

# Northeast Behavioral Health Care Consortium



HealthChoices Program  
Annual Report  
2016 - 2017



## Contents

Introduction to HealthChoices	3
Enrollment - Categories of Aid	4
Service Descriptions	5
Utilization - Members Served and Expenditures	
Gender, Race, Age Groups	5-6
Level of Care	7-10
Medicaid Expansion vs. Core	11
Primary Diagnosis	12-15
Four-Year Utilization Trend	
Level of Care	16-20
Average Cost per Member	21
Average Length of Stay	21
Youth Served	
Level of Care	22-25
Primary Diagnosis	26-29
Terminology	30-31

## NBHCC Staff

**James Gallagher**  
*Chief Executive Officer*

**Edward McCarthy**  
*Chief Financial Officer*

**Ellen Walsh**  
*Chief Quality Officer*

**Dr. Jyoti Shah**  
*Medical Director*

**Dawn Johnson**  
*Information Technology Manager*

**James Spencer**  
*Children's Service and Inter-System Director*

**John Alunni**  
*Quality Management Director*

**Krystal Rosencrans**  
*Executive Assistant*

**Anastasia Alston**  
*Finance Manager*

**Rachel Baldini**  
*Senior Accountant*

**Joyce Jurnak**  
*Executive Assistant*

## 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.

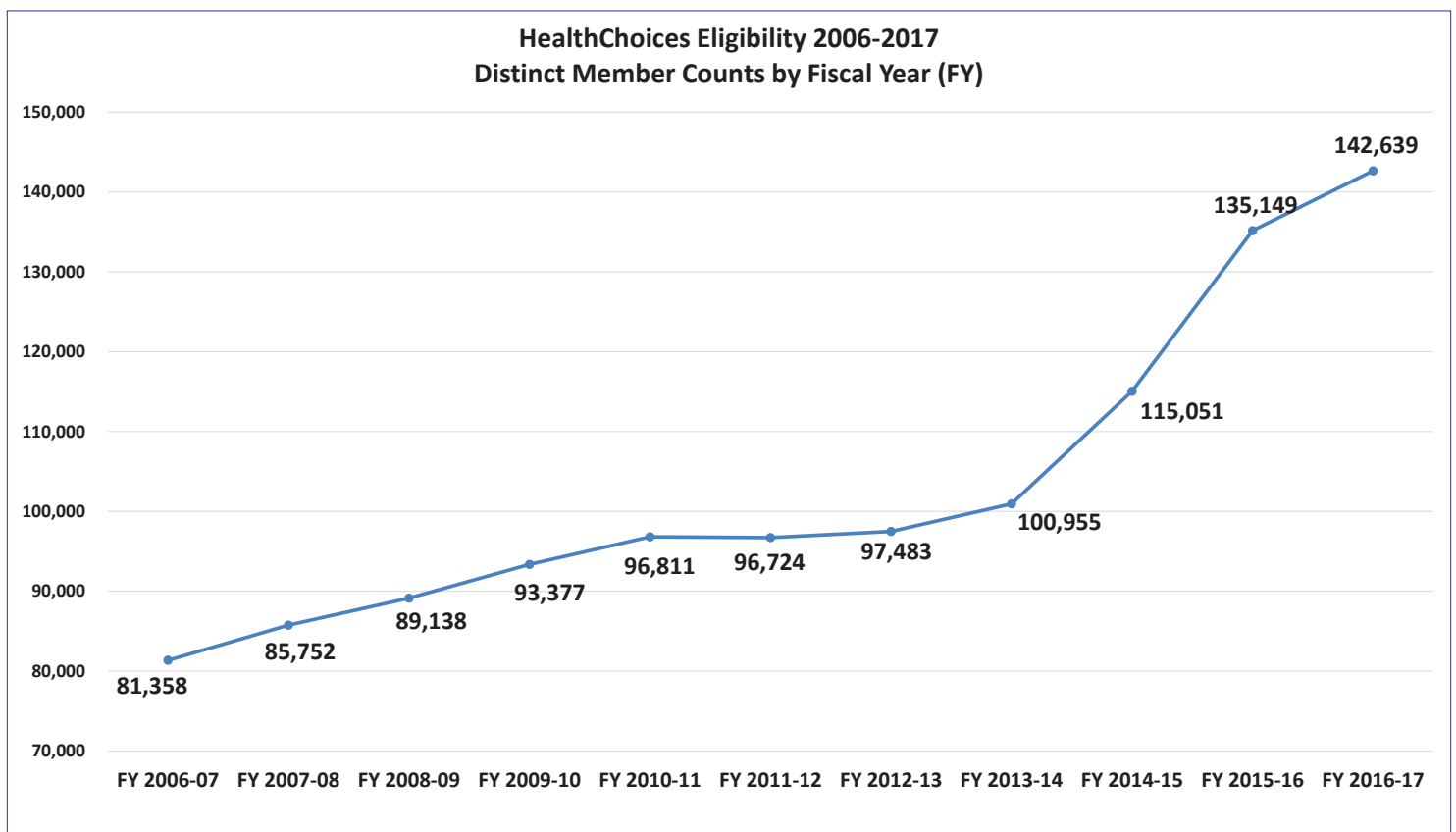
These positive outcomes will be accomplished through an intense, ongoing dialogue including consumers, families, providers and all other stakeholders.

# HealthChoices

HealthChoices is the Commonwealth of Pennsylvania's mandatory Medicaid managed care program administered by the Department of Human Services (DHS). 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.

DHS introduced the HealthChoices program incrementally, starting 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 DHS. 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 DHS.

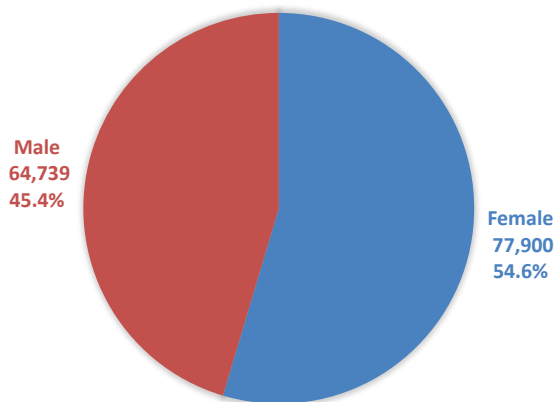
The Affordable Care Act of 2010 included a provision to expand state Medicaid programs. Beginning in 2014, Pennsylvanians, ages 19 to 64 with incomes up to 138% of the Federal Poverty Level became eligible for coverage under Medicaid expansion. As a result of expanding its Medicaid program, over a two-year period an additional 35,000 adults were able to receive health insurance through the HealthChoices program.



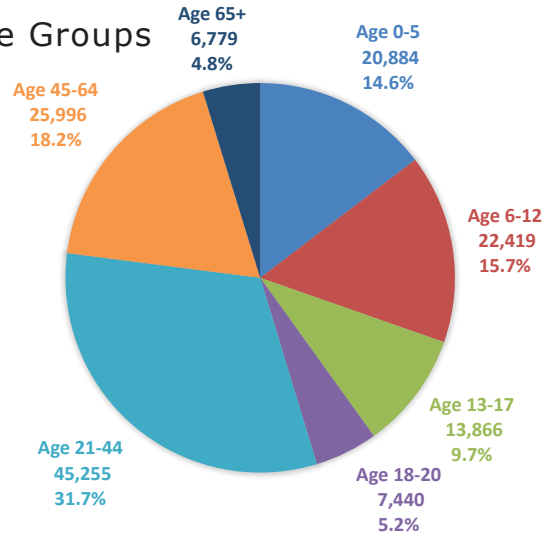
# Enrollment

Total Enrolled: 142,639

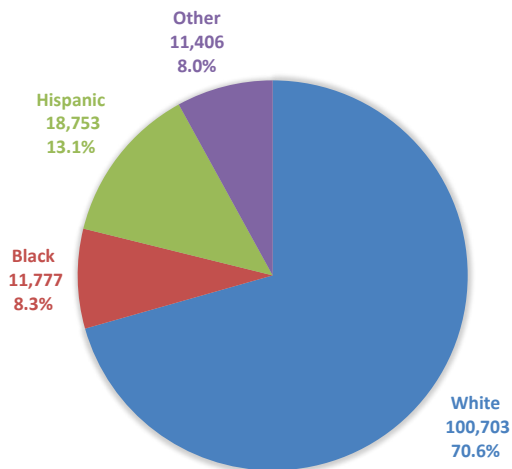
## Gender



## Age Groups

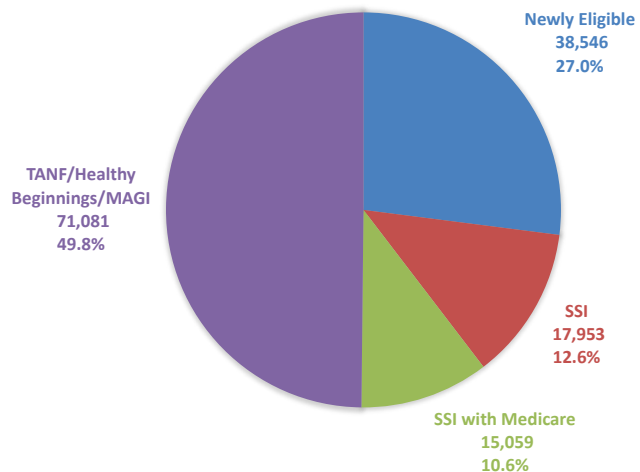


## Race/Ethnicity



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

## Category of Aid



## 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 (HB)

Assistance for women during pregnancy and the postpartum period.

### Modified Adjusted Gross Income (MAGI)

The Affordable Care Act made the tax concept of Modified Adjusted Gross Income (MAGI) the basis for determining Medicaid and CHIP eligibility for nondisabled, nonelderly individuals, effective January 1, 2014.

### Medically Needy (MNO) and Categorically Needy (CNO) 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.

### Supplemental Security Income (SSI) without Medicare

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

### Supplemental Security Income (SSI) 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 2016-2017 operating year. Utilization is based on paid claims for services delivered between July 1, 2016 and June 30, 2017. Percentages may not sum to 100% due to rounding.

# 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
- School-Based Behavioral Health Services

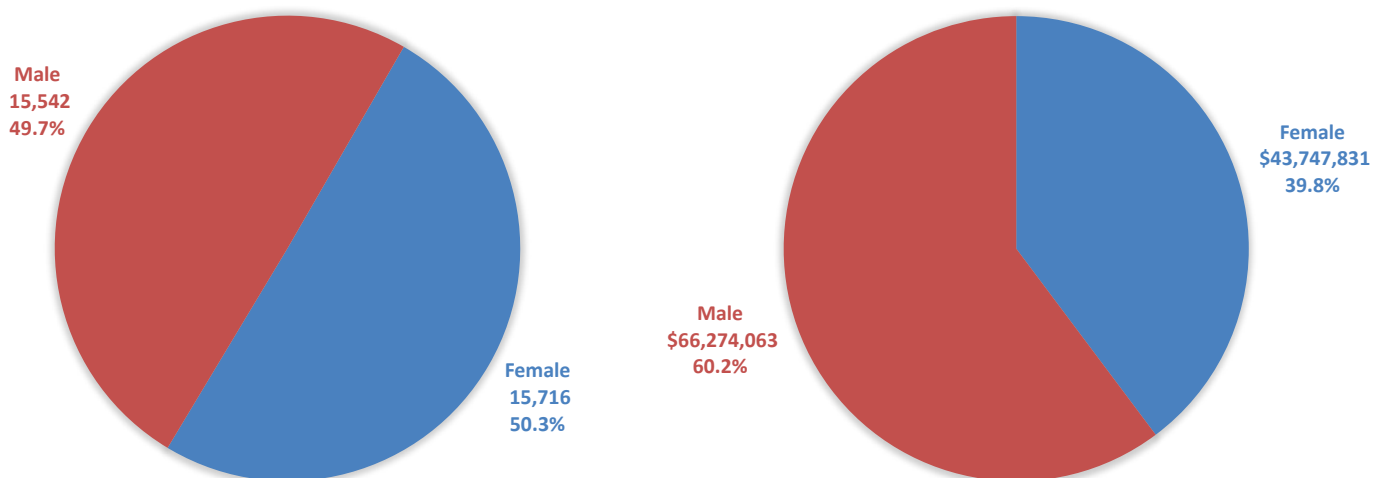
## Supplemental Services:

- 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

31,258 Served  
\$110,021,894 Spent

## Gender



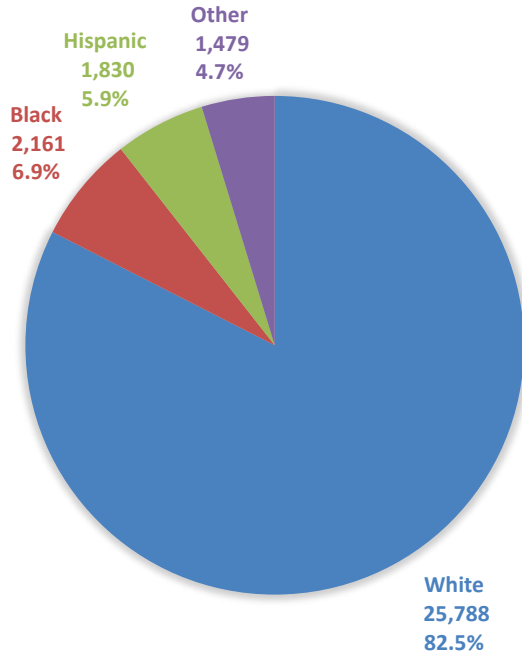
The data in this report represent enrollment and utilization occurring during the 2016-2017 operating year. Utilization is derived from paid claims for services provided between July 1, 2016 and June 30, 2017.

Excludes \$13,513,734 paid for services delivered under the School-Based Behavioral Health Alternative Payment Arrangement (SBBH-APA). Percentages may not sum to 100% due to rounding.

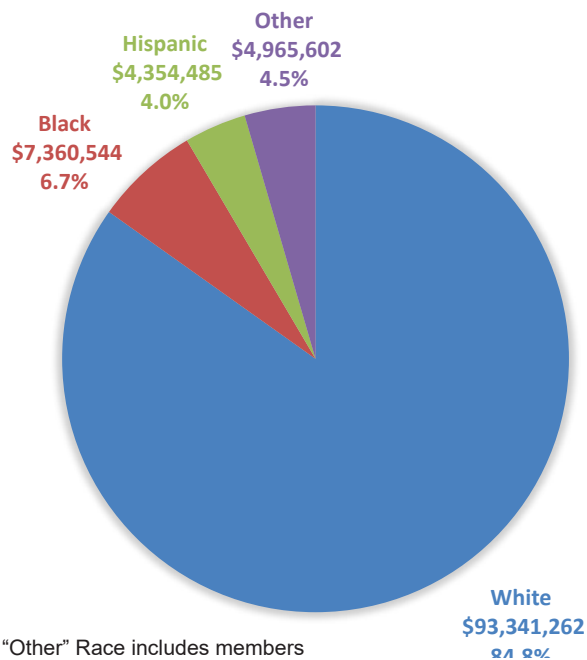
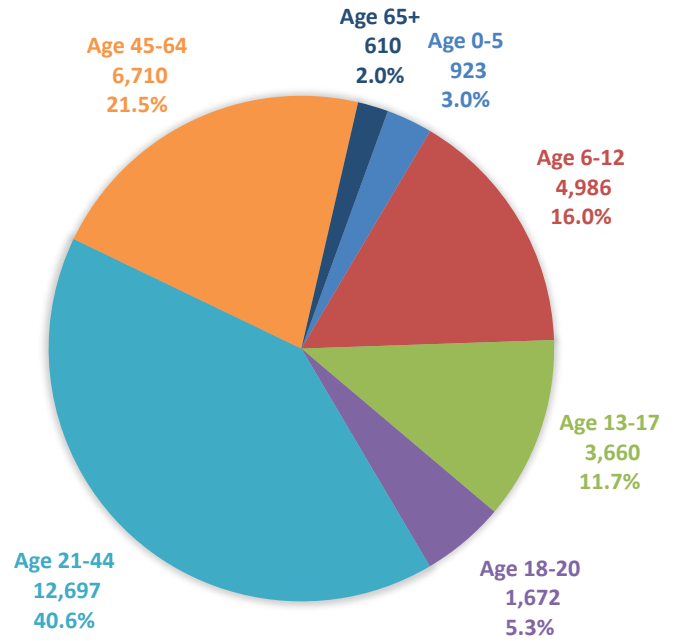
# Utilization

31,258 Served  
\$110,021,894 Spent

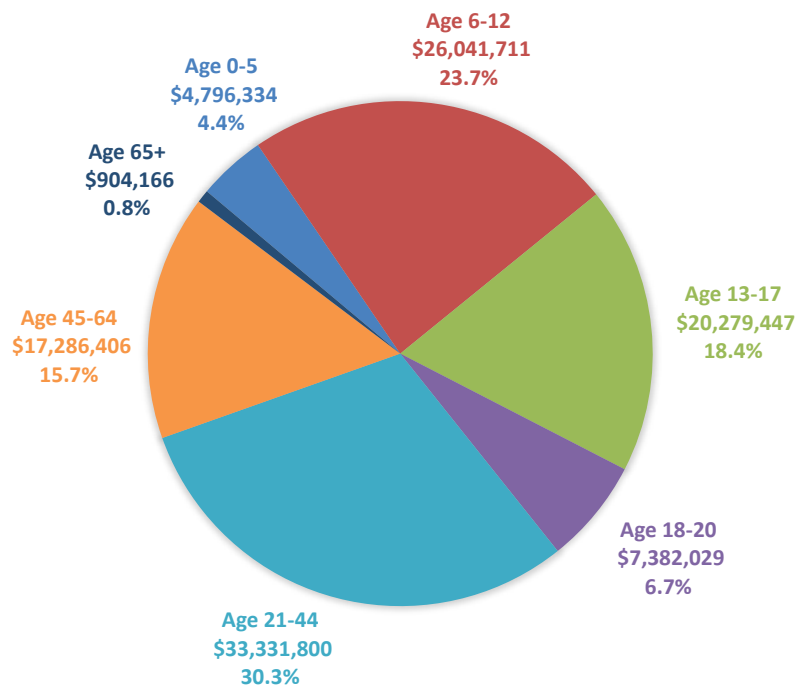
## Race



## Age Groups



"Other" Race includes members who report mixed race.

