FRAMEWORK FOR THE ANNUAL REPORT OF THE STATE CHILDREN'S HEALTH INSURANCE PLANS UNDER TITLE XXI OF THE SOCIAL SECURITY ACT

Preamble

Section 2108(a) of the Act provides that the State must assess the operation of the State child health plan in each fiscal year, and report to the Secretary, by January 1 following the end of the fiscal year, on the results of the assessment. In addition, this section of the Act provides that the State must assess the progress made in reducing the number of uncovered, low-income children.

To assist States in complying with the statute, the National Academy for State Health Policy (NASHP), with funding from the David and Lucile Packard Foundation, has coordinated an effort with States and CMS over the years to design and revise this Annual Report Template. Over time, the framework has been updated to reflect program maturation and corrected where difficulties with reporting have been identified.

The framework is designed to:

- Recognize the ***diversity*** of State approaches to SCHIP and allow States ***flexibility*** to highlight key accomplishments and progress of their SCHIP programs, **AND**
- Provide ***consistency*** across States in the structure, content, and format of the report, **AND**
- Build on data ***already collected*** by CMS quarterly enrollment and expenditure reports, **AND**
- Enhance ***accessibility*** of information to stakeholders on the achievements under Title XXI.

FRAMEWORK FOR THE ANNUAL REPORT OF THE STATE CHILDREN'S HEALTH INSURANCE PLANS UNDER TITLE XXI OF THE SOCIAL SECURITY ACT

State/Territory: **PA**
(Name of State/Territory)

The following Annual Report is submitted in compliance with Title XXI of the Social Security Act (Section 2108(a)).

Signature:

M. Diane Koken

SCHIP Program Name(s): **All, Pennsylvania's Children's Health Insurance Program**

SCHIP Program Type:

- ☐ SCHIP Medicaid Expansion Only
- ☒ Separate Child Health Program Only
- ☐ Combination of the above

Reporting Period: **2006** *Note: Federal Fiscal Year 2006 starts 10/1/05 and ends 9/30/06.*

Contact Person/Title: **George L. Hoover, Deputy Insurance Commissioner**

Address: **333 Market Street, Lobby Level**

City: **Harrisburg** State**:** **PA** Zip**:** **17120**

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Submission Date: **12/29/2006**

(Due to your CMS Regional Contact and Central Office Project Officer by January 1st of each year)
Please copy Cynthia Pernice at NASHP (cpernice@nashp.org)

SECTION I: SNAPSHOT OF SCHIP PROGRAM AND CHANGES

1) To provide a summary at-a-glance of your SCHIP program characteristics, please provide the following information. You are encouraged to complete this table for the different SCHIP programs within your state, e.g., if you have two types of separate child health programs within your state with different eligibility rules. If you would like to make any comments on your responses, please explain in narrative below this table.

	SCHIP Medicaid Expansion Program					Separate Child Health Program				
Eligibility						From		% of FPL conception to birth		% of FPL
	From		% of FPL for **infants**		% of FPL	From	185	% of FPL for **infants**	200	% of FPL
	From		% of FPL for children ages **1 through 5**		% of FPL	From	133	% of FPL for 1 **through 5**	200	% of FPL
	From		% of FPL for children ages **6 through 16**		% of FPL	From	100	% of FPL for children ages **6 through 16**	200	% of FPL
	From		% of FPL for children ages **17 and 18**		% of FPL	From	100	% of FPL for children ages **17 and 18**	200	% of FPL

Is presumptive eligibility provided for children?	☐	No	☒	No
	☐	Yes, for whom and how long?	☐	Yes, for whom and how long?
	☐	N/A	☐	N/A

Is retroactive eligibility available?	☐	No	☐	No
	☐	Yes, for whom and how long?	☒	Yes, for whom and how long? Children who are disenrolled from Medicaid because of a change in family circumstances and who are eligible for CHIP may be retroactively enrolled to avoid a gap in health care coverage.
	☐	N/A	☐	N/A

Does your State Plan contain authority to implement a waiting list?	Not applicable	☒	No
		☐	Yes
		☐	N/A

Does your program have a mail-in application?	☐	No	☐	No
	☐	Yes	☒	Yes

	☐	N/A	☐	N/A

Can an applicant apply for your program over the phone?	☐	No	☐	No
	☐	Yes	☒	Yes
	☐	N/A	☐	N/A

Does your program have an application on your website that can be printed, completed and mailed in?	☐	No	☐	No
	☐	Yes	☒	Yes
	☐	N/A	☐	N/A

Can an applicant apply for your program on-line?	☐	No	☐	No
	☐	Yes – please check all that apply	☒	Yes – please check all that apply
	☐	Signature page must be printed and mailed in	☒	Signature page must be printed and mailed in
	☐	Family documentation must be mailed (i.e., income documentation)	☒	Family documentation must be mailed (i.e., income documentation)
	☐	Electronic signature is required	☒	Electronic signature is required
			☐	No Signature is required
	☐	N/A	☐	N/A

Does your program require a face-to-face interview during initial application	☐	No	☒	No
	☐	Yes	☐	Yes
	☐	N/A	☐	N/A

Does your program require a child to be uninsured for a minimum amount of time prior to enrollment (waiting period)?	☐	No	☒	No
	☐	Yes	☐	Yes
	Specify number of months		Specify number of months	
	☐	N/A	☐	N/A

Does your program provide period of continuous coverage <u>regardless of income changes?</u>	☐	No	☐	No
	☐	Yes	☒	Yes
	Specify number of months		Specify number of months	12
	Explain circumstances when a child would lose eligibility during the time period in the box below		Explain circumstances when a child would lose eligibility during the time period in the box below	

			• Moves to another state • Reaches 19 years of age • Obtains private health insurance or is enrolled in Medicaid • Becomes an inmate of a public institution or a patient in an institution for mental diseases • Death of the child • Misinformation provided at application which would have resulted in a determination of ineligibility had the correct information been known. • Voluntary termination requested	
	☐	N/A	☐	N/A

Does your program require premiums or an enrollment fee?	☐	No	☒	No
	☐	Yes	☐	Yes
	Enrollment fee amount		Enrollment fee amount	
	Premium amount		Premium amount	
	Yearly cap		Yearly cap	
	If yes, briefly explain fee structure in the box below		If yes, briefly explain fee structure in the box below (including premium/enrollment fee amounts and include Federal poverty levels where appropriate)	
	☐	N/A	☐	N/A

Does your program impose copayments or coinsurance?	☐	No	☒	No
	☐	Yes	☐	Yes
	☐	N/A	☐	N/A

Does your program impose deductibles?	☐	No	☒	No
	☐	Yes	☐	Yes
	☐	N/A	☐	N/A

Does your program require an assets test?	☐	No	☒	No
	☐	Yes	☐	Yes
	If Yes, please describe below		If Yes, please describe below	
	☐	N/A	☐	N/A

Does your program require income disregards?	☐	No	☐	No
	☐	Yes	☒	Yes
	If Yes, please describe below		If Yes, please describe below	
			- Standard earned income deduction of $120 per month for each family member who is working - Dependent care deduction of $175 per month for each child two years of age or older or incapacitated adult, or $200 per month for each child under age two	
	☐	N/A	☐	N/A

Is a preprinted renewal form sent prior to eligibility expiring?	☐	No	☐	No
	☐	Yes	☒	Yes
		☐ We send out form to family with their information pre-completed and ask for confirmation		☒ We send out form to family with their information pre-completed and ask for confirmation
		☐ We send out form but do not require a response unless income or other circumstances have changed		☐ We send out form but do not require a response unless income or other circumstances have changed
	☐	N/A	☐	N/A

Enter any Narrative text below.

Applications: Applications may be filed over the telephone by calling the CHIP Helpline. Helpline counselors use the so-called "Power User" version of Commonwealth of Pennsylvania Application for Social Services (COMPASS) to enter applicant information. COMPASS performs an eligibility review for both CHIP and Medicaid and forwards the data to the appropriate administrative entity to complete enrollment.

Additionally, several of our contractors, through their help desks, provide assistance to applicants having difficulty filling out the applications, but not to the point of accepting an application over the phone.

The application may be completed online and submitted electronically with an e-signature. A signed application page is required if the family chooses not to use e-signature. In either case, applicants are then required to submit written income documentation.

Two of our eight contractors are currently using preprinted renewal forms. The capability exists for the remaining contractors and we expect many of them to provide this service in the future.

2.	Is there an assets test for children in your Medicaid program?	☐	Yes	☒	No	☐	N/A
3.	Is it different from the assets test in your separate child health program?	☐	Yes	☐	No	☒	N/A
4.	Are there income disregards for your Medicaid program?	☒	Yes	☐	No	☐	N/A
5.	Are they different from the income disregards in your separate child health program?	☐	Yes	☒	No	☐	N/A
6.	Is a joint application used for your Medicaid and separate child health program?	☒	Yes	☐	No	☐	N/A

7. Have you made changes to any of the following policy or program areas during the reporting period? Please indicate "yes" or "no change" by marking appropriate column.

	Medicaid Expansion SCHIP Program			Separate Child Health Program		
	Yes	No Change	N/A	Yes	No Change	N/A
a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	☐	☐	☐	☐	☒	☐
b) Application	☐	☐	☐	☐	☒	☐
c) Application documentation requirements	☐	☐	☐	☐	☒	☐
d) Benefit structure	☐	☐	☐	☒	☐	☐
e) Cost sharing (including amounts, populations, & collection process)	☐	☐	☐	☐	☒	☐
f) Crowd out policies	☐	☐	☐	☐	☒	☐
g) Delivery system	☐	☐	☐	☐	☒	☐
h) Eligibility determination process (including implementing a waiting lists or open enrollment periods)	☐	☐	☐	☐	☒	☐
i) Eligibility levels / target population	☐	☐	☐	☐	☒	☐
j) Assets test in Medicaid and/or SCHIP	☐	☐	☐	☐	☐	☒
k) Income disregards in Medicaid and/or SCHIP	☐	☐	☐	☐	☒	☐
l) Eligibility redetermination process	☐	☐	☐	☐	☒	☐
m) Enrollment process for health plan selection	☐	☐	☐	☐	☒	☐
n) Family coverage	☐	☐	☐	☐	☒	☐
o) Outreach (e.g., decrease funds, target outreach)	☐	☐	☐	☒	☐	☐
p) Premium assistance	☐	☐	☐	☐	☐	☒
q) Prenatal Eligibility expansion	☐	☐	☐	☐	☒	☐
r) Waiver populations (funded under title XXI)						
Parents	☐	☐	☐	☐	☐	☒
Pregnant women	☐	☐	☐	☐	☐	☒
Childless adults	☐	☐	☐	☐	☐	☒

s) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse

t) Other – please specify

a. _____

b. _____

c. _____

8. For each topic you responded yes to above, please explain the change and why the change was made, below:

a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	
b) Application	
c) Application documentation requirements	
d) Benefit structure	• some benefits have been expanded. o covers counseling, education and related services related to sexually transmitted diseases and pregnancy o increases the non-hospital residential to 90 per year and 360 lifetime o increases outpatient visits to 90 per year and 360 lifetime o increases the number of therapy visits combined for speech, occupational, and physical therapy to 60 visits maximum for each.
e) Cost sharing (including amounts, populations, & collection process)	
f) Crowd out policies	
g) Delivery system	
h) Eligibility determination process (including implementing a waiting lists or open enrollment periods)	
i) Eligibility levels / target population	

j) Assets test in Medicaid and/or SCHIP	
k) Income disregards in Medicaid and/or SCHIP	
l) Eligibility redetermination process	
m) Enrollment process for health plan selection	
n) Family coverage	
o) Outreach	See Section III "Outreach" for detailed description of outreach activities during the reporting period
p) Premium assistance	
q) Prenatal Eligibility Expansion	
r) Waiver populations (funded under title XXI)	
Parents	
Pregnant women	
Childless adults	
s) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	
t) Other – please specify	
a.	
b.	
c.	

Enter any Narrative text below.

SECTION II: PROGRAM'S PERFORMANCE MEASUREMENT AND PROGRESS

This section consists of three subsections that gather information on the core performance measures for the SCHIP program as well as your State's progress toward meeting its general program strategic objectives and performance goals. Section IIA captures data on the core performance measures to the extent data are available. Section IIB captures your enrollment progress as well as changes in the number and/or rate of uninsured children in your State. Section IIC captures progress towards meeting your State's general strategic objectives and performance goals.

SECTION IIA: REPORTING OF CORE PERFORMANCE MEASURES

CMS is directed to examine national performance measures by the SCHIP Final Rules of January 11, 2001. To address this SCHIP directive, and to address the need for performance measurement in Medicaid, CMS, along with other Federal and State officials, developed a core set of performance measures for Medicaid and SCHIP. The group focused on well-established measures whose results could motivate agencies, providers, and health plans to improve the quality of care delivered to enrollees. After receiving comments from Medicaid and SCHIP officials on an initial list of 19 measures, the group recommended seven core measures, including four core child health measures:

- Well child visits in the first 15 months of life
- Well child visits in the 3rd, 4th, 5th, and 6th years of life
- Use of appropriate medications for children with asthma
- Children's access to primary care practitioners

These measures are based on specifications provided by the Health Plan Employer Data and Information Set (HEDIS®). HEDIS® provides a useful framework for defining and measuring performance. However, use of HEDIS® methodology is <u>not</u> required for reporting on your measures. The HEDIS® methodology can also be modified based on the availability of data in your State.

This section contains templates for reporting performance measurement data for each of the core child health measures. Please report performance measurement data for the three most recent years (to the extent that data are available). In the first and second column, report data from the previous two years' annual reports (FFY 2004 and FFY 2005). If you previously reported no data for either of those years, but you now have recent data available for them, please enter the data. In the third column, please report the most recent data available at the time you are submitting the current annual report (FFY 2006). Additional instructions for completing each row of the table are provided below.

If Data Not Reported, Please Explain Why:
If you cannot provide a specific measure, please check the box that applies to your State for each performance measure as follows:

- <u>Population not covered</u>: Check this box if your program does not cover the population included in the measure.
- <u>Data not available</u>: Check this box if data are not available for a particular measure in your State. Please provide an explanation of why the data are currently not available.
- <u>Small sample size</u>: Check this box if the sample size (i.e., denominator) for a particular measure is less than 30. If the sample size is less than 30, your State is not required to report data on the measure. However, please indicate the exact sample size in the space provided.
- <u>Other</u>: Please specify if there is another reason why your state cannot report the measure.

Status of Data Reported:
Please indicate the status of the data you are reporting, as follows:

- <u>Provisional</u>: Check this box if you are reporting data for a measure, but the data are currently being modified, verified, or may change in any other way before you finalize them for FFY 2006.
- <u>Final</u>: Check this box if the data you are reporting are considered final for FFY 2006.

- Same data as reported in a previous year's annual report: Check this box if the data you are reporting are the same data that your State reported in another annual report. Indicate in which year's annual report you previously reported the data.

Measurement Specification:
For each performance measure, please indicate the measurement specification (i.e., were the measures calculated using the HEDIS® technical specifications, HEDIS®-like specifications, or some other source with measurement specifications unrelated to HEDIS®). If the measures were calculated using HEDIS® or HEDIS®-like specifications, please indicate which version was used (e.g., HEDIS® 2006). If using HEDIS®-like specifications, please explain how HEDIS® was modified.

Data Source:
For each performance measure, please indicate the source of data – administrative data (claims), hybrid data (claims and medical records), survey data, or other source. If another data source was used, please explain the source.

Definition of Population included in the Measure:
Please indicate the definition of the population included in the denominator for each measure (such as age, continuous enrollment, type of delivery system). Check one box to indicate whether the data are for the SCHIP population only, or include both SCHIP and Medicaid (Title XIX) children combined. Also provide a definition of the numerator (such as the number of visits required for inclusion).

Note: You do not need to report data for all delivery system types. You may choose to report data for only the delivery system with the most enrollees in your program.

Year of Data:
Please report the year of data for each performance measure. The year (or months) should correspond to the *period in which utilization took place*. Do *not* report the year in which data were collected for the measure, or the version of HEDIS® used to calculate the measure, both of which may be different from the period corresponding to utilization of services.

Performance Measurement Data (HEDIS® or Other):
In this section, please report the numerators, denominators, and rates for each measure (or component). The template provides two sections for entering the performance measurement data, depending on whether you are reporting using HEDIS® or HEDIS®-like methodology or a methodology other than HEDIS®. The form fields have been set up to facilitate entering numerators, denominators, and rates for each measure. If the form fields do not give you enough space to fully report on your measure, please use the "additional notes" section.

Note: SARTS will calculate the rate if you enter the numerator and denominator. Otherwise, if you only have the rate, enter it in the rate box.

If you typically calculate separate rates for each health plan, report the aggregate state-level rate for each measure (or component). The preferred method is to calculate a "weighted rate" by summing the numerators and denominators across plans, and then deriving a single state-level rate based on the ratio of the numerator to the denominator. Alternatively, if numerators and denominators are not available, you may calculate an "unweighted average" by taking the mean rate across health plans.

