Preamble

Section 2108(a) and Section 2108(e) of the Social Security Act (the Act) provides that each state and territory *must assess the operation of its state child health plan in each federal fiscal year and report to the Secretary, by January 1 following the end of the federal fiscal year, on the results of the assessment. In addition, this section of the Act provides that the state must assess the progress made in reducing the number of uncovered, low-income children. The state is out of compliance with CHIP statute and regulations if the report is not submitted by January 1. The state is also out of compliance if any section of this report relevant to the state's program is incomplete.

 The framework is designed to:

- Recognize the **diversity** of state approaches to CHIP and allow States **flexibility** to highlight key accomplishments and progress of their CHIP programs, **AND**

- Provide **consistency** across states in the structure, content, and format of the report, **AND**

- Build on data **already collected** by CMS quarterly enrollment and expenditure reports, **AND**

- Enhance **accessibility** of information to stakeholders on the achievements under Title XXI.

The CHIP Annual Report Template System (CARTs) is organized as follows:

- Section I: Snapshot of CHIP Programs and Changes

- Section II: Program's Performance Measurement and Progress

- Section III: Assessment of State Plan and Program Operation

- Section IV: Program Financing for State Plan

- Section V: Program Challenges and Accomplishments

* - When "state" is referenced throughout this template, it is defined as either a state or a territory.

*Disclosure. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, write to: CMS, 7500 Security Blvd., Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

FRAMEWORK FOR THE ANNUAL REPORT OF
THE CHILDREN'S HEALTH INSURANCE PLANS
UNDER TITLE XXI OF THE SOCIAL SECURITY ACT

DO NOT CERTIFY YOUR REPORT UNTIL ALL SECTIONS ARE COMPLETE.

State/Territory: **PA**

(Name of State/Territory)

The following Annual Report is submitted in compliance with Title XXI of the Social Security Act (Section 2108(a) and Section 2108(e)).

Signature:

Tracie M. Gray

CHIP Program Name(s):   **All, Pennsylvania's Children's Health Insurance Program**

CHIP Program Type:

☐ CHIP Medicaid Expansion Only
☒ Separate Child Health Program Only
☐ Combination of the above

Reporting Period: **2015**   *Note: Federal Fiscal Year 2015starts 10/1/2014 and ends 9/30/2015.*

Contact Person/Title: **Tracie M. Gray, Acting Director, Bureau of CHIP**

Address: **1326 Strawberry Square**

City: **Harrisburg**   State**:** **PA**   Zip**:** **17120-0046**

Phone: **717-705-0542**   Fax: **717-705-1643**

Email: **tgray@pa.gov**

Submission Date: **12/23/2015**

(Due to your CMS Regional Contact and Central Office Project Officer by January 1ˢᵗ of each year)

SECTION I: SNAPSHOT OF CHIP PROGRAM AND CHANGES

1) To provide a summary at-a-glance of your CHIP program , please provide the following information. If you would like to make any comments on your responses, please explain in narrative below this table.

☒Provide an assurance that your state's CHIP program eligibility criteria as set forth in the CHIP state plan in section 4, inclusive of PDF pages related to Modified Adjusted Gross Income eligibility, is accurate as of the date of this report.

Please note that the numbers in brackets, e.g., **[500]** are character limits in the Children's Health Insurance Program (CHIP) Annual Report Template System (CARTS). You will not be able to enter responses with characters greater than the limit indicated in the brackets.

	CHIP Medicaid Expansion Program				**Separate Child Health Program**			
	* Upper % of FPL (federal poverty level) fields are defined as <u>Up to and Including</u>							

Does your program require premiums or an enrollment fee?	☐	No			☐	No		
	☐	Yes			☒	Yes		
	Enrollment fee amount				Enrollment fee amount			
	Premium amount				Premium amount			
	If premiums are tiered by FPL, please breakout by FPL				If premiums are tiered by FPL, please breakout by FPL			
	Premium Amount				Premium Amount			
	Range from	Range to	From	To	Range from	Range to	From	To
	$	$	% of FPL	% of FPL	$0	$ 0	% of FPL 133	% of FPL 208
	$	$	% of FPL	% of FPL	$30	$ 62	% of FPL 208	% of FPL 262
	$	$	% of FPL	% of FPL	$43	$ 86	% of FPL 262	% of FPL 288
	$	$	% of FP L	% of FPL	$49	$ 99	% of FPL 288	% of FPL 314
	If premiums are tiered by FPL, please breakout by FPL				If premiums are tiered by FPL, please breakout by FPL			
	Yearly Maximum Premium Amount per family	$			Yearly Maximum Premium Amount per family	$		
	Range from	Range to	From	To	Range from	Range to	From	To
	$	$	% of FPL	% of FPL	$	$	% of FPL	% of FPL
	$	$	% of FPL	% of FPL	$	$	% of FPL	% of FPL
	$	$	% of FPL	% of FPL	$	$	% of FPL	% of FPL
	$	$	% of FPL	% of FPL	$	$	% of FPL	% of FPL
	If yes, briefly explain fee structure in the box below **[500]**				If yes, briefly explain fee structure in the box below (including premium/enrollment fee amounts and include Federal poverty levels where appropriate) **[500]**			

	☐	N/A		☐	N/A

Which delivery system(s) does your program use?	☐	Managed Care	☒	Managed Care
	☐	Primary Care Case Management	☐	Primary Care Case Management
	☐	Fee for Service	☐	Fee for Service
	Please describe which groups receive which delivery system **[500]**		Please describe which groups receive which delivery system **[500]**	

2) Have you made changes to any of the following policy or program areas during the reporting period? Please indicate "yes" or "no change" by marking the appropriate column.

For FFY 2015, please include only the program changes that are in addition to and/or beyond those required by the Affordable Care Act.

For each topic you responded "yes" to below, please explain the change and why the change was made.

	Medicaid Expansion CHIP Program			Separate Child Health Program		
	Yes	No Change	N/A	Yes	No Change	N/A
a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	☐	☐	☐	☐	☒	☐
b) Application	☐	☐	☐	☐	☒	☐
c) Benefits	☐	☐	☐	☐	☒	☐
d) Cost sharing (including amounts, populations, & collection process)	☐	☐	☐	☐	☒	☐
e) Crowd out policies	☐	☐	☐	☐	☒	☐
f) Delivery system	☐	☐	☐	☐	☒	☐
g) Eligibility determination process	☐	☐	☐	☐	☒	☐
h) Implementing an enrollment freeze and/or cap	☐	☐	☐	☐	☒	☐
i) Eligibility levels / target population	☐	☐	☐	☐	☒	☐
j) Eligibility redetermination process	☐	☐	☐	☐	☒	☐
k) Enrollment process for health plan selection	☐	☐	☐	☐	☒	☐
l) Outreach (e.g., decrease funds, target outreach)	☐	☐	☐	☐	☒	☐
m) Premium assistance	☐	☐	☐	☐	☒	☐
n) Prenatal care eligibility expansion (Sections 457.10, 457.350(b)(2), 457.622(c)(5), and 457.626(a)(3) as described in the October 2, 2002 Final Rule)	☐	☐	☐	☐	☒	☐

o) Expansion to "Lawfully Residing" children	☐	☐	☐	☐	☒	☐
p) Expansion to "Lawfully Residing" pregnant women	☐	☐	☐	☐	☐	☒
q) Pregnant Women state plan expansion	☐	☐	☐	☐	☐	☒
r) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	☐	☐	☐	☐	☒	☐

s) Other – please specify

a) _____	☐	☐	☐	☐	☐	☐
b) _____	☐	☐	☐	☐	☐	☐
c) _____	☐	☐	☐	☐	☐	☐

B. Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	
C. Application	
D. Benefits	
E. Cost sharing (including amounts, populations, & collection process)	
F. Crowd out policies	
G. Delivery system	
H. Eligibility determination process	
I. Implementing an enrollment freeze and/or cap	
J. Eligibility levels / target population	
K. Eligibility redetermination process	

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L. Enrollment process for health plan selection	
M. Outreach	
N. Premium assistance	
O. Prenatal care eligibility expansion (Sections 457.10, 457.350(b)(2), 457.622(c)(5), and 457.626(a)(3) as described in the October 2, 2002 Final Rule)	
P. Expansion to "Lawfully Residing" children	
Q. Expansion to "Lawfully Residing" pregnant women	
R. Pregnant Women State Plan Expansion	
S. Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	
T. Other – please specify	
a.	
b.	
c.	

Enter any Narrative text below. **[7500]**

SECTION II: PROGRAM'S PERFORMANCE MEASUREMENT AND PROGRESS

This section consists of two subsections that gather information about the CHIP and/or Medicaid program.   Section IIA captures your enrollment progress as well as changes in the number and/or rate of uninsured children in your state. Section IIB captures progress towards meeting your state's general strategic objectives and performance goals.

SECTION IIA: ENROLLMENT AND UNINSURED DATA

1. The information in the table below is the Unduplicated Number of Children Ever Enrolled in CHIP in your state for the two most recent reporting periods. The enrollment numbers reported below should correspond to line 7 (Unduplicated # Ever Enrolled Year) in your state's 4th quarter data report (submitted in October) in the CHIP Statistical Enrollment Data System (SEDS). The percent change column reflects the percent change in enrollment over the two-year period. If the percent change exceeds 10 percent (increase or decrease), please explain in letter A below any factors that may account for these changes (such as decreases due to elimination of outreach or increases due to program expansions). This information will be filled in automatically by CARTS through a link to SEDS. Please wait until you have an enrollment number from SEDS before you complete this response.

Program	FFY 2014	FFY 2015	Percent change FFY 2014-2015
CHIP Medicaid Expansion Program	0	64638	Infinity
Separate Child Health Program	258455	220328	-14.75

   A. Please explain any factors that may account for enrollment increases or decreases exceeding 10 percent. **[7500]**

   Enrollment decreases were a direct result of Affordable Care Act rules that changed family composition. As a result, children whose family income range between 100% and 133% who were previously eligible for CHIP now fall under Medical Assistance. Also, the Affordable Care Act changed the household composition so that some children were transitioned to Medical Assistance based on individual's whose income was no longer calculated in their household.

2. The tables below show trends in the number and rate of uninsured children in your state. Three year averages in Table 1 are based on the Current Population Survey. The single year estimates in Table 2 are based on the American Community Survey (ACS). CARTS will fill in this information automatically, and significant changes are denoted with an asterisk (*). If your state uses an alternate data source and/or methodology for measuring change in the number and/or rate of uninsured children, please explain in Question #3.

Table 1: Number and percent of uninsured children under age 19 below 200 percent of poverty, Current Population Survey

	Uninsured Children Under Age 19 Below 200 Percent of Poverty	Uninsured Children Under Age 19 Below 200 Percent of Poverty as a Percent of Total Children Under Age 19

Period	Number	Std. Error	Rate	Std. Error
1996 - 1998	157	25.1	5.1	.8
1998 - 2000	115	21.5	3.7	.7
2000 - 2002	162	21.2	5.5	.7
2002 - 2004	195	23.3	6.5	.8
2003 - 2005	175	22.9	5.9	.7
2004 - 2006	155	22.0	5.3	.7
2005 - 2007	145	21.0	5.0	.7
2006 - 2008	127	20.0	4.4	.7
2007 - 2009	131	20.0	4.5	.7
2008 - 2010	128	17.0	4.4	.6
2009-2011	142	21.0	4.8	.7
2010-2012	143	22.0	5.0	0

Table 2: Number and percent of uninsured children under age 19 below 200 percent of poverty, American Community Survey

Period	Uninsured Children Under Age 19 Below 200 Percent of Poverty		Uninsured Children Under Age 19 Below 200 Percent of Poverty as a Percent of Total Children Under Age 19	
	Number (In Thousands)	Margin of Error	Rate	Margin of Error
2013	92	7.0	3.3	.2
2014	86	6.0	3.1	.2
Percent change 2013 vs. 2014	0%	NA	0%	NA

A. Please explain any activities or factors that may account for increases or decreases in your number and/or rate of uninsured children. **[7500]**

B. Please note any comments here concerning ACS data limitations that may affect the reliability or precision of these estimates. **[7500]**

3. Please indicate by checking the box below whether your state has an alternate data source and/or methodology for measuring the change in the number and/or rate of uninsured children.

☐ Yes (please report your data in the table below)

☒ No (skip the rest of the question)

Please report your alternate data in the table below. Data are required for two or more points in time to demonstrate change (or lack of change). Please be as specific and detailed as possible about the method used to measure progress toward covering the uninsured.

Data source(s)	
Reporting period (2 or more points in time)	
Methodology	
Population (Please include ages and income levels)	
Sample sizes	
Number and/or rate for two or more points in time	
Statistical significance of results	

A. Please explain why your state chose to adopt a different methodology to measure changes in the number and/or rate of uninsured children. **[7500]**

B. What is your state's assessment of the reliability of the estimate? What are the limitations of the data or estimation methodology? (Provide a numerical range or confidence intervals if available.) **[7500]**

C. What are the limitations of the data or estimation methodology?   **[7500]**

D. How does your state use this alternate data source in CHIP program planning? **[7500]**

SECTION IIB: STATE STRATEGIC OBJECTIVES AND PERFORMANCE GOALS

This subsection gathers information on your state's general strategic objectives, performance goals, performance measures and progress towards meeting goals, as specified in your CHIP state plan. (If your goals reported in the annual report now differ from Section 9 of your CHIP state plan, please indicate how they differ in "Other Comments on Measure." Also, the state plan should be amended to reconcile these differences). The format of this section provides your state with an opportunity to track progress over time. This section contains templates for reporting performance measurement data for each of five categories of strategic objectives, related to:

● Reducing the number of uninsured children

● CHIP enrollment

● Medicaid enrollment

● Increasing access to care

● Use of preventative care (immunizations, well child care)

Please report performance measurement data for the three most recent years for which data are available (to the extent that data are available). In the first two columns, data from the previous two years' annual reports (FFY 2013 and FFY 2014) will be populated with data from previously reported data in CARTS. If you reported data in the two previous years' reports and you want to update/change the data, please enter that data. If you reported no data for either of those two years, but you now have data available for them, please enter the data. In the third column, please report the most recent data available at the time you are submitting the current annual report (FFY 2015).

In this section, the term performance measure is used to refer to any data your state provides as evidence towards a particular goal within a strategic objective. For the purpose of this section, "objectives" refer to the five broad categories listed above, while "goals" are state-specific, and should be listed in the appropriate subsections within the space provided for each objective.

NOTES: Please do not reference attachments in this section. If details about a particular measure are located in an attachment, please summarize the relevant information from the attachment in the space provided for each measure.

In addition, please do not report the same data that were reported in Section IIA above or for Child Core Set Reporting. The intent of this section is to capture goals and measures that your state did not report elsewhere.

Additional instructions for completing each row of the table are provided below.

Goal:
For each objective, space has been provided to report up to three goals. Use this section to provide a brief description of each goal you are reporting within a given strategic objective. **All new goals should include a direction and a target. For clarification only, an <u>example</u> goal would be**: "Increase (direction) by 5 percent (target) the number of CHIP beneficiaries who turned 13 years old during the measurement year who had a second dose of MMR, three hepatitis B vaccinations and one varicella vaccination by their 13th birthday."

Type of Goal:
For each goal you are reporting within a given strategic objective, please indicate the type of goal, as follows:

● <u>New/revised:</u> Check this box if you have revised or added a goal. Please explain how and why the goal was revised.

- Continuing: Check this box if the goal you are reporting is the same one you have reported in previous annual reports.

- Discontinued: Check this box if you have met your goal and/or are discontinuing a goal. Please explain why the goal was discontinued.

Status of Data Reported:
Please indicate the status of the data you are reporting for each goal, as follows:

- **Provisional**: Check this box if you are reporting performance measure data for a goal, but the data are currently being modified, verified, or may change in any other way before you finalize them for FFY 2015.

    Explanation of Provisional Data – When the value of the Status of Data Reported field is selected as "Provisional", the state must specify why the data are provisional and when the state expects the data will be final.

- **Final**: Check this box if the data you are reporting are considered final for FFY 2015.

- **Same data as reported in a previous year's annual report**: Check this box if the data you are reporting are the same data that your state reported for the goal in another annual report. Indicate in which year's annual report you previously reported the data.

Measurement Specification:
This section is included for only two of the objectives— objectives related to increasing access to care, and objectives related to use of preventative care—because these are the two objectives for which states may report using the HEDIS® measurement specification. In this section, for each goal, please indicate the measurement specification used to calculate your performance measure data (i.e., were the measures calculated using the HEDIS® specifications or some other method unrelated to HEDIS®).

Please indicate whether the measure is based on HEDIS® technical specifications or another source. If HEDIS® is selected, the HEDIS® Version field must be completed. If "Other" measurement specification is selected, the explanation field must be completed.

HEDIS® Version:
Please specify HEDIS® Version (example 2014). This field must be completed only when a user select the HEDIS® measurement specification.

"Other" measurement specification explanation:

If "Other", measurement specification is selected, please complete the explanation of the "Other" measurement specification. The explanation field must be completed when "Other" measurement specification has been selected.

Data Source:
For each performance measure, please indicate the source of data. The categories provided in this section vary by objective. For the objectives related to reducing the number of uninsured children and CHIP or Medicaid enrollment, please indicate whether you have used eligibility/enrollment data, survey data (specify the survey used), or other source (specify the other source). For the objectives related to access to care and use of preventative care, please indicate whether you used administrative data (claims) (specify the kind of administrative data used), hybrid data (claims and medical records) (specify how the two were used to create the data source), survey data (specify the survey used), or other source (specify the other source). In all cases, if another data source was used, please explain the source.

Definition of Population Included in Measure:

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Numerator: Please indicate the definition of the population included in the numerator for each measure (such as the number of visits required for inclusion, e.g., one or more visits in the past year).

Denominator: Please indicate the definition of the population included in the denominator for each measure.

For measures related to increasing access to care and use of preventative care, please check one box to indicate whether the data are for the CHIP population only, or include both CHIP and Medicaid (Title XIX) children combined.

- ● check one box to indicate whether the data are for the CHIP population only, or include both CHIP and Medicaid (Title XIX) children combined.
- ● If the denominator reported is not fully representative of the population defined above (the CHIP population only, or the CHIP and Medicaid (Title XIX) populations combined), please further define the denominator. For example, denominator includes only children enrolled in managed care in certain counties, technological limitations preventing reporting on the full population defined, etc.). Please report information on exclusions in the definition of the denominator (including the proportion of children excluded), The provision of this information is important and will provide CMS with a context so that comparability of denominators across the states and over time can occur.

Deviations from Measure Specification
For the measures related to increasing access to care and use of preventative care.

If the data provided for a measure deviates from the measure specification, please select the type(s) of measure specification deviation. The types of deviation parallel the measure specification categories for each measure. Each type of deviation is accompanied by a comment field that states must use to explain in greater detail or further specify the deviation when a deviation(s) from a measure is selected..

The five types (and examples) of deviations are:

- ● Year of Data (e.g., partial year),
- ● Data Source (e.g., use of different data sources among health plans or delivery systems),
- ● Numerator (e.g., coding issues),
- ● Denominator (e.g., exclusion of MCOs, different age groups, definition of continuous enrollment),
- ● Other.

When one or more of the types are selected, states are required to provide an explanation.

Please report the year of data for each performance measure. The year (or months) should correspond to the *period in which enrollment or utilization took place.* Do *not* report the year in which data were collected for the measure, or the version of HEDIS® used to calculate the measure, both of which may be different from the period corresponding to enrollment or utilization of services.

Date Range: available for 2015 CARTS reporting period.
Please define the date range for the reporting period based on the "From" time period as the month and year which corresponds to the beginning period in which utilization took place and please report the "To" time period as the month and year which corresponds to the end period in which utilization took place. Do *not* report the year in which data were collected for the measure, or the version of HEDIS® used to calculate the measure, both of which may be different from the period corresponding to utilization of services.

