

HealthChoices Program in Allegheny County 2nd 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 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 January 2008.

ENROLLMENT

In the second quarter of 2007, 150,269 individuals were enrolled in the HealthChoices program in Allegheny County, an increase of 1% from the first quarter of 2007. 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 150,269 individuals enrolled, 24,431 (16.3%) used at least one behavioral health service, with paid claims totaling \$45.7 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 1% from the first quarter of 2007 to total \$24.3 million. The number of children and adolescents in this age group using mental health services increased 2% to 9,085.

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 (4,471) used outpatient mental health services.

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

- Inpatient mental health (IP-MH): 6% increase in paid claims, 9% increase in number of children and adolescents using service. Inpatient mental health also increased during the first quarter. However, upon comparison with the prior quarters (2006 data), and more recent data (third quarter 2007), this increase appears temporary and is not a trend.
- Outpatient mental health (OP-MH): 12% decrease in paid claims, 2% decrease in number of children and adolescents using service, 11% decrease in paid claims per member. Utilization of outpatient mental health services typically decreases in the second 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.

- Crisis services: 19% increase in paid claims, 18% increase in the number of children and adolescents using the service. This increase does not appear to be an overall trend. Utilization will continue to be monitored.
- Other mental health services (Other MH Srv): 12% decrease in paid claims, 23% increase number of members, 28% decrease in paid claims per member. The decreases in paid claims and paid claims per member are due primarily to two factors:
 - A decrease 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.
 - In the first quarter, two adolescents had lengthy stays in the extended acute unit (included in Other MH services because utilization for this age group is expected to be low). In the second quarter, no adolescents used these services, lowering the average cost per member.
 - There were slight increases in the number of people using other services within this category, accounting for the overall increase in the number of people using “Other MH” services.
- Respite services and diversion/acute stabilization services (Respite/DAS): 17% increase in paid claims, 23% increase in paid claims per member. At this time, these increases do not appear to be related to any long-term trends in respite / DAS service utilization patterns. Because of the small number of children/adolescents using these services, a small change in the number of people will result in large percentage changes.

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 (28%), 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 second quarter of 2007 saw relatively few changes in service use by mental health diagnosis. However, there was an 11% increase in the number of children and adolescents receiving services for a depressive disorder diagnosis, and a 70% increase in the number of children receiving services for a schizophrenia diagnosis. For those with schizophrenia diagnoses, there was an increase in the number using acute partial services. None used extended acute services (compared to one person in the first quarter), and residential treatment service length of stay decreased, driving the decrease in the average paid claims per member. This group will be monitored to determine trends.

Paid claims for drug and alcohol services in this age group increased 5% from the first quarter of 2007 to total \$690,553. The number of adolescents using drug and alcohol services increased 4% to total 479.

Non-hospital rehabilitation services continued to comprise the largest portion of paid claims for drug and alcohol services (60%), while the largest number of adolescents (315) used outpatient drug and alcohol services. There was an 11% increase in the paid claims for non-hospital rehabilitation services, due to a increase in the number of adolescents using these services and in the average number of units of service per person. The number of adolescents accessing outpatient drug and alcohol services also increased (12%), although the average units of service per person decreased. 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 (263) 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 (47%).

The number of children and adolescents with at least one inpatient mental health admission (312) increased 7% from the first quarter of 2007. Similarly, the admission rate (2.49 admissions per 1,000 enrollees) increased 9%. The 30-day readmission rate (16%) experienced a 1% decrease from the first quarter of 2007. The average length of stay (10 days) decreased 4% from the previous quarter.

The number of children and adolescents with at least one residential treatment facility (RTF) admission (99) increased 16% from the first quarter of 2007. The RTF admission rate (0.66 admissions per 1,000 enrollees) increased 14%. The average length of stay for RTF admissions (264.2 days) increased 15% from the first quarter of 2007. Because the length of stay averages over eight months, fluctuations in admissions from quarter to quarter occur. This data will continue to be monitored for trends.

Adults (Ages 21 years and older)

Paid claims for mental health services in this age group increased 1% from the first quarter of 2007 to total \$14.0 million. The number of adults using mental health services increased 1% to total 12,595.

Similar to the previous quarter, inpatient mental health services comprised the largest portion of paid claims (43%) for mental health services. More adults utilized outpatient mental health services than any other type of service (63%).

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

- **Respite/Diversion and Acute Stabilization Services:** 12% increase in paid claims, 30% increase in the number of adults using this service. While more people accessed these services, the average number of units decreased. This will be monitored in future quarters for trends. Use of these services for people experiencing a crisis or exacerbation of symptoms as an alternative to more restrictive services is encouraged.

- Inpatient Extended Acute: While the number of people using this service doubled (from 9 people to 18 people) when compared to the first quarter of 2007, the cost per person decreased by half. More people used this service for shorter lengths of time.
- Adult residential treatment facility (RTF-A): 7% increase in paid claims, 25% increase 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. The increase in the number of adults using this service is because an adolescent used the service during the first quarter, resulting in a smaller number of adults using this service during that quarter; hence the increase for adult utilization in the following (second) quarter of 2007.
- Crisis services: 14% increase in paid claims, 6% increase in number of adults using service. At this time, these increases 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. Use of these services for people experiencing a crisis or exacerbation of symptoms as an alternative to more restrictive services is encouraged.

Mental health services provided to adults with a diagnosis of schizophrenia comprised the largest portion of paid claims in this age group (38%). More adults had a diagnosis of major depression (3,579) followed by schizophrenia (3,278) than any other diagnosis.

For the most part, service use patterns by mental health diagnosis were similar to those in the first quarter of 2007. Increases in costs observed during the first quarter associated with people who had either neurotic disorders or adjustment disorders have returned to costs observed for the fourth quarter of 2006.

Paid claims for drug and alcohol services stayed the same from the first quarter of 2007 to total \$6.7 million, while the number of adults using services (3,993) increased by 2%. Non-hospital rehabilitation services continued to comprise the largest portion of paid claims for drug and alcohol services (40%). More adults used methadone maintenance services (1,594) and outpatient services (1,410) than any other drug and alcohol service.

More adults had an opioid abuse or dependence diagnosis (2,009) 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 (40%). Decreases in the number of people in the cannabis diagnosis category were offset by increases in the “other” category, driven by an increase in the number of people using inhalants. This will be monitored closely to determine if it is a trend.

In the second quarter of 2007, the number of adults with at least one inpatient mental health admission (1,198) decreased 1%. The admission rate (9.92 admissions per 1,000 enrollees) decreased 2% from the first quarter of 2007. The average length of stay (10.1 days) decreased 4%. The 30-day readmission rate for the second quarter of 2007 was 18%, a decrease from the 21% readmission rate in the first quarter of 2007. This decrease is not maintained in the third quarter of 2007, when the readmission rate returned to 21%.

Admissions for non-hospital rehabilitation services remained consistent with the first quarter of 2007. There was some fluctuation in the admission data for other residential drug and alcohol services; because relatively few people use these services within one quarter, small increases or decreases will result in large percent changes. Admissions to these services will be monitored over time to determine if changes observed are trends requiring additional analysis.