



Children's Health Insurance Program 2019 Annual Report to the General Assembly

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Governor

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2019 Children’s Health Insurance Program Annual Report

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2019 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 can 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. 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) (the “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 the compliance with 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). The CHIP program was authorized on a federal level including funding appropriations through September 30, 2023. On February 9, 2018 Congress acted again to extend the CHIP program for an additional four years, or until September 30, 2027.

Services

Services funded for the calendar year 2019 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 funded.

Eligibility

In addition to income guidelines designated in detail in Attachment #1 (Income Guidelines), eligibility for CHIP is determined based on 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, 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. 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 Managed Care Organization (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 2019 was approximately \$53 per month.
- Greater than 262 percent but no greater than 288 percent – 35 percent of PMPM cost. The average cost to the enrollee in 2019 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 2019 was approximately \$84 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 2019 was \$233 per child. 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 MCO's 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

Understanding the healthcare needs of the families CHIP serves is essential to the outreach strategy. Educating the public to ensure a clear understanding of eligibility requirements, cost, and coverage will help families understand how CHIP compares to other health insurance options available. In October 2018, Field Goals.US was awarded the CHIP Market Research contract to explore the barriers to enrollment and re-enrollment in CHIP. The research objectives included:

- Determining barriers families experience when enrolling and re-enrolling into the CHIP program;
- Understanding awareness and perceptions of the CHIP program with CHIP and Non-CHIP parents;
- Developing CHIP website improvements and changes; and
- Gauging the resonance of current CHIP messaging and advertising.

Field Goals.US was tasked with conducting healthcare focus groups across the CHIP footprint in Pennsylvania. To establish the market research areas, CHIP provided the research team with county enrollment data. From their research, Field Goals.US recommended the following five market areas:

- Market 1: Dauphin/Perry/York Counties
- Market 2: Philadelphia/Delaware Counties
- Market 3: Westmoreland/Fayette Counties
- Market 4: Mifflin/Centre Counties
- Market 5: Lackawanna/Luzerne Counties

These markets are representative of areas with lower enrollment and re-enrollment statewide. In each market area, Field Goals.US developed two groups; the first group consisted of participants who previously had children enrolled in CHIP or currently have children enrolled in CHIP and the second group consisted of participants who have never enrolled their children in CHIP. All focus group participants were parents with children 19 years of age or younger living in the household. A mix of incomes and ages were recruited to cover the diverse population CHIP serves.

During the focus groups, participants discussed questions that addressed each research objective. Field

Goals.US created a workbook that captured quantitative information from each group. The workbook included each the respondent's knowledge of CHIP and children healthcare challenges. Additionally, the workbook provided each participate with brief surveys that contained a rating system and comment section for each CHIP media item. The media discussed in the focus groups included:

- CHIP landing page (www.chipcoverspakids.com)
- COMPASS landing page (www.compass.state.pa.us)
- CHIP "Reach" Tri-Fold Brochure
- CHIP "Strong" Tri-Fold Brochure
- CHIP Bi-Lingual Rack Card
- CHIP 30-Second Spot Video Ad (Full-Length)
- CHIP 15-Second Spot Video Ad (Swimmer)
- CHIP Radio Ad

The extensive research conducted by Field Goals.US has put CHIP in the unique position to make improvements that will directly assist Pa families in obtaining affordable and quality healthcare coverage for their children.

Mendoza Group, Inc. was awarded the Focus Effort and Event Speaker contracts in December 2018 – September 2019. For both contracts the target audience were areas with high uninsured rates with children, minority children and families with newborns. The components of the focus effort campaign included outreach events, enrollment/renewal events, and new CHIP Strong creative materials. The campaign goals for outreach and enrollment events were the following:

- Educate the public on CHIP
- Enroll, reducing the percentage of uninsured children
- Increase the renewal rate of CHIP enrollees.

The event speaker campaign focused on similar goals and was conducted throughout the Commonwealth. Both event speaker and community outreach are tools PA CHIP has utilized to connect and build trust within the communities the program serves. Outreach campaign spread the CHIP Strong message to over 20,000 people in addition to the event speaker campaign reaching 8,000 people statewide. From the increased interest in CHIP information and materials, Mendoza created a digital tool kit that community partners could access electronically. The digital toolkit included links to the following items:

- Digital CHIP Strong brochure
- CHIP Income Eligibility Chart
- Links to more CHIP resources such as CHIP website and COMPASS.
- Website banner ads
- CHIP Logo
- DHS/CHIP social media pages.
- CHIP Strong Newsletter

The digital tool kit allows CHIP to share materials quickly and efficiently with various agencies. Additionally, PA CHIP tasked Mendoza to host enrollment and renewal events in the same areas that outreach events were located. Mendoza is a COMPASS community partner and has been trained on application and renewal processing through PA's online application portal for human services. Through this initiative Mendoza was able to assist over 250 families in enrolling and renewing in the program. This initiative was especially helpful for families who were new to the program and did not know how to

navigate the enrollment process.

The 2019 media buy facilitated through Red House Communications yielded promising results. During the healthcare focus groups, participants suggested that CHIP advertisements should be aired through digital media platforms such as Pandora. According to Red House Communications, the campaign touched nearly 32 million viewers with 8.5 million completed views across the Commonwealth. 62% of viewers came from streaming radio platforms such as Spotify and Pandora. Google tactics lead 89% of CHIP website traffic during the media campaign. The actual number of consumers reached during the campaign surpassed all projected amounts giving the overall campaign an added value of \$425,359.

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 2019;

- Total Calls Received: 49,958
- Total Calls Answered: 48,479
- Total Calls Abandoned: 1,479
- Abandoned Rate: 2.96%
- Average Wait time for Callers: 1 minute and 10 seconds
- Average Length of Call: 4 minutes and 13 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. To meet this requirement, CHIP worked with both the PA Department of Education and the PA Association of Intermediate Units to send a flyer to Pennsylvania's public and private schools highlighting the benefits of CHIP (Attachment 4). In previous years, CHIP would compile a mass mailing of paper flyers for schools. This year, in an effort to be "greener", CHIP provided the flyer electronically in the dissemination email, so schools could easily provide the flyer electronically to families. The bilingual flyer is two-sided, one side has the English translation and the other side is translated in Spanish.

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's 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 creative and effective 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 2019 was 182,929. The projected average enrollment for CHIP in calendar year 2020 is 189,601. 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 2019.

The total enrollment numbers for the several levels of the FPL for the period January through December 2019 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	123,171	31,506	8,674	6,501	9,389	179,241
February	124,343	31,734	8,692	6,528	9,605	180,902
March	123,694	32,107	8,774	6,503	9,892	180,970
April	123,423	32,477	8,865	6,516	10,104	181,385
May	124,452	32,764	8,953	6,640	10,162	182,971
June	124,423	33,076	9,040	6,683	10,342	183,564
July	124,252	33,027	8,999	6,659	10,494	183,431
August	124,773	33,114	9,041	6,756	10,649	184,333
September	125,031	33,123	9,098	6,735	10,825	184,812
October	123,213	33,106	9,070	6,691	10,992	183,072
November	124,545	33,286	9,147	6,803	11,131	184,912
December	124,809	33,506	9,138	6,846	11,254	185,553

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®) 2019 performance measures, 2019 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 2019 performance measurements, 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. Attachment 5 (The detailed HEDIS 2019 report card.)

Changes to the CHIP State Plan Approved in CY 2019

During calendar year 2019, CHIP submitted the Managed Care state plan amendment to confirm its compliance with the 2016 federal managed care regulations (42 CFR chapters 457 and 438). The managed care rules were effective July 1, 2018, and CMS issued the Managed Care state plan amendment template in early 2019 for states to complete and confirm compliance with the federal rules. Pennsylvania completed the template confirming compliance and the amendment was approved by CMS November 27, 2019. The amendment is retroactively effective to July 1, 2018.

Conclusion

CHIP continues its mission to serve the under and uninsured children through targeted outreach, improved client communications and increased administrative efficiencies. CHIP now serves over 185,500 Pennsylvania children and strives to increase enrollment of the Commonwealth’s uninsured population.

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Attachment 1: CHIP Full Income Chart

How much will CHIP cost?

Find out with this handy 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*

Household Size	FREE		LOW COST				FULL COST
	<u>ages 1 - 5</u>	<u>ages 6 - 18</u>	<u>ages 0 - 1</u>	<u>ages 1 - 18</u>	<u>ages 0 - 18</u>	<u>ages 0 - 18</u>	<u>ages 0 - 18</u>
1	\$19,610-\$25,980	\$16,612-\$25,980	\$26,854-\$32,724	\$25,980-\$32,724	\$32,724-\$35,972	\$35,972-\$39,219	\$39,219 -No Limit
2	\$26,549-\$35,173	\$22,491-\$35,173	\$36,357-\$44,305	\$35,173-\$44,305	\$44,305-\$48,701	\$48,701-\$53,098	\$53,098-No Limit
3	\$33,489-\$44,367	\$28,369-\$44,367	\$45,860-\$55,885	\$44,367-\$55,885	\$55,885-\$61,431	\$61,431-\$66,977	\$66,977-No Limit
4	\$40,428-\$53,560	\$34,248-\$53,560	\$55,363-\$67,465	\$53,560-\$67,465	\$67,465-\$74,160	\$74,160-\$80,855	\$80,855- No Limit
5	\$47,367-\$62,754	\$40,127-\$62,754	\$64,866-\$79,046	\$62,754-\$79,046	\$79,046-\$86,890	\$86,890-\$94,734	\$94,734 -No Limit
6	\$54,307 - 71,948	\$46,005-\$71,948	\$74,369-\$90,626	\$71,948 -\$90,626	\$90,626-\$99,620	\$99,620-\$108,613	\$108,613 -No Limit
7	\$61,246-\$81,141	\$51,884-\$81,141	\$83,872-\$102,207	\$81,141 - \$102,207	\$102,207- \$112,349	\$112,349- \$122,492	\$122,492 -No Limit
8	\$68,186-\$90,335	\$57,762-\$90,335	\$93,375-\$113,787	\$90,335- \$113,787	\$113,787- \$125,079	\$125,079- \$136,371	\$136,371 -No Limit
9	\$75,125-\$99,528	\$63,641-\$99,528	\$102,878-\$125,367	\$99,528 - \$125,367	\$125,367-\$137,808	\$137,808-\$150,249	\$150,249 -No Limit
10	\$82,064-\$108,722	\$69,520-\$108,722	\$112,381-\$136,948	\$108,722-\$136,948	\$136,948-\$150,538	\$150,538-\$164,128	\$164,128 -No Limit

Cost*

Average monthly premium per child	\$0	\$0	\$53	\$53	\$74	\$84	\$233
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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 Visits	\$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 2019

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.

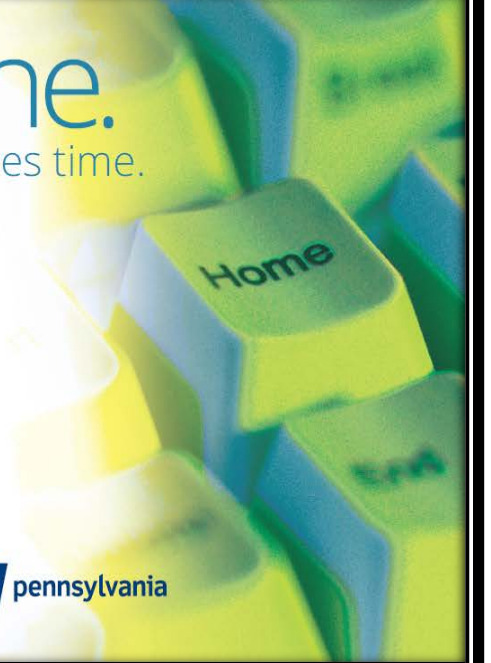
Through COMPASS you can apply for:

- 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)



chip Strong

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



Pennsylvania's Children's Health Insurance Program
We Cover All 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
Cobrimos a todos los niños.

