

SECTION 1. DESCRIPTION OF PROGRAM CHANGES AND PROGRESS

This section reports on program changes and progress for Pennsylvania's Children's Health Insurance Program (CHIP) during Federal Fiscal Year 2001 (October 1, 2000 to September 30, 2001).

1.1 Please explain changes Pennsylvania has made in its CHIP Program since September 30, 2000 in the following areas and explain the reason(s) the changes were implemented.

A. Program eligibility

Effective July 1, 2001, the Department implemented a review procedure that affords parents or guardians the opportunity to request a review of an adverse eligibility decision at the time of application or renewal. This procedure was adopted in response to new Federal regulations (42 CFR 457.1130).

The procedure requires that the parent or guardian request the review within 30 days of the date of the notice of adverse action. All requests are submitted to the CHIP central administration office; subjected to a management review of the case circumstance; and a review conference call held if a resolution is not otherwise achieved.

During the first three months of implementation, approximately 100 requests for review were received. Of those, all but 10 were resolved and the children were enrolled in CHIP.

B. Enrollment process

Since approval of its CHIP State Plan, Pennsylvania has made significant changes to enrollment practices for both CHIP and Medicaid that fulfill the Title XXI "screen and enroll" requirements and improve consumer access. As previously reported in both the CHIP Evaluation and the Annual Report for Federal Fiscal Year (FFY) 2000, the adoption of the "Any Form is a Good Form" procedure in February 1999 progressed to the development of a common set of data elements and the creation of application materials that accommodate both programs. As with all of Pennsylvania's enrollment efforts, this work resulted from the Department's alliance with the Department of Public Welfare (Medicaid) and other stakeholders (e.g. the Covering Kids grantee).

During Federal fiscal year 2001, the Departments began significant work on the next logical step in the progression of improvements to the application process—a web-based application, accessible by anyone with access to the World Wide Web.

COMPASS (Commonwealth of Pennsylvania Application for Social Services)

began as an initiative of the Department of Public Welfare to develop multiple-service on-line applications for the variety of services offered by the agency (e.g. Medicaid, Long Term Care, TANF, Food Stamps, Child Care Subsidy, Family Works). The first application selected for development was that for Medicaid and CHIP. The Departments worked together on the technical design of the application, the screen design, testing and implementation.

The application is available statewide and can be used by anyone who chooses to apply for coverage electronically (e.g. consumers, health care professionals, community based organizations assisting families to apply). The application screens capture the same information as the paper application. The application logic performs a high level screen for either CHIP or Medicaid eligibility and provides the user with a preliminary result. The electronic application is then transmitted to the appropriate location (i.e. County Assistance Office or CHIP insurer) where the enrollment process is completed.

Beta-testing of the on-line application began in August 2001 and “go live” occurred in October 2001. Meetings were held throughout the state to promote the use of this new technology and to provide training on its use. The website address is www.compass.state.pa.us. (Please refer to **Appendix A** for an informational package regarding COMPASS which contains a copy of the website screens, a sample brochure, and other related materials).

For the period October 1, 2001 through December 31, 2001, 617 applications were filed using the electronic application. Of those:

- 99 were screened as being potentially eligible for CHIP;
- 518 were screened as being potentially eligible for Medicaid;
- 93.4% were filed by individual applicants; and
- 6.6% were filed by community groups assisting families to apply.

Receipt of electronic applications represented approximately 0.9% of all applications for CHIP received during the period.

C. *Presumptive eligibility* NC

D. *Continuous eligibility* NC

E. *Outreach/marketing campaigns*

As in the prior two reporting periods, Pennsylvania continues its interagency collaboration and commitment to outreach. Examples of outreach and marketing activities continued or initiated during this reporting period include:

Continuing Efforts

Media Messages

CHIP continues an aggressive marketing strategy using television and radio advertising to increase public awareness of the program and to encourage families to enroll their children. The ads feature children wearing our now famous blue and gold CHIP hats and encourage a call to **1-800-986-KIDS** for more information and application assistance. The television ads continue to be an effective tool for prompting calls to the Helpline and result in steadily increasing monthly enrollment.

Data comparing time periods when ads are playing and when they are not reveals a significant difference in the call volume. (Please refer to **Appendix B** for a copy of a comparison report indicating placement of ads and their impact on call volume).

Even more important than calls to the Helpline is the actual impact on enrollment in the program. Enrollment steadily increased by an average of 1% each and every month during the reporting period. In October 2000, total enrollment was 100,735; in October 2001, total enrollment was 115,272, an increase of 144 percent.

Impressive rates of growth were noted in many rural counties of the state. Eleven rural counties exceeded a 25% rate of growth during the reporting period. Little Juanita County in Central Pennsylvania topped the list at 46.4%! We also are pleased that enrollment in Philadelphia County reached 20,000 for the very first time in August 2001.

Mini-grants

All of the mini-grants awarded during FY2000 were renewed for a second year. Much of the effort of the grantees during the first year was dedicated to “getting started”. However, early data does show that enrollment trends in the counties where the grantees are located met or exceeded projections.

Of course, enrollment is not the only measure of success in community-based efforts. We are mindful of the intangible impact that each of the grantees has had in their respective communities by increasing general public awareness and acceptance of health care programs for children.

Examples of activities completed by the grantees during the first year that are worthy of special note include:

- Translating CHIP brochures into Russian and distributing them in northeast Philadelphia and in Bucks County where a concentration of Russian immigrants reside;
- Creating a laptop-based application touted by outreach workers to the

homes of potential applicants. Attached to the laptop is a printer and a scanner for scanning in copies of pay stubs, etc. (Families are fascinated by this innovative technology- as we are as well!);

- Sponsoring a health fair in the health center of a public housing project. Families that filed an application for CHIP were given a free bag of groceries. (The groceries were donated by a local food bank- another wonderful example of agencies working together!); and
- Forming a partnership with the local State Health Department to focus on health care coverage and immunizations for children. The County Mobile Family Center was used to take the collaborative effort on the roads of rural Pennsylvania.

There seems to be no end to possible venues for sharing information about CHIP with families. However, one community event did stand out as being especially novel- an information stand at the “Crossfork Snake Hunt”! What more can be said about that?!

