



PENNSYLVANIA
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The 2024 State of Children's Health in Pennsylvania

POST-PANDEMIC HEALTH INSURANCE TRENDS



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Introduction

The 2024 State of Children’s Health report analyzes the latest Census data on children’s health insurance. It provides the first look into the impact of resuming Medicaid renewals following a three-year federal hiatus during the COVID-19 public health emergency.

The report shows the factors that contribute to a child’s likelihood of being uninsured, including family income, race and ethnicity, geography, and age, and examines the role of public health insurance programs as comprehensive coverage options for Pennsylvania families. County-level data profiles ([Counties by the Numbers](#)) accompany this report for further in-depth analysis.

Advocates, policymakers, and other stakeholders have an opportunity to use the latest demographic findings in the report to target outreach efforts more strategically to families of the 147,000 children who need health coverage.

Additionally, the report provides a progress report on the Medicaid unwinding process, which fortunately, did not cause significant disruptions to children’s health coverage in 2023 with less than 2 in 10 children losing coverage.

The report highlights strategies within Medicaid and CHIP aimed at keeping children enrolled without unnecessary gaps in coverage, such as continuous eligibility policies and improvements to the current automatic “ex parte” process.

The report further urges the state to improve the “no-wrong door” policy for tens of thousands of families with children enrolled in the state marketplace, Pennie™ who instead appear eligible for Medicaid and subsidized CHIP plans.

The analysis and recommendations within this report aim to help improve children’s coverage and put Pennsylvania on a better path for keeping children enrolled for longer periods, yielding better outcomes.

Uninsured Trends

Following the surprising turn in last year’s report in the wrong direction, this report is slightly more encouraging in that more ground wasn’t lost. We didn’t see a continuation of significant coverage losses for children from one year ago.

Between 2022 and 2023, the rate of Pennsylvania children without health insurance remained steady at 5.2%.ⁱ

However, steady rates do not equal progress. Too many children live in Pennsylvania without access to health insurance. The number of Pennsylvania children under age 19 without health insurance increased slightly from 145,000 to 147,000 from one year ago.

Pennsylvania continues to have the 5th highest number of uninsured children in the nation. Lack of coverage or even short gaps in coverage can result in missed appointments and delayed care for chronic conditions such as asthma, resulting in emergency department visits and missed school days.



The more than **147,000 Pennsylvania children**

without health insurance is more than the entire population of Lebanon County.

Nationally, the child uninsured rate increased from 5.1% to 5.4% from the prior year. Six states had worse rates (AL, LA, NM, SC, TX, WA), three had better rates (CO, KY, ND), and the remaining states, including Pennsylvania, remained consistent or saw no significant change. Likewise, Pennsylvania had no significant change in the adult uninsured population, remaining steady at 7%.ⁱⁱ

If there is a somewhat glass-half-full view of this analysis, it’s that the Pennsylvania child uninsured rate didn’t get worse during a year we had anticipated starting to see some fallout from the unwinding of the Medicaid continuous coverage provision underway for

much of 2023. However, we are not out of the woods yet. The unwinding process continued during the first half of 2024, meaning the full impact on children’s health insurance won’t be seen until the next round of census data is released next fall.

Regional Comparison

Since last year, all our neighboring states have had increases in their uninsured rates for children, yet Pennsylvania—even with no increase—continues to have the highest rate of children not connected to health insurance.

Pennsylvania has been known as a state with a large aging population; however, it’s important to note that it has the sixth-largest child population in the country, with more than 2.6 million children under age 18.ⁱⁱⁱ

Percent Under Age 19 Without Health Insurance

New York	2.8%
West Virginia	3.0%
New Jersey	4.1%
Maryland	4.7%
Delaware	4.8%
Ohio	4.9%
Pennsylvania	5.2%

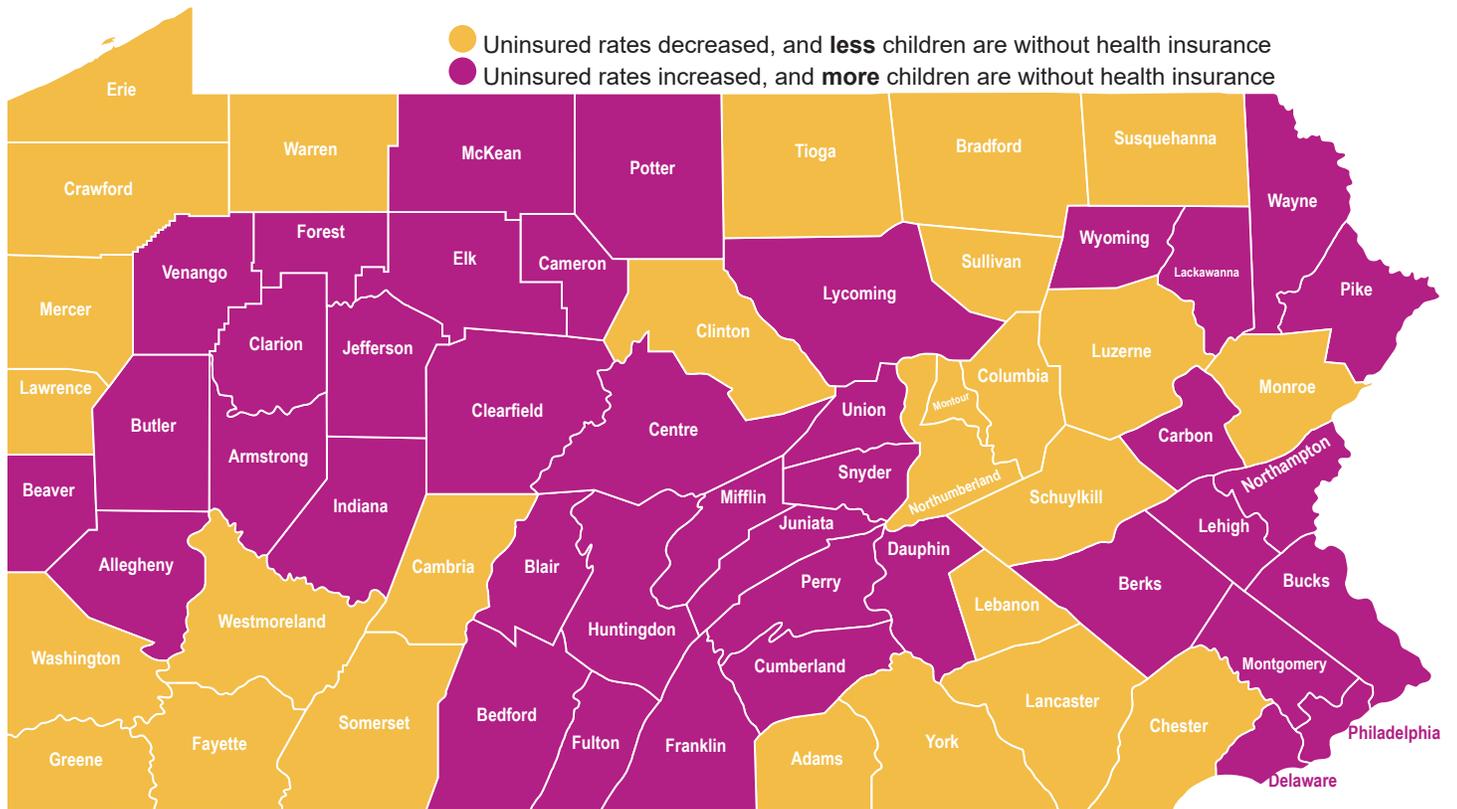
Source: U.S. Census, 2023 American Community Survey (1-year estimates, C27001)

