Pennsylvania CARTS FY2020 Report

Welcome!

We already have some information about your state from our records.
If any information is incorrect, please contact the CARTS Help Desk.

1. State or territory name:

Pennsylvania

2. Program type:

- (●) Both Medicaid Expansion CHIP and Separate CHIP
- ( ) Medicaid Expansion CHIP only
- ( ) Separate CHIP only

3. CHIP program name(s):

Pennsylvania Children's Health Insurance Program

Who should we contact if we have any questions about your report?

4. Contact name:

J. Diane Brannon-Nordtomme

5. Job title:

CHIP Policy Director

6. Email:

jbrannonno@pa.gov

7. Full mailing address:

Include city, state, and zip code.

Pennsylvania Children's Health Insurance Program 303 Walnut St., 6th Flr.
Harrisburg, PA 17120

8. Phone number:

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PRA Disclosure Statement.
This information is being collected to assist the Centers for Medicare & Medicaid Services (CMS) in partnership with States with the ongoing management of Medicaid and CHIP programs and policies. This mandatory information collection (42 U.S.C. 1397hh) will be used to help each state meet the statutory requirements at section 2108(a) of the Social Security Act to assess the operation of the State child health plan in each Federal fiscal year and to report the results of the assessment including the progress made in reducing the number of uncovered, low-income children. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148 (CMS-10398 #1). The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Part 1: Medicaid Expansion CHIP Enrollment Fees, Premiums, and Delivery Systems

1. Does your program charge an enrollment fee?

- ○ Yes
- ◉ No

2. Does your program charge premiums?

- ○ Yes
- ◉ No

3. Is the maximum premium a family would be charged each year tiered by FPL?

- ○ Yes
- ◉ No

3b. What's the maximum premium a family would be charged each year?

$

4. Do premiums differ for different Medicaid Expansion CHIP populations beyond FPL (for example, by eligibility group)? If so, briefly explain the fee structure breakdown.

N/A

5. Which delivery system(s) do you use?
Select all that apply.

- ☑ Managed Care
- ☐ Primary Care Case Management
- ☑ Fee for Service

6. Which delivery system(s) are available to which Medicaid Expansion CHIP populations? Indicate whether eligibility status, income level, age range, or other criteria determine which delivery system a population receives.

PA has both Managed Care and Fee for Service (FFS) for th Medicaid CHIP Expansion population. Individuals have FFS until Managed Care enrollment coverage begins. Undocumented children who have Emergency Medical Assistance (EMA) coverage are FFS and not enrolled in Managed Care.

Part 2: Separate CHIP Enrollment Fees, Premiums, and Delivery Systems

1. Does your program charge an enrollment fee?

- ○ Yes
- ◉ No

2. Does your program charge premiums?

◉ Yes

2a. Are your premiums for one child tiered by Federal Poverty Level (FPL)?

- (●) Yes
- ( ) No

2b. Indicate the range of premiums and corresponding FPL ranges for one child.

Premiums for one child, tiered by FPL

FPL starts at	FPL ends at
133	208

Premium starts at	Premium ends at
$ 0	$ 0

FPL starts at	FPL ends at
209	262

Premium starts at	Premium ends at
$ 36.78	$ 66.74

FPL starts at	FPL ends at
263	288

Premium starts at	Premium ends at
$ 51.49	$ 93.44

FPL starts at	FPL ends at	Premium starts at	Premium ends at
289	314	$ 58.85	$ 106.79
315		$ 143.66	$ 383.06

- ○ No

3. Is the maximum premium a family would be charged each year tiered by FPL?

- ○ Yes
- ◉ No

3b. What's the maximum premium fee a family would be charged each year?

$

4. Do your premiums differ for different CHIP populations beyond FPL (for example, by eligibility group)? If so, briefly explain the fee structure breakdown.

No.

5. Which delivery system(s) do you use?
Select all that apply.

- [x] Managed Care
- [ ] Primary Care Case Management
- [ ] Fee for Service

6. Which delivery system(s) are available to which CHIP populations? Indicate whether eligibility status, income level, age range, or other criteria determine which delivery system a population receives.

All CHIP enrollees are in Managed Care.

Part 3: Medicaid Expansion CHIP Program and Policy Changes

Indicate any changes you've made to your Medicaid Expansion CHIP program policies in the past federal fiscal year. Many changes listed in this section require a State Plan Amendment (SPA), while some don't, such as changing outreach efforts or changing the health plan enrollment process. Please submit a SPA to reflect any changes that do require a SPA.

1. Have you made any changes to the eligibility determination process?

- ○ Yes
- ◉ No
- ○ N/A

2. Have you made any changes to the eligibility redetermination process?

- ○ Yes
- ◉ No
- ○ N/A

3. Have you made any changes to the eligibility levels or target populations?
For example: increasing income eligibility levels.

- ○ Yes
- ◉ No
- ○ N/A

4. Have you made any changes to the benefits available to enrollees?
For example: adding benefits or removing benefit limits.

- ○ Yes
- ◉ No
- ○ N/A

5. Have you made any changes to the single streamlined application?

- ○ Yes
- ◉ No
- ○ N/A

6. Have you made any changes to your outreach efforts?
For example: allotting more or less funding for outreach, or changing your target population.

- ○ Yes
- ◉ No
- ○ N/A

7. Have you made any changes to the delivery system(s)?
For example: transitioning from Fee for Service to Managed Care for different Medicaid Expansion CHIP populations.

- ○ Yes
- ◉ No
- ○ N/A

8. Have you made any changes to your cost sharing requirements?
For example: changing amounts, populations, or the collection process.

- ○ Yes
- ◉ No
- ○ N/A

9. Have you made any changes to the substitution of coverage policies?
For example: removing a waiting period.

- ○ Yes
- ◉ No
- ○ N/A

10. Have you made any changes to the enrollment process for health plan selection?

- ○ Yes
- ◉ No
- ○ N/A

11. Have you made any changes to the protections for applicants and enrollees?
For example: changing from the Medicaid Fair Hearing process to the review process used by all health insurance issuers statewide.

- ○ Yes
- ◉ No
- ○ N/A

12. Have you made any changes to premium assistance?
For example: adding premium assistance or changing the population that receives premium assistance.

- ○ Yes
- ◉ No
- ○ N/A

13. Have you made any changes to the methods and procedures for preventing, investigating, or referring fraud or abuse cases?

- ○ Yes
- ◉ No
- ○ N/A

14. Have you made any changes to eligibility for "lawfully residing" pregnant women?

- ○ Yes
- ◉ No
- ○ N/A

15. Have you made any changes to eligibility for "lawfully residing" children?

- ○ Yes
- ◉ No
- ○ N/A

16. Have you made changes to any other policy or program areas?

- (●) Yes
- ( ) No
- ( ) N/A

17. Briefly describe why you made these changes to your Medicaid Expansion CHIP program.

Due to COVID-19 Public Health Emergency (PHE) and the requirement to maintain eligibility of Medicaid beneficiaries, children's Medicaid is maintained and they are not referred to CHIP if income is over the limit for the Medicaid Expansion CHIP program.

18. Have you already submitted a State Plan Amendment (SPA) to reflect any changes that require a SPA?

- (●) Yes
- ( ) No
- ( ) N/A

Part 4: Separate CHIP Program and Policy Changes

Indicate any changes you've made to your Separate CHIP program and policies in the past federal fiscal year. Many changes listed in this section require a State Plan Amendment (SPA), while some don't, such as changing outreach efforts or changing the health plan enrollment process. Please submit a SPA to reflect any changes that do require a SPA.

1. Have you made any changes to the eligibility determination process?

- (●) Yes
- ( ) No
- ( ) N/A

2. Have you made any changes to the eligibility redetermination process?

- (●) Yes
- ( ) No
- ( ) N/A

3. Have you made any changes to the eligibility levels or target populations?
For example: increasing income eligibility levels.

- ( ) Yes
- (●) No
- ( ) N/A

4. Have you made any changes to the benefits available to enrolees?
For example: adding benefits or removing benefit limits.

- ○ Yes
- ◉ No
- ○ N/A

5. Have you made any changes to the single streamlined application?

- ○ Yes
- ◉ No
- ○ N/A

6. Have you made any changes to your outreach efforts?
For example: allotting more or less funding for outreach, or changing your target population.

- ○ Yes
- ◉ No
- ○ N/A

7. Have you made any changes to the delivery system(s)?
For example: transitioning from Fee for Service to Managed Care for different Separate CHIP populations.

- ○ Yes
- ◉ No
- ○ N/A

8. Have you made any changes to your cost sharing requirements?
For example: changing amounts, populations, or the collection process.

- ◉ Yes
- ○ No
- ○ N/A

9. Have you made any changes to substitution of coverage policies?
For example: removing a waiting period.

- ○ Yes
- ◉ No
- ○ N/A

10. Have you made any changes to an enrollment freeze and/or enrollment cap?

- ○ Yes
- ◉ No
- ○ N/A

11. Have you made any changes to the enrollment process for health plan selection?

- ◉ Yes
- ○ No
- ○ N/A

12. Have you made any changes to the protections for applicants and enrollees?
For example: changing from the Medicaid Fair Hearing process to the review process used by all health insurance issuers statewide.

