



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

# CHILDREN'S HEALTH INSURANCE PROGRAM

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2016 ANNUAL REPORT TO THE GENERAL ASSEMBLY

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**Tom Wolf, Governor**

**Theodore Dallas, Secretary**  
Department of Human Services



# 2016 Children’s Health Insurance Program Annual Report

## Table of Contents

Executive Summary .....	3
Services .....	4
Eligibility .....	4
Costs and Contributions .....	5
Insurance Contractors .....	6
Outreach .....	6
Enrollment .....	6
Healthcare Effectiveness Data and Information Set (HEDIS) Measures .....	9
Changes to the CHIP State Plan Approved in CY 2016 .....	10
Conclusion .....	10
Income Guidelines .....	Attachment 1
New Birth Flyer .....	Attachment 2
CHIP School Flyer .....	Attachment 3
CHIP Enrollment by County .....	Attachment 4
HEDIS 2016 Report Card .....	Attachment 5
Administrative Performance Measure Report .....	Attachment 6

# 2016 Children's Health Insurance Program Annual Report

## Executive Summary

### History of CHIP in Pennsylvania

Pennsylvania's Children's Health Insurance Program (CHIP) was established through passage of Act 113 of 1992, reenacted as an amendment to The Insurance Company Law of 1921 by Act 68 of 1998, amended by Act 136 of 2006, and amended and reauthorized by Act 74 of 2013 and Act 84 of 2015 (the Act). It has long been acknowledged as a national model, receiving specific recognition in the Federal Balanced Budget Act of 1997 as one of only three child health insurance programs nationwide that met Congressional specifications.

In early 2007, after passage of Act 136 of 2006, Pennsylvania received approval from the federal government to expand eligibility for CHIP through the *Cover All Kids initiative*. As of March 2007:

- Free CHIP: Coverage has been available to eligible children in households with incomes no greater than 208 percent of the Federal Poverty Level (FPL),
- Low Cost CHIP: Coverage is available for those with incomes greater than 208 percent but not greater than 314 percent of the FPL, and
- At Cost CHIP: Families with incomes greater than 314 percent of the FPL have the opportunity to purchase coverage by paying the full rate negotiated by the state.

In February 2009, the federal Children's Health Insurance Program Reauthorization Act (CHIPRA) reauthorized CHIP at the federal level. Federal funding pays for about two-thirds of the total cost of CHIP. Under CHIPRA, CHIP's federal funds allotment was substantially increased. However, CHIPRA contained numerous new federal program requirements, including citizenship and identity verification, a mandate to provide coverage for orthodontic services, a mandate to make supplemental payments in certain circumstances to Federally Qualified Health Centers and Rural Health Clinics, a variety of process requirements when CHIP provides coverage through managed care plans, the obligation to provide information about dental providers to be used on a new federal website, and expanded reporting.

The Affordable Care Act (the Patient Protection and Affordable Care Act together with the Health Care and Education Reconciliation Act of 2010) (the "ACA"), signed into law in March 2010, provided additional changes for CHIP. The ACA extended federal funding of CHIP through September of 2015, as well as added a requirement that states maintain the Medical Assistance (MA) and CHIP eligibility standards, methods and procedures in place on the date of passage of the ACA or refund the state's federal stimulus funds under The American Recovery and Reinvestment Act of 2009 (ARRA). In December 2015, Governor Tom Wolf signed Act 84 reauthorizing CHIP through 2017 and moving the administration of CHIP from the Insurance Department to the Department of Human Services (DHS). The CHIP program is authorized on a federal level through September

2019 with funding appropriated through September 2017.

### **Services**

Services funded for the year include those required by Section 2311(l)(6) of the Act or other laws:

- Primary and preventive care, including physician, nurse practitioner, and physician assistant services;
- Specialist care, including physician, nurse practitioner, and physician assistant services;
- Autism services;
- Diagnosis and treatment of illness or injury;
- Laboratory/pathology testing;
- X-rays;
- Injections, immunizations and medications;
- Emergency care, including emergency transportation;
- Prescription drugs;
- Emergency, preventive and routine dental care, and medically necessary orthodontia;
- Emergency, preventive, and routine vision care;
- Emergency, preventive, and routine hearing care; and
- Inpatient hospital care.

Ancillary medically necessary and therapeutic services including inpatient and outpatient treatment of mental health, serious mental illness and substance disorder services, rehabilitative therapies, medical therapies, home health care, hospice care, durable medical equipment, and maternity care were also funded.

### **Eligibility**

In addition to income guidelines designated in detail in Attachment #1 (Income Guidelines), eligibility for CHIP is determined on the basis of several factors:

- Age of the child (up to age 19);
- Citizenship status (must be U.S. citizen or lawfully residing in the U.S.);
- Not eligible for Medical Assistance;
- Not currently covered through employer-based or private health care coverage;
- For families whose incomes fall in the full-cost CHIP range, comparable insurance must be either unavailable or unaffordable.

## **Costs and Contributions**

CHIP continues to provide identical, comprehensive benefits to individuals enrolled in the free, low cost, and full cost components of the program.

Free CHIP covers children in families with an adjusted gross household income no greater than 208 percent of the FPL. Federal financial participation is received toward the cost of this coverage. There are no premiums and no co-payments collected for enrollees in this group.

Low cost CHIP covers children in families with an adjusted gross household income greater than 208 percent, but no greater than 314 percent of the FPL. Federal financial participation is received toward the expense of this low cost coverage. The parent or guardian is required to pay a modest monthly premium directly to the insurance contractor. Enrollment in low cost CHIP is divided into three increments with progressively increasing premiums:

- Greater than 208 percent but no greater than 262 percent – 25 percent of the per- member-per-month (PMPM) cost. The average cost to the enrollee in 2016 was approximately \$53 per month.
- Greater than 262 percent but no greater than 288 percent – 35 percent of PMPM cost. The average cost to the enrollee in 2016 was approximately \$74 per month.
- Greater than 288 percent but no greater than 314 percent – 40 percent of PMPM cost. The average cost per child to their families in 2016 was approximately \$84 per month.

Children in low cost CHIP also are charged point-of-service co-payments for primary care visits (\$5), specialists (\$10), emergency room care (\$25, waived if admitted), and prescriptions (\$6 for generic and \$9 for brand names). There are no co-payments for well-baby visits, well-child visits, immunizations, or emergency room care that results in an admission. Co-payments are limited to physical health and do not include routine preventive and diagnostic dental services or vision services. Cost sharing, the combination of premiums and point of service co-payments, is capped at five percent of household income.

The third component, full cost CHIP, is for children in families with adjusted gross household income greater than 314 percent of the FPL, if private insurance is unaffordable or inaccessible. Families may buy into coverage at 100 percent of the cost negotiated by the department with each of the health insurance contractors. The average premium for 2016 was \$239. No federal or state dollars are used to provide coverage for families in this component. In addition, children in families with adjusted gross income greater than 314 percent FPL are charged point-of-service co-payments for primary care visits (\$15), specialists (\$25), emergency room care (\$50, waived if admitted), and prescriptions (\$10 for generic and \$18 for brand names).

## **Insurance Contractors**

DHS administers CHIP with at least two contractors offering coverage in every county of the commonwealth. The following health insurers are now providing managed care coverage for children in CHIP under contracts effective December 1, 2013, through November 30, 2018:

- Aetna;
- Blue Cross of Northeastern Pennsylvania (coverage provided by First Priority Health HMO);
- Capital BlueCross (coverage provided by Keystone Health Plan Central HMO);
- Geisinger Health Plan;
- Health Partners of Philadelphia, Inc.;
- Highmark Inc. (coverage provided by Keystone Health Plan West HMO in the western part of the state and Premier BlueShield PPO in the central part of the state);
- Independence Blue Cross (coverage provided by Keystone Health Plan East HMO);
- United Health Care Community Plan of Pennsylvania and;
- UPMC Health Plan

## **Outreach**

DHS continued the use of our existing "Within Reach" creative. We ran a statewide multi-media mix campaign from May 2016 through July 2016 to reach markets with the highest percentage of uninsured children in Pennsylvania and to heighten the awareness of the program. We aired TV spots statewide across all media markets including both broadcast and cable. A mix of television combined with radio advertising (English and Spanish) 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 use digital, social media, and mobile marketing tactics statewide that would drive the target to the CHIP website [www.CHIPcoversPAkids.com](http://www.CHIPcoversPAkids.com) to apply for or renew CHIP coverage. Key search words were also used to drive search engine results to the CHIP website.

Additionally, with the growing popularity of urgent care centers, we were able to reach parents and guardians who were seeking treatment for health care issues by placing banner stands and brochures in the centers' waiting rooms and lobbies. Signage was placed in 48 urgent care locations across Philadelphia, Pittsburgh, Harrisburg, and a few in rural areas for a three month period.

## **Grassroots Outreach**

Grassroots outreach efforts focused on identifying and educating community-based organizations as well as health care and educational institutions in an effort to reach the parents of uninsured kids and teens. Outreach included both general and minority markets. Core target areas for outreach efforts included counties with the highest percentages and highest numbers of uninsured children in the state, thus the highest potential to enroll. Those counties included Berks, Chester, Dauphin, Franklin, Lancaster, Lebanon, Montgomery, and Philadelphia.

The outreach efforts used CHIP Enrollment Teams which consisted of Outreach Service Representatives (OSRs) who are trained on the program and served as community guides educating the public about CHIP and leading activities through community and family events. OSRs are knowledgeable on the eligibility criteria, the application process, and on using the COMPASS website for enrollment. The enrollment teams participated in 22 events in May and June with attendance of nearly 90,000 people who were exposed to the CHIP's message to apply for or renew CHIP benefits.

CHIP implemented a new inbound call center May 2016 to provide customer service to Pennsylvania's seeking information on the program. Over 50,690 calls came to the 1-800-986-KIDS toll free number from May to December 2016. Application assistance is also available through the call center.

In August, CHIP launched a new-and-improved website that will help CHIP efficiently provide health care to Pennsylvania's children by making it easier for families looking for health care coverage for their children, CHIP recipients, and provider to access important information. Improving customer service is at the heart of each decision we make at CHIP.

## **School Notices**

In the fall, CHIP staff worked with the Pennsylvania Department of Education (PDE) to ensure Intermediate Units and public schools received electronic files of a CHIP School flyer to promote CHIP (Attachment #3) to all school-aged children in Pennsylvania. The flyers are in English and Spanish (front and back). By working with the PDE we are assured that the flyers are seen by parent(s) or guardians of children potentially eligible for CHIP. Intermediate Units can request paper flyers if that is more suitable for their families.

## **New Birth Flyer/COMPASS**

CHIP also printed approximately 120,000 CHIP "New Birth" flyers (Attached #2) 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.

## **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 12 weeks

from May through July.

### **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.

### **Enrollment**

#### **Projected Number of Eligible Children**

The average enrollment for the calendar year 2016 was 163,960. The projected average enrollment for CHIP in calendar year 2017 is 180,048. The projected enrollment is anticipated to be consistent with the current enrollment in terms of residence and poverty level.

#### **Number of Children Receiving Health Care Services by County and by Per Centum of the Federal Poverty Level**

Please refer to Attachment 4 (CHIP Enrollment by County) for county-specific data for the number of children enrolled in the program in December 2016.



The total enrollment numbers for the several levels of the FPL for the period January through December 2016 were:

Month	No greater than 208% FPL (Free)	Greater than 208% but no greater than 262% FPL (Low Cost Group 1)	Greater than 262% but no greater than 288% FPL (Low Cost Group 2)	Greater than 288% but no greater than 314% FPL (Low Cost Group 3)	Greater than 314% FPL (Full Cost)	Total Monthly Enrollment
January	110,071	25,905	6,787	4,747	4,669	152,180
February	110,637	25,912	6,815	4,815	4,597	152,776
March	112,111	26,122	6,859	4,912	4,669	154,673
April	115,072	26,934	7,138	5,039	4,843	159,026
May	115,795	27,406	7,257	5,075	5,065	160,598
June	116,768	27,930	7,334	5,121	5,269	162,422
July	117,427	28,245	7,373	5,145	5,416	163,606
August	115,939	27,976	7,428	5,134	5,529	162,006
September	118,580	28,394	7,510	5,192	5,742	165,418
October	119,338	28,876	7,617	5,218	5,851	166,900
November	119,921	29,166	7,717	5,366	6,068	168,238
December	120,928	29,155	7,729	5,441	6,114	169,367

**Waiting List**

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

**Healthcare Effectiveness Data and Information Set (HEDIS) Measurements**

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.

PA CHIP HEDIS 2016 reports a standard set of performance measures that are developed by the National Committee for Quality Assurance (NQCA) across the CHIP Managed Care Organizations. The PA CHIP HEDIS 2016 report (based on 2014 and 2015 service dates, as appropriate to the measure) compared the PA CHIP health plan weighted average to the National and Regional Quality Compass Percentile Benchmark, when available. For HEDIS 2016, the PA CHIP weighted average was above the 50<sup>th</sup> percentile for most of the measures, and above the 90<sup>th</sup> for several, to name a few, Children and Adolescent’s Access to Care, Well Child Visits, and Annual Dental Visits. Large increases in the HEDIS rates from 2015 to 2016 were seen in the Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents, Childhood Immunization Status (Dtap, and Combinations two, three, and four all increased by approximately 7%). Annual Dental Visit saw an increase of about 6% for the two to three year old age band. And, Well Child Visits in the First 15 Months of Life saw a 229% increase in the two visits band. Only a few

measures scored at less than the 50<sup>th</sup> percentile. Among these was the Lead Screening in Children measure, although the CHIP weighted average for HEDIS 2016 increased 2.24 percentage points over the HEDIS 2015 rate. The Appropriate Treatment for Children with Upper Respiratory Infection measure also scored below the 50<sup>th</sup> percentile, but again, the CHIP weighted average was 3.23 percentage points higher than that for the previous HEDIS reporting year. Chlamydia Screening in Women also scored lower, with a decrease in the PA CHIP weighted average of only 0.02 percentage points below that for HEDIS 2015.

