

**MEDICAL ASSISTANCE
FOR CHILDREN WITH DISABILITIES
2018 REPORT**



pennsylvania
DEPARTMENT OF HUMAN SERVICES

**Commonwealth of Pennsylvania
Department of Human Services**

Issued December 2019

TABLE of CONTENTS

| | |
|---|----|
| EXECUTIVE SUMMARY | 1 |
| INTRODUCTION | |
| Background | 2 |
| Methodology | 2 |
| PH95 Eligibility | 2 |
| DEMOGRAPHICS | |
| Number of PH95 Enrollees | 3 |
| County of Residence | 4 |
| Length of Enrollment | 4 |
| Household Income and Third-Party Liability Resources | 4 |
| Household Size | 5 |
| MA PROGRAM SERVICES AND EXPANDITURES | |
| PH95 Expenditures by Services Categories..... | 6 |
| DIAGNOSES | 7 |
| APPENDICES | |
| Appendix I: Enrolled PH95 Children by County of Residence in CY 2018..... | 9 |
| Appendix II: Service Categories' Definitions | 10 |

EXECUTIVE SUMMARY

The annual report on children with disabilities enrolled in the Medical Assistance (MA) Program because they have special needs (also known as PH95) is mandated by the Pennsylvania legislature. This is the 16th annual report and it is for PH95 children during the calendar year (CY) 2018. This report presents information on demographics, types of services, service expenditures and common diagnoses for PH95 children.

The following are the key findings within this report:

- The number of PH95 children enrolled in the MA Program in CY 2018 reached 82,888 children; which was a 7.6% increase over the prior year's enrollment, which totaled 77,066.
- Allegheny County continued having the most PH95 children with 8,045. Montgomery, Bucks, Chester, Lancaster, and Delaware counties had more than 4,000 PH95 children per county. While York and Philadelphia counties had more than 3,000 PH95 children per county.
- Among the 82,888 PH95 children in CY 2018, 46% of them were enrolled for one to five years. Thirty four percent of them were enrolled for over five years, while the rest of the PH95 children (approximately 20%) were enrolled for less than one year.
- The average and median household annual incomes for PH95 children with Third-Party Liability (TPL) resources were \$124,893 and \$99,253, respectively. This was an increase of 0.8% and 4% respectively from the previous year.
- 75.6% households with a PH95 child had TPL resources in CY 2018, which was a 0.7% decrease from the prior year. On the average, there were four members in each household with a PH95 child with TPL resources.
- The average and median household annual incomes for PH95 children without TPL resources were \$80,381 and \$62,975, respectively. This was an increase of 4.6% and 3.5% respectively from the previous year. On the average, there were four members in each household with a PH95 child without TPL resources.
- The MA Program paid \$41,789,768 to enrolled providers who delivered services through the Fee-for-Service (FFS) delivery system to PH95 children in CY 2018. This was an increase of 22.6% from the previous year.
- In terms of the service categories, school-based services had the highest FFS expenditures (\$25,953,121). This was a 43% increase compared to the previous year's expenditure of \$18,218,166. School-based services played a major role in the increase of overall FFS expenditures in CY2018. Private duty nursing services were a distant second with \$4,655,021 in expenditures.

- MA Managed Care Organizations (MCOs) paid \$526,687,035 to providers who delivered services through the managed care (MC) delivery system to PH95 children in CY 2018. This was an increase of 12.3% from the prior year.
- MCOs' highest expenditures were for pharmacy services, totaling \$123,569,374. Private duty nursing services had the next highest expenditures paid by MCOs, totaling \$110,145,169.
- Respiratory disorders, autistic and other developmental disorders and attention-deficit hyperactivity disorders were the top three categories of diagnoses reported as the reasons for treatment in CY 2018.

INTRODUCTION

Background

The Appropriations Act, Act 1A of 2005 provides: "The Department shall submit to the Public Health and Welfare Committee of the Senate and the Health and Human Services Committee of the House of Representatives an annual report including, but not limited to, the following data: family size, household income, county of residence, length of residence in Pennsylvania, third-party insurance information, diagnosis and the type and cost of services paid for by the Medical Assistance Programs on behalf of each eligible and enrolled child that has an SSI (Supplemental Security Income) level of disability and where parental income is not currently considered in the eligibility determination process."

