

Q2 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

	Q2 2012	% Difference from Q1 2012
0-20 years	90,073	-0.2%
21+ years	78,685	0.8%
Total Enrollment	168,758	0.3%

Table 1 shows that the average monthly enrollment during Q2 2012 was generally similar to Q1 2012.

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

		Q2 2012			% Difference from Q1 2012 - Q2 2012		
		# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
00 - 20 years	D&A	545	\$ 1,827,590	\$ 3,353	-9%	7%	18%
	MH	11,510	\$ 26,142,381	\$ 2,271	1%	-4%	-5%
	Total	11,811	\$ 27,969,971	\$ 2,368	0%	-4%	-4%
21-54 years	D&A	523	\$ 874,839	\$ 1,673	-2%	-5%	-3%
	MH	3,452	\$ 4,448,695	\$ 1,289	1%	2%	2%
	Total	3,752	\$ 5,323,534	\$ 1,419	1%	1%	0%
55 years and older	D&A	4,253	\$ 8,605,220	\$ 2,023	0%	0%	0%
	MH	13,012	\$ 17,558,241	\$ 1,349	-1%	-4%	-3%
	Total	15,192	\$ 26,163,460	\$ 1,722	-1%	-3%	-2%
Total	D&A	5,321	\$ 11,307,649	\$ 7,049	-1%	1%	7%
	MH	27,974	\$ 48,149,316	\$ 4,909	0%	-3%	-3%
	Total	30,755	\$ 59,456,965	\$ 5,509	0%	-3%	-2%

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, Q2 2012 data was similar to Q1 2012. The increase in average cost seen in the drug and alcohol service group for 0-20 year olds is driven by the increase in average units used of Halfway House service. 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)**

	Q2 2012			% Difference from Q1 2012 - Q2 2012		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Outpatient MH	5,793	\$ 1,923,060	\$ 332	0%	-12%	-12%
BHRS	4,286	\$ 11,524,496	\$ 2,689	4%	-2%	-6%
Med Check	3,756	\$ 449,897	\$ 120	-3%	-5%	-2%
Serv Coord	1,497	\$ 1,226,597	\$ 819	1%	0%	-1%
Partial hospitalization MH	626	\$ 1,873,799	\$ 2,993	-5%	-22%	-18%
Crisis	495	\$ 239,768	\$ 484	-4%	-19%	-17%
Family based	460	\$ 2,245,670	\$ 4,882	-1%	5%	6%
Inpatient MH	272	\$ 2,360,443	\$ 8,678	-1%	-1%	-1%
RTF	165	\$ 2,862,035	\$ 17,346	-4%	0%	4%
Family Focused, Solution-Based	100	\$ 306,209	\$ 3,062	8%	-7%	-14%
Subtotal of above	11,407	\$ 25,011,973	\$ 2,193	1%	-4%	-5%
Services	11,510	\$ 26,142,381	\$ 2,271	1%	-4%	-5%

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 second quarter of 2012 was similar to the first quarter of 2012. Outpatient services and partial hospital decreases are expected with the end of the school year. Some children and adolescents participating in outpatient and school-based partial programs take a break from services during the summer season and resume services when school starts back up in late August/early September. As a result, both services experienced a decrease in number of people using services and paid claims. Crisis services decrease in cost is primarily due to a decrease in number of people using the service and a decrease in the average units. The decrease in family focused services is heavily driven by a decrease in average units used per person.

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

	Q2 2012			% Difference from Q1 2012 - Q2 2012		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
ADHD	3,915	\$ 5,727,576	\$ 1,463	-2%	-6%	-5%
Autism spectrum	2,291	\$ 7,112,382	\$ 3,104	2%	0%	-2%
Adjustment D/O	2,249	\$ 2,141,682	\$ 952	-2%	-11%	-9%
Maj Depression	1,110	\$ 2,880,605	\$ 2,595	-2%	-3%	-2%
Oppositional/defiant D/O	912	\$ 1,852,420	\$ 2,031	-4%	0%	4%
Conduct D/O	903	\$ 2,309,238	\$ 2,557	2%	2%	0%
Neurotic D/O	823	\$ 767,881	\$ 933	2%	2%	0%
Depressive D/O	628	\$ 1,046,738	\$ 1,667	-1%	-12%	-11%
Bipolar D/O	449	\$ 1,397,668	\$ 3,113	4%	2%	-2%
DX Deferred	415	\$ 189,899	\$ 458	-7%	-20%	-15%
Subtotal of above	11,326	\$ 25,426,089	\$ 2,245	0%	-3%	-4%
Diagnosis	11,510	\$ 26,142,381	\$ 2,271	1%	-4%	-5%

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 decrease in cost for people with adjustment disorder is related to a decrease in overall utilization of outpatient services. The decrease in cost for depressive disorder is related to a decrease in average units of inpatient MH used per person. The decrease in cost for DX Deferred is driven by the decrease in overall utilization and average units of crisis.

