



Children's Health Insurance Program

2014 Annual Report to the Legislature

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2014 Children’s Health Insurance Program Annual Report

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2014 Children's Health Insurance Program Annual Report

Executive Summary

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

In early 2007, after passage of Act 136 of 2006, Pennsylvania received approval from the federal government to expand eligibility for CHIP in what was called *Cover All Kids*. As of March 2007, free CHIP coverage has been available to eligible children in households with incomes no greater than 208% of the Federal Poverty Level (FPL), low-cost CHIP coverage is available for those with incomes greater than 208% but not greater than 314% of the FPL, and families with incomes greater than 314% of the FPL have the opportunity to purchase coverage by paying the full rate negotiated by the state.

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

The Affordable Care Act (the Patient Protection and Affordable Care Act together with the Health Care and Education Reconciliation Act of 2010) (the "ACA"), signed into law in March 2010, provided additional changes for CHIP. The ACA extended federal funding of CHIP through September of 2015, as well as added a requirement that states must maintain the MA and CHIP eligibility standards, methods and procedures in place on the date of passage of the ACA or refund the state's federal stimulus funds under The American Recovery and Reinvestment Act of 2009 (ARRA). (CHIP waiting lists are permitted in the event of limited state funding.)

The requirements and opportunities presented by CHIPRA and the ACA continue to challenge the CHIP staff, and the volume of program enhancements has made it difficult to get adequate guidance from CMS. Numerous unanswered questions remain about the future of CHIP in Pennsylvania and the nation as the ACA-contemplated exchanges continue to develop and CHIP and Medicaid eligibility standards continue to be revised. Nevertheless, throughout 2014, the Department focused on implementation challenges and continued to work with advocates, insurers, community partners, legislators, federal regulators and other stakeholders to make health insurance

available and accessible to Pennsylvania's uninsured children, improve outcomes, and comply with applicable state and federal laws.

Services

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

- Preventive care, including physician, nurse practitioner and physician assistant services;
- Specialist care, including physician, nurse practitioner and physician assistant services;
- Autism services, not to exceed \$36,000 annual benefit cap (specified by Act 62 of 2008);
- Diagnosis and treatment of illness or injury;
- Laboratory/pathology testing;
- X-rays;
- Injections and medications;
- Emergency care, including emergency transportation;
- Prescription drugs;
- Emergency, preventive and routine dental care, and medically necessary orthodontia;¹
- Emergency, preventive and routine vision care;
- Emergency, preventive and routine hearing care; and
- Inpatient hospital care (90 days including mental health).

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

Eligibility

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

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

The ACA relaxed the longstanding federal restriction on coverage for otherwise CHIP eligible children of state employees who are also eligible for health coverage with some subsidy through their parents who are state employees. CHIP coverage is now available on a case-by-case basis for part-time and seasonal state employees' children where the annual aggregate amount of premiums and cost sharing a family pays for employer-based coverage exceeds five percent of

¹ As a result of the CHIP Reauthorization Act of 2009 (CHIPRA), medically necessary orthodontia was added to the dental benefits package. The orthodontia benefit is capped at a lifetime maximum of \$5,200. The yearly dental benefit limit is \$1,500.

income. During 2014, 24 children were found to meet the hardship exception; 21 were eligible to participate in CHIP; and 3 were not eligible due to having private insurance or found to be low income and referred to Medical Assistance (MA).

Costs and Contributions

CHIP continues to provide identical, comprehensive benefits to individuals enrolled in the free, low-cost, and full-cost components of the program, which are illustrated in Attachment 1.

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

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

- Greater than 208% but no greater than 262% - 25% of the per-member-per-month (PMPM) cost. The average cost to the enrollee in 2014 was approximately \$50.
- Greater than 262% but no greater than 288% - 35% of PMPM cost. The average cost to the enrollee in 2014 was approximately \$70.
- Greater than 288% but no greater than 314% - 40% of PMPM cost. The average cost per child to their families in 2014 was approximately \$80.

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

The third component, full-cost CHIP, is for children in families with adjusted gross household income greater than 314% of the FPL, if private insurance is unaffordable or inaccessible. Families may buy into coverage at 100% of the cost negotiated by the Department with each of the health insurance contractors. The average premium for 2014 was \$219. No federal or state dollars are used to provide coverage for families in the full-cost group. In addition, children in families with adjusted gross income greater than 314% FPL are charged point-of-service co-payments for primary care visits (\$15), specialists (\$25), emergency room care (\$50, waived if admitted), and prescriptions (\$10 for generic and \$18 for brand names).

Insurance Contractors

The Department administers CHIP with at least two health insurance contractors offering coverage in every county of the Commonwealth. The following health insurers are now providing managed care coverage for children in CHIP under contracts effective December 1, 2013, through November 30, 2016:

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

Outreach

CHIP staff continued its multi-pronged marketing campaign through bus ad campaigns, radio advertisements, billboards, and social media outlets.

With limited funds and an ever-shifting economic climate, CHIP focused its efforts on grassroots initiatives and partnerships, as well as social media outlets. CHIP's efforts targeted ways to reinforce our key messages and increase enrollment. CHIP placed strong emphasis on taking action and applying. In all of our marketing and outreach efforts, we strive to go beyond awareness to encourage families to act.

CHIP staff and the daily grassroots outreach efforts of its health insurance company contractor outreach staff continued to prove successful. Outreach included venues where folks could take the next step and enroll, such as health fairs, libraries, hospitals, community events and meetings. CHIP continually develops and supports partnerships with grassroots organizations that serve as "CHIP Champions" in their communities.

CHIP staff continued its strategic media buy that began rolling out in the 2nd quarter of 2013 with an online "search" buy, and transit advertising in the Philadelphia, Pittsburgh, Harrisburg, Lancaster, Allentown, Reading, Wilkes-Barre/Scranton and Erie markets. The transit ads appeared on both the interior and exterior of buses in those areas.

CHIP Helpline

The Healthy Kids helpline is the statewide, toll-free automated helpline that citizens can call to find out more about the CHIP and Medical Assistance (MA) programs and how to obtain health coverage.

The helpline continued to provide information to citizens with questions about the CHIP and MA programs, while encouraging callers to apply and renew online using COMPASS; to visit the CHIP website for more information; or to contact their existing CHIP health insurance plan or County Assistance Office (CAO) caseworker with eligibility and enrollment-related questions.

Full-time CHIP employees handle calls from citizens who have issues that could not be resolved through the automated helpline or with the CHIP health insurance plans. The Department of Human Services' MA helpline handled MA-related calls.

Since its transition from a live-answer call center in June 2012, the program has received no specific complaints regarding the automated helpline from consumers, health insurance plans, internal staff, or from the Insurance Department Consumer Line. Further, the Helpline staff who take calls from citizens with issues are able to provide a greater level of service to those citizens, since these in-house agency staffers have greater access to eligibility and enrollment system information for applicants and enrollees. This expanded access and knowledge allows CHIP staff to work with callers in a more specific manner that provides more effective issue resolution in a more timely manner than if the employee were to point the caller to a site with only limited information.

Overall, CHIP is pleased that we are maintaining the call volumes of the past while continuing to provide additional assistance to the citizens who need our services.

School Notices

CHIP continued to partner with the PA Department of Education (PDE) to send out 2.2 million, two-sided, English/Spanish CHIP "Really" flyers (Attachment 2) to all public school students. We also conducted a focused outreach effort to charter schools statewide.

Effectiveness of Outreach

We find that a multi-pronged marketing and outreach approach is very effective in reaching citizens with CHIP's message. Word of mouth and referrals continue to be CHIP's most valuable outreach method; to that end, CHIP outreach always encourages citizens to tell family, friends, co-workers and neighbors about the program. We also continue to develop and support partnerships with grassroots organizations who serve as "CHIP Champions".

In terms of media placements, we continued our online "search" buy which always increases visits to our website. We also continued the transit bus ad campaign throughout the state. In addition to CHIP's over-arching strategies, CHIP and its insurance company contractor outreach staff continued daily grassroots outreach, focusing on venues where citizens could learn

more and also take steps to enroll. Several of these events were targeted towards minority populations in larger cities. Some examples of CHIP contractor marketing and outreach efforts included:

- Capital BlueCross (CBC), whose service area encompasses 21 central PA counties, was involved in many CHIP outreach efforts that included a more personalized approach to addressing individual family needs on a one-on-one basis. CBC participated in several health fairs, school activity nights, and events at County Assistance Offices. CBC also partners with several organizations in their local communities, such as the Dauphin County Drug and Alcohol Unit, to assist in addressing drug issues affecting youth.
- Geisinger Health Plan (GHP) Kids, whose service area covers 40 counties in Pennsylvania, continued a comprehensive approach to build CHIP awareness through community partnerships. In addition to providing health education at public-facing events, outreach representatives supplied enrollment and eligibility information on-site at various social service agencies, nonprofit organizations, and communal establishments. Materials were distributed to participating health care professionals to promote the broad advantages of CHIP benefits. Presentations were given to staff at these facilities to expand understanding of the referral and application processes. GHP Kids also collaborated with numerous school districts, child care agencies and youth centers to offer targeted children's wellness programs. Partnering with these facilities aimed to encourage key behaviors like good nutrition and physical activity that are essential to our membership. GHP Kids will remain committed to delivering valuable pediatric health education to CHIP children and their communities.
- UnitedHealthcare (UHC) participated in over 90 outreach events throughout PA during 2014. UHC provided health education at various locations, including WIC offices, schools, health fairs, job fairs, the Salvation Army, and the Children's Museum in Pittsburgh.
- Aetna Better Health Kids actively and regularly outreaches to members, potential members and their caregivers in the Southeast and Lehigh Cap zones. Using a combination of approaches, such as community-based outreach (for example, health and wellness posters, health fairs, community centers, etc.) and collateral consisting of health and wellness brochures, flyers, and wellness rewards program information, Aetna educates, informs, and helps members understand and use their covered benefits and services. In the year 2014, the Community Development team of Aetna Better Health Kids, participated in eighty-two events in the approved service areas. Major outreach activities in 2014 included Vive tu Vida and the Single Mother's Conference in Chester County, Healthy Kids Day in Southeastern PA, the Sugarcane Festival in Philadelphia County, and the Anti-Bullying Resource Fair in Delaware County.

Enrollment

Projected Number of Eligible Children

The average enrollment for the calendar year 2014 was 170,152. The projected average enrollment for CHIP in state fiscal year 2014-2015 is 148,297. The projected enrollment is anticipated to be consistent with the current enrollment in terms of residence and poverty level.

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

Please refer to Attachment 3 (CHIP Enrollment by County) for county-specific data for the number of children enrolled in the program during the reporting period of January through December 2014.

The total enrollment numbers for the several levels of the FPL for the period January through December 2014 were:

Month	No greater than 208% FPL (free group)	Greater than 208% but no greater than 262% FPL (Low-Cost Group 1)	Greater than 262% but no greater than 288% FPL (Low Cost Group 2)	Greater than 288% but no greater than 314% FPL (Low-Cost Group 3)	Greater than 314% FPL (Full-Cost Group)	Total Monthly Enrollment
January	149,397	22,597	5,796	3,460	3,963	185,213
February	150,724	23,198	5,832	3,517	3,732	187,003
March	151,554	23,445	5,821	3,590	3,615	188,025
April	153,292	23,669	5,787	3,604	3,471	189,823
May	140,361	22,487	5,634	3,662	3,338	175,482
June	131,854	22,266	5,628	3,802	3,313	166,863
July	126,918	22,658	5,747	4,056	3,385	162,764
August	123,441	23,272	5,870	4,300	3,438	160,321
September	120,637	23,395	5,895	4,512	3,456	157,895
October	119,166	23,738	6,061	4,738	3,512	157,215
November	117,413	24,327	6,086	4,910	3,561	156,297
December	115,617	24,506	6,147	5,057	3,591	154,918

Waiting List

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

Healthcare Effectiveness Data and Information Set (HEDIS) Measurements

The program continues to utilize the Healthcare Effective Data Information Set (HEDIS) performance measures to determine how the PA CHIP plan compares to national and regional benchmarks, and the Consumer Assessment of Healthcare Provider Systems (CAHPS) to determine the level of satisfaction related to access, health status, and care received by enrolled children. In 2014, the program measured all the CHIP contractors using HEDIS, and required

commercial CHIP contractors to utilize MA-adapted HEDIS measurements to enable more reliable comparisons across insurance plans.

