



Children's Health Insurance Program 2020 Annual Report to the General Assembly

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2020 Children’s Health Insurance Program Annual Report

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2020 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, the following applies:

- 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 and 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 else 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 compliance with these regulations. On January 22, 2018, the federal government passed a continuing resolution adopting 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.

On March 6, 2020, Governor Wolf issued a disaster declaration in response to the unprecedented and significant public health emergency created by the novel coronavirus, COVID-19. CHIP adopted several program flexibilities through a State Plan Amendment to support CHIP families during the public health emergency. The flexibilities include temporarily waiving requirements related to timely processing of renewals and deadlines for families to respond to renewal requests. The flexibilities also waive the application of copayments related to COVID-19 testing, screening, and treatment services.

In addition, CHIP is delaying the payment of premiums until the end of the public health emergency. This temporary flexibility allows families to pay what they can, when they can and still remain enrolled in CHIP. CHIP MCOs are actively reaching out to families through phone calls and letters to ensure income is updated based on family circumstances.

CHIP employees were able to accomplish these ambitious flexibilities and increased services to struggling CHIP families while meeting the Governor's request to telework. Since March 2020, CHIP has adapted its operations to 100% telework.

Services

Services funded for the calendar year 2020 include those required by the Act or CHIP State Plan:

- Primary and preventive care, including physician, nurse practitioner, and physician assistant services;
- Specialist care, including physician, nurse practitioner, and physician assistant services;
- Inpatient hospital care;
- 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;
- Behavioral and Mental Health services;
- Emergency, preventive, and routine dental care and medically necessary orthodontia;
- Emergency, preventive, and routine vision care; and
- Emergency, preventive, and routine hearing care.
- Ancillary medically necessary and therapeutic services including inpatient and outpatient treatment of mental health, serious mental illness and substance use disorder services, rehabilitative therapies, medical therapies, home health care, hospice care, durable medical equipment, and maternity care.

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 or copayments collected from 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 2020 was approximately \$52 per month.
- Greater than 262 percent but no greater than 288 percent – 35 percent of PMPM cost. The average cost to the enrollee in 2020 was approximately \$75 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 2020 was approximately \$86 per month.

Children in Low Cost CHIP also are charged point-of-service copayments for primary care visits (\$5), specialists (\$10), emergency room care (\$25, waived if admitted), and prescriptions (\$6 for generics and \$9 for brand names). There are no copayments for well-baby visits, well-child visits, immunizations, or emergency room care that results in an admission. Copayments are limited to physical health services and do not include routine preventive and diagnostic dental services or vision services. Cost sharing, the combination of premiums and point-of-service copayments, 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 2020 was \$240 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 household income greater than 314 percent FPL are charged point-of-service copayments for primary care visits (\$15), specialists (\$25), emergency room care (\$50, waived if admitted), and prescriptions (\$10 for generics and \$18 for brand names).

Managed Care Organizations (MCOs)

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 June 30, 2022:

- Aetna;
- 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
- Community Care Behavioral Health Organization (dba UPMC for Kids).

Outreach

In the spring of 2020, the Pennsylvania Children's Health Insurance Program continued its advertising efforts to reach out to Pennsylvania's uninsured children. Because of previous successes, CHIP utilized its existing relationship with Red House Communications to initiate a summer ad campaign.

On May 28, 2020, Red House provided research showing that, between 2016-2018, 4.4% of Pennsylvania's children remained uninsured. They created a marketing plan to raise awareness for the CHIP program, targeting families with children under 19 years of age across the entire Commonwealth.

The Red House Marketing Plan included a budget of \$994,877, with marketing running 6/15 through 8/30. The plan utilizes advertising partners with spots on television, radio, and streaming avenues, plus digital outlets including paid social media. Current creatives were used with minor modification highlighting the need for insurance during the public health emergency.

On August 7, 2020, Red House reported the preliminary results of the CHIP marketing campaign for June 26, 2020 to July 31, 2020. The results discussed PA CHIP's paid social media campaign which included Facebook and Instagram advertising as well as advertising on digital outlets such as paid Google searches, Google responsive video, and Google video network. The campaign also included connected TV. The Google responsive display was the most successful component of the campaign with just over 8.9 million impressions and 122,873 clicks, costing the Commonwealth \$.11 per click. The Google Video channel had just under 2.4 million impressions comprising of 1,919 clicks and almost 2.2 million views. The Commonwealth paid \$5.05 per click and less than half a cent per view. Paid searches reached 53,459 impressions and 10,330 clicks with a cost of \$1.56 per click and no cost per view. Overall, the Red House report shows nearly 14 million impressions, over 140,000 clicks, and over 3.6 million video views were delivered. The overall View Rate was 26.16% and is slightly higher than preliminary reports.

Social media results had a much larger gap between Facebook and Instagram. Facebook was the more successful ad platform with just under 1.1 million impressions, 4,928 clicks, and 15,637 views costing a total of \$1.10 per click and \$.35 per view. Instagram, however, had only 981 impressions, 4 clicks, and 23 views at a cost of \$.80 per click and \$.14 per view. For the second half of the

campaign occurring in August 2020, CHIP moved its Instagram media buy to Facebook given the significant success of that platform.

Finally, Centro TV reached just under 1.5 million impressions, 31 clicks, and 1.4 million views at a cost of \$1,854.58 per click and \$.04 per view.

Utilizing this data, Red House determined that applying the primary metric, the View Rate, the Google Network platform has strong View Rates although it had the second most clicks. Google Responsive Display was a new tactic this year and has generated over 60% of the campaign impressions. Facebook continues to be the top performer for social media with the fifteen second swimming ad. Although Instagram showed an increase in impressions, Red House recommended suspending Instagram advertising.

Looking forward, to build upon the efforts achieved thus far, CHIP and Red House Communications are proceeding with a media buy and additional marketing research. CHIP will engage with Commonwealth Media Services (CMS) to update current creatives and begin planning for long-term new creatives for 2021-2022. The goal is to complete the updates to the current creatives by mid-February 2021 and have 2-3 new creative concepts by March 2021.

For the media buy, CHIP intends to launch a longer-term, robust media buy with updated existing creatives at a budgeted cost of \$75,000 (approximately). CHIP wants to be running ads for approximately 4-6 months beginning in March 2021. In regard to marketing research, CHIP plans to user test a new CHIP Strong message and creatives. The expected timeline would be to begin procurement in January 2021, execute a contract in March 2021, and conclude work around June 30, 2021. The focus group will be tasked to critique the creatives for the following:

- Clarity of message/advertisements;
- Delivery of key message points;
- Effectiveness of motivation to learn more about or enroll children in CHIP

The focus group will also be asked to provide recommendations on how to improve this messaging/advertisement.

The budget for this step is \$75,000. The budget total stands at \$3,080,000 reserving \$70,000 for CHIP marketing materials orders and unplanned costs and to begin the long-term 2021-2022 media buy.

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 2020:

- Total Calls Received: 29,510
- Total Calls Answered: 28,901
- Total Calls Abandoned: 609
- Abandoned Rate: 2.06%
- Average Wait time for Callers: 52 seconds
- Average Length of Call: 4 minutes and 23 seconds

School Notices

The amendment under 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). CHIP continues “greener” efforts by providing CHIP flyers 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 Department of Health (DOH) has been a great partner in extending our message to new parents. CHIP printed “New Birth” and COMPASS flyers (Attachments 2 and 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, ensuring 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. In 2020, many face-to-face outreach efforts were postponed due to the public health emergency. MCOs utilized more digital outreach to engage with the public regarding CHIP availability.

Enrollment

Projected Number of Enrolled Children

The average enrollment for the calendar year 2019 was 182,929. The average enrollment for CHIP in calendar year 2020 is 184,844. 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 5 (CHIP Enrollment by County) for county-specific data for the number of children enrolled in the program in December 2020.

The total enrollment numbers for the several levels of the FPL for the period January through December 2020 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	125,462	33,224	9,075	6,813	11,385	185,959
February	125,247	33,208	9,159	6,922	11,557	186,093
March	125,111	33,150	9,176	6,927	11,827	186,191
April	130,252	35,896	9,901	7,492	12,886	196,427
May	131,002	37,633	10,480	7,804	13,446	200,365
June	122,604	36,274	10,130	7,558	13,161	189,727
July	118,678	35,744	10,016	7,453	12,951	184,842
August	116,146	35,409	9,897	7,447	13,027	181,926
September	114,049	35,521	10,054	7,448	13,284	180,356
October	112,079	35,222	9,991	7,390	13,262	177,944
November	108,485	35,747	10,021	7,529	13,634	175,416
December	105,894	35,717	9,977	7,536	13,761	172,885

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 MCO performance is assessed using Healthcare Effectiveness Data Information Set (HEDIS®) 2020 performance measures, 2020 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. The detailed HEDIS 2020 report card is included as Attachment 5.

For HEDIS 2020 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.

Changes to the CHIP State Plan Approved in CY 2020

As a result of the COVID-19 Public Health Emergency (PHE), CHIP enacted the following flexibilities through a Disaster State Plan Amendment (SPA). These flexibilities provided families much needed relief throughout the PHE. The flexibilities were active as of March 1, 2020 and continue until the end of the federal PHE.

- Temporarily waiving requirements related to timely processing of renewals and/or deadlines for families to respond to renewal requests;
- Temporarily delaying acting on certain changes in circumstances;
- Temporarily extending the processing of renewals;
- Temporarily suspending application of copayments related to COVID-19 testing, screening, and treatment services; and
- Temporarily delaying payment of premiums (and/or delaying payment of premium balance). Pennsylvania will be temporarily suspending the Commonwealth's premium lock out policy.

Conclusion

CHIP continues its mission to serve the underinsured and uninsured children of the Commonwealth through targeted outreach, improved client communications, and increased administrative efficiencies. In 2020, CHIP reviewed and revitalized the outreach campaigns to target our underserved markets and to better include a more diverse population through updated advertising efficiency.

2020 presented unprecedented challenges due the Public Health Emergency. CHIP responded with multiple flexibilities that continue to support Pennsylvania families in receiving high quality health coverage. While CHIP enrollment has declined during the public health emergency, CHIP continues to ensure availability and easy access to services to qualifying families.

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Attachment 1: CHIP Full Income Chart

CHIP Income Guidelines 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 \$75 per child, plus any co-pays for services.