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

	Inpatient MH		RTF	
	Q1 2012	Q2 2012	Q1 2011	Q2 2012
Number of total admissions	339	321	67	60
Number people with at least one admission	294	285	66	59
Admission rate	2.4	2.3	0.5	0.4
Average length of stay	11.4	13.0	173	159
% with follow-up in 7 days	74%	68%	62%	68%
% with readmit in 30 days	13%	9%	5%	2%
% with readmit in 31-90 days	11%	12%	3%	3%

This table shows admissions data, rates of follow-up appointments, and readmission rates for inpatient MH and RTF. In the second quarter of 2012, IPMH and RTF have decreases in their number of people and total admissions. IPMH experienced an increase in average length of stay and a decrease in follow up rates; however, IPMH had lower readmit rates in 30 days. RTF had positive outcomes for the second quarter of 2012: There was a decrease in average length of stay, an increase in follow up rates and an overall decrease in readmit rates. 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)

	Q1 2012			Q2 2012		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
OP-D&A	449	\$ 191,850	\$ 427	383	\$ 195,603	\$ 511
NH-Rehab	145	\$ 1,285,479	\$ 8,865	142	\$ 1,351,474	\$ 9,517
IOP-D&A	75	\$ 77,504	\$ 1,033	52	\$ 46,306	\$ 890
PHP-DA	35	\$ 28,275	\$ 808	26	\$ 19,123	\$ 736
Halfway Hs	15	\$ 97,658	\$ 6,511	24	\$ 192,726	\$ 8,030
Meth Maint	17	\$ 11,108	\$ 653	14	\$ 11,023	\$ 787
NH-Detox	20	\$ 15,573	\$ 779	14	\$ 11,335	\$ 810
Services	602	\$ 1,707,447	\$ 2,836	545	\$ 1,827,590	\$ 3,353

This table shows utilization for different drug and alcohol services for adolescents (less than 21 years). Overall, service utilization did not have much fluctuation from the first quarter of 2012. Outpatient services continue to be the most used service for the second quarter of 2012; it accounts for about 70% of people who use drug and alcohol services. NH rehab accounts for about 75% of costs and is the second most utilized service. 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)**

	Q1 2012			Q2 2012		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Cannabis	378	\$ 1,157,506	\$ 3,062	339	\$ 1,238,786	\$ 3,654
Poly-Subs D/O	70	\$ 184,420	\$ 2,635	77	\$ 226,093	\$ 2,936
ETOH	59	\$ 89,578	\$ 1,518	67	\$ 163,081	\$ 2,434
Opioid	70	\$ 196,000	\$ 2,800	58	\$ 178,073	\$ 3,070
Subs Induced D/O	12	\$ 3,507	\$ 292	3	\$ 182	\$ 61
Hyp/Sed	2	\$ 25,860	\$ 12,930	3	\$ 7,847	\$ 2,616
Hallucin	2	\$ 17,120	\$ 8,560	2	\$ 5,182	\$ 2,591
Cocaine	2	\$ 1,570	\$ 785	1	\$ 30	\$ 30
Inhalants	3	\$ 27,215	\$ 9,072	1	\$ 1,439	\$ 1,439
Total	602	\$ 1,707,447	\$ 2,836	545	\$ 1,827,590	\$ 3,353

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 62% of people, and highest cost, accounting for 68% of costs. 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

	Q1 2012	Q2 2012
Number of total admissions	110	92
Number people with at least one admission	100	84
Admission rate	0.78	0.65
Average length of stay	68	67
% with follow-up in 7 days	31%	35%
% with readmission in 30 days	9%	5%
% with readmission in 90 days	6%	8%

This table shows admissions data, rates of follow-up appointments, and readmission rates for non-hospital rehabilitation for children and adolescents. The number of total admissions, number of people with at least one admission and length of stay decreased. Follow up rates increased slightly from 31% to 35% in the second quarter of 2012. OMHSAS' gold standard for follow-up services within 7 days after non-hospital rehabilitation is 90%. Readmission rates within 30 days decreased, by slightly increased at 90 days. 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)

