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Appendix I: Charge from Secretary Sharfstein

To choose a specific financing model and develop a detailed implementation plan consistent with the seven principles, we must further define: (1) the potential mechanisms to align incentives across medical, mental health, and substance abuse treatment; (2) the models of care in Maryland in need of support; (3) the incentives we will deploy to support those models of care; (4) the measures by which we will evaluate the health care and financial outcomes of a new program; and (5) the capacity of various entities in Maryland to play critical roles in a new system.

The Department will establish a planning team led by the Deputy Secretary for Health Care Financing to review the financing and integration options. The team will cut across the Department and include representatives with expertise in behavioral health, public health, and clinical practice. The team will consider, among other topics, the implications of implementing a new approach, and the natural transitions in benefit design and delivery systems that will occur on January 1, 2014.

The team will solicit feedback, in its planning work, from a broad array of consumers, clinicians, provider organizations, advocates, local agencies, and managed care entities.

This team will develop a draft approach to integrate care based on the findings in the consultant's report and as refined through a planning process that involves outside stakeholders, by September 30, 2012. This approach will be presented for public comment and be incorporated into a specific proposal for the 2013 legislative session.

In addition, the Deputy Secretary for Health Care Financing will continue leading the development of a chronic care health home program, which could model some of the approaches to be supported by our new system.

STATE OF MARYLAND
DHMH
Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201
Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

DEC 27 2011

The Honorable Edward J. Kasemeyer
Chairman
Senate Budget and Taxation Committee
3 West Miller Senate Office Bldg.
Annapolis, MD 21401-1991

The Honorable Norman H. Conway
Chairman
House Appropriations Committee
121 House Office Bldg.
Annapolis, MD 21401-1991

RE: 2011 Joint Chairmen's Report (p. 68 – M00K01.01) – Progress Update on Behavioral Health Integration

Dear Chairmen Kasemeyer and Conway:

In keeping with the requirements of the 2011 Joint Chairmen's Report (p. 68), the Department is submitting the enclosed report on behavioral health integration.

For further information, please contact Marie Grant, Director of the Office of Governmental Affairs, at (410) 767-6481.

Sincerely,

Joshua M. Sharfstein, M.D.
Secretary

Enclosure

cc: Tom Cargiulo
Patrick Dooley
Renata Henry
Brian Hepburn
Chuck Milligan
Marie Grant

M00K01.01

Department of Health and Mental Hygiene

Behavioral Health Integration – Progress Update

As part of the FY 2012 budget, the General Assembly asked the Department of Health and Mental Hygiene to convene a workgroup "to develop a system of integrated care for individuals with co-occurring serious mental illness and substance abuse issues." The General Assembly asked the Department to provide recommendations for developing such a system. This report is in response to that requirement.

In making this request, the General Assembly recognized the current lack of coherence in Maryland's approach to patients with behavioral health conditions. Many individuals with mental illness also suffer from addiction, and large numbers of individuals with addiction have mental illness. The Substance Abuse and Mental Health Services Administration estimates that only 7.4 percent of individuals in the United States with co-occurring disorders are treated for both conditions; more than half do not receive treatment for either. In addition, many with mental illness, or addiction, or both, have significant chronic health conditions such as diabetes and heart disease. These conditions are largely responsible for a startling 25-year gap in life expectancy between those with serious behavioral health disorders and others in the population.

While many Marylanders suffer from mental illness, chronic health conditions, and substance abuse, the financing system that serves them is fractured:

- There is one path to access medical treatment and some behavioral health services in primary care, through Medicaid;
- There is a second path to access addiction services, through local jurisdictional grants; and
- There is a third path for specialized mental health care, through the Mental Hygiene Administration's fee-for-service system.

These disparate paths rarely meet to provide coordinated care for patients. The combined costs of medical, substance abuse treatment, and mental health care for high-cost individuals can reach to the hundreds of thousands of dollars per patient per year. Yet our system rarely spends funding strategically to improve outcomes and lower costs.

Our approach must change.

The Department worked with stakeholders and engaged a consultant to examine options for the integration of behavioral health care. The Department has reviewed several specific options for a new financing system, but we are not prepared at this time to choose one to

propose for implementation. This report provides an overview of the stakeholder process and the work of the consultant, provides background and information on the various options, sets out key principles for reform, and explains our process for moving forward. Our plan is to bring specific proposals to the 2013 legislative session.

Consultant Review

Some steps towards integration have broad support in Maryland. Stakeholders are working with the Department, for example, to integrate regulatory oversight of substance abuse and mental health providers.

Improving the system of financing to support integrated care is a more complex challenge. To facilitate conversations among key stakeholders and provide a report with recommendations on financing, the Department engaged an experienced consultant. The consultant conducted five structured interviews with mental health and addictions treatment providers; consumers, families and advocates; core service agencies; and state officials.

These interviews focused on two key questions:

- What would an integrated system in Maryland look like in terms of practice, delivery platform, benefits management and financing?
- How could Maryland move to an integrated system?

The consultant reviewed other states experiences and identified innovative approaches that would achieve the three goals of effective health care delivery: a better patient experience, lower costs, and improved outcomes.

Three listening sessions were held in early September 2011. One hundred and twenty-eight stakeholders attended meetings held in Cambridge, Catonsville, and Rockville. The purpose of the meetings was to receive participants' insights on how Maryland can capitalize on health reform to create a better integrated system of care.

These listening sessions focused on four questions:

- What would an integrated system in Maryland look like in terms of practice, delivery platform, benefits management and financing?
- How could Maryland move to an integrated system?
- What are the features of the current system that support integration?
- What are the opportunities for improvement in the current system in terms of integration, patient-centered care, and health and wellness?

Two additional stakeholder meetings were held in mid-November in Annapolis and Frederick at the request of stakeholders to give input on the options being considered by the consultants. Approximately 80 stakeholders attended these two meetings.

On December 5, 2011, a final draft of the report was posted on the DHMH integration website. DHMH received 36 sets of comments on the draft report from individuals, consumer organizations, behavioral health advocacy organizations, and healthcare organizations. The comments fell into the following categories:

- The desire for additional public discourse as DHMH moves to a decision;
- The need for additional data to support implementation of different options;
- Defining the role of local authorities in an integrated system;
- The need for training and technical assistance across the system;
- Regulations and the challenge of accreditation for some providers; and
- Factual corrections and edits.

The consultant's report, which is attached, provides a candid assessment of the strengths and weaknesses of Maryland's system of behavioral health care. Maryland invests considerable resources in behavioral health care, and thousands of citizens benefit from high quality, compassionate, and evidence-based care each year. At the same time, however, our current system largely pays on the basis of the volume of behavioral health services. Our current system does not pay on the basis of measurable health outcomes such as recovery and reductions in avoidable hospitalizations, other outcomes such as employment and reductions in homelessness, cost-effectiveness, or overall value.

The report made the following additional observations about our current system:

- Benefit design and management are poorly aligned;
- Purchasing and financing are fragmented;
- Care management is not coordinated;
- Performance and risk is lacking; and
- Integrated care needs improvement.

The report provides details on a wide range of innovation underway around the country and available to Maryland. Looking to 2014, when the arrival of health reform will precipitate a range of changes in state health care (including the transition of the Primary Adult Care program into a full-benefit Medicaid program), the report proposes two alternative models for moving forward.

- Option 1 is described as a "protected carve-in." Under this model, Maryland would bundle funding for medical care, mental health and substance abuse in the HealthChoice program. The carve-in of behavioral health services would be "protected" because the model would ensure adequate and identifiable funding for behavioral health services, and the establishment of a responsible organization for each individual would provide a powerful incentive for integrated care and prevention. There remain, however, important questions about the readiness of managed care entities to truly integrate care and incentives. Often, a traditional managed care entity simply subcontracts the provision of behavioral health services to another entity, creating siloed systems not unlike Maryland's currently fragmented system.

- Option 2 is described as a "risk-bearing carve out." Under this model, Maryland would hire an organization to manage behavioral health benefits (both substance abuse and mental health) under some form of performance and/or financial risk model, and this entity would coordinate the services for which it has responsibility with the physical health benefits now managed by the Managed Care Organizations in the HealthChoice program. The consultant disfavored this approach on the grounds that, while it would improve the coordination between mental health services and substance abuse services, and while it would create a model focused on outcomes and value, it nevertheless would fail to integrate behavioral health and medical care, and it would fail to align incentives for better outcomes across both behavioral health and medical care.

Principles for Integrated Care

The Department is supportive of strengthening Maryland's approach to behavioral health care. We are not prepared at this time to choose a specific financing strategy. After considering the substantial public input and comment over the past year, we intend to determine our next steps based on the following seven principles:

1. A new system should provide the greatest value to Maryland consumers. Individuals and families should be able to access the right services at the right time to remain as healthy and productive as possible.

2. A new system should support effective models of integrated care. These models include health homes, where medical treatment and behavioral health care not only are provided at the same location, but as components of a single treatment plan for the whole person.

3. A new system should prioritize the needs of the seriously ill. Special attention must be paid to assure coordinated care for especially vulnerable Marylanders who experience severe mental illness or substance abuse disorders.

4. A new system should integrate financing for substance abuse and mental health treatment services. Given the high degree of comorbidity, our financing system should not fracture along the lines of diagnoses within behavioral health.

5. A new system should provide payment on the basis of performance, value and outcome, and not just volume. Such payment reform transformations are occurring throughout the health care financing and delivery systems for all payers and services, and the behavioral health system must join this movement to align incentives with prevention and health for Marylanders.

6. A new system should include a strong role for local oversight and engagement. The financing system should provide comprehensive service and outcome data to localities. Currently, localities receive only a fraction of important data about the care of their residents. More full information will allow for the identification of unmet needs and the design of programs to address them.

7. A new system should be able to coordinate well with other systems, including the criminal justice, education, and child welfare systems, to promote social outcomes such as successful community reintegration, adoptions and permanent placements, school achievement, and others.

The Department appreciates the constructive input of all stakeholders and the work of the expert consultant. A new system that meets all seven principles could be constructed under a range of options, including Option 1 or Option 2.

Organizational Alignment within the Department

To successfully develop a new system of integrated care in Maryland, the Department of Health and Mental Hygiene must align our organizational strengths to this challenge.

One agency within the Department should lead improvements in behavioral health outcomes by assessing public health data, establishing quality standards, establishing and funding innovative programs, supporting training, working with localities, and enhancing the state behavioral health workforce.

The Department intends to develop a proposal to consolidate the Mental Hygiene Administration and Alcohol and Drug Abuse Administration to create a single Behavioral Health Administration covering both mental health and substance abuse to serve in this role. The proposal will be reviewed by key stakeholders through public input and comment.

One agency within the Department should oversee the financing of medical, substance abuse, and mental health services. This organization should in effect serve as a purchasing authority, and be able to work with all responsible entities to set expectations for integration and align incentives. Regardless of what model of financing is selected –Option 1, Option 2, or another approach -- this organization should serve as the single point of

responsibility and accountability for making integration work for consumers and providers.

The Medicaid program is well-suited for this role. The Maryland Medicaid Program, led by the Deputy Secretary for Health Care Financing, has the expertise in the Department to (1) work with the Center for Medicare and Medicaid Services to obtain federal financing for innovative models of care through waivers and state plan amendments; (2) enroll providers and establish payment rates; (3) determine actuarially sound rates supported by audited financial reports; and (4) manage risk-based integrated delivery system contracts.

Working closely with the new behavioral health agency, Medicaid will be able to develop an effective financing structure to support high-quality integrated care.

Next Steps

To choose a specific financing model and develop a detailed implementation plan consistent with the seven principles, we must further define: (1) the potential mechanisms to align incentives across medical, mental health, and substance abuse treatment; (2) the models of care in Maryland in need of support; (3) the incentives we will deploy to support those models of care; (4) the measures by which we will evaluate the health care and financial outcomes of a new program; and (5) the capacity of various entities in Maryland to play critical roles in a new system.

