



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

# Children's Health Insurance Program

## 2010 Annual Report to the Legislature

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**pennsylvania**  
INSURANCE DEPARTMENT

# 2010 Children’s Health Insurance Program Annual Report

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# 2010 Children's Health Insurance Program Annual Report

## Executive Summary

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

In early 2007, after passage of Act 136 of 2006, Pennsylvania received approval from the federal government to expand eligibility for CHIP as part of its *Cover All Kids* initiative, and in March 2007 the new eligibility guidelines were implemented. Free coverage is available to eligible children in households with income no greater than 200% of the Federal Poverty Level (FPL), low-cost CHIP coverage is available for those with income greater than 200% but not greater than 300% of the FPL, and families with income greater than 300% of the FPL have the opportunity to purchase coverage by paying the full rate negotiated by the state.

In February 2009, the federal Children's Health Insurance Program Reauthorization Act (CHIPRA) reauthorized the federal program, added mechanisms for federal funding, and established a number of new program requirements. Federal funding pays for about two-thirds of the total cost of Pennsylvania CHIP. Under CHIPRA, Pennsylvania's federal funds allotment was substantially increased through 2013. The CHIPRA program requirements included citizenship and identity verification and the obligation to provide information about dental providers to a new federal website.

The Affordable Care Act (the Patient Protection and Affordable Care Act together with the Health Care and Education Reconciliation Act of 2010) (the "ACA"), signed into law in March 2010, contemplates additional changes for CHIP, including bringing additional uninsured children into CHIP and transitioning other children from CHIP into Medicaid. The ACA also extended federal funding of CHIP through 2015. Significantly, the ACA also contained a requirement that states must at least maintain the Medical Assistance and CHIP coverage and enrollment procedures in place at the date of passage of the ACA or be subject to an obligation to refund the state's federal stimulus funds under The American Recovery and Reinvestment Act of 2009 (ARRA).

The requirements and opportunities presented by CHIPRA have challenged the Department's limited CHIP staff, and the volume of program enhancements has made it difficult to get adequate guidance from CMS. Nevertheless, throughout 2010, the Department focused on implementation challenges and continued to work with advocates, insurers, community partners, legislators, federal regulators and other stakeholders to make health insurance available and accessible to Pennsylvania's uninsured children, improve outcomes, comply with CHIPRA and reforms under the ACA, and continue to implement Pennsylvania's *Cover All Kids* expansion.

## **Services**

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

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

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

## **Eligibility**

In addition to income guidelines designated in detail in Attachment 1 (Income Guidelines), which were not modified by the federal government from 2009 levels during 2010, eligibility for CHIP is determined on the basis of several simple factors:

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

As a result of the ACA, eligibility is now also available on a case-by-case basis for state employees' children where the annual aggregate amount of premiums and cost sharing a family pays exceeds five percent of income, such as children of part-time and seasonal employees. This change has extended the opportunity for affordable health care to approximately ten children during 2010.

## **Costs and Contributions**

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

Free CHIP covers children in families with an adjusted gross household income no greater than 200% of the FPL. Federal financial participation is received toward the cost of this coverage. There are no premiums and no co-payments collected for enrollees in this group.

Low-cost CHIP covers children in families with an adjusted gross household income greater than 200% but no greater than 300% of the FPL. Federal financial participation is received toward the expense of this low-cost coverage. The parent or guardian is required to pay a modest monthly premium directly to the insurance contractor. Enrollment in low-cost CHIP is divided into three increments with progressively increasing premiums:

- Greater than 200% but no greater than 250% - 25% of the per-member-per-month (PMPM) cost. The average cost to the enrollee in 2010 was \$44.17.
- Greater than 250% but no greater than 275% - 35% of PMPM cost. The average cost to the enrollee in 2010 was \$61.84.
- Greater than 275% but no greater than 300% - 40% of PMPM cost. The average cost per child to their families in 2010 was \$70.68.

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

The third component, full-cost CHIP, is for children in families with adjusted gross household income greater than 300% of the FPL, if private insurance is unaffordable or inaccessible. Families may buy into coverage at 100% of the cost negotiated with each of the health insurance contractors. The average premium as of December 2010 was \$196.80. No federal or state dollars are used to provide coverage for families in this full-cost group. In addition, children in families with adjusted gross income greater than 300% FPL are charged point-of-service co-payments for primary care visits (\$15), specialists (\$25), emergency care (\$50, waived if admitted), and prescriptions (\$10 for generic and \$18 for brand names).

## **Insurance Contractors**

The Department administered CHIP with at least two health insurance contractors offering coverage in every county of the Commonwealth. The following health insurers are now providing

managed care coverage for children in CHIP under contracts effective February 1, 2009 through November 30, 2011:

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

\* Unison Family Health Plan of PA, Inc. and AmeriChoice of Pennsylvania merged into one new entity named UnitedHealthcare Community Plan of Pennsylvania effective January 1, 2011. No service area changes or net changes in CHIP payments occurred as a result of the integration.

## **Outreach**

In 2010, CHIP focused its marketing and outreach efforts on motivating parents to “apply now” and enroll their children in the program. CHIP also focused its messaging in a micro campaign to encourage unemployed parents to apply. Headlines read “While you’re looking for a job, your kids won’t be waiting for health insurance.” This message was integrated into an online buy and some limited collateral materials. Online advertising directed parents to apply by calling the toll-free number or to get more information online at [www.ChipCoversPaKids.com](http://www.ChipCoversPaKids.com).

Due to budget cuts, there was no paid TV advertising; however CHIP participated in a Commonwealth-sponsored event with CBS 3 in Philadelphia. This included a CHIP phone bank from 4-7 p.m. and a special interview segment on its noon show – Talk Philly. Calls from the phone bank were directed into the Helpline, which received four times the number of calls typically received during that timeframe. CHIP placed a statewide radio buy with its existing CHIP radio spot on general market and Hispanic radio stations. Bus transit advertising on the exterior and interior of buses was used in six cities across the state. Data collected from callers to the CHIP Helpline once again showed that when CHIP advertising ran, calls to the Helpline, hits to the CHIP website, requests for applications and over-the-phone applications increased.

Additionally, the program updated general collateral materials and added new pieces to the CHIP e-toolkit on the CHIP website. CHIP also developed a “tell a friend” card that is distributed by the CHIP Helpline in every request for more information they receive. This extends to other helplines they answer for the Commonwealth – approximately 15,000 per month. The program has also partnered with the Helpline to have a presence on Facebook and now has a LiveChat service through the Helpline.

## **Outreach to CareerLink Centers and Hospitals:**

CHIP expanded its outreach to the unemployed and uninsured through its expanded partnership with the Commonwealth's one-stop CareerLink centers by providing unemployment-focused posters and flyer inserts to CareerLink centers across the state.

CHIP and its insurance plan contractors also partnered with Lancaster General Health system to provide CHIP outreach targeted to uninsured citizens of Lancaster County. Outreach included enrollment fairs at local community centers and libraries, as well as development of plans to reach out to Lancaster General's extensive provider network with the CHIP message and how it can help both the uninsured they see as well as their bottom line.

