

# The Allegheny County HealthChoices Program, 2004: The Year in Review

*HealthChoices is Pennsylvania's managed care program for Medical Assistance. This program provides physical and behavioral health care to children and adults. This report provides an overview of the behavioral health program during 2004. Information related to mental health and substance abuse treatment for children/adolescents and adults is covered on pages 2-7. Information related to the HealthChoices ombudsman, and HealthChoices denials, grievances and complaints is presented on page 8.*

## HealthChoices Enrollment and Service Use Overview

Since the HealthChoices program began in 1999, both enrollment and service use have increased. Chart 1 below displays these increases since 2000. Between 2003 and 2004, enrollment grew by 7%. In 2004:

- Approximately 54% of those enrolled were children or adolescents (0-20 years old), and 46% were adults (at least 21 years old).
- Half of children and adolescents enrolled were female and half male. About half were African-American.
- About 68% of adults enrolled were female and 32% male. About 39% of adults enrolled were African-American, and 57% Caucasian.
- These 2004 patterns are consistent with previous years.

From 2003 to 2004, the *proportion* of enrollees using services (the penetration rate) increased 3%. An increasing penetration rate means that more people who are eligible to use services choose to use services. Increasing penetration rates are a positive trend.

From 2003 to 2004, the number of consumers increased by 10% and total claims paid increased by 12%. The average cost per consumer increased slightly (2%).

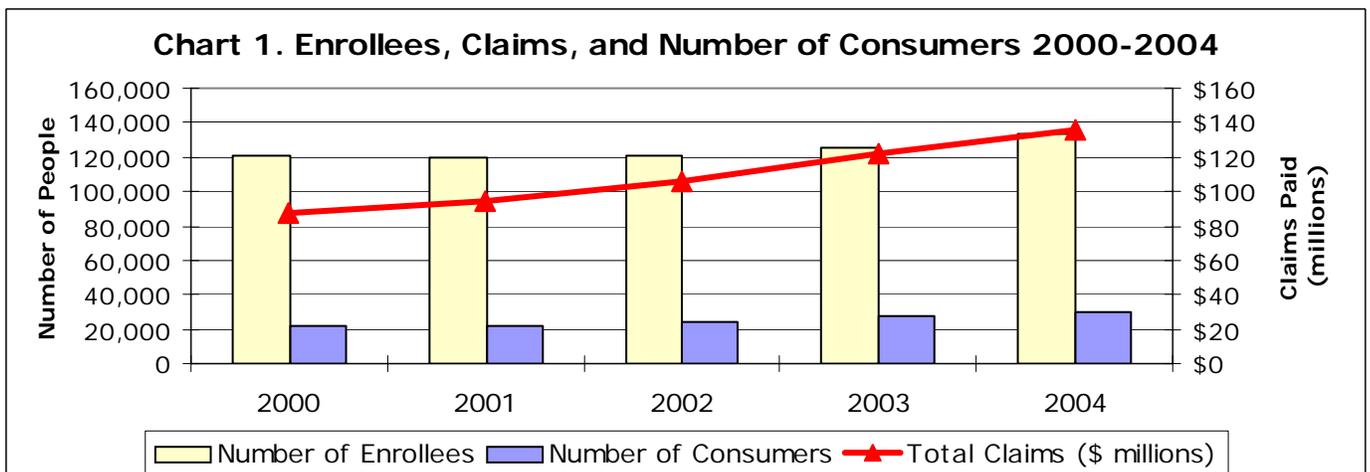
**Table 1. HealthChoices 2004 At a Glance**

	2004	Increase from '03
Average Monthly Enrollment	133,428	7%
Number of Consumers	29,642	10%
Penetration Rate	22.22%	3%
Total Claims (millions)	\$135.9	12%
Avg. Cost per Consumer	\$4,585	2%

In 2004, 54% of all paid claims were for services used by consumers 0-20 years. The average cost per consumer 0-20 years didn't change from 2003 to 2004.

Services used by adults accounted for 46% of paid claims in 2004. From 2003 to 2004, the average cost per adult consumer increased by 4%.

The articles on pages 2-7 provide more information on the types of services used by children and adults, and the most common diagnoses treated.