HEDIS data compiled in the past has consistently shown that children enrolled in CHIP use preventive and primary care at approximately the same level as children in commercial plans nationally and regionally. Excerpts from the full report on preventive and primary care services based on utilization occurring in 2013 and reported in 2014 are available at Attachment 4 (HEDIS 2014 Report Card) and at Attachment 5 (Administrative Performance Measure Report). The full 2014 CHIP HEDIS report is available on CHIP's website at: http://www.chipcoverspakids.com/assets/media/pdf/2014_hedis.pdf.

The Department is trending HEDIS data to determine the strengths and weaknesses of the program and individual contractors. The Department contracted with IPRO, an External Quality Review Organization (EQRO), to develop quality improvement initiatives based on HEDIS. The PA CHIP HEDIS 2014 report (based on 2012 and 2013 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 2014, 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).

Changes to the CHIP State Plan Approved in CY 2014

During calendar year 2014, PA CHIP continued to work with CMS to gain approval to several amendments to the State Plan to reflect changes required by the ACA.

PA CHIP addressed the eligibility and methodology change requirements pertaining to Modified Adjusted Gross Income (MAGI) by submitting the MAGI Conversion Plan to CMS. This plan outlines several specific changes to CHIP eligibility.

The accepted State Plan Amendment (SPA), page CS7, acknowledges changes to applicable FPL limits for CHIP. Children ages 0 to 1 must have household income above 215% of FPL to qualify for CHIP. Children ages 1 to 6 must have household income above 157% of FPL to qualify for CHIP. Children ages 6 to 19 must have household income above 133% of FPL to qualify for CHIP. This change acknowledges the eligibility of children below 133% of FPL for Medicaid, as they were previously eligible for CHIP.

Additionally, the accepted SPA, page CS15, acknowledges that PA CHIP will apply MAGI methodologies for tax household and income. MAGI methodology affects new application eligibility determinations immediately. Existing enrollees will be subject to new methodology upon the next regularly scheduled renewal.

SPA page CS17 acknowledges the regulatory changes to the definition of residency, aligning with the Medicaid residency rules, including 42 CFR 435.403(h), (i), and (m).

SPA page CS18 acknowledges the regulatory changes in 42 CFR 457.320(b)(6), (c), and (d) and 457.380(b) to eligible citizenship statuses for CHIP recipients, expanding eligibility to individuals considered “lawfully present” as listed in 42 CFR 435.4.

SPA page CS21 acknowledges the regulatory changes set forth in 42 CFR 457.570, reducing the previous lock-out period for non-payment of premiums to 90 days; the previous policy had been six months.

Conclusion

2014 was a challenging year for CHIP. The program has experienced decreased enrollment as a result of the Affordable Care Act, and the future of the program remains uncertain. However, through creative outreach, increased administrative efficiencies, and refinements to the program, CHIP has continued to serve the uninsured children of Pennsylvania. We look forward to continuing this public service in 2015.

Appendix 8-A Federal Income Guidelines for Determining CHIP Eligibility for All Children

Family Size	Free Coverage For Ages 1 thru 5		Free Coverage For Ages 6 thru 18		Subsidized Coverage 1 For Ages 0 to 1		For Ages 1 thru 18		Subsidized Coverage 2 For Ages 0 thru 18		Subsidized Coverage 3 For Ages 0 thru 18		At Cost For Ages 0 thru 18	
	Income Level		Income Level		Income Level		Income Level		Income Level		Income Level		Income Level	
1	\$18,322	- \$24,274	\$15,522	- \$24,274	\$25,091	- \$30,576	\$24,274	- \$30,576	\$30,576	- \$33,610	\$33,610	- \$36,644	\$36,644	- No Limit
2	\$24,697	- \$32,719	\$20,921	- \$32,719	\$33,820	- \$41,213	\$32,719	- \$41,213	\$41,213	- \$45,303	\$45,303	- \$49,393	\$49,393	- No Limit
3	\$31,071	- \$41,164	\$26,321	- \$41,164	\$42,549	- \$51,850	\$41,164	- \$51,850	\$51,850	- \$56,996	\$56,996	- \$62,141	\$62,141	- No Limit
4	\$37,445	- \$49,608	\$31,721	- \$49,608	\$ 51,278	- \$62,487	\$49,608	- \$62,487	\$62,487	- \$68,688	\$68,688	- \$74,889	\$74,889	- No Limit
5	\$43,819	- \$58,053	\$37,121	- \$58,053	\$60,007	- \$73,125	\$58,053	- \$73,125	\$73,125	- \$80,381	\$80,381	- \$87,638	\$87,638	- No Limit
6	\$50,193	- \$66,498	\$42,521	- \$66,498	\$68,736	- \$83,762	\$66,498	- \$83,762	\$83,762	- \$92,074	\$92,074	- \$100,386	\$100,386	- No Limit
7	\$56,568	- \$74,943	\$47,920	- \$74,943	\$77,465	- \$94,399	\$74,943	- \$94,399	\$94,399	- \$103,767	\$103,767	- \$113,135	\$113,135	- No Limit
8	\$62,942	- \$83,388	\$53,320	- \$83,388	\$86,194	- \$105,036	\$83,388	- \$105,036	\$105,036	- \$115,460	\$115,460	- \$125,883	\$125,883	- No Limit
9	\$69,316	- \$91,832	\$58,720	- \$91,832	\$94,923	- \$115,673	\$91,832	- \$115,673	\$115,673	- \$127,152	\$127,152	- \$138,631	\$138,631	- No Limit
10	\$75,690	- \$100,277	\$64,120	- \$100,277	\$103,652	- \$126,311	\$100,277	- \$126,311	\$126,311	- \$138,845	\$138,845	- \$151,380	\$151,380	- No Limit
11	\$82,064	- \$108,722	\$69,520	- \$108,722	\$112,381	- \$136,948	\$108,722	- \$136,948	\$136,948	- \$150,538	\$150,538	- \$164,128	\$164,128	- No Limit
12	\$88,439	- \$117,167	\$74,919	- \$117,167	\$121,110	- \$147,585	\$117,167	- \$147,585	\$147,585	- \$162,231	\$162,231	- \$176,877	\$176,877	- No Limit
13	\$94,813	- \$125,612	\$80,319	- \$125,612	\$129,839	- \$158,222	\$125,612	- \$158,222	\$158,222	- \$173,924	\$173,924	- \$189,625	\$189,625	- No Limit
14	\$101,187	- \$134,056	\$85,719	- \$134,056	\$138,568	- \$168,859	\$134,056	- \$168,859	\$168,859	- \$185,616	\$185,616	- \$202,373	\$202,373	- No Limit
15	\$107,561	- \$142,501	\$91,119	- \$142,501	\$147,297	- \$179,497	\$142,501	- \$179,497	\$179,497	- \$197,309	\$197,309	- \$215,122	\$215,122	- No Limit
16	\$113,935	- \$150,946	\$96,519	- \$150,946	\$156,026	- \$190,134	\$150,946	- \$190,134	\$190,134	- \$209,002	\$209,002	- \$227,870	\$227,870	- No Limit
17	\$120,310	- \$159,391	\$101,918	- \$159,391	\$164,755	- \$200,771	\$159,391	- \$200,771	\$200,771	- \$220,695	\$220,695	- \$240,619	\$240,619	- No Limit
18	\$126,684	- \$167,836	\$107,318	- \$167,836	\$173,484	- \$211,408	\$167,836	- \$211,408	\$211,408	- \$232,388	\$232,388	- \$253,367	\$253,367	- No Limit
19	\$133,058	- \$176,280	\$112,718	- \$176,280	\$182,213	- \$222,045	\$176,280	- \$222,045	\$222,045	- \$244,080	\$244,080	- \$266,115	\$266,115	- No Limit
20	\$139,432	- \$184,725	\$118,118	- \$184,725	\$190,942	- \$232,683	\$184,725	- \$232,683	\$232,683	- \$255,773	\$255,773	- \$278,864	\$278,864	- No Limit
+Person	\$6,375	\$ 8,445	\$ 5,400	\$8,445	\$ 8,729	\$10,638	\$8,445	\$10,638	\$10,638	\$11,693	\$11,693	\$12,749	\$12,749	
% FPL	>157%	<=208%	>133%	<=208%	>215%	<=262%	>208%	<=262%	>262%	<=288%	>288%	<=314%	>314%	

Note 1. Income guidelines according to the January 22, 2014, Federal Register.

Note 3. The lower dollar limit in all categories has been programmed to be \$0.01 over the amount shown. For example, an applicant with family size of 4, with income of \$62,487.01 would be in placed Subsidized Coverage 2. In contrast, an applicant with the same family size and income of \$62,487.00 will be placed in Subsidized Coverage 1. The pennies are not shown to save space in the chart.

CHIP Enrollment by County and Federal Poverty Level - December 2014

County	Free - No greater than 208% FPL	Low-Cost 1 - Greater than 208% but no greater than 262% FPL	Low-Cost 2 - Greater than 262% but no greater than 288% FPL	Low-Cost 3 - Greater than 288% but no greater than 314% FPL	Full Cost CHIP - Greater than 314% FPL	Total Enrollment
Adams	1,167	307	73	65	28	1,640
Allegheny	8,439	1,958	474	455	464	11,790
Armstrong	672	163	45	27	23	930
Beaver	1,505	296	81	55	63	2,000
Bedford	718	143	29	25	25	940
Berks	4,452	895	206	179	113	5,845
Blair	1,327	279	73	49	39	1,767
Bradford	563	83	23	11	24	704
Bucks	5,059	1,415	416	322	256	7,468
Butler	1,498	364	108	87	76	2,133
Cambria	1,262	357	53	63	48	1,783
Cameron	41	5	3	1	0	50
Carbon	721	120	22	13	17	893
Centre	751	145	29	30	13	968
Chester	3,596	864	268	200	169	5,097
Clarion	478	100	28	16	10	632
Clearfield	714	186	48	43	27	1,018
Clinton	324	50	26	17	5	422
Columbia	604	102	10	15	2	733
Crawford	773	177	24	23	18	1,015
Cumberland	1,794	414	103	97	50	2,458
Dauphin	2,341	480	128	95	75	3,119
Delaware	5,038	1,160	336	261	200	6,995
Elk	312	68	20	17	8	425
Erie	2,404	475	101	85	60	3,125
Fayette	1,289	365	73	55	68	1,850
Forest	27	7	2	2	0	38
Franklin	2,000	442	124	104	32	2,702
Fulton	242	42	11	12	7	314
Greene	275	42	15	17	13	362
Huntingdon	439	70	18	18	13	558
Indiana	750	140	42	36	30	998
Jefferson	495	127	34	24	11	691
Juniata	236	37	11	10	2	296
Lackawanna	1,726	306	51	42	31	2,156
Lancaster	5,668	1,311	296	267	152	7,694
Lawrence	799	173	35	35	24	1,066
Lebanon	1,440	273	64	65	30	1,872
Lehigh	4,334	783	193	147	95	5,552
Luzerne	2,914	490	102	83	39	3,628
Lycoming	991	162	35	32	18	1,238
McKean	322	65	17	8	8	420
Mercer	863	200	30	28	15	1,136
Mifflin	516	67	33	22	6	644
Monroe	1,756	306	70	60	43	2,235
Montgomery	5,776	1,508	407	379	265	8,335
Montour	104	18	2	1	1	126
Northampton	2,668	560	96	127	92	3,543
Northumberland	896	157	45	28	8	1,134
Perry	396	79	19	14	3	511
Philadelphia	16,855	2,920	690	498	274	21,237
Pike	621	109	34	33	15	812
Potter	140	26	16	4	4	190
Schuylkill	1,274	277	80	51	29	1,711
Snyder	392	73	15	8	3	491
Somerset	854	169	56	43	25	1,147
Sullivan	44	4	5	2	1	56
Susquehanna	418	86	32	17	30	583
Tioga	369	69	14	7	10	469
Union	386	57	26	15	4	488
Venango	509	109	26	36	16	696
Warren	293	40	12	12	7	364
Washington	1,630	415	99	100	77	2,321
Wayne	576	107	35	9	8	735
Westmoreland	3,114	752	174	176	154	4,370
Wyoming	236	41	17	10	4	308
York	4,431	916	264	169	111	5,891
Total	115,617	24,506	6,147	5,057	3,591	154,918

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No family makes too much money for CHIP because there are no income limits! For most families, CHIP is free - others low cost.



