

# The Allegheny County HealthChoices Program, 2005: 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 2005. Information related to mental health and substance abuse treatment for children/adolescents and adults is covered on pages 2-7. Information related to HealthChoices denials and grievances 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 displays these increases since 2000. Between 2004 and 2005, enrollment grew by 9%. In 2005:

- Approximately 54% of those enrolled were children or adolescents (0-20 years old), and 46% were adults (at least 21 years old).
- Of children and adolescents enrolled, 49% were female and 51% were male. About 48% were African-American, and 48% were Caucasian.
- About 67% of adults enrolled were female and 33% male. Approximately 39% of adults enrolled were African-American, and 58% Caucasian.
- These 2005 patterns are consistent with previous years.

From 2004 to 2005, the *proportion* of enrollees using services (the penetration rate) increased 4%. An increasing penetration rate means that more people who are eligible to use services chose to use services. Increasing penetration rates are a positive trend.

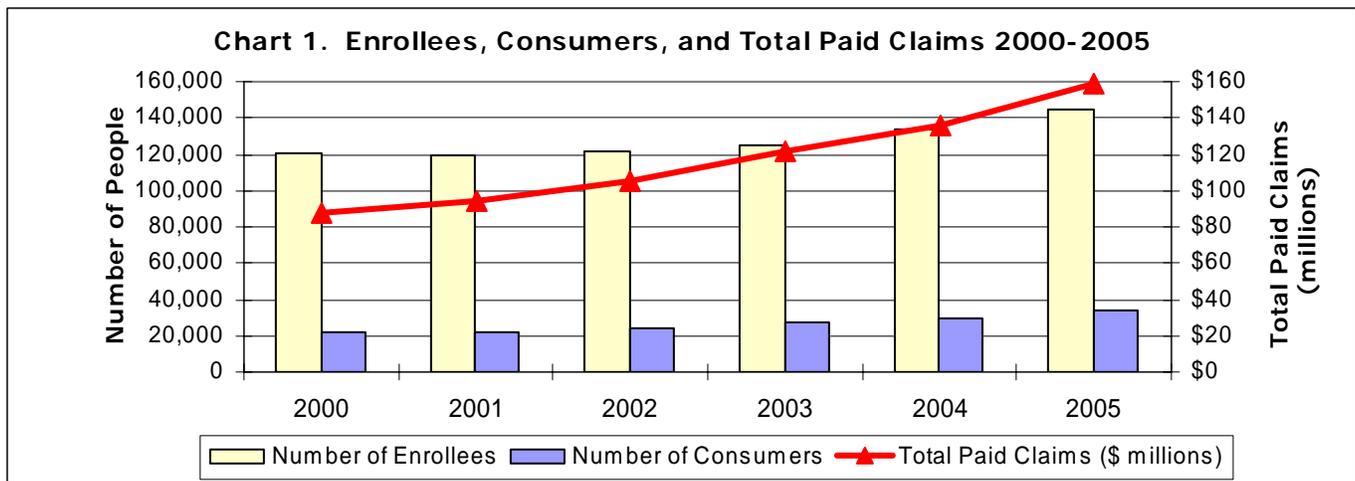
From 2004 to 2005, the number of consumers increased by 13% and total claims paid increased by 16%. The average cost per consumer increased by 3%.

	2005	Increase from '04
Average Monthly Enrollment	144,930	9%
Number of Consumers	33,689	13%
Penetration Rate	23.24%	4%
Total Claims (millions)	\$158.6	16%
Avg. Cost per Consumer	\$4,707	3%

In 2005, 52% of all paid claims were for services used by consumers 0-20 years. The average cost per consumer 0-20 years increased 3% from 2004 to 2005.

Services used by adults accounted for 48% of all paid claims in 2005. From 2004 to 2005, 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, 2005

### Frequently Used Services, 2005

In 2005, almost 12,600 children and adolescents received behavioral health services, representing a 10% increase from 2004. Paid claims for services provided to children and adolescents totaled \$83.2 million in 2005, a 14% increase from 2004. Charts 2 and 3 illustrate how the different behavioral health services account for total paid claims and the total number of consumers in 2005.

