

HealthChoices Program in Allegheny County 3rd 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 third 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 April 4, 2008.

ENROLLMENT

In the third quarter of 2007, 150,889 individuals were enrolled in the HealthChoices program in Allegheny County, an increase of less than 1% from the second 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 150,889 individuals enrolled, 23,525 (15.6%) used at least one behavioral health service, with paid claims totaling \$45.3 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 decreased 7% from the second quarter of 2007 to total \$22.7 million. The number of children and adolescents in this age group using mental health services also decreased 7% to 8,463.

Similar to previous quarters, behavioral health rehabilitation services (BHRS) comprised the largest portion of paid claims (44%), while the largest number of children and adolescents (3,819) used outpatient mental health services.

Utilization of some mental health services typically decreases in the third quarter of a calendar year, reflecting seasonal changes in service use. Utilization trends observed in prior years were again evident in the third quarter of 2007. In particular, the following services experienced seasonal decreases:

- Inpatient mental health: 15% decrease in paid claims, 20% decrease in number of children and adolescents using service.
- Partial hospitalization program - mental health (Partial MH): 37% decrease in paid claims, 11% decrease in number of children and adolescents using service, 29% decrease in paid claims per member. In particular, few children or adolescents used school-based partial hospitalization services in July or August.
- Outpatient mental health: 22% decrease in paid claims, 15% decrease in number of children and adolescents using service.

AHCI will closely monitor the above services in subsequent quarters to determine if any non-seasonal trends are emerging.

Additionally, the following mental health service category experienced a sizeable increase:

- Other mental health services: 21% increase in paid claims, 23% increase in paid claims per member. The increases in paid claims and paid claims per member are due primarily to an increase in the use of a specific type of evaluation and treatment service provided by Community Empowerment Association, Inc. (CEA). CEA provides early identification and brief intervention services for mental health issues in community settings for members of underserved populations.

Several other services experienced decreases in utilization. At this time, these decreases do not appear to be related to any long-term trends in service use. Because of the small number of children and adolescents using these services, a small change in the number of service users results in large percentage changes in utilization. AHCI will closely monitor these services in subsequent quarters to determine if any trends are emerging. These services include:

- Respite services and diversion/acute stabilization services (Respite/DAS): 32% decrease in paid claims, 25% decrease in number of children and adolescents using the service, 10% decrease in paid claims per member.
- Community Treatment Team (CTT): 29% decrease in paid claims, 11% decrease in number of children and adolescents using service, 20% decrease in paid claims per member. From the second to third quarters of 2007, several members of Western Psychiatric Institute and Clinic's Transition Age CTT aged out of the children and youth age category and into the adult age category. In both quarters, these individuals used a relatively high level of CTT services. Therefore, their change in age categorization resulted in an overall change in paid claims by age for CTT services.
- Mobile medication services: 86% decrease in paid claims, 86% decrease in paid claims per member.
- Crisis: 24% decrease in paid claims, 20% decrease in paid claims per member. These decreases are related to a decrease in the average number of units of service provided to children and adolescents and a small decrease in the number of children and adolescents using the service during the third quarter of 2007.

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 (30%). More children and adolescents had a diagnosis of ADHD (32%) than any other mental health diagnosis.

The third quarter of 2007 saw several changes in service use by mental health diagnosis. These changes included:

- Depressive disorder: 22% decrease in paid claims, 16% decrease in number of children and adolescents using services. The decrease in *paid claims* is the

result of a decrease in utilization (less days) of inpatient mental health and RTF services for children and adolescents with this diagnosis. However, the decrease in *number of children and adolescents using services* is mostly due to decreased use of outpatient mental health services in the third quarter of 2007.

- Other mental health diagnoses: 25% decrease in number of children and adolescents using services, 21% increase in paid claims per member. There was an overall decrease in the number of children and adolescents with deferred diagnoses, unspecified psychosis and organic mental disorder diagnoses using services during the quarter. However, a greater proportion of children and adolescents in this category used inpatient mental health services. Since inpatient mental health services have a higher cost than other services, the relative increase in use of this service resulted in an increase in paid claims per member.
- Schizophrenia: 23% decrease in paid claims, 38% decrease in number of children and adolescents using services, 23% increase in paid claims per member. The decrease in total paid claims and number of children and adolescents using services reflects a decrease in the use of partial hospitalization services for children and adolescents with schizophrenia diagnoses. However, a greater proportion of children and adolescents with schizophrenia diagnoses used inpatient mental health and RTF services. Since inpatient mental health and RTF services have higher costs than other services, the relative increase in use of these services resulted in an increase in paid claims per member.

Paid claims for drug and alcohol services in this age group decreased 22% from the second quarter of 2007 to total \$535,829. The number of adolescents using drug and alcohol services decreased 15% to total 407.

The largest number of adolescents (277) used outpatient drug and alcohol services, while non-hospital rehabilitation services continued to comprise the largest portion of paid claims for drug and alcohol services (60%). From the second to third quarter of 2007, there was a 22% decrease in paid claims and a 20% decrease in the number of adolescents using non-hospital rehabilitation services. A second to third quarter decrease in the use of non-hospital rehabilitation services has also been experienced in previous years. AHCI will closely monitor the adolescent non-hospital rehabilitation services in subsequent quarters to determine if any non-seasonal trends are emerging.

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 a relatively low volume of paid claims 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 (223) 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 (51%).