**To get your kids covered, visit
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**Tom Corbett, Governor
Commonwealth of Pennsylvania**

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Si sus niños o adolescentes necesitan seguro médico usted debe averiguar más sobre CHIP. Le garantizamos cobertura médica de calidad para sus hijos. Es más, sus hijos pueden continuar visitando a los mismos médicos que ven ahora.

Ofrecemos cobertura en todo, incluyendo visitas al médico, vacunas, atención médica de emergencia, medicamentos bajo receta, atención dental y de la vista.

Si su ingreso es menor a lo requerido por chip, puede inscribir a su hijo en asistencia médica.

Ninguna familia gana demasiado dinero como para tener derecho a CHIP, ¡porque no hay límite de ingresos! Para muchas familias, CHIP es gratis y para otras, a bajo costo.



Para inscribir a sus hijos, visite el sitio de Internet
www.chipcoverspakids.com

o llame al 1-800-986-5437 paramás información.

Tom Corbett, el Gobernador
Estado de Pennsylvania

December 2014



pennsylvania
INSURANCE DEPARTMENT



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

www.chipcoverspakids.com

1-800-986-KIDS

2014 Report Card

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

TOM CORBETT, GOVERNOR

MICHAEL F. CONSEDINE, INSURANCE COMMISSIONER



Background

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

PA CHIP is administered through the Pennsylvania Insurance Department (PID), with the CHIP program supported by both state and federal funds. The program provides payment for health care coverage for eligible children who meet income and other criteria. Approximately 155,000 children and teens 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. On February 4, 2009, President Obama signed into law the Children's Health Insurance Act of 2009 (CHIPRA) (Pub. L. 111-3). CHIP is provided by the following private health insurance companies that are licensed and regulated by the Pennsylvania Insurance Department and have contracts with the Commonwealth to offer CHIP coverage.



- Aetna, Inc.
- First Priority Health
- Capital Blue Cross
- Geisinger Health Plan
- Health Partners of Philadelphia
- Highmark Blue Cross Blue Shield
- Highmark Blue Shield
- Keystone Health Plan East
- UnitedHealthcare of Pennsylvania
- UPMC for Kids



Report Card Description



CHIP health insurance company performance is assessed using Healthcare Effectiveness Data Information Set (HEDIS®) 2014 performance measures, 2014 Consumer Assessment of Healthcare Provider Systems (CAHPS®) 5.0 Survey items and Pennsylvania-specific performance measures. Results are presented in three sections: Access to Care, Quality of Care and Satisfaction with Care.

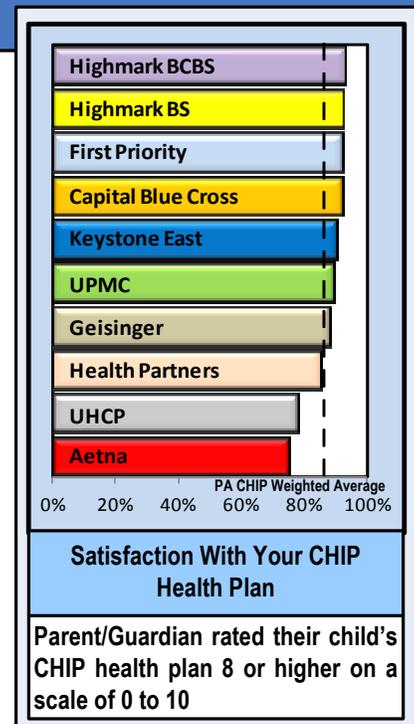
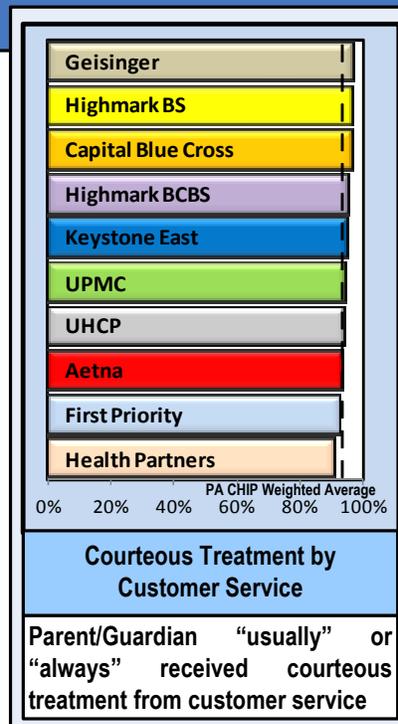
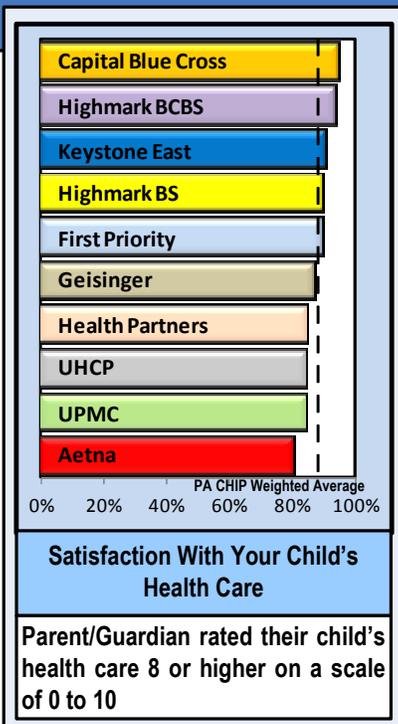
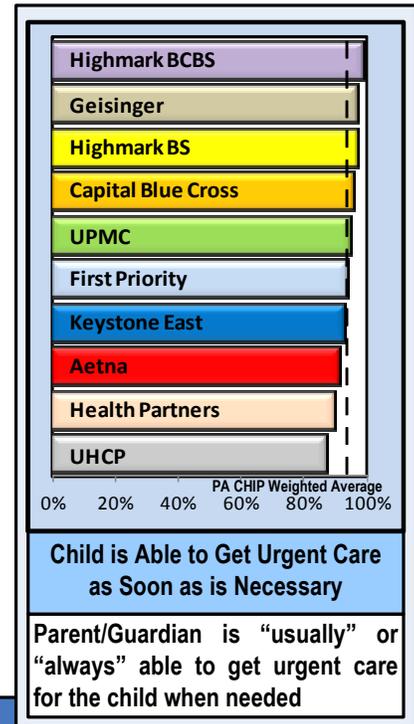
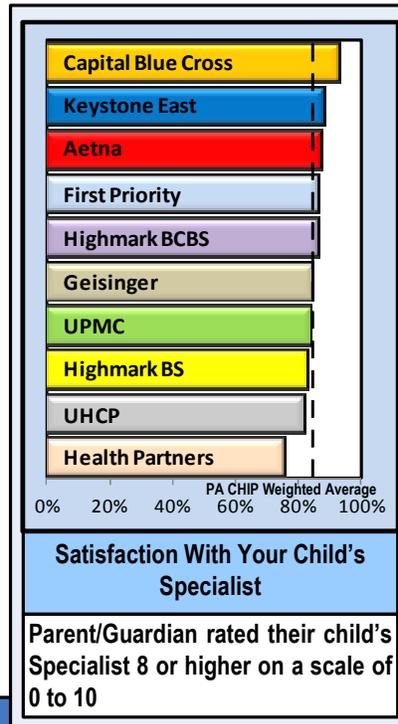
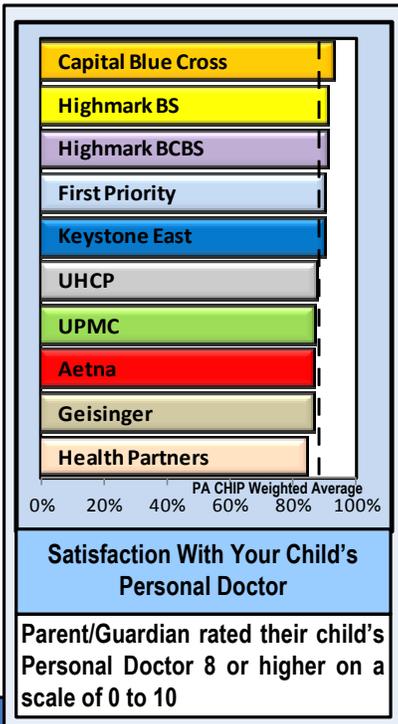
For HEDIS 2014 performance measures, a chart is presented with each bar representing the percentage of CHIP members receiving a specific type of care from their CHIP provider. For charts representing CAHPS survey items, each bar represents the percentage of respondents who selected option 8 or higher 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.

