

Q2 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

	Q2 2018	% Difference from Q1 2018
00 - 20	97,613	-0.4%
21+ years	137,450	-0.4%
Total Enrollment	234,567	-0.4%

Table 1 shows that enrollment remained almost the same between the second quarter of 2018 and the first quarter of 2018.

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

		Q2 2018			% Difference from Q1 2018 - Q2 2018		
		# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
00 - 20 years	SUD	334	\$ 1,342,400	\$ 4,019	-7%	19%	28%
	MH	11,572	\$ 21,891,392	\$ 1,892	1%	-2%	-3%
	Total	11,769	\$ 23,233,792	\$ 1,974	1%	-1%	-2%
21-54 years	SUD	6,862	\$ 16,474,815	\$ 2,401	1%	1%	-1%
	MH	15,427	\$ 20,349,174	\$ 1,319	1%	-3%	-5%
	Total	20,133	\$ 36,823,988	\$ 1,829	1%	-2%	-3%
55 years and older	SUD	999	\$ 2,163,436	\$ 2,166	8%	15%	7%
	MH	4,400	\$ 5,571,150	\$ 1,266	4%	10%	5%
	Total	5,112	\$ 7,734,587	\$ 1,513	4%	11%	6%
Total	SUD	8,171	\$ 19,980,650	\$ 2,445	2%	3%	1%
	MH	31,292	\$ 47,811,716	\$ 1,528	2%	-1%	-3%
	Total	36,889	\$ 67,792,367	\$ 1,838	2%	0%	-2%

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 increase in youth (under 21 years) for SUD total and average paid is due to an increase in average non-hospital rehab service units per person. The increase in older adults (55 years and older) for SUD total paid is due to more people receiving non-hospital rehab services. However, the increase in older adults (55 years and older) for MH total paid is due to more people receiving inpatient MH services. Overall, service utilization and costs for the second quarter of 2018 did not change significantly from the first quarter of 2018. 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)

	Q2 2018			% Difference from Q1 2018 - Q2 2018		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Outpatient MH	7,699	\$ 3,251,031	\$ 422	0%	-4%	-3%
Behavioral Health Rehabilitation Services	2,969	\$ 6,127,337	\$ 2,064	-1%	0%	0%
Medication Check	1,318	\$ 301,335	\$ 229	-3%	-5%	-2%
Service Coordination	1,279	\$ 1,154,334	\$ 903	-2%	-5%	-3%
Certified Community Behavioral Health Clinic (CCBHC)	1,031	\$ 570,931	\$ 554	11%	-1%	-10%
Crisis	702	\$ 388,223	\$ 553	-5%	-7%	-3%
Family-Based	451	\$ 2,319,758	\$ 5,144	3%	4%	1%
Parital Hospitalization MH	396	\$ 1,536,842	\$ 3,881	-1%	-2%	-1%
Inpatient MH	286	\$ 3,163,064	\$ 11,060	-6%	-9%	-3%
Family Focused, Solution Based (FFSB)	125	\$ 344,765	\$ 2,758	20%	-5%	-21%
Subtotal of above*	11,872	\$ 19,157,621	\$ 1,614	1%	-3%	-4%
Total MH Services	11,956	\$ 22,428,115	\$ 1,876	1%	-2%	-3%

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 decrease in average paid for FFSB is due to a decrease in average service units per person. Note that the number of service users from certain service categories were low, so percent changes may be large while the changes in absolute numbers were small (i.e. FFSB).

**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 2018			% Difference from Q1 2018 - Q2 2018		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
ADHD	3,931	\$ 4,926,360	\$ 1,253	2%	2%	0%
Autism Spectrum Disorder	2,132	\$ 4,655,985	\$ 2,184	-2%	0%	2%
Adjustment Disorder	1,970	\$ 1,338,888	\$ 680	3%	0%	-3%
Depressive Disorder	1,589	\$ 3,439,094	\$ 2,164	4%	2%	-2%
Anxiety Disorder	1,413	\$ 1,196,382	\$ 847	1%	3%	1%
Oppositional Defiant	799	\$ 1,195,712	\$ 1,497	-2%	-3%	-1%
Conduct Disorder	770	\$ 1,513,536	\$ 1,966	3%	-18%	-21%
Acute Stress Rx	647	\$ 1,077,662	\$ 1,666	-2%	-11%	-9%
DX Deferred	567	\$ 305,999	\$ 540	-4%	-8%	-4%
Major Depression	509	\$ 716,940	\$ 1,409	2%	-20%	-22%
Subtotal (included)*	11,583	\$ 20,366,558	\$ 1,758	1%	-2%	-3%
Diagnosis	11,956	\$ 22,428,115	\$ 1,876	1%	-2%	-3%

