



CHIP Advisory Council Meeting

April 14, 2021

Agenda

- Welcome and Introductions
- IT Transition
- CHIP by the Numbers
- Policy Updates
- Marketing Updates
- Quality Assurance Updates
- Closing and Wrap-Up



Welcome and Introductions

Council Vacancies

- CHIP Advisory Council has 16 positions
- 4 positions are currently vacant:
 - A Representative with experience in children's health from a school of public health located in this Commonwealth.
 - A Representative of business who is not a MCO/contractor or a provider of primary health insurance under this article.
 - A Representative of a for profit business who is a MCO/contractor or provider of primary health insurance.
 - Physician with experience in children's health appointed from a list of three qualified persons recommended by the Pennsylvania Medical Society
- Direct questions to RA-PW-CHIP_ADMIN@pa.gov



CHIP IT Transition



CHIP History

- The Pennsylvania Children's Health Insurance Program (CHIP) was established in 1992 as part of the PA Insurance Department (PID).
- PA CHIP was the model for current federal CHIP.
- CHIP operates under federal regulations at Title XXI of the Social Security Act.
 - This act defines the benchmark health coverage required, that includes comprehensive physical and behavioral health packages targeted for children.
 - Defines the targeted low-income children population.
 - Defines cost sharing requirements.
- PA Act 84 of 2015 transferred CHIP from PID to Department of Human Services.

CHIP and OMAP

- In 2019, CHIP became part of the Office of Medical Assistance Programs (OMAP).
- As programs align, many functions can be aligned which will prevent duplication of services.
- Many of the quality measures for both MA and CHIP are collected and compared across programs and the same MCOs in each program.
- As CHIP aligns more with medical assistance, both programs are looking at many of the same measures:
 - Healthcare Effectiveness Data and Information Set (HEDIS) measures such as Well Child Visits and Lead Screening.
 - Social Determinates of Health (SDOH).
 - Health disparities across race/ethnicity/gender.
 - Encounter data.

CHIP and OMAP

- As CHIP and MA align, there is opportunity to streamline system processes:
 - Eligibility systems.
 - Data Warehouse duplication.
 - Transformed Medicaid Statistical Information System (TMSIS) data.
 - Medicaid Management Information System (MMIS).
 - Encounter data validation.
 - Program Integrity.

Vision for CHIP IT Transition

- By integrating CHIP IT within DHS systems, we have the opportunity to:
 - Strategically align our policies and procedures.
 - Streamline and automate business practices.
- Families will be able to access other resources more directly by having a single point of contact - the County Assistance Offices.
- Transition for families will be seamless.
- Families will have the opportunity to provide feedback on their transition experience and have their concerns addressed by the Department.

Future State

- The current CHIP Application Process System (CAPS) will sunset and be integrated with eCIS in early 2023.
- Eligibility for medical assistance and CHIP will be run in one system.
- HealthCare Handshake will end since eligibility is determined in one system resulting in more efficient application decisions.
- The CAOs will process all applications, renewals and changes.
- CHIP MCOs will be able to enter paper applications via their Community Partner Portal in COMPASS.
- When a CHIP enrollee wants to transfer to a different CHIP MCO, they will contact the Independent Enrollment Broker (IEB) that will initiate the transfer.

Future State

- CHIP MCOs will continue to be the face of CHIP.
- All applications, renewals and changes will be processed by a CAO.
 - CHIP families will be able to use the COMPASS portal and the myCOMPASS PA mobile app to scan and upload documents, report changes, etc.
 - This will allow for faster application processing.
 - CHIP families will be able to receive electronic notices via their COMPASS account.
- CHIP MCOs will continue to administer all aspects of the CHIP enrollment and premium collection.
- CHIP MCOs will continue to administer all the CHIP health insurance benefits as they do today.

Current Status

- Several stakeholders have been meeting to develop requirements – several offices within OIM, CHIP, and two vendors – KPMG and Deloitte.
- Business requirements have been developed and approved. These are requirements that define the business processes that eCIS must perform.
- System requirements have been developed and are currently in the final review process before approval. These are requirements that detail how eCIS will work.
- We are currently in the General System Design phase. This phase designs how the eCIS screens will look to the user. There are also public facing screens in COMPASS that are being redesigned. This phase will end April 9.
- Stakeholders will then move into the Detailed System Design that will end in June.
- The project will then go on hold for one year as IT contracts are being developed.