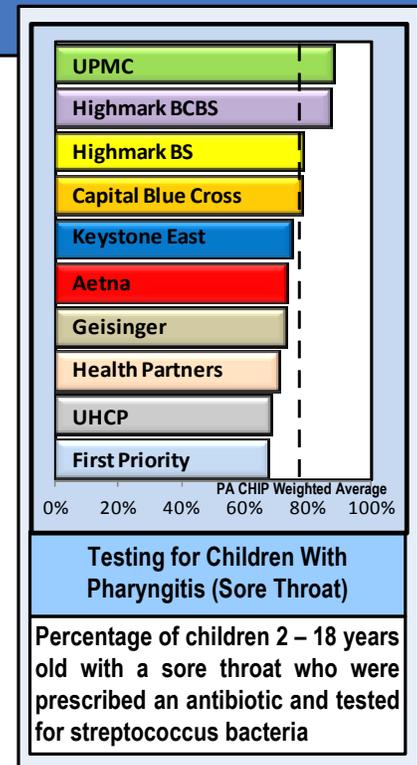
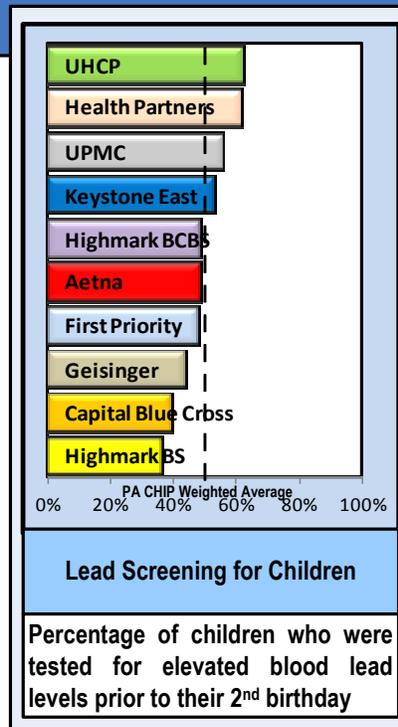
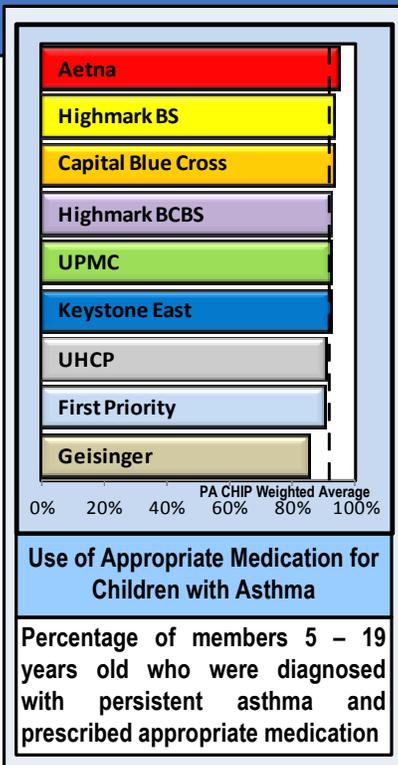
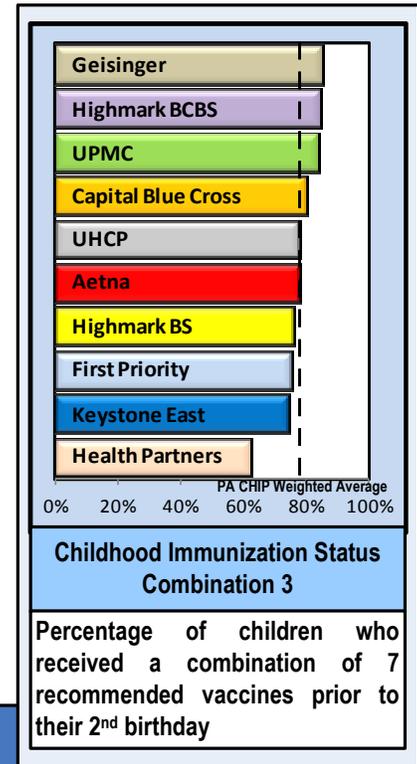
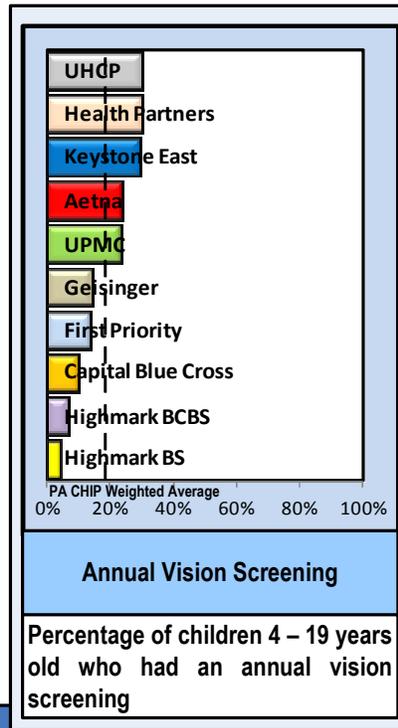
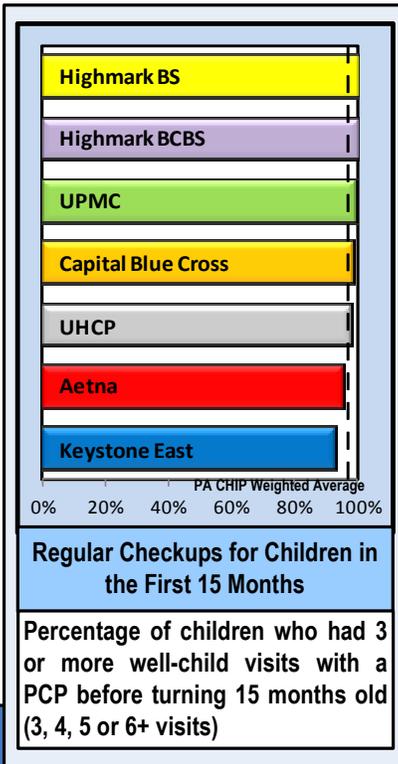


Satisfaction with Care: Is the care meeting your needs?



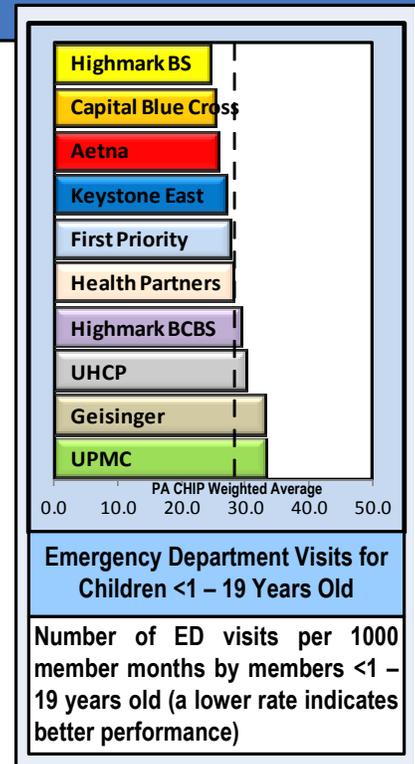
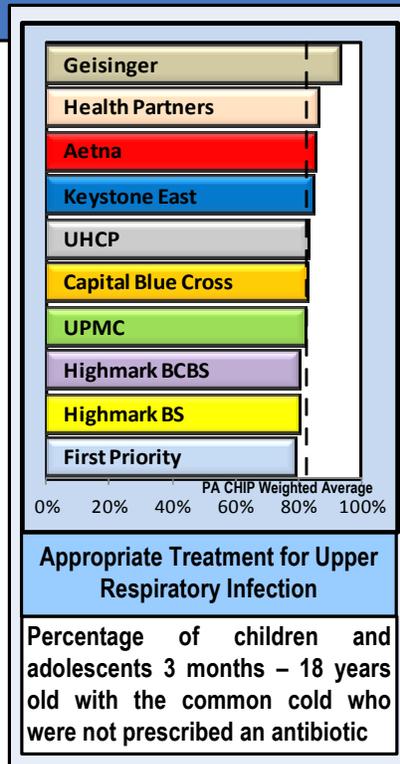
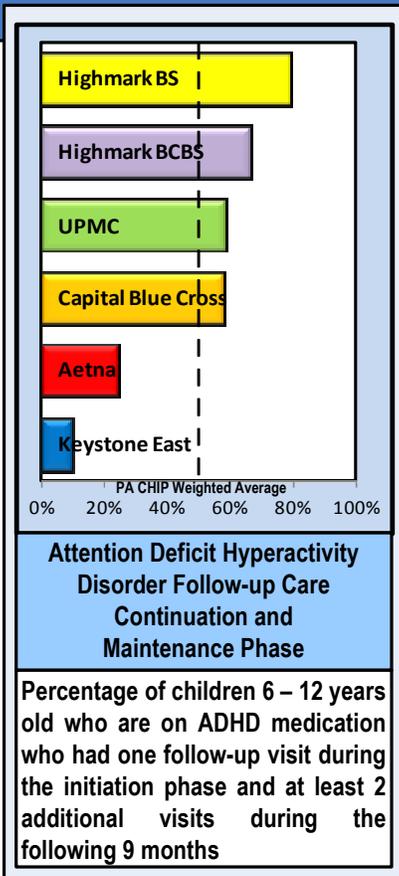
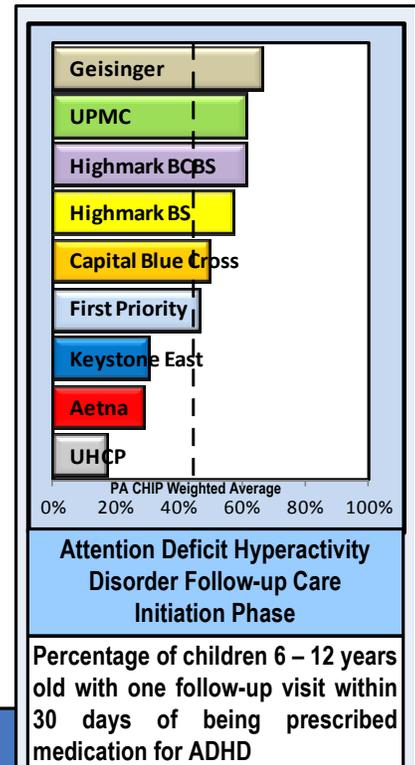
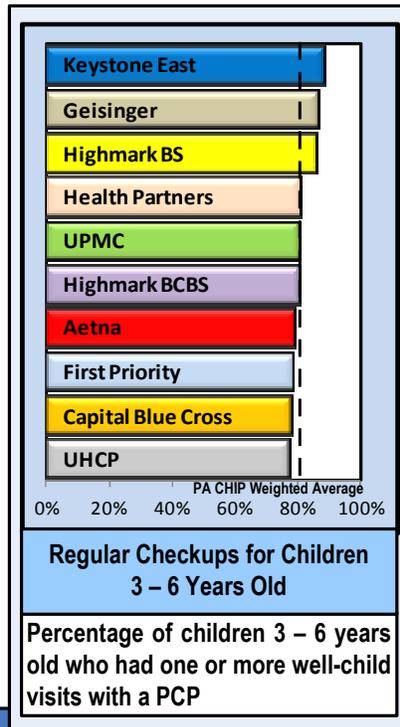
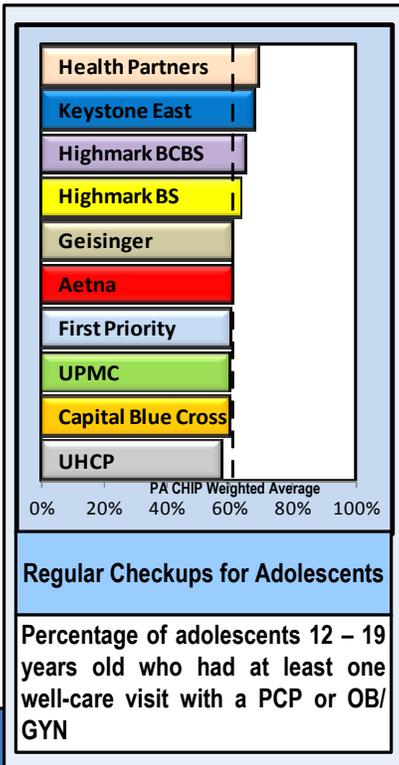
* Insurance companies with less than 30 CHIP members were excluded from Performance Measure comparisons

Access to Care: Are children receiving care?