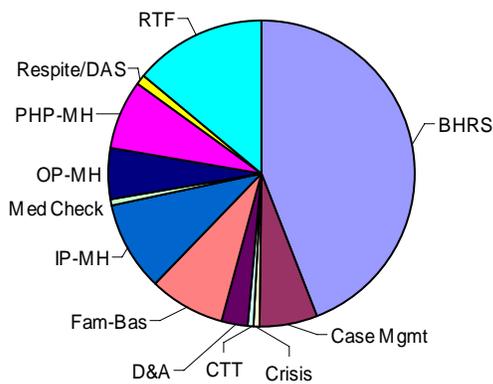
Chart 2 shows that behavioral health rehabilitation services (BHRS) account for the largest portion of paid claims (44%). Other services account for a smaller proportion of paid claims: residential treatment facilities (14%), inpatient mental health (9%), family-based services (8%), partial hospitalization (7%) and case management (6%). Each of the other

services in the graph accounted for 5% or less of claims paid for services used by consumers 20 years and younger.

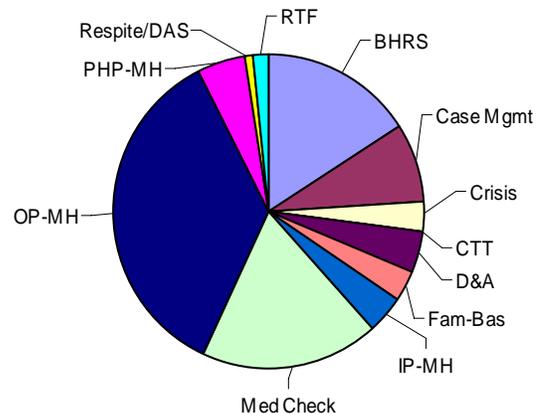
Chart 3 illustrates that a greater number of children and adolescents used outpatient mental health (64%) than any other service. Many consumers also used medication checks (34%), BHRS (28%), and case management (15%). Each of the other services in Chart 3 were used by less than 10% of consumers 20 years 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 (e.g. outpatient mental health). Services that are a big piece of the claims pie and a small piece of the consumer pie are more expensive (e.g. inpatient mental health and RTF).

**Chart 2. Percent of 2005 Claims Paid by Service for Consumers 0-20 Years**



**Chart 3. Number of Consumers 0-20 Years Using Each Service, 2005**



**Table 2. Paid Claims and Number of Consumers 0-20 Years, 2005**

Commonly Used Services	Paid Claims 2005 (millions)	% Change from 2004	# Consumers 2005	% Change from 2004
Behavioral Health Rehab. Svcs. (BHRS)	\$36.4	9%	3,575	14%
Case Management	\$5.0	1%	1,886	3%
Crisis Services	\$0.3	-4%	653	23%
Community Treatment Teams (CTT)	\$0.5	14%	51	4%
All Drug and Alcohol Services	\$2.3	26%	975	24%
Family-based Services	\$6.6	14%	709	10%
Inpatient Mental Health (IP-MH)	\$7.7	8%	875	3%
Medication Checks	\$0.6	25%	4,253	11%
Outpatient mental health (OP-MH)	\$4.5	16%	8,075	6%
Partial Hospitalization (PHP-MH)	\$6.0	1%	1,169	5%
Respite and Diversion/Acute Stabilization (DAS)	\$0.8	69%	173	38%
Residential Treatment Facilities (RTF)	\$11.5	47%	377	86%
<b>Total</b>	<b>\$83.2</b>	<b>14%</b>	<b>12,592</b>	<b>10%</b>

## Changes from 2004 to 2005

Service utilization patterns for children and adolescents were similar in 2004 and 2005. However, several trends should be noted:

- **BHRS:** The number of children using BHRS increased by 14% and total claims increased 9%. However, the average amount of BHRS used per child decreased from 2004, resulting in total claims growing at a slower pace than the number of consumers.

