

Q1 2017 HealthChoices Allegheny County Report

This report summarizes enrollment, claims and admission data from this quarter, in comparison to the prior quarter. This report is used by the Allegheny HealthChoices, Inc. (AHC) 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 youth (0-20 years); and Tables 9 to 15 summarize service use and admissions for adults. Tables 16 to 18 provide a summary of enrollment, service penetration, paid claims, and diagnoses for the Medicaid Expansion population.

Table 1. Enrollment by age

	Q1 2017	% Difference from Q4 2016
00 - 20	93,483	0.51%
21+ years	122,456	2.67%
Total Enrollment	215,939	1.73%

Table 1 shows that the enrollment increased in the first quarter of 2017 compared to the fourth quarter of 2016. This increase may be attributed to the implementation of Medicaid expansion, which began in February 2015.

Table 2. Paid claims by age for mental health (MH) and substance use disorder (SUD) services

		Q1 2017			% Difference from Q4 2016 - Q1 2017		
		# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
00 - 20 years	SUD	388	\$ 1,567,202	\$ 4,039	4%	-4%	-8%
	MH	11,700	\$ 23,185,718	\$ 1,982	6%	7%	0%
	Total	11,928	\$ 24,752,920	\$ 2,075	6%	6%	0%
21-54 years	SUD	6,393	\$ 14,014,227	\$ 2,192	5%	2%	-2%
	MH	16,048	\$ 20,352,556	\$ 1,268	3%	0%	-3%
	Total	19,702	\$ 34,366,783	\$ 1,744	3%	1%	-3%
55 years and older	SUD	759	\$ 1,277,952	\$ 1,684	0%	-7%	-7%
	MH	4,320	\$ 4,827,198	\$ 1,117	3%	6%	4%
	Total	4,741	\$ 6,105,150	\$ 1,288	2%	3%	1%
Total	SUD	7,540	\$ 16,859,381	\$ 7,915	4%	1%	-6%
	MH	32,068	\$ 48,365,473	\$ 4,367	4%	4%	0%
	Total	36,242	\$ 65,224,854	\$ 1,800	4%	3%	-1%

Services can be categorized as either mental health or substance use disorders. Table 2 shows the breakdown of the number of people, paid claims, and average cost per person for substance use disorder services, mental health services, and in total. Overall, service utilization and costs for the first quarter of 2017 did not change significantly from the fourth quarter of 2016. Detailed differences are explained further in the age-specific tables.

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

	Q1 2017			% Difference from Q4 2016 - Q1 2017		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Outpatient MH	7,384	\$ 3,455,120	\$ 468	12%	18%	5%
Medication Check	4,358	\$ 686,237	\$ 157	10%	12%	1%
BHRS	3,315	\$ 6,728,295	\$ 2,030	-1%	5%	6%
Service Coordination	1,370	\$ 1,203,663	\$ 879	2%	4%	2%
Crisis	634	\$ 339,750	\$ 536	5%	17%	11%
Family-Based	480	\$ 2,429,907	\$ 5,062	11%	9%	-2%
Partial Hospitalization MH	425	\$ 1,905,799	\$ 4,484	13%	21%	8%
Inpatient MH	331	\$ 3,691,607	\$ 11,153	10%	5%	-5%
Family Focused, Solution Based (FFSB)	100	\$ 330,480	\$ 3,305	22%	24%	2%
RTF	87	\$ 2,010,284	\$ 23,107	-16%	-12%	5%
Subtotal of above*	12,016	\$ 22,781,142	\$ 1,896	7%	8%	0%
Total MH Services	12,037	\$ 23,642,375	\$ 1,964	7%	8%	1%

Table 3 illustrates the top 10 most frequently used mental health service categories for youth (under 21 years). All services excluding BHRS and service coordination experienced notable changes. More people used family-based services and inpatient MH compared to the previous quarter. Increases in the number of youth using outpatient MH, medication check, partial hospitalization MH, and FFSB increased the total paid claims for each respective service. More people using WPIC's Diagnostic Evaluation Center (DEC) accounted for the increases in total and average costs for crisis. Fewer people using RTF led to a decrease in total paid claims for the service.

