

Q2 2015 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 youth (0-20 years); and Tables 9 to 15 summarize service use and admissions for adults.

Table 1. Average monthly enrollment by age

	Q2 2015	% Difference from Q1 2015
0-20 years	92,604	1.8%
21+ years	83,916	13.4%
Total Enrollment	176,520	7.0%

Table 1 shows that the average monthly enrollment had an increase in Q2 2015 compared to Q1 2015. The Pennsylvania Department of Human Services (DHS) transitioned from the Healthy PA program implemented in late 2014 to a traditional Medicaid expansion model in February 2015, providing additional individuals with Medicaid healthcare eligibility.

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

		Q2 2015			% Difference from Q1 2015 - Q2 2015		
		# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
00 - 20 years	SUD	505	\$ 1,937,995	\$ 3,838	0%	-2%	-2%
	MH	11,767	\$ 23,533,350	\$ 2,000	1%	4%	3%
	Total	12,064	\$ 25,471,345	\$ 2,111	1%	3%	3%
21-54 years	SUD	4,590	\$ 9,402,042	\$ 2,048	15%	12%	-2%
	MH	13,364	\$ 18,707,610	\$ 1,400	8%	7%	-1%
	Total	15,858	\$ 28,109,652	\$ 1,773	9%	8%	-1%
55 years and older	SUD	699	\$ 1,100,354	\$ 1,574	6%	15%	9%
	MH	4,198	\$ 4,911,764	\$ 1,170	5%	0%	-6%
	Total	4,590	\$ 6,012,118	\$ 1,310	6%	2%	-4%
Total	SUD	5,794	\$ 12,440,391	\$ 7,460	12%	10%	0%
	MH	29,329	\$ 47,152,724	\$ 4,570	5%	5%	0%
	Total	32,512	\$ 59,593,115	\$ 5,194	5%	6%	0%

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, Q2 2015 data was similar to Q1 2015. There were, however, more adults using SUD services in Q2 2015 from Q1 2015, which may explain the increase in paid claims. Medicaid expansion may also be contributing to these utilization increases. 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)**

	Q2 2015			% Difference from Q1 2015 - Q2 2015		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Outpatient MH	6,729	\$ 2,401,222	\$ 357	2%	-6%	-7%
Medication Check	4,358	\$ 689,295	\$ 158	0%	-2%	-2%
BHRS	3,564	\$ 7,593,374	\$ 2,131	-1%	0%	1%
Service Coordination	1,408	\$ 1,157,323	\$ 822	1%	-5%	-6%
Crisis	587	\$ 322,493	\$ 549	6%	7%	1%
Family Based	461	\$ 2,388,495	\$ 5,181	5%	3%	-2%
Partial Hospitalization MH	454	\$ 1,351,473	\$ 2,977	12%	9%	-3%
Inpatient MH	280	\$ 3,011,277	\$ 10,755	5%	14%	8%
RTF	139	\$ 3,110,627	\$ 22,379	11%	17%	5%
Family Focused, Solution Based	120	\$ 416,707	\$ 3,473	7%	17%	10%
Subtotal of above*	11,708	\$ 22,442,286	\$ 1,917	0%	4%	3%
Total MH Services	11,767	\$ 23,533,350	\$ 2,000	1%	4%	3%

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 second quarter of 2015 was similar to the first quarter of 2015. The increases in paid claims seen in inpatient MH, RTF and Family Focused services are driven by increases in average service units used per person and more people utilizing these respective 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)**

