2009

Annual Report to the Centers for Medicare & Medicaid Services

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

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

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

DO NOT CERTIFY YOUR REPORT UNTIL ALL SECTIONS ARE COMPLETE.

State/Territory: **Pennsylvania**
(Name of State/Territory)

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

Signature: Peter J Adams

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

CHIP Program Type:

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

Reporting Period: ***2009*** *Note: Federal Fiscal Year 2009 starts 10/1/08 and ends 9/30/09.*

Contact Person/Title: **Peter Adams**

Address: **1142 Strawberry Square**

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

Phone: **(717) 346-1366** Fax: **(717) 705-1643**

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Submission Date: **December 31, 2009**

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

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

Preamble

Section 2108(a) and Section 2108(e) 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 CHIP statute and regulations if the report is not submitted by January 1. The State is also out of compliance if any section of this report relevant to the State's program is incomplete.

The framework is designed to:

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

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

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SECTION I: SNAPSHOT OF CHIP PROGRAM AND CHANGES

1) To provide a summary at-a-glance of your CHIP program characteristics, please provide the following information. You are encouraged to complete this table for the different CHIP 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. Please note that the numbers in brackets, e.g., **[500]** are character limits in the Children's Health Insurance Program (CHIP) Annual Report Template System (CARTS). You will not be able to enter responses with characters greater than the limit indicated in the brackets.

	CHIP Medicaid Expansion Program					**Separate Child Health Program**				
	*** Upper % of FPL are defined as <u>Up to and Including</u>**									
	Gross or Net Income: ALL Age Groups as indicated below									
	Is income calculated as gross or net income?		☐		Income Net of Disregards	**Is income calculated as gross or net income?**		☐	Gross Income	
								☒	Income Net of Disregards	
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 *
						From		%of FPL for **Pregnant Women age 19 and above**.		% of FPL

Is presumptive eligibility provided for children?	☐	No	☒	No
	☐	Yes, for whom and how long? **[1000]**	☐	Yes – Please describe below **[1000]** 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
	☐	N/A	☐	N/A

Is retroactive eligibility available?	☐	No	☐	No
	☐	Yes, for whom and how long? **[1000]**	☒	Yes, for whom and how long? Children who are disenrolled from Medicaid because of a change in their circumstances and who are eligible for CHIP may be retroactively enrolled to avoid a lapse in health care coverage.
	☐	N/A	☐	N/A

Does your State Plan contain authority to implement a waiting list?	Not applicable	☐	No
		☒	Yes
		☐	N/A

Does your program have a mail-in application?	☐	No	☐	No
	☐	Yes	☒	Yes
	☐	N/A	☐	N/A

Can an applicant apply for your program over the phone?	☐	No	☐	No
	☐	Yes	☒	Yes
	☐	N/A	☐	N/A

Does your program have an application on your website that can be printed, completed and mailed in?	☐	No	☐	No
	☐	Yes	☒	Yes
	☐	N/A	☐	N/A

Can an applicant apply	☐	No	☐	No

for your program on-line?	☐	Yes – please check all that apply	☒	Yes – please check all that apply
	☐	Signature page must be printed and mailed in	☐	Signature page must be printed and mailed in
	☐	Family documentation must be mailed (i.e., income documentation)	☒	Family documentation must be mailed (i.e., income documentation)
	☐	Electronic signature is required	☐	Electronic signature is required
			☐	No Signature is required
	☐	N/A	☐	N/A

Does your program require a face-to-face interview during initial application	☐	No	☒	No
	☐	Yes	☐	Yes
	☐	N/A	☐	N/A

Does your program require a child to be uninsured for a minimum amount of time prior to enrollment (waiting period)?	☐	No	☐	No
	☐	Yes	☒	Yes
	Specify number of months		Specify number of months	6
			To which groups (including FPL levels) does the period of uninsurance apply? Children in families with household income of no greater than 200% FPL do not have any waiting period. Children over the age of two in families with household income greater than 200% FPL must be without private insurance for a period of six (6) months.	

			List all exemptions to imposing the period of uninsurance • Child has not passed its second birthday; • 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"; • 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"; or • A child is transferring from one government-subsidized health care program to another.	
	☐	N/A	☐	N/A

Does your program match prospective enrollees to a database that details private insurance status?	☐	No	☐	No
	☐	Yes	☒	Yes
			If yes, what database? New applicants in households with income greater than 200% of the FPL are 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 insurers is also required to match all new applicants against their internal data bases.	
	☐	N/A	☐	N/A

Does your program provide period of continuous coverage regardless of income changes?	☐	No	☐	No
	☐	Yes	☒	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	

	[1000]	• Moves to another state; • Reaches 19 years of age; • Obtains private health insurance or is enrolled in Medicaid; • Is found eligible for Medicaid or potentially eligible for Medicaid and refuses to cooperate with the determination of Medicaid eligibility • Becomes an inmate of a public institution or a patient in an institution for mental diseases; • Death of the child; • Misinformation provided at application which would have resulted in a determination of ineligibility if the correct information had been known; or • Voluntary termination request.
	☐ N/A	☐ N/A

Does your program require premiums or an enrollment fee?	☐	No	☐	No
	☐	Yes	☒	Yes
	Enrollment fee amount		Enrollment fee amount	0
	Premium amount		Premium amount	See below
	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)	
	[500]		• No greater than 200% FPL is free; • Greater than 200%, but no greater than 250% FPL pay 25% of the per member per month cost; • Greater than 250% but no greater than 275% FPL pay 35% of the per member per month cost; • Greater than 275% but no greater than 300% FPL pay 40% of the per member per month cost. Cost sharing is capped at 5% of the household income.	
	☐	N/A	☐	N/A

Does your program impose copayments or coinsurance?	☐	No	☐	No
	☐	Yes	☒	Yes
	☐	N/A	☐	N/A

Does your program impose deductibles?	☐	No	☒	No
	☐	Yes	☐	Yes
	☐	N/A	☐	N/A

Does your program require an assets test?	☐	No	☒	No
	☐	Yes	☐	Yes
	If Yes, please describe below		If Yes, please describe below	
	[500]		**[500]**	
	☐	N/A	☐	N/A
	If Yes, do you permit the administrative verification of assets?		If Yes, do you permit the administrative verification of assets?	
	☐	No	☐	No
	☐	Yes	☐	Yes
	☐	N/A	☒	N/A

Does your program require income disregards? **(Note: if you checked off net income in the eligibility question, you must complete this question)**	☐	No	☐	No
	☐	Yes	☒	Yes
	If Yes, please describe below		If Yes, please describe below	
	[1000]		• Work deduction for each employed family member whose income must be counted in determining eligibility ($120 monthly; $1,440 annually); • Day care expense incurred up to $200 monthly/$2400 annually for a child under the age of two; up to $175 monthly/$2,100 annually for a child over the age of two or for a disabled adult; • After income disregards above are applied and adjusted income is determined for eligibility and cost-sharing purposes, all income above 200% FPL to 300% FPL is disregarded.	
	☐	N/A	☐	N/A

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

Is a preprinted renewal form sent prior to eligibility expiring?	☐	No	☐	No
	☐	Yes, we send out form to family with their information pre-completed and	☒	Yes, we send out form to family with their information pre-completed and
		☐ We send out form to family with their		☒ We send out form to family

		information pre-completed and ask for confirmation		with their information pre-completed and ask for confirmation
	☐	We send out form but do not require a response unless income or other circumstances have changed	☐	We send out form but do not require a response unless income or other circumstances have changed
	☐	N/A	☐	N/A

Comments on Responses in Table:

2. Is there an assets test for children in your Medicaid program? ☐ Yes ☒ No ☐ N/A

3. Is it different from the assets test in your separate child health program? ☐ Yes ☐ No ☒ N/A

4. Are there income disregards for your Medicaid program? ☒ Yes ☐ No ☐ N/A

5. Are they different from the income disregards in your separate child health program? ☒ Yes ☐ No ☐ N/A

6. Is a joint application (i.e., the same, single application) used for your Medicaid and separate child health program? ☒ Yes ☐ No ☐ N/A

7. If you have a joint application, is the application sufficient to determine eligibility for both Medicaid and CHIP? ☒ Yes ☐ No ☐ N/A

8. Indicate what documentation is required at initial application

	Self-Declaration	Self-Declaration with internal verification	Documentation Required
Income	☐	☐	☒
Citizenship	☐	☐	☒
Insured Status	☐	☒	☐

9. 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.

	Medicaid Expansion CHIP Program			Separate Child Health Program		
	Yes	No Change	N/A	Yes	No Change	N/A
a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	☐	☐	☐	☐	☒	☐
b) Application	☐	☐	☐	☐	☒	☐
c) Application documentation requirements	☐	☐	☐	☐	☒	☐
d) Benefits	☐	☐	☐	☒	☐	☐
e) Cost sharing (including amounts, populations, & collection process)	☐	☐	☐	☐	☒	☐
f) Crowd out policies	☐	☐	☐	☐	☒	☐
g) Delivery system	☐	☐	☐	☐	☒	☐
h) Eligibility determination process (including implementing a waiting list or open enrollment periods	☐	☐	☐	☐	☒	☐
i) Eligibility levels / target population	☐	☐	☐	☐	☒	☐
j) Assets test in Medicaid and/or CHIP	☐	☐	☐	☐	☒	☐
k) Income disregards in Medicaid and/or CHIP	☐	☐	☐	☐	☒	☐
l) Eligibility redetermination process	☐	☐	☐	☐	☒	☐
m) Enrollment process for health plan selection	☐	☐	☐	☐	☒	☐
n) Family coverage	☐	☐	☐	☐	☐	☒
o) Outreach (e.g., decrease funds, target outreach)	☐	☐	☐	☒	☐	☐
p) Premium assistance	☐	☐	☐	☐	☒	☐
q) Prenatal care eligibility expansion (Sections 457.10, 457.350(b)(2), 457.622(c)(5), and 457.626(a)(3) as described in the October 2, 2002 Final Rule)	☐	☐	☐	☐	☒	☐
r) Expansion to “Lawfully Residing” children	☐	☐	☐	☐	☒	☐
s) Expansion to “Lawfully Residing” pregnant women	☐	☐	☐	☐	☒	☐
t) Pregnant Women State Plan Expansion	☐	☐	☐	☐	☒	☐
u) Expansion to “Lawfully Residing” children	☐	☐	☐	☐	☒	☐
v) Expansion to “Lawfully Residing” pregnant women	☐	☐	☐	☐	☐	☒

	Medicaid Expansion CHIP Program			Separate Child Health Program		
	Yes	No Change	N/A	Yes	No Change	N/A
w) Pregnant Women State Plan Expansion	☐	☐	☐	☐	☐	☒
x) Waiver populations (funded under title XXI)						
Parents	☐	☐	☐	☐	☐	☒
Pregnant women	☐	☐	☐	☐	☐	☒
Childless adults	☐	☐	☐	☐	☐	☒
y) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	☐	☐	☐	☐	☒	☐
z) Other – please specify						
a. **[50]**	☐	☐	☐	☐	☐	☐
b. **[50]**	☐	☐	☐	☐	☐	☐
c. **[50]**	☐	☐	☐	☐	☐	☐

8. 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)	
b) Application	
c) Application documentation requirements	
d) Benefits	Reduced outpatient physical health visits to 50 visits per year to provide parity with the mental health requirements. Removed the annual and lifetime maximums on inpatient substance abuse treatments.
e) Cost sharing (including amounts, populations, & collection process)	
f) Crowd out policies	

g) Delivery system	
h) Eligibility determination process (including implementing a waiting lists or open enrollment periods)	
i) Eligibility levels / target population	
j) Assets test in Medicaid and/or CHIP	
k) Income disregards in Medicaid and/or CHIP	
l) Eligibility redetermination process	
m) Enrollment process for health plan selection	
n) Family coverage	
o) Outreach	Reduced funds available for outreach.
p) Premium assistance	
q) Prenatal care eligibility expansion (Sections 457.10, 457.350(b)(2), 457.622(c)(5), and 457.626(a)(3) as described in the October 2, 2002 Final Rule)	
r) Expansion to "Lawfully Residing" children	
s) Expansion to "Lawfully Residing" pregnant women	
t) Pregnant Women State Plan Expansion	
u) Waiver populations (funded under title XXI)	
Parents	
Pregnant women	

Childless adults	

v) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	
w) Other – please specify	
a. **[50]**	
b. **[50]**	
c. **[50]**	

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

SECTION II: PROGRAM'S PERFORMANCE MEASUREMENT AND PROGRESS

This section consists of three subsections that gather information on the core performance measures for the CHIP 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 are 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 CHIP Final Rules of January 11, 2001. To address this CHIP 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 CHIP. 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 CHIP 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 2007 and FFY 2008) will be populated with data from previously reported data in CARTS, 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 2009). 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 2009.
- Final: Check this box if the data you are reporting are considered final for FFY 2009.
- 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 CHIP population only, or include both CHIP 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: CARTS 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 2010, 2011, and 2012. Based on your recent performance on the measure (from FFY 2007 through 2009), 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 2007	FFY 2008	FFY 2009
Did you report on this goal? ☒ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this goal?** ☒ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this goal?** ☒ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☒HEDIS. *Specify version of HEDIS used*: 2007 ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: 2008 ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: 2009 ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:
Data Source: ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☒ Other. *Specify*: Combination of Hybrid data (4 health plans) and Administrative data (3 health plans)	**Data Source:** ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☒ Other. *Specify*: Combination of Hybrid data (4 health plans) and Administrative data (5 health plans)	**Data Source:** ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☒ Other. *Specify*: Combination of Hybrid data (5 health plans) and Administrative data (4 health plans)
Definition of Population Included in the Measure: Definition of denominator: ☒ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Seven separate numerators corresponding to number with 0, 1, 2, 3, 4, 5, 6 or more well-child visits with PCP during first 15 months of life. Denominator includes eligible population who turned 15 months old during the measurement year.	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Seven separate numerators corresponding to number with 0, 1, 2, 3, 4, 5, 6 or more well-child visits with PCP during first 15 months of life. Denominator includes eligible population who turned 15 months old during the measurement year.	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Seven separate numerators corresponding to number with 0, 1, 2, 3, 4, 5, 6 or more well-child visits with PCP during first 15 months of life. Denominator includes eligible population who turned 15 months old during the measurement year.

FFY 2007	FFY 2008	FFY 2009
Year of Data: 2006	**Year of Data: 2007**	**Year of Data: 2008**

Well Child Visits in the First 15 Months of Life (continued)		
FFY 2007	**FFY 2008**	**FFY 2009**
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Percent with specified number of visits	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with specified number of visits	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with specified number of visits
0 visits Numerator: 13 Denominator: 379 Rate: 3.4 4 visits Numerator: 34 Denominator: 379 Rate: 9 1 visit Numerator: 5 Denominator: 379 Rate: 1.3 5 visits Numerator: 79 Denominator: 379 Rate: 20.8 2 visits Numerator: 5 Denominator: 379 Rate: 1.3 6+ visits Numerator: 229 Denominator: 379 Rate: 60.4 3 visits Numerator: 14 Denominator: 379 Rate: 3.7	0 visits Numerator: 7 Denominator: 465 Rate: 1.5 4 visits Numerator: 36 Denominator: 465 Rate: 7.7 1 visit Numerator: 5 Denominator: 465 Rate: 1.1 5 visits Numerator: 94 Denominator: 465 Rate: 20.2 2 visits Numerator: 5 Denominator: 465 Rate: 1.1 6+ visits Numerator: 307 Denominator: 465 Rate: 66 3 visits Numerator: 11 Denominator: 465 Rate: 2.4	0 visits Numerator: 14 Denominator: 567 Rate: 2.5 4 visits Numerator: 37 Denominator: 567 Rate: 6.5 1 visit Numerator: 6 Denominator: 567 Rate: 1.1 5 visits Numerator: 135 Denominator: 567 Rate: 23.8 2 visits Numerator: 7 Denominator: 567 Rate: 1.2 6+ visits Numerator: 359 Denominator: 567 Rate: 63.3 3 visits Numerator: 9 Denominator: 567 Rate: 1.6
Additional notes on measure: Denominator - 7 health plans total reporting: small denominator for 3 health plans (15-18)	Additional notes on measure: Nine health plans total reporting: small denominator for 4 health plans (3-23)	Additional notes on measure: Nine health plans total reporting: small denominator for 3 health plans (6-25)
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:

Explanation of Progress:

How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report? The PA CHIP HEDIS 2009 rate of 63.3% was 9.7 percentage points below the 2009 performance objective of 73%.

What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? 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. In June 2008, the State released revised 2008-2010 performance objectives for the Well-Child Visits in the First 15 Months of Life (W15) performance measure to the CHIP contractors, which included a comparison of performance over the previous three years and projections for the HEDIS 2008, HEDIS 2009 and HEDIS 2010 measurement years. In November 2009, the State revised the performance objectives for the W15 performance measure to include a comparison of performance over the previous three years and projections for the HEDIS 2010, HEDIS 2011 and HEDIS 2012 measurement years.

Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.

Annual Performance Objective for FFY 2010: HEDIS 2010 - 64.32%

Annual Performance Objective for FFY 2011: HEDIS 2011 - 65.32%

Annual Performance Objective for FFY 2012: HEDIS 2012 - 66.32%

Explain how these objectives were set: Because the 6+ visits rate is the most preferred outcome, goals were set for this measure. The rate for this measure decreased by 4.10% (2.7 percentage points) for HEDIS 2009 which was below the performance goal. Therefore the goal was set to increase this rate by 1.0 percentage point each year over the next three years in order to approximate the HEDIS 2008 rate which was the highest rate over the most recent three years.

Other Comments on Measure: Please note that the above goals were adjusted in November 2009 from the goals set in November 2008 based on actual CHIP HEDIS 2009 performance and may be subject to change pending HEDIS 2010 results. A "report card" was developed for public reporting of multiple Pennsylvania CHIP performance measures including the W15 measure. This measure was first publicly reported beginning with HEDIS 2008 rates.

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

FFY 2007	FFY 2008	FFY 2009
Did you report on this goal? ☒ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30) *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this goal?** ☒ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this goal?** ☒ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☒HEDIS. *Specify version of HEDIS used*: 2007 ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: 2008 ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: 2009 ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:
Data Source: ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☒ Other. *Specify*: Combination of hybrid data (4 health plans) and Administrative data (3 health plans)	**Data Source:** ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☒ Other. *Specify*: Combination of Hybrid data (5 health plans) and Administrative data (4 health plans)	**Data Source:** ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☒ Other. *Specify*: Combination of Hybrid data (5 health plans) and Administrative data (4 health plans)
Definition of Population Included in the Measure: Definition of denominator: Denominator includes the percentage of eligible population who were 3, 4, 5, 6 years of age during the measurement year ☒ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Eligible population with at least 1 well-child visit with PCP during the measurement year	**Definition of Population Included in the Measure:** Definition of denominator: Denominator includes the percentage of eligible population who were 3, 4, 5, 6 years of age during the measurement year ☒ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Eligible population with at least 1 well-child visit with PCP during the measurement year	**Definition of Population Included in the Measure:** Definition of denominator: Denominator includes the percentage of eligible population who were 3, 4, 5, 6 years of age during the measurement year ☒ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Eligible population with at least 1 well-child visit with PCP during the measurement year

FFY 2007	FFY 2008	FFY 2009
Year of Data:	**Year of Data:**	**Year of Data:**
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Percent with 1+ visits Numerator: 3253 Denominator: 4709 Rate: 69.1 Additional notes on measure: In the past two years, used the eligible population rather than the denominator (2005 - 4014; 2006 - 4358) - rates were reported correctly. For 2007 the actual denominator is used, which includes sample size but does not reflect the eligible population	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with 1+ visits Numerator: 4026 Denominator: 5818 Rate: 69.2 Additional notes on measure: Definition of Denominator: Percentage of eligible population who were 3, 4, 5, 6 years of age during measurement year	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with 1+ visits Numerator: 4559 Denominator: 6376 Rate: 71.5 Additional notes on measure: Definition of Denominator: Percentage of eligible population who were 3, 4, 5, 6 years of age during measurement year

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

FFY 2007	FFY 2008	FFY 2009
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:

Explanation of Progress:

How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report? The PA CHIP HEDIS 2009 rate at 71.5% was 1.9 percentage points above the 2009 performance objective of 69.6%.

What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? 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. In June 2008, the State released revised 2008-2010 performance objectives for the Well Child Visits in the 3rd, 4th, 5th and 6th Years of Life (W34) performance measure to the CHIP contractors, which included a comparison of performance over the previous three years and projections for the HEDIS 2008, HEDIS 2009 and HEDIS 2010 measurement years. In November 2009, the State revised the performance objectives for the W34 performance measure to include a comparison of performance over the previous three years and projections for the HEDIS 2010, HEDIS 2011 and HEDIS 2012 measurement years.

Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.

Annual Performance Objective for FFY 2010: HEDIS 2010 - 73.80%

Annual Performance Objective for FFY 2011: HEDIS 2011 - 76.10%

Annual Performance Objective for FFY 2012: HEDIS 2012 - 78.40%

Explain how these objectives were set: The rate for this measure has increased by approximately 3.3% since HEDIS 2008, therefore a goal was set to increase this rate by 3.3% (2.3 percentage points) each year over the next three years in order to approximate the HEDIS 2008 to HEDIS 2009 increase.

Other Comments on Measure: Please note that the above goals were adjusted in November 2009 from the goals set in November 2008 based on actual CHIP HEDIS 2009 performance and may be subject to change pending HEDIS 2010 results. A "report card" was developed for public reporting of multiple Pennsylvania CHIP performance measures including the W34 measure. This measure was first publicly reported beginning with HEDIS 2008 rates.

MEASURE: Use of Appropriate Medications for Children with Asthma

FFY 2007	FFY 2008	FFY 2009
Did you report on this goal? ☒ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this goal?** ☒ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this goal?** ☒ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☒HEDIS. *Specify version of HEDIS used*: 2007 ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: 2008 ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: 2009 ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:
Data Source: ☒ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☒ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Eligible population appropriately prescribed medication during measurement year	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Eligible population appropriately prescribed medication during measurement year	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Eligible population appropriately prescribed medication during measurement year
Year of Data: 2006	**Year of Data: 2007**	**Year of Data: 2008**

Use of Appropriate Medications for Children with Asthma (continued)

FFY 2007	FFY 2008	FFY 2009
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Percent receiving appropriate medications 5-9 years Numerator: 616 Denominator: 632 Rate: 97.5 10-17 years Numerator: 1414 Denominator: 1503 Rate: 94.1 Combined rate (5-17 years) Numerator: 2030 Denominator: 2135 Rate: 95.1 Additional notes on measure: Definition of denominator: Eligible population 5-17 years of age during the measurement year identified as having persistent asthma during the measurement year and the year prior to the measurement year	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent receiving appropriate medications 5-9 years Numerator: 744 Denominator: 775 Rate: 96 10-17 years Numerator: 1583 Denominator: 1683 Rate: 94.1 Combined rate (5-17 years) Numerator: 2327 Denominator: 2458 Rate: 94.7 Additional notes on measure: Definition of denominator: Eligible population 5-17 years of age during the measurement year identified as having persistent asthma during the measurement year and the year prior to the measurement year	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent receiving appropriate medications 5-9 years Numerator: 859 Denominator: 893 Rate: 96.2 10-17 years Numerator: 1753 Denominator: 1910 Rate: 91.8 Combined rate (5-17 years) Numerator: 2612 Denominator: 2803 Rate: 93.2 Additional notes on measure: Definition of denominator: Eligible population 5-17 years of age during the measurement year identified as having persistent asthma during the measurement year and the year prior to the measurement year
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:

Explanation of Progress:

How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report? For the 5-9 age cohort, the PA CHIP HEDIS 2009 rate at 96.2% was 0.2 percentage points below the 2009 performance objective of 96.4%. For the 10-17 age cohort, the PA CHIP HEDIS 2009 rate at 91.8% was 2.8 percentage points below the 2009 performance benchmark of 94.6%, and for the 5-17 age cohort, the PA CHIP HEDIS 2009 rate at 93.2% was 2.0 percentage points below the 2009 performance benchmark of 95.2%.

What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? 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. In June 2008, the State released revised 2008-2010 performance objectives for the Use of Appropriate Medications for People with Asthma (ASM) performance measure to the CHIP contractors, which included a comparison of performance over the previous three years and projections for the HEDIS 2008, HEDIS 2009 and HEDIS 2010 measurement years. In November 2009, the State revised the performance objectives for the ASM performance measure to include a comparison of performance over the previous three years and projections for the HEDIS 2010, HEDIS 2011 and HEDIS 2012 measurement years.

Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.

Annual Performance Objective for FFY 2010: 5-9 years old: 96.65% 10-17 years old: 92.23% 5-17 years old: 93.70%

Annual Performance Objective for FFY 2011: 5-9 years old: 97.15% 10-17 years old: 92.73% 5-17 years old: 94.20%

Annual Performance Objective for FFY 2012: 5-9 years old: 97.65% 10-17 years old: 93.23% 5-17 years old: 94.70%

Explain how these objectives were set: All three age groups failed to meet the performance objectives for 2009, therefore the goals set in November 2008 were adjusted for all three age groups to account for performance over the prior three years. Because of the challenges associated with continually improving on rates as they approach 100%, a goal was set to increase the rates for all three cohorts by 0.5 percentage point each year over the next three years.

Other Comments on Measure: Please note that the above goals were adjusted in November 2009 from the goals set in November 2008 based on actual CHIP HEDIS 2009 performance and may be subject to change pending HEDIS 2010 results. A "report card" was developed for public reporting of multiple Pennsylvania CHIP performance measures including the ASM measure. This measure was first publicly reported beginning with HEDIS 2008 rates.

MEASURE: Children's Access to Primary Care Practitioners

FFY 2007	FFY 2008	FFY 2009
Did you report on this goal? ☒ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this goal?** ☒ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this goal?** ☒ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☒HEDIS. *Specify version of HEDIS used*: 2007 ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: 2008 ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: 2009 ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:
Data Source: ☒ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☒ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Eligible populations: 12 months-6 years who had 1 or more visits with a PCP during the measurement year; 7-19 years who had 1 or more visits with a PCP during the measurement year or year prior to the measurement year	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Eligible populations: 12 months-6 years who had 1 or more visits with a PCP during the measurement year; 7-19 years who had 1 or more visits with a PCP during the measurement year or year prior to the measurement year	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Eligible populations: 12 months-6 years who had 1 or more visits with a PCP during the measurement year; 7-19 years who had 1 or more visits with a PCP during the measurement year or year prior to the measurement year
Year of Data: 2006	**Year of Data: 2007**	**Year of Data: 2008**

FFY 2007	FFY 2008	FFY 2009
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Percent with a PCP visit 12-24 months Numerator: 631 Denominator: 689 Rate: 91.6 7-11 years Numerator: 16,076 Denominator: 18,101 Rate: 88.8 25 months-6 years Numerator: 11,345 Denominator: 13,237 Rate: 85.7 12-19 years Numerator: 30,588 Denominator: 34,455 Rate: 88.8 Additional notes on measure: Definition of denominator: Eligible population age 12-24 months, 25 months-6 years, 7-11 years, 12-19 years 2 health plans had small denominators (34-35) for age group 12-24 months	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with a PCP visit 12-24 months Numerator: 871 Denominator: 931 Rate: 93.6 7-11 years Numerator: 18,083 Denominator: 20,094 Rate: 90 25 months-6 years Numerator: 14,939 Denominator: 16,964 Rate: 88.1 12-19 years Numerator: 33,800 Denominator: 38,158 Rate: 88.6 Additional notes on measure: Definition of denominator: Eligible population age 12-24 months, 25 months-6 years, 7-11 years, 12-19 years	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with a PCP visit 12-24 months Numerator: 1,237 Denominator: 1,275 Rate: 97 7-11 years Numerator: 21,097 Denominator: 23,048 Rate: 91.5 25 months-6 years Numerator: 16,730 Denominator: 18,694 Rate: 89.5 12-19 years Numerator: 38,712 Denominator: 42,786 Rate: 90.5 Additional notes on measure: Definition of denominator: Eligible population age 12-24 months, 25 months-6 years, 7-11 years, 12-19 years
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:

FFY 2007	FFY 2008	FFY 2009

Explanation of Progress:

How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report? The PA CHIP HEDIS 2009 rate for the 12-24 month age cohort at 97% was 1.2 percentage points above the 2009 performance objective of 95.8%. The 25 months - 6 years age cohort rate of 89.5% was 0.1 percentage point below the 2009 performance objective of 89.6%. The 7-11 years age cohort rate at 91.5% was 1.3 percentage points below the 2009 performance objective of 92.8%. The 12-19 years age cohort rate at 90.5% was 0.1 percentage points below the 2009 performance benchmark of 90.6%.

What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? 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. In June 2008, the State released revised 2008-2010 performance objectives for the Children's Access to Primary Care Practitioners (CAP) performance measure to the CHIP contractors, which included a comparison of performance over the previous three years and projections for the HEDIS 2008, HEDIS 2009 and HEDIS 2010 measurement years. In November 2009, the State revised the performance objectives for the CAP performance measure to include a comparison of performance over the previous three years and projections for the HEDIS 2010, HEDIS 2011 and HEDIS 2012 measurement years.

Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.

Annual Performance Objective for FFY 2010: 12-24 months: 97.07% 25 months - 6 years: 90.49% 7-11 years: 92.54% 12-19 years: 91.48%

Annual Performance Objective for FFY 2011: 12-24 months: 97.12% 25 months - 6 years: 91.49% 7-11 years: 93.54% 12-19 years: 92.48%

Annual Performance Objective for FFY 2012: 12-24 months: 97.17% 25 months - 6 years: 92.49% 7-11 years: 94.54% 12-19 years: 93.48%

Explain how these objectives were set: The rates for all four age cohorts increased from HEDIS 2008, and as a result of this increase and because of the challenges associated with continually improving on rates as they approach 100%, goals were set for the 12-24 month age cohort to increase by 0.05 percentage points and the remaining three cohorts to increase by 1 percentage point per year over the next three years.

Other Comments on Measure: Please note that the above goals were adjusted in November 2009 from the goals set in November 2008 based on actual CHIP HEDIS 2009 performance and may be subject to change pending HEDIS 2010 results. A "report card" was developed for public reporting of multiple Pennsylvania CHIP performance measures including the CAP measure. This measure was first publicly reported beginning with HEDIS 2008 rates.

SECTION IIB: ENROLLMENT AND UNINSURED DATA

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

Program	FFY 2008	FFY 2009	Percent change FFY 2008-2009
CHIP Medicaid Expansion Program			
Separate Child Health Program	**256,627**	**264,847**	**3.2**

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

   [7500]

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 2007-2008. 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. CARTS will fill in this information automatically, but in the meantime, please refer to the CPS data attachment that was sent with the FFY 2009 Annual Report Template.

	Uninsured Children Under Age 19 Below 200 Percent of Poverty		Uninsured Children Under Age 19 Below 200 Percent of Poverty as a Percent of Total Children Under Age 19	
Period	Number (In Thousands)	Std. Error	Rate	Std. Error
1996-1998	157	25.1	5.1	0.8
1998-2000	115	21.5	3.7	0.7
2000-2002	162	21.2	5.5	0.7
2002–2004	195	23.3	6.5	0.8
2003–2005	175	22.9	5.9	0.7
2004–2006	155	22.0	5.3	0.7
2005–2007	145	22.0	5.0	0.7
2006-2008	127	20.0	4.4	0.7
Percent change 1996-1998 vs. 2006-2008	-19.1	N/A	-13.7	N/A

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

The drop in the rate of uninsured children under 200% FPL by almost 14% and the drop of the number of uninsured children by 19% over the ten year period could be attributed to increased marketing efforts and enhancements in our IT systems that ensure eligible children that apply for the program get in and stay enrolled.

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

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

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

☐ No (skip 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)	Pennsylvania Health Insurance Survey
Reporting period (2 or more points in time)	2004 and 2008
Methodology	Telephone survey with a stratified sampling methodology with each county forming a stratum. Households were selected at random within each of the 67 counties in Pennsylvania. Health insurance information was gathered on all household members.
Population (Please include ages and income levels)	All Pennsylvania residents not in institutions or group homes. All ages and income levels were included.
Sample sizes	Approximately 100 households per county in 2004 with information gathered on 16,999 individuals. In 2008, approximately 300 households per county were interviewed with information gathered on 49,345 individuals in 2008.
Number and/or rate for two or more points in time	In 2004, 133,591 uninsured children, ages 0 – 18, or 4% of the child population. In 2008, 138,560 uninsured children, ages 0-18, or 4.6% of the child population
Statistical significance of results	The 95% confidence limits for the statewide number and percent of children who are uninsured overlap. Therefore, the differences in the statewide number of uninsured children are not statistically significant. Nevertheless, important observations can be made from the two studies. In comparing the results from the 2004 and 2008 surveys, the primary type of health insurance coverage has remained relatively stable for most types, with two exceptions. The percentage of Pennsylvanians whose primary type of health insurance is private health insurance has decreased slightly from 2004. In 2004, nearly 65% of Pennsylvanians had private health insurance as their primary type. This decreased to 61% in 2008. The percentage of Pennsylvanians covered by Medicaid has increased slightly since 2004; up from nearly 13% in 2004 to 16% in 2008.

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

State-specific surveys concerning the health insurance status of Pennsylvanians were conducted to provide information to supplement rather than replace the statistics available from the CPS.

B. What is your State's assessment of the reliability of the estimate? Please provide standard errors, confidence intervals, and/or p-values if available.

In 2004, the 95% confidence interval for the number of uninsured children was 93,603 to 173,578. The 95% confidence interval for the percent of uninsured children was 2.8% to 5.2% in 2004.

