

Northeast Behavioral Health Care Consortium



HealthChoices Program
Annual Report
2017 - 2018



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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.

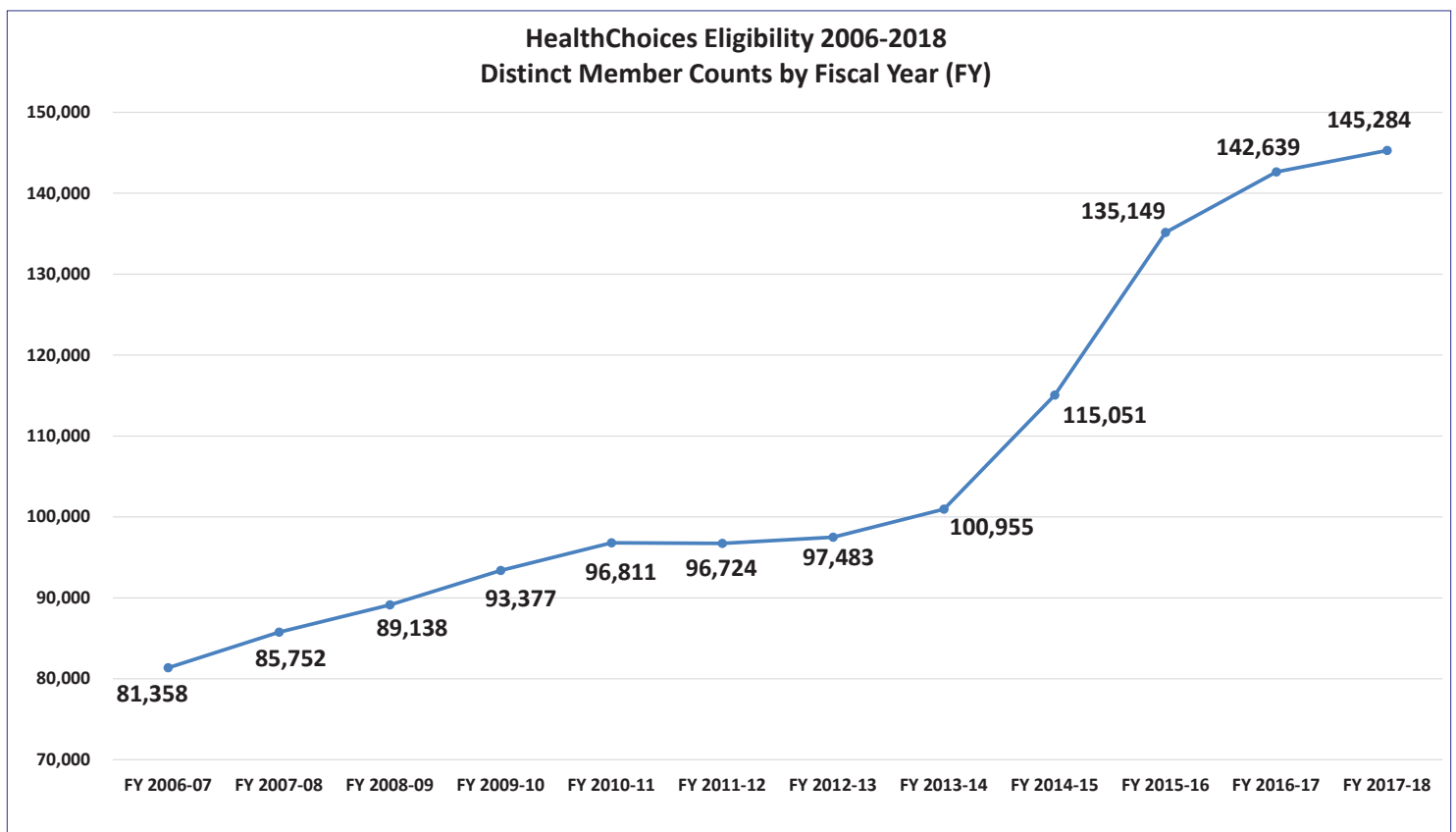
These positive outcomes will be accomplished through an intense, ongoing dialogue including consumers, families, providers and all other stakeholders.

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.

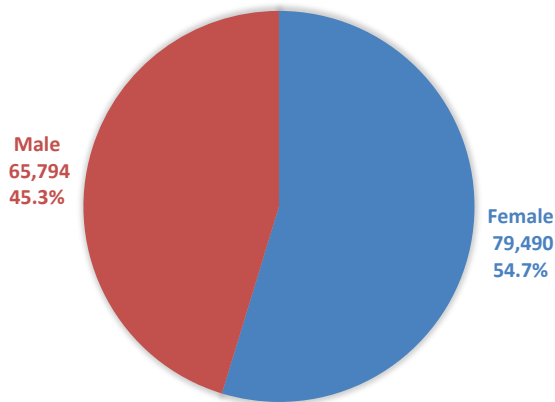
The Affordable Care Act of 2010 included a provision to expand state Medicaid programs. Beginning in 2014, Pennsylvanians, ages 19 to 64 with incomes up to 138% of the Federal Poverty Level became eligible for coverage under Medicaid expansion. As a result of expanding its Medicaid program, over a two-year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



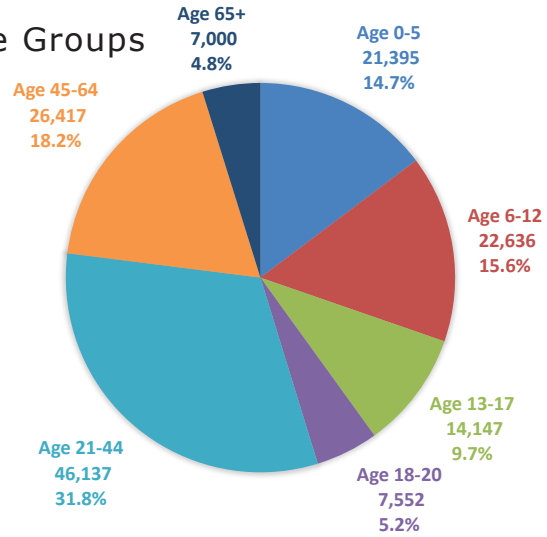
Enrollment

Total Enrolled: 145,284

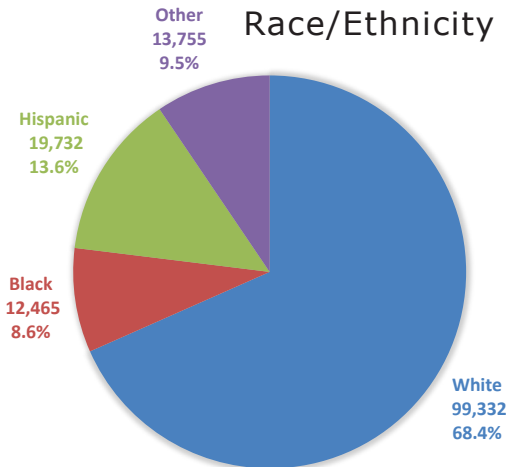
Gender



Age Groups

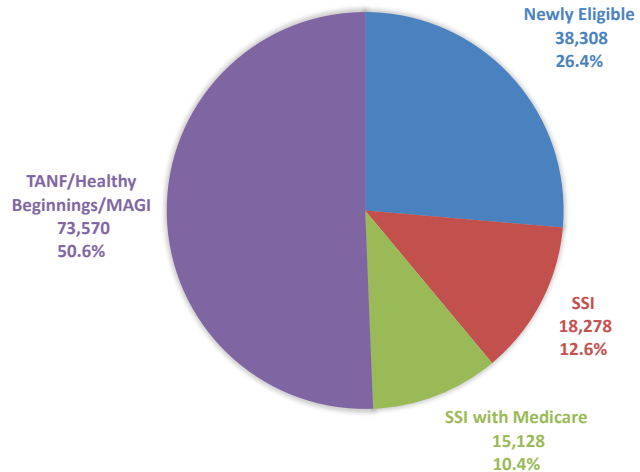


Race/Ethnicity



"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.

Newly Eligible

Medicaid expansion category for adults, ages 21 and older, with household incomes up to 138% of the Federal Poverty Level (FPL), effective January 1, 2015.

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 2017-2018 operating year. Utilization is based on paid claims for services delivered between July 1, 2017 and June 30, 2018. 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

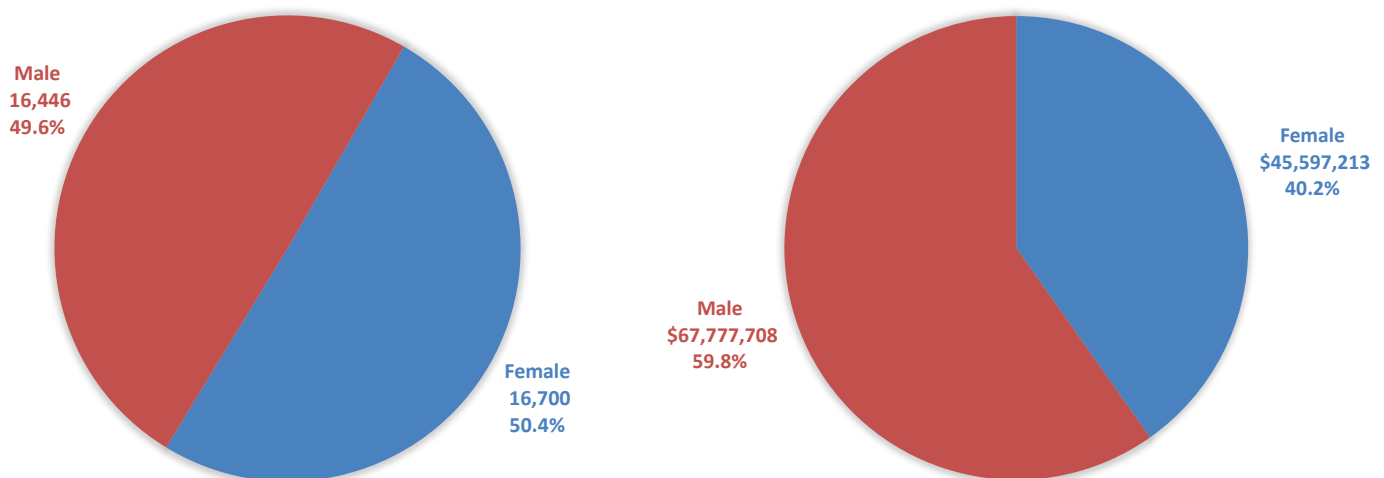
Supplemental Services:

- 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

33,146 Served
\$113,374,921 Spent

Gender



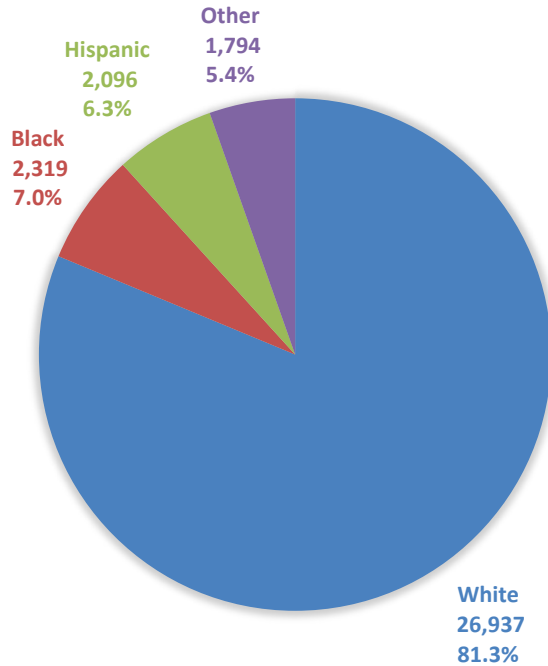
The data in this report represent enrollment and utilization occurring during the 2017-2018 operating year. Utilization is derived from paid claims for services provided between July 1, 2018 and June 30, 2018.

Charts do not include School-Based Behavioral Health Alternative Payment Arrangement (SBBH-APA) data. In FY 2017-18, \$29,359,244 was paid for SBBH-APA services. Percentages may not sum to 100% due to rounding.

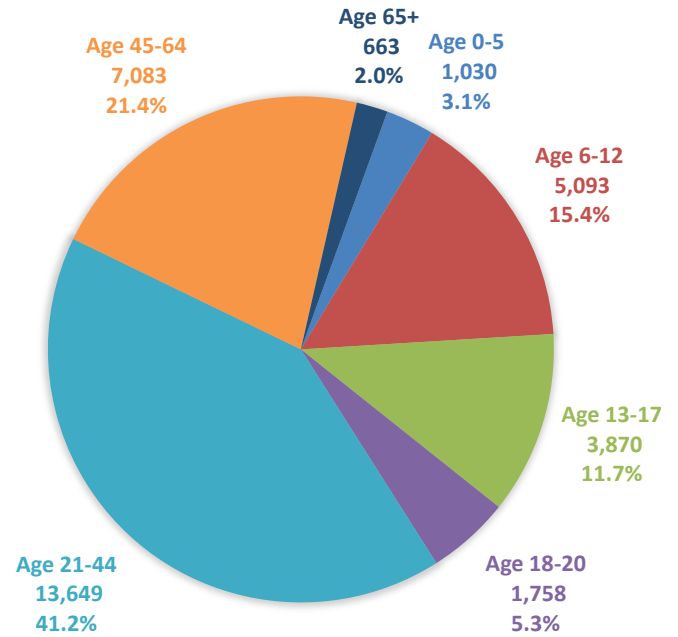
Utilization

33,146 Served

Race

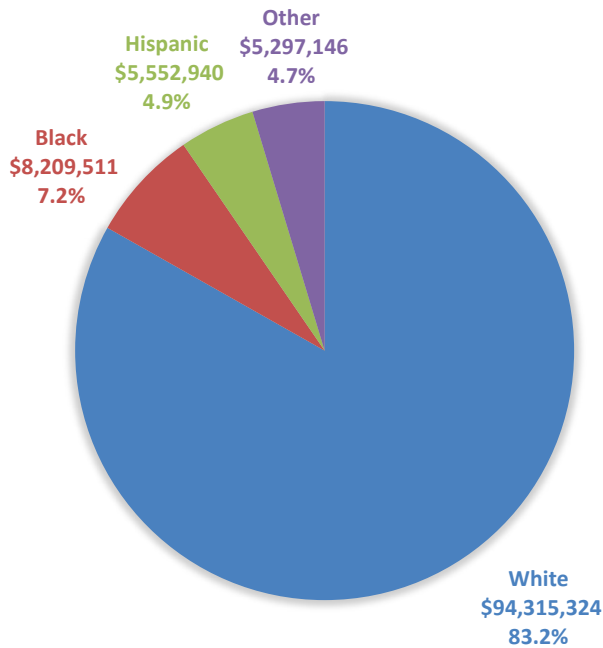


Age Groups

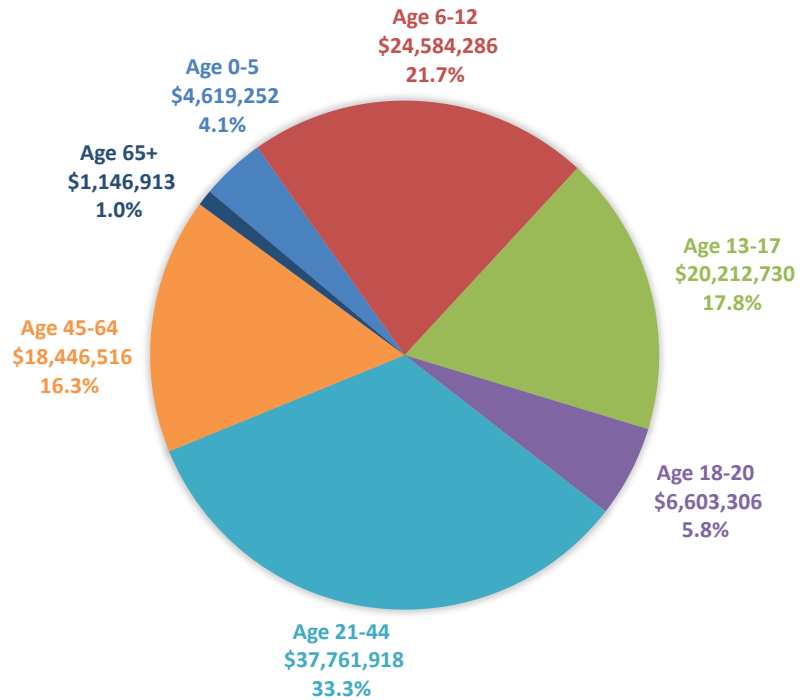


Expenditures

Fee-for-Service: \$113,374,921
 SBBH-APA: \$ 29,359,244
 Total Expenditures: \$142,734,165



"Other" race includes members who report mixed race.