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

Table 4. Top 10 mental health diagnoses for youth

	Q1 2017			% Difference from Q4 2016 - Q1 2017		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
ADHD	4,145	\$ 4,761,108	\$ 1,149	8%	11%	3%
Autism Spectrum D/O	2,165	\$ 4,927,344	\$ 2,276	3%	8%	5%
Adjustment D/O	1,816	\$ 1,363,129	\$ 751	15%	13%	-1%
Depressive D/O	1,600	\$ 3,363,998	\$ 2,102	5%	-4%	-8%
Neurotic D/O	1,339	\$ 1,133,663	\$ 847	11%	7%	-3%
Oppositional Defiant D/O	898	\$ 1,379,987	\$ 1,537	3%	1%	-2%
Conduct D/O	836	\$ 2,030,987	\$ 2,429	5%	10%	5%
Major Depression	567	\$ 1,053,801	\$ 1,859	12%	9%	-3%
Acute Stress Rx	564	\$ 998,433	\$ 1,770	19%	26%	6%
DX Deferred	493	\$ 248,369	\$ 504	4%	7%	3%
Subtotal (included)*	11,655	\$ 21,260,817	\$ 1,824	7%	7%	1%
Diagnosis	12,037	\$ 23,642,375	\$ 1,964	7%	8%	1%

Table 4 displays the top 10 most frequently used mental health diagnostic categories for youth (under 21 years). There were increases in the number of people with adjustment disorder, neurotic disorder, major depression and acute stress diagnoses. Increases in both people and average service units per person of outpatient MH increased the total paid claims for youth with ADHD and adjustment disorder. Similarly, total paid claims for youth with conduct disorder and acute stressed increased due to overall increased utilization of BHRS and inpatient MH, respectively.

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

Table 5. Utilization and quality measures for IPMH and RTF for youth

	Inpatient MH		RTF	
	Q4 2016	Q1 2017	Q4 2016	Q1 2017
Number of total admissions	303	349	33	31
Number people with at least one admission	278	311	29	28
Admission rate	10.3	11.6	1.1	1.0
Number of total discharges	306	336	51	22
Average length of stay	12	15	213	227
% with follow-up in 7 days*	51%	62%	49%	50%
% with readmit in 30 days*	7%	12%	2%	10%

Table 5 shows admission data, rates of follow-up appointments, and readmission rates for inpatient mental health and residential treatment facility services. RTF saw decreases in both total admissions and number of people served. Both services saw increases in their 7-day follow up rates. 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.

*For inpatient MH, this measure utilizes the HEDIS Follow-Up After Hospitalization for Mental Illness methodology.

Table 6. Substance use disorder services for youth

	Q4 2016			Q1 2017		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Outpatient SUD	302	\$ 136,911	\$ 453	340	\$ 154,936	\$ 456
Non-Hospital Rehab	121	\$ 1,490,378	\$ 12,317	117	\$ 1,429,342	\$ 12,217
Intensive Outpatient SUD	30	\$ 28,042	\$ 935	39	\$ 38,246	\$ 981
Non-Hospital Detox	8	\$ 6,295	\$ 787	11	\$ 9,350	\$ 850
Halfway House	12	\$ 97,638	\$ 8,136	11	\$ 69,340	\$ 6,304
Partial Hospitalization SUD	8	\$ 10,135	\$ 1,267	11	\$ 6,500	\$ 591
Methadone Maintenance	9	\$ 8,621	\$ 958	9	\$ 6,894	\$ 766
Medication Check SUD	4	\$ 870	\$ 218	3	\$ 1,030	\$ 343
Services	420	\$ 1,781,012	\$ 4,241	448	\$ 1,715,812	\$ 3,830

Table 6 illustrates utilization for different substance use disorder services for youth (less than 21 years). Service utilization did not fluctuate greatly from Q4 2016.