Representatives from the twenty mini-grantees met on April 3, 2001 to share experiences in their efforts to enroll children in CHIP and Medicaid Observations included:

- The importance of taking time to build trust in the community;
- The need to clarify who is eligible for programs;
- The difficulty experienced in obtaining proper documentation from applicants; and
- The importance of interacting with school nurses, churches, community organizations, Head Start/Healthy Start programs, business leaders, guidance counselors and grandparents.

(Please refer to [Appendix C](#) for Summary of April 3, 2001 Reaching Out Conference).

In her keynote address to the group, Donna Cohen Ross, Director of Outreach for the Center for Budget and Policy Priorities provided insight concerning outreach and enrollment throughout the country. Ms. Ross emphasized “Trust with families is what is important. That’s why the role of grassroots organizations like yours is so important.” She also encouraged the grantees to continue their work saying, “I think a lot of great things are going on. All of you should be very proud”.

Covering Kids and Families Collaboration

The Department continues a mutually beneficial relationship with the Pennsylvania Partnerships for Children (PPC), Pennsylvania’s *Covering Kids and Families* grantee. Now in it’s final year of the first round of Robert Wood

Johnson (RWJ) funding, the initiative has been a critical learning tool for outreach and enrollment. Many of the lessons learned through the four pilot sites have been turned into action planning for improvements to our approach to outreach and marketing.

Among the strategies and interventions implemented this year:

- A pilot test that combines the school lunch application with an application for children's health care coverage;
- Parent to parent outreach;
- Partnerships with school nurses to identify children without coverage through school emergency forms; and
- Special immunization clinics that provided free hepatitis B shots for incoming seventh graders and an opportunity to apply for health coverage.

Staff from PPC work along side the Department in many of our program initiatives including development and testing of COMPASS. In turn, Executive Director Patricia Stromberg traveled to Chicago for a "reverse site visit" to present the Partnership's proposal for renewed RWJ funding. The objective was achieved and an additional four years of funds has been awarded. Mrs. Stromberg will serve on the *Covering Kids and Families* advisory committee.

Reaching Out Newsletter

Three issues of the Reaching Out newsletter were published during the reporting period.

- The first featured the awarding of mini-grants, our annual Provider Recognition events held throughout the state, and alerted readers to future outreach efforts focusing on the Hispanic community.
- The second highlighted the "Hispanic Summit" to which community leaders were invited to share their insight on how we might more effectively increase program participation by the Latino population.
- The third announced the implementation of COMPASS and contains delightful photographs depicting outreach events with our corporate partners McDonalds and Ringling Brothers Circus.

(Please refer to **Appendices D1, D2, and D3** for copies of the referenced newsletters).

New Initiatives

Marketing to Special Populations

Reaching low-income families with the message that affordable healthcare coverage is available requires an understanding of the informational, social and cultural barriers they face. For the growing population of families who identify themselves as Latino, these barriers may be even more complex. The Department

and the Departments of Public Welfare and Health have put their ongoing partnership to the task of understanding the multitude of issues faced by this population.

On February 22, 2001, representatives of the three agencies met with leaders of Pennsylvania's Latino community for a first-time-ever summit. The day-long workshop included discussion about outreach (including the pros and cons of specific tactics) and offered participants the opportunity to comment upon proposed television advertisements targeting the Latino audience.

Insights shared by the participants included:

- That the "Latino Community" is not homogeneous. It includes persons from many nations with unique language, cultural and economic differences; and
- That the issues of trust and respect are very important to any successful effort to conduct outreach.

Recommendations from the group included:

- That more community venues such as churches, beauty and nail salons, grocery stores, etc. be used for advertising (i.e. places that people know and trust in their neighborhoods);
- That community advocates or peer supports be used to "spread the word" and to encourage families to apply;
- That Hispanic advertising be done in public places; and
- That endorsement be secured from companies that make products used by the Latino population (e.g. Goya food products).

Information gained through the summit was compiled into a written summary (Please refer to [Appendix E](#)) and resulted in a multi-agency plan of action.

Work with the Latino population represents only a starting point in our efforts to engage hard-to-reach populations. It is anticipated that similar activities will take place in the future for others (e.g. the variety of Southeast Asian groups residing in the state).

Corporate Partnerships

Corporate partnerships represent yet another way of increasing public awareness about CHIP and encouraging families to apply for coverage for their children. During this reporting period several such opportunities have presented themselves.

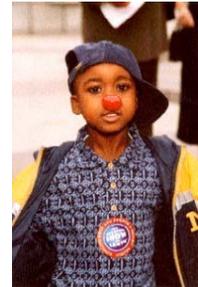
Walmart

Pennsylvania was one of the first states approached by the Walmart Corporation for participation in a nationwide public awareness campaign focused on children's health care. Walmart stores throughout the state distributed information about CHIP and advertised the national toll-free number (1-877-KIDS-NOW).

Ringling Brothers



On June 1, 2001, the Ringling Brothers Circus came to town! With it came Ring Master, Johnathon Lee Iverson, who is also the national spokesperson for Children's Defense Fund. The interagency partners "joined the circus" on the steps of the State Capitol building to raise general awareness about children's health and to promote the array of programs which reach out to children and families.



McDonald's



On August 20, 2001, Ronald McDonald kicked off a first-of-its kind promotion for the McDonald's Corporation. The event, held at the original Ronald McDonald House in Philadelphia, heralded a four-week promotion of CHIP throughout southeastern Pennsylvania, New Jersey and Delaware. The

region's 299 restaurants were the vehicle to reach uninsured children and their parents. The campaign included custom designed tray liners, posters and bag stuffers promoting the national toll-free number. A senior corporate official pledged to recommend similar efforts on a national scale.



Removing Application Barriers

The eligibility requirement that income be verified is said to be one of the major barriers to successful enrollment in CHIP or Medicaid. Families may find it difficult to provide necessary documentation. We know that, for CHIP, approximately 12% of all cases "rejected" for enrollment are not enrolled because of failure to provide income documentation or because of incomplete documentation.

In summer 2000, Pennsylvania applied for and was awarded a grant offered by the Center for Medicare and Medicaid Services (CMS) for the purpose of testing

innovative application and enrollment procedures. Pennsylvania's project tests the impact of combinations of self-declaration of income and targeted outreach on the rate of enrollment in CHIP and Medicaid. The hypothesis for the project is that more children will become enrolled if the verification requirement is waived.

