

Q3 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

	Q3 2018	% Difference from Q2 2017
00 - 20	97,506	0.30%
21+ years	127,468	-0.34%
Total Enrollment	224,405	-0.10%

Table 1 shows that enrollment remained similar for the first quarter of 2018 compared to the fourth quarter of 2017.

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

		Q3 2017			% Difference from Q2 2017 - Q3 2017		
		# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
00 - 20 years	SUD	350	\$ 1,560,005	\$ 4,457	-13%	0%	15%
	MH	10,289	\$ 20,784,715	\$ 2,020	-10%	-6%	5%
	Total	10,509	\$ 22,344,720	\$ 2,126	-10%	-6%	5%
21-54 years	SUD	6387	\$ 14,983,815	\$ 2,346	-3%	5%	9%
	MH	15,192	\$ 21,861,699	\$ 1,439	-6%	3%	10%
	Total	19,569	\$ 36,845,514	\$ 1,883	-2%	4%	6%
55 years and older	SUD	840	\$ 1,812,245	\$ 2,157	-2%	18%	21%
	MH	4,005	\$ 5,050,662	\$ 1,261	-9%	-2%	8%
	Total	4,594	\$ 6,862,907	\$ 1,494	-6%	3%	10%
Total	SUD	7,560	\$ 18,356,065	\$ 2,428	-3%	6%	10%
	MH	29,386	\$ 47,697,076	\$ 1,623	-8%	-2%	7%
	Total	34,557	\$ 66,053,142	\$ 1,911	-5%	0%	6%

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. Total service utilization and costs for the third quarter of 2017 did not change significantly from the second quarter of 2017.

- Youth (under 21 years) paid more per person for SUD services due to an increase in average halfway house units per person.
- People between 21 and 54 years old paid more per person for MH service due to an increase in average respite and diversion and acute stabilization units per person.
- People 55 years and older paid more per person and in total for SUD service due to an increase in average halfway house service units per person.
- The increase in the average paid for total SUD services was due to an increase in average methadone maintenance service units per person.

Detailed differences are explained further in the age-specific tables.

In July 2017, Pittsburgh Mercy launched its Certified Community Behavioral Health Clinic (CCBHC). The CCBHC covers a number of services, including, but not limited to, outpatient MH/SUD, medication checks, crisis, service coordination, psychiatric rehabilitation, and peer specialist. The addition of the CCBHC may be contributing to changes in utilization and costs between categories of services described in this and subsequent tables. AHC will monitor CCBHC utilization and its impact on service trends.

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

	Q3 2017			% Difference from Q2 2017 - Q3 2017		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Outpatient MH	6,459	\$ 2,456,089	\$ 380	-14%	-18%	-5%
Behavioral Health Rehabilitation Services	3,046	\$ 6,231,548	\$ 2,046	-3%	-1%	2%
Service Coordination	1,348	\$ 1,244,901	\$ 924	-4%	2%	6%
Medication Check	1,314	\$ 297,087	\$ 226	-65%	-50%	43%
Certified Community Behavioral Health Clinic (CCBHC)	791	\$ 331,747	\$ 419	N/A	N/A	N/A
Crisis	500	\$ 278,139	\$ 556	-23%	-15%	11%
Family-Based	477	\$ 2,596,359	\$ 5,443	-2%	3%	5%
Partial Hospitalization MH	310	\$ 910,527	\$ 2,937	-25%	-41%	-22%
Inpatient MH	276	\$ 3,286,092	\$ 11,906	-6%	-7%	-1%
Family Focused, Solution Based	133	\$ 402,912	\$ 3,029	21%	4%	-14%
Subtotal of above*	10,570	\$ 18,035,402	\$ 1,706	-10%	-7%	3%
Total MH Services	10,655	\$ 21,248,120	\$ 1,994	-10%	-6%	4%

Table 3 illustrates the top 10 most frequently used mental health service categories for youth (under 21 years). The decrease in the total cost of outpatient MH, medication check, crisis, and partial hospitalization MH services were all related to fewer people using these four services. Medication check had an increase in people using outpatient evaluations, which increased the average cost per person. Similarly, the increase in average cost for crisis services is attributed to an increase in average service units per person for walk-in service. Conversely, partial hospitalization MH and FFSB service both had a decrease in service units per person, decreasing average cost 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

