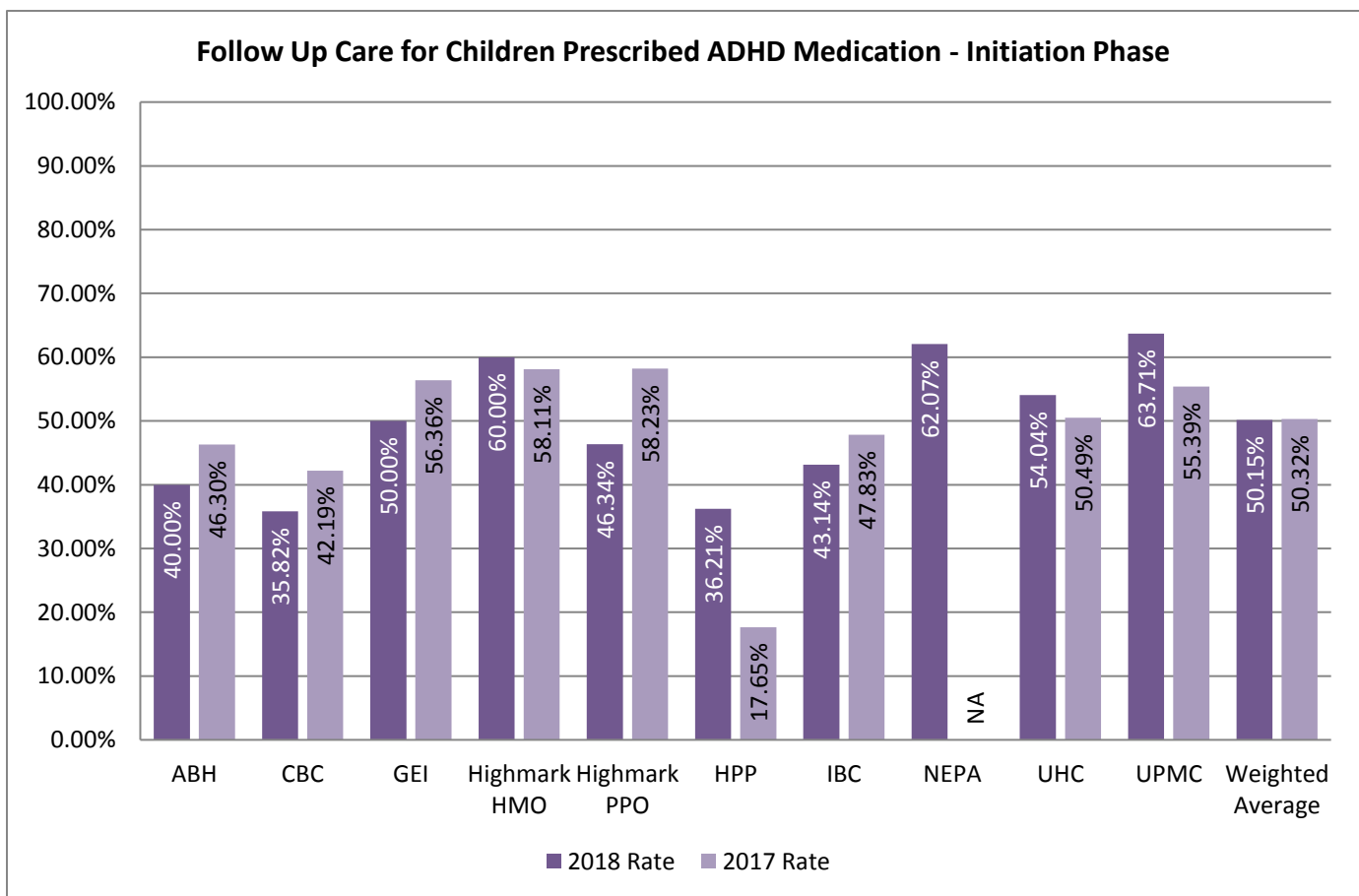