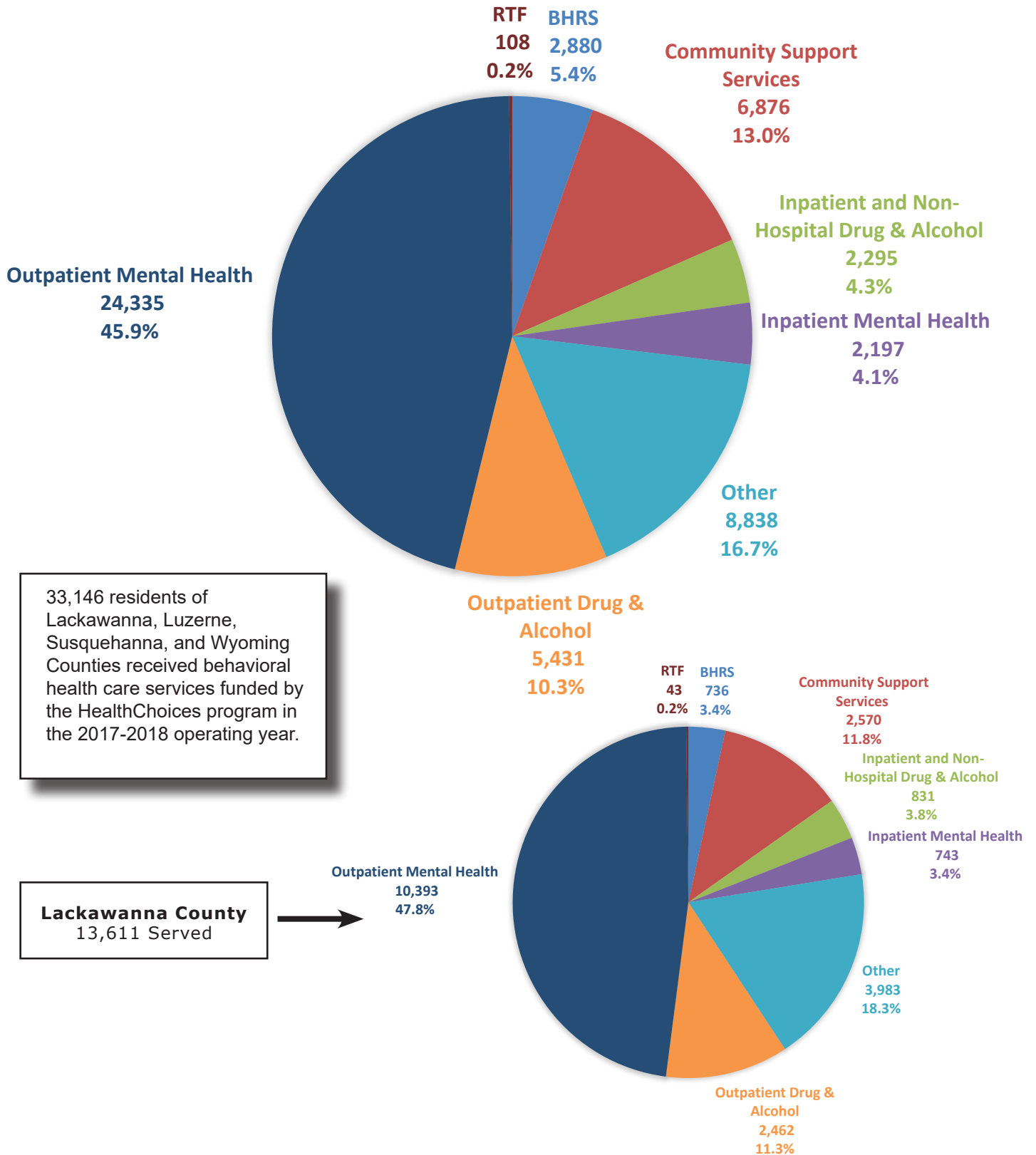


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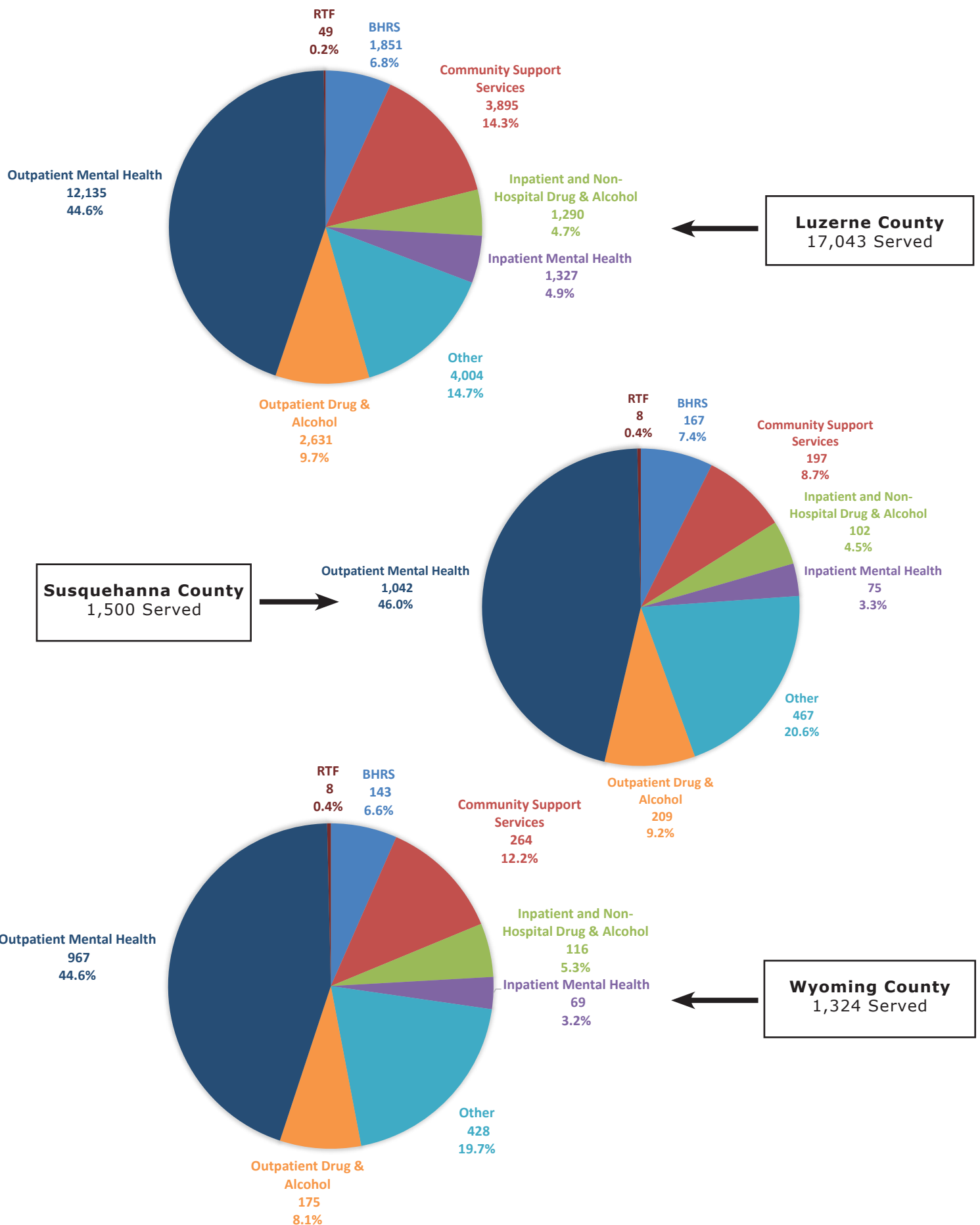
Members Served

Level of Care

All Counties
33,146 Served



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

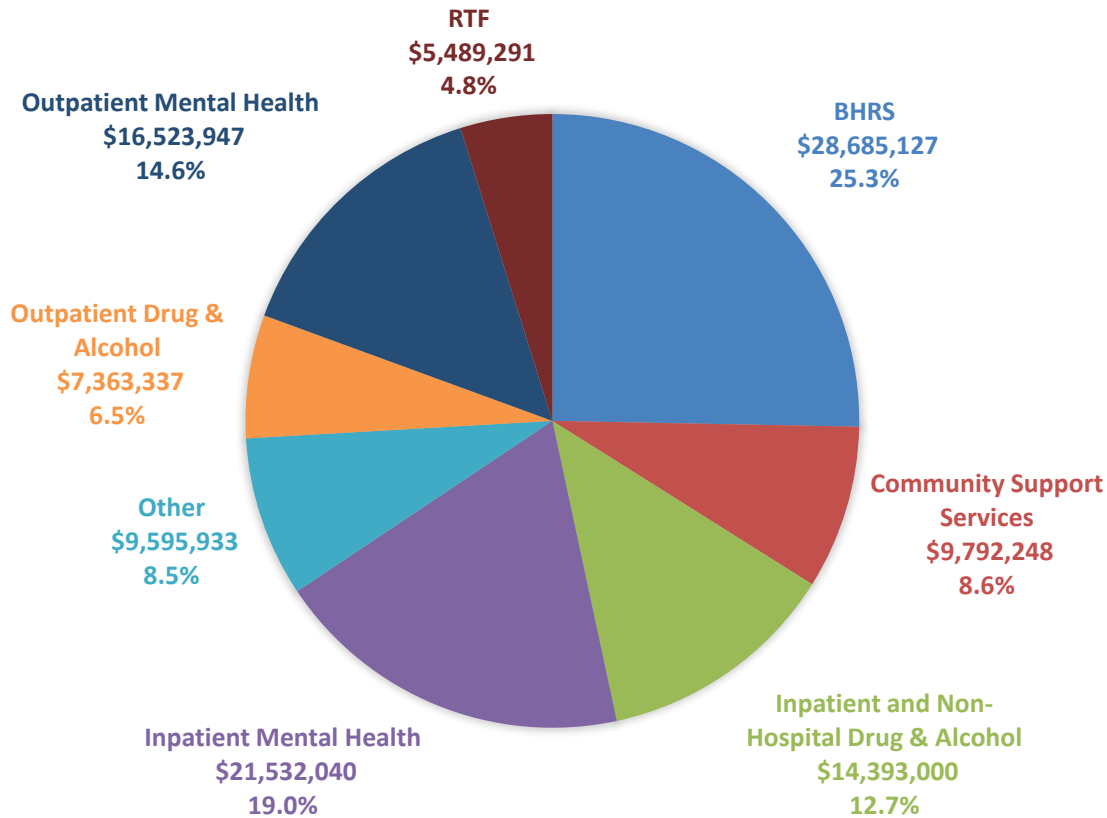


Members who received more than one service during the Fiscal Year are counted in each category. The BHRS category does not include SBBH-APA data. Percentages may not sum to 100% due to rounding.

Expenditures Level of Care

All Counties

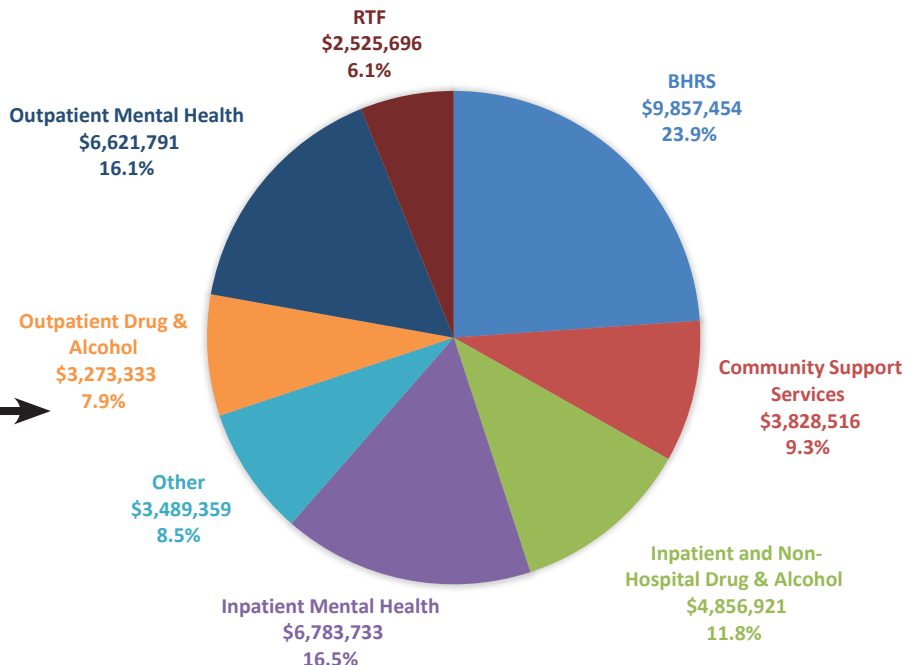
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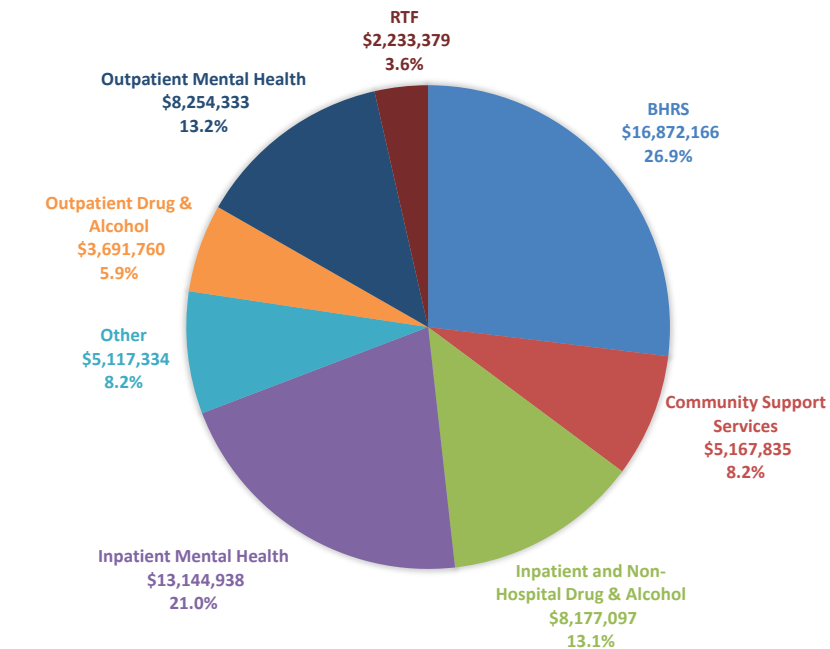
During operating year 2017-2018, approximately \$143 million dollars were spent on behavioral health care services for HealthChoices members in Lackawanna, Luzerne, Susquehanna, and Wyoming Counties.

Lackawanna County

Fee-for-Service: \$41,236,804
SBBH-APA: \$13,249,906
Total Expenditures: \$54,486,710

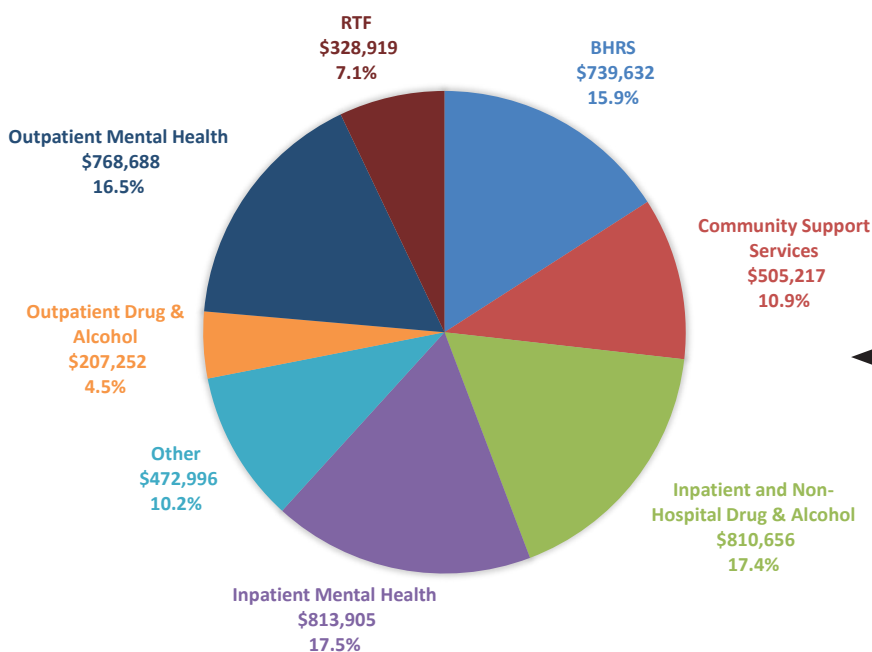
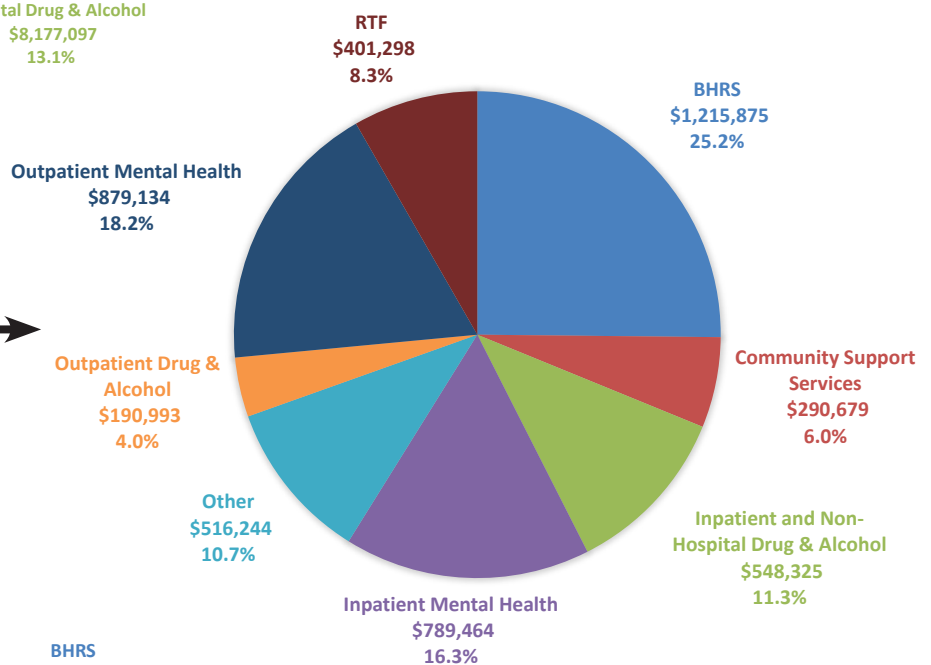


The BHRS category does not include SBBH-APA data. Percentages may not sum to 100% due to rounding.



Luzerne County
 Fee-for-Service: \$62,658,842
 SBBH-APA: \$11,812,598
 Total Expenditures: \$74,471,440

Susquehanna County
 Fee-for-Service: \$4,832,011
 SBBH-APA: \$1,098,606
 Total Expenditures: \$5,930,617



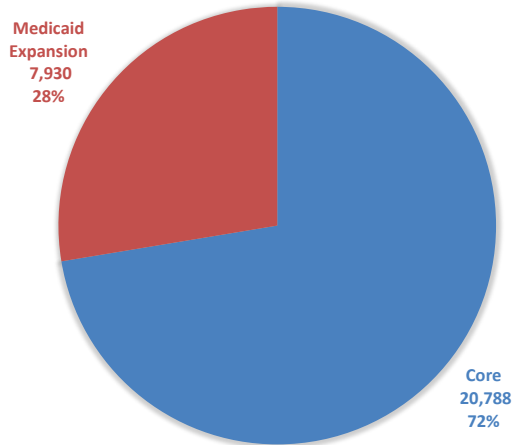
Wyoming County
 Fee-for-Service: \$ 4,647,264
 SBBH-APA: \$ 3,198,134
 Total Expenditures: \$ 7,845,398

The BHRS category does not include SBBH-APA data. Percentages may not sum to 100% due to rounding.

