

HealthChoices Program in Allegheny County 1st Quarter 2009 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 first quarter of 2009. 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 22, 2009.

1.0 Enrollment

In the first quarter of 2009, 154,238 individuals were enrolled in the HealthChoices program in Allegheny County. This enrollment total is 1% higher than enrollment from the fourth quarter of 2008.

- 54% of members were 20 years or younger;
- 46% were 21 years or older;
- 4% increase in both male and female members 20 years or younger reporting race as "Other."
- Other demographic characteristics were similar to the previous quarter.

Of the 154,238 individuals enrolled, 26,661 (17%) used at least one behavioral health service, with paid claims totaling \$51.3 million.

2.0 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 \$25 million. This total is roughly equivalent to the total in the fourth quarter of 2008. The number of children and adolescents using mental health services in the first quarter of 2009 increased 6% from the fourth quarter of 2008 to total 10,083.

Similar to previous quarters, behavioral health rehabilitation services (BHRS) comprised the largest portion of paid claims (\$10.6 million; 43% of all paid claims), while the largest number of children and adolescents (5,084) used outpatient mental health services.

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

- There was a 4% decrease in paid claims and a 4% decrease in the number of members utilizing inpatient mental health (Inpatient MH). This is in contrast to the usual fourth-to-first quarter trend, which typically shows a significant increase in these measures. AHCI will continue to monitor this closely to determine if there is a trend.
- There was a 7% decrease in paid claims for residential treatment facility (RTF) services. This is attributable to both a decrease in admissions (3%) and average length of stay (3%) in the adolescent population (see section 2.2).
- Partial mental health (Partial MH) paid claims increased 11% from the previous quarter and the number of children and adolescents using the service increased 8%.
- Outpatient mental health (Outpatient MH) paid claims increased 8% and the number of children and adolescents using the service increased 9%. Similar increases occurred from the fourth quarter 2007 to the first quarter 2008. This trend may be due to members using more services following a disruption during the holiday season.
- Crisis services were used by 11% more child and adolescent members in the first quarter of 2009 than the previous quarter. The re:solve Crisis Network began providing services 24 hours a day, 7 days a week in Allegheny County in July 2008. Since that time, paid claims and member utilization and have continued to grow. The increase in the number of members using crisis services in the first quarter of 2009 coincides with the start-up of re:solve's walk-in services, which occurred January 1, 2009.
- Significant percent changes occurred in other service categories (community treatment teams, enhanced clinical case management, mobile mental health outpatient, and mobile medication), however as the number of members aged 0 - 20 years using these services is very low; small changes in utilization rates or patterns can 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 (\$7.5 million, 30% of all paid claims), followed by services provided to children with a diagnosis of ADHD (\$5.1 million, 20% of all paid claims). More children and adolescents had a diagnosis of ADHD (3,266) than any other mental health diagnosis, followed by a diagnosis of adjustment disorder (2,148).

The first quarter of 2009 saw several changes in service use by mental health diagnosis.

- There was an 11% decrease in paid claims per member for children and adolescents with an "other" mental health diagnosis (Other MH Diagnosis). This change is due to a small decrease in paid claims per member for children with a deferred diagnosis. While the decrease was only \$45 per member, enough members are in this diagnostic category for the decrease to impact the overall paid claims per member for the entire "Other MH Diagnosis" category.

- The number of children and adolescents members with a neurotic disorder diagnosis using services increased 11% while the percentage of paid claims increased 1%, resulting in a 9% decrease in paid claims per member.
- Paid claims for schizophrenia diagnoses decreased 40% from the previous quarter. The number of members using services in this diagnostic category declined 28%, and paid claims per member dropped 17%. The number of members in this diagnostic category from the 0 – 20 age group is comparatively few, so small changes in rates or patterns of utilization can result in large percentage changes.

2.1 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 fourth quarter of 2008 to total \$819,875. The number of adolescents using drug and alcohol services increased 7% to total 522.

The largest number of adolescents (392) used outpatient drug and alcohol services, while non-hospital rehabilitation services continued to comprise the largest portion of paid claims (\$.4 million; 53% of paid claims). The 17% decrease in paid claims per member for non-hospital rehabilitation is due to a decrease in average units used per member.

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 (332) 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 (46%). For some 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 few in any quarter. Small changes in the number of adolescents receiving services or the presence of outliers (individuals who use many more or many fewer services than the network average) can result in large percent changes between quarters.

2.2 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 (278)¹ decreased 3% and the admission rate (2.00 admissions per 1,000 enrollees) decreased

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

10% from the fourth quarter of 2008. The 30-day readmission rate (12%) showed a 27% decrease from the fourth quarter of 2008. The average length of stay (13.2 days) increased 17%.

The number of children and adolescents with at least one residential treatment facility (RTF) admission (66) decreased 3% from the fourth quarter of 2008. The RTF admission rate (0.43 admissions per 1,000 enrollees) decreased 4%. The average length of stay for RTF admissions (251.4 days) decreased 3% from the fourth quarter of 2008.

3.0 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 6% from the fourth quarter of 2008 to total \$18 million. The number of adults using mental health services increased 3% to total 13,906.

Similar to the previous quarter, inpatient mental health services comprised the largest portion of paid claims (\$6.6 million; 37% of all paid claims) for mental health services. More adults (8,452) utilized outpatient mental health services than any other type of service followed by medication checks (8,356).