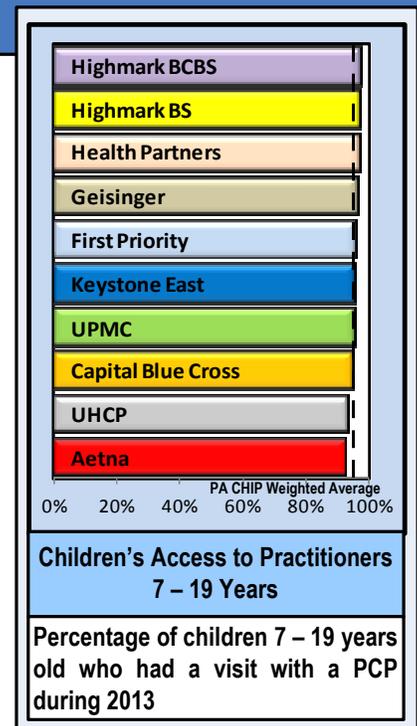
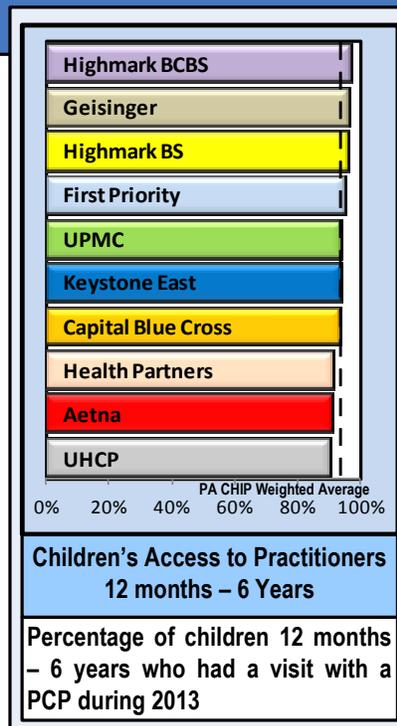
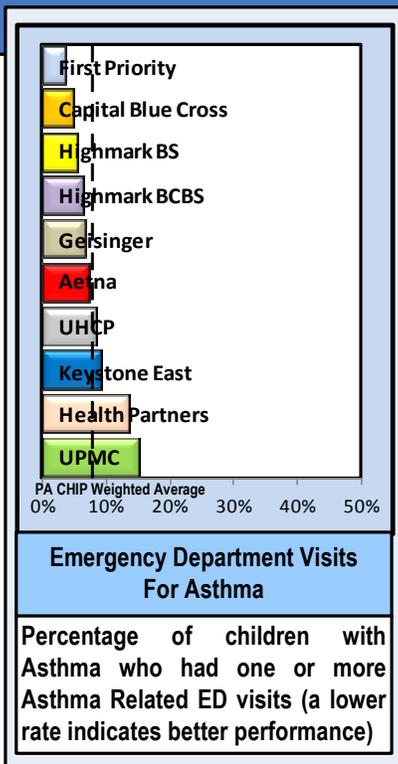
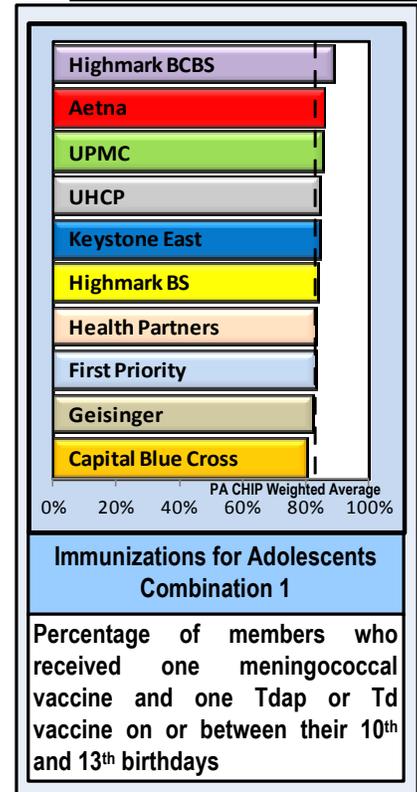
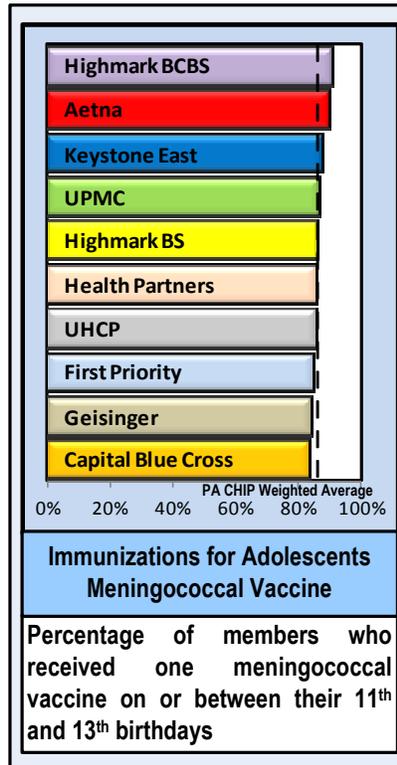
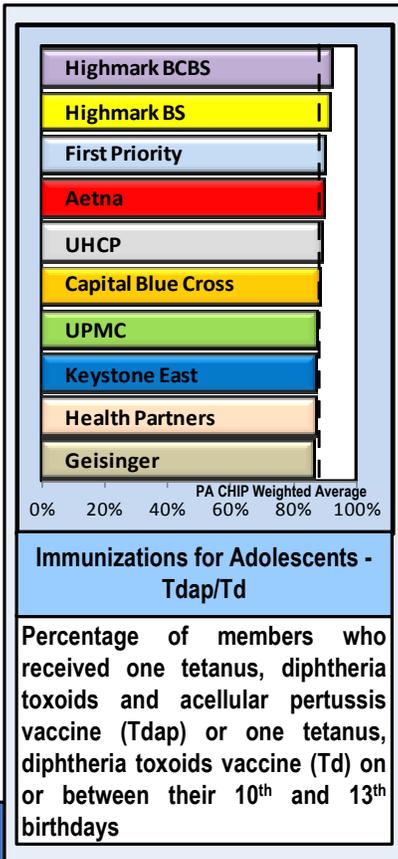
* Insurance companies with less than 30 CHIP members were excluded from Performance Measure comparisons

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



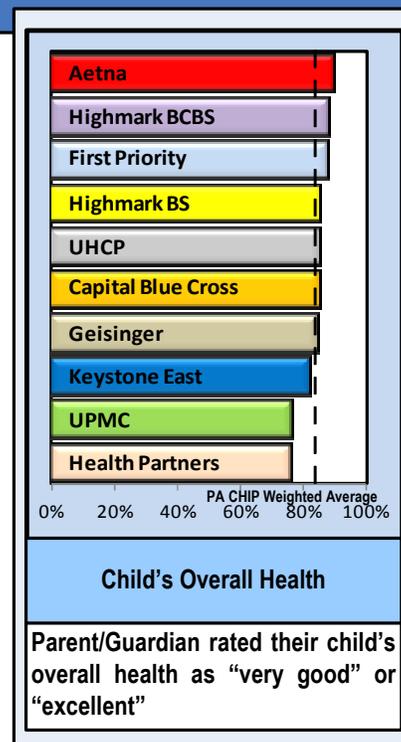
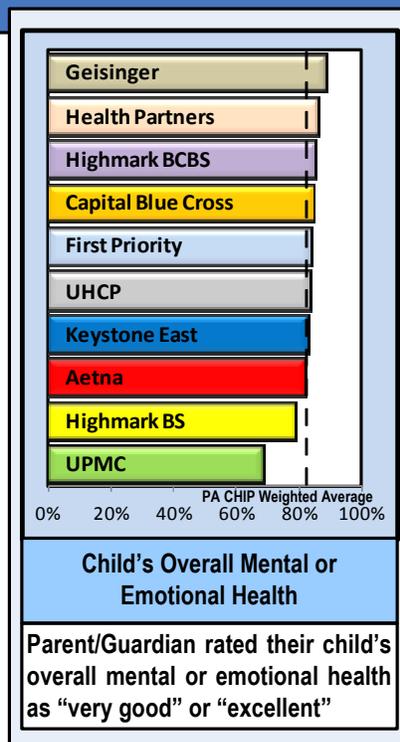
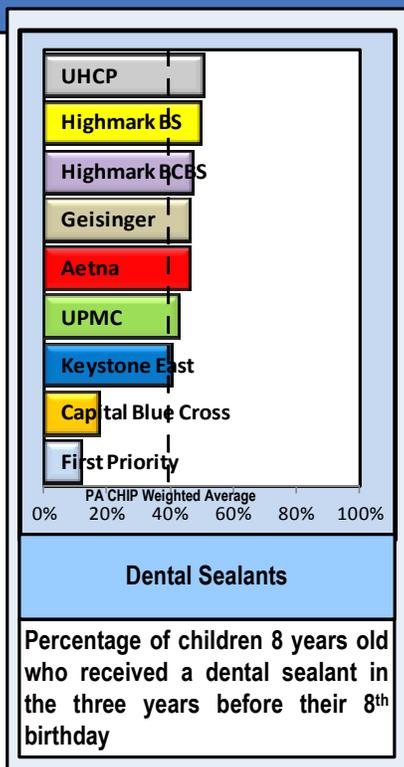
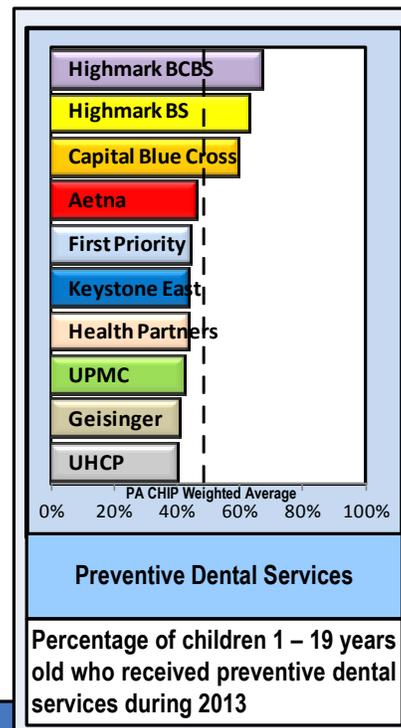
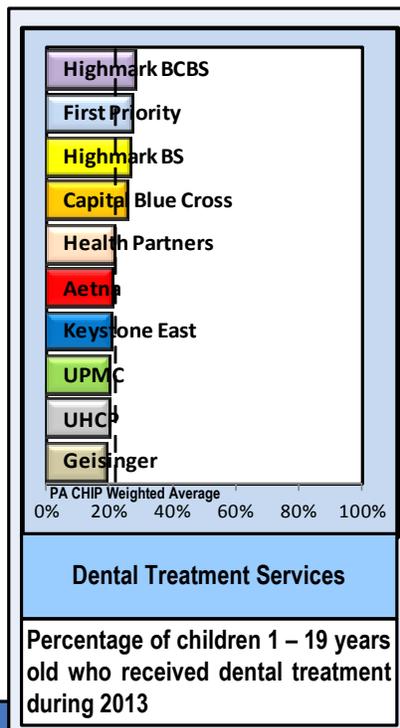
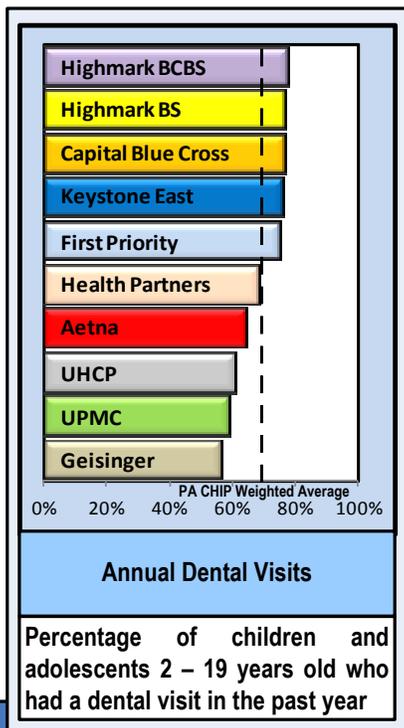
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Quality of Care: How good is the care being provided?



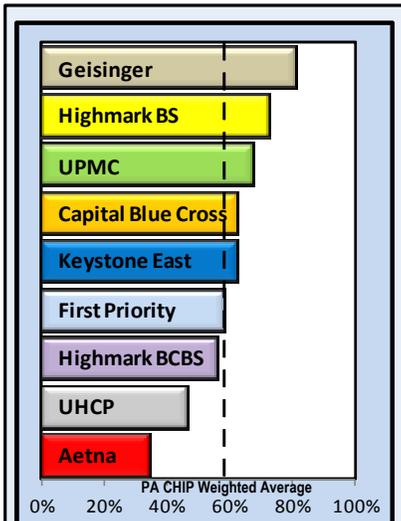
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Quality of Care: How good is the care being provided?