Performance Measurement Data (HEDIS® or Other):
In this section, please report the numerators and denominators, rates for each measure (or component). The template provides two sections for entering the performance measurement data, depending on whether you are reporting using HEDIS® or other methodologies. The form fields have been set up to

CHIP Annual Report Template – FFY 2015

facilitate entering numerators and denominators for each measure. If the form fields do not give you enough space to fully report on the measure, please use the "additional notes" section.

The preferred method is to calculate a "weighted rate" by summing the numerators and denominators across plans, and then deriving a single state-level rate based on the ratio of the numerator to the denominator). The reporting unit for each measure is the state as a whole. If states calculate rates for multiple reporting units (e.g., individual health plans, different health care delivery systems), States must aggregate data from all these sources into one State rate before reporting the data to CMS. In the situation where a state combines data across multiple reporting units, all or some of which use the hybrid method to calculate the rates, the state should enter zeroes in the "Numerator" and "Denominator" fields. In these cases, it should report the state-level rate in the "Rate" field and, when possible, include individual reporting unit numerators, denominators, and rates in the field labeled "Additional Notes on Measure," along with a description of the method used to derive the state-level rate.

Explanation of Progress:
The intent of this section is to allow your state to highlight progress and describe any quality-improvement activities that may have contributed to your progress. Any quality-improvement activity described should involve the CHIP program, benefit CHIP enrollees, and relate to the performance measure and your progress. An example of a quality-improvement activity is a state-wide initiative to inform individual families directly of their children's immunization status with the goal of increasing immunization rates. CHIP would either be the primary lead or substantially involved in the project. If improvement has not occurred over time, this section can be used to discuss potential reasons for why progress was not seen and to describe future quality-improvement plans. In this section, your state is also asked to set annual performance objectives for FFY 2016, 2017 and 2018. Based on your recent performance on the measure (from FFY 2013 through 2015), use a combination of expert opinion and "best guesses" to set objectives for the next three years. Please explain your rationale for setting these objectives. For example, if your rate has been increasing by 3 or 4 percentage points per year, you might project future increases at a similar rate. On the other hand, if your rate has been stable over time, you might set a target that projects a small increase over time. If the rate has been fluctuating over time, you might look more closely at the data to ensure that the fluctuations are not an artifact of the data or the methods used to construct a rate. You might set an initial target that is an average of the recent rates, with slight increases in subsequent years. In future annual reports, you will be asked to comment on how your actual performance compares to the objective your state set for the year, as well as any quality-improvement activities that have helped or could help your state meet future objectives.

Other Comments on Measure:
Please use this section to provide any other comments on the measure, such as data limitations, plans to report on a measure in the future, or differences between performance measures reported here and those discussed in Section 9 of the CHIP state plan.

Objectives Related to Reducing the Number of Uninsured Children (Do not report data that was reported in Section IIA, Questions 2 and 3)

FFY 2013	FFY 2014	FFY 2015
Goal #1 (Describe) Increase the combined enrollment in CHIP and Medicaid relative to the base month, May 1998, by 2 percentage points per year.	**Goal #1 (Describe)** Increase the combined enrollment in CHIP and Medicaid relative to the base month, May 1998, by 2 percentage points per year.	**Goal #1 (Describe)** Increase the combined enrollment in CHIP and Medicaid relative to the base month, May 1998 by 2 percentage points per year.
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:

Status of Data Reported:
☐ Provisional.
   Explanation of Provisional Data:
☒ Final.
☐ Same data as reported in a previous year's annual report.
Specify year of annual report in which data previously reported:
	Status of Data Reported:
	☐ Provisional.
	   Explanation of Provisional Data:
	☒ Final.
	☐ Same data as reported in a previous year's annual report.
	Specify year of annual report in which data previously reported:
		Status of Data Reported:
		☐ Provisional.
		   Explanation of Provisional Data:
		☒ Final.
		☐ Same data as reported in a previous year's annual report.
		Specify year of annual report in which data previously reported:

Data Source: ☒ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☒ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☒ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: Children enrolled in CHIP and Medicaid from the month that the CHIP state plan was first approved. Definition of numerator: Children enrolled in CHIP and Medicaid combined in September 2013.	**Definition of Population Included in the Measure:** Definition of denominator: Children enrolled in CHIP and Medicaid from the month that the CHIP state plan was first approved. Definition of numerator: Children enrolled in CHIP and Medicaid combined in September 2014.	**Definition of Population Included in the Measure:** Definition of denominator: Children enrolled in CHIP and Medicaid from the month that the CHIP state plan was first approved. Definition of numerator: Children enrolled in CHIP and Medicaid combined in September 2014
Date Range: **From: (mm/yyyy)** 05/1998 **To: (mm/yyyy)** 09/2013	**Date Range:** **From: (mm/yyyy)** 05/1998 **To: (mm/yyyy)** 09/2014	**Date Range:** **From: (mm/yyyy)** 05/1998 **To: (mm/yyyy)** 09/2015
Performance Measurement Data: Described what is being measured: Enrollment in CHIP and Medicaid from the month that the CHIP state plan was first approved. Numerator: 498973 Denominator: 757391 Rate: 65.9	**Performance Measurement Data:** Described what is being measured: Enrollment in CHIP and Medicaid from the month that the CHIP state plan was first approved. Numerator: 529748 Denominator: 757391 Rate: 69.9	**Performance Measurement Data:** Described what is being measured: Enrollment in CHIP and Medicaid from the month that the CHIP state plan was first approved. Numerator: 580850 Denominator: 757391 Rate: 76.7
Additional notes on measure: Since approval of the Pennsylvania State Plan for CHIP in May 1998, the number	Additional notes on measure: Since approval of the Pennsylvania State Plan for CHIP in May 1998, the number	Additional notes/comments on measure: Since approval of the PA State Plan for CHIP in May 1998, the number of

FFY 2013	FFY 2014	FFY 2015
of children enrolled in CHIP and Medicaid increased by 66% at the end of FFY 2013.	of children enrolled in CHIP and Medicaid increased by 70% at the end of FFY 2014.	children enrolled in CHIP and Medicaid increased by 66% at the end of FFY 2015
Explanation of Progress: **How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report?** The performance objective for FFY 2012 was 68% and the actual measure for 2012 was 65.9%. **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** Efforts have been made by the CHIP progam office to improve the accuracy of elibility determinations and ensure that only eligible applicants are enrolled in the program. Further, outreach activities were limited during FFY 2013 because of budgetary constraints. These factors have likely contributed to a decline in CHIP enrollment. Nevertheless, new outreach funding has been acquired which may bolster enrollment in CHIP and Medicaid in FFY 2014.	**Explanation of Progress:** **How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report?** The performance objective for FFY 2014 was 68% and the actual measure for 2014 was 69.9%. **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** Efforts have been made by the CHIP progam office to improve the accuracy of elibility determinations and ensure that only eligible applicants are enrolled in the program.	**Explanation of Progress:** **How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report?** The performance objective for FFY 2015 was 70% and the actual measure for 2015 was 77% **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** Efforts have been made by the CHIP program office to improve the accuracy of eligibility determinations and ensure that only eligible applicants are enrolled in the program
Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. **Annual Performance Objective for FFY 2014:** 68% **Annual Performance Objective for FFY 2015:** 70% **Annual Performance Objective for FFY 2016:** 72% *Explain how these objectives were set:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2015:** 70% **Annual Performance Objective for FFY 2016:** 72% **Annual Performance Objective for FFY 2017:** 74% *Explain how these objectives were set:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2016:** 72% **Annual Performance Objective for FFY 2017:** 74% **Annual Performance Objective for FFY 2018:** 76% *Explain how these objectives were set:* Historical trends were used as a basis for the projection of enrollment changes.
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

Objectives Related to Reducing the Number of Uninsured Children (Do not report data that was reported in Section IIA, Questions 2 and 3) (Continued)

FFY 2013	FFY 2014	FFY 2015
Goal #2 *(Describe)*	**Goal #2** *(Describe)*	**Goal #2** *(Describe)*
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:

Status of Data Reported:
☐ Provisional.
  Explanation of Provisional Data:
☐ Final.
☐ Same data as reported in a previous year's annual report.
Specify year of annual report in which data previously reported:
	Status of Data Reported:
	☐ Provisional.
	  Explanation of Provisional Data:
	☐ Final.
	☐ Same data as reported in a previous year's annual report.
	Specify year of annual report in which data previously reported:
		Status of Data Reported:
		☐ Provisional.
		  Explanation of Provisional Data:
		☐ Final.
		☐ Same data as reported in a previous year's annual report.
		Specify year of annual report in which data previously reported:

Data Source: ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Date Range: **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:

Explanation of Progress:
 	
   How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report?
	Explanation of Progress:
	
	   How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report?
		Explanation of Progress:
		
		   How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report?

FFY 2013	FFY 2014	FFY 2015
What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?	**What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**	**What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**
Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. **Annual Performance Objective for FFY 2014:** **Annual Performance Objective for FFY 2015:** **Annual Performance Objective for FFY 2016:** *Explain how these objectives were set:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2015:** **Annual Performance Objective for FFY 2016:** **Annual Performance Objective for FFY 2017:** *Explain how these objectives were set:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2016:** **Annual Performance Objective for FFY 2017:** **Annual Performance Objective for FFY 2018:** *Explain how these objectives were set:*
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

Objectives Related to Reducing the Number of Uninsured Children (Do not report data that was reported in Section IIA, Questions 2 and 3) (Continued)

FFY 2013	FFY 2014	FFY 2015
Goal #3 (Describe)	**Goal #3** (Describe)	**Goal #3** (Describe)
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:

Status of Data Reported:
☐ Provisional.
    Explanation of Provisional Data:
☐ Final.
☐ Same data as reported in a previous year's annual report.
Specify year of annual report in which data previously reported:
	Status of Data Reported:
	☐ Provisional.
	    Explanation of Provisional Data:
	☐ Final.
	☐ Same data as reported in a previous year's annual report.
	Specify year of annual report in which data previously reported:
		Status of Data Reported:
		☐ Provisional.
		    Explanation of Provisional Data:
		☐ Final.
		☐ Same data as reported in a previous year's annual report.
		Specify year of annual report in which data previously reported:

Data Source: ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Date Range: **From: (mm/yyyy)　To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy)　To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy)　To: (mm/yyyy)**
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:
Explanation of Progress: **How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report?**	**Explanation of Progress:** **How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report?**	**Explanation of Progress:** **How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report?**

FFY 2013	FFY 2014	FFY 2015
What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2014:** **Annual Performance Objective for FFY 2015:** **Annual Performance Objective for FFY 2016:** *Explain how these objectives were set:*	**What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2015:** **Annual Performance Objective for FFY 2016:** **Annual Performance Objective for FFY 2017:** *Explain how these objectives were set:*	**What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2016:** **Annual Performance Objective for FFY 2017:** **Annual Performance Objective for FFY 2018:** *Explain how these objectives were set:*
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

Objectives Related to CHIP Enrollment

FFY 2013	FFY 2014	FFY 2015
Goal #1 (Describe) Increase CHIP enrollment in rural counties by 5 percentage points per year over the base month of May 1998 for each of the next three years.	**Goal #1** (Describe) Increase CHIP enrollment in rural counties by 5 percentage points per year over the base month of May 1998 for each of the next three years.	**Goal #1** (Describe) Increase CHIP enrollment in rural counties by 5 percentage points per year over the base month of May 1998 for each of the next three years.
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:

Status of Data Reported:
☐ Provisional.
   Explanation of Provisional Data:
☒ Final.
☐ Same data as reported in a previous year's annual report.
Specify year of annual report in which data previously reported:
	Status of Data Reported:
	☐ Provisional.
	   Explanation of Provisional Data:
	☒ Final.
	☐ Same data as reported in a previous year's annual report.
	Specify year of annual report in which data previously reported:
		Status of Data Reported:
		☐ Provisional.
		   Explanation of Provisional Data:
		☒ Final.
		☐ Same data as reported in a previous year's annual report.
		Specify year of annual report in which data previously reported:

Data Source: ☒ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☒ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*: Enrollment in the 19 rural counties in northeastern and central Pennsylvania (Bedford, Clinton, Columbia, Juniata, Lebanon, Mifflin, Monroe, Montour, Northumberland, Perry, Pike, Schuylkill, Snyder, Sullivan, Susquehanna, Tioga, Union, Wayne, Wyoming)	**Data Source:** ☒ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: Children enrolled in May 1998. Definition of numerator: (09/13 Enrollment – 05/98 Enrollment)	**Definition of Population Included in the Measure:** Definition of denominator: Children enrolled in May 1998 Definition of numerator: (9/14 Enrollment - 5/98 Enrollment)	**Definition of Population Included in the Measure:** Definition of denominator: Children enrolled in May 1998 Definition of numerator: 09/15 Enrollment - 05/98 Enrollment
Date Range: **From: (mm/yyyy)** 05/1998 **To: (mm/yyyy)** 09/2013	**Date Range:** **From: (mm/yyyy)** 05/1998 **To: (mm/yyyy)** 09/2014	**Date Range:** **From: (mm/yyyy)** 05/1998 **To: (mm/yyyy)** 09/2015

FFY 2013	FFY 2014	FFY 2015
Performance Measurement Data: Described what is being measured: Percent increase in enrollment in the designated counties since May 1998, when Pennsylvania's initial state plan was approved. Numerator: 15721 Denominator: 4217 Rate: 372.8	**Performance Measurement Data:** Described what is being measured: Percent increase in enrollment in the designated counties since May 1998, when Pennsylvania's initial state plan was approved. Numerator: 10980 Denominator: 4217 Rate: 260.4	**Performance Measurement Data:** Described what is being measured: Percent increase in enrolment in the designated counties since May 1998, when Pennsylvania's initial state plan was approved. Numerator: 15721 Denominator: 4217 Rate: 372.8
Additional notes on measure: Since May 1998, enrollment in the target counties has increased by 372.8%. This increase exceeds the statewide growth of 163.6% (56,548 to 188,025) during the same period.	Additional notes on measure: Since May 1998, enrollment in the target counties increased by 260.4%. This increase exceeds the statewide growth of 179% (56,548 to 157,895) during the same period.	Additional notes/comments on measure: Since May 1998, enrollment in the target counties increased by 372.8%. This increase exceeds the statewide growth of 163.6% (56,548 to 149,081) during the same period.
Explanation of Progress: **How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report?** the rate was less than the performance objective of 368% in the 2012 Annual Report **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** Efforts have been made by the CHIP progam office to improve the accuracy of elibility determinations and ensure that only eligible applicants are enrolled in the program. Further, outreach activities have been limited because of budgetary constraints. These factors have likely contributed to a decline in CHIP enrollment.	**Explanation of Progress:** **How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report?** The rate was less than the performance objective of 354% in the 2013 Annual Report. **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** Efforts have been made by the CHIP progam office to improve the accuracy of elibility determinations and ensure that only eligible applicants are enrolled in the program. Further, outreach activities have been limited because of budgetary constraints. These factors have likely contributed to a decline in CHIP enrollment.	**Explanation of Progress:** **How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report?** The rate was more than the performance objective of 260.4% in the Annual Report. **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** Efforts have been made by the CHIP program office to improve the accuracy of eligibility determinations and ensure that only eligible applicants are enrolled. Further outreach activities have been limited because of budgetary constraints. These factors have likely contributed to a total decline in CHIP enrollment.
Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. **Annual Performance Objective for FFY 2014:** 354% **Annual Performance Objective for FFY 2015:** 359% **Annual Performance Objective for FFY 2016:** 368% *Explain how these objectives were set:* Historical trends were used as a basis for the projection of increased enrollment in the rural counties.	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2015:** 359% **Annual Performance Objective for FFY 2016:** 368% **Annual Performance Objective for FFY 2017:** 377% *Explain how these objectives were set:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2016:** 372% **Annual Performance Objective for FFY 2017:** 373% **Annual Performance Objective for FFY 2018:** 378% *Explain how these objectives were set:* Historical trends were used as a basis for the projection of increased enrollment in the rural counties.

CHIP Annual Report Template – FFY 2015

FFY 2013	FFY 2014	FFY 2015
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:** Adolescent Well-Care Visit (All Contractors are an "H" except FPH is "A") Aetna CBC FPH GHP HBCBS HBS HPHP KHPE UHCP UPMC Eligible 3,258 6,073 3,021 2,262 6,953 3,808 1,125 8,869 6,907 6,121 Denominator 432 398 3,021 395 376 384 432 403 407 398 Numerator 280 249 1,829 255 244 255 303 263 260 242 Rate (%) 64.81% 62.56% 60.54% 64.56% 64.89% 66.41% 70.14% 65.26% 63.88% 60.80% Weighted Average 63.96%

Objectives Related to CHIP Enrollment (Continued)

FFY 2013	FFY 2014	FFY 2015
Goal #2 (Describe) Maintain the proportion of CHIP enrollees to be reflective of the general population of Pennsylvania.	**Goal #2** (Describe) Maintain the proportion of CHIP enrollees to be reflective of the general population of Pennsylvania.	**Goal #2** (Describe) Maintain the proportion of CHIP enrollees to be reflective of the general population of Pennsylvania.
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. 　*Explanation of Provisional Data:* ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. 　*Explanation of Provisional Data:* ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. 　*Explanation of Provisional Data:* ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☒ Eligibility/Enrollment data. ☒ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☒ Eligibility/Enrollment data. ☒ Survey data. *Specify*: ☐ Other. *Specify*: US Census Bureau	**Data Source:** ☒ Eligibility/Enrollment data. ☒ Survey data. *Specify*: ☐ Other. *Specify*: Enrollment in the 19 rural counties in northeastern and central Pennsylvania (Bedford, Clinton, Columbia, Juniata, Lebanon, Mifflin, Monroe, Montour, Northumberland, Perry, Pike, Schuylkill, Snyder, Sullivan, Susquehanna, Tioga, Union, Wayne, Wyoming)
Definition of Population Included in the Measure: Definition of denominator: None Definition of numerator: None	**Definition of Population Included in the Measure:** Definition of denominator: None Definition of numerator: None	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Date Range: **From: (mm/yyyy)** 10/2012 **To: (mm/yyyy)** 09/2013	**Date Range:** **From: (mm/yyyy)** 10/2013 **To: (mm/yyyy)** 09/2014	**Date Range:** **From: (mm/yyyy)** 10/2014 **To: (mm/yyyy)** 09/2015
Performance Measurement Data: Described what is being measured: Compare the proportion of CHIP enrollees that fall into various race and ethnic categories to U.S. Census Bureau data for the general population in Pennsylvania. Numerator: 0 Denominator: 0 Rate:	**Performance Measurement Data:** Described what is being measured: Compare the proportion of CHIP enrollees that fall into various race and ethnic categories to U.S. Census Bureau data for the general population in Pennsylvania. Numerator: 0 Denominator: 0 Rate:	**Performance Measurement Data:** Described what is being measured: Compare the proportion of CHIP enrollees that fall into various race and ethnic categories to U.S. Census Bureau data for the general population in Pennsylvania. Numerator: 0 Denominator: 0 Rate:

FFY 2013	FFY 2014	FFY 2015

Additional notes on measure: Race
 	
PA   CHIP
         General Population
Native Hawaiian
or Other Pacific Islander   0.1%   0.1%
 	
American Indian or   0.3%
   0.1%
Alaska Native
 	
Asian   3.0%   3.7%
 	
Black or African
American   11.4%   13.7%
 	
White   83.5%
   65.6%
 	
Two or More Races   1.7%
1.1%
 	
Unspecified Race   0%   15.7%
 	
Ethnicity
 	
Hispanic or Latino   6.1%   10.8%
Unspecified Ethnicity   78.9%   89.2%
	Additional notes on measure: Race PA CHIP
	Native?Hawaiian 0.1 0.05
	or Other Pacific
	Islander
	?
	American Indian or 0.3 0.8
	Alaska Native?
	
	Asian 3.1 3.8
	?
	Black or African 11.5 14.0
	American?
	
