Pennsylvania CARTS FY2021 Report

Welcome!

We already have some information about your state from our records. If any information is incorrect, please contact the mdct_help@cms.hhs.gov.

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 CHIP

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:

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7. Full mailing address:

Include city, state, and zip code.

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177-585-2462

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.

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.

MA expansion has no fees or premiums. Child is first enrolled in FFS from date of application to next available day to enroll in MCOs. Then child enrolled in MCO.

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
$ 37	$ 69

FPL starts at	FPL ends at
263	288

Premium starts at	Premium ends at
$ 52	$ 96

FPL starts at	FPL ends at
289	314

Premium starts at	Premium ends at
$ 59	$ 110

FPL starts at	FPL ends at
315	

Premium starts at	Premium ends at
$ 145	$ 341

- ○ 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 the COVID-19 Public Health Emergency (PHE) and the requirement to maintain the eligibility of Medicaid beneficiaries, a child's Medicaid eligibility is maintained and the child is not referred to CHIP if family income is over the limit for the Medicaid Expansion CHIP program. Also, COVID-19 related services (testing, treatment, vaccines, etc.) are available to Medicaid and CHIP recipients. Additionally, per 42 CFR 433.400(b) and guidance from CMS related to fraud and abuse, a beneficiary is not validly enrolled if the agency determines the eligibility was erroneously granted at the most recent determination, redetermination, or renewal of eligibility (if such last redetermination or renewal was completed prior to March 18, 2020) because of agency error or fraud (as evidenced by a fraud conviction). Referrals of fraud and abuse are only completed if there is a fraud conviction.

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

- ◉ Yes
- ○ No

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

CHIP implemented a COVID-19 Disaster State Plan Amendment on March 1, 2020. In this approved SPA, the state implemented following flexibilities with an effective date of March 1, 2020 and these flexibilities continue through the end of the federal disaster declaration. • 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.

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 2020	Number of children enrolled in FFY 2021	Percent change
Medicaid Expansion CHIP	104,978	52,745	-49.756%
Separate CHIP	96,280	79,269	-17.668%

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

Unclear as to why data is unavailable. CHIP and the Department budget office provides quarterly reports with enrollment information to SEDS.

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. Due to the impacts of the COVID-19 PHE on collection of ACS data, the 2020 children's uninsurance rates are currently unavailable. Please skip to Question 3.

Year	Number of uninsured children	Margin of error	Percent of uninsured children (of total children in your state)	Margin of error
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%
2020	Not Available	Not Available	Not Available	Not Available

Percent change between 2019 and 2020
Not Available

1. What are some reasons why the number and/or percent of uninsured children has changed?

Due to COVID, individuals may have lost their jobs and the health insurance hat went with their jobs. Due to the cost, families may not be looking to purchase insurance.

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 outreach efforts are successful. We measure success by the number of people reached. For example, in September 2021, Red House Communications, our vendor, provided the Preliminary Digital Final Report providing results of the current campaign covering the February through July 2021 timeframe. Social media advertising through Google searches and videos, Facebook, Twitter, and Instagram, etc. continued to reach more people including low-income and uninsured households. Social media advertising outperformed streaming and broadcast outlets. Google Video Network, a paid search and responsive display network generated a combined total of 56,276,175 impressions, and 330,151 clicks, with a 15.77% click through rate. Facebook, Instagram, Snapchat and Twitter have total combined impressions of 12,151.232. The combined clicks totaled 361,090 with a total click through rate of 15.85% . CHIP also added social media influencers in May 2021. The initial results are already proving the influencers to be an important asset. In the tracked time period, the influencers recorded 847,000 impressions, 66,000 engagements and 490 clicked through to the CHIP landing page. Essentially, the influencer's post and content generated 2% average engagement rate immediately.

( ) No

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

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

CHIP's increased use of social media proves to be successful based on the metrics provided in question 2. CHIP's addition of social media influencers is helping to better reach CHIP's targeted audience for low-income and uninsured children. Although there has been significant progress in the battle against COVID-19, there remain reduced opportunities for face to face contact or public events leaving social media as an important method to reach families of all types.

