

**MEDICAL ASSISTANCE  
FOR CHILDREN WITH DISABILITIES  
2015 REPORT**



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**Commonwealth of Pennsylvania  
Department of Human Services**

**Issued in 2018**

# TABLE of CONTENTS

<b>EXECUTIVE SUMMARY</b> .....	1
<b>INTRODUCTION</b>	
Background .....	2
Methodology .....	2
PH-95 Eligibility .....	2
<b>DEMOGRAPHICS</b>	
Number of PH-95 Enrollees .....	3
County of Residence .....	3
Household Income and Third Party Liability (TPL) Resources .....	4
Household Size .....	5
<b>MA PROGRAM SERVICES AND EXPENDITURES</b>	
PH-95 Expenditures by Service Category .....	5
<b>DIAGNOSIS</b> .....	7
<b>APPENDICES</b>	
Enrolled PH-95 Children by County of Residence in 2015.....	8
<b>ACKNOWLEDGEMENTS</b> .....	9

## EXECUTIVE SUMMARY

The annual PH-95 Report is mandated by the Pennsylvania (PA) legislature. This is the thirteenth annual report and is for the year 2015. This report presents information on demographics, types of services, service expenditures and common diagnoses for children who are eligible for Medical Assistance (MA) programs as a result of their special needs (known as PH-95 children).

The following are some of the key points found in this report:

- In 2015, the number of PH-95 children enrolled in the MA program reached 66,257 children, which was a less than 1% increase over the enrollment in 2014 (66,036).
- Allegheny County continued having the most MA enrolled PH-95 children (6,482). Montgomery, Bucks, Lancaster, Chester and Delaware counties continued to have more than 3,000 PH-95 children enrolled per county.
- The average and median household annual incomes for PH-95 children with Third Party Liability (TPL) resources were \$116,864 and \$90,740 respectively, compared to \$70,735 and \$56,400 for household without TPL resources in 2015.
- Most (80.2%) households with a PH-95 child had TPL resources in 2015. On average there were four members in each household with a PH-95 child.
- The MA Program paid \$30,395,752 to providers who delivered services through the Fee-for-Services (FFS) delivery system to PH-95 children in 2015.
- MA Managed Care Organizations (MCOs) paid \$381,365,726 to providers who delivered services through the managed care (MC) delivery system to PH-95 children in 2015.
- In terms of the service categories, school-based services had the highest FFS expenditure (\$14,987,274). Private duty nursing services came in at a distant second with \$4,625,752 in expenditures.
- Pharmacy services had the topmost expenditures ((\$82,734,776) paid by the MA MCOs. Outpatient behavioral health facility services had the next highest MA MCO paid expenditures, costing \$81,019,018.
- Pervasive Developmental Disorder, Hyperkinetic Syndrome of Childhood, and Specific Delays in development were the top three diagnoses reported as the reason for treatment in 2015 for PH-95 children.

# INTRODUCTION

## Background

The 2015 Report is the thirteenth yearly report on children who are eligible for MA because they have special needs (known as PH-95 children).

The Appropriations 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.”

## 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. From the Fraud and Abuse Detection System (FADS), information on the availability of Third Party Liability (TPL) insurance was garnered. All services provided to PH-95 children were delivered through either FFS or MC. Information for FFS claims and MC encounters was generated from EDW based on services rendered in each system. Claims and TPL data were obtained from PA’s PROMISE™ claims processing system, while the Client Information System (CIS) provided eligibility dates, demographic information and TPL information.

## PH-95 Eligibility

Eligibility for MA through the PH-95 category 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 (FPIG) to be eligible for the PH-95 category. 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

In 2015, every eligible PH-95 child was included in the below analysis regardless of whether the child's eligibility was discontinued at any time during the year.

