



Children's Health Insurance Program 2021 Annual Report to the General Assembly

Tom Wolf
Governor

M. Snead
Acting Secretary
Department of Human Services

2021 Children’s Health Insurance Program Annual Report

Table of Contents

Executive Summary	3
Services	4
Eligibility	4
Costs and Contributions	5
Managed Care Organizations	6
Outreach	6
Enrollment	8
Waiting List	9
Healthcare Effectiveness Data and Information Set (HEDIS) Measures	10
Changes to the CHIP State Plan Approved in CY 2021	10
Conclusion	10
Attachments	13
Income Guidelines	13
New Birth Flyer	14
COMPASS Flyer	14
CHIP School Flyer	15
CHIP Enrollment by County	17
HEDIS 2021 Report Card	19
Administrative Performance Measure Report	30

2021 Children’s Health Insurance Program Annual Report

Executive Summary

History of CHIP in Pennsylvania

Pennsylvania’s Children’s Health Insurance Program (CHIP) was established through passage of Act 113 of 1992, reenacted as an amendment to The Insurance Company Law of 1921 by Act 68 of 1998, amended by Act 136 of 2006, and amended and reauthorized by Act 74 of 2013 and Act 84 of 2015 (the Act) and amended by Act 58 of 2017. 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 through the Cover All Kids initiative. As of March 2007, the following applies:

- Free CHIP: Coverage is available to eligible children in households with incomes no greater than 208 percent of the Federal Poverty Level (FPL);
- Low Cost CHIP: Coverage is available for those with incomes greater than 208 percent but not greater than 314 percent of the FPL; and
- At Cost CHIP: Families with incomes greater than 314 percent of the FPL can purchase coverage by paying the full rate negotiated by the state.

In February 2009, the federal Children’s Health Insurance Program Reauthorization Act (CHIPRA) reauthorized CHIP at the federal level. CHIPRA contained numerous new federal program requirements, including citizenship and identity verification, a mandate to provide coverage for orthodontic services, a mandate to make supplemental payments in certain circumstances to Federally Qualified Health Centers and Rural Health Clinics, a variety of process requirements when CHIP provides coverage through managed care plans, the obligation to provide information about dental providers to be used on a new federal website, and expanded reporting.

The Affordable Care Act (the Patient Protection and Affordable Care Act together with the Health Care and Education Reconciliation Act of 2010) (the “ACA”), signed into law in March 2010, provided additional changes for CHIP. The ACA extended federal funding of CHIP through September of 2015 and added a requirement that states maintain the Medical Assistance (MA) and CHIP eligibility standards, methods, and procedures in place on the date of passage of the ACA or else refund the state’s federal stimulus funds under The American Recovery and Reinvestment Act of 2009 (ARRA). In December 2015, Governor Tom Wolf signed Act 84 reauthorizing CHIP through 2017 and moving the administration of CHIP from the Insurance Department to the Department of Human Services (DHS). As of July 1, 2018, the CHIP Managed Care Organizations (MCOs) were required to comply with changes to the federal managed care regulations (42 CFR chapters 457 and 438). CHIP continues to work with the CHIP MCOs to ensure compliance with these regulations. On January 22, 2018, the federal government passed a continuing resolution adopting the Helping Ensure Access for Little Ones, Toddlers, and Hopeful Youth by Keeping Insurance Delivery Stable Act (HEALTHY KIDS Act). The CHIP program was reauthorized on a federal level, including funding appropriations, through September 30, 2023. On February 9, 2018, Congress acted again to extend the CHIP program for an additional four years, or until September 30, 2027.

On March 1, 2020, CHIP implemented several flexibilities through a State Plan Amendment to assist families struggling with the effects of the COVID-19 public health emergency. The flexibilities include temporarily waiving requirements related to timely processing of renewals and deadlines for families to respond to renewal requests. The flexibilities also waive the application of copayments related to COVID-19 testing, screening, and treatment services.

In addition, CHIP is delaying the payment of premiums until the end of the public health emergency. This temporary flexibility allows families to pay what they can, when they can and still remain enrolled in CHIP. CHIP MCOs are actively reaching out to families through phone calls and letters to ensure income is updated based on family circumstances.

CHIP employees were able to accomplish these ambitious flexibilities and increased services to struggling CHIP families while meeting the Governor's request to telework. Since March 2020, CHIP has adapted its operations to 100% telework.

Services

Services funded for the calendar year 2021 include those required by the Act or CHIP State Plan:

- Primary and preventive care, including physician, nurse practitioner, and physician assistant services;
- Specialist care, including physician, nurse practitioner, and physician assistant services;
- Inpatient hospital care;
- Autism services;
- Diagnosis and treatment of illness or injury;
- Laboratory/pathology testing;
- X-rays;
- Injections, immunizations, and medications;
- Emergency care, including emergency transportation;
- Prescription drugs;
- Behavioral and Mental Health services;
- Emergency, preventive, and routine dental care and medically necessary orthodontia;
- Emergency, preventive, and routine vision care; and
- Emergency, preventive, and routine hearing care.

Ancillary medically necessary and therapeutic services including inpatient and outpatient treatment of mental health, serious mental illness and substance use disorder services, rehabilitative therapies, medical therapies, home health care, hospice care, durable medical equipment, and maternity care were also funded. The CHIP State Plan reflects information regarding the services listed.

Eligibility

In addition to the income guidelines in Attachment 1 (Income Guidelines), eligibility for CHIP is determined based on the following factors:

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

- Not eligible for Medical Assistance;
- Not currently covered through employer-based or private health care coverage;
- Not currently eligible for state employee sponsored health benefits; and,
- For families whose incomes fall in the Full Cost CHIP range, comparable insurance must be either unavailable or unaffordable.

Costs and Contributions

CHIP continues to provide identical, comprehensive benefits to individuals enrolled in the Free, Low Cost, and Full Cost category of the program.

Free CHIP covers children in families with an adjusted gross household income no greater than 208 percent of the FPL. Federal financial participation is received toward the cost of this coverage. There are no premiums or copayments collected from enrollees in this group.

Low Cost CHIP covers children in families with an adjusted gross household income greater than 208 percent but no greater than 314 percent 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 Managed Care Organization (MCO). Enrollment in Low Cost CHIP is divided into three increments with progressively increasing premiums:

- Greater than 208 percent but no greater than 262 percent – 25 percent of the per-member-per-month (PMPM) cost. The average cost to the enrollee in 2021 was approximately \$53 per month.
- Greater than 262 percent but no greater than 288 percent – 35 percent of PMPM cost. The average cost to the enrollee in 2021 was approximately \$75 per month.
- Greater than 288 percent but no greater than 314 percent – 40 percent of PMPM cost. The average cost per child to their families in 2021 was approximately \$86 per month.

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

The third category, Full Cost CHIP, is for children in families with adjusted gross household income greater than 314 percent of the FPL if private insurance is unaffordable or inaccessible. Families may buy into coverage at 100 percent of the cost negotiated by DHS with each of the MCOs. The average monthly premium for 2021 was \$239 per child. No federal or state dollars are used to provide coverage for families in this category. In addition, children in families with adjusted gross household income greater than 314 percent of the FPL are charged point-of-service copayments for primary care visits (\$15), specialists (\$25), emergency room care (\$50, waived if admitted), and prescriptions (\$10 for generics and \$18 for brand names).

Managed Care Organizations (MCOs)

DHS administers CHIP with at least two MCOs offering coverage in every county of the Commonwealth. The following MCOs are now providing managed care coverage for children in CHIP under contracts effective December 1, 2013, through June 30, 2022:

- Aetna;
- Capital BlueCross (coverage provided by Keystone Health Plan Central HMO);
- Geisinger Health Plan;
- Health Partners Plans;
- 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);
- United Health Care Community Plan of Pennsylvania; and
- Community Care Behavioral Health Organization (dba UPMC for Kids).

Outreach

Although there has been significant progress in the battle against COVID-19, there remain reduced opportunities for face to face contact or public events leaving social and streaming media important methods to reach families of all types. CHIP's addition of social media influencers is helping to better reach CHIP's targeted audience of low-income and uninsured children.

The 2021 marketing campaign continued to utilize high-impact digital and traditional media to maintain CHIP's statewide presence. The DHS communications vendor, Red House Communications, tracks and measures all of the outreach efforts. The media campaign budget of \$2.8 million covering February through July, utilized outdoor/lifestyle, TV/Radio and concentrated 21% on social media marketing. The chosen media tactics created \$604,000 in added value. Overall, the digital campaign resulted in nearly 267.8 million impressions and over 840,000 clicks to the website, and 30.8 million completed video views. This was a large campaign heavy in video ending strongly with a .72% Click Through Rate (CTR).

The campaign consisted of 15 and 30 second video spots for multiple tv broadcasting, radio and digital tv outlets. Hulu was the top driver for streaming videos viewed with a 99% completion rate outperforming the platform's average of 95% completion. Centro (connected tv) followed up with a 94% View Rate which is in-line with expectations. Pandora streaming and audio resulted in an 86% completion rate across the defined demographics of Caucasian/General, Hispanic, and African American. The Caucasian/general audience had higher impressions with an even split between Hispanic and African Americans. Spotify impressions were split evenly across audio and video; however, the video creative accounted for 72% of clicks.

Social media advertising continues to reach more people including the targeted diverse low-income and uninsured households based on impressions, video views, and click through rate metrics. Google Video network reports a consistent average of over 2.2 million impressions and 2.1 million video views per month. The top creative is the 06 second Combo with 5 million video completions and 2300 clicks. This equates to a 92% video view rate. Google paid Search continues to drive high quality website traffic with both the CTR and Cost Per Click (CPC) outperforming the platform

benchmarks. The Google Responsive Display is the most efficient means of generating awareness and website traffic delivering over 44 million total impressions and 289 thousand clicks.

Facebook and Instagram have the ability to generate stronger awareness with impression totals of 5.7 million. The video creative showed strong engagement in the targeted audience with 3.3 million impressions and 76 thousands clicks in Spanish audiences and 2.4 million impressions and 18 thousand clicks in African American audiences. Twitter's advantage of generating the strongest conversion rates greatly compliments Facebook and Instagram.

The addition of social media influencers in May of 2021 proved to be an important asset. In the tracked time period, the influencers recorded 847,000 impressions, 66,000 engagements and 490 viewers clicked through to the CHIP landing page. Essentially, the influencer's post and content generated 2% average engagement rate immediately.

In August 2021, CHIP partnered with Bravo Marketing Group (Bravo) to embark on a new marketing campaign. The objectives include strengthening the CHIP brand and reaching Pennsylvania's uninsured children while incorporating a concentration for the more diverse populations of the state. Bravo has completed the market research phase to gain a better understanding of CHIP's marketplace. Using the collected data, Bravo created five preliminary concepts targeted at better defining CHIP's availability and purpose for consumers. CHIP and Bravo meet monthly to track the progress to meet roll out dates by early 2022.

The CHIP inbound call center continues to provide customer service to Pennsylvanians seeking information on the program by calling 1-800-986-KIDS. The call center also provides application assistance to those needing help applying or renewing. Below are the CHIP call center statistics for 2021:

- Total Calls Received: 22588
- Total Calls Answered: 22468
- Total Calls Abandoned: 117
- Abandoned Rate: .5%
- Average Wait time for Callers: 34 seconds
- Average Length of Call: 4 minutes and 16 seconds

School Notices

Act 84 of 2015 required that an electronic notice of the Children's Health Insurance Program be sent to public and nonpublic schools on an annual basis. To meet this requirement, CHIP worked with the PA Department of Education to send a flyer to Pennsylvania's public and private schools highlighting the benefits of CHIP (Attachment 4). CHIP continues "greener" efforts by providing CHIP flyers electronically through email, so schools could easily provide the flyer electronically to families. The bilingual flyer is two-sided; one side has the English translation, and the other side is translated in Spanish.

New Birth Flyer/COMPASS

The Department of Health (DOH) has been a great partner in extending our message to new parents. CHIP printed "New Birth" and COMPASS flyers (Attachments 2 and 3) for insertion with each complimentary birth certificate that was mailed to the households of Pennsylvania's newborns.

MCO Outreach

CHIP MCOs conduct community outreach at the local level in each of their service areas. Each county has two to six CHIP MCOs, ensuring creative and effective coverage to underserved populations. Each CHIP MCO conducts marketing and outreach efforts in a different way, thus reaching different segments of Pennsylvania's diverse population. By conducting different outreach efforts across a range of MCOs, CHIP has been successful in reaching a large portion of Pennsylvania's uninsured families. Since March 2020, many face-to-face outreach efforts were postponed due to the public health emergency. MCOs utilized more digital outreach to engage with the public regarding CHIP availability.

Enrollment

Projected Number of Enrolled Children

The average enrollment for the calendar year 2020 was 184,844. The average enrollment for CHIP in calendar year 2021 was 157,684. 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 5 (CHIP Enrollment by County) for county-specific data for the number of children enrolled in the program in December 2021.

