

# Q1 2012 HealthChoices Allegheny County Report

This report summarizes enrollment, claims data and admission data from this quarter, in comparison to the prior quarter. This report is used by the Allegheny HealthChoices Quality Improvement Department to monitor and investigate changes in utilization from quarter to quarter. Tables 1 and 2 provide a summary of enrollment and paid claims; Tables 3 to 8 summarize service use and admissions for children and adolescents (0-20 years); and Tables 9 to 15 summarize service use and admissions for adults.

**Table 1. Average monthly enrollment by age**

	Q1 2012	% Difference from Q4 2011
0-20 years	90,282	-1.5%
21+ years	78,023	-0.8%
<b>Total Enrollment</b>	<b>168,305</b>	<b>-1.2%</b>

Table 1 shows that the average monthly enrollment during Q1 2012 was generally similar to Q4 2011. The slight decline in enrollment may be explained by several state initiatives: In July 2011, the Department of Public Welfare (DPW) invested additional resources to catch up on a backlog of eligibility reviews, in which some people were ultimately determined to be ineligible. Also, in November 2011, DPW established a new method for calculating enrollment to assure that recipients are only included once, even if they are eligible for benefits through multiple programs.

**Table 2. Paid claims by age for mental health and drug and alcohol services**

		Q1 2012			% Difference from Q4 2011 - Q1 2012		
		# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
00 - 20 years	D&A	602	\$ 1,711,587	\$ 2,843	15%	-2%	-14%
	MH	11,418	\$ 27,318,808	\$ 2,393	5%	8%	3%
	<b>Total</b>	<b>11,770</b>	<b>\$ 29,030,395</b>	<b>\$ 2,466</b>	<b>5%</b>	<b>7%</b>	<b>2%</b>
21-54 years	D&A	4,238	\$ 8,567,826	\$ 2,022	2%	4%	2%
	MH	13,090	\$ 17,987,212	\$ 1,374	1%	4%	3%
	<b>Total</b>	<b>15,290</b>	<b>\$ 26,555,039</b>	<b>\$ 1,737</b>	<b>1%</b>	<b>4%</b>	<b>3%</b>
55 years and older	D&A	536	\$ 922,733	\$ 1,722	6%	7%	1%
	MH	3,416	\$ 4,288,221	\$ 1,255	3%	-1%	-3%
	<b>Total</b>	<b>3,710</b>	<b>\$ 5,210,955</b>	<b>\$ 1,405</b>	<b>3%</b>	<b>1%</b>	<b>-2%</b>
<b>Total</b>	D&A	5,376	\$ 11,202,147	\$ 6,586	3%	3%	-6%
	MH	27,924	\$ 49,594,242	\$ 5,022	3%	6%	1%
	<b>Total</b>	<b>30,770</b>	<b>\$ 60,796,388</b>	<b>\$ 5,608</b>	<b>3%</b>	<b>5%</b>	<b>1%</b>

Services can be categorized as either mental health or drug and alcohol services. Table 2 shows the breakdown of the number of service users, paid claims, and average cost per service user for drug and alcohol services, mental health services, and in total. For the most part, Q1 2012 data was similar to Q4 2011. The decrease in cost seen in the 0-20 year old drug and alcohol service group is driven by the decrease in average units used of NH Rehab service. The utilization and cost of NH Rehab for children and adolescents will be monitored closely for any emerging trends. Other differences are explored further in the age-specific tables.