Attachment 5: CHIP Enrollment by County

CHIP Enrollment by Sub-Program and County

December - 2019

County	Free	Sub 1	Sub 2	Sub 3	At Cost	Total
Adams	1,210	364	118	74	110	1,876
Allegheny	8,744	2,692	765	556	1,524	14,281
Armstrong	681	207	58	42	53	1,041
Beaver	1,559	427	107	86	133	2,312
Bedford	663	171	59	41	78	1,012
Berks	5,340	1,363	378	300	375	7,756
Blair	1,375	430	91	82	92	2,070
Bradford	568	116	33	21	35	773
Bucks	5,268	1,843	544	419	753	8,827
Butler	1,272	421	113	76	231	2,113
Cambria	1,099	355	100	74	102	1,730
Cameron	42	5	0	1	4	52
Carbon	666	153	33	32	37	921
Centre	702	172	61	28	48	1,011
Chester	3,675	1,267	356	237	456	5,991
Clarion	367	137	21	20	40	585
Clearfield	725	198	55	31	68	1,077
Clinton	313	88	28	17	19	465
Columbia	577	156	29	20	23	805
Crawford	729	214	59	41	57	1,100
Cumberland	2,256	601	156	124	196	3,333
Dauphin	2,949	748	254	200	329	4,480
Delaware	5,802	1,669	411	287	524	8,693
Elk	209	69	22	12	33	345
Erie	2,540	569	150	126	234	3,619
Fayette	1,321	304	100	92	126	1,943
Forest	27	6	10	1	3	47
Franklin	2,195	558	167	122	156	3,198
Fulton	162	50	19	14	14	259
Greene	310	78	17	11	37	453
Huntingdon	433	113	27	23	30	626
Indiana	670	190	51	33	57	1,001
Jefferson	434	163	36	29	35	697
Juniata	226	68	17	14	5	330
Lackawanna	1,880	468	91	97	102	2,638

Lancaster	6,532	2,135	592	403	599	10,261
Lawrence	788	187	54	47	82	1,158
Lebanon	1,759	506	124	93	106	2,588
Lehigh	5,141	1,071	278	207	320	7,017
Luzerne	3,593	656	169	133	118	4,669
Lycoming	1,064	221	59	54	48	1,446
Mckean	280	64	15	10	19	388
Mercer	853	198	65	33	59	1,208
Mifflin	523	144	32	25	13	737
Monroe	1,798	405	115	80	129	2,527
Montgomery	6,326	2,076	613	444	876	10,335
Montour	87	40	3	8	3	141
Northampton	3,155	721	211	172	280	4,539
Northumberland	862	237	33	35	22	1,189
Perry	496	133	40	18	36	723
Philadelphia	19,077	3,867	931	702	914	25,491
Pike	524	156	22	36	47	785
Potter	136	17	12	12	15	192
Schuylkill	1,316	373	116	76	69	1,950
Snyder	460	116	30	32	16	654
Somerset	658	215	58	59	70	1,060
Sullivan	41	3	4	7	1	56
Susquehanna	499	99	23	25	43	689
Tioga	389	103	30	18	20	560
Union	379	117	24	10	22	552
Venango	534	127	39	24	35	759
Warren	220	66	19	21	22	348
Washington	1,668	506	160	119	258	2,711
Wayne	505	100	36	29	39	709
Westmoreland	2,864	1,009	290	229	418	4,810
Wyoming	239	73	12	23	19	366
York	5,054	1,332	393	279	417	7,475
Total	124,809	33,506	9,138	6,846	11,254	185,553

Attachment 6: 2019 HEDIS Report Card



**Commonwealth of Pennsylvania
Department of Human Services**

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

FINAL REPORT

December 2019



Better healthcare,
realized.

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

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 183,000 children and teens were enrolled in PA CHIP as of October 2019.

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% of the federal poverty level (FPL);
- Low-Cost CHIP: Coverage is available for those with incomes greater than 208% but not greater than 314% of the FPL; and
- At-Cost CHIP: Families with incomes greater than 314% of the FPL can 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 90% of CHIP's total cost. CHIPRA contained numerous new federal program requirements, including citizenship and identity verification, a mandate to provide coverage

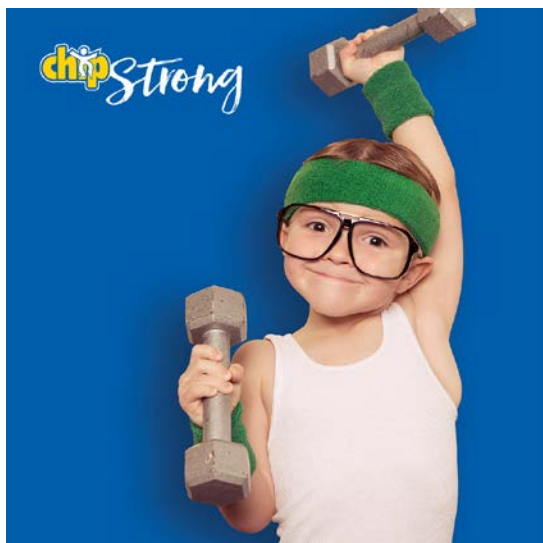


for orthodontic services, a mandate to make supplemental payments in certain circumstances to Federally Qualified Health Centers and Rural Health Clinics, a variety of process requirements when CHIP provides coverage through managed care plans, the obligation to provide information about dental providers 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 (MCOs) 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 at the 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.

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

Report Card Description

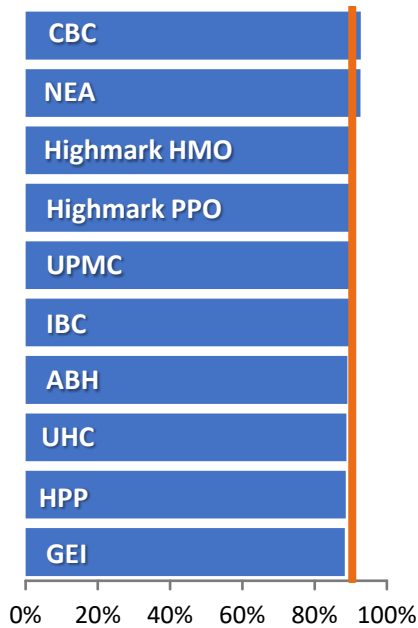
CHIP health insurance company performance is assessed using Healthcare Effectiveness Data Information Set (HEDIS®) 2019 performance measures, 2019 Consumer Assessment of Healthcare Provider Systems (CAHPS®) 5.0 Survey items and Pennsylvania-specific performance measures. Results are presented in three sections: Access to Care, Quality of Care and Satisfaction with Care.

For HEDIS 2019 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. Plans that reported a denominator less than 30 report rates as “NA”; these plans are not included in the below graphs.

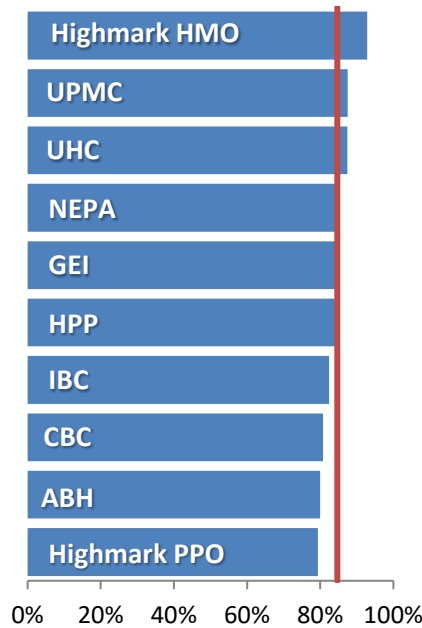
In addition, the PA CHIP statewide weighted average is represented on each chart by a solid vertical line. The PA CHIP weighted averaged is calculated as the total number of events program-wide divided by the eligible population program-wide.

Satisfaction with Care: Is the care meeting your needs?



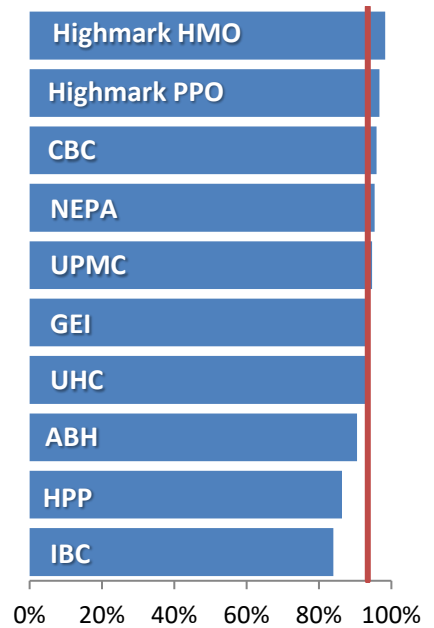
Satisfaction with Your Child's Personal Doctor

Parent/Guardian rated their child's personal doctor 8 or higher on a scale of 0 through 10
(CHIP weighted average = 90.42%)



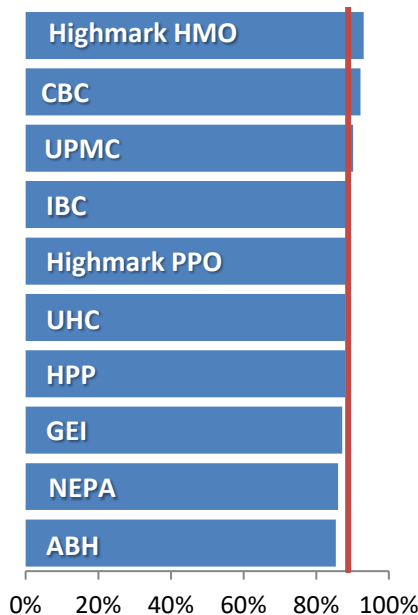
Satisfaction with Your Child's Specialist

Parent/Guardian rated their child's specialist 8 or higher on a scale of 0 through 10
(CHIP weighted average = 84.67%)



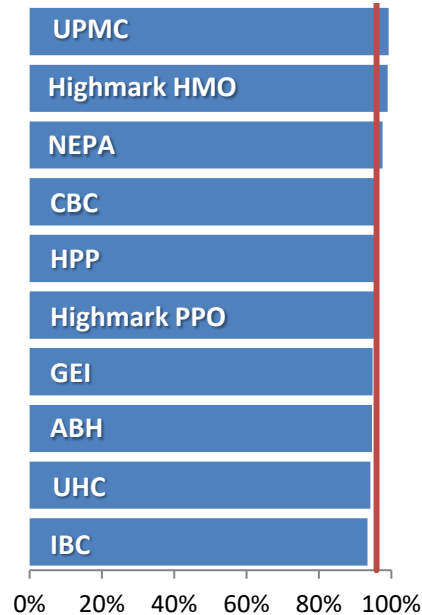
Child is Able to Get Urgent Care as soon as is Necessary

Parent/Guardian "usually" or "always" able to get urgent care for the child when needed
(CHIP weighted average = 93.48%)



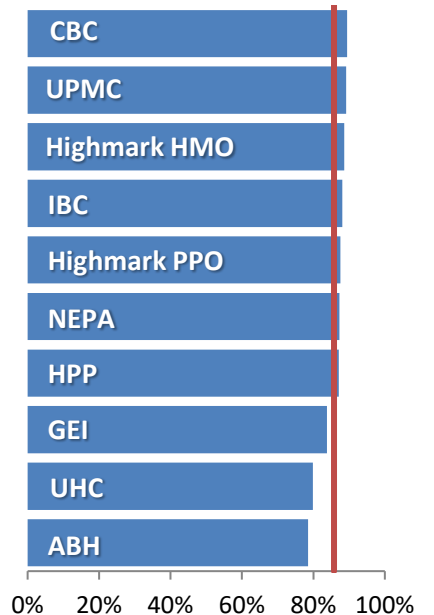
Satisfaction with Your Child's Health Care

Parent/Guardian rated their child's health care 8 or higher on a scale of 0 through 10
(CHIP weighted average = 88.80%)



Courteous Treatment by Customer Service

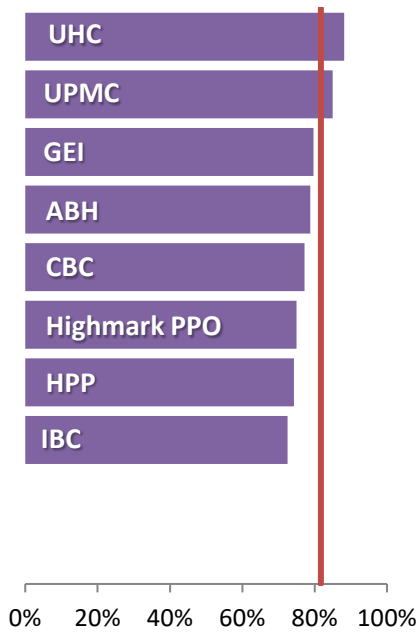
Parent/Guardian "usually" or "always" received courteous treatment from customer service
(CHIP weighted average = 95.90%)



Satisfaction with Your Child's Health Plan

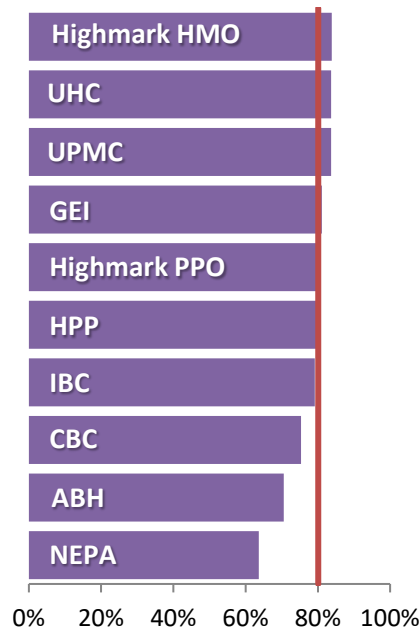
Parent/Guardian rated their child's health plan 8 or higher on a scale of 0 through 10
(CHIP weighted average = 85.77%)

Access to Care: Are children receiving care?