The Medical Assistance for Children with Disabilities 2018 Report is the 16th annual report on PH95 children who are eligible for MA because they have special needs (known as PH95 children).

Methodology

Data collection for this report was provided by the Department of Human Services' Office of Medical Assistance Programs (OMAP). OMAP obtained information from the Enterprise Data Warehouse (EDW) on eligibility dates, demographics, service types, costs, and diagnoses. Information on the availability of TPL insurance was gathered from the Fraud and Abuse Detection System (FADS). All services provided to PH95 children were delivered either through the FFS or MC delivery system. Information for FFS claims and MC encounters was generated from EDW based on services rendered in each delivery system. Claims and TPL data were obtained from PA's PROMISE™ claims processing system, while the Client Information System (CIS) provided eligibility dates and demographic information.

PH95 Eligibility

Eligibility for MA through the PH category 95 program status code is based on a child's disability and the child's countable income. The child's countable income must be less than or equal to 100% of

the Federal Poverty Income Guideline for the child to be eligible for MA under PH95 eligibility. Countable income includes, but is not limited to, a child’s earned income, countable unearned income and voluntary child support. It does not include court-ordered child support and parental income.

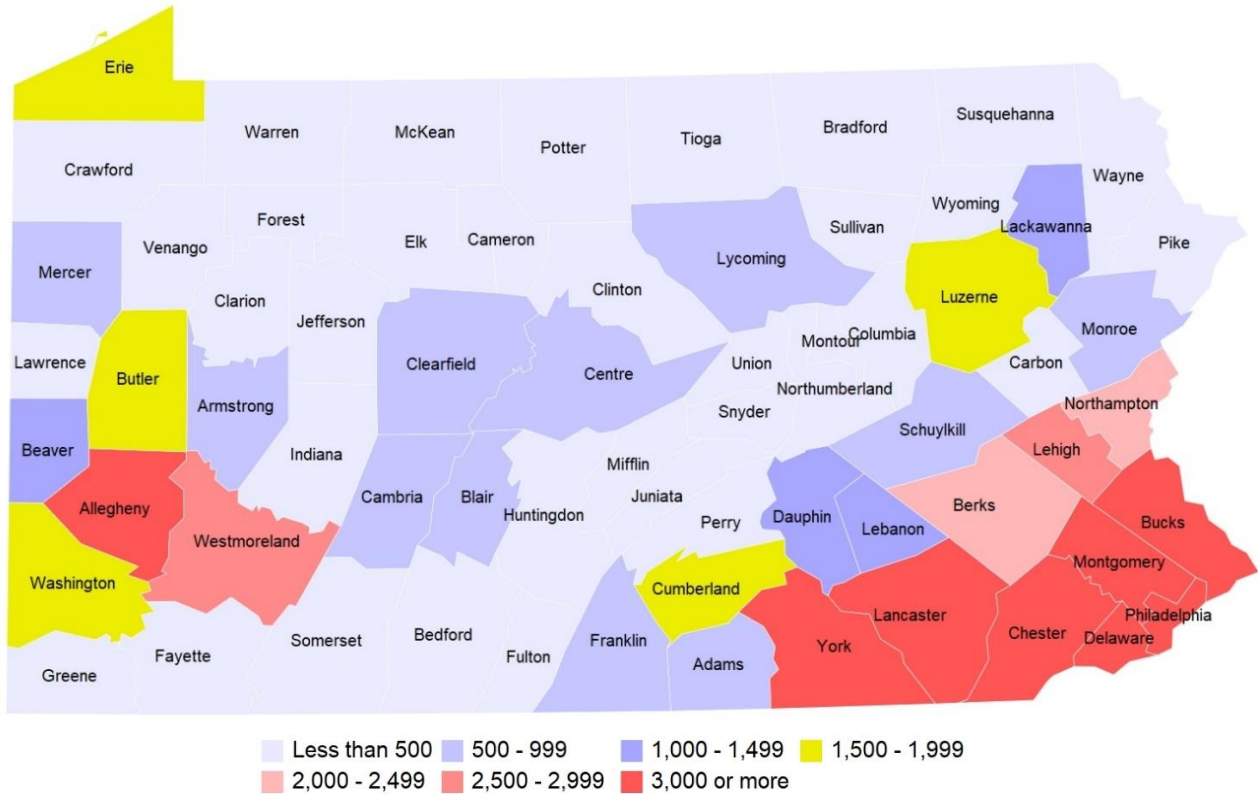
DEMOGRAPHICS

The Department of Human Services included in its analysis for this report every PH95 child who was enrolled in the MA Program during the 2018 calendar year regardless of whether the child’s eligibility was discontinued at any time during the year.

Number of PH95 Enrollees

- In CY 2018, the number of PH95 children in Pennsylvania was 82,888. This was an increase of 7.6% from CY 2017. Most PH95 children (95.2%) were enrolled in the MC delivery system.

Figure 1. County Map: Number of PH95 Children in Pennsylvania - CY 2018



Source: DHS Enterprise Data Warehouse.

County of Residence

- Allegheny County had the largest number of PH95 children, with 8,045 children (Figure 1).
- A high number of PH95 children were from the following counties: Allegheny, Bucks, Chester, Delaware Lancaster, Montgomery, Philadelphia, and York (Figure 1).
- Approximately 52% of PH95 children lived in counties with 3,000 or more PH95 children during CY 2018.
- More than half of the counties in Pennsylvania had fewer than 500 PH95 children in CY 2018.

Length of Enrollment

- In CY 2018, 46% of PH95 children were enrolled in the MA Program for more than one year and less than five years and 34% were enrolled in the MA Program for more than five years.
