MEDICAL ASSISTANCE

FOR CHILDREN WITH DISABILITIES

2024 REPORT

Pennsylvania
Department of Human Services

Commonwealth of Pennsylvania
Department of Human Services

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EXECUTIVE SUMMARY

This is the 22nd annual report on children with disabilities enrolled in the Medical Assistance (MA) Program because of their special needs, also known as PH95 children. The MA Program provides services to PH95 children through the HealthChoices Managed Care (MC) and Fee-for-Service (FFS) delivery systems. This annual report, which is mandated by the Pennsylvania legislature, covers calendar year (CY) 2024. This report presents information on demographics, types of services, service expenditures and common diagnoses for PH95 children.

The following are the key findings within this report:

- The number of PH95 children enrolled in the MA Program in CY 2024 was 105,948 children, an increase of 19.6% the prior year's enrollment of 88,603 children. Most PH95 children (93.5%) were enrolled in the MC delivery system.

- Approximately 61.4% of PH95 children lived in counties with 3,000 or more PH95 children per county during CY 2024. Allegheny County had the highest enrolled PH95 children with 10,552 children.

- Among the 105,948 enrolled PH95 children in CY 2024, 39.3% of them were enrolled in the MA Program for one to five years; 37.7% of them were enrolled in the MA Program for over five years, while the rest of the PH95 children (23%) were enrolled in the MA Program for less than one year.

- The average and median household annual incomes for PH95 children with third-party liability (TPL) resources were $163,201 and $127,198, respectively. This was an increase of 14.4% and an increase of 8.9% respectively from the previous year's report.

- 70.6% of households with a PH95 child had TPL resources in CY 2024, a decrease of 4.7% from the prior year. On average, there were four members in each household with a PH95 child that had TPL resources.

- The average and median household annual incomes for the PH95 children without TPL resources were $110,364 and $83,893, respectively. This was an increase of 4.7% and an increase of 11.5% respectively from the previous year. On average, there were 3.8 members in each household with a PH95 child that did not have TPL resources.

- In CY 2024, the MA Program paid $37,998,405 to enrolled providers who delivered services to PH95 children through the FFS delivery system. This was an increase of 24.8% from the previous year.

- In terms of the service categories, school-based services had the highest FFS expenditures ($19,349,962). Inpatient physical health services were a distant second with $7,170,536 in expenditures.

- MA Managed Care Organizations (MCOs) paid $763,863,700 to providers who delivered services to PH95 children through the MC delivery system. This was an increase of 25.5% from the prior year.

- MCOs' highest expenditure was for pharmacy services, totaling $185,926,813. Outpatient behavioral health services had the next highest expenditure paid by the MCOs, totaling $178,541,788.

- The top three diagnosis code categories reported as the reasons for treatment in CY 2024 were:
  - 'Encounter for general examination without complaint, suspected or reported diagnosis'
  - 'Pervasive developmental disorders'
  - 'Persons encountering health services for other counseling and medical advice, not elsewhere classified'

INTRODUCTION

Background

The Appropriations Act, Act 1A of 2005 provides: "The Department shall submit to the Public Health and Welfare Committee of the Senate and the Health and Human Services Committee of the House of Representatives an annual report including, but not limited to, the following data: family size, household income, county of residence, length of residence in Pennsylvania, third-party insurance information, diagnosis and the type and cost of services paid for by the Medical Assistance Programs on behalf of each eligible and enrolled child that has an SSI (Supplemental Security Income) level of disability and where parental income is not currently considered in the eligibility determination process."

The Medical Assistance for Children with Disabilities 2024 Report is the 22nd annual report on PH95 children who are eligible for MA because they have special needs (these children are identified as PH95 children).

Methodology

Data collection for this report was provided by the Pennsylvania Department of Human Services' Office of Medical Assistance Programs (OMAP). OMAP obtained information from the Enterprise Data Warehouse (EDW) on eligibility dates, demographics, service types, costs, diagnoses, and TPL. All services provided to PH95 children were delivered either through the FFS or MC delivery system. Information for FFS claims and MC encounters was generated from EDW based on services rendered in each delivery system. Claims and encounters data were processed and obtained from PA's Medicaid Management Information System (MMIS), while the Client Information System (CIS) provided eligibility dates and demographic information.

