

National Wraparound Implementation Center

Advancing Systems @ Enhancing the Workforce @ Improving Outcomes

### **Analyzing Medicaid Data to Inform Quality** and Cost Improvement in Systems of Care Sheila A. Pires











#### **Topics Covered**

- Why Analyze Medicaid Data
- II. How to Analyze Medicaid Data
- III. Examples of What Analysis Tells You
- IV. How to Use Data from Analysis







- ➤ Medicaid is the largest funder of behavioral health care for children and youth
- To be effective and sustainable, system of care reforms must impact Medicaid delivery systems
- ➤ Understanding child behavioral health utilization and expense in Medicaid can guide SOC reform efforts



### Why Analyze Medicaid Data



#### Can Identify Opportunities to:

- ✓ <u>Maximize Medicaid and re-direct spending from high-costs</u> poor outcomes spending — e.g. from facility-based care to home and community-based services, peer support and effective care coordination using fidelity Wraparound
- ✓ Address appropriate use of psychotropic medications
- ✓ <u>Address disparities and disproportionality</u> in access, in type of service used, in psychotropic medication rate and use based on gender, age, race and ethnicity, aid category (TANF, Foster Care, SSI/Disabled) and geography



#### Why Analyze Medicaid Data



- ➤ Can examine physical health use and expense among Medicaid-enrolled children in your State who use behavioral health care to project number of children with co-morbidities
- ➤ Can identify "most expensive" children to project numbers for intensive care coordination using Wraparound
- ➤ Can examine your State's utilization and expenditures in the context of national child behavioral health use and Expense
- ➤ Can establish benchmarks related to SOC goals (e.g., access, reduced disparities, increased use of home and community based services and peer support, reduced use of facility-based care)





#### Why Analyze Medicaid Data

➤ Understanding the data = understanding opportunities to improve the quality and cost of care

"If we have data, let's look at data. If all we have are opinions, let's go with mine."

Jim Barksdale, CEO, Netscape





#### **How to Analyze Medicaid Data**

#### **Core Study Questions**

- Which children, and how many, use Medicaid-financed behavioral health services and psychotropic medications?
  - What types of services do they receive?
  - What types of psychotropic medications?
  - To what extent do they have chronic physical health conditions?
- What are the expenditures for the services and psychotropic medications used – in total and by type?
- What are utilization and expense patterns for the top 10% most expensive children?
- What is the variance in use and expense by aid category, gender, age, race/ethnicity and geographic region?
- What is the variance in use and expense by diagnosis?
- What are the policy implications of the study findings?





#### **How to Analyze Medicaid Data**

- Create a typology of child and adolescent behavioral health services
- Cross-walk the service typology to the billing codes used in your State for those services
- Extract claims or encounter data for identified billing codes by: BH diagnosis, BH provider type, and BH place of service
- Create an algorithm for psychotropic medications
- Extract psychotropic medication use from pharmacy claims data



#### **How to Analyze Medicaid Data**

- ➤ Use fee-for-service (FFS) claims and managed care encounters to capture utilization
- ➤ Use FFS expense (usually available on a subset of the study population) to impute total and mean behavioral health expenditures Caveats: FFS mean expense may be higher than Medicaid managed care mean expense because FFS populations typically more high need/high cost, and FFS service types may be more high cost





# Transformed Medicaid Statistical Information System (T-MSIS)

- States transitioning now
- More information on Medicaid managed care
  - Medicaid paid amount for encounter claims
  - State plan ID linkable to beneficiary enrollment and encounter records







- ➤ 2005, 2008, 2011 Medicaid Analytic eXtract (MAX) person-level data from all states
- > Center for Health Care Strategies, Inc. (Kamala Allen)
- Human Service Collaborative (Sheila Pires)
- University of California-San Diego (Todd Gilmer)
- > Consulting psychiatrist: Katherine Grimes, M.D.
- Funded by Annie E. Casey Foundation, Centers for Medicare and Medicaid Services, Substance Abuse and Mental Health Services Administration, Commonwealth Fund



#### **Child Behavioral Health Care Penetration Rates**

	2005	2008	2011	
Total services and psych meds	<b>9.6%</b> 2,787,919	<b>9.8%</b> 3,002,796	<b>11.2%</b> 3,617,140	<b>17</b> %
Services w/or w/out psych meds	<b>6.7%</b> 1,958,908	<b>6.8%</b> 2,059,282	<b>8.0%</b> 2,594,817	<b>19%</b>
W/ C/ Psych meds with services	<b>2.9%</b> 857,376	<b>3.0%</b> 900,220	<b>3.5%</b> 1,134,722	
Psych meds only	<b>2.9%</b> 829,011	<b>3.0%</b> 943,514	<b>3.2%</b> 1,022,323	16%

# Child Behavioral Health Service Penetration by Aid Category



	2005	2008	2011	
Lowes Rate		<b>5.0%</b> 1,404,035	<b>6.3%</b> 1,871,430	<b>1</b> 29%
	Highest Rate 32.0% 293,885		<b>33.9%</b> 286,845	<b>1</b> 6%
SSI/Disability	<b>26.4%</b> 348,338	<b>24.3%</b> 377,255	<b>27.2%</b> 436,542	<b>1</b> 3%

### Child Behavioral Health Service Penetration by Gender



	2005	2008	2011	
Female	<b>5.5%</b> 776,685	<b>5.6%</b> 837,619	<b>6.8%</b> 1,072,386	<b>1</b> 24%
Highes Rate Male	0.00/	<b>7.9%</b> 1,221,562	<b>9.2%</b> 1,522,127	<b>15</b> %
Unknown	Not Available	<b>0.1%</b> 101	<b>0.4%</b> 304	

Suggested Citation: Pires, S., Gilmer, T., . Allen, K. and McLean, J. 2017. (In process). Faces of Medicaid: Examining Children's Behavioral Health Service Utilization and Expenditures:

### **Child Behavioral Health Service Penetration by Age**



	2005	2008	2011	
Lowest Rate 0-5 years	<b>1.8%</b> 217,584	<b>2.4%</b> 342,993	<b>3.0%</b> 441,311	<b>↑</b> 67%
6-12 years	<b>8.8%</b> 869,994	<b>9.3%</b> 892,871	<b>10.9%</b> 1,171,232	<b>1</b> 24%
Highest Rate  13-18 years	<b>12.2%</b> 871,330	<b>12.1%</b> 823,418	<b>14.0%</b> 982,274	<b>15</b> %

