

## Q2 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**

	Q2 2017	% Difference from Q1 2017
<b>00 - 20</b>	102,450	-0.43%
<b>21+ years</b>	135,783	-0.31%
<b>Total Enrollment</b>	<b>236,978</b>	<b>-0.35%</b>

Table 1 shows that enrollment slightly decreased in the second quarter of 2017 compared to the first quarter of 2017.

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

		Q2 2017			% Difference from Q1 2017 - Q2 2017		
		# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
<b>00 - 20 years</b>	SUD	402	\$ 1,561,880	\$ 3,885	3%	1%	-3%
	MH	11,425	\$ 22,058,582	\$ 1,931	-3%	-5%	-3%
	<b>Total</b>	<b>11,674</b>	<b>\$ 23,620,462</b>	<b>\$ 2,023</b>	<b>-3%</b>	<b>-5%</b>	<b>-3%</b>
<b>21-54 years</b>	SUD	6,586	\$ 14,298,952	\$ 2,171	3%	2%	-1%
	MH	16,121	\$ 20,491,650	\$ 1,271	0%	-2%	-2%
	<b>Total</b>	<b>19,956</b>	<b>\$ 34,790,602</b>	<b>\$ 1,743</b>	<b>1%</b>	<b>0%</b>	<b>-1%</b>
<b>55 years and older</b>	SUD	857	\$ 1,528,782	\$ 1,784	13%	19%	6%
	MH	4,401	\$ 4,836,748	\$ 1,099	1%	-5%	-7%
	<b>Total</b>	<b>4,900</b>	<b>\$ 6,365,529</b>	<b>\$ 1,299</b>	<b>3%</b>	<b>-1%</b>	<b>-3%</b>
<b>Total</b>	SUD	7,820	\$ 17,389,614	\$ 2,224	4%	3%	-1%
	MH	31,848	\$ 47,386,980	\$ 1,488	-1%	-4%	-3%
	<b>Total</b>	<b>36,410</b>	<b>\$ 64,776,594</b>	<b>\$ 1,779</b>	<b>0%</b>	<b>-2%</b>	<b>-2%</b>

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 second quarter of 2017 did not change significantly from the first quarter of 2017. The increases in people 55 years and older SUD utilization and paid claims is due to more people in this group using non-hospital rehab. 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)**

	Q2 2017			% Difference from Q1 2017 - Q2 2017		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Outpatient MH	7,454	\$ 2,979,859	\$ 400	0%	-14%	-15%
Medication Check	3,769	\$ 596,961	\$ 158	-15%	-14%	1%
BHRS	3,146	\$ 6,305,912	\$ 2,004	-5%	-6%	-1%
Service Coordination	1,399	\$ 1,216,284	\$ 869	2%	1%	-1%
Crisis	650	\$ 325,161	\$ 500	2%	-4%	-6%
Family-Based	484	\$ 2,515,877	\$ 5,198	1%	3%	2%
Partial Hospitalization MH	409	\$ 1,547,593	\$ 3,784	-4%	-19%	-15%
Inpatient MH	292	\$ 3,530,186	\$ 12,090	-13%	-6%	9%
Family Focused, Solution Based (FFSB)	110	\$ 387,389	\$ 3,522	10%	15%	5%
RTF	89	\$ 2,247,978	\$ 25,258	2%	12%	9%
<b>Subtotal of above*</b>	<b>11,775</b>	<b>\$ 21,653,200</b>	<b>\$ 1,839</b>	<b>-3%</b>	<b>-5%</b>	<b>-3%</b>
<b>Total MH Services</b>	<b>11,797</b>	<b>\$ 22,629,332</b>	<b>\$ 1,918</b>	<b>-3%</b>	<b>-5%</b>	<b>-2%</b>

Table 3 illustrates the top 10 most frequently used mental health service categories for youth (under 21 years). The decreases in costs seen for outpatient MH and partial hospitalization MH are driven by a decrease in average service units per person. The increases in costs for FFSB and RTF are attributed to an increase in average service units per person. Lastly, less people received medication check services, which explains the overall decrease in costs for this service category.

