

**MEDICAL ASSISTANCE
FOR CHILDREN WITH DISABILITIES
2005 REPORT**

**Commonwealth of Pennsylvania
Department of Public Welfare
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ACKNOWLEDGEMENTS

INTRODUCTION

This report provides the appropriate 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 children with disabilities enrolled in the Medical Assistance (MA) Programs. These are children enrolled in the eligibility group with category and program status code PH-95, formerly known as PS-95. The parental income for children in this eligibility category is disregarded in determining MA eligibility. Following the methodology used in the 2004 report, this report analyzes the demographic information of MA children with disabilities and their cost and service utilization for services provided under both the Fee-for-Service (FFS) and MA managed care delivery systems during calendar year 2005.

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 certain children with disabilities 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 program on behalf of each eligible and enrolled child that has an SSI (Supplemental Security Income) level of disability and where parental income is not currently considered in the eligibility determination process.”

Methodology

The data for the analysis were collected from four offices within the Department.

The Office of Administration (OA)'s Division of Third Party Liability (TPL) provided information on TPL insurance for MA children with disabilities.

The Office of Income Maintenance (OIM) provided information on eligible children's household income, family size, length of residency in Pennsylvania, and diagnoses information. This information is collected at County Assistance Offices (CAOs), where caseworkers determine eligibility for MA. Eligible children with an SSI-level of disability whose parents' income is not considered in the eligibility determination process are enrolled in 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. The Department was granted authority to require that all families submit information about their household income, family size and length of residency in Pennsylvania only after Act 7A of 2002, the State Fiscal Year 2002-2003 budget, was passed. CAOs began collecting this information after January 1, 2003 for new applications received and also began collecting income information from families who reached their annual re-determination date.

The Office of Mental Health and Substance Abuse Services (OMHSAS) provided information on behavioral health services rendered by behavioral health managed care organizations (BH-MCOs) in the year 2005. BH-MCOs directly submitted the data to OMHSAS. The data were not available in PA PROMISe™ at the time of analysis.

The Office of Medical Assistance Programs (OMAP) stores information about MA eligibility dates, demographic information of eligible recipients, and types and cost of services provided to the recipients in the Enterprise Data Warehouse as well as in the Fraud and Abuse Detection System (FADS), which load the information from the Department's claim processing system, PA PROMISe™. Services are provided through two delivery systems: Fee-for-Service (FFS) and Managed Care (MC). Data on eligibility dates and demographic information on children were extracted from the Eligibility File; data on types and costs of services provided in the FFS delivery system were extracted from the Paid Claims History; and the data on capitation payment made on behalf of managed care members were extracted from the Capitation History, all available in the Enterprise Data Warehouse. Data on types and costs of services provided under physical health managed care organizations (PH-MCOs) were obtained directly from MA MCOs operating under HealthChoices, the Department's mandatory managed care program. In addition, a very limited volume of data, approximately 1% of the managed care data, were provided by voluntary MCOs.

Limitation

The service records for the 2005 MCOs service utilization analysis were directly submitted by MCOs, which were not available in PA PROMISe™. Any data limitations resulting from the data collection process were noted in the document. The encounter data collection process is expected to be developed and available in PA PROMISe™ for future analysis.

Description of Report Format

The report provides information in three parts.

Part I provides demographic information on the MA eligible children with disabilities. The analysis is based on data from three sources. Analysis of eligibility data available through the Department's Enterprise Data Warehouse provides information on any children who were in the eligibility category anytime during the year 2005, and who were younger than age 21 as of December 31, 2005. Analysis of information on TPL is based on data provided by the Division of TPL under the Office of Administration (OA). Analysis of information on household income, family size, length of residency in Pennsylvania, and diagnoses of the eligible children is based on data provided by OIM. Data provided by OA and OIM are based on any children with disabilities in eligibility category PH-95 for whom the data are available. The numbers of children whom the analysis is based on are noted in the document.

The analysis of demographic information of eligible children was conducted by county of residence, age group, household income group, length of residency in Pennsylvania, as well as health service delivery systems (FFS vs. Managed Care).

The analysis by age group was organized in the following three age groups:

- Between 0 and 5
- Between 6 and 17
- Between 18 and 20

The analysis by household income groups was organized in the following six groups based on annual household income and TPL availability:

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

Part II provides information on MA expenditures for the children identified under Part I. MA expenditures consist of payments made to MA enrolled providers for services rendered to children with disabilities in the Fee-for-Service (FFS) delivery system, capitation payments made for disease management services for FFS enrolled children under ACCESS Plus, and capitation payments made to MA Managed Care Organizations (MCOs) for services provided to managed care members identified under Part I. To analyze the information on types and cost of

services provided in the FFS delivery system, services were grouped in the following thirteen service categories:

- Behavioral Health Rehabilitation Services
- Educational Rehabilitation Services
- Home and Community-Based Waiver Services
- Inpatient Behavioral Health Services
- Inpatient Physical Health Services
- Institutional Care Services
- Outpatient Behavioral Health Ancillary Services
- Outpatient Physical Health Services
- Outpatient Physical Health Ancillary Services
- Pharmacy Services
- Private Duty Nursing Services
- Residential Treatment Facility Services
- Others

The definitions of these service categories are provided in Appendix I.

Part III provides information on services rendered by MCOs to the children identified under Part I. Due to the data limitations, services were grouped in the following five service categories, as provided by MCOs:

- Behavioral Health Services
- Dental Services
- Inpatient Physical Services
- Outpatient Physical Services
- Pharmacy Services

Key Facts on Medical Assistance for Children with Disabilities, 2005

* The DPW Expenditure includes the payments for services provided under the FFS delivery system and the capitation payments made for managed care enrolled children with disabilities.

** The Department did not pay this amount. This was the amount that MCOs paid to their providers.

ANALYSIS OF CHILDREN WITH DISABILITIES ON MEDICAL ASSISTANCE

PART I: Demographic Profile

County of Residence

**Table 1: Number of MA Enrolled Children with Disabilities and
Percent of Total MA Enrolled Children with Disabilities
by County of Residence, 2005**

County	Enrolled	Percent Enrolled	County	Enrolled	Percent Enrolled
Adams	584	1.19%	Lackawanna	839	1.70%
Allegheny	4,327	8.79%	Lancaster	2,324	4.72%
Armstrong	224	0.46%	Lawrence	293	0.60%
Beaver	597	1.21%	Lebanon	660	1.34%
Bedford	172	0.35%	Lehigh	1,550	3.15%
Berks	1,506	3.06%	Luzerne	1,304	2.65%
Blair	550	1.12%	Lycoming	397	0.81%
Bradford	217	0.44%	McKean	232	0.47%
Bucks	3,075	6.25%	Mercer	683	1.39%
Butler	774	1.57%	Mifflin	227	0.46%
Cambria	365	0.74%	Monroe	831	1.69%
Cameron	36	0.07%	Montgomery	3,568	7.25%
Carbon	237	0.48%	Montour	94	0.19%
Centre	489	0.99%	Northampton	1,365	2.77%
Chester	2,207	4.48%	Northumberland	300	0.61%
Clarion	135	0.27%	Perry	237	0.48%
Clearfield	544	1.11%	Philadelphia	2,229	4.53%
Clinton	159	0.32%	Pike	360	0.73%
Columbia	229	0.47%	Potter	90	0.18%
Crawford	339	0.69%	Schuylkill	565	1.15%
Cumberland	933	1.90%	Snyder	173	0.35%
Dauphin	888	1.80%	Somerset	192	0.39%
Delaware	2,657	5.40%	Sullivan	22	0.04%
Elk	406	0.82%	Susquehanna	232	0.47%
Erie	1,085	2.20%	Tioga	88	0.18%
Fayette	240	0.49%	Union	203	0.41%
Forest	16	0.03%	Venango	178	0.36%
Franklin	411	0.83%	Warren	254	0.52%
Fulton	41	0.08%	Washington	948	1.93%
Greene	94	0.19%	Wayne	227	0.46%
Huntingdon	345	0.70%	Westmoreland	1,253	2.55%
Indiana	281	0.57%	Wyoming	159	0.32%
Jefferson	231	0.47%	York	2,639	5.36%
Juniata	118	0.24%	TOTAL	49,228	100.00%

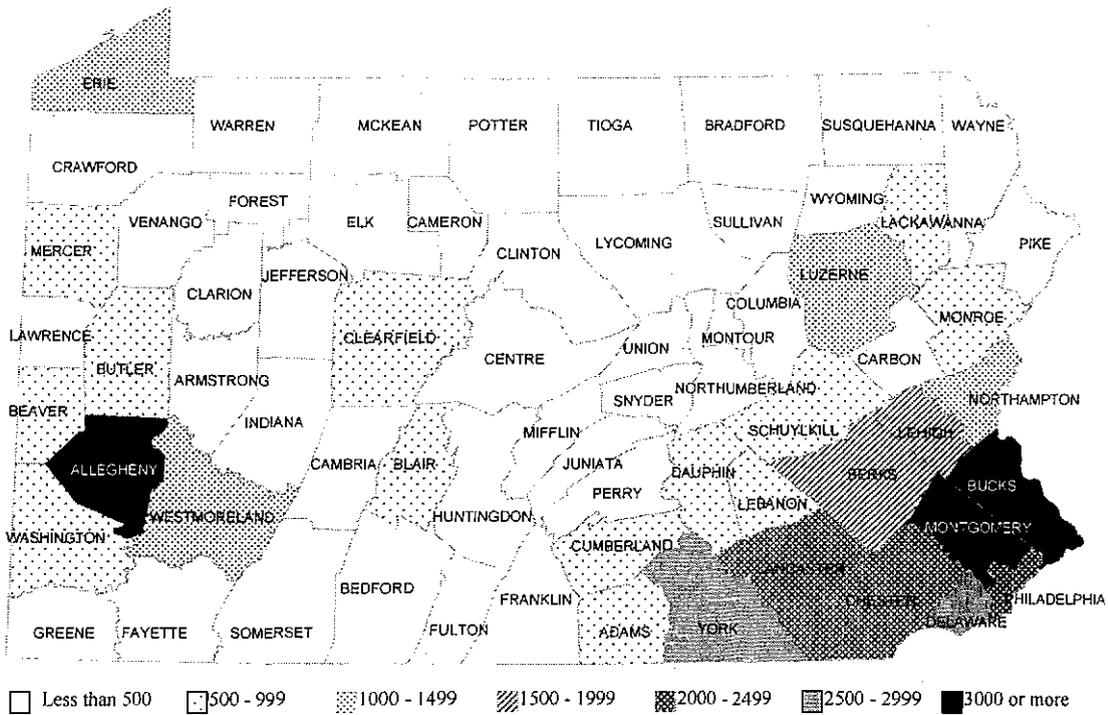
Source: DPW Enterprise Data Warehouse

Demographic Profile (Continued)

