



Commonwealth of Pennsylvania Department of Human Services

Children's Health Insurance Program Report Card

January 2025



Better healthcare,
realized.

Children's Health Insurance Program Report Card
December 2023

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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.

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.

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 167,000 children and teens were enrolled in PA CHIP as of December 2024.

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 (ABH)
- Capital Blue Cross (CBC)
- Geisinger Health Plan (GEI)
- Health Partners Plan (HPP)
- Highmark Healthy Kids (HHK)
- Independence Blue Cross (IBC)
- UnitedHealthcare Community Plan (UHC)
- UPMC for Kids (UPMC)

Report Card Description

CHIP health insurance company performance is assessed using Healthcare Effectiveness Data Information Set (HEDIS®) MY 2023 performance measures, MY 2023 Consumer Assessment of Healthcare Provider Systems (CAHPS®) 5.1 Survey items, Centers for Medicare & Medicaid Services (CMS) Core Set and Pennsylvania-specific performance measures. Results are presented in the following sections:

- **Experience of Care:** Member Satisfaction
- **Prevention and Access to Care:** Screenings and Immunizations
- **Prevention and Access to Care:** Healthy Lifestyle & Women's Health
- **Behavioral Health Care:** Quality, Screening, and Follow-Up
- **Dental and Oral Health Care:** Getting Needed Care
- **Appropriate Testing and Treatment:** Acute and Chronic Conditions
- **Utilization of Services:** Well-Care Visits & Emergency Department Use

For CMS Core Set, PA-Specific, and HEDIS MY 2023 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 health insurance companies at the top of each chart. In some instances, measures are presented in order of performance from low to high with higher performing health insurance companies at the top of each chart. The description before the graphic will alert the reader that a lower rate indicates better performance for the measure in question.

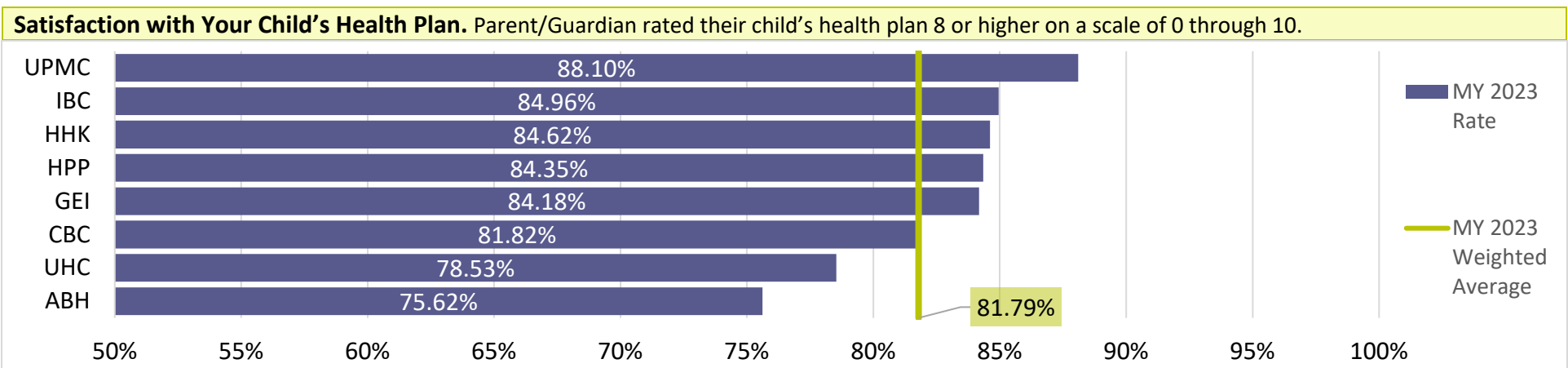
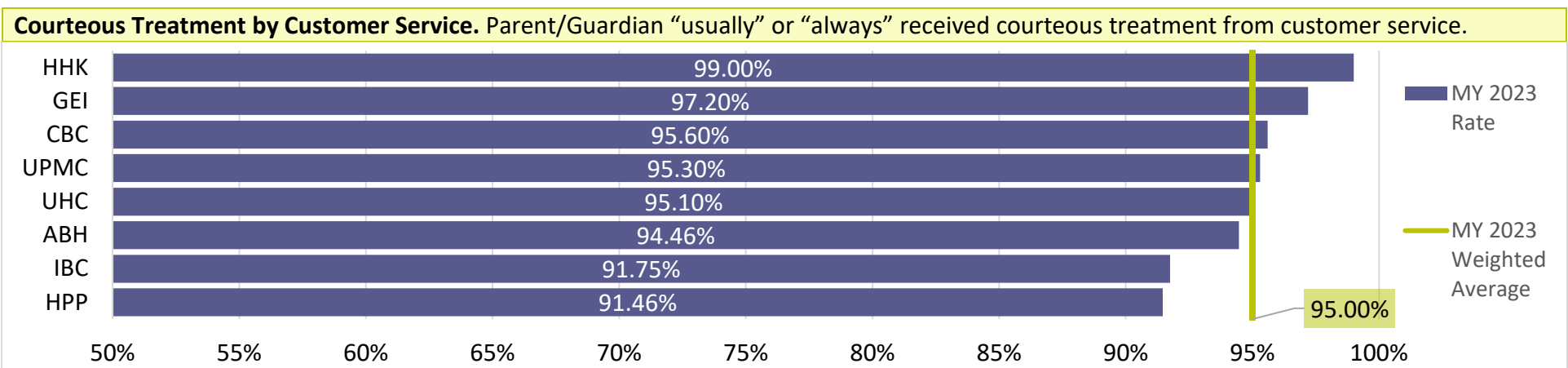
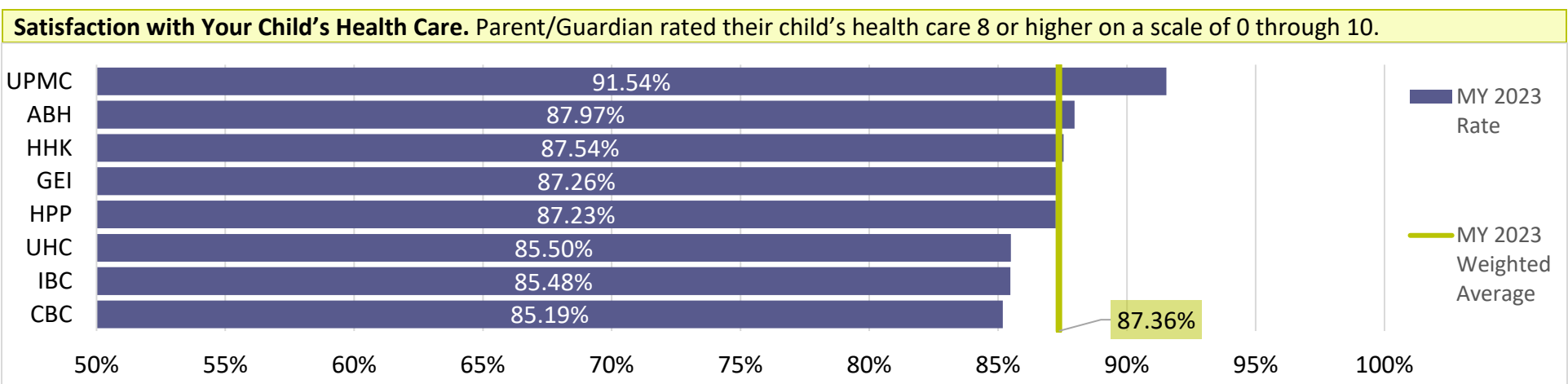
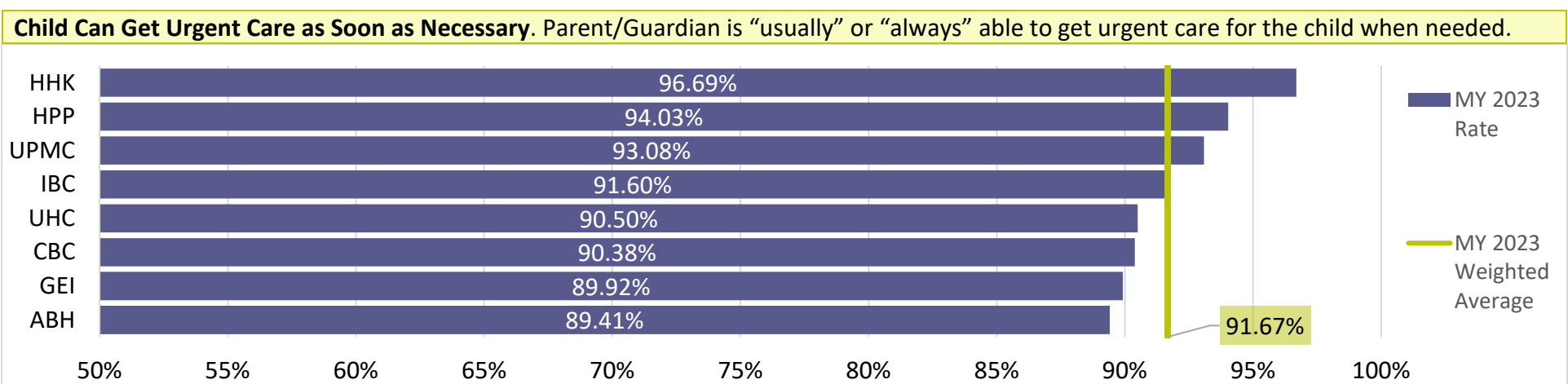
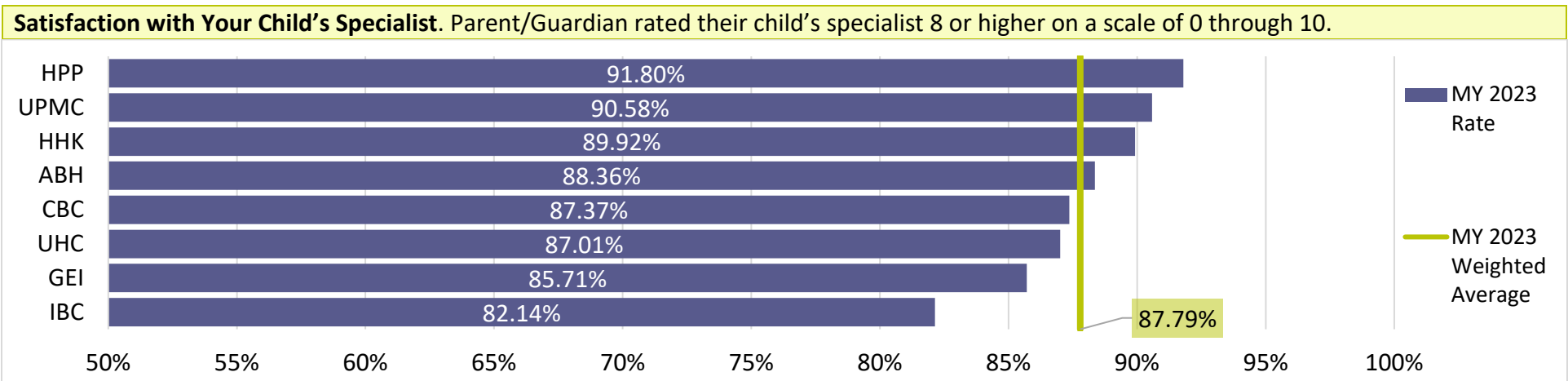
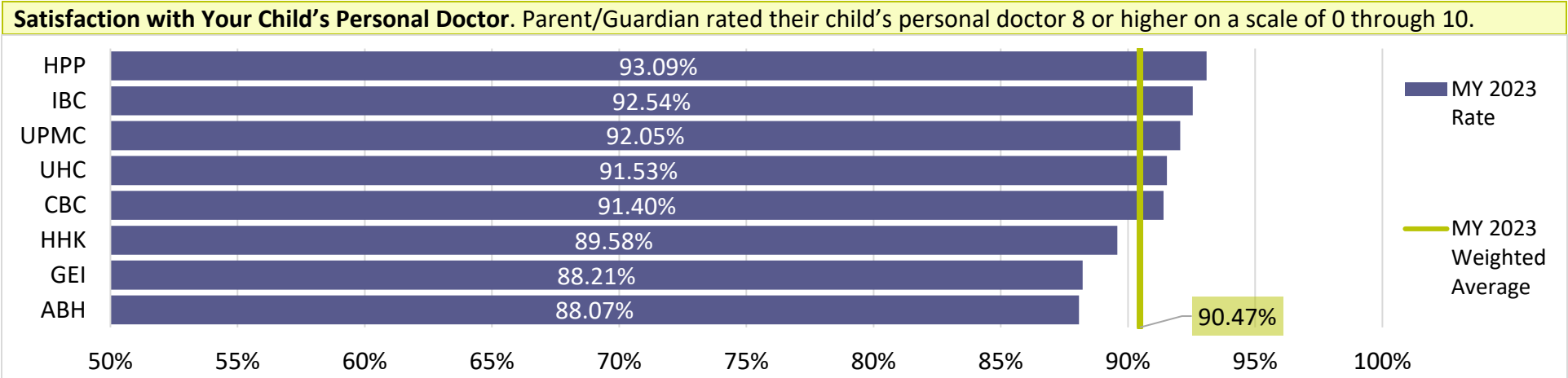
Plans that reported a denominator less than 30 report rates as “NA” due to the variability associated with small denominators, which prevents direct comparisons.

