

Q2 2016 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.

Table 1. Average monthly enrollment by age

	Q2 2016	% Difference from Q1 2016
00 - 20	92,807.49	-0.2%
21+ years	116,535.43	2.3%
Total Enrollment	209,342.93	1.16%

Table 1 shows that the average monthly enrollment increased from Q1 2016 to Q2 2016. This increase may be attributed to the implementation of Medicaid expansion in February 2015.

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

		Q2 2016			% Difference from Q1 2016 - Q2 2016		
		# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
00 - 20 years	SUD	405	\$ 1,711,687	\$ 4,226	-13%	-1%	14%
	MH	11,928	\$ 22,829,297	\$ 1,914	0%	-2%	-1%
	Total	12,177	\$ 24,540,984	\$ 2,015	0%	-2%	-1%
21-54 years	SUD	860	\$ 1,420,497	\$ 1,652	1%	2%	1%
	MH	4,623	\$ 5,486,232	\$ 1,187	1%	-6%	-7%
	Total	5,096	\$ 6,906,729	\$ 1,355	1%	-4%	-5%
55 years and older	SUD	5,832	\$ 12,481,672	\$ 2,140	3%	0%	-3%
	MH	14,905	\$ 19,991,086	\$ 1,341	1%	-3%	-4%
	Total	18,227	\$ 32,472,759	\$ 1,782	1%	-2%	-3%
Total	SUD	7,097	\$ 15,613,857	\$ 8,018	2%	0%	6%
	MH	31,456	\$ 48,306,615	\$ 4,442	1%	-3%	-4%
	Total	35,500	\$ 63,920,471	\$ 5,152	1%	-2%	-3%

Services can be categorized as either mental health or substance use disorder services. 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 second quarter of 2016 did not demonstrate significant changes from the first quarter, with the exception of SUD services for youth. The increase in the average service units of halfway house used per person increased the average costs of this service category. AHC continues to monitor for any changes in service use and cost as it may relate to Medicaid expansion. Detailed differences are explored further in the age-specific tables.

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

	Q2 2016			% Difference from Q1 2016 - Q2 2016		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Outpatient MH	7,094	\$ 2,707,553	\$ 382	0%	-10%	-10%
Medication Check	4,272	\$ 667,329	\$ 156	-2%	-3%	-1%
BHRS	3,490	\$ 7,305,052	\$ 2,093	1%	-2%	-2%
Service Coordination	1,363	\$ 1,221,586	\$ 896	0%	-4%	-4%
Crisis	654	\$ 339,826	\$ 520	1%	13%	11%
Partial Hospitalization MH	443	\$ 1,285,244	\$ 2,901	8%	-2%	-9%
Family-Based	440	\$ 2,400,568	\$ 5,456	-1%	6%	8%
Inpatient MH	310	\$ 2,807,739	\$ 9,057	7%	1%	-5%
RTF	128	\$ 3,097,670	\$ 24,201	-9%	3%	13%
Family Focused, Solution Based (FFSB)	111	\$ 351,907	\$ 3,170	8%	2%	-6%
Subtotal of above*	11,898	\$ 22,184,474	\$ 1,865	0%	-1%	-1%
Total MH Services	11,928	\$ 22,829,297	\$ 1,914	0%	-2%	-1%

Table 3 illustrates the top 10 most frequently used mental health service categories used for youth (under 21 years). For most services, utilization during Q2 2016 was similar to Q1 2016. The decreases in total and average paid claims for outpatient MH was due to a decrease in average service units used per person. Increases in the total and average paid claims per person seen in crisis and RTF were 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 services.*