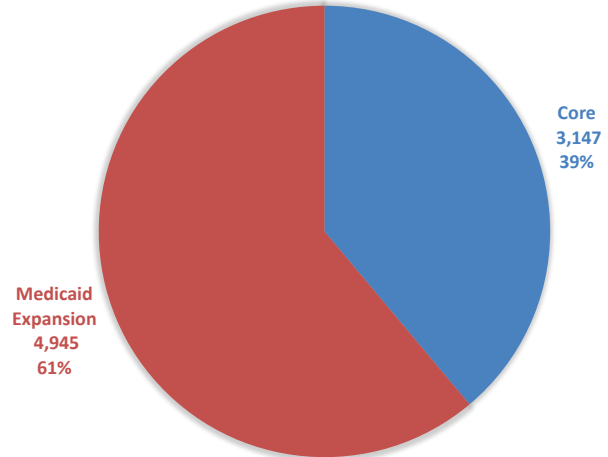
Medicaid Expansion vs. Core

Mental Health vs. Drug & Alcohol Services

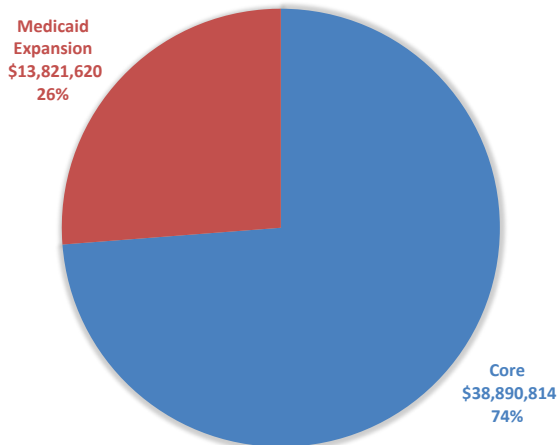
MENTAL HEALTH SERVICES
MEDICAID EXPANSION VS. CORE - DISTINCT MEMBERS SERVED
FY 2017-18



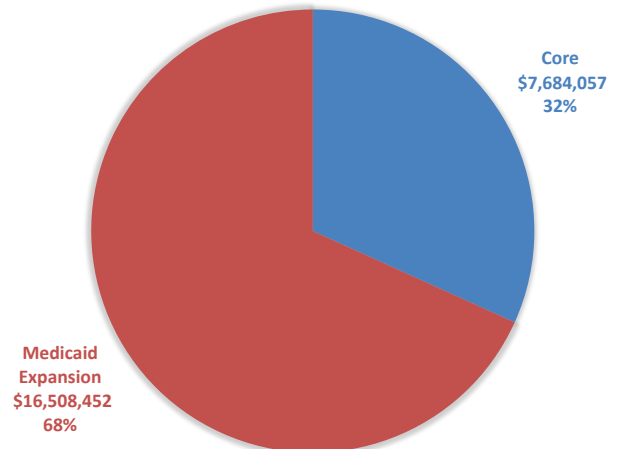
DRUG & ALCOHOL SERVICES
MEDICAID EXPANSION VS. CORE - DISTINCT MEMBERS SERVED
FY 2017-18



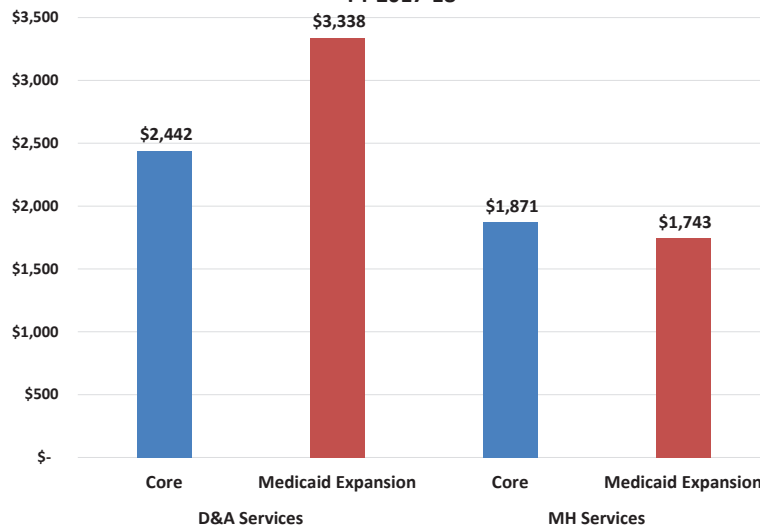
MENTAL HEALTH SERVICES
MEDICAID EXPANSION VS. CORE - AMOUNT PAID
FY 2017-18



DRUG & ALCOHOL SERVICES
MEDICAID EXPANSION VS. CORE - AMOUNT PAID
FY 2017-18



Medicaid Expansion vs. Core - Cost per Member
FY 2017-18

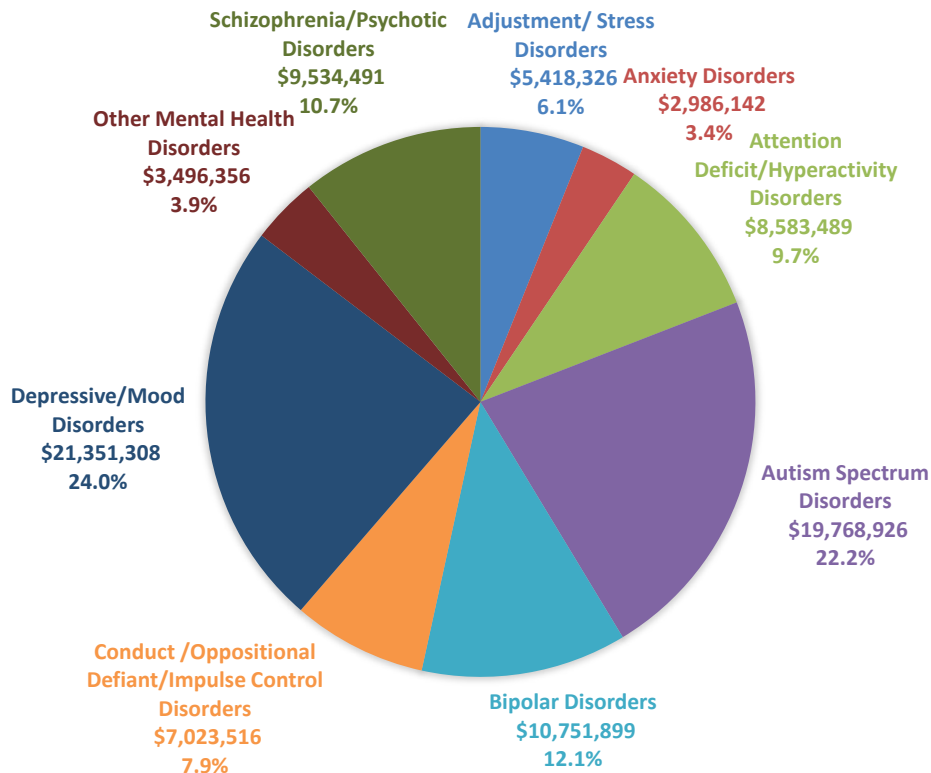
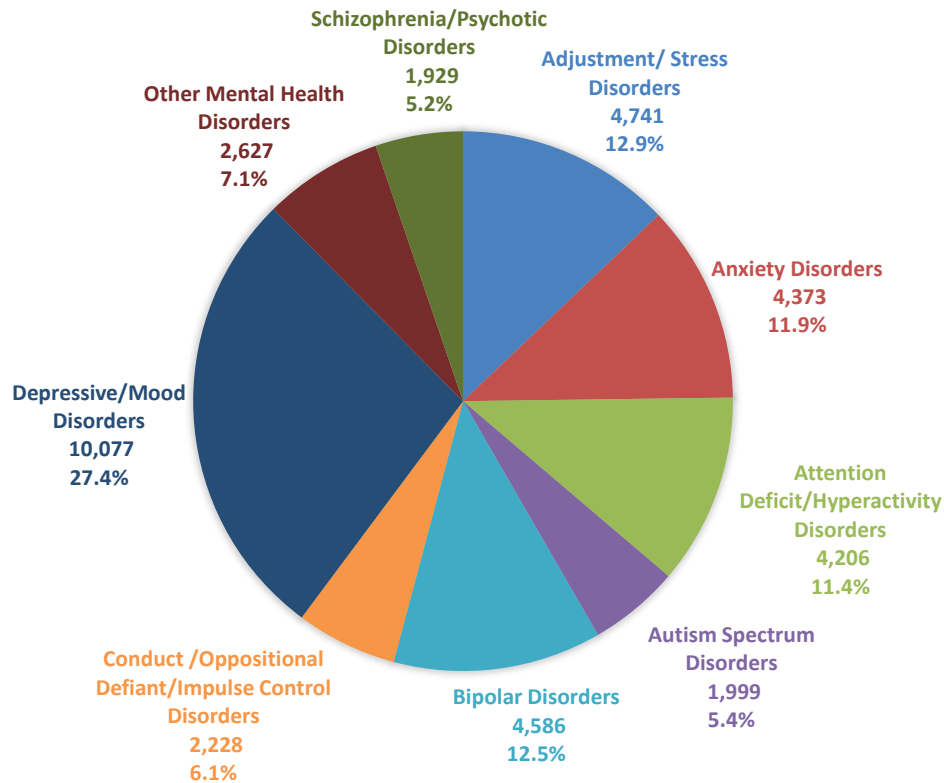


Compared to mental health services, a larger proportion of drug and alcohol treatment services are delivered to HealthChoices adult members who fall into became eligible for Medical Assistance as a result of the Affordable Care Act's Medicaid Expansion provision.

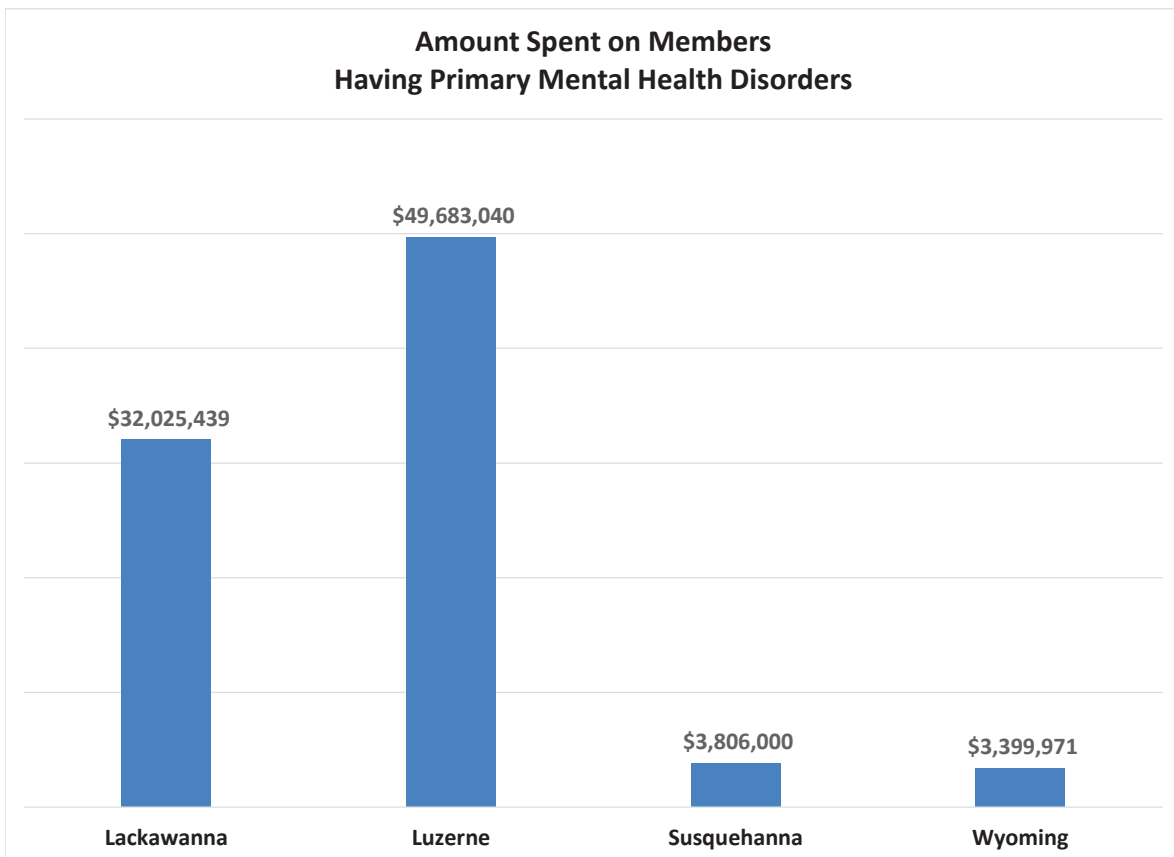
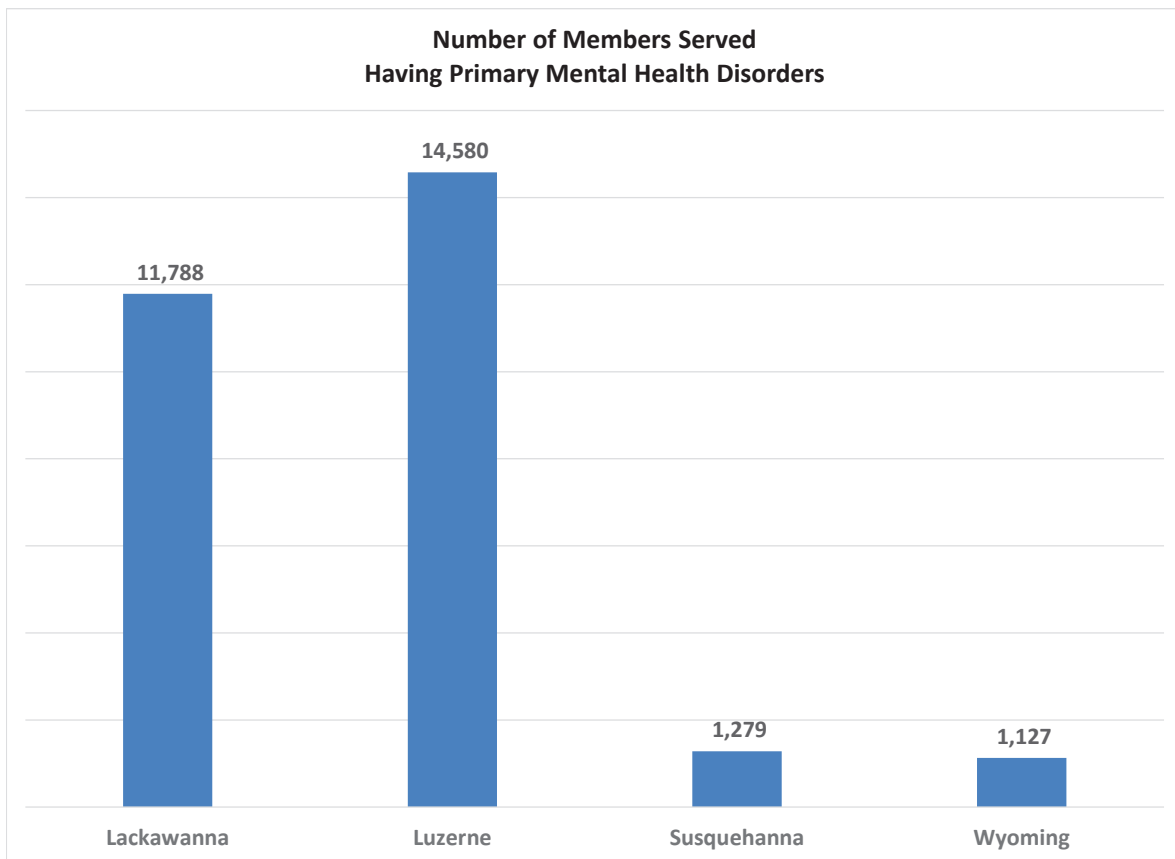
Primary Diagnosis

Mental Health

All Counties - Mental Health
28,532 Served
\$88,914,451 Spent



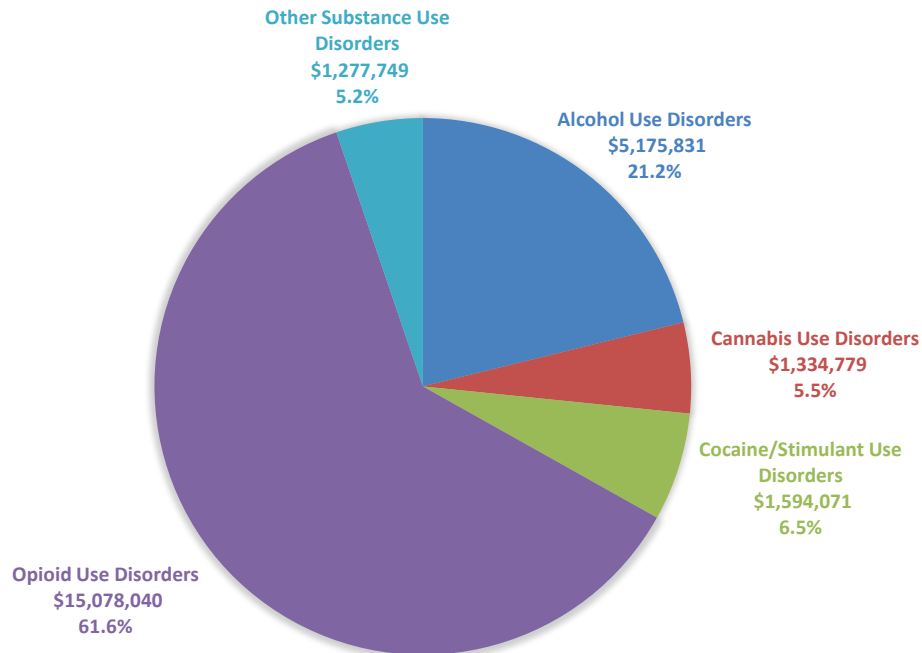
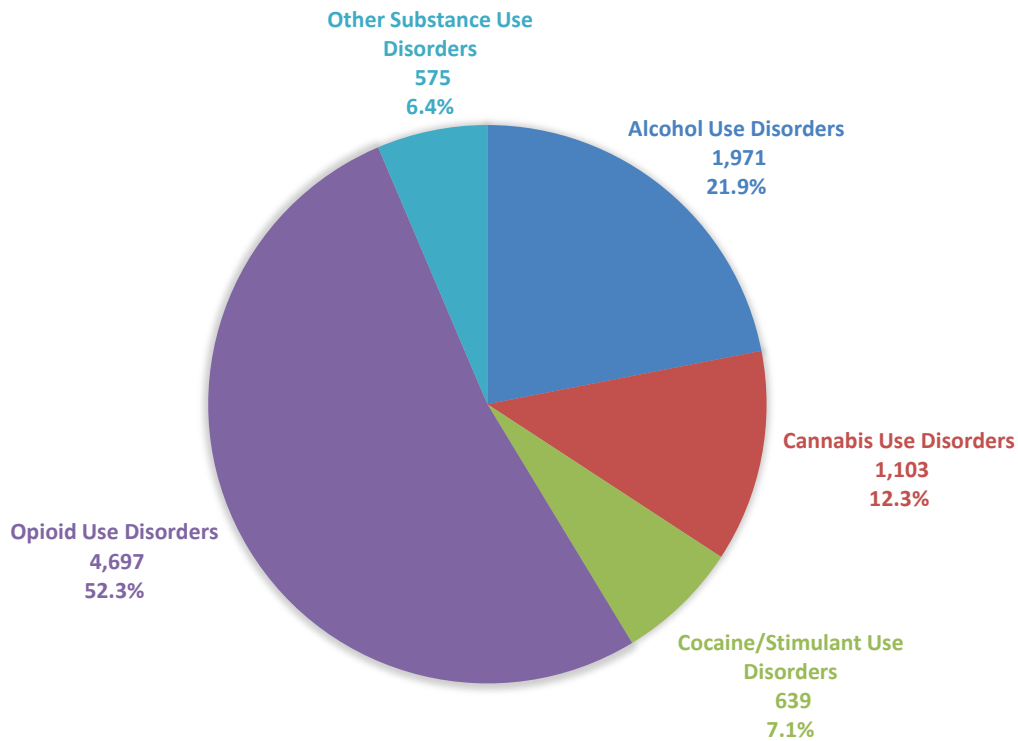
Members with more than one diagnosis are counted in each category. Charts do not include SBBH-APA data. Percentages may not sum to 100% due to rounding.