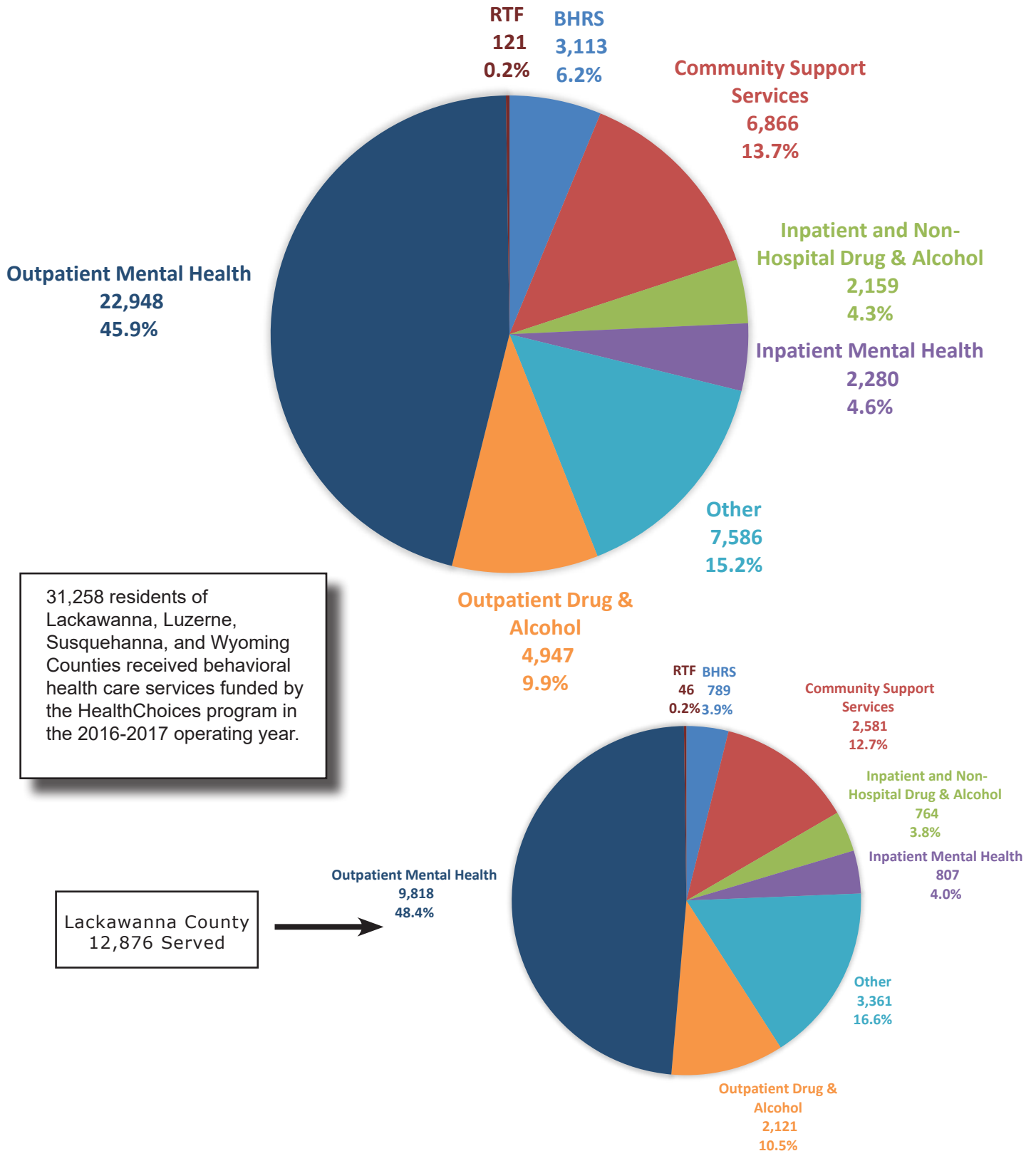


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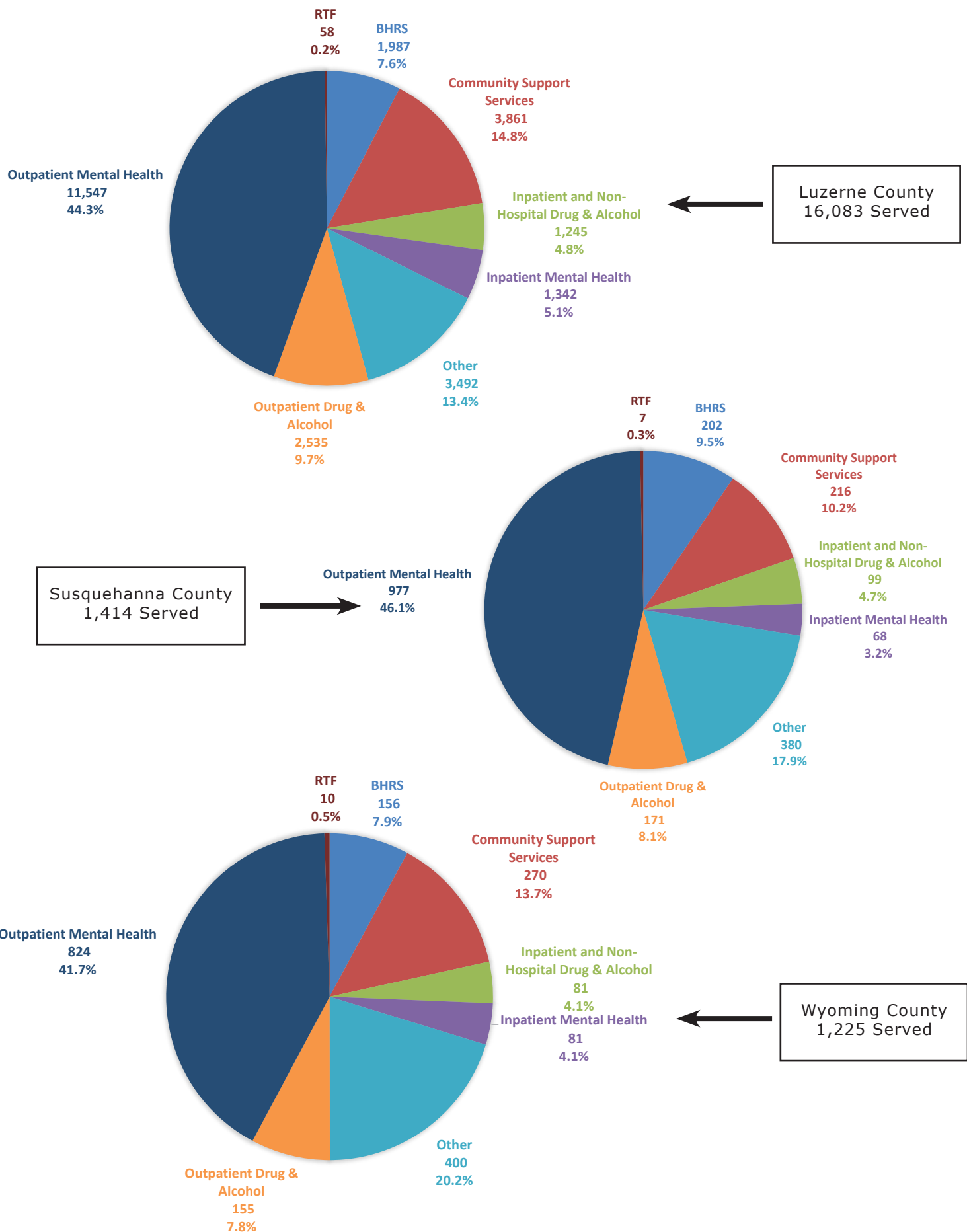
# Members Served

## Level of Care

All Counties  
31,258 Served\*



Members who received more than one service during the Fiscal Year are counted in each category. BHRS category does not include members served under the SBBH APA. Percentages may not sum to 100% due to rounding.



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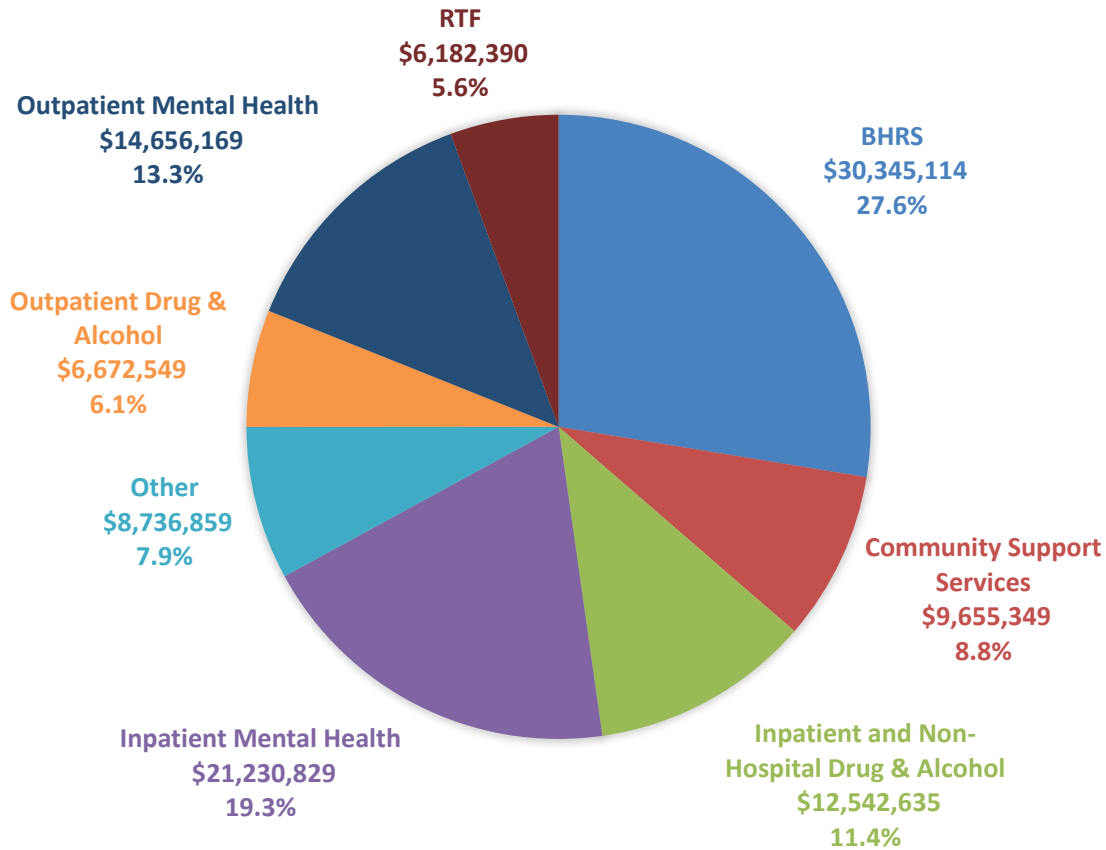
# Expenditures

## Level of Care

All Counties

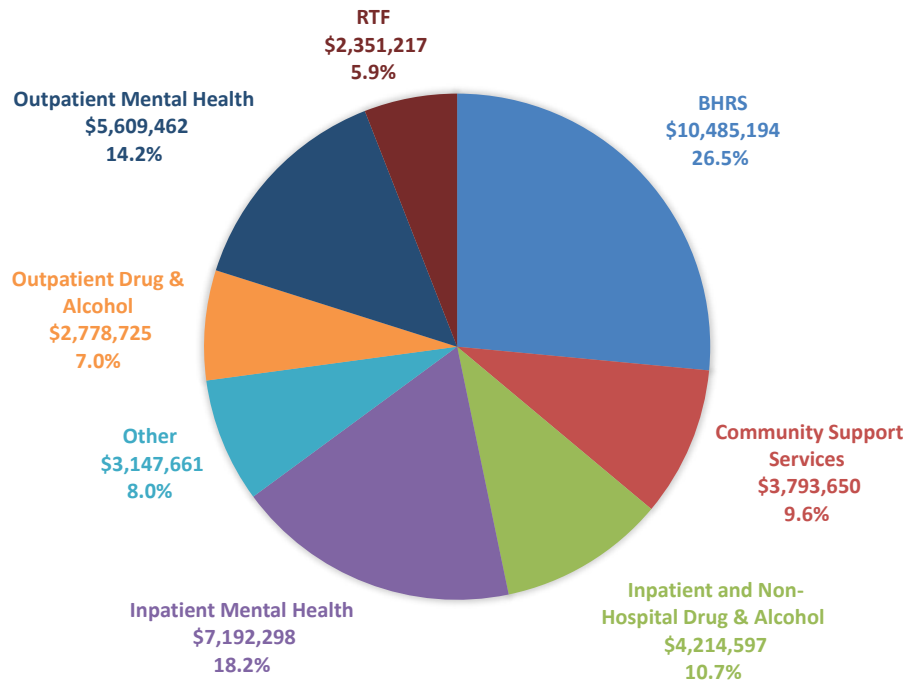
\$110,021,894 Spent

SBBH-APA: \$13,513,734

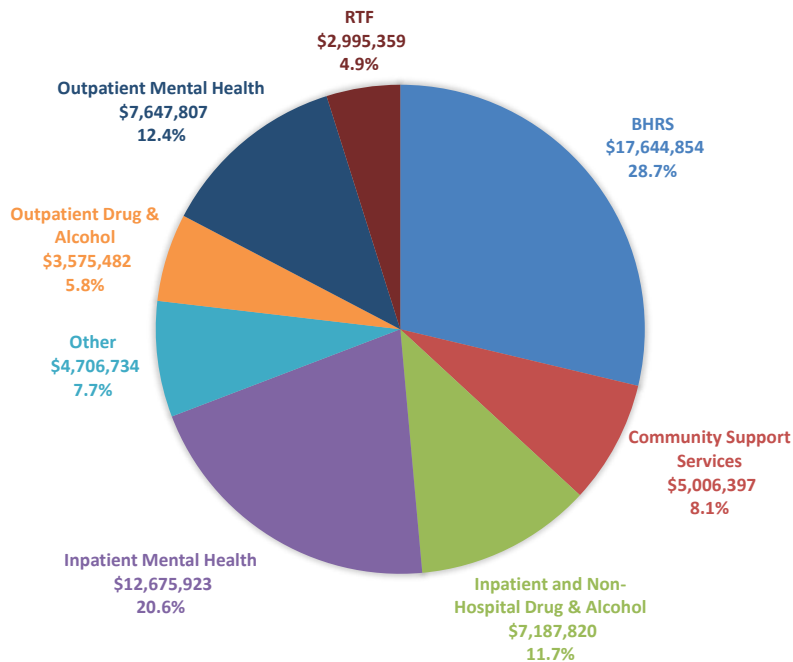


During operating year 2016-2017, approximately \$110 million dollars was spent on behavioral health care services for HealthChoices members in Lackawanna, Luzerne, Susquehanna, and Wyoming Counties.

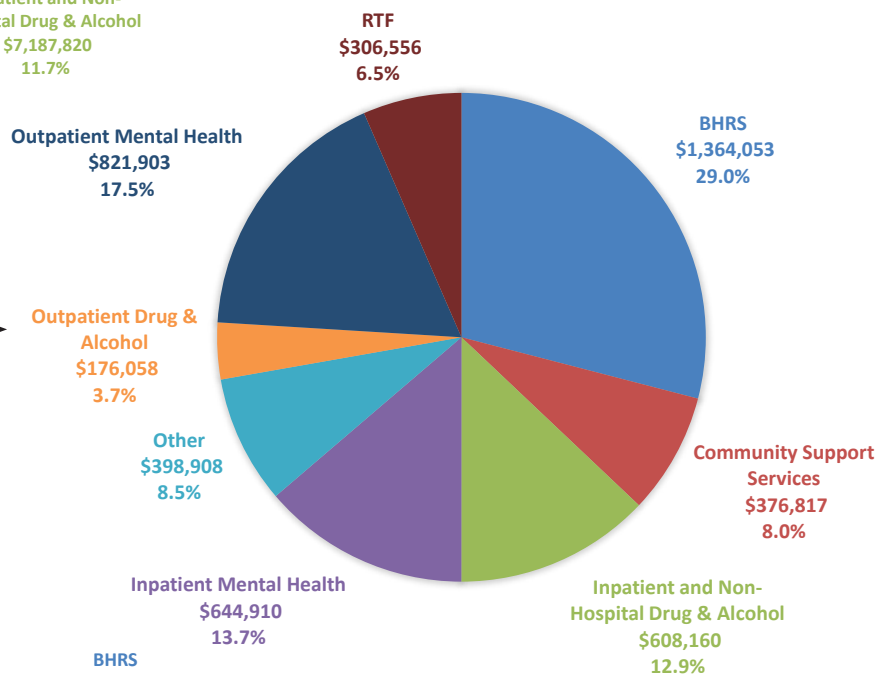
Lackawanna County  
\$39,572,803 Spent  
SBBH-APA: \$6,396,035



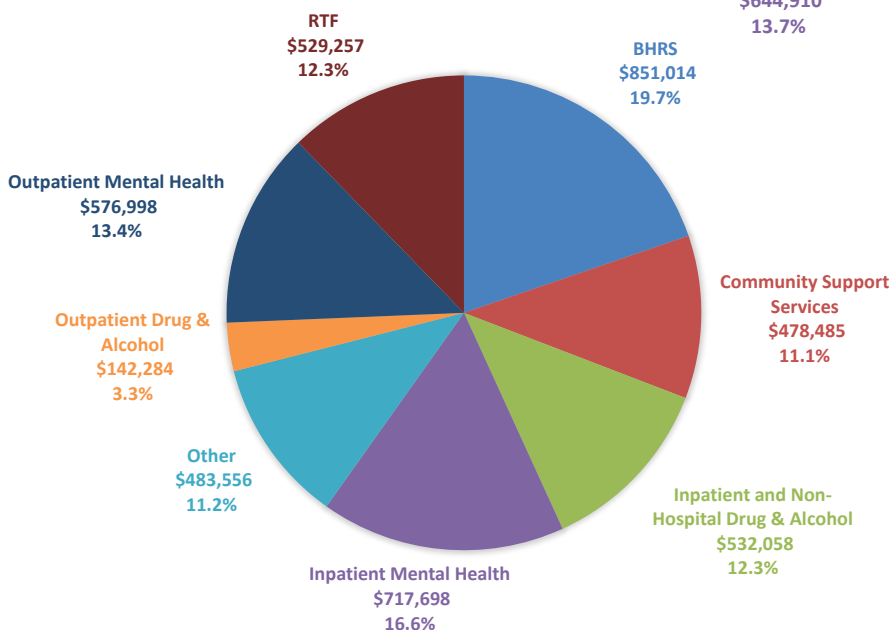
The BHRS category excludes payments for services delivered under the SBBH-APA. Percentages may not sum to 100% due to rounding.



