

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

## Preamble

Section 2108(a) and Section 2108(e) of the Social Security Act (the Act) provide that each state and territory\* must assess the operation of its state child health plan in each federal fiscal year and report to the Secretary, by January 1 following the end of the federal fiscal year, on the results of the assessment. In addition, this section of the Act provides that the state must assess the progress made in reducing the number of uncovered, low-income children. The state is out of compliance with CHIP statute and regulations if the report is not submitted by January 1. The state is also out of compliance if any section of this report relevant to the state's program is incomplete.

The framework is designed to:

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

The CHIP Annual Report Template System (CARTS) is organized as follows:

- Section I: Snapshot of CHIP Programs and Changes
- Section II: Program's Performance Measurement and Progress
- Section III: Assessment of State Plan and Program Operation
- Section IV: Program Financing for State Plan
- Section V: Program Challenges and Accomplishments

\* - When "state" is referenced throughout this template it is defined as either a state or a territory.

**\*Disclosure.** 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. 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. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, write to: CMS, 7500 Security Blvd., Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

**DO NOT CERTIFY YOUR REPORT UNTIL ALL SECTIONS ARE COMPLETE.**

State/Territory: PA

Name of State/Territory

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

Signature: Sally Kozak

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

CHIP Program Type:

- CHIP Medicaid Expansion Only  
 Separate Child Health Program Only  
 Combination of the above

Reporting Period: 2019 **(Note: Federal Fiscal Year 2019 starts 10/1/2018 and ends 9/30/2019)**

Contact Person/Title: J. Diane Brannon-Nordtomme, CHIP Policy Director

Address: 1142 Strawberry Square

City: Harrisburg State: PA Zip: 17105

Phone: 717-705-4196 Fax: 717-705-1643

Email: jbrannonno@pa.gov

Submission Date: 1/7/2020

(Due to your CMS Regional Contact and Central Office Project Officer by January 1st of each year)

## Section I. Snapshot of CHIP Program and Changes

- 1) To provide a summary at-a-glance of your CHIP program, please provide the following information. If you would like to make any comments on your responses, please explain in the narrative section below this table.

Provide an assurance that your state’s CHIP program eligibility criteria as set forth in the CHIP state plan in section 4, inclusive of PDF pages related to Modified Adjusted Gross Income eligibility, is accurate as of the date of this report.

Please note that the numbers in brackets, e.g., [500] are character limits in the Children’s Health Insurance Program (CHIP) Annual Report Template System (CARTS). You will not be able to enter responses with characters greater than the limit indicated in the brackets.

### CHIP Medicaid Expansion Program

Upper % of FPL (federal poverty level) fields are defined as Up to and Including

Does your program require premiums or an enrollment fee?

- NO  
 YES  
 N/A

Enrollment fee amount:

Premium fee amount:

If premiums are tiered by FPL, please breakout by FPL.

Premium Amount From (\$)	Premium Amount To (\$)	From % of FPL	Up to % of FPL

Yearly Maximum Premium Amount per Family: \$

If premiums are tiered by FPL, please breakout by FPL.

Premium Amount From (\$)	Premium Amount To (\$)	From % of FPL	Up to % of FPL

Premium Amount From (\$)	Premium Amount To (\$)	From % of FPL	Up to % of FPL

If yes, briefly explain fee structure: **[500]**

Which delivery system(s) does your program use?

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

Please describe which groups receive which delivery system: **[500]**

### Separate Child Health Program

Upper % of FPL (federal poverty level) fields are defined as Up to and Including

Does your program require premiums or an enrollment fee?

- NO
- YES
- N/A

Enrollment fee amount: 0

Premium fee amount:

If premiums are tiered by FPL, please breakout by FPL.

Premium Amount From (\$)	Premium Amount To (\$)	From % of FPL	Up to % of FPL
37	67	208	262
51	93	263	288
59	107	289	314
144	383	314	

Yearly Maximum Premium Amount per Family: \$

If premiums are tiered by FPL, please breakout by FPL.

Premium Amount From (\$)	Premium Amount To (\$)	From % of FPL	Up to % of FPL
444	804	208	262
612	1116	263	288
708	1284	289	314
1728	4596	314	

If yes, briefly explain fee structure: **[500]**

Premium is per child.

Which delivery system(s) does your program use?

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

Please describe which groups receive which delivery system: **[500]**

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

	Medicaid Expansion CHIP Program			Separate Child Health Program		
	Yes	No Change	N/A	Yes	No Change	N/A
a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c) Benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d) Cost sharing (including amounts, populations, & collection process)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Crowd out policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f) Delivery system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g) Eligibility determination process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

	Yes	No Change	N/A	Yes	No Change	N/A
h) Implementing an enrollment freeze and/or cap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i) Eligibility levels / target population	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j) Eligibility redetermination process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
k) Enrollment process for health plan selection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
l) Outreach (e.g., decrease funds, target outreach)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
m) Premium assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
n) Prenatal care eligibility expansion (Sections 457.10, 457.350(b)(2), 457.622(c)(5), and 457.626(a)(3) as described in the October 2, 2002 Final Rule)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
o) Expansion to “Lawfully Residing” children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
p) Expansion to “Lawfully Residing” pregnant women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
q) Pregnant Women state plan expansion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
r) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
s) Other – please specify						
a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3) For each topic you responded “yes” to above, please explain the change and why the change was made, below:

**Medicaid Expansion CHIP Program**

Topic	List change and why the change was made
a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	
b) Application	
c) Benefits	

Topic	List change and why the change was made
d) Cost sharing (including amounts, populations, & collection process)	
e) Crowd out policies	
f) Delivery system	
g) Eligibility determination process	
h) Implementing an enrollment freeze and/or cap	
i) Eligibility levels / target population	
j) Eligibility redetermination process	
k) Enrollment process for health plan selection	
l) Outreach	
m) Premium assistance	
n) Prenatal care eligibility expansion (Sections 457.10, 457.350(b)(2), 457.622(c)(5), and 457.626(a)(3) as described in the October 2, 2002 Final Rule)	
o) Expansion to “Lawfully Residing” children	
p) Expansion to “Lawfully Residing” pregnant women	
q) Pregnant Women State Plan Expansion	
r) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	
s) Other – please specify	
a)	
b)	
c)	



Separate Child Health Program

Topic	List change and why the change was made
a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	Implementation of 2016 final managed care rules 42 CFR 438.457
b) Application	
c) Benefits	
d) Cost sharing (including amounts, populations, & collection process)	Premiums change.
e) Crowd out policies	
f) Delivery system	
g) Eligibility determination process	
h) Implementing an enrollment freeze and/or cap	
i) Eligibility levels / target population	
j) Eligibility redetermination process	
k) Enrollment process for health plan selection	
l) Outreach	
m) Premium assistance	
n) Prenatal care eligibility expansion (Sections 457.10, 457.350(b)(2), 457.622(c)(5), and 457.626(a)(3) as described in the October 2, 2002 Final Rule)	
o) Expansion to “Lawfully Residing” children	
p) Expansion to “Lawfully Residing” pregnant women	
q) Pregnant Women State Plan Expansion	
r) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	
s) Other – please specify	

Topic	List change and why the change was made
a)	
b)	
c)	

Enter any Narrative text related to Section I below. **[7500]**

## Section II Program's Performance Measurement and Progress

This section consists of two subsections that gather information about the CHIP and/or Medicaid program. Section IIA captures your enrollment progress as well as changes in the number and/or rate of uninsured children in your state. Section IIB captures progress towards meeting your state's general strategic objectives and performance goals.

---

### Section IIA: Enrollment And Uninsured Data

---

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

Program	FFY 2018	FFY 2019	Percent change FFY 2018-2019
CHIP Medicaid Expansion Program	108214	109174	0.89
Separate Child Health Program	260958	263647	1.03

- A. Please explain any factors that may account for enrollment increases or decreases exceeding 10 percent. **[7500]**
2. The tables below show trends in the number and rate of uninsured children in your state. Three year averages in Table 1 are based on the Current Population Survey. The single year estimates in Table 2 are based on the American Community Survey (ACS). CARTS will fill in the single year estimates automatically, and significant changes are denoted with an asterisk (\*). If your state uses an alternate data source and/or methodology for measuring change in the number and/or rate of uninsured children, please explain in Question #3.

Table 1: Number and percent of uninsured children under age 19 below 200 percent of poverty, Current Population Survey

Period	Uninsured Children Under Age 19 Below 200 Percent of Poverty		Uninsured Children Under Age 19 Below 200 Percent of Poverty as a Percent of Total Children Under Age 19	
	Number (In Thousands)	Std. Error	Rate	Std. Error
1996 - 1998	157	25.1	5.1	.8
1998 - 2000	115	21.5	3.7	.7
2000 - 2002	162	21.2	5.5	.7
2002 - 2004	195	23.3	6.5	.8
2003 - 2005	175	22.9	5.9	.7
2004 - 2006	155	22.0	5.3	.7
2005 - 2007	145	21.0	5.0	.7
2006 - 2008	127	20.0	4.4	.7
2007 - 2009	131	20.0	4.5	.7
2008 - 2010	128	17.0	4.4	.6
2009 - 2011	142	21.0	4.8	.7
2010 - 2012	143	22.0	5.0	0

Table 2: Number and percent of uninsured children under age 19 below 200 percent of poverty, American Community Survey

Period	Uninsured Children Under Age 19 Below 200 Percent of Poverty		Uninsured Children Under Age 19 Below 200 Percent of Poverty as a Percent of Total Children Under Age 19	
	Number (In Thousands)	Margin of Error	Rate	Margin of Error
2013	92	7.0	3.3	.2
2014	86	6.0	3.1	.2
2015	66	6.0	2.4	.2
2016	69	7.0	2.5	.3
2017	68	8.0	2.5	.3
2018	58	6.0	2.1	.2
Percent change 2017 vs. 2018	-14.7%	N/A	-16.0%	N/A

A. Please explain any activities or factors that may account for increases or decreases in your number and/or rate of uninsured children. **[7500]**

B. Please note any comments here concerning ACS data limitations that may affect the reliability or precision of these estimates. **[7500]**

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

- Yes (please report your data in the table below)  
 No (skip to Question #4)

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

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

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

**[7500]**

B. What is your state's assessment of the reliability of the estimate? Please provide standard errors, confidence intervals, and/or p-values if available.

**[7500]**

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

**[7500]**

D. How does your state use this alternate data source in CHIP program planning?

**[7500]**

Enter any Narrative text related to Section IIA below. **[7500]**

## Section IIB: State Strategic Objectives And Performance Goals

This subsection gathers information on your state's general strategic objectives, performance goals, performance measures and progress towards meeting goals, as specified in your CHIP state plan. (If your goals reported in the annual report now differ from Section 9 of your CHIP state plan, please indicate how they differ in "Other Comments on Measure." Also, the state plan should be amended to reconcile these differences). The format of this section provides your state with an opportunity to track progress over time. This section contains templates for reporting performance measurement data for each of five categories of strategic objectives, related to:

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

Please report performance measurement data for the three most recent years for which data are available (to the extent that data are available). In the first two columns, data from the previous two years' annual reports (FFY 2017 and FFY 2018) will be populated with data from previously reported data in CARTS. If you reported data in the two previous years' reports and you want to update/change the data, please enter that data. If you reported no data for either of those two years, but you now have data available for them, please enter the data. In the third column, please report the most recent data available at the time you are submitting the current annual report (FFY 2019).

In this section, the term performance measure is used to refer to any data your state provides as evidence towards a particular goal within a strategic objective. For the purpose of this section, "objectives" refer to the five broad categories listed above, while "goals" are state-specific, and should be listed in the appropriate subsections within the space provided for each objective.

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

**In addition, please do not report the same data that were reported for Child Core Set reporting. The intent of this section is to capture goals and measures that your state did not report elsewhere. As a reminder, Child Core Set reporting migrated to MACPRO in December 2015. Historical data are still available for viewing in CARTS.**

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

### A. Goal:

For each objective, space has been provided to report up to three goals. Use this section to provide a brief description of each goal you are reporting within a given strategic objective. **All new goals should include a direction and a target. For clarification only, an example goal would be:** "Increase (direction) by 5 percent (target) the number of CHIP beneficiaries who turned 13 years old during the measurement year who had a second dose of MMR, three hepatitis B vaccinations and one varicella vaccination by their 13th birthday."

### B. Type of Goal:

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

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

### **C. Status of Data Reported:**

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

- **Provisional:** Check this box if you are reporting performance measure data for a goal, but the data are currently being modified, verified, or may change in any other way before you finalize them for FFY 2019.

**Explanation of Provisional Data** – When the value of the Status of Data Reported field is selected as “Provisional”, the state must specify why the data are provisional and when the state expects the data will be final.

- **Final:** Check this box if the data you are reporting are considered final for FFY 2019.
- **Same data as reported in a previous year’s annual report:** Check this box if the data you are reporting are the same data that your state reported for the goal in another annual report. Indicate in which year’s annual report you previously reported the data.

### **D. Measurement Specification:**

This section is included for only two of the objectives— objectives related to increasing access to care, and objectives related to use of preventative care—because these are the two objectives for which states may report using the HEDIS® measurement specification. In this section, for each goal, please indicate the measurement specification used to calculate your performance measure data (i.e., were the measures calculated using the HEDIS® specifications or some other method unrelated to HEDIS®).

Please indicate whether the measure is based on HEDIS® technical specifications or another source. If HEDIS® is selected, the HEDIS® Version field must be completed. If “Other” measurement specification is selected, the explanation field must be completed.

#### **HEDIS® Version:**

Please specify HEDIS® Version (example 2016). This field must be completed only when a user selects the HEDIS® measurement specification.

#### **“Other” measurement specification explanation:**

If “Other”, measurement specification is selected, please complete the explanation of the “Other” measurement specification. The explanation field must be completed when “Other” measurement specification has been selected.

### **E. Data Source:**

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

## **F. Definition of Population Included in Measure:**

Numerator: Please indicate the definition of the population included in the numerator for each measure (such as the number of visits required for inclusion, e.g., one or more visits in the past year).

Denominator: Please indicate the definition of the population included in the denominator for each measure.

For measures related to increasing access to care and use of preventative care, please

- Check one box to indicate whether the data are for the CHIP population only, or include both CHIP and Medicaid (Title XIX) children combined.
- If the denominator reported is not fully representative of the population defined above (the CHIP population only, or the CHIP and Medicaid (Title XIX) populations combined), please further define the denominator. For example, denominator includes only children enrolled in managed care in certain counties, technological limitations preventing reporting on the full population defined, etc.). Please report information on exclusions in the definition of the denominator (including the proportion of children excluded), The provision of this information is important and will provide CMS with a context so that comparability of denominators across the states and over time can occur.

## **G. Deviations from Measure Specification**

For the measures related to increasing access to care and use of preventative care.

If the data provided for a measure deviates from the measure specification, please select the type(s) of measure specification deviation. The types of deviation parallel the measure specification categories for each measure. Each type of deviation is accompanied by a comment field that states must use to explain in greater detail or further specify the deviation when a deviation(s) from a measure is selected.

The five types (and examples) of deviations are:

- Year of Data (e.g., partial year),
- Data Source (e.g., use of different data sources among health plans or delivery systems),
- Numerator (e.g., coding issues),
- Denominator (e.g., exclusion of MCOs, different age groups, definition of continuous enrollment),
- Other.

When one or more of the types are selected, states are required to provide an explanation.

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

## **H. Date Range: available for 2019 CARTS reporting period.**

Please define the date range for the reporting period based on the “From” time period as the month and year which corresponds to the beginning period in which utilization took place and please report the “To” time period as the month and year which corresponds to the end period in which utilization took place. Do not report the year in which data were collected for the measure, or the version of HEDIS® used to calculate the measure, both of which may be different from the period corresponding to utilization of services.

## **I. Performance Measurement Data (HEDIS® or Other):**

In this section, please report the numerators and denominators, rates for each measure (or component). The template provides two sections for entering the performance measurement data, depending on



whether you are reporting using HEDIS® or other methodologies. The form fields have been set up to facilitate entering numerators and denominators for each measure. If the form fields do not give you enough space to fully report on the measure, please use the “additional notes” section.

The preferred method is to calculate a “weighted rate” by summing the numerators and denominators across plans, and then deriving a single state-level rate based on the ratio of the numerator to the denominator). The reporting unit for each measure is the state as a whole. If states calculate rates for multiple reporting units (e.g., individual health plans, different health care delivery systems), states must aggregate data from all these sources into one state rate before reporting the data to CMS. In the situation where a state combines data across multiple reporting units, all or some of which use the hybrid method to calculate the rates, the state should enter zeroes in the “Numerator” and “Denominator” fields. In these cases, it should report the state-level rate in the “Rate” field and, when possible, include individual reporting unit numerators, denominators, and rates in the field labeled “Additional Notes on Measure,” along with a description of the method used to derive the state-level rate.

## **J. Explanation of Progress:**

The intent of this section is to allow your state to highlight progress and describe any quality-improvement activities that may have contributed to your progress. Any quality-improvement activity described should involve the CHIP program, benefit CHIP enrollees, and relate to the performance measure and your progress. An example of a quality-improvement activity is a state-wide initiative to inform individual families directly of their children’s immunization status with the goal of increasing immunization rates. CHIP would either be the primary lead or substantially involved in the project. If improvement has not occurred over time, this section can be used to discuss potential reasons for why progress was not seen and to describe future quality-improvement plans. In this section, your state is also asked to set annual performance objectives for FFY 2020, 2021 and 2022. Based on your recent performance on the measure (from FFY 2017 through 2019), use a combination of expert opinion and “best guesses” to set objectives for the next three years. Please explain your rationale for setting these objectives. For example, if your rate has been increasing by 3 or 4 percentage points per year, you might project future increases at a similar rate. On the other hand, if your rate has been stable over time, you might set a target that projects a small increase over time. If the rate has been fluctuating over time, you might look more closely at the data to ensure that the fluctuations are not an artifact of the data or the methods used to construct a rate. You might set an initial target that is an average of the recent rates, with slight increases in subsequent years. In future annual reports, you will be asked to comment on how your actual performance compares to the objective your state set for the year, as well as any quality-improvement activities that have helped or could help your state meet future objectives.

## **K. Other Comments on Measure:**

Please use this section to provide any other comments on the measure, such as data limitations, plans to report on a measure in the future, or differences between performance measures reported here and those discussed in Section 9 of the CHIP state plan.