**Note:** An **enrollee** is an individual enrolled in the HealthChoices program during the reporting period. A **consumer** is an individual enrolled in the HealthChoices program who used behavioral health services during the reporting period.

## Treatment for Child and Adolescent Consumers, 2004

### Frequently Used Services, 2004

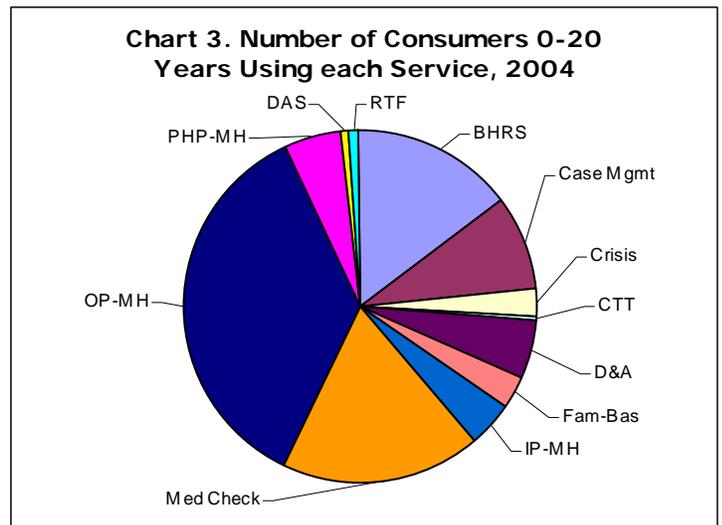
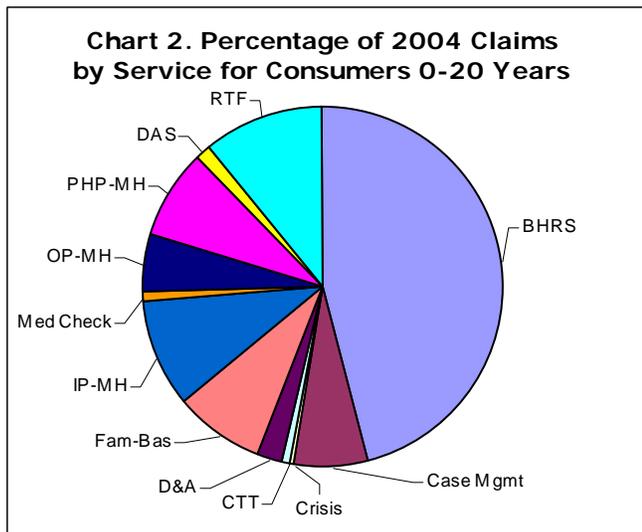
In 2004, over 11,000 children and adolescents received behavioral health services, totaling \$72.9 million in paid claims. These figures represent a 10% increase in both claims and the number of consumers. Charts 2 and 3 illustrate how the different behavioral health services account for total claims and the total number of consumers in 2004.

Chart 2 shows that behavioral health rehabilitation services (BHRS) account for the largest portion of claims (46%). Other services account for a smaller proportion of paid claims: residential treatment facilities (11%), inpatient mental health (10%), partial hospitalization (8%), family-based services (8%), case management (7%), and outpatient mental health (5%). Each of the other services in the graph ac-

counted for less than 5% of claims paid for services used by consumers 20 years and younger.

Chart 3 illustrates that more children and adolescents used outpatient mental health (67%) than any other service. Many consumers also used medication checks (33%), BHRS (28%), case management (16%), drug and alcohol services (10%), and partial hospitalization services (10%). Each of the other services in Chart 3 were used by less than 10% of consumers 20 years and younger.

Charts 2 and 3 also show the relative costs per consumer for each service. Services that are a small piece of the claims pie and a large piece of the consumer pie are less expensive (i.e. outpatient mental health). Services that are a big piece of the claims pie and a small piece of the consumer pie are more expensive (i.e. inpatient mental health and RTF).



