

Q3 2016 HealthChoices Allegheny County Report

This report summarizes enrollment, claims and admission data from this quarter, in comparison to the prior quarter. This report is used by the Allegheny HealthChoices, Inc. (AHC) 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. Quarterly enrollment by age

	Q3 2016	% Difference from Q2 2016
00 - 20	97,849	-4.19%
21+ years	123,898	1.70%
Total Enrollment	221,747	-0.90%

Table 1 shows that distinct enrollment in the third quarter of 2016 did not change from enrollment in the previous quarter. This is the first quarter since the February 2015 implementation of Medicaid expansion that enrollment did not increase.

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

		Q3 2016			% Difference from Q2 2016 - Q3 2016		
		# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
00 - 20 years	SUD	368	\$ 1,490,598	\$ 4,051	-14%	-14%	-1%
	MH	10,883	\$ 20,627,294	\$ 1,895	-9%	-11%	-1%
	Total	11,107	\$ 22,117,893	\$ 1,991	-9%	-11%	-2%
21-54 years	SUD	5,855	\$ 12,661,859	\$ 2,163	0%	1%	1%
	MH	14,673	\$ 20,032,880	\$ 1,365	-2%	-2%	1%
	Total	18,035	\$ 32,694,740	\$ 1,813	-2%	-1%	1%
55 years and older	SUD	860	\$ 1,562,285	\$ 1,817	-1%	9%	10%
	MH	4,600	\$ 5,138,632	\$ 1,117	-2%	-8%	-7%
	Total	5,085	\$ 6,700,916	\$ 1,318	-1%	-5%	-3%
Total	SUD	7,083	\$ 15,714,742	\$ 8,030	-1%	0%	2%
	MH	30,156	\$ 45,798,806	\$ 4,378	-5%	-7%	-2%
	Total	34,227	\$ 61,513,549	\$ 5,122	-4%	-5%	-1%

Services can be categorized as either mental health or substance use disorders. 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. Youth services experienced notable changes this quarter, with a decrease in people using SUD services and decreases in both SUD and MH total paid claims. The decrease in youth SUD total paid claims was driven by fewer people using fewer average service units of NH rehab. A decrease in youth using outpatient MH led to the decrease in total paid claims for youth MH services. The only notable change for adults was an increase in the average SUD costs per persons 55 years and older, due to more people in this group using halfway house. Detailed differences are explained further in the age-specific tables.

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

	Q3 2016			% Difference from Q2 2016 - Q3 2016		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Outpatient MH	6,039	\$ 2,140,335	\$ 354	-16%	-22%	-8%
Medication Check	3,901	\$ 601,585	\$ 154	-10%	-11%	-1%
BHRS	3,415	\$ 6,737,346	\$ 1,973	-3%	-8%	-6%
Service Coordination	1,354	\$ 1,169,931	\$ 864	-1%	-4%	-4%
Crisis	468	\$ 206,064	\$ 440	-29%	-39%	-15%
Family-Based	422	\$ 2,318,165	\$ 5,493	-4%	-4%	1%
Partial Hospitalization MH	345	\$ 1,041,470	\$ 3,019	-22%	-19%	4%
Inpatient MH	249	\$ 2,816,849	\$ 11,313	-21%	-3%	23%
Family Focused, Solution Based (FFSB)	107	\$ 342,806	\$ 3,204	-9%	-13%	-4%
RTF	116	\$ 2,634,030	\$ 22,707	-11%	-16%	-6%
Subtotal of above*	10,858	\$ 20,008,580	\$ 1,843	-9%	-11%	-2%
Total MH Services	10,883	\$ 20,627,294	\$ 1,895	-9%	-11%	-1%

Table 3 illustrates the top 10 most frequently used mental health service categories for youth (under 21 years). As noted in Table 2, most of these services experienced decreases. Fewer youth used inpatient MH this quarter; however, average service units per person increased for this service, resulting in higher average service costs per person. Outpatient MH, medication check, partial hospitalization MH, FFSB, and RTF also experienced decreases in the number of people and in total paid claims. Fewer youth using fewer average service units per person of each respective service drove these decreases. All crisis services demonstrated decreased utilization and costs for youth.

