

# Q1 2018 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 2018	% Difference from Q4 2017
<b>00 - 20</b>	98,016	0.53%
<b>21+ years</b>	138,058	6.99%
<b>Total Enrollment</b>	<b>235,539</b>	<b>4.20%</b>

Table 1 shows that enrollment increased slightly in 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**

		Q1 2018			% Difference from Q4 2017 - Q1 2018		
		# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
<b>00 - 20 years</b>	SUD	361	\$ 1,132,363	\$ 3,137	6%	-23%	-27%
	MH	11,412	\$ 22,262,109	\$ 1,951	6%	0%	-5%
	<b>Total</b>	<b>11,641</b>	<b>\$ 23,394,472</b>	<b>\$ 2,010</b>	<b>6%</b>	<b>-1%</b>	<b>-7%</b>
<b>21-54 years</b>	SUD	6,776	\$ 16,344,106	\$ 2,412	5%	0%	-5%
	MH	15,131	\$ 20,671,859	\$ 1,366	2%	1%	-1%
	<b>Total</b>	<b>19,770</b>	<b>\$ 37,015,965</b>	<b>\$ 1,872</b>	<b>3%</b>	<b>0%</b>	<b>-2%</b>
<b>55 years and older</b>	SUD	928	\$ 1,866,907	\$ 2,012	7%	0%	-7%
	MH	4,183	\$ 5,042,635	\$ 1,206	6%	2%	-4%
	<b>Total</b>	<b>4,865</b>	<b>\$ 6,909,542</b>	<b>\$ 1,420</b>	<b>7%</b>	<b>1%</b>	<b>-5%</b>
<b>Total</b>	SUD	8,033	\$ 19,343,376	\$ 2,408	5%	-2%	-7%
	MH	30,623	\$ 47,976,602	\$ 1,567	4%	1%	-3%
	<b>Total</b>	<b>36,144</b>	<b>\$ 67,319,978</b>	<b>\$ 1,863</b>	<b>4%</b>	<b>0%</b>	<b>-4%</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. The decrease in youth (under 21 years) SUD total and average paid is due to fewer people, and a decrease in average non-hospital rehab service units per person. Overall, service utilization and costs for the first quarter of 2018 did not change significantly from the fourth quarter of 2017. Detailed differences are explained further in the age specific tab.

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

	Q1 2018			% Difference from Q4 2017 - Q1 2018		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Outpatient MH	7,410	\$ 3,261,762	\$ 440	10%	8%	-2%
Behavioral Health Rehabilitation Services	2,976	\$ 6,125,077	\$ 2,058	0%	0%	1%
Service Coordination	1,251	\$ 1,097,633	\$ 877	0%	4%	4%
Medication Check	1,276	\$ 299,774	\$ 235	7%	4%	-3%
Certified Community Behavioral Health Clinic (CCBHC)	898	\$ 553,415	\$ 616	12%	-2%	-12%
Crisis	702	\$ 394,086	\$ 561	13%	15%	2%
Family-Based	436	\$ 2,232,539	\$ 5,121	-6%	-9%	-3%
Parital Hospitalization MH	396	\$ 1,582,149	\$ 3,995	8%	1%	-6%
Inpatient MH	279	\$ 3,246,253	\$ 11,635	6%	4%	-2%
Family Focused, Solution Based	104	\$ 362,292	\$ 3,484	-10%	-3%	8%
<b>Subtotal of above*</b>	<b>11,344</b>	<b>\$ 19,154,980</b>	<b>\$ 1,689</b>	<b>6%</b>	<b>1%</b>	<b>-4%</b>
<b>Total MH Services</b>	<b>11,412</b>	<b>\$ 22,262,109</b>	<b>\$ 1,951</b>	<b>6%</b>	<b>0%</b>	<b>-5%</b>

Table 3 illustrates the top 10 most frequently used mental health service categories for youth (under 21 years). The decrease in the average paid for CCBHC is driven by a decrease in average daily encounter service units per person. The increase in total paid for crisis is due to more people accessing crisis and an increase in average walk-in crisis service units 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**

