

Q3 2014 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 2014	% Difference from Q2 2014
0-20 years	89,246	0.7%
21+ years	77,334	-1.4%
Total Enrollment	166,580	-0.3%

Table 1 shows that the average monthly enrollment during Q3 2014 was similar to Q2 2014.

Table 2. Paid claims by age for mental health (MH) and substance use disorder (SUD) services

		Q3 2014			% Difference from Q1 2014 - Q2 2014		
		# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
00 - 20 years	SUD	491	\$ 1,743,498	\$ 3,551	0%	8%	8%
	MH	10,863	\$ 21,877,010	\$ 2,014	-7%	-11%	-5%
	Total	11,146	\$ 23,620,508	\$ 2,119	-7%	-10%	-3%
21-54 years	SUD	4,120	\$ 9,271,313	\$ 2,250	-2%	-1%	2%
	MH	12,727	\$ 17,721,999	\$ 1,392	-1%	-4%	-3%
	Total	14,920	\$ 26,993,313	\$ 1,809	-1%	-3%	-2%
55 years and older	SUD	681	\$ 1,056,049	\$ 1,551	2%	-6%	-8%
	MH	4,012	\$ 4,694,215	\$ 1,170	2%	-6%	-8%
	Total	4,379	\$ 5,750,264	\$ 1,313	2%	-6%	-8%
Total	SUD	5,292	\$ 12,070,861	\$ 7,352	-2%	0%	3%
	MH	27,602	\$ 44,293,224	\$ 4,576	-3%	-8%	-5%
	Total	30,445	\$ 56,364,085	\$ 5,242	-3%	-7%	-4%

Services can be categorized as either mental health or substance use disorder services. Table 2 shows the breakdown of the number of service users, paid claims, and average cost per service user for substance use disorder services, mental health services, and in total. For the most part, Q3 2014 data was similar to Q2 2014. Further analysis shows the decrease in paid claims for 0-20 year old people is due to less youth utilizing mental health services. Detailed differences are explored further in the age-specific tables.

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

	Q3 2014			% Difference from Q2 2014 - Q3 2014		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Outpatient MH	5,576	\$ 1,746,027	\$ 313	-10%	-18%	-9%
Medication Check	4,079	\$ 669,832	\$ 164	2%	6%	4%
BHRS	3,803	\$ 8,338,358	\$ 2,193	-6%	-7%	-2%
Service Coordination	1,402	\$ 1,176,094	\$ 839	1%	-1%	-2%
Family Based	451	\$ 2,538,078	\$ 5,628	2%	2%	0%
Partial Hospitalization MH	429	\$ 946,671	\$ 2,207	-31%	-49%	-25%
Crisis	381	\$ 204,416	\$ 537	-29%	-18%	16%
Inpatient MH	239	\$ 2,108,278	\$ 8,821	-16%	-19%	-4%
RTF	147	\$ 2,884,637	\$ 19,623	-10%	-10%	0%
Family Focused, Solution Based	115	\$ 390,936	\$ 3,399	-3%	1%	5%
Subtotal of above*	10,812	\$ 21,003,326	\$ 1,943	-7%	-12%	-5%
Total MH Services	10,863	\$ 21,877,010	\$ 2,014	-7%	-11%	-5%

This table illustrates the top 10 most frequently used mental health service categories used by youth (under 21 years). For most services, utilization during the third quarter of 2014 was similar to the second quarter of 2014. 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 youth 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. The decrease in total paid claims for crisis is heavily due to less people utilizing the service; however, the increase in average cost is due to an increase in mobile crisis service units. The decrease in paid claims seen in inpatient MH and RTF is driven by fewer people using these services.

* 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 youth
(ranked by number of service users)**

	Q3 2014			% Difference from Q2 2014 - Q3 2014		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
ADHD	3,772	\$ 4,267,722	\$ 1,131	-7%	-14%	-8%
Autism Spectrum	2,191	\$ 5,406,129	\$ 2,467	-1%	-5%	-4%
Adjustment D/O	1,935	\$ 1,900,509	\$ 982	-12%	-15%	-3%
Major Depression	1,174	\$ 3,407,002	\$ 2,902	-8%	-17%	-10%
Conduct D/O	969	\$ 2,131,568	\$ 2,200	-4%	7%	12%
Neurotic D/O	927	\$ 819,790	\$ 884	-6%	-14%	-8%
Oppositional/Defiant D/O	800	\$ 1,437,273	\$ 1,797	-7%	-16%	-9%
Depressive D/O	616	\$ 903,964	\$ 1,467	-12%	-23%	-12%
Bipolar D/O	326	\$ 929,312	\$ 2,851	-2%	-8%	-6%
DX Deferred	319	\$ 166,097	\$ 521	-28%	-21%	10%
Subtotal (included)	10,712	\$ 21,369,365	\$ 1,995	-7%	-11%	-4%
Diagnosis	10,863	\$ 21,877,010	\$ 2,014	-7%	-11%	-5%

This table displays the top 10 most frequently used mental health diagnostic categories for youth (under 21 years). The decrease in paid claims for people with ADHD, major depression, neurotic disorder and oppositional defiant disorder was driven by fewer people using partial hospitalization services and a decrease in average partial hospitalization service units used per person. The decrease in paid claims for people with adjustment disorder was heavily driven by fewer people using outpatient MH services. The decrease in paid claims for people with depressive disorder was driven by fewer people using RTF and inpatient MH services. The decrease in paid claims for people with DX deferred is driven by less people using crisis services, especially mobile.