Timeline

- Implementation is set for March 2023. This date will align with the next CHIP MCO contract start date. The new contract will:
 - Incorporate IT changes necessary to make this new vision a success.
 - Plan selection will be processed through the same Independent Enrollment Broker used by the Health Choices program.
 - Ensure CHIP MCOs continue to be the face of CHIP by offering the same excellent health insurance coverage and collecting premiums.
 - At the start of the new contract, CAOs will process all CHIP applications, renewals and all changes.
- CAOs will be the single point of contact for all eligibility, renewals and changes.

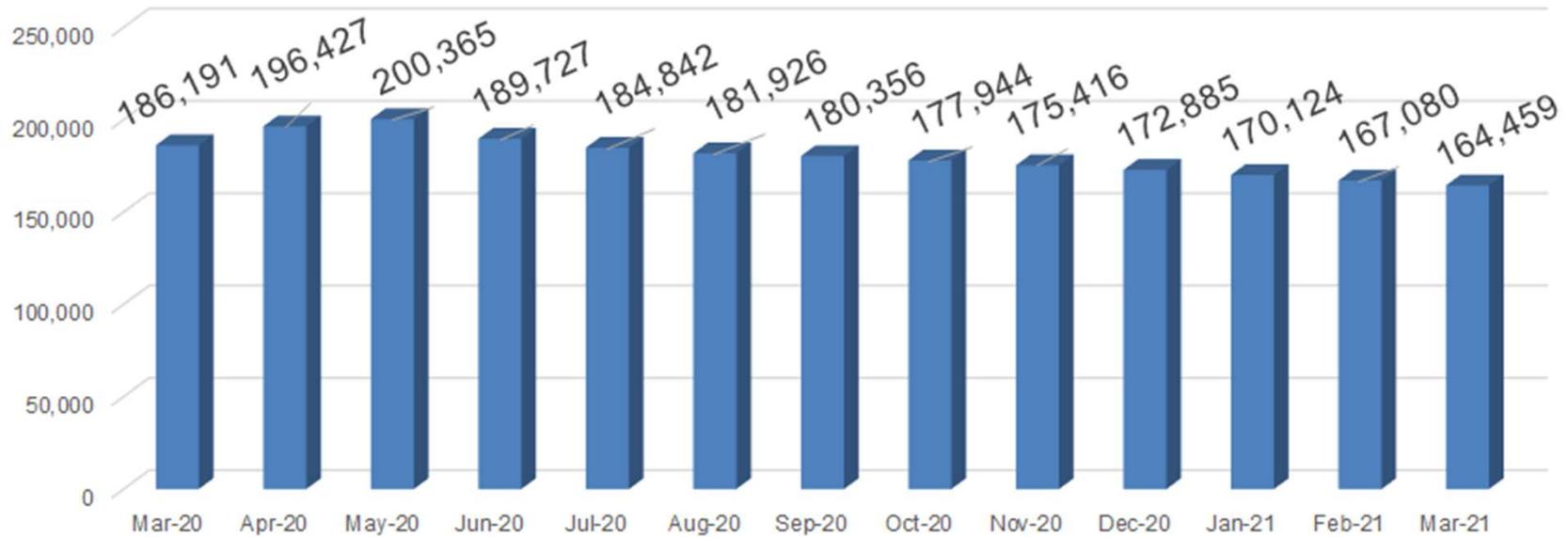


CHIP by the Numbers



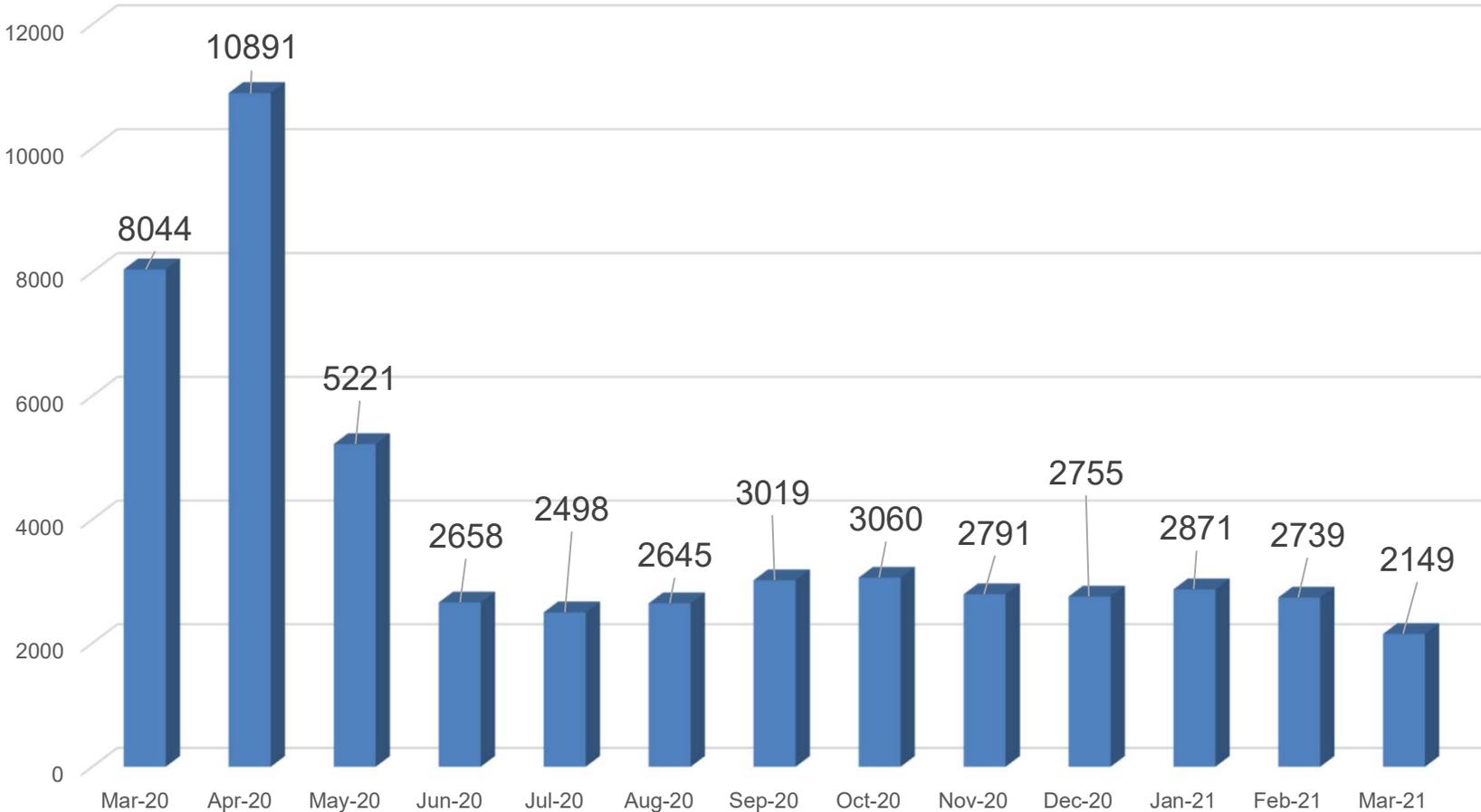
CHIP Enrollment

CHIP Enrollment



New Enrollees

New Enrollees



MG18C Children

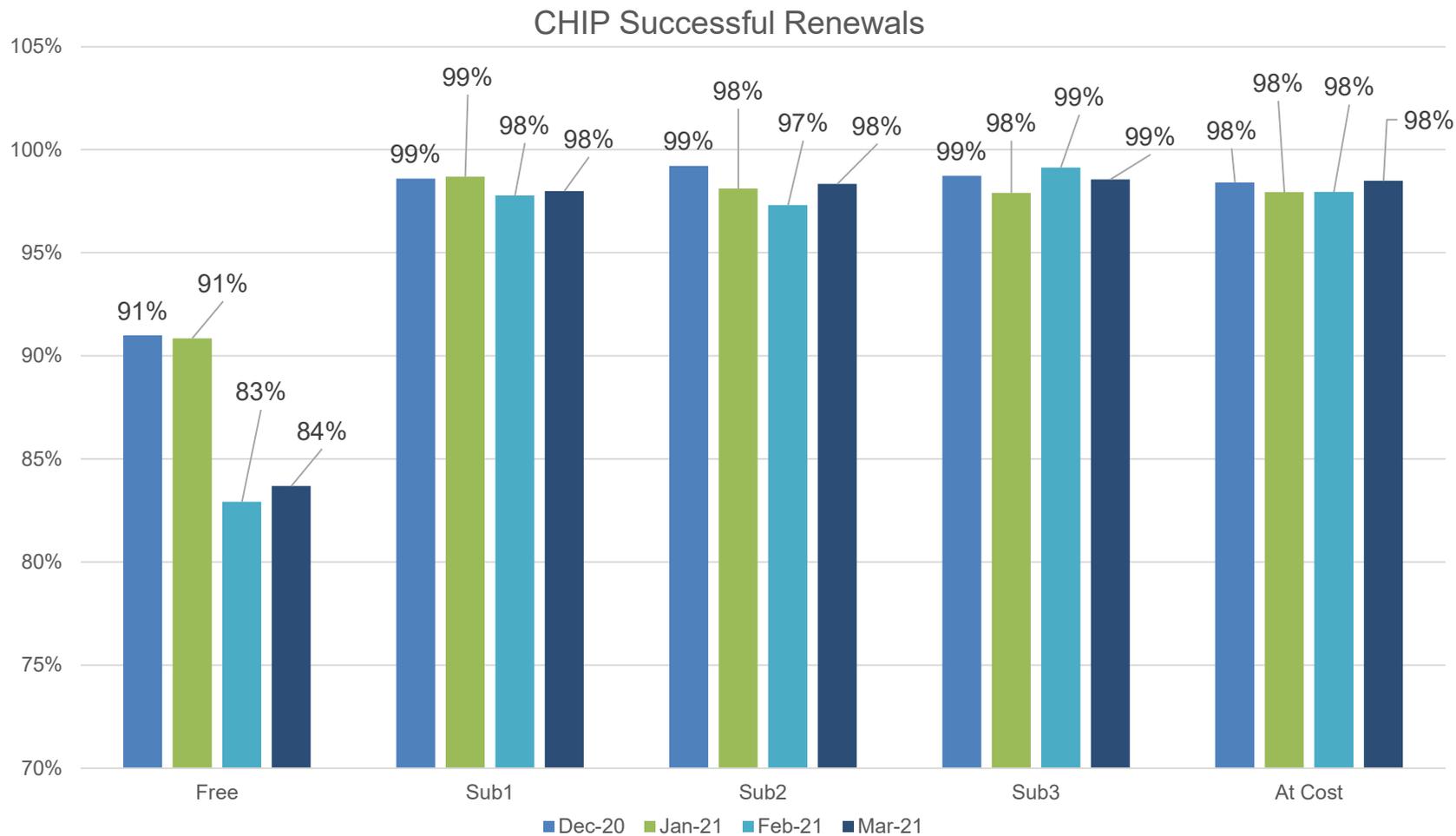
- MG18C refers to MA Children age 0-4 that remain in MA until their renewal date when their family is over the MA income limits.

