

Q2 2014 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 2014	% Difference from Q1 2014
0-20 years	88,647	-0.5%
21+ years	78,419	-0.5%
Total Enrollment	167,065	-0.5%

Table 1 shows that the average monthly enrollment during Q2 2014 was similar to Q1 2014.

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

		Q2 2014			% Difference from Q1 2014 - Q2 2014		
		# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
00 - 20 years	D&A	487	\$ 1,605,851	\$ 3,297	-6%	3%	9%
	MH	11,695	\$ 24,478,882	\$ 2,093	2%	0%	-2%
	Total	11,980	\$ 26,084,733	\$ 2,177	2%	0%	-1%
21-54 years	D&A	4,187	\$ 9,126,624	\$ 2,180	1%	8%	7%
	MH	13,086	\$ 18,188,207	\$ 1,390	1%	-3%	-4%
	Total	15,132	\$ 27,314,832	\$ 1,805	1%	0%	-1%
55 years and older	D&A	666	\$ 1,106,786	\$ 1,662	6%	-3%	-9%
	MH	3,941	\$ 4,737,439	\$ 1,202	4%	-5%	-9%
	Total	4,291	\$ 5,844,225	\$ 1,362	4%	-5%	-9%
Total	D&A	5,340	\$ 11,839,261	\$ 7,139	1%	6%	4%
	MH	28,722	\$ 47,404,528	\$ 4,685	2%	-2%	-4%
	Total	31,403	\$ 59,243,789	\$ 5,344	2%	0%	-3%

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 2014 data was similar to Q1 2014. 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 2014			% Difference from Q1 2014 - Q2 2014		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Outpatient MH	6,220	\$ 2,140,409	\$ 344	5%	-6%	-10%
BHRS	4,026	\$ 9,024,019	\$ 2,241	1%	0%	0%
Medication Check	3,998	\$ 635,597	\$ 159	0%	2%	2%
Service Coordination	1,394	\$ 1,190,902	\$ 854	-1%	-2%	-1%
Partial Hospitalization MH	621	\$ 1,839,036	\$ 2,961	1%	-6%	-6%
Crisis	540	\$ 250,386	\$ 464	2%	-9%	-11%
Family Based	441	\$ 2,491,223	\$ 5,649	2%	8%	6%
Inpatient MH	284	\$ 2,444,086	\$ 8,606	1%	-12%	-12%
RTF	163	\$ 3,205,919	\$ 19,668	13%	9%	-4%
Family Focused, Solution Based	119	\$ 386,294	\$ 3,246	17%	-1%	-15%
Subtotal of above*	11,650	\$ 23,607,871	\$ 2,026	2%	-1%	-2%
Total MH Services	11,695	\$ 24,478,882	\$ 2,093	2%	0%	-2%

This table illustrates 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 2014 was similar to the first quarter of 2014. The decrease in average claims paid per person seen in outpatient mental health, crisis services, inpatient mental health and family-focused, solution-based services was driven by the decrease in the average service units per person.

* This subtotal only includes the items listed in the table and is not inclusive of all possible items.

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

	Q2 2014			% Difference from Q1 2014 - Q2 2014		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
ADHD	4,038	\$ 4,962,073	\$ 1,229	2%	-1%	-3%
Adjustment D/O	2,206	\$ 2,227,758	\$ 1,010	1%	-1%	-2%
Autism Spectrum	2,206	\$ 5,694,202	\$ 2,581	2%	0%	-3%
Major Depression	1,274	\$ 4,012,159	\$ 3,149	4%	8%	3%
Conduct D/O	1,013	\$ 1,983,333	\$ 1,958	8%	-1%	-8%
Neurotic D/O	987	\$ 948,197	\$ 961	5%	-8%	-12%
Oppositional/Defiant D/O	859	\$ 1,694,911	\$ 1,973	-5%	1%	6%
Depressive D/O	701	\$ 1,152,385	\$ 1,644	10%	16%	6%
DX Deferred	441	\$ 209,565	\$ 475	-4%	-12%	-8%
Bipolar D/O	330	\$ 990,943	\$ 3,003	-5%	-10%	-5%
Subtotal (included)	11,543	\$ 23,875,526	\$ 2,068	2%	0%	-1%
Diagnosis	11,695	\$ 24,478,882	\$ 2,093	2%	0%	-2%

This table displays the top 10 most frequently used mental health diagnostic categories for children and adolescents (under 21 years). The decrease in average cost for people with neurotic disorder was driven by the decrease in people using RTF services. The increase in cost for people with depressive disorder was driven by an increase in people using family-based and RTF services. The decrease in paid claims for people with DX deferred is driven by less people using crisis services, especially mobile. The decrease in cost for people with bipolar disorder is driven by fewer people receiving services and a decrease in average service units used per person, particularly in inpatient mental health and BHRS.