PH95 Eligibility

Eligibility for MA through the PH category 95 program status code is based on a child's disability and the child's countable income. The child's countable income must be less than or equal to 100% of the Federal Poverty Income Guideline for the child to be eligible for MA under PH95 eligibility. Countable income includes, but is not limited to, a child's earned income, countable unearned income, and voluntary child support. It does not include court-ordered child support and parental income.

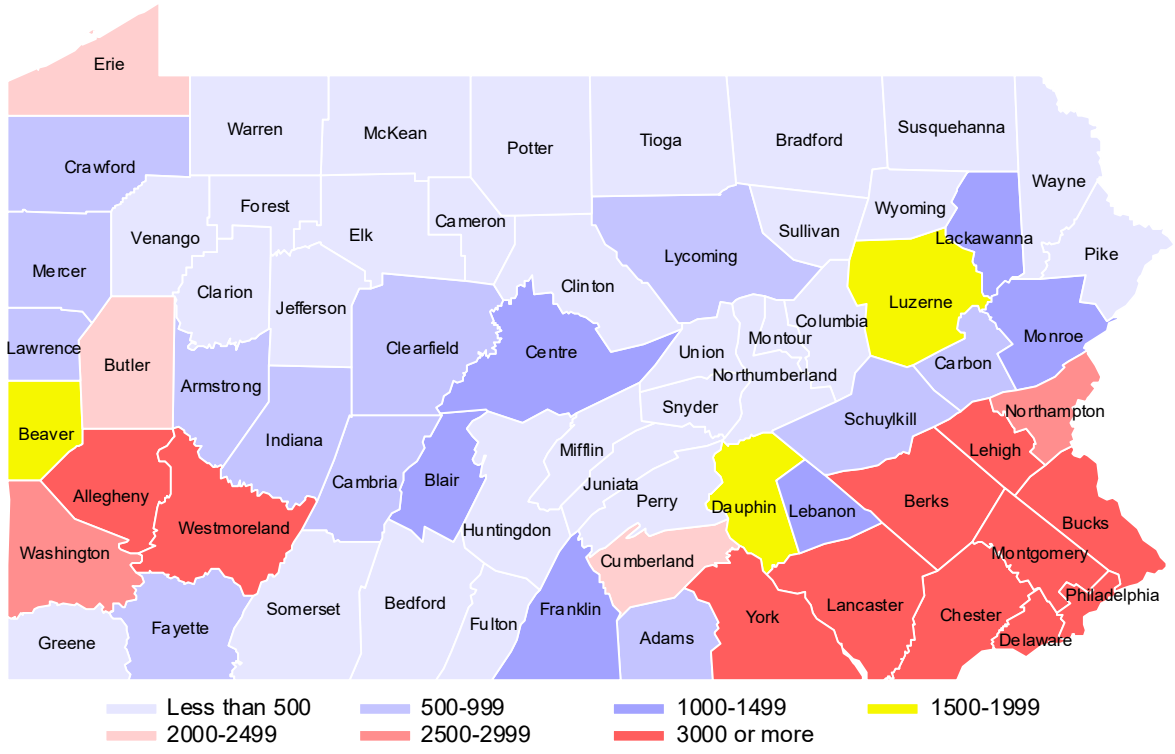
DEMOGRAPHICS

The Pennsylvania Department of Human Services included in its analysis for this report every eligible PH95 child who was enrolled in the MA Program during the 2024 calendar year, regardless of whether the child's eligibility was discontinued at any time during the year.

Number of PH95 Enrollees

- In CY 2024, the number of PH95 children enrolled in the MA Program in Pennsylvania was 105,948. This was an increase of 19.6% from CY 2023. Most PH95 children (93.5%) were enrolled in the MC delivery system.

Figure 1. County Map: Number of PH95 Children in Pennsylvania – CY 2024



Source: DHS Enterprise Data Warehouse.

County of Residence

- Allegheny County had the largest number of PH95 children, with 10,552 children enrolled in the MA Program (Figure 1).
- A high number of PH95 children were from the following counties: Allegheny, Montgomery, Bucks, Chester, Lancaster, Delaware, Philadelphia, York, Westmoreland, Lehigh, Berks (Figure 1).
- Approximately 61.4% of PH95 children lived in counties with 3,000 or more PH95 children during CY 2024.
- 44.8% of the counties in Pennsylvania had fewer than 500 PH95 children enrolled in the MA Program in CY 2024.