The total number of MA eligible children with disabilities enrolled sometime in 2005, who were younger than 21 as of December 31, 2005, was 49,228. This number is approximately 2.3% of the total MA enrollment. Table 1 lists the number of these children and the percentage of total enrollment by county of residence. If a child was once enrolled during the year 2005, the child was counted even when the child became non-eligible. If a child moved from one county to another during the year, which happened to approximately 1% of these children, one county was randomly chosen for each child as a county of residence, so that all the children were counted only once.

Figure 1 geographically shows how MA enrolled children with disabilities were distributed across the state by county of residence, based on Table 1. The greatest number of these children resided in the southeast region of the state and in Allegheny County.

Figure 1: Distribution of MA Enrolled Children with Disabilities in Pennsylvania by County of Residence, 2005



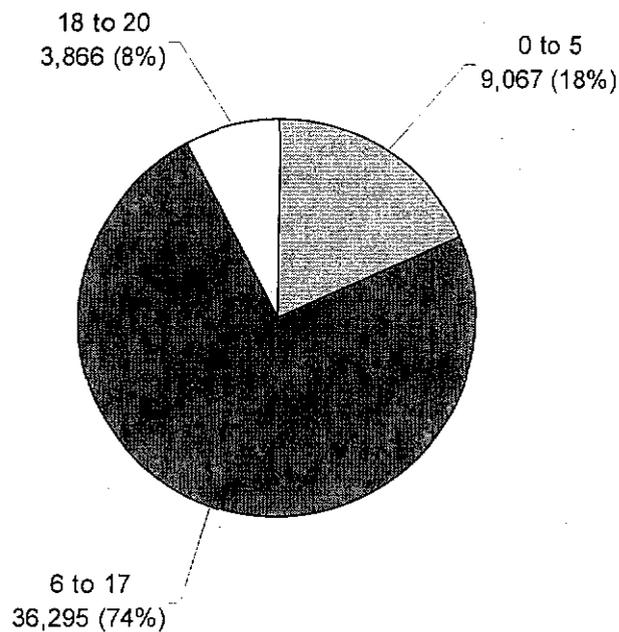
Demographic Profile (Continued)

- The total number of MA enrolled children with disabilities increased by 3,249 children, or 7% since 2004.

Age Group

As presented in Figure 2, 74% of MA children with disabilities enrolled in 2005 were in the age group between 6 and 17.

Figure 2: Percent of MA Enrolled Children with Disabilities by Age Group, 2005*



* Age was determined as of December 31, 2005.
Source: DPW Enterprise Data Warehouse

Demographic Profile (Continued)

Household Income, Third Party Insurance, Family Size and Length of Residency in Pennsylvania

Information on household income, family size and length of residency in Pennsylvania for MA children with disabilities was provided by OIM for 44,586 children. Additionally, information on third party insurance was provided by the OA for these children. The analysis was based on the information for these 44,586 children. The information on the remaining 4,642 children was not available for analysis.

Average monthly income of MA eligible children with disabilities, their mothers, fathers, other household members and the total household are presented in Table 2.

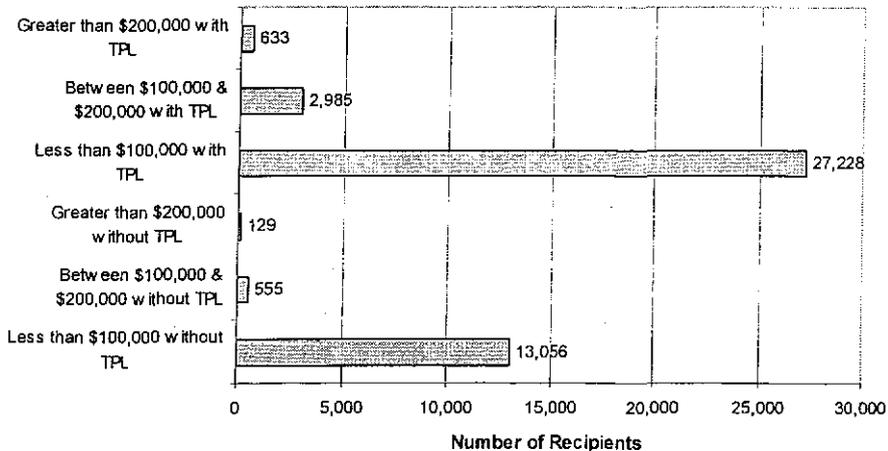
Table 2: Average Monthly Income of Household Members for MA Enrolled Children with Disabilities, 2005 (N=44,586)

Household Member	Earned Income	Unearned Income	Total
Eligible Child	\$9.30	\$56.24	\$65.54
Mother	\$1,356.62	\$87.17	\$1,443.79
Father	\$3,685.78	\$110.09	\$3,795.87
Other Household Members	\$29.74	\$43.82	\$73.56
Total Household Income	\$5,081.44	\$297.32	\$5,378.76

Source: Office of Income Maintenance (OIM)

Figure 3 shows the number of MA children with disabilities by annual income group with and without TPL in 2005. Approximately 61% of these children were in the annual income group of less than \$100,000 with TPL.

Figure 3: Number of MA Enrolled Children with Disabilities by Annual Income Group with and without TPL, 2005 (N=44,586)



Sources: TPL and OIM

Demographic Profile (Continued)

Table 3 shows the number of MA children with disabilities, the total number of household members, and average number of household members by annual income group.

Table 3: Number and Percent of MA Enrolled Children with Disabilities by Annual Income Group, and Total and Average Number of Household Members, 2005 (N=44,586)

Income Group	Number of PH-95 Children	Percent	Total Number of Household Members	Average Number of Members per Household*
Less than \$100,000 with TPL	27,228	61.1%	110,608	4.1
Less than \$100,000 without TPL	13,056	29.3%	49,063	3.8
Between \$100,000 and \$200,000 with TPL	2,985	6.7%	13,291	4.5
Between \$100,000 and \$200,000 without TPL	555	1.2%	2,490	4.5
Greater than \$200,000 with TPL	633	1.4%	2,833	4.5
Greater than \$200,000 without TPL	129	0.3%	514	4.0
Total	44,586	100%	178,799	4.0

* The number of children was used as number of households. It is possible that some eligible children live in the same household, so that the actual number of households might be slightly less than the actual number of children. Sources: TPL and OIM

Table 4 shows the number and percent of MA children with disabilities by the length of residency in Pennsylvania. Nearly 90% of the eligible children who were re-determined to be MA eligible in 2005 lived in Pennsylvania for over five years.

Table 4: Number and Percent of MA Enrolled Children with Disabilities by Length of Residency in Pennsylvania, 2005 (N=44,586)

Length of Residency	Number of Children	Percent
Over 5 Years	39,453	88.5%
1 Year to 5 Years	4,490	10.1%
6 Months to 1 Year	256	0.6%
Less than 6 Months	387	0.9%
Total	44,586	100%*

* Percentage may not equal to 100% due to rounding.
Source: OIM

Demographic Profile (Continued)

Health Service Delivery System

MA services are provided through two delivery systems: Fee-for-Service (FFS) and managed care. When a child becomes MA eligible in a county where managed care is available, physical health MCO enrollment occurs 30 – 45 days after the eligibility determination is made in order to allow children to choose their physical health MCO and primary care physician. During this period, MA covered physical health services are paid under the FFS delivery system. In addition, there are certain services which are not paid by managed care and continue to be paid under the FFS delivery system, including educational rehabilitation services, institutional care services after thirty (30) days and home and community-based waiver services. In these cases, the services provided for the managed care members are paid under the FFS delivery system. For these reasons, there are occasions when children identified as MCO members receive services under and paid for by the FFS program.

Table 5 shows the numbers of MA enrolled children with disabilities in each delivery system and children who received MA services in 2005 by health service delivery system. As children move from a managed care county to a FFS county, the delivery system in which they receive their health care services often changes. If children had a record of managed care capitation payments with the total amount greater than \$0 for either a physical health or behavioral health managed care organization during the year, these children were counted in the managed care delivery system, and the remaining children were counted in the FFS delivery system. The total number of children with disabilities who received services included the total number of MCO or FFS enrolled children with disabilities who had service records at least once in either the managed care or FFS delivery system.

Ninety percent (90%) of MA eligible children with disabilities received services either in managed care or FFS delivery system.

