

HealthChoices Program in Allegheny County 3rd 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 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.

The information below provides a quick summary of the reports for the third 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 February 12, 2009.

Enrollment

In the third quarter of 2008, 151,214 individuals were enrolled in the HealthChoices program in Allegheny County. This enrollment total is roughly equivalent to the total in the second quarter of 2008. 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 151,214 individuals enrolled, 25,161 (16.8%) used at least one behavioral health service, with paid claims totaling \$49 million.

Children and adolescents (ages 0 – 20 years old) - mental health service utilization by service type and diagnosis

Paid claims for mental health services in this age group totaled \$24.7 million. This total is roughly equivalent to the total in the second quarter of 2008. The number of children and adolescents using mental health services in the third quarter of 2008 decreased 6% from the second quarter to total 9,078.

Similar to previous quarters, behavioral health rehabilitation services (BHRS) comprised the largest portion of paid claims (45%), while the largest number of children and adolescents (4,130) 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. In particular, several types of mental health services are used less frequently during periods when children and adolescents are on school break during the summer. Utilization trends observed in prior

years were again evident in the third quarter of 2008. In particular, the following services experienced seasonal decreases:

- Partial hospitalization program - mental health (Partial MH) services: 35% decrease in paid claims, 12% decrease in number of children and adolescents using service, 26% 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 (OP-MH) services: 22% decrease in paid claims, 15% decrease in number of children and adolescents using service, 9% decrease in paid claims per member.

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:

- Medication check services: 21% increase in paid claims, 25% increase in paid claims per member. In July 2008, the amount of money providers received for providing a unit of medication check service increased, resulting in increases for total paid claims and paid claims per member.
- Crisis services: 49% increase in paid claims, 9% increase in number of children and adolescents using service, 37% increase in paid claims per member. In July 2008, the Re:Solve Crisis Network began providing services in Allegheny County. With the initiation of Re:Solve Crisis services, individuals had access to dedicated mobile crisis services 24 hours per day, 7 days per week, as opposed to on-call staff. This change, plus the advertising of the crisis services during start-up could have resulted in greater use of mobile crisis services.
- Community Treatment Team (CTT) and Mobile Medication services also experienced large increases in paid claims and paid claims per member. However, it is important to note that relatively few adolescents use these services. Therefore, a small change in the number of adolescents using services or a change in the service use patterns of a few adolescents can 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 (32%), followed by services provided to children with a diagnosis of ADHD (20%). More children and adolescents had a diagnosis of ADHD (2,868) than any other mental health diagnosis, followed by a diagnosis of autism spectrum disorder (1,902).

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

- Adjustment disorder diagnoses: 10% decrease in paid claims, 13% decrease in the number of children and adolescents using services. These changes reflect a seasonal decrease in the use of OP-MH services for children and

adolescents with an adjustment disorder, depressive disorder, and ADHD diagnoses. .

- Other mental health (Other MH) diagnoses: 36% increase in paid claims, 38% increase in the number of children and adolescents using services. These changes are related to an increase in the number of children and adolescents receiving crisis services whose diagnoses were deferred.

Children and adolescents (ages 0 – 20 years old) – drug and alcohol service utilization by service type and diagnosis

Paid claims for drug and alcohol services in this age group decreased 1% from the second quarter of 2008 to total \$853,723. The number of adolescents using drug and alcohol services decreased 9% to total 485.

The largest number of adolescents (354) 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 (63%).

Many drug and alcohol services experienced sizeable increases or decreases in paid claims, the number of adolescents using services, and paid claims per member. However, these drug and alcohol services have a relatively low volume of paid claims and few adolescents using service. Therefore, small changes in the number of adolescents or paid claims may result in large percent changes.

More adolescents had a diagnosis of cannabis abuse (294) than any other drug and alcohol diagnosis. Services provided to adolescents with this diagnosis also comprised the largest portion of paid claims for drug and alcohol services in this age group (51%). For many diagnoses, there were large percent changes in paid claims, the number of adolescents using services, and paid claims per member. It is important to note that the number of adolescents in these diagnostic categories is relatively small in any quarter. Small changes in the number of adolescents receiving services or the presence of outliers (individuals who use much more or much less service than the network average) can result in large percent changes between quarters.