*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)**

	Q3 2016			% Difference from Q2 2016 - Q3 2016		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
ADHD	3,675	\$ 3,897,606	\$ 1,061	-12%	-20%	-9%
Autism Spectrum D/O	2,094	\$ 4,752,783	\$ 2,270	-1%	-2%	-1%
Adjustment D/O	1,402	\$ 1,102,323	\$ 786	-17%	-16%	1%
Depressive D/O	1,427	\$ 3,189,520	\$ 2,235	-14%	-9%	6%
Neurotic D/O	1,180	\$ 887,540	\$ 752	-5%	-18%	-14%
Oppositional Defiant D/O	876	\$ 1,266,660	\$ 1,446	-11%	-9%	2%
Conduct D/O	766	\$ 1,759,031	\$ 2,296	-7%	5%	13%
Major Depression	453	\$ 944,773	\$ 2,086	-12%	-11%	2%
Bipolar D/O	411	\$ 1,080,066	\$ 2,628	-6%	-29%	-25%
DX Deferred	378	\$ 171,274	\$ 453	-26%	-34%	-11%
Subtotal (included)*	10,434	\$ 19,051,576	\$ 1,826	-10%	-11%	-2%
Diagnosis	10,883	\$ 20,627,294	\$ 1,895	-9%	-11%	-1%

Table 4 displays the top 10 most frequently used mental health diagnostic categories for youth (under 21 years). All diagnoses observed notable changes, with the exception of autism spectrum disorder. The number of youth with ADHD, adjustment disorder, depressive disorder, oppositional defiant disorder, major depression, and Dx deferred decreased. Fewer youth using fewer average service units of outpatient MH per person drove the decrease in total paid claims for ADHD, adjustment disorder, and major depression. Fewer youth using RTF drove the decrease in total paid claims for neurotic disorder, and fewer youth using fewer average service units of inpatient MH per person drove the decrease in average cost per person for this diagnosis. Decreased service utilization of inpatient MH also drove the decrease in total paid claims for youth with bipolar disorder; fewer youth using fewer average service units per person for ST RTF drove the decrease in average cost per person for this diagnosis. The total paid claims and average costs per person for Dx deferred reflects the overall decreased utilization of crisis. The only increase observed in this quarter was in average costs per person for conduct disorder, due to more average service units of inpatient MH used per person.

* 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	
	Q2 2016	Q3 2016	Q2 2016	Q3 2016
Number of total admissions	319	256	29	23
Number people with at least one admission	298	238	29	22
Admission rate	11.0	8.8	1.0	0.8
Number of total discharges	327	250	37	44
Average length of stay	10	12	237	251
% with follow-up in 7 days*	53%	54%	54%	61%
% with readmit in 30 days	6%	6%	3%	3%

Table 5 shows admissions data, rates of follow-up appointments, and readmission rates for inpatient mental health and residential treatment facility services. Changes were not notable compared to the second quarter of 2016. 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

	Q2 2016			Q3 2016		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Outpatient SUD	310	\$ 105,709	\$ 341	262	\$ 100,721	\$ 384
Non-Hospital Rehab	124	\$ 1,459,623	\$ 11,771	109	\$ 1,232,035	\$ 11,303
Intensive Outpatient SUD	32	\$ 30,318	\$ 947	35	\$ 33,912	\$ 969
Halfway House	18	\$ 123,706	\$ 6,873	17	\$ 103,105	\$ 6,065
Non-Hospital Detox	11	\$ 8,973	\$ 816	7	\$ 7,171	\$ 1,024
Partial Hospitalization SUD	5	\$ 2,925	\$ 585	7	\$ 5,355	\$ 765
Methadone Maintenance	4	\$ 3,135	\$ 784	7	\$ 4,869	\$ 696
Medication Check SUD	3	\$ 2,835	\$ 945	4	\$ 3,430	\$ 858
Services	426	\$ 1,737,224	\$ 4,078	368	\$ 1,490,598	\$ 4,051