Weighted Averages

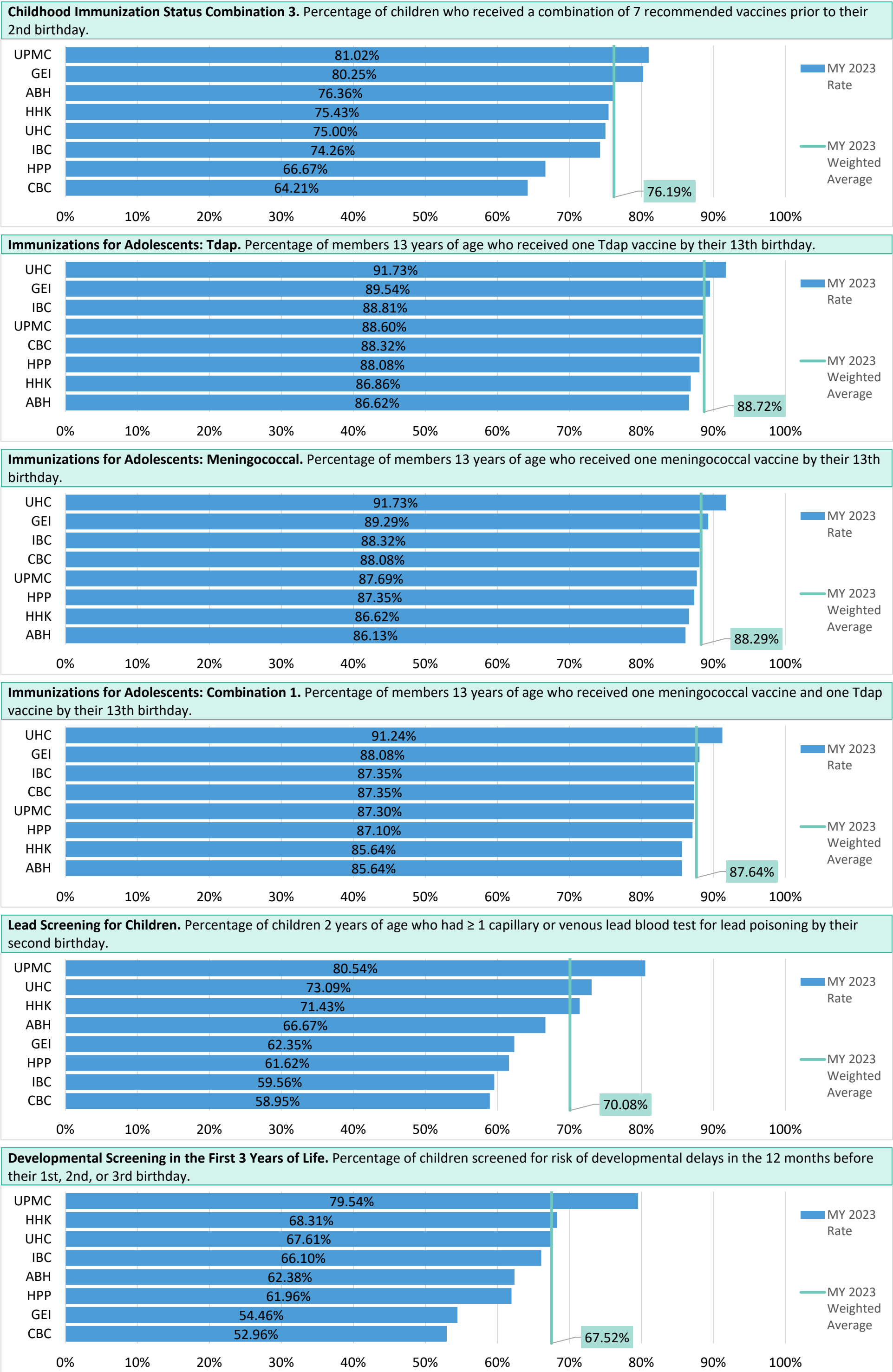
In addition, the PA CHIP statewide weighted average is represented on each chart by a solid vertical line. The PA CHIP Weighted Average is an average based on the relative contribution of each MCO for each measure. The calculation sums the product of each MCO's eligible population and rate and divides this sum by the sum of all MCOs' eligible populations for the measure.

