

**MEDICAL ASSISTANCE
FOR PH-95 CHILDREN
2011 REPORT**



**Commonwealth of Pennsylvania
Department of Public Welfare
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EXECUTIVE SUMMARY

This is the ninth report released by the Department since 2005 in response to the legislative mandate (Act 1A of 2005) to provide information regarding certain children enrolled in the Medical Assistance (MA) Programs whose parental income was not taken into consideration in determining their MA eligibility. These children are identified by eligibility category PH-95. This report covers calendar year 2011.

The following provides some of the major findings of the report.

- There was an 8.8% annual increase in the number of PH-95 children from 2010 to 2011. – i.e., from 57,166 children in 2010 to 62,175 in 2011. This was 5,009 more children. (p. 8)
- Allegheny County continues to have the largest number of PH-95 children (6,005) and showed the largest increase (641) in the number of children enrolled in 2011, among all counties statewide. However, high numbers of PH-95 children were clustered in the southeast part of the state – in Montgomery, Bucks, Lancaster, Chester and Delaware Counties, respectively (p. 8)
- In terms of Income and Third Party Insurance, based on available data, approximately 78% of PH-95 children were in households with Third Party Insurance coverage, with 3,221 children members of households earning over \$200,000. This represented about 5% of the children in the program. (p. 12)
- Pervasive Development Disorders, such as Asperger's Syndrome, Atypical Childhood Psychosis, and Autism, continued to be the most prevalent Diagnoses among PH-95 children in 2011, followed by those diagnosed with an Attention Deficit Disorder. (p.16)
- Total DPW Expenditures for PH95 children increased in 2011 by \$55.7 million, or 7.9%, from \$708.5 million in 2010 to \$764.2 million in 2011. (pp. 22-3)
- Approximately 85% of total MA Expenditures for PH-95 children were paid for through Managed Care Capitation payments. (p. 22)
- The Fee-For-Service (FFS) Expenditures paid to service providers for PH-95 children in 2011 increased by almost \$2.7 million (2.5%) from about \$108 million in 2010 to \$110.6 million in 2011. The total Capitation payments for PH-95 children in the Managed Care delivery system in 2011 increased for Physical Health Services by over \$47.3 million (14.4%) from \$328.9 million in 2010 to about \$376.3 million in 2011 and for Behavioral Health Services by almost \$5.3 million (1.9%) from \$271.4 million in 2010 to about \$276.6 million in 2011. (p. 22)
- Of the total \$653 million Managed Care Capitation payments, Physical Health Services were over \$99.6 million more than Behavioral Health Services.

Physical Health Services represented nearly 58%, Behavioral Health Services approximately 42%, and Maternity Care less than 1%. (p. 31)

- School-based services accounted for almost 49% of the Total FFS Expenditures for PH-95 children. This was more than twice the amount spent on Outpatient Physical Health Services, the next most costly Fee For Service. School-Based Services were utilized by 21,135 or 35% of all PH-95 children. (p. 24-25).
- Outpatient Behavioral Health Services continued to account for the largest portion of all Expenditures by the MCOs for the PH-95 children or \$132.4 million in 2011. This also was true for MCO Expenditures for all Ages. (p. 41, 43-47)
- The two highest MCO Average Cost per Child Services in 2011 were for Institutional Care Services (4 children with an Average Cost per Child of \$70,274) and Private Duty Nursing Services (559 children with an annual Average Cost per Child of \$61,717). These Expenditures far exceeded the MCO Average Cost per Child (\$6,452) for all PH-95 children within all Service Categories. (p. 41)
- Approximately 11% of combined FFS and MCOs Expenditures for PH-95 children were for Pharmacy Services. Of the total Pharmacy Expenditures, about 55% were associated with Physical Health and 45% with Behavioral Health. (pp. 24, 33, 42, 48)
- For Managed Care Physical Health drugs, Growth Hormones (e.g., Norditropin, Nutropin, Genotropin) accounted for the largest Expenditures for PH-95 children (approximately \$2.1 million) and Insulins ranked second (about \$1.3 million). (p. 49)
- For Managed Care Behavioral Health drugs, those used to treat Attention Deficit-Hyperactivity (ADHD)/ Narcolepsy - e.g., Concerta, Focalin, Methylin) accounted for the highest Expenditures for PH-95 children (approximately \$3.9 million) followed by Antipsychotics, Atypical, D2 Partial Antagonist/5HT Mixed (e.g., Abilify) with expenditures of approximately \$2.6 million. (p. 51)

INTRODUCTION

This report provides certain committees of the Pennsylvania Senate, House of Representatives, and other interested members of the general public with the information requested in Act 1A of 2005 regarding disabled children enrolled in the Medical Assistance (MA) Programs. These disabled children are identified by MA category and program status code PH-95. For PH-95 children, parental income is not considered in determining their MA eligibility. Following the similar formatting of previously released reports, this report analyzes the demographic information of PH-95 children, their services utilization, and the cost of services provided under both the Fee-for-Service (FFS), including ACCESS Plus, and MA Managed Care delivery systems during calendar year 2011.

Background

Act 1A of 2005, the Appropriations Act of 2005, requires the Department of Public Welfare (the Department) to submit an annual report to the Legislature on PH-95 children enrolled in the MA Programs as follows:

“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.”

This is the ninth report released by the Department since 2005 on PH-95 children in response to the legislative mandates.

Methodology

Data for the analysis was collected from two offices within the Department.

The Office of Income Maintenance (OIM) provided information on eligible children's household income, family size, length of eligibility, and the disability diagnoses information provided in Appendix I. This information is collected at County Assistance Offices (CAOs), where caseworkers determine eligibility for MA. Eligible children with SSI-level of disability whose parents' income is not considered in the eligibility determination process are identified by eligibility category PH-95. The information documenting the disability of most children assigned to this category is sent to a contracted Medical Review Team (MRT), which certifies the child's disability using the Social Security Administration's (SSA) rules and regulations. The MRT, then, reports the results of their determination to the CAOs. Children receiving SSI at

the time of MA application are not referred to the MRT because it is assumed that the SSA has already verified their disability.

After Act 7A of 2002 of the State Fiscal Year 2002-2003 budget was passed, the Department of Public Welfare was granted authority to require all families submit information about their household income, family size and length of residency in Pennsylvania. After January 1, 2003, CAOs began collecting this information for new applications and additional income information was compiled when families reached their annual redeterminations.

The Office of Medical Assistance Programs (OMAP) stores, in the Enterprise Data Warehouse (EDW) and the Fraud and Abuse Detection System (FADS), information about enrollees' eligibility dates, demographic information third party insurance information, types and costs of medical services, and diagnoses. This information is loaded from the Department's claim processing system, PA PROMISE™ and the Client Information System (CIS).

Physical Health services are provided through two delivery systems: Fee-for-Service (FFS), including ACCESS Plus, and Managed Care (MC). Behavioral Health services are delivered primarily through the MC system, with approximately 11.2% of eligibles continuing to be served in the FFS system (however, PH-95 children accounted for only about 5% in 2011).

Data on eligibility dates and demographic information on PH-95 children was extracted from the Eligibility File. Diagnosis and related types and costs of services through FFS delivery system were extracted from the Paid Claims History. Data on Capitation payments for Managed Care members was obtained from the Capitation History, available in EDW. FADS provided data on Managed Care and Third Party Insurance (TPL).

Limitations

Service records from FFS include the latest claims adjudicated through mid-October 2012 for services during 2011. Service records furnished by Managed Care include the latest services approved by PA PROMISE™ (DPW's claims processing system) as of October 2012. Data limitations are noted within this report.

Description of Report Format

This document provides information in three parts.

Part I is the demographic information on PH-95 children. Analysis utilized the Enterprise Data Warehouse (EDW) containing information on those children eligible in 2011 and were younger than 21 during that year. Information on Third Party Liability (TPL) was available through FADS.

Analysis of information on household income, family size, and length of eligibility for the eligible children is based on available PH-95 data from OIM. The numbers for eligible children are noted within each table.

Analysis of diagnosis in Part I utilizes the first three digits of the ICD-9 diagnosis codes from MA paid service records and may not reflect the primary diagnosis of these children. Analysis of diagnosis determined through MRT referral is presented in Appendix I. The Top diagnoses, based on the first four digits of ICD-9 diagnosis codes in paid service records, considers more specific health conditions and are presented in Appendix II.

Analysis of demographic information of PH-95 children was based on county of residence, age group, household income group, length of eligibility, as well as health service delivery system (FFS vs. Managed Care).

Age group analysis was conducted for the following four Age groups:

- Between 0 to 5
- Between 6 to 12
- Between 13 to 17
- Between 18 to 20

Analysis by household income was based on annual household Income and Third Party Liability (TPL) availability:

- Income less than \$50,000 with TPL
- Income between \$50,000 and \$75,000 with TPL
- Income over \$75,000 but less than \$100,000 with TPL
- Income between \$100,000 and \$200,000 with TPL
- Income greater than \$200,000 with TPL
- Income less than \$50,000 without TPL
- Income between \$50,000 and \$75,000 without TPL
- Income over \$75,000 but less than \$100,000 without TPL
- Income between \$100,000 and \$200,000 without TPL
- Income greater than \$200,000 without TPL

Part II provides information on MA expenditures for PH-95 children identified in Part I. MA expenditures consist of payments made to MA enrolled service providers via Fee-for-Service (FFS) delivery system, including ACCESS Plus, Capitation payments made for disease management services through ACCESS Plus, and Capitation payments made to MA Managed Care Organizations (MCOs) for Managed Care members identified in Part I. The average monthly Cost per Member per Month for the entire program and by delivery system is presented in Appendix III. Analysis of types and costs of Services rendered by FFS were grouped by the following Services:

- Home and Community-Based Waiver Services
- Hospice Services
- Inpatient Behavioral Health Services
- Inpatient Physical Health Services
- Institutional Care Services
- Outpatient Behavioral Health Facility Services
- Outpatient Behavioral Health Services
- Outpatient Physical Health Facility Services
- Outpatient Physical Health Services
- Pharmacy Services
- Private Duty Nursing Services
- Residential Treatment Facility Services
- School-Based Services
- Skilled Nursing Facility Services

Definitions for these service categories are available in Appendix IV.

Part III provides information on services delivered by MCOs to PH-95 children identified in Part I. The same service categories were utilized for both MCOs and FFS service analysis -- with the exception of School-Based Services, which only are paid through FFS.

Key Facts on Medical Assistance for PH-95 Children, PH-95, 2011

•	Total Number of Children in Eligibility Category PH-95	62,175
•	Fee for Service Enrollment*	
	Physical Health (includes ACCESS Plus)	17,027
	Behavioral Health	3,336
•	Managed Care (MC) Enrollment**	
	Physical Health	45,148
	Behavioral Health	58,839
	Physical and Behavioral Health (both)	45,109
•	Total DPW Expenditure***	\$764,160,828.77
	Federal Share	\$448,037,734.78
	State Share	\$316,123,093.99
•	Total Amount Paid by Managed Care ****	\$317,729,062.27

* Numbers include the distinct count of children with no Managed Care Capitation payment throughout the year.

** Numbers include the distinct count of children with at least one Managed Care Capitation payment as PH-95 eligible. Some children enrolled in a Physical Health Managed Care were not enrolled in a Behavioral Health Managed Care, due to eligibility changes during enrollment period.

*** The DPW Expenditures include payments made through October 2012 for services provided during 2011 through FFS, Capitation payments made for beneficiaries enrolled in ACCESS Plus, and Capitation payments made to Managed Care Organizations for enrollees in Managed Care.

**** The Department did not pay this amount. This was the total amount that MCOs paid to their providers, based on PROMISE approved MCOs' service records. .

ANALYSIS OF PH-95 CHILDREN ON MEDICAL ASSISTANCE

PART I: Demographic Profile

Total PH-95 Enrollees

A total of 62,175 PH-95 children were enrolled some time in 2011. This was an 8.8% increase from 2010 (57,166 enrollees).

County of Residence

Table 1 lists the number and percent of PH-95 children by county of residence. Any child enrolled in 2011 was counted regardless if the child became ineligible later in the year. While only 1% of enrollees moved to another county, duplication of count was avoided by assigning each enrollee to only one county.

Figure 1 maps PH-95 children by county.

- Though the largest number of these children resided in Allegheny County, in the southwest region surrounding Pittsburgh, most of the counties with a propensity for PH-95 children clustered in the southeast region outside of Philadelphia – i.e., Montgomery, Bucks, Lancaster, Chester, and Delaware counties.
- In comparison to 2010 figures, the number of PH-95 children increased in all counties except Fulton, Monroe, and Pike Counties, in 2011. Allegheny, Chester, and Lancaster Counties showed the greatest increases -- 641, 463, and 356 children, respectively.

Demographic Profile (Continued)

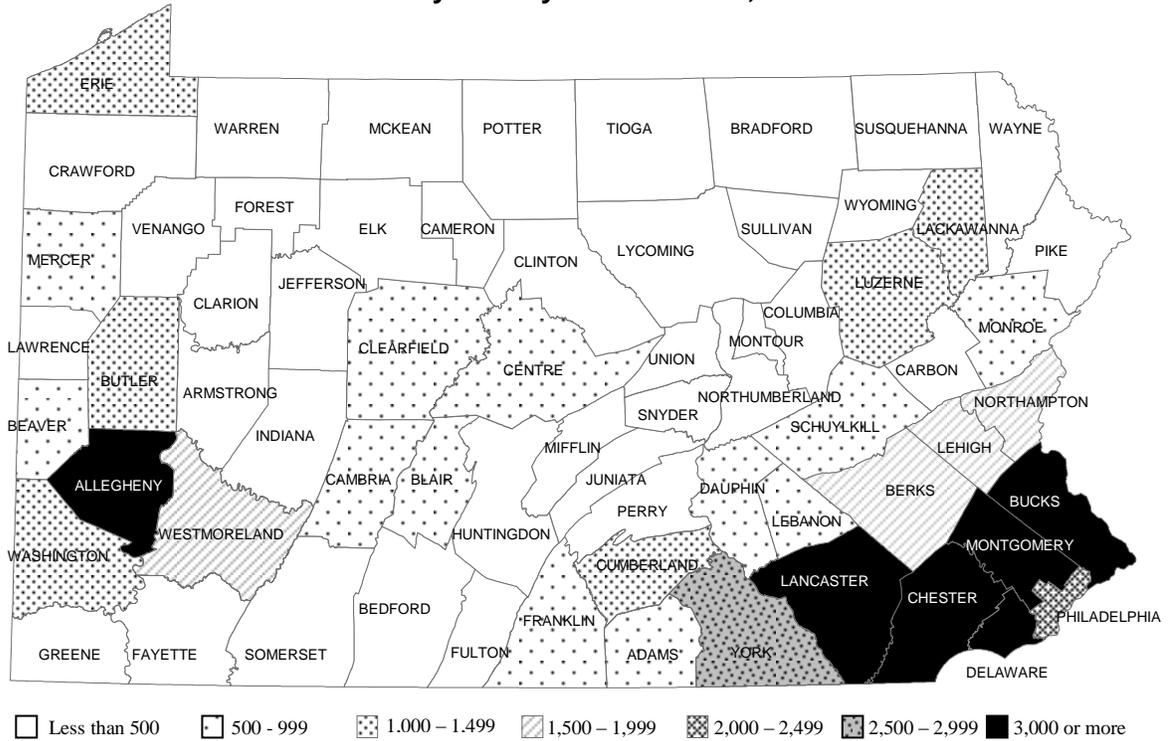
Table 1: Number and Percent of PH-95 Children by County of Residence, 2011

County	Enrolled	Percent of Total
Adams	569	0.92%
Allegheny	6,005	9.66%
Armstrong	393	0.63%
Beaver	770	1.24%
Bedford	221	0.36%
Berks	1,960	3.15%
Blair	728	1.17%
Bradford	241	0.39%
Bucks	4,384	7.05%
Butler	1,278	2.06%
Cambria	515	0.83%
Cameron	54	0.09%
Carbon	306	0.49%
Centre	664	1.07%
Chester	3,435	5.52%
Clarion	222	0.36%
Clearfield	536	0.86%
Clinton	219	0.35%
Columbia	289	0.46%
Crawford	475	0.76%
Cumberland	1,162	1.87%
Dauphin	991	1.59%
Delaware	3,043	4.89%
Elk	433	0.70%
Erie	1,388	2.23%
Fayette	315	0.51%
Forest	29	0.05%
Franklin	530	0.85%
Fulton	72	0.12%
Greene	103	0.17%
Huntingdon	265	0.43%
Indiana	352	0.57%
Jefferson	318	0.51%
Juniata	100	0.16%
Lackawanna	1,026	1.65%
Lancaster	3,447	5.54%
Lawrence	376	0.60%
Lebanon	829	1.33%
Lehigh	1,907	3.07%
Luzerne	1,377	2.21%
Lycoming	493	0.79%
McKean	236	0.38%
Mercer	679	1.09%
Mifflin	213	0.34%
Monroe	874	1.41%
Montgomery	5,060	8.14%
Montour	128	0.21%
Northampton	1,551	2.49%
Northumberland	384	0.62%
Perry	264	0.42%
Philadelphia	2,145	3.45%
Pike	360	0.58%
Potter	79	0.13%
Schuylkill	614	0.99%
Snyder	195	0.31%
Somerset	235	0.38%
Sullivan	22	0.04%
Susquehanna	163	0.26%
Tioga	114	0.18%
Union	186	0.30%
Venango	215	0.35%
Warren	279	0.45%
Washington	1,280	2.06%
Wayne	277	0.45%
Westmoreland	1,844	2.97%
Wyoming	146	0.23%
York	2,812	4.52%
Total	62,175	100.00%

Source: DPW Enterprise Data Warehouse

Demographic Profile (Continued)

Figure 1: Distribution of PH95 Children in PA by County of Residence, 2011



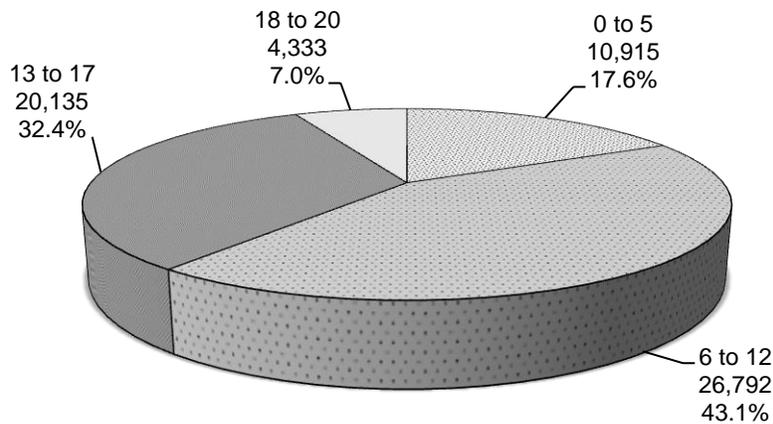
Source: DPW Enterprise Data Warehouse

Demographic Profile (Continued)

Age Group

- As presented in Figure 2, the greatest proportion of PH-95 children in 2011 were ages 6 to 12 (43%) followed by ages 13 to 17 (about 32%).