Table 6 illustrates utilization for different substance use disorder services for youth (less than 21 years). Overall, service utilization did not fluctuate greatly from Q2 2016. Outpatient SUD services continued to be used by most people, accounting for about 71% of SUD services used by youth. There was a continued decrease in paid claims and people in this service for Q3 2016, as first noted in Q2 2016. AHCI will continue to monitor this change to see if this is an emerging trend. Non-hospital rehabilitation accounted for about 83% 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

	Q2 2016			Q3 2016		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Cannabis	354	\$ 1,461,371	\$ 4,128	325	\$ 1,356,177	\$ 4,173
Opioid	36	\$ 122,354	\$ 3,399	46	\$ 131,352	\$ 2,855
Alcohol	26	\$ 64,306	\$ 2,473	24	\$ 23,053	\$ 961
Sedative, Hypnotic, Anxiolytic D/O	6	\$ 32,182	\$ 5,364	4	\$ 54,227	\$ 13,557
Amphetamine	2	\$ 693	\$ 346	4	\$ 1,964	\$ 491
Substance Induced D/O	2	\$ 1,254	\$ 627	3	\$ 2,658	\$ 886
Cocaine	6	\$ 28,739	\$ 4,790	1	\$ 4,032	\$ 4,032
Hallucinogen-Related D/O	1	\$ 9,138	\$ 9,138	1	\$ 72	\$ 72
Total SUD Diagnosis	426	\$ 1,737,247	\$ 4,078	410	\$ 1,583,399	\$ 3,862

Table 7 shows the most frequently used substance use disorder diagnostic categories. Most diagnostic categories showed typical quarterly fluctuation, with the exception of alcohol; the decrease in total paid claims and average costs per person for this service was driven by decreased utilization of non-hospital rehab. Cannabis dependence/abuse remained the most common diagnosis, accounting for about 79% of youth; it also had the highest cost of total SUD diagnoses. Note that the small percentage changes are not reported because large percent changes often represent small absolute changes when the group size included in the

Table 8. Utilization and quality measures for non-hospital rehabilitation for youth

	Q2 2016		Q3 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	21	82	16	64
Number people with at least one admission	20	66	16	51
Admission rate	0.7	2.8	0.5	2.2
Number of total discharges	23	88	18	106
Average length of stay	20	64	22	59
% with follow-up in 7 days	35%	14%	56%	15%
% with readmission in 30 days	0%	43%	2%	40%

Table 8 shows admissions data, rates of follow-up appointments, and readmission rates for youth using non-hospital rehabilitation. Service utilization during the third quarter of 2016 remained similar to the second quarter. Follow-up rates for short-term rehab increased. 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)

	Q3 2016			% Difference from Q2 2016 - Q3 2016		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Outpatient MH	12,079	\$ 4,651,530	\$ 385	-1%	10%	10%
Medication Check	10,302	\$ 1,569,031	\$ 152	-5%	-2%	4%
Service Coordination	3,350	\$ 3,741,939	\$ 1,117	-3%	-4%	-2%
Crisis	1,310	\$ 1,019,531	\$ 778	7%	3%	-3%
CTT	623	\$ 3,015,091	\$ 4,840	-2%	-5%	-4%
Peer Specialist	331	\$ 313,071	\$ 946	7%	66%	54%
Mobile MH	310	\$ 345,723	\$ 1,115	4%	8%	4%
Forensic Support Specialist MH	267	\$ 174,514	\$ 654	10%	8%	-2%
Psych-Rehab	246	\$ 452,171	\$ 1,838	-6%	31%	40%
Partial Hospitalization MH	144	\$ 221,562	\$ 1,539	-4%	0%	4%
Subtotal of above*	18,914	\$ 15,504,163	\$ 820	-2%	2%	4%
Total MH Services	19,223	\$ 25,171,512	\$ 1,309	-2%	-3%	-1%

Table 9 displays the most frequently used community-based mental health service categories used for adults (21 years and older). Compared to Q2 2016, forensic support specialist MH experienced an increase in total number of adults served. Rate increases for outpatient MH and psych-rehab resulted in increases in total paid claims and average costs per person for both service categories. The increases in paid claims and average costs seen for peer specialist are driven by more people using the service and an increase of average service units used per person.