The Department will establish a planning team led by the Deputy Secretary for Health Care Financing to review the financing and integration options. The team will cut across the Department and include representatives with expertise in behavioral health, public health, and clinical practice. The team will consider, among other topics, the implications of implementing a new approach, and the natural transitions in benefit design and delivery systems that will occur on January 1, 2014.

The team will solicit feedback, in its planning work, from a broad array of consumers, clinicians, provider organizations, advocates, local agencies, and managed care entities.

This team will develop a draft approach to integrate care based on the findings in the consultant's report and as refined through a planning process that involves outside stakeholders, by September 30, 2012. This approach will be presented for public comment and be incorporated into a specific proposal for the 2013 legislative session.

In addition, the Deputy Secretary for Health Care Financing will continue leading the development of a chronic care health home program, which could model some of the approaches to be supported by our new system.

The Department will also establish a second planning team to create an integrated Behavioral Health Administration with the functions outlined above. The planning team will present, for public comment, a draft plan by September 30, 2012 and develop a specific proposal for the 2013 legislative session.

FUTURE OPTIONS
FOR
INTEGRATED BEHAVIORAL HEALTHCARE

Presented to:

THE MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Presented by:

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December 11, 2011

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
FUTURE OPTIONS FOR INTEGRATED BEHAVIORAL HEALTHCARE

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MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
FUTURE OPTIONS FOR INTEGRATED BEHAVIORAL HEALTHCARE

INTRODUCTION

Maryland is evaluating its current system for managing and delivering publicly-financed behavioral health services as State policymakers plan for 2014 and the implementation of the Affordable Care Act (ACA). This evaluation covers services funded and purchased by Medicaid, the Mental Hygiene Administration and the Alcohol and Drug Abuse Administration within the Maryland Department of Health and Mental Hygiene. Maryland's goal is to provide comprehensive, high quality and cost effective health services for persons with primary and secondary behavioral health conditions. Making this goal real and transforming disparate and disconnected health sectors into a seamless and transparent patient experience involves at least two categories of transformational change. First, p*rofessional practices* must adapt to clinical guidelines, standards, and processes that promote wellness, and identify, treat, and follow up on general medical and behavioral health conditions. Second, the *policy, financing, and organizational contexts* that support general medical and behavioral health care must align and support integrated care.

Patients of all types of health care today routinely describe their experience as fractured, intermittent, and unfortunately too often including omissions and errors. This experience applies equally within a single episode for a single condition, as well as when multiple conditions require simultaneous treatments. It especially applies to patients with coexisting chronic general medical and behavioral health conditions. Arguments for integrating care are more than compelling. With clinical experts advising that "Dual diagnosis [mental and addictive disorders] is an expectation, not an exception"[1], discontinuous treatment makes no sense for persons with co-occurring mental health and substance use disorders (MH/SUD). For Medicaid, the opportunity to improve treatment for beneficiaries with co-morbid general medical and behavioral health conditions can only occur within integrated clinical practice. The top five percent of highest cost adult beneficiaries account for more than 50% spending; almost fifty percent of those with disabilities also have psychiatric illness; and the presence of psychiatric illnesses increases spending and hospitalization rates by as much as seventy-five percent.[2] Annual Medicaid per capita health care costs are three to four times higher for disabled beneficiaries who have co-occurring behavioral health conditions.[3]

BACKGROUND

In order to review its current system and consider options for the future, DHMH engaged a consulting team to advise them on possible approaches to integrating benefits management and care. The team has evaluated public financing initiatives in other States, identified innovative practices, reviewed development in healthcare relevant to improved patient care and integrated systems, held two rounds of five stakeholder listening sessions, reviewed preliminary data from Maryland's public systems and critiqued the State's benefits management structure in relationship to its ability to facilitate integration at the payer, provider and patient level.

MARYLAND'S CURRENT SYSTEM

Like most States, Maryland has a variety of funding streams, management structures and payment arrangements for its publicly supported Mental Health and Substance Use Disorder (MH/SUD) treatment system. Although all three public purchasers (Alcohol and Drug Abuse Administration, the Mental Hygiene Administration and the

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[1] Minkoff, K., and C. Cline, *Changing the World: Integrated Systems of Care for Individuals with Co-Occurring Disorders*, Psychiatric Clinics of America, 27(4), 2004.

[2] RG Kronick, et al., *The Faces of Medicaid III: Refining the Portrait of people with Multiple Chronic Conditions*, Center for Health Care Strategies, October, 2009.

[3] Boyd, C., *Faces of Medicaid: Clarifying Multimorbidity Patterns to Improve Targeting and Delivery of Clinical Services*, Center for Health Care Strategies, December 2010.

Medical Assistance Program) are located within the Department of Health and Mental Hygiene there is a great deal of difference among their methods for funding and purchasing behavioral health services.

Medicaid's 1115 waiver authorizes the HealthChoice and Primary Adult Care programs through which eighty percent of Medicaid beneficiaries are enrolled in risk-based managed care for medical coverage. Persons needing "specialty mental health care" have received their mental health benefit through managed fee-for-service by an Administrative Service Organization under contract to the Mental Hygiene Administration since 1997. Under the HealthChoice 1115 waiver, MCOs are responsible for the provision of *primary* mental health services which are defined as "the clinical evaluation and assessment of services needed by an individual, and the provision of services or referral for additional services as deemed medically appropriate by a primary care provider". MHA is responsible for funding medically needed mental health services to all eligible recipients, except those mental health services which the primary care provider may render at its discretion.[4] The ASO operates a utilization management system; pays claims; provides data collection and management information services; offers public information, consultation, training and evaluation services; and manages special projects.

Medicaid covers a limited SUD benefit for recipients who are enrolled in either HealthChoice or the Primary Adult Care program. The PAC SUD benefit includes comprehensive assessment, outpatient services, intensive outpatient and opioid maintenance treatment, while HealthChoice additionally covers partial hospitalization, youth residential and inpatient treatment, and medically managed inpatient detoxification. Seven fully capitated MCOs manage the HealthChoice benefit and five of them also manage the Primary Adult Care benefit.[5] Only two of the seven plans (United Healthcare and Coventry) participate in Maryland's commercial market[6]. Any MCO that meets DHMH's regulatory standards is entitled to participate in either managed program, although the Department is currently evaluating whether to selectively contract with MCOs for HealthChoice and PAC[7].

Utilization data on the Medicaid behavioral health benefit showed that, in 2010, eleven percent of Medicaid enrollees were given a MH or MH and SUD diagnoses and used behavioral health services in the Specialty Mental Health System.[8] That same year, twenty-eight percent of Medicaid enrollees were given a MH and/or SUD diagnosis and used at least one Medicaid covered service associated with those diagnoses (this number would include those served through the Specialty Mental Health System).[9] The recent *Joint Chairmen's Report* included data showing that three percent of Medicaid enrollees were given a SUD diagnosis and received SUD treatment through Medicaid in FY2010; for the Primary Adult Care program the SUD penetration rate was fifteen percent that year.[10] While these data provide a basic snapshot of access to the Medicaid behavioral health benefit, further analysis on utilization of behavioral health in primary care settings, expenditure patterns for primary and specialty behavioral health services by Medicaid eligibility group, and expenditures by level of care would allow Maryland to more precisely evaluate its Medicaid coverage. Analysis of similar data for services MHA and ADAA purchase for persons who are uninsured would complete the picture of Maryland's publicly-financed behavioral health system.

Maryland utilizes significantly different methods for financing publicly supported mental health and substance use disorder treatment. Although both the Mental Hygiene Administration (MHA) and the Alcohol and Drug Abuse Administration (ADAA) delegate responsibilities to local authorities, their role in funding is substantially different. ADAA provides funding for services through grants and contracts to private and non-profit providers and local

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[4] DHMH RFP for the Administrative Service Organization, August 2008.

[5] AmeriGroup, Priority Partners, Maryland Physicians Care, United Healthcare, MedStar, Family Choice, Jai Medical Systems and Coventry; MedStar Family Choice and Coventry do not participate in PAC.

[6] DHMH White Paper, *Maryland HealthChoice Program: Should Maryland Move to a Selective Contracting Strategy?*, July, 2010

[7] Ibid.

[8] Mental Hygiene Administration, *Public Mental Health System Data Report*, September 2011.

[9] University of Maryland-Baltimore County/The Hilltop Institute, *Frequency of Medicaid Service Utilization*, August 2011.

[10] DHMH, *Joint Chairmen's Report* (p. 81), November 2011.

health departments. Most dollars are allocated to local health departments that either provide services directly or contract with community-based provider organizations.

For MHA, Core Service Agencies function as the local mental health authorities responsible for planning, managing and monitoring Maryland's PMHS. They provide information and referral, handle complaints, and monitor 'non-FFS' contracts. Both the ASO and CSAs authorize mental health services, coordinate care and manage high cost users and diversion to lower levels of care.[11] CSAs are engaged in extensive collaboration with other systems, develop innovative services, and monitor providers for quality and compliance; the MHA makes grants to CSAs for state-only special purpose funding.

For youth, Maryland has a system of specialized local authorities for children and families, the Local Management Boards (LMB). LMBs receive Children's Cabinet Interagency Funds (CCIF) to ensure a continuum of prevention and early intervention services by developing collaborative partnerships with public agencies and community resources.[12] They assess community needs; manage state, federal and community grant dollars; develop and manage service contracts; monitor LMB-funded services; and measure performance to ensure program outcomes are met.[13]

Maryland has also received a Centers for Medicaid and Medicare Services (CMS) *Children's Health Insurance Program Reauthorization Act* (CHIPRA) Quality Demonstration Grant to implement a Care Management Entity (CME) model for children who have serious behavioral health challenges and are Medicaid beneficiaries. Partially to support the implementation of Maryland's 1915(c) Psychiatric Residential Treatment Facility Medicaid Waiver, the state has entered into contracts with two not-for-profit companies to serve as three Regional Care Management Entities (CME). CMEs currently serve youth in the PRTF 1915c Demonstration Waiver, two System of Care grants, State-funded Department of Juvenile Services (DJS) out-of-home placement diversion, and State-funded Department of Human Resources (DHR) group home diversion. There are three targeted populations who receive care coordination from the CMEs with funding either from Medicaid administrative claiming for waiver enrollees, from federal System of Care funds for grant participants or from State-only funds for all other enrollees. Medicaid eligible youth receive their medical and behavioral health services through the Specialty Mental Health System's ASO, Medicaid's MCOs, ADAA's grant allocations or specialty services funded by Core Service Agencies. Residential Treatment Centers (RTC) are financed by the Specialty Mental Health System and DJS and DHR may pay for non-RTC level of care residential needs. At part of its CHIPRA grant, Maryland plans to establish a case rate incorporating all funds supporting CME youth; a single payer system and a 'one youth, one care manager and one plan' model.[14]

Table 1. Maryland's Purchasing and Care Coordination Entities

	Mental Health	Substance Use Disorder
Purchasing/Funding	Medicaid, MHA, Children's Cabinet Interagency Fund	Medicaid, ADAA, Children's Cabinet Interagency Fund
Local Authorities	Core Service Agencies Local Management Boards	Local Health Departments Local Management Boards
Care Management/Care Coordination	Managed Care Organizations Administrative Service Organization Care Management Entities	Managed Care Organizations Administrative Service Organization Care Management Entities

[11] Maryland Association of Core Service Agencies, *Integrated Care for Individuals with Behavioral Health Disorders*, August 2011.
[12] *FY2010 Annual Report*, Maryland Association of Local Management Boards, October 2010.
[13] Ibid.
[14] Grimm, G. *Financing Care Management in Maryland,* CHIPRA Quality Demonstration Grant TA Webinar Series, June 2010.