Figure 2: Number and Percent of PH-95 Children by Age, 2011*



* Age was determined as of December 31, 2011.
Percents may not equal 100% due to rounding.

Source: DPW Enterprise Data Warehouse

Household Income, Third Party Liability (TPL) Insurance, Family Size and Length of Eligibility

Information on household income, family size and length of eligibility for the 62,175 PH-95 children was compiled by OIM . FADS was the source for information on the children's Third Party Liability (TPL) insurance.

Demographic Profile (Continued)

For Average Monthly Income by Household Family Members for PH-95 children, see Table 2.

Table 2: Average* Monthly Income of Household Family Members for PH-95 Children, 2011 (N=62,175)

Household Member	Average Earned Income	Average Unearned Income	Average Total Income
Eligible Child	\$5.66	\$108.31	\$113.97
Mother	\$2,245.50	\$181.85	\$2,427.35
Father	\$4,617.39	\$213.76	\$4,831.14
Other**	\$22.67	\$70.43	\$93.10
Total Household Income	\$6,891.22	\$574.35	\$7,465.56

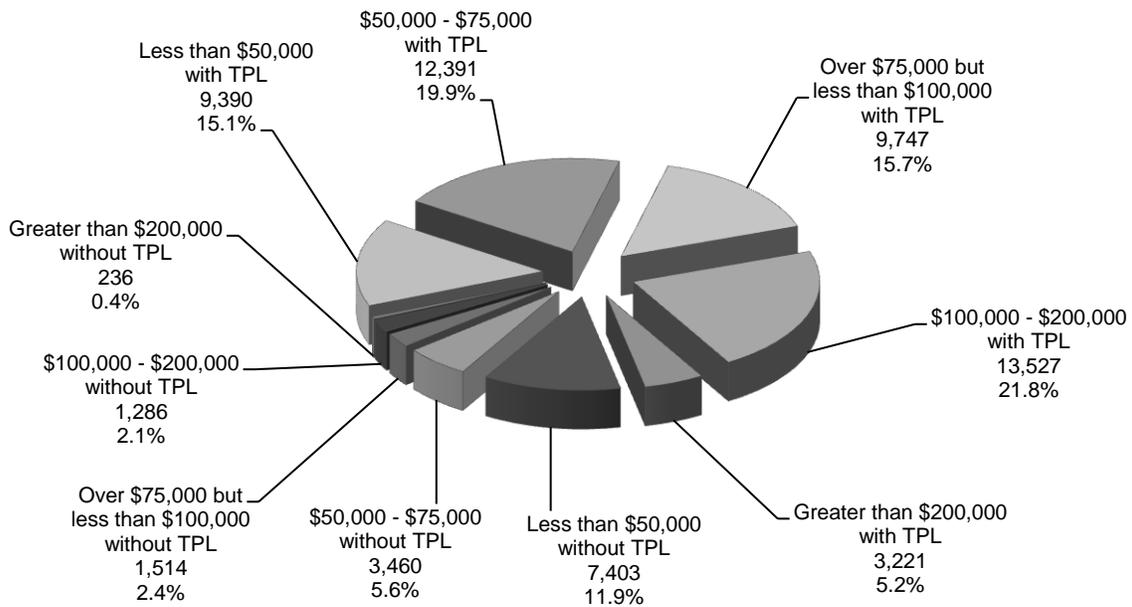
* Average income is based on 12 months of information.

** Other household members include recipient's siblings, nieces, nephews, sons, or daughters.

Source: Office of Income Maintenance (OIM)

- Approximately 78% of PH-95 children live in Households with TPL.
- As per Figure 3, almost 22% of these children were in Households with income between \$100,000 and \$200,000 with TPL while almost 20% were in Households with income between \$50,000 and \$75,000 with TPL.

Figure 3: Number of PH-95 Children by Annual Income, with or without Third Party Liability (TPL), 2011 (N=62,175)*



* Percents may not equal 100% due to rounding.

Source: OIM

Demographic Profile (Continued)

Table 3 shows the number and percent of PH-95 children, by Annual Income, TPL, Total and Average Number of Household Members.

Table 3: Number and Percent of PH-95 Children, Total and Average Number of Household Members by Annual Income *, 2011 (N=62,175)

Income Group	Number of Unique Children	Percent	Total Household Members	Average Number of Members per Household**
With TPL				
Less than \$50,000	9,390	15.1%	31,964	3.4
Between \$50,000 and \$75,000	12,391	19.9%	49,043	4.0
Over \$75,000 but less than \$100,000	9,747	15.7%	40,020	4.1
Between \$100,000 and \$200,000	13,527	21.8%	56,867	4.2
Greater than \$200,000	3,221	5.2%	13,808	4.3
Without TPL				
Less than \$50,000	7,403	11.9%	24,526	3.3
Between \$50,000 and \$75,000	3,460	5.5%	13,736	4.0
Over \$75,000 but less than \$100,000	1,514	2.4%	6,204	4.1
Between \$100,000 and \$200,000	1,286	2.1%	5,451	4.2
Greater than \$200,000	236	0.4%	1,056	4.5
Total	62,175	100%	242,675	3.9

* Annual Income is based on 12 months of information.

** Number of children was used as number of households. It is possible that some eligible children live in the same household, so that actual number of households might be slightly less than actual number of children. In addition to the recipient, Household Members may include recipient's siblings, nieces, nephews, sons, or daughters.

Source: Office of Income Maintenance (OIM)

Table 4 shows the number and percent of PH-95 children by the length of eligibility in Pennsylvania.

- A little over 50% of the children in 2011 had been eligible for over five years.

Table 4: Number and Percent of PH-95 Children by Length of Eligibility in Pennsylvania, 2011 (N=62,096)

Length of Eligibility	Number of Unique Children	Percent
Over 5 Years	31,303	50.4%
1 Year to 5 Years	24,190	39.0%
6 Months to < 1 Year	3,759	6.0%
Less than 6 Months	2,844	4.6%
Total	62,096	100.0%

Source: Office of Income Maintenance (OIM)

Demographic Profile (Continued)

Health Service Delivery System

During 2011, MA services were provided through two delivery systems: Fee-for-Service (FFS), including ACCESS Plus, and Managed Care (MC). When a child became MA eligible in a county where Managed Care was available, either under the HealthChoices mandatory Managed Care program, or a voluntary Managed Care plan, physical health MCO enrollment occurred 30 – 45 days after eligibility begins to allow for the choice of Physical Health MCO and primary care physician. During this period, MA covered Physical Health services were paid, temporarily, under the FFS delivery system. In addition, certain services that were not paid by Managed Care continued to be paid through FFS Delivery System:

- School-Based Services
- Institutional Care Services after 30 days.

Since the statewide implementation of the HealthChoices Behavioral Health Managed Care program in July 2007, the Department provided Behavioral Health services mainly under the Managed Care Program for beneficiaries (including PH-95 children) in all 67 counties.

Table 5 shows the numbers of PH-95 children in 2011 for Physical Health and Behavioral Health. As children move from a Managed Care county to a FFS county, the delivery system for their Physical Health often changes. If children had a record of Managed Care Capitation payments with the total amount greater than \$0 for a Managed Care organization during the year, these children were counted in the Managed Care delivery system; if children had a record of ACCESS Plus Capitation payments with the total amount greater than \$0 for physical health services, these children were counted in the ACCESS Plus delivery system; and the remaining children were counted in the FFS delivery system. Children were counted depending on how services were paid -- via Managed Care Capitations, ACCESS Plus or FFS.

**Table 5: Numbers of PH-95 Children
by Health Care Delivery System, 2011 (N=62,175)**

Service Type	Managed Care	ACCESS Plus	FFS
Physical Health	45,148	12,648	4,379
Behavioral Health	58,839	N/A	3,336

Source: DPW Enterprise Data Warehouse

Demographic Profile (Continued)

Diagnoses

When available, analysis of diagnoses of PH-95 children was based on primary and secondary diagnoses reported in MA paid service records. These exclude dental and drug service records, which do not have diagnosis information, and other paid service records without ICD-9 diagnosis codes. Diagnosis information was available for 49,061 PH-95 children in 2011. Children were counted for each diagnosis once, though they may have received multiple diagnoses within the year. Therefore, to avoid duplication, the number of children is not summed by diagnoses.

Table 6 shows the ten most frequently reported diagnoses for PH-95 children based on the first three digits of the ICD-9 diagnosis codes, unique children with the diagnosis, and examples of most prevalent health conditions for each diagnosis. Tables 7 through 10 present the 10 most frequently reported diagnoses based on the first three digits of the ICD-9 diagnosis codes for these children by age. Appendix II shows the diagnoses subcategories by number of PH-95 children based on the 4th digit of ICD-9 codes.

- Among the 49,061 PH-95 children who had Diagnosis information reported in at least one paid medical service record in 2011, the largest number of children (11,722) were diagnosed with a Pervasive Developmental Disorder (ICD-9 diagnosis code 299). This category includes Asperger's Disorder, Atypical Childhood Psychosis, and Autistic Disorders.
- In 2011, a total of 10,913 PH-95 children had at least one paid service record with a Diagnosis of Hyperkinetic Syndrome of Childhood, such as Attention Deficit Disorders with Hyperactivity and Attention Deficit Disorders without Hyperactivity.

Table 6: Top Diagnoses in Paid Medical Service Records of PH-95 Children, Dates of Service 2011 (N=49,061)

Rank	ICD-9 Diagnosis (3 Digits)	Number of Unique Children*	Examples of the Most Prevalent Conditions
1	Pervasive Developmental Disorders (299)	11,722	Asperger's Disorder, Atypical Childhood Psychosis, Autistic Disorders
2	Hyperkinetic Syndrome of Childhood NEC (314)	10,913	Attention Deficit Disorder With Hyperactivity, Attention Deficit Disorder Without Hyperactivity
3	Acute Pharyngitis (462)	6,351	Acute Sore Throat NOS, Viral Pharyngitis
4	Acute Upper Respiratory Infections of Multiple or Unspecified Sites (465)	5,509	Unspecified Acute Upper Respiratory Infections
5	Suppurative & Unspecified Otitis Media Disorders (382)	5,197	Unspecified Otitis Media Disorders, Sudden/Severe Inflammation of Middle Ear
6	General Symptoms (780)	5,048	Unspecified Fevers, Unspecified Convulsions and Seizures
7	Disorders of Refraction and Accommodation (367)	4,662	Near-sightedness, Far-sightedness, Astigmatisms
8	Acute Sinusitis (461)	4,486	Unspecified Acute Sinusitis, Acute Maxillary Sinusitis
9	Symptoms Concerning Nutrition, Metabolism, and Development (783)	4,395	Late Walker, Late Talker, Inadequate Development, Feeding Difficulties
10	Abnormalities Involving Chest and Respiratory Symptoms (786)	4,332	Cough, Unspecified Chest Pain, Respiratory Distress/Insufficiency, Wheezing, Shortness of Breath

* Unique Count of children is unique for each diagnosis category. Most (76%) of the PH-95 children, with Diagnosis information reported, received a diagnosis within more than one 3-digit ICD-9 classification during 2011.
Sources: DPW Enterprise Data Warehouse and FADS

Demographic Profile (Continued)

- Among 8,169 PH-95 children ages 0 to 5, more children (1,911) were diagnosed with Suppurative and Unspecified Otitis Media Disorders category (ICD-9 Diagnosis Category 382) than any other Diagnosis. This diagnosis included Unspecified Otitis Media Disorders and Sudden or Severe Inflammation of the Middle Ear.
- Second most prevalent Diagnosis for ages 0 to 5 was Acute Upper Respiratory Infections of Multiple or Unspecified Sites (ICD-9 Diagnosis Category 465), like Acute Upper Respiratory Infections – 1655 Unique Children.

**Table 7: Top Diagnoses in Paid Medical Service Records of
PH-95 Enrolled Children, Ages 0 to 5,
Dates of Service 2011 (N=8,169)**

Rank	ICD-9 Diagnosis (3 Digits)	Number of Unique Children*	Examples of the Most Prevalent Conditions
1	Suppurative & Unspecified Otitis Media Disorders (382)	1,911	Unspecified Otitis Media Disorders, Sudden or Severe Inflammation of the Middle Ear With Pus
2	Acute Upper Respiratory Infections of Multiple or Unspecified Sites (465)	1,655	Acute Upper Respiratory Infections
3	Pervasive Developmental Disorders (299)	1,648	Asperger's Disorder, Atypical Childhood Psychosis, Autistic Disorders
4	Specific Delays in Development (315)	1,522	Dyslalia, Phonological Disorders, Unspecified Learning and Developmental Disorders, Mixed Receptive-Expressive Language Disorders
5	Symptoms Concerning Nutrition, Metabolism, and Development (783)	1,511	Late Walker, Late Talker, Unspecified Lack of Normal Physiological Development, Feeding Difficulties and Mismanagement
6	General Symptoms (780)	1,128	Unspecified Fevers, Unspecified Convulsions and Seizures
7	Abnormalities Involving Chest and Respiratory Symptoms (786)	1,081	Cough, Wheezing, Respiratory Distress/Insufficiency, Apnea, Shortness of Breath
8	Acute Pharyngitis (462)	894	Acute Sore Throat NOS, Viral Pharyngitis
9	Nonsuppurative Otitis Media and Eustachian Tube Disorders (381)	886	Dysfunction of Eustachian Tube, Nonsuppurative Otitis Media, Sudden/Severe Infection of Middle Ear
10	Acute Sinusitis (461)	813	Unspecified Acute Sinusitis, Acute Maxillary Sinusitis

- Unique Count of children is unique for each diagnosis category. Most PH-95 children, who had Diagnosis information reported, received a diagnosis for more than one 3-digit ICD-9 classification during 2011.
Sources: DPW Enterprise Data Warehouse and FADS

Demographic Profile (Continued)

- In 2011, approximately 31%, or 6,636 of the 21,754 PH-95 children, ages 6 – 12, were treated for Pervasive Developmental Disorder (ICD-9 Diagnosis Category 299). The Most Prevalent Conditions were Asperger's Disorder, Atypical Childhood Psychosis, and Autistic Disorders.
- Hyperkinetic Syndrome of Childhood (ICD-9 Diagnosis Category 314) was the second most prevalent diagnosis for ages 6-12 – approximately 27%. Examples are Attention Deficit Disorder -- with or without Hyperactivity.