	Q1 2018			% Difference from Q4 2017 - Q1 2018		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
ADHD	3,790	\$ 4,799,669	\$ 1,266	8%	0%	-7%
Autism Spectrum Disorder	2,130	\$ 4,608,617	\$ 2,164	4%	-1%	-5%
Adjustment Disorder	1,878	\$ 1,319,095	\$ 702	12%	1%	-10%
Depressive Disorder	1,432	\$ 3,311,598	\$ 2,313	7%	-8%	-14%
Anxiety Disorder	1,303	\$ 1,101,635	\$ 845	11%	0%	-9%
Oppositional Defiant	810	\$ 1,224,364	\$ 1,512	10%	11%	1%
Conduct Disorder	734	\$ 1,749,830	\$ 2,384	5%	9%	5%
Acute Stress Rx	634	\$ 1,180,746	\$ 1,862	11%	10%	-1%
DX Deferred	559	\$ 319,527	\$ 572	9%	12%	3%
Major Depression	469	\$ 850,466	\$ 1,813	3%	-2%	-5%
<b>Subtotal (included)*</b>	<b>11,085</b>	<b>\$ 20,465,545</b>	<b>\$ 1,846</b>	<b>6%</b>	<b>0%</b>	<b>-5%</b>
<b>Diagnosis</b>	<b>11,412</b>	<b>\$ 22,262,109</b>	<b>\$ 1,951</b>	<b>6%</b>	<b>0%</b>	<b>-5%</b>

Table 4 displays the top 10 most frequently used mental health diagnostic categories for youth (under 21 years).

- The decrease in average paid for youth with adjustment disorder is driven by a decrease in average residential treatment service units per person.
- The decrease in average paid for youth with depressive disorder is due to both fewer people receiving residential treatment, and a decrease in average inpatient MH service units per person.
- The increase in the total paid for youth with oppositional defiant is driven by more people using residential treatment.
- The increase in the total paid for youth with acute stress Rx is due to more people with the diagnosis and an increase in average service units per person for inpatient MH.
- The increase in the total paid for youth with Dx deferred is due to both more people with the diagnosis and an increase in average crisis 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	
	Q4 2017	Q1 2018	Q4 2017	Q1 2018
Number of total admissions	282	318	24	17
Number people with at least one admission	254	290	24	17
Admission rate	9.3	9.7	0.8	0.5
Number of total discharges	311	289	24	20
Average length of stay	14	12	316	308
% with follow-up in 7 days*	81%	82%	50%	70%
% with readmit in 30 days*	11%	11%	0%	0%

Table 5 shows admission data, rates of follow-up appointments, and readmission rates for inpatient MH and residential treatment facility services for youth. Inpatient MH saw an increase in total admissions and number of youth served. Residential treatment facility had a decrease in total admissions, number of youth served, and an increase 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 2017			Q1 2018		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Outpatient SUD	290	\$ 143,371	\$ 494	315	\$ 141,535	\$ 449
Non-Hospital Rehab	95	\$ 1,279,594	\$ 13,469	90	\$ 998,560	\$ 11,095
Intensive Outpatient SUD	23	\$ 19,132	\$ 832	23	\$ 15,113	\$ 657
Halfway House	9	\$ 124,386	\$ 13,821	8	\$ 85,643	\$ 10,705
Non-Hospital Detox	6	\$ 4,067	\$ 678	6	\$ 6,818	\$ 1,136
Partial Hospitalization SUD	1	\$ 3,105	\$ 3,105	5	\$ 8,250	\$ 1,650
Methadone Maintenance	3	\$ 2,581	\$ 860	3	\$ 3,508	\$ 1,169
Forensic Support Specialist	1	\$ 417	\$ 417	2	\$ 1,078	\$ 539
<b>Services</b>	<b>380</b>	<b>\$ 1,578,201</b>	<b>\$ 4,153</b>	<b>408</b>	<b>\$ 1,263,181</b>	<b>\$ 3,096</b>