	Q2 2012			% Difference Q1 2012 - Q2 2012		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
OP-MH	9,720	\$ 2,773,333	\$ 285	-1%	-4%	-3%
Med Check	9,283	\$ 1,041,853	\$ 112	-3%	-5%	-2%
Serv Coord	3,026	\$ 2,855,475	\$ 944	2%	-1%	-3%
Crisis	1,004	\$ 799,244	\$ 796	0%	-2%	-2%
CTT	647	\$ 3,291,048	\$ 5,087	-1%	-5%	-4%
Forensic Support	304	\$ 161,082	\$ 530	7%	-10%	-16%
PHP-MH	217	\$ 271,507	\$ 1,251	-4%	-12%	-9%
Psych-Rehab	193	\$ 233,560	\$ 1,210	-2%	-12%	-10%
Respite/DAS	150	\$ 686,838	\$ 4,579	0%	-2%	-2%
Mobile MH	132	\$ 163,144	\$ 1,236	15%	16%	1%
OP-MH Emergency Eval	130	\$ 20,120	\$ 155	23%	26%	3%
Subtotal of above	16,134	\$ 12,297,203	\$ 762	-1%	-4%	-3%
Services	16,416	\$ 22,006,935	\$ 1,341	-1%	-3%	-2%

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 second quarter of 2012 was similar to the first quarter of 2012. Decrease in paid claims for forensic support, a supplemental service, is due to a decrease in average units used per person. The cost decreases seen in partial hospitalization are heavily driven by the decrease in average units of service used per person and overall decrease in service utilization. The cost decreases in psych rehab are driven primarily by the decrease in average units of service used per person. The increase in cost seen in mobile MH and outpatient emergency evaluation services are due to an increase in overall utilization.

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

	Q1 2012			Q2 2012		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
IP-MH	946	\$ 6,320,060	\$ 6,681	930	\$ 6,293,581	\$ 6,767
IPMH EAC (TRU)	19	\$ 593,370	\$ 31,230	19	\$ 518,840	\$ 27,307
EAC (CRU)	29	\$ 803,001	\$ 27,690	26	\$ 833,903	\$ 32,073
Community-based EAC	42	\$ 682,884	\$ 16,259	37	\$ 582,406	\$ 15,741
RTFA	26	\$ 431,720	\$ 16,605	28	\$ 467,840	\$ 16,709
Subtotal of above	1,024	\$ 8,723,584	\$ 8,519	996	\$ 8,726,135	\$ 8,761
Total MH services	16,216	\$ 21,534,735	\$ 1,328	16,452	\$ 22,275,434	\$ 1,354

This table summarizes utilization for four acute levels of care. Fluctuations from the first quarter of 2012 to the second 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	
	Q2 2012	% change from Q1 2012	Q1 2012	Q2 2012	Q1 2012	Q2 2012	Q1 2012	Q2 2012	Q1 2012	Q2 2012
Number of total admissions	1,245	-1%	24	22	11	14	13	14	20	18
Number people with at least one admission	1,027	0%	24	22	11	14	13	14	20	18
Admission rate	8.84	-1%	--	--	--	--	--	--	--	--
Average length of stay	13	-8%	125	93	90	67	160	141	73	78
% with follow-up in 7 days	72%	3%	92%	95%	82%	100%	92%	100%	95%	95%
% with readmission in 30 days	19%	6%								
% with readmission in 90 days	12%	-5%								

OMHSAS' gold standard for 7 day follow-up after inpatient hospitalization is 90%, and the gold standard for readmission rates within 30 days is 10%. A positive trend seen in the second quarter of 2012 is the increase in follow up within seven days for all of these various levels of care. Because the number of admissions to most of these services are very small in a given quarter, the numbers from Q1 2012 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 RTFA 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. Other fluctuations from the first quarter of 2012 to the second quarter of 2012 were not notable.

