

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 Social Security Act (the Act) provides that each state and territory *must assess the operation of its 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.

The CHIP Annual Report Template System (CARTs) is organized as follows:

- Section I: Snapshot of CHIP Programs and Changes
- Section II: Program's Performance Measurement and Progress
- Section III: Assessment of State Plan and Program Operation
- Section IV: Program Financing for State Plan
- Section V: Program Challenges and Accomplishments

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

***Disclosure.** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, write to: CMS, 7500 Security Blvd., Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

**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: _____
(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: _____

CHIP Program Name(s): _____

CHIP Program Type:

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

Reporting Period: _____
Note: Federal Fiscal Year 2017 starts 10/1/2016 and ends 9/30/2017.

Contact Person/Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Submission Date: _____

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

SECTION I: SNAPSHOT OF CHIP PROGRAM AND CHANGES

- 1) To provide a summary at-a-glance of your CHIP program, please provide the following information. If you would like to make any comments on your responses, please explain in narrative below this table.

Provide an assurance that your state's CHIP program eligibility criteria as set forth in the CHIP state plan in section 4, inclusive of PDF pages related to Modified Adjusted Gross Income eligibility, is accurate as of the date of this report.

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 (federal poverty level) fields are defined as <u>Up to and Including</u>	

Does your program require premiums or an enrollment fee?	<input type="checkbox"/>	No			<input type="checkbox"/>	No		
	<input type="checkbox"/>	Yes			<input checked="" type="checkbox"/>	Yes		
	Enrollment fee amount				Enrollment fee amount			
	Premium amount				Premium amount			
	If premiums are tiered by FPL, please breakout by FPL				If premiums are tiered by FPL, please breakout by FPL			
	Premium Amount				Premium Amount			
	Range from	Range to	From	To	Range from	Range to	From	To
	\$	\$	% of FPL	% of FPL	\$0	\$ 0	% of FPL 133	% of FPL 208
	\$	\$	% of FPL	% of FPL	\$32	\$ 71	% of FPL 208	% of FPL 262
	\$	\$	% of FPL	% of FPL	\$45	\$ 99	% of FPL 262	% of FPL 288
	\$	\$	% of FPL	% of FPL	\$51	\$ 113	% of FPL 288	% of FPL 314
	If premiums are tiered by FPL, please breakout by FPL				If premiums are tiered by FPL, please breakout by FPL			
	Yearly Maximum Premium Amount per family		\$		Yearly Maximum Premium Amount per family		\$	
	Range from	Range to	From	To	Range from	Range to	From	To
	\$	\$	% of FPL	% of FPL	\$	\$	% of FPL	% of FPL
	\$	\$	% of FPL	% of FPL	\$	\$	% of FPL	% of FPL
	\$	\$	% of FPL	% of FPL	\$	\$	% of FPL	% of FPL
	\$	\$	% of FPL	% of FPL	\$	\$	% of FPL	% of FPL
	If yes, briefly explain fee structure in the box below [500]				If yes, briefly explain fee structure in the box below (including premium/enrollment fee amounts and include Federal poverty levels where appropriate) [500]			

	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A
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Which delivery system(s) does your program use?	<input type="checkbox"/>	Managed Care	<input checked="" type="checkbox"/>	Managed Care
	<input type="checkbox"/>	Primary Care Case Management	<input type="checkbox"/>	Primary Care Case Management
	<input type="checkbox"/>	Fee for Service	<input type="checkbox"/>	Fee for Service
	Please describe which groups receive which delivery system [500]		Please describe which groups receive which delivery system [500]	

2) 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 the appropriate column.

For FFY 2017, please include only the program changes that are in addition to and/or beyond those required by the Affordable Care Act.

For each topic you responded “yes” to below, please explain the change and why the change was made.

	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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b) Application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c) Benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d) Cost sharing (including amounts, populations, & collection process)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e) Crowd out policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f) Delivery system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g) Eligibility determination process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h) Implementing an enrollment freeze and/or cap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i) Eligibility levels / target population	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j) Eligibility redetermination process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Enrollment process for health plan selection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
l) Outreach (e.g., decrease funds, target outreach)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
m) Premium assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
n) 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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

- o) Expansion to "Lawfully Residing" children
- p) Expansion to "Lawfully Residing" pregnant women
- q) Pregnant Women state plan expansion

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

- r) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse
- s) Other – please specify

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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- a) _____
- b) _____
- c) _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	
b) Application	
c) Benefits	
d) Cost sharing (including amounts, populations, & collection process)	
e) Crowd out policies	
f) Delivery system	
g) Eligibility determination process	
h) Implementing an enrollment freeze and/or cap	
i) Eligibility levels / target population	
j) Eligibility redetermination process	On 5/20/2017, CHIP began using Ex Parte at redetermination.

k) Enrollment process for health plan selection	
l) Outreach	
m) Premium assistance	
n) 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)	
o) Expansion to "Lawfully Residing" children	
p) Expansion to "Lawfully Residing" pregnant women	
q) Pregnant Women State Plan Expansion	
r) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	
s) Other – please specify	
a.	
b.	
c.	

Enter any Narrative text related to Section I below. **[7500]**

SECTION II: PROGRAM'S PERFORMANCE MEASUREMENT AND PROGRESS

This section consists of two subsections that gather information about the CHIP and/or Medicaid program. Section IIA captures your enrollment progress as well as changes in the number and/or rate of uninsured children in your state. Section IIB captures progress towards meeting your state's general strategic objectives and performance goals.

SECTION IIA: ENROLLMENT AND UNINSURED DATA

- 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. If the information displayed in the table below is inaccurate, please make any needed updates to the data in SEDS and then refresh this page in CARTS to reflect the updated data.

Program	FFY 2016	FFY 2017	Percent change FFY 2016-2017
CHIP Medicaid Expansion Program	103951	106887	2.82
Separate Child Health Program	238317	256436	7.6

- Please explain any factors that may account for enrollment increases or decreases exceeding 10 percent. **[7500]**

- The tables below show trends in the number and rate of uninsured children in your state. Three year averages in Table 1 are based on the Current Population Survey. The single year estimates in Table 2 are based on the American Community Survey (ACS). CARTS will fill in the single year estimates automatically, and 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.

Table 1: Number and percent of uninsured children under age 19 below 200 percent of poverty, Current Population Survey

Period	Uninsured Children Under Age 19 Below 200 Percent of Poverty		Uninsured Children Under Age 19 Below 200 Percent of Poverty as a Percent of Total Children Under Age 19	
	Number	Std. Error	Rate	Std. Error

1996 - 1998	157	25.1	5.1	.8
1998 - 2000	115	21.5	3.7	.7
2000 - 2002	162	21.2	5.5	.7
2002 - 2004	195	23.3	6.5	.8
2003 - 2005	175	22.9	5.9	.7
2004 - 2006	155	22.0	5.3	.7
2005 - 2007	145	21.0	5.0	.7
2006 - 2008	127	20.0	4.4	.7
2007 - 2009	131	20.0	4.5	.7
2008 - 2010	128	17.0	4.4	.6
2009 - 2011	142	21.0	4.8	.7
2010 - 2012	143	22.0	5.0	0

Table 2: Number and percent of uninsured children under age 19 below 200 percent of poverty, American Community Survey

Period	Uninsured Children Under Age 19 Below 200 Percent of Poverty		Uninsured Children Under Age 19 Below 200 Percent of Poverty as a Percent of Total Children Under Age 19	
	Number (In Thousands)	Margin of Error	Rate	Margin of Error
2013	92	7.0	3.3	.2
2014	86	6.0	3.1	.2
2015	66	6.0	2.4	.2
2016	69	7.0	2.5	.3
Percent change 2015 vs. 2016	4.5%	NA	.0%	NA

A. Please explain any activities or factors that may account for increases or decreases in your number and/or rate of uninsured children. **[7500]**

B. Please note any comments here concerning ACS 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 the rest of the question)

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

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

A. Please explain why your state chose to adopt a different methodology to measure changes in the number and/or rate of uninsured children. **[7500]**

B. What is your state’s assessment of the reliability of the estimate? What are the limitations of the data or estimation methodology? (Provide a numerical range or confidence intervals if available.) **[7500]**

C. What are the limitations of the data or estimation methodology? **[7500]**

D. How does your state use this alternate data source in CHIP program planning? **[7500]**

Enter any Narrative text related to Section IIA below. **[7500]**

SECTION IIB: 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, data from the previous two years' annual reports (FFY 2015 and FFY 2016) will be populated with data from previously reported data in CARTS. If you reported data in the two previous years' reports and you want to update/change the data, please enter that data. If you reported no data for either of those two years, but you now have 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 2017).

In this section, the term performance measure is used 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 for Child Core Set reporting. The intent of this section is to capture goals and measures that your state did not report elsewhere. As a reminder, Child Core Set reporting migrated to MACPRO in December 2015. Historical data are still available for viewing in CARTS.

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

Goal:

For each objective, space has been provided to report up to three goals. Use this section to provide a brief description of each goal you are reporting within a given strategic objective. **All new goals should include a direction and a target. For clarification only, an example goal would be:** "Increase (direction) by 5 percent (target) the number of 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 2017.

Explanation of Provisional Data – When the value of the Status of Data Reported field is selected as “Provisional”, the state must specify why the data are provisional and when the state expects the data will be final.

- **Final:** Check this box if the data you are reporting are considered final for FFY 2017.
- **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 or some other method unrelated to HEDIS®).

Please indicate whether the measure is based on HEDIS® technical specifications or another source. If HEDIS® is selected, the HEDIS® Version field must be completed. If “Other” measurement specification is selected, the explanation field must be completed.

HEDIS® Version:

Please specify HEDIS® Version (example 2016). This field must be completed only when a user select the HEDIS® measurement specification.

“Other” measurement specification explanation:

If “Other”, measurement specification is selected, please complete the explanation of the “Other” measurement specification. The explanation field must be completed when “Other” measurement specification has been selected.

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:

Numerator: Please indicate the definition of the population included in the numerator for each measure (such as the number of visits required for inclusion, e.g., one or more visits in the past year).

Denominator: Please indicate the definition of the population included in the denominator for each measure.

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

- Check one box to indicate whether the data are for the CHIP population only, or include both CHIP and Medicaid (Title XIX) children combined.
- If the denominator reported is not fully representative of the population defined above (the CHIP population only, or the CHIP and Medicaid (Title XIX) populations combined), please further define the denominator. For example, denominator includes only children enrolled in managed care in certain counties, technological limitations preventing reporting on the full population defined, etc.). Please report information on exclusions in the definition of the denominator (including the proportion of children excluded), The provision of this information is important and will provide CMS with a context so that comparability of denominators across the states and over time can occur.

Deviations from Measure Specification

For the measures related to increasing access to care and use of preventative care.

If the data provided for a measure deviates from the measure specification, please select the type(s) of measure specification deviation. The types of deviation parallel the measure specification categories for each measure. Each type of deviation is accompanied by a comment field that states must use to explain in greater detail or further specify the deviation when a deviation(s) from a measure is selected..

The five types (and examples) of deviations are:

- Year of Data (e.g., partial year),
- Data Source (e.g., use of different data sources among health plans or delivery systems),
- Numerator (e.g., coding issues),
- Denominator (e.g., exclusion of MCOs, different age groups, definition of continuous enrollment),
- Other.

When one or more of the types are selected, states are required to provide an explanation.

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.

Date Range: available for 2017 CARTS reporting period.

Please define the date range for the reporting period based on the “From” time period as the month and year which corresponds to the beginning period in which utilization took place and please report the “To” time period as the month and year which corresponds to the end 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 and denominators, 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 other methodologies. The form fields have been set up to

facilitate entering numerators and denominators for each measure. If the form fields do not give you enough space to fully report on the measure, please use the “additional notes” section.

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). The reporting unit for each measure is the state as a whole. If states calculate rates for multiple reporting units (e.g., individual health plans, different health care delivery systems), states must aggregate data from all these sources into one state rate before reporting the data to CMS. In the situation where a state combines data across multiple reporting units, all or some of which use the hybrid method to calculate the rates, the state should enter zeroes in the “Numerator” and “Denominator” fields. In these cases, it should report the state-level rate in the “Rate” field and, when possible, include individual reporting unit numerators, denominators, and rates in the field labeled “Additional Notes on Measure,” along with a description of the method used to derive the state-level rate.

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 2018, 2019 and 2020. Based on your recent performance on the measure (from FFY 2015 through 2017), 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 IIA, Questions 2 and 3)

FFY 2015	FFY 2016	FFY 2017
<p>Goal #1 (Describe) Increase the combined enrollment in CHIP and Medicaid relative to the base month, May 1998 by 2 percentage points per year.</p>	<p>Goal #1 (Describe) Increase the combined enrollment in CHIP and Medicaid relative to the base month, May 1998 by 2 percentage points per year.</p>	<p>Goal #1 (Describe) Increase the combined enrollment in CHIP and Medicaid relative to the base month, May 1998 by 2 percentage points per year.</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>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 2014</p>	<p>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 2016</p>	<p>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 2016.</p>
<p>Date Range: From: (mm/yyyy) 05/1998 To: (mm/yyyy) 09/2015</p>	<p>Date Range: From: (mm/yyyy) 05/1998 To: (mm/yyyy) 09/2016</p>	<p>Date Range: From: (mm/yyyy) 05/1998 To: (mm/yyyy) 09/2017</p>
<p>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: 580850 Denominator: 757391 Rate: 76.7</p>	<p>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: 618854 Denominator: 757391 Rate: 81.7</p>	<p>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: 638148 Denominator: 757391 Rate: 84.3</p>
<p>Additional notes on measure: Since approval of the PA State Plan for CHIP in May 1998, the number of children enrolled</p>	<p>Additional notes on measure: Since approval of the PA State Plan for CHIP in May 1998, the number of children enrolled</p>	<p>Additional notes/comments on measure: Since approval of the PA State Plan for CHIP in May 1998, the number of children</p>

FFY 2015	FFY 2016	FFY 2017
in CHIP and Medicaid increased by 66% at the end of FFY 2015	in CHIP and Medicaid increased by 66% at the end of FFY 2016	enrolled in CHIP and Medicaid increased by 84% at the end of FFY 2017.
<p>Explanation of Progress:</p> <p>How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report? The performance objective for FFY 2015 was 70% and the actual measure for 2015 was 77%</p> <p>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? Efforts have been made by the CHIP program office to improve the accuracy of eligibility determinations and ensure that only eligible applicants are enrolled in the program</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 Annual Report? The performance objective for FFY 2016 was 72% and the actual measure for 2016 was 82%</p> <p>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? Efforts have been made by the CHIP program office to improve the accuracy of eligibility determinations and ensure that only eligible applicants are enrolled in the program.</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report? The performance objective for FFY 2017 was 74% and the actual measure for 2017 was 84%.</p> <p>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? Efforts have been made by the CHIP program office to improve the accuracy of eligibility determinations and ensure that only eligible applicants are enrolled in the program.</p>
<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2016: 72% Annual Performance Objective for FFY 2017: 74% Annual Performance Objective for FFY 2018: 76%</p> <p><i>Explain how these objectives were set:</i> Historical trends were used as a basis for the projection of enrollment changes.</p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2017: 74% Annual Performance Objective for FFY 2018: 76% Annual Performance Objective for FFY 2019: 78%</p> <p><i>Explain how these objectives were set:</i> Historical trends were used as a basis for the projection of enrollment changes.</p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2018: 76% Annual Performance Objective for FFY 2019: 78% Annual Performance Objective for FFY 2020: 80%</p> <p><i>Explain how these objectives were set:</i> Historical trends were used as a basis for the projection of enrollment changes.</p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

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

FFY 2015	FFY 2016	FFY 2017
Goal #2 (Describe)	Goal #2 (Describe)	Goal #2 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
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:
Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:
Explanation of Progress: How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report?	Explanation of Progress: How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 Annual Report?	Explanation of Progress: How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?

FFY 2015	FFY 2016	FFY 2017
<p>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?</p>	<p>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?</p>	<p>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?</p>
<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2016: Annual Performance Objective for FFY 2017: Annual Performance Objective for FFY 2018:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2017: Annual Performance Objective for FFY 2018: Annual Performance Objective for FFY 2019:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2018: Annual Performance Objective for FFY 2019: Annual Performance Objective for FFY 2020:</p> <p><i>Explain how these objectives were set:</i></p>
<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>

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

FFY 2015	FFY 2016	FFY 2017
Goal #3 (Describe)	Goal #3 (Describe)	Goal #3 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
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:
Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:
Explanation of Progress: How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report?	Explanation of Progress: How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 Annual Report?	Explanation of Progress: How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?