INCOME* (Effective March 1, 2021)

HOUSEHOLD SIZE	Free		Low Cost				Full Cost ages 0-18
	ages 1-5	ages 6-18	ages 0-1	ages 1-18	ages 0-18	ages 0-18	
1	\$ 20,222 - \$ 26,791	\$ 17,131 - \$ 26,791	\$ 27,692 - \$ 33,746	\$ 26,791 - \$ 33,746	\$ 33,746 - \$ 37,095	\$ 37,095 - \$ 40,444	\$ 40,444 - No Limit
2	\$ 27,350 - \$ 36,234	\$ 23,169 - \$ 36,234	\$ 37,453 - \$ 45,641	\$ 36,234 - \$ 45,641	\$ 45,641 - \$ 50,170	\$ 50,170 - \$ 54,699	\$ 54,699 - No Limit
3	\$ 34,478 - \$ 45,677	\$ 29,207 - \$ 45,677	\$ 47,214 - \$ 57,536	\$ 45,677 - \$ 57,536	\$ 57,536 - \$ 63,245	\$ 63,245 - \$ 68,955	\$ 68,955 - No Limit
4	\$ 41,605 - \$ 55,120	\$ 35,245 - \$ 55,120	\$ 56,975 - \$ 69,430	\$ 55,120 - \$ 69,430	\$ 69,430 - \$ 76,320	\$ 76,320 - \$ 83,210	\$ 83,210 - No Limit
5	\$ 48,733 - \$ 64,564	\$ 41,284 - \$ 64,564	\$ 66,736 - \$ 81,325	\$ 64,564 - \$ 81,325	\$ 81,325 - \$ 89,396	\$ 89,396 - \$ 97,466	\$ 97,466 - No Limit
6	\$ 55,861 - \$ 74,007	\$ 47,322 - \$ 74,007	\$ 76,497 - \$ 93,220	\$ 74,007 - \$ 93,220	\$ 93,220 - \$ 102,471	\$ 102,471 - \$ 111,722	\$ 111,722 - No Limit
7	\$ 62,989 - \$ 83,450	\$ 53,360 - \$ 83,450	\$ 86,258 - \$ 105,115	\$ 83,450 - \$ 105,115	\$ 105,115 - \$ 115,546	\$ 115,546 - \$ 125,977	\$ 125,977 - No Limit
8	\$ 70,117 - \$ 92,893	\$ 59,398 - \$ 92,893	\$ 96,019 - \$ 117,010	\$ 92,893 - \$ 117,010	\$ 117,010 - \$ 128,621	\$ 128,621 - \$ 140,233	\$ 140,233 - No Limit
9	\$ 77,244 - \$ 102,336	\$ 65,436 - \$ 102,336	\$ 105,780 - \$ 128,904	\$ 10,336 - \$ 128,904	\$ 128,904 - \$ 141,696	\$ 141,696 - \$ 154,488	\$ 154,488 - No Limit
10	\$ 84,372 - \$ 111,780	\$ 71,475 - \$ 111,780	\$ 115,541 - \$ 140,799	\$ 111,780 - \$ 140,799	\$ 140,799 - \$ 154,772	\$ 154,772 - \$ 168,744	\$ 168,744 - No Limit

COST

Average monthly premium per child (Effective July 1, 2020)	Free		Low Cost				Full Cost
	\$0	\$0	\$52	\$52	\$75	\$86	
							\$240

CO-PAYMENTS (PER CHILD, PER VISIT)

Doctor visit	\$ 0	\$ 0	\$ 5	\$ 5	\$ 5	\$ 5	\$ 15
Brand name prescription	\$ 0	\$ 0	\$ 9	\$ 9	\$ 9	\$ 9	\$ 18
Generic prescription	\$ 0	\$ 0	\$ 6	\$ 6	\$ 6	\$ 6	\$ 10
Specialist visit	\$ 0	\$ 0	\$ 10	\$ 10	\$ 10	\$ 10	\$ 25
Emergency room visits**	\$ 0	\$ 0	\$ 25	\$ 25	\$ 25	\$ 25	\$ 50

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

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

(Updated 2/3/21)

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.

Attachment 4: CHIP School Flyer (Spanish)



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 Children's Health Insurance Program
Cobrimos a todos los niños.

Attachment 5: CHIP Enrollment by County

CHIP Enrollment by Sub-Program and County

December - 2020

County	Free	Sub 1	Sub 2	Sub 3	At Cost	Total
Adams	1,102	394	96	94	153	1,839
Allegheny	7,315	2,787	799	621	1,609	13,131
Armstrong	536	220	47	57	68	928
Beaver	1,284	468	107	71	152	2,082
Bedford	521	169	47	36	77	850
Berks	4,673	1,434	430	335	479	7,351
Blair	1,106	420	101	86	130	1,843
Bradford	480	149	30	30	31	720
Bucks	4,818	1,941	613	463	961	8,796
Butler	1,189	422	157	96	274	2,138
Cambria	864	358	94	77	123	1,516
Cameron	29	3	1	1	5	39
Carbon	614	177	29	36	45	901
Centre	650	211	44	39	77	1,021
Chester	3,393	1,323	382	267	541	5,906
Clarion	289	145	27	29	44	534
Clearfield	590	230	72	37	81	1,010
Clinton	252	107	23	11	27	420
Columbia	493	165	38	27	25	748
Crawford	613	207	51	57	87	1,015
Cumberland	2,024	698	188	143	231	3,284
Dauphin	2,471	790	218	143	304	3,926
Delaware	5,082	1,692	501	376	695	8,346
Elk	182	70	21	9	21	303
Erie	1,990	702	155	138	251	3,236
Fayette	1,148	366	115	59	136	1,824
Forest	24	11	4	2	0	41
Franklin	1,893	594	196	139	214	3,036
Fulton	142	59	28	6	16	251
Greene	255	88	23	16	31	413
Huntingdon	368	127	35	47	33	610
Indiana	558	219	60	23	69	929
Jefferson	366	170	42	37	44	659
Juniata	206	70	31	13	10	330
Lackawanna	1,568	469	144	90	144	2,415
Lancaster	5,743	2,334	567	407	738	9,789
Lawrence	618	215	67	41	84	1,025
Lebanon	1,538	481	126	119	156	2,420
Lehigh	4,413	1,220	329	246	409	6,617
Luzerne	2,831	738	164	132	171	4,036
Lycoming	942	238	68	52	76	1,376
McKean	274	66	28	14	17	399
Mercer	697	240	56	44	81	1,118
Mifflin	420	127	41	24	21	633
Monroe	1,601	433	121	82	161	2,398
Montgomery	5,635	2,226	741	510	1,069	10,181
Montour	91	31	3	7	6	138
Northampton	2,796	767	233	200	315	4,311

Northumberland	730	220	42	28	36	1,056
Perry	465	163	36	41	49	754
Philadelphia	14,728	4,185	1,083	871	1,330	22,197
Pike	478	161	37	42	50	768
Potter	142	38	11	12	10	213
Schuylkill	1,169	345	92	89	100	1,795
Snyder	340	154	29	26	29	578
Somerset	576	230	54	37	82	979
Sullivan	41	12	5	2	5	65
Susquehanna	394	102	20	29	39	584
Tioga	307	101	18	21	33	480
Union	310	120	20	24	32	506
Venango	522	140	29	33	39	763
Warren	204	60	24	18	23	329
Washington	1,469	471	192	111	317	2,560
Wayne	410	131	31	30	46	648
Westmoreland	2,378	1,010	308	213	494	4,403
Wyoming	198	75	17	18	25	333
York	4,346	1,428	436	302	530	7,042
Total	105,894	35,717	9,977	7,536	13,761	172,885

Attachment 6: 2020 HEDIS Report Card



**Commonwealth of Pennsylvania
Department of Human Services**

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

FINAL REPORT

December 2020



Better healthcare,
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Corporate Headquarters
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Lake Success, NY 11042-1072
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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 2020.

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). 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



Health coverage
for uninsured kids
is well within
reach.

Report Card Description

CHIP health insurance company performance is assessed using Healthcare Effectiveness Data Information Set (HEDIS®) 2020 performance measures, 2020 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 2020 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.



Health coverage
for uninsured kids
is well within
reach.

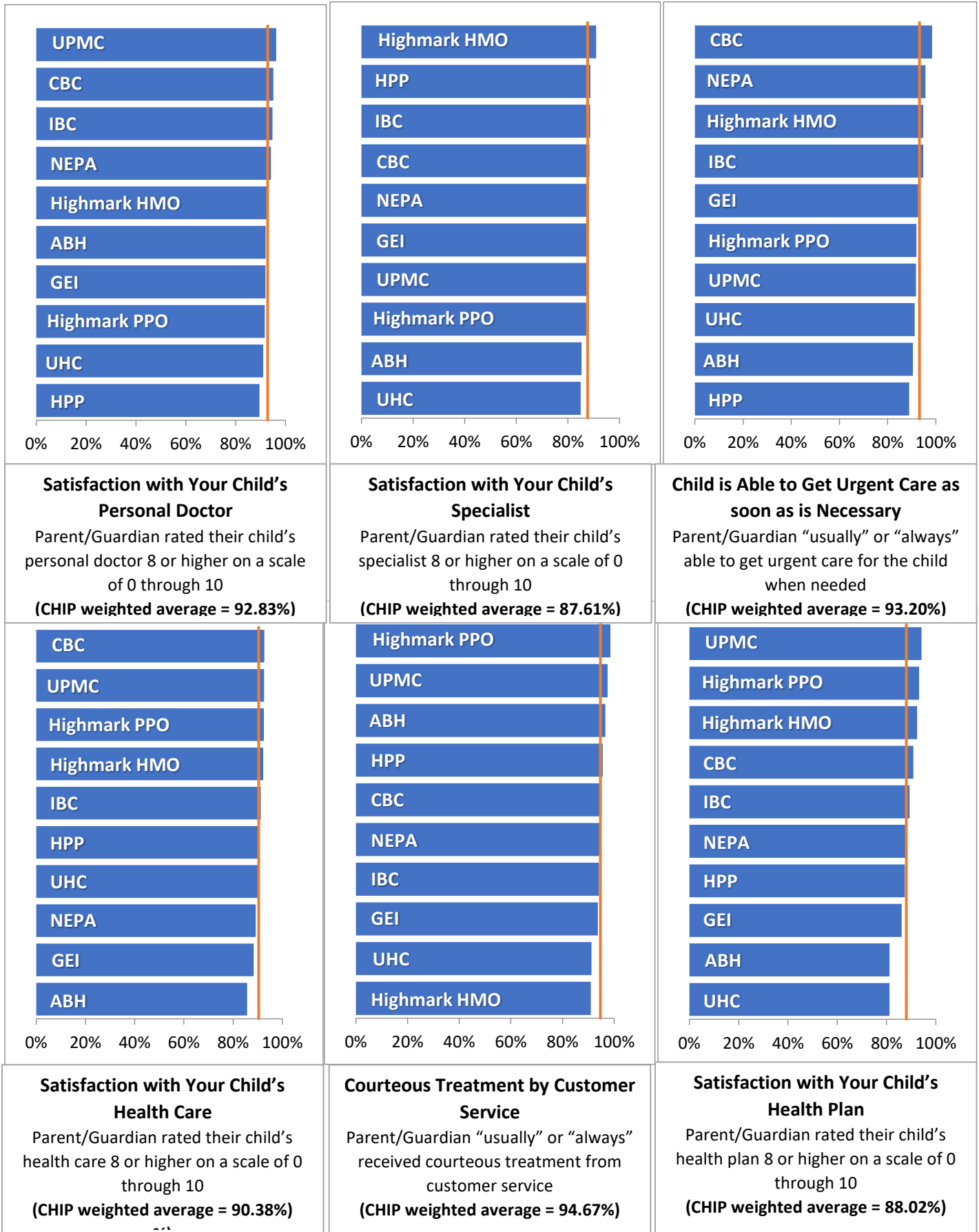
Due to the ongoing COVID-19 health crisis, CHIP MCOs were allowed to follow NCQA’s guidance for rotating HEDIS measures that utilize the hybrid methodology for 2020. Plans were allowed to report their audited HEDIS 2019 rates for 2020 if those rates are better due to low chart retrieval tied to the pandemic. In cases where CHIP plans chose to rotate their 2019 measures, those rates for the 2020 report card remain unchanged from 2019.