Ohio, Georgia, and Illinois have similar child population sizes to Pennsylvania, yet these four states widely differ in their child uninsured rates from lowest 3.2% (Illinois) to highest 6.4% (Georgia).^{iv,v}

County Comparison

When comparing the 2023 rates to the prior year, **9 counties** had notably better rates (Adams, Chester, Greene, Lancaster, Lebanon, Montour, Northumberland, Somerset, Washington), and **ten counties** had notably worse rates (Bedford, Blair, Cameron, Clearfield, Cumberland, Elk, Fulton, McKean, Perry, Potter).

Difference in Uninsured Rates for Children, 2022-2023



Source: U.S. Census, American Community Survey (1-year estimates, B27001)

Small area regional rates were used for the 27 smallest counties not included in the 2023 1-year ACS - Bedford, Bradford, Cameron, Clarion, Clinton, Elk, Forest, Fulton, Greene, Huntingdon, Jefferson, Juniata, McKean, Mifflin, Montour, Perry, Pike, Potter, Snyder, Sullivan, Susquehanna, Tioga, Union, Venango, Warren, Wayne and Wyoming. In addition to these counties, Columbia was not included in the 2022 1-year ACS.

Lebanon and Somerset counties saw the biggest, most significant improvements from the prior year, with fewer children going without health insurance.

Lebanon County: 10.4% uninsured children, down from 21.4% in 2022.

Somerset County: 3.3% uninsured children, down from 8.6% in 2022.

Clearfield and Cumberland counties had the biggest jumps in rates from the prior year, with more children going without health insurance.

Clearfield County: 16.9% uninsured children, up from 3.0% in 2022.

Cumberland County: 10.6% uninsured children, up from 3.4% in 2022.

The remaining 48 counties had no substantial change in their rates, meaning they had less than a 3% difference from the prior year.

Because rates only tell part of the story in locating the uninsured population, it's important to also look at the number of children without health insurance in each county.

Eight counties have 5,000 or more uninsured children, and together, account for more than half of all the uninsured children in the commonwealth. The remaining 71,000 uninsured children are spread across the other 59 counties.

Focusing outreach about public health insurance options through Medicaid, CHIP, and Pennie™ to families in these eight counties would reach more than half of the uninsured population.

County	Number of Uninsured Children
Philadelphia	18,400
Lancaster	18,200
Allegheny	7,700
Delaware*	6,800
Dauphin	6,500
Cumberland*	6,400
Montgomery*	5,900
Berks	5,700

*New to the list in 2023

Children Without Health Insurance by Age

Not surprisingly, given the steady overall uninsured rate, there are no significant changes from the prior year among the two age bands for children under age 6 and children 6 years and older.

However, we continue to see a gap, with younger children being more likely to go without coverage than older children. DHS' proposed Medicaid continuous eligibility policy from birth to age 6 could help close this longstanding gap that we've seen in Pennsylvania.

In 2023:

5.6% of Pennsylvania children under age 6 are uninsured

5.1% of Pennsylvania school-age children (ages 6-18) are uninsured

Source: U.S. Census, 2023 American Community Survey (1-year estimates, B27001)

Looking at the county-level data, gaps exist between the age bands at varying levels.

More than half of Pennsylvania counties have higher uninsured rates for younger children than school age children, with an average difference of 3.6%.



Counties with Significantly Higher Uninsured Younger Children

County	Uninsured Under Age 6	Uninsured School-Age
Juniata/ Mifflin/ Snyder/ Union	26%	19%
Lancaster	19%	11%
Crawford	17%	12%
Warren	14%	9%
Fayette	8%	<1%
Lawrence	6%	<1%