	Q3 2017			% Difference from Q2 2017 - Q3 2017		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
ADHD	3,311	\$ 3,898,537	\$ 1,177	-13%	-11%	2%
Autism Spectrum D/O	2,131	\$ 4,745,451	\$ 2,227	-2%	-2%	1%
Adjustment D/O	1,557	\$ 1,117,533	\$ 718	-13%	-10%	4%
Depressive D/O	1,337	\$ 3,262,788	\$ 2,440	-15%	0%	18%
Anxiety Disorder	1,180	\$ 1,010,385	\$ 856	-11%	-2%	10%
Conduct D/O	758	\$ 1,757,045	\$ 2,318	-7%	-15%	-9%
Oppositional Defiant	729	\$ 1,165,067	\$ 1,598	-15%	-10%	6%
Acute Stress Rx	532	\$ 1,039,197	\$ 1,953	-8%	1%	10%
Major Depression	437	\$ 877,383	\$ 2,008	-19%	-10%	12%
DX Deferred	401	\$ 216,933	\$ 541	-23%	-10%	17%
Subtotal (included)*	10,267	\$ 19,090,318	\$ 1,859	-10%	-6%	4%
Diagnosis	10,655	\$ 21,248,120	\$ 1,994	-10%	-6%	4%

Table 4 displays the top 10 most frequently used mental health diagnostic categories for youth (under 21 years). There were some notable changes:

- The decrease in total cost for youth with adjustment disorder was related to less use of respite/DAS services.
- The decrease in cost of youth with conduct disorder was related to fewer youth using partial hospitalization.
- The decrease in total cost for youth with ADHD was due to fewer youth using medication check and outpatient mental health services.
- A decline in both the number of people and the average RTF service units per person led to a lower total cost for youth with oppositional defiant disorder.
- Fewer average family-based service units per person, and number of youth diagnosed, decreased the total cost for youth with major depression, while an increase in average number of inpatient MH service units per person increased the average cost per person.
- Fewer youth receiving crisis services decreased the total cost for Dx deferred, while an increase in average walk-in crisis service units per person increased the average cost per person.
- An increase in average cost per person for youth with acute stress Rx may have increased the average respite/DAS service units per person.
- An increase in average cost per person for youth with depressive disorder was due to an increase in the average RTF service units per person.
- The increase in average costs for youth with anxiety disorder was attributed to an increase in average FFSB service units per person.

**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	
	Q2 2017	Q3 2017	Q2 2017	Q3 2017
Number of total admissions	319	288	21	23
Number people with at least one admission	271	255	21	23
Admission rate	10.6	9.6	0.7	0.8
Number of total discharges	325	282	17	24
Average length of stay	15	15	189	258
% with follow-up in 7 days*	85%	82%	47%	54%
% with readmit in 30 days*	15%	12%	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 saw a decrease in total admissions and number of youth served. RTF had a slight increase in their 7-day follow up rate. 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

	Q2 2017			Q3 2017		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Outpatient SUD	345	\$ 140,133	\$ 406	286	\$ 118,945	\$ 416
Non-Hospital Rehab	113	\$ 1,396,995	\$ 12,363	109	\$ 1,429,669	\$ 13,116
Intensive Outpatient SUD	27	\$ 28,278	\$ 1,047	19	\$ 21,098	\$ 1,110
Halfway House	8	\$ 71,329	\$ 8,916	11	\$ 85,998	\$ 7,818
Non-Hospital Detox	12	\$ 11,613	\$ 968	4	\$ 2,970	\$ 743
Partial Hospitalization SUD	7	\$ 9,240	\$ 1,320	3	\$ 1,980	\$ 660
Methadone Maintenance	6	\$ 3,495	\$ 583	3	\$ 4,325	\$ 1,442
Medication Check SUD	2	\$ 480	\$ 240	2	\$ 675	\$ 338
Inpatient Detox	-	-	-	1	\$ 1,446	\$ 1,446
Services	457	\$ 1,661,564	\$ 3,636	393	\$ 1,667,107	\$ 4,242

