

HealthChoices Program in Allegheny County 2nd 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 second 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 9, 2009.

1.0 Enrollment

In the second quarter of 2009, 156,534 individuals were enrolled in the HealthChoices program in Allegheny County. This enrollment total is 1% higher than enrollment from the first quarter of 2009.

- 54% of members were 20 years old or younger;
- 46% were 21 years old or older;
- Other demographic characteristics were similar to the previous quarter.

Of the 156,534 individuals enrolled, 27,426 (18%) used at least one behavioral health service. Paid claims for all behavioral health services totaled \$52.5 million in the second quarter of 2009, a 2% increase from the previous quarter.

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 \$25.6 million. This total is 3% higher than paid claims for children and adolescents' mental health services in the previous quarter. The number of children and adolescents using mental health services in the second quarter of 2009 also increased 3% from the first quarter to total 10,430.

Similar to previous quarters, behavioral health rehabilitation services (BHRS) comprised the largest portion of paid claims (\$11.1 million; 43% of all paid claims for mental health services for children and adolescents), while the largest number of children and adolescents (5,235) used outpatient mental health services.

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

- Inpatient Mental Health (Inpatient MH) - There was a 12% increase in the number of children and adolescents who utilized inpatient mental health services. Paid claims did not increase significantly, which is likely because the average length of stay decreased.
- Family Based Services (Family-Based Srv) – Paid claims for family based services increased 11% in the second quarter of 2009. This is partially due to a 6% increase in the number of members receiving this service, as well as an increase in the number of units used per member.
- Other Mental Health Services (Other MH Services) – The number of members using services in the other mental health services category increased 21% from the previous quarter, and paid claims per member decreased 22%. Supplemental mental health services (outpatient individual therapy, Master’s level private practitioner delivered) had the largest increase in the number of members. Paid claims per member decreased because fewer units per person were used in several levels of care.
- Crisis – Paid claims for crisis services for children and adolescents increased 14% in the second quarter of 2009. The number of child and adolescent members who used crisis services increased 9% from the previous quarter. Most of the increases in number of members and paid claims occurred in the walk-in level of care, with smaller increases also occurring in mobile crisis service delivery. The re:solve Crisis Network began providing services in July 2008, with the walk-in program beginning in December 31, 2009. Since implementation, the number of children and adolescents using the walk-in program has increased, along with paid claims.
- Community Treatment Team – Paid claims for community treatment team services increased 25% in the second quarter of 2009, although the number of children and adolescents using the service remained the same as the previous quarter. Much of the increase in cost can be traced to more units used per member for community-delivered CTT for transition-age youth in the second quarter.
- Significant percent changes occurred in other service categories (community treatment teams, enhanced clinical case management, mobile mental health outpatient, and mobile medication); however, because the number of members aged 0 to 20 years using these services is very low, small changes in utilization rates or patterns 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 (\$7.8 million, 30% of all paid mental health claims for children and adolescents), followed by services provided to children with a diagnosis of attention deficit/hyperactivity disorder (ADHD) (\$5.2 million, 20% of all paid mental health claims for children and adolescents). More children and adolescents had a diagnosis of ADHD (3,317) than any other mental health diagnosis, followed by adjustment disorder (2,205) and autism spectrum disorder diagnoses (2,053).

The following diagnostic groups showed changes in service patterns in the second quarter of 2009:

- Adjustment Disorder (Adjustment D/O) – Paid claims for adjustment disorder claims increased 10% from the first to the second quarter of 2009. The source of this increase is

more members with an adjustment disorder diagnosis using behavioral health rehabilitation services, residential treatment facilities, and inpatient mental health services. The number of units per member used also increased particularly with regard to residential treatment facility and inpatient mental health services, which also contributed to the increase in paid claims for this diagnostic group.