**Table 3. Top 10 mental health services for children and adolescents  
(ranked by number of service users)**

	Q1 2012			% Difference from Q4 2011 - Q1 2012		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Outpatient MH	5,784	\$ 2,190,775	\$ 379	8%	15%	7%
BHRS	4,128	\$ 11,804,050	\$ 2,860	5%	7%	1%
Med Check	3,874	\$ 474,233	\$ 122	5%	10%	5%
Serv Coord	1,480	\$ 1,224,658	\$ 827	0%	7%	7%
Partial hospitalization MH	656	\$ 2,414,499	\$ 3,681	8%	14%	6%
Crisis	513	\$ 297,940	\$ 581	9%	21%	11%
Family based	463	\$ 2,141,027	\$ 4,624	5%	8%	3%
Inpatient MH	273	\$ 2,395,191	\$ 8,774	13%	10%	-2%
RTF	172	\$ 2,851,048	\$ 16,576	1%	-5%	-6%
Supp Serv MH	109	\$ 576,512	\$ 5,289	-1%	6%	7%
<b>Subtotal of above</b>	<b>11,338</b>	<b>\$ 26,369,933</b>	<b>\$ 2,326</b>	<b>5%</b>	<b>7%</b>	<b>2%</b>
<b>Services</b>	<b>11,418</b>	<b>\$ 27,318,808</b>	<b>\$ 2,393</b>	<b>5%</b>	<b>8%</b>	<b>3%</b>

This table shows the top 10 most frequently used mental health service categories used by children and adolescents (under 21 years). For most services, utilization during the first quarter of 2012 was similar to the fourth quarter of 2011. Outpatient services and partial hospital increases are as expected since school is back in session after holiday breaks. Some children and adolescents participating in outpatient and school-based partial programs take a break from services during the holidays and resume services when school starts back up in January. As a result, both services experienced an increase in number of people using services and paid claims. The increase in medication check is driven by slight increases in average units of service. The crisis services increase in cost is primarily due to an increase in number of people using the service and an increase in the average units used for walk-in crisis. The increase in inpatient MH costs are due to an overall increase in service utilization.

**Table 4. Top 10 mental health diagnoses for children and adolescents  
(ranked by number of service users)**

	Q1 2012			% Difference from Q4 2011 - Q1 2012		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
ADHD	3,971	\$ 6,147,464	\$ 1,548	5%	5%	0%
Adjustment D/O	2,290	\$ 2,417,065	\$ 1,055	9%	11%	2%
Autism spectrum	2,255	\$ 7,129,755	\$ 3,162	4%	8%	4%
Maj Depression	1,127	\$ 2,980,188	\$ 2,644	4%	2%	-2%
Oppositional/defiant D/O	945	\$ 1,845,652	\$ 1,953	5%	9%	4%
Conduct D/O	886	\$ 2,261,719	\$ 2,553	6%	9%	2%
Neurotic D/O	805	\$ 759,728	\$ 944	10%	1%	-9%
Depressive D/O	634	\$ 1,198,521	\$ 1,890	7%	34%	25%
DX Deferred	446	\$ 238,772	\$ 535	9%	26%	16%
Bipolar D/O	431	\$ 1,370,446	\$ 3,180	-2%	9%	10%
<b>Subtotal of above</b>	<b>11,255</b>	<b>\$ 26,349,309</b>	<b>\$ 2,341</b>	<b>5%</b>	<b>8%</b>	<b>3%</b>
<b>Diagnosis</b>	<b>11,418</b>	<b>\$ 27,318,808</b>	<b>\$ 2,393</b>	<b>5%</b>	<b>8%</b>	<b>3%</b>

This table shows the top 10 most frequently used mental health diagnostic categories for children and adolescents (under 21 years). Most diagnostic categories showed typical quarterly fluctuations. The increase in cost for people with adjustment disorder is related to an increased utilization of outpatient services. People diagnosed with neurotic disorder have shifted to utilizing more community-based services and less restrictive services, such as IPMH and RTF. This shift explains the decrease in average cost in this category. The increase in cost for depressive disorder and bipolar disorder is related to the increased utilization and high cost of inpatient MH services. The increase in cost for DX Deferred is driven by the increase in average units of crisis, especially walk-in services.

