

Q3 2012 HealthChoices Allegheny County Report

This report summarizes enrollment, claims data and admission data from this quarter, in comparison to the prior quarter. This report is used by the Allegheny HealthChoices Quality Improvement Department to monitor and investigate changes in utilization from quarter to quarter. Tables 1 and 2 provide a summary of enrollment and paid claims; Tables 3 to 8 summarize service use and admissions for children and adolescents (0-20 years); and Tables 9 to 15 summarize service use and admissions for adults.

Table 1. Average monthly enrollment by age

	Q3 2012	% Difference from Q2 2012
0-20 years	90,027	-0.1%
21+ years	78,382	-0.4%
Total Enrollment	168,408	-0.2%

Table 1 shows that the average monthly enrollment during Q3 2012 was generally similar to Q2 2012. The Federal General Assistance category of aid ended in Pennsylvania on July 1, 2012. However, most members shifted to other categories of aid, especially the Social Security disability category.

Table 2. Paid claims by age for mental health and drug and alcohol services

		Q3 2012			% Difference from Q2 2012 - Q3 2012		
		# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
00 - 20 years	D&A	526	\$ 1,659,192	\$ 3,154	-3%	-9%	-6%
	MH	10,652	\$ 24,075,160	\$ 2,260	-8%	-8%	0%
	Total	10,944	\$ 25,734,352	\$ 2,351	-8%	-8%	0%
21-54 years	D&A	567	\$ 941,945	\$ 1,661	8%	8%	-1%
	MH	3,497	\$ 4,273,620	\$ 1,222	0%	-7%	-7%
	Total	3,815	\$ 5,215,565	\$ 1,367	1%	-4%	-5%
55 years and older	D&A	4,113	\$ 8,039,260	\$ 1,955	-3%	-7%	-3%
	MH	12,963	\$ 18,332,460	\$ 1,414	-1%	2%	3%
	Total	14,997	\$ 26,371,720	\$ 1,758	-2%	-1%	1%
Total	D&A	5,206	\$ 10,640,397	\$ 6,770	-2%	-6%	-4%
	MH	27,112	\$ 46,681,240	\$ 4,896	-4%	-4%	-1%
	Total	29,756	\$ 57,321,637	\$ 5,477	-4%	-5%	-1%

Services can be categorized as either mental health or drug and alcohol services. Table 2 shows the breakdown of the number of service users, paid claims, and average cost per service user for drug and alcohol services, mental health services, and in total. For the most part, Q3 2012 data was similar to Q2 2012.

Table 3. Top 10 mental health services for children and adolescents (ranked by number of service users)

	Q3 2012			% Difference from Q2 2012 - Q3 2012		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Outpatient MH	4,926	\$ 1,452,816	\$ 295	-15%	-25%	-11%
BHRS	4,174	\$ 11,249,132	\$ 2,695	-3%	-2%	0%
Med Check	3,716	\$ 428,730	\$ 115	-2%	-6%	-4%
Serv Coord	1,468	\$ 1,247,196	\$ 850	-2%	1%	4%
Partial hospitalization MH	549	\$ 1,216,828	\$ 2,216	-13%	-35%	-26%
Crisis	413	\$ 226,457	\$ 548	-17%	-6%	13%
Family based	395	\$ 1,977,147	\$ 5,005	-14%	-12%	2%
Inpatient MH	219	\$ 2,117,551	\$ 9,669	-20%	-11%	12%
RTF	166	\$ 2,901,439	\$ 17,479	0%	1%	1%
Family Focused, Solution-Based	96	\$ 309,444	\$ 3,223	-4%	1%	6%
Subtotal of above	10,567	\$ 23,126,740	\$ 2,189	-8%	-8%	0%
Services	10,652	\$ 24,075,160	\$ 2,260	-8%	-8%	0%

This table shows the top 10 most frequently used mental health service categories used by children and adolescents (under 21 years). For most services, utilization during the third quarter of 2012 was similar to the second quarter of 2012. Outpatient services and partial hospital decreases are expected with the end of the school year. Some children and adolescents participating in outpatient and school-based partial programs take a break from services during the summer season and resume services when school starts back up in late August/early September. As a result, both services experienced a decrease in number of people using services and paid claims. Crisis services decrease in cost was primarily due to a decrease in number of people using the service; however, the increase in average cost was driven by the increase in average units used per person. The decrease in family based services was related to the decrease in overall service utilization. Although there was decrease in overall utilization of inpatient MH, the increase in average cost per person was driven by the increase of average units used per person.