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Table 5. Utilization and quality measures for IPMH and RTF for youth

	Inpatient MH		RTF	
	Q2 2014	Q3 2014	Q2 2014	Q3 2014
Number of total admissions	345	282	65	47
Number people with at least one admission	294	246	65	46
Admission rate	2.4	2.0	0.5	0.3
Average length of stay	13	13	261	200
% with follow-up in 7 days	70%	70%	74%	57%
% with readmit in 30 days	14%	14%	0%	2%
% with readmit in 31-90 days	6%	11%	2%	5%

This table shows admissions data, rates of follow-up appointments, and readmission rates for inpatient mental health and RTF. Compared to the second quarter of 2014, inpatient mental health and RTF experienced a decrease in admissions and number of people using these services. Inpatient mental health experienced an increase in readmissions within 90 days. Also, the average length of stay decreased for RTF in the third quarter of 2014. This information is 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. Substance use disorder services for youth (ranked by number of service users)

	Q2 2014			Q3 2014		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Outpatient SUD	349	\$ 189,904	\$ 544	360	\$ 210,316	\$ 584
Non-Hospitalization Rehab	121	\$ 1,204,503	\$ 9,955	129	\$ 1,358,435	\$ 10,531
Intensive Outpatient SUD	40	\$ 39,221	\$ 981	42	\$ 30,782	\$ 733
Partial Hospitalization SUD	24	\$ 16,686	\$ 695	20	\$ 14,195	\$ 710
Halfway House	18	\$ 135,992	\$ 7,555	18	\$ 105,463	\$ 5,859
Non-Hospitalization Detox	15	\$ 13,825	\$ 922	17	\$ 13,510	\$ 795
Methadone Maintenance	9	\$ 7,535	\$ 837	9	\$ 6,693	\$ 744
Total D&A Services	492	\$ 1,610,766	\$ 3,274	491	\$ 1,743,498	\$ 3,551

This table illustrates utilization for different substance use disorder services for youth (less than 21 years). Overall, service utilization did not have much fluctuation from the second quarter of 2014. Outpatient services continued to be the most used service for the third quarter of 2014; it accounts for about 73% of youth who used drug and alcohol services. Non-hospital rehabilitation accounted for about 78% 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. Substance use disorder diagnoses for youth
(ranked by number of service users)**

	Q2 2014			Q3 2014		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Cannabis	395	\$ 1,263,020	\$ 3,198	370	\$ 1,367,971	\$ 3,697
Opioid	60	\$ 162,838	\$ 2,714	63	\$ 157,256	\$ 2,496
Alcohol	23	\$ 61,041	\$ 2,654	27	\$ 82,833	\$ 3,068
Polysubstance Dependence	24	\$ 100,934	\$ 4,206	26	\$ 79,854	\$ 3,071
PCP	1	\$ 75	\$ 75	3	\$ 4,674	\$ 1,558
Cocaine	0	\$ -	/0	3	\$ 8,013	\$ 2,671
Inhalants	0	\$ -	/0	3	\$ 3,521	\$ 1,174
Amphetamine Dependence	3	\$ 3,997	\$ 1,332	2	\$ 1,195	\$ 598
Sedative, Hypnotic or Anxiolytic Disorder	0	\$ -	/0	1	\$ 10,039	\$ 10,039
Hallucinogen-Related Disorder	3	\$ 18,352	\$ 6,117	1	\$ 7,683	\$ 7,683
Substance Induced Disorder	1	\$ 110	\$ 110	0	\$ -	/0
Total D&A Diagnosis	492	\$ 1,610,766	\$ 3,274	491	\$ 1,743,498	\$ 3,551

This table shows the most frequently used substance use disorder diagnostic categories. Most diagnostic categories showed typical quarterly fluctuations. Cannabis dependence/abuse continued to be the most common diagnosis, accounting for 75% of people, and highest cost, accounting for 78% 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 youth

	Q2 2014	Q3 2014
Number of total admissions	87	85
Number people with at least one admission	79	78
Admission rate	0.6	0.6
Average length of stay	60	64
% with follow-up in 7 days	33%	38%
% with readmission in 30 days	13%	9%
% with readmission in 90 days	8%	5%

