

Northeast Behavioral Health Care Consortium

HealthChoices Program Annual Report 2022



January 1, 2022 through December 31, 2022



Northeast Behavioral Health Care Consortium HealthChoices Annual Report 2021

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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.

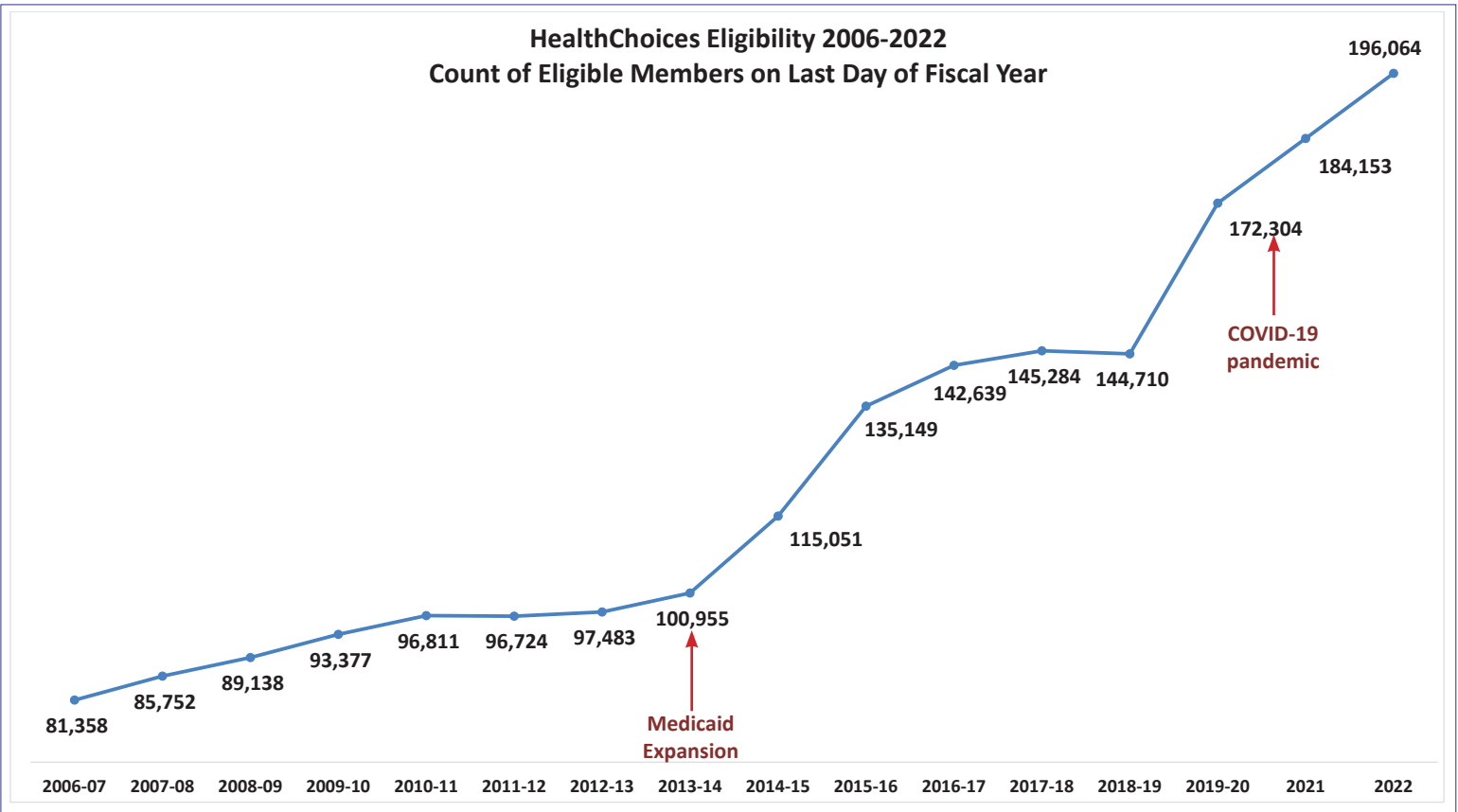
These positive outcomes will be accomplished through an intense, ongoing dialogue including consumers, families, providers and all other stakeholders.

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.

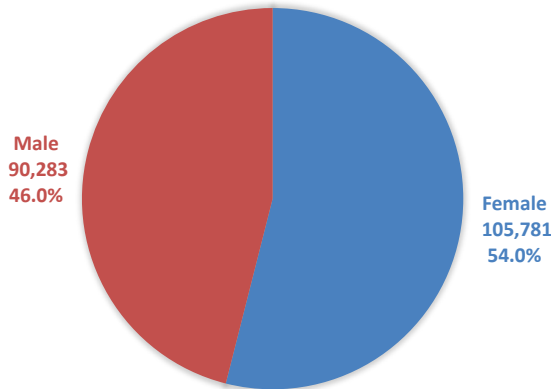
The Affordable Care Act of 2010 included a provision to expand state Medicaid programs. Beginning in 2014, Pennsylvanians, ages 19 to 64 with incomes up to 138% of the Federal Poverty Level became eligible for coverage under Medicaid expansion. As a result of expanding its Medicaid program, over a two-year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



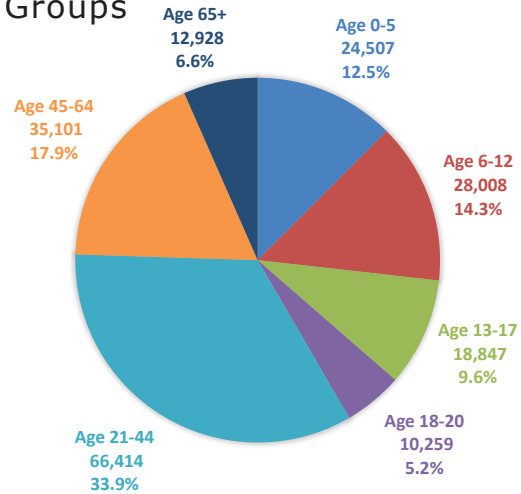
Enrollment

Total Enrolled: 196,064

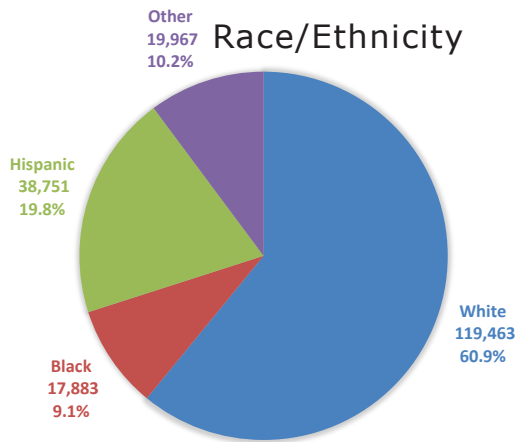
Gender



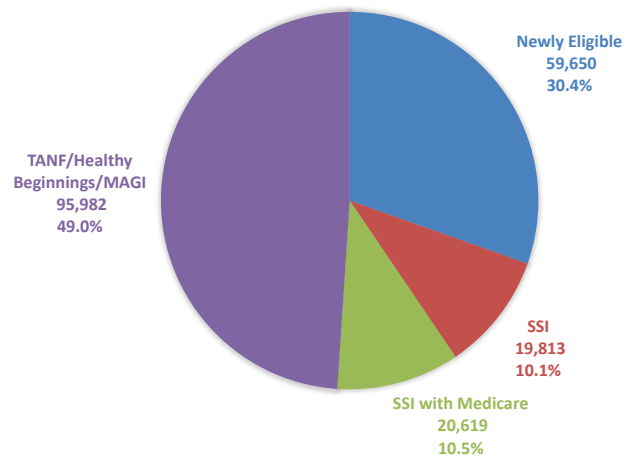
Age Groups



Race/Ethnicity



Category of Aid



"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.

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 2022 operating year. Utilization is derived from paid claims for services provided between January 1, 2022 and December 31, 2022.

Covered Services

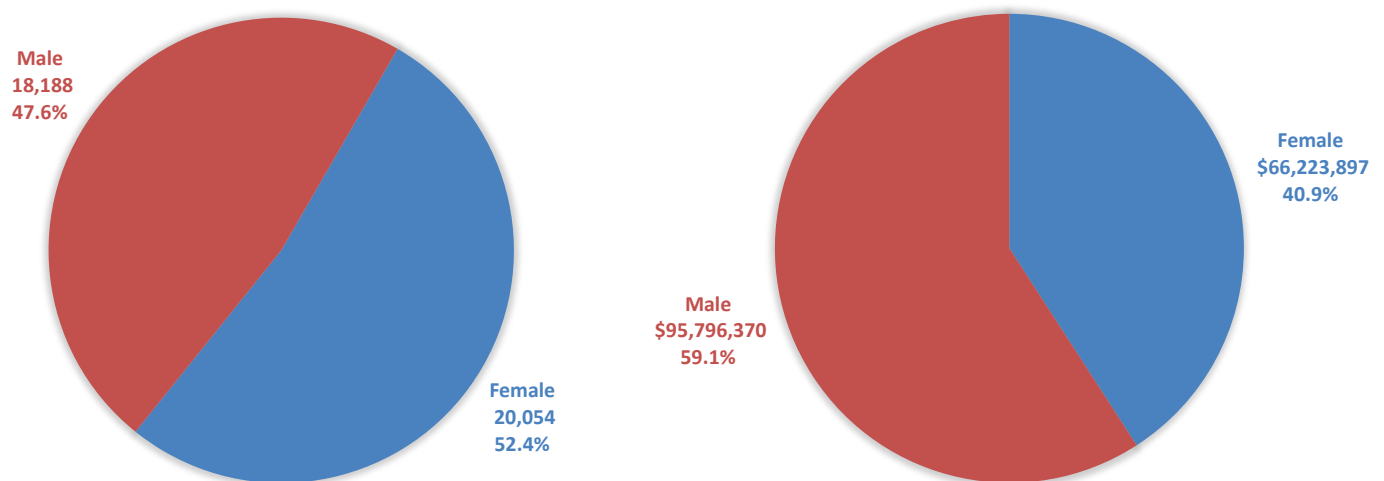
HealthChoices members are eligible to receive in-plan services offered by their choice of at least two service providers, as well as additional services that have been approved for use by the Northeast Region HealthChoices Program.