### **Changes to the CHIP State Plan Approved in CY 2016**

During calendar year 2016, CHIP did not submit any State Plan amendments.

### **Conclusion**

Through creative outreach, increased administrative efficiencies, and refinements to the program, CHIP continues to serve over 160,000 Pennsylvania children and strives to increase enrollment of the uninsured population. A smooth transition to DHS is underway and CHIP looks forward to the new opportunities it will bring.

## CHIP Full Income Chart

### How to use this chart:

Step 1: Locate the number of people in your household.

Step 2: Find the box that matches your household's annual gross income and age of your children.

Step 3: Look down the row to the COST BOX to see your appropriate, average monthly cost per child and the co-payments per child, per visit.

Example: A four-person household with an annual income of \$69,840 will have an average monthly premium of \$74 per child, plus any co-pays for services.

### INCOME\*

household size	Free		Low Cost				Full Cost
	ages 1-5	ages 6-18	ages 0-1	ages 1-18	ages 0-18	ages 0-18	ages 0-18
1	\$18,652-\$24,711	\$15,801-\$24,711	\$25,542-\$31,126	\$24,711-\$31,126	\$31,126-\$34,215	\$34,215-\$37,304	\$37,304-No Limit
2	\$25,152-\$33,322	\$21,307-\$33,322	\$34,443-\$41,973	\$33,322-\$41,973	\$41,973-\$46,138	\$46,138-\$50,303	\$50,303-No Limit
3	\$31,652-\$41,933	\$26,813-\$41,933	\$43,344-\$52,820	\$41,933-\$52,820	\$52,820-\$58,061	\$58,061-\$63,303	\$63,303-No Limit
4	\$38,151-\$50,544	\$32,319-\$50,544	\$52,245-\$63,666	\$50,544-\$63,666	\$63,666-\$69,984	\$69,984-\$76,302	\$76,302-No Limit
5	\$44,651-\$59,156	\$37,826-\$59,156	\$61,146-\$74,513	\$59,156-\$74,513	\$74,513-\$81,908	\$81,908-\$89,302	\$89,302-No Limit
6	\$51,151-\$67,767	\$43,332-\$67,767	\$70,047-\$85,360	\$67,767-\$85,360	\$85,360-\$93,831	\$93,831-\$102,302	\$102,302-No Limit
7	\$57,667-\$76,399	\$48,851-\$76,399	\$78,970-\$96,233	\$76,399-\$96,233	\$96,233-\$105,783	\$105,783-\$115,333	\$115,333-No Limit
8	\$64,198-\$85,052	\$54,384-\$85,052	\$87,914-\$107,132	\$85,052-\$107,132	\$107,132-\$117,764	\$117,764-\$128,395	\$128,395-No Limit
9	\$70,730-\$93,705	\$59,917-\$93,705	\$96,858-\$118,032	\$93,705-\$118,032	\$118,032-\$129,745	\$129,745-\$141,458	\$141,458-No Limit
10	\$77,262-\$102,358	\$65,450-\$102,358	\$105,802-\$128,932	\$102,358-\$128,932	\$128,932-\$141,726	\$141,726-\$154,521	\$154,521-No Limit

### COST

average monthly premium per child	\$0	\$0	\$53	\$53	\$74	\$84	\$239
co-payments per child per visit							
doctor visit	\$0	\$0	\$5	\$5	\$5	\$5	\$15
brand name prescription	\$0	\$0	\$9	\$9	\$9	\$9	\$18
generic prescription	\$0	\$0	\$6	\$6	\$6	\$6	\$10
specialist visit	\$0	\$0	\$10	\$10	\$10	\$10	\$25
emergency room visits**	\$0	\$0	\$25	\$25	\$25	\$25	\$50

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

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

Updated December 2016

# NO CHILD TOO SMALL. NO INCOME TOO LARGE.

**CHIP NOW COVERS ALL UNINSURED KIDS AND TEENS.**

As the mother of a newborn, we want to make sure you know that Pennsylvania's Children's Health Insurance Program (CHIP) now covers all uninsured kids and teens up to the age of 19 - and no family makes too much money for CHIP.

CHIP covers doctor visits, prescriptions, dental, eye care and much more. Best of all, for many families, CHIP is free - others, low-cost. If your income is below CHIP guidelines, your child may be enrolled in Medical Assistance.

To find out more, call or log on today.

[www.chipcoverspakids.com](http://www.chipcoverspakids.com)  
**1-800-986-KIDS**



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



# The benefits are online.

Applying for, or renewing your benefits online saves time.

Through COMPASS you can apply for:

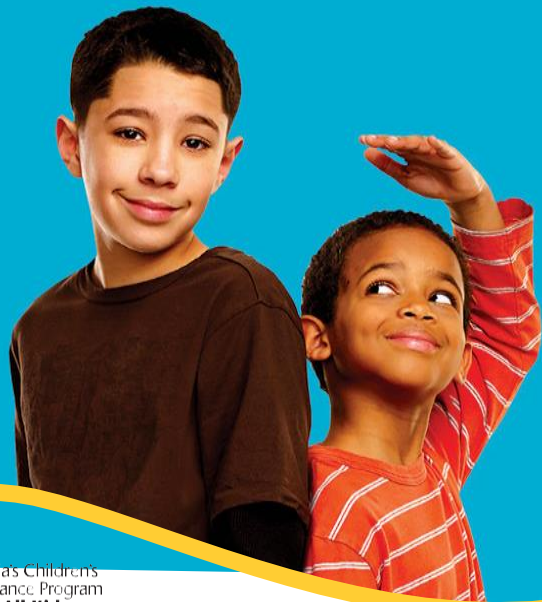
- Health Care Coverage  
(CHIP, Medical Assistance)
- Child Care Works Program
- Long Term Living Services
- Home & Community Based Services Referrals
- Cash Assistance
- SNAP (Food Stamp Benefits)
- School Meals
- Home Heating Assistance (LIHEAP)

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



[www.compass.state.pa.us](http://www.compass.state.pa.us)





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

## Health coverage for your child is **well within reach** with CHIP.

### **CHIP COVERS**

- Routine check-ups
- Prescriptions
- Hospitalization
- Dental
- Eye Care
- Eyeglasses
- Behavioral care
- Specialty care
- More

CHIP covers uninsured kids up to age 19 in Pennsylvania. It doesn't matter why your kids don't have health coverage right now; CHIP may be able to help. Most kids receive CHIP for free. Others can get the same benefits at a low cost.

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

If your income is below CHIP guidelines, your child may be enrolled in Medical Assistance.

**APPLY/RENEW**

**CHIPcoversPAkids.com • 800-986-KIDS**



**pennsylvania**  
TOM WOLF, GOVERNOR



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

# ¿Necesita cobertura médica para sus hijos?

## **CHIP CUBRE**

- Chequeos de rutina
- Recetas médicas
- Hospitalización
- Servicios dentales
- Cuidado de la vista
- Anteojos
- Salud del comportamiento
- Atención especializada
- Mucho más

CHIP cubre a niños sin seguro hasta los 19 años en Pennsylvania. No importa cuál sea la razón de que sus hijos no tienen cobertura médica ahora; CHIP puede ayudarle. La mayoría de niños reciben CHIP gratis. Otros pueden obtener los mismos beneficios a un bajo costo. CHIP es traído a usted por las principales compañías de seguros médicos que ofrecen cobertura de calidad e integral.

Si sus ingresos son menos de las pautas indicadas por CHIP, su hijo podría ser inscrito en Asistencia Médica.

**INSCRIBIRSE/RENOVAR**

**CHIPcoversPAkids.com • 800-986-KIDS**



**pennsylvania**  
GOBERNADOR TOM WOLF

## CHIP Enrollment by Sub-Program and County

Run Date: 12/08/2016

December - 2016

County	Free	Sub 1	Sub 2	Sub 3	At Cost	Total
Adams	1,262	435	87	75	55	1,914
Allegheny	8,834	2,324	653	426	751	12,988
Armstrong	734	208	46	32	30	1,050
Beaver	1,517	366	89	73	70	2,115
Bedford	652	172	45	30	53	952
Berks	5,002	1,109	285	232	204	6,832
Blair	1,306	339	96	58	54	1,853
Bradford	607	118	17	10	28	780
Bucks	5,026	1,666	459	379	454	7,984
Butler	1,368	361	103	58	115	2,005
Cambria	1,151	325	87	86	72	1,721
Cameron	27	10	1	0	0	38
Carbon	633	145	44	22	19	863
Centre	802	181	45	29	19	1,076
Chester	3,670	1,078	303	204	283	5,538
Clarion	371	103	38	8	8	528
Clearfield	763	192	53	34	35	1,077
Clinton	352	110	19	8	6	495
Columbia	561	110	18	16	16	721
Crawford	714	169	45	24	26	978
Cumberland	1,897	510	133	90	81	2,711
Dauphin	2,634	630	167	111	74	3,616
Delaware	5,374	1,347	359	302	318	7,700
Elk	263	78	21	19	12	393
Erie	2,276	552	128	92	118	3,166
Fayette	1,354	285	90	54	74	1,857
Forest	23	10	1	5	1	40
Franklin	2,171	515	125	74	85	2,970
Fulton	233	61	15	6	14	329
Greene	283	70	23	8	16	400
Huntingdon	433	123	31	21	10	618
Indiana	689	190	33	22	32	966
Jefferson	462	137	27	19	25	670
Juniata	250	56	25	12	3	346
Lackawanna	1,803	323	89	76	56	2,347
Lancaster	6,616	1,836	491	340	310	9,593
Lawrence	716	182	53	29	36	1,016
Lebanon	1,696	403	80	81	65	2,325
Lehigh	4,869	1,031	236	195	176	6,507
Luzerne	3,257	524	103	86	55	4,025
Lycoming	1,104	161	47	51	22	1,385
Mckean	345	66	19	10	6	446
Mercer	764	218	61	38	36	1,117
Mifflin	516	105	23	16	11	671
Monroe	1,779	367	112	63	70	2,391
Montgomery	5,994	1,764	592	347	546	9,243
Montour	76	23	7	0	6	112
Northampton	2,911	658	185	127	109	3,990
Northumberland	963	189	48	24	13	1,237
Perry	511	133	25	18	19	706
Philadelphia	17,557	3,242	746	571	569	22,685
Pike	601	138	35	20	36	830
Potter	128	28	11	4	4	175
Schuylkill	1,294	319	90	61	49	1,813
Snyder	457	91	19	12	7	586
Somerset	793	186	61	59	48	1,147
Sullivan	46	15	3	1	1	66
Susquehanna	456	93	21	19	23	612
Tioga	420	72	23	18	13	546
Union	390	81	19	15	2	507
Venango	504	144	37	24	17	726
Warren	277	47	18	10	11	363
Washington	1,576	456	152	93	104	2,381
Wayne	484	141	29	27	21	702
Westmoreland	3,207	909	194	163	240	4,713
Wyoming	252	56	23	14	12	357
York	4,872	1,069	366	190	260	6,757
<b>Total</b>	<b>120,928</b>	<b>29,155</b>	<b>7,729</b>	<b>5,441</b>	<b>6,114</b>	<b>169,367</b>



January 2017



[www.chipcoverspakids.com](http://www.chipcoverspakids.com)

**1-800-986-KIDS**

# 2016 Report Card

Prepared for the Pennsylvania Department of Human  
Services  
Children's Health Insurance Program

TOM WOLF, GOVERNOR

## Background

Title XXI of the Balanced Budget Act of 1997 created the State Children's Health Insurance Program (SCHIP), to address the growing problem of children without health insurance. SCHIP was designed as a federal/state partnership, similar to Medicaid, with the goal of expanding health insurance to children whose families earn too much money to be eligible for Medicaid, but not enough to purchase private insurance. The current Pennsylvania Children's Health Insurance Program (PA CHIP) was established in 1998 following the repeal of the existing Children's Health Care Act and enacting of Act 1998-68 by the State Senate.

PA CHIP is administered through the Pennsylvania Department of Human Services (DHS), with the CHIP program supported by both state and federal funds. The program provides payment for health care coverage for eligible children who meet income and other criteria. Approximately 168,000 children and teens were enrolled in PA CHIP as of November 2016.

The Cover All Kids initiative, enacted by the legislature in October 2006, led to the expansion of the CHIP program to include all uninsured children and teens in the Commonwealth who are not eligible for Medical Assistance. On February 4, 2009, President Obama signed into law the Children's Health Insurance Act of 2009 (CHIPRA) (Pub. L. 111-3). CHIP is provided by the following private health insurance companies that are licensed and regulated by the Department of Health Services and have contracts with the Commonwealth to offer CHIP coverage.



- Aetna, Inc.
- First Priority Health (NEPA)
- Capital Blue Cross
- Geisinger Health Plan
- Health Partners of Philadelphia
- Highmark Blue Cross Blue Shield
- Highmark Blue Shield
- Independence Blue Cross (CBC)
- UnitedHealthcare of Pennsylvania
- UPMC for Kids

## Report Card Description



CHIP health insurance company performance is assessed using Healthcare Effectiveness Data Information Set (HEDIS®) 2016 performance measures, 206 Consumer Assessment of Healthcare Provider Systems (CAHPS®) 5.0 Survey items and Pennsylvania-specific performance measures. Results are presented in three sections: Access to Care, Quality of Care and Satisfaction with Care.

