

# Early Warning Care Management Report Third Quarter, 2000



Pennsylvania  
HealthChoices

Behavioral Health Program

**PA HealthChoices Behavioral Health  
Early Warning Monitoring Program  
Executive Summary  
Quarter 3, 2000**

The EWP was expanded in the Third Quarter 2000 to include Philadelphia and Delaware Counties, and now includes all five counties that participate in the Southeast HealthChoices program. In addition, a new indicator was added, Children's Residential Treatment Facility. This quarter's EWP report includes residential census data for the SW counties from the Third Quarter 1999 to the Third Quarter 2000. Philadelphia contracts with a county operated BH-MCO, Community Behavioral Health (CBH). Delaware contracts with Magellan as its BH-MCO.

### **SERVICE AUTHORIZATION**

**The State** Philadelphia and Delaware Counties began to participate in the EWP during the Third Quarter 2000. The rate of authorizations for all fifteen counties that were monitored by the EWP was not compared to the prior quarter because comparisons between quarters were affected by the introduction of Philadelphia, which doubled the number of beneficiaries monitored in this quarter. The comparisons would not indicate trends, since the populations measured in each quarter were different. Statewide comparisons will be resumed next quarter.

#### **SE Region (SE):**

The Bucks, Chester and Montgomery Counties revised their Second Quarter 2000 authorization data. The revised data is used in this analysis.

The rate of service authorization per 1000 members in Philadelphia was highest among the 5 SE Counties for Outpatient Drug and Alcohol, Detoxification and Inpatient Mental Health services. Philadelphia had the lowest rate of authorization among the 5 SE Counties for Outpatient Mental Health, Children's Outpatient Mental Health, Children's Behavioral Rehabilitation Services (BHRS) and Intensive Case Management services (ICM).

The rate of authorization for the three counties monitored in the Third Quarter 2000 (Bucks, Chester and Montgomery) compared to their rates in the Second Quarter 2000 increased 13% for Partial Hospital and 5% for BHRS. The rate of authorization decreased 17% for Outpatient Drug and Alcohol, 14% for Children's Outpatient Mental Health, 13% for ICM, 6% for Inpatient Mental Health, 4% for Detoxification and 3% for Outpatient Mental Health. Bucks and Delaware Counties met the criteria for a high rate of authorization (a rate of authorization twice the mean for the region) for ICM Services. No counties met the criteria for a low rate of authorization (a rate of authorization less than one half the mean for the region).

**SW Region (SW):** The rate of authorization increased in five and decreased in three service categories between the First and Second Quarter 2000. The largest decreases in the rate of authorization occurred with Inpatient Mental Health Services, which decreased 7% to 8.2 per

1000 members. VBH-PA had the lowest rates of Inpatient authorizations (5.6 per 1000 members) since HealthChoices began.

Fayette, Indiana and Beaver Counties continued to trend toward a low rate of authorization (had a low rate of authorization for two successive quarters), and Greene and Lawrence Counties had low rates of authorization for Outpatient Drug and Alcohol Services. Greene, Fayette and Indiana Counties continued to trend toward a low rate of authorization for Detoxification services. Greene County continued to trend toward a low rate of authorization for Intensive Case Management services, as it has in all quarters measured.

The largest increase in the rate of authorization occurred with Outpatient Mental Health Services, which increased 22% to 51.6 per 1000 members. The rate of authorization for Partial Hospital services increased 20% to 6.5 per 1000 members, the same rate as in the First Quarter 2000. Children’s Behavioral Rehabilitation Services increased 1% to 19.7 per 1000 members. The rate of authorization for Detoxification services increased 11% in the SW and 15% for the counties managed by VBH-PA.