\*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**

	Q2 2017			% Difference from Q1 2017 - Q2 2017		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
ADHD	3,797	\$ 4,375,683	\$ 1,152	-9%	-8%	1%
Autism Spectrum D/O	2,178	\$ 4,831,011	\$ 2,218	0%	-2%	-2%
Adjustment D/O	1,793	\$ 1,237,037	\$ 690	-2%	-10%	-8%
Depressive D/O	1,567	\$ 3,253,626	\$ 2,076	-2%	-3%	-1%
Neurotic D/O	1,328	\$ 1,032,194	\$ 777	-1%	-9%	-8%
Oppositional Defiant D/O	853	\$ 1,293,502	\$ 1,516	-5%	-7%	-2%
Conduct D/O	813	\$ 2,069,137	\$ 2,545	-3%	2%	4%
Acute Stress Rx	573	\$ 1,027,116	\$ 1,793	1%	2%	1%
Major Depression	539	\$ 960,370	\$ 1,782	-5%	-10%	-5%
DX Deferred	518	\$ 240,276	\$ 464	5%	-3%	-8%
<b>Subtotal (included)*</b>	<b>11,404</b>	<b>\$ 20,319,953</b>	<b>\$ 1,782</b>	<b>-2%</b>	<b>-5%</b>	<b>-2%</b>
<b>Diagnosis</b>	<b>11,797</b>	<b>\$ 22,629,332</b>	<b>\$ 1,918</b>	<b>-3%</b>	<b>-5%</b>	<b>-2%</b>

Table 4 displays the top 10 most frequently used mental health diagnostic categories for youth (under 21 years). Decreases in both people and average service units per person of inpatient MH decreased the total paid claims for youth with major depression. Total paid claims for youth with adjustment disorder decreased due to a decrease in average service units per person of outpatient MH.

\* 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 2017	Q2 2017	Q1 2017	Q2 2017
Number of total admissions	354	317	30	21
Number people with at least one admission	314	269	29	21
Admission rate	11.7	10.6	1.0	0.7
Number of total discharges	339	323	20	17
Average length of stay	15	15	249	189
% with follow-up in 7 days*	83%	85%	50%	47%
% with readmit in 30 days*	12%	15%	0%	0%

Table 5 shows admission data, rates of follow-up appointments, and readmission rates for inpatient mental health and residential treatment facility services for youth. Inpatient MH and RTF both saw decreases in total admissions and number of people served. Inpatient MH experienced a slight increase in their 7-day follow up rates and RTF had a slight decrease in their average length of stay. 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**

	Q1 2017			Q2 2017		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Outpatient SUD	336	\$ 154,303	\$ 459	339	\$ 140,926	\$ 416
Non-Hospital Rehab	117	\$ 1,414,238	\$ 12,088	113	\$ 1,399,397	\$ 12,384
Intensive Outpatient SUD	40	\$ 38,537	\$ 963	27	\$ 28,248	\$ 1,046
Non-Hospital Detox	11	\$ 9,418	\$ 856	12	\$ 11,613	\$ 968
Halfway House	11	\$ 69,340	\$ 6,304	8	\$ 71,329	\$ 8,916
Partial Hospitalization SUD	11	\$ 6,500	\$ 591	7	\$ 9,240	\$ 1,320
Methadone Maintenance	9	\$ 6,894	\$ 766	6	\$ 3,495	\$ 583
Medication Check SUD	3	\$ 1,030	\$ 343	2	\$ 480	\$ 240
SUD Case Management	1	\$ 174	\$ 174	-	-	-
<b>Services</b>	<b>444</b>	<b>\$ 1,700,436</b>	<b>\$ 3,830</b>	<b>451</b>	<b>\$ 1,664,728</b>	<b>\$ 3,691</b>

Table 6 illustrates utilization for different substance use disorder services for youth (less than 21 years). Service utilization did not fluctuate greatly from Q1 2017. Outpatient SUD services continued to be used by most people, accounting for about 75% of SUD services used by youth. Non-hospital rehabilitation accounted for about 84% 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**