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

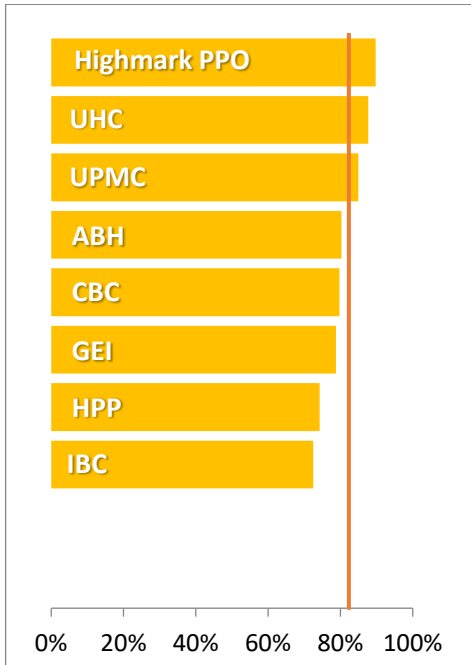
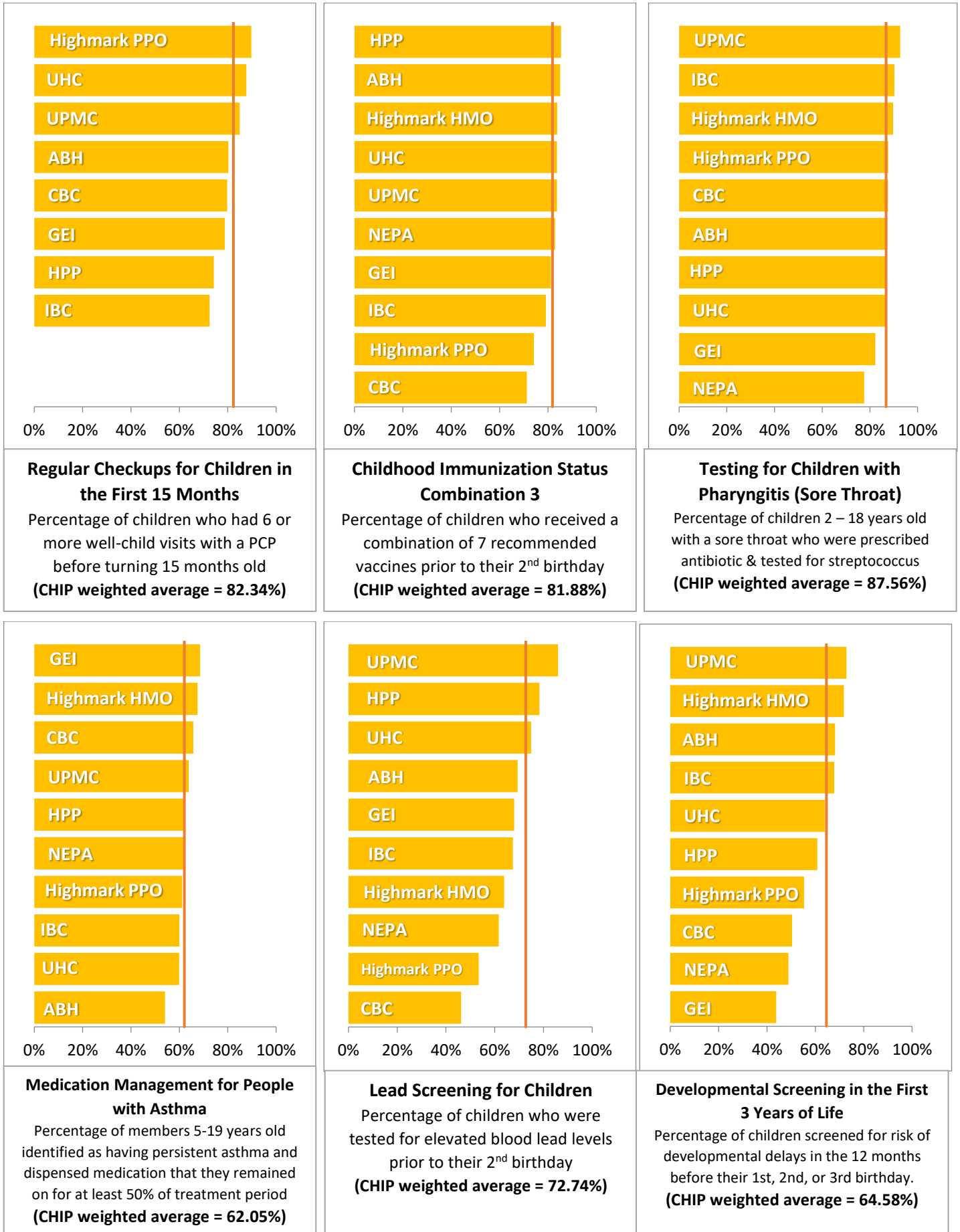
performance from low to high with higher performing health insurance companies at the top of each chart. Plans that reported a denominator less than 30 report rates as “NA”; these plans are not included in the below graphs.

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.

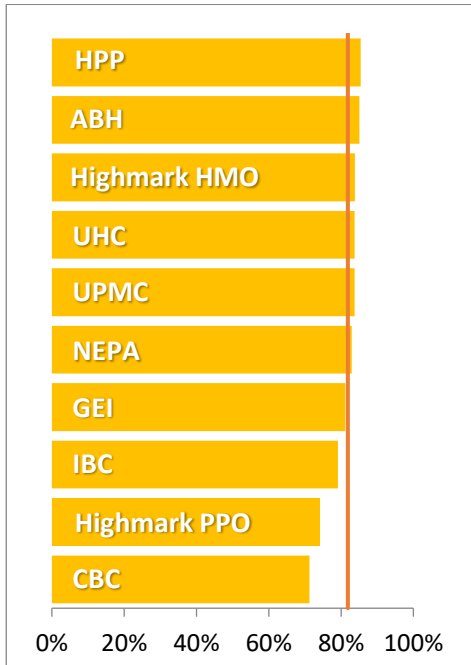
Satisfaction with Care: Is the care meeting your needs?



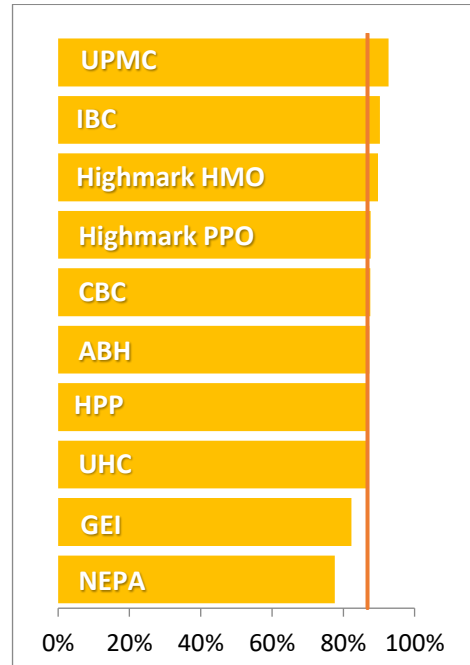
Access to Care: Are children receiving care?



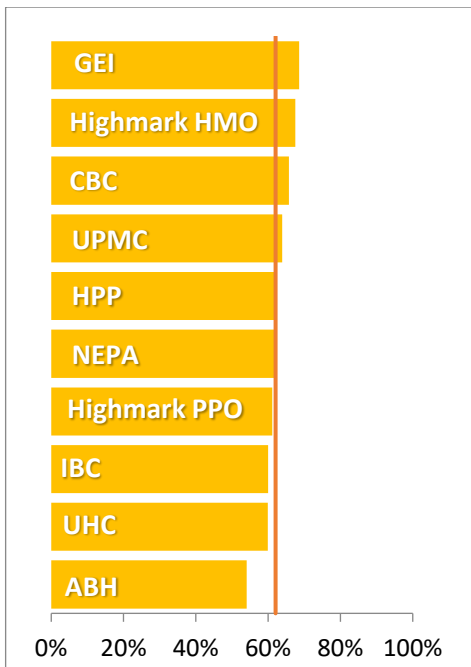
Regular Checkups for Children in the First 15 Months
 Percentage of children who had 6 or more well-child visits with a PCP before turning 15 months old
(CHIP weighted average = 82.34%)



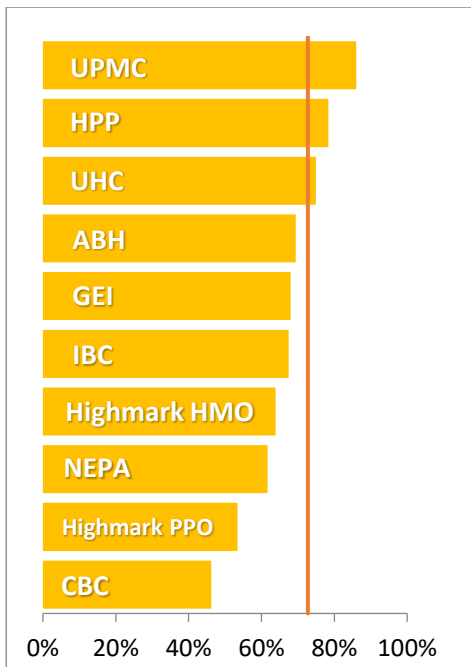
Childhood Immunization Status Combination 3
 Percentage of children who received a combination of 7 recommended vaccines prior to their 2nd birthday
(CHIP weighted average = 81.88%)



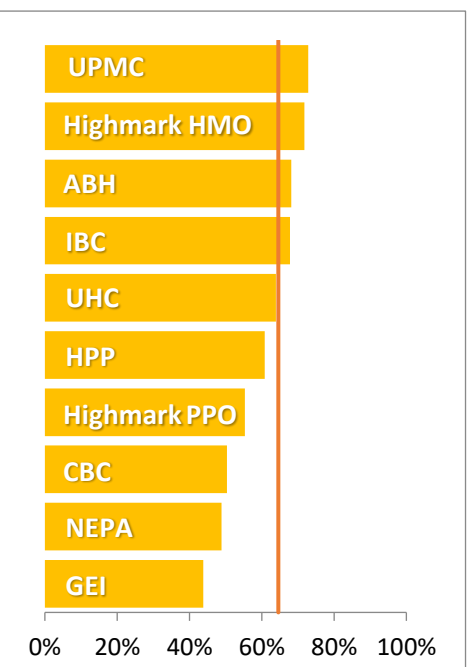
Testing for Children with Pharyngitis (Sore Throat)
 Percentage of children 2 – 18 years old with a sore throat who were prescribed antibiotic & tested for streptococcus
(CHIP weighted average = 87.56%)



Medication Management for People with Asthma
 Percentage of members 5-19 years old identified as having persistent asthma and dispensed medication that they remained on for at least 50% of treatment period
(CHIP weighted average = 62.05%)