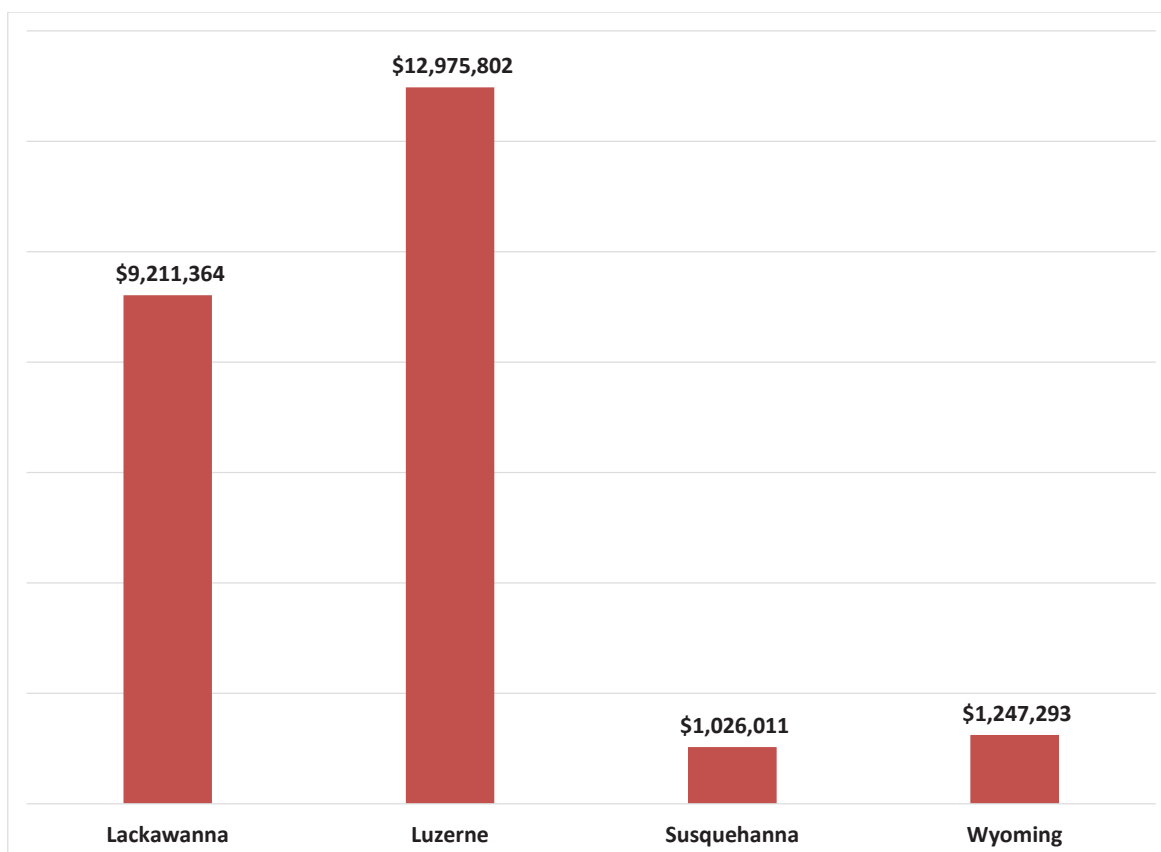
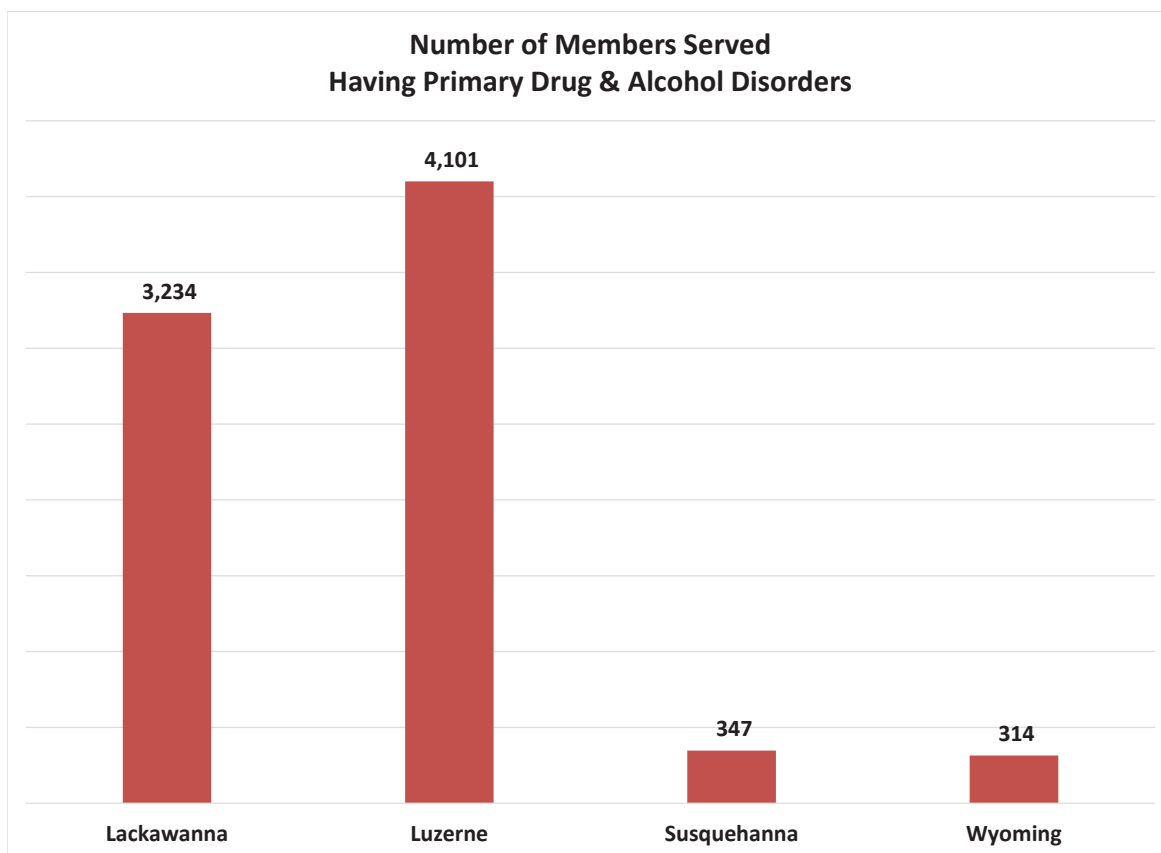
Members who live in more than one county during the Fiscal Year are counted in each category. Charts do not include SBBH-APA data. Percentages may not sum to 100% due to rounding.

Primary Diagnosis Drug & Alcohol

All Counties - Drug & Alcohol
7,880 Served
\$24,460,470 Spent

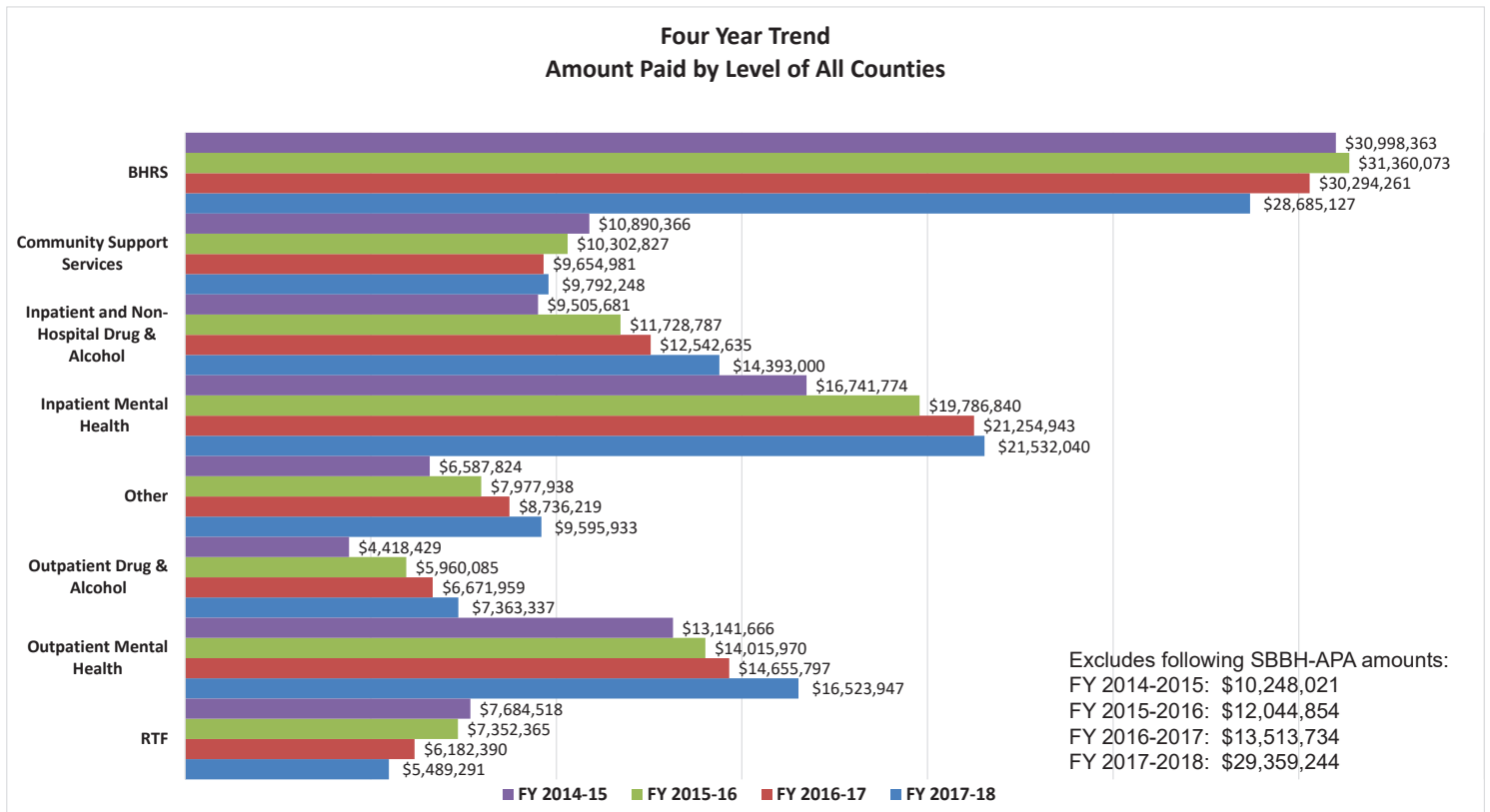
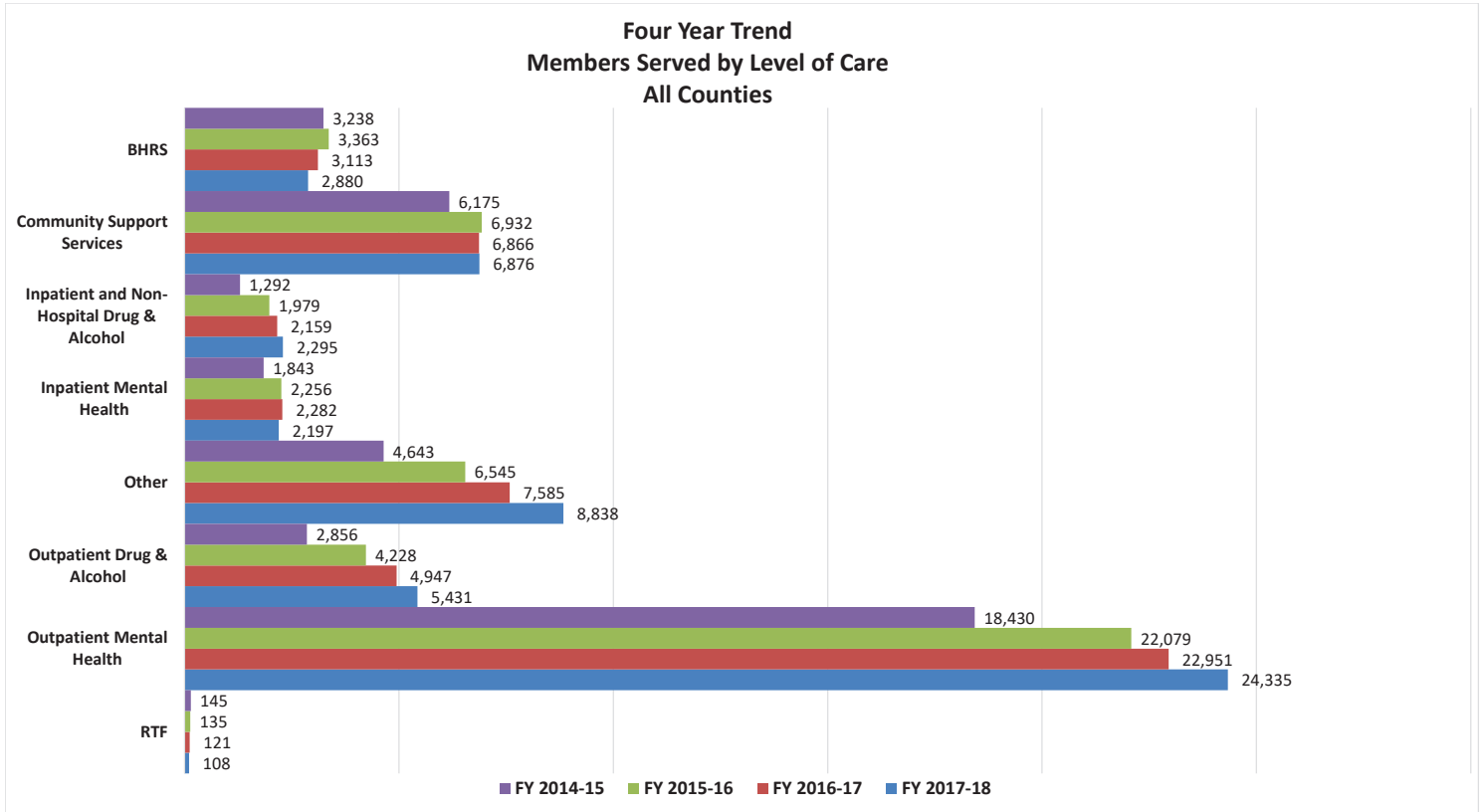


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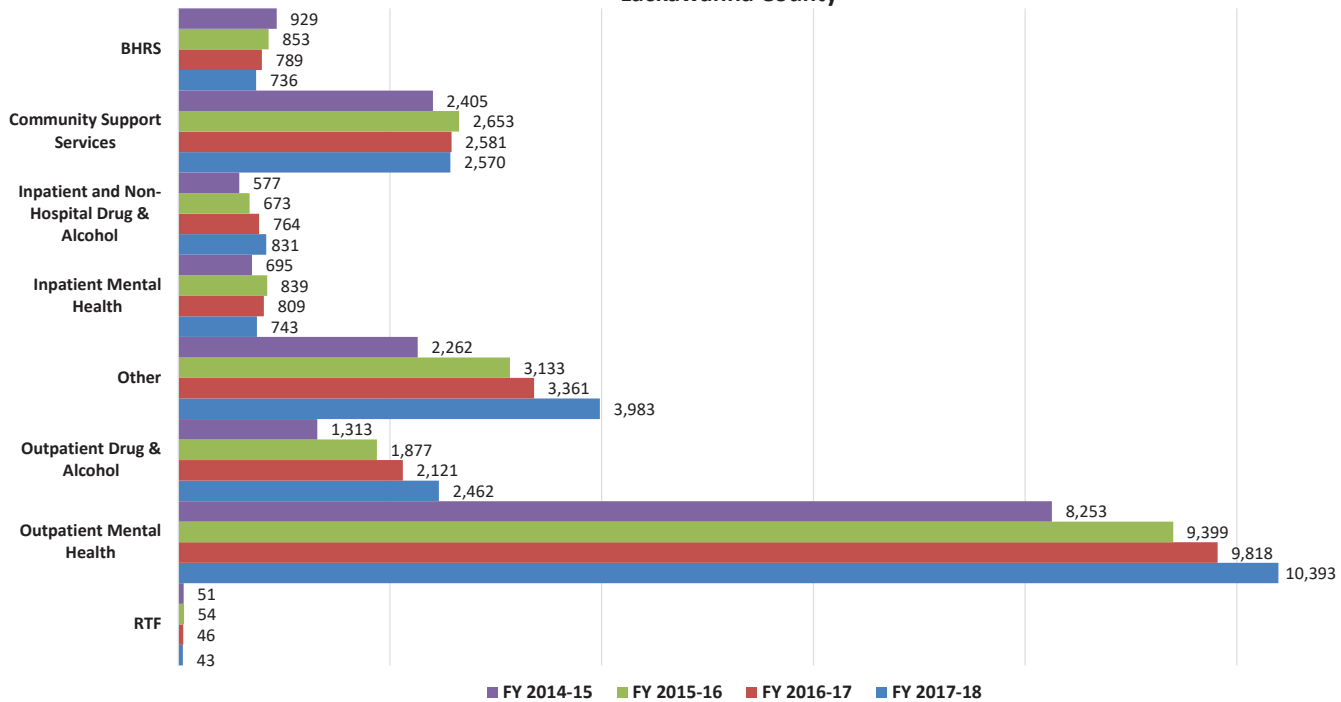
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Four-Year Utilization Trend

