

HealthChoices Program in Allegheny County 1st Quarter 2007 Summary Report

As part of its monitoring activities, Allegheny HealthChoices, Inc. (AHCI) produces quarterly summary reports on Allegheny County's HealthChoices program. These quarterly summary reports are used to monitor enrollment and service use. Trends that emerge over several quarters are monitored and investigated further, if necessary, in focus reports.

The quarterly summary reports are organized by age group (children and adolescents, and adults) and topic. The reports use five measures:

- Number of members: a member (or enrollee) is an individual enrolled in HealthChoices.
- Number of children and adolescents or number of adults using service: this measure counts the number of enrollees in each age group (0-20 years and 21 years or older) who used behavioral health services.
- Paid claims: paid claims are used to measure the cost of services. Claims data is based on the date the service was *provided* to the individual, not the date the provider submitted the claim for payment or the date the provider was paid. In reporting on claims, AHCI allows a lag period of several months to ensure that the great majority of claims have been filed and paid.
- Paid claims per member: this measure is calculated by dividing the total paid claims for a service by the number of individuals using the service.
- Percent change: for each category reported, the percent change from the previous quarter is calculated. We expect to see some variation from quarter to quarter. Trends, which are increases (or decreases) in the number of members, number of people using service, paid claims, or paid claims per member that emerge over several quarters, are monitored closely.

The information below provides a quick summary of the reports for the first quarter of 2007. The detailed reports and a glossary of terms are also posted on AHCI's web site. The reports include data received by AHCI prior to November 1, 2007.

ENROLLMENT

In the first quarter of 2007, 148,940 individuals were enrolled in the HealthChoices program in Allegheny County, an increase of less than 1% from the fourth quarter of 2006. Fifty-four percent (54%) of members were 20 years or younger and 46% were 21 years or older. Demographic characteristics (race and gender) were similar to the previous quarter. Of the 148,940 individuals enrolled, 24,102 (16.2%) used at least one behavioral health service, with paid claims totaling \$45.2 million.

SERVICE UTILIZATION BY SERVICE TYPE AND DIAGNOSIS

The reports on service utilization show the total paid claims and total number of people using services for different service groups and diagnostic categories. The reports are organized by age group.

For charts that describe service utilization *by service type*, the Paid Claims charts show how various service types account for the total costs of behavioral health treatment used by that age group during the quarter. The Number of Children and Adolescents (or Adults) Using Service charts show how many people used different services during the quarter. Comparing these two measures side by side shows the relative costs per person using each service. Services that rank low in the Paid Claims chart and rank high in the Number of Children and Adolescents (or Adults) Using Service chart are less expensive per person (e.g., outpatient mental health). Services that rank high in the Paid Claims chart and rank low in the Number of Children and Adolescents (or Adults) Using Service chart are more expensive per person (e.g., inpatient mental health and RTF).

Charts that describe service utilization *by diagnosis* are presented in the same format. Diagnosis information is derived from the primary diagnosis entered on the provider's claim for payment. Individuals can be included in multiple diagnosis categories if they received different diagnoses on different claims during the time period.

Children and Adolescents (Ages 0 – 20 years old)

Paid claims for mental health services in this age group increased 3% from the fourth quarter of 2006 to total \$24 million. The number of children and adolescents in this age group using mental health services increased 3% to 8,896.

Similar to previous quarters, behavioral health rehabilitation services (BHRS) comprised the largest portion of paid claims (40%), while the largest number of children and adolescents (4,543) used outpatient mental health services.

