

The Allegheny County HealthChoices Program, 2009: The Year in Review

A report from Allegheny HealthChoices, Inc.

August 2010

2009 Overview and Highlights

HealthChoices is Pennsylvania’s managed care program for Medical Assistance. This program provides physical and behavioral health care to children and adults. The Year in Review Report provides an overview of the HealthChoices behavioral health program in Allegheny County during 2009.

Allegheny HealthChoices, Inc. (AHCI) produces the Year in Review Report as a means of presenting information about the status of the behavioral health portion of the Allegheny County HealthChoices program. The report describes changes in enrollment and service use in comparison to 2008.

The following are some highlights from the 2009 Year in Review Report:

Enrollment and total expenditure increased from 2008 to 2009. Average HealthChoices monthly enrollment in Allegheny County increased 4% from 2008 to 2009 - a lower rate of increase than the state average. The number of enrolled children and adolescents (20 years old and younger), and adults who accessed services increased 7% overall. Total paid claims increased 10%, with drug and alcohol and mental health service costs increasing 13% and 9%, respectively.

More people accessed non-hospital rehabilitation services for the treatment of substance use disorders. The number of adolescents and adults admitted to non-hospital rehabilitation increased 16% from 2008. This is the result of more members accessing needed services and expanded provider capacity, both of which are considered positive changes. Paid claims for non-hospital rehabilitation increased 14% from 2008.

Use of Community Treatment Teams (CTTs) increased as capacity expanded. In 2008, three new CTTs began providing services in Allegheny County to help ensure that members’ needs would continue to be met with the closure of Mayview State Hospital. With the additional teams, the total number of adults who received CTT services increased 24% in 2009. Total expenditure for adult CTTs increased 55% from 2008—a result of more members using the service and more average units of service (contacts) per member.

Utilization of crisis services increased as services expanded. As of July 2008, Allegheny County’s redesigned crisis services became available through the re:solve Crisis Network. The number of children/adolescents and adults with claims for crisis services increased 21% and 43% respectively in 2009. Walk-in and residential crisis services introduced in January 2009 made up 77% of a \$3.6 million cost increase for crisis services.

Expenditures for outpatient services were impacted by rate increases. Reimbursement rates increased for several types of outpatient treatment, including outpatient services for mental health and drug and alcohol treatment.

Inpatient mental health (IPMH) admissions and readmissions decreased. The total number of child/adolescent and adult admissions for IPMH treatment decreased 3% and 4% respectively, and admission rates decreased 7% and 8%. Readmission rates within 30 days of discharge decreased by 18% for children and adolescents and 11% for adults. There was a slight increase in the average length of an inpatient stay. Overall expenditures for this service did not change significantly from 2008.

The HealthChoices Program: 2009 At a Glance

- 157,264 people enrolled on average each month in 2009
- 40,977 enrollees (26%) accessed mental health and/or drug and alcohol treatment
- \$217.7 million was spent on paid claims for treatment services
- The average cost per service user in 2009 was \$5,313.

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Enrollment and Service Use for Children and Adolescents

Enrollment and Access to Services

- The number of children and adolescents (members younger than 21 years) enrolled in the HealthChoices program in 2009 increased 5% from 2008.
- 84,967 children and adolescents were enrolled on average per month; 46% of enrollees were African-American, 48% were Caucasian, and 6% were other races.
- 15,720 child and adolescent enrollees (19%) used behavioral health services. Caucasian males made up the largest demographic of service users in this age group (34%).
- 15,178 children and adolescents used mental health services totaling \$101.9 million in paid claims, and 1,275 used drug and alcohol services totaling \$4.3 million in paid claims.
- The average cost per child/adolescent who used services was \$6,759.

Changes in Mental Health Service Use

In 2009, over 15,000 children and adolescents used mental health services, a 7% increase from 2008. Paid claims for mental health services totaled \$101.9 million, a 4% increase from 2008. Table 1 summarizes the different mental health services used by children and adolescents in 2009 compared to 2008.

Behavioral health rehabilitation services (BHRS) accounted for 42% of paid claims, and 31% of children who used services accessed BHRS. BHRS use did not change significantly (defined as a change of more than 10%) from 2008.

Residential treatment facilities accounted for 15% of claims in 2009 and were used by 3% of children and adolescents. RTF use has declined gradually since 2006, a trend that continued in 2009. An ongoing initiative of the Office of Children, Youth and Families to decrease the number of children and adolescents in out-of-home placement, and the closure in 2009 of one of the larger RTF programs serving Allegheny County, resulted in fewer children and adolescents using RTFs in 2009.