Length of Enrollment

- In CY 2024, 39.3% of PH95 children were enrolled in the MA Program for more than one year but less than five years, and 37.7% were enrolled in the MA Program for more than five years.
- Approximately 23.1% of PH95 children were enrolled in the MA Program for less than one year in CY 2024.

Table 1. PH95 Children by Length of Enrollment - CY 2024

Length of Enrollment	Number of Children	Percentage*
< 6 Month	12,538	11.8%
6 Months to < 1 Year	11,898	11.2%
1 Year to < 5 Years	41,596	39.3%
5+ Years	39,916	37.7%
Total	105,948	100.0%

Source: DHS Enterprise Data Warehouse.

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

Household Income and Third-Party Liability (TPL) Resources

Federal and state law requires that the MA Program be the payer of last resort (42 U.S.C. § 1396a(a)(25), 42 CFR § 433.139, 62 P.S. § 1409, 55Pa. Code § 1101.64). Therefore, when a beneficiary has a TPL resource (other obligated payers), the resource must be used to pay for services it covers prior to any MA payment.

- The majority (70.6%) of PH95 children with available household income information had a TPL resource in CY 2024 (Table 2).

- 48% of PH95 children with available household income information who had TPL resources were in families with household income greater than $100,000.
- 6.7% of PH95 children with available household income information were in families with a household income less than $50,000.
- 1.9% of PH95 children with available household income information who did not have a TPL resource were in families with household income greater than $200,000, (Table 2).
- The average household income for PH95 children with TPL resources in CY 2024 was $163,201 as compared to $110,364 for children without TPL resources (Table 2).
- The median income for households with a PH95 child and TPL resource was $127,198 as compared to $83,893 for those without a TPL resource.

Table 2. Number of PH95 Children and Household Members by Household Annual Income, With or Without TPL - CY 2024*

Household Income Group ($)		Number of Children	Percentage	Average Number in Household	Average Household Income	Median Household Income
With TPL	**<50,000**	2,926	2.8%	3.0	$163,201	$127,198
	50,000 - 74,999	8,730	8.2%	3.6		
	75,000 - 99,999	12,249	11.6%	4.0		
	100,000 - 199,999	36,221	34.2%	4.2		
	≥ 200,000	14,582	13.8%	4.3		
	Subtotal	**74,708**	**70.6%**	--		
Without TPL	**<50,000**	4,212	4.0%	2.9	$110,364	$83,893
	50,000 - 74,999	8,490	8.0%	3.5		
	75,000 - 99,999	7,221	6.8%	4.0		
	100,000 - 199,999	9,158	8.7%	4.2		
	≥ 200,000	2,037	1.9%	4.3		
	Subtotal	**31,118**	**29.4%**	--		
Total		**105,826**	**100.0%**	--		

Source: DHS Enterprise Data Warehouse.

*In CY 2024, 105,826 out of 105,948 PH95 children with household income information were included in the analysis. Income information for 122 children was unavailable in the source data.

Household Size

- The average number of household members ranged from 2.9 to 4.3 regardless of household income in CY 2024 (Table 2). Families with higher household income tended to have more household members.

- In general, groups with higher household income (more than $75,000) had one more family member than those with the lowest household income (less than $50,000).

