

Allegheny County HealthChoices Program

High Cost Users of Service

presented by



**306 Fourth Avenue, Pittsburgh, PA 15222
Phone: 412/325-1100 Fax 412/325-1111**

July 2000

AHCI is a contract agency for the Allegheny County Department of Human Services' HealthChoices Program

HealthChoices Behavioral Health Program Focus Quality Review:

HIGH COST USERS OF SERVICE

Introduction

During the month of June 2000, AHCI conducted a focused quality review of Community Care Consumers identified by AHCI as high cost users of services. The following is a summary of the results of that review.

For the purposes of this report, please note the following explanation of terms:

- Enrollees – Eligible Medicaid recipients who were enrolled in the HealthChoices program during the report period. This information is based on member month equivalents reported in capitation data.
- Community Care Consumers -- HealthChoices enrollees on whose behalf a claim has been adjudicated for behavioral health services authorized by Community Care during the report period.
- Paid Claims – Paid Claims are used for calculation of numerous reports, including service utilization. Paid claims are based on all claims that have been adjudicated during the report period. Please note that these include some claims for services which were provided prior to the actual report period.

Methodology

To determine consumers who were high cost users of services, the amount of claims paid was aggregated for each member for the period of January 1, 1999 through May 31, 2000. Total expenditures for the report period amounted to approximately \$69.3 million representing services that were provided to a total of 20,396 consumers. Total expenditures per person ranged from a minimum of \$6 to a maximum of \$119,273 with a mean of approximately \$3,400/person. Those consumers with an aggregated total exceeding \$25,000 were selected for analysis.

Demographics

AHCI identified a total of 499 enrollees with aggregated paid claims in excess of \$25,000/person. These high cost consumers represented only 2.5% of total consumers; however, they accounted for \$19.5 million or 28% of total expenditures.

Eligibility Category

The following table provides a breakdown of high cost consumers by category of aid and paid claims:

TABLE 1.0

Category of Aid	Dollars Paid	% Total High Cost Dollars	# High Cost Consumers	% Total High Cost Consumers
SSI	\$12,700,000	65%	353	71%
TANF	\$5,000,000	26%	150	30%
HB	\$1,100,000	6%	40	8%
FGA	\$450,000	2%	22	4%
CATN	\$181,000	1%	16	3%
SSIM	\$106,000	<1%	6	1%
MEDN	\$18,500	<1%	1	<1%

Total High Cost Consumers 1/1/99 – 5/31/00 = 499

Total Paid Claims for Consumer Cohort 1/1/99 – 5/31/00 = \$19,600,000

Note: Dollars and percentages are rounded. Consumer numbers reflect fact that a consumer may be eligible for more than one category of aid during an enrollment period. .

Key: **SSI:** *Social Security Income*
TANF: *Temporary Assistance to Needy Families*
HB: *Healthy Beginnings*
FGA: *Federally Qualified General Assistance*
CATN: *Categorically Needy*
SSIM: *Social Security Income With Medicare*
MEDN: *Medically Needy*

As seen in the above table, the largest number of high cost consumers were enrolled in the category of SSI with 353 or 71% of the consumers. This group also accounted for the highest expenditures with \$12.7 million or 65% of paid claims. The TANF category accounted for the second largest number of consumers and expenditures with 150 or 30% of the consumers and \$5 million or 26% of the paid claims. In comparing claims trends for eligibility categories for high cost consumers (n=499) to the total Community Care consumer population (n=20,396) for the same report period, trends are comparable for both groups e.g. highest expenditures are associated with SSI, then TANF. However, in comparing numbers of consumers by aid categories, the overall consumer group was found to have the largest numbers in TANF and second highest numbers in SSI. For the high cost group, we find the opposite. This is consistent with the fact that persons enrolled in SSI typically have more serious and chronic forms of behavioral health illness and as a result, are frequently associated with service patterns that are more costly.

Gender & Age

Review of high cost consumers by age and gender compared to the overall consumer population revealed several interesting findings. During the course of the reporting period, the majority of overall consumers were adults (69%) and female (61%). Among the high cost group, the majority of consumers were children and adolescents (74%) and male (63%). Of adult high cost consumers, less than 1% were age 65 years or older.