FFY 2015	FFY 2016	FFY 2017
<p>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?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2016: Annual Performance Objective for FFY 2017: Annual Performance Objective for FFY 2018:</p> <p><i>Explain how these objectives were set:</i></p>	<p>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?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2017: Annual Performance Objective for FFY 2018: Annual Performance Objective for FFY 2019:</p> <p><i>Explain how these objectives were set:</i></p>	<p>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?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2018: Annual Performance Objective for FFY 2019: Annual Performance Objective for FFY 2020:</p> <p><i>Explain how these objectives were set:</i></p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Related to CHIP Enrollment

FFY 2015	FFY 2016	FFY 2017
<p>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.</p>	<p>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.</p>	<p>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.</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: Children enrolled in May 1998 Definition of numerator: 09/15 Enrollment - 05/98 Enrollment</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Children enrolled in May 1998 Definition of numerator: 09/16 Enrollment - 05/1998</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Children enrolled in May 1998 Definition of numerator: 09/17 Enrollment - 05/1998</p>
<p>Date Range: From: (mm/yyyy) 05/1998 To: (mm/yyyy) 09/2015</p>	<p>Date Range: From: (mm/yyyy) 05/1998 To: (mm/yyyy) 09/2016</p>	<p>Date Range: From: (mm/yyyy) 05/1998 To: (mm/yyyy) 09/2017</p>
<p>Performance Measurement Data: Described what is being measured: Percent increase in enrollment in the designated counties since May 1998, when Pennsylvania's initial state plan was approved. Numerator: 15721 Denominator: 4217 Rate: 372.8</p>	<p>Performance Measurement Data: Described what is being measured: Percent increase in enrollment in the designated counties since May 1998, when Pennsylvania's initial state plan was approved. Numerator: 15567 Denominator: 4217 Rate: 369.1</p>	<p>Performance Measurement Data: Described what is being measured: Percent increase in enrollment in the designated counties since May 1998, when Pennsylvania's initial state plan was approved. Numerator: 16478 Denominator: 4217 Rate: 390.8</p>

FFY 2015	FFY 2016	FFY 2017
Additional notes on measure: Since May 1998, enrollment in the target counties increased by 372.8%. This increase exceeds the statewide growth of 163.6% (56,548 to 149,081) during the same period.	Additional notes on measure: Since May 1998, enrollment in the target counties increased by 369.1%. This increase exceeds the statewide growth of 292.5% (56,548 to 165,418) during the same period.	Additional notes/comments on measure: Since May 1998, enrollment in the target counties increased by 390.8%. This increase exceeds the statewide growth of 312.4% (56,548 to 176,677) during the same period.
<p>Explanation of Progress:</p> <p>How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report? The rate was more than the performance objective of 260.4% in the Annual Report.</p> <p>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? Efforts have been made by the CHIP program office to improve the accuracy of eligibility determinations and ensure that only eligible applicants are enrolled. Further outreach activities have been limited because of budgetary constraints. These factors have likely contributed to a total decline in CHIP enrollment.</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 Annual Report? The rate was less than the performance objective of 372.8% in the Annual Report.</p> <p>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? Efforts have been made by the CHIP program office to improve the accuracy of eligibility determinations and ensure that only eligible applicants are enrolled. Further outreach activities have been limited because of budgetary constraints. These factors have likely contributed to a total decline in CHIP enrollment.</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report? The rate was greater than the performance objective of 373% in the Annual Report.</p> <p>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? Efforts have been made by the CHIP program office to improve the accuracy of eligibility determinations and ensure that only eligible applicants are enrolled. Enrollment has increased by 6.0% since Sept. 2016.</p>
<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2016: 372% Annual Performance Objective for FFY 2017: 373% Annual Performance Objective for FFY 2018: 378%</p> <p><i>Explain how these objectives were set:</i> Historical trends were used as a basis for the projection of increased enrollment in the rural counties.</p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2017: 373% Annual Performance Objective for FFY 2018: 378% Annual Performance Objective for FFY 2019: 397%</p> <p><i>Explain how these objectives were set:</i> Historical trends were used as a basis for the projection of increased enrollment in the rural counties.</p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2018: 378% Annual Performance Objective for FFY 2019: 385% Annual Performance Objective for FFY 2020: 390%</p> <p><i>Explain how these objectives were set:</i> Historical trends were used as a basis for the projection of increased enrollment in the rural counties.</p>

FFY 2015	FFY 2016	FFY 2017
Other Comments on Measure: Adolescent Well-Care Visit (All Contractors are an "H" except FPH is "A") Aetna CBC FPH GHP HBCBS HBS HPH KHPE UHCP UPMC Eligible 3,258 6,073 3,021 2,262 6,953 3,808 1,125 8,869 6,907 6,121 Denominator 432 398 3,021 395 376 384 432 403 407 398 Numerator 280 249 1,829 255 244 255 303 263 260 242 Rate (%) 64.81% 62.56% 60.54% 64.56% 64.89% 66.41% 70.14% 65.26% 63.88% 60.80% Weighted Average 63.96%	Other Comments on Measure: Other Comments on Measure: Adolescent Well-Care Visit (All Contractors are an "H" except FPH is "A") Ae CBC FPH GHP HBCBS HBS HPH KHPE UHC UPMC Elig 2529 5057 2173 2379 4792 2931 1390 7252 7362 6776 Denom 432 388 2173 380 4792 2931 383 414 384 395 Num 275 263 1368 243 3075 1886 256 292 241 276 Rate (%) 63.7 67.8 63.0 63.9 64.3 64.2 66.8 70.5 62.8 69.9 wt. ave 66.3%	Other Comments on Measure: Adolescent Well-Care Visit (All Contractors are an "H" except FPH is "A") Ae CBC FPH GHP HBCBS HBS HPH KHPE UHCP UPMC Elig 2678 5032 2083 2823 3883 2765 2087 6759 9076 8391 Denom 432 388 2173 380 4792 2931 383 414 384 395 Num 275 263 1368 243 3075 1886 256 292 241 276 Rate (%) 67.3 69.7 62.7 68.0 65.5 65.1 67.3 70.5 69.1 65.5 wt. ave 67.62%

Objectives Related to CHIP Enrollment (Continued)

FFY 2015	FFY 2016	FFY 2017
<p>Goal #2 (Describe) Maintain the proportion of CHIP enrollees to be reflective of the general population of Pennsylvania.</p>	<p>Goal #2 (Describe) Maintain the proportion of CHIP enrollees to be reflective of the general population of Pennsylvania.</p>	<p>Goal #2 (Describe) Maintain the proportion of CHIP enrollees to be reflective of the general population of Pennsylvania.</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Enrollment in the 19 rural counties in northeastern and central Pennsylvania (Bedford, Clinton, Columbia, Juniata, Lebanon, Mifflin, Monroe, Montour, Northumberland, Perry, Pike, Schuylkill, Snyder, Sullivan, Susquehanna, Tioga, Union, Wayne, Wyoming)</p>	<p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Enrollment in the 19 rural counties in northeastern and central Pennsylvania (Bedford, Clinton, Columbia, Juniata, Lebanon, Mifflin, Monroe, Montour, Northumberland, Perry, Pike, Schuylkill, Snyder, Sullivan, Susquehanna, Tioga, Union, Wayne, Wyoming)</p>	<p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: None Definition of numerator: None</p>	<p>Definition of Population Included in the Measure: Definition of denominator: None Definition of numerator: None</p>
<p>Date Range: From: (mm/yyyy) 10/2014 To: (mm/yyyy) 09/2015</p>	<p>Date Range: From: (mm/yyyy) 10/2015 To: (mm/yyyy) 09/2016</p>	<p>Date Range: From: (mm/yyyy) 10/2016 To: (mm/yyyy) 09/2017</p>
<p>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: 0 Denominator: 0 Rate:</p>	<p>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 of Pennsylvania. Numerator: 0 Denominator: 0 Rate:</p>	<p>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 of Pennsylvania. Numerator: 0 Denominator: 0 Rate:</p>

FFY 2015	FFY 2016	FFY 2017																																																																														
<p>Additional notes on measure: Available Data Race/Ethnicity PA CHIP</p> <table border="0"> <tr> <td>Native Hawaiian/Pacific Islander</td> <td>0.00%</td> <td>0.05%</td> </tr> <tr> <td>Native American/Alaskan Native</td> <td>0.10%</td> <td>0.01%</td> </tr> <tr> <td>Asian</td> <td>2.80%</td> <td>4.09%</td> </tr> <tr> <td>Black or African American</td> <td>10.50%</td> <td>14.20%</td> </tr> <tr> <td>White</td> <td>1.50%</td> <td>1.10%</td> </tr> <tr> <td>Two or More Races</td> <td>5.90%</td> <td>11.20%</td> </tr> <tr> <td>Unspecified Race</td> <td>0.00%</td> <td>16.40%</td> </tr> <tr> <td colspan="3"> </td> </tr> <tr> <td>Hispanic or Latino</td> <td>5.90%</td> <td>11.20%</td> </tr> <tr> <td>Unspecified Ethnicity</td> <td>94.10%</td> <td>88.80%</td> </tr> </table>	Native Hawaiian/Pacific Islander	0.00%	0.05%	Native American/Alaskan Native	0.10%	0.01%	Asian	2.80%	4.09%	Black or African American	10.50%	14.20%	White	1.50%	1.10%	Two or More Races	5.90%	11.20%	Unspecified Race	0.00%	16.40%				Hispanic or Latino	5.90%	11.20%	Unspecified Ethnicity	94.10%	88.80%	<p>Additional notes on measure: US Census Bureau PA CHIP</p> <table border="0"> <tr> <td>Hispanic/Latino</td> <td>6.1%</td> <td>12.3%</td> </tr> <tr> <td>Not Hispanic/Latino</td> <td>93.9%</td> <td>87.7%</td> </tr> <tr> <td>White alone</td> <td>78.5%</td> <td>63.2%</td> </tr> <tr> <td>Black or African American</td> <td>10.5%</td> <td>14.8%</td> </tr> <tr> <td>American Indian/Alaska native</td> <td>0.1%</td> <td>0.01%</td> </tr> <tr> <td>Asian alone</td> <td>2.9%</td> <td>4.14%</td> </tr> <tr> <td>Native Hawaiian & other</td> <td>0.0%</td> <td>0.05%</td> </tr> <tr> <td>Two or more races</td> <td>1.6%</td> <td>1.1%</td> </tr> </table>	Hispanic/Latino	6.1%	12.3%	Not Hispanic/Latino	93.9%	87.7%	White alone	78.5%	63.2%	Black or African American	10.5%	14.8%	American Indian/Alaska native	0.1%	0.01%	Asian alone	2.9%	4.14%	Native Hawaiian & other	0.0%	0.05%	Two or more races	1.6%	1.1%	<p>Additional notes/comments on measure: US Census Bureau PA CHIP</p> <table border="0"> <tr> <td>Hispanic/Latino</td> <td>7.0%</td> <td>12.1%</td> </tr> <tr> <td>Not Hispanic/Latino</td> <td>77.0%</td> <td>76.7%</td> </tr> <tr> <td>White alone</td> <td>84.2%</td> <td>62.0%</td> </tr> <tr> <td>Black or African American</td> <td>11.8%</td> <td>15.1%</td> </tr> <tr> <td>American Indian/Alaska native</td> <td>0.4%</td> <td>0.2%</td> </tr> <tr> <td>Asian alone</td> <td>3.5%</td> <td>4.2%</td> </tr> <tr> <td>Native Hawaiian & other</td> <td>0.1%</td> <td>0.1%</td> </tr> <tr> <td>Two or more races</td> <td>1.9%</td> <td>1.1%</td> </tr> </table>	Hispanic/Latino	7.0%	12.1%	Not Hispanic/Latino	77.0%	76.7%	White alone	84.2%	62.0%	Black or African American	11.8%	15.1%	American Indian/Alaska native	0.4%	0.2%	Asian alone	3.5%	4.2%	Native Hawaiian & other	0.1%	0.1%	Two or more races	1.9%	1.1%
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<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2016: For CHIP enrollment continue to reflect the general population in Pennsylvania.</p> <p>Annual Performance Objective for FFY 2017: For CHIP enrollment continue to reflect the general population in Pennsylvania.</p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2017: For CHIP enrollment to continue to reflect the general population in Pennsylvania.</p> <p>Annual Performance Objective for FFY 2018: For CHIP enrollment to continue to reflect the general population in Pennsylvania.</p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2018: For CHIP enrollment to continue to reflect the general population in Pennsylvania.</p> <p>Annual Performance Objective for FFY 2019: For CHIP enrollment to continue to reflect the general population in Pennsylvania.</p>																																																																														

FFY 2015	FFY 2016	FFY 2017
<p>Annual Performance Objective for FFY 2018: For CHIP enrollment continue to reflect the general population in Pennsylvania.</p> <p><i>Explain how these objectives were set:</i> Historical trends</p>	<p>Annual Performance Objective for FFY 2019: For CHIP enrollment to continue to reflect the general population in Pennsylvania.</p> <p><i>Explain how these objectives were set:</i> Historical trends.</p>	<p>Annual Performance Objective for FFY 2020: For CHIP enrollment to continue to reflect the general population in Pennsylvania.</p> <p><i>Explain how these objectives were set:</i> Historical trends.</p>
<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>

Objectives Related to CHIP Enrollment (Continued)

FFY 2015	FFY 2016	FFY 2017
Goal #3 (Describe)	Goal #3 (Describe)	Goal #3 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
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:
Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:
Explanation of Progress: How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report?	Explanation of Progress: How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 Annual Report?	Explanation of Progress: How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?

FFY 2015	FFY 2016	FFY 2017
<p>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?</p>	<p>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?</p>	<p>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?</p>
<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2016: Annual Performance Objective for FFY 2017: Annual Performance Objective for FFY 2018:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2017: Annual Performance Objective for FFY 2018: Annual Performance Objective for FFY 2019:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2018: Annual Performance Objective for FFY 2019: Annual Performance Objective for FFY 2020:</p> <p><i>Explain how these objectives were set:</i></p>
<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>

Objectives Related to Medicaid Enrollment

FFY 2015	FFY 2016	FFY 2017
Goal #1 (Describe)	Goal #1 (Describe)	Goal #1 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
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:
Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:

FFY 2015	FFY 2016	FFY 2017
<p>Explanation of Progress:</p> <p>How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report?</p> <p>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?</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 Annual Report?</p> <p>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?</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?</p> <p>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?</p>
<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2016: Annual Performance Objective for FFY 2017: Annual Performance Objective for FFY 2018:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2017: Annual Performance Objective for FFY 2018: Annual Performance Objective for FFY 2019:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2018: Annual Performance Objective for FFY 2019: Annual Performance Objective for FFY 2020:</p> <p><i>Explain how these objectives were set:</i></p>
<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>

Objectives Related to Medicaid Enrollment (Continued)

FFY 2015	FFY 2016	FFY 2017
Goal #2 (Describe)	Goal #2 (Describe)	Goal #2 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
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:
Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:

FFY 2015	FFY 2016	FFY 2017
<p>Explanation of Progress:</p> <p>How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report?</p> <p>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?</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 Annual Report?</p> <p>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?</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?</p> <p>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?</p>
<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2016: Annual Performance Objective for FFY 2017: Annual Performance Objective for FFY 2018:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2017: Annual Performance Objective for FFY 2018: Annual Performance Objective for FFY 2019:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2018: Annual Performance Objective for FFY 2019: Annual Performance Objective for FFY 2020:</p> <p><i>Explain how these objectives were set:</i></p>
<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>

Objectives Related to Medicaid Enrollment (Continued)

FFY 2015	FFY 2016	FFY 2017
Goal #3 (Describe)	Goal #3 (Describe)	Goal #3 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
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:
Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:

FFY 2015	FFY 2016	FFY 2017
<p>Explanation of Progress:</p> <p>How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report?</p> <p>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?</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 Annual Report?</p> <p>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?</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?</p> <p>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?</p>
<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2016: Annual Performance Objective for FFY 2017: Annual Performance Objective for FFY 2018:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2017: Annual Performance Objective for FFY 2018: Annual Performance Objective for FFY 2019:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2018: Annual Performance Objective for FFY 2019: Annual Performance Objective for FFY 2020:</p> <p><i>Explain how these objectives were set:</i></p>
<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>

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

FFY 2015	FFY 2016	FFY 2017
Goal #1 (Describe)	Goal #1 (Describe)	Goal #1 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i>
Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i>
Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:
Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)
HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i> Numerator: Denominator: Rate:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i> Numerator: Denominator: Rate:

FFY 2015	FFY 2016	FFY 2017
Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain</i> . <input type="checkbox"/> Data Source, <i>Explain</i> . <input type="checkbox"/> Numerator, <i>Explain</i> . <input type="checkbox"/> Denominator, <i>Explain</i> . <input type="checkbox"/> Other, <i>Explain</i> .	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain</i> . <input type="checkbox"/> Data Source, <i>Explain</i> . <input type="checkbox"/> Numerator, <i>Explain</i> . <input type="checkbox"/> Denominator, <i>Explain</i> . <input type="checkbox"/> Other, <i>Explain</i> .	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain</i> . <input type="checkbox"/> Data Source, <i>Explain</i> . <input type="checkbox"/> Numerator, <i>Explain</i> . <input type="checkbox"/> Denominator, <i>Explain</i> . <input type="checkbox"/> Other, <i>Explain</i> .
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: <p>How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report?</p> <p>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?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2016: Annual Performance Objective for FFY 2017: Annual Performance Objective for FFY 2018:</p> <p><i>Explain how these objectives were set:</i></p>	Explanation of Progress: <p>How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 Annual Report?</p> <p>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?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2017: Annual Performance Objective for FFY 2018: Annual Performance Objective for FFY 2019:</p> <p><i>Explain how these objectives were set:</i></p>	Explanation of Progress: <p>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?</p> <p>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?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2018: Annual Performance Objective for FFY 2019: Annual Performance Objective for FFY 2020:</p> <p><i>Explain how these objectives were set:</i></p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

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

FY 2015	FFY 2016	FFY 2017
<p>Goal #2 (Describe) Lead Screening - Increase by 5 percent per year the percentage of PA CHIP two year old members who underwent lead screening prior to their second birthday.</p>	<p>Goal #2 (Describe) Lead screening - Increase by 5 percent per year the percentage of PA CHIP two year old members who underwent lead screening prior to their second birthday.</p>	<p>Goal #2 (Describe) Lead screening - Increase by 5 percent per year the percentage of PA CHIP two year old members who underwent lead screening prior to their second birthday.</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2015 <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2016 <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2017 <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of numerator: Eligible population who had one or more capillary or venous lead blood tests for lead poisoning prior to their second birthday. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: Number of members two years of age through 19 years of age who were diagnosed with asthma during the measurement year.</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Eligible population who had one or more capillary or venous lead blood tests for lead poisoning prior to their second birthday. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: Number of members who turned two years of age during the measurement year (Eligible population 1,967).</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Eligible population who had one or more capillary or venous lead blood tests for lead poisoning prior to their second birthday. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: Number of members who turned two years of age during the measurement year (Eligible population 2,148).</p>
<p>Date Range: From: (mm/yyyy) 01/2014 To: (mm/yyyy) 12/2014</p>	<p>Date Range: From: (mm/yyyy) 01/2015 To: (mm/yyyy) 12/2015</p>	<p>Date Range: From: (mm/yyyy) 01/2016 To: (mm/yyyy) 12/2016</p>
<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: 0 Denominator: 0</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i> Numerator: 0 Denominator: 0</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i> Numerator: 0 Denominator: 0</p>

FY 2015	FFY 2016	FFY 2017
Rate: 52.90	Rate: 55.10	Rate: 60.37
Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i>	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i>	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i>
Additional notes on measure: The state weighted average is based on the size of the measure-eligible population for each reporting unit.	Additional notes on measure: The state weighted average is based on the size of the measure-eligible population for each reporting unit.	Additional note/comments on measure: The state weighted average is based on the size of the measure-eligible population for each reporting unit.
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report? The HEDIS 2015 PA CHIP Lead Screening rate of 52.9 was 2.1 percentage points below the 2015	Explanation of Progress: How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 Annual Report? The HEDIS 2016 PA CHIP Lead Screening rate of 55.1 was 0.7 percentage points below the 2016 performance objective of 55.5%.	Explanation of Progress: How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report? The HEDIS 2017 PA CHIP Lead Screening rate of 60.4 was 2.1 percentage points above the 2017 performance objective of 58.3%.