	Q1 2017			Q2 2017		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Cannabis	379	\$ 1,434,057	\$ 3,784	377	\$ 1,471,409	\$ 3,903
Opioid	41	\$ 162,211	\$ 3,956	42	\$ 111,030	\$ 2,644
Alcohol	19	\$ 34,743	\$ 1,829	19	\$ 26,564	\$ 1,398
Sedative, Hypnotic, Anxiolytic D/O	8	\$ 24,775	\$ 3,097	10	\$ 15,099	\$ 1,510
Cocaine	3	\$ 12,824	\$ 4,275	6	\$ 25,234	\$ 4,206
Substance Induced D/O	4	\$ 17,261	\$ 4,315	5	\$ 10,202	\$ 2,040
Amphetamine	4	\$ 3,325	\$ 831	3	\$ 4,971	\$ 1,657
Hallucinogen-Related D/O	1	\$ 11,240	\$ 11,240	1	\$ 220	\$ 220
<b>Total SUD Diagnosis</b>	<b>444</b>	<b>\$ 1,700,436</b>	<b>\$ 3,830</b>	<b>451</b>	<b>\$ 1,664,728</b>	<b>\$ 3,691</b>

Table 7 shows the most frequently used substance use disorder diagnostic categories for youth. Cannabis dependence/abuse remained the most common diagnoses in Q2 2017, accounting for about 84% 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**

	Q1 2017		Q2 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	19	61	21	70
Number people with at least one admission	19	46	20	59
Admission rate	0.6	2.0	0.7	2.3
Number of total discharges	20	74	18	68
Average length of stay	24	72	14	78
% with follow-up in 7 days	60%	20%	22%	15%
% with readmission in 30 days	0%	38%	6%	34%

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 increased for both short-term and long-term rehab. In addition, there was an increase in average length of stay and a decrease in readmissions for long-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)**

	Q2 2017			% Difference from Q1 2017 - Q2 2017		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Outpatient MH	12,590	\$ 4,927,340	\$ 391	0%	-3%	-3%
Medication Check	10,727	\$ 1,620,868	\$ 151	-2%	-10%	-8%
Service Coordination	3,379	\$ 3,916,210	\$ 1,159	-2%	-3%	-1%
Crisis	1,235	\$ 1,106,530	\$ 896	8%	13%	5%
Consults	496	\$ 63,055	\$ 127	8%	0%	-7%
CTT	620	\$ 2,749,786	\$ 4,435	0%	-2%	-2%
Peer Specialist	364	\$ 316,422	\$ 869	3%	1%	-2%
Mobile MH	344	\$ 365,107	\$ 1,061	0%	-3%	-3%
Psych-Rehab	266	\$ 526,988	\$ 1,981	10%	-1%	-10%
Forensic Support Specialist MH	261	\$ 157,687	\$ 604	0%	-11%	-10%
<b>Subtotal of above*</b>	<b>20,014</b>	<b>\$ 20,426,184</b>	<b>\$ 1,021</b>	<b>0%</b>	<b>-3%</b>	<b>-4%</b>
<b>Total MH Services</b>	<b>20,079</b>	<b>\$ 24,757,648</b>	<b>\$ 1,233</b>	<b>0%</b>	<b>-3%</b>	<b>-3%</b>

Table 9 displays the most frequently used community-based mental health service categories used for adults (21 years and older). The decrease in total paid claims seen in medication check is due to fewer adults using the service. Conversely, the increases in total paid claims for crisis is due to more adults are using crisis services and an increase in average service units per person, especially walk-in crisis. The decreases in costs for both psych rehab and forensic support are driven by a decrease in average service units per person, respectively.