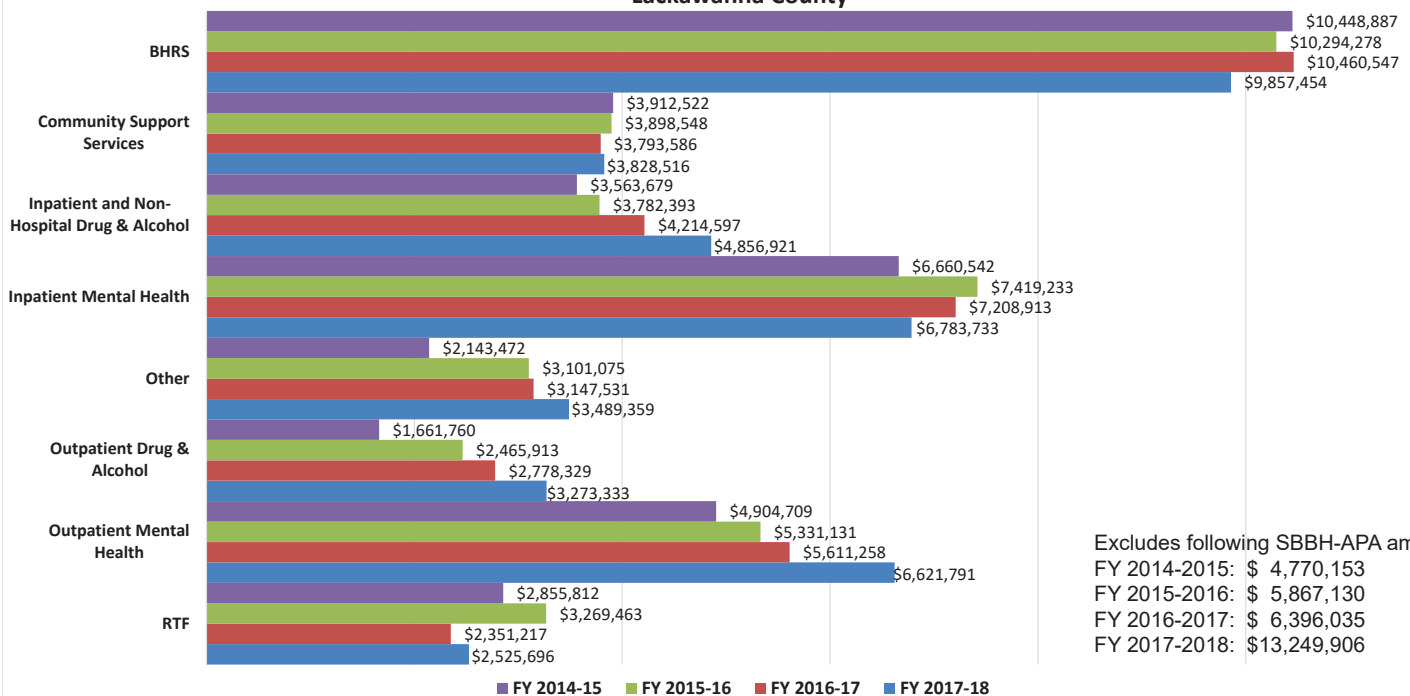


Members who received more than one service during the Fiscal Year are counted in each category. The BHRS category does not include SBBH-APA data.

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



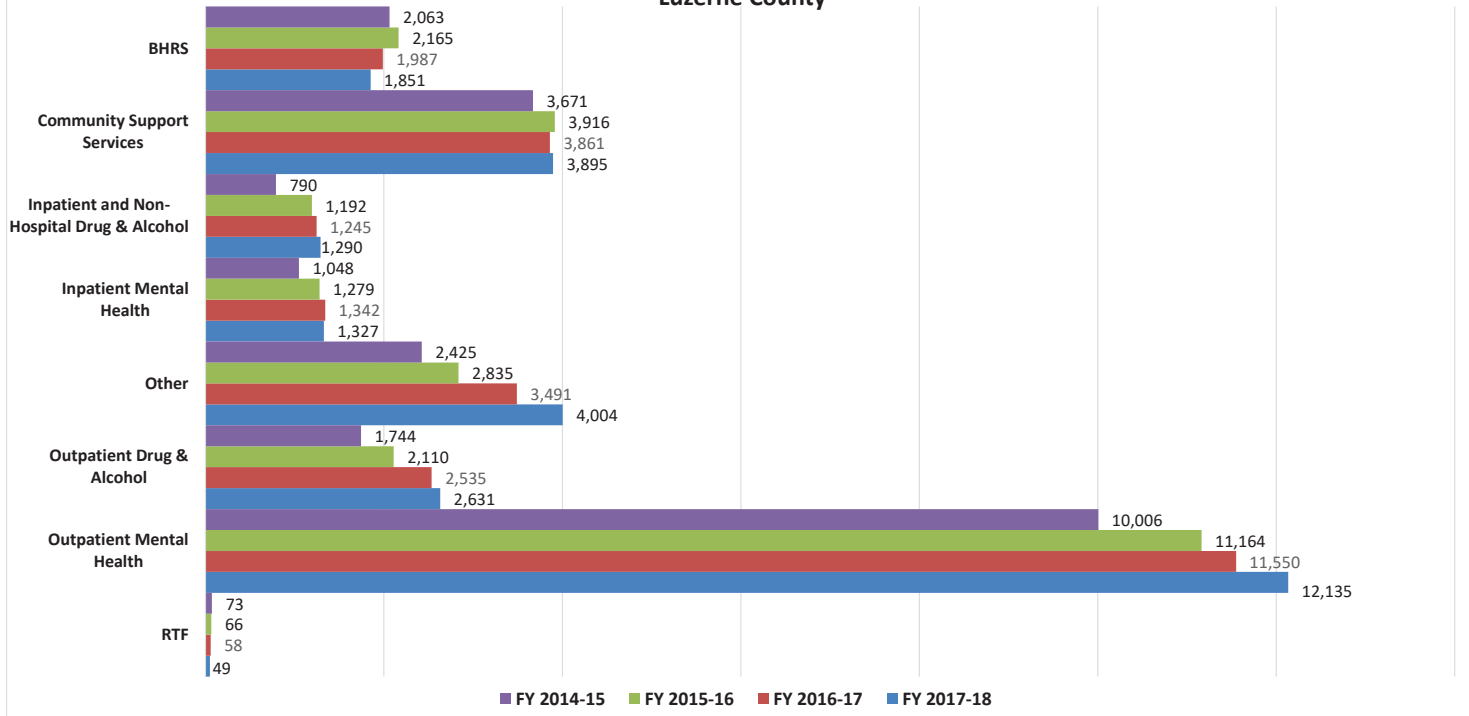
**Four Year Trend
Amount Paid by Level of Care
Lackawanna County**



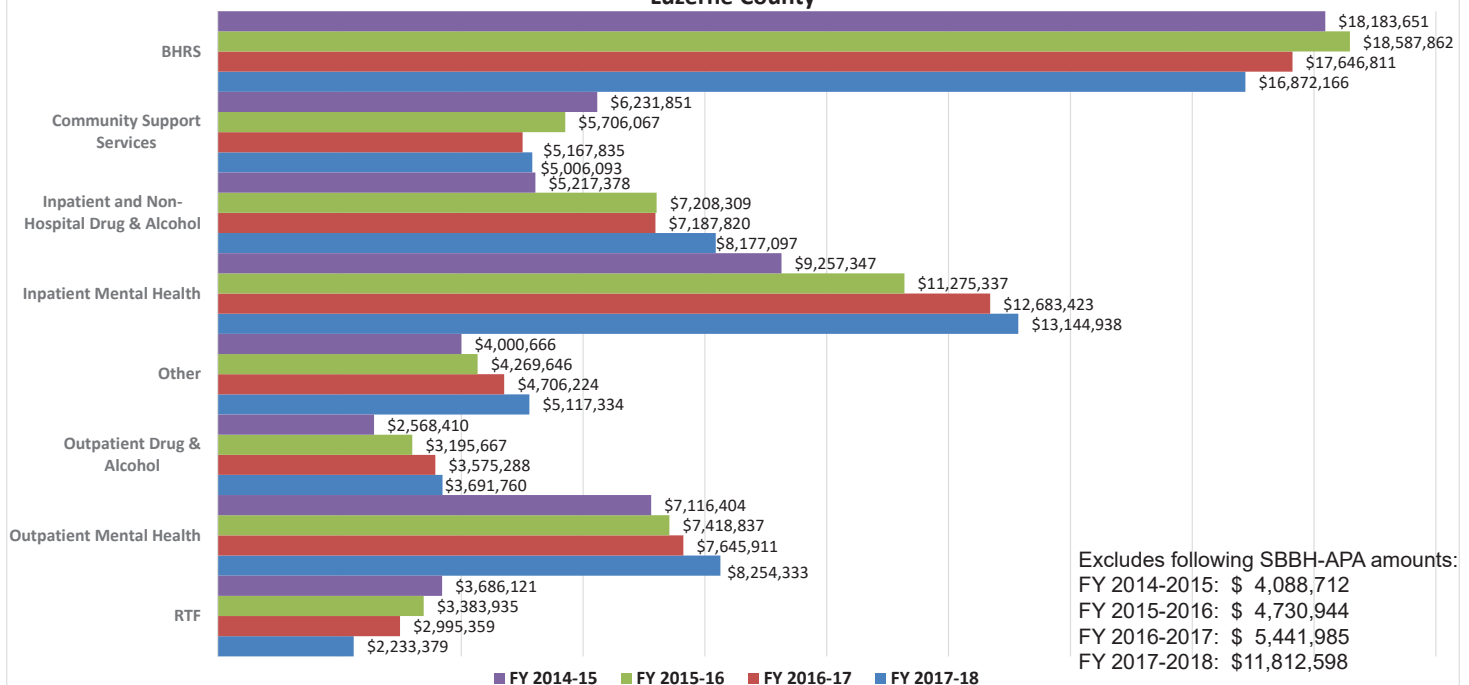
Excludes following SBBH-APA amounts:
FY 2014-2015: \$ 4,770,153
FY 2015-2016: \$ 5,867,130
FY 2016-2017: \$ 6,396,035
FY 2017-2018: \$13,249,906

Members who received more than one service during the Fiscal Year are counted in each category. The BHRS category does not include SBBH-APA data.

Four Year Trend Members Served by Level of Care Luzerne County

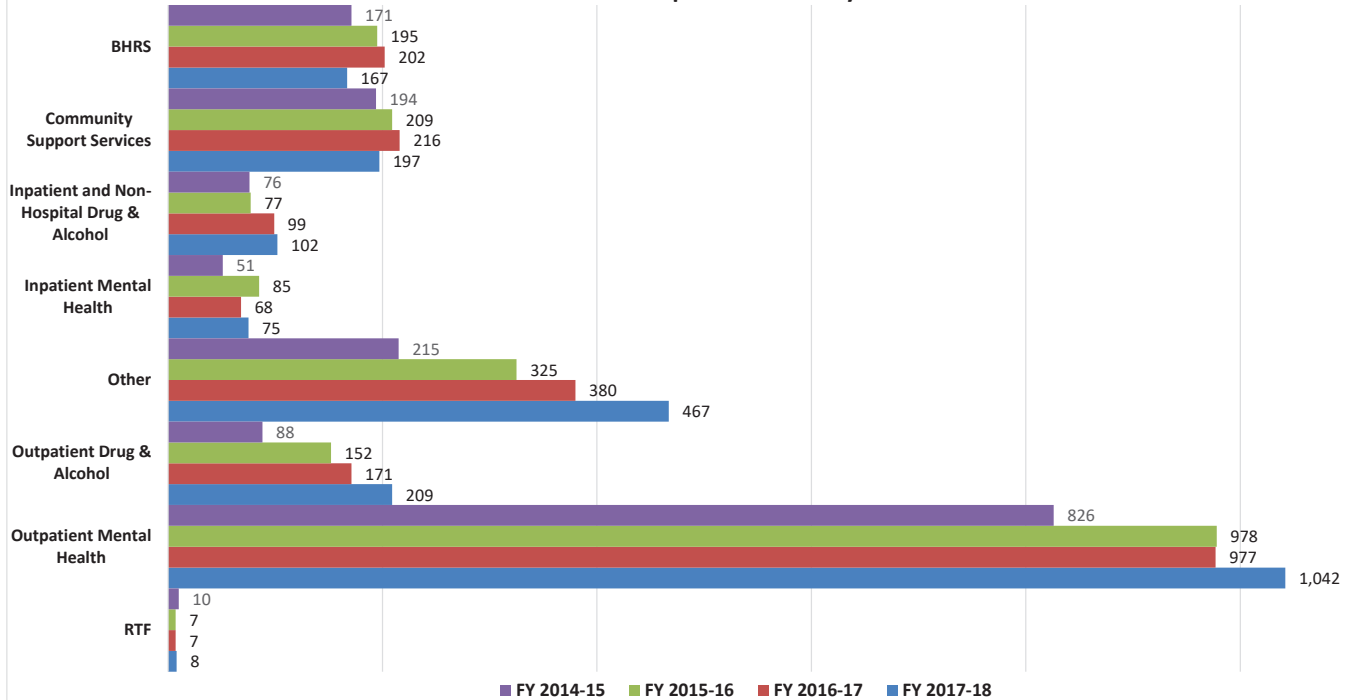


Four Year Trend Amount Paid by Level of Care Luzerne County

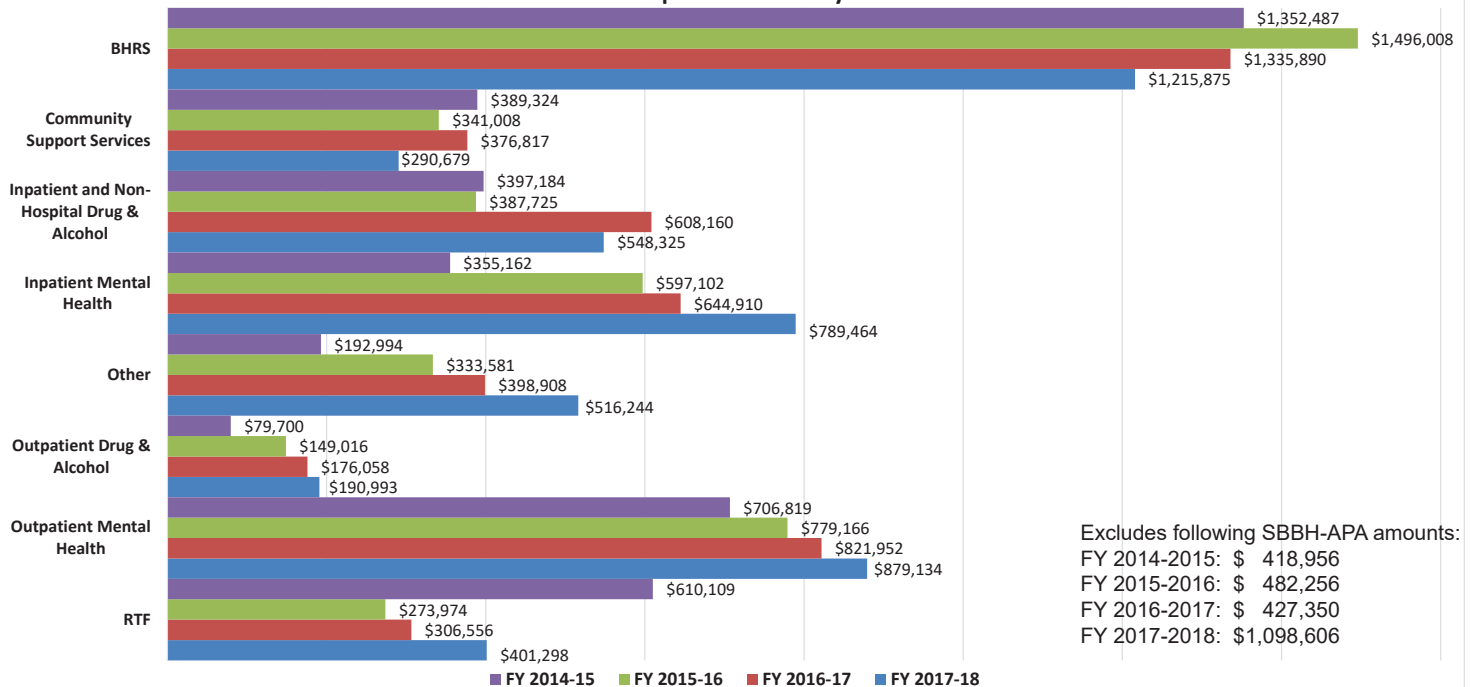


Members who received more than one service during the Fiscal Year are counted in each category. The BHRS category does not include SBBH-APA data.