Explanation of Progress:
The intent of this section is to allow your State to highlight progress and describe any quality improvement activities that may have contributed to your progress. If improvement has not occurred over time, this section can be used to discuss potential reasons for why progress was not seen and to describe future quality improvement plans. In this section, your State is also asked to set annual performance objectives for FFY 2007, 2008, and 2009. Based on your recent performance on the measure (from FFY 2004 through 2006), use a combination of expert opinion and "best guesses" to set objectives for the next three years. Please explain your rationale for setting these objectives. For example, if your rate has been increasing by 3 or 4 percentage points per year, you might project future increases at a similar rate. On the other hand, if your rate has been stable over time, you might set a target that projects a small

increase over time. If the rate has been fluctuating over time, you might look more closely at the data to ensure that the fluctuations are not an artifact of the data or the methods used to construct a rate. You might set an initial target that is an average of the recent rates, with slight increases in subsequent years.

In future annual reports, you will be asked to comment on how your actual performance compares to the objective your State set for the year, as well as any quality improvement activities that have helped or could help your State meet future objectives.

Other Comments on Measure:
Please use this section to provide any other comments on the measure, such as data limitations or plans to report on a measure in the future.

NOTE: Please do not reference attachments in this table. If details about a particular measure are located in an attachment, please summarize the relevant information from the attachment in the space provided for each measure.

MEASURE: Well Child Visits in the First 15 Months of Life

FFY 2004	FFY 2005	FFY 2006
If Data Not Reported, Please Explain Why: ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS 2004	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS 2005	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS 2006
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☒ Other. *Specify*: combination of hybrid data (2 health plans) and administrative data (3 health plans)	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☒ Other. *Specify*: combination of hybrid data (3 health plans) and administrative data (2 health plans)	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☒ Other. *Specify*: combination of hybrid data (3 health plans) and administrative data (3 health plans)
Definition of Population Included in the Measure: Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Seven separate numerators corresponding to number with 0, 1, 2, 3, 4, 5, 6 or more will-child visits with PCP during first 15 months of life Denominator includes eligible population who turned 15 months old during the measurement year	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Seven separate numerators corresponding to number with 0, 1, 2, 3, 4, 5, 6 or more will-child visits with PCP during first 15 months of life Denominator is defined as eligible population who turned 15 months old during the measurement year	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Seven separate numerators corresponding to number with 0, 1, 2, 3, 4, 5, 6 or more will-child visits with PCP during first 15 months of life Denominator includes eligible population who turned 15 months old during the measurement year
Year of Data: 2003	**Year of Data:** 2004	**Year of Data:** 2005

Well Child Visits in the First 15 Months of Life (continued)

FFY 2004	FFY 2005	FFY 2006
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Percent with specified number of visits 0 visits Numerator: 1 Denominator: 65 Rate: 1.5 4 visits Numerator: 9 Denominator: 65 Rate: 13.8 1 visit Numerator: 1 Denominator: 65 Rate: 1.5 5 visits Numerator: 23 Denominator: 65 Rate: 35.4 2 visits Numerator: 1 Denominator: 65 Rate: 1.5 6+ visits Numerator: 26 Denominator: 65 Rate: 40 3 visits Numerator: 4 Denominator: 65 Rate: 6.2 Additional notes on measure: Numerator: hybrid data included entire population therefore numerator reportable Denominator: 5 health plans total reporting; 1 health plan excluded due to error in HEDIS data collection; small denominator for 4 health plans reported in weighted averages but not reported for HEDIS (unweighted averages) Rate: HEDIS 2004 PA CHIP (unweighted) average incorrect as reported in FFY 2004 SCHIP annual report; unable to calculate due to error in HEDIS data collection	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with specified number of visits 0 visits Numerator: 3 Denominator: 136 Rate: 2.2 4 visits Numerator: 11 Denominator: 136 Rate: 8.1 1 visit Numerator: 5 Denominator: 136 Rate: 3.7 5 visits Numerator: 27 Denominator: 136 Rate: 19.9 2 visits Numerator: 5 Denominator: 136 Rate: 3.7 6+ visits Numerator: 78 Denominator: 136 Rate: 57.4 3 visits Numerator: 7 Denominator: 136 Rate: 5.1 Additional notes on measure: Numerator: hybrid data included entire population; therefore, numerator reportable Denominator: 5 health plans total reporting; small denominator for 4 health plans reported in weighted averages but not reported for HEDIS (unweighted averages) Rate: HEDIS 2005(unweighted) average reported as: 0 visits = 1.7%; 1 visit = 5.1%; 2 visits = 1.7%; 3 visits = 1.7%; 4 visits = 10.2%; 5 visits = 13.6%; 6+ visits = 66.1%; only 6+ visits calculated/reported in FFY2005 SCHIP annual report.	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with specified number of visits 0 visits Numerator: 1 Denominator: 194 Rate: 0.5 4 visits Numerator: 23 Denominator: 194 Rate: 11.9 1 visit Numerator: 2 Denominator: 194 Rate: 1 5 visits Numerator: 53 Denominator: 194 Rate: 27.3 2 visits Numerator: 4 Denominator: 194 Rate: 2.1 6+ visits Numerator: 102 Denominator: 194 Rate: 52.6 3 visits Numerator: 9 Denominator: 194 Rate: 4.6 Additional notes on measure: Numerator: hybrid data included entire population therefore numerator reportable Denominator: 6 health plans total reporting; small denominator for 3 health plans reported in weighted averages but not reported for HEDIS (unweighted averages) Rate: HEDIS 2006 PA CHIP (unweighted) average reported as: 0 visits = 0%; 1 visit = 0.5% (unweighted); 2 visits = 2.1% (unweighted); 3 visits = 4.2% (unweighted); 4 visits = 9.7% (unweighted); 5 visits =25.3% (unweighted); 6+ visits = 58.2% (unweighted)
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure: Progress: Six well-child visits

		are recommended in PA for infants 15 month of age. For the last three years, over 75% of PA CHIP enrollees in this age range received 5 or 6+ well-child visits during the measurement year (FFY 2004 = 75.4%, FFY 2005 = 77.3%, and FFY 2006 = 79.9%). The number of PA CHIP enrollees in this age group is relatively small. Low denominators and other factors, such as childhood illness, appointment availability, etc. may affect the rates.

Explanation of Progress:

Annual Performance Objective for FFY 2007: Rates for 6+ visits: CY 2003 (HEDIS 2004) = 40%; CY 2004 (HEDIS 2005) = 57.4%, CY 2005 (HEDIS 2006) = 52.7%. Institute Quality Initiative with CHIP health plans to increase rate by 7% for CY 2007 (HEDIS 2008). Not able to impact CY 2006 (HEDIS 2007) rates since utilization has already occurred.

Annual Performance Objective for FFY 2008: Develop pay for performance criteria; 2% increase

Annual Performance Objective for FFY 2009: Implement pay for performance; 2% increase

Explain how these objectives were set: Analysis of 3 year PA CHIP data, comparison to HEDIS Commercial benchmarks, and projections based on historical trends

Other Comments on Measure: Medicaid rates for 6+ visits are lower than Commercial rates; the PA CHIP rate is significantly lower than the commercial HEDIS benchmarks for 6 visits but higher for 4 and 5 visits. Eligible population for this measure is less than 200 which results in low denominators that may skew data. Comparison populations are significantly higher.

MEASURE: Well-Child Visits in Children the 3rd, 4th, 5th, and 6th Years of Life

FFY 2004	FFY 2005	FFY 2006
If Data Not Reported, Please Explain Why: ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30) *Specify sample size*: ☐ Other. *Explain*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS 2004	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS 2005	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS 2006
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☒ Other. *Specify*: combination of hybrid data (2 health plans) and administrative data (3 health plans)	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☒ Other. *Specify*: combination hybrid (3 health plans) and administrative (2 plans)	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☒ Other. *Specify*: combination hybrid (3 health plans) and administrative (3 health plans)
Definition of Population Included in the Measure: Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Numerator is eligible population with at least 1 well child visit with PCP during measurement year Denominator includes: Percentage of eligible population who were 3, 4, 5, 6 years of age during measurement year	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Numerator is eligible population with at least 1 well child visit with PCP during measurement year Denominator includes percentage of eligible population who were 3, 4, 5, 6 years of age during measurement year	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Numerator is eligible population with at least 1 well child visit with PCP during measurement year Denominator includes percentage of eligible population who were 3, 4, 5, 6 years of age during measurement year
Year of Data: 2003	**Year of Data:** 2004	**Year of Data:** 2005

FFY 2004	FFY 2005	FFY 2006
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Percent with 1+ visits Numerator: Denominator: 10153 Rate: 62.4 Additional notes on measure: Numerator: not reported due to combination of hybrid and administrative data since hybrid data did not include entire population Rate: HEDIS 2004 PA CHIP (unweighted) average reported was 65.0%	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with 1+ visits Numerator: Denominator: 9871 Rate: 67.6 Additional notes on measure: Numerator: not reported due to combination of hybrid and administrative data since hybrid data did not include entire population Rate: HEDIS 2005 PA CHIP (unweighted) average reported was 71.0%	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with 1+ visits Numerator: Denominator: 10588 Rate: 67.4 Additional notes on measure: Numerator: not reported due to combination of hybrid and administrative data since hybrid data did not include entire population Rate: HEDIS 2006 PA CHIP (unweighted) average reported was 69.0%

Well-Child Visits in Children the 3rd, 4th, 5th, and 6th Years of Life (continued)

FFY 2004	FFY 2005	FFY 2006
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure: The PA CHIP average rate for FFY 2005 (calendar year 2004) improved 5 percentage points; the average rate for FFY 2006 (calendar year 2005) was essentially unchanged from the previous year.

Explanation of Progress:

Annual Performance Objective for FFY 2007: Rates for: CY 2003 (HEDIS 2004) = 62.4%; CY 2004 (HEDIS 2005) = 67.6%, CY 2005 (HEDIS 2006) = 67.4%. Institute Quality Initiative with CHIP health plans to increase rate by 2% for CY 2007 (HEDIS 2008). Not able to impact calendar year 2006 (HEDIS 2007) rates since utilization has already occurred.

Annual Performance Objective for FFY 2008: Develop pay for performance criteria; 2% increase

Annual Performance Objective for FFY 2009: Implement pay for performance; 2% increase

Explain how these objectives were set: Analysis of 3 year PA CHIP data, comparison to HEDIS Commercial benchmarks, and projections based on historical trends

Other Comments on Measure: Comparison of 2006 PA CHIP HEDIS rate (69%, commercial, unweighted average) to HEDIS commercial 2006 benchmarks (unweighted): National (65.6%), Regional (73.8%) and PA (76.6%) rates. Commercial HEDIS averages are slightly higher than Medicaid HEDIS averages. The 2006 PA CHIP HEDIS average rate has slightly increased over the three year period and is comparable to the National Commercial average but lower than Commercial regional and PA average rates.

MEASURE: Use of Appropriate Medications for Children with Asthma

FFY 2004	FFY 2005	FFY 2006
If Data Not Reported, Please Explain Why: ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS 2004	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS 2005	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS 2006
Data Source: ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Numerator is eligible population who were appropriately prescribed medication during the measurement year Denominator includes eligible population 5-17 years of age during the measurement year who were identified as having persistent asthma during the year prior to the measurement year; commercial	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Numerator is eligible population who were appropriately prescribed medication during the measurement year Denominator includes eligible population 5-17 years of age during the measurement year who were identified as having persistent asthma during the year prior to the measurement year and the measurement year; commercial	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Numerator is eligible population who were appropriately prescribed medication during the measurement year Denominator includes eligible population 5-17 years of age during the measurement year who were identified as having persistent asthma during the year prior to the measurement year and the measurement year; commercial
Year of Data: 2003	**Year of Data:** 2004	**Year of Data:** 2005

Use of Appropriate Medications for Children with Asthma (continued)

FFY 2004	FFY 2005	FFY 2006
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Percent receiving appropriate medications 5-9 years Numerator: 441 Denominator: 596 Rate: 74 10-17 years Numerator: 937 Denominator: 1303 Rate: 71.9 Combined rate (5-17 years) Numerator: 1378 Denominator: 1899 Rate: 72.6 Additional notes on measure: Rate: reported in FFY 2004 SCHIP annual report as 70.3% (unweighted average) for 5-17 year age range and represents the PA CHIP average of 5 health plans as reported for HEDIS 2004	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent receiving appropriate medications 5-9 years Numerator: 586 Denominator: 762 Rate: 76.9 10-17 years Numerator: 1117 Denominator: 1559 Rate: 71.6 Combined rate (5-17 years) Numerator: 1703 Denominator: 2311 Rate: 73.7 Additional notes on measure: Rate: reported in FFY 2005 SCHIP annual report as 72.7% (unweighted average) for 5-17 year age range and represents the PA CHIP average of 5 health plans as reported for HEDIS 2005	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent receiving appropriate medications 5-9 years Numerator: 559 Denominator: 587 Rate: 95.2 10-17 years Numerator: 1233 Denominator: 1356 Rate: 90.9 Combined rate (5-17 years) Numerator: 1792 Denominator: 1943 Rate: 92.2 Additional notes on measure: Rate: HEDIS 2006 PA CHIP (unweighted) average of 6 health plans is 92.3% for the 5-17 year age range
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure: There was significant improvement (approximately 20 points) in PA CHIP rates for all age ranges for FFY 2006 (calendar year 2005). We understand from the National Committee for Quality Assurance (NCQA) that changes in this measure's specifications may make the data from FFY 2006 (HEDIS 2006) not trendable with data from FFY 2004 and 2005 (HEDIS 2004 and 2005).

Explanation of Progress:

Annual Performance Objective for FFY 2007: Rates for: CY 2003 (HEDIS 2004) and CY 2004 (HEDIS 2005) not trendable to CY 2005 (HEDIS 2006) due to changes in HEDIS specifications for this measure. Institute Quality Initiative with CHIP health plans to increase rate by 2% for CY 2007 (HEDIS 2008). Not able to impact CY 2006 (HEDIS 2007) rates since utilization has already occurred.

Annual Performance Objective for FFY 2008: Develop pay for performance criteria; maintain 95% or higher

Annual Performance Objective for FFY 2009: Implement pay for performance; maintain 95% or higher

Explain how these objectives were set: Analysis of 3 year PA CHIP data, comparison to HEDIS Commercial benchmarks, and projections based on historical trends

Other Comments on Measure: Comparison of 2006 PA CHIP HEDIS rate of 92.3% (commercial, unweighted average) to HEDIS 2006 Commercial benchmarks (unweighted): National (93.4%), Regional (93.9%) and PA (93.2%) rates. Commercial HEDIS averages are slightly higher than Medicaid HEDIS averages. The majority of Medical and Commercial HEDIS averages for this measure have increased significantly over the 3 year period. PA CHIP average is comparable.

MEASURE: Children's Access to Primary Care Practitioners

FFY 2004	FFY 2005	FFY 2006
If Data Not Reported, Please Explain Why: ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS 2004	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS 2005	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS 2006
Data Source: ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Numerator is eligible population age range 12 months-6 years who had 1 or more visits with PCP during measurement year; age range 7-19 years who had 1 or more visits with PCP during measurement year or year prior to measurement year Denominator includes eligible population age 12-24 months, 25 months-6 years, 7-11 years, and 12-19 years of age; commercial	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Numerator is eligible population age range 12 months-6 years who had 1 or more visits with PCP during measurement year; age range 7-19 years who had 1 or more visits with PCP during measurement year or year prior to measurement year Denominator includes eligible population age 12-24 months, 25 months-6 years, 7-11 years, and 12-19 years of age; commercial	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Numerator is eligible population age range 12 months-6 years who had 1 or more visits with PCP during measurement year; age range 7-19 years who had 1 or more visits with PCP during measurement year or year prior to measurement year) Denominator includes eligible population age 12-24 months, 25 months-6 years, 7-11 years, and 12-19 years of age; commercial
Year of Data: 2003	**Year of Data:** 2004	**Year of Data:** 2005

FFY 2004	FFY 2005	FFY 2006
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Percent with a PCP visit 12-24 months Numerator: 551 Denominator: 590 Rate: 93.4 7-11 years Numerator: 14293 Denominator: 15748 Rate: 90.8 25 months-6 years Numerator: 10690 Denominator: 12249 Rate: 87.3 12-19 years Numerator: 23634 Denominator: 26334 Rate: 89.7 Additional notes on measure: Rate: HEDIS 2004 PA CHIP (unweighted) average reported as 89.1% for age range 2-11yr	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with a PCP visit 12-24 months Numerator: 522 Denominator: 543 Rate: 96.1 7-11 years Numerator: 15056 Denominator: 16499 Rate: 91.3 25 months-6 years Numerator: 10162 Denominator: 11453 Rate: 88.7 12-19 years Numerator: 26141 Denominator: 28874 Rate: 90.5 Additional notes on measure: Rate: HEDIS 2005 PA CHIP (unweighted) average reported as 89.9% for age range 2-11 yr	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with a PCP visit 12-24 months Numerator: 641 Denominator: 679 Rate: 94.4 7-11 years Numerator: 16010 Denominator: 17495 Rate: 91.5 25 months-6 years Numerator: 10765 Denominator: 12129 Rate: 88.8 12-19 years Numerator: 28932 Denominator: 31863 Rate: 90.8 Additional notes on measure: Rate: HEDIS 2006 PA CHIP (unweighted) average reported as 89.8% for age range 2-11 yr
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure: The rates for PA CHIP for the 3-year period reflect slight improvement in access to PCPs. The rates are comparable to national and regional rates for HEDIS commercial and Medicaid for this measure. PA CHIP reports low denominators for age group 12-24 months.