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

	Q2 2016			% Difference from Q1 2016 - Q2 2016		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
ADHD	4,160	\$ 4,840,535	\$ 1,164	-2%	-7%	-4%
Autism Spectrum D/O	2,099	\$ 4,800,442	\$ 2,287	0%	-4%	-4%
Adjustment D/O	1,673	\$ 1,275,013	\$ 762	-2%	-3%	0%
Depressive D/O	1,641	\$ 3,414,854	\$ 2,081	2%	4%	2%
Neurotic D/O	1,223	\$ 1,075,403	\$ 879	-1%	7%	9%
Oppositional Defiant D/O	974	\$ 1,367,298	\$ 1,404	0%	-11%	-11%
Conduct D/O	820	\$ 1,666,476	\$ 2,032	-6%	2%	8%
Major Depression	516	\$ 1,051,362	\$ 2,038	-1%	-4%	-2%
DX Deferred	513	\$ 261,018	\$ 509	17%	31%	12%
Bipolar D/O	434	\$ 1,510,923	\$ 3,481	-2%	9%	10%
Subtotal (included)*	11,498	\$ 21,263,323	\$ 1,849	0%	-2%	-1%
Diagnosis	11,928	\$ 22,829,297	\$ 1,914	0%	-2%	-1%

Table 4 displays the top 10 most frequently used mental health diagnostic categories for youth (under 21 years). Total and average paid claims for youth diagnosed with oppositional defiant disorder decreased due to fewer youth using BHRS and inpatient MH services. In contrast, more youth using inpatient MH drove the increase in average paid claims for youth diagnosed with bipolar disorder. Dx deferred experienced higher utilization across all measures, as more youth used more average service units of crisis, increasing the total paid claims for the diagnostic category.

**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	
	Q1 2016	Q2 2016	Q1 2016	Q2 2016
Number of total admissions	299	313	45	30
Number people with at least one admission	270	292	43	29
Admission rate	10.5	10.7	1.6	1.0
Number of total discharges	291	323	40	41
Average length of stay	13	11	232	220
% with follow-up in 7 days*	63%	53%	53%	49%
% with readmit in 30 days	8%	6%	0%	3%

Table 5 shows admissions data, rates of follow-up appointments, and readmission rates for inpatient mental health and residential treatment facility services. Compared to the first quarter of 2016, the average length of stay for both inpatient MH and RTFs decreased. For RTF's, the total admissions, number of people admitted, and admission rate decreased. 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 parameters.

Table 6. Substance use disorder services for youth

	Q2 2016			Q1 2016		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Outpatient SUD	285	\$ 82,689	\$ 290	343	\$ 158,355	\$ 462
Non-Hospital Rehab	124	\$ 1,457,204	\$ 11,752	121	\$ 1,422,899	\$ 11,759
Intensive Outpatient SUD	31	\$ 30,220	\$ 975	39	\$ 51,912	\$ 1,331
Halfway House	18	\$ 123,706	\$ 6,873	13	\$ 67,944	\$ 5,226
Non-Hospital Detox	11	\$ 8,973	\$ 816	12	\$ 12,028	\$ 1,002
Partial Hospitalization SUD	5	\$ 2,925	\$ 585	11	\$ 9,611	\$ 874
Methadone Maintenance	4	\$ 3,135	\$ 784	5	\$ 3,500	\$ 700
Medication Check SUD	3	\$ 2,835	\$ 945	5	\$ 3,315	\$ 663
Forensic Support Specialist	0	\$ -	/0	1	\$ 765	\$ 765
Total SUD Services	405	\$ 1,711,687	\$ 4,226	468	\$ 1,730,329	\$ 3,697

Table 6 illustrates utilization for different substance use disorder services for youth (less than 21 years). Overall, service utilization did not fluctuate greatly from the first quarter of 2016. Outpatient SUD services continued to be used by most people for the second quarter of 2016; it accounted for about 70% of SUD services used by youth. There is a notable decrease in paid claims and people in this service for the second quarter of 2016. AHCI will monitor this change to see if this is an emerging trend. Non-hospital rehabilitation accounted for about 85% of costs and was 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. Substance use disorder diagnoses for youth

