

Q3 2013 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

	Q3 2013	% Difference from Q2 2013
0-20 years	89,291	-0.1%
21+ years	77,649	-0.1%
Total Enrollment	166,940	-0.1%

Table 1 shows that the average monthly enrollment during Q3 2013 was similar to Q2 2013.

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

		Q3 2013			% Difference from Q2 2013 - Q3 2013		
		# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
00 - 20 years	D&A	574	\$ 1,612,184	\$ 2,809	-12%	-7%	6%
	MH	10,733	\$ 22,728,880	\$ 2,118	-7%	-10%	-3%
	Total	11,017	\$ 24,341,064	\$ 2,209	-7%	-10%	-3%
21-54 years	D&A	606	\$ 937,366	\$ 1,547	-2%	-1%	1%
	MH	3,679	\$ 4,320,654	\$ 1,174	1%	-4%	-5%
	Total	3,989	\$ 5,258,020	\$ 1,318	0%	-4%	-4%
55 years and older	D&A	4,215	\$ 8,729,432	\$ 2,071	-2%	3%	5%
	MH	12,803	\$ 18,944,543	\$ 1,480	-1%	3%	4%
	Total	14,799	\$ 27,673,975	\$ 1,870	-1%	3%	4%
Total	D&A	5,395	\$ 11,278,981	\$ 6,427	-3%	1%	5%
	MH	27,215	\$ 45,994,077	\$ 4,772	-3%	-4%	-1%
	Total	29,805	\$ 57,273,058	\$ 5,398	-3%	-3%	-1%

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, Q3 2013 data was similar to Q2 2013. The decrease in paid claims seen for 0-20 year olds is driven by the decrease in number of people and units used for BHRS and partial hospitalization. Detailed 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)**

	Q3 2013			% Difference from Q2 2013 - Q3 2013		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Outpatient MH	5,637	\$ 1,720,077	\$ 305	-14%	-27%	-16%
BHRS	4,068	\$ 9,606,133	\$ 2,361	-5%	-7%	-1%
Med Check	2,908	\$ 370,041	\$ 127	3%	3%	0%
Serv Coord	1,362	\$ 1,074,603	\$ 789	0%	6%	6%
Partial hospitalization MH	549	\$ 1,168,940	\$ 2,129	-12%	-41%	-33%
Family Based	447	\$ 2,471,958	\$ 5,530	4%	1%	-3%
Crisis	410	\$ 221,942	\$ 541	-23%	-20%	3%
Inpatient MH	232	\$ 1,857,678	\$ 8,007	-20%	-24%	-6%
RTF	154	\$ 3,056,884	\$ 19,850	-1%	9%	10%
Family Focused, Solution-Based	104	\$ 396,580	\$ 3,813	2%	7%	5%
Subtotal of above*	10,688	\$ 21,944,835	\$ 2,053	-7%	-10%	-3%
Total MH Services	10,733	\$ 22,728,880	\$ 2,118	-7%	-10%	-3%

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 third quarter of 2013 was similar to the second quarter of 2013. The decrease in paid claims seen in outpatient and partial is driven by fewer people using these services and the decrease in average units used per person. Some 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. Crisis services decrease in cost was primarily due to a decrease in number of people using this service. The decrease in paid claims seen in inpatient MH is due to the decrease in the number of people using this service and average service units used per person. The increase in average cost seen in RTF was driven by an increase in average service units used per person.

* This subtotal only includes the items listed in the table and is not inclusive of all possible items.

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

	Q3 2013			% Difference from Q2 2013 - Q3 2013		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
ADHD	3,643	\$ 4,643,890	\$ 1,275	-7%	-15%	-9%
Autism spectrum	2,201	\$ 5,956,630	\$ 2,706	-3%	-3%	0%
Adjustment D/O	1,947	\$ 1,865,347	\$ 958	-12%	-4%	9%
Maj Depression	1,079	\$ 2,753,262	\$ 2,552	-7%	-14%	-7%
Conduct D/O	937	\$ 2,077,915	\$ 2,218	-4%	-7%	-3%
Oppositional/defiant D/O	845	\$ 1,708,958	\$ 2,022	-6%	-8%	-3%
Neurotic D/O	845	\$ 820,873	\$ 971	-4%	-4%	0%
Depressive D/O	569	\$ 844,380	\$ 1,484	-15%	-24%	-11%
Bipolar D/O	359	\$ 1,116,175	\$ 3,109	-6%	-18%	-13%
DX Deferred	339	\$ 186,855	\$ 551	-22%	-12%	14%
Subtotal of above*	10,583	\$ 21,974,286	\$ 2,076	-7%	-10%	-3%
Total MH Diagnosis	10,733	\$ 22,728,880	\$ 2,118	-7%	-10%	-3%