In addition, The Children's Hospital of Philadelphia (CHOP) hosted its 2nd annual Healthy Kids Day on May 22, 2010. More than 8,000 children and their families attended this free day of healthy fun, education and entertainment. Attendance doubled from last year. CHOP asked CHIP to participate as an in-kind sponsor with a booth space, signage and a special CHIP coloring book station.

**Community Marketing Initiative (CMI) and Minority Outreach:** CHIP worked with a few of the past CMI partners to focus efforts on enrolling more children – primarily in urban areas. Two of these organizations focused on minority communities – Consumer Health Coalition in Pittsburgh continued their grassroots efforts in the Latino community, and the African Methodist Episcopal (AME) churches once again focused on the African American population in Philadelphia with their “Cover the Kids” gospel concert. The AME churches also hosted a Cover the Kids pastors' breakfast with more than 75 pastors in attendance.

Historically, CHIP has worked with two minority marketing partners to conduct specific Hispanic and African American outreach. However, over the past year CHIP has scaled back these efforts to primarily focus on minority outreach through radio advertising and the Community Marketing Initiative. As part of its radio buy, CHIP included Hispanic radio which was tied closely to a spike in Spanish application downloads on the CHIP Spanish website in April, May and June 2010.

Community-Based Organizations, many of which are part of our Community Marketing Initiative, provide a significant point of entry into these markets, with CHIP's marketing partners utilizing their extensive community network of resources to reach out to their communities.

**School Notices:** CHIP continued its partnership with the Department of Education by sending out the annual CHIP flyers to all public schools statewide (2.2 million flyers) to be disseminated to all students during back-to-school season. CHIP also conducted a focused outreach effort to Charter Schools across the state which historically have not been included in the Department of Education distribution.

**CHIP Website:** CHIP continued to develop its popular website ([www.chipcoverspakids.com](http://www.chipcoverspakids.com)) and made a few navigation changes to be more user-friendly. After analyzing GoogleAnalytics, a section was added on “reasons to be insured” and the main navigation was updated to have a more natural flow. The e-toolkit was also enhanced to include sections focused on school districts, community organizations and legislators. In addition, the site now contains a “Livechat” connection which connects users to the CHIP Helpline and allows them to ask questions and

receive responses online. A Facebook icon also was added which links to the Helpline's Facebook page—Help in Pa.

**Commonwealth of Pennsylvania Access to Social Services (COMPASS):** COMPASS, the web-based application and renewal system ([www.COMPASS.state.pa.us](http://www.COMPASS.state.pa.us)), continued to be a well-used tool by citizens applying for health care coverage and other human service programs. An upgrade to the COMPASS website occurred in June 2010. Enhancements include:

- It is now in Flash so the whole application is brought forward at one time and saved per page rather than going back and forth to the server every time the page advances.
- It has more user-friendly wording and appearance.
- It is also arranged in smaller sections so if a person does not get to elect to save an application, the application automatically saves to the nearest completed page. This has really helped when there are computer/network issues. It saves people from having to start at the beginning of an application.
- At the end of the application, prior to submitting, it reviews the entire application and directs the user back to required questions the applicant may have missed so that the application can be easily submitted.

**Cover the Uninsured Week:** In coordination with the Robert Woods Johnson (RWJ) national effort, Pennsylvania continued its statewide outreach efforts during "Cover the Uninsured Week" in March. CHIP celebrated its 18th birthday in Pennsylvania and hosted a celebration event during Cover the Uninsured Week with members of the media, CHIP insurance companies, CHIP champions, legislators and most importantly, CHIP families. Senator Casey recorded a welcome message for the event and a local TV personality emceed the event. In addition to the CHIP 18th Birthday celebration, CHIP conducted a radio media tour that focused on the basics of CHIP.

**Pennsylvania Farm Show:** CHIP sponsored a Farm Show booth again in January 2010 where information and giveaways were distributed and application assistance was provided to families. CHIP's theme was "Tell a friend or family member to apply today." More than 500,000 citizens attended the 10-day Farm Show event.

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

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

PSI, the contractor for the Pennsylvania Health and Human Services Call Center, has high-quality operations standards that it constantly monitors to ensure a consistent level of service excellence.

Quality assurance monitoring is also conducted by its partner agencies. PSI met or exceeded all key performance indicators in 2010. The call center answered 86,817 CHIP calls, mailed 21,243 CHIP/adultBasic applications, and completed 1,895 COMPASS applications online.

**LiveChat:** Pennsylvanians may now visit the CHIP website and select to “chat” online with a Helpline representative during normal business hours. Helpline representatives can answer any question a web user might have concerning the helpline service. In 2010, Helpline representatives provided 8,655 LiveChats.

**TTY:** The Commonwealth is sensitive to the needs of hearing-impaired callers and offers a TTY telephone line for the CHIP Helpline, and requires that all of its contractors utilize the same service for their hearing impaired callers. E-mail and live WebChat are also available as communication channels for hearing-impaired callers.

**30-Day Renewal Outreach:** Augmenting the standard application and renewal methods for CHIP – online through COMPASS, by paper application, or by a customer-initiated phone call to the Helpline, the Helpline made approximately 5,000 outbound telephone calls a month to families who did not complete renewal applications after receiving three notices from CHIP. Helpline representatives offered renewal assistance over the phone (using COMPASS) and provided reminders to families to mail back their renewal applications.

CHIP also established working relationships with the County Assistance Offices (CAOs) operated by the Department of Public Welfare. CAOs are the largest source of CHIP applications and referrals. They refer more than 3,000 applicants per month to the program. The program worked with the Department of Public Welfare to enhance internal and external communications between the two agencies to further improve the “any form is a good form” process whereby an application can go to either agency and be referred to the agency that will provide the family benefits.

### **Effectiveness of Outreach**

The Department has found that a multi-pronged marketing and outreach approach is the most effective means to reach citizens with CHIP’s message. CHIP continued to utilize valuable data provided by the Helpline to measure how callers heard about CHIP. The data showed that TV and radio ads reached the broadest audience; flyers distributed through schools and County Assistance Offices drew the most CHIP calls overall in the shortest amount of time; and word of mouth continued to strongly fuel awareness. CHIP always encourages citizens to tell family, friends, co-workers and neighbors about the program and the results of this message were reflected in call volumes to the Helpline. In addition to these over-arching strategies, CHIP implemented a number of other strategies to reach uninsured Pennsylvania families.

- CHIP radio advertising is the second most effective form of traditional advertising behind TV. It is less expensive than TV and still produces an increase in calls to the Helpline. Historically, radio has ranked among the top reasons that citizens called the Helpline for applications or application assistance.
- CHIP’s web-based search engine and online advertising continued to be an affordable and excellent driver to the CHIP website and also to the Helpline. When CHIP

advertises at its highest levels, the CHIP website receives nearly 3 million hits a month. Although hits to the site dropped over the last two years, callers to the Helpline consistently cited the CHIP website as the number one reason they called to apply for or inquire more about CHIP.

