



Children's Health Insurance Program 2022 Annual Report to the General Assembly

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2022 Children’s Health Insurance Program Annual Report

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2022 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 as 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 authorized 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. The Consolidated Appropriations Act, under

section 5111, further extended CHIP authorization for two additional years through FY 2029.

On March 1, 2020, CHIP implemented several flexibilities within its program to assist families struggles with the effects of the COVID-19 public health emergency. CHIP adopted several program flexibilities through a State Plan Amendment to support CHIP families during the 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 then can and 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 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 2022 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.
- 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 services listed.

Eligibility

In addition to income guidelines designated in detail 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 are within 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 tiers 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 2022 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 2022 was approximately \$74 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 2022 was approximately \$85 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 result 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 tier, Full Cost CHIP, is for children in families with adjusted gross household income greater than 314 percent of the FPL. Applicants can apply for Full Cost CHIP if private insurance is unaffordable or inaccessible. Families may buy into coverage at 100 percent of the cost negotiated by the Department with each of the MCOs. The average monthly premium for 2022 was \$235 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 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)

Pennsylvania CHIP partners with eight (8) MCOs across the commonwealth to provide health care coverage to children. Every county includes at least two (2) different MCOs. The following MCOs are now providing managed care coverage for children in CHIP under contracts effective December 1, 2013, through June 30, 2023:

- 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

The CHIP media campaign was completely overhauled to provide a better picture to Pennsylvania families that CHIP is a quality health care option regardless of background or income. The new CHIP campaign included messaging to better communicate there is no upper income limit to families. Success of the campaign that ran March 2022 through July 2022, is tracked by the digital interactions with interested families across multiple platforms.

Bravo Marketing Group, CHIP's marketing partner, successfully captured the objectives set for them in developing the new campaign. Their market research and focus group data highlighted the target for the campaign and which areas to strengthen the CHIP brand. Bravo Marketing Group updated outreach materials to show CHIP as affordable quality health insurance for any Pennsylvania family.

Bravo Group used the data gathered to create a new marketing concept to better reach across Pennsylvania's distinctive cultural and ethnical counties. The brand-new, "Parenting is Hard, Being a Kid is Harder" campaign, showcased a more diverse population of children participating in a wider variety of activities. The focus group response indicated this new concept clarified CHIP's mission and availability to insure Pennsylvania's children. The tracking metrics utilized during the campaign demonstrate successful outreach with total impressions of 217.4 million across multiple platforms. Total impressions can be broken down by outdoor impressions of 136.9 million and digital impressions of 80.5 million.

The 80.5 million total digital media impressions further translate to total ad clicks of 489.4 thousand and 33.7 million completions indicating a 73.58% completion rate with the total expenditure of \$1.3 million. The 73.5% Video View rate has a cost per click (CPC) of \$2.76 and cost per view of \$.04. Although the Google Responsive Display garnered the highest impressions it was second in click through rate (CTR) with only 1.62%. The Paid Google Search recorded the highest CTR at 11.75%, followed by Snapchat with CTR of 1.52%. The digital broadcast media recorded Peacock streaming with a 98.1% view rate followed closely by Disney XP at 97.2% and Spectrums Video on Demand also at 97.2%. Overall Streaming audio and video have had the highest view rate at 89.6% and 80% minority outreach. Paid social media continues to be an effective secondary market supporting digital media.

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 2022:

- Total Calls Received: 21,546
- Total Calls Answered: 21,494
- Total Calls Abandoned: 52
- Abandoned Rate: .2%
- Average Wait time for Callers: 30 seconds
- Average Length of Call: 4 minutes and 20 seconds

School Notices

The amendment under Act 84 of 2015 requires 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 both the PA Department of Education and the PA Association of Intermediate Units 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 in the dissemination 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 2021 was 157,684. The average enrollment for CHIP in calendar year 2022 is 137,200. 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 2022.

The total enrollment numbers for the several levels of the FPL for the period January through December 2022 were:

Month	Greater than 133% less than 208% FPL (Free)	Greater than 208% less than 262% FPL (Low-Cost Group 1)	Greater than 262% less than 288% FPL (Low Cost Group 2)	Greater than 288% less than 314% FPL (Low Cost Group 3)	Greater than 314% FPL (Full Cost)	Total Monthly Enrollment
January	77,944	33,643	10,489	8,016	15,653	145,745
February	76,494	33,395	10,524	8,028	15,789	144,230
March	75,569	33,076	10,452	7,919	15,776	142,792
April	74,322	32,740	10,384	7,799	15,654	140,899
May	72,901	32,380	10,303	7,716	15,607	138,907
June	71,627	32,108	10,308	7,704	15,711	137,458
July	70,654	31,901	10,188	7,733	15,573	136,049
August	69,417	31,677	10,051	7,742	15,682	134,569
September	68,325	31,372	9,993	7,725	15,957	133,372
October	67,219	31,020	9,850	7,749	16,095	131,933
November	66,223	30,648	9,795	7,788	16,164	130,618
December	65,165	30,598	9,744	7,902	16,430	129,839

Waiting List

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

Healthcare Effectiveness Data and Information Set (HEDIS) Measurements

CHIP MCO performance is assessed using Healthcare Effectiveness Data Information Set (HEDIS®) 2022 (MY 2021) performance measures, 2022 (MY 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 2022 (MY 2021) report card is included as Attachment 6.

For HEDIS 2022 (MY 2021) performance measurements, 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 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 2022

The flexibilities enacted through the CHIP State Plan Amendment (SPA) effective March of 2020, due to the Covid 19 Public Health emergency were continued through 2022.

Those flexibilities include:

- 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 application of 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.

In 2022, by virtue of the American Rescue Plan Act of 2021 (ARP) CHIP added two (2) new State Plan Amendments (SPA). First, CHIP received approval to amend the State Plan to continue to cover COVID-19 testing, treatment, and vaccines and their administration without cost-sharing or amount, duration, or scope limitations through the last day of the first calendar quarter that begins one year after the last day of the COVID-19 emergency period.

Secondly, CHIP received approval to expand postpartum coverage to twelve (12) months for enrollees regardless of age or payment status. The twelve (12) month postpartum expansion became effective April 1, 2022, and extends through March 31, 2027. CHIP's SPA is a companion to the Medicaid continuous postpartum coverage SPA.

CHIP was excited to amend the State Plan with the Vision to Learn Health Service Initiative (HSI) approved by CMS on October 21, 2022. CHIP partnered with Vision to Learn to expand their mobile vision outreach to Title One (1) schools across Pennsylvania. Vision to Learn (VTL) is a non-profit, philanthropically funded entity that provides free vision screenings, eye exams, and glasses to students at schools in low-income communities. VTL is a Medicaid (Medical Assistance (MA)) and CHIP participating provider. The HSI helps to ensure the qualified vision services providers and the mobile lab will continue to provide vision screenings and free glasses to students in low-income areas.

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 2022, CHIP completely overhauled the outreach campaigns to target our underserved markets and to better include the diverse population of Pennsylvania.

As the COVID-19 PHE continued, CHIP responded to Pennsylvania families facing health issues and financial concerns by providing affordable, robust health insurance for children. While CHIP enrollment continued to decline during the PHE, CHIP is confident that the decline is resulting from more and more families receiving services through Medical Assistance. CHIP continues to provide comprehensive healthcare coverage to children throughout the Commonwealth.

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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 \$53 per child, plus any co-pays for services.

INCOME* (Effective March 1, 2022)

HOUSEHOLD SIZE	Free				Low Cost								Full Cost ages 0-18
	ages 1-5		ages 6-18		ages 0-1		ages 1-18		ages 0-18		ages 0-18		
1	\$ 21,337 -	\$ 28,268	\$ 18,075 -	\$ 28,268	\$ 29,219 -	\$ 35,606	\$ 28,268 -	\$ 35,606	\$ 35,606 -	\$ 39,140	\$ 39,140 -	\$ 42,673	\$ 42,673 - No Limit
2	\$ 28,747 -	\$ 38,085	\$ 24,353 -	\$ 38,085	\$ 39,367 -	\$ 47,973	\$ 38,085 -	\$ 47,973	\$ 47,973 -	\$ 52,733	\$ 52,733 -	\$ 57,494	\$ 57,494 - No Limit
3	\$ 36,158 -	\$ 47,903	\$ 30,630 -	\$ 47,903	\$ 49,515 -	\$ 60,339	\$ 47,903 -	\$ 60,339	\$ 60,339 -	\$ 66,327	\$ 66,327 -	\$ 72,315	\$ 72,315 - No Limit
4	\$ 43,568 -	\$ 57,720	\$ 36,908 -	\$ 57,720	\$ 59,663 -	\$ 72,705	\$ 57,720 -	\$ 72,705	\$ 72,705 -	\$ 79,920	\$ 79,920 -	\$ 87,135	\$ 87,135 - No Limit
5	\$ 50,978 -	\$ 67,538	\$ 43,186 -	\$ 67,538	\$ 69,811 -	\$ 85,072	\$ 67,538 -	\$ 85,072	\$ 85,072 -	\$ 93,514	\$ 93,514 -	\$ 101,956	\$ 101,956 - No Limit
6	\$ 58,389 -	\$ 77,356	\$ 49,463 -	\$ 77,356	\$ 79,959 -	\$ 97,438	\$ 77,356 -	\$ 97,438	\$ 97,438 -	\$ 107,108	\$ 107,108 -	\$ 116,777	\$ 116,777 - No Limit
7	\$ 65,799 -	\$ 87,173	\$ 55,741 -	\$ 87,173	\$ 90,107 -	\$ 109,805	\$ 87,173 -	\$ 109,805	\$ 109,805 -	\$ 120,701	\$ 120,701 -	\$ 131,598	\$ 131,598 - No Limit
8	\$ 73,210 -	\$ 96,991	\$ 62,018 -	\$ 96,991	\$ 100,255 -	\$ 122,171	\$ 96,991 -	\$ 122,171	\$ 122,171 -	\$ 134,295	\$ 134,295 -	\$ 146,419	\$ 146,419 - No Limit
9	\$ 80,620 -	\$ 106,808	\$ 68,296 -	\$ 106,808	\$ 110,403 -	\$ 134,537	\$ 106,808 -	\$ 134,537	\$ 134,537 -	\$ 147,888	\$ 147,888 -	\$ 161,239	\$ 161,239 - No Limit
10	\$ 88,030 -	\$ 116,626	\$ 74,574 -	\$ 116,626	\$ 120,551 -	\$ 146,904	\$ 116,626 -	\$ 146,904	\$ 146,904 -	\$ 161,482	\$ 161,482 -	\$ 176,060	\$ 176,060 - No Limit

COST

Average monthly premium per child (Effective July 1, 2021)	Free		Low Cost				Full Cost
	\$0	\$0	\$53	\$53	\$74	\$85	
							\$235

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 2/4/22)

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.

