

PENNSYLVANIA TITLE XXI PROGRAM & TITLE XXI AMENDMENT FACT SHEET

Name of Plan:	Pennsylvania CHIP
Date Plan Submitted:	November 13, 1997
Date Plan Approved:	May 28, 1998
Effective Date:	June 1, 1998
Date Amendment #1 Submitted:	August 14, 1998
Date Amendment #1 Approved:	October 29, 1998
Date Amendment #1 Effective:	June 17, 1998
Date Amendment #2 Submitted:	December 9, 1999
Date Amendment #2 Approved:	March 7, 2000
Date Amendment #2 Effective:	September 1, 1999
Date Amendment #3 Submitted:	December 9, 1999
Date Amendment #3 Approved:	March 7, 2000
Date Amendment #3 Effective:	September 1, 1999
Date Amendment #4 Submitted:	September 22, 2000
Date Amendment #4 Approved:	December 18, 2000
Date Amendment #4 Effective:	September 1, 2000
Date Amendment #5 Submitted:	June 28, 2002
Date Amendment #5 Approved:	September 19, 2002
Date Amendment #5 Effective:	August 24, 2001
Date Amendment #6 Submitted:	December 19, 2003
Date Amendment #6 Approved:	March 18, 2004
Date Amendment #6 Effective:	November 1, 2003
Date Amendment #7 Submitted:	November 20, 2006
Date Amendment #7 Approved:	February 20, 2007
Date Amendment #7 Effective:	January 1, 2007

Background

- Pennsylvania is one of three states whose comprehensive benefit package was cited by Title XXI, section 2103(a)(3) as having sufficient coverage to meet the requirements for a State Children's Health Insurance Plan.

Amendments

- The State's first amendment, approved on October 29, 1998, expanded eligibility to children with family incomes at or below 200 percent of the FPL, eliminated cost

sharing, and moved administration of the program to the Pennsylvania Insurance Department.

- The second amendment, approved on March 7, 2000, expanded the income eligibility by allowing a work expense deduction and day-care expenses to be subtracted from gross earnings.
- The third amendment, also approved on March 7, 2000, expanded the benefit package by including outpatient mental health services, disposable medical supplies, inpatient and outpatient substance abuse services, and rehabilitation services.
- The fourth amendment, submitted on September 22, 2000, expanded the benefit package to include prenatal care and pre-pregnancy family services and supplies.
- Pennsylvania submitted its fifth amendment on June 28, 2002. This amendment updated and amended the CHIP state plan to indicate the State's compliance with the final CHIP regulations.
- The sixth amendment was submitted on December 19, 2003. This amendment increased the work income disregard from \$90 per month to \$120 per month to be consistent with the State's Medicaid Program.
- The seventh amendment was submitted on November 20, 2006. This amendment made the following changes to the State plan:
 - Expanded health insurance coverage to children from 200 percent of the Federal poverty level (FPL) to 300 percent of the FPL.
 - Added monthly premiums to children above 200 percent and at or below 300 percent of the FPL.
 - Added co-payments for physician visits (other than preventive and diagnostic dental services, vision services, well-baby-well-child, immunizations, or emergency care that results in admissions) for children above 200 percent of the FPL as follows:
 - \$5 for non-well primary care visits,
 - \$10 for specialists,
 - \$25 for emergency care,
 - \$6 for generic prescriptions, and
 - \$9 for brand name prescriptions.

SPA #7 made the following modifications to benefits:

- Added counseling, education and related services to prevent and address the consequences of at-risk behavior related to sexually transmitted diseases and pregnancy;
- Clarified that inpatient services limits of 90 days per year includes both physical and mental health;
- Clarified that inpatient substance abuse detoxification is limited to seven days per incident and 4 incidents per lifetime;

- Increased outpatient substance abuse treatment from 30 days to 90 full-session visits per year, and from 120 to 360 days in a lifetime;
 - Increased the non-hospital residential care limit from 30 to 90 days per year and from 90 to 360 in a lifetime;
 - Increased the number of therapy visits for speech, occupational and physical therapy from 60 combined to 60 for each type of service annually; and
 - Established no maximums for chemotherapy, dialysis, respiratory and radiation therapy.
- This SPA also added two crowd-out strategies for children above 200 percent of the FPL.