Table 5: Numbers of Enrollment of Children with Disabilities and Children Who Received MA Services by Health Care Delivery System, 2005

	Managed Care	FFS	Total
Number of Enrollment	34,400	14,828	49,228
Number of Children Who Received Services	31,203 (91%)	13,058 (88%)	44,261 (90%)

Source: DPW, Enterprise Data Warehouse

Demographic Profile (Continued)

Diagnoses

Analysis of diagnoses of children with disabilities was based on information provided by the OIM's contracted Medical Review Team (MRT) which certifies each child's disability. The information was available for 29,210 MA eligible children with disabilities through the MRT. This analysis was based on these 29,210 children with diagnosis information.

Table 6 shows the ten most frequently reported diagnoses for the children with disabilities. Tables 7 through 9 present the ten most frequently reported diagnoses for these children by age group.

Table 6: Top 10 Diagnoses of MA Enrolled Children with Disabilities (N=29,210)

Rank	Diagnosis*	Number of Children	Percent**
1	Attention Deficit Hyperactivity Disorder	4,208	14.4%
2	Autistic Disorder and Otherwise Pervasive Developmental Disorders	4,052	13.9%
3	Mood Disorders	3,205	11.0%
4	Organic Mental Disorder	2,864	9.8%
5	Multiple Body Dysfunction	2,059	7.0%
6	Communication impairment, associated with documented neurological disorder)	1,772	6.1%
7	Hearing Impairments	1,669	5.7%
8	Anxiety Disorders	948	3.2%
9	Down Syndrome	947	3.2%
10	Personality Disorders	859	2.9%

* Diagnoses are based on the Disability Evaluation under Social Security.

** Percentages are based on 29,210 children, for whom the diagnoses information was available.

Source: OIM

Demographic Profile (Continued)

Table 7: Top 10 Diagnoses of MA Enrolled Children with Disabilities Between 0 and 5 Years of Age (N=5,101)

Rank	Diagnosis*	Number of Children	Percent**
1	Multiple Body Dysfunction	788	15.4%
2	Autistic Disorder and Otherwise Pervasive Developmental Disorders	781	15.3%
3	Communication impairment, associated with documented neurological disorder)	766	15.0%
4	Organic Mental Disorder	641	12.6%
5	Down Syndrome	301	5.9%
6	Hearing Impairments	275	5.4%
7	Congenital Heart Disease	160	3.1%
8	Neurological impairments	133	2.6%
9	Major Motor Seizure Disorder	102	2.0%
10	Attention Deficit Hyperactivity Disorder	79	1.5%

* Diagnoses are based on the Disability Evaluation under Social Security.

**Percentages are based on 5,101 children between 0 and 5 years of age. Source: OIM

Table 8: Top 10 Diagnoses of MA Enrolled Children with Disabilities Between 6 and 17 Years of Age (N=22,842)

Rank	Diagnosis*	Number of Children	Percent**
1	Attention Deficit Hyperactivity Disorder	3,921	17.2%
2	Autistic Disorder and Otherwise Pervasive Developmental Disorders	3,211	14.1%
3	Mood Disorders	2,752	12.0%
4	Organic Mental Disorder	2,173	9.5%
5	Hearing Impairments	1,322	5.8%
6	Multiple Body Dysfunction	1,234	5.4%
7	Communication impairment, associated with documented neurological disorder)	1,003	4.4%
8	Anxiety Disorders	889	3.9%
9	Personality Disorders	769	3.4%
10	Down Syndrome	632	2.8%

* Diagnoses are based on the Disability Evaluation under Social Security.

**Percentages are based on 22,842 children between 6 and 17 years of age. Source: OIM

Demographic Profile (Continued)

**Table 9: Top 10 Diagnoses of MA Enrolled Children with Disabilities
Between 18 and 20 Years of Age (N=1,267)**

Rank	Diagnosis*	Number of Children	Percent**
1	Mood Disorders	431	34.0%
2	Attention Deficit Hyperactivity Disorder	208	16.4%
3	Hearing Impairments	72	5.7%
4	Autistic Disorder and Otherwise Pervasive Developmental Disorders	60	4.7%
5	Organic Mental Disorder	50	3.9%
6	Anxiety Disorders	46	3.6%
7	Personality Disorders	42	3.3%
8	Multiple Body Dysfunction	37	2.9%
9	Mental Retardation	36	2.8%
10	Juvenile Diabetes Mellitus	28	2.2%

* Diagnoses are based on the Disability Evaluation under Social Security.

**Percentages are based on 1,267 children between 18 and 20 years of age. Source: OIM

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

Total MA Expenditure

The total MA expenditure for children with disabilities consisted of FFS payments made to MA enrolled and participating providers and capitation payments made to voluntary and mandatory (HealthChoices) MCOs for managed care enrolled children. In addition, the Department launched a new primary care case management system, ACCESS Plus, in 2005. Introduced in counties where mandatory managed care organizations are not available, ACCESS Plus requires FFS enrolled children to choose a primary care physician (PCP) who manages physical health services for children. ACCESS Plus enrollment of children under age 21 started on March 1, 2005. The Department makes capitation payments for disease management services for FFS enrolled children.

Table 10 shows MA expenditures for children with disabilities broken out by federal and state share amounts and total amounts paid. FFS expenditures represented payments made directly to FFS providers for the services rendered and ACCESS Plus capitation payments made for the service months in year 2005. The capitation payments made to MCOs consisted of three types of medical services: maternity care, physical health and behavioral health. The figures in Table 10 represent the payments made for the capitation months in year 2005.

- Sixty-seven percent (67%) of the total MA expenditures for children with disabilities was for managed care capitation payments.
- The total DPW expenditures for children with disabilities in 2005 grew 14% from 2004 by almost \$56 million.

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

**Table 10: MA Expenditures for Children with Disabilities,
Dates of Service / Capitation Months 2005***

	Federal	State	Total
Fee-for-Service	\$99,181,432.90	\$48,939,144.42	\$148,120,577.32
Payments to Providers	\$98,958,384.07	\$48,750,478.45	\$147,708,862.52
ACCESS Plus Capitations	\$223,048.83	\$188,665.97	\$411,714.80
Managed Care Capitations**	\$163,083,318.88	\$138,083,311.28	\$301,166,630.16
Maternity Care	\$112,444.47	\$92,148.56	\$204,593.03
Physical Health	\$110,662,407.23	\$93,708,773.23	\$204,371,180.46
Behavioral Health	\$52,308,467.18	\$44,282,389.49	\$96,590,856.67
Total	\$262,264,751.78	\$187,022,455.70	\$449,287,207.48
Federal/State Ratio of Total Expenditure***	58.4%	41.6%	100.0%

* The data are based on claims and capitations paid through May 2007.

** The amounts include the 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)*: \$965.14**

FFS: \$1,140.18
Managed Care: \$897.38

*** 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. The cost for FFS was based on the payments made for the services provided under the FFS delivery system, as well as capitation payments made for disease management for FFS enrolled children. This includes the payments made for managed care enrolled children for the services provided and paid for only under the FFS delivery system. The cost for managed care was based on the capitation payments for maternity care services, physical health services and behavioral health services made to MCOs. For this reason, PMPMs between FFS and managed care are not directly comparable.

Source: DPW Enterprise Data Warehouse

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

FFS Expenditures by Service Category

Table 11 presents the claim counts, MA expenditures, the numbers of unique children who received services under the FFS delivery system and the average MA expenditure per child for children with disabilities in the year 2005 by service category. The expenditures included the FFS claims paid for MCO members for services provided during the 30 – 45 days of MCO enrollment waiting period and non-MCO covered services which included educational rehabilitation services, institutional care after thirty (30) days and home and community-based waiver services.

Table 11: FFS Claim Counts, MA Expenditures, Numbers of Unique Children and Average Expenditure per Child for Children with Disabilities by Service Category, Dates of Service 2005*

Service Category	Claim Count**	MA Expenditure	Number of Unique Children***	Average Expenditure per Child
Behavioral Health Rehabilitation Services	228,230	\$49,861,169.67	4,585	\$10,874.85
Educational Rehabilitation Services	1,161,525	\$37,941,170.83	17,007	\$2,230.91
Home and Community-Based Waiver Services	199	\$120,847.52	6	\$20,141.25
Inpatient Behavioral Health Services	421	\$2,334,491.39	316	\$7,387.63
Inpatient Physical Health Services	395	\$2,891,643.71	293	\$9,869.09
Institutional Care Services	7	\$48,402.69	4	\$12,100.67
Outpatient Behavioral Health Ancillary Services	118,441	\$10,630,576.98	7,202	\$1,476.06
Outpatient Physical Health Services	94,595	\$7,110,406.19	11,069	\$642.37
Outpatient Physical Health Ancillary Services	66,587	\$3,508,849.49	6,142	\$571.29
Pharmacy Services	194,707	\$15,650,643.80	12,247	\$1,277.92
Private Duty Nursing Services	2,823	\$11,140,778.80	216	\$51,577.68
Residential Treatment Facility Services	811	\$6,467,635.45	186	\$34,772.23
Others****	10	\$2,246.00	2	\$1,123.00
Total	1,868,751	\$147,708,862.52	29,521	\$5,003.52

* The data are based on claims paid through May 2007.

**Claim count is the count of paid header claims for inpatient, institutional care, residential treatment facility provided by inpatient facilities, and pharmacy services, and the count of detail claims for other services.

*** Numbers of children are unique in each service category. The total number is the unique count of children who received any of these services. The numbers include MCO members who received services in the FFS delivery system.

