

Q1 2016 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

	Q1 2016	% Difference from Q4 2015
00 - 20	93,016	0.4%
21+ years	113,972	5.3%
Total Enrollment	206,988	3.0%

Table 1 shows that the average monthly enrollment increased in Q1 2016 compared to Q4 2015. This increase may be attributed to the implementation of Medicaid expansion in February 2015.

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

		Q1 2016			% Difference from Q4 2015 - Q1 2016		
		# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
00 - 20 years	SUD	428	\$ 1,663,587	\$ 3,887	-7%	4%	12%
	MH	11,883	\$ 22,991,593	\$ 1,935	3%	3%	0%
	Total	12,142	\$ 24,655,180	\$ 2,031	3%	3%	0%
21-54 years	SUD	5,633	\$ 12,422,743	\$ 2,205	6%	1%	-4%
	MH	14,620	\$ 20,068,177	\$ 1,373	2%	6%	3%
	Total	17,891	\$ 32,490,920	\$ 1,816	3%	4%	1%
55 years and older	SUD	851	\$ 1,391,574	\$ 1,635	7%	-4%	-11%
	MH	4,521	\$ 5,739,732	\$ 1,270	1%	10%	9%
	Total	4,996	\$ 7,131,306	\$ 1,427	2%	7%	5%
Total	SUD	6,912	\$ 15,477,903	\$ 7,727	5%	1%	2%
	MH	31,024	\$ 48,799,502	\$ 4,577	2%	5%	3%
	Total	35,029	\$ 64,277,405	\$ 5,274	3%	4%	2%

Services can be categorized as either mental health or substance use disorder services. Table 2 shows the breakdown of the number of people, paid claims, and average cost per person for substance use disorder services, mental health services, and in total. Overall, service utilization and costs for the first quarter of 2016 did not demonstrate significant changes from the fourth quarter of 2015. The increase in average costs for youth SUD services was driven by more people using non-hospital rehabilitation. For adults over the age of 55, the decrease in the average costs of SUD services was due to fewer average halfway house service units used per person. Additionally, paid claims for MH services increased for older adults, reflecting an increase of average extended inpatient service units used per person. Medicaid expansion may be contributing to some of these utilization and cost 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)**

	Q1 2016			% Difference from Q4 2015 - Q1 2016		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Outpatient MH	7,062	\$ 2,987,325	\$ 423	7%	11%	3%
Medication Check	4,321	\$ 686,108	\$ 159	2%	3%	1%
BHRS	3,448	\$ 7,397,191	\$ 2,145	1%	6%	5%
Service Coordination	1,358	\$ 1,272,076	\$ 937	4%	12%	8%
Crisis	643	\$ 301,301	\$ 469	2%	2%	0%
Family Based	445	\$ 2,249,401	\$ 5,055	4%	-3%	-7%
Partial Hospitalization MH	410	\$ 1,306,850	\$ 3,187	18%	19%	1%
Inpatient MH	278	\$ 2,746,453	\$ 9,879	1%	-4%	-6%
RTF	140	\$ 2,994,706	\$ 21,391	5%	-3%	-7%
Family Focused, Solution Based (FFSB)	93	\$ 303,099	\$ 3,259	-16%	-19%	-4%
Subtotal of above*	11,817	\$ 22,244,509	\$ 1,882	3%	3%	0%
Total MH Services	11,883	\$ 22,991,593	\$ 1,935	3%	3%	0%

Table 3 illustrates the top 10 most frequently used mental health service categories used for youth (under 21 years). For most services, utilization during the first quarter of 2016 was similar to the fourth quarter of 2015. The increase in paid claims seen in outpatient MH, service coordination, and partial hospitalization MH was driven by more people using these services and an increase in average service units used per person. The decrease in paid claims for FFSB service is due to a decrease in the average number of service units used per person and overall number of people using this service.