Children and adolescents (ages 0 – 20 years old) – inpatient mental health and residential treatment facility stays

The number of children and adolescents with at least one inpatient mental health admission (262)¹ and the admission rate (2.02 admissions per 1,000 enrollees) decreased 2% from the

¹ 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.

second quarter of 2008. The 30-day readmission rate (15%) experienced a 16% increase from the second quarter of 2008. The average length of stay (10.9 days) increased 3%.

The number of children and adolescents with at least one residential treatment facility (RTF) admission (63) decreased 5% from the second quarter of 2008. The RTF admission rate (0.42 admissions per 1,000 enrollees) also decreased 5%. The average length of stay for RTF admissions (266 days) increased 17% from the second quarter of 2008.

Adults (ages 21 years and older) - mental health service utilization by service type and diagnosis

Paid claims for mental health services in this age group increased 5% from the second quarter of 2008 to total \$16.4 million. The number of adults using mental health services increased 2% to total 13,143.

Similar to the previous quarter, inpatient mental health services comprised the largest portion of paid claims (39%) for mental health services. More adults (8,013) utilized outpatient mental health services than any other type of service followed by medication checks (7,598).

The following mental health service categories experienced sizeable increases or decreases²:

- Service coordination (Serv Coord) services: 10% increase in paid claims, 8% increase in paid claims per adult. In the second quarter of 2008, paid claims were abnormally low because one provider failed to submit claims for service coordination services delivered in April 2008. In the third quarter of 2008, paid claims and paid claims per member returned to normal levels.
- Inpatient extended acute (IP-Ext): 16% increase in paid claims, 31% decrease in number of adults using service, 68% increase in paid claims per member. Several factors affected IP-Ext use during the quarter. A 5% increase in the amount of money the inpatient extended acute provider received for providing a unit of service contributed, in part, to the increase in paid claims per member and total paid claims. AHCI is in the process of working with Community Care and Allegheny County to verify the accuracy of IP-Extended service use data. Once the corrected data has been obtained, AHCI will analyze IP-Extended service use patterns to determine if any trends are emerging.
- Medication check (Med Check) services: 24% increase in paid claims, 23% increase in paid claims per member. In July 2008, the amount of money providers received for providing a unit of medication check service increased, resulting in increases for total paid claims and paid claims per member.

² Use of Community Treatment Team (CTT) and Residential Treatment Facility (RTF-A) services for adults appeared to change from Q2 to Q3 2008. However, AHCI is in the process of working with Community Care to correct a previously identified problem with CTT and RTF-A service use data. Once the corrected data has been obtained, AHCI will analyze CTT and RTF-A service use patterns to determine if any trends are emerging.

- Mobile Medication (Mobile Med) services: 58% increase in paid claims, 15% increase in number of adults using service, 37% increase in paid claims per adult. During the third quarter of 2008, one provider expanded their Mobile Medication service capacity, resulting in an increase in the number of adults using service. Also, this provider received a higher claims rate during the quarter to assist with service expansion costs. The enhanced claims rate resulted in an increase in average paid claims per member. The increase in capacity and the increase in average paid claims per member produced an overall increase in total paid claims.
- Other mental health services (Other MH Srv): 75% decrease in paid claims, 74% decrease in paid claims per member. These decreases are the result of a change in funding for Adult Outpatient Treatment Services in Alternative Settings. As part of a Pennsylvania Department of Public Welfare initiative, HealthChoices funds were used to pay for treatment services provided to adults in Long Term Structure Residences (LTSRs) from the third quarter of 2007 to the second quarter of 2008. However, DPW announced in early 2008 that the administrative burden associated with submitting claims for treatment costs had outweighed the clinical and other benefits expected to result from the initiative. Starting in Q3 2008, County base funds were used to pay for treatment services provided in LTSR settings instead of HealthChoices funds..
- Psychiatric rehabilitation (Psych Rehab) services: 11% decrease in paid claims, 9% decrease in paid claims per member. In the third quarter of 2008, there was a 6% decrease in the average number of units of psychiatric rehabilitation services provided to adults. This change, combined with a 3% decrease in the number of adults using service, resulted in the overall decrease in paid claims.
- Crisis services: 123% increase in paid claims, 73% increase in number of adults using service, 29% increase in paid claims per member. In July 2008, the Re:Solve Crisis Network began providing services in Allegheny County. With the initiation of Re:Solve Crisis services, individuals had access to dedicated mobile crisis services 24 hours per day, 7 days per week, as opposed to the use of on-call staff. This change, in addition to the advertising of the crisis services during start-up, resulted in greater use of mobile crisis services.

