

The Allegheny County HealthChoices Program, 2010: The Year in Review

A report from Allegheny HealthChoices, Inc.

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Executive Summary: 2010 in Review and Looking Ahead to 2011

HealthChoices is Pennsylvania’s managed care program for Medical Assistance. This program provides physical and behavioral health care to children and adults. The Year in Review Report provides an overview of the HealthChoices behavioral health program in Allegheny County during 2010, highlighting changes in enrollment and service use in comparison to 2009.

The following are some highlights from the 2010 Year in Review Report:

Paid claims decreased for behavioral health services for children and adolescents. This decrease is a combined effect of decreased claims paid for the three largest cost drivers in the children’s system—behavioral health rehabilitation services (BHRS), residential treatment facilities, and inpatient mental health. Decreases in BHRS are the result of Pennsylvania’s Act 62, the Autism Insurance Act, which requires private insurers to share in the cost of treating children with autism spectrum disorders. With private insurers paying the first \$36,000 in BHRS costs for some children, HealthChoices costs for BHRS decreased.

Use of Community Treatment Teams (CTTs) continued to increase. CTTs are increasingly a cost driver within the adult system. Capacity expanded at the end of 2008 from six teams to nine teams. The teams can currently work with between 850 and 900 consumers, making this important service more accessible to people with serious mental illness. As the role of CTT services within the system expands, monitoring utilization and outcomes, as well as providing technical assistance, will help assure CTT services are effective and of high quality.

The HealthChoices Program: 2010 At a Glance

- 166,063 people were enrolled, on average, each month in 2010
- 42,996 enrollees (26%) accessed mental health and/or drug and alcohol treatment
- \$220.8 million was spent on paid claims for treatment services
- The average cost per service user in 2010 was \$5,135

Utilization of crisis services for children and adults continued to expand in 2010. As of July 2008, Allegheny County’s redesigned crisis services became available through the re:solve Crisis Network. In 2010, the number of people accessing services did not increase but the average amounts of crisis services used per person increased. Further analysis of how often people use crisis services, and how they engage with other services following a crisis, will be important to assess the effectiveness of these important services.

Inpatient mental health (IPMH) admissions and paid claims decreased for adults, while extended acute care and residential treatment facilities for adults (RTF-A) continued to operate at capacity. While overall utilization has decreased, the average length of stay for hospitalizations increased in 2010. Ten additional extended acute care beds will become available mid-2011. Monitoring appropriate use of these intensive services is important to assure people can access these services when needed, and also reintegrate into the community with the necessary treatment and support services.

The average amount of services for several types of drug and alcohol treatment increased in 2010. This may reflect improvements in engagement or intensity of treatment in outpatient and intensive outpatient services. Further analysis will be needed to assess these changes.

In addition to providing an overview of the HealthChoices program in 2010, this report provides an opportunity to identify the areas noted above where additional utilization and quality analysis are needed. AHCI will use this report to help define special topic reports and projects in 2011 and 2012.

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Enrollment and Service Use for Children and Adolescents

Enrollment and Access to Services

- The number of children and adolescents (members younger than 21 years) enrolled in the HealthChoices program in 2010 increased 6.1% from 2009.
- 90,172 children and adolescents were enrolled on average per month; 45% of enrollees were African-American, 49% were white, and 6% were other races.
- 16,532 child and adolescent enrollees (18%) used behavioral health services. White males made up the largest demographic of service users in this age group (34%).
- 15,979 children and adolescents used mental health services totaling \$99.5 million in paid claims, and 1,310 used drug and alcohol services totaling \$4.8 million in paid claims. Some adolescents used both mental health and substance abuse services within the year.
- The average cost per child/adolescent who used services was \$6,308.

Changes in Mental Health Service Use

In 2010, nearly 16,000 children and adolescents used mental health services, a 5% increase from 2009. Paid claims for mental health services for this group totaled \$99.5 million, a 2% decrease from 2009. Table 1 summarizes the different mental health services used by children and adolescents in 2010.