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

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

	Q1 2016			% Difference from Q4 2015 - Q1 2016		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
ADHD	4,241	\$ 5,132,620	\$ 1,210	2%	10%	8%
Autism Spectrum	2,088	\$ 4,969,364	\$ 2,380	1%	7%	5%
Adjustment D/O	1,694	\$ 1,285,459	\$ 759	6%	-6%	-12%
Depressive D/O	1,596	\$ 3,249,289	\$ 2,036	6%	0%	-6%
Neurotic D/O	1,225	\$ 989,042	\$ 807	6%	6%	0%
Oppositional Defiant D/O	967	\$ 1,513,513	\$ 1,565	1%	3%	1%
Conduct D/O	868	\$ 1,608,831	\$ 1,853	3%	2%	-1%
Major Depression	519	\$ 1,091,199	\$ 2,103	5%	11%	5%
DX Deferred	438	\$ 198,964	\$ 454	24%	28%	3%
Bipolar D/O	436	\$ 1,374,946	\$ 3,154	-1%	-12%	-11%
Subtotal (included)*	11,477	\$ 21,413,225	\$ 1,866	3%	4%	0%
Diagnosis	11,883	\$ 22,991,593	\$ 1,935	3%	3%	0%

Table 4 displays the top 10 most frequently used mental health diagnostic categories for youth (under 21 years). The increase in paid claims for people diagnosed with ADHD is due to more people using BHRS services. Major depression and Dx deferred also experienced increases in paid claims, as more people utilized inpatient MH and mobile crisis, respectively. The average costs related to adjustment disorder decreased due to fewer average respite service units used per person. Similarly, the combination of a decrease in people using inpatient MH and a decrease in average forensic specialists service units used per person contributed to the decrease in both paid claims and average costs related to bipolar disorder.

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

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

	Inpatient MH		RTF	
	Q4 2015	Q1 2016	Q4 2015	Q1 2016
Number of total admissions	359	289	57	50
Number people with at least one admission	328	262	50	47
Admission rate	10.0	10.1	1.6	1.8
Number of total discharges	373	281	58	45
Average length of stay	14	12	196	227
% with follow-up in 7 days*	0%	0%	47%	47%
% with readmit in 30 days	5%	5%	28%	16%

Table 5 shows admissions data, rates of follow-up appointments, and readmission rates for inpatient mental health and RTF services. Compared to the fourth quarter of 2015, inpatient mental health and residential treatment facilities experienced decreases in both admissions and total number of people using these services in the first quarter of 2016. Both the average length of stay for inpatient MH and the readmission rate for RTF decreased. 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)

	Q4 2015			Q1 2016		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Outpatient SUD	352	\$ 178,105	\$ 506	301	\$ 94,537	\$ 314
Non-Hospital Rehab	110	\$ 1,287,007	\$ 11,700	120	\$ 1,420,601	\$ 11,838
Intensive Outpatient SUD	34	\$ 43,542	\$ 1,281	39	\$ 51,912	\$ 1,331
Halfway House	5	\$ 69,702	\$ 13,940	13	\$ 67,944	\$ 5,226
Non-Hospital Detox	8	\$ 6,534	\$ 817	12	\$ 12,028	\$ 1,002
Partial Hospitalization SUD	5	\$ 4,355	\$ 871	9	\$ 8,983	\$ 998
Medication Check SUD	4	\$ 2,790	\$ 698	5	\$ 3,500	\$ 700
Methadone Maintenance	5	\$ 3,368	\$ 674	5	\$ 3,315	\$ 663
Forensic Support Specialist	1	\$ 2,017	\$ 2,017	1	\$ 765	\$ 765
Total SUD Services	462	\$ 1,597,420	\$ 3,458	428	\$ 1,663,587	\$ 3,887

Table 6 illustrates utilization for different substance use disorder services for youth (less than 21 years). Overall, service utilization did not fluctuate greatly from the fourth quarter of 2015. Outpatient SUD services continued to be used by most people for the first quarter of 2016; it accounted for about 70% of SUD services used by youth. Non-hospital rehabilitation accounted for about 85% of costs and was 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)