- ○ Yes
- ◉ No
- ○ N/A

13. Have you made any changes to premium assistance?
For example: adding premium assistance or changing the population that receives premium assistance.

- ○ Yes
- ◉ No
- ○ N/A

14. Have you made any changes to the methods and procedures for preventing, investigating, or referring fraud or abuse cases?

- ○ Yes
- ◉ No
- ○ N/A

15. Have you made any changes to your conception to birth expansion (as described in the October 2, 2002 final rule)?
For example: expanding eligibility or changing this population's benefit package.

- ○ Yes
- ◉ No
- ○ N/A

16. Have you made any changes to your Pregnant Women State Plan expansion?
For example: expanding eligibility or changing this population's benefit package.

- ○ Yes
- ◉ No
- ○ N/A

17. Have you made any changes to eligibility for "lawfully residing" pregnant women?

- ○ Yes
- ◉ No
- ○ N/A

18. Have you made any changes to eligibility for "lawfully residing" children?

- ○ Yes
- ◉ No
- ○ N/A

19. Have you made changes to any other policy or program areas?

- ○ Yes
- ◉ No
- ○ N/A

20. Briefly describe why you made these changes to your Separate CHIP program.

Due to the COVID-19 public health emergency, CHIP requested and received CMS approval for the following disaster state plan amendments beginning on March 1, 2020: • Temporarily waive requirements related to timely processing of renewals and/or deadlines for families to respond to renewal requests; • Temporarily delay acting on certain changes in circumstances; • Temporarily extend the processing of renewals; • Temporarily suspend application of co-payments related to COVID-19 testing, screening and treatment services; and, • Temporarily delay payment of premiums (and/or delay payment of premium balance). Pennsylvania will be temporarily suspending the commonwealth's premium lock out policy.

21. Have you already submitted a State Plan Amendment (SPA) to reflect any changes that require a SPA?

- ◉ Yes
- ○ No

Part 1: Number of Children Enrolled in CHIP

This table is pre-filled with your SEDS data for the two most recent federal fiscal years (FFY). If the information is inaccurate, adjust your data in SEDS (go to line 7: "Unduplicated Number Ever Enrolled" in your fourth quarter SEDS report) and then

refresh this page. If you're adjusting data in SEDS, allow one business day for the CARTS data below to update.

Program	Number of children enrolled in FFY 2019	Number of children enrolled in FFY 2020	Percent change
Medicaid Expansion CHIP	109,174	104,978	-3.843%
Separate CHIP	263,647	252,642	-4.174%

1. If you had more than a 3% percent change from last year, what are some possible reasons why your enrollment numbers changed?

CHIP enrollment has shown steady increases each month. When the COVID-19 public health emergency (PHE) began in March 2020, enrollment continued to increase into May. However, as CHIP families felt the effects of the PHE, many CHIP enrollees moved to medical assistance due to decreased income.

Part 2: Number of Uninsured Children in Your State

This table is pre-filled with data on uninsured children (age 18 and under) who are below 200% of the Federal Poverty Level (FPL) based on annual estimates from the American Community Survey.

Year	Number of uninsured children	Margin of error	Percent of uninsured children (of total children in your state)	Margin of error
2015	66,000	6,000	2.4%	0.2%
2016	69,000	7,000	2.5%	0.3%
2017	68,000	8,000	2.5%	0.3%
2018	58,000	6,000	2.1%	0.2%
2019	64,000	7,000	2.4%	0.3%

Percent change between 2018 and 2019
NaN%

2. Are there any reasons why the American Community Survey estimates wouldn't be a precise representation of the actual number of uninsured children in your state?

- ○ Yes
- ◉ No

3. Do you have any alternate data source(s) or methodology for measuring the number and/or percent of uninsured children in your state?

- ○ Yes
- ◉ No

4. Is there anything else you'd like to add about your enrollment and uninsured data?

N/A

5. Optional: Attach any additional documents here.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png).

Browse...

Program Outreach

1. Have you changed your outreach methods in the last federal fiscal year?

- ○ Yes
- ◉ No

2. Are you targeting specific populations in your outreach efforts?
For example: minorities, immigrants, or children living in rural areas.

(●) Yes

2a. Have these efforts been successful? How have you measured the effectiveness of your outreach efforts?

CHIP is utilizing social media as its primary advertising method in 2020. Because many outreach events were cancelled due to the COVID-19 Public Health Emergency (PHE), CHIP needed a way to reach its audience without typical face to face contacts. The goal is to continue to reach families of all family types regardless of location. Outreach was successful and details of how success was measured is outlined in the responses to questions 3 and 4. Data was not available by household location or ethnicity; but efforts were made to reach as broad an audience as possible.

( ) No

3. What methods have been most effective in reaching low-income, uninsured children?

For example: TV, school outreach, or word of mouth.

CHIP focused on social media in its 2020 campaign given that many schools were going virtual and parents were working from home. In August 2020, Red House media, CHIP's media campaign vendor, reported the preliminary results of the CHIP marketing campaign for June 26, 2020 to July 31, 2020. The results discussed PA CHIP's paid social media campaign which included Facebook and Instagram advertising as well as advertising on digital outlets such as paid Google searches, Google responsive video, and Google video network. The campaign also included connected TV. The Google responsive display was the most successful component of the campaign with just over 8.9 million impressions, and 122, 873 clicks, costing the Commonwealth $.11 per click. The Google Video channel had just under 2.4 million impressions comprising of 1,919 clicks, and almost 2.2 million views. The Commonwealth paid $5.05 per click and $0 per view. Paid searches reached 53,459 impressions and 10,330 clicks with a cost of $1.56 per click and no cost per view. Overall, the Red House report shows nearly 14 million impressions, over 140,000 clicks and over 3.6 million video views were delivered. The overall View Rate was 26.16% and is slightly higher than preliminary reports.

4. Is there anything else you'd like to add about your outreach efforts?

Utilizing the June/ July data, Red House determined applying the primary metric, the View Rate, the Google Network platform has strong View Rates although it had the second most clicks. Google Responsive Display was a new tactic this year and has generated over 60% of the campaign impressions. Facebook continues to be the top performer for social media with the :15 Swimming ad. Although Instagram showed an increase in impressions, it is recommended suspending Instagram. Looking forward, to build upon the efforts achieved thus far, CHIP and Red House Communications, is proceeding with a media buy and additional marketing research. CHIP will engage with Commonwealth Media Services (CMS) to update current creatives and begin planning for long-term new creatives for 2021-2022. The goal is to complete the updates to the current creative by mid-February 2021 and have 2-3 new creative concepts by March 2021. For the media buy, CHIP intends to launch a longer-term, robust media buy with updated existing creative at a budgeted cost of $15,000 (approximately). CHIP wants to be running ads for approximately 4-6 months beginning in March 2021. In regard to marketing research, CHIP wants to user test a new CHIP Strong message and creatives. The expected timeline would be to begin procurement in January 2021, execute a contract in March 2021, and conclude work around June 30, 2021. The focus group will be tasked to critique the creatives for each of the following measurements: 1. Clarity of message/advertisements. 2. Identify key points received from message/ advertisement. 3. Would this message/advertisement motivate you to learn more about CHIP? 4. Would you consider enrolling your child/children in CHIP after viewing this message/advertisement? 5. Recommendations on how to improve this messaging/advertisement. The budget for this step is $75,000. The budget total stands at $3,080,000 reserving $70,000 for CHIP marketing materials orders and unplanned costs and to begin the long-term 2021-2022 Media buy.

5. Optional: Attach any additional documents here.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png).

Browse...

Substitution of Coverage

Substitution of coverage (also known as crowd-out) occurs when someone with private insurance drops their private coverage and substitutes it with publicly funded insurance such as CHIP.

1. Do you track the number of CHIP enrollees who have access to private insurance?

- (●) Yes

  1a. What percent of CHIP enrollees had access to private insurance at the time of application?

  4.6%

- ( ) No

- ( ) N/A

2. Do you match prospective CHIP enrollees to a database that details private insurance status?

- (●) Yes

  2a. Which database do you use?

  Health Management Systems

- ( ) No

- ( ) N/A

3. What percent of applicants screened for CHIP eligibility cannot be enrolled because they have group health plan coverage?

4.6 %

4. If you have a Separate CHIP program, do you require individuals to be uninsured for a minimum amount of time before enrollment ("the waiting period")?

- ○ Yes
- ◉ No
- ○ N/A

5. Is there anything else you'd like to add about substitution of coverage that wasn't already covered? Did you run into any limitations when collecting data?

N/A

6. Optional: Attach any additional documents here.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png).

Browse...

Renewal, Denials, and Retention

Part 1: Eligibility Renewal and Retention

1. Does your state provide presumptive eligibility, allowing children to access CHIP services pending a final determination of eligibility?
This question should only be answered in respect to Separate CHIP.

- ○ Yes
- ◉ No
- ○ N/A

2. In an effort to retain children in CHIP, do you conduct follow-up communication with families through caseworkers and outreach workers?

