

## Q2 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**

	Q2 2013	% Difference from Q1 2013
<b>0-20 years</b>	89,359	0.1%
<b>21+ years</b>	77,826	0.5%
<b>Total Enrollment</b>	<b>167,185</b>	<b>0.3%</b>

Table 1 shows that the average monthly enrollment during Q2 2013 was generally similar to Q1 2013.

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

		Q2 2013			% Difference from Q1 2013 - Q2 2013		
		# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
<b>00 - 20 years</b>	D&A	652	\$ 1,551,707	\$ 2,380	15%	6%	-8%
	MH	11,509	\$ 24,653,311	\$ 2,142	0%	0%	0%
	<b>Total</b>	<b>11,797</b>	<b>\$ 26,205,018</b>	<b>\$ 2,221</b>	<b>0%</b>	<b>1%</b>	<b>0%</b>
<b>21-54 years</b>	D&A	621	\$ 890,140	\$ 1,433	10%	8%	-2%
	MH	3,644	\$ 4,399,445	\$ 1,207	4%	5%	1%
	<b>Total</b>	<b>3,971</b>	<b>\$ 5,289,584</b>	<b>\$ 1,332</b>	<b>5%</b>	<b>5%</b>	<b>1%</b>
<b>55 years and older</b>	D&A	4,289	\$ 7,753,640	\$ 1,808	9%	6%	-3%
	MH	12,893	\$ 17,807,827	\$ 1,381	1%	-2%	-3%
	<b>Total</b>	<b>14,878</b>	<b>\$ 25,561,467</b>	<b>\$ 1,718</b>	<b>1%</b>	<b>0%</b>	<b>-1%</b>
<b>Total</b>	D&A	5,562	\$ 10,195,486	\$ 5,621	10%	6%	-5%
	MH	28,046	\$ 46,860,583	\$ 4,731	1%	0%	0%
	<b>Total</b>	<b>30,646</b>	<b>\$ 57,056,069</b>	<b>\$ 5,271</b>	<b>1%</b>	<b>1%</b>	<b>0%</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, Q2 2013 data was similar to Q1 2013. Detailed 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)**

	Q2 2013			% Difference from Q1 2013 - Q2 2013		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Outpatient MH	6,493	\$ 2,350,790	\$ 362	3%	0%	-3%
BHRS	4,292	\$ 10,277,132	\$ 2,394	1%	-1%	-2%
Med Check	2,776	\$ 353,513	\$ 127	-6%	0%	6%
Serv Coord	1,358	\$ 1,010,725	\$ 744	-5%	-10%	-5%
Partial hospitalization MH	625	\$ 1,968,056	\$ 3,149	-2%	-9%	-8%
Crisis	530	\$ 250,353	\$ 472	-1%	-6%	-5%
Family based	430	\$ 2,052,896	\$ 4,774	4%	12%	7%
Inpatient MH	287	\$ 2,445,343	\$ 8,520	-3%	3%	6%
RTF	156	\$ 2,790,222	\$ 17,886	8%	11%	4%
Family Focused, Solution-Based	102	\$ 307,962	\$ 3,019	12%	9%	-3%
<b>Subtotal of above</b>	<b>11,463</b>	<b>\$ 23,806,991</b>	<b>\$ 2,077</b>	<b>0%</b>	<b>1%</b>	<b>1%</b>
<b>Services</b>	<b>11,509</b>	<b>\$ 24,653,311</b>	<b>\$ 2,142</b>	<b>0%</b>	<b>0%</b>	<b>0%</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 second quarter of 2013 was similar to the first quarter of 2013. Family based and RTF services increase in cost were driven by more people using these services and the increase in average service units used per person. However, service coordination had decreases in cost primarily driven by fewer people using this service and the decrease in average units used per person.

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

	Q2 2013			% Difference from Q1 2013 - Q2 2013		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
ADHD	3,865	\$ 5,366,574	\$ 1,389	-1%	0%	1%
Autism spectrum	2,257	\$ 6,088,253	\$ 2,697	0%	-1%	-1%
Adjustment D/O	2,192	\$ 1,888,179	\$ 861	-1%	-3%	-2%
Maj Depression	1,158	\$ 3,059,693	\$ 2,642	-1%	7%	8%
Conduct D/O	975	\$ 2,186,739	\$ 2,243	5%	-5%	-9%
Oppositional/defiant D/O	899	\$ 1,824,543	\$ 2,030	-2%	4%	6%
Neurotic D/O	868	\$ 824,145	\$ 949	2%	-9%	-11%
Depressive D/O	667	\$ 1,072,597	\$ 1,608	1%	2%	1%
DX Deferred	435	\$ 183,184	\$ 421	2%	-11%	-13%
Bipolar D/O	380	\$ 1,326,281	\$ 3,490	-6%	0%	6%
<b>Subtotal of above</b>	<b>11,354</b>	<b>\$ 23,820,186</b>	<b>\$ 2,098</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>
<b>Diagnosis</b>	<b>11,509</b>	<b>\$ 24,653,311</b>	<b>\$ 2,142</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>