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

- The decrease in total and average paid for youth with conduct disorder is driven by a decrease in average inpatient MH service units per person.
- The decrease in total paid for youth with acute stress Rx is due to fewer people receiving inpatient MH services.
- The decrease in total and average paid for youth with major depression is due to a decrease in average RTF 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	
	Q1 2018	Q2 2018	Q1 2018	Q2 2018
Number of total admissions	323	307	17	18
Number people with at least one admission	298	264	17	18
Admission rate	9.9	9.5	1.4	0.5
Number of total discharges	292	335	20	20
Average length of stay	12	12	308	301
% with follow-up in 7 days*	82%	85%	70%	60%
% with readmit in 30 days*	11%	10%	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 a decrease in total admissions, number of youth served, and an increase in follow-up rates. Residential treatment facility had no readmissions, but follow-up decreased by ten percentage points. 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 2018			Q2 2018		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Outpatient SUD	316	\$ 141,477	\$ 448	279	\$ 114,763	\$ 411
Non-Hospital Rehab	90	\$ 998,560	\$ 11,095	98	\$ 1,201,504	\$ 12,260
Intensive Outpatient SUD	23	\$ 15,113	\$ 657	21	\$ 21,529	\$ 1,025
Halfway House	8	\$ 85,643	\$ 10,705	11	\$ 65,898	\$ 5,991
Partial Hospitalization SUD	5	\$ 8,250	\$ 1,650	6	\$ 7,395	\$ 1,233
Non-Hospital Detox	6	\$ 6,818	\$ 1,136	5	\$ 3,868	\$ 774
Methadone Maintenance	3	\$ 3,508	\$ 1,169	3	\$ 3,492	\$ 1,164
SUD Case Management	2	\$ 1,078	\$ 539	2	\$ 661	\$ 330
Inpatient Detox	1	\$ 669	\$ 669	1	\$ 2,170	\$ 2,170
Inpatient Rehab	1	\$ 2,008	\$ 2,008	-	-	-
Services	408	\$ 1,263,123	\$ 3,096	374	\$ 1,421,279	\$ 3,800

Table 6 illustrates utilization for different substance use disorder services for youth (less than 21 years). Service utilization did not fluctuate greatly from Q1 2018. 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 85% 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 2018			Q2 2018		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Cannabis	339	\$ 1,086,844	\$ 3,187	307	\$ 1,236,371	\$ 4,011
Alcohol	28	\$ 57,433	\$ 2,051	29	\$ 49,404	\$ 1,704
Opioid	32	\$ 87,911	\$ 2,747	28	\$ 66,829	\$ 2,387
Sedative, Hypnotic, Anxiolytic D/O	9	\$ 15,426	\$ 1,714	8	\$ 31,287	\$ 3,911
Cocaine	6	\$ 2,871	\$ 478	3	\$ 12,700	\$ 4,233
Hallucinogen Dependence	-	-	-	2	\$ 13,230	\$ 6,615
Amphetamine	3	\$ 8,613	\$ 2,871	1	\$ 10,010	\$ 10,010
Substance Induced D/O	2	\$ 4,025	\$ 2,012	1	\$ 1,446	\$ 1,446
Total SUD Diagnosis	408	\$ 1,263,123	\$ 3,096	374	\$ 1,421,279	\$ 3,800

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 82% of youth. It also had the highest total cost, comprising 87% 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

	Q1 2018		Q2 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	19	45	17	52
Number people with at least one admission	17	42	16	45
Admission rate	0.6	1.4	0.5	1.6
Number of total discharges	16	55	20	40
Average length of stay	15	64	18	83
% with follow-up in 7 days	50%	5%	50%	25%
% with readmission in 30 days	19%	35%	5%	18%