- Approximately 20% of PH95 children were enrolled in the MA program for less than one year in CY 2018.

| Table 1. PH95 Children by Length of Enrollment - CY 2018 | | |
|--|--------------------|---------------|
| Length of Enrollment | Number of Children | Percentage |
| < 6 Month | 8,598 | 10.4% |
| 6 Months to < 1 Year | 8,283 | 10.0% |
| 1 Year to 5 Years | 37,803 | 45.6% |
| > 5 Years | 28,204 | 34.0% |
| Total | 82,888 | 100.0% |

Source: DHS Enterprise Data Warehouse.

Household Income and TPL Resources

Federal regulation at 42 C.F.R. § 433.139 and Department of Human Services regulation at 55 Pa. Code § 1101.64 require that the MA Program be the payer of last resort. Therefore, when a beneficiary has a TPL resource, the resource must be used to pay for services it covers before any MA payment.

- The majority (75.6%) of PH95 children with household income information had a TPL resource in CY 2018 (Table 2).

- 37% of PH95 children with household income information who had a TPL resource were in families with household income greater than \$100,000.
- 14% of PH95 children with household income information were in families with household income less than \$50,000.
- Less than 1% of PH95 children with household income information were in families with household income greater than \$200,000, who did not have a TPL resource (Table 2).
- The average household income for PH95 children with TPL resources in CY 2018 was \$124,893 as compared to \$80,381 for children without TPL resources (Table 2).
- The median income for PH95 households with a TPL resource was \$99,253 as compared to \$62,975 for those without a TPL resource.

| Table 2. Number of PH95 Children and Household Members by Household Annual Income, With or Without TPL - CY 2018* | | | | | | |
|--|-------------------|---------------------------|-------------------|------------------------------------|---------------------------------|--------------------------------|
| Household Income Group (\$) | | Number of Children | Percentage | Average Number in Household | Average Household Income | Median Household Income |
| With TPL | <50,000 | 4,966 | 6.9% | 3.2 | \$124,893 | \$99,253 |
| | 50,000 - 74,999 | 10,882 | 15.2% | 3.8 | | |
| | 75,000 - 99,999 | 11,583 | 16.1% | 4.0 | | |
| | 100,000 - 199,999 | 21,063 | 29.3% | 4.2 | | |
| | ≥ 200,000 | 5,777 | 8.0% | 4.3 | | |
| | Subtotal | 54,271 | 75.6% | -- | | |
| Without TPL | <50,000 | 5,168 | 7.2% | 3.1 | \$80,381 | \$62,975 |
| | 50,000 - 74,999 | 6,089 | 8.5% | 3.8 | | |
| | 75,000 - 99,999 | 3,113 | 4.3% | 4.1 | | |
| | 100,000 - 199,999 | 2,641 | 3.7% | 4.1 | | |
| | ≥ 200,000 | 537 | 0.7% | 4.2 | | |
| | Subtotal | 17,548 | 24.4% | -- | | |
| Total | | 71,819 | 100.0% | -- | | |

