



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

Children's Health Insurance Program

2008 Annual Report to the Legislature

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pennsylvania
INSURANCE DEPARTMENT

2008 Children’s Health Insurance Program Annual Report

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2008 Children's Health Insurance Program Annual Report

Executive Summary

The Pennsylvania Insurance Department's mission is to protect and educate Pennsylvanians by enforcing insurance laws and providing access to quality health care. As part of our mission, the Department is committed to providing access to health insurance to all eligible uninsured children and teens.

Pennsylvania's Children's Health Insurance Program (CHIP) 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 that met Congressional specifications. Pennsylvania's 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, and amended by Act 136 of 2006 (the Act).

Although Pennsylvania has one of the highest rates of health insurance coverage for children in the country, a 2004 health insurance status survey commissioned by the Insurance Department (the Department) determined that 133,600 children, or about 4.0% of the population in Pennsylvania, were uninsured. Some of those children already qualified for publicly funded health insurance coverage, including the Medicaid Program and the free and subsidized CHIP as it existed at that time. Others were children of working parents who were not eligible for the publicly subsidized programs due to income limits, but were unable to afford private insurance. In early 2007, after passage of Act 136 of 2006, Pennsylvania received approval from the federal government to expand eligibility for CHIP as part of its *Cover All Kids* initiative, and in March 2007 the new eligibility guidelines were implemented.

Calendar year 2008 afforded the Department with many opportunities to work with advocates, insurers, community partners, legislators, and other stakeholders to make health insurance available to Pennsylvania's uninsured children. It was the first full calendar year in which the *Cover All Kids* expansion to eligibility was in effect.

Services

Primary services funded for the year were those directed by Section 2311(l)(6) of the Act and include:

- Preventive care;
- Specialist care;
- Diagnosis and treatment of illness or injury;
- Laboratory/pathology testing;
- X-rays;
- Injections and medications;
- Emergency care, including emergency transportation;
- Prescription drugs;

- Emergency, preventive and routine dental care;
- Emergency, preventive and routine vision care;
- Emergency, preventive and routine hearing care; and
- Inpatient hospital care (90 days including mental health).

Ancillary medically necessary and therapeutic services include mental health services, inpatient and outpatient treatment of substance abuse, rehabilitative therapies, home health care, durable medical equipment, and maternity care.

Eligibility

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

- Age of the child (up to age 19);
- Citizenship status (must be U.S. citizen or lawfully admitted alien);
- Pennsylvania resident;
- Not eligible for Medicaid;
- Not currently covered through employer-based or private health care coverage;
- Families whose incomes fall in the low-cost and full-cost CHIP ranges must also show that their children have been uninsured for six months unless their children are under age two, have lost health insurance because a parent lost a job, or are moving from another public health insurance program; and
- For families whose incomes fall in the full-cost CHIP range, comparable insurance must be either unavailable or unaffordable.

With the *Cover All Kids* initiative, Pennsylvania implemented a six-month period of uninsurance for children over the age of two with an adjusted gross income greater than 200% FPL unless the child lost insurance due to a parent losing employment or the child is transferring from one government-subsidized health care program to another.

Costs and Contributions

CHIP continues to provide identical, comprehensive benefits to individuals enrolled in the varied components of the program, which are based upon adjusted gross household income. These include the free, low-cost, and full-cost components, which are illustrated on the previously mentioned Attachment 1. Premiums and co-payments are charged on a sliding scale basis as determined by adjusted gross household income.

The free component covers children in families with an adjusted gross household income no greater than 200% of federal poverty guidelines. 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.

The low-cost component covers children in families with an adjusted gross household income greater than 200% but no greater than 300% of the federal poverty guidelines. 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. These premiums are charged on a sliding scale based upon adjusted gross household income. Enrollment in low-cost CHIP is divided into three increments with progressively increasing premiums, as follows:

- Greater than 200% but no greater than 250% - 25% of the per member per month (PMPM) cost. The average cost to the enrollee in 2008 was \$40.
- Greater than 250% but no greater than 275% - 35% of PMPM cost. The average cost to the enrollee in 2008 was \$56.
- Greater than 275% but no greater than 300% - 40% of PMPM cost. The average cost to the enrollee in 2008 was \$64.

In addition, children in the low-cost component are charged point-of-service co-payments as follows:

- Primary care visits \$5
- Specialists \$10
- Emergency care \$25 (waived if admitted)
- Prescriptions - \$6 for generic and \$9 for brand names

There are no co-payments for well-baby visits, well-child visits, immunizations, or emergency 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 5% of household income.

The third component, full-cost CHIP, is for children in families with adjusted gross household income greater than 300% of the FPL, if private insurance is unaffordable or inaccessible. Families can buy into coverage at 100% of the cost negotiated with each of the eight health insurance contractors. The average premium as of December 2008 was \$161. No federal or state dollars are used to provide coverage for families in this full-cost group. In addition, children in families with adjusted gross income greater than 300% FPL are charged point-of-service co-payments as follows:

- Primary care visits \$15
- Specialists \$25
- Emergency care \$50 (waived if admitted)
- Prescriptions - \$10 for generic and \$18 for brand names

Insurers

In 2008, the Department administered CHIP through eight health insurance contractors, with at least one contractor offering coverage in every county of the Commonwealth. Participating under a three-year contract awarded on December 1, 2005, these eight insurers were:

- Aetna
- AmeriChoice
- Blue Cross of Northeastern Pennsylvania (coverage provided by First Priority Health HMO)
- Capital BlueCross (coverage provided by Keystone Health Plan Central HMO)
- 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)
- Unison Family Health Plan of Pennsylvania, Inc.
- UPMC Health Plan

Outreach

CHIP focused its marketing and outreach efforts on motivating parents to “apply now” and enroll their children in the program. While messaging has not changed much, our media strategy shifted. We staggered advertising over the entire year and ran TV and radio during the same weeks – which basically equated to every other week. New pilot programs included some print advertising in Philadelphia, as well as targeted minority communities. We also advertised in some parenting magazines in the Pittsburgh market and complemented our Latino outreach with some billboard advertising in heavily populated Latino neighborhoods.

We developed the Community Marketing Initiative, a grassroots marketing initiative which enabled CHIP to leverage existing relationships and trust that community partners have established in the local communities to efficiently and effectively extend grassroots community outreach. A total of 11 organizations were selected to help provide additional outreach and increase enrollment. We were pleased with the outcomes and are currently reviewing a second round of proposals. The Community Marketing Initiative also encouraged organizations to further develop relationships with local legislators to increase their knowledge of CHIP.

CHIP continues to drive the focus more on the uninsured teen population. Community Marketing Initiative organizations were evaluated based in part on outreach to the teen population.

CHIP focused on school district outreach this year and distributed CHIP information to the districts for use on their Web sites, lunch menus, flyers, newsletters, and in some cases, call or e-mail blasts. This is in addition to the “Really” flyer (see Attachment 2) that is distributed to all school districts in the state. For Cover the Uninsured Week, we also worked with one of the defensive line players for the Pittsburgh Steelers to record a special message about CHIP for school districts to use during call blasts to all parents in their district.

To assist with strategic messaging, CHIP developed an electronic toolkit for the Web site. Community organizations, school districts, and legislators may access various materials including collateral materials, news release templates, newsletter articles, and flyer templates. Our goal is to ensure consistent messaging and to reduce the amount of time and money

community organizations need to spend when helping to spread the word about CHIP and assist parents with applications.

Overall, we have found that a multi-pronged marketing and outreach approach is very effective in reaching citizens with CHIP's message. In 2008, CHIP continued to utilize valuable data provided by the helpline to measure how callers heard about CHIP. The data showed that TV ads, radio ads, Web site, and Governor Public Service Announcement reached the broadest audience; flyers distributed through schools and County Assistance Offices drew the most CHIP calls overall in the shortest amount of time; and word of mouth continued to strongly fuel awareness. CHIP always encourages citizens to tell family, friends, co-workers, and neighbors about the program. The results of this message were reflected in call volumes to the helpline.

Finally, CHIP focused on informing self-employed parents and those employed in the service industry about the program. These were seen as key areas of need. To reach the self-employed population, CHIP cultivated a relationship with the Pennsylvania chapter of the National Federation of Independent Businesses and placed ads and articles in its newsletter. To reach the service industry parents, CHIP worked with the PA Retailers' Association and the PA Restaurant Association, which allowed CHIP to send e-mail blasts to members. CHIP also placed ads and articles in the associations' newsletters.

Media Plan:

- We continued to run our “no worries” spot across the state in six major media markets – Philadelphia, Pittsburgh, Harrisburg – Lancaster – York, Wilkes-Barre - Scranton, Erie, and Johnstown-Altoona. The ad ran on TV and Cable year-round, every other week, and featured a young boy, delivering the message that “no family makes too much money for CHIP” and “apply today.” TV and Cable reached lower and upper incomes while radio targeted more lower incomes.
- Data collected from every caller to the CHIP helpline once again showed that when CHIP TV/radio ads and Public Service Announcements ran, calls to the helpline, hits to the CHIP Web site (we surpassed 3 million hits in a month this year), requests for applications, and over-the-phone applications increased. To that end, brochures and posters complementing the TV theme continued to be distributed statewide upon request.
- CHIP continued its successful Internet search engine advertising, utilizing Google, Yahoo, and other popular search engines.
- CHIP continued to run radio advertising across all markets, including African-American and Hispanic communities. Callers to the helpline cited radio advertising as the top way they heard about CHIP.

Retail Partnerships: CHIP expanded its retail partnerships with Giant Foods (grocery store chain), Rite Aid Corporation (drug store chain), Boscov's (department store), and Isaac's Restaurant and Deli to promote the program in coordination with each company's corporate outreach efforts. Co-branding with these successful companies further expanded CHIP's message in family-oriented locations.

Outreach to County Agency Caseworkers: CHIP expanded its outreach to county agencies and attended and presented at conferences and events that focus on this community. Examples included county Women, Infants, and Children (WIC) directors, CareerLink center directors, and Rapid Response coordinators, public librarians, PTAs/PTOs, domestic relations divisions (family courts), and HeadStart organizations.

School Notices: CHIP continued its partnership with the Department of Education by sending out the annual CHIP flyers to all public schools statewide (2.2 million flyers) to be disseminated to all students during the back-to-school season.

CHIP Web site: CHIP analyzed some statistics from Google analytics to understand what information people are looking for on the CHIP Web site (www.chipcoverspakids.com), how we could best organize that information, and what content or functionality we could add as enhancements. Visitors can view eligibility requirements, get updated facts on the expanded program, benefit information, how to apply, FAQs, how to order outreach materials, and various reports. We also worked to translate the whole site into Spanish and expect it to go live in 2009.

COMPASS: Commonwealth of Pennsylvania Access to Social Services, the Commonwealth's Web-based application and renewal system (www.COMPASS.state.pa.us), underwent a graphical redesign and the new look was launched in June. In the first four months, we saw a 63 percent increase in the number of users.

COMPASS Health Care Hand Shake: In March 2008, a pilot program began in five Counties where COMPASS became a conduit of information for the purpose of transferring client health care applications between the Medical Assistance Program and CHIP. Called the "Health Care Hand Shake," this process allows a client who has been denied or has become ineligible for Medical Assistance to be referred electronically to CHIP. The process also works in the reverse by electronically referring a client who is ineligible for CHIP to Medical Assistance. Key reason codes trigger these referrals between programs, using COMPASS as the linkage between eligibility systems. In October 2008, the pilot was expanded to transfer applications statewide. Prior to the implementation of this process, the procedure was by hand and fax. The new electronic process has shown to be very effective in both facilitating continuity of client coverage and assuring that no one "falls through the cracks."