### MINORITY AUTHORIZATIONS

The most frequent minority designations for the entire eligible population were Black 55%, Hispanic 12% and Asian 4%. Asians were the population with the lowest percentage of authorized members compared to eligible members. The percentage of Asian authorized members was 85% less than the percentage of the same minority in the Medicaid eligible members. The percentage of Blacks was 8% less than the percentage of eligible members. The percentage of eligible Hispanics was nearly equal to the percentage of eligible members (0.4% less). The counties with more than 2000 minority members are listed below:

SE	BU		CH		DE		MO		PH	
	Elig	Auth	Elig	Auth	Elig	Auth	Elig	Auth	Elig	Auth
<b>Minority</b>										
<b>Black</b>	12.9%	7.7%	28.4%	21.2%	45.2%	30.1%	27.9%	20.5%	62.2%	59.0%
<b>Hispanic</b>	4.9%	2.4%	9.6%	4.2%	2.6%	2.3%	3.8%	2.6%	14.8%	14.6%
<b>Asian</b>	3.1%	0.5%	1.4%	0.9%	4.0%	0.8%	4.5%	.8%	4.3%	0.5%

SW	AL		BE		WE		WS	
	Elig	Auth	Elig	Auth	Elig	Auth	Elig	Auth
<b>Minority</b>								
<b>Black</b>	45.3%	36.1 %	20.0%	15.8 %	7.1 %	4.9 %	10.3 %	10.1 %
<b>Hispanic</b>	.4 %	.5 %	*		*		*	
<b>Asian</b>	.8 %	.3 %	*		*		*	

\* Less than 200 members

### CHILDREN’S RESIDENTIAL TREATMENT CENSUS

The Children’s Residential Treatment Census indicator measures the number of children in residential treatment per 1000 Medicaid children. The indicator measured the residential census for the 10 SW counties that participate in the Behavioral HealthChoices program beginning in

the Third Quarter 1999 to the Third Quarter 2000. The census includes children in residential treatment paid by the BH-MCO, the Departments of Children and Youth or Juvenile Justice. The measurements began in the Third Quarter 1999 rather than the First Quarter 1999 because information about the residential census paid for by Fee for Service Medicaid was unavailable, making population-based comparisons impossible during the first two quarters after HealthChoices began. The Early Warning RFT indicator was constructed to have a total picture of all children in RTF regardless of payer source. Studying this child indicator from a multi-system perspective will promote joint analysis about the children using the services and the effectiveness. From this analysis, opportunities to improve multi-system collaboration can be identified.

The average number of children in residential treatment in the SW region varied from 1.1 to 1.5 per 1000 children. The lowest census occurred in the Third Quarters of 1999 and 2000, which might have reflected the effect of the summer. Indiana County had no children in residential treatment for 3 of the 5 quarters measured.

## **SERVICE DENIALS AND GRIEVANCES**

The percentage of members that were denied an authorized service was 1% for the state, 0.5%, for the SE and 2.1% for the SW. The percentage authorized members denied services by CCBH was 0.1%, the lowest among the MCOs (Magellan – 1.8%, CBH – 1.2%, VBH-PA 2.1%). The percentage of authorized services during the Third Quarter denied in the SW was slightly higher than the 1.9% denied in the prior quarter. The distribution of denials among the service categories was similar to prior quarters with Inpatient services being the most likely services to be denied.

The percentage of denials that were grieved for all of the counties monitored by the EWP was 30% and varied among the MCOs from no grievances for CBH denials to 44% of denials for VBH-PA (an increase from 38% in the prior quarter).

There were 192 impartial reviews of BHRS and Residential Treatment services conducted in the Third Quarter 2000. Sixty-one percent (61%) were decided in agreement with the BH-MCO, 15% in agreement with the provider and 24% reviews varied from both the provider and the BH-MCO.

## **COMPLAINTS**

The average number of complaints per month for the all of the counties participating in the EWP was 159. The population-adjusted rate of complaints for the Third Quarter was almost half the rate of the counties monitored by the EWP during the prior quarter. The difference was primarily associated with the low rate of complaints from Philadelphia County. Philadelphia averaged one complaint per month for each 20,000 members. The rest of the counties participating in the HealthChoices program averaged one complaint per 2700 members. The number of complaints per month for the SW, 50, was between the rates of 47 and 53 per month

reported in the prior two quarters. The SE MCOs received, on average, 110 complaints per month. The population-adjusted rates between the two regions were similar.