AHCI conducted a further review of expenditures by age breakdowns. The following table illustrates paid claims and average costs per person by seven age groupings:

TABLE 1.1

AGE GROUP	# Cohort Consumers	% Cohort Consumers	DOLLARS PAID	% Cohort Paid Claims	AVERAGE COST/PERSON
0-5 yrs	39	8%	\$1,200,000	6%	\$30,800
6-12 yrs	236	47%	\$8,300,000	42%	\$35,200
13-17 yrs	134	27%	\$5,100,000	26%	\$38,100
18-21 yrs	20	4%	\$745,000	4%	\$37,200
22-44 yrs	81	16%	\$2,800,000	14%	\$34,600
45-64 yrs	40	8%	\$1,400,000	7%	\$35,000
65 yrs/↑	3	<1%	\$102,000	<1%	\$34,000

Total High Cost Consumers 1/1/99 – 5/31/00 = 499

Total Paid Claims for Cohort Consumers 1/1/99 – 5/31/00= \$19,600,000

Note: Dollars and percentages are rounded. Consumers may be counted in more than one age group as consumers aged over the report period.

As seen in the above table, the largest number of consumers and expenditures were children aged 6-12 years with 236 or 47% of total high cost consumers and \$8.3 million or 42% of paid claims. This age group represented 12% of all claims paid for all Community Care consumers during the report period. Children age 6-12 years also had the second highest cost per person at approximately \$35,200/person. While adolescents aged 13-17 years represent the second largest number of consumers (134 or 27% of consumers) and account for the second highest percentage of expenditures (\$5.1 million or 26% of paid claims), they had the highest average cost per person at approximately \$38,100/person. Children from birth to age 5 account for 2% of total claims and represent the lowest cost per person with approximately \$30,800/person. Persons age 65 years and older represented the fewest number of consumers, the lowest expenditures and the next to the lowest cost per person with \$34,000/person. Overall, the average cost per person did not vary significantly from one age group to another.

Race

Consistent with trends seen for overall consumers in the first quarter of 2000, the high cost group is comprised of disproportionately fewer African American than Caucasian consumers.

Of total claims paid for high cost consumers:

- People identified as Caucasian totaled 307 or 62% of the consumers, and represented approximately \$12.2 million or 62% of the paid claims.
- People identified as African American totaled 183 or 37% of the consumers, and represented approximately \$7 million or 36% of the paid claims.
- People identified as other (including persons of Hispanic, Asian and Native American ethnicity) totaled 9 or 2% of the consumers which represented approximately 2% of the paid claims.

Diagnosis¹

AHCI reviewed diagnoses associated with paid claims for the high cost consumer cohort. The diagnosis of Attention Deficit Hyperactivity Disorder was associated with the largest number of both consumers (182 or 37%) and expenditures (\$3.6 million or 19%). The diagnosis of Schizophrenia was associated with the third largest group of consumers (109 or 22%) but accounted for the second highest expenditures (\$2.4 million or 12%). Other diagnoses that represented large numbers of consumers and expenditures included Depressive Disorder with 123 or 25% of total consumers and \$1.7 million or 9% of paid claims, and Child and Adolescent Emotional Disorder with 100 or 20% of consumers and another \$1.7 million or 9% of paid claims.

General Service Patterns

AHCI reviewed paid claims involving 26 categories of services that were received by high cost consumers. The following two tables provide summaries of mental health, and alcohol and other drug services, broken down by expenditures and number of consumers:

TABLE 1.2 Mental Health Services

Service Type	Dollars Paid	% Dollars Paid	# Consumers	% Consumers
BHRSCA	\$7,300,000	37%	326	65%
MH Inpatient	\$6,300,000	32%	272	55%
RTF	\$3,300,000	17%	98	20%
² ICM/RC	\$900,000	5%	254	51%
Family-Based	\$600,000	3%	51	10%
Partial Hospital	\$100,000	0.5%	149	30%
MH-Outpatient	\$100,000	0.5%	296	60%
Housing Supp	\$99,000	0.5%	25	5%
Crisis Services	\$42,000	0.2%	78	16%

Note: Some consumers used more than one service type during the report period. Dollar amounts and percentages are rounded.

¹ Community's Care's claims process does not require a crosswalk of diagnoses submitted on claims versus diagnoses in PsychConsult. Multiple claims may be submitted during a continuing episode of care and may have different primary diagnoses. As a result, an individual consumer may be associated with more than one diagnosis during a report period.