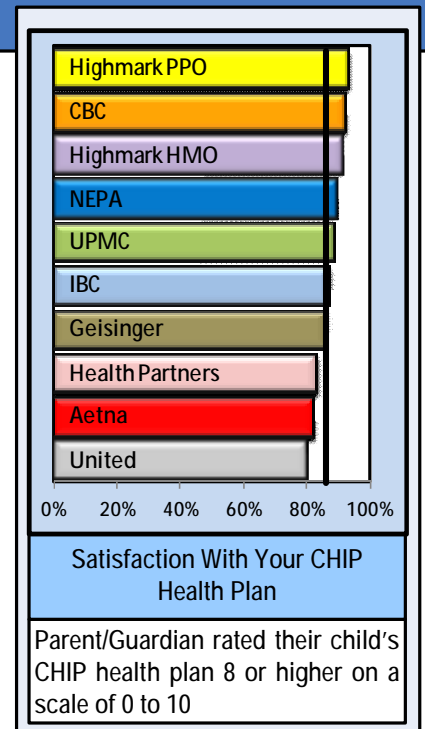
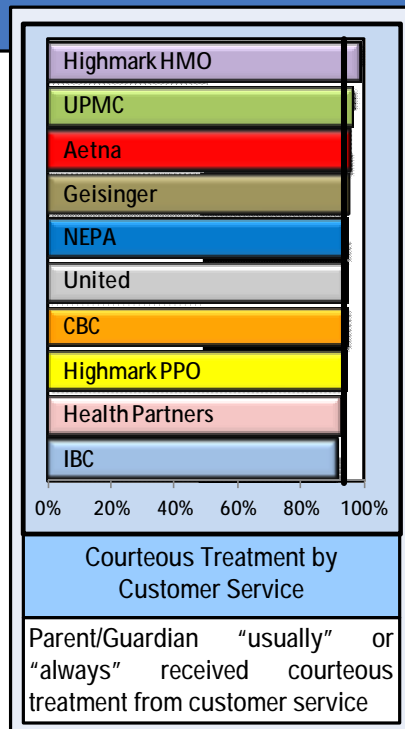
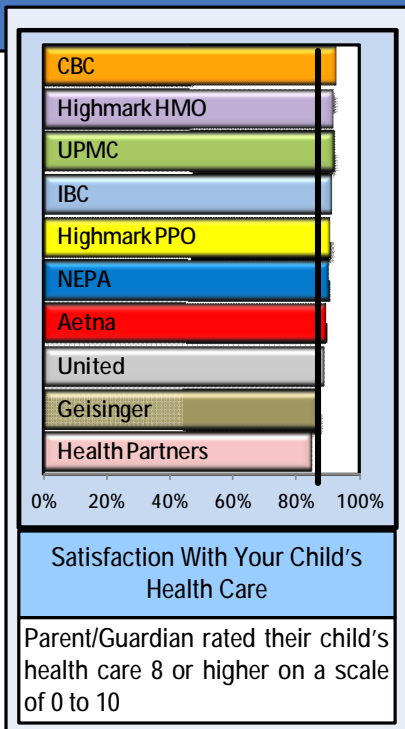
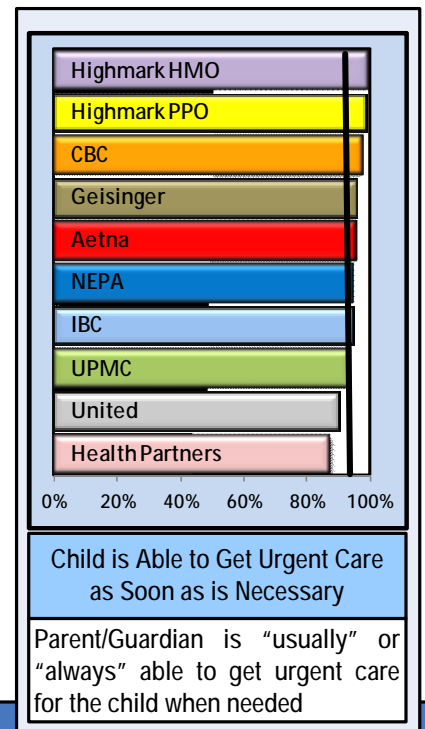
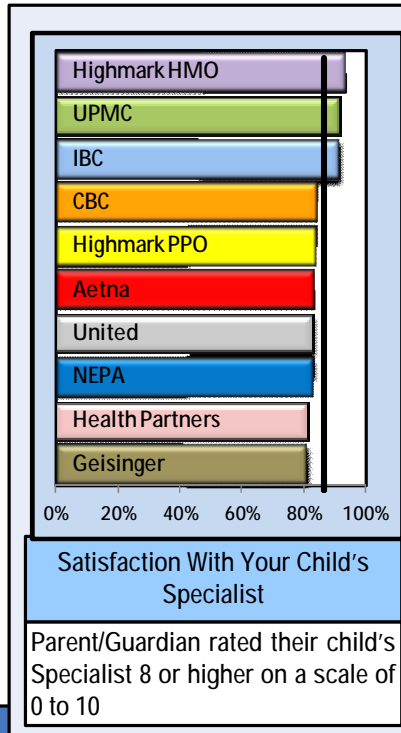
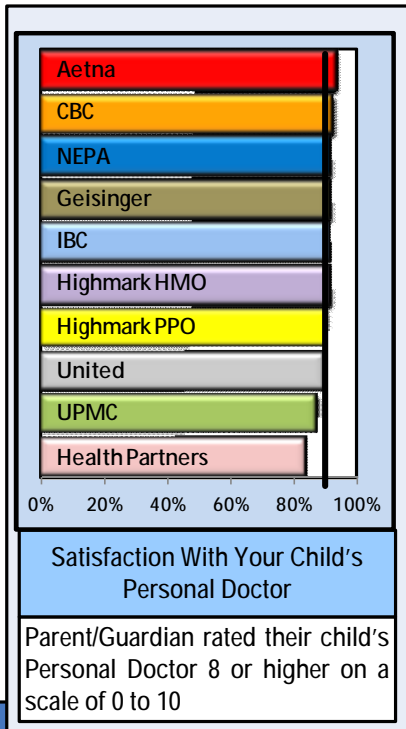
For HEDIS 2016 performance measures, a chart is presented with each bar representing the percentage of CHIP members receiving a specific type of care from their CHIP provider. For charts representing CAHPS survey items, each bar represents the percentage of respondents who selected option 8 or higher on a scale of 1 to 10, or “usually” or “always” when rating the care provided by their CHIP provider.

For each performance indicator, the CHIP health insurance companies are presented in order of performance from high to low with higher performing health insurance companies at the top of each chart. Inverted measures are presented in order of performance from low to high with higher performing health insurance companies at the top of each chart.

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



# Satisfaction with Care: Is the care meeting your needs?

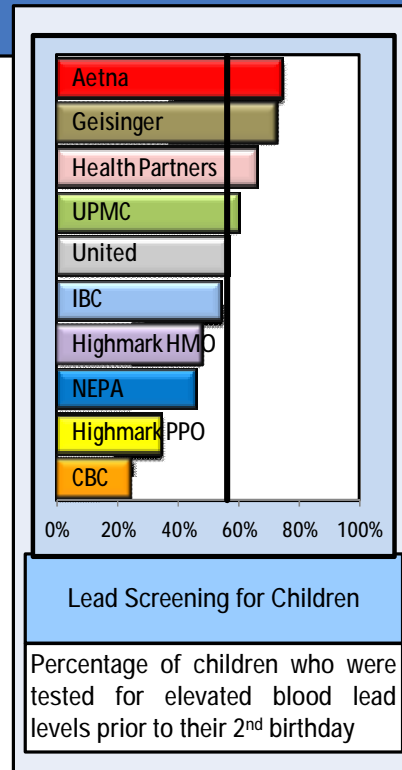
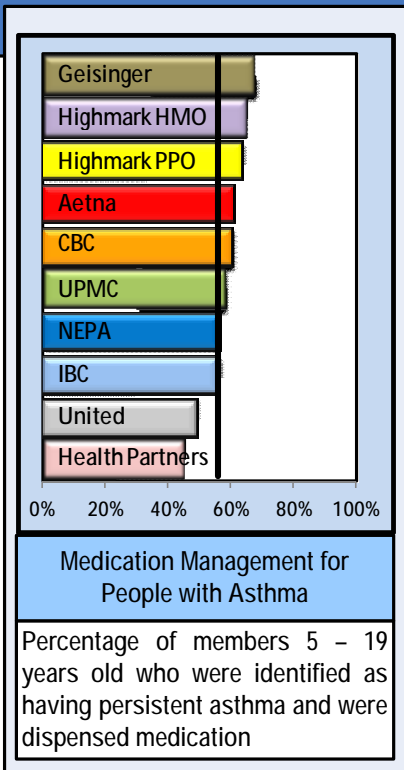
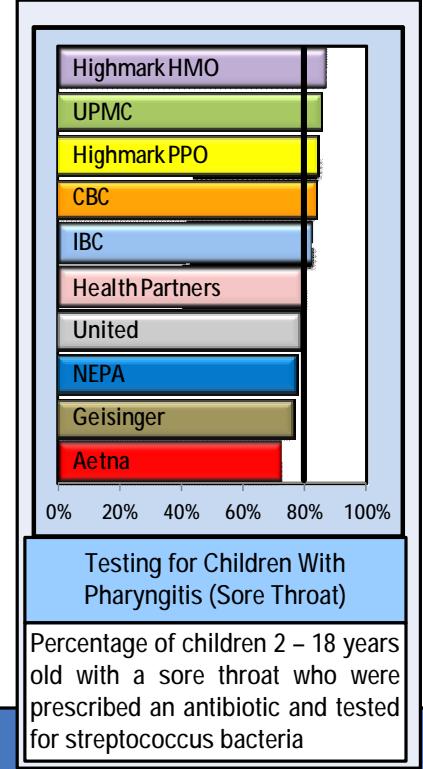
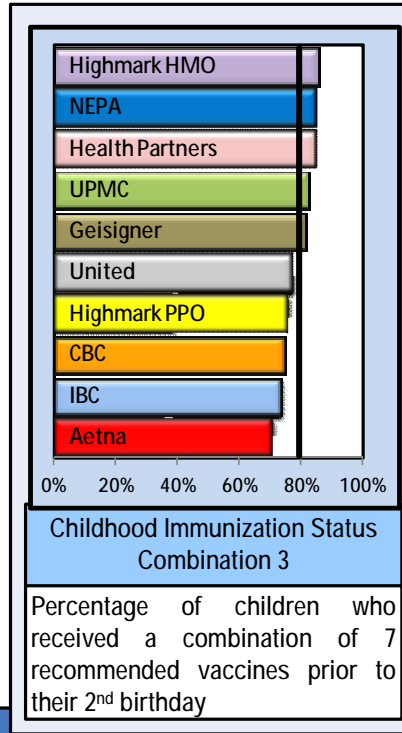
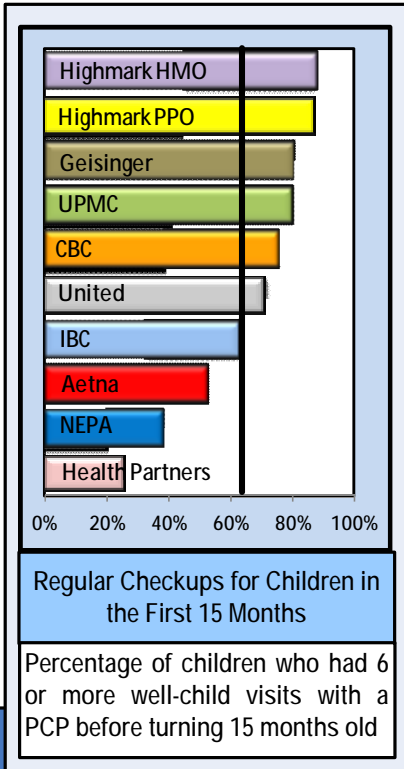


— PA CHIP Weighted Average

\* Insurance companies with less than 30 CHIP members were excluded from Performance Measure comparisons