- Conduct Disorder (Conduct D/O) – Paid claims for children and adolescents who received a diagnosis of conduct disorder decreased 10% in the second quarter of 2009. The number of child and adolescent members who received this diagnosis did not change significantly over the same time period. The decrease in cost stems from reductions in the number of members with a conduct disorder diagnosis using inpatient mental health and residential treatment facility services – both more costly levels of care.
- Bipolar Disorder (Bipolar D/O) – Paid claims for members ages 0-20 years old who received a diagnosis of bipolar disorder increased 12% from the first quarter to the second. Part of the increase is due to more units per member being used for residential treatment facility services and inpatient mental health services. Use of family-based services also contributed to the overall increase in paid claims, as more members used this level of care in the second quarter than the first.
- Other Mental Health Diagnosis (Other MH Diagnosis) - There was an 15% increase in paid claims and an 10% increase in the number of children and adolescents using services for those members receiving an “other” mental health diagnosis. These changes reflect increased paid claims for members with unspecified psychosis and deferred diagnoses. The increase in paid claims for members with a diagnosis of unspecified psychosis stems from one member’s use of inpatient extended acute services, and more units used per member for inpatient mental health services. Paid claims for deferred diagnosis expanded as a result of a higher number of child and adolescent members using crisis services - especially walk-in crisis, which became available at the re:solve Crisis Network on December 31, 2009.
- Schizophrenia - Paid claims for schizophrenia diagnoses increased 34% from the previous quarter. The number of members using services in this diagnostic category increased 16%, and paid claims per member increased 16%. These increases followed dips of similar magnitude in the first quarter. It is important to note that the number of members in this diagnostic category from the 0-20 year old 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 increased 24% from the first quarter of 2009 to total \$1.0 million. This increase is linked to changes in the utilization of non-hospital rehabilitation by adolescents with a cannabis abuse diagnosis. Adolescents with a cannabis diagnosis used over \$200,000 more non-hospital rehabilitation services than in the previous quarter. (See below for additional information).

The number of adolescents using drug and alcohol services increased 2% to total 535. The largest number of adolescents (408) used outpatient drug and alcohol services, while non-hospital rehabilitation services comprised the largest portion of paid claims for drug and alcohol services (\$.6 million, 61% of paid claims for youth drug and alcohol services). Large changes occurred in the following services:

- Non-Hospital Rehabilitation (Non-Hospital Rehab) – The 42% (\$200,000) increase in paid claims for non-hospital rehabilitation was the main driver for the increase in total paid claims in drug and alcohol services for youth. While the number of youth using this service only increased by 8 people, more units of service were used per member, indicating a longer average length of stay (ALOS). This increase in ALOS in the second quarter of 2009 was the main contributing factor to the increase in paid claims for this service category.
- Other drug and alcohol services showed sizeable percentage increases or decreases in paid claims, the number of adolescents using services, and paid claims per member. These drug and alcohol services had a relatively low volume of paid claims and few adolescents using service. Therefore, the large percentage changes were due to small changes in the number of adolescents or paid claims.

More adolescents had a diagnosis of cannabis abuse (348) 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 (59% of paid claims for youth drug and alcohol services). Paid claims for the cannabis diagnostic group increased 48% to \$593,265.

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 (308)¹ increased 11% and the admission rate (2.27 admissions per 1,000 enrollees) increased 14% from the first quarter of 2009. The 30-day readmission rate (13%) showed a 13% increase from the first quarter. The average length of stay (10.7 days) decreased 19%.

The number of children and adolescents with at least one residential treatment facility (RTF) admission (74) increased 10% from the first quarter of 2009. The RTF admission rate (0.47

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. 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.

admissions per 1,000 enrollees) increased 7%. The average length of stay for RTF admissions (188.1 days) decreased 26% from the first quarter of 2009.

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 did not change from the first quarter of 2009. Total paid claims for mental health services provided to adults was \$18 million. The number of adults using mental health services increased 3% to total 14,298.

Similar to the previous quarter, inpatient mental health services comprised the largest portion of paid claims for mental health services (\$6 million, 33% of paid claims for adult mental health services). More adults (8,609) utilized outpatient mental health services than any other type of service, followed by medication checks (8,533).