Luzerne County  
\$61,440,985 Spent  
  
SBBH-APA:  
\$5,441,985



Susquehanna County  
\$4,697,365 Spent  
  
SBBH-APA: \$427,350

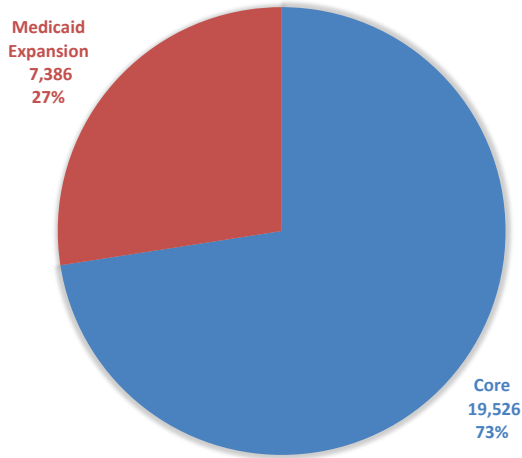


Wyoming County  
\$4,311,349 Spent  
  
SBBH-APA:  
\$1,248,364

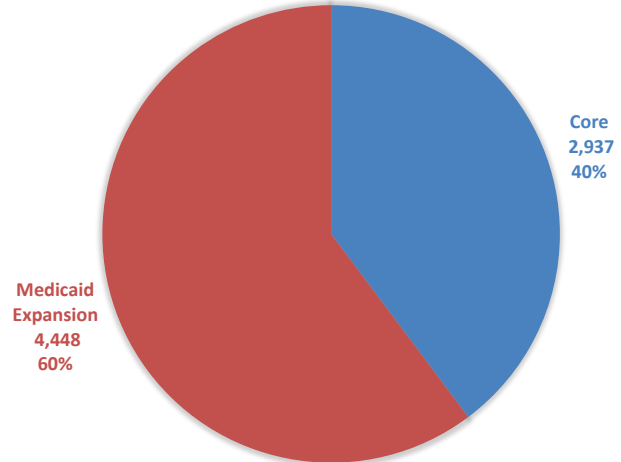
The BHRS category excludes payments for services delivered under the SBBH-APA. Percentages may not sum to 100% due to rounding.

# Medicaid Expansion vs. Core Mental Health vs. Drug & Alcohol Services

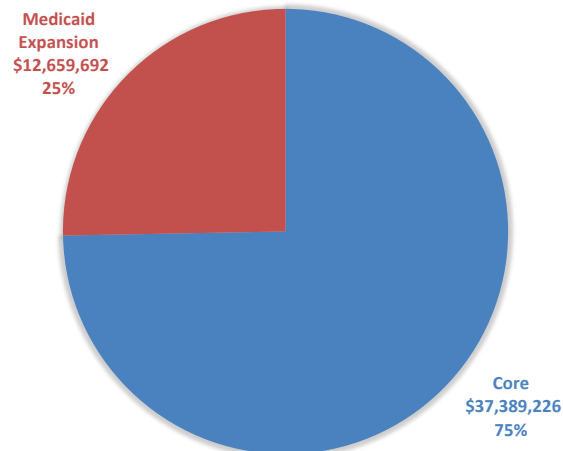
**MENTAL HEALTH SERVICES**  
MEDICAID EXPANSION VS. CORE - DISTINCT MEMBERS SERVED  
FY 2016-17



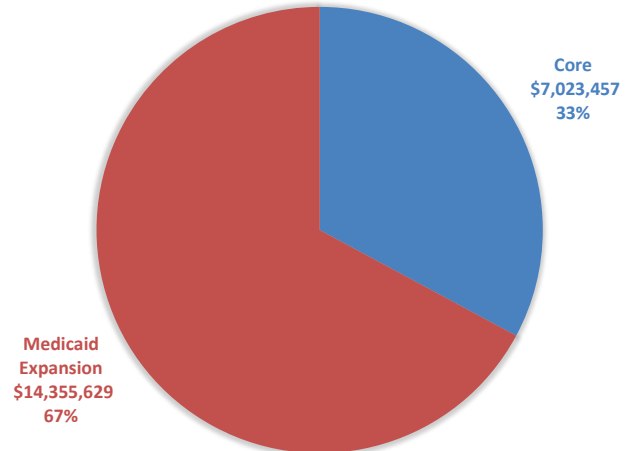
**DRUG & ALCOHOL SERVICES**  
MEDICAID EXPANSION VS. CORE - DISTINCT MEMBERS SERVED  
FY 2016-17



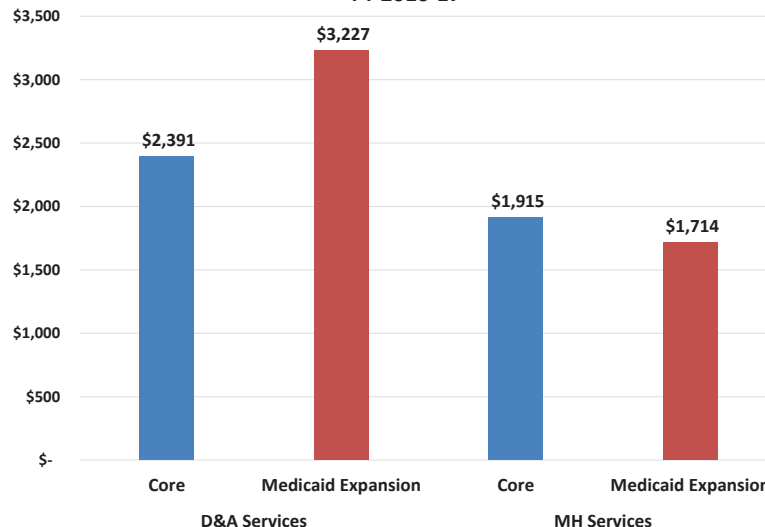
**MENTAL HEALTH SERVICES**  
MEDICAID EXPANSION VS. CORE - AMOUNT PAID  
FY 2016-17



**DRUG & ALCOHOL SERVICES**  
MEDICAID EXPANSION VS. CORE - AMOUNT PAID  
FY 2016-17



**Medicaid Expansion vs. Core - Cost per Member**  
FY 2016-17

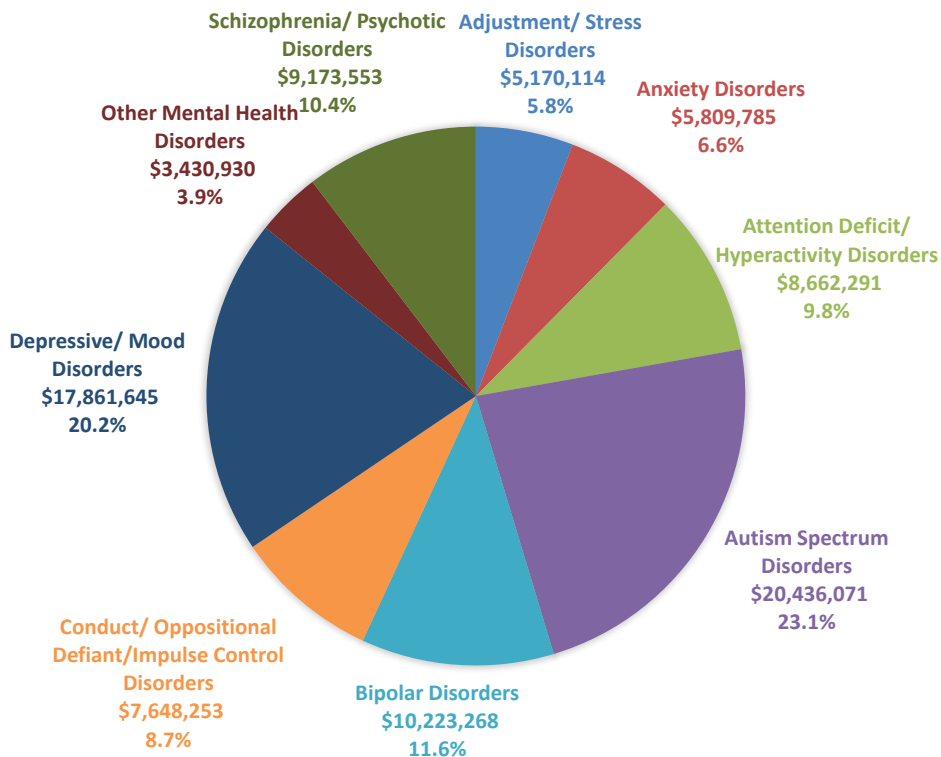
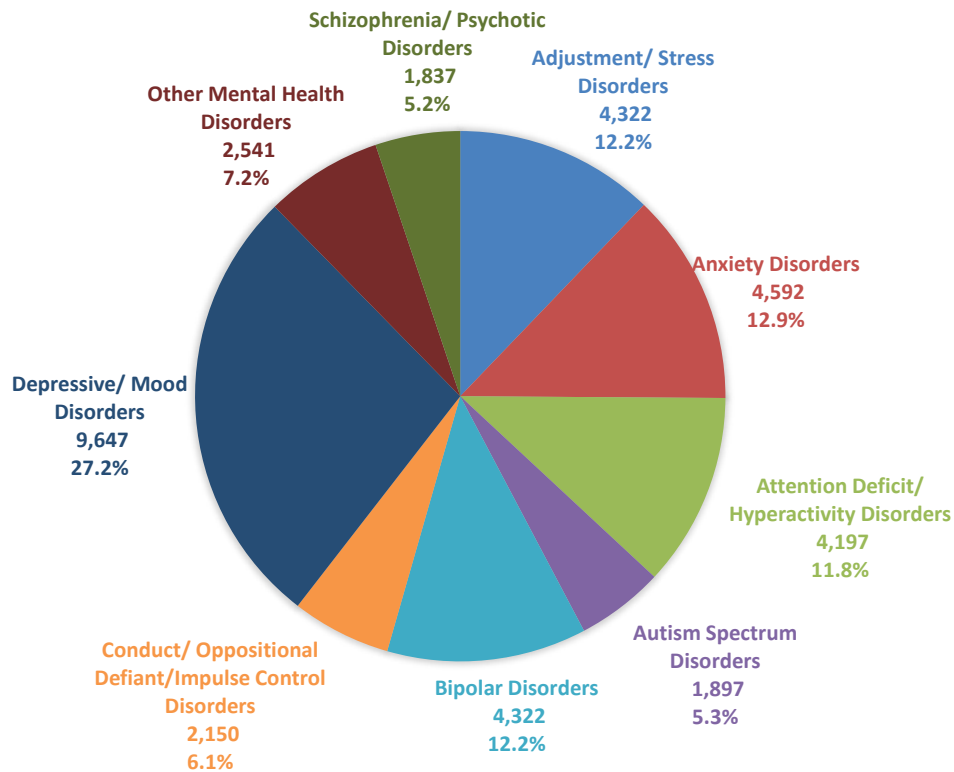


Compared to mental health services, a larger proportion of drug and alcohol treatment services are delivered to HealthChoices adult members who fall into became eligible for Medical Assistance as a result of the Affordable Care Act's Medicaid Expansion provision.

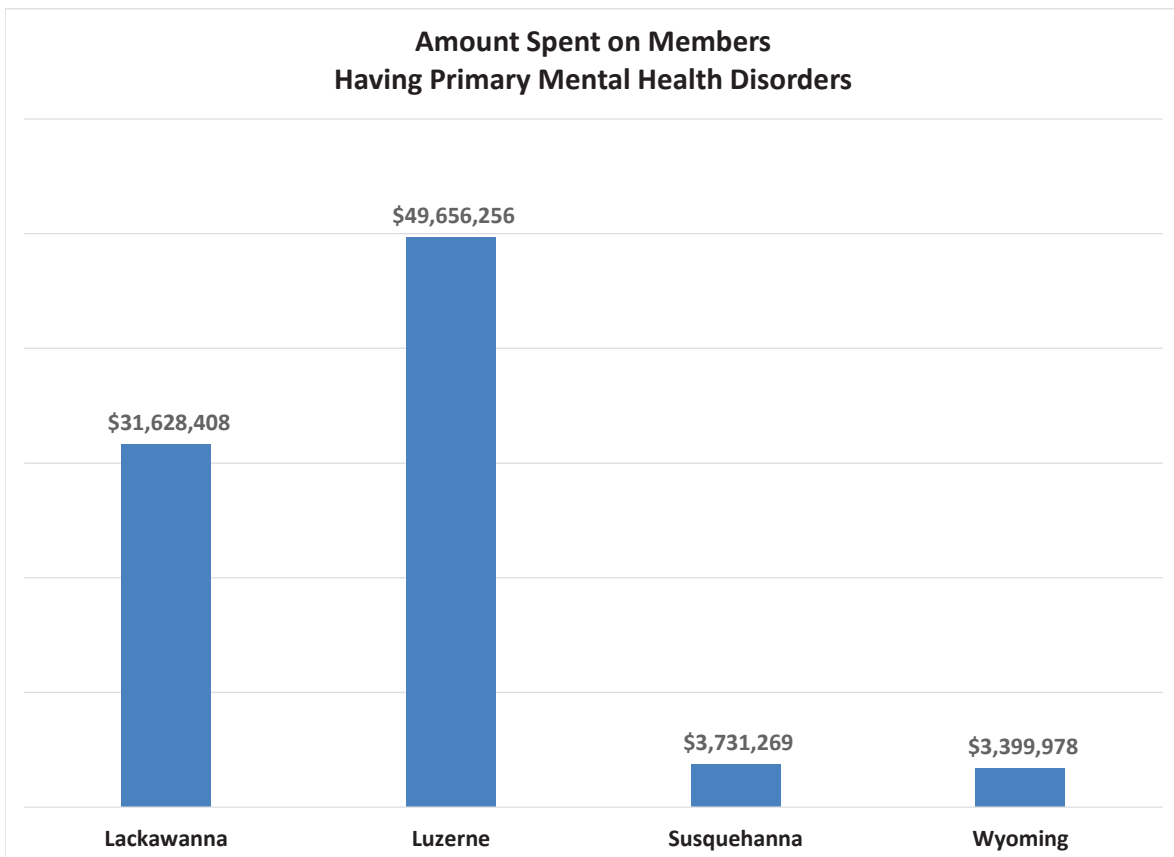
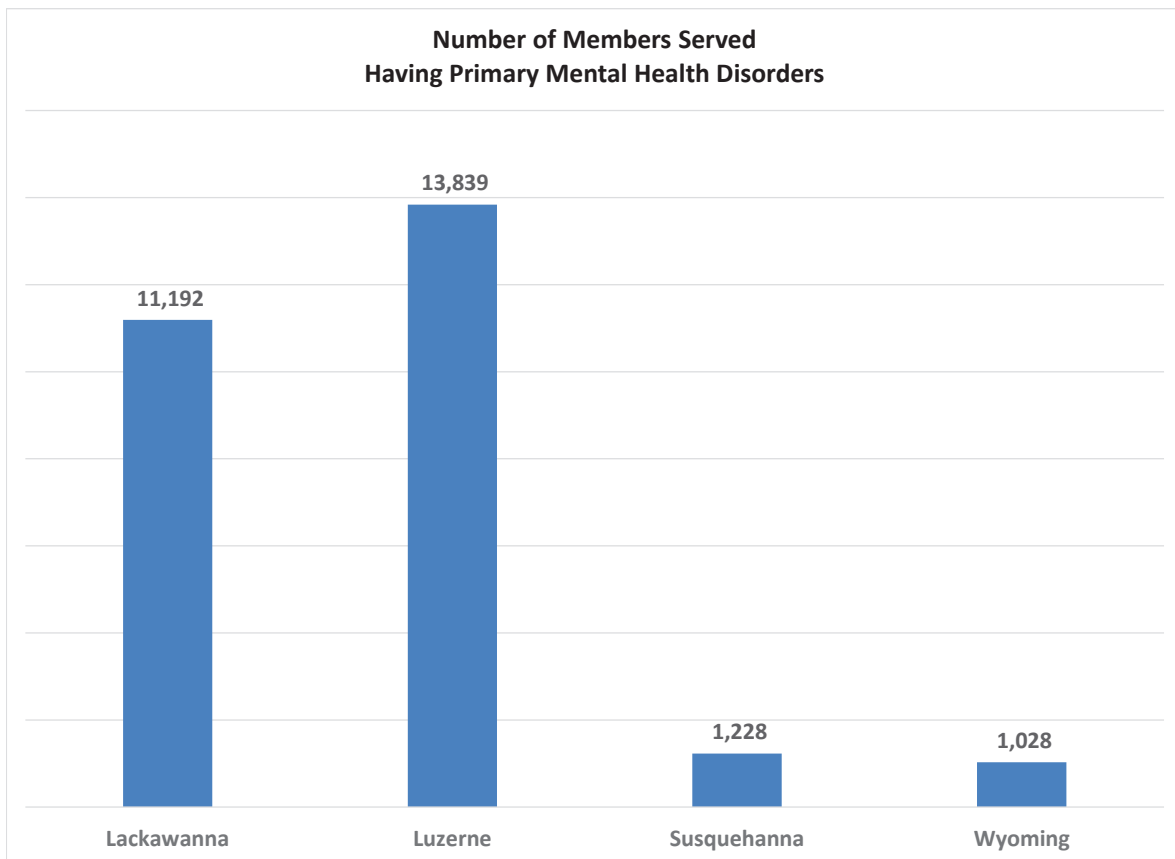
# Primary Diagnosis

## Mental Health

All Counties - Mental Health  
27,011 Served  
\$88,415,911 Spent



Members with more than one diagnosis are counted in each category. Does not include members served under the SBBH APA. Percentages may not sum to 100% due to rounding.



Members who live in more than one county during the Fiscal Year are counted in each category. Does not include members served under the SBBH APA. Percentages may not sum to 100% due to rounding.

