

**Council Members in Attendance:**

Theodore Dallas, Secretary of Human Services

Seth Mendelsohn, Executive Deputy Insurance Commissioner – Delegate for Commissioner Teresa Miller

Loren Robinson, Deputy Secretary for Health Promotion and Disease Prevention – Delegate for Dr.

Karen Murphy, Secretary of Health

Dr. Steven Docimo, Representative of a children's hospital or hospital

Anna Brendle Kennedy, Private non-profit foundation

Cathy Cortijo, Parent of a child who receives primary health care coverage from CHIP (via phone)

Dr. Steven Shapiro, Physician with experience in children's health

Jason Selig, UnitedHealthcare, representative of a for-profit business who is a contractor or provider of primary health insurance

Brandon Flood, Executive Director of the Legislative Black Caucus - Delegate for Representative Brown

Matt Azeles – Delegate for Senator Robert B. Mensch

**Guests on Panel:**

Tracie Gray, Acting CHIP Executive Director

Yvonne Murphy, CHIP Chief, Marketing and Outreach Division

Marcy Domen, CHIP Chief, Policy and Planning Division

Rich Chesek, CHIP Chief, Operations and Support Division

Mary Beth Matlock, CHIP Acting Chief, Quality Assurance Division

**Interested Attendees in Person:**

George Hoover, PA Partnership for Children

Colleen McCauley PCCY (via phone)

Nicole Wilbourn, PA House GOP Staff

Jim Worrel, United Healthcare

Mick Keller, Deloitte

Nathan Grim, Deloitte

Deb Mathias, CHIP

Ann Hale, DOH

Amanda Glickman, DHS

Darryl Smith, Aetna

Jen DeBell, DHS

Ann Bacharach, PHLP

Alex Smilowski, Wanner Associates

Jennifer Braverman, Highmark

Jackie O Barber, Independence Blue Cross

Jennifer Foerster, Capital Blue Cross

Jenn Bonaventura, Geisinger Health Plan

Tangela Garvin, Aetna

Kevin Mulcahy, UPMC

John Mancano, Independence Blue Cross  
Beth Anne Bahn, Department of Health  
Anna Maria Burton, Highmark  
Tia Whitaker, PA Association of Community Health Centers  
Kiziann Powell, UnitedHealthcare  
Cristal Leeper, OMHSAS  
Mindy Dunlap, Aetna  
Judith DeChamplain, CHIP  
Patrick Tracy, UPMC

**Introduction:**

The CHIP Advisory Council meeting was held on Thursday March 31, 2016 in room 129 of the Health and Welfare Building, 625 Forster Street, Harrisburg, Pa 17120. The above-named members and guests were in attendance. The meeting began at 10:00 a.m. and ended at 12:00.

**Welcome:**

Secretary Dallas opened the meeting by welcoming council members and guests.

**General Business:**

**New Members**

Jason Selig, VP Sales and Marketing, UnitedHealthcare. Jason fills the position of a representative of a for profit business who is a contractor or provider of primary health insurance; one of the two new seats on the council.

**Reappointments**

Senator Robert B. Mensch

**Annual Election of Vice Chairperson**

The annual election of a Vice Chairperson was postponed.

**Executive Director's Report**

Tracie Gray, Acting CHIP Executive Director, began the presentation with a CHIP update which included: Act 84 of 2015, transition update, updated CHIP flyer.

Exhibit A

**Marketing and Outreach:**

Yvonne Murphy, Marketing and Outreach Chief provided updates on the following: budget, marketing plan for fy 2015-2016, RFP for outreach and education, customer service, social media and the advisory council added to CHIP website.

Exhibit B: CHIP Flyer

**Policy and Planning:**

Marcy Domen, Policy and Planning Chief provided the council with an update on the CHIP Policy and Procedures Manual and a report on the MACPAC report to congress that was released March 2016.  
Exhibit C

**Quality Assurance:**

Mary Beth Matlock, Quality Assurance Chief discussed HEDIS highlights and the quality assurance focus for 2016.