	White 83.2 65.0
	?
	Two or more races 1.8 1.1
	?
	Unspecified race 0 15.9
	
	Ethnicity
	Hispanic/Latino 6.3 10.9
	
	Unspecified 78.4 89.1
	ethnicity?
		Additional notes/comments on measure: Available Data
		Race/Ethnicity PA CHIP
		Native Hawaian/Pacific Islander 0.00% 0.05%
		Native American/Alaskan Native 0.10% 0.01%
		Asian 2.80% 4.09%
		Black or African American 10.50% 14.20%
		White 1.50% 1.10%
		Two or More Races 5.90% 11.20%
		Unspecified Race 0.00% 16.40%
		
		Hispanic or Latino 5.90% 11.20%
		Unspecified Ethnicity 94.10% 88.80%

Explanation of Progress: **How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report?** CHIP enrollment continued to reflect the general population in Pennsylvania. **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** Accurate and timely processing of CHIP applications by contractors and our Central Eligibiliyt Unit (CEU).	**Explanation of Progress:** **How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report?** CHIP enrollment continued to reflect the general population in Pennsylvania. **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** Accurate and timely processing of CHIP applications by contractors and our Central Eligibility Unit (CEU).	**Explanation of Progress:** **How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report?** CHIP enrollment continues to reflect the general population in Pennsylvania. **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** Accurate and timely processing of CHIP applications by contractors and our Central Eligibility Unit (CEU).

FFY 2013	FFY 2014	FFY 2015
Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. **Annual Performance Objective for FFY 2014:** CHIP enrollment continue to reflect the general population in Pennsylvania. **Annual Performance Objective for FFY 2015:** CHIP enrollment continue to reflect the general population in Pennsylvania. **Annual Performance Objective for FFY 2016:** CHIP enrollment continue to reflect the general population in Pennsylvania. *Explain how these objectives were set:* Historical trends	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2015:** CHIP enrollment continue to reflect the general population in Pennsylvania. **Annual Performance Objective for FFY 2016:** CHIP enrollment continue to reflect the general population in Pennsylvania. **Annual Performance Objective for FFY 2017:** CHIP enrollment continue to reflect the general population in Pennsylvania. *Explain how these objectives were set:* Historical trends	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2016:** For CHIP enrollment continue to reflect the general population in Pennsylvania. **Annual Performance Objective for FFY 2017:** For CHIP enrollment continue to reflect the general population in Pennsylvania. **Annual Performance Objective for FFY 2018:** For CHIP enrollment continue to reflect the general population in Pennsylvania. *Explain how these objectives were set:* Historical trends
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

Objectives Related to CHIP Enrollment (Continued)

FFY 2013	FFY 2014	FFY 2015
Goal #3 (Describe)	**Goal #3** (Describe)	**Goal #3** (Describe)
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. 　　*Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. 　　*Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. 　　*Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Date Range: **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:
Explanation of Progress: 　How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report?	**Explanation of Progress:** 　How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report?	**Explanation of Progress:** 　How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report?

CHIP Annual Report Template – FFY 2015

FFY 2013	FFY 2014	FFY 2015
What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?	**What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**	**What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**
Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. **Annual Performance Objective for FFY 2014:** **Annual Performance Objective for FFY 2015:** **Annual Performance Objective for FFY 2016:** *Explain how these objectives were set:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2015:** **Annual Performance Objective for FFY 2016:** **Annual Performance Objective for FFY 2017:** *Explain how these objectives were set:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2016:** **Annual Performance Objective for FFY 2017:** **Annual Performance Objective for FFY 2018:** *Explain how these objectives were set:*
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

Objectives Related to Medicaid Enrollment

FFY 2013	FFY 2014	FFY 2015
Goal #1 (Describe)	**Goal #1** (Describe)	**Goal #1** (Describe)
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. 　　*Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. 　　*Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. 　　*Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Date Range: **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:

FFY 2013	FFY 2014	FFY 2015
Explanation of Progress: **How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**	Explanation of Progress: **How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**	Explanation of Progress: **How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**
Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. **Annual Performance Objective for FFY 2014:** **Annual Performance Objective for FFY 2015:** **Annual Performance Objective for FFY 2016:** *Explain how these objectives were set:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2015:** **Annual Performance Objective for FFY 2016:** **Annual Performance Objective for FFY 2017:** *Explain how these objectives were set:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2016:** **Annual Performance Objective for FFY 2017:** **Annual Performance Objective for FFY 2018:** *Explain how these objectives were set:*
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

CHIP Annual Report Template – FFY 2015

Objectives Related to Medicaid Enrollment (Continued)

FFY 2013	FFY 2014	FFY 2015
Goal #2 (Describe)	**Goal #2** (Describe)	**Goal #2** (Describe)
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. 　　*Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. 　　*Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. 　　*Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Date Range: **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:

FFY 2013	FFY 2014	FFY 2015
Explanation of Progress: **How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**	**Explanation of Progress:** **How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**	**Explanation of Progress:** **How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**
Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. **Annual Performance Objective for FFY 2014:** **Annual Performance Objective for FFY 2015:** **Annual Performance Objective for FFY 2016:** *Explain how these objectives were set:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2015:** **Annual Performance Objective for FFY 2016:** **Annual Performance Objective for FFY 2017:** *Explain how these objectives were set:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2016:** **Annual Performance Objective for FFY 2017:** **Annual Performance Objective for FFY 2018:** *Explain how these objectives were set:*
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

Objectives Related to Medicaid Enrollment (Continued)

FFY 2013	FFY 2014	FFY 2015
Goal #3 (Describe)	**Goal #3** (Describe)	**Goal #3** (Describe)
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:

Status of Data Reported:
☐ Provisional.
    Explanation of Provisional Data:
☐ Final.
☐ Same data as reported in a previous year's annual report.
Specify year of annual report in which data previously reported:
	Status of Data Reported:
	☐ Provisional.
	    Explanation of Provisional Data:
	☐ Final.
	☐ Same data as reported in a previous year's annual report.
	Specify year of annual report in which data previously reported:
		Status of Data Reported:
		☐ Provisional.
		    Explanation of Provisional Data:
		☐ Final.
		☐ Same data as reported in a previous year's annual report.
		Specify year of annual report in which data previously reported:

Data Source: ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Date Range: **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:

FFY 2013	FFY 2014	FFY 2015
Explanation of Progress: **How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**	**Explanation of Progress:** **How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**	**Explanation of Progress:** **How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**
Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. **Annual Performance Objective for FFY 2014:** **Annual Performance Objective for FFY 2015:** **Annual Performance Objective for FFY 2016:** *Explain how these objectives were set:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2015:** **Annual Performance Objective for FFY 2016:** **Annual Performance Objective for FFY 2017:** *Explain how these objectives were set:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2016:** **Annual Performance Objective for FFY 2017:** **Annual Performance Objective for FFY 2018:** *Explain how these objectives were set:*
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

Objectives Increasing Access to Care (Usual Source of Care, Unmet Need)

FFY 2013	FFY 2014	FFY 2015
Goal #1 (Describe)	**Goal #1** (Describe)	**Goal #1** (Describe)
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. 　　*Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. 　　*Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. 　　*Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify HEDIS® Version used*: ☐Other. *Explain*:
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	**Definition of Population Included in the Measure:** Definition of numerator: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	**Definition of Population Included in the Measure:** Definition of numerator: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:
Date Range: **From: (mm/yyyy)　To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy)　To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy)　To: (mm/yyyy)**
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS)* Numerator: Denominator: Rate:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS)* Numerator: Denominator: Rate:

FFY 2013	FFY 2014	FFY 2015
Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*.	Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*.	Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*.
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2014:** **Annual Performance Objective for FFY 2015:** **Annual Performance Objective for FFY 2016:** *Explain how these objectives were set:*	**Explanation of Progress:** **How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2015:** **Annual Performance Objective for FFY 2016:** **Annual Performance Objective for FFY 2017:** *Explain how these objectives were set:*	**Explanation of Progress:** **How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2016:** **Annual Performance Objective for FFY 2017:** **Annual Performance Objective for FFY 2018:** *Explain how these objectives were set:*
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

Objectives Related to Increasing Access to Care (Usual Source of Care, Unmet Need) (Continued)

FY 2013	FFY 2014	FFY 2015
Goal #2 (Describe) Lead Screening - Increase by 5 percent per year the percentage of PA CHIP two year old members who underwent lead screening prior to their second birthday.	**Goal #2 (Describe)** Lead Screening - Increase by 5 percent per year the percentage of PA CHIP two year old members who underwent lead screening prior to their second birthday.	**Goal #2 (Describe)** Lead Screening - Increase by 5 percent per year the percentage of PA CHIP two year old members who underwent lead screening prior to their second birthday.
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:

Status of Data Reported:
 ☐ Provisional.
    Explanation of Provisional Data:
 ☒ Final.
 ☐ Same data as reported in a previous year's annual report.
 Specify year of annual report in which data previously reported:
	Status of Data Reported:
	 ☐ Provisional.
	    Explanation of Provisional Data:
	 ☒ Final.
	 ☐ Same data as reported in a previous year's annual report.
	 Specify year of annual report in which data previously reported:
		Status of Data Reported:
		 ☐ Provisional.
		    Explanation of Provisional Data:
		 ☒ Final.
		 ☐ Same data as reported in a previous year's annual report.
		 Specify year of annual report in which data previously reported:

Measurement Specification: ☐ HEDIS. *Specify version of HEDIS used*: ☒ Other. *Explain*: HEDIS 2013	**Measurement Specification:** ☐ HEDIS. *Specify version of HEDIS used*: ☒ Other. *Explain*: HEDIS 2014	**Measurement Specification:** ☒ HEDIS. *Specify HEDIS® Version used*: 2015 ☐ Other. *Explain*:
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☒ Other. *Specify*: Combination of hybrid data (9 health plans) and administrative data (1 health plan).	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☒ Other. *Specify*: Combination of hybrid data (10 health plans).	**Data Source:** ☐ Administrative (claims data). ☒ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of numerator: Number of members who turned two years of age during the measurement year (Eligible population 2,492). Definition of denominator: ☒ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	**Definition of Population Included in the Measure:** Definition of numerator: Eligible population who had one or more capillary or venous lead blood tests for lead poisoning prior to their second birthday. Definition of denominator: Number of members who turned two years of age during the measurement year (Eligible population 2,145). Definition of denominator: ☒ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: Definition of denominator: Number of members who turned two years of age during the measurement year (Eligible population 2,145).	**Definition of Population Included in the Measure:** Definition of numerator: Eligible population who had one or more capillary or venous lead blood tests for lead poisoning prior to their second birthday. Definition of denominator: ☒ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: Number of members two years of age through 19 years of age who were diagnosed with asthma during the measurement year.
Date Range: **From: (mm/yyyy)** 01/2012 **To: (mm/yyyy)** 12/2012	**Date Range:** **From: (mm/yyyy)** 01/2013 **To: (mm/yyyy)** 12/2013	**Date Range:** **From: (mm/yyyy)** 01/2014 **To: (mm/yyyy)** 12/2014

FY 2013	FFY 2014	FFY 2015
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS)* Numerator: Denominator: Rate:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS)* Numerator: 0 Denominator: 0 Rate: 52.90
Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*.	**Deviations from Measure Specifications:** ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*.	**Deviations from Measure Specifications:** ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*.
Additional notes on measure:	Additional notes on measure:	Additional note/commentss on measure: The state weighted average is based on the size of the measure-eligible population for each reporting unit.
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report?** The HEDIS 2013 PA CHIP Lead	**Explanation of Progress:** **How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report?** The HEDIS 2014 PA CHIP Lead Screening rate of 49.9% was 5.1 percentage points below the 2014 performance objective of 55%.	**Explanation of Progress:** **How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report?** The HEDIS 2015 PA CHIP Lead Screening rate of 52.9 was 2.1 percentage points below the 2015 performance objective of 55%.

FY 2013	FFY 2014	FFY 2015
Screening rate of 49.5% was 0.5 percentage points below the 2013 performance objective of 50%. **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** After analyzing the available data, it became evident that PA CHIP members were often not receiving the required lead screening because PCPs could not identify potemtially high risk PA CHIP members within their patient population. PA CHIP is currently undertaking an initiative that will enable providers to identify CHIP members. Along with this effort, the CHIP health insurance companies are providing additional education explaining the need for this group of children to receive lead screening. CHIP health insurance companies are engaging in a number of interventions to try to increase the number of members being screened, including providing rosters of members that should be screened to their PCPs, offering pay-for-performance incentives, and expanding reimbursement to include point of care lead screening testing. In 2013 the performance objectives were reviewed and extended to include an objective for 2016. **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2014:** 55% **Annual Performance Objective for FFY 2015:** 60% **Annual Performance Objective for FFY 2016:** 65% *Explain how these objectives were set:* Each CHIP health insurance contractor has been tasked to increase their percentage of eligible members who receive lead screening by a minimum of 5% each year for the next three years.	**What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**After analyzing the available data, it became evident that PA CHIP members were often not receiving the required lead screening because PCPs could not identify potemtially high risk PA CHIP members within their patient population. PA CHIP is currently undertaking an initiative that will enable providers to identify CHIP members. Along with this effort, the CHIP health insurance companies are providing additional education explaining the need for this group of children to receive lead screening. CHIP health insurance companies are engaging in a number of interventions to try to increase the number of members being screened, including providing rosters of members that should be screened to their PCPs, offering pay-for-performance incentives, and expanding reimbursement to include point of care lead screening testing. In 2014 the performance objectives were reviewed and extended to include an objective for 2017. **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2015:** 55% **Annual Performance Objective for FFY 2016:** 60% **Annual Performance Objective for FFY 2017:** 65% *Explain how these objectives were set:* Each CHIP health insurance contractor has been tasked to increase their percentage of eligible members who receive lead screening by a minimum of 5% each year for the next three years.	**What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**After analyzing the available data, it became evident that PA CHIP members were often not receiving the required lead screening because PCPs could not identify potentially high risk PA CHIP members within their patient population. PA CHIP is currently undertaking an initiative that will enable providers to identify CHIP members. Along with this effort, the CHIP health insurance companies are providing additional education explaining the need for this group of children to receive lead screening. CHIP health insurance companies are engaging in a number of interventions to try to increase the number of members being screened, including providing rosters of members that should be screened to their PCPs, offering pay-for-performance incentives, and expanding reimbursement to include point of care lead screening testing. In 2015 the performance objectives were reviewed and extended to include an objective for 2018. **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2016:** 55.5% **Annual Performance Objective for FFY 2017:** 58.3% **Annual Performance Objective for FFY 2018:** 61.2% *Explain how these objectives were set:* Each CHIP health insurance contractor has been tasked to increase their percentage of eligible members who receive lead screening by a minimum of 5% each year for the next three years.

FY 2013	FFY 2014	FFY 2015
Other Comments on Measure:	**Other Comments on Measure:** Lead Screening in Children Ae CBC FPH GHP HBCBS HBS HPHP KHPE UHCP UPMC PA W Avg E-Pop 280 286 80 130 205 182 39 284 360 299 Denom 279 285 80 130 204 182 39 284 . 299 Num 134 112 38 57 98 66 24 150 224 166 Rate % 48.03 39.30 47.50 43.85 48.04 36.26 61.54 52.82 62.22 55.52 49.90%	**Other Comments on Measure:** AETNA CBC FPH GHP HBCBS HBS HPHP KHPE UHCP UPMC E-Pop 213 261 66 197 123 153 49 262 457 369 Denom 212 260 66 197 123 153 49 261 411 369 Num 141 69 21 130 57 43 25 143 259 218 Rate % 66.51 26.54 31.82 65.99 46.34 28.10 51.02 57.79 63.02 59.08 Pa CHIP Weighted Average 52.86%

Objectives Related to Increasing Access to Care (Usual Source of Care, Unmet Need) (Continued)

FFY 2013	FFY 2014	FFY 2015
Goal #3 (Describe) Asthma Emergency Encounter Rate: Decrease by 1.5% per year the number of PA CHIP members five years of age through 19 years of age with persistent asthma who were seen in an emergency department for treatment relating to their diagnosis of asthma.	**Goal #3 (Describe)** Asthma Emergency Encounter Rate: Decrease by 1.5% per year the percentage of children and adolescents, two years of age through 19 years of age, with an asthma diagnosis who have =1 emergency department (ED) visit during 2013.	**Goal #3 (Describe)** Asthma Emergency Encounter Rate: Decrease by 1.5 percentage points per year the percentage of children and adolescents, two years of age through 19 years of age, with an asthma diagnosis who have =1 emergency department (ED) visit during 2014.
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☒ Discontinued. *Explain*: Measure retired. CHIPRA Asthma measure adopted.	**Type of Goal:** ☒ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*: Continued collecting the retired CHIPRA Asthma ED measure	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:

Status of Data Reported:
☐ Provisional.
   Explanation of Provisional Data:
☐ Final.
☐ Same data as reported in a previous year's annual report.
Specify year of annual report in which data previously reported:
	Status of Data Reported:
	☐ Provisional.
	   Explanation of Provisional Data:
	☒ Final.
	☐ Same data as reported in a previous year's annual report.
	Specify year of annual report in which data previously reported:
		Status of Data Reported:
		☐ Provisional.
		   Explanation of Provisional Data:
		☒ Final.
		☐ Same data as reported in a previous year's annual report.
		Specify year of annual report in which data previously reported:

Measurement Specification: ☐ HEDIS. *Specify version of HEDIS used*: ☐ Other. *Explain*:	**Measurement Specification:** ☐ HEDIS. *Specify version of HEDIS used*: ☒ Other. *Explain*: the percentage of children and adolescents, two years of age through 19 years of age, with an asthma diagnosis who have =1 emergency department (ED) visit during 2013	**Measurement Specification:** ☐ HEDIS. *Specify HEDIS® Version used*: ☒ Other. *Explain*: the percentage of children and adolescents, two years of age through 19 years of age, with an asthma diagnosis who have =1 emergency department (ED) visit during 2014
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	**Definition of Population Included in the Measure:** Definition of numerator: Eligible population who had one or more visits to the emergency department for Asthma during the measurement year Definition of denominator: ☒ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: Number of members two years of age through 19 years of age who were diagnosed with asthma during the measurement year	**Definition of Population Included in the Measure:** Definition of numerator: Eligible population who had one or more visits to the emergency department for Asthma during the measurement year Definition of denominator: ☒ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: Number of members two years of age through 19 years of age who were diagnosed with asthma during the measurement year
From: (mm/yyyy) To: (mm/yyyy)	**Date Range:**	**Date Range:**

FFY 2013	FFY 2014	FFY 2015
	From: (mm/yyyy) 01/2013 **To: (mm/yyyy)** 12/2013	**From: (mm/yyyy)** 01/2014 **To: (mm/yyyy)** 12/2014
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS)* Numerator: Denominator: Rate:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS)* Numerator: Denominator: Rate:
Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*.	**Deviations from Measure Specifications:** ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*.	**Deviations from Measure Specifications:** ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*.
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:
Other Performance Measurement Data: Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: 0 Denominator: 0 Rate: 7.81 Additional notes on measure: Weighted Average calculated based on the size of the measure-eligible population for each reporting unit	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: 1146 Denominator: 12047 Rate: 9.5 Additional notes on measure: Weighted Average calculated based on the size of the measure-eligible population for each reporting unit
Explanation of Progress: **How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report?**	**Explanation of Progress:** **How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report?** Measure not reported in the 2013 Annual Report.	**Explanation of Progress:** **How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report?** The 2015 Asthma Emergency Department encounter rate of 9.5% was 2.7 percentage points above the 2014 performance objective of 6.8%.

