

HealthChoices Program in Allegheny County 3rd Quarter 2009 Summary Report

As part of its monitoring activities, Allegheny HealthChoices, Inc. (AHC) 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, AHC 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 summary of the reports for the third 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 January 26, 2010.

1.0 Enrollment

In the third quarter of 2009, 158,124 individuals were enrolled in the HealthChoices program in Allegheny County. This enrollment total is 1% higher than enrollment in the previous quarter.

- 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 158,124 individuals enrolled, 27,367 (17%) used at least one behavioral health service. Paid claims for all behavioral health services totaled \$54.2 million in the third 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 \$24.6 million. This total is 5% lower than paid claims for children and adolescents' mental health services in the previous quarter. The number of children and adolescents that used mental health services in the third quarter of 2009 decreased 8% from the second quarter to total 9,693.

Similar to previous quarters, behavioral health rehabilitation services (BHRS) comprised the largest portion of paid claims (\$10.9 million; 44% of all paid claims for mental health services for children and adolescents), while the largest number of children and adolescents (4,548) used outpatient mental health services.

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

- Inpatient Mental Health (Inpatient MH) - There was an 11% decrease in the number of children and adolescents who utilized inpatient mental health services. Paid claims decreased 10%, which is related to the decrease in members using the service. These decreases are typical seasonal trends.
- Residential Treatment Facility (RTF) - The number of children and adolescents who used this level of care decreased 13% in the third quarter of 2009. This decrease in utilization contributed to a 9% decrease in paid claims for RTFs in the quarter. It should be noted that relatively few members use this level of care; the third quarter 13% decrease in members using RTFs translates into approximately 31 fewer individuals using the service. The number of children and adolescents that use RTFs has been steadily decreasing in recent years.
- Partial Mental Health Services (Partial MH) - The number of children and adolescents who used this service decreased 15% in the third quarter of 2009, and paid claims decreased 14%. Fewer children used school-based partial programs in July and August, which is a typical seasonal trend.
- Outpatient Mental Health (Outpatient MH) - The number of children using outpatient mental health services decreased 14% and total claims decreased 15%. These decreases are typical for outpatient mental health in the summer months.
- Other Mental Health Services (Other MH Services) - The number of children and adolescents that used other mental health services decreased 18%. This occurred across several supplemental mental health service categories, including individual therapy and community mental health services.
- Crisis - Paid claims for crisis services for children and adolescents increased 30% in the third quarter of 2009. Paid claims for walk-in crisis services and CACTIS (Child and Adolescent Crisis Team Intervention Services) also increased in the third quarter of 2009. The number of child and adolescent members who used crisis services decreased 23% from the previous quarter, and the cost per member increased 69%. Part of this increase was anticipated, due to the fact that HealthChoices began to pay for residential crisis service claims in the third quarter of 2009. AHCI will continue to monitor this level of care to ensure that crisis services are used appropriately.
- Significant percent changes occurred in additional service categories (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, large percent changes are due to small changes in service patterns.

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 (\$7.6 million, 31% 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) (\$4.7 million, 19% of all paid mental health claims for children and adolescents). More children and adolescents had a diagnosis of ADHD (3,145) than any other mental health diagnosis, followed by autism spectrum disorder (1,983) and adjustment disorder diagnoses (1,918).

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

- Attention Deficit/Hyperactivity Disorder (ADHD) - Paid claims for children and adolescents with an ADHD diagnosis decreased 10%, and the number of children with this diagnosis that used services decreased 6%. This is a normal fluctuation seen in the summer months.
- Major Depression (Maj Depression) - Paid claims for services used by children and adolescents with a diagnosis of major depression increased 10% in the third quarter of 2009. While the number of children and adolescents with this diagnosis did not change from the previous quarter, this population used more units per member of services such as inpatient mental health and residential treatment facility services in the third quarter of 2009. This may indicate longer or more frequent inpatient stays, or longer residential treatment facility stays.
- Adjustment Disorder (Adjustment D/O) - Paid claims for children and adolescents with an adjustment disorder diagnosis decreased 11% in the third quarter of 2009, and the number of members with this diagnosis that used services decreased 14%. Fewer children and adolescents with an adjustment disorder diagnosis used inpatient, outpatient and school-based partial mental health services, which is a normal seasonal fluctuation.
- Bipolar Disorder (Bipolar D/O) - Paid claims for members ages 0-20 years old with a bipolar disorder diagnosis decreased 10% from the second to third quarter of 2009. The decrease in paid claims is due to fewer units per member used for residential treatment facility and inpatient mental health services.
- Depressive Disorder (Depressive D/O) - The number of children and adolescents with a depressive disorder diagnosis that used services decreased 13% from the previous quarter, and paid claims for this group decreased 15%. Fewer members used outpatient mental health services, and paid claims decreased for both inpatient mental health and residential treatment facility services.