- Intensive Behavioral Health Services (IBHS)
- Certified Peer Support Services for Mental Health and Substance Use Disorders
- Community and School-Based Behavioral Health Services
- Crisis Intervention
- Family Based Mental Health Services
- Inpatient Psychiatric Hospitalization
- Laboratory and Diagnostic Services
- Medication Management and Clozapine Support
- Mental Health and Substance Use Outpatient Counseling
- Mental Health Partial Hospitalization Services
- Methadone Maintenance
- Psychiatric Evaluation and Psychological Testing
- Psychosocial Rehabilitation
- Residential Treatment Facilities (RTF)
- Substance Use Inpatient Detoxification, Treatment, Non-Hospital Rehabilitation, and Halfway House
- Substance Use Intensive Outpatient and Partial Hospitalization
- Substance Use Level of Care Assessment
- Substance Use Targeted Case Management
- Targeted Case Management (Intensive Case Management, Resource Coordination, Blended Case Management)

Utilization

38,242 Served
\$162,020,267 Spent

Gender



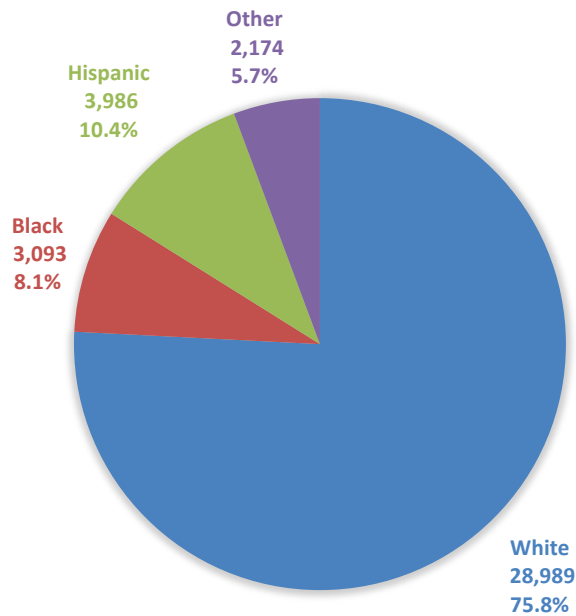
The data in this report represent enrollment and utilization occurring during the 2022 operating year. Utilization is derived from paid claims for services provided between January 1, 2022 and December 31, 2022.

Charts do not include Community and School-Based Behavioral Health Alternative Payment Arrangement (CSBBH-APA) expenses. In Fiscal Year 2022, \$21,373,925 was paid for CSBBH-APA services. Percentages may not sum to 100% due to rounding.

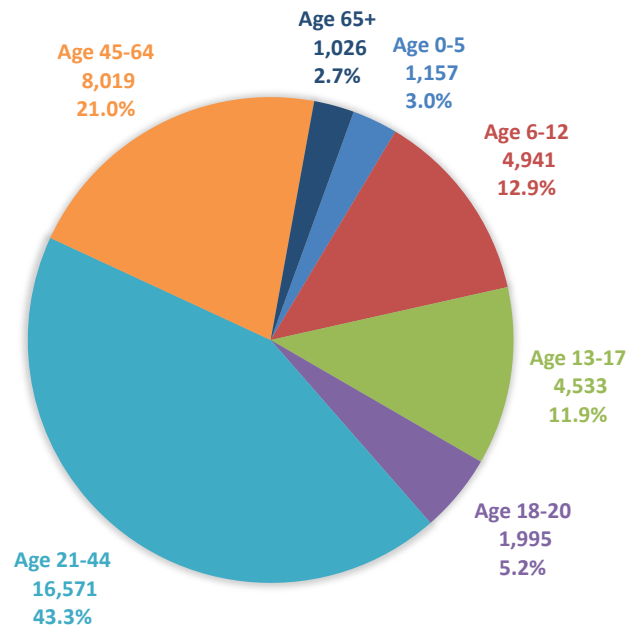
Utilization

38,242 Served

Race

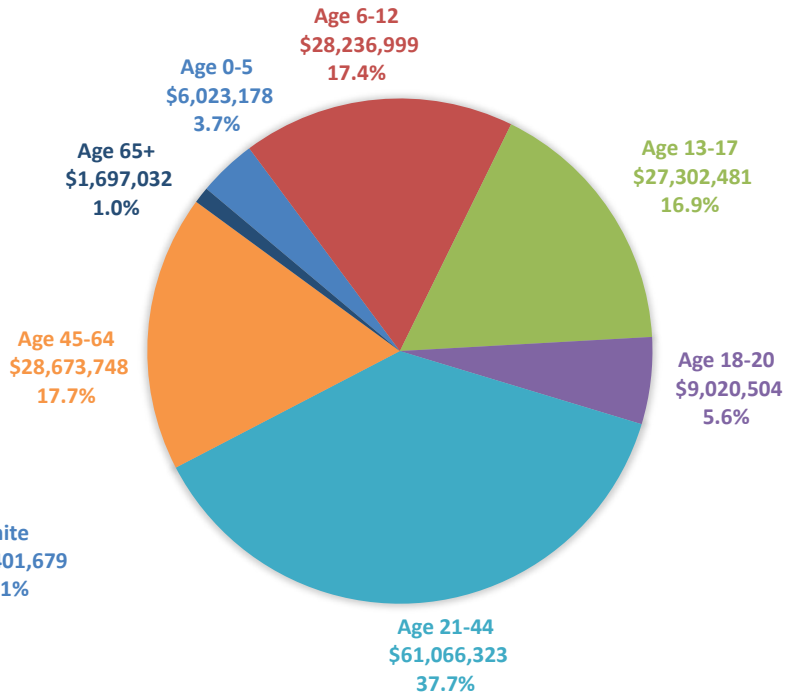
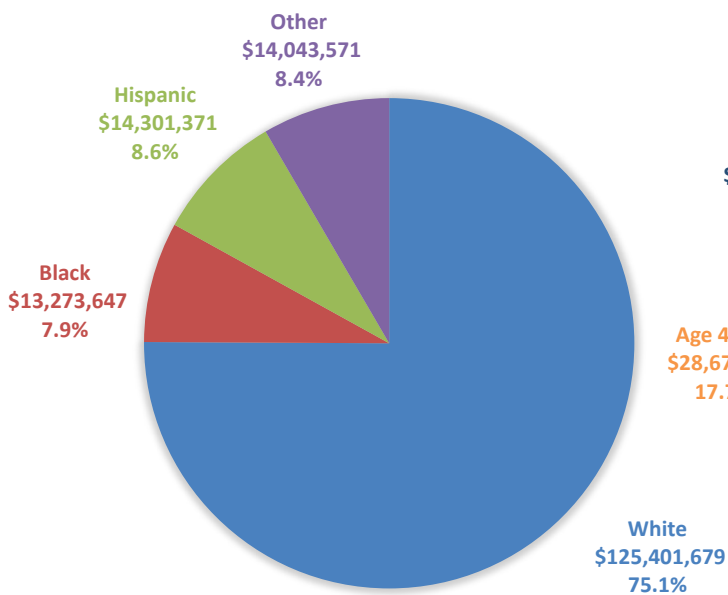


Age Groups



Expenditures

Fee-for-Service: \$162,020,267
 CSBBH-APA: \$ 21,373,925
 Total Expenditures: \$183,394,192