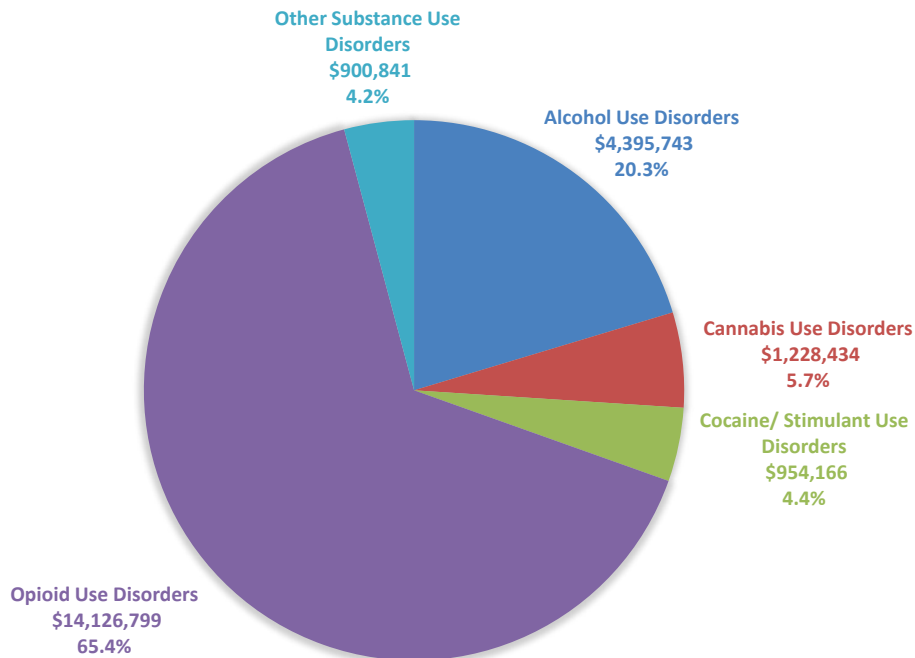
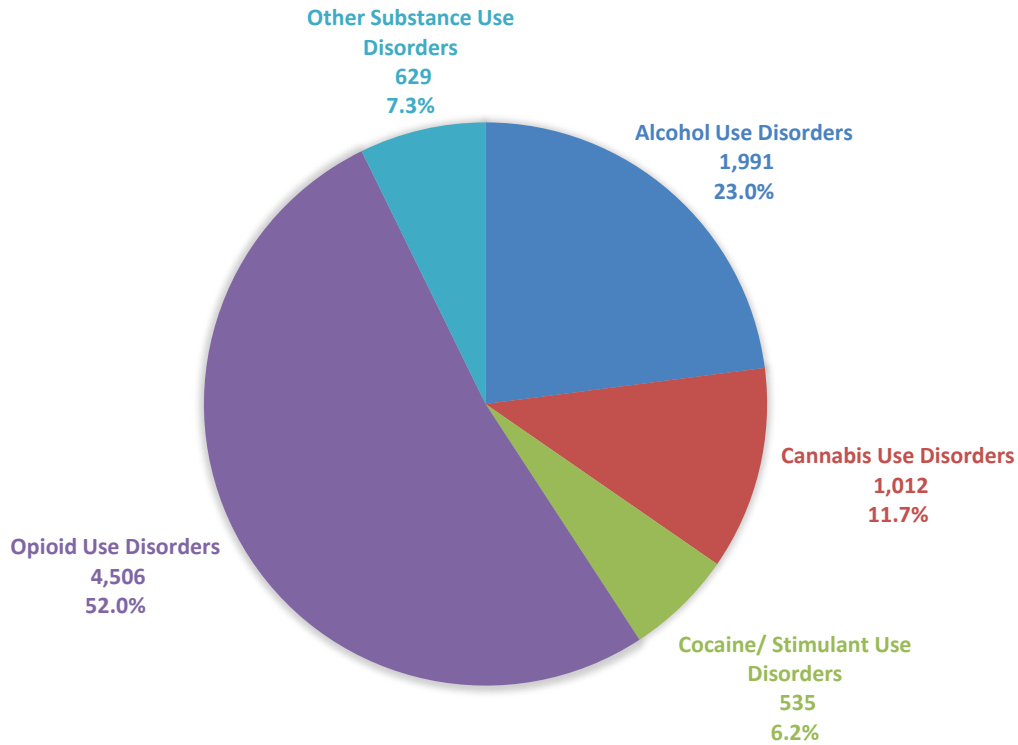
# Primary Diagnosis

## Drug & Alcohol

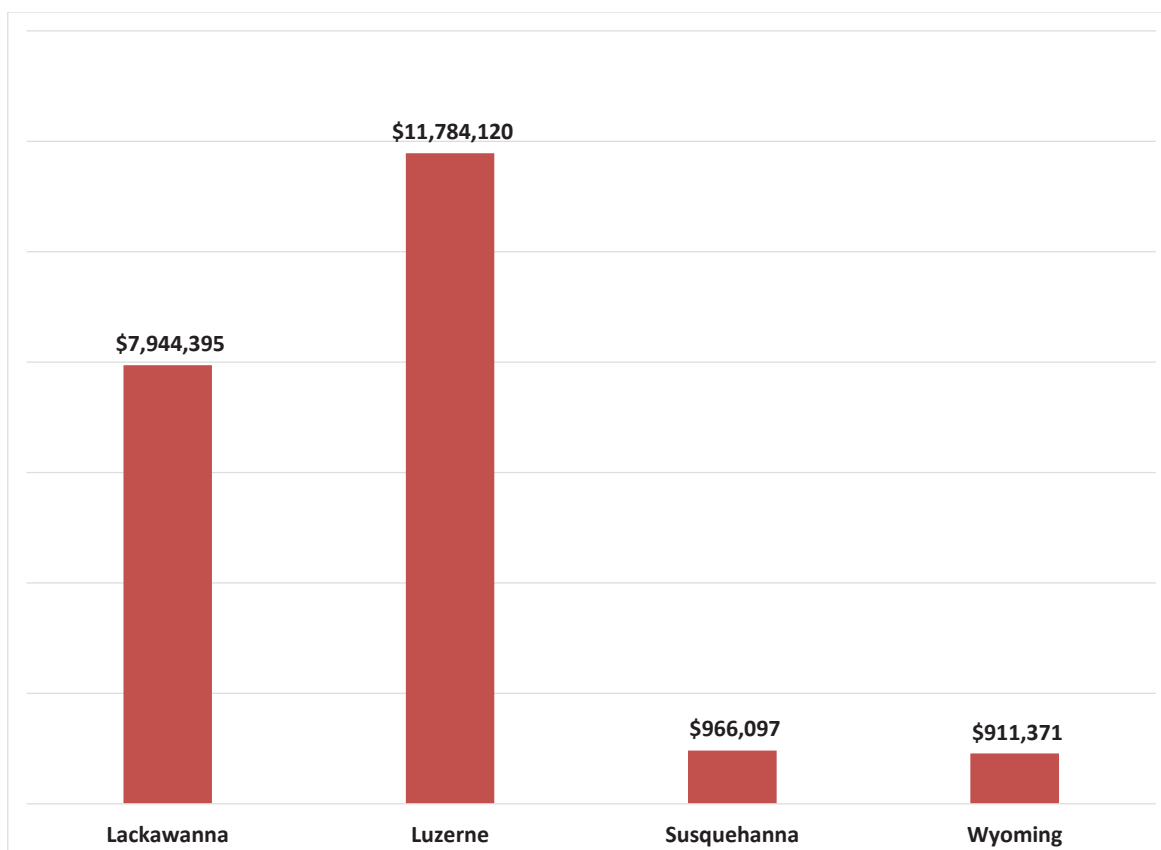
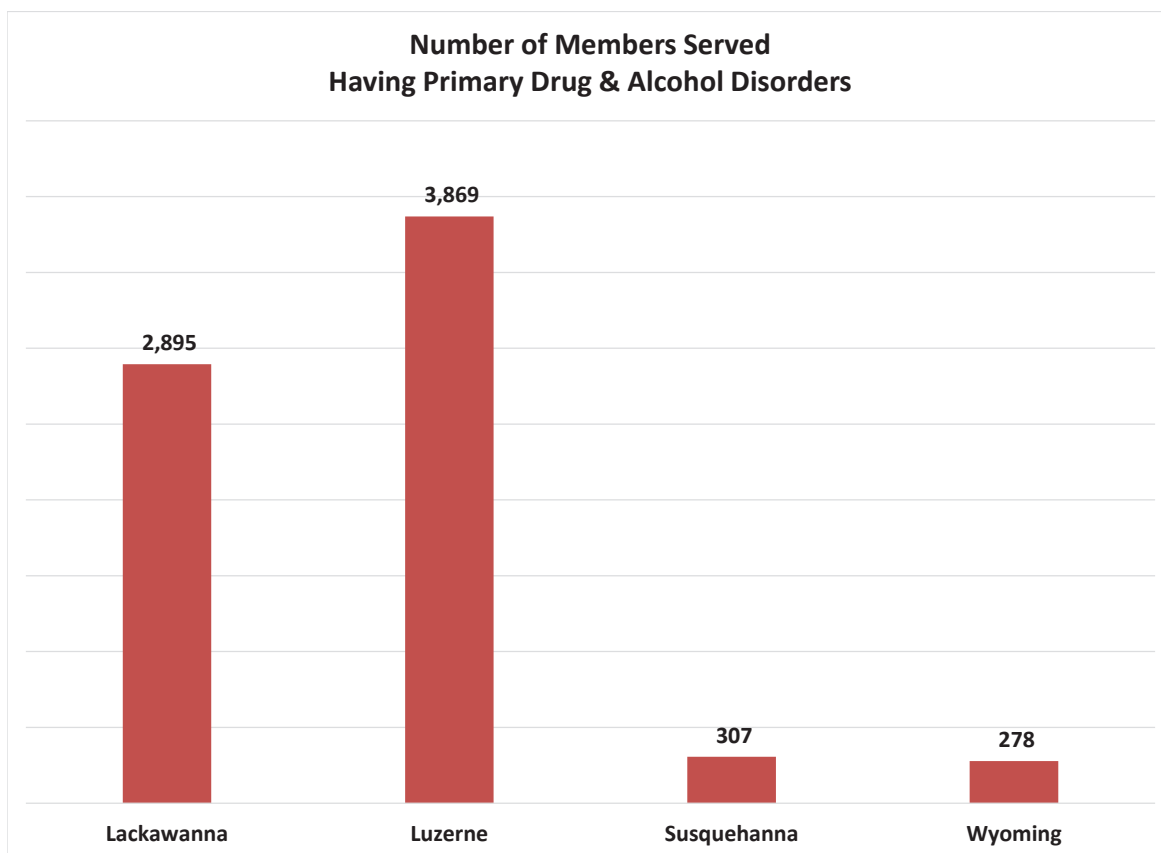
All Counties - Drug & Alcohol

7,255 Served

\$21,605,983 Spent

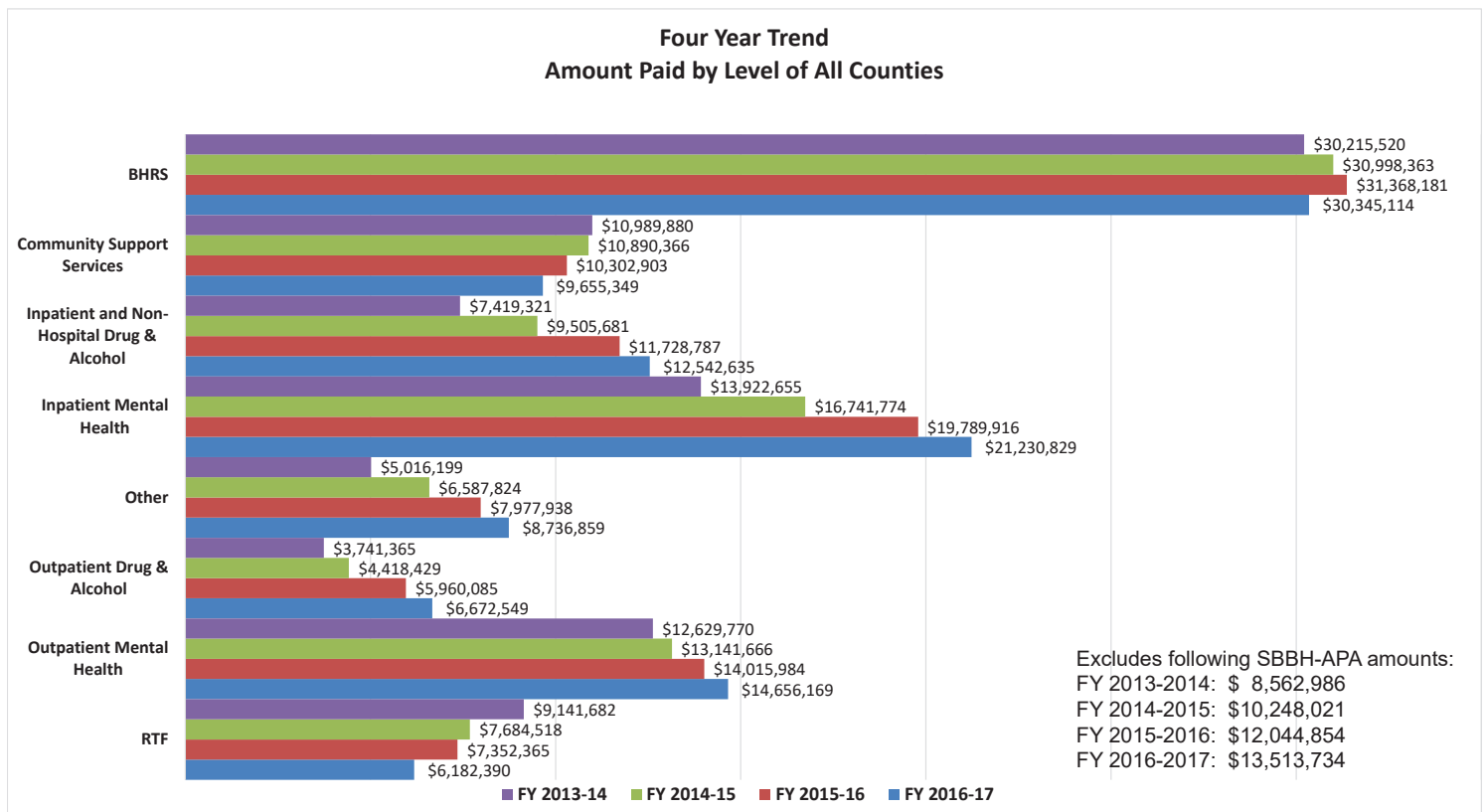
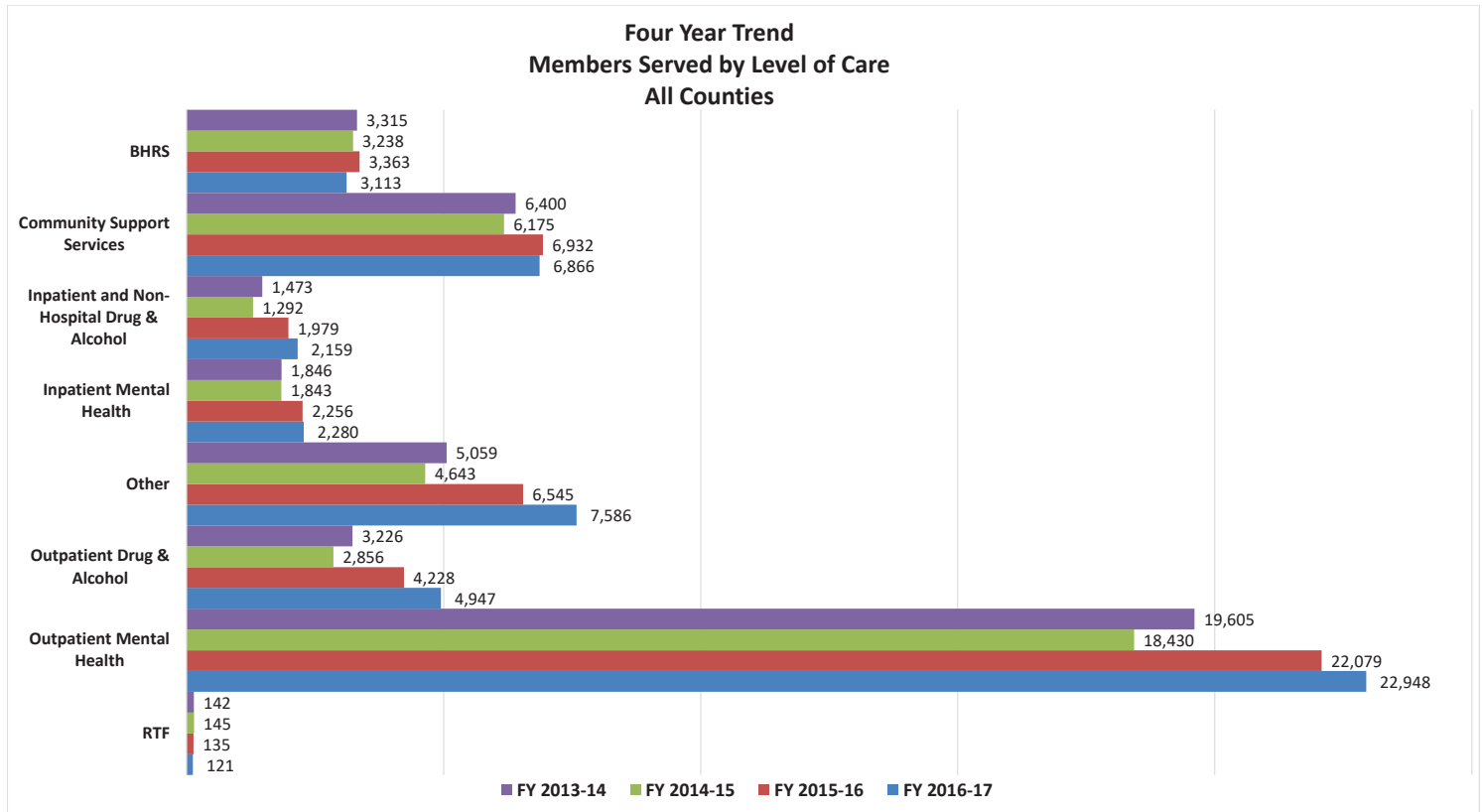


Members with more than one diagnosis are counted in each category. Does not include members served under the SBBH APA. Percentages may not sum to 100% due to rounding.



Members who live in more than one county during the Fiscal Year are counted in each category. Does not include members served under the SBBH APA. Percentages may not sum to 100% due to rounding.

