

Northeast Behavioral Health Care Consortium



HealthChoices Program
Annual Report
2011 - 2012

NBHCC Mission Statement

The Counties of Luzerne, Wyoming, Lackawanna, and Susquehanna have partnered to create the Northeast Behavioral Health Care Consortium (NBHCC).

NBHCC is a regionally focused, non-profit, Behavioral Health Organization serving the medical assistance population.

Our mission is to provide enhanced access to high quality, fiscally responsible, recovery oriented Behavioral Health Services.

These positive outcomes will be accomplished through an intense, ongoing dialogue including consumers, families, providers and all other stakeholders.

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Luzerne County Office of Human Services

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Lackawanna County Office of Human Services

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Luzerne-Wyoming Drug and Alcohol Program

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Lackawanna-Susquehanna Counties, Behavioral Health/Intellectual Disability/Early Intervention Program

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Finance Manager

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HealthChoices

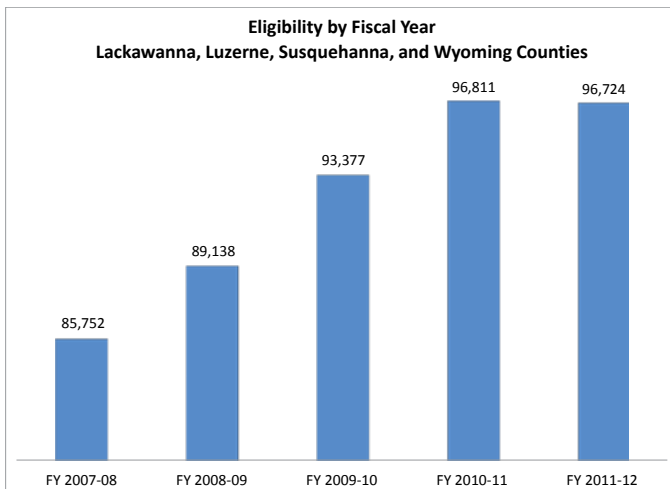
HealthChoices is the Commonwealth of Pennsylvania's mandatory Medicaid managed care program administered by the Department of Public Welfare (DPW). This integrated and coordinated health care delivery system was introduced by the Commonwealth to provide medical, psychiatric, and substance abuse services to Medical Assistance (Medicaid) recipients.

The three components of the HealthChoices Program are:

- Physical Health Services
- HealthChoices Enrollment Assistance Program
- Behavioral Health Services

The Office of Medical Assistance Programs (OMAP) administers the first two components, while the Office of Mental Health and Substance Abuse Services (OMHSAS) oversees the third component, the behavioral health program that provides mental health and substance abuse treatment services.

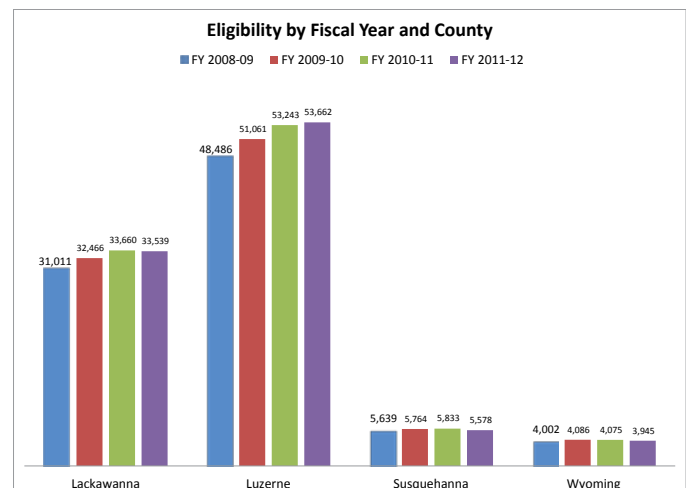
The Department of Public Welfare introduced the HealthChoices program on a staggered basis, starting first in southeastern Pennsylvania and expanding the program throughout the state over a period of ten years. As of July 1, 2007, the HealthChoices program was fully implemented throughout the Commonwealth. Lackawanna, Luzerne, Susquehanna, and Wyoming Counties accepted the right-of-first-opportunity to manage the local program and entered into a full-risk capitation contract with the Commonwealth. The Counties formed a 501(c)(3) corporation called Northeast Behavioral Health Care Consortium (NBHCC), which has the responsibility for managing the contract with DPW. NBHCC, in turn, sub-contracts with a behavioral managed care organization, Community Care Behavioral Health. Services provided by Community Care include care management, provider network development, quality assurance, member services, and claims management. NBHCC provides oversight and monitoring of all of Community Care's activities to ensure full compliance with its contract with DPW.



During the 2011-2012 operating year, an estimated 96,724 county residents were enrolled in the Northeast Region HealthChoices Program.

HealthChoices members account for approximately 15% of the total population of the four Northeast Counties.

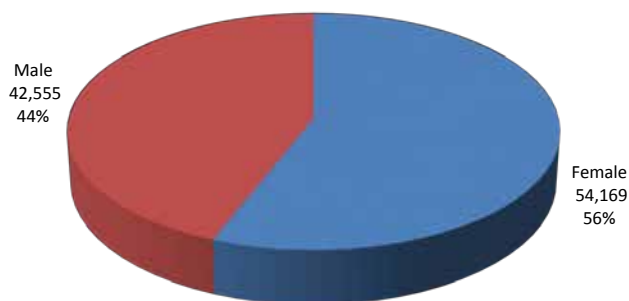
Sources: U.S. Census data and County Medicaid eligibility data.



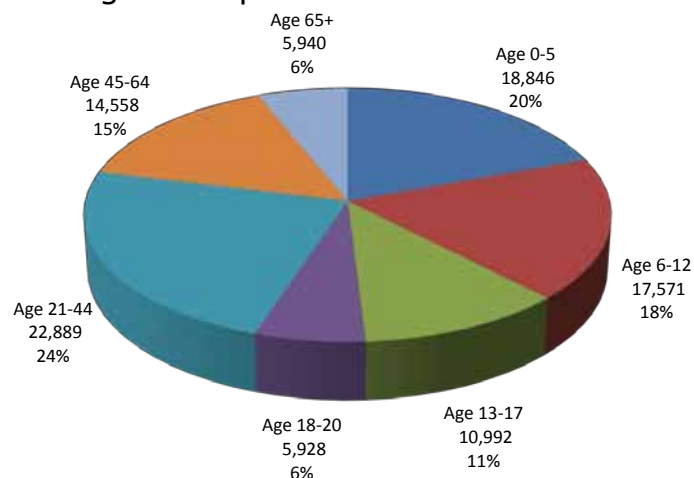
Enrollment

Total Enrolled: 96,724

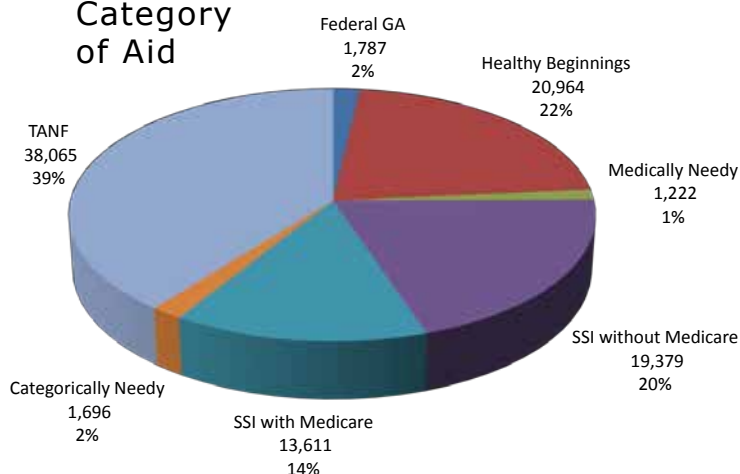
Gender



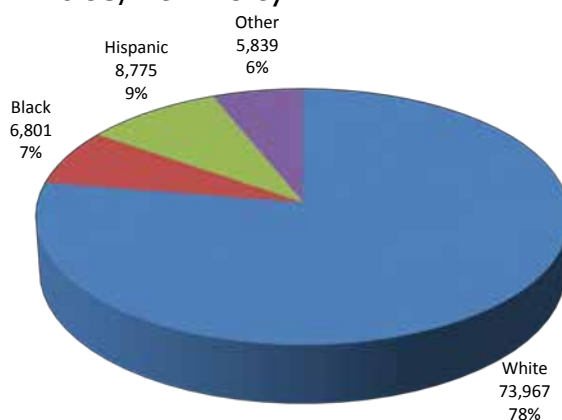
Age Groups



Category of Aid



Race/Ethnicity



"Other" Race includes members who report mixed race/ethnicity.

Categories of Aid

Temporary Assistance to Needy Families (TANF)

Assistance to families with dependent children who are deprived of the care or support of one or both parents.

Healthy Beginnings

Assistance for women during pregnancy and the postpartum period.

State Only General Assistance

State funded program for individuals and families whose income and resources are below established standards and who do not qualify for the TANF program. This includes the Categorically Needy (CNO) and Medically Needy Only (MNO) groups.

Federally Assisted Medical Assistance for General Assistance Recipients (Federal GA)

Federal and state funded program for individuals and families whose income and resources are below established standards and who do not qualify for the TANF program.

Supplemental Security Income without Medicare

Assistance for people who are aged, blind, or determined disabled for less than two years.

Supplemental Security Income with Medicare

Assistance for people who are aged, blind or determined disabled for over two years.

The data in this report represent enrollment and utilization occurring during the 2011-2012 operating year. Utilization is derived from paid claims for services provided between July 1, 2011 and June 30, 2012

Services

HealthChoices members are eligible to receive in-plan services offered by their choice of at least two service providers, as well as additional services that have been approved for use by the Northeast Region HealthChoices Program.

In-Plan Services:

- Inpatient Psychiatric Hospitalization
- Inpatient Drug & Alcohol Detoxification, Treatment, Non-Hospital Rehabilitation, and Halfway House
- Psychiatric Partial Hospitalization Services
- Outpatient Mental Health and Drug & Alcohol Counseling
- Laboratory and Diagnostic Services
- Medication Management and Clozapine Support
- Psychiatric Evaluation and Psychological Testing
- Residential Treatment Facilities for Adolescents (RTF)
- Behavioral Health Rehabilitative Services for Children and Adolescents (BHRS)
- Methadone Maintenance
- Targeted Case Management (Intensive Case Management, Resource Coordination, Blended Case Management)
- Crisis Intervention
- Family Based Mental Health Services
- Peer Support Services

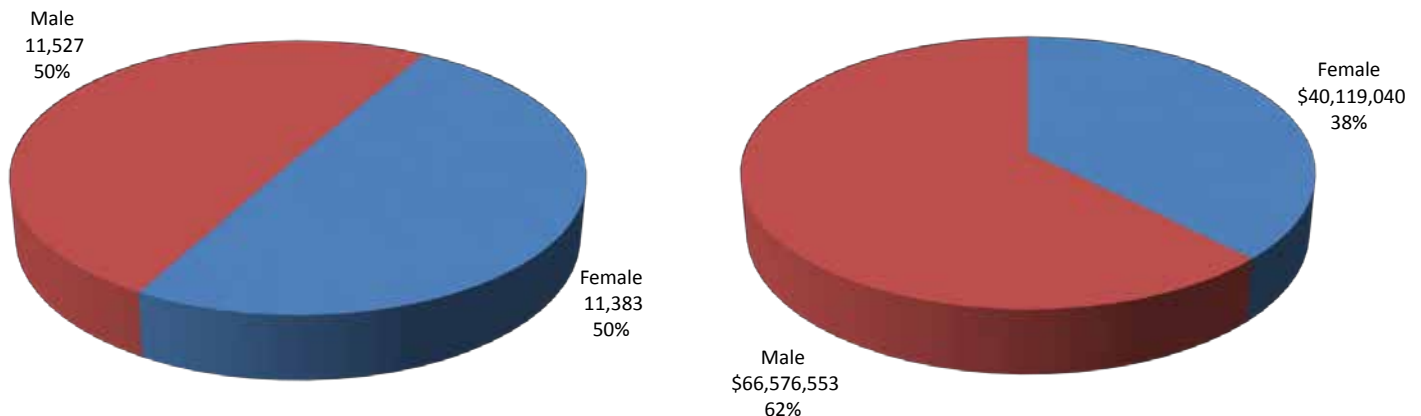
Supplemental Services:

- Drug & Alcohol Level of Care Assessment
- Drug & Alcohol Intensive Outpatient and Partial Hospitalization
- Drug & Alcohol Targeted Case Management
- Children's Services enrolled as Program Exceptions
- Psychosocial Rehabilitation

Utilization

Gender

22,910 Served
\$106,695,593 Spent

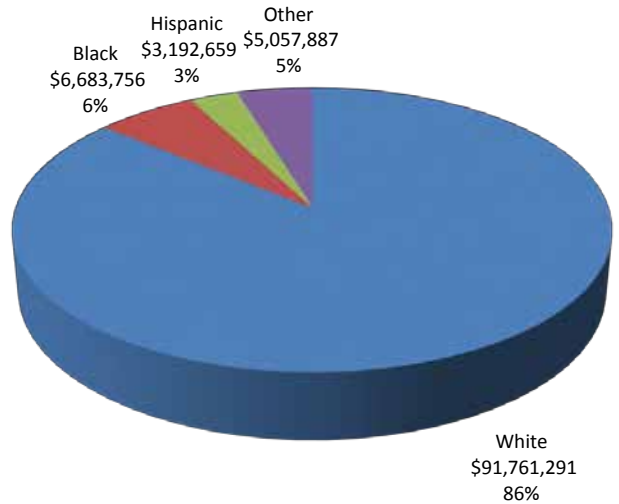
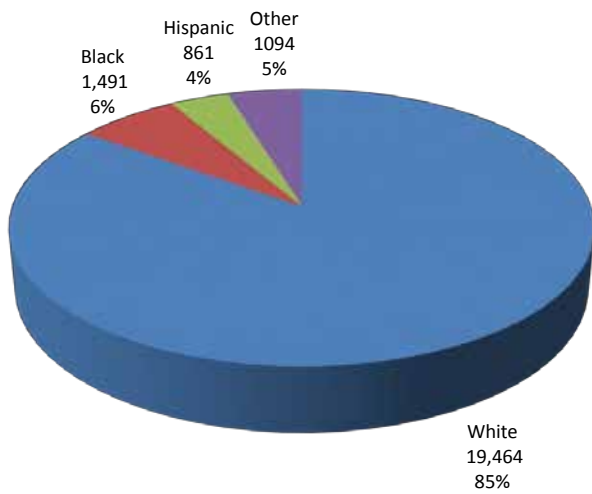


The data in this report represent enrollment and utilization occurring during the 2011-2012 operating year. Utilization is derived from paid claims for services provided between July 1, 2011 and June 30, 2012

Utilization

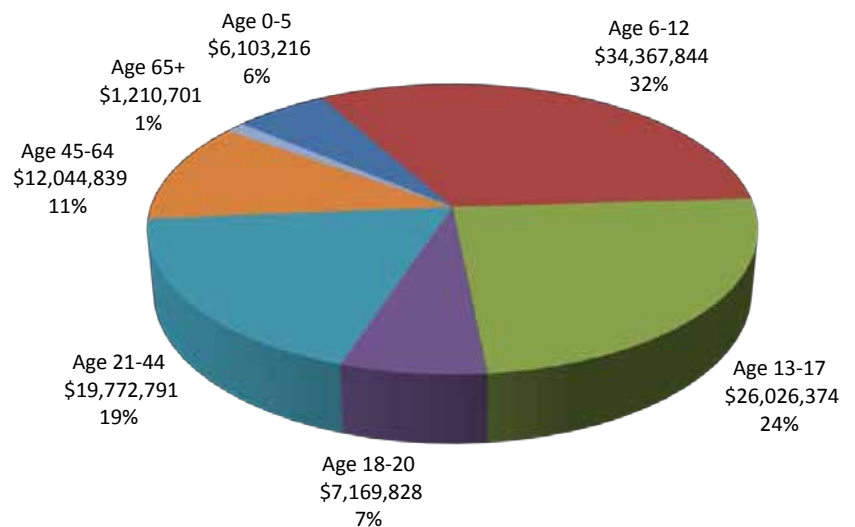
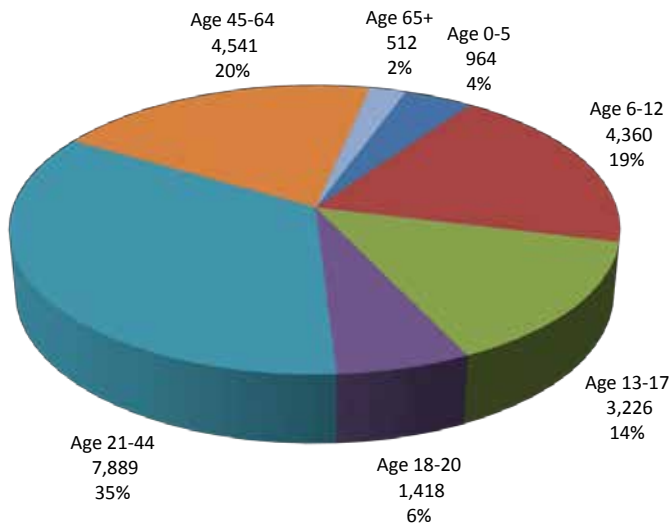
22,910 Served
\$106,695,593 Spent

Race



"Other" Race includes members who report mixed race.