Explanation of Progress:

Annual Performance Objective for FFY 2007: Rates for all age groups improved except slight decrease for CY 2004 (HEDIS 2005) for age group 12-24 months. This could be attributed to small denominator size for this age group. Institute Quality Initiative with CHIP health plans to increase rate to 90% for all age groups for CY 2007 (HEDIS 2008). Not able to impact calendar year 2006 (HEDIS 2007) rates since utilization has already occurred.

Annual Performance Objective for FFY 2008: Develop pay for performance criteria; maintain all rates at 90% or higher

Annual Performance Objective for FFY 2009: Implement pay for performance; maintain all rates at 92% or higher

Explain how these objectives were set: Analysis of 3 year PA CHIP data, comparison to HEDIS Commercial benchmarks, and projections based on historical trends

Other Comments on Measure: Comparison of 2006 CHIP rate of 89.9% (commercial, unweighted average) to HEDIS Commercial 2006 benchmarks (unweighted): National (89.1%), Regional (90.7%) and PA (90.8%) rates. Commercial HEDIS averages are slightly higher than Medicaid HEDIS averages. Slight or no improvement of rates for this measure for Medicaid and commercial benchmarks.

SECTION IIB: ENROLLMENT AND UNINSURED DATA

1. The information in the table below is the Unduplicated Number of Children Ever Enrolled in SCHIP in your State for the two most recent reporting periods. The enrollment numbers reported below should correspond to line 7 in your State's 4th quarter data report (submitted in October) in the SCHIP Statistical Enrollment Data System (SEDS). The percent change column reflects the percent change in enrollment over the two-year period. If the percent change exceeds 10 percent (increase or decrease), please explain in letter A below any factors that may account for these changes (such as decreases due to elimination of outreach or increases due to program expansions). This information will be filled in automatically by SARTS through a link to SEDS. Please wait until you have an enrollment number from SEDS before you complete this response.

Program	FFY 2005	FFY 2006	Percent change FFY 2005-2006
SCHIP Medicaid Expansion Program	0	0	
Separate Child Health Program	179807	188765	4.98

   A. Please explain any factors that may account for enrollment increases or decreases exceeding 10 percent.

2. The table below shows trends in the three-year averages for the number and rate of uninsured children in your State based on the Current Population Survey (CPS), along with the percent change between 1996-1998 and 2003-2005. Significant changes are denoted with an asterisk (*). If your state uses an alternate data source and/or methodology for measuring change in the number and/or rate of uninsured children, please explain in Question #3. SARTS will fill in this information automatically, but in the meantime, please refer to the CPS data attachment that was sent with the FFY 2006 Annual Report Template.

	Uninsured Children Under Age 19 Below 200 Percent of Poverty		Uninsured Children Under Age 19 Below 200 Percent of Poverty as a Percent of Total Children Under Age 19	
Period	Number	Std. Error	Rate	Std. Error
1996 - 1998	157	25.1	5.1	.8
1998 - 2000	115	21.5	3.7	.7
2000 - 2002	162	21.2	5.5	.7
2002 - 2004	195	23.3	6.5	.8
2003 - 2005	175	22.9	5.9	.7
Percent change 1996-1998 vs. 2003-2005	11.5%	NA	15.7%	NA

A. Please explain any activities or factors that may account for increases or decreases in your number and/or rate of uninsured children.

Although the statistics indicate a change in the number and rate of uninsured children from the 1996-1998 estimates to the 2003-2005 estimates, these differences are not statistically significant.

B. Please note any comments here concerning CPS data limitations that may affect the reliability or precision of these estimates.

One of the issues with the CPS data is the relatively high variability in the estimates of the number of uninsured children.

3. Please indicate by checking the box below whether your State has an alternate data source and/or methodology for measuring the change in the number and/or rate of uninsured children.

☐ Yes (please report your data in the table below)

☒ No (skip to Question #4)

Please report your alternate data in the table below. Data are required for two or more points in time to demonstrate change (or lack of change). Please be as specific and detailed as possible about the method used to measure progress toward covering the uninsured.

Data source(s)	
Reporting period (2 or more points in time)	
Methodology	
Population (Please include ages and income levels)	
Sample sizes	
Number and/or rate for two or more points in time	
Statistical significance of results	

A. Please explain why your State chose to adopt a different methodology to measure changes in the number and/or rate of uninsured children.

B. What is your State's assessment of the reliability of the estimate? What are the limitations of the data or estimation methodology? (Provide a numerical range or confidence intervals if available.)

C. What are the limitations of the data or estimation methodology?

4. How many children do you estimate have been enrolled in Medicaid as a result of SCHIP outreach activities and enrollment simplification? Describe the data source and method used to derive this information

Since September 2005, the number of children enrolled in Medicaid has increased from 910,200 to 972,697 (an increase of 62,497). While no exact figure is available, it is reasonable to assume that a portion of the increase is caused by CHIP outreach activities. This data was obtained from reports

obtained from the Department of Public Welfare which administers the Medicaid program in Pennsylvania.

In addition, each month approximately 17% of applicants for CHIP are screened as potentially eligible for Medicaid. Applications associated with these children are automatically sent to Medicaid for disposition. This data was obtained from our centralized eligibility and enrollment system (CAPS).

SECTION IIC: STATE STRATEGIC OBJECTIVES AND PERFORMANCE GOALS

This subsection gathers information on your State's general strategic objectives, performance goals, performance measures and progress towards meeting goals, as specified in your SCHIP State Plan. The format of this section has been revised for FFY 2006 to provide your State with an opportunity to track progress over time. This section contains templates for reporting performance measurement data for each of five categories of strategic objectives, related to:

- Reducing the number of uninsured children
- SCHIP enrollment
- Medicaid enrollment
- Increasing access to care
- Use of preventative care (immunizations, well child care)

Please report performance measurement data for the three most recent years for which data are available (to the extent that data are available). In the first two columns, please enter the data you reported for each objective in the previous two years' annual reports (FFY 2004 and FFY 2005). In the third column, please report the most recent data available at the time you are submitting the annual report.

Note that the term *performance measure* is used differently in Section IIA versus IIC. In Section IIA, the term refers to the four core child health measures. In this section, the term is used more broadly, to refer to any data your State provides as evidence towards a particular goal within a strategic objective. For the purpose of this section, "objectives" refer to the five broad categories listed above, while "goals" are State-specific, and should be listed in the appropriate subsections within the space provided for each objective.

NOTES: Please do not reference attachments in this section. If details about a particular measure are located in an attachment, please summarize the relevant information from the attachment in the space provided for each measure.

In addition, please do not report the same data that were reported in Sections IIA or IIB. The intent of this section is to capture goals and measures that your State did not_report elsewhere in Section II.

Additional instructions for completing each row of the table are provided below.

Goal:

For each objective, space has been provided to report up to three goals. Use this section to provide a brief description of each goal you are reporting within a given strategic objective.

Type of Goal:

For each goal you are reporting within a given strategic objective, please indicate the type of goal, as follows:

- New/revised: Check this box if you have revised or added a goal. Please explain how and why the goal was revised.
- Continuing: Check this box if the goal you are reporting is the same one you have reported in previous annual reports.
- Discontinued: Check this box if you have met your goal and/or are discontinuing a goal. Please explain why the goal was discontinued.

Status of Data Reported:
Please indicate the status of the data you are reporting for each goal, as follows:

- Provisional: Check this box if you are reporting performance measure data for a goal, but the data are currently being modified, verified, or may change in any other way before you finalize them for FFY 2006.
- Final: Check this box if the data you are reporting are considered final for FFY 2006.
- Same data as reported in a previous year's annual report: Check this box if the data you are reporting are the same data that your State reported for the goal in another annual report. Indicate in which year's annual report you previously reported the data.

Measurement Specification:
This section is included for only two of the objectives— objectives related to increasing access to care, and objectives related to use of preventative care—because these are the two objectives for which States may report using the HEDIS® measurement specification. In this section, for each goal, please indicate the measurement specification used to calculate your performance measure data (i.e., were the measures calculated using the HEDIS® specifications, HEDIS®-like specifications, or some other method unrelated to HEDIS®). If the measures were calculated using HEDIS® or HEDIS®-like specifications, please indicate which version was used (e.g., HEDIS® 2006). If using HEDIS®-like specifications, please explain how HEDIS® was modified.

Data Source:
For each performance measure, please indicate the source of data. The categories provided in this section vary by objective. For the objectives related to reducing the number of uninsured children and SCHIP or Medicaid enrollment, please indicate whether you have used eligibility/enrollment data, survey data (specify the survey used), or other source. For the objectives related to access to care and use of preventative care, please indicate whether you used administrative data (claims), hybrid data (claims and medical records), survey data (specify the survey used), or other source. In all cases, if another data source was used, please explain the source.

Definition of Population Included in Measure:
Please indicate the definition of the population included in the denominator for each measure (such as age, continuous enrollment, type of delivery system). Also provide a definition of the numerator (such as the number of visits required for inclusion, e.g., one or more visits in the past year).

For measures related to increasing access to care and use of preventative care , please also check one box to indicate whether the data are for the SCHIP population only, or include both SCHIP and Medicaid (Title XIX) children combined.

Year of Data:
Please report the year of data for each performance measure. The year (or months) should correspond to the *period in which enrollment or utilization took place*. Do *not* report the year in which data were collected for the measure, or the version of HEDIS® used to calculate the measure, both of which may be different from the period corresponding to enrollment or utilization of services.

Performance Measurement Data:
Describe what is being measured: Please provide a brief explanation of the information you intend to capture through the performance measure.

Numerator, Denominator, and Rate: Please report the numerators, denominators, and rates for each measure (or component). For the objectives related to increasing access to care and use of preventative care, the template provides two sections for entering the performance measurement data, depending on whether you are reporting using HEDIS® or HEDIS®-like methodology or a methodology other than HEDIS®. The form fields have been set up to facilitate entering numerators, denominators, and rates for

each measure. If the form fields do not give you enough space to fully report on your measure, please use the “additional notes” section.

If you typically calculate separate rates for each health plan, report the aggregate state-level rate for each measure (or component). The preferred method is to calculate a “weighted rate” by summing the numerators and denominators across plans, and then deriving a single state-level rate based on the ratio of the numerator to the denominator. Alternatively, if numerators and denominators are not available, you may calculate an “unweighted average” by taking the mean rate across health plans.

Explanation of Progress:

The intent of this section is to allow your State to highlight progress and describe any quality improvement activities that may have contributed to your progress. If improvement has not occurred over time, this section can be used to discuss potential reasons for why progress was not seen and to describe future quality improvement plans. In this section, your State is also asked to set annual performance objectives for FFY 2007, 2008, and 2009. Based on your recent performance on the measure (from FFY 2004 through 2006), use a combination of expert opinion and “best guesses” to set objectives for the next three years. Please explain your rationale for setting these objectives. For example, if your rate has been increasing by 3 or 4 percentage points per year, you might project future increases at a similar rate. On the other hand, if your rate has been stable over time, you might set a target that projects a small increase over time. If the rate has been fluctuating over time, you might look more closely at the data to ensure that the fluctuations are not an artifact of the data or the methods used to construct a rate. You might set an initial target that is an average of the recent rates, with slight increases in subsequent years. In future annual reports, you will be asked to comment on how your actual performance compares to the objective your State set for the year, as well as any quality improvement activities that have helped or could help your State meet future objectives.

Other Comments on Measure:

Please use this section to provide any other comments on the measure, such as data limitations or plans to report on a measure in the future.

Objectives Related to Reducing the Number of Uninsured Children (Do not report data that was reported in Section IIB, Questions 2 and 3)

FFY 2004	FFY 2005	FFY 2006
Goal #1 (Describe) Increase state government participation in and administration of outreach efforts and include public service announcements, inter-agency mutual referrals, and revision and distribution of CHIP information.	**Goal #1 (Describe)** Increase state government participation in and administration of outreach efforts and include public service announcements, inter-agency mutual referrals, and revision and distribution of CHIP information.	**Goal #1 (Describe)** Increase state government participation in and administration of outreach efforts and include public service announcements, inter-agency mutual referrals, and revision and distribution of CHIP information.
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☒ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☒ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☒ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: Children enrolled in CHIP and Medicaid, combined, in May 1998 Definition of numerator: Children enrolled in CHIP and Medicaid, combined, in September 2004	**Definition of Population Included in the Measure:** Definition of denominator: Children enrolled in CHIP and Medicaid, combined, in May 1998 Definition of numerator: Children enrolled in CHIP and Medicaid, combined, in September 2005	**Definition of Population Included in the Measure:** Definition of denominator: Children enrolled in CHIP and Medicaid, combined, in May 1998 Definition of numerator: Children enrolled in CHIP and Medicaid, combined, in September 2006
Year of Data: 2004	**Year of Data:** 2005	**Year of Data:** 2006
Performance Measurement Data: Described what is being measured: Increase in enrollment in CHIP and Medicaid from the month that the CHIP state plan was first approved. Numerator: ((863,606+133,550)-(703,311+54,080)) Denominator: (703,311+54,080) Rate: 31.7% Numerator: 239765 Denominator: 757391 Rate: 31.7	**Performance Measurement Data:** Described what is being measured: Enrollment in CHIP and Medicaid from the month that the CHIP state plan was first approved. Numerator: ((910,202+136,470)-(703,311+54,080)) Denominator: (703,311+54,080) Rate: 38.2% Numerator: 289281 Denominator: 757391 Rate: 38.2 Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Enrollment in CHIP and Medicaid from the month that the CHIP state plan was first approved. Numerator: ((972,697+147,392)-(703,311+54,080)) Denominator: (703,311+54,080) Rate: 47.9% Numerator: 362698 Denominator: 757391 Rate: 47.9

FFY 2004	FFY 2005	FFY 2006
Additional notes on measure:		Additional notes on measure:

Explanation of Progress:

Annual Performance Objective for FFY 2007: Since approval of the Pennsylvania state plan for CHIP in May 1998, the number of children enrolled in CHIP and Medicaid increased by nearly 32% by the end of FFY 2004, 38% by the end of FFY 2005, and 48% by the end of FFY 2006.
50%

Annual Performance Objective for FFY 2008: 52%

Annual Performance Objective for FFY 2009: 54%

Explain how these objectives were set: Historical trends were used as a basis for the projection of increased enrollment.