- CHIP and its insurance company contractor outreach staff continued daily grassroots outreach, focusing on venues where folks could take the next step and enroll, such as health fairs, libraries, hospitals, community events and meetings. We continue to develop and support partnerships with grassroots organizations as CHIP Champions.
- Word of mouth via friends and family consistently ranked as a major source of information and referrals to the CHIP Helpline. Many families learn about and apply for the CHIP program based on the valued and trusted information provided to them from friends and family. To that end, CHIP developed a specific “tell a friend or family member” campaign that is mailed with information requests to the Helpline to keep those referrals coming.

CHIP marketing and outreach strategies also result in children becoming enrolled in Medical Assistance. While no exact figures are available, CHIP outreach activities and initiatives such as the Healthcare Handshake, which is an automated electronic referral system between the Department of Public Welfare's Medical Assistance programs and CHIP administered by the Pennsylvania Insurance Department, identify Medical Assistance eligible children. Each month approximately 25% of applicants for CHIP are screened as potentially eligible for Medical Assistance and are routed automatically to the Department of Public Welfare for disposition.

## **Enrollment**

### **Projected Number of Eligible Children**

The average enrollment for the calendar year 2010 was 194,931. Enrollment reached an unprecedented level of 197,986 in May 2010. The projected average enrollment for CHIP in state fiscal year 2010-2011 is 194,620.

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

Please refer to Attachment 3 (CHIP Enrollment by County) for county-specific data for the number of children enrolled in the program during the reporting period of January through December 2010.

The total number of enrollment by per centum of the FPL for the period January through December 2010 was:

<b>Month</b>	<b>No greater than 200% FPL (free group)</b>	<b>Greater than 200% but no greater than 250% FPL (Low-Cost Group 1)</b>	<b>Greater than 250% but no greater than 275% FPL (Low Cost Group 2)</b>	<b>Greater than 275% but no greater than 300% FPL (Low-Cost Group 3)</b>	<b>Greater than 300% FPL (Full-Cost Group)</b>	<b>Total Monthly Enrollment</b>
January	170,166	18,844	4,178	2,160	1,928	197,276
February	169,502	18,520	4,140	2,157	1,901	196,220
March	168,911	18,558	4,087	2,187	1,920	195,663
April	169,970	18,745	4,171	2,207	1,959	197,052
May	170,655	18,887	4,203	2,218	2,023	197,986
June	169,256	18,950	4,272	2,243	2,089	196,810
July	165,767	18,962	4,263	2,311	2,091	193,394
August	165,486	18,807	4,256	2,304	2,176	193,029
September	165,085	18,864	4,325	2,316	2,167	192,757
October	164,751	18,883	4,371	2,392	2,226	192,623
November	165,005	19,045	4,435	2,434	2,304	193,223
December	164,471	19,319	4,490	2,518	2,341	193,139

Growth was achieved in 26 of our 67 counties, and there was a decline in enrollment in the remaining 41 counties over the reporting period. Growth between five (5%) and ten (10%) percent was achieved in Carbon, Franklin, Huntingdon, Lycoming, Monroe, Pike, Sullivan, Wyoming, and York Counties. Growth greater than ten percent (10%) was achieved in Cameron, Clinton, and Forest Counties.

As noted above, in May 2010, CHIP enrollment was 197,986 children, representing the highest monthly enrollment ever. This represented a 2.4% increase from May 2009. By December 2010, however, CHIP enrollment dipped to 193,139 children, a level very close to the enrollment total in May 2009. All of the decrease in December occurred in the Free CHIP category. By December, there were 13,946 children enrolled in CHIP who would not have been eligible before the Cover All Kids expansion.

The record enrollment growth experienced up until May 2010 may be attributed in large measure to the Commonwealth's focus on providing insurance coverage to *all* eligible uninsured children, including those with higher household incomes who may now purchase health insurance coverage through the CHIP program by paying the full cost; our concentration on children's coverage issues; strong outreach and marketing strategies; a strong collaboration between state agencies; access to social services via the Internet through COMPASS and our CHIP website; and the improved renewal efforts to keep eligible children enrolled in the program. The economic climate may also have played a role. Reasons for the decline in enrollment since May 2010 are difficult to ascertain, but may be due to a combination of factors, including a steadying economic climate, discontinuation of TV advertising, or, as suggested by Dr. Kenney and others in the October 2010 issue of *Health Affairs*, that Pennsylvania cannot realistically improve on a CHIP enrollment rate that substantially exceeds 90% of the eligible children ("...it is not clear how much higher

participation can be in the states that already have rates greater than 90 percent, given the dynamic nature of family circumstances and eligibility for public coverage”).

### **Waiting List**

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

### **Healthcare Effectiveness Data and Information Set (HEDIS) Measurements**

The program continues to utilize the Healthcare Effective Data Information Set (HEDIS) performance measures to determine how the PA CHIP plan compares to national and regional benchmarks, and the Consumer Assessment of Healthcare Provider Systems (CAHPS) to determine the level of satisfaction related to access, health status, and care received by children with chronic conditions. In 2010, we measured all but the new CHIP contractors (for whom there was not yet sufficient data) using HEDIS, and required commercial CHIP contractors to utilize MA-adapted HEDIS measurements to enable more reliable comparisons across insurance plans.

HEDIS data compiled over the past ten years has consistently shown that children enrolled in CHIP use preventive and primary care at approximately the same level as children in commercial plans nationally and regionally. Excerpts from the full report on preventive and primary care services based on utilization occurring in 2009 and reported in 2010 are available at Attachment 4. The full 2010 CHIP HEDIS report is available on CHIP’s website at:  
[http://www.chipcoverspakids.com/assets/media/pdf/2010\\_chip\\_hedis\\_comprehensive\\_report.pdf](http://www.chipcoverspakids.com/assets/media/pdf/2010_chip_hedis_comprehensive_report.pdf).

The Department is trending HEDIS data to determine the strengths and weaknesses of the program and individual contractors. The Department contracted with IPRO, an External Quality Review Organization (EQRO), to develop quality improvement initiatives based on HEDIS. Current initiatives focus on over-utilization of ED visits, obesity, and lead screening. For 2010, additional measures have been added that concentrate on:

EPSDT-Annual Vision Screening  
EPSDT-Developmental Screening  
Periodic Dental Visits and Dental Sealants for Children

### **Children’s Health Insurance Program Reauthorization Act (CHIPRA)**

CHIPRA was signed into law in February 2009. This federal law stabilized and increased federal funding for CHIP benefits through 2013. CHIPRA substantially increased Pennsylvania’s federal CHIP allotment, which is critical since about two-thirds of Pennsylvania CHIP’s costs are paid with federal funds. In addition, CHIPRA provided other resources for improving the CHIP program. The Department has worked closely with CMS, the federal agency overseeing the federal CHIP program, to prepare Pennsylvania’s State Plan Amendment and to implement program improvements in a timely fashion. Key CHIPRA provisions addressed in 2010 were:

## **Citizenship and Identity Requirements**

CHIPRA required states to begin verifying citizenship or nationality of all enrollees and applicants claiming to be U.S. citizens effective January 1, 2010. Under CHIPRA, states may meet this requirement through a data exchange with the Social Security Administration (SSA), with the federal government paying 90% of the cost for developing this capability. Pennsylvania began using the SSA interface approach, and a fully automated citizenship verification process was in place by June 2010.

