

# Q3 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**

	Q3 2018	% Difference from Q2 2018
<b>00 - 20</b>	97,576	-0.04%
<b>21+ years</b>	135,796	-1.2%
<b>Total Enrollment</b>	<b>232,850</b>	<b>-0.7%</b>

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

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

		Q3 2018			% Difference from Q2 2018 - Q3 2018		
		# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
<b>00 - 20 years</b>	SUD	272	\$ 1,188,074	\$ 4,368	-19%	-12%	8%
	MH	10,539	\$ 19,271,147	\$ 1,829	-9%	-12%	-3%
	<b>Total</b>	<b>10,702</b>	<b>\$ 20,459,221</b>	<b>\$ 1,912</b>	<b>-9%</b>	<b>-12%</b>	<b>-3%</b>
<b>21-54 years</b>	SUD	6,609	\$ 16,450,284	\$ 2,489	-4%	0%	4%
	MH	15,547	\$ 20,740,418	\$ 1,334	-2%	1%	2%
	<b>Total</b>	<b>20,079</b>	<b>\$ 37,190,702</b>	<b>\$ 1,852</b>	<b>-2%</b>	<b>0%</b>	<b>2%</b>
<b>55 years and older</b>	SUD	1059	\$ 2,600,228	\$ 2,455	6%	19%	12%
	MH	4,664	\$ 5,470,456	\$ 1,173	0%	-6%	-6%
	<b>Total</b>	<b>5,404</b>	<b>\$ 8,070,685</b>	<b>\$ 1,493</b>	<b>1%</b>	<b>1%</b>	<b>1%</b>
<b>Total</b>	SUD	7,919	\$ 20,238,586	\$ 2,556	-3%	1%	4%
	MH	30,655	\$ 45,482,021	\$ 1,484	-4%	-6%	-2%
	<b>Total</b>	<b>36,072</b>	<b>\$ 65,720,607</b>	<b>\$ 1,822</b>	<b>-4%</b>	<b>-4%</b>	<b>0%</b>

Services can be categorized as either addressing 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) for MH, SUD, and overall total paid claims is due to fewer people receiving BHRS and non-hospital rehab services. The increase in older adults (55 years and older) for SUD total and average paid claims is due to more people receiving non-hospital rehab services and an increase in average non-hospital rehab service units per person. Overall, service utilization and costs for the third quarter of 2018 did not change significantly from the second 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)**

	Q3 2018			% Difference from Q2 2018 - Q3 2018		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Outpatient MH	6,963	\$ 2,590,500	\$ 372	-10%	-21%	-12%
Behavioral Health Rehabilitation Services	2,816	\$ 5,375,774	\$ 1,909	-5%	-12%	-7%
Service Coordination	1,226	\$ 1,085,237	\$ 885	-4%	-6%	-2%
Medication Check	1,203	\$ 261,593	\$ 217	-9%	-13%	-4%
Certified Community Behavioral Health Clinic (CCBHC)	869	\$ 363,010	\$ 418	-18%	-38%	-24%
Crisis	514	\$ 277,304	\$ 540	-27%	-28%	-2%
Family-Based	419	\$ 2,384,954	\$ 5,692	-7%	3%	11%
Parital Hospitalization MH	322	\$ 985,197	\$ 3,060	-19%	-36%	-21%
Inpatient MH	268	\$ 3,129,861	\$ 11,679	-7%	-1%	6%
Family Focused, Solution Based (FFSB)	142	\$ 442,915	\$ 3,119	14%	28%	13%
<b>Subtotal of above*</b>	<b>10,856</b>	<b>\$ 16,896,345</b>	<b>\$ 1,556</b>	<b>-9%</b>	<b>-12%</b>	<b>-3%</b>
<b>Total MH Services</b>	<b>10,934</b>	<b>\$ 19,832,382</b>	<b>\$ 1,814</b>	<b>-9%</b>	<b>-12%</b>	<b>-3%</b>