Other Comments on Measure:

Objectives Related to Reducing the Number of Uninsured Children (Do not report data that was reported in Section IIB, Questions 2 and 3) (Continued)

FFY 2004	FFY 2005	FFY 2006
Goal #2 (Describe)	**Goal #2 (Describe)**	**Goal #2 (Describe)**
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		
Other Comments on Measure:		

Objectives Related to Reducing the Number of Uninsured Children (Do not report data that was reported in Section IIB, Questions 2 and 3) (Continued)

FFY 2004	FFY 2005	FFY 2006
Goal #3 (Describe)	**Goal #3 (Describe)**	**Goal #3 (Describe)**
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		
Other Comments on Measure:		

Objectives Related to SCHIP Enrollment

FFY 2004	FFY 2005	FFY 2006
Goal #1 (Describe) Seek to establish a working relationship with the Center for Rural Pennsylvania, a not-for-profit organization dedicated to identifying, studying, and offering solutions to public policy issues of concern to rural areas of the Commonwealth, and to identify barriers to access in central and northeastern Pennsylvania.	**Goal #1 (Describe)** Seek to establish a working relationship with the Center for Rural Pennsylvania, a not-for-profit organization dedicated to identifying, studying, and offering solutions to public policy issues of concern to rural areas of the Commonwealth, and to identify barriers to access in central and northeastern Pennsylvania.	**Goal #1 (Describe)** Seek to establish a working relationship with the Center for Rural Pennsylvania, a not-for-profit organization dedicated to identifying, studying, and offering solutions to public policy issues of concern to rural areas of the Commonwealth, and to identify barriers to access in central and northeastern Pennsylvania.
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☒ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*: Enrollment in the 19 rural counties in northeastern and central Pennsylvania (Bedford, Clinton, Columbia, Juniata, Lebanon, Mifflin, Monroe, Montour, Northumberland, Perry, Pike, Schuylkill, Snyder, Sullivan, Susquehanna, Tioga, Union, Wayne, and Wyoming).	**Data Source:** ☒ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*: Enrollment in the 19 rural counties in northeastern and central Pennsylvania (Bedford, Clinton, Columbia, Juniata, Lebanon, Mifflin, Monroe, Montour, Northumberland, Perry, Pike, Schuylkill, Snyder, Sullivan, Susquehanna, Tioga, Union, Wayne, and Wyoming).	**Data Source:** ☒ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*: Enrollment in the 19 rural counties in northeastern and central Pennsylvania (Bedford, Clinton, Columbia, Juniata, Lebanon, Mifflin, Monroe, Montour, Northumberland, Perry, Pike, Schuylkill, Snyder, Sullivan, Susquehanna, Tioga, Union, Wayne, and Wyoming).
Definition of Population Included in the Measure: Definition of denominator: Children enrolled in May 1998 Definition of numerator: (09/04 Enrollment – 05/98 Enrollment)	**Definition of Population Included in the Measure:** Definition of denominator: Children enrolled in May 1998 Definition of numerator: (09/05 Enrollment – 05/98 Enrollment)	**Definition of Population Included in the Measure:** Definition of denominator: Children enrolled in May 1998 Definition of numerator: (09/06 Enrollment – 05/98 Enrollment)
Year of Data: 2004	**Year of Data:** 2005	**Year of Data:** 2006

FFY 2004	FFY 2005	FFY 2006
Performance Measurement Data: Described what is being measured: Percent increase in enrollment in the designated counties since May 1998, when Pennsylvania's initial state plan was approved. Numerator: 12,343 – 4,217 Denominator: 4,217 Rate: 192.7% Numerator: 8126 Denominator: 4217 Rate: 192.7 Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Percent increase in enrollment in the designated counties since May 1998, when Pennsylvania's initial state plan was approved. Numerator: 13,322 – 4,217 Denominator: 4,217 Rate: 215.9% Numerator: 9105 Denominator: 4217 Rate: 215.9 Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Percent increase in enrollment in the designated counties since May 1998, when Pennsylvania's initial state plan was approved. Numerator: 14,662 – 4,217 Denominator: 4,217 Rate: 247.7% Numerator: 10445 Denominator: 4217 Rate: 247.7 Additional notes on measure:

Explanation of Progress:

Annual Performance Objective for FFY 2007: Since May 1998, enrollment in the target counties has increased by 247.7%. This increase exceeds the statewide growth of 172.5% during the same period.

250%

Annual Performance Objective for FFY 2008: 260%

Annual Performance Objective for FFY 2009: 270%

Explain how these objectives were set: Historical trends were used as a basis for the projection of increased enrollment in the rural counties.

Other Comments on Measure:

Objectives Related to SCHIP Enrollment (Continued)

FFY 2004	FFY 2005	FFY 2006
Goal #2 (Describe) Contractually require insurance contractors to increase outreach focus on community-based agencies in predominantly minority or non-English speaking areas.	**Goal #2 (Describe)** Contractually require insurance contractors to increase outreach focus on community-based agencies in predominantly minority or non-English speaking areas.	**Goal #2 (Describe)** Contractually require insurance contractors to increase outreach focus on community-based agencies in predominantly minority or non-English speaking areas.
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Year of Data: 2003	**Year of Data:** 2004	**Year of Data:** 2005

FFY 2004	FFY 2005	FFY 2006
Performance Measurement Data: Described what is being measured: Compare the proportion of CHIP enrollees that fall into various race and ethnic categories to U.S. Census Bureau data for the general population in Pennsylvania. Numerator: Denominator: Rate: Additional notes on measure: Race PA CHIP General Population Native Hawaiian or Other Pacific Islander 0.0% 0.1% American Indian or 0.2% 0.2% Alaska Native Asian 2.1% 2.6% Black or African American 10.3% 12.9% White 86.4% 48.7% Two or More Races 0.9% 1.0% Unspecified Race N/A 34.6% Ethnicity Hispanic or Latino 3.4% 1.9% Unspecified Ethnicity 96.6% 98.1%	**Performance Measurement Data:** Described what is being measured: Compare the proportion of CHIP enrollees that fall into various race and ethnic categories to U.S. Census Bureau data for the general population in Pennsylvania. Numerator: Denominator: Rate: Additional notes on measure: Race PA CHIP General Population Native Hawaiian or Other Pacific Islander 0.0% 0.0% American Indian or 0.1% 0.2% Alaska Native Asian 2.2% 2.6% Black or African American 10.0% 12.8% White 84.8% 51.2% Two or More Races 1.1% 1.3% Unspecified Race N/A 31.9% Ethnicity Hispanic or Latino 3.7% 2.3% Unspecified Ethnicity 96.3% 97.7%	**Performance Measurement Data:** Described what is being measured: Compare the proportion of CHIP enrollees that fall into various race and ethnic categories to U.S. Census Bureau data for the general population in Pennsylvania. Numerator: Denominator: Rate: Additional notes on measure: Race PA CHIP General Population Native Hawaiian or Other Pacific Islander 0.0% 0.1% American Indian or 0.1% 0.2% Alaska Native Asian 2.2% 2.8% Black or African American 10.1% 12.6% White 84.6% 50.8% Two or More Races 1.1% 1.6% Unspecified Race N/A 31.9% Ethnicity Hispanic or Latino 4.0% 2.6% Unspecified Ethnicity 96.0% 97.4%

FFY 2004	FFY 2005	FFY 2006
Explanation of Progress: **Annual Performance Objective for FFY 2007:** By and large, the population of CHIP enrollees is reflective of the general population in Pennsylvania. CHIP enrollment to continue to reflect the general population in Pennsylvania. **Annual Performance Objective for FFY 2008:** CHIP enrollment to continue to reflect the general population in Pennsylvania. **Annual Performance Objective for FFY 2009:** CHIP enrollment to continue to reflect the general population in Pennsylvania. *Explain how these objectives were set:*		
Other Comments on Measure:		

Objectives Related to SCHIP Enrollment (Continued)

FFY 2004	FFY 2005	FFY 2006
Goal #3 (Describe)	**Goal #3 (Describe)**	**Goal #3 (Describe)**
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		

FFY 2004	FFY 2005	FFY 2006
Other Comments on Measure:		

Objectives Related to Medicaid Enrollment

FFY 2004	FFY 2005	FFY 2006
Goal #1 (Describe) Please refer to Goal #1 in Section IIC labeled "Objectives Related to Reducing the Number of Uninsured Children."	**Goal #1 (Describe)** Please refer to Goal #1 in Section IIC labeled "Objectives Related to Reducing the Number of Uninsured Children."	**Goal #1 (Describe)** Please refer to Goal #1 in Section IIC labeled "Objectives Related to Reducing the Number of Uninsured Children."
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		

FFY 2004	FFY 2005	FFY 2006
Other Comments on Measure:		

Objectives Related to Medicaid Enrollment (Continued)

FFY 2004	FFY 2005	FFY 2006
Goal #2 (Describe)	**Goal #2 (Describe)**	**Goal #2 (Describe)**
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		

FFY 2004	FFY 2005	FFY 2006
Other Comments on Measure:		

Objectives Related to Medicaid Enrollment (Continued)

FFY 2004	FFY 2005	FFY 2006
Goal #3 (Describe)	**Goal #3 (Describe)**	**Goal #3 (Describe)**
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		
Other Comments on Measure:		

Objectives Increasing Access to Care (Usual Source of Care, Unmet Need)

FFY 2004	FFY 2005	FFY 2006
Goal #1 (Describe) Ambulatory Care, Emergency Department (ED) visits: reduce unnecessary overutilization	**Goal #1 (Describe)** Ambulatory Care, Emergency Department (ED) visits: reduce unnecessary overutilization	**Goal #1 (Describe)** Ambulatory Care, Emergency Department (ED) visits: reduce unnecessary overutilization
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS 2004	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS 2005	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS 2006
Data Source: ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: (37,279) Numerator is visits for emergency department services that do not result in inpatient stay; age range <1 year to 19 years; visits/1,000 member years Denominator includes eligible population; commercial	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: (36,224) Numerator is visits for emergency department services that do not result in inpatient stay; age groups: <1 year to 19 years; visits/1,000 member years Denominator includes eligible population; commercial	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: (42,243) Numerator is visits for emergency department services that do not result in inpatient stay; age range <1 year to 19 years; visits/1,000 member years Denominator includes eligible population; commercial
Year of Data: 2003	**Year of Data:** 2004	**Year of Data:** 2005
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: 1396806 Rate: 320.265	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: 1390915 Rate: 312.519	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: 1489261 Rate: 340.381

FFY 2004	FFY 2005	FFY 2006
Additional notes on measure: Rate is 320.265 visits/1,000 member years (age <1-19 yr) weighted average Rate: HEDIS 2004 PA CHIP (unweighted) average visits per 1,000 member years: (1) age <1 year = 695 visits; (2) 1-9 years = 322 visits; (3) 10-19 years = 305 visits; lower rate means less utilization	Additional notes on measure: Rate is 312.519 visits/1,000 member years (age <1-19 yr) weighted average Rate: HEDIS 2005 PA CHIP (unweighted) average visits per/1,000 member years: (1) age <1 year = 489 visits; (2) 1-9 years = 308 visits; (3) 10-19 years = 301 visits; lower rate means less utilization	Additional notes on measure: Rate: 340.381 visits/1,000 member years (age <1-19 yr) weighted average Rate: HEDIS 2006 PA CHIP (unweighted) average visits per 1,000 member years: (1) age <1 year = 631 visits/; (2) 1-9 years = 332 visits; (3) 10-19 years = 332 visits; lower rate means less utilization
Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure: Three years of significant overutilization of Emergency Department services. HEDIS national, regional and PA Commercial rates also show significant overutilization, far above Medicaid rates. Attempted to implement quality improvement study but unable to formalize Memorandum of Understanding due to contract issues of other state agency. Participated in seminar to address this issue, which was identified as multidimensional and requires coordinated efforts to address.

Explanation of Progress:

Annual Performance Objective for FFY 2007: Utilization rates for age group <1 year to 19 years per 1,000 member years: CY 2003 (HEDIS 2004) = 320 visits; CY 2004 (HEDIS 2005) = 312 visits, CY 2005 (HEDIS 2006) = 340 visits. Institute Quality Initiative with CHIP health plans to decrease utilization by 50 visits for CY 2007 (HEDIS 2008). Not able to impact calendar year 2006 (HEDIS 2007) rates since utilization has already occurred.

Annual Performance Objective for FFY 2008: Develop pay for performance criteria; decrease utilization rate by 50 visits for CY 2008 (HEDIS 2009

Annual Performance Objective for FFY 2009: Implement pay for performance; decrease utilization rate by 50 visits for CY 2009 (HEDIS 2010)

Explain how these objectives were set: Analysis of 3 year PA CHIP data, comparison to HEDIS Commercial benchmarks, and projections based on historical trends

Other Comments on Measure: ED visits 2006 PA CHIP HEDIS average rate (commercial, unweighted) compared to HEDIS 2006 Commercial benchmarks (unweighted):
<1year =631 visits; National =334, Regional =376, PA =421
1-9 age =332 visits; National =207; Regional =229; PA =250
10-19 age group =332 visits; National =178, Regional =207, PA =234
For all age groups, 2006 PA CHIP average rates were higher than averages for Commercial benchmarks, which were significantly higher than Medicaid benchmarks.

Objectives Related to Increasing Access to Care (Usual Source of Care, Unmet Need) (Continued)

FFY 2004	FFY 2005	FFY 2006
Goal #2 (Describe) Mental health utilization – monitor utilization for inpatient, intermediate, and ambulatory services	**Goal #2 (Describe)** Mental health utilization – monitor utilization for inpatient, intermediate, and ambulatory services	**Goal #2 (Describe)** Mental health utilization – monitor utilization for inpatient, intermediate, and ambulatory services
Type of Goal: ☒ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS 2004	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS 2005	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS 2006
Data Source: ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Numerator is percentage of eligible population receiving inpatient, intermediate, and ambulatory services during the measurement year Denominator includes eligible population age 0-17 years of age	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Numerator is percentage of eligible population receiving inpatient, intermediate, and ambulatory services during the measurement year Denominator includes eligible population age 0-17 years of age	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Numerator is percentage of eligible population receiving inpatient, intermediate, and ambulatory services during the measurement year Denominator includes eligible population age 0-17 years of age
Year of Data: 2003	**Year of Data:** 2004	**Year of Data:** 2005
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: 7354 Denominator: 108603	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: 8248 Denominator: 108529	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: 8622 Denominator: 116953

FFY 2004	FFY 2005	FFY 2006
Rate: 6.8 Additional notes on measure: Rate: HEDIS 2004 PA CHIP (unweighted) average of 5 health plans for the age group 0-12 = 5.7%; age group 13-17 = 8.4%; combined 0-17 yr = 7.3%	Rate: 7.6 Additional notes on measure: Rate: HEDIS 2005 PA CHIP (unweighted) average of 5 health plans for the age group 0-12 = 6.4%; age group 13-17 = 9.6%; combined 0-17 yr = 8.0%	Rate: 7.4 Additional notes on measure: Rate: HEDIS 2006 PA CHIP (unweighted) average of 6 health plans for the age group 0-12 = 5.7%; age group 13-17 = 8.95%; combined 0-17 yr = 7.3%
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure: Stable utilization for a three-year period, with comparable utilization to Commercial and Medicaid benchmarks. Higher or lower utilization of mental health services for any of these products may or may not reflect concerns; higher utilization may represent easy access or could reflect a high number of enrollees requiring mental health services.

Explanation of Progress:

Annual Performance Objective for FFY 2007: Rate for CY 2003 (HEDIS 2004) = 6.8% rate for CY 2004 (HEDIS) 2005 =7.6% and rate for CY 2005 (HEDIS 2006) = 7.4%. Institute Quality Initiative with CHIP health plans and monitor, watching for trends. Not able to impact calendar year 2006 (HEDIS 2007) rates since utilization has already occurred.

Annual Performance Objective for FFY 2008: Develop pay for performance criteria; monitor and watch for trends

Annual Performance Objective for FFY 2009: Implement pay for performance; monitor and watch for trends

Explain how these objectives were set: Analysis of 3 year PA CHIP data, comparison to HEDIS Commercial benchmarks and projections based on historical trends

Other Comments on Measure: Comparison of 2006 PA CHIP rate (commercial, unweighted) to HEDIS Commercial 2006 benchmarks (unweighted)
0-12 age range = 5.7%; National (3.9%), Regional (4%) and PA (3.9%) rates; PA CHIP average rate is slightly higher than the Commercial benchmarks
13-17 age range = 8.9%; National (8%), Regional (8.4%) and PA (7.6%) rates; PA CHIP average rate is comparable to the Commercial benchmarks.
In general, Commercial averages are comparable to Medicaid average rates.

Objectives Related to Increasing Access to Care (Usual Source of Care, Unmet Need) (Continued)

FFY 2004	FFY 2005	FFY 2006
Goal #3 (Describe) Identify and monitor utilization of services for chemical dependency and substance abuse; monitor for trends and outliers	**Goal #3 (Describe)** Identify and monitor utilization of services for chemical dependency and substance abuse; monitor for trends and outliers	**Goal #3 (Describe)** Identify and monitor utilization of services for chemical dependency and substance abuse; monitor for trends and outliers
Type of Goal: ☒ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS 2004	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS 2005	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS 2006
Data Source: ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Numerator is eligible population with "any" chemical dependency utilization (inpatient, intermediate, ambulatory) Denominator includes eligible population; age range 13 – 17 years; commercial	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Numerator is eligible population with an alcohol or other drug (AOD) claim showing a diagnosis of AOD abuse or dependence and a specific AOD-related service during the measurement year; reported as "any chemical dependency services" (inpatient, intermediate, ambulatory) Denominator includes eligible population; age range 13 – 17 years; commercial	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Numerator is eligible population with an alcohol or other drug (AOD) claim showing a diagnosis of AOD abuse or dependence and a specific AOD-related service during the measurement year; reported as "any chemical dependency services" (inpatient, intermediate, ambulatory) Denominator includes eligible population; age range 13 – 17 years; commercial
Year of Data: 2003	**Year of Data:** 2004	**Year of Data:** 2005

FFY 2004	FFY 2005	FFY 2006
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: 293 Denominator: 37914 Rate: 0.8 Additional notes on measure: HEDIS 2004 PA CHIP (unweighted) average of 5 health plans for the age group 13-17 years = 0.86%; not reported	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure: N/A weighted data not available HEDIS 2005 PA CHIP (unweighted) average of 5 health plans for the age group 13-17 years = 0.9%	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: 388 Denominator: 3342 Rate: 11.6 Additional notes on measure: HEDIS 2006 PA CHIP (unweighted) average of 5 health plans for the age group 13-17 years = 1.2%
Performance Measurement Data: Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure: Low utilization for a three-year period. Higher or lower utilization of mental health services for any of these products may or may not reflect concerns; higher utilization may represent easy access or could reflect a high number of enrollees requiring mental health services.