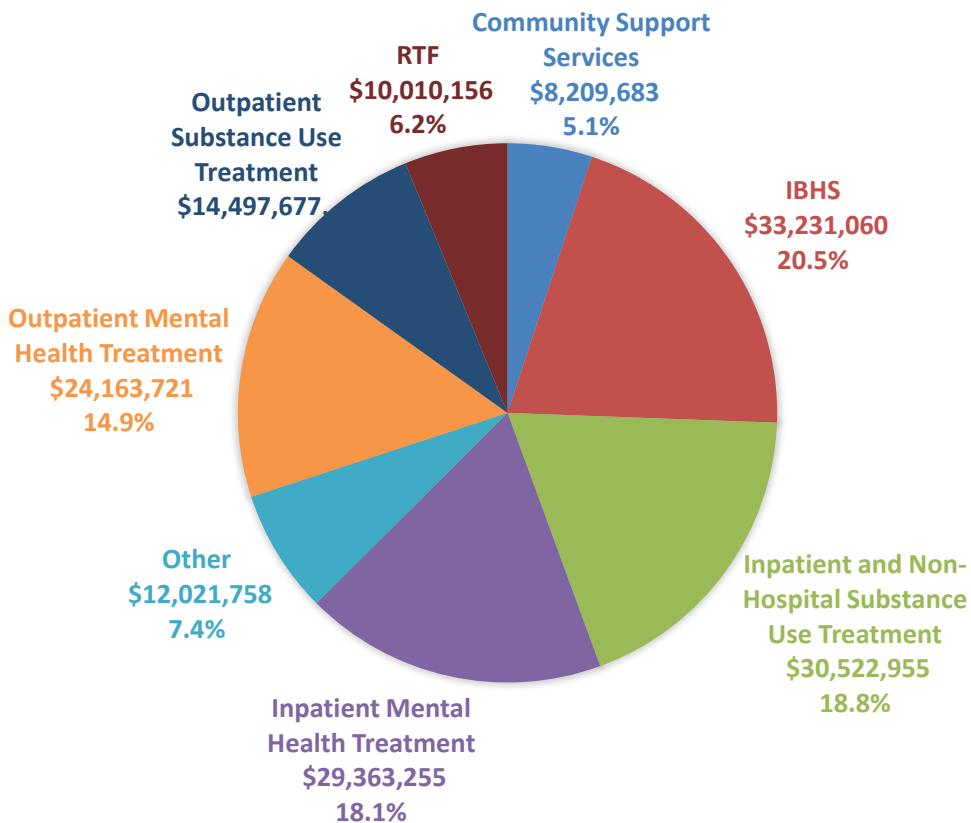
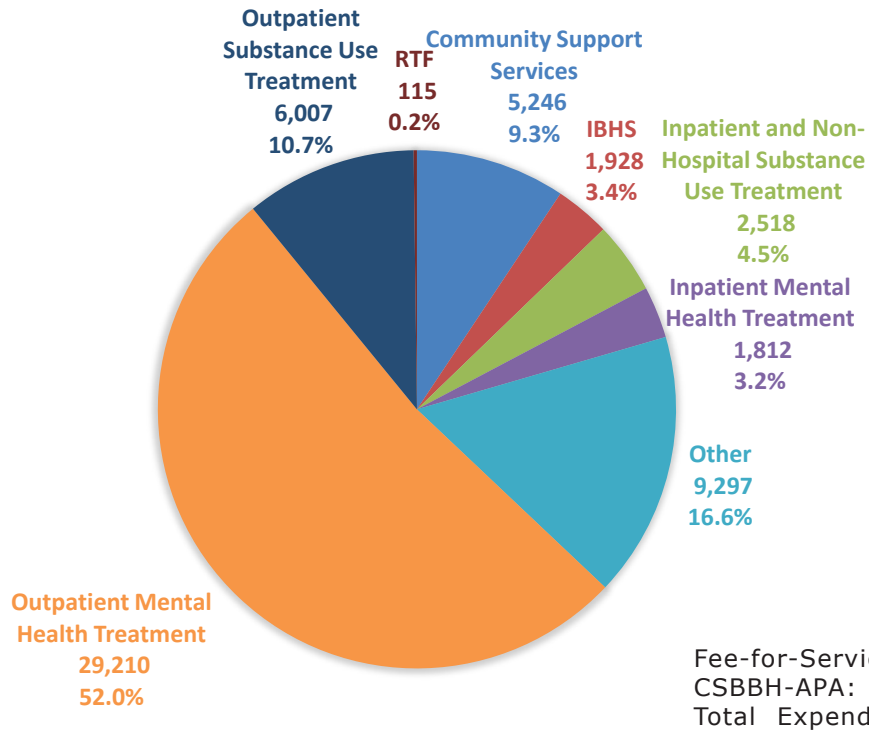


"Other" race includes members who report mixed race.

Charts do not include Community and School-Based Behavioral Health Alternative Payment Arrangement (CSBBH-APA) expenses. In Fiscal Year 2022, \$21,373,925 was paid for CSBBH-APA services. Percentages may not sum to 100% due to rounding.

Utilization Level of Care

All Counties
38,242 Served



IBHS = intensive behavioral health services; RTF = residential treatment facilities. Members who lived in more than one county or received more than one service during the fiscal year are counted in each category. The IBHS category does not include CSBBH APA expenses. Percentages may not sum to 100% due to rounding.

Utilization Level of Care

Joinder Detail

Lackawanna-Susquehanna Joinder
17,496 Served

Lackawanna-Susquehanna Joinder
\$67,237,067 Paid

Level of Care	Member	
	Count	Percentage
Community Support Services	1,866	10.7%
IBHS	765	4.4%
Inpatient and Non-Hospital Substance Use Treatment	1,242	7.1%
Inpatient Mental Health Treatment	748	4.3%
Other	4,898	28.0%
Outpatient Mental Health Treatment	13,329	76.2%
Outpatient Substance Use Treatment	2,742	15.7%
RTF	43	0.2%
Total	17,495	100.0%

Level of Care	Amount Paid	Percentage
Community Support Services	\$ 2,895,551	4.3%
IBHS	\$ 12,497,019	18.6%
Inpatient and Non-Hospital SUD Treatment	\$ 14,172,565	21.1%
Inpatient MH Treatment	\$ 10,436,043	15.5%
Other	\$ 5,669,995	8.4%
Outpatient MH Treatment	\$ 11,584,161	17.2%
Outpatient SUD Treatment	\$ 6,149,935	9.1%
RTF	\$ 3,831,799	5.7%
Total	\$ 67,237,067	100.0%

MH = mental health; SUD = substance use disorders; IBHS = intensive behavioral health services; RTF = residential treatment facilities

Luzerne-Wyoming Joinder
21,036 Served

Luzerne-Wyoming Joinder
\$94,783,199 Paid

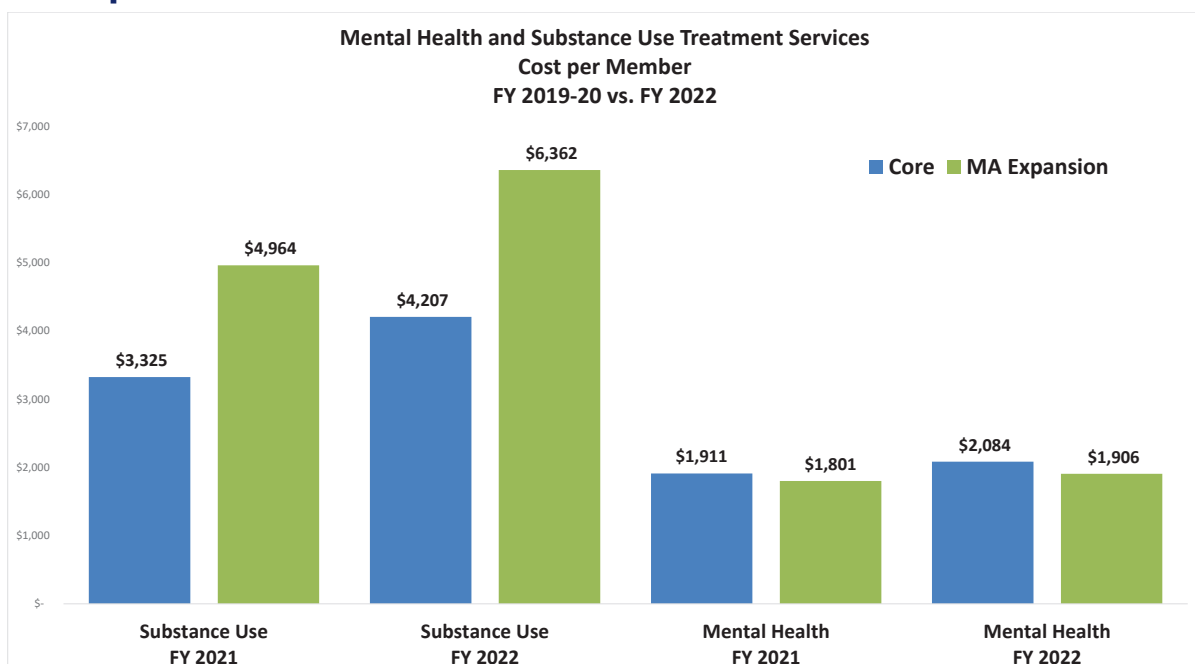
Level of Care	Member	
	Count	Percentage
Community Support Services	3,395	16.1%
IBHS	1,166	5.5%
Inpatient and Non-Hospital Substance Use Treatment	1,321	6.3%
Inpatient Mental Health Treatment	1,067	5.1%
Other	4,451	21.2%
Outpatient Mental Health Treatment	16,043	76.3%
Outpatient Substance Use Treatment	3,314	15.8%
RTF	73	0.3%
Total	21,036	100.0%

Level of Care	Amount Paid	Percentage
Community Support Services	\$ 5,314,132	5.6%
IBHS	\$ 20,734,042	21.9%
Inpatient and Non-Hospital SUD Treatment	\$ 16,350,390	17.3%
Inpatient MH Treatment	\$ 18,927,212	20.0%
Other	\$ 6,351,764	6.7%
Outpatient MH Treatment	\$ 12,579,561	13.3%
Outpatient SUD Treatment	\$ 8,347,742	8.8%
RTF	\$ 6,178,357	6.5%
Total	\$ 94,783,199	100.0%

MH = mental health; SUD = substance use disorders; IBHS = intensive behavioral health services; RTF = residential treatment facilities

Tables do not include CSBBH-APA expenses. In FY 2022, \$21,373,925 was paid for CSBBH-APA services. Percentages may not sum to 100% due to rounding.

