

**MEDICAL ASSISTANCE  
FOR CHILDREN WITH DISABILITIES  
2021 REPORT**



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**Commonwealth of Pennsylvania  
Department of Human Services**

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## EXECUTIVE SUMMARY

This is the 19<sup>th</sup> 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) 2021. 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 2021 was 86,365 children; a decrease of 1.7% over the previous year’s enrollment of 87,832 children. Most PH95 children (94.7%) 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 CY 2021. Allegheny County continued having the most enrolled PH95 children with 8,993 children.
- Among the 86,365 enrolled PH95 children in CY 2021, 46.1% of them were enrolled in the MA Program for one to five years; 38.9% of them were enrolled in the MA Program for over five years, while the rest of the PH95 children (15%) 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 \$135,104 and \$107,465, respectively. This was a decrease of 1.7% and 2.5% respectively from the previous year’s report.
- 76.4% of households with at least one PH95 child had TPL resources in CY 2021, an increase of 2% from the prior year.
- The average and median household annual incomes for the PH95 children without TPL resources was \$88,507 and \$66,914, respectively. This was a decrease of 3.6% and 3.8% respectively from the previous year.
- The average number of household members for PH 95 children ranged from two to four regardless of household income in CY 2021. Families with higher household income tended to have more household members.
- In CY 2021, the MA Program paid \$35,039,478 to enrolled providers who delivered services to PH95 children through the FFS delivery system. This was an increase of 21% from the previous year.
- In terms of the service categories, school-based services had the highest FFS expenditures (\$20,304,620). The growth of expenditures for school-based services played a major role

in the increase of overall FFS expenditures in CY2021. Inpatient physical health services were a distant second with \$4,909,060 in FFS expenditures.

- MA Managed Care Organizations (MCOs) paid \$485,189,182 to providers who delivered services to PH95 children through the MC delivery system. This was an increase of 3.3% from the prior year.
- MCOs' highest expenditures were for pharmacy services, totaling \$128,746,983. Private duty nursing services had the next highest expenditures paid by the MCOs, totaling \$119,564,819.
- Respiratory disorders, autism spectrum disorders, and attention-deficit hyperactivity disorders were the top three categories of diagnoses reported as the reasons for treatment in CY 2021.

## 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 2021 Report is the 19<sup>th</sup> 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 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.

