



# 2007 Annual Report



**CHIP  
Covers All  
Uninsured  
Kids and  
Teens**



Administered by the Commonwealth of Pennsylvania  
Edward G. Rendell, Governor

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

## **Preamble**

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

To assist States in complying with the statute, the National Academy for State Health Policy (NASHP), with funding from the David and Lucile Packard Foundation, has coordinated an effort with States and CMS over the years to design and revise this Annual Report Template. Over time, the framework has been updated to reflect program maturation and corrected where difficulties with reporting have been identified.

The framework is designed to:

- ✓ Recognize the ***diversity*** of State approaches to SCHIP and allow States ***flexibility*** to highlight key accomplishments and progress of their SCHIP programs, **AND**
- ✓ Provide ***consistency*** across States in the structure, content, and format of the report, **AND**
- ✓ Build on data ***already collected*** by CMS quarterly enrollment and expenditure reports, **AND**
- ✓ Enhance ***accessibility*** of information to stakeholders on the achievements under Title XXI.

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



## SECTION I: SNAPSHOT OF SCHIP PROGRAM AND CHANGES

- 1) To provide a summary at-a-glance of your SCHIP program characteristics, please provide the following information. You are encouraged to complete this table for the different SCHIP programs within your state, e.g., if you have two types of separate child health programs within your state with different eligibility rules. If you would like to make any comments on your responses, please explain in narrative below this table.

	SCHIP Medicaid Expansion Program				Separate Child Health Program					
	* Upper % of FPL are defined as <u>Up to and Including</u>									
Eligibility					From		% of FPL conception to birth		% of FPL *	
	From		% of FPL for infants		% of FPL *	From	185	% of FPL for infants	300	% of FPL *
	From		% of FPL for children ages 1 through 5		% of FPL *	From	133	% of FPL for children ages 1 through 5	300	% of FPL *
	From		% of FPL for children ages 6 through 16		% of FPL *	From	100	% of FPL for children ages 6 through 16	300	% of FPL *
	From		% of FPL for children ages 17 and 18		% of FPL *	From	100	% of FPL for children ages 17 and 18	300	% of FPL *

Is presumptive eligibility provided for children?	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes, for whom and how long? <b>[1000]</b>	<input type="checkbox"/>	Yes - Please describe below:  For which populations (include the FPL levels)  Average number of presumptive eligibility periods granted per individual and average duration of the presumptive eligibility period  Brief description of your presumptive eligibility policies
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Is retroactive eligibility	<input type="checkbox"/>	No	<input type="checkbox"/>	No
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available?	<input type="checkbox"/>	Yes, for whom and how long?	<input checked="" type="checkbox"/>	Yes, for whom and how long? Children who are disenrolled from Medicaid because of a change in circumstances and who are eligible for CHIP may be retroactively enrolled to avoid a lapse in health care coverage.
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your State Plan contain authority to implement a waiting list?	Not applicable		<input type="checkbox"/>	No
			<input checked="" type="checkbox"/>	Yes
			<input type="checkbox"/>	N/A

Does your program have a mail-in application?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Can an applicant apply for your program over the phone?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program have an application on your website that can be printed, completed and mailed in?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Can an applicant apply for your program on-line?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes – please check all that apply	<input checked="" type="checkbox"/>	Yes – please check all that apply
	<input type="checkbox"/>	Signature page must be printed and mailed in	<input checked="" type="checkbox"/>	Signature page must be printed and mailed in
	<input type="checkbox"/>	Family documentation must be mailed (i.e., income documentation)	<input checked="" type="checkbox"/>	Family documentation must be mailed (i.e., income documentation)
	<input type="checkbox"/>	Electronic signature is required	<input checked="" type="checkbox"/>	Electronic signature is required
			<input type="checkbox"/>	No Signature is required
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
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require a face-to-face interview during initial application	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program require a child to be uninsured for a minimum amount of time prior to enrollment (waiting period)?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	Specify number of months		Specify number of months	
			6	
			<p>To which groups (including FPL levels) do the period of uninsurance apply?</p> <p>Children in families with household income no greater than 200% FPL do not have any waiting period. Children in families with household income greater than 200% FPL, but no greater than 300% FPL must be without private insurance for a period of six (6) months.</p> <p>List all exemptions to imposing the period of uninsurance</p> <ul style="list-style-type: none"> <li>• Child has not passed its second birthday</li> <li>• The child's parent is eligible to receive benefits pursuant to the act of December 5, 1936 (2nd Sp. Session., 1937 P.L. 2897, No. 1) known as the "Unemployment Compensation Law"</li> <li>• The child's parent was covered by a health insurance plan, a self-insurance plan or a self-funded plan, but at the time of application for coverage is no longer employed and is ineligible to receive benefits under the "Unemployment Compensation Law"</li> <li>• A child is transferring from one government-subsidized health care program to another</li> </ul>	
<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	

Does your program match prospective enrollees to a database that details private	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes

insurance status?			If yes, what database? Each new applicant is matched against a third party contractor (currently Health Management Systems) to determine if they are currently covered or if they meet the period of uninsurance. Each of our insurance contractors is also required to match new applicants against their internal data bases.	
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program provide period of continuous coverage regardless of income changes?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	Specify number of months		Specify number of months	
			12	
	Explain circumstances when a child would lose eligibility during the time period in the box below		Explain circumstances when a child would lose eligibility during the time period in the box below	
			<ul style="list-style-type: none"> <li>• Moves to another state</li> <li>• Reaches 19 years of age</li> <li>• Obtains private health insurance or is enrolled in Medicaid</li> <li>• Becomes an inmate of a public institution or a patient in an institution for mental diseases</li> <li>• Death of the child</li> <li>• Misinformation provided at application which would have resulted in a determination of ineligibility if the correct information had been known</li> <li>• Voluntary termination request</li> </ul>	
<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	

Does your program require premiums or an enrollment fee?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	Enrollment fee amount		Enrollment fee amount	
	Premium amount		Premium amount	
Yearly cap		Yearly cap		
If yes, briefly explain fee structure in the box below		If yes, briefly explain fee structure in the box below (including premium/enrollment fee amounts and include Federal poverty levels where appropriate)		

			<ul style="list-style-type: none"> <li>Children in families with household incomes: no greater than 200% of the FPL, there is no premium</li> <li>greater than 200% FPL but no greater than 250% FPL pay 25% of the per member per month cost</li> <li>greater than 250% FPL, but no greater than 275% FPL pay 35% of the per member per month cost</li> <li>greater than 275% FPL, but no greater than 300% pay 40% of the per member per month costs.</li> </ul> <p>Cost sharing is capped at 5% of the household income.</p>	
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program impose copayments or coinsurance?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program impose deductibles?	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program require an assets test?	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	If Yes, please describe below		If Yes, please describe below	
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program require income disregards?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	If Yes, please describe below		If Yes, please describe below	

		<ul style="list-style-type: none"> <li>• Work deduction for each employed family member whose income must be counted in determining eligibility (\$120 monthly; \$1440 annually)</li> <li>• Day care expense incurred up to \$200 monthly/\$2400 annually for a child under the age of two; up to \$175 monthly/\$2100 annually for a child over the age of two or for a disabled adult</li> <li>• After income disregards above are applied and adjusted income is determined for eligibility and cost sharing purposes, all income above 200% to 300% FPL is disregarded</li> </ul>
<input type="checkbox"/>	N/A	<input type="checkbox"/> N/A

Is a preprinted renewal form sent prior to eligibility expiring?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	<input type="checkbox"/>	We send out form to family with their information pre-completed and ask for confirmation	<input checked="" type="checkbox"/>	We send out form to family with their information pre-completed and ask for confirmation
	<input type="checkbox"/>	We send out form but do not require a response unless income or other circumstances have changed	<input type="checkbox"/>	We send out form but do not require a response unless income or other circumstances have changed
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Enter any Narrative text below.

Premium amounts vary based on the county of residence and the insurance contractor chosen to provide the benefits. Cost sharing, a combination of premiums and point of service co-payments are capped at 5% of the household income.

**Comments on Responses in Table:**

- Is there an assets test for children in your Medicaid program?  Yes  No  N/A
- Is it different from the assets test in your separate child health program? If yes, please describe in the narrative section below the asset test in your program.  Yes  No  N/A
- Are there income disregards for your Medicaid program?  Yes  No  N/A
- Are they different from the income disregards in your separate child health program? If yes, please describe in the narrative section below the income disregards used in your separate child health program.  Yes  No  N/A

6. Is a joint application used for your Medicaid and separate child health program?

Yes  No  N/A

7. Indicate what documentation is required at initial application

	<u>Self-Declaration</u>	<u>Documentation Required</u>
<u>Income</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Citizenship</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Insured Status</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

	<b>Medicaid Expansion SCHIP Program</b>			<b>Separate Child Health Program</b>		
	Yes	No Change	N/A	Yes	No Change	N/A
a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Application documentation requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Benefit structure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Cost sharing (including amounts, populations, & collection process)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Crowd out policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Delivery system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h) Eligibility determination process (including implementing a waiting lists or open enrollment periods)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Eligibility levels / target population	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Assets test in Medicaid and/or SCHIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
k) Income disregards in Medicaid and/or SCHIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Eligibility redetermination process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
m) Enrollment process for health plan selection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
n) Family coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
o) Outreach (e.g., decrease funds, target outreach)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) Premium assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

q) Prenatal Eligibility expansion	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
r) Waiver populations (funded under title XXI)						
Parents	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Pregnant women	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Childless adults	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
s) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
t) Other – please specify						
a. _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
b. _____	<input type="checkbox"/>	<input type="checkbox"/>				
c. _____	<input type="checkbox"/>	<input type="checkbox"/>				

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

a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	With the expanded eligibility, we added the ability to request reviews for moving from Free CHIP to Low-cost CHIP. An enrollee can also request a review if coverage is to move from a lower premium rate to a higher rate within the low-cost program due to a mistake in income or determination of family size. The change was initiated because with the different tiers in the low-cost program, there are many opportunities for calculation errors. We desire to protect the families from such errors.
b) Application	We made minor changes to the application to reflect the availability of the expanded program.
c) Application documentation requirements	We now require verification of immigration status for those claiming to be legal immigrants With the increased emphasis on citizenship, we desired to improve the integrity of our program by requiring that a family provide proof that an applicant child is a qualified alien consistent with SCHIP regulations defined at 457.320(b)(6).
d) Benefit structure	See explanation in narrative below
e) Cost sharing (including amounts, populations, & collection process)	Please see narrative below.

f) Crowd out policies	Pennsylvania added monitoring and strategies to limit crowd out to our policies due to the expansion of coverage to 300% FPL. Please see narrative below for additional information.
g) Delivery system	
h) Eligibility determination process (including implementing a waiting lists or open enrollment periods)	Pennsylvania added an additional cross match through a third party liability contract to determine current and recent health insurance status for all applicants with incomes greater than 200% FPL.
i) Eligibility levels / target population	Pennsylvania increased its eligibility limits. Children in families with household income no greater than 200% of the FPL are still enrolled in Free CHIP. Children in families with household income greater than 200% of the FPL, but no greater than 300% of the FPL are enrolled in low-cost CHIP, and children in families with household incomes greater than 300% are allowed to buy into the program at cost, if private insurance is unaffordable or inaccessible.
j) Assets test in Medicaid and/or SCHIP	
k) Income disregards in Medicaid and/or SCHIP	Pennsylvania modified its income disregards to disregard all income between 200% and 300% of the FPL. The reason for the change was to expand coverage to children in families with household income no greater than 300% of the FPL.
l) Eligibility redetermination process	
m) Enrollment process for health plan selection	
n) Family coverage	
o) Outreach	See Section III "Outreach" for detailed description of outreach activities during the reporting period.
p) Premium assistance	
q) Prenatal Eligibility Expansion	

r) Waiver populations (funded under title XXI)	
Parents	
Pregnant women	
Childless adults	
s) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	
t) Other – please specify	
a.	
b.	
c.	

Enter any Narrative text below.

Applications - Applications may be filed over the phone by calling the CHIP helpline. Helpline counselors use the so-called “power-user” version of the Commonwealth of Pennsylvania Access to Social Services (COMPASS) to enter applicant information. COMPASS performs an eligibility review for both CHIP and Medicaid and forwards the data to the appropriate administrative entity for processing. Additionally, several of our contractors, through their help desks, provide assistance to applicants having difficulty filling out the applications, but not to the point of accepting an application over the phone. The application may be completed online and submitted electronically with an e-signature. A signed application page is required if the family chooses not to use e-signature. In either case, applicants are then required to submit written income documentation. Two of our eight contractors are currently using preprinted renewal forms. The capability exists for the remaining contractors and we expect many of them to provide this service in the future.

Income Disregards – CHIP income disregards mirror Medicaid’s with the exception of CHIP disregarding income between 200 and 300% of the FPL to expand eligibility to 300% of FPL.

Citizenship – U.S. citizenship is self-declared. If an applicant states that they are legal immigrants, we request documentation to certify they meet the eligibility requirements under immigration status.

Insured Status – We accept self-declaration; however, we use a third party contractor to match new applicants with adjusted gross income greater than 200% of FPL against a database to ensure the applicant meets the period of uninsurance prior to enrollment.

Benefits - No benefits are being limited beyond the limits of the initial state plan; however, some benefits were expanded.

- Cover counseling, education and related services to prevent and address the consequences of at-risk behaviors related to sexually transmitted diseases (STDs) and pregnancy
- Increased the non-hospital residential from 30 days per year and 90 lifetime to 90 days per year and 360 lifetime
- Increased outpatient visits from 30 full session visits per year and 120 lifetime to 90 per year and 360 lifetime
- Increased the number of therapy visits authorized from a maximum of 60 visits combined for speech, occupational, and physical therapy to 60 visits maximum for each of the above therapies.

- Describes that there are no maximums for chemotherapy, dialysis, respiratory, and radiation therapy.

With the CHIP expansion, we implemented cost sharing for our expanded population. By adding cost sharing requirements, both premiums and co-payments, we made the product more like a commercially available health insurance product in hopes of deterring substitution.

As stated previously, there is no cost sharing for children in families with household incomes no greater than 200% FPL. Families with incomes greater than 200% must pay premiums as follows:

- Greater than 200% but no greater than 250% - 25% of pmpm cost
- Greater than 250% but no greater than 275% - 35% of pmpm cost
- Greater than 275% but no greater than 300% - 40% of pmpm cost
- Greater than 300% can buy into coverage at 100% of the cost negotiated with each of the contractors

In addition, children in families with income greater than 200% FPL must pay 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.

Premiums are paid directly to the insurance contractor while co-payments are paid at the point of service. Co-payments are limited to physical health and do not include routine preventive and diagnostic dental services or vision services.

Pennsylvania will continue to monitor the rate of employer based coverage for changes and trends. Additionally, we implemented a cross match through a third party liability contract to determine current and recent health insurance status. The match determines if the applicant is currently uninsured and has met the required period of uninsurance.

Pennsylvania implemented a six-month period of uninsurance for children over the age of two with an adjusted 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. Additionally, we included cost sharing in the form of premiums and co-payments for families with incomes greater than 200%. The cost sharing more closely mirrors commercial products and will serve as an additional disincentive for families dropping private coverage.

In addition to monitoring for overall level of substitution, Pennsylvania will compare the data for the 0 – 2 year olds with data for the 2 – 5 year olds to determine if the no period of uninsurance for the 0 – 2 year olds is significantly increasing the rate of substitution.

If Pennsylvania finds a significant level of substitution (10% of enrollees dropping or being dropped from private coverage), it will reevaluate the exceptions to the waiting period to determine if they are contributing to substitution and modify them as necessary. We would also consider incrementally increasing the uninsured period up to an additional 6 months to reverse the substitution trend. Another strategic option is to increase the cost sharing requirements for this target population to deter substitution.

## **SECTION II: PROGRAM'S PERFORMANCE MEASUREMENT AND PROGRESS**

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This section consists of three subsections that gather information on the core performance measures for the SCHIP program as well as your State's progress toward meeting its general program strategic objectives and performance goals. Section IIA captures data on the core performance measures to the extent data is available. Section IIB captures your enrollment progress as well as changes in the number and/or rate of uninsured children in your State. Section IIC captures progress towards meeting your State's general strategic objectives and performance goals.

### **SECTION IIA: REPORTING OF CORE PERFORMANCE MEASURES**

CMS is directed to examine national performance measures by the SCHIP Final Rules of January 11, 2001. To address this SCHIP directive, and to address the need for performance measurement in Medicaid, CMS, along with other Federal and State officials, developed a core set of performance measures for Medicaid and SCHIP. The group focused on well-established measures whose results could motivate agencies, providers, and health plans to improve the quality of care delivered to enrollees. After receiving comments from Medicaid and SCHIP officials on an initial list of 19 measures, the group recommended seven core measures, including four core child health measures:

- Well child visits in the first 15 months of life
- Well child visits in the 3rd, 4th, 5th, and 6th years of life
- Use of appropriate medications for children with asthma
- Children's access to primary care practitioners

These measures are based on specifications provided by the Health Plan Employer Data and Information Set (HEDIS®). HEDIS® provides a useful framework for defining and measuring performance. However, use of HEDIS® methodology is not required for reporting on your measures. The HEDIS® methodology can also be modified based on the availability of data in your State.

This section contains templates for reporting performance measurement data for each of the core child health measures. Please report performance measurement data for the three most recent years (to the extent that data are available). In the first and second column, data from the previous two years' annual reports (FFY 2005 and FFY 2006) will be populated with data from previously reported data in SARTS, enter data in these columns only if changes must be made. If you previously reported no data for either of those years, but you now have recent data available for them, please enter the data. In the third column, please report the most recent data available at the time you are submitting the current annual report (FFY 2007). Additional instructions for completing each row of the table are provided below.

#### **If Data Not Reported, Please Explain Why:**

If you cannot provide a specific measure, please check the box that applies to your State for each performance measure as follows:

- Population not covered: Check this box if your program does not cover the population included in the measure.
- Data not available: Check this box if data are not available for a particular measure in your State. Please provide an explanation of why the data are currently not available.
- Small sample size: Check this box if the sample size (i.e., denominator) for a particular measure is less than 30. If the sample size is less than 30, your State is not required to report data on the measure. However, please indicate the exact sample size in the space provided.
- Other: Please specify if there is another reason why your state cannot report the measure.

#### **Status of Data Reported:**

Please indicate the status of the data you are reporting, as follows:

- Provisional: Check this box if you are reporting data for a measure, but the data are currently being modified, verified, or may change in any other way before you finalize them for FFY 2007.
- Final: Check this box if the data you are reporting are considered final for FFY 2007.

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

**Measurement Specification:**

For each performance measure, please indicate the measurement specification (i.e., were the measures calculated using the HEDIS® technical specifications, HEDIS®-like specifications, or some other source with measurement specifications unrelated to HEDIS®). If the measures were calculated using HEDIS® or HEDIS®-like specifications, please indicate which version was used (e.g., HEDIS® 2007). If using HEDIS®-like specifications, please explain how HEDIS® was modified.

