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

# Children's Health Insurance Program

# 2011 Annual Report
## to the Legislature

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pennsylvania
INSURANCE DEPARTMENT

# 2011 Children's Health Insurance Program Annual Report

## Table of Contents


Executive Summary ..... 1

Services ..... 2

Eligibility ..... 2

Costs and Contributions ..... 3

Insurance Contractors ..... 4

Outreach ..... 4

Enrollment ..... 8

Healthcare Effectiveness Data and Information Set (HEDIS) Measures ..... 9

Changes to the CHIP State Plan Approved in CY 2011 ..... 10

Payments to Federally Qualified Health Centers (FQHCs) and
Rural Health Centers (RHCs) ..... 11

*Insure Kids Now!* Web Site – Dental Providers ..... 12

Referrals for Children Who Appear to be Eligible for Medical Assistance ..... 12

Conclusion ..... 12

Income Guidelines ..... Attachment 1

"Really" Flyer (Outreach Material) ..... Attachment 2

CHIP Enrollment by County and Federal Poverty Level ..... Attachment 3

HEDIS 2011 Report Card ..... Attachment 4

Administrative Performance Measure Report ..... Attachment 5

# 2011 Children's Health Insurance Program Annual Report

## Executive Summary

Pennsylvania's Children's Health Insurance Program (Pa CHIP) was established through passage of Act 113 of 1992, reenacted as an amendment to The Insurance Company Law of 1921 by Act 68 of 1998, 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 in what was called *Cover All Kids.* As of March 2007, free CHIP coverage is available to eligible children in households with incomes no greater than 200% of the Federal Poverty Level (FPL), low-cost CHIP coverage is available for those with incomes greater than 200% but not greater than 300% of the FPL, and families with incomes 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 CHIP. Federal funding pays for about two-thirds of the total cost of Pa CHIP. Under CHIPRA, Pa CHIP's federal funds allotment was substantially increased. However, CHIPRA contained numerous new federal mandated program requirements, including citizenship and identity verification, a mandate to provide coverage for orthodontic services, a mandate to make supplemental payments in certain circumstances to Federally Qualified Health Centers and Rural Health Clinics, a variety of process requirements when CHIP provides coverage through managed care plans, the obligation to provide information about dental providers to be used on a new federal website, and expanded reporting.

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

The requirements and opportunities presented by CHIPRA and the ACA have challenged the 22 FTE CHIP staff, and the volume of program enhancements has made it difficult to get adequate guidance from CMS. Numerous unanswered questions remain about the future of CHIP in Pennsylvania and the nation as we approach 2014, when the ACA contemplates exchanges will be in place and Medicaid eligibility standards will be revised. Nevertheless, throughout 2011, the Department focused on implementation challenges and continued to work with advocates, insurers, community partners, legislators, federal regulators and other stakeholders to make health insurance available and accessible to Pennsylvania's uninsured children, improve outcomes, and comply with applicable state and federal laws.

## Services

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

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

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

## Eligibility

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

- Age of the child (up to age 19);
- Citizenship status (must be U.S. citizen or 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.

The ACA relaxed the longstanding federal restriction on coverage for otherwise CHIP eligible children of state employees who are also eligible for health coverage with some subsidy through

[1] As a result of the CHIP Reauthorization Act of 2009 (CHIPRA), medically necessary orthodontia was added to the dental benefits package. The orthodontia benefit is capped at a lifetime maximum of $5,200. The yearly dental benefit limit is $1,500. An extended dental benefit package has been added that may cover dental and orthodontic expenses that go over these annual and lifetime benefit limits. The extended dental benefit is only authorized for 2012 and is limited to $1,000 per child per year, on a first-come-first-serve basis up to a maximum aggregate of $1 million.

their parents who are state employees. CHIP coverage is now available on a case-by-case basis for part-time and seasonal state employees' children where the annual aggregate amount of premiums and cost sharing a family pays exceeds five percent of income. This change has extended the opportunity for affordable health care to approximately 13 children during 2011. A program was also implemented, with respect to children of state employees, to ensure that only the children of state employees eligible for Pa CHIP were covered by Pa CHIP.

## 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 2011 was $43.68.
- Greater than 250% but no greater than 275% - 35% of PMPM cost. The average cost to the enrollee in 2011 was $62.61.
- Greater than 275% but no greater than 300% - 40% of PMPM cost. The average cost per child to their families in 2011 was $71.88.

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

The third component, full-cost CHIP, is for children in families with adjusted gross household income greater than 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 2011 was $199.99. No federal or state dollars are used to provide coverage for families in the full-cost group. In addition, children in families with adjusted gross income greater than 300% FPL are charged point-of-service co-payments for primary care visits ($15), specialists ($25), emergency room care ($50, waived if admitted), and prescriptions ($10 for generic and $18 for brand names).

## Insurance Contractors

The Department administers CHIP with at least two health insurance contractors offering coverage in every county of the Commonwealth. The following health insurers are now providing managed care coverage for children in CHIP under contracts effective February 1, 2009, through November 30, 2011:

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

## Outreach

With limited budget funds and an ever shifting economic climate, CHIP moved away from more traditional broad-based advertising and focused on grassroots initiatives and partnerships, as well as social media outlets, in 2011. Taking this into consideration, CHIP implemented the following tactics that focused on targeted ways to reinforce our key messages and increase enrollment.

### Renewal Enhancements to Increase Retention

We explored a different approach to CHIP outreach by looking at how we can retain existing CHIP enrollees using well-established technology and commercial databases, in order not to lose hundreds of children per month whose families do not complete the required annual CHIP renewal process. Insurance Department research shows that the single largest barrier for parents applying for or renewing CHIP is the difficulty of complying with income documentation requirements. To that end, CHIP conducted a pilot project to attempt to reduce the income documentation required by applicants by further utilizing technology and a third party vendor. Specifically, this project introduced the use of The Work Number, from the TALX Corporation, for electronic earned income verification of applications and renewals for the CHIP program. We found that the use of this commercial database was not very successful in this effort to verify income. However, CHIP staff is using other resources, such as electronic data exchanges, to verify eligibility for CHIP when applications are incomplete without requiring applicants to submit a variety of documentations. This use of electronic data exchanges for a substantial percentage of CHIP applications has identified applications on which the reported incomes were not complete, which resulted in some applicants being found ineligible for free CHIP, as well as some applicants deciding not to pursue Pa CHIP coverage.

**Doctor's Office Campaign**
We took a non-traditional media approach to reach families in a trusted community environment through their doctor office. This placement of CHIP posters with an eye-catching "funny faces" theme provided a minimum of three months exposure – and in many cases was extended by several months through added value negotiations or by the doctor's office wishing to keep the poster hanging. A doctor's office was a natural setting for our "health insurance" messages that also reached primary care doctors and other healthcare professionals. Our media buying firm handled the physical placement of the poster inside each doctor's office. We targeted doctor offices by zip codes (those with the highest uninsured rates) and we covered Philadelphia, Harrisburg/Lancaster/York, Pittsburgh, Wilkes-Barre/Scranton, Johnstown/Altoona and Erie – with a total of 141 doctor offices and 2,289,840 impressions over a 3-month period.

**New Collateral and Website Refresh**
We created new collateral materials (English and Spanish) and refreshed our website, since our previous materials were all tied to our TV campaign with images from the old TV commercial. We accomplished both tasks by using the Doctor's office posters as inspiration for the new creative materials. This eye-catching "funny faces" campaign uses humor to capture attention – both in our collateral materials (brochures, posters, etc.), on our website and in our new YouTube videos.

**CHIP Impact Report**
We developed a "Making a Difference" CHIP impact report that highlights CHIP's historic successes and the impact the program has had on families over the years. This report is posted on the CHIP website at http://www.chipcoverspakids.com/assets/media/pdf/chip_impact.pdf.

**CHIP YouTube Videos**
Since CHIP no longer runs its TV ad, we decided that producing several CHIP videos and posting on YouTube could help increase awareness. Google-owned YouTube's daily traffic exceeds more than 2 billion views a day, making it the second largest search engine in the world, with nearly double the prime-time audience of all major US TV networks combined. (SOURCES: http://www.twistimage.com/blog/archives/the-second-biggest-search-engine and http://www.siliconrepublic.com/news/article/16234/new-media/youtube-hits

We produced a total of seven videos – three that focus on the benefits CHIP offers and eligibility requirements, and four that highlight how to apply for CHIP. Our key messages were "Childhood is an extreme sport, so get your kids covered with CHIP health insurance" and "Signing up for CHIP is so easy, even a parent can do it."

We have encouraged our CHIP insurance company contractors and community partners to link to the videos from their websites. Additionally, we reference the YouTube videos throughout our website and Facebook postings to encourage parents to view the videos. View CHIP's videos and *descriptions on our YouTube channel at http://www.youtube.com/user/CMS092711* .

**CHIP Mobile Site**
Due to the explosion of smartphone users (people accessing the internet via mobile phones), especially within CHIP's target demographic, we decided to build a mobile site with our top 5-7 most visited webpages on www.ChipCoversPaKids.com. Prior to building the mobile site, our research showed us that:

1. Mobile visits increased 63% when compared to previous six months
2. Mobile visits increased 307% when compared to same six month period from 2009/2010
3. Smartphones are outselling traditional computers
4. The trend supports estimates that 50 percent of all cell phone users will have a smartphone by the end of 2011.

Through the use of analytics and a website audit, we identified the content that is most relevant to the "on-the go" user and then the website was optimized for the major platforms currently on the market. They include iOS (iPhone), Android, Blackberry OS, Windows Mobile, and Symbian.

Developing a mobile site was the least expensive and most flexible way to enter the mobile market and also allowed us to avoid the highly competitive mobile application market. It also may open up the possibilities of new marketing channels to deliver the CHIP message. In the future, we will have the ability to drive to a mobile site experience via text messaging, mobile display advertising and social media that is optimized and easy-to-use.

**HHS CHIP TV PSA and Media Buy**
Back to school season is an ideal time of year to reach uninsured families, as the media and huge segments of our population are focused on children's needs as they prepare to head back to school. The US Department of Health and Human Services (HHS) provided Pennsylvania's CHIP program with increased visibility during the 2011 back to school season by choosing Pennsylvania and two other states to receive a media buy and fully produced CHIP public service announcement (PSA) that directed families to contact CHIP's helpline or visit the CHIP website to apply for coverage, all at no cost to Pennsylvania. This HHS-sponsored TV PSA ran in the Pittsburgh and Philadelphia markets for the month of September, and helped to reach and enroll eligible children in the state Medicaid and CHIP plans.

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

**Pennsylvania Farm Show**
CHIP sponsored a Farm Show booth again in January 2011 where materials 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**
CHIP's Helpline call center contractor, PSI, has high-quality operational standards that it and its agency partners constantly monitor to ensure a consistent level of service excellence. PSI met or exceeded all key performance indicators for SFY 2010-11. In SFY 2010-11, the call center

answered 84,931 CHIP calls, mailed 15,633 CHIP applications, and completed 2,034 COMPASS applications online. The Helpline also created a Facebook page that now has more than 850 "fans" who receive health and human service messages that include information about CHIP.

CHIP continued to offer Pennsylvanians the ability to "chat" online with a CHIP Helpline representative by going to the CHIP website and selecting to "chat" online during normal business hours. Helpline representatives can answer almost any question a web user might have concerning CHIP and other social service programs. In SFY 2010-11, Helpline representatives provided 7,616 LiveChats.

CHIP continued to offer three ways to apply and renew for the program: online via COMPASS, a one-stop web shop where citizens can apply for many social service programs with one application; by paper application; and over the phone through the CHIP Helpline. The CHIP 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 to avoid losing coverage.

County Assistance Offices are the largest source of CHIP applications and referrals. They refer more than 3,000 applicants per month to the program. The CHIP program and its health plan contractors continued to work with the Medical Assistance program to reach out to uninsured families who may be eligible for CHIP coverage.

**Effectiveness of Outreach**

CHIP and its health insurance company contractors 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 its health insurance company contractors utilize our extensive community network of resources to reach out to their communities and develop and support partnerships with grassroots organizations that serve as "CHIP Champions".

CHIP insurance company contractors conduct community outreach at the local level in each of their service areas. Each county has two to six CHIP contractors, which provides for creative and effective coverage to underserved, uninsured populations. Each CHIP contractor 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 contractors, CHIP has been successful in reaching a large portion of Pennsylvania's uninsured families. CHIP and its insurance company contractor outreach staff engage in grassroots outreach at venues where people can take the next step and enroll, such as health fairs, libraries, hospitals, community events and meetings.

CHIP utilizes valuable data provided by its CHIP Helpline call center contractor to measure how callers hear about CHIP. The data collected shows that the CHIP website, County Assistance Offices, Web search engines (such as Google), and word of mouth referrals from friends, neighbors and family members reach the broadest audience. Flyers distributed through schools account for the largest CHIP call volume spikes in the shortest amount of time.