Cover the Uninsured Week: In coordination with the Robert Wood Johnson (RWJ) national effort, Pennsylvania continued its statewide outreach efforts during "Cover the Uninsured Week" in April 2008. CHIP contractors and advocate partners blanketed the state with CHIP events and activities, including health fairs, enrollment drives with community-based organizations, and community events. CHIP also held several events during Cover the Uninsured Week and participated in a public relations blitz, to name a few items. See below for full descriptions.

- **April 27** – "Cover the Kids Sunday." Churches were asked to pass messages from the pulpit, post announcements, distribute CHIP brochures, and generally share information about CHIP and the importance of providing quality health insurance to children ages 0 - 19. Approximately 40 churches throughout the Commonwealth participated in the program. Most churches were in the Southeast Pennsylvania area but churches in Harrisburg and Pittsburgh also participated.

- **April 27** – Minority Health Month Banquet in Harrisburg – CHIP material was distributed, a CHIP promotional ad was part of the banquet digital display, and Barbara Grant did an interview on WTCY’s Sunday morning gospel show in connection with “Cover the Kids Sunday.”
- **April 28-May 1** –During Cover the Uninsured Week 2008 (April 27-May 3), CHIP hosted a statewide radio media tour. The tour centered on the fact that more than one million Pennsylvanians are uninsured, and it also included information about CHIP and the proposed initiative to expand coverage for uninsured adults. In all, we landed 10 interviews, touching each of Pennsylvania’s six media markets. Deputy Insurance Commissioner George Hoover conducted eight of the interviews, with Revenue Secretary Thomas Wolf and Health Secretary Dr. Calvin Johnson doing one interview each. The interviews aired on a total of **461 affiliates**, carrying our message to more than **3.5 million listeners**. The radio stations included powerhouses such as KDKA-AM in Pittsburgh, the American Urban Radio Network (with 367 affiliates), and Radio PA (with 75 affiliates).
- **April 28-29** – Pennsylvania Charter School Conference, Pittsburgh. CHIP was invited to set up a table and recruit charter schools who wanted to provide information to their students and parents about the availability of CHIP. The conference announced our presence to the general body and we were able to sign up more than 20 charter schools and the cyber charter school for follow-up events/presentations.
- **April 29-May 1** – Parent Information Resource Center (PIRC)/Harrisburg Public Schools initiative. PIRC conducted CHIP information-and-support clinics during kindergarten registration.
- **May 1** – Hispanic community CHIP/Access to Basic Care awareness event with partner organization Concilio. The event, held at the Maria De Los Santos Health Center in Philadelphia, had 80 people in attendance. Speakers included Roberto Santiago, Concilio’s executive director; Pedro Cortés; Secretary of State for the Commonwealth; George Hoover, Deputy Insurance Commissioner; Varsovia Fernandez; Executive Director of the Greater Philadelphia Hispanic Chamber of Commerce; Dr. A. Scott McNeal, Director of the Maria de los Santos Health Center; and Brenda Robles Cook of Delaware Valley Community Health Inc. and the Maria de los Santos Health Center. The event attracted significant media attention. Outlets attending included: *Al Dia*; *Impacto*; *El Hispano*; *El Sol*, Univision; and WFMZ.
- **May 2** – Radio interview on WURD-Philadelphia. George Hoover, Deputy Insurance Commissioner for CHIP and adultBasic, was featured on the African-American talk station program hosted by the Urban League of Philadelphia.

Pennsylvania Farm Show: CHIP sponsored a Farm Show booth again in 2008 where information and giveaways were distributed and application assistance was provided to families.

CHIP's theme was "no family makes too much money – so apply today." More than 500,000 citizens attended the 10-day Farm Show event.

Grassroots Outreach: CHIP and its insurance company contractors' outreach staff continued daily grassroots outreach, focusing on venues where folks could take the next step and enroll, such as health fairs, libraries, hospitals, community events, and meetings.

Word of mouth via friends and family consistently ranked as a major source of information and referrals to the CHIP helpline. Many families learn about and apply for the CHIP program based on the valued and trusted information provided to them from friends and family. To that end, CHIP continued its informal "tell a friend or family member" campaign over the last year to continue referrals.

Helpline – Connecting Citizens with CHIP and Tracking Progress

The Commonwealth continued to work with Policy Studies Inc. (PSI) to manage Pennsylvania's Health and Human Services Call Center. The integrated call center supports eight statewide health and human service information and referral helplines for five state agencies, which provides a "one-stop-shop" for most social services. PSI specialists are cross-trained to handle calls from each of the helplines to maximize resources and offer the full range of available social services and information to citizens on one call.

Helpline staff is also trained to identify uninsured callers and offer information and assistance with programs such as CHIP and Medical Assistance. Most importantly, PSI provides application assistance to callers by giving them the option to receive a paper application, apply or renew over the phone with the assistance of a helpline counselor, or receive the COMPASS Web site address to apply or renew on their own via the Web. PSI also maintains a list of applications submitted and paper applications mailed to callers and conducts follow-up calls to ensure that a "result" has occurred with each caller.

PSI has high-quality operations standards that it constantly monitors and meets to ensure a consistent level of service excellence. Quality assurance monitoring is also conducted by the partner agencies.

CHIP offered three ways to apply and renew for the program:

- Online via COMPASS, a one-stop shop where citizens can apply for many social service programs with one application;
- By paper application; and
- Over the phone through the CHIP helpline.

Interagency Initiatives

The nationally-recognized Reaching Out Interagency Workgroup continues to reach uninsured children in Pennsylvania. Through this effort, many excellent outreach ideas were exchanged and valuable information was shared, which CHIP incorporated into its strategic outreach and marketing planning. Consumer advocates are viewed as important contributors in the

development of new outreach and enrollment strategies and their input is regularly sought by CHIP staff.

Reaching Out to Underserved Communities

In order to further outreach efforts to specific populations, CHIP added a provision to its insurance company contractors' contracts that required contractors to describe how they would identify and address special populations, including non-white and non-English speaking children and children with disabilities; how they would reach different geographic areas, including rural and inner-city areas; and how they would address cultural and ethnic diversity in their outreach efforts. Additionally, the contracts require contractors to describe their accommodations for non-English-speaking customers and those who are visually or hearing impaired; and to describe the percentage of customer service representatives who are bilingual in Spanish and English, and the training for helpline staff in cultural competency and in addressing the needs of special populations.

All contractors are now required to develop CHIP-specific Web sites in both English and Spanish and to provide written materials in English and Spanish, if Spanish is the indicated preference on the CHIP application. These contractual obligations provide even stronger focus on these specific outreach activities conducted statewide by CHIP contractors. The program monitors its contractors to ascertain that they provide outreach to special populations in the ways they described in their contractual responses. When needed, CHIP provides direction to contractors to further efforts in these areas, and also provides suggested best practices to contractors to assist in increasing efforts in targeted areas of the Commonwealth.

African-American Outreach

After several years of no radio advertising, CHIP tested and then went statewide with radio advertising across all markets, including African-American and Hispanic radio stations. Radio continues to be a key component in our media plan.

A new marketing partner, Cardenas-Grant, implemented an updated CHIP marketing and outreach strategy for Pennsylvania's uninsured African-American community. The African-American outreach program focused on the recruitment of community-based organizations with established constituencies to identify uninsured children and teens. The plan brought CHIP presence/awareness and enrollment activities to targeted towns and neighborhoods with an emphasis on population areas that have significant African-American populations (Philadelphia region, Reading, Harrisburg, and Pittsburgh). These events provided families with information that would help them to enroll in CHIP and "CHIP crews" were present at various events to provide on-site assistance with completing a CHIP application or a referral/follow-up from one of the CHIP insurance contractors. Highlights of the grassroots outreach conducted included:

Tax season initiative: In conjunction with the Campaign for Working Families, Electronic Income Tax Credit tax filers were screened for interest in CHIP. That initiative netted more than 350 families who were referred to insurance contractors for follow-up.

Faith-Based Initiatives

- Presentations directly recruited a total of 70 churches to promote the CHIP message, predominantly in southeast Pennsylvania, but including faith-based congregations in Lancaster, Berks, Allegheny, and Dauphin Counties. Church membership in these congregations totaled 28,125.
- Additionally, Cardenas-Grant worked through networks of churches that included the AME First Episcopal District, The Reading Ministerium, Church of God in Christ Pennsylvania Koinonia Jurisdiction, The Black Clergy of Philadelphia and Vicinity, and the Office of Faith-Based Initiatives of the City of Philadelphia. Through these networks, CHIP messages reached more than 400 churches (80% in Philadelphia) with a combined membership of more than 250,000.
- More than 40 churches participated in “Cover the Kids Sunday”(during the first day of Cover the Uninsured Week) to pass CHIP messages from the pulpit and provide information about how to sign up for CHIP.
- The faith-based community partnership with the First District African Methodist Episcopal Church resulted in a Cover the Kids Concert in June attracting hundreds to hear the CHIP message and referral to one of the Philadelphia contractors (AmeriChoice) for follow-up.
- 36 churches are now official CHIP enrollment sites with staff designated to help potential enrollees with application assistance and/or referrals.

Mother’s Day promotion: Nearly 20,000 mother’s day cards, customized with the CHIP message and contact information, were distributed to charter schools, after school and early elementary day care centers.

Charter Schools: Cardenas-Grant has been working with the Pennsylvania Charter Schools Association to identify uninsured children at these institutions. At the beginning of this school year, they requested 10,700 CHIP brochures and a few schools also requested CHIP sign-up crews for their back-to-school open houses.

Advertising: Media buys (radio and print) were executed in Philadelphia, Harrisburg, and Pittsburgh. Radio advertising was tagged with information about local events to drive potential applicants to sources of application assistance.

Media Partnerships: While the general market media buy focused on driving up levels of awareness, Cardenas-Grant’s focus has been on outreach: identifying uncovered, uninsured families and actually helping them to complete applications. To do this, Cardenas-Grant has found penetration points within the African American community that have established constituencies either statewide or in identified locations through which they can send CHIP messages and invitations to sign up via:

With this in mind, and to remain consistent with the overall goal to *raise the understanding among all populations* so that the Hispanic audience is predisposed to CHIP and *increase CHIP enrollment*, Mendoza Group's Hispanic marketing plan deployed the following strategic concepts:

- CHIP De Mamá a Mamá (from mom to mom) brigade outreach in the community;
- Community outreach, media and quarterly public relations campaigns;
- Enriched and/or established partnerships with key retailers, community-based organizations, school districts and healthcare professionals serving the Hispanic community whereby a connection could be made with Latina moms when their children are their foremost concern;
- Continued to earn trust and engage the audience, and created a willingness to call the CHIP hotline by continuing the “Worry Free” messaging, as this concept is culturally relevant in Spanish and as recent CHIP hotline reports have indicated, is providing an incentive for Hispanic residents to inquire about CHIP; and
- Translation of the CHIP Web site into Spanish.



- CHIP Insurance Awareness Research - In an effort to gauge CHIP awareness in the Hispanic market of Pennsylvania, Mendoza Group implemented an Insurance Awareness Study during June 2008. One hundred five-minute intercept interviews were conducted with Latina women at various high-traffic locations in the top Hispanic neighborhoods of Philadelphia and Reading and in the emerging Hispanic neighborhoods of Lebanon and Pittsburgh. The CHIP Insurance Awareness Study for the selected Hispanic markets across the Commonwealth will prove to be a valuable tool in the months ahead as we continue to increase CHIP awareness and overall market share of Pennsylvania's Hispanic youth. In the larger, more established Latino communities of Philadelphia and Reading, CHIP was found to be very well known as a very good health insurance plan, which is provided by the state to low-income families. These findings make sense as these communities have been effectively marketed to via solid community outreach and integrated media campaigns utilizing advertising mediums with targeted coverage. In the smaller, less established but burgeoning Latino communities of Pittsburgh and Lebanon, CHIP is not well known. These communities host a rapidly growing Mexican immigrant population, one which historically can be skeptical and apprehensive about participating in any government-funded programs and a true challenge when it comes to building trust. The good news is that as these communities grow, more community-based organizations will be formed and Latino advertising vehicles like radio and newspaper will begin to materialize and we will have the proper marketing tactical advantage to brand CHIP into the hearts of this loyal and needing demographic.