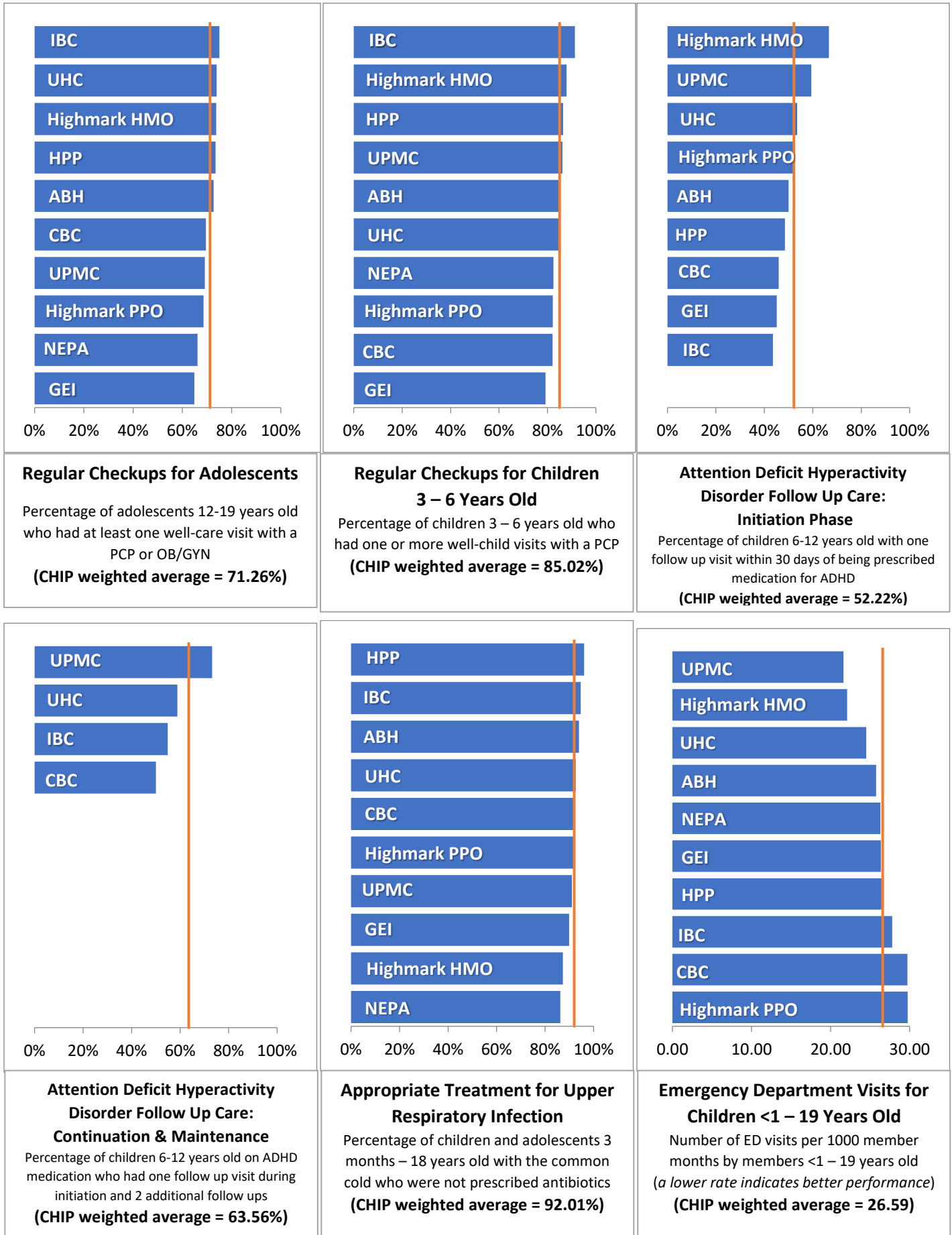


Lead Screening for Children
 Percentage of children who were tested for elevated blood lead levels prior to their 2nd birthday
(CHIP weighted average = 72.74%)



Developmental Screening in the First 3 Years of Life
 Percentage of children screened for risk of developmental delays in the 12 months before their 1st, 2nd, or 3rd birthday.
(CHIP weighted average = 64.58%)

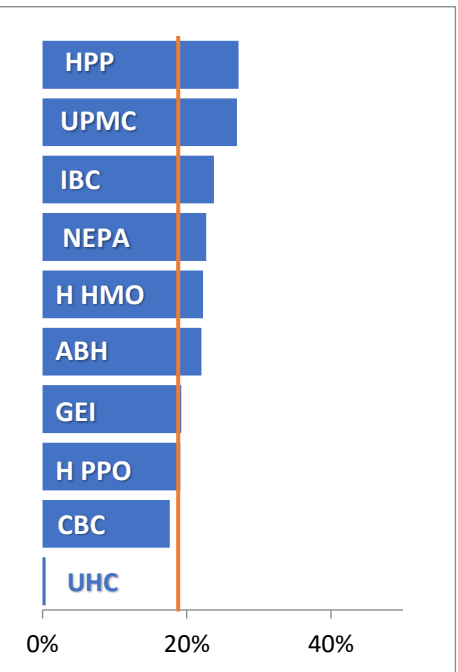
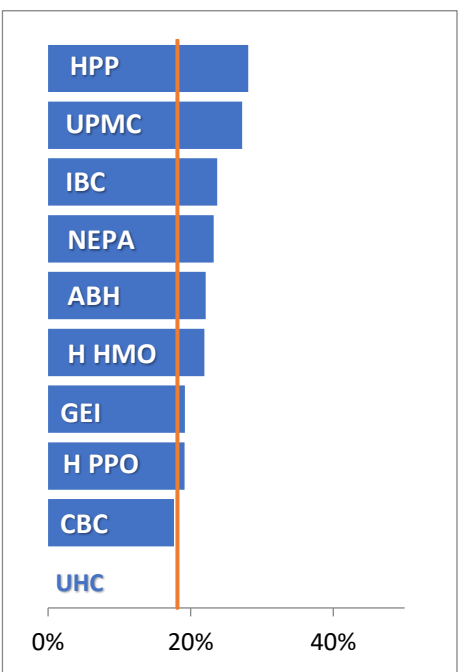
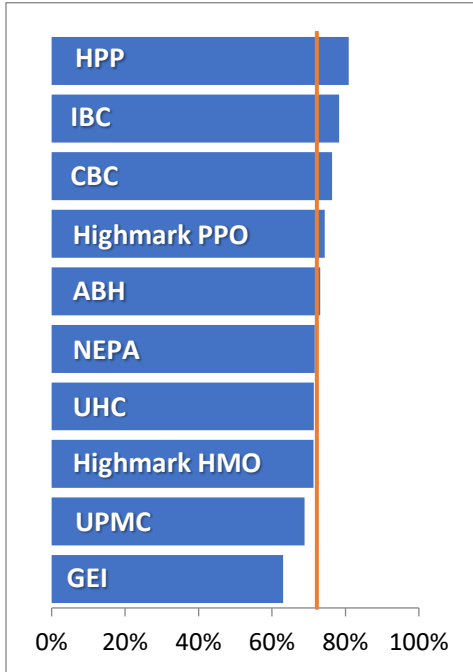
Quality of Care I: How effective is the care being provided?



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



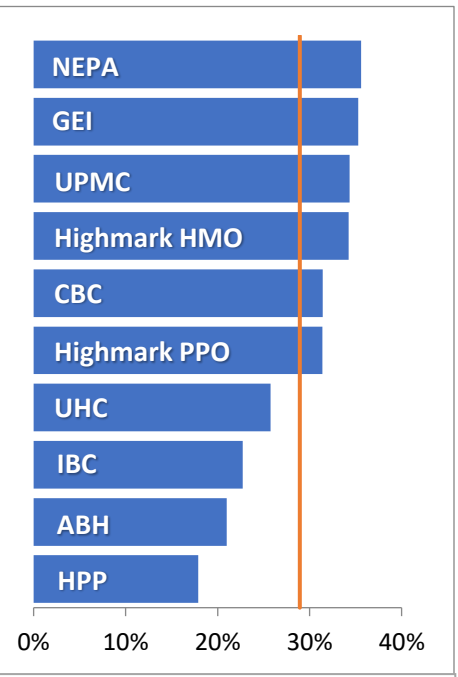
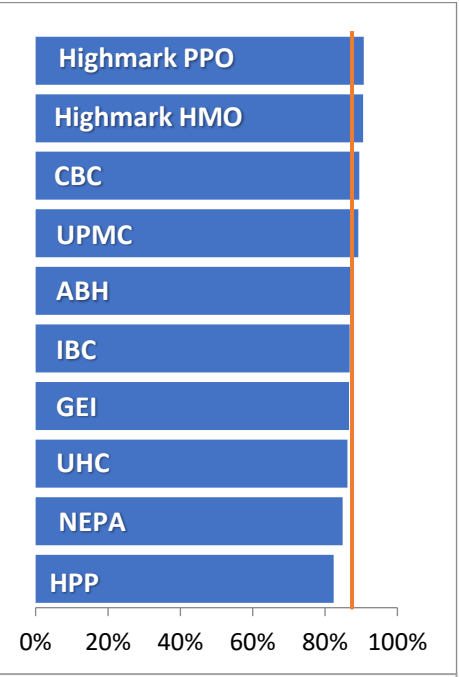
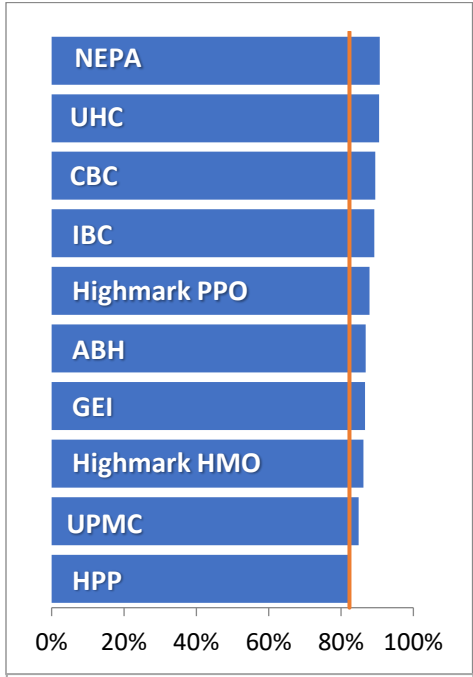
Quality of Care III: How effective is the care being provided?



Annual Dental Visits
 Percentage of children and adolescents 2 – 19 years old who had a dental visit in the past year
(CHIP weighted average = 72.23%)

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 the measurement year. Rate is calculated using Contractor data
(CHIP weighted average = 18.14%)

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 the measurement year. Rate is calculated using statewide data
(CHIP weighted average = 18.82%)



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 = 82.33%)

Child's Overall Health
 Parent/Guardian rated their child's overall health as "very good" or "excellent"
(CHIP weighted average = 87.46%)

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 = 28.93%)

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



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](#)

1-800-275-6401

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

December 2020



Corporate Headquarters
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Administrative Performance Measures

In the 2020 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) 2019. Four of these measures are from the Centers for Medicare & Medicaid Services (CMS) Core Set of Children's Health Care Quality Measures for Medicaid and CHIP (Child Core Set), indicated in each measure’s section below.

