

# Q1 2013 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**

	Q1 2013	% Difference from Q4 2012
<b>0-20 years</b>	89,284	-1.0%
<b>21+ years</b>	77,456	-0.6%
<b>Total Enrollment</b>	<b>166,740</b>	<b>-0.8%</b>

Table 1 shows that the average monthly enrollment during Q1 2013 was generally similar to Q4 2012.

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

		Q1 2013			% Difference from Q4 2012 - Q1 2013		
		# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
<b>00 - 20 years</b>	D&A	563	\$ 1,460,556	\$ 2,594	11%	-12%	-21%
	MH	11,490	\$ 24,585,066	\$ 2,140	3%	2%	-1%
	<b>Total</b>	<b>11,754</b>	<b>\$ 26,045,622</b>	<b>\$ 2,216</b>	<b>3%</b>	<b>1%</b>	<b>-2%</b>
<b>21-54 years</b>	D&A	557	\$ 826,158	\$ 1,483	-4%	-7%	-3%
	MH	3,385	\$ 4,179,661	\$ 1,235	-5%	-12%	-7%
	<b>Total</b>	<b>3,669</b>	<b>\$ 5,005,818</b>	<b>\$ 1,364</b>	<b>-5%</b>	<b>-11%</b>	<b>-6%</b>
<b>55 years and older</b>	D&A	3,922	\$ 7,303,730	\$ 1,862	-1%	-7%	-6%
	MH	12,614	\$ 17,967,588	\$ 1,424	-2%	-4%	-2%
	<b>Total</b>	<b>14,533</b>	<b>\$ 25,271,317</b>	<b>\$ 1,739</b>	<b>-2%</b>	<b>-5%</b>	<b>-3%</b>
<b>Total</b>	D&A	5,042	\$ 9,590,443	\$ 5,940	0%	-7%	-12%
	MH	27,489	\$ 46,732,314	\$ 4,799	0%	-2%	-3%
	<b>Total</b>	<b>29,956</b>	<b>\$ 56,322,757</b>	<b>\$ 5,319</b>	<b>0%</b>	<b>-3%</b>	<b>-3%</b>

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, Q1 2013 data was similar to Q4 2012. The decrease in average cost seen in the drug and alcohol service group for 0-20 year olds is driven by the decrease in utilization and average units used of NH Rehab. Other differences are explored further in the age-specific tables.

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

	Q1 2013			% Difference from Q4 2012 - Q1 2013		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Outpatient MH	6,310	\$ 2,364,542	\$ 375	16%	19%	2%
BHRS	4,244	\$ 10,357,945	\$ 2,441	1%	0%	-1%
Med Check	2,960	\$ 354,685	\$ 120	-21%	-22%	0%
Serv Coord	1,429	\$ 1,117,031	\$ 782	0%	-7%	-7%
Partial hospitalization MH	635	\$ 2,161,878	\$ 3,405	7%	4%	-3%
Crisis	538	\$ 266,324	\$ 495	7%	-16%	-22%
Family based	411	\$ 1,837,058	\$ 4,470	3%	3%	0%
Inpatient MH	294	\$ 2,377,663	\$ 8,087	16%	13%	-2%
RTF	145	\$ 2,505,389	\$ 17,279	-9%	-10%	-1%
Family Focused, Solution-Based	91	\$ 282,326	\$ 3,102	-5%	-4%	1%
<b>Subtotal of above</b>	<b>11,464</b>	<b>\$ 23,626,205</b>	<b>\$ 2,061</b>	<b>3%</b>	<b>1%</b>	<b>-2%</b>
<b>Services</b>	<b>11,516</b>	<b>\$ 24,609,770</b>	<b>\$ 2,137</b>	<b>3%</b>	<b>2%</b>	<b>-1%</b>

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 first quarter of 2013 was similar to the fourth quarter of 2012. Outpatient and inpatient services increase in cost were driven by more people using these services. However, med check and RTF had decreases in cost primarily driven by fewer people using these services. Also, the decrease in cost for crisis was heavily driven by the decrease in average service units used per person, especially mobile services.