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

	Inpatient MH		RTF	
	Q1 2014	Q2 2014	Q1 2014	Q2 2014
Number of total admissions	333	345	47	65
Number people with at least one admission	291	294	47	65
Admission rate	2.3	2.4	0.3	0.3
Average length of stay	13	13	221	261
% with follow-up in 7 days	74%	70%	64%	74%
% with readmit in 30 days	10%	15%	6%	0%
% with readmit in 31-90 days	9%	6%	0%	1%

This table shows admissions data, rates of follow-up appointments, and readmission rates for inpatient mental health and RTF. Compared to the first quarter of 2014, RTF experienced an increase in follow up and a decrease in 30 day readmissions in the second quarter of 2014. Inpatient mental health experienced an increase and a decrease in readmissions within 30 and 90 days, respectively, compared to the first quarter of 2014. Additionally, the average length of stay increased for both levels of care. This information is 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 2014			Q2 2014		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Outpatient Drug and Alcohol	387	\$ 206,528	\$ 534	350	\$ 191,616	\$ 547
Non-Hospitalization Rehab	116	\$ 1,147,173	\$ 9,889	121	\$ 1,201,218	\$ 9,927
Intensive Outpatient Drug and Alcohol	39	\$ 44,635	\$ 1,144	40	\$ 38,980	\$ 975
Partial Hospitalization Drug and Alcohol	21	\$ 14,218	\$ 677	24	\$ 16,686	\$ 695
Halfway House	22	\$ 136,723	\$ 6,215	18	\$ 135,992	\$ 7,555
Non-Hospitalization Detox	10	\$ 6,833	\$ 683	15	\$ 13,825	\$ 922
Methadone Maintenance	12	\$ 9,145	\$ 762	9	\$ 7,535	\$ 837
Total D&A Services	518	\$ 1,565,255	\$ 3,022	487	\$ 1,605,851	\$ 3,297

This table illustrates 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 2014. Outpatient services continued to be the most used service for the second quarter of 2014; it accounts for about 72% of youth who used drug and alcohol services. Non-hospital rehabilitation accounted for about 75% 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 2014			Q2 2014		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Cannabis	354	\$ 1,197,182	\$ 3,382	395	\$ 1,260,188	\$ 3,190
Opioid	51	\$ 162,869	\$ 3,194	60	\$ 161,163	\$ 2,686
Alcohol	25	\$ 76,571	\$ 3,063	24	\$ 100,934	\$ 4,206
Polysubstance Dependence	34	\$ 63,147	\$ 1,857	23	\$ 61,041	\$ 2,654
Amphetamine Dependence	2	\$ 18,914	\$ 9,457	3	\$ 18,344	\$ 6,115
Hallucinogen-Related Disorder	5	\$ 9,177	\$ 1,835	3	\$ 3,997	\$ 1,332
Inhalants	0	\$ -	/0	1	\$ 110	\$ 110
PCP	1	\$ 3,825	\$ 3,825	1	\$ 75	\$ 75
Cocaine	1	\$ 4,258	\$ 4,258	0	\$ -	/0
Substance Induced Disorder	1	\$ 624	\$ 624	0	\$ -	/0
Total D&A Diagnosis	518	\$ 1,565,255	\$ 3,022	487	\$ 1,605,851	\$ 3,297

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 diagnosis, accounting for 81% of people, and highest cost, accounting for 78% 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 2014	Q2 2014
Number of total admissions	84	87
Number people with at least one admission	77	79
Admission rate	0.58	0.60
Average length of stay	56	60
% with follow-up in 7 days	32%	33%
% with readmission in 30 days	12%	13%
% with readmission in 90 days	6%	8%