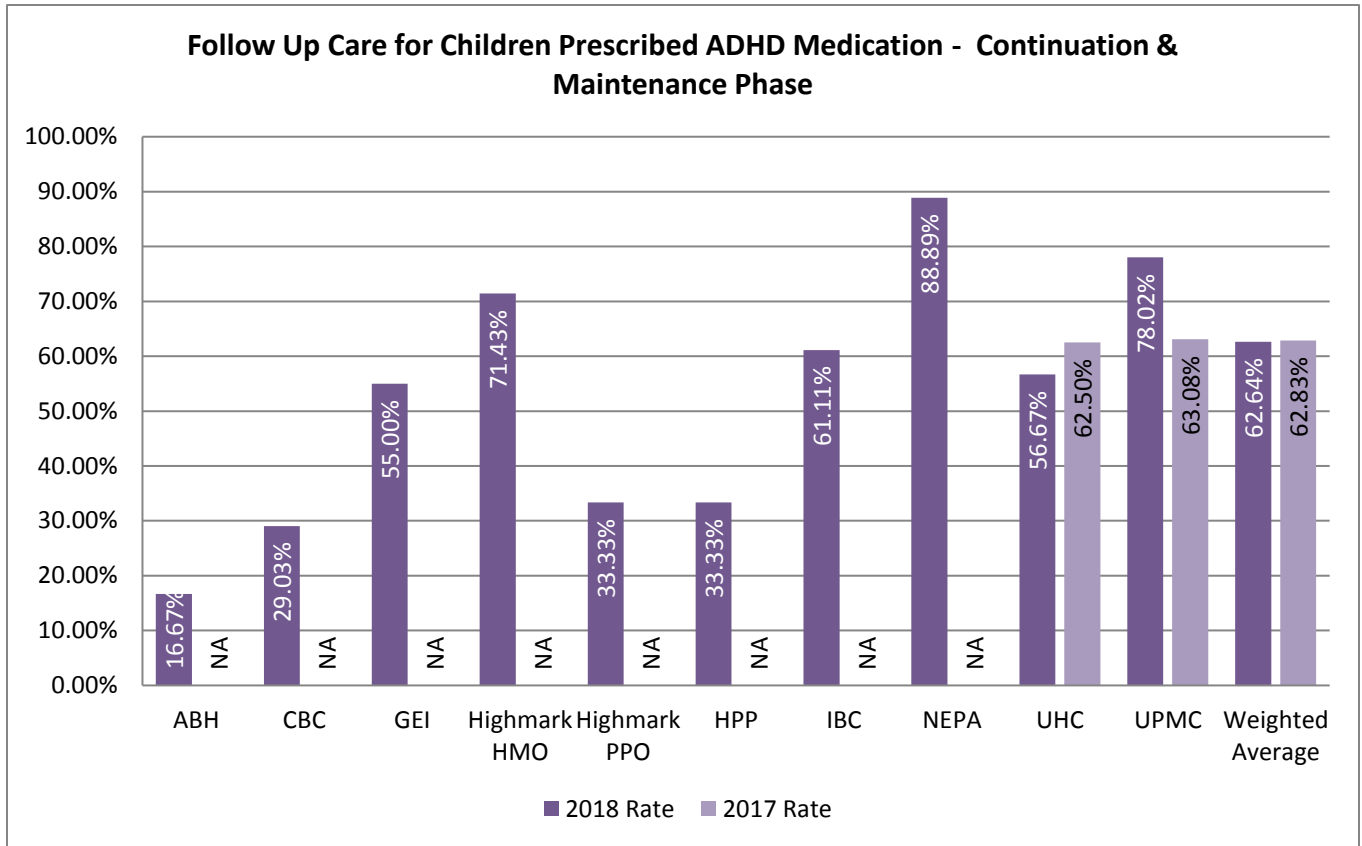