FFY 2013	FFY 2014	FFY 2015
What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2014:** **Annual Performance Objective for FFY 2015:** **Annual Performance Objective for FFY 2016:** *Explain how these objectives were set:*	**What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** CHIP health insurance contractors have been encouraged to provide disease management programs that are not only tailored for the individual member, but incorporate family education and support needs as well. The use of peak flow meters for high risk patients that relay information to case managers who can then hopefully assist with care coordination early enough to prevent an emergency department visit or inpatient admission has been recommended to the CHIP health insurers, but is too costly for the State to fund at this time. In 2012 the performance objectives were reviewed and extended to include objectives for 2015 - 2017. **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2015:** 6.3% **Annual Performance Objective for FFY 2016:** 4.8% **Annual Performance Objective for FFY 2017:** 3.3% *Explain how these objectives were set:* It is expected that a decrease in ED utilization by 1.55 per year may be feasable over the next three years with improvements in disease management and care coordination that CHIP insurers are anticipating undertaking.	**What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** CHIP health insurance contractors have been encouraged to provide disease management programs that are not only tailored for the individual member, but incorporate family education and support needs as well. The use of peak flow meters for high risk patients that relay information to case managers who can then hopefully assist with care coordination early enough to prevent an emergency department visit or inpatient admission has been recommended to the CHIP health insurers, but is too costly for the State to fund at this time. In 2012 the performance objectives were reviewed and extended to include an objective for 2018. **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2016:** 8.0% **Annual Performance Objective for FFY 2017:** 6.5% **Annual Performance Objective for FFY 2018:** 5.0% *Explain how these objectives were set:* It is expected that a decrease in ED utilization by 1.55 per year may be feasable over the next three years with improvements in disease management and care coordination that CHIP insurers are anticipating undertaking.
Other Comments on Measure:	**Other Comments on Measure:** Ae CBC FPH GHP HBCBS HBS HPH KHPE UHCP UPMC PA Wtd Avge E-Pop Denom 1288 1686 735 710 1487 1265 507 3064 2282 991 Num 93 84 27 46 94 69 68 275 192 147 Rate % 7.22 4.98 3.67 6.48 6.32 5.45 13.41 8.98 8.41 14.83 7.81%	**Other Comments on Measure:** AETNA CBC FPH GHP HBCBS HBS HPHP KHPE UHCP UPMC E-Pop 835 1,307 532 695 1,012 941 630 2,585 2,363 1,147 Denom 835 1,307 532 695 1,012 941 630 2,585 2,363 1,147 Num 83 75 21 54 67 49 96 271 250 180 Rate % 9.94 5.74 3.95 7.77 6.62 5.21 15.24 10.48 10.58 15.69 Pa CHIP Weighted Average 9.51%

Objectives Related to Use of Preventative Care (Immunizations, Well Child Care)

FFY 2013	FFY 2014	FFY 2015
Goal #1 (Describe) Increase frequency of Adolescent Well-Care visits by 3.8 percentage points per year for the next three years; monitor for trends and outliers.	**Goal #1 (Describe)** Increase frequency of Adolescent Well-Care visits by 3.8 percentage points per year for the next three years; monitor for trends and outliers.	**Goal #1 (Describe)** Increase frequency of Adolescent Well-Care visits by 3.8 percentage points per year for the next three years; monitor for trends and outliers.
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. *Explanation of Provisional Data:* ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☒HEDIS. *Specify version of HEDIS used*: 2013 ☐Other. *Explain*:	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: 2014 ☐Other. *Explain*:	**Measurement Specification:** ☒HEDIS. *Specify HEDIS® Version used*: 2015 ☐Other. *Explain*:
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☒ Other. *Specify*: Combination of administrative data (3 health plans) and hybrid data (7 health plans)	**Data Source:** ☐ Administrative (claims data). ☒ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☒ Other. *Specify*: Combination of administrative data (2 health plans) and hybrid data (8 health plans)	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☒ Other. *Specify*: Combination of administrative data (1 health plans) and hybrid data (9 health plans)
Definition of Population Included in the Measure: Definition of numerator: Eligible population with at least 1 comprehensive well-care visit with PCP or OB/GYN within measurement year. Definition of denominator: Members 12-19 years of age during the measurement year (eligible population 63,909) Definition of denominator: ☒ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	**Definition of Population Included in the Measure:** Definition of numerator: Eligible population with at least 1 comprehensive well-care visit with PCP or OB/GYN within measurement year. Definition of denominator: ☒ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: Members 12-19 years of age during the measurement year (eligible population 59,618)	**Definition of Population Included in the Measure:** Definition of numerator: Eligible population with at least 1 comprehensive well-care visit with PCP or OB/GYN within measurement year. Definition of denominator: ☒ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: Members 12-19 years of age during the measurement year (eligible population 44,408)
Date Range: **From: (mm/yyyy)** 01/2012 **To: (mm/yyyy)** 12/2012	**Date Range:** **From: (mm/yyyy)** 01/2013 **To: (mm/yyyy)** 12/2013	**Date Range:** **From: (mm/yyyy)** 01/2014 **To: (mm/yyyy)** 12/2014
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: 39258	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS)* Numerator: 0	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS)* Numerator: 0

FFY 2013	FFY 2014	FFY 2015
Denominator: 63909 Rate: 61.4	Denominator: 0 Rate: 61.9	Denominator: 0 Rate: 64.0
Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*.	**Deviations from Measure Specifications:** ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*.	**Deviations from Measure Specifications:** ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*.
Additional notes on measure:	Additional notes on measure: The state weighted average is based on the size of the measure-eligible population for each reporting unit	Additional notes/comments on measure: The state weighted average is based on the size of the measure-eligible population for each reporting unit
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report?** The PA CHIP HEDIS 2013 rate of 61.4% was 6.9 percentage points below the 2013 performance benchmark of 68.3% **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** 2009 onsite reviews specifically addressed this area as one of PA CHIP's priorities. Contractor meetings where best practices are shared and encouragement of health insurers to try innovative outreach programs such as sponsoring a dance for this population, social networking and various member recognitions have been key to PA CHIP's success with this measure. In 2013 the performance	**Explanation of Progress:** **How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report?** The PA CHIP HEDIS 2014 rate of 61.9% was 2.6 percentage points below the 2014 performance benchmark of 64.5%. **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** 2009 onsite reviews specifically addressed this area as one of PA CHIP's priorities. Contractor meetings where best practices are shared and encouragement of health insurers to try innovative outreach programs such as sponsoring a dance for this population, social networking and various member recognitions have been key to PA CHIP's success with this measure. In 2014 the performance	**Explanation of Progress:** **How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report?** The PA CHIP HEDIS 2015 rate of 64.0 was 1.0 percentage point below the 2015 performance benchmark of 65.0% **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** 2009 onsite reviews specifically addressed this area as one of PA CHIP's priorities. Contractor meetings where best practices are shared and encouragement of health insurers to try innovative outreach programs such as sponsoring a dance for this population, social networking and various member recognitions have been key to PA CHIP's success with this measure. In 2015 the performance

FFY 2013	FFY 2014	FFY 2015
objectives were reviewed and extended to include an objective for 2016.	objectives were reviewed and extended to include an objective for 2017.	objectives were reviewed and extended to include an objective for 2018.
Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. **Annual Performance Objective for FFY 2014:** 64.5 **Annual Performance Objective for FFY 2015:** 67.6 **Annual Performance Objective for FFY 2016:** 70.7 *Explain how these objectives were set:* The rate of this measure decreased by 3.1 percentage points from HEDIS 2012 to HEDIS 2013, therefore the goal was set to increase the rate by 3.1 percentage points each year over the next three years in order to reverse this observed decrease.	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2015:** 65.0 **Annual Performance Objective for FFY 2016:** 68.1 **Annual Performance Objective for FFY 2017:** 71.2 *Explain how these objectives were set:* The rate of this measure decreased by 3.1 percentage points from HEDIS 2012 to HEDIS 2013, therefore the goal was set to increase the rate by 3.1 percentage points each year over the next three years in order to reverse this observed decrease.	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2016:** 67.8% **Annual Performance Objective for FFY 2017:** 71.6% **Annual Performance Objective for FFY 2018:** 75.4% *Explain how these objectives were set:* The rate of this measure decreased by 3.1 percentage points from HEDIS 2012 to HEDIS 2013, therefore the goal was set to increase the rate by 3.8 percentage points each year over the next three years in order to reverse this observed decrease.

Other Comments on Measure:	**Other Comments on Measure:**
	<pre> H H
	 A H H H H H
	 A H
	 Aet CBC FPH GHP HBCBS HBS
	 HPHP KHPE UHCP UPMC
	E-Pop 5159 7453 4078 2073 9933 4850
	       1011 11029 7967 6065
	Denom 432 401 . 398 395 401
	       384 390 . 401
	Num 259 237 2433 240 255 253 263
	264 4520 238
	Rate(%)59.95 59.10 59.66 60.30 64.56 63.09 68.49
	      67.69 56.73 59.35
	PA CHIP Wtd Avg 61.95</pre>
		Other Comments on Measure: Adolescent Well-Care Visit (all Contractors are "H", except FPH is "A")
		<pre> Aetna CBC FPH GHP HBCBS HBS HPHP
		KHPE UHCP UPMC
		Eligible 3,258 6,073 3,021 2,262 6,953 3,808 1,125
		8,869 6,907 6,121
		Denominator 432 398 3,021 395 376 384 432 403
		407 398
		Numerator 280 249 1,829 255 244 255 303 263
		260 242
		Rate (%) 64.81% 62.56% 60.54% 64.56% 64.89% 66.41%
		70.14% 65.26% 63.88% 60.80%
		Weighted Average 63.96%</pre>

Objectives Related to Use of Preventative Care (Immunizations, Well Child Care) (Continued)

FFY 2013	FFY 2014	FFY 2015
Goal #2 (Describe) Increase the percentage of eligible children receiving all vaccinations in HEDIS Combination 2 by 0.7% per year for the next three years.	**Goal #2** (Describe) Increase the percentage of eligible children receiving all vaccinations in HEDIS Combination 2 by 0.7% per year for the next three years.	**Goal #2** (Describe) Increase the percentage of eligible children receiving all vaccinations in HEDIS Combination 2 by 0.7 percentage points per year for the next three years.
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:

Status of Data Reported:
☐ Provisional.
  Explanation of Provisional Data:
☒ Final.
☐ Same data as reported in a previous year's annual report.
Specify year of annual report in which data previously reported:
	Status of Data Reported:
	☐ Provisional..
	  Explanation of Provisional Data:
	☒ Final.
	☐ Same data as reported in a previous year's annual report.
	Specify year of annual report in which data previously reported:
		Status of Data Reported:
		☐ Provisional.
		  Explanation of Provisional Data:
		☒ Final.
		☐ Same data as reported in a previous year's annual report.
		Specify year of annual report in which data previously reported:

Measurement Specification: ☒HEDIS. *Specify version of HEDIS used*: 2013 ☐Other. *Explain*:	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: 2014 ☐Other. *Explain*:	**Measurement Specification:** ☒HEDIS. *Specify HEDIS® Version used*: 2015 ☐Other. *Explain*:
Data Source: ☐ Administrative (claims data). ☒ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☒ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☒ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of numerator: Eligible population who receive all vacinations in Combination 2. Definition of denominator: Eligible population who turn 2 years of age during the measurement year with continuous enrollment 12 months prior. Definition of denominator: ☒ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	**Definition of Population Included in the Measure:** Definition of numerator: Eligible population who receive all vacinations in Combination 2. Definition of denominator: ☒ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: Eligible population who turn 2 years of age during the measurement year with continuous enrollment 12 months prior.	**Definition of Population Included in the Measure:** Definition of numerator: Eligible population who receive all vacinations in Combination 2. Definition of denominator: ☒ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:
Date Range: **From: (mm/yyyy)** 01/2012 **To: (mm/yyyy)** 12/2012	**Date Range:** **From: (mm/yyyy)** 01/2013 **To: (mm/yyyy)** 12/2013	**Date Range:** **From: (mm/yyyy)** 01/2014 **To: (mm/yyyy)** 12/2014
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: 1965.9 Denominator: 2492	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS)* Numerator: 0 Denominator: 0	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS)* Numerator: 0 Denominator: 0

FFY 2013	FFY 2014	FFY 2015
Rate: 78.9	Rate: 81.0	Rate: 75.1
Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*.	**Deviations from Measure Specifications:** ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*.	**Deviations from Measure Specifications:** ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*.
Additional notes on measure:	Additional notes on measure: The state weighted average is based on the size of the measure-eligible population for each reporting unit	Additional notes/comments on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report?** The PA CHIP HEDIS 2013 rate of 78.9% was 0.6 percentage points below the 2013 performance benchmark of 79.6%. **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** 2009 onsite reviews specifically explored this measurement topic with CHIP health insurers. The availability of vaccines, the increase in the number of vaccines recommended, the complexity of the immunization schedule, parents uncertainty surrounding the potential for vaccines to cause autism, and the HEDIS methodology for collecting the data were all mentioned as barriers for	**Explanation of Progress:** **How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report?** The PA CHIP HEDIS 2014 rate of 81.0% was 0.8 percentage points above the 2014 performance benchmark of 79.2%. **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** 2009 onsite reviews specifically explored this measurement topic with CHIP health insurers. The availability of vaccines, the increase in the number of vaccines recommended, the complexity of the immunization schedule, parents uncertainty surrounding the potential for vaccines to cause autism, and the HEDIS methodology for collecting the data were all mentioned as barriers for	**Explanation of Progress:** **How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report?** The PA CHIP HEDIS 2014 rate of 75.1 was 6.6 percentage points below the 2015 performance benchmark of 81.7%. **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** 2009 onsite reviews specifically explored this measurement topic with CHIP health insurers. The availability of vaccines, the increase in the number of vaccines recommended, the complexity of the immunization schedule, parents uncertainty surrounding the potential for vaccines to cause autism, and the HEDIS methodology for collecting the data were all mentioned as barriers for

CHIP Annual Report Template – FFY 2015

FFY 2013	FFY 2014	FFY 2015
improving this measure. Currenlty PA CHIP is encouraging health insurars to partake in aggressive outreach programs that include social networking and parent education to target this population. Additional efforts have been made to educate PCPs that PA CHIP members are not eligible for VFC and that they should be provided with all recommended vaccinations on schedule. In 2013 the performance objectives were reviewed and extended to include an objective for 2016. **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2014:** 79.2 **Annual Performance Objective for FFY 2015:** 79.5 **Annual Performance Objective for FFY 2016:** 79.8 *Explain how these objectives were set:* The rate for this measure decreased by 0.3 percentage points between HEDIS 2012 and HEDIS 2013, therefore the goal was set to increase this rate by 0.3 percentage points each year over the next three years in order to reverse the observed decrease.	improving this measure. Currently PA CHIP is encouraging health insurars to engage in aggressive outreach programs that include social networking and parent education to target this population. Additional efforts have been made to educate PCPs that PA CHIP members are not eligible for VFC and that they should be provided with all recommended vaccinations on schedule. In 2014 the performance objectives were reviewed and extended to include an objective for 2017. **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2015:** 81.7 **Annual Performance Objective for FFY 2016:** 82.4 **Annual Performance Objective for FFY 2017:** 83.1 *Explain how these objectives were set:* The rate for this measure increased by 2.1 percentage points between HEDIS 2013 and HEDIS 2014, which also exceeded the three year projection for this measure. Therefore a goal was set to increase this rate by 0.7 percentage points each year over the next three years in order to replicate this observed increase.	improving this measure. Currenlty PA CHIP is encouraging health insurars to partake in aggressive outreach programs that include social networking and parent education to target this population. Additional efforts have been made to educate PCPs that PA CHIP members are not eligible for VFC and that they should be provided with all recommended vaccinations on schedule. In 2015 the performance objectives were reviewed and extended to include an objective for 2018. **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2016:** 75.8% **Annual Performance Objective for FFY 2017:** 76.5% **Annual Performance Objective for FFY 2018:** 77.2% *Explain how these objectives were set:* The rate for this measure increased by 2.1 percentage points between HEDIS 2013 and HEDIS 2014, which also exceeded the three year projection for this measure. Therefore a goal was set to increase this rate by 0.7 percentage points each year over the next three years in order to replicate this observed increase.
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:** Combo 2 (All Contractors are "H") Aetna CBC FPH GHP HBCBS HBS HPHP KHPE UHCP UPMC Eligible Pop 213 261 66 197 123 153 49 262 457 369 Denominator 212 260 65 197 123 153 49 61 411 366 Numerator 159 200 44 165 98 135 34 205 262 279 Rate (%) 75.00% 76.92% 67.69% 83.76% 79.67% 88.24% 69.39% 78.54% 63.75% 76.23% PA CHIP Weighted Average 75.14%

Objectives Related to Use of Preventative Care (Immunizations, Well Child Care) (Continued)

FFY 2013	FFY 2014	FFY 2015
Goal #3 (Describe) Annual Vision Screening: Increase by 1.3% per year the number of members ages four through 19 years of age who receive an annual vision screening exam during the measurement year.	**Goal #3 (Describe)** Increase by 1.3% per year the number of members ages four through 19 years of age who receive an annual vision screening exam during the measurement year.	**Goal #3 (Describe)** Annual Vision Screening: Increase by 1.3 percentage points per year the number of members ages four through 19 years of age who receive an annual vision screening exam during the measurement year.
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. *Explanation of Provisional Data:* ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐ HEDIS. *Specify version of HEDIS used*: ☒ Other. *Explain*: Percent of enrollees four through 19 years of age who received one (or more) visual acuity screenings (CPT 99173) during the measurement year.	**Measurement Specification:** ☐ HEDIS. *Specify version of HEDIS used*: ☒ Other. *Explain*: Percent of enrollees four through 19 years of age who received one (or more) visual acuity screenings (CPT 99173) during the measurement year.	**Measurement Specification:** ☐ HEDIS. *Specify HEDIS® Version used*: ☒ Other. *Explain*: Percent of enrollees four through 19 years of age who received one (or more) visual acuity screenings (CPT 99173) during the measurement year.
Data Source: ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*: Eligible population with a visual acuity screening (CPT 99173) during the measurement year.
Definition of Population Included in the Measure: Definition of numerator: Eligible population with a visual acuity screening (CPT 99173) during the measurement year. Definition of denominator: All CHIP enrollees that are ages four through 19 during the measurement year that have been enrolled for the previous 12 months with no more than one gap in enrollment. Gap may not exceed 45 days in length. Definition of denominator: ☒ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	**Definition of Population Included in the Measure:** Definition of numerator: Eligible population with a visual acuity screening (CPT 99173) during the measurement year. Definition of denominator: ☒ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: All CHIP enrollees that are ages four through 19 during the measurement year that have been enrolled for the previous 12 months with no more than one gap in enrollment. Gap may not exceed 45 days in length.	**Definition of Population Included in the Measure:** Definition of numerator: Eligible population with a visual acuity screening (CPT 99173) during the measurement year. Definition of denominator: ☒ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: All CHIP enrollees that are ages four through 19 during the measurement year that have been enrolled for the previous 12 months with no more than one gap in enrollment. Gap may not exceed 45 days in length.
Date Range: **From: (mm/yyyy)** 01/2012 **To: (mm/yyyy)** 12/2012	**Date Range:** **From: (mm/yyyy)** 01/2013 **To: (mm/yyyy)** 12/2013	**Date Range:** **From: (mm/yyyy)** 01/2014 **To: (mm/yyyy)** 12/2014

FFY 2013	FFY 2014	FFY 2015
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS)* Numerator: Denominator: Rate:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS)* Numerator: Denominator: Rate:
Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐ Denominator, *Explain*. ☐ Other, *Explain*.	**Deviations from Measure Specifications:** ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐ Denominator, *Explain*. ☐ Other, *Explain*.	**Deviations from Measure Specifications:** ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐ Denominator, *Explain*. ☐ Other, *Explain*.
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: 19861 Denominator: 116059 Rate: 17.1 Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: 20857 Denominator: 110417 Rate: 18.9 Additional notes on measure: Aetna CBC FPH GHP HBCBS HBS HPHP KHPE UHCP UPMC PA Wtd Avg E-Pop Den 12088 14424 7600 4226 15191 8579 1754 21215 15109 10231 Num 2856 1407 1053 600 1026 358 516 6205 4458 2,378 Rate(%) 23.63 9.75 13.86 14.20 6.75 4.17 29.42 29.25 29.51 23.24 18.89	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: 22400 Denominator: 102070 Rate: 21.9 Additional notes on measure: AETNA CBC FPH GHP HBCBS HBS HPHP KHPE UHCP UPMC Eligible 8,691 13,107 6,176 5,310 10,901 6,648 2,455 18,643 16,782 13,357 Denominator 8,691 13,107 6,176 5,310 10,901 6,648 2,455 18,643 16,782 13,357 Number 2,427 1,483 920 1,129 1,211 404 836 6,043 4,860 3,087 Rate % 27.93 11.31 14.90 21.26 11.11 6.08 34.05 32.41 28.96 23.11 PA CHIP Weighted Average 21.95
Explanation of Progress: **How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report?** The HEDIS 2013 rate of 17.1% was 0.7 percentage points above the 2013 performance objective of 16.3%.	**Explanation of Progress:** **How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report?** The rate of 18.9% was 1.3 percentage points above the 2014 performance objective of 17.6%.	**Explanation of Progress:** **How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report?** The 2014 Vision Screening rate of 21.9% was 1.7 percentage points above the 2015