Table 8 shows admission data, rates of follow-up appointments, and readmission rates for youth using non-hospital rehabilitation. Readmission rates decreased and average length of stay increased for both short-term and long-term rehab. 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 9. Most frequently used community-based mental health services for adults (ranked by number of service users)

	Q2 2018			% Difference from Q1 2018 - Q2 2018		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Outpatient MH	12,021	\$ 4,753,241	\$ 395	0%	-1%	-1%
Medication Check	4,034	\$ 947,814	\$ 235	1%	-3%	-4%
Service Coordination	3,138	\$ 3,635,886	\$ 1,159	3%	-2%	-5%
Certified Community Behavioral Health Clinic (CCBHC)	2,959	\$ 2,554,165	\$ 863	4%	16%	12%
Crisis	1,307	\$ 1,035,440	\$ 792	7%	-2%	-8%
Inpatient MH	870	\$ 5,001,240	\$ 5,749	2%	-4%	-7%
CTT	623	\$ 2,655,498	\$ 4,262	-3%	-2%	1%
Consults	558	\$ 58,703	\$ 105	17%	8%	-8%
Forensic Support Specialist	335	\$ 196,679	\$ 587	16%	5%	-9%
Peer Specialist	279	\$ 319,980	\$ 1,147	-1%	30%	31%
Subtotal of above*	19,228	\$ 21,158,646	\$ 1,100	2%	0%	-2%
Total MH Services	19,378	\$ 25,383,602	\$ 1,310	2%	-1%	-3%

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 CCBHC is due to more people receiving services. The increase in total and average paid for peer specialist is due to 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

	Q1 2018			Q2 2018		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Inpatient MH	851	\$ 5,233,536	\$ 6,150	870	\$ 5,001,240	\$ 5,749
Community-based EAC	33	\$ 643,202	\$ 19,491	33	\$ 652,454	\$ 19,771
IPMH EAC (TRU)	24	\$ 877,977	\$ 36,582	17	\$ 570,616	\$ 33,566
EAC (CRU)	18	\$ 517,733	\$ 28,763	15	\$ 448,032	\$ 29,869
RTFA	17	\$ 371,004	\$ 21,824	16	\$ 448,920	\$ 28,058
Subtotal of above*	921	\$ 7,844,126	\$ 8,517	939	\$ 7,492,675	\$ 7,979
Total MH Services	18,978	\$ 25,541,589	\$ 1,346	19,378	\$ 25,383,602	\$ 1,310

Table 10 summarizes utilization for four acute levels of care. The decrease in paid claims for TRU and CRU is due to 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	
	Q2 2018	% change from Q1 2018	Q1 2018	Q2 2018	Q1 2018	Q2 2018	Q1 2018	Q2 2018	Q1 2018	Q2 2018
Number of total admissions	967	0%	22	13	11	12	6	8	10	8
Number people with at least one admission	870	2%	18	12	11	11	6	8	10	8
Admission rate	41.5	1%	0.9	0.6	0.5	0.5	0.3	0.3	0.4	0.3
Number of total discharges	986	2%	23	17	11	13	11	1	9	9
Average length of stay	8	-11%	53	60	95	52	251	167	86	71
% with follow-up in 7 days*	79%	-2%	100%	94%	100%	100%	100%	100%	100%	100%
% with readmission in 30 days	9%	-17%	--	--	--	--	--	--	0%	0%

The number of total admissions remained the same for inpatient MH in the second quarter of 2018. Inpatient MH, CRU, RTFA, and community-based EAC all experienced a decrease in average length of stay, while TRU experienced an increase. Seven-day follow-up rates were maintained in CRU, RTFA, and the community-based EAC, and slightly decreased in inpatient MH and TRU. Readmissions decreased for inpatient MH. 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 RTFA 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 2018			% Difference from Q1 2018 - Q2 2018		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Depressive Disorder	6,284	\$ 5,612,784	\$ 893	2%	-8%	-11%
Bipolar Disorder	3,604	\$ 3,798,615	\$ 1,054	4%	3%	-1%
Schizophrenia	3,261	\$ 8,819,080	\$ 2,704	2%	-1%	-3%
Anxiety Disorder	2,793	\$ 1,403,754	\$ 503	2%	4%	2%
DX Deferred	1,196	\$ 718,841	\$ 601	7%	7%	0%
Adjustment Disorder	1,277	\$ 745,694	\$ 584	5%	-8%	-14%
Acute Stress RX	1,197	\$ 855,256	\$ 714	8%	3%	-6%
Subtotal of above*	16,769	\$ 21,954,024	\$ 1,309	3%	-2%	-5%
Diagnosis	19,378	\$ 25,383,602	\$ 1,310	2%	-1%	-3%