Source: DHS Enterprise Data Warehouse and FADS.

*In CY 2018, 71,819 out of 82,888 PH95 children with household income information were included in the analysis.

Household Size

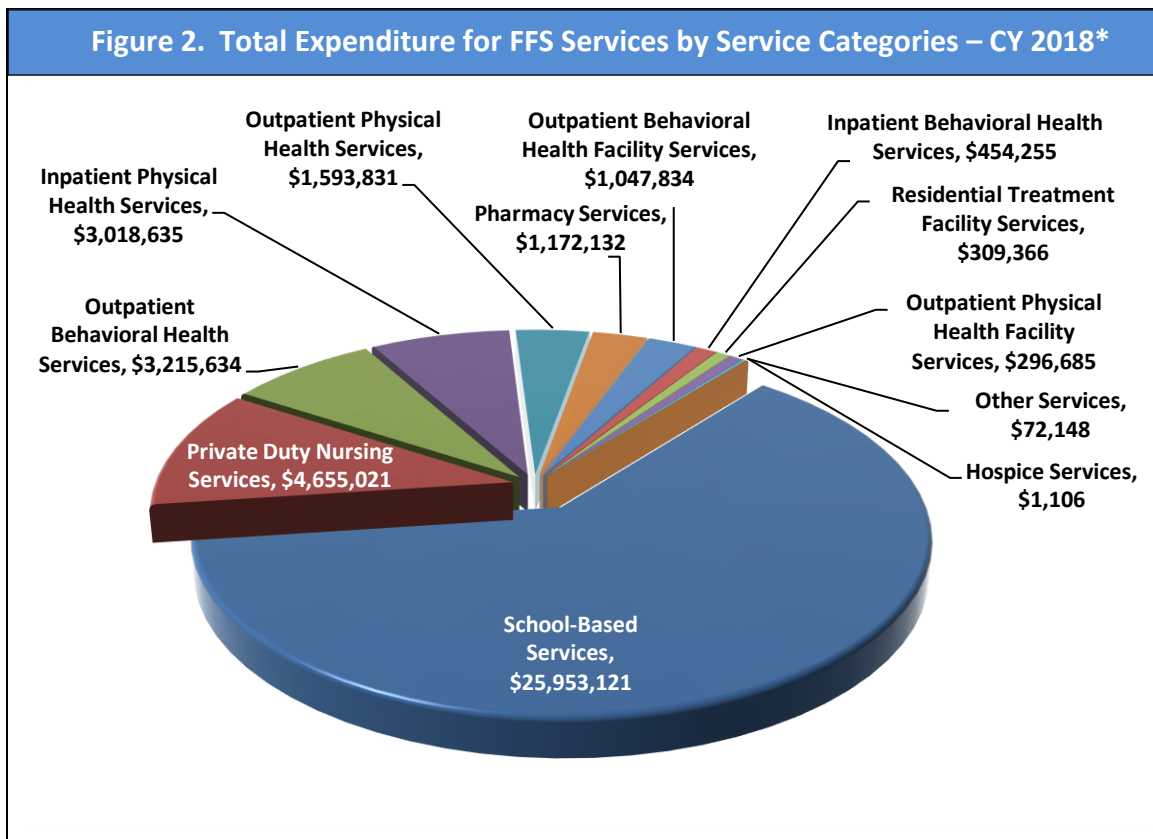
- On average, there were four household members in each PH95 child's family in CY 2018 (Table 2). Families with higher household income tended to have more household members.
- In general, groups with higher household income (more than \$75,000) had one more family member than those with the lowest household income (less than \$50,000).