- 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. All of the PA-specific performance measures for CHIP are administrative, and 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

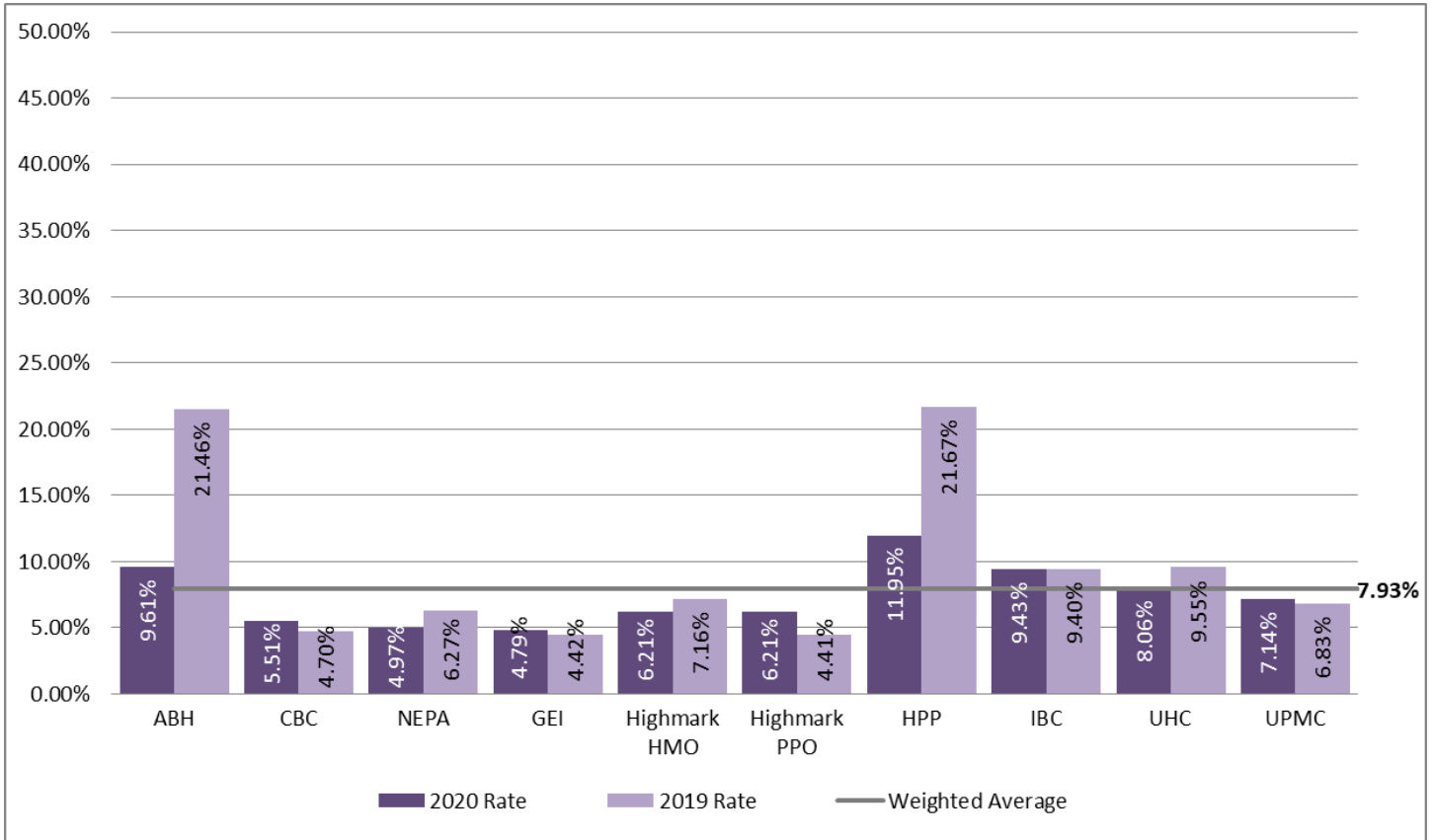
This performance measure assesses the percentage of children and adolescents two years of age through nineteen years of age, with an asthma diagnosis, who had ≥ 1 asthma-related emergency department (ED) visits during calendar year 2019. This measure is an inverted measure with lower rates indicating better performance. This measure was discontinued for Medicaid beginning in 2016 and thus no comparison rate is included in Table 1.

For the 2020 performance measure, 14,027 PA CHIP members were identified as children or adolescents with an asthma diagnosis. Of those total members identified with an asthma diagnosis, 1,112 members had one or more asthma related ED visits during CY 2019 (weighted average = 7.93%). The 2020 PA CHIP ASM-ED weighted average at 7.93% was 2.03 percentage points below the 2019 weighted average of 9.96%. Across the 10 PA CHIP MCOs with reportable rates, asthma ED visit rates ranged from a low of 4.79% to a high of 11.95%.

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

CHIP MCO	Numerator	Denominator	2020 Rate
Aetna	161	1,676	9.61%
CBC	51	925	5.51%
NEPA	16	322	4.97%
Geisinger	45	940	4.79%
Highmark HMO	33	531	6.21%
Highmark PPO	53	854	6.21%
Health Partners	123	1,029	11.95%
IBC	213	2,258	9.43%
United	217	2,691	8.06%
UPMC	200	2,801	7.14%
PA CHIP Average			7.39%
PA CHIP Weighted Average	1,112	14,027	7.93%

Figure 1: Annual Number of Asthma Patients with One or More Asthma Related Emergency Department Visits: 2019 versus 2020



Developmental Screening in the First Three Years of Life

This CMS Child Core 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. In 2020, this measure was updated to report only one rate using CPT code 96110. In prior years, plans also reported a second and third rate which included both CPT code 96111 and a combination of CPT codes 96110 and 96111, respectively. With the retirement of 96111, CPT code 96110 remains the only code reported for each age cohort. Although a significant reporting change for this measure, this update does not affect the data reported below; this report has always only reported rates for CPT code 96110. This is the indicator defined by CMS for the Core measure set and will continue to be reported to CMS as defined.

Developmental Screening: Total Rate

For the 2020 performance measure, 7,739 PA CHIP members were identified as eligible for a developmental screening. Of the eligible members, 4,998 members received a developmental screening (weighted average = 64.58%). The 2020 PA CHIP weighted average of 64.58% was 8.60 percentage points above the 2019 PA CHIP weighted average of 55.98%. Screening rates ranged from a low of 43.78% to a high of 72.83% for the 10 MCOs with reportable rates.

Table 2: Developmental Screening - Total Rate

CHIP MCO	Numerator	Denominator	2020 Rate
ABH	535	785	68.15%
CBC	131	260	50.38%
NEPA	84	172	48.84%
GEI	292	667	43.78%
Highmark HMO	163	227	71.81%
Highmark PPO	219	396	55.30%
HPHP	286	470	60.85%
IBC	502	740	67.84%
UHC	1,030	1,611	63.94%
UPMC	1,756	2,411	72.83%
PA CHIP Average			60.37%
PA CHIP Weighted Average	4,998	7,739	64.58%
PA MMC Weighted Average			61.03%

Figure 2: Developmental Screening - Total Rate: 2019 versus 2020

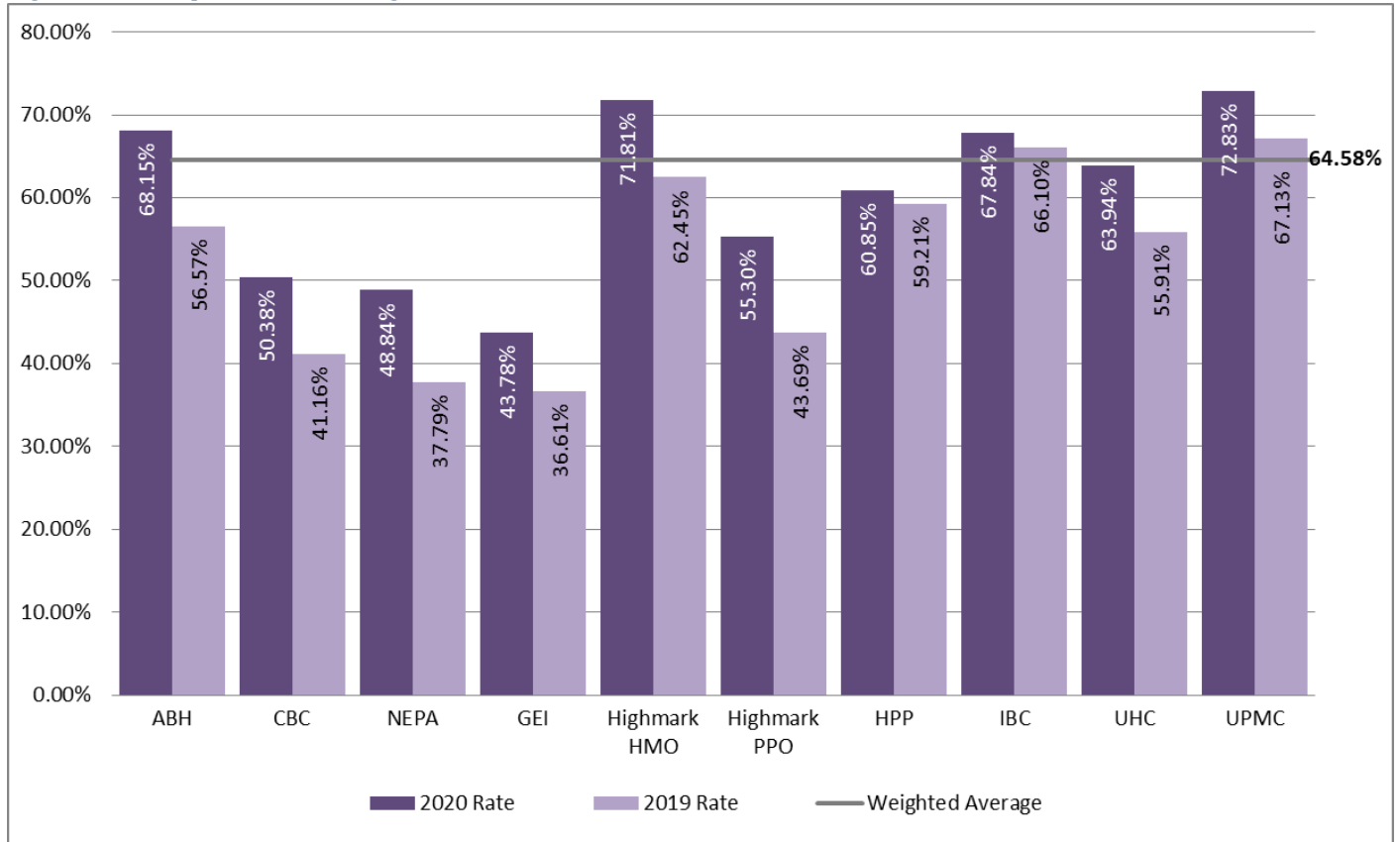
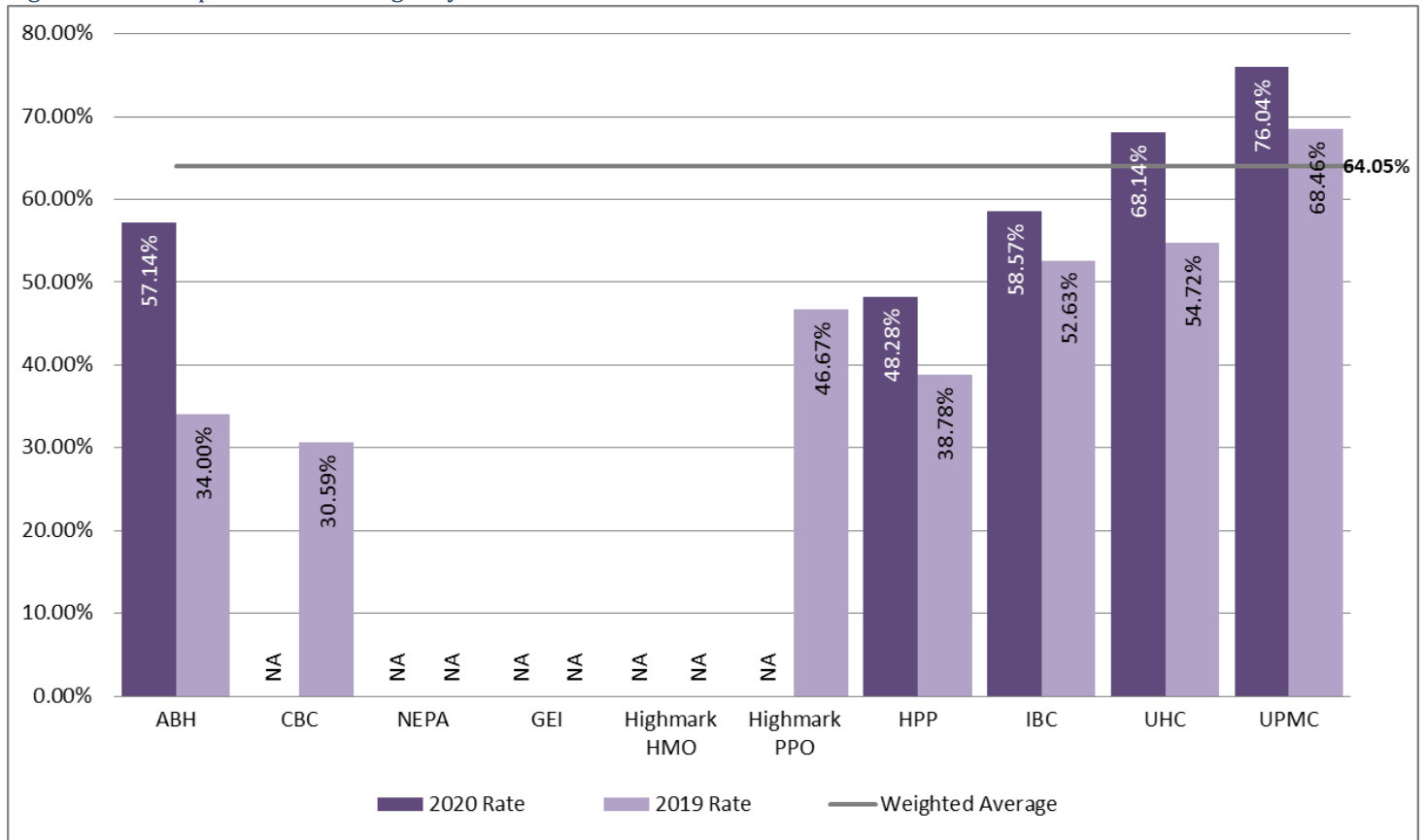