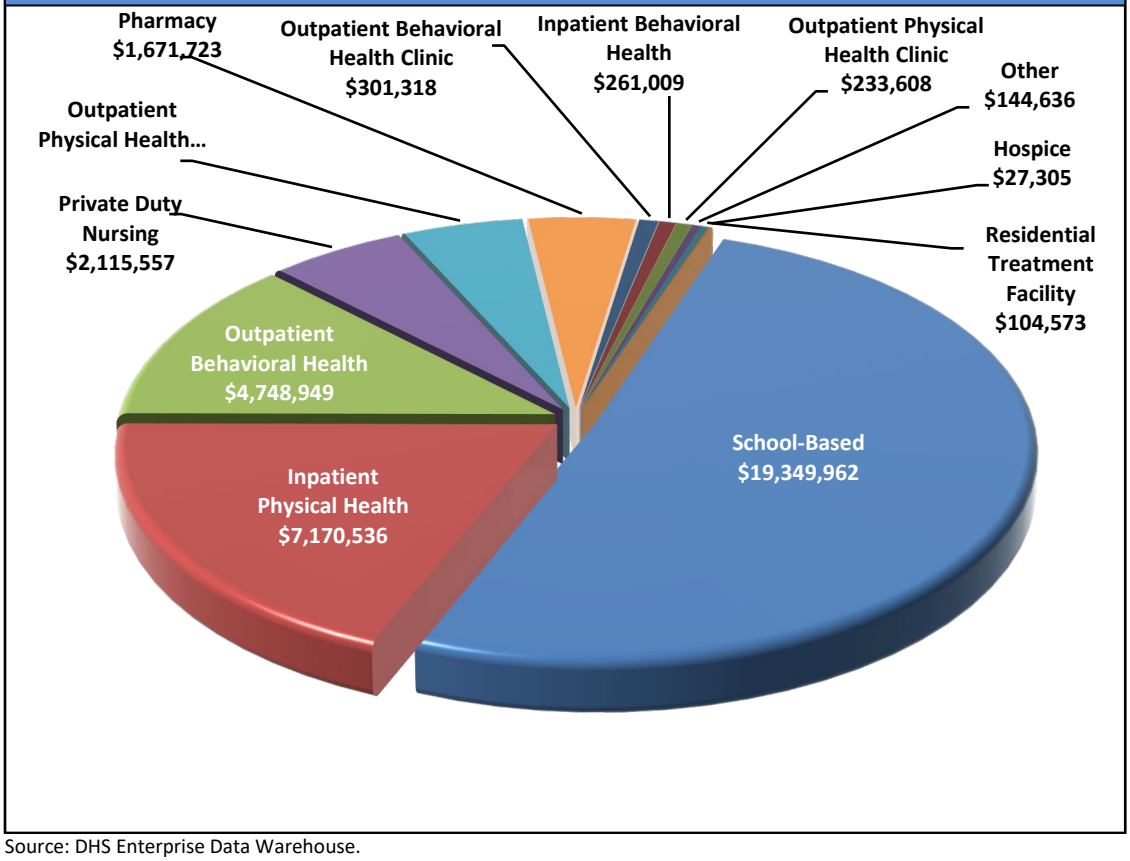
MA PROGRAM SERVICES AND EXPENDITURES

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

PH95 Expenditures by Service Categories

- In CY 2024, the MA Program paid $37,998,405 for services delivered through the FFS system to PH95 children. This was an increase of 24.8% compared to the previous year's expenditures of $30,446,109.
- School-Based services, which had $19,349,962 in expenditures in CY2024, accounted for the greatest portion of the FFS expenditures. Inpatient physical health services followed at a distant second with $7,170,536 in expenditures.