Explanation of Progress:

Annual Performance Objective for FFY 2007: Rates for CY 2003 (HEDIS 2004) = 0.8%; to CY 2005 (HEDIS 2006) = 11.6%; Institute Quality Initiative with CHIP health plans to increase rate by 7% for CY 2007 (HEDIS 2008). Not able to impact calendar year 2006 (HEDIS 2007) rates since utilization has already occurred.

Annual Performance Objective for FFY 2008: Develop pay for performance criteria; monitor and watch for trends

Annual Performance Objective for FFY 2009: Implement pay for performance; monitor and watch for trends

Explain how these objectives were set: Analysis of 3 year PA CHIP data, comparison to HEDIS Commercial benchmarks, and projections based on historical trends

Other Comments on Measure: Comparison of PA CHIP HEDIS 2006 rate (Commercial, unweighted) = 1.2 % compared to HEDIS 2006 benchmarks (Commercial, unweighted): National = 0.9%, Regional = 0.9%, PA = 0.8%. PA CHIP rate is equal to National Medicaid (unweighted) rate of 1.2%

Objectives Related to Use of Preventative Care (Immunizations, Well Child Care)

FFY 2004	FFY 2005	FFY 2006
Goal #1 (Describe) Determine frequency of Adolescent Well-care visits; monitor for trends and outliers	**Goal #1 (Describe)** Determine frequency of Adolescent Well-care visits; monitor for trends and outliers	**Goal #1 (Describe)** Determine frequency of Adolescent Well-care visits; monitor for trends and outliers
Type of Goal: ☒ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS 2004	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS 2005	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS 2006
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☒ Other. *Specify*: Combination administrative data (3 health plans) and hybrid data (2 health plans)	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☒ Other. *Specify*: Combination administrative data (2 health plans) and hybrid data (3 health plans)	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☒ Other. *Specify*: Combination administrative data (3 health plans) and hybrid data (3 health plans)
Definition of Population Included in the Measure: Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Numerator is eligible population with at least 1 comprehensive well-care visit with a PCP or OB/GYN within the measurement year Denominator includes eligible population 12-19 years of age during the measurement year; commercial	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Numerator is eligible population with at least 1 comprehensive well-care visit with a PCP or OB/GYN within the measurement year Denominator includes eligible population 12-19 years of age during the measurement year; commercial	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Numerator is eligible population with at least 1 comprehensive well-care visit with a PCP or OB/GYN within the measurement year Denominator includes eligible population 12-19 years of age during the measurement year; commercial
Year of Data: 2003	**Year of Data:** 2004	**Year of Data:** 2005
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator:

FFY 2004	FFY 2005	FFY 2006
Denominator: 35755 Rate: 40.5 Additional notes on measure: Numerator: not available since combined administrative and hybrid data, and hybrid is sample of population Rate: 39.6% is the unweighted average of 5 health plans and the PA CHIP average reported for HEDIS 2004	Denominator: 3993 Rate: 44.7 Additional notes on measure: Numerator: not available since combined administrative and hybrid data - and hybrid is sample of population Rate: 46.9% is the unweighted average of 5 health plans and the PA CHIP average reported for HEDIS 2005	Denominator: 43288 Rate: 44.4 Additional notes on measure: Numerator: not available since combined administrative and hybrid data – and hybrid is sample of population Rate: 47.2% is the unweighted average of 6 health plans and the PA CHIP rate reported for HEDIS 2006
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure: Three-year comparison shows slightly less than half of eligible adolescent population receiving well care visits during measurement timeframe. The PA CHIP average rates are consistent with national, state, and regional benchmarks. There is room for improvement across the board.

Explanation of Progress:

Annual Performance Objective for FFY 2007: Utilization rates for age group 12 years to 19 years per 1,000 member years: CY 2003 (HEDIS 2004) = 40.5%; CY 2004 (HEDIS 2005) = 44.7%, CY 2005 (HEDIS 2006) = 44.4%. Institute Quality Initiative with CHIP health plans to increase utilization rates for CY 2007 (HEDIS 2008). Not able to impact calendar year 2006 (HEDIS 2007) rates since utilization has already occurred.

Annual Performance Objective for FFY 2008: Develop pay for performance criteria; increase utilization rate from previous year. 2%

Annual Performance Objective for FFY 2009: Implement pay for performance; increase utilization rate from previous year by an additional 2%.

Explain how these objectives were set: Analysis of 3 year PA CHIP data, comparison to HEDIS Commercial benchmarks, and projections based on historical trends

Other Comments on Measure: Comparison of 2006 PA CHIP rate of 47.2% (commercial, unweighted average) to HEDIS 2006 averages (Commercial, unweighted): National (38.8%), Regional (43.4%), and PA (48.9%) rates. Commercial HEDIS averages are comparable to Medicaid HEDIS averages. The majority of averages for this measure have remained essentially the same or increased only slightly over the 3-year period.

Objectives Related to Use of Preventative Care (Immunizations, Well Child Care) (Continued)

FFY 2004	FFY 2005	FFY 2006
Goal #2 (Describe) Determine Childhood Immunization Status; monitor for trends and outliers	**Goal #2 (Describe)** Determine Childhood Immunization Status; monitor for trends and outliers	**Goal #2 (Describe)** Determine Childhood Immunization Status; monitor for trends and outliers
Type of Goal: ☒ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS 2004	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS 2005	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS 2006
Data Source: ☐ Administrative (claims data). ☒ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☒ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☒ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Numerator is eligible population who receive all vaccinations in Combination 2 (4-DtaP/DT, 3-OPV/IPV, 1-MMR, 3-HiB, 3-Hepatitis B, and 1-VZV) Denominator includes eligible population who turn 2 years of age during the measurement year with continuous enrollment 12 months prior; commercial	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Numerator is eligible population who receive all vaccinations in Combination 2 (4-DtaP/DT, 3-OPV/IPV, 1-MMR, 3-HiB, 3-Hepatitis B, and 1-VZV) Denominator includes eligible population who turn 2 years of age during the measurement year with continuous enrollment 12 months prior; commercial	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Numerator is eligible population who receive all vaccinations in Combination 2 (4-DtaP/DT, 3-IPV, 1-MMR, 3-HiB, 3-Hepatitis B, and 1-VZV) Denominator includes eligible population who turn 2 years of age during the measurement year with continuous enrollment 12 months prior; commercial
Year of Data: 2003	**Year of Data:** 2004	**Year of Data:** 2005
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator:

FFY 2004	FFY 2005	FFY 2006
Denominator: 948 Rate: 67.5 Additional notes on measure: Numerator: not available since hybrid acquired data (sample of population) Rate: 64.4% is the unweighted average of 5 health plans and the PA CHIP average reported for HEDIS 2004	Denominator: 875 Rate: 70.9 Additional notes on measure: Numerator: not available since hybrid acquired data (sample of population) Rate: 67.8% is the unweighted average of 5 health plans and the PA CHIP rate as reported for HEDIS 2005	Denominator: 965 Rate: 78.9 Additional notes on measure: Numerator: not available since hybrid acquired data (sample of population) Rate: 78.7% is the unweighted average of 6 health plans and the PA CHIP rate as reported for HEDIS 2006
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure: PA CHIP data shows gradual improvement in childhood immunization status over 3-year period; rate comparable with Commercial benchmarks.

Explanation of Progress:

Annual Performance Objective for FFY 2007: Rates for children who receive all immunizations: CY 2003 (HEDIS 2004) = 67.5%; CY 2004 (HEDIS 2005) = 70.9%, CY 2005 (HEDIS 2006) = 78.9%. Institute Quality Initiative with CHIP health plans to increase rate by 5% for CY 2007 (HEDIS 2008). Not able to impact calendar year 2006 (HEDIS 2007) rates since utilization has already occurred. Continue to monitor for trends and outliers.

Annual Performance Objective for FFY 2008: Develop pay for performance criteria; increase rate additional 5%

Annual Performance Objective for FFY 2009: Implement pay for performance; maintain rate at 90% or above

Explain how these objectives were set: Analysis of 3 year PA CHIP data, comparison to HEDIS Commercial benchmarks, and projections based on historical trends

Other Comments on Measure: Comparison of 2006 PA CHIP rate of 78.7% (commercial, unweighted average) to HEDIS 2006 averages (unweighted): Commercial National (77.7%), Commercial Regional (82.2%), and Commercial PA (83.3%) rates. Commercial averages are slightly higher than Medicaid HEDIS averages. The majority of averages for this measure have gradually increased over the 3-year period.

Objectives Related to Use of Preventative Care (Immunizations, Well Child Care) (Continued)

FFY 2004	FFY 2005	FFY 2006
Goal #3 (Describe) Determine Adolescent Immunization Status; monitor for trends and outliers	**Goal #3 (Describe)** Determine Adolescent Immunization Status; monitor for trends and outliers	**Goal #3 (Describe)** Determine Adolescent Immunization Status; monitor for trends and outliers
Type of Goal: ☒ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS 2004	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS 2005	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS 2006
Data Source: ☐ Administrative (claims data). ☒ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☒ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☒ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Numerator is eligible population who receive all vaccinations in Combination 2 (MMR, Hepatitis B, VZV) Denominator includes eligible population who turn 13 years of age during the measurement year with continuous enrollment 12 months prior; commercial	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Numerator is eligible population who receive all vaccinations in Combination 2 (MMR, Hepatitis B, VZV) Denominator includes eligible population who turn 13 years of age during the measurement year with continuous enrollment 12 months prior; commercial	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Numerator is eligible population who receive all vaccinations in Combination 2 (MMR, Hepatitis B, VZV) Denominator includes eligible population who turn 13 years of age during the measurement year with continuous enrollment 12 months prior; commercial
Year of Data: 2003	**Year of Data:** 2004	**Year of Data:** 2005
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator:

FFY 2004	FFY 2005	FFY 2006
Denominator: 5593 Rate: 60.4 Additional notes on measure: Numerator: not available since hybrid acquired data (sample of population) Rate: 60.5% is the unweighted average of 5 health plans and the PA CHIP average as reported for HEDIS 2004	Denominator: 5609 Rate: 64.1 Additional notes on measure: Numerator: not available since hybrid acquired data (sample of population) Rate: 64.2% is the unweighted average of 5 health plans and the PA CHIP average as reported for HEDIS 2005	Denominator: 6159 Rate: 71.1 Additional notes on measure: Numerator: not available since hybrid acquired data (sample of population) Rate: 71.1% is the unweighted average of 6 health plans and the PA CHIP average as reported for HEDIS 2006
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure: PA CHIP rates gradually increased over three-year period and are comparable to Commercial benchmarks.

Explanation of Progress:

Annual Performance Objective for FFY 2007: Utilization rates for age group 13 years: CY 2003 (HEDIS 2004) = 60.4%; CY 2004 (HEDIS 2005) = 64.1%, CY 2005 (HEDIS 2006) = 71.1%. Institute Quality Initiative with CHIP health plans to increase utilization by 2% for CY 2007 (HEDIS 2008). Not able to impact calendar year 2006 (HEDIS 2007) rates since utilization has already occurred. Continue to monitor for trends and outliers.

Annual Performance Objective for FFY 2008: Develop pay for performance criteria; rate increase by 2%

Annual Performance Objective for FFY 2009: Implement pay for performance; rate increase an additional 1%

Explain how these objectives were set: Analysis of 3 year PA CHIP data, comparison to HEDIS Commercial benchmarks, and projections based on historical trends

Other Comments on Measure: Comparison of 2006 PA CHIP rate of 71.7% (commercial, unweighted average) to HEDIS 2006 averages (Commercial, unweighted): National (53.7%), Regional (63.3%), and PA (75.4%) rates. Commercial HEDIS averages are higher than Medicaid HEDIS averages. All averages for this measure have gradually increased over the 3-year period.

1. What other strategies does your State use to measure and report on access to, quality, or outcomes of care received by your SCHIP population? What have you found?

HEDIS/CAHPS is used as the primary measurement tool. In addition, CHIP Managed Care Organizations (MCOs) are contractually required to submit quarterly and annual reports that provide aggregated data.

In general, HEDIS findings indicate that PA CHIP is relatively comparable to the commercial and Medicaid populations for many of the reported Effectiveness of Care, Access/Availability of Care, and Use of Care measures. PA CHIP enrollees continue to utilize emergency room services at a higher rate than the commercial populations of the MCOs. HEDIS data also indicates that inpatient mental health utilization continues to be higher than our commercial counterparts and Medicaid, although the number of inpatient discharges has decreased since 2002. It is important to note that the denominators for our CHIP population for these measures are small in comparison to the entire commercial and Medicaid populations and may be a primary factor for this variance. Further investigation will aid in determining the factors which are influencing these outcomes.

An approach to studying emergency room usage is currently under development to determine if there is, in fact, over-utilization and what may be the contributing factors. The 2006 HEDIS measures show an increase in emergency room utilization after experiencing a slight decrease in 2005. Our Medicaid MCOs, however, are consistently showing minimal emergency room usage. Upon thoroughly investigating their experience, we can hopefully develop best practices to bring our commercial

insurers more into compliance.

2. What strategies does your SCHIP program have for future measurement and reporting on access to, quality, or outcomes of care received by your SCHIP population? When will data be available?

The development of our data warehouse, Phase 2, has just been completed. We are still in the process of finishing the next phase which is to test and cleanse the data submitted by our MCOs to ensure its integrity. Completion of this project is expected to give us a more accurate picture of how services are being utilized and to ensure the data is being consistently reported. In addition, the data warehouse will provide more immediate and detailed access to claims and utilization data in order to respond to ever-increasing requests for ad hoc data. (Data is currently only available in aggregate form from reports provided by the MCOs.) We also anticipate that the ready availability of data will assist us in pay-for-performance efforts we are considering for the coming year.

3. Have you conducted any focused quality studies on your SCHIP population, e.g., adolescents, attention deficit disorder, substance abuse, special heath care needs or other emerging health care needs? What have you found?

Over the past year, the Insurance Department has been actively involved in a number of health care initiatives under the aegis of the Governor's Office of Health Care Reform. Among the most significant initiatives are an assessment of the mental health and substance abuse service delivery systems and a task force to address the issue of childhood obesity. These efforts include all state agencies that have programs that provide health care services, including the Insurance Department (CHIP Program), Department of Public Welfare (Medicaid Program), and the Department of Health (Bureau of Family Health). These initiatives are still in the fact-finding stage.

The Insurance Department is currently partnering with Medicaid in a targeted childhood obesity effort for Medicaid and CHIP enrollees. We intend to hire an external review organization within the next year to develop specific obesity measures for our MCOs.

4. Please attach any additional studies, analyses or other documents addressing outreach, enrollment, access, quality, utilization, costs, satisfaction, or other aspects of your SCHIP program's performance. Please list attachments here and summarize findings or list main findings.

See attached CAHPS 3.0 (Chronic Conditions Survey). Below is a brief summary of the findings:

Respondent (parent/guardian) Characteristics

Gender: Predominantly male, continuing the trend of past years

Race: Predominantly white, continuing the trend of past years

Health Status: Approximately 62% reported to be in excellent or very good health

Education: 43% reported being high school graduates, 38% reported having some college, 9% reported being college graduates, and 3% had more than an undergraduate degree

Health Care Access Indicators: At least 92% had a personal doctor or nurse.

Approximately 79% said they did not have problems with getting a referral to a specialist.

Approximately 88% did not have problems obtaining needed care.

Approximately 91% indicated no impact on their child's health was experienced due to delays in obtaining care.

Timely Care: At least 90% indicated they usually or always obtained routine or emergency care as soon as it was desired.

Approximately 95% indicated they obtained urgent or emergency care as soon as desired.

Approximately 66% indicated they had to wait less than 15 minutes in doctor's office for appointment.

Approximately 94% indicated they usually or always received help from phoning the doctor during office hours.

Satisfaction With Health Care: More than 96% indicated that they are usually/always treated with courtesy by staff.

Approximately 94% indicated that clinic staff usually

or always were as helpful as they thought they would be. Over 95% indicated that doctors usually/always listened to them carefully.

Approximately 97% indicated that doctor usually/always explained things in a way they could understand.

Approximately 95% indicated that doctors usually/always showed respect for what they had to say.

Approximately 93% indicated that providers usually/always explained things so child could understand.

Approximately 96% indicated that providers usually/always spent enough time with the child.

Enter any Narrative text below.

SECTION III: ASSESSMENT OF STATE PLAN AND PROGRAM OPERATION

Please reference and summarize attachments that are relevant to specific questions

OUTREACH

1. How have you redirected/changed your outreach strategies during the reporting period?

   Marketing: CHIP focused its marketing and outreach efforts on motivating parents to enroll their children. The market segments the Department focused on included the "Not Me's" (people who don't think that their children would qualify) and Transitional Families (people whose lives and insurance status have changed due to divorce, loss of employment, etc).

   In its efforts to enroll 10,000 more children in SFY 05-06, CHIP tapped numerous sources of information on current enrollees to gain a better understanding of families' attitudes and knowledge of CHIP in order to assist in its outreach and marketing decisions.