**** Others include services provided by interpreters.

Source: DPW Enterprise Data Warehouse

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

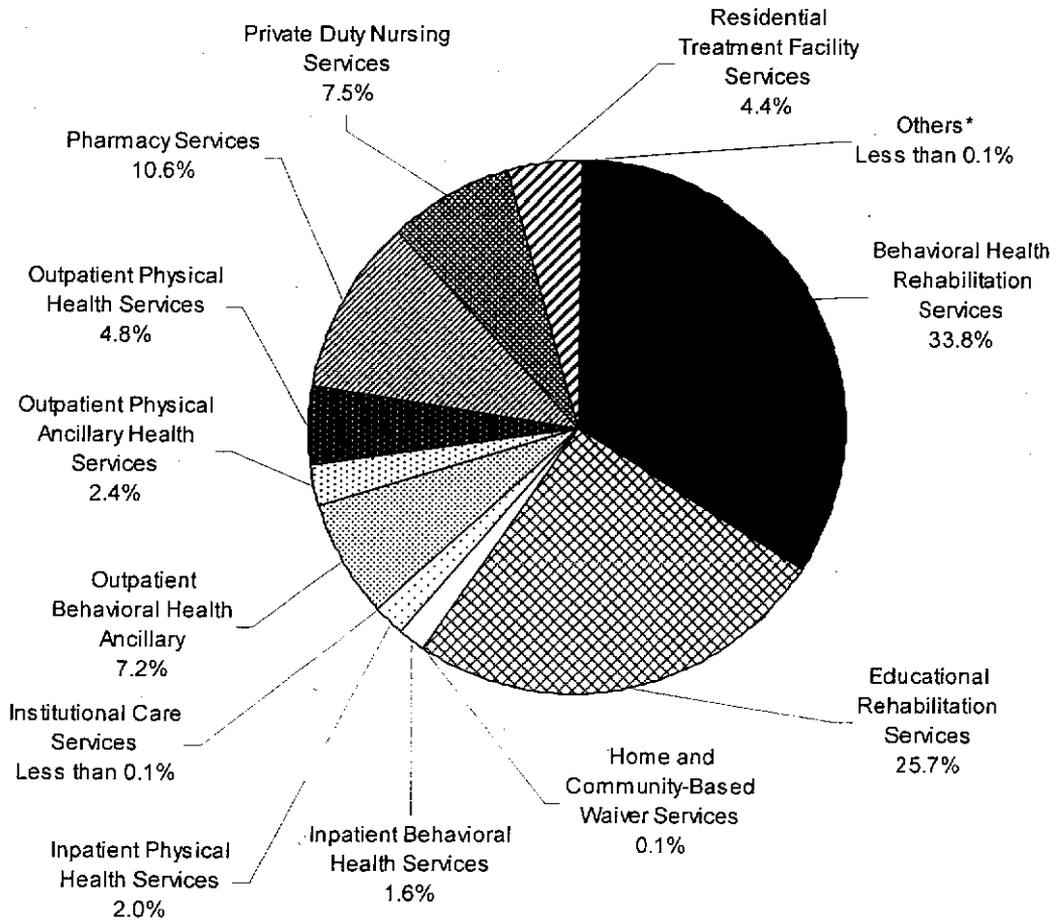
- The most frequently provided service category for MA children with disabilities in 2005 under the FFS delivery system was Educational Rehabilitation Services.
- The most costly service category in average expenditure per child for MA children with disabilities was Private Duty Nursing Services, followed by Residential Treatment Facility Services.

Figure 4 presents the FFS expenditures for MA children with disabilities in 2005 by service category by percentage.

- The most costly service category for MA children with disabilities in 2005 was Behavioral Health Rehabilitation Services, followed by Educational Rehabilitation Services and Pharmacy Services.

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

Figure 4: FFS Expenditures for MA Enrolled Children with Disabilities by Service Category, Dates of Service 2005



* Others include services provided by interpreters.
Percentages may not equal to 100% due to rounding.
Source: DPW Enterprise Data Warehouse

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

FFS Expenditures by Service Category by Age Group

Table 12 presents the number of FFS claims and expenditures for MA children with disabilities in 2005 by service category by age group.

Table 12: FFS Claim Counts and MA Expenditures for Children with Disabilities by Service Category by Age Group, Dates of Service 2005

Service Category	0 - 5 years old*		6 - 17 years old*		18 - 20 years old*	
	Claim Count**	Expenditure	Claim Count**	Expenditure	Claim Count**	Expenditure
Behavioral Health Rehabilitation Services	33,123	\$7,680,188.69	193,302	\$41,882,655.07	1,805	\$298,325.91
Educational Rehabilitation Services	227,670	\$7,867,860.91	923,100	\$29,712,307.81	10,755	\$361,002.11
Home and Community-Based Waiver Services	9	\$8,870.38	150	\$52,196.81	40	\$59,780.33
Inpatient Behavioral Health Services	9	\$31,949.04	398	\$2,240,234.40	14	\$62,307.95
Inpatient Physical Health Services	158	\$1,461,244.26	223	\$1,365,045.06	14	\$65,354.39
Institutional Care Services	0	\$0.00	7	\$48,402.69	0	\$0.00
Outpatient Behavioral Health Ancillary	9,400	\$945,869.06	106,125	\$9,543,007.48	2,916	\$141,700.44
Outpatient Physical Health Ancillary Services	20,325	\$1,206,488.29	44,720	\$2,224,283.07	1,542	\$78,078.13
Outpatient Physical Health Services	36,132	\$3,191,109.63	56,874	\$3,807,253.18	1,589	\$112,043.38
Pharmacy	26,674	\$1,744,989.12	163,549	\$13,534,813.80	4,484	\$370,840.88
Private Duty Nursing	1,412	\$4,773,198.45	1,391	\$6,284,038.35	20	\$83,542.00
Residential Treatment Facility	1	\$89,862.15	784	\$6,215,383.26	26	\$162,390.04
Others***	0	\$0.00	10	\$2,246.00	0	\$0.00
Total	354,913	\$29,001,629.98	1,490,633	\$116,911,866.98	23,205	\$1,795,365.56

*The age was determined on the date of service.

**Claim count is the count of paid header claims for inpatient, institutional care, residential treatment facility provided by inpatient facilities, and pharmacy services, and the count of detail claims for other services.

*** Others include services provided by interpreters.

Source: DPW Enterprise Data Warehouse

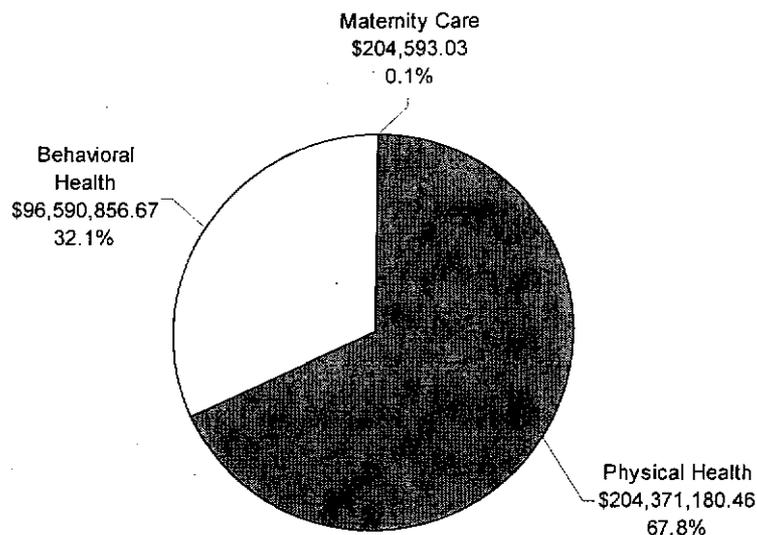
MA Expenditures and Fee-for-Service (FFS) Profile (Continued)

- Children between 0 and 5 years of age represented 18% of the total number of MA children with disabilities. For these children, MA paid 50.5% for the total expenditures of Inpatient Physical Health Services, 44.9% for Outpatient Physical Health Services, 42.8% of Private Duty Nursing Services, and 34.4% for Outpatient Physical Health Ancillary Services.
- Children between 6 and 17 years of age represented 74% of the total number of MA children with disabilities. For these children, MA paid 100% for the total expenditures of Institutional Care Services, 96.1% for Residential Treatment Facility Services, 96% for Inpatient Behavioral Health Services, and 89.8% for Outpatient Behavioral Health Ancillary Services.
- Children between 18 and 20 years of age represented 8% of the total number of MA children with disabilities. For these children, MA paid almost 50% for the total expenditures of Home and Community-Based Waiver Services.

Managed Care Capitation Payments

Figure 5 presents the amounts for capitation payments paid for MA children with disabilities for three types of health services for capitation months in 2005.

Figure 5: Managed Care Capitation Payments for MA Children with Disabilities by Service Type, Capitation Months 2005



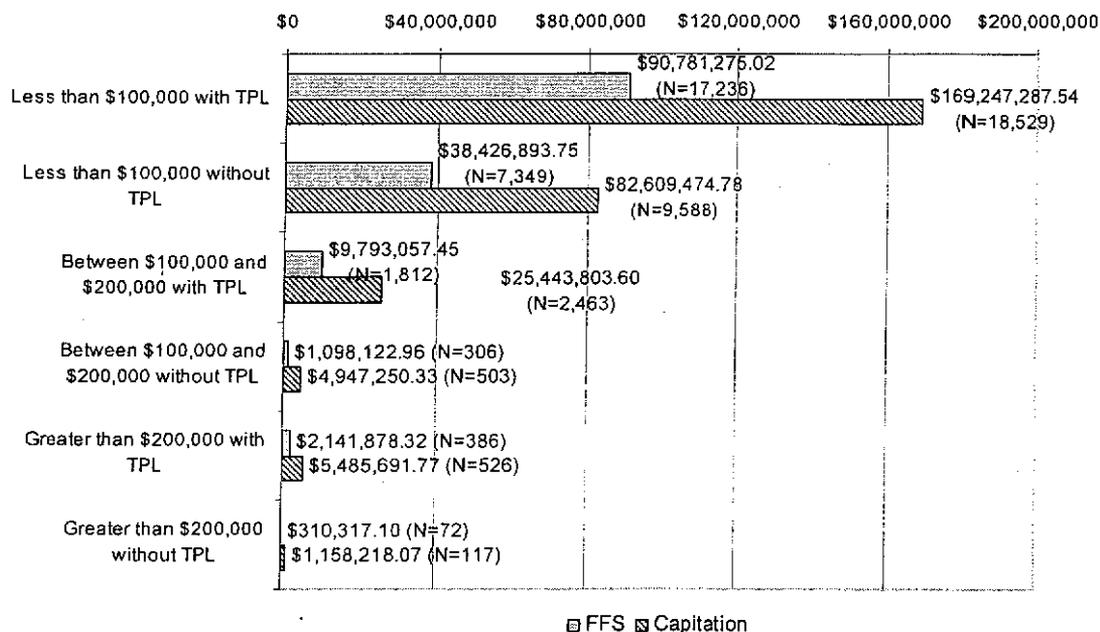
Source: DPW Enterprise Data Warehouse

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

MA Expenditures on FFS and Capitation Payments by Income Group

Figure 6 presents the FFS expenditures, capitation payments and the number of MA children with disabilities that received services in 2005 by the annual household income groups. The information on income groups and TPL were provided by OA and OIM for 44,586 children. The analysis is based on these children for whom income information was available, and it included approximately 96% of the total expenditures.