FY 2015	FFY 2016	FFY 2017
<p>performance objective of 55%.</p> <p>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? After analyzing the available data, it became evident that PA CHIP members were often not receiving the required lead screening because PCPs could not identify potentially high risk PA CHIP members within their patient population. PA CHIP is currently undertaking an initiative that will enable providers to identify CHIP members. Along with this effort, the CHIP health insurance companies are providing additional education explaining the need for this group of children to receive lead screening. CHIP health insurance companies are engaging in a number of interventions to try to increase the number of members being screened, including providing rosters of members that should be screened to their PCPs, offering pay-for-performance incentives, and expanding reimbursement to include point of care lead screening testing. In 2015 the performance objectives were reviewed and extended to include an objective for 2018.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2016: 55.5%</p> <p>Annual Performance Objective for FFY 2017: 58.3%</p> <p>Annual Performance Objective for FFY 2018: 61.2%</p> <p><i>Explain how these objectives were set:</i> Each CHIP health insurance contractor has been tasked to increase their percentage of eligible members who receive lead screening by a minimum of 5% each year for the next three years.</p>	<p>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?After analyzing the available data, it became evident that PA CHIP members were often not receiving the required lead screening because PCPs could not identify potentially high risk PA CHIP members within their patient population. PA CHIP is currently undertaking an initiative that will enable providers to identify CHIP members. Along with this effort, the CHIP health insurance companies are providing additional education explaining the need for this group of children to receive lead screening. CHIP health insurance companies are engaging in a number of interventions to try to increase the number of members being screened, including providing rosters of members that should be screened to their PCPs, offering pay-for-performance incentives, and expanding reimbursement to include point of care lead screening testing. In 2016 the performance objectives were reviewed and extended to include an objective for 2019.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2017: 58.28%</p> <p>Annual Performance Objective for FFY 2018: 61.22%</p> <p>Annual Performance Objective for FFY 2019: 64.26%</p> <p><i>Explain how these objectives were set:</i> Each CHIP health insurance contractor has been tasked to increase their percentage of 5% each year for the next three years.</p>	<p>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?After analyzing the available data, it became evident that PA CHIP members were often not receiving the required lead screening because PCPs could not identify potentially high risk PA CHIP members within their patient population. PA CHIP is currently undertaking an initiative that will enable providers to identify CHIP members. Along with this effort, the CHIP health insurance companies are providing additional education explaining the need for this group of children to receive lead screening. CHIP health insurance companies are engaging in a number of interventions to try to increase the number of members being screened, including providing rosters of members that should be screened to their PCPs, offering pay-for-performance incentives, and expanding reimbursement to include point of care lead screening testing. In 2017 the performance objectives were reviewed and extended to include an objective for 2020.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2018: 61.22%</p> <p>Annual Performance Objective for FFY 2019: 64.26%</p> <p>Annual Performance Objective for FFY 2020: 67.47%</p> <p><i>Explain how these objectives were set:</i> Each CHIP health insurance contractor has been tasked to increase their percentage of 5% each year for the next three years.</p>

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

FFY 2015	FFY 2016	FFY 2017
<p>Goal #3 (Describe) Asthma Emergency Encounter Rate: Decrease by 1.5 percentage points per year the percentage of children and adolescents, two years of age through 19 years of age, with an asthma diagnosis who have =1 emergency department (ED) visit during 2014.</p>	<p>Goal #3 (Describe) Asthma Emergency Encounter Rate: Decrease by 1.5 percentage points per year the percentage of children and adolescents, two years of age through 19 years of age, with an asthma diagnosis who have =1 emergency department (ED) visit during 2015.</p>	<p>Goal #3 (Describe) Asthma Emergency Encounter Rate: Decrease by 1.5 percentage points per year the percentage of children and adolescents, two years of age through 19 years of age, with an asthma diagnosis who have =1 emergency department (ED) visit during 2016.</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> the percentage of children and adolescents, two years of age through 19 years of age, with an asthma diagnosis who have =1 emergency department (ED) visit during 2014</p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> The percentage of children and adolescents, two years of age through 19 years of age, with an asthma diagnosis who have =1 emergency department (ED) visit during 2015</p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> The percentage of children and adolescents, two years of age through 19 years of age, with an asthma diagnosis who have =1 emergency department (ED) visit during 2016</p>
<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of numerator: Eligible population who had one or more visits to the emergency department for Asthma during the measurement year Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: Number of members two years of age through 19 years of age who were diagnosed with asthma during the measurement year</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Eligible population who had one or more visits to the emergency department for Asthma during the measurement year Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: Number of members two years of age through 19 years of age who were diagnosed with asthma during the measurement year</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Eligible population who had one or more visits to the emergency department for Asthma during the measurement year Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: Number of members two years of age through 19 years of age who were diagnosed with asthma during the measurement year</p>
<p>From: (mm/yyyy) 01/2014 To: (mm/yyyy) 12/2014</p>	<p>Date Range: From: (mm/yyyy) 01/2015 To: (mm/yyyy) 12/2015</p>	<p>Date Range: From: (mm/yyyy) 01/2016 To: (mm/yyyy) 12/2016</p>

FFY 2015	FFY 2016	FFY 2017
<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: Denominator: Rate:</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i></p> <p>Numerator: Denominator: Rate:</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i></p> <p>Numerator: Denominator: Rate:</p>
<p>Deviations from Measure Specifications:</p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p>Deviations from Measure Specifications:</p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p>Deviations from Measure Specifications:</p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>
<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>	<p>Additional notes/comments on measure:</p>
<p>Other Performance Measurement Data:</p> <p>Numerator: 1146 Denominator: 12047 Rate: 9.5</p> <p>Additional notes on measure: Weighted Average calculated based on the size of the measure-eligible population for each reporting unit</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: 782 Denominator: 9529 Rate: 8.2</p> <p>Additional notes on measure: Weighted Average calculated based on the size of the measure-eligible population for each reporting unit.</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: 1017 Denominator: 12104 Rate: 8.4</p> <p>Additional notes on measure: Weighted Average calculated based on the size of the measure-eligible population for each reporting unit.</p>
<p>Explanation of Progress:</p> <p>How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report? The 2015 Asthma Emergency Department encounter rate of 9.5% was 2.7 percentage points above the 2014 performance objective of 6.8%.</p> <p>What quality improvement activities that involve the</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 Annual Report? The 2016 Asthma Emergency Department encounter rate of 8.2% was 2.5 percentage points above the 2015 performance objective of 8.0%.</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report? The 2017 Asthma Emergency Department encounter rate of 8.4% was 0.5 percentage points above the 2016 performance objective of 7.9%.</p>

FFY 2015	FFY 2016	FFY 2017
<p>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? CHIP health insurance contractors have been encouraged to provide disease management programs that are not only tailored for the individual member, but incorporate family education and support needs as well. The use of peak flow meters for high risk patients that relay information to case managers who can then hopefully assist with care coordination early enough to prevent an emergency department visit or inpatient admission has been recommended to the CHIP health insurers, but is too costly for the State to fund at this time. In 2012 the performance objectives were reviewed and extended to include an objective for 2018.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2016: 8.0% Annual Performance Objective for FFY 2017: 6.5% Annual Performance Objective for FFY 2018: 5.0%</p> <p><i>Explain how these objectives were set:</i> It is expected that a decrease in ED utilization by 1.55 per year may be feasible over the next three years with improvements in disease management and care coordination that CHIP insurers are anticipating undertaking.</p>	<p>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? CHIP health insurance contractors have been encouraged to provide disease management programs that are not only tailored for the individual member, but incorporate family education and support needs as well. The use of peak flow meters for high risk patients that relay information to case managers who can then hopefully assist with care coordination early enough to prevent an emergency department visit or inpatient admission has been recommended to the CHIP health insurers, but is too costly for the State to fund at this time. In 2016 the performance objectives were reviewed and extended to include an objective for 2019.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2017: 7.88% Annual Performance Objective for FFY 2018: 6.40% Annual Performance Objective for FFY 2019: 4.92%</p> <p><i>Explain how these objectives were set:</i> It is expected that a decrease in ED utilization by 1.55 per year may be feasible over the next three years with improvement in disease management and care coordination that CHIP insurers are anticipating undertaking.</p>	<p>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? CHIP MCOs have been encouraged to provide disease management programs that are not only tailored for the individual member, but incorporate family education and support needs as well. The use of peak flow meters for high risk patients that relay information to case managers who can then hopefully assist with care coordination early enough to prevent an emergency department visit or inpatient admission has been recommended to the CHIP MCOs, but is too costly for the State to fund at this time. In 2017 the performance objectives were reviewed and extended to include an objective for 2020.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2018: 4.85% Annual Performance Objective for FFY 2019: 3.30% Annual Performance Objective for FFY 2020: 1.75%</p> <p><i>Explain how these objectives were set:</i> It is expected that a decrease in ED utilization by 1.55 per year may be feasible over the next three years with improvement in disease management and care coordination that CHIP MCOs are anticipating undertaking.</p>
<p>Other Comments on Measure: AETNA CBC FPH GHP HBCBS HBS HPHK KHPE UHCP UPMC E-Pop 835 1,307 532 695 1,012 941 630 2,585 2,363 1,147 Denom 835 1,307 532 695 1,012 941 630 2,585 2,363 1,147 Num 83 75 21 54 67 49 96 271 250 180 Rate % 9.94 5.74 3.95 7.77 6.62 5.21 15.24 10.48 10.58 15.69 Pa CHIP Weighted Average 9.51%</p>	<p>Other Comments on Measure: Ae CBC NEPA GHP HHMO HPPO HPHK IBC UHC UPMC PA Wtd Ave Elig-pop: 716 1170 307 698 692 795 816 919 2467 949 Den: 716 1170 307 698 692 795 816 919 2467 949 Num: 61 39 13 35 40 31 97 103 230 133 Rate% 8.5 3.3 4.2 5.0 5.8 3.9 11.9 11.2 9.3 14.0 8.2%</p>	<p>Other Comments on Measure: Ae CBC NEPA GHP HHMO HPPO HPHK IBC UHC UPMC PA Wtd Ave Elig-pop: 901 1295 349 801 582 764 1089 2334 2874 1115 Den: 901 1295 349 801 582 764 1089 2334 2874 1115 Num: 82 68 13 35 31 34 107 208 268 171 Rate% 9.1 5.3 3.7 4.4 5.3 4.5 9.8 8.9 9.3 15.3 8.4%</p>

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

FFY 2015	FFY 2016	FFY 2017
<p>Goal #1 (Describe) Increase frequency of Adolescent Well-Care visits by 3.8 percentage points per year for the next three years; monitor for trends and outliers.</p>	<p>Goal #1 (Describe) Increase frequency of Adolescent Well-Care visits by 3.8 percentage points per year for the next three years; monitor for trends and outliers.</p>	<p>Goal #1 (Describe) Increase frequency of Adolescent Well-Care visits by 3.8 percentage points per year for the next three years; monitor for trends and outliers.</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2015 <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2016 <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2017 <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Combination of administrative data (1 health plans) and hybrid data (9 health plans)</p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Combination of administrative data (1 health plans) and hybrid data (9 health plans)</p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Combination of administrative data (1 health plans) and hybrid data (9 health plans)</p>
<p>Definition of Population Included in the Measure: Definition of numerator: Eligible population with at least 1 comprehensive well-care visit with PCP or OB/GYN within measurement year. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: Members 12-19 years of age during the measurement year (eligible population 44,408)</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Eligible population with at least 1 comprehensive well-care visit with PCP or OB/GYN within measurement year. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: Members 12-19 years of age during the measurement year (eligible population 42,641)</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Eligible population with at least 1 comprehensive well-care visit with PCP or OB/GYN within measurement year. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: Members 12-19 years of age during the measurement year (eligible population 45,532)</p>
<p>Date Range: From: (mm/yyyy) 01/2014 To: (mm/yyyy) 12/2014</p>	<p>Date Range: From: (mm/yyyy) 01/2015 To: (mm/yyyy) 12/2015</p>	<p>Date Range: From: (mm/yyyy) 01/2016 To: (mm/yyyy) 12/2016</p>
<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: 0 Denominator: 0</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i> Numerator: 0 Denominator: 0</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i> Numerator: 0 Denominator: 0</p>

FFY 2015	FFY 2016	FFY 2017
Rate: 64.0	Rate: 66.34	Rate: 67.62
Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i>	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i>	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i>
Additional notes on measure: The state weighted average is based on the size of the measure-eligible population for each reporting unit	Additional notes on measure:	Additional notes/comments on measure: The state weighted average is based on the size of the measure-eligible population for each reporting unit
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: <p>How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report? The PA CHIP HEDIS 2015 rate of 64.0 was 1.0 percentage point below the 2015 performance benchmark of 65.0%</p> <p>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? 2009 onsite reviews specifically addressed this area as one of PA CHIP's priorities. Contractor meetings where best practices are shared and encouragement of health insurers to try innovative outreach programs such as sponsoring a dance for this population, social networking and various member recognitions have been key to PA CHIP's success with this measure. In 2015 the performance</p>	Explanation of Progress: <p>How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 Annual Report? The PA CHIP HEDIS 2016 rate of 66.34 was 2.2 percentage point above the 2016 performance benchmark of 65.0%</p> <p>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? 2009 onsite reviews specifically addressed this area as one of PA CHIP's priorities. Contractor meetings where best practices are shared and encouragement of health insurers to try innovative outreach programs such as sponsoring a dance for this population, social networking and various member recognitions have been key to PA CHIP's success with this measure. In 2016 the performance</p>	Explanation of Progress: <p>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report? The PA CHIP HEDIS 2017 rate of 67.6 was 2.8 percentage point below the 2017 performance benchmark of 70.4%</p> <p>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? 2009 onsite reviews specifically addressed this area as one of PA CHIP's priorities. Contractor meetings where best practices are shared and encouragement of CHIP MCOs to try innovative outreach programs such as sponsoring a dance for this population, social networking and various member recognitions have been key to PA CHIP's success with this measure. In 2017 the performance</p>