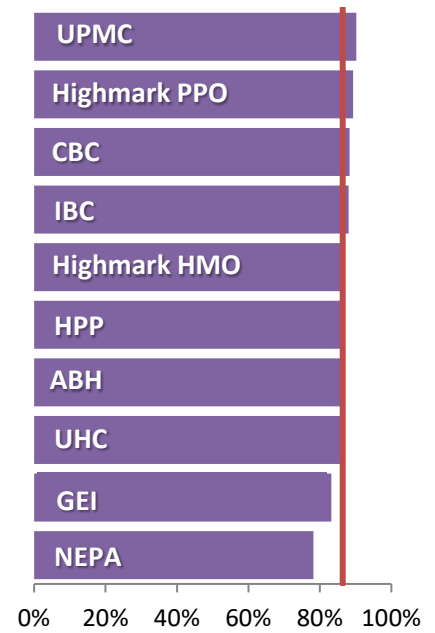
Regular Checkups for Children in the First 15 Months

Percentage of children who had 6 or more well-child visits with a PCP before turning 15 months old
(CHIP weighted average = 81.72%)



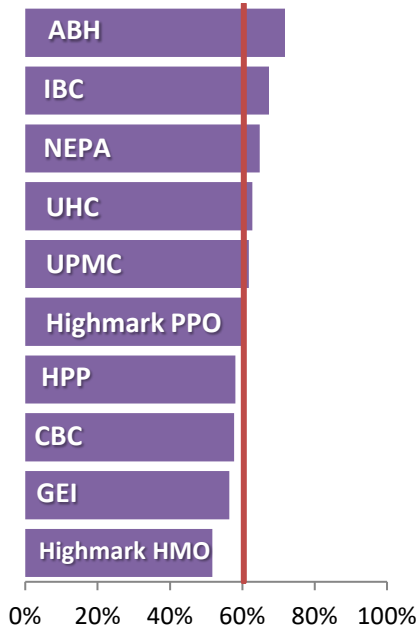
Childhood Immunization Status Combination 3

Percentage of children who received a combination of 7 recommended vaccines prior to their 2nd birthday
(CHIP weighted average = 80.11%)



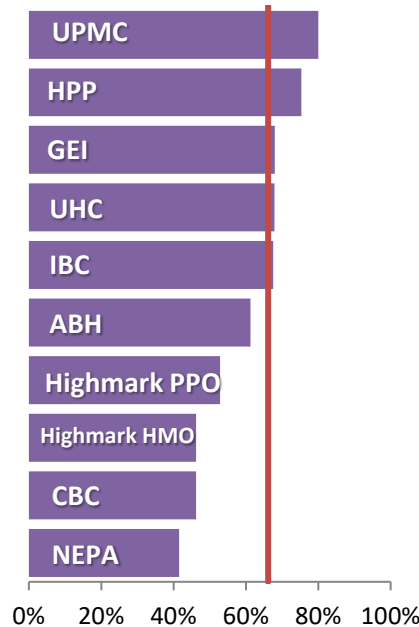
Testing for Children with Pharyngitis (Sore Throat)

Percentage of children 2 – 18 years old with a sore throat who were prescribed antibiotic & tested for streptococcus
(CHIP weighted average = 87.27%)



Medication Management for People with Asthma

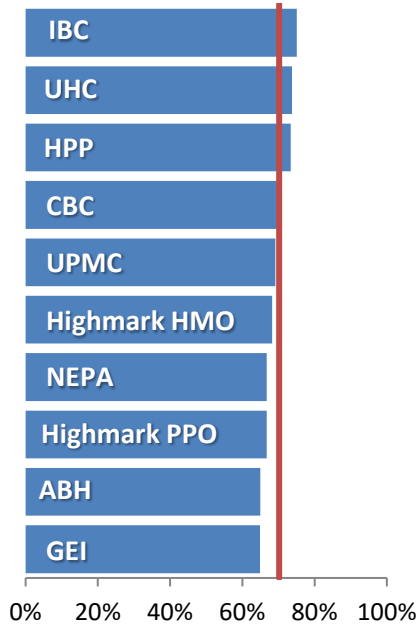
Percentage of members 5-19 years old who were identified as having persistent asthma and were dispensed medication
(CHIP weighted average = 60.41%)



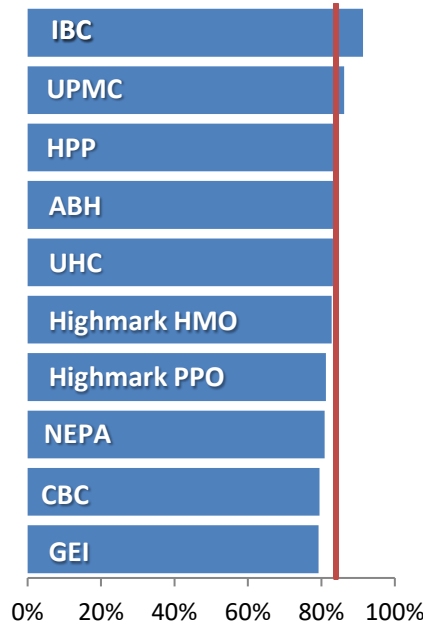
Lead Screening for Children

Percentage of children who were tested for elevated blood lead levels prior to their 2nd birthday
(CHIP weighted average = 66.15%)

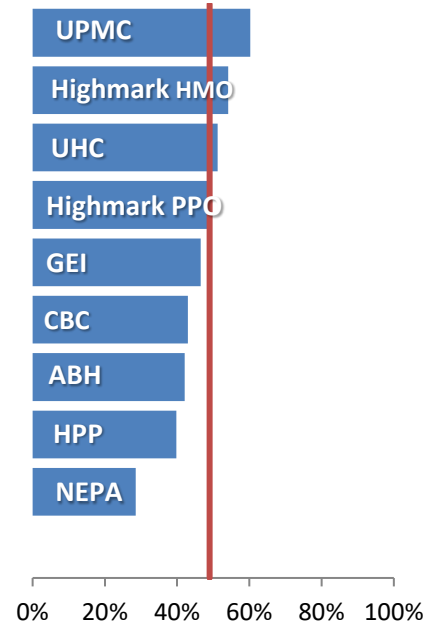
Quality of Care I: How good is the care being provided?



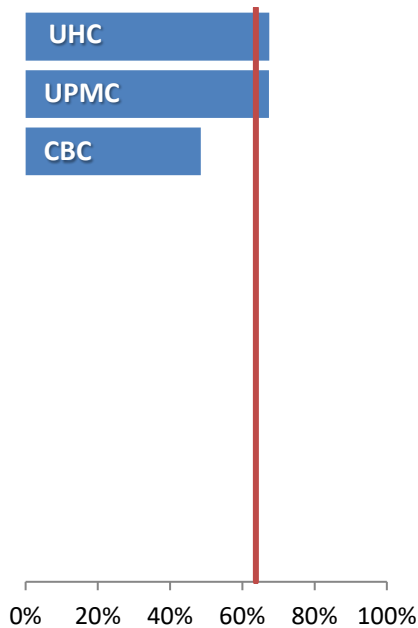
Regular Checkups for Adolescents
 Percentage of adolescents 12-19 years old who had at least one well-care visit with a PCP or OB/GYN
(CHIP weighted average = 70.19%)



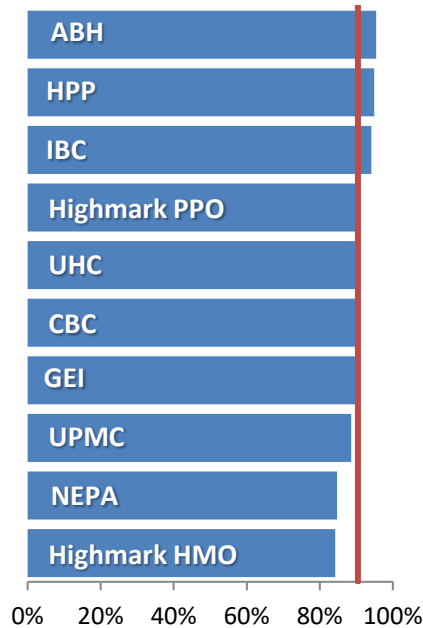
Regular Checkups for Children 3 – 6 Years Old
 Percentage of children 3 – 6 years old who had one or more well-child visits with a PCP
(CHIP weighted average = 83.97%)



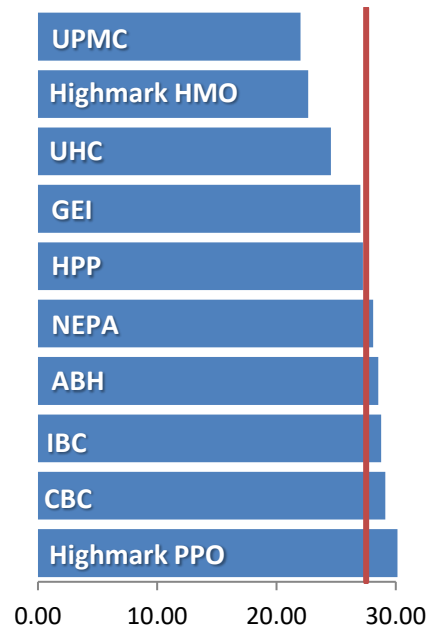
Attention Deficit Hyperactivity Disorder Follow Up Care: Initiation Phase
 Percentage of children 6-12 years old with one follow up visit within 30 days of being prescribed medication for ADHD
(CHIP weighted average = 49.00%)



Attention Deficit Hyperactivity Disorder Follow Up Care: Continuation & Maintenance
 Percentage of children 6-12 years old on ADHD medication who had one follow up visit during initiation and 2 additional follow ups
(CHIP weighted average = 63.74%)

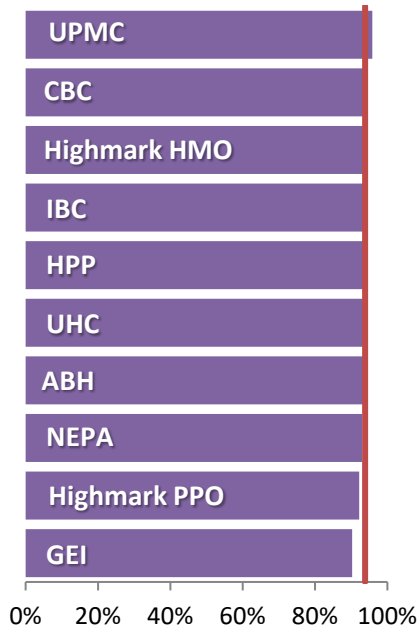


Appropriate Treatment for Upper Respiratory Infection
 Percentage of children and adolescents 3 months – 18 years old with the common cold who were not prescribed antibiotics
(CHIP weighted average = 90.44%)