This table shows the top 10 most frequently used mental health diagnostic categories for children and adolescents (under 21 years). The decrease in cost for people with ADHD was driven by the decrease in average units of outpatient MH and partial hospitalization used per person. Fewer people with adjustment disorder used outpatient MH services in the third quarter of 2013 compared to the second quarter. The decrease in cost for people with major depression was primarily from fewer people using inpatient MH and partial hospitalization services. The decreases seen for people with depressive disorder were driven from fewer people using inpatient MH services. The decrease in cost for people with bipolar disorder was heavily driven by the decrease in average RTF service units. Also, the decrease in total cost for people with DX Deferred was driven by fewer people using crisis services; however, the increase in average cost is driven by the increase in average units of walk-in crisis service used per person.

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

	Inpatient MH		RTF	
	Q2 2013	Q3 2013	Q2 2013	Q3 2013
Number of total admissions	351	273	68	55
Number people with at least one admission	300	240	64	53
Admission rate	2.5	1.9	0.5	0.4
Average length of stay	13.1	12.1	183	237
% with follow-up in 7 days	75%	71%	71%	57%
% with readmit in 30 days	14%	12%	2%	0%
% with readmit in 31-90 days	9%	11%	5%	3%

This table shows admissions data, rates of follow-up appointments, and readmission rates for inpatient MH and RTF. In the third quarter of 2013, IPMH had decreases in admissions and RTF had a decrease in the percentage of youth receiving follow up services after discharge. 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)

	Q2 2013			Q3 2013		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
OP-D&A	512	\$ 232,652	\$ 454	446	\$ 221,450	\$ 497
NH-Rehab	121	\$ 1,250,284	\$ 10,333	122	\$ 1,195,383	\$ 9,798
IOP-D&A	52	\$ 49,614	\$ 954	39	\$ 40,891	\$ 1,048
PHP-DA	24	\$ 18,175	\$ 757	21	\$ 22,920	\$ 1,091
Halfway Hs	21	\$ 160,306	\$ 7,634	17	\$ 113,069	\$ 6,651
NH-Detox	18	\$ 15,764	\$ 876	17	\$ 11,444	\$ 673
Meth Maint	6	\$ 5,493	\$ 915	9	\$ 7,028	\$ 781
Total D&A Services	652	\$ 1,732,288	\$ 2,657	574	\$ 1,612,184	\$ 2,809

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 second quarter of 2013. Outpatient services continued to be the most used service for the third quarter of 2013; it accounts for about 78% of youth who used drug and alcohol services. NH rehab accounted for about 74% 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)**

	Q2 2013			Q3 2013		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Cannabis	369	\$ 1,262,271	\$ 3,421	339	\$ 1,178,053	\$ 3,475
Opioid	60	\$ 170,033	\$ 2,834	65	\$ 204,924	\$ 3,153
Alcohol	40	\$ 142,043	\$ 3,551	40	\$ 115,444	\$ 2,886
Polysubstance Dependence	21	\$ 93,358	\$ 4,446	24	\$ 62,966	\$ 2,624
Substance Induced Disorder	1	\$ 72	\$ 72	3	\$ 3,288	\$ 1,096
PCP	0	\$ -	\$ -	3	\$ 974	\$ 325
Cocaine	7	\$ 13,570	\$ 1,939	2	\$ 7,105	\$ 3,552
Sedative, Hypnotic or Anxiolytic Disorder	2	\$ 8,662	\$ 4,331	1	\$ 7,538	\$ 7,538
Inhalants	1	\$ 713	\$ 713	1	\$ 2,029	\$ 2,029
Hallucinogen-Related Disorder	1	\$ 756	\$ 756	1	\$ 90	\$ 90
Amphetamine Dependence	0	\$ -	\$ -	1	\$ 659	\$ 659
Total D&A Diagnosis	652	\$ 1,732,288	\$ 2,657	574	\$ 1,612,184	\$ 2,809

This table shows the most frequently used drug and alcohol diagnostic categories. Most diagnostic categories showed typical quarterly fluctuations. Cannabis dependence/abuse continued to be the most common diagnosis, accounting for 59% of people, and highest cost, accounting for 73% 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

	Q2 2013	Q3 2013
Number of total admissions	93	74
Number people with at least one admission	88	68
Admission rate	0.65	0.52
Average length of stay	61	56
% with follow-up in 7 days	27%	26%
% with readmission in 30 days	7%	6%
% with readmission in 90 days	11%	10%

This table shows admissions data, rates of follow-up appointments, and readmission rates for non-hospital rehabilitation for adolescents. Admissions and average length of stay decreased in the third quarter of 2013. OMHSAS' gold standard for follow-up services within 7 days after non-hospital rehabilitation is 90%. 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)