Figure 6: FFS Expenditures*, Managed Care Capitation Payments And Numbers of Children with Disabilities *** (N) by Annual Income Group with and without TPL, Dates of Service/Capitation Months 2005**



* The FFS expenditures include capitation payments for disease management programs under the ACCESS Plus.

** The Managed Care Capitation Payments include payments made to the MCOs to provide physical health, behavioral health and maternity care services for managed care enrolled children.

*** The numbers of children are unique in each of FFS and capitation categories. If a child received services under the FFS delivery system and had capitation records under the managed care system during the year, the child was counted both in the FFS and Capitation categories.

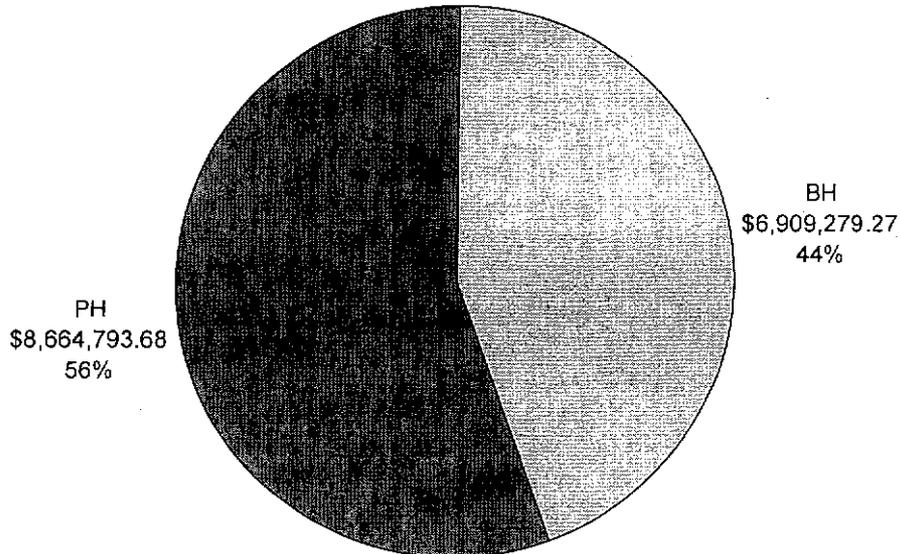
Sources: OA for TPL data; OIM for income data, Enterprise Data Warehouse for expenditure data

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

FFS Drug Utilization

The Department spent over \$15.6 million for pharmacy services for MA children with disabilities under the FFS delivery system in 2005. This was approximately 11% of the total FFS expenditures for these children. This expenditure grew nearly \$166,000 from 2004. Figure 7 shows the ratio of the pharmacy expenditures in physical health drugs and behavioral health drugs.

Figure 7: FFS Pharmacy Expenditures on MA Children with Disabilities by Physical Health (PH) and Behavioral Health (BH), Dates of Service 2005



Drugs were categorized by GC3 therapeutic class code.

Analysis is based on single drug claims with valid National Drug Codes (NDCs), excluding any claims for compound drugs, and represents approximately 99.5% of the total FFS drug expenditures.

Source: DPW Enterprise Data Warehouse

- More than half of the FFS pharmacy expenditures for MA children with disabilities were spent for physical health drugs in 2005.

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

FFS Physical Health Drugs

In year 2005, a total of 10,366 MA children with disabilities received physical health drug services in the FFS delivery system. Table 13 presents the top 10 physical health drug types that were paid for these children in the FFS delivery system, the total MA expenditures, the claim count, the numbers of unique children who received one of the top 10 physical health drugs and the average cost per child, in the order of total expenditure. Examples of drugs for these drug types, which are based on GC3 therapeutic class, are presented in Appendix II.

Table 13: FFS Top 10 Physical Health Drug Types Paid for MA Children with Disabilities by Total Expenditure, Dates of Service 2005

Rank	Drug Type	MA Expenditure	Claim Count	Number of Unique Children	Average Cost per Child
1	Antihemophilic Factors	\$937,169.04	43	9	\$104,129.89
2	Growth Hormones	\$710,201.90	649	96	\$7,397.94
3	Insulins	\$449,837.53	4,744	509	\$883.77
4	Factor IX Preparations	\$418,168.08	20	4	\$104,542.02
5	Mucolytics	\$404,006.21	446	76	\$5,315.87
6	Blood Sugar Diagnostics	\$350,304.05	3,201	516	\$678.88
7	Proton-Pump Inhibitors	\$312,525.46	3,508	720	\$434.06
8	Antiviral Monoclonal Antibodies	\$309,465.71	291	83	\$3,728.50
9	Aminoglycosides	\$289,045.48	197	77	\$3,753.84
10	Leukotriene Receptor Antagonists	\$277,968.51	4,447	870	\$319.50

Drugs were categorized by GC3 therapeutic class code.

Analysis is based on single drug claims with valid National Drug Codes (NDCs), excluding any claims for compound drugs, and represents approximately 99.5% of the total FFS drug expenditures. Previously classified drugs as Gastric Acid Secretion Reducers are reclassified into two separate categories, Proton-Pump Inhibitors and Histamine H2 Receptor Inhibitors.

Examples of drug names for drug types are presented in Appendix II.

Source: DPW Enterprise Data Warehouse

- Antihemophilic factors and growth hormones were the highest cost physical health drug types under the FFS delivery system for MA children with disabilities in 2005.
- Factor IX Preparations were the most expensive physical health drug type by average cost per child for MA children with disabilities at \$104,542, followed by antihemophilic factors at \$104,130.

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

Table 14 presents the top 10 physical health drug types that were paid for MA children with disabilities in the FFS delivery system, the claim count, total MA expenditures and the number of unique children who received one of the top 10 physical health drugs, in the order of claim count.

- Penicillins were the most highly dispensed physical health drug type for MA children with disabilities under the FFS delivery system in 2005, with the total claim count of 8,249, followed by Antihistamines – 2nd Generation.
- Penicillin was the physical health drug type provided to the greatest number of MA children with disabilities, 4,342, under the FFS delivery system.

Table 14: FFS Top 10 Physical Health Drug Types Paid for MA Children with Disabilities by Claim Count, Dates of Service 2005

Rank	Drug Type	Claim Count	MA Expenditure	Number of Unique Children*
1	Penicillins	8,249	\$180,015.28	4,342
2	Antihistamines – 2 nd Generation	5,967	\$195,558.76	1,830
3	Insulins	4,744	\$449,837.53	509
4	Beta-Adrenergic Agents	4,679	\$146,199.84	1,845
5	Glucocorticoids	4,643	\$240,843.03	1,643
6	Leukotriene Receptor Antagonists	4,447	\$277,968.51	870
7	Macrolides	4,233	\$159,966.73	2,477
8	Antihypertensives, Sympatholytic	4,158	\$54,831.74	709
9	Proton-Pump Inhibitors	3,508	\$312,525.46	720
10	Blood Sugar Diagnostics	3,201	\$350,304.05	516

* Numbers of children are unique in each drug type.

Drugs were categorized by GC3 therapeutic class code.

Analysis is based on single drug claims with valid National Drug Codes (NDCs), excluding any claims for compound drugs, and represents approximately 99.5% of the total FFS drug expenditures. Previously classified drugs as Gastric Acid Secretion Reducers are reclassified into two separate categories, Proton-Pump Inhibitors and Histamine H2 Receptor Inhibitors.

Examples of drug names for drug types are presented in Appendix II.

Source: DPW Enterprise Data Warehouse

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

FFS Behavioral Health Drugs

In calendar year 2005, a total of 7,156 MA children with disabilities received behavioral health drug services under the FFS delivery system. Table 15 presents the top 10 behavioral health drug types that were paid for these children under the FFS delivery system, the total MA expenditures, the claim count, the numbers of unique children who received one of the top 10 behavioral health drugs and the average cost per child, in the order of total expenditures.

- Anticonvulsants were the behavioral health drug type with the highest costs for MA children with disabilities under the FFS delivery system in 2005. The expenditure for anticonvulsants grew \$76,061 from 2004.
- Antipsychotics, which include such drugs as Abilify, were the most expensive behavioral health drug type for MA children with disabilities by average cost per child at \$1,238.