**Table 8: Top Diagnoses in Paid Medical Service Records of
PH-95 Enrolled Children, Ages 6 to 12,
Dates of Service 2011 (N=21,754)**

Rank	ICD-9 Diagnosis (3 Digits)	Number of Unique Children*	Examples of the Most Prevalent Conditions
1	Pervasive Developmental Disorders (299)	6,636	Asperger's Disorder, Atypical Childhood Psychosis, Autistic Disorders
2	Hyperkinetic Syndrome of Childhood NEC (314)	5,906	Attention Deficit Disorder With Hyperactivity, Attention Deficit Disorder Without Hyperactivity
3	Acute Pharyngitis (462)	3,133	Acute Sore Throat NOS, Viral Pharyngitis
4	Suppurative & Unspecified Otitis Media Disorders (382)	2,370	Unspecified Otitis Media Disorders, Sudden/Severe Inflammation of Middle Ear With Pus
5	Acute Upper Respiratory Infections of Multiple or Unspecified Sites (465)	2,362	Acute Upper Respiratory Infections
6	Disorders of Refraction and Accommodation (367)	2,046	Near-sightedness, Far-sightedness, Astigmatisms
7	Acute Sinusitis (461)	1,967	Unspecified Acute Sinusitis, Acute Maxillary Sinusitis
8	General Symptoms (780)	1,966	Unspecified Fevers, Unspecified Convulsions and Seizures, Other Malaise and Fatigue
9	Symptoms Concerning Nutrition, Metabolism, and Development (783)	1,966	Late Walker, Late Talker, Unspecified Lack of Normal Physiological Development, Feeding Difficulties and Mismanagement, Short Stature
10	Specific Delays in Development (315)	1,833	Dyslalia, Phonological Disorders, Mixed Receptive-Expressive Language Disorders, Unspecified Learning and Developmental Disorders

- Unique Count of children identified is unique for each diagnosis category. Most PH-95 children who had diagnosis information reported received a diagnosis within more than one 3-digit ICD-9 classification during 2011.
Sources: DPW Enterprise Data Warehouse and FADS

Demographic Profile (Continued)

- About 1/4th of the 16,105 PH-95 children, ages 13 to 17 (4,065) had a Diagnosis of Hyperkinetic Syndrome of Childhood category (ICD-9 Diagnosis Category 314). Examples are Attention Deficit Disorder With Hyperactivity and Attention Deficit Disorder Without Hyperactivity, for this diagnosis.
- Pervasive Developmental Disorders and Episodic Mood Disorders are two other more prevalent diagnostic categories among children, ages 13 to 17. Some examples of Pervasive Developmental Disorders are Asperger's Disorder, Atypical Childhood Psychosis, and Autistic Disorders.

**Table 9: Top Diagnoses in Paid Medical Service Records of
PH-95 Enrolled Children Ages 13 to 17,
Dates of Service 2011 (N=16,105)**

Rank	ICD-9 Diagnosis (3 Digits)	Number of Unique Children*	Examples of the Most Prevalent Conditions
1	Hyperkinetic Syndrome of Childhood NEC (314)	4,065	Attention Deficit Disorder With Hyperactivity Attention Deficit Disorder Without Hyperactivity
2	Pervasive Developmental Disorders (299)	3,034	Asperger's Disorder, Atypical Childhood Psychosis, Autistic Disorders
3	Episodic Mood Disorders (296)	2,517	Mood Disorders NOS, Melancholia NOS, Unspecified Bipolar Disorders, Major Recurrent Episodes of Depression
4	Disorders of Refraction and Accommodation (367)	2,074	Near-sightedness, Far-sightedness, Astigmatism
5	Acute Pharyngitis (462)	2,057	Acute Sore Throat NOS, Viral Pharyngitis
6	Anxiety, Dissociative and Somatoform Disorders (300)	1,707	Anxiety Disorders, Obsessive-Compulsive Disorders, Dysthymic Disorders, Psychoneurosis NOS
7	General Symptoms (780)	1,618	Lethargy, Asthenia, Convulsions, Fever and Other Disturbances of Temperature Regulation, Dizziness
8	Acute Sinusitis (461)	1,479	Unspecified Acute Sinusitis
9	Acute Upper Respiratory Infections of Multiple or Unspecified Sites (465)	1,323	Acute Upper Respiratory Infections
10	Joint Disorders, Other and Unspecified (719)	1,218	Lower Leg Joint Pain, Ankle/Foot Joint Pain, Pain in Forearm, Pain in Shoulder
	Abnormalities Involving Chest and Respiratory Symptoms (786)	1,218	Cough, Wheezing, Respiratory Distress/Insufficiency, Apnea, Shortness of Breath

- Unique Count of children is unique for each diagnosis category. Most PH-95 children who had diagnosis information reported received a diagnosis within more than one 3-digit ICD-9 classification during 2011.
Sources: DPW Enterprise Data Warehouse and FADS

Demographic Profile (Continued)

- In 2011, approximately 19%, or 571 of the 3,033 PH-95 children, ages 18 to 20, had a diagnosis of Episodic Mood Disorders (ICD-9 Diagnosis Category 296). These conditions encompass Mood Disorders, Melancholia, and Unspecified Bipolar Disorders.
- Approximately 16%, or 499, of the 3,033 PH-95 children, ages 18 to 20 received a diagnosis of Hyperkinetic Syndrome of Childhood (ICD-9 Diagnosis Category 314). This category envelops Attention Deficit Disorder, with and without Hyperactivity.

**Table 10: Top Diagnoses in Paid Medical Service Records of
PH-95 Enrolled Children, Ages 18 to 20 Years Old,
Dates of Service 2011 (N=3,033)**

Rank	ICD-9 Diagnosis (3 Digits)	Number of Unique Children*	Examples of the Most Prevalent Conditions
1	Episodic Mood Disorders (296)	571	Mood Disorders NOS, Melancholia NOS, Unspecified Bipolar Disorders
2	Hyperkinetic Syndrome of Childhood NEC (314)	499	Attention Deficit Disorder With Hyperactivity Attention Deficit Disorder Without Hyperactivity
3	Pervasive Developmental Disorders (299)	404	Asperger's Disorder, Atypical Childhood Psychosis, Autistic Disorders
4	General Symptoms (780)	336	Malaise, Fatigue, Lethargy, Tiredness, Recurrent Convulsions NOS, Chills With Fever, Dizziness and Giddiness
5	Anxiety, Dissociative and Somatoform Disorders (300)	326	Anxiety Disorders, Depression With Anxiety, Obsessive-Compulsive Disorders, Psychoneurosis NOS
6	Disorders of Refraction and Accommodation (367)	287	Near-sightedness, Far-sightedness, Astigmatisms
7	Acute Pharyngitis (462)	267	Viral Pharyngitis, Acute Sore Throat NOS
8	Depressive Disorders, Not Elsewhere Classified (311)	245	Depression and Depressive Disorders NOS
9	Acute Sinusitis (461)	227	Unspecified Acute Sinusitis
10	Other Symptoms Involving Abdomen and Pelvis (789)	217	Abdominal Pain

- Unique Count of children is unique for each diagnosis category. Most PH-95 children who had diagnosis information reported received a diagnosis within more than one 3-digit ICD-9 classification during 2011. Sources: DPW Enterprise Data Warehouse and FADS

Demographic Profile (Continued)

Demographic Profile Summary

PH-95 children in 2011 totaled 62,175, an increase of about 8.8% over 2010. In 2011, of the PH-95 children, those ages 6 to 12 continued to be the largest proportion (43%), followed by those ages 13 to 17 (32%).

Geographically, Allegheny County continued to have the largest number of PH-95 children (6,005) and displayed the greatest increase (641) from 2010. Counties outside of Philadelphia in southeastern PA -- Montgomery, Bucks, Lancaster, Chester and Delaware also demonstrated a high number of PH-95 children.

Regarding Income, approximately 78% of PH-95 children were members of households with Third Party Insurance and, 16,748 children (27%) were members of

TPL households earning \$100,000 and over. Of those children, 3,221 (5.2%) were members of households earning over \$200,000 with a TPL.

Pervasive Development Disorders, such as Asperger's Syndrome, Atypical Childhood Psychosis, and Autism, continued to be the most prevalent diagnoses among PH-95 children with approximately 24% diagnosed with a Pervasive Development Disorder during 2011. About 22% of the PH-95 children were diagnosed with Attention Deficit Disorder.

PART II: MA Expenditures and Fee-for-Service (FFS) Profile

Total MA Expenditure

Total MA expenditures for PH-95 children consisted of FFS payments made to MA enrolled and participating providers and Capitation payments made to voluntary and mandatory (HealthChoices) MCOs. In addition, the primary care case management system, ACCESS Plus, required FFS enrolled children to choose a primary care physician (PCP), who managed their Physical Health needs. DPW made Capitation payments for disease management services for PH-95 children enrolled in the ACCESS Plus Program.

Table 11 shows Total MA expenditures and federal and state share amounts for PH-95 children for 2011. FFS expenditures represent direct payments to FFS providers as well as ACCESS Plus Capitation payments. MCOs' Capitation payments were paid for three types of medical services: Maternity Care, Physical Health and Behavioral Health.

- Total DPW expenditures for PH95 children increased in 2011 by over \$55 million, or 7.9%, from \$708.5 million in 2010 to \$764.2 million in 2011, while enrollment increased by 8.8%.
- Approximately 85% of Total MA expenditures for PH-95 children were paid by Managed Care Capitation payments.
- FFS expenditures paid to service providers for PH-95 children in 2011 increased by almost \$2.7 million (2.5%) from approximately \$108 million in 2010 to \$110.7 million in 2011. Through Managed Care, however, Capitation payments in 2011 for Physical Health increased by over \$47.3 million (14.4%) from \$328.9 million in 2010 to \$376.3 million in 2011 while Behavioral Health increased by about \$5.2 million (1.9%) from \$271.4 million in 2010 to \$276.6 million in 2011.

MA Expenditures and Fee-for-Service (FFS) Profile (Continued)

**Table 11: MA Expenditures for PH-95 Children,
Dates of Service/Capitation Months 2011***

	Federal	State	Total
Fee-for-Service	\$85,874,201.83	\$25,261,834.03	\$111,136,035.86
Payments to Providers**	\$85,626,312.10	\$25,063,161.39	\$110,689,473.49
ACCESS Plus Capitations	\$247,889.73	\$198,672.64	\$446,562.37
Managed Care Capitations***	\$362,163,532.95	\$290,861,259.96	\$653,024,792.91
Maternity Care	\$66,086.84	\$53,604.48	\$119,691.32
Physical Health	\$208,614,619.59	\$167,650,350.70	\$376,264,970.29
Behavioral Health	\$153,482,826.52	\$123,157,304.78	\$276,640,131.30
Total	\$448,037,734.78	\$316,123,093.99	\$764,160,828.77
Federal/State Ratio of Total Expenditure****	58.63%	41.37%	100.00%

* Data is based on claims and capitations adjudicated through October 2012.

** Numbers included payments for children enrolled in ACCESS Plus program.

*** Amounts included payments paid to voluntary MCOs.

**** This ratio is not based on the Federal Financial Participation (FFP) rate.

Source: DPW Enterprise Data Warehouse

Average Cost per Member per Month (PMPM)

- When compared to 2010, the average cost PMPM for Physical Health Managed Care increased by approximately 6.9% and the cost PMPM for Behavioral Health Managed Care decreased by 4.3%.

Table 12: Average Cost per Member per Month, Service Dates 2011

Total Average Cost per Member per Month (PMPM)*:	\$1,315.09
FFS**:	\$692.84
Managed Care/Physical Health***:	\$894.74
Managed Care/Behavioral Health:	\$507.51

* Average cost per member per month was calculated by summing eligible days for all eligible children, dividing the amount by 30.4 to get the number of months, and then dividing the total cost by the number of months.

** Cost for FFS was based on payments for services provided by FFS as well as Capitation payments for disease management for children enrolled in ACCESS Plus. Included are payments for Managed Care enrolled children for services excluded from Managed Care Capitation payments, provided and paid via FFS. FFS cost is based on number of days beneficiaries were not enrolled in a Physical Health MCO though beneficiaries may have been enrolled in a Behavioral Health MCO while Physical Health MCO was covered by FFS. Therefore, PMPMs between FFS and Managed Care are not directly comparable.

*** Cost for Physical Health Managed Care was based on Capitation payments to MCOs for Maternity Care services and Physical Health services.

See Appendix III for calculations.

Source: DPW Enterprise Data Warehouse

MA Expenditures and Fee-for-Service (FFS) Profile (Continued)

FFS Expenditures by Services

Table 13 presents FFS claims, MA expenditures, Unique PH-95 children who received services in FFS and the Average MA Expenditure per Child for children with disabilities (PH-95) in 2011 by Services. FFS claims originating from MCO members for services provided during the 30 – 45 day MCO enrollment waiting period, claims for non-MCO covered School-Based Services, and claims for Institutional Care after 30 days are included in Table 13.

Table 13: FFS Claim Counts, MA Expenditures, Numbers of Unique PH-95 Children (N =34,160) and Average Expenditure per Child by Service Category, Dates of Service 2011*

Services**	Claims ***	MA Expenditures	Number of Unique Children****	Average Expenditure per Child
School-Based Services	1,324,526	\$54,159,568.27	21,135	\$2,562.55
Outpatient Physical Health Services	143,576	\$26,308,184.83	13,342	\$1,971.83
Pharmacy	199,952	\$13,728,435.43	13,243	\$1,036.66
Outpatient Behavioral Health Services	82,421	\$9,001,684.06	4,405	\$2,043.52
Inpatient Physical Health Services	360	\$3,632,540.62	299	\$12,148.97
Outpatient Physical Health Facility Services	49,187	\$1,561,498.17	6,194	\$252.10
Private Duty Nursing Services	885	\$752,100.78	32	\$23,503.15
Residential Treatment Facility Services	332	\$563,071.20	17	\$33,121.84
Inpatient Behavioral Health Services	141	\$451,645.45	129	\$3,501.13
Outpatient Behavioral Health Facility Services	3,283	\$245,509.18	672	\$365.34
Home & Community Based Waiver Services	1,408	\$168,717.92	200	\$843.59
Institutional Care Services	10	\$92,588.89	4	\$23,147.22
Hospice Services	27	\$23,928.69	5	\$4,785.74
Total*****	1,806,108	\$110,689,473.49	N/A	N/A

* Data is based on claims adjudicated through October 2012.

** For Service category definitions, please reference Appendix IV.

*** For Inpatient, Institutional Care, Residential Treatment Facility, and Pharmacy Services, claims are counted by the header. For Professional and Outpatient Services, claims are counted by the detail.

**** Table shows Unique children for each Service category and numbers cannot be summed due to duplications. Numbers include MCO members who received services in FFS.

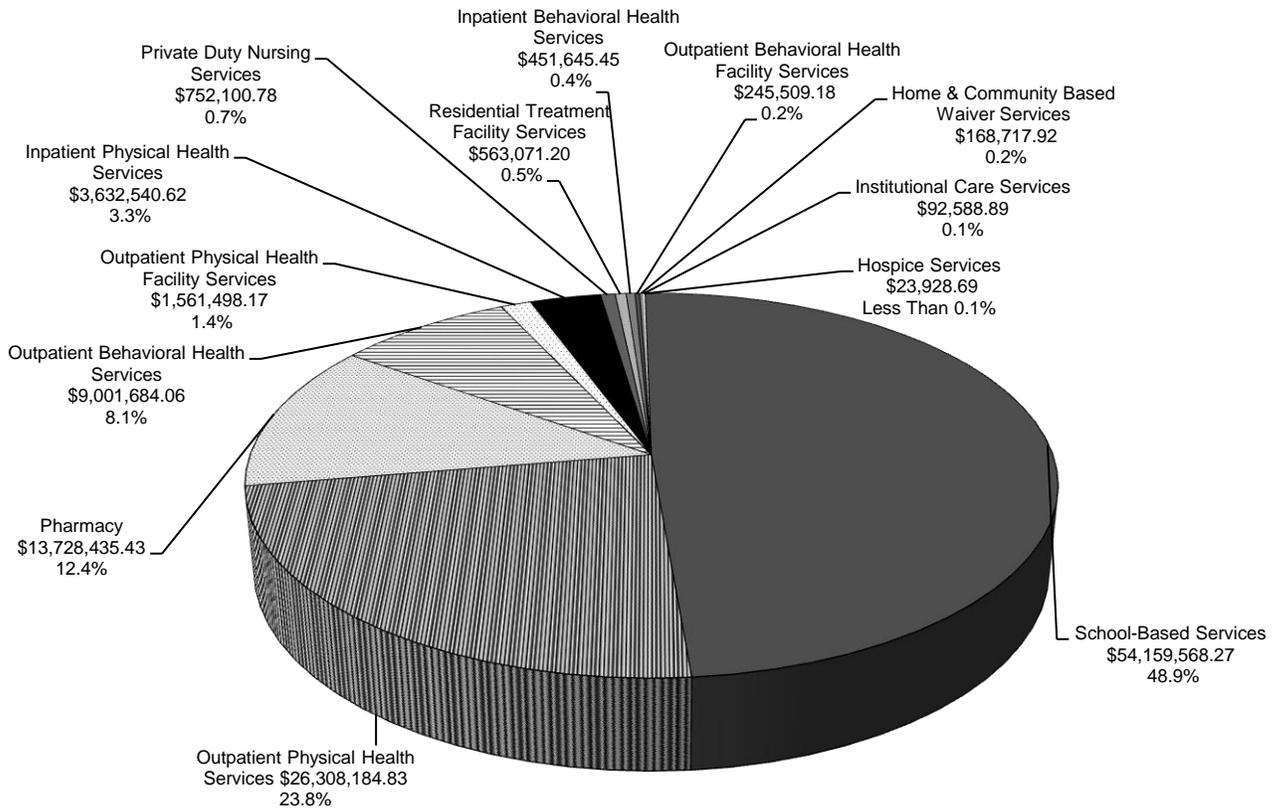
***** Analysis excludes the ACCESS Plus Capitation payments presented in Table 11.