CHIP Annual Report Template – FFY 2015

FFY 2013	FFY 2014	FFY 2015
		performance objective of 20.2% and 0.4 percentage points above the performance objective for 2016.
What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? PA CHIP is currently in the process of creating a claims data warehouse that will allow for closer monitoring and trending of utilization. This data warehouse is being constructed with the ability to identify areas of high and low utilization as well as trend provider access issues. In addition to encouraging CHIP health insurers to outreach to members and emphasize that vision care and equipment are covered by PA CHIP, we hope to be able to identify areas that may require additional interventions with the help of the data warehouse. In 2013 the performance objectives were reviewed and extended to include an objective for 2016.	**What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** PA CHIP is currently in the process of creating a claims data warehouse that will allow for closer monitoring and trending of utilization. This data warehouse is being constructed with the ability to identify areas of high and low utilization as well as trend provider access issues. In addition to encouraging CHIP health insurers to outreach to members and emphasize that vision care and equipment are covered by PA CHIP, we hope to be able to identify areas that may require additional interventions with the help of the data warehouse. In 2014 the performance objectives were reviewed and extended to include an objective for 2017.	**What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** PA CHIP is currently in the process of creating a claims data warehouse that will allow for closer monitoring and trending of utilization. This data warehouse is being constructed with the ability to identify areas of high and low utilization as well as trend provider access issues. In addition to encouraging CHIP health insurers to outreach to members and emphasize that vision care and equipment are covered by PA CHIP, we hope to be able to identify areas that may require additional interventions with the help of the data warehouse. In 2015 the performance objectives were reviewed and extended to include an objective for 2018.
Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.**	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.**
Annual Performance Objective for FFY 2014: 17.6% **Annual Performance Objective for FFY 2015:** 18.9% **Annual Performance Objective for FFY 2016:** 20.2%	**Annual Performance Objective for FFY 2015:** 20.2% **Annual Performance Objective for FFY 2016:** 21.5% **Annual Performance Objective for FFY 2017:** 22.8%	**Annual Performance Objective for FFY 2016:** 23.2% **Annual Performance Objective for FFY 2017:** 24.5% **Annual Performance Objective for FFY 2018:** 25.8%
Explain how these objectives were set: Data regarding the prevalence of vision problems warranting correction within this population was reviewed and a programmatic goal was established of 15% was determined to be appropriate. The program rate met this goal after the first year, therefore the goal was extended to include projections for the next three years. The percent improvement was divided equally across the three years as there are no trends available for study that might favor an alternative approach.	*Explain how these objectives were set:* Data regarding the prevalence of vision problems warranting correction within this population was reviewed and a programmatic goal of 15% was determined to be appropriate. The program rate met this goal after the first year, therefore the goal was extended to include projections for the next three years. The percent improvement was divided equally across the three years as there are no trends available for study that might favor an alternative approach	*Explain how these objectives were set:* Data regarding the prevalence of vision problems warranting correction within this population was reviewed and a programmatic goal was established of 15% was determined to be appropriate. The program rate met this goal after the first year therefore the goal was extended to include projections for the next three years. The percent improvement was divided equally across the three years as there are no trends available for study that might favor an alternative approach.
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

1. What other strategies does your state use to measure and report on access to, quality, or outcomes of care received by your CHIP population? What have you found? **[7500]**

Healthcare Effectiveness Data and Information Set (HEDIS®) and Consumer Assessment of Healthcare Providers and Systems (CAHPS®) have been used as primary measurement tools to date. In addition, PA CHIP health plans are contractually required to submit quarterly and annual reports that provide aggregated data on utilization of services.

The PA CHIP HEDIS 2015 report (based on 2013 and 2014 service dates, as appropriate to the measure) compared the PA CHIP health plan weighted average to the weighted average of all PA Medicaid managed care plans and to the average of National Medicaid plans that submitted data to NCQA. For HEDIS 2015, the PA CHIP weighted average was higher than the PA Medicaid managed care average across the majority of measures assessing Effectiveness of Care (EOC) and Access and Availability (AA) with the exception of Weight Assessment and Counseling for Nutrition and Physical Activity, Human Papillomavirus for Female Adolescents, Lead screening in Children, Chlamydia Screening in Women and Appropriate Treatment for Children with Upper Respiratory Infection. For HEDIS 2015 Use of Services (UOS) measures, such as Ambulatory Care-Emergency Department Visits and Inpatient Utilization, PA CHIP members had lower utilization of health care services than did PA Medicaid managed care health plan members of comparable age.

When compared to the National Medicaid HMO health plan average, the PA CHIP health plan average is higher across most EOC, AA and UOS measures with the exception of the Weight Assessment and Counseling for Nutrition and Physical Activity (BMI documentation - 10th percentile, Nutrition Counseling - 10th percentile and Physical Activity Counseling - 25th percentile), Lead Screening in Children measure (below 10th percentile), Chlamydia Screening in Women (Below 10th percentile) and the Appropriate Treatment for Children With Upper Respiratory Infection (URI) measure (below 10th percentile).

2. What strategies does your CHIP program have for future measurement and reporting on access to, quality, or outcomes of care received by your CHIP population? When will data be available? **[7500]**

PA CHIP has multiple strategies for measurement and reporting on access to, quality, or outcomes of care received by the CHIP population. In 2007, PA CHIP set objectives and performance goals. Those objectives and goals were outlined in the FY 2007 Annual Report. These objectives and the status of each goal follow.

Objective: To expand the CHIP performance measurement set.

Performance goal status:

•   For HEDIS 2011, PA CHIP required reporting of the Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (WCC) measure.

•   For HEDIS 2012, PA CHIP continued requiring the reporting of the current HEDIS measures.

•   For HEDIS 2013, PA CHIP required reporting of the Chlamydia Screening in Women and Follow-up after hospitalization for Mental Illness measures.

•   For HEDIS 2014, continued requiring the reporting of the current HEDIS measures.

•   For HEDIS 2015, PA CHIP required the reporting of the Human Papillomavirus Vaccine for Female Adolescents (HPV) measure.

•   For HEDIS 2016, PA CHIP required the reporting of Medication Management for People with Asthma (MMA) measure.

•   In 2007, PA CHIP implemented a PA-specific performance measure – "Annual Body Mass Index Screening for Children and Adolescents." In 2011 PA CHIP retired this PA-specific measure and required the reporting of the HEDIS WCC-BMI measure.

•   In 2009, PA CHIP implemented a PA-specific performance measure – "Emergency Department Encounter Rate for Asthma in Children and Adolescents."

•   In 2010, PA CHIP implemented PA-specific performance measures - "Early and Periodic Screening Diagnosis and Testing - Annual Vision Screening," "Early and Periodic Screening Diagnosis and Testing - Developmental Screening," and "Periodic Dental Evaluations for Children and Adolescents and Dental Sealants for Children."

•   In 2013, PA CHIP implemented PA-specific performance measures - Annual Number of Asthma Patients with An Asthma Related ER Visit and Total Eligibles who Received Dental Treatment and Preventive Dental Services.

•   In 2014, PA CHIP continued requiring the reporting of the current PA-specific performance measures.

•   In 2015, PA CHIP will continue requiring the reporting of the current PA-specific performance measures.

•   In 2016, PA CHIP will continue requiring the reporting of the current PA-specific performance measures.

Objective: To ensure consistency in CHIP performance measurement.

Performance goal status:

•   For HEDIS 2012, PA CHIP required that HEDIS performance measures be subject to audit by a National Committee for Quality Assurance (NCQA)-certified HEDIS audit organization. This requirement continued for HEDIS 2013.

•   For HEDIS 2012, PA CHIP required HEDIS performance measures be reported annually and not be subject to rotation. This requirement continued for HEDIS 2013.

•   For HEDIS 2012, PA CHIP required the CAHPS survey to be subject to audit by an NCQA-certified HEDIS audit organization. This requirement continued for HEDIS 2013.

•   For HEDIS 2012, PA CHIP established comparisons to statewide weighted averages and continued comparisons to national benchmarks and year-over-year outcomes. This continued for HEDIS 2013.

•   In 2012, PA CHIP required the PA-specific performance measure be subject to validation by an independent organization. This requirement continued in 2013 for all performance measures.

•   In 2013, PA CHIP required the PA-specific performance measure be subject to validation by an independent organization. This requirement continued in 2014 for all performance measures.

•   In 2014, PA CHIP required the PA-specific performance measure be subject to validation by an independent organization. This requirement will continue in 2015 for all performance measures.

•   In 2015, PA CHIP required the PA-specific performance measure be subject to validation by an independent organization. This requirement will continue in 2016 for all performance measures.

Objective: To initiate public reporting of CHIP performance measures

Performance goal status:

•   In 2012, PA CHIP published an annual report card that displays each CHIP health insurance companies' rates for selected 2012 CAHPS survey results and 2012 HEDIS measures and compared those results to the statewide average using graphics.

•   In 2013, PA CHIP published an annual report card that displays each CHIP health insurance companies' rates for selected 2013 CAHPS survey results and 2013 HEDIS measures and compared those results to the statewide average using graphics.

•   In 2014, PA CHIP published an annual report card that displays each CHIP health insurance companies' rates for selected 2014 CAHPS survey results and 2014 HEDIS measures and compared those results to the statewide average using graphics.

•   PA CHIP will prepare and disseminate a similar report card using 2015 CAHPS survey results and 2015 HEDIS measures. The report card will be available in the fourth quarter of 2015.

•   PA CHIP will prepare and disseminate a similar report card using 2016 CAHPS survey results and 2016 HEDIS measures. The report card will be available in the fourth quarter of 2016.

Objective: To implement a CHIP pay-for-performance program

Performance goal status:

•   In 2007, PA CHIP received and reviewed the "Pay-For-Performance in State Medicaid Programs" survey that was prepared by IPRO and The Commonwealth Fund.

• In 2008, PA CHIP suspended development and implementation of a pay-for-performance methodology due to other Commonwealth priorities.

In 2009, 2010, 2011, 2012, 2013, 2014 and 2015, PA CHIP continued suspension of a pay-for-performance program due to Commonwealth budgeting issues.

3. Have you conducted any focused quality studies on your CHIP population, e.g., adolescents, attention deficit disorder, substance abuse, special heath care needs or other emerging health care needs? What have you found? **[7500]**

In calendar year 2007, the PA CHIP program implemented a CHIP-specific Performance Improvement Project (PIP). Pennsylvania selected a PIP focus that is key to advancing CHIP population health outcomes. The PIP topic is reduction of emergency department visits for the CHIP population. A new PIP cycle was implemented beginning in March 2013. CHIP health insurance contractors submitted a project proposal consisting of a rationale for topic selection, quality indicators, baseline analysis, barrier analyses and proposed interventions. In March 2014, CHIP health insurance contractors submitted targeted interventions implemented during calendar year 2013 which were reviewed for clinical relevance by the contracted EQRO, IPRO. Re-measurement rates summarizing utilization in 2014 which were submitted in March 2015 revealed mixed results with demonstrable improvement over baseline achieved for at least one quality indicator for eight of nine PA CHIP Contractors. In March 2016, CHIP contractors will submit subsequent re-measurement rates to demonstrate sustained improvement over baseline along with subsequent targeted interventions aimed at achieving sustained improvement.

In calendar year 2009, the PA CHIP program implemented a CHIP-specific Lead Screening in Children PIP which was chosen to address the problem of elevated blood lead levels. This remains an issue for children in PA. CHIP contractors were required to implement a new PIP with the topic, first quality measure and goal of at least a five percent increase in lead screening rates specified by the State. CHIP health insurance contractors were required to do a root cause or similar analysis to determine the reasons for low blood lead screening rates in the CHIP population and must clearly state why this issue is relevant to the contractor's CHIP population. A new PIP cycle was implemented beginning in December 2013. CHIP contractors submitted a project proposal consisting of a rationale for topic selection, quality indicators, baseline analysis, barrier analyses and proposed interventions. In November 2014, CHIP contractors submitted a list of interventions aimed at addressing the barriers identified during the baseline barrier analysis and will submit initial re-measurement rates in November 2015. The CHIP PIP submissions will be validated on an annual basis by IPRO, an independent external quality review organization.

4. Please attach any additional studies, analyses or other documents addressing outreach, enrollment, access, quality, utilization, costs, satisfaction, or other aspects of your CHIP program's performance. Please include any analyses or descriptions of any efforts designed to reduce the number of uncovered children in the state through a state health insurance connector program or support for innovative private health coverage initiatives health coverage initiatives. **[7500]**

Enter any Narrative text below **[7500]**.

CHIP Performance Measure Summaries

• For 2010, 17.4 percent of enrollees with persistent asthma were seen in an emergency department for asthma during 2009. Health plan rates ranged from 10.2 to 31.9 percent.

- For 2011, 11.6 percent of enrollees with persistent asthma were seen in the ER for asthma during 2010. Health plan rates ranged from 8.7 to 15.4 percent.

- For 2012, 9.7 percent of enrollees with persistent asthma were seen in the ER department for asthma during 2011. Health plan rates ranged from 6.2 to 12.1 percent.

- For 2013, 8.0 percent of enrollees with persistent asthma had at least one ER visit for asthma during 2012. Health plan rates ranged from 4.9 to 12.8 percent.

- For 2014, 7.8 percent of enrollees with persistent asthma had at least one ER visit for asthma during 2013. Health plan rates ranged from 3.7 to 14.8 percent.

- For 2015, 9.5 percent of enrollees with persistent asthma had at least one ER visit for asthma during 2014. Health plan rates ranged from 3.9 to 15.7 percent.

- For 2010, 11.1 percent of enrollees four through 19 years old received an annual vision screening during 2009. Health plan rates ranged from 2.8 to 22.9 percent.

- For 2011, 13.1 percent of enrollees four through 19 years old received an annual vision screening during 2010. Health plan rates ranged from 3.4 to 24.6 percent.

- For 2012, 15.0 percent of enrollees four through 19 years old received an annual vision screening during 2011. Health plan rates ranged from 4.1 to 27.3 percent.

- For 2013, 17.1 percent of enrollees four through 19 years old received an annual vision screening during 2012. Health plan rates ranged from 4.0 to 29.4 percent.

- For 2014, 18.9 percent of enrollees four through 19 years old received an annual vision screening during 2013. Health plan rates ranged from 4.2 to 29.5 percent.

- For 2015, 21.9 percent of enrollees four through 19 years old received an annual vision screening during 2014. Health plan rates ranged from 6.1 to 34.1 percent.

- For 2010, 11.1 percent of enrollees 18 months of age had a developmental screening between 505 and 641 days of age. Health plan rates ranged from 4.9 to 20.1 percent.

- For 2011, 14.7 percent of enrollees 18 months of age had a developmental screening between 505 and 641 days of age. Health plan rates ranged from 5.9 to 25.8 percent.

- For 2012, 24.8 percent of enrollees 18 months of age had a developmental screening between 505 and 641 days of age. Health plan rates ranged from 12.4 to 39.2 percent.

- For 2013, 31.1 percent of enrollees were screened for risk of developmental, behavioral and social delays using a standardized screening tool in the 12 months preceding their first, second or third birthday. Health plan rates ranged from 18.9 to 51.1 percent.

- For 2014, this measure was placed on hold due to methodological concerns.

- For 2015, 38.9 percent of enrollees were screened for risk of developmental, behavioral and social delays using a standardized screening tool in the 12 months preceding their first, second or third birthday. Health plan rates ranged from 23.1 to 59.0 percent.

- For 2010, 58.2 percent of enrollees three through 19 years of age had a dental evaluation or preventive prophylaxis during 2009. Health plan rates ranged from 41.5 to 69.2 percent.

- For 2011, 56.2 percent of enrollees three through 19 years of age had a dental evaluation or preventive prophylaxis during 2010. Health plan rates ranged from 37.1 to 69.8 percent.

- For 2012, 49.1 percent of enrollees three through 19 years of age had a dental evaluation of preventive prophylaxis during 2011. Health plan rates ranged from 21.1 to 69.6 percent.

- For 2013, 20.1 percent of enrollees one through 20 years of age received dental treatment services during 2012. Health plan rates ranged from 12.3 to 28.1 percent.

- For 2014, 22.0 percent of enrollees one through 20 years old received dental treatment services during 2013. Health plan rates ranged from 18.8 to 27.4 percent.

- For 2015, 21.9 percent of enrollees one through 20 years old received dental treatment services during 2014. Health plan rates ranged from 18.1 to 26.8 percent.

•   For 2013, 43.3 percent of enrollees one through 20 years of age received preventive dental services during 2012. Health plan rates ranged from 25.2 to 64.9 percent.

•   For 2014, 48.1 percent of enrollees one through 20 years old received preventive dental services during 2013. Health plan rates ranged from 39.7 to 66.6 percent.

•   For 2015, 48.0 percent of enrollees one through 20 years old received preventive dental services during 2014. Health plan rates ranged from 37.8 to 66.3 percent.

•   For 2010, 27.5 percent of enrollees who turned eight in 2009 received a dental sealant during the prior three years. Health plan rates ranged from 0.0 to 50.2 percent.

•   For 2011, 43.8 percent of enrollees who turned eight in 2010 received a dental sealant during the prior three years. Health plan rates ranged from 13.6 to 56.7 percent.

•   For 2012, 44.8 percent of enrollees who turned eight in 2011 received a dental sealant during the prior three years. Health plan rates ranged from 15.1 to 60.1%.

•   For 2013, 33.7 percent of enrollees who turned eight in 2012 received a dental sealant during the prior three years. Health plan rates ranged from 6.9 to 47.5 percent.

•   For 2014, 39.1 percent of enrollees who turned eight in 2013 received a dental sealant during the prior three years. Health plan rates ranged from 11.8 to 50.5 percent.

•   For 2015, 41.6 percent of enrollees who turned eight in 2014 received a dental sealant during the prior three years. Health plan rates ranged from 13.1 to 53.3 percent.

CAHPS survey 5.0. See summary below.

•   From the ten CHIP health plans which participated in the survey, 6935 respondents completed the CAHPS 5.0 Questionnaire on behalf of a child enrolled in one of the commercial-based or Medicaid-based HMO plans.

•   Respondent Characteristics—PA CHIP CAHPS 5.0 Survey Respondents

o   For CAHPS 2015, the majority of respondents were female (83.8 percent). A large proportion of survey respondents had a high school diploma (33.6 percent) or some college education or two year degree (36.8 percent). In addition, the majority of respondents indicated that their child is white (78.4 percent) and was in "excellent" or "very good" health (84.8 percent).

•   Global Rating Questions

o   The Global Rating Questions asked respondents to rate each of four aspects of their child's health care on a scale of 0 to 10, where 0 is the "worst possible" and 10 is the "best possible."

o   For 2015, the PA CHIP plan average for enrollees who rated their child's health plan 8, 9, or 10 was 85.8 percent. Health plans' rates for varied from 73.8 to 92.2 percent. The average across health plans for PA CHIP enrollees who rated their child's personal doctor 8, 9, or 10 was 89.4 percent, with health plan ratings ranging from 84.0 to 91.3.

•   Composite Scores

o   Each Composite contained a set of survey questions. To obtain a Composite Score, the responses for all questions comprising a Composite were averaged.

The PA CHIP health plan rates ranged from 84.4 to 97.4 percent of enrollees who indicated that they are "usually" or "always" able to get urgent care quickly for their child. The PA CHIP plan rates ranged from 84.3 to 95.2 percent of enrollees.