The following mental health service categories experienced sizeable increases or decreases:

- Inpatient mental health (IP-MH): 15% increase in paid claims, 14% increase in paid claims per member. In the first quarter of 2007, claims data for inpatient mental health services provided to children and adolescents included an outlier which affected the paid claims total for the quarter. The outlier was related to a billing adjustment for services provided to a member with a long inpatient stay. As a result of the adjustment, an above-average payment was included in Q1 2007 claims data. When this large payment is excluded from the data, paid claims and paid per member figures for the quarter are smaller. Increases in paid claims and paid claims per member from fourth quarter 2006 levels are also smaller. This is important to note when comparing claims data to average length of stay data featured in the *Inpatient Mental Health and Residential Treatment Facility report for Children and Adolescents*. AHCI will closely monitor inpatient mental health service data in subsequent quarters to determine if any trends are emerging.

- Outpatient mental health (OP-MH): 14% increase in paid claims, 7% increase in number of children and adolescents using service, 7% increase in paid claims per member. Utilization of outpatient mental health services typically increases in the first quarter of a calendar year, reflecting seasonal changes in service use. AHCI will closely monitor the outpatient mental health services in subsequent quarters to determine if any nonseasonal trends are emerging.
- Case Management: 13% increase in paid claims, 9% increase in paid claims per member. These increases are due to two factors. First, there was an increase in the average number of units of service provided to children and adolescents. Second, a number of case management providers began receiving an enhanced claims rate in January 2007. Eligibility for the enhanced claims rate was based on a performance improvement program developed by Community Care which rewards providers for meeting quality performance goals.
- Other mental health services (Other MH Srv): 20% increase in paid claims, 25% increase in paid claims per member. The increases in paid claims and paid claims per member are due primarily to an increase in the average number of units of service provided to children and adolescents in the RESPOND program. The RESPOND program provides intense services to children and adolescents with complex mental health, mental retardation, and severe behavioral disorder diagnoses.
- Respite services and diversion/acute stabilization services (Respite/DAS): 26% decrease in paid claims, 27% decrease in paid claims per member. At this time, these decreases do not appear to be related to any long-term trends in respite / DAS service utilization patterns. However, future utilization data will be examined to determine if any trends are emerging in the use of respite / DAS services for this age group.

Services provided to children and adolescents with autism spectrum disorder diagnoses comprised the largest portion of paid claims for mental health services in this age group (27%), followed by claims for services provided to children and adolescents with a diagnosis of attention deficit hyperactivity disorder, or ADHD (22%). More children and adolescents had a diagnosis of ADHD (31%) than any other mental health diagnosis.

The first quarter of 2007 saw relatively few changes in service use by mental health diagnosis. However, there was a 46% increase in the amount of total paid claims and a 44% increase in paid claims per member for services provided to children and adolescents with schizophrenia diagnoses. This increase is the result of claims paid for long residential treatment facility admissions for several adolescents with schizophrenia diagnoses.

Paid claims for drug and alcohol services in this age group decreased 14% from the fourth quarter of 2006 to total \$658,124. The number of adolescents using drug and alcohol services increased 3% to total 460.

Non-hospital rehabilitation services continued to comprise the largest portion of paid claims for drug and alcohol services (57%), while the largest number of adolescents (280)

used outpatient drug and alcohol services. There was an 18% decrease in the paid claims and a 17% decrease in paid claims per member for non-hospital rehabilitation services, due to a decrease in the average number of units of service provided to adolescents. Several other drug and alcohol services saw substantial percent changes in paid claims, the number of adolescents using service, and paid claims per member. Because adolescent drug and alcohol services have relatively low paid claims amounts and few people using service, a small change in the number of adolescents or paid claims may result in large percent changes.

More adolescents had a diagnosis of cannabis abuse or dependence (250) than any other drug and alcohol diagnosis. Services provided to adolescents with these diagnoses also comprised the largest portion of paid claims for drug and alcohol services in this age group (34%).

The number of children and adolescents with at least one inpatient mental health admission (292) increased 3% from the fourth quarter of 2006. Similarly, the admission rate (2.28 admissions per 1,000 enrollees) increased 4%. The 30-day readmission rate (16%) experienced a 3% increase from the fourth quarter of 2006. The average length of stay (10.4 days) did not change from the fourth quarter of 2006.