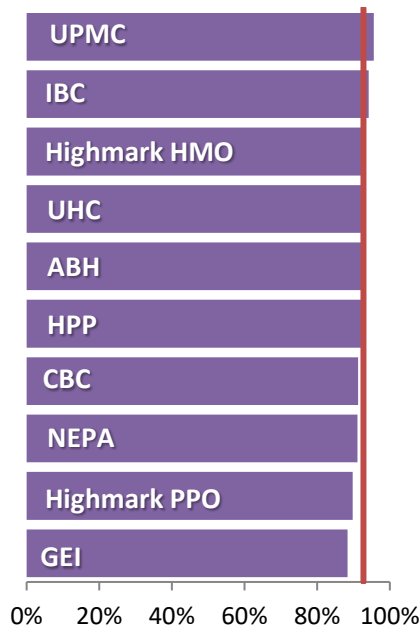
Emergency Department Visits for Children <1 – 19 Years Old
 Number of ED visits per 1000 member months by members <1 – 19 years old
(a lower rate indicates better performance)

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



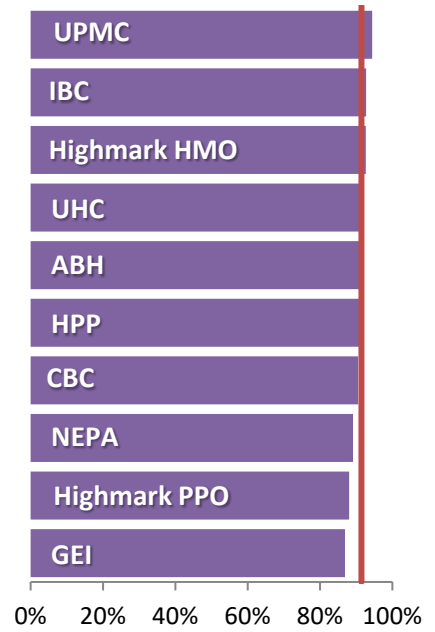
Immunizations for Adolescents: Tdap/Td

Percentage of members who received one Tdap or Td vaccine between their 10th and 13th birthdays
(CHIP weighted average = 93.85%)



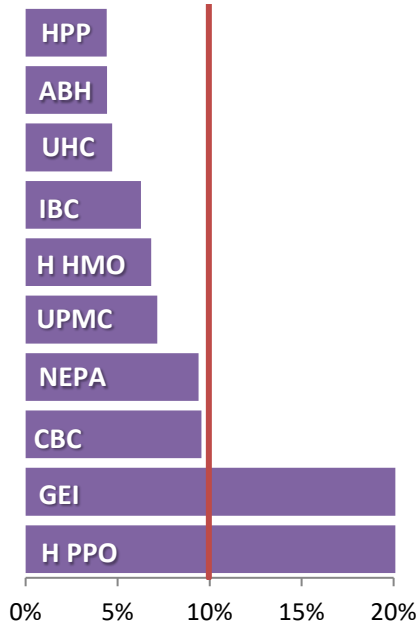
Immunizations for Adolescents: Meningococcal

Percentage of members who received one meningococcal vaccine between their 10th and 13th birthdays
(CHIP weighted average = 92.74%)



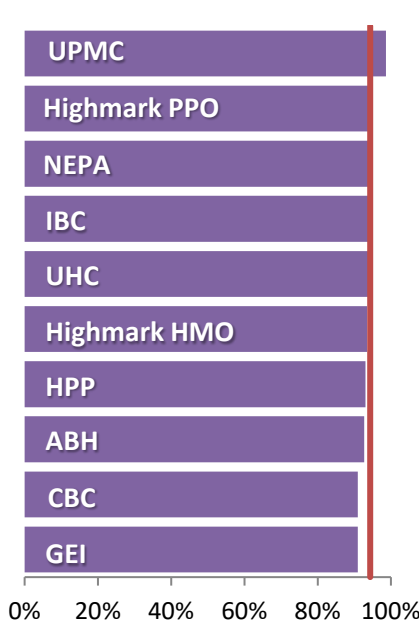
Immunizations for Adolescents: Combination 1

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 = 91.45%)



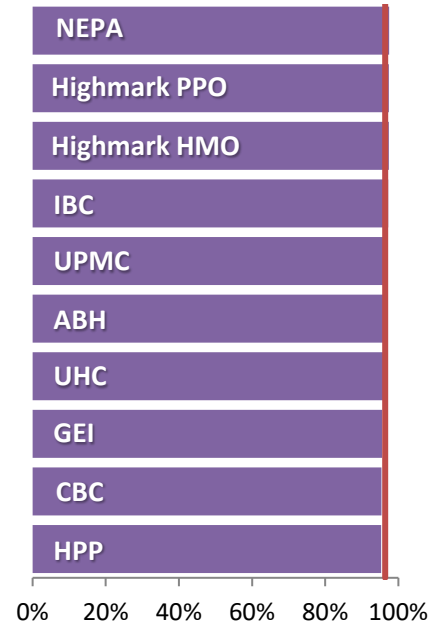
Emergency Department Visits for Asthma

Percentage of children with asthma who had one or more asthma-related ED visits (a lower rate indicates better performance)
(CHIP weighted average = 9.96%)



Children's Access to Practitioners: 12 months to 6 years

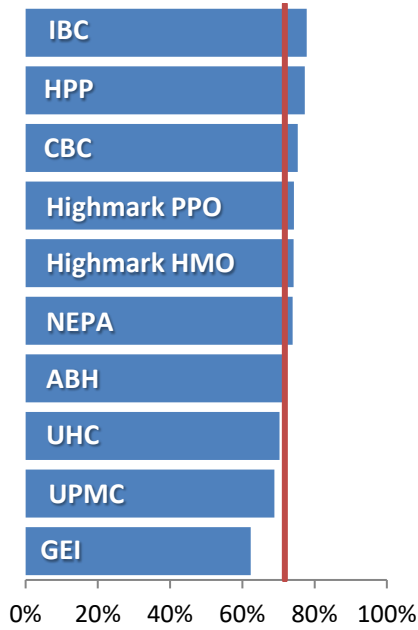
Percentage of children 12 months to 6 years old who had a visit with a PCP during 2018
(CHIP weighted average = 94.34%)



Children's Access to Practitioners: 7 to 19 years

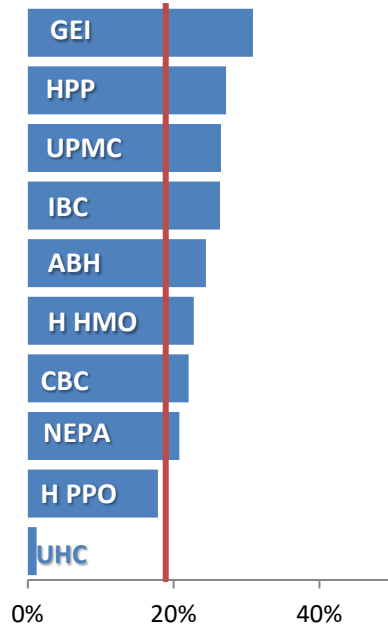
Percentage of children 7 to 19 years old who had a visit with a PCP during 2018
(CHIP weighted average = 96.39%)

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



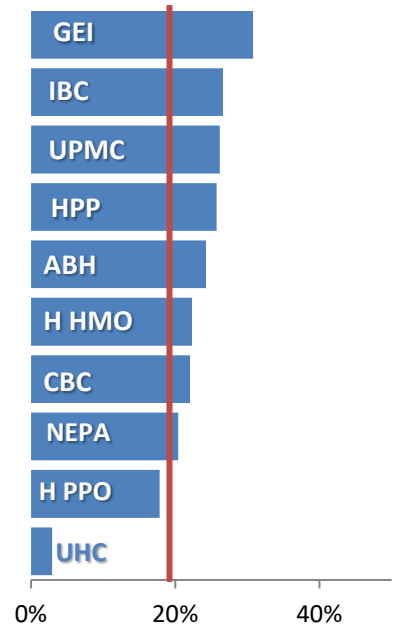
Annual Dental Visits

Percentage of children and adolescents 2 – 19 years old who had a dental visit in the past year
(CHIP weighted average = 71.76%)



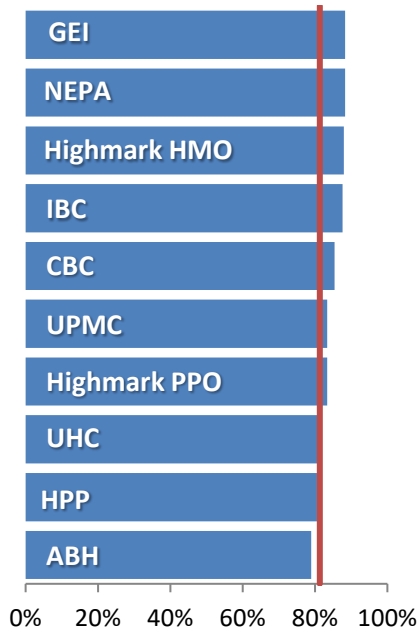
Dental Sealants: Contractor Rates

Percentage of children 6-9 years old at elevated risk of dental caries who had a sealant on a permanent first molar during 2018. Rate is calculated using Contractor data
(CHIP weighted average = 19.20%)



Dental Sealants: Enhanced Rates

Percentage of children 6-9 years old at elevated risk of dental caries who had a sealant on a permanent first molar during 2018. Rate is calculated using statewide data
(CHIP weighted average = 19.20%)



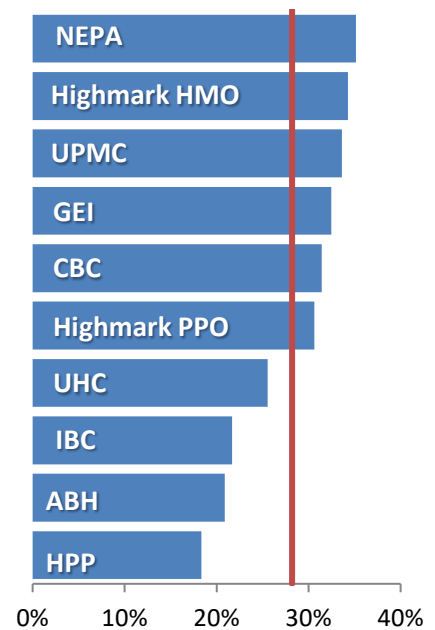
Child's Overall Mental or Emotional Health

Parent/Guardian rated their child's overall mental or emotional health as "very good" or "excellent"
(CHIP weighted average = 81.32%)



Child's Overall Health

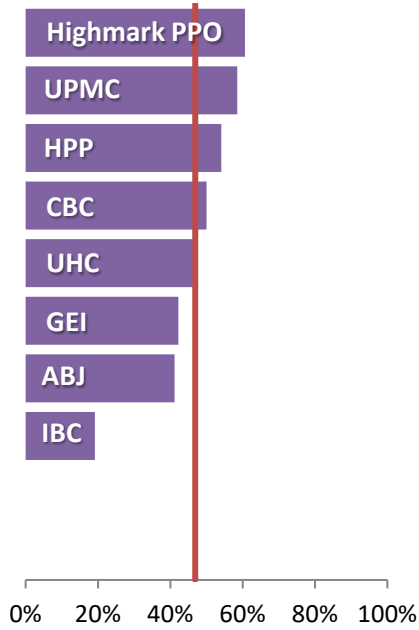
Parent/Guardian rated their child's overall health as "very good" or "excellent"
(CHIP weighted average = 84.44%)



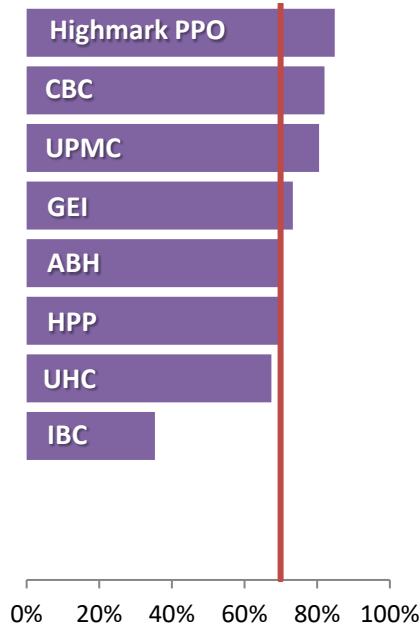
Contraceptive Care for All Women

Percentage of females ages 15-20 at risk of unintended pregnancy and provided most/moderately effective contraception
(CHIP weighted average = 28.20%)

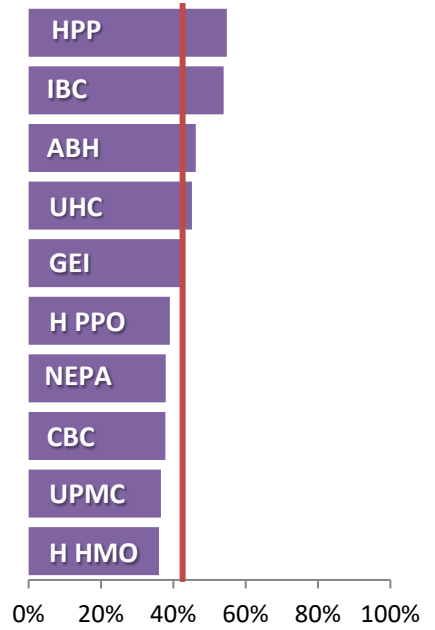
Quality of Care IV: How good is the care being provided?