**Operations and Support:**

Rich Chesek, Operations and Support Chief presented current enrollment numbers and a status of TMSIS.  
Exhibit D

**Roundtable Discussion**

Ms. Gray introduced the new Roundtable Discussion portion of the meeting. A section to allow for more interaction between members and guests. A discussion was held regarding how to increase renewal rates. UPMC presented their model and answered questions. CHIP also discussed the newly formed relationship between CHIP and the Children Nutrition Program staff. Conversations have started on the possibility of leveraging resources and sharing program information to increase enrollment in both programs.

Secretary Dallas requested that Dr. Docimo present information on imbedded behavioral health at the June meeting.

Exhibit E

Secretary Dallas adjourned the meeting indicating DHS would take into consideration the requests the advocates and members suggested.

**Enclosed for your review**

New CHIP flyer. Please provide feedback by 4/29/2016

NavWell Pilot Program, for your information

MACPAC March 2016 report to congress can be accessed using the following link:

<https://www.macpac.gov/publication/march-2016-report-to-congress-on-medicaid-and-chip/>

**Questions, comments and suggestions from council members and meeting participants**

We have documented all requests and constructive comments from this very interactive meeting. We will work on addressing everything that was received and will provide updates at the next Advisory Council meeting. Below are some of the questions, comments and suggestions:

Suggestions regarding outreach and CHIP flyer:

Utilize DOH school nurse email lists

Provide pharmacies with CHIP information

Use only 1 version of the CHIP flyer

Do not move away from the 1-800-986-KIDS phone number

Suggestions regarding the MACPAC March 2016 report to congress:

Provide a consolidated fact sheet to school nurses, pharmacies, physicians, FQHC's, RHC's, AAP

Utilize social media to provide education and benefit of using CHIP

- **Act 84 of 2015**
  - Moves oversight of CHIP to the Department of Human Services
  - Express Lane Eligibility (ELE)
    - Identifies children from the subsidized child care program and SNAP who are potentially eligible for MA or CHIP
    - Timeline for implementation being developed
  - Expanded Advisory Council
  - Electronic distribution of outreach materials
- **Transition Update**
- **Updated CHIP Flyer**

DRAFT



## Health coverage for your child is **well within reach** with CHIP.

### CHIP COVERS

- Routine check-ups
- Prescriptions
- Hospitalization
- Dental
- Eye Care
- Eyeglasses
- Behavioral care
- Specialty care
- More

CHIP covers uninsured kids up to age 19 in Pennsylvania. It doesn't matter why your kids don't have health coverage right now; CHIP may be able to help. Most kids receive CHIP for free. Others can get the same benefits at a low cost.

CHIP is brought to you by leading health insurance companies who offer quality, comprehensive coverage.

If your income is below CHIP guidelines, your child may be enrolled in Medical Assistance.