Table 3: Developmental Screening - 1 year old

CHIP MCO	Numerator	Denominator	2020 Rate
ABH	36	63	57.14%
CBC	2	7	NA
NEPA	8	13	NA
GEI	9	24	NA
Highmark HMO	11	18	NA
Highmark PPO	15	29	NA
HPHP	28	58	48.28%
IBC	41	70	58.57%
UHC	77	113	68.14%
UPMC	165	217	76.04%
PA CHIP Average			61.63%
PA CHIP Weighted Average			64.05%
PA MMC Weighted Average			55.86%

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

Figure 3*: Developmental Screening - 1-year old 2019 versus 2020



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

Table 4: Developmental Screening - 2 years old

CHIP MCO	Numerator	Denominator	2020 Rate
Aetna	206	281	73.31%
CBC	36	59	61.02%
NEPA	30	47	63.83%
Geisinger	113	243	46.50%
Highmark HMO	59	73	80.82%
Highmark PPO	75	117	64.10%
Health Partners	117	171	68.42%
IBC	172	224	76.79%
United	385	566	68.02%
UPMC	671	902	74.39%
PA CHIP Average			67.72%
PA CHIP Weighted Average	1,864	2,683	69.47%
PA MMC Weighted Average			63.68%

Figure 4: Developmental Screening - 2 years old 2019 versus 2020

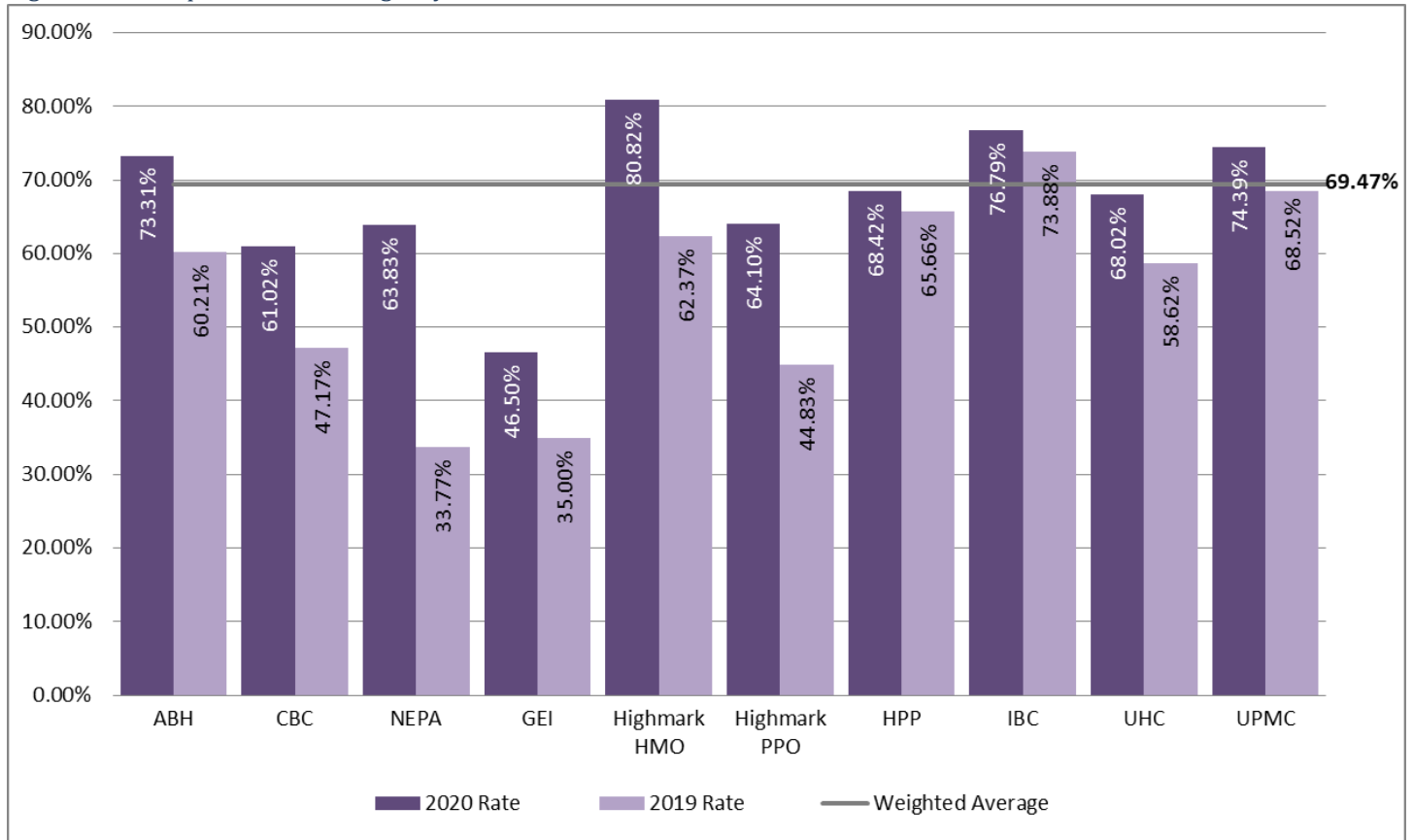
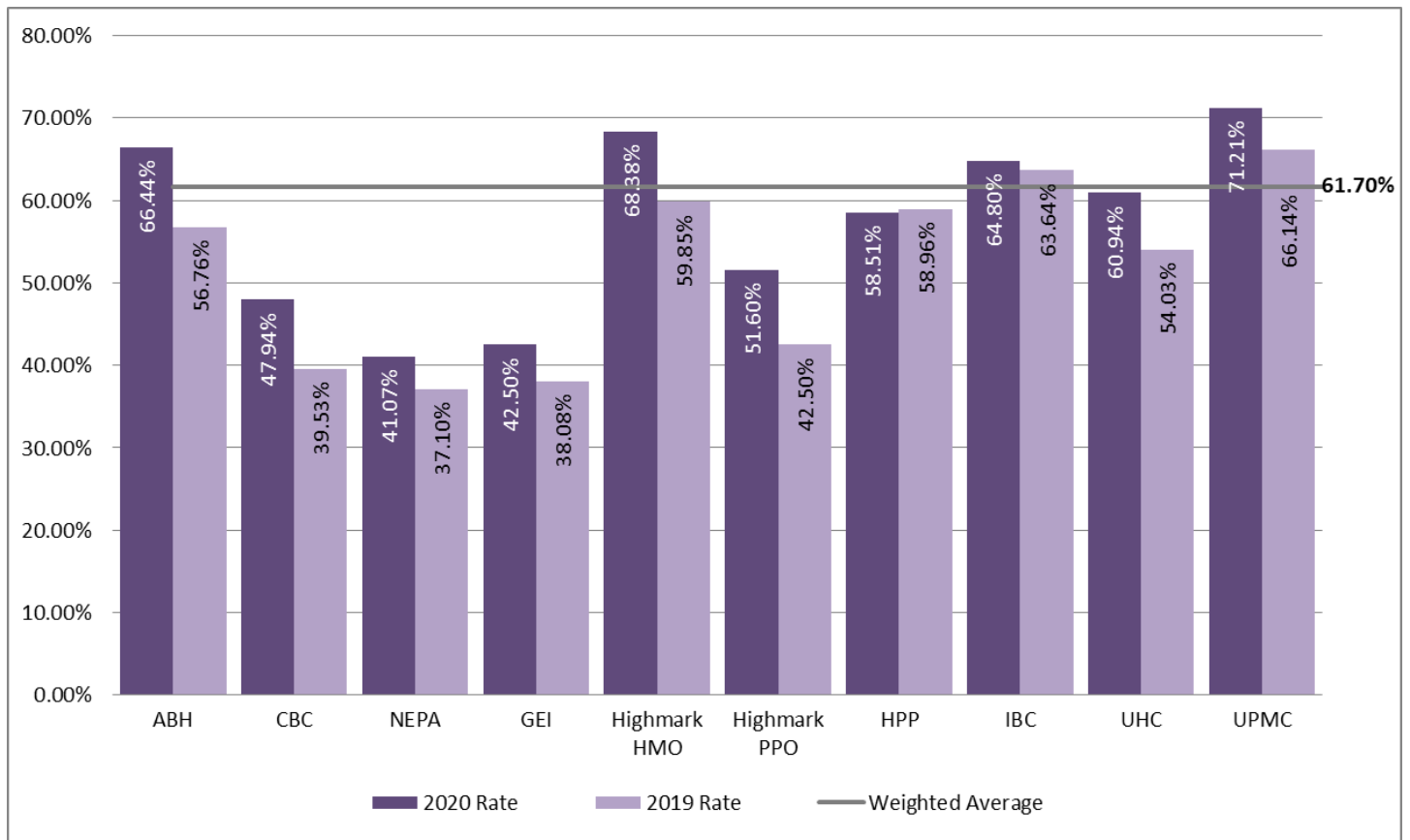


Table 5: Developmental Screening - 3 years old

CHIP MCO	Numerator	Denominator	2020 Rate
Aetna	293	441	66.44%
CBC	93	194	47.94%
NEPA	46	112	41.07%
Geisinger	170	400	42.50%
Highmark HMO	93	136	68.38%
Highmark PPO	129	250	51.60%
Health Partners	141	241	58.51%
IBC	289	446	64.80%
United	568	932	60.94%
UPMC	920	1,292	71.21%
PA CHIP Average			57.34%
PA CHIP Weighted Average			61.70%
PA MMC Weighted Average			63.55%

Figure 5: Developmental Screening - 3 years old 2019 versus 2020



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

This CMS Child Core 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 the measurement year.