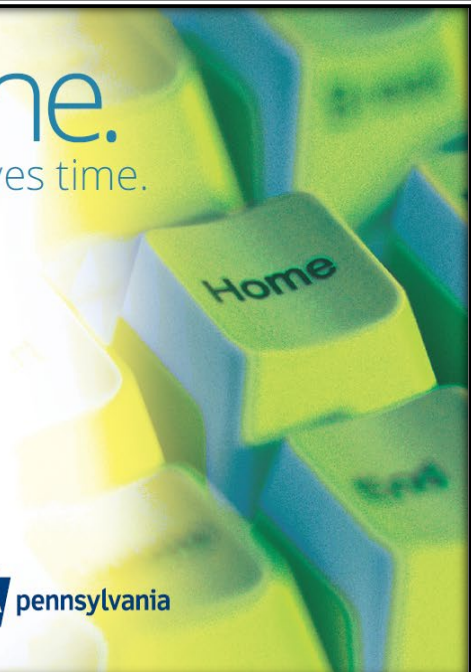


COMPASS
CLICK. APPLY. BENEFIT.

www.compass.state.pa.us



pennsylvania





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





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
Cubrímos a todos los niños.

Attachment 5: CHIP Enrollment by County

CHIP Enrollment by Sub-Program and County

December - 2022

County	Free	Sub 1	Sub 2	Sub 3	At Cost	Total
Adams	762	374	121	91	173	1,521
Allegheny	4,089	2,234	759	636	1,758	9,476
Armstrong	306	186	49	43	77	661
Beaver	682	407	124	95	196	1,504
Bedford	303	143	72	20	92	630
Berks	2,915	1,290	427	352	635	5,619
Blair	624	315	103	89	172	1,303
Bradford	373	134	51	50	56	664
Bucks	3,331	1,663	637	486	1,185	7,302
Butler	748	425	139	82	307	1,701
Cambria	483	265	90	71	149	1,058
Cameron	15	3	2	2	6	28
Carbon	355	158	30	39	61	643
Centre	383	202	67	46	98	796
Chester	2,307	1,146	349	299	706	4,807
Clarion	187	123	30	21	46	407
Clearfield	309	191	48	56	84	688
Clinton	157	84	28	19	28	316
Columbia	318	138	42	39	40	577
Crawford	366	174	59	44	86	729
Cumberland	1,375	637	189	172	316	2,689
Dauphin	1,500	665	213	135	346	2,859
Delaware	3,118	1,354	456	400	751	6,079
Elk	104	63	22	12	44	245
Erie	1,058	525	140	148	284	2,155
Fayette	649	311	116	77	157	1,310
Forest	13	5	2	2	2	24
Franklin	1,310	546	168	133	250	2,407
Fulton	100	55	16	8	33	212
Greene	142	58	18	18	32	268
Huntingdon	204	114	26	32	41	417
Indiana	320	192	57	39	80	688
Jefferson	220	119	39	36	46	460
Juniata	131	75	28	10	21	265
Lackawanna	1,025	447	118	122	175	1,887
Lancaster	3,693	1,916	641	491	904	7,645
Lawrence	344	172	79	41	103	739
Lebanon	964	454	141	117	198	1,874
Lehigh	2,728	1,134	315	266	501	4,944
Luzerne	1,847	681	166	127	238	3,059
Lycoming	609	218	76	58	99	1,060
McKean	186	52	20	17	23	298
Mercer	441	216	67	35	102	861
Mifflin	268	113	32	41	29	483
Monroe	1,018	396	130	102	230	1,876

Montgomery	3,878	1,943	654	555	1,259	8,289
Montour	61	29	7	6	13	116
Northampton	1,843	777	277	225	339	3,461
Northumberland	430	200	46	38	57	771
Perry	288	180	63	33	54	618
Philadelphia	8,064	3,091	912	777	1,465	14,309
Pike	282	157	57	67	69	632
Potter	83	27	11	8	11	140
Schuylkill	729	328	95	80	115	1,347
Snyder	235	108	43	17	42	445
Somerset	341	166	63	43	89	702
Sullivan	15	9	3	3	11	41
Susquehanna	234	127	30	26	66	483
Tioga	189	74	21	23	30	337
Union	244	90	26	21	38	419
Venango	312	128	38	35	47	560
Warren	113	47	12	17	25	214
Washington	841	450	148	111	388	1,938
Wayne	233	123	35	40	52	483
Westmoreland	1,386	905	313	197	617	3,418
Wyoming	130	64	7	17	38	256
York	2,854	1,402	381	344	645	5,626
Total	65,165	30,598	9,744	7,902	16,430	129,839



Commonwealth of Pennsylvania Department of Human Services

Children's Health Insurance Program Report Card

FINAL REPORT

January 2023



Better healthcare,
realized.

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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. 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 132,000 children and teens were enrolled in PA CHIP as of December 2022.

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 several 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 Better Health Kids of Pennsylvania
- 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

Report Card Description

CHIP health insurance company performance is assessed using Healthcare Effectiveness Data Information Set (HEDIS®) MY 2021 performance measures, MY 2021 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 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

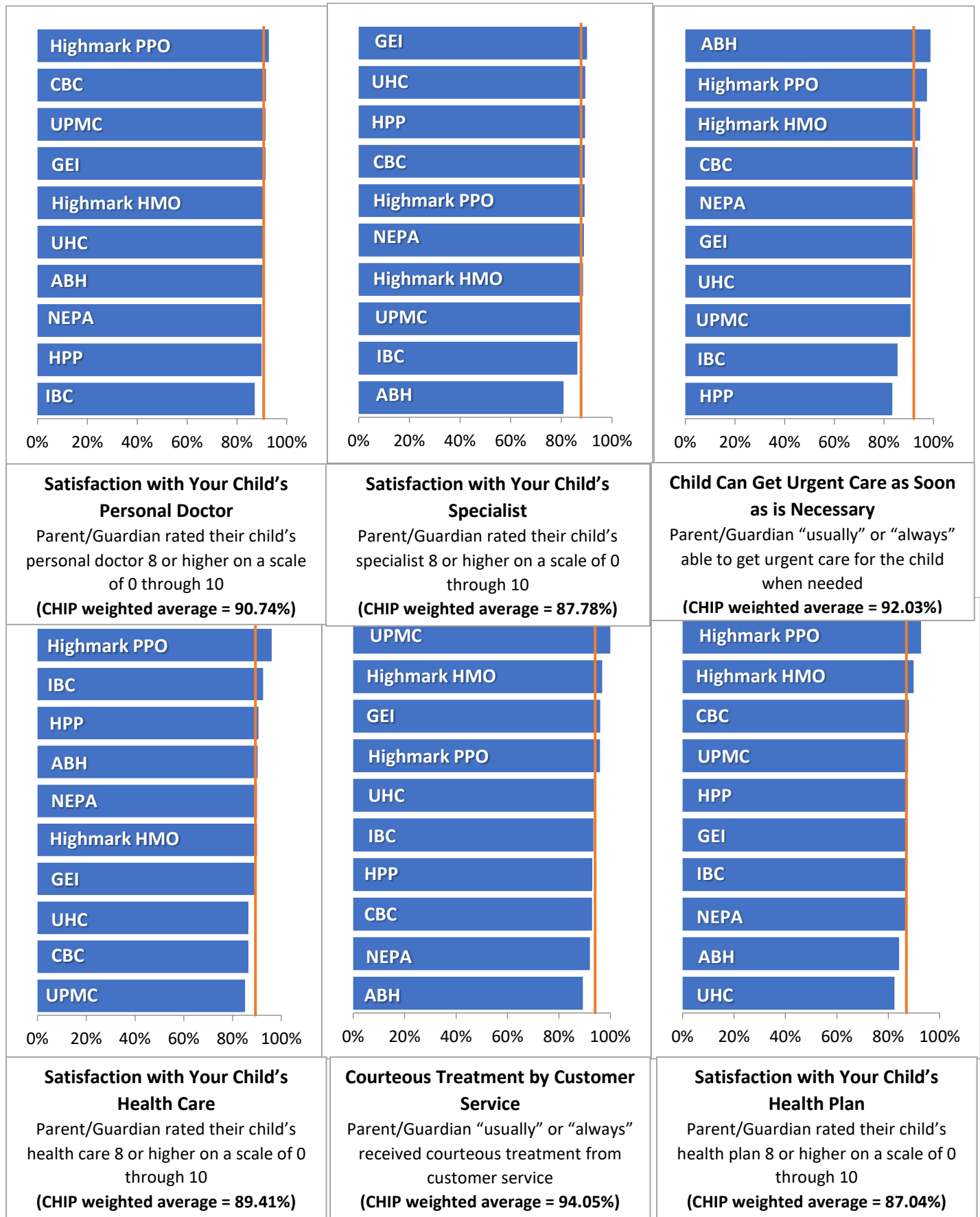
“always” when rating the care provided by their CHIP provider.

For each performance indicator, the CHIP 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.

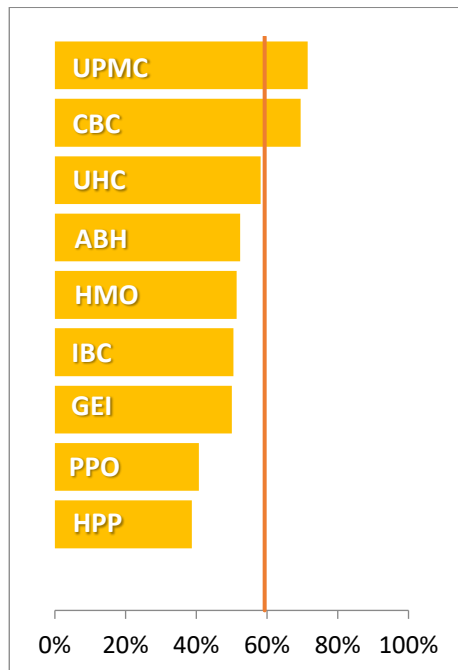
In addition, the PA CHIP statewide weighted average is represented on each chart by a solid vertical line. The PA CHIP weighted averaged is calculated as the total number of events program-wide divided by the eligible population program-wide.



Satisfaction with Care: Is the care meeting your needs?

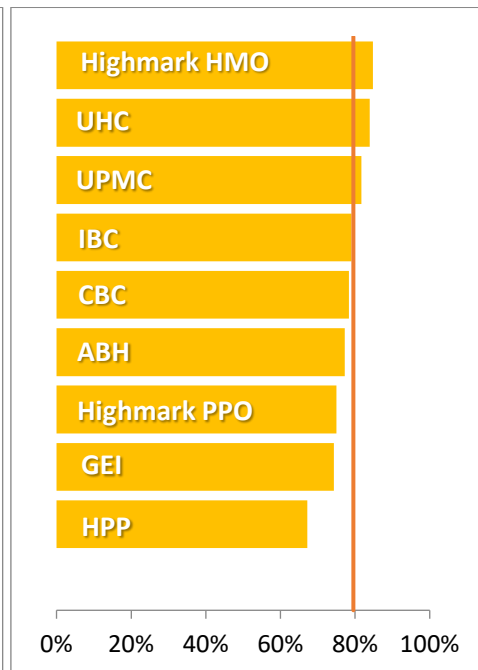


Access to Care: Are children receiving care?