Table 4. Top 10 mental health diagnoses for children and adolescents (ranked by number of service users)

	Q3 2012			% Difference from Q2 2012 - Q3 2012		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
ADHD	3,629	\$ 4,943,486	\$ 1,362	-8%	-14%	-7%
Autism spectrum	2,261	\$ 6,887,024	\$ 3,046	-2%	-3%	-2%
Adjustment D/O	1,890	\$ 1,786,631	\$ 945	-16%	-17%	-1%
Maj Depression	988	\$ 2,583,870	\$ 2,615	-11%	-10%	1%
Conduct D/O	867	\$ 2,250,433	\$ 2,596	-4%	-3%	2%
Oppositional/defiant D/O	822	\$ 1,681,375	\$ 2,045	-10%	-9%	1%
Neurotic D/O	763	\$ 834,621	\$ 1,094	-8%	9%	18%
Depressive D/O	534	\$ 938,290	\$ 1,757	-15%	-10%	6%
Bipolar D/O	417	\$ 1,343,971	\$ 3,223	-8%	-4%	4%
DX Deferred	357	\$ 167,581	\$ 469	-14%	-12%	3%
Subtotal of above	10,489	\$ 23,417,281	\$ 2,233	-8%	-8%	0%
Diagnosis	10,652	\$ 24,075,160	\$ 2,260	-8%	-8%	0%

This table shows the top 10 most frequently used mental health diagnostic categories for children and adolescents (under 21 years). The decrease in cost for ADHD diagnosis was driven by the decrease in overall utilization and average units of outpatient and partial hospital services. The decrease in cost for people with adjustment disorder was related to a decrease in overall utilization and average units of outpatient services. The decrease in cost for people with major depression was related to a decrease in overall utilization and average units of family based services. People with oppositional/defiant disorder were using less community-based services in the third quarter of 2012. The increase in average cost per person for neurotic disorder was related to the increase in average units of family based and RTF services. The decrease in cost for depressive disorder was heavily driven by the decrease in utilization of outpatient services. The decrease in cost for DX Deferred was driven by the decrease in utilization of crisis services. As noted in Table 3, children and adolescents often suspend community-based services during the summer months and re-engage again in the Fall. This may be the reason for many of the decreases in Table 4.

Table 5. Utilization and quality measures for IPMH and RTF for children and adolescents

	Inpatient MH		RTF	
	Q2 2012	Q3 2012	Q2 2012	Q3 2012
Number of total admissions	321	270	61	65
Number people with at least one admission	285	237	60	64
Admission rate	2.3	1.9	0.4	0.4
Average length of stay	13	14.7	159	166
% with follow-up in 7 days	68%	69%	68%	67%
% with readmit in 30 days	9%	11%	2%	4%
% with readmit in 31-90 days	12%	14%	3%	2%

This table shows admissions data, rates of follow-up appointments, and readmission rates for inpatient MH and RTF. In the third quarter of 2012, IPMH had decreases in the number of people, total admissions, plus an increase in follow-up; however, IPMH experienced increases in average length of stay and readmission rates. RTF had increases in admissions and average length of stay. Also, RTF experienced a slight decrease in follow-up and an increase in 30 day readmit rates. The utilization and performance measures are 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.

Table 6. Drug and alcohol services for children and adolescents (ranked by number of service users)

	Q2 2012			Q3 2012		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
OP-D&A	383	\$ 195,703	\$ 511	380	\$ 173,760	\$ 457
NH-Rehab	142	\$ 1,351,474	\$ 9,517	135	\$ 1,272,743	\$ 9,428
IOP-D&A	52	\$ 45,603	\$ 877	55	\$ 52,948	\$ 963
PHP-DA	26	\$ 18,628	\$ 716	32	\$ 21,930	\$ 685
Halfway Hs	24	\$ 192,726	\$ 8,030	26	\$ 112,506	\$ 4,327
NH-Detox	14	\$ 11,335	\$ 810	19	\$ 15,881	\$ 836
Meth Maint	14	\$ 11,023	\$ 787	14	\$ 8,675	\$ 620
Services	545	\$ 1,826,492	\$ 3,351	526	\$ 1,658,442	\$ 3,153