**Table 5. Utilization and quality measures for IPMH and RTF for children and adolescents**

	Inpatient MH		RTF	
	Q4 2011	Q1 2012	Q4 2011	Q1 2012
Number admissions	287	338	64	67
Number people with 1+ admissions	247	293	62	66
Admission rate	2	2.4	0.5	0.5
Average length of stay	15	11.0	151	173
% with follow-up in 7 days	74%	74%	66%	62%
% with readmit in 30 days	11%	13%	3%	5%
% with readmit in 31-90 days	13%	11%	11%	0%

This table shows admissions data, rates of follow-up appointments, and readmission rates for inpatient MH and RTF. In the first quarter of 2012, RTF has an increase in number of admissions and average length of stay. RTF also shows a noticeable decrease in its 31-90 day readmission rate. Even though inpatient MH has an increase in number of admissions, it has a decrease in its average length of stay. The average length of stay of inpatient MH decreased by 4 days. The utilization and performance measures are reported for comparison instead of percent changes, because large percent changes often represent small absolute changes when the group size included in the calculation is small.

**Table 6. Drug and alcohol services for children and adolescents (ranked by number of service users)**

	Q4 2011			Q1 2012		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
OP-D&A	373	\$ 147,328	\$ 395	449	\$ 192,371	\$ 428
NH-Rehab	131	\$ 1,356,467	\$ 10,355	145	\$ 1,289,446	\$ 8,893
IOP-D&A	76	\$ 72,979	\$ 960	75	\$ 77,397	\$ 1,032
PHP-DA	40	\$ 30,330	\$ 758	35	\$ 28,035	\$ 801
NH-Detox	14	\$ 10,396	\$ 743	20	\$ 15,573	\$ 779
Meth Maint	15	\$ 13,603	\$ 907	17	\$ 11,108	\$ 653
Halfway Hs	18	\$ 110,978	\$ 6,165	15	\$ 97,658	\$ 6,511
<b>Services</b>	<b>524</b>	<b>\$ 1,742,080</b>	<b>\$ 3,325</b>	<b>602</b>	<b>\$ 1,711,587</b>	<b>\$ 2,843</b>

This table shows utilization for different drug and alcohol services for adolescents (under 21 years). Overall, service utilization did not have much fluctuation from the fourth quarter of 2011. Outpatient services continues to be the most used service for the first quarter of 2012; it accounts for about 75% of people who use drug and alcohol services. Note that the percentage changes are not reported because large percent changes often represent small absolute changes when the group size included in the calculation is small.

**Table 7. Drug and alcohol diagnoses for children and adolescents  
(ranked by number of service users)**

	Q4 2011			Q1 2012		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Cannabis	322	\$ 1,243,066	\$ 3,860	378	\$ 1,161,142	\$ 3,072
Opioid	51	\$ 135,408	\$ 2,655	70	\$ 196,611	\$ 2,809
Poly-Subs D/O	64	\$ 203,136	\$ 3,174	70	\$ 184,420	\$ 2,635
Alcohol Abuse/Dependence	54	\$ 95,269	\$ 1,764	59	\$ 89,471	\$ 1,516
Subs Induced D/O	7	\$ 6,079	\$ 868	12	\$ 3,507	\$ 292
Inhalants	5	\$ 36,573	\$ 7,315	3	\$ 27,215	\$ 9,072
Cocaine	5	\$ 1,696	\$ 339	2	\$ 1,570	\$ 785
<b>Diagnosis</b>	<b>524</b>	<b>\$ 1,742,080</b>	<b>\$ 3,325</b>	<b>602</b>	<b>\$ 1,711,587</b>	<b>\$ 2,843</b>

This table shows the most frequently used drug and alcohol diagnostic categories. Most diagnostic categories showed typical quarterly fluctuations. Cannabis continues to be the most common diagnosis, accounting for 69% of people using drug and alcohol services. Note that the percentage changes are not reported because large percent changes often represent small absolute changes when the group size included in the calculation is small.