### 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.

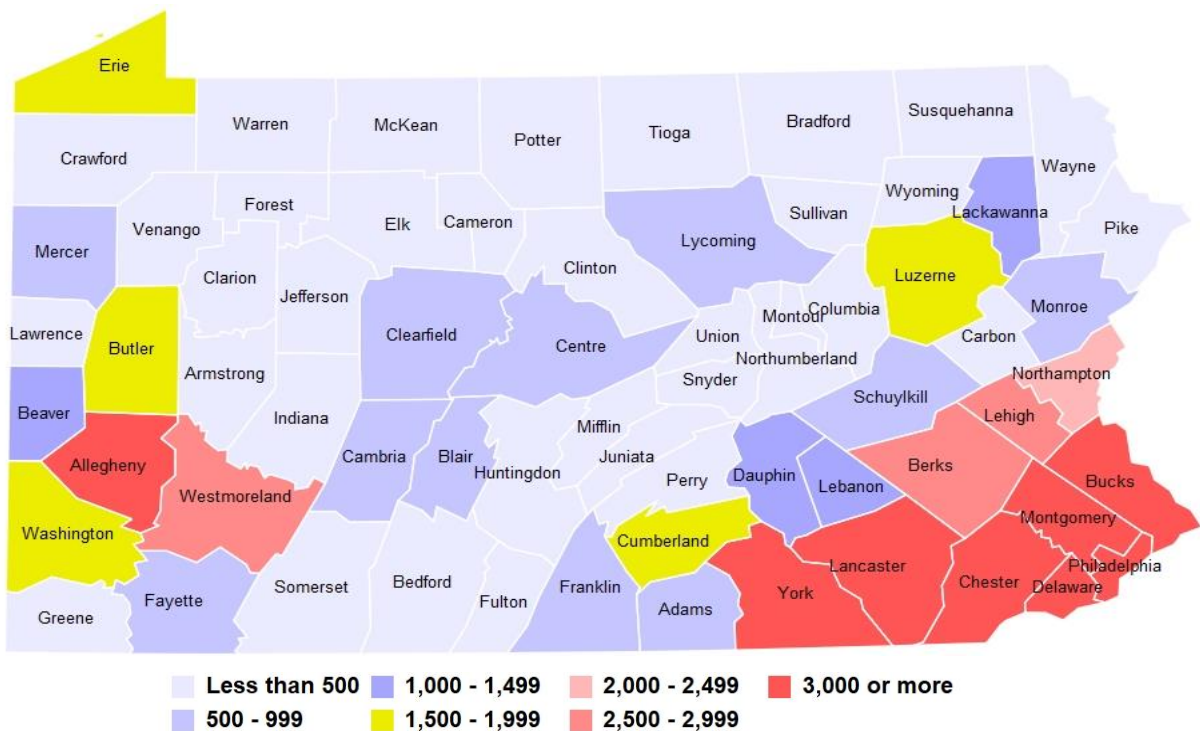
## DEMOGRAPHICS

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 2021 calendar year, regardless of whether the child’s eligibility was discontinued at any time during the year.

### Number of PH95 Enrollees

- In CY 2021, the number of PH95 children enrolled in the MA Program in Pennsylvania was 86,365. There was a 2.2% reduction in enrollment in the MC delivery system and an 8.4% increase in enrollment in the FFS delivery system. The changes in enrollment in both the MC and FFS delivery systems resulted in an overall decline in enrollment of 1.7% from CY 2020. Most PH95 children (94.7%) were enrolled in the MC delivery system in CY 2021.

**Figure 1. County Map: Number of PH95 Children in Pennsylvania - CY 2021**



Source: DHS Enterprise Data Warehouse.

## County of Residence

- Allegheny County had the largest number of PH95 children, with 8,993 children enrolled in the MA Program (Figure 1).
- A high number of PH95 children were from the following counties: Allegheny, Montgomery, Bucks, Chester, Lancaster, Delaware, Philadelphia, and York (Figure 1).
- Approximately 52% of PH95 children lived in counties with 3,000 or more PH95 children during CY 2021.
- Half of the counties in Pennsylvania had fewer than 500 PH95 children enrolled in the MA Program in CY 2021.

## Length of Enrollment

- In CY 2021, 46.1% of PH95 children were enrolled in the MA Program for more than one year but less than five years, and 38.9% were enrolled in the MA Program for more than five years.
- Approximately 15% of PH95 children were enrolled in the MA Program for less than one year in CY 2021.

Table 1. PH95 Children by Length of Enrollment - CY 2021		
Length of Enrollment	Number of Children	Percentage*
< 6 Month	6,614	7.7%
6 Months to < 1 Year	6,311	7.3%
1 Year to 5 Years	39,801	46.1%
> 5 Years	33,639	38.9%
<b>Total</b>	<b>86,365</b>	<b>100.0%</b>

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 (76.4%) of PH95 children with available household income information had a TPL resource in CY 2021 (Table 2).
- 42% of PH95 children with available household income information who had a TPL resource were in families with household income greater than \$100,000.

- 14% 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 CY 2021 was \$135,104 as compared to \$88,507 for children without TPL resources (Table 2).
- The median income for households with a PH95 child and TPL resource was \$107,465 as compared to \$66,914 for those without a TPL resource.

<b>Table 2. Number of PH95 Children and Household Members by Household Annual Income, With or Without TPL - CY 2021*</b>						
<b>Household Income Group (\$)</b>		<b>Number of Children</b>	<b>Percentage</b>	<b>Average Number in Household</b>	<b>Average Household Income</b>	<b>Median Household Income</b>
<b>With TPL</b>	<b>&lt;50,000</b>	6,433	7.5%	2.4	\$135,104	\$107,465
	<b>50,000 - 74,999</b>	10,842	12.6%	3.4		
	<b>75,000 - 99,999</b>	12,260	14.2%	3.8		
	<b>100,000 - 199,999</b>	27,335	31.7%	4.0		
	<b>≥ 200,000</b>	9,061	10.5%	4.1		
	<b>Subtotal</b>	<b>65,931</b>	<b>76.4%</b>	--		
<b>Without TPL</b>	<b>&lt;50,000</b>	5,978	6.9%	2.5	\$88,507	\$66,914
	<b>50,000 - 74,999</b>	5,863	6.8%	3.4		
	<b>75,000 - 99,999</b>	3,650	4.2%	3.7		
	<b>100,000 - 199,999</b>	4,033	4.7%	3.9		
	<b>≥ 200,000</b>	802	0.9%	4.1		
	<b>Subtotal</b>	<b>20,326</b>	<b>23.6%</b>	--		
<b>Total</b>		<b>86,257</b>	<b>100%</b>	--		

Source: DHS Enterprise Data Warehouse and FADS.