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<p>objectives were reviewed and extended to include an objective for 2018.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2016: 67.8%</p> <p>Annual Performance Objective for FFY 2017: 71.6%</p> <p>Annual Performance Objective for FFY 2018: 75.4%</p> <p><i>Explain how these objectives were set:</i> The rate of this measure decreased by 3.1 percentage points from HEDIS 2012 to HEDIS 2013, therefore the goal was set to increase the rate by 3.8 percentage points each year over the next three years in order to reverse this observed decrease.</p>	<p>objectives were reviewed and extended to include an objective for 2019.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2017: 70.38%</p> <p>Annual Performance Objective for FFY 2018: 74.32%</p> <p>Annual Performance Objective for FFY 2019: 78.27%</p> <p><i>Explain how these objectives were set:</i> The rate of this measure decreased by 3.1 percentage points from HEDIS 2012 to HEDIS 2013, therefore the goal was set to increase the rate by 3.8 percentage points each year over the next three years in order to reverse this observed decrease.</p>	<p>objectives were reviewed and extended to include an objective for 2020.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2018: 77.14%</p> <p>Annual Performance Objective for FFY 2019: 80.08%</p> <p>Annual Performance Objective for FFY 2020: 83.12%</p> <p><i>Explain how these objectives were set:</i> The rate of this measure decreased by 3.1 percentage points from HEDIS 2012 to HEDIS 2013, therefore the goal was set to increase the rate by 3.8 percentage points each year over the next three years in order to reverse this observed decrease.</p>																																																																																																																																																																																																																																																																																																																																																																																																						
<p>Other Comments on Measure: Adolescent Well-Care Visit (all Contractors are "H", except FPH is "A")</p> <table border="0"> <tr> <td></td> <td>Aetna</td> <td>CBC</td> <td>FPH</td> <td>GHP</td> <td>HBCBS</td> <td>HBS</td> <td>HPHP</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>UHCP</td> <td></td> <td></td> <td>UPMC</td> <td></td> <td></td> </tr> <tr> <td>Eligible</td> <td>3,258</td> <td>6,073</td> <td>3,021</td> <td>2,262</td> <td>6,953</td> <td>3,808</td> <td>1,125</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>6,907</td> <td></td> <td></td> <td></td> <td>6,121</td> <td></td> <td></td> </tr> <tr> <td>Denominator</td> <td>432</td> <td>398</td> <td>3,021</td> <td>395</td> <td>376</td> <td>384</td> <td>432</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>407</td> <td></td> <td></td> <td></td> <td>398</td> <td></td> <td></td> </tr> <tr> <td>Numerator</td> <td>280</td> <td>249</td> <td>1,829</td> <td>255</td> <td>244</td> <td>255</td> <td>303</td> <td>263</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>242</td> <td></td> <td></td> </tr> <tr> <td>Rate (%)</td> <td>64.81%</td> <td>62.56%</td> <td>60.54%</td> <td>64.56%</td> <td>64.89%</td> <td>66.41%</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>70.14%</td> <td></td> <td>65.26%</td> <td></td> <td>63.88%</td> <td></td> <td>60.80%</td> <td></td> </tr> <tr> <td>Weighted Average</td> <td colspan="9">63.96%</td> </tr> </table>		Aetna	CBC	FPH	GHP	HBCBS	HBS	HPHP							UHCP			UPMC			Eligible	3,258	6,073	3,021	2,262	6,953	3,808	1,125						6,907				6,121			Denominator	432	398	3,021	395	376	384	432						407				398			Numerator	280	249	1,829	255	244	255	303	263									242			Rate (%)	64.81%	62.56%	60.54%	64.56%	64.89%	66.41%						70.14%		65.26%		63.88%		60.80%		Weighted Average	63.96%									<p>Other Comments on Measure: Ae IBC NEPA HPHP UPMC GHP CBC HPPO HHMO UHC PA Wtd</p> <table border="0"> <tr> <td></td> <td>Ae</td> <td>IBC</td> <td>NEPA</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>HPHP</td> <td>UPMC</td> <td>GHP</td> <td>CBC</td> <td>HPPO</td> <td>HHMO</td> <td>UHC</td> <td>PA</td> <td>Wtd</td> </tr> <tr> <td>Elig-Pop:</td> <td>2529</td> <td>7252</td> <td>2173</td> <td>1390</td> <td>6776</td> <td>2379</td> <td>5057</td> <td>2931</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>7362</td> </tr> <tr> <td>Denom:</td> <td>432</td> <td>414</td> <td>2173</td> <td>383</td> <td>395</td> <td>380</td> <td>388</td> <td>2931</td> <td>4792</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>384</td> </tr> <tr> <td>Num:</td> <td>275</td> <td>292</td> <td>1368</td> <td>256</td> <td>276</td> <td>243</td> <td>263</td> <td>1886</td> <td>3075</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>241</td> </tr> <tr> <td>Rate%</td> <td>63.7</td> <td>70.5</td> <td>63.0</td> <td>66.8</td> <td>69.9</td> <td>63.9</td> <td>67.8</td> <td>64.3</td> <td>64.2</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>62.8</td> </tr> <tr> <td></td> <td>66.34%</td> </tr> </table>		Ae	IBC	NEPA											HPHP	UPMC	GHP	CBC	HPPO	HHMO	UHC	PA	Wtd	Elig-Pop:	2529	7252	2173	1390	6776	2379	5057	2931																	7362	Denom:	432	414	2173	383	395	380	388	2931	4792																384	Num:	275	292	1368	256	276	243	263	1886	3075																241	Rate%	63.7	70.5	63.0	66.8	69.9	63.9	67.8	64.3	64.2																62.8													66.34%	<p>Other Comments on Measure: Ae IBC NEPA HPHP UPMC GHP CBC HPPO HHMO UHC PA Wtd</p> <table border="0"> <tr> <td></td> <td>Ae</td> <td>IBC</td> <td>NEPA</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>HPHP</td> <td>UPMC</td> <td>GHP</td> <td>CBC</td> <td>HPPO</td> <td>HHMO</td> <td>UHC</td> <td>PA</td> <td>Wtd</td> </tr> <tr> <td>Elig-Pop:</td> <td>2678</td> 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Objectives Related to Use of Preventative Care (Immunizations, Well Child Care) (Continued)

FFY 2015	FFY 2016	FFY 2017
<p>Goal #2 (Describe) Increase the percentage of eligible children receiving all vaccinations in HEDIS Combination 2 by 0.7 percentage points per year for the next three years.</p>	<p>Goal #2 (Describe) Increase the percentage of eligible children receiving all vaccinations in HEDIS Combination 2 by 0.7 percentage points per year for the next three years.</p>	<p>Goal #2 (Describe) Increase the percentage of eligible children receiving all vaccinations in HEDIS Combination 2 by 0.7 percentage points per year for the next three years.</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used: 2015</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used: 2016</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used: 2017</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of numerator: Eligible population who receive all vaccinations in Combination 2. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Eligible population who receive all vaccinations in Combination 2. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Eligible population who receive all vaccinations in Combination 2. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>
<p>Date Range: From: (mm/yyyy) 01/2014 To: (mm/yyyy) 12/2014</p>	<p>Date Range: From: (mm/yyyy) 01/2015 To: (mm/yyyy) 12/2015</p>	<p>Date Range: From: (mm/yyyy) 01/2016 To: (mm/yyyy) 12/2016</p>
<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: 0 Denominator: 0 Rate: 75.1</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i> Numerator: 0 Denominator: 0 Rate: 80.1</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i> Numerator: 0 Denominator: 0 Rate: 80.7</p>

FFY 2015	FFY 2016	FFY 2017
<p>Deviations from Measure Specifications:</p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p>Deviations from Measure Specifications:</p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p>Deviations from Measure Specifications:</p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:
<p>Other Performance Measurement Data: (If reporting with another methodology)</p> <p>Numerator:</p> <p>Denominator:</p> <p>Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: (If reporting with another methodology)</p> <p>Numerator:</p> <p>Denominator:</p> <p>Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: (If reporting with another methodology)</p> <p>Numerator:</p> <p>Denominator:</p> <p>Rate:</p> <p>Additional notes on measure:</p>
<p>Explanation of Progress:</p> <p>How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report? The PA CHIP HEDIS 2014 rate of 75.1 was 6.6 percentage points below the 2015 performance benchmark of 81.7%.</p> <p>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? 2009 onsite reviews specifically explored this measurement topic with CHIP health insurers. The availability of vaccines, the increase in the number of vaccines recommended, the complexity of the immunization schedule, parents uncertainty surrounding the potential for vaccines to cause autism, and the HEDIS methodology for collecting the data were all mentioned as barriers for improving this measure. Currently PA CHIP is encouraging health insurers to partake in aggressive outreach programs that include social networking and parent education to target this population. Additional</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 Annual Report? The PA CHIP HEDIS 2016 rate of 80.1 was 5.6 percentage points above the 2016 performance benchmark of 75.8%.</p> <p>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? 2009 onsite reviews specifically explored this measurement topic with CHIP health insurers. The availability of vaccines, the increase in the number of vaccines recommended, the complexity of the immunization schedule, parents uncertainty surrounding the potential for vaccines to cause autism, and the HEDIS methodology for collecting the data were all mentioned as barriers for improving this measure. Currently PA CHIP is encouraging health insurers to partake in aggressive outreach programs that include social networking and parent education to target this population. Additional</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report? The PA CHIP HEDIS 2017 rate of 80.7 was 4.4 percentage points above the 2017 performance benchmark of 76.3%.</p> <p>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? 2009 onsite reviews specifically explored this measurement topic with CHIP MCOs. The availability of vaccines, the increase in the number of vaccines recommended, the complexity of the immunization schedule, parents uncertainty surrounding the potential for vaccines to cause autism, and the HEDIS methodology for collecting the data were all mentioned as barriers for improving this measure. Currently PA CHIP is encouraging CHIP MCOs to partake in aggressive outreach programs that include social networking and parent education to target this population. Additional efforts have been made to</p>

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<p>efforts have been made to educate PCPs that PA CHIP members are not eligible for VFC and that they should be provided with all recommended vaccinations on schedule. In 2015 the performance objectives were reviewed and extended to include an objective for 2018.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2016: 75.8%</p> <p>Annual Performance Objective for FFY 2017: 76.5%</p> <p>Annual Performance Objective for FFY 2018: 77.2%</p> <p><i>Explain how these objectives were set:</i> The rate for this measure increased by 2.1 percentage points between HEDIS 2013 and HEDIS 2014, which also exceeded the three year projection for this measure. Therefore a goal was set to increase this rate by 0.7 percentage points each year over the next three years in order to replicate this observed increase.</p>	<p>efforts have been made to educate PCPs that PA CHIP members are not eligible for VFC and that they should be provided with all recommended vaccinations on schedule. In 2016 the performance objectives were reviewed and extended to include an objective for 2019.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2017: 76.3%</p> <p>Annual Performance Objective for FFY 2018: 77.0%</p> <p>Annual Performance Objective for FFY 2019: 77.7%</p> <p><i>Explain how these objectives were set:</i> The rate for this measure increased by 2.1 percentage points between HEDIS 2013 and HEDIS 2014, which also exceeded the three year projection for this measure. Therefore a goal was set to increase this rate by 0.7 percentage points each year over the next three years in order to replicate this observed increase.</p>	<p>educate PCPs that PA CHIP members are not eligible for VFC and that they should be provided with all recommended vaccinations on schedule. In 2017 the performance objectives were reviewed and extended to include an objective for 2020.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2018: 77.7%</p> <p>Annual Performance Objective for FFY 2019: 78.4%</p> <p>Annual Performance Objective for FFY 2020: 79.1%</p> <p><i>Explain how these objectives were set:</i> The rate for this measure increased by 2.1 percentage points between HEDIS 2013 and HEDIS 2014, which also exceeded the three year projection for this measure. Therefore a goal was set to increase this rate by 0.7 percentage points each year over the next three years in order to replicate this observed increase.</p>																																																																																																																																																																																																																																																																																																
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(%)</td> <td>75.00%</td> <td>76.92%</td> <td>67.69%</td> <td>83.76%</td> <td>79.67%</td> <td>88.24%</td> <td></td> </tr> <tr> <td>69.39%</td> <td></td> <td>78.54%</td> <td></td> <td>63.75%</td> <td></td> <td>76.23%</td> <td></td> </tr> <tr> <td>PA CHIP Weighted Average</td> <td colspan="7">75.14%</td> </tr> </tbody> </table>		Aetna	CBC	FPH	GHP	HBCBS	HBS	HPHP	KHPE				UHCP			UPMC	Eligible Pop	213	261	66	197	123	153	49	457							262	Denominator	212	260	65	197	123	153	49	411							366	Numerator	159	200	44	165	98	135	34	262							279	Rate (%)	75.00%	76.92%	67.69%	83.76%	79.67%	88.24%		69.39%		78.54%		63.75%		76.23%		PA CHIP Weighted Average	75.14%							<p>Other Comments on Measure: Ae IBC NEPA</p> <table border="1"> <thead> <tr> <th></th> <th>HPHP</th> <th>UPMC</th> <th>GHP</th> <th>CBC</th> <th>HPPO</th> <th>HHMO</th> <th>UHC</th> <th>PA</th> <th>Wtd</th> </tr> </thead> <tbody> <tr> <td>Avge</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> 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Objectives Related to Use of Preventative Care (Immunizations, Well Child Care) (Continued)

FFY 2015	FFY 2016	FFY 2017
<p>Goal #3 (Describe) Annual Vision Screening: Increase by 1.3 percentage points per year the number of members ages four through 19 years of age who receive an annual vision screening exam during the measurement year.</p>	<p>Goal #3 (Describe) For 2016, the Annual Vision Screening measure was removed as a Contractor submission requirement, and is not a CMS reportable measure.</p>	<p>Goal #3 (Describe) Beginning in 2016, the Annual Vision Screening measure was removed as a Contractor submission requirement, and is not a CMS reportable measure.</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Percent of enrollees four through 19 years of age who received one (or more) visual acuity screenings (CPT 99173) during the measurement year.</p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Eligible population with a visual acuity screening (CPT 99173) during the measurement year.</p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of numerator: Eligible population with a visual acuity screening (CPT 99173) during the measurement year. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: All CHIP enrollees that are ages four through 19 during the measurement year that have been enrolled for the previous 12 months with no more than one gap in enrollment. Gap may not exceed 45 days in length.</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>
<p>Date Range: From: (mm/yyyy) 01/2014 To: (mm/yyyy) 12/2014</p>	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>

FFY 2015	FFY 2016	FFY 2017
<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: Denominator: Rate:</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i></p> <p>Numerator: Denominator: Rate:</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i></p> <p>Numerator: Denominator: Rate:</p>
<p>Deviations from Measure Specifications:</p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p>Deviations from Measure Specifications:</p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p>Deviations from Measure Specifications:</p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>
<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>	<p>Additional notes/comments on measure:</p>
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: 22400 Denominator: 102070 Rate: 21.9</p> <p>Additional notes on measure: AETNA CBC FPH GHP HBCBS HBS HPHK KHPE UHCP UPMC Eligible 8,691 13,107 6,176 5,310 10,901 6,648 2,455 18,643 16,782 13,357 Denominator 8,691 13,107 6,176 5,310 10,901 6,648 2,455 18,643 16,782 13,357 Number 2,427 1,483 920 1,129 1,211 404 836 6,043 4,860 3,087 Rate % 27.93 11.31 14.90 21.26 11.11 6.08 34.05 32.41 28.96 23.11 PA CHIP Weighted Average 21.95</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>
<p>Explanation of Progress:</p> <p>How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report? The 2014 Vision Screening rate of 21.9% was 1.7 percentage points above the 2015</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 Annual Report?</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?</p>

FFY 2015	FFY 2016	FFY 2017
<p>performance objective of 20.2% and 0.4 percentage points above the performance objective for 2016.</p> <p>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? PA CHIP is currently in the process of creating a claims data warehouse that will allow for closer monitoring and trending of utilization. This data warehouse is being constructed with the ability to identify areas of high and low utilization as well as trend provider access issues. In addition to encouraging CHIP health insurers to outreach to members and emphasize that vision care and equipment are covered by PA CHIP, we hope to be able to identify areas that may require additional interventions with the help of the data warehouse. In 2015 the performance objectives were reviewed and extended to include an objective for 2018.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2016: 23.2%</p> <p>Annual Performance Objective for FFY 2017: 24.5%</p> <p>Annual Performance Objective for FFY 2018: 25.8%</p> <p><i>Explain how these objectives were set:</i> Data regarding the prevalence of vision problems warranting correction within this population was reviewed and a programmatic goal was established of 15% was determined to be appropriate. The program rate met this goal after the first year therefore the goal was extended to include projections for the next three years. The percent improvement was divided equally across the three years as there are no trends available for study that might favor an alternative approach.</p>	<p>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?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2017: Annual Performance Objective for FFY 2018: Annual Performance Objective for FFY 2019:</p> <p><i>Explain how these objectives were set:</i></p>	<p>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?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2018: Annual Performance Objective for FFY 2019: Annual Performance Objective for FFY 2020:</p> <p><i>Explain how these objectives were set:</i></p>
Other Comments on Measure:	Other Comments on Measure:	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 2017 report (based on 2015 and 2016 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 (National Committee for Quality Assurance). For HEDIS 2017, the PA CHIP weighted average was higher than the PA Medicaid managed care average across a majority of measures assessing Effectiveness of Care (EOC) and Access and Availability (AA) with the exception of select Childhood Immunization Status measures (Combinations 5-10, Influenza, Rotavirus, Pneumococcal, Hep B, MMR, and DtaP) and Follow Up Care After Hospitalization for Mental Illness. For HEDIS 2017 Access/Availability of Care measures, both Children and Adolescents' Access to Primary Care Practitioner (CAP) and Annual Dental Visits (ADV) performed lower than Medicaid. Looking at Use of Services (UOS) measures, Well-Child Visits in the First 15 Months of Life (0, 1, 2, 3, and 4 visits) Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34), PA CHIP members had rates higher than did PA Medicaid managed care health plan members of comparable age.

When compared to the National Medicaid HMO 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 (below 33.3th percentile) and Chlamydia Screening in Women (Below 5th percentile). The PA CHIP health plan average is lower for the Ambulatory Care Outpatient Visits (at or below the 25th percentile) and Ambulatory ED Visits (below 5th percentile).

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 2011, PA CHIP required reporting of the Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (WCC) measure.
- For HEDIS 2012, PA CHIP continued requiring the reporting of the current HEDIS measures.
- For HEDIS 2013, PA CHIP required reporting of the Chlamydia Screening in Women and Follow-up after hospitalization for Mental Illness measures.
- For HEDIS 2014, PA CHIP continued requiring the reporting of the current HEDIS measures.
- For HEDIS 2015, PA CHIP required reporting of the Human Papillomavirus Vaccine for Female Adolescents (HPV) measure.
- For HEDIS 2016, PA CHIP required the reporting of the Medication Management for People with Asthma (MMA) measure.
- For HEDIS 2017, PA CHIP required the reporting of the Medication Management for People with Asthma (MMA) measure.