**Data Source:**

For each performance measure, please indicate the source of data – administrative data (claims) (specify the kind of administrative data used), hybrid data (claims and medical records) (specify how the two were used to create the data source), survey data (specify the survey used), or other source (specify the other source). If another data source was used, please explain the source.

**Definition of Population included in the Measure:**

Please indicate the definition of the population included in the denominator for each measure (such as age, continuous enrollment, type of delivery system). Check one box to indicate whether the data are for the SCHIP population only, or include both SCHIP and Medicaid (Title XIX) children combined. Also provide a definition of the numerator (such as the number of visits required for inclusion).

**Note: You do not need to report data for all delivery system types. You may choose to report data for only the delivery system with the most enrollees in your program.**

**Year of Data:**

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

**Performance Measurement Data (HEDIS® or Other):**

In this section, please report the numerators, denominators, and rates for each measure (or component). The template provides two sections for entering the performance measurement data, depending on whether you are reporting using HEDIS® or HEDIS®-like methodology or a methodology other than HEDIS®. The form fields have been set up to facilitate entering numerators, denominators, and rates for each measure. If the form fields do not give you enough space to fully report on your measure, please use the “additional notes” section.

**Note: SARTS will calculate the rate if you enter the numerator and denominator. Otherwise, if you only have the rate, enter it in the rate box.**

If you typically calculate separate rates for each health plan, report the aggregate state-level rate for each measure (or component). The preferred method is to calculate a “weighted rate” by summing the numerators and denominators across plans, and then deriving a single state-level rate based on the ratio of the numerator to the denominator. Alternatively, if numerators and denominators are not available, you may calculate an “unweighted average” by taking the mean rate across health plans.

**Explanation of Progress:**

The intent of this section is to allow your State to highlight progress and describe any quality improvement activities that may have contributed to your progress. If improvement has not occurred over time, this section can be used to discuss potential reasons for why progress was not seen and to describe future quality improvement plans. In this section, your State is also asked to set annual performance objectives for FFY 2008, 2009, and 2010. Based on your recent performance on the measure (from FFY 2005 through 2007), use a combination of expert opinion and “best guesses” to set objectives for the next three years. Please explain your rationale for setting these objectives. For example, if your rate has been increasing by 3 or 4 percentage points per year, you might project future increases at a similar rate. On

the other hand, if your rate has been stable over time, you might set a target that projects a small increase over time. If the rate has been fluctuating over time, you might look more closely at the data to ensure that the fluctuations are not an artifact of the data or the methods used to construct a rate. You might set an initial target that is an average of the recent rates, with slight increases in subsequent years.

In future annual reports, you will be asked to comment on how your actual performance compares to the objective your State set for the year, as well as any quality improvement activities that have helped or could help your State meet future objectives.

**Other Comments on Measure:**

Please use this section to provide any other comments on the measure, such as data limitations or plans to report on a measure in the future.

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

**MEASURE: Well Child Visits in the First 15 Months of Life**

FFY 2005	FFY 2006	FFY 2007
<p><b>Did you report on this goal?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this goal?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this goal?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                      HEDIS 2005</p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                      HEDIS 2006</p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                      HEDIS 2007</p>
<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input checked="" type="checkbox"/> Other. <i>Specify:</i>                      combination of hybrid data (3 health plans) and administrative data (2 health plans)</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input checked="" type="checkbox"/> Other. <i>Specify:</i>                      combination of hybrid data (3 health plans) and administrative data (3 health plans)</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input checked="" type="checkbox"/> Other. <i>Specify:</i>                      Combination of hybrid data (4 health plans) and administrative data (3 health plans)</p>

FFY 2005	FFY 2006	FFY 2007
<p><b>Definition of Population Included in the Measure:</b>            Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).            Definition of numerator: Seven separate numerators corresponding to number with 0, 1, 2, 3, 4, 5, 6 or more will-child visits with PCP during first 15 months of life</p> <p>Denominator is defined as eligible population who turned 15 months old during the measurement year</p>	<p><b>Definition of Population Included in the Measure:</b>            Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).            Definition of numerator: Seven separate numerators corresponding to number with 0, 1, 2, 3, 4, 5, 6 or more will-child visits with PCP during first 15 months of life</p> <p>Denominator includes eligible population who turned 15 months old during the measurement year</p>	<p><b>Definition of Population Included in the Measure:</b>            Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).            Definition of numerator:</p>
<b>Year of Data:</b> 2004	<b>Year of Data:</b> 2005	<b>Year of Data:</b> 2006

**Well Child Visits in the First 15 Months of Life (continued)**

FFY 2005	FFY 2006	FFY 2007
<p><b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with specified number of visits</p> <p><u>0 visits</u> Numerator: 3 Denominator: 136 Rate: 2.2</p> <p><u>4 visits</u> Numerator: 11 Denominator: 136 Rate: 8.1</p> <p><u>1 visit</u> Numerator: 5 Denominator: 136 Rate: 3.7</p> <p><u>5 visits</u> Numerator: 27 Denominator: 136 Rate: 19.9</p> <p><u>2 visits</u> Numerator: 5 Denominator: 136 Rate: 3.7</p> <p><u>6+ visits</u> Numerator: 78 Denominator: 136 Rate: 57.4</p> <p><u>3 visits</u> Numerator: 7 Denominator: 136 Rate: 5.1</p> <p>Additional notes on measure: Numerator: hybrid data included entire population; therefore, numerator reportable Denominator: 5 health plans total reporting; small denominator for 4 health plans reported in weighted averages but not reported for HEDIS (unweighted averages) Rate: HEDIS 2005(unweighted) average reported as: 0 visits = 1.7%; 1 visit = 5.1%; 2 visits = 1.7%; 3 visits = 1.7%; 4 visits = 10.2%; 5 visits = 13.6%; 6+ visits = 66.1%; only 6+ visits calculated/reported in FFY2005 SCHIP annual report.</p>	<p><b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with specified number of visits</p> <p><u>0 visits</u> Numerator: 1 Denominator: 194 Rate: 0.5</p> <p><u>4 visits</u> Numerator: 23 Denominator: 194 Rate: 11.9</p> <p><u>1 visit</u> Numerator: 2 Denominator: 194 Rate: 1</p> <p><u>5 visits</u> Numerator: 53 Denominator: 194 Rate: 27.3</p> <p><u>2 visits</u> Numerator: 4 Denominator: 194 Rate: 2.1</p> <p><u>6+ visits</u> Numerator: 102 Denominator: 194 Rate: 52.6</p> <p><u>3 visits</u> Numerator: 9 Denominator: 194 Rate: 4.6</p> <p>Additional notes on measure: Numerator: hybrid data included entire population therefore numerator reportable Denominator: 6 health plans total reporting; small denominator for 3 health plans reported in weighted averages but not reported for HEDIS (unweighted averages) Rate: HEDIS 2006 PA CHIP (unweighted) average reported as: 0 visits = 0%; 1 visit = 0.5% (unweighted); 2 visits = 2.1% (unweighted); 3 visits = 4.2% (unweighted); 4 visits = 9.7% (unweighted); 5 visits =25.3% (unweighted); 6+ visits = 58.2% (unweighted)</p>	<p><b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with specified number of visits</p> <p><u>0 visits</u> Numerator: 13 Denominator: 379 Rate: 3.4</p> <p><u>4 visits</u> Numerator: 34 Denominator: 379 Rate: 9</p> <p><u>1 visit</u> Numerator: 5 Denominator: 379 Rate: 1.3</p> <p><u>5 visits</u> Numerator: 79 Denominator: 379 Rate: 20.8</p> <p><u>2 visits</u> Numerator: 5 Denominator: 379 Rate: 1.3</p> <p><u>6+ visits</u> Numerator: 229 Denominator: 379 Rate: 60.4</p> <p><u>3 visits</u> Numerator: 14 Denominator: 379 Rate: 3.7</p> <p>Additional notes on measure: Denominator - 7 health plans total reporting; small denominator for 3 health plans (15-18)</p>
<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure: Progress: Six well-child visits</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>

are recommended in PA for infants 15 month of age. For the last three years, over 75% of PA CHIP enrollees in this age range received 5 or 6+ well-child visits during the measurement year (FFY 2004 = 75.4%, FFY 2005 = 77.3%, and FFY 2006 = 79.9%). The number of PA CHIP enrollees in this age group is relatively small. Low denominators and other factors, such as childhood illness, appointment availability, etc. may affect the rates.

**Explanation of Progress:**

**How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?** A HEDIS 2006 (measurement year 2007) performance goal was not set in the FFY 2006 report since utilization had already occurred at the time of the report. The goal previously set for HEDIS 2008 is modified below based on a review of HEDIS 2005, 2006 and 2007 rates.

**Are there any quality improvement activities that contribute to your progress?** On March 20, 2007, the State held a meeting for all CHIP contractors. At this meeting, the State addressed CHIP HEDIS 2006 rates, provided comparisons to benchmarks, discussed performance objectives and addressed future plans for public reporting and a pay-for-performance program. It was anticipated that this educational effort would impact HEDIS 2008 rates.

**Annual Performance Objective for FFY 2008:** HEDIS 2008

**Annual Performance Objective for FFY 2009:** HEDIS 2009 - 63.67%

**Annual Performance Objective for FFY 2010:** HEDIS 2010

*Explain how these objectives were set:* Because the 6+ visits rate is the most preferred outcome, goals were set for this measure. Given that there was no discernible trend across years, the average of HEDIS 2005 and HEDIS 2006 rates was taken and was compared to HEDIS 2007, which was the highest rate of the three. This rate was approximately 10% higher than the average, so a goal was set to increase this rate by 10% over the next three years. The increase projected for HEDIS 2008 is the smallest (1.5%), particularly because the impact of the increase in the denominator and of the quality initiatives is not yet known. Goals for HEDIS 2009 and HEDIS 2010 were increased by 4% each year. Please note these goals are subject to change pending HEDIS 2008 results for which the Measurement Year (MY), 2007 is nearly complete.

**Other Comments on Measure:**

The denominator for this measure doubled from HEDIS 2006 to HEDIS 2007. This measure will be publicly reported beginning with HEDIS 2008 rates.

**MEASURE: Well-Child Visits in Children the 3rd, 4th, 5th, and 6th Years of Life**

FFY 2005	FFY 2006	FFY 2007
<p><b>Did you report on this goal?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30)  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this goal?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this goal?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                      HEDIS 2005</p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                      HEDIS 2006</p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                      HEDIS 2007</p>
<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input checked="" type="checkbox"/> Other. <i>Specify:</i>                      combination hybrid (3 health plans) and administrative (2 plans)</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input checked="" type="checkbox"/> Other. <i>Specify:</i>                      combination hybrid (3 health plans) and administrative (3 health plans)</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input checked="" type="checkbox"/> Other. <i>Specify:</i>                      Combination of hybrid (4 health plans) and administrative (3 health plans)</p>
<p><b>Definition of Population Included in the Measure:</b>                      Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).                      Definition of numerator: Numerator is eligible population with at least 1 well child visit with PCP during measurement year                       Denominator includes percentage of eligible population who were 3, 4, 5, 6 years of age during measurement year</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).                      Definition of numerator: Numerator is eligible population with at least 1 well child visit with PCP during measurement year                       Denominator includes percentage of eligible population who were 3, 4, 5, 6 years of age during measurement year</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).                      Definition of numerator: Eligible population with at least 1 well child visit with PCP during measurement year</p>

FFY 2005	FFY 2006	FFY 2007
<b>Year of Data:</b> 2004	<b>Year of Data:</b> 2005	<b>Year of Data:</b> 2006
<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  <u>Percent with 1+ visits</u>  Numerator:  Denominator: 9871  Rate: 67.6</p> <p>Additional notes on measure: Numerator: not reported due to combination of hybrid and administrative data since hybrid data did not include entire population  Rate: HEDIS 2005 PA CHIP (unweighted) average reported was 71.0%</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Percent with 1+ visits  Numerator:  Denominator: 10588  Rate: 67.4</p> <p>Additional notes on measure: Numerator: not reported due to combination of hybrid and administrative data since hybrid data did not include entire population  Rate: HEDIS 2006 PA CHIP (unweighted) average reported was 69.0%</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Percent with 1+ visits  Numerator: 3253  Denominator: 4709  Rate: 69.1</p> <p>Additional notes on measure: In past two years, used the eligible population rather than the denominator (2005 - 4014; 2006 - 4358) - rates were reported correctly. This year the actual denominator is used, which includes the sample size but does not reflect the eligible population (9144)</p>

**Well-Child Visits in Children the 3rd, 4th, 5th, and 6th Years of Life (continued)**

FFY 2005	FFY 2006	FFY 2007
<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>                      Numerator:                      Denominator:                      Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>                      Numerator:                      Denominator:                      Rate:</p> <p>Additional notes on measure: The PA CHIP average rate for FFY 2005 (calendar year 2004) improved 5 percentage points; the average rate for FFY 2006 (calendar year 2005) was essentially unchanged from the previous year.</p>	<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>                      Numerator:                      Denominator:                      Rate:</p> <p>Additional notes on measure: Definition of Denominator: Percentage of eligible population who were 3, 4, 5, 6 years of age during measurement year</p>
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?</b> A HEDIS 2006 (measurement year 2007) performance goal was not set in the FFY 2006 report since utilization had already occurred at the time of the report. The goal previously set for HEDIS 2008 is modified below based on a review of HEDIS 2005, HEDIS 2006 and HEDIS 2007 rates.</p> <p><b>Are there any quality improvement activities that contribute to your progress?</b> On March 20, 2007, the State held a meeting for all CHIP contractors. At this meeting, the State addressed CHIP HEDIS 2006 rates, provided comparisons to benchmarks, discussed performance objectives and addressed future plans for public reporting and a pay-for-performance program. It was anticipated that this educational effort would impact HEDIS 2008 rates</p> <p><b>Annual Performance Objective for FFY 2008:</b> HEDIS 2008</p> <p><b>Annual Performance Objective for FFY 2009:</b> HEDIS 2009 – 70.07%</p> <p><b>Annual Performance Objective for FFY 2010:</b> HEDIS 2010 – 70-77%</p> <p><i>Explain how these objectives were set:</i></p>		
<p><b>Other Comments on Measure:</b> This measure will be publicly reported beginning with HEDIS 2008 rates</p>		

**MEASURE: Use of Appropriate Medications for Children with Asthma**

FFY 2005	FFY 2006	FFY 2007
<p><b>Did you report on this goal?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this goal?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this goal?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                      HEDIS 2005</p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                      HEDIS 2006</p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                      HEDIS 2007</p>
<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>

FFY 2005	FFY 2006	FFY 2007
<p><b>Definition of Population Included in the Measure:</b>  Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).  Definition of numerator: Numerator is eligible population who were appropriately prescribed medication during the measurement year</p> <p>Denominator includes eligible population 5-17 years of age during the measurement year who were identified as having persistent asthma during the year prior to the measurement year and the measurement year; commercial</p>	<p><b>Definition of Population Included in the Measure:</b>  Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).  Definition of numerator: Numerator is eligible population who were appropriately prescribed medication during the measurement year</p> <p>Denominator includes eligible population 5-17 years of age during the measurement year who were identified as having persistent asthma during the year prior to the measurement year and the measurement year; commercial</p>	<p><b>Definition of Population Included in the Measure:</b>  Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).  Definition of numerator: Eligible population appropriately prescribed medication during measurement year</p>
<b>Year of Data:</b> 2004	<b>Year of Data:</b> 2005	<b>Year of Data:</b> 2006

**Use of Appropriate Medications for Children with Asthma (continued)**

FFY 2005	FFY 2006	FFY 2007
<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>                      Percent receiving appropriate medications  <u>5-9 years</u>                      Numerator: 586                      Denominator: 762                      Rate: 76.9</p> <p><u>10-17 years</u>                      Numerator: 1117                      Denominator: 1559                      Rate: 71.6</p> <p><u>Combined rate (5-17 years)</u>                      Numerator: 1703                      Denominator: 2311                      Rate: 73.7</p> <p>Additional notes on measure: Rate: reported in FFY 2005 SCHIP annual report as 72.7% (unweighted average) for 5-17 year age range and represents the PA CHIP average of 5 health plans as reported for HEDIS 2005</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>                      Percent receiving appropriate medications  <u>5-9 years</u>                      Numerator: 559                      Denominator: 587                      Rate: 95.2</p> <p><u>10-17 years</u>                      Numerator: 1233                      Denominator: 1356                      Rate: 90.9</p> <p><u>Combined rate (5-17 years)</u>                      Numerator: 1792                      Denominator: 1943                      Rate: 92.2</p> <p>Additional notes on measure: Rate: HEDIS 2006 PA CHIP (unweighted) average of 6 health plans is 92.3% for the 5-17 year age range</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>                      Percent receiving appropriate medications  <u>5-9 years</u>                      Numerator: 616                      Denominator: 632                      Rate: 97.5</p> <p><u>10-17 years</u>                      Numerator: 1414                      Denominator: 1503                      Rate: 94.1</p> <p><u>Combined rate (5-17 years)</u>                      Numerator: 2030                      Denominator: 2135                      Rate: 95.1</p> <p>Additional notes on measure: Definition of denominator: Eligible population 5-17 years of age during measurement year identified as having persistent asthma during year prior to/and the measurement year</p>
<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>                      Numerator:                      Denominator:                      Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>                      Numerator:                      Denominator:                      Rate:</p> <p>Additional notes on measure: There was significant improvement (approximately 20 points) in PA CHIP rates for all age ranges for FFY 2006 (calendar year 2005). We understand from the National Committee for Quality Assurance (NCQA) that changes in this measure's specifications may make the data from FFY 2006 (HEDIS 2006) not trendable with data from FFY 2004 and 2005 (HEDIS 2004 and 2005).</p>	<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>                      Numerator:                      Denominator:                      Rate:</p> <p>Additional notes on measure:</p>

**Explanation of Progress:**

**How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?** A HEDIS 2006 (measurement year 2007) performance goal was not set in the FFY 2006 report since utilization had already occurred at the time of the report. The goal previously set for HEDIS 2008 is modified below based on a review of HEDIS 2005, 2006 and 2007 rates.