Medicaid Expansion

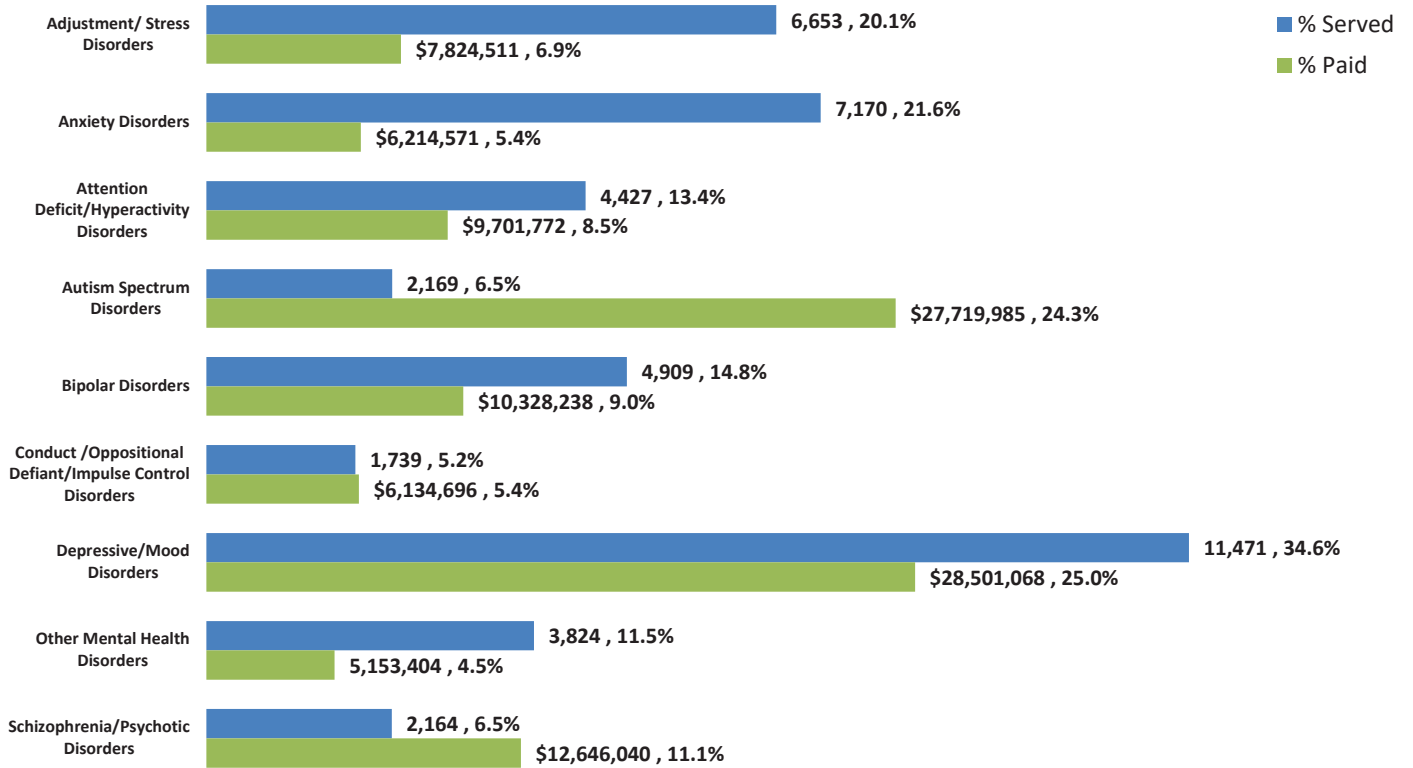


Primary Diagnosis

Mental Health

All Counties

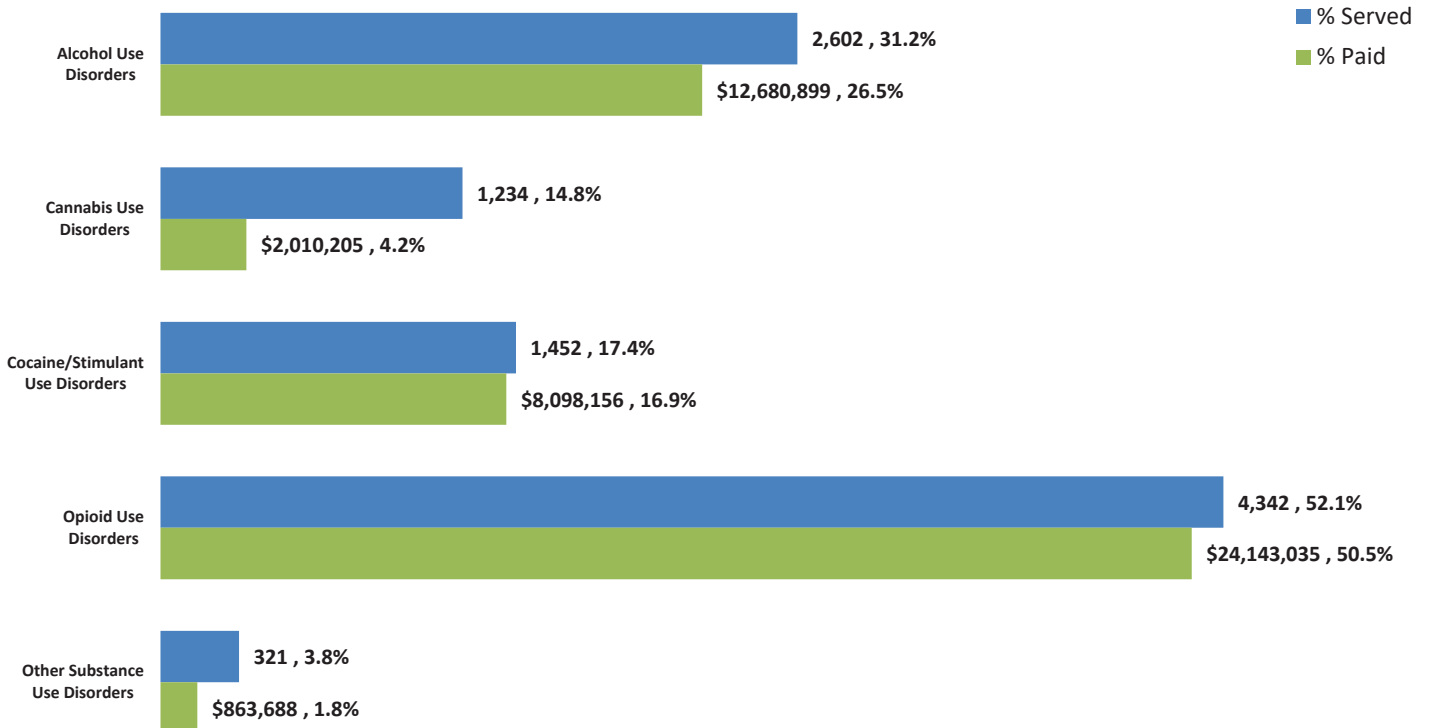
Served: 33,158 Paid: \$114,224,284



Substance Use

All Counties

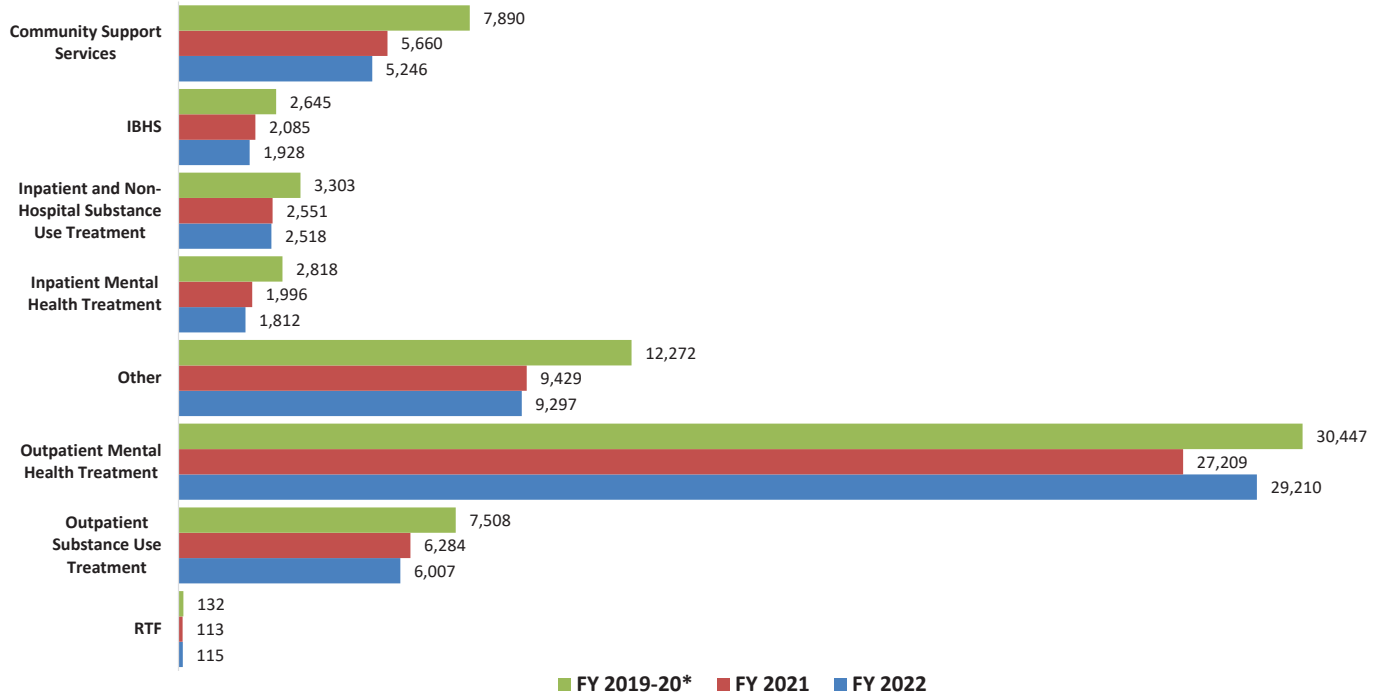
Served: 8,339 Served Paid: \$47,795,983



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

Utilization Trend

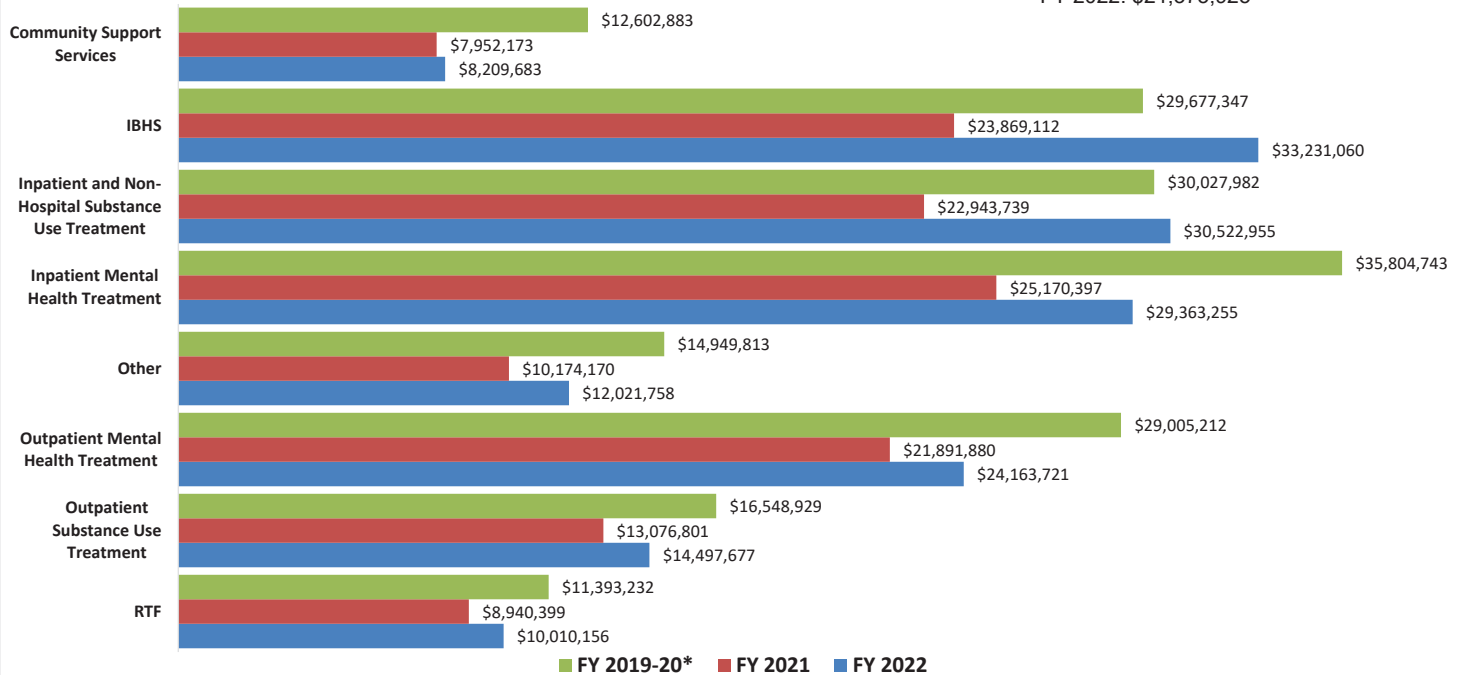