   For instance, data collected from every caller to the CHIP Helpline showed that when CHIP TV ads and public service announcements (PSAs) ran, calls to the Helpline, requests for applications, and over-the-phone applications increased. Based on this information, CHIP ran TV ads and/or PSAs regularly throughout the year and Helpline call volumes increased each month over the prior year, with call volume spikes during ad runs.

   Two TV ads ran featuring sports-related themes (skateboarding and a child playing basketball in a suit of armor). The messaging conveyed that CHIP lets "kids be kids" and "we cover" unexpected life events. Seasonal PSAs also ran, featuring Governor Rendell encouraging families to apply. Brochures and posters complementing the TV themes were distributed statewide.

   Gallup Survey: CHIP contracted with The Gallup Group to conduct a first-of-its-kind quantitative CHIP survey to establish a better understanding of the driving issues, barriers and characteristics of families who choose and do not choose to apply for CHIP. Utilizing data from prior qualitative research on the program (i.e., Melior Study, PPO&S study), Gallup surveyed a household panel that fit CHIP demographics. Gallup's findings showed there is very high awareness and favorability toward CHIP. However, some misperceptions exist, including awareness of the generous income limits, the program is administered by private insurance company contractors, and the high quality of CHIP coverage. These findings are being utilized in the coming year's planning efforts.

   New Marketing Contract and Partner: In 2005, a new statewide multi-agency marketing contract (CHIP included) began. Neiman Group, the previous marketing contractor, continued its contract and is responsible for the development of creative materials. Harmelin Media, a new contractor, is responsible for the purchasing of media and advertising.

New CHIP Website: CHIP contracted with an information technology company to provide a new and more user-friendly CHIP website (www.chipcoverspakids.com) that contains a full array of information including eligibility requirements, a “Do I Qualify” quiz, benefit information, how to apply, FAQs, how to order outreach materials, and various reports. In May, Deputy Commissioner Hoover launched the new CHIP website at the Carnegie Library in Pittsburgh, in conjunction with the national awareness campaign, “Cover the Uninsured Week.” The Helpline immediately reported an increase in calls and over-the-phone applications due to the website.

Web-Based Advertising: New to CHIP in 2006 was online advertising via Internet search engines. Due to its success, it is ongoing. Online advertising has delivered 26,034 visitors to the CHIP website, with 14,268 (55%) taking further action either by calling the Helpline (31%) or entering the "Apply Now" area of the site (69%).

COMPASS (Commonwealth of Pennsylvania Access to Social Services): COMPASS, the web-based application and renewal system (www.COMPASS.state.pa.us), continues to be a well-used tool by citizens applying for healthcare coverage and other social service programs. Electronic signature was implemented for applications in 2006 and further simplified the process for families. In FFY 05-06, 117,110 applications (nearly double from the previous year) were submitted via COMPASS, with 98,057 of those applications for healthcare-related services (13,655 for CHIP; 5,630 for adultBasic; and 78,772 for Medicaid). Approximately 11.5 percent of all CHIP applications and 10.2 percent of CHIP renewals were completed online.

For the 2006 school year, the Department of Education began providing school meal program applications to citizens electronically via COMPASS. All public schools in Pennsylvania became COMPASS Community Partners and are now able to access COMPASS to track children on the school meal program. CHIP tied into this large effort by adding a healthcare pop-up box at the end of the school meal application, reminding families that they can also apply for healthcare benefits at the same time.

The interagency COMPASS team, led by CHIP, received approval to update the COMPASS website in October 2006. The new screens were developed to make COMPASS more user-friendly to citizens. The goal is to have more citizens apply and renew their CHIP and social service benefits through COMPASS, with the ultimate goal of increasing enrollment and improving renewal percentages. The new screens should be implemented in early 2007.

Cover the Uninsured Week: In coordination with the Robert Woods Johnson (RWJ) national effort, the Pennsylvania legislature passed a House resolution designating the week of May 1-7, 2006, as "Cover the Uninsured Week" in Pennsylvania. For a third year, RWJ chose Philadelphia as one of the targeted cities in America for their national efforts. In addition, CHIP contractors blanketed the state

with CHIP events and activities, including health fairs, enrollment drives with community-based organizations, and community events.

CHIP partnered with the Hospital & Healthsystem Association of Pennsylvania (HAP) and the Department of Education's Bureau of Libraries in a major effort to promote CHIP. With its partners' assistance, CHIP conducted a mass mailing to 250 healthcare organizations and 641 libraries, which included a cover letter, CHIP posters and brochures, and COMPASS brochures (all in English and Spanish).

Faith-Based Outreach: CHIP staff attended the Eastern Regional Annual Ministerium Conference in April 2006. Over 450 pastors and delegates represented 141 congregations from Pennsylvania. CHIP presented and displayed information on how churches could assist uninsured Pennsylvania families. After the conference, the Stewardship Commission included CHIP and COMPASS information packets in their monthly newsletter to their 141 congregations.

CHIP Enrollment Campaign: CHIP rolled out an enrollment campaign during spring and summer 2006, with the goal of enrolling children. More then 50,000 Mother's Day CHIP cards were disseminated to day care centers, schools, YMCA/YWCAs and other community organizations to provide to children in their programs. CHIP street teams provided on-the-ground outreach to communities statewide each day, handing out CHIP applications in CHIP bags at health fairs and other large public events.

Pennsylvania Farm Show: CHIP sponsored two Farm Show booths in 2006. At the main CHIP booth, information and giveaways were distributed. The theme this year was "tell a friend or family member." In total, CHIP provided information directly to more then 12,000 people. CHIP expanded its efforts in 2006 by partnering with other agencies and setting up a second booth with manned computers to allow people to privately apply for CHIP via COMPASS.

2. What methods have you found most effective in reaching low-income, uninsured children (e.g., T.V., school outreach, word-of-mouth)? How have you measured effectiveness?

   We find that a multi-pronged outreach approach is very effective in reaching citizens with CHIP's message. In 2006, CHIP utilized data provided by the Helpline to measure how callers heard about CHIP. The data showed that TV ads reach the broadest audience, flyers distributed through schools and County Assistance Offices drew the most CHIP calls overall, and word of mouth continued to strongly fuel awareness. We also encourage citizens to tell family, friends, co-workers and neighbors about the program. In addition to these over-arching strategies, CHIP implements a number of other strategies to reach uninsured Pennsylvania families.

School-Based Outreach

In June 2006, CHIP distributed 2.2 million CHIP flyers with the message, “REALLY…a family of four can make $47,000 a year and qualify for CHIP” to every public school and also offered the information to private schools. The Department of Education sent a broadcast email to its 501 school districts alerting them to the flyers and asking them to distribute to all students. A CHIP cover letter detailing the importance of this effort was included in every box to eliminate confusion when school districts received shipments. For the first time, the School District of Philadelphia (350 schools) partnered with CHIP and created a summer intern project around the mailing.

Retail Store Partnership

Boscov’s, a Pennsylvania-based chain of retail stores, stepped forward for a third year to invite CHIP to be a part of its annual back-to-school effort. During the weekend prior to the opening of the school year, Boscov’s hosted back-to-school events that included CHIP representatives in most of its 25 stores.

Helpline--Connecting Citizens with CHIP

In 2006, the Commonwealth renewed its unique multi-agency contract for two more years with Policy-Studies Inc. (PSI) to manage Pennsylvania’s Health and Human Services Call Center. The integrated call center supports seven statewide social service information and referral helplines for five state agencies, which provides a “one-stop-shop” for most social services. PSI specialists are cross-trained to handle calls from each of the helplines to maximize resources and offer the full range of available social services and information to citizens on one call. Helpline staff are also trained to identify uninsured callers and offer information and assistance with programs such as CHIP and Medicaid. Most importantly, PSI provides application assistance to callers by giving them the option to receive a paper application, apply or renew over the phone with the assistance of a Helpline counselor, or receive the COMPASS website address to apply or renew on their own via the web. PSI also maintains a list of applications submitted and paper applications mailed to callers and conducts follow-up calls to ensure that a "result” has occurred with each caller.

PSI has high-quality operations standards that it constantly monitors to ensure a consistent level of service excellence. Quality assurance monitoring is also conducted by the agencies. PSI met or exceeded all key performance indicators for SFY 05-06. In SFY 2005-06, the call center answered 74,990 Healthy Kids calls (12% increase from previous year); mailed 64,667 CHIP/adultBasic applications; made 18,155 COMPASS referrals; and completed 3,054 COMPASS applications online.

In October 2005, PSI began calling CHIP enrollees whose coverage was ending because they did not renew benefits after receiving three renewal notices. Each family received at least two calls. It is expected that this initiative will help to reduce the number of families who lose CHIP benefits because they forget to renew or do not complete the renewal process before their coverage ends. In SFY 2005-06, the center made a total of 30,000 calls to families who had not renewed benefits.

PSI also publicly promoted its seven helplines. In SFY 05-06, PSI participated in 79 outreach activities targeting a range of resident populations including community organizations, schools, healthcare facilities and providers, churches, and the Hispanic community, among others.

Interagency Initiatives

The work of the nationally-recognized interagency workgroup continues. Key initiatives undertaken during the reporting period include:

Philadelphia Family Court Pilot

The Departments of Health, Insurance and Public Welfare are working with the Philadelphia Family Court's Domestic Relations division on a COMPASS pilot. Two court staff members assist uninsured families going through the court in completing CHIP applications via COMPASS. Outreach includes referrals from service units and an internal CHIP commercial that plays in waiting areas.

Interagency COMPASS Workgroup

CHIP continued its role in leading the interagency COMPASS workgroup in exploring and implementing ways to improve communications and outreach to families in need of CHIP and other social service programs through the COMPASS online application. Of particular note is the recently approved COMPASS website re-design that the group worked on over the last year. It is anticipated that the new website will roll out in early 2007.

CHIP Information with Birth Certificates

The Department of Health supports CHIP's efforts by issuing a specially designed CHIP brochure with each birth certificate issued.

Child Support Enforcement

The Child Support Enforcement Unit of the Department of Public Welfare developed a CHIP training module for county Domestic Relations staff. CHIP materials are in the packets provided to families who come to Domestic Relations Offices and a CHIP link has been added to the child support website.

CareerLink Centers

Based on outreach to the Department of Labor and Industry's CareerLink centers in 2005, there has been an increase in CHIP visibility and awareness in centers statewide. Pennsylvania CareerLink is a cooperative effort that provides one-stop delivery of career services and other needed services to job seekers and employers through local centers. Each of the 79 CareerLink centers has Internet access and computer labs available to the public, where citizens can access social services via COMPASS, if needed.

Women, Infants and Children (WIC) Offices

The Department of Health's WIC program partnered with CHIP in a back-to-school campaign. The CHIP office mailed 96,000 English and 19,000 Spanish CHIP flyers to 24 local WIC agencies to distribute to all clients seen during required in-person visits. Even if the family had health insurance for their children, they received a flyer and were encouraged to share it with uninsured friends and family.

Consumer Advocates Continued Collaboration

The Covering Kids and Families coalition and the Reaching Out Interagency workgroup joined forces in 2006 and began holding joint meetings to avoid overlap, as most participants are from the same agencies and organizations. Through this effort, many excellent outreach ideas were exchanged and valuable information was shared, which CHIP is incorporating into its strategic planning. Consumer advocates are viewed as important contributors in the development of new outreach and enrollment strategies and their input is regularly sought by CHIP staff.

3. Is your state targeting outreach to specific populations (e.g., minorities, immigrants, and children living in rural areas)? Have these efforts been successful, and how have you measured effectiveness?

Under the Pennsylvania CHIP statute, CHIP contracts are for a term of three years. Based on this requirement, the program went through the procurement process and contracted with eight managed care plans for the new contract term in 2005. In order to further outreach efforts to specific populations, the Department added language to the contract Request for Proposals (RFP) that required applying managed care plans to describe how they would identify and address special populations, including non-white and non-English speaking children and children with disabilities; how they would reach different geographic areas, including rural and inner-city areas; and how they would address cultural and ethnic diversity in their outreach efforts. This contractual obligation provides even stronger focus on these specific outreach activities conducted statewide by CHIP's contracted insurance companies every day. Further, the program can monitor its contractors to ascertain that they are reaching out to these special populations in the ways they described in their contractual responses.

A positive note on this subject: seven of the eight CHIP contractors under the new contract were previous CHIP contractors. In their responses to the program's special populations question, all of the previous CHIP contractors noted and provided examples of outreach that they were currently conducting specifically to special populations. Examples included minority and ethnic outreach to African-American, Hispanic and Asian citizens, and programs and partnerships in rural counties with community-based organizations established in those communities. By adding this question to the RFP, the program brought additional focus to these communities by effectively asking applicants to further expand these efforts under the new contract.

Hispanic and African-American Outreach

The Mendoza Group, a for-profit Hispanic agency with a history of health marketing initiatives within the Latino community, was selected for a third year based on its successful work of focusing on two demographic segments of the Latino market, those unaware of CHIP and those who do not think that they qualify for CHIP.

In 2005, CHIP selected BrownPartners Multi-Cultural Marketing firm based on its strong partnerships in the African-American community. BrownPartners, a for-profit agency, was established in 2002 as a full-service multicultural marketing firm that utilizes a range of communications tools to reach, influence and motivate consumers of color. David W. Brown, president of BrownPartners, is a journalism graduate and also has a Masters in Theological Studies degree from the Eastern Baptist Theological Seminary.

The overall strategy for Hispanic and African-American outreach in 2006 was designed to allow continuous opportunities for more information and more education and was implemented through an aggressive grassroots tactical approach in spring and summer 2006 that empowered families to take the next steps towards enrolling their uninsured children in the CHIP program.

Community-Based Organizations (CBOs) provided a significant point of entry into these markets, and both Mendoza and BrownPartners utilized their extensive community network of resources and reached out to their communities by creating street teams that worked directly with citizens.

The implementation of the enrollment drive was formed around four key tactical approaches that were managed by the CHIP-trained street teams hired by Mendoza Group and BrownPartners:

- Media Briefings and Radio Advertisements

- Presentations and Distribution of approved CHIP collateral materials
- Enrollment Drives
- Health Fairs and culturally relevant Community Events

Health Fairs and Community Events

African-Americans and Latinos were directly reached through CHIP's branding message at certain key events during the spring and summer enrollment drive. Mendoza's and BrownPartners' criteria for selecting these events focused on identifying grassroots activities that allowed more opportunity for personalized interaction with a smaller audience size to extend beyond the CHIP brand.

SUBSTITUTION OF COVERAGE (CROWD-OUT)

States with a separate child health program above 200 through 250% of FPL must complete question 1. All other states with trigger mechanisms should also answer this question.

1. Does your state cover children between 200 and 250 percent of the FPL or does it identify a trigger mechanism or point at which a substitution prevention policy is instituted?

   ☐ Yes
   ☒ No
   ☐ N/A

   If yes, please identify the trigger mechanisms or point at which your substitution prevention policy is instituted.

States with separate child health programs over 250% of FPL must complete question 2. All other states with substitution prevention provisions should also answer this question.

2. Does your state cover children above 250 percent of the FPL or does it employ substitution prevention provisions?

   ☐ Yes
   ☒ No
   ☐ N/A

If yes, identify your substitution prevention provisions (waiting periods, etc.).

All States must complete the following 3 questions

3. Describe how substitution of coverage is monitored and measured and the effectiveness of your policies.

   Pennsylvania has taken a number of steps to guard against "crowd out." Applications for CHIP coverage include questions relating to other forms of health insurance coverage. Applicants reporting that they have other types of health insurance are denied coverage through Pennsylvania's CHIP. In addition, electronic cross matches with Medicaid and private insurance occur in an effort to prevent children with other insurance from being covered by CHIP.

4. At the time of application, what percent of applicants are found to have insurance?

   Approximately 9.8% of applicants are found to have health insurance at the time of application. This percent includes those children found to have Medicaid coverage at the time of application.

5. Describe the incidence of substitution. What percent of applicants drop group health plan coverage to enroll in SCHIP?

   According to U.S. Census Bureau data from 2005, over 77% of all Pennsylvanians under age 65 had private health insurance. This compares favorably to the national average of approximately 69%. For children under age 18, the Census Bureau reports that 71% had private coverage in 2005 compared to the national average of 65%. Additionally, 27.5% of children under age 18 in Pennsylvania had government-sponsored health insurance in 2005, while the national average was nearly 30%. The stability of the percentage of private coverage continues to support the hypothesis that no significant degree of crowd-out has occurred as a result of the operation of publicly-funded health care programs in Pennsylvania.

   Analysis of data for the reporting period indicates that 6.4% of applicants were denied CHIP coverage because the child had employer-based or private coverage.

COORDINATION BETWEEN SCHIP AND MEDICAID

(This subsection should be completed by States with a Separate Child Health Program)

1. Do you have the same redetermination procedures to renew eligibility for Medicaid and SCHIP (e.g., the same verification and interview requirements)? Please explain.