**Table 2. Paid Claims and Number of Consumers 0-20 years, 2004**

Commonly Used Services	Paid Claims 2004 (millions)	% Change from 2003	# Consumers 2004	% Change from 2003
Behavioral Health Rehab. Svcs. (BHRS)	\$33.3	14%	3,131	18%
Case Management	\$4.8	5%	1,828	5%
Crisis Services	\$0.3	-4%	527	-3%
Community Treatment Teams (CTT)	\$0.4	5%	49	26%
All Drug and Alcohol Services	\$1.8	28%	1,086	64%
Family-based Services	\$5.8	8%	644	3%
Inpatient Mental Health (IP-MH)	\$7.1	-15%	847	-7%
Medication Checks	\$0.5	7%	3,774	13%
Outpatient mental health (OP-MH)	\$3.8	10%	7,572	10%
Partial Hospitalization (PHP-MH)	\$5.9	16%	1,114	1%
Diversion/Acute Stabilization (DAS)	\$0.4	N/A	94	N/A
Residential Treatment Facilities (RTF)	\$7.8	9%	203	9%
<b>Total</b>	<b>\$72.9</b>	<b>10%</b>	<b>11,316</b>	<b>10%</b>

## Changes from 2003 to 2004

Service use was very similar from 2003 to 2004 overall. However, several important changes from 2003 occurred:

- Use of BHRS continued to increase in 2004. Eighteen percent more consumers used these services in 2004 than in 2003. Of consumers with paid claims for BHRS in 2004, 35% had diagnoses of autism spectrum disorders, 23% with ADHD, 19% with oppositional defiant disorder, and 12% with adjustment disorder. The number of consumers in each of these diagnostic groups was larger in 2004, but the autism spectrum group grew the most from 2003 to 2004.

In 2004, Community Care began authorizing “brief BHRS” treatment. This new service made it easier for consumers to access some BHR services in shorter courses of treatment. This program certainly accounts for some of the increase in use of BHRS.

- Use of crisis services decreased slightly from 2003.
- The partial hospitalization category includes primarily two types of services: school-based programs and acute programs. From 2003 to 2004, total claims increased overall by 16%. This appears to be the result of an increase in the average cost per consumer of both school-based and acute programs.
- At the end of 2003, Mercy Behavioral Health and Family Services of Western PA each started Diversion and Acute Stabilization (DAS) Programs. In 2004, these programs served 94 consumers 0-20 years old, at an average cost of \$4,319 per consumer (total claims of \$405,950).
- A small number of consumers used RTF services. The average length of stay decreased 10% from 2003 (255 days) to 2004 (230 days). The admission rate (consumers per 1,000 enrollees) has remained stable over time.

See page 7 for more information on drug and alcohol services.

## Common Diagnoses Treated in 2004

In 2004, the largest amount of claims (\$19 million, 26%) was spent in the treatment of children with autism spectrum disorders. See Table 3. Almost 1,300 consumers received this diagnosis during 2004 (11%). Because consumers with these diagnoses usually need a high intensity of services, they have a high cost per consumer.

A large proportion of claims was also spent on the treatment of ADHD (\$12 million, 16%). Along with adjustment disorders, ADHD was a very common diagnosis on claims.

The smallest numbers of consumers received treatment for schizophrenia, bipolar disorder, and drug and alcohol disorders. These disorders often do not develop until individuals are older, so are not as common for 0-20 year olds.

Diagnosis data in this report comes from claims forms providers submit to get paid after they have provided a service. Many consumers receive different diagnoses on different claims during a year, so individuals can be included in more than one diagnosis in Table 3.

### Inpatient Mental Health Services, 2004

Decreasing use of inpatient services, through reducing both overall admissions and readmissions within 30 days, is a primary goal of the Allegheny County HealthChoices program. By decreasing use of inpatient services, more resources are available for community-based services, and consumers receive services in less restrictive settings.

For children and adolescents, use of inpatient mental health services declined from 2003 to 2004. Seven percent fewer consumers used this service, and paid claims for this service declined by 15%.

This decrease is the result of three small changes in 2004. The average length of stay decreased slightly (from 9.7 days in 2003 to 9.2 days). The admission rate decreased slightly from 2003 to 2004 (11.9 to 11.1 admissions per 1,000 enrollees). Also, the rate of readmissions occurring within 30 days of discharge also decreased slightly, from 17.8% in 2003 to 16.7%.