There are three main types of services included in the BHRS category: Behavioral Specialist Consultant (BSC), Mobile Therapy (MT), and Therapeutic Staff Support (TSS) services. Similar to previous years, TSS services comprised the greatest portion of paid BHRS claims (50%) in 2005. Overall, utilization increased for all three types of service. However, MT and BSC services increased at a greater rate than TSS.

- **Crisis:** The number of children using crisis services increased by 23% from 2004 to 2005. However, paid claims for crisis services decreased 4%. These trends result from a slight decrease in more expensive mobile crisis services and a significant increase in less expensive walk-in crisis services. Since these services may be used to prevent the need for inpatient care, increased crisis service utilization can be viewed as a positive change.
- **Respite and Diversion/Acute Stabilization (DAS):** Paid claims for these services increased 69%, while the number of children and adolescents using these services increased by 38%. Because relatively few consumers used respite/DAS services, the actual changes in the number of consumers and total paid claims was fairly small. Because use of these services may prevent the need for inpatient care, greater use of respite and DAS services can be considered an encouraging trend.
- **Inpatient-MH:** Decreasing use of inpatient services 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, the number of consumers using inpatient mental health services increased by 3% and the average length of stay increased from 9.2 to 10 days. However, the admission rate decreased from 10.1 to 9.5 admissions per 1,000 enrollees. The rate of readmissions occurring within 30 days of discharge remained stable at 16.4%.

- **RTF:** In 2005, Pennsylvania began implementing the Integrated Children's Services Initiative (ICSI). The Department of Public Welfare (DPW) began ICSI to ensure that all children have access to a comprehensive range of services available through all public systems, regardless of how the child enters the system. One of the reasons DPW is moving towards this integration is to maximize use of federal rather than state or local funding for services that are eligible for federal reimbursement. This initiative resulted in

programs previously paid for with Office of Children, Youth and Family (OCYF) funds becoming HealthChoices-funded services.

From 2004 to 2005, the number of children and adolescents using RTF services increased 87%. The amount of total paid claims for RTF services increased by 48%. Most of the increase in number of children and paid claims is related to the implementation of ICSI.

## Common Diagnoses Treated in 2005

In 2005, most claims dollars (\$21.6 million, 26%) were spent in the treatment of children with autism spectrum disorders (see Table 3). Over 1,600 children and adolescents with this diagnosis received services during 2005. Because children with these diagnoses usually need a high intensity of services, they have a high cost per child.

Adjustment disorders and ADHD were the most common diagnoses for children who received services. Treatment for ADHD costs more per child than treatment for adjustment disorders. Therefore total claims paid for ADHD diagnoses (\$15.1 million) was greater than for adjustment disorders (\$6.6 million).

The smallest numbers of consumers received treatment for schizophrenia and bipolar disorder. 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. Of the 12,592 consumers ages 0-20 who received services in 2005, many had different diagnoses on different claims. Consumers may therefore be included in more than one diagnosis category in Table 3.

Table 3. Claims Paid by Diagnosis Category for Consumers 0-20 Years, 2005		
	Claims 2005 (millions)	# Consumers 2005
ADHD	\$15.1	3,691
Adjustment D/O	\$6.6	3,846
Autism Spectrum D/O	\$21.6	1,605
Bipolar D/O	\$4.9	701
Conduct D/O	\$6.3	1,199
Drug and Alcohol D/O	\$2.5	960
Depressive D/O	\$5.5	1,426
Major Depression	\$6.6	1,458
Neurotic D/O	\$2.5	986
Oppositional Defiant D/O	\$7.6	1,776
Other mental health diagnoses	\$2.8	667
Schizophrenia	\$1.4	112
<b>Totals</b>	<b>\$83.2</b>	<b>12,592</b>

## Mental Health Treatment for Adult Consumers, 2005

In 2005, 84% 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 70% of all claims are paid for mental health services, and 30% for drug and alcohol services. Drug and alcohol services are covered separately on pages 6-7.