- ○ Yes
- ◉ No

3. Do you send renewal reminder notices to families?

(●) Yes

3a. How many notices do you send to families before disenrolling a child from the program?

Two

3b. How many days before the end of the eligibility period did you send reminder notices to families?

90 and 60

( ) No

4. What else have you done to simplify the eligibility renewal process for families?

CHIP has implemented ex-parte renewals at 120 days prior to renewal due date. Ex-parte renewals are attempted prior to a paper packet being sent to families.

5. Which retention strategies have you found to be most effective?

Approximately 15% of renewals are completed by ex-parte. CHIP MCOs have found that having workers contact the families due for renewal very helpful as the family can complete the renewal over the phone with the MCO.

6. How do you measure the effectiveness of your retention strategies? What data sources and methodology do you use to track retention?

CHIP tracks the number of renewals due, the number of renewals attempted and the number of successful renewals. This is tracked by each program within CHIP. We can also filter by MCO.

7. Is there anything else you'd like to add that wasn't already covered?

N/A

Part 2: CHIP Eligibility Denials (Not Redetermination)

1. How many applicants were denied CHIP coverage in FFY 2020?
Don't include applicants being considered for redetermination - this data will be collected in Part 3.

45045

2. How many applicants were denied CHIP coverage for procedural reasons?
For example: They were denied because of an incomplete application, missing documentation, or a missing enrollment fee.

14888

3. How many applicants were denied CHIP coverage for eligibility reasons?
For example: They were denied because their income was too high or too low, they were determined eligible for Medicaid instead, or they had other coverage available.

33844

3a. How many applicants were denied CHIP (Title XXI) coverage and determined eligible for Medicaid (Title XIX) instead?

4. How many applicants were denied CHIP coverage for other reasons?

4162

5. Did you have any limitations in collecting this data?

No.

Table: CHIP Eligibility Denials (Not Redetermination)
This table is auto-populated with the data you entered above.

	Percent
Total denials	100%
Denied for procedural reasons	33.05%
Denied for eligibility reasons	75.13%
Denials for other reasons	9.24%

Part 3: Redetermination in CHIP

Redetermination is the process of redetermining whether a child is eligible to renew in CHIP (Title XXI) every 12 months. This section doesn't apply to any mid-year changes in circumstances that may affect eligibility (for example: income, relocation, or aging out of the program).

1. How many children were eligible for redetermination in CHIP in FFY 2020?

175708

2. Of the eligible children, how many were then screened for redetermination?

175708

3. How many children were retained in CHIP after redetermination?

123152

4. How many children were disenrolled in CHIP after the redetermination process? This number should be equal to the total of 4a, 4b, and 4c below.

52556

4a. How many children were disenrolled for procedural reasons? This could be due to an incomplete application, missing documentation, or a missing enrollment fee.

13555

4b. How many children were disenrolled for eligibility reasons? This could be due to income that was too high or too low, eligibility in Medicaid (Title XIX) instead, or access to private coverage.

13709

4c. How many children were disenrolled for other reasons?

25292

5. Did you have any limitations in collecting this data?

No.

Table: Redetermination in CHIP
These tables are auto-populated with the data you entered above.

	Percent
Children screened for redetermination	100%
Children retained after redetermination	70.09%
Children disenrolled after redetermination	29.91%

Table: Disenrollment in CHIP after Redetermination

	Percent
Children disenrolled after redetermination	100%
Children disenrolled for procedural reasons	25.79%
Children disenrolled for eligibility reasons	26.08%
Children disenrolled for other reasons	48.12%

Part 4: Redetermination in Medicaid

Redetermination is the process of redetermining whether a child is eligible to renew in Medicaid (Title XIX) every 12 months. This section doesn't apply to any mid-year

changes in circumstances that may affect eligibility (for example: income, relocation, or aging out of the program).

1. How many children were eligible for redetermination in Medicaid in FFY 2020?

2. Of the eligible children, how many were then screened for redetermination?

3. How many children were retained in Medicaid after redetermination?

4. How many children were disenrolled in Medicaid after the redetermination process?
This number should be equal to the total of 4a, 4b, and 4c below.

4a. How many children were disenrolled for procedural reasons?
This could be due to an incomplete application, missing documentation, or a missing enrollment fee.

4b. How many children were disenrolled for eligibility reasons?
This could be due to an income that was too high and/or eligibility in CHIP instead.

4c. How many children were disenrolled for other reasons?

5. Did you have any limitations in collecting this data?

Table: Redetermination in Medicaid
These tables are auto-populated with the data you entered above.

	Percent
Children screened for redetermination	
Children retained after redetermination	
Children disenrolled after redetermination	

Table: Disenrollment in Medicaid after Redetermination

	Percent
Children disenrolled after redetermination	
Children disenrolled for procedural reasons	
Children disenrolled for eligibility reasons	
Children disenrolled for other reasons	

Part 5: Tracking a CHIP cohort (Title XXI) over 18 months

Tracking a cohort of children enrolled in CHIP (Title XXI) will indicate how long a specific group of children stays enrolled over an 18-month period. This information is required by Section 402(a) of CHIPRA.
To track your cohort, identify a group of children ages 0 to 16 years who are newly enrolled in CHIP and/or Medicaid as of January through March 2020 (the second quarter of FFY 2020). Children in this cohort must be 16 years and 0 months or

younger when they enroll to ensure they don't age out of the program by the end of the 18-month tracking period.
You'll identify a new cohort every two years. This year you'll report on the number of children at the start of the cohort (Jan - Mar 2020) and six months later (July - Sept 2020). Next year you'll report numbers for the same cohort at 12 months (Jan - Mar 2021) and 18 months later (July - Sept 2021). If data is unknown or unavailable, leave it blank - don't enter a zero unless the data is known to be zero.

Helpful hints on age groups
Children should be in age groups based on their age at the start of the cohort, when they're identified as newly enrolled in January, February, or March of 2020. For example, if a child is four years old when they're newly enrolled, they should continue to be reported in the "ages 1-5" group at 6 months, 12 months, and 18 months later.

The oldest children in the cohort must be no older than 16 years (and 0 months) to ensure they don't age out of the program at the end of the 18-month tracking period. That means children in the "ages 13-16" group who are newly enrolled in January 2020 must be born after January 2004. Similarly, children who are newly enrolled in February 2020 must be born after February 2004, and children newly enrolled in March 2020 must be born after March 2004.

1. How does your state define "newly enrolled" for this cohort?

◉ Newly enrolled in CHIP: Children in this cohort weren't enrolled in CHIP (Title XXI) during the previous month. For example: Newly enrolled children in January 2020 weren't enrolled in CHIP in December 2019.

○ Newly enrolled in CHIP and Medicaid: Children in this cohort weren't enrolled in CHIP (Title XXI) or Medicaid (Title XIX) during the previous month. For example: Newly enrolled children in January 2020 weren't enrolled in CHIP or Medicaid in December 2019.

2. Do you have data for individual age groups?
If not, you'll report the total number for all age groups (0-16 years) instead.

- (●) Yes
- ( ) No

January - March 2020 (start of the cohort)

3. How many children were newly enrolled in CHIP between January and March 2020?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
295	4272	10435	5955

July - September 2020 (6 months later)

4. How many children were continuously enrolled in CHIP six months later?
Only include children that didn't have a break in coverage during the six-month period.

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
235	3180	7270	4287

5. How many children had a break in CHIP coverage but were re-enrolled in CHIP six months later?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
<11	32	166	94

6. Of the children who had a break in CHIP coverage (in the previous question), how many were enrolled in Medicaid during the break?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

7. How many children were no longer enrolled in CHIP six months later?
Possible reasons for no longer being enrolled:
• Transferred to another health insurance program other than CHIP
• Didn't meet eligibility criteria anymore
• Didn't complete documentation
• Didn't pay a premium or enrollment fee

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
59	1060	2999	1574

8. Of the children who were no longer enrolled in CHIP (in the previous question), how many were enrolled in Medicaid six months later?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

9. Is there anything else you'd like to add about your data?

Pennsylvania CHIP does not track data related to questions 6 and 8.

January - March 2021 (12 months later)
Next year you'll report this data. Leave it blank in the meantime.

10. How many children were continuously enrolled in CHIP 12 months later?
Only include children that didn't have a break in coverage during the 12-month period.

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

11. How many children had a break in CHIP coverage but were re-enrolled in CHIP 12 months later?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

12. Of the children who had a break in CHIP coverage (in the previous question), how many were enrolled in Medicaid during the break?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

13. How many children were no longer enrolled in CHIP 12 months later?
Possible reasons for not being enrolled:
• Transferred to another health insurance program other than CHIP
• Didn't meet eligibility criteria anymore
• Didn't complete documentation
• Didn't pay a premium or enrollment fee

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

14. Of the children who were no longer enrolled in CHIP (in the previous question), how many were enrolled in Medicaid 12 months later?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

July - September of 2021 (18 months later)
Next year you'll report this data. Leave it blank in the meantime.

15. How many children were continuously enrolled in CHIP 18 months later? Only include children that didn't have a break in coverage during the 18-month period.