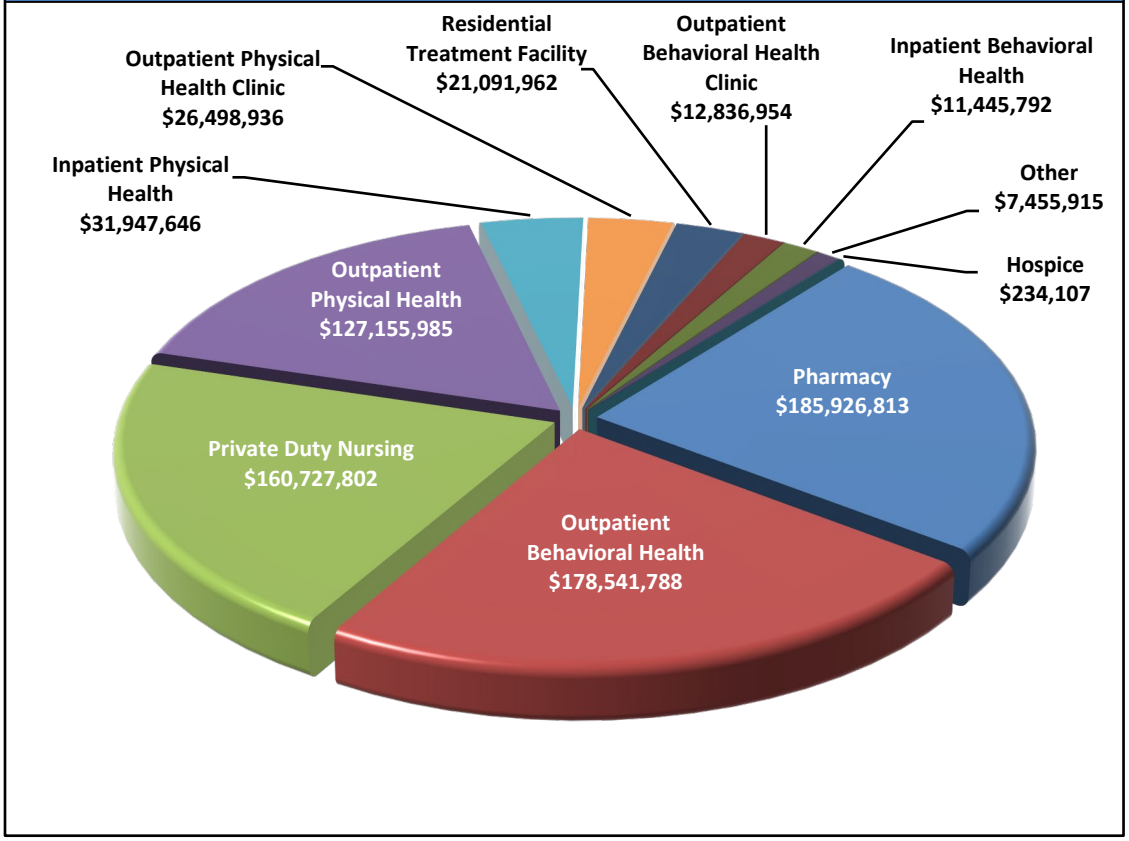
Figure 2. Total Expenditures for FFS Services by Service Categories - CY 2024



Source: DHS Enterprise Data Warehouse.

- MA MCOs paid $763,863,700 to providers that delivered services to PH95 children through the MC delivery system in CY 2024. This was an increase of 25.5% compared to the previous year's expenditures of $608,554,766.
- As shown in Figure 3, pharmacy services were the highest expenditure for PH95 children by MA MCOs totaling $185,926,813. The second highest MCO expenditure was for outpatient behavioral health services, which totaled $178,541,788.

Figure 3. MCO Total Expenditures for MC Services by Service Categories - CY 2024



Source: DHS Enterprise Data Warehouse.

DIAGNOSES

Diagnoses of PH95 children were analyzed using service records from both delivery systems. Because a PH95 child may receive treatments for the same condition multiple times a year and the same diagnosis may be reported more than once, each diagnosis was counted only once per child to avoid duplication.

- Of the 10 most common diagnoses reported as reasons for treatment, Encounter for general examination without complaint, suspected or reported diagnosis were reported most in CY 2024, with 37,755 PH95 children with this diagnosis (Table 3).

- Pervasive developmental disorders (22,025) and persons encountering health services for other counseling and medical advice, not elsewhere classified (19,909) were the second and third most frequent diagnoses respectively.

Table 3. Top Ten Diagnosis Code Groups used for PH-95 Children - CY2024*		
Code	**Diagnosis**	**Number of Children**
Z00	Encounter for general examination without complaint, suspected or reported diagnosis	37,755
F84	Pervasive developmental disorders	22,025
Z71	Persons encountering health services for other counseling and medical advice, not elsewhere classified	19,909
F90	Attention-deficit hyperactivity disorders	19,246
J02	Acute pharyngitis	16,257
Z23	Encounter for immunization	15,412
Z68	Body mass index [BMI]	15,295
J06	Acute upper respiratory infections of multiple and unspecified sites	12,543
F80	Specific developmental disorders of speech and language	12,520
F41	Other anxiety disorders	11,442

Source: DHS Enterprise Data Warehouse.

*Primary, secondary and tertiary ICD-10 diagnosis codes in each claim/encounter were used for this analysis.