Table 3 illustrates the top 10 most frequently used mental health service categories for youth (under 21 years). The decrease in total and average costs for outpatient MH, BHRS, medication check, CCBHC, crisis, and partial hospitalization MH are due to fewer people receiving those respective services. The increase in average paid claims for family-based is driven by an increase in average service units per person. The increase in average paid for FFSB is due more people receiving this service and an increase 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**

	Q3 2018			% Difference from Q2 2018 - Q3 2018		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
ADHD	3,630	\$ 4,140,784	\$ 1,141	-8%	-16%	-9%
Autism Spectrum Disorder	2,038	\$ 4,276,348	\$ 2,098	-4%	-8%	-4%
Adjustment Disorder	1,681	\$ 992,922	\$ 591	-15%	-26%	-13%
Depressive Disorder	1,411	\$ 2,860,715	\$ 2,027	-12%	-17%	-6%
Anxiety Disorder	1,380	\$ 1,111,424	\$ 805	-3%	-7%	-5%
Oppositional Defiant	730	\$ 1,129,005	\$ 1,547	-9%	-6%	4%
Conduct Disorder	640	\$ 1,414,114	\$ 2,210	-17%	-7%	13%
Acute Stress Rx	600	\$ 1,170,056	\$ 1,950	-8%	8%	17%
Major Depression	447	\$ 592,088	\$ 1,325	-13%	-17%	-5%
DX Deferred	411	\$ 194,447	\$ 473	-28%	-36%	-12%
<b>Subtotal (included)*</b>	<b>10,553</b>	<b>\$ 17,881,902</b>	<b>\$ 1,694</b>	<b>-9%</b>	<b>-12%</b>	<b>-3%</b>
<b>Diagnosis</b>	<b>10,934</b>	<b>\$ 19,832,382</b>	<b>\$ 1,814</b>	<b>-9%</b>	<b>-12%</b>	<b>-3%</b>

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 ADHD and adjustment disorder is due to fewer people receiving outpatient MH services.
- The decrease in total paid for youth with depressive disorder and major depression is due to fewer people receiving inpatient MH services.
- The increase in average paid for youth with conduct disorder is driven by an increase in average RTF service units per person.
- The increase in average paid for youth with acute stress RX is driven by an increase in average family-based service units per person.
- The decrease in total and average paid for youth with DX deferred is due to fewer people receiving crisis services.

\*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 2018	Q3 2018	Q2 2018	Q3 2018
Number of total admissions	308	287	18	16
Number people with at least one admission	265	256	18	16
Admission rate	9.5	8.9	0.5	0.5
Number of total discharges	337	267	20	24
Average length of stay	12	13	301	311
% with follow-up in 7 days*	85%	84%	60%	58%
% with readmit in 30 days*	10%	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 a one day increase in average length of stay. Residential treatment facility had no readmissions, but follow-up decreased by two 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**

	Q2 2018			Q3 2018		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Outpatient SUD	280	\$ 114,783	\$ 410	219	\$ 88,200	\$ 403
Non-Hospital Rehab	98	\$ 1,213,525	\$ 12,383	85	\$ 1,059,281	\$ 12,462
Intensive Outpatient SUD	21	\$ 21,529	\$ 1,025	20	\$ 24,610	\$ 1,230
Halfway House	11	\$ 65,898	\$ 5,991	8	\$ 76,678	\$ 9,585
SUD Case Management	2	\$ 661	\$ 330	4	\$ 2,017	\$ 504
Partial Hospitalization SUD	6	\$ 7,395	\$ 1,233	2	\$ 525	\$ 263
Non-Hospital Detox	5	\$ 3,868	\$ 774	2	\$ 1,733	\$ 866
Methadone Maintenance	3	\$ 3,492	\$ 1,164	2	\$ 3,645	\$ 1,823
Medication Check SUD	-	-	-	1	\$ 595	\$ 595
Inpatient Detox	1	\$ 2,170	\$ 2,170	-	-	-
<b>Services</b>	<b>375</b>	<b>\$ 1,433,319</b>	<b>\$ 3,822</b>	<b>307</b>	<b>\$ 1,257,284</b>	<b>\$ 4,095</b>