\*In CY 2021, 86,257 out of 86,365 PH95 children with household income information were included in the analysis. Income information for 108 children was unavailable in the source data.

## Household Size

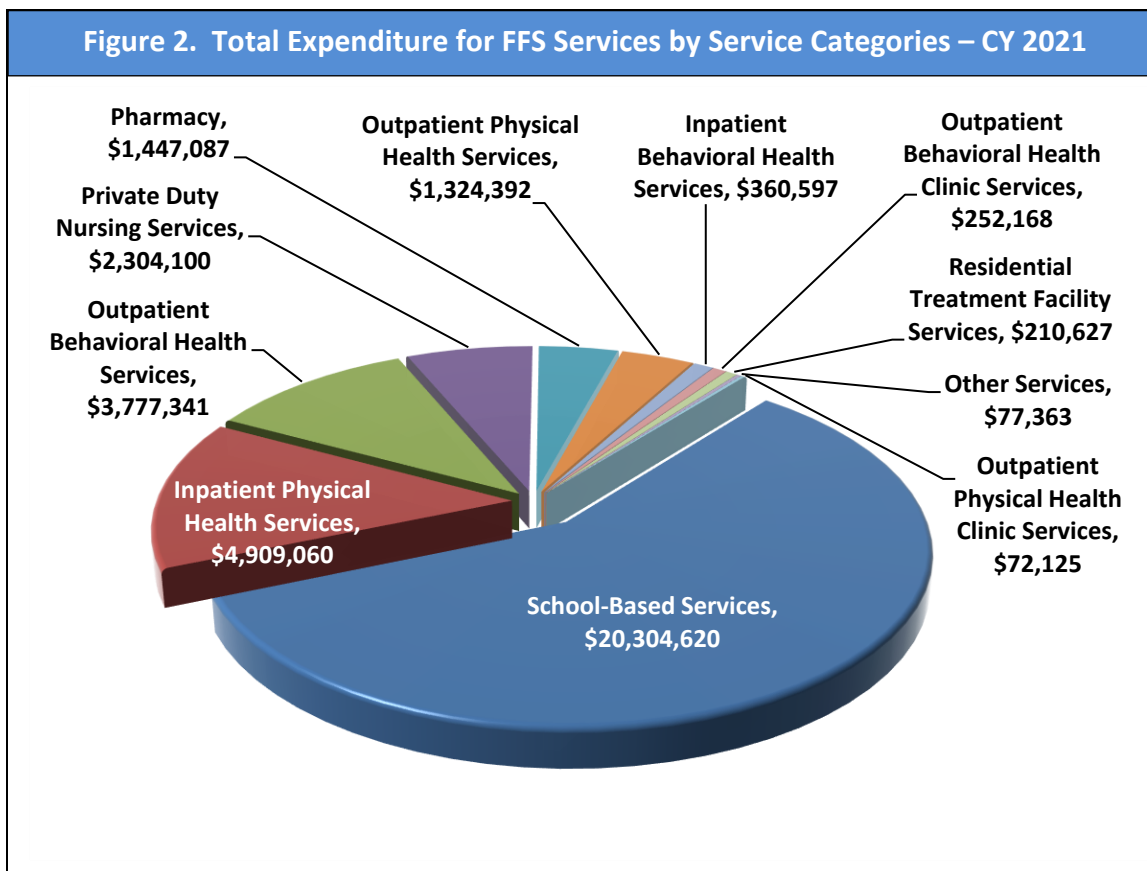
- The average number of household members ranged from two to four regardless of household income in CY 2021 (Table 2). Families with higher household income tended to have more household members.
- In general, households with higher income (more than \$75,000) had one or two more family members than households 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 is remitted directly by the MA Program to these providers. The MCOs pay providers enrolled in their provider networks and, in some cases, out of network providers, for services delivered to PH95 children.