**Are there any quality improvement activities that contribute to your progress?** On March 20, 2007, the State held a meeting for all CHIP contractors. At this meeting, the State addressed CHIP HEDIS 2006 rates, provided comparisons to benchmarks, discussed performance objectives and addressed future plans for public reporting and a pay-for-performance program. It was anticipated that this educational effort would impact HEDIS 2008 rates

**Annual Performance Objective for FFY 2008:** HEDIS 2008

**Annual Performance Objective for FFY 2009:** HEDIS 2009

**Annual Performance Objective for FFY 2010:**

*Explain how these objectives were set:*

**Other Comments on Measure:** This measure will be publicly reported beginning with HEDIS 2008 rates.

**MEASURE: Children's Access to Primary Care Practitioners**

FFY 2005	FFY 2006	FFY 2007
<p><b>Did you report on this goal?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this goal?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this goal?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                      HEDIS 2005</p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                      HEDIS 2006</p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                      HEDIS 2007</p>
<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>

FFY 2005	FFY 2006	FFY 2007
<p><b>Definition of Population Included in the Measure:</b>  Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).  Definition of numerator: Numerator is eligible population age range 12 months-6 years who had 1 or more visits with PCP during measurement year; age range 7-19 years who had 1 or more visits with PCP during measurement year or year prior to measurement year</p> <p>Denominator includes eligible population age 12-24 months, 25 months-6 years, 7-11 years, and 12-19 years of age; commercial</p>	<p><b>Definition of Population Included in the Measure:</b>  Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).  Definition of numerator: Numerator is eligible population age range 12 months-6 years who had 1 or more visits with PCP during measurement year; age range 7-19 years who had 1 or more visits with PCP during measurement year or year prior to measurement year)</p> <p>Denominator includes eligible population age 12-24 months, 25 months-6 years, 7-11 years, and 12-19 years of age; commercial</p>	<p><b>Definition of Population Included in the Measure:</b>  Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).  Definition of numerator: Eligible populations: 12 months-6 years who had 1 or more visits with PCP during measurement year; 7-19 years who had 1 or more visits with PCP during measurement year or year prior to measurement year</p>
<b>Year of Data:</b> 2004	<b>Year of Data:</b> 2005	<b>Year of Data:</b> 2006

FFY 2005	FFY 2006	FFY 2007																																																						
<p><b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with a PCP visit</p> <table border="0"> <tr> <td><u>12-24 months</u></td> <td><u>7-11 years</u></td> </tr> <tr> <td>Numerator: 522</td> <td>Numerator: 15056</td> </tr> <tr> <td>Denominator: 543</td> <td>Denominator: 16499</td> </tr> <tr> <td>Rate: 96.1</td> <td>Rate: 91.3</td> </tr> <tr> <td> </td> <td></td> </tr> <tr> <td><u>25 months-6 years</u></td> <td><u>12-19 years</u></td> </tr> <tr> <td>Numerator: 10162</td> <td>Numerator: 26141</td> </tr> <tr> <td>Denominator: 11453</td> <td>Denominator: 28874</td> </tr> <tr> <td>Rate: 88.7</td> <td>Rate: 90.5</td> </tr> </table> <p>Additional notes on measure: Rate: HEDIS 2005 PA CHIP (unweighted) average reported as 89.9% for age range 2-11 yr</p>	<u>12-24 months</u>	<u>7-11 years</u>	Numerator: 522	Numerator: 15056	Denominator: 543	Denominator: 16499	Rate: 96.1	Rate: 91.3	 		<u>25 months-6 years</u>	<u>12-19 years</u>	Numerator: 10162	Numerator: 26141	Denominator: 11453	Denominator: 28874	Rate: 88.7	Rate: 90.5	<p><b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with a PCP visit</p> <table border="0"> <tr> <td><u>12-24 months</u></td> <td><u>7-11 years</u></td> </tr> <tr> <td>Numerator: 641</td> <td>Numerator: 16010</td> </tr> <tr> <td>Denominator: 679</td> <td>Denominator: 17495</td> </tr> <tr> <td>Rate: 94.4</td> <td>Rate: 91.5</td> </tr> <tr> <td> </td> <td></td> </tr> <tr> <td><u>25 months-6 years</u></td> <td><u>12-19 years</u></td> </tr> <tr> <td>Numerator: 10765</td> <td>Numerator: 28932</td> </tr> <tr> <td>Denominator: 12129</td> <td>Denominator: 31863</td> </tr> <tr> <td>Rate: 88.8</td> <td>Rate: 90.8</td> </tr> </table> <p>Additional notes on measure: Rate: HEDIS 2006 PA CHIP (unweighted) average reported as 89.8% for age range 2-11 yr</p>	<u>12-24 months</u>	<u>7-11 years</u>	Numerator: 641	Numerator: 16010	Denominator: 679	Denominator: 17495	Rate: 94.4	Rate: 91.5	 		<u>25 months-6 years</u>	<u>12-19 years</u>	Numerator: 10765	Numerator: 28932	Denominator: 12129	Denominator: 31863	Rate: 88.8	Rate: 90.8	<p><b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with a PCP visit</p> <table border="0"> <tr> <td><u>12-24 months</u></td> <td><u>7-11 years</u></td> </tr> <tr> <td>Numerator: 631</td> <td>Numerator: 16076</td> </tr> <tr> <td>Denominator: 689</td> <td>Denominator: 18101</td> </tr> <tr> <td>Rate: 91.6</td> <td>Rate: 88.8</td> </tr> <tr> <td> </td> <td></td> </tr> <tr> <td><u>25 months-6 years</u></td> <td><u>12-19 years</u></td> </tr> <tr> <td>Numerator: 11345</td> <td>Numerator: 30588</td> </tr> <tr> <td>Denominator: 13237</td> <td>Denominator: 34455</td> </tr> <tr> <td>Rate: 85.7</td> <td>Rate: 88.8</td> </tr> </table> <p>Additional notes on measure: Definition of denominator: Eligible population age 12-24 months, 25 months-6 years, 7-11 years, 12-19 years</p> <p>2 health plans had low denominator (34-35) for age group 12-24 months.</p>	<u>12-24 months</u>	<u>7-11 years</u>	Numerator: 631	Numerator: 16076	Denominator: 689	Denominator: 18101	Rate: 91.6	Rate: 88.8	 		<u>25 months-6 years</u>	<u>12-19 years</u>	Numerator: 11345	Numerator: 30588	Denominator: 13237	Denominator: 34455	Rate: 85.7	Rate: 88.8
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FFY 2005	FFY 2006	FFY 2007
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?</b> A HEDIS 2006 (measurement year 2007) performance goal was set in the FFY 2006 report since utilization had already occurred at the time of the report. The goal previously set for HEDIS 2008 is modified below based on a review of HEDIS 2005, HEDIS 2006 and HEDIS 2007 rates.</p> <p><b>Are there any quality improvement activities that contribute to your progress?</b> On March 20, 2007, the State held a meeting for all CHIP contractors. At this meeting, the State addressed CHIP HEDIS 2006 rates, provided comparisons to benchmarks, discussed performance objectives and addressed future plans for public reporting and a pay-for-performance program. It was anticipated that this educational effort would impact HEDIS 2008 rates</p> <p><b>Annual Performance Objective for FFY 2008:</b></p> <p><b>Annual Performance Objective for FFY 2009:</b></p> <p><b>Annual Performance Objective for FFY 2010:</b></p> <p><i>Explain how these objectives were set:</i></p>		
<p><b>Other Comments on Measure:</b> This measure will be publicly reported beginning with HEDIS 2008 rates.</p>		

## SECTION IIB: ENROLLMENT AND UNINSURED DATA

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

Program	FFY 2006	FFY 2007	Percent change FFY 2006-2007
SCHIP Medicaid Expansion Program	0	0	
Separate Child Health Program	188,765	227,367	20.45

- A. Please explain any factors that may account for enrollment increases or decreases exceeding 10 percent.

In March 2007, the Cover All Kids initiative was implemented in Pennsylvania. This expansion raised the income limits for children qualifying for CHIP. Prior to the expansion, Pennsylvania claimed federal matching funds for children in households with incomes no greater than 200 percent of the FPL. With the expansion, the income limit was raised to no greater than 300 percent of the FPL. Through September 2007, 15,482 additional children became part of SCHIP that would not have been reported under the previous income limits.

2. The table below shows trends in the three-year averages for the number and rate of uninsured children in your State based on the Current Population Survey (CPS), along with the percent change between 1996-1998 and 2004-2006. Significant changes are denoted with an asterisk (\*). If your state uses an alternate data source and/or methodology for measuring change in the number and/or rate of uninsured children, please explain in Question #3. SARTS will fill in this information automatically, but in the meantime, please refer to the CPS data attachment that was sent with the FFY 2007 Annual Report Template.

Period	Uninsured Children Under Age 19 Below 200 Percent of Poverty		Uninsured Children Under Age 19 Below 200 Percent of Poverty as a Percent of Total Children Under Age 19	
	Number	Std. Error	Rate	Std. Error
1996 - 1998	157	25.1	5.1	.8
1998 - 2000	115	21.5	3.7	.7
2000 - 2002	162	21.2	5.5	.7
2002 - 2004	195	23.3	6.5	.8

2003 - 2005	175	22.9	5.9	.7
2004 - 2006	155	22.0	5.3	.7
Percent change 1996-1998 vs. 2004-2006	-1.3%	NA	3.9%	NA

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

Although the statistics indicate a change in the number and rate of uninsured children from the 1996-1998 estimates to the 2004-2006 estimates, these differences are not statistically significant.

B. Please note any comments here concerning CPS data limitations that may affect the reliability or precision of these estimates.

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

Yes (please report your data in the table below)

No (skip to Question #4)

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

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

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

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

C. What are the limitations of the data or estimation methodology?

D. How does your State use this alternate data source in SCHIP program planning?

4. How many children do you estimate have been enrolled in Medicaid as a result of SCHIP outreach activities and enrollment simplification? Describe the data source and method used to derive this information

Since September 2006, the number of children enrolled in Medicaid has increased from 972,697 to 982,902 (an increase of 10,205). While no exact figure is available, it is reasonable to assume that a portion of the increase is caused by CHIP outreach activities. This figure was obtained from reports obtained from the Department of Public Welfare which administers the Medicaid program in Pennsylvania.

In addition, each month approximately 17% of applicants for CHIP are screened as potentially eligible for Medicaid. Applications associated with these children are automatically sent to the Department of Public Welfare for disposition. This data was obtained from our centralized eligibility and enrollment system (CAPS).

## SECTION IIC: STATE STRATEGIC OBJECTIVES AND PERFORMANCE GOALS

This subsection gathers information on your State's general strategic objectives, performance goals, performance measures and progress towards meeting goals, as specified in your SCHIP State Plan. (If Section 9 of your SCHIP State Plan has changed, please indicate when it changed, and how the goals and objectives in Section 9 of your State Plan and the goals reported in this section of the annual report are different. Also, the state plan should be amended to reconcile these differences). The format of this section provides your State with an opportunity to track progress over time. This section contains templates for reporting performance measurement data for each of five categories of strategic objectives, related to:

- Reducing the number of uninsured children
- SCHIP enrollment
- Medicaid enrollment
- Increasing access to care
- Use of preventative care (immunizations, well child care)

Please report performance measurement data for the three most recent years for which data are available (to the extent that data are available). In the first two columns, report data from the previous two years' annual reports (FFY 2005 and FFY 2006) will be populated with data from previously reported data in SARTS, enter data in these columns only if changes must be made. If you previously reported no data for either of those years, but you now have recent data available for them, please enter the data. In the third column, please report the most recent data available at the time you are submitting the current annual report (FFY 2007).

Note that the term *performance measure* is used differently in Section IIA versus IIC. In Section IIA, the term refers to the four core child health measures. In this section, the term is used more broadly, to refer to any data your State provides as evidence towards a particular goal within a strategic objective. For the purpose of this section, "objectives" refer to the five broad categories listed above, while "goals" are State-specific, and should be listed in the appropriate subsections within the space provided for each objective.

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

**In addition, please do not report the same data that were reported in Sections IIA or IIB. The intent of this section is to capture goals and measures that your State did not report elsewhere in Section II.**

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

### **Goal:**

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

### **Type of Goal:**

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

- New/revised: Check this box if you have revised or added a goal. Please explain how and why the goal was revised.
- Continuing: Check this box if the goal you are reporting is the same one you have reported in previous annual reports.
- Discontinued: Check this box if you have met your goal and/or are discontinuing a goal. Please explain why the goal was discontinued.

### **Status of Data Reported:**

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

- Provisional: Check this box if you are reporting performance measure data for a goal, but the data are currently being modified, verified, or may change in any other way before you finalize them for FFY 2007.
- Final: Check this box if the data you are reporting are considered final for FFY 2007.
- Same data as reported in a previous year's annual report: Check this box if the data you are reporting are the same data that your State reported for the goal in another annual report. Indicate in which year's annual report you previously reported the data.

### **Measurement Specification:**

This section is included for only two of the objectives— objectives related to increasing access to care, and objectives related to use of preventative care—because these are the two objectives for which States may report using the HEDIS® measurement specification. In this section, for each goal, please indicate the measurement specification used to calculate your performance measure data (i.e., were the measures calculated using the HEDIS® specifications, HEDIS®-like specifications, or some other method unrelated to HEDIS®). If the measures were calculated using HEDIS® or HEDIS®-like specifications, please indicate which version was used (e.g., HEDIS® 2007). If using HEDIS®-like specifications, please explain how HEDIS® was modified.

### **Data Source:**

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

### **Definition of Population Included in Measure:**

Please indicate the definition of the population included in the denominator for each measure (such as age, continuous enrollment, type of delivery system). Also provide a definition of the numerator (such as the number of visits required for inclusion, e.g., one or more visits in the past year).

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

### **Year of Data:**

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

**Performance Measurement Data:**

Describe what is being measured: Please provide a brief explanation of the information you intend to capture through the performance measure.

Numerator, Denominator, and Rate: Please report the numerators, denominators, and rates for each measure (or component). For the objectives related to increasing access to care and use of preventative care, the template provides two sections for entering the performance measurement data, depending on whether you are reporting using HEDIS® or HEDIS®-like methodology or a methodology other than HEDIS®. The form fields have been set up to facilitate entering numerators, denominators, and rates for each measure. If the form fields do not give you enough space to fully report on your measure, please use the “additional notes” section.

If you typically calculate separate rates for each health plan, report the aggregate state-level rate for each measure (or component). The preferred method is to calculate a “weighted rate” by summing the numerators and denominators across plans, and then deriving a single state-level rate based on the ratio of the numerator to the denominator. Alternatively, if numerators and denominators are not available, you may calculate an “unweighted average” by taking the mean rate across health plans.

**Explanation of Progress:**

The intent of this section is to allow your State to highlight progress and describe any quality improvement activities that may have contributed to your progress. If improvement has not occurred over time, this section can be used to discuss potential reasons for why progress was not seen and to describe future quality improvement plans. In this section, your State is also asked to set annual performance objectives for FFY 2008, 2009, and 2010. Based on your recent performance on the measure (from FFY 2005 through 2007), use a combination of expert opinion and “best guesses” to set objectives for the next three years. Please explain your rationale for setting these objectives. For example, if your rate has been increasing by 3 or 4 percentage points per year, you might project future increases at a similar rate. On the other hand, if your rate has been stable over time, you might set a target that projects a small increase over time. If the rate has been fluctuating over time, you might look more closely at the data to ensure that the fluctuations are not an artifact of the data or the methods used to construct a rate. You might set an initial target that is an average of the recent rates, with slight increases in subsequent years. In future annual reports, you will be asked to comment on how your actual performance compares to the objective your State set for the year, as well as any quality improvement activities that have helped or could help your State meet future objectives.

**Other Comments on Measure:**

Please use this section to provide any other comments on the measure, such as data limitations or plans to report on a measure in the future.

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

FFY 2005	FFY 2006	FFY 2007
<p><b>Goal #1 (Describe)</b> Increase state government participation in and administration of outreach efforts and include public service announcements, inter-agency mutual referrals, and revision and distribution of CHIP information.</p>	<p><b>Goal #1 (Describe)</b> Increase state government participation in and administration of outreach efforts and include public service announcements, inter-agency mutual referrals, and revision and distribution of CHIP information.</p>	<p><b>Goal #1 (Describe)</b> Increase state government participation in and administration of outreach efforts and include public service announcements, inter-agency mutual referrals, and revision and distribution of CHIP information.</p>
<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Eligibility/Enrollment data  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Eligibility/Enrollment data  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Eligibility/Enrollment data  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>
<p><b>Definition of Population Included in the Measure:</b></p> <p>Definition of denominator: Children enrolled in CHIP and Medicaid, combined, in May 1998</p> <p>Definition of numerator: Children enrolled in CHIP and Medicaid, combined, in September 2005</p>	<p><b>Definition of Population Included in the Measure:</b></p> <p>Definition of denominator: Children enrolled in CHIP and Medicaid, combined, in May 1998</p> <p>Definition of numerator: Children enrolled in CHIP and Medicaid, combined, in September 2006</p>	<p><b>Definition of Population Included in the Measure:</b></p> <p>Definition of denominator: Children enrolled in CHIP and Medicaid, combined, in May 1998</p> <p>Definition of numerator: Children enrolled in CHIP and Medicaid, combined, in September 2007</p>
<p><b>Year of Data:</b> 2005</p>	<p><b>Year of Data:</b> 2006</p>	<p><b>Year of Data:</b> 2007</p>
<p><b>Performance Measurement Data:</b> Described what is being measured: Enrollment in CHIP and Medicaid from the month that the CHIP state plan was first approved.</p> <p>Numerator: ((910,202+136,470)-(703,311+54,080)) Denominator: (703,311+54,080) Rate: 38.2%</p> <p>Numerator: 289,281 Denominator: 757,391 Rate: 38.2</p> <p>Additional notes on measure:</p>	<p><b>Performance Measurement Data:</b> Described what is being measured: Enrollment in CHIP and Medicaid from the month that the CHIP state plan was first approved.</p> <p>Numerator: ((972,697+147,392)-(703,311+54,080)) Denominator: (703,311+54,080) Rate: 47.9%</p> <p>Numerator: 362,698 Denominator: 757,391 Rate: 47.9</p> <p>Additional notes on measure:</p>	<p><b>Performance Measurement Data:</b> Described what is being measured: Enrollment in CHIP and Medicaid from the month that the CHIP state plan was first approved.</p> <p>Numerator: ((982,902+164,485)-(703,311+54,080)) Denominator: (703,311+54,080) Rate: 51.5%</p> <p>Numerator: 389,996 Denominator: 757,391 Rate: 51.5</p> <p>Additional notes on measure:</p>

FFY 2005	FFY 2006	FFY 2007
<p><b>Explanation of Progress:</b> Since approval of the Pennsylvania State Plan for CHIP in May 1998, the number of children enrolled in CHIP and Medicaid increased by nearly 38% by the end of FFY 2005, 48% by the end of FFY 2006, and 52% by the end of FFY 2007.</p>		
<p><b>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?</b> The Pennsylvania State Plan for CHIP surpassed the Annual Performance Objective for FFY 2007 by two percentage points.</p>		
<p><b>Are there any quality improvement activities that contribute to your progress?</b> Expansion of CHIP through the Cover All Kids initiative</p>		
<p><b>Annual Performance Objective for FFY 2008:</b> 52%  <b>Annual Performance Objective for FFY 2009:</b> 54%  <b>Annual Performance Objective for FFY 2010:</b> 56%</p> <p><i>Explain how these objectives were set:</i> Historical trends were used as a basis for the projection of increased enrollment</p>		
<p><b>Other Comments on Measure:</b></p>		