Table 15: FFS Top 10 Behavioral Health Drug Types Paid for MA Children with Disabilities by Total Expenditure, Dates of Service 2005

Rank	Drug Type	MA Expenditure	Claim Count	Number of Unique Children*	Average Cost per Child
1	Anticonvulsants	\$1,697,064.96	16,498	1,826	\$929.39
2	Antipsychotics, Atypical, Dopamine, & Serotonin Antagonists	\$1,434,087.43	12,242	1,830	\$783.65
3	Antipsychotics, Atypical, D2 Partial Agonist/5HT Mixed	\$824,763.65	3,444	666	\$1,238.38
4	Treatment For Attention Deficit-Hyperactivity (ADHD)/ Narcolepsy	\$818,179.17	13,571	1,926	\$424.81
5	Treatment For Attention Deficit-Hyperactivity (ADHD), NRI-Type	\$624,163.23	7,214	1,139	\$547.99
6	Adrenergics, Aromatic, Non-Catecholamine	\$614,037.04	8,579	1,325	\$463.42
7	Selective Serotonin Reuptake Inhibitor (SSRIS)	\$459,072.50	9,819	1,813	\$253.21
8	Norepinephrine And Dopamine Reuptake Inhibitor (NDRIS)	\$151,422.94	2,315	462	\$327.76
9	Serotonin-Norepinephrine Reuptake-Inhibitor (SNRIS)	\$70,588.12	891	184	\$383.63
10	Anti-Anxiety Drugs	\$37,850.93	1,730	406	\$93.23

* Numbers of children are unique in each drug type.

Drugs were categorized by GC3 therapeutic class code.

Analysis is based on single drug claims with valid National Drug Codes (NDCs), excluding any claims for compound drugs, and represents approximately 99.5% of the total FFS drug expenditures.

Examples of drug names for drug types are presented in Appendix II.

Source: DPW Enterprise Data Warehouse

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

Table 16 presents the top 10 behavioral health drug types that were paid for MA children with disabilities in the FFS delivery system, the claim count, total expenditures and the numbers of unique children who received one of the top 10 behavioral health drugs, in the order of claim count.

- Anticonvulsants were the most highly dispensed behavioral health drug type for MA children with disabilities under the FFS delivery system in 2005, with the total number of claims of 16,498 to 1,826 children.
- Drugs for Treatment for Attention Deficit – Hyperactivity (ADHD) / Narcolepsy were the behavioral health drug type provided to the greatest number of MA children with disabilities, 1,926, under the FFS delivery system in 2005.

Table 16: FFS Top 10 Behavioral Health Drug Types Paid for MA Children with Disabilities by Claim Count, Dates of Service 2005

Rank	Drug Type	Claim Count	MA Expenditure	Number of Unique Children*
1	Anticonvulsants	16,498	\$1,697,064.96	1,826
2	Treatment For Attention Deficit-Hyperactivity (ADHD)/Narcolepsy	13,571	\$818,179.17	1,926
3	Antipsychotics, Atypical, Dopamine, & Serotonin Antagonists	12,242	\$1,434,087.43	1,830
4	Selective Serotonin Reuptake Inhibitor (SSRIS)	9,819	\$459,072.50	1,813
5	Adrenergics, Aromatic, Non-Catecholamine	8,579	\$614,037.04	1,325
6	Treatment For Attention Deficit-Hyperactivity (ADHD), NRI-Type	7,214	\$624,163.23	1,139
7	Antipsychotics, Atypical, D2 Partial Agonist/5HT Mixed	3,444	\$824,763.65	666
8	Norepinephrine And Dopamine Reuptake Inhibitor (NDRIS)	2,315	\$151,422.94	462
9	Anti-Anxiety Drugs	1,730	\$37,850.93	406
10	Anti-Mania Drugs	1,545	\$32,467.53	264

* Numbers of children are unique in each drug type.

Drugs were categorized by GC3 therapeutic class code.

Analysis is based on single drug claims with valid National Drug Codes (NDCs), excluding any claims for compound drugs, and represents approximately 99.5% of the total FFS drug expenditures.

Examples of drug names for drug types are presented in Appendix II.

Source: DPW Enterprise Data Warehouse

PART III: Managed Care Service Profile

The Medical Assistance (MA) Program provides a mandatory managed care (known as HealthChoices) program in 25 counties in Southeast, Southwest and Lehigh/Capital Regions, and a voluntary managed care program in some counties where a mandatory managed care is not available in Pennsylvania. The Department makes capitation payments on a per-member per-month basis to participating MCOs on behalf of MA eligible MCO members. The analysis of capitation payments was presented in Part II. As discussed in Part I, the services provided to MCO members during the 30 – 45 days of physical health MCO enrollment waiting period are paid in the FFS delivery system. In addition, non-MCO covered services, among which are educational rehabilitation services, long term care services after 30 days, and home and community-based waiver services, are also paid in the FFS delivery system for MCO members. Part III presents the analysis of services rendered by managed care service providers for MA children with disabilities. The analysis included the number of children with disabilities who received the services, the number of service records, the types of services, and the expenditures that MCOs paid for the services rendered for these children. These MCO expenditures did not represent the amount paid to the MCOs by the Department.

Due to a system limitation in encounter data processing, service records of MCOs were received as they were submitted by MCOs. The data were analyzed based on what the Department received. The analysis is intended as the description of one-year service utilization pattern, and not for trend comparison to previously released data.

Managed Care Service Profile (Continued)

Managed Care Expenditures by Service Category

Table 17 presents the MCO service record counts, MCO expenditures, the numbers of unique children with disabilities with service records and average MCO expenditure per child by service category.

Table 17: Service Record Counts, Managed Care Organization (MCO) Expenditures, Numbers of Unique Children and Average Expenditure per Child for MA Children with Disabilities by Service Category, Dates of Service 2005

Service Category	Service Record Count*	MCO Expenditure	Number of Unique Children**	Average MCO Expenditure per Child
Behavioral Health Services	946,394	\$122,465,474.61	11,829	\$10,352.99
Dental Services	44,363	\$1,737,923.00	5,583	\$311.29
Inpatient Physical Services	830	\$6,007,023.90	546	\$11,001.88
Outpatient Physical Services	377,177	\$47,210,796.85	21,702	\$2,175.41
Pharmacy Services	398,273	\$23,572,408.05	22,885	\$1,030.04
Total	1,767,037	\$200,993,626.41	29,396	\$6,837.45

* Service Record Count is the count of encounter records provided by MCOs for each service category.

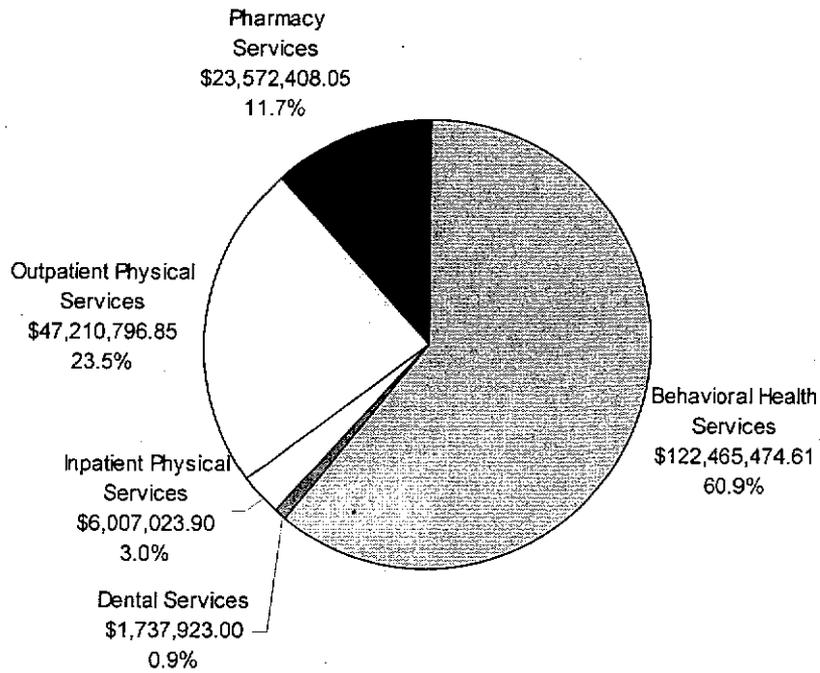
** Numbers of children are unique in each service category. The total number is the unique count of children who received any of these services.

Sources: OMHSAS for Behavioral Health Services data, OMAP Expedited Data for other data.

- The most frequently provided service category for MA children with disabilities under the managed care delivery system in 2005 was Behavioral Health Services.
- The most costly service category for MA children with disabilities in average MCO expenditure per child in 2005 was Inpatient Physical Services.

Managed Care Service Profile (Continued)

Figure 8: Managed Care Organization (MCO) Expenditures on MA Children with Disabilities by Service Category, Dates of Service 2005



- Approximately, sixty-one percent (60.9%) of the total MCO expenditures for MA children with disabilities in 2005 were for Behavioral Health Services, and 23.5% of the expenditures were for Outpatient Physical Services.

Managed Care Service Profile (Continued)

Managed Care Expenditures by Service Category by Age Group

Table 18: Service Record Counts and Managed Care Organization (MCO) Expenditures for MA Children with Disabilities by Service Category by Age Group, Dates of Service 2005

Service Category	0 - 5 years old*		6 - 17 years old*		18 - 20 years old*	
	Service Record Count**	MCO Expenditure	Service Record Count**	MCO Expenditure	Service Record Count**	MCO Expenditure
Behavioral Health Services	229,532	\$23,209,793.25	707,544	\$97,304,908.75	9,318	\$1,950,772.61
Dental Services	4,570	\$188,570.53	38,831	\$1,498,856.47	962	\$50,496.00
Inpatient Physical Services	269	\$2,505,773.11	535	\$3,385,865.86	26	\$115,384.93
Outpatient Physical Services	113,713	\$16,525,095.14	255,954	\$29,706,156.60	7,510	\$979,545.11
Pharmacy Services	61,280	\$2,700,795.38	325,926	\$20,159,982.40	11,067	\$711,630.27
Total	409,364	\$45,130,027.41	1,328,790	\$152,055,770.08	28,883	\$3,807,828.92

*The age was determined on the date of service.