MA Expenditures and Fee-for-Service (FFS) Profile (Continued)

- School-Based Services accounted for the largest Total Amount and Percentage of FFS Expenditures for PH-95 children in 2011.
- Based on the Average FFS Expenditure per Child, Residential Treatment Facility and Private Duty Nursing were the most costly services for PH-95 children in 2011. However, these categories each accounted for less than 1% of the total FFS Expenditures. Only 17 children received Residential Treatment Services while 32 children received Private Duty Nursing Services in 2011 through FFS. The next highest Average Cost per Child Service was Institutional Care Services.

Figure 4 presents FFS expenditures for PH-95 children in 2011 by services by percent.

Figure 4: FFS Expenditures for PH-95 Children by Service Category, Dates of Service, 2011* **



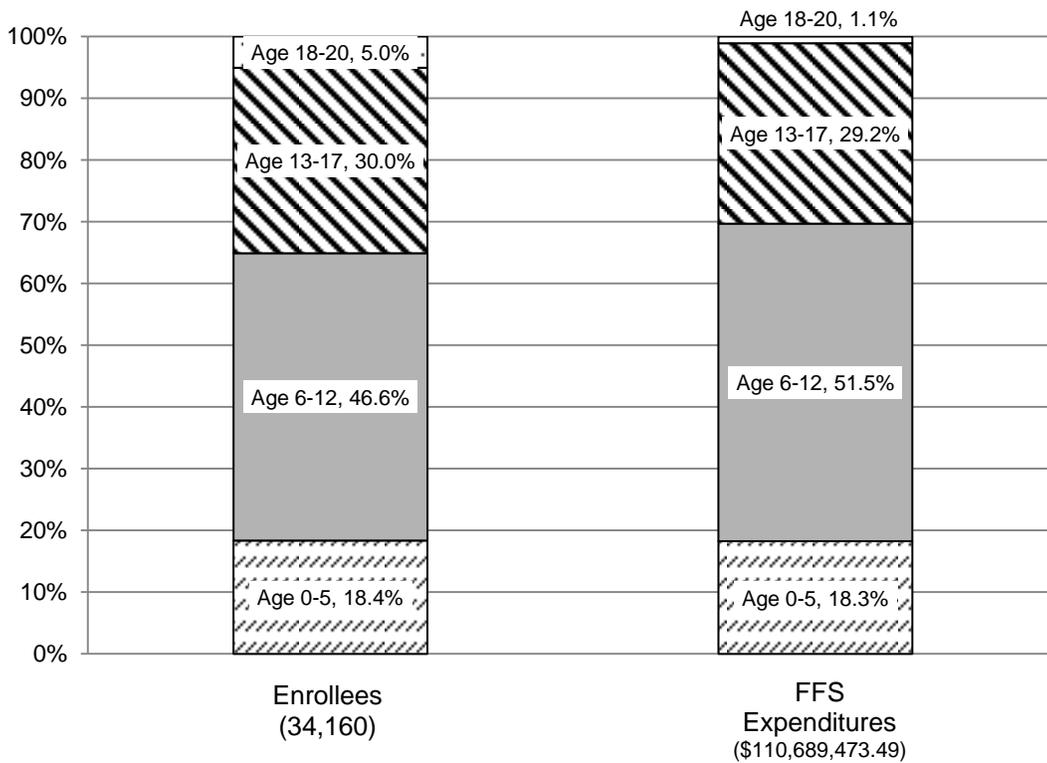
* Percents may not equal 100% due to rounding.
 ** Analysis excludes ACCESS Plus Capitation payments presented in Table 11.
 Source: DPW Enterprise Data Warehouse

MA Expenditures and Fee-for-Service (FFS) Profile (Continued)

FFS Expenditures by Age

- PH-95 children between the ages of 6 - 12 made up almost 47% of the PH-95 children with FFS Expenditures and accounted for the largest percentage of expenditures -- approximately 52% of total FFS expenditures.

Figure 5: PH-95 Children FFS Beneficiaries and FFS Expenditures By Age, Dates of Service 2011*, **, ***



* Number of FFS recipients includes MCO recipients who also received services via FFS and Age was determined as of December 31, 2011.
 ** Analysis excludes ACCESS Plus Capitation payments presented in Table 11.
 ***Percents may not equal 100% due to rounding.
 Source: DPW Enterprise Data Warehouse

FFS Expenditures by Services by Age

Tables 14a through 14d present FFS expenditures and claims for PH-95 children in 2011 by age and services. Data is based on claims adjudicated through October 2012; include MCO members who received services through FFS, and exclude Access Plus Capitation payments presented in Table 11. Age was determined by date of service.

MA Expenditures and Fee-for-Service (FFS) Profile (Continued)

- PH-95 children ages 0 to 5 years old accounted for over 18% of the total FFS PH-95 Expenditures in 2011 (see Figure 5). School Based Services accounted for over 47% of the Expenditures for PH-95 children within the age group and Outpatient Physical Health Services accounted for nearly 32% (based on Table 14a).

Table 14a: FFS Expenditures and Claims by Services for PH-95 Enrolled Children, Ages of 0 to 5, Dates of Service 2011

Service Category	Expenditures	Claims
School-Based Services	\$9,504,230.60	219,855
Outpatient Physical Health Services	\$6,499,204.83	28,959
Inpatient Physical Health Services	\$1,555,265.37	118
Pharmacy	\$962,031.46	19,753
Outpatient Behavioral Health Services	\$811,849.51	6,051
Outpatient Physical Health Facility Services	\$362,045.70	11,372
Private Duty Nursing Services	\$349,437.12	383
Home & Community Based Waiver Services	\$151,820.32	1,234
Hospice Services	\$11,619.10	5
Outpatient Behavioral Health Facility Services	\$5,813.80	68
Total	\$20,213,317.81	287,798

Source: DPW Enterprise Data Warehouse

- As stated, the largest percentage of FFS expenditures (52%) in 2011 for PH-95 children was for children ages 6 to 12 years old (see Figure 5). School Based Services accounted for over 55% of the Expenditures for PH-95 children within the age group and Outpatient Physical Health accounted for approximately 22% (based on Table 14b).

**Table 14b: FFS MA Expenditures and Claims by Services for
PH-95 Enrolled Children, Ages 6 to 12,
Dates of Service 2011**

Service Category	Expenditures	Claims
School-Based Services	\$31,442,461.92	799,943
Outpatient Physical Health Services	\$12,622,163.41	66,061
Pharmacy	\$6,085,917.35	89,310
Outpatient Behavioral Health Services	\$4,490,821.59	41,547
Inpatient Physical Health Services	\$964,946.39	125
Outpatient Physical Health Facility Services	\$655,239.75	20,428
Private Duty Nursing Services	\$333,203.44	333
Residential Treatment Facility Services	\$182,773.98	233
Inpatient Behavioral Health Services	\$102,410.99	31
Outpatient Behavioral Health Facility Services	\$64,561.35	960
Hospice Services	\$11,932.88	19
Home & Community Based Waiver Services	\$10,553.32	138
Total	\$56,966,986.37	1,019,128

Source: DPW Enterprise Data Warehouse

- PH-95 children, ages 13 to 17, accounted for over 29% of the total FFS PH-95 expenditures in 2011 (see Figure 5). School- Based Services accounted for 39% of this group's Expenditures and Outpatient Physical Health Services accounted for 22% (based on Table 14c).

**Table 14c: FFS MA Expenditures and Claim by Services for
PH-95 Enrolled Children, Ages 13 to 17, Dates of Service 2011**

Service Category	Expenditures	Claims
School-Based Services	\$12,672,838.35	291,614
Outpatient Physical Health Services	\$6,977,656.00	47,196
Pharmacy	\$6,441,348.69	87,641
Outpatient Behavioral Health Services	\$3,580,655.71	33,022
Inpatient Physical Health Services	\$1,077,883.89	109
Outpatient Physical Health Facility Services	\$525,960.62	16,787
Residential Treatment Facility Services	\$380,297.22	99
Inpatient Behavioral Health Services	\$346,243.26	109
Outpatient Behavioral Health Facility Services	\$160,516.53	2,074
Institutional Care Services	\$92,588.89	10
Private Duty Nursing Services	\$69,460.22	169
Home & Community Based Waiver Services	\$6,344.28	36
Total	\$32,331,793.66	478,866

Source: DPW Enterprise Data Warehouse

MA Expenditures and Fee-for-Service (FFS) Profile (Continued)

- PH-95 children, ages 18 to 20, accounted for 5% of the PH-95 population, but only approximately 1% of total FFS PH-95 expenditures in 2011 (see Figure 5). School-Based Services accounted for nearly 46% of their expenditures and Pharmacy -- over 20% (based on Table 14d).

**Table 14d: FFS Expenditures and Claims by Services for
PH-95 Enrolled Children, Ages of 18 to 20,
Dates of Service 2011**

Service Category	Expenditures	Claims
School-Based Services	\$540,037.40	13,114
Pharmacy	\$239,137.93	3,248
Outpatient Physical Health Services	\$209,160.59	1,360
Outpatient Behavioral Health Services	\$118,357.25	1,801
Inpatient Physical Health Services	\$34,444.97	8
Outpatient Physical Health Facility Services	\$18,252.10	600
Outpatient Behavioral Health Facility Services	\$14,617.50	181
Inpatient Behavioral Health Services	\$2,991.20	1
Hospice Services	\$376.71	3
Total	\$1,177,375.65	20,316

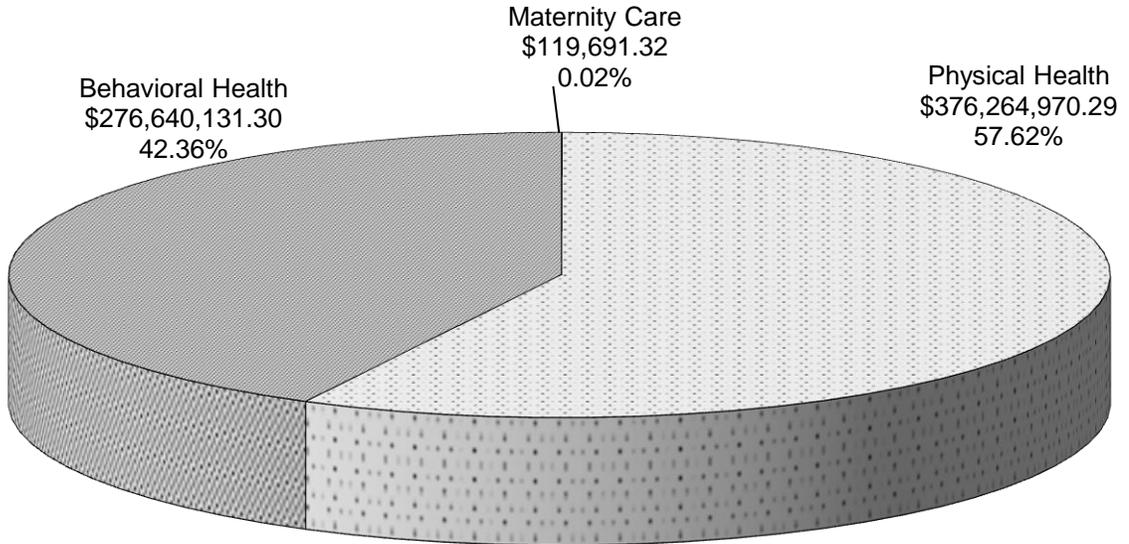
Source: DPW Enterprise Data Warehouse

Managed Care Capitation Payments

Figure 6 presents Managed Care Capitation payments for PH-95 children for three types of Health services in 2011.

- Nearly 58% of the total Managed Care Capitation payments made on behalf of PH-95 children in 2011 were for Physical Health.

Figure 6: Managed Care Capitation Payments for PH-95 Children by Service Type, (Capitation Months in 2011)



Service Type	Capitation Expenditures	Percent
Behavioral Health	\$276,640,131.30	42.36%
Physical Health	\$376,264,970.29	57.62%
Maternity Care	\$119,691.32	0.02%
Total	\$653,024,792.91	100.00%

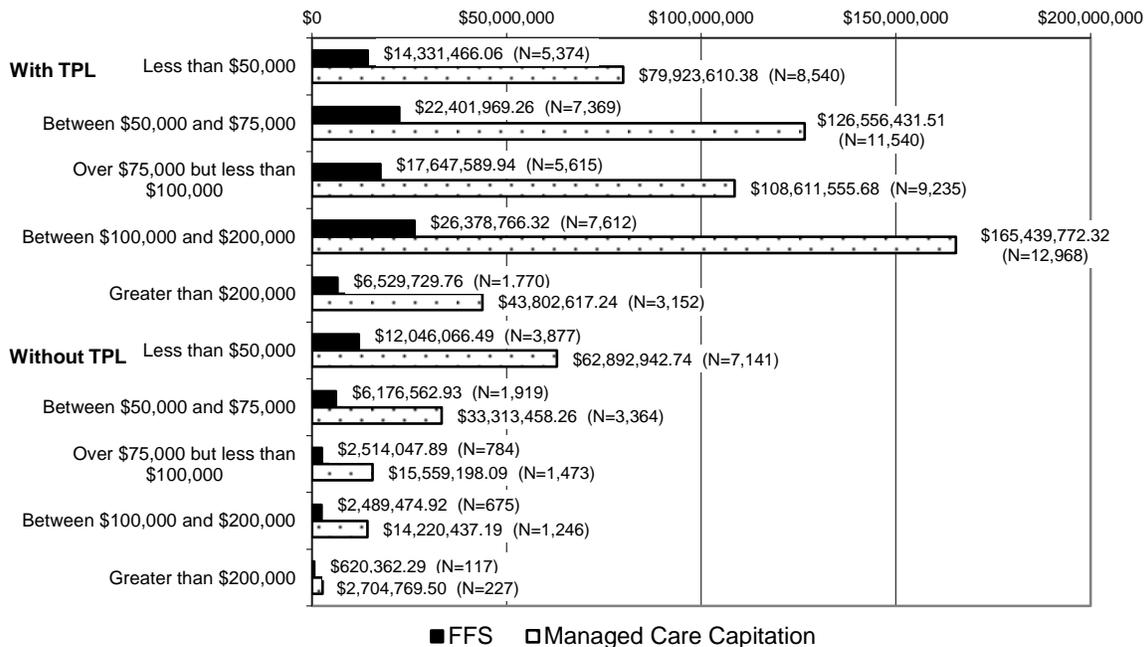
Source: DPW Enterprise Data Warehouse

MA Expenditures and Fee-for-Service (FFS) Profile (Continued)

MA Expenditures for FFS and Capitation Expenditures by Income

- Data contained in Figure 7 is based on 61,000 of the 62,175 PH-95 children who received one paid medical service and for whom the OIM had income information. Figure 7 describes FFS and MCO Capitation Expenditures, PH-95 enrollee numbers, by Income, with or without a TPL for 2011.
- In every Income bracket, with or without TPL, Managed Care Capitation payments outdistanced Fee for Service Expenditures. PH-95 children with incomes \$100,000 to \$200,000 with a TPL accounted for the largest group and the highest total of Managed Care Capitations – 12,968 PH-95 children with Expenditures of \$165,439,772.32. That TPL Income group also had more usage of FFS than any other group – 7,612 PH-95 children for \$26,378,766.32. Of those without a TPL, the group with less than \$50,000 income accounted for more in both Managed Care Capitations (7,141 PH-95 children and \$62,892,942.74) and FFS Expenditures (3,877 PH-95 children and \$12,046,066.49).