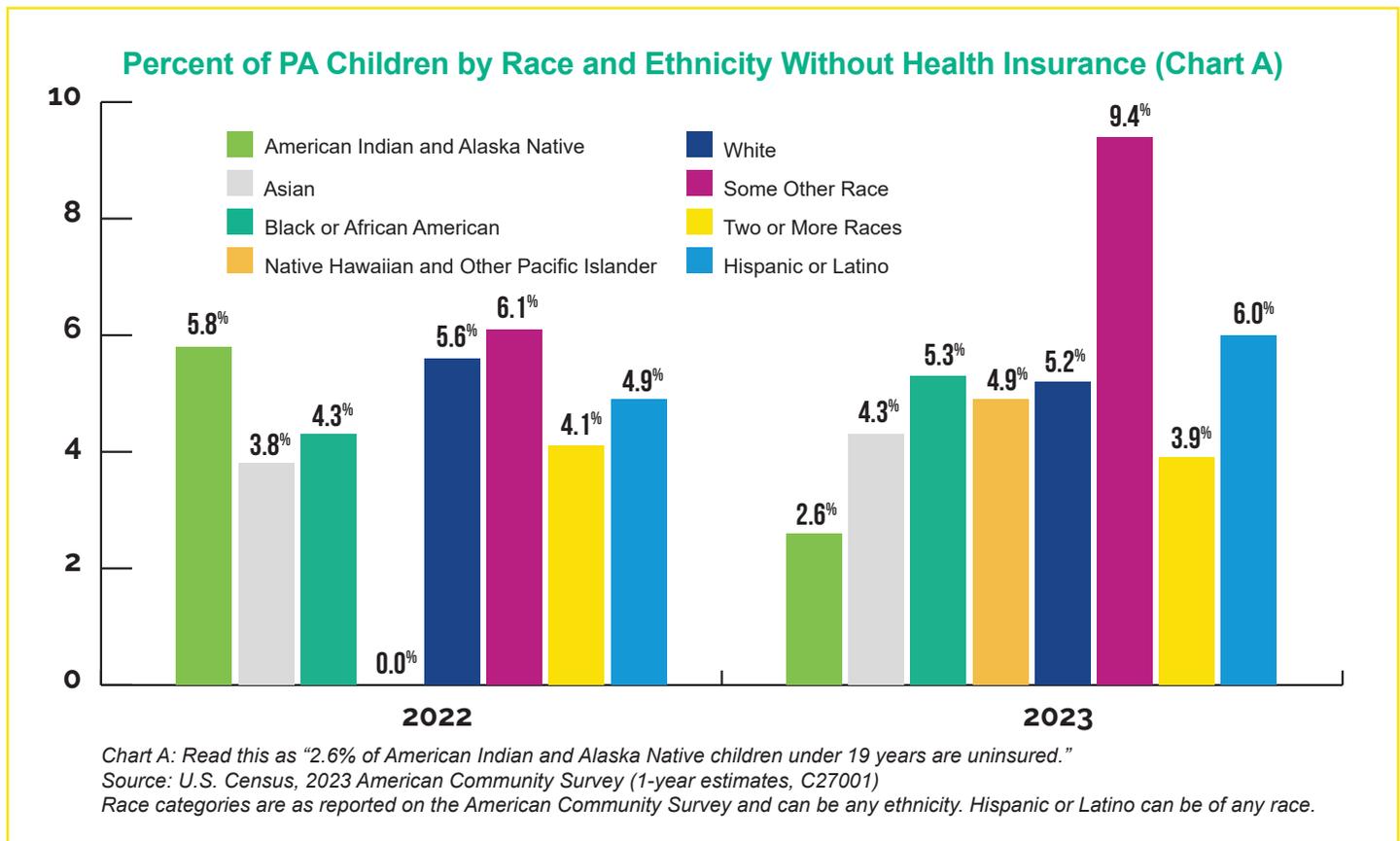
The remaining 29 counties have higher uninsured rates for older children than younger children, with an average difference of 2.7%.

Counties with Significantly Higher Uninsured School-Age Children

County	Uninsured Under Age 6	Uninsured School-Age
Bedford	6%	16%
Fulton	6%	16%
Dauphin	6%	11%
Luzerne	<1%	5%

Opportunities abound for various partnerships to reach families with uninsured children of all ages about their free or low-cost health coverage options, such as child care centers, community family centers, other family-serving programs, legislative offices, school districts, and after-school programs.

Children Without Health Insurance by Race/Ethnicity



The charts provide two different ways of looking at race and ethnicity data.

Chart A: Read this as “6% of Hispanic or Latino children under 19 years are uninsured.”

Chart B: Read this as “16.5% of uninsured children under 19 years are Hispanic or Latino.”

Pennsylvania children do not experience equal access to health care insurance. It’s important to look at the uninsured rates by children’s race and ethnicity to determine where structural barriers and inequities play a part in preventing access and to use that information to improve outreach within certain populations.

This section reflects an analysis of data on uninsured children by race and ethnicity compared to current population numbers to determine where imbalances may be (Chart B), as well as comparing the percentages of children by race and ethnicity with no health insurance to that group’s prior

uninsured rates (Chart A) to determine whether any progress has been made or lost.

The good news, at least at the statewide level, is that limited disproportionality is present in the latest Census data, as reflected in Chart B. To determine whether disproportionality exists, we compared the proportion of uninsured children by race and ethnicity to their rates in the general population.

Disproportionality occurs when the uninsured rates for a group are higher than expected, meaning higher than the group’s population size, and with a proportion scoring at least 1.1 or greater on the racial disproportionality index.

Percent of Uninsured PA Children by Race and Ethnicity Compared to Population (Chart B)