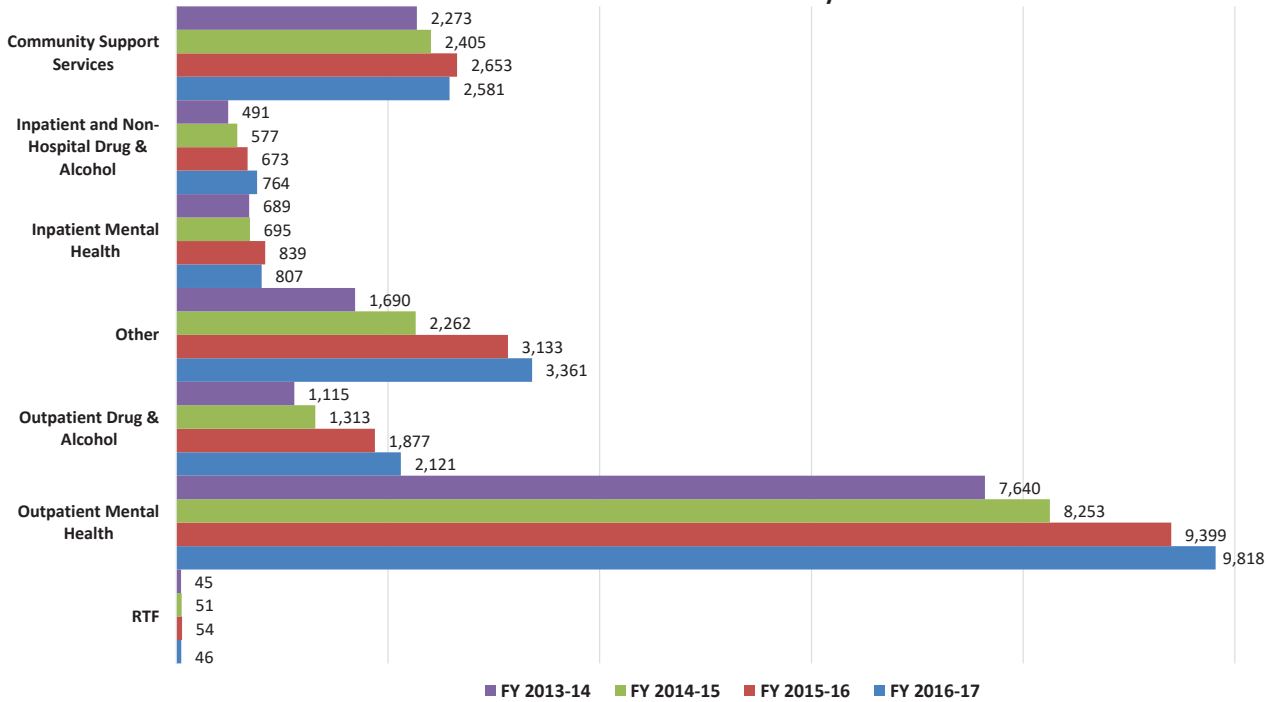
# Four-Year Utilization Trend



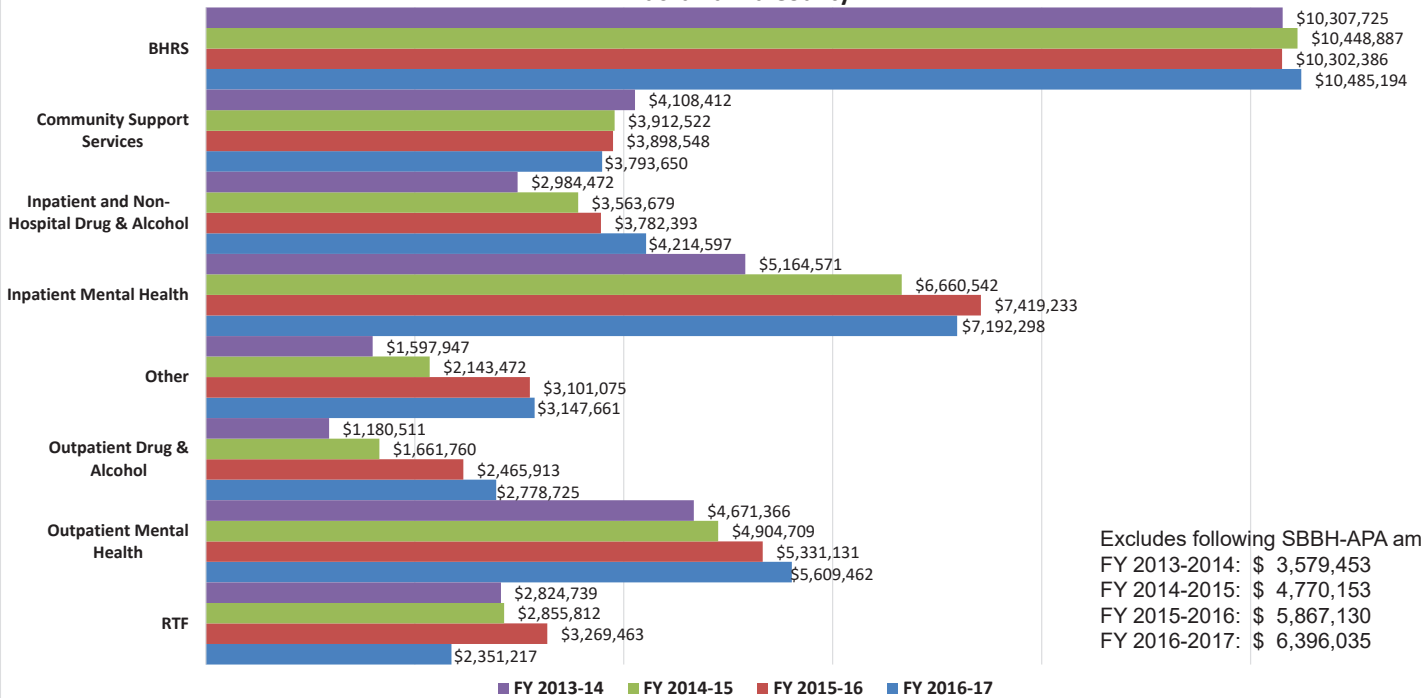
Members who received more than one service during the Fiscal Year are counted in each category. BHRS category does not include members served under the SBBH APA.



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



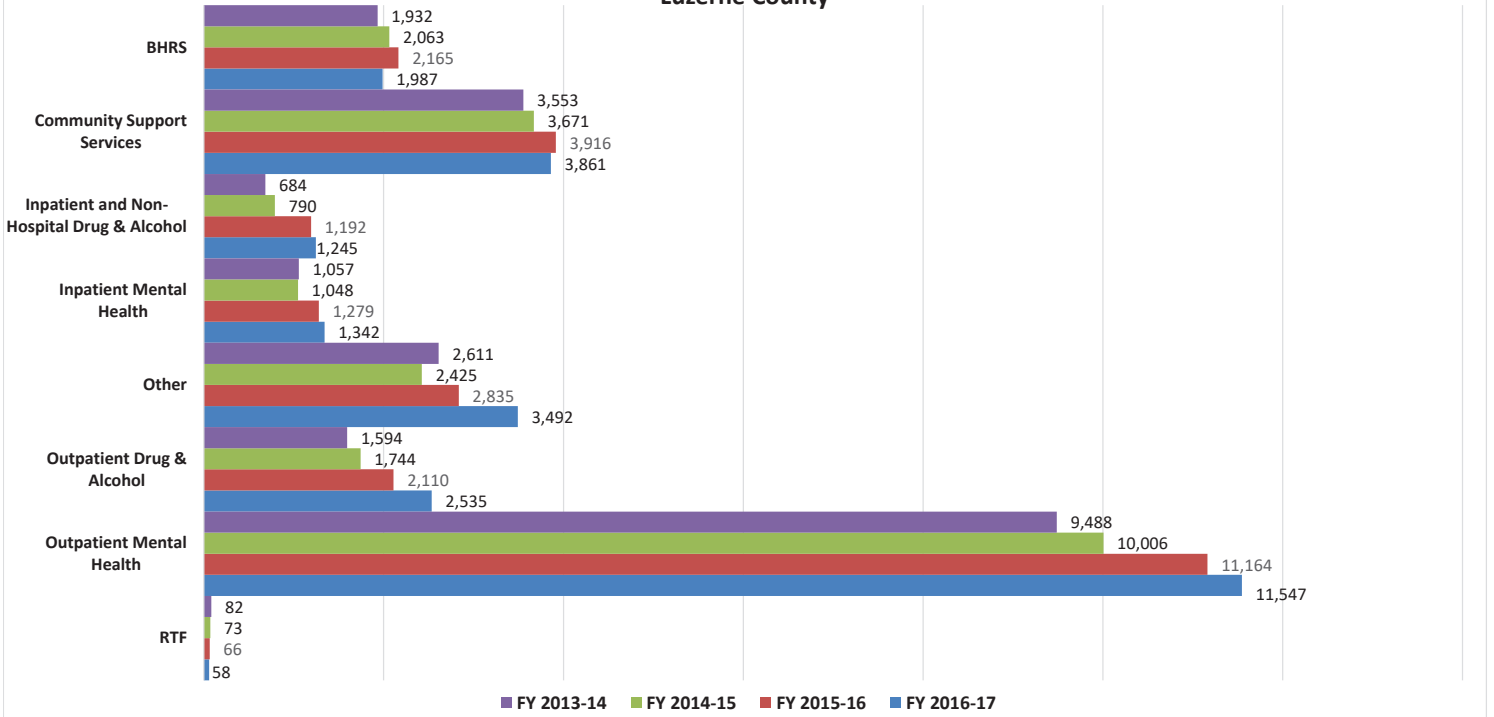
**Four Year Trend  
Amount Paid by Level of Care  
Lackawanna County**



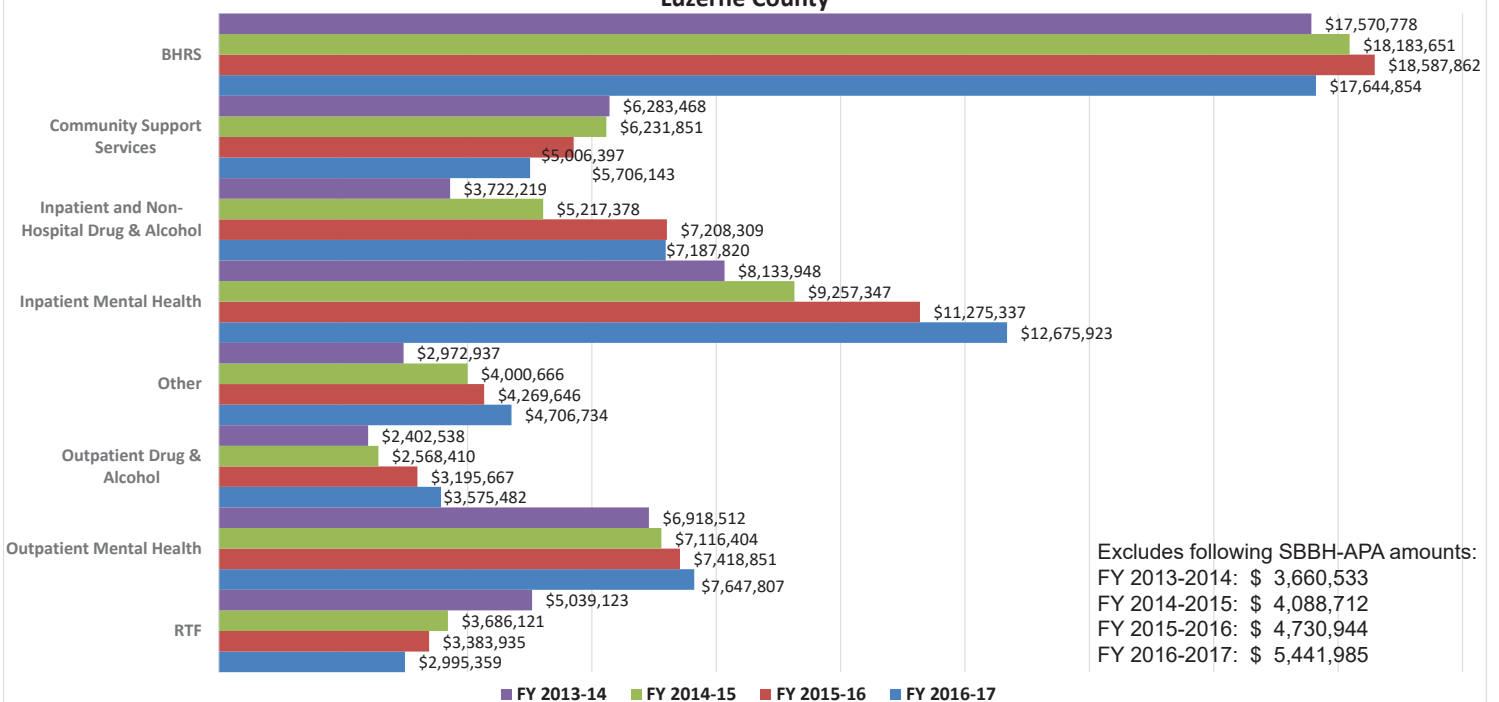
Excludes following SBBH-APA amounts:  
FY 2013-2014: \$ 3,579,453  
FY 2014-2015: \$ 4,770,153  
FY 2015-2016: \$ 5,867,130  
FY 2016-2017: \$ 6,396,035

Members who received more than one service during the Fiscal Year are counted in each category. BHRS category does not include members served under the SBBH APA.

### Four Year Trend Members Served by Level of Care Luzerne County

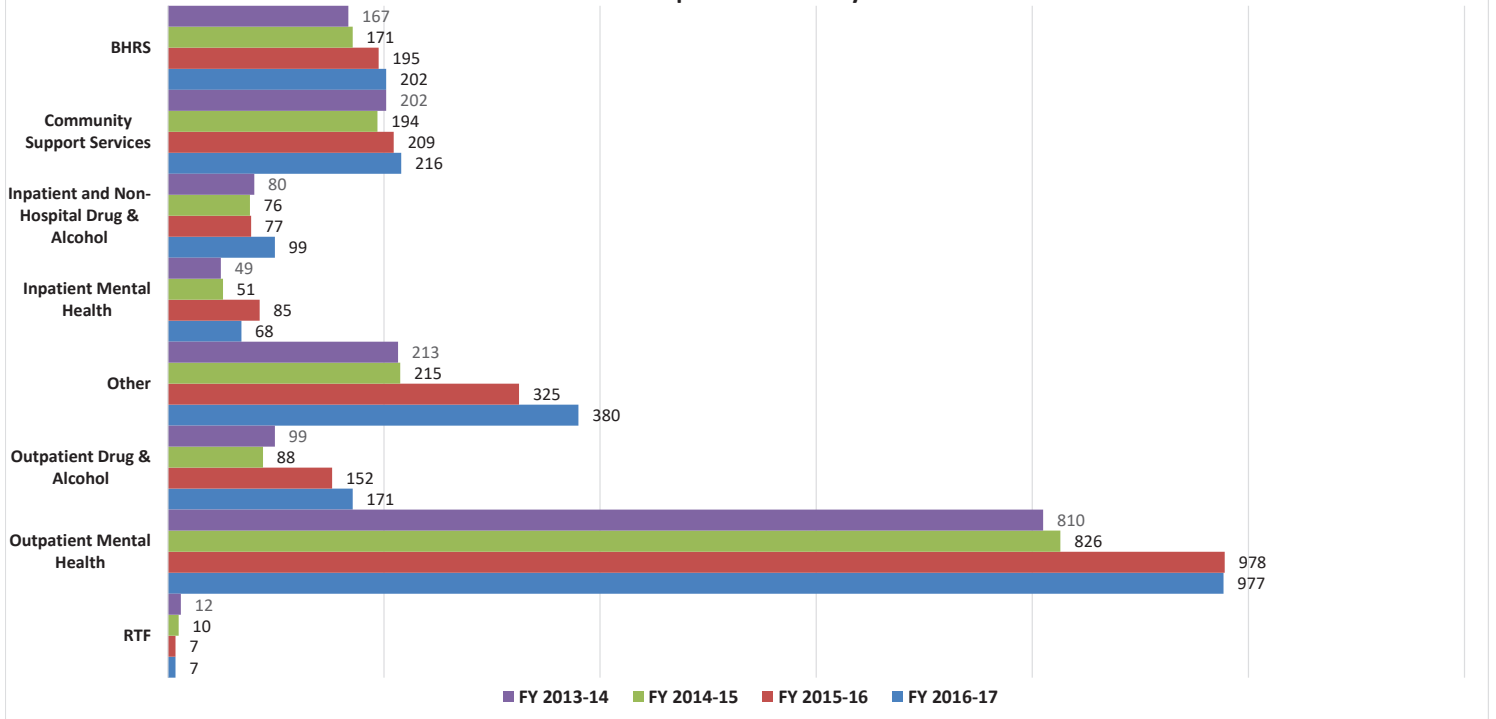


### Four Year Trend Amount Paid by Level of Care Luzerne County

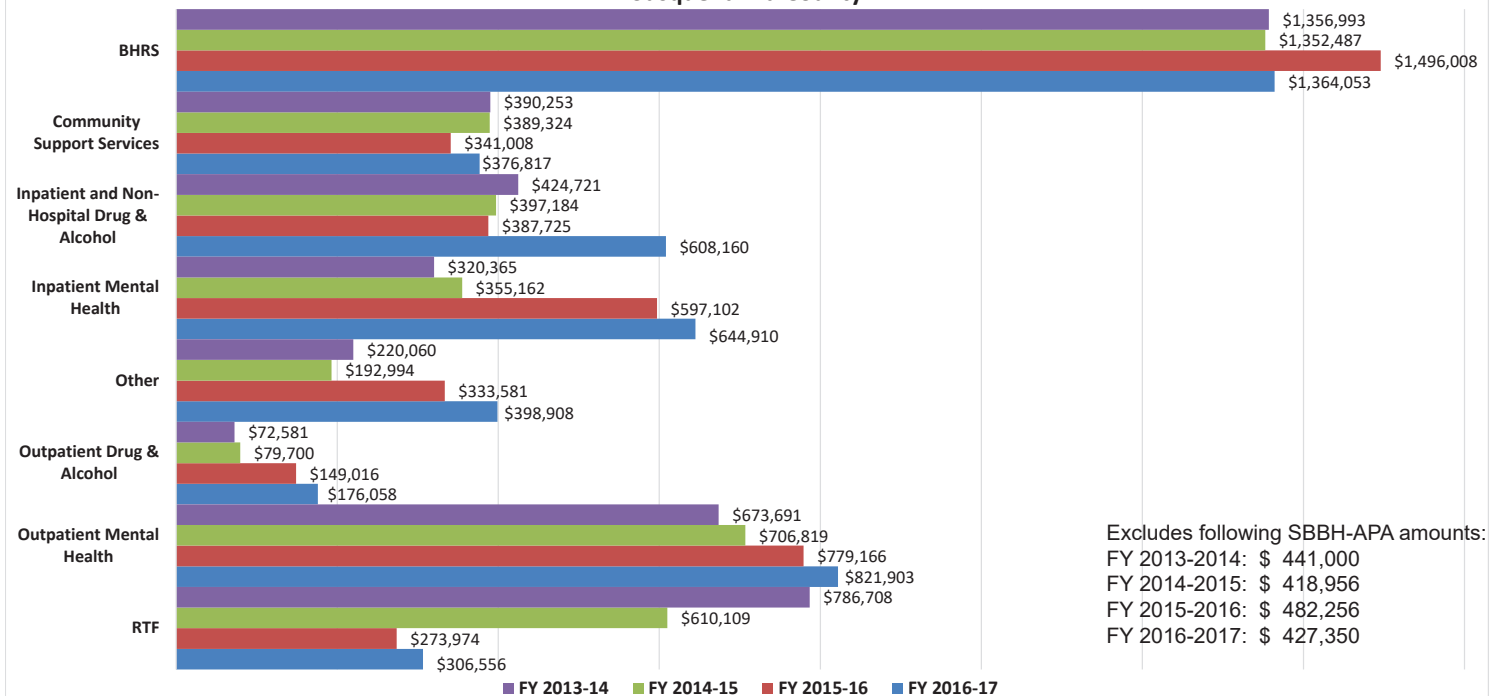


Members who received more than one service during the Fiscal Year are counted in each category. BHRS category does not include members served under the SBBH APA.