Figure 7: FFS Expenditures*, Managed Care Capitation Expenditures by PH-95 Enrollees*** (N=61,000), by Annual Income with and without TPL, Dates of Service/Capitation Months 2011**



* FFS expenditures included Capitation payments for disease management programs through ACCESS Plus adjudicated through October 2012.

** Managed Care Capitation payments included payments made to MCOs for Physical Health, Behavioral Health and Maternity Care services for Managed Care enrolled children adjudicated through October 2012.

*** Children's numbers are Unique in each FFS and Capitation category, but there were many children in both delivery systems. Thus, if a child received services by FFS and had Capitation records by Managed Care during the year, the child was counted both in FFS and Capitation. Therefore, adding the numbers together will not sum to 61,000.
Sources: OIM for income data, Enterprise Data Warehouse for expenditure data

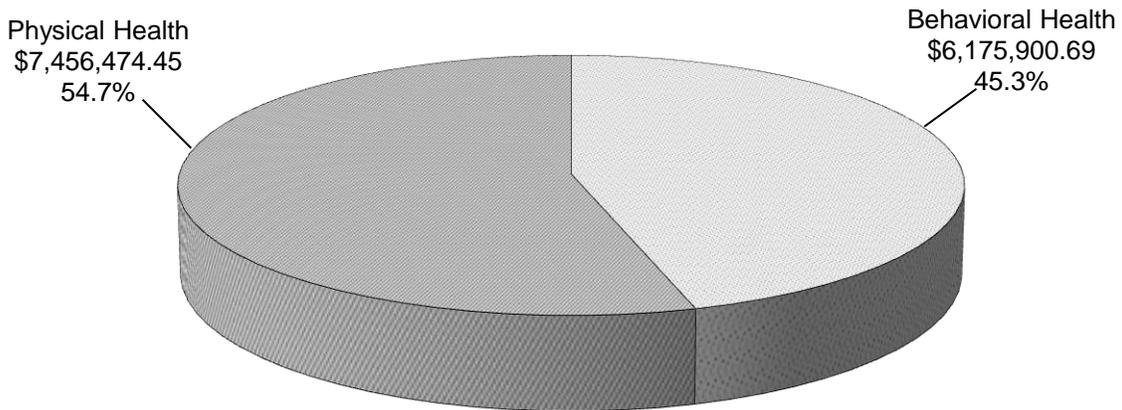
MA Expenditures and Fee-for-Service (FFS) Profile (Continued)

FFS Drug Utilization

The Department paid over \$13.7 million for Pharmacy for PH-95 children through FFS in 2011 -- about 12.4% of the total FFS PH-95 Expenditures. Figure 8 shows the ratio of Pharmacy Expenditures for Physical Health and Behavioral Health drugs.

- More than half of the FFS Pharmacy Expenditures in 2011 for PH-95 children were for Physical Health drugs.

Figure 8: FFS Pharmacy Expenditures for PH-95 Children for Physical Health and Behavioral Health, Dates of Service 2011*



Service Type	FFS Expenditures	Percent
Behavioral Health	\$6,175,900.69	45.3%
Physical Health	\$7,456,474.45	54.7%
Total	\$13,632,375.14	100.0%

* Drugs were categorized by GC3 therapeutic class codes of valid National Drug Codes (NDCs) indicated on drug claims. Amounts exclude claims for compound drugs and the claims without valid NDCs, and represents approximately 99% of total FFS drug Expenditures presented in Tables 13 and 14.
Source: DPW Enterprise Data Warehouse

MA Expenditures and Fee-for-Service (FFS) Profile (Continued)

FFS Physical Health Drugs

In FFS, 11,435 PH-95 children received Physical Health drug services in 2011. Table 15 lists the Top Physical Health Drug Types purchased for these children through FFS by MA Expenditures, Claims, Unique PH-95 Children and Average Cost per Child. See Appendix V for Drug Type examples based on GC3 therapeutic class.

- Antihemophilic Factors signified the largest Expenditures among Physical Health Drug Types (\$884,092.32) and the highest Average Cost per Child (\$68,007.10) in 2011. In contrast, the second highest Expenditures Insulins (\$760,535.53) had only an Average Cost per Child of \$936.62 but the highest Claim count – 7,374.
- Drugs to treat Hereditary Tyrosinemia were the most expensive drugs per Average Cost per Child. However, these drugs were prescribed for only 1 child. Among drugs prescribed for at least 100 children, Pancreatic Enzymes was the most expensive.

Table 15: FFS Top Physical Health Drug Types for PH-95 Children by Expenditures, Dates of Service 2011*

Rank	Drug Type*** ****	MA Expenditures	Claims	Number of Unique Children**	Average Cost per Child
1	Antihemophilic Factors	\$884,092.32	98	13	\$68,007.10
2	Insulins	\$760,535.53	7,374	812	\$936.62
3	Leukotriene Receptor Antagonists	\$471,581.40	6,227	1,172	\$402.37
4	Blood Sugar Diagnostics	\$432,233.91	4,249	733	\$589.68
5	Growth Hormones	\$386,155.00	385	61	\$6,330.41
6	Proton-Pump Inhibitors	\$328,784.85	5,003	1,077	\$305.28
7	Factor IX Preparations	\$307,656.28	24	8	\$38,457.04
8	Pancreatic Enzymes	\$250,515.91	687	114	\$2,197.51
9	Glucocorticoids	\$235,591.49	2,994	991	\$237.73
10	Beta-Adrenergic Agents	\$172,802.44	5,084	2,189	\$78.94

* Data is based on Claims adjudicated through October 2012.

** Table shows Unique Children per Drug Type.

*** Drugs were categorized by GC3 therapeutic class code of valid National Drug Codes (NDCs) indicated on drug Claims. Amounts exclude claims for compound drugs and claims without valid NDCs, and represent about 99% of total FFS drug Expenditures presented in Tables 13 and 14.

****See Appendix V for Drug Type examples.

Source: DPW Enterprise Data Warehouse

MA Expenditures and Fee-for-Service (FFS) Profile (Continued)

Table 16 exhibits the Physical Health Drug Types with the highest number of FFS claims for PH-95 children in 2011. Also displayed are Drug Type Expenditures and Unique Children per Drug Type.

- Insulins Claims (7,374) exceeded all other Drug Types for Physical Health Claims for PH-95 children through FFS in 2011. Penicillins, second most, had 6,967 Claims.
- Penicillins were Physical Health Drug Type with the second most Claims but were provided to more PH-95 children by FFS than any other Top Physical Health Drug Type (4,103).

Table 16: FFS Top Physical Health Drug Types for PH-95 Children by Claims, Dates of Service 2011*

Rank	Drug Type*** ****	Claims	MA Expenditures	Number of Unique Children **
1	Insulins	7,374	\$760,535.53	812
2	Penicillins	6,967	\$96,139.32	4,103
3	Antihypertensives, Sympatholytic	6,283	\$46,830.81	1,078
4	Leukotriene Receptor Antagonists	6,227	\$471,581.40	1,172
5	Antihistamines - 2nd Generation	5,275	\$89,035.32	1,438
6	Beta-Adrenergic Agents	5,084	\$172,802.44	2,189
7	Proton-Pump Inhibitors	5,003	\$328,784.85	1,077
8	Macrolides	4,429	\$80,038.03	2,668
9	Blood Sugar Diagnostics	4,249	\$432,233.91	733
10	Glucocorticoids	2,994	\$235,591.49	991

* Data is based on Claims adjudicated through October 2012.

** Table shows the Unique Children for each Drug Type.

*** Drugs were categorized by GC3 therapeutic class code of valid National Drug Codes (NDCs) indicated on drug Claims. Amounts exclude any claims for compound drugs and the claims without valid NDCs, and represent approximately 99% of total FFS drug Expenditures presented in Tables 13 and 14.

****See Appendix V for Drug Type examples.

Source: DPW Enterprise Data Warehouse

MA Expenditures and Fee-for-Service (FFS) Profile (Continued)

FFS Behavioral Health Drugs

In 2011, total of 7,192 PH-95 children received Behavioral Health drug services via FFS. Table 17 depicts the Top Behavioral Health Drug Types, by Expenditures for PH-95 children through FFS. Claims, Unique Children and Average Cost per Child are listed for these Top Behavioral Drug Types by Expenditures.

- Treatment for Attention Deficit-Hyperactivity (ADHD)/Narcolepsy was the Behavioral Health Drug Type with the largest Expenditures for PH-95 children through FFS in 2011 -- \$1,365,159.71 and had the most Claims – 16,684 (Tables 17 & 18).
- Antipsychotics, Atypical, D2 Partial Agonist/5HT Mixed, such as Abilify, was the second most expensive Behavioral Health Drug Type for PH-95 children -- \$1,210,330.86 but the highest Average Cost per Child of \$1,526.27, according to top FFS Behavioral Health Drug Type Expenditures.

Table 17: FFS Top Behavioral Health Drug Types for PH-95 Children by Expenditures, Dates of Service 2011*

Rank	Drug Type*** ****	MA Expenditures	Claims	Number of Unique Children**	Average Cost per Child
1	Treatment for Attention Deficit-Hyperactivity (ADHD)/Narcolepsy	\$1,365,159.71	16,684	2,303	\$592.77
2	Antipsychotics, Atypical, D2 Partial Agonist/5HT Mixed	\$1,210,330.86	4,410	793	\$1,526.27
3	Anticonvulsants	\$1,094,873.20	13,519	1,486	\$736.79
4	Adrenergics, Aromatic, Non-Catecholamine	\$896,476.72	9,968	1,504	\$596.06
5	Antipsychotics, Atypical, Dopamine & Serotonin Antagonists	\$864,373.32	10,245	1,367	\$632.31
6	Treatment for Attention Deficit-Hyperactivity (ADHD)/NRI-Type	\$482,892.87	4,665	761	\$634.55
7	Selective Serotonin Reuptake Inhibitors (SSRIS)	\$100,375.25	9,623	1,719	\$58.39
8	Norepinephrine and Dopamine Reuptake Inhibitors (NDRIS)	\$28,308.35	1,242	253	\$111.89
9	Serotonin and Nonrepinephrine Reuptake Inhibitors (SNRIS)	\$26,674.66	490	94	\$283.77
10	Anti-Mania Drugs	\$18,504.63	832	136	\$136.06

* Data is based on Claims adjudicated through October 2012.

** Table shows Unique Children for each Drug Type.

*** Drugs were categorized by GC3 therapeutic class code of valid National Drug Codes (NDCs) indicated on drug Claims. Amounts exclude claims for compound drugs and claims without valid NDCs, and represent approximately 99.4% of the total FFS drug Expenditures presented in Tables 13 and 14.

****See Appendix V for drug type examples.

Source: DPW Enterprise Data Warehouse

MA Expenditures and Fee-for-Service (FFS) Profile (Continued)

Table 18 presents the most frequently prescribed Behavioral Health Drug Types for PH-95 children by Claims. Included also are Expenditures and Unique Children.

- Drugs for Attention Deficit – Hyperactivity (ADHD) / Narcolepsy were most frequently dispensed Behavioral Health Drug Type -- 16,684 Claims -- with the most children receiving the treatment – 2303 children.

Table 18: FFS Top Behavioral Health Drug Types for PH-95 Children by Claims, Dates of Service 2011*

Rank	Drug Type*** ****	Claims	MA Expenditures	Number of Unique Children**
1	Treatment for Attention Deficit-Hyperactivity (ADHD)/Narcolepsy	16,684	\$1,365,159.71	2,303
2	Anticonvulsants	13,519	\$1,094,873.20	1,486
3	Antipsychotics, Atypical, Dopamine and Serotonin Antagonists	10,245	\$864,373.32	1,367
4	Adrenergics, Aromatic, Non-Catecholamine	9,968	\$896,476.72	1,504
5	Selective Serotonin Reuptake Inhibitors (SSRIS)	9,623	\$100,375.25	1,719
6	Treatment for Attention Deficit-Hyperactivity (ADHD)/NRI-Type	4,665	\$482,892.87	761
7	Antipsychotics, Atypical, D2 Partial Agonist/5HT Mixed	4,410	\$1,210,330.86	793
8	Anti-Anxiety Drugs	1,384	\$14,102.50	368
9	Norepinephrine and Dopamine Reuptake Inhibitors (NDRIS)	1,242	\$28,308.35	253
10	Serotonin-2 Antagonist/Reuptake Inhibitors (SARIS)	1,071	\$5,281.27	249

* Data is based on Claims adjudicated through October 2012.

** Table shows Unique Children for each Drug Type.

*** Drugs were categorized by GC3 therapeutic class code of valid National Drug Codes (NDCs) indicated on drug Claims. Amounts exclude any claims for compound drugs and the claims without valid NDCs, and represent approximately 99% of the Total FFS drug Expenditures presented in Tables 13 and 14.

****See Appendix V for drug type examples.

Source: DPW Enterprise Data Warehouse

MA Expenditures and Fee-for-Service (FFS) Profile (Continued)

Summary

Total FFS Expenditures in 2011 were \$110,689,473.49. School-Based Services dominated FFS Expenditures at \$54,159,568.27 or 49% of the total paid. They also had the most Claims (1,324,526) and Unique Children (21,135). Outpatient Physical Health Services, the next most costly service, had less than half the Expenditures of School-Based Services yet over 6.5 times the Claims of the third most expended service, Pharmacy Services. In contrast, Hospice Services had the lowest Expenditures at \$23,928.69, then Institutional Care Services at \$92,588.89 (which had only 4 distinct children, the lowest number).

Seventy-three percent of all FFS Expenditures fell into two categories: School-Based Services (49%) and Outpatient Physical Health Services (24%). The next two categories, Pharmacy Services (12%) and Outpatient Behavioral Health Services (8%), together accounted for just over 20%. Thus, the remaining nine categories, combined, totaled less than 7% of the FFS Expenditures.

Of the over \$653 million in Managed Care Capitation payments, Physical Health Services were nearly 58%, Behavioral Health Services about 42%, and Maternity Care less than 1%.

The percent of each Age group's Recipients came within 5% percent of its FFS Expenditures. For instance, ages 0 to 5 had 18.4% of the total Recipients and 18.3% of the total FFS Expenditures. The largest discrepancy was for those ages 6 to 12, with 46.6% of the Recipients and 51.5% of the Expenditures.

Both FFS and Managed Care Expenditures by Annual Household Income, with or without TPL, follow the same trend. For example, children in families with less than \$50,000 with TPL had 13% of the FFS Expenditures and 12% of the Managed Care Expenditures. Similarly, children in families with the same income without TPL had 51% of the FFS Expenditures and 49% of the Managed Care Expenditures.

More payments and more children were serviced by Managed Care Capitation than FFS regardless of Annual Income or TPL. Expenditures for children with a Household Income equal or greater than \$100,000 with TPL were nearly \$242.2 million for FFS and Managed Care combined while expenditures for those without TPL were \$20 million. Expenditures for Households with Incomes \$100,000 and above accounted for 32.4% of all FFS Expenditures and 34.6% of all Managed Care Expenditures – somewhat less or more than 1/3 of Expenditures .

MA Expenditures and Fee-for-Service (FFS) Profile (Continued)

Physical Health drugs made up over half of the FFS Pharmacy Expenditures. Among Physical Health drugs, the Drug Type with the largest Expenditures (\$884,092.32) was Antihemophilic Factors while Insulins had the most Claims (7,374). Among Behavioral Health drugs, drugs for the Treatment for Attention Deficit-Hyperactivity (ADHD)/Narcolepsy had the highest Expenditures (\$1,365,159.71), the most Claims (16,684), and were used by the most Unique Children (2,303). Antipsychotics, Atypical, D2 Partial Agonist/5HT Mixed, which includes Abilify, was the most expensive Behavioral Health Drug Type for PH-95 children Average Cost was \$1,526.27 per Child.

PART III: Managed Care Service Profile

During 2011, MA provided Physical Health services under a mandatory Managed Care program (known as HealthChoices) in 25 counties in the Southeast, Southwest and Lehigh/Capital Regions, and a voluntary Managed Care program in some counties of Pennsylvania where a mandatory Managed Care program was not available. In July 2007, the Department completed the statewide implementation of the HealthChoices Behavioral Health Managed Care program. Thus, Behavioral Health services have been provided to eligible beneficiaries under the Managed Care delivery system in all 67 counties (with about 5.4% still remaining in FFS, according to the data presented in Table 5).