- Cover the Uninsured Week - Hispanic community CHIP/Access to Basic Care awareness event with partner organization Concilio. The event, held at the Maria De Los Santos Health Center in Philadelphia, had 80 people in attendance. The event attracted significant media attention.

Marketing tactics implemented in 2008 included:

- **Radio Advertising** – “Worry-free with CHIP”;
- **Print Advertising** – “CHIP Covers All Uninsured Kids, Including Teens”;
- **Outdoor Advertising** - “CHIP Covers All Uninsured Kids, Including Teens”;
- **Direct mail and Telemarketing to community influencers** – specialty brochure distribution;
- **TV Advertising** – produced a 30-second CHIP TV commercial in Spanish, which began advertising rotation during November 2008;
- **School District Outreach** – Backpack-friendly “oversized” CHIP envelope with CHIP information distributed to high schools with large Latino student populations. CHIP envelopes were distributed to students during their end-of-day homeroom period, or via community partners, which provide health services in Latino neighborhoods, like the St Luke’s Hospital Health Star RV in Bethlehem; and
- **CHIP Hispanic Advisory Network** - In an effort to expand on Pennsylvania Insurance Department’s successful advisory network to the secondary Hispanic markets, Mendoza Group recommended an alternate strategy to accommodate community partners and influencers who may not have the convenience of participating at CHIP advisory meetings in Harrisburg. These influencers were not necessarily contractors; instead, they were key gatekeepers within community-based organizations which primarily cater to Hispanic residents of Pennsylvania. Target markets are Pittsburgh and Lebanon. The goal of the network was to establish sustaining relationships with as many community influencers as possible – to utilize their feedback as a scorecard of our activities; to better understand these organizations’ activities and successes; and to educate advisory network members about CHIP.



Enrollment

Projected Number of Eligible Children

The average enrollment for the calendar year 2008 was 174,100. Enrollment reached an unprecedented level of 182,418 in December 2008. This represents a 45-percent increase since Governor Rendell took office in January 2003. The projected average enrollment for CHIP in

state fiscal year 2008-2009 is 183,356, indicating an increasing demand for the program. As mentioned previously, the second study of the insurance status of Pennsylvanians provided a new estimate of approximately 138,500 uninsured children in Pennsylvania. Under the expanded program, roughly 87,300 of these children are potentially eligible for CHIP and the remaining 51,200 may be eligible for Medicaid.

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

Please refer to Attachment 3 (CHIP Enrollment by County), a report that provides county-specific data for the number of children enrolled in the program during the reporting period of January through December 2008.

The total number of enrollment by per centum of the FPL for the period January through December 2008 was:

| Month | No greater than 200% FPL (free group) | Greater than 200% but no greater than 250% FPL (Low-Cost Group 1) | Greater than 250% but no greater than 275% FPL (Low Cost Group 2) | Greater than 275% but no greater than 300% FPL (Low-Cost Group 3) | Greater than 300% FPL (Full-Cost Group) | Total Monthly Enrollment |
|--------------|--|--|--|--|--|---------------------------------|
| January | 147,203 | 15,130 | 2,360 | 1,263 | 1,013 | 166,969 |
| February | 147,646 | 15,601 | 2,636 | 1,388 | 1,106 | 168,377 |
| March | 148,385 | 16,004 | 2,829 | 1,458 | 1,152 | 169,828 |
| April | 149,301 | 16,267 | 2,930 | 1,480 | 1,215 | 171,193 |
| May | 150,469 | 16,487 | 2,938 | 1,499 | 1,278 | 172,671 |
| June | 151,001 | 16,913 | 3,133 | 1,615 | 1,402 | 174,064 |
| July | 150,793 | 17,029 | 3,232 | 1,643 | 1,476 | 174,173 |
| August | 150,612 | 17,374 | 3,383 | 1,709 | 1,556 | 174,634 |
| September | 151,800 | 17,486 | 3,449 | 1,782 | 1,634 | 176,151 |
| October | 153,038 | 17,845 | 3,577 | 1,854 | 1,704 | 178,018 |
| November | 155,170 | 18,128 | 3,720 | 1,928 | 1,755 | 180,701 |
| December | 156,352 | 18,440 | 3,838 | 1,985 | 1,803 | 182,418 |

Growth was achieved in 64 of our 67 counties over the reporting period, in all but Forest, Venango, and Wyoming Counties. Adams, Berks, Bradford, Bucks, Centre, Columbia, Cumberland, Dauphin, Delaware, Elk, Huntingdon, Lancaster, Lebanon, Lehigh, Luzerne, Lycoming, Montour, Northampton, Northumberland, Perry, Potter, Schuylkill, Snyder, Sullivan, Union, and Warren Counties experienced growth in excess of ten percent (10%) over the reporting period.

Allegheny, Beaver, Bedford, Blair, Cameron, Carbon, Chester, Clearfield, Clinton, Jefferson, Juniata, Lackawanna, McKean, Mercer, Mifflin, Monroe, Montgomery, Philadelphia, Pike, Somerset, Susquehanna, Tioga, and York Counties achieved growth in the five percent (5%) to ten percent (10%) range.

In calendar year 2008, record total enrollment numbers were achieved in each of the 12 months in the reporting period. In December 2008, CHIP enrollment was 182,418 children, representing the highest monthly enrollment ever, including 10,330 children who would not have been eligible before the *Cover All Kids* expansion in eligibility. This represented a 9.8% increase from December 2007. This record enrollment growth may be attributed in large measure to the Commonwealth's focus on providing insurance coverage to *all* eligible uninsured children, including those with higher household incomes who can now purchase health insurance coverage at the same amount it costs the state; our concentration on children's coverage issues; strong outreach and marketing strategies; a strong collaboration between state agencies; access to social services via the Internet through COMPASS and our CHIP Web site; and the improved renewal efforts to keep eligible children enrolled in the program.

Our increased outreach efforts also resulted in additional applications for coverage from children in families with income below 200% of the FPL. Those applicants were referred to the Department of Public Welfare for a Medicaid eligibility determination.

Waiting List

No children were placed on a waiting list for enrollment during this reporting period.

Healthcare Effectiveness Data and Information Set (HEDIS) Measurements

The program continues to utilize the Healthcare Effective Data Information Set (HEDIS) performance measures to determine how the PA CHIP plan compares to national and regional benchmarks, and the Consumer Assessment of Healthcare Provider Systems (CAHPS) to determine the level of satisfaction related to access, health status, and care received by children with chronic conditions. In 2008, we measured both the preferred provider organizations as well as health maintenance organizations using HEDIS, and required commercial CHIP contractors to utilize Medicaid-adapted HEDIS measurements to enable more reliable comparisons across insurance plans.

HEDIS data compiled over the past seven years has consistently shown that children enrolled in CHIP use preventive and primary care at approximately the same level as children in commercial plans nationally and regionally. Beginning in 2004, CHIP also compared its rates of utilization to Medicaid nationally and regionally.

Examples of the most recently available HEDIS data for preventive and primary care services, based on utilization occurring in 2007 and reported in 2008, indicate:

- Average adolescent well-care visits for CHIP were 55.4% (increase from 50.1% in 2007), while the Medicaid national and regional rates were 41.9% and 54.5%, respectively.
- Average children's and adolescents' access to primary care practitioners for CHIP was 90.0% (increase from 87.9% from 2007). The national and regional rates for Medicaid were 86.6% and 88.9%, respectively.

In addition to the primary and preventive services reviewed through HEDIS, CHIP reviews emergency room, mental health, and chemical dependency utilization. Data based on utilization in 2007 and reported in 2008 revealed the following results:

Emergency Department (ED) Visits

Emergency Department visits (per 1,000 members):

Age <1

- The PA CHIP average was 46.8 visits per 1,000 members per month which is lower than the 2007 HEDIS rate of 64.6 visits per 1,000 members per month. Six contractors reported decreased utilization rates from HEDIS 2007, and one contractor reported an increase from HEDIS 2007 to HEDIS 2008. National and regional Medicaid benchmarks are not available by this age stratification at this time. The Pennsylvania Medicaid rate is higher at 105.4 visits per 1,000 members per month.

Ages 1-9

- The PA CHIP average was 29.8 visits per 1,000 members per month which is an increase from the 2007 HEDIS rate of 27.6 visits per 1,000 members per month. Six contractors reported increased utilization rates from HEDIS 2007, and one contractor reported a decrease from HEDIS 2007 to HEDIS 2008. National and regional Medicaid benchmarks are not available by this age stratification at this time. The Pennsylvania Medicaid rate is higher at 55.7 visits per 1,000 members per month.

Ages 10-19

- The PA CHIP average was 29.6 visits per 1,000 members per month which is an increase from the 2007 HEDIS rate of 26.8 visits per 1,000 members per month. Five contractors reported increased utilization rates from HEDIS 2007, and two contractors reported a decrease from HEDIS 2007 to HEDIS 2008. National and regional Medicaid benchmarks are not available by this age stratification at this time. The Pennsylvania Medicaid rate is higher at 48.8 visits per 1,000 members per month.

Mental Health Utilization

Percent of Members Receiving Inpatient Mental Health Services (per 1,000 member years):

Ages 0-12

- The percentage of members receiving inpatient mental health services for PA CHIP was 0.07% (increase from .01% in 2007). National and regional Medicaid benchmarks are not available by age stratification at this time.

Ages 13-17

- The percentage of members receiving inpatient mental health services for PA CHIP was 0.64% (increase from 0.63% in 2007). National and regional Medicaid benchmarks are not available by age stratification at this time.

Percent of Members Receiving ANY Mental Health Services (per 1,000 member years):

Ages 0-12

- The PA CHIP enrollees receiving ‘any’ (inpatient, intermediate, and/or ambulatory) mental health services was 4.8% (an increase from 4.6% in 2007). National and regional Medicaid benchmarks are not available by age stratification at this time.

Ages 13-17

- The PA CHIP enrollees receiving ‘any’ (inpatient, intermediate, and/or ambulatory) mental health services was 7.8% (an increase from 7.3% in 2007). National and regional Medicaid benchmarks are not available by age stratification at this time.

Chemical Dependency

Percent of Members Receiving Inpatient Chemical Dependency Services (per 1,000 member years):

Ages 0-12

- No measurable utilization reported for this age group.

Ages 13-17

- The percentage of members receiving inpatient chemical dependency services for PA CHIP was 1.7% (an increase from 1.6% in 2007). National and regional Medicaid benchmarks are not available by age stratification at this time.

Percent of Members Receiving ANY Chemical Dependency Services (per 1,000 member years):

Ages 0-12

- The percentage of members receiving ‘any’ chemical dependency services for PA CHIP was 0.02%. There was no measurable data available for the CHIP program for 2007. National and regional Medicaid benchmarks are not available by age stratification at this time.

Ages 13-17

- The percentage of members receiving ‘any’ chemical dependency services for PA CHIP was 1.0% which is comparable with 2007 utilization numbers. National and regional Medicaid benchmarks are not available by age stratification at this time.