	Q3 2013			% Difference Q2 2013 - Q3 2013		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
OP-MH	10,897	\$ 3,505,161	\$ 322	-1%	1%	3%
Med Check	7,338	\$ 1,009,506	\$ 138	-1%	-3%	-2%
Serv Coord	3,074	\$ 2,977,666	\$ 969	0%	9%	9%
Crisis	1,179	\$ 1,068,050	\$ 906	5%	37%	30%
CTT	624	\$ 3,523,749	\$ 5,647	-2%	-9%	-8%
Psych-Rehab	228	\$ 275,922	\$ 1,210	6%	4%	-1%
Forensic Support	265	\$ 163,178	\$ 616	3%	2%	-1%
PHP-MH	190	\$ 300,555	\$ 1,582	-10%	3%	14%
Mobile MH	164	\$ 150,342	\$ 917	8%	22%	13%
Respite/DAS	153	\$ 807,311	\$ 5,277	6%	6%	0%
Subtotal of above*	16,170	\$ 13,781,439	\$ 852	-1%	2%	3%
Total MH Services	16,437	\$ 23,265,197	\$ 1,415	0%	2%	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 third quarter of 2013 was similar to the second quarter of 2013. The increase in average cost seen in partial (PHP-MH) was driven by an increase in average service units used per person. The increase in total costs associated with mobile MH was driven by an increase in average service units used per person. The increase in costs associated with crisis was driven by an increase in average units used per person, especially walk-in services.

* This subtotal only includes the items listed in the table and is not inclusive of all possible items.

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

	Q2 2013			Q3 2013		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
IP-MH	908	\$ 6,055,083	\$ 6,669	927	\$ 6,354,359	\$ 6,855
EAC (CRU)	25	\$ 682,948	\$ 27,318	20	\$ 538,906	\$ 26,945
IPMH EAC (TRU)	21	\$ 669,096	\$ 31,862	20	\$ 617,664	\$ 30,883
Community-based EAC	36	\$ 608,657	\$ 16,907	35	\$ 620,270	\$ 17,722
RTFA	21	\$ 307,020	\$ 14,620	20	\$ 251,120	\$ 12,556
Subtotal of above*	979	\$ 8,540,626	\$ 8,724	997	\$ 8,574,830	\$ 8,601
Total MH services	16,518	\$ 22,889,064	\$ 1,386	16,437	\$ 23,265,197	\$ 1,415

This table summarizes utilization for four acute levels of care. Fluctuations from the second quarter of 2013 to the third quarter of 2013 were not notable.

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

	IPMH		IPMH EAC (TRU)		EAC (CRU)		Community-based EAC		RTFA	
	Q3 2013	% change from Q2 2013	Q2 2013	Q3 2013	Q2 2013	Q3 2013	Q2 2013	Q3 2013	Q2 2013	Q3 2013
Number of total admissions	1,278	5%	20	20	17	11	9	13	23	19
Number people with at least one admission	1,024	3%	20	20	17	11	9	13	23	19
Admission rate	8.94	5%	--	--	--	--	--	--	--	--
Average length of stay	12	-7%	114	154	85	59	126	153	59	61
% with follow-up in 7 days	74%	2%	71%	100%	82%	100%	100%	92%	95%	91%
% with readmission in 30 days	21%	6%								
% with readmission in 90 days	13%	6%								

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%. In the third quarter of 2013, there was a decrease in total number of admissions for CRU and RTFA. The average length of stay decreased for IPMH and CRU. Also, there was a increase in follow up for IPMH, TRU and CRU. Because the number of admissions to most of these services were very small in a given quarter, the numbers from Q2 2013, with the exception of IPMH, were provided as a comparison point instead of calculating a percent change. Admission rates per 1,000 enrollees were so small given the limited capacity at several programs that they were not reported. People are not readmitted directly to extended acute or RTF-A programs, as all referrals originate from inpatient units, so readmissions were not reported for these services. Because only HealthChoices services are included as follow-up services, eligibility may affect these rates. Other fluctuations from the second quarter of 2013 to the third quarter of 2013 were not notable.

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

	Q3 2013			% Difference Q2 2013 - Q3 2013		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Maj Depression	4,551	\$ 4,811,213	\$ 1,057	-1%	13%	13%
Schizophrenia	3,138	\$ 8,343,987	\$ 2,659	-2%	-2%	0%
Bipolar D/O	3,021	\$ 3,214,973	\$ 1,064	-1%	-6%	-5%
Neurotic D/O	2,087	\$ 860,106	\$ 412	5%	-1%	-5%
Depressive D/O	1,835	\$ 1,802,065	\$ 982	-1%	-2%	-1%
Adjustment D/O	1,101	\$ 633,232	\$ 575	-3%	-6%	-3%
DX Deferred	1,023	\$ 738,789	\$ 722	4%	45%	39%
Subtotal of above*	14,375	\$ 20,404,365	\$ 1,419	-1%	1%	2%
Total Diagnoses for MH Services	16,437	\$ 23,265,197	\$ 1,415	0%	2%	2%

This table shows the most frequently used mental health diagnostic categories for adults (21 years and older). The increase in costs for people with major depression was driven by more people using inpatient MH services. The increase in cost for people with DX deferred was related to the increase in average crisis service units used per person, especially walk-in services. Overall, diagnostic categories were very similar to last quarter.