In 2008, the 95% confidence interval for the number of uninsured children was 104,225 to 172,894. The 95% confidence interval for the percent of uninsured children was 3.5% to 5.8% in 2008.

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

Because of the sample sizes involved, some estimates at the sub-state level may have large variances. This effect is more pronounced in the 2004 study which was composed of a smaller sample than the 2008 study.

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

In addition to estimating the number of uninsured children and adults, the state-specific surveys have been conducted to gain detailed insight into the health insurance landscape in Pennsylvania. For example, the researchers conducting each study discovered the sources of private health insurance, barriers to health care access, and differences in access between insured and uninsured individuals. The detailed information helps us understand our target population.

The results from the 2004 survey were used as a basis to plan the Cover All Kids expansion that took effect in 2007. Further, CHIP health insurance contractors have asked for information on uninsured children for their respective areas of service to develop outreach initiatives.

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

Since September 2008, the number of children enrolled in Medicaid has increased from 1,005,268 to 1,071,832 (an increase of 66,564). While no exact figure is available, it is reasonable to assume that a portion of the increase is caused by CHIP outreach activities and initiatives such as the Healthcare Handshake, which is an automated electronic referral system between the Department of Public Welfare's Medicaid programs and CHIP administered by the Pennsylvania Insurance Department. 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 25% of applicants for CHIP are screened as potentially eligible for Medicaid. Applications associated with these children are automatically sent to Medicaid for disposition. This data was obtained from our centralized eligibility and enrollment system – CHIP and adultBasic Processing 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 CHIP State Plan. (If your goals reported in the annual report now differ from Section 9 of your CHIP state plan, please indicate how they differ in "Other Comments on Measure." Also, the state plan should be amended to reconcile these differences). The format of this section provides your State with an opportunity to track progress over time. This section contains templates for reporting performance measurement data for each of five categories of strategic objectives, related to:

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

Please report performance measurement data for the three most recent years for which data are available (to the extent that data are available). In the first two columns, report data from the previous two years' annual reports (FFY 2007 and FFY 2008) will be populated with data from previously reported data in CARTS, 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 2009).

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 <u>example</u> goal would be**: "Increase (direction) by 5 percent (target) the number of CHIP beneficiaries who turned 13 years old during the measurement year who had a second dose of MMR, three hepatitis B vaccinations and one varicella vaccination by their 13th birthday."

Type of Goal:

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

- 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 2009.
- Final: Check this box if the data you are reporting are considered final for FFY 2009.
- 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 CHIP or Medicaid enrollment, please indicate whether you have used eligibility/enrollment data, survey data (specify the survey used), or other source (specify the other source). For the objectives related to access to care and use of preventative care, please indicate whether you used administrative data (claims) (specify the kind of administrative data used), hybrid data (claims and medical records) (specify how the two were used to create the data source), survey data (specify the survey used), or other source (specify the other source). In all cases, if another data source was used, please explain the source.

Definition of Population Included in Measure:

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 CHIP population only, or include both CHIP 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. Any quality improvement activity described should involve the CHIP program, benefit CHIP enrollees, and relate to the performance measure and your progress. An example of a quality improvement activity is a state-wide initiative to inform individual families directly of their children's immunization status with the goal of increasing immunization rates. CHIP would either be the primary lead or substantially involved in the project. If improvement has not occurred over time, this section can be used to discuss potential reasons for why progress was not seen and to describe future quality improvement plans. In this section, your State is also asked to set annual performance objectives for FFY 2010, 2011 and 2012. Based on your recent performance on the measure (from FFY 2007 through 2009), use a combination of expert opinion and "best guesses" to set objectives for the next three years. Please explain your rationale for setting these objectives. For example, if your rate has been increasing by 3 or 4 percentage points per year, you might project future increases at a similar rate. On the other hand, if your rate has been stable over time, you might set a target that projects a small increase over time. If the rate has been fluctuating over time, you might look more closely at the data to ensure that the fluctuations are not an artifact of the data or the methods used to construct a rate. You might set an initial target that is an average of the recent rates, with slight increases in subsequent years. In future annual reports, you will be asked to comment on how your actual performance compares to the objective your State set for the year, as well as any quality improvement activities that have helped or could help your State meet future objectives.

Other Comments on Measure:

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

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

FFY 2007	FFY 2008	FFY 2009
Goal #1 (Describe) 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.	**Goal #1 (Describe)** Increase state government participation in and administration of outreach efforts by 2% per year and include public service announcements, inter-agency mutual referrals, and revision and distribution of CHIP information.	**Goal #1 (Describe)** Increase the combined enrollment in CHIP and Medicaid relative to the base month, May 1998, by 2 percentage points per year.
Type of Goal: ☐ New/revised. Explain: ☒ Continuing. ☐ Discontinued. Explain:	**Type of Goal:** ☒ New/revised. Explain: added direction and target to goal ☐ Continuing. ☐ Discontinued. Explain:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported: 2007*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2008
Data Source: ☒ Eligibility/Enrollment data ☐ Survey data. Specify: ☐ Other. Specify:	**Data Source:** ☒ Eligibility/Enrollment data ☐ Survey data. Specify: ☐ Other. Specify:	**Data Source:** ☒ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: Children enrolled in CHIP and Medicaid, combined, in May 1998 Definition of numerator: Children enrolled in CHIP and Medicaid, combined, in September 2007	**Definition of Population Included in the Measure:** Definition of denominator: Children enrolled in CHIP and Medicaid from the month that the CHIP state plan was first approved Definition of numerator: Children enrolled in CHIP and Medicaid combined in September 2008	**Definition of Population Included in the Measure:** Definition of denominator: Children enrolled in CHIP and Medicaid from the month that the CHIP state plan was first approved Definition of numerator: Children enrolled in CHIP and Medicaid combined in September 2009
Year of Data: 2007	**Year of Data: 2008**	**Year of Data: 2009**
Performance Measurement Data: Described what is being measured: Enrollment in CHIP and Medicaid from the month that the CHIP state plan was first approved. Numerator: 389996 Denominator: 757391	**Performance Measurement Data:** Described what is being measured: Enrollment in CHIP and Medicaid from the month that the CHIP state plan was first approved Numerator: ((1,005,268+176,151)-(703,311+54,080)) Denominator: (703,311+54,080) Rate: 56.0%	**Performance Measurement Data:** Describe what is being measured: Enrollment in CHIP and Medicaid from the month that the CHIP state plan was first approved Numerator: ((1,071,832+195,932)-(703,311+54,080)) Denominator: (703,311+54,080) Rate: 67.4%

FFY 2007	FFY 2008	FFY 2009
Rate: 51.5 Additional notes on measure: Numerator: ((982,902+164,485)-(703,311+54,080)) Denominator: (703,311+54,080) Rate: 51.5%	Numerator: 424028 Denominator: 757391 Rate: 56 Additional notes on measure: Since approval of the Pennsylvania State Plan for CHIP in May 1998, the number of children enrolled in CHIP and Medicaid increased by nearly 48% by the end of FFY 2006, 52% by the end of FFY 2007, and 56% by the end of FFY 2008.	Numerator: 510,373 Denominator: 757,391 Rate: 67.4% Additional notes on measure: Since approval of the Pennsylvania State Plan for CHIP in May 1998, the number of children enrolled in CHIP and Medicaid increased by nearly 48% by the end of FFY 2006, 52% by the end of FFY 2007, 56% by the end of FFY 2008, and 67% by the end of FFY 2009.

Explanation of Progress:

How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report? The performance objective for 2009 was 58%. The actual measure for 2009 was 67%

What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?

Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.

Annual Performance Objective for FFY 2010: 69%

Annual Performance Objective for FFY 2011: 71%

Annual Performance Objective for FFY 2012: 73%

Explain how these objectives were set: Historical trends were used as a basis for the projection of increased enrollment.

Other Comments on Measure:

Objectives Related to CHIP Enrollment

FFY 2007	FFY 2008	FFY 2009
Goal #1 (Describe) 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.	**Goal #1 (Describe)** Increase enrollment in rural counties by at least 5% each of the next three years. 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.	**Goal #1 (Describe)** Increase CHIP enrollment in rural counties by 5 percentage points per year over the base month of May 1998 for each of the next three years.
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☒ New/revised. *Explain*: added direction and target to goal ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☒ New/revised. *Explain*: Eliminated the intention to establish a working relationship with the Center for Rural Pennsylvania. ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☒ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*: 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).	**Data Source:** ☒ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*: Enrollment in the 19 rural counties in northeastern and central Pennsylvania (Bedford, Clinton, Columbia, Juniata, Lebanon, Mifflin, Monroe, Montour, Northumberland, Perry, Pike, Schuylkill, Snyder, Sullivan, Susquehanna, Tioga, Union, Wayne, and Wyoming).	**Data Source:** ☒ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*: Enrollment in the 19 rural counties in northeastern and central Pennsylvania (Bedford, Clinton, Columbia, Juniata, Lebanon, Mifflin, Monroe, Montour, Northumberland, Perry, Pike, Schuylkill, Snyder, Sullivan, Susquehanna, Tioga, Union, Wayne, and Wyoming).
Definition of Population Included in the Measure: Definition of denominator: Children enrolled in May 1998 Definition of numerator: (09/07 Enrollment – 05/98 Enrollment)	**Definition of Population Included in the Measure:** Definition of denominator: Children enrolled in May 1998 Definition of numerator: (09/08 Enrollment – 05/98 Enrollment)	**Definition of Population Included in the Measure:** Definition of denominator: Children enrolled in May 1998 Definition of numerator: (09/09 Enrollment – 05/98 Enrollment)
Year of Data: 2007	**Year of Data:** 2008	**Year of Data: 2009**
Performance Measurement Data: Described what is being measured: Percent increase in enrollment in the designated counties	**Performance Measurement Data:** Described what is being measured: Percent increase in enrollment in the designated counties	**Performance Measurement Data:** Described what is being measured: Percent increase in enrollment in the designated counties

FFY 2007	FFY 2008	FFY 2009
since May 1998, when Pennsylvania's initial state plan was approved. Numerator: 12,047 Denominator: 4,217 Rate: 285.7 Additional notes on measure: Numerator: 16,263 – 4,217 Denominator: 4,217 Rate: 285.7%	since May 1998, when Pennsylvania's initial state plan was approved. Numerator: 17,866 – 4,217 Denominator: 4,217 Rate: 323.7% Numerator: 13,649 Denominator: 4,217 Rate: 323.7% Additional notes on measure: Since May 1998, enrollment in the target counties has increased by 323.7%. This increase exceeds the statewide growth of 211.5% during the same period.	since May 1998, when Pennsylvania's initial state plan was approved. Numerator: 19,579 – 4,217 Denominator: 4,217 Rate: 364.3% Numerator: 15,362 Denominator: 4,217 Rate: 364.3% Additional notes on measure: Since May 1998, enrollment in the target counties has increased by 364.3%. This increase exceeds the statewide growth of 246.5% during the same period.

Explanation of Progress:

How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report? The 2009 Annual Performance Objective was 330%, which was exceeded by over 34 percentage points.

What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?

Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data

Annual Performance Objective for FFY 2010: 370%

Annual Performance Objective for FFY 2011: 375%

Annual Performance Objective for FFY 2012: 380%

Explain how these objectives were set: : Historical trends were used as a basis for the projection of increased enrollment in the rural counties.

Other Comments on Measure:

Objectives Related to CHIP Enrollment

FFY 2007	FFY 2008	FFY 2009
Goal #2 (Describe) Contractually require insurance contractors to increase outreach focus on community-based agencies in predominantly minority or non-English speaking areas.	**Goal #2 (Describe)** Increase the proportion of CHIP enrollees to reflect the general population of Pennsylvania by contractually requiring insurance contractors to increase outreach focus on community-based agencies in predominantly minority or non-English speaking areas.	**Goal #2 (Describe)** Maintain the proportion of CHIP enrollees to be reflective of the general population of Pennsylvania.
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☒ New/revised. *Explain*: added direction and target to goal ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☒ New/revised. *Explain*: Since CHIP enrollment proportions reflect the Pennsylvania population, our goal is to maintain those proportions. ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2007	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Year of Data:	**Year of Data:** 2008	**Year of Data: 2009**
Performance Measurement Data: Described what is being measured: Compare the proportion of CHIP enrollees that fall into various race and ethnic categories to U.S. Census Bureau data for the general population in Pennsylvania. Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Compare the proportion of CHIP enrollees that fall into various race and ethnic categories to U.S. Census Bureau data for the general population in Pennsylvania. Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Describe what is being measured: Compare the proportion of CHIP enrollees that fall into various race and ethnic categories to U.S. Census Bureau data for the general population in Pennsylvania. Numerator: Denominator: Rate: Additional notes on measure:

FFY 2007			FFY 2008			FFY 2009		
Race	PA	CHIP	Race	PA	CHIP	Race	PA	CHIP
	General Population			General Population			General Population	
Native Hawaiian or Other Pacific Islander	0.0%	0.0%	Native Hawaiian or Other Pacific Islander	0.0%	0.0%	Native Hawaiian or Other Pacific Islander	0.1%	0.0%
American Indian or Alaska Native	0.2%	0.2%	American Indian or Alaska Native	0.1%	0.1%	American Indian or Alaska Native	0.8%	0.1%
Asian	2.4%	2.7%	Asian	2.3%	2.9%	Asian	4.4%	2.9%
Black or African American	10.7%	12.6%	Black or African American	10.4%	12.5%	Black or African American	12.3%	13.8%
White	85.7%	51.3%	White	83.8%	53.0%	White	74.3%	59.4%
Two or More Races	1.0%	1.7%	Two or More Races	1.2%	2.1%	Two or More Races	2.2%	1.6%
Unspecified Race	N/A	31.5%	Unspecified Race	N/A	29.3%	Unspecified Race	5.8%	21.0%
Ethnicity			Ethnicity			Ethnicity		
Hispanic or Latino	4.2%	2.1%	Hispanic or Latino	4.2%	2.2%	Hispanic or Latino	15.1%	3.2%
Unspecified Ethnicity	95.8%	97.9%	Unspecified Ethnicity	95.8%	97.8%	Unspecified Ethnicity	84.9%	96.8%
Explanation of Progress: **How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?** By and large, the population of CHIP enrollees is reflective of the general population in Pennsylvania.			**Explanation of Progress:** **How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report?** By and large, the population of CHIP enrollees is reflective of the general population in Pennsylvania. The 2008 results proved the Annual Performance Objective correct.			**Explanation of Progress:** **How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?** By and large, the population of CHIP enrollees is reflective of the general population in Pennsylvania. The 2009 results proved the Annual Performance Objective correct.		
What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?			**What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**			**What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**		
Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. **Annual Performance Objective for FFY 2010:** CHIP enrollment to continue to reflect the general population in Pennsylvania. **Annual Performance Objective for FFY 2011:** CHIP enrollment to continue to reflect the general population in Pennsylvania.								

FFY 2007	FFY 2008	FFY 2009
Annual Performance Objective for FFY 2012: CHIP enrollment to continue to reflect the general population in Pennsylvania. *Explain how these objectives were set:*		
Other Comments on Measure:		

Objectives Related to Medicaid Enrollment

FFY 2007	FFY 2008	FFY 2009
Goal #1 (Describe)	**Goal #1 (Describe)**	**Goal #1 (Describe)**
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**
Performance Measurement Data: Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:

FFY 2007	FFY 2008	FFY 2009
Explanation of Progress: **How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2010:** **Annual Performance Objective for FFY 2011:** **Annual Performance Objective for FFY 2012:** *Explain how these objectives were set:*		
Other Comments on Measure:		

Objectives Related to Medicaid Enrollment (Continued)

FFY 2007	FFY 2008	FFY 2009
Goal #2 (Describe)	**Goal #2 (Describe)**	**Goal #2 (Describe)**
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**
Performance Measurement Data: Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:

FFY 2007	FFY 2008	FFY 2009
Explanation of Progress: **How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2010:** **Annual Performance Objective for FFY 2011:** **Annual Performance Objective for FFY 2012:** *Explain how these objectives were set:*		
Other Comments on Measure:		

Objectives Related to Medicaid Enrollment (Continued)

FFY 2007	FFY 2008	FFY 2009
Goal #3 (Describe)	**Goal #3 (Describe)**	**Goal #3 (Describe)**
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**
Performance Measurement Data: Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:

FFY 2007	FFY 2008	FFY 2009
Explanation of Progress: **How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2010:** **Annual Performance Objective for FFY 2011:** **Annual Performance Objective for FFY 2012:** *Explain how these objectives were set:*		
Other Comments on Measure:		

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

FFY 2007	FFY 2008	FFY 2009
Goal #1 (Describe) Ambulatory Care, Emergency Department (ED) visits; address reasons for, and reduce unnecessary utilization	**Goal #1 (Describe)** Reduce the unnecessary overutilization of Ambulatory Care, Emergency Department (ED) visits by 2.2% each of the next three years	**Goal #1 (Describe)** Reduce the unnecessary overutilization of Ambulatory Care, Emergency Department (ED) visits by 1.8% each of the next three years
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☒ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☒HEDIS. *Specify version of HEDIS used*: 2007 ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: 2008 ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: 2009 ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:
Data Source: ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☒ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Visits for emergency department services that do not result in inpatient stay; age range <1 year to 19 years; does not include some ED visits for mental health and chemical dependency services	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Visits for emergency department services that do not result in inpatient stay; age range <1 year to 19 years; does not include some ED visits for mental health and chemical dependency services	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Visits for emergency department services that do not result in inpatient stay; age range <1 year to 19 years; does not include some ED visits for mental health and chemical dependency services
Year of Data: 2006	**Year of Data:** 2007	**Year of Data:** 2008
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: 47,124 Denominator: 1,624,569 Rate: 348.1	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: 59,579 Denominator: 2,004,825 Rate: 356.6	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: 66,175 Denominator: 2,162,192 Rate: 367.3

FFY 2007	FFY 2008	FFY 2009
Additional notes on measure: Definition of denominator: eligible population Rate: 348.1 visits/1,000 member years followed commercial specifications - visits/1,000 member years; Lower rate means less utilization (preferred)	Additional notes on measure: Rate: 356.6 visits/1000 member years (29.72 visits/1000 member months). Lower rate means less utilization (preferred) Definition of denominator: eligible population	Rate: 367.3 visits/1000 member years (30.61 visits/1000 member months). Lower rate means less utilization (preferred) Definition of denominator: eligible population (number of enrollees X 12 months)
Other Performance Measurement Data: *(If reporting with another methodology)* Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:

Explanation of Progress:

How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report? The PA CHIP HEDIS 2009 ED utilization rate at 367.3 visits/1000 member years was 18.7 visits/1000 member years higher than the 2009 performance objective of 348.6 visits/1000 member years.