The total enrollment numbers for the several levels of the FPL for the period January through December 2021 were:

Month	133% up to 208% of the FPL (Free)	208% up to 262% of the FPL (Low Cost Group 1)	262% up to 288% of the FPL (Low Cost Group 2)	288% up to 314% of the FPL (Low Cost Group 3)	314% or greater of the FPL (Full Cost)	Total Monthly Enrollment
January	103,272	35,538	9,894	7,493	13,927	170,124
February	100,470	35,340	9,829	7,526	13,915	167,080
March	97,610	35,334	9,846	7,516	14,153	164,459
April	94,891	35,275	9,795	7,533	14,151	161,645
May	92,908	35,135	9,759	7,630	14,247	159,679
June	90,741	35,040	9,827	7,700	14,482	157,790
July	89,289	34,713	9,942	7,722	14,465	156,131
August	87,607	34,361	10,005	7,772	14,590	154,335
September	85,879	34,370	9,966	7,804	14,766	152,785
October	84,319	34,232	10,012	7,828	14,962	151,353
November	82,401	33,922	10,124	7,767	15,124	149,338
December	79,974	33,778	10,375	7,831	15,528	147,486

Waiting List

There were no eligible children placed on a waiting list during this reporting period.

Healthcare Effectiveness Data and Information Set (HEDIS) Measures

CHIP MCO performance is assessed using Healthcare Effectiveness Data Information Set (HEDIS®) 2021 performance measures, 2021 Consumer Assessment of Healthcare Provider Systems (CAHPS®) 5.0 Survey items, and Pennsylvania-specific performance measures. Results are presented in three sections: Access to Care, Quality of Care, and Satisfaction with Care. The detailed HEDIS 2021 report card is included as Attachment 6.

For HEDIS 2021 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 MCOs are presented in order of performance from high to low with higher performing MCOs at the top of each chart. Inverted measures are presented in order of performance from low to high with higher performing MCOs at the top of each chart.

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

Changes to the CHIP State Plan Approved in CY 2021

As a result of the COVID-19 Public Health Emergency (PHE), CHIP enacted the following flexibilities through a Disaster State Plan Amendment (SPA) in March 2020. These flexibilities continue to provide families much needed relief throughout the PHE.

- Temporarily waiving requirements related to timely processing of renewals and/or deadlines for families to respond to renewal requests;
- Temporarily delaying acting on certain changes in circumstances;
- Temporarily extending the processing of renewals;
- Temporarily suspending copayments related to COVID-19 testing, screening, and treatment services; and
- Temporarily delaying payment of premiums (and/or delaying payment of premium balance). Pennsylvania will be temporarily suspending the Commonwealth's premium lock out policy: A period up to ninety (90) days in which a family must pay overdue premiums in order to have the child reinstated back to the termination date without having to reapply for coverage.

Conclusion

CHIP continues its mission to serve the underinsured and uninsured children of the Commonwealth through targeted outreach, improved client communications, and increased administrative efficiencies. In 2021, CHIP reviewed and revitalized the outreach campaigns to target our underserved markets and to better include a more diverse population through updated advertising efficiency.

As the COVID-19 PHE continues, CHIP is responding to the needs Pennsylvania families facing health issues and financial concerns by providing affordable, robust health insurance for children. While CHIP enrollment continues to decline during the PHE, CHIP is confident that the decline is resulting from more and more families receiving services through Medical Assistance and remaining enrolled in that program. CHIP continues to receive applications for coverage and to extend PHE related flexibilities to as many children as possible.

This page intentionally left blank

Attachment 1: CHIP Full Income Chart

CHIP Income Guidelines Chart

How to use this chart:

Step 1: Locate the number of people in your household.

Step 2: Find the box that matches your household's annual gross income and age of your children.

Step 3: Look down the row to the COST BOX to see your appropriate, average monthly cost per child and the co-payments per child, per visit.

Example: A four-person household with an annual income of \$69,840 will have an average monthly premium of \$75 per child, plus any co-pays for services.

INCOME* (Effective March 1, 2021)

HOUSEHOLD SIZE	Free		Low Cost								Full Cost
	ages 1-5	ages 6-18	ages 0-1	ages 1-18	ages 0-18	ages 0-18	ages 0-18	ages 0-18	ages 0-18	ages 0-18	ages 0-18
1	\$ 20,222 - \$ 26,791	\$ 17,131 - \$ 26,791	\$ 27,692 - \$ 33,746	\$ 26,791 - \$ 33,746	\$ 33,746 - \$ 37,095	\$ 37,095 - \$ 40,444	\$ 40,444 - \$ 44,793	\$ 44,793 - \$ 49,142	\$ 49,142 - \$ 53,491	\$ 53,491 - \$ 57,840	\$ 57,840 - No Limit
2	\$ 27,350 - \$ 36,234	\$ 23,169 - \$ 36,234	\$ 37,453 - \$ 45,641	\$ 36,234 - \$ 45,641	\$ 45,641 - \$ 50,170	\$ 50,170 - \$ 54,699	\$ 54,699 - \$ 59,228	\$ 59,228 - \$ 63,757	\$ 63,757 - \$ 68,286	\$ 68,286 - \$ 72,815	\$ 72,815 - No Limit
3	\$ 34,478 - \$ 45,677	\$ 29,207 - \$ 45,677	\$ 47,214 - \$ 57,536	\$ 45,677 - \$ 57,536	\$ 57,536 - \$ 63,245	\$ 63,245 - \$ 68,955	\$ 68,955 - \$ 74,665	\$ 74,665 - \$ 80,375	\$ 80,375 - \$ 86,085	\$ 86,085 - \$ 91,795	\$ 91,795 - No Limit
4	\$ 41,605 - \$ 55,120	\$ 35,245 - \$ 55,120	\$ 56,975 - \$ 69,430	\$ 55,120 - \$ 69,430	\$ 69,430 - \$ 76,320	\$ 76,320 - \$ 83,210	\$ 83,210 - \$ 90,100	\$ 90,100 - \$ 97,000	\$ 97,000 - \$ 103,900	\$ 103,900 - \$ 110,800	\$ 110,800 - No Limit
5	\$ 48,733 - \$ 64,564	\$ 41,284 - \$ 64,564	\$ 66,736 - \$ 81,325	\$ 64,564 - \$ 81,325	\$ 81,325 - \$ 89,396	\$ 89,396 - \$ 97,466	\$ 97,466 - \$ 105,537	\$ 105,537 - \$ 113,607	\$ 113,607 - \$ 121,678	\$ 121,678 - \$ 129,748	\$ 129,748 - No Limit
6	\$ 55,861 - \$ 74,007	\$ 47,322 - \$ 74,007	\$ 76,497 - \$ 93,220	\$ 74,007 - \$ 93,220	\$ 93,220 - \$ 102,471	\$ 102,471 - \$ 111,722	\$ 111,722 - \$ 121,000	\$ 121,000 - \$ 130,278	\$ 130,278 - \$ 139,556	\$ 139,556 - \$ 148,834	\$ 148,834 - No Limit
7	\$ 62,989 - \$ 83,450	\$ 53,360 - \$ 83,450	\$ 86,258 - \$ 105,115	\$ 83,450 - \$ 105,115	\$ 105,115 - \$ 115,546	\$ 115,546 - \$ 125,977	\$ 125,977 - \$ 136,408	\$ 136,408 - \$ 146,839	\$ 146,839 - \$ 157,270	\$ 157,270 - \$ 167,701	\$ 167,701 - No Limit
8	\$ 70,117 - \$ 92,893	\$ 59,398 - \$ 92,893	\$ 96,019 - \$ 117,010	\$ 92,893 - \$ 117,010	\$ 117,010 - \$ 128,621	\$ 128,621 - \$ 140,233	\$ 140,233 - \$ 151,844	\$ 151,844 - \$ 163,456	\$ 163,456 - \$ 175,067	\$ 175,067 - \$ 186,679	\$ 186,679 - No Limit
9	\$ 77,244 - \$ 102,336	\$ 65,436 - \$ 102,336	\$ 105,780 - \$ 128,904	\$ 103,336 - \$ 128,904	\$ 128,904 - \$ 141,696	\$ 141,696 - \$ 154,488	\$ 154,488 - \$ 167,280	\$ 167,280 - \$ 180,072	\$ 180,072 - \$ 192,864	\$ 192,864 - \$ 205,656	\$ 205,656 - No Limit
10	\$ 84,372 - \$ 111,780	\$ 71,475 - \$ 111,780	\$ 115,541 - \$ 140,799	\$ 111,780 - \$ 140,799	\$ 140,799 - \$ 154,772	\$ 154,772 - \$ 168,744	\$ 168,744 - \$ 182,716	\$ 182,716 - \$ 196,688	\$ 196,688 - \$ 210,660	\$ 210,660 - \$ 224,632	\$ 224,632 - No Limit

COST

Average monthly premium per child (Effective July 1, 2020)	Free		Low Cost				Full Cost
	\$0	\$0	\$52	\$52	\$75	\$86	\$240

CO-PAYMENTS (PER CHILD, PER VISIT)

Doctor visit	\$ 0	\$ 0	\$ 5	\$ 5	\$ 5	\$ 5	\$ 15
Brand name prescription	\$ 0	\$ 0	\$ 9	\$ 9	\$ 9	\$ 9	\$ 18
Generic prescription	\$ 0	\$ 0	\$ 6	\$ 6	\$ 6	\$ 6	\$ 10
Specialist visit	\$ 0	\$ 0	\$ 10	\$ 10	\$ 10	\$ 10	\$ 25
Emergency room visits**	\$ 0	\$ 0	\$ 25	\$ 25	\$ 25	\$ 25	\$ 50

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

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

(Updated 2/3/21)

Attachment 2: New Birth Flyer

NO CHILD TOO SMALL. NO INCOME TOO LARGE.

CHIP NOW COVERS ALL UNINSURED KIDS AND TEENS.

As the mother of a newborn, we want to make sure you know that Pennsylvania's Children's Health Insurance Program (CHIP) now covers all uninsured kids and teens up to the age of 19 - and no family makes too much money for CHIP.

CHIP covers doctor visits, prescriptions, dental, eye care and much more. Best of all, for many families, CHIP is free - others, low-cost. If your income is below CHIP guidelines, your child may be enrolled in Medical Assistance.

To find out more, call or log on today.

www.chipcoverspakids.com
1-800-986-KIDS



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



Attachment 3: COMPASS Flyer



The benefits are online.

Applying for, or renewing your benefits online saves time.


Through COMPASS you can apply for:



- Health Care Coverage (CHIP, Medical Assistance)
- Child Care Works Program
- Long Term Living Services
- Home & Community Based Services Referrals
- Cash Assistance
- SNAP (Food Stamp Benefits)
- School Meals
- Home Heating Assistance (LIHEAP)

Plus, you can log on anytime 24/7 to start the application process. Your benefits are just a click away.



www.compass.state.pa.us





High-quality health care coverage from CHIP helps keep kids strong

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.

There is no limit on income. If your income is below CHIP guidelines, your child may be enrolled in Medical Assistance.

APPLY/RENEW
CHIPcoversPAkids.com • 800-986-KIDS



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



chip Strong

¿Necesita cobertura médica para sus hijos?

CHIP CUBRE

- Chequeos de rutina
- Recetas médicas
- Hospitalización
- Servicios dentales
- Cuidado de la vista
- Anteojos
- Salud del comportamiento
- Atención especializada
- Mucho más

CHIP cubre a niños sin seguro hasta los 19 años en Pennsylvania. No importa cuál sea la razón de que sus hijos no tienen cobertura médica ahora; CHIP puede ayudarle. La mayoría de niños reciben CHIP gratis. Otros pueden obtener los mismos beneficios a un bajo costo. CHIP es traído a usted por las principales compañías de seguros médicos que ofrecen cobertura de calidad e integral.

Si sus ingresos son menos de las pautas indicadas por CHIP, su hijo podría ser inscrito en Asistencia Médica.

INSCRIBIRSE/RENOVAR
CHIPcoversPAkids.com • 800-986-KIDS

 Pennsylvania Children's Health Insurance Program
Cubrimos a todos los niños.

