

**MEDICAL ASSISTANCE
FOR CHILDREN WITH DISABILITIES
2016 REPORT**



pennsylvania
DEPARTMENT OF HUMAN SERVICES

**Commonwealth of Pennsylvania
Department of Human Services**

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EXECUTIVE SUMMARY

The annual PH-95 Report is mandated by the Pennsylvania (PA) legislature. This is the fourteenth annual report and is for the year 2016. 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 2016, the number of PH-95 children enrolled in the MA program reached 71,860 children; which was an 8.5% increase over the enrollment in 2015 (66,257).
- Allegheny County continued having the most MA enrolled PH-95 children (6,905). Montgomery, Bucks, Chester, Lancaster, Delaware and York counties had more than 3,000 PH-95 children per county.
- The average and median household annual incomes for PH-95 children with Third Party Liability (TPL) resources were \$123,203 and \$93,349 respectively, compared to \$78,992 and \$60,000 for households without TPL resources in 2016.
- Most (81.4%) households with a PH-95 child had TPL resources in 2016. On average there were four members in each household with a PH-95 child.
- The MA Program paid \$32,091,675 to providers who delivered services through the Fee-for-Service (FFS) delivery system to PH-95 children in 2016.
- MA Managed Care Organizations (MCOs) paid \$412,119,701 to providers who delivered services through the managed care (MC) delivery system to PH-95 children in 2016.
- In terms of the service categories, school-based services had the highest FFS expenditure (\$15,616,051). Private duty nursing services came in at a distant second with \$4,890,368 in expenditures.
- Pharmacy services had the topmost expenditures (\$91,078,613) paid by the MA MCOs. Private duty nursing services had the next highest MA MCO paid expenditures, costing \$80,845,925.
- Encounters for General Examination, Pervasive Development Disorders and Attention-Deficit Hyperactivity Disorders were the top three categories of diagnoses reported as the reasons for treatment in 2016.

INTRODUCTION

Background

The 2016 Report is the fourteenth 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 2016, 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.