Figure 36: Follow-up Care for Children Prescribed ADHD Medication – Continuation and Maintenance Phase



Follow Up After Hospitalization for Mental Illness

The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had a follow-up visit with a mental health practitioner. Two rates are reported.

- The percentage of discharges for which the member received follow-up within 30 days after discharge.
- The percentage of discharges for which the member received follow-up within 7 days after discharge.

Figure 37: Follow-up Care after Hospitalization for Mental Illness – 7 Days

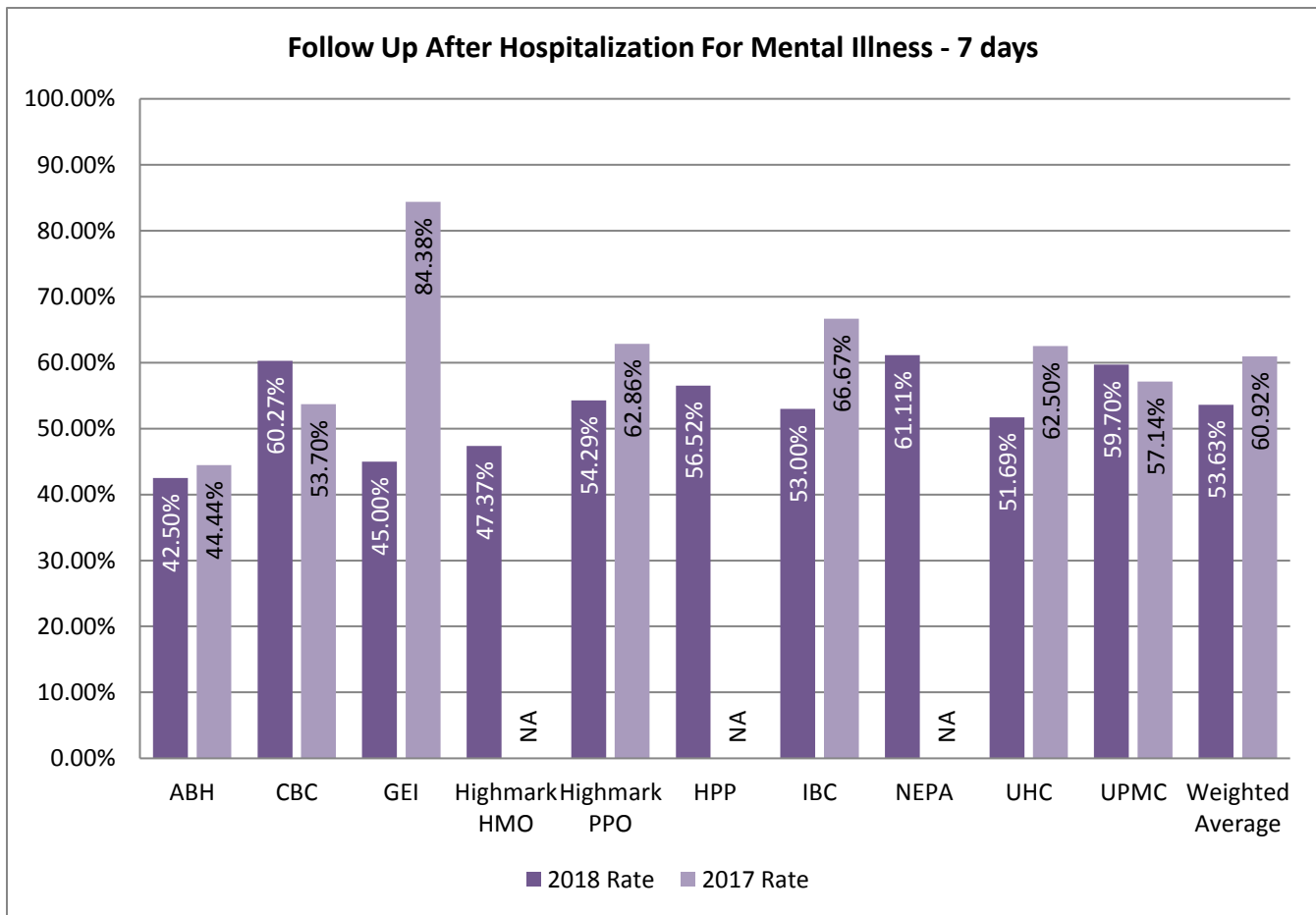
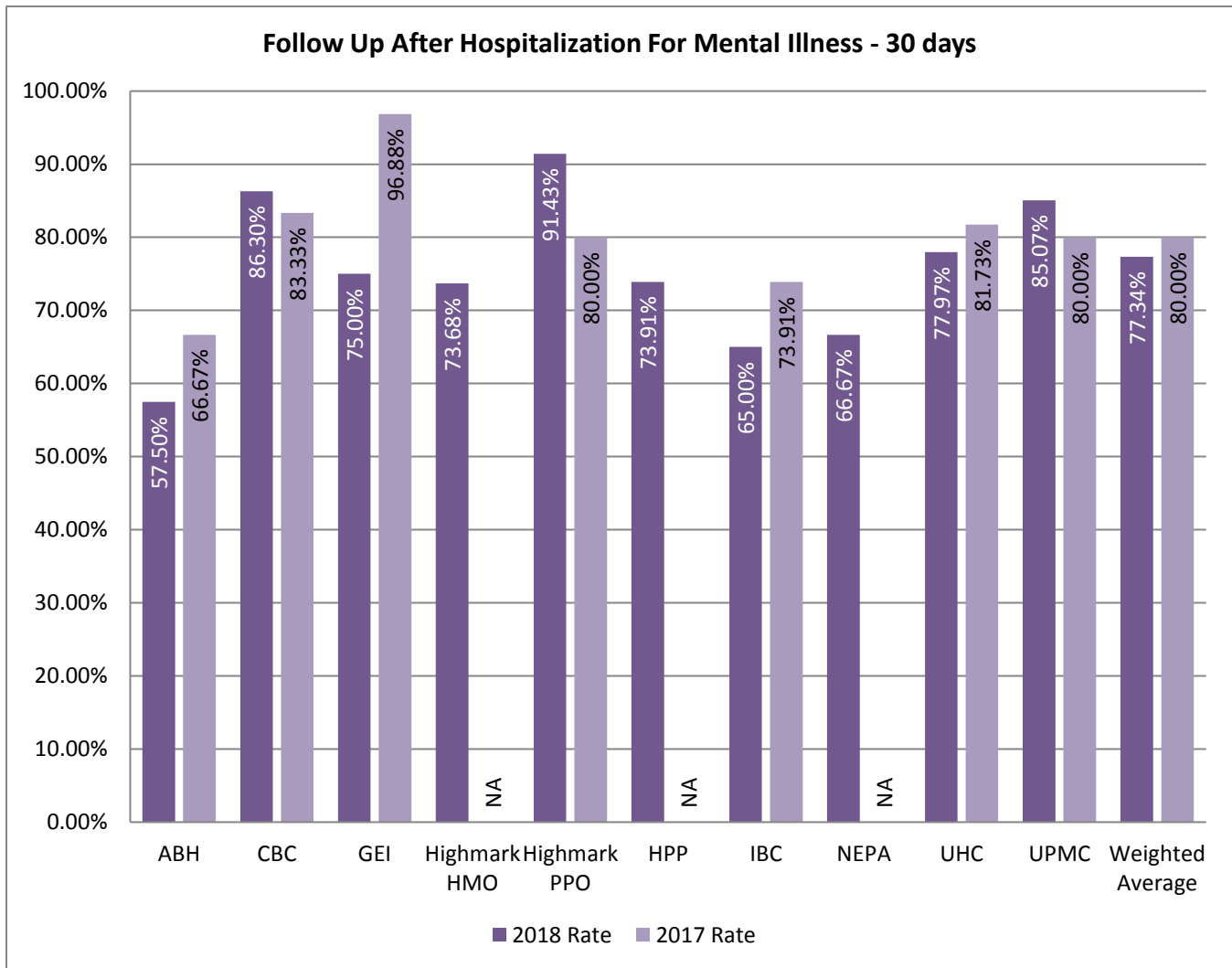