**Objectives Related to SCHIP Enrollment**

FFY 2005	FFY 2006	FFY 2007
<p><b>Goal #1 (Describe)</b> Seek to establish a working relationship with the Center for Rural Pennsylvania, a not-for-profit organization dedicated to identifying, studying, and offering solutions to public policy issues of concern to rural areas of the Commonwealth, and to identify barriers to access in central and northeastern Pennsylvania.</p>	<p><b>Goal #1 (Describe)</b> Seek to establish a working relationship with the Center for Rural Pennsylvania, a not-for-profit organization dedicated to identifying, studying, and offering solutions to public policy issues of concern to rural areas of the Commonwealth, and to identify barriers to access in central and northeastern Pennsylvania.</p>	<p><b>Goal #1 (Describe)</b> Seek to establish a working relationship with the Center for Rural Pennsylvania, a not-for-profit organization dedicated to identifying, studying, and offering solutions to public policy issues of concern to rural areas of the Commonwealth, and to identify barriers to access in central and northeastern Pennsylvania.</p>
<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revise. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revise. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revise. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                      Enrollment in the 19 rural counties in northeastern and central Pennsylvania (Bedford, Clinton, Columbia, Juniata, Lebanon, Mifflin, Monroe, Montour, Northumberland, Perry, Pike, Schuylkill, Snyder, Sullivan, Susquehanna, Tioga, Union, Wayne, and Wyoming).</p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                      Enrollment in the 19 rural counties in northeastern and central Pennsylvania (Bedford, Clinton, Columbia, Juniata, Lebanon, Mifflin, Monroe, Montour, Northumberland, Perry, Pike, Schuylkill, Snyder, Sullivan, Susquehanna, Tioga, Union, Wayne, and Wyoming).</p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                      Enrollment in the 19 rural counties in northeastern and central Pennsylvania (Bedford, Clinton, Columbia, Juniata, Lebanon, Mifflin, Monroe, Montour, Northumberland, Perry, Pike, Schuylkill, Snyder, Sullivan, Susquehanna, Tioga, Union, Wayne, and Wyoming).</p>
<p><b>Definition of Population Included in the Measure:</b>                       Definition of denominator: Children enrolled in May 1998                       Definition of numerator: (09/05 Enrollment – 05/98 Enrollment)</p>	<p><b>Definition of Population Included in the Measure:</b>                       Definition of denominator: Children enrolled in May 1998                       Definition of numerator: (09/06 Enrollment – 05/98 Enrollment)</p>	<p><b>Definition of Population Included in the Measure:</b>                       Definition of denominator: Children enrolled in May 1998                       Definition of numerator: (09/07 Enrollment – 05/98 Enrollment)</p>
<p><b>Year of Data:</b> 2005</p>	<p><b>Year of Data:</b> 2006</p>	<p><b>Year of Data:</b> 2007</p>

FFY 2005	FFY 2006	FFY 2007
<p><b>Performance Measurement Data:</b> Described what is being measured: Percent increase in enrollment in the designated counties since May 1998, when Pennsylvania's initial state plan was approved.</p> <p>Numerator: 13,322 – 4,217 Denominator: 4,217 Rate: 215.9%</p> <p>Numerator: 9,105 Denominator: 4,217 Rate: 215.9</p> <p>Additional notes on measure:</p>	<p><b>Performance Measurement Data:</b> Described what is being measured: Percent increase in enrollment in the designated counties since May 1998, when Pennsylvania's initial state plan was approved.</p> <p>Numerator: 14,662 – 4,217 Denominator: 4,217 Rate: 247.7%</p> <p>Numerator: 10,445 Denominator: 4,217 Rate: 247.7</p> <p>Additional notes on measure:</p>	<p><b>Performance Measurement Data:</b> Described what is being measured: Percent increase in enrollment in the designated counties since May 1998, when Pennsylvania's initial state plan was approved.</p> <p>Numerator: 12,047 Denominator: 4,217 Rate: 285.7</p> <p>Numerator: 16,263 – 4,217 Denominator: 4,217 Rate: 285.7%</p> <p>Additional notes on measure:</p>
<p><b>Explanation of Progress:</b> Since May 1998, enrollment in the target counties has increased by 285.7%. this increase exceeds the statewide growth of 190.9% during the same period.</p> <p><b>Annual Performance Objective for FFY 2008:</b> 300% <b>Annual Performance Objective for FFY 2009:</b> 310% <b>Annual Performance Objective for FFY 2010:</b> 320%</p> <p><i>Explain how these objectives were set:</i> Historical trends were used as a basis for the projection of increased enrollment in the rural counties.</p> <p><b>Other Comments on Measure:</b></p>		

**Objectives Related to SCHIP Enrollment (Continued)**

FFY 2005	FFY 2006	FFY 2007
<p><b>Goal #2 (Describe)</b> Contractually require insurance contractors to increase outreach focus on community-based agencies in predominantly minority or non-English speaking areas.</p>	<p><b>Goal #2 (Describe)</b> Contractually require insurance contractors to increase outreach focus on community-based agencies in predominantly minority or non-English speaking areas.</p>	<p><b>Goal #2 (Describe)</b> Contractually require insurance contractors to increase outreach focus on community-based agencies in predominantly minority or non-English speaking areas.</p>
<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
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<p><b>Definition of Population Included in the Measure:</b>             Definition of denominator:             Definition of numerator:</p>	<p><b>Definition of Population Included in the Measure:</b>             Definition of denominator:             Definition of numerator:</p>	<p><b>Definition of Population Included in the Measure:</b>             Definition of denominator:             Definition of numerator:</p>
<p><b>Year of Data:</b> 2004</p>	<p><b>Year of Data:</b> 2005</p>	<p><b>Year of Data:</b> 2006</p>

FFY 2005	FFY 2006	FFY 2007																																																																																																			
<p><b>Performance Measurement Data:</b> Described what is being measured: Compare the proportion of CHIP enrollees that fall into various race and ethnic categories to U.S. Census Bureau data for the general population in Pennsylvania.</p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p> <table border="1"> <thead> <tr> <th data-bbox="71 483 352 505">Race</th> <th data-bbox="352 483 541 505">PA General Population</th> <th data-bbox="541 483 674 505">CHIP</th> </tr> </thead> <tbody> <tr> <td data-bbox="71 537 352 591">Native Hawaiian or Other Pacific Islander</td> <td data-bbox="352 537 541 591">0.0%</td> <td data-bbox="541 537 674 591">0.0%</td> </tr> <tr> <td data-bbox="71 618 352 672">American Indian or Alaska Native</td> <td data-bbox="352 618 541 672">0.1%</td> <td data-bbox="541 618 674 672">0.2%</td> </tr> <tr> <td data-bbox="71 699 352 721">Asian</td> <td data-bbox="352 699 541 721">2.2%</td> <td data-bbox="541 699 674 721">2.6%</td> </tr> <tr> <td 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<p>Additional notes on measure:</p> <table border="1"> <thead> <tr> <th data-bbox="1314 483 1596 505">Race</th> <th data-bbox="1596 483 1785 505">PA General Population</th> <th data-bbox="1785 483 1917 505">CHIP</th> </tr> </thead> <tbody> <tr> <td data-bbox="1314 537 1596 591">Native Hawaiian or Other Pacific Islander</td> <td data-bbox="1596 537 1785 591">0.0%</td> <td data-bbox="1785 537 1917 591">0.0%</td> </tr> <tr> <td data-bbox="1314 618 1596 672">American Indian or Alaska Native</td> <td data-bbox="1596 618 1785 672">0.2%</td> <td data-bbox="1785 618 1917 672">0.2%</td> </tr> <tr> <td data-bbox="1314 699 1596 721">Asian</td> <td data-bbox="1596 699 1785 721">2.4%</td> <td data-bbox="1785 699 1917 721">2.7%</td> </tr> <tr> <td data-bbox="1314 781 1596 834">Black or African American</td> <td data-bbox="1596 781 1785 834">10.7%</td> <td data-bbox="1785 781 1917 834">12.6%</td> </tr> <tr> <td data-bbox="1314 862 1596 883">White</td> <td data-bbox="1596 862 1785 883">85.7%</td> <td data-bbox="1785 862 1917 883">51.3%</td> </tr> <tr> <td data-bbox="1314 911 1596 932">Two or More Races</td> <td data-bbox="1596 911 1785 932">1.0%</td> <td data-bbox="1785 911 1917 932">1.7%</td> </tr> <tr> <td data-bbox="1314 959 1596 980">Unspecified Race</td> <td data-bbox="1596 959 1785 980">N/A</td> <td data-bbox="1785 959 1917 980">31.5%</td> </tr> <tr> <td data-bbox="1314 1024 1596 1045">Ethnicity</td> <td></td> <td></td> </tr> <tr> <td data-bbox="1314 1045 1596 1066">Hispanic or Latino</td> <td data-bbox="1596 1045 1785 1066">4.2%</td> <td data-bbox="1785 1045 1917 1066">2.1%</td> </tr> <tr> <td data-bbox="1314 1066 1596 1088">Unspecified Ethnicity</td> <td data-bbox="1596 1066 1785 1088">95.8%</td> <td data-bbox="1785 1066 1917 1088">97.9%</td> </tr> </tbody> </table>	Race	PA General Population	CHIP	Native Hawaiian or Other Pacific Islander	0.0%	0.0%	American Indian or Alaska Native	0.2%	0.2%	Asian	2.4%	2.7%	Black or African American	10.7%	12.6%	White	85.7%	51.3%	Two or More 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<p><b>Explanation of Progress:</b> By and large, the population of CHIP enrollees is reflective of the general population in Pennsylvania.</p> <p><b>Annual Performance Objective for FFY 2008:</b> CHIP enrollment to continue to reflect the general population in Pennsylvania.  <b>Annual Performance Objective for FFY 2009:</b> CHIP enrollment to continue to reflect the general population in Pennsylvania.  <b>Annual Performance Objective for FFY 2010:</b> CHIP enrollment to continue to reflect the general population in Pennsylvania.</p> <p><i>Explain how these objectives were set:</i></p>																																																																																																					

**Objectives Related to Medicaid Enrollment**

FFY 2005	FFY 2006	FFY 2007
<p><b>Goal #1 (Describe)</b> Please refer to Goal #1 in Section IIC labeled “Objectives Related to Reducing the Number of Uninsured Children.”</p>	<p><b>Goal #1 (Describe)</b> Please refer to Goal #1 in Section IIC labeled “Objectives Related to Reducing the Number of Uninsured Children.”</p>	<p><b>Goal #1 (Describe)</b> Please refer to Goal #1 in Section IIC labeled “Objectives Related to Reducing the Number of Uninsured Children.”</p>
<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year’s annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year’s annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year’s annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>
<p><b>Definition of Population Included in the Measure:</b>             Definition of denominator:             Definition of numerator:</p>	<p><b>Definition of Population Included in the Measure:</b>             Definition of denominator:             Definition of numerator:</p>	<p><b>Definition of Population Included in the Measure:</b>             Definition of denominator:             Definition of numerator:</p>
<p><b>Year of Data:</b></p>	<p><b>Year of Data:</b></p>	<p><b>Year of Data:</b></p>
<p><b>Performance Measurement Data:</b> Described what is being measured:             Numerator:            Denominator:            Rate:             Additional notes on measure:</p>	<p><b>Performance Measurement Data:</b> Described what is being measured:             Numerator:            Denominator:            Rate:             Additional notes on measure:</p>	<p><b>Performance Measurement Data:</b> Described what is being measured:             Numerator:            Denominator:            Rate:             Additional notes on measure:</p>
<p><b>Explanation of progress:</b>   <b>Annual Performance Objective for FFY 2008:</b>  <b>Annual Performance Objective for FFY 2009:</b>  <b>Annual Performance Objective for FFY 2010:</b>   <b>Explain how these objectives were set:</b></p>		

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

FFY 2005	FFY 2006	FFY 2007
<p><b>Goal #1 (Describe)</b> Ambulatory Care, Emergency Department (ED) visits: reduce unnecessary overutilization</p>	<p><b>Goal #1 (Describe)</b> Ambulatory Care, Emergency Department (ED) visits: reduce unnecessary overutilization</p>	<p><b>Goal #1 (Describe)</b> Ambulatory Care, Emergency Department (ED) visits; address reasons for, and reduce unnecessary utilization</p>
<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                      HEDIS 2005</p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                      HEDIS 2006</p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                      HEDIS 2007</p>
<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>
<p><b>Definition of Population Included in the Measure:</b>                      Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).                      Definition of numerator: (36,224) Numerator is visits for emergency department services that do not result in inpatient stay; age groups: &lt;1 year to 19 years; visits/1,000 member years                       Denominator includes eligible population; commercial</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).                      Definition of numerator: (42,243) Numerator is visits for emergency department services that do not result in inpatient stay; age range &lt;1 year to 19 years; visits/1,000 member years                       Denominator includes eligible population; commercial</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of denominator:  <input type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).                      Definition of numerator: Visits for emergency department services that do not result in inpatient stay; age range &lt;1 year to 19 years; does not include some ED visits for mental health and chemical dependency services</p>
<p><b>Year of Data:</b> 2004</p>	<p><b>Year of Data:</b> 2005</p>	<p><b>Year of Data:</b> 2006</p>
<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>                       Numerator:                      Denominator: 139,0915</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>                       Numerator:                      Denominator: 148,9261</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>                       Numerator: 47,124                      Denominator: 1,624,569</p>

FFY 2005	FFY 2006	FFY 2007
<p>Rate: 312.519</p> <p>Additional notes on measure: Rate is 312.519 visits/1,000 member years (age &lt;1-19 yr) weighted average</p> <p>Rate: HEDIS 2005 PA CHIP (unweighted) average visits per/1,000 member years: (1) age &lt;1 year = 489 visits; (2) 1-9 years = 308 visits; (3) 10-19 years = 301 visits; lower rate means less utilization</p>	<p>Rate: 340.381</p> <p>Additional notes on measure: Rate: 340.381 visits/1,000 member years (age &lt;1-19 yr) weighted average</p> <p>Rate: HEDIS 2006 PA CHIP (unweighted) average visits per 1,000 member years: (1) age &lt;1 year = 631 visits; (2) 1-9 years = 332 visits; (3) 10-19 years = 332 visits; lower rate means less utilization</p>	<p>Rate: 348.1 visits/1,000 member years followed commercial specifications - visits/1,000 member years; Lower rate means less utilization (preferred)</p> <p>Additional notes on measure: Definition of denominator: eligible population</p>
<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure: Three years of significant overutilization of Emergency Department services. HEDIS national, regional and PA Commercial rates also show significant overutilization, far above Medicaid rates. Attempted to implement quality improvement study but unable to formalize Memorandum of Understanding due to contract issues of other state agency. Participated in seminar to address this issue, which was identified as multidimensional and requires coordinated efforts to address.</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>

FFY 2005	FFY 2006	FFY 2007
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual report?</b></p> <p>A HEDIS 2006 (measurement year 2007) performance goal was not set in the FFY 2006 report since utilization had already occurred at the time of the report. The goal previously set for HEDIS 2008 is modified below based on a review of HEDIS 2005, 2006 and 2007 rates.</p> <p><b>Are there any quality improvement activities that contribute to your progress?</b> On March 20, 2007, the State held a meeting for all CHIP contractors. At this meeting, the State addressed CHIP HEDIS 2006 rates, provided comparisons to benchmarks, discussed performance objectives and addressed future plans for public reporting and a pay-for-performance program. It was anticipated that this educational effort would impact HEDIS 2008 rates</p> <p><b>Annual Performance Objective for FFY 2008:</b> HEDIS 2008</p> <p><b>Annual Performance Objective for FFY 2009:</b> HEDIS 2009</p> <p><b>Annual Performance Objective for FFY 2010:</b></p> <p><i>Explain how these objectives were set:</i></p> <p><b>Other Comments on Measure:</b> This measure will be publicly reported beginning with HEDIS 2008 rates. PA SCHIP Contractors are required to conduct a new Performance Improvement Project related to the reduction of ER visits for the CHIP population. The Performance Improvement Project requirement was implemented in calendar year 2007.</p>		

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

FFY 2005	FFY 2006	FFY 2007
<p><b>Goal #2 (Describe)</b> Mental health utilization – monitor utilization for inpatient, intermediate, and ambulatory services</p>	<p><b>Goal #2 (Describe)</b> Mental health utilization – monitor utilization for inpatient, intermediate, and ambulatory services</p>	<p><b>Goal #2 (Describe)</b> Mental Health Utilization – monitor utilization for inpatient, intermediate and ambulatory services</p>
<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input type="checkbox"/> Continuing.  <input checked="" type="checkbox"/> Discontinued. <i>Explain:</i>                      no specific goal identified for this measure; therefore, does not meet criteria to report</p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year’s annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year’s annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year’s annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                      HEDIS 2005</p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                      HEDIS 2006</p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>
<p><b>Definition of Population Included in the Measure:</b>                      Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).                      Definition of numerator: Numerator is percentage of eligible population receiving inpatient, intermediate, and ambulatory services during the measurement year                       Denominator includes eligible population age 0-17 years of age</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).                      Definition of numerator: Numerator is percentage of eligible population receiving inpatient, intermediate, and ambulatory services during the measurement year                       Denominator includes eligible population age 0-17 years of age</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of denominator:  <input type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).                      Definition of numerator:</p>
<p><b>Year of Data:</b> 2004</p>	<p><b>Year of Data:</b> 2005</p>	<p><b>Year of Data:</b></p>
<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p>
<p>Numerator: 8248</p>	<p>Numerator: 8622</p>	<p>Numerator:</p>

FFY 2005	FFY 2006	FFY 2007
Denominator: 108529 Rate: 7.6  Additional notes on measure: Rate: HEDIS 2005 PA CHIP (unweighted) average of 5 health plans for the age group 0-12 = 6.4%; age group 13-17 = 9.6%; combined 0-17 yr = 8.0%	Denominator: 116953 Rate: 7.4  Additional notes on measure: Rate: HEDIS 2006 PA CHIP (unweighted) average of 6 health plans for the age group 0-12 = 5.7%; age group 13-17 = 8.95%; combined 0-17 yr = 7.3%	Denominator: Rate:  Additional notes on measure:
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure: Stable utilization for a three-year period, with comparable utilization to Commercial and Medicaid benchmarks. Higher or lower utilization of mental health services for any of these products may or may not reflect concerns; higher utilization may represent easy access or could reflect a high number of enrollees requiring mental health services.	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:
<b>Explanation of Progress:</b>  How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? Are there any quality improvement activities that contribute to your progress? <b>Annual Performance Objective for FFY 2008:</b> <b>Annual Performance Objective for FFY 2009:</b> <b>Annual Performance Objective for FFY 2010:</b>  <i>Explain how these objectives were set:</i>		
<b>Other Comments on Measure:</b>		