Table 6 illustrates utilization for different substance use disorder services for youth (less than 21 years). Service utilization did not fluctuate greatly from Q2 2018. Outpatient SUD services continued to be used by most people, accounting for about 71% 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**

	Q2 2018			Q3 2018		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Cannabis	319	\$ 1,249,245	\$ 3,916	260	\$ 1,103,247	\$ 4,243
Alcohol	32	\$ 52,130	\$ 1,629	24	\$ 52,798	\$ 2,200
Opioid	30	\$ 71,566	\$ 2,386	23	\$ 49,367	\$ 2,146
Sedative, Hypnotic, Anxiolytic D/O	9	\$ 31,293	\$ 3,477	7	\$ 23,633	\$ 3,376
Substance Induced D/O	3	\$ 1,958	\$ 653	5	\$ 1,005	\$ 201
Cocaine	4	\$ 13,606	\$ 3,402	3	\$ 20,917	\$ 6,972
Hallucinogen Dependence	2	\$ 14,037	\$ 7,019	2	\$ 6,194	\$ 3,097
Amphetamine	1	\$ 10,010	\$ 10,010	1	\$ 2,621	\$ 2,621
<b>Total SUD Diagnosis</b>	<b>375</b>	<b>\$ 1,433,319</b>	<b>\$ 3,822</b>	<b>307</b>	<b>\$ 1,257,284</b>	<b>\$ 4,095</b>

Table 7 shows the most frequently used substance use disorder diagnostic categories for youth. Cannabis dependence/abuse remained the most common diagnoses in Q3 2018, accounting for about 85% of youth. It also had the highest total cost, comprising 88% of total SUD costs for this population. 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 2018		Q3 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	17	50	7	41
Number people with at least one admission	16	45	7	37
Admission rate	0.5	1.5	0.2	1.3
Number of total discharges	20	38	5	43
Average length of stay	18	87	24	81
% with follow-up in 7 days	50%	26%	20%	23%
% with readmission in 30 days	5%	13%	0%	26%

Table 8 shows admission data, rates of follow-up appointments, and readmission rates for youth using non-hospital rehabilitation. Readmission rates and follow-up within seven days of discharge decreased, long-term rehab readmissions increased from 13% to 26%, and average length of stay increased for short-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)**

	Q3 2018			% Difference from Q2 2018 - Q3 2018		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Outpatient MH	11,869	\$ 4,759,427	\$ 401	-2%	0%	2%
Medication Check	4,084	\$ 919,797	\$ 225	0%	-3%	-3%
Certified Community Behavioral Health Clinic (CCBHC)	3,613	\$ 2,708,502	\$ 750	-3%	-5%	-2%
Service Coordination	3,054	\$ 3,227,214	\$ 1,057	-3%	-11%	-9%
Crisis	1,380	\$ 1,003,821	\$ 727	6%	-3%	-8%
Inpatient MH	895	\$ 5,378,835	\$ 6,010	1%	5%	5%
Consults	521	\$ 52,164	\$ 100	-7%	-12%	-5%
CTT	608	\$ 2,523,393	\$ 4,150	-2%	-5%	-3%
Forensic Support Specialist	327	\$ 218,153	\$ 667	-2%	11%	14%
Peer Specialist	282	\$ 285,225	\$ 1,011	1%	-11%	-12%
<b>Subtotal of above*</b>	<b>19,611</b>	<b>\$ 21,076,531</b>	<b>\$ 1,075</b>	<b>-1%</b>	<b>-2%</b>	<b>-1%</b>
<b>Total MH Services</b>	<b>19,753</b>	<b>\$ 25,649,639</b>	<b>\$ 1,299</b>	<b>-1%</b>	<b>-1%</b>	<b>0%</b>

Table 9 displays the most frequently used community-based mental health service categories used by adults (21 years and older). The decrease in total paid for service coordination is driven by fewer people receiving the service and a decrease in average service units per person. The decrease in total paid for consults is due to fewer people receiving the service. The increase in total and average paid for forensic support specialist is driven by an increase in average service units per person. The decrease in total and average paid for peer specialist is due to a decrease in average service units.