### PH95 Expenditures by Service Categories

- In CY 2021, the MA Program paid \$35,039,478 for services delivered through the FFS system to PH95 children. This was about a 21% increase compared to the previous year's expenditures of \$28,944,259.
- School-based services, which had \$20,304,620 in expenditures in CY 2021, 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 \$4,909,060 in FFS expenditures.

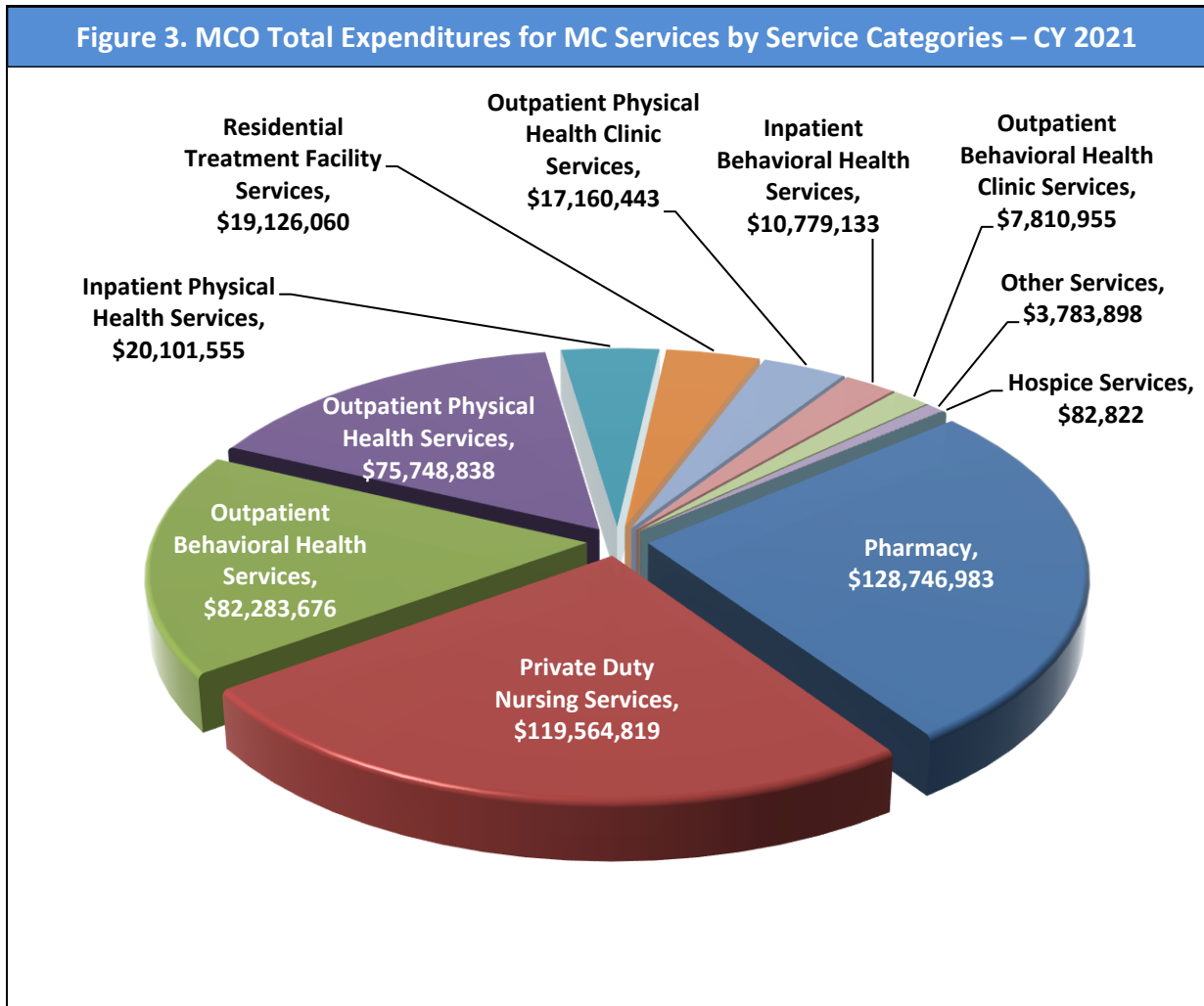


Note: The expenditures in school-based services increased by 47% in CY2021 compared to CY2020 because schools were closed due to the public health emergency cause by the COVID 19 pandemic.