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

	Q1 2013			% Difference from Q4 2012 - Q1 2013		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
ADHD	3,886	\$ 5,362,630	\$ 1,380	1%	-2%	-2%
Autism spectrum	2,253	\$ 6,114,840	\$ 2,714	1%	-1%	-2%
Adjustment D/O	2,204	\$ 1,946,034	\$ 883	5%	0%	-5%
Maj Depression	1,167	\$ 2,854,434	\$ 2,446	10%	17%	6%
Conduct D/O	928	\$ 2,297,821	\$ 2,476	3%	3%	0%
Oppositional/defiant D/O	914	\$ 1,745,729	\$ 1,910	6%	3%	-3%
Neurotic D/O	845	\$ 902,875	\$ 1,068	3%	8%	5%
Depressive D/O	653	\$ 1,053,251	\$ 1,613	15%	1%	-12%
DX Deferred	427	\$ 203,941	\$ 478	0%	-16%	-16%
Bipolar D/O	402	\$ 1,322,716	\$ 3,290	1%	-5%	-6%
<b>Subtotal of above</b>	<b>11,341</b>	<b>\$ 23,804,272</b>	<b>\$ 2,099</b>	<b>3%</b>	<b>1%</b>	<b>-2%</b>
<b>Diagnosis</b>	<b>11,516</b>	<b>\$ 24,609,770</b>	<b>\$ 2,137</b>	<b>3%</b>	<b>2%</b>	<b>-1%</b>

This table shows the top 10 most frequently used mental health diagnostic categories for children and adolescents (under 21 years). The increase in cost for people with major depression was heavily driven by the increased utilization and average units of inpatient services. Also, the decrease in average cost for people with depressive disorder was related to the decrease of average units of BHRS and respite/DAS used. The decrease in cost for people with DX Deferred was driven by the decrease in average units of mobile crisis services.

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

	Inpatient MH		RTF	
	Q4 2012	Q1 2013	Q4 2012	Q1 2013
Number of total admissions	323	349	52	60
Number people with at least one admission	278	303	49	60
Admission rate	2.3	2.5	0.4	0.4
Average length of stay	11.1	12.9	183	168
% with follow-up in 7 days	66%	71%	64%	62%
% with readmit in 30 days	15%	12%	1%	0%
% with readmit in 31-90 days	9%	13%	1%	9%

This table shows admissions data, rates of follow-up appointments, and readmission rates for inpatient MH and RTF. In the first quarter of 2013, IPMH and RTF had increases in average length of stay. Also, IPMH experienced an increase in its follow-up rate. 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)**

	Q4 2012			Q1 2013		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
OP-D&A	353	\$ 154,148	\$ 437	427	\$ 178,252	\$ 417
NH-Rehab	145	\$ 1,293,803	\$ 8,923	120	\$ 1,022,042	\$ 8,517
IOP-D&A	51	\$ 39,434	\$ 773	52	\$ 58,870	\$ 1,132
PHP-DA	24	\$ 19,620	\$ 818	22	\$ 16,275	\$ 740
Halfway Hs	19	\$ 126,517	\$ 6,659	22	\$ 176,683	\$ 8,031
NH-Detox	21	\$ 15,503	\$ 738	13	\$ 8,613	\$ 663
Meth Maint	10	\$ 6,338	\$ 634	9	\$ 5,943	\$ 660
<b>Services</b>	<b>506</b>	<b>\$ 1,655,562</b>	<b>\$ 3,272</b>	<b>564</b>	<b>\$ 1,468,684</b>	<b>\$ 2,604</b>

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 fourth quarter of 2012. Outpatient services continued to be the most used service for the first quarter of 2013; it accounts for about 76% of people who used drug and alcohol services. NH rehab accounted for about 70% 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)**

