

MEDICAL ASSISTANCE

FOR CHILDREN WITH DISABILITIES UNDER THE PH-95 CATEGORY

2022 REPORT



pennsylvania
DEPARTMENT OF HUMAN SERVICES

**Commonwealth of Pennsylvania
Department of Human Services**

Issued November 2023

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EXECUTIVE SUMMARY

This is the 20th annual report on children with disabilities enrolled in the Medical Assistance (MA) Program because of their special needs, also known as “PH-95 children”. The MA Program provides services to PH-95 children through the HealthChoices Managed Care (MC) and Fee-for-Service (FFS) delivery systems. This annual report, which is mandated by the Pennsylvania legislature, covers calendar year (CY) 2022. This report presents information on demographics, types of services, service expenditures and common diagnoses for PH-95 children.

The following are the key findings within this report:

- The number of PH-95 children enrolled in the MA Program in CY 2022 was 87,461 children, an increase of 1.3% over the previous year’s enrollment of 86,365 children. Most PH-95 (94.1%) children who received services were enrolled in the MC delivery system.
- Approximately 52% of PH-95 children lived in counties with 3,000 or more PH-95 children per county during the CY 2022. Allegheny County continued having the most enrolled PH-95 children with 9,237 children.
- Among the 87,461 enrolled PH-95 children in CY 2022, 43.6% of them were enrolled in the MA Program for one to five years, 41.7% of them were enrolled in the MA Program for over five years, while the rest of the PH-95 children (14.7%) were enrolled in the MA Program for less than one year.
- The average and median household annual incomes for households with PH-95 children with Third-Party Liability (TPL) resources was \$139,159 and \$112,344, respectively. This was an increase of 3.0% and 4.5% respectively from the previous year’s report.
- A little over 75% of the households with at least one PH-95 child had TPL resources in CY 2022, a decrease of 0.3 % from the prior year.
- The average and median household annual incomes for households with PH-95 children without TPL resources was \$103,871 and \$73,395, respectively. This was an increase of 17.4% and 9.7% respectively from the previous year.
- The average number of household members for households with PH 95 children ranged from two to four members regardless of household income in CY 2022. Families with higher household income tended to have more household members.
- In CY 2022, the MA Program paid \$37,380,298 to enrolled providers who delivered services to PH-95 children through the FFS delivery system. This was an increase of 6.7 % from the previous year.
- In terms of the service categories, school-based services had the highest FFS expenditures, \$23,175,416. The growth of expenditures for school-based services played a major role in the increase of overall FFS expenditures in CY2022. Inpatient physical health services were a distant second with \$4,464,491 in FFS expenditures.

- MA Managed Care Organizations (MCOs) paid \$541,112,248 to providers who delivered services to PH-95 children through the MC delivery system. This was an increase of 11.5 % from the prior year.
- MCOs' highest expenditures were for pharmacy services, totaling \$137,576,955. Private duty nursing services had the next highest expenditures paid by the MCOs, totaling \$133,611,584.
- Encounters for General Examination, Pervasive Development Disorders, and Attention Deficit Hyperactivity Disorders were the top three categories of diagnoses reported as the reasons for treatments in CY2022.

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 Program 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 2022 Report is the 20th annual report on PH-95 children who are eligible for MA because they have special needs (these children are identified as "PH-95 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 Transformed Medicaid Statistical Information System (T-MSIS) files, which are required by the Federal Government to be sent monthly to the Centers for Medicare & Medicaid Services (CMS). All services provided to PH-95 children were delivered either through the FFS or MC delivery system. Information for FFS claims and MC encounters was generated from the EDW based on services rendered in each delivery system. Claims and encounters data were obtained from Pennsylvania's Medicaid Management Information System (MMIS), while the Client Information System (CIS) was used to obtain eligibility dates and demographic information.

PH-95 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 PH-95 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 eligible PH-95 child who was enrolled in the MA Program during the 2022 calendar year, regardless of whether the child's eligibility was discontinued at any time during the year.