	Q4 2015			Q1 2016		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Cannabis	374	\$ 1,297,648	\$ 3,470	350	\$ 1,380,722	\$ 3,945
Opioid	48	\$ 150,876	\$ 3,143	45	\$ 175,517	\$ 3,900
Alcohol	34	\$ 130,758	\$ 3,846	28	\$ 79,010	\$ 2,822
Sedative, Hypnotic, Anxiolytic D/O	1	\$ 183	\$ 183	4	\$ 2,658	\$ 665
Cocaine	2	\$ 183	\$ 91	3	\$ 8,200	\$ 2,733
Substance Induced D/O	3	\$ 14,099	\$ 4,700	3	\$ 16,445	\$ 5,482
Hallucinogen-Related D/O	1	\$ 68	\$ 68	0	\$ -	/0
Total SUD Diagnosis	462	\$ 1,597,420	\$ 3,458	428	\$ 1,663,587	\$ 3,887

Table 7 shows the most frequently used substance use disorder diagnostic categories. Most diagnostic categories showed typical quarterly fluctuations. Cannabis dependence/abuse remained the most common diagnosis, accounting for about 82% of youth; it also accounted for the highest cost proportion of total SUD diagnoses at about 83%. 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

	Q4 2015		Q1 2016	
	<i>Short-Term (3B)</i>	<i>Long-Term (3C)</i>	<i>Short-Term (3B)</i>	<i>Long-Term (3C)</i>
Number of total admissions	14	117	24	94
Number people with at least one admission	14	80	21	58
Admission rate	0.4	3.3	0.8	3.3
Number of total discharges	14	107	21	97
Average length of stay	18	50	14	50
% with follow-up in 7 days	57%	18%	33%	19%
% with readmission in 30 days	7%	50%	10%	48%

Table 8 shows admissions data, rates of follow-up appointments, and readmission rates for youth using non-hospital rehabilitation. Service utilization during the first quarter of 2016 remained similar to the fourth quarter of 2015. Note that the percentage changes are not reported because large percent changes and represent small absolute changes and 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 2016			% Difference from Q4 2015 - Q1 2016		
	# People	Paid	Avg. Paid per Person.	# People	Paid	Avg. Paid per Person
Outpatient MH	11,781	\$ 4,130,911	\$ 351	2%	10%	8%
Medication Check	10,575	\$ 1,610,319	\$ 152	2%	11%	9%
Service Coordination	3,433	\$ 4,060,203	\$ 1,183	4%	10%	6%
Crisis	1,169	\$ 924,717	\$ 791	-8%	-17%	-10%
CTT	644	\$ 3,196,596	\$ 4,964	-1%	8%	9%
Mobile MH	277	\$ 302,095	\$ 1,091	20%	26%	4%
Peer Specialist	255	\$ 166,014	\$ 651	13%	12%	-1%
Psych Rehab	231	\$ 299,884	\$ 1,298	3%	6%	2%
Forensic Support Specialist	219	\$ 172,589	\$ 788	-13%	24%	43%
Partial Hospitalization MH	147	\$ 259,861	\$ 1,768	-5%	4%	8%
Subtotal of above*	18,691	\$ 15,123,187	\$ 809	2%	8%	6%
Total MH Services	19,081	\$ 25,807,909	\$ 1,353	2%	7%	5%

Table 9 displays the most frequently used community-based mental health service categories used for adults (21 years and older). Compared to the last quarter, more adults utilized medication check, mobile MH, and peer specialists, leading to increases in paid claims for each respective service. Outpatient MH, service coordination, and forensic support specialists experienced increases in paid claims driven by an increase in average service units used per person. Overall, fewer people used crisis, with the exception of telephone crisis, resulting in decreases in costs.