For MH and SUDs, community-based multi-purpose, hospital or specialty (e.g. residential, psychosocial rehabilitation) organizations provide the majority of behavioral health treatment for the Medicaid and the uninsured population.

OPPORTUNITIES UNDER HEALTH REFORM

Expanded Coverage

Maryland Medicaid and the Maryland Children's Health Program (MCHP) provide health care services to just under one million low-income individuals. Beginning in January 2014, the Medicaid expansion that is included in the Affordable Care Act (ACA) is expected to add approximately 175,000 individuals to Medicaid and these individuals will receive coverage from the Medicaid managed care organizations.[15] The newly created Maryland Health Insurance Exchange will provide coverage for an estimated 187,000 adults in the subsidized individual market for persons between 133 and 400 percent of the federal poverty level.[16] For persons between 133 and 300 percent of the FPL, parents and children would be in different programs: parents' coverage would be subsidized through the Exchange and their children would be Medicaid or MCHP. States that have already expanded Medicaid to low-income childless adults have identified this population as having high need for behavioral health treatment, with many of them currently relying on the public system for access to treatment. In 2014 their health insurance coverage will shift from grant-funded services for persons who are uninsured to either the Medicaid program or Health Plans who are subsidized through the Exchange.

Many states are attempting to create a high degree of overlap in Qualified Health Plans under the Exchange and those who contract with Medicaid in order to maximize health plan enrollment and continuous access to providers. Even if eligibility determination and enrollment policies and practices minimize administrative "churn", there will most likely be relatively large numbers of individuals who move back and forth across Medicaid and the Exchange due to changes in economic conditions. A recent Commonwealth Fund report, for example, found that twenty-five percent of individuals with 2005 incomes below 133% FPL would not have qualified for Medicaid based on annual income in 2006. Similarly, for those between 134% and 199% FPL in 2005, in 2006 17% dropped below 133% FPL and thirty percent moved to a category where they would have qualified for Medicaid.[17]

Both the Medicaid expansion population and those subsidized through the Exchange will have access to ACA-defined "Essential Health Benefits" that include behavioral health services and whose scope is equal to the scope of benefits provided under a typical employer plan. While the richness of the EHB is unknown until the Secretary of Health and Human Services defines them, any mandate for behavioral health services will expand the availability of MH/SUD treatment, especially for those who have depended on public systems and providers. The ACA also added behavioral health services and prescription drug coverage to the list of services that must be included in Benchmark Plans and Benchmark Equivalent Plans that are offered by Medicaid to expansion populations who do not have access to the "traditional Medicaid benefit".

The Impact of Parity

One historical argument for separate management of behavioral health benefits was based on the fact that there was typically not 'parity' between health and behavioral health around financing, benefit design, and utilization management by insurance companies. With the enactment of the federal parity act and its effective date of July 1, 2010, all health plan that offer a behavioral health benefit, must offer it 'on par' with the medical/surgical benefit; MCOs that manage Medicaid benefits are included in this group. Plans cannot apply any financial requirements or treatment limitations to behavioral health that are more restrictive that those used for medical/surgical benefits.

[15] DHMH, *Maryland HealthChoice Program: Should Maryland Move to a Selective Contracting Strategy?,* July 2011.
[16] Ibid.
[17] *Realizing Health Reform's Potential*, The Commonwealth Fund, May 2011.

Adherence to parity requirements will also create access to health insurance coverage for individuals who currently rely on publicly-subsidized treatment.

THE CHANGING HEALTHCARE LANDSCAPE

Both through the Affordable Care Act and developments occurring in medical and behavioral health systems across the country, new delivery systems are emerging for enhancing treatment in primary care, for improving management of chronic conditions and for managing care for special populations. Examples are:

- Patient-Centered Medical Homes
- Medicaid State Plan Amendments: Health Homes
- Specialty Integrated Delivery Systems
- Accountable Care Organizations

Patient Centered Medical Homes

Patient Centered Medical Homes (PCMH) were first proposed for children with special needs and the concept has been resurrected as a best practice for both children and adults and as a possible platform for chronic disease management. At its basic level, a medical home rejuvenates the definition of primary care as the site of first-contact, with responsibility for patients over time; providing comprehensive care that meets or arranges for most of a patient's healthcare needs; and coordinating care across a patient's conditions, care providers and settings.[18] Others have added criteria that include the patient having a regular doctor or source of care; having no difficulty contacting them by phone; having no difficulty getting care or medical advice on evenings and weekends; and experiencing office visits that were well organized and running on time.[19]

There is also growing support for using the medical home as the location for managing chronic conditions, although some experts question whether most primary care practices can be re-designed to support patients with chronic disease and adhere to the six components of the Group Health Cooperative's "Chronic Care Model". This model requires that healthcare organizations implement delivery system redesign, systematic decision support, linkage to community resources, self-management support and clinical information systems[20]. Early work by Wagner and others identified three core components of chronic care management as targeted goal setting and planning, developing a continuum of self-management training, and sustained direct contact with patients at regular intervals, all organized by clinical care managers who function as health educators and navigators.[21],[22] This more modest set of clinical activities may be realistic for medical homes who, with patient partnerships, would manage chronic conditions.

In 2007, the American Academy of Family Physicians, American Academy of Pediatrics, the American College of Physicians and the American Osteopathic Association issued a joint statement on the core principles of a patient-centered medical home. They are:

- Personal physician – each patient has an ongoing relationship with a primary care provider.
- Physician-directed medical practice – the personal physician leads a team at the practice level which collectively takes responsibility for the patient's care.
- Whole person orientation – the personal physician is responsible for the patient's healthcare needs across the lifespan or arranging such care.

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[18] B. Starfield and L. Shi, *The Medical Home, Access to Care, and Insurance: A Review of Evidence*, Pediatrics, 113, no 5 Supp. (2004).
[19] *Closing the Divide: How Medical Homes Promote Equity in Health Care*, The Commonwealth Fund, June 2007.
[20] E. Wagner, et al., *Organizing Care for Patients with Chronic Conditions*, Milbank Quarterly 74, no. 4 (1996).
[21] M. Von Korff, et al., *Collaborative Management of Chronic Illness*, Annals of Internal Medicine, December 1997.
[22] E. Wagner, *More Than a Case Manager*, Annals of Internal Medicine, October 1998.

- Care is coordinated – care is integrated across all elements of health care, including subspecialty, hospitals, nursing homes and the patient's community.
- Quality and safety – quality and safety are hallmarks of the medical home.
- Enhanced access to care – there are expanded hours and web-based communication with patients.
- Payment – payment reflects the added value provided to patients through the PCMH model.

Newer PCMH models embed community health workers in clinics and practices to assist patients with connections to specialty medical care, behavioral health treatment, and supportive services like housing and transportation.[23] In some cases a community health worker is incentivized by being tied to specific patient outcomes.[24] In many systems, a single health worker has replaced seven to ten caseworkers that were associated with dozens of funding sources, with no coordination. Evaluations of PCMH initiatives indicate that quality of care, patient experiences, care coordination and access are better than those for primary care. [25] An evaluation of Medicaid PCMH efforts in North Carolina and four other states (AR, IN, OK, PA) indicated that they may perform "equal to or better than capitated MCOs on measures of access, cost and quality".[26] Strengthening primary care produces reductions in emergency department visit and inpatient hospitalization in a relatively short period of time.[27]

PCMH development is occurring across the country in both the public and private sectors involving Medicaid and commercial health plans; some initiatives include all payers, like those in Vermont, Michigan and Pennsylvania in addition to Maryland's own pilot. Medicaid has taken a strong lead in states like Colorado with its *Children's Health Care Access Program* CCHAP) and North Carolina's *Community Care of North Carolina* (CCNC). With foundation support, Colorado's CCHAP was tasked with increasing physician participation in Medicaid and the Children's Health Program, with rates skyrocketing from 20% to 93%. Medicaid increased some rates to those paid by Medicare and enhanced rates for preventive visits if practices met medical home standards developed by the State. Practices conduct a self-assessment and a PCMH Navigator validates this assessment through an on-site visit. Medicaid funds a non-profit family advocacy organization to hire the navigators who certify practices annually. [28]

Community Care of North Carolina requires providers to form networks to link primary care, safety net and specialty providers in collaboration with hospitals and local departments of health and social services. Fourteen regionally based networks of 3,500 primary care providers function as medical homes for one millions beneficiaries of Medicaid and the Children's Health Insurance Program. Each network has a common infrastructure of a Medical Director, Clinical Coordinator, Care Managers and Pharmacist and provides shared services to the primary care practices as well as quality medical management and educational outreach to network providers. Each network receives a PMPM payment for medical management and practices receive a PMPM payment for meeting state requirements. Evaluations have shown the CCNC saved over $200 million in overall costs and improved outcomes for selected health conditions. [29]

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[23] *The New Wave of Innovation: How the Health Care System is Reforming*, The Commonwealth Fund, November, 2011.
[24] Ibid.
[25] Grumbach K., et al., *The Outcomes of Implementing Patient-Centered Medical Home Interventions: A Review of the Evidence on Quality, Access, and Costs from Recent Prospective Evaluation Studies,* August 2009, Available at www.pcpcc.net
[26] Verdier, et al., *Enhanced Primary Care Case Management Programs in Medicaid: Issues and Options for States*, Center for Health Care Strategies, 2009 cited in Devers, K. et al., *Innovative Medicaid Initiatives to Improve Service Delivery and Quality of Care*, Kaiser Commission on Medicaid and the Uninsured, September 2011.
[27] Ibid.
[28] Takach, M. et al., *Strengthening Primary and Chronic Care: State Innovations to Transform and Link Small Practices*, National Academy for State Health Policy, December, 2010.
[29] Ibid.

The Commonwealth Fund's *Safety Net Medical Home Initiative* is assisting more than sixty five community health centers in five states (Colorado, Idaho, Massachusetts, Oregon and Pennsylvania) transform their practices into patient-centered medical homes. Through five Regional Coordination Centers[30], Qualis Health of Seattle and the MacColl Institute for Healthcare Innovation provide support to the States and the centers in meeting patient-centered medical home standards.

Federally Qualified Health Centers (FQHC) which have a growing presence in the safety net, including Maryland's, are preparing for expanded coverage through Medicaid and the Exchanges in a number of ways, one of which is transforming their practices into patient-centered medical homes. As of 2011, six percent have attained NCQA recognition as a PCMH, twelve percent have a pending application, and forty percent will seek recognition in the next 18 months.[31] CMS' Medicare FQHC Advanced Primary Care Practice demonstration project will require that participating centers meet Level 3 NCQA recognition by the end of the project and will involve up to five hundred FQHCs. Participating centers will receive a monthly case rate for enrollees and must have at least two hundred Medicare patients. HRSA's Bureau of Primary Care provides financial assistance to FQHCs to become NCQA-recognized by covering application fees. Medicaid provides electronic health record incentive payments to clinicians at FQHCs that have a high volume of Medicaid patients or needy individuals.