Table 12 summarizes the most frequently used mental health diagnostic categories for adults (21 years and older). The decrease in average cost for depressive disorder is due to fewer people receiving inpatient MH services and a decrease in average inpatient MH service units per person. The decrease in average cost for adjustment disorder is driven by a decrease in average inpatient MH and CTT service units per person, respectively.

**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 2018			% Difference from Q1 2018 - Q2 2018		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Outpatient SUD	4,868	\$ 2,419,622	\$ 497	-1%	2%	3%
Methadone Maintenance	2,710	\$ 3,705,476	\$ 1,367	0%	2%	3%
Non-Hospital Rehabilitation	1,521	\$ 7,793,434	\$ 5,124	5%	1%	-4%
Non-Hospital Detox	792	\$ 782,406	\$ 988	7%	5%	-2%
Intensive Outpatient SUD	757	\$ 801,184	\$ 1,058	0%	-1%	-1%
Medication Check SUD*	485	\$ 199,657	\$ 412	1%	0%	-1%
Partial Hospitalization SUD	263	\$ 366,491	\$ 1,394	-12%	-17%	-5%
Halfway House	238	\$ 1,233,003	\$ 5,181	6%	3%	-3%
Inpatient Detox	209	\$ 780,597	\$ 3,735	27%	40%	10%
SUD Case Management	144	\$ 111,609	\$ 775	11%	-10%	-18%
Inpatient Rehab	36	\$ 272,653	\$ 7,574	20%	31%	9%
Services	7,700	\$ 18,466,133	\$ 2,398	2%	2%	1%

Table 13 illustrates utilization for different substance use disorder services for adults (21 years and older). Total cost for partial hospitalization decreased due to less people utilizing this service. SUD case management experienced a decrease in its total and average cost due to a decrease in average service units per person. The increases in total and average cost for inpatient detox and inpatient rehab are due to more people receiving these respective services. Note that the number of service users from certain service categories were low, so percent changes may be large while the changes in absolute numbers were small (i.e. inpatient rehab).

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

Table 14. Substance use disorder diagnoses for adults

	Q2 2018			% Difference from Q1 2018 - Q2 2018		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Opioid	5,619	\$ 12,038,028	\$ 2,142	0%	2%	1%
Alcohol Abuse/ Dependence	1,299	\$ 3,627,784	\$ 2,793	7%	2%	-4%
Cocaine	519	\$ 1,540,207	\$ 2,968	7%	5%	-2%
Cannabis	458	\$ 465,871	\$ 1,017	7%	11%	5%
Substance-Induced Disorder	64	\$ 384,151	\$ 6,002	2%	1%	0%
Sedative, Hypnotic, Anxiolytic Disorder	63	\$ 169,230	\$ 2,686	-27%	-16%	14%
Amphetamine Abuse/ Dependence	53	\$ 190,618	\$ 3,597	18%	24%	5%
Hallucination	12	\$ 35,562	\$ 2,963	50%	118%	45%
Inhalant	1	\$ 14,683	\$ 14,683	0%	134%	134%
All SUD Diagnosis	7,700	\$ 18,466,133	\$ 2,398	2%	2%	1%

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 cannabis disorder is due to more people accessing outpatient SUD and intensive outpatient SUD services. The decrease in total paid claims for sedative, hypnotic, anxiolytic disorder is due to fewer people accessing IP detox services, however, the increase in average costs is due to an increase in average outpatient SUD service units per person. Lastly, the increase in total paid claims for people with amphetamine disorder is due to more people receiving non-hospital rehab services. 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.