Table 6 illustrates utilization for different substance use disorder services for youth (less than 21 years). Service utilization did not fluctuate greatly from Q2 2017. Outpatient SUD services accounted for about 73% of SUD services used by youth. Non-hospital rehabilitation accounted for about 86% 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

	Q2 2017			Q3 2017		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Cannabis	377	\$ 1,467,030	\$ 3,891	332	\$ 1,486,433	\$ 4,477
Opioid	42	\$ 111,030	\$ 2,644	31	\$ 73,553	\$ 2,373
Alcohol	19	\$ 26,584	\$ 1,399	19	\$ 13,627	\$ 717
Sedative, Hypnotic, Anxiolytic D/O	10	\$ 15,129	\$ 1,513	9	\$ 40,781	\$ 4,531
Cocaine	6	\$ 25,234	\$ 4,206	2	\$ 25,349	\$ 12,675
Amphetamine	3	\$ 4,971	\$ 1,657	2	\$ 151	\$ 76
Hallucinogen-Related D/O	1	\$ 220	\$ 220	1	\$ 137	\$ 137
Substance Induced D/O	5	\$ 10,202	\$ 2,040	1	\$ 1,446	\$ 1,446
Total SUD Diagnosis	457	\$ 1,661,604	\$ 3,636	393	\$ 1,667,152	\$ 4,242

Table 7 shows the most frequently used substance use disorder diagnostic categories for youth. Cannabis dependence/abuse remained the most common diagnoses in Q3 2017, accounting for about 84% of youth with a substance use disorder diagnosis. 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

	Q2 2017		Q3 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	20	70	14	72
Number people with at least one admission	19	59	10	58
Admission rate	0.7	2.3	0.5	2.4
Number of total discharges	18	68	18	70
Average length of stay	14	78	14	73
% with follow-up in 7 days	22%	15%	33%	17%
% with readmission in 30 days	0%	34%	20%	47%

Table 8 shows admission data, rates of follow-up appointments, and readmission rates for youth using non-hospital rehabilitation. Total admissions, and number of youth served decreased for short-term rehab, while admissions increased for long-term rehab. Follow-up rates increased for both short-term and long-term rehab. Average length of stay slightly decreased 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)

	Q3 2017			% Difference from Q2 2017 - Q3 2017		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Outpatient MH	12,011	\$ 4,629,024	\$ 385	-5%	-7%	-2%
Medication Check	3,771	\$ 896,573	\$ 238	-65%	-45%	58%
Service Coordination	3,237	\$ 3,635,470	\$ 1,123	-4%	-7%	-3%
Certified Community Behavioral Health Clinic (CCBHC)	2,792	\$ 2,088,179	\$ 748	N/A	N/A	N/A
Crisis	1,323	\$ 1,148,807	\$ 868	7%	3%	-4%
Inpatient MH	984	\$ 5,645,650	\$ 5,737	0%	6%	6%
Community Treatment Team (CTT)	619	\$ 3,421,115	\$ 5,527	0%	-1%	0%
Consults	484	\$ 67,529	\$ 140	-4%	6%	10%
Peer Specialist	287	\$ 222,882	\$ 777	-21%	-30%	-11%
Support Service	283	\$ 169,345	\$ 598	8%	7%	-1%
Subtotal of above*	18,655	\$ 21,924,573	\$ 1,175	-7%	5%	12%
Total MH Services	18,783	\$ 26,494,324	\$ 1,411	-7%	3%	10%

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 was related to fewer medication visits with no medication administered, while the increase in average paid per person was due to increase in average medication visit service units per person. The increase in average paid per person for consult services was related to an increase in the number of average office consult service units per person. The decrease in total paid and average paid per person for peer specialist services were driven by fewer people using the service and a decrease in average service units per person. The increase in average cost for mental health services was driven by the shift of people using the newly developed CCBHC program.