Behavioral health rehabilitation services (BHRS) claims decreased 7% from 2009, while the number of children using BHRS continued to increase (10% over 2009 levels). This decrease in paid claims is the result of Pennsylvania's Act 62, the

Autism Insurance Act. This law requires private health insurance companies to cover the costs of assessment and treatment for autism spectrum disorders up to \$36,000 per year. The HealthChoices program covers costs above \$36,000, all costs for children without private insurance, and costs for services not covered by private insurance. While the HealthChoices program experienced cost savings as a result of Act 62, additional administrative costs for providers in managing billing are not reflected in claims data.

Residential treatment facilities accounted for 14% of claims in 2010 and were used by 2% of children and adolescents. RTF use has declined gradually since 2006. This reflects the results of an ongoing initiative of the Office of Children, Youth and Families to decrease the number of children and adolescents in out-of-home placement.

Inpatient mental health services accounted for 9% of paid claims, a decrease of 2% from 2009. The number of children and adolescents with paid claims for inpatient services decreased 3% from 2009. The rate of readmission occurring within 30 days of discharge remained consistent with prior years at 14%. The average length of stay increased from 11.6 days to 12.7 days.

Partial hospitalization was used by 7% of children and adolescents who used services in 2010 and accounted for 9% of paid claims. Paid claims for partial hospitalization increased 8% as a result of a rate increase implemented in the last half of 2009.

Family-based mental health services claims decreased 2% from 2009, the result of a decrease in the average amount of services

Table 1. Paid Claims and Number of Children and Adolescents (0-20 years) Using Mental Health Services, 2010

	Paid claims 2010 (millions)	Percent of paid claims	Number of children 2010	Percent of children
Behavioral Health Rehab. Services	\$39.9	40%	5,273	33%
Residential Treatment Facilities	\$14.2	14%	379	2%
Inpatient Mental Health	\$9.4	9%	826	5%
Partial Hospitalization	\$8.7	9%	1,139	7%
Family-Based Mental Health Services	\$8.2	8%	891	6%
Outpatient Mental Health	\$6.8	7%	10,619	66%
Service Coordination	\$5.2	5%	2,126	13%
Medication Checks	\$1.5	1%	5,759	36%
Family-Focused Solution-Based Services	\$1.0	1%	222	1%
Crisis Services	\$1.2	1%	1,417	9%
Other Mental Health Services	\$3.5	4%	645	4%
All Mental Health Services	\$99.5	100%	15,979	100%

used per person. The number of children accessing family-based services increased 3% in 2010 from 2009.

Outpatient mental health services accounted for 7% of paid claims in 2010. Paid claims for these services increased 12% from 2009—the result of rate increases for several types of outpatient services and more children and adolescents using these services. In 2010, over 10,600 children and adolescents accessed outpatient mental health services, a 4% increase from the previous year.

Service coordination paid claims increased 1% in 2010, and made up 5% of total paid claims for children and adolescents.

Medication checks were used by 36% of child and adolescent service users in 2010, and the number that used medication checks increased 5% from the previous year. Paid claims for

medication checks increased 10% as the result of increased numbers accessing these services and a slight increase in the average amount of services used.

Family-focused solution-based services made up just 1% of claims. Paid claims decreased 19% in 2010, the result of lower average units of service per service user.

Crisis services claims increased 22% from 2009 to 2010, and 9% more children and adolescents used crisis services in 2010. This increase is the result of more adolescents using crisis residential services and an increase in the average amount of walk-in crisis services used per person.

Common Diagnoses in 2010

Diagnosis data in this report come from claim forms providers submit after they have provided a service. Many of the 16,532 children and adolescents who used services in 2010 had different diagnoses on different claims. For this reason, a person may be included in more than one diagnostic group in Table 2, but they are only counted once in the last row.

In 2010, \$26.3 million (25% of paid claims for this age group) was spent on treatment for children and adolescents with autism spectrum disorders, a 12% decrease from 2009 due to Act 62 (see page 2). The number of children and adolescents who received this diagnosis increased 5% from 2009.

Other common diagnoses included attention deficit hyperactivity disorder (ADHD), adjustment disorder, major depression, and other mental health diagnoses. Paid claims for these diagnostic groups were generally consistent with prior years.