	Q2 2015			% Difference from Q1 2015 - Q2 2015		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
ADHD	4,058	\$ 4,598,616	\$ 1,133	0%	-1%	-1%
Adjustment D/O	2,197	\$ 2,184,970	\$ 995	-1%	0%	1%
Autism Spectrum	2,126	\$ 4,924,397	\$ 2,316	0%	-1%	0%
Major Depression	1,319	\$ 3,880,468	\$ 2,942	5%	11%	6%
Neurotic D/O	1,148	\$ 970,905	\$ 846	8%	11%	3%
Conduct D/O	974	\$ 2,153,853	\$ 2,211	0%	-3%	-2%
Oppositional/Defiant D/O	881	\$ 1,561,421	\$ 1,772	1%	8%	6%
Depressive D/O	715	\$ 1,022,401	\$ 1,430	9%	28%	17%
DX Deferred	476	\$ 278,551	\$ 585	6%	11%	5%
Bipolar D/O	357	\$ 1,169,404	\$ 3,276	1%	-4%	-5%
Subtotal (included)*	11,619	\$ 22,744,987	\$ 1,958	0%	3%	3%
Diagnosis	11,767	\$ 23,533,350	\$ 2,000	1%	4%	3%

This table displays the top 10 most frequently used mental health diagnostic categories for youth (under 21 years). The increase in paid claims for people with major depression and neurotic disorder is attributed to an increase in average Family Based service units used per person. The increase in paid claims for people with depressive disorder is driven by the increase of average RTF service units used per person. The increase in paid claims for people with DX Deferred is due to an increase in average walk-in crisis service units used per person.

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

	Inpatient MH		RTF	
	Q1 2015	Q2 2015	Q1 2015	Q2 2015
Number of total admissions	283	289	46	53
Number people with at least one admission	252	259	42	50
Admission rate	4.4	4.5	0.7	0.8
Number of total discharges	266	296	39	40
Average length of stay	13	13	186	187
% with follow-up in 7 days*	67%	71%	54%	48%
% with readmit in 30 days	10%	6%	15%	13%

This table shows admissions data, rates of follow-up appointments, and readmission rates for inpatient mental health and RTF services. Compared to the first quarter of 2015, inpatient mental health and RTF experienced an increase in admissions and number of people using this service. Inpatient MH experienced an increase in follow-up rates within 7 days. 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.

**For inpatient MH, this measure utilizes the HEDIS Follow-Up After Hospitalization for Mental Illness parameters.*

Table 6. Substance use disorder services for youth (ranked by number of service users)

	Q1 2015			Q2 2015		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Outpatient SUD	348	\$ 198,207	\$ 570	374	\$ 199,051	\$ 532
Non-Hospital Rehab	147	\$ 1,480,406	\$ 10,071	136	\$ 1,460,464	\$ 10,739
Intensive Outpatient SUD	47	\$ 50,418	\$ 1,073	42	\$ 43,918	\$ 1,046
Halfway House	19	\$ 205,819	\$ 10,833	20	\$ 187,618	\$ 9,381
Non-Hospital Detox	15	\$ 12,244	\$ 816	19	\$ 17,262	\$ 909
Partial Hospitalization SUD	13	\$ 15,000	\$ 1,154	17	\$ 20,760	\$ 1,221
Methadone Maintenance	6	\$ 6,365	\$ 1,061	7	\$ 5,435	\$ 776
Medication Check SUD	5	\$ 2,735	\$ 547	4	\$ 2,825	\$ 706
Inpatient Detox	0	\$ -	\$ -	1	\$ 662	\$ 662
Total SUD Services	505	\$ 1,971,193	\$ 3,903	505	\$ 1,937,995	\$ 3,838

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 first quarter of 2015. Outpatient services continued to be used by most people for the second quarter of 2015; it accounts for about 74% of youth who used SUD services. Non-hospital rehab accounted 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. Substance use disorder diagnoses for youth
(ranked by number of service users)**