Maryland recently launched its own multi-payer Patient Centered Medical Home Program. The program is designed to improve patient health and elevate the role of the primary care provider to "provide a first, coordinated, ongoing and comprehensive source of care to patients".[32] This is a three-year pilot program overseen by the Maryland Health Care Commission with a goal of enrolling over 200,000 patients in the medical home program through fifty practices and two hundred providers. All major carriers (including Medicaid) will make enhanced payments to pilot practices through a per member per month rate for care coordination and practice transformation, with opportunities for shared savings in the second year of the demonstration. Pilot sites must obtain NCQA Level 1 Recognition by June, 2012 and Level 2 Recognition by June, 2013. Services to be provided through the pilot include: evidence-based medicine; expanded access and communication; wellness and prevention; care coordination and integration; and culturally and linguistically sensitive care.[33]

Medicaid State Plan Amendments: Health Homes

Under Section 2703 of the Affordable Care Act, State Medicaid Agencies are authorized to develop State Plan Amendments (SPA) for *Health Homes* that integrate and coordination primary, acute, behavioral health and long-term services and supports for persons across the lifespan with chronic illness.[34] Consistent with CMS guidance, Health Homes use a 'whole-person' philosophy to integrate primary care and behavioral health services by providing comprehensive care management; care coordination and health promotion; comprehensive transitional care from inpatient settings; individual and family support; referral to community and social support services; and the use of health information technology to link services, as feasible and appropriate[35]. Health home services are reimbursed at a 90% Federal Medical Assistance Percentage (FMAP) rate for the first eight quarters that a SPA is in effect. These services may be offered to eligible individuals with chronic conditions who select a health home provider. Because the statute waives comparability, health home enrollees may receive services in different amount, duration and scope than other Medicaid beneficiaries. However, since health homes are authorized as a

[30] Massachusetts League for Community Health Centers and the State Executive Office of Health and Human Services, Oregon Primary Care Association and CareOregon, Colorado Community Health Network, Idaho Primary Care Association, Pittsburgh Regional Health Institute.
[31] Ku, L., et al., *Transforming Community Health Centers into Patient-Centered Medical Homes: The Role of Payment Reform*, The Commonwealth Fund, September 2011.
[32] SB 855/HB 929
[33] Maryland Health Care Commission at www.mhcc.maryland.gov
[34] Centers for Medicare and Medicaid Services, letter to State Medicaid Director and State Health Official, SMDL#10-024, ACA#12, November 16, 2010.
[35] Ibid.

SPA, they must be available on a statewide basis. Chronic conditions described in the ACA include a mental health condition, a substance use disorder, asthma, diabetes, heart disease, and obesity. Individuals must have at least two chronic conditions, one chronic condition and be at risk for a second, or one serious and persistent mental health condition. The population must include all categorically needy individuals as well as Medicaid/Medicare dual eligibles. Beneficiaries may receive health home services from designated providers, a team of health care professionals linked to a designated provider, or a health team; all are defined in the ACA. States have flexibility in designing payment methodologies that recognize the severity of each individual's chronic condition and support the identified functions of the health home.

Several States are developing health home SPAs with a behavioral health focus. Having worked on behavioral health integration efforts for the last five years, **Missouri** has recently submitted a State Plan Amendment for behavioral health homes (BHH) that will use the State's network of twenty five Community Mental Health Centers (CMHC) in this capacity. Medicaid beneficiaries will be eligible to enroll in a BHH if they have a serious and persistent mental health condition, a mental health condition and one other chronic condition (asthma, cardiovascular disease, diabetes, substance use disorder, developmental disability or obesity) or a substance use disorder and one of the other chronic conditions listed above. Health homes will be physician-led with teams minimally comprised of a Nurse Care Manager, a health coach who is either a Registered Nurse or specially trained as a health coach and supervised by a Registered Nurse and other clinic support staff. Optional team members include a case manager, nutritionist/dietician, pharmacist, peer recovery specialist or other representatives as appropriate to meet clients' needs. Implementation will be supported through a statewide Learning Collaborative, monthly practice team calls to reinforce the learning sessions, and practice coaching. CMHCs submitted applications for health home designation in which they demonstrated their ability to meet the initial provider standards, including enhanced access to the health team, utilization of an interoperable patient registry and use of Medicaid's comprehensive electronic health record. Within eighteen months CMHCs must attain NCQA Level 1 recognition or meet comparable State standards. In addition to fee-for-service reimbursement for Medicaid covered services, health homes will receive a first-quarter, start-up infrastructure payment, a clinical care management case rate payment (per member per month), and a performance incentive in the form of shared savings. No individual practice will receive a performance incentive until the statewide health home program realizes a reduction in total fee-for-service PMPM costs.

As a companion to their behavioral health home program, **Missouri** has also submitted a SPA for a network of primary care health homes to be operated by Federally Qualified Health Centers, Rural Health Centers and primary care clinics operated by public safety net hospitals. Persons with two chronic conditions or one chronic condition and tobacco use are targeted. Practice sites will be physician-led with the health team comprised of a primary care physician, nurse practitioner, licensed nurse or medical assistant, behavioral health consultant, a nurse care management and the practice administrator or office management. Health home service definitions, provider standards and health information technology requirements are identical to those for the behavioral health health homes.

New York plans to phase in Medicaid health homes beginning in January, 2012 by certifying health homes that build on current provider partnerships. The State has identified almost one million enrollees who are high cost/high need individuals with two or more chronic conditions and/or a serious mental illness; the first initiative will focus on beneficiaries with behavioral health and/or chronic medical conditions. Approved health homes will directly provide or contract for health home services to the identified target population. Eligible individuals will be identified by the State and assigned to a provider based on existing relationships, geography, or qualifying condition. Beneficiaries will be auto-enrolled in a health home and then be given the option to choose a different provider or opt out of enrollment in a health home. NY's health homes will use multidisciplinary teams of medical mental health, chemical dependency treatment providers, social workers, nurses and other practitioners led by a dedicated care manager who, with the patient, will create a single care management record. NY is working toward the development of a single portal to be used by health homes for submission of functional assessment and quality measure reporting. Health home providers will be paid a monthly case rate that is adjusted based on region, enrollment volume, and case mix. The care management fee will be paid in two increments based on whether the patient is in the case finding group or the active care management group.

Specialty Integrated Delivery Systems

Parallel to both Medical Home pilots and use of the Medicaid State Plan Option for Health Homes, States are also developing *Integrated Delivery Systems* for Dual Medicaid/Medicare Eligibles that build on a variety of delivery platforms, including Managed Care Plans, Accountable Care Organizations, and Health Homes. These systems contain many of the features of those platforms and involve assertive care coordination, single accountability for a plan of care, as well as innovative rate-setting and payment models. (Note that Health Homes under Section 2703 must also serve Dual Eligibles but can serve a broader Medicaid population as well.) North Carolina, for example, is using its CCNC PCMH network as the delivery platform for a Medicare waiver that targets high cost dual eligibles; it will eventually add Medicare-only beneficiaries to this demonstration.

Similarly, a handful of States or local communities have created specialized delivery and care coordination systems for youth with serious emotional disturbances.[36] Initiated in 1996, *Wraparound Milwaukee* is the longest standing such system and is described by the County as "a unique type of managed care program operated by the County that is designed to provide comprehensive, individualized and cost effective care to children with complex mental health and emotional needs".[37] Funds from four agencies are pooled to divert children from residential or correctional placement or psychiatric hospitalization. Nine community agencies employ the care coordinators who facilitate access to treatment using an individualized 'wraparound' approach.

On a statewide level, in 2000 **New Jersey** established its *Children's System of Care Initiative* to serve the total population of youth with emotional and behavioral health disorders who depend on public support for their care. The population includes both Medicaid and non-Medicaid-eligible youth who have either acute or intensive service needs. Funds from all State agencies that purchase behavioral health services are pooled in a contract with a statewide Administrative Services Organization that authorizes, coordinates and tracks care for all children. Care Management Organizations (CMO) were created at the local level to provide individualized service planning and care coordination for children with intensive and complex needs. CMOs were required to create partnerships with Family Support Organizations (FSO) to make family and peer support, community resources and advocacy available.

Maryland's CME initiative is an example of a specialty delivery system for youth with serious behavioral challenges that coordinates care and funding across behavioral health, child welfare, juvenile services and education. CMEs use the Wraparound model to promote a coordinate care planning process built on Child and Family Team (CFT) meetings. Maryland intends to improve the utilization management functions for youth enrolled in the CME; ensure the appropriate use of medication with children and youth; refine the systems and practice models of peer-to-peer support; and identify a crisis response system model for children and youth.[38]

Accountable Care Organizations

An Accountable Care Organization (ACO) is a service delivery and financing model designed to better coordinate preventive, primary and tertiary patient care. Included as a Medicare demonstration under the Affordable Care Act (ACA), the ACO model is viewed largely as the future of health care financing in both public and private insurance markets for its ability to incent providers to reduce unnecessary and duplicative care and share in the savings derived from lowering patient care expenses. Many commercial insurance carriers are already working to include shared-savings models into their contracting with hospitals and primary care practices. While there is market flexibility in how ACOs are formed, three core characteristics have been defined: 1) provider-led organizations with a strong base of primary care that is collectively accountable for quality and total per capita

[36] Only four States have statewide coverage: Maryland, Massachusetts, Georgia and New Jersey. Massachusetts' CME are network providers for Medicaid MCOs.
[37] County.milwaukee.gov/WraparoundMilwaukee
[38] Innovations Institute at http://medschool.umaryland.edu/innovations/

costs for enrolled patients; 2) payments linked to quality improvements that also reduce cost; and 3) reliable and progressively more sophisticated performance measurement to provide confidence that savings are achieved through improvements in care.[39]

ACOs must be able to provide or manage a continuum of care as a real or virtually integrated delivery system; are of sufficient size to support comprehensive performance measurement and improvement; and are capable of prospectively planning budgets and resource needs and sharing revenue and risk among the ACO participants.[40] An ACO will typically be large health care systems or a network of health providers working across patient care settings (including behavioral health) that come together to create an ACO for a defined group of beneficiaries. The ACO must deliver highly coordinated patient-centered, evidence-based care and promote patient engagement. The ACO must also develop the ability to report on patient quality indictors and cost measures that can be used to determine the distribution of any savings achieved through the ACO model. Provider reimbursement is tied to quality metrics and reductions in total cost of care for enrolled patients.

The National Committee on Quality Assurance (NCQA) has developed draft standards for ACOs which focus on the following criteria:

- Program Structure Operations – the ACO has an appropriate organizational and leadership structure; can effectively manage resources, including arranging for pertinent health care services; and can determine payment and contracting arrangements with its providers.
- Access and Accountability - the ACO has sufficient numbers and types of providers for primary and specialty care.
- Primary Care – the ACO offers patient centered primary care.
- Care Management – the ACO collects and uses clinical and administrative data to identify patient and population health needs.
- Care Coordination and Transitions – The ACO ensure timely exchange of information between primary care, specialty care and hospitals for care coordination and patient transitions.
- Patient Rights and Responsibilities – the ACO has a commitment to patient rights and privacy.
- Performance Reporting – the ACO measures and reports on clinical quality of care and cost.

While primary care and hospital level services will be the primary focus of the ACO, ACOs will also need to ensure that there is adequate availability of specialty providers within its network. ACO will either need to develop these specialty services in-house, or contract for these services from existing providers. For MH and SUD providers there will undoubtedly be opportunities to participate in ACO as long as the provider has the capacity to not only provide services in an efficient and effective manner, but can also meet the other aspects of the ACO criteria listed above. This will include the ability to collect quality care measures and track cost data[41].

As mentioned earlier, ACO development under the ACA has focused solely on Medicare beneficiaries, with little discussion nationally on the using ACOs for Medicaid beneficiaries. However, given the purchasing power of state Medicaid programs, there is great potential to use the shared savings model of an ACO in a demonstration focused on Medicaid enrollees. A June 2011 policy brief from the Center for Health Care Strategies explores a number of key issues states and CMS would need to consider if they were to pursue a safety-net ACO for Medicaid beneficiaries.[42] These include such factors as ways to mitigate financial risks to safety net hospitals and training, technical assistance and financial assistance to providers to ensure their information systems are capable of collecting and sharing patient level data. ACOs hold promise for the specialty behavioral health system since they

[39] McClellan, M. et al., *A National Strategy to Put Accountable Care into Practice*, Health Affairs, May, 2010.
[40] Fisher, E. *Growing Demand for Accountability Webinar*, National Quality Forum, October, 2009.
[41] Alexander, L., *Partnering with Health Homes and Accountable Care Organizations,* National Council for Behavioral Healthcare, January, 2011.
[42] McGinnis, T. and Highsmith, N., *Accountable Care Organizations: Creating a Workable Approach for Medicaid*, Center for Health Care Strategies, June, 2011.

operationalize the public system's principle of a client-centered system of care through an integrated delivery system that surrounds an enrolled patient population.