Inpatient mental health services accounted for 9% of paid claims, an increase of 4% from 2008. The number of children and adolescents with paid claims for inpatient services increased 7% from 2008, although the number of inpatient admissions occurring in 2009 was 3% lower than the previous year. The admission rate also decreased: from 8.7 to 8.1 admissions per 1,000 enrollees. The rate of readmission occurring within 30 days of discharge decreased from 15% in 2008 to 13% in 2009. The average length of stay increased from 11.3 days to 11.6 days, which contributed to the cost increase from 2008.

Partial hospitalization was used by 8% of children and adolescents who used services in 2009 and accounted for 8% of paid claims. Paid claims for partial hospitalization increased 32% from 2008—the result of a rate increase for partial hospitalization services implemented in the last half of 2009.

Outpatient mental health services accounted for 6% of paid claims in 2009 (\$6.2 million). Paid claims for these services increased 14% from 2008—the result of rate increases for several types of outpatient services and more children and adolescents

Table 1. Paid Claims and Number of Children and Adolescents (0-20 years) Using Mental Health Services, 2009

	Paid claims (millions)	Percent of paid claims	Change in claims, 2008 to 2009?	Number of children	Percent of children	Change in # of children, 2008 to 2009?
Behavioral Health Rehab. Services	\$43.0	42%	↔	4,769	31%	↔
Residential Treatment Facilities	\$14.8	15%	↓	393	3%	↔
Inpatient Mental Health	\$9.5	9%	↔	850	6%	↔
Family-Based Mental Health Services	\$8.4	8%	↔	864	6%	↔
Partial Hospitalization	\$8.0	8%	↑	1,139	8%	↔
Outpatient Mental Health	\$6.2	6%	↑	10,149	67%	↔
Service Coordination	\$5.1	5%	↑	2,114	14%	↔
Medication Checks	\$1.3	1%	↑	5,451	36%	↔
Family-Focused Solution-Based Services	\$1.3	1%	↑	227	1%	↑
Crisis Services	\$1.0	1%	↑	1,520	10%	↑
Other Mental Health Services	\$3.2	3%	↔	597	4%	↔
All Mental Health Services	\$101.9	100%	↔	15,178	100%	↔



increase of more than 10% from 2008



decrease of more than 10% from 2008



change of less than 10% from 2008

using these services. In 2009, over 10,000 children and adolescents accessed outpatient mental health services, a 9% increase from the previous year.

Service coordination paid claims increased 10% in 2009, and made up 5% of total paid claims for children and adolescents. More children used service coordination in 2009, and rate increases for several types of service coordination (blended, intensive, and resource coordination) contributed to the higher cost of this service as well.

Medication checks were used by 36% of child and adolescent service users in 2009, and the number that used medication checks increased 10% from the previous year. Paid claims for medication checks increased 24% as children and adolescents accessed these services more frequently.

Family-focused solution-based services made up just 1% of claims and were accessed by 1% of children and adolescents who used services; however, there was growth noted in both paid claims (29% increase) and number of children and adolescents that used family-focused services (11% increase) from 2008 to 2009.

Crisis services expanded capacity in 2008 and 2009, with walk-in and residential crisis services becoming available in January 2009. The number of children and adolescents using any type of crisis services, and associated paid claims, increased significantly in 2009. While crisis services only make up 1% of paid claims, they were used by 10% of all children and adolescents who used services in 2009.

Family based and other mental health services showed similar rates of use and paid claims as 2008.

Common Diagnoses in 2009

Diagnosis data in this report come from claim forms providers submit after they have provided a service. Many of the 15,720 members ages 0-20 years who used services in 2009 had different diagnoses on different claims. For this reason, a member may be included in more than one diagnostic group in Table 3, but they are only counted once in the last row.

In 2009, \$29.9 million (28% of paid claims for this age group) was spent on treatment for children and adolescents with autism spectrum disorders, a 2% increase from 2008. The number of children and adolescents who received this diagnosis increased 7% from 2008.

Other common diagnoses included attention deficit hyperactivity disorder (ADHD), adjustment disorder, major depression, and other mental health diagnoses—including deferred diagnoses. The number of children and adolescents with deferred diagnoses increased from 2008 to 2009, as this diagnosis is commonly given in conjunction with crisis services—a service category that also grew in 2009.

Changes in Drug and Alcohol Service Use

Table 2 shows commonly used drug and alcohol services for adolescents. Of the children and adolescents using HealthChoices services, 8% (1,275 people) used at least one drug and alcohol treatment service in 2009, a 10% increase from 2008. Overall, use of drug and alcohol services accounted for about 4% (\$4.3 million) of paid claims for children and adolescents.