# Child Behavioral Health Service Penetration by Race/Ethnicity



	2005	2008	2011	
White	<b>9.0%</b> 1,015,126	<b>9.1%</b> 1,014,816	<b>10.3%</b> 1,228,951	<b>14%</b>
Black or African American	<b>6.6%</b> 496,426	<b>7.1%</b> 541,080	<b>8.1%</b> 602,129	<b>↑</b> 23%
American Indian or Alaska Native	<b>6.4%</b> 28,870	<b>7.6%</b> 34,460	<b>9.4%</b> 36,460	<b>↑</b> 47%
Asian Lowest Rate	<b>1.8%</b> 11,458	<b>1.9%</b> 13,075	<b>2.3%</b> 17,983	<b>1</b> 28%
Hispanic or Latino	<b>3.7%</b> 234,398	<b>3.4%</b> 232,495	<b>4.6%</b> 331,780	<b>↑</b> 24%
Native Hawaiian or Pacific Islander	<b>3.1%</b> 5,702	<b>1.6%</b> 3,275	<b>2.9%</b> 4,790	<b>4</b> 6%
Hispanic or Latino, plus one or more races	<b>5.1%</b> 43,521	<b>5.2%</b> 63,480	<b>6.9%</b> 119,048	<b>↑</b> 35%
IVIOLE MIGHT OHE LACE	<b>7.2%</b> site 5,366	<b>8.9%</b> 9,747	<b>11.3%</b> 24,775	<b>↑</b> 57%

# Child Medicaid Population Using BH Services: Aid Category Breakdown

**KEY** 

Underrepresented Overrepresented



	2005		200	2008		11
		oortion of ervice Use		roportion of H Service Use	Total Enrolled	Proportion of BH Service Use
Largest cohort	92.3%	67.2%	91.1%	68.2%	92.4%	72.1%
TANF	26,812,742	1,316,635	27,947,758	1,404,035	29,932,214	1,871,430
IAM						<b>↑</b> 7%
	<b>3.2%</b> 919,590	<b>15.0%</b> 293,885	<b>3.3%</b> 1,005,542	<b>13.5%</b> 277,992	<b>2.6%</b> 844,963	<b>11.1%</b> 286,845
Foster Care						<b>₩</b> 26%
51	<b>4.5%</b> 1,317,973	<b>17.8%</b> 348,338	<b>5.1%</b> 1,550,314	<b>18.3%</b> 377,255	<b>5.0%</b> 1,607,079	<b>16.8%</b> 436,542
SSI/Disability						₩ 6%

### Child Medicaid Population Using BH Services: Gender Breakdown

**KEY** 

Underrepresented



Overrepresented	2005			2008		2011	
		Total Proportion of Total Proportion of Total Enrolled BH Service Use Enrolled BH Service Use Enrolled				Proportion of BH Service Use	
从		<b>48.9%</b> 14,202,259	<b>39.6%</b> 776,685	<b>48.7%</b> 14,860,326	<b>40.7%</b> 837,619	<b>48.7%</b> 15,764,284	<b>41.3%</b> 1,072,385
Female							<b>1</b> 4%
	Large		<b>60.3%</b> 1,181,997	<b>51.0%</b> 15,549,420	<b>59.3%</b> 1,221,562	<b>51.1%</b> 16,544,410	<b>58.7%</b> 1,522,127
Male							₩ 3%

# Child Medicaid Population Using BH Services: Age Breakdown

Underrepresented



Overrepresented	2005		200	8	2011		
		ortion of ervice Use		oportion of Service Use	Total Enrolled	Proportion of BH Service Use	
0-5 years	<b>41.3%</b> 12,001,451	<b>11.1%</b> 217,584	<b>46.3%</b> 14,128,316	<b>16.7%</b> 342,993	<b>45.2%</b> 14,625,040	<b>17.0%</b> 441,311	
						↑ 53%	
Largest		<b>44.4%</b> 869,994	<b>31.3%</b> 9,559,021	<b>43.4%</b> 892,871	<b>33.2%</b> 10,742,593	<b>45.1%</b> 1,171,232	
6-12 years						<b>1</b> 2%	
	<b>24.6%</b> 7,159,347	<b>44.5%</b> 871,330	<b>22.3%</b> 6,816,277	<b>40.0%</b> 823,418	<b>21.7%</b> 7,016,623	<b>37.9%</b> 982,274	
13-18 years						<b>¥</b> 15%	

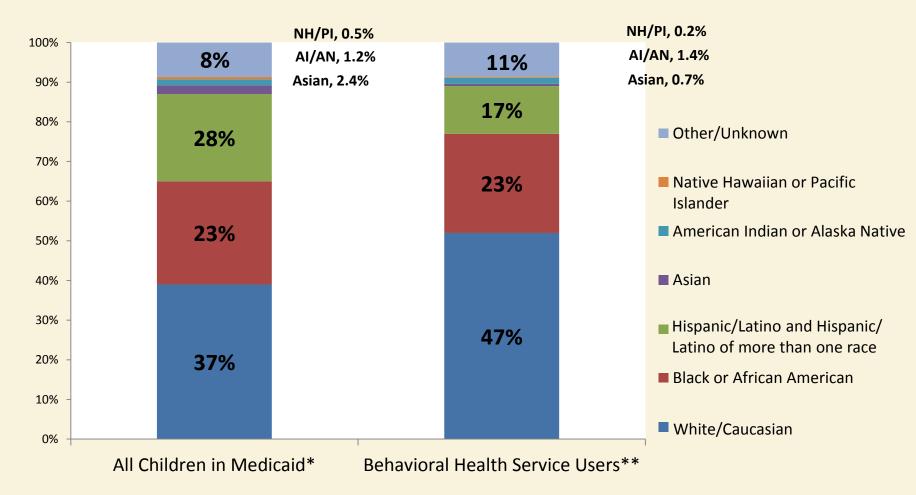
# Child Medicaid Population Using BH Services: Race/Ethnicity Breakdown



rep	errepresented	2005 nrolled % BI	H Users Tota	2008 I Enrolled %		201 tal Enrolled	1 % BH Users	
	White Largest cohort	<b>38.8%</b> 11,271,574	<b>51.8%</b> 1,015,126	<b>36.8%</b> 11,210,800	<b>49.3%</b> 1,014,816	<b>37.0%</b> 11,989,616	<b>47.4%</b> 1,228,951	₩ 8%
	Black or African American	<b>25.9%</b> 7,537,925	<b>25.3%</b> 496,426	<b>24.9%</b> 7,586,425	<b>26.3%</b> 541,080	<b>22.8%</b> 7,399,372	<b>23.2%</b> 602,129	₩ 8%
	American Indian or Alaska Native	<b>1.5%</b> 448,234	<b>1.5%</b> 28,870	<b>1.5%</b> 455,040	<b>1.7%</b> 34,460	<b>1.2%</b> 388,749	<b>1.4%</b> 36,460	<b>4</b> 7%
	Asian	<b>2.2%</b> 644,744	<b>0.6%</b> 11,458	<b>2.2%</b> 678,467	<b>0.6%</b> 13,075	<b>2.4%</b> 774,040	<b>0.7%</b> 17,983	<b>17</b> %
	Hispanic or Latino	<b>2.1%</b> 6,413,067	<b>12.0%</b> 234,398	<b>22.7%</b> 6,932,396	<b>11.3%</b> 232,495	<b>22.4%</b> 7,255,224	<b>12.8%</b> 331,780	<b>7</b> %
	Native Hawaiian or Pacific Islander	<b>0.6%</b> 185,598	<b>0.3%</b> 5,702	<b>0.7%</b> 205,304	<b>0.2%</b> 3,275	<b>0.5%</b> 162,835	<b>0.2%</b> 4,790	<b>4</b> 33%
	Hispanic or Latino, plus one or more races	<b>2.9%</b> 846,083	<b>2.2%</b> 43,521	<b>4.0%</b> 1,231,961	<b>3.1%</b> 63,480	<b>5.3%</b> 1,723,148	<b>4.6%</b> 119,048	<b>109%</b>
	More than one race	<b>0.3%</b> 74,093	<b>0.3%</b> 5,366	<b>0.4%</b> 109,000	<b>0.5%</b> 9,747	<b>0.7%</b> 218,671	<b>1.0%</b> 24,775	<b>1</b> 233%