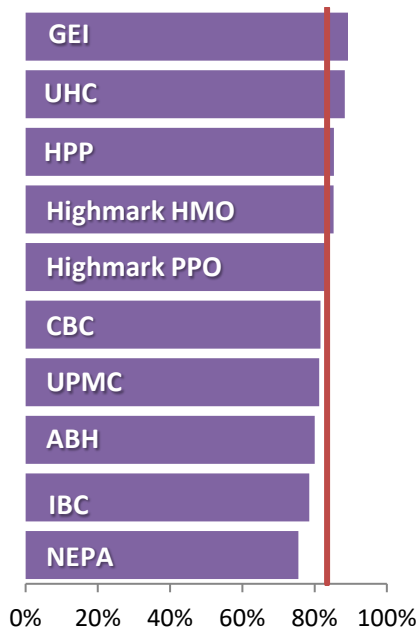
Follow Up After Hospitalization for Mental Illness: 7 Days
 Percentage of children 6 or older who were hospitalized for a mental illness, who had a follow-up within 7 days of discharge
(CHIP weighted average = 46.89%)



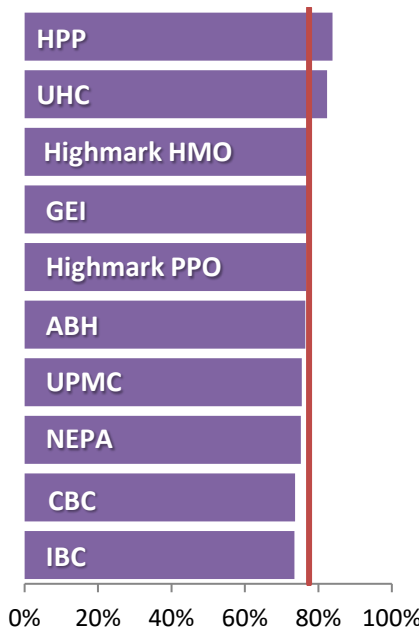
Follow Up After Hospitalization for Mental Illness: 30 Days
 Percentage of children 6 or older who were hospitalized for a mental illness, who had a follow-up in 30 days of discharge
(CHIP weighted average = 69.92%)



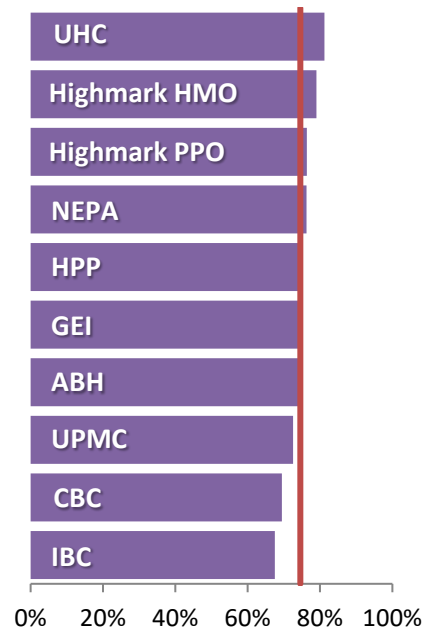
Chlamydia Screening in Women
 Percentage of women 16 – 19 who were identified as sexually active and who had at least one test for chlamydia in 2018
(CHIP weighted average = 42.56%)



Weight Assessment & Counseling for Nutrition & Physical Activity: BMI
 Percentage of children 3-17 who had a BMI percentile documented at an outpatient visit with a PCP or OB/GYN
(CHIP weighted average = 83.46%)



Weight Assessment & Counseling for Nutrition & Physical Activity: Nutrition
 Percentage of children 3-17 who were counseled for nutrition at an outpatient visit with a PCP or OB/GYN
(CHIP weighted average = 77.46%)



Weight Assessment & Counseling for Nutrition & Physical Activity: Physical Activity
 Percentage of children 3-17 who were counseled for physical activity at an outpatient visit with a PCP or OB/GYN
(CHIP weighted average = 74.56%)

CHIP Provider Contact Information

[AETNA](#)

1-800-822-2447
TDD/TTY 1-800-628-3323

[CAPITAL BLUE CROSS](#)

1-800-543-7101
TTY/TDD: 711

[FIRST PRIORITY HEALTH \(BCNEPA\)](#)

800-547-9378
TTY/TDD: 711

[GEISINGER HEALTH PLAN](#)

1-866-621-5235
Hearing-Impaired: 711

[HEALTH PARTNERS \(KIDZPARTNERS\)](#)

1-888-888-1211
TTY: 711

[HIGHMARK BLUE SHIELD \(CENTRAL PA\)](#)

800-543-7105
TTY/TDD: 711

[KEYSTONE HEALTH PLAN WEST \(HIGHMARK\)](#)

800-543-7105
TTY/TDD: 711

[INDEPENDENCE BLUE CROSS](#)

1-800-464-5437
TTY/TDD: 711

[UNITEDHEALTHCARE COMMUNITY PLAN](#)

1-800-414-9025
Hearing-Impaired: 711

[UPMC HEALTH PLAN](#)

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

FINAL REPORT

January 2020



Better healthcare,
realized.

Corporate Headquarters
1979 Marcus Avenue
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Administrative Performance Measures

In the 2019 reporting year, Pennsylvania Children’s Health Insurance Program (CHIP) MCOs reported the following Pennsylvania (PA) specific Performance Measures covering services delivered prior to and including calendar year (CY) 2018:

- 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
- Contraceptive Care for All Women
- Contraceptive Care for Postpartum Women

PA CHIP Health Plans Included in This Report

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 (HPP): 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 MCOs, 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 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.

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

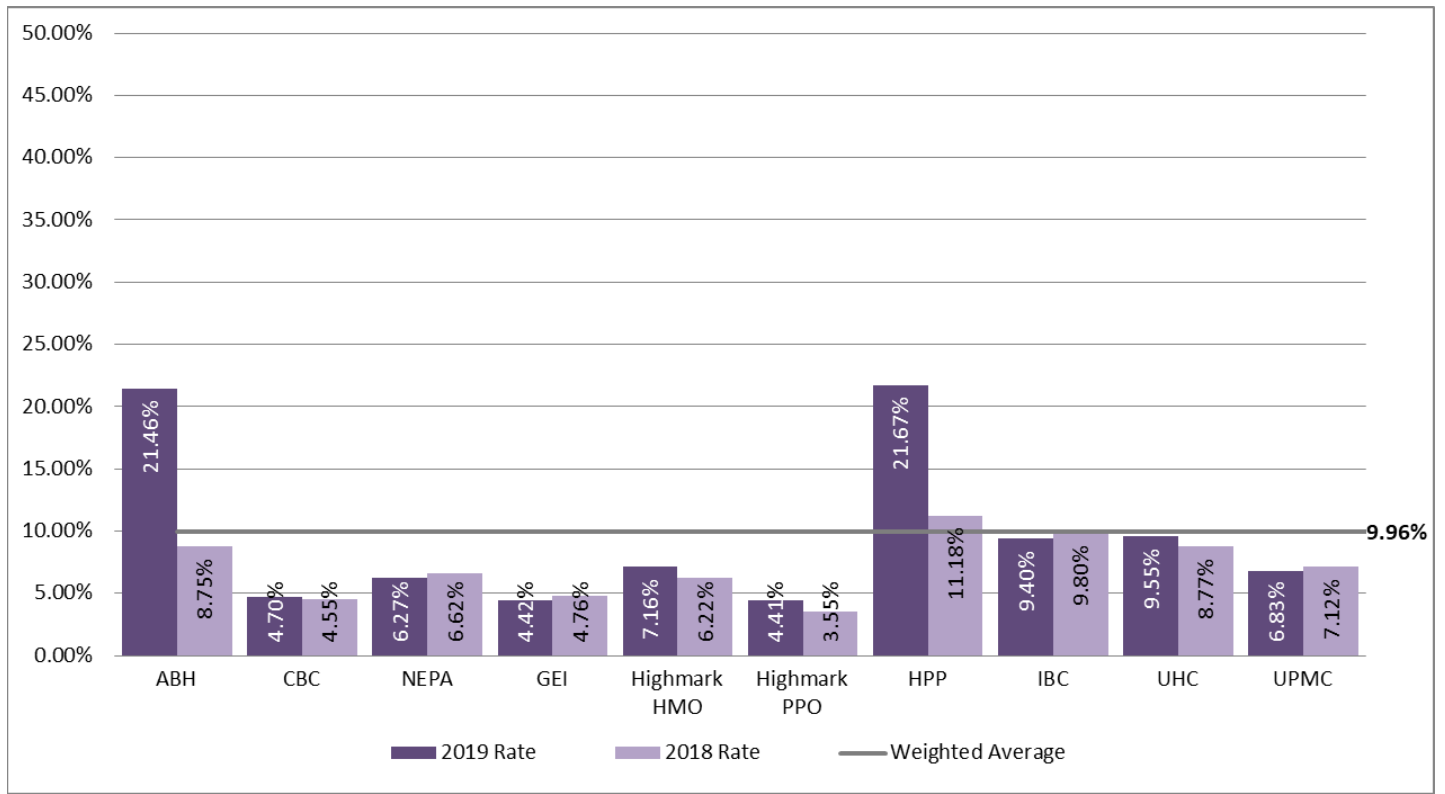
This performance measure assesses the percentage of children and adolescents two years of age through nineteen years of age, with an asthma diagnosis, who had ≥ 1 asthma-related emergency department (ED) visits during calendar year 2018. This measure is an inverted measure with lower rates indicating better performance. This measure was discontinued for Medicaid beginning in 2016 and thus no comparison rate is included in Table 1.

For the 2019 performance measure, 14,461 PA CHIP members were identified as children or adolescents with an asthma diagnosis. Of those total members identified with an asthma diagnosis, 1,440 members had one or more asthma related ED visits during 2018 (weighted average = 9.96%). The 2019 PA CHIP ASM-ED weighted average at 9.96% was 2.25 percentage points above the 2018 weighted average of 7.71%. Across the 10 PA CHIP MCOs with reportable rates, asthma ED visit rates ranged from a low of 4.41% to a high of 21.67%.