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

16. How many children had a break in CHIP coverage but were re-enrolled in CHIP 18 months later?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

17. Of the children who had a break in CHIP coverage (in the previous question), how many were enrolled in Medicaid during the break?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

18. How many children were no longer enrolled in CHIP 18 months later?
Possible reasons for not being enrolled:
• Transferred to another health insurance program other than CHIP
• Didn't meet eligibility criteria anymore
• Didn't complete documentation
• Didn't pay a premium or enrollment fee

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

19. Of the children who were no longer enrolled in CHIP (in the previous question), how many were enrolled in Medicaid 18 months later?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

20. Is there anything else you'd like to add about your data?

Part 6: Tracking a Medicaid (Title XIX) cohort over 18 months

Tracking a cohort of children enrolled in Medicaid (Title XIX) will indicate how long a specific group of children stays enrolled over an 18-month period. This information is required by Section 402(a) of CHIPRA.
To track your cohort, identify a group of children ages 0 to 16 years, who are newly enrolled in Medicaid and/or CHIP as of January through March 2020 (the second quarter of FFY 2020). Children in this cohort must be 16 years and 0 months or younger when they enroll to ensure they don't age out of the program by the end of

the 18-month tracking period.
You'll identify a new cohort every two years. This year you'll report the number of children identified at the start of the cohort (Jan-Mar 2020) and six months later (July-Sept 2020). Next year you'll report numbers for the same cohort at 12 months (Jan-Mar 2021) and 18 months later (July-Sept 2021). If data is unknown or unavailable, leave it blank - don't enter a zero unless the data is known to be zero.

Helpful hints on age groups
Children should be in age groups based on their age at the start of the cohort, when they're identified as newly enrolled in January, February, or March of 2020. For example, if a child is four years old when they're newly enrolled, they should continue to be reported in the "ages 1-5" group at 6 months, 12 months, and 18 months later.

The oldest children in the cohort must be no older than 16 years (and 0 months) to ensure they don't age out of the program at the end of the 18-month tracking period. That means children in the "ages 13-16" group who are newly enrolled in January 2020 must be born after January 2004. Similarly, children who are newly enrolled in February 2020 must be born after February 2004, and children newly enrolled in March 2020 must be born after March 2004.

1. How does your state define "newly enrolled" for this cohort?

◉ Newly enrolled in Medicaid: Children in this cohort weren't enrolled in Medicaid (Title XIX) during the previous month. For example: Newly enrolled children in January 2020 weren't enrolled in Medicaid in December 2019.

○ Newly enrolled in CHIP and Medicaid: Children in this cohort weren't enrolled in CHIP (Title XXI) or Medicaid (Title XIX) during the previous month. For example: Newly enrolled children in January 2020 weren't enrolled in CHIP or Medicaid in December 2019.

2. Do you have data for individual age groups?
If not, you'll report the total number for all age groups (0-16 years) instead.

- ○ Yes
- ○ No

January - March 2020 (start of the cohort)

3. How many children were newly enrolled in Medicaid between January and March 2020?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

July - September 2020 (6 months later)

4. How many children were continuously enrolled in Medicaid six months later?
Only include children that didn't have a break in coverage during the six-month period.

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

5. How many children had a break in Medicaid coverage but were re-enrolled in Medicaid six months later?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

6. Of the children who had a break in Medicaid coverage (in the previous question), how many were enrolled in CHIP during the break?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

7. How many children were no longer enrolled in Medicaid six months later?
Possible reasons for no longer being enrolled:
• Transferred to another health insurance program other than Medicaid
• Didn't meet eligibility criteria anymore
• Didn't complete documentation
• Didn't pay a premium or enrollment fee

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

8. Of the children who were no longer enrolled in Medicaid (in the previous question), how many were enrolled in CHIP six months later?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

9. Is there anything else you'd like to add about your data?

No data for Section 6. Unable to uncheck box in first question.

January - March 2021 (12 months later)
Next year you'll report this data. Leave it blank in the meantime.

10. How many children were continuously enrolled in Medicaid 12 months later?
Only include children that didn't have a break in coverage during the 12-month period.

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

11. How many children had a break in Medicaid coverage but were re-enrolled in Medicaid 12 months later?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

12. Of the children who had a break in Medicaid coverage (in the previous question), how many were enrolled in CHIP during the break?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

13. How many children were no longer enrolled in Medicaid 12 months later?
Possible reasons for not being enrolled:
• Transferred to another health insurance program other than Medicaid
• Didn't meet eligibility criteria anymore
• Didn't complete documentation
• Didn't pay a premium or enrollment fee

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

14. Of the children who were no longer enrolled in Medicaid (in the previous question), how many were enrolled in CHIP 12 months later?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

July - September of 2021 (18 months later)
Next year you'll report this data. Leave it blank in the meantime.

15. How many children were continuously enrolled in Medicaid 18 months later? Only include children that didn't have a break in coverage during the 18-month period.

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

16. How many children had a break in Medicaid coverage but were re-enrolled in Medicaid 18 months later?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

17. Of the children who had a break in Medicaid coverage (in the previous question), how many were enrolled in CHIP during the break?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

18. How many children were no longer enrolled in Medicaid 18 months later?
Possible reasons for not being enrolled:
• Transferred to another health insurance program other than Medicaid
• Didn't meet eligibility criteria anymore
• Didn't complete documentation
• Didn't pay a premium or enrollment fee

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

19. Of the children who were no longer enrolled in Medicaid (in the previous question), how many were enrolled in CHIP 18 months later?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

20. Is there anything else you'd like to add about your data?

Cost Sharing (Out-of-Pocket Costs)

States can choose whether or not to require cost sharing in their CHIP program. Cost sharing includes payments such as enrollment fees, premiums, deductibles, coinsurance, and copayments.

1. Does your state require cost sharing?

- (●) Yes
- ( ) No

2. Who tracks cost sharing to ensure families don't pay more than the 5% aggregate household income in a year?

- (●) Families ("the shoebox method")

  2a. What information or tools do you provide families with so they can track cost sharing?

  The state verifies that the MCOs also track cost sharing to ensure families don't pay more than the 5% aggregate household income in a year. The MCOs will then notify healthcare providers that they shouldn't charge families once families have reached the 5% cap. Families are encouraged to contact their MCOs if they have questions about cost sharing or if they are reaching their 5% cap.

- ( ) Health plans
- ( ) States
- ( ) Third party administrator
- ( ) Other

3. How are healthcare providers notified that they shouldn't charge families once families have reached the 5% cap?

MCOs monitor for the 5% cap through their internal systems.

4. Approximately how many families exceeded the 5% cap in the last federal fiscal year?

Zero.

5. Have you assessed the effects of charging premiums and enrollment fees on whether eligible families enroll in CHIP?

- ○ Yes
- ◉ No

6. Have you assessed the effects of charging copayments and other out-of-pocket fees on whether enrolled families use CHIP services?

- ○ Yes
- ◉ No

7. You indicated in Section 1 that you changed your cost sharing requirements in the past federal fiscal year. How are you monitoring the impact of these changes on whether families apply, enroll, disenroll, and use CHIP health services? What have you found when monitoring the impact?

Yes, CHIP is monitoring the number of families taking advantage of premium payment delays and is preparing strategies to return to normal cost sharing requirements after the PHE. The number of families taking advantage of the delay has increased over the duration of the PHE.

8. Is there anything else you'd like to add that wasn't already covered?

N/A

9. Optional: Attach any additional documents here.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png).

Browse...

Employer Sponsored Insurance and Premium Assistance

States with a premium assistance program can use CHIP funds to purchase coverage through employer sponsored insurance (ESI) on behalf of eligible children and parents.

1. Does your state offer ESI including a premium assistance program under the CHIP State Plan or a Section 1115 Title XXI demonstration?

- ○ Yes
- ◉ No

Program Integrity

States with a premium assistance program can use CHIP funds to purchase coverage through employer sponsored insurance (ESI) on behalf of eligible children and parents.

1. Do you have a written plan with safeguards and procedures in place for the prevention of fraud and abuse cases?

- (●) Yes
- ( ) No

2. Do you have a written plan with safeguards and procedures in place for the investigation of fraud and abuse cases?

- (●) Yes
- ( ) No

3. Do you have a written plan with safeguards and procedures in place for the referral of fraud and abuse cases?

- (●) Yes
- ( ) No

4. What safeguards and procedures are in place for the prevention, investigation, and referral of fraud and abuse cases?

The MCOs are required to establish a policy for referral of any potential fraud, waste, or abuse that the MCO identifies to the Department. The Department provides the MCO with immediate notice via electronic transmission or access to Medicheck listings, or upon request ,if a Provider with whom the MCO has entered into a Provider Agreement is subsequently suspended or terminated from participation in CHIP. Upon notification from the Department that a network provider is suspended or terminated from participation in CHIP, the MCO must immediately act to terminate the provider from its network. Terminations for loss of licensure and criminal convictions must coincide with the CHIP effective date of the action.

5. Do the Managed Care plans contracted by your Separate CHIP program have written plans with safeguards and procedures in place?

- (●) Yes

  5a. What safeguards and procedures do the Managed Care plans have in place?