* This subtotal only includes the items listed in the table and is not inclusive of all possible items.

Table 13. Drug and alcohol services for adults

	Q3 2013			% Difference Q2 2013 - Q3 2013		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
OP-D&A	3,049	\$ 1,240,410	\$ 407	-2%	1%	2%
Meth Maint	1,809	\$ 1,855,853	\$ 1,026	0%	1%	1%
NH-Rehab	899	\$ 4,162,656	\$ 4,630	6%	3%	-2%
IOP-D&A	552	\$ 507,150	\$ 919	-8%	-9%	-1%
NH-Detox	434	\$ 399,334	\$ 920	19%	24%	4%
PHP-DA	212	\$ 324,720	\$ 1,532	-13%	-8%	6%
Halfway Hs	173	\$ 768,607	\$ 4,443	9%	10%	0%
IP-Detox	118	\$ 308,736	\$ 2,616	-11%	5%	19%
IP-Rehab	16	\$ 99,332	\$ 6,208	78%	70%	-4%
Total D&A Services	4,812	\$ 9,666,797	\$ 2,009	-2%	3%	5%

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 non-hospital detox and inpatient rehab is driven by more people using these services and an increase in average service units used per person. The increase in cost for halfway house services were driven by more people using this service. The increase in average cost for inpatient detox was related to the increase in average service units used per person. Note that the number of service users from certain services during a quarter were low, so percent changes may be large while the changes in absolute numbers were small.

Table 14. Drug and alcohol diagnoses for adults

	Q3 2013			% Difference Q2 2013 - Q3 2013		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Opioid	3,017	\$ 5,109,467	\$ 1,694	0%	0%	0%
Poly-substance dependence	698	\$ 1,548,165	\$ 2,218	2%	6%	3%
Alcohol Abuse/Dependence	692	\$ 1,448,276	\$ 2,093	-4%	5%	9%
Cocaine	380	\$ 897,662	\$ 2,362	-4%	10%	15%
Cannabis	207	\$ 193,759	\$ 936	-6%	9%	16%
Substance-Induced Disorders ^o	67	\$ 74,801	\$ 1,116	8%	-20%	-26%
Subtotal of above*	4,627	\$ 9,272,131	\$ 2,004	-1%	3%	4%
All D&A diagnoses	4,654	\$ 9,589,010	\$ 2,060	-1%	3%	5%

This table shows the most frequently used drug and alcohol diagnoses for adults (21 years and older). Overall, patterns were similar to the previous quarter. The increase in paid claims for cocaine dependence was due to the increase in outpatient service units used per person. The decrease in cost for people who were diagnosed with substance-induced disorder was driven by fewer people using inpatient detox services. The increase in cost for people with cannabis dependence/abuse is driven by the increase of halfway house service units used per person.

^o Sixty-six of the people were diagnosed with amphetamine withdrawal and one person was diagnosed with amphetamine-induced mood disorder.

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

	NH Rehab		Inpatient Detox		NH Detox		Halfway House	
	Q3 2013	% change from Q2 2013	Q3 2013	% change from Q2 2013	Q3 2013	% change from Q2 2013	Q3 2013	% change from Q2 2013
Number of total admissions	841	8%	148	-10%	500	23%	106	-1%
Number people with at least one admission	719	5%	125	-15%	435	18%	104	1%
Admission rate	5.88	8%	1.03	-10%	3.50	23%	0.74	-1%
Average length of stay	26.4	-4%	4.3	16%	3.7	6%	63.8	-14%
% with follow-up in 7 days	48%	-9%	61%	20%	70%	-4%	38%	4%
% with readmit in 30 days	7%	-9%	15%	52%	9%	21%	2%	-67%
% with readmit in 90 days	9%	-11%	11%	-37%	15%	21%	4%	64%

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. Inpatient detox and halfway house experienced a decrease in total admissions for the third quarter of 2013. Also, the average length of stay decreased for non-hospital rehab and halfway house. OMHSAS' gold standard for follow-up services within 7 days after non-hospital rehabilitation is 90%. Non-hospital rehab and non-hospital detox experienced increases in follow-up rates.