- In 2007, PA CHIP implemented a PA-specific performance measure – “Annual Body Mass Index Screening for Children and Adolescents.” In 2011 PA CHIP retired this PA-specific measure and required the reporting of the HEDIS WCC-BMI measure.
- In 2009, PA CHIP implemented a PA-specific performance measure – “Emergency Department Encounter Rate for Asthma in Children and Adolescents.”
- In 2010, PA CHIP implemented PA-specific performance measures - “Early and Periodic Screening Diagnosis and Testing - Annual Vision Screening,” “Early and Periodic Screening Diagnosis and Testing - Developmental Screening,” and “Periodic Dental Evaluations for Children and Adolescents and Dental Sealants for Children.”
- In 2013, PA CHIP implemented PA-specific performance measures - Annual Number of Asthma Patients with An Asthma Related ER Visit and Total Eligibles who Received Dental Treatment and Preventive Dental Services.
- In 2014, PA CHIP continued requiring the reporting of the current PA-specific performance measures.
- In 2015, PA CHIP continued requiring the reporting of the current PA-specific performance measures.
- In 2016, PA CHIP continued requiring the reporting of three of the current PA-specific performance measures. PA CHIP implemented a PA-specific performance measure – “Dental Sealants for 6 to 9 Year Old Children at Elevated Caries Risk” this measure replaced “Dental Sealants for Children” which was retired by CMS.
- In 2017, PA CHIP continued requiring the reporting of the “Dental Sealants for 6 to 9 Year Old Children at Elevated Caries Risk” measure.

Objective: To ensure consistency in CHIP performance measurement.

Performance goal status:

- For HEDIS 2012, 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 continued for HEDIS 2013.
- For HEDIS 2012, PA CHIP required HEDIS performance measures be reported annually and not be subject to rotation. This requirement continued for HEDIS 2013.
- For HEDIS 2012, PA CHIP required the CAHPS survey to be subject to audit by an NCQA-certified HEDIS audit organization. This requirement continued for HEDIS 2013.
- For HEDIS 2012, PA CHIP established comparisons to statewide weighted averages and continued comparisons to national benchmarks and year-over-year outcomes. This continued for HEDIS 2013.
- In 2012, PA CHIP required the PA-specific performance measure be subject to validation by an independent organization. This requirement continued in 2013 for all performance measures.
- In 2013, PA CHIP required the PA-specific performance measure be subject to validation by an independent organization. This requirement continued in 2014 for all performance measures.
- In 2014, PA CHIP required the PA-specific performance measure be subject to validation by an independent organization. This requirement continued in 2015 for all performance measures.
- In 2015, PA CHIP required the PA-specific performance measure be subject to validation by an

independent organization. This requirement continued in 2016 for all performance measures.

- In 2016, PA CHIP required the PA-specific performance measure be subject to validation by an independent organization. This requirement continued in 2017 for all performance measures.
- In 2017, PA CHIP required the PA-specific performance measure be subject to validation by an independent organization. This requirement will continue in 2018 for all performance measures.

Objective: To initiate public reporting of CHIP performance measures

Performance goal status:

- In 2012, PA CHIP published an annual report card that displayed each CHIP health insurance companies' rates for selected 2012 CAHPS survey results and 2012 HEDIS measures and compared those results to the statewide average using graphics.
- In 2013, PA CHIP published an annual report card that displayed each CHIP health insurance companies' rates for selected 2013 CAHPS survey results and 2013 HEDIS measures and compared those results to the statewide average using graphics.
- In 2014, PA CHIP published an annual report card that displayed each CHIP health insurance companies' rates for selected 2014 CAHPS survey results and 2014 HEDIS measures and compared those results to the statewide average using graphics.
- In 2015, PA CHIP published an annual report card that displayed each CHIP health insurance companies' rates for selected 2015 CAHPS survey results and 2015 HEDIS measures and compared those results to the statewide average using graphics.
- In 2015, PA CHIP published an annual report card that displayed each CHIP health insurance companies' rates for selected 2015 CAHPS survey results and 2015 HEDIS measures and compared those results to the statewide average using graphics.
- In 2016, PA CHIP published an annual report card that displayed each CHIP health insurance companies' rates for selected 2016 CAHPS survey results and 2016 HEDIS measures and compared those results to the statewide average using graphics.
- PA CHIP will prepare and disseminate a similar report card using 2017 CAHPS survey results and 2017 HEDIS measures. The report card will be available in the fourth quarter of 2017.

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.

From 2009 - 2016, and again in 2017, PA 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 health 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

CHIP Annual Report Template – FFY 2017

outcomes. The PIP topic is reduction of emergency department visits for the CHIP population. A PIP cycle was implemented beginning in March 2013. CHIP MCOs submitted a project proposal consisting of a rationale for topic selection, quality indicators, baseline analysis, barrier analysis and proposed interventions. In March 2014, CHIP MCOs submitted targeted interventions implemented during calendar year 2013 which were reviewed for clinical relevance by the contracted EQRO, IPRO. Re-measurement rates summarizing utilization in 2014 which were submitted in March 2015 revealed mixed results with demonstrable improvement over baseline achieved for at least one quality indicator for eight of nine PA CHIP MCOs. In March 2016, CHIP MCOs submitted subsequent re-measurement rates to demonstrate sustained improvement over baseline along with subsequent targeted interventions aimed at achieving sustained improvement. The topic of emergency department visits will not be a topic of focus in the new 2018 PIP cycle.

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. This remains an issue for children in PA. CHIP MCOs were required to implement a new PIP with the topic, first quality measure and goal of at least a five percent increase in lead screening rates specified by the State. CHIP MCOs 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 MCO's CHIP population. A new PIP cycle was implemented beginning in December 2013. CHIP MCOs submitted a project proposal consisting of a rationale for topic selection, quality indicators, baseline analysis, barrier analyses and proposed interventions. In November 2014, CHIP MCOs submitted a list of interventions aimed at addressing the barriers identified during the baseline barrier analysis, and they submitted initial re-measurement rates in November 2015. The CHIP PIP submissions were validated on an annual basis by IPRO, an independent external quality review organization.

In 2017, CHIP discussed topics for the new PIP cycle. One topic will focus on Developmental Screening. Lead Screening in Children will continue to be a topic of focus for the second PIP in the new cycle of CHIP PIPs. During 2017, CHIP and IPRO discussed relevant background and population-specific considerations for each topic. IPRO, including a clinical lead, prepared a background document with a proposal for each PIP for CHIP to review. CHIP provided comments to be addressed before implementation with the CHIP Contractors in late 2017/early 2018.

The Developmental Screening PIP will include a focus on the CMS measure Developmental Screening Rate in Children Ages 1, 2, and 3 Years. This topic was selected because available data indicate fewer than half of Pennsylvania children from birth to age 3 enrolled in the commonwealth's CHIP and Medicaid in 2014 were receiving recommended screens. This makes it difficult to connect children that may have delayed development with appropriate interventions, and further highlights the need for increased screenings and surveillance. Select Pennsylvania CHIP Contractors have seen a modest increase in their Developmental Screening in the First Three Years of Life measure, while others have seen a slight increase between 2013 and 2016. Lead Screening in Children was again selected as a topic because, despite an overall improvement in lead screening rates for Pennsylvania CHIP MCOs over the past few years, rates by MCO and weighted average fall below the national average. Additionally, the rate increases have been less consistent among PA CHIP MCOs than for PA Medicaid HealthChoices MCOs. For both PIPs, baseline measurement will be calendar year 2017, with interim reporting to be submitted by CHIP MCOs in 2018, 2019, and 2020. A final culminating report will be submitted by each MCO in 2021.

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 include any analyses or descriptions of any efforts designed to reduce the number of uncovered children in the state through a state health insurance connector program or support for innovative private health coverage initiatives health coverage initiatives. **[7500]**

For 2011, 11.6 percent of enrollees with persistent asthma were seen in an emergency department for asthma during 2010. Health plan rates ranged from 8.7 to 15.4 percent.

For 2012, 9.7 percent of enrollees with persistent asthma were seen in an emergency department for asthma during 2011. Health plan rates ranged from 6.2 to 12.1 percent.

For 2013, 8.0 percent of enrollees with persistent asthma had at least one visit to the emergency

department for asthma during 2012. Health plan rates ranged from 4.9 to 12.8 percent.

For 2014, 7.8 percent of enrollees with persistent asthma had at least one visit to the emergency department for asthma during 2013. Health plan rates ranged from 3.7 to 14.8 percent.

For 2015, 9.5 percent of enrollees with persistent asthma had at least one visit to the emergency department for asthma during 2014. Health plan rates ranged from 3.9 to 15.7 percent.

For 2016, 8.2 percent of enrollees with persistent asthma had at least one visit to the emergency department for asthma during 2015. Health plan rates ranged from 3.3 to 14.0 percent.

For 2017, 8.4 percent of enrollees with persistent asthma had at least one visit to the emergency department for asthma during 2015. Health plan rates ranged from 3.7 to 15.3 percent.

For 2011, 13.1 percent of enrollees four through 19 years old received an annual vision screening during 2010. Health plan rates ranged from 3.4 to 24.6 percent.

For 2012, 15.0 percent of enrollees four through 19 years old received an annual vision screening during 2011. Health plan rates ranged from 4.1 to 27.3 percent.

For 2013, 17.1 percent of enrollees four through 19 years old received an annual vision screening during 2012. Health plan rates ranged from 4.0 to 29.4 percent.

For 2014, 18.9 percent of enrollees four through 19 years old received an annual vision screening during 2013. Health plan rates ranged from 4.2 to 29.5 percent.

For 2015, 21.9 percent of enrollees four through 19 years old received an annual vision screening during 2014. Health plan rates ranged from 6.1 to 34.1 percent.

For 2016, the Annual Vision Screening measure was removed as a Contractor submission requirement, and is not a CMS reportable measure.

For 2011, 14.7 percent of enrollees 18 months of age had a developmental screening between 505 and 641 days of age. Health plan rates ranged from 5.9 to 25.8 percent.

For 2012, 24.8 percent of enrollees 18 months of age had a developmental screening between 505 and 641 days of age. Health plan rates ranged from 12.4 to 39.2 percent.

For 2013, 31.1 percent of enrollees were screened for risk of developmental, behavioral and social delays using a standardized screening tool in the 12 months preceding their first, second or third birthday. Health plan rates ranged from 18.9 to 51.1 percent.

For 2014, this measure was placed on hold due to methodological concerns.

For 2015, 38.9 percent of enrollees were screened for risk of developmental, behavioral and social delays using a standardized screening tool in the 12 months preceding their first, second or third birthday. Health plan rates ranged from 23.1 to 59.0 percent.

For 2016, 40.5 percent of enrollees were screened for risk of developmental, behavioral and social delays using a standardized screening tool in the 12 months preceding their first, second or third birthday. Health plan rates ranged from 29.7 to 63.9 percent.

For 2017, 49.6 percent of enrollees were screened for risk of developmental, behavioral and social delays using a standardized screening tool in the 12 months preceding their first, second or third birthday. Health plan rates ranged from 29.2 to 64.5 percent.

For 2011, 56.2 percent of enrollees three through 19 years of age had a dental evaluation or preventive prophylaxis during 2010. Health plan rates ranged from 37.1 to 69.8 percent.

For 2012, 49.1 percent of enrollees three through 19 years of age had a dental evaluation or preventive prophylaxis during 2011. Health plan rates ranged from 21.1 to 69.6 percent.

For 2013, 20.1 percent of enrollees one through 20 years of age received dental treatment services during 2012. Health plan rates ranged from 12.3 to 28.1 percent.

For 2014, 22.0 percent of enrollees one through 20 years old received dental treatment services during 2013. Health plan rates ranged from 18.8 to 27.4 percent.

For 2015, 21.9 percent of enrollees one through 20 years old received dental treatment services during 2014. Health plan rates ranged from 18.1 to 26.8 percent.

For 2013, 43.3 percent of enrollees one through 20 years of age received preventive dental services during 2012. Health plan rates ranged from 25.2 to 64.9 percent.

For 2014, 48.1 percent of enrollees one through 20 years old received preventive dental services during 2013. Health plan rates ranged from 39.7 to 66.6 percent.

For 2015, 48.0 percent of enrollees one through 20 years old received preventive dental services during 2014. Health plan rates ranged from 37.8 to 66.3 percent.

For 2016, 53.3 percent of enrollees one through 20 years old received preventive dental services during 2015. Health plan rates ranged from 44.9 to 67.5 percent.

For 2017, 56.7 percent of enrollees one through 20 years old received preventive dental services during 2015. Health plan rates ranged from 21.1 to 64.8 percent.

For 2011, 43.8 percent of enrollees who turned eight in 2010 received a dental sealant during the prior

three years. Health plan rates ranged from 13.6 to 56.7 percent.

For 2012, 44.8 percent of enrollees who turned eight in 2011 received a dental sealant during the prior three years. Health plan rates ranged from 15.1 to 60.1%.

For 2013, 33.7 percent of enrollees who turned eight in 2012 received a dental sealant during the prior three years. Health plan rates ranged from 6.9 to 47.5 percent.

For 2014, 39.1 percent of enrollees who turned eight in 2013 received a dental sealant during the prior three years. Health plan rates ranged from 11.8 to 50.5 percent.

For 2015, 41.6 percent of enrollees who turned eight in 2014 received a dental sealant during the prior three years. Health plan rates ranged from 13.1 to 53.3 percent

For 2016, the Dental Sealants for Children measure was retired by PA CHIP, and was replaced in 2016 by the Dental Sealants for 6 to 9 Year Old Children at Elevated Risk measure.

In 2016, the percentage of enrolled children ages 6-9 years at elevated risk of dental caries who received a sealant on a permanent first molar tooth within the measurement year was 20.5 for contractor-reported and 19.7 for CHIPRA enhanced rate.

- In 2017, the percentage of enrolled children ages 6-9 years at elevated risk of dental caries who received a sealant on a permanent first molar tooth within the measurement year was 24.4 for contractor-reported and 23.1 for CHIPRA enhanced rate.

Continued Below

Enter any Narrative text related to Section IIB below **[7500]**.

- From the ten PA CHIP MCOs which participated in the survey, 5,671 respondents completed the CAHPS 5.0H Questionnaire. The respondents completed the questionnaire on behalf of a child enrolled in one of the commercial-based or Medicaid-based HMO plans.

- Respondent Characteristics—PA CHIP CAHPS 5.0H Survey Respondents

- o For CAHPS 2017, the majority of respondents were female (83.1 percent). A large proportion of survey respondents had a high school diploma (31.2 percent) or some college education (37.5 percent). In addition, the majority of respondents indicated that their child is white (64.3 percent) and was in “excellent” or “very good” health (85.1 percent).

- Global Rating Questions

- o 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.”

- o For 2017, the PA CHIP plan average for enrollees who rated their child’s health plan 8, 9, or 10 was 84.9 percent. The average across health plans for PA CHIP enrollees who rated their child’s personal doctor 8, 9, or 10 was 88.8 percent, with health plan ratings ranging from 83.6 to 91.5.

- Composite Scores

- o Each Composite contained a set of survey questions. To obtain a composite score, the responses for all questions comprising a composite were averaged.

- o The PA CHIP health plan rates ranged from 82.1 to 97.1 percent of enrollees who indicated that they are “usually” or “always” able to get urgent care quickly for their child. The PA CHIP plan rates ranged from 84.7 to 94.8 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]

Pennsylvania's Children's Health Insurance Program's 2016 – 2017 outreach strategy used a combination of multiple media channels that provided numerous touchpoint opportunities to reach our target audience throughout their day. Use of broad reach mediums such as TV, spot radio, and display digital allowed us to target on a county/zip code basis. We then layered in multiple digital channels via content/behavioral targeting. This approach allowed us to reach not only parents of children who need coverage but also family members, friends and influencers.

Our statewide multi-media mix campaign ran from December 2016 through July 2017 to reach markets with the highest percentage of uninsured children in Pennsylvania and to heighten the awareness of the program. We aired TV spots statewide across all media markets including both broadcast and cable. A mix of television combined with radio advertising (English and Spanish) was used to penetrate the more underserved and harder to reach markets with a concentration in the urban areas.

Another attempt at reaching the largest population was to use digital, social media, and mobile marketing tactics statewide that would drive the target to the CHIP website www.CHIPcoversPAkids.com where they are able to apply or renew CHIP coverage. Key search words were also used to drive search engine results to the CHIP website.

For the third year CHIP agreed to an On-Air partnership with Univision Network's *Despierta America* is the number one Spanish language morning show in Philadelphia. The program offers a strong showing among Hispanic women ages 24 – 54, featuring news and topics such as parenting advice, health and nutrition, and the latest headlines. A local TV host narrates :80 vignettes promoting CHIP.

Additionally, with the growing popularity of urgent care centers, we reached parents and guardians who were seeking treatment for healthcare issues by placing banner stands and brochures in the centers' waiting rooms and lobbies. Signage was placed in thirty-five urgent care locations across Philadelphia, Pittsburgh, Harrisburg, and Allentown-Bethlehem for a three-month period.

Grassroots outreach efforts focused on identifying and educating community-based organizations as well as healthcare and educational institutions in an effort to reach the parents of uninsured kids and teens. Outreach included both general and minority markets. Core target areas for outreach efforts included counties with the highest percentages and highest numbers of uninsured children in the state, thus the highest potential to enroll. Thirty-three counties were targeted for these efforts.