*\*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 2018			Q3 2018		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Inpatient MH	885	\$ 5,069,067	\$ 5,728	894	\$ 5,378,212	\$ 6,016
Community-based EAC	33	\$ 654,276	\$ 19,827	31	\$ 651,067	\$ 21,002
IPMH EAC (TRU)	20	\$ 652,782	\$ 32,639	24	\$ 911,711	\$ 37,988
EAC (CRU)	15	\$ 445,352	\$ 29,690	12	\$ 355,434	\$ 29,619
RTFA	16	\$ 448,920	\$ 28,058	17	\$ 466,980	\$ 27,469
<b>Subtotal of above*</b>	<b>940</b>	<b>\$ 7,270,398</b>	<b>\$ 7,734</b>	<b>952</b>	<b>\$ 7,763,404</b>	<b>\$ 8,155</b>
<b>Total MH Services</b>	<b>20,018</b>	<b>\$ 25,880,248</b>	<b>\$ 1,293</b>	<b>19,753</b>	<b>\$ 25,649,639</b>	<b>\$ 1,299</b>

Table 10 summarizes utilization for four acute levels of care. The increase in total and average paid claims for TRU is due to an increase in average service units per person. The decrease in total paid claims for CRU is due to fewer people receiving the service.

*\*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 2018	% change from Q2 2018	Q2 2018	Q3 2018	Q2 2018	Q3 2018	Q2 2018	Q3 2018	Q2 2018	Q3 2018
Number of total admissions	1,014	3%	15	17	11	7	8	7	8	11
Number people with at least one admission	878	0%	14	15	10	7	8	7	8	10
Admission rate	43.8	3%	0.6	0.7	0.5	0.3	0.3	0.3	0.3	0.5
Number of total discharges	1,006	0%	19	16	13	11	7	4	9	10
Average length of stay	7	-13%	59	87	58	58	167	143	71	100
% with follow-up in 7 days*	80%	1%	95%	94%	100%	100%	100%	100%	100%	90%
% with readmission in 30 days	11%	20%	--	--	--	--	--	--	0%	20%

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

	Q3 2018			% Difference from Q2 2018 - Q3 2018		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Depressive Disorder	6,327	\$ 6,051,120	\$ 956	-3%	6%	9%
Bipolar Disorder	3,697	\$ 3,964,883	\$ 1,072	-1%	2%	4%
Schizophrenia	3,449	\$ 8,960,666	\$ 2,598	1%	-1%	-1%
Anxiety Disorder	2,817	\$ 1,263,650	\$ 449	-2%	-11%	-10%
Adjustment Disorder	1,283	\$ 808,481	\$ 630	0%	7%	8%
Acute Stress RX	1,243	\$ 867,856	\$ 698	3%	1%	-2%
DX Deferred	1,245	\$ 672,854	\$ 540	4%	-6%	-10%
<b>Subtotal of above*</b>	<b>17,164</b>	<b>\$ 22,589,510</b>	<b>\$ 1,316</b>	<b>-1%</b>	<b>1%</b>	<b>2%</b>
<b>Diagnosis</b>	<b>19,753</b>	<b>\$ 25,649,639</b>	<b>\$ 1,299</b>	<b>-1%</b>	<b>-1%</b>	<b>0%</b>

Table 12 summarizes the most frequently used mental health diagnostic categories for adults (21 years and older). The decrease in total and average cost for anxiety disorder is due to fewer people receiving inpatient MH services and a decrease in average respite/DAS service units per person. The decrease in average cost for DX deferred is driven by a decrease in average crisis service units per person, especially walk-in 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**