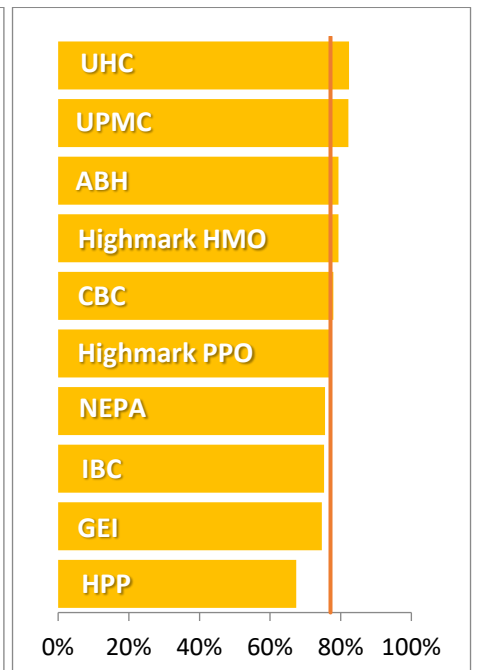
Well-Child Visits in the First 30 Months of Life

Percentage of children who turned 15 months old during the measurement year and had 6 or more well-child visits
(CHIP weighted average = 59.32%)



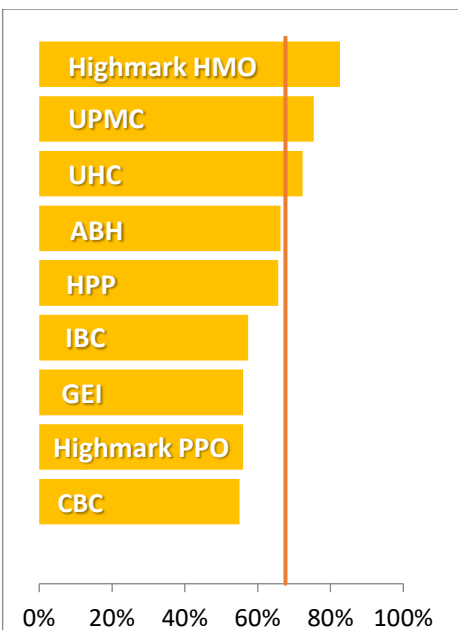
Childhood Immunization Status Combination 3

Percentage of children who received a combination of 7 recommended vaccines prior to their 2nd birthday
(CHIP weighted average = 79.54%)



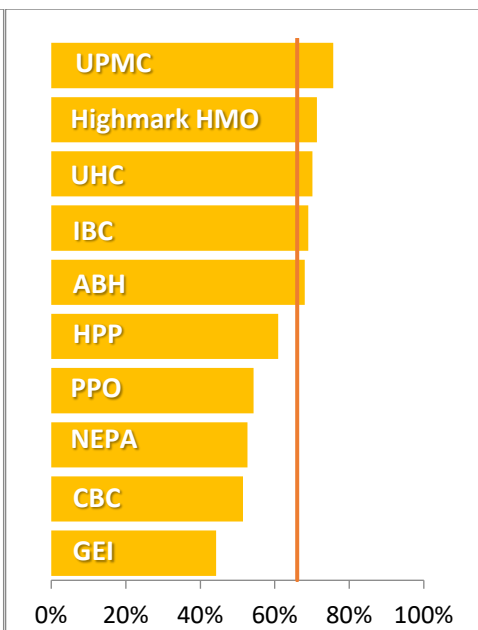
Testing for Children with Pharyngitis (Sore Throat)

Percentage of children 3 years and older where the member was diagnosed with pharyngitis, dispensed an antibiotic, and received a streptococcus test
(CHIP weighted average = 79.13%)



Lead Screening for Children

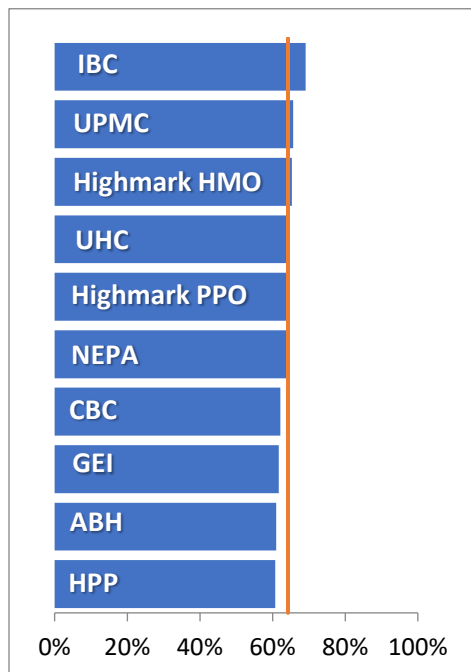
Percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday
(CHIP weighted average = 67.63%)



Developmental Screening in the First 3 Years of Life

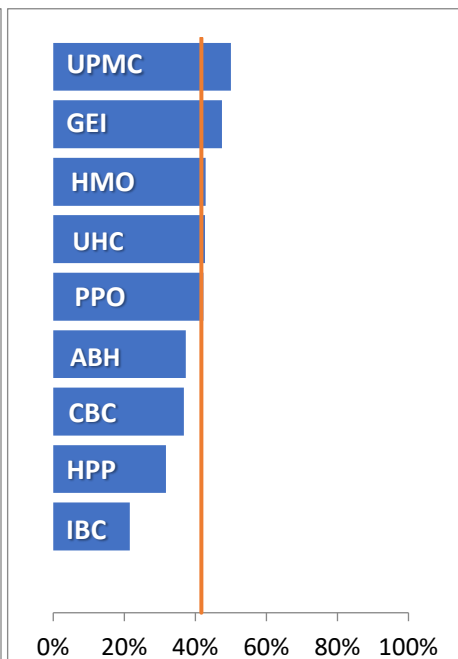
Percentage of children screened for risk of developmental delays in the 12 months before their 1st, 2nd, or 3rd birthday
(CHIP weighted average = 66.02%)

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



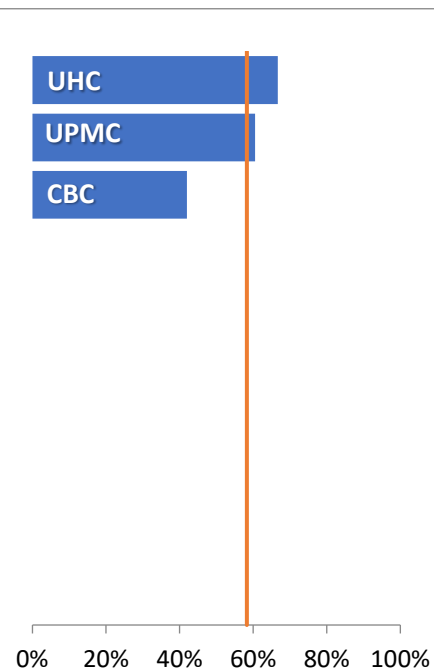
Child and Adolescent Well-Care Visits

Percentage of members 3-19 years old who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner
(CHIP weighted average = 64.25%)



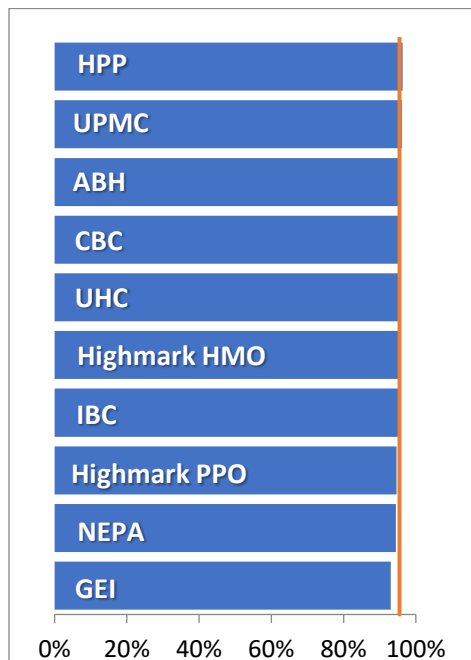
Follow-Up Care for Children Prescribed ADHD Medication: Initiation Phase

Percentage of children 6-12 years old prescribed ADHD medication who had one follow-up visit within 30 days
(CHIP weighted average = 41.70%)



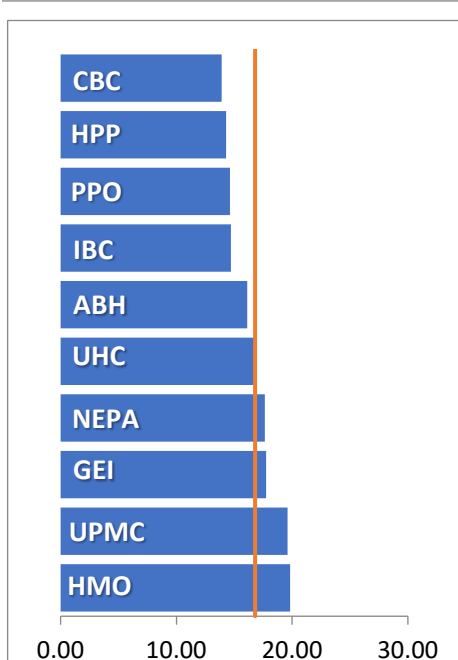
Follow-Up Care for Children Prescribed ADHD Medication: Continuation & Maintenance

Percentage of children 6-12 years old who had one follow up visit during initiation and 2 additional follow ups within 270 days
(CHIP weighted average = 58.28%)



Appropriate Treatment for Upper Respiratory Infection

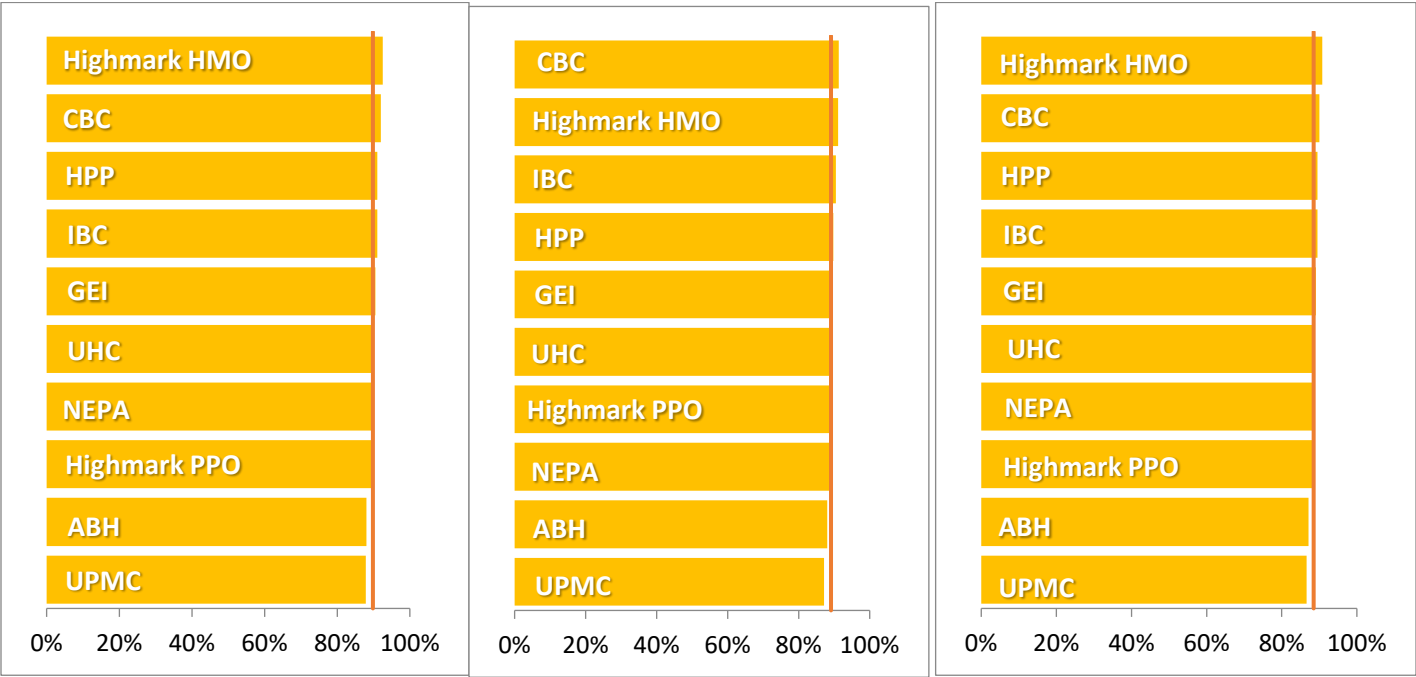
Percentage of episodes for members 3 months – 18 years old diagnosed with upper respiratory infection not prescribed antibiotics
(CHIP weighted average = 95.48%)