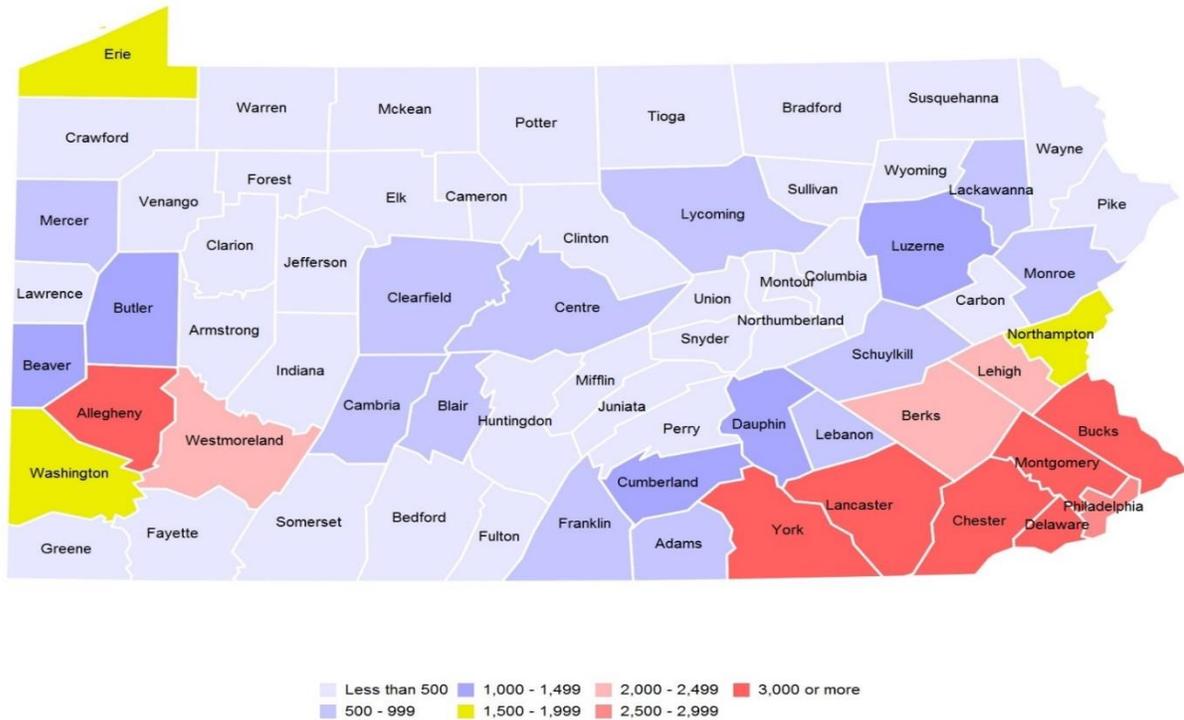
Number of PH-95 Enrollees

- In 2016, the number of PH-95 children enrolled in the MA program in Pennsylvania was 71,860. This was an increase of 8.5% as compared to 66,257 children in 2015.
- 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 6,905 children enrolled in the MA program (Figure 1).
- A high number of PH-95 children were from the following counties: Montgomery, Bucks, Chester, Delaware, Lancaster and York (Figure 1).
- Approximately 47.6% of PH-95 children lived in counties with 3,000 or more PH-95 children in 2016. Seven counties had 3,000 or more PH-95 children in 2016.
- More than half of the counties in Pennsylvania had less than 500 PH-95 children enrolled in the MA program 2016.

Figure 1. PH-95 Children in Pennsylvania by County of Residence in 2016



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.

- The majority (81.4%) of PH-95 children had TPL resources in 2016 (Table 1).
- Almost 30% of PH-95 children covered by TPL resources were in families with household income between \$100,000 and \$199,999.
- A little over 13% 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 household income over \$200,000 but not covered by TPL resources (Table 1).
- The average household income for PH-95 children with TPL resources in 2016 was \$123,203 as compared to \$78,992 for children without TPL resources (Table 1).
- The median income for PH-95 households with TPL resources was \$93,349 as compared to \$60,000 for those without TPL resources.

Table 1. Number of PH-95 Children and Household Members by Household Annual Income, With or Without TPL* - 2016						
Household Income Group (\$)		Number of Children	Percent	Average Household Members	Average Household Income	Median Household Income
With TPL	<50,000	3,565	7.3%	3.3	\$123,203	\$93,349
	50,000 - 74,999	9,357	19.1%	3.9		
	75,000 - 99,999	9,231	18.8%	4.1		
	100,000 - 199,999	14,351	29.3%	4.2		
	≥ 200,000	3383	6.9%	4.3		
	Subtotal or Average	39,887	81.4%	4.0		
Without TPL	<50,000	2,957	6.0%	3.2	\$78,992	\$60,000
	50,000 - 74,999	3,264	6.7%	3.9		
	75,000 - 99,999	1,482	3.0%	4.1		
	100,000 - 199,999	1,156	2.4%	4.1		
	≥ 200,000	228	0.5%	4.3		
	Subtotal or Average	9,087	18.6%	3.9		
Total		48,974	100.0%		--	

Source: DHS Enterprise Data Warehouse and FADS.

*48,974 out of 71,860 recipients with household income information were included in the analysis.

Household Size

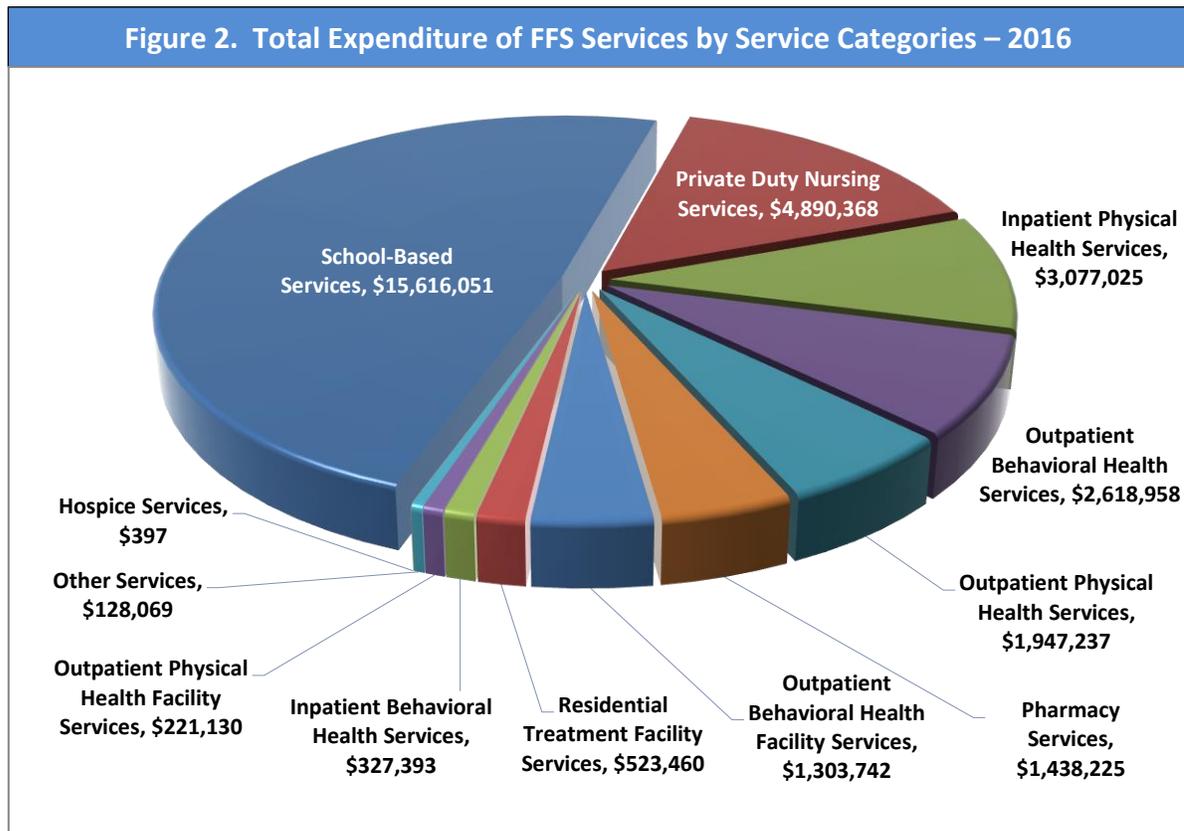
- On average, there were four household members in each PH-95 child’s family in 2016. Families with higher household income tend to have more household members (Table 1).
- The group with the highest household income (more than \$200,000) had one more family member than those with the lowest household 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.