*\*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 2017			Q2 2017		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Inpatient MH	916	\$ 5,525,520	\$ 6,032	966	\$ 5,202,481	\$ 5,386
IPMH EAC (TRU)	22	\$ 771,380	\$ 35,063	24	\$ 807,565	\$ 33,649
Community-based EAC	35	\$ 593,081	\$ 16,945	33	\$ 617,585	\$ 18,715
EAC (CRU)	18	\$ 470,801	\$ 26,156	17	\$ 516,609	\$ 30,389
RTFA	21	\$ 335,400	\$ 15,971	16	\$ 268,836	\$ 16,802
<b>Subtotal of above*</b>	<b>980</b>	<b>\$ 7,696,182</b>	<b>\$ 7,853</b>	<b>1,021</b>	<b>\$ 7,413,075</b>	<b>\$ 7,261</b>
<b>Total MH Services</b>	<b>20,008</b>	<b>\$ 25,503,964</b>	<b>\$ 1,275</b>	<b>20,079</b>	<b>\$ 24,757,648</b>	<b>\$ 1,233</b>

Table 10 summarizes utilization for four acute levels of care. The decrease in paid claims for inpatient MH was driven by a decrease 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	
	Q2 2017	% change from Q1 2017	Q1 2017	Q2 2017	Q1 2017	Q2 2017	Q1 2017	Q2 2017	Q1 2017	Q2 2017
Number of total admissions	1,125	6%	11	17	12	9	8	8	11	9
Number people with at least one admission	958	5%	11	17	12	9	8	8	11	9
Admission rate	48.7	7%	--	--	--	--	--	--	--	--
Number of total discharges	1,121	4%	15	20	13	10	9	8	13	9
Average length of stay	8	0%	129	86	69	62	176	136	65	70
% with follow-up in 7 days*	81%	2%	93%	85%	100%	100%	100%	100%	100%	100%
% with readmission in 30 days	13%	3%	--	--	--	--	--	--	--	--

The number of total admissions and number of people served increased for inpatient MH in the second quarter of 2017. TRU, CRU, and community-based EAC experienced decreases in average length of stay. CRU, EAC, and RTFA maintained their 7-day follow-up rates, while IPMH experienced a slight increase in its 7-day follow-up rate. Since the number of admissions to most of these services is very small in a given quarter, the numbers from the 1st quarter of 2017, 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**

	Q2 2017			% Difference from Q1 2017 - Q2 2017		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Depressive D/O	6,547	\$ 6,226,019	\$ 951	0%	-1%	-1%
Bipolar D/O	3,551	\$ 3,747,753	\$ 1,055	-2%	3%	5%
Schizophrenia	3,328	\$ 8,293,729	\$ 2,492	0%	-7%	-7%
Neurotic D/O	2,683	\$ 1,192,327	\$ 444	4%	-7%	-10%
Adjustment D/O	1,257	\$ 732,375	\$ 583	7%	3%	-4%
DX Deferred	1,031	\$ 705,176	\$ 684	8%	18%	9%
Acute Stress RX	1,002	\$ 696,125	\$ 695	3%	2%	-1%
<b>Subtotal of above*</b>	<b>16,902</b>	<b>\$ 21,593,503</b>	<b>\$ 1,278</b>	<b>1%</b>	<b>-2%</b>	<b>-3%</b>
<b>Diagnosis</b>	<b>20,079</b>	<b>\$ 24,757,648</b>	<b>\$ 1,233</b>	<b>0%</b>	<b>-3%</b>	<b>-3%</b>

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 neurotic disorder was driven by a decrease of average service units per person for respite/DAS. In contrast, total paid claims for people with deferred diagnoses increased due to increased 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**

	Q2 2017			% Difference from Q1 2017 - Q2 2017		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Outpatient SUD	4,565	\$ 1,741,542	\$ 381	0%	-1%	-2%
Methadone Maintenance	2,499	\$ 2,571,842	\$ 1,029	7%	0%	-6%
Non-Hospital Rehab	1,406	\$ 7,066,175	\$ 5,026	8%	8%	-1%
Intensive Outpatient SUD	899	\$ 886,277	\$ 986	-5%	-13%	-9%
Non-Hospital Detox	842	\$ 828,512	\$ 984	12%	17%	4%
Medication Check SUD	559	\$ 321,615	\$ 575	-5%	-5%	-1%
Partial Hospitalization SUD	300	\$ 417,954	\$ 1,393	-11%	-6%	5%
Halfway House	220	\$ 1,204,958	\$ 5,477	-4%	11%	15%
Inpatient Detox	153	\$ 459,351	\$ 3,002	22%	16%	-5%
Forensic Support Specialist SUD	181	\$ 169,866	\$ 938	8%	16%	7%
Inpatient Rehab	9	\$ 55,631	\$ 6,181	-40%	-55%	-25%
<b>Services</b>	<b>7,367</b>	<b>\$ 15,723,722</b>	<b>\$ 2,134</b>	<b>4%</b>	<b>4%</b>	<b>0%</b>