## **Express Lane Eligibility/Administrative Simplification**

In addition to citizenship and identity verification requirements, the federal government, through CHIPRA, is strongly encouraging states to utilize information already housed in other state agencies for CHIP and Medical Assistance eligibility determinations. This has been found useful and efficient, for example, in situations involving child support enforcement (whether to identify health insurance coverage available for the child, or, conversely, to document income). Using electronic information systems to exchange data is advantageous for a number of reasons, including a reduction of errors and increased efficiency.

When the link was built to match citizenship data against the SSA's database and to integrate CHIP applicants in the Department of Public Welfare's Master Client Index, this also opened the opportunity to use several data exchanges to add integrity to our eligibility determination processes as well as to simplify the processes. This has reduced the number of applications and renewals being determined as incomplete and may lead to a future increase in the use of electronic applications (COMPASS).

The CHIP Office has begun a pilot project to investigate the potential use of a commercial database with payroll and other information related for use in CHIP eligibility determinations. Depending upon the results of this pilot, it may be possible to implement processes that will further reduce the number of incomplete applications and renewals, as well as to decrease the number of discontinuous coverage situations.

## **Payments to Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs)**

CHIPRA requires CHIP rates for FQHCs and RHCs to be at least equivalent to Medicaid prospective payment system (PPS) rates effective October 1, 2009. Currently, PA CHIP pays FQHCs/RHCs exclusively through commercial managed care organizations (MCOs). Some of the current payments by the MCOs to FQHCs/RHCs for CHIP-covered services are likely less than the PPS payments called for under CHIPRA and the Benefits Improvement and Protection Act of 2000 (BIPA).

PA CHIP has contracted with Mercer Government Human Services Consulting, an actuarial firm, to develop and document a compliant payment system. PA CHIP also has contracted with the Pennsylvania Association of Community Health Centers (PACHC) to provide outreach, education and facilitation services to assist FQHCs/RHCs during this development and transition. PA CHIP

will remain responsible for the overall project, including management of the CHIP MCOs, required supplemental payments to the FQHCs/RHCs, and evaluation of the project.

One of the challenges for complying with this federal requirement is that CHIP ID cards may not identify enrollees as low income, i.e., as CHIP enrollees, making it difficult for FQHCs/RHCs to identify a CHIP encounter and therefore to track payments received for providing services to CHIP enrollees. With grant funds supplied for this purpose, the Department was able to assist CHIP contractors in re-branding their ID cards, e.g., Capital Cares 4 Kids. By January 2011, all of the CHIP insurance carriers/contractors had completed the project of “re-branding” their insurance cards in order to identify CHIP members without actually using a CHIP logo or otherwise identifying the children as participating in a low-income program.

### ***Insure Kids Now! Web Site – Dental Providers***

CHIPRA requires states to provide more information to the public about dental providers. The Department of Health and Human Services designed the *Insure Kids Now!* website to serve as a centralized source of information relating to the MA and Children’s Health Insurance Program (CHIP) across all 50 states. The site provides information about participating dentists in each state, state-by-state eligibility levels, and a direct link to the state’s relevant websites (including Pennsylvania’s CHIP website).

In accordance with CHIPRA mandates, PA CHIP began submitting information to the *Insure Kids Now!* website in July of 2009. As of February 4, 2010, all nine CHIP insurance contractors’ dental providers were represented on the *Insure Kids Now!* website, along with the minimum dental benefit package provided to CHIP members. Dental benefit information may be accessed at [www.insurekidsnow.gov/state/pennsylvania/benefits.html](http://www.insurekidsnow.gov/state/pennsylvania/benefits.html). Information relating to PA CHIP dental benefits is updated on an annual basis. The most current dental provider database may be accessed at [www.insurekidsnow.gov/state/pennsylvania/pennsylvania\\_oral.html](http://www.insurekidsnow.gov/state/pennsylvania/pennsylvania_oral.html). Dental provider information is updated on a quarterly basis.

The Health Resources and Services Administration (HRSA) and CMS continue to collaborate with the states to refine and update the *Insure Kids Now!* oral health Web page in order to provide enrollees accurate and easily accessible information.

### **Referrals for Children Who Appear to be Eligible for Medical Assistance (MA)**

The Department continued its work to identify children enrolled in CHIP with serious health conditions who are eligible for MA. These children may benefit from the additional services available through MA; and, moreover, because they are eligible for MA, they are not, as a matter of federal and state law, eligible for CHIP. Notably, ten percent (10%) of the costs for CHIP may be attributable to children who should be enrolled in MA due to their serious health conditions.

The Department has been developing a systematic approach to gently get these children transitioned to MA, including working with DPW to change the applications for CHIP and MA so that such situations are identified when children are applying for CHIP. Children who should be

transitioned from CHIP to MA due to serious health conditions are not terminated from CHIP until the child is determined to be eligible for and enrolled in MA.

During calendar year 2010, a total of 687 CHIP-to-MA referrals were made to DPW's central unit. Of these referrals, 415 were approved for Medical Assistance; 35 referred children were already in Medical Assistance when the DPW received the referrals; 117 referrals were rejected; and 120 referrals were pending as of December 31, 2010. Thus, approximately 79% of the CHIP-to-MA referrals processed to a final determination in 2010 resulted in the children being made eligible for Medical Assistance.

### **Referrals from SpecialCare<sup>SM</sup>**

SpecialCare is a low-cost insurance plan offered statewide to low-income residents by the Pennsylvania Blue Cross and Blue Shield plans. SpecialCare provides basic preventive care services to children and adults who cannot afford comprehensive health insurance. However, in almost all cases, the CHIP benefit package is broader and the cost to the family is lower than coverage of a child under SpecialCare. Therefore, it is almost always advantageous for a child in SpecialCare to transition to CHIP. Efforts begun in 2005 have continued through 2010 to assure that no child is or remains enrolled in SpecialCare who is eligible for CHIP unless the child's family affirmatively selects SpecialCare. Between March 2006 and December 31, 2010, the number of children on SpecialCare declined from 7,176 to 559.

### **Conclusion**

2010 was a challenging year for CHIP. However, through creative outreach, increased administrative efficiencies, and refinements to the program, CHIP has continued to serve the uninsured children of Pennsylvania. We look forward to continuing this public service in 2011.



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**Example:** A four-person household with an annual income of \$60,000 will have an average monthly premium of \$60 per child, plus any co-pays for services.