Attachment 5: CHIP Enrollment by County

CHIP Enrollment by Category and County

December - 2021

County	Free	Sub 1	Sub 2	Sub 3	At Cost	Total
Adams	874	385	128	107	162	1,656
Allegheny	5,270	2,519	831	598	1,664	10,882
Armstrong	393	219	52	55	77	796
Beaver	926	448	98	97	156	1,725
Bedford	378	168	43	43	86	718
Berks	3,547	1,383	441	363	583	6,317
Blair	823	391	116	98	158	1,586
Bradford	413	147	36	28	43	667
Bucks	3,866	1,846	640	474	1,137	7,963
Butler	984	410	130	108	282	1,914
Cambria	644	295	103	63	140	1,245
Cameron	19	6	5	1	7	38
Carbon	454	178	25	52	49	758
Centre	494	228	65	35	90	912
Chester	2,711	1,219	346	321	683	5,280
Clarion	235	132	22	32	53	474
Clearfield	397	199	62	57	94	809
Clinton	198	88	35	24	28	373
Columbia	393	130	56	38	31	648
Crawford	425	188	71	39	89	812
Cumberland	1,634	678	207	134	305	2,958
Dauphin	1,801	754	229	143	340	3,267
Delaware	3,824	1,513	544	378	774	7,033
Elk	129	68	28	14	22	261
Erie	1,371	593	187	129	291	2,571
Fayette	819	350	125	75	152	1,521
Forest	16	8	0	1	1	26
Franklin	1,495	618	185	123	220	2,641
Fulton	119	62	17	8	35	241
Greene	198	78	19	16	26	337
Huntingdon	255	126	21	55	42	499
Indiana	435	198	51	26	86	796
Jefferson	271	150	34	33	48	536
Juniata	152	81	27	12	16	288
Lackawanna	1,126	515	159	122	150	2,072
Lancaster	4,425	2,208	660	491	836	8,620
Lawrence	460	216	82	50	111	919
Lebanon	1,141	495	111	129	186	2,062
Lehigh	3,335	1,157	357	249	467	5,565
Luzerne	2,203	720	183	123	227	3,456
Lycoming	749	214	89	58	89	1,199
Mckean	197	84	30	18	20	349
Mercer	533	238	70	37	78	956
Mifflin	312	126	57	27	22	544
Monroe	1,244	435	146	112	206	2,143
Montgomery	4,531	2,129	690	483	1,209	9,042

Montour	63	31	4	9	9	116
Northampton	2,204	803	281	196	313	3,797
Northumberland	577	230	49	34	38	928
Perry	337	181	60	32	50	660
Philadelphia	10,407	3,742	1,048	848	1,474	17,519
Pike	342	182	58	41	60	683
Potter	123	36	10	12	16	197
Schuylkill	916	351	110	94	112	1,583
Snyder	306	117	37	17	33	510
Somerset	415	197	60	44	90	806
Sullivan	28	4	6	4	4	46
Susquehanna	292	148	14	20	47	521
Tioga	253	87	20	12	36	408
Union	275	107	24	22	33	461
Venango	376	122	48	35	43	624
Warren	141	51	19	12	30	253
Washington	1,090	477	147	123	337	2,174
Wayne	267	138	41	35	39	520
Westmoreland	1,788	887	321	222	554	3,772
Wyoming	159	65	14	21	25	284
York	3,396	1,429	391	319	614	6,149
Total	79,974	33,778	10,375	7,831	15,528	147,486

Attachment 6: 2021 HEDIS Report Card



Commonwealth of Pennsylvania Department of Human Services

Children's Health Insurance Program Report Card

FINAL REPORT

December 2021



Better healthcare,
realized.

Corporate Headquarters
1979 Marcus Avenue
Lake Success, NY 11042-1072
(516) 326-7767
ipro.org

ISO
9001:2008
CERTIFIED

Table of Contents

BACKGROUND	21
REPORT CARD DESCRIPTION.....	22
SATISFACTION WITH CARE: IS THE CARE MEETING YOUR NEEDS?	23
QUALITY OF CARE I: HOW EFFECTIVE IS THE CARE BEING PROVIDED?	25
QUALITY OF CARE II: HOW EFFECTIVE IS THE CARE BEING PROVIDED?	26
QUALITY OF CARE III: HOW EFFECTIVE IS THE CARE BEING PROVIDED?	27
QUALITY OF CARE IV: HOW EFFECTIVE IS THE CARE BEING PROVIDED?.....	28
CHIP PROVIDER CONTACT INFORMATION	29

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. This Act was then amended by Act 136 of 2006, amended and reauthorized by Act 74 of 2013 and Act 84 of 2015 (the Act), and amended by Act 58 of 2017

PA CHIP is administered through the Pennsylvania Department of Human Services (DHS), 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 149,000 children and teens were enrolled in PA CHIP as of November 2021.

The Cover All Kids initiative, enacted after the passage of Act 136 of 2006, led to the expansion of the CHIP program to include all uninsured children and teens in the Commonwealth who are not eligible for Medical Assistance. On February 4, 2009, President Obama signed into law the Children's Health Insurance Act of 2009 (CHIPRA) (Pub. L. 111-3), which increased CHIP's federal funds allotment and introduced a number of federal program requirements. The Affordable Care Act (the Patient Protection and Affordable Care Act, together with the Health Care and Education Reconciliation Act of 2010; ACA), signed into law in March 2010, provided additional changes for CHIP. The ACA extended federal funding of CHIP through September of 2015, as well as added a requirement that states maintain the Medical Assistance (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). In December 2015, Governor Tom Wolf signed Act 84 reauthorizing CHIP through 2017 and moving the administration of CHIP from the Insurance Department to the Department of Human Services (DHS). As of July 1, 2018, the CHIP Managed Care Organizations (MCOs) were required to comply with changes to the federal managed care regulations (42 CFR chapters 457 and 438). CHIP continues to work with the CHIP MCOs to ensure organized and efficient implementation of these regulations. On January 22, 2018, the federal government passed a continuing resolution and adopted the Helping Ensure Access for Little Ones, Toddlers and Hopeful Youth by Keeping Insurance Delivery Stable Act (HEALTHY KIDS Act). CHIP was authorized at the federal level, including funding appropriations through September 30, 2023. On February 9, 2018, Congress acted again to extend CHIP for an additional four years, or until September 30, 2027.

CHIP is provided by the following private health insurance companies that are licensed and regulated by the Department of Health Services and have contracts with the Commonwealth to offer CHIP coverage.



- Aetna, Inc.
- First Priority Health (NEPA)
- Capital Blue Cross
- Geisinger Health Plan
- Health Partners of Philadelphia
- Highmark Blue Cross Blue Shield
- Highmark Blue Shield
- Independence Blue Cross (IBC)
- UnitedHealthcare of Pennsylvania
- UPMC for Kids

Health coverage
for uninsured kids
is well within
reach.



Report Card Description

CHIP health insurance company performance is assessed using Healthcare Effectiveness Data Information Set (HEDIS®) MY 2020 performance measures, MY 2020 Consumer Assessment of Healthcare Provider Systems (CAHPS®) 5.1 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 MY 2020 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

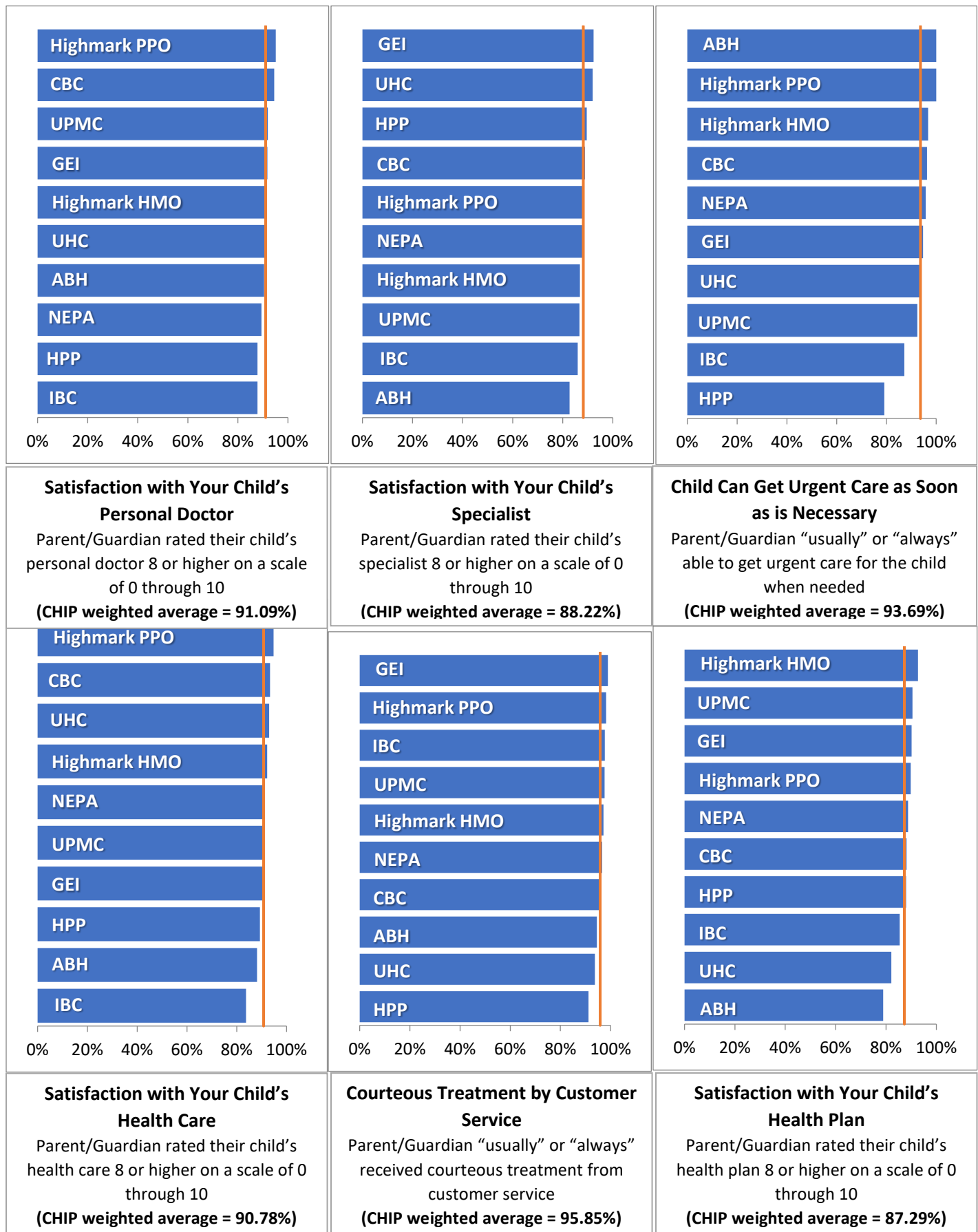
“always” when rating the care provided by their CHIP provider.

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. Plans that reported a denominator less than 30 report rates as “NA”; these plans are not included in the below graphs.

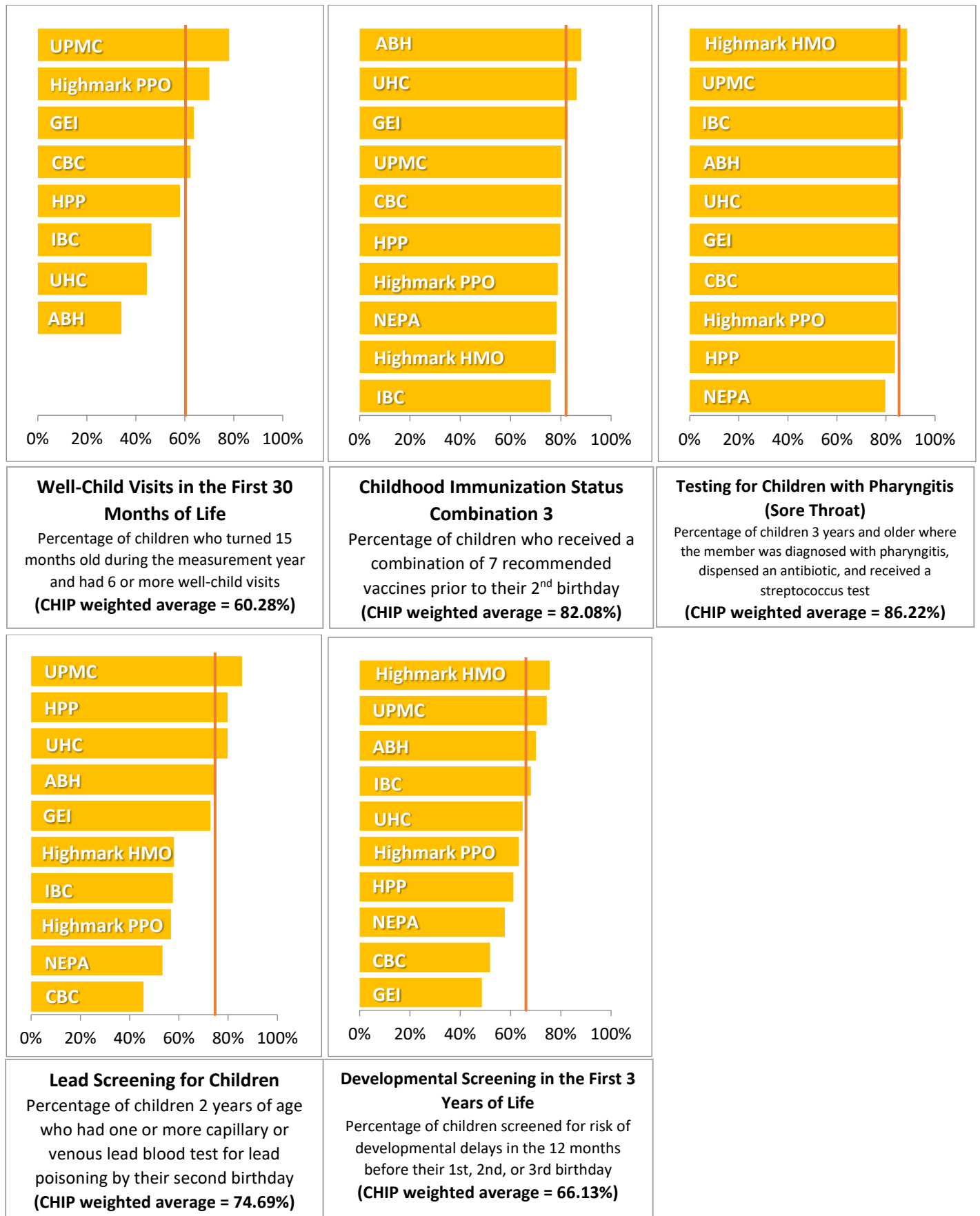
In addition, the PA CHIP statewide weighted average is represented on each chart by a solid vertical line. The PA CHIP weighted averaged is calculated as the total number of events program-wide divided by the eligible population program-wide.