	Q4 2012			Q1 2013		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Cannabis	324	\$ 1,145,566	\$ 3,536	346	\$ 1,040,373	\$ 3,007
Opioid	64	\$ 189,656	\$ 2,963	62	\$ 157,601	\$ 2,542
Alcohol	61	\$ 176,054	\$ 2,886	46	\$ 138,433	\$ 3,009
Poly-Subs D/O	37	\$ 136,716	\$ 3,695	26	\$ 91,770	\$ 3,530
Cocaine	2	\$ 405	\$ 203	5	\$ 12,730	\$ 2,546
Hallucin	5	\$ 1,637	\$ 327	5	\$ 882	\$ 176
Subs Induced D/O	2	\$ 385	\$ 193	3	\$ 400	\$ 133
PCP	1	\$ 396	\$ 396	0	\$ -	/0
Hyp/Sed	1	\$ 105	\$ 105	0	\$ -	/0
<b>Total</b>	<b>506</b>	<b>\$ 1,655,562</b>	<b>\$ 3,272</b>	<b>563</b>	<b>\$ 1,460,556</b>	<b>\$ 2,594</b>

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 61% of people, and highest cost, accounting for 71% 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**

	Q4 2012	Q1 2013
Number of total admissions	102	76
Number people with at least one admission	95	71
Admission rate	0.72	0.53
Average length of stay	64	61
% with follow-up in 7 days	27%	34%
% with readmission in 30 days	7%	4%
% with readmission in 90 days	3%	7%

This table shows admissions data, rates of follow-up appointments, and readmission rates for non-hospital rehabilitation for adolescents. The admission rate decreased in the first quarter of 2013. Also, the follow up rate increased by 7%. 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)**

	Q1 2013			% Difference Q4 2012 - Q1 2013		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
OP-MH	10,580	\$ 3,273,759	\$ 309	11%	22%	10%
Med Check	7,077	\$ 963,821	\$ 136	-26%	-17%	13%
Serv Coord	3,160	\$ 2,748,143	\$ 870	1%	-5%	-6%
Crisis	1,088	\$ 860,153	\$ 791	11%	-30%	-37%
CTT	646	\$ 3,636,773	\$ 5,630	1%	4%	3%
Psych-Rehab	238	\$ 270,885	\$ 1,138	10%	12%	1%
Forensic Support	215	\$ 117,504	\$ 547	-9%	10%	22%
PHP-MH	179	\$ 223,732	\$ 1,250	-6%	-13%	-7%
Mobile MH	167	\$ 147,297	\$ 882	-6%	-15%	-10%
Respite/DAS	142	\$ 718,169	\$ 5,058	10%	0%	-9%
OP-MH Emergency Eval	111	\$ 14,996	\$ 135	-5%	-10%	-6%
<b>Subtotal of above</b>	<b>16,013</b>	<b>\$ 12,988,726</b>	<b>\$ 811</b>	<b>-1%</b>	<b>0%</b>	<b>1%</b>
<b>Services</b>	<b>16,245</b>	<b>\$ 22,302,541</b>	<b>\$ 1,373</b>	<b>-1%</b>	<b>-5%</b>	<b>-4%</b>

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 first quarter of 2013 was similar to the fourth quarter of 2012. The decreases in cost seen in med check, mobile MH and OP-MH emergency evaluation were driven by fewer people using these services. However, the decrease in total costs associated with partial were driven by decreases in service utilization and in average service units used per person. The decrease in total costs associated with crisis were heavily driven by a decrease in average units used per person, especially walk-in services. Increase in paid claims for forensic support, a supplemental service, was due to an increase in average units used per person. The total cost increases seen in outpatient MH and psych rehab were heavily driven by more people using these services.