Suggested Citation: Pires, S., Gilmer, T., . Allen, K. and McLean, J. 2017. (In process). Faces of Medicaid: Examining Children's Behavioral Health Service Utilization and Expenditures:

# Medicaid Enrollment and Behavioral Health Service Use by Race/Ethnicity









	20	05	20	08	20	11	
ADHD Largest cohort	33.4%	654,863	34.5%	709,512	36.4%	944,452	<b>1</b> 9%
Conduct disorder	13.9%	272,288	31.3%	644,288	32.5%	843,041	<b>134%</b>
Mood	16.0%	312,642	30.0%	617,080	31.9%	828,153	<b>1</b> 99%
Anxiety	13.8%	270.721	17.5%	360,490	21.4%	554,460	<b>↑</b> 55%
PTSD	N/A	N/A	5.0%	103.343	5.9%	152,991	<b>18</b> %
DD	3.6%	69,541	4.8%	98,794	5.3%	138,298	<b>47</b> %
Psychosis	2.6%	51.323	2.6%	53,010	2.7%	70,951	<b>1</b> 4%
SUD diagnosis	N/A	N/A	6.0%	122,696	6.1%	157,764	<b>1</b> 2%
No diagnosis	39.1%	766,525	15.6%	322,196	12.3%	318,292	<b>₩</b> 69%

Suggested Citation: Pires, S., Gilmer, T., . Allen, K. and McLean, J. 2017. (In process). Faces of Medicaid: Examining Children's Behavioral Health Service Utilization and Expenditures: Changes Over Time: 2005-2011. Center for Health Care Strategies: Hamilton, NJ

N=1,958,908

N=2,059,282

N=2,594,817

### **Child Psychiatric Diagnoses Rates** by Aid Category (2011)

**KEY** 



Lowest rates					
Highest rates			99		<b>Z</b> .
	T WILL	ANF	F	oster Care	SSI/Disability
ADHD		33.5%		38.0%	47.8%
Conduct disorde	er	31.8%		39.9%	30.4%
Mood		30.9%		39.3%	31.4%
Anxiety		22.5%		23.2%	15.4%
PTSD		5.0%		13.1%	5.0%
DD		2.9%		4.6%	16.4%
Psychosis		2.0%		3.1%	5.5%
SUD diagnosis		6.3%		7.7%	3.9%
No diagnosis		12.7%		9.1%	12.6%

# Child Psychiatric Diagnoses Rates by Gender (2011)

Highest rates



Highest rates		
	Female	Male
ADHD	25.7%	44.0%
Conduct disorder	28.5%	35.3%
Mood	32.5%	27.5%
Anxiety	26.9%	17.5%
PTSD	8.0%	4.4%
DD	2.8%	7.1%
Psychosis	2.8%	2.7%
SUD diagnosis	5.4%	6.5%
No diagnosis	12.4%	12.2%

# Child Psychiatric Diagnoses Rates by Age (2011)



Lowest rates	by Age	(2011)	
Highest rates	•	<b>A</b>	
	0-5 years	6-12 years	13-18 years
ADHD	25.9%	47.6%	27.8%
Conduct disorder	33.1%	34.0%	30.4%
Mood	13.4%	27.3%	45.8%
Anxiety	14.9%	21.5%	24.1%
PTSD	3.9%	5.9%	6.8%
DD	7.7%	5.6%	3.9%
Psychosis	0.5%	1.8%	4.7%
SUD diagnosis	0.3%	0.6%	15.2%
No diagnosis	24.8%	7.6%	12.2%

### KEY Lowest rates Highest rates

# Child Psychiatric Diagnoses Rates by Race/Ethnicity (2011)



	White	Black/ African American	American Indian/ Alaska Native	Asian	Hispanic or Latino	Native Hawaiian/ Pacific Islander	Hispanic/ Latino + one/more races	More than one race	Unknown
ADHD	37.8%	38.5%	28.6%	19.3%	27.4%	18.9%	29.9%	35.8%	42.9%
Conduct disorder	31.9%	37.3%	37.1%	21.7%	28.8%	24.5%	30.9%	39.9%	28.9%
Mood	34.4%	29.2%	37.0%	29.9%	29.6%	30.6%	31.3%	32.7%	28.6%
Anxiety	24.6%	14.8%	26.3%	23.8%	22.5%	23.8%	22.8%	25.3%	17.6%
PTSD	6.6%	4.8%	11.0%	5.0%	5.2%	7.0%	6.3%	8.6%	4.8%
DD	6.0%	3.4%	3.3%	9.2%	2.9%	5.4%	4.3%	4.3%	11.1%
Psychosis	2.3%	3.3%	2.5%	3.7%	2.4%	3.3%	3.5%	2.4%	3.5%
SUD diagnosis	6.4%	5.6%	13.8%	5.9%	6.8%	7.3%	5.8%	5.2%	3.7%
No diagnosis	10.1%	13.2%	11.1%	20.2%	16.0%	20.7%	14.7%	8.6%	14.6%

# Rates of Child Behavioral Health Services Used by Service Type



	2005	2008	2011	
*Outpatient treatment	53.1%	48.2%	53.6%	1
*Psychotropic medication	43.8%	43.7%	43.7% -	
*Screening/assess./eval.	40.9%	45.2%	46.9%	1
*Medication mngmt.	22.3%	24.3%	24.2%	1
*Family therapy/ fam. ed. and training	19.4%	23.2%	24.4%	1
*Psychosocial rehabilitation	12.4%	18.4%	23.8%	
Substance use outpatient	N/A	N/A	1.7%	1
Psychological testing	9.3%	4.5%	4.4%	1
Case mngmt.	8.7%	9.6%	6.3%	1
Group therapy	7.6%	8.5%	8.0%	1
Targeted case mngmt.	7.1%	5.6%	8.3%	1
Behavior mngmt. consult./therapeutic behavioral support	4.7%	2.6%	4.3%	1
Res. treat./therapeutic group homes	3.6%	4.8%	4.2%	1
Crisis intervention/stabilization (non ER)	3.5%	3.6%	4.3%	1
Inpatient psychiatric treatment	3.3%	3.2%	5.2%	1
Partial hospitalization/day treatment	3.3%	4.6%	3.9%	1
Mental health consultation	3.1%	3.5%	3.3%	1
Substance use screening/assess.	2.9%	3.5%	1.7%	1
Wraparound	1.1%	1.1%	1.5%	1
Therapeutic foster care	0.8%	0.9%	0.5%	1
Substance use inpatient/residential	0.3%	N/A	0.2%	1
Respite	0.2%	0.3%	0.2%	
Supported housing	0.2%	0.2%	0.3%	1
Emergency room	N/A	6.0%	6.1%	
Peer services	0.1%	0.1%	0.3%	1
Home-based (e.g., in-home services)	0.1%	0.1%	0.1%	
Activity therapies	0.1%	0.1%	0.1%	
Multi-systemic therapy	0.0%	0.1%	0.1%	1
N=	1,958,908	2,059,282	2,594,817	