What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? On March 20, 2007, the State met with all CHIP health insurance contractors. The State addressed 2006 rates, provided comparisons to benchmarks, discussed performance objectives and addressed future plans for public reporting and a pay-for-performance program. In 2007, a program-wide performance improvement project (PIP) targeting ED overutilization was implemented. Interventions implemented in early 2008 are anticipated to impact 2009 rates. The health plans are expected to achieve demonstrable improvement and sustain improvement over a multiple year PIP, validated yearly by an External Quality Review Organization (EQRO) on behalf of the state. In March 2008, the health plans submitted methodology and baseline data including January 1 - June 30, 2007 service dates, and quality measures developed through root cause or similar analysis. In March 2009, the health plans submitted Interventions that were implemented in late 2007 and during the 2008 Calendar Year, with the first remeasurement data scheduled for submission in March 2010.

Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.

Annual Performance Objective for FFY 2010: HEDIS 2010 360.91 visits/1000 member years (30.08 visits/1000 member months)

Annual Performance Objective for FFY 2011: HEDIS 2011 354.50 visits/1000 member years (29.54 visits/1000 member months)

Annual Performance Objective for FFY 2012: HEDIS 2012 348.09 visits/1000 member years (29.01 visits/1000 member months)

Explain how these objectives were set: Rates for this measure have steadily risen over the past three years, increasing by approximately 5.5% from HEDIS 2007 (19.24 visits/1000 MY). Because of this, the goal was set to decrease by 6.41 visits/1000 MY (1.8%) each year over the next three years, in order to approximate HEDIS 2007 rates.

Other Comments on Measure: Please note that the above goals were adjusted in November 2009 from the goals set in November 2008 based on actual CHIP HEDIS 2009 performance. The new goals were set in November 2009 and may be subject to change pending HEDIS 2010 results. A "report card" was developed for public reporting of multiple Pennsylvania CHIP performance measures including the Ambulatory Care – Emergency Department (ED) visits measure. This measure was first publicly reported beginning with HEDIS 2008 rates.

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

FFY 2007	FFY 2008	FFY 2009
Goal #2 (Describe) Mental Health Utilization - monitor utilization for inpatient, intermediate and ambulatory services	**Goal #2 (Describe)** Mental Health Utilization - monitor utilization for inpatient, intermediate and ambulatory services	**Goal #2 (Describe)** Mental Health Utilization - monitor utilization for inpatient, intermediate and ambulatory services
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☒ Discontinued. *Explain*: No specific goal identified for this measure; therefore, does not meet criteria to report	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☒ Discontinued. *Explain*: No specific goal identified for this measure; therefore, does not meet criteria to report	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☒ Discontinued. *Explain*: No specific goal identified for this measure; therefore, does not meet criteria to report
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:

FFY 2007	FFY 2008	FFY 2009
Other Performance Measurement Data: *(If reporting with another methodology)* Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2010:** **Annual Performance Objective for FFY 2011:** **Annual Performance Objective for FFY 2012:** *Explain how these objectives were set:*		
Other Comments on Measure:		

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

FFY 2007	FFY 2008	FFY 2009
Goal #3 (Describe) Chemical Dependency and substance abuse; identify and monitor utilization of services; watch for trends and outliers	**Goal #3 (Describe)** Chemical Dependency and Substance Abuse: Identify and monitor utilization of services for chemical dependency and substance abuse; monitor for trends and outliers	**Goal #3 (Describe)** Chemical Dependency and Substance Abuse: Identify and monitor utilization of services for chemical dependency and substance abuse; monitor for trends and outliers
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☒ Discontinued. *Explain*: no specific goal identified for this measure; therefore, does not meet criteria to report	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☒ Discontinued. *Explain*: no specific goal identified for this measure; therefore, does not meet criteria to report	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☒ Discontinued. *Explain*: no specific goal identified for this measure; therefore, does not meet criteria to report
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate:

FFY 2007	FFY 2008	FFY 2009
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2010:** **Annual Performance Objective for FFY 2011:** **Annual Performance Objective for FFY 2012:** *Explain how these objectives were set:*		
Other Comments on Measure:		

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

FFY 2007	FFY 2008	FFY 2009
Goal #1 (Describe) Adolescent Well-Care Visits - increase the percentage of eligible adolescents receiving a well-care visit in the measurement year.	**Goal #1 (Describe)** Increase frequency of Adolescent Well-Care visits by 3 percentage points per year for the next three years; monitor for trends and outliers.	**Goal #1 (Describe)** Increase frequency of Adolescent Well-Care visits by 3 percentage points per year for the next three years; monitor for trends and outliers.
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☒ New/revised. *Explain*: added direction and target to goal ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☒HEDIS. *Specify version of HEDIS used*: 2007 ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: 2008 ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: 2009 ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☒ Other. *Specify*: Combination Administrative data (3 health plans) and Hybrid data (4 health plans)	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☒ Other. *Specify*: Combination Administrative data (4 health plans) and Hybrid data (5 health plans)	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☒ Other. *Specify*: Combination Administrative data (4 health plans) and Hybrid data (5 health plans)
Definition of Population Included in the Measure: Definition of denominator: ☒ Denominator includes CHIP population only. ☐ Denominator includes CHIP 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.	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes CHIP population only. ☐ Denominator includes CHIP 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.	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes CHIP population only. ☐ Denominator includes CHIP 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.
Year of Data: 2006	**Year of Data: 2007**	**Year of Data: 2008**
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: 7,113 Denominator: 15,132	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: 8,495 Denominator: 17,108	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: 10,026 Denominator: 19,174

FFY 2007	FFY 2008	FFY 2009
Rate: 47 Additional notes on measure: Definition of denominator: Hybrid denominator: members 12-19 years of age during the measurement year (eligible population is 37,312). In the 2006 annual report, the information for 2005 and 2006 was presented differently using total eligible population as the denominator; however, if changed, the rates remain the same as presented.	Rate: 49.7 Additional notes on measure: Definition of denominator: Hybrid population: members 12-19 years of age during the measurement year (eligible population is 55,574). In the 2007 annual report, the information for 2006 was presented differently using eligible population as the denominator; however, if changed, the rates remain the same as presented.	Rate: 52.3 Additional notes on measure: Definition of denominator: Hybrid population: members 12-19 years of age during the measurement year (Total eligible population is 61,649).
Other Performance Measurement Data: *(If reporting with another methodology)* Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:

Explanation of Progress:

How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report? The PA CHIP HEDIS 2009 rate of 52.3% was 0.4 percentage points below the 2009 performance objective of 52.7%.

What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? 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. In June 2008, the State released revised 2008-2010 performance objectives for the Adolescent Well-Care Visits (AWC) performance measure to the CHIP contractors, which included a comparison of performance over the previous three years and projections for the HEDIS 2008, HEDIS 2009 and HEDIS 2010 measurement years. In November 2009, the State revised the performance objectives for the AWC performance measure to include a comparison of performance over the previous three years and projections for the HEDIS 2010, HEDIS 2011 and HEDIS 2012 measurement years.

Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.

Annual Performance Objective for FFY 2010: HEDIS 2010: 55.66%

Annual Performance Objective for FFY 2011: HEDIS 2011: 58.66%

Annual Performance Objective for FFY 2012: HEDIS 2012: 61.66%

Explain how these objectives were set: The rate for this measure has increased by approximately 3 percentage points (6%) each year over the prior three years. A goal was set to increase the rate by 3 percentage points (6%) each year over the next three years.

Other Comments on Measure: Please note that the above goals were adjusted in November 2009 from the goals set in November 2008 based on actual CHIP HEDIS 2009 performance and may be subject to change pending HEDIS 2010 results. A "report card" was developed for public reporting of multiple Pennsylvania CHIP performance measures including the AWC measure. This measure was first publicly reported beginning with HEDIS 2008 rates.

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

FFY 2007	FFY 2008	FFY 2009
Goal #2 (Describe) Childhood Immunization Status - increase the percentage of eligible children receiving all vaccinations in HEDIS Combination 2	**Goal #2 (Describe)** Increase the percentage of eligible children receiving all vaccinations in HEDIS Combination 2 by 0.7% per year for the next three years	**Goal #2 (Describe)** Increase the percentage of eligible children receiving all vaccinations in HEDIS Combination 2 by 0.7% per year for the next three years
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☒ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☒HEDIS. *Specify version of HEDIS used*: 2007 ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: 2008 ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: 2009 ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:
Data Source: ☐ Administrative (claims data). ☒ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☒ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☒ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☒ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Eligible population who receive all vaccinations in Combination 2	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Eligible population who receive all vaccinations in Combination 2	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Eligible population who receive all vacinations in Combination 2
Year of Data: 2006	**Year of Data:** 2007	**Year of Data:** 2008
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: 788 Denominator: 1,015 Rate: 77.6	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: 1,013 Denominator: 1,322 Rate: 76.6	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: 1,240 Denominator: 1,566 Rate: 79.2

FFY 2007	FFY 2008	FFY 2009
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.	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 1,433). In the 2007 annual report, the information for 2006 was presented differently using eligible population as the denominator; however, if changed, the rates remain the same as presented.	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 1,605).
Other Performance Measurement Data: *(If reporting with another methodology)* Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:

Explanation of Progress:

How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report? The HEDIS 2009 rate of 79.2% was 1.9 percentage points above the 2009 performance objective of 77.3%.

What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? 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. In June 2008, the State released revised 2008-2010 performance objectives for the Childhood Immunization Status (CIS) performance measure to the CHIP contractors, which included a comparison of performance over the previous three years and projections for the HEDIS 2008, HEDIS 2009 and HEDIS 2010 measurement years. In November 2009, the State revised the performance objectives for the CIS performance measure to include a comparison of performance over the previous three years and projections for the HEDIS 2010, HEDIS 2011 and HEDIS 2012 measurement years.

Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.

Annual Performance Objective for FFY 2010: HEDIS 2010: 79.73%

Annual Performance Objective for FFY 2011: HEDIS 2011: 80.28%

Annual Performance Objective for FFY 2012: HEDIS 2012: 80.83%

Explain how these objectives were set: The Childhood Immunization Status – Combination 2 measure rate increased by 2.6 percentage points (3.4%) for 2009 after decreasing by 1 percentage point (1.3%) for 2008. Because there was no trend noted, a goal was set to increase the rate by 0.55 percentage points (0.7%) per year over the next three years in order to approximate the 2% increase that has occurred between 2007 and 2009.

Other Comments on Measure: Please note that the above goals were adjusted in November 2009 from the goals set in November 2008 based on actual CHIP HEDIS 2009 performance and may be subject to change pending HEDIS 2010 results. A "report card" was developed for public reporting of multiple Pennsylvania CHIP performance measures including the CIS measure. This measure was first publicly reported beginning with HEDIS 2008 rates.

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

FFY 2007	FFY 2008	FFY 2009
Goal #3 (Describe) Adolescent Immunization Status	**Goal #3 (Describe)** Adolescent Immunization Status	**Goal #3 (Describe)** Adolescent Immunization Status
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☒ Discontinued. *Explain*: NCQA discontinued this measure effective HEDIS 2009	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☒ Discontinued. *Explain*: NCQA discontinued this measure effective HEDIS 2009	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☒ Discontinued. *Explain*: NCQA discontinued this measure effective HEDIS 2009
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:

FFY 2007	FFY 2008	FFY 2009
Other Performance Measurement Data: *(If reporting with another methodology)* Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2010:** **Annual Performance Objective for FFY 2011:** **Annual Performance Objective for FFY 2012:** *Explain how these objectives were set:*		
Other Comments on Measure:		

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

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

The PA CHIP HEDIS 2009 report (based on 2007 and 2008 service dates, as appropriate to the measure) compared the PA CHIP health plan weighted average to the weighted average of all PA Medicaid managed care plans and to the average of National Medicaid plans that submitted data to NCQA. For HEDIS 2009, the PA CHIP weighted average was higher than the PA Medicaid managed care average across the majority of measures assessing Effectiveness of Care (EOC) and Access and Availability (AA). For HEDIS 2009 Use of Services (UOS) measures, such as Ambulatory Care and Inpatient Utilization, PA CHIP members had lower utilization of health care services than did PA Medicaid managed care health plan members.

When compared to the National Medicaid health plan average, the PA CHIP health plan average is higher across most EOC, AA and UOS measures with the exception of the Lead Screening in Children measure (42.5 vs. 66.7 percent) and the Appropriate Treatment For Children with Upper Respiratory Infections measure (80.2 vs. 85.5 percent).

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

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

Objective: To expand the CHIP performance measurement set.

Performance goal status:

- For HEDIS 2009, PA CHIP replaced retired HEDIS measures and required reporting of new HEDIS measures.

- For HEDIS 2010, PA CHIP will again replace retired HEDIS measures and require reporting of new HEDIS measures. For HEDIS 2010, the Immunizations for Adolescents (IMA) measure will be reported for the first time.

- In 2007, PA CHIP implemented a PA-specific performance measure – “Annual Body Mass Index Screening for Children and Adolescents.” Results for 2009 will be available in January 2010.

- In 2009, PA CHIP implemented a PA-specific performance measure – “Emergency Department Encounter Rate for Asthma in Children and Adolescents.” Results for 2009 will be available in January 2010.

Objective: To ensure consistency in CHIP performance measurement.

Performance goal status:

- For HEDIS 2009, PA CHIP required that HEDIS performance measures be subject to audit by a National Committee for Quality Assurance (NCQA)-certified HEDIS audit organization. This requirement will continue for HEDIS 2010.

- For HEDIS 2009, PA CHIP required HEDIS performance measures be reported annually and not be subject to rotation. This requirement will continue for HEDIS 2010.

- For HEDIS 2009, PA CHIP required the CAHPS survey to be subject to audit by an NCQA-certified HEDIS audit organization. This requirement will continue for HEDIS 2010.

- For HEDIS 2009, PA CHIP established comparisons to statewide weighted averages and continued comparisons to national benchmarks and year-over-year outcomes. This will continue for HEDIS 2010.

- In 2009, PA CHIP required the PA-specific performance measure be subject to validation by an independent organization. This requirement will continue in 2010 for both performance measures.

Objective: To initiate public reporting of CHIP performance measures

Performance goal status:

- In 2009, PA CHIP published an annual report card that displays each CHIP health insurance companies' rates for selected 2009 CAHPS survey results and 2009 HEDIS measures and compares those results to the statewide average using graphics.

- PA CHIP will prepare and disseminate a similar report card using 2010 CAHPS survey results and 2010 HEDIS measures. The report card will be available in the third quarter of 2010.

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

Performance goal status:

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

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

- In 2009, CHIP continued suspension of a pay-for-performance program due to Commonwealth budgeting issues.