Mental health services provided to adults with a diagnosis of schizophrenia comprised the largest portion of paid claims in this age group (41%). More adults had a diagnosis of major depression (3,856) followed by schizophrenia (3,151) than any other diagnosis.

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

- Major depression: 10% decrease in paid claims, 10% decrease in paid claims per member. Compared to the second quarter of 2008, fewer adults with major depression diagnoses used inpatient mental health services in the third quarter of 2008. However, more adults with major depression diagnoses used community-based services such as service coordination or crisis services. Overall, the number of adults with major depression diagnoses using services did not change. However, since inpatient mental health services are more expensive than other

services, total paid claims for services provided to adults with major depression diagnoses decreased from the second to third quarters of 2008.

- Bipolar disorder: 19% increase in paid claims, 15% increase in paid claims per member. In the third quarter of 2008, the number of adults with bipolar disorder diagnoses using inpatient mental health services increased, resulting in higher paid claims per member and an increase in total paid claims.
- Other mental health disorders: 18% increase in number of adults using service, 11% decrease in paid claims per member. These changes are related to an increase in the number of adults receiving crisis services in the third quarter of 2008 whose diagnoses were deferred.
- Adjustment disorder: 16% increase in paid claims, 17% increase in paid claims per member. The number of adults with adjustment disorder diagnoses using inpatient mental health services increased in the third quarter of 2008. This change resulted in higher paid claims per member and an increase in total paid claims for services provided to adults with adjustment disorder diagnoses.

Adults (ages 21 years and older) – drug and alcohol service utilization by service type and diagnosis

Paid claims for drug and alcohol services totaled \$7.0 million. This total is roughly equivalent to the total in the second quarter of 2008. The number of adults using services (4,149) increased 1%. Non-hospital rehabilitation services continued to comprise the largest portion of paid claims for drug and alcohol services (39%), followed by methadone maintenance (26%). More adults used methadone maintenance services (1,687) followed by outpatient services (1,524) than any other drug and alcohol service.

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

- Partial hospitalization drug and alcohol (Partial D&A) services: 22% decrease in paid claims, 7% decrease in number of adults, 16% decrease in paid claims per member. From the second to third quarters of 2008 there was a decrease in the average number of units of Partial D&A services provided to adults. This change, combined with a 7% decrease in the number of adults using service, resulted in the overall decrease in paid claims.
- Intensive outpatient drug and alcohol (IOP D&A) services: 14% increase in paid claims, 13% increase in paid claims per member. Medication check (Med Check) services: 42% increase in paid claims, 30% increase in paid claims per member. In July 2008, the amount of money providers received for providing a unit of medication check service increased, resulting in increases for total paid claims and paid claims per member.

Several other drug and alcohol services saw substantial percent changes in paid claims, the number of adults using services, and paid claims per member. Because these drug and

alcohol services have a relatively low volume of paid claims and few adults using service, a small change in the number of adults or paid claims may result in large percent changes.

More adults had an opioid abuse or dependence diagnosis (2,225) 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 (42%).

Adults (ages 21 years and older) – inpatient mental health and residential drug and alcohol stays

In the third quarter of 2008, the number of adults with at least one inpatient mental health admission (1,101)³ and the admission rate (9.19 admissions per 1,000 enrollees) decreased 3%. The 30-day readmission rate (20%) decreased 2% from the second quarter of 2008. However, the average length of stay (11.0 days) increased 6%.

There was some fluctuation in the admission data for non-hospital and inpatient detoxification and halfway house 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.

³ Note that the number of adults with inpatient mental health *admissions* does not reflect the number of adults with *paid claims* for these services (see footnote 1 on page 4).