This table shows admissions data, rates of follow-up appointments, and readmission rates for non-hospital rehabilitation for youth. The average length of stay increased slightly in the third quarter of 2014 compared to the second quarter of 2014. Total admissions showed a minor decrease from the second quarter of 2014. OMHSAS' gold standard for follow up services within 7 days after non-hospital rehabilitation is 90%. In the second quarter of 2014, there was a 5% increase in 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)

	Q3 2014			% Difference Q2 2014 - Q3 2014		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Outpatient MH	10,110	\$ 2,996,102	\$ 296	0%	0%	1%
Med Check	9,819	\$ 1,315,204	\$ 134	-1%	-3%	-2%
Service Coordination	3,238	\$ 3,615,775	\$ 1,117	-1%	0%	1%
Crisis	1,101	\$ 688,443	\$ 625	1%	-20%	-21%
CTT	637	\$ 3,211,398	\$ 5,041	-2%	-7%	-5%
Forensic Support	276	\$ 180,710	\$ 655	2%	-5%	-7%
Psych Rehab	203	\$ 315,312	\$ 1,553	-9%	-3%	7%
Mobile MH	184	\$ 197,791	\$ 1,075	10%	10%	0%
Partial Hospitalization MH	158	\$ 227,484	\$ 1,440	-7%	-2%	6%
Peer Support	155	\$ 117,390	\$ 757	12%	-11%	-20%
Subtotal of above*	16,406	\$ 12,865,609	\$ 784	0%	-3%	-3%
Total MH Services	16,664	\$ 22,416,215	\$ 1,345	-1%	-5%	-4%

This table displays 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 2014 was similar to the second quarter of 2014. The decrease in paid claims associated with crisis was driven by a decrease in average service units used per person, especially walk-in services. The increase in paid claims associated with mobile MH was driven by more people using the service. The decrease in peer support paid claims is due to a decrease in average service units used per person. In Q3 2013, there was a programmatic HealthChoices funding shift in peer support services. This may explain the increase in service utilization.

* 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 2014			Q3 2014		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
IP-MH	851	\$ 5,877,001	\$ 6,906	827	\$ 5,467,240	\$ 6,611
EAC (CRU)	33	\$ 1,304,356	\$ 39,526	32	\$ 1,205,194	\$ 37,662
IPMH EAC (TRU)	20	\$ 640,091	\$ 32,005	16	\$ 531,451	\$ 33,216
Community-based EAC	35	\$ 620,306	\$ 17,723	30	\$ 573,540	\$ 19,118
RTFA	29	\$ 575,856	\$ 19,857	27	\$ 455,456	\$ 16,869
Subtotal of above*	926	\$ 9,174,500	\$ 9,908	898	\$ 8,387,581	\$ 9,340
Total MH services	16,759	\$ 23,566,342	\$ 1,406	16,664	\$ 22,416,215	\$ 1,345

This table summarizes utilization for four acute levels of care. The decrease in overall cost was driven by the decrease in utilization of these services. Other fluctuations from the second quarter of 2014 to the third quarter of 2014 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 2014	% change from Q2 2014	Q2 2014	Q3 2014	Q2 2014	Q3 2014	Q2 2014	Q3 2014	Q2 2014	Q3 2014
Number of total admissions	1,208	5%	28	29	15	11	11	7	18	20
Number people with at least one admission	971	1%	28	29	15	11	11	7	18	20
Admission rate	8.4	5%	--	--	--	--	--	--	--	--
Average length of stay	12	-8%	141	109	60	42	154	159	82	69
% with follow-up in 7 days	76%	-1%	91%	97%	100%	88%	100%	100%	100%	95%
% with readmission in 30 days	21%	20%								
% with readmission in 90 days	12%	-16%								

OMHSAS' gold standard for 7 day follow-up after inpatient hospitalization (IPMH) is 90%, and the gold standard for readmission rates within 30 days is 10%. The average length of stay all levels of care, except community-based EAC. Also, there was a decrease in readmission for IPMH within 90 days, but an increase within 30 days. Because the number of admissions to most of these services were very small in a given quarter, the numbers from Q2 2014, 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 RTFA 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 2014 to the third quarter of 2014 were not notable.