The Department is trending HEDIS data to determine the strengths and weaknesses of the program and individual contractors. In 2008, the Department contracted with IPRO, an External Quality Review Organization (EQRO), to develop quality improvement initiatives based on HEDIS. Current initiatives focus on over-utilization of ED visits and an obesity measurement comparable to the one used by Pennsylvania’s Medicaid program. For 2009, additional measures have been added that concentrate on lead screening and utilization of ED services by

members with a diagnosis of asthma. The EQRO also developed a HEDIS 2008 Performance Report which is available at Attachment 4 (HEDIS 2008 Performance Report).

From a consumer satisfaction standpoint, the 2008 health insurance status survey determined that nearly all parents with children in CHIP would recommend the program, with 88.3% of respondents being “very likely” to recommend CHIP and 6.3% being somewhat likely to recommend the program.

Eight PA CHIP plans participated in the CAHPS survey, and 6,455 respondents completed the CAHPS 3.0H Questionnaire. The respondents completed the questionnaire on behalf of a child enrolled in one of the commercial-based or Medicaid-based HMO plans.

For CAHPS 2008, the majority of respondents were female (87.1 percent). A high proportion of survey respondents had a high school diploma (43.5 percent) or some college education (35.8 percent). In addition, the majority of respondents indicated that their child is white (77.9 percent) and was in “excellent” or “very good” health (84.3 percent).

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.”

For 2008, the PA CHIP plan average for enrollees who rated their child’s health plan 8, 9, or 10 was 86.2 percent. Health plans' rates for rating of child’s health plan ranged from 71.6 to 94.0 percent. The average across health plans for PA CHIP enrollees who rated their child’s personal doctor 8, 9, or 10 was 84.7 percent.

Health Insurance Survey

In 2008, the Department received the results of a second health insurance status survey which determined that approximately 138,500 children in Pennsylvania, or about 4.8% of the population, are currently without health insurance coverage. While the number and percentage of uninsured children have increased from the survey conducted in 2004, it should be noted that a higher number of households was surveyed in 2008 as compared to 2004. Further, as noted below, as a result of the *Cover All Kids* initiative, the number of children covered by CHIP has increased.

The number of children and adults accessing public programs has increased from the last survey (14% in 2004 compared to 18% in 2008). The approximate number of uninsured children and adults by county is available at Attachment 5 (Estimated Number of Pennsylvania Children and Adults Who Lack Health Insurance by County).

According to survey results, among children ages 0 to 18, the percentage with private health insurance dropped almost universally from 2004 to 2008 in gender, region, race/ethnicity, and income groups. The largest declines include:

- female children (from 69.7% in 2004 to 59.7% in 2008);
- children living in the Eastern region (from 80.4% in 2004 to 61.3% in 2008);
- children living in the North East region (from 69.5% in 2004 to 54.8% in 2008);
- children living in the Philadelphia region (from 70.0% in 2004 to 58.3% in 2008);
- Black or African American children (from 43.9% in 2004 to 31.8% in 2008);
- Hispanic children (from 48.0% in 2004 to 36.5% in 2008); and
- children residing in families whose income is less than 100% of federal poverty level (from 32.1% in 2004 to 13.8% in 2008).

An increase in the percentage of children ages 0-18 who are covered by CHIP was seen. In 2004, 4.1% of children were covered as compared to 5.8% of children in 2008. The survey determined that 37% of residents under the age of 19 have coverage through a state-sponsored health insurance program. Over half of those whose incomes are less than 100% of the Federal Poverty Level (FPL) are enrolled in a state-sponsored health insurance program. An income level below 100% of FPL indicates eligibility for Medicaid.

Among children ages 0 to 18, the percentage with state-sponsored health insurance increased 9 percentage points from 2004 to 2008 and almost universally across age, gender, region, race/ethnicity, and income groups. The largest increases include:

- children age 10-18 (from 21.6% in 2004 to 33.5% in 2008);
- male children (from 27.1% in 2004 to 36.2% in 2008);
- female children (from 29.0% in 2004 to 38.3% in 2008);
- children living in the Eastern Region (from 19.1% in 2004 to 37.8% in 2008);
- children living in the North East Region (from 28.7% in 2004 to 45.6% in 2008);
- children living in the South Central Region (from 26.9% in 2004 to 37.4% in 2008);
- children living in the Philadelphia Region (from 27.7% in 2004 to 38.2% in 2008);
- Black or African American children (from 49.3% in 2004 to 63.9% in 2008); and
- White Non-Hispanic children (from 22.3% in 2004 to 29.6% in 2008).

Among children ages 0 to 18, the percentage without health insurance increased slightly from 2004 to 2008 with some groups showing an increase while others show a decline:

Those with an increase include:

- children age 0 – 9 (from 2.8% in 2004 to 4.3% in 2008);
- children living in the Harrisburg Region (from 6.0% in 2004 to 8.0% in 2008);
- children living in the Philadelphia Region (from 3.6% in 2004 to 4.8% in 2008);
- children in families earning between 100% to 199% of FPL (from 5.7% in 2004 to 6.9% in 2008); and
- children in families earning between 300% to 399% of federal poverty level (from 1.3% in 2004 to 2.6% in 2008).

Those with a decline include:

- children living in the North East Region (from 8.8% in 2004 to 6.1% in 2008).

To see the full results of the 2008 Health Insurance Status Survey, please visit the Department's website at www.ins.state.pa.us and click on the "2008 Health Insurance Survey Results" link under "News and Bulletins."

In December 2008, there were 182,418 children enrolled in CHIP, the highest number of children ever enrolled.

Special Care

Special Care is a low-cost insurance plan offered statewide to low-income residents by Pennsylvania Blue Cross plans and Pennsylvania Blue Shield. The Special Care Plan provides basic preventive care services to children and adults ineligible for CHIP and Medicaid who cannot afford private health insurance. Special Care provides protection for families by covering the high cost of hospitalization, surgery, emergency medical care in addition to routine primary care.

Efforts that began in 2005 and are continuing to ensure that no child remains enrolled in Special Care or is enrolled in the future in Special Care who is eligible for CHIP unless the child's family insists that the child remain on Special Care. Between March 2006 and December 31, 2008, the number of children on Special Care declined from 7,176 to 1,983. Efforts in 2009 should accelerate the transition from Special Care to CHIP.

The Department's Response to the Needs of the Uninsured

Previously, Pennsylvania's CHIP worked with the Governor's Office of Health Care Reform and other stakeholders on the implementation of the *Cover All Kids* initiative. With the expansion

now in place, the program has been able to focus on key initiatives to refine the enrollment and renewal processes and the final product for citizens who apply for insurance coverage.

Program integrity initiatives like the 2007 contract for third party verification of insurance coverage have helped make sure the program remains sustainable and in compliance with state and federal regulations. This third party verification process ensures that only those who are *uninsured* are determined eligible for CHIP and that the statutorily required period of uninsurance is met by appropriate applicants.

Other processes that were either begun or completed in 2008 include:

- Implementation of automated referrals between the Department of Public Welfare and the Pennsylvania Insurance Department for adults and children who apply for healthcare coverage and are referred to the other agency for services. Automation of the referral process eliminated errors or omissions associated with a manual process, decreased time involved with the referral, and protected the consumer from unnecessary lapses in coverage when transferring from one government program to another.
- Retention and Renewal Efforts: Throughout calendar year 2008, the Office of CHIP and adultBasic participated in a Southern Institute on Children and Families, a Robert Wood Johnson Foundation-funded initiative, to improve retention of eligible children in Medicaid and CHIP. The eight participating states received specialized consultation and technical assistance to adopt simplified eligibility policies and processes and to ensure accuracy of eligibility determination processes at renewal to decrease inappropriate closures. Pennsylvania's plan includes both short and long term goals. As mentioned above, we implemented an electronic exchange between agencies to reduce the time it takes to make referrals between Medicaid and CHIP. Additionally, we are moving toward all pre-populated renewal forms from our insurance contractors. We eliminated the requirement for a signature on renewals and are utilizing a grace period to allow for no lapse in coverage if a renewal is received within 60 days of a renewal due date. We also allowed for individuals to purchase the CHIP benefits at full cost if they are unwilling or unable to verify income. For the longer term, we are examining administrative renewals to remove additional barriers by verifying information through available data exchanges.
- A "Leaver's Study" was conducted in 2008 to determine reasons previous enrollees are no longer enrolled in CHIP. Based on the analysis of the survey results, Pennsylvania may take steps to further modify the processes around retention and renewal.
- Participation with national organizations during the SCHIP Reauthorization discussions to share state directors' concerns about the federal funding formula, timing of reauthorization, and other key elements of the recently passed CHIPRA legislation which provided federal funding for the next four and one-half years.
- CHIP and its marketing partners are working to form new community relationships with Pennsylvania businesses, including hospital associations, day care centers, and employment staffing agencies. These partnerships will provide specific CHIP information to be distributed to families that are more likely to be in a state of need.

- CHIP is adding sections for school districts and legislators to the current electronic toolkit on the CHIP Web site. This toolkit will contain specific information for each audience. CHIP has spoken to representatives from both targets in order to develop the materials that they find the most useful. By giving school districts and legislators the tools they need, we ensure that there is consistency and cohesion in the CHIP message across all channels of communication.

In conclusion, the Department's strategic messaging in CHIP's marketing and outreach initiatives, with its continued focus on the uninsured teen population, has resulted in increases in applications and enrollments. Refinements to the program, such as the automated electronic referral system put in place by the Departments of Public Welfare and Insurance, also seems to have resulted in increased enrollment for CHIP. Because this process prevented many of the errors or delays associated with a manual process, the spike in enrollment could indicate a truer picture of the number of applicants overall, or the spike could be a coincidental finding caused by the current economic conditions at the time of implementation of the statewide automated referral process. The new health insurance status survey demonstrates an increased need for accessible, affordable health insurance coverage by Pennsylvania's families. While many factors may be contributing to the enrollment increases seen in 2008 and the increased number of uninsured identified in the 2008 survey, it seems clear that the expanded income eligibility limits have provided access to affordable, available health insurance coverage for Pennsylvania's uninsured children.

The Department is proud to provide this annual report to the legislature. We look forward to continuing our efforts to serve the uninsured children of the Commonwealth.



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

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 approximate average monthly cost per child and the co-payments per child per visit.