**Table 8. Utilization and quality measures for non-hospital rehabilitation for adolescents**

	Q4 2011	Q1 2012
Number admissions	85	110
Number people with 1+ admission	77	100
admission rate	0.61	0.78
average length of stay	60	68
% with follow-up in 7 days	40%	31%
% with readmission in 30 days	9%	9%
% with readmission in 90 days	13%	6%

This table shows the follow up service rates for non-hospital rehabilitation for children and adolescents. The number of admissions, admission rate and length of stay increased. Also, follow up rates decreased from 40% to 31% in the first quarter of 2012. The gold standard for follow-up services within 7 days after non-hospital rehabilitation is 90%. Readmission rates within 30 days remained static and decreased between 30 and 90 days. AHCI will monitor closely the follow-up rates. Note that the percentage changes are not reported because large percent changes often represent small absolute changes when the group size included in the calculation is small.

**Table 9. Most frequently used community-based mental health services for adults (ranked by number of service users)**

	Q1 2012			% Difference Q4 2011 - Q1 2012		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
OP-MH	9,741	\$ 2,871,420	\$ 295	3%	6%	3%
Med Check	9,532	\$ 1,098,839	\$ 115	1%	12%	11%
Serv Coord	2,958	\$ 2,867,590	\$ 969	2%	9%	6%
Crisis	1,002	\$ 818,522	\$ 817	0%	3%	2%
CTT	652	\$ 3,460,401	\$ 5,307	2%	6%	4%
Partial hospital MH	220	\$ 307,594	\$ 1,398	5%	6%	1%
Psych-Rehab	195	\$ 262,665	\$ 1,347	-1%	11%	13%
Respite/DAS	150	\$ 699,901	\$ 4,666	-1%	-12%	-10%
Mobile Med	137	\$ 268,660	\$ 1,961	3%	9%	6%
Supp Serv MH	284	\$ 179,118	\$ 631	-2%	9%	12%
ER	106	\$ 15,968	\$ 151	-9%	-5%	4%
<b>Subtotal of above</b>	<b>16,160</b>	<b>\$ 12,850,678</b>	<b>\$ 795</b>	<b>2%</b>	<b>6%</b>	<b>4%</b>
<b>Total MH services</b>	<b>16,452</b>	<b>\$ 22,275,434</b>	<b>\$ 1,354</b>	<b>1%</b>	<b>3%</b>	<b>2%</b>

This table shows the most frequently used community-based mental health service categories used by adults (21 years and older). For most services, utilization during the first quarter of 2012 was similar to the fourth quarter of 2011. Increases in paid claims for medication checks is due to an overall increase in service utilization. The cost increases in psych rehab are driven primarily by the increase in average units of service used per person. The decrease in cost seen in respite services are due to a decrease in average units of service used per person. However, forensic support, which is a supplemental service, average cost increases are driven by an increase in average units used per person.

**Table 10. Paid claims for inpatient mental health, extended acute, and RTFA services for adults**

	Q4 2011			Q1 2012		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
IP-MH	939	\$ 5,910,167	\$ 6,294	926	\$ 6,079,112	\$ 6,565
IPMH EAC (TRU)	20	\$ 665,033	\$ 33,252	19	\$ 593,370	\$ 31,230
EAC (CRU)	31	\$ 911,773	\$ 29,412	27	\$ 779,172	\$ 28,858
Community-based EAC	39	\$ 654,477	\$ 16,781	42	\$ 682,589	\$ 16,252
RTFA	26	\$ 410,650	\$ 15,794	26	\$ 431,720	\$ 16,605
<b>Subtotal of above</b>	<b>1,024</b>	<b>\$ 8,723,584</b>	<b>\$ 8,519</b>	<b>996</b>	<b>\$ 8,726,135</b>	<b>\$ 8,761</b>
<b>Total MH services</b>	<b>16,216</b>	<b>\$ 21,534,735</b>	<b>\$ 1,328</b>	<b>16,452</b>	<b>\$ 22,275,434</b>	<b>\$ 1,354</b>

This table summarizes utilization for four acute levels of care. Fluctuations from the fourth quarter of 2011 to the first quarter of 2012 were not notable.