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

We have found that having a multi-agency, multi-program call center is a very effective best practice in assisting citizens with various social service needs that they may or may not be aware are available to them. Helpline specialists from the Pennsylvania Health and Human Services Call Center can connect individuals and families seeking information and referrals to human services, including CHIP, in a single call and in any language. For example, a family can call the Helpline to learn about or apply for CHIP, 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.

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 program and CHIP, administered by the Pennsylvania Insurance Department, identify Medical Assistance eligible children and automatically route their applications to the Department of Public Welfare.

## Enrollment

### Projected Number of Eligible Children

The average enrollment for the calendar year 2011 was 194,268. The projected average enrollment for CHIP in state fiscal year 2011-2012 is 194,815. The projected enrollment is anticipated to be consistent with the current enrollment in terms of residence and poverty level.

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

Please refer to Attachment 3 (CHIP Enrollment by County) for county-specific data for the number of children enrolled in the program during the reporting period of January through December 2011.

The total enrollment numbers for several levels of the FPL for the period January through December 2011 were:

| Month | No greater than 200% FPL (free group) | Greater than 200% but no greater than 250% FPL (Low-Cost Group 1) | Greater than 250% but no greater than 275% FPL (Low Cost Group 2) | Greater than 275% but no greater than 300% FPL (Low-Cost Group 3) | Greater than 300% FPL (Full-Cost Group) | Total Monthly Enrollment |
|---|---|---|---|---|---|---|
| January | 164,327 | 19,409 | 4,531 | 2,624 | 2,371 | 193,262 |
| February | 163,670 | 19,597 | 4,572 | 2,666 | 2,410 | 192,915 |
| March | 163,441 | 19,680 | 4,592 | 2,706 | 2,433 | 192,852 |

| | | | | | | |
|---|---|---|---|---|---|---|
| April | 164,225 | 20,011 | 4,650 | 2,700 | 2,544 | 194,130 |
| May | 163,780 | 20,332 | 4,758 | 2,765 | 2,656 | 194,291 |
| June | 163,126 | 20,647 | 4,897 | 2,838 | 2,766 | 194,274 |
| July | 163,585 | 21,091 | 5,085 | 2,881 | 2,806 | 195,448 |
| August | 162,017 | 21,092 | 5,184 | 2,959 | 2,878 | 194,130 |
| September | 161,935 | 21,209 | 5,229 | 3,044 | 2,961 | 194,378 |
| October | 163,911 | 21,357 | 5,273 | 3,092 | 3,062 | 196,695 |
| November | 161,257 | 21,465 | 5,331 | 3,153 | 3,196 | 194,402 |
| December | 160,967 | 21,653 | 5,331 | 3,222 | 3,266 | 194,439 |

Growth was achieved in 43 of our 67 counties, and there was a decline in enrollment in the remaining 24 counties over the reporting period. Growth between five (5%) and ten (10%) percent was achieved in Adams, Chester, Franklin, Fulton, Greene, Huntingdon, Lehigh, Luzerne, Mifflin, Montgomery, and Union Counties. Growth greater than ten percent (10%) was achieved in Potter and Sullivan Counties.

As noted above, in 2011, CHIP enrollment remained steady. By December, there were 17,038 children enrolled in CHIP who would not have been eligible before the Cover All Kids expansion.

**Waiting List**

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

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

The program continues to utilize the Healthcare Effective Data Information Set (HEDIS) performance measures to determine how the Pa CHIP plan compares to national and regional benchmarks, and the Consumer Assessment of Healthcare Provider Systems (CAHPS) to determine the level of satisfaction related to access, health status, and care received by enrolled children. In 2011, the program measured all the CHIP contractors using HEDIS[2], 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 eleven 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 2010 and reported in 2011 are available at Attachment 4 (HEDIS 2011 Report Card) and at Attachment 5 (Administrative Performance Measure Report). The full 2011 CHIP HEDIS report is available on CHIP's website at: 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

[2] Health Partners of Philadelphia Inc. did not provide HEDIS data for 2011 because its enrollment numbers were not sufficient to provide valid comparisons.

Organization (EQRO), to develop quality improvement initiatives based on HEDIS. Current initiatives focus on over-utilization of emergency room visits, obesity, and lead screening.
The PA CHIP HEDIS 2011 report (based on 2009 and 2010 service dates, as appropriate to the measure), compared the PA CHIP health plan weighted average to the weighted average of all PA Medicaid managed care plans and to the average of National Medicaid plans that submitted data to NCQA. For HEDIS 2011, the PA CHIP weighted average was higher than the PA Medicaid managed care average across the majority of measures assessing Effectiveness of Care (EOC) and Access and Availability (AA). For HEDIS 2011 Use of Services (UOS) measures, such as Ambulatory Care and Inpatient Utilization, PA CHIP members had lower utilization of health care services than did PA Medicaid managed care health plan members.

When compared to the National Medical Assistance health plan average provided through NCQA's Quality Compass system, the PA CHIP health plan averages are higher across most EOC, AA and UOS measures with the exception of the Lead Screening in Children measure (45.9 vs. 66.3 percent) and the Appropriate Treatment For Children with Upper Respiratory Infections measure (81.3 vs. 87.2 percent).

## Changes to the CHIP State Plan Approved in CY 2011

During calendar year 2011, PA CHIP continued to work with CMS to gain approval to several amendments to the State Plan to reflect changes required or authorized by CHIPRA and the ACA.

PA CHIP simplified the application process by the elimination of the requirement for proof of income in those instances where verification may be obtained through various electronic data exchanges (e.g. Income and Eligibility Verification System – IEVS). If the self-declared income on the application and the information available though IEVS is within tolerance, the income is considered verified. Within tolerance is defined as resulting in no change to the category of CHIP a child is to receive. In this case, no further verification is required. If the income cannot be verified through IEVS or if the information in IEVS is out of tolerance, the application is treated as incomplete and the appropriate notifications will be generated to request the information from the applicant. In addition to simplifying our verification processes, this also added an additional level of integrity to our program.

PA CHIP chose to provide coverage to children of employees of a public agency in the state who meet the hardship exception as defined in P.L. 111-148 Section 10203(d)(2)(D). This only impacts those employees that are part time or seasonal who work enough hours to become eligible for health care benefits, but not enough to be eligible for full-time benefits. Such employees contribute an amount determined by the Pennsylvania Employee Benefit Trust Fund's Trustees toward the cost of the coverage with no state subsidy for their dependent children. Children of those employees whose contributions exceed five percent of their household's income meet the hardship exemption.

Effective January 1, 2012, PA CHIP's core dental benefits will cover all dental procedure codes covered by the Pennsylvania state employees' dental plan; waive all deductibles, copayments or coinsurance for PA CHIP covered dental benefits; continue the "least expensive alternative treatment" policy; continue the medical necessity restrictions of the 2011 PA CHIP dental

program, including the appropriate use of prior authorization; and use a lifetime coverage maximum of up to $5,200 for covered Orthodontic benefits and an annual maximum of up to $1,500 for covered non-Orthodontic benefits. We also authorized the use of Nitrous Oxide and other non-intravenous conscious sedation for dental procedures when medically necessary. In addition to the core benefits, PA CHIP will provide "extended dental benefits" up to $1 million (maximum $1,000 per child) for CY 2012 to be distributed on a first-come-first-served-basis.

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

Under CHIPRA, Pa CHIP must ensure that payments to each FQHC/RHC for services to PA CHIP covered children for services on and after October 1, 2009 are at least equal to the amount that would have been paid to that FQHC/RHC if Pa CHIP reimbursement had been consistent with Pa Medical Assistance (MA) prospective payment (PPS) principles. Supplemental payments must be made to each FQHC/RHC in the amount of an underpayment difference, if any, between the aggregate payments received by the FQHC/RHC from the Pa CHIP insurance contractors and the aggregate amount to which the FQHC/RHC would have been paid for Pa CHIP covered services if reimbursement had been under the State's MA PPS methodology.

The Center for Medicare and Medicaid Services (CMS) directed that CHIP programs calculate supplemental PPS payments at least every 4 months. This timing precludes waiting for claims run-out to be complete before definitive supplemental CHIP PPS payments are calculated. This may result in revisions to interim supplemental CHIP PPS payments calculations, which may necessitate recoupment of supplemental CHIP PPS payments from some FQHCs/RHCs. (See: State Health Official, February 4, 2010, RE: Prospective Payment System for FQHCs and RHCs, from CMS, at: https://www.cms.gov/smdl/downloads/SHO10004.pdf.)

Pa CHIP developed a system to collect from each Pa CHIP insurance contractor the amounts of reimbursement, vaccine product cost and encounters for Pa CHIP covered services provided by each FQHC and RHC by calendar quarter beginning October 1, 2009. Pa CHIP obtained the Pennsylvania MA PPS rates applicable to each FQHC/RHC for medical, dental and behavioral health encounters, or the Medicare PPS rates for the few FQHC and RHC sites that have Medicare PPS rates but no MA PPS rates. With this data, Pa CHIP:

1) Calculates the aggregate amounts of reimbursement received by each FQHC/RHC from all Pa CHIP insurance contractors for health service starting October 1, 2009;
2) Calculates the aggregate amount each FQHC/RHC would have been reimbursed if reimbursement for Pa CHIP covered services had been consistent with MA PPS principles;
3) Calculates the difference, if any, between the aggregate amount paid to each FQHC/RHC by all Pa CHIP insurance contractors and the amount that would have been paid if Pa CHIP had used Pennsylvania MA PPS rates and methodology; and,
4) Authorizes the Pa CHIP insurance contractors to issue payments to FQHCs/RHCs that received lower Pa CHIP reimbursement in a federal fiscal year starting October 1, 2009 that was less than the amount that would have been paid if Pa CHIP had used Pennsylvania MA PPS rates and methodology.

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

CHIPRA requires states to provide more information to the public about dental providers. The U.S. Department of Health and Human Services designed the *Insure Kids Now!* website to serve as a centralized source of information relating to the Medical Assistance and 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.

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. 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. 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 Medical Assistance (MA). These children may benefit from the additional services available through MA; moreover, because they are eligible for MA, they are, as a matter of federal and state law, ineligible for CHIP. The best estimate is that ten percent (10%) of the total Pa CHIP costs in 2008 were attributable to children who should have been enrolled in MA due to their serious health conditions.

The children who are transitioned from CHIP to MA due to serious health conditions are not terminated from CHIP until the child is determined by the Department of Public Welfare to be eligible for and enrolled in MA. However, if it appears that a child may be eligible for MA based upon CHIP claims or care management data, and DPW cannot obtain sufficient information from a child's family or health care providers to determine Medical Assistance eligibility, the child is not granted MA coverage and is ineligible for CHIP until sufficient information is obtained so that DPW can make a MA eligibility determination. During 2011, more than 1,000 children were transitioned from CHIP to MA due to their serious health conditions.

## **Conclusion**

2011 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 2012.

