

HealthChoices Program in Allegheny County 1st Quarter 2008 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 topic and age group (children and adolescents, and adults). The following list includes the various measures used in the reports.

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.

Number of individuals with at least one admission: this measure counts the number of people who had at least one admission to a specific level of care (inpatient mental health, residential treatment facility, inpatient detoxification or rehabilitation, non-hospital detoxification or rehabilitation, or halfway house services) during the quarter.

Admission rate: the number of individuals with at least one admission for a specific level of care during the quarter per 1,000 people enrolled in the HealthChoices program.

Average length of stay: for discharges that occurred during the quarter, the total number of days all individuals received services divided by the number of individuals receiving services.

Readmission rate: for discharges that occurred during the quarter, the percent of individuals who were discharged and readmitted within 30 days to the same level of care (inpatient mental health, residential treatment facility, inpatient detoxification or rehabilitation, non-hospital detoxification or rehabilitation, or halfway house services).

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 2008. 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 October 2, 2008.

ENROLLMENT

In the first quarter of 2008, 150,077 individuals were enrolled in the HealthChoices program in Allegheny County, a decrease of less than 1% from the fourth 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 150,077 individuals enrolled, 24,471 (16.3%) used at least one behavioral health service, with paid claims totaling \$47.6 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 fourth quarter of 2007 to total \$23.9 million. The number of children and adolescents in this age group using mental health services increased 6% to 9,242.

Similar to previous quarters, behavioral health rehabilitation services (BHRS) comprised the largest portion of paid claims (41%) with 3,073 children and adolescents using this level of care. The largest number of children and adolescents (4,616) used outpatient mental health services.

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

- Residential treatment facility (RTF) services: 12% decrease in paid claims, 8% decrease in paid claims per member. These decreases are related to a decrease in the average number of days adolescents used RTF services.
- Inpatient mental health (IP-MH): 16% increase in paid claims, 18% increase in number of children and adolescents using services. Utilization of inpatient mental health services often increases in the first quarter of a calendar year (see the following table).

	Q4 2004 to Q1 2005	Q4 2005 to Q1 2006	Q4 2006 to Q1 2007	Q4 2007 to Q1 2008
Change in total paid claims	16%	9%	15%	15%
Change in the number of children and adolescents using services	15%	21%	1% ¹	17%

¹ The relatively small increase from Q4 2006 to Q1 2007 appears to be an outlier.

AHCI will closely monitor the use of inpatient mental health services in subsequent quarters to determine if trends in IP-MH use are seasonal or related to non-seasonal factors, such as diversions from inpatient admissions to other levels of care.

- Outpatient mental health (OP-MH): 14% increase in paid claims, 13% increase in number of children and adolescents using service. Utilization of outpatient mental health services typically increases in the first quarter of a calendar year, reflecting seasonal changes in service use (see the following table).

	Q4 2004 to Q1 2005	Q4 2005 to Q1 2006	Q4 2006 to Q1 2007	Q4 2007 to Q1 2008
Change in total paid claims	16%	15%	14%	17%
Change in the number of children and adolescents using services	13%	9%	7%	16%

AHCI will closely monitor outpatient mental health service use in subsequent quarters to determine if any nonseasonal trends are emerging.

- Other mental health services (Other MH Srv): 41% increase in number of children and adolescents using service, 34% decrease in paid claims per member. The first quarter saw a large increase in the number of children and adolescents using specific services in the “other” mental health service category, such as outpatient group therapy and outpatient intake evaluation services. These services are inexpensive relative to the other services in this category. The increase in number of children and adolescents using services meant the denominator in the paid claims per member calculation increased, while the numerator (total paid claims) stayed relatively flat. This led to an overall decrease in paid claims per member. After further exploration of the data, AHCI has decided to move these services into the outpatient mental health category.

- Respite / Diversion and acute stabilization (DAS): 20% increase in paid claims, 37% increase in number of children and adolescents using service. In the third and fourth quarters of 2007, respite / DAS service utilization experienced a slight decrease. In the first quarter of 2008, paid claims and the number of children and adolescents using services returned to previous levels of utilization.