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

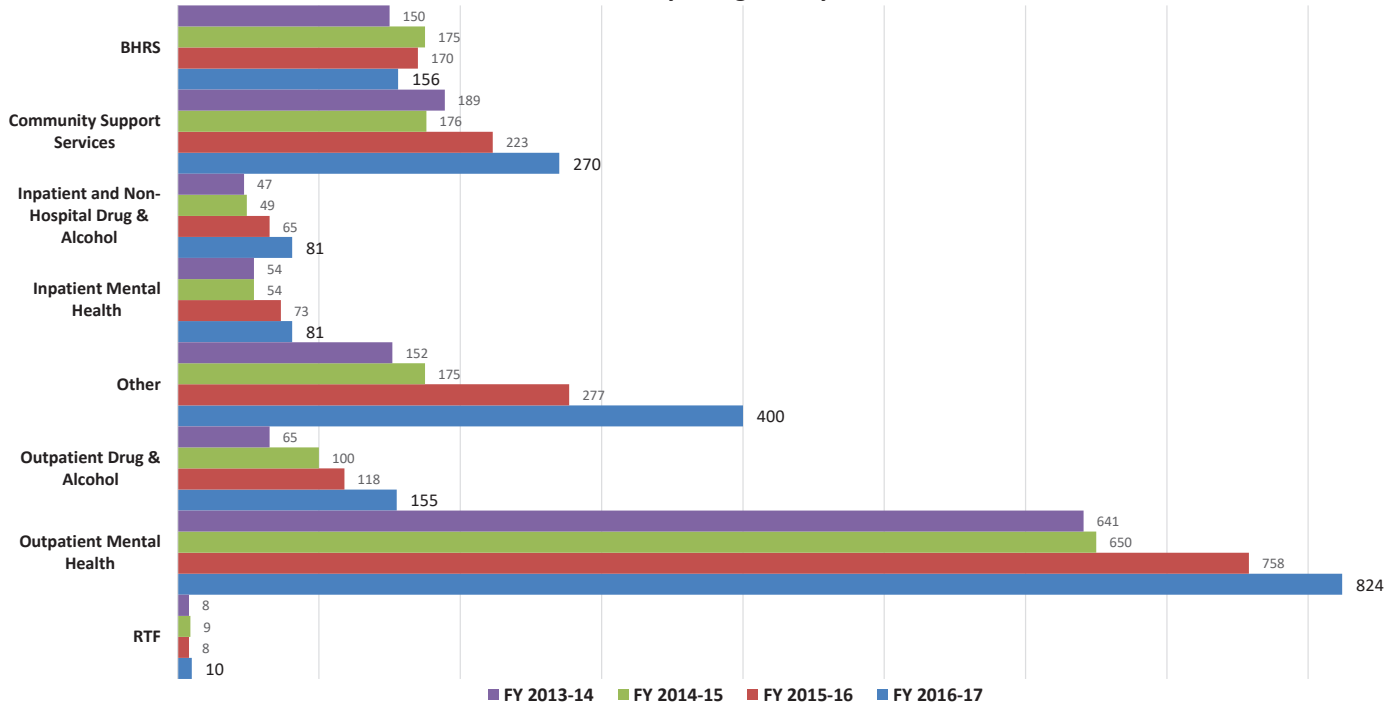


**Four Year Trend  
Amount Paid by Level of Care  
Susquehanna County**

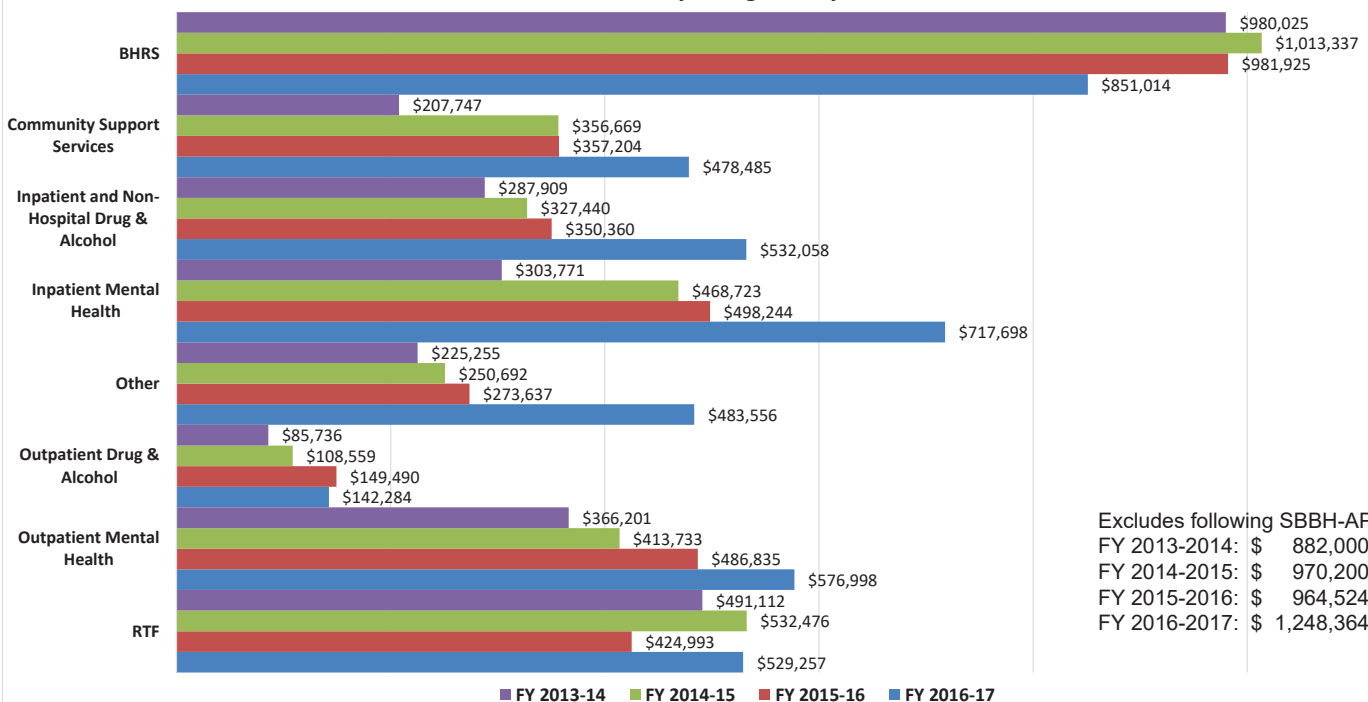


Members who received more than one service during the Fiscal Year are counted in each category. BHRS category does not include members served under the SBBH APA.

### Four Year Trend Members Served by Level of Care Wyoming County



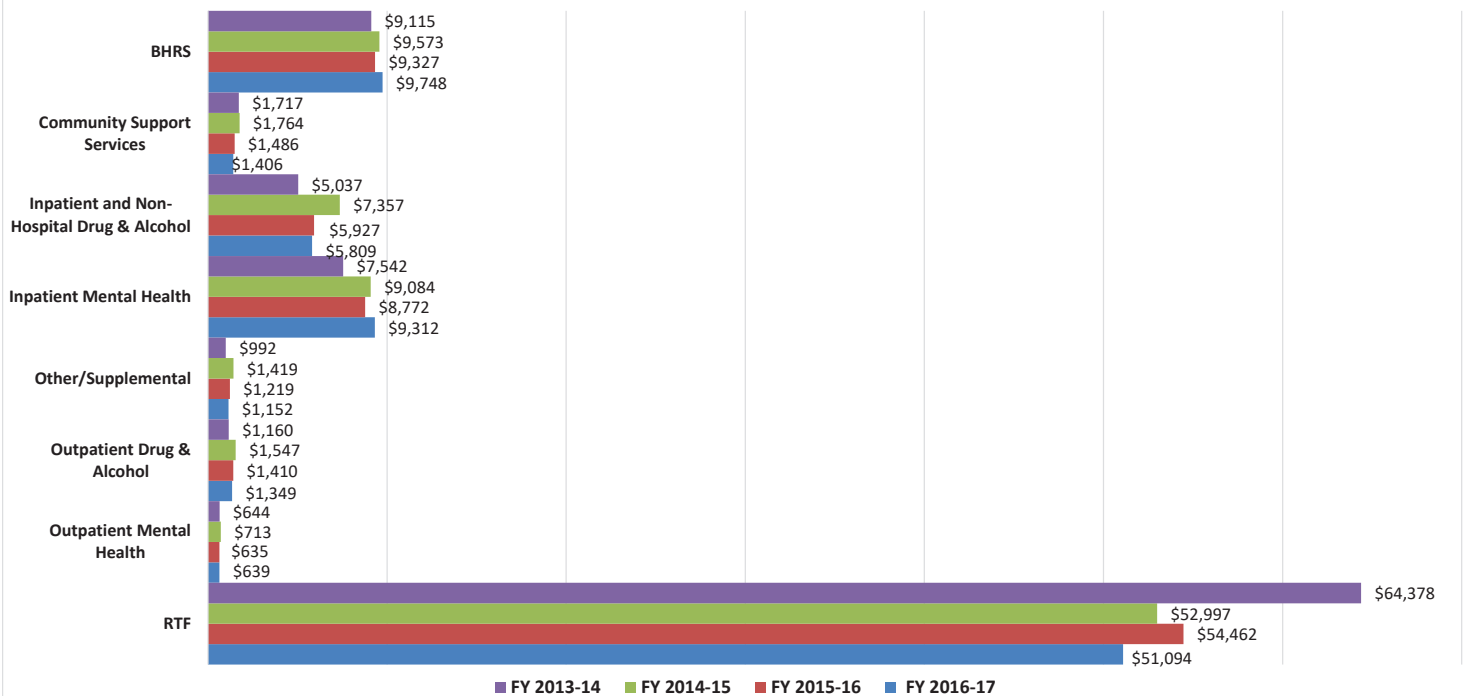
### Four Year Trend Amount Paid by Level of Care Wyoming County



Excludes following SBBH-APA amounts:  
FY 2013-2014: \$ 882,000  
FY 2014-2015: \$ 970,200  
FY 2015-2016: \$ 964,524  
FY 2016-2017: \$ 1,248,364

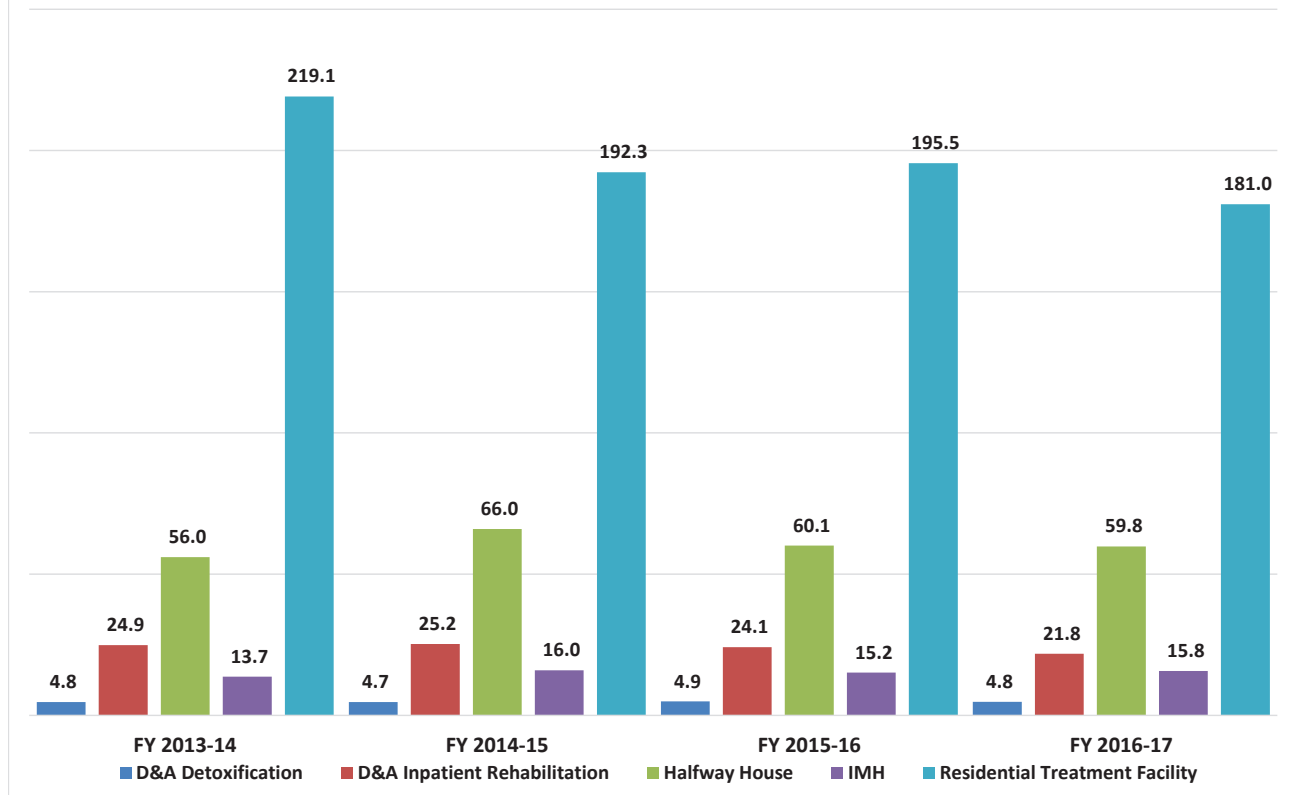
Members who received more than one service during the Fiscal Year are counted in each category. BHRS category does not include members served under the SBBH APA.

**\*Average Cost per Member  
by Level of Care  
All Counties**



\*The BHRS category does not include amounts paid for services delivered under the SBBH-APA

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



# Youth Served

## Youth-Focused Services

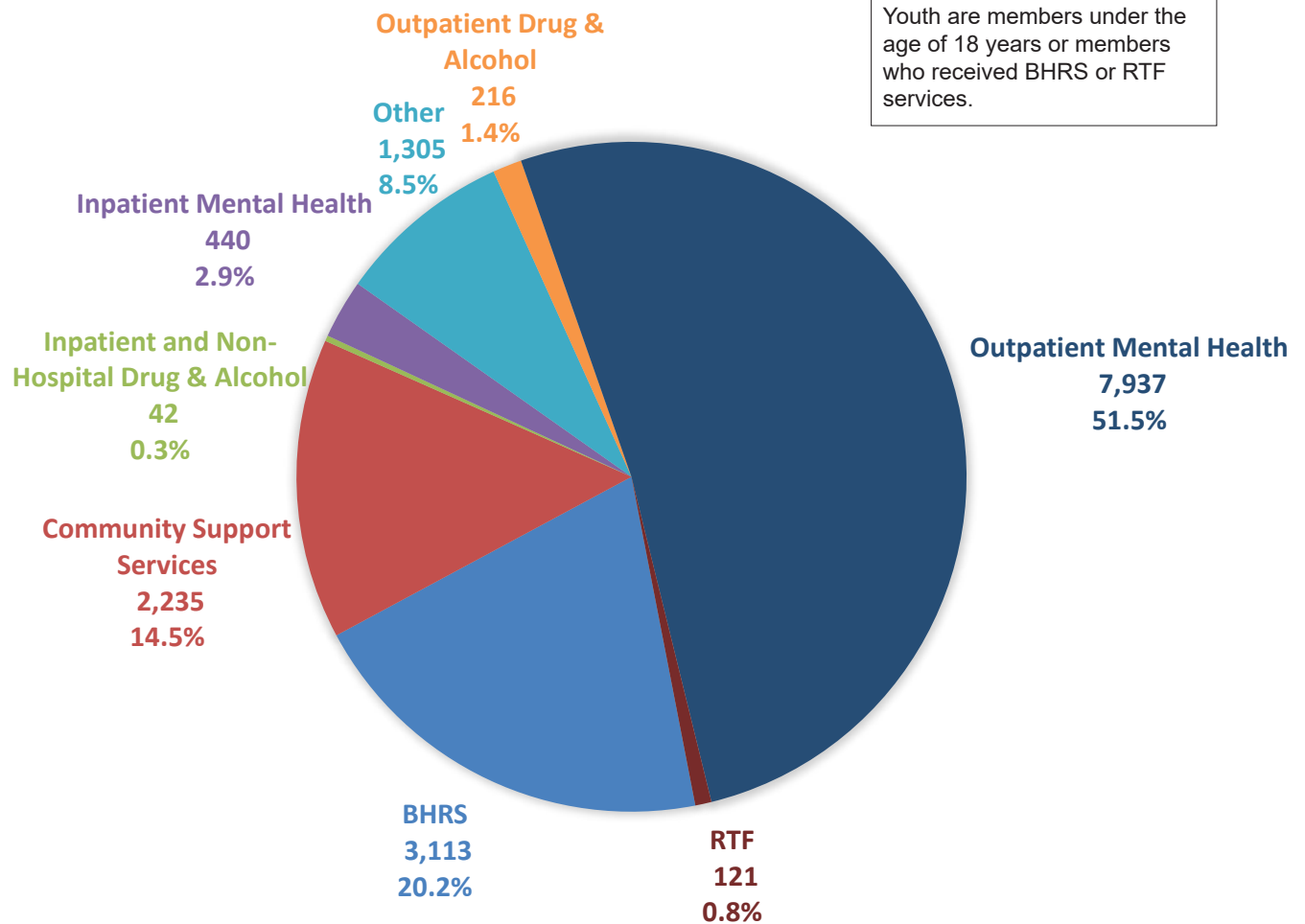
**Behavioral Health Rehabilitative Services (BHRS)**, the behavioral health component for Early Periodic Screening, Diagnosis and Treatment, are services to children through the age of 21 years old designed to develop individual specific plans to care for social and emotional disturbances.