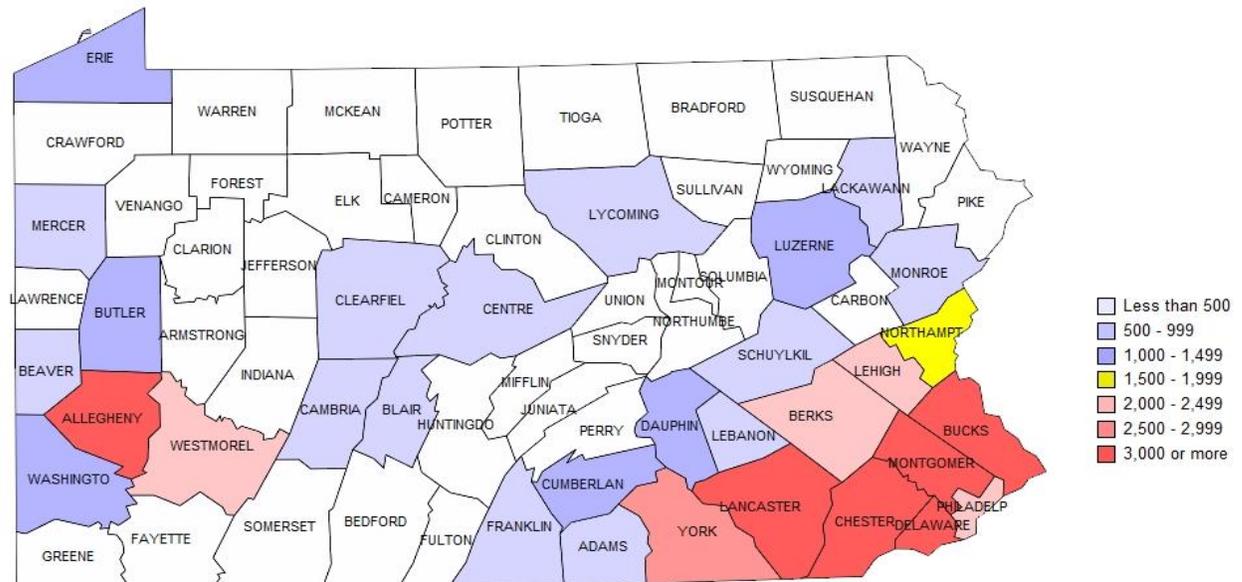
### Number of PH-95 Enrollees

- In 2015, the number of PH-95 children enrolled in the MA program in Pennsylvania was 66,257. This was an increase of less than 1% as compared to 66,036 children in 2014.
- The majority (95%) of PH-95 children were enrolled in the MC delivery system.

### County of Residence

- Allegheny County, as in previous years, had the largest number of PH-95 children with 6,482 children enrolled in the MA program (Figure 1).
- A high number of PH-95 children were from the following counties: Montgomery, Bucks, Chester, Delaware, and Lancaster (Figure 1).
- Approximately 43% of PH-95 children lived in counties with 3,000 or more PH-95 children in 2015. Six counties had 3,000 or more PH-95 children in 2015.

Figure 1. PH-95 Children in Pennsylvania by County of Residence in 2015



Source: DHS Enterprise Data Warehouse.

## Household Income and Third Party Liability (TPL) Resources

According to MA regulations at 55 Pa. Code § 1101.64, “Other private or governmental health insurance benefits shall be utilized before billing the MA Program.” Therefore, when a beneficiary is covered by a TPL resource, the resource must be used to pay for services it covers prior to any MA payment.

- Approximately 80% (46,490) of PH-95 children had TPL resources compared to 20% (11,492) of children without TPL resources (Table 1).
- Among the PH-95 children covered by TPL resources, 34% of the children were in households with household income greater than \$100,000.
- Approximately 16% of PH-95 children were in families with household income less than \$50,000.
- Less than 1% of PH-95 children were in families with annual income over \$200,000 but not covered by TPL resources (Table 1).
- The average household annual income for PH-95 children with TPL resources in 2015 was \$116,864 as compared to \$70,375 for children without TPL resources (Table 1).
- The median income for PH-95 households with TPL resources was \$90,740 as compared to \$56,400 for those without TPL resources in 2015 (Table 1).

Table 1. Number of PH-95 Children and Household Members by Household Annual Income, With or Without TPL Resource- 2015						
Annual Income (\$)		Number of Children*	Percent of Total PH-95 Children	Average Household Members	Average Annual Income	Median Annual Income
With TPL Resource	<50,000	4,729	8.2%	3.3	\$116,864	\$90,740
	50,000 - 74,999	11,422	19.7%	4.0		
	75,000 - 99,999	10,681	18.4%	4.1		
	100,000 - 199,999	16,145	27.8%	4.2		
	≥ 200,000	3,513	6.1%	4.3		
	<b>Subtotal</b>	<b>46,490</b>	<b>80.2%</b>	<b>4.0</b>		
Without TPL Resource	<50,000	4,362	7.5%	3.2	\$70,735	\$56,400
	50,000 - 74,999	4,105	7.1%	3.9		
	75,000 - 99,999	1,667	2.9%	4.1		
	100,000 - 199,999	1,118	1.9%	4.1		
	≥ 200,000	240	0.4%	4.4		
	<b>Subtotal</b>	<b>11,492</b>	<b>19.8%</b>	<b>3.9</b>		
<b>Total</b>		<b>57,982</b>	<b>100.0%</b>	<b>--</b>		

Source: DHS Enterprise Data Warehouse and FADS.