Community Treatment Team (CTT), Enhanced Clinical Case Management (ECCM), and mobile medication services also experienced significant changes in paid claims, number of children and adolescents using services, and paid claims per member. However, because these services have a relatively low volume of paid claims and few children or adolescents using each service, a small change in the number of children or adolescents using services or total paid claims may result in large percent 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%). More children and adolescents had a diagnosis of ADHD (2,880) than any other mental health diagnosis.

The first quarter of 2008 saw several changes in service use by mental health diagnosis. These changes included:

- Depressive disorder: 16% increase in paid claims, 17% increase in number of children and adolescents using services. In the first quarter of 2008, the number of children and adolescents with depressive disorder diagnoses using outpatient mental health services increased significantly.
- Other mental health diagnoses: 15% decrease in number of children and adolescents using services, 21% decrease in paid claims per member, reflecting a decrease in the use of inpatient mental health and residential treatment facility services for children and adolescents with diagnoses in the other mental health category.
- Schizophrenia: 43% increase in number of adolescents using services, 33% decrease in paid claims per member. Relatively few adolescents have a diagnosis of schizophrenia, therefore a small change in the number of adolescents or paid claims may result in large percent changes. However, in the first quarter of 2008, there was an increase in the number of adolescents with schizophrenia diagnoses receiving partial hospitalization (PHP-MH) services. PHP-MH services are inexpensive relative to other services like inpatient mental health and residential treatment facility services. The increase in number of adolescents using PHP-MH meant the denominator in the paid claims per member calculation increased, while the numerator (total paid claims) stayed relatively flat. This led to an overall decrease in paid claims per member.

Paid claims for drug and alcohol services in this age group increased 23% from the fourth quarter of 2007 to total \$711,255. The number of adolescents using drug and alcohol services also increased 23% to total 498.

The largest number of adolescents (342) 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 (50% or \$355,344).

The following drug and alcohol service categories experienced sizeable increases or decreases:

- Non-hospital rehabilitation (NH-Rehab): 26% increase in number of adolescents using the service, 18% decrease in paid claims per member. The average number of units of NH-Rehab services used by adolescents decreased from the fourth quarter of 2007, resulting in a decrease in paid claims per member.
- Intensive outpatient drug and alcohol (IOP-D&A): 90% increase in paid claims, 50% increase in number of adolescents using services, 27% increase in paid claims per member. The average number of units of IOP-D&A service used by adolescents increased from the fourth quarter of 2007, resulting in an increase in paid claims per member and contributing to the overall increase in total paid claims. The increase in the number of adolescents using IOP-D&A services also contributed to the overall increase in total paid claims. In previous years, the number of adolescents using IOP-D&A has increased from the fourth quarter to the first quarter.

Several other drug and alcohol services saw substantial percent changes in paid claims, the number of adolescents using services, and paid claims per member. Because adolescent drug and alcohol services have a relatively low volume of paid claims and few people using services, 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 (293) 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 (50%).

The number of children and adolescents with at least one inpatient mental health admission (309)² increased 9% from the fourth quarter of 2007. The admission rate (2.43 admissions per 1,000 enrollees) increased 4%. The 30-day readmission rate (16%) experienced a 1% increase from the fourth quarter of 2007. The average length of stay (12.1 days) increased 20%.

The number of children and adolescents with at least one residential treatment facility (RTF) admission (76) increased 9% from the fourth quarter of 2007. Similarly, the RTF

² Note that the number of children and adolescents with inpatient mental health or residential treatment facility *admissions* does not reflect the number of children and adolescents with *paid claims* for these services (page 2). Admissions data includes information about children and adolescents who were admitted to IPMH or RTF services during the quarter. Children and adolescents who were admitted in previous quarters and whose stays extend into the current quarter are not included in the admission data. Admissions data also includes information about IPMH and RTF services for which Community Care was not the primary insurer. Claims data includes only information about services that were rendered during the quarter and paid for by Community Care. Claims data is useful in analyzing service utilization at a specific point in time. Admissions data is useful in analyzing changes in admission rates and average lengths of stay.

admission rate (0.51 admissions per 1,000 enrollees) increased 10%. The average length of stay for RTF admissions (250.5 days) increased 21% from the fourth quarter of 2007.