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

FFY 2017	FFY 2018	FFY 2019
<p><b>Goal #1 (Describe)</b> Increase the combined enrollment in CHIP and Medicaid relative to the base month, May 1998 by 2 percentage points per year.</p>	<p><b>Goal #1 (Describe)</b> Increase the combined enrollment in CHIP and Medicaid relative to the base month, May 1998 by 2 percentage points per year.</p>	<p><b>Goal #1 (Describe)</b> Increase the combined enrollment in CHIP and Medicaid relative to the base month, May 1998 by 2 percentage points per year.</p>
<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Eligibility/Enrollment data  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Eligibility/Enrollment data  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Eligibility/Enrollment data  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>
<p><b>Definition of Population Included in the Measure:</b>                       Definition of denominator: Children enrolled in CHIP and Medicaid from the month that the CHIP state plan was first approved.                       Definition of numerator: Children enrolled in CHIP and Medicaid combined in September 2017.</p>	<p><b>Definition of Population Included in the Measure:</b>                       Definition of denominator: Children enrolled in CHIP and Medicaid from the month that the CHIP state plan was first approved.                       Definition of numerator: Children enrolled in CHIP and Medicaid combined in September 2018.</p>	<p><b>Definition of Population Included in the Measure:</b>                       Definition of denominator: Children enrolled in CHIP and Medicaid from the month that the CHIP state plan was first approved.                       Definition of numerator: Children enrolled in CHIP and Medicaid combined in September 2019.</p>
<p><b>Date Range:</b>  <b>From: (mm/yyyy) 05/1998 To: (mm/yyyy) 09/2017</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 05/1998 To: (mm/yyyy) 09/2018</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 05/1998 To: (mm/yyyy) 09/2019</b></p>
<p><b>Performance Measurement Data:</b>                      Described what is being measured:                      Enrollment in CHIP and Medicaid from the month that the CHIP state plan was first approved.                       Numerator: 638148                      Denominator: 757391                      Rate: 84.3</p>	<p><b>Performance Measurement Data:</b>                      Described what is being measured:                      Enrollment in CHIP and Medicaid from the month that the CHIP state plan was first approved.                       Numerator: 637807                      Denominator: 757391                      Rate: 84.2</p>	<p><b>Performance Measurement Data:</b>                      Described what is being measured:                      Enrollment in CHIP and Medicaid from the month that the CHIP state plan was first approved                       Numerator: 633532                      Denominator: 757391                      Rate: 83.6</p>

FFY 2017	FFY 2018	FFY 2019
<p><b>Additional notes on measure:</b> Since approval of the PA State Plan for CHIP in May 1998, the number of children enrolled in CHIP and Medicaid increased by 84% at the end of FFY 2017.</p>	<p><b>Additional notes on measure:</b> Since approval of the PA State Plan for CHIP in May 1998, the number of children enrolled in CHIP and Medicaid increased by 84% at the end of FFY 2018</p>	<p><b>Additional notes on measure:</b> Since approval of the PA State Plan for CHIP in May 1998, the number of children enrolled in CHIP and Medicaid increased by 84% at the end of FFY 2019.</p>
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?</b> The performance objective for FFY 2017 was 74% and the actual measure for 2017 was 84%.</p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> Efforts have been made by the CHIP program office to improve the accuracy of eligibility determinations and ensure that only eligible applicants are enrolled in the program.</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?</b> The performance objective for FFY 2018 was 76% and the actual measure for 2018 was 84%.</p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> Efforts have been made by the CHIP program office to improve the accuracy of eligibility determinations and ensure that only eligible applicants are enrolled in the program.</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?</b> The performance objective for FFY 2018 was 78% and the actual measure for 2019 was 84%.</p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> Efforts have been made by the CHIP program office to improve the accuracy of eligibility determinations and ensure that only eligible applicants are enrolled in the program.</p>
<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2018:</b> 76%  <b>Annual Performance Objective for FFY 2019:</b> 78%  <b>Annual Performance Objective for FFY 2020:</b> 80%</p> <p><i>Explain how these objectives were set:</i> Historical trends were used as a basis for the projection of enrollment changes.</p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2019:</b> 78%  <b>Annual Performance Objective for FFY 2020:</b> 80%  <b>Annual Performance Objective for FFY 2021:</b> 82%</p> <p><i>Explain how these objectives were set:</i> Historical trends were used as a basis for the projection of enrollment changes.</p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2020:</b> 80%  <b>Annual Performance Objective for FFY 2021:</b> 82%  <b>Annual Performance Objective for FFY 2022:</b> 84%</p> <p><i>Explain how these objectives were set:</i> Historical trends were used as a basis for the projection of enrollment changes.</p>
<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>

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

FFY 2017	FFY 2018	FFY 2019
<b>Goal #2 (Describe)</b>	<b>Goal #2 (Describe)</b>	<b>Goal #2 (Describe)</b>
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:
<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>
<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:
<b>Additional notes on measure:</b>	<b>Additional notes on measure:</b>	<b>Additional notes on measure:</b>

FFY 2017	FFY 2018	FFY 2019
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?</b></p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?</b></p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?</b></p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b></p>
<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2018:</b>  <b>Annual Performance Objective for FFY 2019:</b>  <b>Annual Performance Objective for FFY 2020:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2019:</b>  <b>Annual Performance Objective for FFY 2020:</b>  <b>Annual Performance Objective for FFY 2021:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2020:</b>  <b>Annual Performance Objective for FFY 2021:</b>  <b>Annual Performance Objective for FFY 2022:</b></p> <p><i>Explain how these objectives were set:</i></p>
<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>

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

FFY 2017	FFY 2018	FFY 2019
<b>Goal #3 (Describe)</b>	<b>Goal #3 (Describe)</b>	<b>Goal #3 (Describe)</b>
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:
<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>
<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:
<b>Additional notes on measure:</b>	<b>Additional notes on measure:</b>	<b>Additional notes on measure:</b>

FFY 2017	FFY 2018	FFY 2019
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?</b></p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?</b></p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?</b></p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b></p>
<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2018:</b>  <b>Annual Performance Objective for FFY 2019:</b>  <b>Annual Performance Objective for FFY 2020:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2019:</b>  <b>Annual Performance Objective for FFY 2020:</b>  <b>Annual Performance Objective for FFY 2021:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2020:</b>  <b>Annual Performance Objective for FFY 2021:</b>  <b>Annual Performance Objective for FFY 2022:</b></p> <p><i>Explain how these objectives were set:</i></p>
<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>

**Objectives Related to CHIP Enrollment**

FFY 2017	FFY 2018	FFY 2019
<p><b>Goal #1 (Describe)</b> Increase CHIP enrollment in rural counties by 5 percentage points per year over the base month of May 1998 for each of the next three years.</p>	<p><b>Goal #1 (Describe)</b> Increase CHIP enrollment in rural counties by 5 percentage points per year over the base month of May 1998 for each of the next three years.</p>	<p><b>Goal #1 (Describe)</b> Increase CHIP enrollment in rural counties by 5 percentage points per year over the base month of May 1998 for each of the next three years.</p>
<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>
<p><b>Definition of Population Included in the Measure:</b>             Definition of denominator: Children enrolled in May 1998             Definition of numerator: 09/17 Enrollment - 05/1998</p>	<p><b>Definition of Population Included in the Measure:</b>             Definition of denominator: Children enrolled in May 1998             Definition of numerator: 09/18 Enrollment - 05/1998</p>	<p><b>Definition of Population Included in the Measure:</b>             Definition of denominator: Children enrolled in May 1998.             Definition of numerator: 09/19 Enrollment - 05/1998</p>
<p><b>Date Range:</b>  <b>From: (mm/yyyy) 05/1998 To: (mm/yyyy) 09/2017</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 05/1998 To: (mm/yyyy) 08/2018</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 05/1998 To: (mm/yyyy) 09/2019</b></p>
<p><b>Performance Measurement Data:</b>            Described what is being measured:            Percent increase in enrollment in the designated counties since May 1998, when Pennsylvania's initial state plan was approved.                   Numerator: 16478            Denominator: 4217            Rate: 390.8</p>	<p><b>Performance Measurement Data:</b>            Described what is being measured:            Percent increase in enrollment in the designated counties since May 1998, when Pennsylvania's initial state plan was approved.                   Numerator: 16509            Denominator: 4217            Rate: 391.5</p>	<p><b>Performance Measurement Data:</b>            Described what is being measured:            Percent increase in enrollment in the designated counties since May 1998, when Pennsylvania's initial state plan was approved.                   Numerator: 12631            Denominator: 4217            Rate: 299.5</p>



FFY 2017	FFY 2018	FFY 2019																																																																																																																																																																		
<p><b>Additional notes on measure:</b> Since May 1998, enrollment in the target counties increased by 390.8%. This increase exceeds the statewide growth of 312.4% (56,548 to 176,677) during the same period.</p>	<p><b>Additional notes on measure:</b> Since May 1998, enrollment in the target counties increased by 391.5%. This increase exceeds the statewide growth of 315.8% (56,548 to 178,594) during the same period.</p>	<p><b>Additional notes on measure:</b> Since May 1998, enrollment in the target counties increased by 300.0%. This increase exceeds the statewide growth of 226.8% (56,548 to 184,812) during the same period.</p>																																																																																																																																																																		
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?</b> The rate was greater than the performance objective of 373% in the Annual Report.</p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> Efforts have been made by the CHIP program office to improve the accuracy of eligibility determinations and ensure that only eligible applicants are enrolled. Enrollment has increased by 6.0% since Sept. 2016.</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?</b> The rate was greater than the performance objective of 378% in the Annual Report.</p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> Efforts have been made by the CHIP program office to improve the accuracy of eligibility determinations and ensure that only eligible applicants are enrolled. Further, uncertainty about federal CHIP reauthorization outreach likely contributed to a total decline in CHIP enrollment.</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?</b> The rate was less than the performance objective of 385% in the Annual Report.</p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> Efforts have been made by the CHIP program office to improve the accuracy of eligibility determinations and ensure that only eligible applicants are enrolled. Enrollment has increased by 3.0% since Sept. 2018.</p>																																																																																																																																																																		
<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2018:</b> 378%  <b>Annual Performance Objective for FFY 2019:</b> 385%  <b>Annual Performance Objective for FFY 2020:</b> 390%</p> <p><i>Explain how these objectives were set:</i> Historical trends were used as a basis for the projection of increased enrollment in the rural counties.</p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2019:</b> 385%  <b>Annual Performance Objective for FFY 2020:</b> 390%  <b>Annual Performance Objective for FFY 2021:</b> 395%</p> <p><i>Explain how these objectives were set:</i> Historical trends were used as a basis for the projection of increased enrollment in the rural counties.</p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2020:</b> 390%  <b>Annual Performance Objective for FFY 2021:</b> 395%  <b>Annual Performance Objective for FFY 2022:</b> 400%</p> <p><i>Explain how these objectives were set:</i> Historical trends were used as a basis for the projection of increased enrollment in the rural counties.</p>																																																																																																																																																																		
<p><b>Other Comments on Measure:</b> Adolescent Well-Care Visit (All Contractors are an "H" except FPH is "A")</p> <table border="0"> <tr> <td></td> <td>Ae</td> <td>CBC</td> <td>FPH</td> <td>GHP</td> <td>HBCBS</td> <td>HBS</td> <td>HPHP</td> <td>KHPE</td> <td>UHCP</td> <td>UPMC</td> </tr> <tr> <td>Elig</td> <td>2678</td> <td>5032</td> <td>2083</td> <td>2823</td> <td>3883</td> <td>2765</td> <td>2087</td> <td>6759</td> <td>9076</td> <td>8391</td> </tr> <tr> <td>Denom</td> <td>432</td> <td>388</td> <td>2173</td> <td>380</td> <td>4792</td> <td>2931</td> <td>383</td> <td>414</td> <td>384</td> <td>395</td> </tr> <tr> <td>Num</td> <td>275</td> <td>263</td> <td>1368</td> <td>243</td> <td>3075</td> <td>1886</td> <td>256</td> <td>292</td> <td>241</td> <td>276</td> </tr> <tr> <td>Rate (%)</td> <td>67.3</td> <td>69.7</td> <td>62.7</td> <td>68.0</td> <td>65.5</td> <td>65.1</td> <td>67.3</td> <td>70.5</td> <td>69.1</td> <td>65.5</td> </tr> <tr> <td>wt. ave</td> <td colspan="10">67.62%</td> </tr> </table>		Ae	CBC	FPH	GHP	HBCBS	HBS	HPHP	KHPE	UHCP	UPMC	Elig	2678	5032	2083	2823	3883	2765	2087	6759	9076	8391	Denom	432	388	2173	380	4792	2931	383	414	384	395	Num	275	263	1368	243	3075	1886	256	292	241	276	Rate (%)	67.3	69.7	62.7	68.0	65.5	65.1	67.3	70.5	69.1	65.5	wt. ave	67.62%										<p><b>Other Comments on Measure:</b></p> <table border="0"> <tr> <td></td> <td>AE</td> <td>CBC</td> <td>FPH</td> <td>GHP</td> <td>HBCBS</td> <td>HBS</td> <td>HPHP</td> <td>KHPE</td> <td>UHCP</td> <td>UPMC</td> </tr> <tr> <td>Elig</td> <td>3237</td> <td>5363</td> <td>970</td> <td>3657</td> <td>2911</td> <td>3493</td> <td>2773</td> <td>7007</td> <td>10180</td> <td>9724</td> </tr> <tr> <td>Rate</td> <td>68.86</td> <td>70.62</td> <td>65.74</td> <td>80.13</td> <td>67.06</td> <td>69.54</td> <td>71.31</td> <td>76.44</td> <td>73.72</td> <td>67.82</td> </tr> <tr> <td>Weighted Average (%)</td> <td colspan="10">70.44%</td> </tr> </table>		AE	CBC	FPH	GHP	HBCBS	HBS	HPHP	KHPE	UHCP	UPMC	Elig	3237	5363	970	3657	2911	3493	2773	7007	10180	9724	Rate	68.86	70.62	65.74	80.13	67.06	69.54	71.31	76.44	73.72	67.82	Weighted Average (%)	70.44%										<p><b>Other Comments on Measure:</b></p> <table border="0"> <tr> <td></td> <td>MCO</td> <td>Rate</td> <td>Num</td> </tr> <tr> <td></td> <td>Denom</td> <td></td> <td></td> </tr> <tr> <td>ABH</td> <td>64.96%</td> <td>267</td> <td>4,016</td> </tr> <tr> <td>BCNEPA</td> <td>66.77%</td> <td>1288</td> <td>1,929</td> </tr> <tr> <td>CBC</td> <td>69.54%</td> <td>242</td> <td>5,185</td> </tr> <tr> <td>GEI</td> <td>64.84%</td> <td>249</td> <td>4,186</td> </tr> <tr> <td>HPP</td> <td>73.39%</td> <td>251</td> <td>2,958</td> </tr> <tr> <td>HMO</td> <td>68.28%</td> <td>2155</td> <td>3,156</td> </tr> <tr> <td>PPO</td> <td>66.73%</td> <td>2122</td> <td>3,180</td> </tr> <tr> <td>IBC</td> <td>75.08%</td> <td>229</td> <td>6,999</td> </tr> <tr> <td>UHC</td> <td>73.78%</td> <td>242</td> <td>10,544</td> </tr> <tr> <td>UPMC</td> <td>69.13%</td> <td>253</td> <td>10,544</td> </tr> <tr> <td>Weighted Average</td> <td>67.75%</td> <td>7,298</td> <td>52,697</td> </tr> </table>		MCO	Rate	Num		Denom			ABH	64.96%	267	4,016	BCNEPA	66.77%	1288	1,929	CBC	69.54%	242	5,185	GEI	64.84%	249	4,186	HPP	73.39%	251	2,958	HMO	68.28%	2155	3,156	PPO	66.73%	2122	3,180	IBC	75.08%	229	6,999	UHC	73.78%	242	10,544	UPMC	69.13%	253	10,544	Weighted Average	67.75%	7,298	52,697
	Ae	CBC	FPH	GHP	HBCBS	HBS	HPHP	KHPE	UHCP	UPMC																																																																																																																																																										
Elig	2678	5032	2083	2823	3883	2765	2087	6759	9076	8391																																																																																																																																																										
Denom	432	388	2173	380	4792	2931	383	414	384	395																																																																																																																																																										
Num	275	263	1368	243	3075	1886	256	292	241	276																																																																																																																																																										
Rate (%)	67.3	69.7	62.7	68.0	65.5	65.1	67.3	70.5	69.1	65.5																																																																																																																																																										
wt. ave	67.62%																																																																																																																																																																			
	AE	CBC	FPH	GHP	HBCBS	HBS	HPHP	KHPE	UHCP	UPMC																																																																																																																																																										
Elig	3237	5363	970	3657	2911	3493	2773	7007	10180	9724																																																																																																																																																										
Rate	68.86	70.62	65.74	80.13	67.06	69.54	71.31	76.44	73.72	67.82																																																																																																																																																										
Weighted Average (%)	70.44%																																																																																																																																																																			
	MCO	Rate	Num																																																																																																																																																																	
	Denom																																																																																																																																																																			
ABH	64.96%	267	4,016																																																																																																																																																																	
BCNEPA	66.77%	1288	1,929																																																																																																																																																																	
CBC	69.54%	242	5,185																																																																																																																																																																	
GEI	64.84%	249	4,186																																																																																																																																																																	
HPP	73.39%	251	2,958																																																																																																																																																																	
HMO	68.28%	2155	3,156																																																																																																																																																																	
PPO	66.73%	2122	3,180																																																																																																																																																																	
IBC	75.08%	229	6,999																																																																																																																																																																	
UHC	73.78%	242	10,544																																																																																																																																																																	
UPMC	69.13%	253	10,544																																																																																																																																																																	
Weighted Average	67.75%	7,298	52,697																																																																																																																																																																	

**Objectives Related to CHIP Enrollment (Continued)**

FFY 2017	FFY 2018	FFY 2019
<p><b>Goal #2 (Describe)</b> Maintain the proportion of CHIP enrollees to be reflective of the general population of Pennsylvania.</p>	<p><b>Goal #2 (Describe)</b> Maintain the proportion of CHIP enrollees to be reflective of the general population of Pennsylvania.</p>	<p><b>Goal #2 (Describe)</b> Maintain the proportion of CHIP enrollees to be reflective of the general population of Pennsylvania.</p>
<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Eligibility/Enrollment data.  <input checked="" type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>
<p><b>Definition of Population Included in the Measure:</b>             Definition of denominator: None             Definition of numerator: None</p>	<p><b>Definition of Population Included in the Measure:</b>             Definition of denominator:             Definition of numerator:</p>	<p><b>Definition of Population Included in the Measure:</b>             Definition of denominator:             Definition of numerator:</p>
<p><b>Date Range:</b>  <b>From: (mm/yyyy) 10/2016 To: (mm/yyyy) 09/2017</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 10/2017 To: (mm/yyyy) 09/2018</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 10/2017 To: (mm/yyyy) 09/2019</b></p>
<p><b>Performance Measurement Data:</b>            Described what is being measured:            Compare the proportion of CHIP enrollees that fall into various race and ethnic categories to U.S. Census Bureau data for the general population of Pennsylvania.             Numerator: 0            Denominator: 0            Rate:</p>	<p><b>Performance Measurement Data:</b>            Described what is being measured:            Compare the proportion of CHIP enrollees that fall into various race and ethnic categories to U.S. Census Bureau data for the general population in Pennsylvania.             Numerator: 0            Denominator: 0            Rate:</p>	<p><b>Performance Measurement Data:</b>            Described what is being measured:            Compare the proportion of CHIP enrollees that fall into various race and ethnic categories to U.S. Census Bureau data for the general population in Pennsylvania.             Numerator: 0            Denominator: 0            Rate:</p>