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

- Paid claims for community treatment teams (CTT) increased 18% and the number of members with CTT claims increased 7%. Two (2) additional CTTs were added in December, 2008, which accounts for the increase in utilization for this service in the first quarter of 2009.
- Paid claims for outpatient mental health increased 10% in the first quarter of 2009 and the number of members using these services increased 6%.
- Inpatient extended acute (IP-Ext) saw a 15% reduction in paid claims, with no change in the number of members using this service, resulting in a 15% decrease in paid claims per member.
- Medication check (Med Check) services showed an 11% increase in paid claims in the first quarter of 2009, while the number of adults using the service increased 4%.
- The number of members using respite/diversion and acute stabilization services increased 19% in the first quarter of 2009, although paid claims for this category only increased 4%, causing paid claims per member to decline by 13%.
- The paid claims per member increased 25% for Other Mental Health Services. There was an increase in paid claims (35%) and a smaller increase in the number of people using these services (8%). This is largely due to a 40% increase in paid claims for supplemental mental health services, while the number of adult members receiving the service only increased 16%. Similarly, there was a 60% increase in paid claims for

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.

electro convulsive therapy, while the number of members receiving this service increased 10%.

- Paid claims for crisis services continue to rise, with a 46% increase from the fourth quarter of 2008. The number of members using crisis services increased 19% and paid claims per member increased 23%. The re:solve Crisis Network began providing services 24 hours a day, 7 days a week in Allegheny County in July 2008. Since that time, paid claims, member utilization and paid claims per member have grown consistently. The largest increases for adult crisis services in the first quarter 2009 were for walk-in crisis services. Walk-in services became operational on January 1, 2009, which explains increases in paid claims and the number of members using the service.
- Other notable increases and decreases in paid claims, number of members using services, and paid claims per member occurred in residential treatment facility – adult (RTF-Adult), enhanced clinical case management (Enhanced Clin CM), mobile mental health outpatient (Mobile MH Outpatient), and peer support services. It is important to note however, that these services are used by relatively few adults, and therefore large percentage changes can occur with minor changes in service usage rates or patterns.

Mental health services provided to adults with a diagnosis of schizophrenia comprised the largest portion of paid claims in this age group (\$7.4 million; 41% of all paid claims). More adults had a diagnosis of major depression (4,002) than any other diagnosis, followed by a diagnosis of schizophrenia (3,219).

The first quarter of 2009 saw several changes in service use by mental health diagnosis. These changes included:

- Major depression: 12% increase in paid claims, 9% increase in paid claims per member. The increase in paid claims is mainly due to more adult members with a major depression diagnosis using inpatient and outpatient mental health services. Because inpatient mental health services are more costly than other services, the increase in the number of members using inpatient caused the cost per member for this diagnostic group to rise in the first quarter of 2009.
- Bipolar disorder: 10% increase in paid claims, 9% increase in number of members using services. This is accounted for by increases in the number of people using inpatient, outpatient, and medication check services by this diagnostic group.
- Other mental health disorders: 10% increase in paid claims, 11% increase in number of adults receiving services. More people from several diagnostic categories used services, including deferred diagnosis and unspecified psychosis. The diagnostic categories with the largest increases in paid claims were conduct disorder and deferred diagnosis. The increase in paid claims for people with a conduct disorder diagnosis is related to an increase in units per member for inpatient mental health services. As in the case of the 0 to 20 year age group, the main service type used by those with a deferred diagnosis was crisis, which added a walk-in center in the first quarter of 2009.
- Depressive disorder: 12% increase in paid claims, 7% increase in the number of adults using services, and 5% increase in paid claims per member.

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

Paid claims for drug and alcohol services totaled \$7.5 million. This total is roughly equivalent to the total in the fourth quarter of 2008. The number of adults using services (4,113) increased 1%. Non-hospital rehabilitation services continued to comprise the largest portion of paid claims for drug and alcohol services (\$2.9 million; 39% of all paid claims), followed by methadone maintenance (\$1.7 million; 23% of all paid claims). More adults used outpatient drug and alcohol services (1,817) than any other drug and alcohol service, followed by methadone maintenance services (1,666).

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

- Outpatient drug and alcohol (Outpatient D&A): 12% increase in paid claims, 7% increase in number of adults, 4% increase in paid claims per member.
- Non-Hospital detox: 18% increase in paid claims, 19% increase in number of members using services.

Inpatient rehabilitation services saw substantial percent changes in paid claims, the number of adults using services, and paid claims per member. Because this drug and alcohol service has a relatively low volume of paid claims and few adults using the 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 (2,259) 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 (\$3.1 million; 42% of all paid claims).

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

In the first quarter of 2009, the number of adults with at least one inpatient mental health admission (1,093)² increased 4% and the admission rate (8.72 admissions per 1,000 enrollees) increased 3%. The 30-day readmission rate (18%) decreased 8% from the fourth quarter of 2008. The average length of stay (11.6 days) decreased 2%.

The number of people with at least one admission to non-hospital detoxification (NH-detox) increased 20% from the fourth quarter of 2008. While admissions to non-hospital detox are generally on the rise, AHCI will continue to monitor fourth-to-first quarter increases in admissions for a trend.

² Note that the number of adults with inpatient mental health *admissions* does not reflect the number of adults with *paid claims* for these services.