Project partners are the Department, the Department of Public Welfare, the Philadelphia School District, and the Delaware Valley Hospital Association. The Philadelphia School District is an ideal site to evaluate the issue for several reasons:

- The leadership of the District has committed to a goal of documenting that 100% of its children have health insurance coverage;
- Each of the District's 259 schools qualifies for Federal Title I status, indicating that a high percentage of students live in low-income households; and
- The entire student population has been deemed eligible for free or reduced price lunches.

The school district's commitment to health care coverage for its children assured cooperation with the pilot effort. The low-income status of a high percentage of the children increased the likelihood of eligibility for either CHIP or Medicaid; and reduced the risk of eligibility determination errors.

The University of Pennsylvania is formally evaluating the project. Key items to be measured are the impact on rate of enrollment and percentage of eligibility error. A sampling of cases will be taken for post-application review and documentation of income. Findings from the evaluation will be used to determine whether or not the Commonwealth will alter verification policies.

Express Lane Eligibility

During Summer 2001, the Department began working with the Department of Public Welfare, the Health Care Coalition of Pittsburgh and four school districts in the Pittsburgh area to test the concept of a joint application for CHIP/Medicaid and free/reduced price lunches.

A combined application was developed and distributed to students in September. (Please refer to **Appendix F** for a sample copy of the application form.) In developing the form, care was taken with the concern of the schools that this test did not produce adverse consequences such as reducing the number of participants in the school lunch program. Therefore, the approach taken was that the new form be primarily for school lunch - with the "bonus" that it can also be used to apply for healthcare.

A very simple analysis of the concept is being completed to determine the impact of the effort. Data to be captured includes:

- The number of school lunch applications distributed during school year 2000-2001;
- The number of applications for school lunch returned to the schools;
- The number of school lunch/healthcare applications distributed during school year 2001-2002; and
- The number of applications for school lunch/healthcare returned to the schools.

From the number of school lunch/healthcare applications returned, the following will be determined:

- The number of applications just for school lunch;
- The number of applications just for healthcare;
- The number of applications for both school lunch and healthcare; and
- The number of applications for healthcare where enrollment occurred (for both CHIP and Medicaid).

Focus groups also will be conducted with families who completed the new form to determine the ease with which it was completed and whether or not they might recommend improvements in either the form or process. The data captured and the focus group results will be used in developing a strategy for the next school year and to determine if the concept is replicable elsewhere in the state.

Helpline Efficacy Study

In summer 2001 the Barrents Group of KPMG was engaged to conduct an efficacy study of the statewide Helpline. The researchers are using a combination of methodologies (a survey of helpline callers, key informant interviews, call analysis) to better understand the current impact of CHIP and Medicaid. A previous study completed in 1998 confirmed that the Helpline is viewed by its customers as a useful source of information about a wide range of health-related services. Results of the efficacy study are expected in Spring 2002.

Targeted Outreach to Higher Income Families

Pennsylvania continues to offer a low-cost component of CHIP that is provided to enrollees through states funds alone. The eligibility income range is between 201% and 235% of the Federal Poverty Guidelines. It is estimated that approximately 25,000 children may be eligible for this program component. Although total monthly enrollment is increasing, it has not kept pace with that for the free component of the program.

There is some indication based upon data from the Helpline and other sources that there may be a general lack of awareness or identification of potential eligibility on the part of higher income families (e.g. over \$41,000 annually for a family of four). With the help of its marketing consultant, the Department has developed a

special mailer to be sent to families that meet the demographic profile of those potentially eligible. This effort will be measured to determine its impact on calls to the Helpline and on enrollment.

- F. *Eligibility determination process* NC
- G. *Eligibility redetermination process* NC
- H. *Benefit structure* NC
- I. *Cost-sharing policies* NC
- J. *Crowd-out policies* NC
- K. *Delivery System*

Choice of Insurance

During this reporting period one insurance contractor has expanded from covering 21 counties to 30. This means that of the 67 counties covered by the program, 40 counties now have two or more contractors from which families can choose from.

Care Management

Since the inception of the program, statewide utilization of managed care has been one of the Department's goals. One contractor in the western part of the state, (covering 29 counties) had five counties which were not managed care because of the difficulty in acquiring enough providers in rural areas. As of this year, four of those five counties have now been converted to managed care. Currently only four counties in the entire state are non-managed care (central PA still has four counties that are PPO's-non-gatekeeper). Uniformity in care delivery will help to simplify tracking and utilization trends, and reduce the need to have two separate evaluation approaches.

- L. *Coordination with other programs (especially private insurance and Medicaid)* NC
- M. *Screen and enroll process*

As indicated in section 1.1 (2) above, the Department has collaborated with the Department of Public Welfare in the development and implementation of an on-line application for both CHIP and Medicaid (COMPASS). One of the major components of the application logic is a high level screen that directs the electronic application to either a CHIP contractor or to the appropriate County Assistance Office. Production reports provide us with statistics on the total number of applications submitted through COMPASS and, of those, how many were screened as potentially eligible for CHIP and Medicaid. On average,

approximately 14% of the total for each reporting period have been screened as being eligible for CHIP; 86% for Medicaid. (It is interesting to note that these percentages are also similar to the ratio of actual enrollment in CHIP and Medicaid).

- N. *Application* NC
- O. Other NC

1.2 Please report how much progress has been made during FFY 2001 in reducing the number of uncovered, low-income children.

- A. *Please report the changes that have occurred to the number or rate of uninsured, low-income children in Pennsylvania during FFY 2001. Describe the data source and method used to derive this information.*

In January 2000, estimates were made of uncovered, low-income children. The total number was estimated to be 257,654. The distribution of those uninsured children were:

○ Eligible but not enrolled in Medicaid	125,609
○ Eligible but not enrolled in CHIP	72,695
✓ Federally Subsidized CHIP	54,172
✓ State-only Funded CHIP	18,523
○ Not eligible for any government program	59,350

These estimates were derived from a rolling average of Current Population Survey (CPS) data from 1996, 1997 and 1998. By September 2000, the number of children eligible but not enrolled in the federally subsidized CHIP was reduced to 43,305. This number was further reduced throughout FFY 2001 to 29,837 by September 2001. Enrollment in federally subsidized CHIP increased from 93,234 (at the end of FFY 2000) to 106,702 (at the end of FFY 2001). This change in enrollment represents a 14.4% increase.

