

**MEDICAL ASSISTANCE
FOR CHILDREN WITH DISABILITIES
2020 REPORT**



pennsylvania
DEPARTMENT OF HUMAN SERVICES

**Commonwealth of Pennsylvania
Department of Human Services**

Issued November 2021

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 EXPENDITURES	
PH95 Expenditures by Services Categories	6
DIAGNOSES	7
APPENDICES	
Appendix I: PH95 Children by County of Residence in CY2020.....	9
Appendix II: Service Categories' Definitions.....	10

EXECUTIVE SUMMARY

This is the 18th annual report on children with disabilities enrolled in the Medical Assistance (MA) Program because of their special needs, also known as PH95 children. The MA Program provides services to PH95 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) 2020. 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:

- Rather than a certain percentage of increase each year in prior years, both enrollment and expenditures of PH95 children decreased in CY2020 compared to those in CY2019. The reductions may be associated with the Public Health Emergency beginning in March 2020.
- The number of PH95 children enrolled in the MA Program in CY2020 was 87,832 children, a decrease of 2% over the prior year's enrollment of 89,680 children. Most PH95 children (95.2%) were enrolled in the MC delivery system.
- Approximately 52% of PH95 children lived in counties with 3,000 or more PH95 children per county during the CY2020. Allegheny County continued having the most enrolled PH95 children with 8,821 children.
- Among the 87,832 enrolled PH95 children in CY2020, 48.6% of them were enrolled in the MA Program for one to five years; 35.8% of them were enrolled in the MA Program for over five years, while the rest of the PH95 children (15.6%) were enrolled in the MA Program for less than one year.
- The average and median household annual incomes for PH95 children with Third-Party Liability (TPL) resources was \$137,492 and \$110,241, respectively. This was an increase of 3% and 3.6% respectively from the previous year's report.
- 74.9% of households with a PH95 child had TPL resources in CY2020, a decrease of 0.5% from the prior year. On the average, there were four members in each household with a PH95 child that had TPL resources.
- The average and median household annual incomes for the PH95 children without TPL resources was \$91,850 and \$69,539, respectively. This was an increase of 9.9% and 2.2% respectively from the previous year. On the average, there were four members in each household with a PH95 child that did not have TPL resources.
- In CY2020, the MA Program paid \$28,944,259 to enrolled providers who delivered services to PH95 children through the FFS delivery system. This was a decrease of 33.6% from the previous year.

- In terms of the service categories, school-based services had the highest FFS expenditures (\$13,808,708), because these services could only be paid through FFS, even for the children enrolled in the MC delivery system. This was a decrease of 51% compared to the previous year's expenditures of \$28,216,871. Reductions in the school-based services played a major role in the decrease of overall FFS expenditures in CY2020. Inpatient physical health services were a distant second with \$3,778,490 in expenditures.
- MA Managed Care Organizations (MCOs) paid \$469,675,780 to providers who delivered services to PH95 children through the MC delivery system. This was a decrease of 12.6% from the prior year.
- MCOs' highest expenditures were for pharmacy services, totaling \$123,126,644. Private duty nursing services had the next highest expenditures paid by the MCOs, totaling \$119,902,345.
- Respiratory disorders, autism spectrum disorders and attention-deficit hyperactivity disorders were the top three categories of diagnoses reported as the reasons for treatment in CY2020.

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 2020 Report is the 18th annual report on PH95 children who are eligible for MA because they have special needs (these children are identified 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 encounters data were processed and

obtained from PA’s Medicaid Management Information System (MMIS), 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.