Table 2. Claims Paid by Diagnosis for Children and Adolescents, 2010

	Paid claims (millions)	Number of children
Autism Spectrum disorder	\$26.3	2,731
ADHD	\$20.9	5,339
Major Depression	\$10.3	2,090
Adjustment disorder	\$10.2	4,350
Conduct disorder	\$7.9	1,488
Oppositional disorder	\$6.6	1,653
Bipolar disorder	\$6.0	829
Depressive disorder	\$4.0	1,369
Neurotic disorder	\$2.7	1,383
Drug and Alcohol disorders	\$4.8	1,276
Other MH diagnoses	\$4.6	1,799
All Diagnoses	\$104.3	16,532

Changes in Drug and Alcohol Service Use

Table 3 shows commonly used drug and alcohol services for adolescents. Of the children and adolescents using HealthChoices services, 8% (1,310 people) used at least one drug and alcohol treatment service in 2010, a 3% increase from 2009. Overall, use of drug and alcohol services accounted for about 5% (\$4.8 million) of paid claims for children and adolescents.

From 2009 to 2010, paid claims for drug and alcohol services increased 10%. The largest increase occurred in non-hospital rehabilitation services, with 22% more adolescents accessing these services in 2010 than in 2009. Paid claims for intensive outpatient drug and alcohol services decreased 25% from 2009 to 2010, driven by decreased utilization with one provider.

Common drug and alcohol diagnoses included cannabis (62%), opiates, e.g. heroin and OxyContin (17%), dependence on multiple substances (17%), and alcohol (14%) use disorders.

Table 3. Drug and Alcohol Services: Paid Claims and Number of Children and Adolescents Using Services, 2010

	Paid claims (millions)	Number of children
Non-hospital Rehabilitation	\$3.1	330
Outpatient Drug and Alcohol	\$0.7	1,105
Halfway House	\$0.4	49
Intensive Outpatient Drug and Alcohol	\$0.2	174
Partial Hospitalization Program	\$0.1	128
Methadone Maintenance	\$0.1	42
Non-hospital Detoxification	\$0.1	81
All Drug and Alcohol Services	\$4.8	1,310

Enrollment and Service Use for Adults

Enrollment and Access to Services

- Enrollment in the HealthChoices program in 2010 increased 4.9% for adults 21 years and older.
- 75,891 adults were enrolled on average per month; 38% of enrollees were African-American, and 58% were white.
- 26,708 adult enrollees (35%) used behavioral health services during 2010, totaling \$116.5 million in paid claims.
- The largest demographic group of service users in this age group was white females (38% of service users).
- 23,699 adults used mental health services totaling \$82.1 million in claims, and 7,991 used drug and alcohol services totaling \$34.4 million in claims. Some adults used both mental health and substance abuse services within the year.
- The average cost per adult service user was \$4,362.

Changes in Mental Health Service Use

The HealthChoices program in Allegheny County saw a 6% increase in the number of adult service users and a 2% increase in the overall cost of mental health services in 2010. Table 4 summarizes the different mental health services used by adults in 2010.

During the second year without Mayview State Hospital as a resource, utilization increases continued to occur mainly within community programs, with decreases in more restrictive services, including inpatient mental health admissions.

Community-based services

Community Treatment Team (CTTs) utilization continued to increase as the three new teams that began providing services in late 2008 continued to increase their caseloads. From 2009 to 2010, the number of adults using CTT services increased 11%, and paid claims for CTT increased 15%. Claims for CTT represented 15% of paid claims in 2010, but were accessed by a small percentage (3%) of adults using mental health services.

Service coordination paid claims totaled \$11.9 million in 2010, a 9% increase from the previous year. This increase in total cost is the result of increased service intensity (measured as average units per service user) as well as rate increases effective in the second half of 2009. Service coordination was used by 16% of adult service users, which was consistent with use of this service in 2009.

Outpatient mental health services were used by the largest proportion of adults, with 72% of adult service users accessing outpatient services in 2010. Outpatient services accounted for 13% of paid claims for adult mental health services in 2010. The cost of outpatient mental health services increased 14% in 2010—a combined effect of rate increases from 2009 and an increase in the number of adults who used outpatient services.