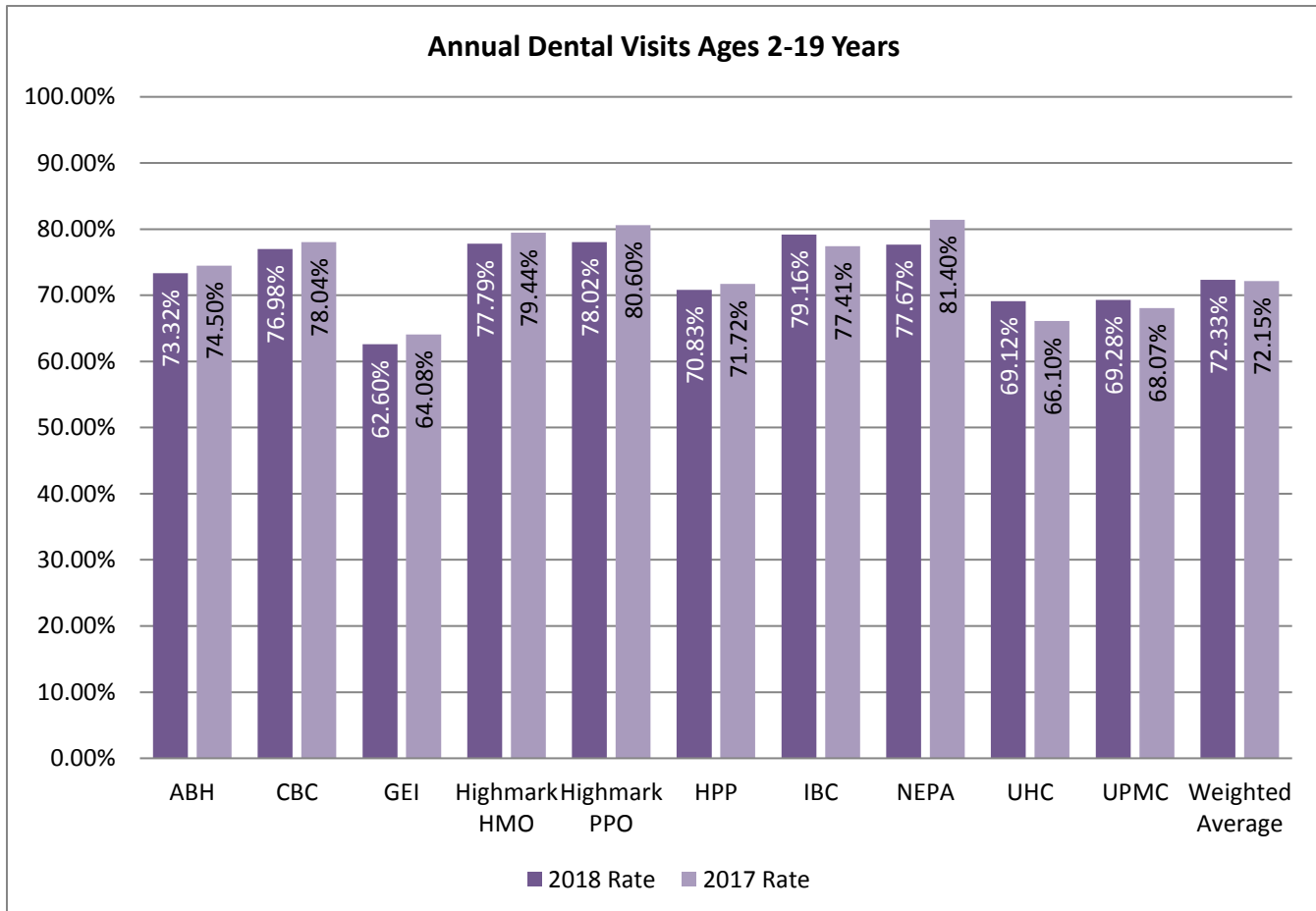
Figure 38: Follow-Up Care after Hospitalization for Mental Illness – 30 Days