**SE:** The most frequent provider related complaint with Magellan (36) was dissatisfaction with treatment received. The most frequent BH-MCO related complaints for Magellan were related to telephone assess, inquiries not answered in a timely manner (10) and telephone access other (10). The most frequent provider related complaint for CBH was dissatisfied with treatment received (11). Only 3 CBH MCO related complaints were recorded.

**SW:** The most frequent provider related complaint to VBH-PA was dissatisfied with treatment (22). There were only 5 MCO related complaints to VBH-PA. The most frequent CCBH provider related complaint was provider billed member (20). There was only 1 MCO related complaint to CBH in the quarter.

## **INVOLUNTARY ADULT PSYCHIATRIC INPATIENT ADMISSIONS**

The average rate of involuntary admissions for adults in the state, 3.6 per 1000, was similar to the rates in the SW during the three prior quarters.

**SE:** The average rate of involuntary admissions per 1000 adults was 3.4 for the entire SE region, 3.7 for CBH and 2.3 for Magellan.

**SW:** The average rate of involuntary admissions per 1000 adults for the SW, 3.8, was slightly higher than the prior quarters, 3.7. The rate of adult involuntary admissions for the counties managed by VBH-PA was 2.6, a slight increase from the two prior quarters. The rate for CCBH, 5.3, was the same as the prior quarter and remained the highest rate for all measured counties, as it had in the prior three-quarters.

## **30 DAY INPATIENT PSYCHIATRIC READMISSION**

The percentage of inpatients, of all ages, that were readmitted to an inpatient unit within 30 days of discharge for the state was 18%. The percentage of children readmitted was 11% and adults 20%.

**SE:** The percentage of children in the counties managed by Magellan readmitted was 7% and 12% for Philadelphia. The percentage of adults readmitted in the counties managed by Magellan was 14% and for Philadelphia County was 24%.

**SW:** The percentage of readmissions in the Third Quarter, for all ages, was 15%, slightly lower than the percentage in the prior four quarters that ranged from 16% to 18%. The percentage of children managed by CCBH that were readmitted, 13%, was the lowest for Allegheny County since the First Quarter 1999. The percentage of children readmitted in the counties managed by VBH-PA was 12%. During the Third Quarter, the percentage of adults readmitted was 15% for the SW region, 13% for VBH-PA and 16% for CBH. All three rates matched the lowest rate for adults in their geographic regions since HealthChoices began.

## **CLAIMS PAID**

The Third Quarter 2000 includes clean claims information from April, May and June 2000. The PA claims standard at 30 days is 90% of clean claims paid.

**SE** – Philadelphia exceeded the state’s standard in all three months, and in June paid over 99% of clean claims within 30 days. None of the counties managed by Magellan met the PA claims standard at 30 days during the month of April. The range of payments was between 8% in Bucks County and 59% in Delaware County. This was the result of an identified problem that was addressed in the second quarter. By June all counties exceeded the PA standard.

**SW** – Allegheny County paid 52% of clean claims in April 46% in May. This was the result of a problem that was corrected in the second quarter. CCBH met the PA standard in June. Six of the counties managed by VBH-PA (Armstrong, Beaver, Butler, Fayette, Lawrence and Westmoreland) met the PA 30 standard for clean claims for all three months. The other three counties met the standard in two of the three months. Greene, Westmoreland and Indiana Counties met the standard in two of the three months and paid between 78% and 83% in the third month. VBH-PA continues to implement the corrective action plan related to claims payment.

## **PROVIDER SURVEYS**

**SE HealthChoices** – No surveys conducted.

### **SW Health Choices**

Thirty-three (33) Residential Treatment Facility providers (16 clinical and 17 administrative surveys) in Southwest HealthChoices were surveyed in the Third Quarter 2000.