For measures reported under the “**Utilization of Services**,” weighted averages are not reported. The measures included in this section are MY 2023 HEDIS measures, and per NCQA's guidance regarding utilization measures, higher or lower values do not necessarily indicate better or worse performance.

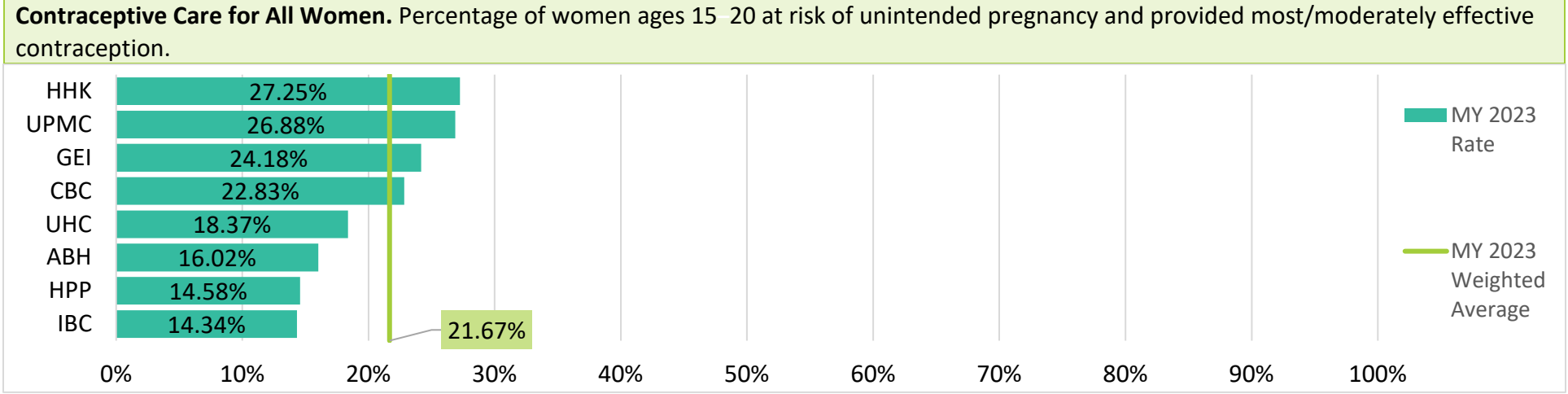
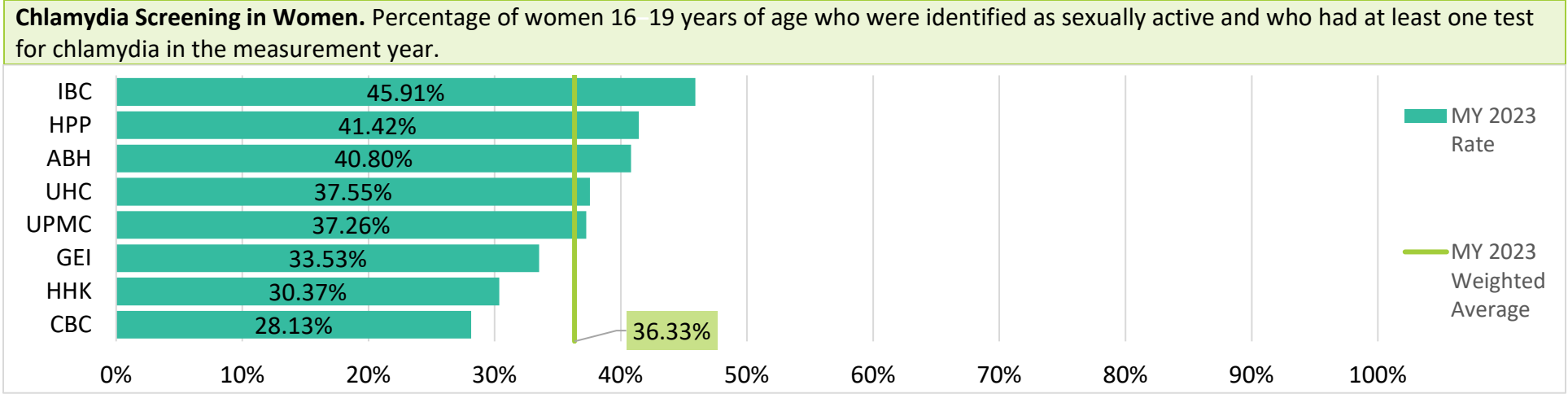
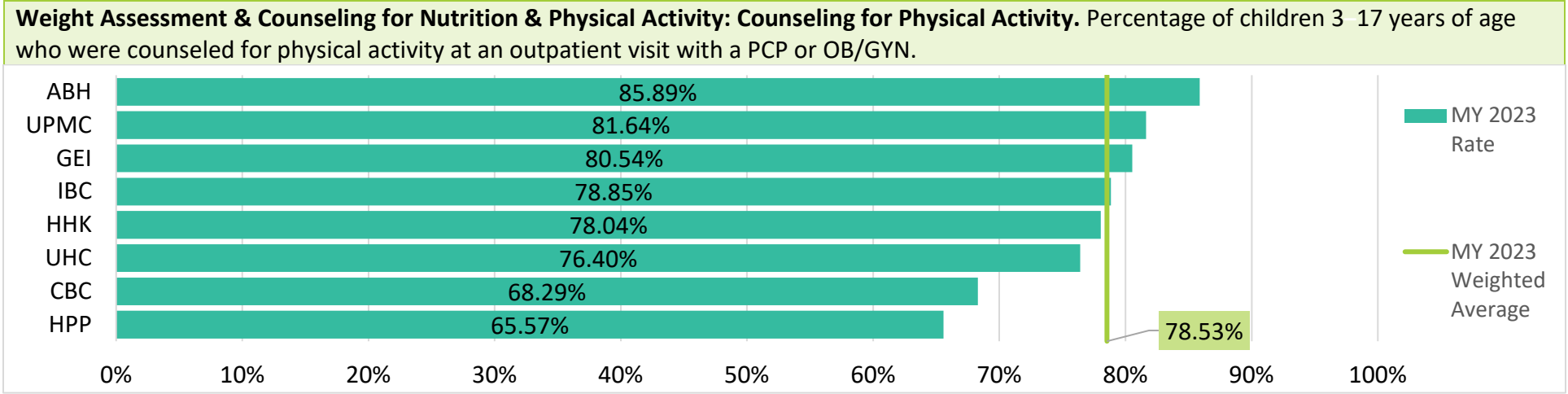
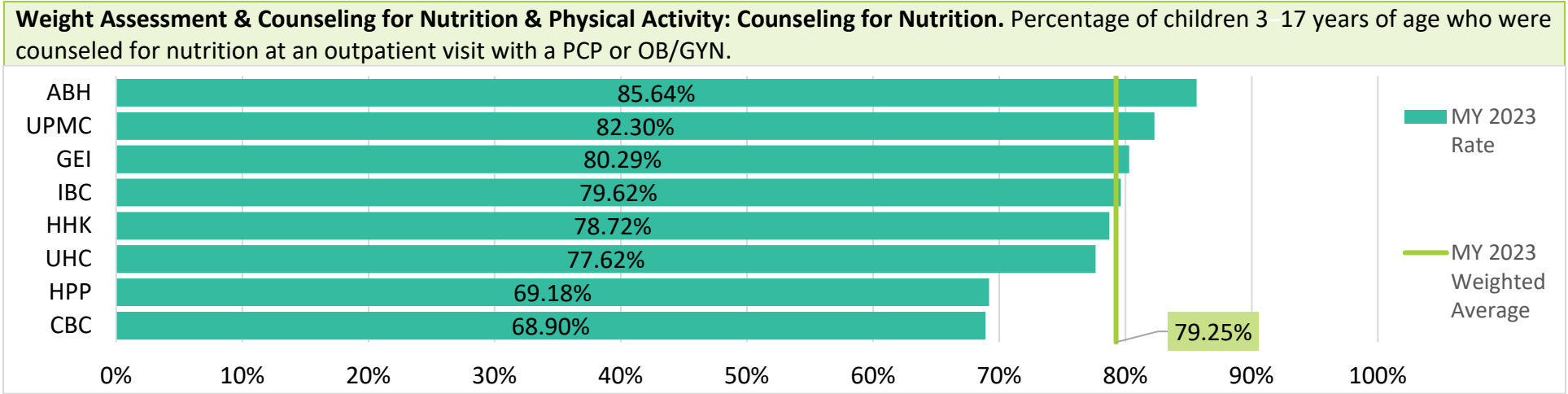
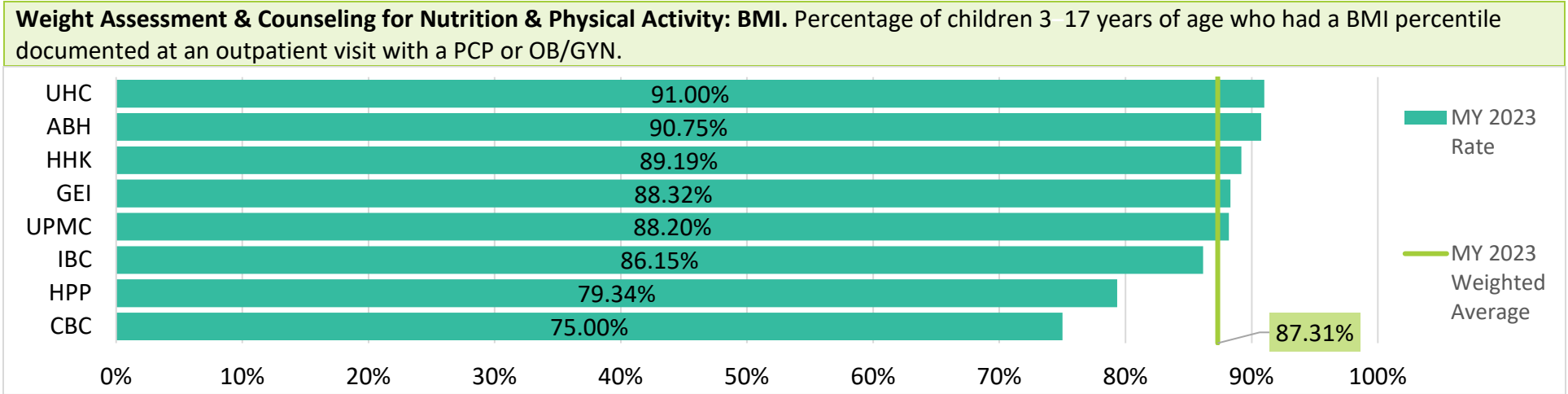
Experience of Care: Member Satisfaction