FFY 2017	FFY 2018	FFY 2019																																																																																				
<p><b>Additional notes on measure:</b> US Census Bureau PA CHIP</p> <table border="0"> <tr> <td>Hispanic/Latino</td> <td>7.0%</td> <td>12.1%</td> </tr> <tr> <td>Not Hispanic/Latino</td> <td>77.0%</td> <td>76.7%</td> </tr> <tr> <td>White alone</td> <td>84.2%</td> <td>62.0%</td> </tr> <tr> <td>Black or African American</td> <td>11.8%</td> <td>15.1%</td> </tr> <tr> <td>American Indian/Alaska native</td> <td>0.4%</td> <td>0.2%</td> </tr> <tr> <td>Asian alone</td> <td>3.5%</td> <td>4.2%</td> </tr> <tr> <td>Native Hawaiian &amp; other</td> <td>0.1%</td> <td>0.1%</td> </tr> <tr> <td>Two or more races</td> <td>1.9%</td> <td>1.1%</td> </tr> </table>	Hispanic/Latino	7.0%	12.1%	Not Hispanic/Latino	77.0%	76.7%	White alone	84.2%	62.0%	Black or African American	11.8%	15.1%	American Indian/Alaska native	0.4%	0.2%	Asian alone	3.5%	4.2%	Native Hawaiian & other	0.1%	0.1%	Two or more races	1.9%	1.1%	<p><b>Additional notes on measure:</b> US Census Bureau data PA PA CHIP</p> <table border="0"> <tr> <td>Hispanic/Latino</td> <td>7.3%</td> <td>12.7%</td> </tr> <tr> <td>Not Hispanic/Latino</td> <td>76.5%</td> <td>76.4%</td> </tr> <tr> <td>White alone</td> <td>82.1%</td> <td>61.3%</td> </tr> <tr> <td>Black or African American</td> <td>11.9%</td> <td>15.0%</td> </tr> <tr> <td>Amer. Indian/Alaska native</td> <td>0.4%</td> <td>0.15%</td> </tr> <tr> <td>Asian alone</td> <td>3.6%</td> <td>4.5%</td> </tr> <tr> <td>Native Hawaiian &amp; other</td> <td>0.1%</td> <td>0.07%</td> </tr> <tr> <td>Two or more races</td> <td>2.0%</td> <td>1.2%</td> </tr> <tr> <td>Other</td> <td>NA</td> <td>11.1%</td> </tr> <tr> <td>Unspecified</td> <td>NA</td> <td>6.6%</td> </tr> </table>	Hispanic/Latino	7.3%	12.7%	Not Hispanic/Latino	76.5%	76.4%	White alone	82.1%	61.3%	Black or African American	11.9%	15.0%	Amer. Indian/Alaska native	0.4%	0.15%	Asian alone	3.6%	4.5%	Native Hawaiian & other	0.1%	0.07%	Two or more races	2.0%	1.2%	Other	NA	11.1%	Unspecified	NA	6.6%	<p><b>Additional notes on measure:</b> Race PA CHIP</p> <table border="0"> <tr> <td>African American</td> <td>15%</td> <td>12%</td> </tr> <tr> <td>Caucasian</td> <td>60%</td> <td>82%</td> </tr> <tr> <td>Asian</td> <td>5%</td> <td>3.7%</td> </tr> <tr> <td>Hawaiian/Islander</td> <td>0.1%</td> <td>0.1%</td> </tr> <tr> <td>Alaskan/Indian</td> <td>0.2%</td> <td>0.4%</td> </tr> <tr> <td>Other Race</td> <td>12%</td> <td>N/A</td> </tr> <tr> <td>Unspecified</td> <td>7%</td> <td>N/A</td> </tr> <tr> <td>Two or More Race</td> <td>1.2%</td> <td>2.1%</td> </tr> <tr> <td>Hispanic/Latino</td> <td>13%</td> <td>8%</td> </tr> <tr> <td>Not Hispanic/Latino</td> <td>76%</td> <td>76%</td> </tr> </table>	African American	15%	12%	Caucasian	60%	82%	Asian	5%	3.7%	Hawaiian/Islander	0.1%	0.1%	Alaskan/Indian	0.2%	0.4%	Other Race	12%	N/A	Unspecified	7%	N/A	Two or More Race	1.2%	2.1%	Hispanic/Latino	13%	8%	Not Hispanic/Latino	76%	76%
Hispanic/Latino	7.0%	12.1%																																																																																				
Not Hispanic/Latino	77.0%	76.7%																																																																																				
White alone	84.2%	62.0%																																																																																				
Black or African American	11.8%	15.1%																																																																																				
American Indian/Alaska native	0.4%	0.2%																																																																																				
Asian alone	3.5%	4.2%																																																																																				
Native Hawaiian & other	0.1%	0.1%																																																																																				
Two or more races	1.9%	1.1%																																																																																				
Hispanic/Latino	7.3%	12.7%																																																																																				
Not Hispanic/Latino	76.5%	76.4%																																																																																				
White alone	82.1%	61.3%																																																																																				
Black or African American	11.9%	15.0%																																																																																				
Amer. Indian/Alaska native	0.4%	0.15%																																																																																				
Asian alone	3.6%	4.5%																																																																																				
Native Hawaiian & other	0.1%	0.07%																																																																																				
Two or more races	2.0%	1.2%																																																																																				
Other	NA	11.1%																																																																																				
Unspecified	NA	6.6%																																																																																				
African American	15%	12%																																																																																				
Caucasian	60%	82%																																																																																				
Asian	5%	3.7%																																																																																				
Hawaiian/Islander	0.1%	0.1%																																																																																				
Alaskan/Indian	0.2%	0.4%																																																																																				
Other Race	12%	N/A																																																																																				
Unspecified	7%	N/A																																																																																				
Two or More Race	1.2%	2.1%																																																																																				
Hispanic/Latino	13%	8%																																																																																				
Not Hispanic/Latino	76%	76%																																																																																				
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?</b> CHIP enrollment continues to reflect the general population in Pennsylvania.</p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> Accurate and timely processing of CHIP applications by contractors and our Central Eligibility Unit (CEU).</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?</b> CHIP enrollment continues to reflect the general population in Pennsylvania.</p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> Accurate and timely processing of CHIP applications by contractors and our Central Eligibility Unit (CEU).</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?</b> CHIP enrollment continues to reflect the general population in Pennsylvania.</p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> Accurate and timely processing of CHIP applications by contractors and our Central Eligibility Unit (CEU).</p>																																																																																				
<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2018:</b> For CHIP enrollment to continue to reflect the general population in Pennsylvania.  <b>Annual Performance Objective for FFY 2019:</b> For CHIP enrollment to continue to reflect the general population in Pennsylvania.  <b>Annual Performance Objective for FFY 2020:</b> For CHIP enrollment to continue to reflect the general population in Pennsylvania.</p> <p><i>Explain how these objectives were set:</i> Historical trends.</p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2019:</b> For CHIP enrollment to continue to reflect the general population in Pennsylvania.  <b>Annual Performance Objective for FFY 2020:</b> For CHIP enrollment to continue to reflect the general population in Pennsylvania.  <b>Annual Performance Objective for FFY 2021:</b> For CHIP enrollment to continue to reflect the general population in Pennsylvania.</p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2020:</b> For CHIP enrollment to continue to reflect the general population in Pennsylvania.  <b>Annual Performance Objective for FFY 2021:</b> For CHIP enrollment to continue to reflect the general population in Pennsylvania.  <b>Annual Performance Objective for FFY 2022:</b> For CHIP enrollment to continue to reflect the general population in Pennsylvania.</p> <p><i>Explain how these objectives were set:</i> Historical Trends.</p>																																																																																				
<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>																																																																																				

Objectives Related to CHIP Enrollment (Continued)

FFY 2017	FFY 2018	FFY 2019
<b>Goal #3 (Describe)</b>	<b>Goal #3 (Describe)</b>	<b>Goal #3 (Describe)</b>
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:
<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>
<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:
<b>Additional notes on measure:</b>	<b>Additional notes on measure:</b>	<b>Additional notes on measure:</b>

FFY 2017	FFY 2018	FFY 2019
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?</b></p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?</b></p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?</b></p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b></p>
<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2018:</b>  <b>Annual Performance Objective for FFY 2019:</b>  <b>Annual Performance Objective for FFY 2020:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2019:</b>  <b>Annual Performance Objective for FFY 2020:</b>  <b>Annual Performance Objective for FFY 2021:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2020:</b>  <b>Annual Performance Objective for FFY 2021:</b>  <b>Annual Performance Objective for FFY 2022:</b></p> <p><i>Explain how these objectives were set:</i></p>
<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>

**Objectives Related to Medicaid Enrollment**

FFY 2017	FFY 2018	FFY 2019
<b>Goal #1 (Describe)</b>	<b>Goal #1 (Describe)</b>	<b>Goal #1 (Describe)</b>
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:
<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>
<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:
<b>Additional notes on measure:</b>	<b>Additional notes on measure:</b>	<b>Additional notes on measure:</b>

FFY 2017	FFY 2018	FFY 2019
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?</b></p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?</b></p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?</b></p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b></p>
<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2018:</b>  <b>Annual Performance Objective for FFY 2019:</b>  <b>Annual Performance Objective for FFY 2020:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2019:</b>  <b>Annual Performance Objective for FFY 2020:</b>  <b>Annual Performance Objective for FFY 2021:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2020:</b>  <b>Annual Performance Objective for FFY 2021:</b>  <b>Annual Performance Objective for FFY 2022:</b></p> <p><i>Explain how these objectives were set:</i></p>
<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>

**Objectives Related to Medicaid Enrollment (Continued)**

FFY 2017	FFY 2018	FFY 2019
<b>Goal #2 (Describe)</b>	<b>Goal #2 (Describe)</b>	<b>Goal #2 (Describe)</b>
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:
<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>
<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:
<b>Additional notes on measure:</b>	<b>Additional notes on measure:</b>	<b>Additional notes on measure:</b>



FFY 2017	FFY 2018	FFY 2019
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?</b></p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?</b></p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?</b></p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b></p>
<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2018:</b>  <b>Annual Performance Objective for FFY 2019:</b>  <b>Annual Performance Objective for FFY 2020:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2019:</b>  <b>Annual Performance Objective for FFY 2020:</b>  <b>Annual Performance Objective for FFY 2021:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2020:</b>  <b>Annual Performance Objective for FFY 2021:</b>  <b>Annual Performance Objective for FFY 2022:</b></p> <p><i>Explain how these objectives were set:</i></p>
<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>

**Objectives Related to Medicaid Enrollment (Continued)**

FFY 2017	FFY 2018	FFY 2019
<b>Goal #3 (Describe)</b>	<b>Goal #3 (Describe)</b>	<b>Goal #3 (Describe)</b>
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:
<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>
<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:
<b>Additional notes on measure:</b>	<b>Additional notes on measure:</b>	<b>Additional notes on measure:</b>

FFY 2017	FFY 2018	FFY 2019
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?</b></p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?</b></p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?</b></p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b></p>
<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2018:</b>  <b>Annual Performance Objective for FFY 2019:</b>  <b>Annual Performance Objective for FFY 2020:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2019:</b>  <b>Annual Performance Objective for FFY 2020:</b>  <b>Annual Performance Objective for FFY 2021:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2020:</b>  <b>Annual Performance Objective for FFY 2021:</b>  <b>Annual Performance Objective for FFY 2022:</b></p> <p><i>Explain how these objectives were set:</i></p>
<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>

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

FFY 2017	FFY 2018	FFY 2019
<p><b>Goal #1 (Describe)</b> Lead Screening- Increase by 5 percent per year the percentage of PA CHIP two year old members who underwent lead screening prior to their second birthday.</p>	<p><b>Goal #1 (Describe)</b> Lead Screening - Increase by 5 percent per year the percentage of PA CHIP two year old members who underwent lead screening prior to their second birthday.</p>	<p><b>Goal #1 (Describe)</b> Lead Screening- Increase by 5 percent per year the percentage of PA CHIP two year old members who underwent lead screening prior to their second birthday.</p>
<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used: 2017</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used: 2018</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used: 2019</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data).  <input checked="" type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data).  <input checked="" type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data).  <input checked="" type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>
<p><b>Definition of Population Included in the Measure:</b>            Definition of numerator:            Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).            If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>	<p><b>Definition of Population Included in the Measure:</b>            Definition of numerator:            Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).            If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>	<p><b>Definition of Population Included in the Measure:</b>            Definition of numerator:            Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).            If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>
<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2016 To: (mm/yyyy) 12/2016</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2017 To: (mm/yyyy) 12/2017</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2018 To: (mm/yyyy) 12/2018</b></p>

FFY 2017	FFY 2018	FFY 2019
<p><b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS)</i></p> <p>Numerator: 0 Denominator: 0 Rate: 60.37</p>	<p><b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS)</i></p> <p>Numerator: 0 Denominator: 0 Rate: 61.91</p>	<p><b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS)</i></p> <p>Numerator: 0 Denominator: 0 Rate: 66.15</p>
<p><b>Deviations from Measure Specifications:</b></p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p><b>Deviations from Measure Specifications:</b></p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p><b>Deviations from Measure Specifications:</b></p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>
<p><b>Additional notes on measure:</b></p>	<p><b>Additional notes on measure:</b></p>	<p><b>Additional notes on measure:</b></p>
<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>

FFY 2017	FFY 2018	FFY 2019
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?</b></p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?</b> The HEDIS 2018 PA CHIP Lead Screening rate of 61.91% was 0.69 percentage points above the 2017 performance objective of 61.22%.</p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> 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. PA CHIP is currently undertaking an initiative that will enable providers to identify CHIP members. Along with this effort, the CHIP health insurance companies are providing additional education explaining the need for this group of children to receive lead screening. CHIP health insurance companies are engaging in a number of interventions to try to increase the number of members being screened, including providing rosters of members that should be screened to their PCPs, offering pay-for-performance incentives, and expanding reimbursement to include point of care lead screening testing. In 2017 the performance objectives were reviewed and extended to include an objective through 2020.</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?</b> The HEDIS 2019 PA CHIP Lead Screening rate of 66.15% was 1.15 percentage points above the 2019 performance objective of 65.00%.</p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> After analyzing the available data, it became evident that PA CHIP members were often not receiving the required lead screening because PCPs could not identify potentially high risk PA CHIP members within their patient population. The CHIP health insurance companies are providing additional education explaining the need for this group of children to receive lead screening. CHIP health insurance companies are engaging in a number of interventions to try to increase the number of members being screened, including providing rosters of members that should be screened to their PCPs, offering pay-for-performance incentives, and expanding reimbursement to include point of care lead screening testing. Included in these interventions is the Lead Screening Performance Improvement Project, which plans began in FY 2017 and will continue through 2021. In 2019 the performance objectives were reviewed and extended to include an objective through 2022.</p>
<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2018:</b>  <b>Annual Performance Objective for FFY 2019:</b>  <b>Annual Performance Objective for FFY 2020:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2019:</b> 65.00%  <b>Annual Performance Objective for FFY 2020:</b> 68.26%  <b>Annual Performance Objective for FFY 2021:</b> 71.67%</p> <p><i>Explain how these objectives were set:</i> Each CHIP health insurance contractor has been tasked to increase their percentage of 5% each year for the next three years.</p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2020:</b> 69.46%  <b>Annual Performance Objective for FFY 2021:</b> 72.93%  <b>Annual Performance Objective for FFY 2022:</b> 76.58%</p> <p><i>Explain how these objectives were set:</i> Each CHIP health insurance contractor has been tasked to increase their percentage of 5% each year for the next three years.</p>

FFY 2017	FFY 2018	FFY 2019
<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b> Lead Screening Rate PA CHIP Weighted Average</p> <p>AE CBC NEPA GHP HHMO HPPO HPHP IBC UHC UPMC</p> <p>E Pop 215 216 73 207 604 338 255 124 77 736</p> <p>Den 214 216 73 206 411 338 255 124 77 411</p> <p>Num 140 134 33 150 268 238 91 47 46 272</p> <p>Rate% 65.42 62.04 45.21 72.82 65.21 70.41 35.69 37.90 59.74 66.18</p> <p>PA CHIP Weighted Average 61.91%</p>	<p><b>Other Comments on Measure:</b> Lead Screening Rate</p> <p>H H H H H H H H H</p> <p>H HPA</p> <p>Aetna IBC NEPA HPP UPMC GEI</p> <p>CBC HPPO HHMO UHC</p> <p>Elig. Pop. 289 240 77 166 649 334 264 174 93 725</p> <p>Denomin. 289 240 77 166 411 334 264 174 93 411</p> <p>Numerator 177 162 32 125 329 227 122 92 43 279</p> <p>Rate (%) 61.25% 67.50% 41.56% 75.30% 80.05% 67.96% 46.21% 52.87% 46.24% 67.88% PA CHIP Weighted Average 66.15%</p>

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

FY 2017	FFY 2018	FFY 2019
<p><b>Goal #2 (Describe)</b> Lead screening - Increase by 5 percent per year the percentage of PA CHIP two year old members who underwent lead screening prior to their second birthday.</p>	<p><b>Goal #2 (Describe)</b> Goal #2 (Describe) Asthma Emergency Encounter Rate: Decrease by 1.5 percentage points per 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 2017.</p>	<p><b>Goal #2 (Describe)</b> Asthma Emergency Encounter Rate: Decrease by 0.56 percentage points per 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 2020.</p>
<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2017  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i> 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 2017.</p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i> 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 2018</p>
<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data).  <input checked="" type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>



FY 2017	FFY 2018	FFY 2019
<p><b>Definition of Population Included in the Measure:</b>            Definition of numerator: Eligible population who had one or more capillary or venous lead blood tests for lead poisoning prior to their second birthday.            Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).            If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: Number of members who turned two years of age during the measurement year (Eligible population 2,148).</p>	<p><b>Definition of Population Included in the Measure:</b>            Definition of numerator:            Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).            If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>	<p><b>Definition of Population Included in the Measure:</b>            Definition of numerator:            Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).            If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>
<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2016 To: (mm/yyyy) 12/2016</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2017 To: (mm/yyyy) 12/2017</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2018 To: (mm/yyyy) 12/2019</b></p>
<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS)</i></p> <p>Numerator: 0            Denominator: 0            Rate: 60.37</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS)</i></p> <p>Numerator:            Denominator:            Rate:</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS)</i></p> <p>Numerator:            Denominator:            Rate:</p>
<p><b>Deviations from Measure Specifications:</b></p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p><b>Deviations from Measure Specifications:</b></p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p><b>Deviations from Measure Specifications:</b></p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>
<p><b>Additional notes on measure:</b> The state weighted average is based on the size of the measure-eligible population for each reporting unit.</p>	<p><b>Additional notes on measure:</b></p>	<p><b>Additional notes on measure:</b></p>
<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>            Numerator:            Denominator:            Rate:            Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>            Numerator: 1106            Denominator: 14345            Rate: 7.7            Additional notes on measure: Weighted Average calculated based on the size of the measure-eligible population for each reporting unit.</p>	<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>            Numerator: 1440            Denominator: 14461            Rate: 10.0            Additional notes on measure: Additional notes on measure: Weighted Average calculated based on the size of the measure-eligible population for each reporting unit.</p>