The number of children and adolescents with at least one residential treatment facility (RTF) admission (86) increased 4% from the fourth quarter of 2006. The RTF admission rate (0.58 admissions per 1,000 enrollees) increased 1%. The average length of stay for RTF admissions (229.7 days) decreased 3% from the fourth quarter of 2006.

Adults (Ages 21 years and older)

Paid claims for mental health services in this age group increased 1% from the fourth quarter of 2006 to total \$13.8 million. The number of adults using mental health services increased 5% to total 12,435.

Similar to the previous quarter, inpatient mental health services comprised the largest portion of paid claims (42%) for mental health services. More adults utilized outpatient mental health services than any other type of service (64%).

The following mental health service categories experienced sizeable increases or decreases:

- Case management: 12% increase in paid claims, 12% increase in paid claims per member. Similar to case management services provided to children and adolescents, claims increases for adults receiving case management services are due to two factors. First, there was an increase in the average number of units of service provided to adults. Second, a number of case management providers began receiving an enhanced claims rate in January (see section on children and adolescents above).
- Community treatment team (CTT): 13% increase in paid claims. This change was due to increase in the number of adults using the service and an increase in the average number of units of service provided to adults.
- Other mental health services (Other MH Srv): 10% decrease in number of adults using service. The number of adults using electroconvulsive therapy (ECT),

which falls into the “other mental health services” category, decreased from the fourth quarter of 2006, resulting in the decrease in paid claims for this category of service.

- Adult residential treatment facility (RTF-A): 12% decrease in paid claims, 11% decrease in the number of adults using service. In Allegheny County, there is only one facility that provides RTF-A services. This facility can provide services to a relatively small number of individuals. In the first quarter of 2007, the facility provided services to an individual outside of this age category. The facility therefore provided fewer units of service to individuals ages 21 years and older than in the fourth quarter of 2006.
- Crisis services: 21% decrease in paid claims, 20% decrease in number of adults using service. At this time, these decreases do not appear to be related to any long-term trends in crisis service utilization patterns. However, future utilization data will be examined to determine if any trends are emerging in the use of crisis services for this age group.

Mental health services provided to adults with a diagnosis of schizophrenia comprised the largest portion of paid claims in this age group (37%). More adults had a diagnosis of major depression (3,512) followed by schizophrenia (3,213) than any other diagnosis.

For the most part, service use patterns by mental health diagnosis were similar to those in the fourth quarter of 2006. However, there was a 16% increase in the amount of total paid claims for services provided to adults with neurotic disorder diagnoses and a 20% increase in total paid claims for services provided to adults with adjustment disorder diagnoses. These increases are largely due to greater use of inpatient mental health services by adults with these diagnoses.

Paid claims for drug and alcohol services increased 1% from the fourth quarter of 2006 to total \$6.7 million, while the number of adults using services (3,901) did not change. Non-hospital rehabilitation services continued to comprise the largest portion of paid claims for drug and alcohol services (42%). More adults used methadone maintenance services (1,554) followed by outpatient services (1,298) than any other drug and alcohol service.

More adults had an opioid abuse or dependence diagnosis (2,018) than any other drug and alcohol diagnosis. Services provided to adults with opioid abuse or dependence diagnoses comprised the largest portion of paid claims for drug and alcohol services in this age group (38%). Total paid claims for services provided to individuals with cannabis abuse or dependence diagnoses decreased 28% and paid claims per member decreased 35%. These decreases are largely due to less use of non-hospital rehabilitation services by adults with cannabis abuse or dependence diagnoses.

In the first quarter of 2007, the number of adults with at least one inpatient mental health admission (1,204) increased 4%. The admission rate (10.12 admissions per 1,000 enrollees) did not change from the fourth quarter of 2006. The average length of stay (10.6 days) decreased 2%. The 30-day readmission rate for the first quarter of 2007 was 21%, which was 6% lower than the rate in the fourth quarter of 2006.