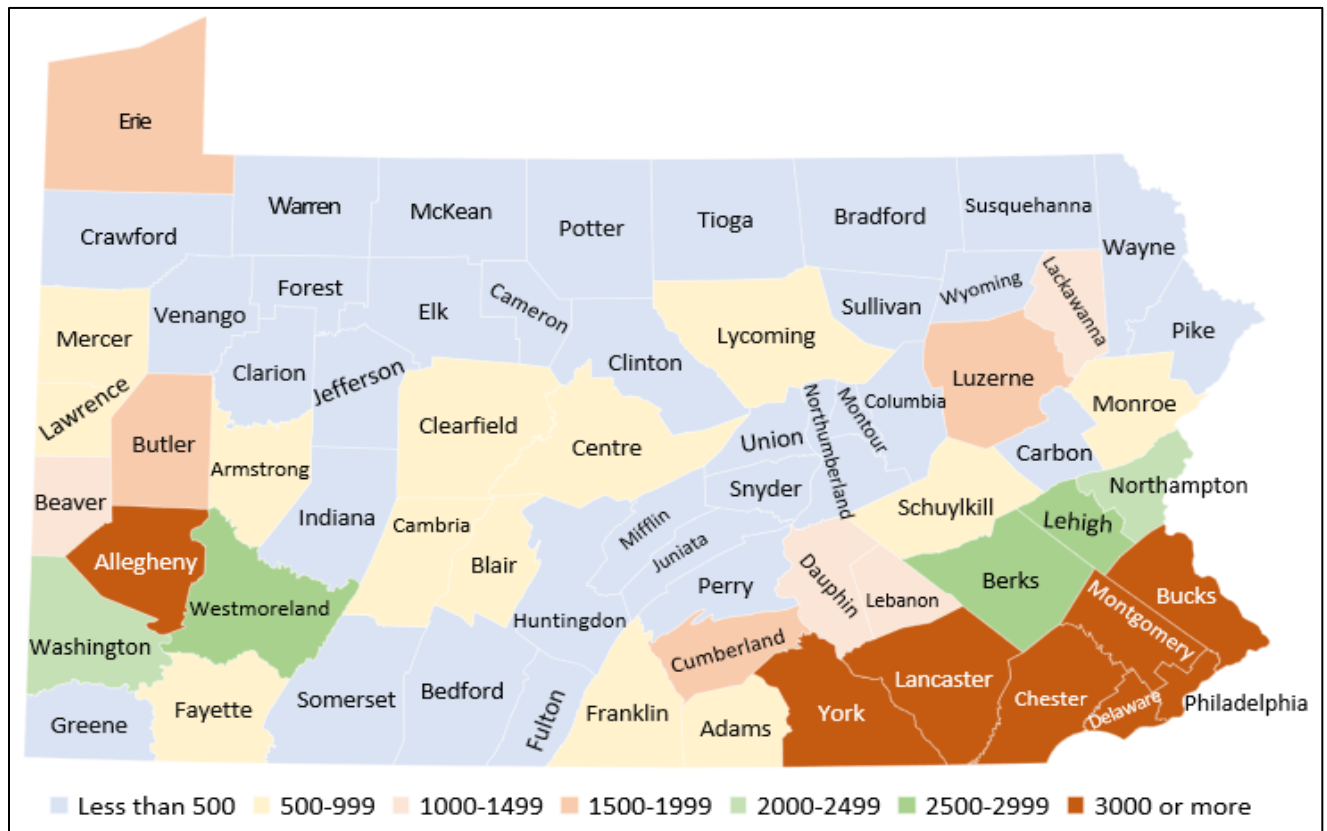
Number of PH-95 Enrollees

- In CY 2022, the number of PH-95 children enrolled in the MA Program in Pennsylvania was 87,461. There was an increase of 1.3% in enrollment from the CY 2021. Most PH-95 children (94.1%) were enrolled in the MC delivery system.

County of Residence

- Allegheny County had the largest number of PH-95 children, with 9,237 children enrolled in the MA Program (Figure 1).
- A high number of PH-95 children were from the following counties: Allegheny, Montgomery, Bucks, Chester, Lancaster, Delaware, Philadelphia, and York (Figure 1).
- Approximately 52% of PH-95 children lived in counties with 3,000 or more PH-95 children during CY 2022.
- Half of the counties in Pennsylvania had fewer than 500 PH-95 children enrolled in the MA Program in CY 2022.

Figure 1. County Map: Number of PH-95 Children in Pennsylvania -CY2022



Length of Enrollment

- In CY 2022, 43.6% of PH-95 children were enrolled in the MA Program for a year or more but less than or equal to five years, and 41.7% were enrolled in the MA Program for more than five years.
- Approximately 14.7% of PH-95 children were enrolled in the MA Program for less than one year in CY 2022.