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)
(CHIP weighted average = 16.80)

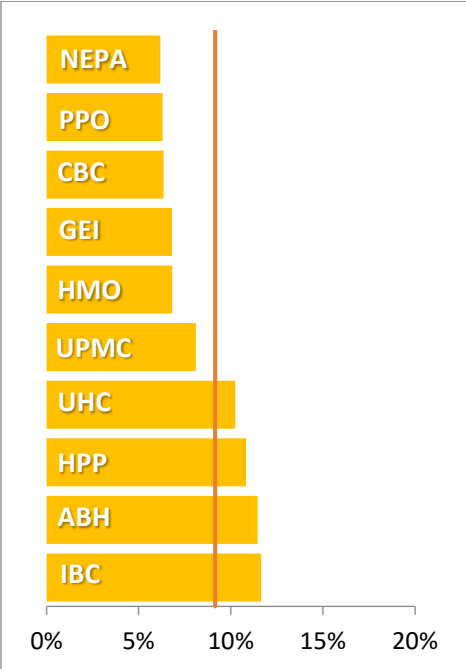
Quality of Care II: How effective is the care being provided?



Immunizations for Adolescents: Tdap
Percentage of members 13 years of age who received one Tdap vaccine by their 13th birthday
(CHIP weighted average = 89.83%)

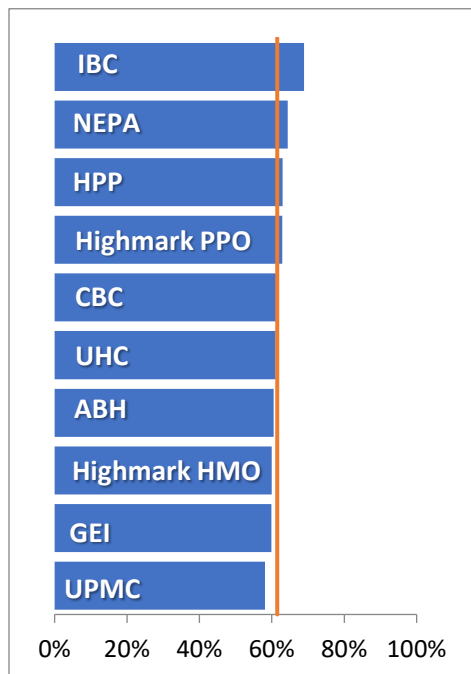
Immunizations for Adolescents: Meningococcal
Percentage of members 13 years of age who received one meningococcal vaccine by their 13th birthday
(CHIP weighted average = 89.10%)

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 = 88.49%)



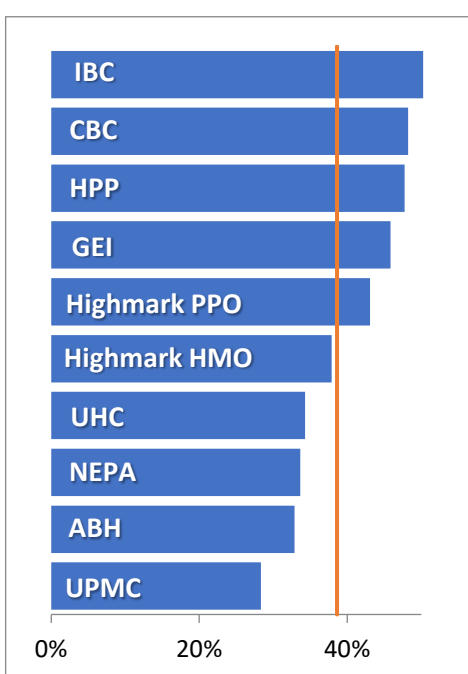
Emergency Department Visits for Asthma
Percentage of children with asthma who had one or more asthma-related ED visits
(a lower rate indicates better performance)

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



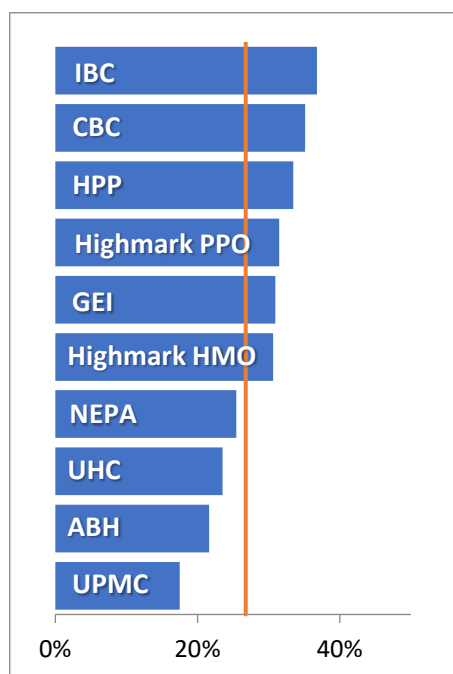
Annual Dental Visits

Percentage of children and adolescents 2 – 19 years old who had at least one dental visit during the measurement year
(CHIP weighted average = 61.49%)



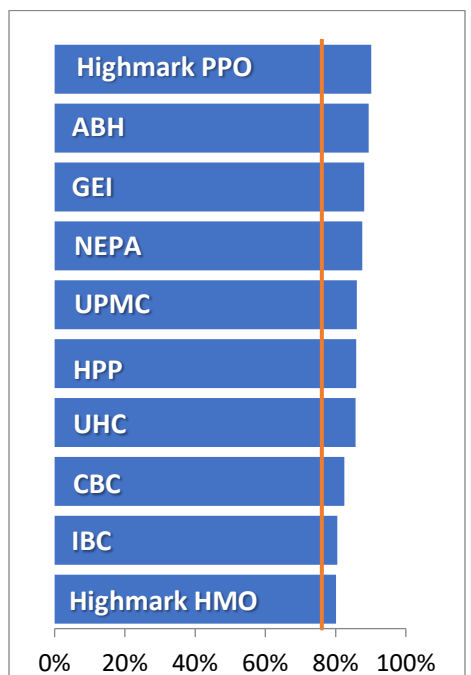
Sealant Receipt on Permanent First Molars

Percentage of children who turned 10 during the measurement year who have ever received at least one sealant on permanent first molar teeth
(CHIP weighted average = 38.62%)



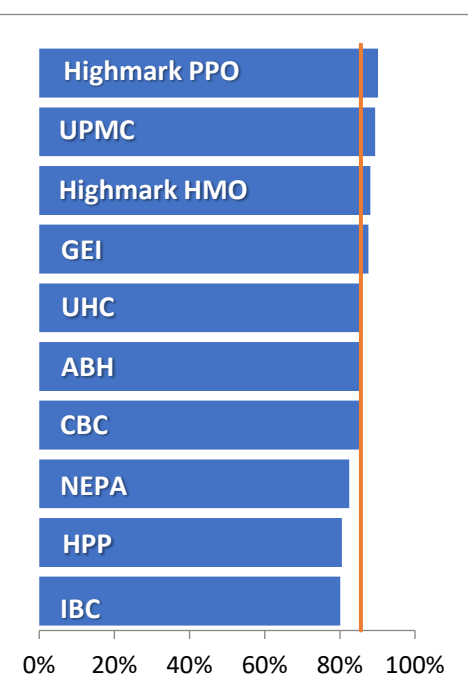
Sealant Receipt on Permanent First Molars

Percentage of children who turned 10 during the measurement year who had all four molars sealed by the 10th birthday
(CHIP weighted average = 26.77%)



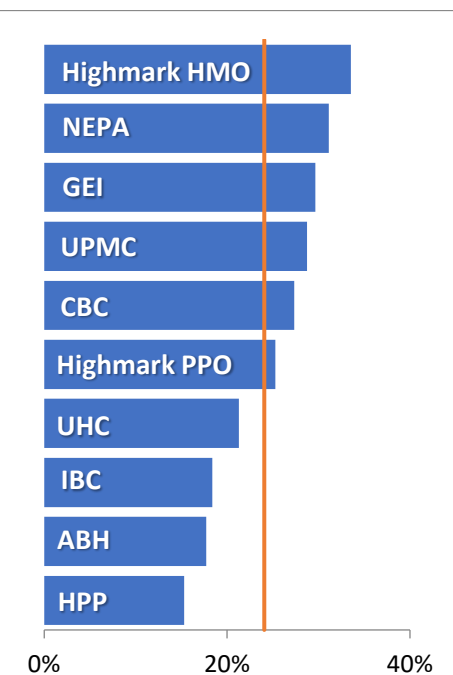
Child's Overall Mental or Emotional Health

Parent/Guardian rated their child's overall mental or emotional health as "very good" or "excellent"
(CHIP weighted average = 76.08%)



