The State of Children's Health Care in Pennsylvania - 2016

Data Sources and Explanation

The report provides data on health indicators to track changes through the implementation of Patient Protection and Affordable Care Act (ACA). The report is designed to establish a baseline to monitor changes in children's health care as various aspects of the law are implemented.

Information on children covered by publicly funded health care coverage is the focus of this report. This includes children covered by Medical Assistance (MA) through managed care (Health Choices) as well as children covered by the Children's Health Insurance Program (CHIP).

Status
The status column within the report notes whether the change in the indicator from the previous year has made progress, lost ground or if there has been no significant change. This status notation was determined by calculating the rate of change between the first year and second year, then comparing it to an established benchmark of "significant" change (i.e., a three-percent positive or negative change). Changes that fell below this benchmark were labeled as "no significant change". It is important to note that some of the indicators do not include a status notation because of the inability to qualify if change in that particular indicator indicates progress or lost ground (e.g. change in child abuse substantiations, age of children, etc.).

Report Indicators

Uninsured Children
This indicator provides the number and percent of children not covered by health insurance by age group (0-5, 6-17). The American Community Survey (ACS) asks who is covered by what type of health insurance on the day of the survey. This survey is conducted throughout the year, so it reflects children without coverage some time during the year. The number and percent of children under age 18 by types of health insurance coverage are also shown. Due to the discontinuation of the 3-year ACS estimates, the 1-year ACS estimates were included starting with the 2015 State of Children's Health Care report.
SOURCE: U. S. Bureau of the Census, 2013 and 2014 American Community Survey 1-Year Estimates (Tables B27001 and C27010).

Children Enrolled in Publicly Funded Health Care Coverage
This indicator shows the number and percent of children enrolled in MA and CHIP in December 2013 and December 2014 by age group (0-5, 6-18). The totals are greater than the sum of 0-5 and 6-18 subcategories due to report timing differences, inclusion of 19- and 20-year-olds in the MA grand total and the exclusion of 19-year-olds in the CHIP data.
SOURCE: Pennsylvania Department of Human Services, Office of Income Maintenance

Use of Services

The service indicators are derived from the 2014 and 2015 Healthcare Effectiveness Data and Information Set (HEDIS) measures that are reported by the Department of Human Services (DHS) MA HealthChoices managed care programs and the CHIP program. The 2015 HEDIS collects activity in

2014. Statistics are provided for each program and weighted averages reflect statewide public rates for each indicator. Where actual program utilization figures were available, these averages reflect actual rates. However, the following service indicators were derived through hybrid sampling methodologies:

Well Child Visits
Lead Screening
Immunization Status

For the indicators above where sampling was used, eligible population figures were provided allowing the computation of weighted averages that reflect the average of all children receiving public health care.

Conclusions drawn from the data between HealthChoices and CHIP is from services provided by MCOs.

It is also important to note that MA covers children through age 20 and CHIP only covers them through age 18.

SOURCE for all data in this section: Pennsylvania Department of Human Services, Office of Medical Assistance Programs (HealthChoices) and CHIP.

Well Child Visits – These indicators reflect the percent of children who were continuously insured during the measurement year (2013 and 2014) who received the appropriate number of well-child visits – six or more for the first fifteen months and one yearly for all other ages. As noted above, this indicator was derived from a hybrid sampling methodology but the weighted average was computed to reflect the population of all children receiving public health care.

Access to Primary Care – These indicators reflect the percent of children ages 12 months to 6 years who had a visit with a primary care practitioner within the last year or for children ages 7 to 19 years who had a visit with a primary care provider in the last two years. A weighted average is calculated for this indicator to provide a reflection of the actual percent served within each age group.

Annual Dental Visits – These indicators reflect the percent of children and adolescents between the ages of 2 and 20 who were continuously insured and had a dental visit during the measurement year for various age breakdowns (2-3 years, 4-6 years, 7-10 years, 11-14 years, 15-18 years, 19-20 years and total for all ages). A weighted average is calculated for this indicator to provide a reflection of the actual percent served within each age group.

Ambulatory Care: Emergency Visits/1,000 Member Months – These indicators reflect the number of visits for a physical health service that were provided in an emergency room that did not result in an inpatient stay regardless of the intensity and duration of the visit. Breakdowns are provided by various age groups (<1 year, 1-9 years, 10-19 years and total for all ages). A weighted average is calculated for this indicator to provide a reflection of the actual rate within each age group.

Inpatient Utilization Discharges: Total/1,000 Member Months – These indicators reflect the number of admissions for a physical health service for children to age 19 that were discharged from an inpatient

stay. Breakdowns are provided by various age groups (<1 year, 1-9 years, 10-19 years and total for all ages). A weighted average is calculated for this indicator to provide a reflection of the actual rate within each age group.

Lead Screening: 2-Year-Olds with One or More Lead Blood Tests – These indicators reflect the percent of children two years old who had one or more capillary or venous lead blood tests for lead poisoning prior to their second birthday. Universal screening is indicated according to the Centers for Disease Control and Prevention (CDC) criteria and based on the higher prevalence of both elevated blood levels in Pennsylvania children and pre-1950 housing found in the Commonwealth (PA Department of Health, 2011 PA Child Lead Poisoning Elimination Plan). As noted above, this indicator was derived from a hybrid sampling methodology but the weighted average was computed to reflect the population of all children receiving public health care.

Immunization Status: Children Appropriately Immunized – These indicators reflect the percent of children who have been appropriately immunized with the recommended vaccines by their second (Combination 2) and their 13th (Combination 1) birthdays. As noted above, this indicator was derived from a hybrid sampling methodology but the weighted average was computed to reflect the population of all children receiving public health care.