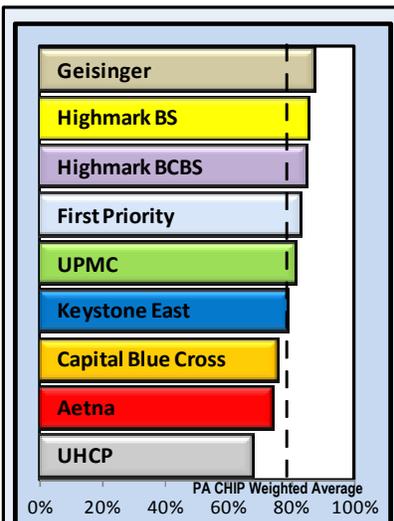
* Insurance companies with less than 30 CHIP members were excluded from Performance Measure comparisons

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



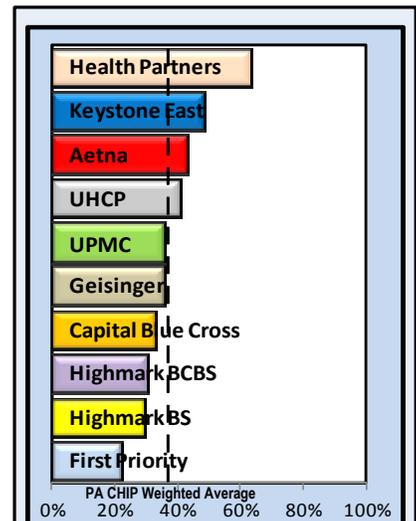
Follow-up After Hospitalization For Mental Illness – 7 Days

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



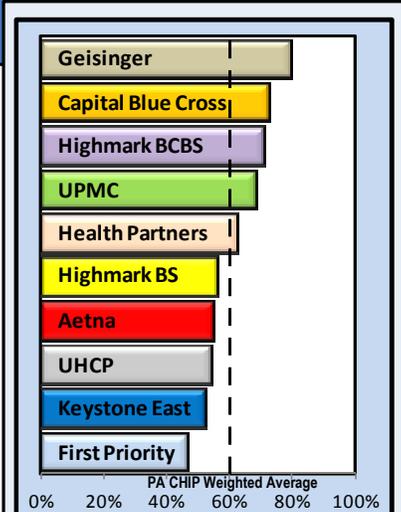
Follow-up After Hospitalization For Mental Illness – 30 Days

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



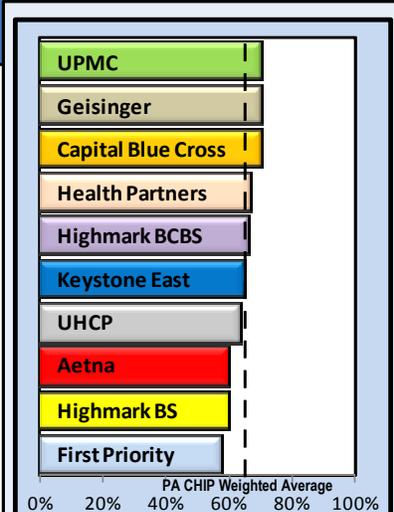
Chlamydia Screening in Women

Percentage of women 16 - 19 who were identified as sexually active and who had at least one test for for chlamydia in 2013



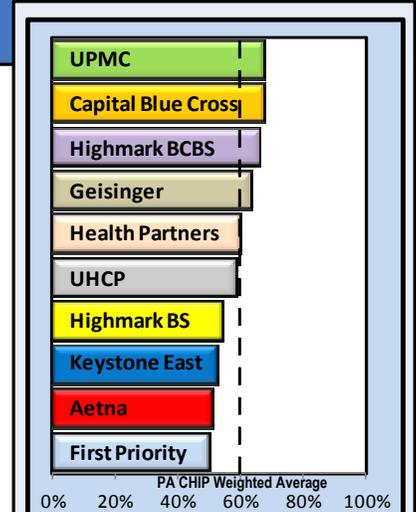
Weight Assessment and Counseling for Nutrition and Physical Activity: BMI Percentile Documentation

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



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

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



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

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

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

CHIP Provider Contact Information

AETNA
WWW.AETNABETTERHEALTH.COM/PENNSYLVANIA
1-800-822-2447
TDD/TTY 1-800-628-3323

CAPITAL BLUE CROSS
WWW.CAPBLUECROSS.COM
1-800-543-7101
TDD/TTY 1-800-242-4816

FIRST PRIORITY HEALTH (BCNEPA)
WWW.BCNEPA.COM
1-800-543-7199
TDD/TTY 1-800-413-1112

GEISINGER HEALTH PLAN
WWW.GHPKIDS.COM
1-866-621-5235 (Hearing-Impaired: 711)

HEALTH PARTNERS
WWW.KIDZPARTNERS.COM
1-888-888-1211
TTY 1-877-454-8477

HIGHMARK BLUE SHIELD
WWW.HIGHMARKBLUESHIELD.COM
1-800-543-7105
TDD/TTY 1-866-727-4938

HIGHMARK BLUE CROSS/BLUE SHIELD
WWW.HIGHMARKBCBS.COM
1-800-543-7105
TDD/TTY 1-877-323-8480

KEYSTONE HEALTH PLAN EAST
WWW.IBX.COM
1-800-464-5437
TDD/TTY 1-215-241-2622

UNITEDHEALTHCARE COMMUNITY PLAN
WWW.UHCCOMMUNITYPLAN.COM
1-800-414-9025 (Hearing-Impaired: 711)

UPMC HEALTH PLAN
WWW.UPMCHEALTHPLAN.COM/UPMCFORKIDS
1-800-978-8762
TDD/TTY 1-800-361-2629



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**Commonwealth of Pennsylvania
Insurance Department**

**Children's Health Insurance Program
Administrative Performance Measure Report**

FINAL REPORT

Completed on: October 27, 2014

IPRO Corporate Headquarters
Managed Care Department
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Lake Success, NY 11042-1002
phone: (516) 326-7767
fax: (516) 326-6177
www.ipro.org



ADMINISTRATIVE PERFORMANCE MEASURES

In the 2014 reporting year, Pennsylvania Children's Health Insurance Program (CHIP) Contractors reported the following Pennsylvania (PA) specific Performance Measures covering services delivered prior to and including calendar year (CY) 2013:

- Annual Number of Asthma Patients With One or More Asthma Related ER Visits
- Early and Periodic Screening Diagnosis and Testing (EPSDT) Annual Vision Screening
- Total Eligibles Who Received Dental Treatment and Preventive Dental Services
- Dental Sealants for Children

PA CHIP Health Plans Included in This Report

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

- Aetna: Aetna Health, Inc.
- Capital Blue Cross (CBC): Capital Blue Cross through Keystone Health Plan Central
- First Priority Health (FPH): Blue Cross of Northeastern PA
- Geisinger Health Plan (GHP): Geisinger Health Plan
- Highmark Blue Cross/Blue Shield (HBCBS): Highmark Inc. through Highmark Blue Cross Blue Shield
- Highmark Blue Shield (HBS): Highmark Inc. through Highmark Blue Shield
- Keystone Health Plan East (KHPE): Independence Blue Cross
- Health Partners (HPHP): Health Partners of Philadelphia, Inc
- UnitedHealthcare Community Plan (UHCP): UnitedHealthcare Community Plan
- UPMC for Kids (UPMC): UPMC Health Plan

Methodology

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

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



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

This performance measure assesses the percentage of children and adolescents two years of age through 19 years of age, with an asthma diagnosis, who have ≥ 1 asthma related emergency department (ED) visits during a calendar year. This measure is an inverted measure with lower rates indicating better performance.

For the 2014 performance measure, 14,015 PA CHIP members were identified as children or adolescents with an asthma diagnosis. Of those total members identified with an asthma diagnosis, 1,095 members had one or more asthma related ED visits during 2013 (weighted average = 7.8%). The 2014 PA CHIP ASM-ED weighted average at 7.8% was 0.2 percentage points below the 2013 weighted average of 8.0% and 5.7 percentage points below the 2014 PA MMC weighted average of 13.5%. Across the 10 PA CHIP contractors with reportable rates, asthma ED visit rates ranged from a low of 3.7% to a high of 14.8%.

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

	Numerator	Denominator	2014 Rate
Aetna	93	1,288	7.2%
Capital Blue Cross	84	1,686	5.0%
First Priority Health	27	735	3.7%
Geisinger	46	710	6.5%
Highmark BCBS	94	1,487	6.3%
Highmark BS	69	1,265	5.5%
Health Partners	68	507	13.4%
Keystone East	275	3064	9.0%
UnitedHealthcare	192	2,282	8.4%
UPMC	147	991	14.8%
PA CHIP Average			8.0%
PA CHIP Weighted Average	1,095	14,015	7.8%
PA MMC Weighted Average			13.5%

Figure 1: Annual Number of Asthma Patients with One or More Asthma Related Emergency Department Visits: 2013 versus 2014

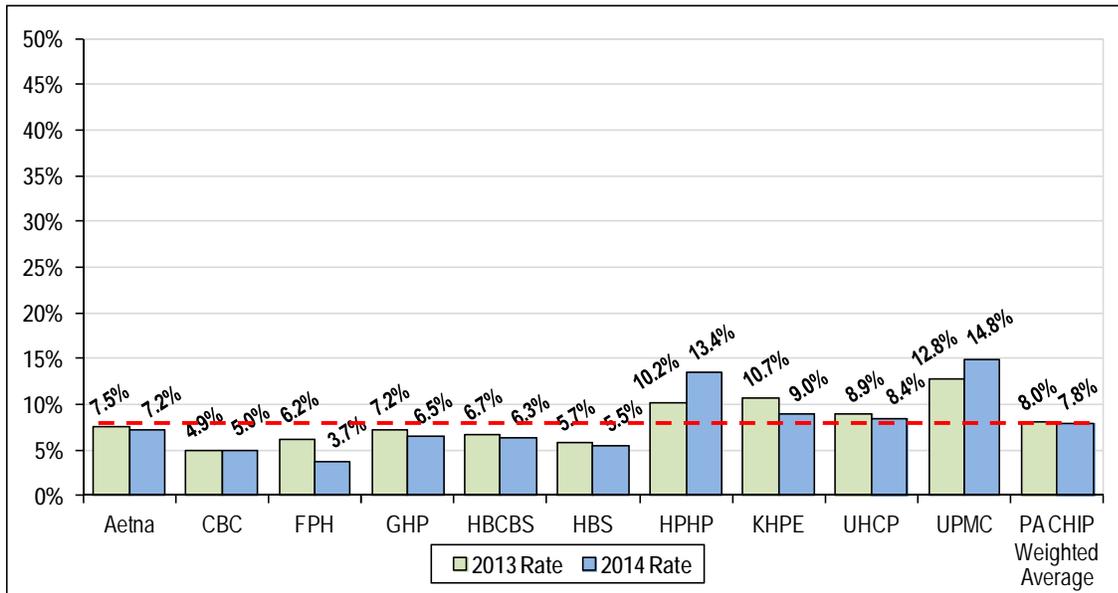
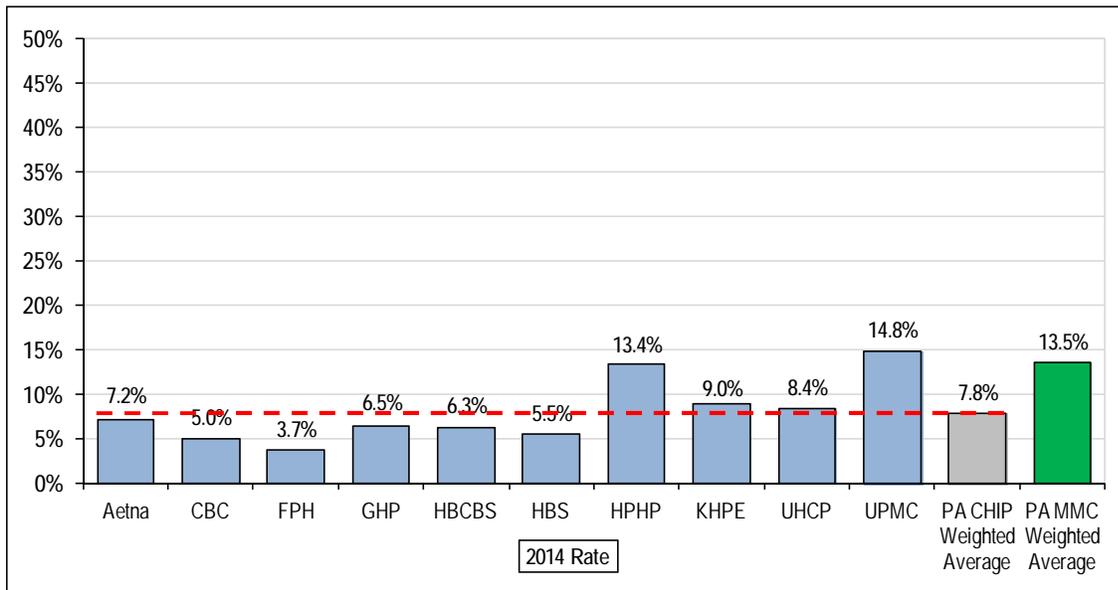


Figure 2: Annual Number of Asthma Patients with One or More Asthma Related Emergency Department Visits





EPSDT - ANNUAL VISION SCREENING

This performance measure assesses the percentage of enrollees four through 19 years of age who received an annual vision screening during the 2013 measurement year.