Three-Year Trend
Members Served by Level of Care
All Counties



*FY 2019-2020 was an 18-month operating year.

Three-Year Trend
Amount Paid by Level of All Counties

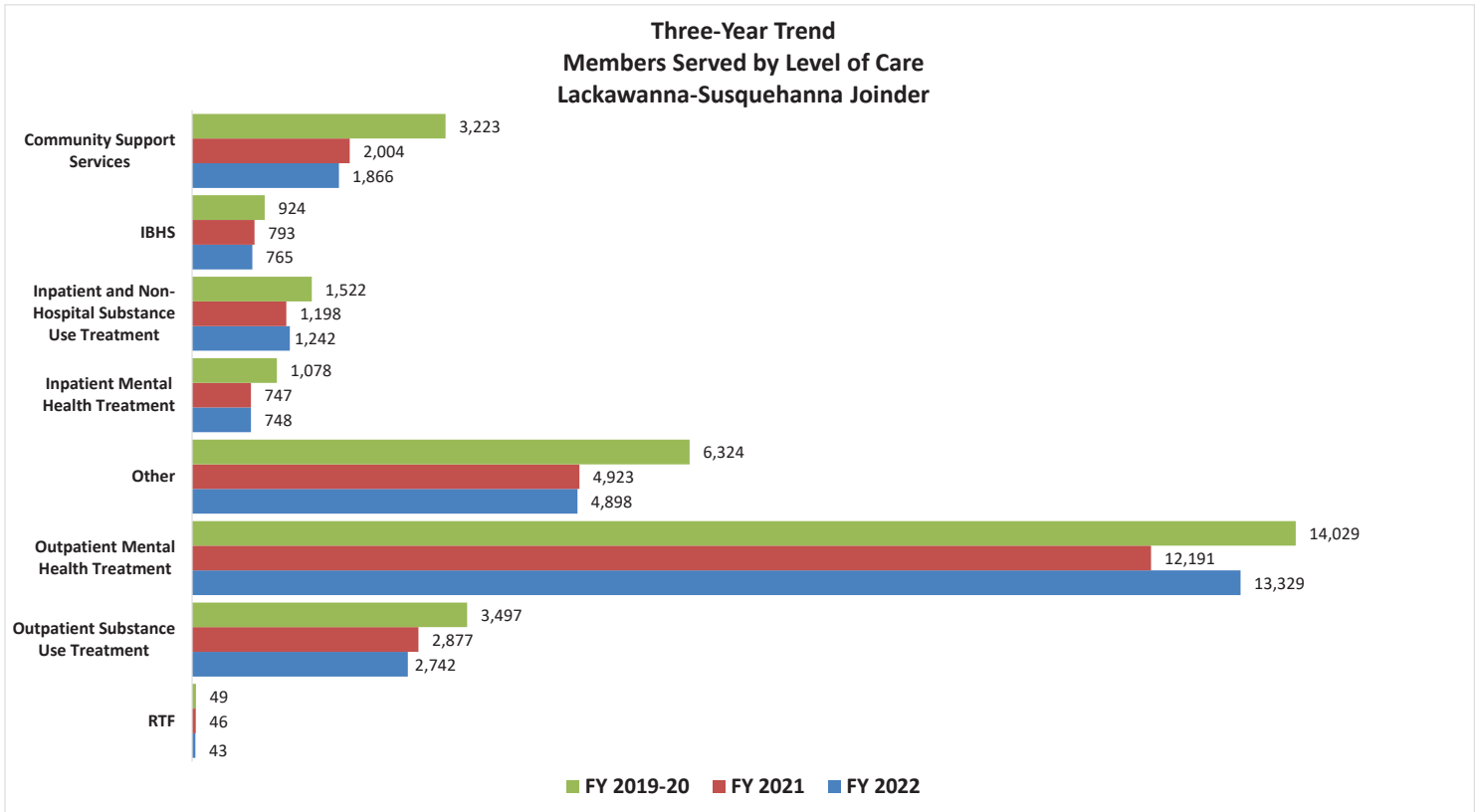
Excludes following CSBBH-APA amounts:
FY 2019-2020: \$24,582,526
FY 2021: \$18,124,183
FY 2022: \$21,373,925



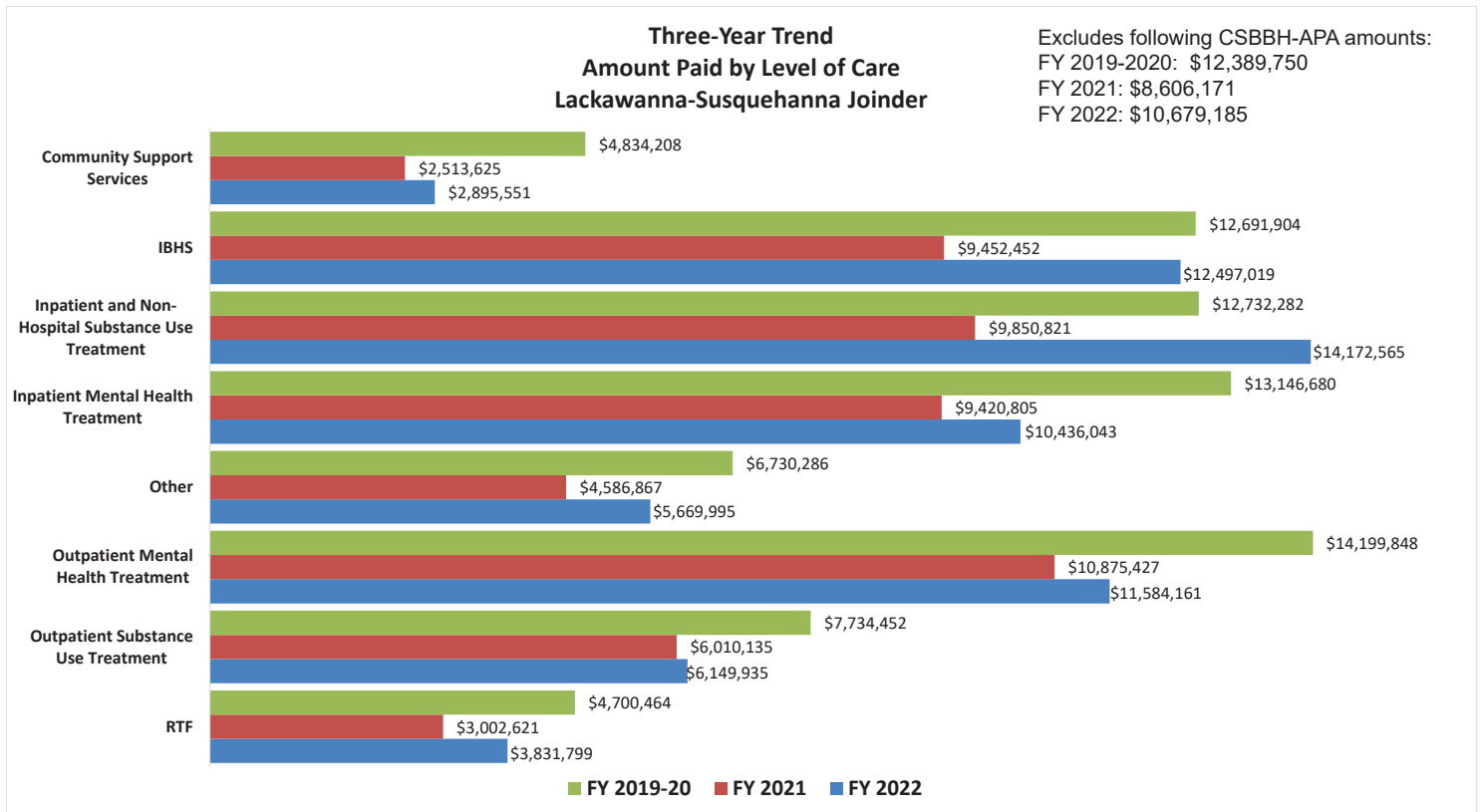
*FY 2019-2020 was an 18-month operating year.