Prevention and Access to Care: Screenings and Immunizations

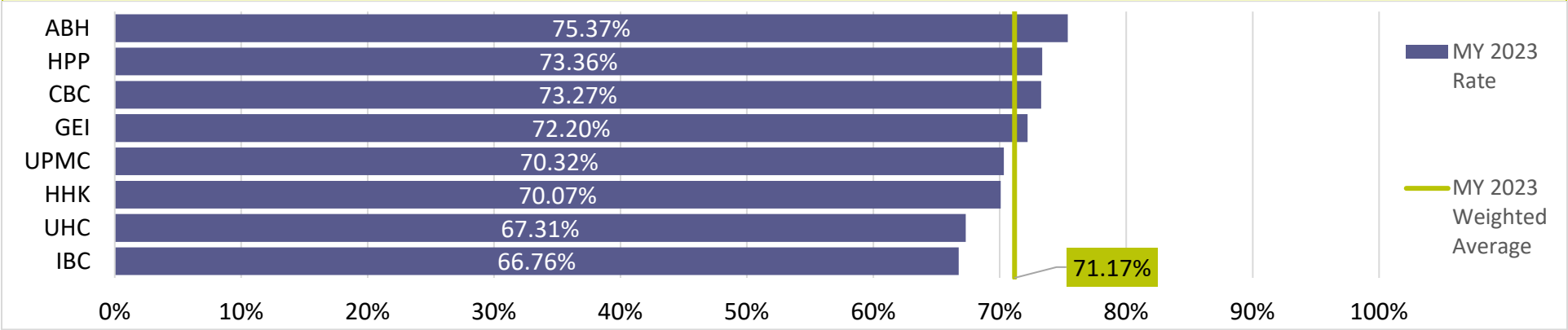


Prevention and Access to Care: Healthy Lifestyle & Women’s Health

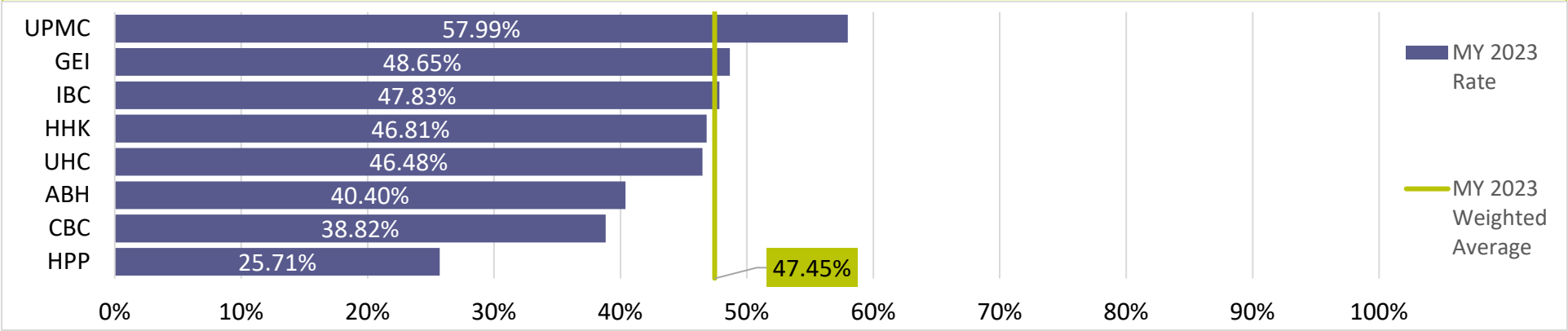


Behavioral Health Care: Quality, Screening, and Follow-Up

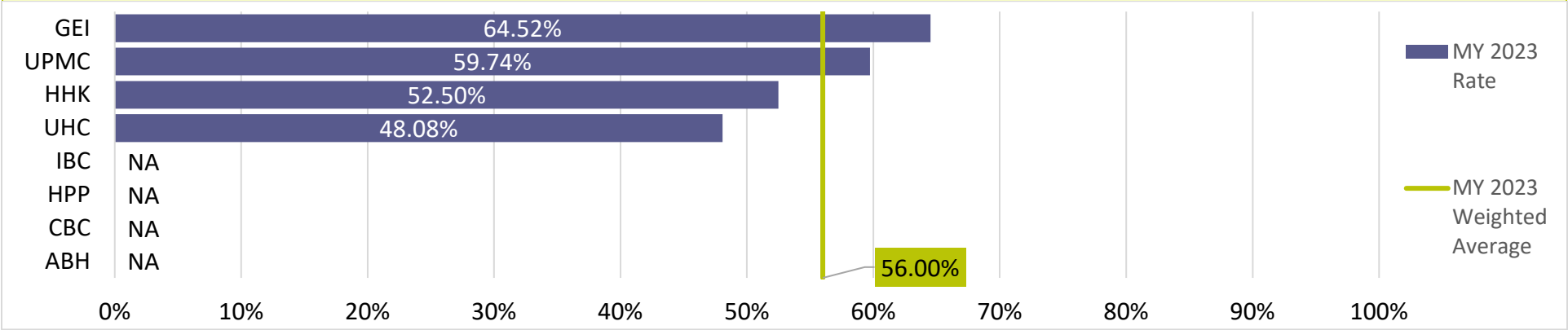
Child’s Overall Mental or Emotional Health. Parent/Guardian rated their child’s overall mental or emotional health as “very good” or “excellent”.