   The processes for renewing eligibility for CHIP and redetermining eligibility for Medicaid are alike. Neither requires an interview. Both programs review factors that may have changed since the application was filed or last renewed. CHIP and Medicaid have aligned their requirements as described in the next section, Eligibility Redetermination and Retention.

2. Please explain the process that occurs when a child's eligibility status changes from Medicaid to SCHIP and from SCHIP to Medicaid. Have you identified any challenges? If so, please explain.

   Children who are being disenrolled from Medicaid because of a change in family circumstances and who are eligible for CHIP can be enrolled in CHIP retroactively back to the first of the month in which disenrollment from Medicaid occurred to avoid a gap in health care coverage. The challenge is to ensure that the paperwork gets to the correct insurance plan and the family knows which plan the paperwork was sent to. To remove this challenge, we are in the process of automating the referral process.

Income too low: If an application for health care coverage is filed with a CHIP contractor and the child appears to be eligible for Medicaid, the CHIP contractor sends a notice of ineligibility to the parent or guardian that explains that the application has been forwarded to the local County Assistance Office (CAO) for a determination of Medicaid eligibility. The contractor will send summary screens to the CAO and will maintain the application on file. The CAO will determine eligibility for Medicaid and notify the family of the result of that determination. If it is determined that income is not within Medicaid guidelines, the children are found to be ineligible and are referred back to the originating CHIP contractor. Initial contact to the CHIP contractor is by phone within two days of the determination and is followed up in writing.

Income too high: If an application is filed with a CAO and the applicant is found not eligible for Medicaid, the CAO sends a notice of ineligibility to the applicant and explains that the application has been forwarded to one of the CHIP contractors operating with that county. The CAO prepares a CAO transmittal to the contractor. All information contained on the transmittal is considered verified and does not require any additional verification by the contractor. Upon receipt of the application from the CAO, the CHIP contractor determines eligibility for CHIP and notifies the family of the determination.

3. Are the same delivery systems (including provider networks) used in Medicaid and SCHIP? Please explain.

   Of our eight contractors, three participate in Medicaid Managed Care. However, many providers participate in more than one insurer's provider network, which allows a child to continue receiving treatment form the same physician when the child's coverage shifts from Medicaid to CHIP and vice versa. Medicaid continues to utilize fee-for-service in areas of the state where managed care is not available. CHIP uses managed care programs statewide (either traditional HMO or PPO).

ELIGIBILITY REDETERMINATION AND RETENTION

1. What measures does your State employ to retain eligible children in SCHIP? Please check all that apply and provide descriptions as requested.

☒ Conducts follow-up with clients through caseworkers/outreach workers

☒ Sends renewal reminder notices to all families

- How many notices are sent to the family prior to disenrolling the child from the program? three (3)
- At what intervals are reminder notices sent to families (e.g., how many weeks before the end of the current eligibility period is a follow-up letter sent if the renewal has not been received by the State?)
  The first renewal notice is sent 90 days prior to the end of a child's enrollment period. Additional notices are sent 60 days and 30 days prior to termination if the renewal is not received. Telephone outreach is also provided between the 60 and 30 day renewals by the insurers and between the 30 day notice and termination by our health and human services helpline.

☐ Sends targeted mailings to selected populations

- Please specify population(s) (e.g., lower income eligibility groups)

☒ Holds information campaigns

☒ Provides a simplified reenrollment process,

Please describe efforts (e.g., reducing the length of the application, creating combined Medicaid/SCHIP application)

Renewal letters and forms have been revised to a more user-friendly format. Renewals are prepopulated with the applicant's information to the extent that the systems will allow. Use of COMPASS, the Commonwealth of Pennsylvania Access to Social Services allows for electronic renewal and electronic signature. COMPASS is a web-based application used to apply for many of the social services, including CHIP. Use of the electronic signature eliminates the requirement to fax or mail the signature page.

☒ Conducts surveys or focus groups with disenrollees to learn more about reasons for disenrollment *please describe:*

The Department tracks the disenrollment population and reviews this data on a monthly basis with CHIP contractors. Through a joint effort between CHIP and its contractors, the rate of disenrollment has stabilized. (See Attachment 2.)

☒ Other, *please explain*:

The COMPASS system can be used to complete a child's renewal.

2. Which of the above strategies appear to be the most effective? Have you evaluated the effectiveness of any strategies? If so, please describe the evaluation, including data sources and methodology.

   The number of enrollees who do not respond or fail to complete renewals has leveled off over the past year. Our renewal rate continues to bounce between 79% and 82%. All of the above strategies contribute to the high renewal rates.

3. Does your State generate monthly reports or conduct assessments that track the outcomes of individuals who disenroll, or do not reenroll, in SCHIP (e.g., how many obtain other public or private coverage, how many remain uninsured, how many age-out, how many move to a new geographic area)

   ☒ Yes
   ☐ No
   ☐ N/A

   When was the monthly report or assessment last conducted?

   The monthly assessment reflects information from October 2006.

If you responded yes to the question above, please provide a summary of the most recent findings (in the table below) from these reports and/or assessments.

Findings from Report/Assessment on Individuals Who Disenroll, or Do Not Reenroll in SCHIP

Total Number of Dis-enrollees	**Obtain other public or private coverage**		**Remain uninsured**		**Age-out**		**Move to new geographic area**		**Other**	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
5,467	863	16			552	10	78	2	3,974	73

Please describe the data source (e.g., telephone or mail survey, focus groups) used to derive this information.

Our Data Warehouse is the source used to provide this information.

The Other column includes:

- Failure to complete renewal: 2,327 (42%)
- High income: 352 (6.4%)
- Misc. includes individual's request, changes in families' eligibility and other miscellaneous reasons: 1,295 (23.7%)

Note: We do no specifically track the number who remains uninsured at their renewal.

COST SHARING

1. Has your State undertaken any assessment of the effects of premiums/enrollment fees on participation in SCHIP? If so, what have you found?

   N/A

2. Has your State undertaken any assessment of the effects of cost sharing on utilization of health services in SCHIP? If so, what have you found?

   N/A

3. If your state has increased or decreased cost sharing in the past federal fiscal year, has the state undertaken any assessment of the impact of these changes on application, enrollment, disenrollment, and utilization of health services in SCHIP. If so, what have you found?

   N/A

PREMIUM ASSISTANCE PROGRAM(S) UNDER SCHIP STATE PLAN

1. Does your State offer a premium assistance program for children and/or adults using Title XXI funds under any of the following authorities?

   ☐ Yes, please answer questions below.
   ☒ No, skip to Program Integrity subsection.

Children

☐ Yes, Check all that apply and complete each question for each authority.

☐ Premium Assistance under the State Plan
☐ Family Coverage Waiver under the State Plan
☐ SCHIP Section 1115 Demonstration
☐ Medicaid Section 1115 Demonstration
☐ Health Insurance Flexibility & Accountability Demonstration
☐ Premium Assistance under the Medicaid State Plan (Section 1906 HIPP)

Adults

☐ Yes, Check all that apply and complete each question for each authority.

☐ Premium Assistance under the State Plan (Incidentally)
☐ Family Coverage Waiver under the State Plan
☐ SCHIP Section 1115 Demonstration
☐ Medicaid Section 1115 Demonstration
☐ Health Insurance Flexibility & Accountability Demonstration
☐ Premium Assistance under the Medicaid State Plan (Section 1906 HIPP)

2. Please indicate which adults your State covers with premium assistance. (Check all that apply.)

☐ Parents and Caretaker Relatives
☐ Childless Adults

3. Briefly describe your program (including current status, progress, difficulties, etc.)

4. What benefit package does the program use?

5. Does the program provide wrap-around coverage for benefits or cost sharing?

6. Identify the total number of children and adults enrolled in the premium assistance program for whom Title XXI funds are used during the reporting period (provide the number of adults enrolled in premium assistance even if they were covered incidentally and not via the SCHIP family coverage provision).

_____ Number of adults ever-enrolled during the reporting period

_____ Number of children ever-enrolled during the reporting period

7. Identify the estimated amount of substitution, if any, that occurred or was prevented as a result of your premium assistance program. How was this measured?

8. During the reporting period, what has been the greatest challenge your premium assistance program has experienced?

9. During the reporting period, what accomplishments have been achieved in your premium assistance program?

10. What changes have you made or are planning to make in your premium assistance program during the next fiscal year? Please comment on why the changes are planned.

11. Indicate the effect of your premium assistance program on access to coverage. How was this measured?

12. What do you estimate is the impact of premium assistance on enrollment and retention of children? How was this measured?

13. Identify the total state expenditures for family coverage during the reporting period. **(For states offering premium assistance under a family coverage waiver only.)**

PROGRAM INTEGRITY (COMPLETE ONLY WITH REGARD TO SEPARATE SCHIP PROGRAMS (I.E. THOSE THAT ARE NOT MEDICAID EXPANSIONS)

1. Does your state have a written plan that has safeguards and establishes methods and procedures for prevention, investigation and referral of cases of fraud and abuse? Please explain.
Each CHIP contractor is required to establish written policies and procedures for the detection and prevention of fraud and abuse that may be committed by providers within their networks, by enrollees, or by the CHIP contractors' employees. Each CHIP contractor must designate appropriate staff to be responsible for the proactive detection, prevention, and elimination of instances or patterns of fraud and abuse involving services to enrollees.

CHIP contractors are required to include written provisions in all their contracts with providers and subcontracted entities that payments for their services are derived from government funds. Accordingly, each CHIP contractor is required to advise its providers and subcontractors of the prohibitions against fraudulent activities relating to their involvement with the program.

Fraud and abuse detection activities must be compatible with the requirements of appropriate law enforcement agencies responsible for fraud and abuse detection and prosecution. CHIP contractors are held responsible for referring information on suspected fraudulent activities of subcontractors, providers, employees, and enrollees to relevant law enforcement agencies and must cooperate fully with the investigation and prosecution by appropriate law enforcement agencies.

In the event of successful prosecution, each CHIP contractor is required to take action to suspend or terminate the person(s) or entity involved in fraudulent activities. CHIP contractors are required to notify the Department of any actions being taken against a person(s) or entity resulting in successful prosecution for fraudulent activities. In addition to direct notification, each CHIP contractor is required on an annual basis to report all fraud detection activities. As noted in Section I, the Department has recently

revised its reporting tool to better capture fraud and abuse activities and to update any changes by contractors in their fraud detection policies and procedures.

2. For the reporting period, please indicate the number of cases investigated, and cases referred, regarding fraud and abuse in the following areas:

a) Provider credentialing

Number of cases investigated 0

Number of cases referred to appropriate law enforcement officials 0

b) Provider billing

Number of cases investigated 10

Number of cases referred to appropriate law enforcement officials 3

c) Beneficiary eligibility

Number of cases investigated 4

Number of cases referred to appropriate law enforcement officials 1

3. If your state relies on contractors to perform the above functions, how does your state provide oversight of those contractors?
The PID has developed a more detailed monitoring tool than it previously used. The monitoring tool is to be completed on a yearly basis with certain information provided to PID on a more frequent basis.

In addition to the yearly monitoring tool, PID's monitoring staff has attended numerous fraud and abuse training sessions that its contractors have conducted for their staff.

Each contractor is required to keep PID informed of changes to their written policies and procedures for the detection, prevention, and reporting of fraud and abuse.

CHIP contractors must provide an organization chart of the office(s)/department(s) responsible for confirming fraud and abuse activity. The names and telephone numbers of management must be included, along with the position titles of other staff members. The contractor must provide information on the senior management personnel to whom the fraud and abuse department directly reports. Contractors are also required to provide a single point of contact for PID when communicating about fraud and abuse issues.

Contractors must identify what departments/employees are specifically trained in fraud and abuse detection, who provides the training, how often the training is provided to each group of employees, and whether training is voluntary or mandatory. The contractors also have to provide the avenues of communication that are available between fraud and abuse staff and the contractors' personnel.

Each contractor must provide PID with a copy of its provider application. PID reviews these applications to determine the following: (1) whether the application includes a question that requires the disclosure of any convictions of certain offenses pertaining to fraud and abuse, and (2) whether the provider has been excluded from providing services under the Medical Assistance and/or Medicare programs. In addition, PID asks contractors if they are checking their provider network against the exclusionary lists of Medical Assistance and Medicare providers that are maintained by the Office of Medical Assistance Programs and the Office of Inspector General, and how often they are checking these lists.

PID questions if the contractor took action to suspend or terminate the provider, subcontractor, employee, or member in the event of successful prosecution, and whether PID was notified immediately.

When PID notifies the contractor of a potential fraud and/or abuse situation, the contractor is required to provide PID with a preliminary update in ten (10) days, and then provide an update every thirty (30) days until the case has been resolved.

The contractors are to report which of the following detection methods are being utilized: manual detection (specify), audits (specify), specific fraud detection software and what it achieves, case referrals, and others.

An individual's legal rights are not to be infringed upon when under investigation for suspected fraud and abuse. Contractors must explain how an individual is afforded due process of law.

PID wants to know what procedures the contractor employs for referring suspected fraud and abuse cases to the appropriate law enforcement officials.

Contractors are required to report whether they have dedicated toll-free hotlines for reporting suspected fraud and abuse activity. They are also required to report the toll-free number, the hours of operation, and the location of the hotline. If the hotline is outsourced, the name and location of the organization is to be provided. PID is to be notified of any changes to the number or hours.

PID requests samples of any mailings to consumers and providers that include fraud and abuse reporting information. PID also requires the contractors' website addresses that provide fraud and abuse reporting information.

The contractors are to notify PID of any means available to the providers to verify an individual's eligibility prior to providing a service.

CHIP contractors are required to include written provisions in all their contracts with providers and subcontracted entities that payments for their services are derived from government funds. Accordingly, each CHIP contractor is required to advise its providers and subcontractors of the prohibitions against fraudulent activities relating to their involvement with the program. CHIP contractors are required to advise PID how they monitor their contractors and/or subcontractors to assure they are providing the same level of fraud and abuse procedural protections as set forth in the contract for the CHIP contractors.

PID asks for the following information on fraud detection activities:

- How many fraud and abuse referrals were received in this contract year?
- How many of the referrals received in this contract year were identified through activities internal to the contractor?
- How many of the referrals received in this contract year were identified through outside sources?
- How many of the referrals received in this contract year were excused or determined to be unfounded?
- How many referrals received in this contract year are currently pending?
- How many referrals received in previous contract years are currently pending?
- What is the total dollar amount involving cases that have been confirmed during this contract year?
- What is the total dollar amount recouped in this contract year for cases received in this contract year?
- What is the total dollar amount recouped this contract year for cases received in previous contract years?
- How many of the total referrals received this contract year involved a provider?
- Provide names of CHIP providers who had their enrollment revoked during this contract year.
- Provide a description of underlying conduct resulting in confirmed cases involving providers.
- How many of the total referrals received this contract year involved a member? How many were confirmed?
- Was any action taken by the contractor? Describe any action taken.
- How many referrals involved an employee?
- Provide a description of underlying conduct resulting in confirmed cases involving employees.
- How many of the referrals involved a contractor or subcontractor?
- Provide a description of underlying conduct resulting in confirmed cases involving contractors or subcontractors.
- Provide name(s) of contractors or subcontractors of any confirmed cases.

- Has any contract been revoked as a result of investigation?
- How many cases were referred to law enforcement entities?
- How many cases referred were accepted by law enforcement entities?

Enter any Narrative text below.

SECTION IV: PROGRAM FINANCING FOR STATE PLAN

1. Please complete the following table to provide budget information. Describe in narrative any details of your planned use of funds below, including the assumptions on which this budget was based (per member/per month rate, estimated enrollment and source of non-Federal funds). (*Note: This reporting period =Federal Fiscal Year 2005. If you have a combination program you need only submit one budget; programs do not need to be reported separately.)*

COST OF APPROVED SCHIP PLAN

Benefit Costs	**2006**	**2007**	**2008**
Insurance payments			
Managed Care	214,914,617	253,885,365	314112686
per member/per month rate @ # of eligibles			
Fee for Service	0	0	0
Total Benefit Costs	214,914,617	253,885,365	314,112,686
(Offsetting beneficiary cost sharing payments)	0	(2,357,418)	(14,388,985)
Net Benefit Costs	$ 214,914,617	$ 251,527,947	$ 299,723,701

Administration Costs			
Personnel	922,000	1,151,667	1,153,000
General Administration	3,521,075	4,562,500	4,699,400
Contractors/Brokers (e.g., enrollment contractors)			
Claims Processing			
Outreach/Marketing costs	3,503,162	3,710,417	4,500,000
Other			
Health Services Initiatives			
Total Administration Costs	7,946,237	9,424,584	10,352,400
10% Administrative Cap (net benefit costs ÷ 9)	23,879,402	27,947,550	33,302,633

Federal Title XXI Share	152,748,829	177,630,388	210,417,642
State Share	70,112,025	83,322,143	99,658,459

TOTAL COSTS OF APPROVED SCHIP PLAN	222,860,854	260,952,531	310,076,101

2. What were the sources of non-Federal funding used for State match during the reporting period?

- ☒ State appropriations
- ☐ County/local funds
- ☐ Employer contributions
- ☐ Foundation grants
- ☐ Private donations
- ☐ Tobacco settlement

☐ Other (specify)

Enter any Narrative text below.
For per member per month rate, we used the following formula:
2006: 132,607 (avg enrollment) x $135.06 pmpm (avg weighted) x 12 months
2007: 147,110 (avg enrollment) x $143.82 pmpm (avg weighted) x 12 months
2008: 169,968 (avg enrollment) x $154.01 pmpm (avg weighted) x 12 months

SECTION V: 1115 DEMONSTRATION WAIVERS (FINANCED BY SCHIP)

Please reference and summarize attachments that are relevant to specific questions.