MA PROGRAMS SERVICES AND EXPENDITURES

MA services are delivered to PH95 children by enrolled providers such as, but not limited to, physicians, dentists, pharmacists, home health agencies, labs and hospitals. FFS payment is remitted directly by the MA Program to these providers. The MA MCOs pay providers enrolled in their provider network and, in some cases, out of network, for services delivered to PH95 children.

PH95 Expenditures by Service Categories

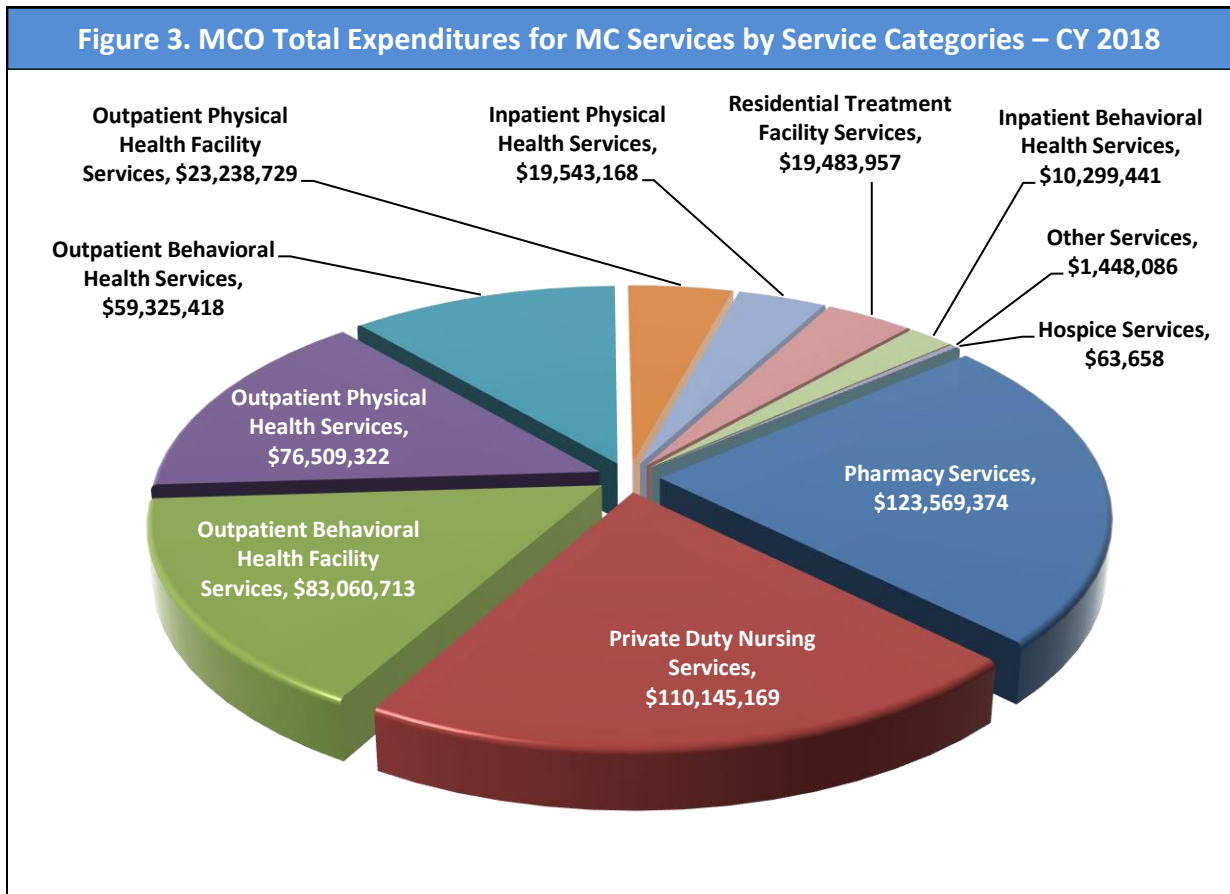
- In CY 2018, the MA Program paid \$41,789,768 for services delivered through the FFS system to PH95 children.
- School-based services which costed \$25,953,121 in CY2018, accounted for the greatest portion of the FFS expenditures. This was a 43% increase compared to the previous year's expenditure of \$18,218,166. School-based services played a major role in the increase of overall FFS expenditures in CY2018. Private duty nursing services followed as a distant second with \$4,655,021 in expenditures.