The Department made Capitation payments on a per-member per-month basis to participating MCOs on behalf of MA eligible members enrolled in one of the MCO plans. Analysis of Capitation payments was presented in Part II. As discussed in Part I, services provided to MCO members during the 30 – 45 day Physical Health MCO enrollment waiting period were paid in the FFS delivery system. In addition, non-MCO covered services, such as School-Based services and Long Term Care services after 30 days also were paid by FFS for PH-95 children enrolled in Managed Care. Part III presents the analysis of services rendered by Managed Care providers for PH-95 children. Analysis included Unique Children, Service Record numbers, Service Types, and MCOs Expenditures. The MCO Expenditures identify the amounts MCOs paid to health care providers for services, not the amount the Department paid MCOs. The Department's payments to MCOs were Capitation payments, addressed in Part II.

MCOs submitted Service Records, which then were processed in PA PROMISe™. Service Records were edited by PROMISe to avoid duplication. Service Records (paid by MCOs) but not approved by PROMISe™, also were excluded. Our analysis is based only on the latest PROMISe approved Service Records for 2011.

Managed Care Expenditures by Services

Table 19 captures MCO services by MCOs Expenditures. It also includes Service Records, Unique Children, and Average MCOs Expenditures per Child by Services.

- Outpatient Behavioral Health Services accounted for the largest overall Expenditures by MCOs and the most frequently provided services for PH-95 children. Second highest Expenditures were Outpatient Behavioral Health Facility Services. Pharmacy Services were the third highest Expenditures while the second highest Service Records.
- The most costly Services based on Average MCO Expenditures per Child were Institutional Care Services at \$70,274.38.

Table 19: Managed Care Organizations (MCOs) Expenditures, Service Records, Unique Children (N =49,243), and Average MCO Expenditure per Child for PH-95 Children by Services, Dates of Service 2011

Service Category*	MCOs Expenditures	Service Records**	Number of Unique Children***	Average MCO Expenditure per Child
Outpatient Behavioral Health Services	\$132,396,802.76	1,142,813	19,684	\$6,726.11
Outpatient Behavioral Health Facility Services	\$44,651,629.94	435,472	16,102	\$2,773.05
Pharmacy Services	\$35,332,697.01	577,298	32,099	\$1,100.74
Private Duty Nursing Services	\$34,499,596.50	65,814	559	\$61,716.63
Outpatient Physical Health Services	\$28,523,453.55	437,388	33,704	\$846.29
Residential Treatment Facility Services	\$16,569,738.30	11,003	430	\$38,534.28
Outpatient Physical Health Facility Services	\$8,184,338.71	220,410	18,937	\$432.19
Inpatient Physical Health Services	\$6,237,607.41	817	589	\$10,590.17
Inpatient Behavioral Health Services	\$6,222,240.00	844	529	\$11,762.27
Home & Community Based Waiver Services	\$4,624,082.20	15,397	239	\$19,347.62
Institutional Care Services	\$281,097.50	26	4	\$70,274.38
Skilled Nursing Facility Services	\$117,572.57	30	9	\$13,063.62
Other Services	\$48,660.20	1,427	511	\$95.23
Hospice Services	\$39,545.62	1,099	31	\$1,275.67
Total	\$317,729,062.27	2,909,838	N/A	N/A

* For Service Category definitions reference Appendix IV.

** Service Records is the count of encounter records by MCOs for each Service Category.

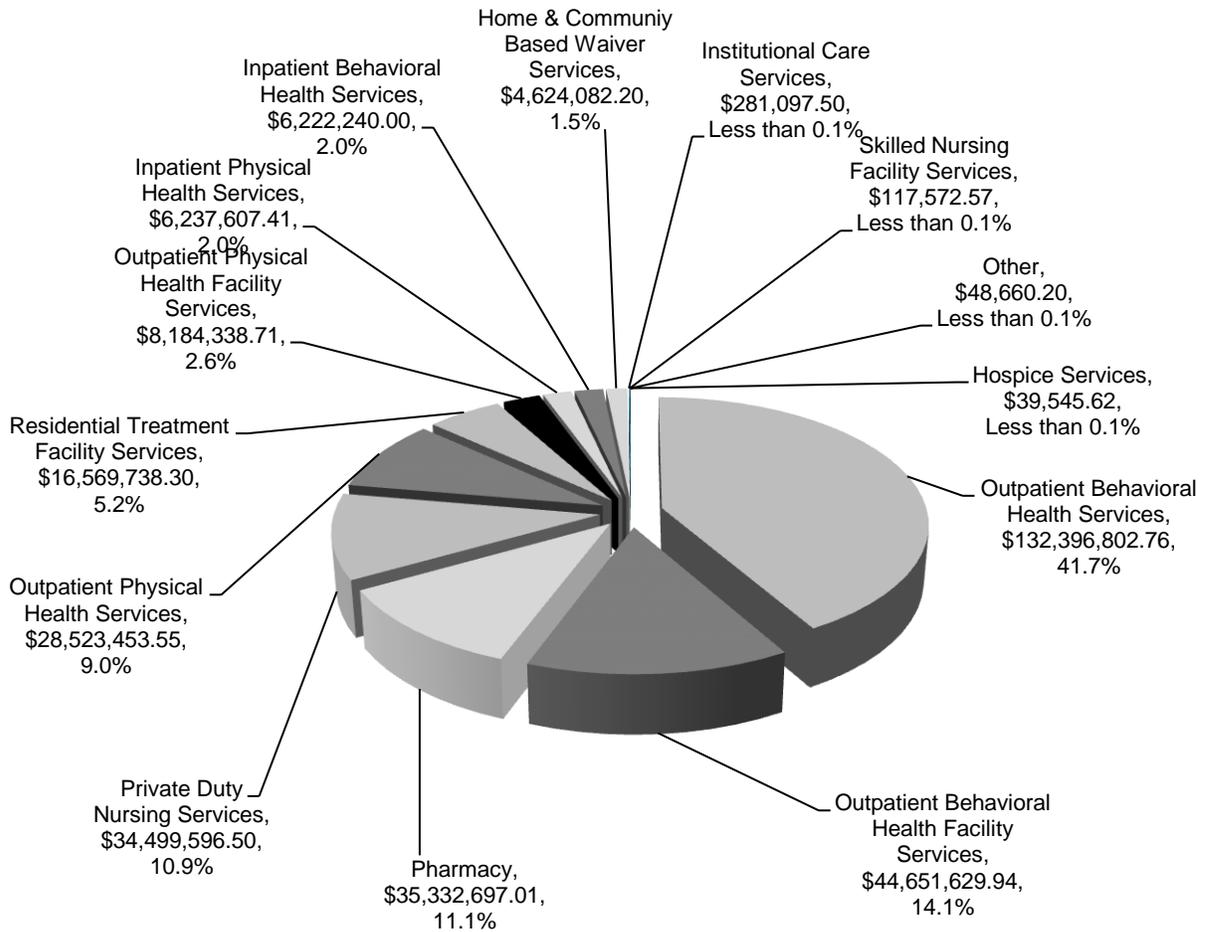
***The table shows Unique Children for each Service Category and numbers cannot be summed due to category duplications.

Sources: DPW FADs

Managed Care Service Profile (Continued)

- Total 2011 Expenditures by MCOs via Managed Care for PH-95 children increased by nearly 4.5% or \$13,575,205.49 compared to the expenditures in 2010.
- Approximately 42% of total MCOs Expenditures for PH-95 children were paid for Outpatient Behavioral Health Services in 2011.

Figure 9: Managed Care Organizations (MCOs) Expenditures for PH-95 Children by Services, Dates of Service 2011*



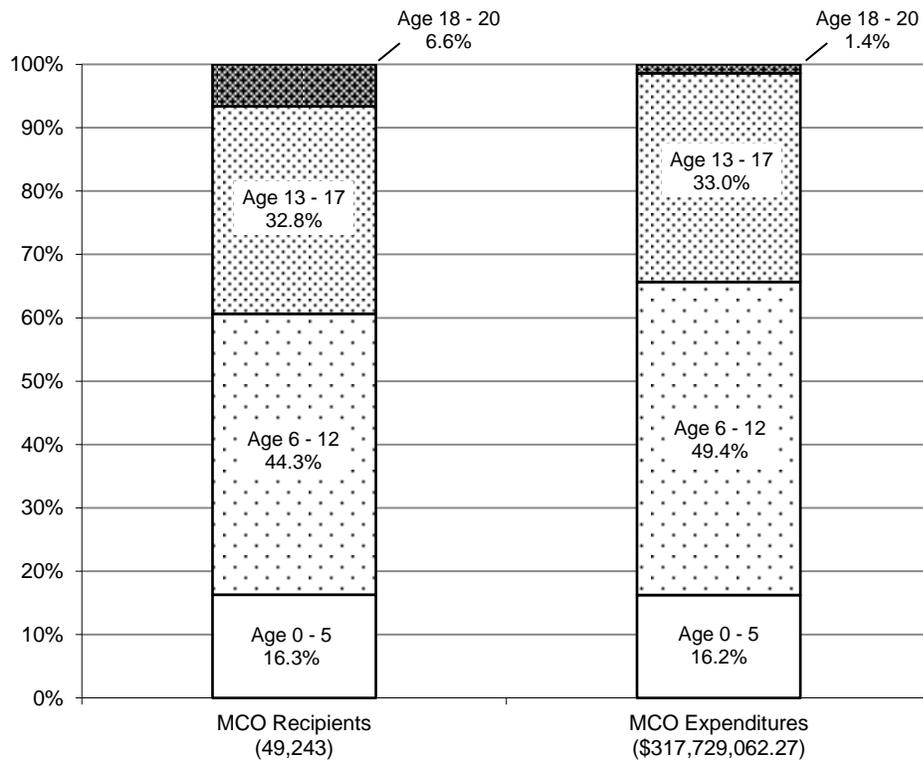
* Percents may not equal 100% due to rounding
Source: DPW FADS

Managed Care Service Profile (Continued)

Managed Care Expenditures by Age

- PH-95 children, ages 6 through 12, were approximately 44% of the PH-95 beneficiaries enrolled in MCOs and accounted for about 49% of the total MCOs Expenditures in 2011.

Figure 10: PH-95 Children with MCOs Service Records and Expenditures by Age, Dates of Service 2011* ** ***



* MCO Recipients includes those who also received services through FFS and age was determined as of December 31, 2011.

** Analysis excludes the ACCESS Plus Capitation payments presented in Table 11.

***Percents may not equal 100% due to rounding.

Source: DPW Enterprise Data Warehouse

Managed Care Service Profile (Continued)

Managed Care Expenditures by Service by Age

Tables 20a through 20d show MCOs PH-95 Expenditures for Services in 2011 through Managed Care and MCO Service Records by Age and Services Category. Age was determined by last service date and Service Record counts were provided by MCOs for the various services. Each table is ordered by Expenditures for Services.

- PH-95 children, ages 0 through 5, accounted for approximately 16% of total MCOs Expenditures and were about 16% of the PH-95 beneficiaries enrolled in MCOs in 2011. Outpatient Behavioral Health Services were nearly 35% of MCOs' Expenditures for these ages and Private Duty Nursing Services, almost 23% (based on Table 20a).

Table 20a: MCOs Expenditures and Service Records by Services for Enrolled PH-95 Children, Ages 0 to 5, Dates of Service 2011

Service Category	MCOs Expenditures	Service Records
Outpatient Behavioral Health Services	\$17,883,311.16	174,049
Private Duty Nursing Services	\$11,773,683.39	22,891
Outpatient Behavioral Health Facility Services	\$7,660,072.38	66,022
Outpatient Physical Health Services	\$5,812,346.81	98,362
Pharmacy Services	\$2,963,676.85	69,943
Outpatient Physical Health Facility Services	\$2,531,563.17	64,208
Home & Community Based Waiver Services	\$1,567,183.90	3,752
Inpatient Physical Health Services	\$1,225,646.03	171
Skilled Nursing Facility Services	\$114,650.00	6
Inpatient Behavioral Health Services	\$25,511.12	9
Hospice Services	\$3,692.37	153
Other Services	\$3,614.60	303
Total	\$51,564,951.78	499,869

Source: DPW Enterprise Data Warehouse

Managed Care Service Profile (Continued)

- Outpatient Behavioral Health Services, accounted for approximately 49% of the MCO PH-95 Expenditures for this age group, and was by far the largest MCOs Expenditures for PH-95 children (see Table 20b).

Table 20b: MCOs Expenditures and Service Records by Services for Enrolled PH-95 Children, Ages 6 to 12, Dates of Service 2011

Service Category	MCOs Expenditures	Service Records
Outpatient Behavioral Health Services	\$76,820,268.94	686,196
Outpatient Behavioral Health Facility Services	\$24,902,071.69	247,138
Pharmacy Services	\$16,058,171.59	259,310
Private Duty Nursing Services	\$14,371,341.36	26,442
Outpatient Physical Health Services	\$12,797,774.87	199,818
Residential Treatment Facility Services	\$3,278,936.99	2,523
Outpatient Physical Health Facility Services	\$3,221,394.65	89,399
Inpatient Behavioral Health Services	\$1,956,177.79	253
Home & Community Based Waiver Services	\$1,837,991.45	7,762
Inpatient Physical Health Services	\$1,663,267.57	254
Institutional Care Services	\$32,450.00	2
Hospice Services	\$23,131.64	642
Other Services	\$14,419.09	640
Skilled Nursing Facility Services	\$1,852.65	10
Total	\$156,979,250.28	1,520,389

Source: DPW Enterprise Data Warehouse

- Nearly 33% of those receiving services by Managed Care and 33% of the total MCOs Expenditures were PH-95 children, ages 13 to 17. Outpatient Behavioral Health Services were roughly 35% of MCOs Expenditures within these ages and Pharmacy Services, almost 15% (based on Table 20c).

Managed Care Service Profile (Continued)

Table 20c: MCOs Expenditures and Service Records by Services for Enrolled PH-95 Children, Ages 13 to 17, Dates of Service 2011

Service Category	MCOs Expenditures	Service Records
Outpatient Behavioral Health Services	\$36,613,593.16	274,550
Pharmacy Services	\$15,381,793.68	232,281
Residential Treatment Facility Services	\$12,879,317.91	7,951
Outpatient Behavioral Health Facility Services	\$11,754,492.30	118,754
Outpatient Physical Health Services	\$9,416,172.23	131,280
Private Duty Nursing Services	\$7,827,408.91	15,198
Inpatient Behavioral Health Services	\$3,890,383.86	548
Inpatient Physical Health Services	\$3,236,997.13	366
Outpatient Physical Health Facility Services	\$2,271,526.86	62,097
Home & Community Based Waiver Services	\$1,213,870.36	3,837
Institutional Care Services	\$244,643.50	22
Other Services	\$29,918.36	453
Hospice Services	\$11,695.41	293
Skilled Nursing Facility Services	\$213.18	7
Total	\$104,772,026.85	847,637

Source: DPW Enterprise Data Warehouse

- Children between ages 18 to 20 comprised approximately 7% of PH-95 children receiving Managed Care Services and around 1% of total MCOs Expenditures, in 2011.
- Outpatient Behavioral Health Services represented about a quarter of MCOs Expenditures for PH-95 children, ages 18 to 20, while Pharmacy Services were about one-fifth (based on Table 20d).

Managed Care Service Profile (Continued)

Table 20d: MCOs Expenditures and Service Records by Services for Enrolled PH-95 Children, Ages 18 to 20, Dates of Service 2011

Service Category	MCOs Expenditures	Service Records
Outpatient Behavioral Health Services	\$1,079,629.50	8,018
Pharmacy Services	\$929,054.89	15,764
Private Duty Nursing Services	\$527,162.84	1,283
Outpatient Physical Health Services	\$497,159.64	7,928
Residential Treatment Facility Services	\$411,483.40	529
Inpatient Behavioral Health Services	\$350,167.23	34
Outpatient Behavioral Health Facility Services	\$334,993.57	3,558
Outpatient Physical Health Facility Services	\$159,854.03	4,706
Inpatient Physical Health Services	\$111,696.68	26
Home & Community Based Waiver Services	\$5,036.49	46
Institutional Care Services	\$4,004.00	2
Hospice Services	\$1,026.20	11
Skilled Nursing Facility Services	\$856.74	7
Other Services	\$708.15	31
Total	\$4,412,833.36	41,943

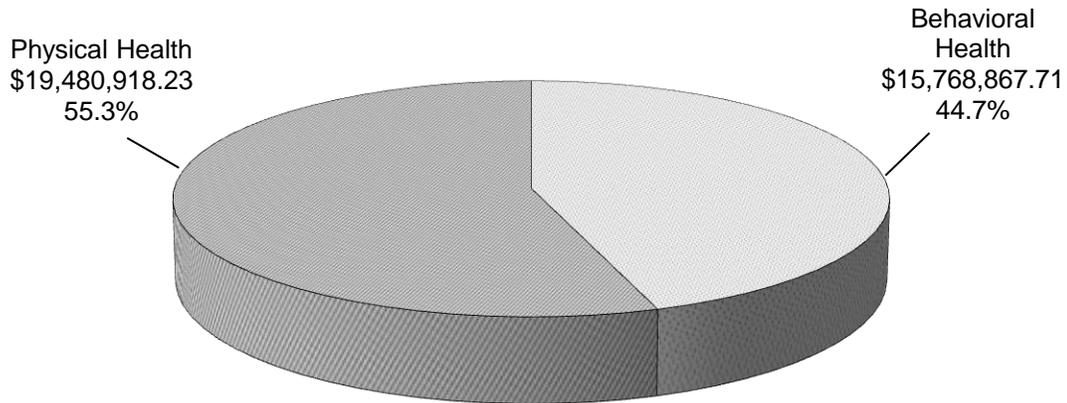
Source: DPW Enterprise Data Warehouse

Managed Care Drug Utilization

Managed Care Organizations spent approximately \$35 million in 2011 for Pharmacy Services for PH-95 children. This was roughly 11% of the total MCO Expenditures for these children. Figure 11 shows the ratio of Pharmacy Expenditures for PH-95 children between Physical Health and Behavioral Health drugs.