**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

	Q2 2017			Q3 2017		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Inpatient MH	988	\$ 5,338,151	\$ 5,403	984	\$ 5,645,650	\$ 5,737
Community-based EAC	40	\$ 748,934	\$ 18,723	40	\$ 835,857	\$ 20,896
IPMH EAC (TRU)	28	\$ 934,921	\$ 33,390	35	\$ 1,002,021	\$ 28,629
EAC (CRU)	19	\$ 573,006	\$ 30,158	17	\$ 577,804	\$ 33,988
RTFA	17	\$ 289,300	\$ 17,018	18	\$ 367,144	\$ 20,397
Subtotal of above*	1,053	\$ 7,884,313	\$ 7,487	1,060	\$ 8,428,477	\$ 7,951
Total MH Services	20,181	\$ 25,843,988	\$ 1,281	18,783	\$ 26,494,324	\$ 1,411

Table 10 summarizes utilization for four acute levels of care. The decrease in average paid per person for inpatient MH EAC (TRU) 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

	IPMH		IPMH EAC (TRU)		EAC (CRU)		Community-based EAC		RTFA	
	Q3 2017	% change from Q2 2017	Q2 2017	Q3 2017	Q2 2017	Q3 2017	Q2 2017	Q3 2017	Q2 2017	Q3 2017
Number of total admissions	1,096	-4%	20	24	10	11	8	7	9	12
Number people with at least one admission	966	0%	20	24	10	11	8	7	9	11
Admission rate	47.3	-4%	0.9	1.0	0.4	0.5	0.3	0.3	0.4	0.5
Number of total discharges	1,088	-4%	20	27	11	10	8	4	9	12
Average length of stay	8	0%	87	75	69	68	136	210	70	53
% with follow-up in 7 days*	78%	-4%	85%	96%	100%	100%	100%	100%	100%	92%
% with readmission in 30 days	10%	-26%	10%	--	--	--	--	--	--	17%

The number of total admissions slightly decreased for inpatient MH in the third quarter of 2017. TRU, CRU, and RTFA experienced decreases in average length of stay, while the community-based EAC experienced an increase. CRU and the community-based EAC maintained their 7-day follow-up rates, while TRU experienced a slight increase in its 7-day follow-up rate, and IPMH and RTFA experienced slight decreases. Since the number of admissions to most of these services is very small in a given quarter, the numbers from the 2nd 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

	Q3 2017			% Difference from Q2 2017 - Q3 2017		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Depressive Disorder	6,260	\$ 6,415,113	\$ 1,025	-5%	1%	7%
Bipolar Disorder	3,454	\$ 4,002,807	\$ 1,159	-4%	3%	7%
Schizophrenia	3,134	\$ 9,294,728	\$ 2,966	-6%	3%	9%
Anxiety Disorder	2,509	\$ 1,267,462	\$ 505	-8%	3%	12%
Adjustment Disorder	1,251	\$ 830,793	\$ 664	-2%	9%	11%
DX Deferred	1,163	\$ 759,423	\$ 653	10%	7%	-2%
Acute Stress RX	948	\$ 696,076	\$ 734	-6%	-3%	4%
Subtotal of above*	16,259	\$ 23,266,403	\$ 1,431	-5%	3%	7%
Diagnosis	18,783	\$ 26,494,324	\$ 1,411	-7%	3%	10%

Table 12 summarizes the most frequently used mental health diagnostic categories for adults (21 years and older). The increase in average costs for people with adjustment disorder was driven by an increase of average psych rehab service units per person. Similarly, the increase in average costs for people with anxiety disorder is associated with a rise in average respite/DAS service units per person. The total increase in average cost per person is due to the shift of people using the newly developed CCBHC program.