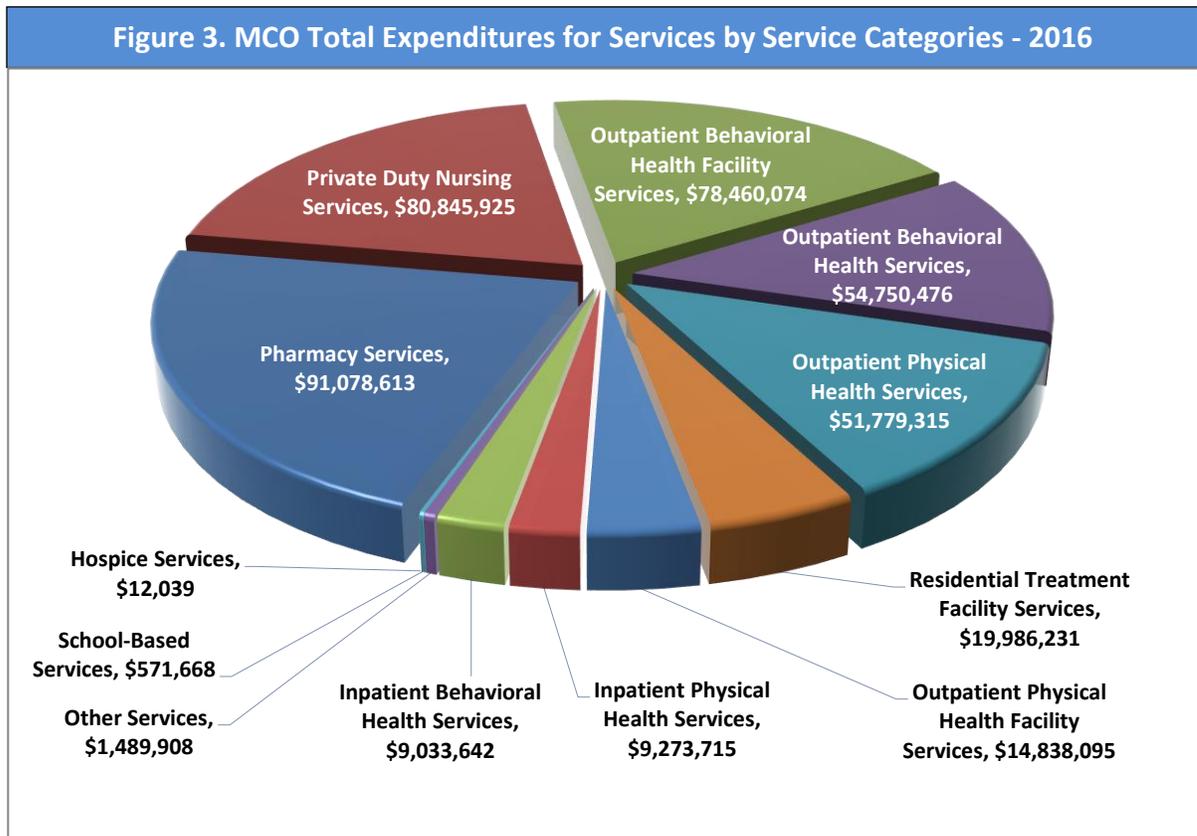
PH-95 Expenditures by Service Category

- In 2016, the MA Program paid \$32,091,675 for services delivered through the FFS system to PH-95 children.
- School-based services encompassed the greatest portion of the FFS expenditures. This was \$15,616,051 as represented in Figure 2. Private duty nursing services followed at a distant second with \$4,890,368.