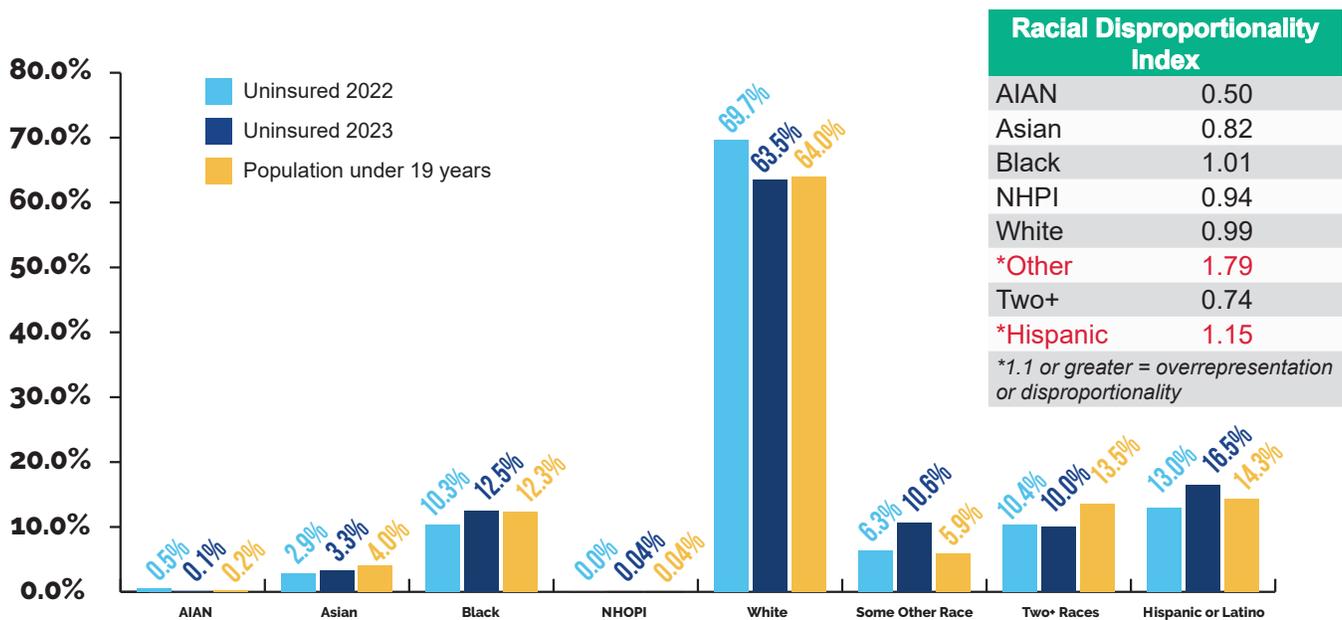


Chart B: Read this as “0.1% of uninsured children under 19 years are American Indian and Alaska Native.”

Source: PPC analysis, U.S. Census Bureau, American Community Survey (1-year estimates, C27001), 2022 and 2023

Race categories are reported on the ACS and can be any ethnicity. Hispanic or Latino can be of any race.

Racial Disproportionality Index = the rate of the uninsured population by race/ethnicity divided by the rate of that group’s population under 19 years. Scores less than 1.0 indicate underrepresentation, scores of 1.0 indicate no disproportionality and scores of 1.1 and greater indicate overrepresentation.

Lost Ground

- After several years of progress, the uninsured rate for **Asian children** increased, going from 3.8% in 2022 to 4.3% in 2023 (Chart A). It is now nearly the same rate as the 2019 pre-pandemic rate. Even with the small uninsured rate increase, slight underrepresentation exists for Asian children at the state level because the uninsured rate is below the population rate (Chart B).
- The uninsured rate for **Black children** is moving in the wrong direction, having increased a full percentage point, from 4.3% in 2022 to 5.3% in 2023 (Chart A). Adding to this cause for concern, the rate has nearly doubled from its low 2.7% in 2021. Despite the rising uninsured rates for Black children, no disproportionality exists at the statewide level because the uninsured rate aligns with the population rate (Chart B). However, continued movement in the wrong direction could easily shift into inequity.

- The uninsured rate for **children who identify as Some Other Race**, shifting from 6.1% in 2022 to 9.4% in 2023 (Chart A), represents the most significant movement in the wrong direction. Adding to this cause for concern, the rate has nearly doubled from its pre-pandemic rate of 4.8% in 2019. This group of children also represents the biggest difference between their uninsured rate and population rate, representing statewide disproportionality at a greater level than the prior year (Chart B).
- After experiencing progress in the last report, the uninsured rate for **Hispanic or Latino children** increased a full percentage from 4.9% in 2022 to 6.0% in 2023 (Chart A). This movement in the wrong direction has returned this group to the disproportional column at the statewide level, meaning the Hispanic uninsured rate is now higher than the rate of Hispanic children in the child population (Chart B).



Progress Made

- Representing the most statistically significant progress, the uninsured rate for **American Indian and Alaska Native (AIAN) children** dropped from 5.8% in 2022 to 2.6% in 2023 (Chart A). The AIAN uninsured rate has improved enough to erase the overrepresentation during the last report and is far below the population rate (Chart B).
- After losing ground in the prior report, the uninsured rate for **white children** has slightly improved from 5.6% in 2022 to 5.2% in 2023 (Chart A). This shifts the rate closer to its 2019 pre-pandemic level of 5.0%. No disproportionality exists for white children at the statewide level because the uninsured rate aligns with the population rate (Chart B).
- The uninsured rate for **children who identify as Two or More Races** saw its first slight improvement after losing ground each year since 2019, shifting from 4.1% in 2022 to 3.9% in 2023 (Chart A). Slight underrepresentation exists for this group at the state level because the uninsured rate is below the population rate (Chart B).
- 2023 marks the first time we're seeing a statewide percentage by race for **Native Hawaiian and Other Pacific Islander children**, with 4.9% uninsured (Chart A). No disproportionality exists at the state level for this group, with a disproportionality index just below 1.0 (Chart B).

County Comparisons

While limited disproportionality exists statewide, the [Counties by the Numbers](#) profiles include data that paints a more localized picture of racial disparities in obtaining health insurance.

Counties with a racial disproportionality index above 1.1 show the biggest difference between their uninsured rates and population rates, representing the greatest disproportionality.



The following 27 counties have uninsured rates for children at least 3x higher than the group's population size in their county:

- **American Indian and Alaska Native:** Bucks (Disproportionality Index of 16.4), Crawford (4.4), Delaware (6.4), Erie (17.9), Lebanon (7.8), Luzerne (7.6), Schuylkill (17.1), and Warren (12.4)
- **Asian:** Beaver (11.9), Cambria (4.3), Columbia (9.1), Luzerne (4.3), Lycoming (3.3), Pike (13.5), Schuylkill (4.2), Susquehanna (9.1), Venango (10.6), Wayne (5.1), and Wyoming (22.6)
- **Black:** Clearfield (4.1), Snyder (3.2), Tioga (3.7), and Wayne (4.6)
- **Native Hawaiian and Other Pacific Islander:** Berks (5.1)
- **White:** Forest (3.1)
- **Some Other Race:** Bradford (4.1), Delaware (3.3), Lackawanna (4.5), Lycoming (7.9), Montgomery (3.2), Tioga (4.7), Washington (4.9), Wyoming (20.1), and York (3.6)
- **Two or More Races:** Wayne (3.2)
- **Hispanic or Latino:** Montgomery (3.4), Wayne (3.1), and Wyoming (5.0)

Source: PPC analysis of U.S. Census, 2022 American Community Survey (5-year estimates, B27001)

Children Without Health Insurance by Poverty Level

Percent of PA Children by Poverty Level Without Health Insurance

	<100% of poverty (<\$30,000/year)	<138% of poverty (<\$41,400/year)	<200% of poverty (<\$60,000/year)	<400% of poverty (<\$120,000/year)	400%+ of poverty (\$120,000+/year)
2023	6.7%	6.8%	7.5%	6.5%	2.6%

Source: U.S. Census, 2023 American Community Survey (1-year estimates, C27016)
Income levels using the 2023 federal poverty guidelines based on a family of 4.