The following mental health service categories experienced sizeable increases or decreases in the second quarter of 2009:

- Inpatient Mental Health (Inpatient MH) – Total paid claims for adult inpatient mental health decreased 10% in the second quarter of 2009. Part of this decrease is due to fewer members using services, as well as a decrease in the number of units used per member, which implies a decreased length of stay.
- Community Treatment Team (CTT) - Paid claims for community treatment teams increased 12% and the number of members with CTT claims increased 5%. These measures increased in the first quarter of 2009 as well. Two (2) additional CTTs were added in December, 2008, which may account for the increases in claims and the number of members able to access CTT services in the first two quarters of 2009.
- Crisis – Paid claims for crisis services increased 73%, and the number of adult members who used crisis services increased 10%, from the first quarter of 2009. The increases were seen in two types of crisis service delivery: walk-in and mobile crisis. Walk-in services, which had the most significant increases in claims and number of members using the service, became available at the re:solve Crisis Network on December 31, 2008. Since that time paid claims and the number of members using walk-in services have continued to rise.
- Other Mental Health Services (Other MH) – Paid claims increased 42% and the number of people using “other” mental health services increased 33%. The increase in paid claims was spread across three service types: supplemental services, ECT and medication training and support. The increase in the number of members using services occurred mainly in medication training and support and supplemental mental health services.
- Other notable increases and decreases in paid claims, number of members using services, and paid claims per member occurred in partial mental health, psych rehabilitation, family focused 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 for adult members with a mental health diagnosis). More adults had a diagnosis of major depression (4,127) than any other diagnosis, followed by a diagnosis of schizophrenia (3,222). There were no notable changes in service utilization by any distinct diagnostic groups.

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 \$7.6 million. This total is 2% higher than the total in the first quarter of 2009. The number of adults using services (4,187) increased 2%. 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 for adult drug and alcohol services), followed by methadone maintenance (\$1.7 million, 22% of all paid claims for adult drug and alcohol services). More adults used outpatient drug and alcohol services (2,223) than any other drug and alcohol service, followed by methadone maintenance services (1,721).

The following drug and alcohol service categories showed sizeable increases or decreases in the second quarter of 2009:

- Outpatient Drug and Alcohol (Outpatient D&A) – Paid claims for outpatient drug and alcohol services increased 18% and the number of adult members using this service increased 22%. Paid claims and the number of members using this service have both consistently increased since early in 2008. Most of the changes from the first to the second quarter of 2009 were due to increases in the number of members and paid claims for people with an opioid diagnosis.
- Intensive Outpatient (Intensive OP D&A) – Paid claims for intensive outpatient services increased 13% from the first quarter of 2009 to the second quarter. The total cost of this service began to increase in the third quarter of 2008, due to a rate increase. Since that time, the number of members using intensive outpatient has fluctuated, with 7% more people using this service in the second quarter of 2009 than in the first.
- Non-Hospital Detoxification (Non-Hospital Detox) – Paid claims increased 17% in the second quarter of 2009. This is due to a 20% increase in the number of members using this service. Inpatient detoxification and rehabilitation 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 relatively low volumes of paid claims and few adults using the services, small changes in the number of adults or paid claims may result in large percent changes.

More adults had an opioid abuse or dependence diagnosis (2,317) than any other drug or 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 for adult drug and alcohol services).

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

In the second quarter of 2009, the number of adults with at least one inpatient mental health admission (1,047)² decreased 5% and the admission rate (8.30 admissions per 1,000 enrollees) decreased 5%. The 30-day readmission rate (18%) decreased 2% from the first quarter of 2009. The average length of stay (11.9 days) increased 2%.

Other notable changes include the following:

- Non-Hospital Detoxification (Non-Hospital Detox) - The number of adults with at least one admission to non-hospital detox increased 20% from the first quarter of 2009, which follows an increase of similar magnitude in the previous quarter. AHCI will continue to monitor admissions to this level of care 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.