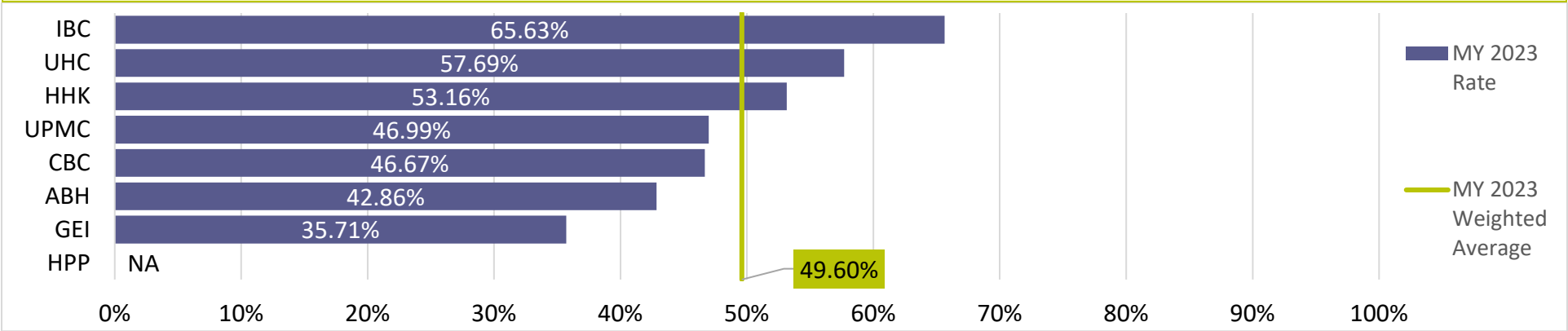
Follow-Up Care for Children Prescribed ADHD Medication: Initiation Phase. Percentage of children 6 to 12 years old prescribed ADHD medication who had one follow-up visit within 30 days.



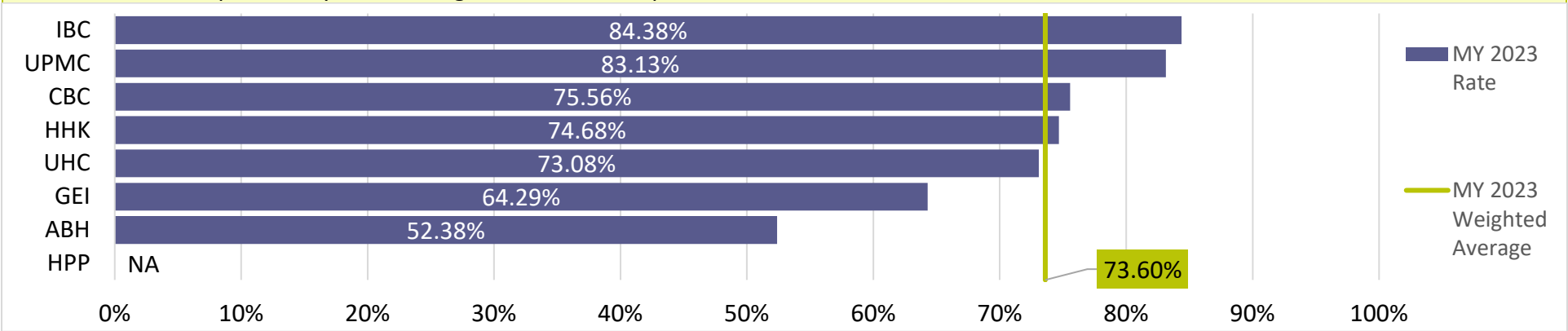
Follow-Up Care for Children Prescribed ADHD Medication: Continuation & Maintenance. Percentage of children 6 to 12 years old who had one follow up visit during initiation and 2 additional follow ups within 270 days. NA: Rate not reported due to denominator less than 30.



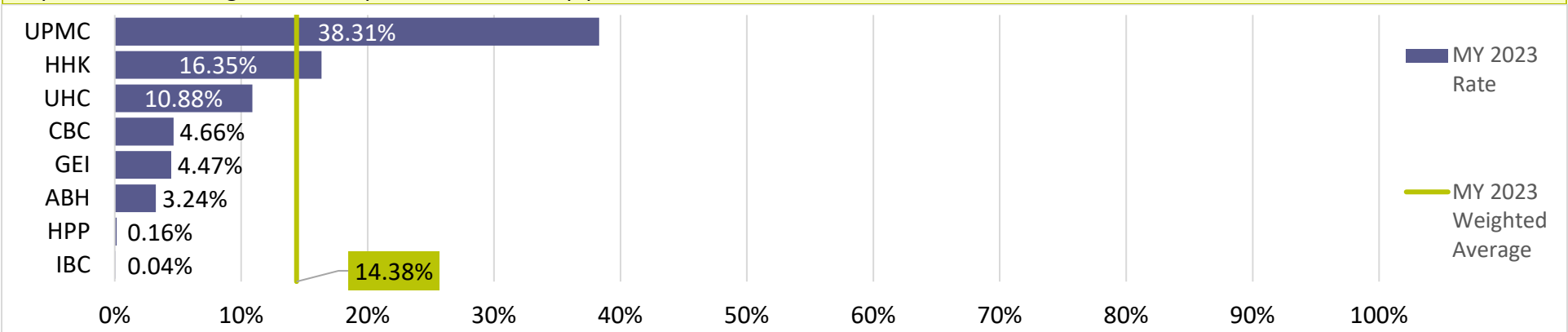
Follow Up After Hospitalization for Mental Illness: 7 Days. Percentage of children 6 years or older who were hospitalized for a mental illness, who had a follow-up within 7 days of discharge. NA: Rate not reported due to denominator less than 30.