Crisis services were used by 12% of adult service users in 2010, and made up 5% of total paid claims. While the number of service users accessing crisis services remained the same as in 2009, paid claims increased 33%. This increase is primarily

Table 4. Paid Claims and Number of Adults (21 Years and Older) Using Mental Health Services, 2010

	Paid claims 2010 (millions)	Percent of paid claims	Number of adults 2010	Percent of adults
Inpatient Mental Health	\$26.0	32%	2,831	12%
Community Treatment Team (CTT)	\$12.3	15%	622	3%
Service Coordination	\$11.9	14%	3,684	16%
Outpatient Mental Health	\$10.5	13%	17,178	72%
Crisis Services	\$4.2	5%	2,881	12%
Inpatient Extended Acute	\$3.8	5%	67	0%
Medication Checks	\$3.2	4%	14,727	62%
Respite and Diversion/Acute Stabilization	\$2.8	3%	458	2%
Residential Treatment Facility for Adults	\$1.7	1%	65	0%
Partial Hospitalization	\$1.2	1%	659	3%
Enhanced Clinical Case Management	\$1.1	1%	128	1%
Mobile Medication Team	\$1.1	1%	198	1%
Psychiatric Rehabilitation	\$0.8	1%	309	1%
Other Mental Health Services	\$1.7	2%	2,302	10%
All Mental Health Services	\$82.1	100%	23,699	100%

driven by an increase in the average amount of walk-in services per user, a probable reflection of people visiting the crisis center multiple times within the year.

Medication checks were the second most commonly accessed mental health service, with 62% of adult services users accessing these services during 2010. Paid claims increased 3% as a result of a 5% increase in the number of people using these services.

Psychiatric rehabilitation paid claims remained the same as 2009. However, the number of service users decreased 13% while the average amount of services per user increased 25%, indicating greater service intensity.

Respite and diversion/acute stabilization services, partial hospitalization, enhanced clinical service coordination, and mobile medications showed similar utilization patterns to 2009.

Inpatient, extended acute, and RTF-A services

Inpatient mental health claims decreased 6% from 2009, and the number of service users with paid claims for these services decreased 9%. Approximately 3,000 adults had one or more psychiatric inpatient admissions in 2010 (see Table 5), a 9% decrease from 2009.

The average length of stay (ALOS) increased from 11.9 to 13.4 days between 2009 and 2010. The impact of outliers on ALOS was notable in 2010; some of these individuals were awaiting admission to extended acute care (EAC) facilities. Seventeen percent (17%) of people discharged from inpatient hospitalizations were readmitted within 30 days; the readmission rate in 2009 was 18%.

Inpatient extended acute care (EAC) EAC services are for people who need longer-term stabilization than is available on a typical inpatient mental health unit, and are an alternative to state hospital services. ALOS was 169 days, consistent with 2009.

Common Diagnoses in 2010

Treatment associated with diagnoses of schizophrenia was the largest mental health claims cost in 2010 (\$32.7 million, 4,281 adults). See Table 6. Other common mental health diagnoses included:

- Major depression (\$15.0 million, 8,017 adults)
- Bipolar disorder (\$11.9 million, 4,893 adults)
- Depressive disorder (\$6.8 million, 3,944 adults)

Paid claims for adults with a deferred diagnosis increased significantly in 2010; most deferred diagnoses were associated with claims for crisis services.

Treatment associated with drug and alcohol diagnoses accounted for 30% of paid claims (\$34.6 million). See page 6.

Please note that these data do not reflect activity for the community-based EAC program which opened mid-2009 and was funded through non-claims based start-up funding through 2010. In 2010, 66 consumers used 6,140 days of this service.

Residential treatment facilities for adults (RTFA): The number of people using the RTF-A decreased, as the ALOS increased from 56 days in 2009 to 75 days in 2010.

Both extended acute care programs and the RTF-A operated at capacity during 2010. While overall utilization of inpatient hospitalization services decreased in 2010, the average length of stay increased due in part to waiting lists for extended acute and RTF-A. Ten additional extended acute care beds will become available mid-2011, and utilization, discharge planning, and length of stay for these services will continue to be monitored closely.