Other Mental Health Diagnosis (Other MH Diagnosis) - There was an 10% decrease in paid claims and an 19% decrease in the number of children and adolescents using services for those members that received other mental health diagnoses. Much of the decrease in paid claims is due to fewer members using inpatient mental health services, as well as fewer units used per member for this level of care. Fewer members in this diagnostic category also used crisis and outpatient services than in the previous quarter.

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 19% from the second quarter of 2009 to total \$1.2 million. This increase is linked to the continued increase in utilization of non-hospital rehabilitation.

The number of adolescents using drug and alcohol services decreased 2% to total 526. The largest number of adolescents (386) used outpatient drug and alcohol services, while non-

hospital rehabilitation was the most costly drug and alcohol service (\$.8 million, 63% of paid claims for youth drug and alcohol services). Notable changes occurred in the following services:

- Non-Hospital Rehabilitation (Non-Hospital Rehab) - Paid claims for non-hospital rehabilitation increased 22% from the previous quarter. Paid claims for this service have shown seasonal fluctuation in years past; however, total quarterly paid claims for non-hospital rehabilitation have increased 73% from the first quarter of 2009 to the third. This appears to be the result of increased average length of stay at non-hospital rehabilitation facilities (49.5 days for members discharged in the third quarter of 2009, up from 32.5 days for discharges in the previous quarter). Adolescents with a diagnosis of cannabis abuse make up the largest group of non-hospital rehabilitation service users in this age group (52%).
- 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. The service volume for these categories is relatively low however, meaning that small changes in utilization or claims result in large percentage changes.

More adolescents had a diagnosis of cannabis abuse (345) than any other drug or alcohol diagnosis. Services provided to adolescents with this diagnosis also comprised the largest portion of paid claims for drug and alcohol services (\$0.7 million; 60% of paid claims for youth drug and alcohol services). Paid claims for the cannabis diagnostic group increased 23% in the third quarter of 2009, although the number of youth with this diagnosis did not change greatly. The cost increase is related to more youth with a cannabis diagnosis using non-hospital rehabilitation services.

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 (279)¹ decreased 9% and the admission rate (1.99 admissions per 1,000 enrollees) decreased 12% from the second quarter of 2009. The 30-day readmission rate (11%) decreased 20% from the second quarter. The average length of stay (11.2 days) increased 5%, which is a typical seasonal fluctuation.

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.

The number of children and adolescents with at least one residential treatment facility (RTF) admission (58) decreased 23% from the second quarter of 2009. The RTF admission rate (0.40 admissions per 1,000 enrollees) decreased 17%. The average length of stay for RTF admissions (206 days) increased 10% from the second 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 increased 9% from the second quarter of 2009. Total paid claims for mental health services provided to adults was \$20.1 million. The number of adults that used mental health services increased 5% to total 15,007.

Similar to the previous quarter, inpatient mental health services comprised the largest portion of paid claims for mental health services (\$7.0 million, 35% of paid claims for adult mental health services). More adults (9,250) utilized medication checks than any other type of service, followed by outpatient mental health services (9,036).