Annual Dental Visit

This measure assessed the percentage of children and adolescents between the ages of 2 and 20 years of age who were continuously enrolled in the MCO for the measurement year who had a dental visit during the measurement year.

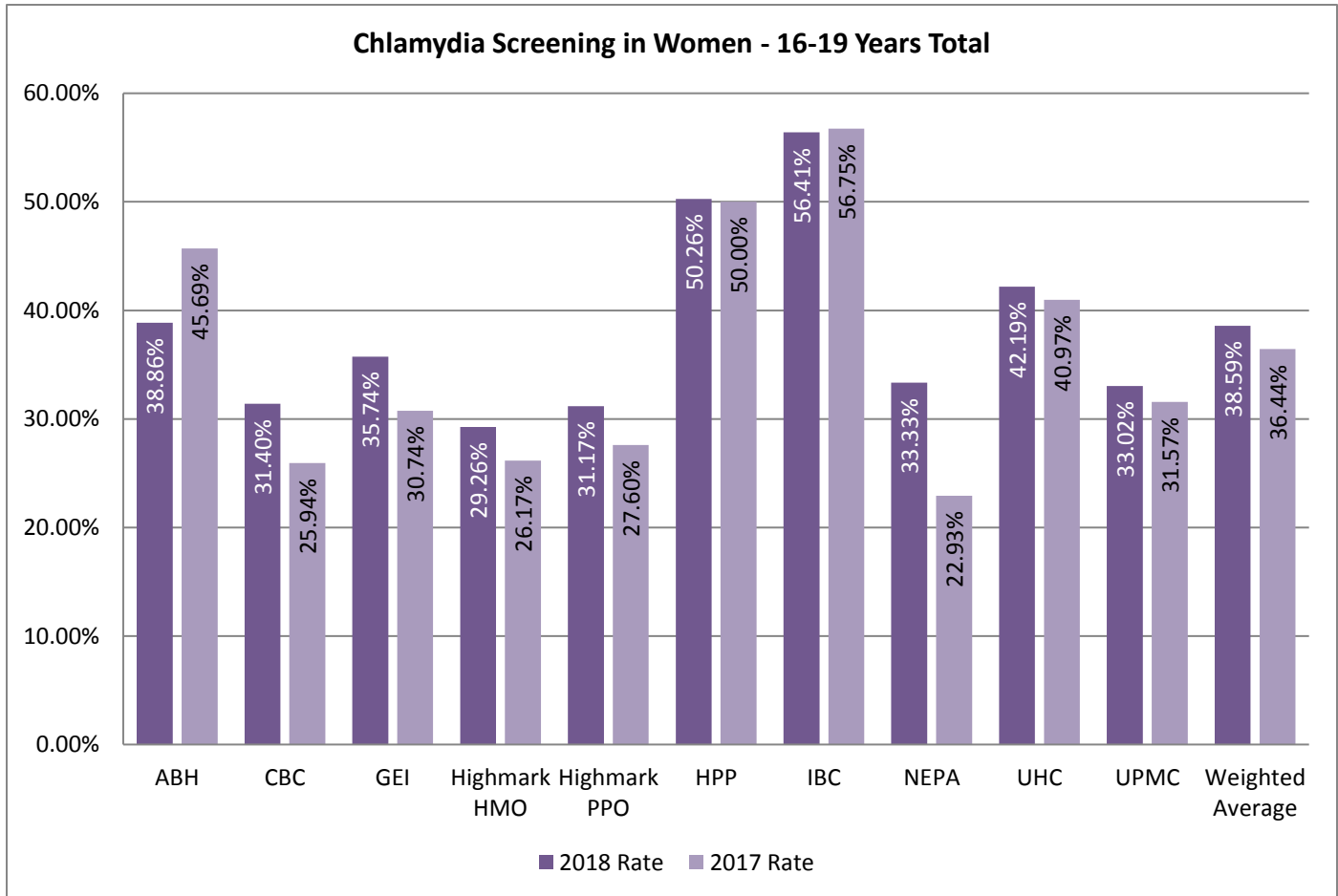
Figure 39: Annual Dental Visits Ages 2-19 Years



Chlamydia Screening in Women

This measure assessed the percentage of women 16–19 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.