	Q3 2018			% Difference from Q2 2018 - Q3 2018		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Outpatient SUD	4,868	\$ 2,419,622	\$ 497	-2%	2%	4%
Methadone Maintenance	2,710	\$ 3,705,476	\$ 1,367	0%	3%	3%
Non-Hospital Rehabilitation	1,521	\$ 7,793,434	\$ 5,124	-3%	6%	9%
Non-Hospital Detox	792	\$ 782,406	\$ 988	-1%	3%	5%
Intensive Outpatient SUD	757	\$ 801,184	\$ 1,058	0%	-3%	-4%
Medication Check SUD*	485	\$ 199,657	\$ 412	-6%	-9%	-3%
Partial Hospitalization SUD	263	\$ 366,491	\$ 1,394	-7%	-5%	3%
Halfway House	238	\$ 1,233,003	\$ 5,181	-3%	-10%	-7%
Inpatient Detox	209	\$ 780,597	\$ 3,735	-14%	-12%	2%
SUD Case Management	144	\$ 111,609	\$ 775	-13%	-15%	-2%
Inpatient Rehab	36	\$ 272,653	\$ 7,574	21%	28%	6%
<b>Services</b>	<b>7,700</b>	<b>\$ 18,466,133</b>	<b>\$ 2,398</b>	<b>-2%</b>	<b>2%</b>	<b>5%</b>

Table 13 illustrates utilization for different substance use disorder services for adults (21 years and older). Total costs for inpatient detox and SUD case management services decreased due to fewer people utilizing these respective services. The increase in total cost for inpatient rehab is due to more people receiving this service. 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**

	Q3 2018			% Difference from Q2 2018 - Q3 2018		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Opioid	5,458	\$ 11,514,846	\$ 2,110	-3%	-4%	-1%
Alcohol Abuse/ Dependence	1,353	\$ 4,173,283	\$ 3,084	4%	15%	10%
Cocaine	445	\$ 1,366,003	\$ 3,070	-14%	-12%	3%
Cannabis	409	\$ 446,185	\$ 1,091	-11%	-4%	7%
Substance-Induced Disorder	77	\$ 470,025	\$ 6,104	18%	21%	2%
Sedative, Hypnotic, Anxiolytic Disorder	70	\$ 165,710	\$ 2,367	11%	-2%	-12%
Amphetamine Abuse/ Dependence	46	\$ 135,903	\$ 2,954	-13%	-29%	-18%
Hallucination	9	\$ 16,369	\$ 1,819	-25%	-54%	-39%
Inhalant	1	\$ 1,936	\$ 1,936	0%	-87%	-87%
<b>All SUD Diagnosis</b>	<b>7,700</b>	<b>\$ 18,466,133</b>	<b>\$ 2,398</b>	<b>-2%</b>	<b>2%</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 and average paid claims for people with alcohol abuse/dependence and substance-induced disorder are due to more people receiving NH rehab services and an increase in average NH rehab service units per person. The decrease in costs associated for people with cocaine disorder and amphetamine abuse/dependence is driven by fewer people accessing NH rehab services. Lastly, the decrease in average paid claims for sedative, hypnotic, anxiolytic disorder is due to a decrease in average NH rehab 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.

**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	
	Q3 2018	% change from Q2 2018	Q3 2018	% change from Q2 2018	Q3 2018	% change from Q2 2018	Q3 2018	% change from Q2 2018	Q3 2018	% change from Q2 2018
Number of total admissions	924	-3%	493	4%	226	-13%	869	-3%	112	-21%
Number people with at least one admission	839	-4%	455	6%	180	-14%	755	-1%	107	-22%
Admission rate	39.9	-2%	21.3	5%	9.7	-12%	37.5	-2%	4.8	-20%
Number of total discharges	932	-2%	464	-3%	230	-9%	879	-2%	131	-8%
Average length of stay	15	7%	50	16%	4	0%	3	0%	84	24%
% with follow-up in 7 days	40%	4%	52%	5%	53%	-2%	73%	1%	33%	23%
% with readmission in 30 days	8%	-6%	14%	3%	17%	16%	10%	-13%	10%	76%

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 decreased for all levels of care, except for non-hospital long-term rehab. Follow-up rates increased for non-hospital short-term rehab, non-hospital long-term rehab, and halfway house. Redmissions decreased for non-hospital short-term rehab and non-hospital detox.