From 2008 to 2009, paid claims for drug and alcohol services increased 33%. The largest increase occurred in non-hospital rehabilitation services, as service capacity and the average number of days per service user increased. Paid claims for outpatient drug and alcohol services also increased from 2008 to 2009, driven by increased utilization and rate increases for some outpatient services.

Common drug and alcohol diagnoses included cannabis (63%), opiates, e.g. heroin and OxyContin (14%), multiple substance (13%), and alcohol (13%) use disorders.

Table 2. Drug and Alcohol Services: Paid Claims and Number of Children and Adolescents Using Services, 2009

	Paid claims (millions)	Number of children
Non-hospital Rehabilitation	\$2.7	270
Outpatient Drug and Alcohol	\$0.7	1,048
Halfway House	\$0.4	50
Intensive Outpatient Drug and Alcohol	\$0.3	225
Partial Hospitalization Program	\$0.1	126
Methadone Maintenance	\$0.1	37
Non-hospital Detoxification	\$0.1	71
All Drug and Alcohol Services	\$4.3	1,275

Table 3. Claims Paid by Diagnosis for Children and Adolescents, 2009

	Paid claims (millions)	Number of children
Autism Spectrum disorder	\$29.9	2,585
ADHD	\$20.3	4,990
Major Depression	\$9.5	1,841
Adjustment disorder	\$9.0	4,098
Conduct disorder	\$8.5	1,465
Oppositional disorder	\$7.2	1,607
Bipolar disorder	\$6.8	873
Depressive disorder	\$3.7	1,440
Neurotic disorder	\$2.7	1,166
Drug and Alcohol disorder	\$4.5	1,310
Other MH diagnoses	\$4.1	1,788
All Diagnoses	\$106.2	15,720

Enrollment and Service Use for Adults

Enrollment and Access to Services

- Enrollment in the HealthChoices program in 2009 increased 3% for adults 21 years and older.
- 72,297 adults were enrolled on average per month; 38% of enrollees were African-American, 58% were Caucasian, and 4% were other races.
- 25,532 adult enrollees (35%) used behavioral health services during 2009, totaling \$111.5 million in paid claims.
- The largest demographic group of service users in this age group was Caucasian females (37% of service users).
- 22,368 adults used mental health services totaling \$79.8 million in paid claims, and 7,707 used drug and alcohol services totaling \$31.7 million in paid claims.
- The average cost per adult service user was \$4,366.

Changes in Mental Health Service Use

The HealthChoices program in Allegheny County saw increases in the number of service users and the overall cost of mental health services in 2009. Over 22,000 adults used mental health services, a 9% increase from 2008. Paid claims for mental health services totaled \$79.8 million, an 18% increase. Table 4 summarizes the different mental health services used by adults in 2009 compared to 2008.

It is notable that during the first year without Mayview State Hospital as a resource, cost and utilization increases occurred mainly within community programs, while positive changes were observed in more restrictive services, e.g. inpatient mental health admissions decreased (see detail on next page), and residential treatment services for adults showed a much lower average length of stay.

Other services which showed notable changes include the following:

Service coordination paid claims totaled \$11.1 million in 2009 (14% of paid claims), a 10% increase from the previous year. This increase in total cost was linked to rate increases for several types of service coordination (blended, intensive, and resource coordination) in the second half of 2009. Service coordination was used by 17% of adult service users, which was consistent with use of this service in 2008.

The number of **Community Treatment Teams (CTTs)** increased to nine in 2008. As a result of this expansion, the number of adults using CTT services increased 24%. Paid claims for CTT increased 55% from 2008 to 2009 - the result of increased CTT capacity and more contacts between members and their CTTs in 2009. Claims for CTT represented 13% of paid claims in 2009, but were accessed by a small percentage (2%) of adults using mental health services.

Outpatient mental health services were used by the largest proportion of adults, with 72% of adult service users accessing

Table 4. Paid Claims and Number of Adults (21 Years and Older) Using Mental Health Services, 2009