Example: A four-person household with an annual income of \$55,000 will have an average monthly premium of \$56 per child, plus any co-pays for services.

| INCOME BOX * | Free | | | Low Cost | | | Full Cost |
|----------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|
| | (Ages 0 - 1) | (Ages 1 - 5) | (Ages 6 - 18) | (Ages 0 - 18) | (Ages 0 - 18) | (Ages 0 - 18) | (Ages 0 - 18) |
| Household Size | Annual Income | | | Annual Income | | | Annual Income |
| 1 | \$19,240 - \$20,800 | \$13,832 - \$20,800 | \$10,400 - \$20,800 | \$20,801 - \$26,000 | \$26,001 - \$28,600 | \$28,601 - \$31,200 | \$31,201 - No Limit |
| 2 | \$25,900 - \$28,000 | \$18,620 - \$28,000 | \$14,000 - \$28,000 | \$28,001 - \$35,000 | \$35,001 - \$38,500 | \$38,501 - \$42,000 | \$42,001 - No Limit |
| 3 | \$32,560 - \$35,200 | \$23,408 - \$35,200 | \$17,600 - \$35,200 | \$35,201 - \$44,000 | \$44,001 - \$48,400 | \$48,401 - \$52,800 | \$52,801 - No Limit |
| 4 | \$39,220 - \$42,400 | \$28,196 - \$42,400 | \$21,200 - \$42,400 | \$42,401 - \$53,000 | \$53,001 - \$58,300 | \$58,301 - \$63,600 | \$63,601 - No Limit |
| 5 | \$45,880 - \$49,600 | \$32,984 - \$49,600 | \$24,800 - \$49,600 | \$49,601 - \$62,000 | \$62,001 - \$68,200 | \$68,201 - \$74,400 | \$74,401 - No Limit |



| COST BOX | Average Premium | | | Average Premium | | | Average Premium |
|------------------------------------|-----------------|-----|-----|------------------------------------|------|------|-----------------|
| | \$0 | \$0 | \$0 | \$40 | \$56 | \$64 | \$161 |
| Average monthly premium, per child | | | | | | | |
| Co-payments per child, per visit: | | | | | | | |
| Doctor Visit | \$0 | \$0 | \$0 | \$5 (except for well-child visits) | | | \$15 |
| Brand Name Prescriptions | \$0 | \$0 | \$0 | \$9 | \$9 | \$9 | \$18 |
| Generic Prescriptions | \$0 | \$0 | \$0 | \$6 | \$6 | \$6 | \$10 |
| Specialist Visits | \$0 | \$0 | \$0 | \$10 | \$10 | \$10 | \$25 |
| ER Visits ** | \$0 | \$0 | \$0 | \$25 | \$25 | \$25 | \$50 |

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

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

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www.chipcoverspakids.com

1-800-986-KIDS

Effective March 1, 2008





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Example: A four-person household with an annual income of \$55,000 will have an average monthly premium of \$56 per child, plus any co-pays for services.

| INCOME BOX * | Free | | | Low Cost | | | Full Cost |
|----------------|---------------------|---------------------|---------------------|----------------------|-----------------------|-----------------------|----------------------|
| | (Ages 0 - 1) | (Ages 1 - 5) | (Ages 6 - 18) | (Ages 0 - 18) | (Ages 0 - 18) | (Ages 0 - 18) | (Ages 0 - 18) |
| Household Size | Annual Income | | | Annual Income | | | Annual Income |
| 6 | \$52,540 - \$56,800 | \$37,772 - \$56,800 | \$28,400 - \$56,800 | \$56,801 - \$71,000 | \$71,001 - \$78,100 | \$78,101 - \$85,200 | \$85,201 - No Limit |
| 7 | \$59,200 - \$64,000 | \$42,560 - \$64,000 | \$32,000 - \$64,000 | \$64,001 - \$80,000 | \$80,001 - \$88,000 | \$88,001 - \$96,000 | \$96,001 - No Limit |
| 8 | \$65,860 - \$71,200 | \$47,348 - \$71,200 | \$35,600 - \$71,200 | \$71,201 - \$89,000 | \$89,001 - \$97,900 | \$97,901 - \$106,800 | \$106,801 - No Limit |
| 9 | \$72,520 - \$78,400 | \$52,136 - \$78,400 | \$39,200 - \$78,400 | \$78,401 - \$98,000 | \$98,001 - \$107,800 | \$107,801 - \$117,600 | \$117,601 - No Limit |
| 10 | \$79,180 - \$85,600 | \$56,924 - \$85,600 | \$42,800 - \$85,600 | \$85,601 - \$107,000 | \$107,001 - \$117,700 | \$117,701 - \$128,400 | \$128,401 - No Limit |



| COST BOX | Average Premium | | | Average Premium | | | Average Premium |
|------------------------------------|-----------------|-----|-----|------------------------------------|------|------|-----------------|
| | \$0 | \$0 | \$0 | \$40 | \$56 | \$64 | \$161 |
| Average monthly premium, per child | | | | | | | |
| Co-payments per child, per visit: | | | | | | | |
| Doctor Visit | \$0 | \$0 | \$0 | \$5 (except for well-child visits) | | | \$15 |
| Brand Name Prescriptions | \$0 | \$0 | \$0 | \$9 | \$9 | \$9 | \$18 |
| Generic Prescriptions | \$0 | \$0 | \$0 | \$6 | \$6 | \$6 | \$10 |
| Specialist Visits | \$0 | \$0 | \$0 | \$10 | \$10 | \$10 | \$25 |
| ER Visits ** | \$0 | \$0 | \$0 | \$25 | \$25 | \$25 | \$50 |

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Effective March 1, 2008



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Example: A four-person household with an annual income of \$55,000 will have an average monthly premium of \$56 per child, plus any co-pays for services.

| INCOME BOX * | Free | | | Low Cost | | | Full Cost |
|------------------------------------|-----------------------|----------------------|----------------------|------------------------------------|-----------------------|-----------------------|----------------------|
| | (Ages 0 - 1) | (Ages 1 - 5) | (Ages 6 - 18) | (Ages 0 - 18) | (Ages 0 - 18) | (Ages 0 - 18) | (Ages 0 - 18) |
| Household Size | Annual Income | | | Annual Income | | | Annual Income |
| 11 | \$85,840 - \$92,800 | \$61,712 - \$92,800 | \$46,400 - \$92,800 | \$92,801 - \$116,000 | \$116,001 - \$127,600 | \$127,601 - \$139,200 | \$139,201 - No Limit |
| 12 | \$92,500 - \$100,000 | \$66,500 - \$100,000 | \$50,000 - \$100,000 | \$100,001 - \$125,000 | \$125,001 - \$137,500 | \$137,501 - \$150,000 | \$150,001 - No Limit |
| 13 | \$99,160 - \$107,200 | \$71,288 - \$107,200 | \$53,600 - \$107,200 | \$107,201 - \$134,000 | \$134,001 - \$147,400 | \$147,401 - \$160,800 | \$160,801 - No Limit |
| 14 | \$105,820 - \$114,400 | \$76,076 - \$114,400 | \$57,200 - \$114,400 | \$114,401 - \$143,000 | \$143,001 - \$157,300 | \$157,301 - \$171,600 | \$171,601 - No Limit |
| 15 | \$112,480 - \$121,600 | \$80,864 - \$121,600 | \$60,800 - \$121,600 | \$121,601 - \$152,000 | \$152,001 - \$167,200 | \$167,201 - \$182,400 | \$182,401 - No Limit |
| | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ |
| COST BOX | Average Premium | | | Average Premium | | | Average Premium |
| Average monthly premium, per child | \$0 | \$0 | \$0 | \$40 | \$56 | \$64 | \$161 |
| Co-payments per child, per visit: | | | | | | | |
| Doctor Visit | \$0 | \$0 | \$0 | \$5 (except for well-child visits) | | | \$15 |
| Brand Name Prescriptions | \$0 | \$0 | \$0 | \$9 | \$9 | \$9 | \$18 |
| Generic Prescriptions | \$0 | \$0 | \$0 | \$6 | \$6 | \$6 | \$10 |
| Specialist Visits | \$0 | \$0 | \$0 | \$10 | \$10 | \$10 | \$25 |
| ER Visits ** | \$0 | \$0 | \$0 | \$25 | \$25 | \$25 | \$50 |

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Effective March 1, 2008





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|------------------------------------|-----------------------|-----------------------|----------------------|------------------------------------|-----------------------|-----------------------|----------------------|
| | (Ages 0 - 1) | (Ages 1 - 5) | (Ages 6 - 18) | (Ages 0 - 18) | (Ages 0 - 18) | (Ages 0 - 18) | (Ages 0 - 18) |
| Household Size | Annual Income | | | Annual Income | | | Annual Income |
| 16 | \$119,140 - \$128,800 | \$85,652 - \$128,800 | \$64,400 - \$128,800 | \$128,801 - \$161,000 | \$161,001 - \$177,100 | \$177,101 - \$193,200 | \$193,201 - No Limit |
| 17 | \$125,800 - \$136,000 | \$90,440 - \$136,000 | \$68,000 - \$136,000 | \$136,001 - \$170,000 | \$170,001 - \$187,000 | \$187,001 - \$204,000 | \$204,001 - No Limit |
| 18 | \$132,460 - \$143,200 | \$95,228 - \$143,200 | \$71,600 - \$143,200 | \$143,201 - \$179,000 | \$179,001 - \$196,900 | \$196,901 - \$214,800 | \$214,801 - No Limit |
| 19 | \$139,120 - \$150,400 | \$100,016 - \$150,400 | \$75,200 - \$150,400 | \$150,401 - \$188,000 | \$188,001 - \$206,800 | \$206,801 - \$225,600 | \$225,601 - No Limit |
| 20 | \$145,780 - \$157,600 | \$104,804 - \$157,600 | \$78,800 - \$157,600 | \$157,601 - \$197,000 | \$197,001 - \$216,700 | \$216,701 - \$236,400 | \$236,401 - No Limit |
| | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ |
| COST BOX | | | | | | | |
| Average monthly premium, per child | Average Premium | | | Average Premium | | | Average Premium |
| | \$0 | \$0 | \$0 | \$40 | \$56 | \$64 | \$161 |
| Co-payments per child, per visit: | | | | | | | |
| Doctor Visit | \$0 | \$0 | \$0 | \$5 (except for well-child visits) | | | \$15 |
| Brand Name Prescriptions | \$0 | \$0 | \$0 | \$9 | \$9 | \$9 | \$18 |
| Generic Prescriptions | \$0 | \$0 | \$0 | \$6 | \$6 | \$6 | \$10 |
| Specialist Visits | \$0 | \$0 | \$0 | \$10 | \$10 | \$10 | \$25 |
| ER Visits ** | \$0 | \$0 | \$0 | \$25 | \$25 | \$25 | \$50 |

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Effective March 1, 2008

REALLY?

REALLY. CHIP HAS EXPANDED TO COVER ALL UNINSURED KIDS AND TEENS IN PENNSYLVANIA. NOW, NO FAMILY MAKES TOO MUCH MONEY TO QUALIFY FOR CHIP.

If your kids need health insurance, CHIP is worth looking into. We guarantee access to quality health care coverage for your children. In fact, your kids may be able to continue visiting the same doctors they see now.

We cover everything from doctor visits, immunizations, emergency care, prescriptions, dental and eye care – just to name a few.

Now, no family makes too much money for CHIP because there are no income limits! For many families, CHIP is free – others low cost.

To get your kids covered, visit www.CHIPcoversPAkids.com or call 1-800-986-KIDS to enroll today!



REALLY?

REALLY. CHIP HAS EXPANDED TO COVER ALL UNINSURED KIDS AND TEENS IN PENNSYLVANIA. NOW, NO FAMILY MAKES TOO MUCH MONEY TO QUALIFY FOR CHIP.

If your kids need health insurance, CHIP is worth looking into. We guarantee access to quality health care coverage for your children. In fact, your kids may be able to continue visiting the same doctors they see now.

We cover everything from doctor visits, immunizations, emergency care, prescriptions, dental and eye care – just to name a few.

Now, no family makes too much money for CHIP because there are no income limits! For many families, CHIP is free – others low cost.

To get your kids covered, visit www.CHIPcoversPAkids.com or call 1-800-986-KIDS to enroll today!



¿ES CIERTO?

SÍ, ES CIERTO. CHIP HA SIDO EXPANDIDO PARA CUBRIR A TODOS LOS NIÑOS Y ADOLESCENTES SIN SEGURO EN PENNSYLVANIA. AHORA, NINGUNA FAMILIA GANA DEMASIADO COMO PARA NO SER ELEGIBLE PARA CHIP

Sí sus niños o adolescentes necesitan seguro de salud, usted debería preguntar sobre CHIP. Nosotros le garantizamos cobertura médica de buena calidad para sus hijos. De hecho, sus hijos pueden seguir viendo a los mismos doctores que ven ahora.

Nosotros cubrimos todo, desde visitas regulares al doctor, hasta vacunas, visitas a la sala de emergencia, medicinas, visitas al oculista y dentista – solamente por nombrar algunos servicios.

¡Ahora, ninguna familia gana demasiado para poder recibir CHIP porque no hay límites de ingreso! Para muchas familias, CHIP es gratuito – para otras, CHIP esta disponible a bajo costo.