## Appendix 7-A *Federal Income Guidelines for Determining CHIP Eligibility for All Children*

| Your Family Size | Free Coverage For Ages 0 to 1 | Free Coverage For Ages 1 thru 5 | Free Coverage For Ages 6 thru 18 | Subsidized Coverage Group 1 For Ages 0 thru 18 | Subsidized Coverage Group 2 For Ages 0 thru 18 | Subsidized Coverage Group 3 For Ages 0 thru 18 | At Cost For Ages 0 thru 18 |
|---|---|---|---|---|---|---|---|
| | *Income Level* | *Income Level* | *Income Level* | *Income Level* | *Income Level* | *Income Level* | *Income Level* |
| 1 | $ 20,147 - $ 21,780 | $ 14,484 - $ 21,780 | $ 10,890 - $ 21,780 | $ 21,781 - $ 27,225 | $ 27,226 - $ 29,948 | $ 29,949 - $ 32,670 | $ 32,671 - No Limit |
| 2 | $ 27,214 - $ 29,420 | $ 19,565 - $ 29,420 | $ 14,710 - $ 29,420 | $ 29,421 - $ 36,775 | $ 36,776 - $ 40,453 | $ 40,454 - $ 44,130 | $ 44,131 - No Limit |
| 3 | $ 34,281 - $ 37,060 | $ 24,645 - $ 37,060 | $ 18,530 - $ 37,060 | $ 37,061 - $ 46,325 | $ 46,326 - $ 50,958 | $ 50,959 - $ 55,590 | $ 55,591 - No Limit |
| 4 | $ 41,348 - $ 44,700 | $ 29,726 - $ 44,700 | $ 22,350 - $ 44,700 | $ 44,701 - $ 55,875 | $ 55,876 - $ 61,463 | $ 61,464 - $ 67,050 | $ 67,051 - No Limit |
| 5 | $ 48,415 - $ 52,340 | $ 34,807 - $ 52,340 | $ 26,170 - $ 52,340 | $ 52,341 - $ 65,425 | $ 65,426 - $ 71,968 | $ 71,969 - $ 78,510 | $ 78,511 - No Limit |
| 6 | $ 55,482 - $ 59,980 | $ 39,887 - $ 59,980 | $ 29,990 - $ 59,980 | $ 59,981 - $ 74,975 | $ 74,976 - $ 82,473 | $ 82,474 - $ 89,970 | $ 89,971 - No Limit |
| 7 | $ 62,549 - $ 67,620 | $ 44,968 - $ 67,620 | $ 33,810 - $ 67,620 | $ 67,621 - $ 84,525 | $ 84,526 - $ 92,978 | $ 92,979 - $ 101,430 | $ 101,431 - No Limit |
| 8 | $ 69,616 - $ 75,260 | $ 50,048 - $ 75,260 | $ 37,630 - $ 75,260 | $ 75,261 - $ 94,075 | $ 94,076 - $ 103,483 | $ 103,484 - $ 112,890 | $ 112,891 - No Limit |
| 9 | $ 76,683 - $ 82,900 | $ 55,129 - $ 82,900 | $ 41,450 - $ 82,900 | $ 82,901 - $ 103,625 | $ 103,626 - $ 113,988 | $ 113,989 - $ 124,350 | $ 124,351 - No Limit |
| 10 | $ 83,750 - $ 90,540 | $ 60,211 - $ 90,540 | $ 45,270 - $ 90,540 | $ 90,541 - $ 113,175 | $ 113,176 - $ 124,493 | $ 124,494 - $ 135,810 | $ 135,811 - No Limit |
| 11 | $ 90,817 - $ 98,180 | $ 65,292 - $ 98,180 | $ 49,090 - $ 98,180 | $ 98,181 - $ 122,725 | $ 122,726 - $ 134,998 | $ 134,999 - $ 147,270 | $ 147,271 - No Limit |
| 12 | $ 97,884 - $ 105,820 | $ 70,373 - $ 105,820 | $ 52,910 - $ 105,820 | $ 105,821 - $ 132,275 | $ 132,276 - $ 145,503 | $ 145,504 - $ 158,730 | $ 158,731 - No Limit |
| 13 | $ 104,951 - $ 113,460 | $ 75,454 - $ 113,460 | $ 56,730 - $ 113,460 | $ 113,461 - $ 141,825 | $ 141,826 - $ 156,008 | $ 156,009 - $ 170,190 | $ 170,191 - No Limit |
| 14 | $ 112,018 - $ 121,100 | $ 80,535 - $ 121,100 | $ 60,550 - $ 121,100 | $ 121,101 - $ 151,375 | $ 151,376 - $ 166,513 | $ 166,514 - $ 181,650 | $ 181,651 - No Limit |
| 15 | $ 119,085 - $ 128,740 | $ 85,616 - $ 128,740 | $ 64,370 - $ 128,740 | $ 128,741 - $ 160,925 | $ 160,926 - $ 177,018 | $ 177,019 - $ 193,110 | $ 193,111 - No Limit |
| 16 | $ 126,152 - $ 136,380 | $ 90,697 - $ 136,380 | $ 68,190 - $ 136,380 | $ 136,381 - $ 170,475 | $ 170,476 - $ 187,523 | $ 187,524 - $ 204,570 | $ 204,571 - No Limit |
| 17 | $ 133,219 - $ 144,020 | $ 95,778 - $ 144,020 | $ 72,010 - $ 144,020 | $ 144,021 - $ 180,025 | $ 180,026 - $ 198,028 | $ 198,029 - $ 216,030 | $ 216,031 - No Limit |
| 18 | $ 140,286 - $ 151,660 | $ 100,859 - $ 151,660 | $ 75,830 - $ 151,660 | $ 151,661 - $ 189,575 | $ 189,576 - $ 208,533 | $ 208,534 - $ 227,490 | $ 227,491 - No Limit |
| 19 | $ 147,353 - $ 159,300 | $ 105,940 - $ 159,300 | $ 79,650 - $ 159,300 | $ 159,301 - $ 199,125 | $ 199,126 - $ 219,038 | $ 219,039 - $ 238,950 | $ 238,951 - No Limit |
| 20 | $ 154,420 - $ 166,940 | $ 111,021 - $ 166,940 | $ 83,470 - $ 166,940 | $ 166,941 - $ 208,675 | $ 208,676 - $ 229,543 | $ 229,544 - $ 250,410 | $ 250,411 - No Limit |
| Additional Person | $ 7,067 $ 7,640 | $ 5,081 $ 7,640 | $ 3,820 $ 7,640 | $ 7,640 $ 9,550 | $ 9,550 $ 10,505 | $ 10,505 $ 11,460 | $ 11,460 |

Income Guidelines according to January 20, 2011 Federal Register

# REALLY?

**REALLY. CHIP HAS EXPANDED TO COVER ALL UNINSURED KIDS AND TEENS IN PENNSYLVANIA. NOW, NO FAMILY MAKES TOO MUCH MONEY TO QUALIFY FOR CHIP.**

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.

**To get your kids covered, visit www.CHIPcoversPAkids.com or call 1-800-986-KIDS to enroll today!**

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

Commonwealth of Pennsylvania, Edward G. Rendell, Governor


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Attachment 2

# ¿ES CIERTO?

## SÍ, ES CIERTO. CHIP HA SIDO EXPANDIDO PARA CUBRIR A TODOS LOS NIÑOS Y ADOLESCENTES SIN SEGURO EN PENNSYLVANIA. AHORA, NINGUNA FAMILIA GANA DEMASIADO COMO PARA NO SER ELEGIBLE PARA CHIP

**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.**

**Para inscribir a sus hijos, visite el siguiente sitio de Internet www.CHIPcoversPAkids.com o llame al 1-800-986-5437.**

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Estado de Pennsylvania, Edward G. Rendell, Gobernador


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Estado de Pennsylvania, Edward G. Rendell, Gobernador


Attachment 2

CHIP Enrollment by County and Federal Poverty Level
December 2011

| County | No greater than 200% FPL | Greater than 200% but no greater than 250% FPL | Greater than 250% but no greater than 275% FPL | Greater than 275% but no greater than 300% FPL | Greater than 300% FPL | Total Enrollment |
|---|---|---|---|---|---|---|
| **Adams** | 1,961 | 217 | 75 | 36 | 25 | **2,314** |
| **Allegheny** | 10,631 | 1,792 | 473 | 289 | 430 | **13,615** |
| **Armstrong** | 1,070 | 147 | 30 | 21 | 24 | **1,292** |
| **Beaver** | 2,027 | 297 | 77 | 46 | 47 | **2,494** |
| **Bedford** | 1,122 | 173 | 32 | 22 | 18 | **1,367** |
| **Berks** | 5,786 | 770 | 173 | 95 | 97 | **6,921** |
| **Blair** | 1,983 | 282 | 71 | 32 | 34 | **2,402** |
| **Bradford** | 872 | 93 | 19 | 6 | 10 | **1,000** |
| **Bucks** | 6,778 | 1,069 | 295 | 182 | 242 | **8,566** |
| **Butler** | 2,222 | 332 | 86 | 44 | 79 | **2,763** |
| **Cambria** | 1,965 | 311 | 88 | 40 | 45 | **2,449** |
| **Cameron** | 43 | 17 | 5 | 2 | 3 | **70** |
| **Carbon** | 1,002 | 110 | 36 | 18 | 20 | **1,186** |
| **Centre** | 930 | 132 | 36 | 14 | 25 | **1,137** |
| **Chester** | 4,977 | 771 | 210 | 107 | 118 | **6,183** |
| **Clarion** | 668 | 102 | 16 | 4 | 11 | **801** |
| **Clearfield** | 1,128 | 162 | 35 | 31 | 29 | **1,385** |
| **Clinton** | 503 | 52 | 15 | 10 | 9 | **589** |
| **Columbia** | 845 | 115 | 15 | 7 | 8 | **990** |
| **Crawford** | 1,200 | 164 | 30 | 18 | 18 | **1,430** |
| **Cumberland** | 2,673 | 310 | 97 | 56 | 54 | **3,190** |
| **Dauphin** | 3,024 | 376 | 98 | 69 | 57 | **3,624** |
| **Delaware** | 6,569 | 994 | 259 | 180 | 116 | **8,118** |
| **Elk** | 469 | 74 | 30 | 16 | 7 | **596** |
| **Erie** | 3,239 | 519 | 119 | 67 | 79 | **4,023** |
| **Fayette** | 1,920 | 272 | 61 | 36 | 53 | **2,342** |
| **Forest** | 70 | 7 | 1 | 1 | 3 | **82** |
| **Franklin** | 2,961 | 330 | 97 | 53 | 42 | **3,483** |
| **Fulton** | 319 | 50 | 12 | 5 | 8 | **394** |
| **Greene** | 384 | 66 | 20 | 12 | 18 | **500** |
| **Huntingdon** | 749 | 97 | 18 | 15 | 5 | **884** |
| **Indiana** | 1,112 | 172 | 42 | 25 | 32 | **1,383** |
| **Jefferson** | 692 | 123 | 14 | 14 | 18 | **861** |
| **Juniata** | 475 | 42 | 8 | 3 | 7 | **535** |
| **Lackawanna** | 2,590 | 272 | 46 | 40 | 34 | **2,982** |
| **Lancaster** | 7,854 | 1,077 | 268 | 138 | 117 | **9,454** |
| **Lawrence** | 1,218 | 160 | 34 | 25 | 23 | **1,460** |
| **Lebanon** | 1,883 | 236 | 44 | 31 | 33 | **2,227** |



ATTACHMENT 3

CHIP Enrollment by County and Federal Poverty Level
December 2011

| County | No greater than 200% FPL | Greater than 200% but no greater than 250% FPL | Greater than 250% but no greater than 275% FPL | Greater than 275% but no greater than 300% FPL | Greater than 300% FPL | Total Enrollment |
|---|---|---|---|---|---|---|
| **Lehigh** | 5,583 | 693 | 160 | 96 | 98 | **6,630** |
| **Luzerne** | 3,991 | 449 | 94 | 50 | 57 | **4,641** |
| **Lycoming** | 1,363 | 137 | 32 | 17 | 21 | **1,570** |
| **Mckean** | 535 | 74 | 15 | 12 | 9 | **645** |
| **Mercer** | 1,164 | 150 | 24 | 32 | 34 | **1,404** |
| **Mifflin** | 679 | 87 | 24 | 10 | 3 | **803** |
| **Monroe** | 2,760 | 282 | 73 | 49 | 34 | **3,198** |
| **Montgomery** | 8,264 | 1,219 | 336 | 223 | 233 | **10,275** |
| **Montour** | 184 | 22 | 7 | 0 | 4 | **217** |
| **Northampton** | 3,769 | 471 | 130 | 65 | 62 | **4,497** |
| **Northumberland** | 1,277 | 128 | 22 | 25 | 11 | **1,463** |
| **Perry** | 708 | 74 | 12 | 12 | 9 | **815** |
| **Philadelphia** | 22,253 | 2,416 | 544 | 322 | 215 | **25,750** |
| **Pike** | 1,028 | 142 | 26 | 35 | 15 | **1,246** |
| **Potter** | 324 | 20 | 7 | 1 | 6 | **358** |
| **Schuylkill** | 1,845 | 277 | 65 | 49 | 28 | **2,264** |
| **Snyder** | 565 | 67 | 22 | 16 | 5 | **675** |
| **Somerset** | 1,257 | 163 | 33 | 40 | 42 | **1,535** |
| **Sullivan** | 73 | 16 | 0 | 2 | 4 | **95** |
| **Susquehanna** | 645 | 93 | 18 | 12 | 15 | **783** |
| **Tioga** | 645 | 79 | 14 | 9 | 16 | **763** |
| **Union** | 471 | 60 | 17 | 7 | 4 | **559** |
| **Venango** | 811 | 115 | 32 | 23 | 10 | **991** |
| **Warren** | 474 | 58 | 12 | 9 | 16 | **569** |
| **Washington** | 2,329 | 371 | 96 | 57 | 80 | **2,933** |
| **Wayne** | 914 | 106 | 16 | 12 | 8 | **1,056** |
| **Westmoreland** | 4,445 | 683 | 206 | 102 | 129 | **5,565** |
| **Wyoming** | 321 | 33 | 23 | 7 | 3 | **387** |
| **York** | 6,376 | 883 | 186 | 118 | 97 | **7,660** |
| **Total** | **160,967** | **21,653** | **5,331** | **3,222** | **3,266** | **194,439** |



ATTACHMENT 3

January 2012

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

www.chipcoverspakids.com

1-800-986-KIDS

# 2011 Report Card

Prepared for the Pennsylvania Insurance Department
Office of CHIP and adultBasic

TOM CORBETT, GOVERNOR

MICHAEL F. CONSEDINE, INSURANCE COMMISIONER

ATTACHMENT 4

Pennsylvania's Children's Health Insurance Program
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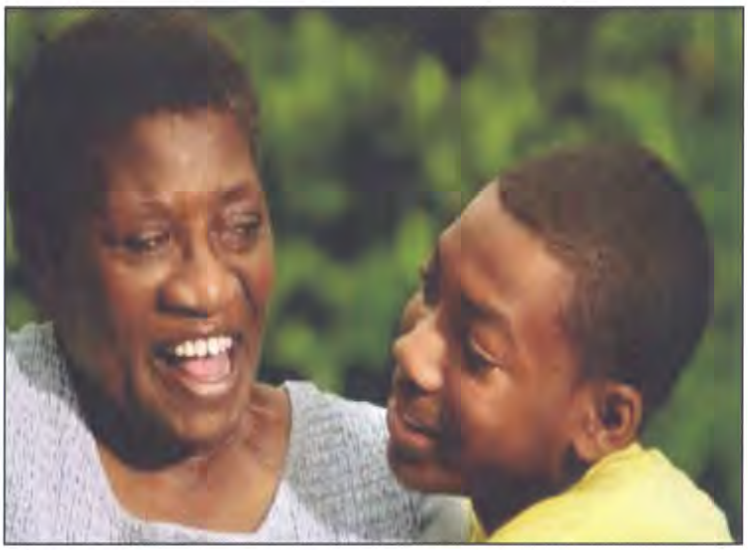
## Background

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

PA CHIP is administered through the Pennsylvania Insurance Department (PID), with the CHIP program supported by both state and federal funds. The program provides payment for health care coverage for eligible children who meet income and other criteria. Approximately 194,000 children are currently enrolled in PA CHIP.