**APPLY/RENEW**

**CHIPcoversPAkids.com • 800-986-KIDS**

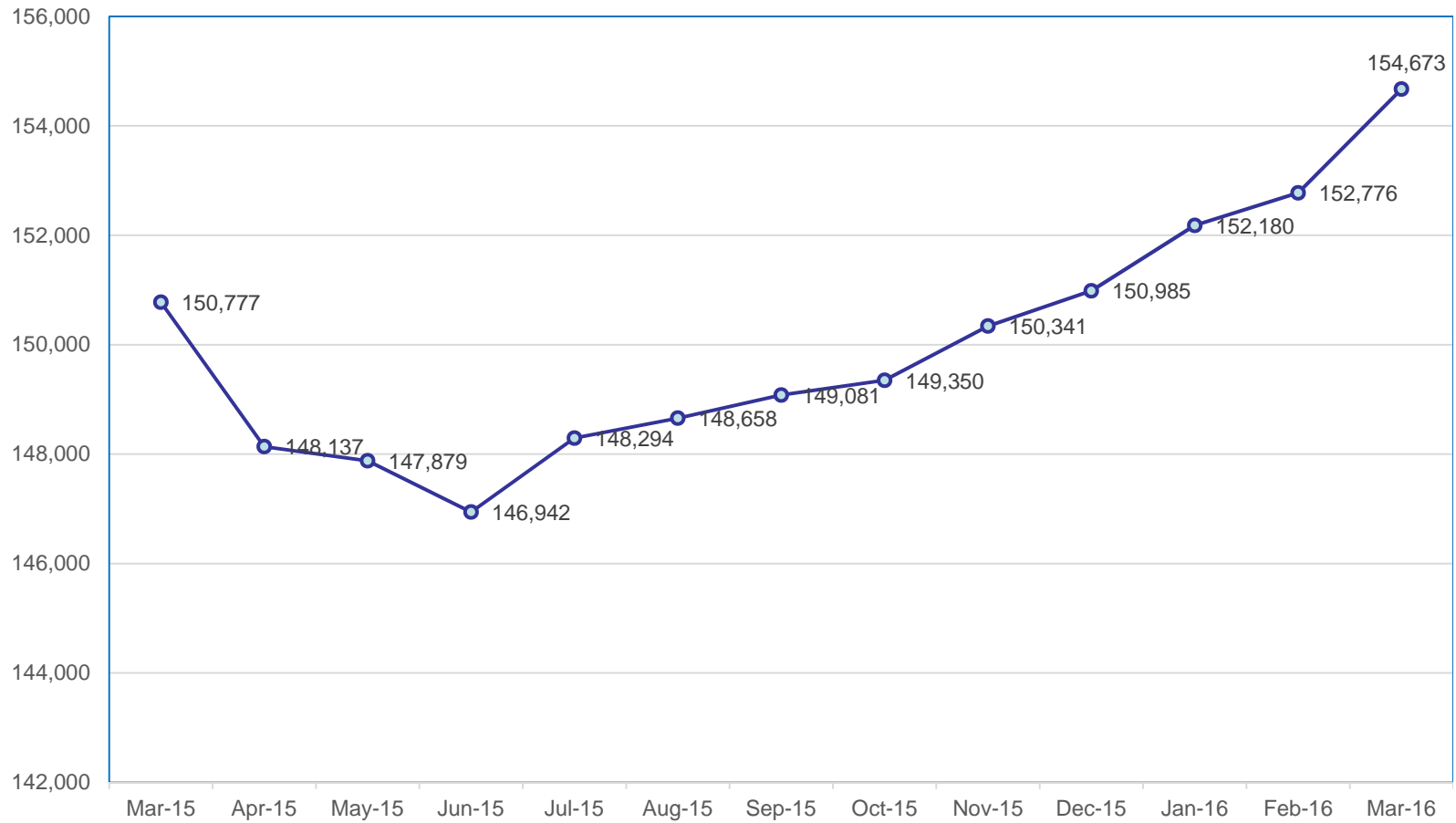


- **Policy and Procedures Manual**
  - Policy and Procedure Manual is being updated
  - Policy Manual will be posted to the CHIP website
  - Releasing a separate internal Procedural Manual
- **MACPAC Report to Congress March 2016**

Analysis of out-of-pocket spending for children in 36 states that cover children under a separate CHIP program

  - No state exchange coverage offers out-of-pocket protection comparable to CHIP
  - Children would face an average of \$1,073 out-of-pocket spending
  - CHIP yearly average \$158
  - 36% of eligible children would not enroll

### Enrollment





- **Renewal Practices Discussion**
  - Best practices
- **Inter-agency Partnership**
  - Child and Adult Care Food Program
  - Summer Food Service Program
  - Children nutrition program partnership
- **Advisory Council Involvement**
  - Advocates, parents, community and legislators
- **NavWell Pilot Program**

## UPMC's Model | 75%+ Renewal Rate

Designated staff focuses efforts on assisting existing members with completing annual renewals over the telephone.