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

FFY 2005	FFY 2006	FFY 2007
<p><b>Goal #3 (Describe)</b> Identify and monitor utilization of services for chemical dependency and substance abuse; monitor for trends and outliers</p>	<p><b>Goal #3 (Describe)</b> Identify and monitor utilization of services for chemical dependency and substance abuse; monitor for trends and outliers</p>	<p><b>Goal #3 (Describe)</b> Chemical Dependency and substance abuse: identify and monitor utilization of services; watch for trends and outliers</p>
<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input type="checkbox"/> Continuing.  <input checked="" type="checkbox"/> Discontinued. <i>Explain:</i>                      no specific goal identified for this measure; therefore, does not meet criteria to report</p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                      HEDIS 2005</p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                      HEDIS 2006</p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>
<p><b>Definition of Population Included in the Measure:</b>                      Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).                      Definition of numerator: Numerator is eligible population with an alcohol or other drug (AOD) claim showing a diagnosis of AOD abuse or dependence and a specific AOD-related service during the measurement year; reported as "any chemical dependency services" (inpatient, intermediate, ambulatory)                       Denominator includes eligible population; age range 13 – 17 years; commercial</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).                      Definition of numerator: Numerator is eligible population with an alcohol or other drug (AOD) claim showing a diagnosis of AOD abuse or dependence and a specific AOD-related service during the measurement year; reported as "any chemical dependency services" (inpatient, intermediate, ambulatory)                       Denominator includes eligible population; age range 13 – 17 years; commercial</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of denominator:  <input type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).                      Definition of numerator:</p>
<p><b>Year of Data:</b> 2004</p>	<p><b>Year of Data:</b> 2005</p>	<p><b>Year of Data:</b></p>

FFY 2005	FFY 2006	FFY 2007
<p><b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure: N/A weighted data not available</p> <p>HEDIS 2005 PA CHIP (unweighted) average of 5 health plans for the age group 13-17 years = 0.9%</p>	<p><b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: 388 Denominator: 3342 Rate: 11.6</p> <p>Additional notes on measure: HEDIS 2006 PA CHIP (unweighted) average of 5 health plans for the age group 13-17 years = 1.2%</p>	<p><b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>
<p><b>Other Performance Measurement Data:</b></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure: Low utilization for a three-year period. Higher or lower utilization of mental health services for any of these products may or may not reflect concerns; higher utilization may represent easy access or could reflect a high number of enrollees requiring mental health services.</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b> <b>Are there any quality improvement activities that contribute to your progress?</b></p> <p><b>Annual Performance Objective for FFY 2008:</b></p> <p><b>Annual Performance Objective for FFY 2009:</b></p> <p><b>Annual Performance Objective for FFY 2010:</b></p> <p><i>Explain how these objectives were set:</i></p>		
<p><b>Other Comments on Measure:</b></p>		

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

FFY 2005	FFY 2006	FFY 2007
<p><b>Goal #1 (Describe)</b> Determine frequency of Adolescent Well-care visits; monitor for trends and outliers</p>	<p><b>Goal #1 (Describe)</b> Determine frequency of Adolescent Well-care visits; monitor for trends and outliers</p>	<p><b>Goal #1 (Describe)</b> Adolescent Well-Care Visits – increase the percentage of eligible adolescents receiving a well-care visit in the measurement year</p>
<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year’s annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year’s annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year’s annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                      HEDIS 2005</p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                      HEDIS 2006</p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                      HEDIS 2007</p>
<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input checked="" type="checkbox"/> Other. <i>Specify:</i>                      Combination administrative data (2 health plans) and hybrid data (3 health plans)</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input checked="" type="checkbox"/> Other. <i>Specify:</i>                      Combination administrative data (3 health plans) and hybrid data (3 health plans)</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input checked="" type="checkbox"/> Other. <i>Specify:</i>                      Combination administrative data (3 health plans) and hybrid data (4 health plans)</p>
<p><b>Definition of Population Included in the Measure:</b>                      Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).                      Definition of numerator: Numerator is eligible population with at least 1 comprehensive well-care visit with a PCP or OB/GYN within the measurement year                       Denominator includes eligible population 12-19 years of age during the measurement year; commercial</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).                      Definition of numerator: Numerator is eligible population with at least 1 comprehensive well-care visit with a PCP or OB/GYN within the measurement year                       Denominator includes eligible population 12-19 years of age during the measurement year; commercial</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).                      Definition of numerator: eligible population with at least 1 comprehensive well-care visit with PCP or OB/GYN within measurement year</p>
<p><b>Year of Data:</b> 2004</p>	<p><b>Year of Data:</b> 2005</p>	<p><b>Year of Data:</b> 2006</p>

FFY 2005	FFY 2006	FFY 2007
<p><b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: Denominator: 3993 Rate: 44.7</p> <p>Additional notes on measure: Numerator: not available since combined administrative and hybrid data - and hybrid is sample of population Rate: 46.9% is the unweighted average of 5 health plans and the PA CHIP average reported for HEDIS 2005</p>	<p><b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: Denominator: 43288 Rate: 44.4</p> <p>Additional notes on measure: Numerator: not available since combined administrative and hybrid data – and hybrid is sample of population Rate: 47.2% is the unweighted average of 6 health plans and the PA CHIP rate reported for HEDIS 2006</p>	<p><b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: 7113 Denominator: 15132 Rate: 47</p> <p>Additional notes on measure: Definition of denominator: eligible population 12-19 years of age during the measurement year (eligible population is 37312). In the 2006 annual report, the information for 2005 and 2006 was presented differently using eligible population as the denominator; however, if changed, the rates remain the same as presented.</p>
<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure: Three-year comparison shows slightly less than half of eligible adolescent population receiving well care visits during measurement timeframe. The PA CHIP average rates are consistent with national, state, and regional benchmarks. There is room for improvement across the board.</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b> A HEDIS 2006 (measurement year 2007) performance goal was not set in the FFY 2006 report since utilization had already occurred at the time of the report. The goal previously set for HEDIS 2008 is modified below based on a review of HEDIS 2005, 2006 and 2007 rates.</p> <p><b>Are there any quality improvement activities that contribute to your progress?</b> On March 20, 2007, the State held a meeting for all CHIP contractors. At this meeting, the State addressed CHIP HEDIS 2006 rates, provided comparisons to benchmarks, discussed performance objectives and addressed future plans for public reporting and a pay-for-performance program. It was anticipated that this educational effort would impact HEDIS 2008 rates.</p> <p><b>Annual Performance Objective for FFY 2008:</b> HEDIS 2008</p> <p><b>Annual Performance Objective for FFY 2009:</b> HEDIS 2009</p> <p><b>Annual Performance Objective for FFY 2010:</b> HEDIS 2010</p> <p><i>Explain how these objectives were set:</i></p>		
<p><b>Other Comments on Measure:</b> This measure will be publicly reported beginning with HEDIS 2008 rates.</p>		

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

FFY 2005	FFY 2006	FFY 2007
<p><b>Goal #2 (Describe)</b> Determine Childhood Immunization Status; monitor for trends and outliers</p>	<p><b>Goal #2 (Describe)</b> Determine Childhood Immunization Status; monitor for trends and outliers</p>	<p><b>Goal #2 (Describe)</b> Childhood Immunization Status – increase the percentage of eligible children receiving all vaccinations in HEDIS Combination 2</p>
<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year’s annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year’s annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year’s annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                      HEDIS 2005</p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                      HEDIS 2006</p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data).  <input checked="" type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data).  <input checked="" type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data).  <input checked="" type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>
<p><b>Definition of Population Included in the Measure:</b>                      Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).                      Definition of numerator: Numerator is eligible population who receive all vaccinations in Combination 2 (4-DtaP/DT, 3-OPV/IPV, 1-MMR, 3-HiB, 3-Hepatitis B, and 1-VZV)                       Denominator includes eligible population who turn 2 years of age during the measurement year with continuous enrollment 12 months prior; commercial</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).                      Definition of numerator: Numerator is eligible population who receive all vaccinations in Combination 2 (4-DtaP/DT, 3-IPV, 1-MMR, 3-HiB, 3-Hepatitis B, and 1-VZV)                       Denominator includes eligible population who turn 2 years of age during the measurement year with continuous enrollment 12 months prior; commercial</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).                      Definition of numerator: eligible population who receive all vaccinations in Combination 2</p>
<p><b>Year of Data:</b> 2004</p>	<p><b>Year of Data:</b> 2005</p>	<p><b>Year of Data:</b> 2006</p>

FFY 2005	FFY 2006	FFY 2007
<p><b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: Denominator: 875 Rate: 70.9</p> <p>Additional notes on measure: Numerator: not available since hybrid acquired data (sample of population) Rate: 67.8% is the unweighted average of 5 health plans and the PA CHIP rate as reported for HEDIS 2005</p>	<p><b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: Denominator: 965 Rate: 78.9</p> <p>Additional notes on measure: Numerator: not available since hybrid acquired data (sample of population) Rate: 78.7% is the unweighted average of 6 health plans and the PA CHIP rate as reported for HEDIS 2006</p>	<p><b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: 788 Denominator: 1,015 Rate: 77.6</p> <p>Additional notes on measure: Definition of denominator: Eligible population who turn 2 years of age during the measurement year with continuous enrollment 12 months prior. (eligible population 1,096). In the 2006 annual report, the information for 2005 and 2006 was presented differently using eligible population as the denominator; however, if changed, the rates remain the same as presented.</p>
<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure: PA CHIP data shows gradual improvement in childhood immunization status over 3-year period; rate comparable with Commercial benchmarks.</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b></p> <p>A HEDIS 2006 (measurement year 2007) performance goal was not set in the FFY 2006 report since utilization had already occurred at the time of the report. The goal previously set for HEDIS 2008 is modified below based on a review of HEDIS 2005, 2006 and 2007 rates.</p> <p><b>Are there any quality improvement activities that contribute to your progress?</b> On March 20, 2007, the State held a meeting for all CHIP contractors. At this meeting, the State addressed CHIP HEDIS 2006 rates, provided comparisons to benchmarks, discussed performance objectives and addressed future plans for public reporting and a pay-for-performance program. It was anticipated that this educational effort would impact HEDIS 2008 rates.</p> <p><b>Annual Performance Objective for FFY 2008:</b> HEDIS 2008  <b>Annual Performance Objective for FFY 2009:</b> HEDIS 2009  <b>Annual Performance Objective for FFY 2010:</b> HEDIS 2010</p> <p><i>Explain how these objectives were set:</i></p>		
<p><b>Other Comments on Measure:</b> This measure will be publicly reported beginning with HEDIS 2008 rates.</p>		

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

FFY 2005	FFY 2006	FFY 2007
<p><b>Goal #3 (Describe)</b> Determine Adolescent Immunization Status; monitor for trends and outliers</p>	<p><b>Goal #3 (Describe)</b> Determine Adolescent Immunization Status; monitor for trends and outliers</p>	<p><b>Goal #3 (Describe)</b> Adolescent Immunization Status</p>
<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input type="checkbox"/> Continuing.  <input checked="" type="checkbox"/> Discontinued. <i>Explain:</i>                      NCQA discontinued this measure effective HEDIS 2009</p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                      HEDIS 2005</p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                      HEDIS 2006</p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data).  <input checked="" type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data).  <input checked="" type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>
<p><b>Definition of Population Included in the Measure:</b>                      Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).                      Definition of numerator: Numerator is eligible population who receive all vaccinations in Combination 2 (MMR, Hepatitis B, VZV)                       Denominator includes eligible population who turn 13 years of age during the measurement year with continuous enrollment 12 months prior; commercial</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).                      Definition of numerator: Numerator is eligible population who receive all vaccinations in Combination 2 (MMR, Hepatitis B, VZV)                       Denominator includes eligible population who turn 13 years of age during the measurement year with continuous enrollment 12 months prior; commercial</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of denominator:  <input type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).                      Definition of numerator:</p>
<p><b>Year of Data:</b> 2004</p>	<p><b>Year of Data:</b> 2005</p>	<p><b>Year of Data:</b></p>
<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p>
<p>Numerator:</p>	<p>Numerator:</p>	<p>Numerator:</p>

FFY 2005	FFY 2006	FFY 2007
Denominator: 5609 Rate: 64.1  Additional notes on measure: Numerator: not available since hybrid acquired data (sample of population) Rate: 64.2% is the unweighted average of 5 health plans and the PA CHIP average as reported for HEDIS 2005	Denominator: 6159 Rate: 71.1  Additional notes on measure: Numerator: not available since hybrid acquired data (sample of population) Rate: 71.1% is the unweighted average of 6 health plans and the PA CHIP average as reported for HEDIS 2006	Denominator: Rate:  Additional notes on measure:
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure: PA CHIP rates gradually increased over three-year period and are comparable to Commercial benchmarks.	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:
<b>Explanation of Progress:</b>  <b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b>  <b>Are there any quality improvement activities that contribute to your progress?</b>  <b>Annual Performance Objective for FFY 2008:</b> <b>Annual Performance Objective for FFY 2009:</b> <b>Annual Performance Objective for FFY 2010:</b>  <i>Explain how these objectives were set:</i>		
<b>Other Comments on Measure:</b>		

1. What other strategies does your State use to measure and report on access to, quality, or outcomes of care received by your SCHIP population? What have you found?

HEDIS/CAHPS has been used as the primary measurement tool to date. In addition, CHIP Managed Care Organizations (MCOs) are contractually required to submit quarterly and annual reports that provide aggregated data on utilization of services.

Our 2007 HEDIS report compared the PA CHIP plan average to the average of all PA Commercial plans and the average of National Commercial plans that submitted data to NCQA. For the most part, the PA CHIP average is lower than the PA Commercial average across measures in assessing Effectiveness of Care (EOC) and Access and Availability (AA). For Use of Services (UOS) measures, such as Ambulatory Care—Emergency Department Visits, PA CHIP plans had higher utilization of health care services than did the PA Commercial health plan members.

Though the PA CHIP plans have room for improvement in comparison to the PA Commercial health plans, PA CHIP plan average surpasses the National Commercial health plan average in providing adolescent immunizations (70.7 percent vs. 57.7 percent) and adolescent well-care visits (50.1 percent vs. 40.3 percent). In general, the PA Commercial average is higher than the National Commercial average across all EOC and AA measures, with the exception of Children's Access to Primary Care Practitioners, ages 12 – 24 months. Mostly, the PA CHIP's plan average for UOS measures is similar to the National Commercial plan average, with the exception of emergency department visits per 1,000 member years. Rates for UOS rates are similar between PA Commercial and National Commercial averages.

An approach to studying emergency room usage is currently underway via our newly contracted external quality review organization (EQRO), IPRO. Our 2007 HEDIS rates will be used as our baseline for identifying and implementing improvement initiatives. (See attachment – CHIP Performance Improvement Projects and Body Mass Index Summary).

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

The Pennsylvania SCHIP program has several strategies for future measurement and reporting on access to, quality, or outcomes of care received by the SCHIP population. The Pennsylvania CHIP objectives and performance goals include:

Objective: To expand the CHIP performance measurement set.

*Performance goals:*

- Replace retired Healthcare Effectiveness Data and Information Set (HEDIS) measures and require reporting of new HEDIS measures.
- Implement a Pennsylvania-specific performance measure.

Data will be available in the third quarter of 2008.

Objective: To ensure consistency in CHIP performance measurement.

*Performance goals:*

- Require HEDIS performance measures be subject to audit by a National Committee for Quality Assurance (NCQA)-certified HEDIS audit organization.
- Require HEDIS performance measures be reported annually and not be subject to rotation.
- Require the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey be subject to audit by an NCQA-certified HEDIS audit organization.
- Require the Pennsylvania-specific performance measure be subject to validation by an independent organization.
- Establish comparisons to statewide weighted averages and continue comparisons to national benchmarks and year-over-year outcomes.

Data will be available in the third quarter of 2008.

Objective: To initiate public reporting of CHIP performance measures

*Performance goal:*

- Develop and disseminate an annual report card that displays each CHIP MCO's rates for selected CAHPS survey results, HEDIS measures and the Pennsylvania-specific performance measure and compares those results to the statewide average using graphics.

Data will be available in the third quarter of 2008.

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

*Performance goal:*

- Develop and implement a pay-for-performance methodology based on the use of selected HEDIS measures.

It is to be determined when data will be available.

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

In calendar year 2007, the Pennsylvania SCHIP program implemented a CHIP-specific Performance Improvement Project (PIP). Pennsylvania selected a PIP focus that is key to advancing CHIP population health outcomes. The PIP topic is reduction of emergency department visits for the CHIP population. The PIP must use as its basis the Healthcare Effectiveness Data and Information Set (HEDIS®) Ambulatory Care measure. The CHIP contractors are required to implement a new PIP. The PIP may not be a continuation of an existing project. The CHIP contractors are required to conduct the PIP as defined by the State. Although the PIP must be related to reduction of emergency department visits, the CHIP contractors can select the specific PIP topic. The CHIP contractors must do a root cause or similar analysis to determine the reasons for over-utilization in the CHIP population. The reason why each CHIP contractor chooses the topic must be clearly stated and relevant to the contractor's CHIP population. The CHIP contractors received detailed instructions in October 2007 and a follow-up training session in November 2007. The CHIP contractors are required to submit their topic selection, quality indicators and study design in March 2008. The CHIP PIP submissions will be validated on an annual basis by an independent organization.

4. Please attach any additional studies, analyses or other documents addressing outreach, enrollment, access, quality, utilization, costs, satisfaction, or other aspects of your SCHIP program's performance. Please list attachments here and summarize findings or list main findings.

Attachment – CHIP Performance Improvement Projects (Just starting these initiatives. No findings to report at this juncture)

Attachment – BMI Summary (Just starting this initiative. No findings to report at this juncture)

Attachment – CAHPS survey 3.0H. See summary below.

- From the seven PA CHIP plans which participated in the survey, 40,901 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.
- Respondent Characteristics—PA CHIP CAHPS 3.0H Survey Respondents

For CAHPS 2007, more than half of the survey respondents were male (53.0 percent). A high proportion of survey respondents had a high school diploma (42.7 percent) or some college

education (34.4 percent). In addition, the majority of respondents indicated that their child is white (68.2 percent) and was in “excellent” or “very good” health.

- Global Rating Questions

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 2007, the PA CHIP plan average for enrollees who rated their child’s health plan 8, 9, or 10 was 88.5 percent. Health plans’ rates for rating of child’s health plan ranged from 80.3 to 96.0 percent. The average across health plans for PA CHIP enrollees who rated their child’s personal doctor 8, 9, or 10 was 85.1 percent.

- Composite Scores

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

The PA CHIP plans’ averages ranged from 68.5 to 88.2 percent of enrollees who rated their child’s health plan’s customer service “not a problem.” The PA CHIP plans’ rates ranged from 71.9 to 89.4 percent of enrollees who indicated they are “usually” or “always” able to get care quickly for their child. The PA CHIP plans’ rates ranged from 70.5 to 93.8 percent of enrollees who indicated that getting needed care for their child is “not a problem.”