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

- Aetna, Inc.
- First Priority Health
- Capital Blue Cross
- Geisinger Health Plan*
- Kidz Partners*
- Highmark Blue Cross Blue Shield
  - Western region
- Highmark Blue Shield
  - Central region
- Keystone Health Plan East
- UnitedHealthcare Community Plan
- UPMC for Kids



* Health Partners and Geisinger Health Plans were new for 2010. HEDIS data from Health Partners were not included in the 2011 Performance Report.

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## Report Card Description

CHIP health insurance company performance is assessed using Healthcare Effectiveness Data Information Set (HEDIS®) 2011 performance measures, 2011 Consumer Assessment of Healthcare Provider Systems (CAHPS®) 4.0 Survey items and Pennsylvania-specific performance measures. Results are presented in three sections: Access to Care, Quality of Care and Satisfaction with Care.

For HEDIS 2011 performance measures, a chart is presented with each bar representing the percentage of CHIP members receiving a specific type of care from their CHIP provider. For charts representing CAHPS survey items, each bar represents the percentage of respondents who selected option 8 or higher on a scale of 1 to 10, or "usually" or "always" when rating the care provided by their CHIP provider.

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

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

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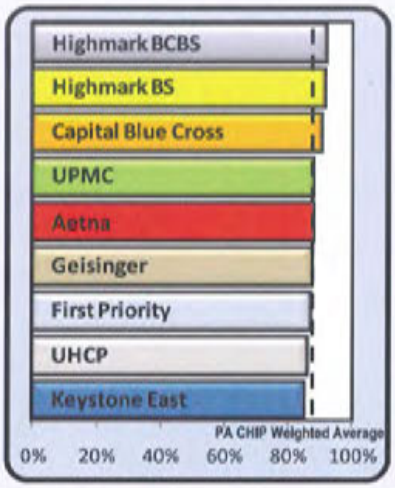
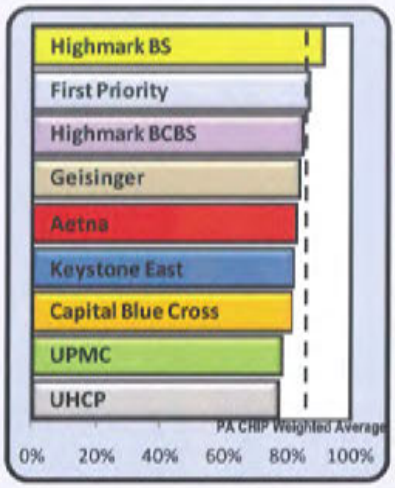
# Satisfaction with Care: Is the care meeting your needs?



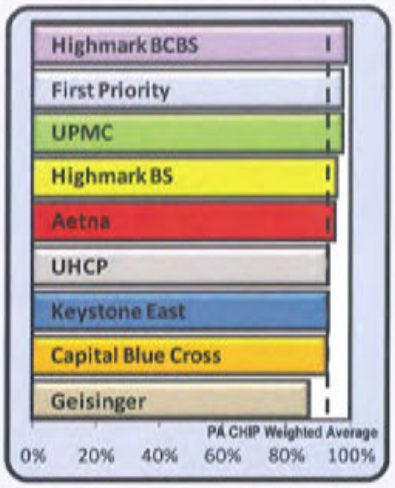

## Satisfaction With Your Child's Personal Doctor

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



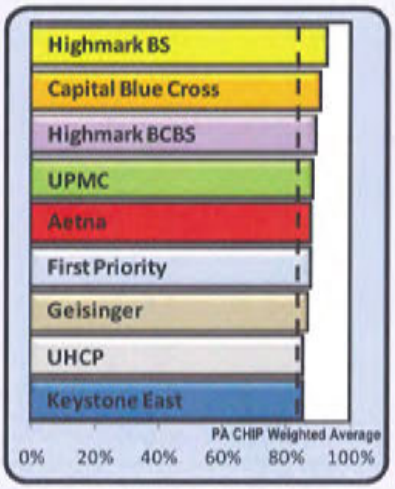

## Satisfaction With Your Child's Specialist

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



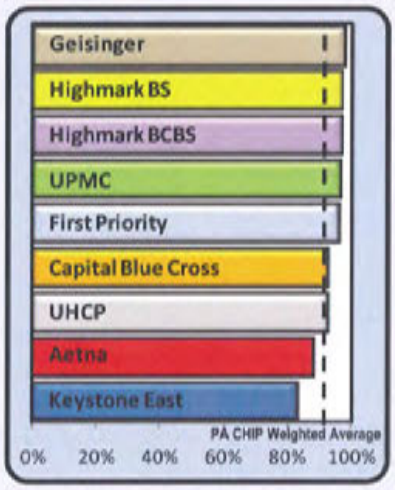

## Child is Able to Get Urgent Care as Soon as is Nescessary

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



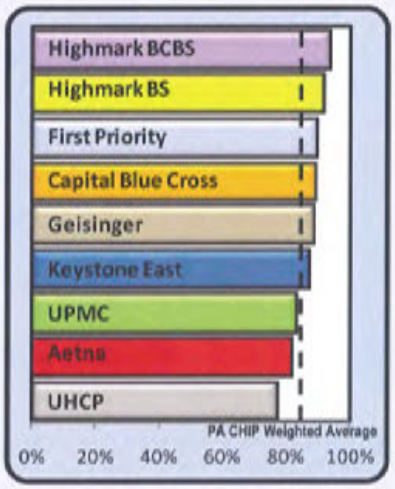

## Satisfaction With Your Child's Health Care

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




## Courteous Treatment by Customer Service

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




## Satisfaction With Your CHIP Health Plan

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

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

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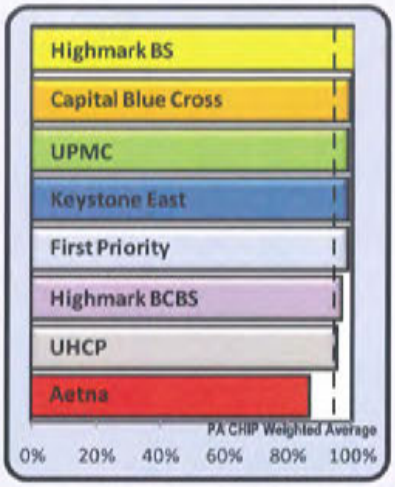
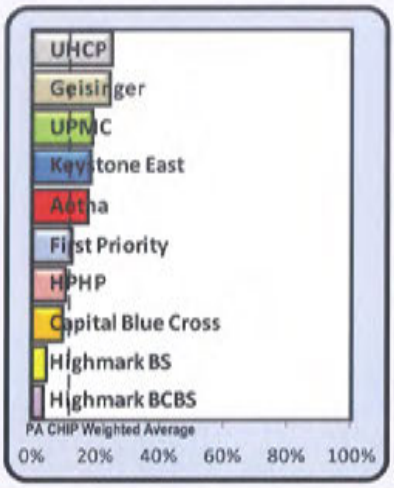
# Access to Care: Are children receiving care?



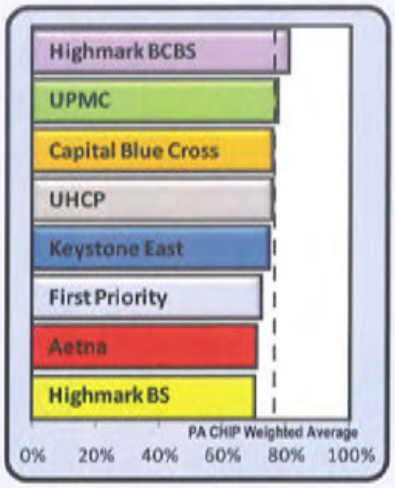

## Regular Checkups for Children in the First 15 Months

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



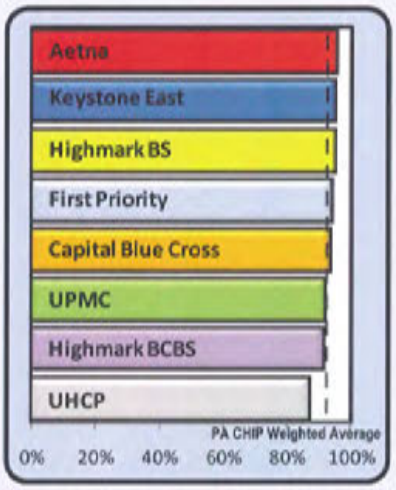

## Annual Vision Screening

Percentage of children 4 – 19 years old who had an annual vision screening



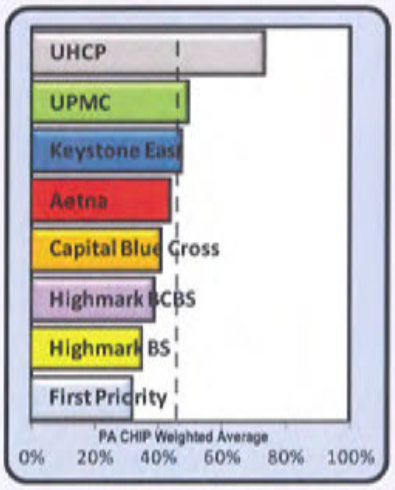

## Childhood Immunization Status Combination 3

Children who received a combination of 7 recommended vaccines prior to their 2nd birthday



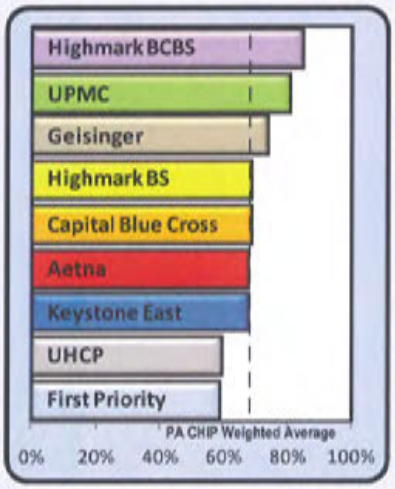

## Use of Appropriate Medication for Children with Asthma

Children and adolescents 5 – 19 years old who were diagnosed with persistent asthma and prescribed appropriate medication




## Lead Screening for Children

Children who were tested for elevated blood lead levels prior to their 2nd birthday




## Testing for Children With Pharyngitis (Sore Throat)

Children 2 – 18 years old with a sore throat who were prescribed an antibiotic and tested for strepto-coccus bacteria

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

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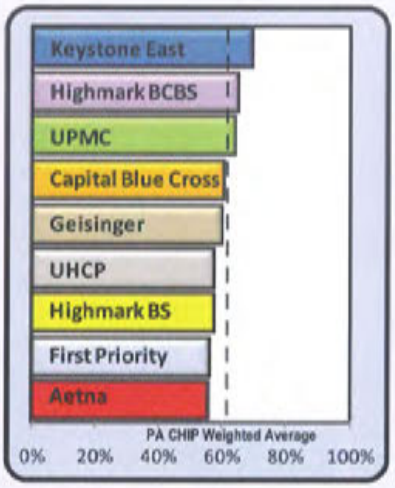
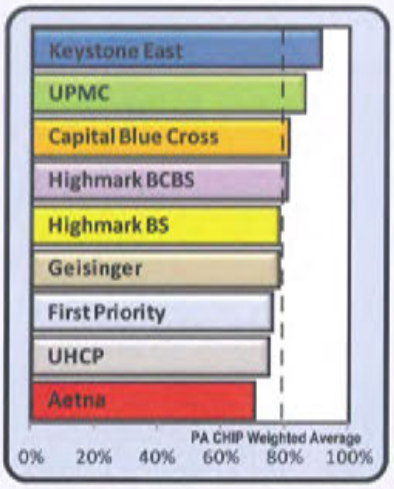
# Quality of Care: How good is the care being provided?