  Reporting incidents of fraud and abuse; maintain fraud and abuse policies and procedures; Provide training to employees; Audit providers for compliance; Use fraud detection software; Dedicated toll-free hotline for suspected fraud and abuse activity; and Produce education materials.

- ( ) No

- ( ) N/A

6. How many eligibility denials have been appealed in a fair hearing in FFY 2020?

472

7. How many cases have been found in favor of the beneficiary in FFY 2020?

<11

8. How many cases related to provider credentialing were investigated in FFY 2020?

7901

9. How many cases related to provider credentialing were referred to appropriate law enforcement officials in FFY 2020?

0

10. How many cases related to provider billing were investigated in FFY 2020?

138

11. How many cases were referred to appropriate law enforcement officials in FFY 2020?

6

12. How many cases related to beneficiary eligibility were investigated in FFY 2020?

<11

13. How many cases related to beneficiary eligibility were referred to appropriate law enforcement officials in FFY 2020?

0

14. Does your data for Questions 8-13 include cases for CHIP only or for Medicaid and CHIP combined?

- (●) CHIP only
- ( ) Medicaid and CHIP combined

15. Do you rely on contractors for the prevention, investigation, and referral of fraud and abuse cases?

- (●) Yes

    15a. How do you provide oversight of the contractors?

    Annual Fraud and Abuse Report submitted to the Department by contractors; Review reports and discuss findings with contractors, as appropriate; Discuss fraud and abuse incidents during quarterly quality management meetings, as necessary; and Review fraud and abuse requirements during annual on-site meetings with the contractors.

- ( ) No

16. Do you contract with Managed Care health plans and/or a third party contractor to provide this oversight?

(●) Yes

16a. What specifically are the contractors responsible for in terms of oversight?

Yes, CHIP contracts with the Managed Care health plans to provide oversight. The Managed Care health plans are responsible for: Reporting incidences of fraud and abuse; Maintaining fraud and abuse policies and procedures; Providing training to employees; Auditing providers for compliance; Using fraud detection software; refer cases; Generating reports; Dedicating toll-free hotline for suspected fraud and abuse activity; and Producing education materials.

( ) No

17. Is there anything else you'd like to add that wasn't already covered?

N/A

18. Optional: Attach any additional documents here.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png).

Browse...

Dental Benefits

Tell us about the children receiving dental benefits in your Separate CHIP program. Include children who are receiving full benefits and those who are only receiving

supplemental dental benefits. Include the unduplicated number of children enrolled in all types of delivery systems (Managed Care, PCCM, and Fee for Service).

Note on age groups
Children should be in age groups based on their age on September 30th, the end of the federal fiscal year (FFY). For example, if a child turns three years old on September 15th, the child should be included in the "ages 3-5" group. Even if the child received dental services on September 1st while they were still two years old, all dental services should be counted as their age at the end of the FFY.

1. Do you have data for individual age groups?
If not, you'll report the total number for all age groups (0-18 years) instead.

- (●) Yes
- ( ) No

2. How many children were enrolled in Separate CHIP for at least 90 continuous days during FFY 2020?

Ages 0-1	Ages 1-2	Ages 3-5	Ages 6-9	Ages 10-14	Ages 15-18
1226	3221	25417	50583	72005	75331

3. How many children (who were enrolled in Separate CHIP for at least 90 continuous days) received at least one dental care service during FFY 2020?

Ages 0-1	Ages 1-2	Ages 3-5	Ages 6-9	Ages 10-14	Ages 15-18

Dental care service codes and definitions
The dental service must be provided by or under the supervision of a dentist as defined by HCPCS codes D0100-D9999 (or equivalent CDT codes D0100-D9999, or equivalent CPT codes) based on an unduplicated paid, unpaid, or denied claim.

All data should be based on the definitions in the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Report (Form CMS-416).

4. How many children (who were enrolled in Separate CHIP for at least 90 continuous days) received at least one preventative dental care service during FFY 2020?

Ages 0-1	Ages 1-2	Ages 3-5	Ages 6-9	Ages 10-14	Ages 15-18

Dental care service codes and definitions
The dental service must be provided by or under the supervision of a dentist as defined by HCPCS codes D0100 - D9999 (or equivalent CDT codes D0100 - D9999, or equivalent CPT codes) based on an unduplicated paid, unpaid, or denied claim.
All data should be based on the definitions in the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Report (Form CMS-416).

5. How many children (who were enrolled in Separate CHIP for at least 90 continuous days) received dental treatment services during FFY 2020?
This includes orthodontics, periodontics, implants, oral and maxillofacial surgery, and other treatments.

Ages 0-1	Ages 1-2	Ages 3-5	Ages 6-9	Ages 10-14	Ages 15-18

Dental treatment service codes and definitions
The dental service must be provided by or under the supervision of a dentist as defined by HCPCS codes D2000-D9999 (or equivalent CDT codes D2000-D9999 or equivalent CPT codes that involve periodontics, maxillofacial prosthetics, implants, oral and maxillofacial surgery, orthodontics, adjunctive general services) based on an unduplicated paid, unpaid, or denied claim.

All data should be based on the definitions in the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Report (Form CMS-416).

6. How many children in the "ages 6-9" group received a sealant on at least one permanent molar tooth during FFY 2020?

Sealant codes and definitions
The sealant on a permanent molar tooth is provided by a dental professional for whom placing a sealant is within their scope of practice. It's defined by HCPCS code D1351 (or equivalent CDT code D1351) based on an unduplicated paid, unpaid, or denied claim. Permanent molars are teeth numbered 2, 3, 14, 15, 18, 19, 30, and 31, and additionally - for states covering sealants on third molars ("wisdom teeth") - teeth numbered 1, 16, 17, and 32.

All data should be based on the definitions in the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Report (Form CMS-416).

7. Do you provide supplemental dental coverage?

- ○ Yes
- ◉ No

8. Is there anything else you'd like to add about your dental benefits? If you weren't able to provide data, let us know why.

Please note that CHIP does not capture data for questions 3 through 6.

9. Optional: Attach any additional documents here.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png).

Browse...

CAHPS Survey Results

Children's Health Insurance Program Reauthorization Act (CHIPRA) requires that all CHIP programs submit survey results from the Consumer Assessment of Healthcare Providers and Systems (CAHPS). The survey assesses your CHIP program quality and customer satisfaction.

1. Did you collect the CAHPS survey?

- (●) Yes
  - 1a. Did you submit your CAHPS raw data to the AHRQ CAHPS database?
    - ( ) Yes
    - (●) No
- ( ) No

Part 2: You collected the CAHPS survey

Since you collected the CAHPS survey, please complete Part 2.

1. Upload a summary report of your CAHPS survey results.
This is optional if you already submitted CAHPS raw data to the AHRQ CAHPS database. Submit results only for the CHIP population, not for both Medicaid (Title XIX) and CHIP (Title XXI) together. Your data should represent children enrolled in all types of delivery systems (Managed Care, PCCM, and Fee for Service).

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png).

Browse...

2. Which CHIP population did you survey?

- ○ Medicaid Expansion CHIP
- ◉ Separate CHIP
- ○ Both Separate CHIP and Medicaid Expansion CHIP
- ○ Other

3. Which version of the CAHPS survey did you use?

- ○ CAHPS 5.0
- ◉ CAHPS 5.0H
- ○ Other

4. Which supplemental item sets did you include in your survey?
Select all that apply.

- [ ] None
- [ ] Children with Chronic Conditions
- [x] Other

4a. Which supplemental item sets did you include?

CHIP included three additional mental health questions. Those questions are: 1. If you were concerned about your child's mental health, which provider would you be most likely to contact? 2. In the last 6 months, how often did your family get the help you wanted for your child's mental health from any provider? 3. If your child received service from a professional mental health provider in the last 6 months, how often was it easy to get the counseling or treatment you thought your child needed?

5. Which administrative protocol did you use to administer the survey?
Select all that apply.

- [x] NCQA HEDIS CAHPS 5.0H
- [ ] HRQ CAHPS
- [ ] Other

6. Is there anything else you'd like to add about your CAHPS survey results?

N/A

Part 3: You didn't collect the CAHPS survey

Health Services Initiative (HSI) Programs

All states with approved HSI program(s) should complete this section.
States can use up to 10% of their fiscal year allotment to develop Health Services Initiatives (HSI) that provide direct services and other public health initiatives for low-income children. [See Section 2105(a)(1)(D)(ii) of the Social Security Act.] States can only develop HSI programs after funding other costs to administer their CHIP State Plan, as defined in regulations at 42 CFR 457.10.

1. Does your state operate Health Service Initiatives using CHIP (Title XXI) funds?
Even if you're not currently operating the HSI program, if it's in your current approved CHIP State Plan, please answer "yes."

- ○ Yes
- ◉ No

Part 1: Tell us about your goals and objectives

Tell us about the progress you've made on your performance goals in the past year. The objectives and goals you add to this section should match those reflected in your CHIP State Plan, Section 9. Submit a CHIP State Plan Amendment (SPA) if any of them are different.
Objective 1 is required. We've provided examples for other objectives, but you can edit them so they match the objectives in your CHIP State Plan. You can add

additional objectives and goals to fit what's in your CHIP State Plan.