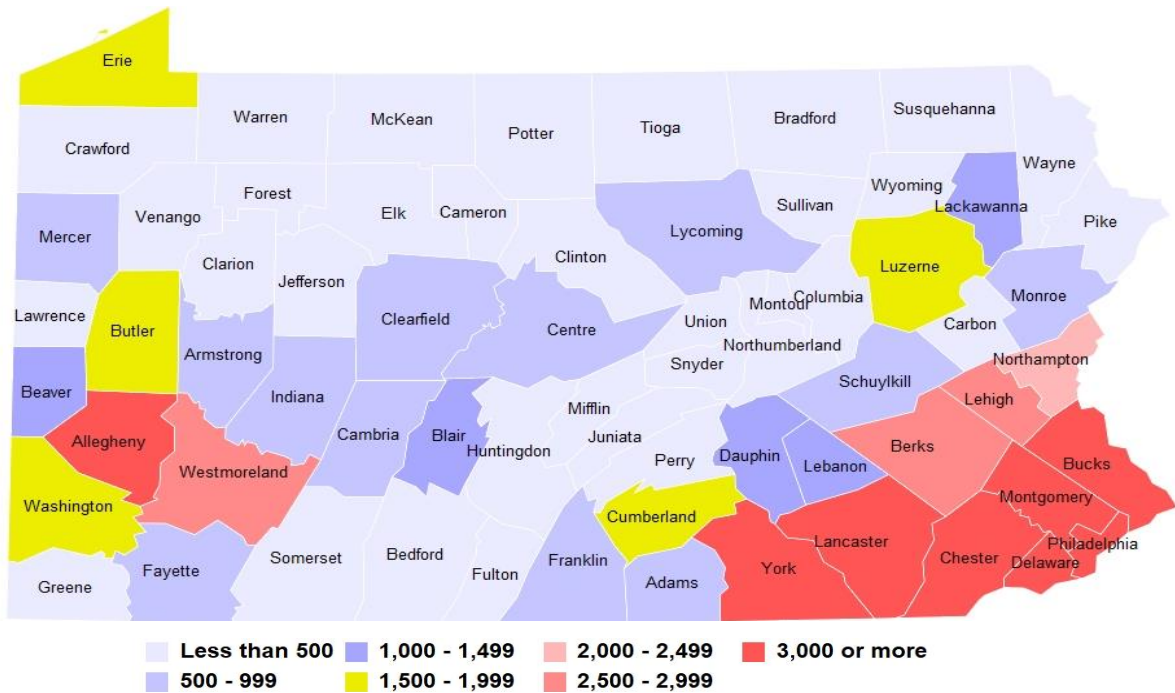
DEMOGRAPHICS

The Department of Human Services included in its analysis for this report every eligible PH95 child who was enrolled in the MA Program during the 2020 calendar year, regardless of whether the child’s eligibility was discontinued at any time during the year.

Number of PH95 Enrollees

- In CY2020, the number of PH95 children enrolled in the MA Program in Pennsylvania was 87,832. This was a decrease of 2% from CY2019. Most PH95 children (95.2%) were enrolled in the MC delivery system.

Figure 1. County Map: Number of PH95 Children in Pennsylvania - CY2020



Source: DHS Enterprise Data Warehouse.

County of Residence

- Allegheny County had the largest number of PH95 children, with 8,821 children enrolled in the MA Program (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 CY2020.
- Half of the counties in Pennsylvania had fewer than 500 PH95 children enrolled in the MA Program in CY2020.

Length of Enrollment

- In CY2020, 48.6% of PH95 children were enrolled in the MA Program for more than one year but less than five years, and 35.8% were enrolled in the MA Program for more than five years.
- Approximately 15.6% of PH95 children were enrolled in the MA Program for less than one year in CY2020.

Table 1. PH95 Children by Length of Enrollment - CY2020		
Length of Enrollment	Number of Children	Percentage*
< 6 Month	6,690	7.6%
6 Months to < 1 Year	7,031	8.0%
1 Year to 5 Years	42,691	48.6%
> 5 Years	31,420	35.8%
Total	87,832	100.0%

Source: DHS Enterprise Data Warehouse.

*Percentage may not add to 100% due to rounding.

Household Income and TPL Resources

Federal regulation at 42 CFR § 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 prior to any MA payment.

- The majority (74.9%) of PH95 children with available household income information had a TPL resource in CY2020 (Table 2).
- 43% of PH95 children with available household income information who had a TPL resource were in families with household income greater than \$100,000.

- 11% of PH95 children with available household income information were in families with household income less than \$50,000.
- Less than 1% of PH95 children with available household income information who did not have a TPL resource were in families with household income greater than \$200,000, (Table 2).
- The average household income for PH95 children with TPL resources in CY2020 was \$137,492 as compared to \$91,850 for children without TPL resources (Table 2).
- The median income for households with a PH95 child and TPL resource was \$110,241 as compared to \$69,539 for those without a TPL resource.