Source: DHS Enterprise Data Warehouse.



- MA MCOs paid \$485,189,182 to providers that delivered services to PH95 children through the MC delivery system in CY 2021. This was an increase of about 3.3% compared to the previous year's expenditures of \$469,675,780.
- As shown in Figure 3, pharmacy was the highest expenditure for PH95 children by MA MCOs totaling \$128,746,983. The second highest MCO expenditure was for private duty nursing services, which totaled \$119,564,819.



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 2021, with 19,429 PH95 children with this diagnosis (Table 3).
- Autism spectrum disorders (16,145) and attention-deficit hyperactivity disorders (14,654) were the second and third most frequent diagnoses respectively.

<b>Table 3. Common Behavioral and Physical Disorders - CY 2021*</b>		
<b>Rank</b>	<b>Diagnosis</b>	<b>Number of Children</b>
1	Respiratory disorders	19,429
2	Autism spectrum disorders	16,145
3	Attention-deficit hyperactivity disorders (ADHD)	14,654
4	Visual disorders	13,657
5	Hearing disorders	12,027
6	Anxiety disorders	10,333
7	Lack of expected normal physiological development	7,635
8	Depressive disorders	6,306
9	Asthma	4,825
10	Urinary disorders	4,118

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 2021

County	Number of PH95 Children	Percentage	County	Number of PH95 Children	Percentage
ADAMS	676	0.8%	LACKAWANNA	1,122	1.3%
ALLEGHENY	8,993	10.4%	LANCASTER	4,561	5.3%
ARMSTRONG	494	0.6%	LAWRENCE	490	0.6%
BEAVER	1,353	1.6%	LEBANON	1,126	1.3%
BEDFORD	244	0.3%	LEHIGH	2,711	3.1%
BERKS	2,711	3.1%	LUZERNE	1,544	1.8%
BLAIR	976	1.1%	LYCOMING	739	0.9%
BRADFORD	339	0.4%	MCKEAN	254	0.3%
BUCKS	6,721	7.8%	MERCER	686	0.8%
BUTLER	1,925	2.2%	MIFFLIN	181	0.2%
CAMBRIA	651	0.8%	MONROE	790	0.9%
CAMERON	51	0.1%	MONTGOMERY	8,329	9.6%
CARBON	376	0.4%	MONTOUR	123	0.1%
CENTRE	841	1.0%	NORTHAMPTON	2,183	2.5%
CHESTER	5,177	6.0%	NORTHUMBERLAND	398	0.5%
CLARION	243	0.3%	PERRY	290	0.3%
CLEARFIELD	559	0.6%	PHILADELPHIA	3,501	4.1%
CLINTON	256	0.3%	PIKE	331	0.4%
COLUMBIA	338	0.4%	POTTER	86	0.1%
CRAWFORD	450	0.5%	SCHUYLKILL	706	0.8%
CUMBERLAND	1,716	2.0%	SNYDER	235	0.3%
DAUPHIN	1,394	1.6%	SOMERSET	324	0.4%
DELAWARE	4,329	5.0%	SULLIVAN	35	0.0%
ELK	380	0.4%	SUSQUEHANNA	204	0.2%
ERIE	1,778	2.1%	TIOGA	136	0.2%
FAYETTE	531	0.6%	UNION	232	0.3%
FOREST	28	0.0%	VENANGO	277	0.3%
FRANKLIN	744	0.9%	WARREN	334	0.4%
FULTON	80	0.1%	WASHINGTON	1,977	2.3%
GREENE	188	0.2%	WAYNE	255	0.3%
HUNTINGDON	284	0.3%	WESTMORELAND	2,843	3.3%
INDIANA	493	0.6%	WYOMING	138	0.2%
JEFFERSON	367	0.4%	YORK	3,404	3.9%
JUNIATA	134	0.2%	TOTAL	86,365	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.