Outreach efforts used CHIP Enrollment Teams which consisted of Outreach Service Representatives (OSRs) who are trained on the program and serve as community guides educating the public about CHIP and leading activities through community, faith-based and small business events. OSRs are knowledgeable on the eligibility criteria, the application process, and on using the COMPASS website for enrollment. The enrollment teams participated in events in thirty-three counties targeting both general and minority markets. Libraries were also a point of focus for a back-to-school campaign where materials were displayed for patrons to take with them for reference on how to apply for or renew their coverage as well as eligibility requirements. OSRs were stationed in the libraries to help with on-line enrollment.

The CHIP inbound call center continues to operate with great success. Callers seeking information on the program can contact CHIP representatives at the 1-800-986-KIDS toll free number. Application assistance is also available through the call center.

Pennsylvania law requires CHIP to send electronic notification of the program to all schools in Pennsylvania. This communication was sent in the spring of 2017. Additionally, schools can request a hard copy of the notification. CHIP sent over 500,000 flyers to schools to fulfill requests for the

notification to all school-aged children in Pennsylvania (Attachment #1). The flyers are in English and Spanish (front and back). By working with the Pennsylvania Department of Education, we are assured that the flyers are being seen by parent(s) or guardians of children potentially eligible for CHIP.

CHIP also printed approximately 125,000 “New Birth” flyers (Attachment #2) for insertion with each complimentary birth certificate that was mailed to the households of Pennsylvania newborns. The Pennsylvania Department of Health (DOH) has been a great partner in extending our message to new parents.

CHIP MCOs conduct community outreach at the local level in each of their service areas. Each county has two to six CHIP MCOs, which provides for creative and effective coverage to underserved populations. Each CHIP MCOs conducts marketing and outreach efforts in a different way, thus reaching different segments of Pennsylvania’s diverse population. By conducting different outreach efforts across a range of MCOs, CHIP has been successful in reaching a large portion of Pennsylvania’s uninsured families.

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? **[7500]**

A multi-pronged marketing and outreach approach is very effective in reaching citizens with CHIP’s message. However, grassroots outreach, word-of-mouth, and referrals continue to be CHIP’s most valuable outreach methods for general markets. CHIP outreach always encourages citizens to tell family, friends, co-workers and neighbors about the program. We measure our success by the increased number of enrollments and the number of calls coming to the toll free number during the period when outreach is being conducted.

3. Which of the methods described in Question 2 would you consider a best practice(s)? **[7500]**

It is difficult to point to one best practice because it is a combination of our efforts – driving awareness from marketing campaigns, grassroots efforts, contract outreach and word of mouth that equal success.

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]**

CHIP and CHIP MCOs continually seek new avenues for community outreach and raising awareness about the CHIP program. Community-based organizations provide a significant point of entry into underserved, uninsured markets, and CHIP and CHIP MCOs utilize our extensive community network of resources to reach out to their communities.

Mendoza Group Inc. (MGI) specializes in multi-cultural communications and urban and community marketing. MGI worked on CHIP’s behalf to target the minority population by being our “feet on the street”, reaching our target where they live, work, and worship. Our grassroots efforts were organized across the state and provided opportunities for face-to-face conversation about the CHIP program.

CHIP has created Spanish marketing and outreach materials including a radio spot, brochures and posters, applications, and a website.

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] 5

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

Enter any Narrative text related to Section IIIA below. **[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. Table 1.

Does your program require a child to be uninsured for a minimum amount of time prior to enrollment (waiting period)?	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes
	Specify number of months	
	To which groups (including FPL levels) does the period of uninsurance apply? [1000]	
	List all exemptions to imposing the period of uninsurance [1000]	
<input type="checkbox"/>	N/A	

Does your program match prospective enrollees to a database that details private insurance status?	<input type="checkbox"/>	No
	<input checked="" type="checkbox"/>	Yes
	If yes, what database? [1000] Health Management Services	
	<input type="checkbox"/>	N/A

2. At the time of application, what percent of CHIP applicants are found to have Medicaid [(# applicants found to have Medicaid/total # applicants) * 100] **[5]** 3.2 and what percent of applicants are found to have other group insurance [(# applicants found to have other insurance/total # applicants) * 100] **[5]**? 1.6
Provide a combined percent if you cannot calculate separate percentages. **[5]**

3. What percent of CHIP applicants cannot be enrolled because they have group health plan coverage **[5]** 1.6

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]**

4. 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]**
1.6

Enter any Narrative text related to Section IIIB below. **[7500]**

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: Eligibility Renewal and Retention

1. Do you have authority in your CHIP state plan to provide for presumptive eligibility, and have you implemented this? Yes No

If yes

- a) What percent of children are presumptively enrolled in CHIP pending a full eligibility determination? **[5]**
- b) Of those children who are presumptively enrolled, what percent of those children are determined eligible and enrolled upon completion of the full eligibility determination those children are determined eligible and enrolled? **[5]**

2. Select the measures from those below that 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?

[500]

2 Notices: The first at 90 days prior to the renewal due date and the second at 60 days.

- 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?) **[500]**

90 days and 60 days in advance of due date.

Other, *please explain*: **[500]**

3. 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. **[7500]**

Section IIIC: Subpart B: Eligibility Data

Table 1. Data on Denials of Title XXI Coverage in FFY 2017

States are required to report on all questions (1,1.a.,1.b., and 1.c) in FFY 2017. Please enter the data requested in the table below and the template will tabulate the requested percentages.

Measure	Number	Percent
1. Total number of denials of title XXI Coverage	72291	100
a. Total number of procedural denials	44193	61.1
b. Total number of eligibility denials	26273	36.3
i. Total number of applicants denied for title XXI and enrolled in title XIX	10834	15
c. (Check here if there are no additional categories <input type="checkbox"/>) Total number of applicants denied for other reasons Please indicate:	1825	2.5

2. Please describe any limitations or restrictions on the data used in this table:

Definitions:

1. The “the total number of denials of title XXI Coverage” is defined as the total number of applicants that have had an eligibility decision made for title XXI and denied enrollment for title XXI in FFY 2017. This definition only includes denials for title XXI at the time of initial application (not redetermination).
 - a. The “total number of procedural denials” is defined as the total number of applicants denied for title XXI procedural reasons in FFY 2017 (i.e., incomplete application, missing documentation, missing enrollment fee, etc.).
 - b. The “total number of eligibility denials” is defined as the total number of applicants denied for title XXI eligibility reasons in FFY 2017 (i.e., income too high, income too low for title XXI referred for Medicaid eligibility determination/determined Medicaid eligible , obtained private coverage or if applicable, had access to private coverage during your state’s specified waiting period, etc.)
 - i. The total number of applicants that are denied eligibility for title XXI and determined eligible for title XIX
 - c. The “total number of applicants denied for other reasons” is defined as any other type of denial that does not fall into 2a or 2b. Please check the box provided if there are no additional categories.

Table 2. Redetermination Status of Children

For this table, reporting is required for FFY 2017.

Table 2a. Redetermination Status of Children Enrolled in Title XXI

Please enter the data requested in the table below in the “Number” column, and the template will automatically tabulate the percentages.

	Number	Percent			
1. Total number of children who are enrolled in title XXI and eligible to be redetermined	153531	100%			
2. Total number of children screened for redetermination for title XXI	153531	100	100%		
3. Total number of children retained in title XXI after the redetermination process	74300	48.39	48.39		

4. Total number of children disenrolled from title XXI after the redetermination process	79231	51.61	51.61	100%	
a. Total number of children disenrolled from title XXI for failure to comply with procedures	41180			51.97	
b. Total number of children disenrolled from title XXI for failure to meet eligibility criteria	23100			29.16	100%
I. Disenrolled from title XXI because income too high for title XXI (If unable to provide the data, check here <input type="checkbox"/>)	0				
II. Disenrolled from title XXI because income too low for title XXI (If unable to provide the data, check here <input type="checkbox"/>)	18667				80.81
iii. Disenrolled from title XXI because application indicated access to private coverage or obtained private coverage (If unable to provide the data or if you have a title XXI Medicaid expansion and this data is not relevant check here <input type="checkbox"/>)	2621				11.35
iv. Disenrolled from title XXI for other eligibility reason(s) Please indicate: (If unable to provide the data check here <input type="checkbox"/>)	1812				7.84
c. Total number of children disenrolled from title XXI for other reason(s) Please indicate: (Check here if there are no additional categories <input type="checkbox"/>)	14951			18.87	

5. If relevant, please describe any limitations or restrictions on the data entered into this table. Please describe any state policies or procedures that may have impacted the redetermination outcomes data.

Definitions:

1. The “total number of children who are eligible to be redetermined” is defined as the total number of children due to renew their eligibility in federal fiscal year (FFY) 2017, and did not age out (did not exceed the program’s maximum age requirement) of the program by or before redetermination. This total number may include those children who are eligible to renew prior to their 12 month eligibility redetermination anniversary date. This total must include ex parte redeterminations, the process when a state uses information available to it through other databases, such as wage and labor records, to verify ongoing eligibility. This total number must also include children whose eligibility can be renewed through administrative redeterminations, whereby the state sends the family a renewal form that is pre-populated with eligibility information already available through program records and requires the family to report any changes.
2. The “total number of children screened for redetermination” is defined as the total number of children that were screened by the state for redetermination in FFY 2017 (i.e., ex parte redeterminations and administrative redeterminations, as well as those children whose families have returned redetermination forms to the state).
3. The “total number of children retained after the redetermination process” is defined as the total number of children who were found eligible and remained in the program after the redetermination process in FFY 2017.
4. The “total number of children disenrolled from title XXI after the redetermination process” is defined as the total number of children who are disenrolled from title XXI following the redetermination process in FFY 2017. This includes those children that states may define as “transferred” to Medicaid for title XIX eligibility screening.
 - a. The “total number of children disenrolled for failure to comply with procedures” is defined as the total number of children disenrolled from title XXI for failure to successfully complete the redetermination process in FFY 2017 (i.e., families that failed to submit a complete application, failed to provide complete documentation, failed to pay premium or enrollment fee, etc.).
 - b. The “total number of children disenrolled for failure to meet eligibility criteria” is defined as the total number of children disenrolled from title XXI for no longer meeting one or more of their state’s CHIP eligibility criteria (i.e., income too low, income too high, obtained private coverage or if applicable, had access to private coverage during your state’s specified waiting period, etc.). If possible, please break out the reasons for failure to meet eligibility criteria in i.-iv.
 - c. The “total number of children disenrolled for other reason(s)” is defined as the total number of children disenrolled from title XXI for a reason other than failure to comply with procedures or failure to meet eligibility criteria, and are not already captured in 4.a. or 4.b.
The data entered in 4.a., 4.b., and 4.c. should sum to the total number of children disenrolled from title XXI (line 4).

Table 2b. Redetermination Status of Children Enrolled in Title XIX

Please enter the data requested in the table below in the “Number” column, and the template will automatically tabulate the percentages.

	Number	Percent			
1.Total number of children who are enrolled in title XIX and eligible to be redetermined		100%			
2. Total number of children screened for redetermination for title XIX			100%		
3. Total number of children retained in title XIX after the redetermination process					
4. Total number of children disenrolled from title XIX after the redetermination process				100%	
a. Total number of children disenrolled from title XIX for failure to comply with					

procedures					
b. Total number of children disenrolled from title XIX for failure to meet eligibility criteria					100%
v. Disenrolled from title XIX because income too high for title XIX (If unable to provide the data, check here <input type="checkbox"/>)					
vi. Disenrolled from title XXI for other eligibility reason(s) Please indicate: (If unable to provide the data check here <input type="checkbox"/>)					
c. Total number of children disenrolled from title XXI for other reason(s) Please indicate: (Check here if there are no additional categories <input type="checkbox"/>)					

5. If relevant, please describe any limitations or restrictions on the data entered into this table. Please describe any state policies or procedures that may have impacted the redetermination outcomes data.

Definitions:

1. The “total number of children who are eligible to be redetermined” is defined as the total number of children due to renew their eligibility in federal fiscal year (FFY) 2017, and did not age out (did not exceed the program’s maximum age requirement) of the program by or before redetermination. This total number may include those children who are eligible to renew prior to their 12 month eligibility redetermination anniversary date. This total must include ex parte redeterminations, the process when a state uses information available to it through other databases, such as wage and labor records, to verify ongoing eligibility. This total number must also include children whose eligibility can be renewed through administrative redeterminations, whereby the state sends the family a renewal form that is pre-populated with eligibility information already available through program records and requires the family to report any changes.
2. The “total number of children screened for redetermination” is defined as the total number of children that were screened by the state for redetermination in FFY 2017 (i.e., ex parte redeterminations and administrative redeterminations, as well as those children whose families have returned redetermination forms to the state).
3. The “total number of children retained after the redetermination process” is defined as the total number of children who were found eligible and remained in the program after the redetermination process in FFY 2017.
4. The “total number of children disenrolled from title XIX after the redetermination process” is defined as the total number of children who are disenrolled from title XIX following the redetermination process in FFY

2017. This includes those children that states may define as “transferred” to CHIP for title XXI eligibility screening.

- a. The “total number of children disenrolled for failure to comply with procedures” is defined as the total number of children disenrolled from title XIX for failure to successfully complete the redetermination process in FFY 2017 (i.e., families that failed to submit a complete application, failed to provide complete documentation, failed to pay premium or enrollment fee, etc.).
- b. The “total number of children disenrolled for failure to meet eligibility criteria” is defined as the total number of children disenrolled from title XIX for no longer meeting one or more of their state’s Medicaid eligibility criteria (i.e., income too high, etc.).
- c. The “total number of children disenrolled for other reason(s)” is defined as the total number of children disenrolled from title XIX for a reason other than failure to comply with procedures or failure to meet eligibility criteria, and are not already captured in 4.a. or 4.b.

The data entered in 4.a., 4.b., and 4.c. should sum to the total number of children disenrolled from title XIX (line 4).

Table 3. Duration Measure of Selected Children, Ages 0-16, Enrolled in Title XIX and Title XXI, Second Quarter FFY 2017

The purpose of tables 3a and 3b is to measure the duration, or continuity, of Medicaid and CHIP enrollees' coverage. This information is required by Section 402(a) of CHIPRA. **Reporting on this table is required.**

Because the measure is designed to capture continuity of coverage in title XIX and title XXI beyond one year of enrollment, the measure collects data for 18 months of enrollment. This means that reporting spans two CARTS reports over two years. The duration measure uses a cohort of children and follows the enrollment of the same cohort of children for 18 months to measure continuity of coverage. **States identify a new cohort of children every two years. States identified newly enrolled children in the second quarter of FFY 2016 (January, February, and March of 2016) for the FFY 2016 CARTS report. This same cohort of children will be reported on in the FFY 2017 CARTS report. If your eligibility system already has the capability to track a cohort of enrollees over time, an additional "flag" or unique identifier may not be necessary.**

The FFY 2017 CARTS report is the second year of reporting in the cycle of two CARTS reports on the cohort of children identified in the second quarter of FFY 2016. The next cohort of children will be identified in the second quarter of the FFY 2018 (January, February and March 2018).

Instructions: For this measure, please identify newly enrolled children in both title XIX and title XXI in the second quarter of FFY 2016, ages 0 months to 16 years at time of enrollment. Children enrolled in January 2016 must have birthdates after July 1999 (e.g., children must be younger than 16 years and 5 months) to ensure that they will not age out of the program at the 18th month of coverage. Similarly, children enrolled in February 2016 must have birthdates after August 1999, and children enrolled in March 2016 must have birthdates after September 1999. Each child newly enrolled during this time frame needs a unique identifier or "flag" so that the cohort can be tracked over time. If your eligibility system already has the capability to track a cohort of enrollees over time, an additional "flag" or unique identifier may not be necessary. Please follow the child based on the child's age category at the time of enrollment (e.g., the child's age at enrollment creates an age cohort that does not change over the 18 month time span).

Please enter the data requested in the tables below, and the template will tabulate the percentages. The tables are prepopulated with 6-month data you reported last year; in this report you will only enter the data on the 12- and 18-month enrollment status. **Only enter a "0" (zero) if the data are known to be zero. If data are unknown or unavailable, leave the field blank.**

Note that all data must sum correctly in order to save and move to the next page. The data in each individual row must add across to sum to the total in the "All Children Ages 0-16" column for that row. And in each column, the data within each time period (6, 12 and 18 months) must each sum up to the data in row 1, which is the number of children in the cohort. This means that in each column, rows 2, 3 and 4 must sum to the total in row 1; rows 5, 6 and 7 must sum to the row 1; and rows 8, 9 and 10 must sum to row 1. **Rows numbered with an "a" (e.g., rows 3a and 4a) are excluded from the total because they are subsets of their respective rows.**

Table 3a. Duration Measure of Children Enrolled in Title XIX

Not Previously Enrolled in CHIP or Medicaid—“Newly enrolled” is defined as not enrolled in either title XXI or title XIX in the month before enrollment (i.e., for a child enrolled in January 2016, he/she would not be enrolled in either title XXI or title XIX in December 2015, etc.)

Not Previously Enrolled in Medicaid—“Newly enrolled” is defined as not enrolled in title XIX in the month before enrollment (i.e., for a child enrolled in January 2016, he/she would not be enrolled in title XIX in December 2015, etc.)