#### **Rates of Specific Child BH Services Used by Aid Category (2011)** Lowest rates



	TANF	Foster Care	e 🙎 SSI/Disabled
Outpatient treatment	53.9%	57.9%	49.2%
Psychotropic medication	38.2%	49.9%	63.2%
Screening/assess./eval.	48.2%	50.3%	38.7%
Medication mngmt.	20.8%	29.5%	35.1%
Family therapy/ fam. ed. and training	24.2%	27.0%	23.3%
Psychosocial rehabilitation	22.9%	(1 99%) 27.6%	( <b>1</b> 40%) 25.6% ( <b>1</b> 55%)
Substance use outpatient	1.8%	2.5%	0.9%
Psychological testing	3.4%	11.2%	4.2%
Case mngmt.	6.0%	7.3%	7.1%
Group therapy	7.5%	9.6%	9.3%
Targeted case mngmt.	7.0%	11.2%	12.2%
Behavior mngmt. consult./ therapeutic behavioral support	3.7%	5.5%	6.0%
Res. treat./therapeutic group homes	3.0%	(11%)	( <b>↑</b> 52%) <u>6.0%</u> ( <b>↑</b> 20%)
Crisis intervention/stabilization (non ER)	3.9%	5.2%	5.6%
Inpatient psychiatric treatment	4.5%	(1 61%) 7.6%	<b>(↑</b> 49% <b>) 6.8</b> % <b>(↑</b> 79% <b>)</b>
Partial hospitalization/day treatment	3.2%	4.2%	6.6%
Mental health consultation	3.1%	2.6%	5.0%
Substance use screening/assess.	1.8%	2.6%	0.9%
Wraparound	1.1%	1.8%	2.9%
Therapeutic foster care	0.2%	1.7%	0.6%
Substance use inpatient/residential	0.2%	0.2%	0.0%
Respite	0.2%	0.3%	0.7%
Supported housing	0.3%	0.4%	0.3%
Emergency room	5.8%	6.0%	7.3%
Peer services	0.2%	0.1%	0.7%
Home-based (e.g., in-home services)	0.1%	0.1%	0.1%
Activity therapies	0.0%	0.1%	0.3%
Multi-systemic Therapy	0.1%	0.1%	0.2%
N=	1,871,430	286,845	436,542

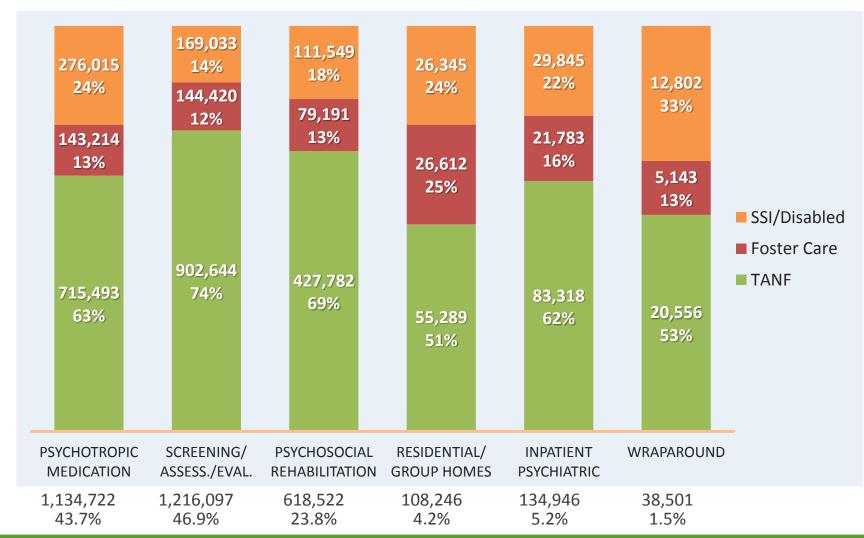
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**KEY** 

Highest rates

#### **Utilization Breakdown of Select Services** by Aid Category





#### **KEY** Highest rates

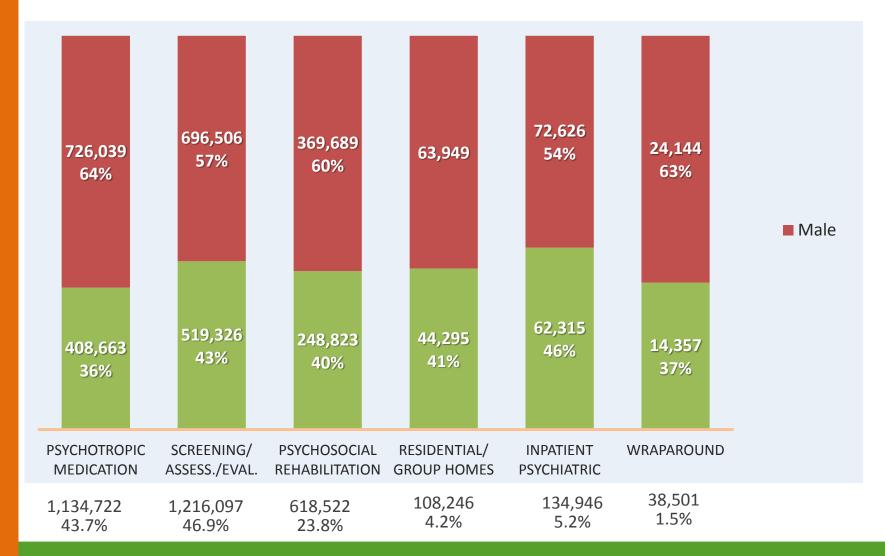
### **Rates of Specific Child BH Services Used by Gender (2011)**