Table 6 illustrates utilization for different substance use disorder services for youth (less than 21 years). Service utilization did not fluctuate greatly from Q4 2017. Outpatient SUD services continued to be used by most people, accounting for about 77% of SUD services used by youth. Non-hospital rehabilitation accounted for about 79% 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 2017			Q1 2018		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Cannabis	324	\$ 1,432,349	\$ 4,421	339	\$ 1,080,575	\$ 3,188
Opioid	29	\$ 53,705	\$ 1,852	32	\$ 87,711	\$ 2,741
Alcohol	15	\$ 41,737	\$ 2,782	28	\$ 57,433	\$ 2,051
Sedative, Hypnotic, Anxiolytic D/O	5	\$ 17,327	\$ 3,465	9	\$ 15,426	\$ 1,714
Cocaine	3	\$ 5,119	\$ 1,706	6	\$ 2,871	\$ 478
Amphetamine	1	\$ 5,400	\$ 5,400	3	\$ 8,613	\$ 2,871
Substance Induced D/O	3	\$ 1,043	\$ 348	2	\$ 4,025	\$ 2,012
<b>Total SUD Diagnosis</b>	<b>380</b>	<b>\$ 1,578,201</b>	<b>\$ 4,153</b>	<b>408</b>	<b>\$ 1,263,181</b>	<b>\$ 3,096</b>

Table 7 shows the most frequently used substance use disorder diagnostic categories for youth. Cannabis dependence/abuse remained the most common diagnoses in Q1 2018, accounting for about 83% of youth. It also had the highest total cost, comprising 86% of total SUD costs. 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 2017		Q1 2018	
	<i>Short-Term (3B)</i>	<i>Long-Term (3C)</i>	<i>Short-Term (3B)</i>	<i>Long-Term (3C)</i>
Number of total admissions	8	80	19	45
Number people with at least one admission	8	50	17	42
Admission rate	0.3	2.6	0.6	1.4
Number of total discharges	8	87	16	55
Average length of stay	15	63	15	64
% with follow-up in 7 days	25%	8%	50%	5%
% with readmission in 30 days	0%	55%	19%	35%

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

	Q1 2018			% Difference from Q4 2017 - Q1 2018		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Outpatient MH	11,997	\$ 4,781,887	\$ 399	3%	6%	3%
Medication Check	3,956	\$ 975,883	\$ 247	3%	7%	4%
Service Coordination	3,052	\$ 3,708,869	\$ 1,215	0%	9%	8%
Certified Community Behavioral Health Clinic (CCBHC)	2,851	\$ 2,195,842	\$ 770	-1%	1%	2%
Crisis	1,219	\$ 1,046,896	\$ 859	8%	20%	11%
Inpatient MH	844	\$ 5,184,698	\$ 6,143	2%	8%	6%
CTT	639	\$ 2,696,527	\$ 4,220	3%	-16%	-19%
Consults	467	\$ 53,973	\$ 116	36%	18%	-13%
Forensic Support Specialist	290	\$ 187,721	\$ 647	-2%	-1%	1%
Peer Specialist	282	\$ 246,096	\$ 873	6%	24%	17%
<b>Subtotal of above*</b>	<b>18,750</b>	<b>\$ 21,078,392</b>	<b>\$ 1,124</b>	<b>3%</b>	<b>4%</b>	<b>1%</b>
<b>Total MH Services</b>	<b>18,873</b>	<b>\$ 25,126,471</b>	<b>\$ 1,331</b>	<b>3%</b>	<b>1%</b>	<b>-2%</b>