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

In calendar year 2007, the PA CHIP program implemented a CHIP-specific Performance Improvement Project (PIP). Pennsylvania selected a PIP focus that is key to advancing CHIP population health outcomes. The PIP topic is reduction of emergency department visits for the CHIP population. The PIP must use as its basis the HEDIS Ambulatory Care measure. The CHIP health insurance contractors were required to implement a new PIP. The PIP could not be a continuation of an existing project. The CHIP health insurance contractors were required to conduct the PIP as defined by the State. Although the PIP must be related to reduction of emergency department visits, the CHIP health insurance contractors could select the specific PIP topic. The CHIP health insurance contractors were required to 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. CHIP health insurance contractors received detailed instructions in October 2007 and a follow-up training session in November 2007. CHIP health insurance contractors submitted their topic selection, quality indicators and study design in March 2008, which were validated in April 2008. In March 2009, CHIP health insurance contractors submitted targeted interventions implemented during calendar year 2008, which were aimed at reducing emergency department visits. These interventions were validated in April 2009. The first re-measurement period scheduled for early in calendar year 2009

will be submitted in March 2010. The CHIP PIP submissions will be validated on an annual basis by IPRO, an independent organization.

In calendar year 2009, the PA CHIP program implemented a CHIP-specific Lead Screening in Children PIP which was chosen to address the problem of elevated blood lead levels which remains an issue for children in PA. CHIP contractors were required to implement a new PIP with the topic, first quality measure and goal of at least a 5% increase in lead screening rates specified by the State. CHIP health insurance contractors were required to do a root cause or similar analysis to determine the reasons for low blood lead screening rates in the CHIP population and must clearly state why this issue is relevant to the contractor's CHIP population. CHIP health insurance contractors received detailed instructions in September 2009. CHIP health insurance contractors are required to submit their topic selection, quality indicators and study design in December 2009, with targeted interventions implemented during calendar year 2010 submitted in November 2010. The first re-measurement period scheduled for calendar year 2010 will be submitted in November 2011. The CHIP PIP submissions will be validated on an annual basis by IPRO, 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 CHIP program's performance. Please list attachments here and summarize findings or list main findings. **[7500]**

CHIP Performance Improvement Projects (The health plans recently started these initiatives. There are no findings to report at this time.)

Body Mass Index (BMI) Measure Summary

- For 2008, 90.7 percent of enrollees had a height and weight or BMI calculated at a well-visit during 2007. Health plan rates ranged from 74.5 to 98.8 percent.
- For 2009, 92.5 percent of enrollees had a height and weight or BMI calculated at a well-visit during 2008. Health plan rates ranged from 85.9 to 98.55 percent.
- For 2008, 55.5 percent of enrollees had a BMI calculated at a well-visit during 2007. Health plan rates ranged from 35.3 to 70.8 percent.
- For 2009, 66.6 percent of enrollees had a BMI calculated at a well-visit during 2008. Health plan rates ranged from 38.43 to 88.89 percent.
- 37.9 percent of enrollees had a BMI equal to or greater than the 85th percentile (overweight) in 2008 with health plan rates ranging from 32.2 to 42.3 percent.
- For 2009, 39.3 percent of enrollees had a BMI equal to or greater than the 85th percentile (overweight) with health plan rates ranging from 37.2 to 41.7 percent.
- For 2008, 61.7 percent of enrollees with a BMI greater than or equal to the 85th percentile had a BMI calculated at a well-visit in 2007 with health plan rates ranging from 49.0 to 73.1 percent.
- For 2009, 73.0 percent of enrollees with a BMI greater than or equal to the 85th percentile had a BMI calculated at a well-visit in 2008 with health plan rates ranging from 43.2 to 100 percent.

CAHPS survey 4.0. See summary below.

- From the eight PA CHIP health plans which participated in the survey, 7,472 respondents completed the CAHPS 4.0 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 4.0 Survey Respondents

- For CAHPS 2009, the majority of respondents were female (85.0 percent). A high proportion of survey respondents had a high school diploma (39.9 percent) or some college education (36.5 percent). In addition, the majority of respondents indicated that their child is white (76.1 percent) and was in "excellent" or "very good" health (82.6 percent).

- 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 2009, the PA CHIP plan average for enrollees who rated their child's health plan 8, 9, or 10 was 85.9 percent. Health plans' rates for rating of child's health plan ranged from 76.6 to 92.0 percent. The average across health plans for PA CHIP enrollees who rated their child's personal doctor 8, 9, or 10 was 86.4 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 health plans' rates ranged from 93.0 to 97.5 percent of enrollees who indicated they are "usually" or "always" able to get urgent care quickly for their child. The PA CHIP plans' rates ranged from 73.7 to 93.5 percent of enrollees who indicated that they are "usually" or "always" able to get routine care appointments for their child.

SECTION III: ASSESSMENT OF STATE PLAN AND PROGRAM OPERATION

Please reference and summarize attachments that are relevant to specific questions

A. OUTREACH

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

This year's outreach efforts focused on mobilizing CHIP champions, expanding community touch points and making connections with those in need during tough economic times.

We expanded our Community Marketing Initiative which has come to be referred to as CMI. This community-based, grassroots initiative enables CHIP to leverage existing relationships of trust that community partners have established. Thirty-four (34) grassroots organizations submitted marketing plans. Eighteen groups, representing diverse social, health and religious organizations throughout the state were chosen to receive CMI funding. They have woven CHIP promotions and enrollments into the fabric of their existing outreach efforts within their own communities.

Last year CHIP developed an electronic toolkit for the Web site. This year, many groups reported using the various materials including collateral materials, news release templates, newsletter articles, and flyer templates contained in this e-feature, and some groups even offered ideas to be considered in the future. Additionally, staff members of the Pennsylvania General Assembly were trained in the use of the tool kit, thus providing ease of access to a range of information that will assist their constituents.

Renewal Notices: In 2009, CHIP worked to further standardize its renewal notice to clarify that there are three ways to renew benefits (paper renewal application; over the phone; and online). This update to renewal letters was implemented to try to reduce the number of enrollees churning in and out of the program due to not renewing existing CHIP benefits.

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). We also focused on how to be better connected to educators, administrators, guidance counselors, social workers and school nurses. We called every school district in the state to find out what sort of communications they use with families and how best to piggyback those materials and communiqués. You can now find the CHIP message and links to the CHIP Web site posted on numerous school Web sites across the state.

CHIP Web site: CHIP launched the Spanish iteration of www.CHIPcoverspakids.com which is www.chipysusalud.com. As part of the launch of the new version of the site, CHIP created a partnership with the Philadelphia Dominican Bodega Owners Association to better connect CHIP with touch points in the Latino community. Bodegas located in the lower northern part of Philadelphia distributed CHIP informational resources that featured the web address of the new CHIP Spanish Web site.

We also improved administrative functionality of our English Web site. We did a soft launch in early April and continued to make modifications as we tested it with various audiences.

Later in the year, we added a "LiveChat" feature to the site which is integrated with the services of the statewide helpline.

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 2009. CHIP utilized this week as a hook to deliver the CHIP message to parents of uninsured children – or people who know someone who needs CHIP coverage for their family. This objective was especially relevant given the current economic situation. It is well documented that in this economy, families are turning to free and low-cost attractions and activities in increased frequency, including libraries and museums. That makes those places -- especially in counties with high numbers of uninsured children -- purposeful venues in which to reach families who need health insurance for their children – or those who may know people who are in need.

Target Counties

- **Lancaster** (12.5 percent of children uninsured; 16,301 total children uninsured)
- **Delaware** (6.4 percent of children uninsured; 9,362 total children uninsured)
- **Bedford** (15.9 percent of children uninsured; 1,771 total children uninsured)
- **Armstrong** (10.6 percent of children uninsured; 1,590 total children uninsured)

Tactics

- **Library Partnership**
  - We engaged library officials in each of the four target counties to secure CHIP activities during Cover the Uninsured Week. We implemented initiatives such as:
    - CHIP Story Time featuring a book about healthy kids
    - CHIP-themed kids' craft class
    - CHIP contractor presence at select locations
    - Making applications/brochures available at circulation desk
    - Providing CHIP talking points for library staff
    - Distributing "Here to Help" palm cards at library desks
- **Radio Media Tour**
  - We slated a statewide radio media tour to talk about CHIP and also to encompass additional Commonwealth programs and services.

COMPASS: COMPASS, the Web-based application and renewal system (www.COMPASS.state.pa.us), underwent an extensive graphical redesign and the new look was launched in June 2008. In the first four months, the site saw a 63 percent increase in the number of users. Based on those results, CHIP staff worked together with the Department Public Welfare in 2009 to further improve the COMPASS Web site by tackling the project of simplifying the online application. The two departments also sought input from advocacy community partners, COMPASS Community Partners (community organizations who assist citizens with the application/renewal process using COMPASS and the largest daily users of COMPASS), and Pennsylvania citizens at several points during the year-long project. It is anticipated that the updated COMPASS Web site will go-live in early 2010.

Out of a Job Flyers: These pieces, with the theme, "While you are looking for a job, your kids don't have to be without health insurance" were designed to be used at job fairs, temporary/employment agencies, and at Rapid Response events hosted by the Department of Labor & Industry for employers who are downsizing and/or closing.

Health Insurance Underwriters: The Central PA Association of Health Underwriters sponsored a Health Insurance Help Day and invited CHIP to participate as a partner in the event. The day was created as a public/private partnership to provide citizens with a wide variety of valuable informational resources on health insurance, as well as assist with any other health and human service needs they may have. Prior to the public event, CHIP met with and provided an educational presentation and materials to health insurance underwriters.

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

Here to Help Public Service Spot and Collateral: The Governor's office created a one-stop Web site to promote and offer all the commonwealth services that assist Pennsylvanians in tough economic times (www.heretohelp.PA.gov). CHIP was featured on the site and used its marketing resources to create awareness of the Web site and needed services.

Pennsylvania Farm Show: CHIP sponsored a Farm Show booth again in January 2009. Information was distributed and application assistance was provided to families. 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?

CHIP implemented a number of other strategies to reach uninsured Pennsylvania families.

a. The CHIP TV commercial that ran the last calendar year quarter of 2008 was very effective. When CHIP ads ran, the Helpline consistently saw spikes in call volumes. CHIP TV advertising was stopped in calendar year 2009, due to budget constraints.

b. CHIP's Web-based search engine advertising continued to be an excellent driver to the CHIP Web site and also to the Helpline. Callers to the Helpline consistently cited the CHIP Web site as the number one reason they called to apply for or inquire more about CHIP in SFY 08-09. Online Google search engine searches for CHIP ranked in the top 10 reasons that people called the Helpline.

c. 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 schools, health fairs, libraries, hospitals, community events, and meetings. Insurance company contractors also conducted their own marketing and outreach campaigns in their service areas, further adding to a strong, consistent CHIP message statewide.

d. 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.

e. CHIP offers three ways to apply and renew for the program:
    i. 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;
    ii. By paper application; and
    iii. Over the phone through the CHIP Helpline.

Helpline – Connecting Citizens with CHIP and Tracking Progress

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

Helpline staff is also trained to identify uninsured callers and offer information and assistance with programs such as CHIP and Medical Assistance. Most importantly, PSI provides application assistance to callers by giving them the option to receive a paper application, apply or renew over the phone with the assistance of a Helpline counselor, or receive the COMPASS Web site address to apply or renew on their own over the Internet.

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 2008-09. In SFY 2008-09, the call center answered 91,478 CHIP calls, mailed 42,958 CHIP/adultBasic applications, and completed 2,624 COMPASS applications online.

Live Chat: The Call center also participated in a CHIP television WebChat event in the Philadelphia area in December 2008. The event proved to be successful, which lead the call center to start its own live WebChat function, that was connected to the CHIP Web site in 2009. Pennsylvanians can now visit the CHIP Web site and select to "chat" online with a Helpline representative during normal business hours. Helpline representatives can answer any questions a web user might have concerning the helpline service.

TTY: The Commonwealth is sensitive to the needs of hearing impaired callers and offers a TTY telephone line for the CHIP Helpline, and requires that all of its contractors utilize the same service for their hearing impaired callers. Using the TTY line, the Helpline communicates with the hearing impaired by typing our responses which are then displayed on the caller's phone. E-mail and live WebChat are also available as communication channels for hearing impaired callers.

30-Day Renewal Outreach: The Helpline made over 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.

Interagency Initiatives

The nationally-recognized Reaching Out Interagency Workgroup continues to reach uninsured children in Pennsylvania. Through this effort, many excellent outreach ideas continue to be exchanged and valuable information shared, which CHIP incorporates 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. Which of the methods described in Question 2 would you consider a best practice(s)**? [7500]**

We find that a multi-pronged marketing and outreach approach is a very effective best practice in reaching Pennsylvania's citizens with CHIP's message. In 2009, CHIP continued to utilize valuable data provided by the CHIP Helpline to measure how callers heard about CHIP. The data showed that the CHIP Web site, County Assistance Offices, TV ads, Web search engines (such as Google), and word of mouth referrals from friends, neighbors and family members reached the broadest audience. Flyers distributed through schools drew the most CHIP calls overall in the shortest amount of time.

Overall, we continue to find that word of mouth strongly fuels citizen awareness of the program. To that end, CHIP always encourages citizens to tell family, friends, co-workers, and neighbors about the program. The results of this message are reflected in call volumes to the CHIP Helpline.

We have found that having a multi-agency, multi-program call center is a very effective best practice in assisting citizens with various social service needs that they may or may not be aware are available to them. Helpline specialists from the Pennsylvania Health and Human Services Call Center can connect individuals and families seeking information and referrals to human services in a single call and in any language. For example, a family can call the Helpline to learn about CHIP coverage, receive referral information for their child who has special needs, learn about services in Pennsylvania for an aging parent, and get information for a relative who has experienced a brain injury all in one call.

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

   ☐ Yes ☒ No

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

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

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

B. SUBSTITUTION OF COVERAGE (CROWD-OUT)

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

1. Do you have substitution prevention policies in place?

   ☒ Yes ☐ No

   If yes, indicate if you have the following policies:
   ☒ Imposing waiting periods between terminating private coverage and enrolling in CHIP
   ☒ Imposing cost sharing in approximation to the cost of private coverage
   ☒ Monitoring health insurance status at the time of application
   ☒ Other, please explain
   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. We also continue to use a third party check to determine if an applicant has private insurance or meets the required period of uninsurance prior to enrolling in CHIP.

2. 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. As mentioned above, we conduct a third party check to determine if an applicant has private insurance. We continually receive reports based on all of the various data matching efforts.

3. Identify the trigger mechanism or point at which your substitution prevention policy is instituted or modified if you currently have a substitution policy.

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

All States must complete the following questions

4. At the time of application, what percent of CHIP applicants are found to have Medicaid [(# applicants found to have Medicaid/total # applicants) * 100] **[5]** and what percent of applicants are found to have other insurance [(# applicants found to have other insurance/total #

applicants) * 100] [5]? Provide a combined percent if you cannot calculate separate percentages. [5]

(5,920 applicants were found to have Medicaid/ 157,342 applicants in FFY 2009) = 3.8% of applicants were found to have Medicaid

(11,933 applicants were found to have other insurance/157,342 applicants in FFY 2009) = 7.6% of applicants were found to have other health insurance

5. Describe the incidence of substitution. What percent of CHIP applicants drop group health plan coverage to enroll in CHIP (i.e., (# applicants who drop coverage/total # applicants) * 100)? [**5**]

(141 applicants in the Subsidized CHIP programs were required to serve a go-bare period/157,342 applicants in FFY 2009) = 0.09% of applicants were found to have dropped coverage to enroll in CHIP

Please enter any narrative discussion: **[7500]**

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

(980 applicants were exempt to the waiting period/1,121 applicants were enrolled who were subject to the HMS verification of having other insurance) = 87.4% of those applicants in the subsidized CHIP categories who were subject to verification of other private insurance were found to have it prior to enrollment, but were exempt to it because they were either in a family where the insurance holder was laid off, they moved from another state sponsored program, or they were under 2 years of age.

b. Of those found to have other, private insurance, what percent must remain uninsured until the waiting period is met [(# applicants who must complete waiting period/total # of new applicants who were enrolled)*100]? **[5]**

(141 applicants in the Subsidized CHIP programs were required to serve a go-bare period/1,121 applicants were enrolled who were subject to the HMS verification of having other insurance) = 12.6% of children who were found to have health insurance prior to enrollment in a CHIP subsidized program had to serve a go-bare period before being enrolled in the program

6. Does your State have an affordability exception to its waiting period?

☐ Yes ☒ No

If yes, please respond to the following questions. If no, skip to question 7.

a. Has the State established a specific threshold for defining affordability (e.g., when the cost of the child's portion of the family's employer-based health insurance premium is more than X percent of family income)?

☐ Yes ☐ No

If the State has established a specific threshold, please provide this figure and whether this applies to net or gross income. If no, how does the State determine who meets the affordability exception? **[7500]**

b. What expenses are counted for purposes of determining when the family exceeds the affordability threshold? (e.g., Does the State consider only premiums, or premiums and other cost-sharing charges? Does the State base the calculation on the total premium for family coverage under the employer plan or on the difference between the amount of the premium for employee-only coverage and the amount of the premium for family coverage? Other approach?) **[7500]**

c. What percentage of enrollees at initial application qualified for this exception in the last Federal Fiscal Year? (e.g., Number of applicants who were exempted because of affordability exception/total number of applicants who were enrolled). **[5]**

d. Does the State conduct surveys or focus groups that examine whether affordability is a concern?