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

	Q4 2012			Q1 2013		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
IP-MH	920	\$ 6,697,421	\$ 7,280	833	\$ 5,794,169	\$ 6,956
EAC (CRU)	19	\$ 592,653	\$ 31,192	18	\$ 568,755	\$ 31,597
IPMH EAC (TRU)	38	\$ 1,138,813	\$ 29,969	27	\$ 936,670	\$ 34,691
Community-based EAC	37	\$ 633,243	\$ 17,115	38	\$ 594,053	\$ 15,633
RTFA	21	\$ 387,860	\$ 18,470	23	\$ 304,010	\$ 13,218
<b>Subtotal of above</b>	<b>998</b>	<b>\$ 9,630,231</b>	<b>\$ 9,650</b>	<b>916</b>	<b>\$ 8,405,627</b>	<b>\$ 9,176</b>
<b>Total MH services</b>	<b>16,407</b>	<b>\$ 23,409,275</b>	<b>\$ 1,427</b>	<b>16,245</b>	<b>\$ 22,302,541</b>	<b>\$ 1,373</b>

This table summarizes utilization for four acute levels of care. Fluctuations from the fourth quarter of 2012 to the first quarter of 2013 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	
	Q1 2013	% change from Q4 2012	Q4 2012	Q1 2013	Q4 2012	Q1 2013	Q4 2012	Q1 2013	Q4 2012	Q1 2013
Number of total admissions	1,142	-1%	19	23	10	7	13	13	18	21
Number people with at least one admission	928	-4%	19	23	10	7	13	13	18	21
Admission rate	8.02	-1%	--	--	--	--	--	--	--	--
Average length of stay	14	7%	86	119	70	84	125	101	70	83
% with follow-up in 7 days	71%	-1%	95%	100%	100%	86%	87%	100%	89%	82%
% with readmission in 30 days	18%	-6%								
% with readmission in 90 days	13%	-3%								

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 first quarter of 2013, there was a decrease in total number of admissions for IPMH and EAC (CRU). The average length of stay increased for IPMH, TRU, CRU and RTFA; however, it decreased for the community-based EAC. Because the number of admissions to most of these services were very small in a given quarter, the numbers from Q4 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 fourth quarter of 2012 to the first quarter of 2013 were not notable.

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

	Q1 2013			% Difference Q4 2012 - Q1 2013		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Maj Depression	4,395	\$ 4,161,297	\$ 947	-5%	2%	7%
Schizophrenia	3,103	\$ 8,491,637	\$ 2,737	-4%	-11%	-7%
Bipolar D/O	2,963	\$ 3,038,022	\$ 1,025	-4%	5%	9%
Neurotic D/O	1,906	\$ 768,446	\$ 403	0%	-1%	0%
Depressive D/O	1,785	\$ 1,834,717	\$ 1,028	-3%	-5%	-2%
Adjustment D/O	1,062	\$ 632,433	\$ 596	0%	2%	2%
DX Deferred	953	\$ 625,174	\$ 656	9%	-31%	-37%
<b>Subtotal of above</b>	<b>14,007</b>	<b>\$ 19,551,726</b>	<b>\$ 1,396</b>	<b>-3%</b>	<b>-6%</b>	<b>-3%</b>
<b>Total diagnoses for MH services</b>	<b>16,245</b>	<b>\$ 22,302,541</b>	<b>\$ 1,373</b>	<b>-1%</b>	<b>-5%</b>	<b>-4%</b>

This table shows the most frequently used mental health diagnostic categories for adults (21 years and older). The decrease in total paid claims for people with schizophrenia was heavily driven by the decrease in inpatient service utilization and average service units. The decrease in cost for people with DX deferred was related to the decrease 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**

	Q1 2013			% Difference Q4 2012- Q1 2013		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
OP-D&A	2,755	\$ 1,109,154	\$ 403	1%	0%	0%
Meth Maint	1,790	\$ 1,791,748	\$ 1,001	-1%	-6%	-5%
NH-Rehab	792	\$ 3,256,008	\$ 4,111	-2%	-7%	-4%
IOP-D&A	504	\$ 445,545	\$ 884	-7%	-12%	-5%
NH-Detox	314	\$ 232,154	\$ 739	-8%	-10%	-2%
PHP-DA	243	\$ 363,563	\$ 1,496	8%	17%	8%
Halfway Hs	167	\$ 677,944	\$ 4,060	-11%	-19%	-9%
IP-Detox	112	\$ 216,120	\$ 1,930	-7%	-21%	-16%
IP-Rehab	13	\$ 45,671	\$ 3,513	8%	50%	39%
<b>Subtotal of above</b>	<b>4,469</b>	<b>\$ 8,137,907</b>	<b>\$ 1,821</b>	<b>-1%</b>	<b>-7%</b>	<b>-5%</b>
<b>Services</b>	<b>4,469</b>	<b>\$ 8,137,907</b>	<b>\$ 1,821</b>	<b>-1%</b>	<b>-7%</b>	<b>-5%</b>