Children in low-income families below 200% FPL had the largest increase in their uninsured rate, rising from 6.9% in 2022 to 7.5% in 2023.

The largest decrease was in families with incomes 400% FPL and above, with an uninsured rate dropping from 3.4% to 2.6%.

Children living in families with lower incomes are more likely to go without insurance despite the free and subsidized options available through Medicaid, CHIP, and Pennie™.

Using the 138% FPL threshold for Medicaid eligibility, the Census data shows that **6.8% of Pennsylvania children who qualify for Medicaid are uninsured**. While that percentage dropped from 7.3% in 2022, all of those children *should* have Medicaid coverage.

While some families may not be aware of their public health insurance options, other factors are more likely to drive disparities in coverage, including difficulty navigating the enrollment processes, confusion about eligibility policies, and language and literacy barriers.

Counties with higher percentages of children who qualify for Medicaid but are not enrolled are more likely to have higher uninsured rates. There are 16 counties (down from 25 in 2022) with at least 1 in 10 Medicaid-eligible children without health insurance. These counties have an average 13% child uninsured rate.

Centre County has the highest rate, with 38% of children who are Medicaid-eligible but don't have health insurance, up from 21% a year ago.



Publicly Funded or Supported Health Insurance

Pennsylvania families have excellent options for no-cost or low-cost comprehensive health insurance for their children between Medicaid, the Children’s Health Insurance Program (CHIP), and the state-based marketplace Pennie™.

Given the return to normal annual Medicaid renewals that started back up in 2023, there was much movement between these three forms of coverage; but the result remains that just under half of all children who live in the commonwealth have health insurance through one of those options.

47%

of Pennsylvania children rely on Medicaid, CHIP, or Pennie™ health plans to meet their health care needs.^{vi}

The largest of the three options is **Medicaid**, with more than 1.2 million children enrolled for health insurance—more than half (58%) of whom are children of color.^{vii} Not surprisingly, the number of children enrolled in Medicaid dropped 9% since last year, when the unwinding process began, but is still 5% higher than enrollment in February 2020, prior to the pandemic.^{viii} As a result of those losing Medicaid coverage following redeterminations, we saw the child enrollments increase in both CHIP and Pennie™.

Nearly 195,000 Pennsylvania kids, or about 6% of the child population, have signed up for health insurance through **CHIP**. As expected, this number has increased significantly since over 45,000 more children joined CHIP over the past year.^{ix}

No family earns too much for CHIP. That is because Pennsylvania has a buy-in program for CHIP, meaning families with higher incomes who don’t qualify for financial assistance can opt to purchase CHIP coverage. Low-cost and full-cost programs charge income-based monthly premiums. However, more than half of all CHIP families are enrolled in the free program with no monthly premiums or co-pays.

CHIP Enrollment by Sub-Program	
CHIP Free (no-cost)	53%
CHIP Sub 1, 2, 3 (low-cost)	36%
CHIP Full Cost	11%

Finally, **Pennie™** rounds out the options as the state-based marketplace that allows families to purchase health insurance. Most families qualify for financial assistance to lower premiums and out-of-pocket costs. Just under 45,000 children, or 1.5% of the child population, have health insurance through the marketplace.^x

Using the Wrong Door?



of children enrolled through Pennie™ appear financially eligible for Medicaid or subsidized CHIP programs.^{xi}

While Pennie™ represents the smallest of the three options, there were significant gains, with child enrollment increasing by 31% or over 10,000 more children since last year.^{xii} However, a growing concern is that Pennie’s “no-wrong door” policy may not work as intended since more than half of children enrolled through Pennie™ appear financially eligible for Medicaid or subsidized CHIP programs.

Counties range from a low of 29% (Cameron) to a high of 81% (Philadelphia); refer to the [Counties by the Numbers](#) profiles.^{xiii} Though it is commendable that these children are not going without health insurance, it is imperative that families understand their options and are appropriately enrolled in a program based on eligibility. Not only will proper enrollment provide more cost savings, but it will also prevent families from incorrectly receiving federal tax credits or subsidies. Individuals eligible for CHIP or Medicaid do not qualify for financial assistance through the marketplace.^{xiv}

Enrollment by Race and Ethnicity

Looking at enrollment data by race and ethnicity shows how children access programs and resources differently and provides an opportunity to evaluate and address health disparities for children of color.

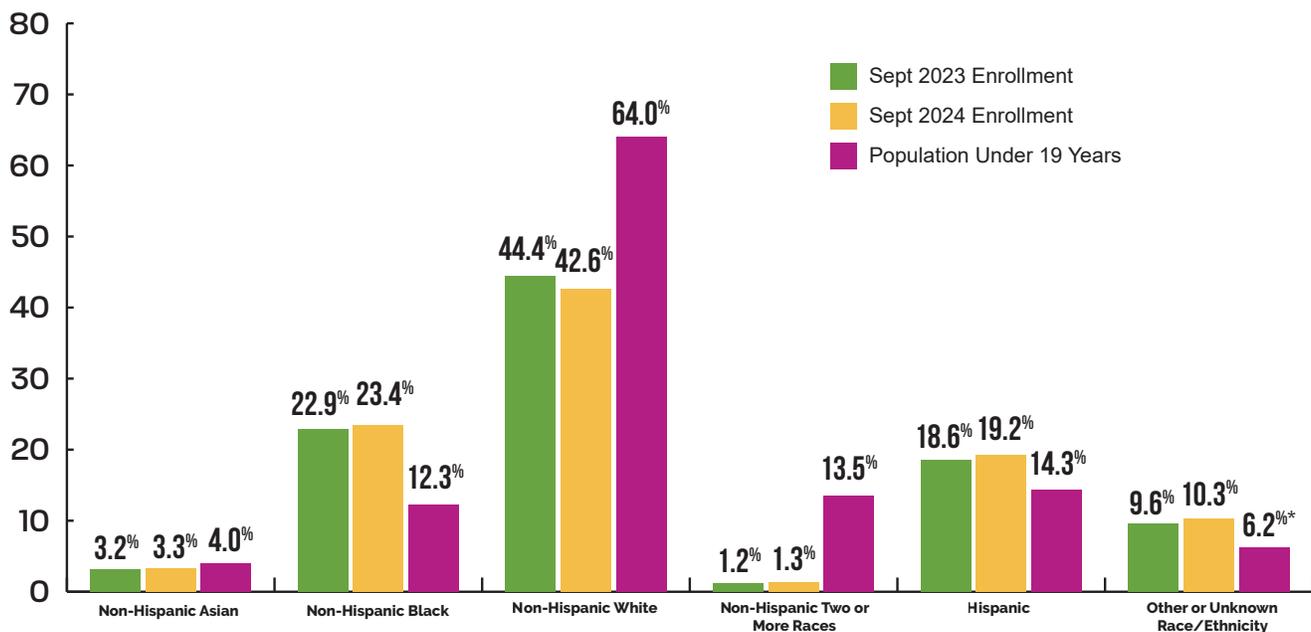
As the latest data shows, there has been increasing diversity in both Medicaid and Pennie™ over the past year.