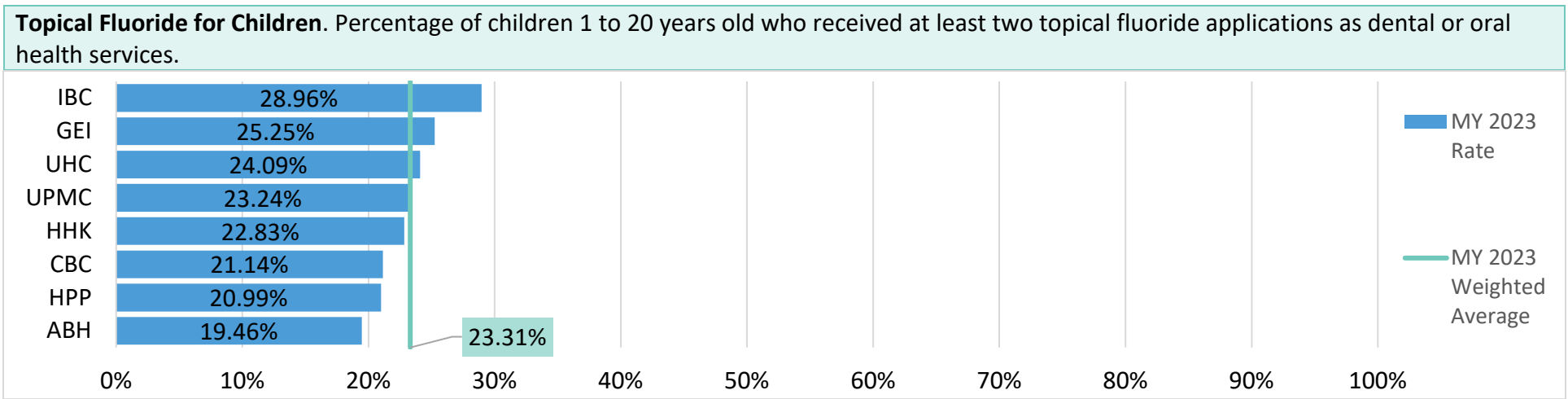
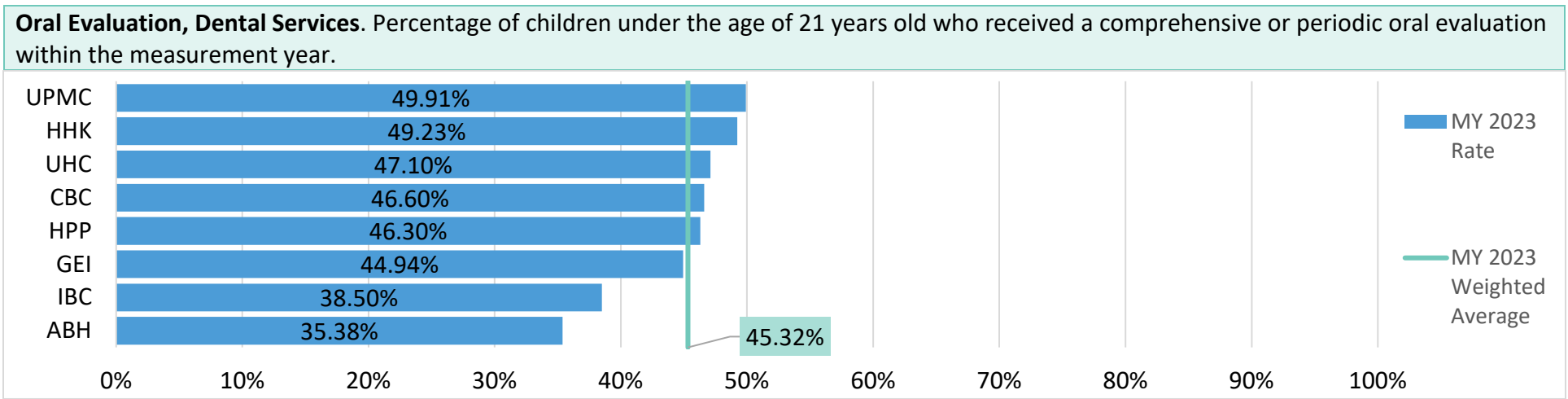
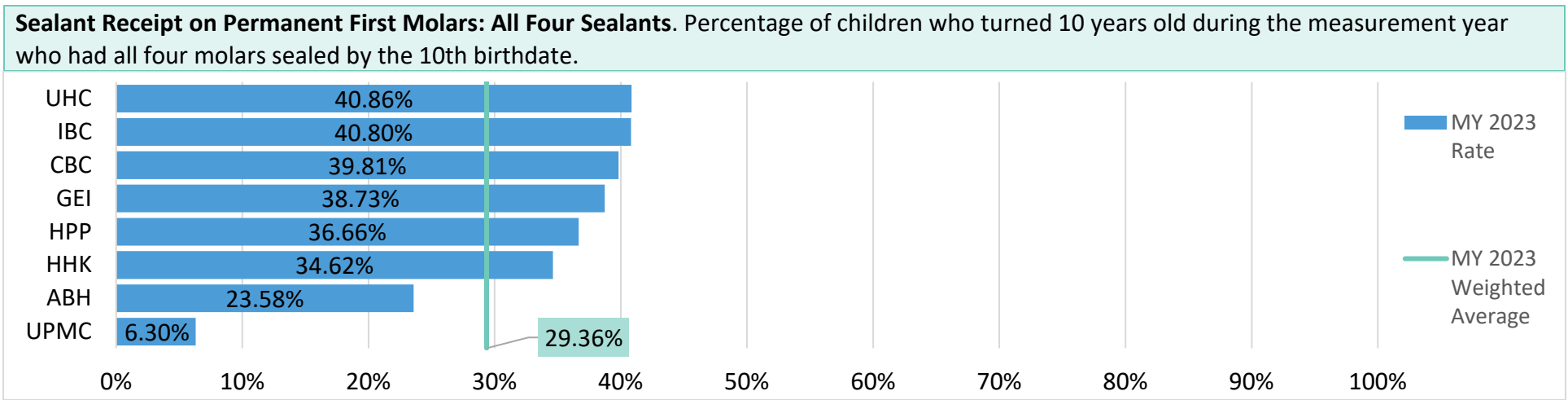
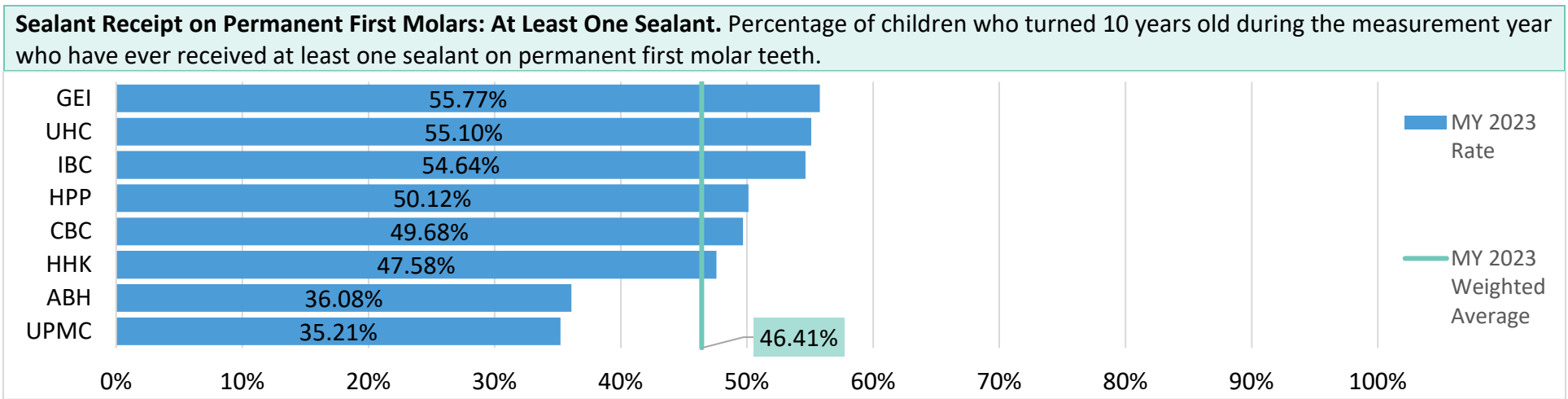
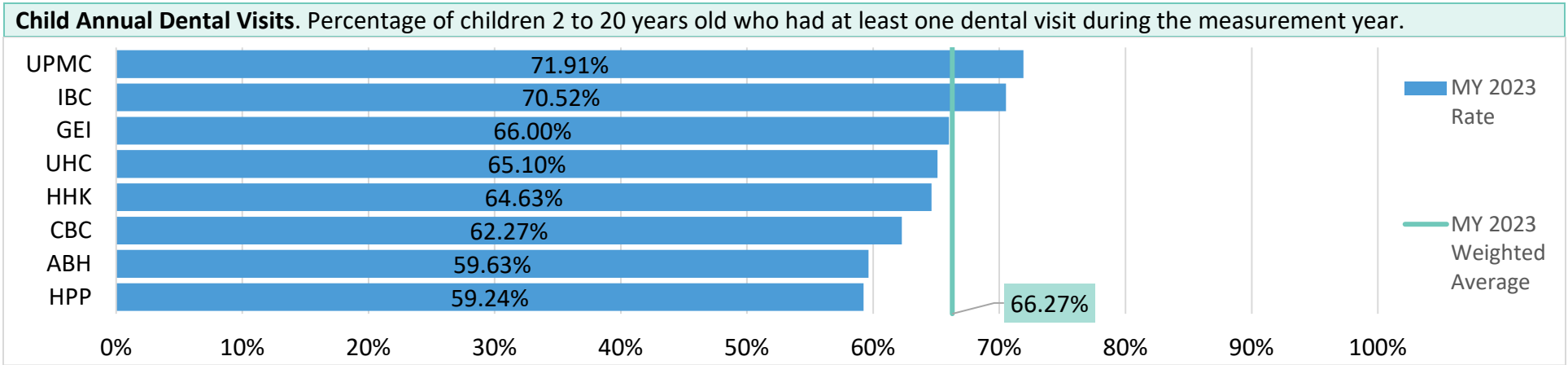
Follow Up After Hospitalization for Mental Illness: 30 Days. Percentage of children 6 years or older who were hospitalized for a mental illness, who had a follow-up in 30 days of discharge. NA: Rate not reported due to denominator less than 30.