Q2 2016	Q1 2016
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	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Cannabis	333	\$ 1,439,396	\$ 4,323	389	\$ 1,443,731	\$ 3,711
Opioid	36	\$ 121,678	\$ 3,380	46	\$ 176,784	\$ 3,843
Alcohol	24	\$ 61,396	\$ 2,558	29	\$ 80,124	\$ 2,763
Cocaine	6	\$ 28,739	\$ 4,790	3	\$ 8,200	\$ 2,733
Sedative, Hypnotic, Anxiolytic D/O	6	\$ 32,182	\$ 5,364	5	\$ 3,921	\$ 784
Substance Induced D/O	2	\$ 1,254	\$ 627	3	\$ 16,445	\$ 5,482
Amphetamine	2	\$ 693	\$ 346	1	\$ 90	\$ 90
Hallucinogen-Related D/O	1	\$ 9,138	\$ 9,138	0	\$ -	/0
Total SUD Diagnosis	405	\$ 1,711,687	\$ 4,226	468	\$ 1,730,329	\$ 3,697

Table 7 shows the most frequently used substance use disorder diagnostic categories. Most diagnostic categories showed typical quarterly fluctuations. Cannabis dependence/abuse remained the most common diagnosis, accounting for about 82% of youth; it also accounted for the highest cost proportion of total SUD diagnoses at about 84%. 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 youth

	Q1 2016		Q2 2016	
	<i>Short-Term (3B)</i>	<i>Long-Term (3C)</i>	<i>Short-Term (3B)</i>	<i>Long-Term (3C)</i>
Number of total admissions	25	93	20	82
Number people with at least one admission	22	58	19	66
Admission rate	0.9	3.3	0.7	2.8
Number of total discharges	21	93	22	92
Average length of stay	14	50	20	63
% with follow-up in 7 days	33%	18%	36%	14%
% with readmission in 30 days	13%	52%	0%	43%

Table 8 shows admissions data, rates of follow-up appointments, and readmission rates for youth using non-hospital rehabilitation. Service utilization during the second quarter of 2016 remained similar to the first quarter. The average length of stay increased for both short-term and long-term non-hospital rehab. There was also a slight increase in follow-up rates for short-term non-hospital 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)

	Q2 2016			% Difference from Q1 2016 - Q2 2016		
	# People	Paid	Avg. Paid per Person.	# People	Paid	Avg. Paid per Person
Outpatient MH	12,022	\$ 4,186,523	\$ 348	1%	0%	0%
Medication Check	10,717	\$ 1,576,085	\$ 147	0%	-3%	-3%
Service Coordination	3,438	\$ 3,903,874	\$ 1,136	0%	-4%	-4%
Crisis	1,227	\$ 986,164	\$ 804	5%	6%	2%
CTT	634	\$ 3,195,285	\$ 5,040	-2%	0%	1%
Peer Specialist	307	\$ 186,654	\$ 608	20%	12%	-7%
Mobile MH	298	\$ 318,767	\$ 1,070	8%	5%	-2%
Psych-Rehab	262	\$ 342,093	\$ 1,306	5%	-3%	-7%
Forensic Support Specialist MH	243	\$ 161,726	\$ 666	9%	-7%	-15%
Partial Hospitalization MH	149	\$ 221,848	\$ 1,489	-1%	-14%	-12%
Subtotal of above*	19,110	\$ 15,079,019	\$ 789	1%	-1%	-2%
Total MH Services	19,467	\$ 25,477,318	\$ 1,309	1%	-4%	-5%

Table 9 displays the most frequently used community-based mental health service categories used for adults (21 years and older). Compared to Q1 2016, fewer average service units used per person for forensic support specialist MH and partial hospitalization MH services resulted in a decrease in average paid claims in each service category; the total paid claims for partial hospitalization MH also decreased notably. More adults using peer specialists drove the increase in total paid claims for this service.