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 2018	% change from Q1 2018	Q2 2018	% change from Q1 2018	Q2 2018	% change from Q1 2018	Q2 2018	% change from Q1 2018	Q2 2018	% change from Q1 2018
Number of total admissions	951	14%	477	-2%	259	33%	893	7%	141	6%
Number people with at least one admission	873	13%	432	-2%	209	24%	766	6%	138	10%
Admission rate	40.8	15%	20.5	-1%	11.1	33%	38.3	8%	6.1	7%
Number of total discharges	954	14%	483	-4%	254	31%	894	10%	142	8%
Average length of stay	14	-7%	43	-10%	4	0%	3	0%	68	-17%
% with follow-up in 7 days*	38%	-6%	49%	-8%	55%	-8%	72%	-4%	27%	30%
% with readmission in 30 days	8%	42%	14%	-5%	15%	49%	12%	24%	6%	-38%

Table 15 shows utilization for different substance use disorder services for adults (21 years and older). Some of the services with low utilization have large percent changes from quarter to quarter because of the small numbers. Number of total admissions and people served increased for non-hospital short-term rehab, inpatient detox, non-hospital detox, and halfway house. Follow-up rates increased for halfway house. Readmissions increased for non-hospital short-term rehab, inpatient detox, and non-hospital detox.

Table 16. Enrollment and Service Penetration by HealthChoices eligibility

	Q2 2018		% Difference from Q1 2018	
	Enrollment	Service Penetration	Enrollment	Service Penetration
Adults in Medicaid Expansion	63,574	16.2%	-0.8%	2.7%
Adults in Traditional HealthChoices	68,607	21.2%	0.1%	1.6%
Total Enrollment*	128,246	19.1%	-0.6%	1.7%

Table 16 shows that service penetration increased slightly in the second 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 128,246.*

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

		Q2 2018			% Difference from Q1 2018		
		# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Adults in Medicaid Expansion	SUD	4,635	\$ 11,915,434	\$ 2,571	2%	0%	-2%
	MH	7,012	\$ 7,820,948	\$ 1,115	3%	0%	-3%
	Total	10,326	\$ 19,736,382	\$ 1,911	3%	0%	-3%
Adults in Traditional HealthChoices	SUD	3,253	\$ 6,532,879	\$ 2,008	2%	5%	3%
	MH	12,433	\$ 17,883,382	\$ 1,438	2%	-1%	-3%
	Total	14,559	\$ 24,416,261	\$ 1,677	2%	0%	-1%
Total	SUD	7,734	\$ 18,448,314	\$ 2,385	2%	2%	0%
	MH	19,153	\$ 25,704,329	\$ 1,342	2%	-1%	-3%
	Total	24,457	\$ 44,152,643	\$ 1,805	2%	0%	-2%

Services can be categorized as either mental health or substance use disorders. Table 17 shows the breakdown of the number of people, paid claims, and average cost per person for substance use disorder services, mental health services, and in total by HealthChoices eligibility. There were no significant differences between the first quarter of 2018 and the second quarter of 2018.

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

	Q2 2018			% Difference from Q1 2018		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Opioid	3,444	\$ 7,851,617	\$ 2,280	0%	-2%	-2%
Depressive Disorder	2,534	\$ 2,410,605	\$ 951	3%	-12%	-14%
Bipolar Disorder	1,289	\$ 1,395,435	\$ 1,083	2%	5%	2%
Anxiety Disorder	1,284	\$ 641,490	\$ 500	3%	7%	4%
Alcohol	948	\$ 2,502,383	\$ 2,640	4%	-1%	-5%
Adjustment Disorder	606	\$ 372,175	\$ 614	-1%	-1%	-1%
Acute Stress RX	523	\$ 349,762	\$ 669	6%	-4%	-10%
DX Deferred	443	\$ 260,556	\$ 588	17%	8%	-8%
Schizophrenia	380	\$ 1,179,998	\$ 3,105	8%	16%	7%
Maj Depression	366	\$ 237,646	\$ 649	-5%	-9%	-4%
Subtotal	9,546	\$ 17,201,668	\$ 1,802	2%	-1%	-3%
Total MCE diagnoses	10,326	\$ 19,736,382	\$ 1,911	3%	0%	-3%

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 depressive disorder because fewer people were receiving inpatient MH services, along with a decrease in average inpatient MH service units per person. Average paid claims decreased for people with acute stress Rx due to a decrease in average respite/DAS service units per person. More people with Dx deferred were receiving crisis services. Lastly, total paid claims increased for people with schizophrenia due to more people accessing inpatient MH services.