\* 57,982 out of 66,036 recipients with household income information were included in the analysis.

## Household Size

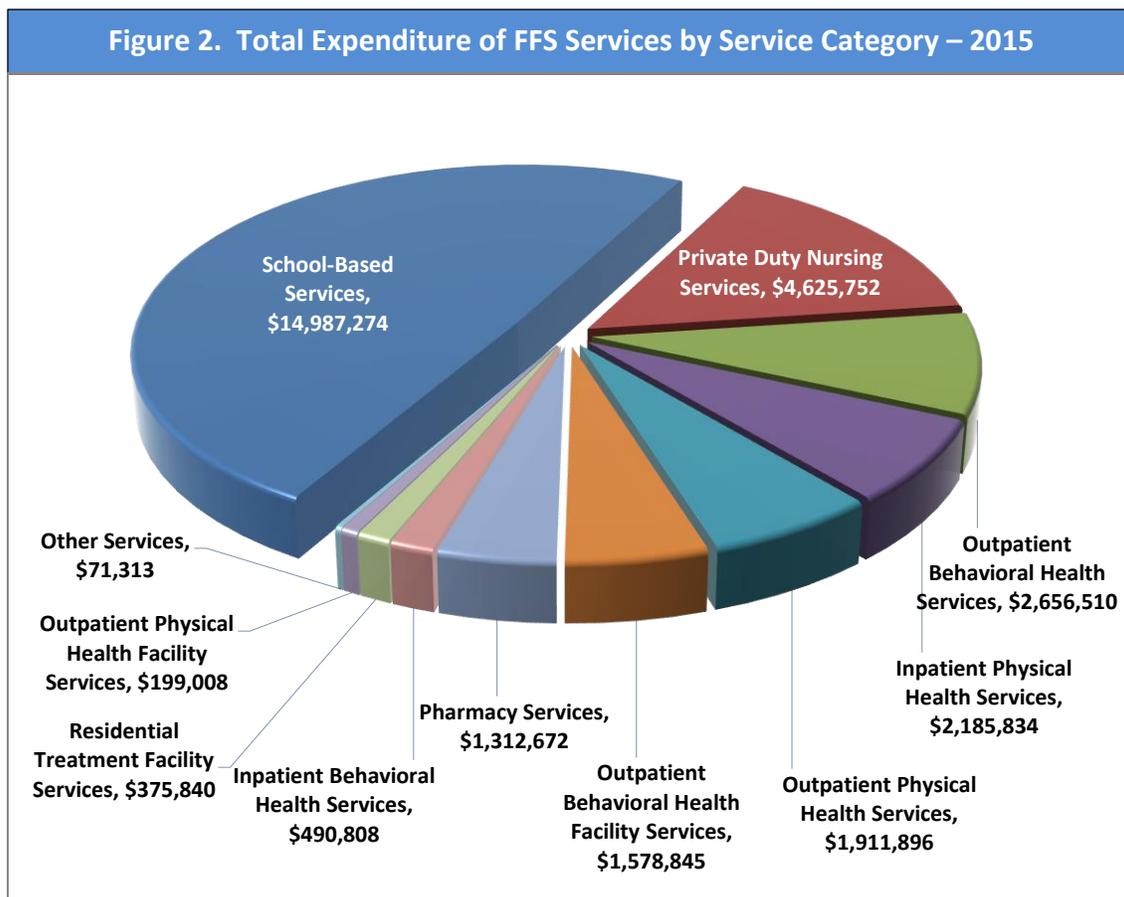
- On average, there were four household members in each PH-95 child’s family in 2015. Families with higher household income tend to have more household members (Table 1).
- The group with the highest household income (more than \$200,000) had one more family member than those with the lowest household income (less than \$50,000).

## MA PROGRAM SERVICES AND EXPENDITURES

MA Program services are delivered to PH-95 children by enrolled providers such as, but not limited to, physicians, dentists, pharmacists, home health, labs and hospitals. FFS payment is remitted directly by the MA Program to these providers. The MA MCOs pay providers enrolled in their network for services delivered to PH-95 children.