January 2017

## Access to Care: Are children receiving care?

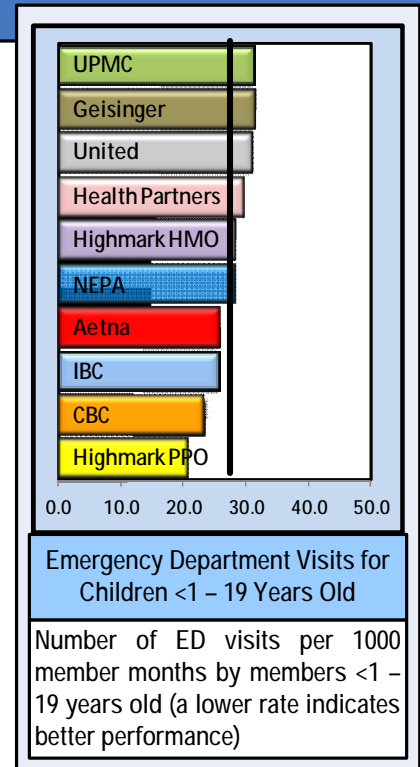
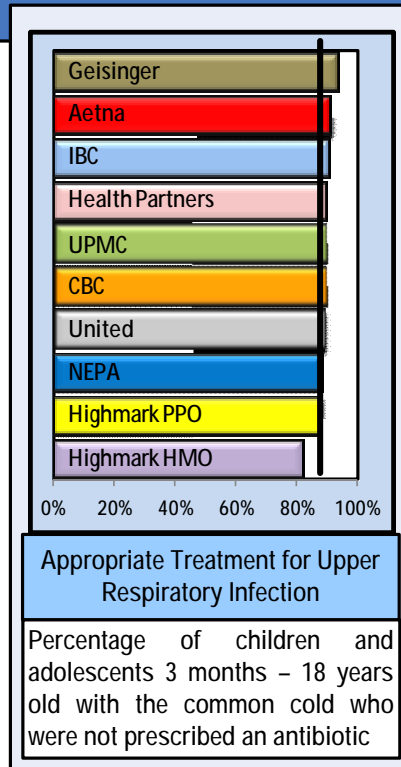
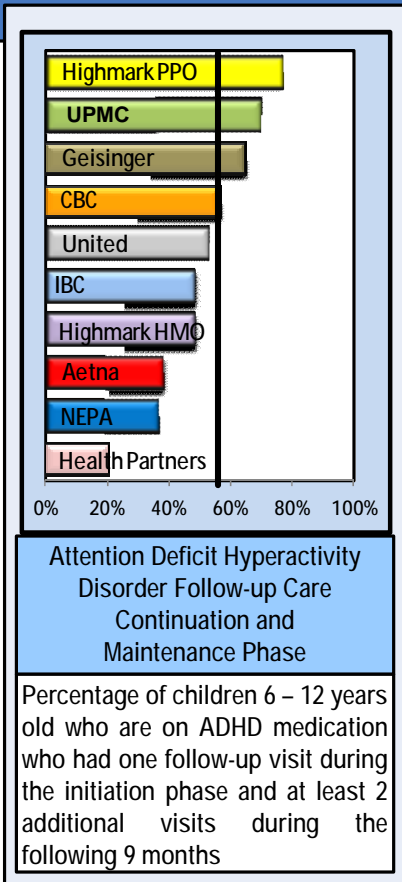
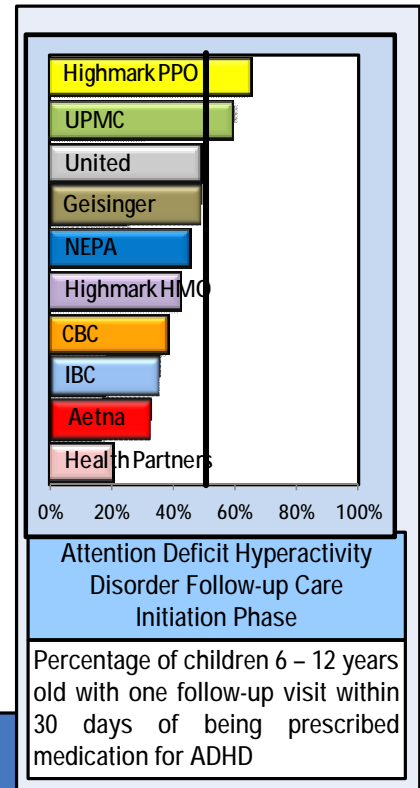
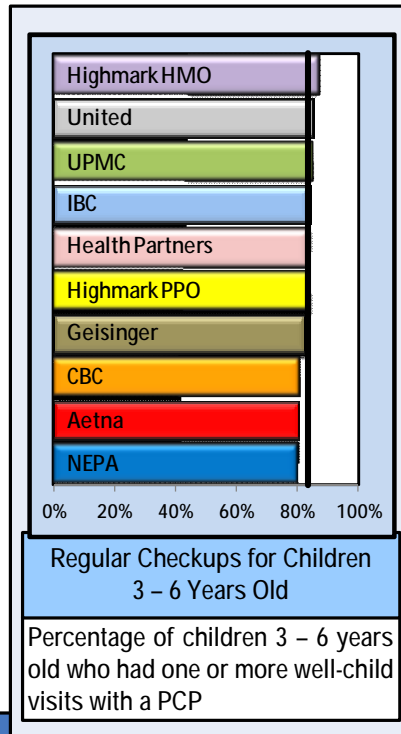
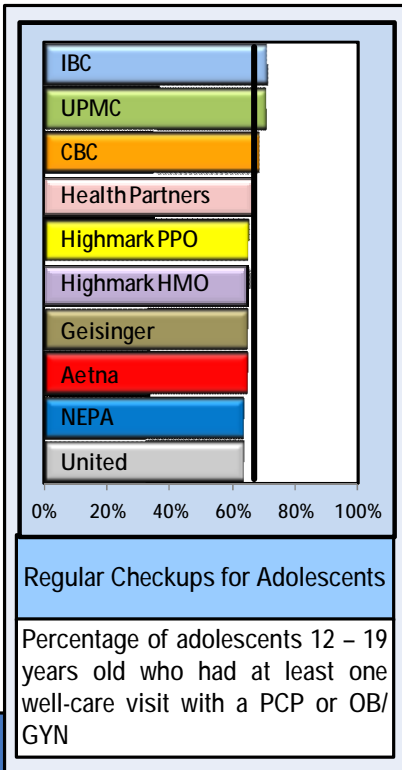


— PA CHIP Weighted Average

\* Insurance companies with less than 30 CHIP members were excluded from Performance Measure comparisons

January 2017

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

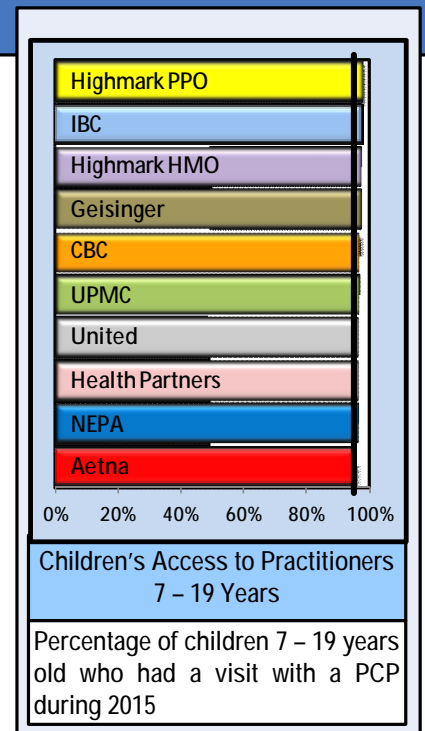
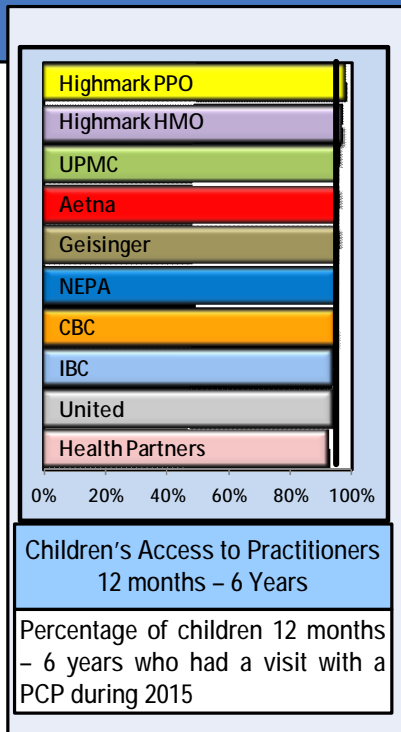
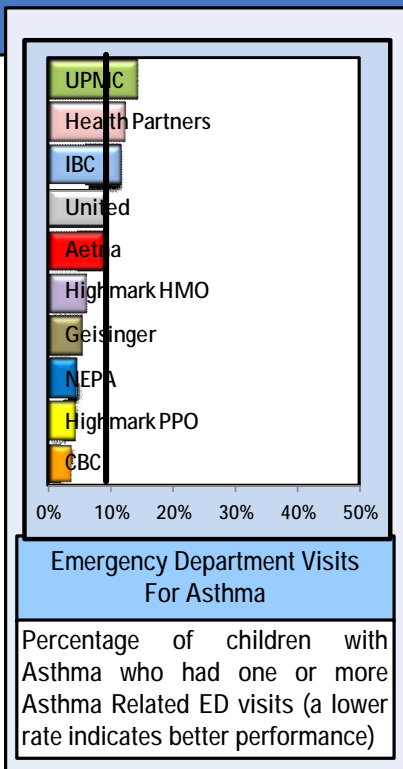
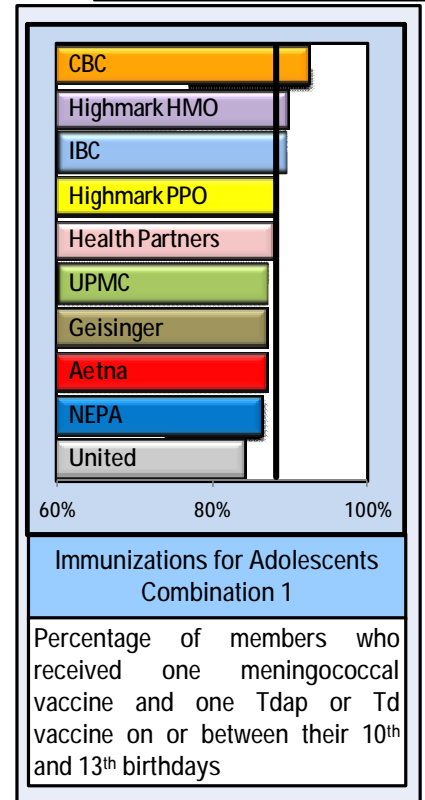
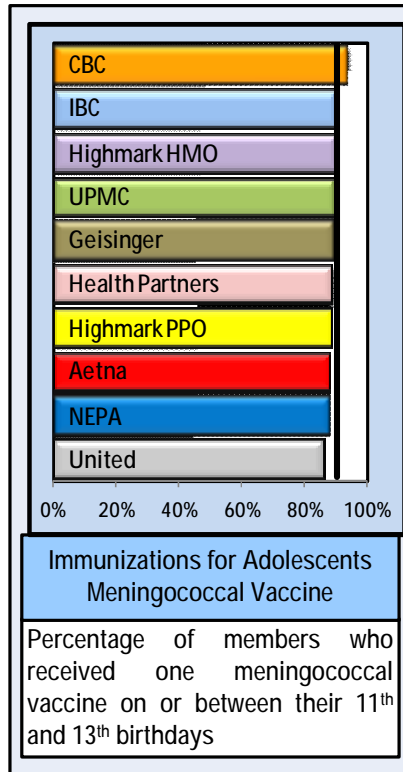
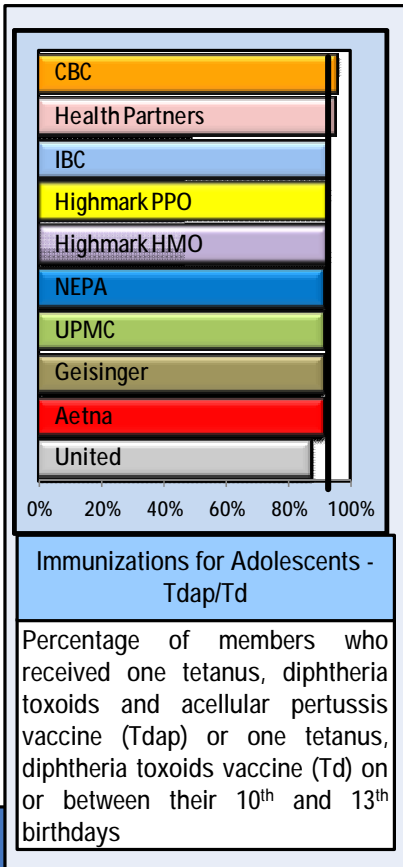


— PA CHIP Weighted Average

\* Insurance companies with less than 30 CHIP members were excluded from Performance Measure comparisons