Para inscribir a sus hijos, visite el siguiente sitio de Internet www.CHIPcoversPAkids.com o llame al 1-800-986-5437.



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**CHIP Enrollment by County
January 2008 - December 2008**

| COUNTY | Jan-08 | Feb-08 | Mar-08 | Apr-08 | May-08 | Jun-08 | Jul-08 | Aug-08 | Sep-08 | Oct-08 | Nov-08 | Dec-08 | Last Month Growth | Avg. Monthly Growth | Growth Since Jan-08 | County as a % of Total |
|---------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|-------------------|---------------------|---------------------|------------------------|
| TOTALS | 166,969 | 168,377 | 169,828 | 171,193 | 172,671 | 174,064 | 174,173 | 174,634 | 176,151 | 178,018 | 180,701 | 182,418 | 1.0% | 0.8% | 9.3% | |
| ADAMS | 1,790 | 1,838 | 1,863 | 1,854 | 1,883 | 1,884 | 1,890 | 1,896 | 1,924 | 1,939 | 1,975 | 1,993 | 0.9% | 1.0% | 11.3% | 1.1% |
| ALLEGHENY | 13,514 | 13,550 | 13,610 | 13,702 | 13,922 | 13,950 | 13,896 | 13,835 | 13,986 | 14,172 | 14,354 | 14,434 | 0.6% | 0.6% | 6.8% | 7.9% |
| ARMSTRONG | 1,204 | 1,201 | 1,194 | 1,199 | 1,205 | 1,205 | 1,209 | 1,198 | 1,200 | 1,198 | 1,203 | 1,224 | 1.7% | 0.1% | 1.7% | 0.7% |
| BEAVER | 2,123 | 2,141 | 2,165 | 2,205 | 2,228 | 2,215 | 2,213 | 2,194 | 2,220 | 2,244 | 2,300 | 2,294 | -0.3% | 0.7% | 8.1% | 1.3% |
| BEDFORD | 1,318 | 1,333 | 1,337 | 1,343 | 1,357 | 1,370 | 1,365 | 1,358 | 1,373 | 1,375 | 1,376 | 1,412 | 2.6% | 0.6% | 7.1% | 0.8% |
| BERKS | 4,992 | 5,088 | 5,201 | 5,294 | 5,478 | 5,563 | 5,571 | 5,630 | 5,752 | 5,867 | 5,968 | 6,017 | 0.8% | 1.7% | 20.5% | 3.3% |
| BLAIR | 2,136 | 2,097 | 2,147 | 2,161 | 2,191 | 2,195 | 2,181 | 2,179 | 2,201 | 2,246 | 2,270 | 2,261 | -0.4% | 0.5% | 5.9% | 1.2% |
| BRADFORD | 802 | 820 | 838 | 851 | 862 | 883 | 897 | 906 | 906 | 942 | 960 | 962 | 0.2% | 1.7% | 20.0% | 0.5% |
| BUCKS | 6,956 | 7,059 | 7,094 | 7,168 | 7,244 | 7,333 | 7,334 | 7,451 | 7,563 | 7,753 | 7,853 | 7,908 | 0.7% | 1.2% | 13.7% | 4.3% |
| BUTLER | 2,581 | 2,593 | 2,578 | 2,584 | 2,575 | 2,586 | 2,613 | 2,634 | 2,665 | 2,695 | 2,696 | 2,670 | -1.0% | 0.3% | 3.4% | 1.5% |
| CAMBRIA | 2,437 | 2,460 | 2,469 | 2,479 | 2,500 | 2,480 | 2,479 | 2,482 | 2,522 | 2,522 | 2,531 | 2,551 | 0.8% | 0.4% | 4.7% | 1.4% |
| CAMERON | 60 | 65 | 65 | 60 | 60 | 61 | 61 | 54 | 58 | 66 | 70 | 65 | -7.1% | 0.7% | 8.3% | 0.0% |
| CARBON | 964 | 970 | 954 | 989 | 993 | 1,005 | 993 | 1,014 | 988 | 978 | 1,028 | 1,051 | 2.2% | 0.8% | 9.0% | 0.6% |
| CENTRE | 981 | 1,003 | 1,025 | 1,017 | 1,010 | 1,029 | 1,036 | 1,047 | 1,064 | 1,103 | 1,157 | 1,160 | 0.3% | 1.5% | 18.2% | 0.6% |
| CHESTER | 4,897 | 4,934 | 5,006 | 5,033 | 5,093 | 5,131 | 5,122 | 5,111 | 5,132 | 5,170 | 5,211 | 5,328 | 2.2% | 0.8% | 8.8% | 2.9% |
| CLARION | 783 | 782 | 776 | 774 | 794 | 801 | 798 | 788 | 791 | 791 | 777 | 790 | 1.7% | 0.1% | 0.9% | 0.4% |
| CLEARFIELD | 1,223 | 1,235 | 1,267 | 1,243 | 1,247 | 1,252 | 1,269 | 1,264 | 1,256 | 1,251 | 1,278 | 1,329 | 4.0% | 0.8% | 8.7% | 0.7% |
| CLINTON | 384 | 387 | 394 | 390 | 400 | 397 | 397 | 385 | 389 | 399 | 411 | 413 | 0.5% | 0.7% | 7.6% | 0.2% |
| COLUMBIA | 682 | 688 | 714 | 728 | 732 | 761 | 779 | 778 | 809 | 844 | 867 | 861 | -0.7% | 2.1% | 26.2% | 0.5% |
| CRAWFORD | 1,286 | 1,282 | 1,278 | 1,276 | 1,272 | 1,264 | 1,276 | 1,255 | 1,256 | 1,284 | 1,332 | 1,315 | -1.3% | 0.2% | 2.3% | 0.7% |
| CUMBERLAND | 2,540 | 2,568 | 2,587 | 2,643 | 2,711 | 2,763 | 2,785 | 2,802 | 2,829 | 2,857 | 2,831 | 2,811 | -0.7% | 0.9% | 10.7% | 1.5% |
| DAUPHIN | 2,869 | 2,935 | 2,985 | 3,029 | 3,068 | 3,066 | 3,085 | 3,061 | 3,085 | 3,132 | 3,200 | 3,265 | 2.0% | 1.2% | 13.8% | 1.8% |
| DELAWARE | 7,253 | 7,386 | 7,420 | 7,502 | 7,531 | 7,671 | 7,695 | 7,742 | 7,812 | 7,793 | 7,932 | 8,097 | 2.1% | 1.0% | 11.6% | 4.4% |
| ELK | 497 | 510 | 511 | 507 | 511 | 513 | 522 | 524 | 516 | 521 | 541 | 558 | 3.1% | 1.1% | 12.3% | 0.3% |
| ERIE | 4,064 | 4,087 | 4,113 | 4,167 | 4,164 | 4,180 | 4,177 | 4,196 | 4,189 | 4,164 | 4,163 | 4,189 | 0.6% | 0.3% | 3.1% | 2.3% |
| FAYETTE | 2,107 | 2,079 | 2,069 | 2,090 | 2,086 | 2,087 | 2,087 | 2,071 | 2,094 | 2,089 | 2,113 | 2,130 | 0.8% | 0.1% | 1.1% | 1.2% |
| FOREST | 86 | 83 | 82 | 83 | 84 | 75 | 77 | 75 | 70 | 76 | 76 | 74 | -2.6% | -1.4% | -14.0% | 0.0% |
| FRANKLIN | 2,421 | 2,446 | 2,486 | 2,500 | 2,494 | 2,528 | 2,543 | 2,542 | 2,553 | 2,594 | 2,648 | 2,658 | 0.4% | 0.9% | 9.8% | 1.5% |
| FULTON | 336 | 341 | 344 | 336 | 340 | 351 | 339 | 329 | 329 | 323 | 343 | 347 | 1.2% | 0.3% | 3.3% | 0.2% |
| GREENE | 518 | 500 | 500 | 519 | 513 | 509 | 496 | 510 | 520 | 525 | 530 | 540 | 1.9% | 0.4% | 4.2% | 0.3% |
| HUNTINGDON | 663 | 679 | 684 | 679 | 703 | 712 | 725 | 727 | 727 | 732 | 757 | 741 | -2.1% | 1.0% | 11.8% | 0.4% |
| INDIANA | 1,421 | 1,407 | 1,415 | 1,415 | 1,423 | 1,411 | 1,400 | 1,402 | 1,405 | 1,397 | 1,430 | 1,455 | 1.7% | 0.2% | 2.4% | 0.8% |
| JEFFERSON | 775 | 789 | 807 | 812 | 793 | 779 | 781 | 773 | 790 | 810 | 815 | 833 | 2.2% | 0.7% | 7.5% | 0.5% |