Table 13 illustrates utilization for difference substance use disorder services for adults (21 years and older). Increases in paid claims for non-hospital detox, inpatient detox, and forensic support specialist were driven by the increase in people receiving the respective services. Intensive outpatient experienced a decrease in total paid claims due to a decrease in average service units per person. On the other hand, paid claims for halfway house increased due to a increase in average service units 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 (i.e. inpatient rehab). Given this, detailed category differences with 30 or less people are not provided.

**Table 14. Substance use disorder diagnoses for adults**

	Q2 2017			% Difference from Q1 2017 - Q2 2017		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Opioid	5,323	\$ 10,500,717	\$ 1,973	4%	0%	-3%
Alcohol Abuse/Dependence	1,260	\$ 3,171,031	\$ 2,517	4%	8%	3%
Cocaine	410	\$ 1,035,556	\$ 2,526	3%	30%	26%
Cannabis	391	\$ 263,909	\$ 675	8%	-8%	-14%
Substance-Induced D/O	70	\$ 313,780	\$ 4,483	-14%	-1%	15%
Sedative, Hypnotic, Anxiolytic D/O	75	\$ 155,070	\$ 2,068	9%	-2%	-10%
Amphetamine Abuse/ Dependence	32	\$ 96,714	\$ 3,022	-6%	75%	85%
Hallucination	9	\$ 24,846	\$ 2,761	0%	87%	87%
Inhalant	1	\$ 18,935	\$ 18,935	0%	318%	318%
<b>Subtotal (included)*</b>	<b>7,290</b>	<b>\$ 15,580,559</b>	<b>\$ 2,137</b>	<b>4%</b>	<b>4%</b>	<b>0%</b>
<b>All SUD Diagnosis</b>	<b>7,367</b>	<b>\$ 15,723,722</b>	<b>\$ 2,134</b>	<b>4%</b>	<b>4%</b>	<b>0%</b>

Table 14 summarizes the most frequently used substance use disorder diagnoses for adults (21 years and older). The increases in paid claims for people with cocaine and amphetamine diagnoses were heavily driven by more people receiving non-hospital rehab. A decrease in service units for partial hospitalization and halfway house drove down costs for people with cannabis. Increases in average cost associated with people with substance-induced disorder were primarily from an increase in average service units of forensic support services. The decreases in average costs for people with sedative, hypnotic, anxiolytic disorder were attributed to a decrease in average service units of intensive outpatient. Note that the large percent change reflects the relatively small number of members for this category. Given this, detailed category differences with 30 or less people are not provided.

*\*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		Inpatient Detox		NH Detox		Halfway House	
	Q2 2017	% change from Q1 2017	Q2 2017	% change from Q1 2017	Q2 2017	% change from Q1 2017	Q2 2017	% change from Q1 2017	Q2 2017	% change from Q1 2017
Number of total admissions	877	10%	406	7%	180	22%	927	15%	121	-15%
Number people with at least one admission	810	10%	382	8%	153	22%	823	13%	119	-14%
Admission rate	38.0	11%	17.6	8%	7.8	22%	40.2	16%	5.2	-15%
Number of total discharges	868	9%	406	5%	173	12%	932	17%	129	-2%
Average length of stay	14	0%	47	-6%	4	0%	3	0%	66	-10%
% with follow-up in 7 days*	37%	-13%	45%	-6%	55%	-6%	69%	-7%	22%	-10%
% with readmission in 30 days	7%	13%	10%	-15%	14%	19%	8%	31%	5%	-28%

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, people served, and discharges increased for all levels of care, except halfway house. Thirty-day readmission rates decreased for non-hospital long-term rehab and halfway house, but increased for non-hospital short-term rehab, inpatient detox, and non-hospital detox.