*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

	Q2 2016			Q3 2016		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Inpatient MH	1,051	\$ 6,295,901	\$ 5,990	1,062	\$ 5,910,853	\$ 5,566
Community-based EAC	38	\$ 733,030	\$ 19,290	38	\$ 666,046	\$ 17,528
IPMH EAC (TRU)	35	\$ 1,173,383	\$ 33,525	27	\$ 671,921	\$ 24,886
EAC (CRU)	23	\$ 715,957	\$ 31,129	18	\$ 640,459	\$ 35,581
RTFA	20	\$ 445,824	\$ 22,291	17	\$ 439,116	\$ 25,830
Subtotal of above*	1,167	\$ 9,364,095	\$ 112,225	1,162	\$ 8,328,396	\$ 109,391
Total MH Services	19,649	\$ 25,974,230	\$ 1,322	19,223	\$ 25,171,512	\$ 1,309

Table 10 summarizes utilization for four acute levels of care. Changes from Q2 2016 to Q3 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	
	Q3 2016	% change from Q2 2016	Q2 2016	Q3 2016	Q2 2016	Q3 2016	Q2 2016	Q3 2016	Q2 2016	Q3 2016
Number of total admissions	1,214	-1%	23	24	18	11	9	9	13	18
Number people with at least one admission	1,044	1%	22	24	15	10	9	9	10	11
Admission rate	52.5	-1%	--	--	--	--	--	--	--	--
Number of total discharges	1,283	6%	25	27	17	16	7	10	16	18
Average length of stay	9	0%	66	56	61	46	162	163	62	49
% with follow-up in 7 days*	36%	3%	96%	100%	94%	100%	100%	100%	94%	94%
% with readmission in 30 days	13%	-16%	12%	4%	18%	13%	--	--	8%	--

Follow-up rates increased for IPMH, TRU, and CRU and were maintained for community-based EAC and RTF, while readmission rates for IPMH decreased. Since the number of admissions to most of these services were very small in a given quarter, the numbers from the second quarter of 2016, 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. Only HealthChoices services are included as follow-up services, therefore 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

	Q3 2016			% Difference from Q2 2016 - Q3 2016		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Depressive D/O	6,310	\$ 6,029,276	\$ 956	-3%	-1%	3%
Bipolar D/O	3,495	\$ 3,822,961	\$ 1,094	-2%	4%	6%
Schizophrenia	3,303	\$ 8,674,024	\$ 2,626	-2%	-11%	-10%
Neurotic D/O	2,461	\$ 1,081,961	\$ 440	-4%	-6%	-2%
Adjustment D/O	1,115	\$ 752,338	\$ 675	11%	19%	7%
DX Deferred	1,085	\$ 711,093	\$ 655	9%	1%	-7%
Major Depression	912	\$ 694,025	\$ 761	-1%	6%	6%
Subtotal of above*	16,094	\$ 21,765,678	\$ 1,352	-2%	-4%	-2%
Diagnosis	19,223	\$ 25,171,512	\$ 1,309	-2%	-3%	-1%

Table 12 summarizes the most frequently used mental health diagnostic categories for adults (21 years and older). People with adjustment disorder experienced a notable increase in total paid claims driven by more people using inpatient MH. In contrast, people with schizophrenia experienced a decrease in both total paid claims and average costs due to decreased utilization of TRU extended inpatient.