**Service Record Count is the count of encounter records provided by MCOs for each service category.

Sources: OMHSAS for Behavioral Health Services data, OMAP Expedited Data for other data.

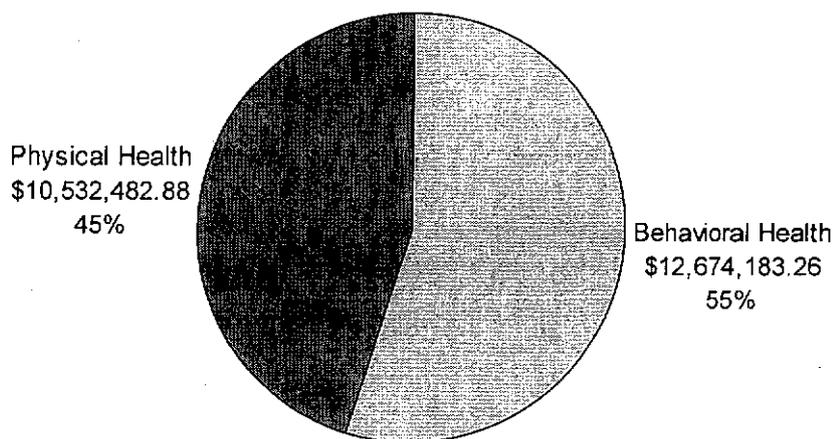
- Behavioral Health Service was the most frequently utilized services for MA children with disabilities among the age group between 0 and 5 and the age group between 6 and 17 year old.
- Behavioral Health Service was the most costly service category in any age group for MA children with disabilities in 2005.

Managed Care Service Profile (Continued)

Managed Care Drug Utilization

Managed care organizations spent over \$23 million for pharmacy services for MA children with disabilities. This was nearly 12% of the total MCO expenditures for these children. Figure 9 shows the ratio of the pharmacy expenditures for the children with disabilities in physical health drugs and behavioral health drugs.

Figure 9: Managed Care Organization (MCO) Pharmacy Expenditures on MA Children with Disabilities by Physical Health (PH) and Behavioral Health (BH), Dates of Service 2005



Drugs were categorized by GC3.

Analysis is based on single drug claims with valid National Drug Codes (NDCs), excluding any claims for compound drugs, and represents approximately 98.5% of the total MCO drug expenditures.

Sources: OMHSAS for Behavioral Health Services data, OMAP Expedited Data for other data.

- More than half of MCO pharmacy expenditures for MA children with disabilities in 2005 were for behavioral health drugs.

Managed Care Service Profile (Continued)

MCO Physical Health Drugs

In calendar year 2005, a total of 19,719 MA children with disabilities received physical health drug services under the managed care delivery system. Table 19 presents the top 10 physical health drug types that were paid for these children in the managed care delivery system, the total expenditures, the numbers of unique children who received one of the top 10 physical health drugs and the average cost per child, in the order of MCO expenditure.

- Growth hormones were the highest cost physical health drug types under the managed care delivery system for children with disabilities in 2005.

Table 19: Managed Care Organization (MCO) Top 10 Physical Health Drug Types Paid for MA Children with Disabilities by MCO Expenditures, Dates of Service 2005 (N=19,719)

Rank	Drug Type	MCO Expenditure	Number of Unique Children*	Average Cost per Child
1	Growth Hormones	\$1,140,856.19	118	\$9,668.27
2	Incontinence Supplies	\$602,929.87	944	\$638.70
3	Mucolytics	\$588,523.62	165	\$3,566.81
4	Leukotriene Receptor Antagonists	\$500,439.69	1,655	\$302.38
5	Glucocorticoids	\$462,084.59	3,252	\$142.09
6	Aminoglycosides	\$392,826.92	118	\$3,329.04
7	Immunosuppressives	\$388,044.21	181	\$2,143.89
8	Proton-Pump Inhibitors	\$376,973.97	1,251	\$301.34
9	Pancreatic Enzymes	\$363,885.31	211	\$1,724.57
10	Insulins	\$357,480.95	527	\$678.33

* Numbers of children are unique in each drug type.

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

Drugs were categorized by GC3 therapeutic class code.

Analysis is based on single drug claims with valid National Drug Codes (NDCs), excluding any claims for compound drugs, and represents approximately 98.5% of the total MCO drug expenditures.

Previously classified drugs as Gastric Acid Secretion Reducers are reclassified into two separate categories, Proton-Pump Inhibitors and Histamine H2 Receptor Inhibitors.

Examples of drug names for drug types are presented in Appendix II.

Source: OMAP Expedited Data

Managed Care Service Profile (Continued)

Table 20 presents the top 10 physical health drug types that were paid for MA children with disabilities under the managed care delivery system, the total MCO expenditures, and the numbers of unique children who received one of the top 10 physical health drugs, in the order of service record count.

- Penicillin was the physical health drug type with the largest number of service record count (15,468) for the children with disabilities, under the managed care delivery system in 2005.
- Penicillin was the physical health drug type provided to the greatest number of children with disabilities, 8,238, in managed care delivery system in 2005.

Table 20: Managed Care Organization (MCO) Top 10 Physical Health Drug Types Paid for MA Children with Disabilities by Service Record Count, Dates of Service 2005 (N=19,719)

Rank	Drug Description	Service Record Count*	MCO Expenditure	Number of Unique Children**
1	Penicillins	15,468	\$250,348.65	8,238
2	Antihistamines – 2 nd Generation	11,402	\$280,769.83	2,832
3	Beta-Adrenergic Agents	10,374	\$172,440.89	3,850
4	Antihypertensives, Sympatholytic	10,146	\$110,906.28	1,574
5	Glucocorticoids	10,065	\$462,084.59	3,252
6	Leukotriene Receptor Antagonists	8,921	\$500,439.69	1,655
7	Incontinence Supplies	7,075	\$602,929.87	944
8	Macrolides	6,685	\$209,850.12	3,955
9	Proton-Pump Inhibitors	6,610	\$376,973.97	1,251
10	Pediatric Vitamin Preparations	6,218	\$34,837.29	1,486

* Service Record Count is the count of encounter records provided by MCOs for each service category

** Numbers of children are unique in each drug type.

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

Drugs were categorized by GC3 therapeutic class code.

Analysis is based on single drug claims with valid National Drug Codes (NDCs), excluding any claims for compound drugs, and represents approximately 98.5% of the total MCO drug expenditures.

Previously classified drugs as Gastric Acid Secretion Reducers are reclassified into two separate categories, Proton-Pump Inhibitors and Histamine H2 Receptor Inhibitors.

Examples of drug names for drug types are presented in Appendix II.

Source: OMAP Expedited Data

Managed Care Service Profile (Continued)

MCO Behavioral Health Drugs

In calendar year 2005, a total of 13,503 MA children with disabilities received behavioral health drug services in managed care delivery system. Table 21 presents the top 10 behavioral health drug types that were paid for these children in managed care delivery system, the total expenditures, the number of unique children who received the drug services and the average cost per child, in the order of MCO expenditure.

- Antipsychotics which included Risperdal, Seroquel, Zypreza and Geodon were the behavioral health drug type with the highest costs to MCOs for MA children with disabilities, followed by anticonvulsants.
- Antipsychotics, which included Abilify, were the most expensive behavioral health drug type by average cost per child at \$1,122.97.

Table 21: Managed Care Organization (MCO) Top 10 Behavioral Health Drug Types Paid for MA Children with Disabilities by MCO Expenditures, Dates of Service 2005 (N=13,503)

Rank	Drug Type	MCO Expenditure	Number of Unique Children*	Average Cost per Child
1	Antipsychotics, Atypical, Dopamine & Serotonin Antagonists	\$2,891,205.03	3,595	\$804.23
2	Anticonvulsants	\$2,839,360.12	3,332	\$852.15
3	Treatment For Attention Deficit-Hyperactivity (ADHD) / Narcolepsy	\$1,692,249.77	4,036	\$419.29
4	Antipsychotics, Atypical, D2 Partial Antagonist / 5HT Mixed	\$1,551,940.77	1,382	\$1,122.97
5	Adrenergics, Aromatic, Non-Catecholamine	\$1,135,696.94	2,662	\$426.63
6	Treatment For Attention Deficit-Hyperactivity (ADHD), NRI-Type	\$1,031,924.36	1,982	\$520.65
7	Selective Serotonin Reuptake Inhibitor (SSRIS)	\$878,038.49	3,596	\$244.17
8	Norepinephrine and Dopamine Reuptake Inhibitor (NDRIS)	\$250,937.29	921	\$272.46
9	Serotonin-Norepinephrine Reuptake - Inhibitor (SNRIS)	\$126,591.29	362	\$349.70
10	Anti-Mania Drugs	\$65,638.57	531	\$123.61

* Numbers of children are unique in each drug type.

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

Drugs were categorized by GC3 therapeutic class code. Analysis is based on single drug claims with valid National Drug Codes (NDCs), excluding any claims for compound drugs, and represents approximately 98.5% of the total MCO drug expenditures. Examples of drug names for drug types are presented in Appendix II.

Source: OMAP Expedited Data

Managed Care Service Profile (Continued)

Table 22 presents the top 10 behavioral health drug types that were paid for MA children with disabilities in managed care delivery system, the total MCO expenditures, and the numbers of unique children who received one of the top 10 behavioral health drugs, in the order of service record count.