FY 2017	FFY 2018	FFY 2019
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?</b> The HEDIS 2017 PA CHIP Lead Screening rate of 60.4 was 2.1 percentage points above the 2017 performance objective of 58.3%.</p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> 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. PA CHIP is currently undertaking an initiative that will enable providers to identify CHIP members. Along with this effort, the CHIP health insurance companies are providing additional education explaining the need for this group of children to receive lead screening. CHIP health insurance companies are engaging in a number of interventions to try to increase the number of members being screened, including providing rosters of members that should be screened to their PCPs, offering pay-for-performance incentives, and expanding reimbursement to include point of care lead screening testing. In 2017 the performance objectives were reviewed and extended to include an objective for 2020.</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?</b> The 2018 Asthma Emergency Department encounter rate of 7.7% decreased from 2017 but was 2.8 percentage points above the 2017 performance objective of 4.9%.</p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> 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 is too costly for the State to fund at this time.</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?</b> The 2019 Asthma Emergency Department encounter rate of 10.0% was 3.8 percentage points above the 2019 performance objective of 6.2%.</p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> 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.</p>
<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2018:</b> 61.22%  <b>Annual Performance Objective for FFY 2019:</b> 64.26%  <b>Annual Performance Objective for FFY 2020:</b> 67.47%</p> <p><i>Explain how these objectives were set:</i> Each CHIP health insurance contractor has been tasked to increase their percentage of 5% each year for the next three years.</p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2019:</b> 6.2%  <b>Annual Performance Objective for FFY 2020:</b> 4.7%  <b>Annual Performance Objective for FFY 2021:</b> 3.2%</p> <p><i>Explain how these objectives were set:</i> It is expected that a decrease in ED utilization by 1.55 per year may be feasible over the next three years with improvement in disease management and care coordination that CHIP insurers are anticipating undertaking.</p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2020:</b> 9.4%  <b>Annual Performance Objective for FFY 2021:</b> 8.9%  <b>Annual Performance Objective for FFY 2022:</b> 8.3%</p> <p><i>Explain how these objectives were set:</i> Based on a review of historical trends for this measure, a decrease in ED utilization by 0.56 per year may be feasible over the next three years, also considering any improvement in disease management and care coordination that CHIP insurers may be able to undertake in the future.</p>

FY 2017	FFY 2018	FFY 2019
<p><b>Other Comments on Measure:</b> Ae IBC NEPA  HPHP UPMC GHP CBC HPPO HHMO UHC PA Wtd  Avge  Elig-pop: 159 160 47 77 462 244 210 98 68 623  Denom: 159 160 47 77 411 243 210 98 67 411  Num: 117 86 22 45 251 189 87 28 36 266  Rate % 73.7 53.8 46.8 58.4 61.1 77.8 41.4 28.6 53.7 64.7  60.4%</p>	<p><b>Other Comments on Measure:</b> Asthma Emergency  Encounter Rate</p> <p>AE IBC NEPA HPHP UPMC GEIC BCH  PPO HHMO UHC  E Pop 1189 2305 393 1163 2653 967 1319 817  563 2976  De 1189 2305 393 1163 2653 967 1319 817  563 2976  Num 104 226 26 130 189 46 60 29  35 261  Rate % 8.75 9.80 6.62 11.18 7.12% 4.76 4.55  3.55 6.22 8.77</p> <p>PA CHIP Weighted Average 7.7%</p>	<p><b>Other Comments on Measure:</b> Aetna IBC  NEPA HPP UPMC GEI CBC HPPO  HHMO UHC  Elige Pop 1435 2288 335 1140 2652 904 1235  862 531 3079  Denomin 1435 2288 335 1140 2652 904 1235  862 531 3079  Numerator 308 215 21 247 181 40  58 38 38 294  Rate (%) 21.46% 9.40% 6.27% 21.67% 6.83% 4.42%  4.70% 4.41% 7.16% 9.55% PA CHIP Weighted  Average 9.96%</p>

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

FFY 2017	FFY 2018	FFY 2019
<p><b>Goal #3 (Describe)</b> Asthma Emergency Encounter Rate: Decrease by 1.5 percentage points per 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 2016.</p>	<p><b>Goal #3 (Describe)</b></p>	<p><b>Goal #3 (Describe)</b></p>
<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i> 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 2016</p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>
<p><b>Definition of Population Included in the Measure:</b>            Definition of numerator: Eligible population who had one or more visits to the emergency department for Asthma during the measurement year            Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).            If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: Number of members two years of age through 19 years of age who were diagnosed with asthma during the measurement year</p>	<p><b>Definition of Population Included in the Measure:</b>            Definition of numerator:            Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).            If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>	<p><b>Definition of Population Included in the Measure:</b>            Definition of numerator:            Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).            If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>
<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2016 To: (mm/yyyy) 12/2016</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) To: (mm/yyyy)</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) To: (mm/yyyy)</b></p>

FFY 2017	FFY 2018	FFY 2019
<p><b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS)</i></p> <p>Numerator: Denominator: Rate:</p>	<p><b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS)</i></p> <p>Numerator: Denominator: Rate:</p>	<p><b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS)</i></p> <p>Numerator: Denominator: Rate:</p>
<p><b>Deviations from Measure Specifications:</b></p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p><b>Deviations from Measure Specifications:</b></p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p><b>Deviations from Measure Specifications:</b></p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>
<p><b>Additional notes on measure:</b></p>	<p><b>Additional notes on measure:</b></p>	<p><b>Additional notes on measure:</b></p>
<p><b>Other Performance Measurement Data:</b></p> <p>Numerator: 1017 Denominator: 12104 Rate: 8.4</p> <p>Additional notes on measure: Weighted Average calculated based on the size of the measure-eligible population for each reporting unit.</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>

FFY 2017	FFY 2018	FFY 2019
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?</b> The 2017 Asthma Emergency Department encounter rate of 8.4% was 0.5 percentage points above the 2016 performance objective of 7.9%.</p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> CHIP MCOs 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 MCOs, but is too costly for the State to fund at this time. In 2017 the performance objectives were reviewed and extended to include an objective for 2020.</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?</b></p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?</b></p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b></p>
<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2018:</b> 4.85%  <b>Annual Performance Objective for FFY 2019:</b> 3.30%  <b>Annual Performance Objective for FFY 2020:</b> 1.75%</p> <p><i>Explain how these objectives were set:</i> It is expected that a decrease in ED utilization by 1.55 per year may be feasible over the next three years with improvement in disease management and care coordination that CHIP MCOs are anticipating undertaking.</p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2019:</b>  <b>Annual Performance Objective for FFY 2020:</b>  <b>Annual Performance Objective for FFY 2021:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2020:</b>  <b>Annual Performance Objective for FFY 2021:</b>  <b>Annual Performance Objective for FFY 2022:</b></p> <p><i>Explain how these objectives were set:</i></p>

FFY 2017	FFY 2018	FFY 2019
<p><b>Other Comments on Measure:</b> Ae CBC NEPA  GHP HHMO HPPO HPHP IBC UHC UPMC PA Wtd  Ave  Elig-pop: 901 1295 349 801 582 764 1089 2334 2874  1115  Den: 901 1295 349 801 582 764 1089 2334 2874  1115  Num: 82 68 13 35 31 34 107 208 268 171  Rate% 9.1 5.3 3.7 4.4 5.3 4.5 9.8 8.9 9.3 15.3  8.4%</p>	<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>

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

FFY 2017	FFY 2018	FFY 2019
<p><b>Goal #1 (Describe)</b> Increase frequency of Adolescent Well-Care visits by 3.8 percentage points per year for the next three years; monitor for trends and outliers.</p>	<p><b>Goal #1 (Describe)</b> Increase frequency of Adolescent Well-Care visits by 1.5 percentage points per year for the next three years, monitor for trends and outliers.</p>	<p><b>Goal #1 (Describe)</b> Increase frequency of Adolescent Well-Care visits by 1.5 percentage points per year for the next three years; monitor for trends and outliers.</p>
<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2017  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2018  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2019  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input checked="" type="checkbox"/> Other. <i>Specify:</i>                      Combination of administrative data (1 health plans) and hybrid data (9 health plans)</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input checked="" type="checkbox"/> Other. <i>Specify:</i>                      Combination of administrative data(1 health plan) and hybrid data (9 health plans).</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input checked="" type="checkbox"/> Other. <i>Specify:</i>                      Combination of administrative data (1 health plans) and hybrid data (9 health plans).</p>
<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: Eligible population with at least 1 comprehensive well-care visit with PCP or OB/GYN within measurement year.                      Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).                      If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: Members 12-19 years of age during the measurement year (eligible population 45,532)</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator:                      Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).                      If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: Members 12-19 years of age during the measurement year (eligible population 50,315).</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator:                      Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).                      If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>
<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2016 To: (mm/yyyy) 12/2016</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2017 To: (mm/yyyy) 12/2017</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2018 To: (mm/yyyy) 12/2018</b></p>



FFY 2017	FFY 2018	FFY 2019
<p><b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS)</i></p> <p>Numerator: 0 Denominator: 0 Rate: 67.62</p>	<p><b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS)</i></p> <p>Numerator: 0 Denominator: 0 Rate: 68.38</p>	<p><b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS)</i></p> <p>Numerator: 0 Denominator: 0 Rate: 70.19</p>
<p><b>Deviations from Measure Specifications:</b></p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p><b>Deviations from Measure Specifications:</b></p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p><b>Deviations from Measure Specifications:</b></p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>
<p><b>Additional notes on measure:</b> The state weighted average is based on the size of the measure-eligible population for each reporting unit</p>	<p><b>Additional notes on measure:</b></p>	<p><b>Additional notes on measure:</b></p>
<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>

FFY 2017	FFY 2018	FFY 2019
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?</b> The PA CHIP HEDIS 2017 rate of 67.6 was 2.8 percentage point below the 2017 performance benchmark of 70.4%</p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> 2009 onsite reviews specifically addressed this area as one of PA CHIP's priorities. Contractor meetings where best practices are shared and encouragement of CHIP MCOs to try innovative outreach programs such as sponsoring a dance for this population, social networking and various member recognitions have been key to PA CHIP's success with this measure. In 2017 the performance objectives were reviewed and extended to include an objective for 2020.</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?</b> The PA CHIP HEDIS 2018 rate of 68.38 was 8.76 percentage points below the 2018 performance benchmark of 77.14%.</p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> In 2017, performance improvement projects that center around developmental screening addressed the area of frequency of well-child care visits, as these visits include screening for developmental disorders. As plans focus on increasing these visits via their performance improvement projects, it is expected that well-child care visits will also improve systematically. Plans will be approaching this in a variety of ways, including education at the patient and provider level and training of standardized tools that providers will use during these visits. These PIPs began in 2017 and will be running through 2020.</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?</b> The PA CHIP HEDIS 2019 rate of 70.19 was 0.31 percentage point above the 2019 performance benchmark of 69.88%.</p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> In 2017, performance improvement projects that center around developmental screening addressed the area of frequency of well-child care visits, as these visits include screening for developmental disorders. As plans focus on increasing these visits via their performance improvement projects, it is expected that well-child care visits will also improve systematically. Plans will be approaching this in a variety of ways, including education at the patient and provider level, and training of standardized tools that providers will use during these visits. These PIPs began in 2017 and will be running through 2020.</p>
<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2018:</b> 77.14%  <b>Annual Performance Objective for FFY 2019:</b> 80.08%  <b>Annual Performance Objective for FFY 2020:</b> 83.12%</p> <p><i>Explain how these objectives were set:</i> The rate of this measure decreased by 3.1 percentage points from HEDIS 2012 to HEDIS 2013, therefore the goal was set to increase the rate by 3.8 percentage points each year over the next three years in order to reverse this observed decrease.</p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2019:</b> 69.88%  <b>Annual Performance Objective for FFY 2020:</b> 71.38%  <b>Annual Performance Objective for FFY 2021:</b> 72.88%</p> <p><i>Explain how these objectives were set:</i> The average rate of increase for this measure over the past four years (2015 through 2018) has been 1.46 percentage points. A goal has been set of 1.5 percentage points increase year to year to continue this improvement for the next three years.</p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2020:</b> 71.69%  <b>Annual Performance Objective for FFY 2021:</b> 73.19%  <b>Annual Performance Objective for FFY 2022:</b> 74.69%</p> <p><i>Explain how these objectives were set:</i> Based on year over year trend reviews for this measure, percentage point improvements around 1.5 remain. A goal of 1.5 percentage point increase year to year to remain in place to maintain improvement for the next three years.</p>

FFY 2017	FFY 2018	FFY 2019
<p><b>Other Comments on Measure:</b> Ae IBC NEPA  HPHP UPMC GHP CBC HPPO HHMO UHC PA Wtd  Avge  Elig-Pop: 2678 6759 2038 2087 8391 2823 5032 2765  3883 9076  Denom: 432 383 2038 386 354 384 366 2765 3883  411  Num: 291 270 1278 260 232 261 255 1799 2543  284  Rate% 67.4 70.5 62.7 67.4 65.5 68.0 69.7 65.1 65.5  69.1 67.6%</p>	<p><b>Other Comments on Measure:</b> Adolescent Well-Care Visits    AE CBC NEPA HPHP UPMC GEI CB  HPPO HHMO UHC  E Pop 3237 7007 1970 2773 9724 3657 5363  2911 3493 10180  Den 411 348 1970 366 376 366 354 2911  3493 411 Num 283 266 1295 261 255 232  250 1952 2429 303  Rate% 68.86 76.44 65.74 71.31 67.82 63.39  70.62 67.06 69.54 73.72    PA CHIP Weighted average: 70.44%</p>	<p><b>Other Comments on Measure:</b> Aetna IBC  NEPA HPP UPMC GEI CBC HPPO HHMO  UHC  Elig Pop 4016 6999 1929 2958 10544 4186  5185 3180 3156 10544  Denomin 411 305 1929 342 366 384 348  3180 3156 328  Numerator 267 229 1288 251 253 249 242  2122 2155 242  Rate (%) 64.96% 75.08% 66.77% 73.39% 69.13%  64.84% 69.54% 66.73% 68.28% 73.78%  PA CHIP Weighted Average 70.19%</p>

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

FFY 2017	FFY 2018	FFY 2019
<p><b>Goal #2 (Describe)</b> Increase the percentage of eligible children receiving all vaccinations in HEDIS Combination 2 by 0.7 percentage points per year for the next three years.</p>	<p><b>Goal #2 (Describe)</b> Increase the percentage of eligible children receiving all vaccinations in HEDIS Combination 2 by 0.7 percentage points per year for the next three years.</p>	<p><b>Goal #2 (Describe)</b> Increase the percentage of eligible children receiving all vaccinations in HEDIS Combination 2 by 0.7 percentage points per year for the next three years.</p>
<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revise<i>d</i>. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revise<i>d</i>. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revise<i>d</i>. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2017  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2018  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2019  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data).  <input checked="" type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data).  <input checked="" type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data).  <input checked="" type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>
<p><b>Definition of Population Included in the Measure:</b>            Definition of numerator: Eligible population who receive all vaccinations in Combination 2.            Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).            If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>	<p><b>Definition of Population Included in the Measure:</b>            Definition of numerator:            Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).            If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>	<p><b>Definition of Population Included in the Measure:</b>            Definition of numerator:            Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).            If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>
<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2016 To: (mm/yyyy) 12/2016</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2017 To: (mm/yyyy) 12/2017</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2018 To: (mm/yyyy) 12/2018</b></p>
<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS)</i>             Numerator: 0            Denominator: 0            Rate: 80.7</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS)</i>             Numerator: 0            Denominator: 0            Rate: 81.6</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS)</i>             Numerator: 0            Denominator: 0            Rate: 82.2</p>

FFY 2017	FFY 2018	FFY 2019
<p><b>Deviations from Measure Specifications:</b></p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p><b>Deviations from Measure Specifications:</b></p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p><b>Deviations from Measure Specifications:</b></p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>
<p><b>Additional notes on measure:</b></p>	<p><b>Additional notes on measure:</b></p>	<p><b>Additional notes on measure:</b></p>
<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>  Numerator:  Denominator:  Rate:  Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>  Numerator:  Denominator:  Rate:  Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>  Numerator:  Denominator:  Rate:  Additional notes on measure:</p>

FFY 2017	FFY 2018	FFY 2019
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?</b> The PA CHIP HEDIS 2017 rate of 80.7 was 4.4 percentage points above the 2017 performance benchmark of 76.3%.</p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> 2009 onsite reviews specifically explored this measurement topic with CHIP MCOs. 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 were all mentioned as barriers for improving this measure. Currently PA CHIP is encouraging CHIP MCOs 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. In 2017 the performance objectives were reviewed and extended to include an objective for 2020.</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?</b> The PA CHIP HEDIS 2018 rate of 81.6 was 3.9 percentage points above the 2018 performance benchmark of 77.7%.</p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> 2009 onsite reviews specifically explored this measurement topic with CHIP health insurers. 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 were all mentioned as barriers for improving this measure. Currently PA CHIP is encouraging health insurers 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.</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?</b> The PA CHIP HEDIS 2019 rate of 82.2 was 0.15 percentage points below the 2019 performance benchmark of 82.35%.</p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> 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.</p>
<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2018:</b> 77.7%  <b>Annual Performance Objective for FFY 2019:</b> 78.4%  <b>Annual Performance Objective for FFY 2020:</b> 79.1%</p> <p><i>Explain how these objectives were set:</i> The rate for this measure increased by 2.1 percentage points between HEDIS 2013 and HEDIS 2014, which also exceeded the three year projection for this measure. Therefore a goal was set to increase this rate by 0.7 percentage points each year over the next three years in order to replicate this observed increase.</p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2019:</b> 82.35%  <b>Annual Performance Objective for FFY 2020:</b> 83.1%  <b>Annual Performance Objective for FFY 2021:</b> 83.85%</p> <p><i>Explain how these objectives were set:</i> The rate for this measure increased on average by 0.75 percentage points between HEDIS 2016 and HEDIS 2018, which reflects a very steady incremental increase in the rate. A goal was set to continue this improvement by increasing this rate by 0.75 percentage points each year.</p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2020:</b> 82.95%  <b>Annual Performance Objective for FFY 2021:</b> 83.70%  <b>Annual Performance Objective for FFY 2022:</b> 84.45%</p> <p><i>Explain how these objectives were set:</i> The rate for this measure increased on average by 0.70 percentage points between HEDIS 2016 and HEDIS 2019, which reflects a very steady incremental increase in the rate. A goal was set to continue this improvement by increasing this rate by 0.75 percentage points each year.</p>

FFY 2017	FFY 2018	FFY 2019
<p><b>Other Comments on Measure:</b> Ae IBC NEPA  HPHP UPMC GHP CBC HPPO HHMO UHC PA Wtd  Avge  Elig-pop: 159 160 47 77 462 244 210 98 68 623  Denom: 159 160 47 77 411 243 210 98 67 411  Num: 140 126 30 61 332 202 162 79 60 329  Rate % 88.1 78.8 63.8 79.2 80.8 83.1 77.1 80.6 89.6 80.0  80.1%</p>	<p><b>Other Comments on Measure:</b> Childhood Immunization  Status (CIS) Combination 2</p> <p>AE IBC NEPA HPHP UPMC GEI CBC  HPPO HHMO UHC  E Pop 215 216 73 207 604 338 255  124 77 736  Den 214 215 73 206 411 338 255  124 77 411  Num 168 170 59 160 337 276 210  106 69 338  Rate% 78.50 79.07 80.82 77.67 82.00 81.66  82.35 85.48 89.61 82.24</p> <p>PA CHIP Weighted Average 81.58%</p>	<p><b>Other Comments on Measure:</b> Aetna IBC NEPA  HPP UPMC GEI CBC HPPO HHMO UHC  Elig Pop 289 240 77 166 649 334 264  174 93 725  Denomin 289 240 77 166 411 334 264  174 93 411  Numerator 211 198 51 134 351 281 204  143 80 351  Rate (%) 73.01% 82.50% 66.23% 80.72% 85.40% 84.13%  77.27% 82.18% 86.02% 85.40%  PA CHIP Weighted Average 82.21%</p>