INCOME BOX*	FREE			LOW COST			FULL COST
	(Ages 0 - 1)	(Ages 1 - 5)	(Ages 6 - 18)	(Ages 0 - 18)	(Ages 0 - 18)	(Ages 0 - 18)	(Ages 0 - 18)
Household Size	Annual Income			Annual Income			Annual Income
1	\$20,036 - \$21,660	\$14,404 - \$21,660	\$10,830 - \$21,660	\$21,661 - \$27,075	\$27,076 - \$29,783	\$29,784 - \$32,490	\$32,491 - No Limit
2	\$26,955 - \$29,140	\$19,379 - \$29,140	\$14,570 - \$29,140	\$29,141 - \$36,425	\$36,426 - \$40,068	\$40,069 - \$43,710	\$43,711 - No Limit
3	\$33,874 - \$36,620	\$24,353 - \$36,620	\$18,310 - \$36,620	\$36,621 - \$45,775	\$45,776 - \$50,353	\$50,354 - \$54,930	\$54,931 - No Limit
4	\$40,793 - \$44,100	\$29,327 - \$44,100	\$22,050 - \$44,100	\$44,101 - \$55,125	\$55,126 - \$60,638	\$60,639 - \$66,150	\$66,151 - No Limit
5	\$47,712 - \$51,580	\$34,301 - \$51,580	\$25,790 - \$51,580	\$51,581 - \$64,475	\$64,476 - \$70,923	\$70,924 - \$77,370	\$77,371 - No Limit
	↓	↓	↓	↓	↓	↓	↓
COST BOX	Average Premium			Average Premium			Average Premium
Average monthly premium, per child	\$0	\$0	\$0	\$43	\$60	\$68	\$195
Co-payments per child, per visit							
Doctor Visit	\$0	\$0	\$0	\$5 (except for well-child visits)			\$15
Brand Prescriptions	\$0	\$0	\$0	\$9	\$9	\$9	\$18
Generic Prescriptions	\$0	\$0	\$0	\$6	\$6	\$6	\$10
Specialist Visits	\$0	\$0	\$0	\$10	\$10	\$10	\$25
ER Visits **	\$0	\$0	\$0	\$25	\$25	\$25	\$50

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

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



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	(Ages 0 - 1)	(Ages 1 - 5)	(Ages 6 - 18)	(Ages 0 - 18)	(Ages 0 - 18)	(Ages 0 - 18)	(Ages 0 - 18)
Household Size	Annual Income			Annual Income			Annual Income
6	\$54,631 - \$59,060	\$39,275 - \$59,060	\$29,530 - \$59,060	\$59,061 - \$73,825	\$73,826 - \$81,208	\$81,209 - \$88,590	\$88,591 - No Limit
7	\$61,550 - \$66,540	\$44,250 - \$66,540	\$33,270 - \$66,540	\$66,541 - \$83,175	\$83,176 - \$91,493	\$91,494 - \$99,810	\$99,811 - No Limit
8	\$68,469 - \$74,020	\$49,224 - \$74,020	\$37,010 - \$74,020	\$74,201 - \$92,525	\$92,526 - \$101,778	\$101,779 - \$111,030	\$111,031 - No Limit
9	\$75,388 - \$81,500	\$54,199 - \$81,500	\$40,750 - \$81,500	\$81,501 - \$101,875	\$101,876 - \$112,063	\$112,064 - \$122,250	\$122,251 - No Limit
10	\$82,307 - \$88,980	\$59,174 - \$88,980	\$44,490 - \$88,980	\$88,981 - \$111,225	\$111,226 - \$122,348	\$122,349 - \$133,470	\$133,471 - No Limit
↓ ↓ ↓ ↓ ↓ ↓ ↓							
COST BOX	Average Premium			Average Premium			Average Premium
Average monthly premium, per child	\$0	\$0	\$0	\$43	\$60	\$68	\$195
Co-payments per child, per visit							
Doctor Visit	\$0	\$0	\$0	\$5 (except for well-child visits)			\$15
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	(Ages 0 - 1)	(Ages 1 - 5)	(Ages 6 - 18)	(Ages 0 - 18)	(Ages 0 - 18)	(Ages 0 - 18)	(Ages 0 - 18)
Household Size	Annual Income			Annual Income			Annual Income
11	\$89,226 - \$96,460	\$64,149 - \$96,460	\$48,230 - \$96,460	\$96,461 - \$120,575	\$120,576 - \$132,633	\$132,634 - \$144,690	\$144,691 - No Limit
12	\$96,145 - \$103,940	\$69,124 - \$103,940	\$51,970 - \$103,940	\$103,941 - \$129,925	\$129,926 - \$142,918	\$142,919 - \$155,910	\$155,911 - No Limit
13	\$103,064 - \$111,420	\$74,099 - \$111,420	\$55,710 - \$111,420	\$111,421 - \$139,275	\$139,276 - \$153,203	\$153,204 - \$167,130	\$167,131 - No Limit
14	\$109,983 - \$118,900	\$79,074 - \$118,900	\$59,450 - \$118,900	\$118,901 - \$148,625	\$148,626 - \$163,488	\$163,489 - \$178,350	\$178,351 - No Limit
15	\$116,902 - \$126,380	\$84,049 - \$126,380	\$63,190 - \$126,380	\$126,381 - \$157,975	\$157,976 - \$173,773	\$173,774 - \$189,570	\$189,571 - No Limit
↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓							
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	(Ages 0 - 1)	(Ages 1 - 5)	(Ages 6 - 18)	(Ages 0 - 18)	(Ages 0 - 18)	(Ages 0 - 18)	(Ages 0 - 18)
Household Size	Annual Income			Annual Income			Annual Income
16	\$123,821 - \$133,860	\$89,024 - \$133,860	\$66,930 - \$133,860	\$133,861 - \$167,325	\$167,326 - \$184,058	\$184,059 - \$200,790	\$200,791 - No Limit
17	\$130,740 - \$141,340	\$93,999 - \$141,340	\$70,670 - \$141,340	\$141,341 - \$176,675	\$176,676 - \$194,343	\$194,344 - \$212,010	\$212,011 - No Limit
18	\$137,659 - \$148,820	\$98,974 - \$148,820	\$74,410 - \$148,820	\$148,821 - \$186,025	\$186,026 - \$204,628	\$204,629 - \$223,230	\$223,231 - No Limit
19	\$144,578 - \$156,300	\$103,949 - \$156,300	\$78,150 - \$156,300	\$156,301 - \$195,375	\$195,376 - \$214,913	\$214,914 - \$234,450	\$234,451 - No Limit
20	\$151,497 - \$163,780	\$108,924 - \$163,780	\$81,890 - \$163,780	\$163,781 - \$204,725	\$204,726 - \$225,198	\$225,199 - \$245,670	\$245,671 - No Limit
↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓							
COST BOX							
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If your kids need health insurance, CHIP is worth looking into. We guarantee access to quality health care coverage for your children. In fact, your kids may be able to continue visiting the same doctors they see now.