January 2017

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

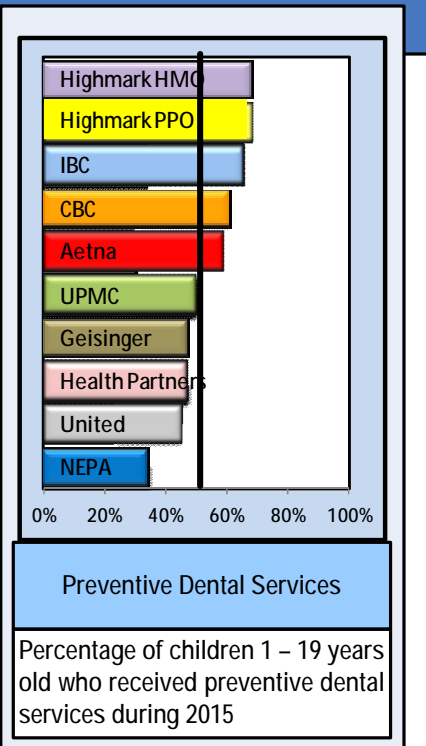
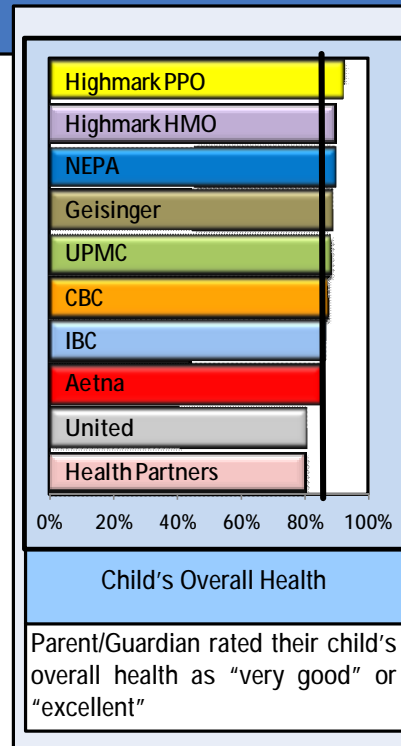
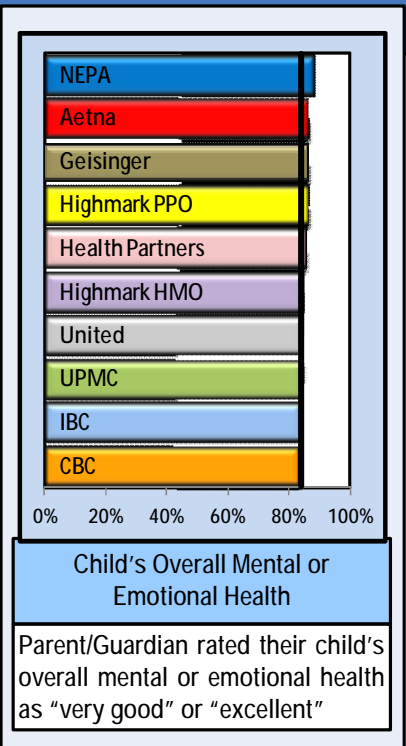
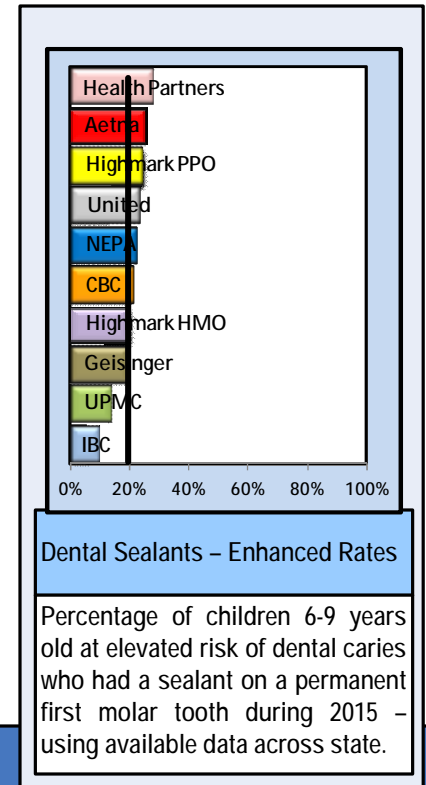
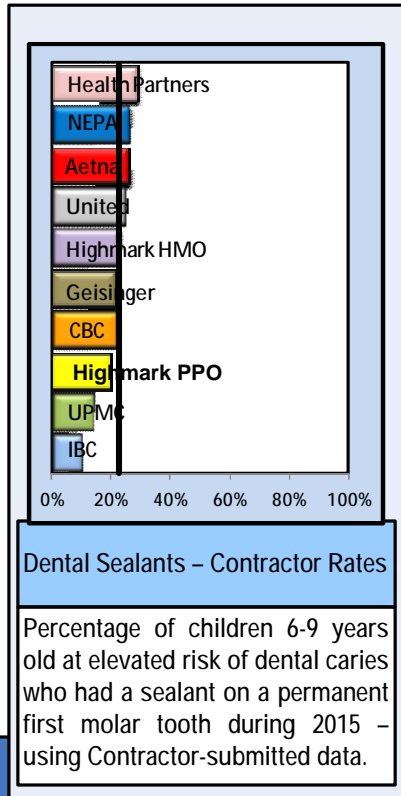
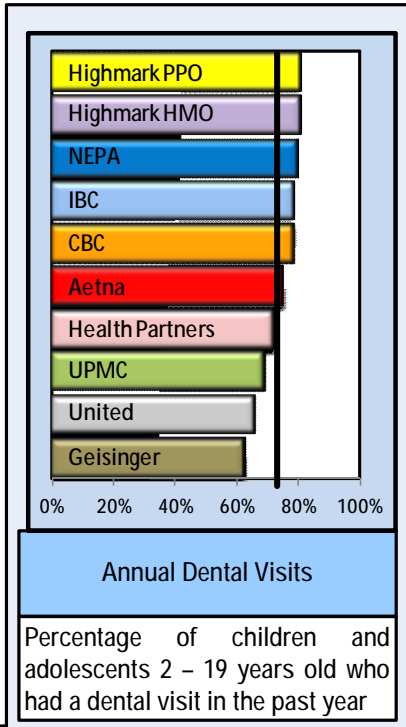


— PA CHIP Weighted Average

\* Insurance companies with less than 30 CHIP members were excluded from Performance Measure comparisons



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



— PA CHIP Weighted Average

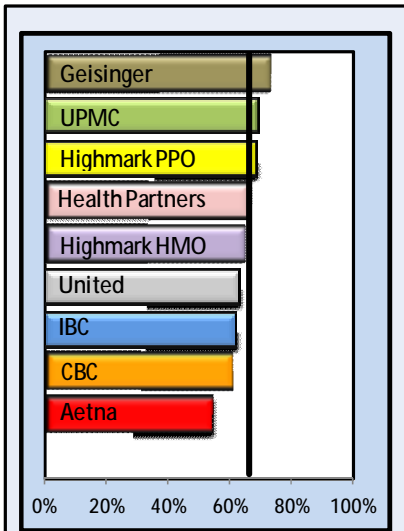
\* Insurance companies with less than 30 CHIP members were excluded from Performance Measure comparisons





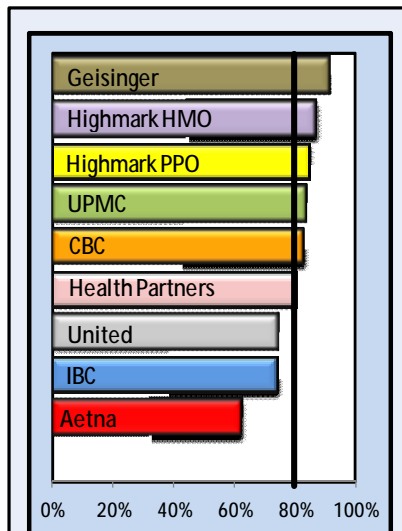
January 2017

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



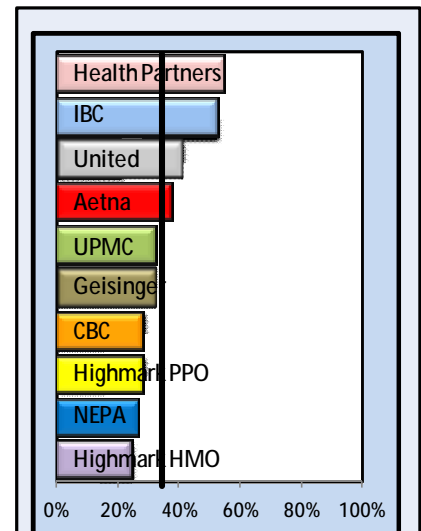
**Follow-up After Hospitalization For Mental Illness – 7 Days**

Percentage of children six or older who were hospitalized for a mental illness, who had a follow-up visit or partial hospitalization within seven days of discharge with a mental health provider



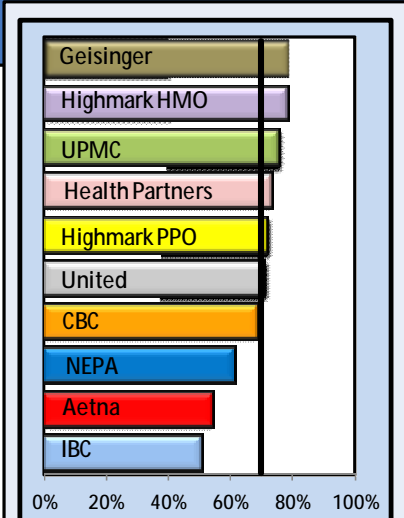
**Follow-up After Hospitalization For Mental Illness – 30 Days**

Percentage of children six or older who were hospitalized for a mental illness, who had a follow-up visit or partial hospitalization within thirty days of discharge with a mental health provider



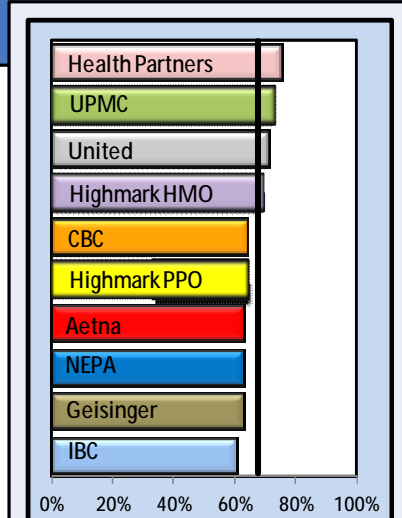
**Chlamydia Screening in Women**

Percentage of women 16 - 19 who were identified as sexually active and who had at least one test for chlamydia in 2015



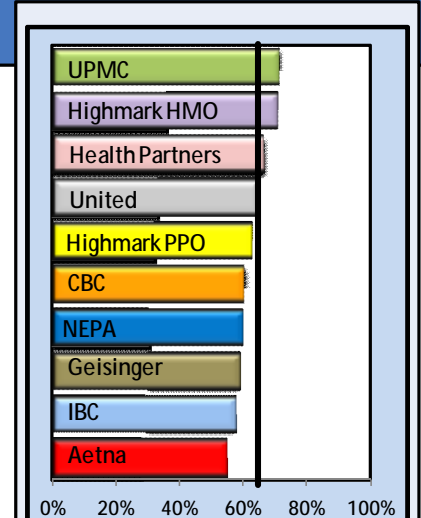
**Weight Assessment and Counseling for Nutrition and Physical Activity: BMI Percentile Documentation**

Percentage of children 3 – 17 years old who had a BMI percentile documented at an outpatient visit with a PCP or OB/GYN



**Weight Assessment and Counseling for Nutrition and Physical Activity: Counseling for Nutrition**

Percentage of children 3 – 17 years old who were counseled for nutrition at an outpatient visit with a PCP or OB/GYN



**Weight Assessment and Counseling for Nutrition and Physical Activity: Counseling for Physical Activity**

Percentage of children 3 – 17 years old who were counseled for physical activity at an outpatient visit with a PCP or OB/GYN

— PA CHIP Weighted Average

\* Insurance companies with less than 30 CHIP members were excluded from Performance Measure comparisons

January 2017

# CHIP Provider Contact Information

**AETNA**  
[WWW.AETNABETTERHEALTH.COM/PENNSYLVANIA](http://WWW.AETNABETTERHEALTH.COM/PENNSYLVANIA)  
1-800-822-2447  
TDD/TTY 1-800-628-3323

**CAPITAL BLUE CROSS**  
[WWW.CAPBLUECROSS.COM](http://WWW.CAPBLUECROSS.COM)  
1-800-543-7101  
TDD 1-800-242-4816

**FIRST PRIORITY HEALTH (BCNEPA)**  
[WWW.BCNEPA.COM](http://WWW.BCNEPA.COM)  
1-800-543-7199  
TTY 1-800-413-1112

**GEISINGER HEALTH PLAN**  
[WWW.CHIP.THEHEALTHPLAN.COM](http://WWW.CHIP.THEHEALTHPLAN.COM)  
1-866-621-5235 (Hearing-Impaired: 711)

**HEALTH PARTNERS**  
[WWW.HEALTHPARTNERSPLANS.COM](http://WWW.HEALTHPARTNERSPLANS.COM)  
1-888-888-1211 (TTY: 711)

**HIGHMARK BLUE SHIELD**  
[WWW.HIGHMARKBLUESHIELD.COM](http://WWW.HIGHMARKBLUESHIELD.COM)  
1-800-345-3806  
TDD/TTY 711

**HIGHMARK BLUE CROSS/BLUE SHIELD**  
[WWW.HIGHMARKBCBS.COM](http://WWW.HIGHMARKBCBS.COM)  
1-800-294-9568  
TDD/TTY 711

**INDEPENDENCE BLUE CROSS**  
[WWW.IBX.COM](http://WWW.IBX.COM)  
1-800-275-2583  
TDD/TTY 877-219-5457 or (toll-free) 888-857-4816

**UNITEDHEALTHCARE COMMUNITY PLAN**  
[WWW.UHCCOMMUNITYPLAN.COM](http://WWW.UHCCOMMUNITYPLAN.COM)  
1-800-414-9025 (Hearing-Impaired: 711)

**UPMC HEALTH PLAN**  
[WWW.UPMCHEALTHPLAN.COM/UPMCFORKIDS](http://WWW.UPMCHEALTHPLAN.COM/UPMCFORKIDS)  
1-800-978-8762  
TDD/TTY 1-800-361-2629



[www.chipcoverspakids.com](http://www.chipcoverspakids.com)

1-800-986-KIDS



Commonwealth of Pennsylvania  
Department of Human Services

Children's Health Insurance Program  
Administrative Performance Measure Report

**FINAL REPORT**

Completed on: February 7, 2017

IPRO Corporate Headquarters  
Managed Care Department  
1979 Marcus Avenue  
Lake Success, NY 11042-1002  
phone: (516) 326-7767  
fax: (516) 326-6177  
[www.ipro.org](http://www.ipro.org)



## ADMINISTRATIVE PERFORMANCE MEASURES

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In the 2016 reporting year, Pennsylvania Children's Health Insurance Program (CHIP) Contractors reported the following Pennsylvania (PA) specific Performance Measures covering services delivered prior to and including calendar year (CY) 2015:

- Annual Number of Asthma Patients With One or More Asthma Related ER Visits
- Dental Sealants for 6-9 Year Old Children at Elevated Caries Risk
- Developmental Screening in the First Three Years of Life
- Total Eligibles Who Received Preventive Dental Services

### **PA CHIP Health Plans Included in This Report**

This report presents data collected from 10 health plans (Contractors) that provide health care benefits for PA CHIP enrollees:

- Aetna Health, Inc.
- Capital Blue Cross (CBC): Capital Blue Cross through Keystone Health Plan Central
- First Priority Health (NEPA): Highmark Inc. through First Priority Health
- Geisinger Health Plan (GHP)
- Highmark HMO: Highmark Inc. through Highmark Blue Cross Blue Shield
- Highmark PPO: Highmark Inc. through Highmark Blue Shield
- Independence Blue Cross (IBC)
- Health Partners (HPHP): Health Partners of Philadelphia, Inc
- UnitedHealthcare Community Plan (UHC)
- UPMC for Kids (UPMC): UPMC Health Plan

### **Methodology**

Data included in this report are drawn from PA specific performance measure data consisting of claims/encounter data collected using administrative data collection methodology. For each performance measure, a measure description is provided along with narrative analyses, comparison tables and charts. Comparisons are made between Contractors, with prior year's data and to Pennsylvania Medicaid Managed Care (PA MMC) benchmarks when available.