As seen in the table above, BHRSCA and MH Inpatient accounted for both the highest expenditures and the largest number of consumers. Mental Health Outpatient was received by 60% of the consumers but represented less than 1% of all high cost expenditures. Approximately half of the high cost consumers received case management services but the relatively low expenditures for this service suggest that those who did receive case management may not have received it in significant amounts. Although over half of the cohort consumers received inpatient care, only 16% received any type of mental health crisis service (e.g. emergency room, 23-hour bed, care, mobile or other crisis service), and only 10% received family-based care. Less than 5% of the consumers received housing supports which may be a reflection of the fact that the majority of high cost consumers were dependent age children and adolescents.

As seen in AHCI's review of mental health service patterns, the locus of care for high cost consumers appears to be directed toward the most restrictive and costly levels of care. Community based service alternatives appear to be significantly underutilized as evidenced by the low levels of case management, family-based, and crisis services received by high cost consumers. AHCI presumes this to be a factor in the high inpatient recidivism noted in this group (see section on "Inpatient Services" located on page 6 of this report).

TABLE 1.3 Alcohol and Other Drug Services

Service Type	Dollars Paid	% Total High Cost Dollars	# Consumers	% High Cost Consumers
NH-Rehab	\$300,000	1.5%	32	6%
Halfway House	\$15,000	<1%	4	1%
IP-Detox	\$9,000	<1%	6	1%
IP-Rehab	\$5,000	<1%	1	<1%
D/A Outpatient	\$3,000	<1%	10	2%
D/A Int. OP	\$3,000	<1%	8	2%
NH-Detox	\$2,000	<1%	3	1%
Methadone	\$700	<1%	2	<1%

Total High Cost Consumers 1/1/99 – 5/31/00 = 499

Total Paid Claims for Consumer Cohort 1/1/99 – 5/31/00 = \$19,600,000

Note: Numbers reflect duplicated consumer counts e.g. some consumers used more than one service type during the report period. Dollar amounts and percentages are rounded.

As noted in the above Table, Fewer than 7% of high cost consumers received any particular D&A service. Non-Hospital Rehab accounted for both the highest expenditures and number of consumers. This finding is consistent with the fact that the majority of high cost consumers are children and adolescents, have a diagnosis of Attention Deficit Hyperactivity Disorder, and are receiving primarily mental health services.

Inpatient Services

Overall, 314 or 63% of all high cost consumers utilized some form of inpatient service during the report period, accounting for \$6.3 million or 32% of high cost expenditures. The percentage of high cost consumers with admissions to D&A inpatient services were generally consistent with percentages seen in the total Community Care Consumer population. Mental Health Inpatient however accounted for 272 or 55% of high cost consumers. This is compared to 3,870 or 19% of the total consumer population who had MH inpatient admissions for the same report period. In terms of diagnosis, the largest number of consumers were associated with Depressive Disorder/Major Depression with 158 or 32% of the cohort. The diagnosis associated with the second largest number of hospitalized consumers was Bipolar Disorder with 44 or 9% of consumers. While Attention Deficit Hyperactivity Disorder accounts for approximately 37% of the total cohort, only 36 or 7% of cohort admissions carried this diagnosis.

Interestingly, while the average lengths of stay for both mental health and D&A levels of inpatient care were generally the same for high cost consumers as they were for the total Community Care consumer population, high cost consumers had significantly higher percentages of re-admissions for mental health inpatient and non-hospital rehabilitation levels of care. The following table shows the percentage of high cost consumers with re-admissions by service type:

TABLE 1.5

Service Category	% Discharges Re-Admitted Within 0-7 Days	% Discharges Re-Admitted Within 8-30 Days
Inpatient Mental Health	63%	33%
Inpatient Detox	33%	-0-
Inpatient Rehab	-0-	-0-
Non-Hospital Detox	33%	-0-
Non-Hospital Rehab	85%	13%

Overall, high cost consumers appear to have a significantly higher rate of re-admission during the 0-7 day period following an inpatient discharge. There is clearly a need for improved outreach and post-discharge follow-up efforts for consumers in the high cost group.

Tier Assignments

All but two of the high cost consumers were assigned to a Tier. A total of 434 or 87% of high risk consumers were assigned to Tier I:

- 326 or 65% were children and adolescents representing \$13,400,000 or 68% of total high cost expenditures. Of these, 73% were males and 27% were female. In terms of race, 68% of Tier I children and adolescents were Caucasian, 30% were African American, and 2% were Other.