IBHS = intensive behavioral health services; RTF = residential treatment facilities. Members who received more than one service during the fiscal year are counted in each category. The IBHS category does not include CSBBH-APA expenses.

Joinder Utilization Trend



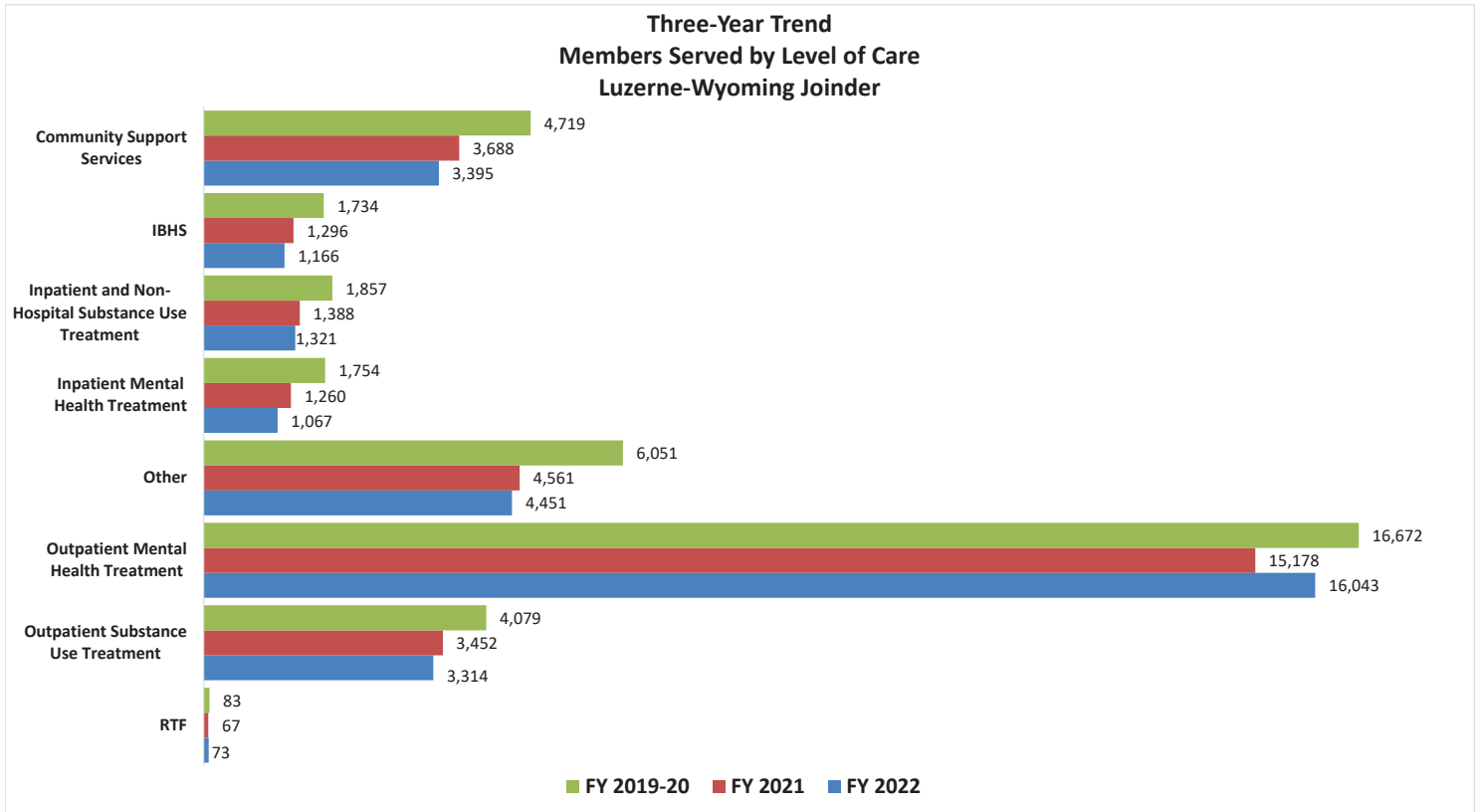
*FY 2019-2020 was an 18-month operating year.



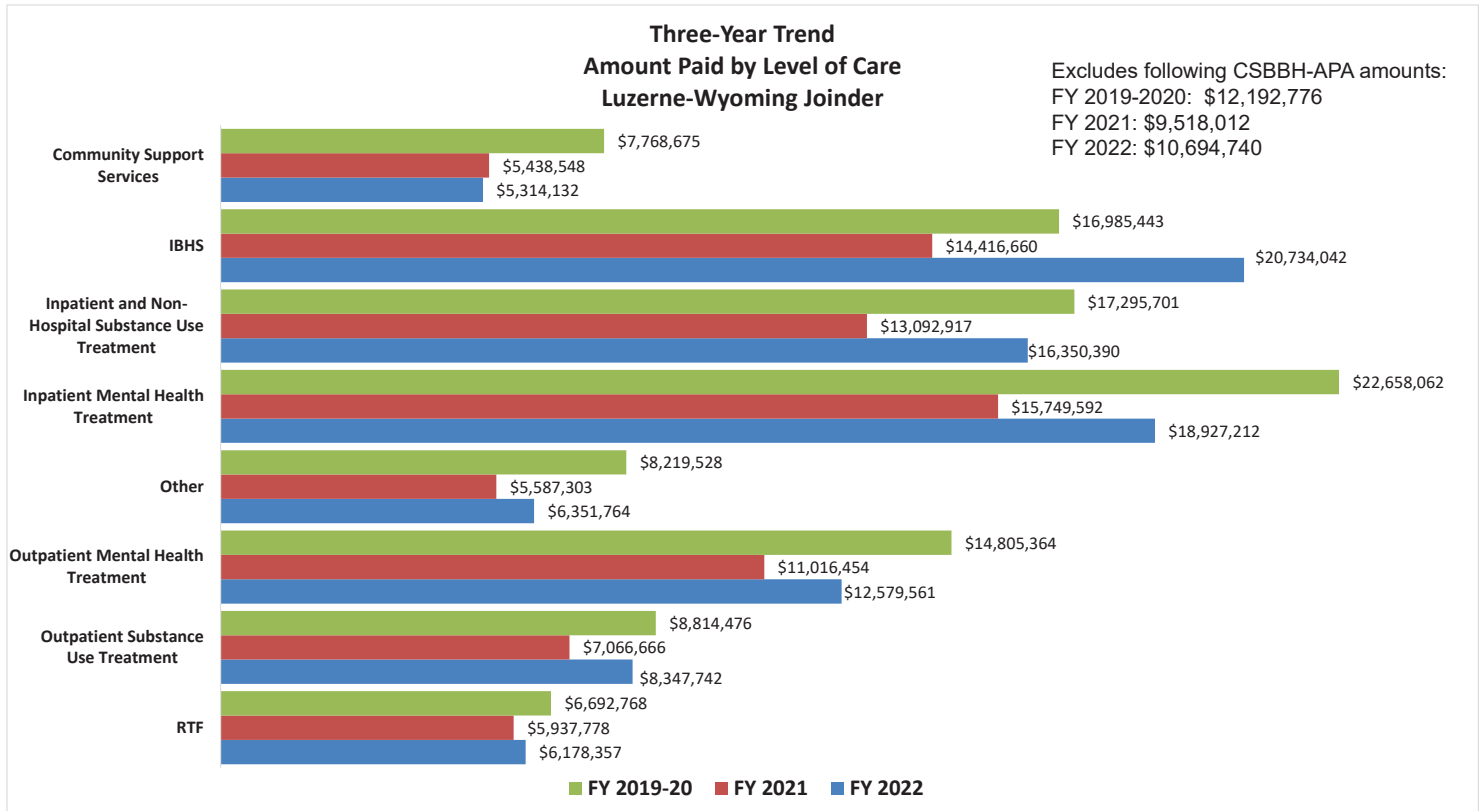
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IBHS = intensive behavioral health services; RTF = residential treatment facilities. Members who received more than one service during the fiscal year are counted in each category. The IBHS category does not include CSBBH-APA expenses.