	Q1 2015			Q2 2015		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Cannabis	372	\$ 1,414,706	\$ 3,803	402	\$ 1,497,785	\$ 3,726
Opioid	61	\$ 200,988	\$ 3,295	47	\$ 150,072	\$ 3,193
Alcohol	38	\$ 189,624	\$ 4,990	38	\$ 110,454	\$ 2,907
Polysubstance Dependence	21	\$ 73,357	\$ 3,493	23	\$ 80,163	\$ 3,485
Substance Induced Disorder	10	\$ 3,959	\$ 396	9	\$ 4,151	\$ 461
Sedative, Hypnotic or Anxiolytic Disorder	4	\$ 4,613	\$ 1,153	6	\$ 5,098	\$ 850
Cocaine	3	\$ 12,885	\$ 4,295	4	\$ 26,161	\$ 6,540
Inhalants	3	\$ 4,674	\$ 1,558	3	\$ 1,027	\$ 342
Hallucinogen-Related Disorder	2	\$ 19,786	\$ 9,893	2	\$ 17,356	\$ 8,678
Amphetamine Dependence	3	\$ 20,599	\$ 6,866	2	\$ 33,409	\$ 16,704
PCP	4	\$ 11,781	\$ 2,945	1	\$ 5,361	\$ 5,361
Total SUD Diagnosis	505	\$ 1,971,193	\$ 3,903	505	\$ 1,937,995	\$ 3,838

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 80% of people, and highest cost, accounting for 76% 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

	Q1 2015		Q2 2015	
	<i>Short-Term (3B)</i>	<i>Long-Term (3C)</i>	<i>Short-Term (3B)</i>	<i>Long-Term (3C)</i>
Number of total admissions	28	86	22	93
Number people with at least one admission	28	73	22	64
Admission rate	0.4	1.3	0.3	1.4
Number of total discharges	31	69	24	103
Average length of stay	17	61	17	59
% with follow-up in 7 days	32%	17%	29%	17%
% with readmission in 30 days	0%	33%	0%	44%

This table shows admissions data, rates of follow-up appointments, and readmission rates for non-hospital rehab for youth. The average length of stay decreased slightly in the second quarter of 2015 compared to the first quarter of 2015 for long-term rehab. Total readmissions showed an increase from the first quarter of 2015 for long-term rehab but no readmissions for short-term. In the second quarter of 2015, there was a slight decrease in follow-up services for short-term rehab, but no change for long-term. 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 2015			% Difference Q1 2015 - Q2 2015		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Outpatient MH	10,647	\$ 3,139,785	\$ 295	9%	9%	0%
Med Check	10,077	\$ 1,409,932	\$ 140	4%	4%	1%
Service Coordination	3,263	\$ 3,482,497	\$ 1,067	3%	-3%	-6%
Crisis	1,213	\$ 1,437,963	\$ 1,185	21%	82%	51%
CTT	658	\$ 3,282,859	\$ 4,989	1%	2%	1%
Forensic Support	249	\$ 111,976	\$ 450	14%	-2%	-14%
Psych Rehab	246	\$ 321,042	\$ 1,305	14%	8%	-6%
Mobile MH	210	\$ 185,372	\$ 883	1%	-3%	-4%
Peer Specialist	190	\$ 109,974	\$ 579	7%	-6%	-12%
Partial Hospitalization MH	153	\$ 231,137	\$ 1,511	-1%	6%	7%
Subtotal of above*	17,206	\$ 13,712,537	\$ 797	7%	8%	0%
Total MH Services	17,506	\$ 23,619,374	\$ 1,349	7%	5%	-2%

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 second quarter of 2015 was similar to the first quarter of 2015. The increase in paid claims associated with crisis was driven by more people using crisis services and an increase in average service units used per person, especially for walk-in services. The decrease in average cost associated with forensic support and peer specialist paid claims is due to a decrease 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 10. Paid claims for inpatient mental health, extended acute, and RTFA services for adults