*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

	Q3 2016			% Difference from Q2 2016 - Q3 2016		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Outpatient SUD	4,118	\$ 1,526,076	\$ 371	-2%	2%	4%
Methadone Maintenance	2,210	\$ 2,341,883	\$ 1,060	1%	5%	4%
Non-Hospital Rehab	1,303	\$ 6,430,782	\$ 4,935	5%	4%	-1%
Intensive Outpatient SUD	828	\$ 864,132	\$ 1,044	-8%	-6%	2%
Non-Hospital Detox	795	\$ 746,490	\$ 939	5%	6%	1%
Medication Check SUD	541	\$ 307,365	\$ 568	13%	14%	1%
Partial Hospitalization SUD	312	\$ 409,365	\$ 1,312	-9%	-11%	-3%
Halfway House	193	\$ 1,002,171	\$ 5,193	-3%	-6%	-3%
Inpatient Detox	141	\$ 425,470	\$ 3,018	16%	14%	-1%
Forensic Support Specialist SUD	120	\$ 105,731	\$ 881	-1%	-10%	-9%
Inpatient Rehab	12	\$ 64,678	\$ 5,390	-25%	-52%	-37%
Services	6,701	\$ 14,224,144	\$ 2,123	0%	2%	2%

Table 13 illustrates utilization for different substance use disorder services for adults (21 years and older). Medication check SUD and inpatient detox experienced increases in total paid claims as a result of more adults using each service. In contrast, the decrease in adults using partial hospitalization SUD led to a decrease in total paid claims for that service. Fewer average service units of forensic support specialist SUD drove the decrease in total paid claims for this service. 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

	Q3 2016			% Difference from Q2 2016 - Q3 2016		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Opioid	4,797	\$ 9,686,001	\$ 2,019	1%	5%	4%
Alcohol Abuse/Dependence	1,161	\$ 2,479,370	\$ 2,136	-4%	-12%	-8%
Cocaine	372	\$ 944,075	\$ 2,538	-1%	12%	12%
Cannabis	321	\$ 323,842	\$ 1,009	2%	14%	11%
Substance-Induced D/O	101	\$ 436,491	\$ 4,322	-16%	-6%	12%
Sedative, Hypnotic, Anxiolytic D/O	59	\$ 156,051	\$ 2,645	5%	9%	3%
Subtotal of above*	6,585	\$ 14,025,830	\$ 2,130	-1%	2%	2%
All SUD Diagnosis	6,701	\$ 14,224,144	\$ 2,123	0%	2%	2%

Table 14 summarizes the most frequently used substance use disorder diagnoses for adults (21 years and older). An increase in people using non-hospital rehab accounted for the increase in total paid claims for both cocaine and cannabis diagnoses. An increase in average non-hospital rehab service units per person also increased the average cost per person for people with diagnoses related to cocaine. The increase in the average cost per person for cannabis was driven by an increase in average service units of halfway house used per person. Overall decreased utilization of non-hospital rehab decreased the total paid claims for people with diagnoses related to alcohol. While fewer members diagnosed with substance-induced disorder used SUD services this quarter, an increase in average service units of non-hospital rehab resulted in higher average costs of this diagnosis. Note that the large percent change reflects the relatively small number of members for this service category.

**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		Inpatient Detox		NH Detox		Halfway House	
	Q3 2016	% change from Q2 2016	Q3 2016	% change from Q2 2016	Q3 2016	% change from Q2 2016	Q3 2016	% change from Q2 2016	Q3 2016	% change from Q2 2016
Number of total admissions	790	3%	383	0%	156	10%	879	7%	108	-5%
Number people with at least one	742	3%	359	-1%	141	16%	784	7%	104	-2%
Admission rate	34.2	4%	16.6	1%	6.7	10%	38.0	8%	4.7	-5%
Total number of discharges	767	0%	417	17%	159	14%	876	6%	114	-7%
Average length of stay	13	0%	46	-6%	4	0%	3	0%	79.0	8%
% with follow-up in 7 days	35%	-13%	44%	9%	55%	14%	71%	-1%	21%	-24%
% with readmit in 30 days	4%	13%	9%	-21%	8%	-38%	6%	-12%	5%	-49%

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 services experienced a decrease in 30-day readmission rate. Discharges increased for long-term rehab, inpatient detox, and non-hospital detox. Long-term rehab and inpatient detox also increased their 7-day follow-up rates. Number of people served decreased for short-term rehab and halfway house, with the number of total admissions decreased for halfway house as well.