Table1: PH-95 Children by Length of Enrollment - CY 2022

Length of Enrollment	Number of Children	Percentage
< 6 Month	6,779	7.8%
6 Months to < 1 Year	6,055	6.9%
1 Year to 5 Years	38,130	43.6%
> 5 Years	36,497	41.7%
Total	87,461	100%

Source: DHS Enterprise Data Warehouse.

Household Income and TPL Resources

Federal and state law requires that the MA Program be the payer of last resort (42 U.S.C. 1396a(a)(25), 42 CFR § 433.139, 62 P.S. § 1409, 55Pa. Code § 1101.64). Therefore, when a beneficiary has a TPL resource, the resource must be used to pay for services it covers prior to any MA payment.

- The majority (75.3%) of PH-95 children with available household income information had a TPL resource in CY 2022(Table 2).
- More than forty-three percent (43.5%) of PH-95 children with available household income information who had a TPL resource were in families with household income equal to or greater than \$100,000.
- Nearly sixteen percent (15.7%) of PH-95 children with available household income information were in families with household income less than \$50,000.
- Few (1.5%) of the PH-95 children with available household income information who did not have a TPL resource were in families with household income greater than or equal to \$200,000 (Table 2).
- The average household income for PH-95 children with TPL resources in CY 2022 was \$139,159 as compared to \$103,871 for children without TPL resources (Table 2).
- The median income for households with a PH-95 child and TPL resource was \$112,344 as compared to \$73,395 for those without a TPL resource.

Table2. Number of PH-95 Children and Household Members by Household Annual Income, with or without TPL-CY 2022*						
Household Income Group (\$)		Number of Children	Percentage	Average Number in Household	Average Household Income	Median Household Income
With TPL	<50,000	8,165	9.3%	1.8	\$139,159	\$112,344
	50,000-74,000	8,431	9.7%	3.5		
	75,000-99,999	11,139	12.8%	3.8		
	100,00-199,999	27,798	31.8%	4.1		
	≥ 200,000	10,228	11.7%	4.2		
	Subtotal	65,761	75.3%			
Without TPL	<50,000	5,571	6.4%	2.2	\$103,871	\$73,395
	50,000-74,000	5,555	6.4%	3.5		
	75,000-99,999	3,993	4.6%	3.8		
	100,00-199,999	5,176	5.9%	4.0		
	≥ 200,000	1,300	1.5%	4.1		
	Subtotal	21,595	24.7%	...		
Total		87,356	100.0%		...	

Source: DHS Enterprise Data Warehouse and T-MSIS.

*In CY 2022, 87,356 out of the 87,461 PH-95 children with household income information were included in the analysis. Income information for 105 children was unavailable in the source data.

Household Size

- The average number of household members ranged from two to four regardless of household income in CY 2022 (Table 2). Families with higher household income tended to have more household members.
- In general, households with higher income (more than \$75,000) had one or more family members than households with the lowest household income (less than \$50,000).