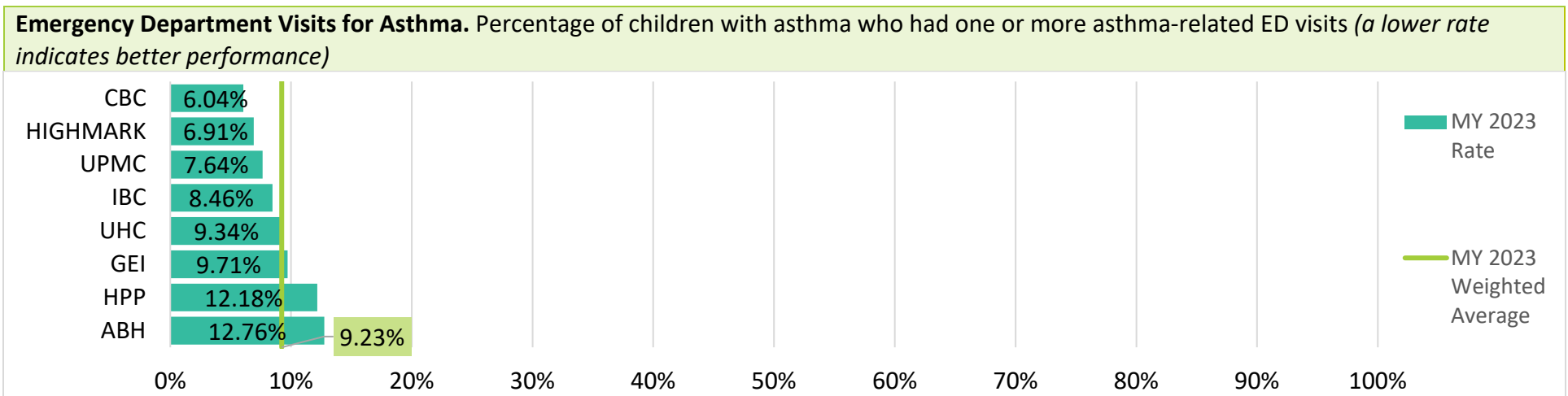
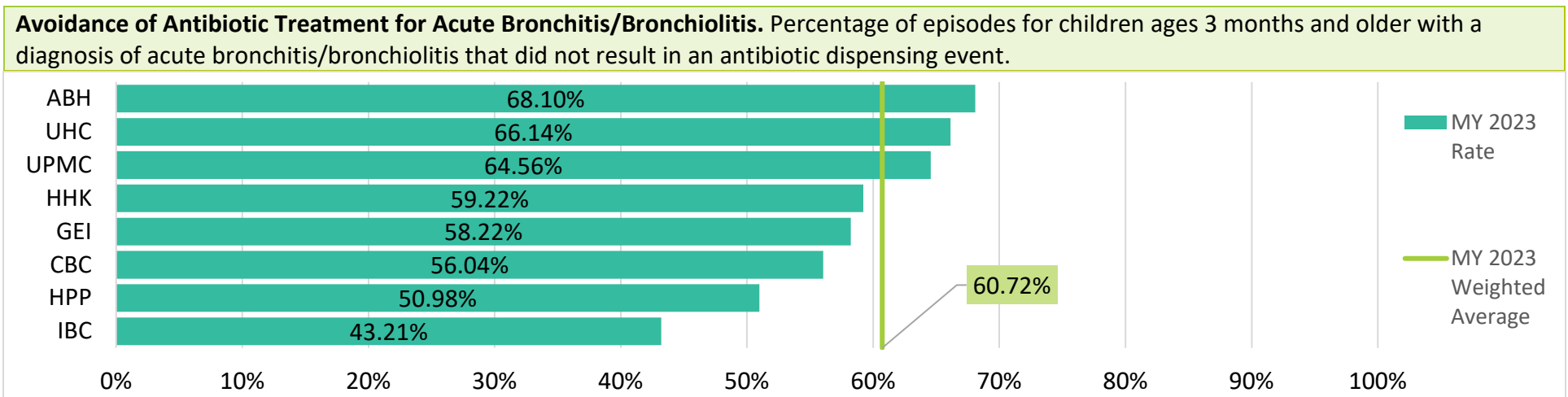
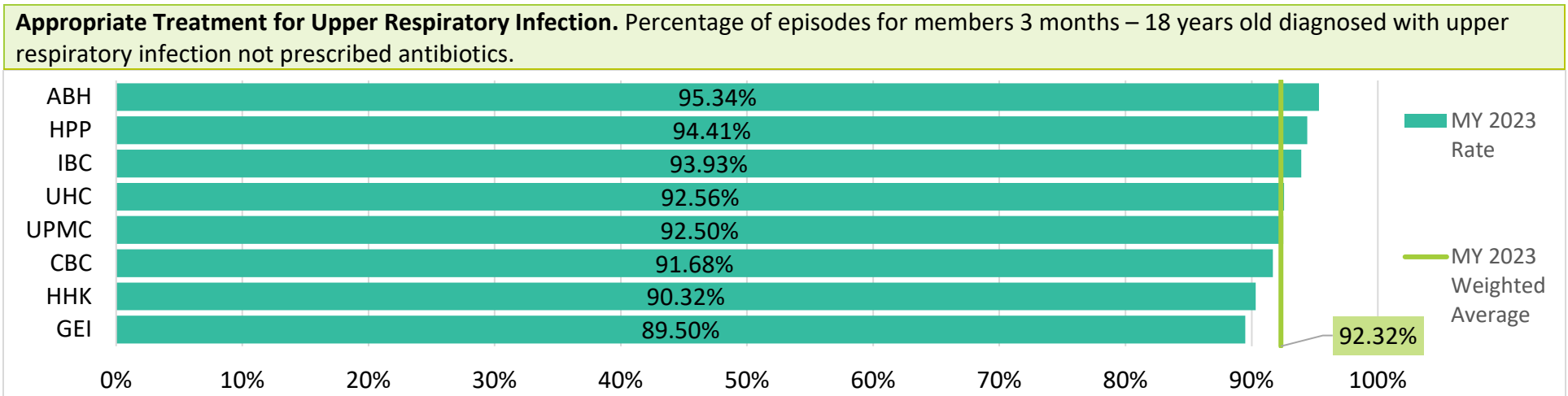
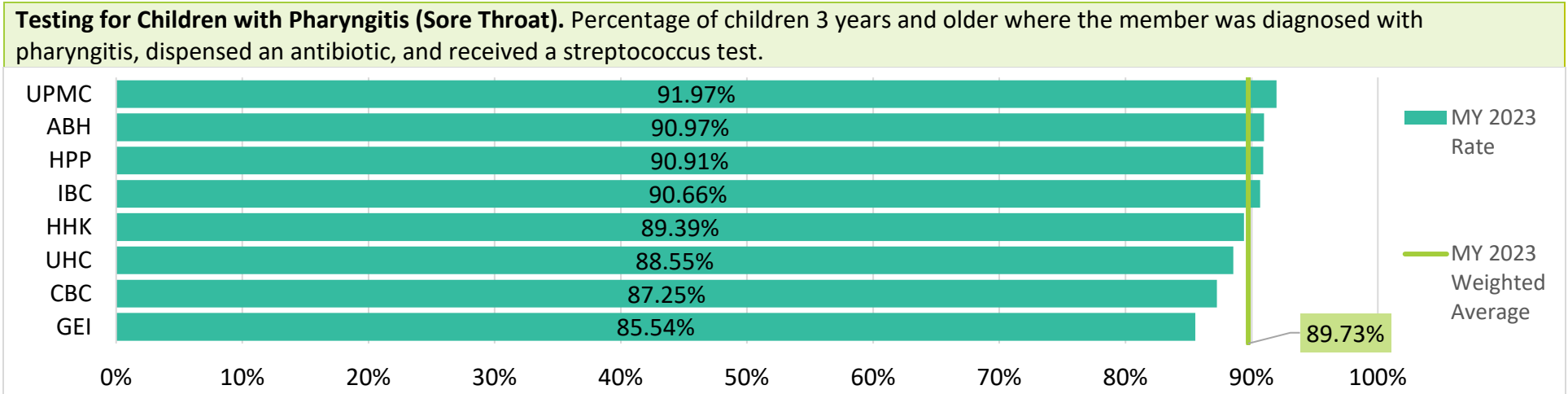
Screening for Depression and Follow-Up Plan. Percentage of children 12 to 17 years old who were screened for depression using a standardized depression screening tool, and if positive, a follow-up plan is documented.