Efforts to sustain this decrease in inpatient services for children and adolescents should continue.

**Table 3. Claims Paid by Diagnosis Category for Consumers 0-20 Years, 2004**

	Claims 2004 (millions)	# Cons. 2004
ADHD	\$12.0	3,256
Adjustment D/O	\$5.9	3,473
Autism Spectrum D/O	\$19.0	1,293
Bipolar D/O	\$4.8	640
Conduct D/O	\$5.7	1,085
Drug and Alcohol D/O	\$1.8	781
Depressive D/O	\$5.0	1,358
Major Depression	\$6.1	1,280
Neurotic D/O	\$2.1	889
Oppositional Defiant D/O	\$6.7	1,577
Other mental health diagnoses	\$2.5	809
Schizophrenia	\$1.1	122
<b>Totals</b>	<b>\$72.9</b>	<b>11,316</b>

## Mental Health Treatment for Adult Consumers, 2004

In 2004, 85% of all adult consumers used a mental health service and 31% used a drug and alcohol service. Some consumers used both types of services. About 72% of all claims are paid for mental health services, and 28% for drug and alcohol services. Drug and alcohol services are covered separately on pages 6-7.

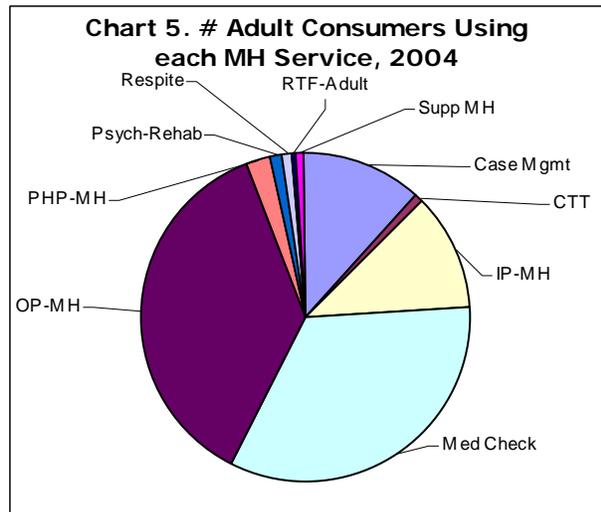
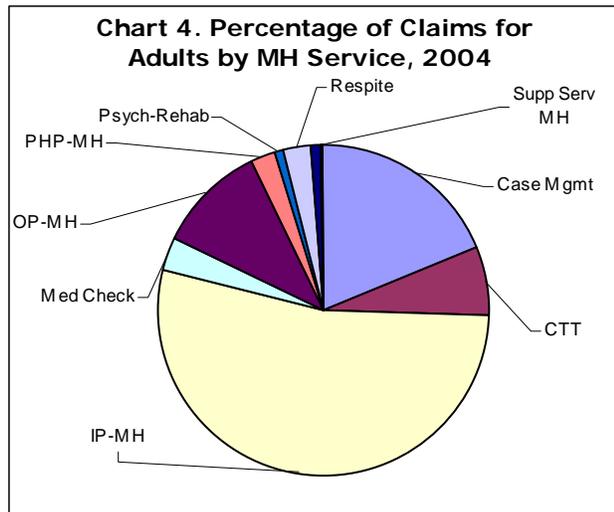
In 2004, over 15,700 adults used mental health services, totaling \$45.6 million in paid claims. Charts 4 and 5 summarize claims data and the number of adult consumers in 2004 for mental health services.

Chart 4 shows that inpatient mental health services account for the largest portion of claims (38%). Other services account for a smaller proportion of paid claims: case management (14%), outpatient mental health (8%), and community treatment teams (5%). Each of the other services in the graph account for less than 5% of claims paid for services

used by adult consumers.

Chart 5 illustrates that more consumers used outpatient mental health (60%) than any other service. Many consumers also used medication checks (53%), case management (19%), and inpatient mental health (18%). Each of the other services in Chart 5 were used by less than 10% of adult consumers.