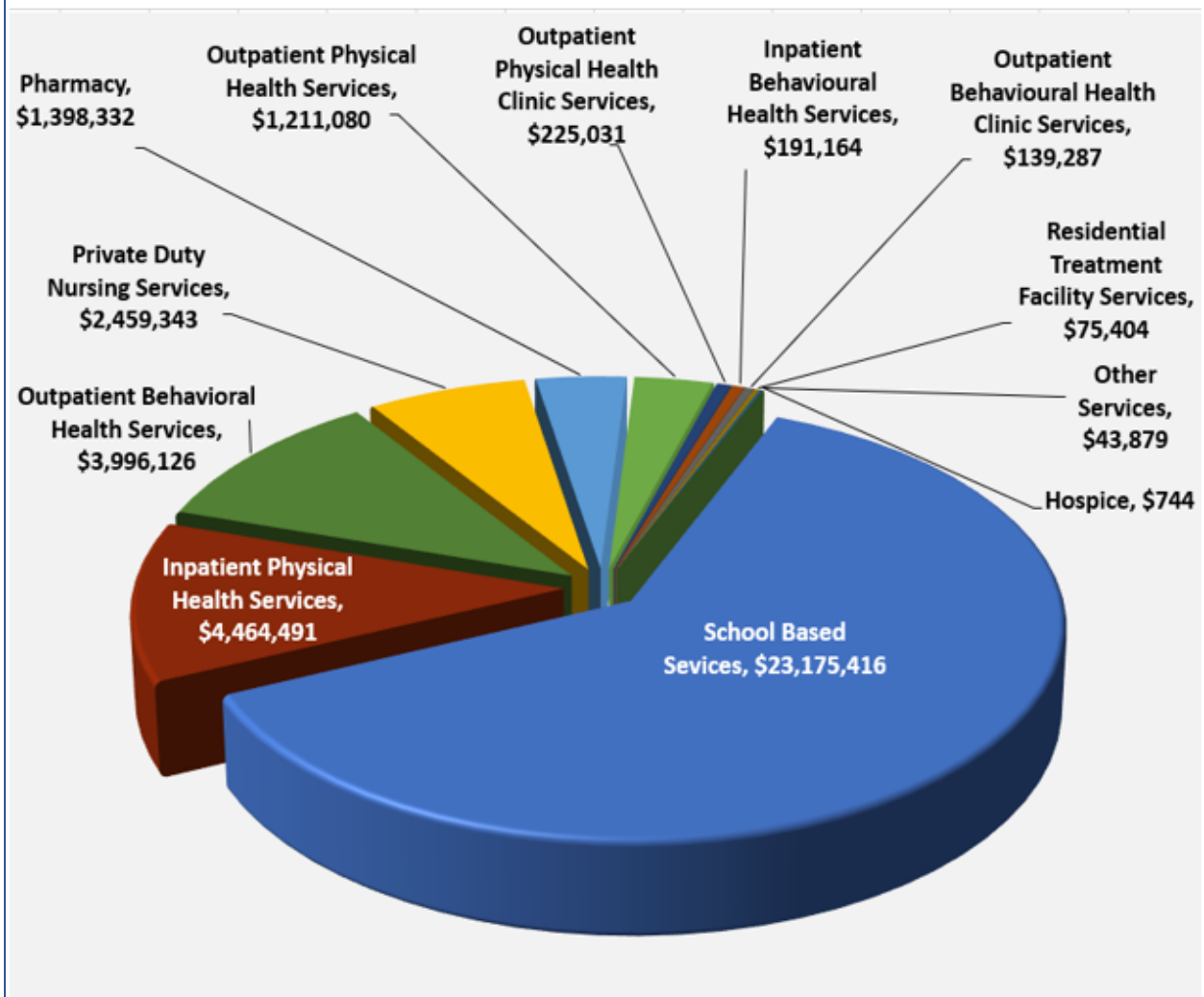
MA PROGRAM SERVICES AND EXPENDITURES

MA Program services were delivered to PH-95 children by enrolled providers such as, but not limited to, physicians, dentists, pharmacists, home health agencies, labs, and hospitals. FFS payment was remitted directly by the MA Program to providers and the MCOs paid providers for services delivered to PH-95 children.

PH-95 Expenditures by Service Category

- In CY 2022, the MA Program paid \$37,380,298 for medical services delivered through the FFS system to PH-95 children. This was an increase of about 6.7% as compared to the previous year's expenditures (\$35,039,478).