1. Briefly describe your goal for this objective.

For example: In an effort to reduce the number of uninsured children, our goal is to enroll 90% of eligible children in the CHIP program.

Increase the combined enrollment in CHIP and Medicaid relative to the base month, May 1998, by 2 percentage points per year.

2. What type of goal is it?

- ○ New goal
- ◉ Continuing goal
- ○ Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

For example: The number of children enrolled in CHIP in the last federal fiscal year.

Children enrolled in CHIP and Medicaid combined in September 2020.

4. Numerator (total number)

637807

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

For example: The total number of eligible children in the last federal fiscal year.

Children enrolled in CHIP and Medicaid form the month that the CHIP state plan was first approved.

6. Denominator (total number)

757391

Computed: 84.21%

7. What is the date range of your data?

Start

mm/yyyy

05 / 1998

End

mm/yyyy

09 / 2020

8. Which data source did you use?

- (●) Eligibility or enrollment data
- ( ) Survey data
- ( ) Another data source

9. How did your progress towards your goal last year compare to your previous year's progress?

The performance objective for for FFY 2020 was 80% and the actual measure is 82%.

10. What are you doing to continually make progress towards your goal?

Efforts have been made by the CHIP program office to improve the accuracy of eligibility determinations and ensure that only eligible applicants are enrolled in the program.

11. Anything else you'd like to tell us about this goal?

N/A

12. Do you have any supporting documentation?
Optional

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png).

Browse...

Do you have another Goal in this list?

Optional

1. What is the next objective listed in your CHIP State Plan?

You can edit the suggested objective so it matches what's in your CHIP State Plan.

Expand the number of members in the population who utilize available usual sources of care or seek out care for an unmet need.

1. Briefly describe your goal for this objective.

For example: In an effort to increase access to care, our goal is to increase the number of children who have visited a primary care physician by 5%.

In an effort to increase the number of members who utilize key sources of care in the population, our goal is to increase 5 percent per year the percentage of PA CHIP two year old members who underwent lead screening prior to their second birthday.

2. What type of goal is it?

- ○ New goal
- ◉ Continuing goal
- ○ Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

For example: The number of children enrolled in CHIP who visited a primary care physician in the last federal fiscal year.

The percentage of children two years of age who had one or more capillary or venous lead blood tests for lead poisoning by their second birthday in the measurement year.

4. Numerator (total number)

1635

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

For example: The total number of children enrolled in CHIP in the last federal fiscal year.

The total number of children two years of age enrolled in CHIP in the measurement year.

6. Denominator (total number)

2343

Computed: 69.78%

7. What is the date range of your data?

Start

mm/yyyy

01 / 2019

End

mm/yyyy

12 / 2019

8. Which data source did you use?

- ○ Eligibility or enrollment data
- ○ Survey data
- ◉ Another data source

9. How did your progress towards your goal last year compare to your previous year's progress?

An improvement of over 3 percentage points was realized in 2020.

10. What are you doing to continually make progress towards your goal?

After analyzing the available data, it became evident that PA CHIP members were often not receiving the required lead screening because PCPs could not identify potentially high risk PA CHIP members within their patient population. The CHIP health insurance companies are providing additional education explaining the need for this group of children to receive lead screening. CHIP health insurance companies are engaging in a number of interventions to try to increase the number of members being screened, including providing rosters of members that should be screened to their PCPs, offering pay-for-performance incentives, and expanding reimbursement to include point of care lead screening testing. Included in these interventions is the Lead Screening Performance Improvement Project, which plans began in MY 2017 and will continue through 2021. In 2020 the performance objectives were reviewed and extended to include an objective through 2023.

11. Anything else you'd like to tell us about this goal?

N/A

12. Do you have any supporting documentation?
Optional

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png).

Browse...

1. Briefly describe your goal for this objective.

For example: In an effort to increase access to care, our goal is to increase the number of children who have visited a primary care physician by 5%.

In an effort to increase the number of members who utilize key sources of care in the population, our goal is to decrease by 0.56 percent per year the percentage of PA CHIP children and adolescents, two years of age through 19 years of age, with an asthma diagnosis who have ≥1 emergency department visit during the measurement.

2. What type of goal is it?

- ○ New goal
- ◉ Continuing goal
- ○ Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

For example: The number of children enrolled in CHIP who visited a primary care physician in the last federal fiscal year.

The percentage of children and adolescents, two years of age through 19 years of age, with an asthma diagnosis who have ≥1 emergency department (ED) visit during the measurement year.

4. Numerator (total number)

1112

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

For example: The total number of children enrolled in CHIP in the last federal fiscal year.

The total number of children and adolescents, two years of age through 19 years of age, with an asthma diagnosis.

6. Denominator (total number)

14027

Computed: 7.93%

7. What is the date range of your data?

Start

mm/yyyy

01 / 2019

End

mm/yyyy

12 / 2019

8. Which data source did you use?

- (●) Eligibility or enrollment data
- ( ) Survey data
- ( ) Another data source

9. How did your progress towards your goal last year compare to your previous year's progress?

A decrease in rate of approximately 2 percentage points was realized in 2020.

10. What are you doing to continually make progress towards your goal?

CHIP health insurance contractors have been encouraged to provide disease management programs that are not only tailored for the individual member, but incorporate family education and support needs as well. The use of peak flow meters for high risk patients that relay information to case managers who can then assist with care coordination early enough to prevent an emergency department visit or inpatient admission has been recommended to the CHIP health insurers, but has historically been too costly for the State to fund.

11. Anything else you'd like to tell us about this goal?

N/A

12. Do you have any supporting documentation?
Optional

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png).

Browse...

Do you have another Goal in this list?

Optional

1. What is the next objective listed in your CHIP State Plan?

You can edit the suggested objective to match what's in your CHIP State Plan.

Expand the number of members in the population who utilize preventative care services such as immunizations or well child care visits.

1. Briefly describe your goal for this objective.

For example: In an effort to increase the use of preventative care, our goal is to increase the number of children who receive one or more well child visits by 5%.

In an effort to increase the number of members who utilize preventative care in the population, our goal is to increase by 1.5 percent per year the frequency of adolescent well-care visits in the PA CHIP population.

2. What type of goal is it?

- ○ New goal
- ○ Continuing goal
- ◉ Discontinued goal

2a. Why was this goal discontinued?

The Adolescent Well-Care Visits (AWC) measure will be retired going into HEDIS MY 2020 and will be reworked into a new well-care measure called Child and Adolescent Well-Care Visits (WCV), in which the former AWC measure is combined with the former Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34) measure. This measure will likely replace the AWC measure and will need to be examined for comparability of the adolescent indicator to determine if a new goal will be set.

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

For example: The number of children who received one or more well child visits in the last federal fiscal year.

The percentage of enrolled members 12 to 21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

4. Numerator (total number)

2674

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

For example: The total number of children enrolled in CHIP in the last federal fiscal year.

The percentage of enrolled members 12 to 21 years of age enrolled in CHIP during the measurement year.

6. Denominator (total number)

3786

Computed: 70.63%

7. What is the date range of your data?

Start

mm/yyyy

01 / 2019

End

mm/yyyy

12 / 2019

8. Which data source did you use?

- ○ Eligibility or enrollment data
- ○ Survey data
- ◉ Another data source

9. How did your progress towards your goal last year compare to your previous year's progress?

Although an increase of 1.5 percentage points was not reached this year, this measure still showed an increase of about 0.5 percentage points, pointing to modest improvement.

10. What are you doing to continually make progress towards your goal?

In 2017, performance improvement projects that center on developmental screening addressed the area of frequency of well-child care visits, as these visits include screening for developmental disorders. As plans focus on increasing these visits via their performance improvement projects, it is expected that well-child care visits will also improve systematically. Plans will be approaching this in a variety of ways, including education at the patient and provider level, and training of standardized tools that providers will use during these visits. These PIPs began in 2017 and will be running through 2021.

11. Anything else you'd like to tell us about this goal?

N/A

12. Do you have any supporting documentation?
Optional

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png).

Browse...

1. Briefly describe your goal for this objective.

For example: In an effort to increase the use of preventative care, our goal is to increase the number of children who receive one or more well child visits by 5%.

In an effort to increase the number of members who utilize preventative care in the population, our goal is to increase by 0.7 percentage points per year the frequency of members in the PA CHIP population receiving all vaccinations in the HEDIS CIS Combination 2.

2. What type of goal is it?

- ○ New goal
- ◉ Continuing goal
- ○ Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

For example: The number of children who received one or more well child visits in the last federal fiscal year.

The percentage of children two years of age who had all of the following vaccinations in the measurement year: DTaP, IPV, MMR, HiB, HepB, and VZV.

4. Numerator (total number)

1932

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

For example: The total number of children enrolled in CHIP in the last federal fiscal year.

The percentage of children two years old in the PA CHIP population during the measurement year.

6. Denominator (total number)

2306

Computed: 83.78%

7. What is the date range of your data?

Start

mm/yyyy

01 / 2019

End

mm/yyyy

12 / 2019

8. Which data source did you use?

- ○ Eligibility or enrollment data
- ○ Survey data
- ◉ Another data source

9. How did your progress towards your goal last year compare to your previous year's progress?

An increase of over 1.5 percentage points was realized in 2020. This is over double the goal set in 2019 of a 0.7 percentage point increase.