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

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

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

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

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

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**CHIP Enrollment by County**  
**January 2010 - December 2010**

COUNTY	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Last Month Growth	Avg. Monthly Growth	Growth Since Jan-10	County as a % of Total
<b>TOTALS</b>	<b>197,276</b>	<b>196,220</b>	<b>195,663</b>	<b>197,052</b>	<b>197,986</b>	<b>196,810</b>	<b>193,394</b>	<b>193,029</b>	<b>192,757</b>	<b>192,623</b>	<b>193,223</b>	<b>193,139</b>	<b>0.0%</b>	<b>-2.1%</b>	<b>-2.1%</b>	
ADAMS	2,104	2,089	2,126	2,152	2,128	2,110	2,081	2,103	2,122	2,127	2,132	2,137	0.2%	1.6%	1.6%	1.1%
ALLEGHENY	14,531	14,447	14,334	14,320	14,354	14,254	14,033	13,754	13,700	13,666	13,657	13,631	-0.2%	-6.2%	-6.2%	7.1%
ARMSTRONG	1,258	1,261	1,264	1,290	1,289	1,277	1,274	1,276	1,287	1,285	1,308	1,288	-1.5%	2.4%	2.4%	0.7%
BEAVER	2,400	2,414	2,407	2,428	2,452	2,463	2,409	2,427	2,446	2,466	2,482	2,492	0.4%	3.8%	3.8%	1.3%
BEDFORD	1,394	1,398	1,353	1,375	1,387	1,399	1,372	1,373	1,377	1,395	1,407	1,414	0.5%	1.4%	1.4%	0.7%
BERKS	6,784	6,762	6,733	6,827	6,832	6,826	6,755	6,741	6,705	6,726	6,751	6,761	0.1%	-0.3%	-0.3%	3.5%
BLAIR	2,371	2,371	2,398	2,391	2,426	2,395	2,361	2,361	2,401	2,363	2,393	2,398	0.2%	1.1%	1.1%	1.2%
BRADFORD	989	946	921	950	955	921	901	898	925	946	951	966	1.6%	-2.3%	-2.3%	0.5%
BUCKS	8,748	8,646	8,627	8,661	8,679	8,701	8,517	8,558	8,558	8,612	8,580	8,516	-0.7%	-2.7%	-2.7%	4.4%
BUTLER	2,837	2,818	2,792	2,808	2,827	2,819	2,812	2,770	2,745	2,779	2,772	2,766	-0.2%	-2.5%	-2.5%	1.4%
CAMBRIA	2,499	2,475	2,469	2,481	2,497	2,484	2,462	2,465	2,460	2,462	2,490	2,490	0.0%	-0.4%	-0.4%	1.3%
CAMERON	87	99	103	104	108	106	107	107	97	102	107	110	2.8%	26.4%	26.4%	0.1%
CARBON	1,173	1,195	1,184	1,229	1,250	1,259	1,247	1,248	1,275	1,266	1,280	1,266	-1.1%	7.9%	7.9%	0.7%
CENTRE	1,196	1,173	1,176	1,155	1,155	1,119	1,112	1,119	1,137	1,100	1,136	1,107	-2.6%	-7.4%	-7.4%	0.6%
CHESTER	6,030	6,031	6,041	6,075	6,076	5,988	5,867	5,864	5,780	5,770	5,775	5,693	-1.4%	-5.6%	-5.6%	2.9%
CLARION	799	804	803	818	807	800	783	771	775	758	771	786	1.9%	-1.6%	-1.6%	0.4%
CLEARFIELD	1,453	1,444	1,424	1,407	1,418	1,410	1,382	1,414	1,409	1,395	1,432	1,421	-0.8%	-2.2%	-2.2%	0.7%
CLINTON	496	496	490	518	520	532	527	534	533	544	562	563	0.2%	13.5%	13.5%	0.3%
COLUMBIA	970	954	956	960	966	959	931	921	942	952	954	958	0.4%	-1.2%	-1.2%	0.5%
CRAWFORD	1,417	1,392	1,428	1,407	1,450	1,456	1,417	1,415	1,426	1,431	1,461	1,464	0.2%	3.3%	3.3%	0.8%
CUMBERLAND	3,070	3,037	3,049	3,083	3,133	3,175	3,118	3,134	3,122	3,149	3,170	3,183	0.4%	3.7%	3.7%	1.6%
DAUPHIN	3,696	3,683	3,686	3,728	3,793	3,745	3,677	3,668	3,586	3,554	3,612	3,612	0.0%	-2.3%	-2.3%	1.9%
DELAWARE	8,642	8,577	8,616	8,633	8,633	8,568	8,427	8,326	8,288	8,193	8,234	8,260	0.3%	-4.4%	-4.4%	4.3%
ELK	654	635	636	625	636	619	594	587	587	590	597	605	1.3%	-7.5%	-7.5%	0.3%
ERIE	4,435	4,420	4,397	4,354	4,409	4,402	4,297	4,293	4,330	4,291	4,295	4,286	-0.2%	-3.4%	-3.4%	2.2%
FAYETTE	2,326	2,315	2,310	2,287	2,321	2,299	2,258	2,241	2,252	2,270	2,267	2,263	-0.2%	-2.7%	-2.7%	1.2%
FOREST	76	77	72	75	75	73	76	83	78	83	84	88	4.8%	15.8%	15.8%	0.0%
FRANKLIN	2,963	2,935	2,992	3,070	3,077	3,039	3,041	3,083	3,116	3,129	3,160	3,162	0.1%	6.7%	6.7%	1.6%
FULTON	376	384	378	367	355	362	358	358	351	353	362	373	3.0%	-0.8%	-0.8%	0.2%
GREENE	503	523	521	510	515	490	485	477	475	459	473	458	-3.2%	-8.9%	-8.9%	0.2%
HUNTINGDON	810	814	819	829	834	835	819	811	824	827	832	851	2.3%	5.1%	5.1%	0.4%
INDIANA	1,473	1,466	1,443	1,417	1,440	1,383	1,372	1,373	1,368	1,375	1,405	1,371	-2.4%	-6.9%	-6.9%	0.7%
JEFFERSON	929	937	910	931	956	957	931	932	906	883	886	873	-1.5%	-6.0%	-6.0%	0.5%