	Female	Male
		, , , , , , , , , , , , , , , , , , , ,
Outpatient treatment	55.3%	52.4%
Psychotropic medication	38.1%	47.7%
Screening/assess./eval.	48.4%	45.8%
Medication mngmt.	20.8%	26.6%
Family therapy/ fam. ed. and training	24.8%	24.1%
Psychosocial rehabilitation	23.2%	24.3%
Substance use outpatient	1.3%	2%
Psychological testing	4.0%	4.7%
Case mngmt.	5.9%	6.6%
Group therapy	6.9%	8.8%
Targeted case mngmt.	7.8%	8.6%
Behavior mngmt. consult./ therapeutic behavioral support	4.1%	4.5%
Res. treat./therapeutic group homes	4.1%	4.2%
Crisis intervention/stabilization (non ER)	4.7%	4.1%
Inpatient psychiatric treatment	5.8%	4.8%
Partial hospitalization/day treatment	3.3%	4.3%
Mental health consultation	3.3%	3.4%
Substance use screening/assess.	1.4%	1.9%
Wraparound	1.3%	1.6%
Therapeutic foster care	0.5%	0.4%
Substance use inpatient/residential	0.1%	0.2%
Respite	0.2%	0.3%
Supported housing	0.2%	0.3%
Emergency room	7.0%	5.4%
Peer services	0.3%	0.3%
Home-based (e.g., in-home services)	0.1%	0.1%
Activity therapies	0.1%	0.1%
Multi-systemic Therapy	0.1%	0.1%
N=	1,072,386	1,522,127









### **Rates of Specific Child BH Services Used by Age (2011)**

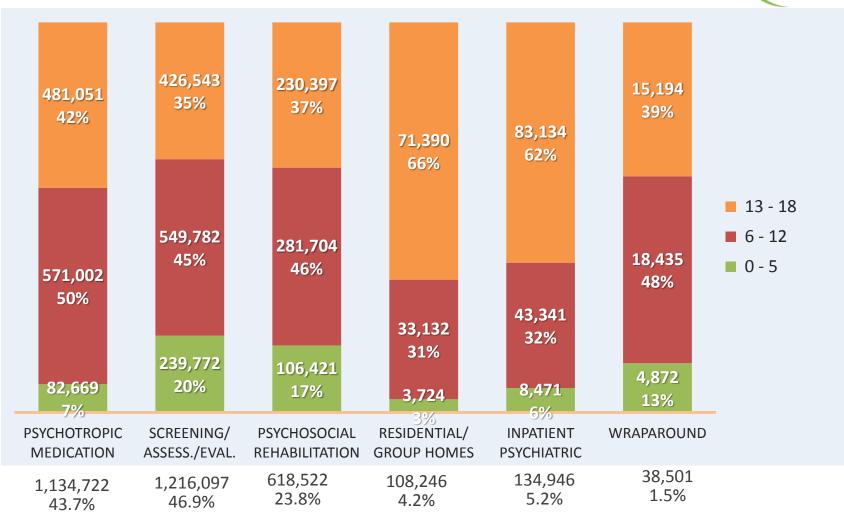


2	0 - 5	6 - 12	13 - 1	.8
Outpatient treatment	39.4%	57.9%	54.89	%_
Psychotropic medication	18.7%	( 26%) 48.8%	49.09	%
Screening/assess./eval.	54.3%	46.9%	43.49	%
Medication mngmt.	10.6%	27.2%	26.79	%
Family therapy/ fam. ed. and training	25.5%	27.7%	19.99	%
Psychosocial rehabilitation	24.1%	(1 90%) 24.1% (	<b>↑</b> 106%) 23.59	%
Substance use outpatient	0.1%	0.2%	4.2%	ó
Psychological testing	5.4%	4.7%	3.6%	ó
Case mngmt.	4.1%	6.3%	7.3%	ó
Group therapy	4.5%	8.8%	8.7%	Ó
Targeted case mngmt.	7.2%	8.1%	9.0%	ó
Behavior mngmt. consult./ therapeutic behavioral support	3.5%	4.6%	4.3%	6
Res. treat./therapeutic group homes	0.8%	2.8%	7.3%	Ó
Crisis intervention/stabilization (non ER)	1.3%	3.5%	6.7%	Ó
Inpatient psychiatric treatment	1.9%	3.7% (	<b>^</b> 95%) 8.5%	ó
Partial hospitalization/day treatment	3.2%	4.2%	3.8%	ó
Mental health consultation	2.6%	3.9%	2.9%	Ó
Substance use screening/assess.	0.2%	0.4%	4.0%	ó
Wraparound	1.1%	1.6%	1.5%	
Therapeutic foster care	0.5%	0.3%	0.6%	
Substance use inpatient/residential	0.0%	0.0%	0.4%	
Respite	0.1%	0.3%	0.2%	
Supported housing	0.1%	0.3%	0.3%	
Emergency room	1.5%	3.8%	10.89	
Peer services	0.2%		(100%) 0.3%	
Home-based (e.g., in-home services)	0.1%	0.1%	0.1%	
Activity therapies	0.0%	0.1%	0.1%	
Multi-systemic Therapy	0.0%	0.1%	0.2%	
N=	441,311	1,171,23	2 982,2	74

Suggested Citation: Pires, S., Gilmer, T., . Allen, K. and McLean, J. 2017. (In process). Faces of Medicaid: Examining Children's Behavioral Health Service Utilization and Expenditures: Changes Over Time: 2005-2011. Center for Health Care Strategies: Hamilton, NJ 32