	Paid claims (millions)	Percent of paid claims	Change in claims, 2008 to 2009?	Number of adults 2009	Percent of adults	Change in # of adults, 2008 to 2009?
Inpatient Mental Health	\$27.0	34%	↔	3,091	14%	↔
Service Coordination	\$11.1	14%	↑	3,720	17%	↔
Community Treatment Team (CTT)	\$10.7	13%	↑	559	2%	↑
Outpatient Mental Health	\$9.3	12%	↑	16,165	72%	↑
Inpatient Extended Acute	\$4.4	6%	↑	69	0%	↑
Medication Checks	\$3.1	4%	↑	14,063	63%	↑
Crisis Services	\$3.1	4%	↑	2,878	13%	↑
Respite and Diversion/Acute Stabilization	\$2.9	4%	↑	454	2%	↑
Residential Treatment Facility for Adults	\$2.4	3%	↑	90	0%	↑
Partial Hospitalization	\$1.2	2%	↔	673	3%	↔
Enhanced Clinical Case Management	\$1.1	1%	↑	117	1%	↑
Mobile Medication Team	\$1.0	1%	↑	172	1%	↑
Psychiatric Rehabilitation	\$0.8	1%	↔	378	2%	↔
Other Mental Health Services	\$1.6	2%	↓	2,624	12%	↑
All Mental Health Services	\$79.8	100%	↑	22,368	100%	↔



increase of more than 10% from 2008



decrease of more than 10% from 2008



change of less than 10% from 2008

outpatient services in 2009. Outpatient services accounted for 12% of paid claims for adult mental health services in 2009. The cost of outpatient mental health services increased 19% in 2009—a function of rate increases and a 10% increase in the number of adults who used outpatient services.

Inpatient extended acute care (EAC) services were used by 69 people in 2009, and accounted for 6% of the total cost of mental health services. The cost of EAC services increased 17%, as the number of members admitted to the EAC increased 11%, and the average length of stay increased 40% (see below). Please note that these data reflect activity for one of the two EAC programs in Allegheny County; the newer EAC program, which opened in 2009, was funded through non-claims based start-up funding, and will be included in the 2010 analysis.

Medication checks were the second most commonly accessed mental health service, with 63% of adult services users accessing these services during 2009. Paid claims increased in 2009 as a result of more members using this service.

Crisis services were used by 13% of adult service users in 2009, and made up 4% of total paid claims. Walk-in and residential crisis services became available in Allegheny County in January 2009, expanding crisis service capacity. Forty-three percent (43%) more adults accessed any type of crisis service in 2009, with the cost of crisis services increasing more than 10 times the cost in 2008.

Respite and diversion/acute stabilization services were used by 2% of adult service users in 2009 and made up 4% of total paid claims. There was a 13% increase in the number of members who used these services in 2009, and a 19% increase in paid claims.

Residential treatment facilities (RTF) for adults, enhanced clinical case management, and mobile medication services were used by more members during 2009, with corresponding increases in paid claims for these services. Average length of stay for adult RTFs decreased from 76 to 56 days.

Inpatient Mental Health and Extended Acute Services, 2009

There were 3,324 adult inpatient admissions in 2009—231 fewer than 2008—and the admission rate decreased 8%, to 34.1 admissions per 1,000 enrollees (see Table 6). The average length of stay (ALOS) increased from 10.8 to 11.8 days from 2008 to 2009. The impact of outliers on ALOS was notable in 2009; many of these individuals were awaiting admission to extended acute care (EAC) facilities (see below). Eighteen percent (18%) of people discharged from inpatient levels of care were readmitted within 30 days.

EAC services are for people who need longer-term stabilization than is available on a typical inpatient mental health unit, and are an alternative to state hospital services. There were 47 admissions to EAC during 2009, and the average length of stay increased from 121 days in 2008 to 169 days in 2009. AHCI is currently working with Community Care and the Allegheny Office of Behavioral Health to assess EAC practices and identify barriers to discharge.

Common Diagnoses in 2009

Treatment associated with diagnoses of schizophrenia was the largest mental health claims cost (\$32.6 million, 4,328 adults). See Table 5. Other common mental health diagnoses included major depression (\$15.6 million, 7,507 adults), bipolar disorder (\$11.2 million, 4,641 adults), and depressive disorder (\$6.8 million, 3,876 adults). The number of adults with a deferred diagnosis increased significantly in 2009; most deferred diagnoses were associated with claims for crisis services.

Paid claims increased by more than 10% for people with the diagnosis categories listed below, excluding “Other MH diagnoses.” This is a result of increased system capacity, more members using services, higher frequency of contacts for some services, and rate increases for selected services in 2009.

Treatment associated with drug and alcohol diagnoses accounted for 28% of paid claims (\$31.1 million). See page 6.