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

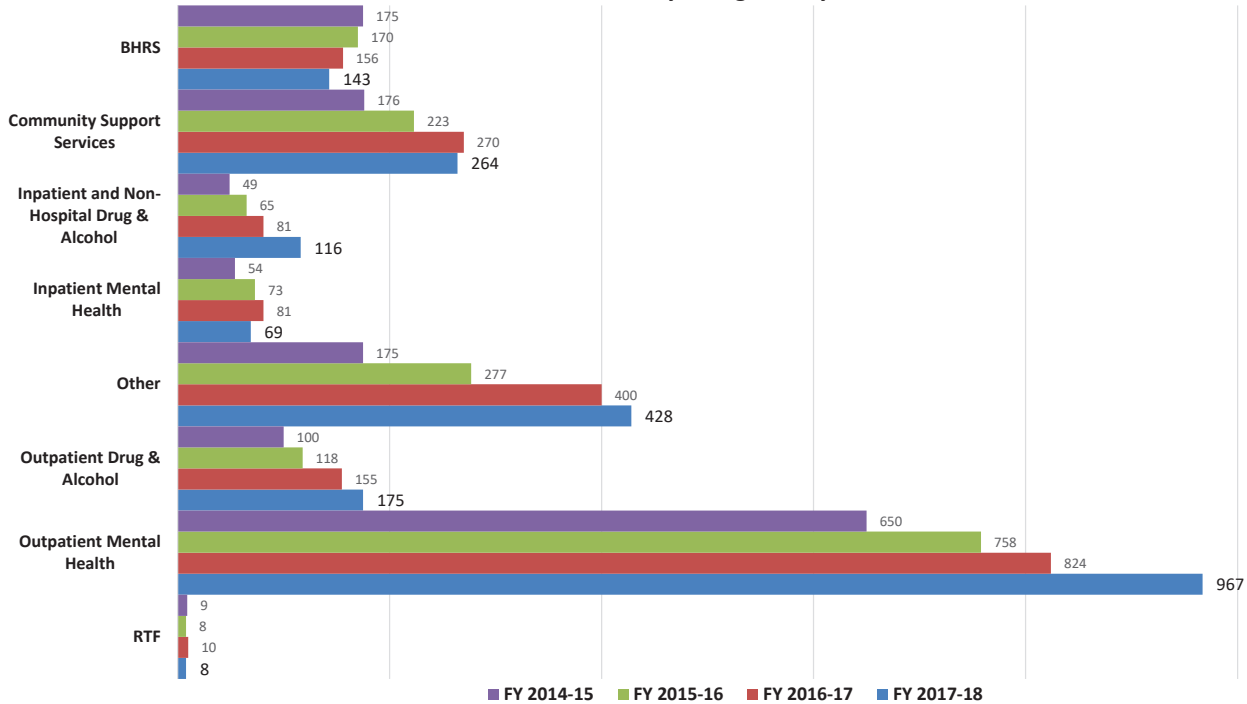


**Four Year Trend
Amount Paid by Level of Care
Susquehanna County**

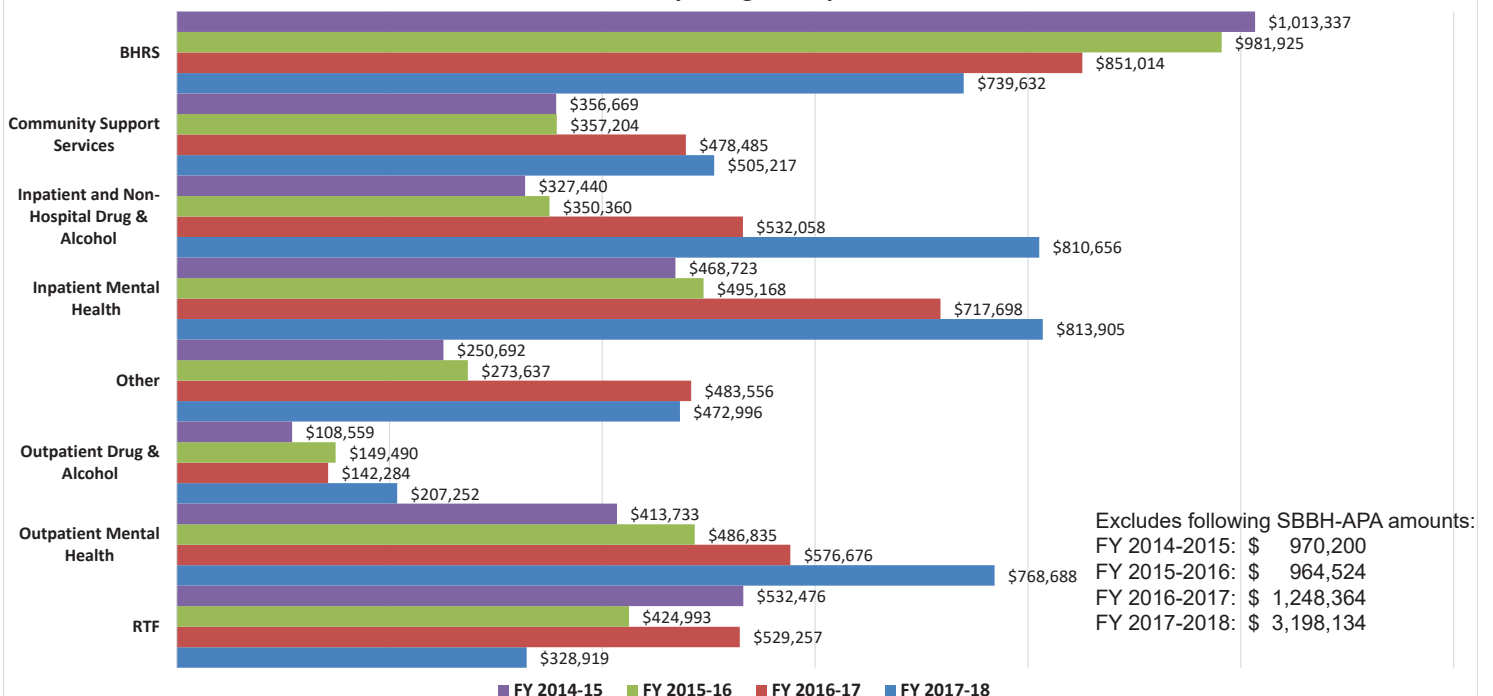


Members who received more than one service during the Fiscal Year are counted in each category. The BHRS category does not include SBBH-APA data.

Four Year Trend Members Served by Level of Care Wyoming County

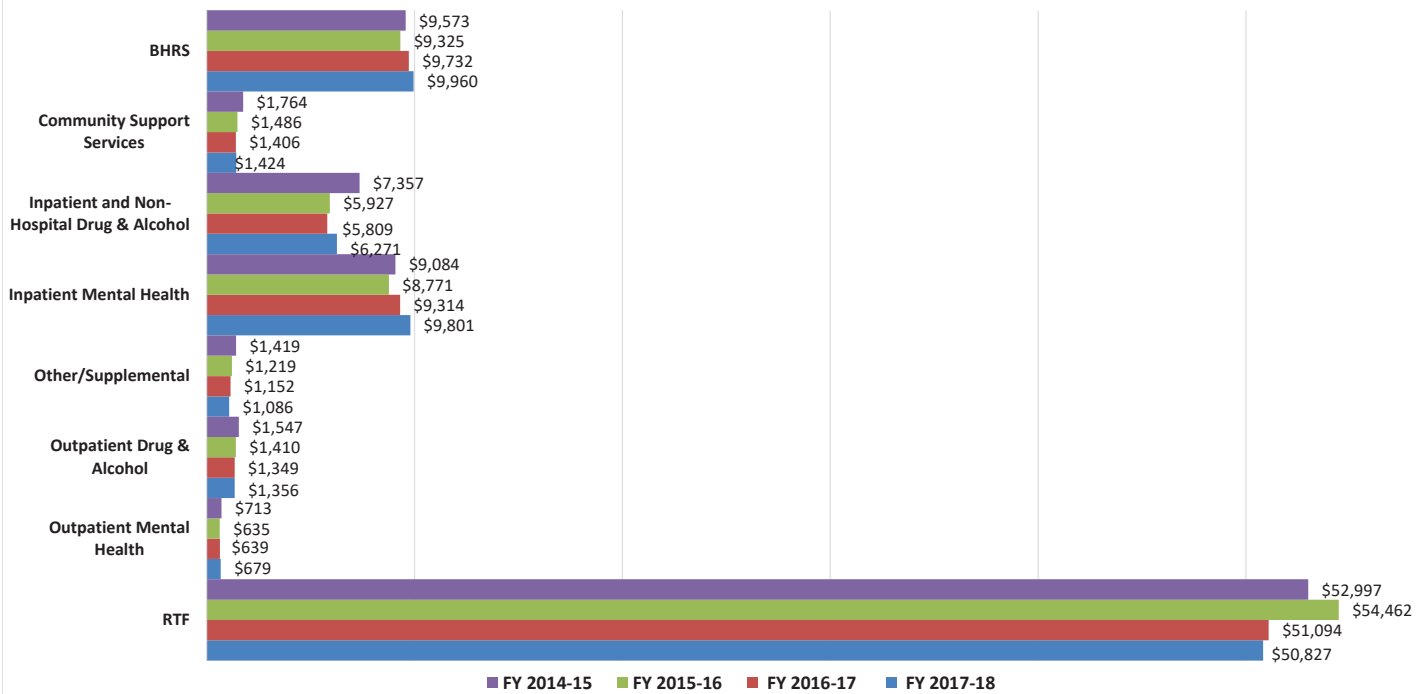


Four Year Trend Amount Paid by Level of Care Wyoming County



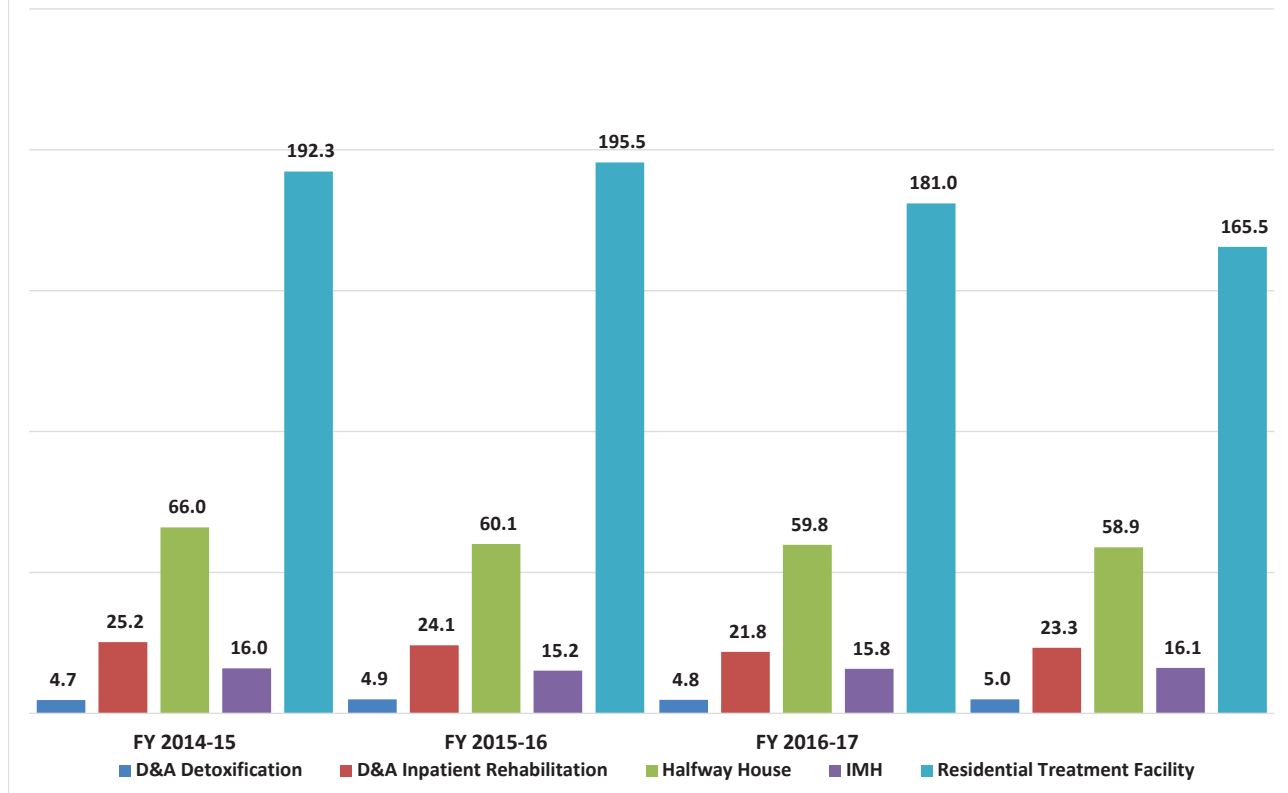
Members who received more than one service during the Fiscal Year are counted in each category. The BHRS category does not include SBBH-APA data.

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



The BHRS category does not include SBBH-APA data.

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



Youth Served

Youth-Focused Services

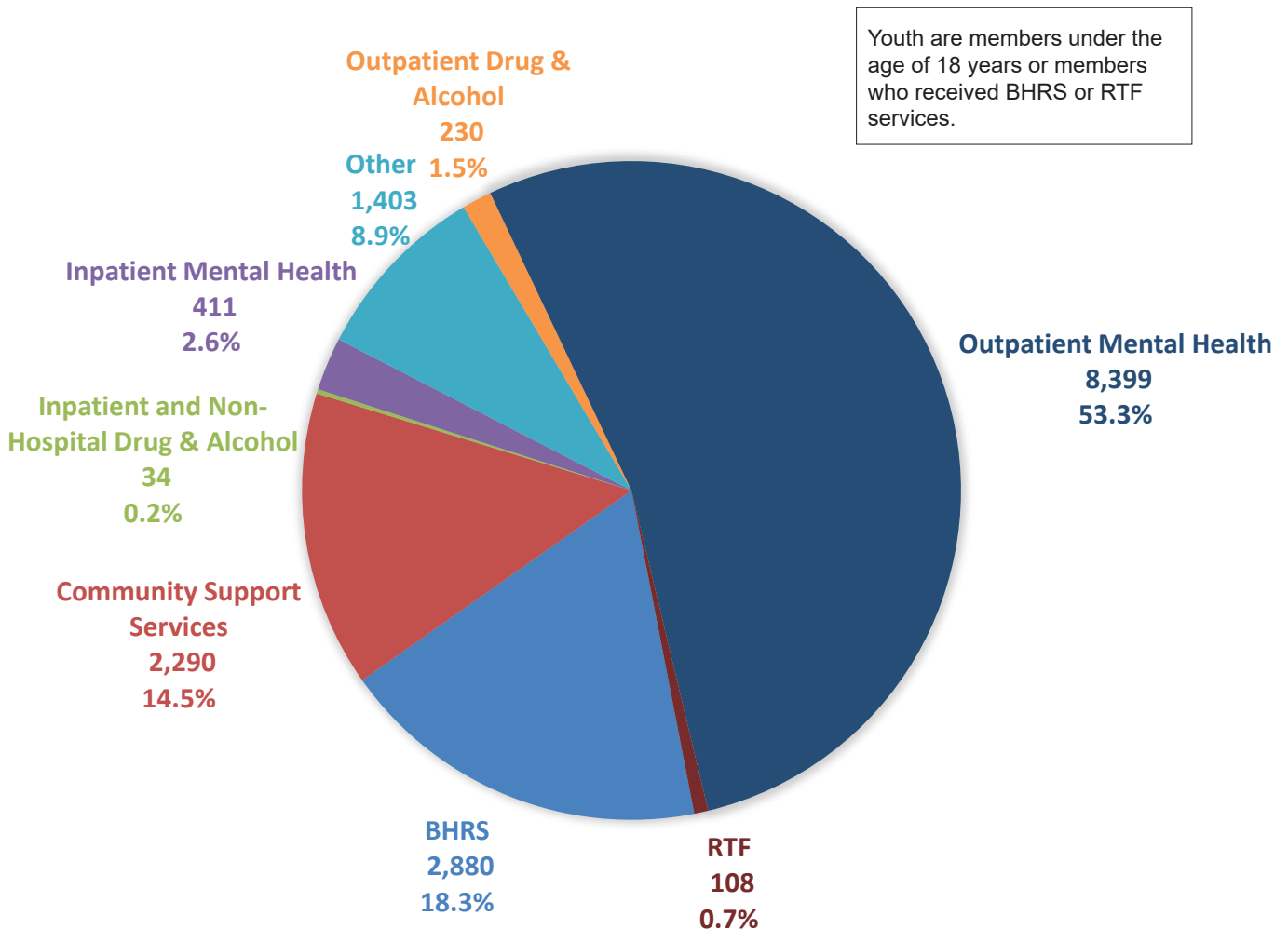
Behavioral Health Rehabilitative Services (BHRS), the behavioral health component for Early Periodic Screening, Diagnosis and Treatment, are services to children through the age of 21 years old designed to develop individual specific plans to care for social and emotional disturbances.

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.

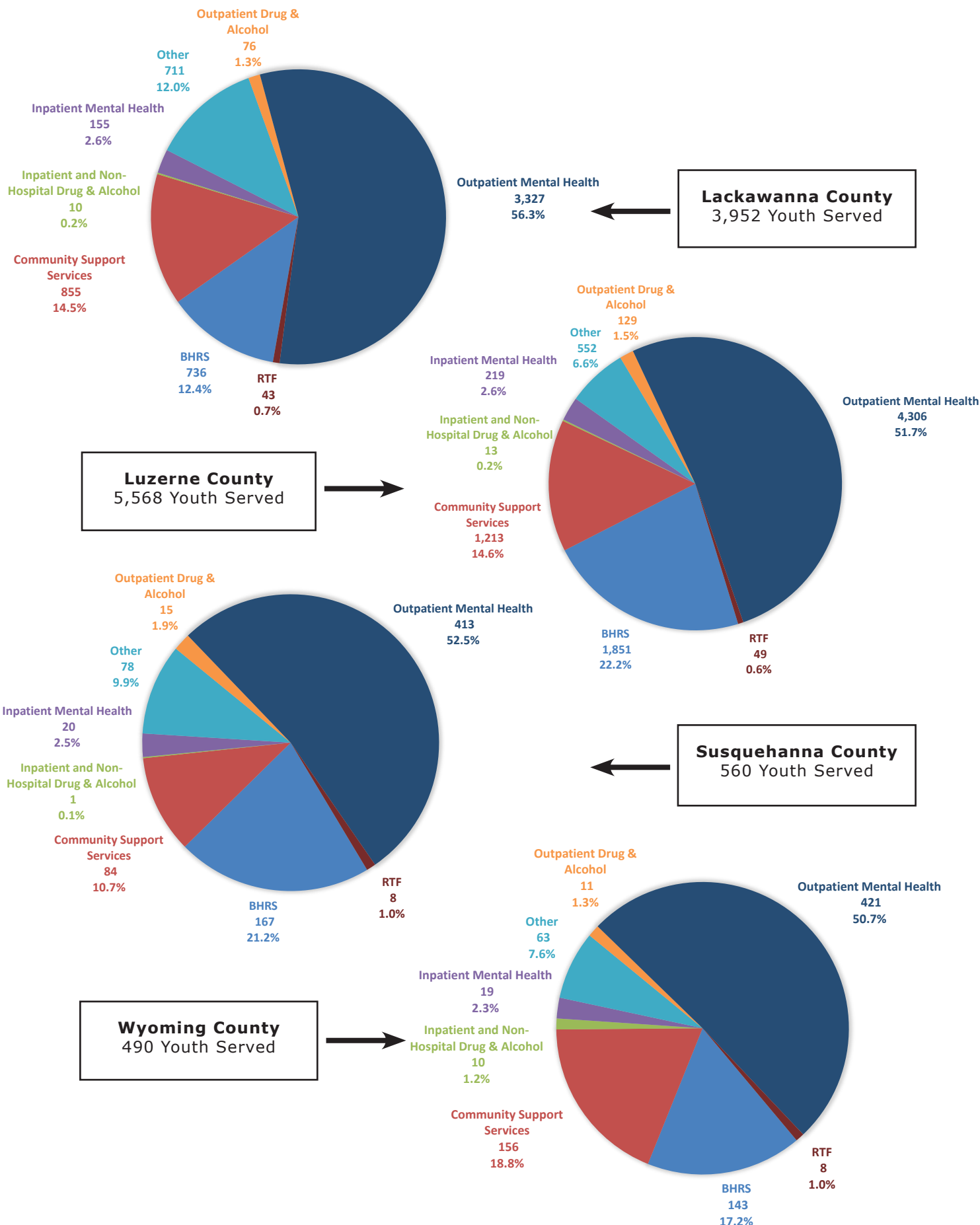
Residential Treatment Facilities (RTF) are medical assistance approved, mental health treatment facilities for medical assistance eligible children and adolescents (up to age 21) who cannot be maintained in the home.