- B. *How many children have been enrolled in Medicaid as a result of Pennsylvania's CHIP outreach activities and enrollment simplification? Describe the data source and method used to derive this information.*

Since September 2000, children enrolled in Medicaid have increased from 712,754 to 734,548 (an increase of 21,794 children). While no exact figure is available, it is reasonable to assume that a portion of this increase is due to CHIP outreach activities and enrollment simplification.

Pennsylvania's CHIP helps to sponsor a statewide telephone helpline for health care coverage. Of the calls made to this helpline in FFY 2001, 39% (or 27,779 calls) were referred to Medicaid, based on information provided by the caller. In addition, each month approximately 19% of applications for CHIP are evaluated and deemed to be Medicaid eligible. These applications are automatically sent to Medicaid for disposition.

- C. *Please present any other evidence of progress toward reducing the number of uninsured, low-income children in Pennsylvania.*

The combined enrollment in Medicaid and CHIP (counting both federal and state CHIP Programs) has increased from 812,638 in September 2000 to 848,745 in September 2001. This combined effort has reduced the estimated total number of uninsured, low-income

children by 36,107. (Please refer to [Appendix G, Children Enrolled in Health Care Coverage.](#))

D. *Has Pennsylvania changed its baseline of uncovered, low-income children from the number reported in your March 2001 Evaluation?*

No.

The Census Bureau released new figures for health insurance coverage in September 2001. Our baseline number will be revised once these new Census Bureau data have been analyzed.

Yes, what is the new baseline?

1.3 Table 1.3 shows what progress has been made during FFY 2001 toward achieving Pennsylvania’s strategic objectives and performance goals (as specified in the State Plan).

Table 1.3		
(1) Strategic Objectives (as specified in Title XXI State Plan and listed in your March evaluation)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify data sources, methodology, time period, etc.)
OBJECTIVES RELATED TO REDUCING THE NUMBER OF UNINSURED CHILDREN		
<p>Increase in overall access to coverage relative to estimated number of uninsured children in Pennsylvania</p>	<p>Increase state government participation in and administration of outreach efforts and include public service announcements, inter-agency mutual referrals and revision and distribution of CHIP information</p>	<p>Data Sources: CHIP enrollment data</p> <p>Methodology: Enrollment growth from May 1998 through September 2000. Enrollment in May 1998 = 54,080 Enrollment in September 2001 = 106,702 Growth in Enrollment = 52,622</p> <p>Formula used: $\frac{(9/01 \text{ Enrollment} - 5/98 \text{ Enrollment})}{5/98 \text{ Enrollment}}$</p> <p>Computation: $\frac{106,702 - 54,080}{54,080} = 97.3\%$</p> <p>Numerator: 52,622 increased enrollment from 5/98 through 9/01 Denominator: 54,080 enrollment in May 1998</p> <p>Progress Summary: In 40 months, CHIP enrollment increased approximately 97.3%.</p>
<p>Increase access for coverage to children in rural areas and northeast Pennsylvania</p>	<p>Seek to establish a working relationship with the Center for Rural Pennsylvania, a not-for-profit organization dedicated to identifying, studying and offering solutions to public policy issues of economic development</p>	<p>Data Sources: CHIP enrollment data</p> <p>Methodology: Enrollment growth from May 1998 through September 2001 in 19 rural counties in northeastern and central Pennsylvania (Bedford, Clinton, Columbia, Juniata, Lebanon, Mifflin, Monroe, Montour, Northumberland, Perry, Pike, Schuylkill, Snyder, Sullivan, Susquehanna, Tioga, Union, Wayne, Wyoming)</p> <p>Enrollment in May 1998 = 4,217</p>

Table 1.3		
(1) Strategic Objectives (as specified in Title XXI State Plan and listed in your March evaluation)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify data sources, methodology, time period, etc.)
	<p>issues of concern to rural areas of the Commonwealth, to identify barriers to access in central and northeastern Pennsylvania</p>	<p>Enrollment in September 2001 = 9,499</p> <p>Formula used: $\frac{(9/01 \text{ Enrollment} - 5/98 \text{ Enrollment})}{5/98 \text{ Enrollment}}$</p> <p>Computation: $\frac{(9,499 - 4,217)}{4,217} = 125.3\%$</p> <p>Numerator: 5,282 increased enrollment from 5/98 through 9/01 Denominator: 4,217 enrollment in May 1998</p> <p>Progress Summary: In 40 months, CHIP enrollment in Pennsylvania's northeastern and central rural counties increased 125.3%. This surpasses the statewide growth of 97.3% during the same time period.</p> <p>During federal fiscal year 2001, seven of the rural counties experienced enrollment growth of 25% or more. Five of these seven counties had enrollment growth of 33% or more with one county exceeding 40% growth.</p>

OBJECTIVES RELATED TO SCHIP ENROLLMENT		
<p>Increase public awareness of CHIP and other state programs aimed at providing health care assistance.</p>	<p>Increase state government participation in and administration of outreach efforts to include public service announcements, inter-agency mutual referrals and revision, and distribution of CHIP information.</p>	<p>Data Sources: Benchmark and Follow-up Telephone Surveys</p> <p>Progress Summary: The Barrents Group of KPMG has been engaged to conduct an efficacy study of the statewide Helpline. The results are expected to be completed in Spring 2002.</p>
OBJECTIVES RELATED TO INCREASING MEDICAID ENROLLMENT		
<p>N/A</p>	<p>N/A</p>	<p>Data Sources:</p> <p>Methodology:</p> <p>Progress Summary:</p>

OBJECTIVES RELATED TO INCREASING ACCESS TO CARE (USUAL SOURCE OF CARE, UNMET NEED)

Increase access to coverage for racial, ethnic, minority and special needs children eligible for CHIP

Require Contractors contractually to increase outreach focus on community based agencies in predominantly minority, non-English speaking areas

Data Sources: Data available from CHIP enrollment records and US Census Bureau.