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

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

	Q4 2015			Q1 2016		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
IPMH	1,011	\$ 6,060,488	\$ 5,995	1,010	\$ 6,346,000	\$ 6,283
EAC (CRU)	33	\$ 1,008,746	\$ 30,568	24	\$ 1,041,700	\$ 43,404
IPMH EAC (TRU)	17	\$ 609,072	\$ 35,828	20	\$ 724,440	\$ 36,222
Community-based EAC	31	\$ 636,085	\$ 20,519	33	\$ 683,697	\$ 20,718
RTFA	16	\$ 279,156	\$ 17,447	20	\$ 418,476	\$ 20,924
Subtotal of above*	1,108	\$ 8,593,547	\$ 110,357	1,107	\$ 9,214,313	\$ 127,551
Total MH Services	18,684	\$ 24,155,079	\$ 1,293	19,081	\$ 25,807,909	\$ 1,353

Table 10 summarizes utilization for four acute levels of care. Changes from the fourth quarter of 2015 to the first quarter of 2016 were not notable.

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

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

	IPMH		IPMH EAC (TRU)		EAC (CRU)		Community-based EAC		RTFA	
	Q1 2016	% change from Q4 2015	Q4 2015	Q1 2016	Q4 2015	Q1 2016	Q4 2014	Q1 2016	Q4 2015	Q1 2016
Number of total admissions	1,181	-26%	38	13	18	14	13	9	27	16
Number people with at least one admission	998	-22%	35	12	16	12	13	9	16	12
Admission rate	50.8	-2%	--	--	--	--	--	--	--	--
Number of total discharges	809	-3%	37	15	17	13	13	12	25	14
Average length of stay	9	0%	47	46	42	54	167	146	28	49
% with follow-up in 7 days*	38%	3%	100%	87%	94%	100%	100%	100%	92%	100%
% with readmission in 30 days	7%	-16%	--	--	--	--	--	--	--	--

Both the number of admissions and the total number of people admitted decreased for all levels of care in the first quarter of 2016. Follow-up rates for extended acute (CRU) and RTFA increased and IPMH readmissions decreased. 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 inpatient mental health, were provided as a comparison point instead of calculating a percent change. Admission rates per 1,000 enrollees were so small given the 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

	2016 Q 1			% Difference from Q4 2015 - Q1 2016		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Depressive D/O	6,328	\$ 6,445,043	\$ 1,018	1%	7%	7%
Bipolar D/O	3,533	\$ 3,844,622	\$ 1,088	0%	-1%	-1%
Schizophrenia	3,294	\$ 9,554,791	\$ 2,901	-1%	9%	11%
Neurotic D/O	2,439	\$ 1,107,392	\$ 454	2%	7%	5%
Adjustment D/O	957	\$ 559,931	\$ 585	7%	-13%	-19%
DX Deferred	886	\$ 521,150	\$ 588	18%	23%	4%
Major Depression	860	\$ 675,246	\$ 785	-4%	1%	5%
Subtotal of above*	16,114	\$ 22,708,174	\$ 1,409	2%	6%	4%
Diagnosis	19,081	\$ 25,807,909	\$ 1,353	2%	7%	5%

Table 12 summarizes the most frequently used mental health diagnostic categories for adults (21 years and older). Schizophrenia experienced an increase in average costs due to the increase in average CTT service units used per person. Dx deferred experienced an increase in paid claims, driven by more people using telephone crisis. In contrast, adjustment disorder demonstrated decreases in paid claims and average costs, driven by decreases in both number of people and average inpatient MH and family focused, solution based service units used per person. Aside from these changes, utilization and paid claims from this quarter varied little from the fourth quarter of 2015.