MG18C Children	TOTAL
July 2020	381
August 2020	412
September 2020	447
October 2020	568
November 2020	555
December 2020	700
January 2021	753
February 2021	863

CHIP Enrollment Ages 0 to 4	TOTAL
July 2020	28,843
August 2020	27,839
September 2020	27,143
October 2020	26,338
November 2020	25,604
December 2020	24,899
January 2021	24,135
February 2021	23,320

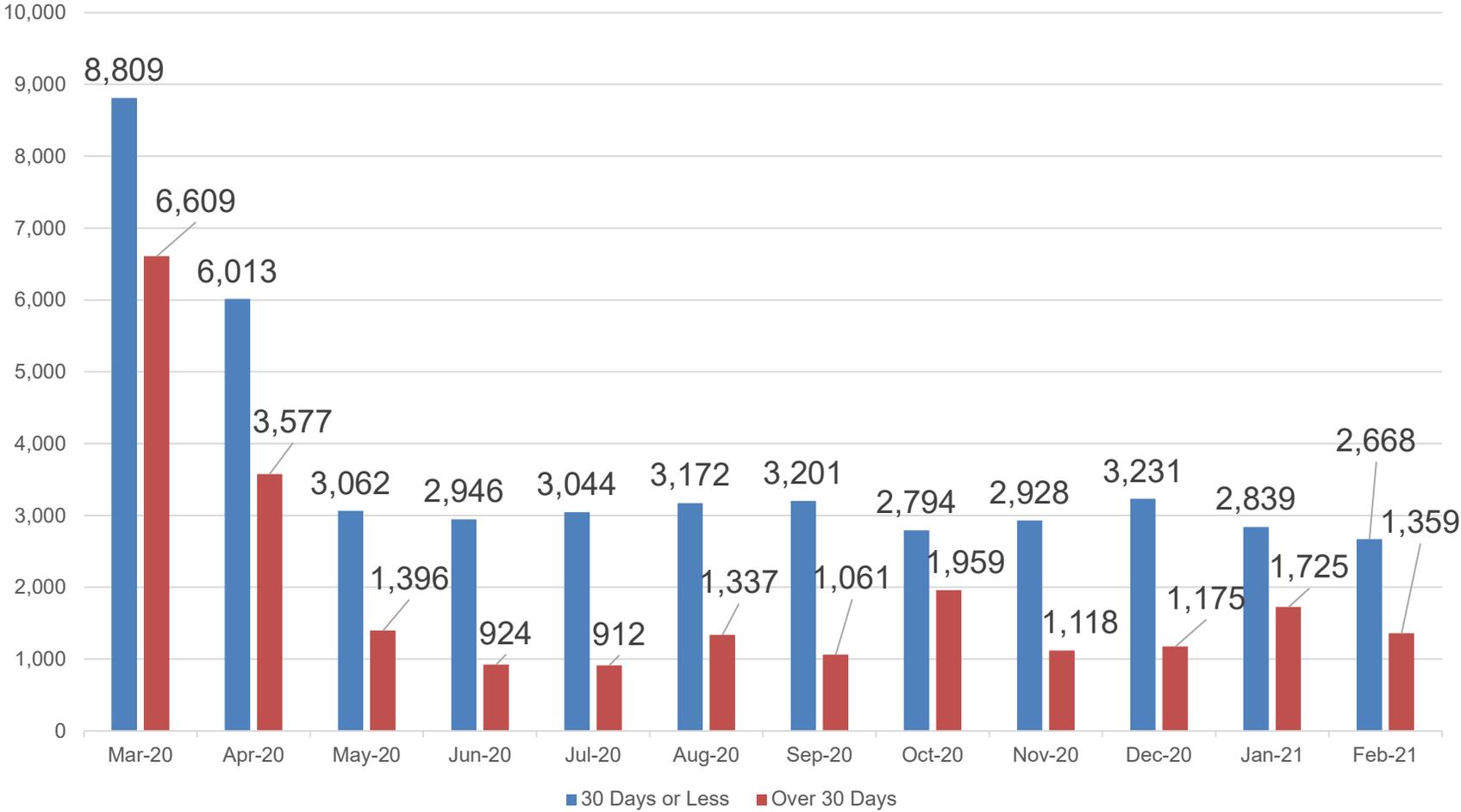


CHIP Successful Renewals