10. What are you doing to continually make progress towards your goal?

The availability of vaccines, the increase in the number of vaccines recommended, the complexity of the immunization schedule, parents' uncertainty surrounding the potential for vaccines to cause autism, and the HEDIS methodology for collecting the data continue to be barriers for improving this measure. Health insurers are also encouraged to partake in aggressive outreach programs that include social networking and parent education to target this population. Additional efforts have been made to educate PCPs that PA CHIP members are not eligible for VFC and that they should be provided with all recommended vaccinations on schedule.

11. Anything else you'd like to tell us about this goal?

N/A

12. Do you have any supporting documentation?
Optional

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png).

Browse...

1. Briefly describe your goal for this objective.

For example: In an effort to increase the use of preventative care, our goal is to increase the number of children who receive one or more well child visits by 5%.

In an effort to increase the number of members who utilize preventative care in the population, our goal is to increase by 4.5 percentage points per year the number of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool.

2. What type of goal is it?

- ○ New goal
- ◉ Continuing goal
- ○ Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

For example: The number of children who received one or more well child visits in the last federal fiscal year.

The percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding or on their first, second, or third birthday.

4. Numerator (total number)

4998

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

For example: The total number of children enrolled in CHIP in the last federal fiscal year.

The percentage of children who turned one, two, or three in the PA CHIP population during the measurement year.

6. Denominator (total number)

7739

Computed: 64.58%

7. What is the date range of your data?

Start

mm/yyyy

01 / 2019

End

mm/yyyy

12 / 2019

8. Which data source did you use?

- ○ Eligibility or enrollment data
- ○ Survey data
- ○ Another data source

9. How did your progress towards your goal last year compare to your previous year's progress?

A significant increase of over 8.5 percentage points was realized in 2020. This is nearly double the goal set in 2019 of a 4.5 percentage point increase.

10. What are you doing to continually make progress towards your goal?

In 2017, performance improvement projects that center on developmental screening began across all CHIP plans. These visits include screening for developmental disorders. As plans focus on increasing these visits via their performance improvement projects, it is expected that screenings will increase in their populations, and will be reflected in this rate. Plans are approaching their projects in a variety of ways, including education at the patient and provider level, direct outreach to members that are due for visits, and training of standardized tools that providers will use during these visits. These PIPs began with MY 2017 and will be running through 2021, during which time the rates for this measure will be tracked both within the project and annually during performance measure validation.

11. Anything else you'd like to tell us about this goal?

N/A

12. Do you have any supporting documentation?
Optional

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png).

Browse...

Do you have another Goal in this list?

Optional

1. What is the next objective listed in your CHIP State Plan?

1. Briefly describe your goal for this objective.

2. What type of goal is it?

- ○ New goal
- ○ Continuing goal
- ○ Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

4. Numerator (total number)

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

6. Denominator (total number)

Computed:

7. What is the date range of your data?

Start

mm/yyyy

/

End

mm/yyyy

/

8. Which data source did you use?

- ○ Eligibility or enrollment data
- ○ Survey data
- ○ Another data source

9. How did your progress towards your goal last year compare to your previous year's progress?

10. What are you doing to continually make progress towards your goal?

11. Anything else you'd like to tell us about this goal?

12. Do you have any supporting documentation?
Optional

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png).

Browse...

Do you have another Goal in this list?

Optional

1. What is the next objective listed in your CHIP State Plan?

1. Briefly describe your goal for this objective.

2. What type of goal is it?

- ○ New goal
- ○ Continuing goal
- ○ Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

4. Numerator (total number)

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

6. Denominator (total number)

Computed:

7. What is the date range of your data?

Start

mm/yyyy

/

End

mm/yyyy

/

8. Which data source did you use?

- ○ Eligibility or enrollment data
- ○ Survey data
- ○ Another data source

9. How did your progress towards your goal last year compare to your previous year's progress?

10. What are you doing to continually make progress towards your goal?

11. Anything else you'd like to tell us about this goal?

12. Do you have any supporting documentation?
Optional

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png).

Browse...

Do you have another Goal in this list?

Optional

1. What is the next objective listed in your CHIP State Plan?

1. Briefly describe your goal for this objective.

2. What type of goal is it?

- ○ New goal
- ○ Continuing goal
- ○ Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

4. Numerator (total number)

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

For example: The total number of eligible children in the last federal fiscal year.

6. Denominator (total number)

Computed:

7. What is the date range of your data?

Start

mm/yyyy

/

End

mm/yyyy

/

8. Which data source did you use?

- ○ Eligibility or enrollment data
- ○ Survey data
- ○ Another data source

9. How did your progress towards your goal last year compare to your previous year's progress?

10. What are you doing to continually make progress towards your goal?

11. Anything else you'd like to tell us about this goal?

12. Do you have any supporting documentation?
Optional

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png).

Browse...

Do you have another Goal in this list?

Optional

Do you have another objective in your State Plan?

Optional

Part 2: Additional questions

1. Do you have other strategies for measuring and reporting on your performance goals? What are these strategies, and what information have you found through this research?

Healthcare Effectiveness Data and Information Set (HEDIS®) and Consumer Assessment of Healthcare Providers and Systems (CAHPS®) have been used as primary measurement tools to date. In addition, PA CHIP health plans are contractually required to submit quarterly and annual reports that provide aggregated data on utilization of services. The PA CHIP 2020 technical reports utilize HEDIS 2020 data (based on 2019 and 2018 service dates, as appropriate to the measure) and compare the PA CHIP health plan rates to the weighted average of all PA CHIP plans and to the average of National Medicaid plans that submitted data to NCQA. Additionally, these reports compare each plan's rate to the prior year's rate for trending purposes. For HEDIS 2020, the PA CHIP weighted average was higher than the PA Medicaid managed care average across a majority of measures assessing Effectiveness of Care (EOC) and Access and Availability (AA) with the exception of Lead Screening in Children, Chlamydia Screening in Women, Medication Management for People with Asthma and select Immunizations for Adolescents and Childhood Immunization Status rates. For HEDIS 2020 Access/ Availability of Care measures, both Children and Adolescents' Access to Primary Care Practitioner (CAP) and Annual Dental Visits (ADV) performed higher than Medicaid, with the exception of the 2-3 year age cohort for ADV. Looking at Use of Services (UOS) measures, Well-Child Visits in the First 15 Months of Life (5 and ≥ 6 visits), PA CHIP members had higher rates than did PA Medicaid managed care health plan members of comparable age. Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life and Adolescent Well-Care Visits both performed better (i.e., observed higher rates) than PA Medicaid.

2. Do you plan to add new strategies for measuring and reporting on your goals and objectives? What do you plan to do, and when will this data become available?

PA CHIP has multiple strategies for measurement and reporting on access to, quality, or outcomes of care received by the CHIP population. Each year, PA CHIP sets objectives and performance goals. Those objectives and goals are outlined in each Annual Report. These objectives and the status of each goal follow. Objective: To expand the CHIP performance measurement set. • For HEDIS 2020, PA CHIP continued requiring the reporting of the current HEDIS measures. In addition, PA CHIP required the reporting of the Follow-Up After High-Intensity Care for Substance Use Disorder (FUI) and Pharmacotherapy for Opioid Use Disorder (POD) measures. •In 2020, PA CHIP continued requiring the reporting of the "Dental Sealants for 6 to 9 Year Old Children at Elevated Caries Risk", the "Annual Number of Asthma Patients with Related ER Visits", and the "Developmental Screening in the First 3 Years", "Contraceptive Care for All Women Ages 15-20", and "Contraceptive Care for Postpartum Women Ages 15-20" measures. Objective: To ensure consistency in CHIP performance measurement. • In 2020, PA CHIP required the PA-specific performance measures be subject to validation by an independent organization. This requirement will continue in 2021 for all performance measures. Objective: To initiate public reporting of CHIP performance measures • PA CHIP will prepare and disseminate a similar report card using 2020 CAHPS survey results, 2020 HEDIS measures, and 2020 PA-specific Performance Measures. The report card will be available in the fourth quarter of 2020. Objective: To implement a CHIP pay-for-performance program • From 2009 - 2019, and again in 2020, PA CHIP continued suspension of a pay-for-performance program due to Commonwealth budgeting limitations.

3. Have you conducted any focused studies on your CHIP population? (For example: studies on adolescents, attention deficit disorder, substance use, special healthcare needs, or other emerging healthcare needs.) What have you discovered through this research?