**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

	Q1 2016			Q2 2016		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
IPMH	1,053	\$ 6,850,239	\$ 6,505	1,022	\$ 6,124,916	\$ 5,993
Community-based EAC	33	\$ 683,697	\$ 20,718	38	\$ 733,030	\$ 19,290
IPMH EAC (TRU)	27	\$ 1,091,541	\$ 40,427	30	\$ 1,014,216	\$ 33,807
EAC (CRU)	20	\$ 724,440	\$ 36,222	23	\$ 676,087	\$ 29,395
RTFA	20	\$ 418,476	\$ 20,924	20	\$ 441,180	\$ 22,059
Subtotal of above*	1,153	\$ 9,768,393	\$ 124,797	1,133	\$ 8,989,429	\$ 110,545
Total MH Services	19,269	\$ 26,530,132	\$ 1,377	19,467	\$ 25,477,318	\$ 1,309

Table 10 summarizes utilization for four acute levels of care. Changes from Q1 2016 to Q2 2016 were not notable.

**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	
	Q2 2016	% change from Q1 2016	Q1 2016	Q2 2016	Q1 2016	Q2 2016	Q1 2016	Q2 2016	Q1 2016	Q2 2016
Number of total admissions	1,201	-3%	17	18	15	16	9	9	16	13
Number people with at least one admission	1,005	-3%	16	16	12	16	9	9	12	10
Admission rate	51.76	-2%	--	--	--	--	--	--	--	--
Number of total discharges	1,202	-2%	18	23	15	15	12	7	13	16
Average length of stay	9	0%	44	72	50	64	146	162	49	61
% with follow-up in 7 days*	34%	-11%	89%	100%	100%	100%	100%	100%	100%	100%
% with readmission in 30 days	15%	2%	10%	12%	14%	18%	--	--	--	8%

Follow up rates either were maintained or increased for TRU, CRU, 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 2016, with the exception of inpatient mental health, 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 RTFA programs, as all referrals originate from inpatient units, so readmissions were not reported for these services. Since only HealthChoices services are included as follow-up services, eligibility may affect these rates.

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

Table 12. Most frequent diagnoses for adult mental health service

	Q2 2016			% Difference from Q1 2016 - Q2 2016		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Depressive D/O	6,440	\$ 5,973,906	\$ 928	0%	-10%	-11%
Bipolar D/O	3,525	\$ 3,659,831	\$ 1,038	-2%	-7%	-6%
Schizophrenia	3,347	\$ 9,553,694	\$ 2,854	1%	-3%	-3%
Neurotic D/O	2,536	\$ 1,130,436	\$ 446	2%	-1%	-4%
Adjustment D/O	997	\$ 630,106	\$ 632	3%	11%	9%
DX Deferred	996	\$ 702,108	\$ 705	12%	35%	20%
Major Depression	903	\$ 636,509	\$ 705	3%	-8%	-11%
Subtotal of above*	16,332	\$ 22,286,590	\$ 1,365	0%	-5%	-5%
Diagnosis	19,467	\$ 25,477,318	\$ 1,309	1%	-4%	-5%

Table 12 summarizes the most frequently used mental health diagnostic categories for adults (21 years and older). The decrease in both total and average paid claims for depressive disorder reflects fewer adults using fewer average service units of inpatient MH per person. Major depression also experienced a decrease in average paid claims, due to adults using fewer average service units of RTFA per person. Adjustment disorder and Dx deferred experienced higher utilization across all measures this quarter; more adults using inpatient MH and overall increased utilization of crisis drove these increases, respectively.