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

CHIP MCO	Numerator	Denominator	2019 Rate
Aetna	308	1,435	21.46%
CBC	58	1,235	4.70%
NEPA	21	335	6.27%
Geisinger	40	904	4.42%
Highmark HMO	38	531	7.16%
Highmark PPO	38	862	4.41%
Health Partners	247	1,140	21.67%
IBC	215	2,288	9.40%
United	294	3,079	9.55%
UPMC	181	2,652	6.83%
PA CHIP Average			9.59%
PA CHIP Weighted Average	1,440	14,461	9.96%

Figure 1: Annual Number of Asthma Patients with One or More Asthma Related Emergency Department Visits: 2018 versus 2019



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 2019 performance measure, 7,970 PA CHIP members were identified as eligible for a developmental screening. Of the eligible members, 4,462 members received a developmental screening (weighted average = 55.98%). The 2019 PA CHIP weighted average of 55.98% was 2.88 percentage points above the 2018 PA CHIP weighted average of 53.11%. Screening rates ranged from a low of 36.77% to a high of 67.19% for the 10 MCOs with reportable rates.

Table 2: Developmental Screening - Total Rate

CHIP MCO	Numerator	Denominator	2019 Rate
ABH	426	746	57.10%
CBC	319	775	41.16%
NEPA	82	217	37.79%
GEI	232	631	36.77%
Highmark HMO	153	245	62.45%
Highmark PPO	194	444	43.69%
HPHP	286	483	59.21%
IBC	508	764	66.49%
UHC	1,017	1,812	56.13%
UPMC	1,245	1,853	67.19%
PA CHIP Average			52.80%
PA CHIP Weighted Average	4,462	7,970	55.98%
PA MMC Weighted Average			57.28%

Figure 2: Developmental Screening - Total Rate: 2018 versus 2019

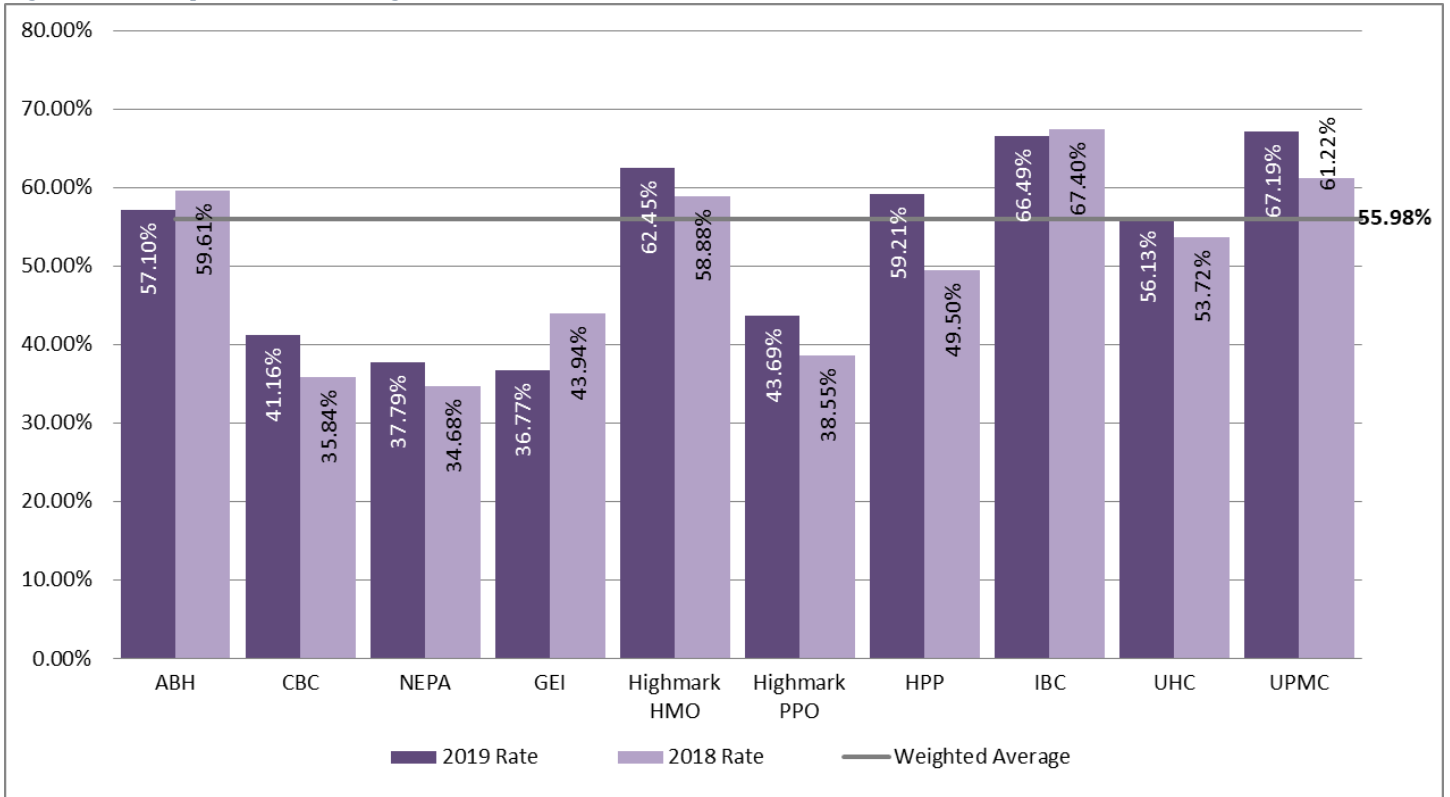
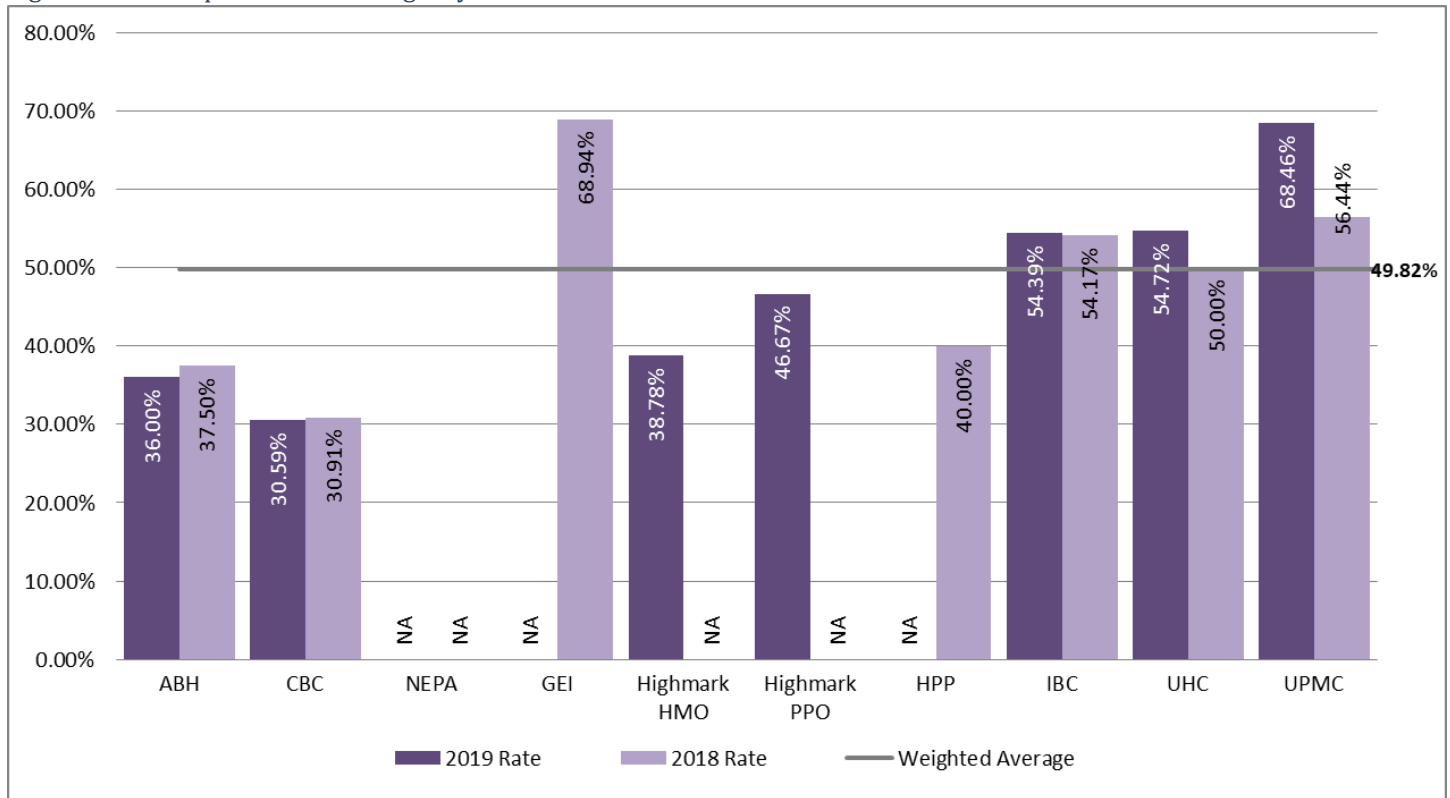


Table 3: Developmental Screening - 1 year old

CHIP MCO	Numerator	Denominator	2019 Rate
ABH	18	50	36.00%
CBC	26	85	30.59%
NEPA	10	16	NA
GEI	9	27	NA
Highmark HMO	19	49	38.78%
Highmark PPO	14	30	46.67%
HPPH	0	0	NA
IBC	31	57	54.39%
UHC	58	106	54.72%
UPMC	89	130	68.46%
PA CHIP Average			47.08%
PA CHIP Weighted Average			49.82%
PA MMC Weighted Average			51.24%

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

Figure 3*: Developmental Screening - 1 year old 2018 versus 2019



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

Table 4: Developmental Screening - 2 years old

CHIP MCO	Numerator	Denominator	2019 Rate
Aetna	176	289	60.90%
CBC	125	265	47.17%
NEPA	26	77	33.77%
Geisinger	92	260	35.38%
Highmark HMO	58	93	62.37%
Highmark PPO	78	174	44.83%
Health Partners	109	166	65.66%
IBC	181	245	73.88%
United	425	725	58.62%
UPMC	445	648	68.67%
PA CHIP Average			55.12%
PA CHIP Weighted Average			58.29%
PA MMC Weighted Average			60.90%