Methodology: Compare the proportion of CHIP enrollees that fall into various race and ethnic categories to US Census Bureau data for the general population in Pennsylvania.

	Race/Ethnicity				
	Hispanic	Native American	Asian	Black or African American	White
CHIP Enrollees*	4.6%	0.5%	2.0%	15.7%	77.4%
Pennsylvania General Population**	2.9%	0.1%	1.7%	9.8%	87.4%

* Averages calculated for state fiscal years 1997-1998, 1998-1999, and 1999-2000

**Averages calculated for calendar years 1998, 1999, and 2000

Progress Summary: For the Hispanic population and each minority, the percent of CHIP enrollees exceeds the corresponding percentage of the general population in Pennsylvania.

Table 1.3		
(1) Strategic Objectives (as specified in Title XXI State Plan and listed in your March evaluation)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify data sources, methodology, time period, etc.)
OBJECTIVES RELATED TO USE OF PREVENTIVE CARE (IMMUNIZATIONS, WELL-CHILD CARE)		
Increase the percentage of children receiving age appropriate well child care, immunizations and preventive health services	Ensure by explicit references in contract that program grantees provide to CHIP quality improvement plans which will include the process by which grantees will monitor and quantify quality improvement	Data Sources: N/A Methodology: Progress Summary: The Department contracted with NCQA to do data collection and analysis of HEDIS data submitted by contractors. The analysis has not been totally completed by NCQA at this time. It is our expectation that that analysis will be completed by the end of the year.
OTHER OBJECTIVES		
N/A	N/A	Data Sources: Methodology: Progress Summary:

1.4 If any performance goals have not been met, indicate the barriers or constraints to meeting them. N/A

1.5 Discuss Pennsylvania's progress in addressing any specific issues that your state agreed to assess in the State plan that are not included as strategic objectives. N/A

1.6 Discuss future performance measurement activities, including a projection of when additional data are likely to be available.

During FY 2000 the Department, for the first time, began collecting HEDIS data. The data collected was not audited. The Department now is preparing for the second HEDIS review that will be audited.

In addition to the HEDIS review, Pennsylvania is utilizing the technical assistance (TA) services funded through the Maternal and Child Health Bureau and sponsored in collaboration with the Center for Medicare and Medical Services. Under this initiative, referred to as CompCare, PA has requested assistance from Health Systems Research, Inc. (HSR) in developing a system to monitor and test the quality of care provided under the program. The specific goals of the project include:

- Assessing the capacity of contracting plans to collect and submit data;
- Presenting and facilitating the selection of a set of appropriate, feasible indicators of the quality of care provided to children under CHIP;
- Identifying data sources for each of the selected indicators; and
- Pilot-testing the data collection plan and working with the client to analyze and interpret the selected indicators.

To assist in the initial step of the TA project effort, HSR contracted with NCQA's Quality Solution Group to conduct a readiness assessment of the Department's contracted health plans. This assessment is intended to evaluate the plans' ability to collect accurate HEDIS data, to submit high quality encounter data, and to administer timely consumer surveys. A copy of the survey instrument, results and recommendations are attached as Appendix H.

HRS has thus far concluded that PA's contracted plans are equipped to accurately collect the performance data they are responsible for. The challenge is to create a central repository to maintain all required data elements required for performance reporting in order to generate the measurements and use the measurements for the development of a quality assurance and improvement curriculum.

The next step for technical assistance will be the selection of quality monitoring indicators that can be collected consistently from the plans and that reflect the aspects of children's care that are of greatest importance to the Department. We project that the next phase of this project will begin after the first of the year with the intention to complete total project goals by the end of 2002. If our efforts dictate building a central database from the ground floor, total implementation will extend to at least 2003.

1.7 Please attach any studies, analyses or other documents addressing outreach, enrollment, access, quality, utilization, costs, satisfaction, or other aspects of Pennsylvania's CHIP Program's performance. Please list appendices here

- **Appendix A – COMPASS information**
- **Appendix B – Calls to the Helpline in Relationship to Advertising**
- **Appendix C – Mini-grant Analysis Summary of April 3, 2001 Reaching Out Conference**
- **Appendices D1-D3 – Reaching Out Newsletters**
- **Appendix E – Hispanic Outreach Research Initiative**
- **Appendix F – Application for Free or Reduced Price School Meals/Snacks and Health Care Coverage**
- **Appendix G – Children Enrolled in Health Care Coverage**
- **Appendix H – Assessment of Pennsylvania CHIP Plan Reporting Capabilities**

SECTION 2. AREAS OF SPECIAL INTEREST

This section has been designed to allow Pennsylvania to address topics of current interest to stakeholders, including; states, federal officials, and child advocates.

2.1 Family coverage: N/A

2.2 Employer-sponsored insurance buy-in: N/A

2.3 Crowd-out:

A. How do you define crowd-out in Pennsylvania's CHIP Program?

There has been no change in the definition of crowd-out since the previous reporting period. Pennsylvania defers to the description of crowd-out contemplated in Sections 2102(b)(3)(B) & (C) of Title XXI. No further definition of the term is contained in either State law or regulation. The CHIP Procedures Manual provides that a child who is enrolled in Medicaid or who has other creditable health insurance provided through private health insurance is ineligible for CHIP. Stand alone dental and/or vision care coverage is not considered to be creditable health insurance.

B. How do you monitor and measure whether crowd-out is occurring?

Pennsylvania has taken a number of steps to guard against crowd-out. Questions regarding insurance coverage along with matches against Medicaid and private insurance files help to assure that only uninsured children are enrolled in CHIP. Examples of data available regarding this issue are:

- An average of 10.4% of applications rejected during the reporting period were found ineligible because the child had private insurance;
- An average of 39.9% of applications rejected during the reporting period were found ineligible because family income was within the Medicaid range;
- An average of 9.2% of cases terminated at the time of renewal lost eligibility because the child had acquired private insurance; and
- An average of 15.5% of cases terminated at the time of renewal lost eligibility because the child was determined to be eligible for Medicaid.