The National Academy for State Health Policy has identified seven states who were leaders in the development of PCMHs and who are now pushing forward on ACOs.[43] After its successful venture into PCMHs, Colorado has developed regional "community care organizations" (RCCO) that follow an ACO model for Medicaid beneficiaries. The RCCOs provide medical management for medically and behaviorally complex clients, care coordination across behavioral health, long-term care and other social services such as food, transportation and nutrition, and offer providers support with clinical performance and practice improvement and redesign. For each enrollee, Medicaid pays the RCCO a PMPM that is shared with providers; there is also gain sharing with the RCCOs and providers.

Through its latest state-based healthcare reform, Oregon will move one million Medicaid beneficiaries and government employees into "coordinated care organizations" that are similar to ACOs. Integrated delivery systems with global budgets holding providers accountable for outcomes and cost, CCOs will integrate physical, behavioral health and dental services as a single delivery system under one organization. With Governor Kitzhaber presenting a CCO implementation plan to the legislature in February, 2012, many of Medicaid's current managed care organizations (Prepaid Health Plans) are positioning themselves to become CCOs by creating one-stop clinics where patients can get both their medical and behavioral care.

BENEFITS MANAGEMENT

Medicaid Managed Care

State Medicaid Agencies use either managed care or fee-for-service arrangements in purchasing services for beneficiaries. Managed care arrangements are specified in the Center for Medicaid and Medicare Services (CMS) rules that implemented the Balanced Budget Act of 1997 and include the following[44]:

Risk-based Managed Care Organizations or Health Plans
States contract with MCOs to provide a comprehensive package of benefits to enrolled Medicaid beneficiaries, primarily on a capitated basis. Medicaid MCOs may be commercial HMOs that also serve people with employer-sponsored insurance, or they may be Medicaid-only plans with no commercially insured members. Medicaid MCOs may be licensed by the state, or they may operate under a contract with a Medicaid agency regardless of licensure. Specialty services may be carved out (see Prepaid Health Plans below) and this is the approach Maryland has taken for mental health, with MCOs for HealthChoice and PAC managing health and addictions treatment while MHA's ASO manages the mental health benefit for all Medicaid beneficiaries.

Primary Care Case Management Programs
PCCM is also considered a form of Medicaid managed care that builds on the fee-for-service system, adding a monthly case rate payment for all PCCM enrollees. Medicaid often contracts with an Administrative Service Organization (ASO) or Third Party Administrator (TPA) to provide administrative support and infrastructure for the PCCM program. A number of states have recently created "enhanced PCCM" with disease management services, coordination/integration of physical and mental health services, case management for high cost enrollees, etc. (Note: PCCM may not be relevant to Maryland's considerations for behavioral health integration unless it is embedded within Patient-Centered Medical Homes as described later in this document.). Maryland does not use this model.

[43] Colorado, Massachusetts, Minnesota, North Carolina, Oregon, Vermont and Washington in Purrington, K. et al., *On the Road to Better Value: State Roles in Promoting Accountable Care Organizations*, February, 2011.
[44] *A Profile of Medicaid Managed Care Programs in 2010: Findings from a 50-State Survey*, The Kaiser Commission on Medicaid and the Uninsured, September 13, 2011.

Prepaid Health Plans
States contract with PHPs on a risk basis to provide non-comprehensive benefits to enrolled Medicaid beneficiaries. Common types of non-comprehensive PHPs provide only behavioral health services which, in many instances, are carved out of the benefit package provided by the MCOs. All of the existing risk-based mental health or behavioral health carveouts would be considered PHPs (e.g. Arizona, Iowa, Pennsylvania). Maryland's ASO would not be considered a PHP since it does not manage insurance risk for Medicaid beneficiaries.

In either of the two risk arrangements (MCOs/HPs and PHPs), robust performance standards are critically important so that the purchaser's quality and outcome goals are met. Whether the behavioral health benefit is managed within a Health Plan or by a specialty Prepaid Health Plan, identification of key clinical processes (e.g. Screening, Brief Intervention, and Referral to Treatment [SBIRT] conducted by primary care), indicators of access to care (e.g. penetration rates) and measures of collaborative treatment (e.g. communication between somatic and behavioral health providers) must be specified so that expectations around treatment and service integration are clear. Either of the two risk arrangements can contract with provider-sponsored organizations and share partial risk with providers or networks. Several of Arizona's Regional Behavioral Health Authorities contract with provider-sponsored networks, for example.

Fee-for-Service arrangements can be unmanaged by Medicaid; managed through regulations, contract conditions or utilization limits; or managed by an intermediary that applies utilization management systems to control service access, spending, etc. Fewer and fewer States are using unmanaged approaches, given fiscal constraints as well as their interest in increasing access to care at predicable, or lower, cost. In these arrangements, the State retains all risk for utilization levels and spending. MHA's ASO contract with ValueOptions would fall under this model.

A recent Kaiser Commission report identified an array of trends in relationship to State Medicaid Agencies and managed care:

- Two-thirds of Medicaid beneficiaries are enrolled in comprehensive managed care programs;
- States are increasingly beginning to move beneficiaries with complex needs into managed care;
- More than half the States have some form of pay for performance feature in their payment methods;
- The use of minimum Medical Loss Ratio requirements is increasing;
- Dental care and behavioral health benefits are the services most often carved out of MCO contracts;
- Some states with carve outs are beginning to carve benefits back into MCO contracts;
- Most non-comprehensive Prepaid Health Plans manage MH or SUD benefits; and
- Many States plan to submit a State Plan Amendment for health homes for beneficiaries with chronic conditions.[45]

Medicaid Managed Behavioral Healthcare

Although many of the earliest and large-scale managed behavioral health contracts are carve outs, these carve outs are evolving and more recent developments are including somewhat rapid movement to integrated models.

Arizona has relied on Regional Behavioral Health Authorities (RBHA) to manage its 'all funds' behavioral health carveout through full risk contracts since the early 1990s. With authorization through an 1115 waiver, Arizona funnels state, federal and Medicaid dollars to the RBHAs who manage the MH/SUD benefit for Medicaid and non-Medicaid individuals. Building on the RBHA system, Arizona now intends to create a "RBHA with SMI Health Homes" in Maricopa County. The specialty RBHA would be a full-risk, fully integrated health plan for Medicaid beneficiaries with SMI; designation as a Medicare Special Needs Plan for Medicaid/Medicare dual eligible enrollees with SMI would be required and it would be prohibited from carving out either the health or behavioral health

[45] *A Profile of Medicaid Managed Care Programs in 2010: Findings from a 50-State Survey*; The Kaiser Commission on Medicaid and the Uninsured, September 2011.

benefits. The Specialty RBHA would coordinate care using health information technology and an electronic health record to measure system and member-level outcomes.[46]

Massachusetts operates the second-oldest Medicaid behavioral health carveout and now, with Commonwealth Care, has ninety-seven percent of the state's residents covered through either MassHealth or The Connector (Massachusetts' Health Insurance Exchange). All non-dually eligible Medicaid beneficiaries are enrolled in managed care, with forty percent choosing the State's Primary Care Case Management Program that's linked to the Managed Behavioral Health Plan. For the next contract the behavioral health manager will be incentivized to increase integration across medical and behavioral healthcare, will establish a Care Management Program for high cost members with complex needs, will increase integration of mental health and substance use disorder treatment and will create an integrated medical and behavioral health delivery system. The vendor will be expected to improve screening and treatment of behavioral health conditions in primary care settings, to facilitate effective medical care for persons with SMI and to use a collaborative team approach to treatment. The MBHO will continue to administer the State's Emergency Services Program that assures statewide crisis assessment, intervention and stabilization. Similarly, the MBHO will facilitate access to the Massachusetts Child Psychiatry Access Program (MCPAP) that makes regional youth consultation teams available to primary care practitioners. [47]

Given the co-morbidity and great health risks experienced by people with serious behavioral health disorders, it is not surprising that many experts believe that "integrated management of physical and mental health services for SSI beneficiaries with serious and persistent mental illness must be introduced in order to achieve better outcomes at a more reasonable cost".[48] This same analysis does note that integrated management requires strong purchasing requirements and assertive oversight by the State.[49] **Tennessee** is a State that has moved to an integrated financing model after operating a carveout for almost a decade. Believing that a State needs to integrate at the payer level first in order to support local efforts, Tennessee reports that integration has simplified contract negotiation, has eliminated 'turf wars' over which conditions are covered as physical or behavioral health and allow providers to work with MCOs to innovate and customize local care delivery.[50] With the move to integrated health plans, behavioral health utilization remained constant overall, there was an increase in some services and primary care screening for behavioral health conditions increased since referrals were easier to make.[51]

Kentucky has recently entered into a comprehensive risk-based managed care contract with a Managed Care Organization for management of health, behavioral, vision, dental and pharmacy services in all regions awarded by Commonwealth. The Health Plan that will manage the comprehensive benefit package is a wholly-owned subsidiary of a Managed Behavioral Health Organization.

Several states have recently begun planning or implementing new managed behavioral healthcare programs. **New York,** which has had Medicaid managed healthcare for decades, is now contracting with five regional "Phase I" Behavioral Health Organizations (BHO) that are expected to reduce inpatient admission rates, perform concurrent review of behavioral health inpatient treatment, improve rates of engagement in outpatient treatment post-hospitalization, and profile provider performance and test performance measurement systems; these BHOs hold

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[46] State of Arizona Department of Health Services, Notice of Request for Information, *Specialty RBHA with SMI Health Homes*, August 16, 2011.

[47] Massachusetts Executive Office of Health and Human Services, Request for Response: *PCC Plan BHP Management Support and Specialty Services*, May 2011.

[48] *Providing Behavioral Health Services to Medicaid Managed Care Enrollees,* Prepared for the Medicaid Institute at United Hospital Fund by the Center for Health Care Strategies, June 2009.

[49] Ibid.

[50] Jeanne James, TennCare Medical Director, *Managed Care Organization as Integrated Care Entity,* Center for Health Care Strategies Webinar, *Integrating Physical and Behavioral Health: An Exploration of State Options*, November 15, 2011.

[51] Ibid.

ASO contracts with the State.[52] The Office of Mental Health and the Office of Alcoholism and Substance Abuse Services jointly procured these organizations. By April 1, 2013 Phase II BHOs will be capable of managing behavioral and physical health services to individuals with significant behavioral health needs through risk contracts. As a backdrop to the State's unveiling its Phase I effort, the State Department of Health released data showing that, when health plans manage an integrated benefit, Medicaid enrollees have fewer behavioral health admissions, lower behavioral health inpatient costs, and shorter behavioral health inpatient stays.[53]

As a component of its recently approved 1115 waiver, **New Jersey** will be moving adult Medicaid beneficiaries with moderate and intensive behavioral health disorders into managed behavioral healthcare on January 1, 2013. Adults with less severe needs will be carved into managed healthcare beginning January 1, 2012[54]. Like New York, New Jersey has long used risk-based managed care to provide physical health services to most of the Medicaid population. Under the new contract with a MBHO, behavioral health services will be coordinated with the somatic care managed by four managed care organizations. New Jersey also plans to initiate patient-centered behavioral health homes where behavioral and physical health care is integrated. Funds from Medicaid and other state and federal funds will be integrated in the managed behavioral health contract which will initially be an administrative service arrangement but will move to risk-based within a year or so.[55] For youth who are Medicaid beneficiaries New Jersey contracts with an ASO for behavioral health care coordination that is delivered through Care Management Organizations who do not deliver any direct services. The provider network is managed by the ASO.