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

In August 2021, CHIP partnered with Bravo Marketing Group (Bravo) to embark on a new marketing campaign. The objectives include strengthening the CHIP brand and reaching Pennsylvania's uninsured children while incorporating a concentration for the more diverse regions of the state. Bravo has completed the market research phase to gain a better understanding of CHIP's marketplace. Using the collected data, Bravo created five preliminary concepts targeted at better defining CHIP's availability and purpose for consumers. CHIP and Bravo meet monthly to track the progress to meet roll out dates by early 2022.

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?

1%

( ) 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?

1 %

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?

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?

2

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?

During COVID PHE, family's can renew at the end of PHE.

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

Continuous eligiblity

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

CHIP maintains monthly reports of successful monthly renewals and numbers of enrollment by program tier

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

NA

Part 2: CHIP Eligibility Denials (Not Redetermination)

1. How many applicants were denied CHIP coverage in FFY 2021?
Don't include applicants being considered for redetermination - this data will be collected in Part 3.

12286

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.

19

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.

12145

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?

122

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	0.15%
Denied for eligibility reasons	98.85%
Denials for other reasons	0.99%

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 2021?

237983

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

237983

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

222137

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.

15846

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

1723

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.

13868

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

255

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	93.34%
Children disenrolled after redetermination	6.66%

Table: Disenrollment in CHIP after Redetermination

	Percent
Children disenrolled after redetermination	100%
Children disenrolled for procedural reasons	10.87%
Children disenrolled for eligibility reasons	87.52%
Children disenrolled for other reasons	1.61%

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 2021?

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 last year you reported on the number of children at the start of the cohort (Jan - Mar 2020) and six months later (July - Sept 2020). This year you'll report on 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): included in 2020 report.
You completed this section in your 2020 CARTS Report. Please refer to that report to assist in filling out this section if needed.

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
302	4512	10811	6080

July - September 2020 (6 months later): included in 2020 report.

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
248	3304	7251	4108

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	16	33	20

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
51	1192	3527	1952

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 or 8.

January - March 2021 (12 months later): to be completed this year.
This year, please report data about your cohort for this section

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
208	2518	5630	3162

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
<11	37	56	39

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
89	1957	5125	2879

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): to be completed this year
This year, please report data about your cohort for this section.

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
186	2139	4790	2742

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
11	77	125	71

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
105	2296	5896	3267

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?

CHIP does not track data related to questions 12, 14 17 or 19.

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 last year you reported the number of children identified at the start of the cohort (Jan-Mar 2020) and six months later (July-Sept 2020). This 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 2021. 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 2021 must be born after January 2004. Similarly, children who are newly enrolled in February 2021 must be born after February 2004, and children newly enrolled in March 2021 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): included in 2020 report
You completed this section in your 2020 CARTS Report. Please refer to that report to assist in filling out this section if needed.

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): included in 2020 report
You completed this section in your 2020 CARTS report. Please refer to that report to assist in filling out this section if needed.

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): to be completed this year
This year, please report data about your cohort for this section.

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): to be completed next year
This year, please report data about your cohort for this section.

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")
- ◉ 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?

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?

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

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 to the Department of any potential fraud, waste or abuse that the MCO identifies. 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 2021?

0

7. How many cases have been found in favor of the beneficiary in FFY 2021?

0

8. How many cases related to provider credentialing were investigated in FFY 2021?

1

9. How many cases related to provider credentialing were referred to appropriate law enforcement officials in FFY 2021?

0

10. How many cases related to provider billing were investigated in FFY 2021?

199

11. How many cases were referred to appropriate law enforcement officials in FFY 2021?

14

12. How many cases related to beneficiary eligibility were investigated in FFY 2021?

0

13. How many cases related to beneficiary eligibility were referred to appropriate law enforcement officials in FFY 2021?

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 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?

CHIP contracts with the Managed Care health plans require the 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; Referring cases; Generating reports; Dedicating a 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?

NA

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 2021?

Ages 0-1	Ages 1-2	Ages 3-5	Ages 6-9	Ages 10-14	Ages 15-18
1214	3205	25326	50429	71769	75125

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 2021?

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

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 2021?

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

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 2021?
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
0	0	0	0	0	0

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 2021?

0

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.

As with last year, Section 3G: Dental Benefits, Information on Dental Care Children (preventive and treatment services) for Separate CHIP Programs is not included. These data are no longer collected by IPRO through PA PMs and are not available from IPRO for this table. Per CMS guidance, these data are submitted in the CMS-416. States are not asked to provide data for this measure.