## **SECTION III: ASSESSMENT OF STATE PLAN AND PROGRAM OPERATION**

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**Please reference and summarize attachments that are relevant to specific questions**

### **OUTREACH**

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

CHIP further focused its marketing and outreach efforts on motivating parents to “apply now” and enroll their children in the program. Messaging changed dramatically to reflect the “Cover All Kids” message in 2007, with new advertising (TV commercial, radio and print), collateral materials and a Governor’s Public Service Announcement (PSA) announcing the expansion of CHIP to “cover all uninsured children and teens, who are not eligible for Medical Assistance, regardless of income.” All materials provided more information on the program, including CHIP’s comprehensive benefits and expanded income guidelines.

Additionally, the program included its Department of Public Welfare Medical Assistance (MA) counterparts in its messaging, by noting that all families whose income fell below CHIP guidelines (approximately 30-40% of applications) would have their applications automatically transferred to the MA program.

CHIP made new efforts to focus more on the teen uninsured population by making the following changes to its advertising:

- A teenage girl was selected to record CHIP’s radio spot, which netted strong public response to the CHIP Helpline.
- CHIP’s Latino marketing partners placed CHIP billboards in the Philadelphia area featuring a Latina teenager and her mother, encouraging families to apply.
- CHIP ran print ads in newspapers and front page newspaper stickers in large newspapers that featured a group of teens.

To assist with strategic messaging planning and to better target areas where CHIP could provide more marketing and outreach, the program held listening sessions with its advocacy community partners and insurance company contractors.

### **Media Plan:**

- Governor Rendell kicked off the Cover All Kids initiative with a (PSA) in January 2007, which netted the largest monthly call volumes in the history of the CHIP Helpline.
- Data collected from every caller to the CHIP Helpline once again showed that when CHIP TV ads and PSAs ran, calls to the Helpline, hits to the CHIP Web site, requests for applications, and over-the-phone applications increased. To that end, a new TV ad was developed and ran year-round featuring a young boy who delivers the message that “now no family makes too much money for CHIP” and “apply today.” Brochures and posters complementing the TV theme were distributed statewide. The CHIP TV commercials ran throughout the year in a two-week-on, two-week-off cycle.
- CHIP continued its successful Internet search engine advertising, utilizing Google, Yahoo and other popular search engines, which netted millions of hits to its Web site.
- After several years of no radio advertising, CHIP tested, then went statewide, with radio advertising across all markets, including African American and Hispanic communities.
- CHIP implemented newspaper advertisements that included the peel-off stickers now popular on the front page of newspapers.
- CHIP added movie screen CHIP ads in theaters.

**Retail Partnerships:** CHIP engaged in retail partnerships with Giant Foods (grocery store chain) and Rite Aid Corporation (drug store chain) to promote the program in coordination with each company's corporate outreach efforts. Co-branding with these two 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 WIC directors, CareerLink center directors, public librarians, PTAs/PTOs, domestic relations divisions (family courts) and HeadStart organizations.

**Wellness Series:** CHIP developed topic and benefit-specific CHIP brochures (English and Spanish) and shared them with professional community partners. Examples included CHIP brochures on prescriptions, dental benefits, and vision benefits. The response was very positive, and CHIP will be looking at including an insert in next year's brochures that will go to everyone requesting brochures, so as not to limit this information to specialists.

**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 back-to-school season.

**CHIP Web site:** CHIP continued to develop its popular Web site ([www.chipcoverspakids.com](http://www.chipcoverspakids.com)) to contain a full array of information including eligibility requirements, updated facts on the expanded program, benefit information, how to apply, FAQs, how to order outreach materials, and various reports. At its peak, the CHIP Web site received nearly 3 million hits per month, up from 1 million hits per month at the beginning of the year.

**COMPASS (Commonwealth of Pennsylvania Access to Social Services):** COMPASS, the Web-based application and renewal system ([www.COMPASS.state.pa.us](http://www.COMPASS.state.pa.us)), continued to be a well-used tool by citizens applying for health care coverage and other human service programs. An upgrade to the COMPASS Web site occurred in June 2007 that provided a more user-friendly front page. Additionally, post-screening for health care coverage was added. At the end of any application for a service, if the applicant appears to be eligible for one of the health care programs, COMPASS explains the family may be eligible for a health care program and asks if they would like to add health care to the application. If yes, any additional information that is required for the various programs is gathered and the application is routed to either the County Assistance Office or a CHIP/adultBasic contractor.

The Department of Education expanded its school meal program applications to citizens electronically via COMPASS in 2007. All public schools in Pennsylvania became COMPASS Community Partners and are now able to access COMPASS to track children on the school meal program. CHIP tied into this large effort by adding a health care pop-up box at the end of the school meal application, reminding families that they can also apply for health care benefits at the same time.

**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 2007. 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 a celebration event during Cover the Uninsured Week to celebrate its many partners who help spread the CHIP message. Anita Brikman from the ABC affiliate in Philadelphia served as the master of ceremonies.

CHIP partnered with the Pennsylvania Pharmacists Association, the Pennsylvania Optometric Association and the Pennsylvania Dental Association to promote CHIP through mailings to each of

the three organizations members—more than 10,000 mailings in total, which included a cover letter, CHIP posters and specialist brochures, and COMPASS brochures (in English and Spanish).

**Pennsylvania Farm Show:** CHIP sponsored a Farm Show booth again in 2007 where information and giveaways were distributed and application assistance was provided to families. CHIP's theme was "tell a friend or family member to apply today." More than 500,000 citizens attended the 10-day Farm Show event.

2. What methods have you found most effective in reaching low-income, uninsured children (e.g., T.V., school outreach, word-of-mouth)? How have you measured effectiveness? **Would you consider this a best practice?**

We find that a multi-pronged marketing and outreach approach is very effective in reaching citizens with CHIP's message. In 2007, 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, and Governor PSAs 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. In addition to these over-arching strategies, CHIP implemented a number of other strategies to reach uninsured Pennsylvania families.

- The CHIP TV commercial that ran on a schedule of two weeks on and two weeks off on both network and cable TV was very effective. When CHIP ads ran, the Helpline consistently saw spikes in call volumes. In fact, the TV ad continuously ran in the top three reasons cited by citizens who called the Helpline to request applications or application assistance over the phone.
- CHIP not only added radio advertising in 2007, but increased its radio ad buys statewide due to the strong response received by the Helpline from smaller radio runs earlier in the year. Radio advertising was very effective in driving CHIP call volumes up and recently ranked in the top four reasons why citizens called the Helpline for applications or application assistance.
- CHIP also saw an interesting increase of people calling the Helpline about CHIP because someone at work told them about it. Historically, work-related referrals were not as strong, and we believe that work-related referred calls have increased in conjunction with radio ads that people hear at work, then share with co-workers, which is an indirect and valuable referral to the CHIP program.
- CHIP's Web-based search engine advertising continued to be an affordable and excellent driver to the CHIP Web site and also to the Helpline. The CHIP Web site received nearly 3 million hits a month at its peak and callers to the Helpline consistently cited the CHIP Web site as one of the top three reasons they called to apply for or inquire more about CHIP.
- 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 keep those referrals coming!
- CHIP saw an increase in referrals by physicians, a trusted source of information for families.

- § CHIP insurance company contractors provide CHIP information to their participating physician providers, which we believe contributed to these numbers. We are exploring further outreach opportunities with physicians.
- § The program also presented information to the Hospital and Healthsystem Association of Pennsylvania several times in 2007 and continues to build relationships with hospitals to increase awareness of CHIP.

## **Helpline--Connecting Citizens with CHIP and Tracking Progress**

In 2007, the Commonwealth renewed its unique multi-agency contract for one more year 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 are 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 to ensure a consistent level of service excellence. Quality assurance monitoring is also conducted by the partner agencies. PSI met or exceeded all key performance indicators for SFY 2006-07. In SFY 2006-07, the call center answered 101,107 CHIP calls (35% increase from previous year), mailed 101,745 CHIP/adultBasic applications, and completed 4,800 COMPASS applications online.

Other effective efforts contributing to increased CHIP enrollment include:

- 30-Day Renewal Outreach
  - The Helpline made 2,500 outbound telephone calls a month to families who did not complete renewal applications after receiving three notices from CHIP. Helpline representatives offered renewal assistance over the phone (using COMPASS) and provided reminders to families to mail back their renewal applications.
- CHIP offered three ways to apply and renew for the program
  - Online via COMPASS, the Commonwealth of Pennsylvania's Web Access to Health and Human Services – 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.
- Established working relationships with County Assistance Offices
  - County Assistance Offices are the largest source of CHIP applications and referrals. They refer more than 3,000 applicants per month to the program. The program worked with the Department of Public Welfare to enhance internal and external

communications between the two agencies to further improve the “any form is a good form” process whereby an application can go to either agency and be referred to the agency that will provide the family benefits.

## **Interagency Initiatives**

The nationally-recognized Reaching Out Interagency Workgroup merged with the Covering Kids and Families Coalition in 2006 to continue partnership efforts 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.

3. Is your state targeting outreach to specific populations (e.g., minorities, immigrants, and children living in rural areas)? Have these efforts been successful, and how have you measured effectiveness?

In order to further outreach efforts to specific populations, CHIP added language 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. This contractual obligation provided even stronger focus on these specific outreach activities conducted statewide by CHIP contractors. The program monitored its contractors to ascertain that they provided outreach to special populations in the ways they described in their contractual responses. When needed, CHIP provided direction to contractors to further efforts in these areas, and also provided suggested best practices to contractors to assist in increasing efforts in targeted areas of the Commonwealth.

Examples of contractor outreach included minority and ethnic outreach to African American, Hispanic and Asian citizens, and programs and partnerships in rural counties with community-based organizations established in those communities.

## **Hispanic and 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.

A new marketing partner, Cardenas-Grant, was hired and is currently implementing an updated CHIP marketing and outreach strategy for Pennsylvania's uninsured African American community. Its focus will include a variety of outreach efforts geared toward both children and teens. Primarily, it is working on the establishment of CHIP Sign-up Crews on the ground in targeted towns and neighborhoods. These events will prepare families to bring the appropriate information and provide on-site assistance with completing a CHIP application. Media buys (radio and print) will raise awareness of the opportunity to apply for CHIP and to drive people to discrete events or organizations where application assistance will be provided.

While the general market media buy focuses on driving up levels of awareness, Cardenas-Grant's focus is 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:

- Churches
- Black Fraternal Societies

- Black Professional Associations
- African American Advocacy Organizations

The Mendoza Group, a Hispanic marketing agency with a history of health marketing initiatives within the Latino community, was selected for a fourth year based on its successful work of focusing on two demographic segments of the Latino market, those unaware of CHIP and those who do not think that they qualify for CHIP.

Mendoza concentrates on the top fourteen Hispanic populated counties of Pennsylvania. Geographically, uninsured children come from population centers like Philadelphia, Harrisburg, Pittsburgh and Eastern Pennsylvania. The core of Mendoza's Latino marketing is concentrated on tactics which deliver the CHIP message in a personal and efficient manner via community influencers which are trusted sources of information in which Latinos can identify with like CHIP moms, community-based organizations, health care professionals and the Hispanic media.

Community-Based Organizations (CBOs) provided a significant point of entry into these markets, with CHIP's marketing partners utilizing their extensive community network of resources to reach out to their communities.

African Americans and Latinos were directly reached through CHIP's branding message at certain key events during the spring and summer of 2007. Criteria for selecting these events focused on identifying grassroots activities that allowed more opportunity for personalized interaction with a smaller audience size to extend beyond the CHIP brand.

4. What percentage of children below 200 percent of the Federal poverty level (FPL) who are eligible for Medicaid or SCHIP have been enrolled in those programs? (Identify the data source used).

The Pennsylvania Insurance Department sponsored a statewide health insurance survey in 2004. From that study, it was determined that approximately 92 percent of children below 200 percent of the FPL, eligible for Medicaid or SCHIP, were enrolled.

## **SUBSTITUTION OF COVERAGE (CROWD-OUT)**

***States with a separate child health program up to and including 200% of FPL must complete question 1.***

1. Is your state's eligibility level up to and including 200 percent of the FPL?

- Yes
- No
- N/A

If yes, if you have substitution prevention policies in place, please identify those strategies. **[7500]**

Pennsylvania has taken a number of steps to guard against and monitor for crowd-out. Questions regarding insurance coverage are contained on the application and renewal forms and cross matches against Medicaid and private insurance files are completed to help determine that only uninsured children are enrolled.

***States with a separate child health program above 200 through 250% of FPL must complete question 2. All other states with trigger mechanisms should also answer this question.***

2. Is your state's eligibility level above 200 and up to and including 250 percent of the FPL?

- Yes
- No
- N/A

If yes, please identify the trigger mechanisms or point at which your substitution prevention policy is instituted.

**Monitoring:** Pennsylvania will continue to monitor the rate of employer-based coverage for changes. In addition to using information obtained from the applications, Pennsylvania is implementing a cross match through a Third Party Liability contract to determine current and recent health insurance status. This match will assist in the determination that the applicant is currently uninsured and has met the required period of uninsurance. This match will also provide us a source of data, other than applicant-provided information, on the number of individuals who applied for CHIP and had private insurance within the previous six months prior to application. With the addition of this data, we will be able to more accurately determine the possibility of substitution among these individuals.

**Strategy to limit substitution - children over the age of two:** Pennsylvania implemented an uninsured period of six months. Children, over the age of two with a net income of greater than 200% of FPL, who were covered by a health insurance plan, a self-insurance plan, or a self-funded plan, are not eligible to enroll in CHIP for a period of six months following the end date of the private insurance except if the child's parent is eligible to receive unemployment compensation or is no longer employed and is ineligible for unemployment compensation, or the child is transferring from one government-subsidized health care program to another.

Another disincentive for dropping private coverage is the addition of cost sharing (premiums and co-payments) in the CHIP benefit package for families with net incomes greater than 200% of FPL.

**Strategy to limit substitution - children under the age of two:** In addition to monitoring for overall level of substitution, we will compare the data for the 0 - 2 year olds with data for 2 – 5 year olds to determine if the no period of uninsurance for the 0 – 2 year olds is significantly increasing the rate of substitution in Pennsylvania. If the rate of substitution in the under-2 year olds approaches one and a half times that for 2 – 5 year olds, Pennsylvania will consider implementing a one- or two-month period of uninsurance. If the rate of substitution continues to grow in the under-2 year olds to a point of twice that of the 2 – 5 year olds, Pennsylvania will consider increasing the period of uninsurance incrementally up to six months.

Cost sharing requirements (premiums and co-payments) also apply to the under age 2 group.

***States with separate child health programs over 250% of FPL must complete question 3. All other states with substitution prevention provisions should also answer this question.***

3. Does your state cover children above 250 percent of the FPL or does it employ substitution prevention provisions?

- Yes  
 No  
 N/A

If yes, identify your substitution prevention provisions (waiting periods, etc.).

**Strategy to limit substitution – children over the age of two:** Pennsylvania implemented an uninsured period of six months. Children over the age of two with a net income greater than 200% of FPL, who were covered by a health insurance plan, a self-insurance plan or a self-funded plan, are not eligible to enroll in CHIP for a period of six months following the end date of the private insurance except if the child's parent is eligible to receive unemployment compensation or is no longer employed and is ineligible for unemployment compensation, or the child is transferring from one government-subsidized health care program to another.

Another disincentive for dropping private coverage is the addition of cost sharing (premiums and co-payments) in the CHIP benefit package for families with net incomes greater than 200% of FPL.

**Strategy to limit substitution - children under the age of 2:** In addition to monitoring for overall level of substitution, we will compare the data for the 0 - 2 year olds with data for 2 – 5 year olds to determine if the no period of uninsurance for the 0 – 2 year olds is significantly increasing the rate of substitution in Pennsylvania. If the rate of substitution in the under-2 year olds approaches one and a half times that for 2 – 5 year olds, Pennsylvania will consider implementing a one- or two-month period of uninsurance. If the rate of substitution continues to grow in the under-2 year olds to a point of twice that of the 2 – 5 year olds, Pennsylvania will consider increasing the period of uninsurance incrementally up to six months.

Cost sharing requirements (premiums and co-payments) also apply to the under age 2 group.

If Pennsylvania finds a significant level of substitution (10% of enrollees dropping or being dropped from private coverage), it will reevaluate the exceptions to the waiting period to determine if they are contributing to substitution and modify them as necessary. We would also consider incrementally increasing the uninsured period up to an additional six months to reverse the substitution trend.

Another strategic option that is available is to increase the cost sharing requirements for this target population to deter substitution.

Pennsylvania's Office of Health Care Reform is nearing the end of its study to develop a strategic, time-phased plan to provide affordable, accessible quality health care coverage for all Pennsylvanians. It is expected that this strategic plan will include viable suggestions on how to best reform Pennsylvania's overall health care system, negating any incentives for employers or employees to drop employer-based health insurance coverage.

***All States must complete the following 3 questions***

4. Describe how substitution of coverage is monitored and measured and how the State evaluates the effectiveness of its policies.

Applications for coverage include questions relating to other forms of health insurance coverage. Applicants reporting they have other types of health insurance are denied coverage through Pennsylvania's CHIP. In addition, electronic matches with Medicaid and private insurance occur in an effort to prevent children with other insurance from being covered by CHIP. Various reports are available and used to measure substitution.

5. At the time of application, what percent of applicants are found to have insurance?

From October 2006 to September 2007, 6.03% of applicants were denied for having either private or employer-based insurance coverage and 3.11% of applicants were denied for having medical assistance. Therefore, a total of 9.14% of applicants were denied coverage since they had private insurance, employer-based insurance, or Medicaid.

6. Describe the incidence of substitution. What percent of applicants drop group health plan coverage to enroll in SCHIP?

Since March 2007, when the Cover All Kids expansion was implemented, approximately 1.6 percent of applicants to one of the CHIP subsidized programs had to serve the "go-bare" period. This is the period of time that a child needs to be uninsured between dropping coverage elsewhere and picking up CHIP coverage.

One of the policies of the recent CHIP expansion is to exempt children under the age of 2 years from undergoing a go-bare period. A concern with this policy is that a higher portion of children in this age group will substitute government health insurance for private insurance. However, the data gathered since approval of the expansion through the end of the federal fiscal year tends to abate that concern. The federal approval for the expansion was received in February 2007. From March through September 2007, only 0.7 percent of new applicants, in the 0 to 2 age group, would have had to serve a period without insurance, had it not been for the new policy. By contrast, 2.4 percent of new applicants in the 2 to 5 age group had to experience the go-bare period before becoming enrolled.

## **COORDINATION BETWEEN SCHIP AND MEDICAID**

*(This subsection should be completed by States with a Separate Child Health Program)*

1. Do you have the same redetermination procedures to renew eligibility for Medicaid and SCHIP (e.g., the same verification and interview requirements)? Please explain.

The processes for renewing eligibility for CHIP and redetermining eligibility for Medicaid are alike. Neither requires an interview. Both programs review factors that may have changed since the application was filed or last renewed. CHIP and Medicaid have aligned their requirements as described in the next section, Eligibility Redetermination and Retention.