Joinder Utilization Trend



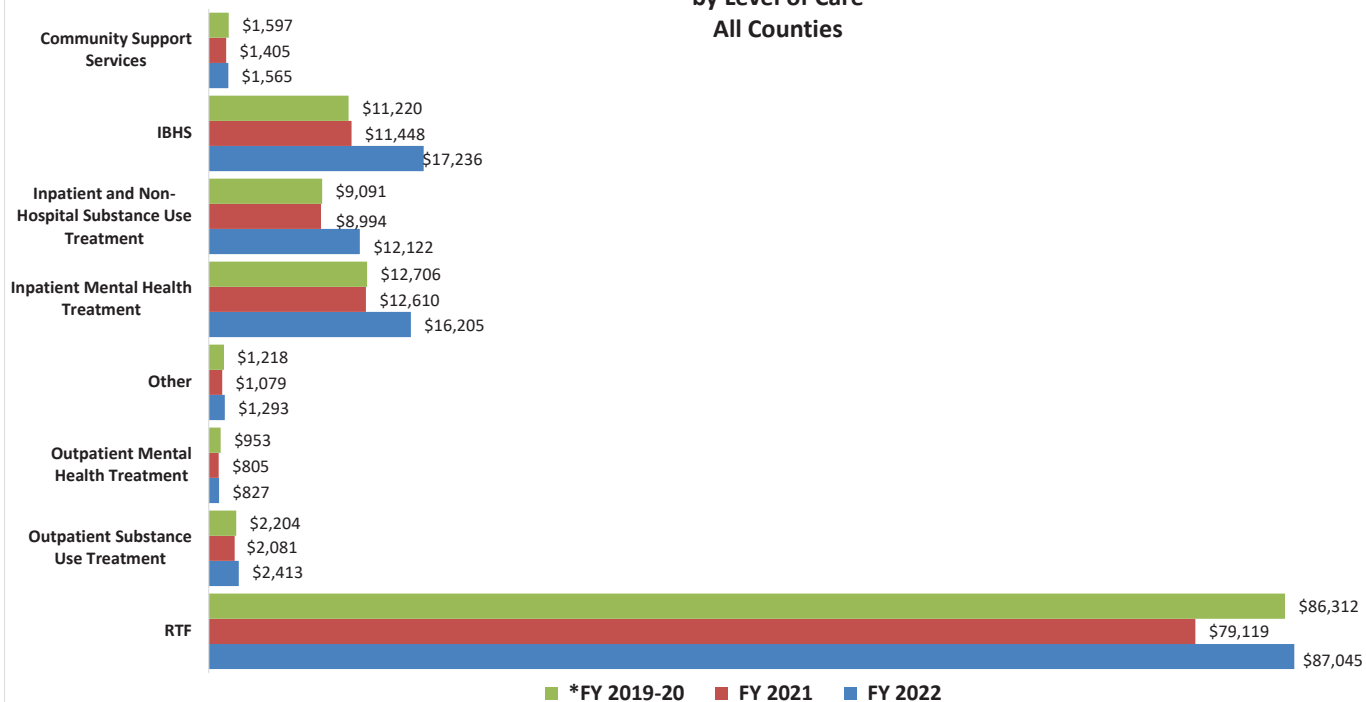
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IBHS = intensive behavioral health services; RTF = residential treatment facilities. Members who received more than one service during the fiscal year are counted in each category. The IBHS category does not include CSBBH-APA expenses.

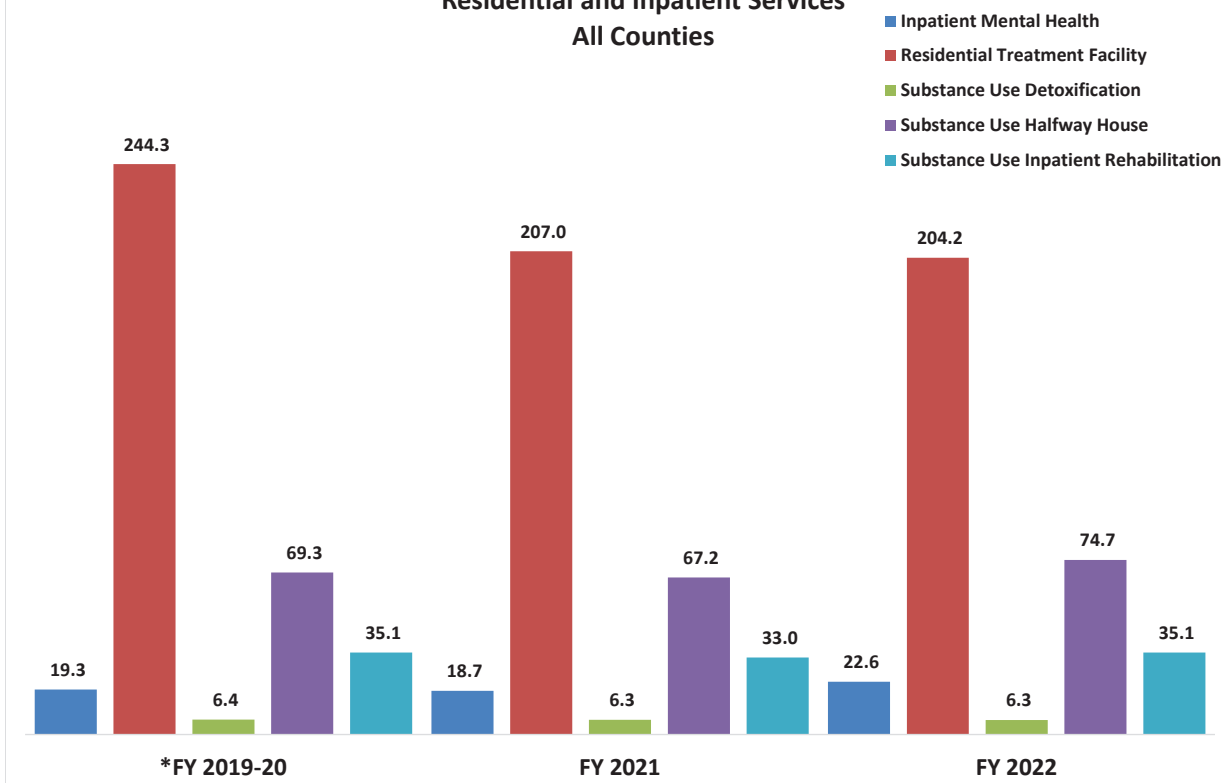
Three-Year Trend Average Cost per Member by Level of Care All Counties



*FY 2019-2020 was an 18-month operating year.