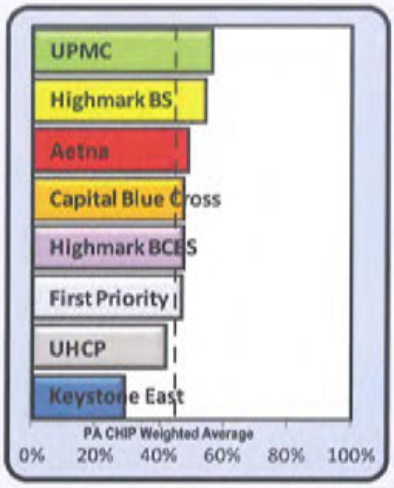

**Regular Checkups for Adolescents**

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



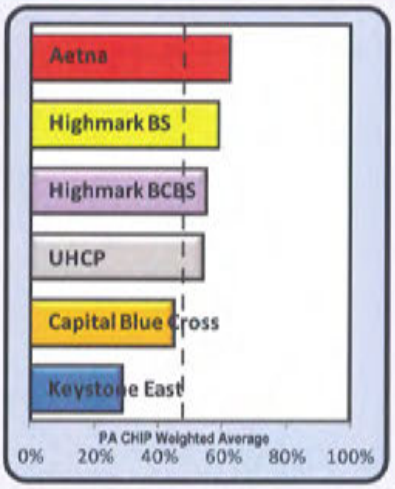

**Regular Checkups for Children 3 – 6 Years Old**

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



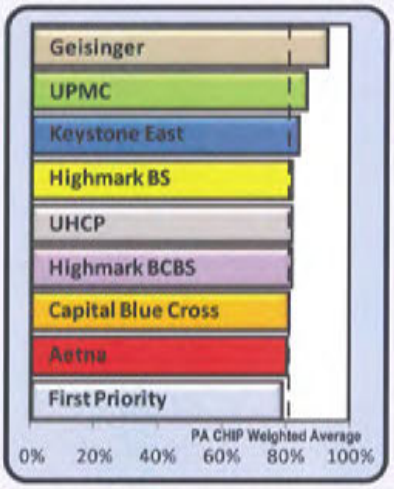

**Attention Deficit Hyperactivity Disorder Follow-up Care Initiation Phase**

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



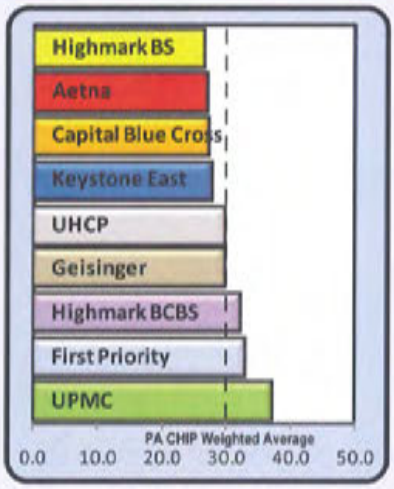

**Attention Deficit Hyperactivity Disorder Follow-up Care Continuation and Maintenance Phase**

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




**Appropriate Treatment for Upper Respiratory Infection**

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




**Emergency Department Visits for Children <1 – 19 Years Old**

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

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

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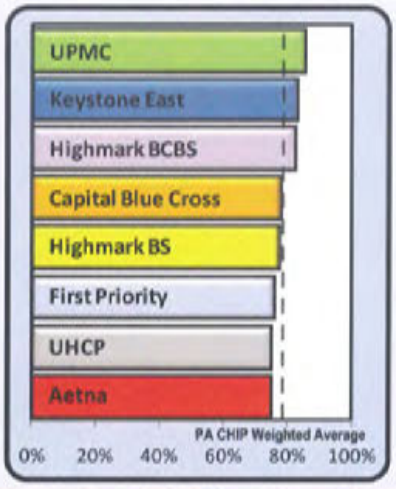
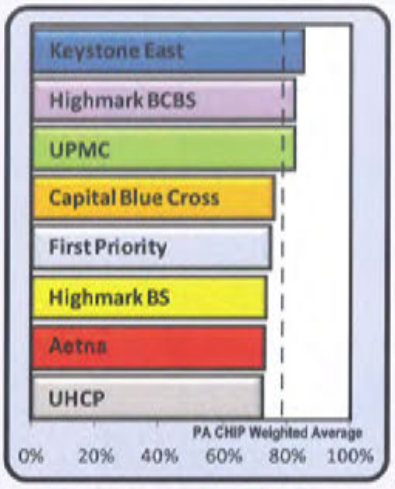


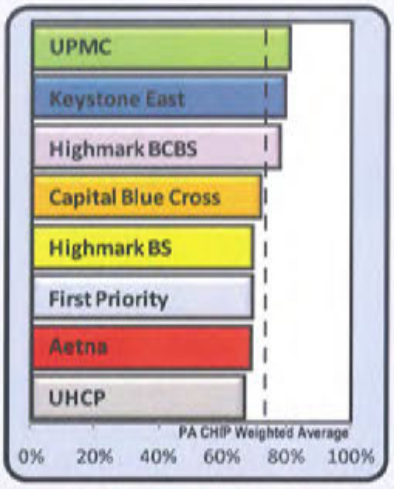

## Immunizations for Adolescents Tdap/Td

Percentage of members who received one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) on or between their 10th and 13th birthdays



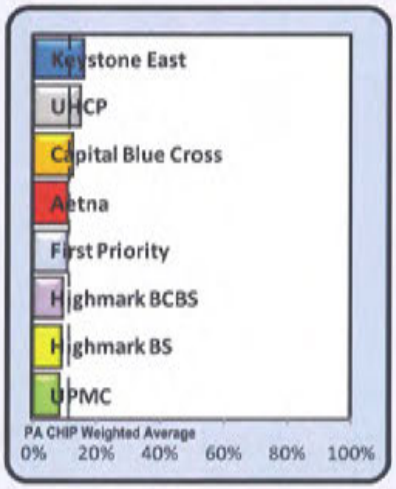

## Immunizations for Adolescents Meningococcal Vaccine

Percentage of members who received one meningococcal vaccine on or between the 11th and 13th birthdays



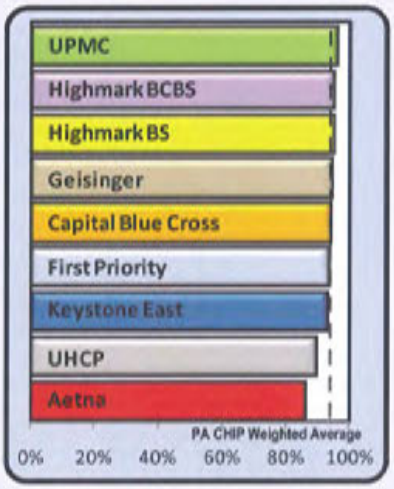

## Immunizations for Adolescents Combination 1

Percentage of members who received one meningococcal vaccine and one Tdap or Td vaccine on or between their 10th and 13th birthdays



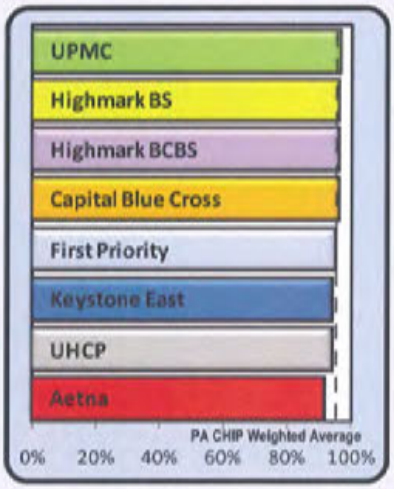

## Emergency Department Visits For Asthma

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




## Children's Access to Practitioners 12 months – 6 Years

Percentage of children 12 months – 6 years who had a visit with a PCP during 2010




## Children's Access to Practitioners 7 – 19 Years

Percentage of children 7 – 19 years old who had a visit with a PCP during 2010

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

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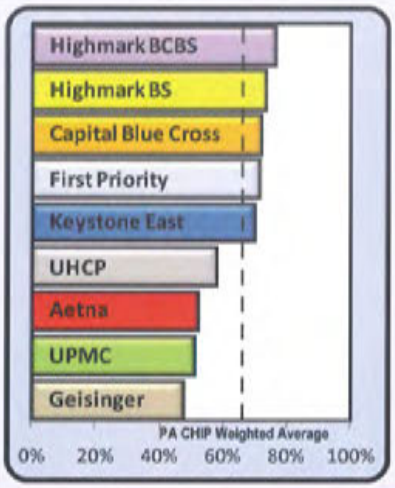
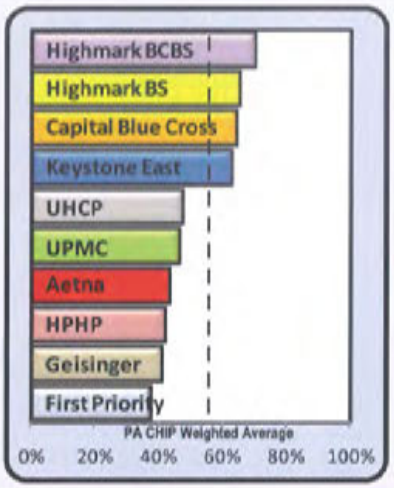
# Quality of Care: How good is the care being provided?



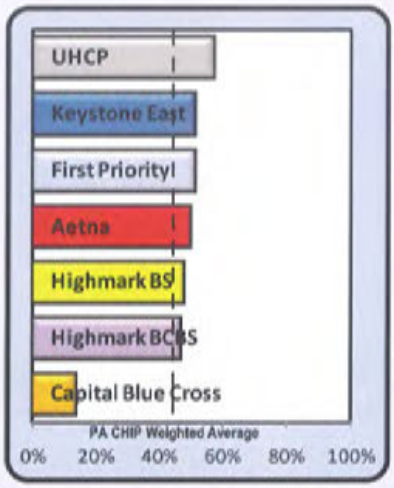

## Annual Dental Visits

Children and adolescents 2 – 19 years old who had a dental visit in the past year



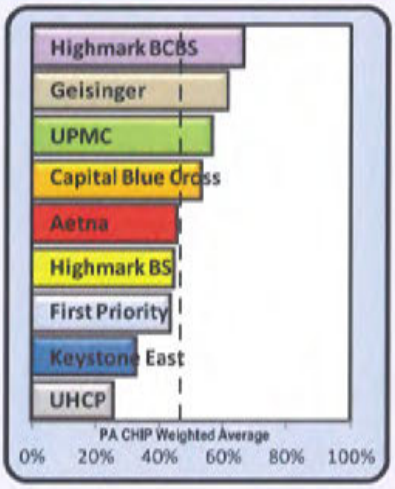

## Periodic Dental Screening

Percentage of children 3 – 19 years old who had a dental evaluation or preventative dental visit during 2010



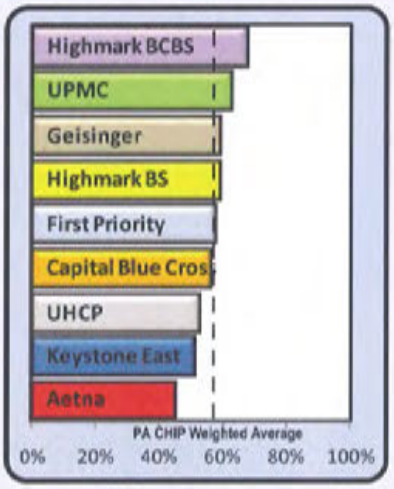

## Dental Sealants

Percentage of children 8 years old who received a dental sealant in the three years before the 8th birthday



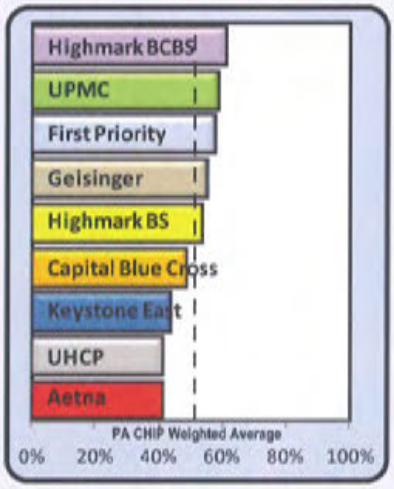

## Weight Assessment and Counseling for Nutrition and Physical Activity: Weight Assessment

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




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

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




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

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

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

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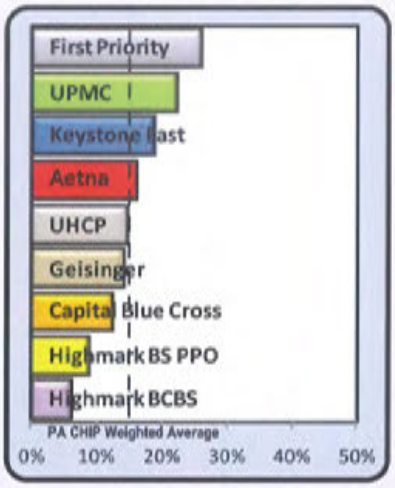
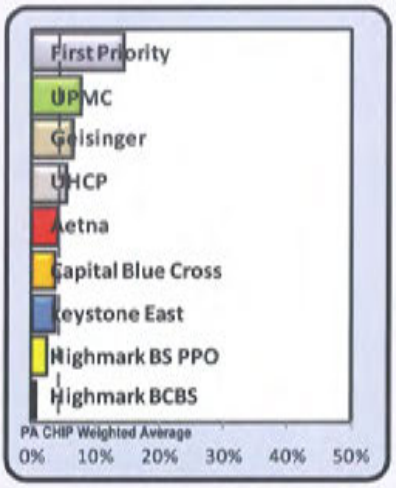
# Quality of Care: How good is the care being provided?