Table 9 displays the most frequently used community-based mental health service categories used for adults (21 years and older). The increase in total and average paid for crisis is due to an increase in average crisis residential and walk-in crisis service units per person. The decrease in total and average paid for CTT is due to a 20 percent withhold of the regular CTT rate as part of a value-based purchasing arrangement. The increase in total paid for consults is due to more people obtaining initial inpatient consultations, while the decrease in average paid is driven by fewer average service units per person. The increase in total and average paid for peer specialist is due to more people using the service and an increase in average service units 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 2017			Q1 2018		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Inpatient MH	822	\$ 4,790,241	\$ 5,828	840	\$ 5,175,053	\$ 6,161
Community-based EAC	43	\$ 810,790	\$ 18,856	40	\$ 843,615	\$ 21,090
IPMH EAC (TRU)	30	\$ 992,005	\$ 33,067	22	\$ 677,361	\$ 30,789
EAC (CRU)	13	\$ 562,416	\$ 43,263	15	\$ 407,271	\$ 27,151
RTFA	18	\$ 437,658	\$ 24,314	17	\$ 371,004	\$ 21,824
<b>Subtotal of above*</b>	<b>895</b>	<b>\$ 7,593,110</b>	<b>\$ 8,484</b>	<b>909</b>	<b>\$ 7,474,305</b>	<b>\$ 8,223</b>
<b>Total MH Services</b>	<b>18,334</b>	<b>\$ 24,923,806</b>	<b>\$ 1,359</b>	<b>18,873</b>	<b>\$ 25,126,471</b>	<b>\$ 1,331</b>

Table 10 summarizes utilization for four acute levels of care. The increase in average paid per person for community-based EAC is due to an increase in average service units per person. The decrease in average paid for CRU is due a decrease in average service units 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	
	Q1 2018	% change from Q4 2017	Q4 2017	Q1 2018	Q4 2017	Q1 2018	Q4 2017	Q1 2018	Q4 2017	Q1 2018
Number of total admissions	953	6%	22	19	7	8	6	6	11	10
Number people with at least one admission	827	3%	22	16	7	8	6	6	10	10
Admission rate	40.7	5%	0.9	0.8	0.3	0.3	0.3	0.3	0.5	0.4
Number of total discharges	965	6%	22	23	7	9	7	11	12	15
Average length of stay	9	0%	58	49	57	103	161	251	66	70
% with follow-up in 7 days*	80%	-1%	95%	100%	100%	100%	100%	100%	92%	100%
% with readmission in 30 days	11%	-88%	--	--	--	--	--	--	8%	40%

The number of total admissions increased for inpatient MH in the first quarter of 2018. CRU, RTFA, and community-based EAC all experienced an increase in average length of stay, while TRU experienced a decrease. Seven-day follow-up rates were maintained in CRU and the community-based EAC, increased in TRU and RTFA, and slightly decreased in IPMH. Since the number of admissions to most of these services is very small in a given quarter, the numbers from the fourth 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**

	Q1 2018			% Difference from Q4 2017 - Q1 2018		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Depressive Disorder	6,076	\$ 5,961,064	\$ 981	0%	-1%	-1%
Bipolar Disorder	3,439	\$ 3,578,131	\$ 1,040	3%	-2%	-5%
Schizophrenia	3,175	\$ 8,665,597	\$ 2,729	5%	-4%	-8%
Anxiety Disorder	2,698	\$ 1,324,849	\$ 491	5%	10%	5%
Adjustment Disorder	1,196	\$ 814,167	\$ 681	1%	3%	1%
Acute Stress RX	1,099	\$ 831,014	\$ 756	11%	13%	2%
DX Deferred	1,062	\$ 661,179	\$ 623	9%	19%	9%
<b>Subtotal of above*</b>	<b>15,819</b>	<b>\$ 21,935,689</b>	<b>\$ 1,387</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>
<b>Diagnosis</b>	<b>18,873</b>	<b>\$ 25,126,471</b>	<b>\$ 1,331</b>	<b>3%</b>	<b>1%</b>	<b>-2%</b>

Table 12 summarizes the most frequently used mental health diagnostic categories for adults (21 years and older). The increase in total cost for both anxiety disorder and acute stress Rx is due to more people obtaining outpatient MH services. The increase in total cost for Dx deferred is driven by more people accessing crisis services and an increase in average crisis service units per person.