Charts 4 and 5 also show the relative costs per consumer for each service. Services that are a small piece of the claims pie



**Table 4. Paid Claims and Number of Consumers 21 and older, 2004**

Commonly Used Mental Health Services	Paid Claims 2004 (millions)	% Change from 2003	# Consumers 2004	% Change from 2003
Case Management	\$8.5	2%	3,568	-4%
Community Treatment Teams (CTT)	\$3.1	-4%	252	23%
Inpatient Mental Health (IP-MH)	\$24.1	22%	3,335	10%
Medication Checks	\$1.6	5%	9,748	7%
Outpatient mental health (OP-MH)	\$4.8	20%	11,015	7%
Partial Hospitalization (PHP-MH)	\$1.1	-9%	701	-15%
Psych-Rehab	\$0.4	18%	373	-4%
Respite Services	\$1.2	-6%	310	-45%
RTF-Adult	\$0.4	N/A	37	N/A
Supplemental MH Services*	\$0.2	34%	271	24%
<b>All Mental Health Services</b>	<b>\$45.6</b>	<b>14%</b>	<b>15,723</b>	<b>8%</b>
<b>All Services</b>	<b>\$63.0</b>	<b>14%</b>	<b>18,499</b>	<b>9%</b>

\* Supplemental mental health services include primarily specific outpatient individual and family therapy codes.

and a large piece of the consumer pie are less expensive (i.e. outpatient mental health). Services that are a big piece of the claims pie and a small piece of the consumer pie are more expensive (i.e. inpatient mental health).

**Changes from 2003 to 2004**

Service use was very similar from 2003 to 2004, overall. However, several changes from 2003 occurred:

- The number of adults with claims for case management decreased 4% from 2003 to 2004.
- Paid claims for CTT services decreased slightly from 2003 to 2004. This is the result of a rate adjustment. Beginning April 1, 2004, teams began billing group services at a lower rate. If the rate had not been adjusted, total CTT claims would have increased by 7% from 2003 to 2004.
- In terms of paid claims, the growth of inpatient mental health services outpaced most other services. See the box below for more information.
- Partial services decreased from 2003, in terms of both number of consumers (15%) and paid claims (9%).
- Use of outpatient services increased from 2003, both in terms of number of consumers (7%) and paid claims (20%).
- The number of consumers using respite services decreased dramatically in 2004. This is the result of a re-categorization of several drug and alcohol partial programs with a residential component from respite in 2003 to residential partial programs in 2004. These services are reported within the supplemental drug and alcohol services category on pages 6-7 of this report.

- A new residential treatment facility for adults (RTF-Adult) began in 2004. This service is intended to divert consumers who would otherwise be admitted to the hospital. It is also a step-down service from inpatient services. While accounting for only 1% of paid claims in 2004, increased use of this service will hopefully impact inpatient utilization in the future.

**Common Mental Health Diagnoses Treated in 2004**

In 2004, the largest amount of claims (\$17.7 million, 28%) was spent in the treatment of schizophrenia. See Table 5. Nearly 4,000 consumers (21%) received this diagnosis on a paid claim during 2004.

A large proportion of claims was also spent on the treatment of mood disorders, including major depression (\$9.2 million, 15%), bipolar disorder (\$6.9 million, 11%) and depressive disorders (\$5.8 million, 9%).

From 2003 to 2004, claims paid to treat most diagnoses increased at similar rates (between 12% and 16%).

**Table 5. Claims Paid by Diagnosis Category, Adults, 2004**

	Claims 2004 (millions)	# Consumers 2004
Adjustment D/O	\$1.4	1,584
Bipolar D/O	\$6.9	2,812
Depressive D/O	\$5.8	2,823
Maj Depression	\$9.2	5,188
Neurotic D/O	\$1.2	1,701
Schizophrenia	\$17.7	3,958
All other MH diagnoses	\$3.2	1,861

**Inpatient Mental Health Services for Adults, 2004**

The use of inpatient mental health services for adults continues to be of concern for the HealthChoices program. In terms of dollars spent, the growth of inpatient mental health outpaced most other services, and it continues to account for the largest portion of claims paid.