Duration Measure, Title XIX	All Children Ages 0-16		Age Less than 12 months		Ages 1-5		Ages 6-12		Ages 13-16	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
1. Total number of children newly enrolled in title XIX in the second quarter of FFY 2016		100%		100%		100%		100%		100%
Enrollment Status 6 months later										
2. Total number of children continuously enrolled in title XIX										
3. Total number of children with a break in title XIX coverage but re-enrolled in title XIX										
3.a. Total number of children enrolled in CHIP (title XXI) during title XIX coverage break (If unable to provide the data, check here <input type="checkbox"/>)										
4. Total number of children disenrolled from title XIX										
4.a. Total number of children enrolled in CHIP (title XXI) after being disenrolled from title XIX (If unable to provide the data, check here <input type="checkbox"/>)										

<input type="checkbox"/>											
Enrollment Status 12 months later											
5.	Total number of children continuously enrolled in title XIX										
6.	Total number of children with a break in title XIX coverage but re-enrolled in title XIX										
	6.a. Total number of children enrolled in CHIP (title XXI) during title XIX coverage break (If unable to provide the data, check here <input type="checkbox"/>)										
7.	Total number of children disenrolled from title XIX										
	7.a. Total number of children enrolled in CHIP (title XXI) after being disenrolled from title XIX (If unable to provide the data, check here <input type="checkbox"/>)										
Enrollment Status 18 months later											
8.	Total number of children continuously enrolled in title XIX										
9.	Total number of children with a break in title XIX coverage but re-enrolled in title XIX										
	9.a. Total number of children enrolled in CHIP (title XXI) during title XIX coverage break (If unable to provide the data, check here <input type="checkbox"/>)										
10.	Total number of children disenrolled										

from title XIX										
10.a Total number of children enrolled in CHIP (title XXI) after being disenrolled from title XIX (If unable to provide the data, check here <input type="checkbox"/>)										

Definitions:

1. The “total number of children newly enrolled in title XIX in the second quarter of FFY 2016” is defined as those children either new to public coverage or new to title XIX, in the month before enrollment. Please define your population of “newly enrolled” in the Instructions section.
2. The total number of children that were continuously enrolled in title XIX for 6 months is defined as the sum of:
 - the number of children with birthdates after July 1999, who were newly enrolled in January 2016 and who were continuously enrolled through the end of June 2016
 - + the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and who were continuously enrolled through the end of July 2016
 - + the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and who were continuously enrolled through the end of August 2016
3. The total number who had a break in title XIX coverage during 6 months of enrollment (regardless of the number of breaks in coverage) but were re-enrolled in title XIX by the end of the 6 months, is defined as the sum of:
 - the number of children with birthdates after July 1999, who were newly enrolled in January 2016 and who disenrolled and re-enrolled in title XIX by the end of June 2016
 - + the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and who disenrolled and re-enrolled in title XIX by the end of July 2016
 - + the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and who disenrolled and re-enrolled in title XIX by the end of August 2016
 - 3.a. From the population in #3, provide the total number of children who were enrolled in title XXI during their break in coverage.
4. The total number who disenrolled from title XIX, 6 months after their enrollment month is defined as the sum of:
 - the number of children with birthdates after July 1999, who were newly enrolled in January 2016 and were disenrolled by the end of June 2016
 - + the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and were disenrolled by the end of July 2016
 - + the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and were disenrolled by the end of August 2016
 - 4.a. From the population in #4, provide the total number of children who were enrolled in title XXI in the month after their disenrollment from title XIX.
5. The total number of children who were continuously enrolled in title XIX for 12 months is defined as the sum of:
 - the number of children with birthdates after July 1999, who were newly enrolled in January 2016 and were continuously enrolled through the end of December 2016
 - + the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and were continuously enrolled through the end of January 2017

+ the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and were continuously enrolled through the end of February 2017

6. The total number of children who had a break in title XIX coverage during 12 months of enrollment (regardless of the number of breaks in coverage), but were re-enrolled in title XIX by the end of the 12 months, is defined as the sum of:
 - the number of children with birthdates after July 1999, who were newly enrolled in January 2016 and who disenrolled and then re-enrolled in title XIX by the end of December 2016
 - + the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and who disenrolled and then re-enrolled in title XIX by the end of January 2017
 - + the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and who disenrolled and then re-enrolled in title XIX by the end of February 20176.a. From the population in #6, provide the total number of children who were enrolled in title XXI during their break in coverage.
7. The total number of children who disenrolled from title XIX 12 months after their enrollment month is defined as the sum of:
 - the number of children with birthdates after July 1999, who were enrolled in January 2016 and were disenrolled by the end of December 2016
 - + the number of children with birthdates after August 1999, who were enrolled in February 2016 and were disenrolled by the end of January 2017
 - + the number of children with birthdates after September 1999, who were enrolled in March 2016 and were disenrolled by the end of February 20177.a. From the population in #7, provide the total number of children, who were enrolled in title XXI in the month after their disenrollment from title XIX.
8. The total number of children who were continuously enrolled in title XIX for 18 months is defined as the sum of:
 - the number of children with birthdates after July 1999, who were newly enrolled in January 2016 and were continuously enrolled through the end of June 2017
 - + the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and were continuously enrolled through the end of July 2017
 - + the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and were continuously enrolled through the end of August 2017
9. The total number of children who had a break in title XIX coverage during 18 months of enrollment (regardless of the number of breaks in coverage), but were re-enrolled in title XIX by the end of the 18 months, is defined as the sum of:
 - the number of children with birthdates after July 1999, who were newly enrolled in January 2016 and who disenrolled and re-enrolled in title XIX by the end of June 2017
 - + the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and who disenrolled and re-enrolled in title XIX by the end of July 2017
 - + the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and who disenrolled and re-enrolled in title XIX by the end of August 20179.a. From the population in #9, provide the total number of children who were enrolled in title XXI during their break in coverage.
10. The total number of children who were disenrolled from title XIX 18 months after their enrollment month is defined as the sum of:
 - the number of children with birthdates after July 1999, who were newly enrolled in January 2016 and disenrolled by the end of June 2017
 - + the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and disenrolled by the end of July 2017
 - + the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and disenrolled by the end of August 201710.a. From the population in #10, provide the total number of children who were enrolled in title XXI (CHIP) in the month after their disenrollment from XIX.

Table 3b. Duration Measure of Children Enrolled in Title XXI

Specify how your “newly enrolled” population is defined:

Not Previously Enrolled in CHIP or Medicaid—“Newly enrolled” is defined as not enrolled in either title XXI or title XIX in the month before enrollment (i.e., for a child enrolled in January 2016, he/she would not be enrolled in either title XXI or title XIX in December 2015, etc.)

Not Previously Enrolled in CHIP—“Newly enrolled” is defined as not enrolled in title XXI in the month before enrollment (i.e., for a child enrolled in January 2016, he/she would not be enrolled in title XXI in December 2015, etc.)

Duration Measure, Title XXI	All Children Ages 0-16		Age Less than 12 months		Ages 1-5		Ages 6-12		Ages 13-16	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
1. Total number of children newly enrolled in title XXI in the second quarter of FFY 2016	18523	100%	305	100%	4644	100%	8786	100%	4788	100%
Enrollment Status 6 months later										
2. Total number of children continuously enrolled in title XXI	13946	75.29	235	77.05	3481	74.96	6577	74.86	3653	76.29
3. Total number of children with a break in title XXI coverage but re-enrolled in title XXI	241	1.3	7	2.3	46	0.99	133	1.51	55	1.15
3.a. Total number of children enrolled in Medicaid (title XXI) during title XXI coverage break (If unable to										

	provide the data, check here <input checked="" type="checkbox"/>)										
4.	Total number of children disenrolled from title XXI	4336	23.41	63	20.66	1117	24.05	2076	23.63	1080	22.56
	4.a. Total number of children enrolled in Medicaid (title XXI) after being disenrolled from title XXI (If unable to provide the data, check here <input checked="" type="checkbox"/>)										
Enrollment Status 12 months later											
5.	Total number of children continuously enrolled in title XXI	7316	39.5	160	52.46	1815	39.08	3461	39.39	1880	39.26
6.	Total number of children with a break in title XIX coverage but re-enrolled in title XXI	777	4.19	13	4.26	164	3.53	413	4.7	187	3.91
	6.a. Total number of children enrolled in Medicaid (title XXI) during title XXI coverage break (If unable to provide the data, check										

	here <input type="checkbox"/>)										
7.	Total number of children disenrolled from title XXI	10430	56.31	132	43.28	2665	57.39	4912	55.91	2721	56.83
	7.a. Total number of children enrolled in Medicaid (title XXI) after being disenrolled from title XXI (If unable to provide the data, check here <input type="checkbox"/>)										
Enrollment Status 18 months later											
8.	Total number of children continuously enrolled in title XXI	6438	34.76	143	46.89	1580	34.02	3036	34.55	1679	35.07
9.	Total number of children with a break in title XXI coverage but re-enrolled in title XXI	1769	9.55	22	7.21	397	8.55	918	10.45	432	9.02
	9.a. Total number of children enrolled in Medicaid (title XXI) during title XXI coverage break (If unable to provide the data, check here <input type="checkbox"/>)										
10.	Total number of children disenrolled	10316	55.69	140	45.9	2667	57.43	4832	55	2677	55.91

from title XXI										
10.a Total number of children enrolled in Medicaid (title XXI) after being disenrolled from title XXI (If unable to provide the data, check here <input type="checkbox"/>)										

Definitions:

1. The “total number of children newly enrolled in title XXI in the second quarter of FFY 2016” is defined as those children either new to public coverage or new to title XXI, in the month before enrollment. Please define your population of “newly enrolled” in the Instructions section.
2. The total number of children that were continuously enrolled in title XXI for 6 months is defined as the sum of:
 - the number of children with birthdates after July 1999, who were newly enrolled in January 2016 and who were continuously enrolled through the end of June 2016
 - + the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and who were continuously enrolled through the end of July 2016
 - + the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and who were continuously enrolled through the end of August 2016
3. The total number who had a break in title XXI coverage during 6 months of enrollment (regardless of the number of breaks in coverage) but were re-enrolled in title XXI by the end of the 6 months, is defined as the sum of:
 - the number of children with birthdates after July 1999, who were newly enrolled in January 2016 and who disenrolled and re-enrolled in title XXI by the end of June 2016
 - + the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and who disenrolled and re-enrolled in title XXI by the end of July 2016
 - + the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and who disenrolled and re-enrolled in title XXI by the end of August 2016
 - 3.a. From the population in #3, provide the total number of children who were enrolled in title XIX during their break in coverage.
4. The total number who disenrolled from title XXI, 6 months after their enrollment month is defined as the sum of:
 - the number of children with birthdates after July 1999, who were newly enrolled in January 2016 and were disenrolled by the end of June 2016
 - + the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and were disenrolled by the end of July 2016
 - + the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and were disenrolled by the end of August 2016
 - 4.a. From the population in #4, provide the total number of children who were enrolled in title XIX in the month after their disenrollment from title XXI.
5. The total number of children who were continuously enrolled in title XXI for 12 months is defined as the sum of:

the number of children with birthdates after July 1999, who were newly enrolled in January 2016 and were continuously enrolled through the end of December 2016
+ the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and were continuously enrolled through the end of January 2017
+ the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and were continuously enrolled through the end of February 2017

6. The total number of children who had a break in title XXI coverage during 12 months of enrollment (regardless of the number of breaks in coverage), but were re-enrolled in title XXI by the end of the 12 months, is defined as the sum of:
 - the number of children with birthdates after July 1999, who were newly enrolled in January 2016 and who disenrolled and then re-enrolled in title XXI by the end of December 2016
 - + the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and who disenrolled and then re-enrolled in title XXI by the end of January 2017
 - + the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and who disenrolled and then re-enrolled in title XXI by the end of February 20176.a. From the population in #6, provide the total number of children who were enrolled in title XIX during their break in coverage.
7. The total number of children who disenrolled from title XXI 12 months after their enrollment month is defined as the sum of:
 - the number of children with birthdates after July 1999, who were enrolled in January 2016 and were disenrolled by the end of December 2016
 - + the number of children with birthdates after August 1999, who were enrolled in February 2016 and were disenrolled by the end of January 2017
 - + the number of children with birthdates after September 1999, who were enrolled in March 2016 and were disenrolled by the end of February 20177.a. From the population in #7, provide the total number of children, who were enrolled in title XIX in the month after their disenrollment from title XXI.
8. The total number of children who were continuously enrolled in title XXI for 18 months is defined as the sum of:
 - the number of children with birthdates after July 1999, who were newly enrolled in January 2016 and were continuously enrolled through the end of June 2017
 - + the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and were continuously enrolled through the end of July 2017
 - + the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and were continuously enrolled through the end of August 2017
9. The total number of children who had a break in title XXI coverage during 18 months of enrollment (regardless of the number of breaks in coverage), but were re-enrolled in title XXI by the end of the 18 months, is defined as the sum of:
 - the number of children with birthdates after July 1999, who were newly enrolled in January 2016 and who disenrolled and re-enrolled in title XXI by the end of June 2017
 - + the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and who disenrolled and re-enrolled in title XXI by the end of July 2017
 - + the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and who disenrolled and re-enrolled in title XXI by the end of August 20179.a. From the population in #9, provide the total number of children who were enrolled in title XIX during their break in coverage.
10. The total number of children who were disenrolled from title XXI 18 months after their enrollment month is defined as the sum of:
 - the number of children with birthdates after July 1999, who were newly enrolled in January 2016 and disenrolled by the end of June 2017
 - + the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and disenrolled by the end of July 2017
 - + the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and disenrolled by the end of August 201710.a. From the population in #10, provide the total number of children who were enrolled in title XIX (Medicaid) in the month after their disenrollment from XXI.

Enter any Narrative text related to section IIIC below. **[7500]**

D. 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)

If the state uses the shoebox method, please describe informational tools provided to enrollees to track cost sharing. **[7500]**

Enrollees are notified by CHIP regarding their maximum expenses and advising them to notify us if they believe they have exceeded this amount. Once they believe they have exceeded the amount, CHIP will review and notify the contractor to stop collecting the premiums and send a new insurance card if more than 60 days remain until their renewal due date.

Health Plan(s)

State

Third Party Administrator

N/A (No cost sharing required)

Other, please explain. **[7500]**

2. When the family reaches the 5% cap, are premiums, copayments and other cost sharing ceased?

Yes No

3. Please describe how providers are notified that no cost sharing should be charged to enrollees exceeding the 5% cap. **[7500]**

Once the limits have been reached, 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 cease premiums until the next eligibility period begins. If more than 90 days still exist in the current eligibility period, a new insurance identification card is issued that shows the provider that no cost sharing is to be charged.

4. 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. **[500]**

Zero

5. 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? **[7500]**

6. 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]**

7. If your state has increased or decreased cost sharing in the past federal fiscal year, has the state undertaken any assessment of the impact of these changes on application, enrollment, disenrollment, and utilization of children's health services in CHIP. If so, what have you found? **[7500]**

Cost sharing has not changed significantly in the past federal fiscal year.

Enter any Narrative text related to section IIID below. **[7500]**

E. 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.
- Purchase of Family Coverage under the CHIP state plan (2105(c)(3))
 Additional Premium Assistance Option under CHIP state plan (2105(c)(10))
 Section 1115 demonstration (Title XXI)
 Premium Assistance Option (applicable to Medicaid expansion) children (1906)
 Premium Assistance Option (applicable to Medicaid expansion) children (1906A)

Adults

- Yes, Check all that apply and complete each question for each authority.
- Purchase of Family Coverage under the CHIP state plan (2105(c)(10))
 Section 1115 demonstration (Title XXI)
 Premium Assistance option under the Medicaid state plan (1906)
 Premium Assistance option under the Medicaid state plan (1906A)
2. Please indicate which adults your State covers with premium assistance. (Check all that apply.)
- Parents and Caretaker Relatives
 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

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

- Yes
- No

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

- Yes
- No

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

- Yes
- No

9. Are there protections on cost sharing for children (e.g., the 5 percent out-of-pocket maximum) in your premium assistance program?

- Yes No

If yes, how is the cost sharing tracked to ensure it remains within the 5 percent yearly aggregate maximum [7500]?

10. 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

11. Provide the average monthly enrollment of children and parents ever enrolled in the premium assistance program during FFY 2017

Children _____
 Parents _____

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

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

14. 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]

15. 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]**

16. Provide the average amount each entity pays towards coverage of the dependent child/parent under your ESI program:

Children	Parent
State:	State:
Employer:	Employer:
Employee:	Employee:

17. Indicate the range in the average monthly dollar amount of premium assistance provided by the state on behalf of a child or parent.

Children	Low	High
Parents	Low	High

18. If you offer a premium assistance program, what, if any, is the minimum employer contribution? **[500]**

19. Please provide the income levels of the children or families provided premium assistance.

	From	To
Income level of Children:	% of FPL[5]	% of FPL[5]
Income level of Parents:	% of FPL[5]	% of FPL[5]

20. Is there a required period of uninsurance before enrolling in premium assistance? **[500]**

- Yes
- No

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

21. Do you have a waiting list for your program?

- Yes
- No

22. Can you cap enrollment for your program?

- Yes
- No

23. What strategies has the state found to be effective in reducing administrative barriers to the provision of premium assistance in ESI? **[7500]**

Enter any Narrative text related to Section III E below. **[7500]**

F. 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: **[7500]**

PA CHIP has written procedures for program integrity outlined in policy clarifications and transmittals. CHIP utilizes Cross Match Reports between CHIP, Medical Assistance, private insurance or enrollment in a state employee health benefit plan. This process assists in detecting fraudulent behavior, as well as assuring public funds are not spent on dual enrollments or those ineligible for the program. CHIP Contractors also have established policies and procedures for the prevention and/or detection of fraud perpetrated by enrollees, employees, or by network providers. CHIP Contractors are required to provide an annual Fraud and Abuse Report to the department. These requirements are stated in the contract between DHS and each CHIP Contractor. Contractors are required to include written provisions in all their contracts with providers and subcontracted entities stating that payments for their services are derived from government funds. Accordingly, each is required to advise its providers and subcontractors of the prohibitions against fraudulent activities relating to their involvement with the program.