Under its innovative inter-governmental purchasing experiment, **New Mexico's** *Behavioral Health Collaborative* has recently voted to transition their behavioral health carveout to an integrated model through Medicaid's *Salud!* Health Plans with protections for the behavioral health benefit. As part of its 1115 waiver planning, New Mexico will also be submitting a State Plan Amendment for health homes for individuals with behavioral health conditions under Section 2703 of the ACA.

DELIVERY SYSTEM INTEGRATION

Numerous models exist for integrating general medical and behavioral health at the service delivery level and can involve incorporating behavioral specialists into health settings, including behavioral health practitioners on integrated health teams or embedding healthcare practitioners in special behavioral health organizations.

The **Washtenaw Community Health Organization** (WCHO) was created in 1998 by the University of Michigan Health System and Washtenaw County Government. The goal was to create a medical home for everyone, with a focus on adapting disease management protocols for the population with serious mental illness. The project focuses on two target populations; the first is the group of stable consumers in the public sector who could receive care in a primary care clinic if the clinic has mental health support. The second target group includes those who are already served by primary care practitioners, but are in need of mental health consultation.

Under its *Community Support and Treatment Services*, the community mental health agency provides an onsite psychiatrist for psychiatric evaluation, consultation, and medical management. An MSW social worker is also available onsite to provide psychosocial evaluation, brief therapy, consultation, and case management. Additional services through CSTS range from medication management, crisis, individual therapy, or referral to community support services. The WCHO uses Wagner's Chronic Care Model as the underlying approach to integration. They also rely on the PACT model, McFarland's model for multi-family groups, and Minkoff or Drake's model for co-occurring mental health and substance abuse services. Continuous case management teams use wraparound services for consumers in crisis. Both the physical health and mental health components use evidence based

[52] *Regional Behavioral Health Organization Fact Sheet*, at www.omh.state.ny.us, October 2011.
[53] NYS Department of Health, *Medicaid Managed Care Inpatient Mental Health: A Utilization and Cost Analysis of CY2008 Managed Care Experience*, February 2011.
[54] New Jersey's 1115 Waiver, May, 16. 2011.
[55] *Medicaid Seeks to Bring Managed Care to Behavioral Services*, NJ Spotlight, November 14, 2011.

practices to guide their work. The project has also invested heavily in an electronic medical record and in an integrated data management system that captures mental health, substance abuse and primary care utilization and treatment outcome data.

Washington State has a **Medicaid Integration Partnership** (WMIP) which is managed by Molina Health Care, an HMO, who enrolls SSI clients, including dual eligibles, into a comprehensive benefit package of physical and mental health services. Molina receives a capitated rate and is at full risk for physical, mental health, substance abuse treatment and long-term care. The MCO contracts with local service providers, including Bridgeways, a high intensity service provider utilizing a PACT model. The demonstration uses a care coordination model rather than a clinical model of integration and was informed by Wagner's Chronic Care framework as well as by Prochaska's stages of change model. The Coordinated Care Team performs an initial screening to identify enrollee risks and then monitors patients' symptoms and provides patient education; the team is also responsible for addressing all enrollee service needs. The teams are generally led by a RN with experience in care coordination and working with chronically ill populations. For enrollees with primary a mental health diagnosis, the team is led by a mental health clinician. A physician and psychologist are available to consult with the team as needed. Evaluations from the first two years of the program found that WMIP enrollees had lower rates of inpatient psychiatric admissions, improved 'fill rates' for psychiatric prescriptions, and decreased state hospital stays.[56]

InterMountain Healthcare is system of twenty three hospitals serving the Utah and Idaho region. It offers a range of medical services, multi-specialty clinics and physician offices, urgent care centers, after-hours kid's clinics, homecare & hospice, lab services, imaging and radiology, LifeFlight emergency medical transportation, and occupational health clinics. InterMountain also operates its own health insurance company.

In 1999, InterMountain's leadership became concerned that its primary care medical resources were not being used effectively to treat patients with depression and other mental health conditions. A Mental Health Integration (MHI) quality improvement program was established to help physicians in managing mental health issues and to build a business case for the integration of primary and behavioral health care. At the clinical level, the role of the primary care physician, mental health provider, patient and family, and care manager were redesigned into a consultative and collaborative treatment team model to provide patient and family centered care for mental health conditions. Sustained results demonstrate that collaborative primary and mental health care leads to improved functional status in patients and improved satisfaction and confidence among physicians in managing mental health problems as part of routine care at a neutral cost.

Stanley Street Treatment and Resources (SSTAR) is a non-profit health care and social service agency providing a wide range of mental health and substance abuse treatment services to people throughout the communities of Southeastern Massachusetts and Rhode Island. In order to better address the health care needs of their patients, SSTAR developed The Family HealthCare Center. The Center is a "look alike" federally qualified health center that has expanded to a family medicine model, serving all people from infancy through adulthood. Most of their patients have encountered obstacles to care or personal situations that have required supportive services. Specialized medical services include the management of infectious diseases including the treatment of HIV/AIDS and Hepatitis C as well as a Diabetes Case Management Program. Bi-lingual Community Health Workers are available for case management and home visits.

STAKEHOLDER INPUT

In early September, 2011 DHMH's consultants on integrated behavioral healthcare held three listening sessions with DHMH's stakeholders to seek their opinions on a series of questions around integration. The purpose of the meetings was to get participants' insights on how Maryland can capitalize on health reform to create a better

[56] *WMIP Monitoring: A Data Briefing*. Washington State Department of Social and Health Services, November 2007, cited in *Providing Behavioral Health Services to Medicaid Managed Care Enrollees*, op cit.

integrated system of care, given Maryland's current approach to behavioral health service delivery, financing and benefits management. Input at the sessions was focused on the following four questions:

- What would an integrated system in Maryland look like in terms of practice, delivery platform, benefits management and financing?
- How could Maryland move to an integrated system?
- What are the features of the current system that support integration?
- What are the opportunities for improvement in the current system in terms of integration, patient-centered care, and health and wellness?

Comments from the audiences were wide-ranging, with some directly related to the questions posed and others covering systems issues that don't directly relate to the questions posed. What follows is a summary of stakeholder themes and concerns.

The Current System
Both MHA and ADAA are seen as **recovery-oriented systems** and this characteristic should be maintained and strengthened. The existing strengths should be enhanced--lots of good localized efforts were mentioned, administrative overhead is small, and average cost/person is stable. Attendees identified some **"projects that work"** (e.g. Baltimore Capitation Project, Baltimore compacts for SUD treatment in corrections) and thought that they should be expanded in the future. Alternatively, some wanted a review of **what's not working** to identify areas where the State is spending money with no effect

Managed Care
Many stakeholders expressed a lack of confidence in the **Managed Care Organizations'** ability to manage behavioral health treatment effectively. Others felt there should be no profit in the mental health system.

Data-based Decision Making
There was great support for a larger State commitment to **gather data, analyze it and report it**, especially in terms of comparative evaluations of the benefit management systems across Medicaid, ADAA and MHA. Participants encouraged the state to use data that's already collected, not to create additional reporting requirements.

Clinical Practice
Many attendees noted that discussing **clinical practice** is more important than administrative structures although others expressed support for the administrative integration that DHMH is undertaking. Several supported a universal approach to **motivational interviewing**, stages of change, and stage-wise treatment. The State has to make some decisions on where it stands at the practice level and create strategies to incentivize it. A greater focus on **'family-centered care'**, not just patient-centered, was recommended. Family systems work needs a new funding model so that both the youth and the family can receive appropriate treatment.

Integration of Mental Health/Substance Use Disorder (MH/SUD) Treatment
While many stakeholders thought there was movement on MH/SUD integration, some still identified the need to **reconcile the differences** across MH and SUD, e.g. prominence of criminal justice for addictions, not as important for mental health. There is also still work to be done on **cross-training and credentialing** SUD counselors to treat MH and MH clinicians to treat SUD. Participants asserted that there was uneven knowledge across MH and SUD practitioners about patients with co-occurring disorders.

Integration with Health Care
Although some participants identified alignment with **FQHCs** as critical (e.g. putting behavioral health specialists in clinics as well as case managers and peer specialists), others wanted to make sure that **non-FQHC** primary care practices were also offered options for integration. Since most behavioral health treatment occurs in primary care, many stakeholders felt that **primary care** needs to be able to do SBIRT, depression treatment, etc. and be reimbursed for it. Stakeholders wanted to know what the state's view of **integrated care** was: how would it save

money? Who would be in charge? Many spoke of the **advantages** of integrated care in comprehensively assessing clients' needs in one place; practitioners have the time to do this and are compensated for it; they work as a team; communication is open, records are integrated; there is high patient involvement. A suggestion was made to take a cohort of consumers and follow them through integration (like "Nielson families"). **Electronic Health Records** (EHR) that are combined for mental health and substance use (MH/SUD) disorder treatment were identified as being critical and the fact that the behavioral health provider community needs to be included in **Health Information Technology** development. Many identified the need for a statewide approach to address **confidentiality** concerns, especially 42 CFR.

Health Reform

Participants wanted to ensure an ongoing State commitment to an **adequate provider network** in terms of type of providers and availability of services and capacity to accept patients. Medical homes should be one of the options for improving health outcomes and the State should pursue a State Plan Amendment for **Behavioral Health Homes**. Many stakeholders felt that implementation of **parity** requires much more oversight than it is being given. Even with expanded coverage in 2014, the State will still need **safety net dollars** for enrollment gaps, those who remain uninsured, special services, etc. The ability to have a **continuum of services** was seen as essential, e.g. offsite PRP, residential treatment, and state hospital beds. Block grant funds have allowed addictions to retain a full continuum of services (e.g. ASAM 3.5, 3.7) and attendees wondered whether this be retained. **Wellness and recovery centers** (peer employment resource centers, addictions counselors, WRAP) need to be included as part of the treatment plan and Medicaid billing. The system needs to pay for **prevention and early intervention**, housing, school-based health centers, innovative funding to leverage local dollars and increase access, especially for special populations. Many expressed the need for a **comprehensive crisis system**. Telehealth and teleassessment must be available outside the community mental health clinics and include addictions providers. The public behavioral health system can't just focus on fee-for-service reimbursement but must also retain some **flexibility to deal with gaps** in the service system.

Services

Attendees wanted to make sure that **special populations** were addressed in the system of the future: children, seniors, individuals with developmental disabilities; criminal justice/corrections, nursing homes and that **specialized services** received attention (e.g. home-based integrated care for the aging population, ACT, trauma-informed care, peer specialists, case management for those with substance use disorders); transportation was a concern as well.

Workforce

Workforce development issues and needs were seen as critical to address diverse populations and expand access to meet demands. Support was expressed for a continued role for the state in **training and education,** with a sustainability model for training, supervision, and evaluation. **Learning collaboratives** were seen as a good model to create ways to share knowledge across MH and SUD and to sustain the knowledge. Graduate level training was identified as needing improvement (integration, family systems) to produce "integrated clinicians".

Financing

Significant numbers of stakeholders recommended that DHMH review all **authorization and billing rules** for both the Administrative Service Organization and Medicaid's Managed Care Organizations to evaluate their support of good clinical practice, including integrated treatment for co-occurring psychiatric and addictive disorders. Requirements that don't foster integration and best practice should be revised or eliminated. Many thought the State could save money by **blending and coordinating funding streams** to meet 'whole person needs', especially for children. **Reimbursement** systems needs to pay for team meetings, exchange of information and other non-direct treatment support.

Financing mechanisms need to recognize Mental Health and Substance Use Disorders (MH/SUD) as chronic conditions and reimburse accordingly. Payment should align **incentives** with values and desired outcomes; the public behavioral health system should develop a short list of outcomes and begin "buying" them. Some thought a focus on **high utilizers** of behavioral health services could produce a high return on investment. There was

disagreement as to whether the State should mandate **Evidence-Based Practices** or allow providers to choose which to adopt and then provide differential reimbursement for EBPs which are seen by some as financially prohibitive to deliver. Some recommended the use of **science-based evidence** for opiate treatment; other SUD providers did not want the state to dictate the use of medication-assisted treatment.