1. If you do not have a Demonstration Waiver financed with SCHIP funds skip to Section VI. If you do, please complete the following table showing whom you provide coverage to.

	SCHIP Non-HIFA Demonstration Eligibility					HIFA Waiver Demonstration Eligibility				
Children	From		% of FPL to		% of FPL	From		% of FPL to		% of FPL
Parents	From		% of FPL to		% of FPL	From		% of FPL to		% of FPL
Childless Adults	From		% of FPL to		% of FPL	From		% of FPL to		% of FPL
Pregnant Women	From		% of FPL to		% of FPL	From		% of FPL to		% of FPL

2. Identify the total number of children and adults ever enrolled (an unduplicated enrollment count) in your SCHIP demonstration during the reporting period.

_____ Number of **children** ever enrolled during the reporting period in the demonstration

_____ Number of **parents** ever enrolled during the reporting period in the demonstration

_____ Number of **pregnant women** ever enrolled during the reporting period in the demonstration

_____ Number of **childless adults** ever enrolled during the reporting period in the demonstration

3. What have you found about the impact of covering adults on enrollment, retention, and access to care of children?

4. Please provide budget information in the following table for the years in which the demonstration is approved. *Note: This reporting period (Federal Fiscal Year 2005 starts 10/1/04 and ends 9/30/05).*

COST PROJECTIONS OF DEMONSTRATION (SECTION 1115 or HIFA)	**2006**	**2007**	**2008**	**2009**	**2010**
Benefit Costs for Demonstration Population #1 (e.g., children)					
Insurance Payments					
Managed care					
per member/per month rate @ # of eligibles					
Fee for Service					
Total Benefit Costs for Waiver Population #1					
Benefit Costs for Demonstration Population #2 (e.g., parents)					
Insurance Payments					
Managed care					
per member/per month rate @ # of eligibles					

Fee for Service					
Total Benefit Costs for Waiver Population #2					

Benefit Costs for Demonstration Population #3
(e.g., pregnant women)

Insurance Payments					
Managed care					
per member/per month rate @ # of eligibles					
Fee for Service					
Total Benefit Costs for Waiver Population #3					

Benefit Costs for Demonstration Population #4
(e.g., childless adults)

Insurance Payments					
Managed care					
per member/per month rate @ # of eligibles					
Fee for Service					
Total Benefit Costs for Waiver Population #3					

Total Benefit Costs					
(Offsetting Beneficiary Cost Sharing Payments)					
Net Benefit Costs (Total Benefit Costs - Offsetting Beneficiary Cost Sharing Payments)					

Administration Costs

Personnel					
General Administration					
Contractors/Brokers *(e.g., enrollment contractors)*					
Claims Processing					
Outreach/Marketing costs					
Other *(specify)*					
Total Administration Costs					
10% Administrative Cap (net benefit costs ÷ 9)					

Federal Title XXI Share					
State Share					

TOTAL COSTS OF DEMONSTRATION					

When was your budget last updated (please include month, day and year)?

Please provide a description of any assumptions that are included in your calculations.

Other notes relevant to the budget:

SECTION VI: PROGRAM CHALLENGES AND ACCOMPLISHMENTS

1. For the reporting period, please provide an overview of your state's political and fiscal environment as it relates to health care for low income, uninsured children and families, and how this environment impacted SCHIP.

   Governor's Office of Health Care Reform

   The Governor's Office of Health Care Reform continues to encourage and initiate statewide healthcare efforts relating to children. Currently, there are approximately four (4) initiatives relating to ongoing CHIP operations that top the Governor's list of healthcare issues: (1) childhood obesity; (2) mental health; (3) early childhood interventions relating to preventive care and education; and (4) the need for a medical home. As a result of this focused approach, several interagency workgroups have been formed which are bringing together state agencies, community groups and healthcare providers such as the Pennsylvania Medical Society (PMS). The Department of Health (DOH)has developed and issued a statewide plan to advance early childhood healthcare interventions. Similarly, the Department of Public Welfare (DPW) has taken a leadership role in developing obesity measures for the Medicaid population in particular, and has partnered with both the CHIP program and the DOH. DPW has developed guidelines and reference materials and has issued toolkits to the provider community via the PMS to assist providers in screening and treating obesity, and also developed referral resources for nutritional counseling and other medical interventions. PMS has held yearly obesity summits for the past two years where state agency heads, as well as the provider community participate and exchange ideas on future goals.

   The CHIP program is in the process of developing an RFP to contract with an external review organization in order to develop and implement obesity measures as well as to assist in directing other healthcare studies (in particular emergency room utilization) and initiatives that have been proposed, but not yet fully implemented.

   State Interagency Coordinating Council (SICC)

   SICC is another example of the Governor's dedication to collaborative efforts surrounding early childhood interventions. SICC is a 15-member advisory board appointed by the Governor, which advises and supports state agencies by making programmatic recommendations to the various state agencies that serve children. While this Council addresses the whole child, especially from the standpoint of education, it addresses healthcare issues as well. It recognizes that the child's greatest supports come from developing relationships between all of the stakeholders involved in a child's life. It works in partnership with the family, early care and education providers, and other professionals in various fields. Early intervention in Pennsylvania is funded through federal, state, and county funds, as well as public insurance and other community resources. Primary state agency players are DPW, DOH, and the Pennsylvania Department of Education (PDE). The CHIP program has been an active partner for the past two years and, as noted above, plans to obtain outside resources to assist in developing programs that will tie into the various statewide initiatives are currently underway.

SECCS (State Early Childhood Comprehensive System) Grant

The State Maternal and Child Health Early Childhood Comprehensive System (SECCS) Grant Program is awarded to support states and territories in the planning, development, and implementation of collaborations and partnerships to support families and communities in their development of children that are healthy and ready to learn at school entry. All 59 states and territories had the opportunity to apply for these grants. Pennsylvania was a recipient.

The SECCS grant is an initiative of the PA DOH Maternal and Child Health Bureau overseen by the Health Resources and Services Administration (HRSA). The 5 HRSA designated priorities to be addressed are:

(1) Access to health insurance and medical homes

(2) Mental health and social development

(3) Early care and education/child care

(4) Parent education

(5) Family support

Pennsylvania's goal is to implement a comprehensive early childhood system that promotes the health and well-being of young children, enabling them to enter school ready and able to learn. The multiple-agency committee is charged with developing a plan for a comprehensive service system to address gaps, barriers, and fragmentation in services for PA children from birth to age 5. There is a steering committee in addition to 3 workgroups and several subgroups. CHIP staff is active on the committee addressing access to health insurance and medical homes. CHIP has provided information from its "Health Insurance" survey, where 6,700 households were surveyed, specific to the needs of this committee.

State Health Improvement Plan (SHIP)

SHIP is the Department of Health's overall plan and strategy to sustain and improve the health of Pennsylvanians. In 2005, the DOH began updating the SHIP and developing strategies for the next 5 years. The development of SHIP 2006-2010 will be guided by the SHIP Steering Committee. The Steering Committee will facilitate the dialog between DOH and local communities, coordinate work

through a number of ad hoc work groups, and review and make recommendations on the completed plan to the DOH's Health Policy Board, which advises the Secretary of Health on various issues. SHIP 2006-2010 will serve as a framework for improvement in Pennsylvania that links statewide efforts to the federal Healthy People 2010 overarching goals: "Increase Quality and Years of Healthy Life and Eliminate Health Disparities." There are 3 subcommittees, of which CHIP serves on the Health Improvement Planning subcommittee which will provide state, local, and community public health partners throughout the Commonwealth with a clear and accurate report of the state's progress toward Healthy People 2010 goals and objectives and provide an evidence-based blueprint for improving and maintaining the health of all Pennsylvanians.

The SHIP "Special Report on the Data Needs of the SHIP Affiliated Partnerships" was released in April 2005.

2. During the reporting period, what has been the greatest challenge your program has experienced?

Pennsylvania continues to face similar challenges as the rest of the nation: health care costs are growing twice as fast as state revenues, many sources of federal aid for medical and social service programs are decreasing, there is a significant reduction in the number of employers offering employer-sponsored insurance, and the number of uninsured or under-insured across the state is increasing.

The Rendell Administration has chosen to respond to these enormous pressures in a way that protects those in need while preserving the Commonwealth's fiscal integrity. By restructuring and reforming the social welfare programs, the administration is striving to make them more efficient and effective while maintaining coverage for all who currently receive it. The Administration has made it a priority to protect those who most need our help and support. Implemented changes do not adversely affect the array of health services and social services provided to children.

The Health Insurance Status of Pennsylvanians

The Rendell Administration remains committed to health care reform and efforts to address the uninsured residents of the Commonwealth. In 2004, the Pennsylvania Insurance Department contracted with Market Decisions, LLC, to conduct a statewide survey aimed at better understanding the health insurance status of all Pennsylvanians.

In the past, the Department relied on national census data. National census data can provide good benchmarking information, but more often than not, the census data does not provide the level of detail needed to understand the demographics of the uninsured population. For our purposes, the census data did not provide the level of detail necessary to shape health-related policy decisions and to aid in such things as outreach for publicly funded health insurance programs like CHIP or adultBasic. The collected data provides a description of both the insured and uninsured people in Pennsylvania, and more detailed information is now available for factors such as age groups, income groups, gender, race, employment status, and employer-provided healthcare coverage. A synopsis of the study is available on the Department's website at www.ins.state.pa.us.

Strategic Planning

Pennsylvania is looking at health care issues from a more global view using a State Planning Grant. At the completion of the Strategic Plan, we will know more of any impending changes to the SCHIP program. Specific goals of the planning process include:

- Develop options and steps to improve the availability of convenient, affordable access to quality health care for all citizens of Pennsylvania, including a seamless public program of health care coverage for lower income persons and private or public/private options for affordable health care insurance for small and medium-sized employers, as well as working families and individuals with higher incomes

- Develop options for reducing the cost of health care, including patient safety efforts, disease management, and the reduction in emergency department utilization

- Develop a strategy for the integration of individual initiatives into a coordinated and staged plan for addressing access, quality, and cost issues in Pennsylvania

- Develop comprehensive strategies to improve childhood nutrition and fitness, the next steps, and a plan to build on these strategies as well as policy and legislative recommendations

- Expand and standardize quality initiatives for our CHIP and adultBasic programs. Continue ongoing meetings with the Department of Public Welfare to discuss current quality initiatives for their Medical Assistance population, HEDIS measures, and performance-based contracting.

3. During the reporting period, what accomplishments have been achieved in your program?

Recruited additional CHIP Contractor:

During the past year we were successful in adding the University of Pittsburgh Medical Center (UPMC) Health Plan to our network of insurance plans. The addition of UPMC Health Plan significantly improved access in some of the more rural portions of Western Pennsylvania.

Completion of Data Warehouse – Phase 2:

Quality improvement is a continuous process and the CHIP program continues to expand our emphasis beyond enrollment and retention to focus as well on utilization of services and quality of care. To this end, the CHIP program has been in the process of developing a central database for the past two years. We have now completed the first phase of the data warehouse and are beginning to test and cleanse the data to ensure its integrity. We still need to incorporate historical data (going back at least three years), but expect to accomplish this within the next year.

Full implementation of Phase II of the data warehouse will permit the Department to better track and report on utilization and quality of care. The program has requested state funding for the next fiscal year (2006-07) to hire an external review organization to augment staffing expertise as well as including a data health consultant via our contracted systems vendor, Deloitte Consulting. This consultant is now in the beginning stages of helping the program identify specific reporting needs common to large employers.

Fraud and Abuse reporting:

As a result of a survey conducted by the Office of Inspector General, the CHIP program has endeavored to expand its reporting processes to ascertain the level of program fraud. As of July 2006, CHIP contracted MCOs will be required to address a new array of fraud issues not previously reviewed or taken into account (refer to question 3 under Program Integrity). At this point in time, CHIP has enjoyed a relatively low number of provider, employee, or consumer fraud.

Act 68 Complaints and Grievances Appeals Process:

In Pennsylvania, individuals enrolled in a managed care plan may file a complaint or grievance in accordance with the provisions of Article XXI of Act 68 of 1998 - Quality Health Care Accountability Protection Act. While this Act is applicable to all Pennsylvanians covered by the Act, the CHIP program has adapted this process specifically to CHIP enrollees. For the first time this year, we are collaborating with the Department of Health to assist in auditing complaints and grievances filed under this Act. PID routinely collects quarterly data on the number of complaints and grievances filed

by families and their providers, but PID does not have the same jurisdictional reach as the DOH. Because we are aware from past reporting that we are not experiencing a great number of first- and second-level appeals, we are taking the extra step of having our MCOs audited to ensure the integrity of the program.

4. What changes have you made or are planning to make in your SCHIP program during the next fiscal year? Please comment on why the changes are planned.

Expansion of Pennsylvania CHIP Through the Cover All Kids Initiative:

In his 2006 budget address, Governor Rendell introduced the expansion of CHIP through his Cover All Kids initiative. Enabling legislation was passed through both houses in October and signed into law by Govenor Rendell on November 2, 2006. This expansion will guarantee access to affordable, comprehensive health care coverage for all uninsured children in Pennsylvania. There will be no changes for children with a family income of 200 percent of FPL or less. They will remain in Medicaid or Free CHIP. For children in families with income greater than 200% FPL, but no greater than 300% FPL, we are instituting subsidized CHIP coverage by utilizing a sliding scale for premiums and cost sharing. Families with incomes above 300% of FPL will be able to buy into the program at the Commonwealth's negotiated rate for the benefit package. Another feature of the initiative is a 6-month period of uninsurance for all applicants, over the age of two, with family income greater than 200% of FPL. Through this initiative, our goal is to expand CHIP enrollment by approximately 15,000 children prior to July 1, 2007. Over the next five years, Pennsylvania expects to reduce its numbers of uninsured children by 50%. We submitted a State Plan Amendment to CMS on November 22, 2006, and are awaiting comments and subsequent approval.

The next planned change is to introduce a premium assistance program in CHIP to encourage small businesses to continue to provide or begin providing access to health insurance through their businesses. This initiative is still in the early planning stages.

HEDIS and Quality Improvement Initiatives:

In 2007, the CHIP program plans to issue an RFP to obtain a full-time external review organization to conduct our HEDIS reviews and to assist in addressing issues related to some identified issues such as overutilization of emergency room services (which continues to be problematic), and to officially develop obesity measurements. Although we have actively required our contracted MCOs to educate enrollees and to engage in disease management programs related to obesity, we have yet to specifically develop obesity measurements to ascertain the degree and severity of obesity in our CHIP population. Development of obesity measures will lend itself to more targeted efforts in addressing this problem.

CHIP also plans to hire a Medical Director or Medical Consultant, although an exact target date has not been established. In the past, we have not been able to consider this option due to monetary restraints. With the advent of the CHIP expansion through the Cover All Kids initiative, and the sizeable number of other targeted healthcare initiatives that have come into play, the need for the

leadership of a Medical Director or Medical Consultant is becoming more necessary to further our efforts to identify and improve the quality of care being provided by our contracted MCOs.

Enter any Narrative text below.

Cover All Kids Outreach for the Upcoming CHIP Program Expansion

In the fall of 2006, the Insurance Department developed an awareness campaign sharing the good news that CHIP was expanding to “Cover All Kids”. A half page ad was run in over 200 newspapers statewide announcing the program expansion. A flyer and postcard were developed and distributed via email and regular mail to advocacy, agency, and organization outreach partners statewide. The program encouraged its partners to spread the word to their communities. Requests for more flyers and postcards came in from a variety of community organizations and agencies, including PTAs, hospitals, health departments, schools, County Assistance Offices, etc.

· In total, the program has received over 500 requests for Cover All Kids information via the CHIP website, 220 via the toll-free phone number established for Cover All Kids inquiries, and numerous postcards. The CHIP Helpline reports sending Cover All Kids flyers to over 1,000 callers. The program has mailed out nearly 10,000 Cover All Kids flyers and postcards to community partners for dissemination to the public.

· A database was created to collect contact information from all families that call, write, or email CHIP via the website for more information on Cover All Kids. Staff will call, send letters, and transmit emails to all families that requested information, as well as all families denied CHIP coverage due to income over the limits from July 1, 2005, to the inception of the expanded program. Additionally, a Cover All Kids message is attached to all outgoing email responses to incoming CHIP questions.