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JUNIATA	490	487	473	482	476	481	482	471	471	466	488	488	0.0%	-0.4%	-0.4%	0.3%
LACKAWANNA	2,752	2,778	2,724	2,793	2,834	2,820	2,796	2,808	2,840	2,821	2,826	2,882	2.0%	4.7%	4.7%	1.5%
LANCASTER	8,872	8,827	8,867	8,953	9,065	9,066	8,973	9,046	9,065	9,122	9,179	9,241	0.7%	4.2%	4.2%	4.8%
LAWRENCE	1,476	1,470	1,471	1,481	1,468	1,470	1,442	1,443	1,443	1,449	1,451	1,417	-2.3%	-4.0%	-4.0%	0.7%
LEBANON	2,103	2,121	2,142	2,142	2,108	2,063	2,045	2,060	2,061	2,088	2,101	2,081	-1.0%	-1.0%	-1.0%	1.1%
LEHIGH	6,168	6,139	6,113	6,200	6,213	6,220	6,114	6,156	6,108	6,089	6,165	6,201	0.6%	0.5%	0.5%	3.2%
LUZERNE	4,303	4,305	4,322	4,391	4,407	4,346	4,269	4,292	4,344	4,399	4,424	4,396	-0.6%	2.2%	2.2%	2.3%
LYCOMING	1,536	1,543	1,523	1,574	1,571	1,562	1,541	1,575	1,580	1,619	1,622	1,619	-0.2%	5.4%	5.4%	0.8%
MCKEAN	728	700	705	685	683	682	667	688	686	679	694	683	-1.6%	-6.2%	-6.2%	0.4%
MERCER	1,562	1,549	1,553	1,593	1,587	1,580	1,538	1,512	1,493	1,488	1,504	1,459	-3.0%	-6.6%	-6.6%	0.8%
MIFFLIN	789	778	782	803	813	806	770	790	780	772	771	779	1.0%	-1.3%	-1.3%	0.4%
MONROE	3,062	3,102	3,087	3,185	3,216	3,189	3,174	3,185	3,211	3,250	3,224	3,263	1.2%	6.6%	6.6%	1.7%
MONTGOMERY	9,486	9,431	9,367	9,339	9,343	9,283	9,070	9,138	9,186	9,193	9,166	9,312	1.6%	-1.8%	-1.8%	4.8%
MONTOUR	220	213	216	213	222	229	209	218	216	215	213	213	0.0%	-3.2%	-3.2%	0.1%
NORTHAMPTON	4,356	4,325	4,355	4,391	4,428	4,379	4,360	4,396	4,397	4,399	4,361	4,423	1.4%	1.5%	1.5%	2.3%
NORTHUMBERLAND	1,519	1,507	1,482	1,468	1,462	1,444	1,413	1,416	1,397	1,420	1,444	1,420	-1.7%	-6.5%	-6.5%	0.7%
PERRY	819	817	820	849	863	855	836	825	804	801	801	799	-0.2%	-2.4%	-2.4%	0.4%
PHILADELPHIA	30,284	29,974	29,757	29,945	30,005	29,687	28,879	28,445	28,261	27,875	27,671	27,458	-0.8%	-9.3%	-9.3%	14.2%
PIKE	1,210	1,198	1,184	1,227	1,248	1,243	1,231	1,250	1,270	1,263	1,270	1,279	0.7%	5.7%	5.7%	0.7%
POTTER	321	312	313	319	316	297	297	290	298	293	294	303	3.1%	-5.6%	-5.6%	0.2%
SCHUYLKILL	2,373	2,384	2,333	2,355	2,359	2,359	2,287	2,291	2,317	2,342	2,325	2,304	-0.9%	-2.9%	-2.9%	1.2%
SNYDER	715	711	709	708	716	705	694	703	691	695	696	696	0.0%	-2.7%	-2.7%	0.4%
SOMERSET	1,628	1,612	1,622	1,613	1,626	1,605	1,588	1,560	1,555	1,571	1,558	1,561	0.2%	-4.1%	-4.1%	0.8%
SULLIVAN	73	73	80	82	82	83	81	78	81	77	72	78	8.3%	6.8%	6.8%	0.0%
SUSQUEHANNA	793	816	782	791	775	793	783	772	767	767	767	768	0.1%	-3.2%	-3.2%	0.4%
TIOGA	786	783	773	799	805	802	766	779	775	772	768	768	0.0%	-2.3%	-2.3%	0.4%
UNION	529	519	505	514	527	522	516	524	517	526	518	528	1.9%	-0.2%	-0.2%	0.3%
VENANGO	1,021	1,012	1,025	1,030	1,040	1,020	1,016	1,031	1,044	1,043	1,074	1,064	-0.9%	4.2%	4.2%	0.6%
WARREN	677	678	687	663	632	654	638	634	626	623	624	617	-1.1%	-8.9%	-8.9%	0.3%
WASHINGTON	3,030	2,994	3,013	2,988	3,028	3,007	2,970	2,936	2,888	2,933	2,934	2,927	-0.2%	-3.4%	-3.4%	1.5%
WAYNE	1,028	1,031	1,019	1,034	1,037	1,022	1,017	1,037	1,061	1,077	1,054	1,065	1.0%	3.6%	3.6%	0.6%
WESTMORELAND	5,609	5,560	5,540	5,556	5,541	5,497	5,413	5,357	5,341	5,361	5,425	5,467	0.8%	-2.5%	-2.5%	2.8%
WYOMING	404	403	402	422	426	413	415	416	397	399	417	424	1.7%	5.0%	5.0%	0.2%
YORK	7,065	7,050	7,059	7,199	7,311	7,401	7,301	7,422	7,403	7,435	7,544	7,544	0.0%	6.8%	6.8%	3.9%



## WELL-CHILD VISITS IN THE 3RD, 4TH, 5TH AND 6TH YEARS OF LIFE (W34)

### Measure Description

This measure assesses the percentage of enrollees who were three, four, five or six years old during the measurement year, who were continuously enrolled during the measurement year and received one or more well-child visits with a Primary Care Provider (PCP) during the measurement year.

### W34: Results

Table 2.6

W34	HEDIS 2010
PA CHIP Weighted Average	79.31%
PA Medicaid Weighted Average	75.69%
Medicaid Average - National	71.60%
Medicaid Average - Regional	77.68%

### W34: Analysis

The HEDIS 2010 PA CHIP weighted average was 79.31%, which was a 3.44 percentage point increase over the HEDIS 2009 rate of 75.87%. Nine CHIP Contractors reported increased rates from HEDIS 2009 with well-visit rates ranging from a low of 72.88% to a high of 87.31%.

Table 2.7: Well-Child Visits in the 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup> and 6<sup>th</sup> Years of Life

HEDIS 2008	HEDIS 2009	HEDIS 2010	PA CHIP Contractor
<b>77.37</b> ↑	<b>81.42</b> ↑	<b>87.31</b> ↑	Highmark BC/BS
<b>77.45</b> ↑	<b>80.98</b> ↑	<b>84.44</b> ↑	Keystone East
69.59 –	72.60 ↑	<b>82.98</b> ↑	Highmark BS
<b>72.74</b> ↑	75.87 ↑	79.31 ↑	<b>PA CHIP Weighted Average</b>
73.16 –	74.27 ↑	77.62 ↑	UPMC for Kids
68.20 ↓	72.60 ↑	76.72 ↑	Capital Blue Cross
69.00 ↑	70.47 ↑	74.74 ↑	First Priority Health
61.85 ↓	67.95 ↑	73.45 ↑	Unison Family
68.53 ↓	70.24 ↑	73.04 ↑	Aetna
74.43 ↑	69.47 ↓	72.88 ↑	AmeriChoice

- Bold numbering identifies rates that are above the PA CHIP Weighted Average  
 - ↑ ↓ – represents a comparison with the prior year's rate



## ADOLESCENT WELL-CARE VISITS (AWC)

### Measure Description

This measure assessed the percentage of enrollees 12 to 19 years old, who were continuously enrolled during the measurement year and who received one or more well-care visits with a Primary Care Provider (PCP) or Obstetrician/Gynecologist (OB/GYN) during the measurement year.

### AWC: Results

Table 2.8

AWC	HEDIS 2010
PA CHIP Weighted Average	60.68%
PA Medicaid Weighted Average*	59.57%
Medicaid Average – National*	47.72%
Medicaid Average – Regional*	58.48%

\* Medicaid rates include members 12-21 years old

### AWC: Analysis

The HEDIS 2010 PA CHIP weighted average was 60.68%, which was a 3.83 percentage point increase over the HEDIS 2009 rate of 56.85%. Adolescent well-care visit rates for seven of nine CHIP Contractors increased from HEDIS 2009 to HEDIS 2010, with the rates for two Contractors decreasing from HEDIS 2009. Visit rates ranged from a low of 54.04% to a high of 65.83%.