Outpatient SUD services continued to be used by most people, accounting for about 76% of SUD services used by youth. Non-hospital rehabilitation accounted for about 83% of costs and was the second most utilized service in this age category. 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. Substance use disorder diagnoses for youth

	Q4 2016			Q1 2017		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Cannabis	343	\$ 1,504,751	\$ 4,387	379	\$ 1,448,908	\$ 3,823
Opioid	41	\$ 88,935	\$ 2,169	41	\$ 162,158	\$ 3,955
Alcohol	24	\$ 103,819	\$ 4,326	19	\$ 34,743	\$ 1,829
Sedative, Hypnotic, Anxiolytic D/O	7	\$ 45,226	\$ 6,461	8	\$ 24,760	\$ 3,095
Amphetamine	2	\$ 1,860	\$ 930	4	\$ 3,325	\$ 831
Substance Induced D/O	5	\$ 5,263	\$ 1,053	4	\$ 17,261	\$ 4,315
Cocaine	4	\$ 6,551	\$ 1,638	3	\$ 12,414	\$ 4,138
Hallucinogen-Related D/O	2	\$ 16,023	\$ 8,012	1	\$ 11,240	\$ 11,240
Total SUD Diagnosis	420	\$ 1,781,012	\$ 4,241	448	\$ 1,715,812	\$ 3,830

Table 7 shows the most frequently used substance use disorder diagnostic categories. In Q1 2017, total paid claims for opioid use disorder increased 82% as a result of increased average service units per person of non-hospital rehabilitation. In turn, decreased utilization of non-hospital rehabilitation led to a 67% decrease in total paid claims for alcohol use disorder. Cannabis dependence/abuse remained the most common diagnoses in Q1 2017, accounting for about 85% of youth; it also had the highest cost of total SUD diagnoses. Note that the small 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 youth

	Q4 2016		Q1 2017	
	<i>Short-Term (3B)</i>	<i>Long-Term (3C)</i>	<i>Short-Term (3B)</i>	<i>Long-Term (3C)</i>
Number of total admissions	21	76	19	62
Number people with at least one admission	21	61	19	47
Admission rate	0.7	2.6	0.6	2.1
Number of total discharges	18	60	20	74
Average length of stay	15	66	24	73
% with readmission in 30 days	0%	37%	0%	38%

Table 8 shows admission data, rates of follow-up appointments, and readmission rates for youth using non-hospital rehabilitation. Total admissions, number of people served, and rate of readmission decreased for long-term rehab. Notable increases include average length of stay for both services and the 7-day follow up rate for short-term rehab. Note that the percentage changes are not reported because large percent changes and represent small absolute changes and 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 2017			% Difference from Q4 2016 - Q1 2017		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Outpatient MH	12,499	\$ 5,034,139	\$ 403	2%	7%	5%
Medication Check	10,857	\$ 1,789,144	\$ 165	5%	15%	9%
Service Coordination	3,432	\$ 4,039,512	\$ 1,177	3%	9%	6%
Crisis	1,140	\$ 977,896	\$ 858	-6%	-7%	-1%
CTT	620	\$ 2,797,553	\$ 4,512	0%	-5%	-4%
Peer Specialist	353	\$ 314,778	\$ 892	4%	12%	7%
Mobile MH	343	\$ 376,276	\$ 1,097	2%	5%	3%
Forensic Support Specialist MH	261	\$ 176,042	\$ 674	0%	31%	31%
Psych-Rehab	242	\$ 531,049	\$ 2,194	1%	-6%	-6%
Partial Hospitalization MH	146	\$ 241,422	\$ 1,654	4%	-4%	-7%
Subtotal of above*	19,642	\$ 16,227,811	\$ 829	3%	5%	2%
Total MH Services	19,855	\$ 18,312,130	\$ 922	3%	4%	1%

Table 9 displays the most frequently used community-based mental health service categories used for adults (21 years and older). The increases in total paid claims seen in medication check and peer specialist are due to more adults using more service units per person of each service. Forensic support specialist MH also experienced an increase in total and average costs from Q4 2016 driven by an increase in the average service units used per person.