**CHIP Enrollment by County
January 2008 - December 2008**

| COUNTY | Jan-08 | Feb-08 | Mar-08 | Apr-08 | May-08 | Jun-08 | Jul-08 | Aug-08 | Sep-08 | Oct-08 | Nov-08 | Dec-08 | Last Month Growth | Avg. Monthly Growth | Growth Since Jan-08 | County as a % of Total |
|----------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------------------|---------------------|---------------------|------------------------|
| JUNIATA | 411 | 412 | 412 | 415 | 424 | 437 | 448 | 442 | 444 | 443 | 442 | 436 | -1.4% | 0.5% | 6.1% | 0.2% |
| LACKAWANNA | 2,463 | 2,488 | 2,481 | 2,469 | 2,441 | 2,458 | 2,471 | 2,481 | 2,490 | 2,538 | 2,607 | 2,585 | -0.8% | 0.4% | 5.0% | 1.4% |
| LANCASTER | 6,897 | 7,027 | 7,095 | 7,174 | 7,284 | 7,424 | 7,541 | 7,624 | 7,756 | 7,887 | 7,931 | 7,969 | 0.5% | 1.3% | 15.5% | 4.4% |
| LAWRENCE | 1,402 | 1,385 | 1,396 | 1,375 | 1,388 | 1,410 | 1,436 | 1,419 | 1,438 | 1,475 | 1,476 | 1,465 | -0.7% | 0.4% | 4.5% | 0.8% |
| LEBANON | 1,670 | 1,664 | 1,707 | 1,742 | 1,745 | 1,802 | 1,800 | 1,834 | 1,839 | 1,895 | 1,916 | 1,916 | 0.0% | 1.3% | 14.7% | 1.1% |
| LEHIGH | 4,682 | 4,754 | 4,808 | 4,858 | 4,989 | 5,037 | 5,028 | 5,040 | 5,129 | 5,247 | 5,392 | 5,486 | 1.7% | 1.5% | 17.2% | 3.0% |
| LUZERNE | 3,454 | 3,456 | 3,453 | 3,497 | 3,469 | 3,475 | 3,499 | 3,555 | 3,659 | 3,757 | 3,845 | 3,835 | -0.3% | 1.0% | 11.0% | 2.1% |
| LYCOMING | 1,263 | 1,262 | 1,258 | 1,288 | 1,281 | 1,304 | 1,306 | 1,314 | 1,327 | 1,337 | 1,391 | 1,415 | 1.7% | 1.0% | 12.0% | 0.8% |
| MCKEAN | 599 | 571 | 567 | 567 | 581 | 578 | 581 | 586 | 599 | 608 | 617 | 637 | 3.2% | 0.6% | 6.3% | 0.3% |
| MERCER | 1,297 | 1,338 | 1,333 | 1,351 | 1,357 | 1,365 | 1,379 | 1,384 | 1,395 | 1,414 | 1,408 | 1,402 | -0.4% | 0.7% | 8.1% | 0.8% |
| MIFFLIN | 630 | 648 | 654 | 662 | 662 | 679 | 686 | 669 | 674 | 690 | 681 | 692 | 1.6% | 0.9% | 9.8% | 0.4% |
| MONROE | 2,789 | 2,859 | 2,861 | 2,945 | 2,956 | 2,932 | 2,940 | 2,956 | 2,924 | 2,948 | 2,995 | 3,018 | 0.8% | 0.7% | 8.2% | 1.7% |
| MONTGOMERY | 8,054 | 8,176 | 8,275 | 8,283 | 8,392 | 8,522 | 8,450 | 8,475 | 8,493 | 8,502 | 8,600 | 8,675 | 0.9% | 0.7% | 7.7% | 4.8% |
| MONTOUR | 124 | 126 | 123 | 129 | 134 | 141 | 146 | 165 | 178 | 177 | 178 | 178 | 0.0% | 3.3% | 43.5% | 0.1% |
| NORTHAMPTON | 3,338 | 3,392 | 3,498 | 3,485 | 3,550 | 3,611 | 3,613 | 3,616 | 3,704 | 3,766 | 3,846 | 3,884 | 1.0% | 1.4% | 16.4% | 2.1% |
| NORTHUMBERLAND | 1,118 | 1,124 | 1,118 | 1,144 | 1,165 | 1,207 | 1,193 | 1,220 | 1,253 | 1,305 | 1,328 | 1,333 | 0.4% | 1.6% | 19.2% | 0.7% |
| PERRY | 680 | 690 | 711 | 721 | 737 | 748 | 766 | 761 | 799 | 802 | 802 | 791 | -1.4% | 1.4% | 16.3% | 0.4% |
| PHILADELPHIA | 25,722 | 25,841 | 26,093 | 26,343 | 26,377 | 26,603 | 26,362 | 26,423 | 26,512 | 26,611 | 27,128 | 27,614 | 1.8% | 0.6% | 7.4% | 15.1% |
| PIKE | 1,121 | 1,152 | 1,111 | 1,125 | 1,141 | 1,173 | 1,161 | 1,162 | 1,166 | 1,203 | 1,188 | 1,196 | 0.7% | 0.6% | 6.7% | 0.7% |
| POTTER | 294 | 307 | 307 | 292 | 296 | 297 | 305 | 297 | 306 | 315 | 319 | 333 | 4.4% | 1.1% | 13.3% | 0.2% |
| SCHUYLKILL | 1,904 | 1,912 | 1,940 | 1,956 | 1,983 | 1,995 | 2,014 | 2,031 | 2,082 | 2,086 | 2,104 | 2,135 | 1.5% | 1.0% | 12.1% | 1.2% |
| SNYDER | 501 | 511 | 512 | 511 | 526 | 535 | 546 | 553 | 564 | 565 | 587 | 582 | -0.9% | 1.4% | 16.2% | 0.3% |
| SOMERSET | 1,529 | 1,545 | 1,564 | 1,566 | 1,556 | 1,569 | 1,601 | 1,593 | 1,588 | 1,582 | 1,629 | 1,623 | -0.4% | 0.5% | 6.1% | 0.9% |
| SULLIVAN | 71 | 68 | 71 | 68 | 72 | 76 | 82 | 84 | 88 | 88 | 86 | 86 | 0.0% | 1.8% | 21.1% | 0.0% |
| SUSQUEHANNA | 708 | 723 | 734 | 745 | 731 | 739 | 730 | 738 | 754 | 754 | 773 | 772 | -0.1% | 0.8% | 9.0% | 0.4% |
| TIOGA | 660 | 665 | 675 | 702 | 728 | 731 | 705 | 715 | 707 | 721 | 719 | 716 | -0.4% | 0.7% | 8.5% | 0.4% |
| UNION | 387 | 384 | 391 | 403 | 423 | 429 | 422 | 427 | 426 | 446 | 460 | 474 | 3.0% | 1.9% | 22.5% | 0.3% |
| VENANGO | 953 | 936 | 919 | 930 | 915 | 924 | 924 | 941 | 923 | 938 | 941 | 944 | 0.3% | -0.1% | -0.9% | 0.5% |
| WARREN | 517 | 526 | 534 | 518 | 532 | 526 | 532 | 545 | 547 | 561 | 550 | 574 | 4.4% | 1.0% | 11.0% | 0.3% |
| WASHINGTON | 2,760 | 2,770 | 2,794 | 2,782 | 2,793 | 2,792 | 2,774 | 2,761 | 2,754 | 2,784 | 2,823 | 2,894 | 2.5% | 0.4% | 4.9% | 1.6% |
| WAYNE | 1,031 | 1,050 | 1,062 | 1,060 | 1,063 | 1,076 | 1,083 | 1,070 | 1,055 | 1,032 | 1,051 | 1,047 | -0.4% | 0.1% | 1.6% | 0.6% |
| WESTMORELAND | 5,156 | 5,163 | 5,216 | 5,226 | 5,240 | 5,208 | 5,259 | 5,290 | 5,262 | 5,290 | 5,347 | 5,310 | -0.7% | 0.3% | 3.0% | 2.9% |
| WYOMING | 354 | 355 | 355 | 356 | 351 | 346 | 351 | 359 | 342 | 353 | 353 | 350 | -0.8% | -0.1% | -1.1% | 0.2% |
| YORK | 5,767 | 5,761 | 5,822 | 5,873 | 5,922 | 5,905 | 5,948 | 5,891 | 6,000 | 6,046 | 6,192 | 6,315 | 2.0% | 0.8% | 9.5% | 3.5% |



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

www.chipcoverspakids.com

1-800-986-KIDS

Pennsylvania Children's Health Insurance Program (PA CHIP)

HEDIS[®] 2008 Performance Report

**Prepared for the Pennsylvania Insurance Department
Office of CHIP and adultBasic**

December 8, 2008

**EDWARD G. RENDELL, GOVERNOR
JOEL ARIO, INSURANCE COMMISSIONER**



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 Insurance Department (PID), 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 171,200 children are currently enrolled in PA CHIP.

The *Cover All Kids* initiative, 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. CHIP is provided by the following private health insurance companies that are licensed and regulated by the Pennsylvania Insurance Department and have contracts with the Commonwealth to offer CHIP coverage.

- Aetna, Inc.
- AmeriChoice of Pennsylvania
- Blue Cross of Northeastern PA (BCNEPA)
- Capital Blue Cross (CBC)
- Keystone Health Plan East
- Highmark Blue Cross Blue Shield
 - western region
- Highmark Blue Shield
 - central region
- Unison Kids
- UPMC for Kids





Report Card Description

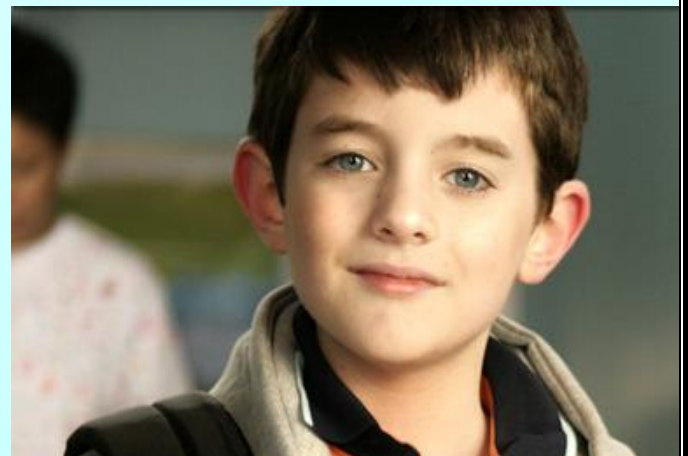


CHIP health insurance company performance is assessed using Healthcare Effectiveness Data Information Set (HEDIS[®]) 2008 performance measures and the 2008 Consumer Assessment of Healthcare Provider Systems (CAHPS[®]) 3.0H Survey items and is presented in three sections: Access to Care, Quality of Care and Satisfaction with Care.

For HEDIS 2008 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 when rating the care provided by their CHIP provider.

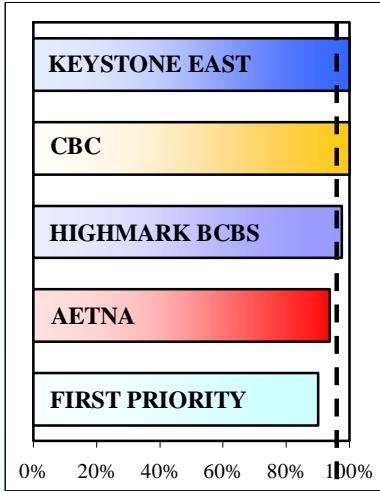
For each performance indicator, the CHIP health insurance companies are presented in order of performance from high to low with higher performing health insurance companies at the top of each chart.

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



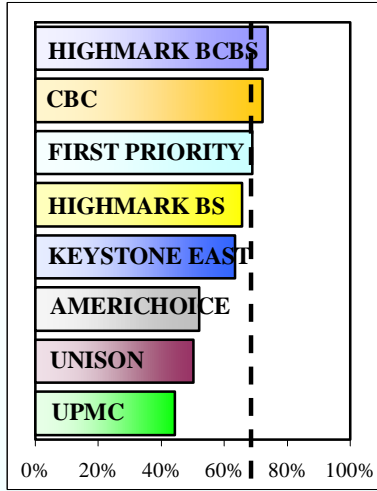


Access to Care: Are children receiving care?



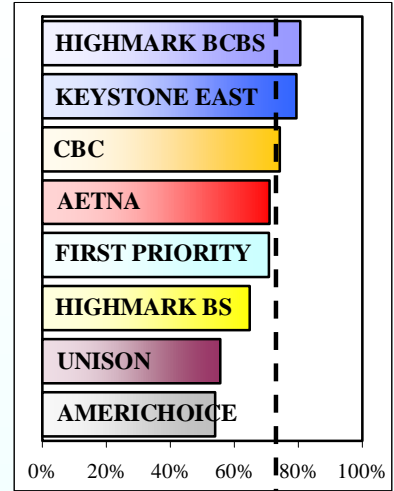
PA CHIP Weighted Average

Regular Checkups for Children in the First 15 Months
Children who had 3 or more well-child visits with a PCP before turning 15 months old (3, 4, 5 or 6+ visits)



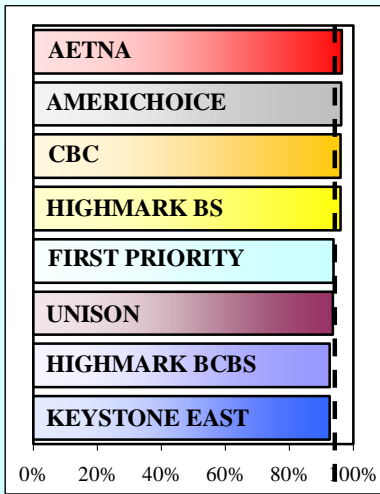
PA CHIP Weighted Average

Annual Dental Visits
Children and adolescents 2-19 who had a dental visit in the past year



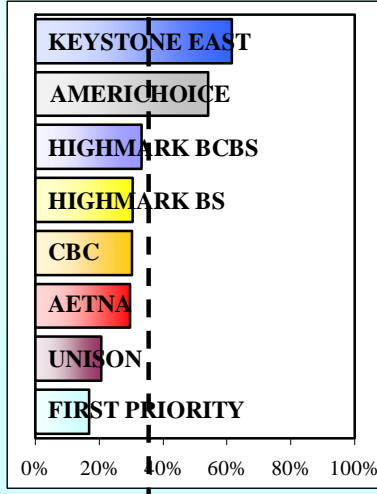
PA CHIP Weighted Average

Childhood Immunization Status - Combination 3
Children who received all recommended vaccines prior to their 2nd birthday