Table 2.9: Adolescent Well-Care Visits

HEDIS 2008	HEDIS 2009	HEDIS 2010	PA CHIP Contractor
<b>58.39</b> ↑	<b>59.10</b> ↑	<b>65.83</b> ↑	Highmark BC/BS
54.42 –	56.39 ↑	<b>62.53</b> ↑	UPMC for Kids
45.32 ↑	50.87 ↑	<b>62.29</b> ↑	Unison Family
<b>60.05</b> ↑	<b>63.22</b> ↑	<b>61.72</b> ↓	Keystone East
51.59 ↓	<b>64.23</b> ↑	<b>60.73</b> ↓	AmeriChoice
55.39 ↑	56.85 ↑	60.68 ↑	PA CHIP Weighted Average
<b>57.66</b> ↑	54.59 ↓	59.66 ↑	Capital Blue Cross
51.40 ↑	54.09 ↑	56.70 ↑	Aetna
48.42 –	49.64 ↑	55.96 ↑	Highmark BS
47.21 ↑	47.41 ↑	54.04 ↑	First Priority Health

- Bold numbering identifies rates that are above the PA CHIP Weighted Average  
- ↑ ↓ – represents a comparison with the prior year's rate



## CHILDHOOD IMMUNIZATION STATUS (CIS)

### Measure Description

This group of measures assess the percentage of children two years old who had four diphtheria, tetanus and acellular pertussis (DTaP), three polio (IPV), one measles, mumps and rubella (MMR), two H influenza type B (HiB), three hepatitis B (HepB), one chicken pox (VZV), four pneumococcal conjugate vaccines (PCV), two hepatitis A (HepA), two or three rotavirus (RV) and two influenza (flu) vaccines by their second birthday. For this measure, one rate is calculated for each vaccine in addition to nine separate combination rates (Combinations 2 through 10).

### Combination 2

### CIS Combination 2: Results

Table 3.0

CIS - Combination 2	HEDIS 2010
PA CHIP Weighted Average	76.20%
PA Medicaid Weighted Average	75.81%
Medicaid Average - National	74.32%
Medicaid Average - Regional	74.68%

### CIS Combination 2: Analysis

The PA CHIP HEDIS 2010 Childhood Immunization Status – Combination 2 weighted average of 76.20% was 3.09 percentage points below the HEDIS 2009 rate of 79.29%. Two CHIP Contractors reported increased rates from HEDIS 2009 with seven Contractors reporting decreased rates from HEDIS 2009 to HEDIS 2010. Immunization rates ranged from a low of 66.67% to a high of 84.18%.

Table 3.1: Childhood Immunization Status – Combination 2

HEDIS 2008	HEDIS 2009	HEDIS 2010	PA CHIP Contractor
84.43 ↑	84.91 ↑	84.18 ↓	Highmark BC/BS
81.13 ↑	81.68 ↑	81.30 ↓	Capital Blue Cross
78.06 ↑	77.33 ↓	78.25 ↑	Aetna
58.02 ↓	65.42 ↑	77.06 ↑	Unison Family
78.75 ↑	79.29 ↑	76.20 ↓	PA CHIP Weighted Average
NA	77.63 –	75.00 ↓	UPMC for Kids
70.27 –	77.91 ↑	73.93 ↓	Highmark BS
54.05 ↓	78.95 ↑	69.84 ↓	AmeriChoice
83.89 ↑	75.64 ↓	68.86 ↓	Keystone East
75.61 ↑	81.37 ↑	66.67 ↓	First Priority Health

- NA = denominator <30

- Bold numbering identifies rates that are above the PA CHIP Weighted Average

- ↑ ↓ – represents a comparison with the prior year's rate



## IMMUNIZATIONS FOR ADOLESCENTS (IMA)

### Measure Description

This group of measures assess the percentage of adolescents 13 years old who had one dose of meningococcal vaccine and one tetanus, diphtheria toxoids and acellular pertusus (Tdap), or one tetanus diphtheria toxoids (Td) vaccine by their 13<sup>th</sup> birthday.

### Meningococcal Vaccine

### IMA Meningococcal Vaccine: Results

Table 3.18

IMA - Meningococcal	HEDIS 2010
PA CHIP Weighted Average	68.78%
PA Medicaid Weighted Average	64.42%
Medicaid Average - National*	NA
Medicaid Average - Regional*	NA

\* Medicaid benchmarks are not available for this measure

### IMA Meningococcal Vaccine: Analysis

The PA CHIP HEDIS 2010 Immunizations for Adolescents – Meningococcal Vaccine weighted average was 68.78%. Nine CHIP Contractors reported rates for this first year measure, with six Contractors reporting rates above the weighted average and three Contractors reporting rates below the weighted average. Immunization rates ranged from a low of 60.10% to a high of 75.32%.

Table 3.19: Immunizations for Adolescents – Meningococcal Vaccine

HEDIS 2010	PA CHIP Contractor
<b>75.32</b>	<b>UPMC for Kids</b>
<b>74.77</b>	<b>Aetna</b>
<b>71.78</b>	<b>Keystone East</b>
<b>70.00</b>	<b>AmeriChoice</b>
<b>69.10</b>	<b>Highmark BC/BS</b>
<b>69.10</b>	<b>Unison Family</b>
68.78	PA CHIP Weighted Average
66.28	First Priority Health
64.96	Capital Blue Cross
60.10	Highmark BS

- Bold numbering identifies rates that are above the PA CHIP Weighted Average



## LEAD SCREENING IN CHILDREN (LSC)

### Measure Description

The percentage of children two years old who had one or more capillary or venous lead blood tests for lead poisoning prior to their second birthday.

### LSC: Results

Table 3.24

LSC	HEDIS 2010
PA CHIP Weighted Average	40.33%
PA Medicaid Weighted Average	72.20%
Medicaid Average - National	66.41%
Medicaid Average - Regional	78.97%

### LSC: Analysis

The PA CHIP HEDIS 2010 Lead Screening in Children weighted average at 40.33% was 1.19 percentage points below the HEDIS 2009 weighted average of 41.52%. Four CHIP Contractors reported rate increases from HEDIS 2009, with five Contractors reporting decreased rates from HEDIS 2009 to HEDIS 2010. Lead screening rates ranged from a low of 28.63% to a high 67.10%.

Table 3.25: Lead Screening in Children

HEDIS 2008	HEDIS 2009	HEDIS 2010	PA CHIP Contractor
20.73	47.66 ↑	67.10 ↑	Unison Family
54.05	61.40 ↑	66.67 ↑	AmeriChoice
NA	43.42 –	44.12 ↑	UPMC for Kids
61.46	54.98 ↓	43.14 ↓	Keystone East
35.26	41.52 ↑	40.33 ↓	PA CHIP Weighted Average
33.33	39.66 ↑	36.74 ↓	Highmark BC/BS
29.59	32.89 ↑	35.06 ↑	Aetna
30.41	34.97 ↑	33.46 ↓	Highmark BS
16.87	34.31 ↑	31.45 ↓	First Priority Health
30.19	33.51 ↑	28.63 ↓	Capital Blue Cross

- NA = denominator <30
- Bold numbering identifies rates that are above the PA CHIP Weighted Average
- ↑ ↓ – represents a comparison with the prior year's rate