	Q1 2015			Q2 2015		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
IPMH	829	\$ 5,509,435	\$ 6,646	976	\$ 5,900,635	\$ 6,046
EAC (CRU)	17	\$ 580,181	\$ 34,128	22	\$ 565,204	\$ 25,691
IPMH EAC (TRU)	44	\$ 1,524,593	\$ 34,650	40	\$ 1,262,380	\$ 31,559
Community-based EAC	33	\$ 555,696	\$ 16,839	32	\$ 628,025	\$ 19,626
RTFA	12	\$ 190,920	\$ 15,910	13	\$ 215,172	\$ 16,552
Subtotal of above*	900	\$ 8,539,242	\$ 9,488	1,045	\$ 8,754,941	\$ 8,378
Total MH services	16,298	\$ 22,434,778	\$ 1,377	17,506	\$ 23,619,374	\$ 1,349

This table summarizes utilization for four acute levels of care. Changes from the first quarter of 2015 to the second quarter of 2015 were not notable.

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

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

	IPMH		IPMH EAC (TRU)		EAC (CRU)		Community-based EAC		RTFA	
	Q2 2015	% change from Q1 2015	Q1 2015	Q2 2015	Q1 2015	Q2 2015	Q1 2015	Q2 2015	Q1 2015	Q2 2015
Number of total admissions	1,131	20%	30	23	10	17	8	12	11	19
Number people with at least one admission	965	20%	30	21	9	17	8	12	9	12
Admission rate	16.4	20%	0.4	0.3	0.1	0.2	0.1	0.1	0.2	0.3
Number of total discharges	1,140	24%	22	35	10	20	8	12	16	15
Average length of stay	10	-9%	87	59	59	59	132	139	33	26
% with follow-up in 7 days*	63%	-2%	95%	100%	100%	100%	100%	100%	100%	87%
% with readmission in 30 days	6%	-16%	--	--	--	--	--	--	--	--

The number of admissions increased for all levels of care in Q2 2015 except for TRU. Meanwhile, the average length of stay at all levels of care, except for community-based EAC and CRU, experienced a decrease in days from Q1 2015. Because the number of admissions to most of these services were very small in a given quarter, the numbers from Q1 2015, 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. Since only HealthChoices services are included as follow-up services, eligibility may affect these rates.

**For IPMH, this measure utilizes the HEDIS Follow-Up After Hospitalization for Mental Illness parameters.*

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

	Q2 2015			% Difference Q1 2015 - Q2 2015		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Major Depression	4,969	\$ 4,972,781	\$ 1,001	7%	11%	3%
Schizophrenia	3,224	\$ 8,583,452	\$ 2,662	3%	-3%	-7%
Bipolar D/O	3,065	\$ 2,929,842	\$ 956	3%	-4%	-7%
Neurotic D/O	2,238	\$ 865,190	\$ 387	9%	1%	-7%
Depressive D/O	2,031	\$ 1,622,984	\$ 799	11%	9%	-2%
Adjustment D/O	1,368	\$ 700,293	\$ 512	18%	9%	-7%
DX Deferred	1,036	\$ 1,177,436	\$ 1,137	15%	122%	92%
Subtotal of above*	15,389	\$ 20,851,977	\$ 1,355	7%	5%	-3%
Total Diagnoses for MH Services	17,506	\$ 23,619,374	\$ 1,349	7%	5%	-2%

This table summarizes the most frequently used mental health diagnostic categories for adults (21 years and older). The increase in paid claims for people with major depression is related to more people using inpatient mental health services. The increase in paid claims for people with DX Deferred is due to an increase in crisis service utilization and 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. Substance use disorder services for adults

	Q2 2015			% Difference Q1 2015 - Q2 2015		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Outpatient SUD	3,159	\$ 1,062,348	\$ 336	13%	15%	2%
Methadone Maintenance	1,947	\$ 1,929,228	\$ 991	7%	6%	0%
Non-Hospital Rehab	920	\$ 4,553,523	\$ 4,949	19%	16%	-3%
Intensive Outpatient SUD	724	\$ 758,269	\$ 1,047	25%	23%	-1%
Non-Hospital Detox	500	\$ 440,233	\$ 880	8%	5%	-4%
Med Check SUD	416	\$ 243,097	\$ 584	3%	7%	4%
Partial Hospitalization SUD	271	\$ 356,805	\$ 1,317	27%	23%	-3%
Halfway House	177	\$ 833,723	\$ 4,710	8%	1%	-6%
Inpatient Detox	113	\$ 284,392	\$ 2,517	10%	-2%	-11%
Inpatient Rehab	7	\$ 40,777	\$ 5,825	0%	18%	18%
Total SUD Services	5,275	\$ 10,502,396	\$ 1,991	13%	12%	-1%