*\*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 2018			% Difference from Q4 2017 - Q1 2018		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Outpatient SUD	4,991	\$ 2,386,511	\$ 478	6%	-1%	-6%
Methadone Maintenance	2,712	\$ 3,615,807	\$ 1,333	3%	-2%	-5%
Non-Hospital Rehabilitation	1,447	\$ 7,757,690	\$ 5,361	-1%	-1%	0%
Non-Hospital Detox	739	\$ 745,124	\$ 1,008	-3%	-1%	1%
Intensive Outpatient SUD	759	\$ 814,105	\$ 1,073	0%	-4%	-4%
Medication Check SUD*	481	\$ 199,710	\$ 415	26%	28%	1%
Partial Hospitalization SUD	299	\$ 439,235	\$ 1,469	-3%	-7%	-3%
Halfway House	226	\$ 1,202,986	\$ 5,323	3%	0%	-3%
Case Management SUD	201	\$ 193,690	\$ 964	14%	30%	14%
Inpatient Detox	168	\$ 564,576	\$ 3,361	11%	12%	1%
Inpatient Rehab	26	\$ 160,761	\$ 6,183	73%	8%	-37%
<b>Services</b>	<b>7,631</b>	<b>\$ 18,080,195</b>	<b>\$ 2,369</b>	<b>5%</b>	<b>-1%</b>	<b>-5%</b>

Table 13 illustrates utilization for different substance use disorder services for adults (21 years and older). Total cost for both medication check and inpatient detox services increased due to more people utilizing these services. The total and average cost of case management SUD also increased due to more people using the service and an 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.

*\*As part of medication-assisted treatment, these individuals received buprenorphine induction/maintenance treatment services.*

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

	Q1 2018			% Difference from Q4 2017 - Q1 2018		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Opioid	5,594	\$ 11,833,159	\$ 2,115	2%	-4%	-6%
Alcohol Abuse/ Dependence	1,218	\$ 3,498,085	\$ 2,872	10%	1%	-8%
Cocaine	483	\$ 1,461,456	\$ 3,026	13%	15%	1%
Cannabis	430	\$ 417,742	\$ 971	12%	63%	45%
Sedative, Hypnotic, Anxiolytic D/O	86	\$ 201,869	\$ 2,347	32%	-8%	-31%
Substance-Induced D/O	63	\$ 379,912	\$ 6,030	2%	4%	3%
Amphetamine Abuse/ Dependence	45	\$ 153,964	\$ 3,421	25%	53%	23%
Hallucination	8	\$ 16,342	\$ 2,043	33%	-61%	-71%
Inhalant	1	\$ 6,279	\$ 6,279	0%	389%	389%
<b>Subtotal</b>	<b>7,551</b>	<b>\$ 17,968,809</b>	<b>\$ 2,380</b>	<b>5%</b>	<b>-1%</b>	<b>-5%</b>
<b>All SUD Diagnosis</b>	<b>7,631</b>	<b>\$ 18,080,195</b>	<b>\$ 2,369</b>	<b>5%</b>	<b>-1%</b>	<b>-5%</b>

Table 14 summarizes the most frequently used substance use disorder diagnoses for adults (21 years and older). The increase in total paid claims for people with cocaine disorder is due to more people using non-hospital rehab services. The increase in total and average paid claims for people with cannabis disorder is due to more people accessing non-hospital rehab and an increase in average non-hospital rehab service units per person. The decrease in average paid claims for sedative, hypnotic, anxiolytic disorder is due to fewer average intensive outpatient SUD service units per person. Lastly, the increase in total and average paid claims for amphetamine disorder is due to both more people receiving non-hospital rehab services, and an increase in average halfway house 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 Rehab		Inpatient Detox		NH Detox		Halfway House	
	Q1 2018	% change from Q4 2017	Q1 2018	% change from Q4 2017	Q1 2018	% change from Q4 2017	Q1 2018	% change from Q4 2017	Q1 2018	% change from Q4 2017
Number of total admissions	833	-4%	486	-5%	953	6%	832	0%	134	7%
Number people with at least one admission	774	-4%	440	-7%	827	3%	722	-2%	127	3%
Admission rate	35.6	-5%	20.8	-6%	40.7	5%	35.6	0%	5.7	7%
Number of total discharges	835	-5%	501	-3%	965	6%	813	-4%	132	10%
Average length of stay	15	-6%	48	-6%	9	0%	3	0%	81	9%
% with follow-up in 7 days*	41%	0%	53%	4%	80%	-1%	75%	-1%	20%	-41%
% with readmission in 30 days	6%	9%	15%	44%	11%	22%	9%	-88%	10%	100%

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 decreased for both non-hospital short-term and long-term rehab. Follow-up rates increased for non-hospital long-term rehab and readmission rates decreased for non-hospital detox.