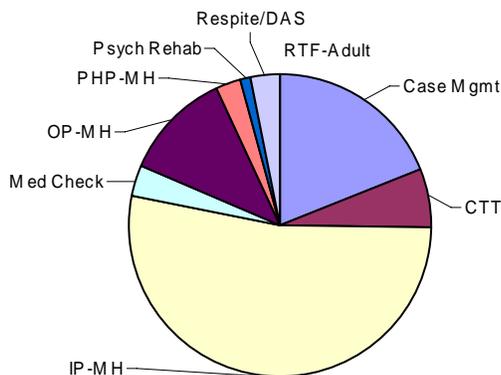
In 2005, almost 18,100 adults used mental health services, totaling \$52.9 million in paid claims. Charts 4 and 5 summarize claims data and the number of adult consumers for mental health services.

Chart 4 shows that inpatient mental health services account for the largest portion of mental health claims (51%). Other services account for a smaller portion of claims: case management (18%), outpatient mental health (11%), and community treatment teams (6%). Each of the other services in the graph account for less than 5% of claims paid for mental health services used by adult consumers.

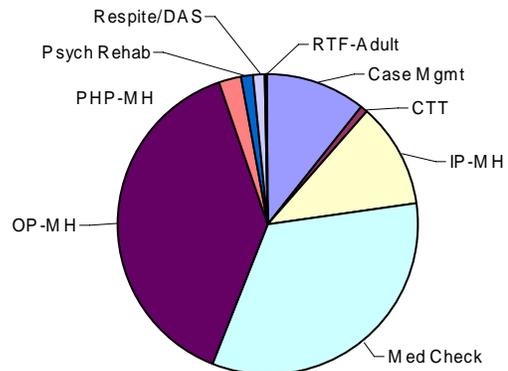
Chart 5 illustrates that a greater number of consumers used outpatient mental health (72%) than any other mental health service. Many consumers also used medication checks (61%), inpatient mental health (20%), and case management (20%). Each of the other services in Chart 5 were used by less than 10% 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 and a large piece of the consumer pie are less expensive (e.g. outpatient mental health). Services that are a big piece of the claims pie and a small piece of the consumer pie are more expensive (e.g. inpatient mental health).

**Chart 4. Percent of 2005 Paid Claims by MH Service for Adult Consumers**



**Chart 5. Number of Adult Consumers Using each MH Service, 2005**



**Table 4. Paid Claims and Number of Consumers 21 and Older, 2005**

Commonly Used Mental Health Services	Paid Claims 2005 (millions)	% Change from 2004	# Consumers 2005	% Change from 2004
Case Management	\$9.7	13%	3,635	2%
Community Treatment Teams (CTT)	\$3.3	7%	281	12%
Inpatient Mental Health (IP-MH)	\$26.8	11%	3,686	9%
Medication Checks	\$1.8	14%	10,948	11%
Outpatient mental health (OP-MH)	\$6.0	24%	12,962	16%
Partial Hospitalization (PHP-MH)	\$1.3	20%	786	12%
Psych-Rehab	\$0.6	55%	502	34%
Respite and Diversion/Acute Stabilization Services	\$1.5	27%	380	23%
RTF-Adult	\$1.2	209%	75	103%
Supplemental MH Services*	\$0.2	40%	346	27%
<b>All Mental Health Services</b>	<b>\$52.9</b>	<b>14%</b>	<b>18,078</b>	<b>12%</b>
<b>All Services</b>	<b>\$75.3</b>	<b>19%</b>	<b>21,257</b>	<b>14%</b>

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

### Changes from 2004 to 2005

Service use was very similar from 2004 to 2005, overall. However, there were several changes from 2004:

- The number of adults with claims for case management increased 2% from 2004 to 2005, while paid claims increased by 13%. Through an ICM/RC Enhanced Rate program, Community Care has encouraged case management providers to engage with consumers during inpatient stays and in the period following inpatient discharges. While the change in rate is partially responsible for the overall increase in paid claims, an increase in the average number of units provided to consumers played a larger role in the increase.
- Use of outpatient services increased from 2004, both in terms of number of consumers (16%) and paid claims (24%).
- Utilization of partial hospitalization services increased from 2004 levels in terms of both the number of consumers (12%) and paid claims (20%). The number of consumers using psychiatric rehabilitation services increased by 34%, while paid claims increased 55%. For both of these services, paid claims experienced a greater rate of increase than number of consumers due to an increase in the average amount of services provided to consumers.
- Use of respite and diversion/acute stabilization services increased in 2005 in terms of both number of consumers (23%) and paid claims (27%).
- The number of consumers using RTF-Adult services increased by 103%, while paid claims for these services increased 209%. It is important to note that relatively few consumers use RTF-Adult services, so a small change in the number of consumers or total paid claims results in large percent changes.
- Paid claims for supplemental mental health services increased