**Table 11. Quality and utilization measures for inpatient, extended acute, and RTFA services**

	IPMH		IPMH EAC (TRU)		EAC (CRU)		Community-based EAC		RTFA	
	Q1 2012	% change from Q4 2011	Q4 2011	Q1 2012	Q4 2011	Q1 2012	Q4 2011	Q1 2012	Q4 2011	Q1 2012
Number admissions	1,231	1%	25	24	11	11	7	13	19	20
Number people with 1+ admission	1,015	2%	27	24	11	11	7	13	19	20
Admission rate	8.77	1%	--	--	--	--	--	--	--	--
Average length of stay	14	6%	130	125	74	90	123	160	84	73
% with follow-up in 7 days	70%	0%	92%	92%	100%	82%	100%	92%	100%	95%
% with readmission in 30	18%	0%								
% with readmission in 90	12%	-1%								

The gold standard for 7 day follow-up after inpatient hospitalization is 90%, and the gold standard for readmission rates within 30 days is 10%. Because the number of admissions to most of these services are very small in a given quarter, the numbers from Q4 2011 are provided as a comparison point instead of calculating a percent change. Admission rates per 1,000 enrollees are so small given the limited capacity at several programs that they are not reported. People are not readmitted directly to extended acute or RTF-A programs, as all referrals originate from inpatient units, so readmissions are not reported for these services. Because only HealthChoices services are included as follow-up services, eligibility may affect these rates. Fluctuations from the fourth quarter of 2011 to the first quarter of 2012 were not notable.

**Table 12. Most frequent diagnoses for adult mental health service users**

	Q1 2012			% Difference Q4 2011 - Q1 2012		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Maj Depression	4,748	\$ 4,213,541	\$ 887	1%	3%	2%
Schizophrenia	3,247	\$ 8,711,234	\$ 2,683	-1%	4%	5%
Bipolar D/O	3,149	\$ 3,207,891	\$ 1,019	0%	1%	1%
Neurotic D/O	1,995	\$ 809,714	\$ 406	3%	-2%	-5%
Depressive D/O	1,901	\$ 1,799,888	\$ 947	5%	12%	7%
Adjustment D/O	1,069	\$ 637,284	\$ 596	3%	-2%	-5%
DX Deferred	837	\$ 534,607	\$ 639	0%	8%	9%
<b>Subtotal of above</b>	<b>14,684</b>	<b>\$ 19,914,158</b>	<b>\$ 1,356</b>	<b>1%</b>	<b>4%</b>	<b>2%</b>
<b>Total diagnoses for MH services</b>	<b>16,452</b>	<b>\$ 22,275,434</b>	<b>\$ 1,354</b>	<b>1%</b>	<b>3%</b>	<b>2%</b>

This table shows the most frequently used mental health diagnostic categories for adults. The increase in cost for depressive disorder is due to the increase in use and high cost of inpatient mental health services. Overall, diagnostic categories were very similar to last quarter.

**Table 13. Drug and alcohol services for adults**

	Q1 2012			% Difference Q2 - Q3 2011		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
OP-D&A	2,932	\$ 1,173,856	\$ 400	3%	7%	4%
Meth Maint	1,802	\$ 1,818,628	\$ 1,009	1%	0%	-1%
NH-Rehab	931	\$ 3,858,075	\$ 4,144	5%	4%	-1%
IOP-D&A	603	\$ 588,586	\$ 976	0%	-1%	-2%
NH-Detox	403	\$ 298,806	\$ 741	7%	3%	-3%
PHP-DA	322	\$ 465,172	\$ 1,445	2%	0%	-2%
Halfway Hs	220	\$ 1,002,122	\$ 4,555	6%	21%	14%
IP-Detox	105	\$ 251,910	\$ 2,399	-5%	-18%	-14%
IP-Rehab	9	\$ 33,404	\$ 3,712	13%	8%	-4%
<b>Subtotal of above</b>	<b>4,765</b>	<b>\$ 9,490,559</b>	<b>\$ 1,992</b>	<b>2%</b>	<b>4%</b>	<b>2%</b>
<b>Services</b>	<b>4,765</b>	<b>\$ 9,490,559</b>	<b>\$ 1,992</b>	<b>2%</b>	<b>4%</b>	<b>2%</b>