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

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

	Q4 2016			Q1 2017		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Inpatient MH	971	\$ 5,271,404	\$ 5,429	888	\$ 5,007,560	\$ 5,639
IPMH EAC (TRU)	17	\$ 925,028	\$ 54,413	18	\$ 889,660	\$ 49,426
Community-based EAC	24	\$ 823,093	\$ 34,296	16	\$ 258,182	\$ 16,136
EAC (CRU)	10	\$ 457,568	\$ 45,757	12	\$ 609,072	\$ 50,756
RTFA	10	\$ 285,348	\$ 28,535	11	\$ 297,732	\$ 27,067
Subtotal of above*	1,013	\$ 7,304,872	\$ 7,211	912	\$ 6,453,133	\$ 7,076
Total MH Services	19,401	\$ 24,675,762	\$ 1,272	19,855	\$ 18,312,130	\$ 922

Table 10 summarizes utilization for four acute levels of care. TRU and CRU served less people in Q4 2016 and Q1 2017 due to construction and remodeling of these units. The decrease in paid claims for community-based EAC was driven by decreases in the average service units used per person.

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

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

	IPMH		IPMH EAC (TRU)		EAC (CRU)		Community-based EAC		RTFA	
	Q1 2017	% change from Q4 2016	Q1 2017	Q4 2016	Q1 2017	Q4 2016	Q1 2017	Q4 2016	Q1 2017	Q4 2016
Number of total admissions	1036	-9%	6	7	12	10	8	5	11	11
Number people with at least one admission	888	-9%	6	7	12	10	8	5	11	10
Admission rate	44.6	-9%	--	--	--	--	--	--	--	--
Number of total discharges	1061	-7%	9	14	11	9	9	4	13	9
Average length of stay	8	0%	135	58	70	63	176	181	65	70
% with follow-up in 7 days*	80%	-2%	100%	100%	100%	100%	100%	100%	100%	100%
% with readmission in 30 days	12%	-4%	--	11.8%	--	--	--	--	--	11.1%

Number of total admissions and number of people served decreased for inpatient MH in the first quarter of 2017. TRU and CRU experienced a low number of admissions and people served in Q4 2016 and Q1 2017 due to construction and remodeling of these units. Community-based EAC and RTF experienced both decreases in average length of stay and discharges; CRU experienced increased discharges as well. TRU, CRU, EAC, and RTF maintained their 7-day follow-up rates, while the readmission rate for inpatient MH decreased. Since the number of admissions to most of these services is very small in a given quarter, the numbers from the fourth quarter of 2016, with the exception of inpatient MH, were provided as a comparison point instead of calculating a percent change. Admission rates per 1,000 enrollees were so small given the capacity at several programs that they were not reported. People are not readmitted directly to extended acute or RTF programs, as all referrals originate from inpatient units; thus, readmissions were not reported for these services. Only HealthChoices services are included as follow-up services, therefore eligibility may affect these rates.

**For IPMH, this measure utilizes the HEDIS Follow-Up After Hospitalization for Mental Illness methodology.*

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

	Q1 2017			% Difference from Q4 2016 - Q1 2017		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Depressive D/O	6,528	\$ 6,309,515	\$ 967	3%	6%	2%
Bipolar D/O	3,625	\$ 3,641,688	\$ 1,005	3%	-7%	-10%
Schizophrenia	3,335	\$ 8,346,275	\$ 2,503	1%	1%	0%
Neurotic D/O	2,596	\$ 1,294,001	\$ 498	5%	8%	3%
Adjustment D/O	1,174	\$ 674,234	\$ 574	4%	-1%	-5%
Acute Stress Rx	973	\$ 683,131	\$ 702	5%	10%	5%
DX Deferred	970	\$ 600,660	\$ 619	-7%	-12%	-5%
Subtotal of above*	16,766	\$ 21,549,503	\$ 1,285	3%	1%	-2%
Diagnosis	19,855	\$ 18,312,130	\$ 922	3%	4%	1%

Table 12 summarizes the most frequently used mental health diagnostic categories for adults (21 years and older). The decrease in average costs for people with bipolar disorder was driven by decreased utilization of extended inpatient services. Total paid claims for people with acute stress disorder increased due to increases in both the number of people and average service units of outpatient MH used. In contrast, total paid claims for people with deferred diagnoses decreased due to decreased utilization of walk-in crisis services.