40%, while the number of consumers utilizing this category of services increased 27%. This category includes primarily specific outpatient individual and family therapy services.

### Common Mental Health Diagnoses Treated in 2005

In 2005, most claims dollars (\$20.4 million, 27%) were spent in the treatment of schizophrenia (see Table 5). Over 4,200 adult consumers (21%) received this diagnosis on a paid claim during 2005.

A large proportion of claims was also spent on the treatment of mood disorders, including major depression (\$10.2 million, 14%), bipolar disorder (\$8.4 million, 11%) and depressive disorders (\$7.2 million, 10%).

From 2004 to 2005, there were significant increases in both the number of consumers with a diagnosis of depressive disorder (20%) and total paid claims (25%) for services provided to consumers with this diagnosis. Additionally, total paid claims for treatment of consumers with a diagnosis of bipolar disorder increased 22%.

**Table 5. Claims Paid by Diagnosis Category, Adults, 2005**

	Claims 2005 (millions)	# Consumers 2005
Adjustment D/O	\$1.6	1,667
Bipolar D/O	\$8.4	3,321
Depressive D/O	\$7.2	3,405
Maj Depression	\$10.2	6,015
Neurotic D/O	\$1.4	2,009
Schizophrenia	\$20.4	4,208
All other MH diagnoses	\$3.8	1,975

### Inpatient Mental Health Services for Adults, 2005

The use of inpatient mental health services for adults continues to be of concern for the HealthChoices program. Inpatient services continue to account for the largest portion of claims paid.

Table 6 shows inpatient service use data for adult consumers in 2005. The average length of stay for inpatient services in 2005 (10.6 days) was longer than 2004 (9.6 days). The admission rate increased 3% from 2004 to 2005 (47.02 to 48.35 admissions per 1,000 enrollees). The 1-30 day readmission rate increased slightly from 2004 to 2005. The increases in average length of stay and the admission/readmission rates all contributed to the growth in total paid claims for inpatient mental health services.

**Table 6. Inpatient Mental Health Services**

	2005	% Change from 2004
# consumers with at least one admission	3,943	9%
Admission rate (admissions per 1,000 enrollees)	48.35	3%
Average length of stay (days)	10.6	10%
Readmission Rate (% readmitted in 1-30 days)	21.6%	2%

## Drug and Alcohol Treatment for Adult Consumers, 2005

In 2005, over 6,600 adults used drug and alcohol services, totaling \$22.4 million in paid claims. This represents about 30% of all claims paid for adult behavioral health services. Charts 6 and 7 summarize paid claims and the number of adult consumers in 2005 for drug and alcohol services.

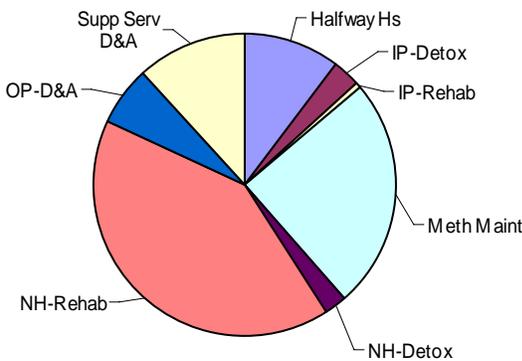
Chart 6 shows that non-hospital rehabilitation services account for the largest portion of claims paid for drug and alcohol services (41%). Other services account for a smaller portion of paid claims: methadone maintenance (25%), halfway house (10%), and supplemental drug and alcohol services\* (11%). 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.