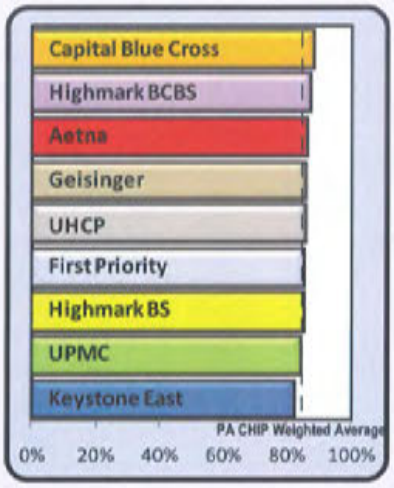

## EPSDT – Developmental Screening 18 Months

Percentage of children 18 months old who had a developmental screening between 505 days and 641 days old



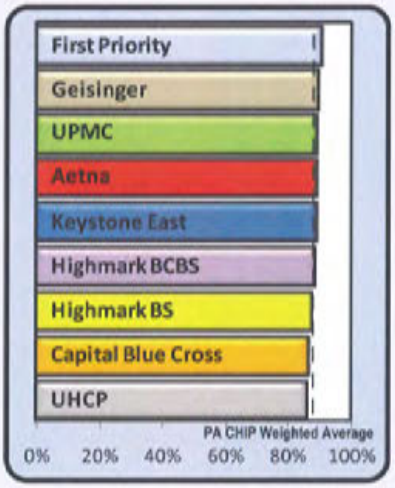

## EPSDT – Developmental Screening 30 Months

Percentage of children 18 months old who had a developmental screening between 27th month birthday and 33rd month birthday



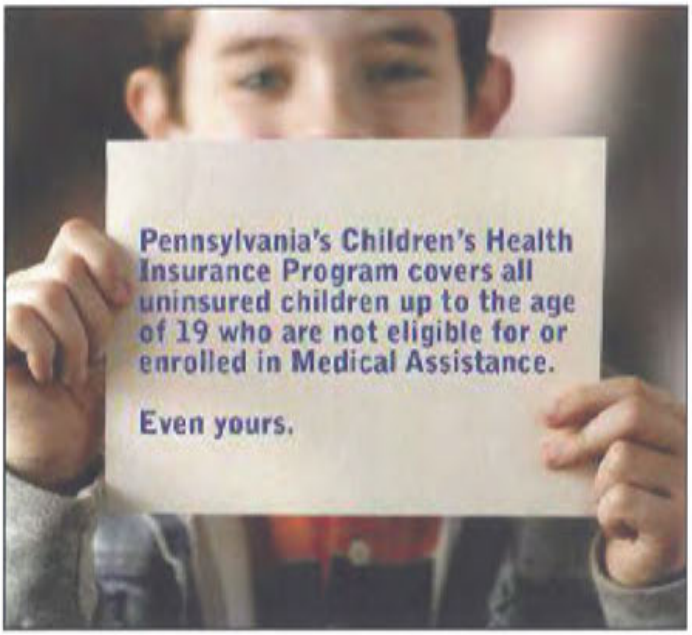

## Child's Overall Health

Parent/Guardian rated their child's overall health as "very good" or "excellent"




## Child's Overall Mental Health

Parent/Guardian rated their child's overall mental health as "Very Good" or "excellent"




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

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# CHIP Provider Contact Information

**AETNA**
CHIP.AETNA.COM
1-800-822-2447
TDD/TTY 1-800-628-3323

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

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

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

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

**HIGHMARK BLUE SHIELD**
WWW.HIGHMARKBLUESHIELD.COM
1-866-727-5437
TDD/TTY 1-866-727-4938

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

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

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

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

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# Commonwealth of Pennsylvania
# Insurance Department

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

## FINAL REPORT

**Completed on: January 26, 2012**

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Managed Care Department
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Lake Success, NY 11042-1002
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www.ipro.org

ATTACHMENT 5

In the 2011 reporting year, Pennsylvania Children's Health Insurance Program (CHIP) Contractors reported the following Pennsylvania (PA) specific Performance Measures covering services delivered prior to and including calendar year (CY) 2010:

- Emergency Department Encounter Rate for Children and Adolescents with Asthma
- Early and Periodic Screening Diagnosis and Testing (EPSDT) Annual Vision Screening
- Early and Periodic Screening Diagnosis and Testing (EPSDT) Developmental Screening
- Periodic Dental Evaluations for Children and Adolescents and Dental Sealants for Children

**PA CHIP Health Plans Included in This Report**

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

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

**Methodology**

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

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

## EMERGENCY DEPARTMENT ENCOUNTER RATE FOR CHILDREN AND ADOLESCENTS WITH ASTHMA

This performance measure assessed the percentage of PA CHIP members five years of age through 19 years of age with persistent asthma who were seen in an emergency department (ED) for asthma during the 2010 measurement year.

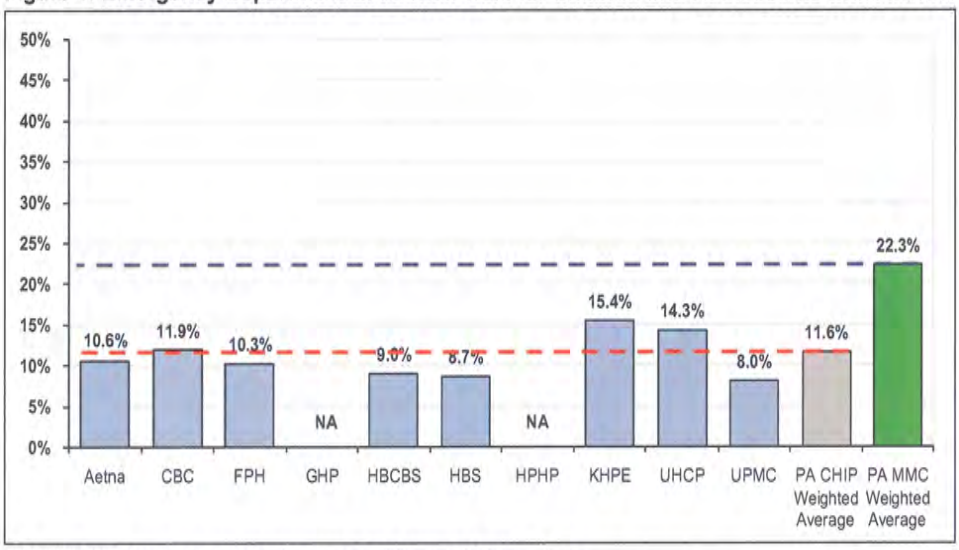
For the 2011 performance measure, 3,406 PA CHIP members were identified as children or adolescents with persistent asthma. Of those total members identified with persistent asthma, 396 members had an ED visit for asthma during 2010 (weighted average = 11.6%). Across the eight PA CHIP Contractors reporting rates for this performance measure, rates ranged from a low of 8.0% to a high of 15.4%. The 2011 PA CHIP ASM-ED weighted average at 11.6% was 5.8 percentage points below the 2010 weighted average of 17.4% and 10.7 percentage points below the 2011 PA MMC weighted average of 22.3%.

**Table 1: ASM-ED Rate**

| | Numerator | Denominator | 2011 Rate |
|---|---|---|---|
| Aetna | 43 | 406 | 10.6% |
| Capital Blue Cross | 52 | 437 | 11.9% |
| First Priority Health | 24 | 234 | 10.3% |
| Geisinger | NA | NA | NA |
| HealthPartners | NA | NA | NA |
| Highmark BCBS | 69 | 768 | 9.0% |
| Highmark BS | 30 | 345 | 8.7% |
| Keystone East | 130 | 842 | 15.4% |
| UnitedHealthcare | 41 | 287 | 14.3% |
| UPMC | 7 | 87 | 8.0% |
| | | PA CHIP Average | 11.0% |
| PA CHIP Weighted Average | 396 | 3,406 | 11.6% |
| | | PA MMC Weighted Average | 22.3% |

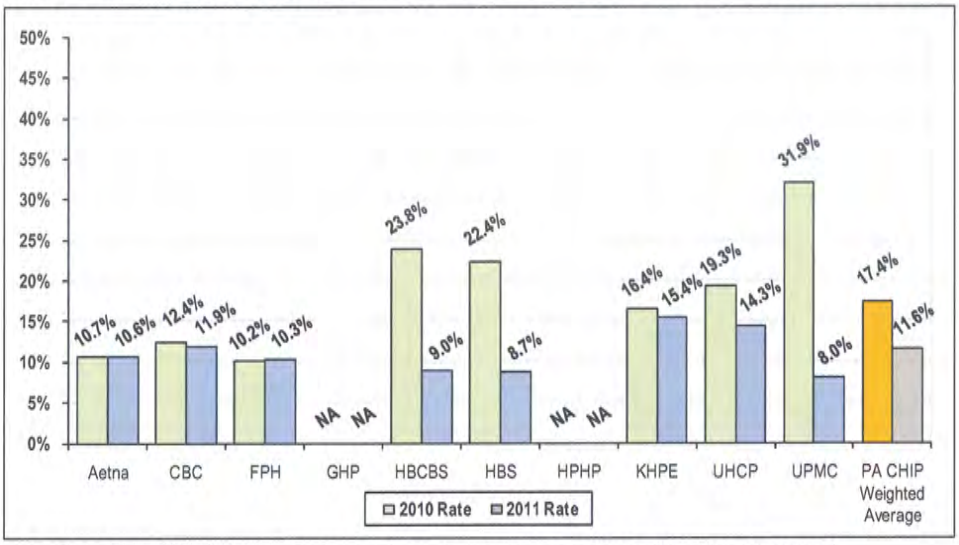
* PA MMC Weighted Average includes members 4 through 20 years of age
* Geisinger and HealthPartners did not report rates for this measure in 2011 (New Contractors)

**Figure 1: Emergency Department Encounter Rate for Children and Adolescents with Asthma**




* PA MMC Weighted Average includes members 4 through 20 years of age
* Geisinger and HealthPartners did not report rates for this measure in 2011 (New Contractors)

**Figure 2: Emergency Department Encounter Rate for Children and Adolescents with Asthma: 2010 versus 2011**




* NA = Geisinger and HealthPartners did not report rates for this measure in 2010 or 2011 (New Contractors)

## EPSDT - ANNUAL VISION SCREENING

This performance measure assessed the percentage of enrollees four through 19 years of age who received an annual vision screening during the 2010 measurement year.

Note: The Pennsylvania EPSDT periodicity schedule recommends an annual vision screening beginning at age three. This measure assesses services delivered during the 12-month period immediately *preceding, up to and including,* the enrollee's 2010 birthday. Therefore, the age cohort begins with members who turn four in 2010 to capture service delivery at age three.

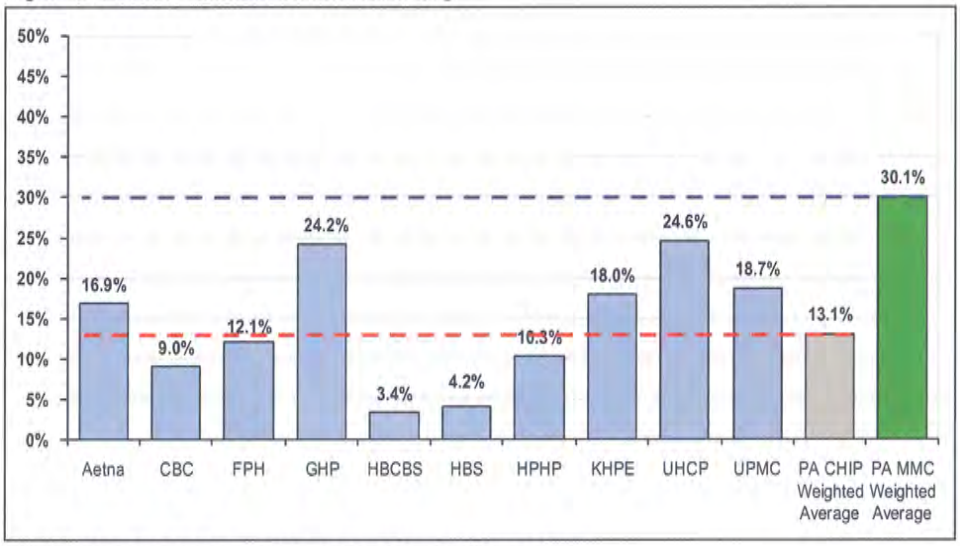
For 2011, 117,700 PA CHIP members were identified as eligible for an annual vision screening. Of those identified, 15,444 members had a vision screening during 2010 (weighted average = 13.1%). The 2011 PA CHIP weighted average of 13.1% was two percentage points above the 2010 rate of 11.1% and 17 percentage points below the 2011 PA MMC weighted average of 30.1%. Vision screening rates ranged from a low of 3.4% to a high of 24.6%.