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

Table 13. Substance use disorder services for adults

	Q1 2017			% Difference from Q4 2016 - Q1 2017		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Outpatient SUD	4,488	\$ 1,738,934	\$ 387	5%	7%	2%
Methadone Maintenance	2,339	\$ 2,562,266	\$ 1,095	4%	0%	-4%
Non-Hospital Rehab	1,294	\$ 6,555,768	\$ 5,066	1%	0%	-1%
Intensive Outpatient SUD	940	\$ 1,104,488	\$ 1,079	13%	17%	3%
Non-Hospital Detox	748	\$ 705,305	\$ 943	-2%	-5%	-3%
Medication Check SUD	586	\$ 339,041	\$ 576	2%	4%	1%
Partial Hospitalization SUD	333	\$ 437,652	\$ 1,314	-2%	-12%	-10%
Halfway House	228	\$ 1,084,215	\$ 4,755	22%	7%	-12%
Inpatient Detox	125	\$ 395,677	\$ 3,165	-7%	-2%	5%
Forensic Support Specialist SUD	87	\$ 73,768	\$ 848	34%	21%	-10%
Inpatient Rehab	15	\$ 120,453	\$ 8,030	-25%	-19%	8%
Services	7,012	\$ 15,027,566	\$ 2,143	5%	2%	-3%

Table 13 illustrates utilization for difference substance use disorder services for adults (21 years and older). Intensive outpatient experienced an increase in total paid claims due to increases in people and average service units per person. Despite increases in people and total paid claims, adults used fewer average service units per person of halfway house and forensic support specialist SUD, leading to decreased average costs per person for each service. Decreases in the total and average costs of partial hospitalization and total paid claims for inpatient rehab can be accounted for by the decrease in people and average service units used per person in each service. 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 (i.e. inpatient rehab).

Table 14. Substance use disorder diagnoses for adults

	Q1 2017			% Difference from Q4 2016 - Q1 2017		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Opioid	5,119	\$ 10,458,495	\$ 2,043	3%	3%	0%
Alcohol Abuse/Dependence	1,206	\$ 2,939,429	\$ 2,437	8%	3%	-5%
Cocaine	398	\$ 794,743	\$ 1,997	11%	-7%	-16%
Cannabis	363	\$ 285,882	\$ 788	11%	-9%	-18%
Substance-Induced D/O	81	\$ 316,718	\$ 3,910	-15%	-33%	-21%
Sedative, Hypnotic, Anxiolytic D/O	69	\$ 159,072	\$ 2,305	8%	12%	4%
Subtotal of above*	6,981	\$ 14,954,342	\$ 2,142	4%	1%	-3%
All SUD Diagnosis	7,012	\$ 15,027,566	\$ 2,143	5%	2%	-3%

Table 14 summarizes the most frequently used substance use disorder diagnoses for adults (21 years and older). Overall decreased utilization of non-hospital rehab resulted in lower average costs for people with cocaine and cannabis diagnoses, despite an increase in the number of people with these diagnoses. Decreased utilization of non-hospital rehab was also responsible for the decrease in people, paid claims, and average costs for substance-induced disorder. Total paid claims for people with sedative, hypnotic, anxiolytic disorder increased due to overall increased utilization of inpatient detox. Note that the large percent change reflects the relatively small number of members for this category.

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

Table 15. Quality and utilization measures for inpatient and residential substance use disorder services

	NH Short-Term Rehab		NH Long-Term		Inpatient Detox		NH Detox		Halfway House	
	Q1 2017	% change from Q4 2016	Q1 2017	% change from Q4 2016	Q1 2017	% change from Q4 2016	Q1 2017	% change from Q4 2016	Q1 2017	% change from Q4 2016
Number of total admissions	794	5%	380	4%	148	-9%	806	-3%	143	35%
Number people with at least one Admission rate	735	3%	353	3%	125	-7%	731	-2%	139	34%
Admission rate	34.2	5%	16.4	3%	6.4	-10%	34.7	-3%	6.2	34%
Number of total discharges	796	5%	388	6%	154	-3%	797	-4%	132	33%
Average length of stay	14	0%	50	-7%	4	0%	3	50%	73	-1%
% with follow-up in 7 days*	43%	5%	48%	20%	58%	9%	8%	0%	24%	-8%
% with readmission in 30 days	7%	77%	12%	22%	12%	3%	6%	-11%	8%	-6%

Table 15 shows utilization for different substance use disorder 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. Number of total admissions and number of people served decreased for inpatient detox and non-hospital detox. Discharges increased for short-term rehab, long-term rehab, and halfway house. Short-term rehab, long-term rehab, and inpatient detox also increased their 7-day follow-up rates. Thirty-day readmission rates decreased for inpatient detox and non-hospital detox.