This table shows utilization for different drug and alcohol services for adolescents (less than 21 years). Overall, service utilization did not have much fluctuation from the second quarter of 2012. Outpatient services continued to be the most used service for the third quarter of 2012; it accounts for about 70% of people who used drug and alcohol services. NH rehab accounted for about 74% of costs and is 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. Drug and alcohol diagnoses for children and adolescents
(ranked by number of service users)**

	Q2 2012			Q3 2012		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Cannabis	339	\$ 1,237,588	\$ 3,651	333	\$ 1,122,910	\$ 3,372
Opioid	58	\$ 178,173	\$ 3,072	70	\$ 194,949	\$ 2,785
Alcohol	67	\$ 163,081	\$ 2,434	67	\$ 170,113	\$ 2,539
Poly-Subs D/O	77	\$ 226,093	\$ 2,936	50	\$ 162,296	\$ 3,246
Hyp/Sed	3	\$ 7,847	\$ 2,616	3	\$ 767	\$ 256
Subs Induced D/O	3	\$ 182	\$ 61	2	\$ 970	\$ 485
Cocaine	1	\$ 30	\$ 30	2	\$ 3,360	\$ 1,680
Inhalants	1	\$ 1,439	\$ 1,439	1	\$ 90	\$ 90
Hallucin	2	\$ 5,182	\$ 2,591	1	\$ 216	\$ 216
Amphet	0	\$ -	\$ -	1	\$ 362	\$ 362
Total	545	\$ 1,826,492	\$ 3,351	526	\$ 1,659,192	\$ 3,154

This table shows the most frequently used drug and alcohol diagnostic categories. Most diagnostic categories showed typical quarterly fluctuations. Cannabis continued to be the most common diagnosis, accounting for 62% of people, and highest cost, accounting for 68% of costs. Note that the percentage changes are not reported because large percent changes often represent small absolute changes when the group size included in the calculation is small.

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

	Q2 2012	Q3 2012
Number of total admissions	92	88
Number people with at least one admission	84	77
Admission rate	0.65	0.62
Average length of stay	67	62
% with follow-up in 7 days	36%	27%
% with readmission in 30 days	5%	8%
% with readmission in 90 days	8%	11%

This table shows admissions data, rates of follow-up appointments, and readmission rates for non-hospital rehabilitation for adolescents. The number of total admissions, number of people with at least one admission and length of stay decreased. However, follow up rates also decreased and readmission rates increased in the third quarter of 2012. OMHSAS' gold standard for follow-up services within 7 days after non-hospital rehabilitation is 90%. 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 9. Most frequently used community-based mental health services for adults (ranked by number of service users)

	Q3 2012			% Difference Q2 2012 - Q3 2012		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
OP-MH	9,868	\$ 2,791,058	\$ 283	1%	0%	0%
Med Check	9,298	\$ 1,085,380	\$ 117	-1%	3%	4%
Serv Coord	3,131	\$ 2,951,119	\$ 943	3%	1%	-2%
Crisis	1,008	\$ 933,550	\$ 926	0%	17%	16%
CTT	646	\$ 3,425,955	\$ 5,303	0%	3%	3%
Forensic Support	277	\$ 120,060	\$ 433	-9%	-24%	-16%
Psych-Rehab	218	\$ 265,986	\$ 1,220	13%	12%	-1%
PHP-MH	211	\$ 255,933	\$ 1,213	-3%	-5%	-1%
Mobile MH	178	\$ 194,000	\$ 1,090	35%	19%	-12%
Respite/DAS	143	\$ 637,730	\$ 4,460	-5%	-7%	-3%
OP-MH Emergency Eval	139	\$ 20,998	\$ 151	7%	4%	-2%
Subtotal of above	16,173	\$ 12,681,770	\$ 784	0%	2%	2%
Services	16,407	\$ 22,606,080	\$ 1,378	-1%	0%	1%

This table shows the most frequently used community-based mental health service categories used by adults (21 years and older). For most services, utilization during the third quarter of 2012 was similar to the second quarter of 2012. The increase in cost seen in crisis was driven by the increase in average units of service used per person. Decrease in paid claims for forensic support, a supplemental service, was due to a decrease in average units used per person. The total cost increase seen in psych rehab was heavily driven by the increase in overall service utilization (total number of people). The increase in total cost seen in mobile MH was due to an increase in overall utilization (total number of people); however, the decrease in mobile MH's average cost was related to a decrease in average service units used per person.