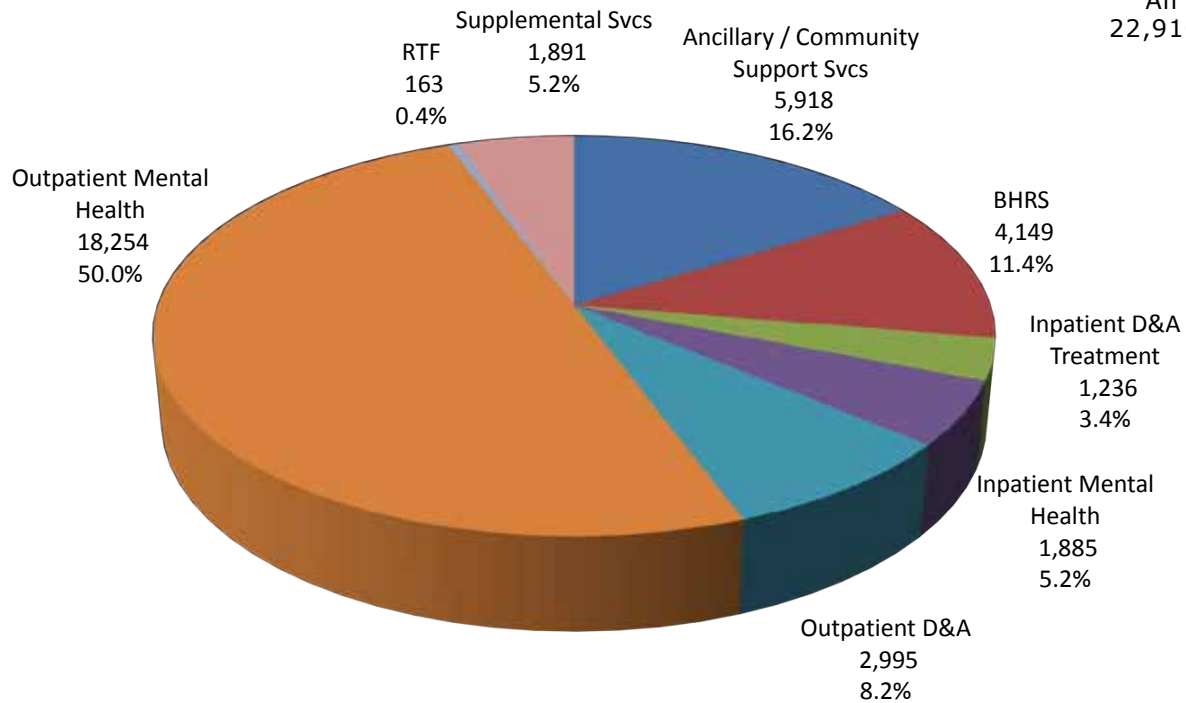
Age Groups



Members Served

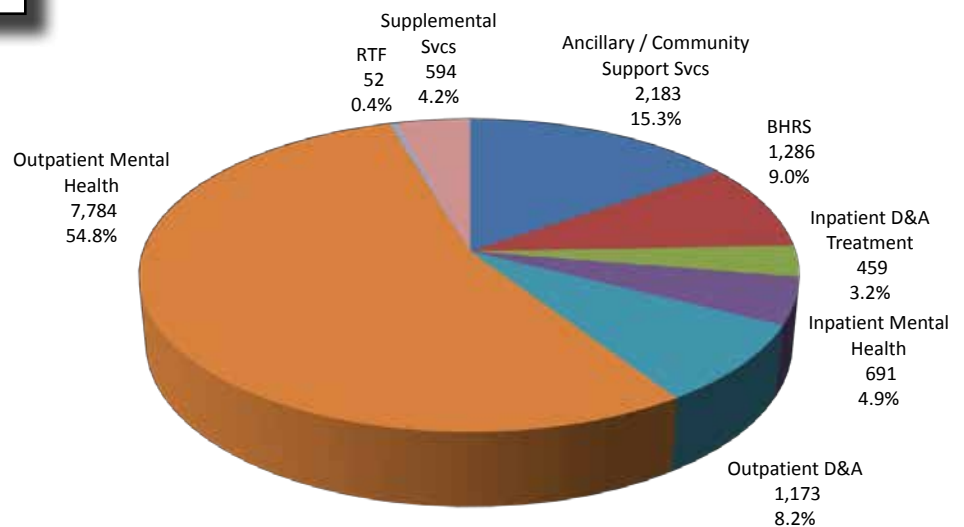
Level of Care

All Counties
22,910 Served

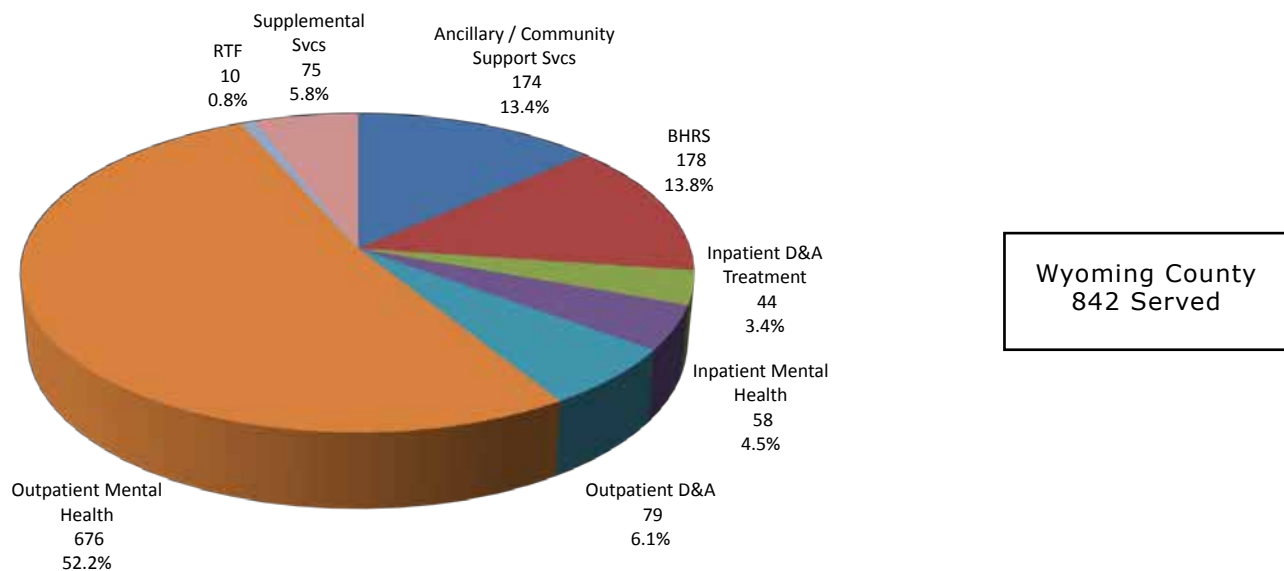
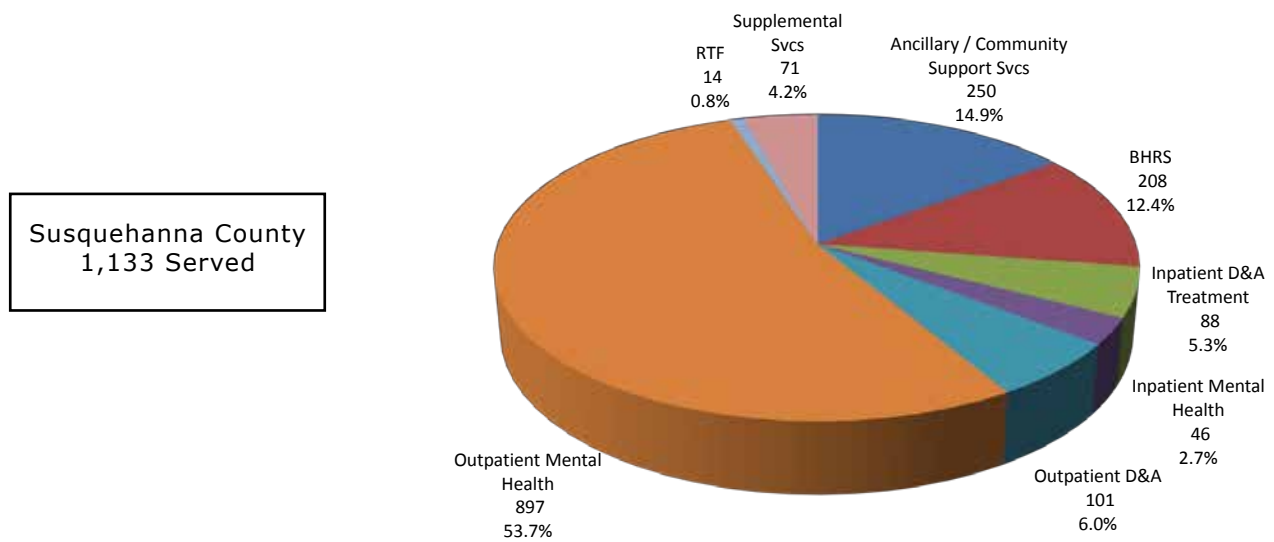
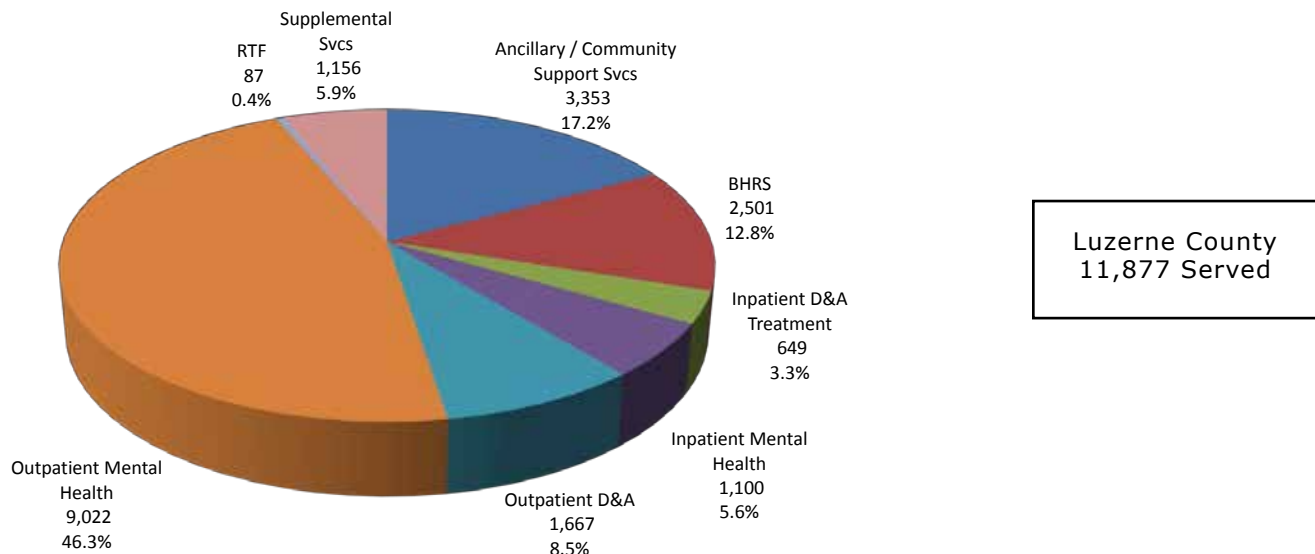


22,910 residents of Lackawanna, Luzerne, Susquehanna, and Wyoming Counties received behavioral health care services funded by the HealthChoices program in the 2011-2012 operating year.

Lackawanna County
9,246 Served



Note: Members who received more than one service during the Fiscal Year are counted in each category

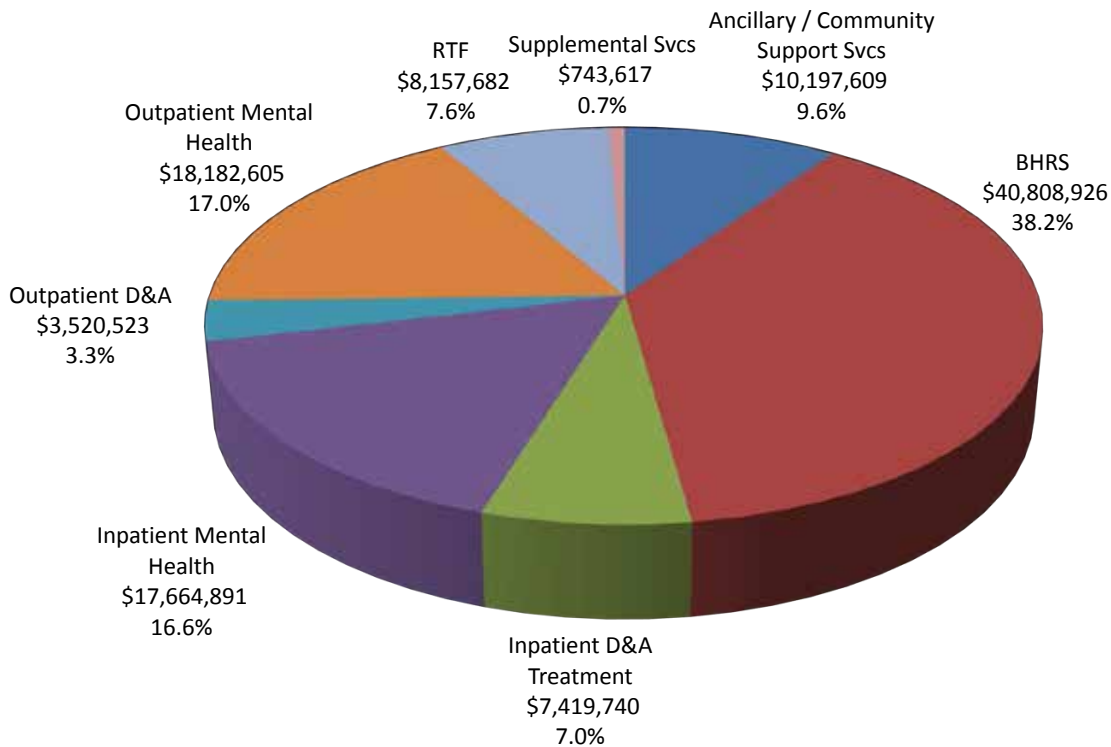


Note: Members who received more than one service during the Fiscal Year are counted in each category