This table shows admissions data, rates of follow-up appointments, and readmission rates for non-hospital rehabilitation for adolescents. The average length of stay increased slightly in the second quarter of 2014 compared to the first quarter of 2014. Total admissions showed a minor increase from the first quarter of 2014. OMHSAS' gold standard for follow up services within 7 days after non-hospital rehabilitation is 90%. In the second quarter of 2014, there was a slight increase in follow up rates. 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 2014			% Difference Q1 2014 - Q2 2014		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Med Check	10,163	\$ 1,550,807	\$ 153	3%	1%	-2%
Outpatient MH	10,133	\$ 2,985,507	\$ 295	1%	0%	-1%
Serv Coord	3,269	\$ 3,585,038	\$ 1,097	0%	-3%	-3%
Crisis	1,085	\$ 857,847	\$ 791	7%	7%	0%
CTT	650	\$ 3,447,541	\$ 5,304	1%	-3%	-3%
Forensic Support	271	\$ 190,547	\$ 703	3%	26%	23%
Psych Rehab	223	\$ 324,686	\$ 1,456	6%	12%	6%
Partial Hospitalization MH	168	\$ 230,897	\$ 1,374	-16%	0%	19%
Mobile MH	167	\$ 179,845	\$ 1,077	1%	19%	19%
Respite/DAS	141	\$ 609,953	\$ 4,326	1%	0%	-1%
Subtotal of above*	16,657	\$ 13,962,667	\$ 838	2%	0%	-2%
Total MH Services	16,948	\$ 22,925,646	\$ 1,353	2%	-4%	-5%

This table displays 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 2014 was similar to the first quarter of 2014. The increase in costs associated with forensic support and psych rehab was driven by an increase in members and average service units used per person. The increase in costs associated with partial hospitalization and mobile MH was driven by an increase in average service units used per person.

* This subtotal only includes the items listed in the table and is not inclusive of all possible items.

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

	Q1 2014			Q2 2014		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
IP-MH	853	\$ 6,387,834	\$ 7,489	845	\$ 5,518,164	\$ 6,530
EAC (CRU)	26	\$ 990,758	\$ 38,106	31	\$ 916,148	\$ 29,553
IPMH EAC (TRU)	19	\$ 570,006	\$ 30,000	20	\$ 583,552	\$ 29,178
Community-based EAC	37	\$ 632,851	\$ 17,104	35	\$ 620,306	\$ 17,723
RTFA	28	\$ 499,402	\$ 17,836	29	\$ 575,684	\$ 19,851
Subtotal of above*	931	\$ 9,257,079	\$ 9,943	920	\$ 8,370,743	\$ 9,099
Total MH services	16,635	\$ 23,777,862	\$ 1,429	16,948	\$ 22,925,646	\$ 1,353

This table summarizes utilization for four acute levels of care. The decrease in overall cost was driven by the decrease in average inpatient mental health service units used per person. Other fluctuations from the first quarter of 2014 to the second quarter of 2014 were not notable.

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

	IPMH		IPMH EAC (TRU)		EAC (CRU)		Community-based EAC		RTFA	
	Q2 2014	% change from Q1 2014	Q1 2014	Q2 2014	Q1 2014	Q2 2014	Q1 2014	Q2 2014	Q1 2014	Q2 2014
Number of total admissions	1,147	0%	15	28	9	15	9	11	21	18
Number people with at least one admission	957	3%	15	28	9	15	9	11	21	18
Admission rate	8.0	0%	--	--	--	--	--	--	--	--
Average length of stay	13	-27%	128	141	97	60	115	154	70	82
% with follow-up in 7 days	75%	-2%	94%	91%	91%	100%	89%	100%	95%	100%
% with readmission in 30 days	17%	-11%								
% with readmission in 90 days	14%	27%								

OMHSAS' gold standard for 7 day follow-up after inpatient hospitalization (IPMH) is 90%, and the gold standard for readmission rates within 30 days is 10%. The average length of stay decreased for IPMH and CRU. Also, there was a decrease in readmission for IPMH within 30 days, but an increase within 90 days. Because the number of admissions to most of these services were very small in a given quarter, the numbers from Q4 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 are not readmitted directly to extended acute or RTF-A 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 2014 to the second quarter of 2014 were not notable.

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

	Q2 2014			% Difference Q1 2014 - Q2 2014		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Maj Depression	4,736	\$ 4,489,416	\$ 948	3%	-2%	-5%
Schizophrenia	3,218	\$ 8,852,726	\$ 2,751	2%	-4%	-6%
Bipolar D/O	3,064	\$ 3,319,576	\$ 1,083	1%	-9%	-9%
Neurotic D/O	2,225	\$ 930,401	\$ 418	5%	10%	5%
Depressive D/O	1,881	\$ 1,713,809	\$ 911	1%	-5%	-7%
Adjustment D/O	1,206	\$ 648,505	\$ 538	1%	-6%	-7%
DX Deferred	968	\$ 567,433	\$ 586	10%	3%	-7%
Subtotal of above*	14,888	\$ 20,521,865	\$ 1,378	3%	-4%	-6%
Total Diagnoses for MH Services	16,948	\$ 22,925,646	\$ 1,353	2%	-4%	-5%

This table summarizes the most frequently used mental health diagnostic categories for adults (21 years and older). The increase in cost for people with neurotic disorder was related to more people using inpatient mental health and family focused, solution based services and an increase in their respective average service units used per person. The increase of people with DX Deferred is due to more people utilizing crisis services. Overall, diagnostic categories were very similar to last quarter.