- More than half of MCOs Pharmacy Expenditures for PH-95 children in 2011 were paid for Physical Health drugs.

Figure 11: Managed Care Organizations (MCOs) Pharmacy Expenditures for PH-95 Children by Physical Health (PH) and Behavioral Health (BH), Dates of Service 2011*



Service Type	MCOs Expenditures	Percent
Behavioral Health	\$15,768,867.71	44.7%
Physical Health	\$19,480,918.23	55.3%
Total	\$35,249,785.94	100.0%

*Drugs were categorized by GC3 therapeutic class code of valid National Drug Codes (NDCs) from drug encounter records. Amounts exclude claims for compound drugs and claims without valid NDCs and comprise approximately 99.8% of total MCO drug Expenditures presented in Tables 19 and 20.
Source: DPW FADS

Managed Care Service Profile (Continued)

MCOs Physical Health Drugs

In 2011, 28,272 PH-95 children received Physical Health drug services through Managed Care. Table 21 illustrates the Top Physical Health Drug Types, based on total MCOs Expenditures purchased for PH-95 children, number of Unique Children and Average Cost per Child.

- The largest drug expenditures for Physical Health by way of Managed Care were for Growth Hormones (\$2,096,525.08).
- Metabolic Diagnostic Enzyme Replacement drugs were the most expensive Physical Health Drug Type used in Managed Care at \$465,083.44. However, this drug was dispensed for only 1 child and was not a Top Drug Type. Of

those drugs distributed to 100 or more children, Growth Hormones accounted for the largest expenditures.

Table 21: Managed Care Organizations (MCOs) Top Physical Health Drug Types Paid for PH-95 Children by MCO Expenditures, Unique Children and Average Cost per Child, Dates of Service 2011 (N=28,272)**

Rank	Drug Type***, ****	MCOs Expenditures	Number of Unique Children*	Average Cost per Child
1	Growth Hormones	\$2,096,525.08	201	\$10,430.47
2	Insulins	\$1,334,195.30	1,422	\$938.25
3	Leukotriene Receptor Antagonists	\$1,104,153.42	2,517	\$438.68
4	Glucocorticoids, Orally Inhaled	\$819,500.32	2,900	\$282.59
5	Proton-Pump Inhibitors	\$802,711.65	2,410	\$333.08
6	Mucolytics	\$736,735.71	200	\$3,683.68
7	Incontinence Supplies	\$729,888.29	1,182	\$617.50
8	Blood Sugar Diagnostics	\$705,417.45	1,202	\$586.87
9	Antihemophilic Factors	\$617,380.75	20	\$30,869.04
10	Pancreatic Enzymes	\$541,746.67	253	\$2,141.29

* Table shows Unique Children for each Drug Type. Numbers exclude beneficiaries of compound drugs only and drug claims without a valid NDC.

** Due to data quality issues, drug quantities dispensed were not available.

*** Drugs were categorized by GC3 therapeutic class code of valid National Drug Codes (NDCs) indicated on drug encounter records. The amounts exclude any claims for compound drugs and the claims without valid NDCs, and represent approximately 99.8% of total MCO drug Expenditures presented in Tables 19 and 20.

****See Appendix V for drug names by type.

Source: DPW FADS

Managed Care Service Profile (Continued)

Table 22 illustrates the most frequently prescribed Physical Health Drug Types for PH-95 children enrolled in MCOs by Service Records. Also included are MCO Drug Type Expenditures and Unique Children.

- Penicillins were the Physical Health Drug Type with the most Service Records (18,110) and were provided to the most MCO-enrolled PH-95 children (10,249) in 2011.

Table 22: Managed Care Organizations (MCOs) Top Physical Health Drug Types Paid for PH-95 Children by Service Records, MCO Expenditures and Unique Children, Dates of Service 2011 (N=28,272) ***

Rank	Drug Types**** *****	Service Records *	MCOs Expenditures	Number of Unique Children**
1	Penicillins	18,110	\$260,239.34	10,249
2	Antihypertensives, Sympatholytic	17,531	\$158,565.86	2,727
3	Beta-Adrenergic Agents	17,029	\$454,282.29	6,115
4	Antihistamines – 2nd Generation	15,792	\$234,839.53	3,329
5	Insulins	15,486	\$1,334,195.30	1,422
6	Proton-Pump Inhibitors	14,805	\$802,711.65	2,410
7	Leukotriene Receptor Antagonists	14,453	\$1,104,153.42	2,517
8	Glucocorticoids, Orally Inhaled	10,731	\$819,500.32	2,900
9	Incontinence Supplies	9,721	\$729,888.29	1,182
10	Macrolides	9,382	\$162,785.66	5,464

* Service Records are counted by encounter records by MCOs for each Service Category

** Table shows Unique Children for each Drug Type. Numbers exclude beneficiaries of compound drugs only and on drug claims without a valid NDC.

*** Due to data quality issues, the drug quantities dispensed are not available.

**** Drugs were categorized by GC3 therapeutic class code of valid National Drug Codes (NDCs) indicated on drug encounter records. Amounts exclude claims for compound drugs and claims without valid NDCs, and represent approximately 99.8% of total MCO drug Expenditures presented in Tables 19 and 20.

*****See Appendix V for drug names by type

Source: DPW FADS

Managed Care Service Profile (Continued)

MCO Behavioral Health Drugs

In 2011, 17,573 PH-95 children received Behavioral Health drug services through Managed Care. Table 23 gives the Top Behavioral Health Drug Types based on total MCO Expenditures for these children. The table also encompasses the number of Unique Children and Average Cost per Child.

- The largest expenditures by MCOs for Behavioral Health drugs for PH-95 children were for Treatment for Attention Deficit-Hyperactivity (ADHD) / Narcolepsy Drug Type.
- Antipsychotics, Atypical, D2 Partial Antagonist / 5HT Mixed, which include Abilify, were the most expensive Behavioral Health Drug Type by Average Cost per Child -- \$1,484.13/child.

Table 23: Managed Care Organizations (MCOs) Top Behavioral Health Drug Types for PH-95 Children by MCOs Expenditures, Unique Children, and Average Cost per Child, Dates of Service 2011 (N=17,573)**

Rank	Drug Type*** ****	MCO Expenditures	Number of Unique Children*	Average Cost per Child
1	Treatment For Attention Deficit-Hyperactivity (ADHD) / Narcolepsy	\$3,901,088.22	6,153	\$634.01
2	Antipsychotics, Atypical, D2 Partial Antagonist / 5HT Mixed	\$2,582,383.41	1,740	\$1,484.13
3	Anticonvulsants	\$2,494,824.95	3,654	\$682.77
4	Antipsychotics, Atypical, Dopamine & Serotonin Antagonists	\$2,187,054.70	3,312	\$660.34
5	Adrenergics, Aromatic, Non-Catecholamine	\$2,099,395.34	3,618	\$580.26
6	Treatment For Attention Deficit-Hyperactivity (ADHD), NRI-Type	\$1,141,953.42	1,702	\$670.95
7	Selective Serotonin Reuptake Inhibitors (SSRIS)	\$506,709.16	4,965	\$102.06
8	Treatment For Attention Deficit-Hyperactivity (ADHD), Selective Alpha-2 Receptor Agonist	\$368,126.01	904	\$407.22
9	Serotonin and Norepinephrine Reuptake Inhibitors (SNRIS)	\$86,095.86	271	\$317.70
10	Norepinephrine and Dopamine Reuptake Inhibitors (NDRIS)	\$82,400.10	625	\$131.84

* Table shows unique children for each drug type.

** Due to data quality issues, drug quantities dispensed are not available.

*** Drugs were categorized by GC3 therapeutic class code of valid National Drug Codes (NDCs) indicated on drug encounter records. Amounts exclude claims for compound drugs and claims without valid NDCs and represent approximately 99.8% of total MCO drug expenditures presented in Tables 19 and 20. ****See Appendix V for drug names by type

Source: DPW FADS

Managed Care Service Profile (Continued)

Table 24 presents the most frequently prescribed Behavioral Health Drug Types for PH-95 children enrolled in MCOs and includes total MCOs Expenditures and Unique Children per Drug Type.

- Treatment for Attention Deficit-Hyperactivity Disorder (ADHD)/ Narcolepsy was the Behavioral Health Drug Type with the most MCO Service Records (51,384), MCO expenditures (\$3,901,088.22), and Unique Children serviced (6,153).
- Anticonvulsant drugs were the Behavioral Health Drug Type with the second most MCO Service Records (39,469) and third highest MCO expenditures (\$2,494,824.95) for PH-95 children in 2011.

**Table 24: Managed Care Organizations (MCOs) Top Behavioral Health Drug Types for PH-95 Children
By Service Record Count, Dates of Service 2011 (N=17,573)*****

Rank	Drug Type**** *****	Service Records *	MCOs Expenditures	Number of Unique Children**
1	Treatment for Attention Deficit-Hyperactivity (ADHD)/Narcolepsy	51,384	\$3,901,088.22	6,153
2	Anticonvulsants	39,469	\$2,494,824.95	3,654
3	Selective Serotonin Reuptake Inhibitors (SSRIS)	34,515	\$506,709.16	4,965
4	Antipsychotics, Atypical, Dopamine, & Serotonin Antagonists	27,369	\$2,187,054.70	3,312
5	Adrenergics, Aromatic, Non-Catecholamine	25,952	\$2,099,395.34	3,618
6	Treatment for Attention Deficit-Hyperactivity (ADHD), NRI-Type	11,764	\$1,141,953.42	1,702
7	Antipsychotics, Atypical, D2 Partial Agonist/5HT mixed	11,124	\$2,582,383.41	1,740
8	Treatment For Attention Deficit-Hyperactivity (ADHD), Selective Alpha-2 Receptor Agonist	6,042	\$368,126.01	904
9	Anti-Anxiety Drugs	4,949	\$45,772.03	1,274
10	Norepinephrine and Dopamine Reuptake Inhibitors (NDRIS)	3,327	\$82,400.10	625

* Service Record Count is provided by MCOs for each service.

** Table shows Unique Children for each Drug Type.

*** Due to data quality issues, the drug quantities dispensed were not available.

**** Drugs were categorized by GC3 therapeutic class code of valid National Drug Codes (NDCs) indicated one drug encounter records. Amounts exclude claims for compound drugs and the claims without valid NDCs, and represent approximately 99.8% of the total MCO drug Expenditures presented in Tables 19 and 20.

*****See Appendix V for drug names by type.

Source: DPW FADS

Managed Care Service Profile (Continued)

Managed Care Service Profile Summary

Based on Managed Care Service Records available for PH-95 children, Total Expenditures by MCOs in 2011 (\$51,564,951.78) increased from 2010 by approximately 4.5% (from \$13,575,205.49).

Outpatient Behavioral Health Services continue to be the largest overall expenditures for PH-95 children by MCOs, or \$132.4 million in 2011. In addition, Outpatient Behavioral Health Services had the greatest expenditures for all PH-95 Age groups.

Among those Services with more than 10 Unique Children, the highest Average Cost per Child in 2011 were for Private Duty Nursing Services (559 children at \$61,717). Average Cost per Child for these Services far exceeded the overall MCO Average Cost per Child (\$6,453).

The annual Average Cost per Child for ages 18 to 20 (\$1,354) was approximately one-fifth that for children younger than age 18 (\$6,814).

Pharmacy Services accounted for 11% of MCOs PH-95 Total Expenditures (approximately \$35 million), of which about 55% was for Physical Health drugs and 45% for Behavioral Health drugs. Considering Physical Health drugs, Growth Hormones (e.g., Norditropin, Nutropin, Genotropin) accounted for the largest expenditures for PH-95 children (about \$2.1 million), while for Behavioral Health drugs, those used to treat Attention Deficit-Hyperactivity (ADHD) / Narcolepsy (e.g., Concerta, Focalin, Methylin) accounted for the largest expenditures (\$3.9 million).

APPENDIXES

APPENDIX I: TOP DIAGNOSES OF PH-95 CHILDREN

The Department of Public Welfare refers potentially eligible PH-95 children to a contracted Medical Review Team (MRT) that certifies the children's disability based on the Social Security Administration's (SSA) rules and regulations. If a child's disability already was determined by Social Security prior to his/her MA application, then SSA's diagnosis is used and no MRT diagnosis or data is available.

Diagnosis analysis here is based on 40,833 MRT diagnosed children, PH-95 eligible, in 2011.

Table A shows the most frequently reported MRT Diagnoses for PH-95 children, eligible in 2011. Tables B through E present diagnoses information for these children by Age.

Table A: Top MRT Diagnoses for PH-95 Enrolled Children, 2011

Rank	Diagnosis	Number of Children	Percent*
1	Autistic Disorder and Other Pervasive Developmental Disorders	7,344	18.0%
2	Attention Deficit Hyperactivity Disorders	6,025	14.8%
3	Communication Impairments Associated with Documented Neurological Disorders	4,684	11.5%
4	Organic Mental Disorders	3,944	9.7%
5	Mood Disorders	3,207	7.9%
6	Juvenile Diabetes Mellitus	1,674	4.1%
7	Impairments That Affect Multiple Body Functions	1,578	3.9%
8	Anxiety Disorders	1,495	3.7%
9	Personality Disorders	1,137	2.8%
10	Non-mosaic Down Syndrome	1,117	2.7%

* Percents are based on 40,833 PH-95 children for whom MRT diagnoses were available. These 10 diagnoses represent 79% of all MRT diagnoses for these PH-95 children eligible in 2011.

Source: OIM

**Table B: Top MRT Diagnoses for PH-95 Enrolled Children,
Ages 0 to 5, 2011**

Rank	Diagnosis	Number of Children	Percent*
1	Communication Impairments associated with Documented Neurological Disorders	1,561	21.6%
2	Impairments That Affect Multiple Body Functions	1,081	15.5%
3	Autistic Disorder and Other Pervasive Developmental Disorders	870	13.7%
4	Organic Mental Disorders	828	11.0%
5	Non-mosaic Down Syndrome	284	4.7%
6	Congenital Heart Disease	238	4.1%
7	Neurological Impairments	201	3.6%
8	Motor Dysfunction	201	2.5%
9	Asthma	137	2.3%
10	Digestive System Impairments	131	2.0%

* Percents are based on 6,877 PH-95 children, ages 0 to 5, for whom MRT diagnoses were available. These 10 diagnoses represent 81% of all MRT diagnoses for these ages eligible in 2011.

Source: OIM

**Table C: Top MRT Diagnoses of PH-95 Enrolled Children,
Ages 6 to 12, 2011**

Rank	Diagnosis	Number of Children	Percent*
1	Autistic Disorder and Other Pervasive Developmental Disorders	3,969	22.5%
2	Attention Deficit Hyperactivity Disorders	2,628	14.9%
3	Communication Impairments Associated with Documented Neurological Disorders	2,490	14.1%
4	Organic Mental Disorders	1,744	9.9%
5	Juvenile Diabetes Mellitus	707	4.0%
6	Anxiety Disorders	623	3.5%
7	Personality Disorders	554	3.1%
8	Mood Disorders	515	2.9%
9	Non-mosaic Down Syndrome	504	2.9%
10	Asthma	393	2.2%

* Percents are based on 17,623 PH-95 children, ages 6 to 12 for whom MRT diagnoses were available. These 10 diagnoses signify 80% of all MRT diagnoses for these ages eligible in 2011.