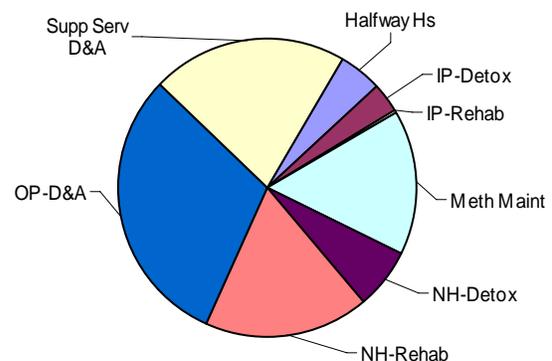
Chart 7 illustrates that more consumers used outpatient drug and alcohol services (50%) than any other drug and alcohol treatment service. Many consumers also used supplemental drug and alcohol services (32%), non-hospital rehabilitation (27%), methadone maintenance (27%), and non-hospital detoxification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

Charts 6 and 7 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 (e.g.

**Chart 6. Percent of 2005 Paid Claims by D&A Service for Adult Consumers**



**Chart 7. Number of Adult Consumers Using D&A Services, 2005**



**Table 7. Drug and Alcohol Services: Paid Claims and Number of Consumers 21 and Older, 2005**

Commonly Used D&A Services	Claims 2005 (millions)	% Change from 2004	# Cons. 2005	% Change from 2004
Halfway House	\$2.3	9%	508	22%
Inpatient Detoxification	\$0.7	56%	370	34%
Inpatient Rehabilitation	\$0.1	10%	41	8%
Methadone Maintenance	\$5.5	34%	1,716	37%
Non-hospital Detoxification	\$0.5	21%	728	7%
Non-hospital Rehabilitation	\$9.2	38%	1,971	27%
Outpatient Drug and Alcohol Svcs.	\$1.4	11%	3,359	17%
Supplemental Drug and Alcohol Svcs.*	\$2.6	21%	2,334	29%
<b>All Drug and Alcohol Services</b>	<b>\$22.5</b>	<b>29%</b>	<b>6,686</b>	<b>24%</b>
<b>All Services (including mental health)</b>	<b>\$75.3</b>	<b>19%</b>	<b>21,257</b>	<b>14%</b>

\* Supplemental drug and alcohol services include: intensive outpatient (42% of claims for supplemental services), partial programs (30%), residential partial programs (15%), acute partial programs (7%), and individual therapy services (6%).

(Continued from page 6)

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 (e.g. 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. Specific changes from 2004 to 2005 included the following:

- Non-hospital rehabilitation services, which have consistently comprised the largest portion of paid claims for drug and alcohol services, experienced a 27% increase in the number of consumers and a 38% increase in paid claims from 2004. Several factors led to the increase in paid claims from 2004 to 2005. These include an increase in the readmission rate and an increase in the contracted reimbursement rate for some non-hospital rehabilitation service providers.
- Use of inpatient detoxification services increased 56% in terms of paid claims and 34% in terms of number of consumers. However, it should be noted that compared to most other drug and alcohol services, few consumers used inpatient detoxification services. Actual changes in number of consumers and total paid claims were therefore relatively small.
- The number of consumers using methadone maintenance services increased 37%, while paid claims for these services increased by 34%.

Table 8 outlines the most common drug and alcohol diagnoses treated in 2005. The largest amount of drug and alcohol claims were spent in the treatment of opioid (e.g. heroin) addictions (\$8.9 million, 40%).

Other drug and alcohol diagnoses included cocaine disorders (\$4.2 million, 19%), alcohol disorders (\$2.9 million, 13%) and “other” substance disorders (\$3.3 million, 18%).

	Claims 2005 (millions)	# Consumers 2005
Cocaine	\$4.2	1,562
Alcohol	\$2.9	1,572
Opioid	\$8.9	2,802
Other Subs D/O*	\$4.1	1,637
All other D&A dx	\$2.1	1,079
<b>D&amp;A Total</b>	<b>\$22.4</b>	<b>6,646</b>
<b>Total</b>	<b>\$75.3</b>	<b>21,257</b>

\*About 84% of claims paid for the “Other substance disorder” category is for polysubstance use/abuse.