Table 5. Inpatient Extended Acute, and RTF-A Services, Key Statistics 2010

	Inpatient	IP Extended Acute	RTF-A
Number of adults with at least one admission	3,011	49	52
Number of admissions	4,723	50	54
Average length of stay (days)	13.4	169	75

Table 6. Claims Paid by Diagnosis for Adults, 2010

	Paid claims (millions)	Number of adults
Schizophrenia	\$32.7	4,281
Major Depression	\$15.0	8,017
Bipolar disorder	\$11.9	4,893
Depressive disorder	\$6.8	3,944
Diagnosis deferred	\$3.0	2,174
Unspecified Psychosis	\$3.0	806
Neurotic disorder	\$2.7	3,058
Adjustment disorder	\$2.4	2,193
Conduct disorder	\$1.8	525
Other MH diagnoses	\$2.6	1,364
Drug and Alcohol disorder	\$34.6	8,463
All Diagnoses	\$116.5	26,708

Changes in Drug and Alcohol Health Service Use for Adults, 2010

In 2010, 7,991 adults used drug and alcohol services, a 4% increase from 2009. Paid claims for drug and alcohol services totaled \$34.4 million, a 9% increase from 2009. Table 7 summarizes drug and alcohol services used by adults in 2010.

Non-hospital rehabilitation accounted for the largest portion of paid claims (40%, \$13.7 million); 31% of adults who accessed drug and alcohol treatment used non-hospital rehabilitation services. The number of people who used non-hospital rehabilitation remained the same as 2009, while paid claims for this service increased 9%, the result of a small increase in average length of stay.

Methadone maintenance accounted for 19% of paid claims for drug and alcohol treatment (\$6.7 million), and was used by 28% of adults who accessed drug and alcohol treatment. Methadone maintenance use in 2010 was consistent with 2009.

Outpatient drug and alcohol services represented 15% of paid claims, and 71% of adults using drug and alcohol services accessed outpatient treatment. Paid claims increased 54% from 2009 as the number of adults using outpatient services increased 14% and the average amount of services used per person increased 32%.

Halfway house paid claims decreased 4%, as the number of adults using this service decreased 3%.

Partial hospitalization services decreased in paid claims and the number of people accessing these services by 10% when compared to 2009.

Intensive outpatient services paid claims increased 10% from 2009. The number of adults who used intensive outpatient remained the same as 2009, and members used more units of service on average in 2010 than in 2009.

Non-hospital detoxification use decreased slightly in 2010 (4% decrease in paid claims and 7% decrease in the number of service users) after large increases in these services in 2009.

Inpatient detoxification paid claims increased 22% as the result of an increase in the average number of days per service user per year. This appears to be influenced by increased 30 and 90 day readmission rates to inpatient detoxification. In 2010, 36% of admissions resulted in a readmission within 90 days, compared to a 23% readmission rate in 2009.

Service users with opiate substance use diagnoses made up the largest and most costly group of drug and alcohol service users (\$14.9 million, 4,091 adults). Other common diagnoses included dependence on multiple substances (\$7.1 million, 2,227 adults), alcohol (\$5.7 million, 2,203 adults), and cocaine disorders (\$4.9 million, 1,358 adults).

Table 7. Paid Claims and Number of Adults (21 Years and Older) Using Drug and Alcohol Services, 2010

	Paid claims 2010 (millions)	Percent of paid claims	Number of adults 2010	Percent of adults
Non-hospital Rehabilitation	\$13.7	40%	2,455	31%
Methadone Maintenance	\$6.7	19%	2,206	28%
Outpatient Drug and Alcohol	\$5.1	15%	5,683	71%
Halfway House	\$3.0	9%	570	7%
Partial Hospitalization Program	\$1.7	5%	1,011	13%
Intensive Outpatient Program	\$2.0	6%	1,485	19%
Non-hospital Detoxification	\$1.0	3%	1,030	13%
Inpatient Detoxification	\$1.0	3%	309	4%
Inpatient Rehabilitation	\$0.2	1%	39	0%
All Drug and Alcohol Services	\$34.4	100%	7,991	100%



Our mission is to assure equitable access to quality, cost-effective behavioral health care that promotes positive outcomes, recovery, and resiliency. AHCI is a contract agency for the Allegheny County Department of Human Services' Office of Behavioral Health.