**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

	Q3 2017			% Difference from Q2 2017 - Q3 2017		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Outpatient SUD	4,598	\$ 2,325,883	\$ 506	0%	34%	33%
Methadone Maintenance	2,593	\$ 3,538,555	\$ 1,365	4%	38%	33%
Non-Hospital Rehabilitation	1,399	\$ 6,835,893	\$ 4,886	-1%	-2%	-2%
Intensive Outpatient SUD	816	\$ 841,040	\$ 1,031	-9%	-5%	5%
Non-Hospital Detox	813	\$ 824,727	\$ 1,014	-4%	-1%	3%
Medication Check SUD	356	\$ 136,997	\$ 385	-36%	-57%	-33%
Partial Hospitalization SUD	287	\$ 392,880	\$ 1,369	-4%	-6%	-2%
Halfway House	201	\$ 1,078,155	\$ 5,364	-9%	-11%	-2%
Inpatient Detox	161	\$ 513,835	\$ 3,192	5%	12%	7%
Forensic Support Specialist SUD	154	\$ 143,433	\$ 931	-15%	-16%	-1%
Inpatient Rehab	12	\$ 57,562	\$ 4,797	33%	3%	-22%
Services	7,170	\$ 16,688,959	\$ 2,328	-3%	7%	10%

Table 13 illustrates utilization for different substance use disorder services for adults (21 years and older). Increases in total and average paid claims for outpatient SUD and methadone maintenance services were due to more people receiving services, and an increase in average service units used per person, respectively. The decrease in total and average paid claims for medication check, halfway house, and forensic support specialist SUD services is due to fewer people receiving services, and a decrease in average service units per person. The increase in total paid claims for inpatient detox is due to more people utilizing the service. The increase in average paid per person for all services is a result of an increase in average methadone maintenance service units per person. Note that the number of service users from certain services during a quarter were low, so percentage 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

	Q3 2017			% Difference from Q2 2017 - Q3 2017		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Opioid	5,374	\$ 11,691,357	\$ 2,176	1%	12%	11%
Alcohol Abuse/ Dependence	1,097	\$ 2,892,472	\$ 2,637	-13%	-8%	5%
Cocaine	387	\$ 1,043,613	\$ 2,697	-6%	1%	7%
Cannabis	374	\$ 344,640	\$ 921	-5%	33%	40%
Sedative, Hypnotic, Anxiolytic Disorder	74	\$ 183,061	\$ 2,474	-1%	19%	21%
Substance-Induced Disorder	56	\$ 272,731	\$ 4,870	-20%	-13%	9%
Amphetamine Abuse/Dependence	28	\$ 78,206	\$ 2,793	-13%	-19%	-8%
Hallucination	4	\$ 44,687	\$ 11,172	-56%	80%	305%
Inhalant	1	\$ 1,075	\$ 1,075	0%	-94%	-94%
Subtotal	7,092	\$ 16,551,841	\$ 2,334	-3%	7%	10%
All SUD Diagnosis	7,170	\$ 16,688,959	\$ 2,328	-3%	7%	10%

Table 14 summarizes the most frequently used substance use disorder diagnoses for adults (21 years and older). The increases in total and average paid claims for people with an opioid disorder was driven by more people receiving methadone maintenance services, and an increase in average service units per person. The increase in total and average paid claims for cannabis disorder was driven by an increase in average intensive outpatient service units per person. The increase in total and average paid claims for sedative, hypnotic, anxiolytic disorder was related to an increase in average partial hospitalization service units per person. The decrease in total paid for substance-induced disorder was due to fewer people using non-hospital short and long term rehab services. Lastly, the increase in average paid per person for all substance use diagnoses was due to an increase in average methadone maintenance service units per person. Note that the number of service users from certain diagnoses were low, so percent changes may be large while the changes in absolute numbers were small (i.e. inhalant). 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	
	Q3 2017	% change from Q2 2017	Q3 2017	% change from Q2 2017	Q3 2017	% change from Q2 2017	Q3 2017	% change from Q2 2017	Q3 2017	% change from Q2 2017
Number of total admissions	945	10%	381	-5%	178	-1%	927	0%	122	1%
Number people with at least one admission	862	9%	353	-7%	161	5%	796	-4%	109	-8%
Admission rate	40.8	10%	16.5	-6%	7.7	-1%	40.0	-1%	5.3	0%
Number of total discharges	932	10%	390	-3%	184	6%	926	-1%	120	-7%
Average length of stay	14	0%	44	-6%	4	0%	3	0%	80	21%
% with follow-up in 7 days*	41%	9%	47%	4%	58%	3%	70%	1%	32%	46%
% with readmission in 30 days	8%	10%	14%	44%	8%	-45%	9%	7%	16%	155%

Table 15 shows utilization for different substance use disorder services for adults (21 years and older). Number of total admissions, people served, and discharges increased for non-hospital short term rehab; however, these items decreased for non-hospital long term rehab. In addition, follow-up rates increased for all levels of care.