Local Authority

Support was expressed for a certain degree of **local autonomy**. Jurisdictional oversight was seen as important since not all funding decisions can be made "from a distance". Geographic differences should be acknowledged in creating **regional delivery systems** with different capacities.

Continued Stakeholder Involvement

Many stakeholders wanted more public discussion around the **State Medicaid Plan** and a better understanding of its components and requirements. Participants wanted DHMH to develop a plan for helping **consumers and family member** understand all these changes and need to listen to grass roots consumers, not just organized advocates. Some attendees thought DHMH should begin conversations with the MCOs around behavioral health benefits management. Several participants made a special request that the consultants hold another round of listening sessions after the integration options were identified but before the final report was distributed.

After DHMH posted the draft "Options Paper" on the Integration web site, the consultants held two more stakeholder meetings to receive input on the options in mid-November, 2011. Discussions during these meetings were much more focused than the first round, with stakeholders both asking questions and expressing opinions on future models for integrated benefits management and care. Summary themes and concerns were as follows.

While there was support for **integrating MH and SUD treatment**, concern was expressed about **integrated management** of the general medical and behavioral health benefits. Participants were concerned that the MCOs would not give **prominence to the behavioral health benefit;** there should be no incentives for rationing care; and any savings should be returned to providers. Some stakeholders thought the move to a **risk-based behavioral health carveout** would be positive but others asked whether it would be harder to **assure parity** with this approach. Participants thought that any risk-based approach demanded **strong performance standards** and a requirement for a **minimum Medical Loss Ratio**. There was significant support for either the development of **health homes for people with serious behavioral health conditions** or the addition of behavioral health services to the existing MHCC medical home pilot. Some thought there should be a **carveout solely for individuals with serious behavioral health disorders** and that these individuals should be able to opt out of the Medicaid MCOs. Those supporting integrated care with separate benefits management recommended that **risk be shared** across the MCOs and the ASO for the development of medical homes on the health side and clinical homes for behavioral health recipients. **Workforce development** was emphasized as a critical issue in terms of numbers, levels of training and licensing issues. **Staff certification** was cited as a barrier to integrated MH/SUD treatment since there is certification for bachelor's level staff for SUD treatment but none for MH providers. Participants also noted the need for a better crisis response system. Other comments from the session included: interest in clarifying the **roles of local health departments** relative to managed care entities; interesting in identifying **strong MCO performance standards** from other States, and phasing in and reviewing **contractual performance standards** annually over the life of a contract. Several participants were concerned about the future of existing **provider-owned, locally-based managed care organizations** if Medicaid moved to selective contracting.

VISION OF AN INTEGRATED SYSTEM

As Maryland considers the paths it will take to move to integrated delivery systems and payment mechanisms for behavioral health and somatic care, there is a set of core overriding principles that should be followed in crafting both the final and intermediate design. The ultimate goal is to integrate the care of the whole person in one comprehensive system of health care services. This can be accomplished in a series of steps, evaluating progress toward the overall objective at each phase of the process of policy and practice implementation. It is possible that functional integration of care of the whole person will not be served best by complete organizational or financial

integration within the system. Identifying integrated care as the endpoint objective allows a set of principles to be followed along the path to integration.

With regard to integrating behavioral healthcare we recommend that:

- There should be a singular behavioral health benefit package that includes both mental health and substance use disorder services.
- The public behavioral health benefit should be managed through the same entity, using compatible utilization management criteria, a consistent care management approach, identical medical necessity criteria and the same level/type of utilization management staff members who possess experience and credentials that demonstrate understanding of the organic, social and psychological dimensions of the many types of addictive and psychiatric disorders. (Note: The public behavioral health benefit includes services financed by both Medicaid and indigent care funds)

Separating mental health and substance use disorder services and benefits management is neither an efficient nor clinically effective way to rationalize access or support outcomes.

POSSIBLE OPTIONS FOR INTEGRATED CARE

Delivery Platforms

Like other states, Maryland's public behavioral health system contains a variety of outpatient and specialty care providers, e.g. residential, partial hospitalization, intensive home-based services, etc. While the public system of the future will still need both types of provider organizations, given the coverage expansion envisioned by the Affordable Care Act, increased availability of outpatient services will be required to create access for newly eligible Medicaid beneficiaries and for individuals whose coverage is subsidized through the Health Insurance Exchange. Consequently, Maryland should begin to encourage a delivery platform that is behavioral health 'user friendly', creates easy access to both mental health and substance use disorder treatment, that possesses the clinical capability to treat both conditions and to provide effective consultation to the primary care or specialty medical system.

As Maryland develops its integrated care system, it should assume that the majority of publicly-financed behavioral health benefits will be delivered through two practice models and delivery platforms:

Community Behavioral Health Organization[57]

- Capable of providing outpatient and intensive outpatient services, case management/community support, recovery/health coaching, medication-assisted treatment and crisis response for individuals with either mental health and/or substance use disorders, including individuals with co-occurring disorders and those with serious mental illness or serious emotional disturbance;
- Employs a mix of licensed professionals (both those able to practice independently and those practicing under supervision), paraprofessionals (e.g. health coaches) and peer specialists;
- Has consultant-liaison physicians to primary and specialty medical care (psychiatrists, ASAM physicians, or internists) and telehealth capacity;

The community behavioral health organization will be capable of sophisticated diagnostics and assessment, offer urgent care access, be expert in short-term specialized therapy and treatment and provide long-term resilience support for youth and families and long-term recovery support for adults. All staff will be expert in motivational

[57] Identification of a Community Behavioral Health Organization as a core provider of outpatient level of care does not eliminate the need for specialty providers that would offer more intensive and specialized services like SUD residential treatment, therapeutic foster care, ACT, etc.

interviewing.[58] It will have effective systems of communication with primary care and will provide responsive support to primary care practitioners. Collectively, community behavioral health organizations will form the backbone of a statewide, universally accessible crisis response system.

DHMH's current work on *Behavioral Health integrated Regulations* will result in the alcohol and drug abuse and mental health provider systems using one set of standards to govern the provision of service, eliminating the separate silos of mental health and addictions treatment and allowing provide organizations to seamlessly deliver either component of behavioral health care.

Primary Care Practice (Primary Care Practice, Federally Qualified Health Centers [FQHC], Rural Health Clinics [RHC])

- As is true now, primary care will continue to provide the majority of behavioral health treatment, especially for conditions like depression;[59]
- Many patients will prefer to receive behavioral health treatment within primary care and many primary care practitioners will feel comfortable providing this care; and
- The quality of behavioral health treatment delivered by primary care will be enhanced by the availability of clinical and medical consultation from specialty practitioners.

Primary Care will screen for behavioral health disorders; treat depression, anxiety and other mild/moderate behavioral health conditions; and link to and coordinate treatment with specialty providers (including behavioral health). Screening, Brief Intervention and Referral to Treatment (SBIRT) will be available in primary care settings. It may provide long-term medication-assisted treatment for behavioral health conditions, and will motivate patients to be managing partners of their care through education and patient activation. While primary care practitioners may routinely refer individuals with serious behavioral health disorders to specialty behavioral health care, some of these patients may choose to remain in primary care settings.

Community behavioral health organization may choose to create more robust systems of integrated care by becoming a Health Home, by incorporating healthcare practitioners into their clinical operations, or by co-locating behavioral health specialists within healthcare settings. Primary care practices may collaborate more closely with behavioral health by becoming a Patient-Centered Medical Home, by affiliating with behavioral health practices, or by co-locating health specialists within behavioral health settings.

Special Delivery Systems

In a variation on Patient-Centered Medical Homes and Health Homes, Maryland could create a chronic care medical home pilot for medically and behaviorally complex patients. Such a medical home would integrate somatic and behavioral healthcare through affiliations between primary care practices and community behavioral health organizations. The practices that are participating in the Maryland Health Care Commission's medical home pilot or Federally Qualified Health Centers would be good candidates for partnerships with specialty behavioral health providers for this project. This pilot could be guided by both accreditation standards for Patient-Centered Medical Homes and CMS' guidance on Health Homes. Piloting the model could inform Maryland's eventual submission of either a State Plan Amendment for Health Homes or its continued expansion of Patient-Centered Medical Homes that had a strong behavioral health component. Maryland could also tailor its CME system to be behavioral health homes for youth with complex needs and create linkages between the CMEs and the MHCC's medical homes.

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[58] Motivational Interviewing is singled out as an especially important Evidence-based Practice because of its growing prominence in primary care; because it can used in all treatment types and modalities; and because it is relatively easy to train staff in its use.

[59] Croghan, TW, Brown, JD. *Integrating Mental Health Treatment into the Patient Centered Medical Home.* Prepared by Mathematic Policy Research under Contract to the Agency for Healthcare Research and Quality, June 2010.

As part of its managed care design, Maryland could allow Health Plans to incorporate either 'specialty' or comprehensive Accountable Care Organizations (ACO) into their provider network. A specialty ACO might bundle a behavioral health system of care and include inpatient and outpatient mental health and substance use disorder providers while a comprehensive ACO would include all primary and specialty medical treatment as well as behavioral health care. ACOs would likely be contractors to Health Plans in first phase implementation but might take risk directly from the public purchaser in future iterations.

Benefits Management

Given the state of the art in Medicaid purchasing and benefit management, there are a range of models for Medicaid purchasing and benefit management. The range includes three main approaches:

1. Re-scope or re-procure the *Administrative Service Organization* contract to include the Medicaid and uninsured SUD benefit, enhance the functions and add performance risk to the contract.

2. Selectively contract with a behavioral health only *Prepaid Health Plan* whose functions parallel those of the HealthChoice Managed Care Organizations and that bears both insurance and performance risk for Medicaid beneficiaries.

3. Selectively contract with 'full benefit' *Managed Care Organizations* to manage both the health and behavioral health benefits.

The special delivery systems described in the previous section could be embedded in any one of these purchasing and benefits management options.

In targeting specific options for Maryland's review, consideration was given to an assessment of Maryland's current approach to benefits management and service delivery, the environmental scan of other States' approaches and the new opportunities for delivery system reform.

ASSESSMENT AND RECOMMENDATIONS

Principles for Promoting Integrated Care

As Maryland moves to a more integrated system of care, the following principles/specifications are recommended:

- Provide consumers with an experience of holistic care for general medical as well as behavioral health conditions; avoid silos, difficult-to-follow transitions and handoffs; and fragmented and episodic care experiences.
- Look for all opportunities to move to greater integration of benefits, financing and delivery systems between MH and SUD and across behavioral health and general medical care. Specifically:
    - Standardize basic benefits for MH, SUD and related health conditions for Medicaid and uninsured programs;
    - Contract with providers capable of delivering integrated behavioral health and coordinated primary care services;
    - Coordinate the purchase of integrated behavioral health and primary care services.
- Establish incentives to promote efficiency while avoiding under-treatment and cost shifting.
- Have all components of the publicly-insured behavioral health benefit managed by the same entity.
- Increase Medicaid's purchasing power and accountability for benefits management and clinical care through greater emphasis on performance and a stronger contracting process.
- Create incentives for general medical and behavioral health plans and providers to collaborate clinically by establishing shared risk for health outcomes for specific populations.
- Assure that all authorization and billing policies and practices support good clinical practice and integrated care.

- Include standards for MCOs that will encourage provider integration and forms of provider payment that facilitate patient continuity, provider control and efficiency, and provider risk/benefit sharing.
- Increase the transparency of Health Plan performance through regularly-issued "report cards" that evaluate access, penetration and utilization for both primary and specialty behavioral health care with comparable data analyzed in a consistent way.
- Looking forward to ACA requirements, control the opportunity for Health Plan profit through the establishment of a minimum Medical Loss Ratio for Medicaid MCOs.