* This subtotal only includes the items listed in the table and is not inclusive of all possible items.

Table 13. Drug and alcohol services for adults

	Q2 2014			% Difference Q1 2014 - Q2 2014		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Outpatient Drug and Alcohol	2,934	\$ 1,127,672	\$ 384	-2%	0%	2%
Methadone Maintenance	1,828	\$ 1,871,589	\$ 1,024	1%	3%	2%
Non-Hospitalization Rehab	951	\$ 4,697,247	\$ 4,939	5%	13%	8%
Intensive Outpatient Drug and Alcohol	635	\$ 637,610	\$ 1,004	14%	18%	4%
Non-Hospitalization Detox	511	\$ 455,958	\$ 892	8%	7%	-1%
Partial Hospitalization Drug and Alcohol	258	\$ 347,072	\$ 1,345	11%	-11%	-20%
Halfway House	167	\$ 773,044	\$ 4,629	-4%	-3%	1%
Inpatient Detox	109	\$ 284,824	\$ 2,613	-6%	-4%	2%
Inpatient Rehab	8	\$ 38,395	\$ 4,799	14%	-9%	-20%
Total D&A Services	4,838	\$ 10,233,410	\$ 2,115	1%	7%	5%

This table illustrates utilization for different drug and alcohol services for adults (21 years and older). Overall, utilization this quarter was similar to last quarter. The increase in cost for people using intensive outpatient services and non-hospital rehab was driven by more people using the services and an increase in average service units used per person. The decrease in costs for partial hospitalization is driven by less people using acute partial services and a decrease in average acute partial service units 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

	Q2 2014			% Difference Q1 2014 - Q2 2014		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Opioid	3,182	\$ 5,791,148	\$ 1,820	4%	9%	5%
Alcohol Abuse/Dependence	740	\$ 1,512,193	\$ 2,044	2%	4%	2%
Poly-substance dependence	637	\$ 1,564,336	\$ 2,456	-3%	12%	16%
Cocaine	357	\$ 716,323	\$ 2,007	-12%	-16%	-4%
Cannabis	221	\$ 197,855	\$ 895	0%	33%	33%
Substance-Induced Disorders ^o	79	\$ 111,171	\$ 1,407	32%	-4%	-27%
Subtotal of above*	4,786	\$ 9,893,026	\$ 2,067	2%	6%	5%
All D&A diagnosis	4,815	\$ 10,185,333	\$ 2,115	2%	7%	5%

This table summarizes 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 poly-substance dependence was driven by the increase in non-hospital detox service units used per person. The decrease in cost for people who were diagnosed with cocaine dependence/abuse was driven by an decrease in the number of people utilizing services, particularly outpatient. The increase in cost for people with cannabis dependence/abuse is driven by more people using non-hospital rehab services. The decrease in average cost associated with substance-induced disorders was driven by a decrease in average intensive outpatient service units used per person.

^o Seventy-eight of the people were diagnosed with amphetamine withdrawal and one person was diagnosed with amphetamine-induced mood disorder.

*This subtotal only includes the items listed in the table and is not inclusive of all possible items.

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

	NH Rehab		Inpatient Detox		NH Detox		Halfway House	
	Q2 2014	% change from Q1 2014	Q2 2014	% change from Q1 2014	Q2 2014	% change from Q1 2014	Q2 2014	% change from Q1 2014
Number of total admissions	882	6%	136	-2%	545	5%	97	-3%
Number people with at least one admission	779	5%	124	-3%	505	8%	97	2%
Admission rate	6.11	6%	0.94	-2%	3.78	5%	0.67	-3%
Average length of stay	27.3	3%	4.3	6%	3.7	3%	70.9	-9%
% with follow-up in 7 days	50%	2%	69%	-14%	72%	3%	34%	-9%
% with readmit in 30 days	9%	19%	7%	25%	4%	-38%	2%	-26%
% with readmit in 90 days	9%	-7%	12%	0%	14%	-8%	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. Inpatient detox and halfway house experienced a decrease in total admissions for the second quarter of 2014. Also, the average length of stay increased for all levels of care, except halfway house. OMHSAS' gold standard for follow-up services within 7 days after non-hospital rehabilitation is 90%.