White children are the largest group enrolled in Medicaid, yet it continues to be a primary source of coverage for children of color. Black children are overrepresented in Medicaid, enrolled at nearly twice their population rate. Due to historical and continued institutionalized discrimination, Black families are more likely to be economically disadvantaged.

Pennie™ enrollment for all children increased, most notably for Hispanic and non-Hispanic Black children, but it remains far below population rates.

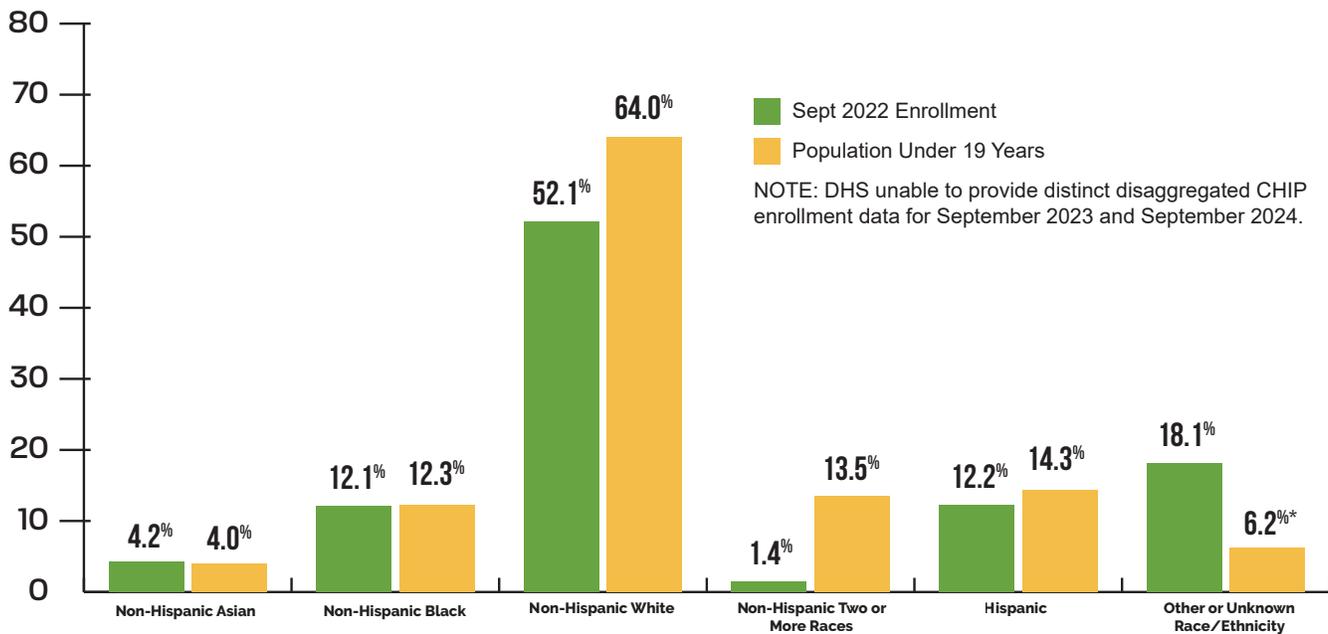
Note: CHIP data disaggregated by race and ethnicity was requested but DHS was unable to provide distinct disaggregated CHIP enrollment data for 2023 or 2024.

Medicaid Enrollment by Race/Ethnicity (Comparison 2023-2024)