Dental and Oral Health Care: Getting Needed Care

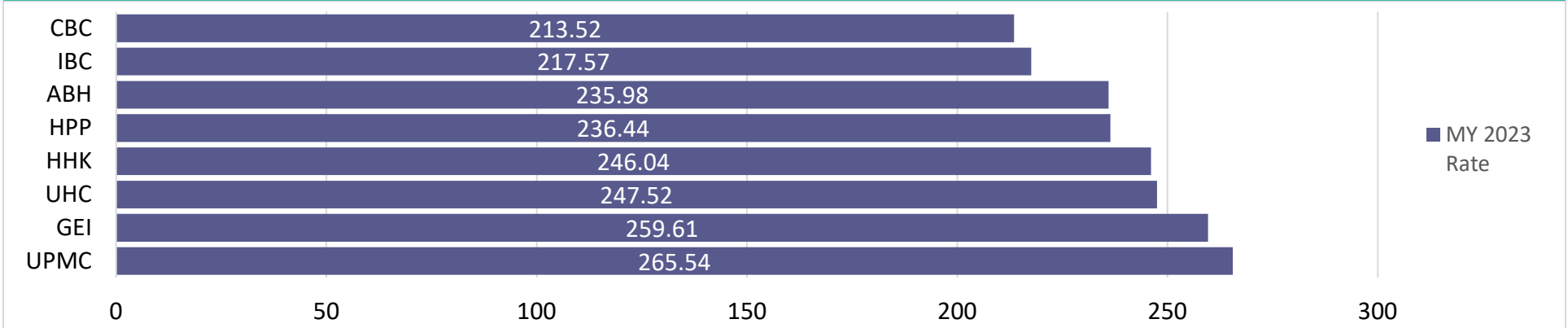


Appropriate Testing and Treatment: Acute and Chronic Conditions

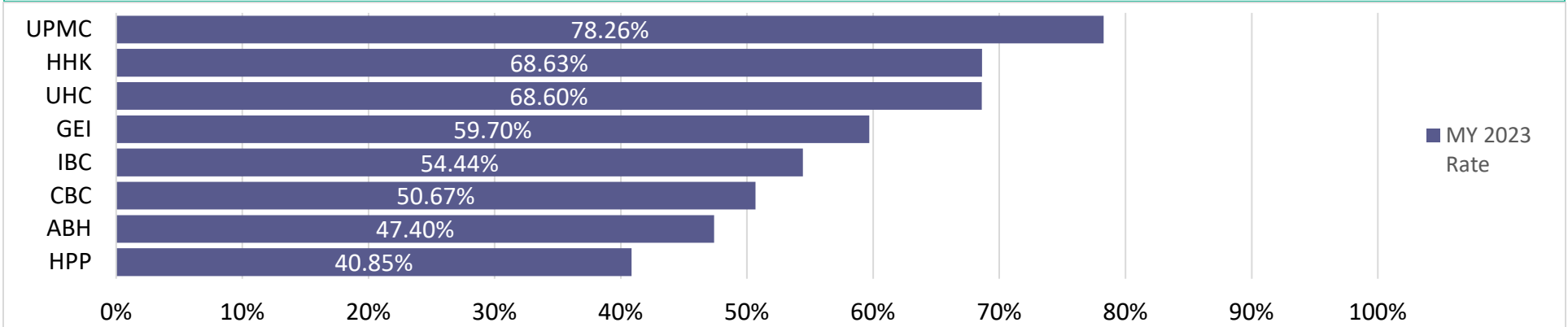


Utilization of Services: Well-Care Visits & Emergency Department Use

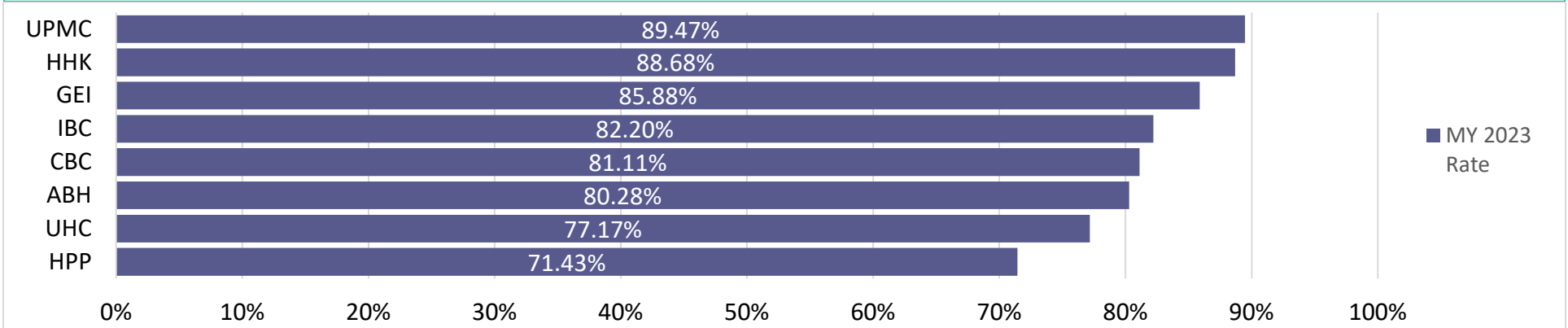
Ambulatory Care Emergency Department Visits for Children. Number of ED visits per 1000 member years by members <1 – 19 years old (a lower rate indicates better performance)



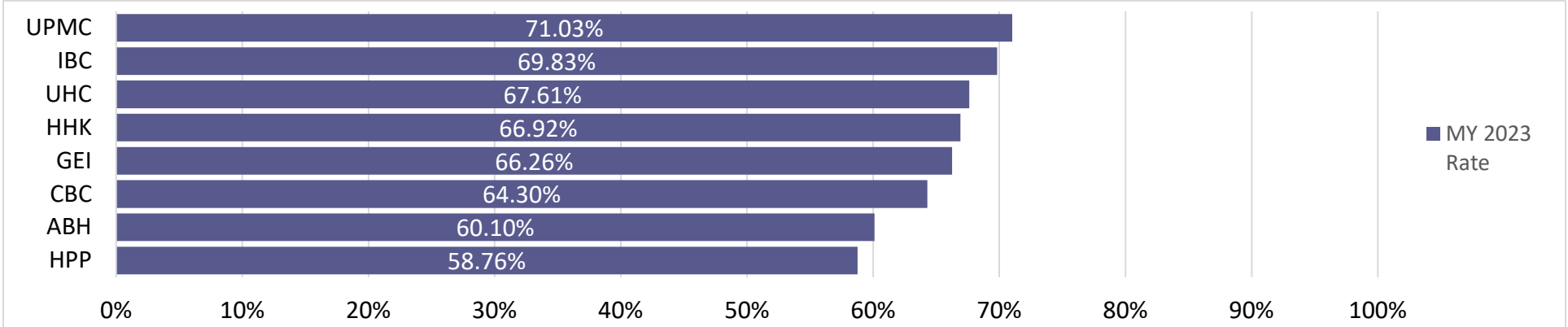
Well-Child Visits in the First 30 Months of Life: 15 Months. Percentage of children who turned 15 months old during the measurement year and had 6 or more well-child visits.



Well-Child Visits in the First 30 Months of Life: 30 Months. Percentage of children who turned 30 months old during the measurement year and had 2 or more well-child visits.



Child and Adolescent Well-Care Visits. Percentage of children 3 – 19 years old who had at least one well-care visit with a PCP or OB/GYN practitioner during the measurement year.



CHIP Managed Care Organization Contact Information

| | |
|--------------------------------------------------------------------------|------------------------------------------------------------------------------|
| AETNA 1-800-822-2447 Hearing-Impaired 711 | HIGHMARK HEALTHY KIDS 800-241-5704 TTY: 711 |
| CAPITAL BLUE CROSS 1-800-543-7101 TTY: 711 | INDEPENDENCE BLUE CROSS 1-800-275-2583 TTY/TDD: 711 |
| GEISINGER HEALTH PLAN 1-800-275-6401 PA Relay 711 | UNITEDHEALTHCARE COMMUNITY PLAN 1-800-414-9025 TTY 711 |
| HEALTH PARTNERS 1-888-888-1211 TTY: 1-877-454-8477 | UPMC HEALTH PLAN 1-800-978-8762 TTY 711 |