Children and Adolescents Served Level of Care

All Counties
10,484 Youth Served



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



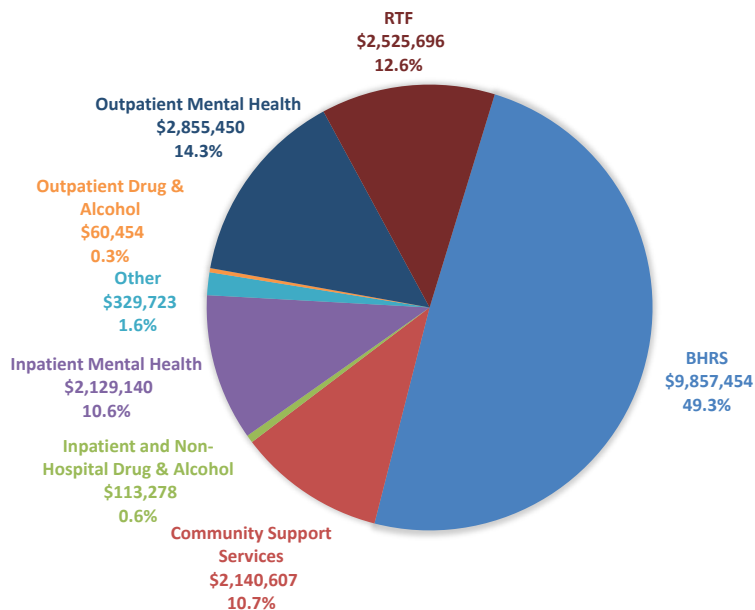
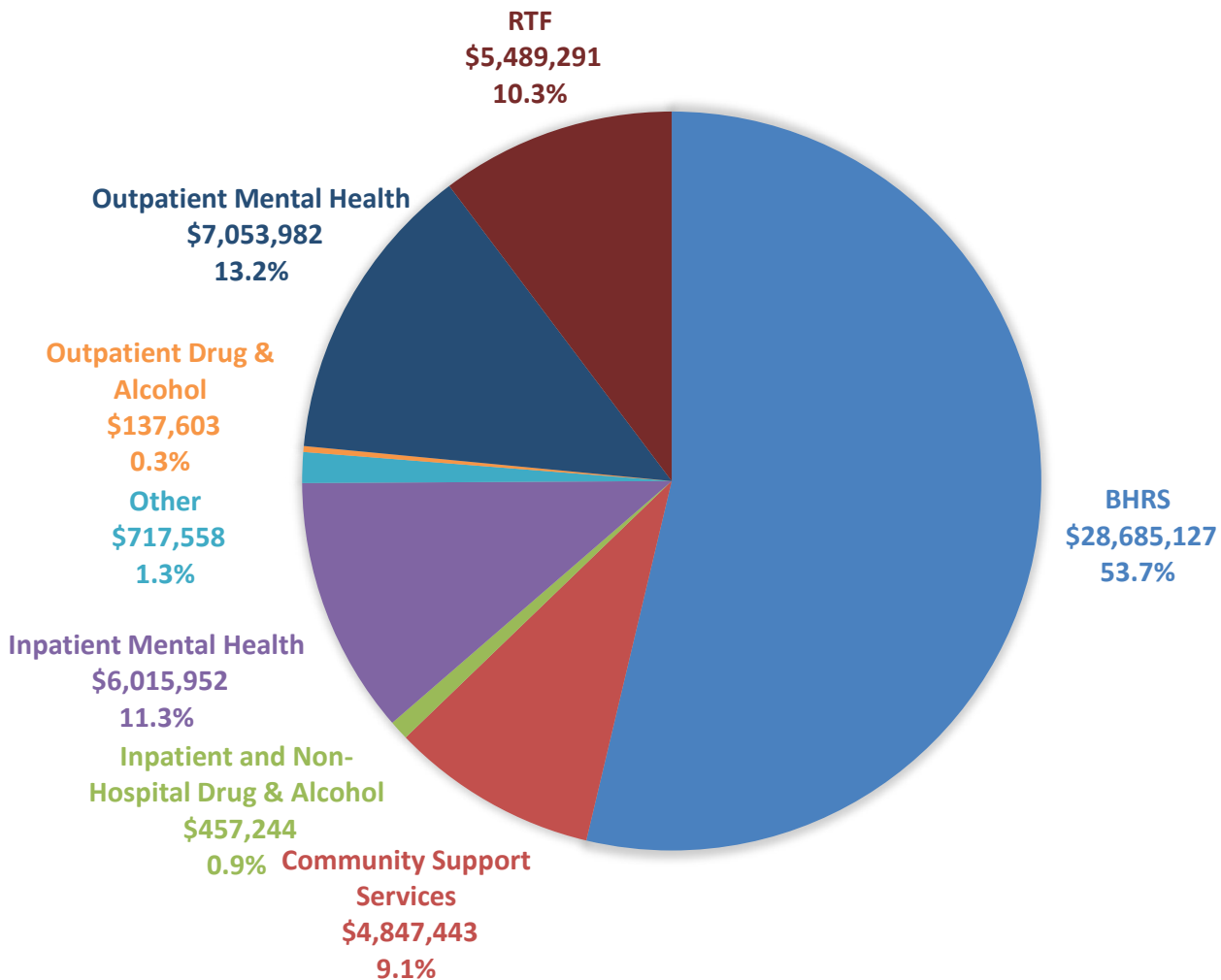
Members who received more than one service during the Fiscal Year are counted in each category. The BHRS category does not include SBBH-APA data. Percentages may not sum to 100% due to rounding.

Expenditures for Children and Adolescents

Level of Care

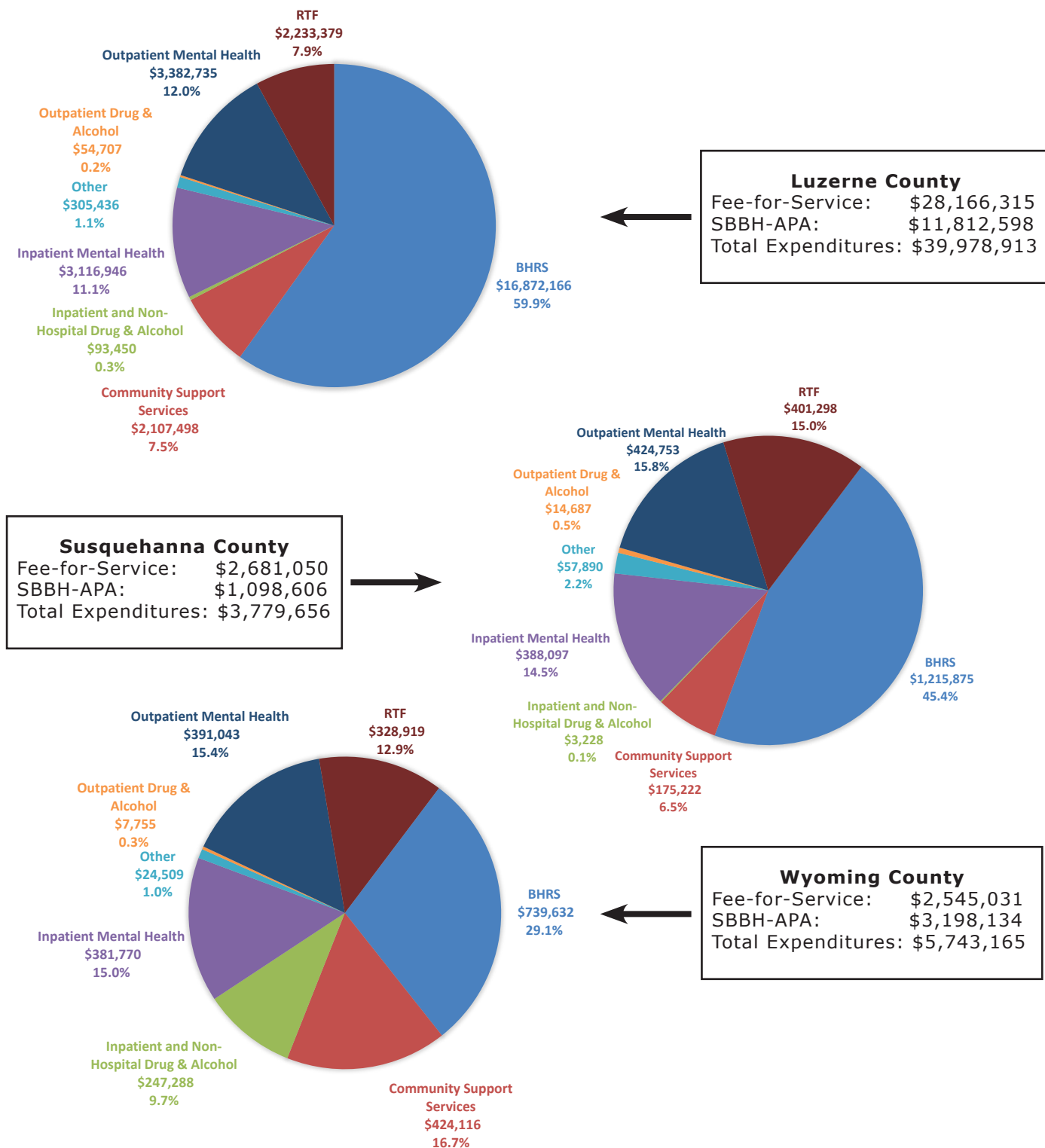
All Counties

Fee-for-Service: \$ 53,404,199
 SBBH-APA: \$ 29,359,244
 Total Expenditures: \$ 82,763,443



Lackawanna County
 Fee-for-Service: \$20,011,803
 SBBH-APA: \$13,249,906
 Total Expenditures: \$33,261,709

The BHRS category does not include SBBH-APA data. Percentages may not sum to 100% due to rounding.



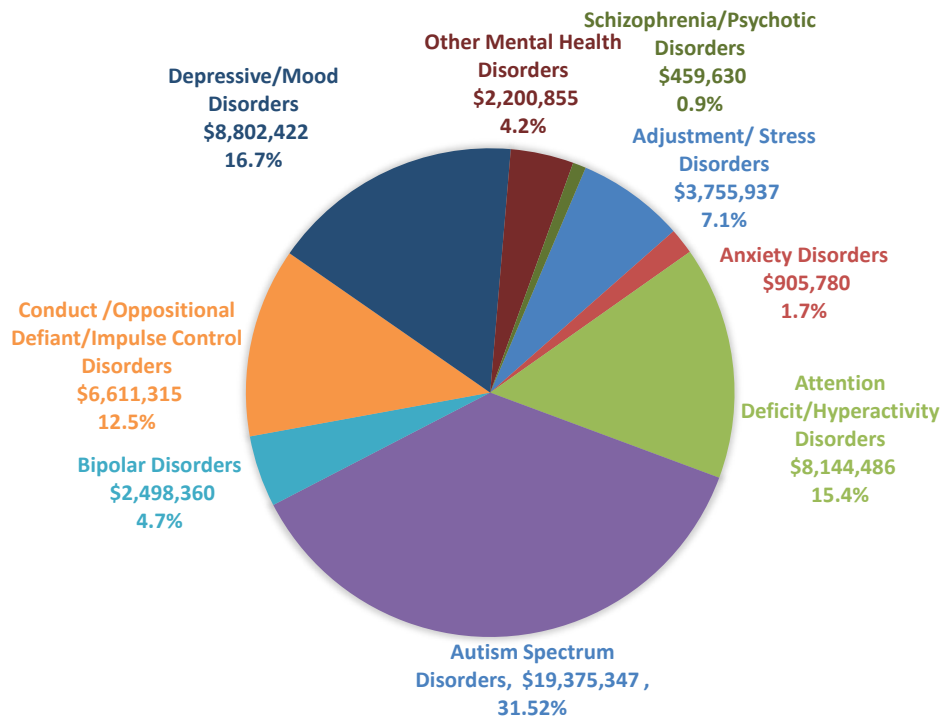
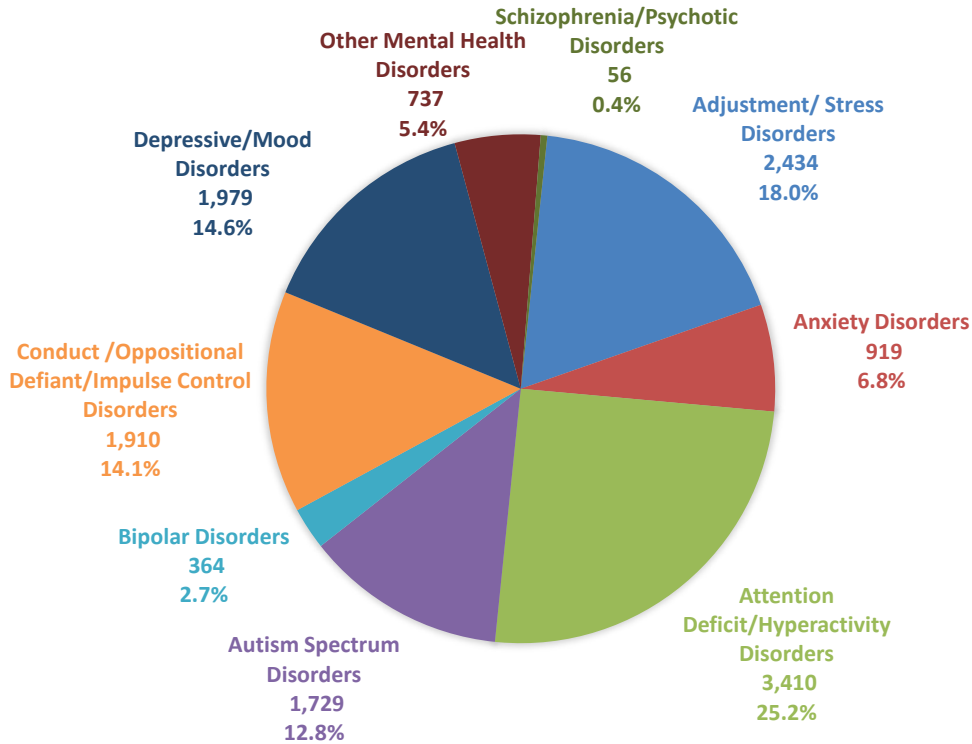
Approximately 58% of HealthChoices funds were used to provide services to members under the age of 18 years, including amounts paid for SBBH-APA.

The BHRS category does not include SBBH-APA data. Percentages may not sum to 100% due to rounding.