Source: DHS Enterprise Data Warehouse.

*MA Programs' Health Insurance Premium Payments (HIPP) to commercial health insurance, for the coverage of PH95 children are not included in the chart.

- MA MCOs paid \$526,687,035 to the providers that delivered services to PH95 children through the MC system in CY 2018.
- As shown in Figure 3, pharmacy services were the highest expenditure for PH95 children by MA MCOs totaling \$123,569,374. The second highest MCO expenditure was for private duty nursing services, which totaled \$110,145,169.



Source: DHS Enterprise Data Warehouse.

DIAGNOSES

Diagnoses of PH95 children were analyzed using service records from both delivery systems. Because a PH95 child may receive treatments for the same condition multiple times in a year and the same diagnosis may be reported more than once, each diagnosis was counted only once per child to avoid duplication.

- Of the ten most common diagnoses reported as reasons for treatment, respiratory disorders were reported most in CY 2018, with 25,506 PH95 children with this diagnosis (Table 3).

- Two mental health disorders, autistic and other developmental disorders (24,293) and attention-deficit hyperactivity disorder (15,030), were the second and third most frequent diagnoses.

| Table 3. Common Behavioral and Physical Disorders - CY 2018 | | |
|--|---|---------------------------|
| Rank | Diagnosis | Number of Children |
| 1 | Respiratory disorders | 25,506 |
| 2 | Autistic and other developmental disorders | 24,293 |
| 3 | Attention-deficit hyperactivity disorder | 15,030 |
| 4 | Hearing disorders | 14,529 |
| 5 | Vision disorders | 13,334 |
| 6 | Anxiety disorders | 10,836 |
| 7 | Lack of expected normal physiological development | 7,389 |
| 8 | Asthma | 5,600 |
| 9 | Depressive disorders | 3,888 |
| 10 | Urinary disorders | 3,741 |

Source: DHS Enterprise Data Warehouse.

*Primary, secondary and tertiary ICD-10 diagnosis codes in each claim/encounter were used for this analysis.