This table shows utilization for different drug and alcohol services for adults (21 years and older). Overall, utilization this quarter was very similar to last quarter. The increase in cost for halfway house services is driven by an increase in average units of service used per person. Also, the decrease in cost for inpatient detox services is due to a slight decrease in average units of service used per person. Note that the number of service users from certain services during a quarter are low, so percent changes may be large while the changes in absolute numbers are small.

**Table 14. Drug and alcohol diagnoses for adults**

	Q1 2012			% Difference Q4 2011 - Q1 2012		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Opioid	2,799	\$ 4,649,403	\$ 1,661	4%	5%	1%
Alcohol Abuse/Dependence	833	\$ 1,468,695	\$ 1,763	3%	0%	-3%
Poly-substance dependence	766	\$ 1,764,172	\$ 2,303	6%	11%	6%
Cocaine	476	\$ 1,010,524	\$ 2,123	-3%	3%	6%
Cannabis	262	\$ 225,729	\$ 862	19%	11%	-7%
Amphetamine-Induced Disorders	32	\$ 59,669	\$ 1,865	3%	-13%	-16%
<b>Subtotal of above</b>	<b>4,727</b>	<b>\$ 9,455,228</b>	<b>\$ 2,000</b>	<b>4%</b>	<b>4%</b>	<b>1%</b>
<b>All D&amp;A diagnoses</b>	<b>4,765</b>	<b>\$ 9,490,559</b>	<b>\$ 1,992</b>	<b>2%</b>	<b>4%</b>	<b>2%</b>

This table shows the most frequently used drug and alcohol diagnoses for adults. Overall, patterns are similar to the previous quarter. The increase in paid claims for poly-substance dependence is due to the increase in utilization in non-hospital rehabilitation services. The increase in paid claims for cannabis is driven by the increased utilization of drug and alcohol outpatient services. The decrease in cost for amphetamine-induced disorders is due to the decrease in utilization of inpatient detoxification services.

**Table 15. Quality and utilization measures for inpatient and residential drug and alcohol services**

	NH Rehab		Inpatient Detox		NH Detox		Halfway House	
	Q1 2012	% change from Q4 2011	Q1 2012	% change from Q4 2011	Q1 2012	% change from Q4 2011	Q1 2012	% change from Q4 2011
Number admissions	877	9%	136	-12%	447	6%	132	1%
Number people with 1+ admission	779	9%	117	-3%	401	8%	131	7%
Admission rate	6.25	9%	0.97	-12%	3.18	6%	0.94	1%
Average length of stay	26.7	13%	4.8	1%	3.4	-2%	69.7	-5%
% with follow-up in 7 days	51%	3%	56%	0%	79%	3%	26%	-17%
% with readmit in 30 days	8%	1%	14%	-28%	8%	-15%	8%	12%
% with readmit in 90 days	10%	22%	12%	-3%	13%	-7%	3%	237%

This table shows utilization for different drug and alcohol services for adults (21 years and older). Some of the services with low utilization have large percent changes from quarter to quarter because of the small numbers. All of these levels of care, except for inpatient detox, experienced increases in admissions. The average length of stay increased for non-hospital rehabilitation and inpatient detox, and decreased for non-hospital detox and halfway house. The gold standard for follow-up services within 7 days after non-hospital rehabilitation is 90%. Although this benchmark was not met, it is improving as is the follow up rate for non-hospital detox. Readmission rates increased for non-hospital rehabilitation and halfway house but decreased for both inpatient and non-hospital detox.