**Clinical Surveys:** Seven of the nine clinical providers that had experience with CCBH were overall satisfied with CCBH. Nine of the fifteen clinical providers that had experience with VBH-PA were overall satisfied, and two providers reported a lessor level of dissatisfaction. One hundred percent of providers surveyed that had experience with CCBH and VBH-PA were satisfied with their confidentiality policy (CCBH - 9 providers and VBH-PA – 14 providers).

**Administrative Surveys:** Seven of the 12 administrative providers that had experience with CCBH were overall satisfied and 5 were dissatisfied. Ten of the 16 administrative providers that had experience with VBH-PA were overall satisfied and 4 were dissatisfied.

Both CCBH and VBH-PA met the criteria for provider dissatisfaction for service authorization. VBH-PA met the provider dissatisfaction criteria for Claims and Service Authorization.

## **CHANGES IN BH-MCO POLICY**

OMHSAS issued a revised Appendix L, Guidelines for Consumer/Family Satisfaction Teams (C/FST) with the Lehigh/Capital HealthChoices Request for Proposals. SE/SW

counties were encouraged to review for adoption in the next contract year. OMHSAS received 31 Letters of Intent for funding Mental Illness & Substance Abuse Pilot projects from counties.

OMHSAS established an office Website that includes information about HealthChoices, CAASP, Community Hospital Integration Program (CHIPP), county mental health and drug and alcohol programs, requests for proposals, OMHSAS organization and bureaus and related links. A list of OMHSAS publications is available including; regulatory Bulletins, CAASP, CSP and the Early Warning Report (<http://www.dpw.state.pa.us/omhsas/dpwmh.asp>).

As a result of Senate Bill No.1003, the Department of Insurance issued regulations for Risk-Based Capital Requirements. These requirements are designed to provide for consistent, effective solvency regulation of health organizations. HealthChoices BH-MCOs are required to comply with these requirements. The federal government will be implementing new requirements called the Health Insurance Portability and Accountability Act (HIPAA). The Act will establish comprehensive rules governing the privacy of individual medical records, access to electronic medical records and communication between healthcare providers and health plans. While still in draft, OMHSAS has asked counties and their BH-MCOs to consider the implications of HIPAA for their information systems and related procedures.

### **Southwest**

There has been significant hiring activity at VBH-PA, including a new Medical Director, a Clinical Director, a Human Resources Director and a Complaint & Grievance Coordinator. VBH-PA will begin working with Greene County to finalize Letters of Agreement with the County that have yet to be finalized.

OMHSAS and State Hospitals held regional meetings to receive stakeholder input on a statewide plan for the future of state hospitals. The plan will lay the foundation for building community infrastructure and to continue downsizing state hospitals. Meetings were held at Torrance, Mayview and Warren. Stakeholder identified what has worked well with state hospital discharges, and identified barriers and gaps that need to be addressed in future planning.

### **Southeast**

The Executive Director of the Magellan Newtown Office moved to a new position within Magellan and new Executive Director has been appointed.

The Southeast Coalition (Norristown State Hospital, Counties, and Community Groups) continues to meet to develop a long-term strategy for persons hospitalized at Norristown State Hospital. Two sub-committees--one for Elderly/Frail and one for Forensics--have completed an initial report of recommendations and submitted it to OMHSAS for review and comment.

## **CATERGORIES OF FEEDBACK FROM STAKEHOLDERS**

During the third quarter, stakeholder feedback has focused on access, quality and appropriateness. The access issues related to consumer and family concern changes in pharmacy formulary, state hospital access, children's services and emergency transportation. The quality

issues related to preparation of reinvestment plans by the counties, response to the concern about the perceived connection between mental illness and violence within the community, Consumer Satisfaction Team feedback, person level encounter data validation, claims processing and complaints and grievance processing.