It also should be noted that Pennsylvania continues to enjoy one of the nations highest rate of insured persons. CPS data for 2000 indicates 91.5% of all Pennsylvanian's under the age of 65 have health insurance; up from 90.3% in 1999. Employers in Pennsylvania provide 77.3% of coverage, compared to the national average of 68.2%. The stability of the percentage of private coverage and the constancy of employer provided coverage continue to support the hypothesis that no significant degree of "crowd-out" has occurred as a result of the expansion of publicly-funded health care programs.

- C. *What have been the results of your analyses? Please summarize and attach any available reports or other documentation.*

See response to items 1. and 2. above.

- D. *Which anti-crowd-out policies have been most effective in discouraging the substitution of public coverage for private coverage in Pennsylvania's CHIP Program? Describe the data source and method used to derive this information.*

See response to items 1. and 2. above.

2.4 Outreach

- A. *What activities have you found most effective in reaching low-income, uninsured children? How have you measured effectiveness?*

See Section 1.1.E., media messages, and Appendix B.

- B. *Have any of the outreach activities been more successful in reaching certain populations (e.g., minorities, immigrants, and children living in rural areas)? How have you measured effectiveness?*

N/A

- C. *Which methods best reached which populations? How have you measured effectiveness?*

N/A

2.5 Retention:

- A. *What steps is Pennsylvania taking to ensure that eligible children stay enrolled in Medicaid and CHIP?*

No new efforts have been undertaken during this reporting period.

- B. *What special measures are being taken to reenroll children in Pennsylvania's CHIP who disenroll, but are still eligible?*

Follow-up by caseworkers/outreach workers

Renewal reminder notices to all families

Targeted mailing to selected populations, specify population

Information campaigns

Simplification of re-enrollment process, please describe.

Surveys or focus groups with disenrollees to learn more about reasons for disenrollment, please describe

Other, please explain

C. *Are the same measures being used in Medicaid as well? If not, please describe the differences.*

The Department of Public Welfare (DPW) has made great strides to improve the Medicaid application and redetermination processes; however many children each month still lose their coverage because of reasons other than apparent changes in their eligibility. DPW has authorized focus groups of recently disenrolled Medicaid parents to help better understand why parents are not re-enrolling their kids at the redetermination point.

The specific goals of the focus groups are as follows:

- Understand the reasons parents do not re-enroll their children at the twelve-month redetermination point.
- Identify the key barriers to re-enrollment, paying special attention to the perceived differences between remaining process barriers, stigma issues and mis-information, as well the inter-relation between the three.
- Explore differences that might exist statewide.
- Learn more about how Pennsylvania Latinos may differ in terms of attrition at redetermination.
- Understand better whether parents are more likely to feel that they have purposely disenrolled their children rather than that they had been disenrolled without a conscious decision of desire to do so.

The results will be available in January 2002.

D. *Which measures have you found to be most effective at ensuring that eligible children stay enrolled?*

Several methods were used by contractors to ensure that eligible children remain enrolled in CHIP. They include:

- A multi-notice process to inform families of the need to renew eligibility;
- The inclusion of information regarding renewals in publications (e.g. flyers, member handbooks and newsletters); and
- Supportive messages from community agencies emphasizing the importance of renewing eligibility.

CHIP operational procedures require that a notification, informing the parent or guardian of the need for renewal of the eligibility for the CHIP child, must be sent a minimum of 60 days prior to the expiration of the twelve-month period of coverage. Many of the CHIP contractors have elected to use a 90-60-30 day notification process. At 90 days, a notice is sent informing families of the renewal and giving them a date within which they should respond. At 60 days, a second notice is sent. Between the 60- and 30-day period, a phone call is placed to the family inquiring whether they received the notice. Personal contact with the families is instrumental in having families reenroll their children in CHIP.

- E. *What do you know about insurance coverage of those who disenroll or do not re-enroll in Pennsylvania's CHIP (e.g., how many obtain other public or private coverage, how many remain uninsured)? Describe the data source and method used to derive this information.*

N/A

2.6 Coordination between Pennsylvania's CHIP and Medicaid:

- A. *Do you use common application and redetermination procedures (e.g., the same verification and interview requirements) for Medicaid and Pennsylvania CHIP? Please explain.*

Yes. Procedures previously adopted by the Pennsylvania Insurance Department for CHIP and the Department of Public Welfare for Medicaid remain in place (i.e. the "Any Form is a Good Form" process adopted in February 1999 as well as the common data element forms adopted in July 2000). These procedures facilitate enrollment in both CHIP and Medicaid. In December 2000, a similar practice was adopted at the time of redetermination or renewal.

During each month of the reporting period, an average of 19% of applications for CHIP were evaluated and screened as being potentially eligible for Medicaid. Correspondingly, 20% of the applications received by CHIP contractors, during federal fiscal year 2001, came from Medicaid.

Maintaining a seamless system of applying for CHIP and Medicaid benefits was an important component in the planning, piloting and implementation of phase one of the Commonwealth of Pennsylvania Application for Social Services (COMPASS). Phase one of the COMPASS project is the on-line application for health care coverage benefits for children eligible for CHIP or Medicaid. Please refer to section 1.1.b (enrollment process) for more detail about COMPASS.

- B. *Explain how children are transferred between Medicaid and Pennsylvania's CHIP when a child's eligibility status changes.*

Effective December 15, 2000, CHIP and Medicaid expanded the "Any Form" process to include CHIP renewals and Medicaid redetermination of eligibility. Renewal materials for children determined ineligible for CHIP because family income is within the Medicaid range are automatically sent to the appropriate County Assistance Office for a determination of eligibility for Medicaid. Redetermination of eligibility materials for children determined ineligible for Medicaid because family income is within the CHIP range are sent to a CHIP contractor for a determination of eligibility for CHIP.

- C. *Are the same delivery systems (including provider networks) used in Medicaid and Pennsylvania's CHIP? Please explain.*

There has been no change in the delivery system for either CHIP or Medicaid since the previous reporting period.

2.7 Cost Sharing:

There has been no change in cost-sharing requirements since the previous reporting period.