The number of children and adolescents with at least one inpatient mental health admission (253) decreased 19% from the second quarter of 2007. The admission rate (1.92 admissions per 1,000 enrollees) decreased 23%. The 30-day readmission rate (14%) experienced a 14% decrease from the second quarter of 2007. However, the average length of stay (11.4 days) increased 14% from the second quarter of 2007.

The number of children and adolescents with at least one residential treatment facility (RTF) admission (77) decreased 22% from the second quarter of 2007. Similarly, the RTF admission rate (0.51 admissions per 1,000 enrollees) decreased 23%. The average length of stay for RTF admissions (250.4 days) decreased 4% from the second quarter of 2007.

Adults (Ages 21 years and older)

Paid claims for mental health services in this age group increased 6% from the second quarter of 2007 to total \$14.9 million. The number of adults using mental health services decreased 2% to total 12,378.

Similar to the previous quarter, inpatient mental health services comprised the largest portion of paid claims (42%) for mental health services. More adults (7,699) utilized outpatient mental health services than any other type of service.

The following mental health service categories experienced sizeable increases or decreases¹:

- Community Treatment Team (CTT) services: 14% increase in paid claims, 9% increase in number of adults using service.
- Respite services and diversion/acute stabilization services (Respite/DAS): 27% increase in paid claims, 11% increase in number of adults using service, 15% increase in paid claims per member. Use of these services for people experiencing a crisis or exacerbation of symptoms as an alternative to more restrictive services is encouraged.
- Other mental health services (Other MH Srv): 171% increase in paid claims, 161% increase in paid claims per member. These increases resulted from the introduction of a new service, alternative outpatient treatment (AOP). AOP is an alternative, highly structured therapeutic service for adults in specific types of residential settings. A small number of adults received AOP services in the third quarter of 2007. However, AOP services have higher costs than other services in this category, resulting in an increase in paid claims per member and an overall increase in total paid claims.
- Adult residential treatment facility (RTF-A): 69% increase in paid claims, 30% increase in the number of adults using service, 30% increase in paid claims per member. Two issues affected RTF-A utilization trends in the third quarter of 2007. First, RTF-A capacity expanded from 12 beds to 16 beds, resulting in an

¹ In data available in April 2008, inpatient extended acute services also appeared to experience substantial changes in utilization. However, the claims data for inpatient extended acute services may not accurately reflect service utilization during the period. AHCI is working with Community Care to investigate the issue in greater depth and will continue to monitor utilization of inpatient extended acute services upon resolution of the issue.

increase in the number of adults using the service. Secondly, adults had longer stays in RTF-A, on average, than in previous quarters, resulting in higher costs.

- Mobile medication services: 146% increase in paid claims, 25% increase in number of adults using service, 97% increase in paid claims per member. In the third quarter of 2007, two new providers began providing mobile medication services. Since these providers could not immediately assume a full mobile medication caseload, they received a higher claims rate during the quarter to assist with service start-up costs. The higher claims rate resulted in an increase in average paid claims per member. The increase in system-wide capacity and the increase in average paid claims per member produced an overall increase in paid claims.
- Crisis services: 45% increase in number of adults using service, 27% decrease in paid claims per member. These changes in utilization were due to an increase in the number of claims submitted for a specific type of crisis service provided in an inpatient provider's diagnostic emergency center. Since these services have a lower cost relative to other crisis services, an increase in the number of adults using these services led to a decrease in average paid claims per member.

Mental health services provided to adults with a diagnosis of schizophrenia comprised the largest portion of paid claims in this age group (40%). More adults had a diagnosis of major depression (3,490) followed by schizophrenia (3,214) than any other diagnosis.

For the most part, service use patterns by mental health diagnosis were similar to those in the second quarter of 2007. However, there was a 10% increase in the amount of total paid claims and a 12% increase in paid claims per member for services provided to adults with schizophrenia diagnoses. These increases are largely due to greater use of inpatient mental health and RTF-A services by adults with schizophrenia diagnoses. There was also a 17% increase in the amount of total paid claims and paid claims per member for services provided to adults with bipolar disorder diagnoses. These increases are the result of greater use of inpatient mental health services by adults with bipolar disorder diagnoses.

Paid claims for drug and alcohol services increased 1% from the second quarter of 2007 to total \$6.8 million, while the number of adults using services (3,918) decreased 2%. Non-hospital rehabilitation services continued to comprise the largest portion of paid claims for drug and alcohol services (41%). More adults used methadone maintenance services (1,632) followed by outpatient services (1,357) than any other drug and alcohol service.

More adults had an opioid abuse or dependence diagnosis (2,060) 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 (41%). The number of adults using services who had "other" drug or alcohol abuse or dependence diagnoses decreased 43%. This decrease is related to a large decline in the number of members using services who had inhalant abuse diagnoses. Service use for adults who had inhalant abuse diagnoses varied during 2007. AHCI will continue to monitor service use by adults with inhalant abuse diagnoses to determine if a trend is emerging.

In the third quarter of 2007, the number of adults with at least one inpatient mental health admission (1,171) decreased 2%. The admission rate (9.87 admissions per 1,000 enrollees) did not change from the second quarter of 2007. The average length of stay (11 days) increased 9%. The 30-day readmission rate for the third quarter of 2007 was 21%, an increase from 18% in the second quarter of 2007.