This measure was a new CMS Core measure in 2016 as a replacement for the Dental Sealants for Children measure, which was retired. 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 crosswalked to an acceptable CMS provider. Numerator B was created to quantify these cases, and to provide additional information for DHS about whether sealants were being applied by providers other than those outlined by CMS, for potential future consideration when discussing the measure. A third numerator, C, included all the unduplicated individuals in Numerators A and B. Numerators B and C deviate from CMS guidance – they were provided to DHS for informational purposes, and enhancements are not applicable for these numerators. Data for these indicators have not been included in this report. Numerator A represents the CMS measure 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.

In 2020, this measure was updated to include schools as allowable places of service. Plans were instructed to report dental services provided to eligible children in all places of service such as dental offices, federally qualified health centers, county Health Department dental clinic and schools.

MCO Reported Rates

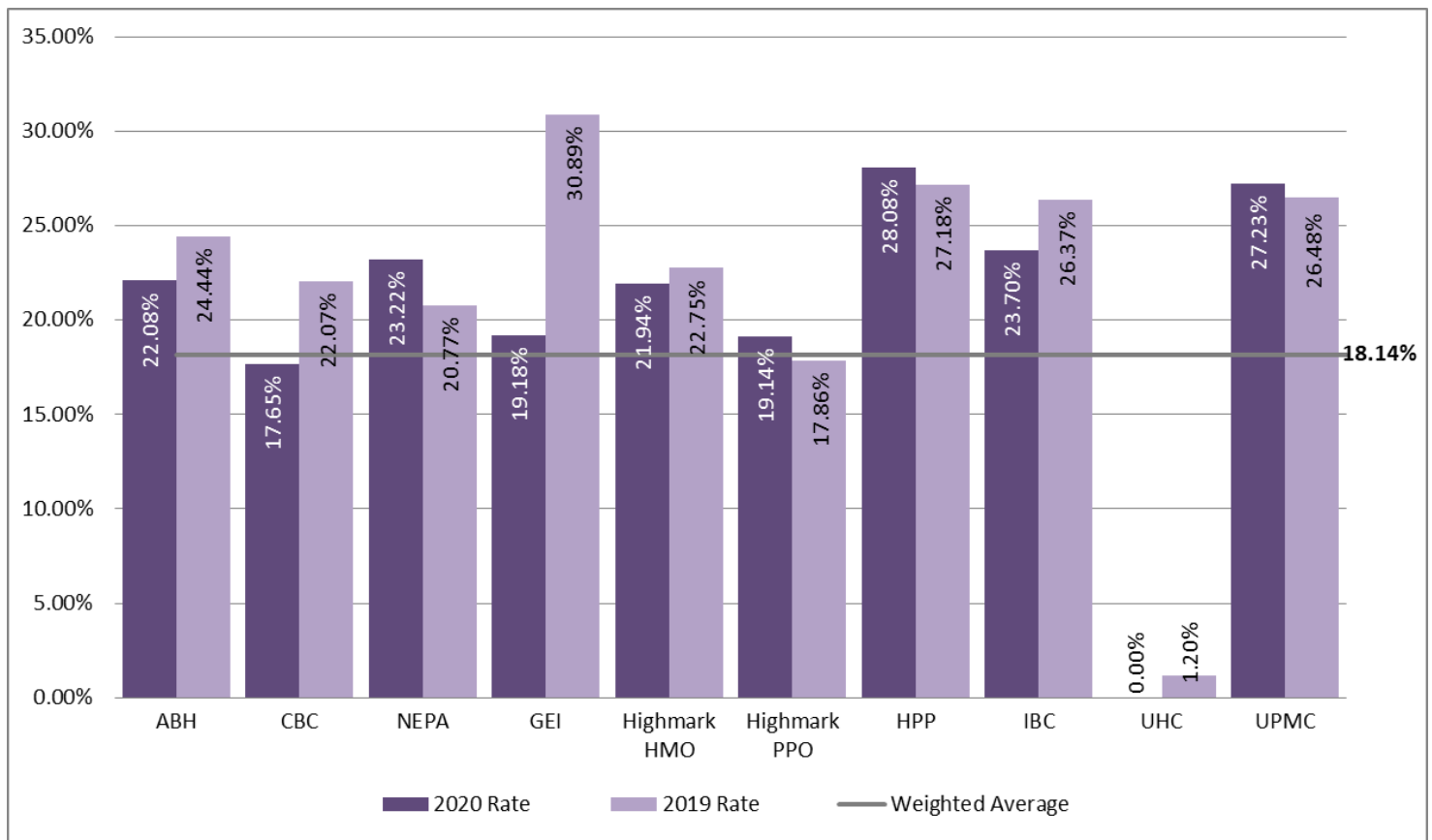
For the 2020 performance measure, 18,417 PA CHIP members, age six to nine years as of December 31 of the measurement year, were identified as being at moderate or high risk for dental caries. Of these eligible members, 3,341 were at elevated risk for dental caries and received a sealant on a permanent first molar tooth as a dental service (weighted average = 20.22%). The 2020 PA CHIP weighted average of 18.14% was 0.77 percentage points below the 2019 PA CHIP weighted average of 18.91%. Sealant rates ranged from a low of 0.00% to a high of 28.08% for the 10 MCOs with reportable rates.

UHC again experienced a significant decrease in the CMS reportable measure in 2020, consistent with 2019. 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 and again in 2020. In 2019, UHC investigated the issue and advised that in prior years there was a data enrichment process applied to the data crosswalking NPI and taxonomy information, which was not available to the current staff. UHC indicated again in 2020 that the current rate accurately reflects the data as it is coming into their system, without mapping. As a result, the MCO's rate decreased to 0.0%.

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

CHIP MCO	Numerator	Denominator	2020 Rate
Aetna	520	2,355	22.08%
CBC	288	1,632	17.65%
NEPA	101	435	23.22%
Geisinger	291	1,517	19.18%
Highmark HMO	120	547	21.94%
Highmark PPO	186	972	19.14%
Health Partners	397	1,414	28.08%
IBC	474	2,000	23.70%
United	0	4,005	0.00%
UPMC	964	3,540	27.23%
PA CHIP Average			20.22%
PA CHIP Weighted Average	3,341	18,417	18.14%
PA MMC Weighted Average			21.89%

Figure 6: Dental Sealants for Children: MCO Reported Rates – Numerator A: 2019 versus 2020



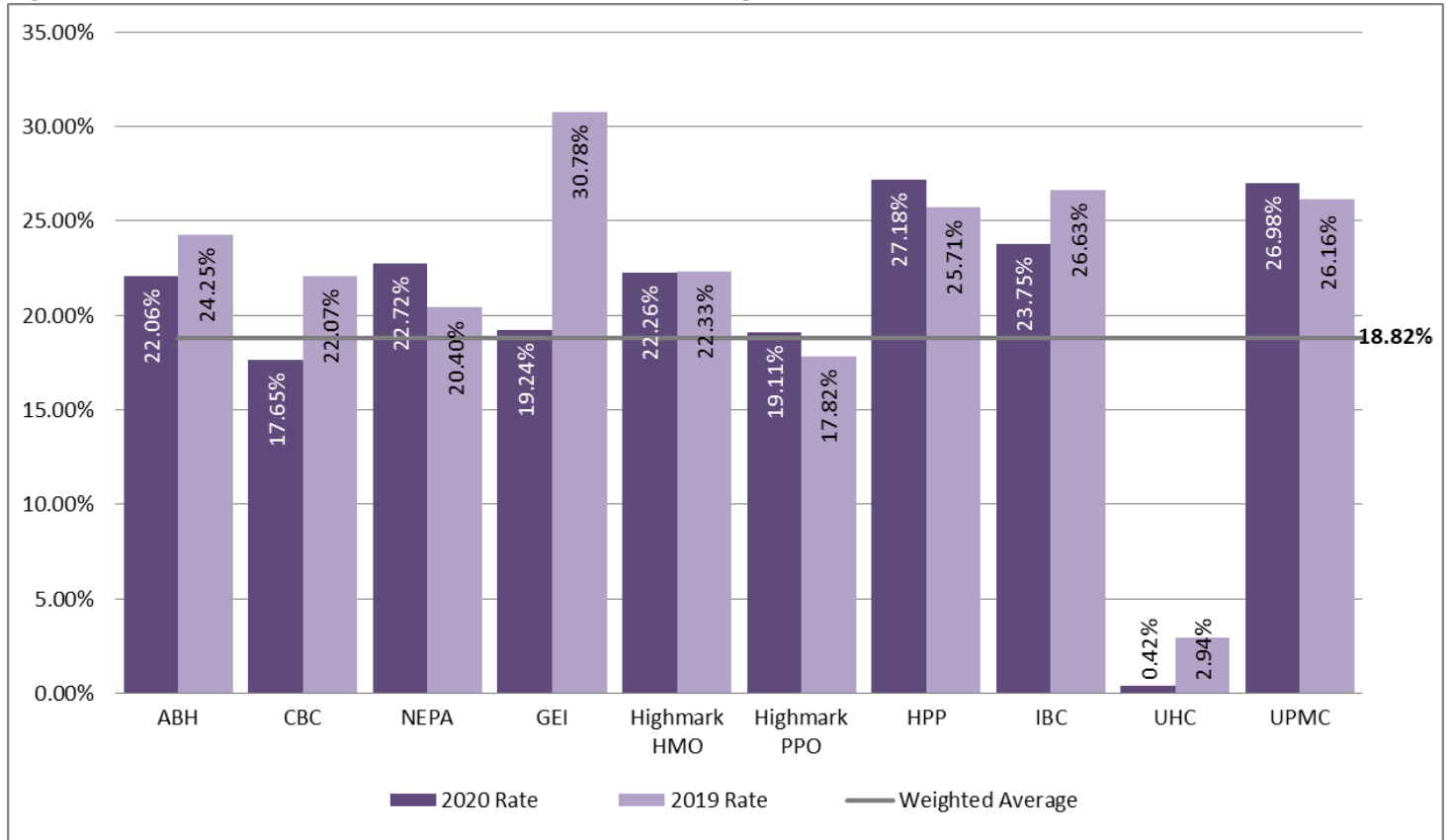
Enhanced Reported Rates

For the 2020 enhanced performance measure, 20,313 PA CHIP members, age six to nine years as of December 31 of the measurement year, were identified as being at moderate or high risk for dental caries. Of these eligible members, 3,822 were at elevated risk for dental caries and received a sealant on a permanent first molar tooth as a dental service (weighted average = 18.82%). The 2020 PA CHIP weighted average of 18.82% was 0.38 percentage points below the 2019 PA CHIP weighted average of 19.20%. Sealant rates ranged from a low of 0.42% to a high of 27.18% 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	2020 Rate
Aetna	528	2,394	22.06%
CBC	288	1,632	17.65%
NEPA	102	449	22.72%
Geisinger	300	1,559	19.24%
Highmark HMO	124	557	22.26%
Highmark PPO	190	994	19.11%
Health Partners	818	3,010	27.18%
IBC	476	2,004	23.75%
United	17	4,085	0.42%
UPMC	979	3,629	26.98%
PA CHIP Average			20.14%
PA CHIP Weighted Average	3,822	20,313	18.82%
PA MMC Weighted Average			23.92%

Figure 7: Dental Sealants for Children: Enhanced Reported Rates - Numerator A: 2019 versus 2020



Contraception Care or All Women Ages 15-20

This CMS Child Core 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.