Table 6 shows inpatient service use data for adult consumers during 2004. The average length of stay for inpatient services in 2004 (9.6 days) was slightly longer than 2003 (9 days). The admission rate increased 9% from 2003 to 2004 (47.2 to 51.6 admissions per 1,000 enrollees). The 1-30 day readmission rate didn't change from 2003 to 2004. The increase in average length of stay and the admission rate both influence the growth in claims and number of consumers for this service from 2003.

**Table 6. Inpatient mental health services**

	2004	% change from 2003
# Consumers with at least one admission	3,607	9%
Admission Rate (admissions per 1,000 enrollees)	51.6	9%
Average length of stay (days)	9.6	7%
Readmission Rate (% readmitted in 1-30 days)	21.2%	0%

## Drug and Alcohol Treatment for Adult Consumers, 2004

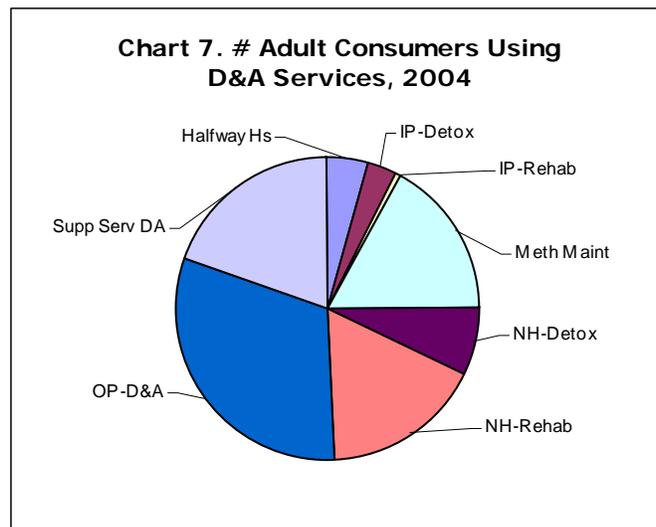
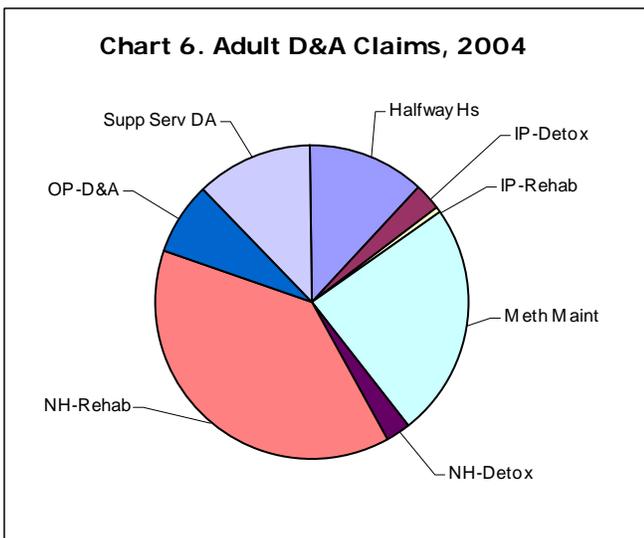
In 2004, about 5,700 adults used drug and alcohol services, totaling \$17.3 million in paid claims. This represents about 28% of all claims paid for adult behavioral health services. Charts 6 and 7 summarize claims and the number of adult consumers in 2004 for drug and alcohol services.

Chart 6 shows that non-hospital rehabilitation services account for the largest portion of claims paid for drug and alcohol services (38%). Other services account for a smaller proportion of paid claims: methadone maintenance (24%), halfway house (12%), and supplemental drug and alcohol services\* (7%). Each of the other services in

Chart 6 accounted for less than 10% of claims paid for drug and alcohol services used by adult consumers.

Chart 7 illustrates that more consumers used outpatient drug and alcohol services (50%) than any other drug and alcohol treatment service. Many consumers also used supplemental drug and alcohol services (32%), non-hospital rehabilitation (27%), methadone maintenance (27%), and non-hospital detoxification (12%). Each of the other services in Chart 7 were used by less than 10% of adult drug and alcohol consumers.