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

	Q2 2012			% Difference Q1 2012 - Q2 2012		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Maj Depression	4,736	\$ 3,971,494	\$ 839	-1%	-7%	-6%
Schizophrenia	3,282	\$ 8,414,402	\$ 2,564	1%	-6%	-6%
Bipolar D/O	3,102	\$ 3,067,391	\$ 989	-2%	-5%	-3%
Neurotic D/O	1,986	\$ 795,509	\$ 401	-1%	-2%	-1%
Depressive D/O	1,915	\$ 2,006,491	\$ 1,048	1%	11%	11%
Adjustment D/O	1,042	\$ 596,647	\$ 573	-3%	-6%	-4%
DX Deferred	882	\$ 509,630	\$ 578	5%	-5%	-10%
Subtotal of above	14,630	\$ 19,361,564	\$ 1,323	-1%	-4%	-3%
Total diagnoses for MH services	16,416	\$ 22,006,935	\$ 1,341	-1%	-3%	-2%

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 average service coordination units used per person. The decrease in DX deferred is heavily driven by the decrease in average crisis service units used per person. Overall, diagnostic categories were very similar to last quarter.

Table 13. Drug and alcohol services for adults

	Q2 2012			% Difference Q1 2012- Q2 2012		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
OP-D&A	2,860	\$ 1,166,609	\$ 408	-3%	-1%	2%
Meth Maint	1,810	\$ 1,840,560	\$ 1,017	0%	1%	1%
NH-Rehab	954	\$ 3,992,850	\$ 4,185	2%	3%	1%
IOP-D&A	578	\$ 534,042	\$ 924	-4%	-9%	-5%
NH-Detox	381	\$ 279,349	\$ 733	-6%	-7%	-1%
PHP-DA	264	\$ 385,868	\$ 1,462	-19%	-18%	0%
Halfway Hs	222	\$ 932,848	\$ 4,202	1%	-7%	-8%
IP-Detox	118	\$ 304,253	\$ 2,578	11%	20%	8%
IP-Rehab	10	\$ 43,680	\$ 4,368	11%	31%	18%
Subtotal of above	4,762	\$ 9,480,059	\$ 1,991	0%	0%	0%
Services	4,762	\$ 9,480,059	\$ 1,991	0%	0%	0%

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 decrease in cost for partial hospital DA services is driven by a decrease in average units of service used per person. Also, the increase in cost for inpatient detox and inpatient rehab services are due to increases in average units of service used per person and overall utilization. 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

	Q2 2012			% Difference Q1 2012 - Q2 2012		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Opioid	2,831	\$ 4,795,843	\$ 1,694	1%	3%	2%
Poly-substance dependence	771	\$ 1,721,180	\$ 2,232	0%	-3%	-3%
Alcohol Abuse/Dependence	749	\$ 1,267,833	\$ 1,693	-10%	-14%	-5%
Cocaine	483	\$ 996,745	\$ 2,064	1%	-1%	-3%
Cannabis	275	\$ 265,909	\$ 967	5%	18%	12%
Substance-Induced Disorders*	56	\$ 94,967	\$ 1,696	75%	59%	-9%
Subtotal of above	4,727	\$ 9,455,228	\$ 2,000	4%	4%	1%
All D&A diagnoses	4,765	\$ 9,490,559	\$ 1,992	2%	4%	2%

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

**Fifty-two of the people were diagnosed with nicotine withdrawal and four people were diagnosed with phencyclidine-induced mood disorder.*

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

	NH Rehab		Inpatient Detox		NH Detox		Halfway House	
	Q2 2012	% change from Q1 2012	Q2 2012	% change from Q1 2012	Q2 2012	% change from Q1 2012	Q2 2012	% change from Q1 2012
Number of total admissions	894	2%	153	12%	426	-5%	107	-19%
Number people with at least one admission	781	0%	126	7%	381	-5%	105	-20%
Admission rate	6.35	2%	1.09	12%	3.02	-5%	0.76	-19%
Average length of stay	25.0	-7%	4.7	-3%	3.3	-2%	68.4	-2%
% with follow-up in 7 days	47%	-6%	53%	-4%	73%	-6%	38%	50%
% with readmit in 30 days	9%	16%	14%	0%	9%	18%	1%	-90%
% with readmit in 90 days	9%	-7%	15%	-23%	13%	1%	2%	-13%

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. Non-hospital rehab and inpatient detox experienced increases in admissions while non-hospital detox and halfway house experienced decreases for the second quarter of 2012. The average length of stay decreased for all levels of care. OMHSAS' gold standard for follow-up services within 7 days after non-hospital rehabilitation is 90%. All levels of care, except for halfway house, experienced a decrease in follow up rates. However, non-hospital rehab, inpatient detox and halfway house had fewer readmissions between 30 and 90 days.