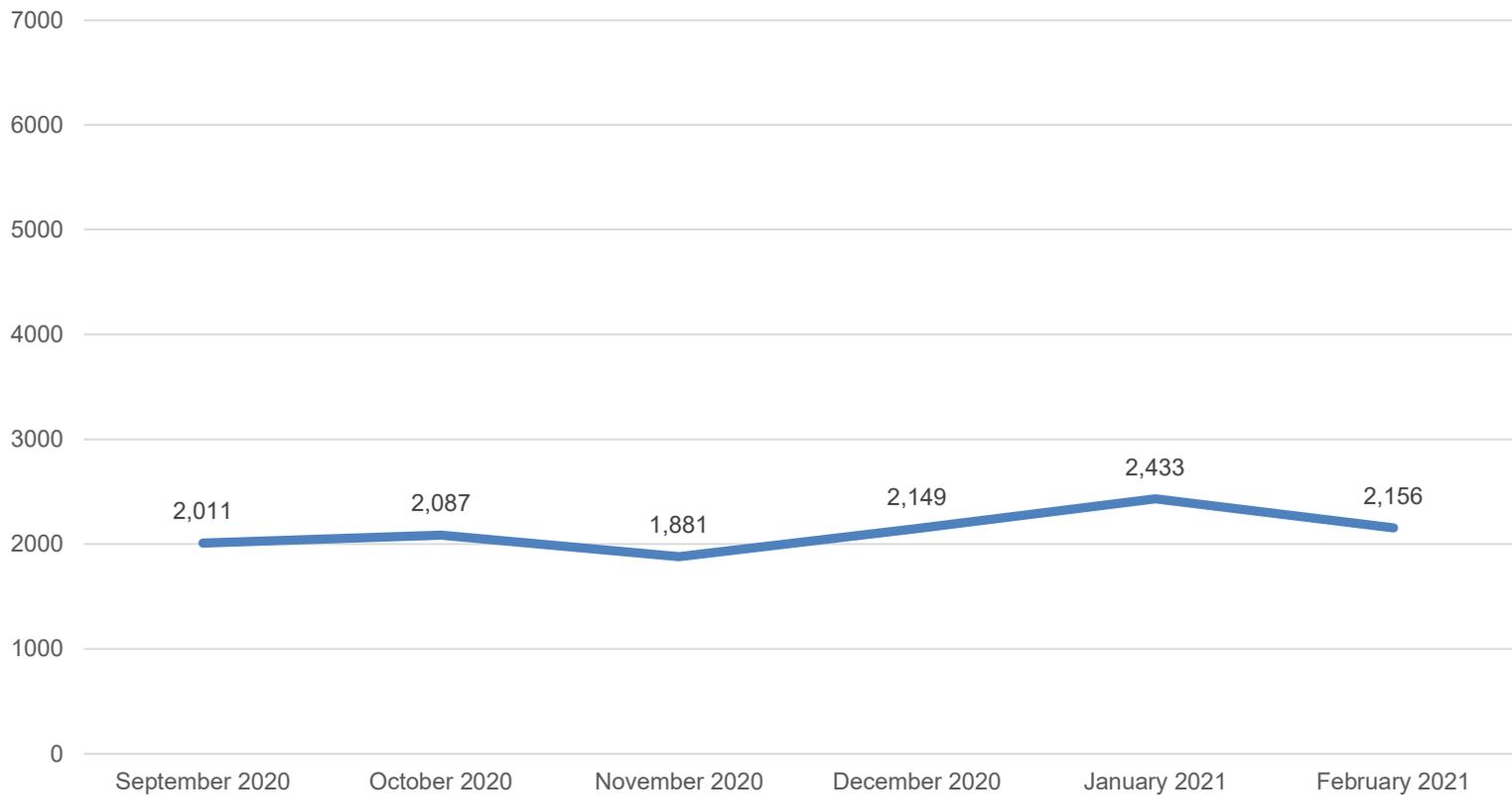
Processing Times for CHIP Applications

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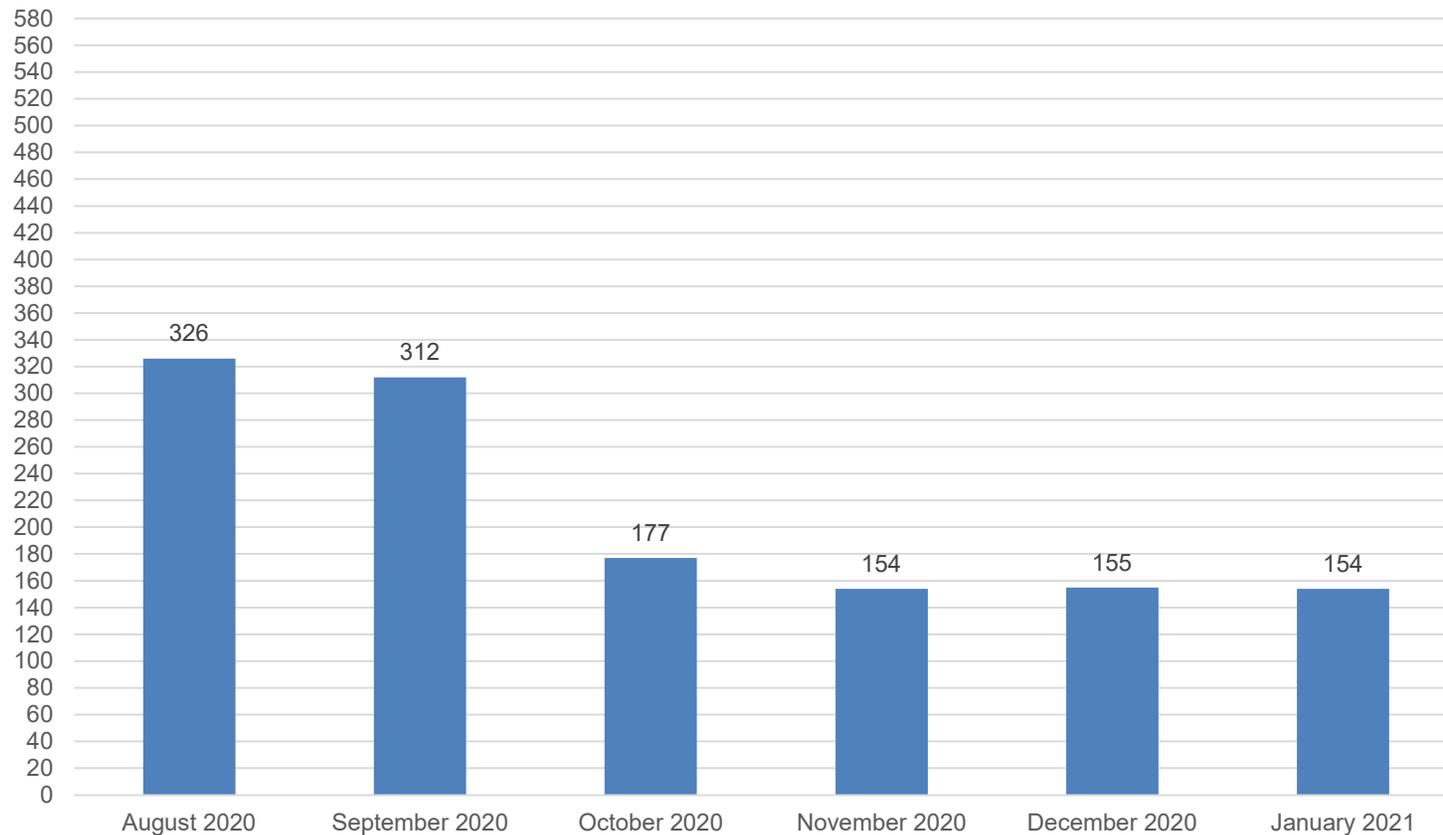
Customer Calls to the CHIP Call Center