☐ Yes ☐ No

If yes, please provide relevant findings. **[7500]**

7. If your State does not have an affordability exception, does your State collect data on the cost of health insurance for an individual or family? No

8. Does the State's CHIP application ask whether applicants have access to private health insurance?

☒ Yes ☐ No

If yes, do you track the number of individuals who have access to private insurance?

☐ Yes ☒ No

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

C. ELIGIBILITY

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

Section IIIC: Subpart A: Overall CHIP and Medicaid Eligibility Coordination

1. Does the State use a joint application for establishing eligibility for Medicaid or CHIP?

☒ Yes ☐ No

If no, please describe the screen and enroll process. **[7500]**

2. Please explain the process that occurs when a child's eligibility status changes from Medicaid to CHIP and from CHIP 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 was 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 automated 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 sends an e-referral 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 e-referred back to the originating CHIP contractor. To avoid "bouncing" between Medicaid and CHIP, the CHIP contractors accept any information provided by the CAO and enroll the children in CHIP if denied Medicaid for high income. 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 health insurance contractors operating within that county. The CAO sends an e-referral 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 (such as managed care or fee for service,) or provider networks used in Medicaid and CHIP?

   ☐ Yes ☒ No

   If no, please explain.

   Of our eight CHIP health insurance 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 Medicaid managed care is not available. CHIP uses managed care programs statewide (either traditional HMO or PPO). Unfortunately, provider networks are not mirror images in many of our managed care networks.

4. Are you utilizing the Express Lane option in making eligibility determinations and/or renewals for both Medicaid and CHIP?

   ☐ Yes ☒ No

   a. If yes, which Express Lane Agencies are you using?

      ☐ Supplemental Nutrition Assistance Program (SNAP), formerly Food Stamps

      ☐ Tax/Revenue Agency

☐ Unemployment Compensation Agency

☐ Women, Infants, and Children (WIC)

☐ Free, Reduced School Lunch Program

☐ Subsidized Child Care Program

☐ Other, please explain. **[7500]**

b. If yes, what information is the Express Lane Agency providing?

☐ Income

☐ Resources

☐ Residency

☐ Age

☐ Citizenship

☐ Other, please explain. **[7500]**

Section IIIC: Subpart B: Initial Eligibility, Enrollment, and Renewal for CHIP (Title XXI) and Medicaid (Title XIX) Programs
Table B1

This section is designed to assist CMS and the States track and determine eligibility for a CHIPRA performance bonus payment by meeting the required "5 out of 8" eligibility and enrollment milestones.

Question	Medicaid	CHIP
1. Does the State provide continuous eligibility for 12 months for children regardless of changes in circumstances other than the situations identified below: a. child is no longer a resident of the State; b. death of the child; c. child reaches the age limit; d. child/representative requests disenrollment; e. child enrolled in a separate CHIP program files a Medicaid application, is determined eligible for Medicaid and is enrolled in Medicaid without a coverage gap.	In accordance with section 1902(e)(12) of the Act ☐ Yes ☒ No	☐ Yes ☒ No
2. Does the State have an assets test?	☐ Yes ☒ No	☐ Yes ☒ No
3. If there is an asset test, does the State allow administrative verification of assets?	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A

4. Does the State require an in-person interview to apply?	☐ Yes ☒ No	☐ Yes ☒ No
5. Does the State use the same application form, supplemental forms, and information verification process for *establishing* eligibility for Medicaid and CHIP?	☐ Yes ☒ No	
6. Does the State provide presumptive eligibility to children who appear to be eligible for Medicaid and CHIP to enroll pending a full determination of eligibility?	☐ Yes ☒ No	
7. Has the State implemented premium assistance as added or modified by CHIPRA?	In accordance with section1906A of the Act, as added by section 301(b) of CHIPRA. ☐ Yes ☒ No	In accordance with section 2105(c)(10) of the Act, as added by section 301(a)(1) of CHIPRA. ☐ Yes ☒ No
8. For renewals of Medicaid or CHIP eligibility, does the State provide a preprinted form populated with eligibility information available to the State, to the child or the child's parent or other representative, along with a notice that eligibility will be renewed and continued based on such information unless the State is provided other information that affects eligibility?	☐ Yes ☒ No	☐ Yes ☒ No
9. Does the State do an ex parte renewal? Specifically, does the State renew Medicaid or CHIP eligibility to the maximum extent possible based on information contained in the individual's Medicaid file or other information available to the State, before it seeks any information from the child's parent or representative?	☐ Yes ☒ No	☐ Yes ☒ No
10. Has the State eliminated an in-person requirement for renewal of CHIP eligibility?	☒ Yes ☐ No	☒ Yes ☐ No
11. Does the State use the same application form, supplemental forms, and information verification process for *renewing* eligibility for Medicaid and CHIP?	☐ Yes ☒ No	

Section IIIC: Subpart D: Eligibility Renewal and Retention

1. What additional measures, besides those described in Tables B1 or C1, does your State employ to simplify an eligibility renewal and retain eligible children in CHIP?

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

   ☒ Sends renewal reminder notices to all families

   - How many notices are sent to the family prior to disenrolling the child from the program? Three notices are sent to the family.

   - 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?) 90 days prior to renewal due date; 60 days prior and 30 days

prior.

☒ Other, please explain: **Our contracted help line as well as several of the help lines associated directly with the insurance contractors conduct telephonic outreach to those families who have not responded to the 90- or 60-day letters.**

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. We have not evaluated the effectiveness of any of our renewal strategies.

Section IIIC: Subpart E: Eligibility Data

1. What percentage of children who apply for the program are denied eligibility for enrollment? (i.e., (# of children denied/total # of children who apply) * 100).

   (72,301 applicants denied/157,342 applicants in FFY 2009) = 46.0% of the applicants are denied eligibility for enrollment

2. What percentage of children in the program are retained in the program at redetermination (i.e., (# children retained/total # children up for redetermination) * 100) ? What percentage of children in the program are disenrolled at redetermination (i.e., (# children disenrolled/total # children up for redetermination) * 100).

   (113,662 children were retained in FFY 2009/162,997 children were up for redetermination in FFY 2009) = 69.7% of the children up for redetermination in FFY 2009 were retained

   (49,335 children were disenrolled at redetermination/162,997 children were up for redetermination in FFY 2009) = 30.3% of the children up for redetermination in FFY 2009 were disenrolled

3. Does your State generate monthly reports or conduct assessments that track the outcomes of individuals who disenroll, or do not reenroll, in CHIP (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

   a. When was the monthly report or assessment last conducted?

   September 2009

   b. If yes, please provide a summary of the most recent findings (in the table below) from these reports and/or assessments. **[7500]**

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

Total Number of Disenrollees	Obtain other public or private coverage		Low Income		Age-out		Move to new geographic area		Other (specify) – Did not complete Renewal	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
89,766	26,155	29.1%	17,832	19.9%	7,984	8.9%	504	0.6%	33,737	37.6%

   c. 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.)

New Disenrollments Summary Report in the CHIP and adultBasic Processing System – this report includes all disenrollments that occurred in FFY 2009, not just the ones that occur at redetermination.

F. COST SHARING

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

a. Cost sharing is tracked by:

☒ Enrollees (shoebox method)
☐ Health Plan(s)
☐ State
☐ Third Party Administrator
☐ N/A (No cost sharing required)
☐ Other, please explain. **[7500]**

If the State uses the shoebox method, please describe informational tools provided to enrollees to track cost sharing.

The initial enrollment letter notifies the family of the requirement to maintain receipts for all out-of-pocket expenses related to the child's health care. We provide the family with the calculation of the five percent out-of-pocket maximum. The letter includes the address to send receipts for evaluation.

2. Please describe how providers are notified that no cost sharing should be charged to enrollees exceeding the 5% cap.

Once the limits have been exceeded, a family can apply to the state for a rebate of any cost sharing already paid in excess of the limit. Upon verification that the family exceeded the 5% cost sharing limit, the state will issue a letter to each child in the family to present to the provider that explains that cost sharing is exempt until a specified date (redetermination date) that will be included on the letter. The appropriate contractors will also receive the letter and will then know that premiums will not be required from the enrollees until the next eligibility period begins. If more than 90 days still exist in the current eligibility period, a new identification card is issued that shows the provider that no cost sharing is to be charged.

3. Please provide an estimate of the number of children that exceeded the 5 percent cap in the State's CHIP program during the Federal fiscal year. **None**

4. Has your State undertaken any assessment of the effects of premiums/enrollment fees on participation in CHIP?

☒ Yes ☐ No If so, what have you found?

The Commonwealth's disenrollment survey (December 2008) found that six percent (6%) of the disenrolled respondents stated the reason for not renewing in the program was the "CHIP program costs too much".

5. Has your State undertaken any assessment of the effects of cost sharing on utilization of health services in CHIP?

☐ Yes ☒ No If so, what have you found? **[7500]**

6. If your State has increased or decreased cost sharing in the past Federal Fiscal year, how is the State monitoring the impact of these changes on application, enrollment, disenrollment, and utilization of health services in CHIP. If so, what have you found? **N/A**

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

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

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

Children

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

☐ Family Coverage Waiver under the State Plan
☐ CHIP Section 1115 Demonstration
☐ Medicaid Section 1115 Demonstration
☐ Health Insurance Flexibility & Accountability Demonstration (Title XXI)

Adults

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

☐ Family Coverage Waiver under the CHIP State Plan (Parents covered incidentally)
☐ CHIP Section 1115 Demonstration (Title XXI)
☐ Health Insurance Flexibility & Accountability Demonstration (Title XXI)
☐ Premium Assistance option 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, who receives the subsidy if a subsidy is provided, etc.) **[7500]**
4. What benefit package does the ESI program use? **[7500]**

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

   ☐ Yes ☐ No

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

   ☐ Yes ☐ No

6. Are there limits on cost sharing for children in your ESI program?

   ☐ Yes ☐ No

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

   ☐ Yes ☐ No

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? **[7500]**

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

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

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. **[7500]**

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? **[7500]**

14. Identify the total state expenditures for providing coverage under your ESI program during the reporting period. **[7500]**

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? **[500]**

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)?

☐ Yes ☐ No

18. Is there a required period of uninsurance before enrolling in your program?

☐ Yes ☐ No

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

19. Do you have a waiting list for your program? ☐ Yes ☐ No

Can you cap enrollment for your program? ☐ Yes ☐ No

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

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

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

   (1) prevention: ☐ Yes ☒ No
   (2) investigation;: ☐ Yes ☒ No
   (3) referral of cases of fraud and abuse? ☐ Yes ☒ No

   Please explain:

   Each CHIP MCO is required to establish written policies and procedures for the detection and prevention of fraud and abuse that may be committed by providers within their networks, by enrollees, or by the CHIP MCO employees. Each CHIP MCO 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 MCOs 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 MCO 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 MCOs 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 MCO is required to take action to suspend or terminate the person(s) or entity involved in fraudulent activities. CHIP MCOs 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 MCO is required on an annual basis to report all fraud detection activities.

   If the state does not have a written plan, do managed health care plans with which your program contracts have written plans? Please Explain:

   Yes to all three. Please see explanation above.

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

   15 Number of cases investigated

   Please see notation below** Number of cases referred to appropriate law enforcement officials

   Beneficiary Eligibility

   29 Number of cases investigated

   Please see notation below** Number of cases referred to appropriate law enforcement officials

****** Overall, there were **10** cases referred to appropriate law enforcement officials but the MCOs did not differentiate in their annual reports to the CHIP program as to whether they were provider billing cases or beneficiary eligibility cases.

Are these cases for:

CHIP ☒

Medicaid and CHIP 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 MCOs on a yearly basis. Each MCO 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 MCOs 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 MCO must provide information on senior management personnel to whom the fraud and abuse department directly reports. MCOs are also required to provide a single point of contact for the Department when communicating about fraud and abuse issues.

MCOs 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 MCO also have to provide the avenues of communication that are available between fraud and abuse staff and the MCO's personnel.

Each MCO 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 MCOs 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 MCO 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 MCO of a potential fraud and/or abuse situation, the MCO 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 MCOs 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. MCOs must explain how an individual is afforded due process of law.

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

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

CHIP MCOs 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 MCO is required to advise its providers and subcontractors of the prohibitions against fraudulent activities relating to their involvement with the program. CHIP MCOs are required to advise the Department how they monitor their MCO 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 MCO.

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 MCO?
- 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 MCO? 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 MCO or subcontractor?
- Provide a description of underlying conduct resulting in confirmed cases involving MCO or subcontractors.
- Provide name(s) of MCO or subcontractor 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?

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

☐ Yes

☒ No

Please Explain: **[500]**

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 equals Federal Fiscal Year 2009. If you have a combination program you need only submit one budget; programs do not need to be reported separately.)*

COST OF APPROVED CHIP PLAN (all amounts are in thousands)

Benefit Costs	**2009**	**2010**	**2011**
Insurance payments			
Managed Care	363,628	470,533	495,657
Fee for Service			
Total Benefit Costs	367,160	470,533	495,657
(Offsetting beneficiary cost sharing payments)	10,452	12,012	12,407
Net Benefit Costs	353,176	458,521	483,250

Administration Costs			
Personnel	**999**	2,127	2,503
General Administration	**5,205**	8,717	6,861
Contractors/Brokers (e.g., enrollment contractors)			
Claims Processing			
Outreach/Marketing costs	**2,018**	1,500	1,500
Other (e.g., indirect costs)			
Health Services Initiatives			
Total Administration Costs	**8,222**	**12,344**	**10,864**
10% Administrative Cap (net benefit costs ÷ 9)	**39,242**	**50,947**	**53,694**

Federal Title XXI Share	246,329	**324,500**	**340,724**
State Share	115,069	**146,365**	**153,390**

TOTAL COSTS OF APPROVED CHIP PLAN	361,398	**470,865**	**494,114**

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

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

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

No shortfall of federal funds was experienced in the reporting period.

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 CHIP enrollees in a fee for service program, per member per month cost will be the average cost per month to provide services to these enrollees.

	2009		2010		2011	
	# of eligibles	$ PMPM	# of eligibles	$ PMPM	# of eligibles	$ PMPM
Managed Care	185,275	$ 168	207,964	$170	238,574	$ 173
Fee for Service		$		$		$

Enter any Narrative text below.

The Commonwealth's numbers vary slightly on budgeted amounts in 1 above. We are calculating our state share of some of the IT work at a 90/10 federal/state split for development work and 75/25 for maintenance. This works out to the numbers shown above. However, in the document submitted to CMS, we could not change the formulas in their system. Therefore, the shares shown in the table submitted to CMS for FFY 2010 are $321,930/$148,935 and for FFY 2011 they are $337,826/$156,288.

Benefit costs for FFY 2009 include all invoices received in September 2008 through July 2009 and 7 out of 8 contractor invoices for August 2009. This translates into approximately 11.7 months of coverage since the one invoice not paid accounted for roughly 30% of the total in August 2009. Benefit costs for FFY 2010 include one contactor invoice from August 2009 and all anticipated invoices for September 2009 through September 2010. This represents about 13.3 months of coverage.

SECTION V: 1115 DEMONSTRATION WAIVERS (FINANCED BY CHIP)

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

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

	CHIP 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*

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

fldQue261 Number of **children** ever enrolled during the reporting period in the demonstration

fldQue262 Number of **parents** ever enrolled during the reporting period in the demonstration

fldQue263 Number of **pregnant women** ever enrolled during the reporting period in the demonstration

fldQue264 Number of **childless adults** ever enrolled during the reporting period in the demonstration

3. 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. **[1000]**

4. Please provide budget information in the following table for the years in which the demonstration is approved. *Note: This reporting period (Federal Fiscal Year 2009 starts 10/1/08 and ends 9/30/09).*

COST PROJECTIONS OF DEMONSTRATION (SECTION 1115 or HIFA)	2009	2010	2011	2012	2013
Benefit Costs for Demonstration Population #1 (e.g., children)					
Insurance Payments					

COST PROJECTIONS OF DEMONSTRATION (SECTION 1115 or HIFA)	2009	2010	2011	2012	2013
Managed care					
per member/per month rate for managed care					
Fee for Service					
Average cost per enrollee in fee for service					
Total Benefit Costs for Waiver Population #1					

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					
Total Benefit Costs for Waiver Population #2					

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					
Total Benefit Costs for Waiver Population #3					

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					
Total Benefit Costs for Waiver Population #3					

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

Administration Costs

Personnel					
General Administration					

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

Federal Title XXI Share					
State Share					

TOTAL COSTS OF DEMONSTRATION					

When was your budget last updated (please include month, day and year)? **[500]**

Please provide a description of any assumptions that are included in your calculations. **[7500]**

Other notes relevant to the budget: **[7500]**

SECTION VI: PROGRAM CHALLENGES AND ACCOMPLISHMENTS

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

   The world and national economic downturn hit Pennsylvania hard, resulting in a decline in state revenues and an increase in the demand for and cost of state funded services. Total authorized state expenditures decreased from FY2008-09 to FY2009-10 despite federal stimulus funds. The Commonwealth maintained eligibility for entitlement programs, and the required state funding was appropriated. However, discretionary programs received budget reductions. Pennsylvania's CHIP is not an entitlement program but was one of the few state programs that enjoyed an increased appropriation of state funds in FY2009-10 as a result of broad, bipartisan support. Specifically, the limiting factor for funding Pennsylvania CHIP is state matching funds. Pennsylvania CHIP started FY2008-09 with 174,000 covered children and ended with 193,000 children. Funding for FY2008-09 was just sufficient to cover the average enrollment of 182,000 children. If appropriated state funding for CHIP for FY2009-10 had been the same as in FY2008-09, then it would have been necessary to immediately end open enrollment in CHIP and reduce enrollment to the 182,000 level. Instead, due to the broad support for CHIP in Pennsylvania, open enrollment continues. However, the state will need to make difficult decisions again with the FY2010-11 budget because state revenues are still depressed and demands for state funded services continue to increase.