2.8 Assessment and Monitoring of Quality of Care:

- A. *What information is currently available on the quality of care received by Pennsylvania's CHIP enrollees? Please summarize results.*

Please refer to 1.6 and Table 1.3

- B. *What processes are you using to monitor and assess quality of care received by Pennsylvania's CHIP enrollees, particularly with respect to well-baby care, well-child care, immunizations, mental health, substance abuse counseling and treatment and dental and vision care?*

Please refer to 1.6 and Table 1.3

- C. *What plans does Pennsylvania's CHIP Program have for future monitoring/assessment of quality of care received by Pennsylvania CHIP enrollees? When will data be available?*

Please refer to 1.6 and Table 13A.

SECTION 3. SUCCESSES AND BARRIERS

This section has been designed to allow Pennsylvania to report on successes in program design, planning, and implementation of the State plan, to identify barriers to program development and implementation, and to describe the approach to overcoming these barriers.

3.1 Please highlight successes and barriers you encountered during FFY 2001 in the following areas. Please report the approaches used to overcome barriers. Be as detailed and specific as possible.

A. *Eligibility*

N/A

B. *Outreach*

See Section 1.1-5 of this report.

C. *Enrollment*

Since September 2000, enrollment in the federally subsidized component of the program has increased from 93,234 to 106,702 in September 2001. This represents a 14.4% increase. Since approval of the State Plan in May 1998, CHIP enrollment increased 97.3% (from 54,080). The September 2001 enrollment figure is 78.1% of the estimated universe of potential enrollees. As of December 2001 increased to 110,104, or 80.6% of the estimated universe.

D. *Retention/disenrollment*

N/A

E. *Benefit structure*

No new benefits have been added to the benefit package since the previous reporting period.

F. *Cost-sharing*

N/A

G. *Delivery systems*

As noted in Section 1(K), the conversion of the four non-managed care counties to managed care will simplify the evaluation process for assessing quality of care. In addition, the removal of this barrier is more likely to ensure that children in those counties will have a medical home.

H. *Coordination with other programs*

See Section 1.1-5 of this report (caption *Express Lane Eligibility*) regarding pilot testing of a combined application for the school lunch program, CHIP and Medicaid.

I. Crowd-out

See Section 2.3, Crowd-Out

J. Other

N/A

SECTION 4. PROGRAM FINANCING

This section has been designed to collect program costs and anticipated expenditures.

4.1 Please complete Table 4.1 to provide your budget for FFY 2001, your current fiscal year budget, and FFY 2002 projected budget. Please describe in narrative any details of your planned use of funds. (Note: Federal fiscal year 2001 starts 10/1/00 and ends 9/30/01).

	Federal Fiscal Year 2001	Federal Fiscal Year 2002	Federal Fiscal Year 2003
Benefit Costs			
Insurance payments			
Managed care	127,581,057	147,997,370	175,326,749
per member/per month rate x # of eligibles			
Fee for Service			
Total Benefit Costs	127,581,057	147,997,370	175,326,749
(Offsetting beneficiary cost sharing payments)			
Net Benefit Costs	127,581,057	147,997,370	175,326,749
Administration Costs			
Personnel	641,476	728,000	821,000
General administration	3,219,102	5,595,000	5,941,600
Contractors/Brokers (e.g., enrollment contractors)			
Claims Processing			
Outreach/marketing costs	2,800,000	2,885,000	3,796,000
Other			
Total Administration Costs	6,660,578	9,208,000	10,558,600
10% Administrative Cost Ceiling	14,175,673	16,444,152	19,480,750
Federal Share (multiplied by enh-FMAP rate)	90,653,376	107,308,386	126,922,516
State Share	43,588,259	49,896,984	58,962,833
TOTAL PROGRAM COSTS	134,241,635	157,205,370	185,885,349

Administrative cost increases are expected in FFY 2002 and 2003 due to filling vacant positions, increase in outreach activities, and completion of a centralized eligibility and enrollment system. Higher benefit costs are expected due to increased enrollment and rising insurance premiums.

4.2 Please identify the total State expenditures for family coverage during Federal Fiscal Year 2001. N/A

4.3 What were the non-Federal sources of funds spent on Pennsylvania's CHIP Program during FFY 2001?

- State appropriations
- County/local funds
- Employer contributions
- Foundation grants
- Private donations (such as United Way, sponsorship)
- Other (specify) A \$0.03 per pack cigarette tax.

A. Do you anticipate any changes in the sources of the non-Federal share of plan expenditures?

No

SECTION 5: SCHIP PROGRAM AT-A-GLANCE

This section has been designed to give the reader of your annual report some context and a quick glimpse of Pennsylvania’s CHIP Program.

5.1 To provide a summary at-a-glance of Pennsylvania’s CHIP Program characteristics, please provide the following information. If you do not have a particular policy in-place and would like to comment why, please do. (Please report on initial application process/rules).

Table 5.1	Medicaid Expansion SCHIP Program	Separate SCHIP Program
Program Name		
Provides presumptive eligibility for children	<input type="checkbox"/> No <input type="checkbox"/> Yes, for whom and how long?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, for whom and how long?
Provides retroactive eligibility	<input type="checkbox"/> No <input type="checkbox"/> Yes, for whom and how long?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, for whom and how long?
Makes eligibility determination	<input type="checkbox"/> State Medicaid eligibility staff <input type="checkbox"/> Contractor <input type="checkbox"/> Community-based organizations <input type="checkbox"/> Insurance agents <input type="checkbox"/> MCO staff <input type="checkbox"/> Other (specify)	<input type="checkbox"/> State Medicaid eligibility staff <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Community-based organizations <input type="checkbox"/> Insurance agents <input type="checkbox"/> MCO staff <input type="checkbox"/> Other (specify)