2. Please explain the process that occurs when a child's eligibility status changes from Medicaid to SCHIP and from SCHIP to Medicaid. Have you identified any challenges? If so, please explain.

Children who are being disenrolled from Medicaid because of a change in family circumstances and who are eligible for CHIP can be enrolled in CHIP retroactively back to the first of the month in which disenrollment from Medicaid occurred to avoid a gap in health care coverage. The challenge is to ensure that the paperwork gets to the correct insurance plan and the family knows to which plan the paperwork was sent. To remove this challenge, we are in the process of automating the referral process.

**Income too low:** If an application for health care coverage is filed with a CHIP contractor and the child appears to be eligible for Medicaid, the CHIP contractor sends a notice of ineligibility to the parent or guardian that explains that the application has been forwarded to the local County Assistance Office (CAO) for a determination of Medicaid eligibility. The contractor will send summary screens to the CAO and will maintain the application on file. The CAO will determine eligibility for Medicaid and notify the family of the result of that determination. If it is determined that income is not within Medicaid guidelines, the children are found to be ineligible and are referred back to the originating CHIP contractor. Initial contact to the CHIP contractor is by phone within two days of the determination and is followed up in writing. A challenge here is that applicants will ignore correspondence from the local CAO because they did not apply for Medicaid. This results in the applicants being denied Medicaid for not providing sufficient information for the CAO to determine eligibility. In this case, the file is not referred back to the contractor and the applicant remains uninsured.

**Income too high:** If an application is filed with a CAO and the applicant is found not eligible for Medicaid, the CAO sends a notice of ineligibility to the applicant and explains that the application has been forwarded to one of the CHIP contractors operating within that county. The CAO prepares a CAO transmittal to the contractor. All information contained on the transmittal is considered verified and does not require any additional verification by the contractor. Upon receipt of the application from the CAO, the CHIP contractor determines eligibility for CHIP and notifies the family of the determination.

3. Are the same delivery systems (including provider networks) used in Medicaid and SCHIP?  
Please explain.

Of our eight CHIP contractors, three participate in Medicaid Managed Care. However, many providers participate in more than one insurer's provider network, which allows a child to continue receiving treatment from the same physician when the child's coverage shifts from Medicaid to CHIP and vice versa. Medicaid continues to utilize fee-for-service in areas of the state where managed care is not available. CHIP uses managed care programs statewide (either traditional HMO or PPO).

4. For states that do not use a joint application, please describe the screen and enroll process.

## ELIGIBILITY REDETERMINATION AND RETENTION

1. What measures does your State employ to retain eligible children in SCHIP? Please check all that apply and provide descriptions as requested.

Conducts follow-up with clients through caseworkers/outreach workers

Sends renewal reminder notices to all families

- How many notices are sent to the family prior to disenrolling the child from the program?  
Three (3)
- At what intervals are reminder notices sent to families (e.g., how many weeks before the end of the current eligibility period is a follow-up letter sent if the renewal has not been received by the State?)

The first notice is initiated 97 days prior to the end of a child's enrollment period, ensuring at least a 90-day notice to the family. Additional notices are sent to give a 60-day and a 30-day notice if the renewal is not received from the family. Telephone outreach is also provided between the 60- and 30-day renewals by the insurance contractors and between the 30-day notice and termination by our health and human services helpline.

Sends targeted mailings to selected populations

- Please specify population(s) (e.g., lower income eligibility groups)

Holds information campaigns

Provides a simplified reenrollment process,

*Please describe efforts (e.g., reducing the length of the application, creating combined Medicaid/SCHIP application)*

Renewal letters and forms have been revised to a more user-friendly format. Renewals are prepopulated with the applicant's information to the extent that the systems will allow. Use of COMPASS, the Commonwealth of Pennsylvania Access to Social Services, allows for electronic renewal and electronic signature. COMPASS is a Web-based application used to apply for many of the social services, including CHIP. Use of the electronic signature eliminates the requirement to fax or mail the signature page

Conducts surveys or focus groups with disenrollees to learn more about reasons for disenrollment  
*please describe:*

The Department tracks the disenrollment population and reviews this data on a monthly basis with CHIP contractors. Through a joint effort between CHIP and its contractors, the rate of disenrollment has stabilized. (See Attachment )

Other, *please explain*:

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

The number of enrollees who do not respond or fail to complete renewals has leveled off over the past year. Our renewal rate continues to bounce between 79% and 82%. All of the above strategies contribute to the high renewal rates.

3. What percentage of children in the program are retained in the program at redetermination? What percentage of children in the program are disenrolled at redetermination?

At the time of renewal in federal fiscal year 2007, 74.4% of the children renewed their coverage and 25.6% of the children were disenrolled at redetermination.

4. Does your State generate monthly reports or conduct assessments that track the outcomes of individuals who disenroll, or do not reenroll, in SCHIP (e.g., how many obtain other public or private coverage, how many remain uninsured, how many age-out, how many move to a new geographic area)

- Yes  
 No  
 N/A

When was the monthly report or assessment last conducted?

9/01/2007-9/30/2007

If you responded yes to the question above, please provide a summary of the most recent findings (in the table below) from these reports and/or assessments.

**Findings from Report/Assessment on Individuals Who Disenroll, or Do Not Reenroll in SCHIP**

Total Number of Dis-enrollees	Obtain other public or private coverage		Remain uninsured		Age-out		Move to new geographic area		Other	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
6937	2225	32			631	9	100	1	3981	57

Please describe the data source (e.g., telephone or mail survey, focus groups) used to derive this information. Include the time period reflected in the data (e.g., calendar year, fiscal year, one month, etc.).

Our Data Warehouse is the source used to provide this information.

The "Other" column includes:

- Failure to complete renewal: 2,616 (37.7%)
- Low income: 1,021 (14.7%)

- Misc. includes individual's request, nonpayment of premiums, must be uninsured for six months, and other miscellaneous reasons: 344 (5.0%)

Note: We do not specifically track the number of children who remain uninsured at their renewal.

## **COST SHARING**

1. Has your State undertaken any assessment of the effects of premiums/enrollment fees on participation in SCHIP? If so, what have you found?

Prior to the recent expansion of CHIP in Pennsylvania, no cost sharing was involved in the program. With the expansion of CHIP, cost sharing has been implemented for children in households with incomes between 200 and 300 percent of the FPL. However, the new cost sharing policy has not been in place long enough to make an adequate assessment concerning its effect on enrollment.

2. Has your State undertaken any assessment of the effects of cost sharing on utilization of health services in SCHIP? If so, what have you found?

No

3. If your state has increased or decreased cost sharing in the past federal fiscal year, has the state undertaken any assessment of the impact of these changes on application, enrollment, disenrollment, and utilization of health services in SCHIP. If so, what have you found?

N/A

## **EMPLOYER SPONSORED INSURANCE PROGRAM (INCLUDING PREMIUM ASSISTANCE PROGRAM(S)) UNDER THE SCHIP STATE PLAN OR A SECTION 1115 TITLE XXI DEMONSTRATION**

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

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

### **Children**

- Yes, Check all that apply and complete each question for each authority.
- Family Coverage Waiver under the State Plan  
 SCHIP Section 1115 Demonstration  
 Medicaid Section 1115 Demonstration  
 Health Insurance Flexibility & Accountability Demonstration

### **Adults**

- Yes, Check all that apply and complete each question for each authority.
- Family Coverage Waiver under the State Plan  
 SCHIP Section 1115 Demonstration  
 Health Insurance Flexibility & Accountability Demonstration

Premium Assistance under the Medicaid State Plan (Section 1906 HIPP)

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

Parents and Caretaker Relatives

Childless Adults

Pregnant Women

3. Briefly describe how your program operates (e.g., is your program an employer sponsored insurance program or a premium assistance program, how do you coordinate assistance between the state and/or employer, etc.)

4. What benefit package does the ESI program use?

5. Are there any minimum coverage requirements for the benefit package?

6. Does the program provide wrap-around coverage for benefits or cost sharing?

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

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

\_\_\_\_\_ Number of childless adults ever-enrolled during the reporting period

\_\_\_\_\_ Number of adults ever-enrolled during the reporting period

\_\_\_\_\_ Number of children ever-enrolled during the reporting period

9. Identify the estimated amount of substitution, if any, that occurred or was prevented as a result of your employer sponsored insurance program (including premium assistance program). Discuss how was this measured?

10. During the reporting period, what has been the greatest challenge your ESI program has experienced?

11. During the reporting period, what accomplishments have been achieved in your ESI program?

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

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

14. Identify the total state expenditures for providing coverage under your ESI program during the reporting period. **(For states offering premium assistance under a family coverage waiver or for states offering employer sponsored insurance or premium assistance under a demonstration.)**

15. Provide the average amount each entity pays towards coverage of the beneficiary under your ESI program:

State: \_\_\_\_\_

Employer: \_\_\_\_\_

Employee: \_\_\_\_\_

16. If you offer a premium assistance program, what, if any, is the minimum employer contribution?

17. Do you have a cost effectiveness test that you apply in determining whether an applicant can receive coverage (e.g., the state's share of a premium assistance payment must be less than or equal to the cost of covering the applicant under SCHIP or Medicaid)?

18. Is there a required period of uninsurance before enrolling in your program? If yes, what is the period of uninsurance?

19. Do you have a waiting list for your program? Can you cap enrollment for your program?

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

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

(1) prevention

(2) investigation

(3) referral of cases of fraud and abuse?

Please explain:

Yes to all three. Each CHIP contractor is required to establish written policies and procedures for the detection and prevention of fraud and abuse that may be committed by providers within their networks, by enrollees, or by the CHIP contractor's employees. Each CHIP contractor must designate appropriate staff to be responsible for the proactive detection, prevention, and elimination of instances or patterns of fraud and abuse involving services to enrollees.

CHIP contractors are required to include written provisions in all their contracts with providers and subcontracted entities stating that payments for their services are derived from government funds. Accordingly, each CHIP contractor is required to advise its providers and subcontractors of the prohibitions against fraudulent activities relating to their involvement with the program.

Fraud and abuse detection activities must be compatible with the requirements of appropriate law enforcement agencies responsible for fraud and abuse detection and prosecution. CHIP contractors are held responsible for referring information on suspected fraudulent activities of subcontractors, providers, employees, and enrollees to relevant law enforcement agencies and must cooperate fully with the investigation and prosecution by appropriate law enforcement agencies.

In the event of successful prosecution, each CHIP contractor is required to take action to suspend or terminate the person(s) or entity involved in fraudulent activities. CHIP contractors are required to notify the Department of any actions being taken against a person(s) or entity resulting in successful prosecution for fraudulent activities. In addition to direct notification, each CHIP contractor is required on an annual basis to report all fraud detection activities. As noted in Section I, the Department revised its reporting tool to better capture fraud and abuse activities and to update any changes by contractors in their fraud detection policies and procedures.

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

Provider Credentialing

0 Number of cases investigated

0 Number of cases referred to appropriate law enforcement officials

Provider Billing

29 Number of cases investigated

1 Number of cases referred to appropriate law enforcement officials

Beneficiary Eligibility

15 Number of cases investigated

0 Number of cases referred to appropriate law enforcement officials

Are these cases for:

SCHIP

Medicaid and SCHIP Combined

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

Yes, please answer question below.

No

4. If your state relies on contractors to perform the above functions, how does your state provide oversight of those contractors? Please explain:

The Department has developed a monitoring report that has to be submitted by our contractors on a yearly basis. Each contractor is required to keep the Department informed of changes to its written policies and procedures for the detection, prevention, and reporting of fraud and abuse.

CHIP contractors must provide an organization chart of the office(s)/department(s) responsible for confirming fraud and abuse activity. The names and telephone numbers of management must be included, along with the position titles of other staff members. The contractor must provide information on senior management personnel to whom the fraud and abuse department directly reports. Contractors are also required to provide a single point of contact for the Department when communicating about fraud and abuse issues.

Contractors must identify what departments/employees are specifically trained in fraud and abuse detection, who provides the training, how often the training is provided to each group of employees, and whether training is voluntary or mandatory. The contractors also have to provide the avenues of communication that are available between fraud and abuse staff and the contractors' personnel.

Each contractor must provide the Department with a copy of its provider application. The Department reviews these applications to determine the following: (1) whether the application includes a question that requires the disclosure of any convictions of certain offenses pertaining to fraud and abuse; and (2) whether the provider has been excluded from providing services under the Medicaid and/or Medicare programs. In addition, the Department asks contractors if they are checking their provider network against the exclusionary lists of Medicaid and Medicare providers that are maintained by the Office of Medical Assistance Programs and the Office of Inspector General, and how often they are checking these lists.

The Department questions if the contractor took action to suspend or terminate the provider, subcontractor, employee, or member in the event of successful prosecution, and whether the Department was notified immediately.

When the Department notifies the contractor of a potential fraud and/or abuse situation, the contractor is required to provide PID with a preliminary update in ten (10) days, and then provide an update every thirty (30) days until the case has been resolved.

The contractors are to report which of the following detection methods are being utilized: manual detection (specify), audits (specify), specific fraud detection software and what it achieves, case referrals, and others.

An individual's legal rights are not to be infringed upon when under investigation for suspected fraud and abuse. Contractors must explain how an individual is afforded due process of law.

The Department wants to know what procedures the contractor employs for referring suspected fraud and abuse cases to the appropriate law enforcement officials.

Contractors are required to report whether they have dedicated toll-free hotlines for reporting suspected fraud and abuse activity. They are also required to report the toll-free number, the hours of operation, and the location of the hotline. If the hotline is outsourced, the name and location of the organization is to be provided. The Department is to be notified of any changes to the number or hours.

The contractors are to notify the Department of any means available to the providers to verify an individual's eligibility prior to providing a service.

CHIP contractors are required to include written provisions in all their contracts with providers and subcontracted entities stating that payments for their services are derived from government funds. Accordingly, each CHIP contractor is required to advise its providers and subcontractors of the prohibitions against fraudulent activities relating to their involvement with the program. CHIP contractors are required to advise the Department how they monitor their contractors and/or subcontractors to assure they are providing the same level of fraud and abuse procedural protections as set forth in the contract for the CHIP contractors.

The Department asks for the following information on fraud detection activities on an annual basis:

- How many fraud and abuse referrals were received in this contract year?
- How many of the referrals received in this contract year were identified through activities internal to the contractor?
- How many of the referrals received in this contract year were identified through outside sources?
- How many of the referrals received in this contract year were excused or determined to be unfunded?
- How many referrals received in this contract year are currently pending?
- How many referrals received in previous contract years are currently pending?
- What is the total dollar amount involving cases that have been confirmed during this contract year?
- What is the total dollar amount recouped in this contract year for cases received in this contract year?
- What is the total dollar amount recouped this contract year for cases received in previous contract years?
- How many of the total referrals received this contract year involved a provider?
- Provide names of CHIP providers who had their enrollment revoked during this contract year.
- Provide a description of underlying conduct resulting in confirmed cases involving providers.
- How many of the total referrals received this contract year involved a member? How many were confirmed?
- Was any action taken by the contractor? Describe any action taken.
- How many referrals involved an employee?

- Provide a description of underlying conduct resulting in confirmed cases involving employees.
- How many of the referrals involved a contractor or subcontractor?
- Provide a description of underlying conduct resulting in confirmed cases involving contractors or subcontractors.
- Provide name(s) of contractors or subcontractors of any confirmed cases.
- Has any contract been revoked as a result of investigation?
- How many cases were referred to law enforcement entities?
- How many cases referred were accepted by law enforcement entities?

Enter any Narrative text below.

## SECTION IV: PROGRAM FINANCING FOR STATE PLAN

1. Please complete the following table to provide budget information. Describe in narrative any details of your planned use of funds below, including the assumptions on which this budget was based (per member/per month rate, estimated enrollment and source of non-Federal funds). (Note: This reporting period =Federal Fiscal Year 2007. If you have a combination program you need only submit one budget; programs do not need to be reported separately.)

### COST OF APPROVED SCHIP PLAN

	2007	2008	2009
<b>Benefit Costs</b>			
Insurance payments	0	0	0
Managed Care	271,997,132	333,116,585	400,338,646
Fee for Service			
<b>Total Benefit Costs</b>	271,997,132	333,116,585	400,338,646
(Offsetting beneficiary cost sharing payments)	-34,38740	-11304758	-21,578,368
<b>Net Benefit Costs</b>	\$ 268,558,392	\$ 321,811,827	\$ 378,760,278

### Administration Costs

Personnel	889,000	1,000,000	1,250,000
General Administration	4,700,507	6,925,920	7,048,698
Contractors/Brokers (e.g., enrollment contractors)			
Claims Processing			
Outreach/Marketing costs	4,905,849	4,500,000	4,500,000
Other (e.g., indirect costs)			
Health Services Initiatives			
<b>Total Administration Costs</b>	10,495,356	12,425,920	12,798,698
<b>10% Administrative Cap</b> (net benefit costs ÷ 9)	\$29,839,821	\$35,756,870	\$42,084,475

<b>Federal Title XXI Share</b>	\$189,951,886	\$226,813,735	\$266,886,598
<b>State Share</b>	\$89,101,862	\$107,424,012	\$124,672,378

<b>TOTAL COSTS OF APPROVED SCHIP PLAN</b>	\$279,053,748	\$334,237,747	\$391,558,976
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2. What were the sources of non-Federal funding used for State match during the reporting period?

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

3. Did you experience a short fall in SCHIP funds this year? If so, what is your analysis for why there were not enough Federal SCHIP funds for your program?

No shortfall was experienced

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

	2007		2008		2009	
	# of eligibles	\$ PMPM	# of eligibles	\$ PMPM	# of eligibles	\$ PMPM
Managed Care		\$		\$		\$
Fee for Service		\$		\$		\$

Enter any Narrative text below.

For per member per month rate, we used the following formula:

2007: 157,732 (avg. enrollment) x \$142 pmpm (weighted avg.) x 12 months

2008: 171,486 (avg. enrollment) x \$156 pmpm (weighted avg.) x 12 months

2009: 194,061 (avg. enrollment) x \$163 pmpm (weighted avg.) x 12 months

Note: These average enrollment numbers exclude the children enrolled in the At Cost program.

## SECTION V: 1115 DEMONSTRATION WAIVERS (FINANCED BY SCHIP)

Please reference and summarize attachments that are relevant to specific questions.

- If you do not have a Demonstration Waiver financed with SCHIP funds skip to Section VI. If you do, please complete the following table showing whom you provide coverage to.

SCHIP Non-HIFA Demonstration Eligibility					HIFA Waiver Demonstration Eligibility				
* Upper % of FPL are defined as Up to and Including									
Children	From		% of FPL to	% of FPL *	From		% of FPL to	% of FPL *	
Parents	From		% of FPL to	% of FPL *	From		% of FPL to	% of FPL *	
Childless Adults	From		% of FPL to	% of FPL *	From		% of FPL to	% of FPL *	
Pregnant Women	From		% of FPL to	% of FPL *	From		% of FPL to	% of FPL *	

- Identify the total number of children and adults ever enrolled (an unduplicated enrollment count) in your SCHIP demonstration during the reporting period.