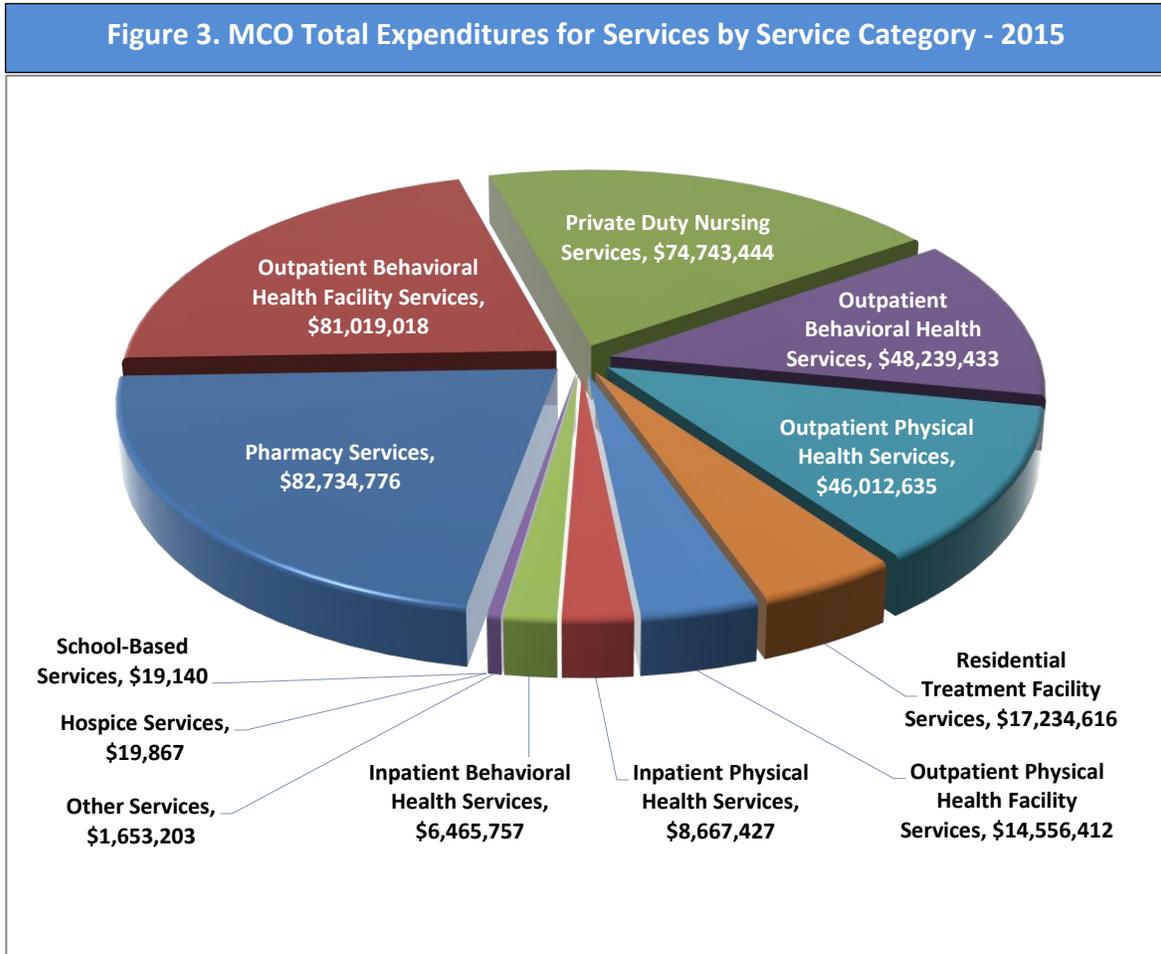
### PH-95 Expenditures by Service Category

- In 2015, the MA Program paid \$30,395,752 for services delivered through the FFS system to PH-95 children.
- School-based services encompassed the greatest portion of the FFS expenditures. This was \$14,987,274 as represented in Figure 2. Private duty nursing services followed at a distant second with \$4,625,752.



Source: DHS Enterprise Data Warehouse.

- MA MCOs paid \$381,365,726 to providers for services delivered to PH-95 children through the MC system in 2015.
- As shown in Figure 3, the highest expenditure for PH-95 children by MA MCOs was for pharmacy services (\$82,734,776). The second highest expenditure was for outpatient behavioral health facility services, with \$81,019,018.