APPENDICES

Appendix I: PH95 Children by County of Residence in CY 2018

| County | Number of PH95 Children | Percentage | County | Number of PH95 Children | Percentage |
|------------|-------------------------|------------|----------------|-------------------------|------------|
| ADAMS | 749 | 0.9% | LACKAWANNA | 1,039 | 1.3% |
| ALLEGHENY | 8,045 | 9.7% | LANCASTER | 4,825 | 5.8% |
| ARMSTRONG | 514 | 0.6% | LAWRENCE | 442 | 0.5% |
| BEAVER | 1,275 | 1.5% | LEBANON | 1,149 | 1.4% |
| BEDFORD | 240 | 0.3% | LEHIGH | 2,513 | 3.0% |
| BERKS | 2,458 | 3.0% | LUZERNE | 1,538 | 1.9% |
| BLAIR | 985 | 1.2% | LYCOMING | 695 | 0.8% |
| BRADFORD | 295 | 0.4% | MCKEAN | 270 | 0.3% |
| BUCKS | 6,124 | 7.4% | MERCER | 711 | 0.9% |
| BUTLER | 1,694 | 2.0% | MIFFLIN | 199 | 0.2% |
| CAMBRIA | 619 | 0.7% | MONROE | 826 | 1.0% |
| CAMERON | 61 | 0.1% | MONTGOMERY | 7,848 | 9.5% |
| CARBON | 335 | 0.4% | MONTOUR | 117 | 0.1% |
| CENTRE | 805 | 1.0% | NORTHAMPTON | 2,034 | 2.5% |
| CHESTER | 4,917 | 5.9% | NORTHUMBERLAND | 392 | 0.5% |
| CLARION | 220 | 0.3% | PERRY | 321 | 0.4% |
| CLEARFIELD | 596 | 0.7% | PHILADELPHIA | 3,344 | 4.0% |
| CLINTON | 265 | 0.3% | PIKE | 341 | 0.4% |
| COLUMBIA | 314 | 0.4% | POTTER | 87 | 0.1% |
| CRAWFORD | 455 | 0.5% | SCHUYLKILL | 701 | 0.8% |
| CUMBERLAND | 1,631 | 2.0% | SNYDER | 288 | 0.3% |
| DAUPHIN | 1,382 | 1.7% | SOMERSET | 286 | 0.3% |
| DELAWARE | 4,438 | 5.4% | SULLIVAN | 29 | 0.0% |
| ELK | 404 | 0.5% | SUSQUEHANNA | 186 | 0.2% |
| ERIE | 1,759 | 2.1% | TIOGA | 159 | 0.2% |
| FAYETTE | 479 | 0.6% | UNION | 228 | 0.3% |
| FOREST | 31 | 0.0% | VENANGO | 269 | 0.3% |
| FRANKLIN | 657 | 0.8% | WARREN | 327 | 0.4% |
| FULTON | 98 | 0.1% | WASHINGTON | 1,848 | 2.2% |
| GREENE | 177 | 0.2% | WAYNE | 267 | 0.3% |
| HUNTINGDON | 276 | 0.3% | WESTMORELAND | 2,625 | 3.2% |
| INDIANA | 461 | 0.6% | WYOMING | 154 | 0.2% |
| JEFFERSON | 405 | 0.5% | YORK | 3,545 | 4.3% |
| JUNIATA | 121 | 0.1% | TOTAL | 82,888 | 100.0% |

Source: DHS: Enterprise Data Warehouse.

Appendix II: Definitions of Service Categories

Hospice Services - Services for the palliation or management of a beneficiary's terminal illness and related conditions.

Inpatient Behavioral Health Services - Inpatient mental health or drug and alcohol services provided by a public or private psychiatric hospital or unit or a drug and alcohol rehabilitation hospital or unit.

Inpatient Physical Health Services – Inpatient medical services delivered in an acute care general hospital or a rehabilitation hospital.

Outpatient Behavioral Health Facility Services – Mental health outpatient services furnished by an outpatient psychiatric clinic, drug and alcohol clinic or psychiatric partial-hospitalization facility.

Outpatient Behavioral Health Services – Outpatient services furnished by psychiatrists, mental health/intellectual disability case managers, psychologists, family-based mental health providers, licensed social workers, clinical social workers and other behavioral health therapists.

Outpatient Physical Health Facility Services – Physical health outpatient services furnished by an outpatient hospital clinic, short procedure unit, ambulatory surgical center, birth center, independent medical/surgical clinic, renal dialysis center, family planning clinic, comprehensive outpatient rehabilitation facility, Rural Health Clinic or Federally Qualified Health Center.

Outpatient Physical Health Services – Outpatient services provided by a physician, dentist, podiatrist, chiropractor, optometrist, ambulance company, portable X-ray provider, home health agency, nurse midwife, occupational, physical or speech therapist, audiologist, certified registered nurse anesthetist, certified registered nurse practitioner, MA case manager, nutritionist, smoking cessation provider, medical supplier, laboratory or certified rehabilitation agency.

Pharmacy Services – Pharmaceutical products dispensed by a pharmacy, dispensing physician, certified registered nurse practitioner or certified nurse midwife.

Private Duty Nursing Services – Services furnished by a registered nurse or a licensed practical nurse through a home health agency or a nursing agency.

Residential Treatment Facility Services – Mental health or substance use disorder treatment services provided in a facility that provides comprehensive mental health treatment or substance use disorder services for children with severe emotional disturbances, substance use disorders or mental illness.

School-Based Services – Services provided to enable a PH95 child to participate in public education. These services are included in a child's Individual Education Plan and include physical or mental health services.