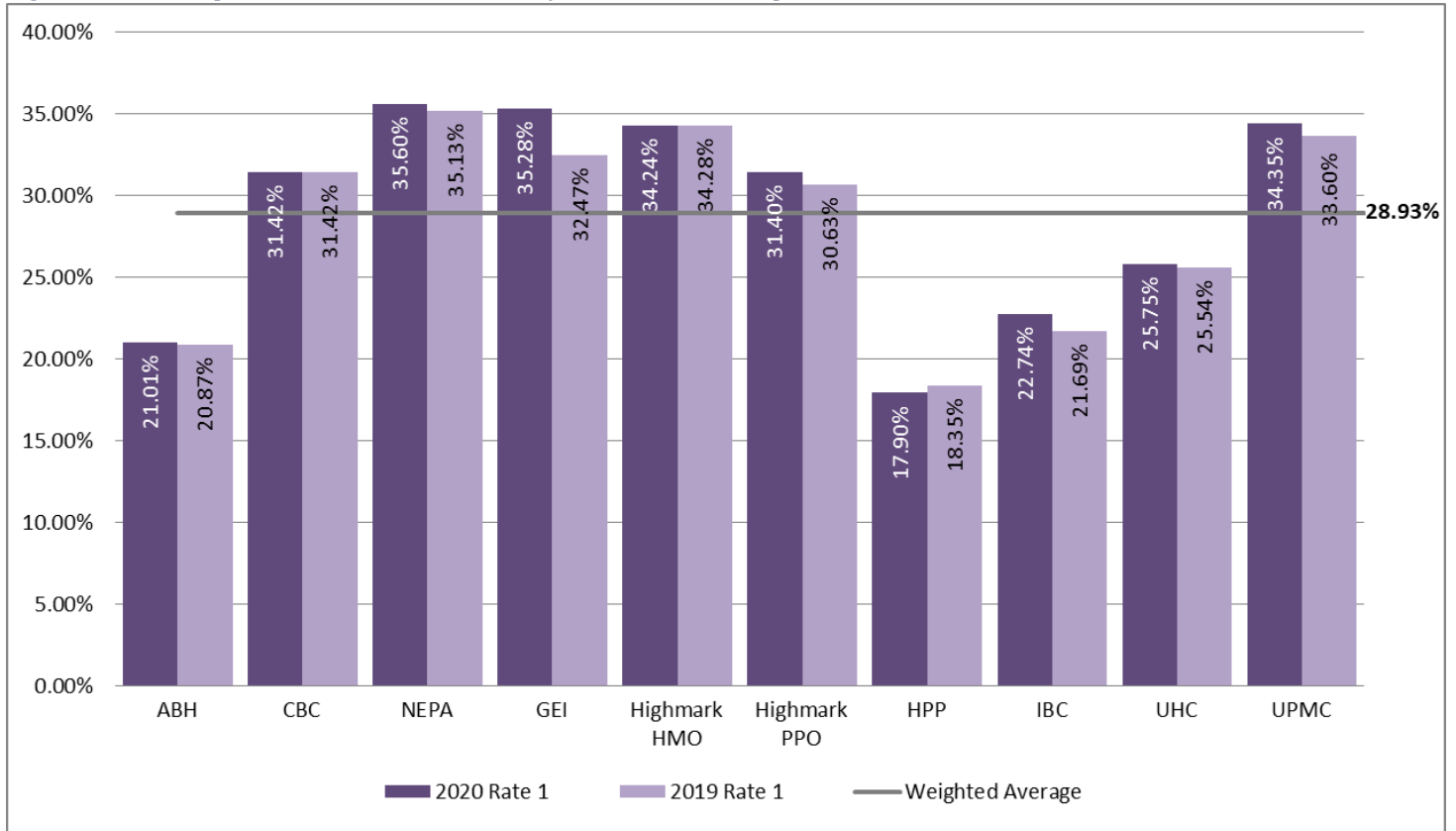
Most or Moderately Effective Contraception

For the 2020 performance measure, 15,183 PA CHIP members age 15 through 20 were identified as at risk of unintended pregnancy between the dates of January 1 and October 31 of the measurement year. Of the eligible members, 4,393 members were provided a most (sterilization, IUD/IUS, implant) or moderately (injectables, oral pills, patch, ring, or diaphragm) effective method of contraception (weighted average = 28.93%). The 2020 PA CHIP weighted average of 28.93% was 0.72 percentage points above the 2019 PA CHIP weighted average of 28.20%. Rates ranged from a low of 17.90% to a high of 35.60% for the 10 MCOs with reportable rates.

Table 8: Contraceptive Care: Most or Moderately Effective Contraception

CHIP MCO	Numerator	Denominator	2020 Rate
Aetna	259	1,233	21.01%
CBC	422	1,343	31.42%
NEPA	199	559	35.60%
Geisinger	386	1094	35.28%
Highmark HMO	289	844	34.24%
Highmark PPO	255	812	31.40%
Health Partners	152	849	17.90%
IBC	447	1,966	22.74%
United	728	2,827	25.75%
UPMC	1256	3,656	34.35%
PA CHIP Average			28.97%
PA CHIP Weighted Average	4,393	15,183	28.93%
PA MMC Weighted Average			33.12%

Figure 8: Contraceptive Care: Most or Moderately Effective Contraception: 2019 versus 2020



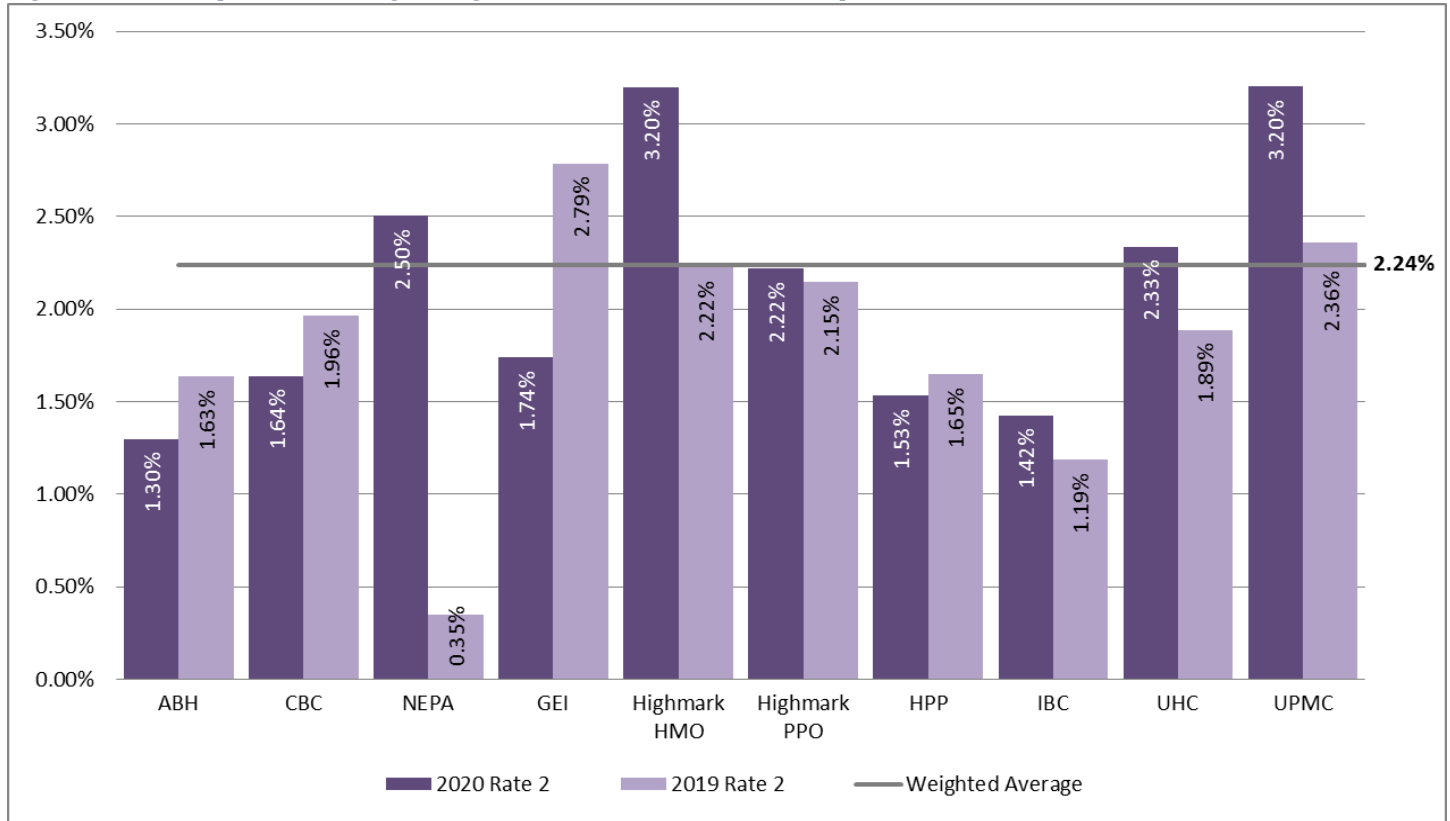
Long-Acting Reversible Method of Contraception (LARC)

For the 2020 performance measure, 15,183 PA CHIP members age 15 through 20 were identified as at risk of unintended pregnancy between the dates of January 1 and October 31 of the measurement year. Of the eligible members, 340 members were provided a long-acting reversible method of contraception (weighted average = 2.24%). The 2020 PA CHIP weighted average of 2.24% was 0.34 percentage points above the 2019 PA CHIP weighted average of 1.90%. Rates ranged from a low of 1.30% to a high of 3.20% for the 10 MCOs with reportable rates.

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

CHIP MCO	Numerator	Denominator	2020 Rate
Aetna	16	1,233	1.30%
CBC	22	1,343	1.64%
NEPA	14	559	2.50%
Geisinger	19	1,094	1.74%
Highmark HMO	27	844	3.20%
Highmark PPO	18	812	2.22%
Health Partners	13	849	1.53%
IBC	28	1,966	1.42%
United	66	2,827	2.33%
UPMC	117	3,656	3.20%
PA CHIP Average			2.11%
PA CHIP Weighted Average	340	15,183	2.24%
PA MMC Weighted Average			4.04%

Figure 9: Contraceptive Care: Long-Acting Reversible Method of Contraception: 2019 versus 2020



Contraceptive Care for Postpartum Women Ages 15-20

This CMS Child Core 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 prior reporting years, 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.