Table 16. Enrollment and Service Penetration by HealthChoices eligibility

	Q3 2017		% Difference from Q2 2017	
	Enrollment	Service Penetration	Enrollment	Service Penetration
Adults in Medicaid Expansion	62,138	16.4%	-1.5%	1.2%
Adults in Traditional HealthChoices	66,364	25.5%	0.4%	1.4%
Total Enrollment*	124,926	20.7%	-0.4%	-2.1%

Table 16 shows that there was little change in enrollment and service penetration slightly increased in the third 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 124,926.*

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

		Q3 2017			% Difference from Q2 2017		
		# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Adults in Medicaid Expansion	SUD	4,377	\$ 10,787,381	\$ 2,465	1%	5%	4%
	MH	7,367	\$ 8,730,628	\$ 1,185	-2%	13%	15%
	Total	10,169	\$ 19,518,008	\$ 1,919	1%	9%	7%
Adults in Traditional HealthChoices	SUD	3,559	\$ 6,394,263	\$ 1,797	4%	8%	4%
	MH	15,319	\$ 21,044,451	\$ 1,374	-1%	4%	5%
	Total	17,463	\$ 27,438,714	\$ 1,571	1%	5%	4%
Total	SUD	7,637	\$ 17,181,644	\$ 2,250	0%	6%	6%
	MH	21,640	\$ 29,775,078	\$ 1,376	-5%	7%	12%
	Total	26,362	\$ 46,956,723	\$ 1,781	-2%	7%	9%

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. The increase in total and average cost for MH service in both eligibility categories is due to a shift in people using the newly developed CCBHC program. Overall, service utilization and costs for the third quarter of 2017 did not change significantly from the second quarter of 2017 for either eligibility category.

Table 18. Top 10 behavioral health diagnoses for Medicaid Expansion

	Q3 2017			% Difference from Q2 2017		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Opioid	3,287	\$ 7,876,041	\$ 2,396	3%	8%	6%
Depressive Disorder	2,532	\$ 2,917,569	\$ 1,152	0%	2%	2%
Bipolar Disorder	1,225	\$ 1,519,134	\$ 1,240	3%	6%	3%
Anxiety Disorder	1,193	\$ 580,598	\$ 487	-3%	1%	5%
Alcohol	794	\$ 2,002,593	\$ 2,522	-4%	-5%	0%
Adjustment Disorder	646	\$ 402,138	\$ 623	2%	14%	11%
DX Deferred	433	\$ 290,199	\$ 670	9%	18%	8%
Acute Stress RX	393	\$ 262,017	\$ 667	-12%	-7%	5%
Maj Depression	356	\$ 324,506	\$ 912	-5%	13%	20%
Schizophrenia	312	\$ 1,021,288	\$ 3,273	-4%	15%	20%
Subtotal of above*	8,292	\$ 16,615,486	\$ 2,004	1%	6%	5%
Total MCE diagnoses	9,754	\$ 19,007,636	\$ 1,949	0%	6%	5%

Table 18 summarizes the most frequently used mental health and substance use disorder diagnostic categories for people who were eligible for Medicaid expansion in the third quarter of 2017. Total and average paid claims increased for people with adjustment disorder due to a shift in people using the newly developed CCBHC program. The increase in total paid for Dx Deferred was due to an increase in average crisis service units per person. Total and average paid claims increased for people with major depression due to an increase in average inpatient mental health service units per person. Meanwhile, the increase in total and average paid claims for people with schizophrenia is a result of more people using inpatient extended services, and an increase in average inpatient extended service units per person.