Expenditures

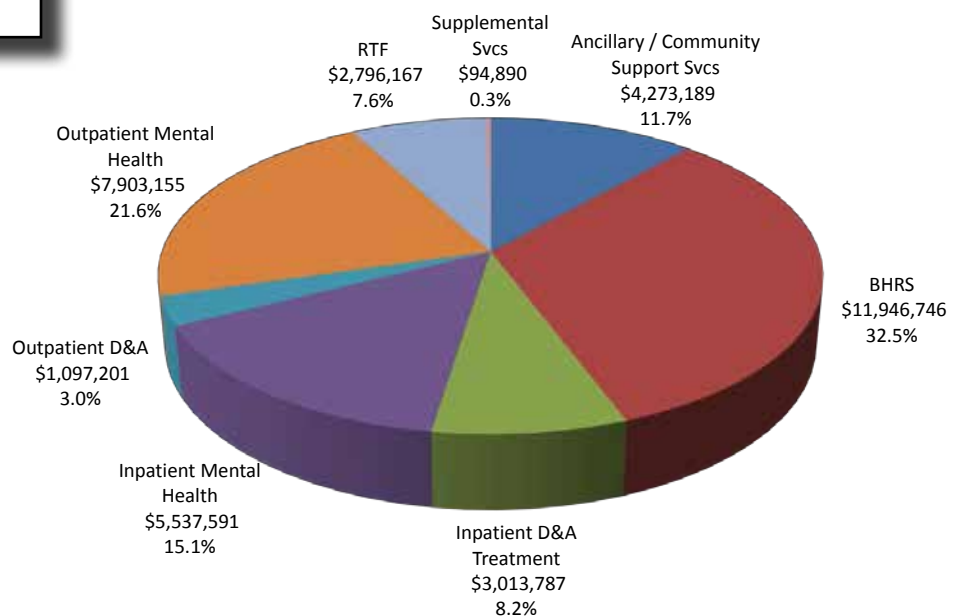
Level of Care

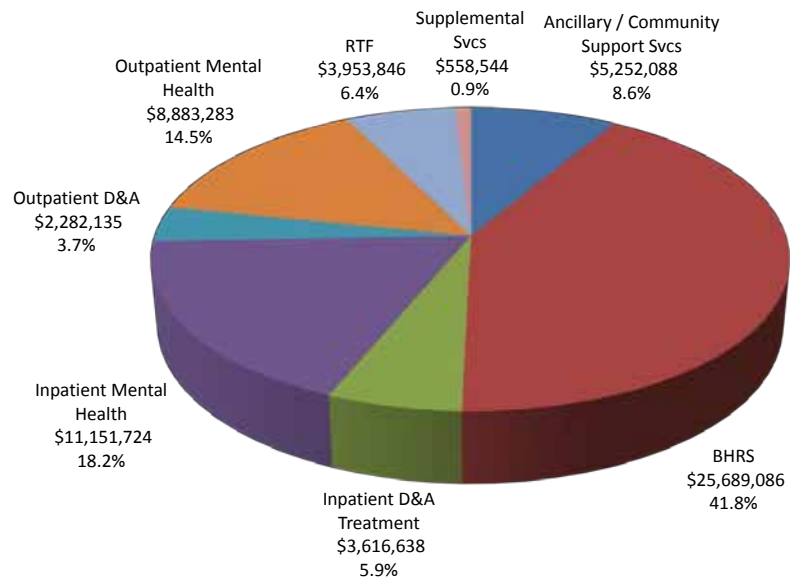
All Counties
\$106,695,593 Spent



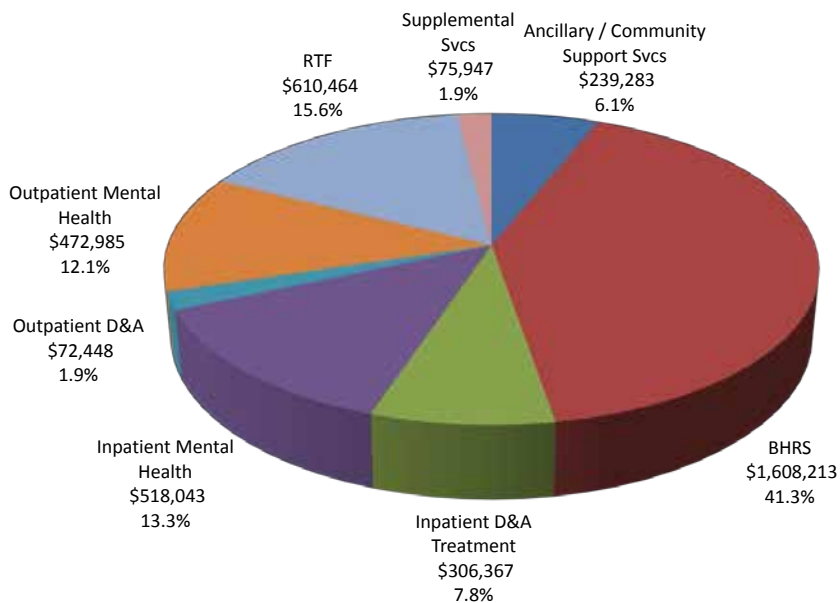
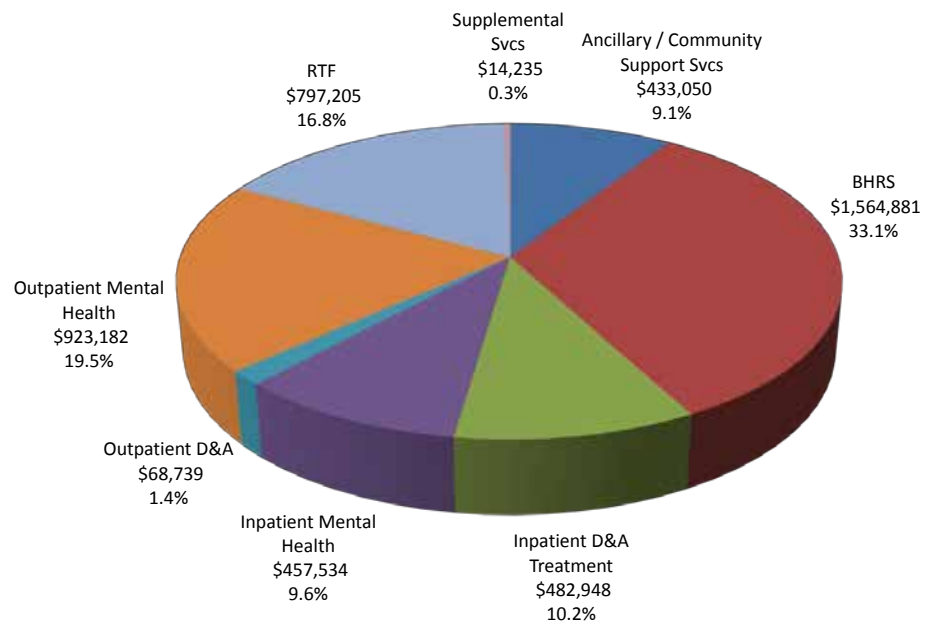
During operating year 2011-2012, approximately \$105.6 million dollars was spent on behavioral health care services for HealthChoices members in Lackawanna, Luzerne, Susquehanna, and Wyoming Counties.

Lackawanna County
\$36,662,726 Spent





Susquehanna County
\$4,471,773 Spent

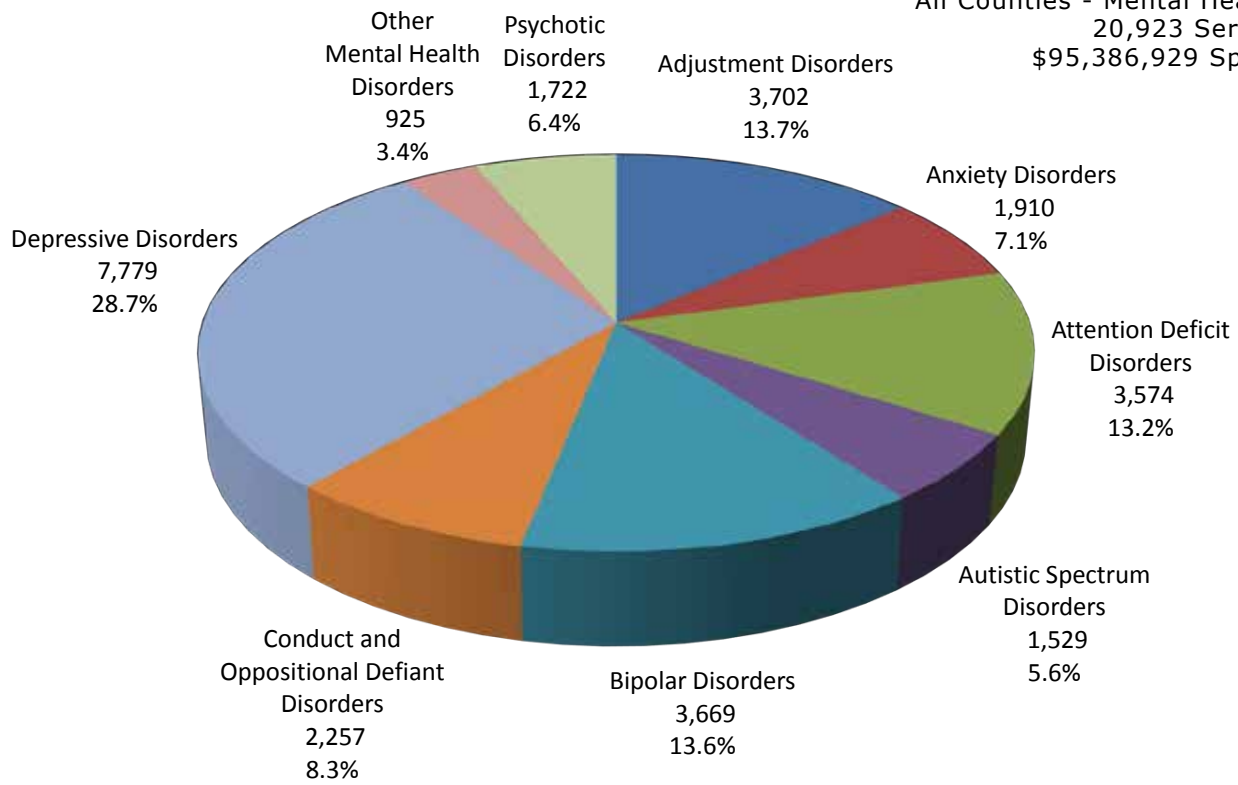


Wyoming County
\$3,903,750 Spent

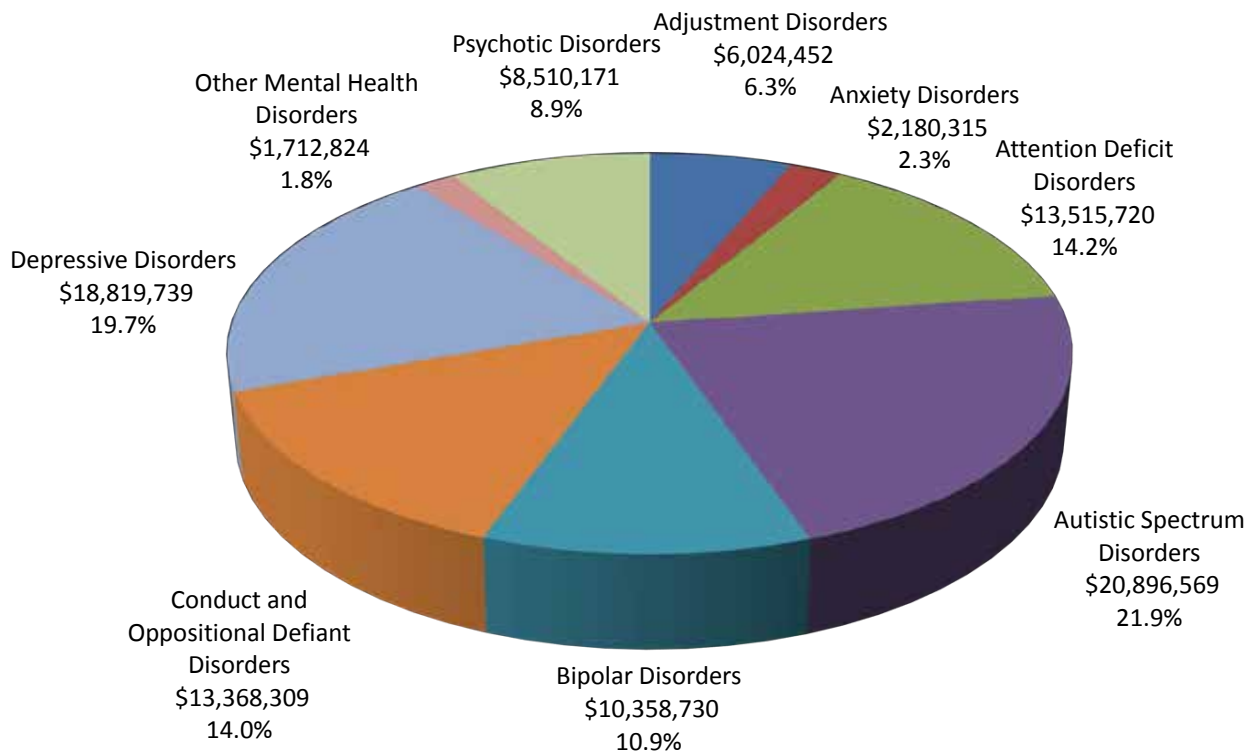
Primary Diagnosis

Mental Health

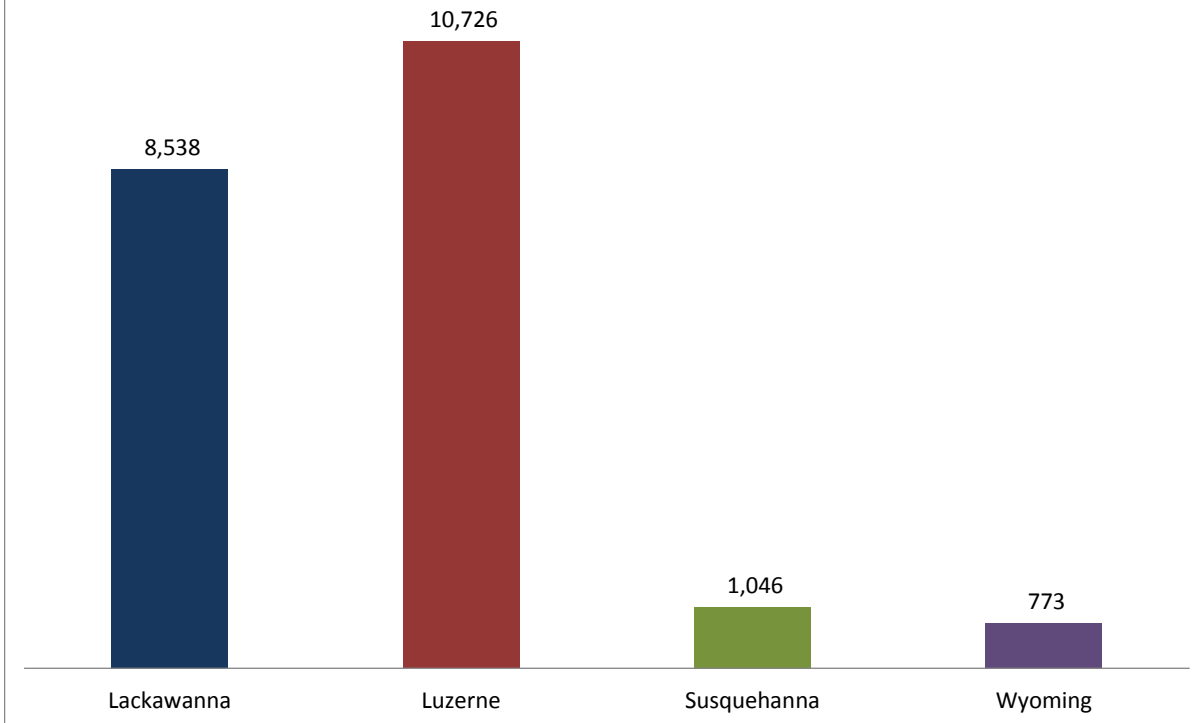
All Counties - Mental Health
20,923 Served
\$95,386,929 Spent



Note: Members who have more than one primary diagnosis during the Fiscal Year are counted in multiple categories

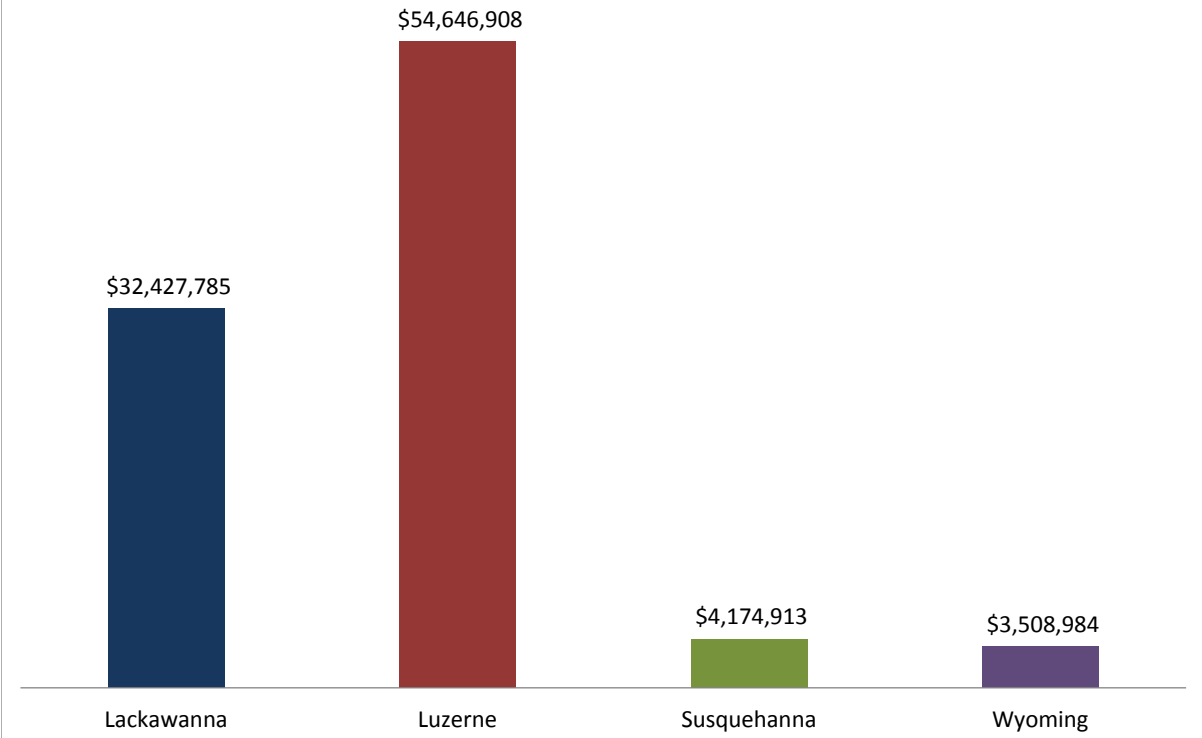


**Number of Members Served
Having Primary Mental Health Disorders**



Note: Members who lived in more than one county during the Fiscal Year are counted in each category