For each measure, the PA CHIP program average and weighted average is presented along with the PA MMC weighted average. The weighted average is calculated by dividing the sum of the total numerators by the sum of the total denominators. The average is calculated by dividing the sum of Contractor rates by the number of Contractors. Rates are not presented in instances where less than 30 members received a service, due to the variability associated with small denominators, which prevents direct comparisons.



## ANNUAL NUMBER OF ASTHMA PATIENTS WITH ONE OR MORE ASTHMA RELATED EMERGENCY DEPARTMENT VISITS

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This performance measure assesses the percentage of children and adolescents two years of age through nineteen years of age, with an asthma diagnosis, who had  $\geq 1$  asthma-related emergency department (ED) visits during calendar year 2015. This measure is an inverted measure with lower rates indicating better performance.

For the 2016 performance measure, 9,529 PA CHIP members were identified as children or adolescents with an asthma diagnosis. Of those total members identified with an asthma diagnosis, 782 members had one or more asthma related ED visits during 2015 (weighted average = 8.2%). The 2016 PA CHIP ASM-ED weighted average at 8.2% was 1.3 percentage points below the 2015 weighted average of 9.5%. Across the 10 PA CHIP contractors with reportable rates, asthma ED visit rates ranged from a low of 3.3% to a high of 14.0%.

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

	Numerator	Denominator	2016 Rate
Aetna	61	716	8.5%
CBC	39	1,170	3.3%
NEPA	13	307	4.2%
Geisinger	35	698	5.0%
Highmark HMO	40	692	5.8%
Highmark PPO	31	795	3.9%
Health Partners	97	816	11.9%
IBC	103	919	11.2%
United	230	2,467	9.3%
UPMC	133	949	14.0%
PA CHIP Average			7.7%
PA CHIP Weighted Average	782	9529	8.2%
PA MMC Weighted Average <sup>1</sup>			NA

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<sup>1</sup>Annual Number of Asthma Patients was discontinued for Medicaid beginning in 2016



Figure 1: Annual Number of Asthma Patients with One or More Asthma Related Emergency Department Visits: 2015 versus 2016

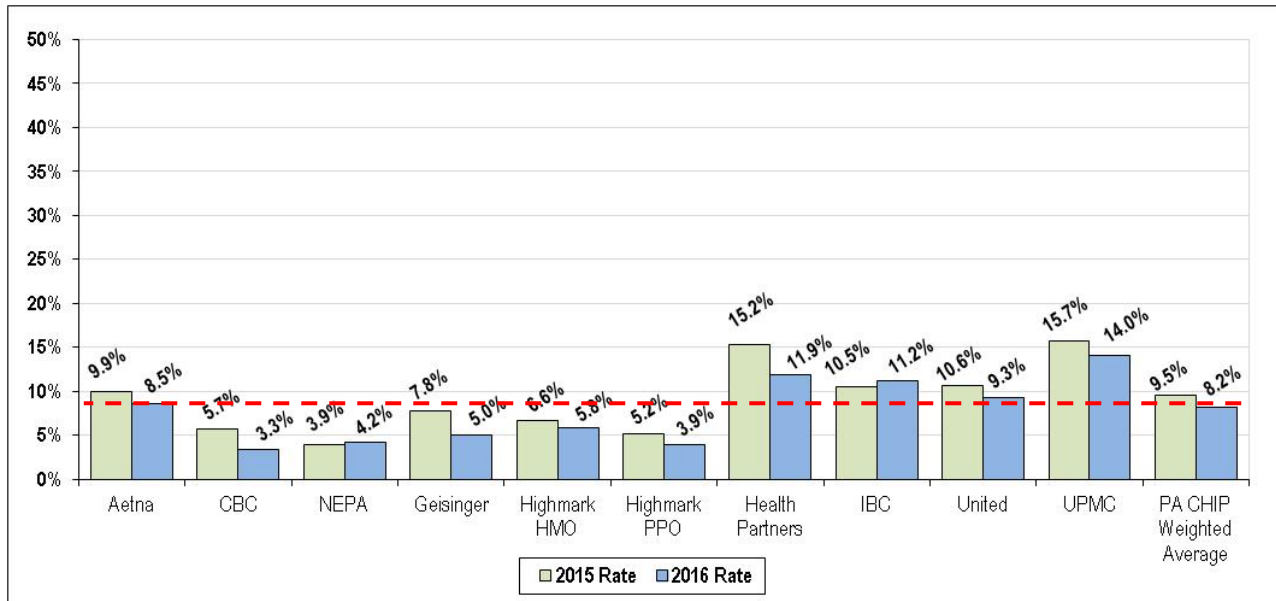
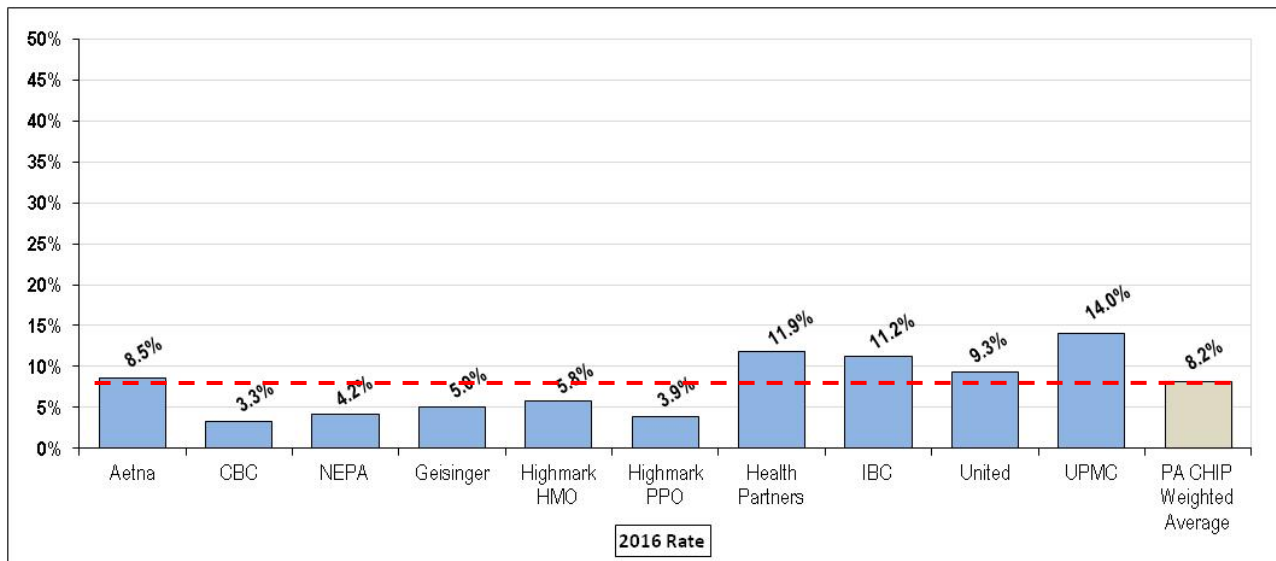


Figure 2: Annual Number of Asthma Patients with One or More Asthma Related Emergency Department Visits 2016





## DEVELOPMENTAL SCREENING IN THE FIRST THREE YEARS OF LIFE

This performance measure assesses the percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the twelve months preceding their first, second, or third birthday.

### Developmental Screening: Total Rate

For the 2016 performance measure, 4,992 PA CHIP members were identified as eligible for a developmental screening. Of the eligible members, 2,022 members received a developmental screening (weighted average = 40.5%). The 2016 PA CHIP weighted average of 40.5% was 1.6 percentage points above the 2015 PA CHIP weighted average of 38.9%. Screening rates ranged from a low of 29.7% to a high of 63.9% for the 10 contractors with reportable rates.

Table 2: Developmental Screening - Total Rate

	Numerator	Denominator	2016 Rate
Aetna	211	330	63.9%
CBC	149	501	29.7%
NEPA	41	122	33.6%
Geisinger	192	511	37.6%
Highmark HMO	62	191	32.5%
Highmark PPO	85	247	34.4%
Health Partners	72	145	49.7%
IBC	312	824	37.9%
United	551	1181	46.7%
UPMC	347	940	36.9%
PA CHIP Average			40.3%
PA CHIP Weighted Average	2,022	4,992	40.5%
PA MMC Weighted Average			51.3%