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

   The CHIP Reauthorization Act of 2009 created many opportunities for innovation and program enhancement, as well as substantial new program responsibilities. For example, under CHIPRA, Pennsylvania CHIP is now obligated to verify citizenship but can use an interface with the Social Security Administration's database to fulfill this obligation. The volume of changes under CHIPRA has overwhelmed both CMS and the states to some degree. In many instances, Pennsylvania CHIP is required by CHIPRA to meet deadlines for program enhancements without the possibility of prior guidance from CMS. In addition, due to Pennsylvania's financial stress, Pennsylvania CHIP could not add staff quickly to meet CHIPRA requirements and opportunities, even for activities involving 90% federal matching funds.

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

   Pennsylvania's CHIP continued to increase CHIP enrollment during the reporting period and prepared to fulfill the mandates and promise of CHIPRA. Open enrollment in Pennsylvania CHIP has been preserved although this was threatened by the Commonwealth's dire fiscal circumstances. CHIP continues to enjoy broad bipartisan support despite the decline of bipartisan activities at the state and national level. Hopefully, this positive result for CHIP state funding will carry over into future years.

   In 2009 the National Academy for State Health Policy (NASHP) recognized the efforts of the Commonwealth of Pennsylvania in advocating for the advancement of the medical home model. NASHP has requested that Pennsylvania serve as a mentor state for the Consortium throughout 2010. PA CHIP is just one of the members of a multi-agency team that will provide technical

assistance to other states around the nation as they continue to develop and implement their own medical home models.

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

   A number of changes in Pennsylvania CHIP were necessary to meet CHIPRA mandates and new state law. Citizenship verification is an obvious challenge, but there were many others, including mental health parity and compliance with a state minimum benefit requirement for Autism Spectrum Disorders. Implementing these changes in the next fiscal year will be a substantial challenge. It is also noteworthy that Pennsylvania CHIP is undertaking a systematic effort to identify children enrolled in CHIP or applying for CHIP who are eligible for Medicaid due to serious health conditions. This effort was initiated to ensure that each child receives the benefit program for which she/he qualifies, that children with special needs receive the broader benefits available under Medicaid, and that available CHIP funds are conserved so that all eligible children in Pennsylvania who apply for CHIP can be enrolled without delay in CHIP. Pennsylvania CHIP is also exercising the option to expand eligibility to certain targeted low-income children including those described in Section 1905(u)(2)(B) without a five-year delay.

   Within the limits of a restrictive budget, Pennsylvania continues to work towards simplifications in both application and renewal processes. As additional data is made available to CHIP from other agencies, CHIP will not require additional verification of like data from the applicants. Pennsylvania CHIP continues to explore opportunities offered under CHIPRA such as Express Lane Eligibility, Administrative Renewals, Premium Assistance Programs, and the like.

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

ATTACHMENT

Monday, December 21, 2009

Pennsylvania Children's Health Insurance Program (PA CHIP)

HEDIS 2009 Performance Report

Prepared for the Pennsylvania Insurance Department
Office of CHIP and adultBasic

www.chipcoverspakids.com

1-800-986-KIDS

EDWARD G. RENDELL, GOVERNOR
JOEL ARIO, INSURANCE COMMISSIONER

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

Monday, December 21, 2009

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INSURANCE DEPARTMENT

Background

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

PA CHIP is administered through the Pennsylvania Insurance Department (PID), with the CHIP program supported by both state and federal funds. The program provides payment for health care coverage for eligible children who meet income and other criteria. Approximately 197,000 children are currently enrolled in PA CHIP.

The Cover All Kids initiative, enacted by the legislature in October 2006, led to the expansion of the CHIP program to include all uninsured children and teens in the Commonwealth who are not eligible for Medical Assistance. CHIP is provided by the following private health insurance companies that are licensed and regulated by the Pennsylvania Insurance Department and have contracts with the Commonwealth to offer CHIP coverage.

- Aetna, Inc.
- AmeriChoice of Pennsylvania
- First Priority Health
- Capital Blue Cross
- Geisinger*
- Health Partners*
- Highmark Blue Cross Blue Shield
  - Western region
- Highmark Blue Shield
  - Central region
- Keystone Health Plan East
- Unison Kids
- UPMC for Kids

* Health Partners and Geisinger Health Plans are new for 2009. Data from these Contractors was not included in the 2009 Performance Report.

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Report Card Description

CHIP health insurance company performance is assessed using Healthcare Effectiveness Data Information Set (HEDIS®) 2009 performance measures, 2009 Consumer Assessment of Healthcare Provider Systems (CAHPS®) 4.0 Survey items and Pennsylvania-specific performance measures. Results are presented in three sections: Access to Care, Quality of Care and Satisfaction with Care.

For HEDIS 2009 performance measures, a chart is presented with each bar representing the percentage of CHIP members receiving a specific type of care from their CHIP provider. For charts representing CAHPS survey items, each bar represents the percentage of respondents who selected option 8 or higher on a scale of 1 to 10, or "usually" or "always" when rating the care provided by their CHIP provider.

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

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

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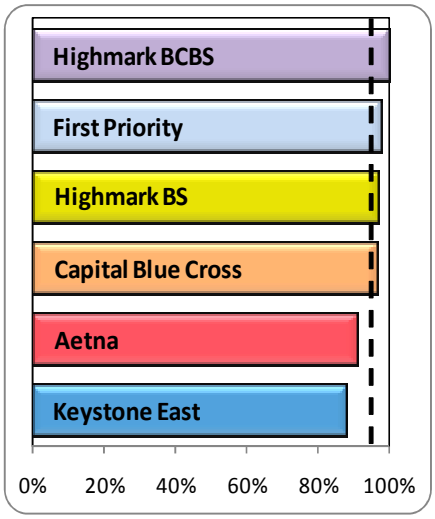
Monday, December 21, 2009

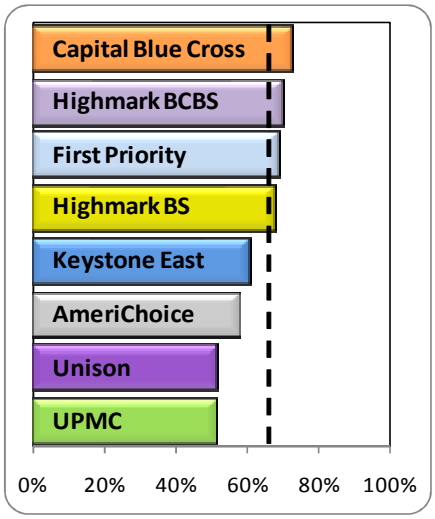
Access to Care: Are children receiving care?



PA CHIP Weighted Average

Regular Checkups for Children in the First 15 Months

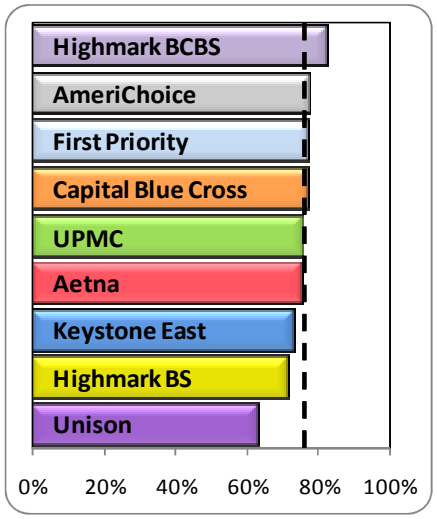
Children who had 3 or more well-child visits with a PCP before turning 15 months old (3, 4, 5 or 6+ visits)



PA CHIP Weighted Average

Annual Dental Visits

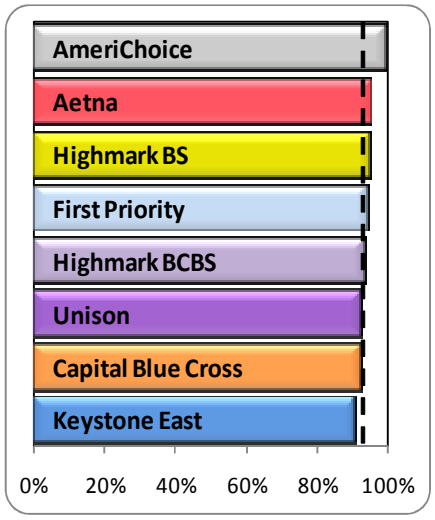
Children and adolescents 2-19 who had a dental visit in the past year



PA CHIP Weighted Average

Childhood Immunization Status – Combination 3

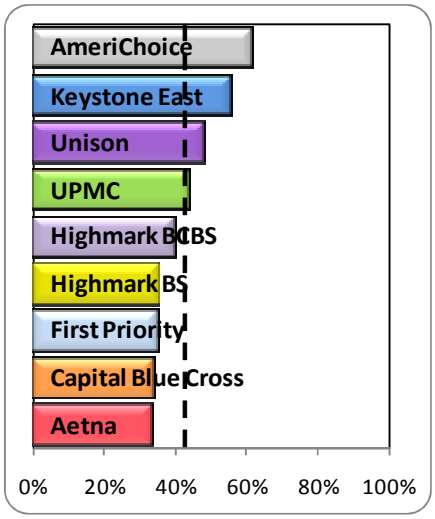
Children who received all recommended vaccines prior to their 2nd birthday



PA CHIP Weighted Average

Use of Appropriate Medication for Children with Asthma

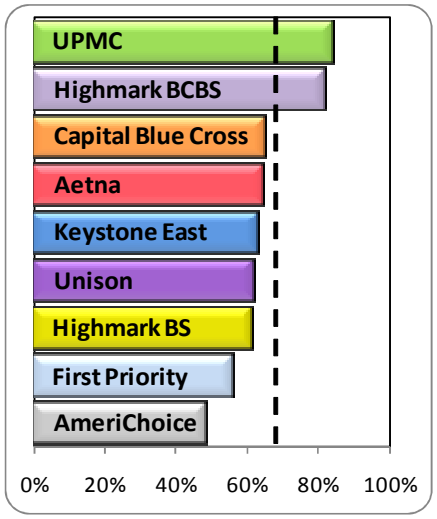
Children and adolescents 5-19 who were diagnosed with persistent asthma and prescribed appropriate medication



PA CHIP Weighted Average

Lead Screening for Children

Children who were tested for lead by their 2nd birthday



PA CHIP Weighted Average

Testing for Children with Pharyngitis (sore throat)

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

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

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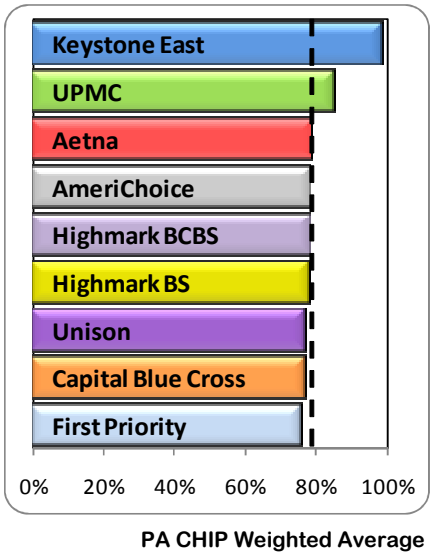
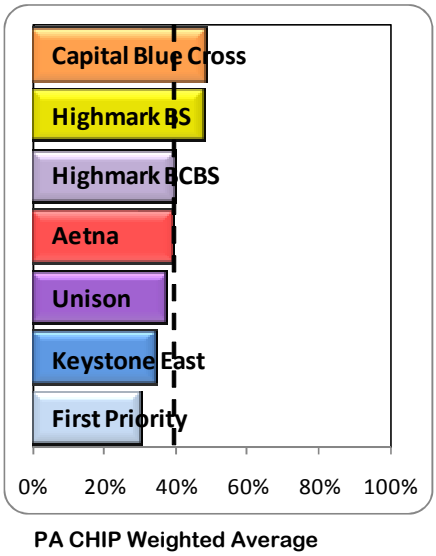
Monday, December 21, 2009

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



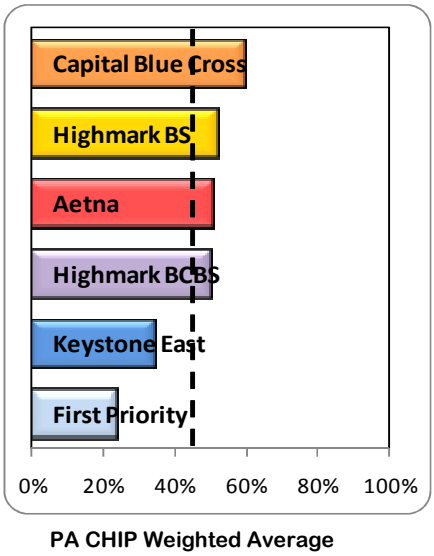
Appropriate Treatment for Upper Respiratory Infection

Children 3 months – 18 years with the common cold who were not prescribed an antibiotic



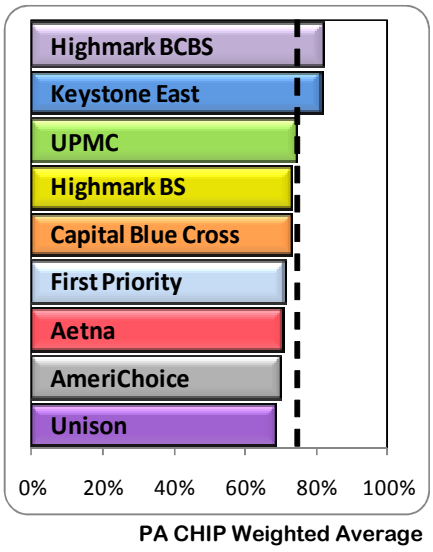
Attention Deficit Hyperactivity Disorder Follow-Up Care Initiation Phase

Children 6-12 with one follow-up visit within 30 days of being prescribed medication for ADHD



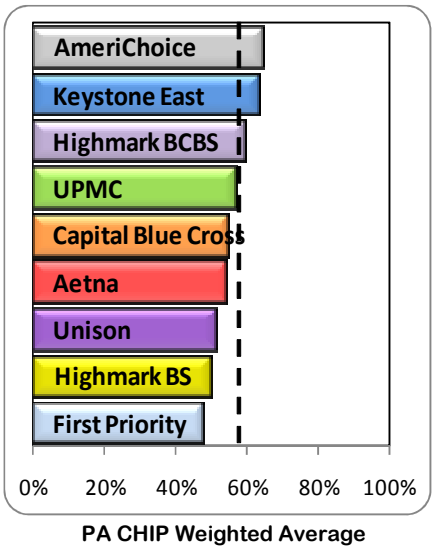
Attention Deficit Hyperactivity Disorder Follow-Up Care Continuation and Maintenance Phase

Children 6-12 who are on ADHD medication who had one follow-up visit during the initiation phase and at least 2 additional visits during the following 9 months



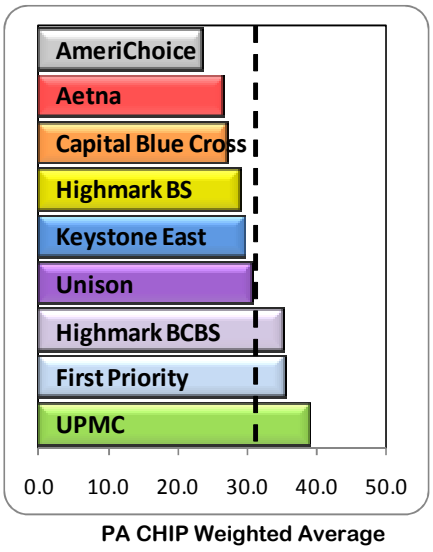
Regular Checkups for Children 3-6 Years Old

Children 3-6 who had one or more well-child visit with a PCP



Regular Checkups for Adolescents

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



Emergency Department Visits for Children <1-19 Years Old

Number of ED visits per 1000 member months by members <1-19 (lower rate indicates better performance)

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

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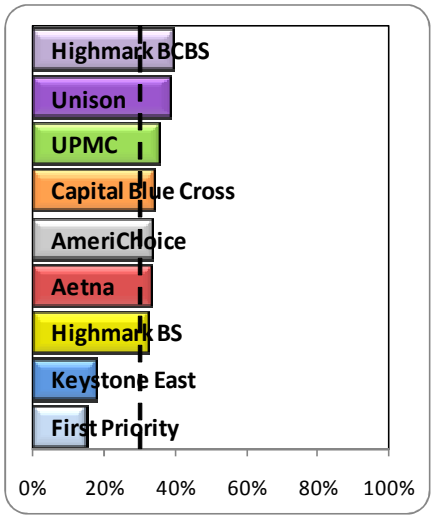
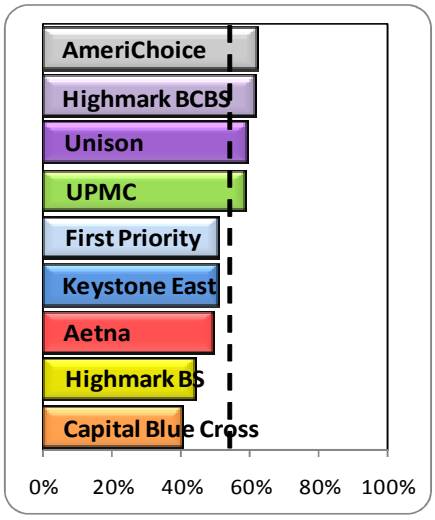
Quality of Care: How good is the care being provided?