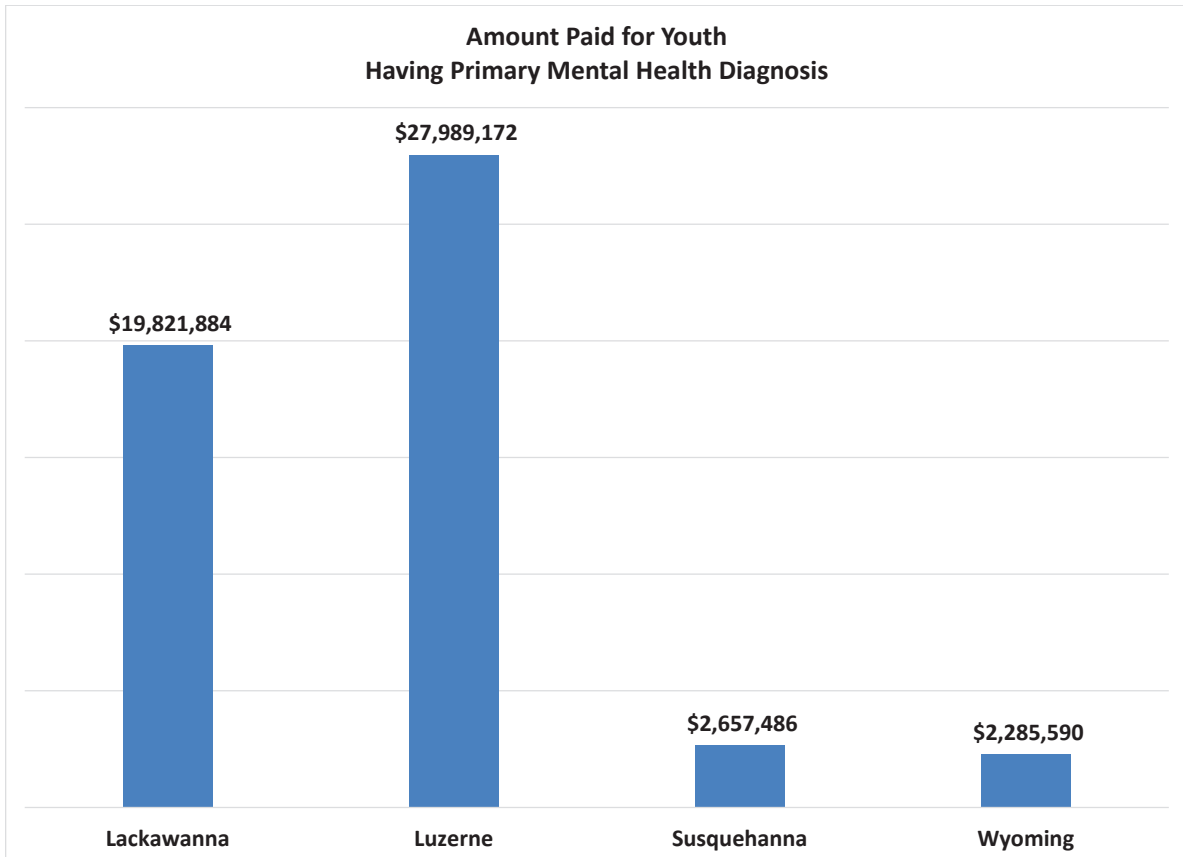
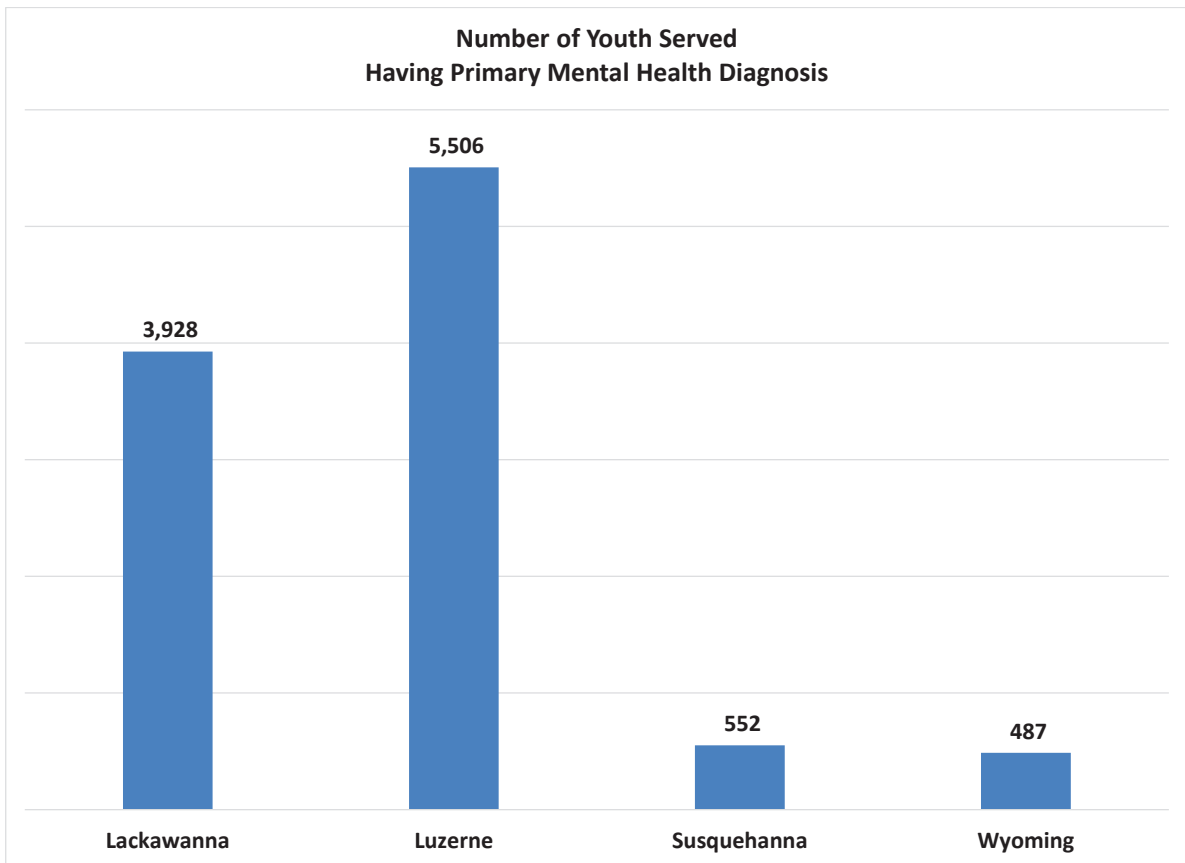
Children and Adolescents Served

Primary Mental Health Diagnosis

All Counties
Mental Health Diagnoses
10,388 Youth Served
\$52,754,132 Spent



Members with more than one diagnosis are counted in each category. Charts do not include SBBH-APA data. Percentages may not sum to 100% due to rounding.

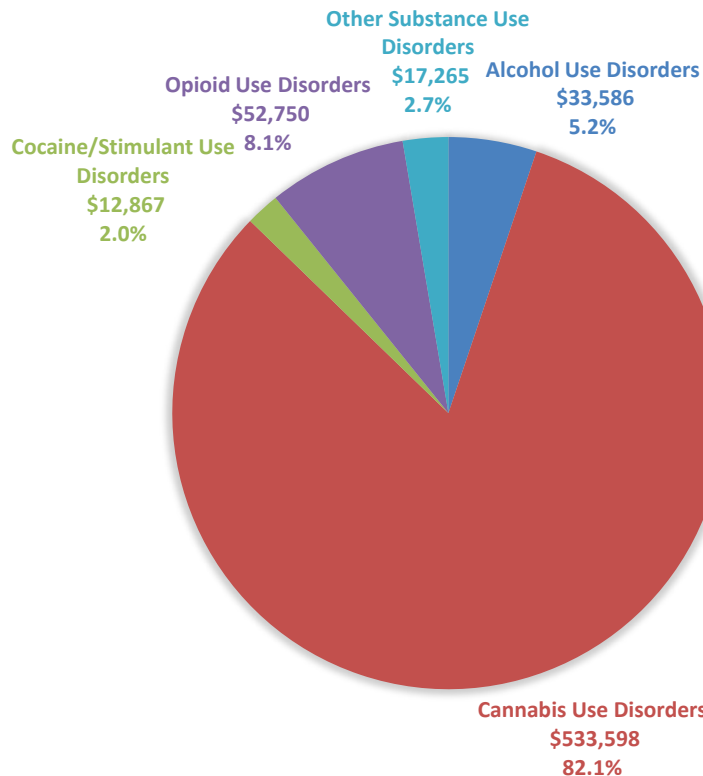
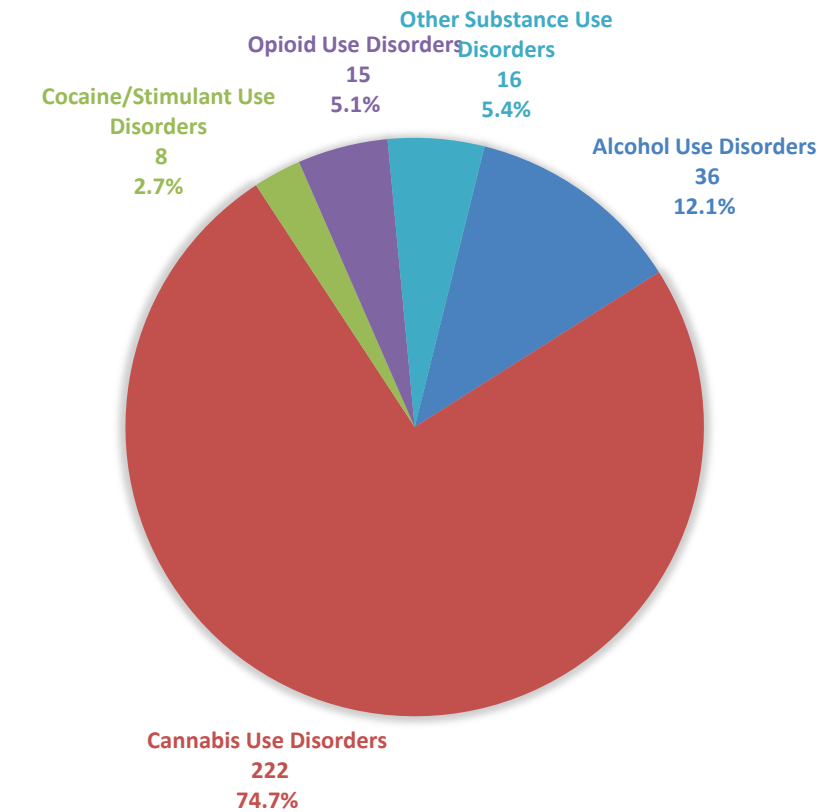


Members who lived in more than one county during the Fiscal Year are counted in each category. Charts do not include SBBH-APA data. Percentages may not sum to 100% due to rounding.

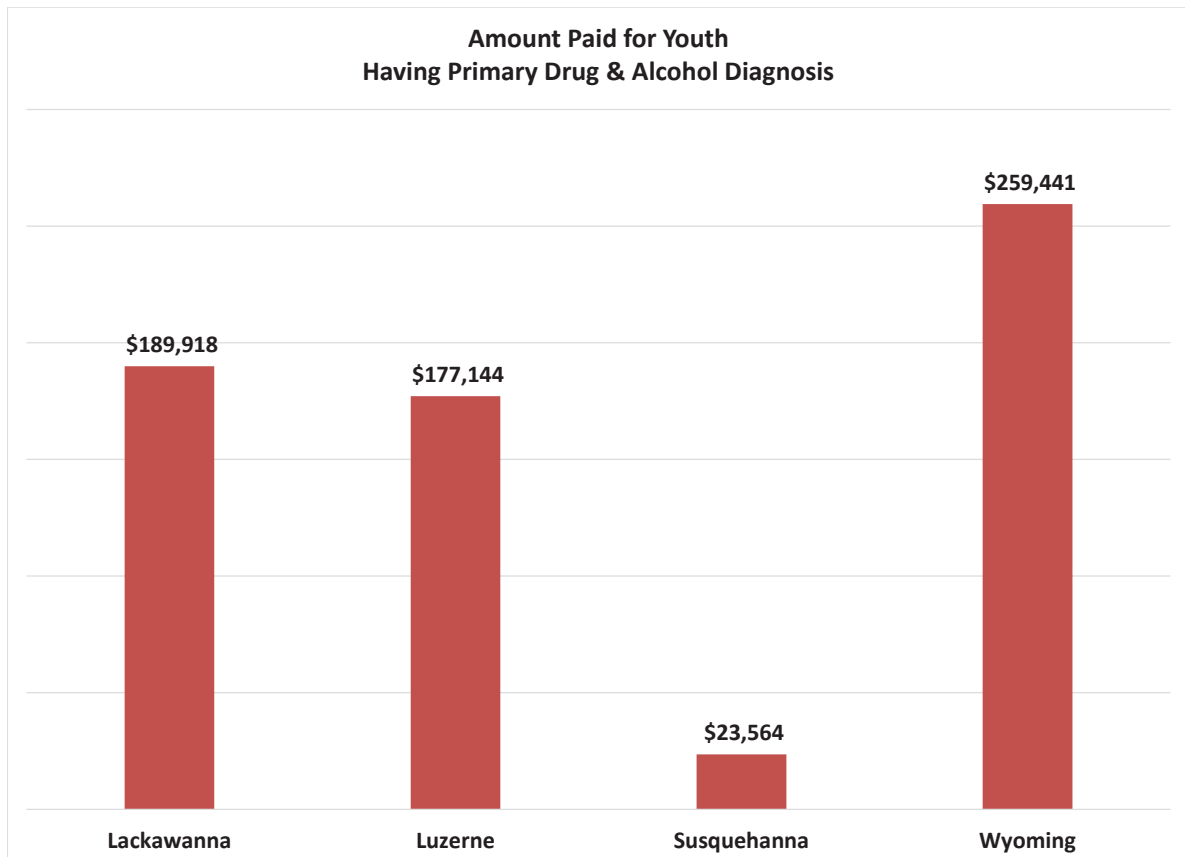
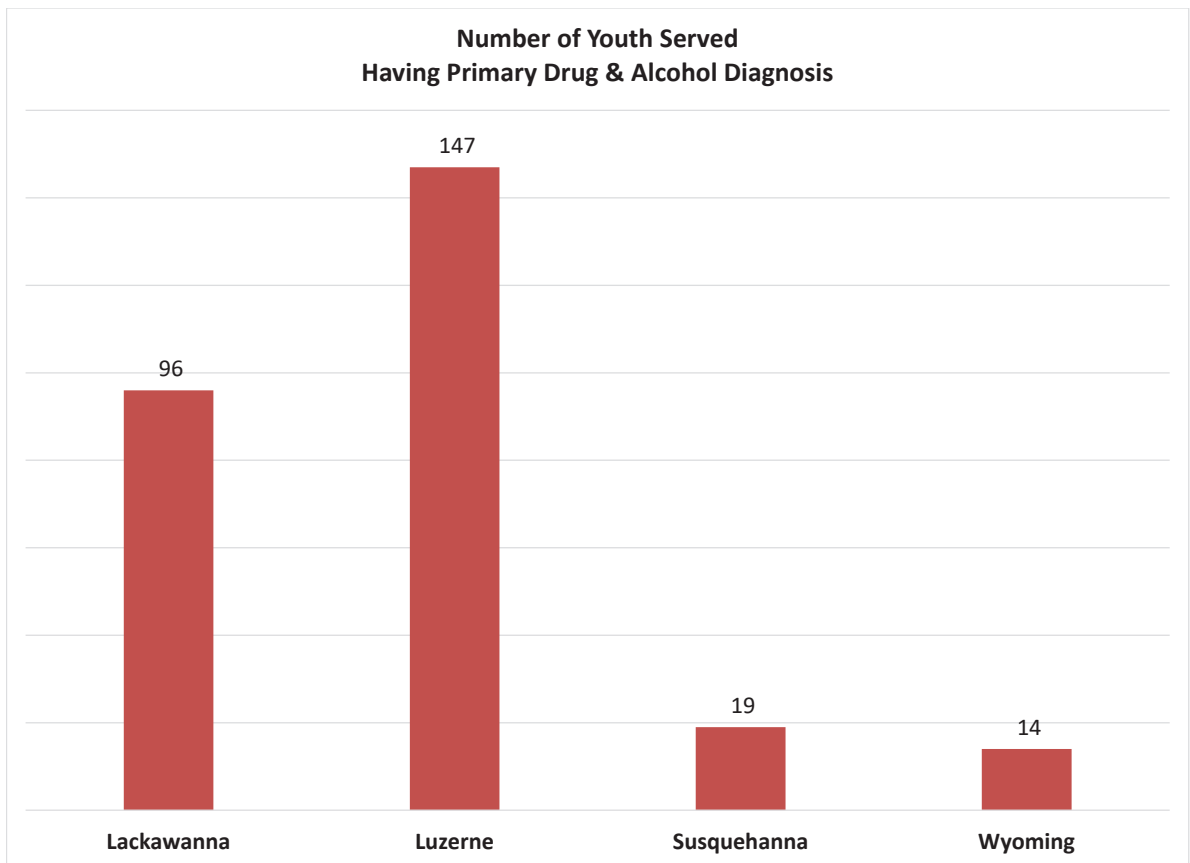
Children and Adolescents Served

Primary Drug & Alcohol Diagnosis

All Counties
273 Youth Served
\$650,066 Spent



Members with more than one diagnosis are counted in each category. Charts do not include SBBH-APA data. 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. Charts do not include SBBH-APA data.
Percentages may not sum to 100% due to rounding.

Terminology

ALTERNATIVE PAYMENT ARRANGEMENT

Refers to any of the various contractual agreements for reimbursement that are not based on a traditional fee for service model. Types of arrangements include but are not limited to the following: retainer payments; case rates; and subcapitation.

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.

BEHAVIORAL MANAGED CARE ORGANIZATION (BH-MCO)

An entity that manages the purchase and provision of behavioral health services.

BEHAVIORAL REHABILITATION SERVICES FOR CHILDREN AND ADOLESCENTS (BHRS)

BHRS are individualized, therapeutic mental health, substance abuse, or behavioral interventions/services developed and recommended by an Interagency Team and prescribed by a physician or licensed psychologist. Services include Behavioral Specialist Consultant (BSC), Mobile Therapy (MT), Therapeutic Staff Support (TSS), Multi-Systemic Therapy (MST), Community and School-Based Behavioral Health Services (CSBBH), Community Residential Rehabilitation Host Home (CRR), and Functional Family Therapy (FFT), Summer Therapeutic Activities (STAP), Therapeutic Family Care (TFC), and evaluation services.

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.

CLAIM

A request for reimbursement for a behavioral health service.

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 criteria established in the Diagnostic and Statistical Manual of Mental Disorders (DSM). The DSM is published by the American Psychiatric Association and provides a diagnostic coding system for mental and substance abuse disorders.

DIAGNOSTIC CATEGORIES

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

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

Anxiety Disorders – a group of disorders that includes: Separation Anxiety Disorder, Selective Mutism, Panic Disorder, Social Phobia, Posttraumatic Stress Disorder, Obsessive Compulsive Disorder, Generalized Anxiety Disorder, and Anxiety 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.



Autism Spectrum Disorder is a neurological disorder that involves 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.

Conduct Disorder/Oppositional Defiant Disorder - a group of serious emotional and behavioral problems in children and adolescents. Children with conduct disorders frequently behave in extremely troubling, socially unacceptable, and often illegal ways, though they feel justified in their actions and show little to no empathy for their victims. Children with oppositional defiant disorder have patterns of unruly and argumentative behavior and hostile attitudes toward authority figures.

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.

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.

ENROLLMENT

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



HealthChoices



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.

JOINDER

Local authorities of any county who have joined with the local authorities of any other county to establish a county mental health and intellectual disabilities program, subject to the provisions of the Mental Health and Intellectual Disability Act of 1966 (50 P.S. § 4201 (2)), or a drug and alcohol program pursuant to the Pa. Drug and Alcohol Abuse Control Act (71 P.S. § 1690. 101 et. seq.).

MEMBER

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

REINVESTMENT FUNDS

Capitation revenues from DHS and investment income that are not expended may be used to purchase start-up costs for state plan services, development or purchase of in lieu of and in addition to services or non-medical services, contingent upon DHS prior approval of the Primary Contractor's reinvestment plan.

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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