Source: DHS Enterprise Data Warehouse.

## DIAGNOSES

Diagnoses of PH-95 children were analyzed using service records from both delivery systems. Due to the fact that 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, we counted each diagnosis only once per PH-95 child to avoid duplication.

- As in 2014, based on the first three digits of the ICD-9 diagnosis codes, Pervasive Developmental Disorder, was the most frequently reported diagnosis in 2015 with 12,791 PH-95 children (Table 2).
- The second most reported diagnosis was Hyperkinetic Syndrome of Childhood with 10,307 PH-95 children.

Table 2. Top Ten Diagnoses of PH-95 Children Using ICD-9 3 Digits Code - 2015			
Rank	ICD-9	Diagnosis	Distinct Children
1	299	Pervasive Developmental Disorder	12,791
2	314	Hyperkinetic Syndrome of Childhood	10,307
3	315	Specific Delays in Development	6,614
4	784	Symptoms Involving Head and Neck	5,286
5	462	Acute Pharyngitis	5,244
6	465	Acute Upper Respiratory Infections of Multiple Unspecified Sites	4,895
7	780	General Symptoms	4,591
8	783	Symptoms Concerning Nutrition, Metabolism and Development	4,580
9	367	Disorders of Refraction and Accommodation	4,319
10	300	Anxiety, dissociative and somatoform disorders	4,254

Source: DHS: Enterprise Data Warehouse.

## APPENDICES

MA Enrolled PH-95 Children by County of Residence in 2015					
County	Number of PH-95 Children	Percent of PH-95 Children	County	Number of PH-95 Children	Percent of PH-95 Children
ADAMS	557	0.8%	LACKAWANNA	988	1.5%
ALLEGHENY	6,482	9.8%	LANCASTER	3,908	5.9%
ARMSTRONG	402	0.6%	LAWRENCE	369	0.6%
BEAVER	958	1.5%	LEBANON	896	1.4%
BEDFORD	196	0.3%	LEHIGH	2,041	3.1%
BERKS	2,134	3.2%	LUZERNE	1,326	2.0%
BLAIR	757	1.1%	LYCOMING	555	0.8%
BRADFORD	237	0.4%	MCKEAN	261	0.4%
BUCKS	4,786	7.2%	MERCER	618	0.9%
BUTLER	1,367	2.1%	MIFFLIN	194	0.3%
CAMBRIA	585	0.9%	MONROE	745	1.1%
CAMERON	51	0.1%	MONTGOMERY	5,721	8.7%
CARBON	334	0.5%	MONTOUR	112	0.2%
CENTRE	669	1.0%	NORTHAMPTON	1,537	2.3%
CHESTER	3,888	5.9%	NORTHUMBERLAND	356	0.5%
CLARION	213	0.3%	PERRY	277	0.4%
CLEARFIELD	522	0.8%	PHILADELPHIA	2,162	3.3%
CLINTON	219	0.3%	PIKE	304	0.5%
COLUMBIA	275	0.4%	POTTER	87	0.1%
CRAWFORD	427	0.6%	SCHUYLKILL	618	0.9%
CUMBERLAND	1,263	1.9%	SNYDER	219	0.3%
DAUPHIN	1,068	1.6%	SOMERSET	245	0.4%
DELAWARE	3423	5.2%	SULLIVAN	27	0.0%
ELK	368	0.6%	SUSQUEHANNA	157	0.2%
ERIE	1,472	2.2%	TIOGA	139	0.2%
FAYETTE	391	0.6%	UNION	196	0.3%
FOREST	23	0.0%	VENANGO	233	0.4%
FRANKLIN	592	0.9%	WARREN	259	0.4%
FULTON	68	0.1%	WASHINGTON	1,432	2.2%
GREENE	109	0.2%	WAYNE	221	0.3%
HUNTINGDON	238	0.4%	WESTMORELAND	2,112	3.2%
INDIANA	367	0.6%	WYOMING	141	0.21%
JEFFERSON	347	0.5%	YORK	2,919	4.42%
JUNIATA	94	0.1%	TOTAL	66,257	100.0%

Source: DHS: Enterprise Data Warehouse.

## **ACKNOWLEDGEMENTS**

### **PENNSYLVANIA DEPARTMENT OF HUMAN SERVICES**

Office of Medical Assistance Programs  
Bureau of Policy, Analysis and Planning  
303 Walnut Street  
8th Floor  
Harrisburg, Pennsylvania  
17101