Note: The Pennsylvania EPSDT periodicity schedule recommends an annual vision screening beginning at age three. This measure assesses services delivered during the 12-month period immediately *preceding, up to and including*, the enrollee's 2013 birthday. Therefore, the age cohort begins with members who turn four in 2013 to capture service delivery at age three.

For 2014, 110,417 PA CHIP members were identified as eligible for an annual vision screening. Of those identified, 20,857 members had a vision screening during 2013 (weighted average = 18.9%). The 2014 PA CHIP weighted average of 18.9% was 1.8 percentage points above the 2013 rate of 17.1% and 18.7 percentage points below the PA MMC weighted average of 37.6%. Vision screening rates ranged from a low of 4.2% to a high of 29.5% for the 10 contractors with reportable rates.

Table 2: EPSDT - Annual Vision Screening

	Numerator	Denominator	2014 Rate
Aetna	2,856	12,088	23.6%
Capital Blue Cross	1,407	14,424	9.8%
First Priority Health	1,053	7,600	13.9%
Geisinger	600	4,226	14.2%
Highmark BCBS	1,026	15,191	6.8%
Highmark BS	358	8,579	4.2%
Health Partners	516	1,754	29.4%
Keystone East	6,205	21,215	29.2%
UnitedHealthcare	4,458	15,109	29.5%
UPMC	2,378	10,231	23.2%
PA CHIP Average			18.4%
PA CHIP Weighted Average	20,857	110,417	18.9%
PA MMC Weighted Average			37.6%

Figure 3: EPSDT – Annual Vision Screening: 2013 versus 2014

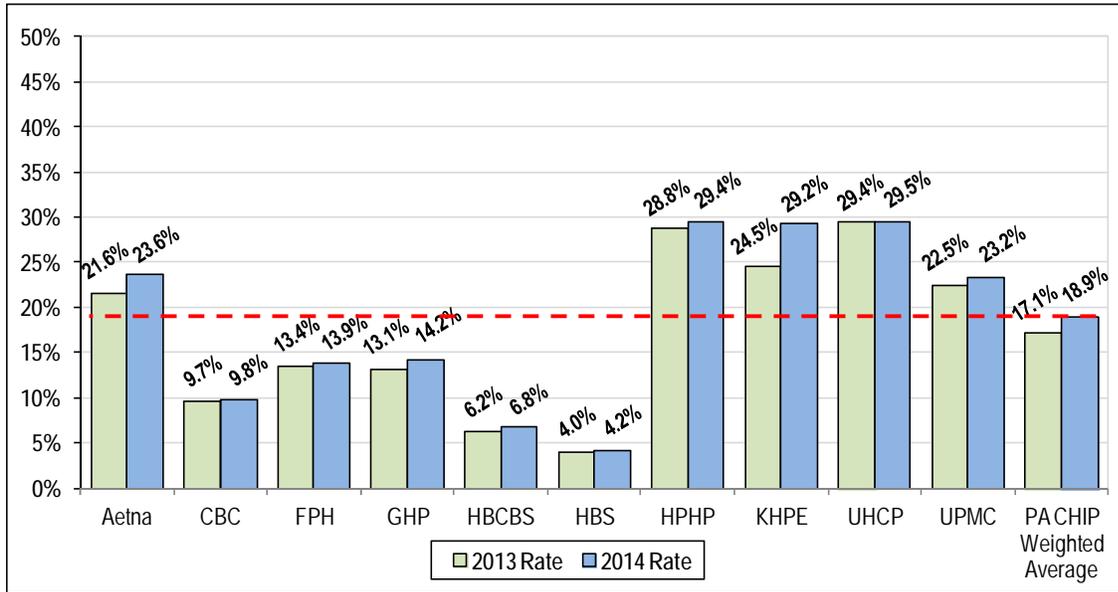
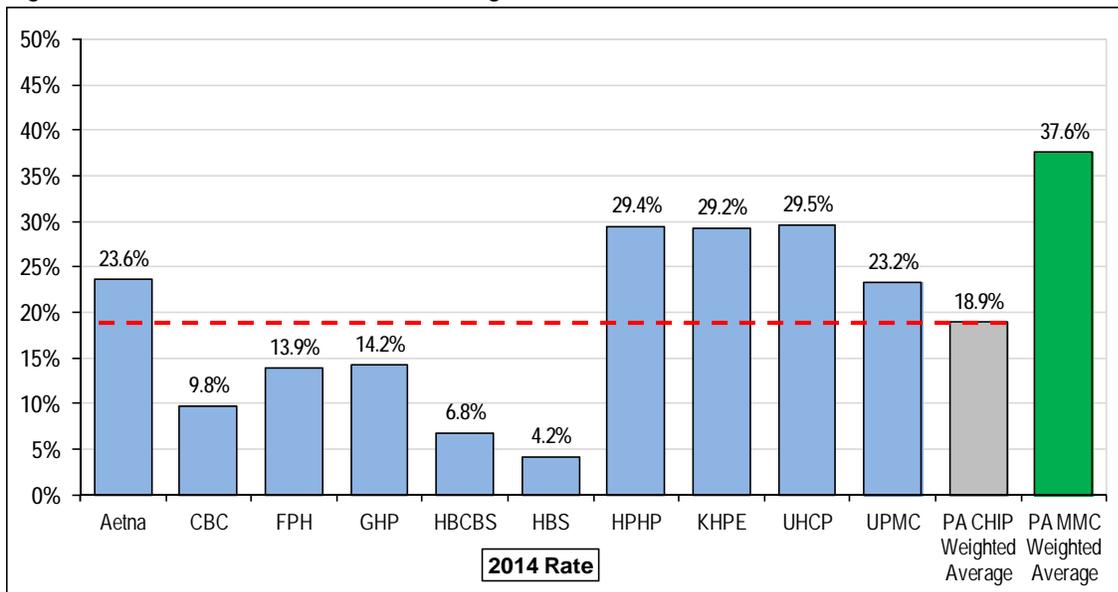


Figure 4: EPSDT – Annual Vision Screening





TOTAL ELIGIBLES WHO RECEIVED DENTAL TREATMENT AND PREVENTIVE DENTAL SERVICES

This performance measure assesses the total number of eligible and enrolled children ages one through 20 years of age who received dental treatment and preventive dental services during the measurement year.

For the 2014 performance measure, 231,884 PA CHIP members were identified as eligible to receive a dental treatment service in 2013. Of these eligible members, 51,038 received dental treatment services during 2013 (weighted average = 22.0%). The 2014 PA CHIP weighted average of 22.0% was 1.9 percentage points above the 2013 weighted average of 20.1% and 1.4 percentage points below the 2014 PA MMC weighted average of 23.4%. Dental Treatment rates ranged from a low of 18.8% to a high of 26.7% for the 10 contractors with reportable rates.

Table 3: Total Eligibles who Received Dental Treatment Services

	Numerator	Denominator	2014 Rate
Aetna	4,881	23,804	20.5%
Capital Blue Cross	6,357	25,586	24.8%
First Priority Health	3,146	11,800	26.7%
Geisinger	2,368	12,592	18.8%
Highmark BCBS	6,508	23,732	27.4%
Highmark BS	4,303	16,577	26.0%
Health Partners	1,708	8,183	20.9%
Keystone East	7,145	35,229	20.3%
UnitedHealthcare	8,395	42,852	19.6%
UPMC	6,227	31,529	19.8%
PA CHIP Average			22.5%
PA CHIP Weighted Average	51,038	231,884	22.0%
PA MMC Weighted Average			23.4%

Figure 5: Total Eligibles who Received Dental Treatment Services: 2013 versus 2014

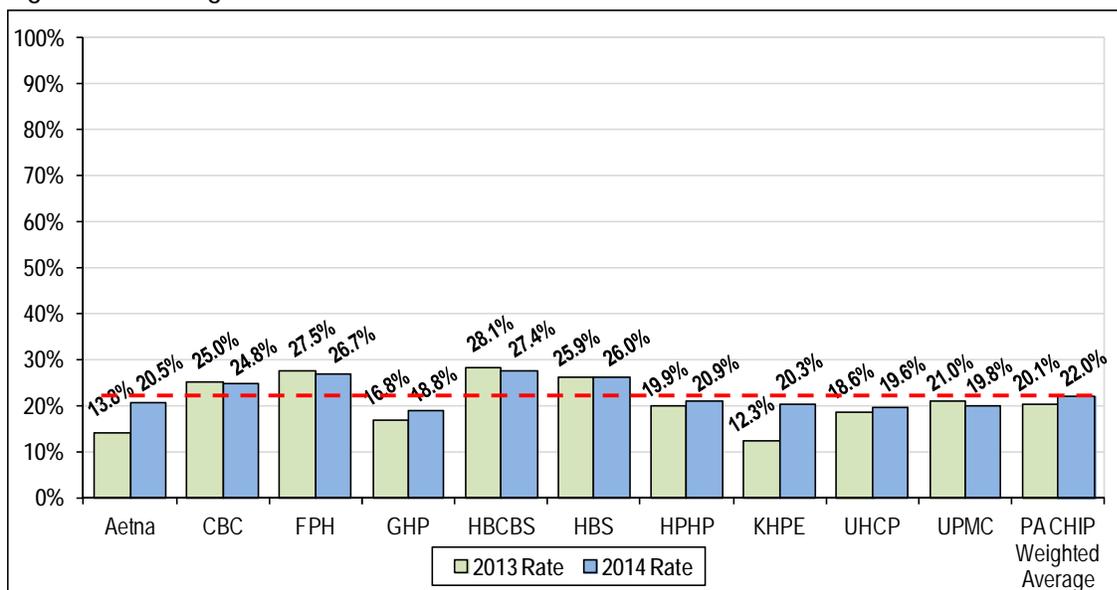
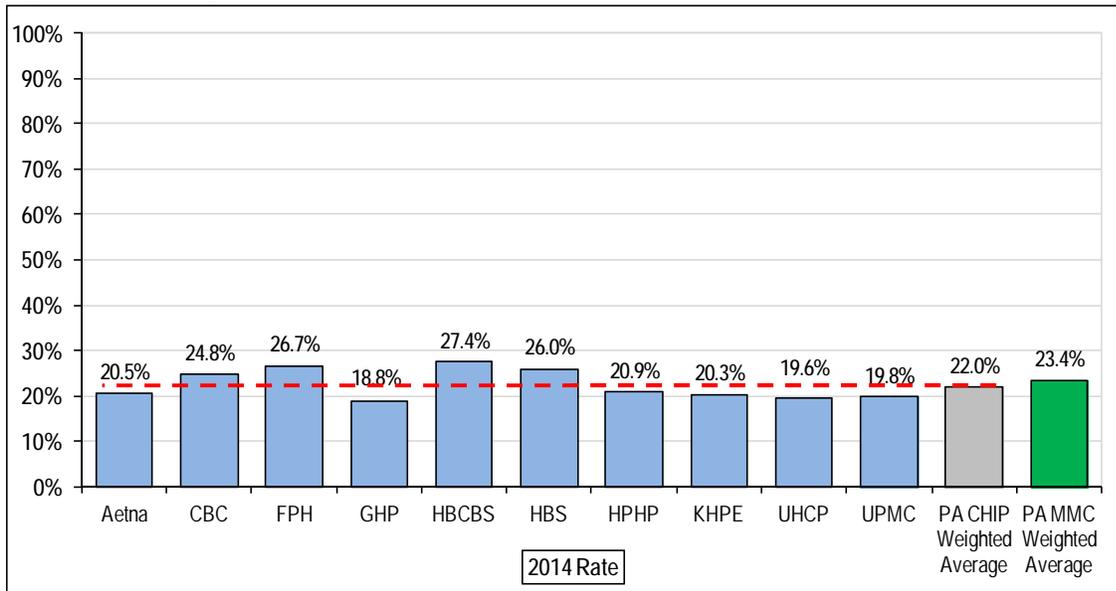


Figure 6: Total Eligibles who Received Dental Treatment Services



For the 2014 performance measure, 231,884 PA CHIP members were identified as eligible to receive preventive dental services in 2013. Of these eligible members, 111,466 had a dental evaluation during 2013 (weighted average = 48.1%). The 2014 PA CHIP weighted average of 48.1% was 4.8 percentage points above the 2013 weighted average of 43.3% and 2.3 percentage points above the 2014 PA MMC weighted average of 45.8%. Preventive dental services rates ranged from a low of 39.7% to a high of 66.6% for the 10 contractors with reportable rates.