Table 2. Number of PH95 Children and Household Members by Household Annual Income, With or Without TPL - CY2020*						
Household Income Group (\$)		Number of Children	Percentage	Average Number in Household	Average Household Income	Median Household Income
With TPL	<50,000	4,281	4.9%	3.1	\$137,492	\$110,241
	50,000 - 74,999	10,744	12.2%	3.7		
	75,000 - 99,999	12,995	14.8%	4.0		
	100,000 - 199,999	28,797	32.8%	4.1		
	≥ 200,000	8,925	10.2%	4.2		
	Subtotal	65,742	74.9%	--		
Without TPL	<50,000	5,358	6.1%	3.0	\$91,850	\$69,539
	50,000 - 74,999	7,014	8.0%	3.6		
	75,000 - 99,999	4,348	5.0%	3.9		
	100,000 - 199,999	4,479	5.1%	4.1		
	≥ 200,000	799	0.9%	4.2		
	Subtotal	21,998	25.1%	--		
Total		87,740	100.0%	--		

Source: DHS Enterprise Data Warehouse and FADS.

*In CY2020, 87,740 out of 87,832 PH95 children with household income information were included in the analysis. Income information for 92 children was unavailable in the source data.

Household Size

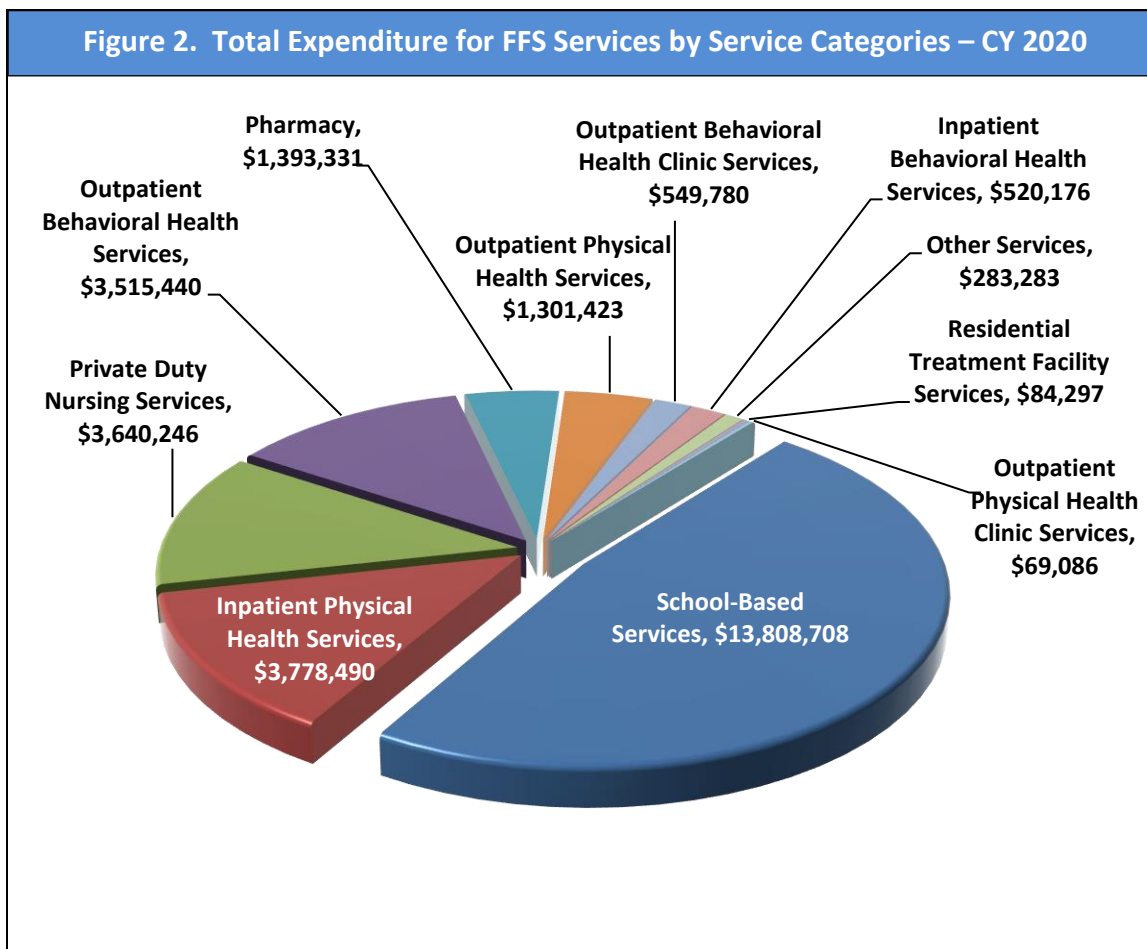
- On the average, there were four household members in each PH95 child’s family in CY2020 (Table 2). Families with higher household income tended to have more household members.
- In general, groups with higher household income (more than \$75,000) had one more family member than those with the lowest household income (less than \$50,000).