- Anticonvulsants were the behavioral health drug type with the largest number of service record count (31,703) for MA children with disabilities under the managed care delivery system in 2005.
- Treatment for Attention Deficit-Hyperactivity Disorder (ADHD)/Narcolepsy, as in the FFS delivery system, was the behavioral health drug type provided to the greatest number of MA children with disabilities, 4,036, under the managed care delivery system in 2005.

Table 22: Managed Care Organization (MCO) Top 10 Behavioral Health Drug Types Paid for MA Children with Disabilities by Service Record Count, Dates of Service 2005 (N=13,503)

Rank	Drug Description	Service Record Count*	MCO Expenditure	Number of Unique Children**
1	Anticonvulsants	31,703	\$2,839,360.12	3,332
2	Treatment for Attention Deficit-Hyperactivity (ADHD)/Narcolepsy	30,605	\$1,692,249.77	4,036
3	Antipsychotics, Atypical, Dopamine, & Serotonin Antagonists	26,093	\$2,891,205.03	3,595
4	Selective Serotonin Reuptake Inhibitor (SSRIS)	22,847	\$878,038.49	3,596
5	Adrenergics, Aromatic, Non-Catecholamine	18,541	\$1,135,696.94	2,662
6	Treatment for Attention Deficit-Hyperactivity (ADHD), NRI-Type	13,353	\$1,031,924.36	1,982
7	Antipsychotics, Atypical, D2 Partial Agonist/5HT mixed	7,914	\$1,551,940.77	1,382
8	Norepinephrine and Dopamine Reuptake Inhibitors (NDRIS)	4,872	\$250,937.29	921
9	Anti-Mania Drugs	3,568	\$65,638.57	531
10	Anti-Anxiety Drugs	2,973	\$39,406.14	814

* Service Record Count is the count of encounter records provided by MCOs for each service category

** Numbers of children are unique in each drug type.

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

Drugs were categorized by GC3 therapeutic class code.

Analysis is based on single drug claims with valid National Drug Codes (NDCs), excluding any claims for compound drugs, and represents approximately 98.5% of the total MCO drug expenditures.

Examples of drug names for drug types are presented in Appendix III

Source: OMAP Expedited Data

APPENDIXES

APPENDIX I: DEFINITIONS OF FFS SERVICE CATEGORIES AND CAPITATION PAYMENTS

FFS SERVICE CATEGORIES

Behavioral Health Rehabilitation Services – Outpatient therapeutic staff support, mobile therapy, services furnished by a behavioral specialist consultant or psychological services furnished by psychiatrists, mental health/mental retardation case managers, psychologists, family based mental health providers, licensed social workers, clinical social workers, and other behavioral health therapists. Includes Summer Therapeutic Activities Program.

Education Rehabilitation Services – Medically necessary services required to educate a MA-eligible child in the most appropriate setting. Services, which are authorized on an Individual Education Plan, may be medical or mental-health related. These services are paid in the FFS delivery system only.

Home and Community-Based Waiver Services – Federally approved services that offer states additional flexibility to provide services that permit individuals to reside in a community setting as an alternative to institutional care. These services are paid in the FFS delivery system only.

Inpatient Behavioral Health Services – Inpatient mental health and drug and alcohol services furnished 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 furnished in an acute care general hospital or a rehabilitation hospital.

Institutional Care Services – Inpatient services furnished by state mental retardation centers and private intermediate care facilities for persons with mental retardation or other related conditions. Individuals in public intermediate care facilities for the mentally retarded and for other related conditions are excluded from managed care.

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

Outpatient Physical Health Services – Outpatient services furnished by a physician, case manager, dentist, podiatrist, chiropractor, optometrist, ambulance company, portable X-ray provider, home health agency, nurse midwife, occupational, physical or speech therapist, certified registered nurse anesthetist,

certified registered nurse practitioner, MA case manager, nutritionist or smoking cessation provider, as well as any services furnished by an Early and Periodic Screening, Diagnosis and Treatment (EPSDT) service provider.

Outpatient Physical Health Ancillary Services – Physical health outpatient services furnished by an outpatient hospital clinic, as well as any services provided by a medical supplier (including low vision centers, hemophilia centers, opticians and shoe stores), short procedure unit, ambulatory surgical center, birth center, independent medical/surgical clinic, laboratory, renal dialysis, family planning clinic, hospice, comprehensive outpatient rehabilitation facility, certified rehabilitation agency, or all services of Rural Health Clinic and Federally Qualified Health Center except BH Rehab Services.

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

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

Residential Treatment Facility Services – Inpatient mental health services furnished by a facility which provides comprehensive inpatient mental health treatment and/or substance abuse services for children with severe emotional disturbances, substance abuse or mental illness.

CAPITATION PAYMENTS

Behavioral Health Capitation Payment – Payments provided to each Behavioral Health Managed Care Organization (BH-MCO) on a per member per month basis. The amount of the capitation payments is negotiated with each contracted BH-MCO. Behavioral Health capitation payments include behavioral health pharmacy costs:

Maternity Care Capitation Payment – Payments provided 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) provided during that trimester.

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

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

Drug Type	Examples of Drugs
ADRENERGICS, AROMATIC, NON-CATECHOLAMINE	ADDERALL, AMPHETAMINE SALTS, DEXEDRINE, DEXTROAMPHETAMINE, DEXTROSTAT
AMINOGLYCOSIDES	TOBI, TOBRAMYCIN, GENTAMICIN
ANTI-ANXIETY DRUGS	TRANXENE, XANAX, BUSPIRONE, CLORAZEPATE, LORAZEPAM, DIAZEPAM
ANTICONVULSANTS	TOPAMAX, DEPAKOTE, LAMICTAL, TRILEPTAL, DIASTAT, KEPPRA, ZONEGRAN, CARBATROL
ANTIHEMOPHILIC FACTORS	RECOMBINATE, HUMATE-P, ADVATE, NOVOSEVEN
ANTIHISTAMINES - 2ND GENERATION	ZYRTEC, ALLEGRA, CLARINEX, CLARITIN, LORATADINE, ALAVERT
ANTIHYPERTENSIVES, SYMPATHOLYTIC	GUANFACINE, CLONIDINE, CATAPRES,
ANTI-MANIA DRUGS	LITHIUM, ESKALITH
ANTIPSYCHOTICS, ATYPICAL, D2 PARTIAL ANTAGONIST / 5HT MIXED	ABILIFY
ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAGONISTS	RISPERDAL, SEROQUEL, ZYPREXA, GEODON, CLOZARIL
ANTIVIRAL MONOCLONAL ANTIBODIES	SYNAGIS
BARBITURATES	PHENOBARBITAL
BETA-ADRENERGIC AGENTS	XOPENEX, ALBUTEROL, MAXAIR AUTOHALER, DUONEB, COMBIVENT INHALER
BLOOD SUGAR DIAGNOSTICS	ONE TOUCH ULTRA TEST STRIPS, FREESTYLE TEST STRIPS, BD TEST STRIPS
FACTOR IX PREPARATIONS	BENEFIX
GLUCOCORTICOIDS	PULMICORT, FLOVENT, ORAPRED, CORTEF, PEDIAPRED, PREDNISOLONE
GROWTH HORMONES	NUTROPIN, GENOTROPIN, HUMATROPE, NORDITROPIN, SAIZEN,
HISTAMINE H2 – RECEPTOR INHIBITORS	ZANTAC, PEPCID, AXID, RANTIDINE, FAMOTIDINE
IMMUNOSUPPRESSIVES	PROGRAF, RAPAMUNE, CELLCEPT, NEORAL, GENGRAF
INCONTINENCE SUPPLIES	PAMPERS, HUGGIES, FQ OVERNIGHT BRIEF
INSULINS	HUMALOG, LANTUS, NOVOLOG, HUMULIN, ILETIN, NOVOLIN
IRRIGANTS	SODIUM CHLORIDE, STERILE WATER
LAXATIVES AND CATHARTICS	MIRALAX, GLYCOLAX, SENNA SYRUP, BENEFIBER
LEUKOTRIENE RECEPTOR ANTAGONISTS	SINGULAIR, ACCOLATE
MACROLIDES	ZITHROMAX, BIAXIN, ERYTHROMYCIN
MUCOLYTICS	PULMOZYME, ACETYLCYSTEINE, MUCOMYST
NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIBITOR (NDRIS)	WELLBUTRIN, BUPROPION
PANCREATIC ENZYMES	CREON, PANCREASE, ULTRASE, VIOKASE
PEDIATRIC VITAMIN PREPARATIONS	FLUORIDE, MULTIVITAMINES
PENICILLINS	AUGMENTIN, AMOX TR-K CLV, AMOXICILLIN, TRIMOX, PENICILLIN VK, OXACILLIN
PROTON-PUMP INHIBITORS	PREVACID, NEXIUM, OMEPRAZOLE, PRILOSEC, PROTONIX, ZEGERID, ACIPHEX

Drug Type	Examples of Drugs
SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)	ZOLOFT, LEXAPRO, CELEXA, PAXIL, FLUVOXAMINE, PAROXETINE HCL, PROZAC
SEROTONIN-NOREPINEPHRINE REUPTAKE -INHIBITOR (SNRIS)	EFFEXOR, CYMBALTA
TREATMENT FOR ATTENTION DEFICIT-HYPERACTIVITY (ADHD) / NARCOLEPSY	CONCERTA, METADATE, RITALIN, PROVIGIL, METHYLIN, METHYLPHENIDATE
TREATMENT FOR ATTENTION DEFICIT-HYPERACTIVITY (ADHD), NRI-TYPE	STRATTERA

APPENDIX III: ACRONYMS

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

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Office of Mental Health and Substance Abuse Services
Bureau of Operations and Quality Management
Division of Evaluation & Management Information
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Office of Administration
Bureau of Financial Operations
Division of Third Party Liability
DGS Annex Complex
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