APPENDICES

Appendix I: PH95 Children by County of Residence in CY 2024

County	Number of PH95 Children	Percentage	County	Number of PH95 Children	Percentage
ADAMS	836	0.8%	LACKAWANNA	1,450	1.4%
ALLEGHENY	10,552	10.0%	LANCASTER	5,690	5.4%
ARMSTRONG	631	0.6%	LAWRENCE	646	0.6%
BEAVER	1,631	1.5%	LEBANON	1,352	1.3%
BEDFORD	284	0.3%	LEHIGH	3,407	3.2%
BERKS	3,360	3.2%	LUZERNE	1,966	1.9%
BLAIR	1,142	1.1%	LYCOMING	934	0.9%
BRADFORD	431	0.4%	MCKEAN	252	0.2%
BUCKS	8,338	7.9%	MERCER	838	0.8%
BUTLER	2,283	2.2%	MIFFLIN	257	0.2%
CAMBRIA	868	0.8%	MONROE	1,102	1.0%
CAMERON	64	0.1%	MONTGOMERY	9,952	9.4%
CARBON	514	0.5%	MONTOUR	138	0.1%
CENTRE	1,027	1.0%	NORTHAMPTON	2,691	2.5%
CHESTER	6,061	5.7%	NORTHUMBERLAND	484	0.5%
CLARION	276	0.3%	PERRY	360	0.3%
CLEARFIELD	671	0.6%	PHILADELPHIA	4,646	4.4%
CLINTON	382	0.4%	PIKE	414	0.4%
COLUMBIA	421	0.4%	POTTER	91	0.1%
CRAWFORD	511	0.5%	SCHUYLKILL	853	0.8%
CUMBERLAND	2,056	1.9%	SNYDER	284	0.3%
DAUPHIN	1,791	1.7%	SOMERSET	390	0.4%
DELAWARE	5,293	5.0%	SULLIVAN	43	0.0%
ELK	440	0.4%	SUSQUEHANNA	263	0.2%
ERIE	2,022	1.9%	TIOGA	201	0.2%
FAYETTE	719	0.7%	UNION	277	0.3%
FOREST	24	0.0%	VENANGO	317	0.3%
FRANKLIN	1,013	1.0%	WARREN	327	0.3%
FULTON	94	0.1%	WASHINGTON	2,578	2.4%
GREENE	210	0.2%	WAYNE	307	0.3%
HUNTINGDON	397	0.4%	WESTMORELAND	3,490	3.3%
INDIANA	597	0.6%	WYOMING	171	0.2%
JEFFERSON	417	0.4%	YORK	4,268	4.0%
JUNIATA	153	0.1%	TOTAL	105,948	100.0%

Source: DHS: Enterprise Data Warehouse.

Appendix II: Service Categories' Definition

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

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

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

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

Outpatient Behavioral Health Services – Outpatient services furnished by psychiatrists, mental health/intellectual disability case managers, psychologists, family-based mental health providers, licensed social workers, clinical social workers, and other behavioral health therapists.

Outpatient Physical Health Clinic Services – Physical health outpatient services furnished by an outpatient hospital clinic, short procedure unit, ambulatory surgical center, birth center, independent medical/surgical clinic, renal dialysis center, family planning clinic, comprehensive outpatient rehabilitation facility, Rural Health Clinic or Federally Qualified Health Center.

Outpatient Physical Health Services – Outpatient services provided by a physician, dentist, podiatrist, chiropractor, optometrist, ambulance company, portable X-ray provider, home health agency, nurse midwife, occupational, physical or speech therapist, audiologist, certified registered nurse anesthetist, certified registered nurse practitioner, MA case manager, nutritionist, smoking cessation provider, medical supplier, laboratory, or certified rehabilitation agency.

Pharmacy Services – Pharmaceutical products dispensed by a pharmacy, dispensing physician, certified registered nurse practitioner or certified nurse midwife.

Private Duty Nursing Services – Services furnished by a registered nurse or a licensed practical nurse through a home health agency or a nursing agency.

Residential Treatment Facility Services – Behavioral health treatment services provided to one or more children with a diagnosed mental illness, serious emotional or behavioral disorder, a severe substance abuse condition or mental illness in a 24-hour living setting.

School-Based Services – Services provided to enable a child to participate in public education. These services are included in a child's Individual Education Plan and include physical or mental health services.