**Amount Spent on Members
Having Primary Mental Health Disorders**



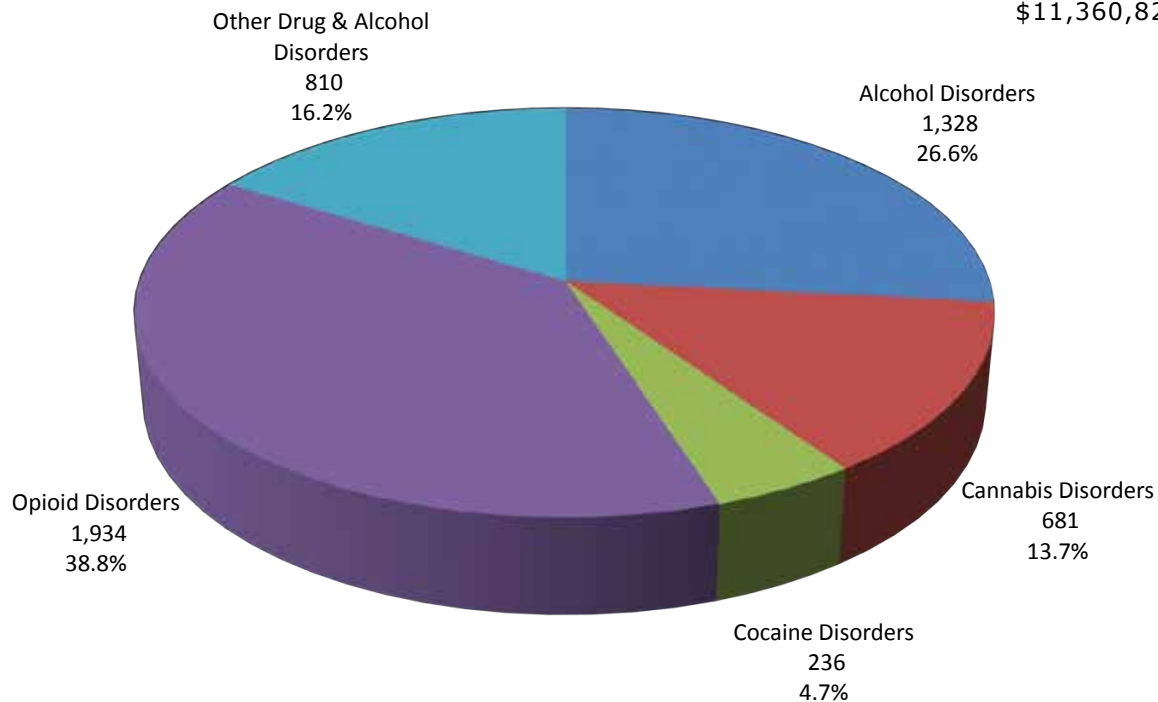
Primary Diagnosis

Drug & Alcohol

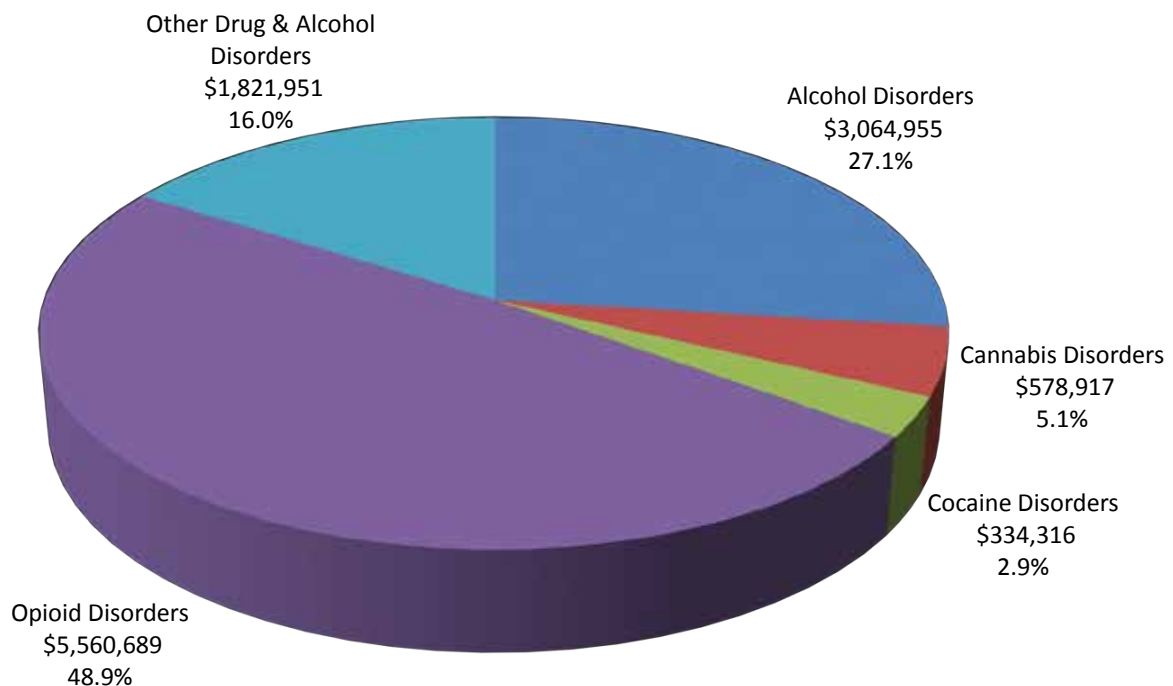
All Counties - Drug & Alcohol

3,989 Served

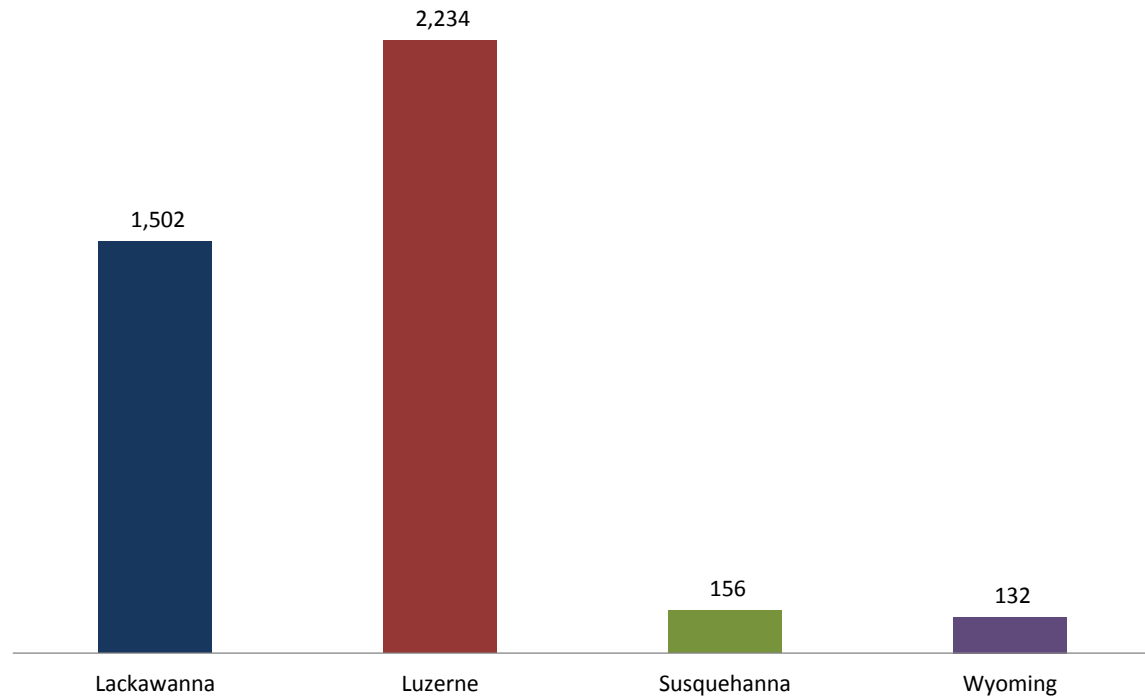
\$11,360,826 Spent



Note: Members who have more than one primary diagnosis during the Fiscal Year are counted in multiple categories

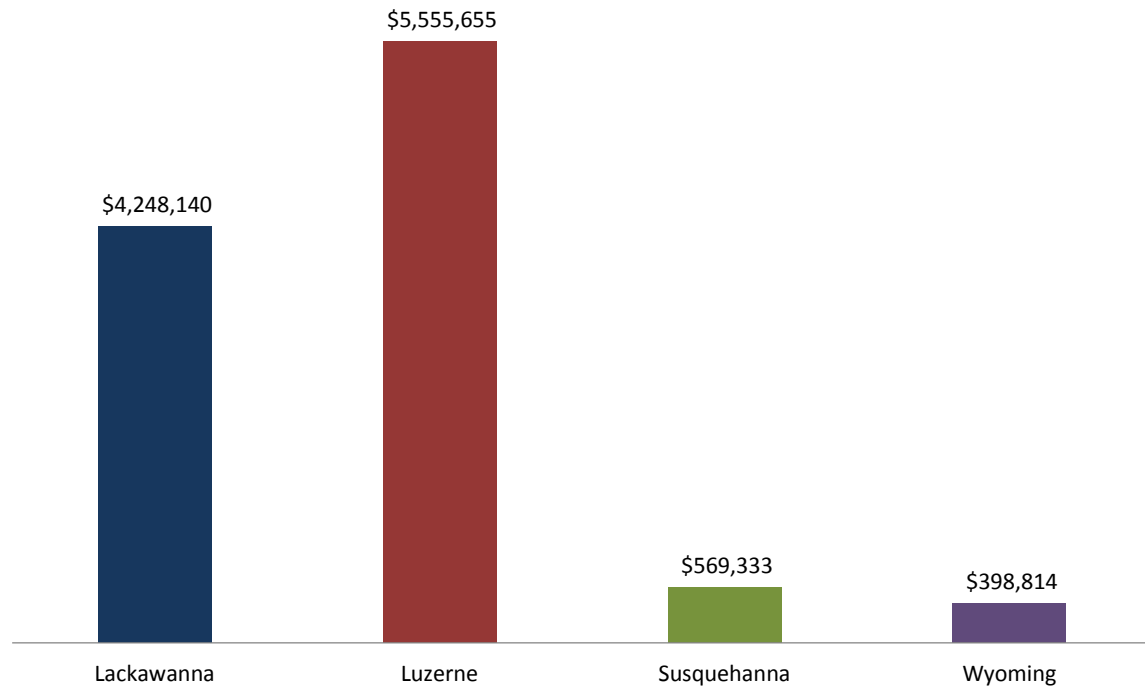


**Number of Members Served
Having Primary Drug & Alcohol Disorders**



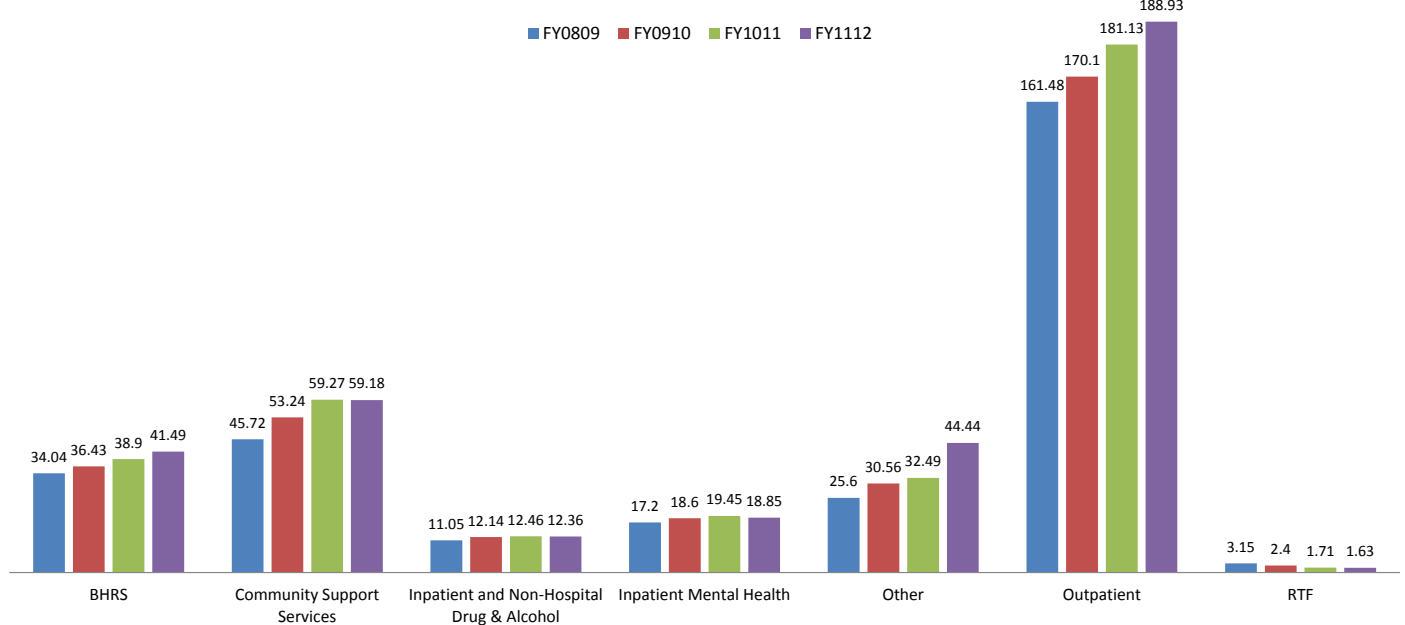
Note: Members who lived in more than one county during the Fiscal Year are counted in each category

**Amount Spent on Members
Having Primary Drug & Alcohol Disorders**

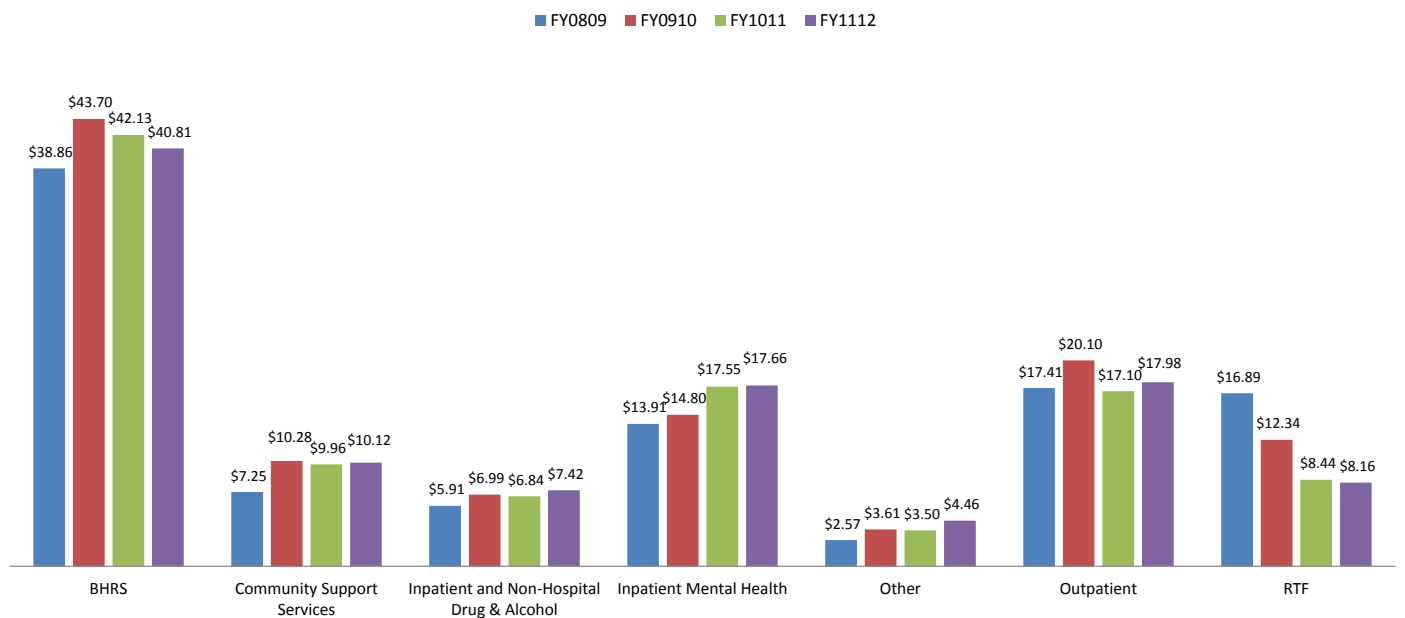


Four-Year Utilization Trend

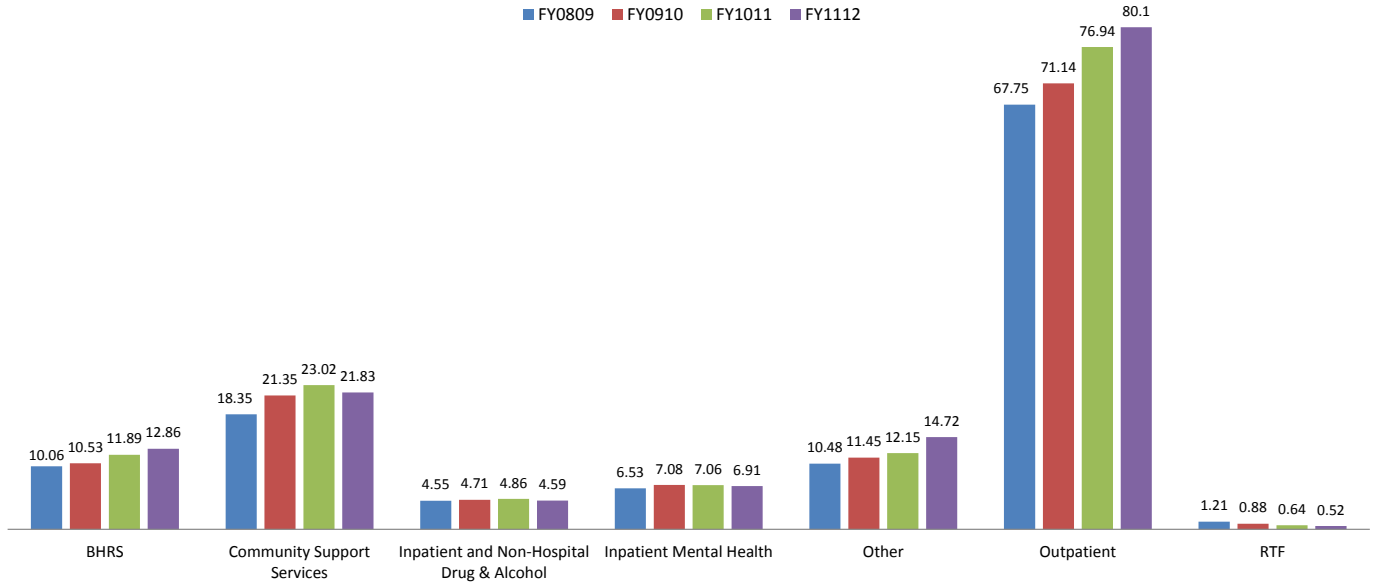
Four Year Trend
Members Served by Level of Care
All Counties
in hundreds



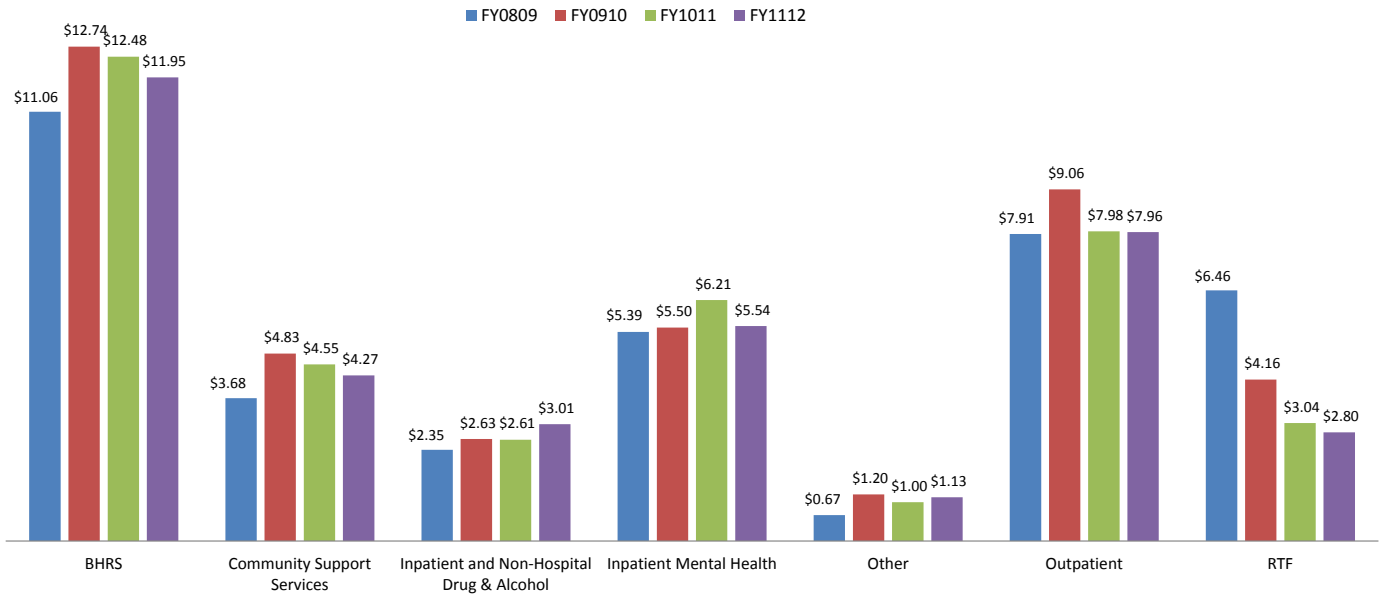
Four Year Trend
Amount Paid by Level of Care
All Counties
in millions