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

	Q3 2014			% Difference Q2 2014 - Q3 2014		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Major Depression	4,853	\$ 4,367,670	\$ 900	2%	-6%	-8%
Schizophrenia	3,198	\$ 8,396,036	\$ 2,625	-1%	-11%	-10%
Bipolar D/O	3,060	\$ 3,192,322	\$ 1,043	0%	-6%	-5%
Neurotic D/O	2,174	\$ 881,384	\$ 405	-2%	-5%	-3%
Depressive D/O	1,837	\$ 1,864,425	\$ 1,015	-2%	7%	10%
Adjustment D/O	1,163	\$ 639,254	\$ 550	-4%	-2%	2%
DX Deferred	963	\$ 485,278	\$ 504	-1%	-14%	-14%
Subtotal of above*	14,800	\$ 19,826,367	\$ 1,340	-1%	-7%	-6%
Total Diagnoses for MH Services	16,664	\$ 22,416,215	\$ 1,345	-1%	-5%	-4%

This table summarizes the most frequently used mental health diagnostic categories for adults (21 years and older). The decrease in paid claims for people with schizophrenia is related to less people using inpatient mental health services. The increase in average paid claims for people with depressive disorder is due more people using inpatient mental health services. The decrease in paid claims for people with DX Deferred is due to a decrease in average walk-in crisis service units used per person. 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. Substance use disorder services for adults

	Q3 2014			% Difference Q2 2014 - Q3 2014		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Outpatient SUD	2,874	\$ 1,064,245	\$ 370	-1%	-2%	-1%
Methadone Maintenance	1,812	\$ 1,784,509	\$ 985	-1%	-5%	-4%
Non-Hospitalization Rehab	941	\$ 4,769,384	\$ 5,068	-1%	1%	2%
Intensive Outpatient SUD	584	\$ 615,515	\$ 1,054	-8%	-3%	6%
Non-Hospitalization Detox	443	\$ 396,135	\$ 894	-13%	-13%	0%
Med Check SUD	364	\$ 231,960	\$ 637	-1%	3%	3%
Partial Hospitalization SUD	206	\$ 275,585	\$ 1,338	-20%	-21%	-1%
Halfway House	160	\$ 850,230	\$ 5,314	-4%	10%	15%
Inpatient Detox	104	\$ 311,018	\$ 2,991	-5%	5%	10%
Inpatient Rehab	5	\$ 28,780	\$ 5,756	-38%	-28%	15%
Total D&A Services	4,784	\$ 10,327,363	\$ 2,159	-2%	-1%	1%

This table illustrates utilization for different substance use disorder services for adults (21 years and older). Overall, utilization this quarter was similar to last quarter. The decrease in paid claims for people using non-hospitalization detox and partial hospitalization is driven by less people using the services. The increase in paid claims for people using halfway house and inpatient detox is driven by an increase in average service units used per person. The decrease in total paid claims for inpatient rehab was driven by less people using the service; however, the increase in average paid claims was due to an 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. Substance use disorder diagnoses for adults

	Q2 2014			% Difference Q1 2014 - Q2 2014		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Opioid	3,217	\$ 6,239,415	\$ 1,940	0%	5%	5%
Alcohol Abuse/Dependence	747	\$ 1,532,122	\$ 2,051	1%	1%	1%
Poly-substance dependence	549	\$ 1,174,244	\$ 2,139	-14%	-26%	-14%
Cocaine	346	\$ 682,686	\$ 1,973	-3%	-5%	-2%
Cannabis	217	\$ 221,595	\$ 1,021	-2%	12%	14%
Substance-Induced Disorders ^o	64	\$ 108,514	\$ 1,696	-19%	-8%	14%
Subtotal of above*	4,720	\$ 9,958,576	\$ 2,110	-2%	-1%	1%
All D&A diagnosis	4,749	\$ 10,288,263	\$ 2,166	-2%	-1%	1%

This table summarizes the most frequently used substance use disorder diagnoses for adults (21 years and older). Overall, patterns were similar to the previous quarter. The decrease in paid claims for poly-substance dependence was driven by fewer people using non-hospital rehabilitation. The increase in paid claims for people with cannabis dependence/abuse and substance-induced disorder is driven by an increase in average non-hospital rehabilitation service units used per person.

^o Sixty-three of the people were diagnosed with amphetamine withdrawal and one person was diagnosed with substance-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 2014	% change from Q2 2014	Q3 2014	% change from Q2 2014	Q3 2014	% change from Q2 2014	Q3 2014	% change from Q2 2014
Number of total admissions	882	0%	123	-10%	497	-9%	83	-14%
Number people with at least one admission	761	-2%	113	-9%	439	-13%	83	-14%
Admission rate	6.10	0%	0.85	-10%	3.44	-9%	0.57	-14%
Average length of stay	26.0	-5%	4.5	3%	3.5	-5%	79.2	12%
% with follow-up in 7 days	47%	-2%	57%	-12%	74%	2%	28%	-10%
% with readmit in 30 days	9%	5%	7%	-11%	8%	82%	1%	-39%
% with readmit in 90 days	9%	2%	7%	-41%	17%	19%	1%	21%

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, non-hospital detox and halfway house experienced a decrease in total admissions for the third quarter of 2014. Also, the average length of stay increased for inpatient detox and halfway house. OMHSAS' gold standard for follow-up services within 7 days after non-hospital rehabilitation is 90%.