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

Table 13. Substance use disorder services for adults

	Q1 2016			% Difference from Q4 2015 - Q1 2016		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Outpatient SUD	4,101	\$ 1,460,613	\$ 356	14%	13%	-1%
Methadone Maintenance	2,136	\$ 2,179,533	\$ 1,020	3%	2%	-2%
Non-Hospital Rehab	1,214	\$ 6,162,551	\$ 5,076	0%	-4%	-4%
Intensive Outpatient SUD	852	\$ 918,821	\$ 1,078	13%	22%	8%
Non-Hospital Detox	697	\$ 663,834	\$ 952	5%	5%	0%
Medication Check SUD	482	\$ 289,547	\$ 601	8%	13%	4%
Partial Hospitalization SUD	374	\$ 493,280	\$ 1,319	4%	-6%	-9%
Halfway House	209	\$ 1,046,391	\$ 5,007	14%	2%	-10%
Inpatient Detox	130	\$ 403,807	\$ 3,106	-8%	-10%	-3%
Inpatient Rehab	11	\$ 74,245	\$ 6,750	-39%	-14%	41%
Total SUD Services	6,467	\$ 13,814,316	\$ 2,136	6%	1%	-5%

Table 13 illustrates utilization for different substance use disorder services for adults (21 years and older). The increase in paid claims for outpatient SUD was driven by more people using the service. Intensive outpatient SUD and medication check experienced an increase in paid claims for the first quarter of 2016, driven by an increase of average service units used per person. The decrease in average costs for halfway house was heavily driven by a decrease in average service units used per person. A decrease in people using inpatient detox and inpatient rehab was accountable for the decrease in paid claims seen in this service; those using inpatient detox also used slightly less average service units used per person this quarter. 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

	Q1 2016			% Difference from Q4 2015 - Q1 2016		
	# Member	Paid	Avg. Paid per Person	# Member	Paid	Avg. Paid per Person
Opioid	4,567	\$ 9,421,079	\$ 2,063	4%	5%	1%
Alcohol Abuse/Dependence	1,186	\$ 2,632,572	\$ 2,220	13%	-5%	-16%
Cocaine	365	\$ 790,168	\$ 2,165	3%	-13%	-16%
Cannabis	307	\$ 263,274	\$ 858	7%	22%	15%
Substance-Induced D/O	146	\$ 435,730	\$ 2,984	-14%	-19%	-6%
Sedative, Hypnotic, Anxiolytic D/O	58	\$ 112,292	\$ 1,936	4%	26%	21%
Subtotal of above*	6,385	\$ 13,655,114	\$ 2,139	6%	1%	-5%
All SUD Diagnosis	6,467	\$ 13,814,316	\$ 2,136	6%	1%	-5%

Table 14 summarizes the most frequently used substance use disorder diagnoses for adults (21 years and older). The decrease in paid claims for people with alcohol abuse/dependence and cocaine was driven by decreases in both the number of people and average service units used per person for non-hospital rehab. The decrease in paid claims for people with substance-induced disorder was also driven by a decrease in average non-hospital rehab service units used per person. In contrast, the increases in paid claims for cannabis and sedative, hypnotic, anxiolytic disorder was driven by increases in the number of people and average non-hospital rehab service units used per person.

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

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	
	Q1 2016	% change from Q4 2015	Q1 2016	% change from Q4 2015	Q1 2016	% change from Q4 2015	Q1 2016	% change from Q4 2015	Q1 2016	% change from Q4 2015
Number of total admissions	704	-24%	406	-25%	145	-30%	764	-21%	120	-16%
Number people with at least one admission	677	-20%	364	-24%	130	-29%	680	-18%	117	-16%
Admission rate	30.3	1%	17.5	-1%	6.2	-7%	32.9	6%	5.2	13%
Total number of discharges	694	-25%	443	-15%	144	-33%	761	-20%	115	-9%
Average length of stay	14.0	8%	46	-2%	4.0	0%	3.0	0%	87.0	16%
% with follow-up in 7 days	45%	16%	48%	5%	59%	5%	74%	-1%	30%	9%
% with readmit in 30 days	2%	-33%	11%	-13%	6%	48%	0%	-50%	6%	-14%

Table 15 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 a decrease in total admissions and number of people served for the first quarter of 2016. The follow-up rates for non-hospital short-term rehab, long-term rehab, inpatient detox, and halfway houses increased. In addition, people using halfway house and short-term rehab this quarter stayed longer on average compared to the fourth quarter of 2015.