Figure 4: Developmental Screening - 2 years old 2018 versus 2019

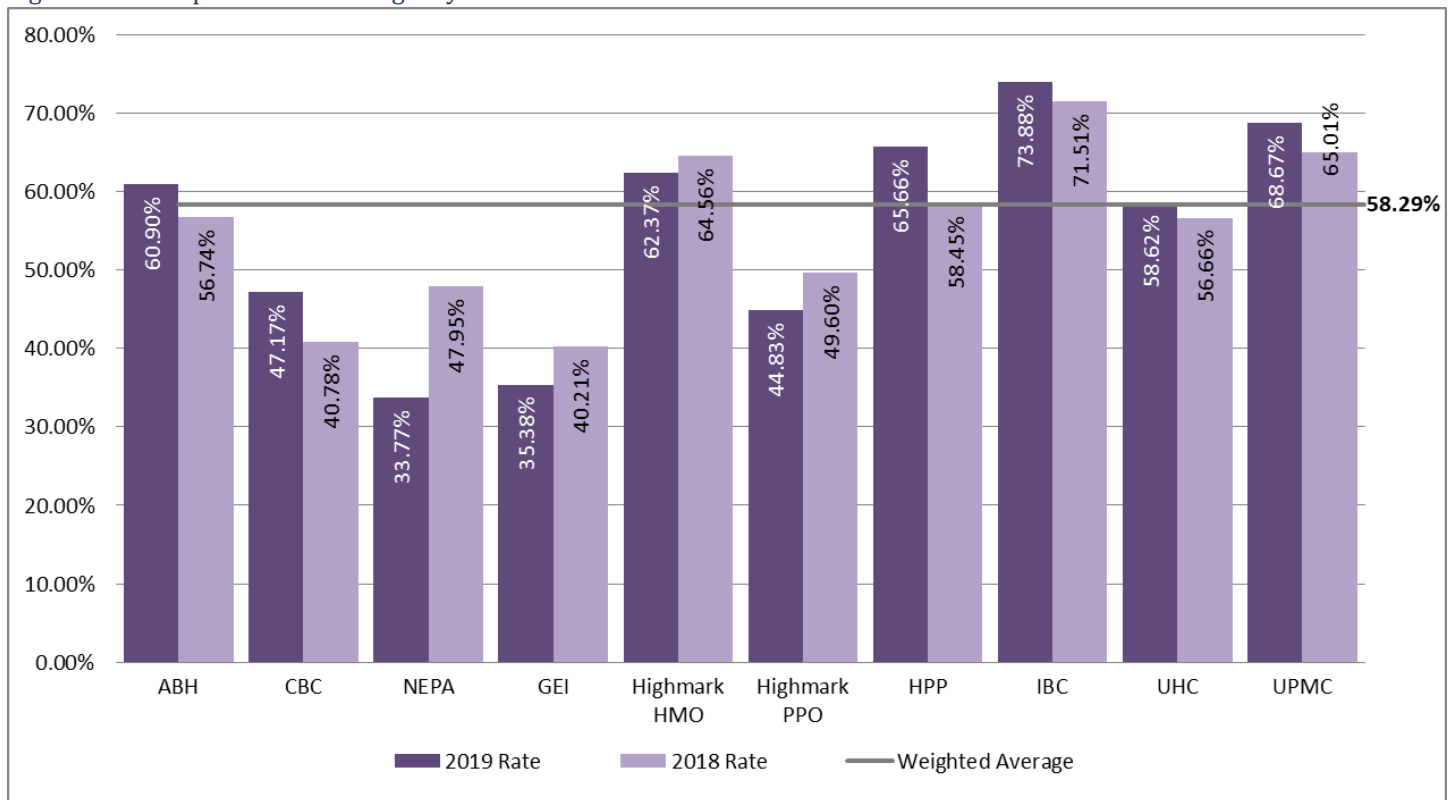
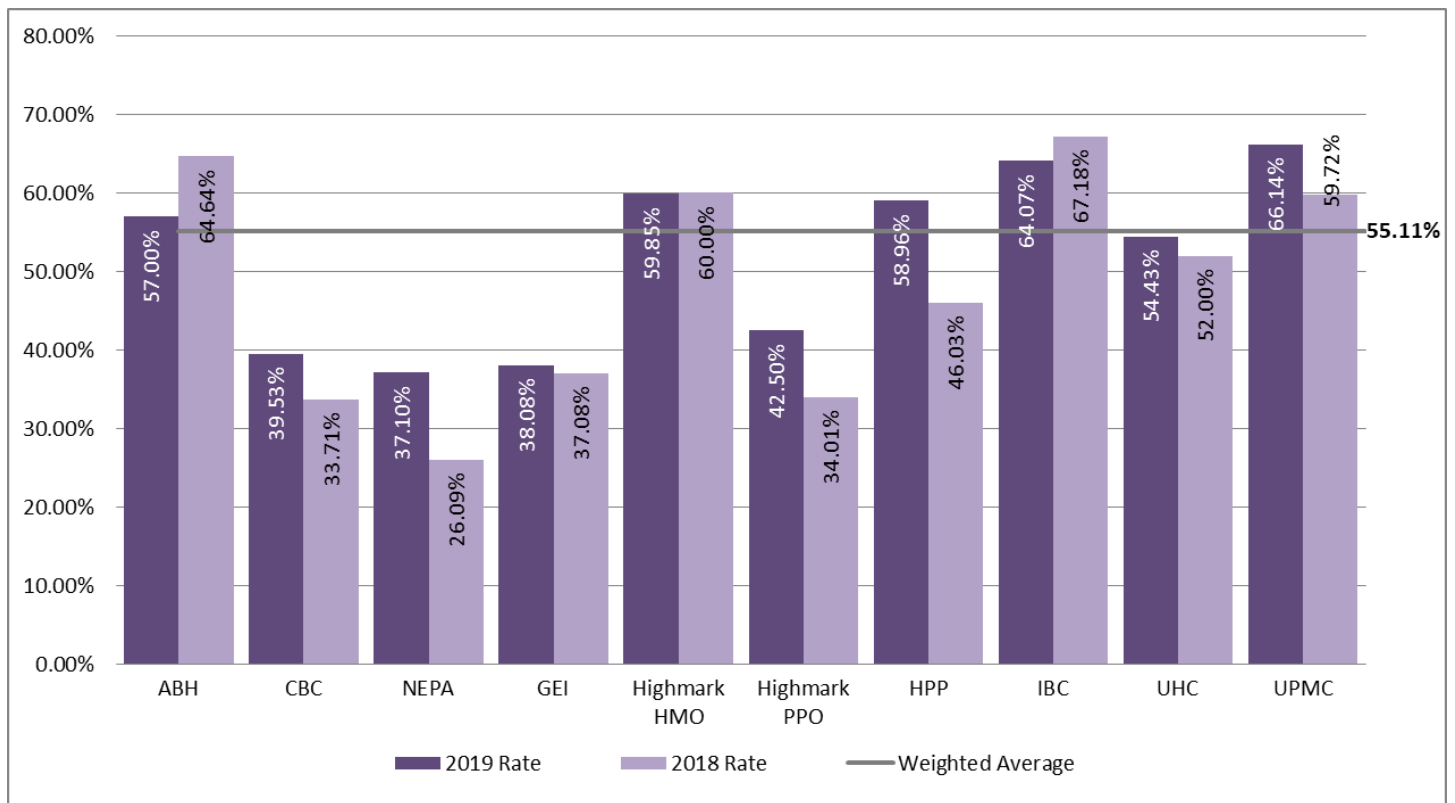


Table 5: Developmental Screening - 3 years old

CHIP MCO	Numerator	Denominator	2019 Rate
Aetna	232	407	57.00%
CBC	168	425	39.53%
NEPA	46	124	37.10%
Geisinger	131	344	38.08%
Highmark HMO	79	132	59.85%
Highmark PPO	102	240	42.50%
Health Partners	158	268	58.96%
IBC	296	462	64.07%
United	534	981	54.43%
UPMC	711	1,075	66.14%
PA CHIP Average			51.77%
PA CHIP Weighted Average			55.11%
PA MMC Weighted Average			59.89%

Figure 5: Developmental Screening - 3 years old 2018 versus 2019



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 2018.

This measure was a new CMS Core measure in 2016 as a replacement for the Dental Sealants for Children measure, which was retired. As in prior years this measure is collected for both Medicaid and CHIP plans. 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 cross walked 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 and is aligned with CMS guidance. Sections I and II below outline the rates that were MCO reported (I), as well as the previously outlined enhanced rates (II), for Numerator A.

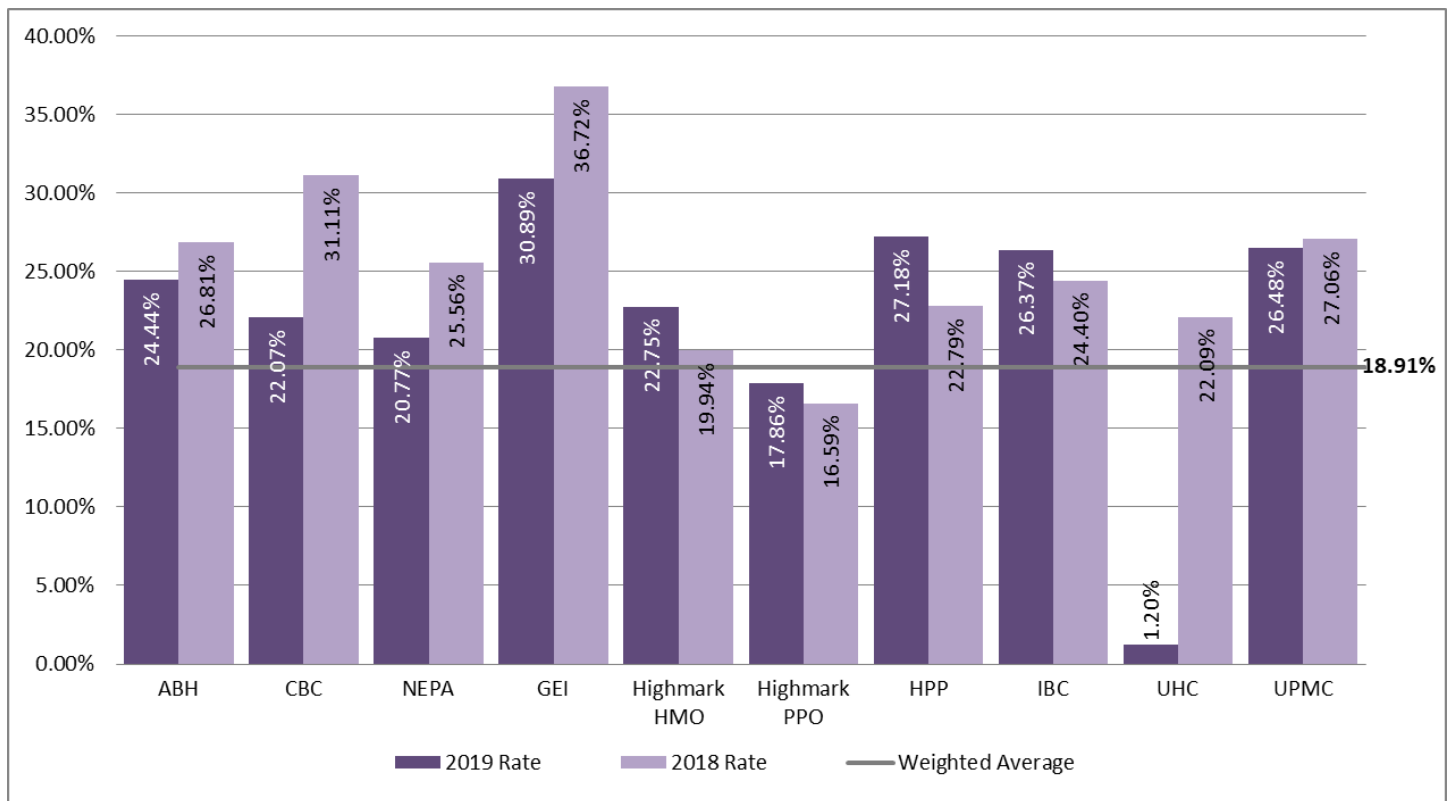
MCO Reported Rates

For the 2019 performance measure, 16,158 PA CHIP members, age six to nine years as of December 31, 2018, were identified as being at moderate or high risk for dental caries. Of these eligible members, 3,056 were at elevated risk for dental caries and received a sealant on a permanent first molar tooth as a dental service (weighted average = 18.91%). The 2019 PA CHIP weighted average of 18.91% was 6.30 percentage points below the 2018 PA CHIP weighted average of 25.21%. Sealant rates ranged from a low of 1.20% to a high of 30.89% for the 10 MCOs with reportable rates. UHC experienced a significant decrease in the CMS reportable measure. The CMS-defined measure contains taxonomy codes provided by CMS to identify the applicable provider. As noted above, because of MCOs' difficulties with finding these codes or their inability to appropriately crosswalk their provider codes to the CMS codes, Numerator B was created to capture services by providers other than those defined by CMS. UHC's rates switched from higher rates observed for the CMS measure (Numerator A) and lower rates for Numerator B in 2018, to lower rates for the CMS measure and higher rates for Numerator B in 2019. UHC investigated the issue and advised that in prior years there was a data enrichment process applied to the data cross walking NPI and taxonomy information, which was not available to the current staff. UHC indicated that the current rate accurately reflects the data as it is coming into their system, without mapping.

Table 6: Dental Sealants for Children: MCO Reported Rates – Numerator A

CHIP MCO	Numerator	Denominator	2019 Rate
Aetna	429	1755	24.44%
CBC	175	793	22.07%
NEPA	81	390	20.77%
Geisinger	329	1065	30.89%
Highmark HMO	139	611	22.75%
Highmark PPO	170	952	17.86%
Health Partners	343	1262	27.18%
IBC	428	1623	26.37%
United	51	4267	1.20%
UPMC	911	3440	26.48%
PA CHIP Average			22.00%
PA CHIP Weighted Average	3,056	16,158	18.91%
PA MMC Weighted Average			21.86%

Figure 6: Dental Sealants for Children: MCO Reported Rates – Numerator A: 2018 versus 2019



Enhanced Reported Rates

For the 2019 enhanced performance measure, 16,595 PA CHIP members, age six to nine years as of December 31, 2018, were identified as being at moderate or high risk for dental caries. Of these eligible members, 3,186 were at elevated risk for dental caries and received a sealant on a permanent first molar tooth as a dental service (weighted average = 19.20%). The 2019 PA CHIP weighted average of 19.20% was 5.97 percentage points below the 2018 PA CHIP weighted average of 25.17%. Sealant rates ranged from a low of 2.94% to a high of 30.78% for the 10 MCOs with reportable rates. As noted above for the MCO Reported rates, UHC experienced a significant decrease in the CMS reportable measure for the enhanced rates as well due to the change in their methodology for mapping providers.