1-800-986-KIDS Calls Received



CHIP Call Center Metrics (continued)

Apply Over the Phone: Completed Applications





Policy Updates



SUPPORT Act SPA

- The Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (P. L. 115-271), referred to as the SUPPORT Act, was passed on October 24, 2018.
- States were required to submit a State Plan Amendment to verify compliance with the SUPPORT Act by the end of the state fiscal year 2019.
- The SUPPORT Act requires CHIP to support and provide behavioral health services as well as utilize specified behavioral health screenings and assessments.
- CHIP Surveyed its MCOs in Spring 2020 to ascertain:
 - Which behavioral health screenings and assessments were being used by MCOs.
 - If tobacco cessation services were offered even though they were not required by the state plan.
 - If Medication Assisted Therapy for Opioid treatment was being provided to CHIP enrollees.

SUPPORT Act SPA

- CMS Approved the SUPPORT Act SPA in March 2021.
- The Pennsylvania SUPPORT Act SPA does not change services, assessments or screenings currently used for behavioral health in PA CHIP with the exception of tobacco cessation services.
- The services which were offered under other definitions within the plan are now moved to a new templated section, 6.3 BH.
- CHIP will issue a policy clarification to MCOs regarding the new SPA and reiterate services are to continue as they were under the previous state plan and include tobacco cessation.

Public Health Emergency

- Current Flexibilities
 - Temporarily waive requirements related to timely processing of renewals and/or deadlines for families to respond to renewal requests;
 - Temporarily delay acting on certain changes in circumstances;
 - Temporarily extend the processing of renewals;

Public Health Emergency

- Current Flexibilities
 - Temporarily suspend application of co-payments related to COVID-19 testing, screening and treatment services; and,
 - Temporarily delay payment of premiums (and/or delay payment of premium balance). Pennsylvania will be temporarily suspending the commonwealth's premium lock out policy.

Marketing Updates

- **Federal and state law require outreach**
- CHIP utilizes streaming, social media, traditional print, broadcast, and static outlets
- Launching a longer-term robust media buy
- Conduct new market research and utilize focus groups

▶ Marketing updates



Marketing Updates

- First 15 days- of Campaign show increase in results of Digital Performance:
 - Google paid search and Twitter received the highest CTR.
 - The 2021 campaign has already delivered 128% more impressions than 2020.
 - Twitter is well over the norm for view rates
- Bottomline: We are reaching more people.



Quality Assurance Updates



New QA Staff Member

- Sarah Locke – MFRE
 - Serves as CHIP's Medical Facility Records Examiner

Quarterly Assurance Updates

External Quality Review Reports

- Office of CHIP Quality Assurance is responsible for submitting statewide aggregate and individual reports to CMS
 - Aggregate reports contains information from the other DHS Program offices (OLTL; OMHSAS; and OMAP)
 - Individual CHIP only report
 - CHIP works with vendor, IPRO to ensure completion by end of April deadline
 - CMS to include on Medicaid.gov website

Quality Assurance Updates

Quality Review Meetings

- Held Quarterly with each CHIP MCO
- Discussion is driven by performance on HEDIS rates

Child and Adolescent Visits																													
Measure	Initiatives/Barriers	Previous Quarter – Quarter 3	Current Quarter – Quarter 4																										
Well-Child Visits in the First 15 Months of Life (W15) <table border="1"> <tr> <td>2020 HEDIS</td> <td></td> </tr> <tr> <td>CHIP Weighted Average</td> <td></td> </tr> <tr> <td>2019 HEDIS</td> <td></td> </tr> <tr> <td>CHIP Weighted Average</td> <td>81.51%</td> </tr> <tr> <td colspan="2">No Change</td> </tr> </table>	2020 HEDIS		CHIP Weighted Average		2019 HEDIS		CHIP Weighted Average	81.51%	No Change		Please update this section. <u>Member</u> <u>Provider</u> <u>Barriers</u>	Please update with the rate to date (YTD) for the current quarter – Please explain the fluctuation <table border="1"> <tr> <td></td> <td>Rate (12/31/2020)</td> </tr> <tr> <td>W15</td> <td></td> </tr> <tr> <td>W34</td> <td></td> </tr> <tr> <td>AWC</td> <td></td> </tr> </table> <p>1. List any new or upcoming Initiatives. Do not include anything previously discussed unless there is an update</p>		Rate (12/31/2020)	W15		W34		AWC		Please update with the rate to date (YTD) for the current quarter – Please explain the fluctuation <table border="1"> <tr> <td></td> <td>Rate (12/31/2020)</td> </tr> <tr> <td>W15</td> <td></td> </tr> <tr> <td>W34</td> <td></td> </tr> <tr> <td>AWC</td> <td></td> </tr> </table> <p>1. List any updates, new or upcoming Initiatives. Do not include anything previously discussed unless there is an update</p>		Rate (12/31/2020)	W15		W34		AWC	
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Quality Assurance Updates