Table 5. Claims Paid by Diagnosis for Adults, 2008

	Paid claims (millions)	Number of adults
Schizophrenia	\$32.6	4,328
Major Depression	\$15.6	7,507
Bipolar disorder	\$11.2	4,641
Depressive disorder	\$6.8	3,876
Unspecified Psychosis	\$3.4	801
Neurotic disorder	\$2.4	2,796
Conduct disorder	\$2.3	509
Adjustment disorder	\$2.2	2,054
Diagnosis deferred	\$2.0	2,000
Other MH diagnoses	\$1.8	1,348
Drug and Alcohol disorder	\$31.1	8,219
All Diagnoses	\$111.5	25,532

Table 6. Inpatient Mental Health Services, Key Statistics 2009

Number of adults with at least one admission	3,324
Admission rate (admissions per 1,000 enrollees)	34.1
Average length of stay (days)	11.8
% of discharges resulting in a readmission within 30 days	18%
% of discharges resulting in a readmission within 31-90 days	14%

Changes in Drug and Alcohol Health Service Use for Adults, 2009

In 2009, 7,707 adults used drug and alcohol services, a 4% increase from 2008. Paid claims for drug and alcohol services totaled \$31.7 million, an 11% increase from 2008. Table 7 summarizes drug and alcohol services used by adults in 2009.

Non-hospital rehabilitation accounted for the largest portion of paid claims (40%, \$12.6 million); 31% of adults who accessed drug and alcohol treatment used non-hospital rehabilitation services. The number of people who used non-hospital rehabilitation increased 16% in 2009, and paid claims for this service increased 10%. Several providers in Allegheny County increased the capacity of their non-hospital rehabilitation programs in 2009.

Methadone maintenance accounted for 22% of paid claims for drug and alcohol treatment (\$6.9 million), and was used by 29% of adults who accessed drug and alcohol treatment. Methadone maintenance use in 2009 did not change significantly from 2008.

Outpatient drug and alcohol services represented 11% of paid claims, and 65% of adults using drug and alcohol services accessed outpatient treatment. Paid claims increased 45% from 2008 as the number of adults using outpatient services increased 19% and rate increases for outpatient drug and alcohol services went into effect.

Halfway house paid claims increased 20%, as the number of adults using this service increased 23%. Several providers of halfway house services increased capacity in 2009.

Intensive outpatient services paid claims increased 38% from 2008. The number of adults who used intensive outpatient treatment increased 17%, and members used more units of service on average in 2009 than in 2008.

Non-hospital detoxification was used by 28% more adults in 2009. Paid claims for this service increased 25%, totaling \$1 million in 2009.

Inpatient detoxification and rehabilitation were accessed by 18% and 25% fewer adults respectively, in 2009. Paid claims for inpatient detoxification also decreased, by 12%.

Service users with opiate substance use diagnoses made up the largest and most costly group of drug and alcohol service users (\$12.7 million, 3,553 adults). Other common diagnoses included dependence on multiple substances (\$6.1 million, 1,940 adults), alcohol (\$4.5 million, 1,722 adults), and cocaine disorders (\$3.8 million, 1,128 adults). Twenty percent (20%) of adults diagnosed with a substance use disorder were at least 50 years old—see the AHCI report Older Adults and Substance Use Disorders online at www.ahci.org for more information on this population.

Over 880 adults who used drug and alcohol services received a diagnosis of a mental health disorder. The most common mental health diagnoses for adults receiving drug and alcohol services were bipolar disorder and major depression.

Table 7. Paid Claims and Number of Adults (21 Years and Older) Using Drug and Alcohol Services, 2009

	Paid claims 2009 (millions)	Percent of paid claims	Change in claims, 2008 to 2009?	Number of adults 2009	Percent of adults	Change in # of adults, 2008 to 2009?
Non-hospital Rehabilitation	\$12.6	40%	↑	2,424	31%	↑
Methadone Maintenance	\$6.9	22%	↔	2,214	29%	↔
Outpatient Drug and Alcohol	\$3.3	11%	↑	4,983	65%	↑
Halfway House	\$3.1	10%	↑	586	8%	↑
Partial Hospitalization Program	\$1.9	6%	↔	1,121	15%	↔
Intensive Outpatient Program	\$1.9	6%	↑	1,479	19%	↑
Non-hospital Detoxification	\$1.0	3%	↑	1,104	14%	↑
Inpatient Detoxification	\$0.9	3%	↓	298	4%	↓
Inpatient Rehabilitation	\$0.1	0%	↔	30	0%	↓
All Drug and Alcohol Services	\$31.7	100%	↑	7,707	100%	↔



increase of more than 10% from 2008



decrease of more than 10% from 2008



change of less than 10% from 2008



Our mission is to assure equitable access to quality, cost-effective behavioral health care that promotes positive outcomes, recovery, and resiliency. AHCI is a contract agency for the Allegheny County Department of Human Services HealthChoices Program.