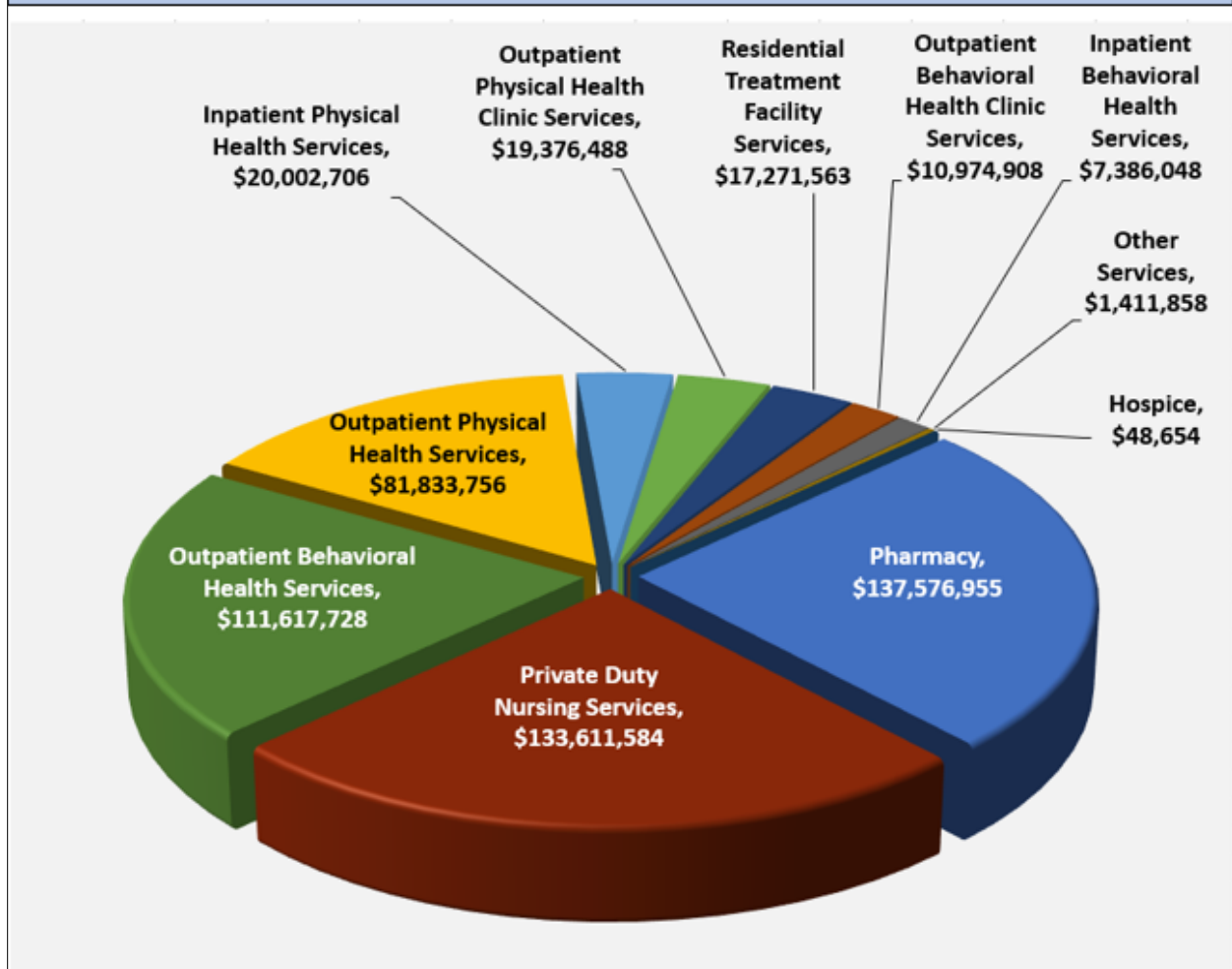
Figure 2. Total Expenditure for FFS Services by Service Categories- CY 2022



Source: DHS Enterprise Data Warehouse.

- School-based services, which had \$23,175,416 in expenditures in CY 2022, accounted for the greatest portion of the FFS expenditures because MA pays for all children receiving these services through the FFS delivery system including children enrolled in the MC delivery system. Inpatient physical health services followed at a distant second with \$4,464,491 in FFS expenditures.
- The MCOs paid \$541,112,248 to providers that delivered services to PH-95 children through the MC delivery system in CY 2022. This was an increase of 11.5% compared to the previous year's expenditures (\$485,189,182).

Figure 3. MCO Total Expenditures for MC Services by Service Categories-CY 2022



Source: DHS Enterprise Data Warehouse.

- As shown in Figure 3, pharmacy was the highest expenditure for the PH-95 children by MCOs, totaling \$137,576,955. The second highest MCO expenditure was for private duty nursing services, which totaled \$133,611,584.

DIAGNOSES

Diagnoses of PH-95 children were analyzed using service records from both delivery systems. Because a PH-95 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 duplications.

- Of the ten most frequent diagnoses reported as reasons for treatment, Encounter for General Examination Without Complaint, Suspected or Reported Diagnosis was the most frequent diagnoses in 2022 with 30,180 PH-95 children having this diagnosis (Table 3).

- Pervasive Developmental Disorder (16,658) and Attention-Deficit Hyperactivity Disorder (14,874) were the second and third most frequent diagnoses.