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 NH detox, halfway house and inpatient detox services were driven by a decrease in average units of service used per person and by fewer people using these services. The decrease in cost for intensive outpatient services was due to a decrease in average units of service used per person and fewer people using this service. The increase in cost for partial services was related to the increase in average service units used per person and more people using this service. Also, the increase in cost for inpatient rehab services was due to the slight increase in service utilization. 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**

	Q1 2013			% Difference Q4 2012 - Q1 2013		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Opioid	2,884	\$ 4,567,536	\$ 1,584	1%	-7%	-7%
Alcohol Abuse/Dependence	639	\$ 1,141,976	\$ 1,787	-9%	-3%	6%
Poly-substance dependence	589	\$ 1,223,141	\$ 2,077	-11%	-14%	-3%
Cocaine	375	\$ 681,378	\$ 1,817	1%	-3%	-4%
Cannabis	181	\$ 97,430	\$ 538	-14%	0%	16%
Substance-Induced Disorders*	55	\$ 65,802	\$ 1,196	0%	-20%	-20%
<b>Subtotal of above</b>	<b>4,347</b>	<b>\$ 7,777,263</b>	<b>\$ 1,789</b>	<b>-2%</b>	<b>-7%</b>	<b>-5%</b>
<b>All D&amp;A diagnoses</b>	<b>4,375</b>	<b>\$ 8,055,496</b>	<b>\$ 1,841</b>	<b>-2%</b>	<b>-7%</b>	<b>-5%</b>

This table shows the most frequently used drug and alcohol diagnoses for adults (21 years and older). Overall, patterns were similar to the previous quarter. The decreases in paid claims for poly-substance abuse are due to fewer people using outpatient services. Fewer people who were diagnosed with cannabis were using outpatient services in the first quarter of 2013 compared to the fourth quarter of 2012; however, the increase in average cost is heavily driven by the increase in average drug and alcohol partial service units used per person. The decrease in cost for people with substance-induced disorders is driven by the shift of individuals who are utilizing more outpatient services and less inpatient detox services.

*\*Fifty-three of the people were diagnosed with Amphetamine withdrawal and two people were diagnosed with amphetamine-induced mood disorder.*

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

	NH Rehab		Inpatient Detox		NH Detox		Halfway House	
	Q1 2013	% change from Q4 2012	Q1 2013	% change from Q4 2012	Q1 2013	% change from Q4 2012	Q1 2013	% change from Q4 2012
Number of total admissions	722	2%	129	-21%	351	-7%	77	-28%
Number people with at least one admission	645	2%	114	-14%	321	-7%	75	-27%
Admission rate	5.07	2%	0.91	-21%	2.47	-7%	0.54	-28%
Average length of stay	27.7	-4%	4.1	-9%	3.4	-1%	79.0	26%
% with follow-up in 7 days	49%	2%	52%	-3%	76%	3%	27%	-22%
% with readmit in 30 days	7%	1%	18%	50%	8%	16%	4%	124%
% with readmit in 90 days	8%	0%	9%	-25%	10%	-11%	1%	-44%

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. Halfway house, inpatient detox and non-hospital detox experienced decreases in admissions while non-hospital rehab experienced an increase for the first quarter of 2013. Also, the average length of stay decreased for non-hospital rehab, inpatient detox and non-hospital detox. OMHSAS' gold standard for follow-up services within 7 days after non-hospital rehabilitation is 90%. Non-hospital rehab and non-hospital detox experienced increases in follow up rates. Also, all above levels of care experienced increased 30 day readmission rates but decreased 90 day readmission rates.