MA PROGRAM SERVICES AND EXPENDITURES

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

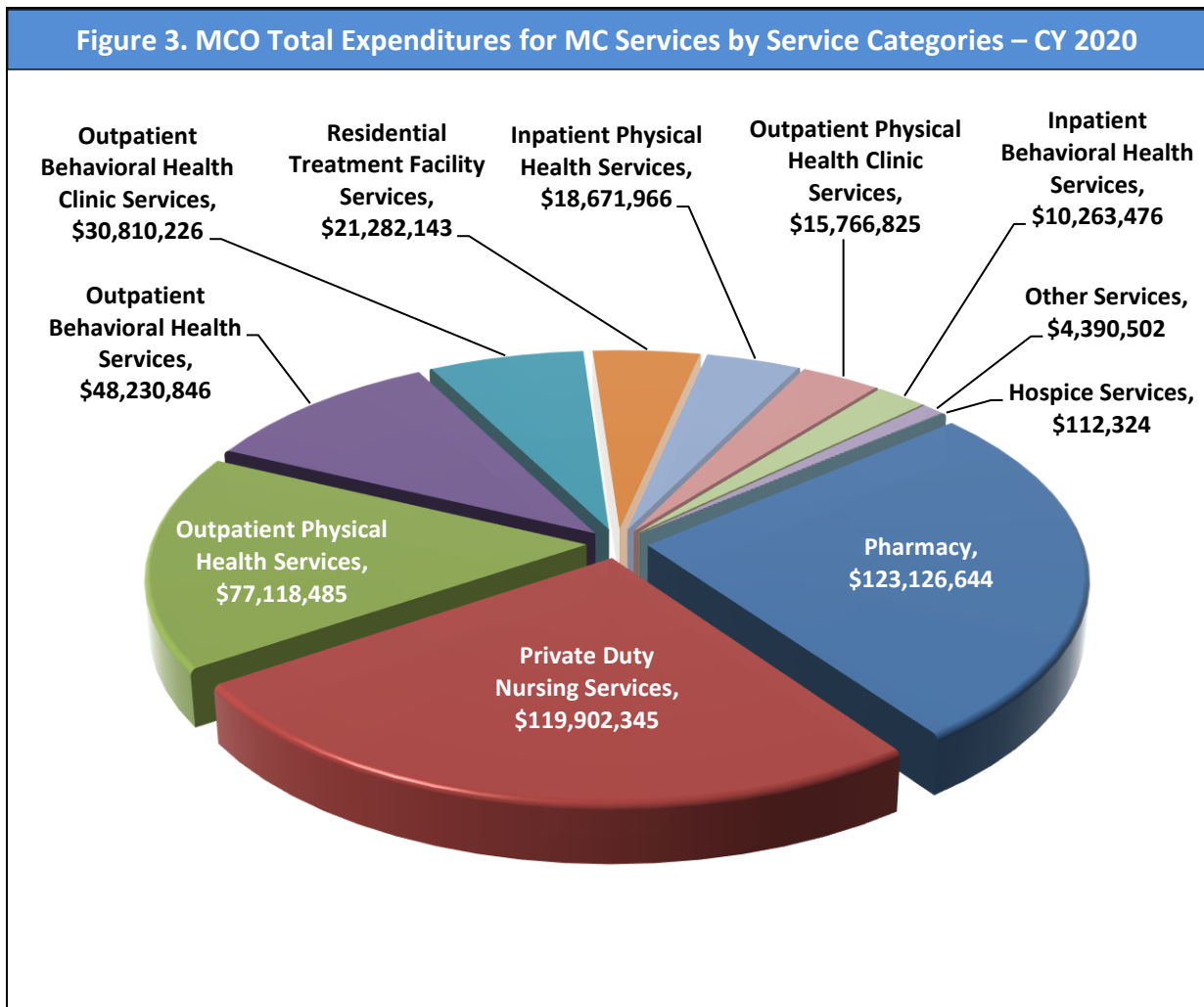
PH95 Expenditures by Service Categories

- In CY2020, the MA Program paid \$28,944,259 for services delivered through the FFS system to PH95 children. This was about 33.6% decrease compared to the previous year's expenditures of \$43,617,844.
- School-based services, which had \$13,808,708 in expenditures in CY2020, accounted for the greatest portion of the FFS expenditures, because MA pays for all children receiving these services through FFS delivery system including children enrolled in the MC delivery system. School-based services played a major role in the decrease in the overall FFS expenditures in CY2020. Inpatient physical health services followed at a distant second with \$3,778,490 in expenditures.