Table 5.1	Medicaid Expansion SCHIP Program	Separate SCHIP Program
Average length of stay on program	Specify months	Specify months <u>N/A</u>
Has joint application for Medicaid and SCHIP	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes See Section 2.6
Has a mail-in application	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Can apply for program over phone	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Can apply for program over internet	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Requires face-to-face interview during initial application	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Table 5.1	Medicaid Expansion SCHIP Program	Separate SCHIP Program
Requires child to be uninsured for a minimum amount of time prior to enrollment	<input type="checkbox"/> No <input type="checkbox"/> Yes, specify number of months. What exemptions do you provide?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, specify number of months What exemptions do you provide?
Provides period of continuous coverage <u>regardless of income changes</u>	<input type="checkbox"/> No <input type="checkbox"/> Yes, specify number of months _____ Explain circumstances when a child would lose eligibility during the time period.	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, specify number of months 12 Explain circumstances when a child would lose eligibility during the time period: <ul style="list-style-type: none"> <input type="checkbox"/> Move out-of-state <input type="checkbox"/> Becomes 19 years of age <input type="checkbox"/> Obtains private insurance or enrolls in Medicaid <input type="checkbox"/> Death of child <input type="checkbox"/> Voluntary request to terminate coverage.
Imposes premiums or enrollment fees	<input type="checkbox"/> No <input type="checkbox"/> Yes, how much? Who Can Pay? <input type="checkbox"/> Employer <input type="checkbox"/> Family <input type="checkbox"/> Absent parent <input type="checkbox"/> Private donations/sponsorship <input type="checkbox"/> Other (specify)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, how much? Who Can Pay? <input type="checkbox"/> Employer <input type="checkbox"/> Family <input type="checkbox"/> Absent parent <input type="checkbox"/> Private donations/sponsorship <input type="checkbox"/> Other (specify)

Table 5.1	Medicaid Expansion SCHIP Program	Separate SCHIP Program
Imposes copayments or coinsurance	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Provides preprinted redetermination process	<input type="checkbox"/> No <input type="checkbox"/> Yes, we send out form to family with their information precompleted and: <input type="checkbox"/> ask for a signed confirmation that information is still correct <input type="checkbox"/> do not request response unless income or other circumstances have changed	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, we send out form to family with their information and: <input type="checkbox"/> ask for a signed confirmation that information is still correct <input type="checkbox"/> do not request response unless income or other circumstances have changed

5.2 Please explain how the redetermination process differs from the initial application process.

No change in process from previous reporting period.

SECTION 6: INCOME ELIGIBILITY

This section is designed to capture income eligibility information for Pennsylvania's CHIP Program.

6.1 As of September 30, 2001, what was the income standard or threshold, as a percentage of the Federal Poverty Level, for countable income for each group? If the threshold varies by the child's age (or date of birth), then report each threshold for each age group separately. Please report the threshold after application of income disregards (see Note below).

There have been no changes in income standards or thresholds since the last reporting period- except for the addition of one additional age cohort in Title XIX (children born after 9/30/83 are now covered until they reach age 18).

Title XIX Child Poverty-related Groups or Section 1931- whichever category is higher	185% of FPL for children under age 12 months 133% of FPL for children aged 1-5 100% of FPL for children aged 6-18 (children born after 9/30/83)
Medicaid SCHIP Expansion	____% of FPL for children aged ____% of FPL for children aged ____% of FPL for children aged
State-Designed SCHIP Program	200% of FPL for children aged under 19 ____% of FPL for children aged ____% of FPL for children aged

Note: The income standards expressed above reflects the threshold before income disregards are applied due to the variation that occurs when applying income disregards on a case-by-case basis.

6.2 As of September 30, 2001, what types and amounts of disregards and deductions does each program use to arrive at total countable income? Please indicate the amount of disregard or deduction used when determining eligibility for each program. If not applicable, enter NA.

Do rules differ for applicants and recipients (or between initial enrollment and redetermination)? Yes No
 If yes, please report rules for applicants (initial enrollment).

There have been no changes in types and amounts of disregards and deductions since the previous reporting period.

Table 6.2			
	Title XIX Child Poverty-related Groups	Medicaid SCHIP Expansion	State-designed SCHIP Program
Earnings	\$	\$	\$90/month
Self-employment expenses	\$	\$	\$90/mo plus business expenses
Alimony payments Received	\$	\$	\$ N/A
Paid	\$	\$	\$ N/A
Child support payments Received	\$	\$	\$ N/A
Paid	\$	\$	\$ N/A
Child care expenses	\$	\$	\$200/mo maximum for children under age 2 \$175/mo maximum for children age 2 and older and for disabled adults
Medical care expenses	\$	\$	\$ N/A
Gifts	\$	\$	\$ N/A
Other types of disregards/deductions (specify)	\$	\$	\$ N/A

6.3 For each program, do you use an asset test?

Title XIX Poverty-related Groups No Yes, specify countable or allowable level of asset test _____

Medicaid SCHIP Expansion Program
State-Designed SCHIP Program
Other SCHIP Program _____

____ No
 No
____ No

____ Yes, specify countable or allowable level of asset test _____
____ Yes, specify countable or allowable level of asset test _____
____ Yes, specify countable or allowable level of asset test _____

6.4 Have any of the eligibility rules changed since September 30, 2001? ___ Yes ___X___ No

SECTION 7: FUTURE PROGRAM CHANGES

This section has been designed to allow you to share recent or anticipated changes in Pennsylvania's CHIP Program.

7.1 What changes have you made or are planning to make in Pennsylvania's CHIP program during FFY 2002 (10/1/01 through 9/30/02)? Please comment on why the changes are planned.

A. Family coverage

In June 2001, the Pennsylvania Legislature passed Act 2001-77 which authorized the spending of a portion of Tobacco Settlement funds for the provision of basic health insurance coverage for adults. Persons eligible include adults between the ages of 19 and 64 who have income below 200% of the Federal Income Guidelines; and who are not eligible for Medicaid or have other health insurance coverage. A basic benefit package will be provided and each enrollee will make a monthly payment of \$30. It is anticipated that enrollment will begin during 2002.

B. Employer sponsored insurance buy-in

N/A

C. 1115 waiver

N/A

D. Eligibility including presumptive and continuous eligibility

N/A

E. Outreach

N/A

F. Enrollment/redetermination process

G. Contracting

Contracts currently in effect with health insurers expire on September 1, 2002. The Department will issue a request for procurement (RFP) in the spring of 2002 for the purpose of contracting with qualified health insurers for a three-year period. The Department intends to fund all reasonable and cost effective proposals that provide sufficient detail to demonstrate the offeror's ability to meet program requirements.

Successful bidders will be required to complete the following tasks:

- Conduct outreach;**
- Determine eligibility;**
- Enroll eligible children;**
- Provide a uniform benefit package;**
- Contract with qualified providers to medically necessary care;**
- Provide health education;**
- Perform quality assurance tasks; and**
- Such other duties as the Department may reasonably require.**