**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.

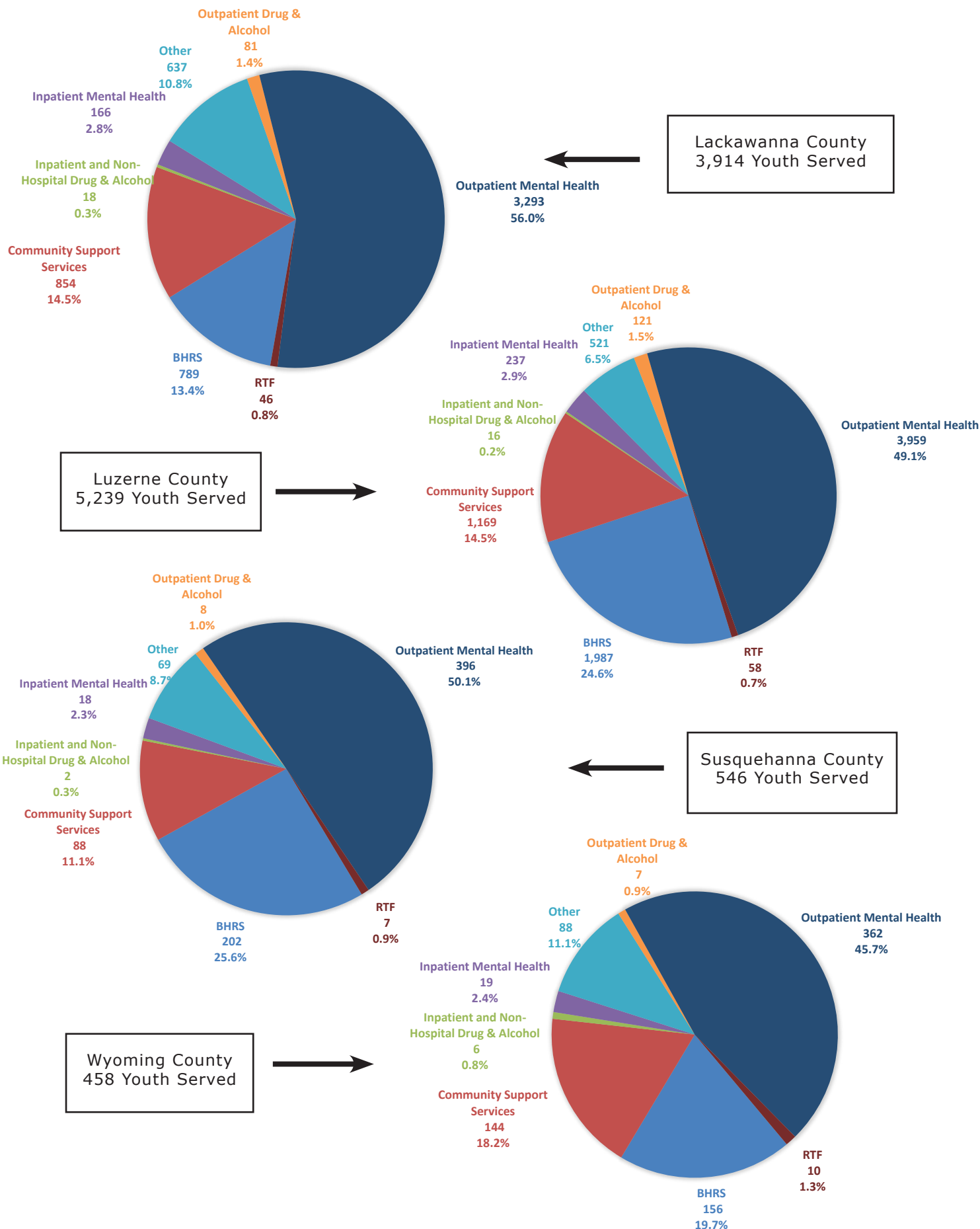
**Residential Treatment Facilities (RTF)** are medical assistance approved, mental health treatment facilities for medical assistance eligible children and adolescents (up to age 21) who cannot be maintained in the home.

## Children and Adolescents Served Level of Care

All Counties  
10,065 Youth Served



Members who received more than one service during the Fiscal Year are counted in each category. BHRS category does not include members served under the SBBH APA. Percentages may not sum to 100% due to rounding.



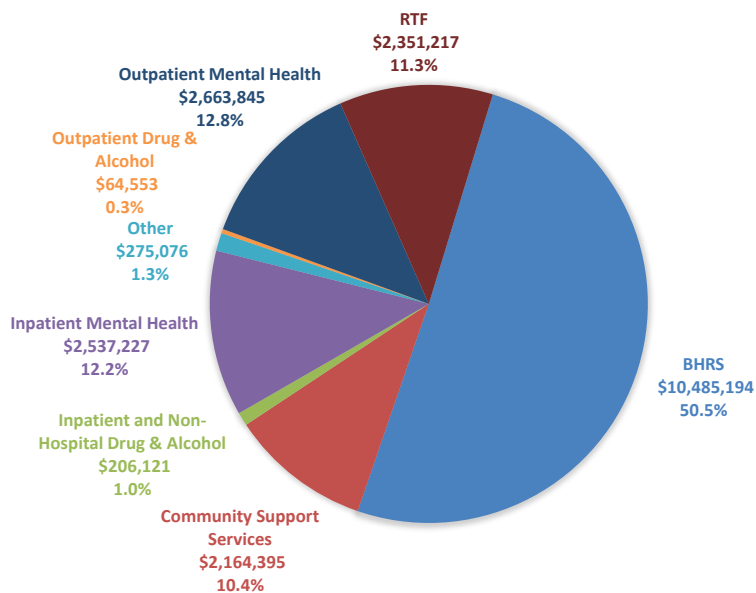
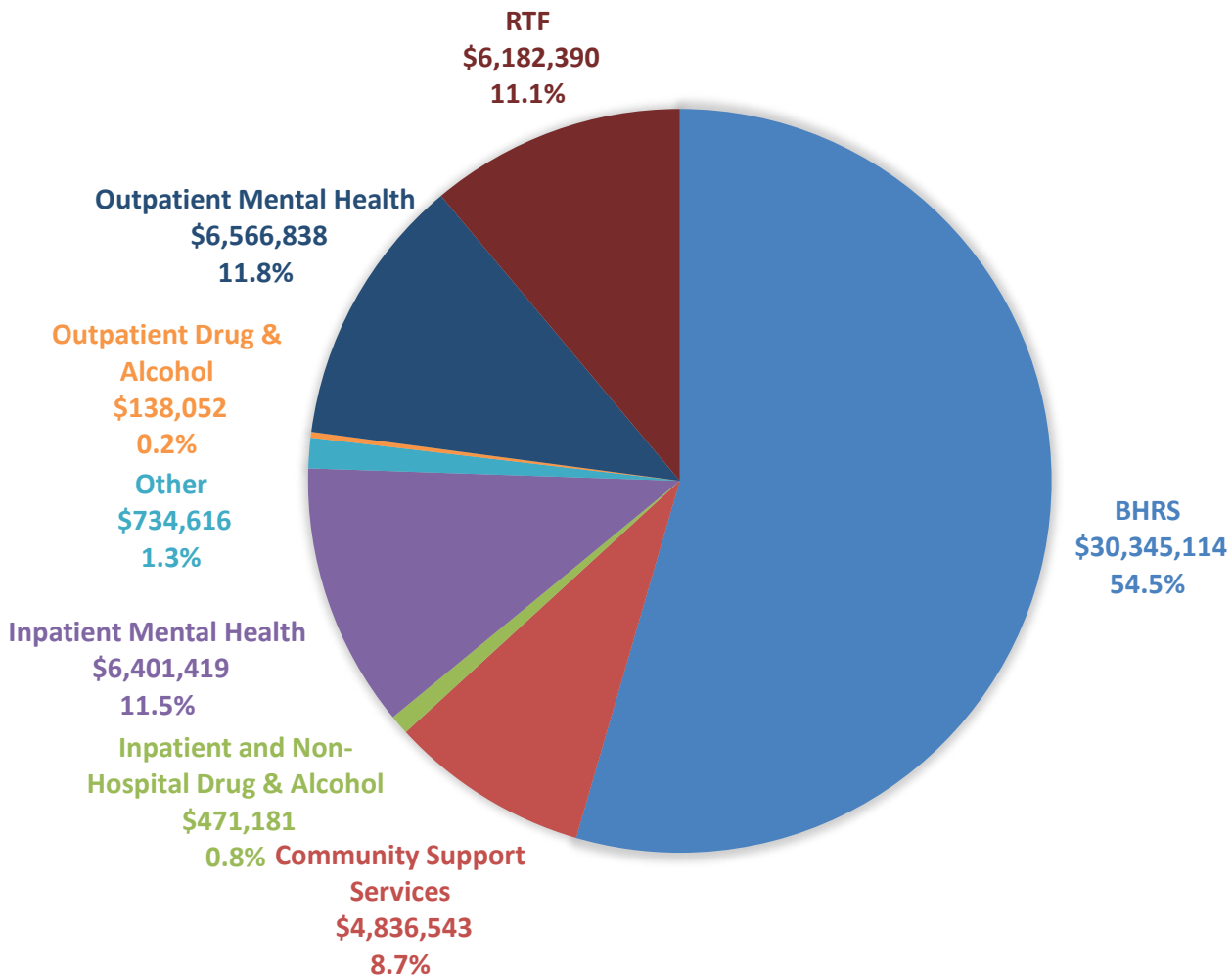
Members who received more than one service during the Fiscal Year are counted in each category. BHRS category does not include members served under the SBBH APA. Percentages may not sum to 100% due to rounding.

# Expenditures for Children and Adolescents

## Level of Care

All Counties  
\$55,676,152 Spent

SBBH APA: \$13,513,734

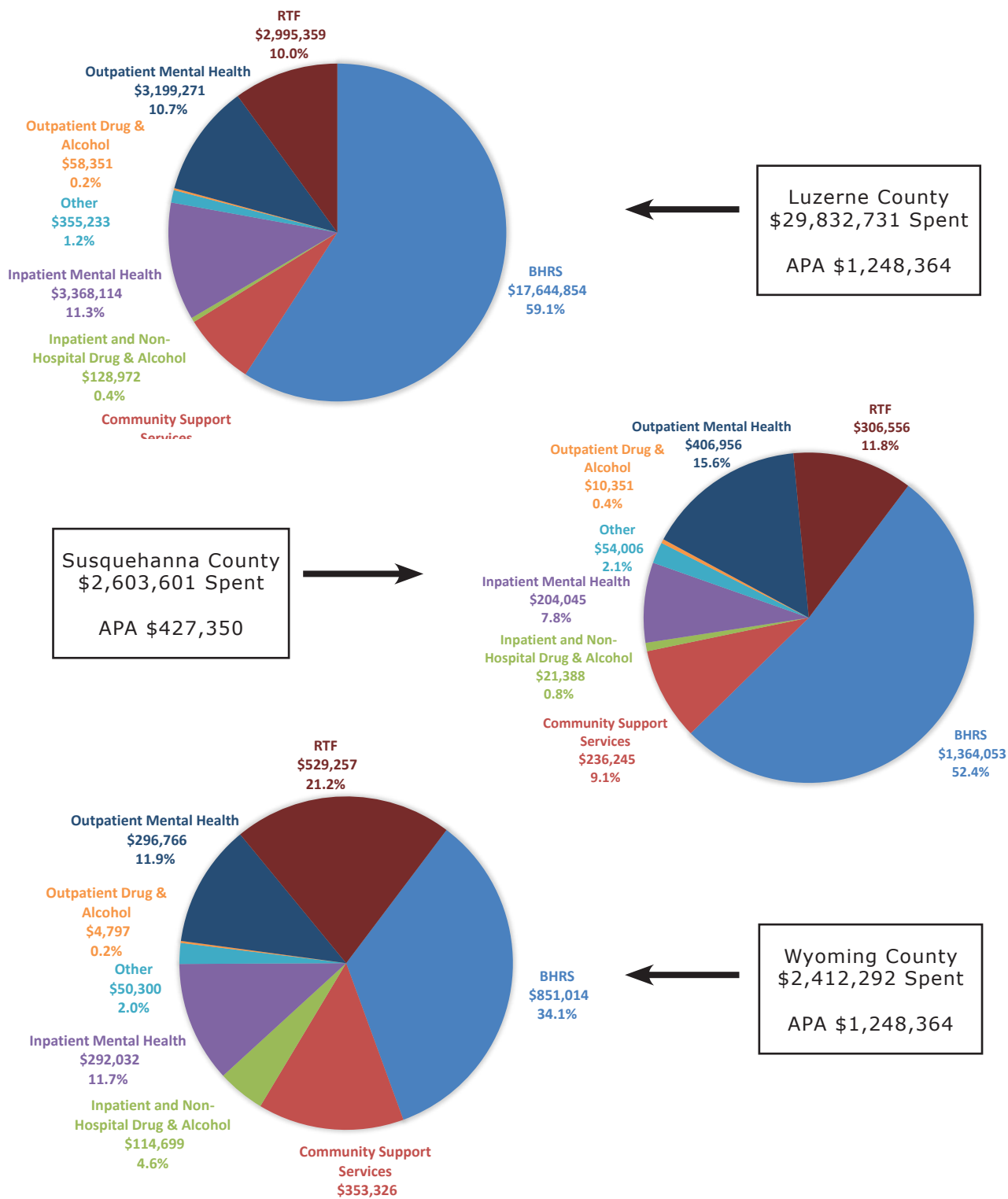


Lackawanna County  
\$20,747,628 Spent

APA \$6,396,035

The BHRS category excludes payments for services delivered under the SBBH-APA. Percentages may not sum to 100% due to rounding.





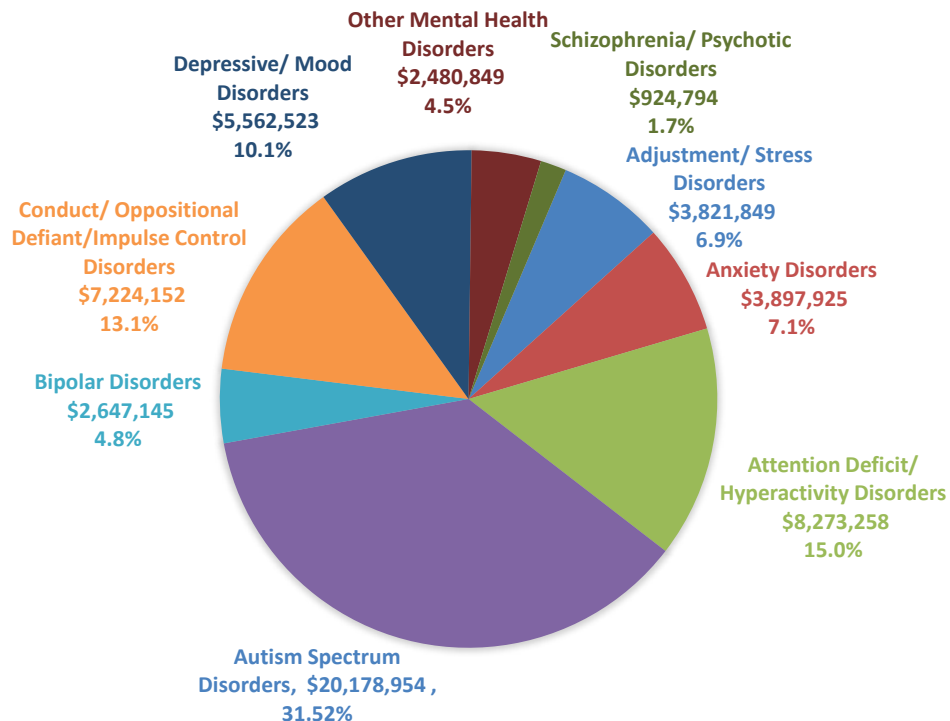
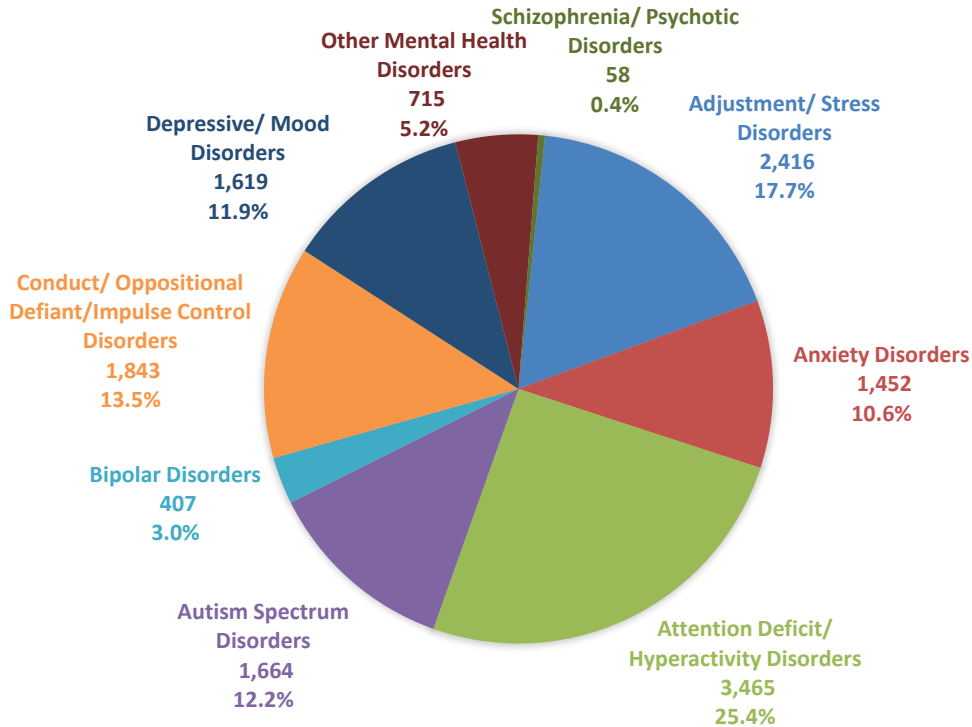
Approximately 53% of HealthChoices funds were used to provide services to members under the age of 18 years, including amounts paid for SBBH-APA.

The BHRS category excludes payments for services delivered under the SBBH-APA. Percentages may not sum to 100% due to rounding.