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

FFY 2017	FFY 2018	FFY 2019
<p><b>Goal #3 (Describe)</b> Beginning in 2016, the Annual Vision Screening measure was removed as a Contractor submission requirement, and is not a CMS reportable measure.</p>	<p><b>Goal #3 (Describe)</b> Developmental Screening in the First Three Years of Life: Increase by 4.5 percentage points per year for the number of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool.</p>	<p><b>Goal #3 (Describe)</b> Developmental Screening in the First Three Years of Life: Increase by 4.5 percentage points per year for the number of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool.</p>
<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input checked="" type="checkbox"/> New/revised. <i>Explain:</i>  <input type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i>                      The prior measure used for this goal (Annual Vision Screening) was retired in 2016). This PA performance measure was selected due to its varying trend selection as a performance improvement project in 2017, and perceived room for improvement over the coming measurement years across plans.</p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i> 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.</p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i> 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.</p>
<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>
<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator:                      Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).                      If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator:                      Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).                      If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator:                      Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).                      If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>
<p><b>Date Range:</b>  <b>From: (mm/yyyy) To: (mm/yyyy)</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2017 To: (mm/yyyy) 12/2017</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2018 To: (mm/yyyy) 12/2018</b></p>



FFY 2017	FFY 2018	FFY 2019
<p><b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS)</i></p> <p>Numerator: Denominator: Rate:</p>	<p><b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS)</i></p> <p>Numerator: Denominator: Rate:</p>	<p><b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS)</i></p> <p>Numerator: Denominator: Rate:</p>
<p><b>Deviations from Measure Specifications:</b></p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p><b>Deviations from Measure Specifications:</b></p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p><b>Deviations from Measure Specifications:</b></p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>
<p><b>Additional notes on measure:</b></p>	<p><b>Additional notes on measure:</b></p>	<p><b>Additional notes on measure:</b></p>
<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator: 3914 Denominator: 7370 Rate: 53.1</p> <p>Additional notes on measure: The percentage of children who had a claim with CPT code 96110 or 96111 on or by their first, second or third birthday.</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator: 4462 Denominator: 7790 Rate: 56.0</p> <p>Additional notes on measure:</p>

FFY 2017	FFY 2018	FFY 2019
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?</b></p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?</b> There was no goal associated with this measure in 2017, thus there is no comparison available for performance.</p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> In 2017, performance improvement projects that center around 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 will be 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 in 2017 and will be running through 2020, during which time the rates for this measure will be tracked both within the project and annually during performance measure validation.</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?</b> The 2019 Developmental Screening rate of 56.0% was 1.6 percentage points below the 2019 performance objective of 57.6%.</p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> In 2017, performance improvement projects that center around developmental screening began across all CHIP plans. These visits include screening for developmental disorders. As plans focus on increasing these visits via their performance improvement projects, it is expected that screenings will increase in their populations, and will be reflected in this rate. Plans are approaching their projects in a variety of ways, including education at the patient and provider level, direct outreach to members that are due for visits, and training of standardized tools that providers will use during these visits. These PIPs began with MY 2017 and will be running through 2020, during which time the rates for this measure will be tracked both within the project and annually during performance measure validation.</p>
<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2018:</b>  <b>Annual Performance Objective for FFY 2019:</b>  <b>Annual Performance Objective for FFY 2020:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2019:</b> 57.6%  <b>Annual Performance Objective for FFY 2020:</b> 62.1%  <b>Annual Performance Objective for FFY 2021:</b> 66.6%</p> <p><i>Explain how these objectives were set:</i> Since the beginning of its reporting history in 2015, this measure has seen an average increase of 4.7 percentage points per year. To continue with this upward trend, a goal of 4.5 percentage point increase year over year has been selected to keep this increase in line.</p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2020:</b> 60.5%  <b>Annual Performance Objective for FFY 2021:</b> 65%  <b>Annual Performance Objective for FFY 2022:</b> 69.5%</p> <p><i>Explain how these objectives were set:</i> Trends continue to show an average increase of 4 percentage points per year. To continue with this upward trend, a goal of 4.5 percentage point increase year over year has been selected to keep this increase in line.</p>

FFY 2017	FFY 2018						FFY 2019									
<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>						<b>Other Comments on Measure:</b>									
	AE	IBC	NEPA				Aetna	IBC	NEPA							
	HPP	UPMC	GEI	CBC	HPPO	HHMO	HPP	UPMC	GEI	CBC	HPPO	HHMO	UHC			
	UHC						Elig Pop	746	764	217	483	1853	631	775	444	
E Pop	510	546	173	602	1764	742	245	1812								
	611		345	197	1880		Denomin	746	764	217	483	1853	631	775	444	
Den	510	546	173	602	1764	742	245	1812								
	611		345	197	1880		Numerator	426	508	82	286	1245	232	319	194	
Num	304	368	60	298	1080	326	153	1017								
	219		133	116	1010		Rate (%)	57.10%	66.49%	37.79%	59.21%	67.19%	36.77%			
Rate%	59.61	67.40	34.68	49.50	61.22	43.94	41.16%	43.69%	62.45%	56.13%						
	35.84	38.55	58.88	53.72			PA CHIP	Weighted Average	55.98%							
	PA CHIP Weighted Average 53.11%															

1. What other strategies does your state use to measure and report on access to, quality, or outcomes of care received by your CHIP population? What have you found? **[7500]**

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 2019 technical reports utilize HEDIS 2019 data (based on 2017 and 2018 service dates, as appropriate to the measure) and compare the PA CHIP health plan rates to the weighted average of all PA CHIP plans and to the average of National Medicaid plans that submitted data to NCQA. Additionally, these reports compare each plans' rate to the prior year's rate for trending purposes. For HEDIS 2019, 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 Medication Management for People with Asthma and select Immunizations for Adolescents rates. For HEDIS 2019 Access/Availability of Care measures, both Children and Adolescents' Access to Primary Care Practitioner (CAP) and Annual Dental Visits (ADV) performed higher than Medicaid. Looking at Use of Services (UOS) measures, Well-Child Visits in the First 15 Months of Life (0, 1, 2, 3, and 4 visits), PA CHIP members had lower rates than did PA Medicaid managed care health plan members of comparable age. Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life and Adolescent Well-Care Visits both performed better (higher rates) than PA Medicaid.

2. What strategies does your CHIP program have for future measurement and reporting on access to, quality, or outcomes of care received by your CHIP population? When will data be available? **[7500]**

PA CHIP has multiple strategies for measurement and reporting on access to, quality, or outcomes of care received by the CHIP population. Each year, PA CHIP sets objectives and performance goals. Those objectives and goals are outlined in each Annual Report. These objectives and the status of each goal follow.

Objective: To expand the CHIP performance measurement set.

Performance goal status:

- For HEDIS 2016, PA CHIP required the reporting of the Medication Management for People with Asthma (MMA) measure.
- For HEDIS 2017, PA CHIP required the reporting of the Medication Management for People with Asthma (MMA) measure.
- For HEDIS 2018, PA CHIP continued requiring the reporting of the current HEDIS measures.
- For HEDIS 2019, PA CHIP continued requiring the reporting of the current HEDIS measures. In addition, PA CHIP required the reporting of the Asthma Medication Ratio (AMR) measure.
- In 2016, PA CHIP continued requiring the reporting of three of the current PA-specific performance measures. PA CHIP implemented a PA-specific performance measure – “Dental Sealants for 6 to 9 Year Old Children at Elevated Caries Risk” this measure replaced “Dental Sealants for Children” which was retired by CMS.
- In 2017, PA CHIP continued requiring the reporting of the “Dental Sealants for 6 to 9 Year Old Children at Elevated Caries Risk” measure.
- In 2018, PA CHIP continued requiring the reporting of the “Dental Sealants for 6 to 9 Year Old Children at Elevated Caries Risk”, the “Annual Number of Asthma Patients with Related ER Visits”, and the “Developmental Screening in the First 3 Years” measure. Additionally,

in 2018 PA CHIP began reporting the “Contraceptive Care for All Women Ages 15-20” and “Contraceptive Care for Postpartum Women Ages 15-20” measures.

- In 2019, PA CHIP continued requiring the reporting of the “Dental Sealants for 6 to 9 Year Old Children at Elevated Caries Risk”, the “Annual Number of Asthma Patients with Related ER Visits”, and the “Developmental Screening in the First 3 Years”, “Contraceptive Care for All Women Ages 15-20”, and “Contraceptive Care for Postpartum Women Ages 15-20” measures.

Objective: To ensure consistency in CHIP performance measurement.

Performance goal status:

- In 2016, PA CHIP required the PA-specific performance measure be subject to validation by an independent organization. This requirement will continue in 2017 for all performance measures.
- In 2017, PA CHIP required the PA-specific performance measure be subject to validation by an independent organization. This requirement will continue in 2018 for all performance measures.
- In 2018, PA CHIP required the PA-specific performance measure be subject to validation by an independent organization. This requirement will continue in 2019 for all performance measures.
- In 2019, PA CHIP required the PA-specific performance measure be subject to validation by an independent organization. This requirement will continue in 2020 for all performance measures.

Objective: To initiate public reporting of CHIP performance measures

Performance goal status:

- In 2016, PA CHIP published an annual report card that displays each CHIP health insurance companies’ rates for selected 2016 CAHPS survey results and 2016 HEDIS measures and compared those results to the statewide average using graphics.
- In 2017 PA CHIP published an annual report card that displays each CHIP health insurance companies’ rates for selected 2017 CAHPS survey results and 2017 HEDIS measures and compared those results to the statewide average using graphics.
- PA CHIP will prepare and disseminate a similar report card using 2018 CAHPS survey results and 2018 HEDIS measures. The report card will be available in the fourth quarter of 2018.
- PA CHIP will prepare and disseminate a similar report card using 2019 CAHPS survey results, 2019 HEDIS measures, and 2019 PA-specific Performance Measures. The report card will be available in the fourth quarter of 2019.

Objective: To implement a CHIP pay-for-performance program

Performance goal status:

- From 2009 - 2018, and again in 2019, PA CHIP continued suspension of a pay-for-performance program due to Commonwealth budgeting issues.

3. Have you conducted any focused quality studies on your CHIP population, e.g., adolescents, attention deficit disorder, substance abuse, special health care needs or other emerging health care needs? What have you found? **[7500]**

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 contractors 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 contractors 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 Contractors 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 Contractors over the past few years, rates by Contractor and weighted average fall below the national average. Additionally, the rate increases have been less consistent among PA CHIP Contractors than for PA Medicaid HealthChoices MCOs. For both PIPs, baseline measurement will be calendar year 2017, with interim reporting to be submitted by Contractors in 2018, 2019, and 2020. A final culminating report will be submitted by each Contractor in 2021.

In July 2019, plans submitted 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. In October 2019, IPRO disseminated review findings to each plan with requests that plans address any outstanding questions and resubmit during the same month. IPRO received and reviewed these revised Interim reports and results were sent to PA CHIP and all plans.

4. Please attach any additional studies, analyses or other documents addressing outreach, enrollment, access, quality, utilization, costs, satisfaction, or other aspects of your CHIP program's performance. Please include any analyses or descriptions of any efforts designed to reduce the number of uncovered children in the state through a state health insurance connector program or support for innovative private health coverage initiatives. **[7500]**

#### CHIP Performance Measure Summaries

- For 2016, 8.2 percent of enrollees with persistent asthma had at least one visit to the emergency department for asthma during 2015. Health plan rates ranged from 3.3 to 14.0 percent.
- For 2017, 8.4 percent of enrollees with persistent asthma had at least one visit to the emergency department for asthma during 2016. Health plan rates ranged from 3.7 to 15.3 percent.
- For 2018, 7.7 percent of enrollees with persistent asthma had at least one visit to the emergency department for asthma during 2017. Health plan rates ranged from 3.5 to 11.2 percent.
- For 2019, 10.0 percent of enrollees with persistent asthma had at least one visit to the emergency department for asthma during 2018. Health plan rates ranged from 4.4 to 21.7 percent.
- For 2016, the Annual Vision Screening measure was removed as a Contractor submission requirement, and is not a CMS reportable measure.

- For 2017, 49.6 percent of enrollees were screened for risk of developmental, behavioral and social delays using a standardized screening tool in the 12 months preceding their first, second or third birthday. Health plan rates ranged from 29.2 to 64.5 percent.
- For 2018, 53.1 percent of enrollees were screened for risk of developmental, behavioral and social delays using a standardized screening tool in the 12 months preceding their first, second or third birthday. Health plan rates ranged from 34.7 to 67.4 percent
- For 2019, 56.0 percent of enrollees were screened for risk of developmental, behavioral and social delays using a standardized screening tool in the 12 months preceding their first, second or third birthday. Health plan rates ranged from 36.8 to 67.2 percent
- For 2016, 53.3 percent of enrollees one through 20 years old received preventive dental services during 2015. Health plan rates ranged from 44.9 to 67.5 percent.
- For 2017, 56.7 percent of enrollees one through 20 years old received preventive dental services during 2015. Health plan rates ranged from 21.1 to 64.8 percent.
- For 2016, the Dental Sealants for Children measure was retired by PA CHIP, and was replaced in 2016 by the Dental Sealants for 6 to 9 Year Old Children at Elevated Risk measure.
- In 2016, the percentage of enrolled children ages 6-9 years at elevated risk of dental caries who received a sealant on a permanent first molar tooth within the measurement year was 20.5 for contractor-reported and 19.7 for CHIPRA enhanced rate.
- In 2017, the percentage of enrolled children ages 6-9 years at elevated risk of dental caries who received a sealant on a permanent first molar tooth within the measurement year was 24.4 for contractor-reported and 23.1 for CHIPRA enhanced rate.
- In 2018, the percentage of enrolled children ages 6-9 years at elevated risk of dental caries who received a sealant on a permanent first molar tooth within the measurement year was 25.2 for contractor-reported and 25.2 for CHIPRA enhanced rate.
- In 2019, the percentage of enrolled children ages 6-9 years at elevated risk of dental caries who received a sealant on a permanent first molar tooth within the measurement year was 18.9 for contractor-reported and 19.2 for CHIPRA enhanced rate.
- In 2018, the percentage of women ages 15 through 20 who had a live birth and were provided a most effective/moderately effective contraception method or a long-acting reversible method of contraception (LARC), within 3 days and within 60 days of delivery in the measurement year was 0, 51.3, 0, and 20.5 respectively. Please note that the total denominator across all CHIP MCOs was 39. Caution should be exercised when interpreting results for small denominators, as they produce rates that are less stable.
- In 2019, the percentage of women ages 15 through 20 who had a live birth and were provided a most effective/moderately effective contraception method or a long-acting reversible method of contraception (LARC), within 3 days and within 60 days of delivery in the measurement year was 5.9, 43.1, 3.9, and 19.6 respectively. Please note that the total denominator across all CHIP MCOs was 51. Caution should be exercised when interpreting results for small denominators, as they produce rates that are less stable.
- In 2018, the percentage of women ages 15 through 20 at risk of unintended pregnancy and were provided a most effective/moderately effective contraception method or a long-acting

reversible method of contraception (LARC) in the measurement year was 17.9 and 2.3, respectively.

- In 2019, the percentage of women ages 15 through 20 at risk of unintended pregnancy and were provided a most effective/moderately effective contraception method or a long-acting reversible method of contraception (LARC) in the measurement year was 28.2 and 1.9, respectively.

CAHPS survey 5.0H. See summary below.

- From the ten PA CHIP health plans which participated in the survey, 4,331 respondents completed the CAHPS 5.0H Questionnaire. The respondents completed the questionnaire on behalf of a child enrolled in one of the commercial-based or Medicaid-based HMO plans.

- Respondent Characteristics—PA CHIP CAHPS 5.0H Survey Respondents

- o For CAHPS 2019, the majority of respondents were female (82.2 percent). A large proportion of survey respondents had a high school diploma (30.8 percent) or some college education (35.7 percent). In addition, approximately half of respondents indicated that their child is white (50.2 percent) and was in “excellent” or “very good” health (84.4 percent).

- Global Rating Questions

- o The Global Rating Questions asked respondents to rate each of four aspects of their child’s health care on a scale of 0 to 10, where 0 is the “worst possible” and 10 is the “best possible.”

- o For 2019, the PA CHIP plan average for enrollees who rated their child’s health plan 8, 9, or 10 was 85.77 percent, with health plan ratings ranging from 78.50 to 89.46. The average across health plans for PA CHIP enrollees who rated their child’s personal doctor 8, 9, or 10 was 90.42 percent.

- Composite Scores



o Each Composite contained a set of survey questions. To obtain a Composite Score, the responses for all questions comprising a Composite were averaged.

o The PA CHIP health plan rates ranged from 84.00 to 98.29 percent of enrollees who indicated that they are “usually” or “always” able to get urgent care quickly for their child. The PA CHIP plan rates ranged from 85.86 to 95.39 percent of enrollees who indicated that they are “usually” or “always” able to get routine care appointments for their child.

Enter any Narrative text related to Section IIB below. [7500]

## Section III: Assessment of State Plan and Program Operation

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

Please note that the numbers in brackets, e.g., [7500] are character limits in the CHIP Annual Report Template System (CARTS). You will not be able to enter responses with characters greater than the limit indicated in the brackets.

### Section IIIA: Outreach

1. How have you redirected/changed your outreach strategies during the reporting period? [7500]

Understanding the healthcare needs of the families CHIP serves is essential to the outreach strategy. Educating the public to ensure a clear understanding of eligibility requirements, cost, and coverage will help families understand how CHIP compares to other health insurance options available. In October 2018, Field Goals.US was awarded the CHIP Market Research contract to explore the barriers to enrollment and re-enrollment in CHIP. The research objectives included:

- Exploring the barriers families experience when enrolling and re-enrolling into the CHIP program;
- Understanding awareness and perceptions of the CHIP program with CHIP and Non-CHIP parents;
- Developing CHIP website improvements and changes; and
- Gauging the resonance of current CHIP messaging and advertising.

Field Goals.US was tasked with conducting healthcare focus groups across the CHIP footprint in Pennsylvania. To establish the market research areas, CHIP provided the research team with county enrollment data. From their research Field Goals.US recommended the following five market areas:

- Market 1: Dauphin/Perry/York Counties
- Market 2: Philadelphia/Delaware Counties
- Market 3: Westmoreland/Fayette Counties
- Market 4: Mifflin/Centre Counties
- Market 5: Lackawanna/Luzerne Counties

These markets are representative of areas with lower enrollment and re-enrollment statewide. In each market area Field Goals.US developed two groups; the first group consisted of participants who previously had children enrolled in CHIP or currently have children enrolled in CHIP and the second group consisted of participants who have never enrolled their children in CHIP. All focus group participants were parents with children 19 years of age or younger living in the household. A mix of incomes and ages were recruited to cover the diverse population CHIP serves.