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

	Q2 2012			Q3 2012		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
IP-MH	950	\$ 6,607,717	\$ 6,955	919	\$ 6,489,451	\$ 7,061
EAC (CRU)	20	\$ 570,437	\$ 28,522	22	\$ 622,035	\$ 28,274
IPMH EAC (TRU)	30	\$ 920,638	\$ 30,688	33	\$ 909,862	\$ 27,572
Community-based EAC	37	\$ 582,406	\$ 15,741	30	\$ 627,044	\$ 20,901
RTFA	28	\$ 467,840	\$ 16,709	19	\$ 285,520	\$ 15,027
Subtotal of above	1,024	\$ 8,723,584	\$ 8,519	996	\$ 8,726,135	\$ 8,761
Total MH services	16,216	\$ 21,534,735	\$ 1,328	16,452	\$ 22,275,434	\$ 1,354

This table summarizes utilization for four acute levels of care. Fluctuations from the second quarter of 2012 to the third quarter of 2012 were not notable.

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

	IPMH		IPMH EAC (TRU)		EAC (CRU)		Community-based EAC		RTFA	
	Q3 2012	% change from Q2 2012	Q2 2012	Q3 2012	Q2 2012	Q3 2012	Q2 2012	Q3 2012	Q2 2012	Q3 2012
Number of total admissions	1,280	2%	22	31	14	10	14	7	18	18
Number people with at least one admission	1,030	0%	22	31	14	10	14	7	18	18
Admission rate	9.05	2%	--	--	--	--	--	--	--	--
Average length of stay	14	10%	93	124	67	89	141	128	78	67
% with follow-up in 7 days	71%	-2%	95%	94%	100%	100%	100%	100%	95%	87%
% with readmission in 30 days	19%	-1%								
% with readmission in 90 days	16%	29%								

OMHSAS' gold standard for 7 day follow-up after inpatient hospitalization is 90%, and the gold standard for readmission rates within 30 days is 10%. In the third quarter of 2012, there was a decrease in total number of admissions for EAC (CRU) and the community-based EAC. The average length of stay increased for IPMH, TRU and CRU; however, it decreased for the community-based EAC and RTFA. Because the number of admissions to most of these services were very small in a given quarter, the numbers from Q2 2012, with the exception of IPMH, were provided as a comparison point instead of calculating a percent change. Admission rates per 1,000 enrollees were so small given the limited capacity at several programs that they were not reported. People were not readmitted directly to extended acute or RTFA programs, as all referrals originate from inpatient units, so readmissions were not reported for these services. Because only HealthChoices services are included as follow-up services, eligibility may affect these rates. Other fluctuations from the second quarter of 2012 to the third quarter of 2012 were not notable.

Table 12. Most frequent diagnoses for adult mental health service users

	Q3 2012			% Difference Q2 2012 - Q3 2012		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Maj Depression	4,661	\$ 4,134,291	\$ 887	-3%	2%	5%
Schizophrenia	3,257	\$ 8,805,411	\$ 2,704	-1%	1%	3%
Bipolar D/O	3,092	\$ 3,042,960	\$ 984	-1%	-4%	-3%
Neurotic D/O	1,932	\$ 751,920	\$ 389	-3%	-6%	-3%
Depressive D/O	1,885	\$ 2,004,180	\$ 1,063	-2%	-1%	1%
Adjustment D/O	1,042	\$ 573,719	\$ 551	-1%	-5%	-4%
DX Deferred	874	\$ 629,642	\$ 720	-1%	24%	24%
Subtotal of above	14,517	\$ 19,942,125	\$ 1,374	-2%	1%	2%
Total diagnoses for MH services	16,407	\$ 22,606,080	\$ 1,378	-1%	0%	1%

This table shows the most frequently used mental health diagnostic categories for adults. The increase in amount paid and average paid per person for DX deferred was heavily driven by the increase in average crisis service units used per person, especially walk-in services. Overall, diagnostic categories were very similar to last quarter.