Charts 6 and 7 also show the relative costs per consumer for each service. Services that are a small piece of the claims pie



**Table 7. Drug and Alcohol Services:  
Paid Claims and Number of Consumers 21 and older, 2004**

Commonly Used D&A Services	Claims 2004 (millions)	% Change from 2003	# Cons. 2004	% Change from 2003
Halfway House	\$2.1	26%	418	16%
Inpatient Detoxification	\$0.5	50%	276	45%
Inpatient Rehabilitation	\$0.1	122%	38	111%
Methadone Maintenance	\$4.1	16%	1,549	41%
Non-hospital Detoxification	\$0.4	33%	677	9%
Non-hospital Rehabilitation	\$6.6	2%	1,551	2%
Outpatient Drug and Alcohol Svcs.	\$1.3	9%	2,857	18%
Supplemental Drug and Alcohol Svcs.*	\$2.1	30%	1,806	10%
<b>All Drug and Alcohol Services</b>	<b>\$17.3</b>	<b>13%</b>	<b>5,698</b>	<b>18%</b>
<b>All Services</b>	<b>\$63.0</b>	<b>14%</b>	<b>18,499</b>	<b>9%</b>

\* Supplemental drug and alcohol services include: intensive outpatient (41% of claims for supplemental services), partial programs (26%), residential partial programs (18%), acute partial programs (8%), and individual therapy services (7%).

(Continued from page 6)

and a large piece of the consumer pie are less expensive (i.e. outpatient drug and alcohol). Services that are a big piece of the claims pie and a small piece of the consumer pie are more expensive (i.e. non-hospital rehabilitation).

Table 7 illustrates that use increased for all drug and alcohol services, both in terms of claims paid and the number of consumers. Inpatient detoxification and rehabilitation services had the largest increases; these two services are used by the smallest number of consumers. Use of halfway house and methadone maintenance services also increased significantly in 2004.

Use of non-hospital rehabilitation had the smallest percentage increase from 2003. This stability is the result of decreases in the admission and readmission rates, while the average length of stay increased.

- The admission rate in 2004 was 15.9 admissions per 1,000 enrollees (a 5% decrease from 2003).
- In 2004, 6.4% of consumers were readmitted to non-hospital rehabilitation within 30 days (a 39% decrease from 2003).
- The average length of stay in 2004 was 25.7 days (a 19% increase from 2003).

The growth in supplemental drug and alcohol services is partly the result of a re-categorization of residential partial drug and alcohol programs from the respite category (see pages 4-5) to the supplemental drug and alcohol category. Use of intensive outpatient services, also in this supplemental category, increased

**Table 8. Claims Paid by D&A Diagnosis Category, Adults, 2004**

	Claims 2004 (millions)	# Consumers 2004
Cocaine	\$3.2	1,228
Alcohol	\$2.5	1,393
Opioid	\$7.2	2,206
Other Subs D/O*	\$3.3	1,350
All other D&A dx	\$1.3	793
<b>D&amp;A Total</b>	<b>\$17.3</b>	<b>5,698</b>
<b>Total</b>	<b>\$63.0</b>	<b>18,499</b>

*\* About 85% of claims paid for the "Other substance disorder" category is for polysubstance use/abuse.*

as well.

Table 8 outlines the most common drug and alcohol diagnoses treated in 2004. The largest amount of drug and alcohol claims were spent in the treatment of opioid (i.e. heroin) addictions (\$7.2 million, 42%).

A large proportion of drug and alcohol claims was also spent on the treatment of cocaine disorders (\$3.2 million, 19%), alcohol disorders (\$2.5 million, 15%) and "other" substance disorders (\$3.3 million, 19%).

From this data and the increase in methadone maintenance services, it appears that use and/or need for treatment for abuse of heroin and other opioids grew more quickly than cocaine, alcohol, or other substance disorders during 2004.

## Drug and Alcohol Treatment for Child and Adolescent Consumers, 2004

While children and adolescents are much less likely to need drug and alcohol treatment services than adults, this is an important area to monitor. In May of 2004, Pennsylvania's Department of Public Welfare reported that only a small proportion of adolescents in the HealthChoices program who need substance abuse treatment receive it.