\_\_\_\_\_ Number of **children** ever enrolled during the reporting period in the demonstration

\_\_\_\_\_ Number of **parents** ever enrolled during the reporting period in the demonstration

\_\_\_\_\_ Number of **pregnant women** ever enrolled during the reporting period in the demonstration

\_\_\_\_\_ Number of **childless adults** ever enrolled during the reporting period in the demonstration

- What have you found about the impact of covering adults on enrollment, retention, and access to care of children? You are required to evaluate the effectiveness of your demonstration project, so report here on any progress made in this evaluation, specifically as it relates to enrollment, retention, and access to care for children.

- Please provide budget information in the following table for the years in which the demonstration is approved. *Note: This reporting period (Federal Fiscal Year 2007 starts 10/1/06 and ends 9/30/07).*

COST PROJECTIONS OF DEMONSTRATION (SECTION 1115 or HIFA)	2007	2008	2009	2010	2011
<b>Benefit Costs for Demonstration Population #1 (e.g., children)</b>					
Insurance Payments					
Managed care per member/per month rate @ # of eligibles					
Fee for Service Average cost per enrollee in fee for service					
<b>Total Benefit Costs for Waiver Population #1</b>					

### Benefit Costs for Demonstration Population #2

**(e.g., parents)**

Insurance Payments					
Managed care per member/per month rate for managed care					
Fee for Service Average cost per enrollee in fee for service					
<b>Total Benefit Costs for Waiver Population #2</b>					

**Benefit Costs for Demonstration Population #3**

**(e.g., pregnant women)**

Insurance Payments					
Managed care per member/per month rate for managed care					
Fee for Service Average cost per enrollee in fee for service					
<b>Total Benefit Costs for Waiver Population #3</b>					

**Benefit Costs for Demonstration Population #4**

**(e.g., childless adults)**

Insurance Payments					
Managed care per member/per month rate for managed care					
Fee for Service Average cost per enrollee in fee for service					
<b>Total Benefit Costs for Waiver Population #3</b>					

**Total Benefit Costs**

(Offsetting Beneficiary Cost Sharing Payments)

**Net Benefit Costs** (Total Benefit Costs - Offsetting Beneficiary Cost Sharing Payments)

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**Administration Costs**

Personnel					
General Administration					
Contractors/Brokers (e.g., enrollment contractors)					
Claims Processing					
Outreach/Marketing costs					
Other (specify)					
<b>Total Administration Costs</b>					
<b>10% Administrative Cap</b> (net benefit costs ÷ 9)					

**Federal Title XXI Share**

**State Share**

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**TOTAL COSTS OF DEMONSTRATION**

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When was your budget last updated (please include month, day and year)?

Please provide a description of any assumptions that are included in your calculations.

Other notes relevant to the budget:

## SECTION VI: PROGRAM CHALLENGES AND ACCOMPLISHMENTS

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

The Governor continues his support of reducing the number of uninsured children in Pennsylvania by providing continued funding for CHIP. In his budget for the current state fiscal year, the Governor provided second year funding for the "Cover All Kids" initiative that resulted in the expansion of CHIP, providing access to affordable, comprehensive health care coverage for all uninsured children in Pennsylvania. The Governor again challenged us to increase our enrollment by an additional 10 percent.

In January 2007, Governor Rendell introduced his Prescription for Pennsylvania. The Prescription for Pennsylvania is a set of integrated, achievable, practical strategies focused on driving down costs, providing access to universal coverage, improving the quality of health care and driving down the inefficiencies of the health care system. A key component of this strategy is Cover All Pennsylvanians (CAP). CAP will make affordable basic health insurance available to eligible small businesses that do not presently offer health insurance to their employees and to the uninsured. This coverage will be offered through the private insurance market.

Governor's Office of Health Care Reform: The Governor's Office of Health Care Reform continues to encourage and initiate statewide healthcare efforts relating to both children and adults. In addition to the four initiatives reported in our annual report last year: (1) childhood obesity, (2) mental health, (3) early childhood interventions relating to preventive care and education, and (4) the need for a medical home, the Governor has introduced legislation to address standards for chronic care, patient safety, emergency room over utilization, extended physician office hours, maximum use of physician extenders such as certified nurse practitioners and physician assistants, consolidation of Rx purchasing for both state agencies and state employees, and pay-for-performance. These initiatives, along with others, are still in the developmental stages or are before the legislature for consideration so their overall impact on SCHIP cannot be determined at this point.

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

Reaching Pennsylvania's remaining uninsured children and teens has been a great challenge for CHIP. The multi-pronged marketing and outreach approach discussed in Section III describes how the program rose to that challenge. The result has been an increase in enrollment numbers in all categories of the program.

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

Pennsylvania was fortunate to successfully expand its CHIP eligibility from 200% of the FPL to 300% of the FPL through the Governor's Cover All Kids initiative. Since its implementation in March 2007, Pennsylvania's CHIP enrolled 4,233 children who would not have been previously eligible. Overall, Pennsylvania CHIP has enjoyed an 11.6% increase in enrollment over September 2006. The expanded outreach implemented as a result of the Cover All Kids initiative is also credited with an increase in enrollment for children in Medicaid.

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

Premium Assistance Program – Depending upon the final legislation resulting from efforts to reauthorize SCHIP, Pennsylvania intends to take the appropriate steps to implement a Premium Assistance Program (PAP) for SCHIP. The proposed PAP would entail the use of federal and state funds to subsidize the purchase of employer-sponsored or other private health insurance for all

beneficiaries of CHIP. Use of the PAP will build on the employer-based system and should reduce public costs by having the employers provide a portion of the premium costs. Additionally, subsidizing employer based insurance may strengthen low-income workers' attachment to the workforce and premium assistance may permit the entire family to be covered under one health plan. Pennsylvania's PAP will subcontract with the Department of Public Welfare's very successful Health Insurance Premium Payment (HIPP) program to assist in the administration of the PAP. PAP will not apply to families with income that exceeds 300% FPL, the non-Federal subsidy group.

CHIP and its marketing partners are rolling out a CHIP Community Marketing Initiative in response to feedback from our advocate and community partners to augment our existing partnerships with community organizations in order to boost CHIP awareness and enrollment.

CHIP has set aside marketing dollars for grassroots connections with various organizations throughout the state. Community organizations with established trusted relationships in their communities have been invited to share ideas that will help to reach uninsured children and teens and get them enrolled in CHIP.

CHIP is currently working on an automated phone and email message pilot project that will deliver a CHIP message to all families in a school district via telephone call blasts, email blasts and school web sites.

CHIP is developing a web-based Community Partner Toolkit for its community partners that will provide them easy access to approved marketing tools that they can reproduce in coordination with their outreach and communication efforts about the CHIP program. It will offer a variety of CHIP tools, including downloadable print materials, PSAs and other marketing and outreach pieces.

HEDIS Reporting: In the upcoming year, the CHIP and adultBasic Office will be adding new HEDIS measures for review. The new measures are related to lead screening, testing for pharyngitis, treatment for upper respiratory infections, follow-up care for children prescribed ADHD medication and annual dental visits.

The addition of these new measures will further enable the CHIP program to ascertain the overall health of children in the program as well as to begin to think in terms of other health improvement initiatives we may want or need to address in the future.

Acquisition of an External Review Organization for Implementation of Quality Improvement Initiatives: For the first time, the CHIP and adultBasic Office has acquired an external quality review organization (EQRO) to assist us in developing quality improvement initiatives to address emergency room over utilization and obesity (BMI screening), two initiatives we have long tried to get underway. 2007 will be used as our baseline year to track and improve these areas of concern with the intention of developing pay-for-performance incentives based on the level of improvement. (See attachment – CHIP Performance Improvement Projects and BMI summary).

In addition to the two initiatives noted, our EQRO will also produce a formal report card which will display results of our HEDIS and CAHPS rates.

Automated Referrals – Pennsylvania continues to seek additional avenues to assist in the retention of children in its CHIP and Medicaid programs. One area where leakage occurs that is under the control of the agencies involved is the transfer of children between the CHIP and Medicaid programs. Currently, all transactions are done manually, causing either delay in a transfer or, in the worst cases, children losing coverage due to a transfer not occurring. In Spring 2008, we will pilot an auto referral process in which the IT systems will transfer the required data between the two agencies and track the end results of the process. We expect to have this process in place statewide by early Summer 2008.

Southern Institutes Retention Initiative – Pennsylvania applied for and was selected as one of eight states to participate with The Southern Institute on Children and Families in a Robert Wood Johnson Foundation funded initiative to improve retention of eligible children in Medicaid and CHIP. The overall goal is to increase the rate of retention of eligible children and adults in Medicaid and SCHIP

both at the time of renewal and through changes made during the enrollment period. The Southern Institute will assist our state team in achieving this goal through specialized consultation and technical assistance for the purpose of helping the state team to:

- Adopt simplification eligibility policies and processes focused on retaining eligible children and adults.
- Ensure accuracy of their eligibility determination processes at renewal to decrease inappropriate Medicaid and SCHIP closures.

Update to the Study of Insurance Status in Pennsylvania - Pennsylvania is in the process of updating the 2004 study. The goals of the study are to:

- Develop and produce a comprehensive numerical and qualitative description of Pennsylvania's uninsured population
- Describe who in Pennsylvania does not have access to health insurance coverage and the principal barriers to accessing health insurance

We expect to use the results of the study to further develop and/or revise programs and policies to reduce the number of individuals without health insurance.

# PENNSYLVANIA PERFORMANCE MEASURES 2008

## ANNUAL BODY MASS INDEX SCREENING FOR CHILDREN AND ADOLESCENTS

### BRIEF DESCRIPTION

The Pennsylvania Insurance Department (PID) is implementing selected Pennsylvania specific performance measures. PID is adopting measures for the Children's Health Insurance Program (CHIP) population (including HMO and PPO members) that are used by the Department of Public Welfare (DPW) for Medicaid managed care members, as appropriate to the CHIP population's age range.

The first measure to be implemented is Annual Body Mass Index (BMI) Screening for Children and Adolescents (ages two through 19 years). This is a medical record review measure that has the following four rates:

1. The percentage of children and adolescents who had their height/weight measured at a well-child or adolescent well-care visit in 2007 as noted by the presence of a height and weight or BMI notation in the medical record. Evidence of a recorded BMI is acceptable evidence that a height/weight measurement was taken.
2. The percentage of children and adolescents who had their BMI calculated at a well-child or adolescent well-care visit in 2007.
3. The percentage of "overweight" and "obese" children who had a height and weight measurement or a BMI calculation in 2007. This looks at the members identified in the numerator for #1 above (i.e., members with either a notation for height and weight or BMI) who had a BMI greater than or equal to the 85<sup>th</sup> percentile for their age based on a height/weight calculation or BMI.
4. The percentage of "overweight" and "obese" children and adolescents who had their BMI calculated at a well-child visit in 2007. This looks at the percentage of members identified in the numerator for #3 above (i.e., members who are "at risk for overweight" or "overweight") who had a BMI calculated.

Specifications for this measure will be sent to the contractors by January 2008. The specifications include how to determine the eligible population, a well-child or adolescent well-care visit and numerator positives. In addition, IPRO will send the contractors a time line, a medical record guidance document, and a data file layout.

PID and IPRO acknowledge that this is a complex measure. Therefore, in February 2008 IPRO will conduct a conference call with the contractors to answer questions.



To: Designated CHIP Contractors

From: Judith A. Cashman, RN, MPA, CPHQ  
Senior Director, IPRO

Date: October XX, 2007

Subject: CHIP Performance Improvement Projects

On August 28, you received an e-mail from the Pennsylvania Insurance Department (PID) outlining changes and updates to requirements for quality initiatives. On behalf of the Department, this is to provide additional information regarding one of these initiatives, Performance Improvement Projects (PIPs).

As NCQA™ accredited organizations, you know that the purpose of a PIP is to assess and improve processes, and thereby outcomes of care. PIPs must be designed, conducted and reported in a methodologically sound manner. For this initiative, each Children's Health Insurance Program (CHIP) Managed Care Organization (MCO) will be required to implement a new PIP. The PIP may not be a continuation of an existing project. The topic must be related to reduction of emergency department visits and must use as its basis the Healthcare Effectiveness Data and Information Set (HEDIS®) Ambulatory Care measure. However, because the Department understands that MCOs may experience variations in populations and as a consequence, variations in potential barriers to care, MCOs will be allowed some flexibility in choosing the specific focus of their PIPs, as noted later in this memo.

IPRO will be performing the validation of CHIP MCO PIPs. The PIP process and timeline, as well as IPRO's validation, will be conducted according to Centers for Medicare and Medicaid (CMS) protocols. As outlined in these protocols, the PIP cycle spans several years and includes multiple steps. CHIP MCOs must document all PIP activities on the *NCQA™ Quality Improvement Activity (QIA) Form* and submit this form annually to IPRO. A QIA form and instructions are provided with this memo.

Each year, IPRO will validate progress on the PIP during the measurement year (i.e., a "snapshot" of activities during one year of the cycle). To help guide the MCOs through the process, expectations related to IPRO's validation of the PIP follow, including information that should be included in the various sections of the QIA Form for each year of submission. Also to help guide the process, a time line is provided with this memo. Please note that the dates on the timeline and the dates listed below are those currently anticipated. The dates may be subject to change, particularly for later years in the project cycle. If there are any changes, IPRO will notify the MCOs.

**Topic Selection:**

- Although the PIP must be related to reduction of emergency department visits, the MCO can select the specific PIP topic.

- The MCO must do a root cause or similar analysis to determine the reasons for over-utilization.
- The reason why the MCO chose the topic must be clearly stated and relevant to the MCO's population.
- The MCO can choose entire *HEDIS Ambulatory Care measure* population (with the modified date range) for the topic or a subset of this population. However, MCOs are reminded that smaller populations may introduce increased variability of results and potentially more error.
- In general, topic selection is based upon continuous data collection, analysis and monitoring of all aspects of patient care and service delivery, and should consider the prevalence of a condition, enrollee need for a specified service, enrollee demographics and the interests of consumers and providers.
- Clinical focus areas should include prevention and care of acute and chronic conditions, high-volume services and/or high-risk services.
- The MCO is expected to provide a clear and detailed description of the selection and prioritization process used for topic selection.

#### **Study Indicators:**

- The indicators selected by the MCO should be consistent with current clinical standards and health services research.
- MCO developed indicators should be evidenced-based, use recognized clinical guidelines, or be accompanied by a consensus among expert practitioners.
- The PIP should describe the event being assessed or the members who are eligible for the service or care. Indicate whether all events or eligible members are included, or whether the denominator is a sample.
- Indicators should relate directly to the project topic and type of indicator.

#### **Study Design:**

The study design must:

- Clearly specify the data to be collected,
- Specify the sources of data,
- Specify a systematic method of collecting valid and reliable data that represents the entire population to which the study's indicators apply, and
- Prospectively specify a data analysis plan.

#### **Baseline Measurement:**

CHIP MCOs will use data from the period 01/01/07 through 06/30/07 (service dates) as baseline data for the measure. The data can be obtained through retrospective review of administrative data or medical records. As noted, MCOs will submit data collection methodology, rates and barrier analyses – via *NCQA's Quality Improvement Activity (QIA)* form.



In terms of the QIA form, MCOs are expected to submit forms with Sections 1 (Activity Selection and Methodology), 2 (Data/Results Table) and 3 (Analysis Cycle) completed to IPRO in March 2008.

### **Intervention Cycle:**

It is expected that interventions associated with improvement on quality indicators will be: 1) system interventions, or affect a wide range of participants; 2) timely, most typically having been implemented after measurement or early in the next measurement period; 3) targeted at the indicator and the population studied. The MCO should be able to demonstrate that its data have been corrected for any major confounding variables with an obvious impact on the outcomes, and that interventions that are developed or continued are the result of analysis of these data.

While MCOs may conduct continuous, ongoing interventions, validation of PIPs focuses on examining interventions at two points in time: interventions that occur after baseline and subsequent interventions that occur after the first re-measurement.

The 2008 measurement year will be dedicated to the development of interventions after baseline to control for the affects of barriers to quality care. Documentation of Intervention Activities (via QIA form) will be submitted to IPRO in March 2009. No rates will be documented during the 2008 measurement year.

In terms of the QIA form, MCOs are expected to submit forms with Sections 1, 2, 3 and 4 (Interventions Table) completed. Please note that one QIA form is used for the life of the Performance Improvement Project. Therefore, sections 1 and 2 will remain the same as the form submitted in March 2008, section 3 will be updated for new analyses, and information in Section 4 will be added to the existing QIA form for submission in March 2009.

### **Re-measurement:**

CHIP MCOs will use data from the period 01/01/09 through 06/30/09 (service dates) as re-measurement to determine if there is improvement over baseline. This will take into account the impact of interventions enacted in the 2008 measurement year. Additionally, MCOs will use measurement year 2009 for subsequent interventions, in which they will implement new interventions or continue existing ones. Re-measurement data and subsequent interventions will be submitted to IPRO in March 2010.

In terms of the QIA form, MCOs are expected to submit forms with Sections 1, 2, 3 and 4 completed to IPRO in March 2010. Section 2 (Data/Results Table) should include rates for Re-measurement #1, Section 3 (Analysis Cycle) should include any additional Barrier Analyses, and Section 4 (Interventions Table) should include updates on interventions.

### **Sustained Improvement:**

Sustained improvement is re-measurement #2. It is measured as improvement relative to baseline and should be demonstrated based on performance in the year following the re-



measurement year, during the period 01/01/10 through 06/30/10. Data for sustained improvement will be submitted to IPRO in March 2011.

In terms of the QIA form, MCOs are expected to submit the form with Sections 1, 2, 3 and 4 completed to IPRO in March 2011. Section 2 (Data/Results Table) should be updated to include rates for Re-measurement #2.

### Schedule of PIP Submissions

PIP QIA Form to IPRO	Measurement Year	MCO Activity Documented	QIA Form Section(s)
March 2008	2007	Topic selection Quality indicators Study design Interventions (only if initiated in 2007 as a result of qualitative or quantitative analyses begun on baseline dates of service)	1,2,3
March 2009	2008	Interventions (done in 2008) Baseline measurement	1,2,3,4
March 2010	2009	Interventions (done in 2009) Re-measurement	1,2,3,4
March 2011	2010	Sustained improvement	1,2,3,4

The first completed QIA form should be emailed to IPRO by **March 21, 2008**. Please direct your submission to:

TBD  
@ipro.org

IPRO will review each PIP using a standard scoring tool and will provide feedback to your MCO. Findings from this review will be included in the annual CHIP Report. Additionally, a Technical Assistance call will be held in November 2007 to discuss any questions related to this request.

For more information related to the PIP process, please refer to the attached documents. If you have any questions regarding this process, please contact [TBD at @ipro.org.]

Thank you for your cooperation and we look forward to working with you.

#### Attachments

1. QIA Form
2. QIA Form Instructions
3. PIP Timeline