SECTION III: ASSESSMENT OF STATE PLAN AND PROGRAM OPERATION

Please reference and summarize attachments that are relevant to specific questions

A. OUTREACH

1. How have you redirected/changed your outreach strategies during the reporting period? **[7500]**

    We used the existing creative campaign titled "Within Reach" to build upon the momentum created in 2013 - 2014. We ran a statewide multi-media mix campaign from October 2014 through June 30, 2015 to increase exposure and to reach markets with the highest percentage of potential recipients. We aired TV spots statewide across all media markets including both broadcast and cable. A mix of television combined with radio advertising was used in an attempt to penetrate the more underserved and harder to reach markets with a concentration in the urban areas, and Radio PA was used to reach the rural areas of the state.

    Another attempt at reaching the largest amount of individuals was to place CHIP advertisements on transit buses, and bus shelters in Philadelphia, Pittsburgh, Harrisburg, Lancaster, Allentown, Reading, Wilkes-Barre and Erie. There were a total of 661 transit placements throughout the state. Additionally, display ads ran online to build brand awareness and drive the target to the CHIP website www.CHIPcoversPAkids.com to apply for or renew CHIP coverage.

    Minority Market:

    Univision Network, a Spanish television station, aired a series of two minute vignettes promoting CHIP on their number one Spanish language morning show in Philadelphia called Despierta America. The vignettes aired five times per week for a total of 10 weeks from January through June.

    CHIP Outreach:

    CHIP signage was placed at neighborhood softball/baseball fields in urban communities where we were able to repeatedly reach parents and children throughout the spring softball/baseball season. The locations were primarily identified as having a large ethnic population, low household income and likely to have uninsured children in the household.

    Additionally, with the growing popularity of urgent care centers, we were able to reach parents and guardians who were seeking treatment for healthcare issues by placing banner stands and brochures in the centers' waiting rooms and lobbies. Signage was placed in 42 urgent care locations across Philadelphia, Pittsburgh and Harrisburg and a few in rural areas for a three month period.

    Contractor Outreach

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

2. What methods have you found most effective in reaching low-income, uninsured children (e.g., T.V., school outreach, word-of-mouth)? How have you measured effectiveness? **[7500]**

A multi-pronged marketing and outreach approach is very effective in reaching citizens with CHIP's message, however word-of-mouth and referrals continue to be CHIP's most valuable outreach method for general markets. CHIP outreach always encourages citizens to tell family, friends, co-workers and neighbors about the program. We also continue to develop and support partnerships with grassroots organizations who serve as "CHIP Champions" including faith-based organizations. Additionally, our nine CHIP contractors provide outreach by tabling at venues where the targeted audience can take the next step and enroll while at health fairs, libraries, hospitals, community events, and meetings.

In the fall, CHIP staff worked with the Pennsylvania Department of Education to see that Intermediate Units and public schools distribute approximately 1.6 million CHIP "Really" flyers (see attachment titled "Really Fliers)to all school-aged children in Pennsylvania. The flyers are printed in English and Spanish (front and back). By working with the Pennsylvania Department of Education we are assured that the "Really" flyers are distributed to students and sent home to parent(s) or guardian. Call volumes increase to the Healthy Kids line when this back to school information is pushed out.

CHIP also printed 144,000 CHIP "New Birth" flyers (see attachment titled "New Birth FLyers") for insertion with each complimentary birth certificate that was mailed to the households of Pennsylvania newborns. The Pennsylvania Department of Health has been a great partner in extending our message to new parents.

3. Which of the methods described in Question 2 would you consider a best practice(s)**?   [7500]**

It is difficult to point to one best practice because it is a combination of our efforts – driving awareness from marketing campaigns, grass roots effort, contract outreach and word of mouth that equal success.

4. Is your state targeting outreach to specific populations (e.g., minorities, immigrants, and children living in rural areas)?

☒ Yes

☐ No

Have these efforts been successful, and how have you measured effectiveness? **[7500]**

CHIP and its health insurance company contractors continually seek new avenues for community outreach and raising awareness about the CHIP program. Community-based organizations provide a significant point of entry into underserved, uninsured markets, and CHIP and its health insurance company contractors utilize our extensive community network of resources to reach out to their communities.

Càrdenas-Grant Communications (CGC) specializes in, multi-cultural communications and urban and community marketing. Cardenas Grant worked on CHIP's behalf to target the minority population by being our "feet on the street", reaching our target where they live, work and worship. Our Grassroots efforts were organized across the state and provided opportunities for face to face conversation about the CHIP program.

CHIP has created Spanish marketing and outreach materials including a radio spot, brochures and posters, applications and website.

5. What percentage of children below 200 percent of the Federal poverty level (FPL) who are eligible for Medicaid or CHIP have been enrolled in those programs? [5]

(Identify the data source used). **[7500]**

B. SUBSTITUTION OF COVERAGE (CROWD-OUT)

All states should answer the following questions. Please include percent calculations in your responses when applicable and requested.

1. **Table 1.**

Does your program require a child to be uninsured for a minimum amount of time prior to enrollment (waiting period)?	☐	No
	☐	Yes
	Specify number of months	
	To which groups (including FPL levels) does the period of uninsurance apply? **[1000]**	
	List all exemptions to imposing the period of uninsurance **[1000]**	
	☒	N/A

Does your program match prospective enrollees to a database that details private insurance status?	☐	No
	☒	Yes
	If yes, what database? **[1000]** For applicants with incomes greater than 208% FPL, we match against a third party vendor (currently Health Management Systems). Each insurer also matches against their own database.	
	☐	N/A

2. At the time of application, what percent of CHIP applicants are found to have Medicaid [(# applicants found to have Medicaid/total # applicants) * 100] **[5]**
and what percent of applicants are found to have other group insurance [(# applicants found to have other insurance/total # applicants) * 100] **[5]**?
Provide a combined percent if you cannot calculate separate percentages. **[5]**

3. What percent of CHIP applicants cannot be enrolled because they have group health plan coverage **[5]** 0.75

   a. Of those found to have had other, private insurance and have been uninsured for only a portion of the state's waiting period, what percent meet your state's exemptions to the waiting period (if your state has a waiting period and exemptions) [(# applicants who are exempt/total # of new applicants who were enrolled)*100]? **[5]**

0

4. Do you track the number of individuals who have access to private insurance?

      ☒ Yes
      ☐ No

      If yes, what percent of individuals that enrolled in CHIP had access to private health insurance at the time of application during the last federal fiscal year [(# of individuals that had access to private health insurance/total # of individuals enrolled in CHIP)*100]? **[5]**

C. ELIGIBILITY

This subsection should be completed by all states. Medicaid Expansion states should complete applicable responses and indicate those questions that are non-applicable with N/A.

Section IIIC: Subpart A: Eligibility Renewal and Retention

1. Do you have authority in your CHIP state plan to provide for presumptive eligibility, and have you implemented this? ☐ Yes ☒ No

    If yes

    a) What percent of children are presumptively enrolled in CHIP pending a full eligibility determination? [5]

    b) Of those children who are presumptively enrolled, what percent of those children are determined eligible and enrolled upon completion of the full eligibility determination those children are determined eligible and enrolled? [5]

2. Select the measures from those below that your state employ to simplify an eligibility renewal and retain eligible children in CHIP?

    ☐   Conducts follow-up with clients through caseworkers/outreach workers

    ☒   Sends renewal reminder notices to all families

        ●   How many notices are sent to the family prior to disenrolling the child from the program? **[500]**
           2 Notices - The first at 90 days prior to Renewal Due Date and the second at 60 days
        ●   At what intervals are reminder notices sent to families (e.g., how many weeks before the end
          of the current eligibility period is a follow-up letter sent if the renewal has not been received by
          the state?) **[500]**
         90 days and 60 days ahead of due date

    ☐   Other, *please explain*: **[500]**

3. Which of the above strategies appear to be the most effective? Have you evaluated the effectiveness of any strategies? If so, please describe the evaluation, including data sources and methodology. **[7500]**

    Many families will renew as soon as they receive the first 90 day notice, but many will wait till the later period. If they do not renew prior to 30 days, many contractors will conduct additional outreach.

Section IIIC: Subpart B: Eligibility Data

Table 1. Data on Denials of Title XXI Coverage in FFY 2015

States are required to report on all questions (1,1.a.,1.b., and 1.c) in FFY 2015. Please enter the data requested in the table below and the template will tabulate the requested percentages.

Measure	Number	Percent
1. Total number of denials of title XXI Coverage	119327	100
a. Total number of procedural denials	48224	40.4
b. Total number of eligibility denials	71103	59.6
i. Total number of applicants denied for title XXI and enrolled in title XIX		
(Check here if there are no additional categories ☐) c. Total number of applicants denied for other reasons Please indicate:		

2.   Please describe any limitations or restrictions on the data used in this table:

Definitions:
1.   The "the total number of denials of title XXI Coverage" is defined as the total number of applicants that have had an eligibility decision made for title XXI and denied enrollment for title XXI in FFY 2015. This definition only includes denials for title XXI at the time of initial application (not redetermination).
    a.   The "total number of procedural denials" is defined as the total number of applicants denied for title XXI procedural reasons in FFY 2015 (i.e., incomplete application, missing documentation, missing enrollment fee, etc.).
    b.   The "total number of eligibility denials" is defined as the total number of applicants denied for title XXI eligibility reasons in FFY 2015 (i.e., income too high, income too low for title XXI referred for Medicaid eligibility determination/determined Medicaid eligible , obtained private coverage or if applicable, had access to private coverage during your state's specified waiting period, etc.)
        i.   The total number of applicants that are denied eligibility for title XXI and determined eligible for title XIX
    c.   The "total number of applicants denied for other reasons" is defined as any other type of denial that does not fall into 2a or 2b. Please check the box provided if there are no additional categories.

Table 2. Redetermination Status of Children

For this table, reporting is required for FFY 2015.

Table 2a. Redetermination Status of Children Enrolled in Title XXI

Please enter the data requested in the table below in the "Number" column, and the template will automatically tabulate the percentages.

	Number	Percent			
1. Total number of children who are enrolled in title XXI and eligible to be redetermined	143376	100%			

2. Total number of children screened for redetermination for title XXI	143376	100	100%		
3. Total number of children retained in title XXI after the redetermination process	58111	40.53	40.53		
4. Total number of children disenrolled from title XXI after the redetermination process	85265	59.47	59.47	100%	
a. Total number of children disenrolled from title XXI for failure to comply with procedures	42244			49.54	
b. Total number of children disenrolled from title XXI for failure to meet eligibility criteria	37322			43.77	100%
I. Disenrolled from title XXI because income too high for title XXI (If unable to provide the data, check here ☐)	0				
II. Disenrolled from title XXI because income too low for title XXI (If unable to provide the data, check here ☐)	34062				91.27
iii. Disenrolled from title XXI because application indicated access to private coverage or obtained private coverage (If unable to provide the data or if you have a title XXI Medicaid expansion and this data is not relevant check here ☐)	1016				2.72
iv. Disenrolled from title XXI for other eligibility reason(s) Please indicate: (If unable to provide the data check here ☐)	2244				6.01
c. Total number of children disenrolled from title XXI for other reason(s) Please indicate:	5644			6.62	

(Check here if there are no additional categories ☐)				

5. If relevant, please describe any limitations or restrictions on the data entered into this table. Please describe any state policies or procedures that may have impacted the redetermination outcomes data.

Definitions:
1. The "total number of children who are eligible to be redetermined" is defined as the total number of children due to renew their eligibility in federal fiscal year (FFY) 2015, and did not age out (did not exceed the program's maximum age requirement) of the program by or before redetermination.   This total number may include those children who are eligible to renew prior to their 12 month eligibility redetermination anniversary date. This total must include ex parte redeterminations, the process when a state uses information available to it through other databases, such as wage and labor records, to verify ongoing eligibility. This total number must also include children whose eligibility can be renewed through administrative redeterminations, whereby the state sends the family a renewal form that is pre-populated with eligibility information already available through program records and requires the family to report any changes.
2. The "total number of children screened for redetermination" is defined as the total number of children that were screened by the state for redetermination in FFY 2015 (i.e., ex parte redeterminations and administrative redeterminations, as well as those children whose families have returned redetermination forms to the state).
3. The "total number of children retained after the redetermination process" is defined as the total number of children who were found eligible and remained in the program after the redetermination process in FFY 2015.
4. The "total number of children disenrolled from title XXI after the redetermination process" is defined as the total number of children who are disenrolled from title XXI following the redetermination process in FFY 2015. This includes those children that states may define as "transferred" to Medicaid for title XIX eligibility screening.
    a. The "total number of children disenrolled for failure to comply with procedures" is defined as the total number of children disenrolled from title XXI for failure to successfully complete the redetermination process in FFY 2015 (i.e., families that failed to submit a complete application, failed to provide complete documentation, failed to pay premium or enrollment fee, etc.).
    b. The "total number of children disenrolled for failure to meet eligibility criteria" is defined as the total number of children disenrolled from title XXI for no longer meeting one or more of their state's CHIP eligibility criteria (i.e., income too low, income too high, obtained private coverage or if applicable, had access to private coverage during your state's specified waiting period, etc.). If possible, please break out the reasons for failure to meet eligibility criteria in i.-iv.
    c. The "total number of children disenrolled for other reason(s)" is defined as the total number of children disenrolled from title XXI for a reason other than failure to comply with procedures or failure to meet eligibility criteria, and are not already captured in 4.a. or 4.b.
    The data entered in 4.a., 4.b., and 4.c. should sum to the total number of children disenrolled from title XXI (line 4).

Table 2b. Redetermination Status of Children Enrolled in Title XIX

Please enter the data requested in the table below in the "Number" column, and the template will automatically tabulate the percentages.

	Number	Percent		
1.Total number of children who are enrolled in title XIX and eligible to be redetermined		100%		
2. Total number of children screened for redetermination for title XIX			100%	
3. Total number of children retained in title XIX after the redetermination process				

4. Total number of children disenrolled from title XIX after the redetermination process				100%	
a. Total number of children disenrolled from title XIX for failure to comply with procedures					
b. Total number of children disenrolled from title XIX for failure to meet eligibility criteria					100%
v. Disenrolled from title XIX because income too high for title XIX (If unable to provide the data, check here ☐)					
vi. Disenrolled from title XXI for other eligibility reason(s) Please indicate: (If unable to provide the data check here ☐)					
c. Total number of children disenrolled from title XXI for other reason(s) Please indicate: (Check here if there are no additional categories ☐)					

5.   If relevant, please describe any limitations or restrictions on the data entered into this table. Please describe any state policies or procedures that may have impacted the redetermination outcomes data.

Definitions:
  1.   The "total number of children who are eligible to be redetermined" is defined as the total number of children due to renew their eligibility in federal fiscal year (FFY) 2015, and <u>did not age out</u> (did not exceed the program's maximum age requirement) of the program by or before redetermination. This total number may include those children who are eligible to renew prior to their 12 month eligibility redetermination anniversary date. This total must include ex parte redeterminations, the process when a state uses information available to it through other databases, such as wage and labor records, to verify ongoing eligibility. This total number must also include children whose eligibility can be renewed through administrative redeterminations, whereby the state sends the family a renewal form that is pre-populated with eligibility information already available through program records and requires the family to report any changes.

2. The "total number of children screened for redetermination" is defined as the total number of children that were screened by the state for redetermination in FFY 2015 (i.e., ex parte redeterminations and administrative redeterminations, as well as those children whose families have returned redetermination forms to the state).
3. The "total number of children retained after the redetermination process" is defined as the total number of children who were found eligible and remained in the program after the redetermination process in FFY 2015.
4. The "total number of children disenrolled from title XIX after the redetermination process" is defined as the total number of children who are disenrolled from title XIX following the redetermination process in FFY 2015. This includes those children that states may define as "transferred" to CHIP for title XXI eligibility screening.
    a. The "total number of children disenrolled for failure to comply with procedures" is defined as the total number of children disenrolled from title XIX for failure to successfully complete the redetermination process in FFY 2014 (i.e., families that failed to submit a complete application, failed to provide complete documentation, failed to pay premium or enrollment fee, etc.).
    b. The "total number of children disenrolled for failure to meet eligibility criteria" is defined as the total number of children disenrolled from title XIX for no longer meeting one or more of their state's Medicaid eligibility criteria (i.e., income too high, etc.).
    c. The "total number of children disenrolled for other reason(s)" is defined as the total number of children disenrolled from title XIX for a reason other than failure to comply with procedures or failure to meet eligibility criteria, and are not already captured in 4.a. or 4.b.

    The data entered in 4.a., 4.b., and 4.c. should sum to the total number of children disenrolled from title XIX (line 4).

Table 3.   Duration Measure of Selected Children, Ages 0-16, Enrolled in Title XIX and Title XXI, Second Quarter FFY 2014

The purpose of tables 3a and 3b is to measure the duration, or continuity, of Medicaid and CHIP enrollees' coverage. This information is required by Section 402(a) of CHIPRA. **Reporting on this table is required.**

Because the measure is designed to capture continuity of coverage in title XIX and title XXI beyond one year of enrollment, the measure collects data for 18 months of enrollment. This means that reporting spans two CARTS reports over two years. The duration measure uses a cohort of children and follows the enrollment of the same cohort of children for 18 months to measure continuity of coverage. **States identify a new cohort of children every two years. States identified newly enrolled children in the second quarter of FFY 2014 (January, February, and March of 2014). If your eligibility system already has the capability to track a cohort of enrollees over time, an additional "flag" or unique identifier may not be necessary.**

[Note that the first cohort of newly enrolled children was identified in the second quarter of FFY 2012 (January, February and March of 2012), was followed for 18 months (through FFY 2013), and stopped. The current cohort of children was identified in the second quarter of FFY 2014 (January, February and March of 2014), will be followed for 18 months (through FFY 2015), and will stop. The next cohort of children will be identified in the second quarter of FFY 2016 (January, February and March of 2016).]

The FFY 2015 CARTS report is the second year of reporting in the cycle of two CARTS reports on the cohort of children identified in the second quarter of FFY 2014. States will continue to report on the same table for the two years of CARTS reports.

Instructions: For this measure, please identify newly enrolled children in both title XIX and title XXI in the second quarter of FFY 2014, ages 0 months to 16 years at time of enrollment. Children enrolled in January 2014 must have birthdates after July 1997 (e.g., children must be younger than 16 years and 5 months) to ensure that they will not age out of the program at the 18th month of coverage. Similarly, children enrolled in February 2014 must have birthdates after August 1997, and children enrolled in March 2014 must have birthdates after September 1997. Each child newly enrolled during this time frame needs a unique identifier or "flag" so that the cohort can be tracked over time. If your eligibility system already has the capability to track a cohort of enrollees over time, an additional "flag" or unique identifier may not be necessary. Please follow the child based on the child's age category at the time of enrollment (e.g., the child's age at enrollment creates an age cohort that does not change over the 18 month time span).

Please enter the data requested in the tables below, and the template will tabulate the percentages. The tables are pre-populated with the 6-month data you reported last year; in this report you will enter data on the 12- and 18-month enrollment status. **Only enter a "0" (zero) if the data are known to be zero. If data are unknown or unavailable, leave the field blank.**

Note that all data must sum correctly in order to save and move to the next page. The data in each individual row must add across to sum to the total in the "All Children Ages 0-16" column for that row. And in each column, the data within each time period (6, 12 and 18 months) must each sum up to the data in row 1, which is the number of children in the cohort. This means that in each column, rows 2, 3 and 4 must sum to the total in row 1; rows 5, 6 and 7 must sum to the row 1; and rows 8, 9 and 10 must sum to row 1. Rows numbered with an "a" (*e.g.*, rows 3a and 4a) are excluded from the total because they are subsets of their respective rows.

Table 3a. <u>**Duration Measure of Children Enrolled in Title XIX**</u>

☐**Not Previously Enrolled in CHIP or Medicaid—"**Newly enrolled" is defined as not enrolled in either title XXI or title XIX in the month before enrollment (i.e., for a child enrolled in January 2015, he/she would not be enrolled in either title XXI or title XIX in December 2014, etc.)