Table 13. Drug and alcohol services for adults

	Q3 2012			% Difference Q2 2012- Q3 2012		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
OP-D&A	2,832	\$ 1,169,244	\$ 413	-1%	0%	1%
Meth Maint	1,813	\$ 1,943,438	\$ 1,072	0%	6%	6%
NH-Rehab	882	\$ 3,622,707	\$ 4,107	-8%	-9%	-2%
IOP-D&A	544	\$ 486,285	\$ 894	-6%	-9%	-3%
NH-Detox	370	\$ 267,595	\$ 723	-3%	-4%	-1%
PHP-DA	237	\$ 357,089	\$ 1,507	-10%	-7%	3%
Halfway Hs	198	\$ 823,984	\$ 4,162	-11%	-12%	-1%
IP-Detox	125	\$ 289,178	\$ 2,313	5%	-5%	-9%
IP-Rehab	9	\$ 21,686	\$ 2,410	-18%	-59%	-50%
Subtotal of above	4,660	\$ 8,981,205	\$ 1,927	-2%	-5%	-3%
Services	4,660	\$ 8,981,205	\$ 1,927	-2%	-5%	-3%

This table shows utilization for different drug and alcohol services for adults (21 years and older). Overall, utilization this quarter was very similar to last quarter. The decrease in cost for halfway house services was driven by a decrease in average units of service used per person and an overall decrease in service utilization. Also, the decrease in cost for inpatient rehab services was due to a decrease in average units of service used per person. 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.

Table 14. Drug and alcohol diagnoses for adults

	Q3 2012			% Difference Q2 2012 - Q3 2012		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Opioid	2,892	\$ 4,853,824	\$ 1,678	2%	1%	-1%
Poly-substance dependence	703	\$ 1,522,322	\$ 2,165	-9%	-11%	-3%
Alcohol Abuse/Dependence	756	\$ 1,209,993	\$ 1,601	1%	-5%	-6%
Cocaine	408	\$ 797,774	\$ 1,955	-16%	-20%	-5%
Cannabis	242	\$ 190,468	\$ 787	-12%	-30%	-20%
Substance-Induced Disorders*	57	\$ 100,662	\$ 1,766	0%	5%	5%
Subtotal of above	4,599	\$ 8,675,042	\$ 1,886	-2%	-5%	-3%
All D&A diagnoses	4,626	\$ 8,938,000	\$ 1,932	-2%	-5%	-4%

This table shows the most frequently used drug and alcohol diagnoses for adults. Overall, patterns were similar to the previous quarter. The decreases in paid claims for poly-substance abuse and cocaine were due to the decrease in overall utilization of non-hospital rehabilitation services. The decrease in paid claims for cannabis was driven by the decrease in the average drug and alcohol outpatient service units used per person.

**Fifty-three of the people were diagnosed with Amphetamine withdrawal, two people were diagnosed with cocaine-induced mood disorder and two people were diagnosed with cocaine-induced anxiety disorder.*

Table 15. Quality and utilization measures for inpatient and residential drug and alcohol services

	NH Rehab		Inpatient Detox		NH Detox		Halfway House	
	Q3 2012	% change from Q2 2012	Q3 2012	% change from Q2 2012	Q3 2012	% change from Q2 2012	Q3 2012	% change from Q2 2012
Number of total admissions	768	-14%	149	-3%	401	-6%	109	2%
Number people with at least one admission	686	-12%	135	7%	369	-3%	107	2%
Admission rate	5.43	-14%	1.05	-3%	2.83	-6%	0.77	2%
Average length of stay	28.4	14%	4.6	-1%	3.3	0%	75.8	-12%
% with follow-up in 7 days	48%	-1%	57%	7%	78%	7%	26%	-31%
% with readmit in 30 days	8%	-20%	7%	-53%	5%	-41%	2%	122%
% with readmit in 90 days	9%	-1%	9%	-42%	12%	-12%	2%	-26%

This table shows utilization for different drug and alcohol 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. Non-hospital rehab, inpatient detox and non-hospital detox experienced decreases in admissions while halfway house experienced an increase for the third quarter of 2012. The average length of stay increased for non-hospital rehab. OMHSAS' gold standard for follow-up services within 7 days after non-hospital rehabilitation is 90%. Inpatient and non-hospital detox experienced increases in follow up rates. Also, non-hospital rehab, inpatient detox and non-hospital detox had fewer 30 and 90 day readmissions.