#### **Utilization of Select Services by Age**





33

### **Rates of Specific Child BH Services Used by Race/Ethnicity (2011)**

**KEY** 

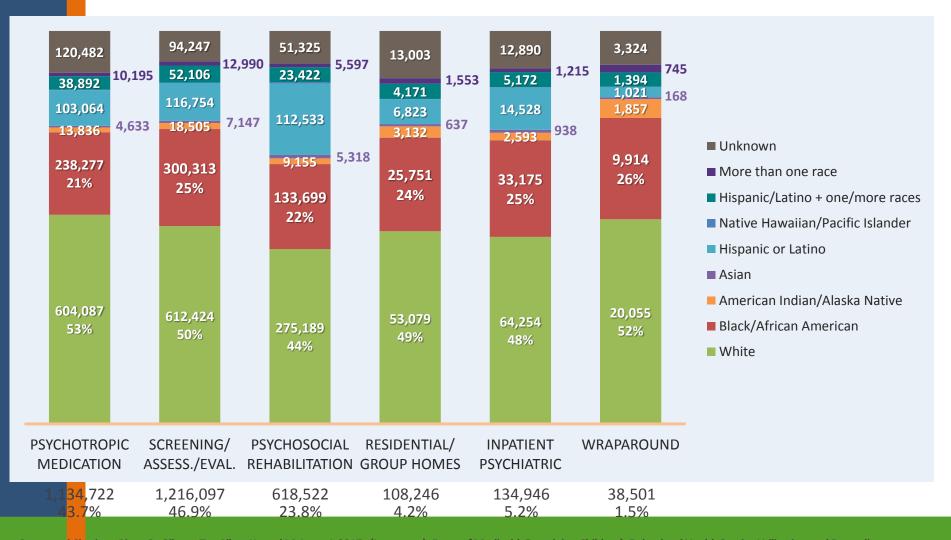
Lowest rates Highest rates



	White	Black/ African American	American Indian/ AK Native	Asian	Hispanic or Latino	Native HI/ Pacific Islander	Hispanic/ Latino + one/more	More than one race	Unknown
Outpatient treatment	57.5%	54.3%	56.6%	41.6%	36.6%	28.7%	64.7%	64.0%	49.2%
Psychotropic medication	49.2%	39.6%	37.9%	25.8%	31.1%	26.2%	32.7%	41.2%	52.6%
Screening/assess./eval.	49.8%	49.9%	50.8%	39.7%	35.2%	33.6%	43.8%	52.4%	41.2%
Medication mngmt.	25.8%	22.8%	19.0%	15.1%	21.6%	18.2%	15.7%	20.2%	29.4%
Family therapy/ fam. ed. and training	26.7%	21.2%	20.9%	16.9%	19.7%	15.1%	25.6%	27.5%	27.6%
Psychosocial rehabilitation	22.4%	22.2%	25.1%	29.6%	33.9%	47.7%	19.7%	22.6%	22.4%
Substance use outpatient	1.6%	1.8%	3.4%	1.9%	2.1%	1.8%	2.2%	1.9%	0.8%
Psychological testing	4.5%	4.6%	7.1%	2.9%	3.9%	1.6%	2.5%	6.1%	4.4%
Case mngmt.	7.6%	5.7%	6.0%	3.8%	3.9%	6.0%	3.5%	2.9%	6.6%
Group therapy	7.2%	10.2%	7.4%	8.6%	5.7%	7.4%	10.7%	5.7%	8.7%
Targeted case mngmt.	7.0%	7.5%	7.8%	11.0%	14.6%	19.7%	4.8%	7.5%	9.8%
Behavior mngmt./therapeutic support.	4.1%	3.7%	3.7%	3.4%	4.3%	2.3%	4.6%	6.0%	7.6%
Res. treat./therapeutic group homes	4.3%	4.3%	8.6%	3.5%	2.1%	2.0%	3.5%	6.3%	5.7%
Crisis intervention/stabilization (non ER)	4.4%	4.3%	3.6%	4.2%	3.8%	5.1%	5.0%	4.9%	4.6%
Inpatient psychiatric treatment	5.2%	5.5%	7.1%	5.2%	4.4%	3.8%	4.3%	4.9%	5.6%
Partial hospitalization/day treatment	3.4%	6.6%	1.9%	2.9%	1.5%	2.9%	5.3%	3.0%	2.5%
Mental health consultation	3.2%	3.4%	0.7%	3.8%	0.7%	2.5%	9.9%	5.3%	4.5%
Substance use screening/assess.	1.8%	1.8%	3.6%	1.7%	1.2%	2.9%	2.3%	1.8%	1.1%
Wraparound	1.6%	1.6%	5.1%	0.9%	0.3%	0.5%	1.2%	3.0%	1.5%
Therapeutic foster care	0.5%	0.4%	1.8%	0.2%	0.2%	0.2%	0.1%	0.3%	0.7%
Substance use inpatient/residential	0.2%	0.1%	0.5%	0.1%	0.1%	0.2%	0.1%	0.2%	0.1%
Respite	0.3%	0.1%	0.4%	0.3%	0.1%	0.2%	0.2%	0.3%	0.1%
Supported housing	0.2%	0.8%	0.0%	0.1%	0.0%	0.1%	0.0%	0.0%	0.1%
Emergency room	6.5%	5.9%	7.2%	6.6%	4.7%	5.1%	7.1%	5.3%	5.5%
Peer services	0.3%	0.2%	0.1%	0.3%	0.0%	0.2%	0.6%	0.9%	0.7%
Home-based (e.g., in-home services)	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.1%
Activity therapies	0.1%	0.0%	0.1%	0.1%	0.0%	0.0%	0.1%	0.2%	0.1%
Multi-systemic Therapy	0.1%	0.1%	0.3%	0.1%	0.2%	0.0%	0.0%	0.0%	0.1%
N=	1,228,951	602,129	36,460	17,983	331,780	4,790	119,048	24,775	228,901

# Utilization of Select Services by Race/Ethnicity







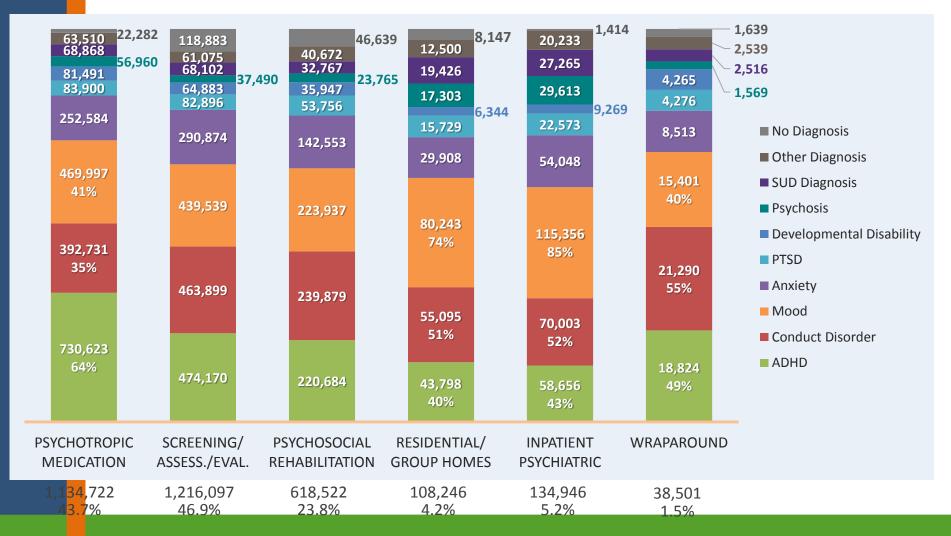
# Rates of Use of Select Child BH Services by Diagnoses (2011)