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. For the 2021 CARTS report, we highly encourage states to report all raw CAHPS data to the Agency for Healthcare Research and Quality (AHRQ) CAHPS Database instead of reporting a summary of the data via CARTS. For 2022, the only option for reporting CAHPS results will be through the submission of raw data to ARHQ.

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...

MY 2020 PA CHIP CAHPS Data.xls

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

    3a. Which CAHPS survey did you use?

    CAHPS 5.1H

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?

Three child mental health questions were included: i. If you were concerned about your child's mental health, which provider would you be most likely to contact? 1. My child's primary care provider 2. A mental health provider 3. A school counselor ii. In the last 6 months, how often did your family get the help you wanted for your child's mental health from any provider? 1. Never 2. Sometimes 3. Usually 4. Always 5. My child did not require any help for mental health related conditions iii. 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? 1. Never 2. Sometimes 3. Usually 4. Always b. My child did not require any help for mental health related conditions

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

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

5a. Which administrative protocol did you use?

NCQA HEDIS CAHPS 5.1H

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.

Total of number CHIP enrolled in last fiscal year

4. Numerator (total number)

581436

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 the month the state CHIP plan first approved.

6. Denominator (total number)

757391

Computed: 76.77%

7. What is the date range of your data?

Start

mm/yyyy

01 / 2021

End

mm/yyyy

12 / 2021

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?

Goal was not met because children were retained in Medical Assistance A program given the Public Health Emergency.

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

Once Public Health Emergency ends, CHIP anticipates anticipates significant increase in enrollees leaving Medical Assistance and moving back to CHIP.

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

NA

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)

1425

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)

2523

Computed: 56.48%

7. What is the date range of your data?

Start

mm/yyyy

01 / 2020

End

mm/yyyy

12 / 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?

While the goal was note reached in 2021, there was an improvement of 1.95 percentage points compared to 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 engaged 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 (PIP), which plans began in MY 2017 and continued through 2021. PA CHIP is planning to begin a new Lead Screening PIP in 2022. In 2021 the performance objectives were reviewed and extended to include an objective through 2024.

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...

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.

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)

481

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)

6792

Computed: 7.08%

7. What is the date range of your data?

Start

mm/yyyy

01 / 2020

End

mm/yyyy

12 / 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?

Yes, a decrease in rate of approximately 0.7 percentage points was reached in 2021.

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 hopefully 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?

Annual Percentage of Asthma Patients with One or More Asthma-Related Emergency Room Visits (ASM-ED): Method A A A A A A A A A A PA CHIP Weighted Average ABH GEI IBC CBC PPO HMO HPP NEPA UHC UPMC Elig Pop 831 505 989 558 452 255 473 190 1,260 1,279 Den 831 505 989 558 452 255 473 190 1,260 1,279 Num 90 17 85 16 16 20 49 15 93 80 Rate (%) 10.83% 3.37% 8.59% 2.87% 3.54% 7.84% 10.36% 7.89% 7.38% 6.25% 7.08%

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 child and adolescent well-care visits in the PA CHIP population.

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.

Members 3-19 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)

83335

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.

Total population of CHIP

6. Denominator (total number)

131319

Computed: 63.46%

7. What is the date range of your data?

Start

mm/yyyy

01 / 2020

End

mm/yyyy

12 / 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?

This is a first year goal and progress will be measured in 2022.

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 ran through 2021. In addition, continued MCO monitoring related to these areas will be conducted by CHIP.

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

Child and Adolescent Well-Care Visits (WCV) Method H H H H H H H H H H PA CHIP Weighted Average ABH GEI IBC CBC PPO HMO HPP NEPA UHC UPMC Elig Pop 14,229 10,210 15,928 11,546 5,597 7,733 8,166 4,030 25,110 28,770 Den 14,229 10,210 15,928 11,546 5,597 7,733 8,166 4,030 25,110 28,770 Num 8,549 6,379 10,332 7,264 3,561 5,069 4,871 2,515 15,754 19,063

12. Do you have any supporting documentation?
Optional

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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)

1127

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)

2523

Computed: 44.67%

7. What is the date range of your data?

Start

mm/yyyy

01 / 2020

End

mm/yyyy

12 / 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?

A decrease of 0.4 percentage points was realized in 2021. This fell short of the goal set in 2020 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?