Source: OIM

**Table D: Top MRT Diagnoses of PH-95 Enrolled Children,
Ages 13 to 17, 2011**

Rank	Diagnosis	Number of Children	Percent*
1	Attention Deficit Hyperactivity Disorders	2,737	20.3%
2	Autistic Disorder and Other Pervasive Developmental Disorders	2,170	16.1%
3	Mood Disorders	2,046	15.2%
4	Organic Mental Disorders	1,147	8.5%
5	Juvenile Diabetes Mellitus	731	5.4%
6	Anxiety Disorders	690	5.1%
7	Communication Impairments Associated with Documented Neurological Disorders	577	4.3%
8	Personality Disorders	437	3.2%
9	Major Motor Seizure Disorder	315	2.3%
10	Non-mosaic Down Syndrome	279	2.1%

* Percents are based on 13,475 PH-95 children, ages 13 to 17 and for whom diagnoses were available. These diagnoses are 82.5% of all MRT diagnoses for these ages eligible in 2011.

Source: OIM

**Table E: Top MRT Diagnoses for PH-95 Children,
Ages 18 to 20, 2011**

Rank	Diagnosis	Number of Children	Percent*
1	Mood Disorders	634	22.2%
2	Attention Deficit Hyperactivity Disorders	552	19.3%
3	Autistic Disorder and Other Pervasive Developmental Disorders	335	11.7%
4	Organic Mental Disorders	225	7.9%
5	Juvenile Diabetes Mellitus	152	5.3%
6	Anxiety Disorders	151	5.3%
7	Personality Disorders	79	2.8%
8	Major Motor Seizure Disorder	63	2.2%
9	Communication Impairments Associated with Documented Neurological Disorders	56	2.0%
10	Non-mosaic Down Syndrome	50	1.7%

* Percents are based on 2,858 eligible children ages 18 to 20 years old and for whom MRT diagnoses were available. These diagnoses are 80.4% of all MRT diagnoses for these ages eligible in 2011.

Source: OIM

**APPENDIX II: 25 MOST FREQUENT DIAGNOSES OF PH-95 CHILDREN
USING ICD-9 DIAGNOSIS SUBCATEGORIES*, 2011**

Rank	ICD-9	Diagnosis Category	Unique Children	Most Prevalent Conditions
1	3140	Attention Deficit Disorder	10,463	Attention Deficit Disorder With Hyperactivity, Attention Deficit Disorder Without Hyperactivity
2	2998	Other Specified Pervasive Development Disorder	8,578	Asperger's Disorder, Atypical Childhood Psychosis
3	462	Acute Pharyngitis	6,351	Viral Pharyngitis, Acute Sore Throat NOS
4	4659	Acute Upper Respiratory Infections of Unspecified Site	5,323	Acute Upper Respiratory Infections
5	2990	Autistic Disorder	5,156	Childhood Autism, Infantile Psychosis, Kanner's Syndrome
6	4619	Acute Sinusitis, Unspecified	4,117	Acute Sinusitis NOS
7	7834	Lack of Expected Normal Physiological Development in Childhood	3,252	Inadequate or Lack of Development, Late Walker, Late Talker, Failure to Gain Weight
8	3829	Unspecified Otitis Media	3,132	Otitis Media Disorders NOS
9	4939	Asthma, unspecified	2,950	Allergic and Asthmatic Bronchitis
10	7862	Cough	2,792	Cough
11	3671	Myopia	2,743	Near-sightedness
12	3138	Other or Mixed Emotional Disturbances of Childhood/Adolescence	2,620	Oppositional Defiant Disorder
13	3000	Anxiety States	2,574	Atypical Anxiety Disorder, Anxiety States, Anxiety Reactions, Anxiety Neurosis
14	0799	Unspecified Viral and Chlamydial Infections	2,537	Chlamydia Infections NOS, Viral Infections NOS
15	3820	Acute Suppurative Otitis Media	2,437	Acute Suppurative Otitis Media without rupture of the Eardrum
16	4779	Allergic Rhinitis, Cause Unspecified	2,361	Allergic Rhinitis, Cause Unspecified
17	7890	Abdominal Pain	2,354	Abdominal Pain Unspecified Site, Abdominal Cramps, Generalized Abdominal Pain
18	3153	Developmental Speech or Language Disorder	2,313	Dyslalia, Developmental Articulation Disorder, Phonological Disorder, Central Auditory Processing Disorder, Developmental Aphasia
19	7194	Pain in Joint	2,146	Pain in Lower Leg, Ankle and Foot, Pelvic Region and Thigh, Forearm
20	0340	Streptococcal Sore Throat	2,121	Streptococcal Pharyngitis, Streptococcal Tonsillitis
21	2969	Other and Unspecified Episodic Mood Disorder	2,063	Mood Disorders NOS, Melancholia NOS, Affective Psychosis NOS
22	7806	Fever and Other Physiological Disturbances of Temperature Regulation	2,036	Chills With Fever, Fever of Unknown Origin, Hyperpyrexia NOS, Pyrexia NOS
23	7883	Urinary Incontinence	1,841	Urinary Incontinence Unspecified, Nocturnal Enuresis, Incontinence Without Sensory Awareness
24	2500	Diabetes Mellitus Without Complication	1,801	Uncontrolled Juvenile Diabetes Without Complications
25	3891	Sensorineural Hearing Loss	1,703	Perceptive Hearing Loss or Deafness, Sensorineural Hearing Loss Unspecified

**APPENDIX III: AVERAGE COST
PER MEMBER PER MONTH (PMPM) CALCULATIONS**

The Bureau of Data and Claims Management provided 2011 information on eligibility periods, for all PH-95 children, for programs addressed below. This information identifies enrolled member Eligible Days from which eligible Months and then Average Cost per Member per Month (PMPM) are calculated.

I: 2011 Total Average Cost per Member per Month (PMPM)

Total Eligible Months:

Total Eligible Days	/	Days per Month	=	Total Eligible Months
17,664,544	/	30.4	=	581,070.53

Total Average Cost per Member per Month (PMPM):

Total MA Expenditures	/	Total Eligible Months	=	Average Cost PMPM
\$764,160,828.77	/	581,070.53	=	\$1,315.09

II: 2011 FFS Average Cost per Member per Month (PMPM)*

Total FFS Eligible Months:

Total Eligible Days	/	Days per Month	=	Total Eligible Months
4,876,349	/	30.4	=	160,406.21

Total FFS Average Cost per Member per Month (PMPM):

Total MA Expenditures	/	Total Eligible Months	=	Average Cost PMPM
\$111,136,035.86	/	160,406.21	=	\$692.84

* FFS deals primarily with Physical Health and little with Behavioral Health.

III: 2011 Managed Care Average Cost per Member per Month (PMPM)

Physical Health

Total Managed Care Physical Health Eligible Months:

Total Eligible Days	/	Days per Month	=	Total Eligible Months
12,788,195	/	30.4	=	420,664.31

Total Average Managed Care Physical Health Cost per Member per Month (PMPM):

Total MA Expenditures	/	Total Eligible Months	=	Average Cost PMPM
\$376,384,661.61	/	420,664.31	=	\$894.74

Behavioral Health

Total Managed Care Behavioral Health Eligible Months:

Total Eligible Days	/	Days per Month	=	Total Eligible Months
16,570,739	/	30.4	=	545,090.09

Total Average Managed Care Behavioral Health Cost per Member per Month (PMPM):

Total MA Expenditures	/	Total Eligible Months	=	Average Cost PMPM
\$276,640,131.30	/	545,090.09	=	\$507.51

APPENDIX IV: DEFINITIONS OF SERVICE CATEGORIES, CAPITATION PAYMENTS AND FEE FOR SERVICE

SERVICE CATEGORIES

Home and Community-Based Waiver – Supportive services provided to qualified individuals who wish to remain in their home and/or community rather than enter an institution, such as a nursing home or intermediate care facility.

Hospice Services - Services deemed reasonable and necessary for the palliation or management of the beneficiary's terminal illness and related conditions.

Inpatient Behavioral Health Services - Inpatient mental health and drug and alcohol services administered by a public or private psychiatric hospital/unit or a drug and alcohol rehabilitation hospital/unit.

Inpatient Physical Health Services – Inpatient medical services delivered in an acute care general hospital or a rehabilitation hospital.

Institutional Care Services - Inpatient services furnished by state intellectual disability centers and private intermediate care facilities for persons with intellectual disabilities or other related conditions. Individuals in public intermediate care facilities for intellectual disabilities or other related conditions are excluded from Managed Care.

Outpatient Behavioral Health Facility Services – Mental health outpatient services supplied by an outpatient psychiatric, drug and alcohol clinic or psychiatric partial-hospitalization facility.

Outpatient Behavioral Health Services – Outpatient therapeutic staff support, mobile therapy, mobile mental health treatment, peer support, crisis intervention or behavioral specialist consultant services delivered 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. This includes Summer Therapeutic Activities Program.

Outpatient Physical Health Facility 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 and Federally Qualified Health Center (excluding Behavioral Health Services).

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, a medical supplier, laboratory, or certified rehabilitation agency.

Pharmacy Services – Pharmaceutical products dispensed by a pharmacy, a 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 – Mental health or substance abuse treatment services made available by a facility that provides comprehensive mental health treatment and/or substance abuse services for children with severe emotional disturbances, substance abuse or mental illness.

School-Based Services – Medically necessary services that enable identified children, including PH-95 children, to participate in public education. These services are authorized based on an Individual Education Plan for physical or mental health and paid only through FFS delivery system.

Skilled Nursing Facility Services – Inpatient nursing home services made available through state restoration centers, long term care units located at state mental hospitals, county nursing facilities and private nursing facilities.

CAPITATION PAYMENTS

Behavioral Health Capitation Payment – Payments provided to each Behavioral Health Managed Care Organization (BH-MCO) on a per member per month basis. Amounts for capitation payments are negotiated with each contracted BH-MCO. Behavioral Health capitation payments include related pharmacy costs.

Maternity Care Capitation Payment – Payments remitted to Physical Health Managed Care Organization (PH-MCOs) for each trimester of a member's pregnancy. Each capitation payment covers the cost of all services (e.g. prenatal check-ups, ultrasounds) initiated during that trimester.

Physical Health Capitation Payment – Payments expended to each Physical Health Managed Care Organization (PH-MCO) on a per member per month basis. The amount of Capitation payments is risk-adjusted and negotiated with each contracted PH-MCO. Physical Health Capitation payments include related pharmacy costs.

FEE FOR SERVICE

Fee for Service – The traditional MA Program delivery system. Participating providers submit claims to the Department. Payments rendered on a per service basis.

APPENDIX V: EXAMPLES OF DRUGS BY DRUG TYPE (GC3)

Drug Type	Examples of Drugs
ABSORBABLE SULFONAMIDES	SULFAME THOXAZOLE, SULFATRIM SUSPENSION
ADRENERGICS, AROMATIC, NON-CATECHOLAMINE	ADDERALL, DEXTROAMP AMPHETAMINE, VYVANSE, AMPHETAMINE SALTS
ANALGESICS, NARCOTICS	HYDROCODON-ACETAMINOPHEN, OXYCONTIN HCL, ROXICET
ANTI-ANXIETY DRUGS	BUSPIRONE HCL, DIAZEPAM, CLORAZEPATE, LORAZEPAM
ANTICONVULSANTS	TRILEPTAL, LAMOTRIGINE, DIAZEPAM RECTAL GEL, KEPPRA, DIVALPROEX SODIUM, DEPAKOTE
ANTIHEMOPHILIC FACTORS	RECOMBINATE, ADVATE, KOGENATE, HELIXATE
ANTIHISTAMINES - 1ST GENERATION	HYDROXYZINE, CYPROHEPTADINE, PROMETHAZINE, DIPHENHYDRAMINE
ANTIHISTAMINES - 2ND GENERATION	CLARITIN, ZYRTEC, ALLEGRA, XYZAL, CLARINEX
ANTIHYPERTENSIVES, SYMPATHOLYTIC	CLONIDINE, GUANFACINE, CATAPRES
ANTIPSYCHOTICS, ATYPICAL, D2 PARTIAL AGONIST/5HT MIXED	ABILIFY
ANTIPSYCHOTICS, ATYPICAL, DOPAMINE & SEROTONIN ANTAGONISTS	SEROQUEL, RISPERIDONE, GEODON, ZYPREXA
BETA-ADRENERGIC AGENTS	VENTOLIN INHALER, PROAIR INHALER, ALBUTEROL, XOPENEX
BLOOD SUGAR DIAGNOSTICS	ONE TOUCH ULTRA TEST STRIPS, CONTOUR TEST STRIPS, FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, ACCU-CHEK AVIVA TEST STRIPS, NOVA MAX GLUCOSE TEST STRIPS
CEPHALOSPORINS - 3RD GENERATION	CEFDINIR, SUPRAX
CONTRACEPTIVES, ORAL	YAZ, LOESTRIN, TRI-SPRINTEC, OCELLA, ORTHO TRI-CYCLEN, AVIANE, LOW-OGESTREL
FLUORIDE PREPARATIONS	SODIUM FLUORIDE, ETHEDENT, SF 5000 PLUS CREME, FLUORITAB
GLUCOCORTICOIDS, ORALLY INHALED	FLOVENT, PULMICORT, BUDESONIDE
GROWTH HORMONES	NORDITROPIN, NUTROPIN, GENOTROPIN
HISTAMINE H2-RECEPTOR INHIBITORS	RANITIDINE, PEPCID, AXID, FAMOTIDINE
INCONTINENCE SUPPLIES	SIMPLICITY BRIEFS, HUGGIES, TENA CLASSIC BRIEFS, RA BRIEFS, PROTECTION PLUS UNDERWEAR
INSULINS	HUMALOG, NOVOLOG, LANTUS, HUMULIN, LEVEMIR
LAXATIVES AND CATHARTICS	POLYETHYLENE GLYCOL, SENNA SYRUP, MIRALAX, LACTULOSE, GLYCOLAX
LEUKOTRIENE RECEPTOR ANTAGONISTS	SINGULAIR, ACCOLATE
MACROLIDES	AZITHROMYCIN, ZITHROMAX, ERYTHROMYCIN
MUCOLYTICS	PULMOZYME, ACETYLCYSTEINE
NASAL ANTI-INFLAMMATORY STEROIDS	NASONEX, FLONASE, RHINOCORT AQUA NASAL SPRAY, VERAMYST
NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIB (NDRIS)	BUDEPRION SR, BUPROPION XL
PANCREATIC ENZYMES	CREON, ULTRASE, PANCRECARB MS
PEDIATRIC VITAMIN PREPARATIONS	MULTI-VITAMIN/FLOURIDE, POLY/VITAMIN/ FLOURIDE/IRON, TRIVITAMIN W/ FLOURIDE, SOURCECF
PENICILLINS	AMOXICILLIN, AMOXICILLIN CLAV ER, PENICILLIN VK

Drug Type	Examples of Drugs
PROTON-PUMP INHIBITORS	PREVACID, PRILOSEC, NEXIUM, OMEPRAZOLE
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)	SERTRALINE, LEXAPRO, FLUOXITINE, CITALOPRAM
SEROTONIN-2 ANTAGONIST/REUPTAKE INHIBITORS (SARIS)	TRAZODONE
SEROTONIN-NOREPINEPHRINE REUPTAKE-INHIB (SNRIS)	EFFEXOR, CYMBALTA, VENLAFAXINE
THYROID HORMONES	LEVOTHYROXINE, SYNTHROID, LEVOXYL
TOPICAL ANTI-INFLAMMATORY STEROIDAL	HYDROCORTIZONE, TRIAMCINOLONE, MOMETASONE FUROATE, DESONIDE
TREATMENT FOR ATTENTION DEFICIT-HYPERACTIVITY (ADHD), NRI-TYPE	STRATTERA
TREATMENT FOR ATTENTION DEFICIT-HYPERACTIVITY (ADHD)/NARCOLEPSY	CONCERTA, FOCALIN, METHYLIN, METADATE

APPENDIX VI: ACRONYMS

BH.....	Behavioral Health
CAO.....	County Assistance Office
DPW.....	Department of Public Welfare
FADS.....	Fraud and Abuse Detection System
FFS.....	Fee-for-Service
MA.....	Medical Assistance
MC.....	Managed Care
MCO.....	Managed Care Organization (e.g. HMO)
MRT.....	Medical Review Team
NDC.....	National Drug Code
OIM.....	Office of Income Maintenance
OMAP.....	Office of Medical Assistance Programs
PA PROMISE™.....	Pennsylvania Provider Reimbursement and Operations Management Information System
PH.....	Physical Health
PMPM.....	Per Member Per Month
SSA.....	Social Security Administration
SSI.....	Supplemental Security Income
TPL.....	Third Party Liability

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