	ADHD	Conduct Disorder	Mood	Anxiety	PTSD	DD	Psychosis	SUD	None
Psychotropic medication	<b>730,623</b> 77.4%	<b>392,731</b> 46.6%	<b>469,997</b> 56.8%	<b>252,584</b> 45.5%	<b>83,900</b> 54.8%	<b>81,491</b> 58.9%	<b>56,960</b> 80.3%	68,868 43.7%	<b>63,510</b> 50.4%
Screening/assess./eval.	<b>474,170</b> 50.2%	463,899 55.0%	<b>439,539</b> 53.1%	<b>290,874</b> 52.5%	<b>82,896</b> 54.2%	<b>64,883</b> 46.9%	<b>37,490</b> 52.8%	68,102 43.2%	<b>61,075</b> 48.5%
Psychosocial rehabilitation	<b>220,684</b> 23.4%	<b>239,879</b> 28.5%	<b>223,937</b> 27.0%	<b>142,553</b> 25.7%	53,756 35.1%	<b>35,947</b> 26.0%	<b>23,765</b> 33.5%	32,767 20.8%	<b>40,672</b> 32.3%
Res. treat./therapeutic group homes	<b>43,798</b> <b>4.6</b> %	<b>55,095</b> 6.5%	<b>80,243</b> 9.7%	<b>29,908</b> 5.4%	<b>15,729</b> 10.3%	6,344 4.6%	17,303 24.4%	<b>19,426</b> 12.3%	<b>12,500</b> 9.9%
Inpatient psychiatric treatment	58,656 6.2%	<b>70,003</b> 8.3%	<b>115,356</b> 13.9%	<b>54,048</b> 9.7%	<b>22,573</b> 14.8%	<b>9,269</b> 6.7%	29,613 41.7%	<b>27,265</b> 17.3%	<b>20,233</b> 16.1%
Wraparound	<b>18,824</b> 2.0%	<b>21,290</b> 2.5%	<b>15,401</b> 1.9%	8,513 1.5%	<b>4,276</b> 2.8%	<b>4,265 3.1</b> %	<b>1,569</b> 2.2%	<b>2,516</b> 1.6%	<b>2,539</b> 2.0%
N=	944,452	843,041	828,153	554,560	152,991	138,298	70,951	157,764	125,980

Suggested Citation: Pires, S., Gilmer, T., . Allen, K. and McLean, J. 2017. (In process). Faces of Medicaid: Examining Children's Behavioral Health Service Utilization and Expenditures: Changes Over Time: 2005-2011. Center for Health Care Strategies: Hamilton, NJ

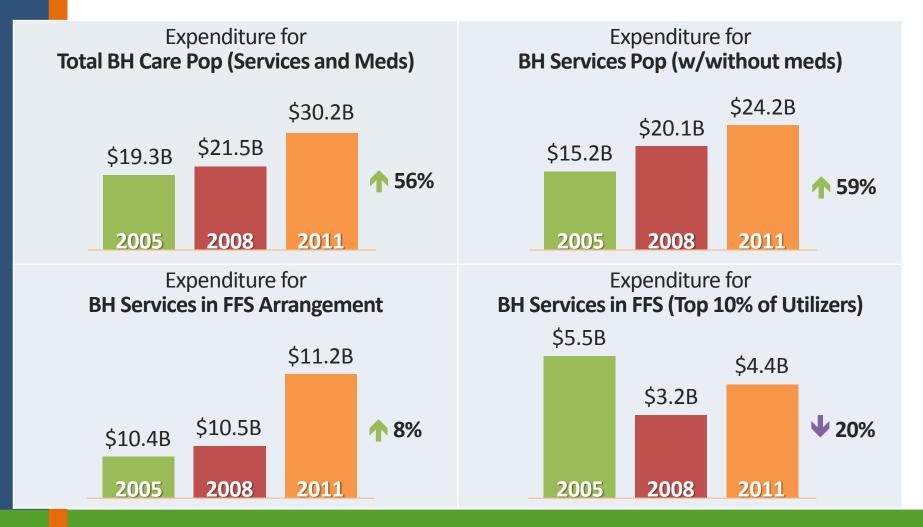
### **Utilization of Select Services by Diagnosis**



Suggested Citation: Pires, S., Gilmer, T., . Allen, K. and McLean, J. 2017. (In process). Faces of Medicaid: Examining Children's Behavioral Health Service Utilization and Expenditures: 37 Changes Over Time: 2005-2011. Center for Health Care Strategies: Hamilton, NJ

### **Total Expenditures for Children in Medicaid Using Behavioral Health Care**





### Mean Expenditures for Children in **Medicaid Using Behavioral Health Services**

#### All hildren in Medicaid Using Behavioral Health Services

	2005	2008	2011	
Behavioral health	\$4,868	\$4,571	\$5,517	<b>13</b> %
Physical health	\$3,652	\$5,357	\$4,742	<b>1</b> 30%
Total services	\$8,520	\$9,928	\$10,259	<b>1</b> 20%

#### **Top 10% Most Expensive Children in Medicaid Using Behavioral Health Services**

	2005	2008	2011	
Behavioral health	\$28,815	\$27,654	\$36,646	<b>1</b> 27%
Physical health	\$8,532	\$10,429	\$10,314	<b>1</b> 21%
Total services	\$37,348	\$38,083	\$46,959	<b>1</b> 26%

# Mean Expenditures by Aid Category



(Physical and Behavioral Health Combined)

	` '	2005	2008	20	11	MEAN <b>↑</b> /↓	
Į.	Lowest Mean TANF	\$5,082	\$6,275	\$6,287	BH mean: \$3,634 PH mean: \$2,653	<b>1</b> 24%	
	Foster Care	\$12,130	\$12,939	\$13,105	BH mean: \$9,318 PH mean: \$3,787	<b>1</b> 8%	
	Highest Mean SSI/Disability	\$15,159	\$16,226	\$19,086	BH mean: \$8,034 PH mean: \$11,051	<b>1</b> 26%	

# Total/Mean Child Behavioral Health Expenditures by Age (Behavioral health only)



	2005		20	08	20:	11	TOTAL ↑/Ψ
Lowest Mean 0-5 years	\$373.6M 4.7%	\$1,717	<b>\$671.1M</b> 7.4%	\$1,957	<b>\$859.0M</b> 7.6%	\$1,946	<b>130%</b>
6-12 years	<b>\$2.9B</b> 36.3%	\$3,353	<b>\$3.6B</b> 40.0%	\$4,083	<b>\$4.9B</b> 43.2%	\$4,186	<b>1</b> 69%
Hight Mea 13-18 years		\$5,409	<b>\$4.8B</b> 52.6%	\$5,821	<b>\$5.6B</b> 49%	\$5,682	<b>19</b> %

Suggested Citation: Pires, S., Gilmer, T., . Allen, K. and McLean, J. 2017. (In process). Faces of Medicaid: Examining Children's Behavioral Health Service Utilization and Expenditures:

### Total/Mean Child Behavioral Health Expenditures by Gender (Behavioral health only)

	20	05	200	201		1	TOTAL ↑/Ψ
<b>F</b> emale	<b>\$2.9B</b> 39.6%	\$3,769	<b>\$3.3B</b> 36.0%	\$3,920	<b>\$4.2B</b> 37.3%	\$3,948	<b>45</b> %
Highen Mea		\$4,318	<b>\$5.8B</b> 64.0%	\$4,770	<b>\$7.1B</b> 62.7%	\$4,671	<b>1</b> 39%

Suggested Citation: Pires, S., Gilmer, T., . Allen, K. and McLean, J. 2017. (In process). Faces of Medicaid: Examining Children's Behavioral Health Service Utilization and Expenditures:

### **Total/Mean Child Behavioral Health**

**Expenditures by Diagnosis** (Behavioral health only)

	2005		20	2008		<u> 11                                   </u>	Mean <b>↑</b> / <b>↓</b>
ADHD	<b>\$3.5B</b> 33.4%	\$5,298	<b>\$4.3B</b> 47.0%	\$6,038	<b>\$5.5B</b> 48.6%	\$5,838	<b>10</b> %
Conduct disorder	<b>\$2.2B</b> 13.9%	\$8,144	<b>\$4.6B</b> 50.0%	\$7,070	<b>\$5.4B</b> 48.0%	\$6,456	<b>4</b> 20%
Mood	<b>\$3.1B</b> 16.0%	\$9,831	<b>\$4.7B</b> 51.7%	\$7,639	<b>\$6.0B</b> 52.6%	\$7,204	<b>4</b> 27%
Anxiety Lowest	<b>Ģ1.0</b> D	\$6,816	<b>\$1.9B</b> 20.7%	\$5,222	<b>\$2.8B</b> 25.0%	\$5,115	<b>4</b> 25%
PTSD	N/A	N/A	<b>\$1.2B</b> 13.2%	\$11,673	<b>\$1.7B</b> 14.7%	\$10,863	<b>4</b> 7%
DD	<b>\$528M</b> 3.6%	\$7,590	<b>\$870M</b> 9.5%	\$8,804	<b>\$1.1B</b> 9.9%	\$8,146	<b>7</b> %
Psychosis Highes Mean	<b>&gt;</b> / ∠I <b>&lt;</b> I//I	\$14,482	<b>\$858M</b> 9.4%	\$16,176	<b>\$1.2B</b> 10.9%	\$17,415	<b>1</b> 20%
SUD diagnosis	N/A	N/A	<b>\$849M</b> 9.3%	\$6,918	<b>\$1.1B</b> 9.7%	\$6,930	<b>1</b> 0.2%
No diagnosis	<b>\$1.4B</b> 39.1%	\$1,830	<b>\$415M</b> 4.6%	\$1,287	<b>\$455M</b> 4.0%	\$1,430	<b>4</b> 22%

# Total/Mean Child Behavioral Health Expenditures by Race/Ethnicity (Behavioral health only)



% of 2011 Child BH Users	200	8	203	2011		
White 47.4%	<b>\$4.6B</b> 50.3%	\$4,519	<b>\$5.5B</b> 48.4%	\$4,472	<b>12</b> %	
Black or 23.2% African American	<b>\$2.6B</b> 28.8%	\$4,845	<b>\$2.8B</b> 24.8%	\$4,667	<b>1</b> 8%	
American Indian or Alaska Native <sub>1.4%</sub>	<b>\$260.4M</b> 2.9%	\$7,556	<b>\$239.3M</b> 2.1%	\$6,564	₩ 8%	
Asian 0.7%	<b>\$39.7M</b> 0.4%	\$3,038	<b>\$71.03M</b> 0.6%	\$3,950	<b>1</b> 79%	
Hispanic or Latino	<b>\$527.7M</b> 5.8%	\$2,270	<b>\$1.02B</b> 9.0%	\$3,070	<b>193</b> %	
Native Hawaiian or Pacific Islander 0.2%	<b>\$11.6M</b> 0.1%	\$3,538	<b>\$21.5M</b> 0.2%	\$4,479	<b>1</b> 85%	
Hispanic or Latino, 4.6% plus one or more races	<b>\$249.6M</b> 2.7%	\$3,933	<b>\$410.2M</b> 3.6%	\$3,446	<b>1</b> 64%	
More than one race	<b>\$55.8M</b> 0.6%	\$5,721	\$132.5M 1.2%	\$5,348	<b>137</b> %	

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# Changes in Top Three Child Behavioral Health Expense Drivers



#### 2005

#### 2011

- Res. treat./group homes: \$1.5B
- Outpatient: \$1.3B
- Psych meds: \$1B

- Res. treat./group homes: \$2.5B
- Psychosocial rehab: \$2.1B
- Psych meds: \$1.9B

- 67% n residential treatment/group homes
- 90% in psychotropic medication
- 39% in psychosocial rehab

## **Changes in Mean Expense of Top Three Child Behavioral Health Expense Drivers**



#### 2005

- Res. treat./group homes: \$21,671
- Outpatient: \$1,275
- Psych meds: \$1,267
- (Psychosocial rehab: \$3,416)

#### 2011

- Res. treat./group homes: \$22,711
- (Outpatient: \$827)
- Psych meds: \$1,640
- Psychosocial rehab: \$3,412
- 29% in psychotropic medication
- 5% ↑ in residential treatment/group homes
- Psychosocial rehab unchanged
- 35% **\Pi** in outpatient mean expense

#### **How to Use Medicaid Data**



- ➤ To draw attention of key officials State Medicaid, Governor's Office, legislators to high need, high cost populations and opportunities for reform
- ➤ To educate and engage stakeholders in reform discussions families, youth, providers, child welfare and juvenile justice etc.
- > To track and report progress over time



### FACES OF MEDICAID: CHILDREN'S BEHAVIORAL HEALTH CARE UTILIZATION & COSTS



About 1-in-10 children covered by Medicaid use behavioral health care services...



...and they account for over 1/3 of total costs for children in Medicaid

These children have mean expenditures 4x higher than kids in Medicaid who only use physical health care \$10,259

\$ **2,492** 

Children using only physical health services Children using both physical and behavioral health services

#### Kids covered by foster care and SSI/disability account for...

Over 1/4 of behavioral health care service use



Half of total behavioral health care costs



Only a small portion of children in Medicaid



CHCS Center for Health Care Strategies, Inc.

www.chcs.org

# Faces of Medicaid: Examples of Promising Findings



- Penetration rates overall
- Greater access by most racial/ethnic groups
- Greater access by girls
- Greater access by 0-5 population
- Use of broader range of home and community-based services



## Faces of Medicaid: Examples of Concerning Findings



- 8% penetration rate for use of BH services (while up), remains well below prevalence estimates of need
- Disproportionately low rates of use for Hispanic/Latino, Asian, and Native Hawaiian/Pacific Islander children
- Disproportionately low utilization rates for girls
- Disproportionately low rates of use for 0-5 population
- Residential treatment
- Inpatient psychiatric
- High rates of residential treatment and inpatient psych use for foster care population
- Rate of psychotropic medication use  $\uparrow \uparrow$ , and close to half of children on meds did not receive accompanying behavioral health services
- Utilization rates of peer support, MST, Wraparound (while up) remain very low



### Faces of Medicaid: Types of Questions/Issues Raised by Data

- Most frequent diagnosis for 0-5 population was Conduct Disorder May mask learning problems? Trauma?
- Rate of PTSD diagnosis at 6% may be low?
- ADHD remains most frequent diagnosis are children being over-diagnosed?
- Black/African American children most likely to receive ADHD diagnosis and least likely to receive diagnoses of Mood Disorder, Anxiety and PTSD are these children being misdiagnosed?
- Children in Medicaid using BH care are 11% of the Medicaid child population and consume 36% of all Medicaid child expenditures, and their mean expense is over 4x that of children who do not use BH care – what are the best value-based strategies for improving the cost and quality of care for these children?





### For more information

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