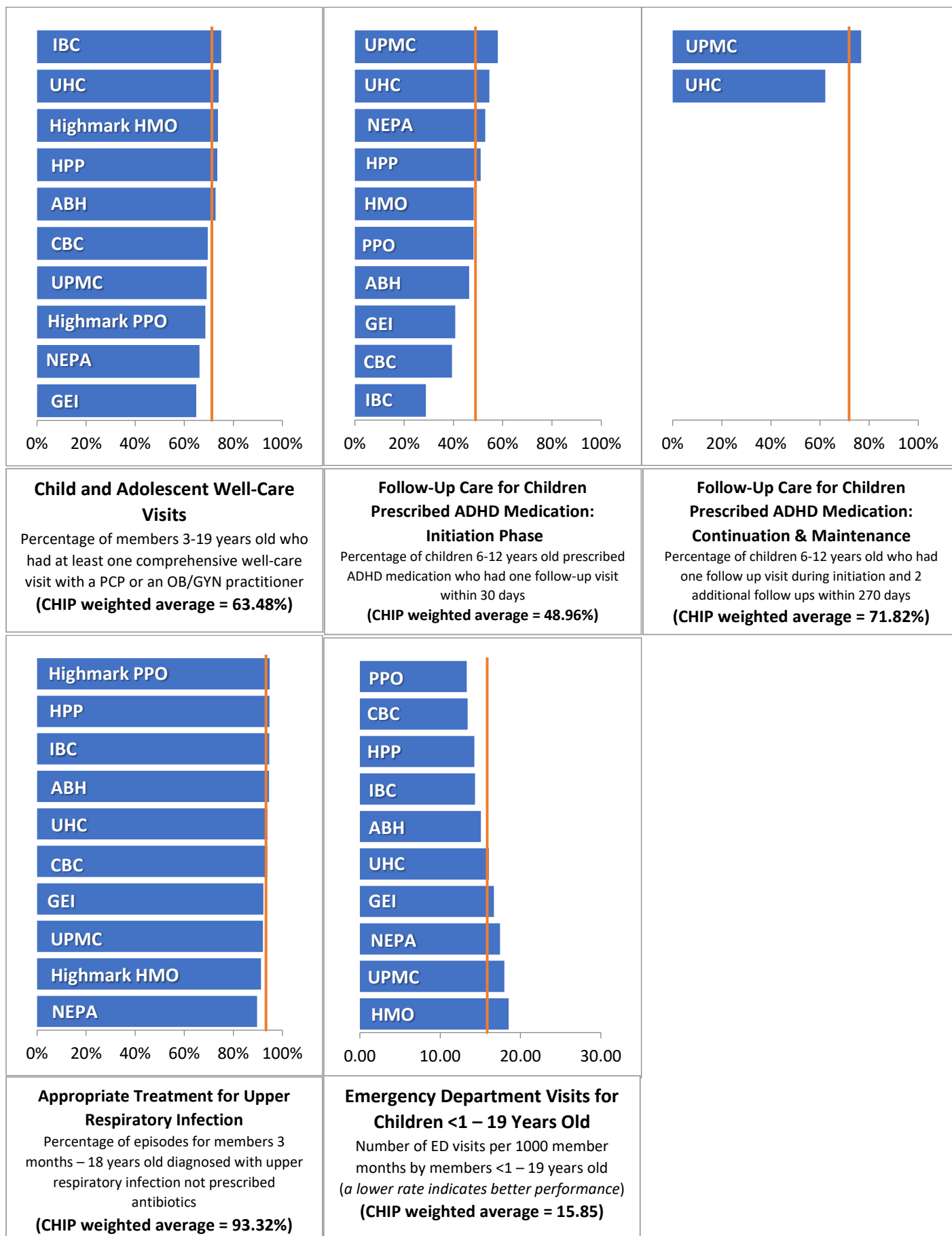
Satisfaction with Care: Is the care meeting your needs?



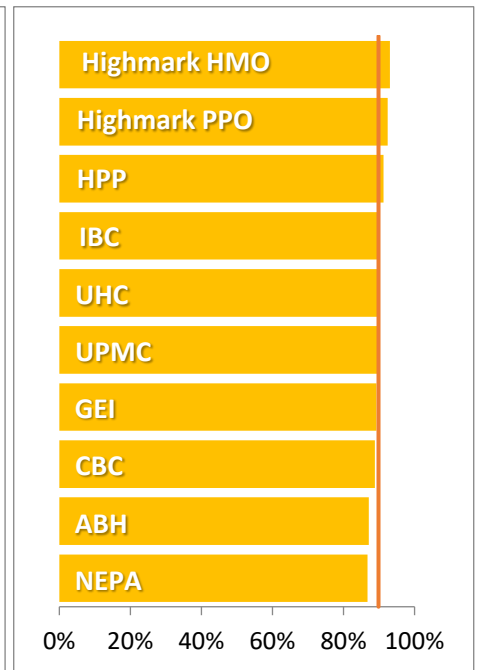
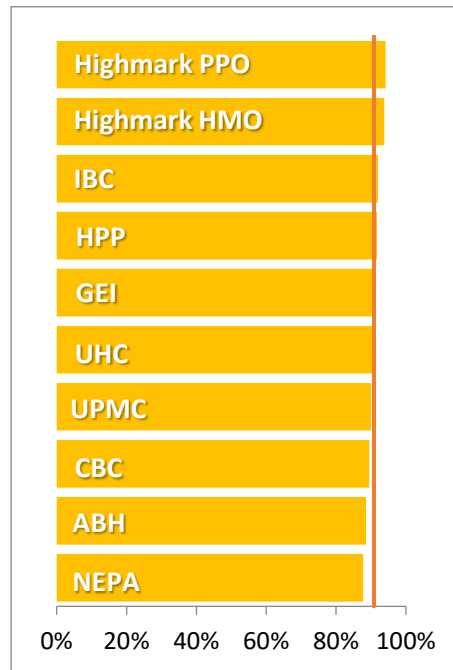
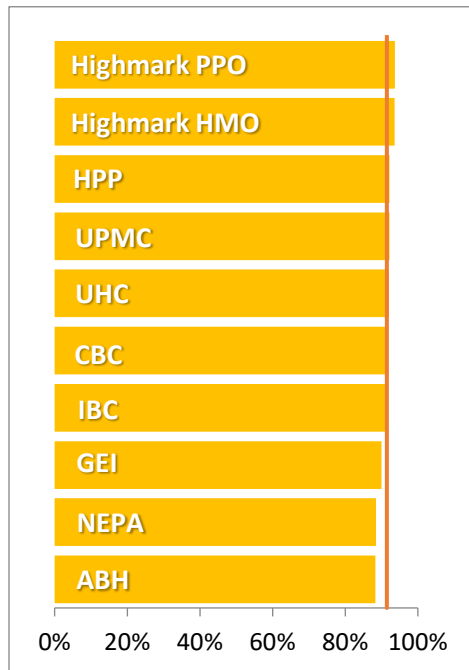
Access to Care: Are children receiving care?



Quality of Care I: How effective is the care being provided?



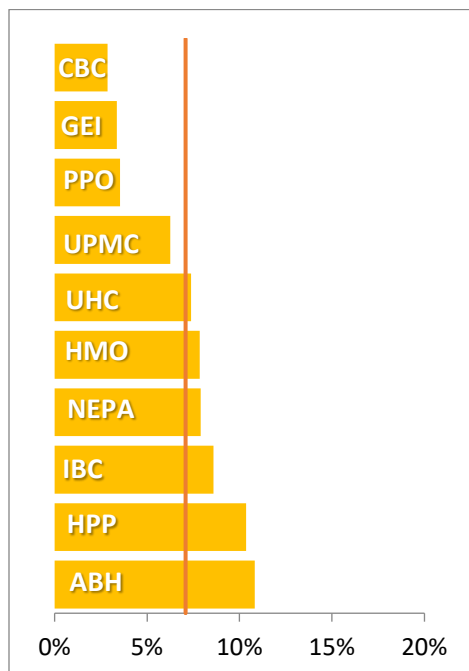
Quality of Care II: How effective is the care being provided?



Immunizations for Adolescents: Tdap
 Percentage of members 13 years of age who received one Tdap vaccine by their 13th birthday
(CHIP weighted average = 91.47%)

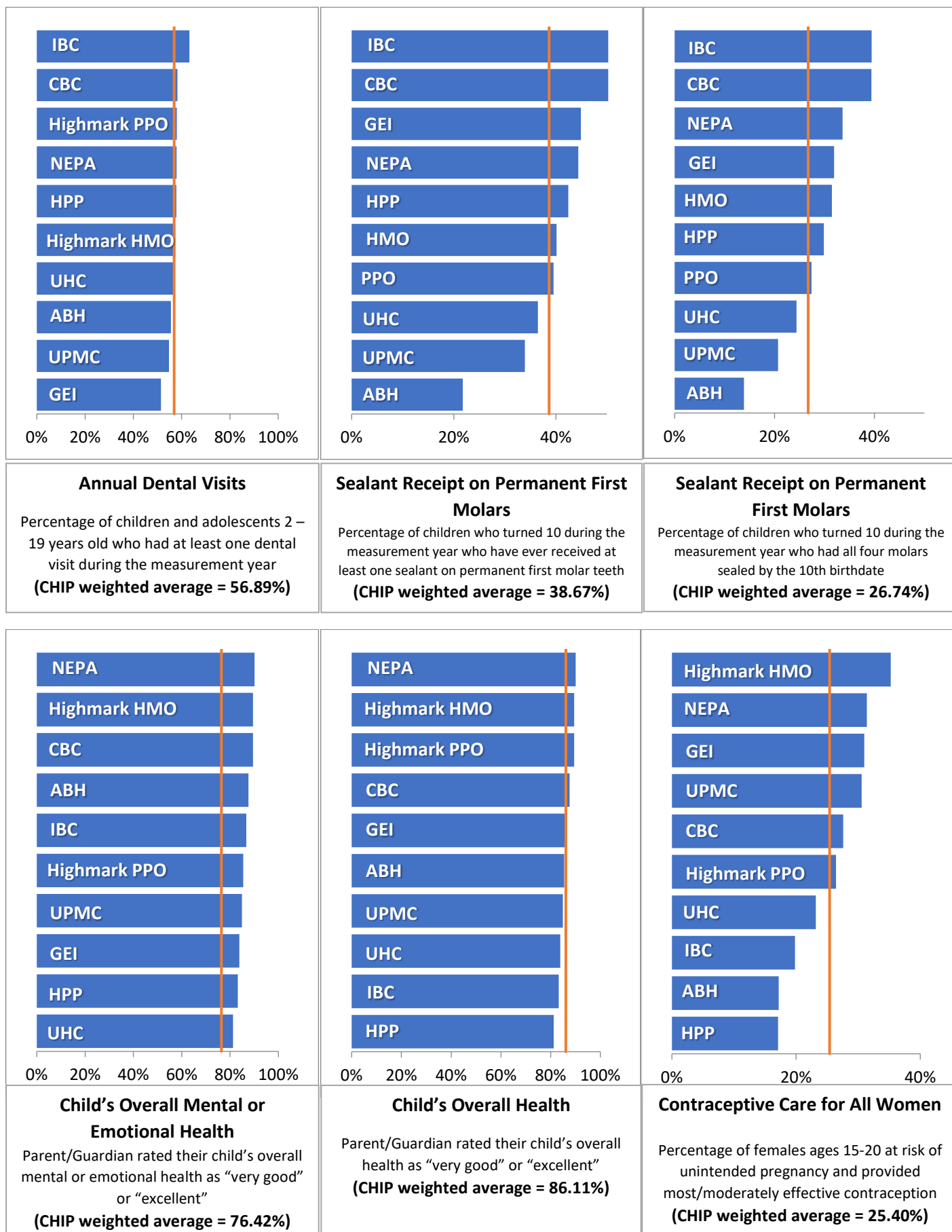
Immunizations for Adolescents: Meningococcal
 Percentage of members 13 years of age who received one meningococcal vaccine by their 13th birthday
(CHIP weighted average = 90.86%)

Immunizations for Adolescents: Combination 1
 Percentage of members 13 years of age who received one meningococcal vaccine and one Tdap vaccine by their 13th birthday
(CHIP weighted average = 89.85%)