**Table 2: Annual Vision Screening Rate**

| | Numerator | Denominator | 2011 Rate |
|---|---|---|---|
| Aetna | 2,540 | 15,056 | 16.9% |
| Capital Blue Cross | 1,437 | 15,892 | 9.0% |
| First Priority Health | 1,174 | 9,667 | 12.1% |
| Geisinger | 8 | 33 | 24.2% |
| Highmark BCBS | 766 | 22,711 | 3.4% |
| Highmark BS | 363 | 8,706 | 4.2% |
| HealthPartners | 6 | 58 | 10.3% |
| Keystone East | 4,674 | 26,030 | 18.0% |
| UnitedHealthcare | 3,398 | 13,797 | 24.6% |
| UPMC | 1,078 | 5,750 | 18.7% |
| | | PA CHIP Average | 14.2% |
| PA CHIP Weighted Average | 15,444 | 117,700 | 13.1% |
| | | PA MMC Weighted Average | 30.1% |

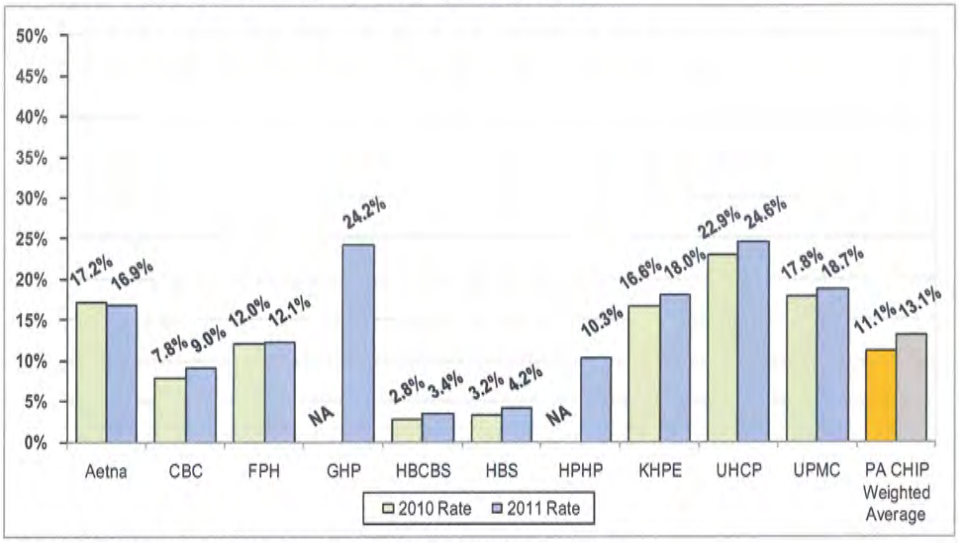
* PA MMC Weighted Average includes members 4 through 20 years of age

**Figure 3: EPSDT – Annual Vision Screening**




* PA MMC Weighted Average includes members 4 through 20 years of age

Figure 4: EPSDT – Annual Vision Screening: 2010 versus 2011




* NA = Geisinger and Health Partners did not report rates for 2010 (New Contractors)

## EPSDT - DEVELOPMENTAL SCREENING

This performance measure assessed:

1. The percentage of enrollees 18 months of age who had a developmental screening between 505 days and 641 days of age.

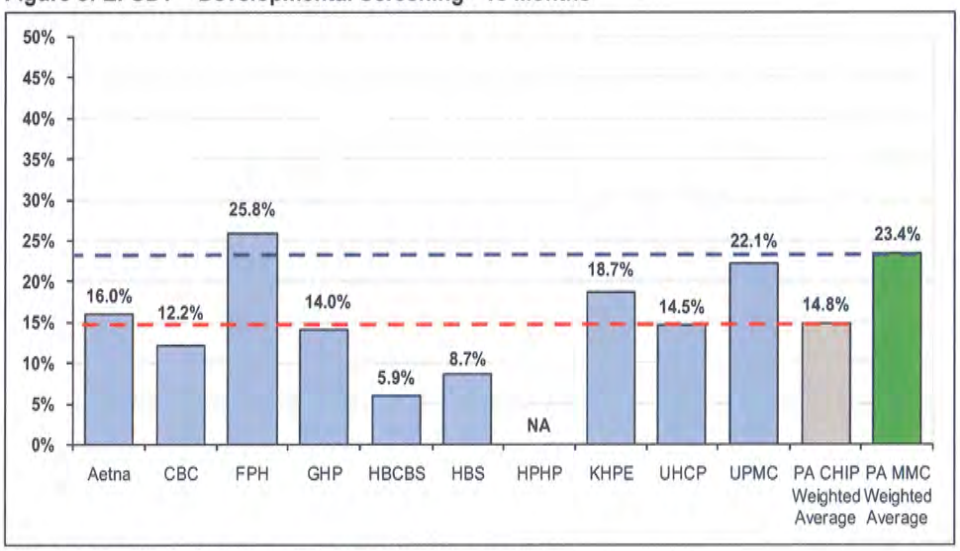
For the 2011 performance measure, 3,902 PA CHIP members were identified as eligible for a developmental screening between 505 and 641 days of age. Of the eligible members, 576 members received a developmental screening (weighted average = 14.8%) with screening rates ranging from a low of 5.9% to a high of 25.8%. The 2011 PA CHIP weighted average of 14.8% was 3.7 percentage points above the 2010 weighted average of 11.1% and 8.6 percentage points below the 2011 PA MMC weighted average of 23.4%.

**Table 3: Developmental Screening - 18 Months**

| | Numerator | Denominator | 2011 Rate |
|---|---|---|---|
| Aetna | 104 | 652 | 16.0% |
| Capital Blue Cross | 61 | 499 | 12.2% |
| First Priority Health | 63 | 244 | 25.8% |
| Geisinger | 15 | 107 | 14.0% |
| Highmark BCBS | 29 | 490 | 5.9% |
| Highmark BS | 33 | 381 | 8.7% |
| HealthPartners | 2 | 19 | NA |
| Keystone East | 118 | 632 | 18.7% |
| UnitedHealthcare | 83 | 571 | 14.5% |
| UPMC | 68 | 307 | 22.1% |
| PA CHIP Average | | | 15.3% |
| PA CHIP Weighted Average | 576 | 3,902 | 14.8% |
| PA MMC Weighted Average | | | 23.4% |

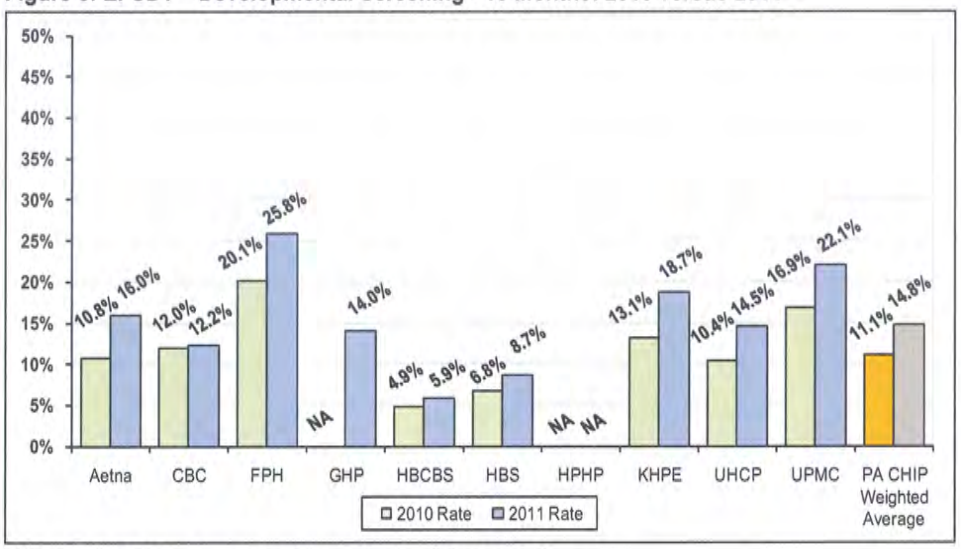
* NA = less than 30 members received the service (small denominator).

**Figure 5: EPSDT – Developmental Screening - 18 Months**




* NA = less than 30 members received the service (small denominator).

**Figure 6: EPSDT – Developmental Screening - 18 Months: 2010 versus 2011**




* NA = less than 30 members received the service (small denominator).

* NA = Geisinger and Health Partners did not report rates for 2010 (New Contractors)

2. The percentage of enrollees 30 months of age who had a developmental screening between the 27th month (two years three months) birthday and the 33rd month (two years ninth months) birthday.

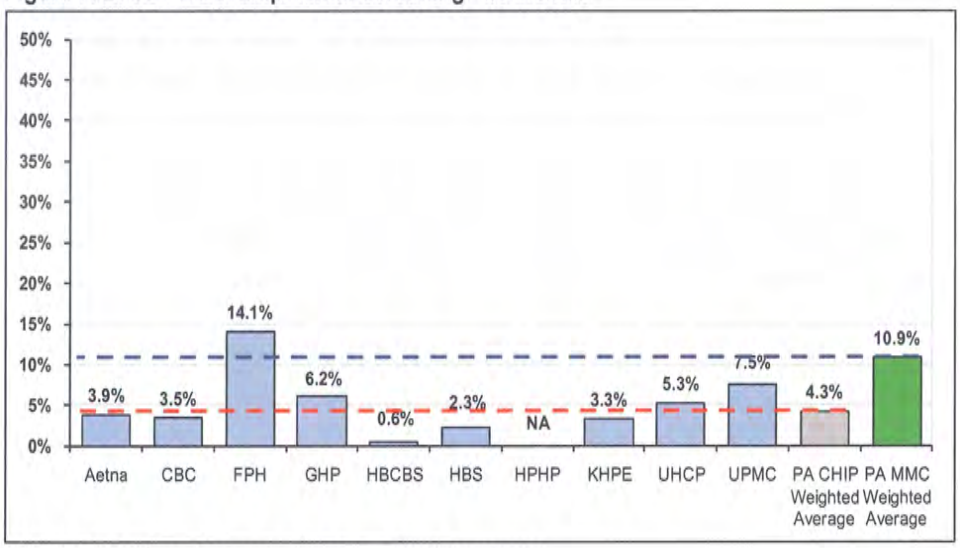
For 2011, 4,868 members were identified as eligible to receive a developmental screening between the 27th month birthday and 33rd month birthday with 210 members receiving a developmental screening (weighted average = 4.3%). The PA CHIP weighted average of 4.3% was 2.5 percentage points above the 2010 weighted average of 1.8% and 6.6 percentage points below the PA MMC weighted average of 10.9% with screening rates ranging from a low of 0.6% to a high of 14.1% across PA CHIP Contractors.