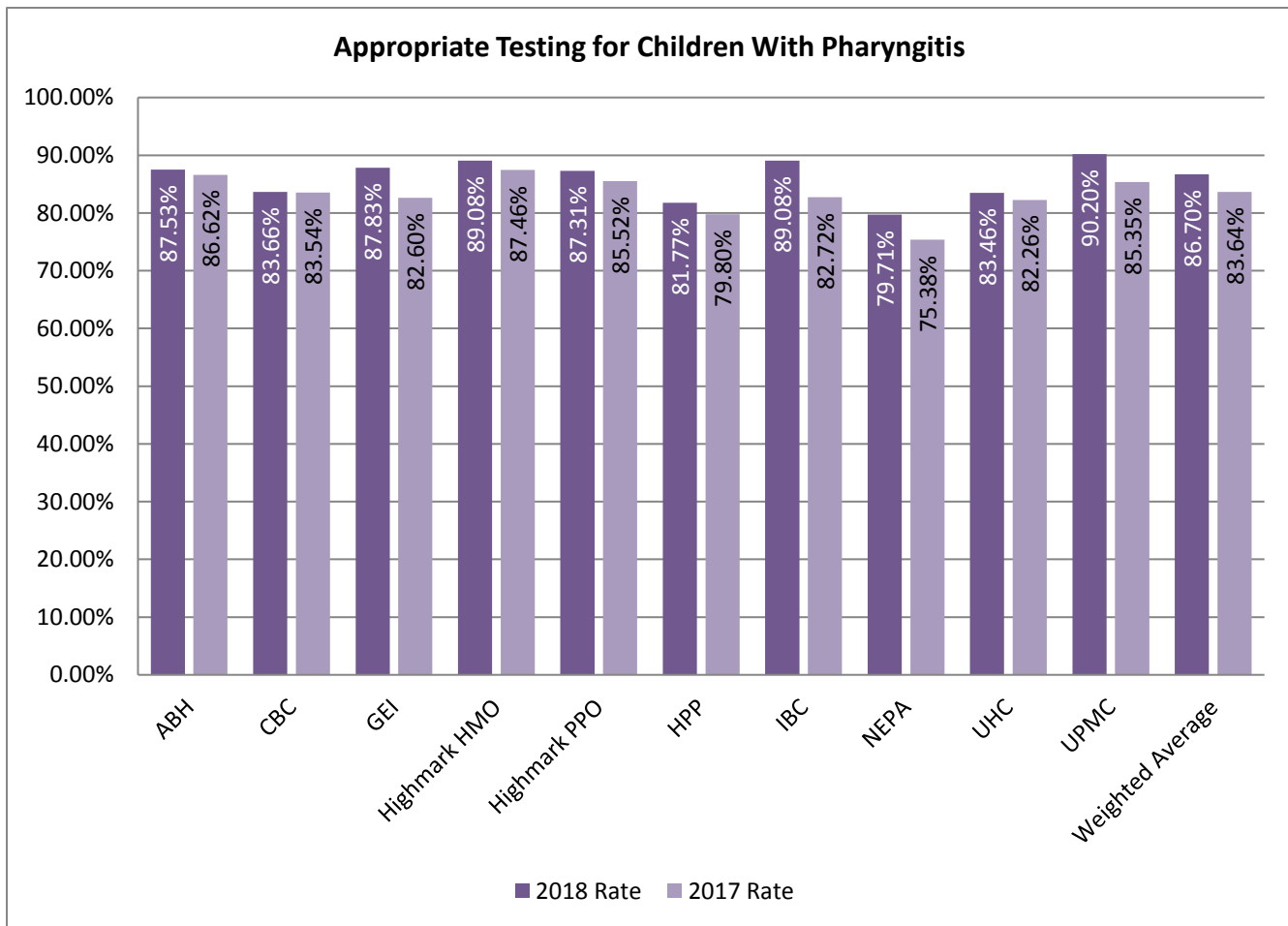
Figure 40: Chlamydia Screening in Women – 16-19 Years Total Rate



Appropriate Testing for Children with Pharyngitis

This measure assessed the percentage of children 3–18 years of age who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode. A higher rate represents better performance (i.e., appropriate testing).