Childhood Immunization Status (CIS) Combination 2: Method H H H H H H H H H H PA CHIP Weighted Average ABH GEI IBC CBC PPO HMO HPP NEPA UHC UPMC Elig Pop 260 162 213 114 50 118 180 60 533 833 Den 260 162 213 114 50 118 180 60 533 833 Num 81 76 142 135 97 39 95 47 233 182 Rate (%) 89.62% 84.04% 79.33% 83.33% 82.20% 78.00% 83.33% 78.33% 87.10% 81.51% 83.67%

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)

5115

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)

7735

Computed: 66.13%

7. What is the date range of your data?

Start

mm/yyyy

01 / 2020

End

mm/yyyy

01 / 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?

An increase of over 1.6 percentage points was realized in 2021. This falls short of the goal set in 2020 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 ran through 2021, during which time the rates for this measure was tracked both within the project and annually during performance measure validation. These PIPs began in 2017 and continued through 2021. PA CHIP will continue to stress improvement in this area with plans and will monitor plans through its regularly scheduled plan-specific calls.

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

Developmental Screening in the First Three Years of Life (FTY): Method A A A A A A A A A A PA CHIP Weighted Average ABH GEI IBC CBC PPO HMO HPP NEPA UHC UPMC Elig Pop 864 632 696 588 412 225 355 161 1,526 2,276 Den 864 632 696 588 412 225 355 161 1,526 2,276 Num 606 307 474 305 261 170 217 93 989 1693 Rate (%) 70.14% 48.58% 68.10% 51.87% 63.35% 75.56% 61.13% 57.76% 64.81% 74.38% 66.13%

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

01 / 2021

End

mm/yyyy

12 / 2021

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

01 / 2021

End

mm/yyyy

12 / 2021

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

01 / 2021

End

mm/yyyy

12 / 2021

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 MY 2020 technical reports utilize HEDIS MY 2020 data (based on 2020 and 2019 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 MY 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, select Appropriate Treatment for Children with Upper Respiratory Infection (URI) rates, and select Immunizations for Adolescents and Childhood Immunization Status rates. For HEDIS MY 2020 Access/Availability of Care measures Annual Dental Visits (ADV) performed higher than Medicaid, with the exception of the 2-3 year and 15-18 years age cohorts. Looking at Use of Services (UOS) measures, Well-Child Visits in the First 30 Months of Life (≥ 6 visits at 15 months), PA CHIP members had a lower rate than did PA Medicaid managed care health plan members of comparable age. Child and Adolescent Well-Care Visits (WCV) both performed better (i.e., observed higher rates) than PA Medicaid for each age cohort reported.

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?

For HEDIS MY 2020, PA CHIP continued requiring the reporting of the current HEDIS measures. In addition, PA CHIP required the reporting of the Well-Child Visits in the First 30 Months of Life (W30) and Child and Adolescent Well-Care Visits (WCV) measures. PA CHIP also included three HEDIS ECDS measures as optional for measurement: Follow-Up Care for Children Prescribed ADHD Medication (ADD-E), Depression Screening and Follow-Up for Adolescents and Adults (DSF-E), and Depression Remission or Response for Adolescents and Adults (DRR-E). In 2021, PA CHIP continued requiring the reporting of 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. In addition, PA CHIP began requiring the reporting of the "Sealant Receipt on Permanent First Molars" measure. • In 2021, PA CHIP required the PA-specific performance measures be subject to validation by an independent organization. This requirement will continue in 2022 for all performance measures. • PA CHIP will prepare and disseminate a similar report card using MY 2020 CAHPS survey results, MY 2020 HEDIS measures, and 2021 PA-specific Performance Measures. The report card will be available in the fourth quarter of 2021. • From 2009 - 2020, and again in 2021, 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 received and reviewed these revised Interim reports and results were sent to PA CHIP and all plans. In July 2021, plans submitted their final 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. Final reports also include a completed Abstract section and discussion of results of the projects, including lessons learned and special focus on the impact of the COVID-19 global pandemic on PIP success. These final reports are being reviewed by IPRO, and review findings are being sent to each plan in the third and fourth quarter of 2021 with requests that plans address any outstanding questions and resubmit within the same month of dissemination. IPRO will then receive and review these revised final 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 2021, and how much you anticipate spending in FFY 2022 and 2023.