Adults (Ages 21 years and older)

Paid claims for mental health services in this age group increased 6% from the fourth quarter of 2007 to total \$15.8 million. The number of adults using mental health services increased 1% to total 12,322.

Similar to the previous quarter, inpatient mental health services comprised the largest portion of paid claims (41%) for mental health services. More adults (7,549) utilized outpatient mental health services than any other type of service.

The following mental health service categories experienced sizeable increases or decreases³:

- Community Treatment Team (CTT) services: 22% increase in paid claims, 11% increase in number of adults using service.
- Enhanced Clinical Case Management (ECCM): 78% increase in paid claims, 52% increase in number of adults receiving service, 17% increase in paid claims per member. ECCM services were introduced into the Allegheny County HealthChoices program in the third quarter of 2007. ECCM teams provide adults with service coordination, therapy, and peer support services in their homes. Growth in the first quarter of 2008 was expected as ECCM teams continued to ramp up and accept additional referrals for service.
- Mobile medication services: 42% decrease in paid claims, 48% decrease in paid claims per member. In 2007, two new providers began providing mobile medication services. Since these providers could not immediately assume a full mobile medication caseload, they initially received a higher claims rate to assist with service start-up costs. The decreases in total paid claims and paid claims per member in the first quarter of 2008 are the result of the start-up period ending and claims rates returning to their normal level.
- Psychiatric rehabilitation services (Psych Rehab): 43% decrease in paid claims, 37% decrease in paid claims per member. These decreases are largely the result of late submission of claims. More recent data, which includes claims submitted late, indicates changes in the utilization of psychiatric rehabilitation service utilization between the fourth quarter of 2007 and the first quarter of 2008 were relatively small.

Mental health services provided to adults with a diagnosis of schizophrenia comprised the largest portion of paid claims in this age group (39%). More adults had a diagnosis of major depression (3,608) than any other diagnosis. This was followed by schizophrenia (3,170).

³ In data available in October 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.

The first quarter of 2008 saw several changes in service use by mental health diagnosis. These changes included:

- Bipolar disorder: 15% increase in paid claims, 9% increase in paid claims per member. These increases reflect an increase in the use of inpatient mental health services for adults with bipolar disorder diagnoses.
- Other mental health diagnoses: 13% increase in paid claims, 13% increase in the number of adults using services. The increase in paid claims is largely the result of a greater number of adults with diagnoses of psychosis not otherwise specified (NOS) receiving inpatient mental health services. Additionally, there were significant increases in the number of adults with ADHD and conduct disorder diagnoses receiving services.
- Depressive disorder: 18% increase in paid claims, 17% increase in paid claims per member. These increases reflect an increase in the use of inpatient mental health services for adults with depressive disorder diagnoses.

Paid claims for drug and alcohol services increased 1% from the fourth quarter of 2007 to total \$7 million, while the number of adults using services (4,055) increased 5%. 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 (1,670) followed by outpatient services (1,420) than any other drug and alcohol service.

The following drug and alcohol service categories experienced sizeable increases or decreases:

- Inpatient detoxification (IP-Detox) services: 57% increase in paid claims, 42% increase in number of adults using services. It is important to note that relatively few adults use inpatient detoxification services. Therefore a small change in the number of adolescents or paid claims may result in large percent changes.
- Supplemental drug and alcohol services: 11% increase in paid claims, 47% increase in number of adults using services, 25% decrease in paid claims per member. In the fourth quarter of 2007, there was a significant decrease in the number of adults using supplemental drug and alcohol services. However, the number of adults using supplemental drug and alcohol in the first quarter 2008 is roughly equivalent to the number using these services in the third quarter of 2007.

More adults had an opioid abuse or dependence diagnosis (2,167) 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%). The number of adults using services who had cannabis abuse diagnoses decreased 19%. In the first quarter of 2008, there was a large increase in the number of individuals using outpatient drug and alcohol services who had cannabis abuse diagnoses.

In the first quarter of 2008, the number of adults with at least one inpatient mental health admission (1,163) increased 3%. The admission rate (9.74 admissions per 1,000 enrollees)

increased 2%. The average length of stay (10.1 days) increased 9%. The 30-day readmission rate (21%) did not change from the fourth quarter of 2007.