Child's Overall Health

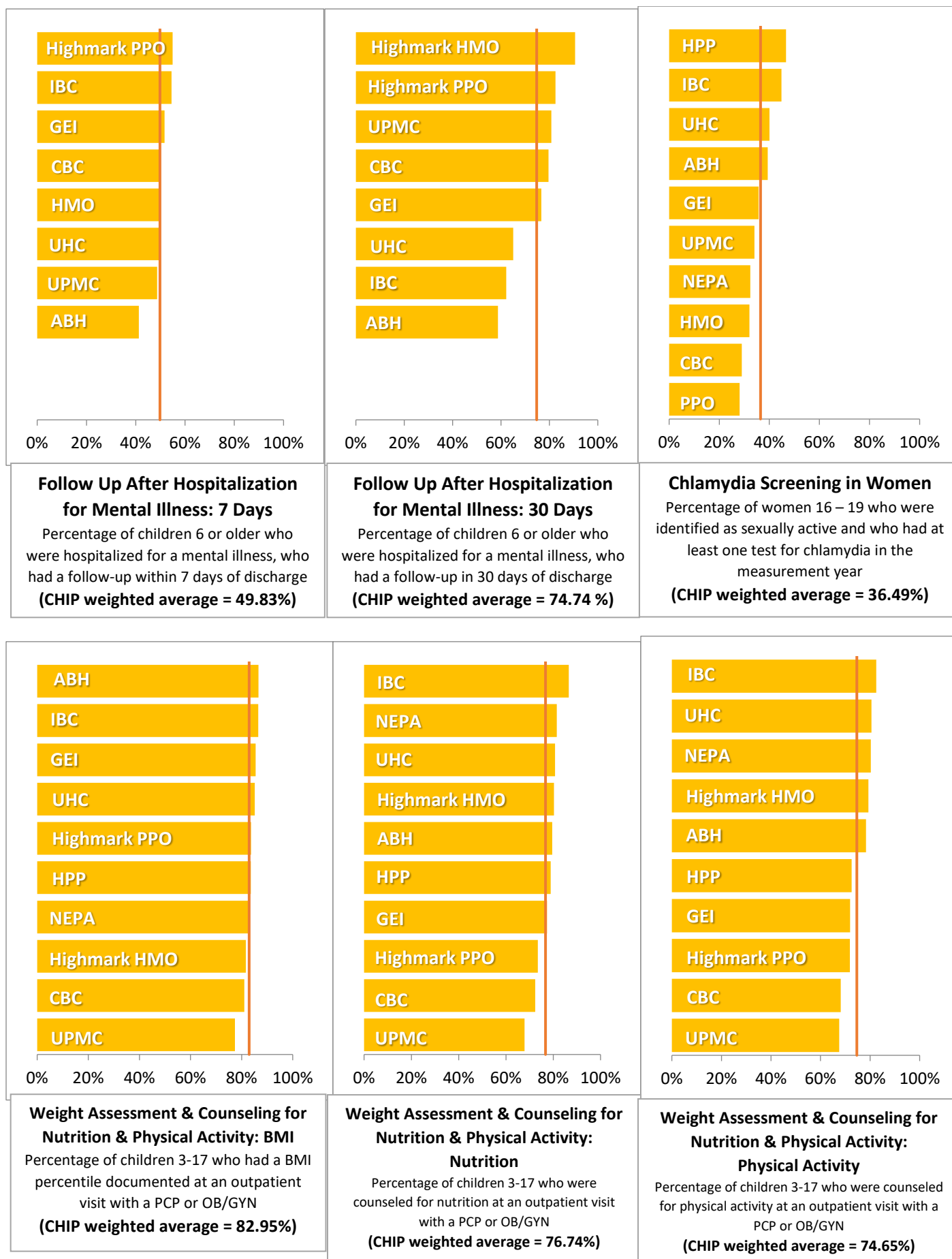
Parent/Guardian rated their child's overall health as "very good" or "excellent"
(CHIP weighted average = 85.60%)



Contraceptive Care for All Women

Percentage of females ages 15-20 at risk of unintended pregnancy and provided most/moderately effective contraception
(CHIP weighted average = 24.07%)

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



Commonwealth of Pennsylvania Department of Human Services

Children's Health Insurance Program Administrative Performance Measure Report

FINAL REPORT

January 2023



Administrative Performance Measures

In the 2022 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), 2021. 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 Better Health Kids of Pennsylvania
- ☐ 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 CHIP performance measures 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

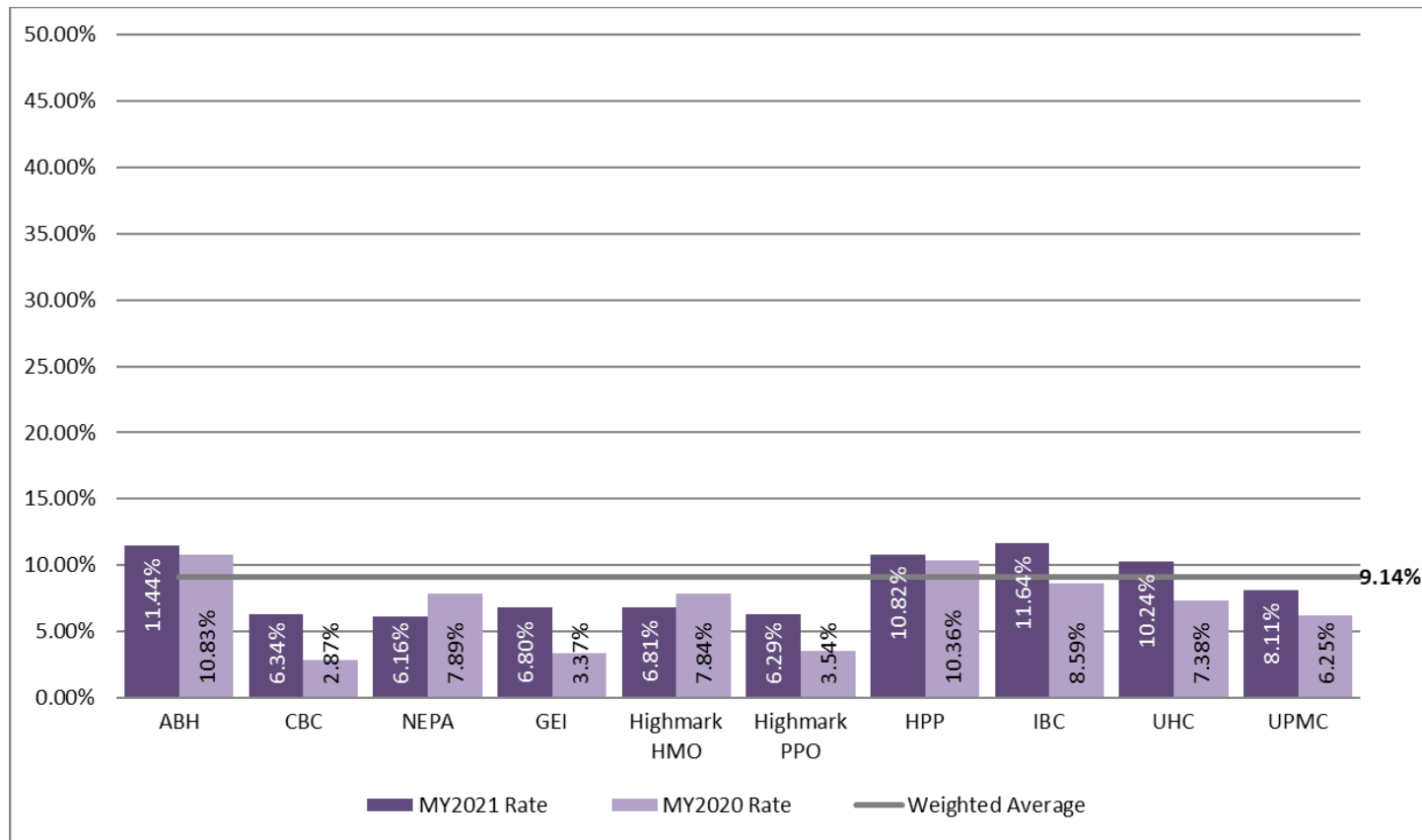
This performance measure assesses the percentage of children and adolescents two years of age through nineteen years of age, with an asthma diagnosis, who had ≥ 1 asthma-related emergency department (ED) visits during calendar year 2021. This measure is an inverted measure with lower rates indicating better performance. This measure was discontinued for Medicaid beginning in 2016 and thus no comparison rate is included in Table 1.

For the 2022 (MY 2021) performance measure, 5,752 PA CHIP members were identified as children or adolescents with an asthma diagnosis. Of those total members identified with an asthma diagnosis, 526 members had one or more asthma related ED visits during CY 2021 (weighted average = 9.14%). The 2022 PA CHIP ASM-ED weighted average at 9.14% was 2.06 percentage points above the 2021 (MY 2020) weighted average of 7.08%. Across the 10 PA CHIP MCOs with reportable rates, asthma ED visit rates ranged from a low of 6.16% to a high of 11.64%.

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

CHIP MCO	Numerator	Denominator	2022 Rate
Aetna	84	734	11.44%
CBC	31	489	6.34%
NEPA	9	146	6.16%
Geisinger	28	412	6.80%
Highmark HMO	16	235	6.81%
Highmark PPO	27	429	6.29%
Health Partners	46	425	10.82%
IBC	98	842	11.64%
United	104	1,016	10.24%
UPMC	83	1,024	8.11%
PA CHIP Average			8.47%
PA CHIP Weighted Average	526	5,752	9.14%

Figure 1: Annual Number of Asthma Patients with One or More Asthma Related Emergency Department Visits: MY 2020 versus MY 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 2022 (MY 2021) performance measure, 6,200 PA CHIP members were identified as eligible for a developmental screening. Of the eligible members, 4,093 members received a developmental screening (weighted average = 66.02%). The 2022 PA CHIP weighted average of 66.02% was 0.11 percentage points below the 2021 (MY 2020) PA CHIP weighted average of 66.13%. Screening rates ranged from a low of 44.25% to a high of 75.70% for the 10 MCOs with reportable rates.

Table 2: Developmental Screening - Total Rate

CHIP MCO	Numerator	Denominator	2022 Rate
ABH	566	832	68.03%
CBC	240	466	51.50%
NEPA	79	150	52.67%
GEI	227	513	44.25%
Highmark HMO	149	209	71.29%
Highmark PPO	197	363	54.27%
HPPH	156	256	60.94%
IBC	389	564	68.97%
UHC	822	1,172	70.14%
UPMC	1,268	1,675	75.70%
PA CHIP Average			61.78%
PA CHIP Weighted Average	4,093	6,200	66.02%
PA MMC Weighted Average			60.77%