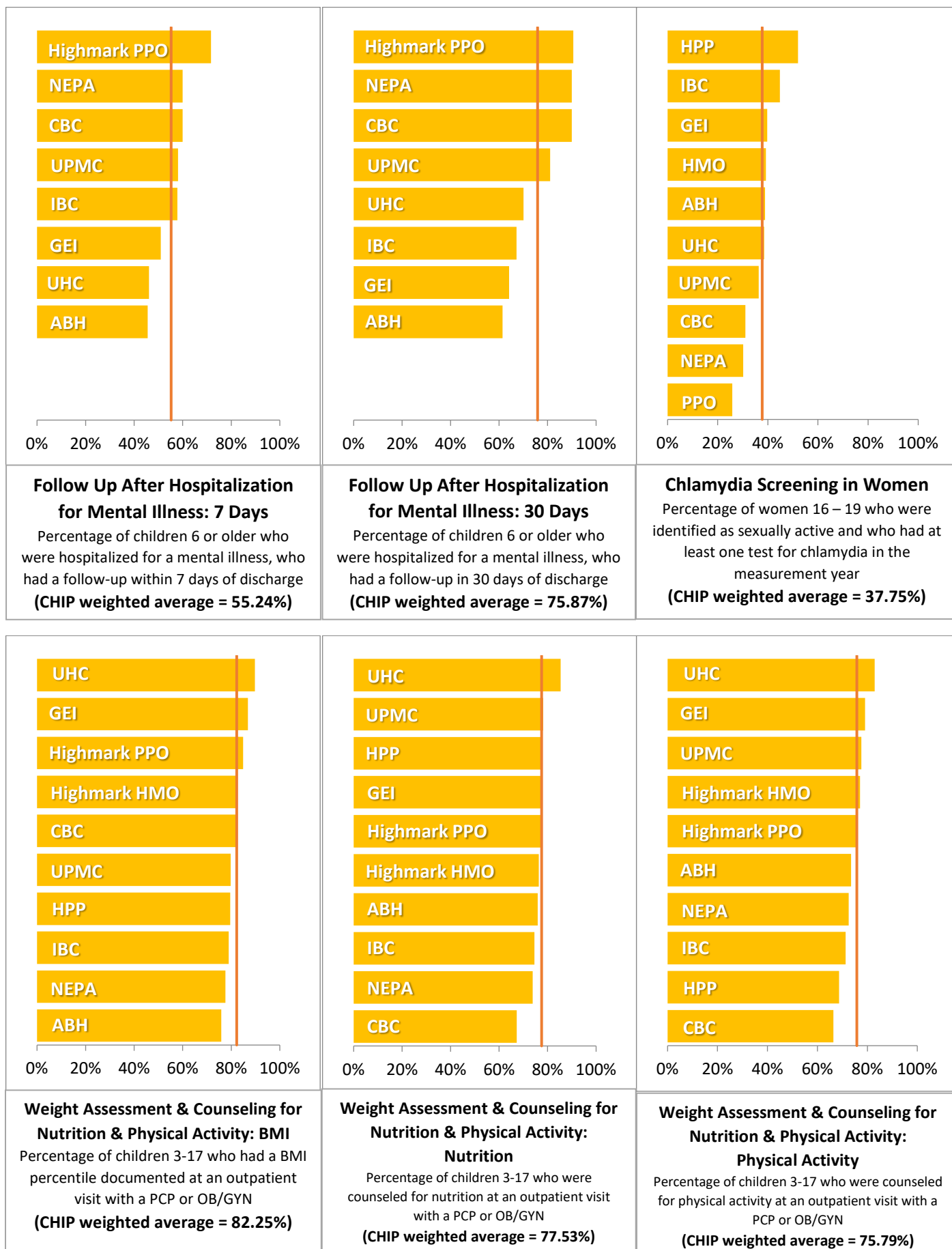


Emergency Department Visits for Asthma
 Percentage of children with asthma who had one or more asthma-related ED visits
(a lower rate indicates better performance)
(CHIP weighted average = 7.08%)

Quality of Care III: How effective is the care being provided?



Quality of Care IV: How effective is the care being provided?



CHIP Provider Contact Information

AETNA

1-800-822-2447

TDD/TTY 1-800-628-3323

CAPITAL BLUE CROSS

1-800-543-7101

TTY/TDD: 711

FIRST PRIORITY HEALTH (BCNEPA)

800-547-9378

TTY/TDD: 711

GEISINGER HEALTH PLAN

1-800-275-6401

Hearing-Impaired: 711

HEALTH PARTNERS (KIDZPARTNERS)

1-888-888-1211

TTY: 711

HIGHMARK BLUE SHIELD (CENTRAL PA)

800-543-7105

TTY/TDD: 711

KEYSTONE HEALTH PLAN WEST (HIGHMARK)

800-543-7105

TTY/TDD: 711

INDEPENDENCE BLUE CROSS

1-800-464-5437

TTY/TDD: 711

UNITEDHEALTHCARE COMMUNITY PLAN

1-800-414-9025

Hearing-Impaired: 711

UPMC HEALTH PLAN

1-800-978-8762

TDD/TTY 1-800-361-2629

Attachment 7: CHIP Administrative Performance Measure Report



Commonwealth of Pennsylvania Department of Human Services

Children's Health Insurance Program Administrative Performance Measure Report

FINAL REPORT

December 2021



Corporate Headquarters
1979 Marcus Avenue
Lake Success, NY 11042-1072
(516) 326-7767
ipro.org



Administrative Performance Measures

In the 2021 reporting year, Pennsylvania Children’s Health Insurance Program (CHIP) Managed Care Organizations (MCOs) reported the following Pennsylvania (PA) specific Performance Measures covering services delivered prior to and including calendar year (CY), or measurement year (MY), 2020. Four of these measures are from the Centers for Medicare & Medicaid Services (CMS) Core Set of Children’s Health Care Quality Measures for Medicaid and CHIP (Child Core Set), indicated in each measure’s section below.

- Annual Number of Asthma Patients with One or More Asthma Related ER Visits
- Sealant Receipt on First Permanent Molars
- Developmental Screening in the First Three Years of Life
- Contraceptive Care for All Women
- Contraceptive Care for Postpartum Women

PA CHIP Health Plans Included in This Report

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

- Aetna Health, Inc.
- Capital Blue Cross (CBC): Capital Blue Cross through Keystone Health Plan Central
- First Priority Health (NEPA): Highmark Inc. through First Priority Health
- Geisinger Health Plan (GHP)
- Highmark HMO: Highmark Inc. through Highmark Blue Cross Blue Shield
- Highmark PPO: Highmark Inc. through Highmark Blue Shield
- Independence Blue Cross (IBC)
- Health Partners (HPP): Health Partners of Philadelphia, Inc
- UnitedHealthcare Community Plan (UHC)
- UPMC for Kids (UPMC): UPMC Health Plan

Methodology

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

For each measure, the PA CHIP program average and weighted average is presented along with the PA MMC weighted average. All PA-specific performance measures for CHIP are administrative, and the weighted average is calculated by dividing the sum of the total numerators by the sum of the total denominators. The average is calculated by dividing the sum of MCO rates by the number of MCOs. Rates are not presented for indicators where MCOs identified fewer than 30 members in the denominator as eligible to receive a service, due to the variability associated with small denominators, which prevents direct comparisons.

Rates presented are rounded to two decimal places. Calculations to determine differences between rates are based upon unrounded rates. Due to rounding, differences in rates that are reported in the narrative may differ slightly from differences calculated with rounded rates.

Annual Number of Asthma Patients with one or more Asthma Related Emergency Department Visits

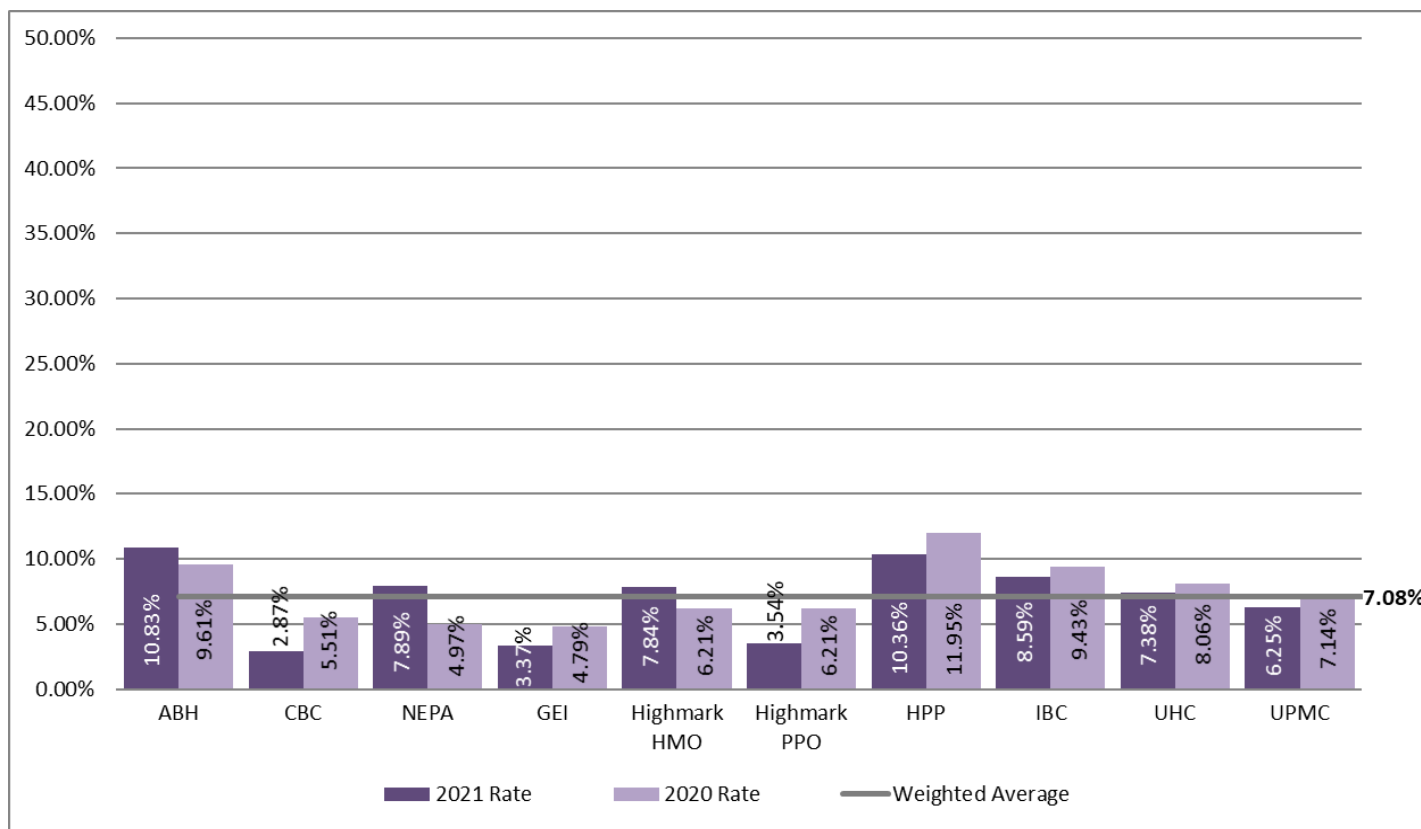
This performance measure assesses the percentage of children and adolescents two years of age through nineteen years of age, with an asthma diagnosis, who had ≥ 1 asthma-related emergency department (ED) visits during calendar year 2020. This measure is an inverted measure with lower rates indicating better performance. This measure was discontinued for Medicaid beginning in 2016 and thus no comparison rate is included in Table 1.

For the 2021 performance measure, 6,792 PA CHIP members were identified as children or adolescents with an asthma diagnosis. Of those total members identified with an asthma diagnosis, 481 members had one or more asthma related ED visits during CY 2020 (weighted average = 7.08%). The 2021 PA CHIP ASM-ED weighted average at 7.08% was 0.85 percentage points below the 2020 weighted average of 7.93%. Across the 10 PA CHIP MCOs with reportable rates, asthma ED visit rates ranged from a low of 2.87% to a high of 10.83%.

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

CHIP MCO	Numerator	Denominator	2021 Rate
Aetna	90	831	10.83%
CBC	16	558	2.87%
NEPA	15	190	7.89%
Geisinger	17	505	3.37%
Highmark HMO	20	255	7.84%
Highmark PPO	16	452	3.54%
Health Partners	49	473	10.36%
IBC	85	989	8.59%
United	93	1,260	7.38%
UPMC	80	1,279	6.25%
PA CHIP Average			6.89%
PA CHIP Weighted Average	481	6,792	7.08%

Figure 1: Annual Number of Asthma Patients with One or More Asthma Related Emergency Department Visits: 2020 versus 2021



Developmental Screening in the First Three Years of Life

This CMS Child Core performance measure assesses the percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the twelve months preceding their first, second, or third birthday. This is the indicator defined by CMS for the Core measure set and will continue to be reported to CMS as defined. The narrative analysis is presented for the total rate, while comparison tables and charts are presented for the total rate and the rate for each individual age cohort.

Developmental Screening: Total Rate

For the 2021 performance measure, 7,735 PA CHIP members were identified as eligible for a developmental screening. Of the eligible members, 5,115 members received a developmental screening (weighted average = 66.13%). The 2021 PA CHIP weighted average of 66.13% was 1.55 percentage points above the 2020 PA CHIP weighted average of 64.58%. Screening rates ranged from a low of 48.58% to a high of 75.56% for the 10 MCOs with reportable rates.