☐**Not Previously Enrolled in Medicaid**—"Newly enrolled" is defined as not enrolled in title XIX in the month before enrollment (i.e., for a child enrolled in January 2015, he/she would not be enrolled in title XIX in December 2014, etc.)

Duration Measure, Title XIX	All Children Ages 0-16		Age Less than 12 months		Ages 1-5		Ages 6-12		Ages 13-16	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
1. **Total number of children newly enrolled in title XIX in the second quarter of FFY 2014**		100%		100%		100%		100%		100%
<td colspan="10" align="center">**Enrollment Status 6 months later**</td>										
2. Total number of children continuously enrolled in title XIX										
3. Total number of children with a break in title XIX coverage but re-enrolled in title XIX										
3.a. Total number of children enrolled in CHIP (title XXI) during title XIX coverage break (If unable to provide the data, check here ☐)										
4. Total number of children disenrolled from title XIX										
4.a. Total number of children enrolled in CHIP (title XXI) after being disenrolled from title XIX										

	(If unable to provide the data, check here ☐)									
**Enrollment Status 12 months later**										
5.	Total number of children continuously enrolled in title XIX									
6.	Total number of children with a break in title XIX coverage but re-enrolled in title XIX									
	6.a. Total number of children enrolled in CHIP (title XXI) during title XIX coverage break (If unable to provide the data, check here ☐)									
7.	Total number of children disenrolled from title XIX									
	7.a. Total number of children enrolled in CHIP (title XXI) after being disenrolled from title XIX (If unable to provide the data, check here ☐)									
**Enrollment Status 18 months later**										
8.	Total number of children continuously enrolled in title XIX									
9.	Total number of children with a break in title XIX coverage but re-enrolled in title XIX									
	9.a. Total number of children enrolled in CHIP (title XXI) during title XIX coverage break									

	(If unable to provide the data, check here ☐)									
10.	Total number of children disenrolled from title XIX									
	10.a Total number of children enrolled in CHIP (title XXI) after being disenrolled from title XIX (If unable to provide the data, check here ☐)									

Definitions:

1. The "total number of children newly enrolled in title XIX in the second quarter of FFY 2014" is defined as those children either new to public coverage or new to title XIX, in the month before enrollment. Please define your population of "newly enrolled" in the Instructions section.

2. The total number of children that were continuously enrolled in title XIX for 6 months is defined as the sum of:
    the number of children with birthdates after July 1997, who were newly enrolled in January 2014 and who were continuously enrolled through the end of June 2014
    + the number of children with birthdates after August 1997, who were newly enrolled in February 2014 and who were continuously enrolled through the end of July 2014
    + the number of children with birthdates after September 1997, who were newly enrolled in March 2014 and who were continuously enrolled through the end of August 2014

3. The total number who had a break in title XIX coverage during 6 months of enrollment (regardless of the number of breaks in coverage) but were re-enrolled in title XIX by the end of the 6 months, is defined as the sum of:
    the number of children with birthdates after July 1997, who were newly enrolled in January 2014 and who disenrolled and re-enrolled in title XIX by the end of June 2014
    + the number of children with birthdates after August 1997, who were newly enrolled in February 2014 and who disenrolled and re-enrolled in title XIX by the end of July 2014
    + the number of children with birthdates after September 1997, who were newly enrolled in March 2014 and who disenrolled and re-enrolled in title XIX by the end of August 2014
    3.a. From the population in #3, provide the total number of children who were enrolled in title XXI during their break in coverage.

4. The total number who disenrolled from title XIX, 6 months after their enrollment month is defined as the sum of:
    the number of children with birthdates after July 1997, who were newly enrolled in January 2014 and were disenrolled by the end of June 2014
    + the number of children with birthdates after August 1997, who were newly enrolled in February 2014 and were disenrolled by the end of July 2014
    + the number of children with birthdates after September 1997, who were newly enrolled in March 2014 and were disenrolled by the end of August 2014
    4.a. From the population in #4, provide the total number of children who were enrolled in title XXI in the month after their disenrollment from title XIX.

5. The total number of children who were continuously enrolled in title XIX for 12 months is defined as the sum of:

the number of children with birthdates after July 1997, who were newly enrolled in January 2014 and were continuously enrolled through the end of December 2014

+ the number of children with birthdates after August 1997, who were newly enrolled in February 2014 and were continuously enrolled through the end of January 2015

+ the number of children with birthdates after September 1995, who were newly enrolled in March 2012 and were continuously enrolled through the end of February 2015

6.   The total number of children who had a break in title XIX coverage during <u>12 months</u> of enrollment (regardless of the number of breaks in coverage), but were re-enrolled in title XIX by the end of the 12 months, is defined as the sum of:

the number of children with birthdates after July 1997, who were newly enrolled in January 2014 and who disenrolled and then re-enrolled in title XIX by the end of December 2014

+ the number of children with birthdates after August 1995, who were newly enrolled in February 2012 and who disenrolled and then re-enrolled in title XIX by the end of January 2015

+ the number of children with birthdates after September 1995, who were newly enrolled in March 2012 and who disenrolled and then re-enrolled in title XIX by the end of February 2015

6.a. From the population in #6, provide the total number of children who were enrolled in title XXI during their break in coverage.

7.   The total number of children who disenrolled from title XIX <u>12 months</u> after their enrollment month is defined as the sum of:

the number of children with birthdates after July 1997, who were enrolled in January 2014 and were disenrolled by the end of December 2014

+ the number of children with birthdates after August 1997, who were enrolled in February 2014 and were disenrolled by the end of January 2015

+ the number of children with birthdates after September 1997, who were enrolled in March 2014 and were disenrolled by the end of February 2015

7.a. From the population in #7, provide the total number of children, who were enrolled in title XXI in the month after their disenrollment from title XIX.

8.   The total number of children who were continuously enrolled in title XIX for <u>18 months</u> is defined as the sum of:

the number of children with birthdates after July 1997,who were newly enrolled in January 2014 and were continuously enrolled through the end of June 2015

+ the number of children with birthdates after August 1997, who were newly enrolled in February 2014 and were continuously enrolled through the end of July 2015

+ the number of children with birthdates after September 1997, who were newly enrolled in March 2014 and were continuously enrolled through the end of August 2015

9.   The total number of children who had a break in title XIX coverage during <u>18 months</u> of enrollment (regardless of the number of breaks in coverage), but were re-enrolled in title XIX by the end of the 18 months, is defined as the sum of:

the number of children with birthdates after July 1997, who were newly enrolled in January 2014 and who disenrolled and re-enrolled in title XIX by the end of June 2015

+ the number of children with birthdates after August 1997, who were newly enrolled in February 2014 and who disenrolled and re-enrolled in title XIX by the end of July 2015

+ the number of children with birthdates after September 1997, who were newly enrolled in March 2014 and who disenrolled and re-enrolled in title XIX by the end of August 2015

9.a. From the population in #9, provide the total number of children who were enrolled in title XXI during their break in coverage.

10.   The total number of children who were disenrolled from title XIX <u>18 months</u> after their enrollment month is defined as the sum of:

the number of children with birthdates after July 1997, who were newly enrolled in January 2014 and disenrolled by the end of June 2015

+ the number of children with birthdates after August 1997, who were newly enrolled in February 2014 and disenrolled by the end of July 2015

+ the number of children with birthdates after September 1997, who were newly enrolled in March 2014 and disenrolled by the end of August 2015

10.a. From the population in #10, provide the total number of children who were enrolled in title XXI (CHIP) in the month after their disenrollment from XIX.

Table 3b. duration Measure of Children Enrolled in Title XXI

Specify how your "newly enrolled" population is defined:

☐ **Not Previously Enrolled in CHIP or Medicaid—**"Newly enrolled" is defined as not enrolled in either title XXI or title XIX in the month before enrollment (i.e., for a child enrolled in January 2015, he/she would not be enrolled in either title XXI or title XIX in December 2014, etc.)

☐ **Not Previously Enrolled in CHIP—**"Newly enrolled" is defined as not enrolled in title XXI in the month before enrollment (i.e., for a child enrolled in January 2015, he/she would not be enrolled in title XXI in December 2014, etc.)

Duration Measure, Title XXI		All Children Ages 0-16		Age Less than 12 months		Ages 1-5		Ages 6-12		Ages 13-16	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
1.	**Total number of children newly enrolled in title XXI in the second quarter of FFY 2014**	13772	100%	377	100%	3421	100%	6390	100%	3584	100%
						Enrollment Status 6 months later					
2.	Total number of children continuously enrolled in title XXI	10190	73.99	211	55.97	2410	70.45	4827	75.54	2742	76.51
3.	Total number of children with a break in title XXI coverage but re-enrolled in title XXI	182	1.32	4	1.06	35	1.02	92	1.44	51	1.42
	3.a. Total number of children enrolled in Medicaid (title XXI) during title XXI coverage break										

	(If unable to provide the data, check here ☒)									
4.	Total number of children disenrolled from title XXI	3400	24.69	162	42.97	976	28.53	1471	23.02	791	22.07
	4.a. Total number of children enrolled in Medicaid (title XXI) after being disenrolled from title XXI (If unable to provide the data, check here ☒)									
Enrollment Status 12 months later										
5.	Total number of children continuously enrolled in title XXI	5057	36.72	126	33.42	1164	34.03	2426	37.97	1341	37.42
6.	Total number of children with a break in title XIX coverage but re-enrolled in title XXI	432	3.14	15	3.98	98	2.86	208	3.26	111	3.1
	6.a. Total number of children enrolled in Medicaid (title XXI) during title XXI coverage break									

	(If unable to provide the data, check here ☒)									
7.	Total number of children disenrolled from title XXI	8283	60.14	236	62.6	2159	63.11	3756	58.78	2132	59.49
	7.a. Total number of children enrolled in Medicaid (title XXI) after being disenrolled from title XXI (If unable to provide the data, check here ☒)									
Enrollment Status 18 months later										
8.	Total number of children continuously enrolled in title XXI									
9.	Total number of children with a break in title XXI coverage but re-enrolled in title XXI									
	9.a. Total number of children enrolled in Medicaid (title XXI) during title XXI coverage break									

	(If unable to provide the data, check here ☐)									
10.	Total number of children disenrolled from title XXI									
	10.a Total number of children enrolled in Medicaid (title XXI) after being disenrolled from title XXI (If unable to provide the data, check here ☐)									

Definitions:

1. The "total number of children newly enrolled in title XXI in the second quarter of FFY 2014" is defined as those children either new to public coverage or new to title XXI, in the month before enrollment. Please define your population of "newly enrolled" in the Instructions section.

2. The total number of children that were continuously enrolled in title XXI for 6 months is defined as the sum of:
   the number of children with birthdates after July 1997, who were newly enrolled in January 2014 and who were continuously enrolled through the end of June 2014
   + the number of children with birthdates after August 1997, who were newly enrolled in February 2014 and who were continuously enrolled through the end of July 2014
   + the number of children with birthdates after September 1997, who were newly enrolled in March 2014 and who were continuously enrolled through the end of August 2014

3. The total number who had a break in title XXI coverage during 6 months of enrollment (regardless of the number of breaks in coverage) but were re-enrolled in title XXI by the end of the 6 months, is defined as the sum of:
   the number of children with birthdates after July 1997, who were newly enrolled in January 2014 and who disenrolled and re-enrolled in title XXI by the end of June 2014
   + the number of children with birthdates after August 1997, who were newly enrolled in February 2014 and who disenrolled and re-enrolled in title XXI by the end of July 2014
   + the number of children with birthdates after September 1997, who were newly enrolled in March 2014 and who disenrolled and re-enrolled in title XXI by the end of August 2014
   3.a. From the population in #3, provide the total number of children who were enrolled in title XIX during their break in coverage.

4.   The total number who disenrolled from title XXI, <u>6 months</u> after their enrollment month is defined as the sum of:
 the number of children with birthdates after July 1997, who were newly enrolled in January 2014 and were disenrolled by the end of June 2014
 + the number of children with birthdates after August 1997, who were newly enrolled in February 2014 and were disenrolled by the end of July 2014
 + the number of children with birthdates after September 1997, who were newly enrolled in March 2014 and were disenrolled by the end of August 2014
 4.a. From the population in #4, provide the total number of children who were enrolled in title XIX in the month after their disenrollment from title XXI.

5.   The total number of children who were continuously enrolled in title XXI for <u>12 months</u> is defined as the sum of:
 the number of children with birthdates after July 1997, who were newly enrolled in January 2014 and were continuously enrolled through the end of December 2014
 + the number of children with birthdates after August 1997, who were newly enrolled in February 2014 and were continuously enrolled through the end of January 2015
 + the number of children with birthdates after September 1997, who were newly enrolled in March 2014 and were continuously enrolled through the end of February 2015

6.   The total number of children who had a break in title XXI coverage during <u>12 months</u> of enrollment (regardless of the number of breaks in coverage), but were re-enrolled in title XXI by the end of the 12 months, is defined as the sum of:
 the number of children with birthdates after July 1997, who were newly enrolled in January 2014 and who disenrolled and then re-enrolled in title XXI by the end of December 2014
 + the number of children with birthdates after August 1997, who were newly enrolled in February 2014 and who disenrolled and then re-enrolled in title XXI by the end of January 2015
 + the number of children with birthdates after September 1997, who were newly enrolled in March 2014 and who disenrolled and then re-enrolled in title XXI by the end of February 2015
 6.a. From the population in #6, provide the total number of children who were enrolled in title XIX during their break in coverage.

7.   The total number of children who disenrolled from title XXI <u>12 months</u> after their enrollment month is defined as the sum of:
 the number of children with birthdates after July 1997, who were enrolled in January 2014 and were disenrolled by the end of December 2014
 + the number of children with birthdates after August 1997, who were enrolled in February 2014 and were disenrolled by the end of January 2015
 + the number of children with birthdates after September 1997, who were enrolled in March 2014 and were disenrolled by the end of February 2015
 7.a. From the population in #7, provide the total number of children, who were enrolled in title XIX in the month after their disenrollment from title XXI.

8.   The total number of children who were continuously enrolled in title XXI for <u>18 months</u> is defined as the sum of:
 the number of children with birthdates after July 1997, who were newly enrolled in January 2014 and were continuously enrolled through the end of June 2015
 + the number of children with birthdates after August 1997, who were newly enrolled in February 2014and were continuously enrolled through the end of July 2015
 + the number of children with birthdates after September 1997, who were newly enrolled in March 2014 and were continuously enrolled through the end of August 2015

9.   The total number of children who had a break in title XXI coverage during <u>18 months</u> of enrollment (regardless of the number of breaks in coverage), but were re-enrolled in title XXI by the end of the 18 months, is defined as the sum of:
 the number of children with birthdates after July 1997 , who were newly enrolled in January 2014 and who disenrolled and re-enrolled in title XXI by the end of June 2015
 + the number of children with birthdates after August 1997, who were newly enrolled in February 2014 and who disenrolled and re-enrolled in title XXI by the end of July 2015
 + the number of children with birthdates after September 1997, who were newly enrolled in March 2014 and who disenrolled and re-enrolled in title XXI by the end of August 2015

9.a. From the population in #9, provide the total number of children who were enrolled in title XIX during their break in coverage.

10.   The total number of children who were disenrolled from title XXI <u>18 months</u> after their enrollment month is defined as the sum of:
    the number of children with birthdates after July 1997, who were newly enrolled in January 2014 and disenrolled by the end of June 2015
    + the number of children with birthdates after August 1997, who were newly enrolled in February 2014 and disenrolled by the end of July 2015
    + the number of children with birthdates after September 1997, who were newly enrolled in March 2014 and disenrolled by the end of August 2015
    10.a. From the population in #10, provide the total number of children who were enrolled in title XIX (Medicaid) in the month after their disenrollment from XXI.

D. Cost Sharing

1. Describe how the state tracks cost sharing to ensure enrollees do not pay more than 5 percent aggregate maximum in the year?

   a. Cost sharing is tracked by:

   ☒ Enrollees (shoebox method)
   If the state uses the shoebox method, please describe informational tools provided to enrollees to track cost sharing. **[7500]**
   Enrollees are notified by CHIP regarding their maximum expenses and advising them to notify us if they believe they have exceeded this amount. Once they believe they have exceeded the amount, CHIP will review and notify the contractor to stop collecting the premiums and send a new insurance card if more than 60 days remain til their renewal due date.
   ☐ Health Plan(s)
   ☐ State
   ☐ Third Party Administrator
   ☐ N/A (No cost sharing required)
   ☐ Other, please explain. **[7500]**

2. When the family reaches the 5% cap, are premiums, copayments and other cost sharing ceased? **[7500]** ☒ Yes ☐ No

3. Please describe how providers are notified that no cost sharing should be charged to enrollees exceeding the 5% cap. **[7500]**
   Once the limits have been reached, a family can apply to the state for a rebate of any cost sharing already paid in excess of the limit. Upon verification that the family exceeded the 5% cost sharing limit, the state will issue a letter to each child in the family to present to the provider that explains that cost sharing is exempt until a specified date (redetermination date) that will be included on the letter. The appropriate contractors will also receive the letter and will then cease premiums until the next eligibility period begins. If more than 90 days still exist in the current eligibility period, a new insurance identification card is issued that shows the provider that no cost sharing is to be charged.

4. Please provide an estimate of the number of children that exceeded the 5 percent cap in the state's CHIP program during the federal fiscal year. **[500]**
   Zero.

5. Has your state undertaken any assessment of the effects of premiums/enrollment fees on participation in CHIP?
   ☐ Yes
   ☒ No

   If so, what have you found? **[7500]**

6. Has your state undertaken any assessment of the effects of cost sharing on utilization of health services in CHIP?
   ☐ Yes
   ☒ No

   If so, what have you found? **[7500]**

7. If your state has increased or decreased cost sharing in the past federal fiscal year, has the state undertaken any assessment of the impact of these changes on application, enrollment, disenrollment, and utilization of children's health services in CHIP. If so, what have you found? **[7500]**

   We have not increased or decreased cost sharing in the past federal fiscal year.

E. EMPLOYER SPONSORED INSURANCE PROGRAM (INCLUDING PREMIUM ASSISTANCE PROGRAM(S)) UNDER THE CHIP STATE PLAN OR A SECTION 1115 TITLE XXI DEMONSTRATION

1. Does your state offer an employer sponsored insurance program (including a premium assistance program) for children and/or adults using Title XXI funds?

   ☐ Yes, please answer questions below.
   ☒ No, skip to Program Integrity subsection.

   Children

   ☐ Yes, Check all that apply and complete each question for each authority.

   ☐ Purchase of Family Coverage under the CHIP state plan (2105(c)(3))
   ☐ Additional Premium Assistance Option under CHIP state plan (2105(c)(10))
   ☐ Section 1115 demonstration (Title XXI)
   ☐ Premium Assistance Option (applicable to Medicaid expansion) children (1906)
   ☐ Premium Assistance Option (applicable to Medicaid expansion) children (1906A)

   Adults

   ☐ Yes, Check all that apply and complete each question for each authority.

   ☐ Purchase of Family Coverage under the CHIP state plan (2105(c)(10))
   ☐ Section 1115 demonstration (Title XXI)
   ☐ Premium Assistance option under the Medicaid state plan (1906)
   ☐ Premium Assistance option under the Medicaid state plan (1906A)

2. Please indicate which adults your State covers with premium assistance. (Check all that apply.)

   ☐ Parents and Caretaker Relatives
   ☐ Pregnant Women

3. Briefly describe how your program operates (e.g., is your program an employer sponsored insurance program or a premium assistance program, how do you coordinate assistance between the state and/or employer, who receives the subsidy if a subsidy is provided, etc.) **[7500]**

4. What benefit package does the ESI program use? **[7500]**

5. Are there any minimum coverage requirements for the benefit package?
   ☐ Yes
   ☐ No

6. Does the program provide wrap-around coverage for benefits?
   ☐ Yes
   ☐ No

7. Are there any limits on cost sharing for children in your ESI program?
   ☐ Yes
   ☐ No

8. Are there any limits on cost sharing for adults in your ESI program?

☐ Yes
☐ No

9. Are there protections on cost sharing for children (e.g., the 5 percent out-of-pocket maximum) in your premium assistance program?