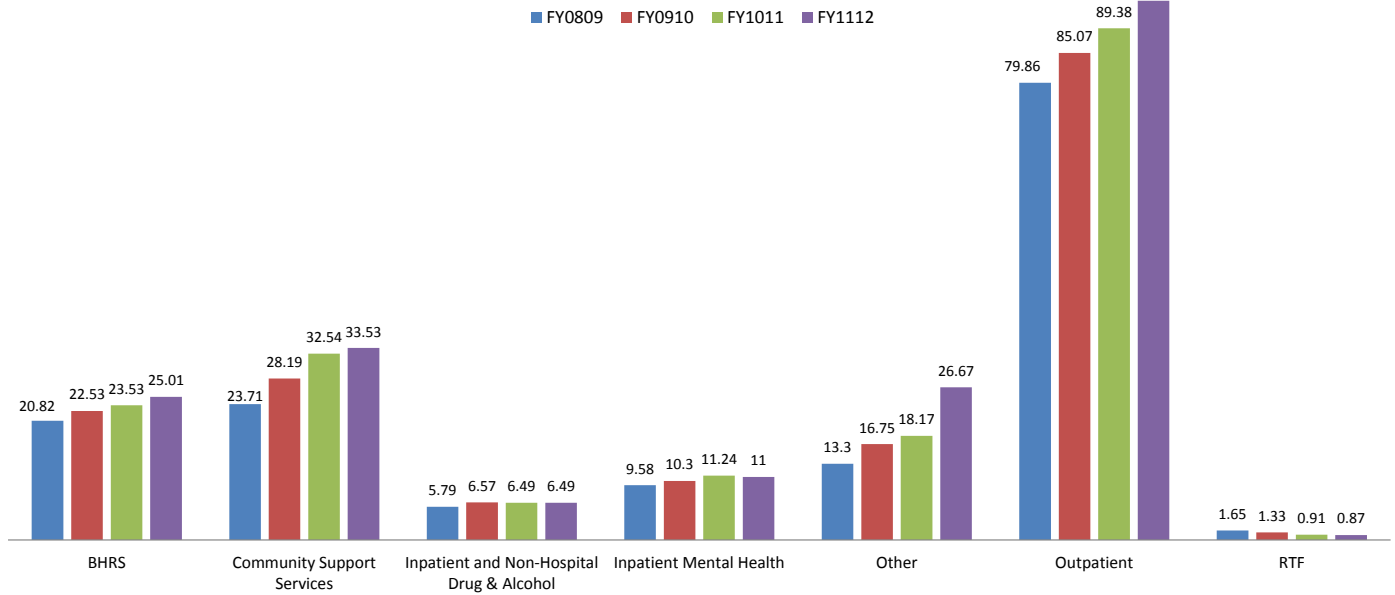
**Four Year Trend
Members Served by Level of Care
Lackawanna County
in hundreds**



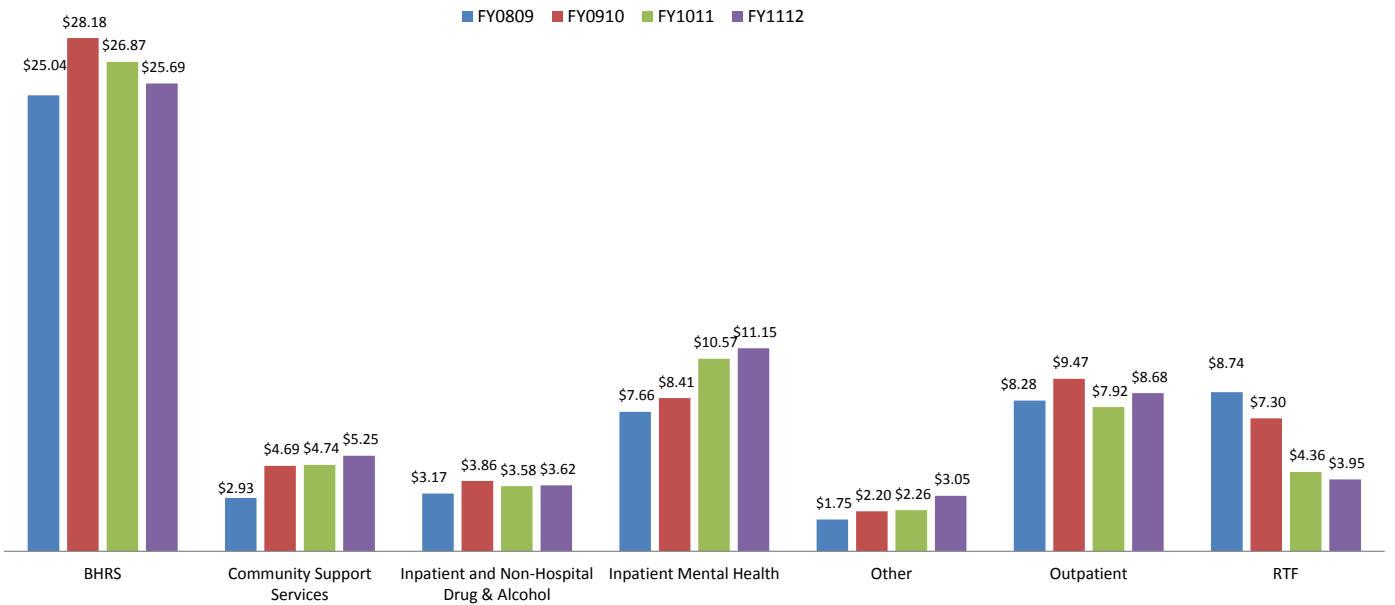
**Four Year Trend
Amount Paid by Level of Care
Lackawanna County
in millions**



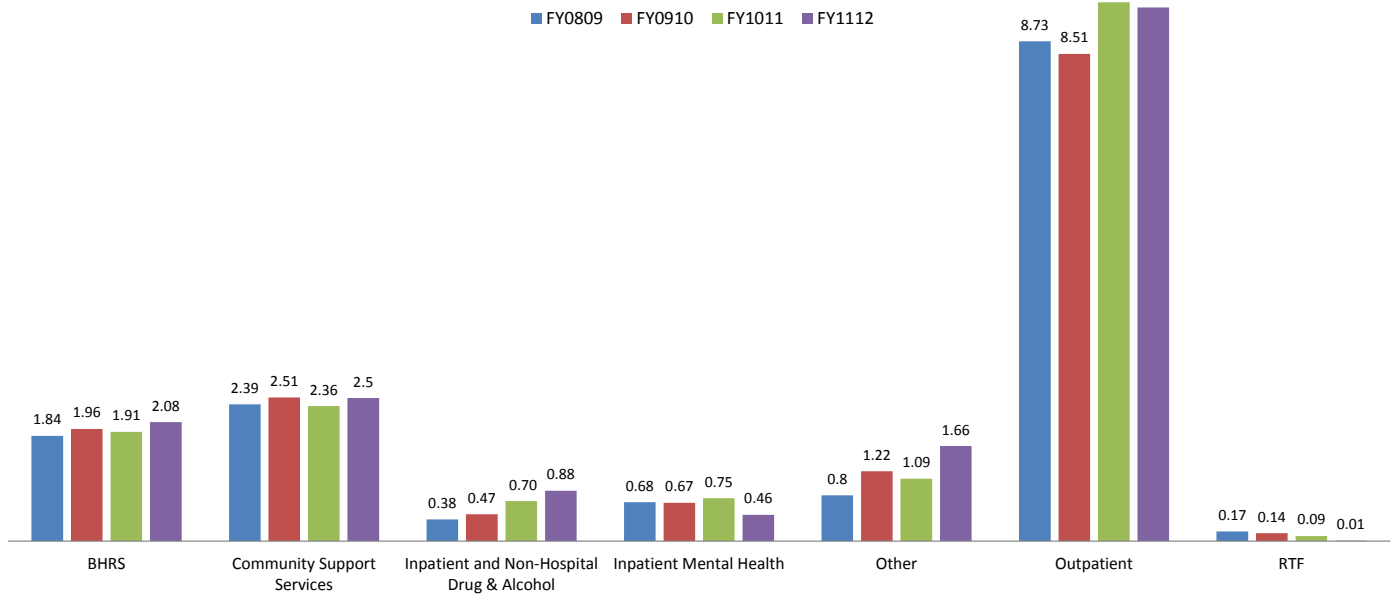
**Four Year Trend
Members Served by Level of Care
Luzerne County
in hundreds**



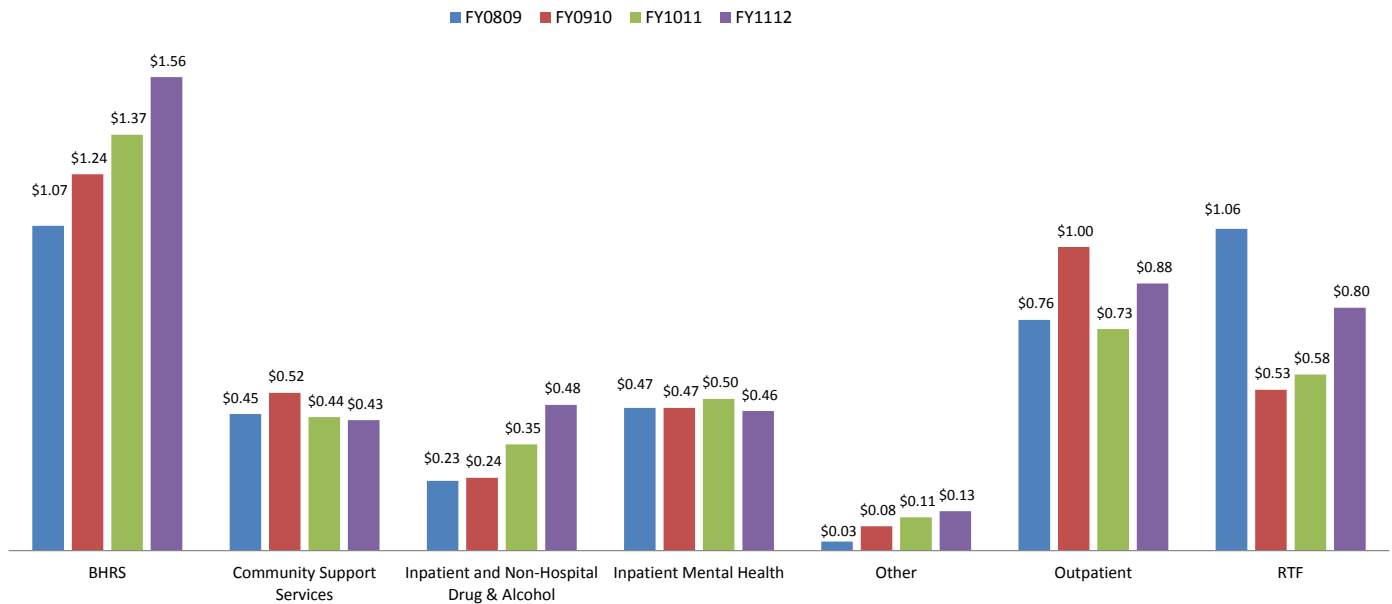
**Four Year Trend
Amount Paid by Level of Care
Luzerne County
in millions**



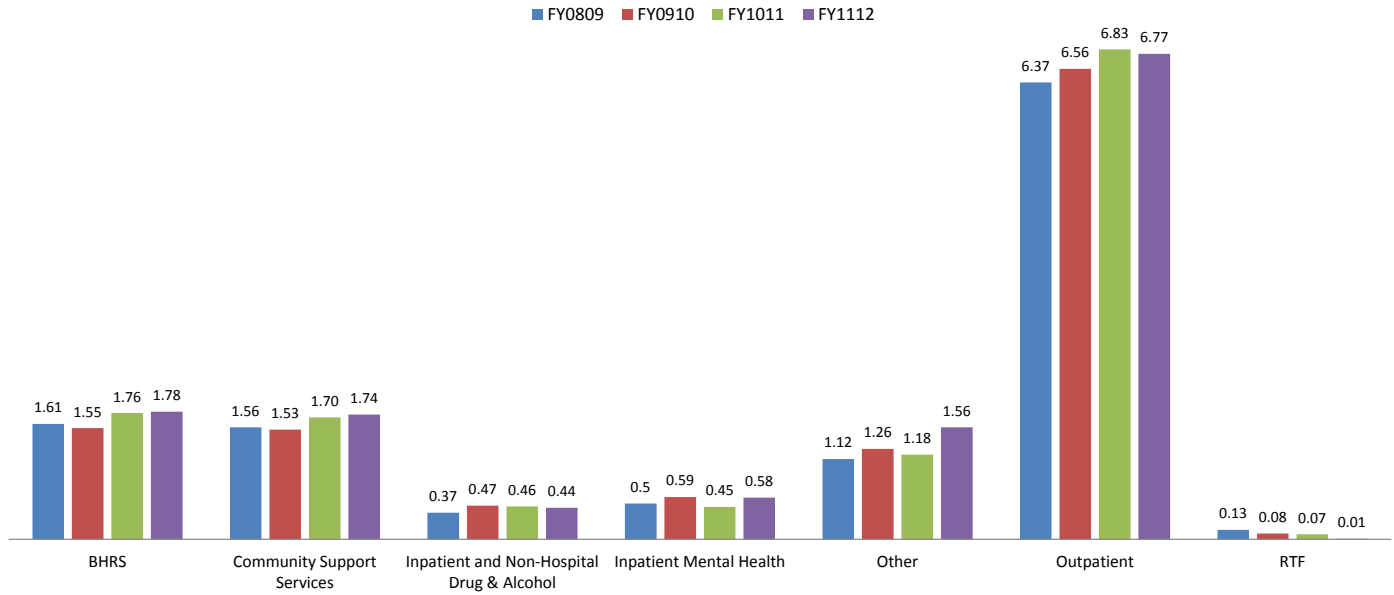
**Four Year Trend
Members Served by Level of Care
Susquehanna County
in hundreds**



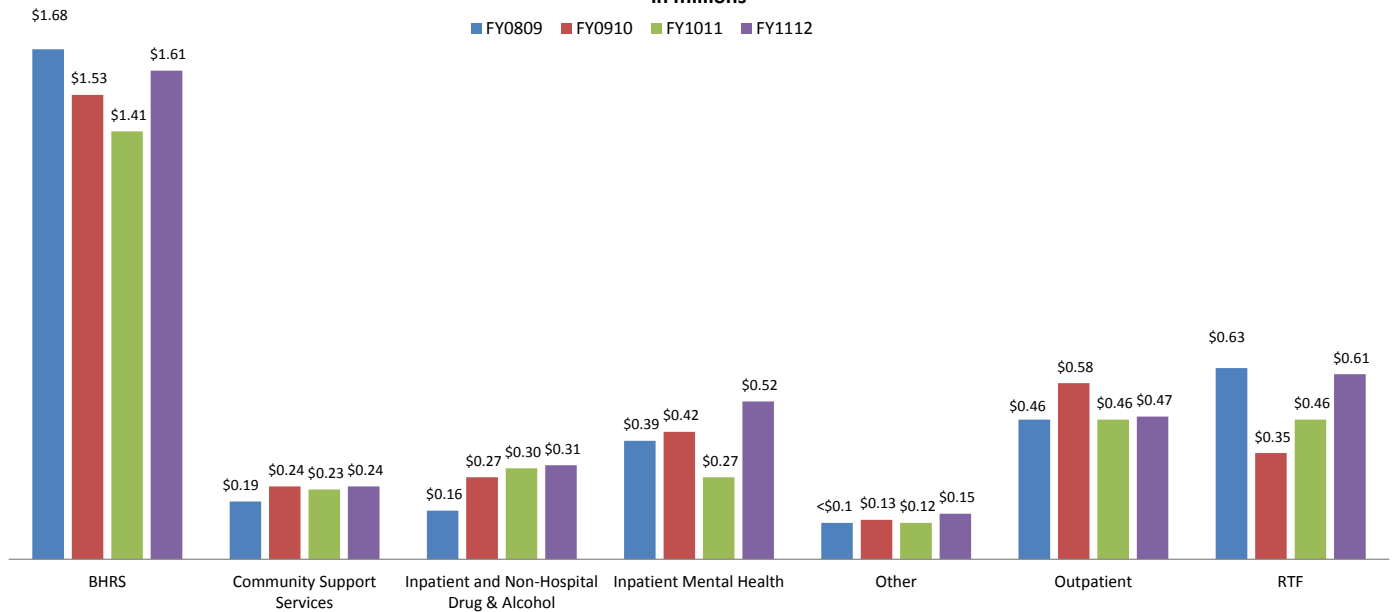
**Four Year Trend
Amount Paid by Level of Care
Susquehanna County
in millions**