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 people with neurotic disorder was heavily driven by the decrease in average units of BHRS. Also, the decrease in cost for people with DX Deferred was driven by the decrease in average units of crisis services, especially walk-in services.

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

	Inpatient MH		RTF	
	Q1 2013	Q2 2013	Q1 2013	Q2 2013
Number of total admissions	349	351	60	68
Number people with at least one admission	303	300	60	64
Admission rate	2.4	2.5	0.4	0.5
Average length of stay	12.9	13.2	168	183
% with follow-up in 7 days	71%	75%	62%	64%
% with readmit in 30 days	12%	14%	0%	2%
% with readmit in 31-90 days	13%	9%	11%	5%

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

	Q1 2013			Q2 2013		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
OP-D&A	429	\$ 182,253	\$ 425	512	\$ 232,544	\$ 454
NH-Rehab	121	\$ 998,914	\$ 8,255	121	\$ 1,087,529	\$ 8,988
IOP-D&A	52	\$ 57,179	\$ 1,100	52	\$ 53,780	\$ 1,034
PHP-DA	22	\$ 16,545	\$ 752	24	\$ 18,175	\$ 757
Halfway Hs	22	\$ 176,683	\$ 8,031	21	\$ 141,230	\$ 6,725
NH-Detox	13	\$ 8,613	\$ 663	18	\$ 13,933	\$ 774
Meth Maint	9	\$ 5,943	\$ 660	6	\$ 5,493	\$ 915
<b>Services</b>	<b>566</b>	<b>\$ 1,448,136</b>	<b>\$ 2,559</b>	<b>652</b>	<b>\$ 1,552,682</b>	<b>\$ 2,381</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 first quarter of 2013. Outpatient services continued to be the most used service for the second quarter of 2013; it accounts for about 79% of youth 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)**

	Q1 2013			Q2 2013		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Cannabis	347	\$ 1,024,594	\$ 2,953	369	\$ 1,130,414	\$ 3,063
Opioid	62	\$ 160,433	\$ 2,588	60	\$ 152,472	\$ 2,541
Alcohol	46	\$ 138,862	\$ 3,019	40	\$ 127,584	\$ 3,190
Poly-Subs D/O	27	\$ 91,778	\$ 3,399	21	\$ 80,286	\$ 3,823
Cocaine	5	\$ 12,730	\$ 2,546	7	\$ 11,934	\$ 1,705
Hyp/Sed	0	\$ -	/0	2	\$ 7,643	\$ 3,821
Subs Induced D/O	3	\$ 400	\$ 133	1	\$ 72	\$ 72
Inhalants	0	\$ -	/0	1	\$ 713	\$ 713
Hallucin	5	\$ 882	\$ 176	1	\$ 756	\$ 756
<b>Total</b>	<b>566</b>	<b>\$ 1,448,136</b>	<b>\$ 2,559</b>	<b>652</b>	<b>\$ 1,552,682</b>	<b>\$ 2,381</b>

This table shows the most frequently used drug and alcohol diagnostic categories. Most diagnostic categories showed typical quarterly fluctuations. Cannabis dependence/abuse continued to be the most common diagnoses, accounting for 57% of people, and highest cost, accounting for 73% 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**

	Q1 2013	Q2 2013
Number of total admissions	76	93
Number people with at least one admission	71	88
Admission rate	0.53	0.65
Average length of stay	61	61
% with follow-up in 7 days	34%	27%
% with readmission in 30 days	4%	7%
% with readmission in 90 days	7%	11%

This table shows admissions data, rates of follow-up appointments, and readmission rates for non-hospital rehabilitation for adolescents. Admissions increased in the second quarter of 2013, however, the average length of stay remained unchanged at 61 days. 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)**