**Table 16. Enrollment and Service Penetration by HealthChoices eligibility**

	Q2 2017		% Difference from Q1 2017	
	Enrollment	Service Penetration	Enrollment	Service Penetration
<b>Adults in Medicaid Expansion</b>	62,999	15.4%	-1.2%	1.9%
<b>Adults in Traditional HealthChoices</b>	66,067	22.7%	-0.4%	0.6%
<b>Total Enrollment*</b>	<b>125,387</b>	<b>19.4%</b>	<b>-0.4%</b>	<b>1.3%</b>

Table 16 shows that enrollment slightly decrease and service penetration slightly increased in the second quarter of 2017 for both eligibility categories.

*\*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 125,387.*

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

		Q2 2017			% Difference from Q1 2017		
		# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
<b>Adults in Medicaid Expansion</b>	SUD	4,268	\$ 10,313,062	\$ 2,416	3%	5%	2%
	MH	7,084	\$ 7,659,802	\$ 1,081	1%	2%	1%
	<b>Total</b>	<b>9,682</b>	<b>\$ 17,972,865</b>	<b>\$ 1,856</b>	<b>2%</b>	<b>4%</b>	<b>2%</b>
<b>Adults in Traditional HealthChoices</b>	SUD	3,211	\$ 5,518,746	\$ 1,719	5%	2%	-3%
	MH	13,210	\$ 17,828,510	\$ 1,350	0%	-3%	-3%
	<b>Total</b>	<b>14,988</b>	<b>\$ 23,347,256</b>	<b>\$ 1,558</b>	<b>1%</b>	<b>-2%</b>	<b>-3%</b>
<b>Total</b>	SUD	7,356	\$ 15,831,809	\$ 2,152	4%	4%	0%
	MH	20,068	\$ 25,488,312	\$ 1,270	0%	-2%	-2%
	<b>Total</b>	<b>24,339</b>	<b>\$ 41,320,121</b>	<b>\$ 1,698</b>	<b>1%</b>	<b>0%</b>	<b>-1%</b>

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 second quarter of 2017 did not change significantly from the first quarter of 2017 for either eligibility category.

**Table 18. Top 10 behavioral health diagnoses for Medicaid Expansion**

	Q2 2017			% Difference from Q1 2017		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Opioid	3,196	\$ 7,308,169	\$ 2,287	4%	3%	-1%
Depressive D/O	2,534	\$ 2,846,555	\$ 1,123	-1%	3%	4%
Neurotic D/O	1,228	\$ 569,014	\$ 463	5%	-10%	-14%
Bipolar D/O	1,190	\$ 1,425,459	\$ 1,198	-2%	0%	2%
Alcohol Abuse/Dependence	830	\$ 2,113,685	\$ 2,547	2%	5%	3%
Adjustment D/O	629	\$ 348,773	\$ 554	8%	9%	1%
Acute Stress RX	443	\$ 281,565	\$ 636	3%	3%	-1%
DX Deferred	393	\$ 244,506	\$ 622	11%	8%	-3%
Maj Depression	373	\$ 285,313	\$ 765	-7%	-8%	0%
Schizophrenia	322	\$ 876,707	\$ 2,723	-1%	7%	7%
<b>Subtotal of above*</b>	<b>9,009</b>	<b>\$ 16,299,746</b>	<b>\$ 1,809</b>	<b>2%</b>	<b>3%</b>	<b>1%</b>
<b>Total MCE diagnoses</b>	<b>9,682</b>	<b>\$ 17,972,865</b>	<b>\$ 1,856</b>	<b>2%</b>	<b>4%</b>	<b>2%</b>

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 decreases for people with neurotic disorder were driven by fewer people using crisis services and a decrease in average service units per person.