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

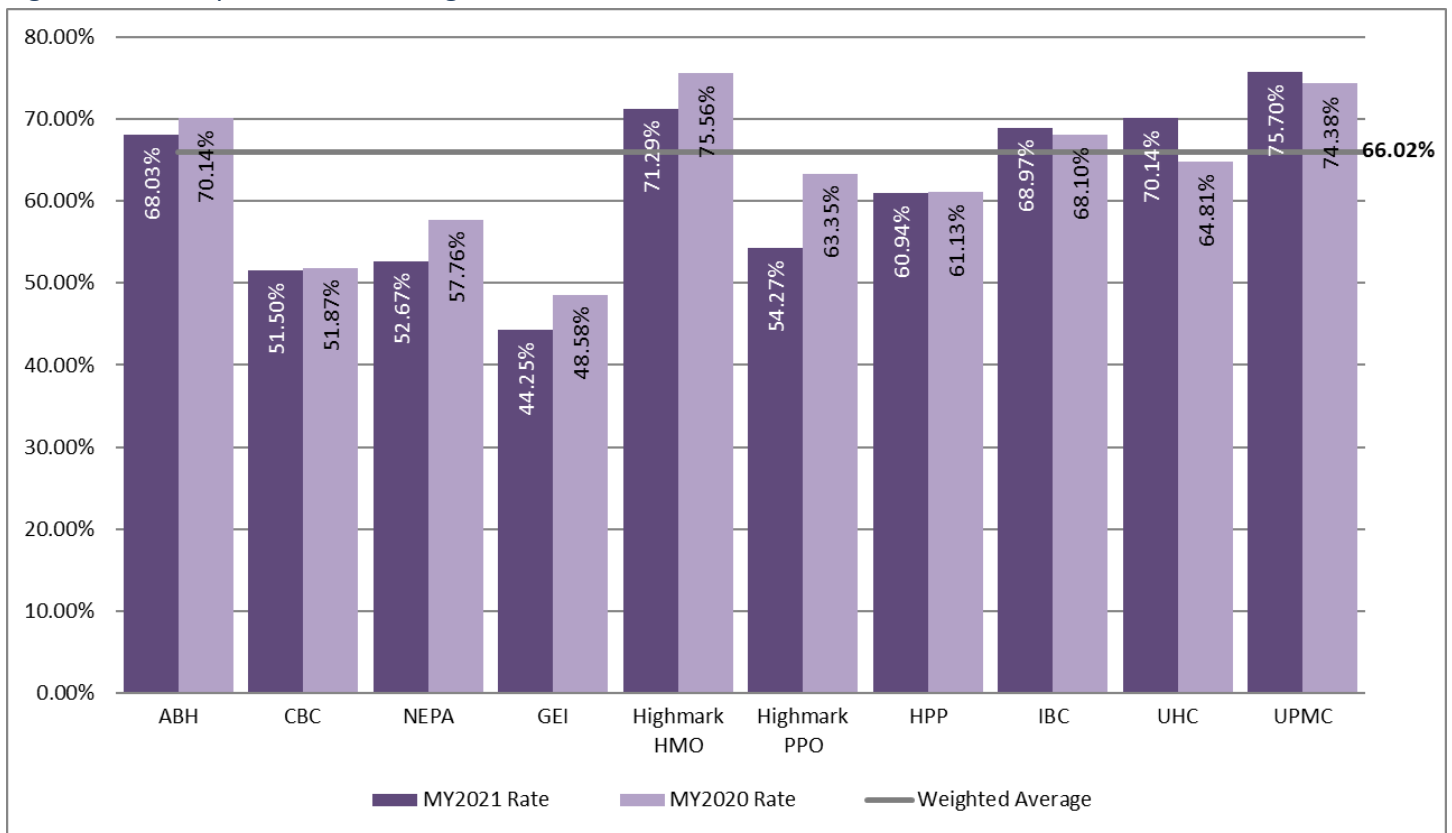
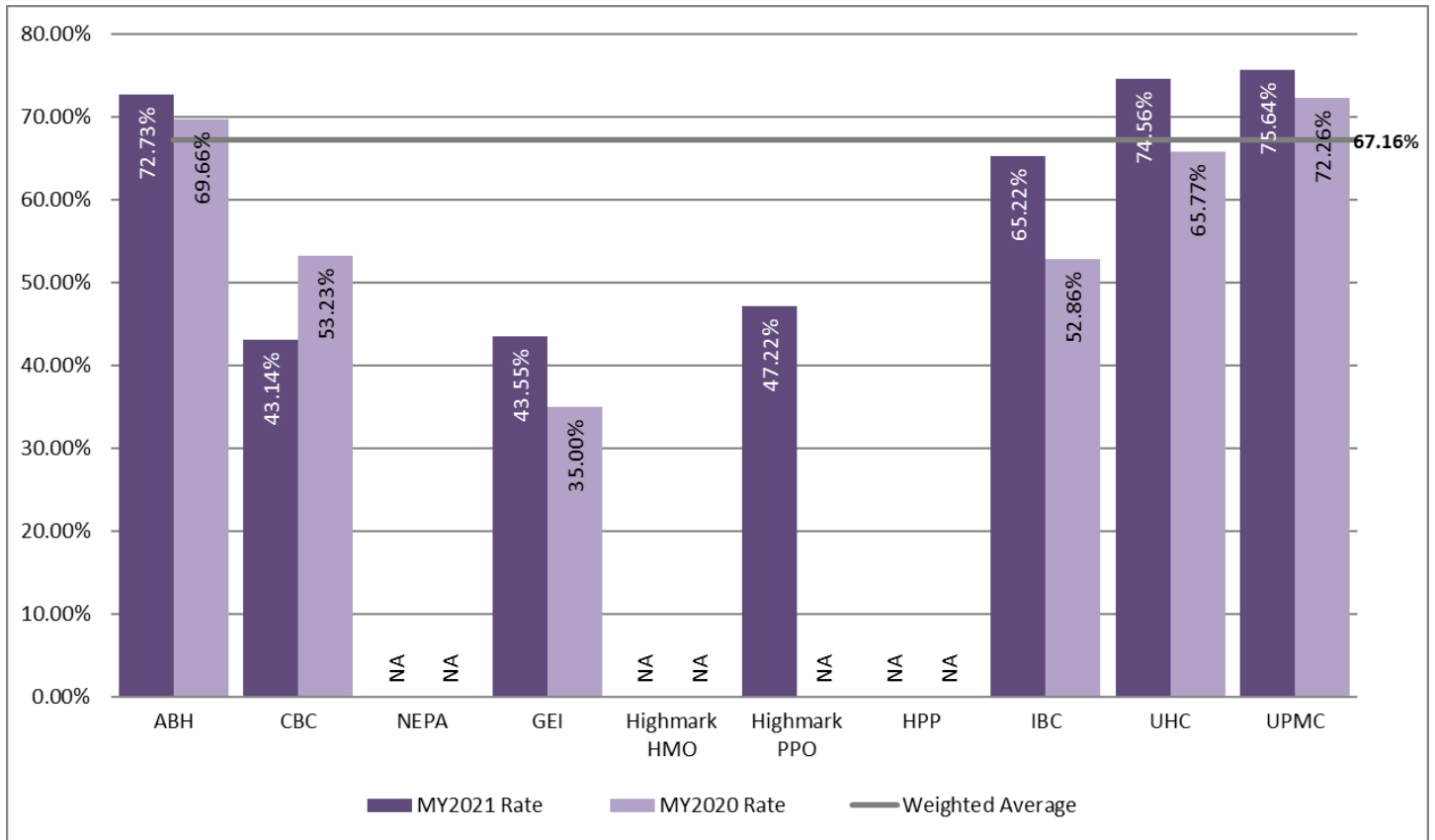


Table 3: Developmental Screening - 1 year old

CHIP MCO	Numerator	Denominator	2022 Rate
ABH	64	88	72.73%
CBC	22	51	43.14%
NEPA	7	12	NA
GEI	27	62	43.55%
Highmark HMO	19	25	NA
Highmark PPO	17	36	47.22%
HPPH	9	17	NA
IBC	45	69	65.22%
UHC	85	114	74.56%
UPMC	208	275	75.64%
PA CHIP Average			60.29%
PA CHIP Weighted Average	503	749	67.16%
PA MMC Weighted Average			55.42%

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

Figure 3*: Developmental Screening - 1 year old MY 2020 versus MY 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	2022 Rate
Aetna	173	237	73.00%
CBC	62	119	52.10%
NEPA	12	29	NA
Geisinger	55	109	50.46%
Highmark HMO	32	46	69.57%
Highmark PPO	61	84	72.62%
Health Partners	43	64	67.19%
IBC	103	128	80.47%
United	223	293	76.11%
UPMC	351	450	78.00%
PA CHIP Average			68.83%
PA CHIP Weighted Average	1,115	1,559	71.52%
PA MMC Weighted Average			61.46%

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

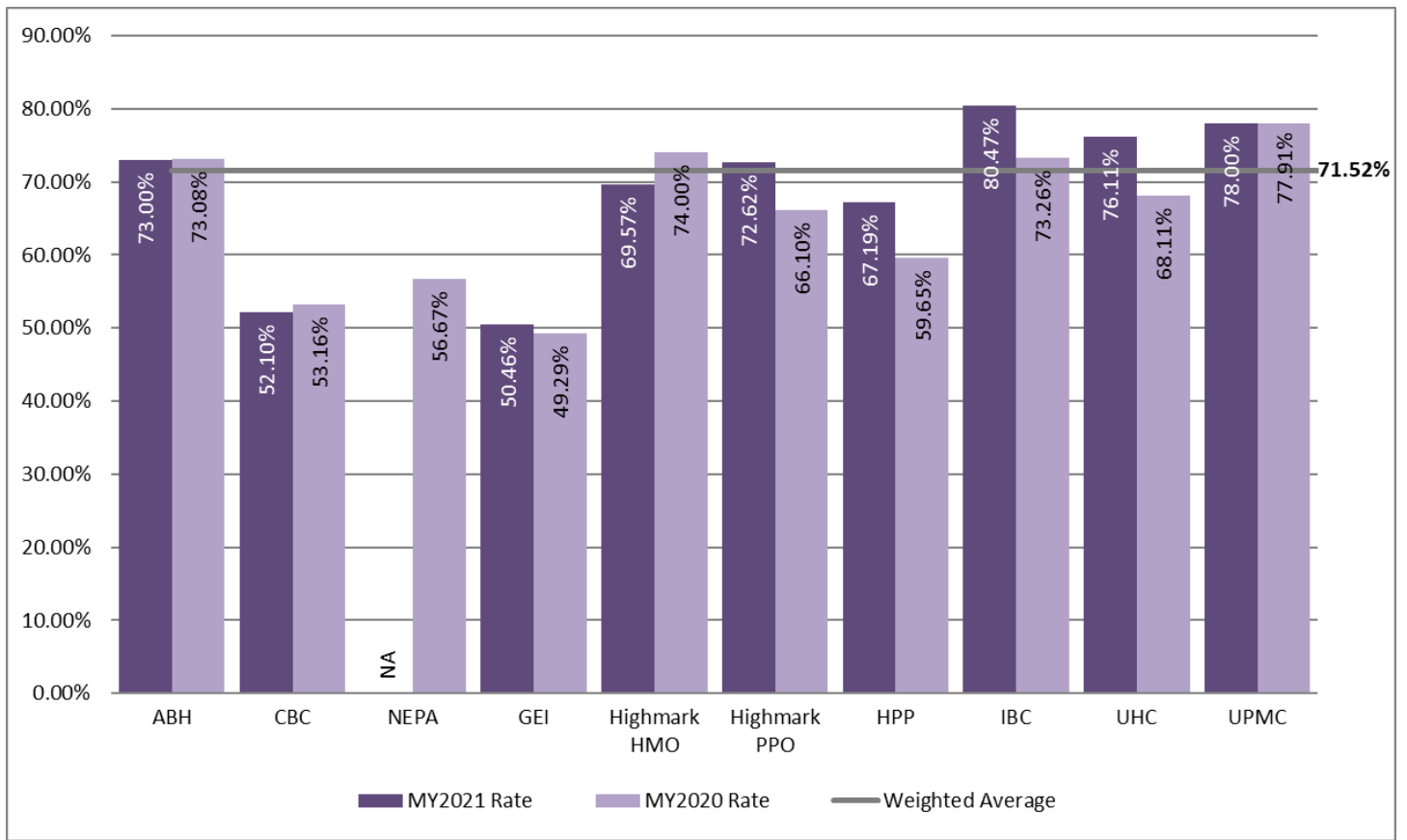
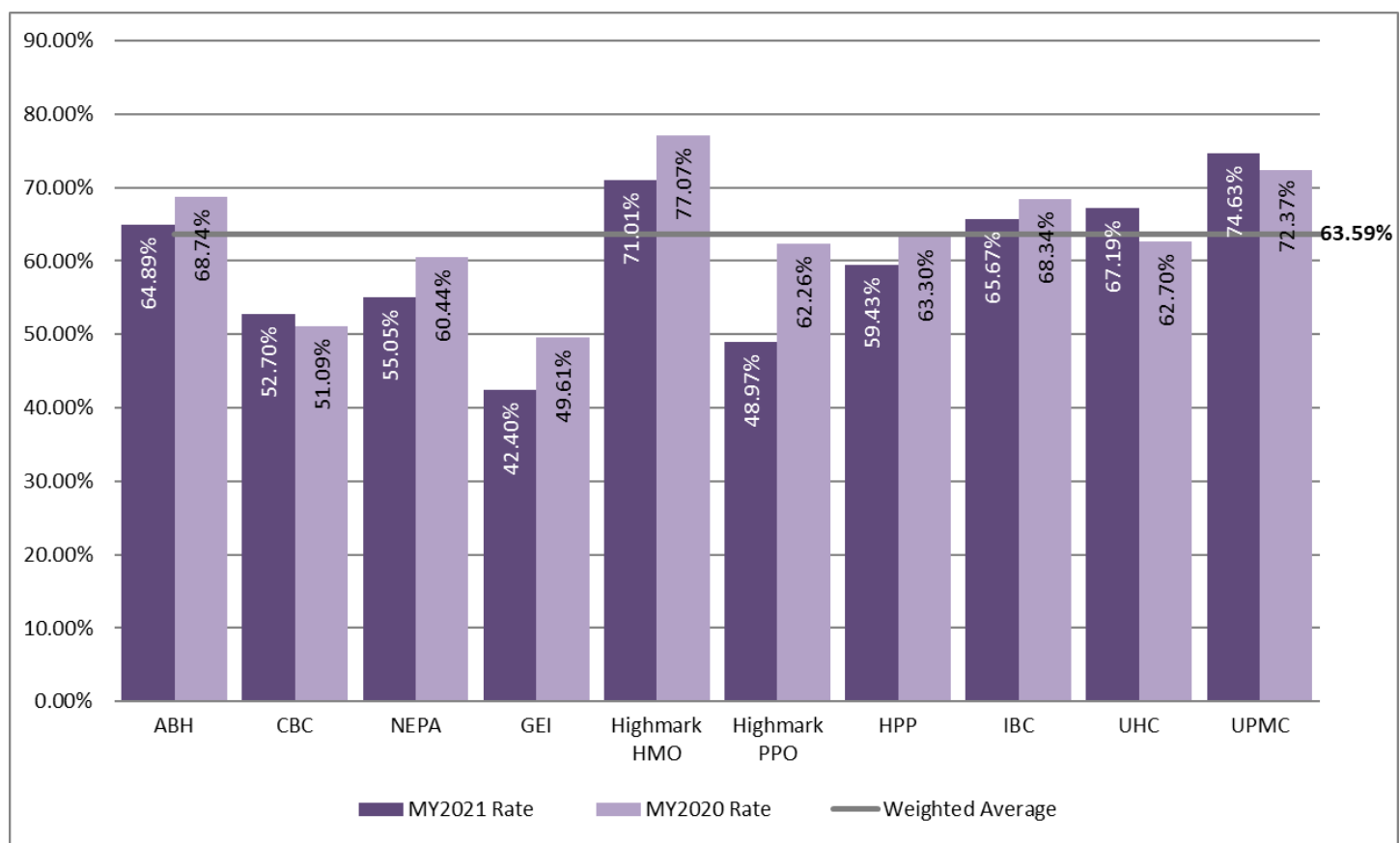