- Outreach begins 90 days prior to renewal due date (RDD)
- At least one call is made to the family (optimally, 3 calls are made)
- If the renewal has not been completed, contractor staff completes the COMPASS renewal over the phone with them
- 15 days prior to RDD, additional call is made if renewal has not been received
- 2 automated calls are made at 60 and 30 days prior to the RDD
- If live contact is not made, the family is mailed a renewal postcard reminder



## ***NavWell Pathways to Wellbeing***

Lancaster Osteopathic Health Foundation (LOHF) is proud to introduce NavWell: Pathways to Wellbeing. A newly developed web-based and mobile-compatible software tool that links primary care physicians with behavioral health providers and community resources, NavWell will allow for an improved continuum of care and support for Lancaster County youth and families.

This new system goes beyond simple referral tracking and case management by supplying health care providers with decision support, care linkage, and automated identification of potential health issues and treatment options across a spectrum of emotional, behavioral and psychosocial problems.

### **How NavWell Works:**

- When a child visits a pediatrician, a parent/caregiver will sign a release allowing the health provider to use their protected health information in the NavWell system. He/she will share that information with other referred providers and use that information for their treatment.
- Once the patient and parent/caregiver are registered in the NavWell system, the Patient Questionnaire (PHQ-9) or other age appropriate behavioral health assessment tool can be administered.
- The tool will automatically be scored by NavWell and the pediatrician will be alerted in the NavWell system that a newly identified issue requires attention. The pediatrician will make notes in the patient record in NavWell and select appropriate referrals.
- The parent/caregiver will schedule an appointment with one of the referred behavioral health providers. There, the provider can reference the child's record in Navwell to review the pediatrician's notes, reasons for referral and create a treatment plan. He/she can document prescribed medication and schedule a follow-up visit. This information will be captured in the patient's record in NavWell and can be viewed by the original referring provider in real time.
- The pediatrician and behavioral health provider can send notes to each other via a secure email portal.

Several providers have agreed to pilot NavWell within their practices. LOHF appreciates their willingness to help prepare this system for broad use. While NavWell is based on considerable research including conversations with providers representing all areas of the local community, LOHF recognizes that it must be vigilant in getting it right. In order for NavWell to be effective, it must be simple and secure to use and the referral component must be completely accurate and up-to-date.

“As we work with primary care practices and behavioral health providers to pilot NavWell, we welcome all feedback for improvement. Together, we will invest in a stronger support system for integrated behavioral health and primary care,” says Anna Brendle Kennedy, LOHF Executive Director.

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## ***Background***

In 2012, LOHF held a series of listening meetings throughout Lancaster County to learn more about the specific needs and opportunities for funding solutions to improve child health and wellness. The result of those meetings was the development of a strategic plan focused on improving children’s behavioral health. Features of the child behavioral health initiative discussed included:

- Online, searchable listing of resources; social workers, psychologists, psychiatrists, support groups, programs, etc. where insurance is accepted, what languages are spoken, etc.
- Community health worker/social worker available by telephone to help with accessing services
- Online screening, diagnosis tools and information regarding resources for doctors, teachers, caregivers, social services agencies and parents
- Physician education (online and CME’s)
- Parent education (online, print and lectures)
- Caregiver and teacher education

In 2013-2014, LOHF completed a comprehensive **youth behavioral needs assessment** in Lancaster County to further define the scope of work for this project. The study was supported in part by a grant from the Lancaster County Community Foundation’s Ah-Ha capacity building matching fund. Results of the youth behavioral health needs assessment have informed the development of our Care Coordination Pilot program, as well as the Community Grants Program and related funding initiatives.

### **Lancaster Osteopathic Health Foundation**

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