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

	Q1 2018		% Difference from Q4 2017	
	Enrollment	Service Penetration	Enrollment	Service Penetration
<b>Adults in Medicaid Expansion</b>	64,090	15.6%	2.1%	1.4%
<b>Adults in Traditional HealthChoices</b>	68,503	20.8%	2.7%	-0.6%
<b>Total Enrollment*</b>	<b>129,001</b>	<b>18.6%</b>	<b>2.2%</b>	<b>0.3%</b>

Table 16 shows that enrollment increased in the first quarter of 2018 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 129,001.*

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

		Q1 2018			% Difference from Q4 2017		
		# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
<b>Adults in Medicaid Expansion</b>	SUD	4,530	\$ 11,893,493	\$ 2,625	7%	0%	-7%
	MH	6,798	\$ 7,800,308	\$ 1,147	2%	5%	2%
	<b>Total</b>	<b>10,018</b>	<b>\$ 19,693,801</b>	<b>\$ 1,966</b>	<b>4%</b>	<b>2%</b>	<b>-2%</b>
<b>Adults in Traditional HealthChoices</b>	SUD	3,186	\$ 6,218,945	\$ 1,952	2%	-1%	-3%
	MH	12,186	\$ 17,781,300	\$ 1,459	2%	-1%	-3%
	<b>Total</b>	<b>14,280</b>	<b>\$ 24,000,245</b>	<b>\$ 1,681</b>	<b>2%</b>	<b>-1%</b>	<b>-3%</b>
<b>Total</b>	SUD	7,585	\$ 18,112,438	\$ 2,388	5%	0%	-5%
	MH	18,739	\$ 25,581,608	\$ 1,365	2%	1%	-1%
	<b>Total</b>	<b>23,948</b>	<b>\$ 43,694,046</b>	<b>\$ 1,825</b>	<b>3%</b>	<b>0%</b>	<b>-2%</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. There were no significant differences between the last quarter of 2017 and the first quarter of 2018.

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

	Q1 2018			% Difference from Q4 2017		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Opioid	3,433	\$ 7,990,590	\$ 2,328	4%	-5%	-8%
Depressive Disorder	2,445	\$ 2,672,352	\$ 1,093	-1%	-1%	0%
Bipolar Disorder	1,254	\$ 1,331,829	\$ 1,062	2%	-1%	-4%
Anxiety Disorder	1,239	\$ 595,881	\$ 481	4%	7%	2%
Alcohol	907	\$ 2,486,602	\$ 2,742	10%	2%	-7%
Adjustment Disorder	608	\$ 377,512	\$ 621	-4%	-15%	-11%
Acute Stress RX	491	\$ 365,121	\$ 744	14%	14%	0%
Maj Depression	385	\$ 272,582	\$ 708	5%	0%	-5%
DX Deferred	378	\$ 241,655	\$ 639	8%	17%	8%
Schizophrenia	348	\$ 1,020,567	\$ 2,933	10%	15%	4%
<b>Subtotal</b>	<b>9,309</b>	<b>\$ 17,354,691</b>	<b>\$ 1,864</b>	<b>3%</b>	<b>-1%</b>	<b>-4%</b>
<b>Total MCE diagnoses</b>	<b>10,023</b>	<b>\$ 19,696,168</b>	<b>\$ 1,965</b>	<b>4%</b>	<b>2%</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. Total and average paid claims decreased for people with adjustment disorder because fewer people were receiving inpatient and outpatient mental health services. Total paid claims increased for people with acute stress Rx due to more people using respite/DAS and outpatient mental health services. Total paid claims for Dx deferred increased due to an increase in average crisis service units per person and more people obtaining crisis services. Similarly, total paid claims increased for people with schizophrenia due to an increase in average inpatient MH service units per person, along with more people accessing inpatient MH services.