Table 5: Developmental Screening - 3 years old

CHIP MCO	Numerator	Denominator	2022 Rate
Aetna	329	507	64.89%
CBC	156	296	52.70%
NEPA	60	109	55.05%
Geisinger	145	342	42.40%
Highmark HMO	98	138	71.01%
Highmark PPO	119	243	48.97%
Health Partners	104	175	59.43%
IBC	241	367	65.67%
United	514	765	67.19%
UPMC	709	950	74.63%
PA CHIP Average			60.19%
PA CHIP Weighted Average	2,475	3,892	63.59%
PA MMC Weighted Average			62.98%

Figure 5: Developmental Screening - 3 years old MY 2020 versus MY 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.

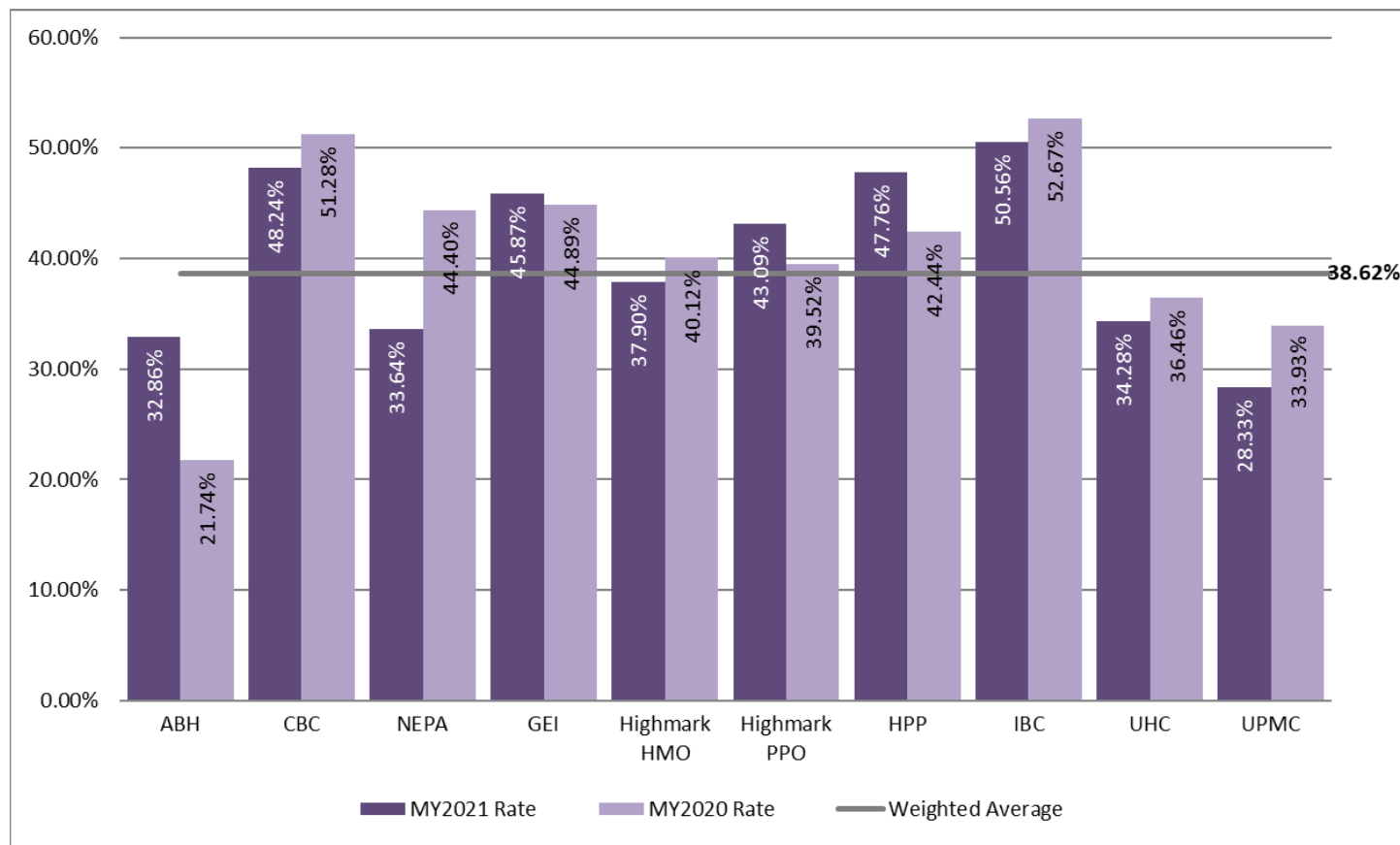
At Least One Sealant – Rate 1

For the 2022 (MY 2021) performance measure, there were 8,858 PA CHIP members identified who turned 10 years old during the measurement year. Of these eligible members, 3,421 had ever received a sealant on at least one permanent first molar in the 48 months prior to the 10th birthday. (Weighted average = 38.62%). The 2022 PA CHIP weighted average of 38.62% was 0.05 percentage points below the 2021 (MY 2020) PA CHIP weighted average of 38.67%. Sealant rates ranged from a low of 28.33% to a high of 50.56% 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	2022 Rate
Aetna	327	995	32.86%
CBC	397	823	48.24%
NEPA	74	220	33.64%
Geisinger	344	750	45.87%
Highmark HMO	130	343	37.90%
Highmark PPO	234	543	43.09%
Health Partners	277	580	47.76%
IBC	540	1,068	50.56%
United	554	1,616	34.28%
UPMC	544	1,920	28.33%
PA CHIP Average			40.25%
PA CHIP Weighted Average	3,421	8,858	38.62%
PA MMC Weighted Average			34.00%

Figure 6: Sealant Receipt on Permanent First Molars: At Least One Sealant – Rate 1: MY 2020 versus MY 2021