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

- Inpatient Mental Health (Inpatient MH) - Total paid claims for adult inpatient mental health increased 11%. Part of this increase is due to more members using services (up 8% in the third quarter), as well as an increase in the average number of units used per member.
- Crisis - Paid claims for crisis services increased 136%, and the number of adult members who used crisis services increased 20% from the second quarter of 2009. Paid claims per member increased 96%. The largest increases in paid claims and number of members were for walk-in and residential crisis services. The increases in residential crisis services were expected, as the third quarter of 2009 was when HealthChoices began to reimburse directly for this service. The number of people that use walk-in services has increased steadily since the service was introduced in January, 2009. The largest increases in cost per member were related to residential and walk-in crisis services.
- Inpatient Extended Acute (Inpatient Extended) - The Health Choices reports from the third quarter of 2009 show member and claims information for only one of two extended acute care providers in Allegheny County. The other extended acute care provider was funded through reinvestment in the third quarter, and therefore does not appear in the claims data used to develop this report.
- Other Mental Health Services (Other MH) – Paid claims increased 24% and the number of people using “other” mental health services increased 12%. Within the “other” mental health services category, supplemental mental health services showed the largest increases in number of members using services and paid claims. The increase in paid claims was due primarily to a rate increase that became effective in July.
- Other notable increases and decreases in paid claims, number of members using services, and paid claims per member occurred in mobile medication, psychiatric rehabilitation, mobile mental health outpatient, family focused and peer support services. 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 (\$8.0 million, 40% of all paid claims for adult members with a mental health diagnosis). More adults had a diagnosis of major depression (4,340) than any other diagnosis, followed by a diagnosis of schizophrenia (3,359). The following diagnostic groups had notable changes in paid claims, number of members or paid claims per member:

- Bipolar Disorder (Bipolar D/O) - Paid claims for adults with a bipolar disorder diagnosis increased 13% and the number of members with this diagnosis that used services increased 6%. The increase in paid claims is due to the increase in number of members in this diagnostic category, as well as more units of inpatient mental health services used per member.
- Other Mental Health Diagnosis (Other MH Diagnosis) - Paid claims for members with “other” mental health diagnoses increased 13%, and the number of members in this category increased 10%. These increases were due to the higher number of deferred diagnoses associated with the ongoing growth of crisis service utilization.
- Depressive Disorder (Depressive D/O) - Paid claims for people with a diagnosis of depressive disorder increased 16% in the third quarter of 2009. This is due to more members using inpatient mental health services, and more units per member used for those services.
- Neurotic Disorder (Neurotic D/O) - Paid claims for people with a diagnosis of neurotic disorder increased 20% from the previous quarter, and paid claims per member increased 11%.

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 \$8.2 million in the third quarter of 2009. This total is 8% higher than the previous quarter. The number of adults using services (4,397) increased 5%. Non-hospital rehabilitation services continued to comprise the largest portion of paid claims for drug and alcohol services (\$3.3 million, 40% of all paid claims for adult drug and alcohol services), followed by methadone maintenance (\$1.7 million, 21% of all paid claims for adult drug and alcohol services). More adults used outpatient drug and alcohol services (2,407) than any other drug and alcohol service, followed by methadone maintenance services (1,732).

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

- Non-Hospital Rehabilitation (Non-Hospital Rehab) - Paid claims for this service category increased 11% from the previous quarter. This is due to increases in the number of people that used non-hospital rehabilitation, as well as a slight increase in the number of units per member. Members with diagnoses of opioid and alcohol substance abuse used more non-hospital rehabilitation services than in the previous quarter.
- Outpatient Drug and Alcohol (Outpatient D&A) - Paid claims for outpatient drug and alcohol services increased 15% and the number of adult members using this service increased 7%. Paid claims and the number of members using this service have both

consistently increased since early in 2008. Most of the changes from the second to the third quarter of 2009 were due to increases in the number of members and paid claims for people with opioid or cocaine diagnoses.

- Other drug and alcohol services showed sizeable percentage increases or decreases in paid claims, the number of members using services, and paid claims per member. The service volume for these categories is relatively low however, meaning that small changes in utilization or claims results in large percentage changes.

More adults had an opioid abuse or dependence diagnosis (2,422) 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 (\$3.5 million, 43% of all paid claims for adult drug and alcohol services). Paid claims for opioid and alcohol diagnoses each increased 11% in the third quarter of 2009. The increase in cost for these diagnostic groups is partly due more members with these diagnoses using services, as well as more members using more units of non-hospital rehabilitation.

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

In the third quarter of 2009, the number of adults with at least one inpatient mental health admission (1,157)² increased 10% and the admission rate (9.11 admissions per 1,000 enrollees) increased 9%. The 30-day readmission rate (19%) increased 6% from the second quarter of 2009. The average length of stay (11.6 days) decreased 3%.

² Note that the number of adults with inpatient mental health or residential drug and alcohol facility *admissions* does not reflect the number of adults with *paid claims* for these services. Admissions data includes information about adults who were admitted to IPMH or residential drug and alcohol facilities during the quarter. Adults 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 residential drug and alcohol services for which Community Care was not the primary insurer.