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

CHIP MCO	Numerator	Denominator	2019 Rate
Aetna	442	1,823	24.25%
CBC	175	793	22.07%
NEPA	81	397	20.40%
Geisinger	342	1,111	30.78%
Highmark HMO	140	627	22.33%
Highmark PPO	173	971	17.82%
Health Partners	352	1,369	25.71%
IBC	433	1,626	26.63%
United	128	4,361	2.94%
UPMC	920	3,517	26.16%
PA CHIP Average			21.91%
PA CHIP Weighted Average	3,186	16,595	19.20%
PA MMC Weighted Average			23.11%

Figure 7: Dental Sealants for Children: Enhanced Reported Rates – Numerator A: 2018 versus 2019



Contraceptive Care or All Women Ages 15-20

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). While the measure looks at ages 15 through 20, enrollment in CHIP is only inclusive of children up to age 19. For this reason, counts in the 20-year old age cohort are often zero for this measure. For the CMS Core measures, two rates are reported: (1) provision of most or moderately effective contraception, and (2) provision of LARC.

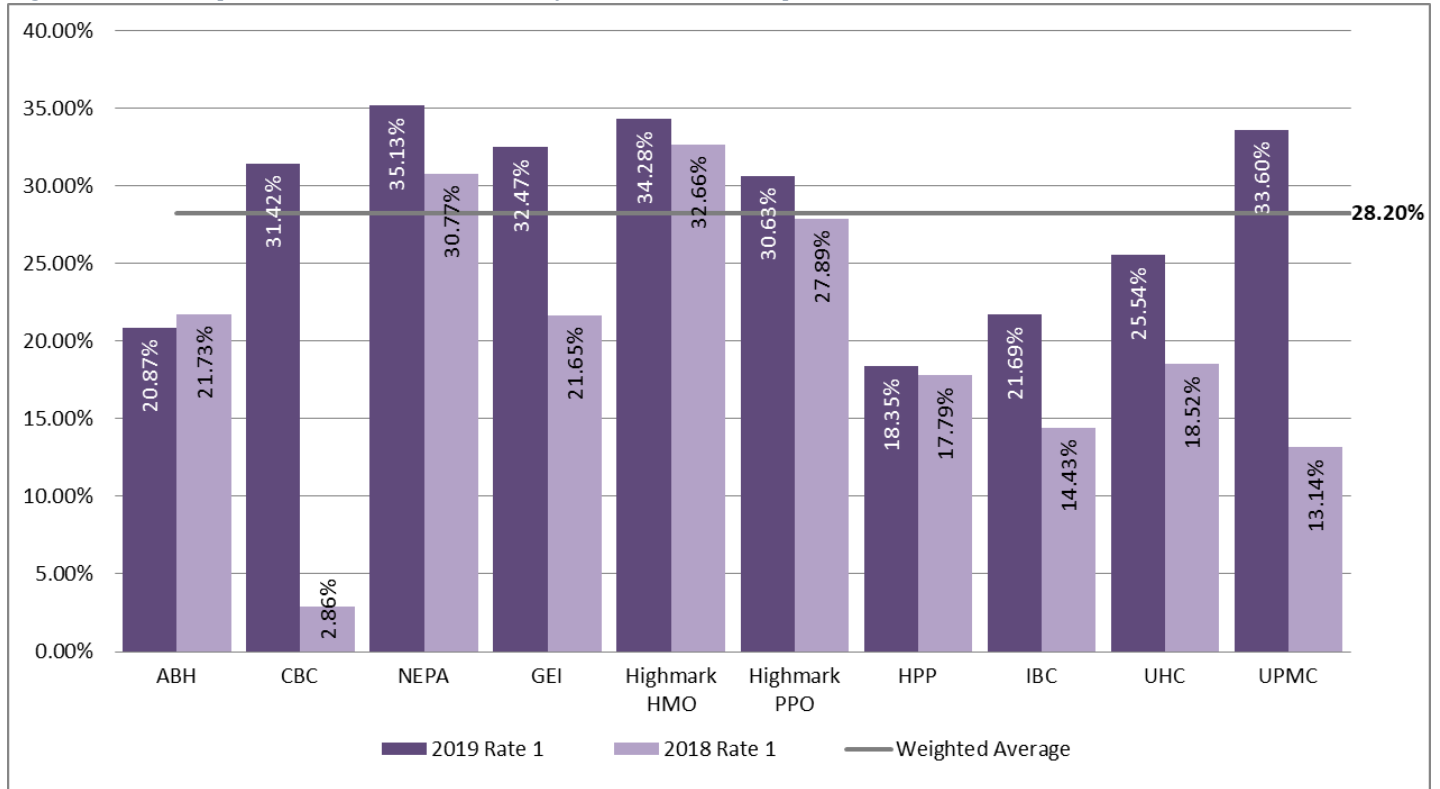
Most or Moderately Effective Contraception

For the 2019 performance measure, 14,487 PA CHIP members age 15 through 20 were identified as at risk of unintended pregnancy between the dates of January 1, 2018 and October 31, 2018. Of the eligible members, 4,086 members were provided a most (sterilization, IUD/IUS, implant) or moderately (injectables, oral pills, patch, ring, or diaphragm) effective method of contraception (weighted average = 28.20%). The 2019 PA CHIP weighted average of 28.20% was 10.28 percentage points above the 2018 PA CHIP weighted average of 17.93%. Rates ranged from a low of 18.35% to a high of 35.13% for the 10 MCOs with reportable rates.

Table 8: Contraceptive Care: Most or Moderately Effective Contraception

CHIP MCO	Numerator	Denominator	2019 Rate
Aetna	230	1,102	20.87%
CBC	464	1,477	31.42%
NEPA	202	575	35.13%
Geisinger	338	1,041	32.47%
Highmark HMO	339	989	34.28%
Highmark PPO	257	839	30.63%
Health Partners	145	790	18.35%
IBC	439	2,024	21.69%
United	718	2,811	25.54%
UPMC	954	2,839	33.60%
PA CHIP Average			28.40%
PA CHIP Weighted Average	4,086	14,487	28.20%
PA MMC Weighted Average			32.74%

Figure 8: Contraceptive Care: Most or Moderately Effective Contraception: 2018 versus 2019



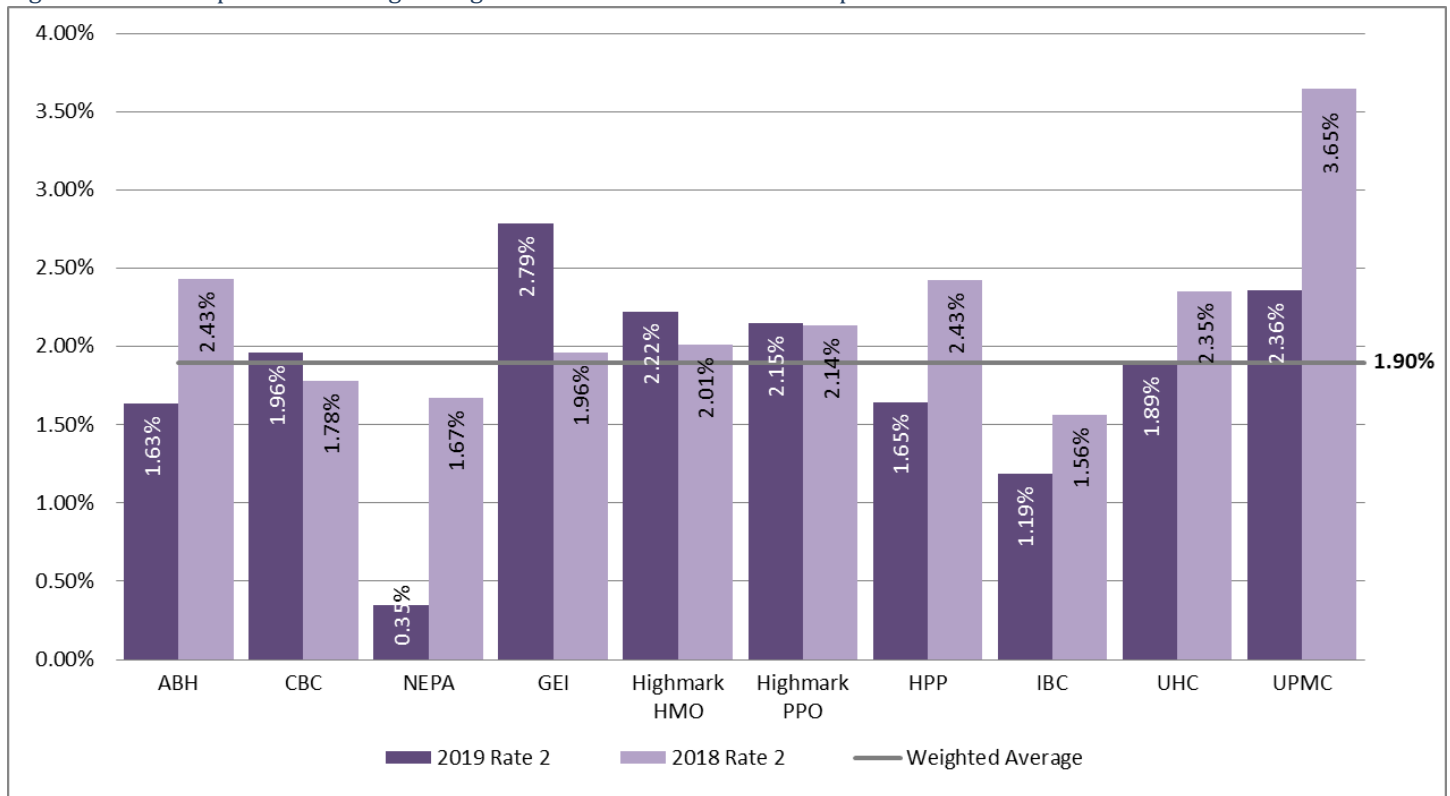
Long-Acting Reversible Method of Contraception (LARC)

For the 2019 performance measure, 14,487 PA CHIP members age 15 through 20 were identified as at risk of unintended pregnancy between the dates of January 1, 2018 and October 31, 2018. Of the eligible members, 275 members were provided a long-acting reversible method of contraception (weighted average = 1.90%). The 2019 PA CHIP weighted average of 1.90% was 0.37 percentage points below the 2018 PA CHIP weighted average of 2.27%. Rates ranged from a low of 0.35% to a high of 2.79% for the 10 MCOs with reportable rates.

Table 9: Contraceptive Care: Long-Acting Reversible Method of Contraception

CHIP MCO	Numerator	Denominator	2019 Rate
Aetna	18	1,102	1.63%
CBC	29	1,477	1.96%
NEPA	2	575	0.35%
Geisinger	29	1,041	2.79%
Highmark HMO	22	989	2.22%
Highmark PPO	18	839	2.15%
Health Partners	13	790	1.65%
IBC	24	2,024	1.19%
United	53	2,811	1.89%
UPMC	67	2,839	2.36%
PA CHIP Average			1.82%
PA CHIP Weighted Average			1.90%
PA MMC Weighted Average			3.58%

Figure 9: Contraceptive Care: Long-Acting Reversible Method of Contraception: 2018 versus 2019



Contraceptive Care for Postpartum Women Ages 15-20

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. As with Contraceptive Care for All Women, this measure looks at ages 15 through 20, and enrollment in CHIP is only inclusive of children up to age 19. For this reason, counts in the 20-year-old age cohort are often zero for this measure. For the CMS Core measures, four rates will be reported: (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.

As in 2018, there are no figures for the Contraceptive Care for Postpartum Women (Age 15-20 years), as denominators for all MCOs across all indicators are less than 30 and thus are reported as NA.