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 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021	2022	2023
$ 370,631,452	**$** 329,975,693	**$** 348,915,320

2. How much did you spend on Fee for Service in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021	2022	2023
$ 0	**$** 0	**$** 0

3. How much did you spend on anything else related to benefit costs in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021	2022	2023
$ 0	**$** 0	**$** 0

4. How much did you receive in cost sharing from beneficiaries to offset your costs in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021	2022	2023
$ 0	**$** 0	**$** 0

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

	FFY 2021	FFY 2022	FFY 2023
Managed Care	370631452	329975693	348915320
Fee for Service	0	0	0
Other benefit costs	0	0	0
Cost sharing payments from beneficiaries	0	0	0
Total benefit costs	370631452	329975693	348915320

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 2021? How much do you anticipate spending in FFY 2022 and 2023?
This includes wages, salaries, and other employee costs.

2021	2022	2023
$ 2,722,822	**$** 2,790,893	**$** 2,925,030

2. How much did you spend on general administration in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021	2022	2023
$ 120,407	**$** 0	**$** 0

3. How much did you spend on contractors and brokers, such as enrollment contractors in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021	2022	2023
$ 1,416,616	**$** 10,864,000	**$** 13,509,900

4. How much did you spend on claims processing in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021	2022	2023
$ 0	**$** 0	**$** 0

5. How much did you spend on outreach and marketing in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021	2022	2023
$ 2,954,698	**$** 3,155,000	**$** 3,155,000

6. How much did you spend on your Health Services Initiatives (HSI) if you had any in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021	2022	2023
$ 0	**$** 0	**$** 0

7. How much did you spend on anything else related to administrative costs in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021	2022	2023
$ 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 2021	FFY 2022	FFY 2023
Personnel	2722822	2790893	2925030
General administration	120407	0	0
Contractors and brokers	1416616	10,864,000	13509900
Claims processing	0	0	0
Outreach and marketing	2954698	3155000	3155000
Health Services Initiatives (HSI)	0	0	0
Other administrative costs	0	0	0
Total administrative costs	7214543	16809893	19589930
10% administrative cap	41181272.44	36663965.89	38768368.89

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 2023 will be calculated once the eFMAP rate for 2023 becomes available. In the meantime, these values will be blank.

FMAP Table	FFY 2021	FFY 2022	FFY 2023
Total program costs	377845995	346785586	368505250
eFMAP	66.54	66.88	66.4
Federal share	251418725.07	231930199.92	244687486
State share	126427269.93	114855386.08	123817764

8. What were your state funding sources in FFY 2021?
Select all that apply.

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

8a. What other type of funding did you receive?

Cigarette Tax Funds

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 2021? How many do you anticipate will be eligible in FFY 2022 and 2023?

2021	2022	2023
139858	133751	136551

2. What was your per member per month (PMPM) cost based on the number of children eligible for Managed Care in FFY 2021? What is your projected PMPM cost for FFY 2022 and 2023?
Round to the nearest whole number.

2021	2022	2023
$ 204	**$** 206	**$** 212

	FFY 2021	FFY 2022	FFY 2023
PMPM cost	204	206	212

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 2021? How many do you anticipate will be eligible in FFY 2022 and 2023?

2021	2022	2023
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 2021? What is your projected PMPM cost for FFY 2022 and 2023?
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.

2021	2022	2023
$	**$**	**$**

	FFY 2021	**FFY 2022**	**FFY 2023**
PMPM cost			

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

NA

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 FY2021 which was a concern. CHIP continues several flexibilities through its CHIP disaster SPA by allowing families more time to submit renewal information, to 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 2021?

The COVID-19 Public Health Emergency

3. What are some of the greatest accomplishments your CHIP program has experienced in FFY 2021?

CHIP continues to utilize the COVID-19 PHE flexibilities so families can continue to benefit from extended renewal deadlines, self-attestation and delayed premium payments. CHIP is also meeting its state and federal obligations and maintaining excellent customer service while utilizing a 100% telework work environment.

4. What changes have you made to your CHIP program in FFY 2021 or plan to make in FFY 2022? Why have you decided to make these changes?

CHIP has made no changes during FFY 2021. CHIP intends to unwind its PHE flexibilities in FFY 2022 if the federal PHE ends.

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

NA

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).

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