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

	Q3 2018		% Difference from Q2 2018	
	Enrollment	Service Penetration	Enrollment	Service Penetration
<b>Adults in Medicaid Expansion</b>	62,320	10,140	-1.3%	-1.6%
<b>Adults in Traditional HealthChoices</b>	67,933	14,851	-2.0%	-2.0%
<b>Total Enrollment*</b>	<b>126,559</b>	<b>24,620</b>	<b>-1.0%</b>	<b>-1.6%</b>

Table 16 shows that enrollment and service penetration decreased slightly in the third 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 126,559.*

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

		Q3 2018			% Difference from Q2 2018		
		# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
<b>Adults in Medicaid Expansion</b>	SUD	4,479	\$ 12,237,227	\$ 2,732	-3%	3%	6%
	MH	6,983	\$ 8,113,779	\$ 1,162	-1%	3%	4%
	<b>Total</b>	<b>10,140</b>	<b>\$ 20,351,005</b>	<b>\$ 2,007</b>	<b>-2%</b>	<b>3%</b>	<b>5%</b>
<b>Adults in Traditional HealthChoices</b>	SUD	3,219	\$ 6,679,236	\$ 2,075	-1%	2%	3%
	MH	12,719	\$ 17,848,955	\$ 1,403	-2%	-2%	0%
	<b>Total</b>	<b>14,851</b>	<b>\$ 24,528,191</b>	<b>\$ 1,652</b>	<b>-2%</b>	<b>-1%</b>	<b>1%</b>
<b>Total</b>	SUD	7,544	\$ 18,916,463	\$ 2,507	-3%	2%	5%
	MH	19,457	\$ 25,962,734	\$ 1,334	-1%	-1%	1%
	<b>Total</b>	<b>24,620</b>	<b>\$ 44,879,197</b>	<b>\$ 1,823</b>	<b>-2%</b>	<b>1%</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 second quarter of 2018 and the third quarter of 2018.

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

	Q3 2018			% Difference from Q2 2018		
	# People	Paid	Avg. Paid per Person	# People	Paid	Avg. Paid per Person
Opioid	3,278	\$ 7,546,777	\$ 2,302	-5%	-4%	1%
Depressive Disorder	2,525	\$ 2,755,770	\$ 1,091	-1%	14%	15%
Anxiety Disorder	1,284	\$ 633,021	\$ 493	0%	-1%	-1%
Bipolar Disorder	1,318	\$ 1,624,019	\$ 1,232	2%	16%	14%
Alcohol	985	\$ 2,974,853	\$ 3,020	4%	19%	14%
Adjustment Disorder	639	\$ 394,991	\$ 618	5%	6%	1%
Acute Stress RX	543	\$ 402,478	\$ 741	3%	15%	11%
DX Deferred	448	\$ 251,875	\$ 562	1%	-3%	-4%
Schizophrenia	392	\$ 1,154,689	\$ 2,946	3%	-4%	-7%
Maj Depression	342	\$ 252,300	\$ 738	-7%	6%	14%
<b>Subtotal of above*</b>	<b>9,442</b>	<b>\$ 17,990,773</b>	<b>\$ 1,905</b>	<b>-1%</b>	<b>4%</b>	<b>6%</b>
<b>Total MCE diagnoses</b>	<b>10,140</b>	<b>\$ 20,351,005</b>	<b>\$ 2,007</b>	<b>-2%</b>	<b>3%</b>	<b>5%</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 increased for people with depressive disorder and bipolar disorder because more people were receiving inpatient MH services. The increases in total and average paid claims for people with alcohol increased due to more people receiving NH rehab services and an increase in average NH rehab service units per person. Total and average paid claims increased for people with acute stress RX because more people received forensic support specialist services and an increase in average forensic support specialist service units per person. Average paid claims increased for people with major depression due to an increase in average service coordination service units per person.

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