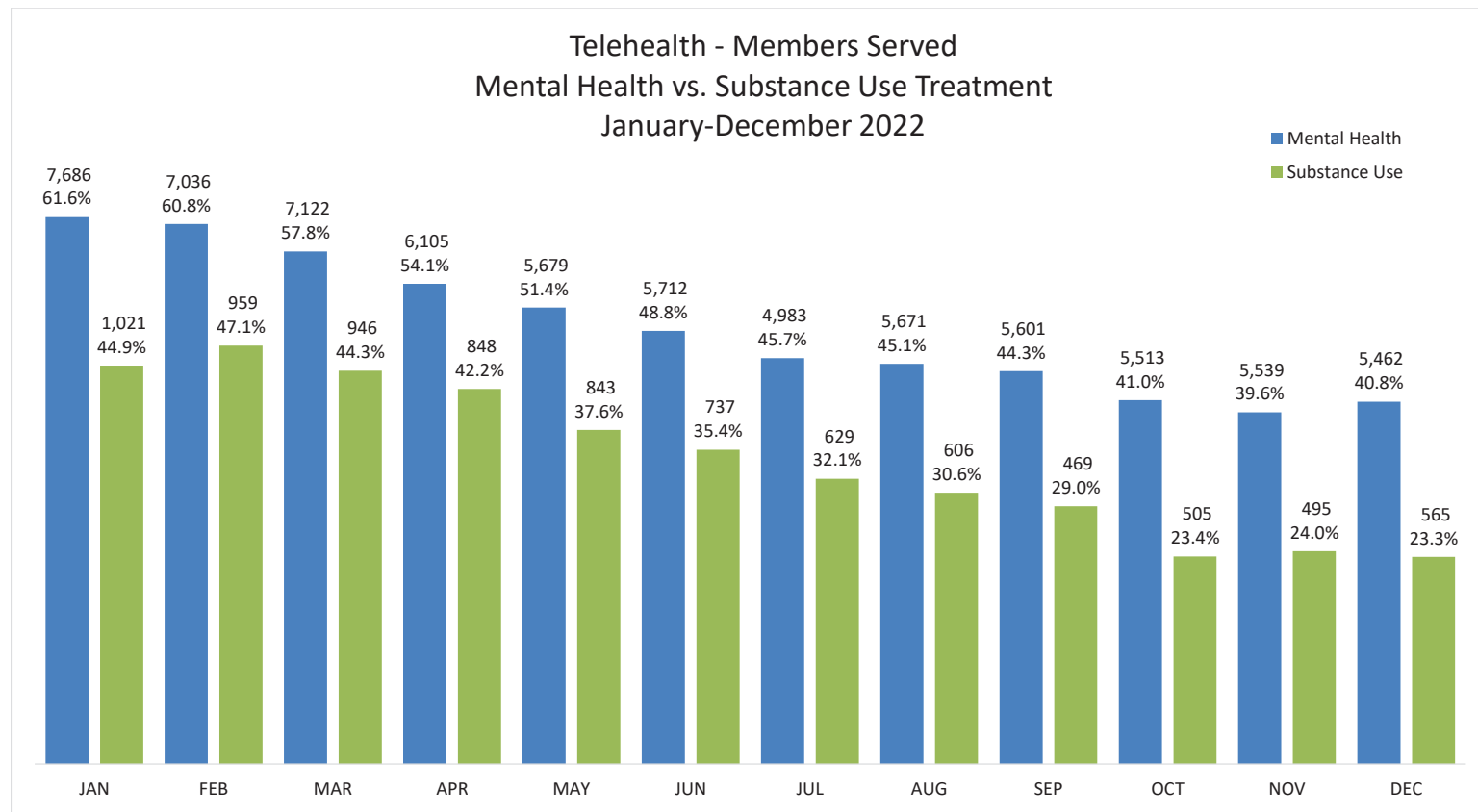
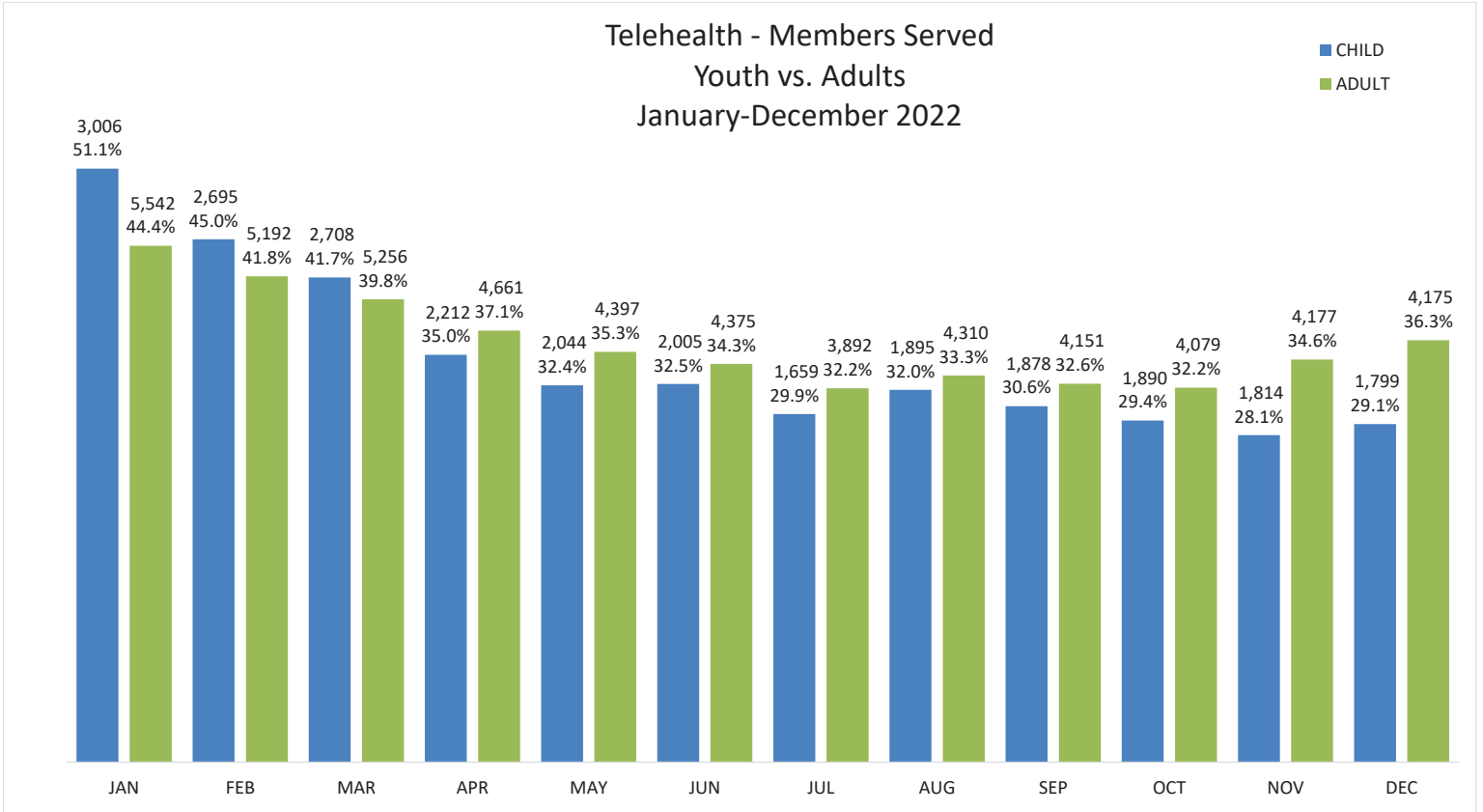
IBHS = intensive behavioral health services; RTF = residential treatment facilities. The IBHS category does not include CSBBH-APA expenses.

Three-Year Trend Average Days per Member Residential and Inpatient Services All Counties



*FY 2019-2020 was an 18-month operating year.

Telehealth Services



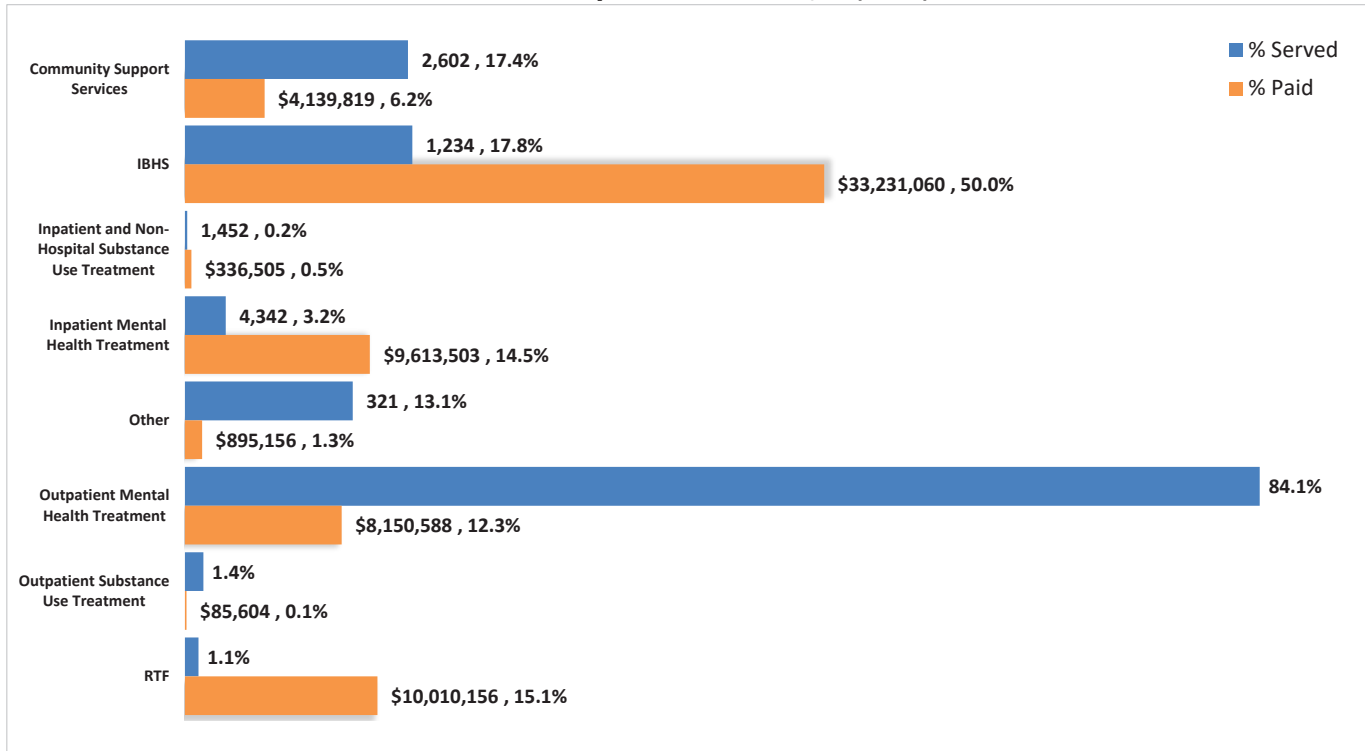
Children and Adolescents Utilization

All Counties
10,838 Youth Served

Payments

Fee-for-Service: \$66,462,392
CSBBH-APA: \$21,373,925
Total Expenditures: \$87,836,317

Level of Care



IBHS = intensive behavioral health services; RTF = residential treatment facilities. The IBHS category does not include CSBBH-APA expenses.

Primary Diagnosis Mental Health

Primary Diagnosis	Served	Paid
Adjustment/ Stress Disorders	2,986	\$ 4,467,795
Anxiety Disorders	1,312	\$ 1,390,770
Attention Deficit/Hyperactivity Disorders	2,980	\$ 8,864,168
Autism Spectrum Disorders	1,701	\$ 27,126,019
Bipolar Disorders	172	\$ 1,572,382
Conduct /Oppositional Defiant/Impulse Control Disorders	1,466	\$ 5,837,749
Depressive/Mood Disorders	1,992	\$ 13,681,968
Other Mental Health Disorders	1,146	\$ 2,763,237
Schizophrenia/Psychotic Disorders	38	\$ 316,328
Total	10,774	\$ 66,020,415

Substance Use

Primary Diagnosis	Served	Paid
Alcohol Use Disorders	23	\$ 9,187
Cannabis Use Disorders	145	\$ 414,017
Cocaine/Stimulant Use Disorders	6	\$ 5,054
Opioid Use Disorders	9	\$ 12,156
Other Substance Use Disorders	7	\$ 1,563
Total	175	\$ 441,977

Youth are members under the age of 18 years or members who received IBHS or RTF services. Members who received more than one service during the fiscal year are counted in each category. The IBHS category does not include CSBBH-APA data. Percentages may not sum to 100% due to rounding.

Terminology

ALTERNATIVE PAYMENT ARRANGEMENT (APA)

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.

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 Use 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.

INTENSIVE BEHAVIORAL HEALTH SERVICE (IBHS)

IBHS replaced Behavioral Health Rehabilitation Services (BHRS). The transition between BHRS and IBHS occurred between October 19, 2019 and January 17, 2021. IBHS provides supports for children, youth or young adults under the age of 21 with mental, emotional or behavioral health needs. Services can be provided in the home, school or other community setting. Services include Behavioral Consultant (BC), Mobile Therapy (MT), Behavioral Health Technician (BHT), 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.

JOINER

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.



NORTHEAST BEHAVIORAL HEALTH CARE CONSORTIUM

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