	Q2 2013			% Difference Q1 2013 - Q2 2013		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
OP-MH	11,014	\$ 3,443,640	\$ 313	2%	5%	3%
Med Check	7,391	\$ 1,037,848	\$ 140	0%	7%	7%
Serv Coord	3,063	\$ 2,723,111	\$ 889	-3%	-1%	2%
Crisis	1,122	\$ 743,451	\$ 663	3%	-14%	-16%
CTT	635	\$ 3,606,815	\$ 5,680	-2%	-1%	1%
Psych-Rehab	215	\$ 263,308	\$ 1,225	-10%	-3%	7%
Forensic Support	257	\$ 137,376	\$ 535	20%	17%	-2%
PHP-MH	210	\$ 291,300	\$ 1,387	13%	26%	12%
Mobile MH	152	\$ 118,098	\$ 777	-9%	-20%	-12%
Respite/DAS	144	\$ 759,382	\$ 5,273	1%	6%	4%
<b>Subtotal of above</b>	<b>16,217</b>	<b>\$ 13,124,329</b>	<b>\$ 809</b>	<b>1%</b>	<b>1%</b>	<b>0%</b>
<b>Services</b>	<b>16,482</b>	<b>\$ 22,325,340</b>	<b>\$ 1,355</b>	<b>1%</b>	<b>-1%</b>	<b>-2%</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 second quarter of 2013 was similar to the first quarter of 2013. The increases in cost seen in forensic support and partial (PHP-MH) were driven by more people using these services. The decrease in total costs associated with mobile MH were driven by fewer people using this service. The decrease in total costs associated with crisis were heavily driven by a decrease in average units used per person, especially walk-in services.

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

	Q1 2013			Q2 2013		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
IP-MH	855	\$ 5,993,107	\$ 7,009	902	\$ 5,963,466	\$ 6,611
EAC (CRU)	18	\$ 568,755	\$ 31,597	25	\$ 682,948	\$ 27,318
IPMH EAC (TRU)	30	\$ 1,002,118	\$ 33,404	19	\$ 605,496	\$ 31,868
Community-based EAC	38	\$ 594,053	\$ 15,633	36	\$ 608,657	\$ 16,907
RTFA	23	\$ 304,010	\$ 13,218	21	\$ 307,020	\$ 14,620
<b>Subtotal of above</b>	<b>937</b>	<b>\$ 8,670,013</b>	<b>\$ 9,253</b>	<b>972</b>	<b>\$ 8,385,409</b>	<b>\$ 8,627</b>
<b>Total MH services</b>	<b>16,245</b>	<b>\$ 22,302,541</b>	<b>\$ 1,373</b>	<b>16,482</b>	<b>\$ 22,325,340</b>	<b>\$ 1,355</b>

This table summarizes utilization for four acute levels of care. Fluctuations from the first quarter of 2013 to the second 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	
	Q2 2013	% change from Q1 2013	Q1 2013	Q2 2013	Q1 2013	Q2 2013	Q1 2013	Q2 2013	Q1 2013	Q2 2013
Number of total admissions	1,218	6%	23	20	7	17	13	9	21	23
Number people with at least one admission	994	6%	23	20	7	17	13	9	21	23
Admission rate	8.53	6%	--	--	--	--	--	--	--	--
Average length of stay	13	-7%	119	118	84	85	101	126	83	59
% with follow-up in 7 days	71%	0%	100%	72%	86%	82%	100%	100%	82%	95%
% with readmission in 30 days	20%	0%								
% with readmission in 90 days	12%	-11%								

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 second quarter of 2013, there was a decrease in total number of admissions for TRU and community-based EAC. The average length of stay decreased for IPMH, TRU and RTFA; however, it increased for the community-based EAC. Also, there was a decrease in 90 readmissions for IPMH. Because the number of admissions to most of these services were very small in a given quarter, the numbers from Q1 2013, 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 first quarter of 2013 to the second quarter of 2013 were not notable.

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

	Q2 2013			% Difference Q1 2013 - Q2 2013		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Maj Depression	4,554	\$ 4,208,919	\$ 924	2%	0%	-2%
Schizophrenia	3,210	\$ 8,241,484	\$ 2,567	1%	-4%	-5%
Bipolar D/O	3,041	\$ 3,359,830	\$ 1,105	1%	9%	8%
Neurotic D/O	1,980	\$ 853,327	\$ 431	2%	11%	9%
Depressive D/O	1,850	\$ 1,822,134	\$ 985	1%	-1%	-3%
Adjustment D/O	1,133	\$ 654,615	\$ 578	5%	3%	-1%
DX Deferred	980	\$ 471,057	\$ 481	3%	-25%	-27%
<b>Subtotal of above</b>	<b>14,417</b>	<b>\$ 19,611,365</b>	<b>\$ 1,360</b>	<b>1%</b>	<b>-1%</b>	<b>-2%</b>
<b>Total diagnoses for MH services</b>	<b>16,482</b>	<b>\$ 22,325,340</b>	<b>\$ 1,355</b>	<b>1%</b>	<b>-1%</b>	<b>-2%</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 neurotic disorder was heavily driven by the increase in average inpatient MH 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**