During the focus groups, participants discussed questions that addressed each of research objectives. Field Goals.US created a workbook that captured quantitative information from each group. The workbook included each the respondent's knowledge of CHIP and children healthcare challenges. Additionally, the workbook provided each participant with brief surveys that contained a rating system and comment section for each CHIP media item. The media discussed in the focus groups included:

- CHIP ([www.chipcoverspakids.com](http://www.chipcoverspakids.com))landing page
- COMPASS ([www.compass.state.pa.us](http://www.compass.state.pa.us)) landing page
- CHIP "Reach" Tri-Fold Brochure
- CHIP "Strong" Tri-Fold Brochure
- CHIP Bi-Lingual Rack Card
- CHIP 30-Second Spot Video Ad (Full-Length)

- CHIP 15-Second Spot Video Ad (Swimmer)
- CHIP Radio Ad

The extensive research conducted by Field Goals.US has put CHIP in the unique position to make improvements that will directly assist PA families in obtaining affordable and quality healthcare coverage for their children.

Mendoza Group, Inc. was awarded the Focus Effort and Event Speaker contracts in December 2018 – September 2019. For both contracts the target audience were areas with high uninsured rates with children, minority children, and families with new-borns. The components of the focus effort campaign included outreach events, enrollment/renewal events, and new CHIP Strong creative materials. The campaign goals for outreach and enrollment events were the following:

- Educate the public on CHIP
- Enroll, reducing the percentage of uninsured children
- Increase the renewal rate of CHIP enrollees.

The event speaker campaign focused on similar goals and was conducted throughout the Commonwealth. Both event speaker and community outreach are tools PA CHIP has utilized to connect and build trust within the communities the program serves. Outreach campaign spread the CHIP Strong message to over 20,000 people in addition to the event speaker campaign reaching 8,000 people statewide. From the increased interest in CHIP information and materials, Mendoza created a digital tool kit that community partners could access electronically. The digital toolkit included links to the following items:

- Digital CHIP strong brochure
- CHIP Income Eligibility Chart
- Links to more CHIP resources such as CHIP website and COMPASS.
- Website banner ads
- CHIP Logo
- DHS/CHIP social media pages.
- CHIP Strong Newsletter

The digital tool kit allows CHIP to share materials quickly and efficiently with various agencies. Additionally, PA CHIP tasked Mendoza to host enrollment and renewal events in the same areas that outreach events were located. Mendoza is a COMPASS community partner and has been trained on application and renewal processing through PA's online application portal for human services. Through this initiative Mendoza was able to assist over 250 families in enrolling and renewing in the program. This initiative was especially helpful for families who were new to the program and did not know how to navigate the enrollment process.

The 2019 media buy facilitated through Red House Communications yielded promising results. During the healthcare focus groups participants suggested that CHIP advertisements should be aired through digital media platforms such as Google. According to Red House Communications the media buy touched nearly 32 million viewers with 8.5 million completed views across the Commonwealth. 62% of viewers came from streaming radio platforms such as Spotify and Pandora. Google tactics lead 89% of CHIP website traffic during the media campaign. The actual number of consumers reached during the campaign exceeded all projected amounts giving the overall campaign an added value of \$425,359.

Pennsylvania law requires CHIP to send electronic notification of the program to all schools in Pennsylvania on annual basis. To meet this requirement, CHIP worked with both the PA Department of Education and the PA Association of Intermediate Units to send out the "School Flyer" to Pennsylvania's public and private schools. In previous years, CHIP would compile a mass mailing of paper flyers for schools. This year, in an effort to be "greener", CHIP provided the flyer electronically in the dissemination email, so schools could easily provide the flyer electronically to families. The flyer is two-sided, one side has the English translation and the other side is translated in Spanish.

CHIP MCOs continue to conduct community outreach at the local level in each of their service areas. Each county has two to six CHIP MCOs, which provides for creative and effective coverage to underserved populations. Each CHIP MCO conducts marketing and outreach efforts in a different way, thus reaching different segments of Pennsylvania's diverse population. By conducting different outreach efforts across a range of MCOs, CHIP has been successful in reaching a large portion of Pennsylvania's uninsured families.

2. What methods have you found most effective in reaching low-income, uninsured children (e.g., T.V., school outreach, word-of-mouth)? How have you measured effectiveness? **[7500]**

A multi-pronged marketing and outreach approach is very effective in reaching citizens with CHIP's message. However, grassroots outreach, word-of-mouth, and referrals continue to be CHIP's most valuable outreach methods for general markets. CHIP outreach always encourages citizens to tell family, friends, co-workers and neighbors about the program. We measure our success by the increased number of enrollments and the number of calls coming to the toll-free number during the period when outreach is being conducted.

3. Which of the methods described in Question 2 would you consider a best practice(s)? **[7500]**

It is difficult to point to one best practice because it is a combination of our efforts – driving awareness from marketing campaigns, grassroots efforts, contract outreach and word of mouth that equal success.

4. Is your state targeting outreach to specific populations (e.g., minorities, immigrants, and children living in rural areas)?

- Yes  
 No

Have these efforts been successful, and how have you measured effectiveness? **[7500]**

CHIP and CHIP MCOs continually seek new avenues for community outreach and raising awareness about the CHIP program. Community-based organizations provide a significant point of entry into underserved, uninsured markets, and CHIP and CHIP MCOs utilize our extensive community network of resources to reach out to their communities.

Mendoza Group Inc. specializes in multi-cultural communications and urban and community marketing. Mendoza worked on CHIP's behalf to target the minority population by being our "feet on the street", reaching our target where they live, work, and worship. Our grassroots efforts were organized across the state and provided opportunities for face-to-face conversation about the CHIP program. Mendoza has a network of cultural community organizations they partner with and was able to engage with Hispanic, Asian and African communities during this year's outreach campaign. CHIP has created marketing and outreach materials including a radio spot, brochures and posters that are translated in to the preferred languages of the families CHIP serves.

5. What percentage of children below 200 percent of the federal poverty level (FPL) who are eligible for Medicaid or CHIP have been enrolled in those programs? **[5]**

(Identify the data source used). **[7500]**

Enter any Narrative text related to Section IIIA below. **[7500]**

## Section IIIB: Substitution of Coverage (Crowd-out)

Please answer the following questions as they apply to your state's program (some questions are not applicable to Medicaid expansion programs.) Medicaid expansion states should complete applicable responses and indicate those questions that are non-applicable with N/A. Please include percent calculations in your responses when applicable and requested.

1. Does your separate CHIP program require a child to be uninsured for a minimum amount of time prior to enrollment (waiting period)?

- No  
 Yes  
 N/A

If no, skip to question 5. If yes, answer questions 2-4:

2. How many months does your program require a child to be uninsured prior to enrollment?
3. To which groups (including FPL levels) does the period of uninsurance apply? **[1000]**
4. List all exemptions to imposing the period of uninsurance **[1000]**

**Please answer questions 5, 7, 8 (and 6 and 9 if applicable) regardless of the response the state provided to question 1.**

5. Does your program match prospective enrollees to a database that details private insurance status?

- No  
 Yes  
 N/A

6. If answered yes to question 5, what database? **[1000]**

Health Management Services

7. What percent of individuals screened for CHIP eligibility cannot be enrolled because they have group health plan coverage? **[5]** 3.9

a. Of those found to have had employer sponsored insurance and have been uninsured for only a portion of the state's waiting period, what percent meet the state's exemptions and federally required exemptions to the waiting period [(# individuals subject to the waiting period that meet an exemption/total # of individuals subject to the waiting period)\*100]? **[5]**

8. Do you track the number of individuals who have access to private insurance?

- Yes  
 No

9. If yes to question 8, what percent of individuals that enrolled in CHIP had access to private health insurance at the time of application during the last federal fiscal year [(# of individuals that had access to private health insurance/total # of individuals enrolled in CHIP)\*100]? **[5]** 3.9

Enter any Narrative text related to Section IIIB below. **[7500]**

## Section IIIC: Eligibility

This subsection should be completed by all states. Medicaid Expansion states should complete applicable responses and indicate those questions that are non-applicable with N/A.

### Section IIIC: Subpart A: Eligibility Renewal and Retention

1. Do you have authority in your CHIP state plan to provide for presumptive eligibility, and have you implemented this?  
 Yes  
 No  
If yes,
  - a. What percent of children are presumptively enrolled in CHIP pending a full eligibility determination? **[5]**
  - b. Of those children who are presumptively enrolled, what percent of those children are determined eligible and enrolled upon completion of the full eligibility determination? **[5]**
2. Select the measures from those below that your state employs to simplify an eligibility renewal and retain eligible children in CHIP.  
 Conducts follow-up with clients through caseworkers/outreach workers  
 Sends renewal reminder notices to all families
  - How many notices are sent to the family prior to disenrolling the child from the program? **[500]**
  - At what intervals are reminder notices sent to families (e.g., how many weeks before the end of the current eligibility period is a follow-up letter sent if the renewal has not been received by the state?) **[500]**  
 Other, please explain: **[500]**
3. Which of the above strategies appear to be the most effective? Have you evaluated the effectiveness of any strategies? If so, please describe the evaluation, including data sources and methodology. **[7500]**

### Section IIIC: Subpart B: Eligibility Data

#### Table 1. Data on Denials of Title XXI Coverage in FFY 2019

States are required to report on all questions (1, 1.a., 1.b., and 1.c) in FFY 2019. Please enter the data requested in the table below and the template will tabulate the requested percentages. If you are unable to provide data in this section due to the single streamlined application, please note this in the response to question 2.

Measure	Number	Percent
1. Total number of denials of title XXI coverage	72822	100
a. Total number of procedural denials	47252	64.9
b. Total number of eligibility denials	23595	32.4
i. Total number of applicants denied for title XXI and enrolled in title XIX	7510	10.3
<input type="checkbox"/> (Check here if there are no additional categories)	1975	2.7
c. Total number of applicants denied for other reasons Please indicate: - <u>End coverage at enrollee's request</u>  - <u>Moved out of state</u>  - <u>Not PA residents</u>  - <u>Whereabouts unknown</u>		

2. Please describe any limitations or restrictions on the data used in this table:

### Definitions:

1. The “the total number of denials of title XXI coverage” is defined as the total number of applicants that have had an eligibility decision made for title XXI and denied enrollment for title XXI in FFY 2019. This definition only includes denials for title XXI at the time of initial application (not redetermination).
  - a. The “total number of procedural denials” is defined as the total number of applicants denied for title XXI procedural reasons in FFY 2019 (i.e., incomplete application, missing documentation, missing enrollment fee, etc.).
  - b. The “total number of eligibility denials” is defined as the total number of applicants denied for title XXI eligibility reasons in FFY 2019 (i.e., income too high, income too low for title XXI /referred for Medicaid eligibility determination/determined Medicaid eligible , obtained private coverage or if applicable, had access to private coverage during your state’s specified waiting period, etc.)
    - i. The total number of applicants that are denied eligibility for title XXI and determined eligible for title XIX.
  - c. The “total number of applicants denied for other reasons” is defined as any other type of denial that does not fall into 2a or 2b. Please check the box provided if there are no additional categories.

## Table 2. Redetermination Status of Children

For tables 2a and 2b, reporting is required for FFY 2019.

### Table 2a. Redetermination Status of Children Enrolled in Title XXI.

Please enter the data requested in the table below in the “Number” column, and the template will automatically tabulate the percentages.

Description	Number	Percent			
1. Total number of children who are enrolled in title XXI and eligible to be redetermined	170389	100%			
2. Total number of children screened for redetermination for title XXI	170389	100	100%		
3. Total number of children retained in title XXI after the redetermination process	109555	64.3	64.3		
4. Total number of children disenrolled from title XXI after the redetermination process	60834	35.7	35.7	100%	
a. Total number of children disenrolled from title XXI for failure to comply with procedures	26153			42.99	
b. Total number of children disenrolled from title XXI for failure to meet eligibility criteria	24511			40.29	100%
i. Disenrolled from title XXI because income too high for title XXI (If unable to provide the data, check here <input type="checkbox"/> )	0				
ii. Disenrolled from title XXI because income too low for title XXI (If unable to provide the data, check here <input type="checkbox"/> )	18138				74
iii. Disenrolled from title XXI because application indicated access to private coverage or obtained private coverage (If unable to provide the data or if you have a title XXI Medicaid Expansion and this data is not relevant check here <input type="checkbox"/> )	1671				6.82
iv. Disenrolled from title XXI for other eligibility reason(s) Please indicate: (If unable to provide the data check here <input type="checkbox"/> )	4702				19.18
c. Total number of children disenrolled from title XXI for other reason(s) Please indicate: (Check here if there are no additional categories <input type="checkbox"/> )	10170			16.72	

5. If relevant, please describe any limitations or restrictions on the data entered into this table. Please describe any state policies or procedures that may have impacted the redetermination outcomes data [7500].

#### Definitions:

- The “total number of children who are eligible to be redetermined” is defined as the total number of children due to renew their eligibility in federal fiscal year (FFY) 2019, and did not age out (did not exceed the program’s maximum age requirement) of the program by or before redetermination. This total number may include those children who are eligible to renew prior to their 12 month eligibility redetermination anniversary date. This total must include ex parte redeterminations, the process when a state uses information available to it through other databases, such as wage and labor records, to verify ongoing eligibility. This total number must also include children whose eligibility can be renewed through administrative redeterminations, whereby the state sends the family a renewal form that is pre-populated with eligibility information already available through program records and requires the family to report any changes.



2. The “total number of children screened for redetermination” is defined as the total number of children that were screened by the state for redetermination in FFY 2019 (i.e., ex parte redeterminations and administrative redeterminations, as well as those children whose families have returned redetermination forms to the state ).
3. The “total number of children retained after the redetermination process” is defined as the total number of children who were found eligible and remained in the program after the redetermination process in FFY 2019.
4. The “total number of children disenrolled from title XXI after the redetermination process” is defined as the total number of children who are disenrolled from title XXI following the redetermination process in FFY 2019. This includes those children that states may define as “transferred” to Medicaid for title XIX eligibility screening.
  - a. The “total number of children disenrolled for failure to comply with procedures” is defined as the total number of children disenrolled from title XXI for failure to successfully complete the redetermination process in FFY 2019 (i.e., families that failed to submit a complete application, failed to provide complete documentation, failed to pay premium or enrollment fee, etc.).
  - b. The “total number of children disenrolled for failure to meet eligibility criteria” is defined as the total number of children disenrolled from title XXI for no longer meeting one or more of their state’s CHIP eligibility criteria (i.e., income too low, income too high, obtained private coverage or if applicable, had access to private coverage during your state’s specified waiting period, etc.). If possible, please break out the reasons for failure to meet eligibility criteria in i.-iv.
  - c. The “total number of children disenrolled for other reason(s)” is defined as the total number of children disenrolled from title XXI for a reason other than failure to comply with procedures or failure to meet eligibility criteria, and are not already captured in 4.a. or 4.b.

The data entered in 4.a., 4.b., and 4.c. should sum to the total number of children disenrolled from title XXI (line 4).

**Table 2b. Redetermination Status of Children Enrolled in Title XIX.**

Please enter the data requested in the table below in the “Number” column, and the template will automatically tabulate the percentages.

Description	Number	Percent			
1. Total number of children who are enrolled in title XIX and eligible to be redetermined		100%			
2. Total number of children screened for redetermination for title XIX			100%		
3. Total number of children retained in title XIX after the redetermination process					
4. Total number of children disenrolled from title XIX after the redetermination process				100%	
a. Total number of children disenrolled from title XIX for failure to comply with procedures					
b. Total number of children disenrolled from title XIX for failure to meet eligibility criteria					100%
i. Disenrolled from title XIX because income too high for title XIX (If unable to provide the data, check here <input type="checkbox"/> )					
ii. Disenrolled from title XIX for other eligibility reason(s) Please indicate: (If unable to provide the data check here <input type="checkbox"/> )					
c. Total number of children disenrolled from title XIX for other reason(s) Please indicate: (Check here if there are no additional categories <input type="checkbox"/> )					

5. If relevant, please describe any limitations or restrictions on the data entered into this table. Please describe any state policies or procedures that may have impacted the redetermination outcomes data [7500].

**Definitions:**

1. The “total number of children who are eligible to be redetermined” is defined as the total number of children due to renew their eligibility in federal fiscal year (FFY) 2019, and did not age out (did not exceed the program’s maximum age requirement) of the program by or before redetermination. This total number may include those children

who are eligible to renew prior to their 12 month eligibility redetermination anniversary date. This total must include ex parte redeterminations, the process when a state uses information available to it through other databases, such as wage and labor records, to verify ongoing eligibility. This total number must also include children whose eligibility can be renewed through administrative redeterminations, whereby the state sends the family a renewal form that is pre-populated with eligibility information already available through program records and requires the family to report any changes.

2. The “total number of children screened for redetermination” is defined as the total number of children that were screened by the state for redetermination in FFY 2019 (i.e., ex parte redeterminations and administrative redeterminations, as well as those children whose families have returned redetermination forms to the state).
3. The “total number of children retained after the redetermination process” is defined as the total number of children who were found eligible and remained in the program after the redetermination process in FFY 2019.
4. The “total number of children disenrolled from title XIX after the redetermination process” is defined as the total number of children who are disenrolled from title XIX following the redetermination process in FFY 2019. This includes those children that states may define as “transferred” to CHIP for title XXI eligibility screening.
  - a. The “total number of children disenrolled for failure to comply with procedures” is defined as the total number of children disenrolled from title XIX for failure to successfully complete the redetermination process in FFY 2019 (i.e., families that failed to submit a complete application, failed to provide complete documentation, failed to pay premium or enrollment fee, etc.).
  - b. The “total number of children disenrolled for failure to meet eligibility criteria” is defined as the total number of children disenrolled from title XIX for no longer meeting one or more of their state’s Medicaid eligibility criteria (i.e., income too high, etc.).
  - c. The “total number of children disenrolled for other reason(s)” is defined as the total number of children disenrolled from title XIX for a reason other than failure to comply with procedures or failure to meet eligibility criteria, and are not already captured in 4.a. or 4.b.  
The data entered in 4.a., 4.b., and 4.c. should sum to the total number of children disenrolled from title XIX (line 4).

### Table 3. Duration Measure of Selected Children, Ages 0-16, Enrolled in Title XIX and Title XXI, Second Quarter FFY 2018

The purpose of tables 3a and 3b is to measure the duration, or continuity, of Medicaid and CHIP enrollees' coverage. This information is required by Section 402(a) of CHIPRA. **Reporting on this table is required.**

The measure is designed to capture continuity of coverage for a cohort of children in title XIX and title XXI for 18 months of enrollment. This means that reporting spans two CARTS reports over two years, with enrollment status at 6 months being reported in the first reporting year, and 12 and 18 month enrollment status reported in the second reporting year. **States identify a new cohort of children every two years. States identify newly enrolled children in the second quarter of FFY 2018 (January, February, and March of 2018) for the FFY 2018 CARTS report. This same cohort of children will be reported on in the FFY 2019 CARTS report for the 12 and 18 month status of children newly identified in quarter 2 of FFY 2018. If your eligibility system already has the capability to track a cohort of enrollees over time, an additional "flag" or unique identifier may not be necessary.**

**The FFY 2019 CARTS report is the second year of reporting in the cycle of two CARTS reports on the cohort of children identified in the second quarter of FFY 2018.** For the FFY 2018 report, States only reported on lines 1-4a of the tables. **In the FFY 2019 report, no updates will be made to lines 1-4a. For the FFY 2019 report, data will be added to lines 5-10a.** The next cohort of children will be identified in the second quarter of the FFY 2020 (January, February and March of 2020).