In calendar year 2017, the PA CHIP program implemented CHIP-specific Performance Improvement Projects (PIPs). Pennsylvania selected PIP foci that are key to advancing CHIP population health outcomes. The PIP topics are Lead Screening and Developmental Screening. A PIP cycle was implemented beginning in March 2018, with proposals submitted, and baseline figures for both projects submitted in May 2018. CHIP health insurance MCOs submitted project proposals consisting of a rationale for topic selection, quality indicators, baseline analysis, barrier analyses and proposed interventions. These proposals and baseline analyses were reviewed in 2018 for clinical relevance by the contracted EQRO, IPRO. PA CHIP met with the MCOs individually to discuss these projects. The Developmental Screening PIP includes a focus on the CMS measure Developmental Screening Rate in Children Ages 1, 2, and 3 Years. This topic was selected because available data indicate fewer than half of Pennsylvania children from birth to age 3 enrolled in the commonwealth's CHIP and Medicaid in 2014 were receiving recommended screens. This makes it difficult to connect children that may have delayed development with appropriate interventions, and further highlights the need for increased screenings and surveillance. Select Pennsylvania CHIP MCOs have seen a modest increase in their Developmental Screening in the First Three Years of Life measure, while others have seen a slight increase between 2013 and 2016. Lead Screening in Children was again selected as a topic because, despite an overall improvement in lead screening rates for Pennsylvania CHIP MCOs over the past few years, rates by MCO and weighted average fall below the national average. Additionally, the rate increases have been less consistent among PA CHIP MCOs than for PA Medicaid HealthChoices MCOs. For both PIPs, baseline measurement will be calendar year 2017, with interim reporting to be submitted by MCOs in 2018, 2019, and 2020. A final culminating report will be submitted by each MCO in 2021. In July 2020, plans submitted their second round of Interim reports for both PIPs, including updated data for selected measures and performance indicators to indicate progress regarding individual selected interventions identified at the start of the project. These Interim reports were reviewed by IPRO, and review findings were sent to each plan in the fourth quarter of 2020 with requests that plans address any outstanding questions and resubmit

within the same month of dissemination. IPRO will receive and review these revised Interim reports and results will be sent to PA CHIP and all plans.

4. Optional: Attach any additional documents here.
For example: studies, analyses, or any other documents that address your performance goals.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png).

Browse...

Tell us how much you spent on your CHIP program in FFY 2020, and how much you anticipate spending in FFY 2021 and 2022.

Part 1: Benefit Costs

Please type your answers in only. Do not copy and paste your answers.

Combine your costs for both Medicaid Expansion CHIP and Separate CHIP programs into one budget.

1. How much did you spend on Managed Care in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

2020	2021	2022
$ 444,953,814	**$** 402,045,463	**$** 393,970,157

2. How much did you spend on Fee for Service in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

2020	2021	2022
$ 0	**$** 0	**$** 0

3. How much did you spend on anything else related to benefit costs in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

2020	2021	2022
$ 0	**$** 0	**$** 0

4. How much did you receive in cost sharing from beneficiaries to offset your costs in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

2020	2021	2022
$ 0	**$** 0	**$** 0

Table 1: Benefits Costs
This table is auto-populated with the data you entered above.

	FFY 2020	FFY 2021	FFY 2022
Managed Care	444953814	402045463	393970157
Fee for Service	0	0	0
Other benefit costs	0	0	0
Cost sharing payments from beneficiaries	0	0	0
Total benefit costs	444953814	402045463	393970157

Part 2: Administrative Costs

Please type your answers in only. Do not copy and paste your answers.

1. How much did you spend on personnel in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?
This includes wages, salaries, and other employee costs.

2020	2021	2022
$ 2,729,479	**$** 2,774,827	**$** 2,821,536

2. How much did you spend on general administration in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

2020	2021	2022
$ 12,173	**$** 0	**$** 12,173

3. How much did you spend on contractors and brokers, such as enrollment contractors in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

2020	2021	2022
$ 1,268,326	**$** 1,274,668	**$** 1,281,041

4. How much did you spend on claims processing in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

2020	2021	2022
$ 0	**$** 0	**$** 0

5. How much did you spend on outreach and marketing in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

2020	2021	2022
$ 5,870	**$** 993,453	**$** 993,453

6. How much did you spend on your Health Services Initiatives (HSI) if you had any in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

2020	2021	2022
$ 0	**$** 0	**$** 0

7. How much did you spend on anything else related to administrative costs in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

2020	2021	2022
$ 0	**$** 0	**$** 0

Table 2: Administrative Costs
This table is auto-populated with the data you entered above.
Your total administrative costs cannot be more than 10% of your total CHIP program costs (the sum of your benefit and administrative costs). The 10% administrative cap is calculated by dividing the total benefit costs by 9.

	FFY 2020	FFY 2021	FFY 2022
Personnel	2729479	2774827	2821536
General administration	12173	0	12173
Contractors and brokers	1268326	1274668	1281041
Claims processing	0	0	0
Outreach and marketing	5870	993453	993453
Health Services Initiatives (HSI)	0	0	0
Other administrative costs	0	0	0
Total administrative costs	4015848	5042948	5108203
10% administrative cap	49439312.67	44671718.11	43774461.89

Table 3: Federal and State Shares

CHIP is funded by federal and state budgets. The federal share of funding is calculated by multiplying your state's Federal Medical Assistance Percentage (eFMAP) by your total program costs (the sum of your benefit and administrative costs). The remaining amount of your total program costs is covered by your state share of funding.

This table is auto-calculated using the data you entered above. The federal and state shares for FFY 2022 will be calculated once the eFMAP rate for 2022 becomes available. In the meantime, these values will be blank.

	FFY 2020	**FFY 2021**	**FFY 2022**
Total program costs	448969662	407088411	399078360
eFMAP	78.08	66.54	66.88
Federal share	350555512.09	270876628.68	266903607.17
State share	98414149.91	136211782.32	132174752.83

8. What were your state funding sources in FFY 2020?
Select all that apply.

- [x] State appropriations
- [ ] County/local funds
- [ ] Employer contributions
- [ ] Foundation grants
- [ ] Private donations
- [ ] Tobacco settlement
- [ ] Other

9. Did you experience a shortfall in federal CHIP funds this year?

- ( ) Yes
- (•) No

Part 3: Managed Care Costs

Complete this section only if you have a Managed Care delivery system.

1. How many children were eligible for Managed Care in FFY 2020? How many do you anticipate will be eligible in FFY 2021 and 2022?

2020	2021	2022
187117	165758	159243

2. What was your per member per month (PMPM) cost based on the number of children eligible for Managed Care in FFY 2020? What is your projected PMPM cost for FFY 2021 and 2022?
Round to the nearest whole number.

2020	2021	2022
$ 200	**$** 205	**$** 209

	FFY 2020	**FFY 2021**	**FFY 2022**
PMPM cost	200.00	205	209

Part 4: Fee for Service Costs

Complete this section only if you have a Fee for Service delivery system.

1. How many children were eligible for Fee for Service in FFY 2020? How many do you anticipate will be eligible in FFY 2021 and 2022?

2020	2021	2022
0	0	0

2. What was your per member per month (PMPM) cost based on the number of children eligible for Fee For Service in FFY 2020? What is your projected PMPM cost for FFY 2021 and 2022?
The per member per month cost will be the average cost per month to provide services to these enrollees. Round to the nearest whole number.

2020	2021	2022
$ 0	**$** 0	**$** 0

	FFY 2020	**FFY 2021**	**FFY 2022**
PMPM cost	0	0	0

1. Is there anything else you'd like to add about your program finances that wasn't already covered?

N/A

2. Optional: Attach any additional documents here.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png).

Browse...

1. How has your state's political and fiscal environment affected your ability to provide healthcare to low-income children and families?

The COVID 19 Public Health Emergency (PHE) has challenged both our state budget and resources. CHIP has been able to continue providing low-cost, high quality healthcare coverage to Pennsylvania's children during the public health emergency. CHIP did not have to reduce any benefits nor implement a wait list during the FY2020 which was a concern. CHIP did implement several flexibilities through its CHIP disaster SPA to allow families more time to submit renewal information, self-attest to application and renewal information and to delay premium payments. CHIP's political climate continues to be supportive of the CHIP program and there is clear commitment to its ongoing success.

2. What's the greatest challenge your CHIP program has faced in FFY 2020?

COVID-19 Public Health Emergency.

3. What are some of the greatest accomplishments your CHIP program has experienced in FFY 2020?

When the PHE started in March 2020, CHIP was operating in an office setting with no telework operations. Within two weeks of the PHE, CHIP moved its call center and application processing to a telework environment allowing calls from the public to be answered and applications to be processed timely. Within three weeks, the entire CHIP office converted to 100% telework operations. CHIP has seen an improvement in productivity during the PHE and staff report enjoying the opportunity to work from home. CHIP MCOs are able to continue operations and serving enrollees throughout the PHE with no or limited disruption. Any issues that occurred were identified and resolved within the first month of the PHE. CHIP also converted its Advisory Council meetings to on-line participation, and received several compliments on the new format. CHIP continues to work in a 100% telework environment with great success.

4. What changes have you made to your CHIP program in FFY 2020 or plan to make in FFY 2021? Why have you decided to make these changes?

CHIP implemented several flexibilities under its Disaster SPA to assist families during the PHE. At the end of the PHE, CHIP intends to roll back these flexibilities and return to normal operations within 6 months. CHIP has no definitive changes anticipated for FFY 2021 given the budget impact of the PHE.

5. Is there anything else you'd like to add about your state's challenges and accomplishments?

N/A

6. Optional: Attach any additional documents here.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
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Browse...