	Q2 2013			% Difference Q1 2013- Q2 2013		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
OP-D&A	3,096	\$ 1,233,964	\$ 399	11%	10%	-1%
Meth Maint	1,810	\$ 1,846,550	\$ 1,020	1%	3%	2%
NH-Rehab	842	\$ 3,490,512	\$ 4,146	6%	7%	1%
IOP-D&A	599	\$ 557,088	\$ 930	18%	25%	6%
NH-Detox	366	\$ 282,108	\$ 771	15%	19%	4%
PHP-DA	243	\$ 351,825	\$ 1,448	0%	-4%	-4%
Halfway Hs	158	\$ 612,040	\$ 3,874	-5%	-10%	-5%
IP-Detox	132	\$ 245,007	\$ 1,856	18%	13%	-4%
IP-Rehab	9	\$ 48,617	\$ 5,402	-31%	6%	54%
<b>Subtotal of above</b>	<b>4,899</b>	<b>\$ 8,667,712</b>	<b>\$ 1,769</b>	<b>9%</b>	<b>6%</b>	<b>-3%</b>
<b>Services</b>	<b>4,899</b>	<b>\$ 8,667,712</b>	<b>\$ 1,769</b>	<b>9%</b>	<b>6%</b>	<b>-3%</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 halfway house services were driven by fewer people using this service. The increase in cost for intensive outpatient and non-hospital detox services was due to an increase in people using these services. The increase in cost for outpatient and inpatient detox services were related to the increase in average service units used per person and overall more people using these services. 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**

	Q2 2013			% Difference Q1 2013 - Q2 2013		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Opioid	3,008	\$ 4,798,578	\$ 1,595	4%	4%	0%
Alcohol Abuse/Dependence	721	\$ 1,254,433	\$ 1,740	10%	9%	-1%
Poly-substance dependence	679	\$ 1,292,393	\$ 1,903	14%	6%	-7%
Cocaine	391	\$ 756,005	\$ 1,934	4%	11%	7%
Cannabis	219	\$ 166,091	\$ 758	20%	69%	40%
Substance-Induced Disorders*	62	\$ 78,859	\$ 1,272	13%	20%	6%
<b>Subtotal of above</b>	<b>4,675</b>	<b>\$ 8,346,359</b>	<b>\$ 1,785</b>	<b>7%</b>	<b>7%</b>	<b>0%</b>
<b>All D&amp;A diagnoses</b>	<b>4,703</b>	<b>\$ 8,570,260</b>	<b>\$ 1,822</b>	<b>7%</b>	<b>6%</b>	<b>-1%</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 increase in paid claims for cocaine dependence are due to more people using outpatient services. More people who were diagnosed with substance-induced disorder were using inpatient detox services. The increase in cost for people with cannabis dependence/abuse is driven by the increase of outpatient service units used per person.

\*Sixty-one of the people were diagnosed with drug withdrawal and one person was diagnosed with drug depressive disorder.

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

	NH Rehab		Inpatient Detox		NH Detox		Halfway House	
	Q2 2103	% change from Q1 2013	Q2 2103	% change from Q1 2013	Q2 2103	% change from Q1 2013	Q2 2103	% change from Q1 2013
Number of total admissions	780	8%	165	28%	405	15%	107	39%
Number people with at least one admission	686	6%	147	29%	368	15%	103	37%
Admission rate	5.46	8%	1.16	28%	2.84	15%	0.75	39%
Average length of stay	27.4	-1%	3.7	-10%	3.5	1%	74.1	-15%
% with follow-up in 7 days	49%	-1%	50%	-4%	72%	-6%	33%	23%
% with readmit in 30 days	8%	15%	10%	-18%	7%	5%	5%	219%
% with readmit in 90 days	10%	16%	17%	44%	12%	0%	2%	-15%

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. All levels of care noted above experienced an increase in admissions for the second quarter of 2013. Also, the average length of stay decreased for non-hospital rehab, inpatient detox and halfway house. 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.