Healthcare Effectiveness Data and Information Set (HEDIS) Measurements

Effectiveness of Care												
Prevention and Screening												
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (WCC) - Hybrid												
WCC: BMI Ages 3 - 11 years	80.17%	80.38%	90.87%	84.11%	87.12%	84.62%	78.82%	80.68%	91.10%	81.98%	83.98%	84.32%
WCC: BMI Ages 12 - 17 years	79.88%	83.23%	87.21%	87.72%	83.82%	83.64%	78.15%	69.73%	89.14%	82.50%	82.50%	83.38%
WCC: BMI Ages 3 - 17 years Total Rate	80.05%	81.65%	89.21%	85.37%	85.25%	84.17%	78.53%	75.51%	90.27%	82.16%	83.22%	83.90%
WCC: Nutrition Ages 3 - 11 years	77.27%	76.56%	78.37%	84.11%	79.55%	78.46%	71.92%	78.26%	85.17%	77.93%	78.76%	79.04%
WCC: Nutrition Ages 12 - 17 years	75.15%	70.06%	77.33%	83.33%	76.88%	74.55%	75.50%	71.89%	84.57%	75.00%	76.43%	76.99%
WCC: Nutrition Ages 3 - 17 years Total Rate	76.40%	73.67%	77.89%	83.84%	78.03%	76.67%	73.45%	75.26%	84.91%	76.90%	77.70%	78.19%
WCC: Physical Activity Ages 3 - 11 years	74.38%	68.90%	72.12%	70.09%	80.30%	72.82%	62.07%	75.36%	79.24%	74.77%	73.01%	73.35%
WCC: Physical Activity Ages 12 - 17 years	73.96%	70.06%	77.91%	84.21%	78.03%	80.61%	74.83%	77.30%	86.29%	79.17%	78.24%	78.88%
WCC: Physical Activity Ages 3 - 17 Total Rate	74.21%	69.41%	74.74%	75.00%	79.02%	76.39%	67.51%	76.28%	82.24%	76.32%	75.11%	75.60%

Childhood Immunization Status (CIS) - Hybrid												
CIS: DtaP	91.10%	81.68%	87.43%	90.64%	90.32%	81.03%	85.83%	95.74%	88.32%	87.83%	87.99%	87.69%
CIS: IPV	93.24%	89.60%	92.51%	94.74%	97.85%	82.76%	90.83%	95.74%	94.65%	94.40%	92.63%	93.08%
CIS: MMR	92.17%	91.09%	90.12%	95.32%	92.47%	86.21%	92.08%	95.74%	93.67%	94.40%	92.33%	92.70%
CIS: Hib	92.88%	90.59%	90.42%	95.91%	97.85%	84.48%	92.50%	95.74%	94.40%	93.67%	92.85%	92.93%
CIS: Hepatitis B	90.75%	81.68%	92.22%	94.15%	95.70%	82.76%	87.92%	93.62%	93.19%	95.62%	90.76%	91.77%
CIS: VZV	90.75%	90.10%	89.82%	94.74%	91.40%	85.34%	91.25%	95.74%	93.43%	93.67%	91.62%	92.02%
CIS: Pneumococcal Conjugate	90.75%	81.68%	85.33%	92.40%	91.40%	81.03%	84.58%	87.23%	88.56%	90.02%	87.30%	87.86%
CIS: Hepatitis A	91.81%	85.64%	82.04%	94.74%	88.17%	82.76%	90.00%	87.23%	90.02%	91.97%	88.44%	89.23%
CIS: Rotavirus	79.36%	69.31%	79.04%	87.13%	79.57%	72.41%	77.08%	76.60%	83.21%	85.89%	78.96%	80.89%
CIS: Influenza	64.06%	65.35%	50.00%	52.63%	67.74%	56.90%	68.75%	51.06%	68.86%	62.04%	60.74%	62.22%

Questions?



Closing and Wrap Up

- Topics of discussion for next meeting?
- Next Advisory Council meeting:
 - Wednesday, October 6, 2021