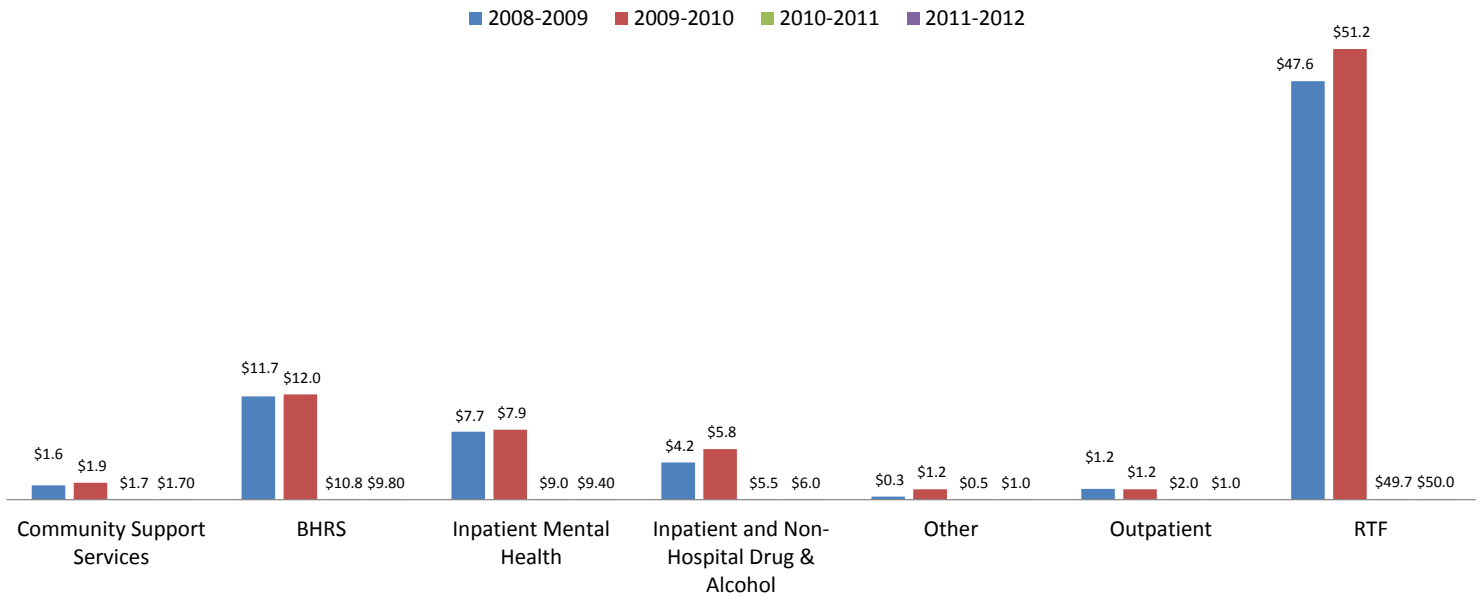
**Four Year Trend
Members Served by Level of Care
Wyoming County
in hundreds**



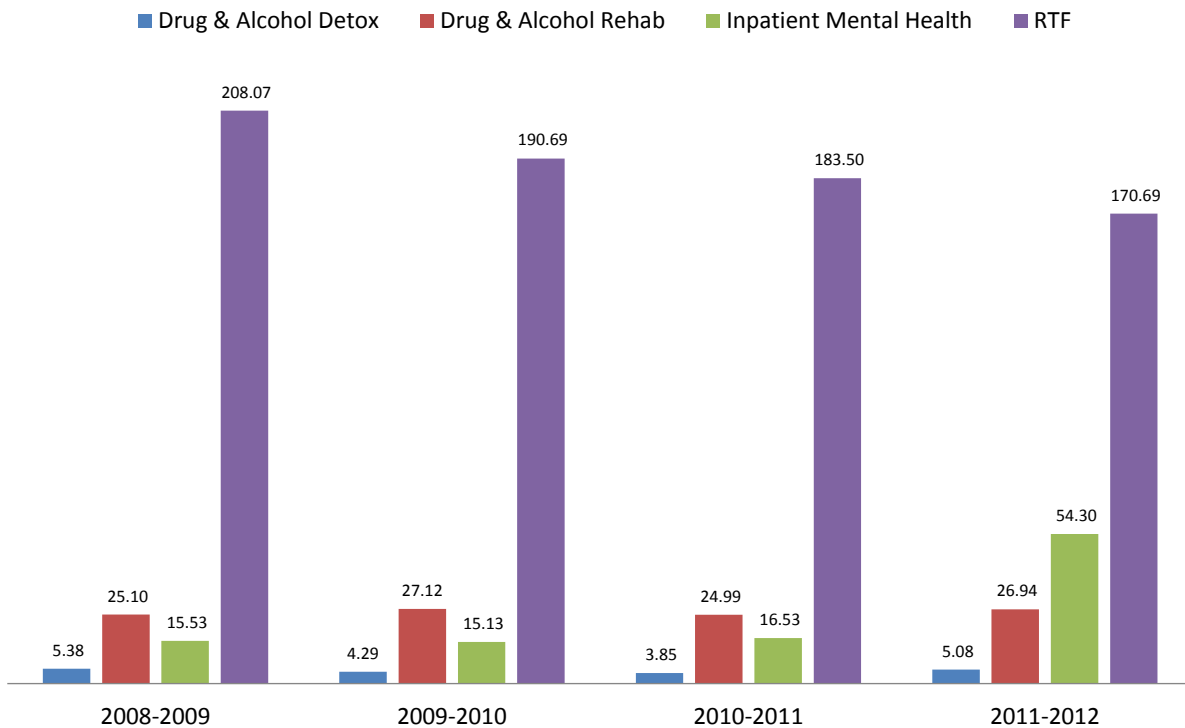
**Four Year Trend
Amount Paid by Level of Care
Wyoming County
in millions**



**Average Cost per Member
by Level of Care
All Counties
in thousands**



**Average Days per Member
Residential and Inpatient Services
All Counties**



Youth Served

Youth-Focused Services

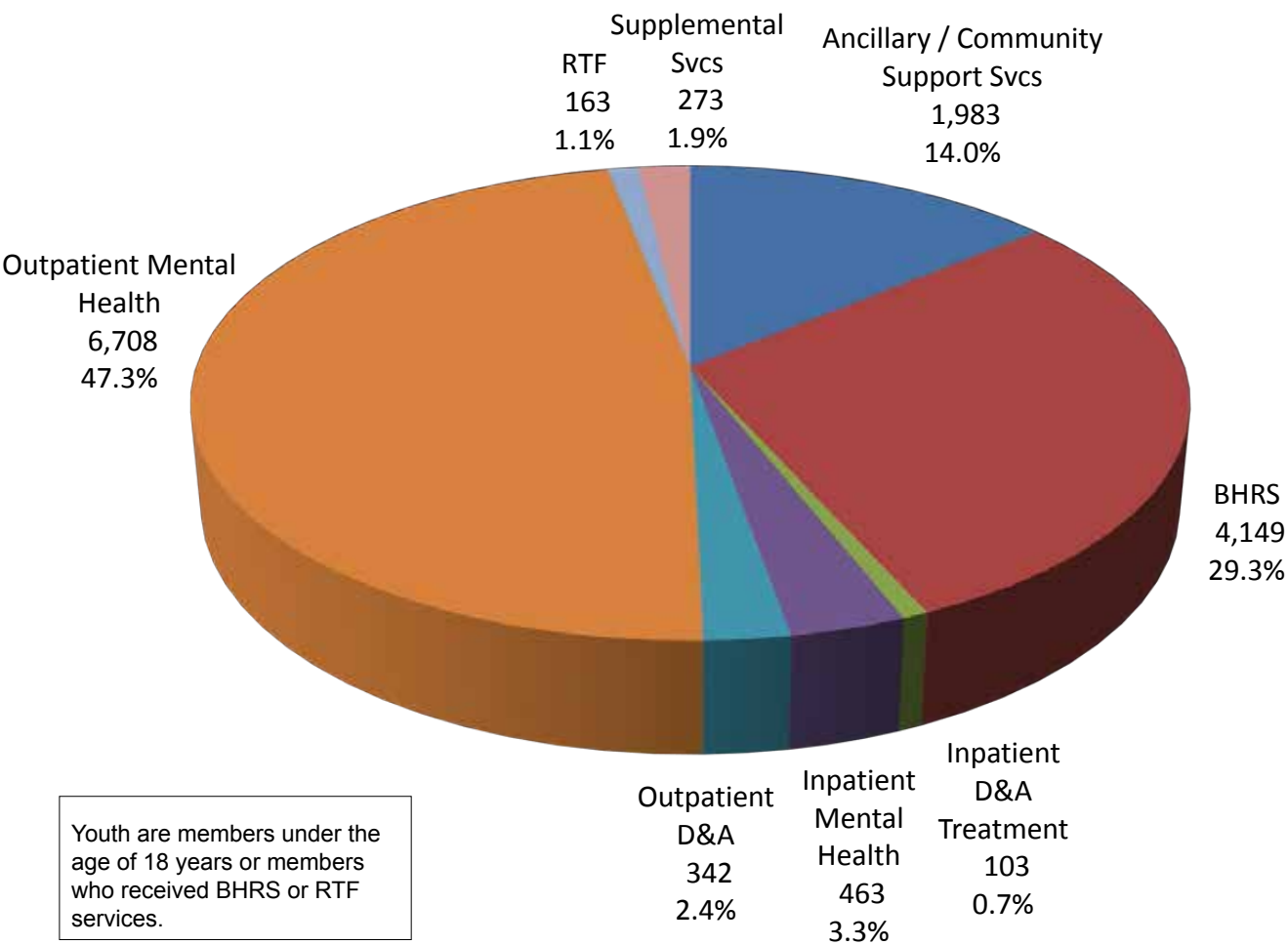
Behavioral Health Rehabilitative Services (BHRS), the behavioral health component for Early Periodic Screening, Diagnosis and Treatment, are services to children through the age of 21 years old designed to develop individual specific plans to care for social and emotional disturbances.

Family Based Mental Health Services are 24-hour, 7-days-a-week services designed to assist families in caring for their children or adolescents with emotional disturbance at home. As a licensed program, Family Based Mental Health Services offers mental health treatment, case work services, and family support for up to 32 weeks, and longer if medically necessary. Family Based services are delivered by a team of mental health professionals and mental health workers, primarily in the family home.

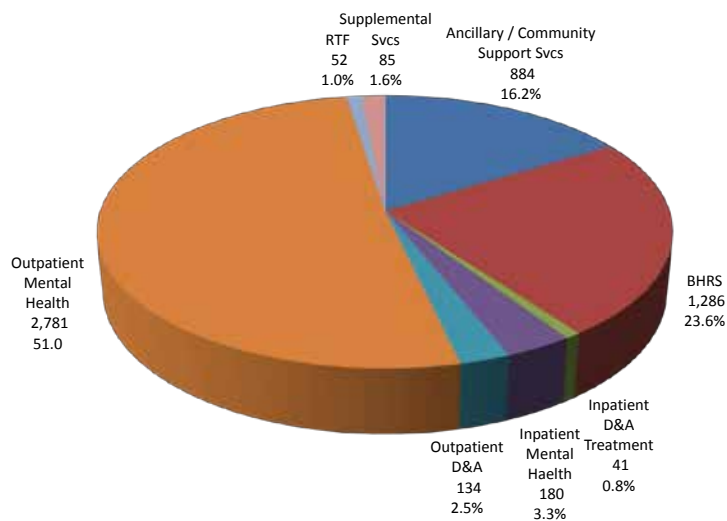
Residential Treatment Facilities (RTF) are medical assistance approved, mental health treatment facilities for medical assistance eligible children and adolescents (up to age 21) who cannot be maintained in the home.

Children and Adolescents Served Level of Care

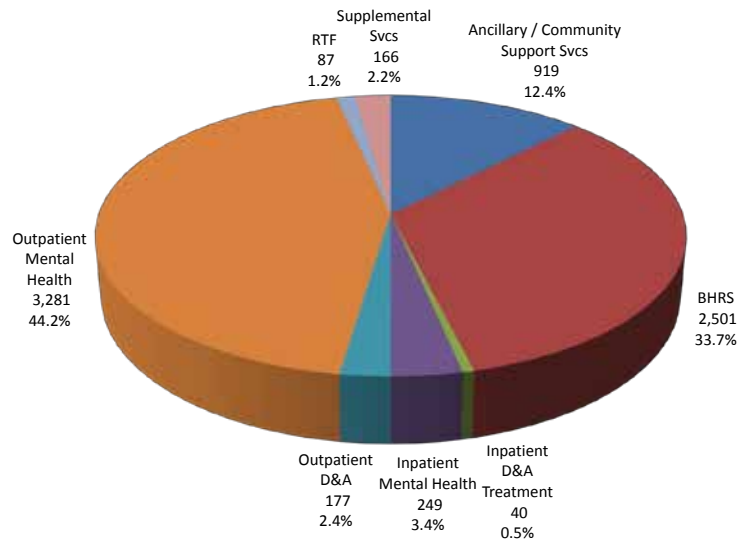
All Counties
8,973 Youth Served



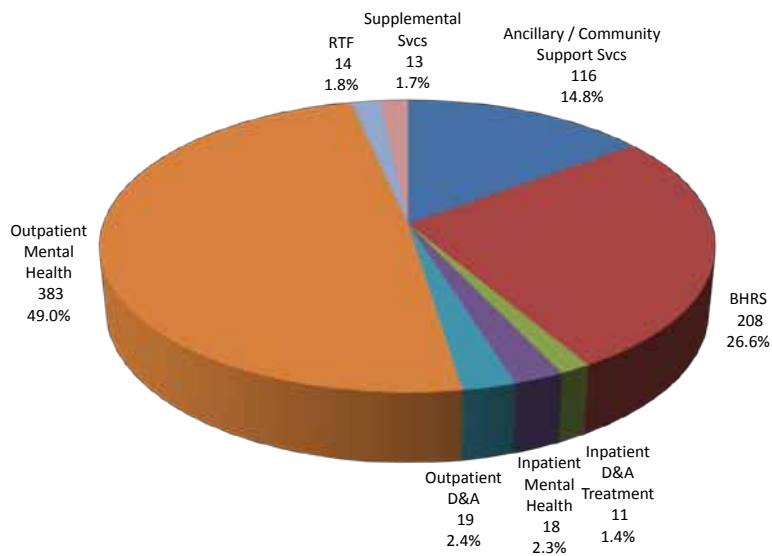
Note: Members who received more than one service during the Fiscal Year are counted in each category



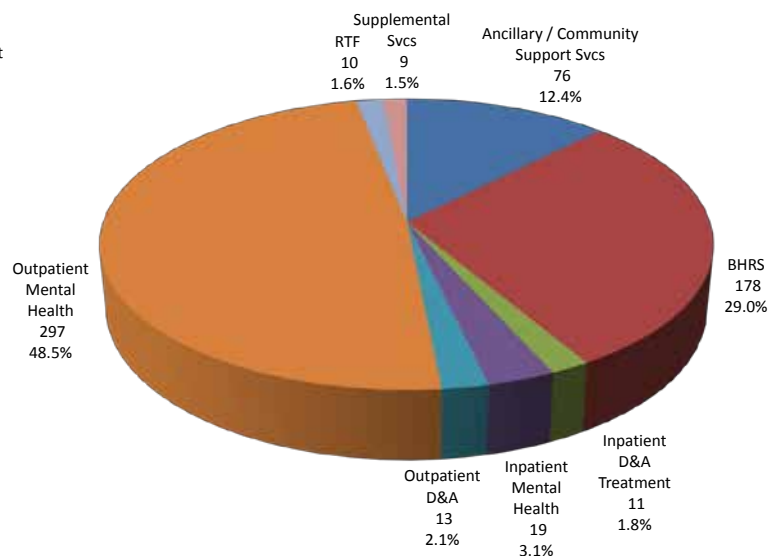
Lackawanna County
3,456 Youth Served



Luzerne County
4,671 Youth Served



Susquehanna County
518 Youth Served



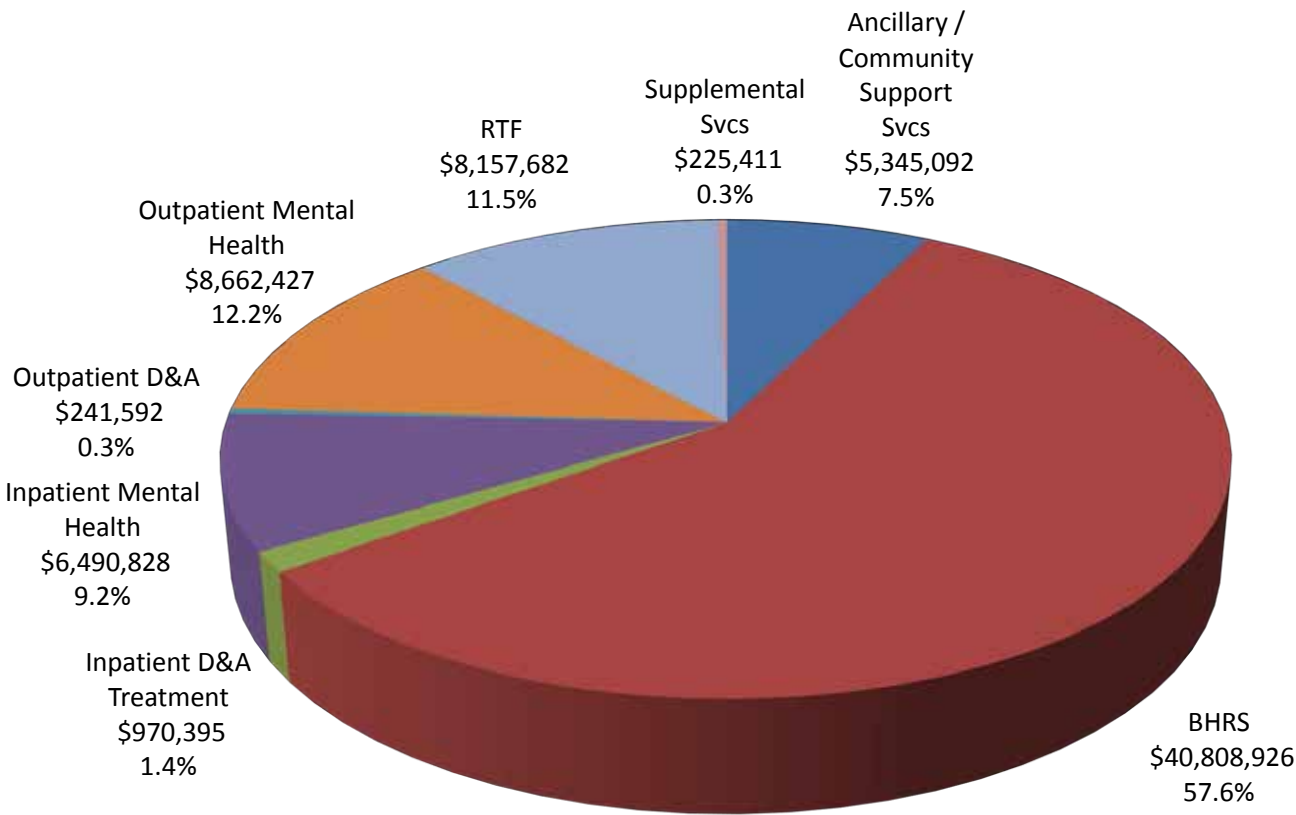
Wyoming County
389 Youth Served

Note: Members who received more than one service during the Fiscal Year are counted in each category