**Instructions:** For this measure, please identify newly enrolled children in both title XIX (for Table 3a) and title XXI (for Table 3b) in the second quarter of FFY 2018, ages 0 months to 16 years at time of enrollment. Children enrolled in January 2018 must have birthdates after July 2001 (e.g., children must be younger than 16 years and 5 months) to ensure that they will not age out of the program at the 18th month of coverage. Similarly, children enrolled in February 2018 must have birthdates after August 2001, and children enrolled in March 2018 must have birthdates after September 2001. Each child newly enrolled during this time frame needs a unique identifier or "flag" so that the cohort can be tracked over time. If your eligibility system already has the capability to track a cohort of enrollees over time, an additional "flag" or unique identifier may not be necessary. Please follow the child based on the child's age category at the time of enrollment (e.g., the child's age at enrollment creates an age cohort that does not change over the 18 month time span)

Please enter the data requested in the tables below, and the template will tabulate the percentages. In the FFY 2019 report you will enter data on lines 5-7a related to the 12-month enrollment status of children identified on line 1. You will also enter data on lines 8-10a related to the 18-month enrollment status of children identified on line 1. **Only enter a "0" (zero) if the data are known to be zero. If data are unknown or unavailable, leave the field blank.**

**Note that all data must sum correctly in order to save and move to the next page.** The data in each individual row must add across to sum to the total in the "All Children Ages 0-16" column for that row. And in each column, the data within each time period (6, 12 and 18 months) must each sum up to the data in row 1, which is the number of children in the cohort. This means that in each column, rows 2, 3 and 4 must sum to the total in row 1; rows 5, 6 and 7 must sum to row 1; and rows 8, 9 and 10 must sum to row 1. These tables track a child's enrollment status over time, so when data are added or modified at each milestone (6, 12, and 18 months), there should always be the same total number of children accounted for in line 1 "All Children Ages 0-16" over the entire 18 month period. **Rows numbered with an "a" (e.g., rows 3a and 4a) are excluded from the totals because they are subsets of their respective rows. The system will not move to the next section of the report until all applicable sections of the table for the reporting year are complete and sum correctly to line 1.**

### Table 3 a. Duration Measure of Children Enrolled in Title XIX

Not Previously Enrolled in CHIP or Medicaid—“Newly enrolled” is defined as not enrolled in either title XXI or title XIX in the month before enrollment (i.e., for a child enrolled in January 2018, he/she would not be enrolled in either title XXI or title XIX in December 2017, etc.)

Not Previously Enrolled in Medicaid—“Newly enrolled” is defined as not enrolled in title XIX in the month before enrollment (i.e., for a child enrolled in January 2018, he/she would not be enrolled in title XIX in December 2017, etc.)

Table 3a. Duration Measure, Title XIX	All Children Ages 0-16		Age Less than 12 months		Ages 1-5		Ages 6-12		Ages 13-16	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
1. Total number of children newly enrolled in title XIX in the second quarter of FFY 2018		100%		100%		100%		100%		100%
<b>Enrollment status 6 months later</b>										
2. Total number of children continuously enrolled in title XIX										
3. Total number of children with a break in title XIX coverage but re-enrolled in title XIX										
3.a. Total number of children enrolled in CHIP (title XXI) during title XIX coverage break (If unable to provide the data, check here <input type="checkbox"/> )										
4. Total number of children disenrolled from title XIX										
4.a. Total number of children enrolled in CHIP (title XXI) after being disenrolled from title XIX (If unable to provide the data, check here <input type="checkbox"/> )										
<b>Enrollment status 12 months later</b>										
5. Total number of children continuously enrolled in title XIX										
6. Total number of children with a break in title XIX coverage but re-enrolled in title XIX										
6.a. Total number of children enrolled in CHIP (title XXI) during title XIX coverage break (If unable to provide the data, check here <input type="checkbox"/> )										
7. Total number of children disenrolled from title XIX										
7.a. Total number of children enrolled in CHIP (title XXI) after being disenrolled from title XIX (If unable to provide the data, check here <input type="checkbox"/> )										
<b>Enrollment status 18 months later</b>										
8. Total number of children continuously enrolled in title XIX										

Table 3a. Duration Measure, Title XIX	All Children Ages 0-16		Age Less than 12 months		Ages 1-5		Ages 6-12		Ages 13-16	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
9. Total number of children with a break in title XIX coverage but re-enrolled in title XIX										
9.a. Total number of children enrolled in CHIP (title XXI) during title XIX coverage break (If unable to provide the data, check here <input type="checkbox"/> )										
10. Total number of children disenrolled from title XIX										
10.a. Total number of children enrolled in CHIP (title XXI) after being disenrolled from title XIX (If unable to provide the data, check here <input type="checkbox"/> )										

**Definitions:**

1. The “total number of children newly enrolled in title XIX in the second quarter of FFY 2018” is defined as those children either new to public coverage or new to title XIX, in the month before enrollment. Please define your population of “newly enrolled” in the Instructions section.
2. The total number of children that were continuously enrolled in title XIX for 6 months is defined as the sum of:
  - the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and who were continuously enrolled through the end of June 2018
  - + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and who were continuously enrolled through the end of July 2018
  - + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and who were continuously enrolled through the end of August 2018
3. The total number who had a break in title XIX coverage during 6 months of enrollment (regardless of the number of breaks in coverage) but were re-enrolled in title XIX by the end of the 6 months, is defined as the sum of:
  - the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and who disenrolled and re-enrolled in title XIX by the end of June 2018
  - + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and who disenrolled and re-enrolled in title XIX by the end of July 2018
  - + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and who disenrolled and re-enrolled in title XIX by the end of August 2018
 3.a. From the population in #3, provide the total number of children who were enrolled in title XXI during their break in coverage.
4. The total number who disenrolled from title XIX, 6 months after their enrollment month is defined as the sum of:
  - the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and were disenrolled by the end of June 2018
  - + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and were disenrolled by the end of July 2018
  - + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and were disenrolled by the end of August 2018
 4.a. From the population in #4, provide the total number of children who were enrolled in title XXI in the month after their disenrollment from title XIX.
5. The total number of children who were continuously enrolled in title XIX for 12 months is defined as the sum of:
  - the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and were continuously enrolled through the end of December 2018
  - + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and were continuously enrolled through the end of January 2019
  - + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and were continuously enrolled through the end of February 2019

6. The total number of children who had a break in title XIX coverage during 12 months of enrollment (regardless of the number of breaks in coverage), but were re-enrolled in title XIX by the end of the 12 months, is defined as the sum of:
  - the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and who disenrolled and then re-enrolled in title XIX by the end of December 2018
  - + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and who disenrolled and then re-enrolled in title XIX by the end of January 2019
  - + the number of children with birthdates after September 2001 who were newly enrolled in March 2018 and who disenrolled and then re-enrolled in title XIX by the end of February 2019
 6.a. From the population in #6, provide the total number of children who were enrolled in title XXI during their break in coverage.
  
7. The total number of children who disenrolled from title XIX 12 months after their enrollment month is defined as the sum of:
  - the number of children with birthdates after July 2001, who were enrolled in January 2018 and were disenrolled by the end of December 2018
  - + the number of children with birthdates after August 2001, who were enrolled in February 2018 and were disenrolled by the end of January 2019
  - + the number of children with birthdates after September 2001, who were enrolled in March 2018 and were disenrolled by the end of February 2019
 7.a. From the population in #7, provide the total number of children, who were enrolled in title XXI in the month after their disenrollment from title XIX.
  
8. The total number of children who were continuously enrolled in title XIX for 18 months is defined as the sum of:
  - the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and were continuously enrolled through the end of June 2019
  - + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and were continuously enrolled through the end of July 2019
  - + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and were continuously enrolled through the end of August 2019
  
9. The total number of children who had a break in title XIX coverage during 18 months of enrollment (regardless of the number of breaks in coverage), but were re-enrolled in title XIX by the end of the 18 months, is defined as the sum of:
  - the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and who disenrolled and re-enrolled in title XIX by the end of June 2019
  - + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and who disenrolled and re-enrolled in title XIX by the end of July 2019
  - + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and who disenrolled and re-enrolled in title XIX by the end of August 2019
 9.a. From the population in #9, provide the total number of children who were enrolled in title XXI during their break in coverage.
  
10. The total number of children who were disenrolled from title XIX 18 months after their enrollment month is defined as the sum of:
  - the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and disenrolled by the end of June 2019
  - + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and disenrolled by the end of July 2019
  - + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and disenrolled by the end of August 2019
 10.a. From the population in #10, provide the total number of children who were enrolled in title XXI (CHIP) in the month after their disenrollment from title XIX.

### Table 3b. Duration Measure of Children Enrolled in Title XXI

Specify how your “newly enrolled” population is defined:

Not Previously Enrolled in CHIP or Medicaid—“Newly enrolled” is defined as not enrolled in either title XXI or title XIX in the month before enrollment (i.e., for a child enrolled in January 2018, he/she would not be enrolled in either title XXI or title XIX in December 2017, etc.)

Not Previously Enrolled in CHIP—“Newly enrolled” is defined as not enrolled in title XXI in the month before enrollment (i.e., for a child enrolled in January 2018, he/she would not be enrolled in title XXI in December 2017, etc.)

Table 3b. Duration Measure, Title XXI	All Children Ages 0-16		Age Less than 12 months		Ages 1-5		Ages 6-12		Ages 13-16	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
1. Total number of children newly enrolled in title XXI in the second quarter of FFY 2018	23425	100%	360	100%	5649	100%	11271	100%	6145	100%

Table 3b. Duration Measure, Title XXI	All Children Ages 0-16		Age Less than 12 months		Ages 1-5		Ages 6-12		Ages 13-16	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
<b>Enrollment status 6 months later</b>										
2. Total number of children continuously enrolled in title XXI	16457	70.25	275	76.39	4030	71.34	7849	69.64	4303	70.02
3. Total number of children with a break in title XXI coverage but re-enrolled in title XXI	305	1.3	2	0.56	37	0.65	178	1.58	88	1.43
3.a. Total number of children enrolled in Medicaid (title XIX) during title XXI coverage break (If unable to provide the data, check here <input checked="" type="checkbox"/> )										
4. Total number of children disenrolled from title XXI	6663	28.44	83	23.06	1582	28	3244	28.78	1754	28.54
4.a. Total number of children enrolled in Medicaid (title XIX) after being disenrolled from title XXI (If unable to provide the data, check here <input checked="" type="checkbox"/> )										
<b>Enrollment status 12 months later</b>										
5. Total number of children continuously enrolled in title XXI	8447	36.06	193	53.61	2057	36.41	4091	36.3	2106	34.27
6. Total number of children with a break in title XXI coverage but re-enrolled in title XXI	1077	4.6	6	1.67	175	3.1	615	5.46	281	4.57
6.a. Total number of children enrolled in Medicaid (title XIX) during title XXI coverage break (If unable to provide the data, check here <input checked="" type="checkbox"/> )										
7. Total number of children disenrolled from title XXI	13901	59.34	161	44.72	3417	60.49	6565	58.25	3758	61.16
7.a. Total number of children enrolled in Medicaid (title XIX) after being disenrolled from title XXI (If unable to provide the data, check here <input checked="" type="checkbox"/> )										
<b>Enrollment status 18 months later</b>										
8. Total number of children continuously enrolled in title XXI	7572	32.32	177	49.17	1815	32.13	3684	32.69	1896	30.85
9. Total number of children with a break in title XXI coverage but re-enrolled in title XXI	2286	9.76	21	5.83	467	8.27	1185	10.51	613	9.98
9.a. Total number of children enrolled in Medicaid (title XIX) during title XXI coverage break (If unable to provide the data, check here <input checked="" type="checkbox"/> )										
10. Total number of children disenrolled from title XXI	13567	57.92	162	45	3367	59.6	6402	56.8	3636	59.17
10.a. Total number of children enrolled in Medicaid (title XIX) after being disenrolled from title XXI (If unable to provide the data, check here <input checked="" type="checkbox"/> )										

**Definitions:**

1. The “total number of children newly enrolled in title XXI in the second quarter of FFY 2018” is defined as those children either new to public coverage or new to title XXI, in the month before enrollment. Please define your population of “newly enrolled” in the Instructions section.

2. The total number of children that were continuously enrolled in title XXI for 6 months is defined as the sum of:
  - the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and who were continuously enrolled through the end of June 2018
  - + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and who were continuously enrolled through the end of July 2018
  - + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and who were continuously enrolled through the end of August 2018
  
3. The total number who had a break in title XXI coverage during 6 months of enrollment (regardless of the number of breaks in coverage) but were re-enrolled in title XXI by the end of the 6 months, is defined as the sum of:
  - the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and who disenrolled and re-enrolled in title XXI by the end of June 2018
  - + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and who disenrolled and re-enrolled in title XXI by the end of July 2018
  - + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and who disenrolled and re-enrolled in title XXI by the end of August 2018
  - 3.a. From the population in #3, provide the total number of children who were enrolled in title XIX during their break in coverage.
  
4. The total number who disenrolled from title XXI, 6 months after their enrollment month is defined as the sum of:
  - the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and were disenrolled by the end of June 2018
  - + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and were disenrolled by the end of July 2018
  - + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and were disenrolled by the end of August 2018
  - 4.a. From the population in #4, provide the total number of children who were enrolled in title XIX in the month after their disenrollment from title XXI.
  
5. The total number of children who were continuously enrolled in title XXI for 12 months is defined as the sum of:
  - the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and were continuously enrolled through the end of December 2018
  - + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and were continuously enrolled through the end of January 2019
  - + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and were continuously enrolled through the end of February 2019
  
6. The total number of children who had a break in title XXI coverage during 12 months of enrollment (regardless of the number of breaks in coverage), but were re-enrolled in title XXI by the end of the 12 months, is defined as the sum of:
  - the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and who disenrolled and then re-enrolled in title XXI by the end of December 2018
  - + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and who disenrolled and then re-enrolled in title XXI by the end of January 2019
  - + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and who disenrolled and then re-enrolled in title XXI by the end of February 2019
  - 6.a. From the population in #6, provide the total number of children who were enrolled in title XIX during their break in coverage.
  
7. The total number of children who disenrolled from title XXI 12 months after their enrollment month is defined as the sum of:
  - the number of children with birthdates after July 2001, who were enrolled in January 2018 and were disenrolled by the end of December 2018
  - + the number of children with birthdates after August 2001, who were enrolled in February 2018 and were disenrolled by the end of January 2019
  - + the number of children with birthdates after September 2001, who were enrolled in March 2018 and were disenrolled by the end of February 2019
  - 7.a. From the population in #7, provide the total number of children, who were enrolled in title XIX in the month after their disenrollment from title XXI.
  
8. The total number of children who were continuously enrolled in title XXI for 18 months is defined as the sum of:
  - the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and were continuously enrolled through the end of June 2019
  - + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and were continuously enrolled through the end of July 2019
  - + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and were continuously enrolled through the end of August 2019
  
9. The total number of children who had a break in title XXI coverage during 18 months of enrollment (regardless of the number of breaks in coverage), but were re-enrolled in title XXI by the end of the 18 months, is defined as the sum of:
  - the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and who disenrolled and re-enrolled in title XXI by the end of June 2019
  - + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and who disenrolled and re-enrolled in title XXI by the end of July 2019
  - + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and who disenrolled and re-enrolled in title XXI by the end of August 2019
  - 9.a. From the population in #9, provide the total number of children who were enrolled in title XIX during their break in coverage.



10. The total number of children who were disenrolled from title XXI 18 months after their enrollment month is defined as the sum of:
- the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and disenrolled by the end of June 2019
  - + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and disenrolled by the end of July 2019
  - + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and disenrolled by the end of August 2019
- 10.a. From the population in #10, provide the total number of children who were enrolled in title XIX (Medicaid) in the month after their disenrollment from XXI.

Enter any Narrative text related to Section IIIC below. **[7500]**

## Section IIID: Cost Sharing

1. Describe how the state tracks cost sharing to ensure enrollees do not pay more than 5 percent aggregate maximum in the year? If the state checks N/A for this question because no cost sharing is required, please skip to Section IIIE.

a. Cost sharing is tracked by:

Enrollees (shoebox method)

If the state uses the shoebox method, please describe informational tools provided to enrollees to track cost sharing. **[7500]**

- Health Plan(s)  
 State  
 Third Party Administrator  
 N/A (No cost sharing required)  
 Other, please explain. **[7500]**

2. When the family reaches the 5% cap, are premiums, copayments and other cost sharing ceased?  
 Yes  
 No

3. Please describe how providers are notified that no cost sharing should be charged to enrollees exceeding the 5% cap. **[7500]**

The CAPS calculates the cost sharing limit at application, reassessment and/or renewal. MCOs receive the data from CAPS. MCOs cease to collect cost sharing when maximum is reached.

4. Please provide an estimate of the number of children that exceeded the 5 percent cap in the state's CHIP program during the federal fiscal year. **[500]**

0

5. Has your state undertaken any assessment of the effects of premiums/enrollment fees on participation in CHIP?

Yes  
 No If so, what have you found? **[7500]**

6. Has your state undertaken any assessment of the effects of cost sharing on utilization of health services in CHIP?

Yes  
 No If so, what have you found? **[7500]**

7. If your state has increased or decreased cost sharing in the past federal fiscal year, how is the state monitoring the impact of these changes on application, enrollment, disenrollment, and utilization of children's health services in CHIP. If so, what have you found? **[7500]**

Enter any Narrative text related to Section IIID below. **[7500]**

### **Section III E: Employer sponsored insurance Program (including Premium Assistance)**

1. Does your state offer an employer sponsored insurance program (including a premium assistance program under the CHIP State Plan or a Section 1115 Title XXI Demonstration) for children and/or adults using Title XXI funds?

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

Check all that apply and complete each question for each authority

- Purchase of Family Coverage under the CHIP state plan (2105(c)(3))  
 Additional Premium Assistance Option under CHIP state plan (2105(c)(10))  
 Section 1115 Demonstration (Title XXI)

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

- Parents and Caretaker Relatives  
 Pregnant Women

3. Briefly describe how your program operates (e.g., is your program an employer sponsored insurance program or a premium assistance program, how do you coordinate assistance between the state and/or employer, who receives the subsidy if a subsidy is provided, etc.) **[7500]**

4. What benefit package does the ESI program use? **[7500]**

5. Are there any minimum coverage requirements for the benefit package?

- Yes  
 No

6. Does the program provide wrap-around coverage for benefits?

- Yes  
 No

7. Are there limits on cost sharing for children in your ESI program?

- Yes  
 No

8. Are there any limits on cost sharing for adults in your ESI program?

- Yes  
 No

9. Are there protections on cost sharing for children (e.g., the 5 percent out-of-pocket maximum) in your premium assistance program?

- Yes
- No

If yes, how is the cost sharing tracked to ensure it remains within the 5 percent yearly aggregate maximum **[7500]**?

10. Identify the total number of children and adults enrolled in the ESI program for whom Title XXI funds are used during the reporting period (provide the number of adults enrolled in this program even if they were covered incidentally, i.e., not explicitly covered through a demonstration).