☐ Yes ☐ No

If yes, how is the cost sharing tracked to ensure it remains within the 5 percent yearly aggregate maximum [7500]?

10. Identify the total number of children and adults enrolled in the ESI program for whom Title XXI funds are used during the reporting period (provide the number of adults enrolled in this program even if they were covered incidentally, i.e., not explicitly covered through a demonstration).

_____ Number of childless adults ever-enrolled during the reporting period

_____ Number of adults ever-enrolled during the reporting period

_____ Number of children ever-enrolled during the reporting period

11. Provide the average monthly enrollment of children and parents ever enrolled in the premium assistance program during FFY 2015

Children   _____

Parents   _____

12. During the reporting period, what has been the greatest challenge your ESI program has experienced? **[7500]**

13. During the reporting period, what accomplishments have been achieved in your ESI program? **[7500]**

14. What changes have you made or are planning to make in your ESI program during the next fiscal year? Please comment on why the changes are planned. **[7500]**

15. What do you estimate is the impact of your ESI program (including premium assistance) on enrollment and retention of children? How was this measured? **[7500]**

16. Provide the average amount each entity pays towards coverage of the dependent child/parent under your ESI program:

Children   Parent

State: State:

Employer: Employer:

Employee: Employee:

17. Indicate the range in the average monthly dollar amount of premium assistance provided by the state on behalf of a child or parent.

Children	Low	High
Parents	Low	High

18. If you offer a premium assistance program, what, if any, is the minimum employer contribution? **[500]**

19. Please provide the income levels of the children or families provided premium assistance.

	From	To
Income level of Children:	% of FPL[5]	% of FPL[5]
Income level of Parents:	% of FPL[5]	% of FPL[5]

20. Is there a required period of uninsurance before enrolling in premium assistance? **[500]**

    ☐ Yes
    ☐ No

    If yes, what is the period of uninsurance? **[500]**

21. Do you have a waiting list for your program?

    ☐ Yes
    ☐ No

22. Can you cap enrollment for your program?

    ☐ Yes
    ☐ No

23. What strategies has the state found to be effective in reducing administrative barriers to the provision of premium assistance in ESI?   **[7500]**

Enter any Narrative text below. **[7500]**

F. PROGRAM INTEGRITY (COMPLETE ONLY WITH REGARD TO SEPARATE CHIP PROGRAMS (I.E. THOSE THAT ARE NOT MEDICAID EXPANSIONS)

1. Does your state have a written plan that has safeguards and establishes methods and procedures for:

    (1) prevention: ☒ Yes ☐ No

    (2) investigation: ☒ Yes ☐ No

    (3) referral of cases of fraud and abuse? ☒ Yes ☐ No

    Please explain: **[7500]**

    PA CHIP has written procedures for program integrity outlined in policy clarifications and transmittals. Cross Match Reports between CHIP, Medical Assistance, private insurance or enrollment in a state employee health benefit plan continues. This process assists in detecting fraudulent behavior, as well as assures that public funds are not spent on dual enrollments.

CHIP also requires Contractors to have written policies and procedures for the prevention and detection of fraud perpetrated by enrollees and ensuring that employees are not involved in fraud. These written policies include specified reporting of Fraud and Abuse to CHIP. In the case of any work that is subcontracted, the Contractors are also required to include written provisions in their contracts with any such sub-contractors to detect and prevent any fraudulent activities.

Also, contracts with the insurance contractors provide requirements on referring and reporting these types of concerns to PID for further investigation where appropriate.

Do managed health care plans with which your program contracts have <u>written</u> plans?

☒ Yes

☐ No

Please Explain: **[500]**

Each CHIP MCO is required to establish written policies and procedures for the detection and prevention of Fraud and Abuse that may be committed by providers within their networks, by enrollees, or by employees. Any changes to policies and procedures must be reported to the CHIP office. Each contractor must designate appropriate staff to be responsible for the proactive detection, prevention, and elimination of instances or patterns of fraud and abuse including services to enrollees.

2. For the reporting period, please report the

0	Number of fair hearing appeals of eligibility denials
0	Number of cases found in favor of beneficiary

3. For the reporting period, please indicate the number of cases investigated, and cases referred, regarding fraud and abuse in the following areas:

a. Provider Credentialing

1   Number of cases investigated

0   Number of cases referred to appropriate law enforcement officials

b. Provider Billing

166   Number of cases investigated

4   Number of cases referred to appropriate law enforcement officials

c. Beneficiary Eligibility

10   Number of cases investigated

1   Number of cases referred to appropriate law enforcement officials

Are these cases for:

CHIP   ☒

Medicaid and CHIP Combined ☐

4. Does your state rely on contractors to perform the above functions?

    ☐ Yes, please answer question below.

    ☒ No

5. If your state relies on contractors to perform the above functions, how does your state provide oversight of those contractors? Please explain : **[7500]**

6. Do you contract with managed care health plans and/or a third party contractor to provide this oversight?

    ☒ Yes

    ☐ No

    Please explain: **[500]**

    MCO's do the fraud investigation and enforcement, while PID provides the oversite. PID will also hear any appeals.

G. DENTAL BENEFITS – Please ONLY report data in this section for children in Separate CHIP programs and the Separate CHIP part of Combination programs. Reporting is required for all states with Separate CHIP programs and Combination programs.

If your state has a Combination program or a Separate CHIP program but you are not reporting data in this section on children in the Separate CHIP part of your program, please explain why. Explain: [7500]

1. **Information on Dental Care Children in Separate CHIP Programs (including children in the Separate CHIP part of Combination programs). Include all delivery system types, e.g., MCO, PCCM, FFS.**

Data for this table are based on the definitions provided on the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Report (Form CMS-416)

   a. **Annual Dental Participation Table for Children Enrolled in Separate CHIP programs and the Separate CHIP part of Combination programs (for Separate CHIP programs, please include ONLY children receiving full CHIP benefits and supplemental benefits).**

State: PA **FFY:** 2015	Age Group						
	Total	**< 1**	**1-2***	**3-5**	**6-9**	**10-14**	**15-18**
Total individuals enrolled for at least 90	220566	763	7804	27384	50823	69732	56328

continuous days[1]							
Total Enrollees Receiving Any Dental Services[2] [7]	154164		1386	14912	41008	54436	38586
Total Enrollees Receiving Preventive Dental Services[3]	105842		1238	11720	28575	37215	24680
Total Enrollees Receiving Dental Treatment Services[4]	48332		148	3192	12433	17221	13906

[1] **Total Individuals Enrolled for at Least 90 Continuous Days** – Enter the total unduplicated number of children who have been continuously enrolled in a separate CHIP program or the separate CHIP part of a combination program for at least 90 continuous days in the Federal fiscal year, distributed by age. For example, if a child was enrolled January 1st to March 31st, this child is considered continuously enrolled for at least 90 continuous days in the Federal fiscal year. If a child was enrolled from August 1st to September 30th and from October 1st to November 30th, the child would not be considered to have been enrolled for 90 continuous days in the federal fiscal year. Children should be counted in age groupings based on their age at the end of the fiscal year. For example, if a child turned 3 on September 15th, the child should be counted in the 3-6 age grouping.

[2]**Total Eligibles Receiving Any Dental Services** - Enter the unduplicated number of children enrolled in a separate CHIP program or the separate CHIP part of a combination program for at least 90 continuous days who received at least one dental service by or under the supervision of a dentist as defined by HCPCS codes D0100 - D9999 (or equivalent CDT codes D0100 - D9999 or equivalent CPT codes) based on an unduplicated paid, unpaid, or denied claim.

[3]**Total Eligibles Receiving Preventive Dental Services** - Enter the unduplicated number of children enrolled in a separate CHIP program or the separate CHIP part of a combination program for at least 90 continuous days who received at least one preventive dental service by or under the supervision of a dentist as defined by HCPCS codes D1000 - D1999 (or equivalent CDT codes D1000 - D1999 or equivalent CPT codes, that is, only those CPT codes that are for preventive dental services and only if provided by or under the supervision of a dentist), based on an unduplicated paid, unpaid, or denied claim.

[4]**Total Eligibles Receiving Dental Treatment Services** - Enter the unduplicated number of children enrolled in a separate CHIP program or the separate CHIP part of a combination program for at least 90 continuous days who received at least one treatment service by or under the supervision of a dentist, as defined by HCPCS codes D2000 - D9999 (or equivalent CDT codes D2000 - D9999 or equivalent CPT codes, that is, only those CPT codes that involve periodontics, maxillofacial prosthetics, implants, oral and maxillofacial surgery, orthodontics, adjunctive general services, and only if provided by or under the supervision of a dentist), based on an unduplicated paid, unpaid, or denied claim.

Report all dental services data in the age category reflecting the child's age at the end of the federal fiscal year even if the child received services while in two age categories. For example, if a child turned 10 on September 1st, but had a cleaning in April and a cavity filled in September, both the cleaning and the filling would be counted in the 10-14 age category.

b. For the age grouping that includes children 8 years of age, what is the number of such children who have received a sealant on at least one permanent molar tooth[5]? [7]

[5]**Receiving a Sealant on a Permanent Molar Tooth --** Enter the unduplicated number of children enrolled in a separate CHIP program or the separate CHIP part of a combination program for 90 continuous days and in the age category of 6-9 who received a sealant on a permanent molar tooth, as defined by HCPCS code D1351 (or equivalent CDT code D1351), based on an unduplicated paid, unpaid, or denied claim. For this line, include sealants placed by any dental professional for whom placing a sealant is within his or her scope of practice. Permanent molars are teeth numbered 2, 3, 14, 15, 18, 19, 30, 31, and additionally, for those states that cover sealants on third molars, also known as wisdom teeth, the teeth numbered 1, 16, 17, 32.

Report all sealant data in the age category reflecting the child's age at the end of the Federal fiscal year even if the child was factually a different age on the date of service. For example, if a child turned 6 on September 1st, but had a sealant applied in July, the sealant would be counted in the age 6-9 category.

2. Does the state provide supplemental dental coverage? ☐ Yes ☒ No

If yes, how many children are enrolled? [7]

What percent of the total number of enrolled children have supplemental dental coverage? [5]

H. CHIPRA CAHPS REQUIREMENT

CHIPRA section 402(a)(2), which amends reporting requirements in section 2108 of the Social Security Act, requires Title XXI Programs (i.e., CHIP Medicaid expansion programs, separate child health programs, or a combination of the two) to report CAHPS results to CMS starting December 2013. While Title XXI Programs may select any CAHPS survey to fulfill this requirement, CMS encourages these programs to align with the CAHPS measure in the Children's Core Set of Health Care Quality Measures for Medicaid and CHIP (Child Core Set). Starting in 2013, Title XXI Programs should submit summary level information from the CAHPS survey to CMS via the CARTS attachment facility. We also encourage states to submit raw data to the Agency for Healthcare Research and Quality's CAHPS Database. More information is available in the Technical Assistance fact sheet, Collecting and Reporting the CAHPS Survey as Required Under the CHIPRA: http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/CAHPSFactSheet.pdf.

If a state would like to provide CAHPS data on both Medicaid and CHIP enrollees, the agency must sample Title XIX (Medicaid) and Title XXI (CHIP) programs separately and submit separate results to CMS to fulfill the CHIPRA Requirement.

Did you Collect this Survey in Order to Meet the CHIPRA CAHPS Requirement? ☒Yes ☐No

If Yes, How Did you Report this Survey (select all that apply):

☐ Submitted raw data to AHRQ (CAHPS Database)
☒ Submitted a summary report to CMS using the CARTS attachment facility (NOTE: do not submit raw CAHPS data to CMS)
☐ Other. Explain:

If No, Explain Why:
Select all that apply (Must select at least one):

☐ Service not covered

☐ Population not covered

    ☐ Entire population not covered
    ☐ Partial population not covered
      Explain the partial population not covered:

☐ Data not available

  Explain why data not available
  ☐ Budget constraints
  ☐ Staff constraints
  ☐ Data inconsistencies/accuracy
    Please explain:
  ☐ Data source not easily accessible
    Select all that apply:
    ☐ Requires medical record review
    ☐ Requires data linkage which does not currently exist
    ☐ Other:
  ☐ Information not collected.
    Select all that apply:
    ☐ Not collected by provider (hospital/health plan)
    ☐ Other:
  ☐ Other:

☐ Small sample size (less than 30).

    Enter specific sample size:

☐ Other. *Explain:*

Definition of Population Included in the Survey Sample:

Definition of Population Included in the Survey Sample:

☒ Denominator includes CHIP (Title XXI) population only.

    ☐ Survey sample includes CHIP Medicaid Expansion population.
    ☒ Survey sample includes Separate CHIP population.
    ☐ Survey sample includes Combination CHIP population.

If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:

Which Version of the CAHPS® Survey was Used?

☐ CAHPS® 5.0
☒ CAHPS® 5.0H
☐ Other.

    Explain:

Which Supplemental Item Sets were Included in the Survey?

☒ No supplemental item sets were included
☐ CAHPS Item Set for Children with Chronic Conditions
☐ Other CAHPS Item Set. Explain:

Which Administrative Protocol was Used to Administer the Survey?

☒ NCQA HEDIS CAHPS 5.0H administrative protocol
☐ AHRQ CAHPS administrative protocol
☐ Other administrative protocol. Explain:

SECTION IV: PROGRAM FINANCING FOR STATE PLAN

1. Please complete the following table to provide budget information. Describe in narrative any details of your planned use of funds below, including the assumptions on which this budget was based (per member/per month rate, estimated enrollment and source of non-Federal funds). (*Note: This reporting period =Federal Fiscal Year 2015. If you have a combination program you need only submit one budget; programs do not need to be reported separately.*)

COST OF APPROVED CHIP PLAN

Benefit Costs	2015	2016	2017
Insurance payments			
Managed Care	319172297	315318960	343465020
Fee for Service	293815		
Total Benefit Costs	319466112	315318960	343465020
(Offsetting beneficiary cost sharing payments)	-11873091	-11718960	-12765020
Net Benefit Costs	$ 307593021	$ 303600000	$ 330700000

Administration Costs			
Personnel	2065219	2381000	2512000
General Administration	12753616	13000000	9316000
Contractors/Brokers (e.g., enrollment contractors)			
Claims Processing			
Outreach/Marketing costs	2764911	3000000	3000000
Other (e.g., indirect costs)			
Health Services Initiatives			
Total Administration Costs	17583746	18381000	14828000
10% Administrative Cap (net benefit costs ÷ 9)	34177002	33733333	36744444

Federal Title XXI Share	215494643	287883212	308936585
State Share	109682124	34097788	36591415

TOTAL COSTS OF APPROVED CHIP PLAN	325176767	321981000	345528000

2. What were the sources of non-federal funding used for state match during the reporting period?

- ☒ State appropriations
- ☐ County/local funds
- ☐ Employer contributions
- ☐ Foundation grants
- ☐ Private donations
- ☒ Tobacco settlement
- ☐ Other (specify) **[500]**

3. Did you experience a short fall in CHIP funds this year? If so, what is your analysis for why there were not enough federal CHIP funds for your program? **[1500]**

4. In the table below, enter 1) number of eligibles used to determine per member per month costs for the current year and estimates for the next two years; and, 2) per member per month (PMPM) cost rounded to a whole number. If you have CHIP enrollees in a fee for service program, per member per month cost will be the average cost per month to provide services to these enrollees.

	2015		2016		2017	
	# of eligibles	$ PMPM	# of eligibles	$ PMPM	# of eligibles	$ PMPM
Managed Care		$		$		$
Fee for Service		$		$		$

Enter any Narrative text below. **[7500]**

SECTION V: PROGRAM CHALLENGES AND ACCOMPLISHMENTS

1. For the reporting period, please provide an overview of your state's political and fiscal environment as it relates to health care for low income, uninsured children and families, and how this environment impacted CHIP. **[7500]**

   While maintaining a healthy fiscal environment represented one of our biggest challenges (see number 2 for details), there were numerous political changes in the Commonwealth of Pennsylvania. As with most states, 2015 was a potent year for legislators including the debates related to CHIP as it relates to the Affordable Care Act and funding. Particularly, the Commonwealth of PA faced challenges with respect to the level of federal support we would receive for PA's subsidized CHIP program and, for PA's At Cost CHIP program, the Minimum Essential Coverage (MEC) requirements benefit changes required by Center for Consumer Information & Insurance Oversight (CCIIO).

   Commensurate with the election of a new governor and a changing political environment, there are often changes in the leading and appointed roles, as was the case with CHIP executive roles, which included the insurance commissioner, CHIP executive director, and a number of other staff changes. However, despite these challenges CHIP worked with our nine insurers and was able to bring the At Cost CHIP program into compliance with CCIIO's MEC requirements and seamlessly make the changes necessary to implement the enhanced benefits to the families we serve.

   The uncertainty of the future of the CHIP program at the state and federal levels has made it difficult to forecast spending. State funding is approved through December 2015, federal funding is approved through FFY 2017 and CHIP is authorized at the federal level through FFY 2019.

2. During the reporting period, what has been the greatest challenge your program has experienced? **[7500]**

   During Fiscal Year 2014, our greatest hurdle has been adjusting to the changing market of the insurance industry and the financial burden to meet the information technology (IT) upgrades required by the Federal and State Governments. The unanticipated additional financial responsibility related to CHIP's future, which included T-MSIS approval, FFM application delay, and CMS MEC notification contributed to the challenge.

   PA CHIP is one of the few states that is not administered by the Department of Human Services. Therefore, CMS must accept the T-MSIS files from two state agencies which caused operational issues.

   The Federally Facilitated Marketplace encountered delays in sending applications to CHIP which required the program to pay additional contract hours to manage the sudden influx of applications and to ensure the applications were processed according to the then current FFM guidelines.

   In October 2013 CMS notified Pennsylvania that the At Cost CHIP program (which was identical to the subsidized CHIP program) was not MEC compliant. CHIP enrollees would face a shared responsibility payment for the 2014 tax filing year if no changes were made. The At Cost program became MEC compliant on July 1, 2015; CHIP supplied families with information on how to apply for a hardship waiver for 2014 through June 30, 2015. A significant amount of time and energy was dedicated to policy and procedural changes to make the At Cost CHIP program MEC compliant. This included numerous discussions at the state and federal level, as well as with contractors and child advocates to ensure MEC would be implemented timely. No rate increases were allowed by the Pennsylvania Insurance Department in the At Cost program until the new contract year, effective December 1, 2015.

3. During the reporting period, what accomplishments have been achieved in your program? **[7500]**

   As noted above, the biggest accomplishment was receiving support on the federal and state levels to proceed with MEC compliance for the At Cost program. This was a successful endeavor, as demonstrated by an increase in enrollment in this program.

Our T-MSIS programing has gone very well, as we are one of the earlier programs to make it this far in receiving federal approval. We are on track to receive full approval to send production T-MSIS files. This has been a successful project and we are encouraged as more CHIP contractors are becoming compliant with the federal reporting process and requirements. However, state privacy laws are more strict than federal laws regarding the sharing of certain health data.

The CHIP Application Processing System (CAPS) has made good progress with security enhancements that continue to meet or exceed the federal audit requirements.

CHIP has continued to enjoy broad bi-partisan support. Child advocates are pleased with the comprehensive child-centered benefits and the affordable rates.

4. What changes have you made or are planning to make in your CHIP program during the next fiscal year? Please comment on why the changes are planned. **[7500]**

CHIP is creating enhancements in our primary system that processes enrollment applications (CAPS) to provide a quality dashboard to allow contractors and our Central Eligibility Unit easier workload tracking with greater accuracy.

We plan on additional T-MSIS changes to meet CMS reporting requirements as possible in accord with state privacy laws.

CHIP looks forward to a possible move to the Pennsylvania's Department of Human Services (DHS) to better leverage IT and program administration. A bill has been introduced and is expected to receive support for a possible move of the program to occur as early as December 2015.

Enter any Narrative text below. **[7500]**