PA CHIP Weighted Average

Weight Assessment and Counseling - BMI 3-17 Years

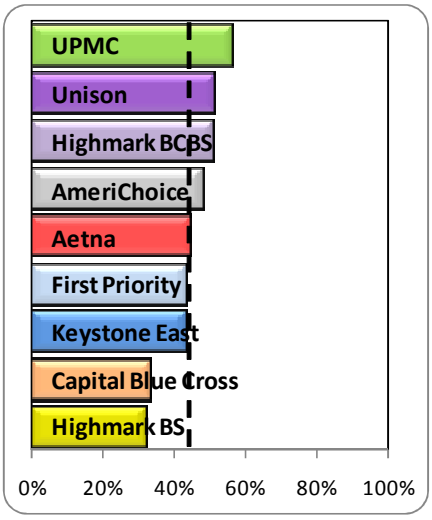
Children 3-17 who had a BMI percentile documented at an outpatient visit with a PCP or OB/GYN



PA CHIP Weighted Average

Weight Assessment and Counseling - Nutrition 3-17 Years

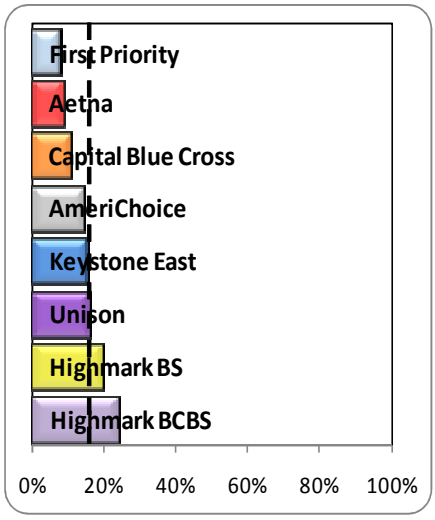
Children 3-17 who were counseled for nutrition at an outpatient visit with a PCP or OB/GYN



PA CHIP Weighted Average

Weight Assessment and Counseling – Physical Activity 3-17 Years

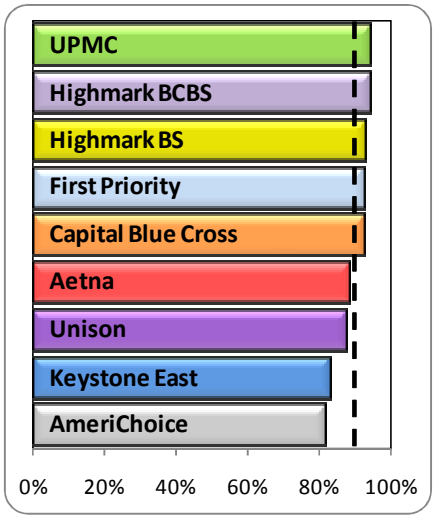
Children 3-17 who were counseled for physical activity at an outpatient visit with a PCP or OB/GYN



PA CHIP Weighted Average

Asthma Emergency Department Visits

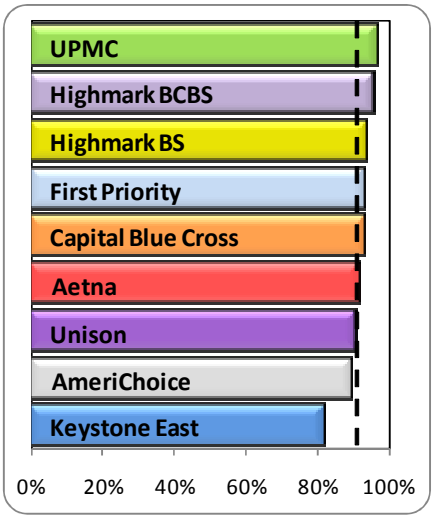
Children identified with persistent Asthma who had an ED visit for Asthma (lower rate indicates better Performance)



PA CHIP Weighted Average

Children's Access to Practitioners 12 Months - 6 Years

Percentage of children 12 months to 6 years who had a visit with a PCP during 2008



PA CHIP Weighted Average

Children's Access to Practitioners 7 - 19 Years

Percentage of children 7-19 years who had a visit with a PCP during 2008

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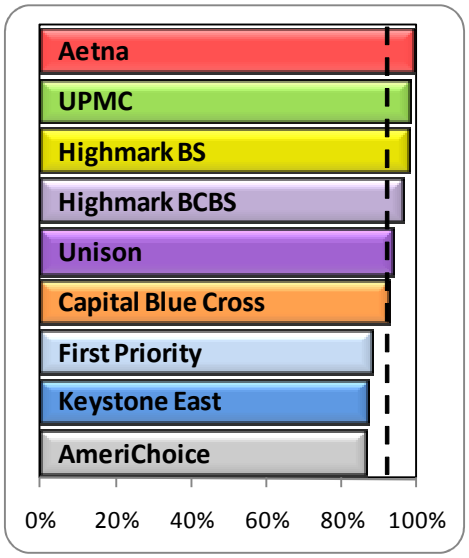
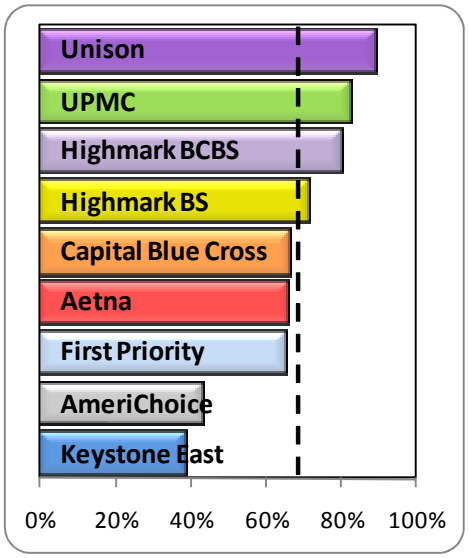
Quality of Care: How good is the care being provided?



PA CHIP Weighted Average

Body Mass Index Assessment: Height and Weight or BMI

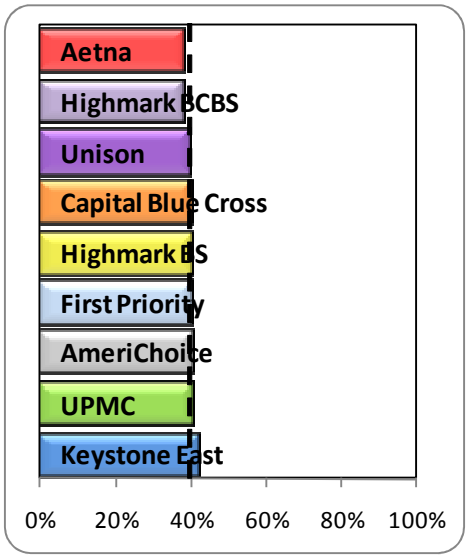
Percentage of members with a height and weight or BMI assessed at a well-visit with a PCP or OB/GYN in 2008



PA CHIP Weighted Average

Body Mass Index Assessment: BMI Assessment

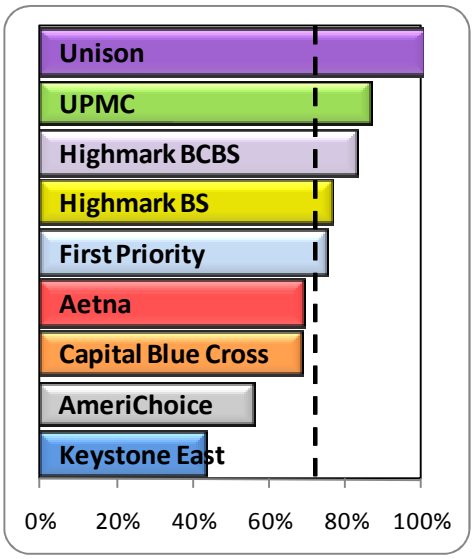
Percentage of members with a BMI assessed at a well-visit with a PCP or OB/GYN in 2008



PA CHIP Weighted Average

Body Mass Index Assessment: Overweight or Obese

Percentage of CHIP members with a BMI at or above the 85th percentile (overweight) or above the 95th percentile (obese) based on a height and weight or BMI calculated at a well-visit in 2008 (lower rates indicate better performance)



PA CHIP Weighted Average

Body Mass Index Assessment: Overweight or Obese and BMI

Percentage of CHIP members with a BMI at or above the 85th percentile (overweight) or above the 95th percentile (obese) who had a BMI assessed at a well-visit in 2008

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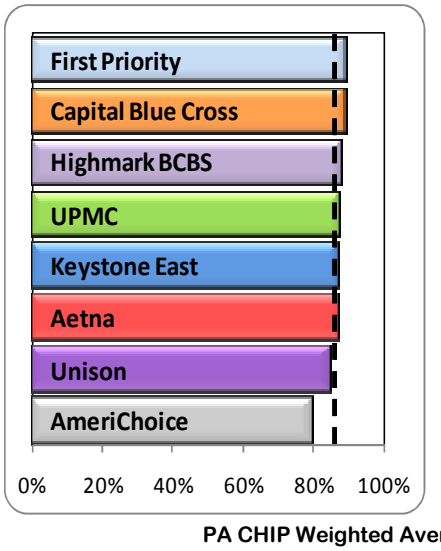
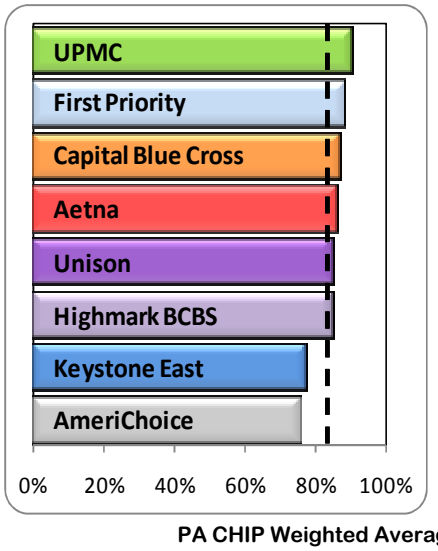
Satisfaction with Care: Is the care meeting your needs?



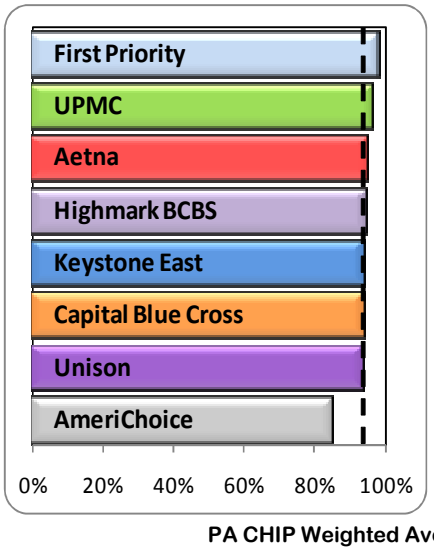
Satisfaction With Your Child's Personal Doctor

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



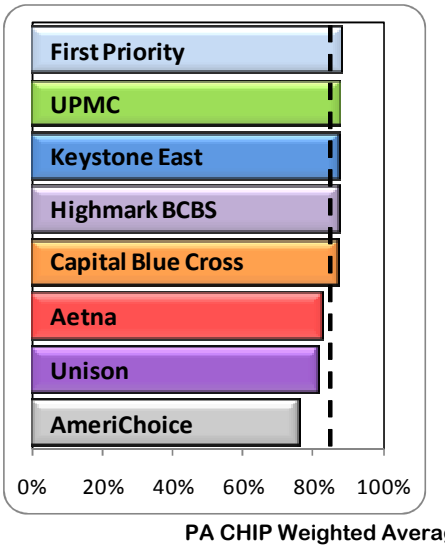
Satisfaction With Your Child's Specialist

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



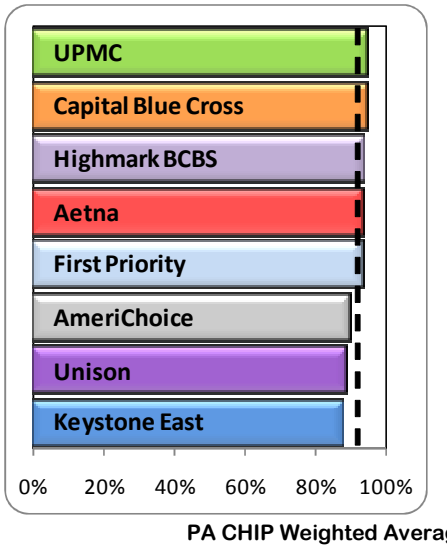
Child Is Able To Get Urgent Care As Soon As Necessary

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



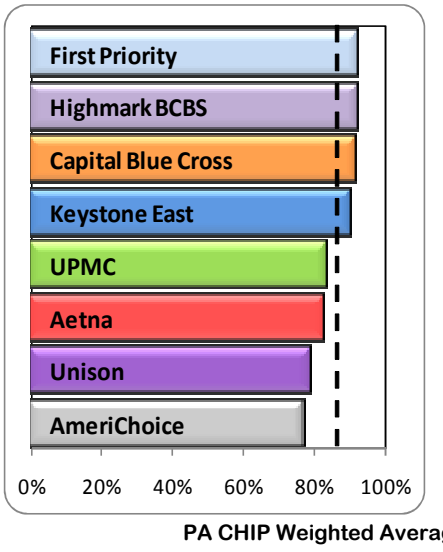
Satisfaction With Your Child's Health Care

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



Courteous Treatment by Customer Service

Parent/Guardian responded "usually" or "always" received courteous treatment from customer service



Satisfaction With Your CHIP Health Plan

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

* Highmark BCBS (western region) participated in the CAHPS survey
* Highmark BS (central region) was not required to administer a CAHPS survey

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CHIP Provider Contact Information

AETNA
930 Harvest Drive
PO BOX 937, U32N
BLUE Bell, PA 19422
1-800-822-CHIP (2447)
TDD/TTY 1-800-628-3323

AMERICHOICE OF PENNSYLVANIA
Attn: CHIP Enrollment Department
PO Box 13409
Philadelphia, PA 19101-9300
1-877-289-1917

CAPITAL BLUE CROSS
PO Box 777014
Harrisburg, PA 17177-7014
1-800-543-7101
TDD/TTY 1-800-242-4816

First Priority Health (BCNEPA)
Attn: CHIP/adultBasic
19 North Main Street
Wilkes Barre, PA 18711-0302
1-800-543-7199
TDD/TTY 1-800-413-1112

HIGHMARK BLUE SHIELD
Highmark CHIP & adultBasic Unit
PO Box 890175
Camp Hill, PA 17001-9705
1-866-727-5437
TDD/TTY 1-866-727-4938

HIGHMARK BLUE CROSS/BLUE SHIELD
PO Box Caring
Pittsburgh, PA 15230-9779
1-800-543-7105
TDD/TTY 1-877-323-8480

KEYSTONE HEALTH PLAN EAST
Caring Foundation
PO Box 13449
Philadelphia, PA 19101-9552
1-800-464-5437
TDD/TTY 1-215-241-2622

UNISON KIDS
Unison Administrative Services, LLC.
Unison Plaza
1001 Brinton Road
Pittsburgh, PA 15221-9802
1-800-414-9025 (Hearing-Impaired: 711)

UPMC HEALTH PLAN
PO Box 2875
Pittsburgh, PA 15230-9911
1-800-978-8762
TDD/TTY 1-800-361-2629

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1-800-986-KIDS