Table 16. Enrollment and Service Penetration by HealthChoices eligibility

	Q1 2017		% Difference from Q4 2016	
	Enrollment	Service Penetration	Enrollment	Service Penetration
Adults in Medicaid Expansion	63,745	14.9%	5.6%	0.3%
Adults in Traditional HealthChoices	66,333	22.4%	0.6%	1.3%
Total Enrollment*	125,924	19.1%	2.7%	0.6%

Table 16 shows that enrollment and service penetration increased in the first quarter of 2017 for both eligibility categories. Medicaid expansion enrollment continues to grow at a higher rate compared to Traditional Medicaid, which may be attributable to the awareness of expansion.

**People may have been in more than one eligibility category throughout the quarter. As a result, the number of total enrollment will be higher than 125,924.*

Table 17. Paid claims by HealthChoices eligibility for mental health (MH) and substance use disorder (SUD) services

		Q1 2017			% Difference from Q4 2016		
		# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Adults in Medicaid Expansion	SUD	4,129	\$ 9,824,243	\$ 2,379	6%	3%	-3%
	MH	6,994	\$ 7,429,060	\$ 1,062	5%	1%	-4%
	Total	9,497	\$ 17,253,304	\$ 1,817	6%	2%	-4%
Adults in Traditional HealthChoices	SUD	3,071	\$ 5,426,754	\$ 1,767	2%	0%	-2%
	MH	13,259	\$ 18,038,637	\$ 1,360	2%	1%	-2%
	Total	14,883	\$ 23,465,391	\$ 1,577	2%	0%	-2%
Total	SUD	7,085	\$ 15,250,997	\$ 2,153	4%	2%	-3%
	MH	19,989	\$ 25,467,698	\$ 1,274	3%	1%	-2%
	Total	24,019	\$ 40,718,695	\$ 1,695	3%	1%	-2%

Services can be categorized as either mental health or substance use disorders. Table 17 shows the breakdown of the number of people, paid claims, and average cost per person for substance use disorder services, mental health services, and in total by HealthChoices eligibility. Overall, service utilization and costs for the first quarter of 2017 did not change significantly from the fourth quarter of 2016 for either eligibility category.

Table 18. Top 10 behavioral health diagnoses for Medicaid Expansion

	Q1 2017			% Difference from Q4 2016		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Opioid	3,080	\$ 7,090,004	\$ 2,302	5%	5%	1%
Depressive D/O	2,543	\$ 2,747,452	\$ 1,080	7%	12%	5%
Bipolar D/O	1,212	\$ 1,423,122	\$ 1,174	2%	-4%	-6%
Neurotic D/O	1,167	\$ 634,823	\$ 544	10%	10%	0%
Alcohol Abuse/Dependence	814	\$ 2,006,640	\$ 2,465	10%	0%	-9%
Adjustment D/O	583	\$ 320,272	\$ 549	0%	-11%	-11%
Acute Stress RX	428	\$ 274,008	\$ 640	13%	19%	5%
Maj Depression	402	\$ 308,657	\$ 768	-4%	-7%	-3%
DX Deferred	353	\$ 226,498	\$ 642	-6%	-6%	0%
Schizophrenia	324	\$ 719,877	\$ 2,222	7%	-21%	-25%
Subtotal of above*	8,845	\$ 15,751,353	\$ 1,781	6%	3%	-3%
Total MCE diagnoses	9,497	\$ 17,253,304	\$ 1,817	6%	2%	-4%

Table 18 summarizes the most frequently used mental health and substance use disorder diagnostic categories for people who are eligible for Medicaid expansion. Paid claims increased for people with depressive disorder was driven by more people using inpatient MH services. The increase in paid claims for people with neurotic disorder was having driven by more people using outpatient MH services. Total and average costs decreased for people with adjustment disorder was attributed to a decrease in crisis service utilization. In contrast, the increase in paid claims for people with acute stress RX was driven an increase of people using crisis services. The decrease in total and average costs for people with schizophrenia was driven by decreases due to both the number of people and average service units of TRU and CRU used.