Figure 3: Developmental Screening - Total Rate: 2015 versus 2016

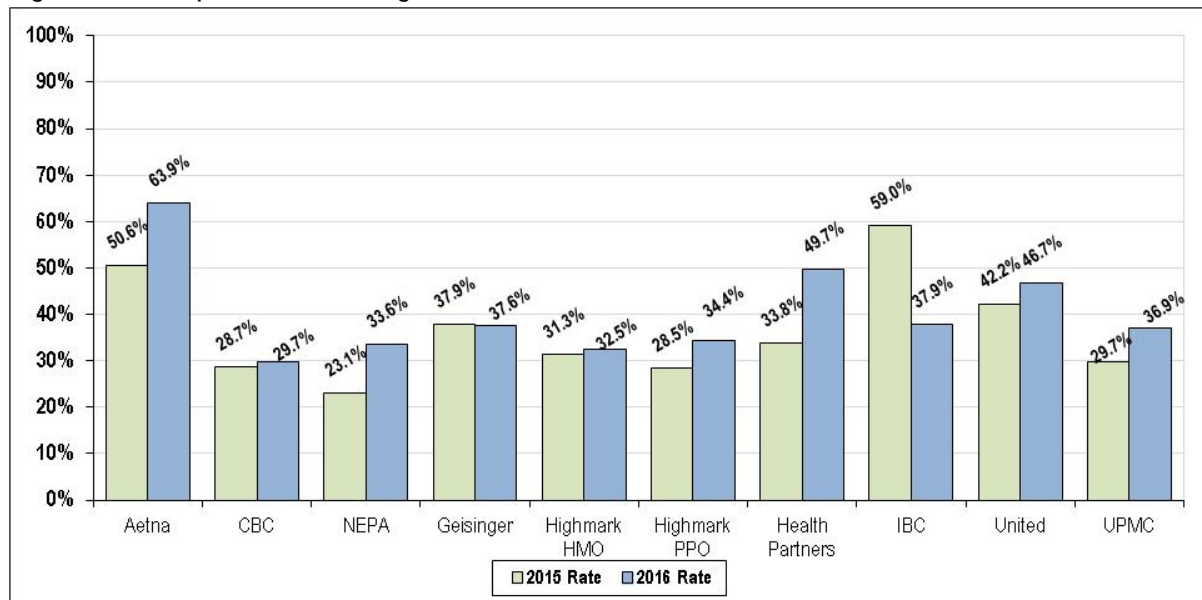




Figure 4: Developmental Screening - Total Rate

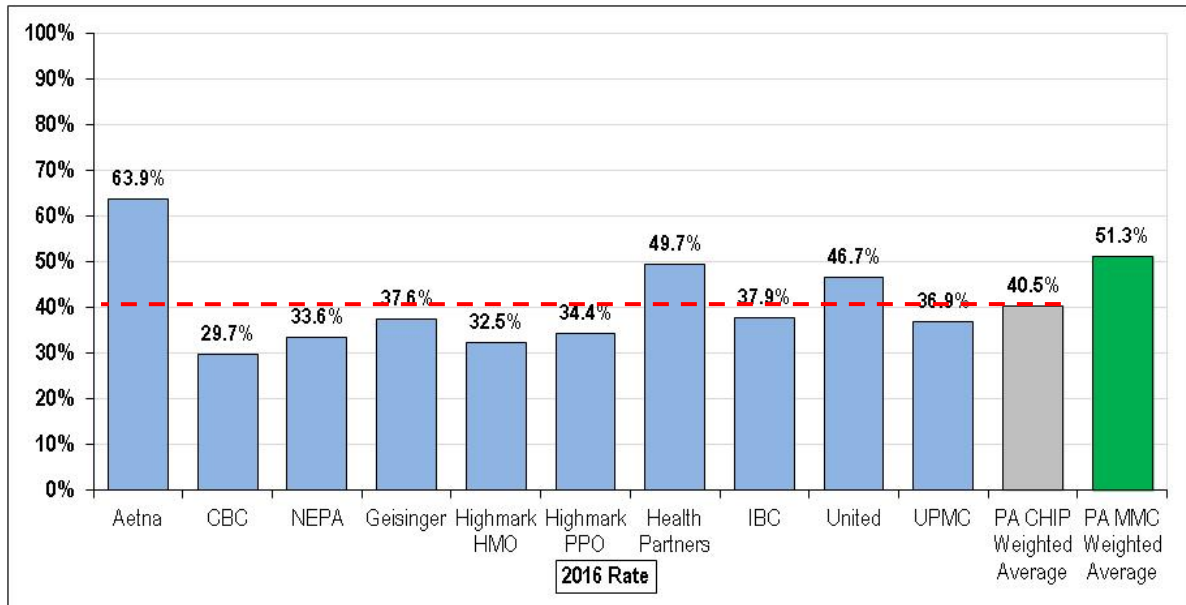


Table 3: Developmental Screening - 1 year old

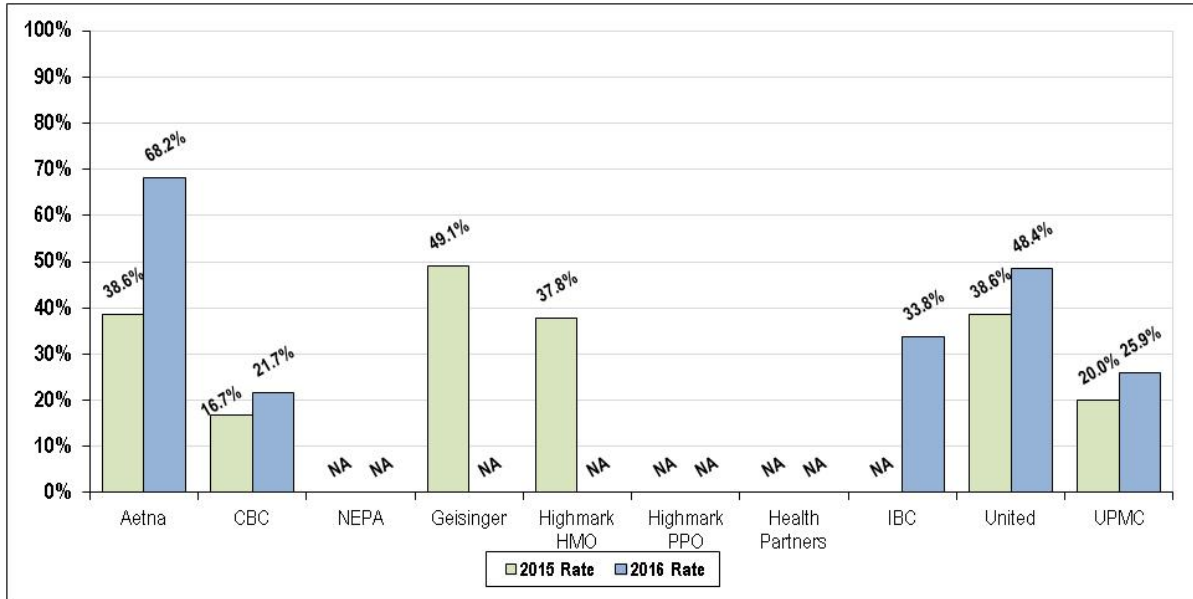
	Numerator	Denominator	2016 Rate
Aetna	30	44	68.2%
CBC	13	60	21.7%
NEPA	1	13	NA
Geisinger	2	12	NA
Highmark HMO	2	18	NA
Highmark PPO	4	28	NA
Health Partners	2	5	NA
IBC	25	74	33.8%
United	62	128	48.4%
UPMC	21	81	25.9%
PA CHIP Average			39.6%
PA CHIP Weighted Average	162	463	35.0%
PA MMC Weighted Average			46.8%

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



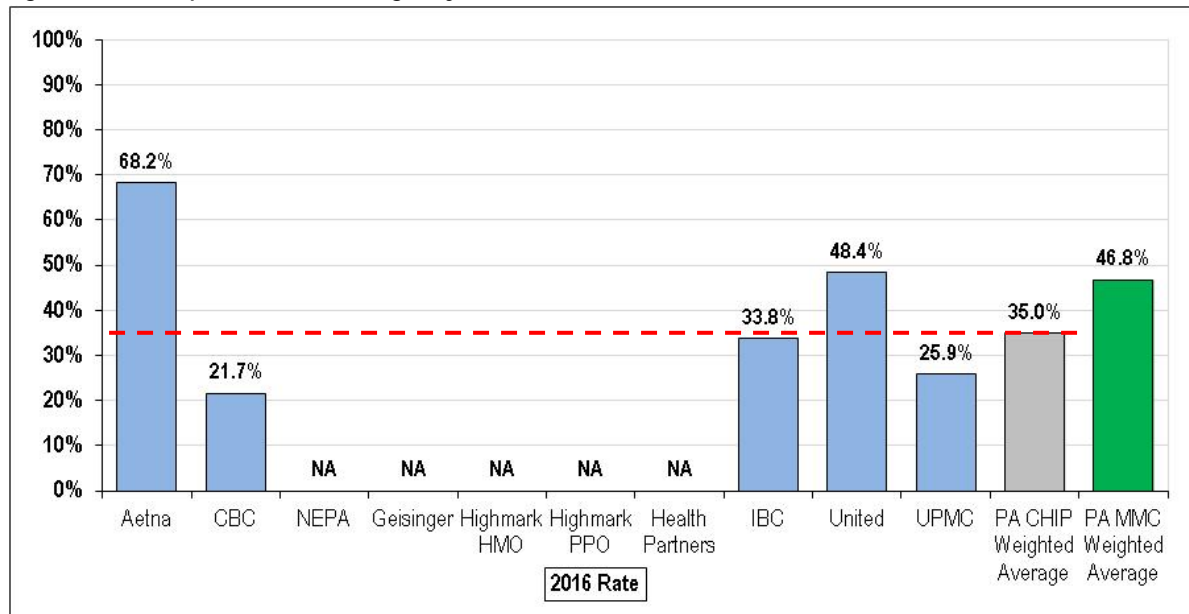


Figure 5: Developmental Screening - 1 year old 2015 versus 2016



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

Figure 6: Developmental Screening - 1 year old



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



Table 4: Developmental Screening - 2 years old

	Numerator	Denominator	2016 Rate
Aetna	78	121	64.5%
CBC	55	153	35.9%
NEPA	15	41	36.6%
Geisinger	91	225	40.4%
Highmark HMO	32	84	38.1%
Highmark PPO	34	88	38.6%
Health Partners	26	45	57.8%
IBC	158	312	50.6%
United	220	420	52.4%
UPMC	138	335	41.2%
PA CHIP Average			45.6%
PA CHIP Weighted Average	847	1,824	46.4%
PA MMC Weighted Average			54.6%

Figure 7: Developmental Screening - 2 year old 2015 versus 2016

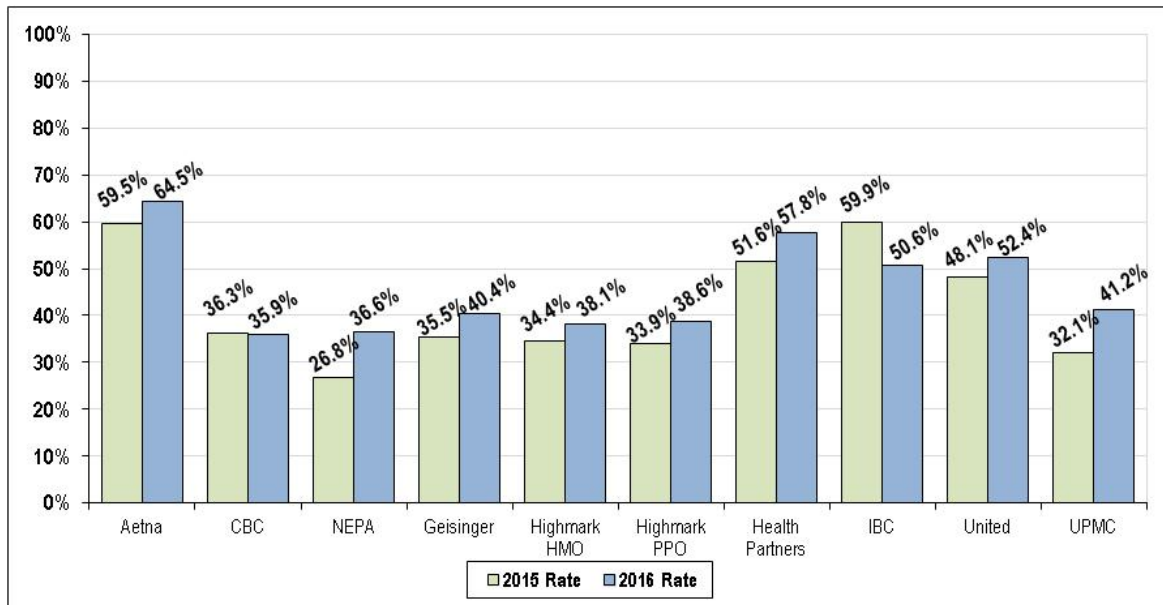




Figure 8: Developmental Screening - 2 year old

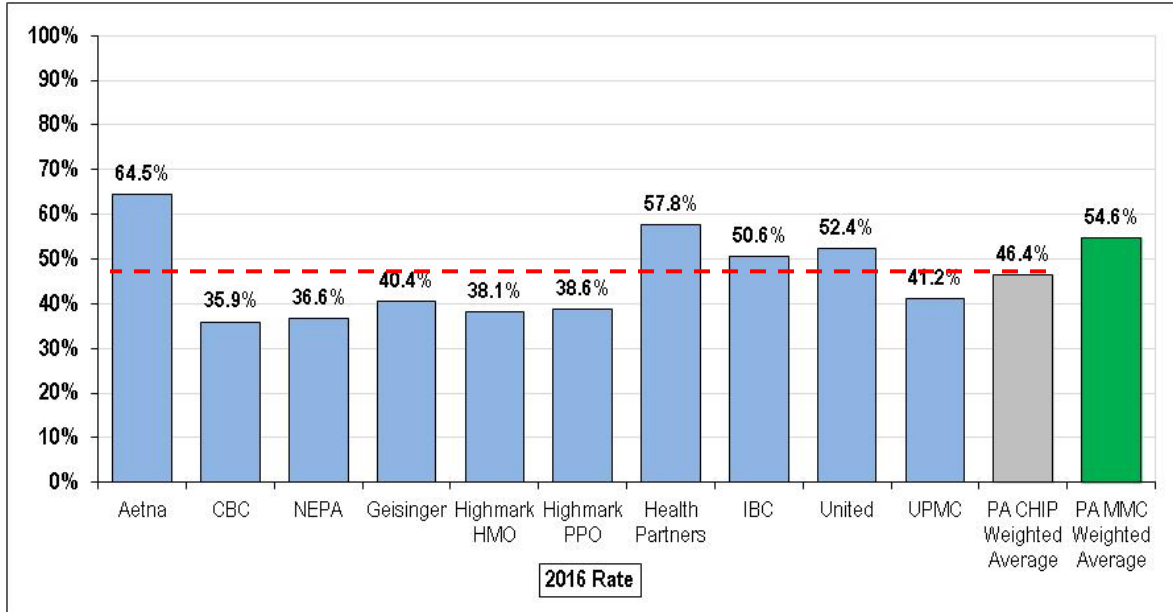


Table 5: Developmental Screening - 3 years old

	Numerator	Denominator	2016 Rate
Aetna	103	165	62.4%
CBC	81	288	28.1%
NEPA	25	68	36.8%
Geisinger	99	274	36.1%
Highmark HMO	28	89	31.5%
Highmark PPO	47	131	35.9%
Health Partners	44	95	46.3%
IBC	129	438	29.5%
United	269	633	42.5%
UPMC	188	524	35.9%
PA CHIP Average			38.5%
PA CHIP Weighted Average	1,013	2,705	37.4%
PA MMC Weighted Average			52.6%