Table 2: Developmental Screening - Total Rate

CHIP MCO	Numerator	Denominator	2021 Rate
ABH	606	864	70.14%
CBC	305	588	51.87%
NEPA	93	161	57.76%
GEI	307	632	48.58%
Highmark HMO	170	225	75.56%
Highmark PPO	261	412	63.35%
HPHP	217	355	61.13%
IBC	474	696	68.10%
UHC	989	1,526	64.81%
UPMC	1,693	2,276	74.38%
PA CHIP Average			63.57%
PA CHIP Weighted Average	5,115	7,735	66.13%
PA MMC Weighted Average			59.65%

Figure 2: Developmental Screening - Total Rate: 2020 versus 2021

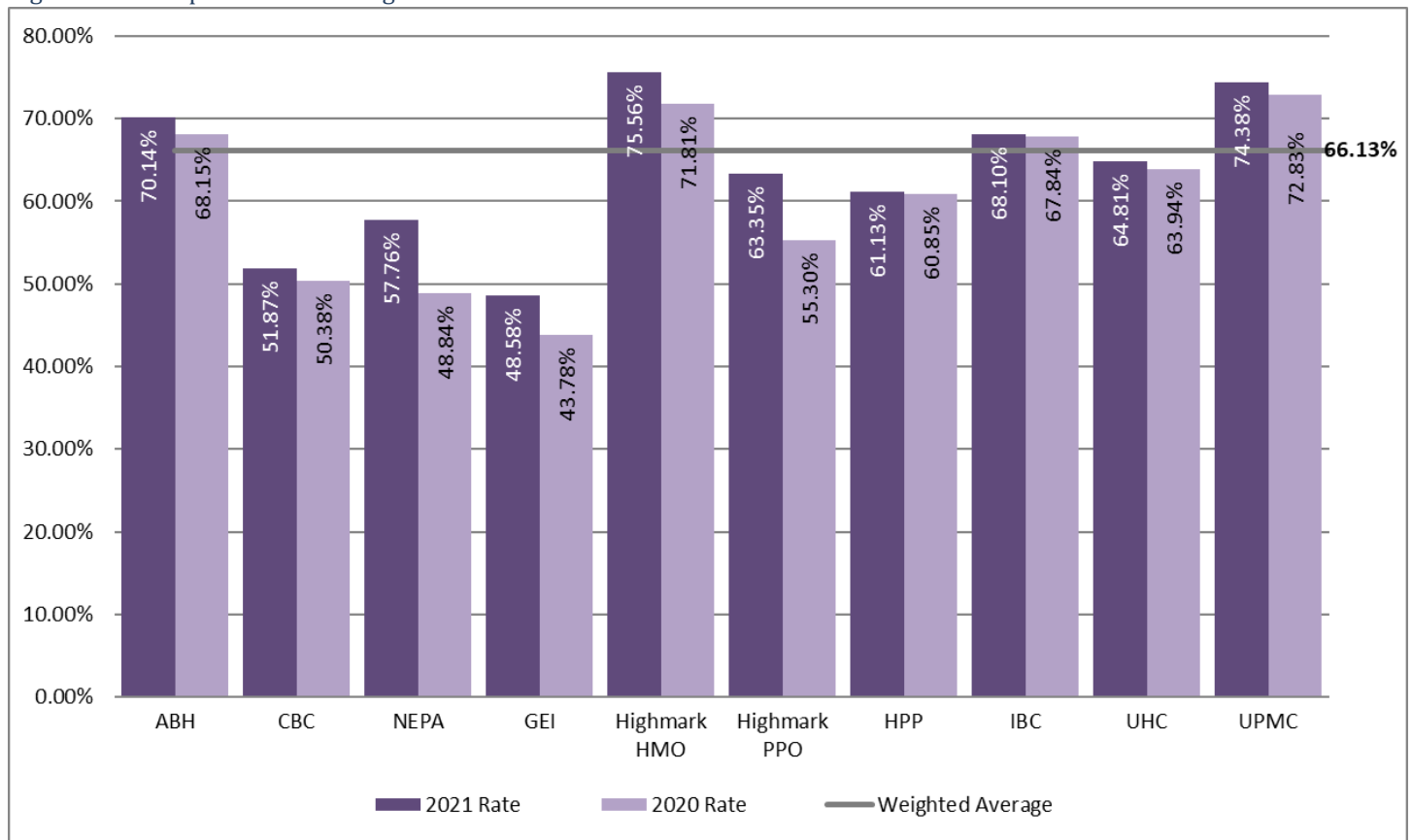
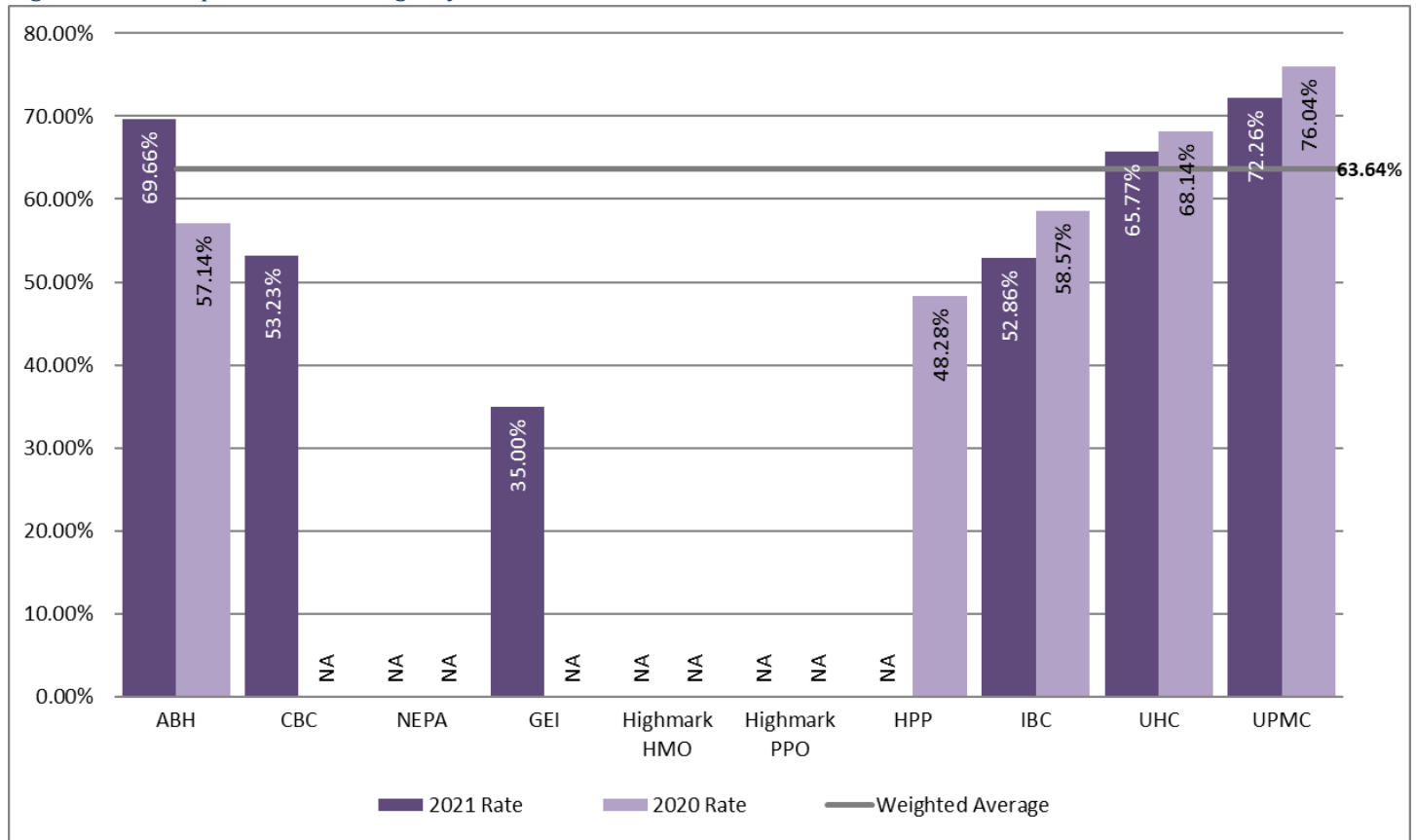


Table 3: Developmental Screening - 1 year old

CHIP MCO	Numerator	Denominator	2021 Rate
ABH	62	89	69.66%
CBC	33	62	53.23%
NEPA	4	10	NA
GEI	14	40	35.00%
Highmark HMO	12	18	NA
Highmark PPO	18	29	NA
HPHP	11	23	NA
IBC	37	70	52.86%
UHC	73	111	65.77%
UPMC	198	274	72.26%
PA CHIP Average			58.13%
PA CHIP Weighted Average	462	726	63.64%
PA MMC Weighted Average			55.50%

* NA = Fewer than 30 members were eligible to receive the service (small denominator).

Figure 3*: Developmental Screening - 1 year old 2020 versus 2021



* NA = Fewer than 30 members were eligible to receive the service (small denominator).

Table 4: Developmental Screening - 2 years old

CHIP MCO	Numerator	Denominator	2021 Rate
Aetna	190	260	73.08%
CBC	84	158	53.16%
NEPA	34	60	56.67%
Geisinger	104	211	49.29%
Highmark HMO	37	50	74.00%
Highmark PPO	78	118	66.10%
Health Partners	68	114	59.65%
IBC	137	187	73.26%
United	363	533	68.11%
UPMC	649	833	77.91%
PA CHIP Average			65.12%
PA CHIP Weighted Average	1,744	2,524	69.10%
PA MMC Weighted Average			60.68%

Figure 4: Developmental Screening - 2 years old 2020 versus 2021

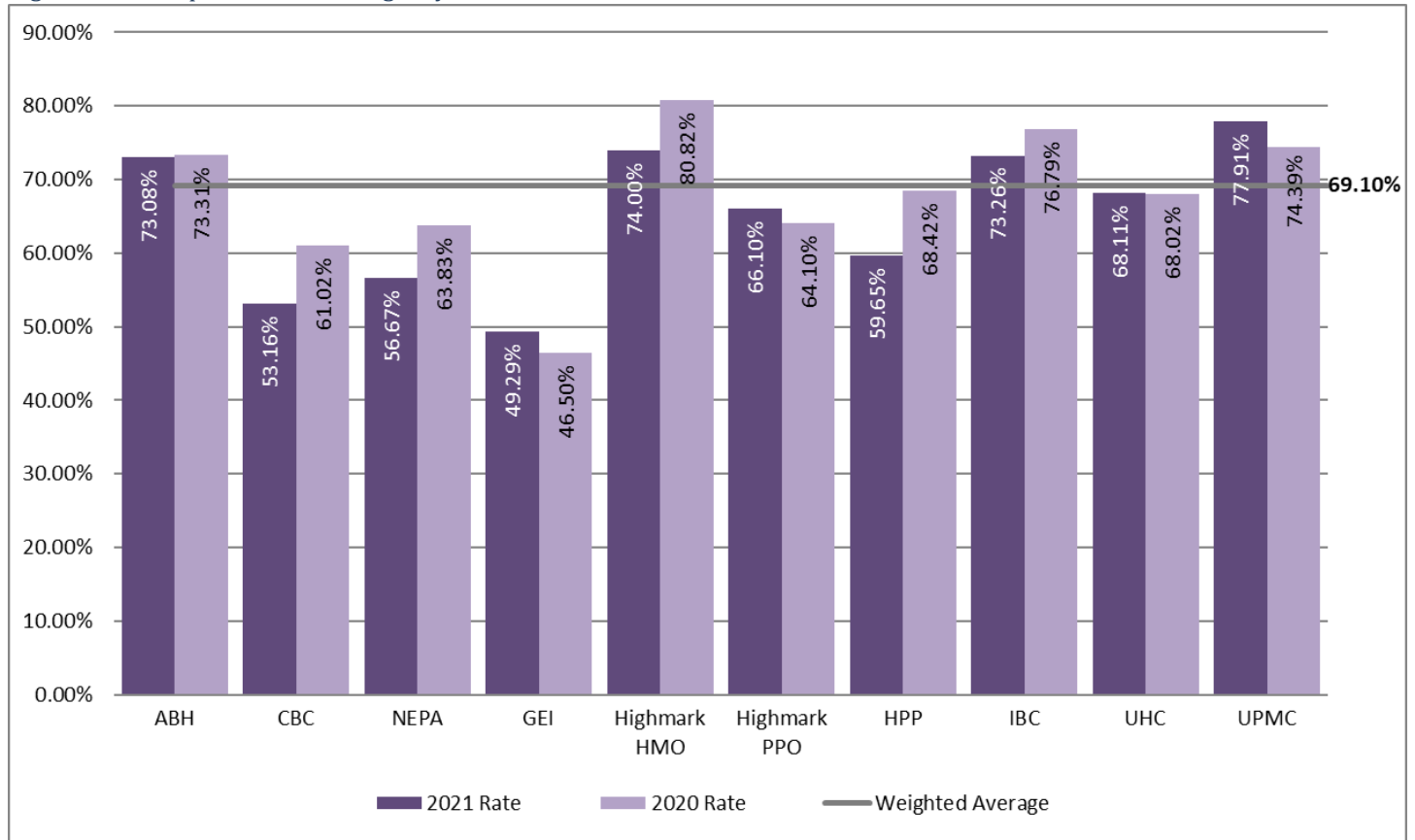
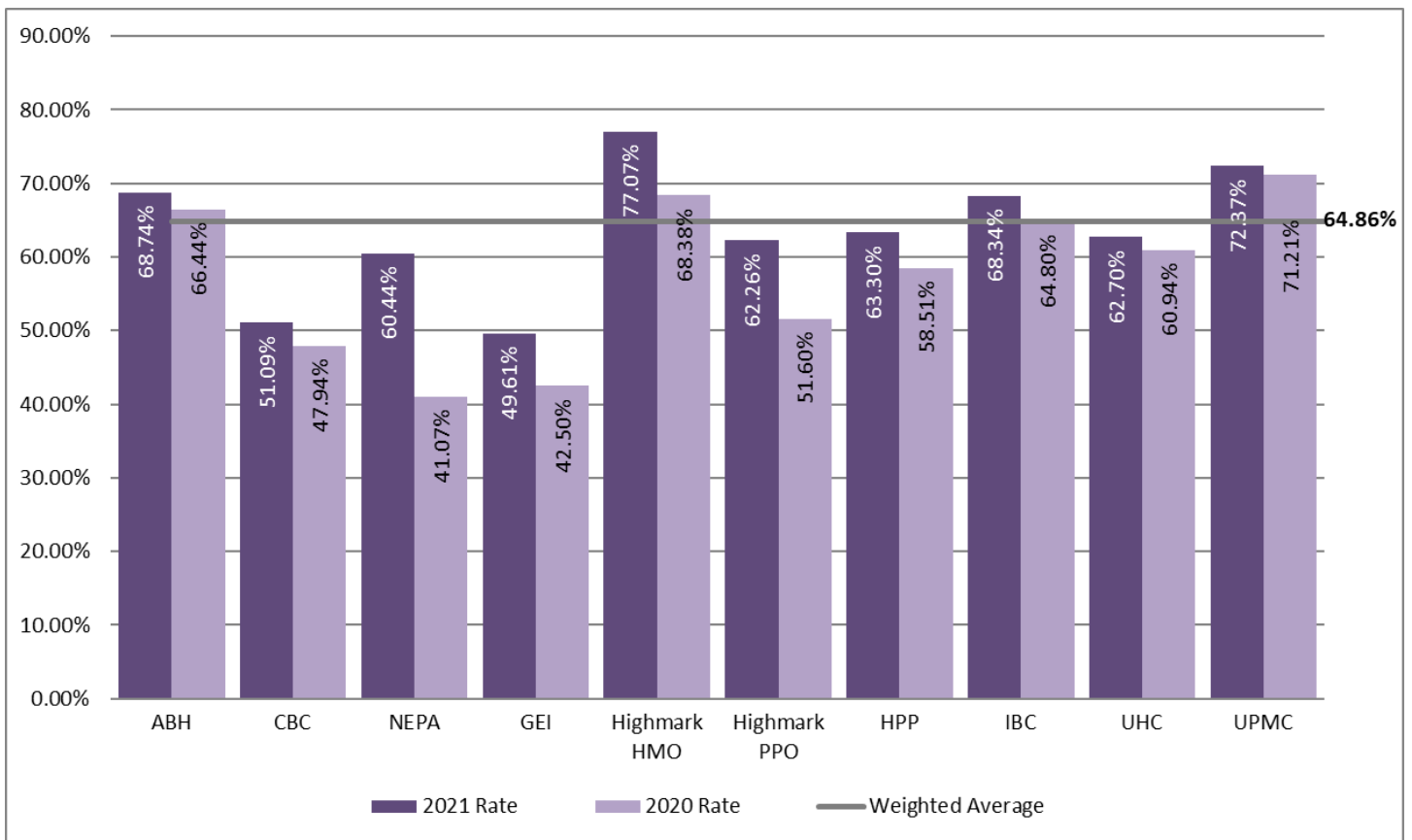