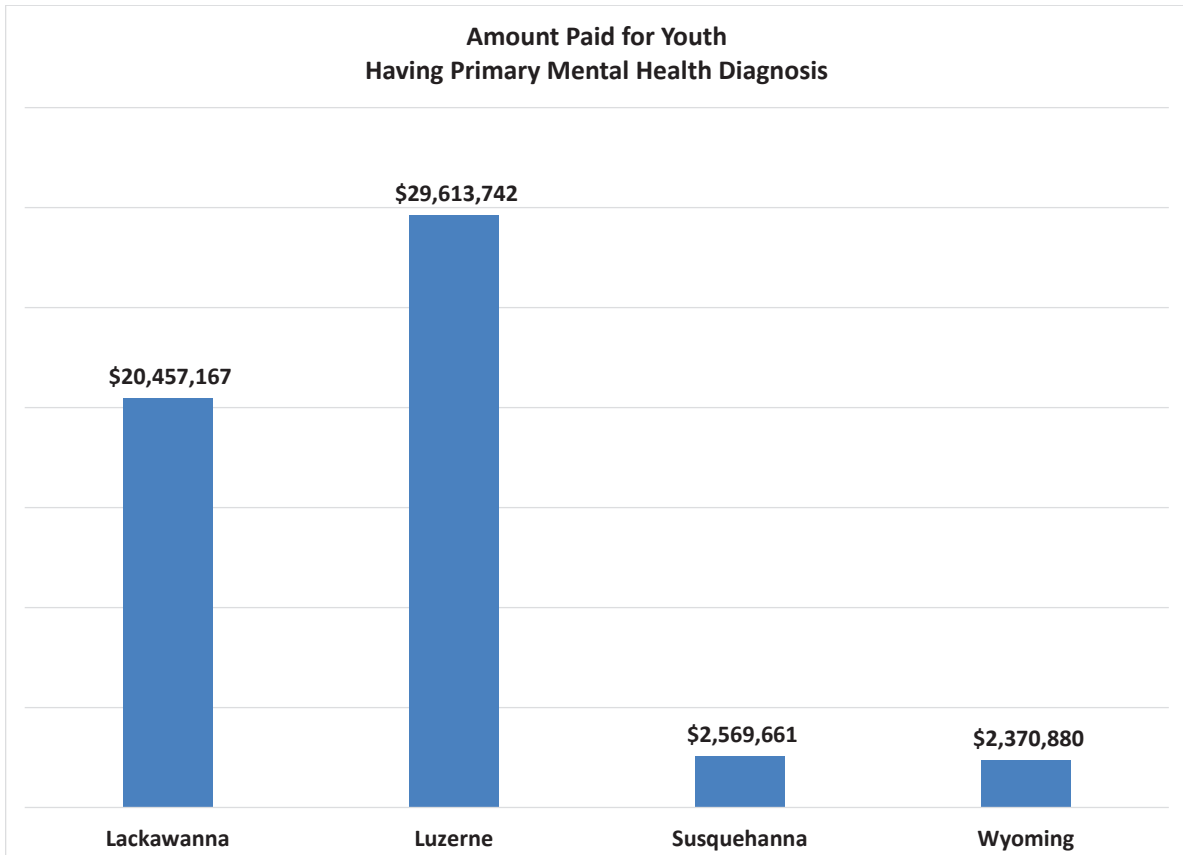
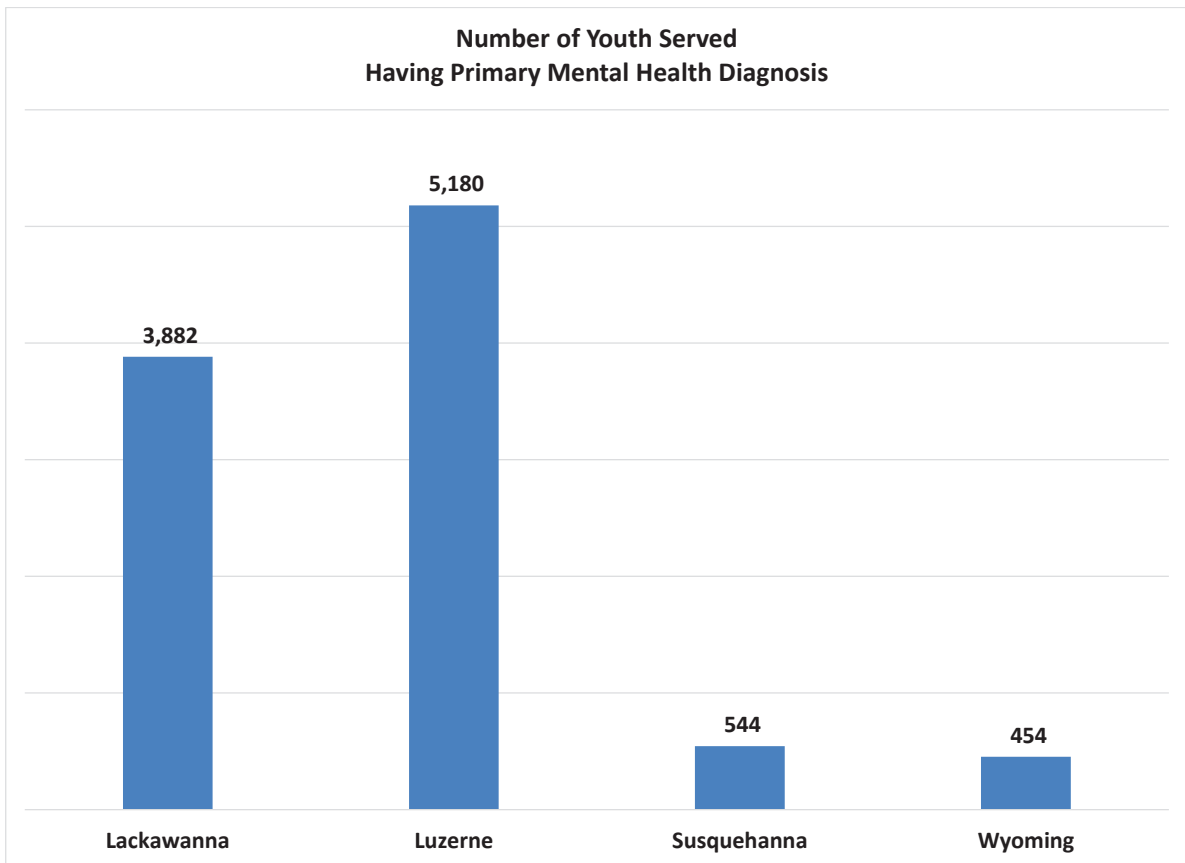
# Children and Adolescents Served

## Primary Mental Health Diagnosis

All Counties  
Mental Health Diagnoses  
9,968 Youth Served  
\$55,011,449 Spent



Members with more than one diagnosis are counted in each category. Does not include members served under the SBBH APA. Percentages may not sum to 100% due to rounding.

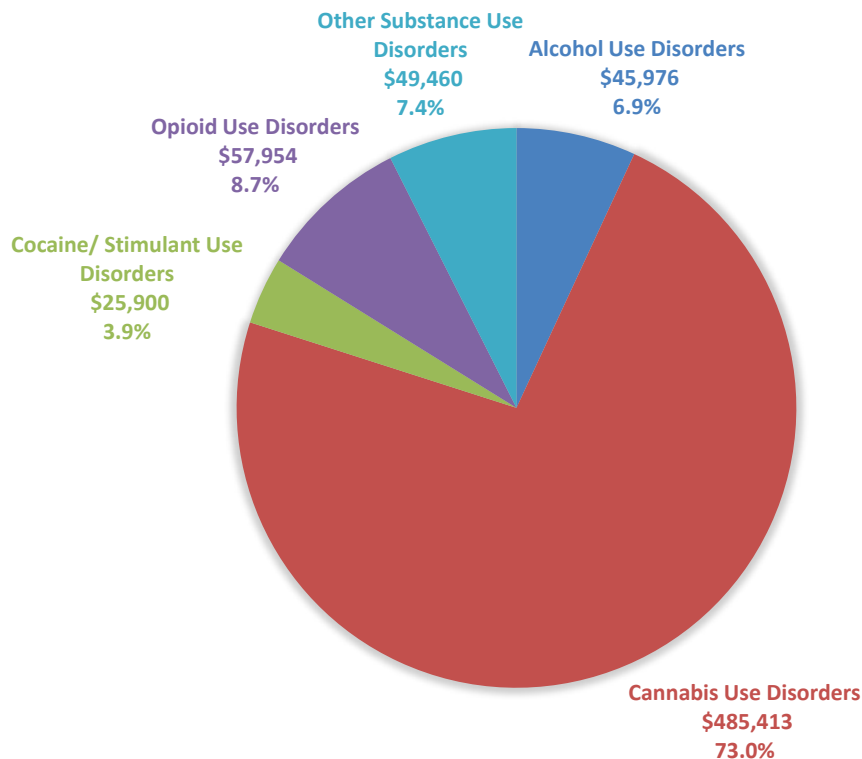
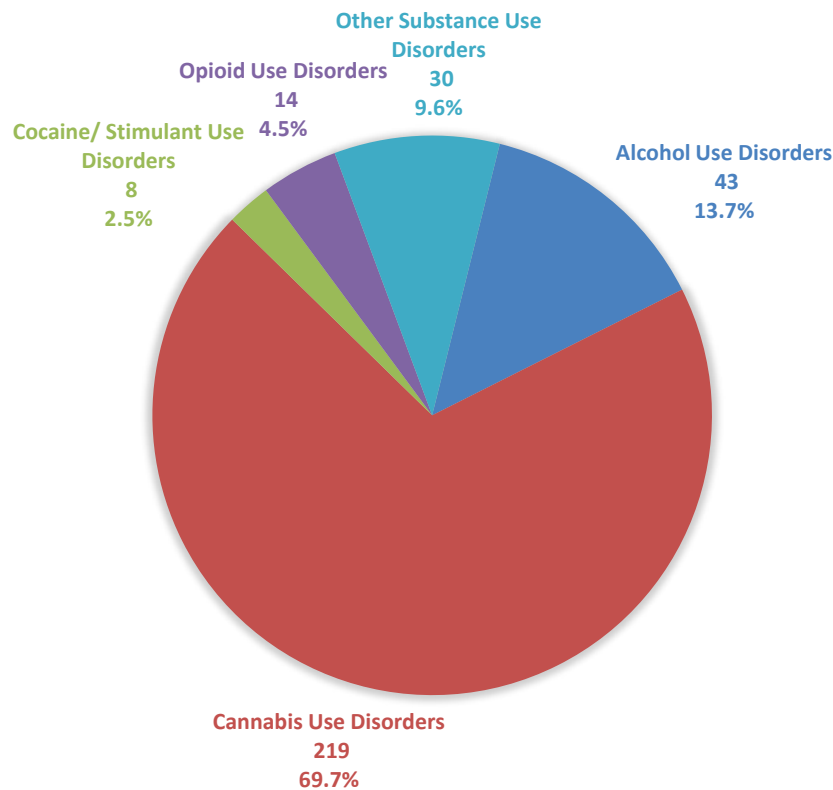


Members who lived in more than one county during the Fiscal Year are counted in each category. Does not include members served under the SBBH APA. Percentages may not sum to 100% due to rounding.

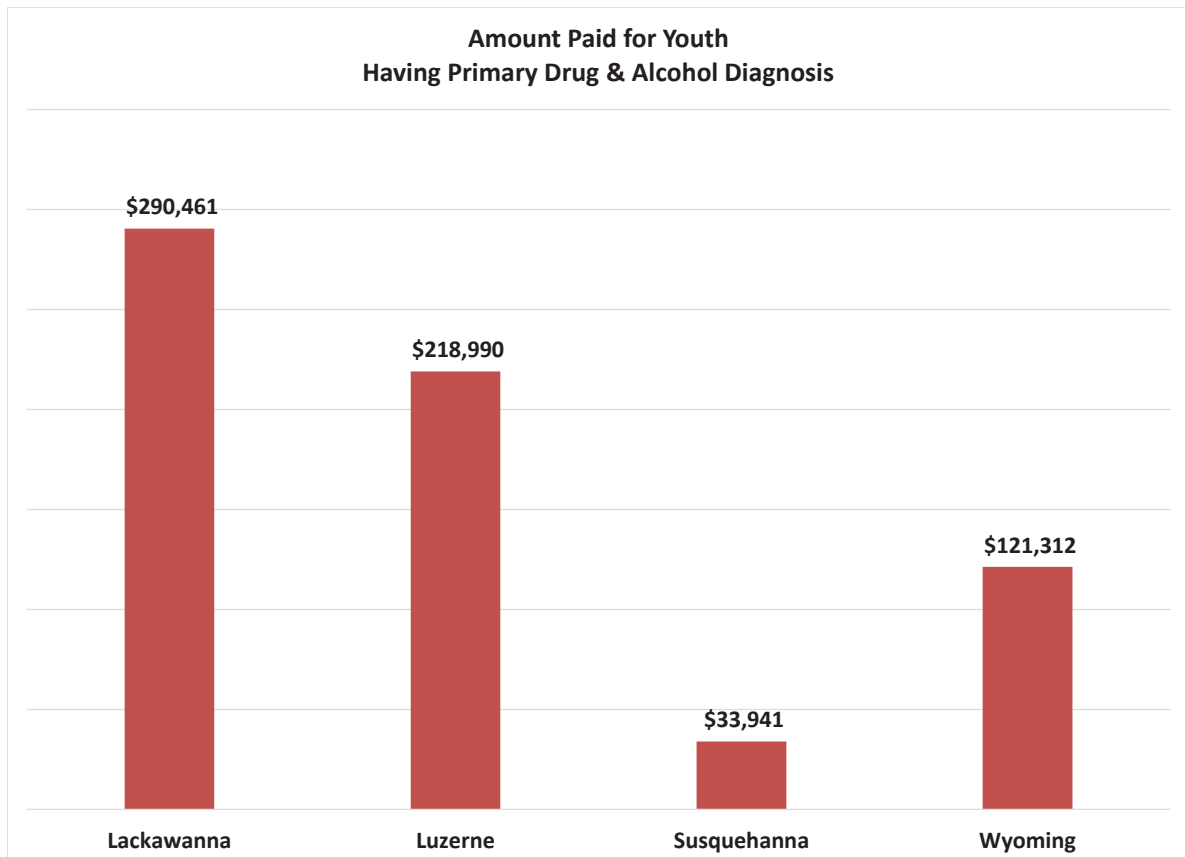
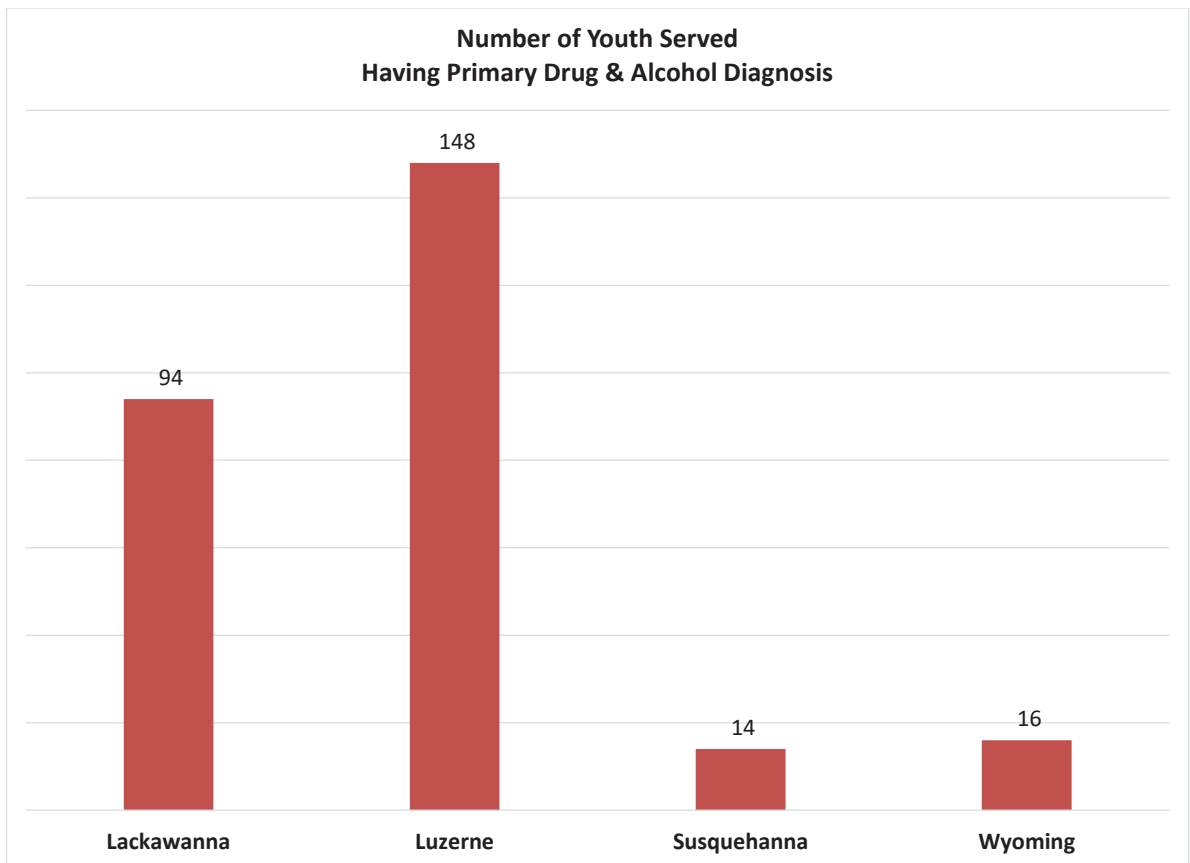
# Children and Adolescents Served

## Primary Drug & Alcohol Diagnosis

All Counties  
271 Youth Served  
\$664,703 Spent



Members with more than one diagnosis are counted in each category. Does not include members served under the SBBH APA. Percentages may not sum to 100% due to rounding.



Members who lived in more than one county during the Fiscal Year are counted in each category. Does not include members served under the SBBH APA. Percentages may not sum to 100% due to rounding.

# 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 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 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**

The Diagnostic and Statistical Manual of Mental Disorders is published by the American Psychiatric Association. This manual provides a diagnostic coding system for mental and substance abuse disorders.

### **ENROLLMENT**

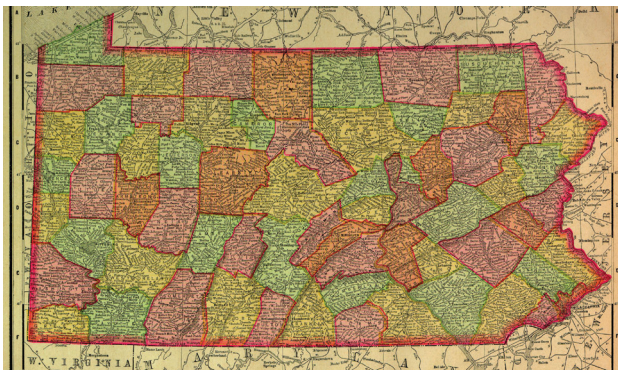
The number of Medicaid recipients who are active in the Medical Assistance program at any given point in time.

### **FAIR HEARING APPEAL**

A grievance process through which a HealthChoices member can file a written appeal, to the Department of Human Services, 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.

# NORTHEAST BEHAVIORAL HEALTH CARE CONSORTIUM

72 GLENMAURA NATIONAL BOULEVARD  
SECOND FLOOR  
MOOSIC, PA 18507  
570-344-2005  
<http://www.nbhcc.org>  
[mail@nbhcc.org](mailto:mail@nbhcc.org)