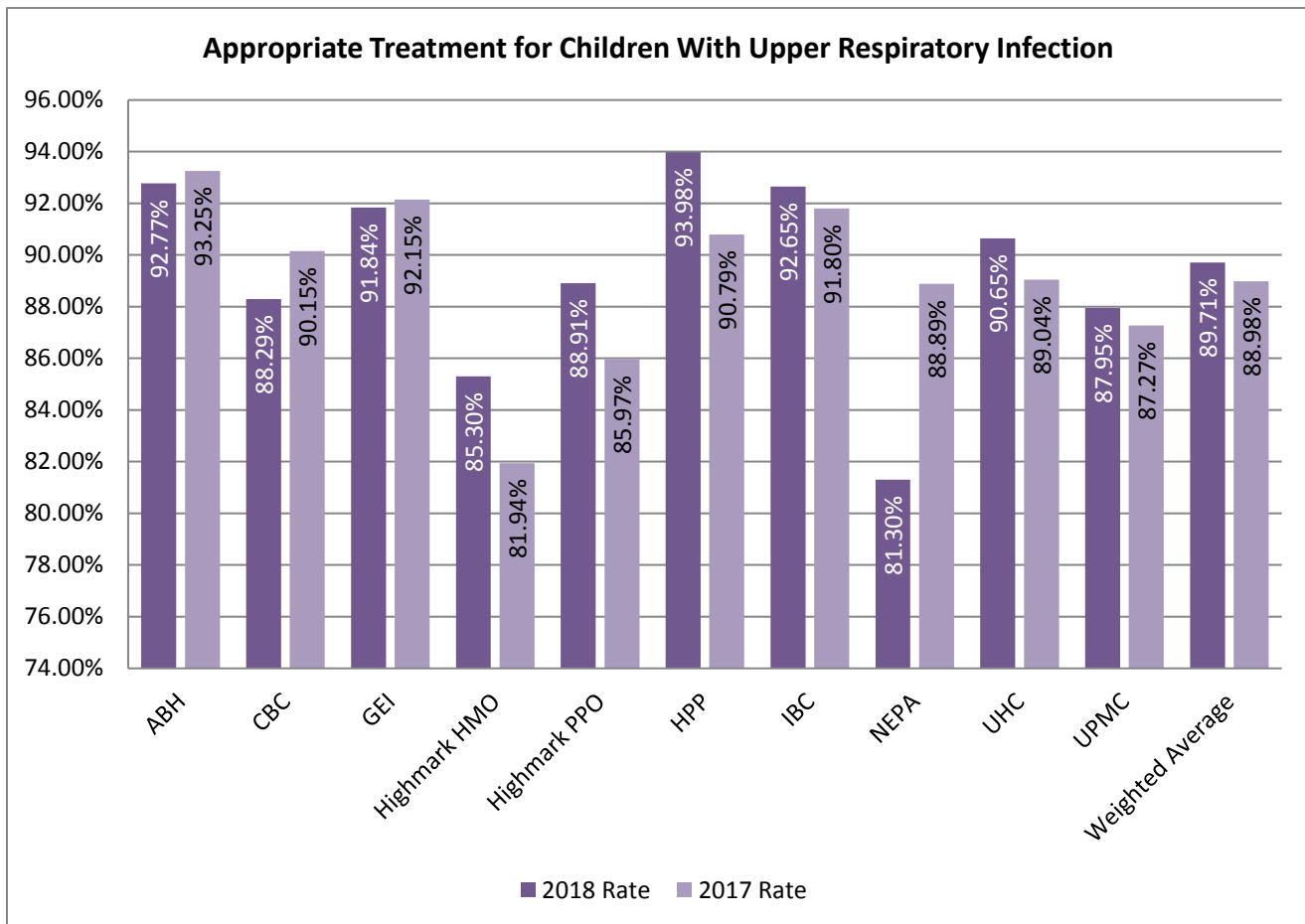
Figure 41: Appropriate Testing for Children with Pharyngitis



Appropriate Treatment for Children with Upper Respiratory Infection

This measure assessed the percentage of children 3 months–18 years of age who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription.

Figure 42: Appropriate Testing for Children with Upper Respiratory Infection



Medication Management for People with Asthma - 75% Compliance

This measure assessed the percentage of members 5–19 years of age during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period and remained on an asthma controller medication for at least 75% of their treatment period.

Figure 43: Medication Management for People with Asthma – Ages 5-19 Years