Source: DHS Enterprise Data Warehouse.

- MA MCOs paid \$412,119,701 to providers for services delivered to PH-95 children through the MC system in 2016.
- As shown in Figure 3, pharmacy services were by far the highest expenditure for PH-95 children by MA MCOs (\$91,078,613). The second highest expenditure was private duty nursing services, with \$80,845,925.



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.

- Of the ten most frequent diagnoses reported as reasons for treatment, Encounter for General Examination Without Complaint, Suspected or Reported Diagnosis, attained the top position in 2016 with 22,949 PH-95 children (Table 2).
- Two mental disorders, Pervasive Developmental Disorder (14,370) and Attention-Deficit Hyperactivity Disorder (12,694) were the second and third most frequent diagnoses.
- The majority of other diagnoses reported as reasons for treatment on the top ten list were physical disorders and encounters for immunization.

Table 2. Top Ten Diagnoses of PH-95 Children in 2016			
Rank	ICD-10	Diagnosis	Number of PH-95 Children
1	Z00	Encounter for general examination without complaint, suspected or reported diagnosis	22,949
2	F84	Pervasive developmental disorder	14,370
3	F90	Attention-deficit hyperactivity disorder	12,694
4	Z23	Encounter for immunization	10,301
5	J02	Acute pharyngitis	8,665
6	J06	Acute upper respiratory infections of multiple and unspecified sites	6,863
7	H52	Disorders of refraction and accommodation	6,468
8	H66	Suppurative and unspecified otitis media	5,516
9	F80	Specific developmental disorders of speech and language	5,499
10	R62	Lack of expected normal physiological development in childhood and adults	5,332

Source: DHS: Enterprise Data Warehouse.

APPENDICES

MA Enrolled PH-95 Children by County of Residence in 2016

County	Number of PH-95 Children	Percent of PH-95 Children	County	Number of PH-95 Children	Percent of PH-95 Children
ADAMS	632	0.9%	LACKAWANNA	992	1.4%
ALLEGHENY	6,905	9.6%	LANCASTER	4,171	5.8%
ARMSTRONG	425	0.6%	LAWRENCE	397	0.6%
BEAVER	1,035	1.4%	LEBANON	989	1.4%
BEDFORD	207	0.3%	LEHIGH	2,150	3.0%
BERKS	2,143	3.0%	LUZERNE	1,393	1.9%
BLAIR	851	1.2%	LYCOMING	581	0.8%
BRADFORD	252	0.4%	MCKEAN	272	0.4%
BUCKS	5,304	7.4%	MERCER	640	0.9%
BUTLER	1,451	2.0%	MIFFLIN	205	0.3%
CAMBRIA	567	0.8%	MONROE	744	1.0%
CAMERON	54	0.1%	MONTGOMERY	6,585	9.2%
CARBON	337	0.5%	MONTOUR	101	0.1%
CENTRE	721	1.0%	NORTHAMPTON	1,750	2.4%
CHESTER	4,226	5.9%	NORTHUMBERLAND	376	0.5%
CLARION	223	0.3%	PERRY	286	0.4%
CLEARFIELD	552	0.8%	PHILADELPHIA	2,571	3.6%
CLINTON	245	0.3%	PIKE	322	0.4%
COLUMBIA	278	0.4%	POTTER	86	0.1%
CRAWFORD	442	0.6%	SCHUYLKILL	671	0.9%
CUMBERLAND	1,366	1.9%	SNYDER	246	0.3%
DAUPHIN	1,211	1.7%	SOMERSET	249	0.3%
DELAWARE	3,836	5.3%	SULLIVAN	26	0.0%
ELK	385	0.5%	SUSQUEHANNA	153	0.2%
ERIE	1,589	2.2%	TIOGA	139	0.2%
FAYETTE	399	0.6%	UNION	223	0.3%
FOREST	25	0.0%	VENANGO	233	0.3%
FRANKLIN	583	0.8%	WARREN	289	0.4%
FULTON	80	0.1%	WASHINGTON	1,589	2.2%
GREENE	139	0.2%	WAYNE	212	0.3%
HUNTINGDON	225	0.3%	WESTMORELAND	2,335	3.2%
INDIANA	396	0.6%	WYOMING	154	0.2%
JEFFERSON	376	0.5%	YORK	3,175	4.4%
JUNIATA	95	0.1%	TOTAL	71,860	100.0%

Source: DHS: Enterprise Data Warehouse.

ACKNOWLEDGEMENTS

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