Children Covered Under the Program

- The State reported that 256,627 children were ever enrolled in its program during Federal Fiscal Year 2008.

Administration

- PA CHIP is administered by the Pennsylvania Insurance Department.

Health Care Delivery System

- Managed care contracts cover most areas of the State. Less than 5 percent of enrollees in rural areas do not have access to managed care and are served through fee for service.

Benefit Package

- The benefit package is the PA CHIP benefit package that was implement prior to SCHIP. Pennsylvania is one of three states whose comprehensive benefit package was cited by Title XXI as having sufficient coverage to meet the requirements for a State Children's Health Insurance Plan. Services include: inpatient hospitalization; outpatient services; physician services; surgical services; clinic services; prescription drugs; laboratory and radiological services; inpatient and outpatient mental health services; inpatient and outpatient substance abuse services; durable medical equipment; home and community-based health care services; nursing care services; dental services; case management; physical, occupational, and speech therapy; hospice care; and ambulance services when medically necessary. Did you update in relationship to this amendment? Please make sure it's accurate.

Cost Sharing

- There is no cost sharing for families at or below 200 of the FPL.
- There are monthly premiums to children above 200 percent and at or below 300 percent of the FPL.
- For children above 200 percent of the FPL, there are co-payments for physician visits (other than preventive and diagnostic dental services, vision services, well-baby-well-child, immunizations, or emergency care that results in admissions as follows:

- \$5 for non-well primary care visits,
- \$10 for specialists,
- \$25 for emergency care,
- \$6 for generic prescriptions, and
- \$9 for brand name prescriptions.

Coordination between CHIP and Medicaid

- PA CHIP managed care contractors and local Medicaid offices accept applications for the CHIP program. If the application is sent to a managed care contractor, the contractor first screens applicants for Medicaid. If the applicant appears to be Medicaid eligible, the managed care contractor forwards the application to the appropriate Medicaid eligibility office and notifies the family that the application has been forwarded. If the application is sent to a local Medicaid office, the office first determines Medicaid eligibility. If the application is denied for Medicaid, it is sent to a PA CHIP managed care contractor for CHIP determination. Families are also notified in this instance that they have been denied for Medicaid but that their application has been forwarded to PA CHIP.
- Eligibility criteria for Medicaid and PA CHIP are comparable in order to simplify the screening process. There are also several official versions of an application for health care benefits that can be used for determination of eligibility for either PA CHIP or Medicaid, including a common application form for both programs.

State Action to Avoid Crowd Out

- For families below 200 percent of the FPL, the State monitors crowd-out by asking about private insurance coverage on the application and renewal form, and data matches are made against private insurance files. This data is used to monitor the amount of substitution over time.
- There are two crowd-out strategies for children above 200 percent of the FPL.
 - Children who are two years of age and older will be subject to a six-month period of uninsurance.
 - Children under age two will be monitored for substitution of coverage with a trigger rate, at which point a period of uninsurance will be imposed. The State is implementing this monitoring strategy to ensure that children in this younger age group receive the 11 developmental assessments and the 21 immunizations recommended during this time period by the American Academy of Pediatrics and the Centers for Disease Control and Prevention.

Outreach Activities

- Each of the health insurance companies under contract provides a range of outreach activities. Outreach activities include canvassing local businesses, day care centers, school districts, hospitals, providers, legislative offices, religious organizations and churches, social service agencies, unions, and civic groups.

- The Department of Insurance coordinates with the Department of Public Welfare and Department of Health on various outreach activities, including a toll-free telephone Help Line and community-based outreach grants.

Financial Information

Total FFY '09 Allotment -- \$310,308,900

FFY '09 Enhanced Federal Matching Rate -- 68.16%

Last update: September 1, 2009