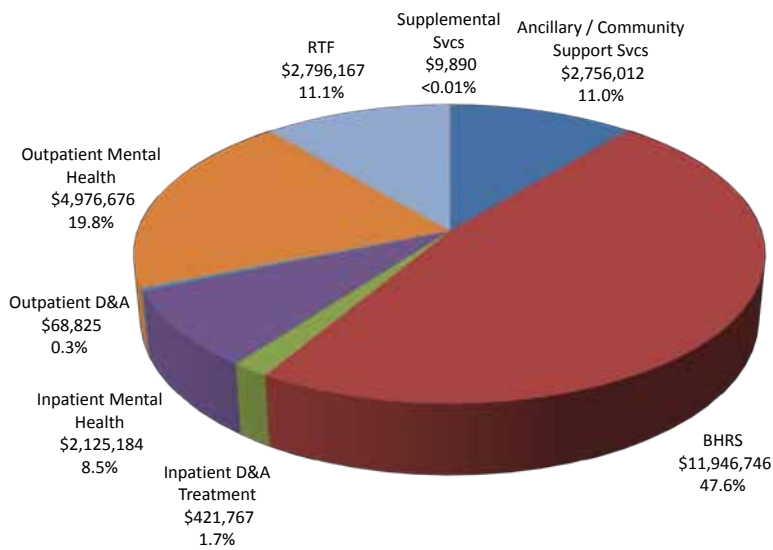
Expenditures for Children and Adolescents

Level of Care

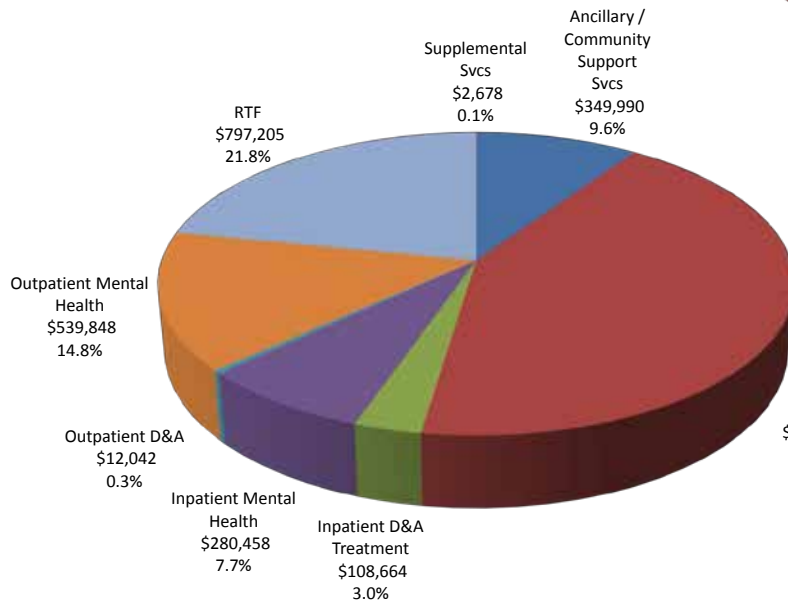
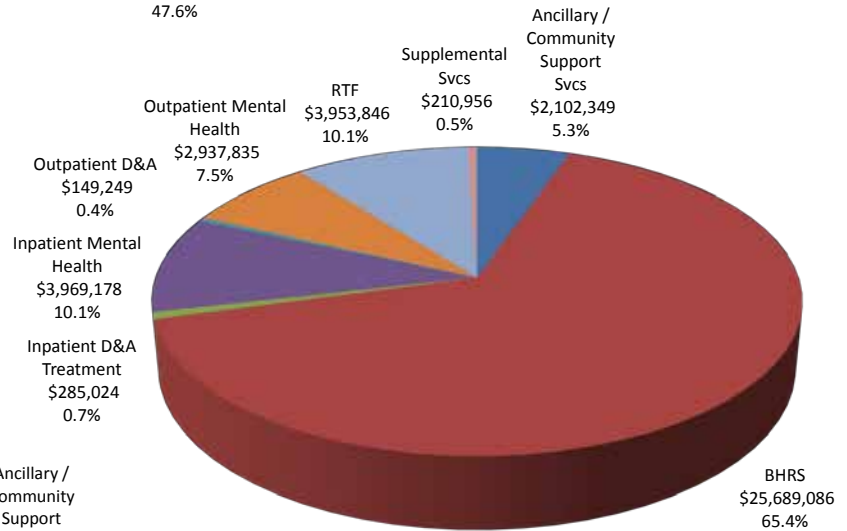
All Counties
\$70,902,353 Spent



Approximately 66% of HealthChoices funds were used to provide services to members under the age of 18 years.

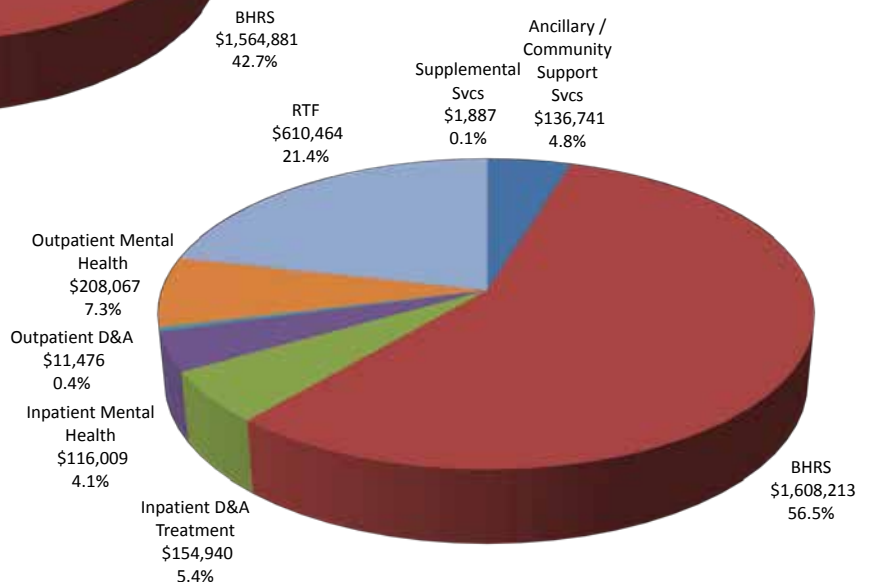


Luzerne County
\$39,297,522 Spent



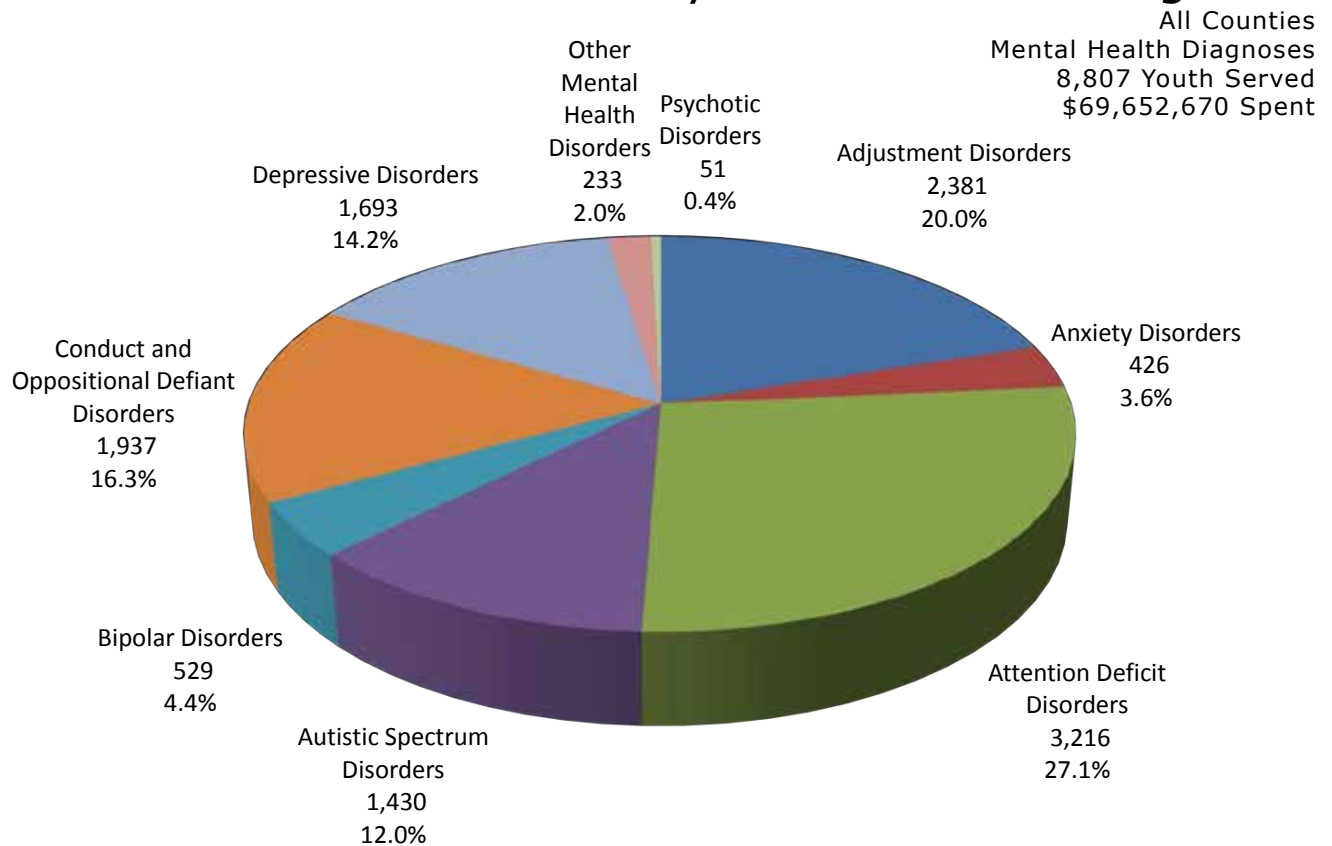
Susquehanna County
\$3,655,765 Spent

Wyoming County
\$2,847,797 Spent

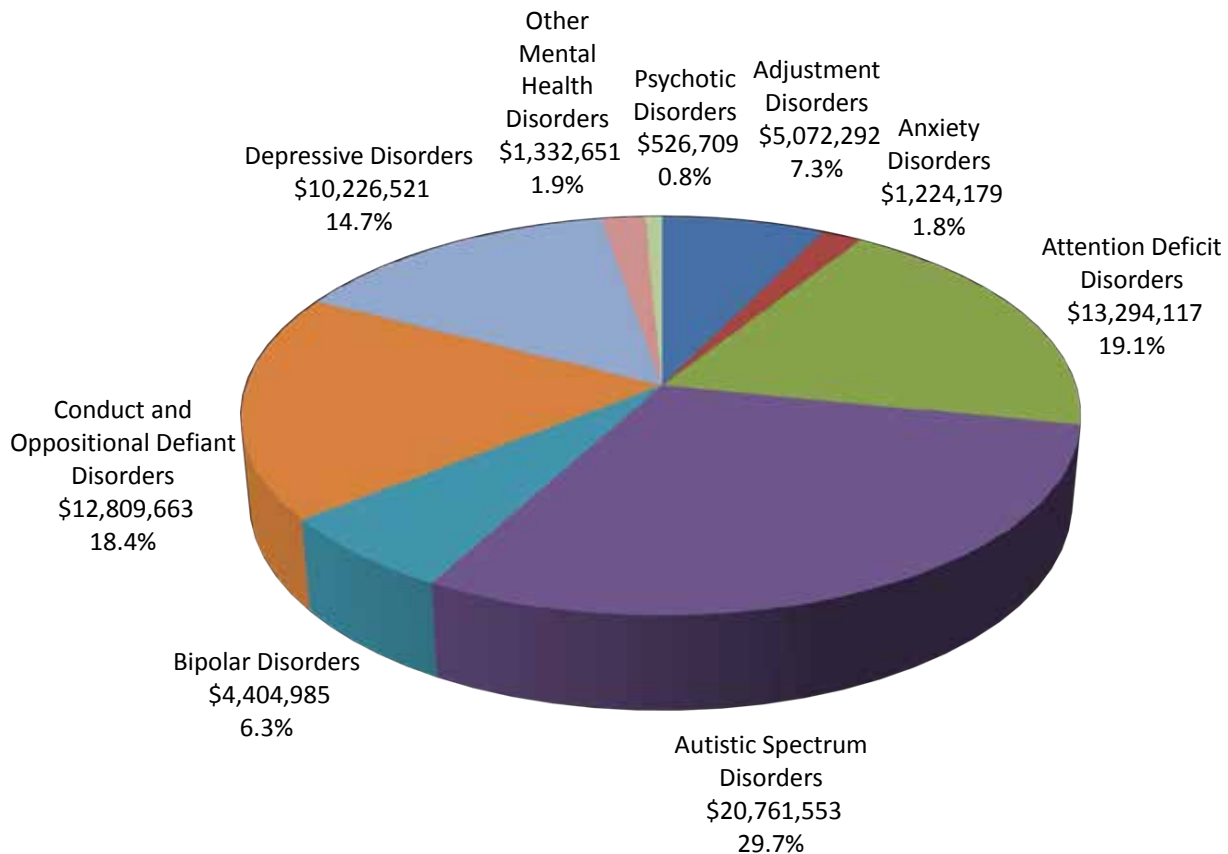


Children and Adolescents Served

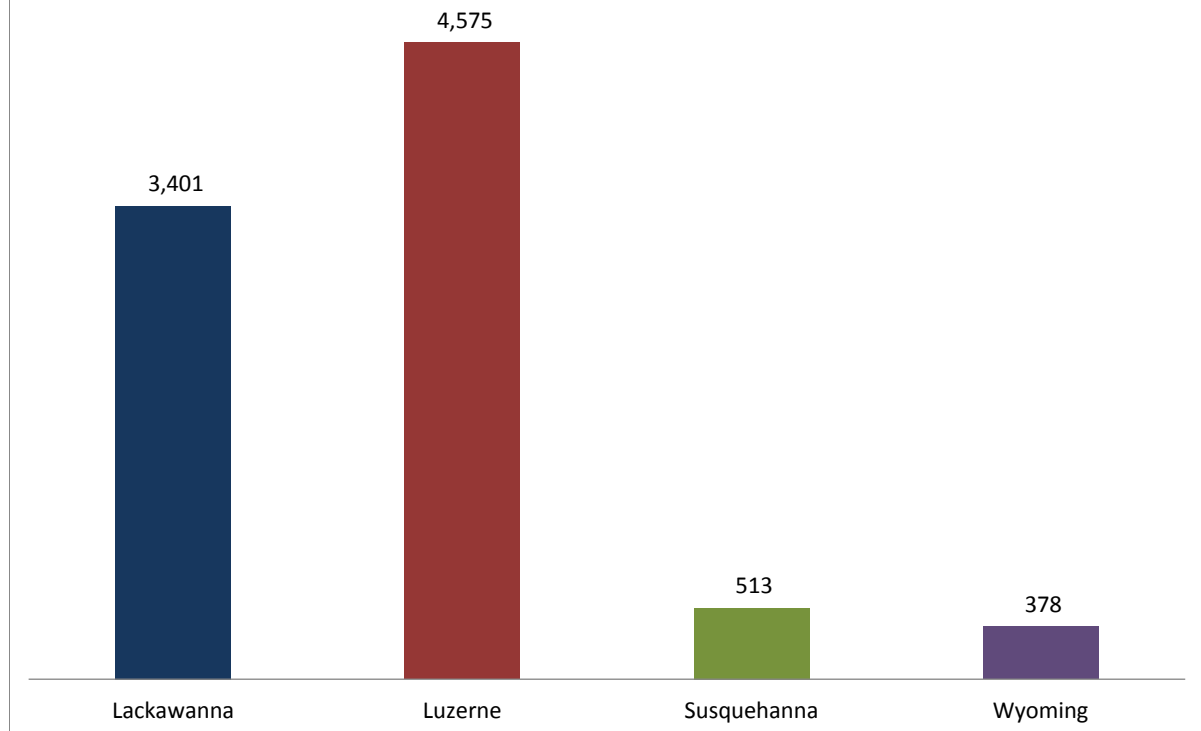
Primary Mental Health Diagnosis



Note: Members who have more than one primary diagnosis during the Fiscal Year are counted in multiple categories