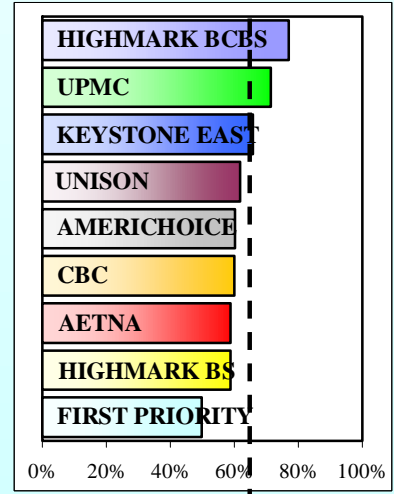
PA CHIP Weighted Average

Use of Appropriate Medication for Children with Asthma
Children and adolescents 5-19 who were diagnosed with persistent asthma and prescribed appropriate medication



PA CHIP Weighted Average

Lead Screening for Children
Children who were tested for lead by their 2nd birthday



PA CHIP Weighted Average

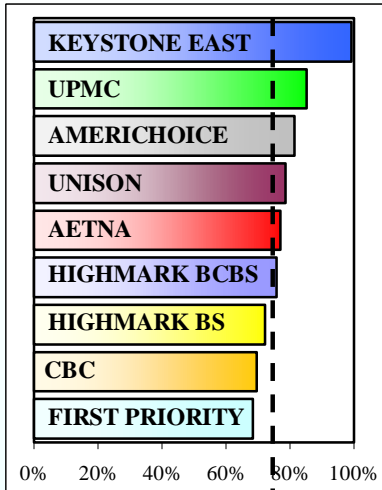
Testing for Children with Pharyngitis (sore throat)
Children 2-18 with a sore throat who were prescribed an antibiotic and tested for Streptococcus bacteria

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



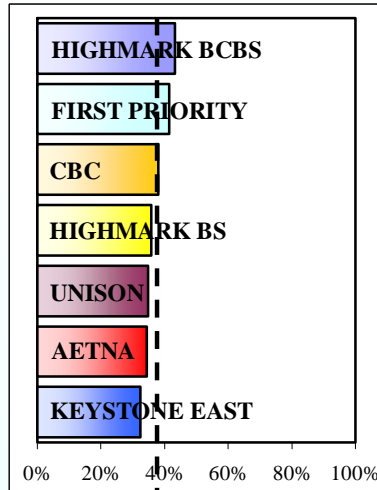


Quality of Care: How good is the care being provided?



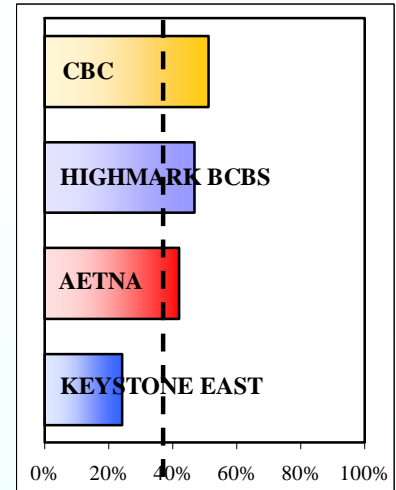
PA CHIP Weighted Average

Appropriate Treatment for Upper Respiratory Infection
 Children 3 months – 18 years with the common cold who were not prescribed an antibiotic



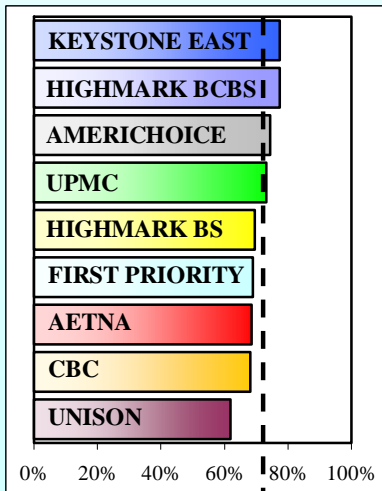
PA CHIP Weighted Average

ADHD Follow-Up Care Initiation Phase
 Children 6-12 with one follow-up visit within 30 days of being prescribed medication for Attention Deficit Disorder (ADD)



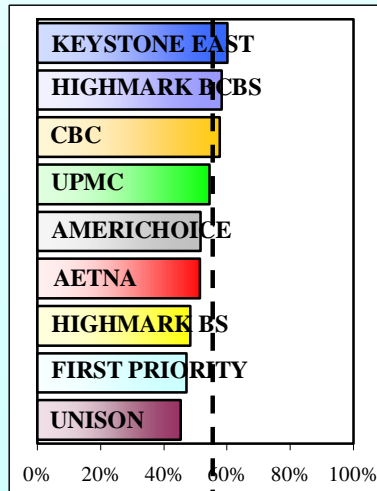
PA CHIP Weighted Average

ADHD Follow-Up Care Continuation and Maintenance Phase
 Children 6-12 with one follow-up visit during the initiation phase and at least 2 additional visits during the following 9 months



PA CHIP Weighted Average

Regular Checkups for Children 3-6 Years Old
 Children 3-6 who had one or more well-child visit with a PCP



PA CHIP Weighted Average

Regular Checkups for Adolescents
 Adolescents 12-19 who had at least one well-care visit with a PCP or OB/GYN



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

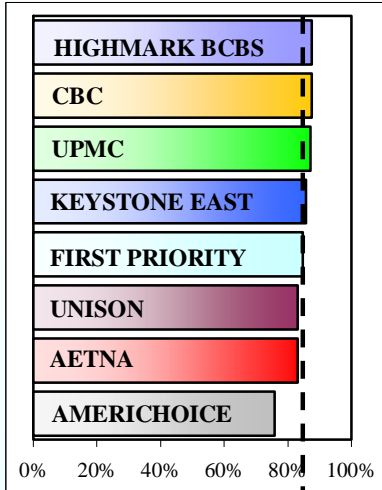




Insurance Department

COMMONWEALTH OF PENNSYLVANIA

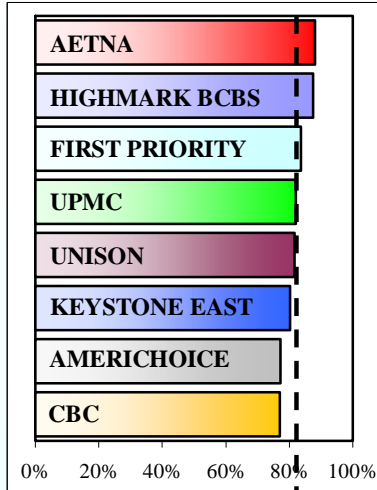
Satisfaction with Care: Is the care meeting your needs?



PA CHIP Weighted Average

Satisfaction With Current Doctor or Nurse

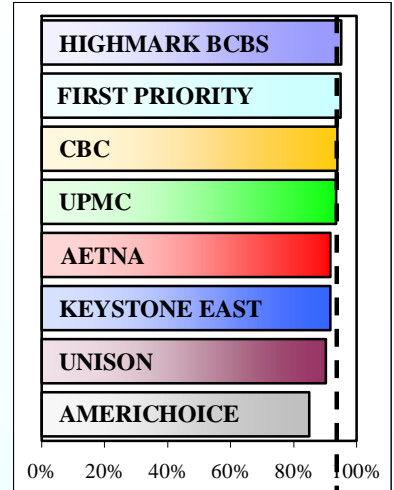
Parent/Guardian rated their child's current Doctor or Nurse 8 or higher on a scale of 0 to 10



PA CHIP Weighted Average

Satisfaction With Your Child's Specialist

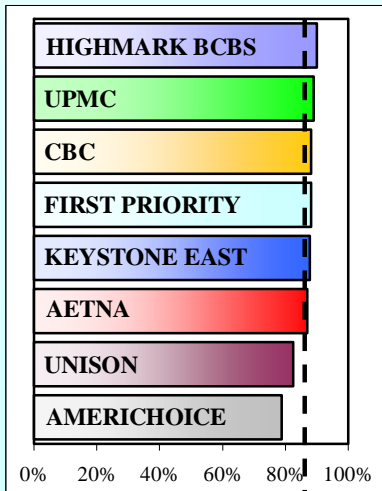
Parent/Guardian rated their child's Specialist 8 or higher on a scale of 0 to 10



PA CHIP Weighted Average

Child Is Able To Get Urgent Care As Soon As Necessary

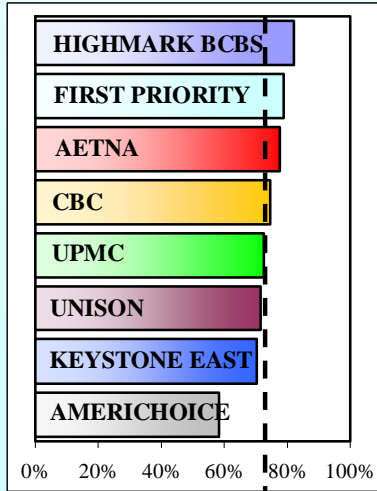
Parent/Guardian responded "usually" or "always" able to get urgent care



PA CHIP Weighted Average

Satisfaction With your Child's Health Care

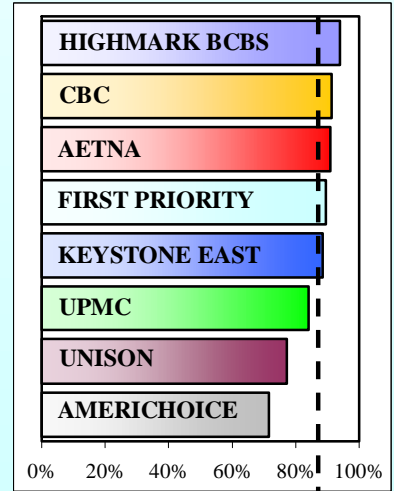
Parent/Guardian rated their child's Health Care 8 or higher on a scale of 0 to 10



PA CHIP Weighted Average

Satisfaction With Customer Service

Parent/Guardian stated that customer service was "not a problem"



PA CHIP Weighted Average

Satisfaction With Your CHIP Health Plan

Parent/Guardian rated their child's CHIP health plan 8 or higher on a scale of 0 to 10

*Highmark BCBS (HMO in western region) participated in the CAHPS Survey. Highmark Blue Shield (PPO serving the central region) was not required to administer a CAHPS survey.



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Insurance Department

COMMONWEALTH OF PENNSYLVANIA

CHIP Provider Contact Information

AETNA

930 Harvest Drive
PO BOX 937, U32N
BLUE BELL, PA 19422
1-800-822-2447

AMERICHOICE

CHIP Plan – Enrollment Application
Attn: Enrollment Department
PO Box 6300
Eau Claire, WI 54701
1-877-289-1917

CAPITAL BLUE CROSS

PO Box 777014
2500 Elmerton Avenue
Harrisburg, PA 17110-9956
1-800-543-7101

BLUE CROSS OF NEPA

Attn: CHIP/adultBasic
19 N Main St.
Wilkes Barre, PA 18711-9989
1-800-543-7199

HIGHMARK BLUE SHIELD

Attn: CHIP
PO Box 890175
Camp Hill, PA 17001-9705
1-866-727-5437

HIGHMARK BLUE CROSS BLUE SHIELD

PO Box Caring
Pittsburgh, PA 15230-9779
1-800-543-7105

KEYSTONE HEALTH PLAN EAST

Caring Foundation
PO Box 13449
Philadelphia, PA 19101-9552
1-800-464-5437

UNISON KIDS

Unison Administrative Services, LLC.
Unison Plaza
1001 Brinton Road
Monroeville, PA 15221
1-800-414-9025

UPMC HEALTH PLAN

PO Box 2875
Pittsburgh, PA 15230-9911
1-800-978-8762



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www.chipcoverspakids.com

1-800-986-KIDS