- 108 or 22% were adults representing \$3,800,000 or 19% of total high cost expenditures. Of these, 63% were female and 37% were male. In terms of race, 49% were African American, 48% were Caucasian and 3% were Other.

Race and gender percentages are generally comparable to percentages for the overall Community Care adult and child/adolescent consumer populations assigned to Tier I.

Provider Distributions

High cost consumers received services from a total of 125 Community Care contracted providers including individual practitioners, group practices, agencies, and hospitals. Total expenditures for high cost consumers per provider ranged from \$18.00 to almost \$5 million. The provider who served the largest number of cohort consumers and had the highest cohort paid claims was WPIC representing services to 220 or 44% of consumers which accounted for \$4.7 million or 24% of paid claims. The provider with the second highest expenditures was Pressley Ridge serving 77 or 15% of high cost consumers representing \$2 million or 10% of expenditures. Other providers who served large numbers of high cost consumers and/or had associated expenditures at the higher end of the range included the following:

- Bradley Center: Served 52 or 10% of consumers with paid claims of \$1.8 or 9% of expenditures
- Parent Child and Guidance Center: Served 64 or 13% of consumers with paid claims of \$1.7 million or 9% of expenditures
- Glade Run: Served 33 or 7% of consumers with paid claims of \$1 million or 5% of expenditures

While St. Francis Medical Center expenditures were only approximately \$600,000 or 4% of total paid claims, they served the second largest number of consumers at 109 or 22%.

Top Five High Cost Consumers

AHCI identified 5 consumers with total paid claims that exceeded \$100,000 and reviewed the clinical and service histories as documented in PsychConsult for each. Highlights include the following:

- All were male children and adolescents between the ages of 8 years and 17 years
- Three of the consumers were Caucasian, two were African American
- Each consumer had anywhere from two to seven different diagnoses listed in PsychConsult; as a result, AHCI was unable to identify primary diagnosis. One of the consumers was identified as having autism and mental retardation. There were no D&A diagnoses listed for any of the 5 consumers and no evidence that any of them had received D&A services.
- All five were assigned to DPW Priority Groups for children and adolescents who either have serious emotional disturbance or who are at risk of developing such.

- Four out of five had a history of admissions to mental health inpatient service with an average of 3 admissions per consumer. The average length of stay for these consumers was 17 days which significantly exceeds the overall consumer average of 9 days.
- Four consumers had a combined total of 8 re-admissions to inpatient:
- Two re-admissions occurred within 0-7 days
- Two re-admissions occurred within 8-30 days
- One re-admission occurred within 30-90 days
- Three re-admissions occurred over 90 days
- In terms of service patterns, four of the five consumers were authorized for a total of 1,351 units e.g. days of RTF service with an average of 270 days/person. Four consumers were authorized for a combined total of 33,147 units of BHRSCA (Therapeutic Staff Support, Behavior Specialist and mobile therapy) which amounts to an average of 8287 units per person. Two of the four were authorized for ICM.

Community Care does not document medications in PsychConsult so AHCI was unable to determine which if any of the consumers received medications; however, only one of the top five consumers had authorizations for medication visits.

Interestingly, the consumer with the highest expenditures (a 12 year old with paid claims totaling approximately \$119,000) had documented authorizations for only three service types: one neuro-psychiatric evaluation, 518 days of RTF, and 29 days of mental health inpatient service. The consumer with the highest number of authorized mental inpatient days (95) was ranked fifth in expenditures.

Next Steps/Follow-up of Issues

There are clearly several issues that warrant further investigation:

1. High cost consumers were found to have: a) disproportionately high rates of inpatient utilization; and b) disproportionately high percentages of inpatient readmissions that occur within 0-7 days of discharge. AHCI plans to conduct further studies on this including when/how much service did consumers receive upon discharge from the hospital and was follow-up effective; how many consumers received /are receiving psychotropic medications; how often do consumers on medication see a psychiatrist?
2. There appears to be significant under-utilization of case management, crisis, and family based services among high cost consumers. Community Care had indicated that they planned to encourage case managers to make contact with consumers during hospital stays; AHCI plans to follow-up with Community Care to determine if this in fact is/is not happening.
3. Strategies need to be developed for improving use of lower level community-based services, achieving positive health outcomes and assuring cost controls/cost reductions for high cost consumers. AHCI believes Community Care should include mechanisms such as grand rounds for focused review of high cost consumers and related trends.