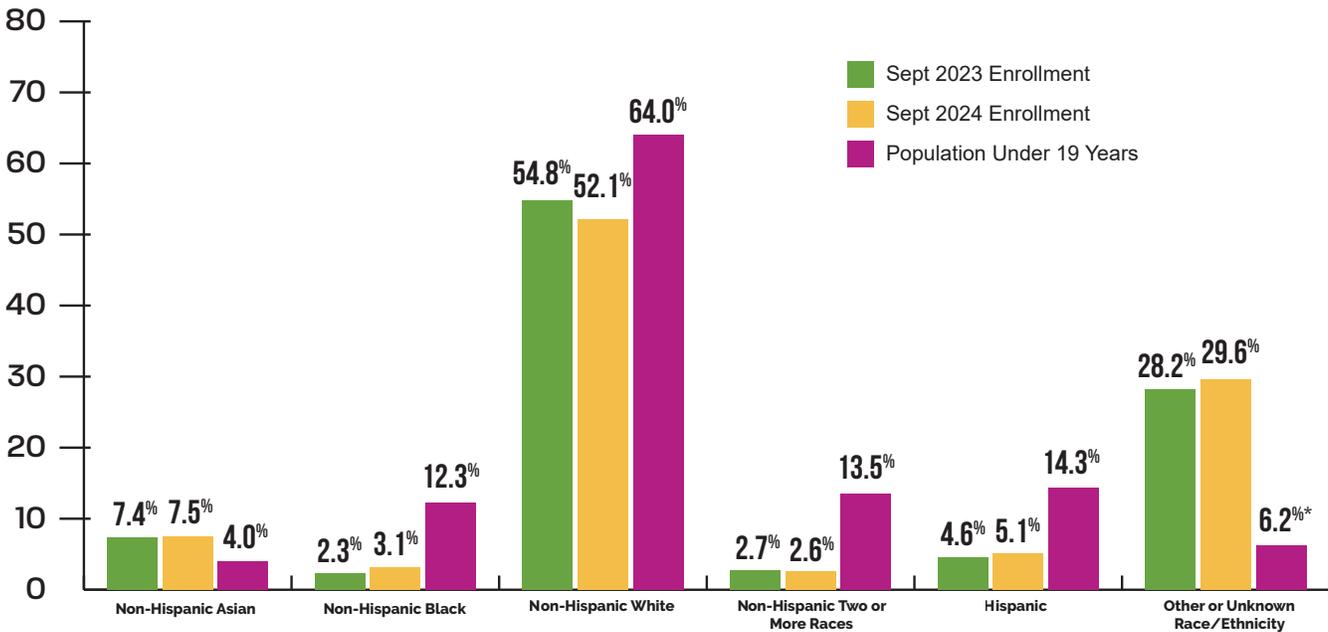
Source: PPC analysis, Pennsylvania Department of Human Services, (2023 and 2024) Office of Income Maintenance [Data sets] *Includes population counts for American Indian and Alaska Native, Native Hawaiian and Other Pacific Islander, and Some Other Race.

CHIP Enrollment by Race/Ethnicity (2022 only)



Source: PPC analysis, Pennsylvania Department of Human Services, (2022) Office of CHIP [Data set]. *Includes population counts for American Indian and Alaska Native, Native Hawaiian and Other Pacific Islander, and Some Other Race.

Pennie Enrollment by Race/Ethnicity (Comparison 2023-2024)



Source: PPC analysis, Pennsylvania Health Insurance Exchange Authority, (2023-2024) PennieTM [Data sets]. *Includes population counts for American Indian and Alaska Native, Native Hawaiian and Other Pacific Islander, and Some Other Race.

Impact of Medicaid Unwinding on Children

Medicaid renewals restarted on April 1, 2023, for the first time in three years after Congress ended the continuous coverage requirement that had been in place since the COVID-19 pandemic began. Like most states, Pennsylvania used a year-long process to unwind the disenrollment freeze and resume regular pre-pandemic eligibility and enrollment operations.

As noted in last year's report, early data from DHS during the unwinding process gave cause for concern since many children were losing coverage due to procedural or paperwork reasons, not eligibility, and CHIP referrals were lower than expected.

Health policy and legal advocates met regularly with DHS staff over the course of several years throughout the pandemic and the unwinding process through June 2024 to work together to flag and resolve concerns regarding redeterminations, ex parte or automated renewals, appeals, notices and more.

Now that the unwinding process has been completed, DHS has shared the results. The final data shows great improvement over the early indicators from one year ago.

8 out of 10 children
with renewals completed as part
of DHS' unwinding process
maintained public coverage.^{xv}

The takeaway is the unwinding process did not yield greater disruption to children's connection to health coverage—most children kept Medicaid coverage or transferred coverage through CHIP or Pennie™.



This may have helped stabilize what otherwise could have been a worse outlook for Pennsylvania's child uninsured rate in 2023.

However, the better-than-anticipated results don't exclusively paint a rosy picture. Disenrollments were offset by children moving to other coverage through CHIP and Pennie™.

Of the children disenrolled during the Medicaid unwinding, 42.4% were due to administrative reasons, not eligibility.^{xvi} This happens when paperwork isn't returned, which could be caused by using the wrong address or confusing instructions. That means these children could still be eligible for coverage.

Pennsylvania is no exception when it comes to states trying to reduce this problem, also known as "procedural disenrollments," which occur all too often. One strategy that could improve those efforts is for the state to use ex parte or automated renewals instead of enrollees submitting renewal applications. Unfortunately, Pennsylvania has a poor track record on automated renewals, coming in at the lowest percentage of any other state.^{xvii}

While we can now see the final impact of the unwinding process on children, the timing matters when children lose or transfer coverage. We won't see until next year whether the lingering impacts of the unwinding process will affect the 2024 child uninsured rate.

DHS Unwinding Process by the Numbers^{xviii}

462,216

Total Child Unwinding Population

86,341

(18.7%) Lost coverage/ coverage is unknown. This means less than 2 in 10 children have lost Medicaid coverage and may be uninsured following the end of the year-long Medicaid unwinding.

375,875

(81.3%) Maintained Public Insurance Coverage. This means 8 out of 10 children have Medicaid, CHIP or Pennie™ following the end of the year-long Medicaid unwinding.

- 257,641 (55.7%) Maintained Medicaid
- 25,024 (5.4%) Re-opened Medicaid Coverage within 4 months
- 89,438 (19.3%) Opened in CHIP
- 3,772 children (0.8%) Enrolled in Pennie

Continuous Eligibility Policy

Federal Requirement for 12-month CE

Beginning in January 2024, states were required to provide 12 months of continuous eligibility (CE)—a full year of coverage regardless of changes in circumstances—for children under age 19 in both Medicaid and CHIP. Previously, this was available in Pennsylvania for children up to age 4 in Medicaid and all children in CHIP.

This new requirement will help offset the negative impact on children who may fall in and out of eligibility during the year, since lower income working families often experience more income fluctuations than households with higher incomes.

Additionally, the new federal rules mean that children enrolled only in CHIP's free or subsidized coverage cannot lose their coverage during the

CE period for failing to pay monthly premiums or for obtaining private coverage. Children enrolled in full-cost CHIP coverage are not affected by the new rules and can lose coverage for those reasons.

The impact of the 12-month CE requirement meant to help stabilize coverage for children will show up in next year's report as we continue to track the first year of implementation.

Pennsylvania Plan to Provide 0-6 Multi-Year CE

Alongside a growing number of states, Pennsylvania is looking to build upon its 12-month continuous enrollment policy in Medicaid to provide multi-year continuous coverage during early childhood. The first years of a child's life are ones of rapid development and need for regular access to health care.