This table illustrates utilization for different substance use disorder services for adults (21 years and older). Overall, utilization and paid claims this quarter were higher compared to last quarter. The increase in paid claims for people using outpatient, intensive outpatient, partial hospitalization, and non-hospital rehab is due to an increase in more people using these respective services. The decrease in average cost for people using inpatient detox was driven by a decrease in average service units used per person. The increase in paid claims for people using inpatient rehab was related to an increase in average service units used per person. Medicaid expansion may be contributing to these overall cost and utilization increases. 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 (i.e. inpatient rehab).

Table 14. Substance use disorder diagnoses for adults

	Q2 2015			% Difference Q1 2015 - Q2 2015		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Opioid	3,633	\$ 6,514,012	\$ 1,793	13%	13%	0%
Alcohol Abuse/Dependence	794	\$ 1,682,284	\$ 2,119	12%	12%	0%
Poly-substance dependence	496	\$ 925,452	\$ 1,866	7%	-13%	-19%
Cocaine	302	\$ 650,636	\$ 2,154	5%	45%	37%
Cannabis	225	\$ 212,022	\$ 942	19%	48%	24%
Substance-Induced Disorders ^o	71	\$ 90,464	\$ 1,274	31%	31%	-1%
Subtotal of above*	5,177	\$ 10,074,869	\$ 1,946	13%	12%	-1%
All SUD diagnosis	5,222	\$ 10,386,758	\$ 1,989	13%	12%	-1%

This table summarizes the most frequently used substance use disorder diagnoses for adults (21 years and older). Overall, utilization and paid claims this quarter were higher compared to the previous quarter. The increase in paid claims for opioid, alcohol, cocaine and cannabis dependence/abuse were driven by more people using services, especially non-hospital rehab. The decrease in paid claims for people with poly-substance dependence was heavily driven by less people using non-hospital rehab and more outpatient services. The increase in paid claims for people with substance-induced disorders was driven by more people using services, especially inpatient detox.

^o Seventy of the people were diagnosed with substance withdrawal and one person was diagnosed with substance-induced mood disorder.

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

Table 15. Quality and utilization measures for inpatient and residential substance use disorder services

	NH Short-Term Rehab		NH Long-Term Rehab		Inpatient Detox		NH Detox		Halfway House	
	Q2 2015	% change from Q1 2015	Q2 2015	% change from Q1 2015	Q2 2015	% change from Q1 2015	Q2 2015	% change from Q1 2015	Q2 2015	% change from Q1 2015
Number of total admissions	550	12%	314	31%	119	4%	545	8%	111	14%
Number people with at least one admission	521	15%	289	32%	113	9%	487	7%	106	15%
Admission rate	8.0	12%	4.5	31%	1.7	4%	7.9	8%	1.6	14%
Total number of discharges	550	16%	269	10%	115	-2%	544	8%	107	13%
Average length of stay	13.0	0%	44.0	-4%	4.0	0%	3.0	0%	67.0	-19%
% with follow-up in 7 days	41%	2%	50%	-4%	77%	-7%	71%	-6%	25%	-23%
% with readmit in 30 days	3%	-13%	11%	1%	5%	2%	1%	-63%	7%	1%

This table shows utilization for different substance use disorder 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 levels of care experienced an increase in total admissions for the second quarter of 2015. Also, the average length of stay decreased for halfway house and non-hospital long-term rehab. Non-hospital short-term rehab experienced an increase in follow-up for the second quarter of 2015.