Do managed health care plans with which your program contracts have written plans?

Yes

No

Please Explain: **[500]**

Each CHIP Contractor is required to establish written policies and procedures for the detection and prevention of Fraud and Abuse that may be committed by providers within their networks, by enrollees, or by the CHIP MCO employees. Any changes to policies and procedures must be reported to the CHIP office. Each 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.

2. For the reporting period, please report the

<u>135</u>	Number of fair hearing appeals of eligibility denials
<u>69</u>	Number of cases found in favor of beneficiary

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

a. Provider Credentialing

8 Number of cases investigated

0 Number of cases referred to appropriate law enforcement officials

b. Provider Billing

246 Number of cases investigated
2 Number of cases referred to appropriate law enforcement officials

c. Beneficiary Eligibility

4 Number of cases investigated
1 Number of cases referred to appropriate law enforcement officials

Are these cases for:

CHIP

Medicaid and CHIP Combined

4. Does your state rely on contractors to perform the above functions?
 Yes, please answer question below.
 No
5. If your state relies on contractors to perform the above functions, how does your state provide oversight of those contractors? Please explain : **[7500]**
6. Do you contract with managed care health plans and/or a third party contractor to provide this oversight?
 Yes
 No

Please explain: **[500]**

CHIP Contractors perform the fraud investigation and enforcement, the department provides the oversight.

Enter any Narrative text related to section IIIIF below. **[7500]**

G. DENTAL BENEFITS – Please ONLY report data in this section for children in Separate CHIP programs and the Separate CHIP part of Combination programs. Reporting is required for all states with Separate CHIP programs and Combination programs.

If your state has a Combination program or a Separate CHIP program but you are not reporting data in this section on children in the Separate CHIP part of your program, please explain why.

Explain: **[7500]**

1. **Information on Dental Care Children in Separate CHIP Programs (including children in the Separate CHIP part of Combination programs). Include all delivery system types, e.g., MCO, PCCM, FFS.**

Data for this table are based on the definitions provided on the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Report (Form CMS-416)

a. **Annual Dental Participation Table for Children Enrolled in Separate CHIP programs and the Separate CHIP part of Combination programs (for Separate CHIP programs, please include ONLY children receiving full CHIP benefits and supplemental benefits).**

State: PA FFY: 2017	Age Group						
	Total	< 1	1-2*	3-5	6-9	10-14	15-18
Total Individuals Enrolled for at Least 90 Continuous Days ¹	195353	0	8319	26844	48121	59925	46099
Total Enrollees Receiving Any Dental Services ² [7]	103852	0	1899	13665	29491	35137	21800
Total Enrollees Receiving Preventive Dental Services ³	103852	0	1899	13665	29491	35137	21800
Total Enrollees Receiving Dental Treatment Services ⁴	0						

¹ **Total Individuals Enrolled for at Least 90 Continuous Days** – Enter the total unduplicated number of children who have been continuously enrolled in a separate CHIP program or the separate CHIP part of a combination program for at least 90 continuous days in the Federal fiscal year, distributed by age. For example, if a child was enrolled January 1st to March 31st, this child is considered continuously enrolled for at least 90 continuous days in the Federal fiscal year. If a child was enrolled from August 1st to September 30th and from October 1st to November 30th, the child would not be considered to have been enrolled for 90 continuous days in the federal fiscal year. Children should be counted in age groupings based on their age at the end of the fiscal year. For example, if a child turned 3 on September 15th, the child should be counted in the 3-6 age grouping.

²**Total Enrollees Receiving Any Dental Services** - Enter the unduplicated number of children enrolled in a separate CHIP program or the separate CHIP part of a combination program for at least 90 continuous days who received at least one dental service by or under the supervision of

a dentist as defined by HCPCS codes D0100 - D9999 (or equivalent CDT codes D0100 - D9999 or equivalent CPT codes) based on an unduplicated paid, unpaid, or denied claim.

³Total Enrollees Receiving Preventive Dental Services - Enter the unduplicated number of children enrolled in a separate CHIP program or the separate CHIP part of a combination program for at least 90 continuous days who received at least one preventive dental service by or under the supervision of a dentist as defined by HCPCS codes D1000 - D1999 (or equivalent CDT codes D1000 - D1999 or equivalent CPT codes, that is, only those CPT codes that are for preventive dental services and only if provided by or under the supervision of a dentist), based on an unduplicated paid, unpaid, or denied claim.

⁴Total Enrollees Receiving Dental Treatment Services - Enter the unduplicated number of children enrolled in a separate CHIP program or the separate CHIP part of a combination program for at least 90 continuous days who received at least one treatment service by or under the supervision of a dentist, as defined by HCPCS codes D2000 - D9999 (or equivalent CDT codes D2000 - D9999 or equivalent CPT codes, that is, only those CPT codes that involve periodontics, maxillofacial prosthetics, implants, oral and maxillofacial surgery, orthodontics, adjunctive general services, and only if provided by or under the supervision of a dentist), based on an unduplicated paid, unpaid, or denied claim.

Report all dental services data in the age category reflecting the child's age at the end of the federal fiscal year even if the child received services while in two age categories. For example, if a child turned 10 on September 1st, but had a cleaning in April and a cavity filled in September, both the cleaning and the filling would be counted in the 10-14 age category.

b. For the age grouping that includes children 8 years of age, what is the number of such children who have received a sealant on at least one permanent molar tooth⁵? [7]

⁵Receiving a Sealant on a Permanent Molar Tooth -- Enter the unduplicated number of children enrolled in a separate CHIP program or the separate CHIP part of a combination program for 90 continuous days and in the age category of 6-9 who received a sealant on a permanent molar tooth, as defined by HCPCS code D1351 (or equivalent CDT code D1351), based on an unduplicated paid, unpaid, or denied claim. For this line, include sealants placed by any dental professional for whom placing a sealant is within his or her scope of practice. Permanent molars are teeth numbered 2, 3, 14, 15, 18, 19, 30, 31, and additionally, for those states that cover sealants on third molars, also known as wisdom teeth, the teeth numbered 1, 16, 17, 32.

Report all sealant data in the age category reflecting the child's age at the end of the Federal fiscal year even if the child was factually a different age on the date of service. For example, if a child turned 6 on September 1st, but had a sealant applied in July, the sealant would be counted in the age 6-9 category.

2. Does the state provide supplemental dental coverage? Yes No

If yes, how many children are enrolled? [7]

What percent of the total number of enrolled children have supplemental dental coverage? [5]

Enter any Narrative text related to section III G below. **[7500]**

Please note that data regarding preventive services have been run from the performance measure (PM) data collected from the Contractors and included in the table (see footnotes for additional detail from the PM specifications). The treatment services measure was not collected as a PM this year and data are therefore not included in the table – the total services reflect only the preventive data collected.

Footnotes for elements in which PM data were not included have not been edited. As of 2015, the Percentage of Eligibles That Received Dental Treatment Services was retired from reporting. CMS noted in the Core Measure Specifications that: "CMS will calculate this measure for states based on data submitted as part of the EPSDT report (CMS-416). States are not asked, and will not be able to provide data for this measure in CARTS." In its most recent guidance, CMS has now noted the same for the Total Eligibles who Received Preventive Dental Services measure – this will be a consideration for the 2018 PMs.

1 Total Individuals Enrolled for at Least 90 Continuous Days – Enter the total unduplicated number of children who have been continuously enrolled in a separate CHIP program or the separate CHIP part of a combination program for at least 90 continuous days in the measurement year 2016. A child is only being counted once.

2 Total Eligibles Receiving Preventive Dental Services - Enter the unduplicated number of children enrolled in a separate CHIP program or the separate CHIP part of a combination program for at least 90 continuous days and receiving at least one preventive dental service by or under the supervision of a dentist as defined by HCPCS codes D1000 - D1999 -(CDT codes D1000 - D1999).

Report includes all enrollees age one year as of January 1, 2016 and no older than 19 years of age as of December 31, 2016 (date of birth between January 1, 1997 and January 1, 2015). The age cohort is assigned based on the member's age as of June 30th, 2016. A child is only being counted once.

H. CHIPRA CAHPS REQUIREMENT

CHIPRA section 402(a)(2), which amends reporting requirements in section 2108 of the Social Security Act, requires Title XXI Programs (i.e., CHIP Medicaid Expansion Programs, Separate Child Health Programs, or a combination of the two) to report CAHPS results to CMS starting December 2013. While Title XXI Programs may select any CAHPS survey to fulfill this requirement, CMS encourages these programs to align with the CAHPS measure in the Children's Core Set of Health Care Quality Measures for Medicaid and CHIP (Child Core Set). Starting in 2013, Title XXI Programs should submit summary level information from the CAHPS survey to CMS via the CARTS attachment facility. We also encourage states to submit raw data to the Agency for Healthcare Research and Quality's CAHPS Database. More information is available in the Technical Assistance fact sheet, [Collecting and Reporting the CAHPS Survey as Required Under the CHIPRA: \(https://www.medicaid.gov/medicaid/quality-of-care/downloads/cahpsfactsheet.pdf\)](https://www.medicaid.gov/medicaid/quality-of-care/downloads/cahpsfactsheet.pdf)

If a state would like to provide CAHPS data on both Medicaid and CHIP enrollees, the agency must sample Title XIX (Medicaid) and Title XXI (CHIP) programs separately and submit separate results to CMS to fulfill the CHIPRA Requirement.

Did you Collect this Survey in Order to Meet the CHIPRA CAHPS Requirement? Yes No

If Yes, How Did you Report this Survey (select all that apply):

- Submitted raw data to AHRQ (CAHPS Database)
- Submitted a summary report to CMS using the CARTS attachment facility (NOTE: do not submit raw CAHPS data to CMS)
- Other. Explain:

If No, Explain Why:

Select all that apply (Must select at least one):

- Service not covered
- Population not covered
 - Entire population not covered
 - Partial population not covered

Explain the partial population not covered:

Data not available

Explain why data not available

Budget constraints

Staff constraints

Data inconsistencies/accuracy

Please explain:

Data source not easily accessible

Select all that apply:

Requires medical record review

Requires data linkage which does not currently exist

Other:

Information not collected.

Select all that apply:

Not collected by provider (hospital/health plan)

Other:

Other:

Small sample size (less than 30).

Enter specific sample size:

Other. *Explain:*

Definition of Population Included in the Survey Sample:

Definition of Population Included in the Survey Sample:

Denominator includes CHIP (Title XXI) population only.

Survey sample includes CHIP Medicaid Expansion population.

Survey sample includes Separate CHIP population.

Survey sample includes Combination CHIP population.

If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:

Which Version of the CAHPS® Survey was Used?

CAHPS® 5.0

CAHPS® 5.0H

Other.

Explain:

Which Supplemental Item Sets were Included in the Survey?

No supplemental item sets were included

CAHPS Item Set for Children with Chronic Conditions

Other CAHPS Item Set. *Explain:*

Which Administrative Protocol was Used to Administer the Survey?

NCQA HEDIS CAHPS 5.0H administrative protocol

AHRQ CAHPS administrative protocol

Other administrative protocol. *Explain:*

SECTION IV: PROGRAM FINANCING FOR STATE PLAN

1. Please complete the following table to provide budget information. Describe in narrative any details of your planned use of funds below, including the assumptions on which this budget was based (per member/per month rate, estimated enrollment and source of non-Federal funds). (Note: This reporting period = Federal Fiscal Year 2017. 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

	2017	2018	2019
Benefit Costs			
Insurance payments			
Managed Care	418318334	469477665	534292586
Fee for Service			
Total Benefit Costs	418318334	469477665	534292586
(Offsetting beneficiary cost sharing payments)	-15546974	-17448332	-19857206
Net Benefit Costs	\$ 402771360	\$ 452029333	\$ 514435380

Administration Costs

Personnel	2871250	1890959	2781100
General Administration	6069041	3997041	2751665
Contractors/Brokers (e.g., enrollment contractors)			
Claims Processing			
Outreach/Marketing costs	3024036	3155000	3155000
Other (e.g., indirect costs)			
Health Services Initiatives			
Total Administration Costs	11964327	9043000	8687765
10% Administrative Cap (net benefit costs ÷ 9)	44752373	50225481	57159487

Federal Title XXI Share	370151601	411599272	466992032
State Share	44584086	49473061	56131113

TOTAL COSTS OF APPROVED CHIP PLAN	414735687	461072333	523123145
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2. What were the sources of non-federal funding used for state match during the reporting period?

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

3. Did you experience a short fall in CHIP funds this year? If so, what is your analysis for why there were not enough federal CHIP funds for your program? **[1500]**

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 (PMPM) 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.

	2017		2018		2019	
	# of eligibles	\$ PMPM	# of eligibles	\$ PMPM	# of eligibles	\$ PMPM
Managed Care	173056	\$ 194	184411	\$ 204	200864	\$ 213
Fee for Service		\$		\$		\$

Enter any Narrative text related to Section IV below. **[7500]**

SECTION V: 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. **[7500]**

While federal reauthorization for the CHIP program lapsed as of 9/30/2017, the current political environment in Pennsylvania supports continuation of the CHIP with broad bi-partisan support. For the reporting period, child advocates have been pleased with the comprehensive child-centered benefits and the affordable rates which CHIP continues to offer. CHIP continues a quarterly advocate meeting to address ongoing concerns, provide up-to-date information on the current status of the program, and formulate ideas in order to better serve our members.

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

CHIP continues to implement regulatory changes issued by the Centers for Medicare and Medicaid Services. These changes have stretched our resources and continue to be a challenging undertaking. During this reporting period, implementation of Final Rule regulations has included updating the CHIP application and renewal forms to include a Notice of Nondiscrimination and Taglines effective November 14, 2016; an updated release of the CHIP Eligibility and Benefits Handbook to reflect the Minimal Essential Coverage (MEC) enhancements that went into effective for the full-cost program as of July 1, 2015; implementation of a passive renewal ex-parte process which electronically reviewed households with annual renewals due in September 2017.

CHIP has enrolled all of its current Managed Care Organizations (MCOs) as of June 30, 2017, in Pennsylvania's Provider Reimbursement and Operations Management Information System (PROMISE) to meet the Affordable Care Act provision for providers who render services to become enrolled as participating providers.

CHIP is also working with the CHIP MCOs in order to have all of the providers for CHIP enrollees enrolled with the Commonwealth in PROMISE in order to meet the ACA provisions for provider enrollment by January 1, 2018, to include the enrollment of providers who order, refer, or prescribe. CHIP has been working with the CHIP Contractors surrounding the requirement for Mental Health Parity. The Mental Health Parity and Addiction Equity Act (MHPAEA) Final Rule was issued on March 20, 2016, became effective May 31, 2016 and states are required to demonstrate compliance. Because CHIP is not pursuing deemed compliance; the CHIP Office continues to work with the CHIP MCOs to perform the analysis. Based on the current timeline; CHIP anticipates completion by Spring 2018.

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

Enrollment numbers continue to grow while the uninsured population in Pennsylvania is declining. The overall CHIP enrollment has increased 7.6% in the reporting period. Each subprogram in CHIP has shown consistent growth, especially in the premium programs. This points to the excellent value of the CHIP program.

PA CHIP is now screening all member's annual renewals through an electronic redetermination of eligibility without any action needed on the member's behalf. This process, known as ex-parte or passive renewal meets federal regulation compliance as per §457.343. Periodic renewal of CHIP eligibility began for renewals due in September 2017. CHIP's renewal form has been updated to request income verification for members that are unable to be passively renewed. Initial metrics indicate almost a 2% increase in our renewal rates.

PA CHIP has enhanced communication for individuals with limited English proficiency and disabilities to access electronic and information technology through an update to our application and renewals, enrollee handbooks, provider directories, appeal and grievance notices, denial and termination notices and outreach publications. This implementation meets the requirement issued by the U.S. Department of Health and Human Services' Office for Civil Rights entitled "Nondiscrimination in Health Programs and Activities", implementing section 1557 of the Patient Protection and Affordable Care Act of 2010.

Effective July 18, 2016, CHIP's benefits package has been updated to meet compliance with the Federal Final Rule "Nondiscrimination in Health Programs and Activities" in relation to the inclusion of

gender related transitional services.

The CHIP Updated Eligibility and Benefits Handbook was released on April 5, 2017. The handbook was updated to include the MEC enhancements and the state plan amendments updates which was approved in the Spring of 2017.

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. **[7500]**

With the implementation of the Managed Care Final Rule, CHIP continues to promote the enhancement of IT technology through the use of the same processing system used to determine eligibility for Medical Assistance. The implementation date is early 2019, but design meetings with all stakeholders will occur throughout 2018.

CHIP has enrolled all eight of its Managed Care Organizations (MCOs) as of June 30, 2017 in PA's Provider Reimbursement and Operations Management Information System (PROMISe). A continued effort is underway to ensure all of the MCOs' in-network providers are enrolled as of January 1, 2018, to meet federal requirements.

CHIP will implement an expedited CHIP review process which provides members with qualifying reasons the choice of a shortened appeal process.

CHIP will implement a process to review CHIP Contractor's request for county expansion.

Contractors will undergo a process to review their processes to ensure they are able and capable of handling additional members and that their network is sufficient.

Enter any Narrative text related to Section V below. **[7500]**