Table 3: Top 10 Diagnoses of PH-95 Children -CY 2022*				
Rank	ICD-10 (3 digits)	ICD-10 Diagnosis Category	Number of Unique PH-95 Children	Examples of the Most Prevalent Conditions
1	Z00	Encounter for General Examination Without Complaint, Suspected or Reported Diagnosis	30,180	Encounter For Newborn, Infant and Child Health Examinations.
2	F84	Pervasive Developmental Disorders	16,658	Autistic Disorder, Rett's Syndrome, Pervasive Developmental Disorder- Asperger's Syndrome, Other Pervasive Developmental Disorders, Other Childhood Disintegrative Disorder
3	F90	Attention-Deficit Hyperactivity Disorders	14,874	Attention-Deficit Hyperactivity Disorder-Combined Type, Attention-Deficit Hyperactivity Disorder-Other Type
4	Z71	Persons Encountering Health Services for Other Counseling and Medical Advice, Not Elsewhere Classified	13,499	Dietary Counseling and Surveillance, Other Specified Counseling, Counseling-Unspecified
5	Z68	Body Mass Index	13,048	Body Mass Index [BMI] Pediatric
6	Z23	Encounter For Immunization	10,988	Encounter For Immunization
7	J06	Acute Upper Respiratory Infections of Multiple and Unspecified Sites	9,879	Acute Upper Respiratory Infection-Unspecified
8	F41	Other Anxiety Disorders	9,348	Generalized Anxiety Disorder, Anxiety Disorder-Unspecified
9	F80	Specific Developmental Disorders of Speech and Language	8,844	Phonological Disorder, Developmental Disorder of Speech, and Language- Mixed Receptive-Expressive Language Disorder, Expressive Language Disorder
10	Z20	Contact With and (Suspected) Exposure to Communicable Diseases	8,609	Contact With And (Suspected) Exposure to Other Communicable Diseases

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: PH-95 Children by County of Residence in CY 2022

County	Number of PH-95 Children	Percentage	County	Number of PH-95 Children	Percentage
ADAMS	674	0.8%	LACKAWANNA	1,132	1.3%
ALLEGHENY	9,237	10.6%	LANCASTER	4,604	5.3%
ARMSTRONG	514	0.6%	LAWRENCE	509	0.6%
BEAVER	1,336	1.5%	LEBANON	1,134	1.3%
BEDFORD	224	0.3%	LEHIGH	2,747	3.1%
BERKS	2,839	3.2%	LUZERNE	1,548	1.8%
BLAIR	921	1.1%	LYCOMING	739	0.8%
BRADFORD	349	0.4%	MCKEAN	221	0.3%
BUCKS	6,957	8.0%	MERCER	695	0.8%
BUTLER	1,999	2.3%	MIFFLIN	196	0.2%
CAMBRIA	671	0.8%	MONROE	806	0.9%
CAMERON	40	0.0%	MONTGOMERY	8,555	9.8%
CARBON	368	0.4%	MONTOUR	118	0.1%
CENTRE	858	1.0%	NORTHAMPTON	2,224	2.5%
CHESTER	5,356	6.1%	NORTHUMBERLAND	388	0.4%
CLARION	251	0.3%	PERRY	312	0.4%
CLEARFIELD	550	0.6%	PHILADELPHIA	3,406	3.9%
CLINTON	262	0.3%	PIKE	330	0.4%
COLUMBIA	346	0.4%	POTTER	84	0.1%
CRAWFORD	447	0.5%	SCHUYLKILL	694	0.8%
CUMBERLAND	1,763	2.0%	SNYDER	239	0.3%
DAUPHIN	1,426	1.6%	SOMERSET	310	0.4%
DELAWARE	4,292	4.9%	SULLIVAN	37	0.0%
ELK	369	0.4%	SUSQUEHANNA	205	0.2%
ERIE	1,721	2.0%	TIOGA	135	0.2%
FAYETTE	520	0.6%	UNION	233	0.3%
FOREST	26	0.0%	VENANGO	275	0.3%
FRANKLIN	732	0.8%	WARREN	310	0.4%
FULTON	80	0.1%	WASHINGTON	2,075	2.4%
GREENE	187	0.2%	WAYNE	251	0.3%
HUNTINGDON	267	0.3%	WESTMORELAND	2,862	3.3%
INDIANA	489	0.6%	WYOMING	137	0.2%
JEFFERSON	343	0.4%	YORK	3,412	3.9%
JUNIATA	124	0.1%	TOTAL	87,461	100.00%

Appendix II: Definitions

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 Clinic 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 Clinic 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 therapist, physical therapist, 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 – Behavioral health treatment services provided to one or more children with a diagnosed mental illness, serious emotional or behavioral disorder, a severe substance abuse condition or mental illness in a 24-hour living setting.

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

Transformed Medicaid Statistical Information System (T-MSIS) - T-MSIS is a federal requirement mandated on the states to submit monthly files on Medicaid recipients. The data source includes person-level information on eligibility, demographics, service use, and spending.