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

Table 13. Substance use disorder services for adults

	Q2 2016			% Difference from Q1 2016 - Q2 2016		
	Number Members	Paid	Avg. Paid per Person	Number Members	Paid	Avg. Paid per Person
Outpatient SUD	4,175	\$ 1,472,670	\$ 353	1%	-2%	-3%
Methadone Maintenance	2,190	\$ 2,231,514	\$ 1,019	2%	3%	0%
Non-Hospital Rehab	1,229	\$ 6,161,366	\$ 5,013	1%	0%	-1%
Intensive Outpatient SUD	893	\$ 921,662	\$ 1,032	5%	0%	-4%
Non-Hospital Detox	752	\$ 696,969	\$ 927	8%	4%	-3%
Medication Check SUD	478	\$ 270,083	\$ 565	-1%	-7%	-6%
Partial Hospitalization SUD	341	\$ 464,096	\$ 1,361	-9%	-6%	3%
Halfway House	199	\$ 1,065,688	\$ 5,355	-5%	2%	7%
Inpatient Detox	121	\$ 365,292	\$ 3,019	-10%	-11%	-2%
Forensic Support Specialist SUD	121	\$ 117,626	\$ 972	7%	-3%	-10%
Inpatient Rehab	15	\$ 135,205	\$ 9,014	36%	82%	34%
Total SUD Services	6,678	\$ 13,902,170	\$ 2,082	3%	0%	-3%

Table 13 illustrates utilization for different substance use disorder services for adults (21 years and older). The decrease in total paid claims for inpatient detox was driven by fewer adults using this service, while the decrease in average paid claims for forensic support specialist SUD was driven by fewer average service units used per person. Inpatient rehab experienced increased utilization across all measures. 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

	Q2 2016			% Difference from Q1 2016 - Q2 2016		
	# Member	Paid	Avg. Paid per Person	# Member	Paid	Avg. Paid per Person
Opioid	4,745	\$ 9,184,357	\$ 1,936	4%	-3%	-6%
Alcohol Abuse/Dependence	1,207	\$ 2,816,963	\$ 2,334	1%	7%	5%
Cocaine	371	\$ 843,301	\$ 2,273	1%	7%	5%
Cannabis	312	\$ 278,168	\$ 892	-1%	-2%	-1%
Substance-Induced D/O	118	\$ 460,980	\$ 3,907	-20%	6%	32%
Sedative, Hypnotic, Anxiolytic D/O	56	\$ 142,983	\$ 2,553	-3%	27%	32%
Subtotal of above*	6,593	\$ 13,726,752	\$ 2,082	3%	0%	-3%
All SUD Diagnosis	6,678	\$ 13,902,170	\$ 2,082	3%	0%	-3%

Table 14 summarizes the most frequently used substance use disorder diagnoses for adults (21 years and older). Though fewer adults with substance-induced disorder used outpatient SUD services in the second quarter of 2016, an increase in average units of NH rehab used per person drove the increase in average paid claims for this group. Sedative, hypnotic, anxiolytic disorder experienced an increase in both total and average paid claims due to more adults using more service units of NH rehab on average; note that the large percent change reflects the relatively small number of members for this service category.

**This subtotal*

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

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

	NH Short-Term Rehab		NH Long-Term Rehab		Inpatient Detox		NH Detox		Halfway House	
	Q2 2016	% change from Q1 2016	Q2 2016	% change from Q1 2016	Q2 2016	% change from Q1 2016	Q2 2016	% change from Q1 2016	Q2 2016	% change from Q1 2016
Number of total admissions	749	6%	387	-5%	141	-5%	814	6%	115	-4%
Number people with at least one admission	710	5%	361	-1%	121	-10%	729	7%	107	-9%
Admission rate	32.3	6%	16.7	-5%	6.1	-5%	35.1	6%	5.0	-4%
Total number of discharges	760	10%	365	-16%	139	-6%	823	8%	122	6%
Average length of stay	13	-7%	48	4%	4	0%	3	0%	73.0	-16%
% with follow-up in 7 days	41%	-9%	41%	-14%	70%	19%	74%	-2%	30%	0%
% with readmit in 30 days	4%	20%	11%	-18%	13%	93%	7%	-1%	11%	75%

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. Total admissions and number of people served decreased for non-hospital long-term rehab, inpatient detox, and halfway house. Short-term rehab, non-hospital detox, and halfway house experienced a higher number of discharges compared to last quarter, while non-hospital long-term rehab and halfway house experienced shorter average lengths of stay. Inpatient detox increased its 7-day follow-up rate after discharge. Lastly, both non-hospital long- and short-term rehab decreased their 30-day readmission rate.