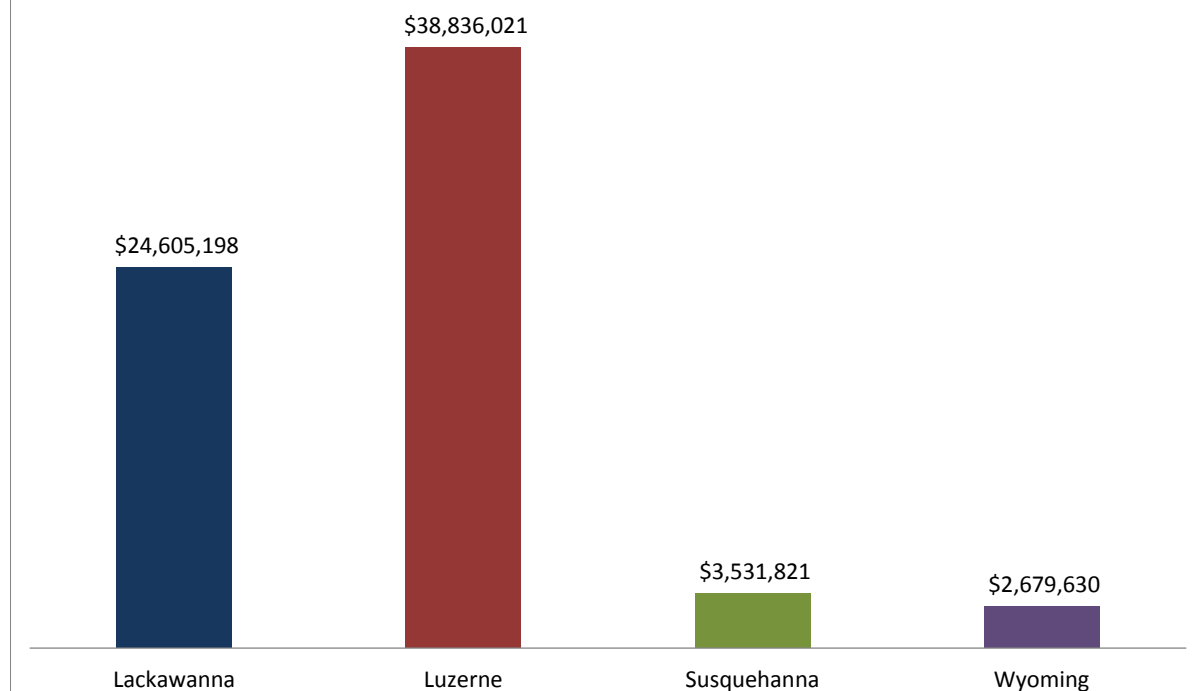


**Number of Youth Served
Having Primary Mental Health Diagnosis**



Note: Members who lived in more than one county during the Fiscal Year are counted in each category

**Amount Paid for Youth
Having Primary Mental Health Diagnosis**

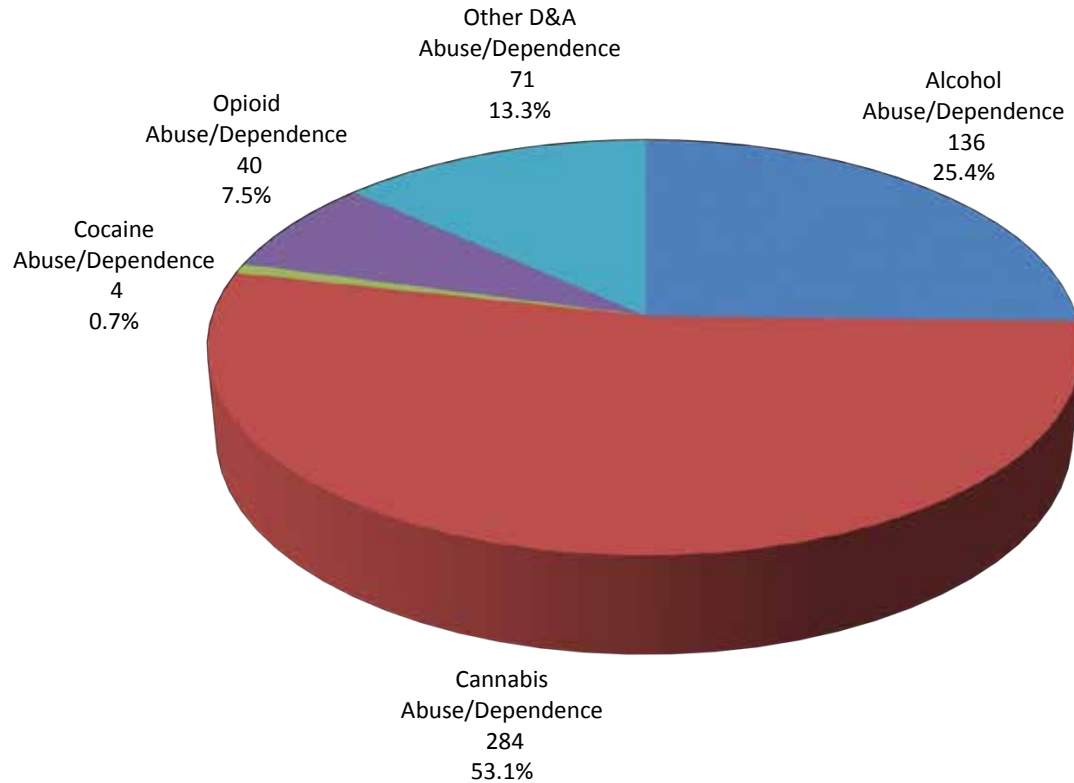


Note: Members may live in more than one county during the Fiscal Year

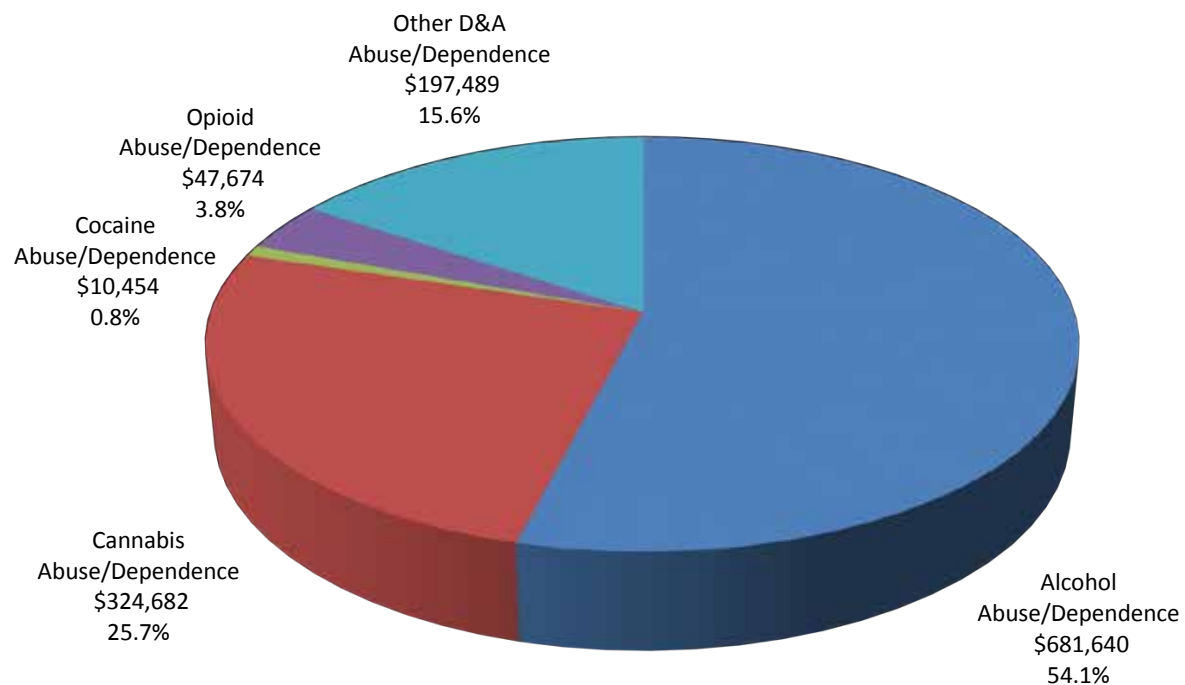
Children and Adolescents Served

Primary Drug & Alcohol Diagnosis

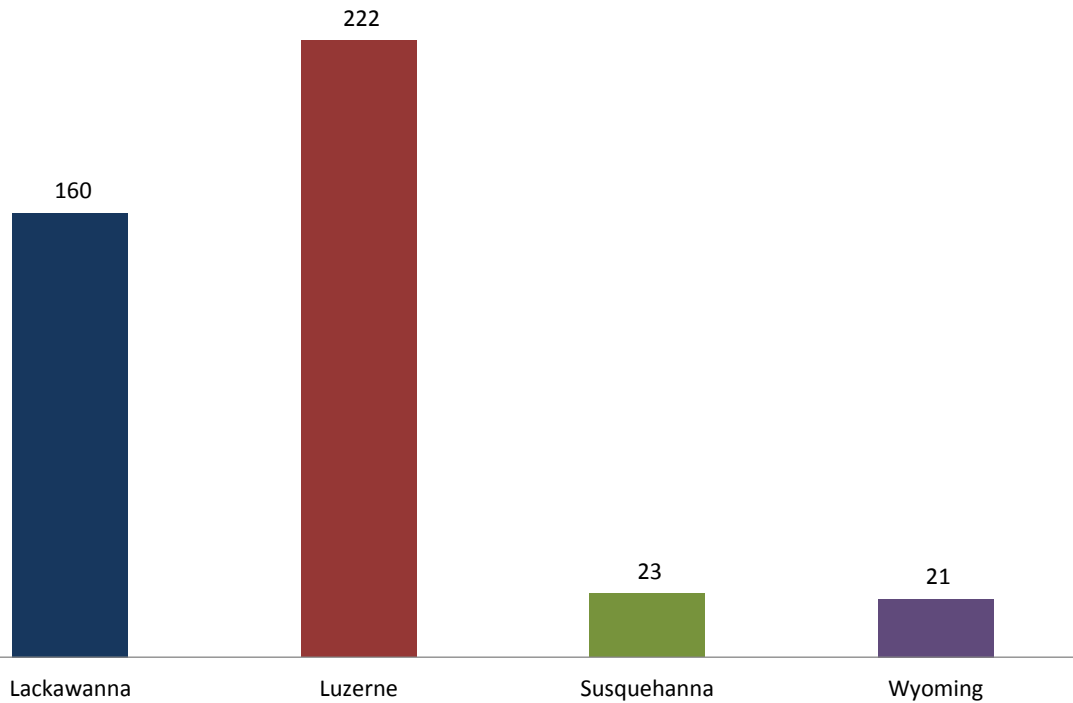
All Counties
425 Youth Served
\$1,261,939 Spent



Note: Members who have more than one primary diagnosis during the Fiscal Year are counted in multiple categories

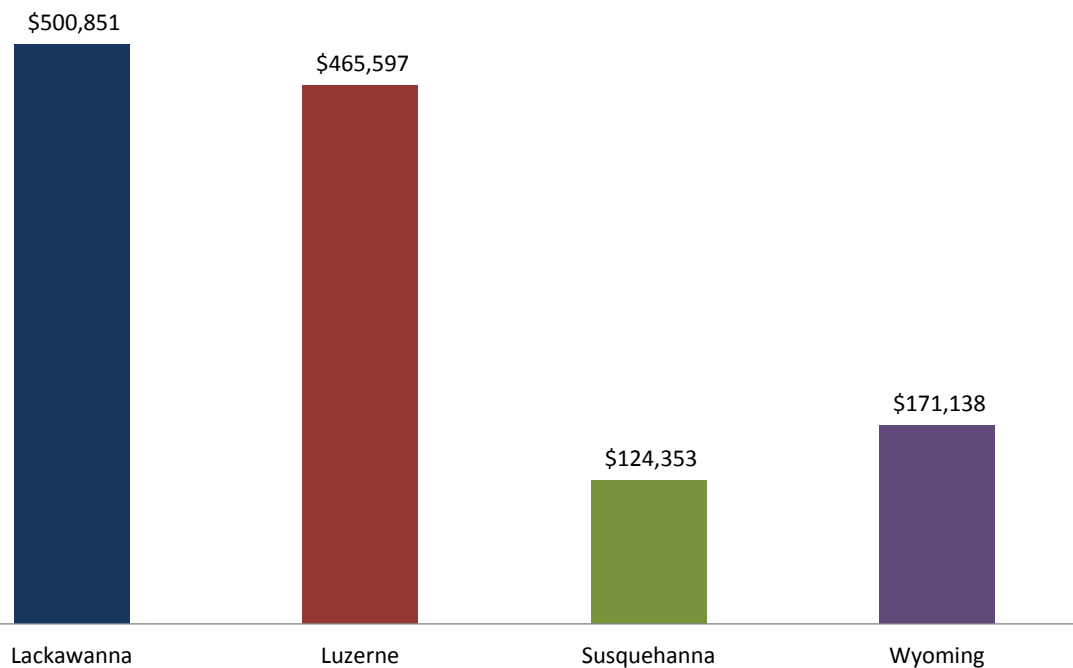


**Number of Youth Served
Having Primary Drug & Alcohol Diagnosis**



Note: Members who lived in more than one county during the Fiscal Year are counted in each category

**Amount Paid for Youth
Having Primary Drug & Alcohol Diagnosis**



Note: Members may live in more than one county during the Fiscal Year

Terminology

ADMISSION RATE

The number of admissions into services per 1000 HealthChoices enrollees.

AUTHORIZATION

A process that is related to the payment of claims by which a provider receives approval from Community Care to provide a particular service. Authorizations typically limit the number of units and the time in which the service can be provided. If a service requires authorization for payment, the lack of authorization will result in an unpaid claim.

CAPITATION

A set amount of money received or paid out; it is based on membership rather than on services delivered and is usually expressed in units of PMPM (per member per month) or PMPD (per member per day). Under the HealthChoices program, capitation rates vary by categories of assistance.

CLAIMS

A request for reimbursement for a behavioral health service.

COMMUNITY RESIDENTIAL REHABILITATION (CRR)

CRRs are residential programs designed and operated to assist persons with chronic psychiatric disability to live as independently as possible in the least restrictive setting.

COMPLAINT

A process by which a consumer or provider can address a problem experienced in the HealthChoices program.

CONSUMER

HealthChoices enrollees on whose behalf a claim has been adjudicated for behavioral health care services during the reporting period.

DENIAL

A denial is defined as “a determination made by a managed care organization in response to a provider’s request for approval to provide in-plan services of a specific duration and scope which (1) disapproves the request completely; (2) approves provision of the requested service(s), but for a lesser scope or duration than requested by the provider; (an approval of a requested service which includes a requirement for a concurrent review by the managed care organization during the authorized period does not constitute a denial); or (3) disapproves provision of the requested service(s), but approves provision of an alternative service(s).”

DIAGNOSIS

A behavioral health disorder based on DSM-IV-TR or ICD-9 diagnostic criteria.

DIAGNOSTIC CATEGORIES

Subgroups of behavioral health disorders. This report contains the following groupings:

Autism Spectrum Disorders, sometimes called Pervasive Developmental Disorders (PDD), are a range of neurological disorders that most markedly involve some degree of difficulty with communication and interpersonal relationships, as well as obsessions and repetitive behaviors.

Bipolar Disorders – a group of mood disorders that characteristically involve mood swings. This group includes: Bipolar I Disorder, Bipolar II Disorder, Bipolar Disorder Not Otherwise Specified, Mood Disorder, and Mood Disorder Not Otherwise Specified. Depressive Disorders – a group of mood disorders that includes Major Depressive Disorder, Dysthymia, and Depressive Disorder Not Otherwise Specified.

Schizophrenia and Psychotic Disorders – a collection of thought disorders such as Schizophrenia, Schizoaffective Disorder, Schizophreniform Disorder, and Psychotic Disorder Not Otherwise Specified.

Anxiety Disorders – a group of disorders that includes: Panic Disorder, Social Phobia, Posttraumatic Stress Disorder, Obsessive Compulsive Disorder, Generalized Anxiety Disorder, and Anxiety Disorder Not Otherwise Specified.

Adjustment Disorder – the development of clinically significant emotional or behavioral symptoms in response to an identifiable psychosocial stressor or stressors.

Impulse Control Disorders – includes Intermittent Explosive Disorder, Trichotillomania, and Impulse Control Disorder Not Otherwise Specified.



ADHD and Disorders in Children – includes Attention Deficit Hyperactivity Disorder, Conduct Disorder, Oppositional Defiant Disorder, and Disruptive Behavior Disorder Not Otherwise Specified.

Other Mental Health Disorders – includes Tic Disorders, Learning Disorders, Communications Disorders, and Motor Skills Disorders.

Substance Abuse/Dependence Disorders – a group of disorders related to taking a drug of abuse. The DSM-IV-TR refers to 11 classes of substances: alcohol, amphetamines, caffeine, cannabis (marijuana or hashish), cocaine, hallucinogens, inhalants, nicotine, opiates (heroin or other narcotics), PCP, and sedatives/hypnotic/anxiolytics.

Mental Retardation – includes Mild, Moderate, Severe and Profound Mental Retardation.

DSM-IV-TR

The Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, published by the American Psychiatric Association. This manual provides a diagnostic coding system for mental and substance abuse disorders (also see ICD-9-CM).

ENROLLMENT

The number of Medicaid recipients who are active in the Medical Assistance program at any given point in time.

FAIR HEARING APPEAL

A grievance process through which a HealthChoices member can file a written appeal, to the Department of Public Welfare, regarding a behavioral health care service decision.

GRIEVANCE

The process by which a consumer addresses a problem with a decision made about his/her behavioral health care service. This may include denial of a service, approving less service than what was requested, or approving a level of care different from that requested.



HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA)

This is a Federal law that allows persons to qualify immediately for comparable health insurance coverage when they change their employment relationships. Title II, Subtitle F, of HIPAA gives the Health and Human Services Department of the federal government the authority to mandate the use of standards for the electronic exchange of health care data; to specify what medical and administrative code sets should be used within those standards; to require the use of national identification systems for health care patients, providers, payers (or plans), and employers (or sponsors); and to specify the types of measures required to protect the security and privacy of personally identifiable health care information. Also known as the Kennedy-Kassebaum Bill, K2, or Public Law 104-191.

MEMBER

Eligible Medical Assistance recipients enrolled in the HealthChoices program during the reporting period.

MENTAL HEALTH COMMITMENT

An involuntary admission into a psychiatric hospital as per the Pennsylvania Mental Health Procedures Act. Also referred to as a '302 commitment'.

OUTPATIENT REGISTRATION (OPR)

The process by which HealthChoices members are registered with Community Care to receive specific outpatient services. This process eliminates the need for pre-authorization of services and allows the member to access mental health or drug and alcohol services with the provider for up to one year.

RESIDENTIAL TREATMENT FACILITY (RTF)

A self-contained, secure, 24-hour psychiatric residence for children and adolescents who require intensive clinical, recreational, educational services and supervision.

UTILIZATION

The amount of behavioral health care services used by Medicaid recipients. Utilization is based on encounter (paid claims) information.

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