Table 5: Developmental Screening - 3 years old

CHIP MCO	Numerator	Denominator	2021 Rate
Aetna	354	515	68.74%
CBC	188	368	51.09%
NEPA	55	91	60.44%
Geisinger	189	381	49.61%
Highmark HMO	121	157	77.07%
Highmark PPO	165	265	62.26%
Health Partners	138	218	63.30%
IBC	300	439	68.34%
United	553	882	62.70%
UPMC	846	1,169	72.37%
PA CHIP Average			63.59%
PA CHIP Weighted Average	2,909	4,485	64.86%
PA MMC Weighted Average			62.76%

Figure 5: Developmental Screening - 3 years old 2020 versus 2021



Sealant Receipt on Permanent First Molars

This CMS Child Core performance measure assesses the percentage of enrolled children who turned 10 years old during the measurement year and who have ever received sealants on permanent first molar teeth. Two rates are reported: the percentage of 10-year-old children that had (1) at least one sealant and (2) all four molars sealed by the 10th birthdate. Per CMS specifications, there is a 48-month look-back period when calculating the numerator and enrollment in prior years is not required.

This measure is a new CMS Core measure in 2021 as a replacement for the Dental Sealants for 6-9 Year Old Children At Elevated Caries Risk measure, which was retired. This measure is collected for both Medicaid and CHIP plans.

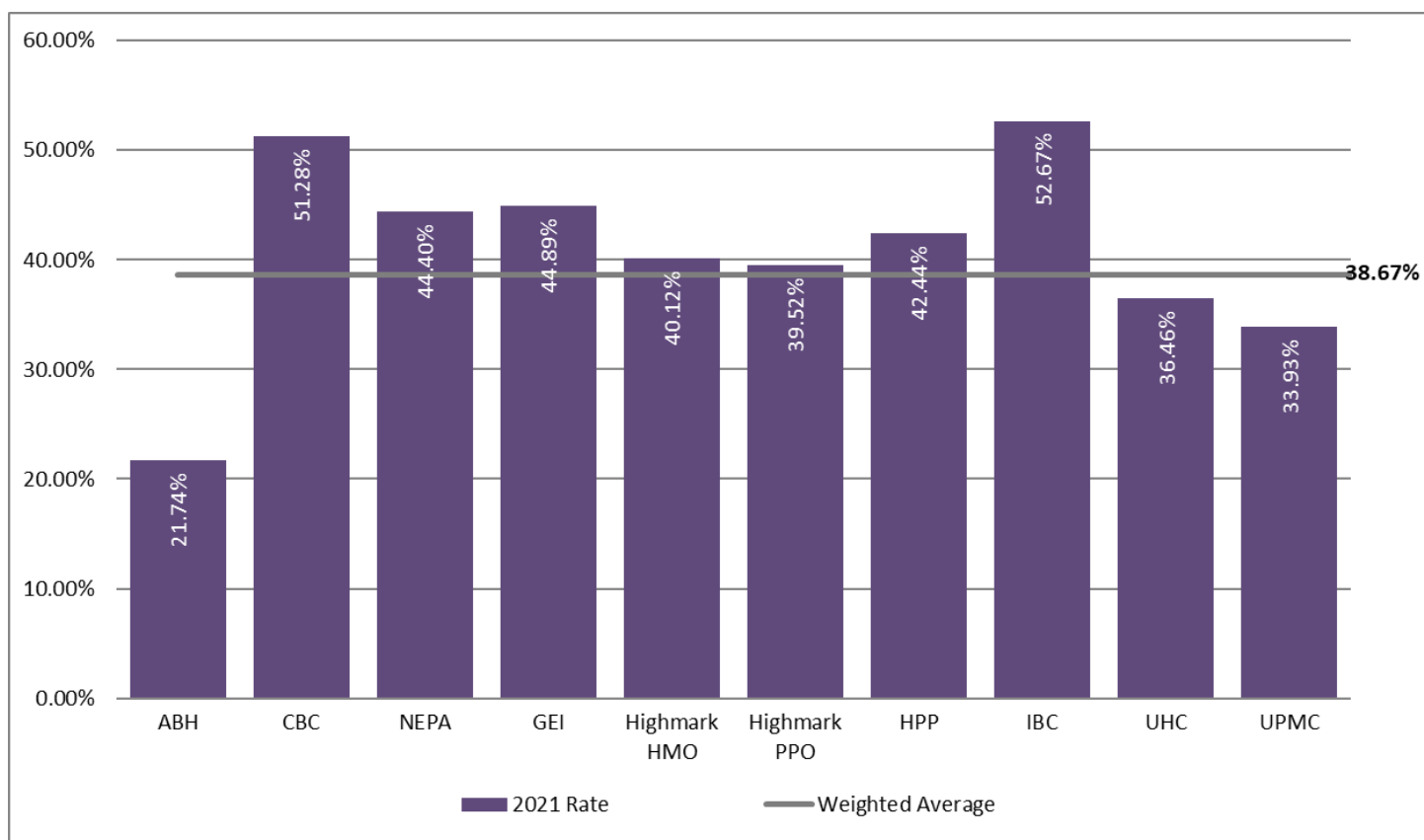
At Least One Sealant – Rate 1

For the 2021 performance measure, there were 8,089 PA CHIP members identified who turned 10 years old during the measurement year. Of these eligible members, 3,128 had ever received a sealant on at least one permanent first molar in the 48 months prior to the 10th birthday. (Weighted average = 38.67%). Sealant rates ranged from a low of 21.74% to a high of 52.67% for at least one permanent molar across the 10 MCOs with reportable rates.

Table 6: Sealant Receipt on Permanent First Molars: At Least One Sealant – Rate 1

CHIP MCO	Numerator	Denominator	2021 Rate
Aetna	182	837	21.74%
CBC	341	665	51.28%
NEPA	111	250	44.40%
Geisinger	277	617	44.89%
Highmark HMO	130	324	40.12%
Highmark PPO	196	496	39.52%
Health Partners	233	549	42.44%
IBC	394	748	52.67%
United	599	1,643	36.46%
UPMC	665	1,960	33.93%
PA CHIP Average			40.75%
PA CHIP Weighted Average	3,128	8,089	38.67%
PA MMC Weighted Average			31.26%

Figure 6: 2021 Sealant Receipt on Permanent First Molars: At Least One Sealant – Rate 1



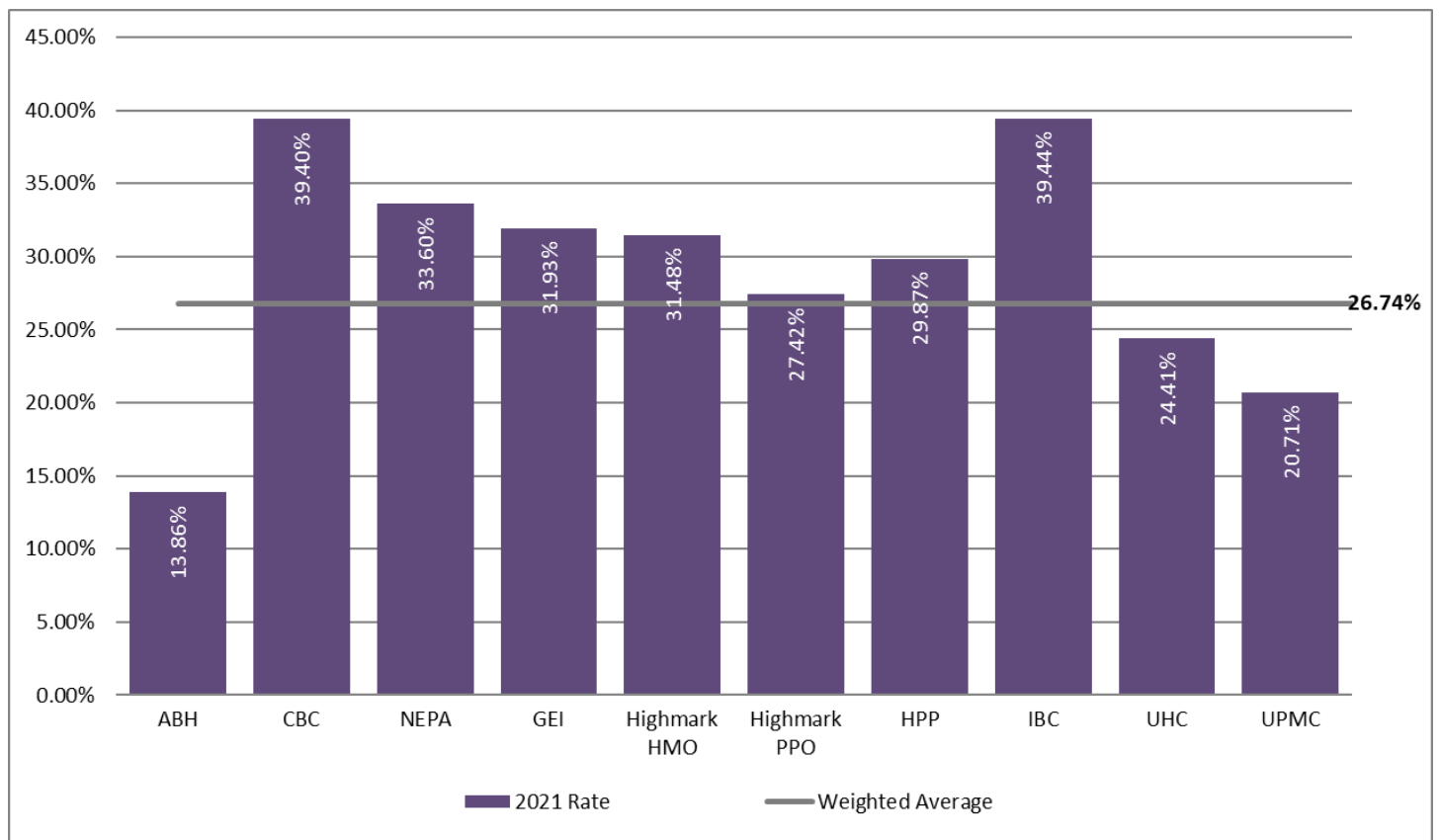
All Four Sealants – Rate 2

For the 2021 performance measure, 8,089 PA CHIP members identified who turned 10 years old during the measurement year. Of these eligible members, 2,163 received a sealant on all four permanent first molars in the 48 months prior to the 10th birthday. (Weighted average = 26.74%). Sealant rates ranged from a low of 13.86% to a high of 39.44% for all four permanent molars across the 10 MCOs with reportable rates.