In 2004, all drug and alcohol services accounted for only 2% (\$1.8 million) of paid claims for consumers 0-20 years. However, this is a 28% increase from 2003. About 10%, or 1,086 consumers 0-20 years, used at least one drug and alcohol treatment service in 2004. This represents a 64% increase from 2003. Nearly all drug and alcohol services are used by older adolescents (16 and older).

Table 9 shows commonly used drug and alcohol services for consumers 20 years and younger. Between 2003 and 2004, the largest increases in the number of consumers occurred for outpatient services, supplemental drug and alcohol services, and methadone maintenance.

**Table 9. Drug and Alcohol Services: Paid Claims and Number of Consumers 0-20 years, 2004**

Commonly Used D&A Services	Paid Claims 2004	# Cons. 2004
Halfway House	\$179,658	33
Methadone Maintenance	\$29,991	176
Non-hospital Detoxification	\$43,300	69
Non-hospital Rehabilitation	\$1,014,562	188
Outpatient Drug and Alcohol Svcs.	\$250,532	688
Supplemental Drug and Alcohol Svcs.	\$240,014	251
All Services (including mental health)	\$72,922,747	11,316

## HealthChoices Ombudsman Contacts

The HealthChoices ombudsman program answers questions about behavioral health services, assists consumers in filing complaints, and advises consumers and family members of their rights. In 2004, the HealthChoices ombudsman program continued to perform outreach and training activities in consumer rights and responsibilities and recovery, in addition to answering inquiries.

Table 10 shows the number of inquiries handled by the ombudsman program in 2004. The total number of inquiries increased 14% from 2003. About 60% of the ombudsman contacts were made in person, and 40% over the phone.

Source	#
Consumer	414
Family	109
County or Community Care	12
Provider	138
Other	105
Total	778

For 60% of these inquiries, information from the ombudsman was requested. About 33% of inquiries involved provider issues or service/clinical issues. Approximately 14% of inquiries involved complaints and grievances. In addition to providing information and education, the ombudsman also assisted with complaints and grievances and made referrals to Community Care.

### About AHCI

Allegheny HealthChoices, Inc. (AHCI) is a contract agency for the Allegheny County Department of Human Services' HealthChoices Program.

Our mission is to assure equitable access to quality, cost-effective behavioral health care that promotes positive clinical outcomes, recovery, and resiliency.

For more information, visit us at [www.ahci.org](http://www.ahci.org) or contact us at:

Allegheny HealthChoices, Inc.  
444 Liberty Avenue  
Suite 240  
Pittsburgh, PA 15222

Phone: 412-325-1100

Fax: 412-325-1111

E-mail: [eheberlein@ahci.org](mailto:eheberlein@ahci.org)

## HealthChoices Denials, Grievances, and Complaints, 2004

### Denials and Grievances

Table 11 shows the number of denials Community Care issued for requests for services, and the number of grievances filed by consumers contesting the denials for 2003 and 2004. The number of denials doubled from 2003. In both years, most denials were for BHRS or RTF services for children. In 2004, 80% of denials were for BHRS services, and 13% for RTF. All other services accounted for the remaining 7% of denials.

The 2004 increase in total denials is due to increased denials for BHRS services. Generally, these are not complete denials of the service. Denials tend to be partial denials for the duration or weekly amount of BHRS, because the requested

amounts of BHRS did not meet medical necessity criteria.

The number of grievances filed increased proportionally to the number of denials. In 2003, consumers filed grievances in response to denials 36% of the time (for a total of 46 grievances). In 2004, consumers filed grievances in response to denials 26% of the time (for a total of 103 grievances).

### Complaints

HealthChoices enrollees or consumers filed 241 complaints in 2004, a 15% decrease from 2003. Only sixteen complaints were pursued to the second level in 2004, in comparison to 20 complaints in 2003. Common complaint issues include billing issues, dissatisfaction with treatment received, and unethical/inappropriate behavior.

**Table 11. Denials and Grievances**

	2003	2004
Number of denials for requested services	128	256
Request didn't meet medical necessity criteria	96	226
Facility failed to provide sufficient information	29	27
Number of first level grievances filed	46	103
% of grievances where original denial was overturned	28%	24%
Number of second level grievances filed	10	14
% of grievances where original denial was overturned	55%	50%