In January 2024, the Pennsylvania Department of Human Services (DHS) submitted a waiver application to provide continuous Medicaid coverage from birth until age 6.^{xix} Child advocates, providers, and children's hospitals encouraged and supported the plan.

DHS is waiting for federal approval of its plan to provide Medicaid continuous coverage for Pennsylvania's youngest children. The goal is to have the new policy in place by January 2025, though it will depend upon the approval's timing.

Top Benefits of Continuous Eligibility

- ✓ Provides more access to preventive care
- ✓ Provides continuity of care and treatment
- ✓ Fewer missed medications
- ✓ Fewer disruptions due to difficulty navigating the renewal process or fluctuations in monthly income
- ✓ Reduces administrative burdens of enrollment churn



Health Insurance Plans Available Through Medicaid, CHIP, & Pennie



Availability of health plans varies by geographic region, but lists are available in the [Counties by the Numbers](#) profiles.

• CHIP

Eight health plans: Aetna, Capital Blue Cross, Geisinger, Highmark, Keystone, KidzPartners, UnitedHealthcare, and UPMC^{xx}

• Pennie™

Eight health plans: Ambetter, Capital Blue Cross, Cigna, Geisinger, Highmark, Independence, Oscar, and UPMC^{xxi}

• Medicaid

DHS has separate networks in Medicaid for physical health (HealthChoices) and behavioral health (Behavioral HealthChoices).

Seven physical health plans: AmeriHealth Caritas PA, Geisinger, Health Partners, Highmark Wholecare (formerly Gateway), Keystone First, United, and UPMC^{xxii}

Five behavioral health plans: Carelon Health of PA Inc (formerly Beacon Health Options), Community Behavioral Health, Community Care Behavioral Health Organization, Magellan Behavioral Health of Pennsylvania, and PerformCare^{xxiii}

Conclusion

While this report illustrates that, fortunately, the bottom didn't fall out in children's health coverage, the latest data shows that Pennsylvania still has work to do to reach the significant number of children without health insurance.

Implementing promising strategies like continuous eligibility in CHIP and Medicaid could help shift the tide, better-connecting children to coverage to meet their health care needs. Pennsylvania should also do better in reducing procedural disenrollments by improving its automatic "ex parte" renewal process.

As important as ever is the continued drumbeat to educate families about their options to enroll and keep their children covered through Medicaid, CHIP, and Pennie™. Trying to figure out health insurance can be complicated. We must also ensure that Pennsylvania can accept families through any of these programs' doors with the confidence that the structure in place will refer them appropriately and provide the tools to make informed decisions.



Acknowledgements

PPC gratefully acknowledges the support of:

- Alliance for Early Success
- The Annie E. Casey Foundation
- The Georgetown University Center for Children and Families
- The Heinz Endowments
- Philadelphia Health Partnership

End Notes

- i U.S. Census Bureau, American Community Survey (ACS) (1-year estimates), 2022 and 2023.
- ii United States Census Bureau. Health Insurance Coverage and Type by State. https://www.census.gov/library/visualizations/interactive/health-insurance-coverage-and-type-by-state.html?utm_campaign=20240920cnmp&utm_medium=email&utm_source=govdelivery
- iii Kids Count Data Center, Child Population by Age Group. <https://datacenter.aecf.org/data/tables/101-child-population-by-age-group?loc=40&loct=2#ranking/2/any/true/2545/4693/419>
- iv Ibid.
- v Center for Children and Families, Children’s Health Care Report Card. <https://kidshealthcarereport.ccf.georgetown.edu/>
- vi PPC analysis, Pennsylvania Department of Human Services, (2024) Office of Income Maintenance and Office of CHIP [Data sets]; Pennsylvania Health Insurance Exchange Authority, (2024) Pennie [Data set].
- vii PPC analysis, Pennsylvania Department of Human Services, (2024) Office of Income Maintenance [Data set].
- viii Ibid.
- ix Ibid.
- x PPC analysis, Pennsylvania Health Insurance Exchange Authority, (2023-2024) Pennie™ [Data set].
- xi PPC analysis, Pennsylvania Health Insurance Exchange Authority, (2024) Pennie™ [Data set].
- xii Ibid.
- xiii Ibid.
- xiv HealthCare.gov Canceling a Marketplace plan when you get Medicaid or CHIP. <https://www.healthcare.gov/medicaid-chip/cancelling-marketplace-plan/>
- xv Source: PPC analysis, Pennsylvania Department of Human Services, (August 2024) Office of Income Maintenance [Email].
- xvi Ibid.
- xvii KFF, An Examination of Medicaid Renewal Outcomes and Enrollment Changes at the End of the Unwinding. https://www.kff.org/medicaid/issue-brief/an-examination-of-medicaid-renewal-outcomes-and-enrollment-changes-at-the-end-of-the-unwinding/?utm_campaign=KFF-Medicaid&utm_source=hs_email&utm_medium=email&utm_content=325395430&hsenc=p2ANqtz-8KyIKJ44M2r0cDkOWRNZrXEN2eeV2rrbh7RhtAVxmPz7ahPkmYCDtwFWw7GJlzyMqcqzkRELhHu4uRDww8QZla4kJVA
- xviii Source: PPC analysis, Pennsylvania Department of Human Services, (August 2024) Office of Income Maintenance [Email].
- xix PA Department of Human Services, Bridges to Success: Keystones of Health for Pennsylvania. <https://www.pa.gov/en/agencies/dhs/resources/keystones-of-health.html>
- xx Find CHIP Coverage. <https://www.dhs.pa.gov/CHIP/CHIP-Coverage/Pages/CHIP-Coverage.aspx>
- xxi Pennie Plan Comparison Tool. <https://enroll.pennie.com/hix/preeligibility#/>
- xxii Statewide Managed Care Map. <https://www.pa.gov/en/agencies/dhs/resources/medicaid/statewide-mco-map.html>
- xxiii Behavioral HealthChoices Managed Care Organizations (BH-MCOs) <https://www.dhs.pa.gov/HealthChoices/HC-Services/Pages/BehavioralHealth-MCOs.aspx>



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