Table 7: Sealant Receipt on Permanent First Molars: All Four Sealants – Rate 2

CHIP MCO	Numerator	Denominator	2021 Rate
Aetna	116	837	13.86%
CBC	262	665	39.40%
NEPA	84	250	33.60%
Geisinger	197	617	31.93%
Highmark HMO	102	324	31.48%
Highmark PPO	136	496	27.42%
Health Partners	164	549	29.87%
IBC	295	748	39.44%
United	401	1,643	24.41%
UPMC	406	1,960	20.71%
PA CHIP Average			29.21%
PA CHIP Weighted Average	2,163	8,089	26.74%
PA MMC Weighted Average			20.90%

Figure 8: 2021 Sealant Receipt on Permanent First Molars: All Four Sealants – Rate 2



Contraceptive Care for All Women Ages 15-20

This CMS Child Core performance measure assesses the percentage of women ages 15 through 20 at risk of unintended pregnancy and were provided a most effective/moderately effective contraception method or a long-acting reversible method of contraception (LARC). While the measure looks at ages 15 through 20, enrollment in CHIP is only inclusive of children up to age 19. For this reason, counts in the 20-year-old age cohort are often zero for this measure. For the CMS Core measures, two rates are reported: (1) provision of most or moderately effective contraception, and (2) provision of LARC.

Most or Moderately Effective Contraception

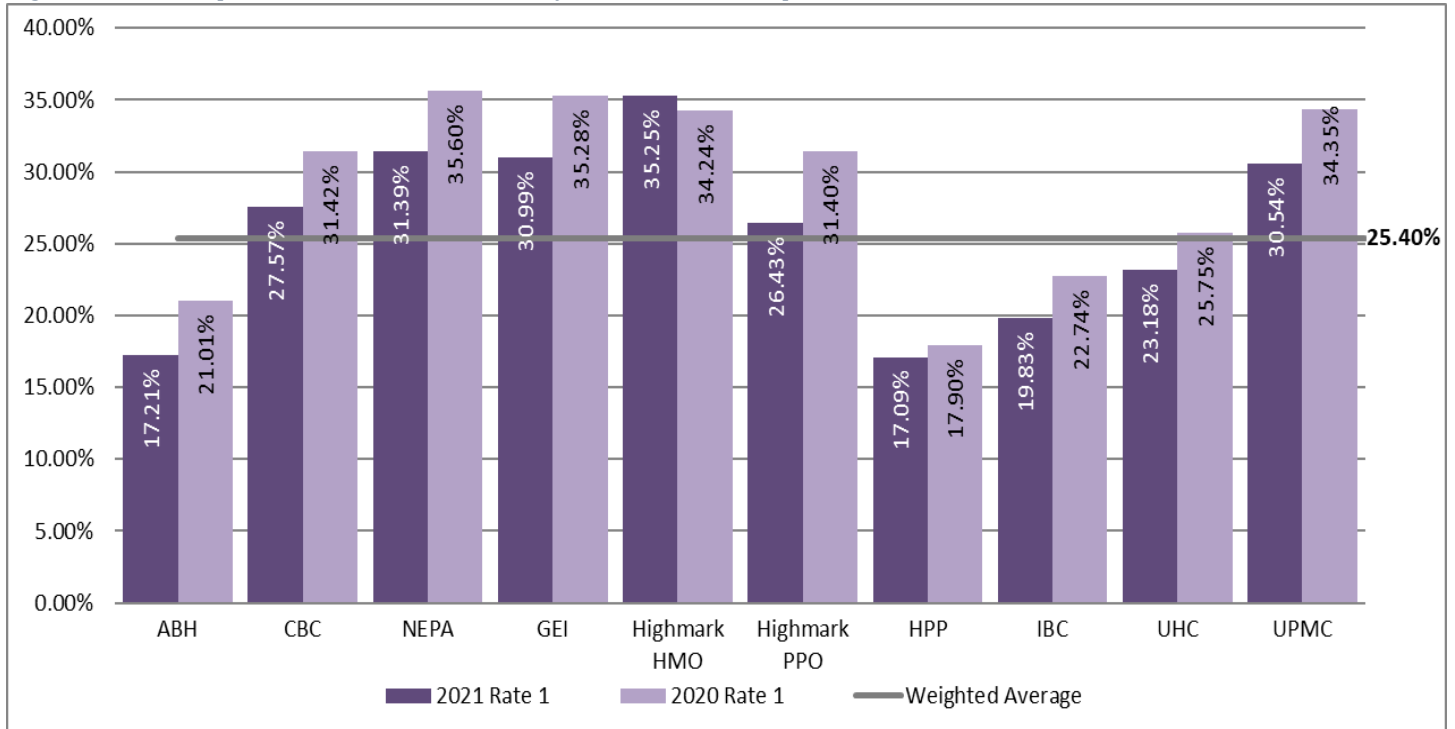
For the 2021 performance measure, 17,639 PA CHIP members aged 15 through 20 were identified as at risk of unintended pregnancy between the dates of January 1 and October 31 of the measurement year. Of the eligible members, 4,480 members were provided a most (sterilization, IUD/IUS, implant) or moderately (injectables, oral pills, patch, ring, or diaphragm) effective method of contraception (weighted average = 25.40%). The 2021 PA CHIP weighted average of 25.40% was 3.54 percentage points below the 2020 PA CHIP weighted average of 28.93%. Rates ranged from a low of 17.09% to a high of 35.25% for the 10 MCOs with reportable rates.

In 2021, 9 of the 10 MCOs reported decreased rates from 2020 for members identified as at risk of unintended pregnancy that were provided a most effective/moderately effective contraception method. Of those 9 MCOs, 6 reported rates that were statistically significantly decreased from 2020. These MCOs overwhelmingly cited impacts of the COVID-19 pandemic and Public Health Emergency declarations on these decreasing rates, which caused providers to face limitations that included inadequate hours to see patients, a shift to use of free clinics by patients, and overall patient reluctance to go into offices amongst the risks of the pandemic. MCOs noted that when patients did go in for visits, providers prioritized acute member needs and issues rather than more general services, such as providing contraception.

Table 8: Contraceptive Care: Most or Moderately Effective Contraception

CHIP MCO	Numerator	Denominator	2021 Rate
Aetna	311	1,807	17.21%
CBC	445	1,614	27.57%
NEPA	199	634	31.39%
Geisinger	401	1,294	30.99%
Highmark HMO	318	902	35.25%
Highmark PPO	287	1,086	26.43%
Health Partners	180	1,053	17.09%
IBC	463	2,335	19.83%
United	742	3,201	23.18%
UPMC	1,134	3,713	30.54%
PA CHIP Average			25.95%
PA CHIP Weighted Average	4,480	17,639	25.40%
PA MMC Weighted Average			31.26%

Figure 8: Contraceptive Care: Most or Moderately Effective Contraception: 2020 versus 2021



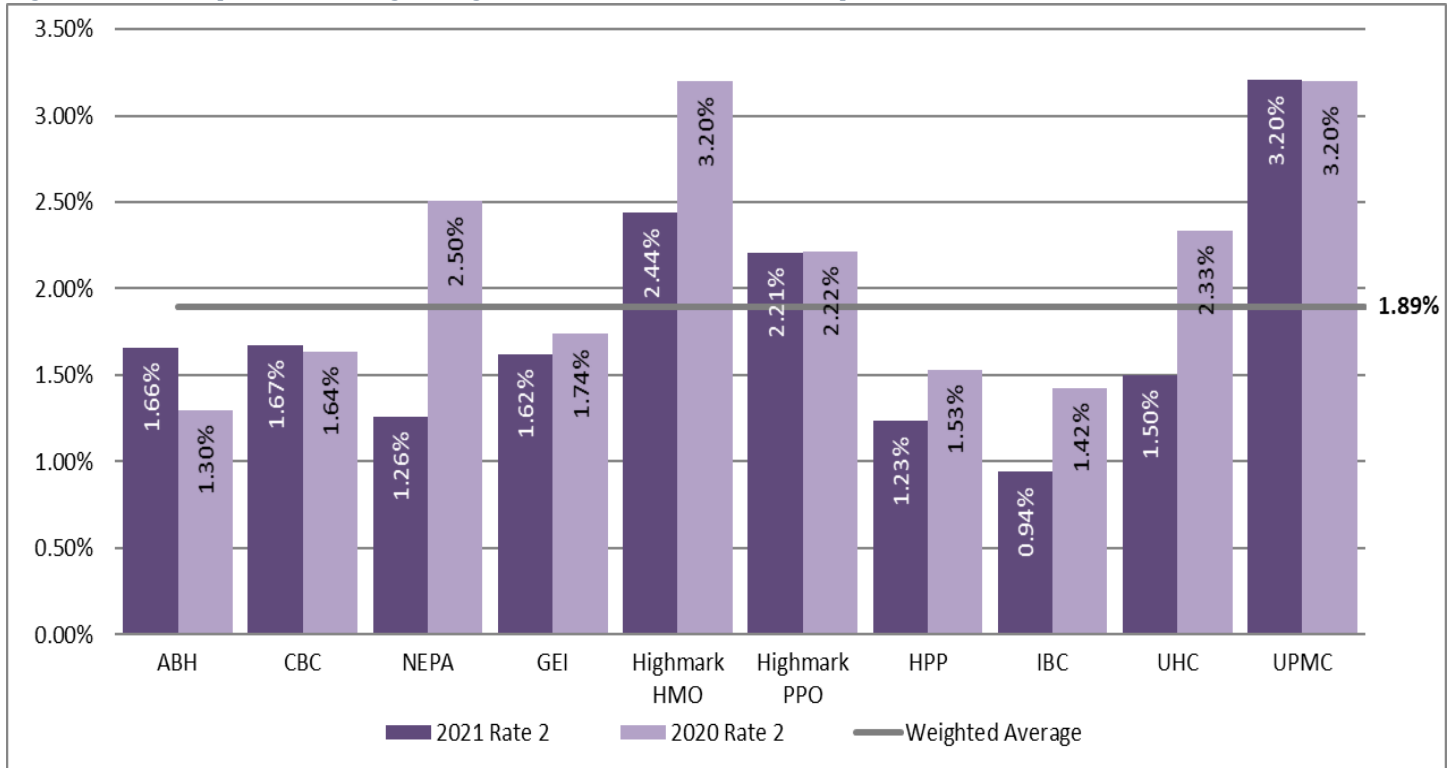
Long-Acting Reversible Method of Contraception (LARC)

For the 2021 performance measure, 17,639 PA CHIP members aged 15 through 20 were identified as at risk of unintended pregnancy between the dates of January 1 and October 31 of the measurement year. Of the eligible members, 334 members were provided a long-acting reversible method of contraception (weighted average = 1.89%). The 2021 PA CHIP weighted average of 1.89% was 0.35 percentage points below the 2020 PA CHIP weighted average of 2.24%. Rates ranged from a low of 0.94% to a high of 3.20% for the 10 MCOs with reportable rates.

Table 9: Contraceptive Care: Long-Acting Reversible Method of Contraception

CHIP MCO	Numerator	Denominator	2021 Rate
Aetna	30	1,807	1.66%
CBC	27	1,614	1.67%
NEPA	8	634	1.26%
Geisinger	21	1,294	1.62%
Highmark HMO	22	902	2.44%
Highmark PPO	24	1,086	2.21%
Health Partners	13	1,053	1.23%
IBC	22	2,335	0.94%
United	48	3,201	1.50%
UPMC	119	3,713	3.20%
PA CHIP Average			1.77%
PA CHIP Weighted Average	334	17,639	1.89%
PA MMC Weighted Average			3.32%

Figure 9: Contraceptive Care: Long-Acting Reversible Method of Contraception: 2020 versus 2021



Contraceptive Care for Postpartum Women Ages 15-20

This CMS Child Core performance measure assesses the percentage of women ages 15 through 20 who had a live birth and were provided a most effective/moderately effective contraception method or a long-acting reversible method of contraception (LARC), within 3 days and within 60 days of delivery. As with Contraceptive Care for All Women, this measure looks at ages 15 through 20, and enrollment in CHIP is only inclusive of children up to age 19. For this reason, counts in the 20-year-old age cohort are often zero for this measure. For the CMS Core measures, four rates will be reported: (1) Most or moderately effective contraception – 3 days, (2) Most or moderately effective contraception – 60 days, (3) LARC – 3 days, and (4) LARC – 60 days.

As in prior reporting years, there are no figures for the Contraceptive Care for Postpartum Women (Age 15-20 years), as denominators for all MCOs across all indicators are less than 30 and thus are reported as NA.