Table 4: Total Eligibles who Received Preventive Dental Services

	Numerator	Denominator	2014 Rate
Aetna	10,847	23,804	45.6%
Capital Blue Cross	15,142	25,586	59.2%
First Priority Health	5,164	11,800	43.8%
Geisinger	5,069	12,592	40.3%
Highmark BCBS	15,801	23,732	66.6%
Highmark BS	10,394	16,577	62.7%
Health Partners	3,543	8,183	43.3%
Keystone East	15,309	35,229	43.5%
UnitedHealthcare	17,001	42,852	39.7%
UPMC	13,196	31,529	41.9%
PA CHIP Average			48.6%
PA CHIP Weighted Average	111,466	231,884	48.1%
PA MMC Weighted Average			45.8%

Figure 7: Total Eligibles who Received Preventive Dental Services: 2013 versus 2014

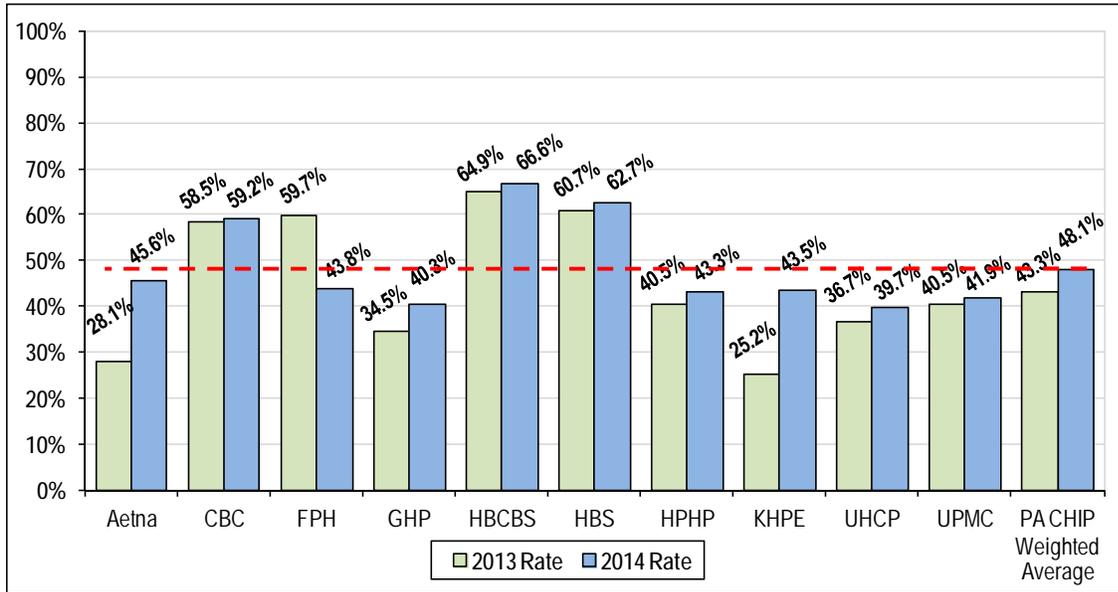
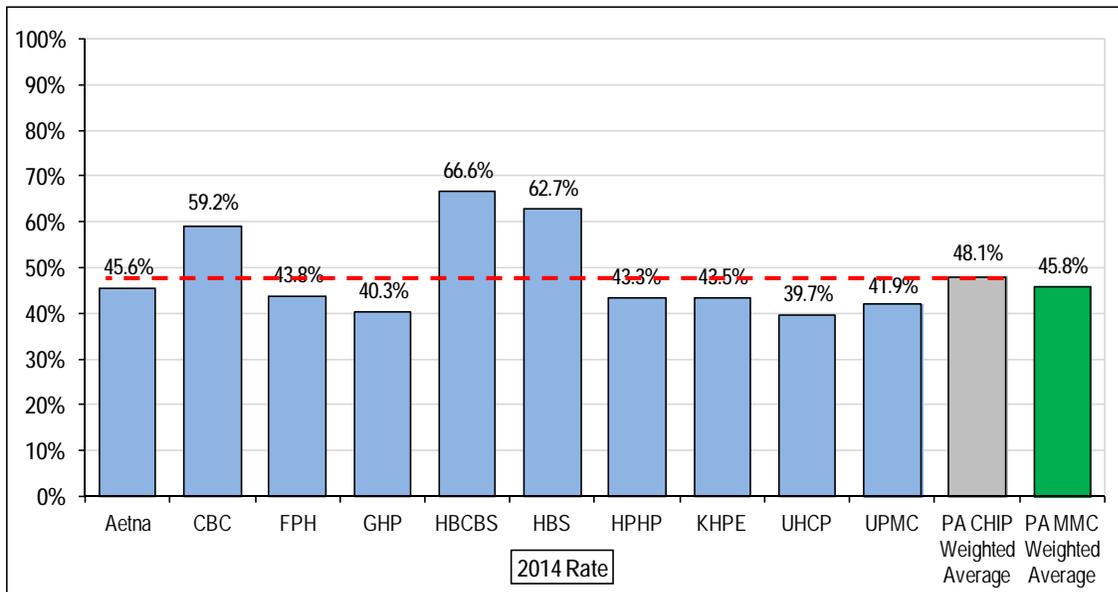


Figure 8: Total Eligibles who Received Preventive Dental Services





DENTAL SEALANTS IN CHILDREN

This performance measure assesses the percentage of enrollees who turned eight years of age in 2013 who were continuously enrolled in the organization for a three year period preceding the enrollee's eighth birthday with at least six consecutive months of continuous enrollment during calendar year 2013, and had any dental evaluation or preventive prophylaxis during calendar year 2013 that received a dental sealant from a dental practitioner at any time during the three year period preceding the enrollee's eighth birthday.

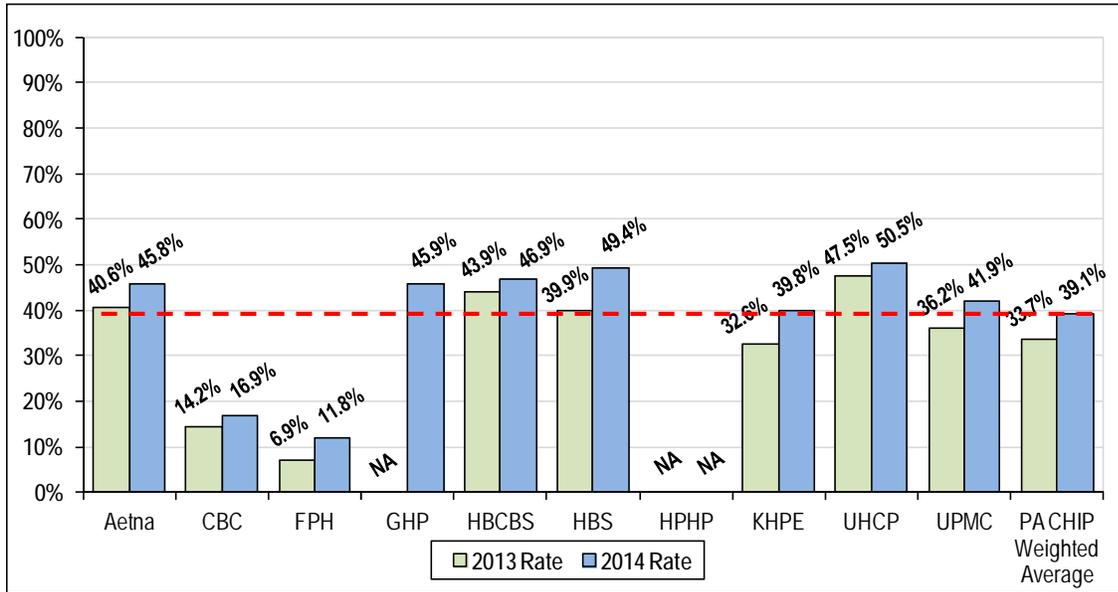
For the 2014 performance measure, 2,408 PA CHIP members, who turned eight years of age in 2013, were identified as eligible to have received a dental sealant. Of these eligible members, 941 received a dental sealant in the three year period prior to their eight birthday (weighted average = 39.1%). The 2014 PA CHIP weighted average of 39.1% was 5.4 percentage points above the 2013 weighted average and 9.3 percentage points below the 2014 PA MMC weighted average of 48.4%. Sealant rates ranged from a low of 11.8% to a high of 50.5% for the nine contractors with reportable rates.

Table 5: Dental Sealants for Children

	Numerator	Denominator	2014 Rate
Aetna	108	236	45.8%
Capital Blue Cross	61	361	16.9%
First Priority Health	20	169	11.8%
Geisinger	17	37	45.9%
Highmark BCBS	144	307	46.9%
Highmark BS	115	233	49.4%
Health Partners	6	10	NA
Keystone East	154	387	39.8%
UnitedHealthcare	212	420	50.5%
UPMC	104	248	41.9%
PA CHIP Average			38.8%
PA CHIP Weighted Average	941	2,408	39.1%
PA MMC Weighted Average			48.4%

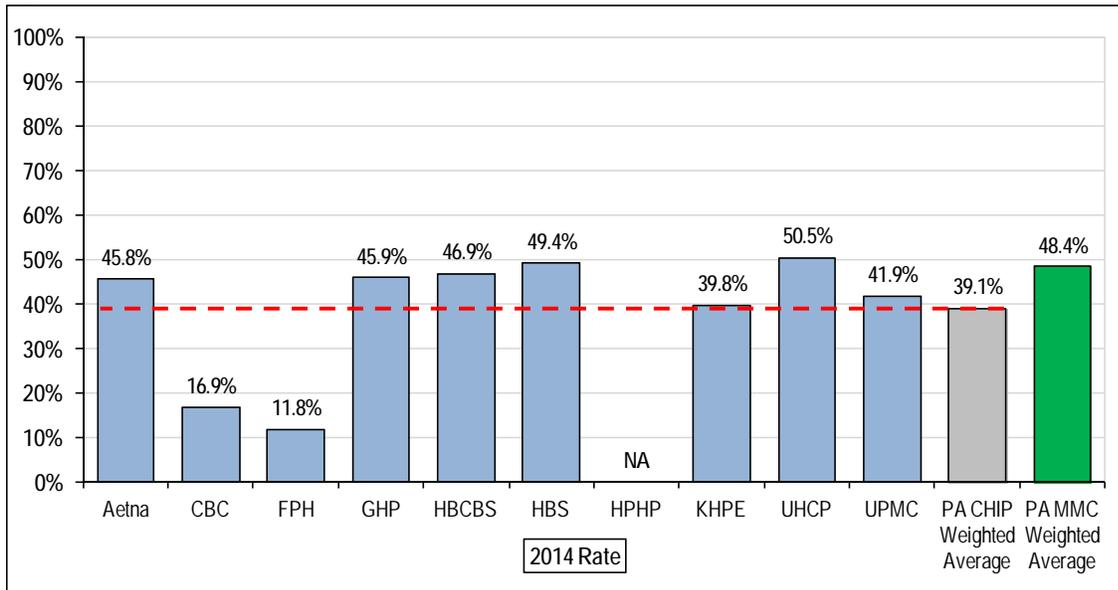
* NA - Fewer than 30 members received this service (small denominator)

Figure 9: Dental Sealants for Children: 2013 versus 2014



* NA - Fewer than 30 members received this service (small denominator)

Figure 10: Dental Sealants for Children



* NA - Fewer than 30 members received this service (small denominator)