## Drug and Alcohol Treatment for Child and Adolescent Consumers, 2005

Children and adolescents are much less likely to need drug and alcohol treatment services than adults. However, the rate of increase for drug and alcohol service utilization outpaced the overall rate of increase for child and adolescent services, indicating faster growth in drug and alcohol services than mental health services.

In 2005, all drug and alcohol services accounted for only 3% (\$2.3 million) of paid claims for consumers 0-20 years. However, this is a 26% increase from 2004. About 8%, or 975 consumers 0-20 years, used at least one drug and alcohol treatment service in 2005. This represents a 24% increase from 2004. Most drug and alcohol services are used by adolescents 13 years and older.

Table 9 shows commonly used drug and alcohol services for consumers 20 years and younger. Between 2004 and 2005, the largest increases in the number of consumers occurred for inpatient detoxification, methadone maintenance, and outpatient services.

Common drug and alcohol diagnoses for consumers 20 years and younger included cannabis, opioid, alcohol, and polysubstance use/abuse disorders.

Commonly Used D&A Services	Paid Claims 2005	# Cons. 2005
Halfway House	\$146,048	32
Methadone Maintenance	\$106,204	49
Non-hospital Detoxification	\$66,482	77
Non-hospital Rehabilitation	\$1,197,831	216
Outpatient Drug and Alcohol Svcs.	\$396,827	642
Supplemental Drug and Alcohol Svcs.	\$302,112	303
<b>All Drug and Alcohol Services</b>	<b>\$2,250,155</b>	<b>975</b>
<b>All Services (including mental health)</b>	<b>\$83,242,749</b>	<b>12,592</b>

## HealthChoices Denials and Grievances, 2005

In addition to monitoring trends in HealthChoices enrollment and service utilization, AHCI monitors the overall level of denials and grievances. Table 10 shows the number of denials Community Care issued for requests for services, and the number of grievances filed by consumers contesting the denials for 2004 and 2005. The total number of denials increased 43% from 2004. In 2005, 66% of denials were for BHRS services, 15% for OP-MH, and 8% for RTF. All other services accounted for the remaining 11% of denials.

Most denials for BHRS (89%) were not complete denials of the service. Denials tended to be partial denials for the duration or weekly amount of BHRS, because the requested amounts of BHRS did not meet medical necessity criteria.

In 2004, consumers filed grievances in response to denials 40% of the time (for a total of 103 grievances). In 2005, consumers filed grievances in response to denials 28% of the time (for a total of 101 grievances).

**Table 10. Denials and Grievances**

	2004	2005
Number of denials for requested services	256	367
Request didn't meet medical necessity criteria	226	320
Facility failed to provide sufficient information	27	31
Number of first level grievances filed	103	101
% of grievances where original denial was overturned	24%	11%
Number of second level grievances filed	14	32
% of grievances where original denial was overturned	50%	28%

## Conclusion

In 2005, enrollment in the Allegheny County HealthChoices program grew by 9%. Age, race, and gender characteristics of enrollees were very similar to previous years. Overall, service utilization patterns were also consistent with previous years. This stability indicates that consumers continue to have access to a variety of behavioral health services.

BHRS continued to account for the highest portion of paid claims for child and adolescent services. However, 2005 saw a slight decrease in the average amount of paid claims per BHRS consumer. Other noteworthy trends for child and adolescent

services included increased use of drug and alcohol services and a significant increase in RTF utilization due to the Integrated Children's Service Initiative.

Utilization of all adult behavioral health services increased from 2004 to 2005. In particular, use of drug and alcohol services grew significantly.

Finally, utilization of inpatient services remained high in 2005. This indicates a continued need to develop and manage interventions designed to decrease inpatient utilization rates.

## 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.

AHCI produces the Year in Review Report as a means of presenting information about the current status of the HealthChoices program in Allegheny County. The report is also intended to highlight enrollment, service utilization, and operational trends.

For more information, or to access annual reports for previous years, please visit us at [www.ahci.org](http://www.ahci.org) or contact us at:

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