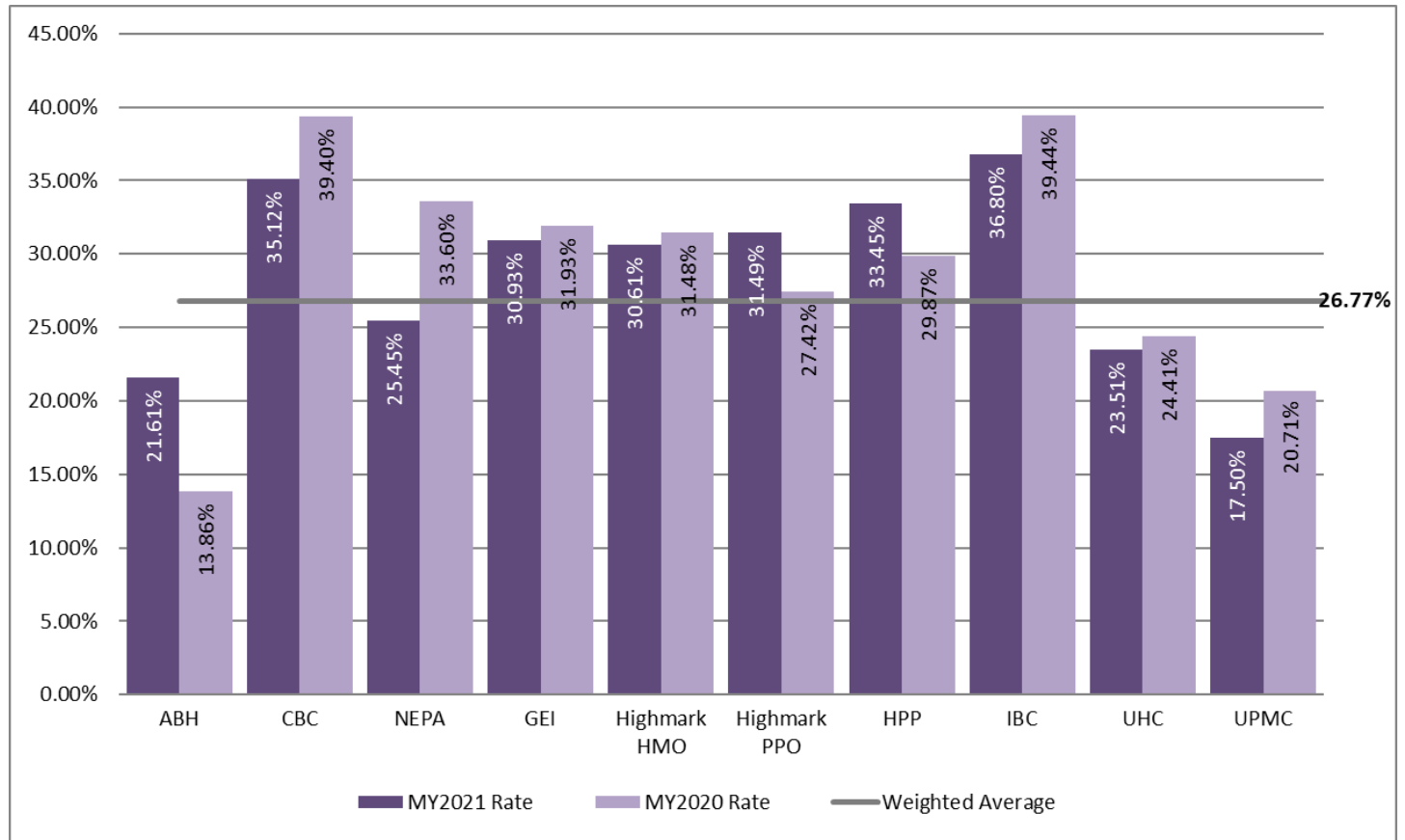
All Four Sealants – Rate 2

For the 2022 (MY 2021) performance measure, 8,858 PA CHIP members identified who turned 10 years old during the measurement year. Of these eligible members, 2,371 received a sealant on all four permanent first molars in the 48 months prior to the 10th birthday. (Weighted average = 26.77%). The 2022 PA CHIP weighted average of 26.77% was 0.03 percentage points above the 2021 (MY 2020) PA CHIP weighted average of 26.74%. Sealant rates ranged from a low of 17.50% to a high of 36.40% 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	2022 Rate
Aetna	215	995	21.61%
CBC	289	823	35.12%
NEPA	56	220	25.45%
Geisinger	232	750	30.93%
Highmark HMO	105	343	30.61%
Highmark PPO	171	543	31.49%
Health Partners	194	580	33.45%
IBC	393	1,068	36.80%
United	380	1,616	23.51%
UPMC	336	1,920	17.50%
PA CHIP Average			28.65%
PA CHIP Weighted Average	2,371	8,858	26.77%
PA MMC Weighted Average			21.37%

Figure 8: Sealant Receipt on Permanent First Molars: All Four Sealants – Rate 2: MY 2020 versus MY 2021



Contraceptive Care or 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.

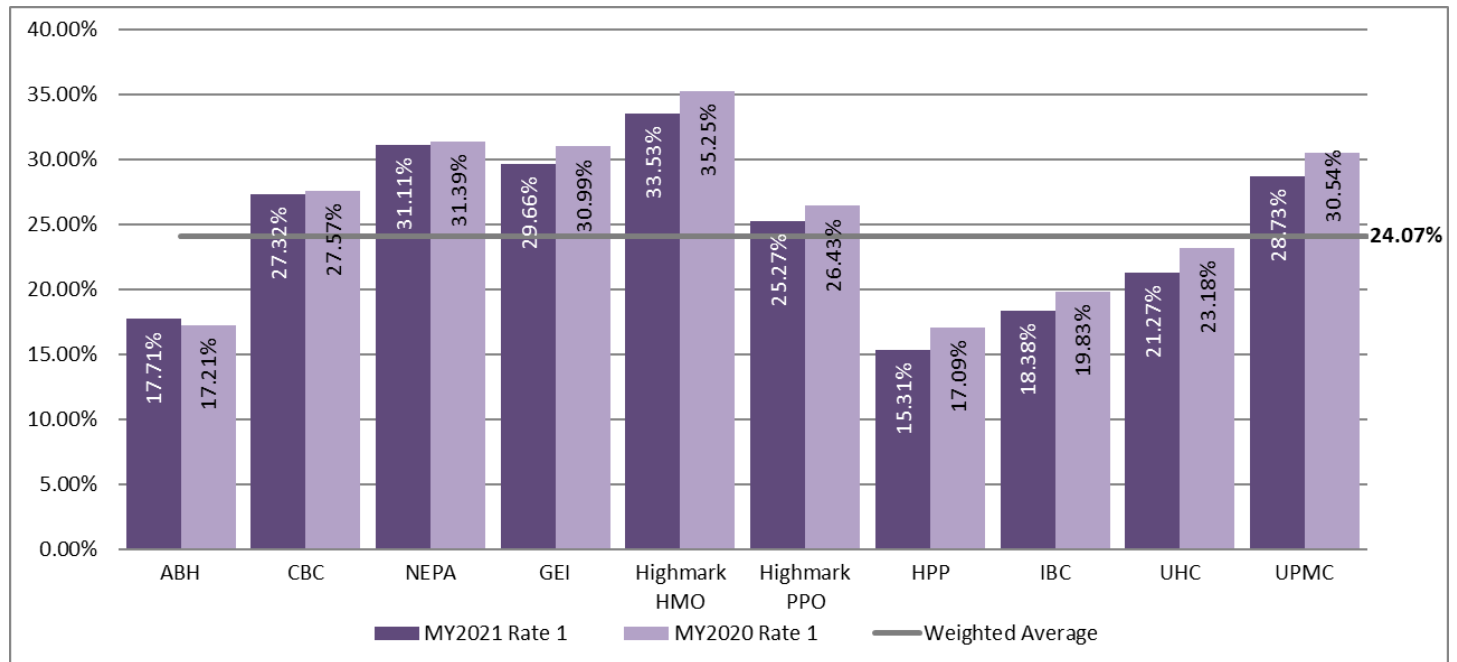
Most or Moderately Effective Contraception

For the 2022 (MY 2021) performance measure, 17,390 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, 4,185 members were provided a most (sterilization, IUD/IUS, implant) or moderately (injectables, oral pills, patch, ring, or diaphragm) effective method of contraception (weighted average = 24.07%). The 2022 PA CHIP weighted average of 24.07% was 1.33 percentage points below the 2021 (MY 2020) PA CHIP weighted average of 25.40%. Rates ranged from a low of 15.31% to a high of 33.53% for the 10 MCOs with reportable rates.

Table 8: Contraceptive Care: Most or Moderately Effective Contraception

CHIP MCO	Numerator	Denominator	2022 Rate
Aetna	341	1,925	17.71%
CBC	435	1,592	27.32%
NEPA	177	569	31.11%
Geisinger	393	1,325	29.66%
Highmark HMO	289	862	33.53%
Highmark PPO	277	1,096	25.27%
Health Partners	164	1,071	15.31%
IBC	414	2,253	18.38%
United	653	3,070	21.27%
UPMC	1,042	3,627	28.73%
PA CHIP Average			24.83%
PA CHIP Weighted Average	4,185	17,390	24.07%
PA MMC Weighted Average			29.43%

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



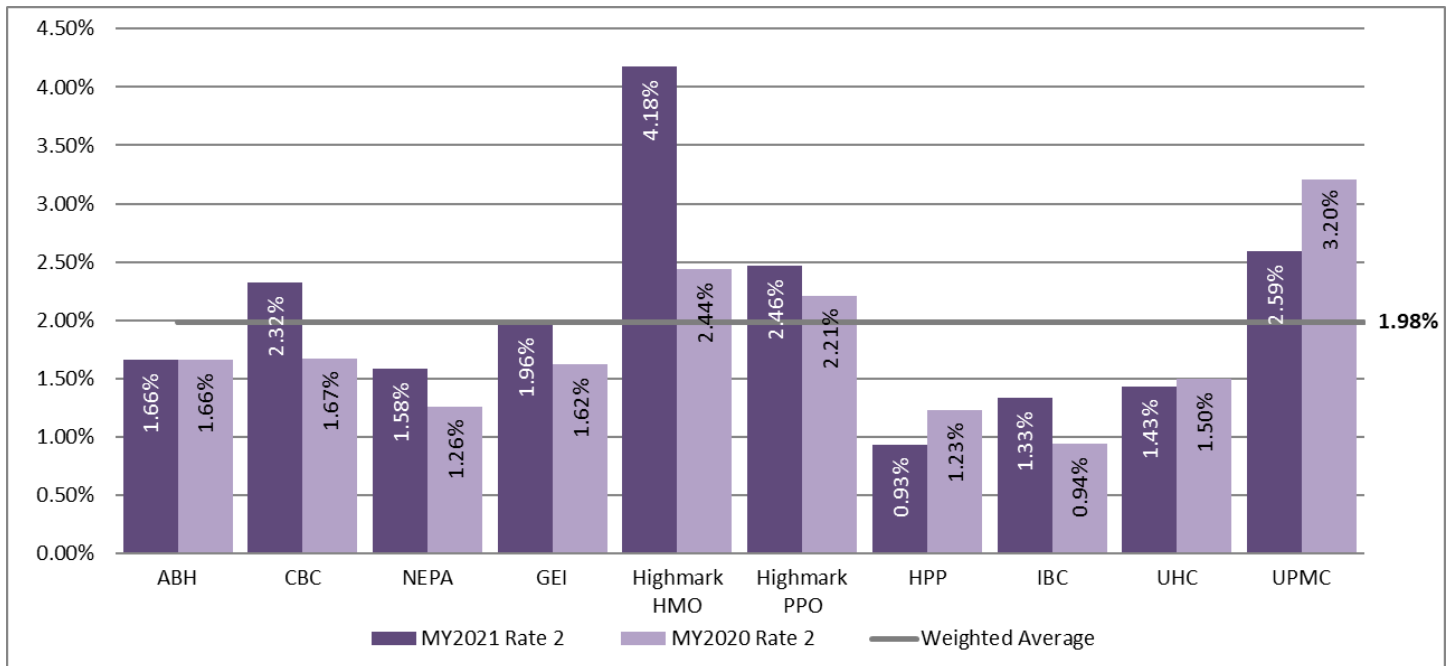
Long-Acting Reversible Method of Contraception (LARC)

For the 2022 (MY 2021) performance measure, 17,390 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, 345 members were provided a long-acting reversible method of contraception (weighted average = 1.98%). The 2022 PA CHIP weighted average of 1.98% was 0.09 percentage points above the 2021 (MY 2020) PA CHIP weighted average of 1.89%. Rates ranged from a low of 0.93% to a high of 4.18% for the 10 MCOs with reportable rates.

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

CHIP MCO	Numerator	Denominator	2022 Rate
Aetna	32	1,925	1.66%
CBC	37	1,592	2.32%
NEPA	9	569	1.58%
Geisinger	26	1,325	1.96%
Highmark HMO	36	862	4.18%
Highmark PPO	27	1,096	2.46%
Health Partners	10	1,071	0.93%
IBC	30	2,253	1.33%
United	44	3,070	1.43%
UPMC	94	3,627	2.59%
PA CHIP Average			2.05%
PA CHIP Weighted Average	345	17,390	1.98%
PA MMC Weighted Average			3.29%

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