Figure 9: Developmental Screening - 3 year old 2015 versus 2016

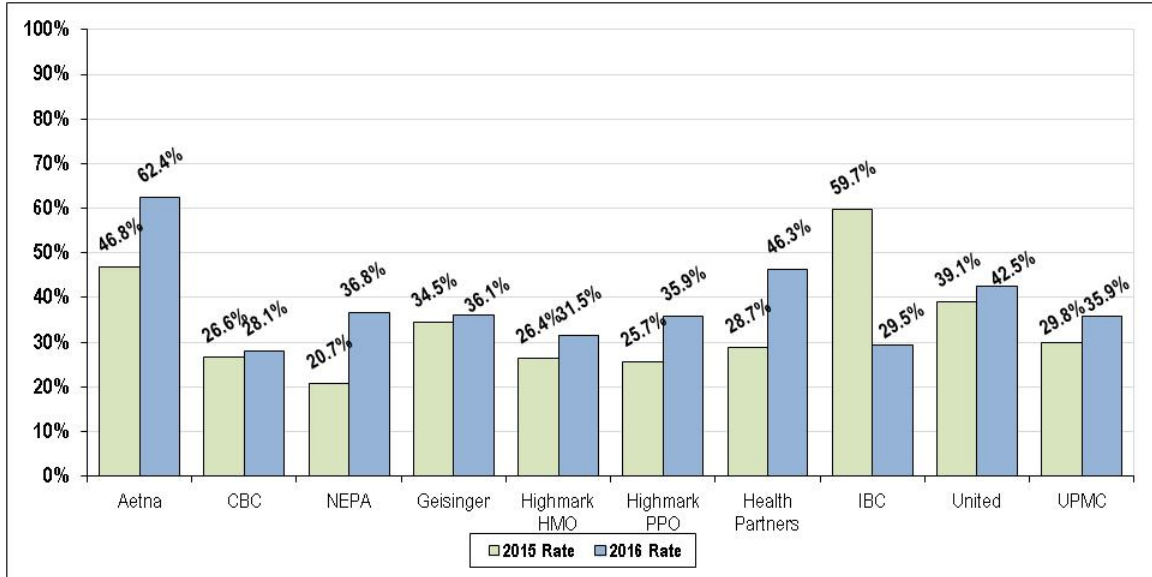
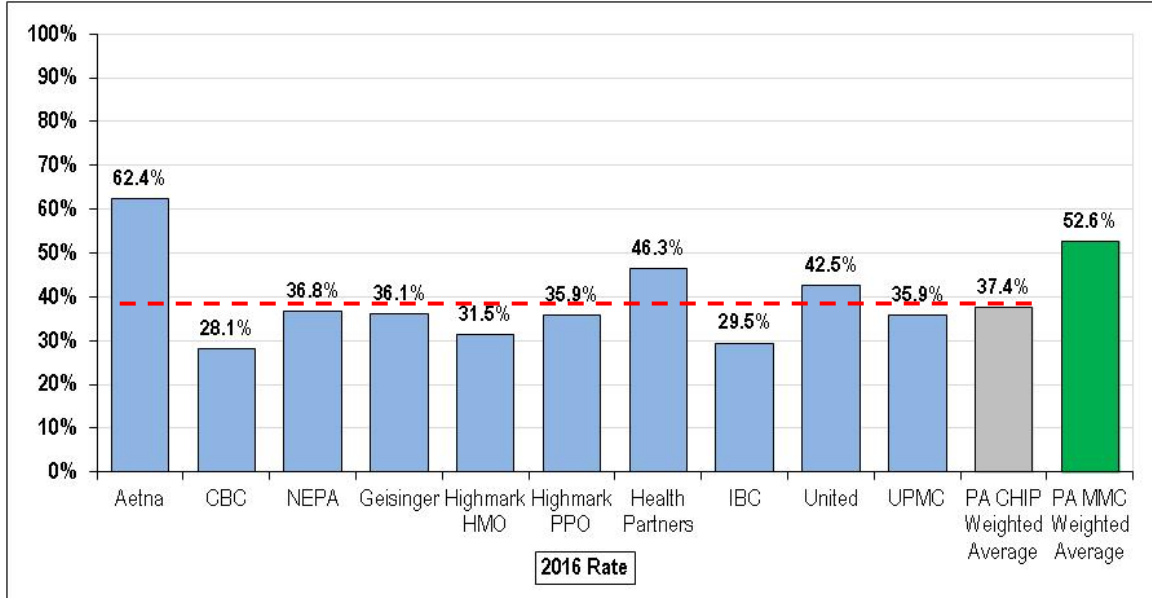


Figure 10: Developmental Screening - 3 year old





## TOTAL ELIGIBLES WHO RECEIVED PREVENTIVE DENTAL SERVICES

This performance measure assesses the total number of eligible and enrolled children ages one through twenty years of age who received preventive dental services during the measurement year 2015.

For the 2016 performance measure, 183,216 PA CHIP members were identified as eligible to receive preventive dental services in 2015. Of these eligible members, 97,837 received preventive dental services during 2015 (weighted average = 53.4%). The 2016 PA CHIP weighted average of 53.4% was 5.4 percentage points above the 2015 PA CHIP weighted average of 48.0%. Preventive Dental Services rates ranged from a low of 33.8% to a high of 67.6% for the 10 contractors with reportable rates.

Table 6: Total Eligibles who Received Dental Treatment Services

	Numerator	Denominator	2016 Rate
Aetna	6,156	10,590	58.1%
CBC	11,274	18,663	60.4%
NEPA	2,422	7,172	33.8%
Geisinger	5,118	10,929	46.8%
Highmark HMO	8,425	12,455	67.6%
Highmark PPO	7,276	10,787	67.5%
Health Partners	5,829	12,614	46.2%
IBC	16,226	25,065	64.7%
United	18,874	42,043	44.9%
UPMC	16,237	32,898	49.4%
PA CHIP Average			53.9%
PA CHIP Weighted Average	97,837	183,216	53.4%

Figure 11: Total Eligibles who Received Dental Treatment Services: 2015 versus 2016

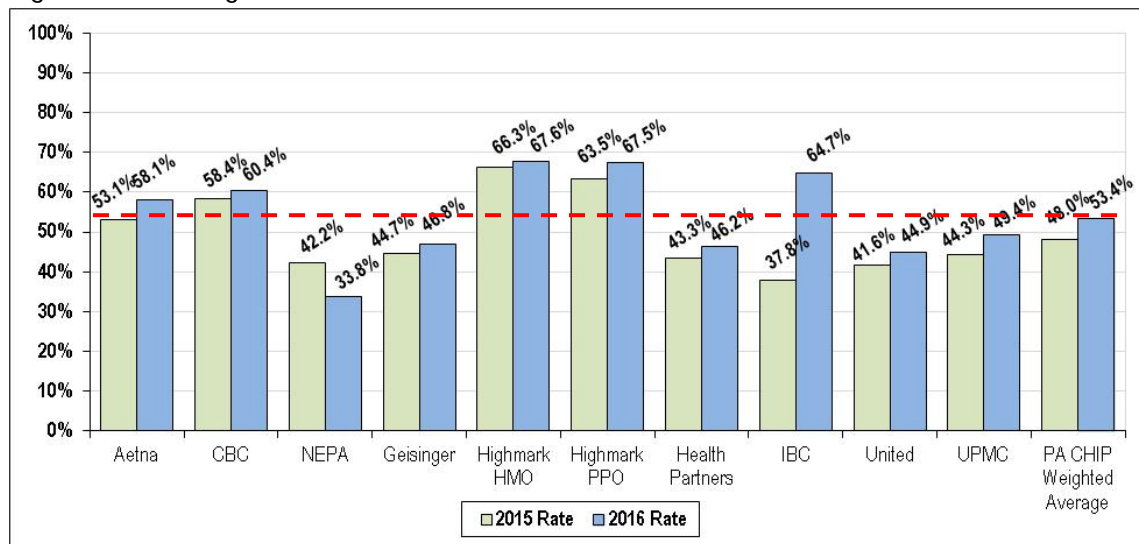
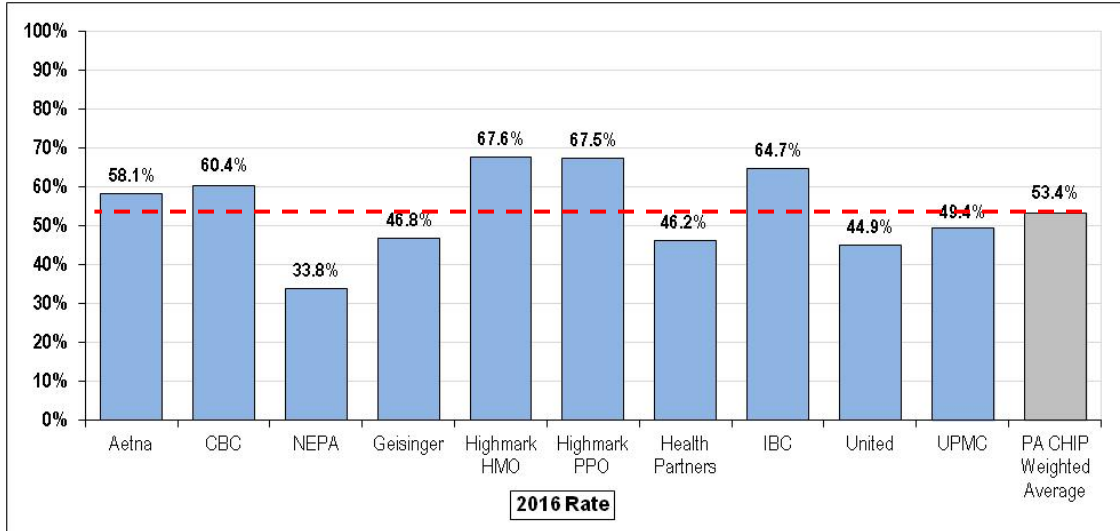




Figure 12: Total Eligibles who Received Dental Treatment Services





## DENTAL SEALANTS IN 6-9 YEAR OLD CHILDREN AT ELEVATED CARIES RISK

This performance measure assesses the percentage of enrolled children ages six to nine years at elevated risk of dental caries from 2012 through 2015, and who received a sealant on a permanent first molar tooth within measurement year 2015.

This measure is a new CMS Core measure for 2016, collected for the first time for both Medicaid and CHIP plans as a replacement for the Dental Sealants for Children measure, which has been retired. CMS has provided guidance to States to calculate this new measure using all applicable data across the state, including examining data across the plans during the three year look back period to identify members at elevated risk. Once those at elevated risk are identified, it is recommended that all applicable Medicaid and CHIP data available be used to create an enhanced rate. Sections I and II below outline the rates that were contractor reported (I), as well as the previously outlined enhanced rates (II).

### I. CONTRACTOR REPORTED RATES

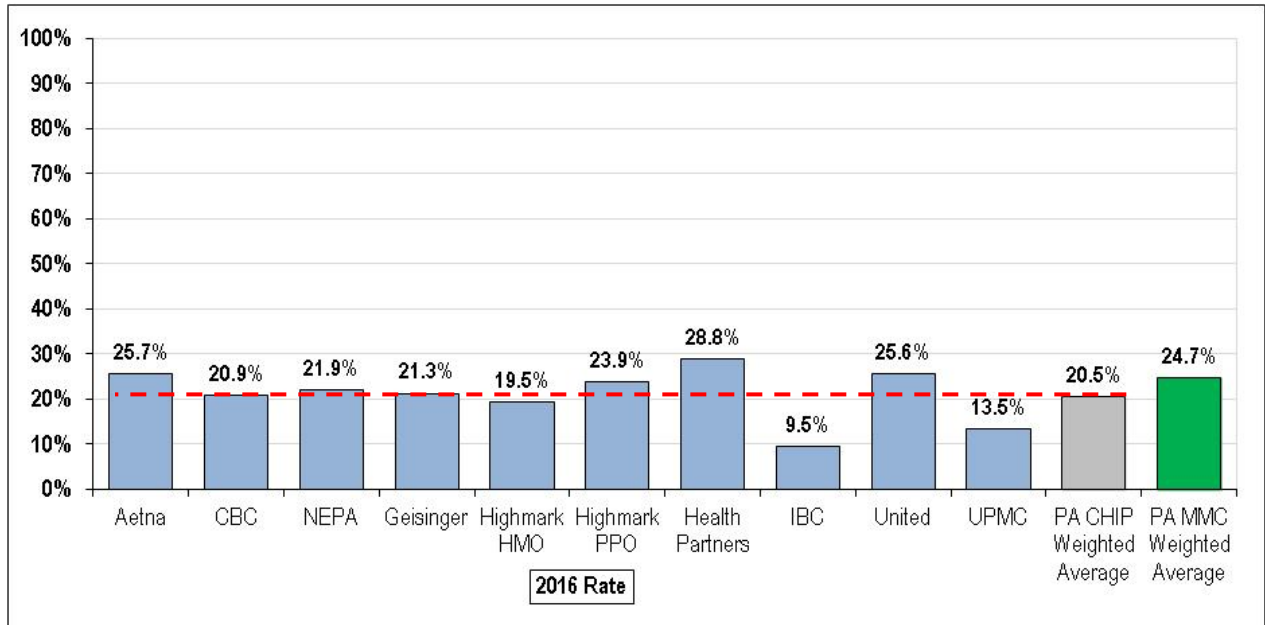
For the 2016 performance measure, 13,075 PA CHIP members, age six to nine years as of December 31, 2015, were identified as being at moderate or high risk for dental caries. Of these eligible members, 2,686 were at elevated risk for dental caries and received a sealant on a permanent first molar tooth as a dental service (weighted average = 20.5%). Sealant rates ranged from a low of 9.5% to a high of 28.8% for the 10 contractors with reportable rates.

Table 7: Dental Sealants for Children: Contractor Reported Rates

	Numerator	Denominator	2016 Rate
Aetna	243	947	25.7%
CBC	313	1495	20.9%
NEPA	136	621	21.9%
Geisinger	169	794	21.3%
Highmark HMO	172	884	19.5%
Highmark PPO	224	939	23.9%
Health Partners	217	754	28.8%
IBC	141	1482	9.5%
United	793	3093	25.6%
UPMC	278	2066	13.5%
PA CHIP Average			21.0%
PA CHIP Weighted Average	2,686	13,075	20.5%
PA MMC Weighted Average			24.7%



Figure 13: Dental Sealants for Children: Contractor Reported Rates



## II. ENHANCED REPORTED RATES

For the 2016 performance measure, 13,627 PA CHIP members, age six to nine years as of December 31, 2015, were identified as being at moderate or high risk for dental caries. Of these eligible members, 2,689 were at elevated risk for dental caries and received a sealant on a permanent first molar tooth as a dental service (weighted average = 19.7%). Sealant rates ranged from a low of 9.5% to a high of 27.4% for the 10 contractors with reportable rates.

Table 8: Dental Sealants for Children: Enhanced Reported Rates

	Numerator	Denominator	2016 Rate
Aetna	244	956	25.5%
CBC	313	1495	20.9%
NEPA	136	628	21.7%
Geisinger	169	897	18.8%
Highmark HMO	172	888	19.4%
Highmark PPO	224	942	23.8%
Health Partners	217	791	27.4%
IBC	141	1488	9.5%
United	795	3476	22.9%
UPMC	279	2088	13.4%
PA CHIP Average			20.3%
PA CHIP Weighted Average	2,689	13,627	19.7%
PA MMC Weighted Average			19.3%





Figure 14: Dental Sealants for Children: Enhanced Reported Rates