Number of childless adults ever-enrolled during the reporting period

Number of adults ever-enrolled during the reporting period

Number of children ever-enrolled during the reporting period

11. Provide the average monthly enrollment of children and parents ever enrolled in the premium assistance program during FFY 2019.

Children  
Parents

12. During the reporting period, what has been the greatest challenge your ESI program has experienced? **[7500]**

13. During the reporting period, what accomplishments have been achieved in your ESI program? **[7500]**

14. What changes have you made or are planning to make in your ESI program during the next fiscal year? Please comment on why the changes are planned. **[7500]**

15. What do you estimate is the impact of your ESI program (including premium assistance) on enrollment and retention of children? How was this measured? **[7500]**

16. Provide the average amount each entity pays towards coverage of the dependent child/parent under your ESI program:

Population	State	Employer	Employee
Child			
Parent			

17. Indicate the range in the average monthly dollar amount of premium assistance provided by the state on behalf of a child or parent.

	Low	High
<b>Children</b>		
<b>Parent</b>		

18. If you offer a premium assistance program, what, if any, is the minimum employer contribution? **[500]**

19. Please provide the income levels of the children or families provided premium assistance.

Income level of	From	To
<b>Children</b>	% of FPL <b>[5]</b>	% of FPL <b>[5]</b>
<b>Parents</b>	% of FPL <b>[5]</b>	% of FPL <b>[5]</b>

20. Is there a required period of uninsurance before enrolling in premium assistance?

- Yes  
 No

If yes, what is the period of uninsurance? **[500]**

21. Do you have a waiting list for your program?

- Yes  
 No

22. Can you cap enrollment for your program?

- Yes  
 No

23. What strategies has the state found to be effective in reducing administrative barriers to the provision of premium assistance in ESI? **[7500]**

Enter any Narrative text related to Section III E below. **[7500]**

### **Section III F: Program Integrity**

**COMPLETE ONLY WITH REGARD TO SEPARATE CHIP PROGRAMS, I.E., THOSE THAT ARE NOT MEDICAID EXPANSIONS)**

1. Does your state have a written plan that has safeguards and establishes methods and procedures for:

- (1) prevention:
  - Yes
  - No
- (2) investigation:
  - Yes
  - No
- (3) referral of cases of fraud and abuse?
  - Yes
  - No

Please explain: **[7500]**

PA CHIP has written procedures for program integrity outlined in policy clarifications and transmittals. CHIP utilizes Cross Match Reports between CHIP, Medical Assistance, private insurance or enrollment in a state employee health benefit plan. This process assists in detecting fraudulent behavior, as well as assuring public funds are not spent on dual enrollments or those ineligible for the program. CHIP MCOs also have established policies and procedures for the prevention and/or detection of fraud perpetrated by enrollees, employees, or by network providers. CHIP MCOs are required to provide an annual Fraud and Abuse Report to the department. CHIP MCOs are also required to promptly report referrals of any potential fraud, waste, or abuse identified or any potential fraud directly to the Department. These requirements are stated in the contract between DHS and each CHIP MCO. CHIP MCOs are required to include written provisions in all their contracts with providers and subcontracted entities stating that payments for their services are derived from government funds. Accordingly, each is required to advise its providers and subcontractors of the prohibitions against fraudulent activities relating to their involvement with the program.

Do managed health care plans with which your program contracts have written plans?

- Yes
- No

Please Explain: **[500]**

Each CHIP MCO is required to establish written policies and procedures for the detection and prevention of Fraud, Waste and Abuse that may be committed by providers within their networks, by enrollees, or by the CHIP MCO employees. Any changes to policies or procedures must be reported to the CHIP office. Each CHIP MCO must designate staff to be responsible for the proactive detection, prevention, and elimination of instances or patterns of fraud, waste and abuse involving services to enrollees.

2. For the reporting period, please report the

126 Number of fair hearing appeals of eligibility denials

57 Number of cases found in favor of beneficiary

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

Provider Credentialing

0 Number of cases investigated

0 Number of cases referred to appropriate law enforcement officials

Provider Billing

54 Number of cases investigated

19 Number of cases referred to appropriate law enforcement officials

Beneficiary Eligibility

0 Number of cases investigated

0 Number of cases referred to appropriate law enforcement officials

Are these cases for:

CHIP

Medicaid and CHIP Combined

4. Does your state rely on contractors to perform the above functions?

Yes, please answer question below.

No

5. If your state relies on contractors to perform the above functions, how does your state provide oversight of those contractors? Please explain: **[7500]**

6. Do you contract with managed care health plans and/or a third party contractor to provide this oversight?

Yes

No

Please Explain: **[500]**

CHIP Contractors perform the fraud investigation and enforcement, and the department provides the oversight.

Enter any Narrative text related to Section IIIF below. **[7500]**

## Section III G: Dental Benefits:

Please ONLY report data in this section for children in Separate CHIP programs and the Separate CHIP part of Combination programs. Reporting is required for all states with Separate CHIP programs and Combination programs. If your state has a Combination program or a Separate CHIP program but you are not reporting data in this section on children in the Separate CHIP part of your program, please explain why. Explain: [7500]

1. **Information on Dental Care for Children in Separate CHIP Programs (including children in the Separate CHIP part of Combination programs). Include all delivery system types, e.g. MCO, PCCM, FFS.**

Data for this table are based on the definitions provided on the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Report (Form CMS-416)

- a. **Annual Dental Participation Table for Children Enrolled in Separate CHIP programs and the Separate CHIP part of Combination programs (for Separate CHIP programs, please include ONLY children receiving full CHIP benefits and supplemental benefits).**

FFY 2019	Total (All age groups)	<1 year	1 – 2 years	3 – 5 years	6 – 9 years	10–14 years	15–18 years
<b>Total Individuals Enrolled for at Least 90 Continuous Days<sup>1</sup></b>	226740	959	4396	29370	49629	69456	72930
<b>Total Enrollees Receiving Any Dental Services<sup>2</sup> [7]</b>	0						
<b>Total Enrollees Receiving Preventive Dental Services<sup>3</sup> [7]</b>	0						

<sup>1</sup> **Total Individuals Enrolled for at Least 90 Continuous Days** – Enter the total unduplicated number of children who have been continuously enrolled in a separate CHIP program or the separate CHIP part of a combination program for at least 90 continuous days in the federal fiscal year, distributed by age. For example, if a child was enrolled January 1st to March 31st, this child is considered continuously enrolled for at least 90 continuous days in the federal fiscal year. If a child was enrolled from August 1st to September 30th and from October 1st to November 30th, the child would not be considered to have been enrolled for 90 continuous days in the federal fiscal year. Children should be counted in age groupings based on their age at the end of the fiscal year. For example, if a child turned 3 on September 15th, the child should be counted in the 3-6 age grouping.

<sup>2</sup> **Total Enrollees Receiving Any Dental Services** - Enter the unduplicated number of children enrolled in a separate CHIP program or the separate CHIP part of a combination program for at least 90 continuous days who received at least one dental service 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.

<sup>3</sup> **Total Enrollees Receiving Preventive Dental Services** - Enter the unduplicated number of children enrolled in a separate CHIP program or the separate CHIP part of a combination program for at least 90 continuous days who received at least one preventive dental service by or under the supervision of a dentist as defined by HCPCS codes D1000 - D1999 (or equivalent CDT codes D1000 - D1999 or equivalent CPT codes, that is, only those CPT codes that are for preventive dental services and only if provided by or under the supervision of a dentist), based on an unduplicated paid, unpaid, or denied claim.



FFY 2019	Total (All age groups)	<1 year	1 – 2 years	3 – 5 years	6 – 9 years	10–14 years	15–18 years
Total Enrollees Receiving Dental Treatment Services <sup>4</sup> [7]	0						

b. For the age grouping that includes children 8 years of age, what is the number of such children who have received a sealant on at least one permanent molar tooth<sup>5</sup>? [7]

2. Does the state provide supplemental dental coverage?

- Yes  
 No

If yes, how many children are enrolled? [7]

What percent of the total number of enrolled children have supplemental dental coverage? [5]

Enter any Narrative text related to Section III G below. [7500]

<sup>4</sup> **Total Enrollees Receiving Dental Treatment Services** - Enter the unduplicated number of children enrolled in a separate CHIP program or the separate CHIP part of a combination program for at least 90 continuous days who received at least one treatment service 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 is, only those CPT codes that involve periodontics, maxillofacial prosthetics, implants, oral and maxillofacial surgery, orthodontics, adjunctive general services, and only if provided by or under the supervision of a dentist), based on an unduplicated paid, unpaid, or denied claim.

Report all dental services data in the age category reflecting the child's age at the end of the federal fiscal year even if the child received services while in two age categories. For example, if a child turned 10 on September 1st, but had a cleaning in April and a cavity filled in September, both the cleaning and the filling would be counted in the 10-14 age category.

<sup>5</sup> **Receiving a Sealant on a Permanent Molar Tooth** -- Enter the unduplicated number of children enrolled in a separate CHIP program or the separate CHIP part of a combination program for 90 continuous days and in the age category of 6-9 who received a sealant on a permanent molar tooth, as defined by HCPCS code D1351 (or equivalent CDT code D1351), based on an unduplicated paid, unpaid, or denied claim. For this line, include sealants placed by any dental professional for whom placing a sealant is within his or her scope of practice. Permanent molars are teeth numbered 2, 3, 14, 15, 18, 19, 30, 31, and additionally, for those states that cover sealants on third molars, also known as wisdom teeth, the teeth numbered 1, 16, 17, 32.

Report all sealant data in the age category reflecting the child's age at the end of the federal fiscal year even if the child was factually a different age on the date of service. For example, if a child turned 6 on September 1st, but had a sealant applied in July, the sealant would be counted in the age 6-9 category.

### Section IIIH: CHIPRA CAHPS Requirement:

CHIPRA section 402(a)(2), which amends reporting requirements in section 2108 of the Social Security Act, requires Title XXI Programs (i.e., CHIP Medicaid Expansion programs, Separate Child Health Programs, or a combination of the two) to report CAHPS results to CMS starting December 2013. While Title XXI Programs may select any CAHPS survey to fulfill this requirement, CMS encourages these programs to align with the CAHPS measure in the Children’s Core Set of Health Care Quality Measures for Medicaid and CHIP (Child Core Set). Starting in 2013, Title XXI Programs should submit summary level information from the CAHPS survey to CMS via the CARTS attachment facility. We also encourage states to submit raw data to the Agency for Healthcare Research and Quality’s CAHPS Database. More information is available in the Technical Assistance fact sheet, Collecting and Reporting the CAHPS Survey as Required Under the CHIPRA: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/cahpsfactsheet.pdf>

If a state would like to provide CAHPS data on both Medicaid and CHIP enrollees, the agency must sample Title XIX (Medicaid) and Title XXI (CHIP) programs separately and submit separate results to CMS to fulfill the CHIPRA Requirement.

#### Did you Collect this Survey in Order to Meet the CHIPRA CAHPS Requirement?

- Yes
- No

#### If Yes, How Did you Report this Survey (select all that apply):

- Submitted raw data to AHRQ (CAHPS Database)
- Submitted a summary report to CMS using the CARTS attachment facility (NOTE: do not submit raw CAHPS data to CMS)
- Other. Explain:

#### If No, Explain Why:

Select all that apply (Must select at least one):

- Service not covered
- Population not covered
  - Entire population not covered
  - Partial population not coveredExplain the partial population not covered:
- Data not available
  - Explain why data not available
    - Budget constraints
    - Staff constraints
    - Data inconsistencies/accuracyPlease explain:
    - Data source not easily accessibleSelect all that apply:
  - Requires medical record review
  - Requires data linkage which does not currently exist
  - Other:

Information not collected.

Select all that apply:

Not collected by provider (hospital/health plan)

Other:

Other:

Small sample size (less than 30)

Enter specific sample size:

Other. Explain:

**Definition of Population Included in the Survey Sample:**

Definition of population included in the survey sample:

Denominator includes CHIP (Title XXI) population only.

Survey sample includes CHIP Medicaid Expansion population.

Survey sample includes Separate CHIP population.

Survey sample includes Combination CHIP population.

If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:

**Which Version of the CAHPS® Survey was Used?**

CAHPS® 5.0.

CAHPS® 5.0H.

Other. Explain:

**Which Supplemental Item Sets were Included in the Survey?**

No supplemental item sets were included

CAHPS Item Set for Children with Chronic Conditions

Other CAHPS Item Set. Explain:

**Which Administrative Protocol was Used to Administer the Survey?**

NCQA HEDIS CAHPS 5.0H administrative protocol

HRQ CAHPS administrative protocol

Other administrative protocol. Explain:

Enter any Narrative text related to Section IIIH below. [7500]





## Section IV. Program financing for State Plan

1. Please complete the following table to provide budget information. Describe in narrative any details of your planned use of funds below, including the assumptions on which this budget was based (per member/per month rate, estimated enrollment and source of non-federal funds).

(Note: This reporting period equals federal fiscal year 2019. If you have a combination program you need only submit one budget; programs do not need to be reported separately.)

### COST OF APPROVED CHIP PLAN

<b>Benefit Costs</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
Insurance payments			
Managed Care	448403133	478734826	520667662
Fee for Service			
<b>Total Benefit Costs</b>	448403133	478734826	520667662
(Offsetting beneficiary cost sharing payments)	-16665089	-17792378	-19350830
<b>Net Benefit Costs</b>	\$ 431738044	\$ 460942448	\$ 501316832

<b>Administration Costs</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
Personnel	2860222	3312834	3478476
General Administration	12580595	9312834	9778476
Contractors/Brokers (e.g., enrollment contractors)			
Claims Processing			
Outreach/Marketing costs	3074579	3155000	3155000
Other (e.g., indirect costs)			
Health Services Initiatives			
<b>Total Administration Costs</b>	18515396	15780668	16411952
<b>10% Administrative Cap (net benefit costs ÷ 9)</b>	47970894	51215828	55701870

	<b>2019</b>	<b>2020</b>	<b>2021</b>
<b>Federal Title XXI Share</b>	403337032	372225409	404242635
<b>State Share</b>	46916408	104497707	113486149
<b>TOTAL COSTS OF APPROVED CHIP PLAN</b>	450253440	476723116	517728784

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

- State appropriations
- County/local funds
- Employer contributions
- Foundation grants
- Private donations
- Tobacco settlement
- Other (specify) **[500]**

3. Did you experience a short fall in CHIP funds this year? If so, what is your analysis for why there were not enough federal CHIP funds for your program? **[1500]**

No shortfall experienced.

4. In the tables below, enter 1) number of eligibles used to determine per member per month costs for the current year and estimates for the next two years; and, 2) per member per month (PMPM) cost rounded to a whole number. If you have CHIP enrollees in a fee for service program, per member per month cost will be the average cost per month to provide services to these enrollees.

### A. Managed Care

Year	Number of Eligibles	PMPM (\$)
2019	181698	\$198
2020	187570	\$205
2021	195505	\$214

### A. Fee For Service

Year	Number of Eligibles	PMPM (\$)
2019		\$
2020		\$
2021		\$

Enter any Narrative text related to Section IV below. **[7500]**

Calculations in form for FY 2021 is based on current FMAP of 78.08 rather than 66.54

## Section V: Program Challenges and Accomplishments

1. For the reporting period, please provide an overview of your state's political and fiscal environment as it relates to health care for low income, uninsured children and families, and how this environment impacted CHIP. **[7500]**

The current political and fiscal environment in Pennsylvania supports continuation of the CHIP program with broad bi-partisan support. For the reporting period, CHIP continues to provide comprehensive child-centered benefits with affordable rates. CHIP continues to host biannual child advisory council meetings which include legislative leaders, MCO representation, direct service providers, advocacy groups and family representative. The fiscal environment for CHIP remains sound. The state legislature continues to provide adequate financial support of the program.

2. During the reporting period, what has been the greatest challenge your program has experienced? **[7500]**

CMS has been focused on data collection and the improvement of data quality. The PA CHIP program has been working on the Transformed Medicaid Statistical Information System (TMSIS) since 2013. This has involved our IT vendor and all of our CHIP MCOs. This continues to be a very complex and time-consuming endeavor. As we continue to refine the data requirements with CMS, we have been presented with several requirement changes along the way. These have caused the commonwealth to change direction in some areas which increases the time and resources to continue the data refinement. Through the concerted effort of our CHIP MCOs and our IT vendor, PA CHIP continues to work to meet all of the requirements to comply with the data quality Top Priority Items (TPI) from CMS. CMS will be issuing a new set of TPIs very soon and PA CHIP and our IT vendor will review and set up a plan to address any of the TPIs that apply to PA CHIP.

3. During the reporting period, what accomplishments have been achieved in your program? **[7500]**

During 2019, CHIP collaborated with MCOs and consulting vendor, Deloitte, to improve all client communications received by CHIP applicants and families. Fifty-four letters were revised to improve design, eliminate jargon, add a call to action box for quick scanning and clear messaging, and drive readers to use on-line self-service. The letters were shared at CHIP's Advisory Council in April for comments and recommendations. The updated letters went live on October 15th and are being disseminated by all eight CHIP MCOs. During a recent NASHP (National Academy of State Health Policy) teleconference, CHIP provided a brief description of the project, lessons learned and best practices. There is a national interest in improving client communications. CHIP is monitoring the effectiveness of the revised letters via eight key performance metrics, such as average response time for families paying premiums, and percentage of families responding to letters requesting information to complete an application.

In August CHIP hosted a one-day, in-person workshop to review its CHIP Procedures Handbook with MCO partners. The goal of the workshop was to identify areas where policy improvements would increase quality of services provided to enrollees and assist MCOs with managed care rule compliance. Each MCO provided two representatives for the workshop discussion, and approximately 30 topics were discussed. Topics included enrollment, referrals, complaints and grievance processing, reporting, data submissions and financial incentive programs. Of the 200 comments initially submitted by MCOs as recommendations, the workshop covered 69 comments. The remaining comments, which include general formatting issues and template corrections, will be addressed when CHIP issues its next CHIP Procedures Handbook in early 2020.



In the fall of 2019, CHIP created and deployed the CHIP Program Oversight Portal (CPOP) to assist the office with MCO oversight including federal regulatory, state law and contract compliance. CPOP is an “in-house”, web-based tool with multiple “applications” that CHIP staff use to help with conducting oversight of their eight contracted Managed Care Organizations (MCOs). The applications include SMART (Systematic Monitoring Access Retrieval Technology), CAHPS data repository and dashboards, HEDIS data repository and dashboards, KPM (Key Performance Measures), and MCO provider network validations and analytics. The Department’s Office of Medial Assistance Programs (OMAP) and Office of Long-Term Living are already using a similar platform for their monitoring and compliance called Medicaid Program Oversight Portal (MPOP). CHIP’s utilization of CPOP providers for better monitoring alignment between all Department programs and a streamlined process for on-site reviews. CHIP also implemented a robust Outreach program in 2019. Details of CHIP’s Outreach efforts are provided in Section IIIA, Outreach of this report.

4. What changes have you made or are planning to make in your CHIP program during the next fiscal year? Please comment on why the changes are planned. **[7500]**

No planned changes.

Enter any Narrative text related to Section V below. **[7500]**