**Table 4: Developmental Screening - 30 Months**

| | Numerator | Denominator | 2011 Rate |
|---|---|---|---|
| Aetna | 31 | 795 | 3.9% |
| Capital Blue Cross | 21 | 605 | 3.5% |
| First Priority Health | 47 | 333 | 14.1% |
| Geisinger | 5 | 81 | 6.2% |
| Highmark BCBS | 4 | 691 | 0.6% |
| Highmark BS | 12 | 522 | 2.3% |
| HealthPartners | 2 | 12 | NA |
| Keystone East | 28 | 840 | 3.3% |
| UnitedHealthcare | 33 | 627 | 5.3% |
| UPMC | 27 | 362 | 7.5% |
| | | PA CHIP Average | 5.2% |
| PA CHIP Weighted Average | 210 | 4,868 | 4.3% |
| | | PA MMC Weighted Average | 10.9% |

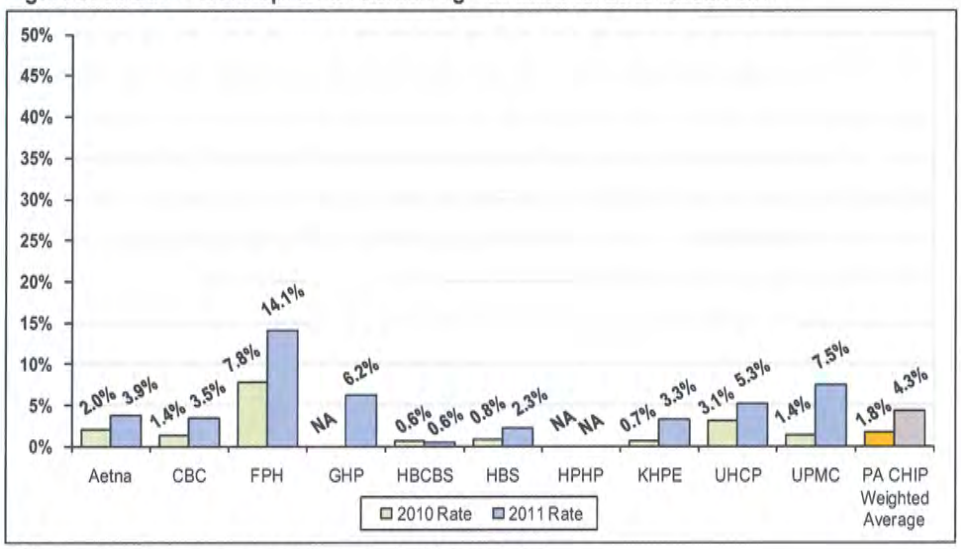
* NA = less than 30 members received the service (small denominator).

**Figure 7: EPSDT – Developmental Screening - 30 Months**




* NA = less than 30 members received the service (small denominator).

**Figure 8: EPSDT – Developmental Screening - 30 Months: 2010 versus 2011**




* NA = less than 30 members received the service (small denominator).

* NA = Geisinger and Health Partners did not report rates for 2010 (New Contractors)

## PERIODIC DENTAL EVALUATIONS FOR CHILDREN AND ADOLESCENTS AND DENTAL SEALANTS FOR CHILDREN

This performance measure assessed:

1. The percentage of enrollees three years of age through 19 years of age who were continuously enrolled for at least six consecutive months during calendar year 2010 that had any dental evaluation or preventive prophylaxis during calendar year 2010.

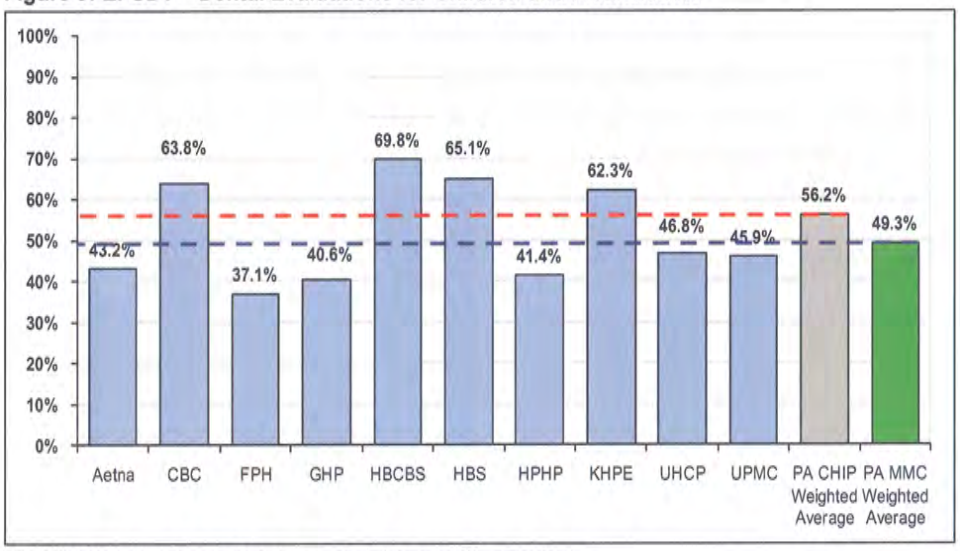
For the 2011 performance measure, 191,388 PA CHIP members were identified as eligible to receive a dental evaluation in 2010. Of these eligible members, 107,536 had a dental evaluation during 2010 (weighted average = 56.2%). The PA CHIP weighted average of 56.2% was two percentage points below the 2010 weighted average of 58.2% and 6.9 percentage points above the PA MMC weighted average of 49.3%. Dental evaluation rates ranged from a low of 37.1% to a high or 69.8%.

**Table 5: Periodic Dental Evaluations for Children and Adolescents**

| | Numerator | Denominator | 2011 Rate |
|---|---|---|---|
| Aetna | 11,321 | 26,221 | 43.2% |
| Capital Blue Cross | 14,513 | 22,736 | 63.8% |
| First Priority Health | 5,227 | 14,094 | 37.1% |
| Geisinger | 1,170 | 2,885 | 40.6% |
| Highmark BCBS | 24,262 | 34,771 | 69.8% |
| Highmark BS | 10,879 | 16,720 | 65.1% |
| HealthPartners | 441 | 1,065 | 41.4% |
| Keystone East | 22,932 | 36,805 | 62.3% |
| UnitedHealthcare | 11,680 | 24,957 | 46.8% |
| UPMC | 5,111 | 11,134 | 45.9% |
| PA CHIP Average | | | 51.6% |
| PA CHIP Weighted Average | 107,536 | 191,388 | 56.2% |
| PA MMC Weighted Average | | | 49.3% |

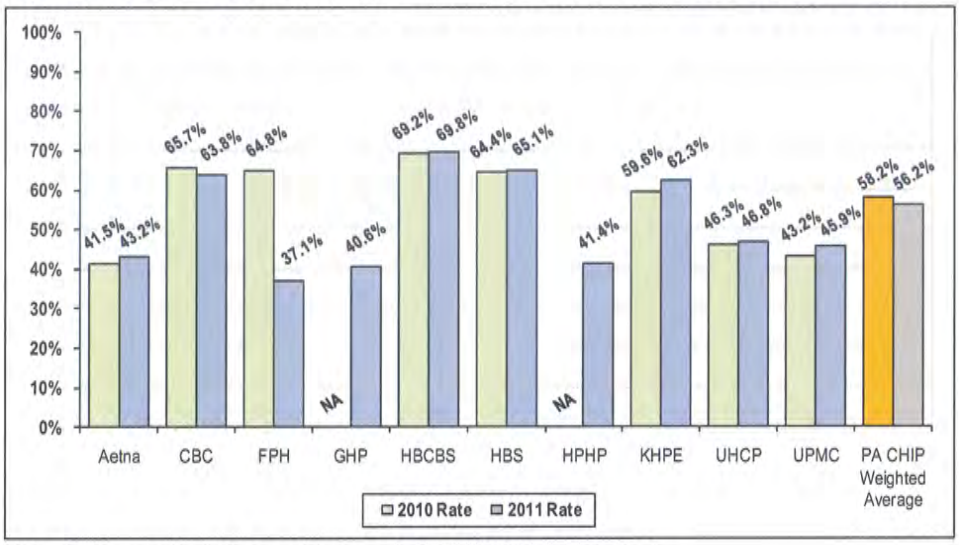
* PA MMC Weighted Average includes members 3 through 20 years of age

**Figure 9: EPSDT – Dental Evaluations for Children and Adolescents**




* PA MMC Weighted Average includes members 3 through 20 years of age

**Figure 10: EPSDT – Dental Evaluations for Children and Adolescents: 2010 versus 2011**




* NA = Geisinger and Health Partners did not report rates for 2010 (New Contractors)

2. The percentage of enrollees who turned eight years of age in 2010 who were continuously enrolled in the organization for a three year period preceding the enrollee's eighth birthday with at least six consecutive months of continuous enrollment during calendar year 2010, and had any dental evaluation or preventive prophylaxis during calendar year 2010 that received a dental sealant at any time during the three year period preceding the enrollee's eighth birthday.

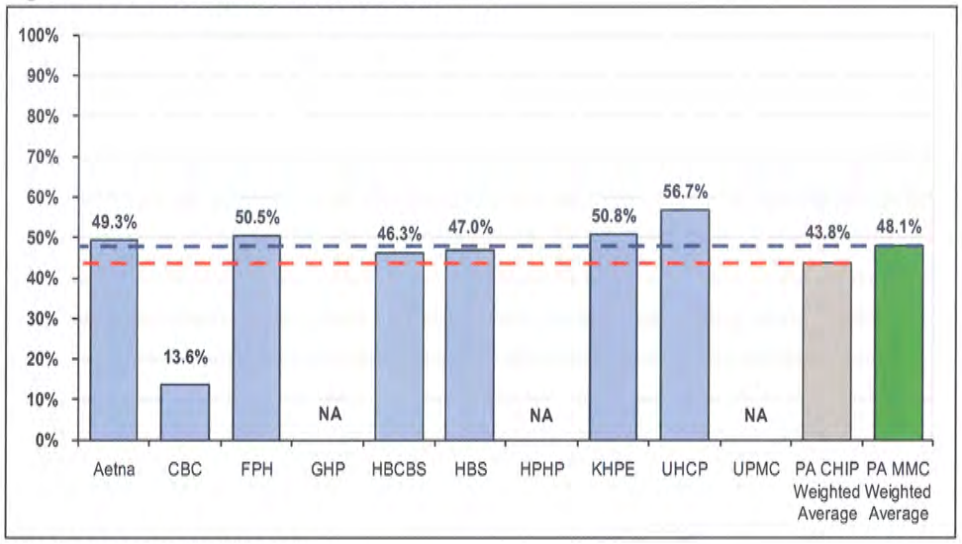
For the 2011 performance measure, 1,763 PA CHIP members who had a dental evaluation in 2010 were identified as eligible to have received a dental sealant. Of these eligible members, 776 received a dental sealant in the three year period prior to the eight birthday (44.0%). The 2011 PA CHIP weighted average of 44.0% was 16.5 percentage points above the 2010 weighted average of 27.5% and 4.1 percentage points below the PA MMC weighted average of 48.1%. Dental sealant rates ranged from a low of 13.6% to a high of 56.7%.

**Table 6: Dental Sealants for Children**

| | Numerator | Denominator | 2011 Rate |
|---|---|---|---|
| Aetna | 69 | 140 | 49.3% |
| Capital Blue Cross | 38 | 280 | 13.6% |
| First Priority Health | 56 | 111 | 50.5% |
| Geisinger | 0 | 0 | NA |
| Highmark BCBS | 214 | 462 | 46.3% |
| Highmark BS | 71 | 151 | 47.0% |
| HealthPartners | 0 | 0 | NA |
| Keystone East | 196 | 386 | 50.8% |
| UnitedHealthcare | 118 | 208 | 56.7% |
| UPMC | 14 | 25 | NA |
| PA CHIP Average | | | 46.3% |
| PA CHIP Weighted Average | 776 | 1,763 | 44.0% |
| PA MMC Weighted Average | | | 48.1% |

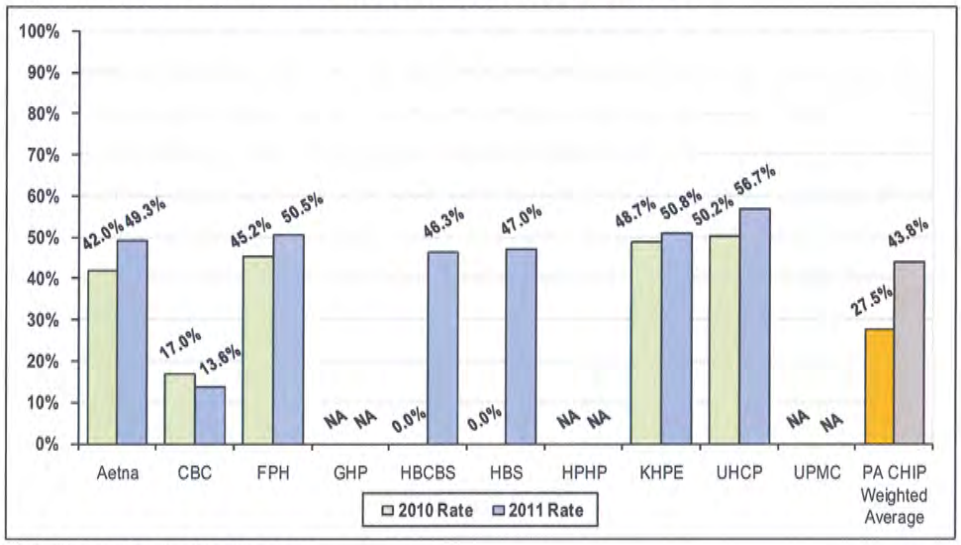
* NA - Less than 30 members received this service

**Figure 11: EPSDT – Dental Sealants for Children**




* NA - No members received this service

**Figure 12: EPSDT – Dental Sealants for Children 2010 versus 2011**




* NA - No members received this service

* NA = Geisinger and Health Partners did not report rates for 2010 (New Contractors)