Source: DHS Enterprise Data Warehouse.

- MA MCOs paid \$469,675,780 to providers that delivered services to PH95 children through the MC delivery system in CY2020. This was a decrease of about 12.6% compared to the previous year's expenditures of \$537,314,964.
- As shown in Figure 3, pharmacy was the highest expenditure for PH95 children by MA MCOs totaling \$123,126,644. The second highest MCO expenditure was for private duty nursing services, which totaled \$119,902,345.



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 CY2020, with 19,859 PH95 children with this diagnosis (Table 3).
- Autism spectrum disorders (16,350) and attention-deficit hyperactivity disorders (15,118) were the second and third most frequent diagnoses respectively.

Table 3. Common Behavioral and Physical Disorders - CY2020*		
Rank	Diagnosis	Number of Children
1	Respiratory disorders	19,859
2	Autism spectrum disorders	16,350
3	Attention-deficit hyperactivity disorders (ADHD)	15,118
4	Visual disorders	12,832
5	Hearing disorders	12,481
6	Anxiety disorders	9,736
7	Lack of expected normal physiological development	7,265
8	Depressive disorders	6,336
9	Asthma	4,848
10	Urinary disorders	4,108

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 CY2020

County	Number of PH95 Children	Percentage	County	Number of PH95 Children	Percentage
ADAMS	728	0.8%	LACKAWANNA	1,131	1.3%
ALLEGHENY	8,821	10.0%	LANCASTER	4,824	5.5%
ARMSTRONG	516	0.6%	LAWRENCE	496	0.6%
BEAVER	1,347	1.5%	LEBANON	1,146	1.3%
BEDFORD	266	0.3%	LEHIGH	2,714	3.1%
BERKS	2,771	3.2%	LUZERNE	1,595	1.8%
BLAIR	1,018	1.2%	LYCOMING	777	0.9%
BRADFORD	313	0.4%	MCKEAN	272	0.3%
BUCKS	6,707	7.6%	MERCER	706	0.8%
BUTLER	1,861	2.1%	MIFFLIN	190	0.2%
CAMBRIA	708	0.8%	MONROE	846	1.0%
CAMERON	64	0.1%	MONTGOMERY	8,316	9.5%
CARBON	350	0.4%	MONTOUR	128	0.1%
CENTRE	839	1.0%	NORTHAMPTON	2,185	2.5%
CHESTER	5,137	5.8%	NORTHUMBERLAND	430	0.5%
CLARION	254	0.3%	PERRY	312	0.4%
CLEARFIELD	608	0.7%	PHILADELPHIA	3,613	4.1%
CLINTON	275	0.3%	PIKE	349	0.4%
COLUMBIA	344	0.4%	POTTER	87	0.1%
CRAWFORD	453	0.5%	SCHUYLKILL	731	0.8%
CUMBERLAND	1,735	2.0%	SNYDER	264	0.3%
DAUPHIN	1,406	1.6%	SOMERSET	334	0.4%
DELAWARE	4,466	5.1%	SULLIVAN	34	0.0%
ELK	411	0.5%	SUSQUEHANNA	212	0.2%
ERIE	1,865	2.1%	TIOGA	151	0.2%
FAYETTE	523	0.6%	UNION	258	0.3%
FOREST	28	0.0%	VENANGO	279	0.3%
FRANKLIN	730	0.8%	WARREN	336	0.4%
FULTON	95	0.1%	WASHINGTON	1,990	2.3%
GREENE	197	0.2%	WAYNE	273	0.3%
HUNTINGDON	306	0.3%	WESTMORELAND	2,862	3.3%
INDIANA	543	0.6%	WYOMING	135	0.2%
JEFFERSON	406	0.5%	YORK	3,631	4.1%
JUNIATA	134	0.2%	TOTAL	87,832	100.0%

Source: DHS: Enterprise Data Warehouse.

Appendix II: Service Categories' Definition

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, 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 – 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.