Assessment of the Current System of Behavioral Health Services

Maryland's system of behavioral health services possesses strengths that can smooth its path to a more integrated system. The mental health community has had almost fifteen years experience with managed fee-for-service; addictions treatment providers have now gained some experience with fee-for-service reimbursement; access to addictions treatment was increased with the Medicaid expansion through PAC; and the Children's Cabinet has established a specialty delivery system for a targeted group of children with complex behavioral needs.

There are also a number of limitations and problems with Maryland's current system for financing, benefits management and service delivery. The most glaring limitation is the fragmentation of the behavioral health service system between MH and SUD treatment and the lack of connection with general medical services. This occurs because of poor alignment of benefit design and management, purchasing and financing, care management and the management of performance and risk. These features result in a less than optimal patient experience and interfere with the State's ability to maximize its purchasing power to achieve the triple aim of improved patient experience, improved population health and reduced costs. These features include the following.

Benefit Design and Management are Poorly Aligned

- The Medicaid mental health benefit is carved out; the Medicaid addictions benefit is carved in.
- There is little alignment among the various publicly-financed benefit packages.
- There is no connection between benefits management for health and mental health.
- There is likely no coordination of benefits across Medicaid and services for persons who are uninsured since this function is not included in the ASO contract and the ADAA 'benefit' is locally determined through allocations made to local health departments.

Purchasing and Financing are Fragmented

- There are multiple, disparate public funding sources, purchasers and payers, with State level purchasers including Medicaid, MHA, ADAA and local funders including CSAs and local health departments as well as child- and family-serving funders including the Children's Cabinet Interagency Fund, juvenile justice, child welfare and education.
- There is little coordination between the purchasing of the State and counties using block grant and state/county appropriations and Medicaid's purchase of behavioral health services.
- The mental health benefit for people who are uninsured is reimbursed on a fee-for-service as a companion to the Medicaid mental health benefit; addictions funding for people who are uninsured is grant-funded through allocations to local providers or health departments.
- The mental health benefit for people who are uninsured is defined and parallels the Medicaid benefit; the addictions benefit for people who are uninsured is locally determined, although allowable categories of service are specified by the state.
- Medicaid's approach to selecting health plans through regulatory compliance may not provide the State with maximally strong purchasing power.

Care Management is Not Coordinated

- Both the ASO and CSAs authorize mental health services.
- Medicaid's MCOs and ADAA use ASAM criteria for level of care determinations; the ASO uses no equivalent level of care determination system (e.g. LOCUS).

Performance and Risk is Lacking

- There is no performance risk in the Medicaid mental health managed fee-for-service system.
- There is only a small amount of risk for MCOs through Medicaid's Value-based Purchasing.
- There is no performance risk for MH or SUD providers and, therefore, little financial incentive to coordinate or follow up on patient care.
- There is no attention in the ASO contract to serious system problems, e.g. ED presentations, 30-day readmissions, coordination with MCOs, etc. and assignment of risk for remediating them.
- During the fourteen years that the Specialty Mental Health System has functioned, expectations and deliverables for the ASO have not substantially changed or been used to improve system performance.

Integrated Care Needs Improvement

- There is limited activity on integrated care management across the MCOs and the ASO; MCOs do not routinely receive mental health utilization data on persons enrolled with them. Given this fact, there can be no coordinated efforts to improve the health status of Medicaid beneficiaries with co-morbid health conditions.
- Since the contracts for the MCOs and the ASO are separately issued, there is no opportunity to require shared risk for performance standards, including improved health status.
- There are no formal contractual expectations for effectively integrating care, either in the MCOs or the ASO; there are also none at the provider level. This applies equally to MH and SUD integration and for behavioral health and somatic integration.
- There is no designated site of clinical accountability for persons with serious behavioral health conditions.

Recommendations for Integrated Behavioral Health Benefits Management

Recommendations for Maryland's advance to 2014 are based on the experience of other States, input from stakeholders, lessoned learned from managed behavioral healthcare and advances occurring in the health care sector. More importantly, these recommendations are based on what is known in the year 2011 about Medicaid beneficiaries and those who depend on the public behavioral health system for services:

- Co-occurring psychiatric and addictive disorders are the expectation, not the exception[60];
- Fifty percent of Medicaid beneficiaries with a disability have a psychiatric illness[61]; and
- Annual Medicaid per capita health costs are three to four times higher for disabled beneficiaries who have co-occurring behavioral health conditions.[62]

While the ASO model has served Maryland's mental health system well for more than a decade, the national movement toward integration and the use of risk to incentivize clinical outcomes would indicate that this may not be the preferred model for the future. Most States are using a risk-based contractual model as the platform for incorporating PCMHs, Medicaid Health Homes, and integrated delivery systems. Further, since Maryland's ASO manages only the mental health benefit, significant changes in its scope would be required to integrate SUD benefits; removing the Medicaid SUD benefits from the MCOs at this point could disrupt the gains in access made with the PAC expansion. Having legally-required parity across general medical and behavioral health benefits presents an opportune time to attempt to use a more holistic approach to managing care for persons with co-

[60] Minkoff and Cline, op cit.
[61] Kronick, et al., op cit.
[62] Boyd, op cit.

morbid medical and behavioral health conditions. The use of a MH-only ASO does not easily support the State's goals of integration and improved clinical outcomes.

For these reasons DHMH should consider the following recommendations for system improvement, coinciding with the implementation of the Affordable Care Act in 2014.

Option 1

By 2014 have at least the Medicaid behavioral health benefit managed by Health Plans through a "protected carve-in". Through a strong, performance-based selection process, Medicaid would contract with Health Plans to manage a comprehensive benefit package of general medical and behavioral services. Health Plans would receive a separate, dedicated behavioral health capitation rate that could only be spent on behavioral health treatment and recovery support. Any savings would be re-directed to additional, innovative behavioral health benefits. Contractual conditions would require the Health Plans to employ specific behavioral health practitioners in clinical leadership positions, would specify the credentials of staff who performed behavioral health utilization management and would put the plans at risk for demonstrating that they were assuring access to the behavioral health benefit. This model would protect funds spent on behavioral health treatment but would allow the Health Plan flexibility in how they structured care coordination, utilization management, etc. Contractual conditions would require uniform processes for providers (e.g. claims payment, credentialing) and streamlined administrative systems. Specific behavioral health performance standards would allow the State to evaluate access, adequacy of the provider network, treatment quality, and outcomes for cohorts of enrollees, e.g. adults with serious mental illness, youth with complex needs, etc.

Consistent with this, Health Plans would be required to provide DHMH with specific data that demonstrates its effective management of the behavioral health benefit. These data would include:

- Penetration rates: number of persons with behavioral health diagnoses receiving behavioral health services (MH, SUD, MH&SUD, and total) by age groups, regional areas, etc.
- Expenditures for behavioral health services by MH, SUD, MH&SUD and total by level of care
- Expenditures for all other medical services for these same diagnostic cohorts by type of care: outpatient, inpatient, emergency room, etc.
- Specific analysis of enrollees identified as high cost/high use/high need (in the diagnostic cohorts identified above)
- Specific analysis of behavioral health authorization denials

This option has the advantage of accelerating the pace of integration while protecting the behavioral health benefit. It allows the State to test Health Plans' assertion that they can manage behavioral health as effectively as they manage general medical care. It also allows the State to place risk for both general health and behavioral health outcomes in one management system (assuming this would be a contractual expectation) and would have providers participating in one integrated network.

It would also be desirable to have these same Health Plans administer the behavioral health benefit for persons who are uninsured (those who remain ineligible for either Medicaid or subsidies through the Exchange) and for Medicaid beneficiaries who meet clinical necessity criteria for the State/block grant-funded benefit package. Non-Medicaid funds will also be necessary to cover enrollment gaps, either during the time an individual is first enrolled, lapse in eligibility or transition between Medicaid and Exchange subsidies. Having a single Health Plan also manage these funds could make beneficiaries access to interim coverage and urgently needed treatment more seamless. This recommendation assumes that the State would specifically define the benefit package it will offer for individuals who are uninsured and for individuals who may be ACA-covered (either Medicaid or the Exchange) but who need treatment that's outside the Essential Health Benefit. If these funds are managed outside the Health Plans, the State will need to develop a strong Coordination of Benefits system in order to avoid cost shifting from plans that are at risk back to State/federal-only funding.

Option 2

By 2014 have the Medicaid behavioral health benefit and the State/block grant-funded benefit package managed through a risk contract with one or more Behavioral Health Plans (BHP). Using a competitive selection process, Medicaid would contract with a BHP that would bear both insurance and performance risk. Contractual conditions would be aligned with those of the Medicaid Health Plans; performance standards would be robust and performance risk would be shared with Health Plans for continued implementation of health homes for persons with behavioral health conditions, as well as health homes for persons with chronic medical conditions and for improvement in health outcomes for persons enrolled in health homes.

While this approach has the advantage of relying on behavioral health-experienced organizations and passing insurance risk to a behavioral health plan, it has significant disadvantages: 1) it's a first-generation approach to managing behavioral health, most often used in its purest form in the early 1990s when States began the use of risk arrangement for behavioral health; 2) it does not lodge accountability for both medical and behavioral benefits in the same management system; 3) in some sense, it requires workarounds to build incentives for integration externally; 4) it requires that the State align two separate contracts and contracting processes as part of these workarounds; and 5) it's an interim step to integrating financing and benefits management in support of integration of clinical treatment.

Given the managed behavioral health industry's experience with managing non-Medicaid funding, it would be highly advantageous for the BHP(s) to administer the behavioral health benefit for persons who are uninsured (those who remain ineligible for either Medicaid or subsidies through the Exchange) and for Medicaid beneficiaries who meet clinical necessity criteria for the State/block grant-funded benefit package. Non-Medicaid funds will also be necessary to cover enrollment gaps, either during the time an individual is first enrolled, lapse in eligibility or transition between Medicaid and Exchange subsidies. Having a single organization also manage these funds could make beneficiaries' access to interim coverage and urgently needed treatment more seamless. This recommendation assumes that the State would specifically define the benefit package it will offer for individuals who are uninsured and for individuals who may be ACA-covered (either Medicaid or the Exchange) but who need treatment that's outside the Essential Health Benefit. If these funds are managed outside the BHP(s), the State will need to develop a strong Coordination of Benefits system in order to avoid cost shifting from plans that are at risk back to State/federal-only funding. [Same recommendation as for Option 1.]

Interim Steps to Achieving Integration with any of the Options

Although the draft Options Paper included two possibilities that build on the current MHA ASO, these are not recommended for several reasons. Given the increase in access to addictions treatment achieved in the Medicaid expansion through PAC, it would be step backwards to carve out the SUD benefit, only to carve it back in within a relatively short period. There would be significant State effort required to either re-scope or re-bid the ASO contract; this effort would be better spent on creating a blueprint for integrated benefits management and care.

In the interim, DHMH would continue the current system of Medicaid behavioral health management for the next two years: the SUD benefits would be managed by the MCO and the MH benefits by the ASO. The State should add performance risk to the ASO contract with the September 1, 2012 renewal. Concomitantly, performance risk should be increased for the MCOs as soon as Medicaid is able to, given the final State decision on selective contracting. Assuming that the two contracts can be synchronized in 2012, they should contain a few powerful performance standards for which risk is shared by the MCOs and the ASO as well as the requirement that utilization data be exchanged for individuals enrolled with the MCOs and receiving MH services authorized by the ASO. In the next ASO renewal, the State should require the ASO to propose and receive State approval for a specific level of care determination system for MH and/or SUD service authorization that is compatible with ASAM.

Development of an implementation plan for 2014 should be informed by more specific data analysis referenced earlier in this report (Medicaid data on utilization of behavioral health in primary care settings, expenditure patterns for primary and specialty behavioral health services, as well as expenditures for major categories of those

services, etc; MHA and ADAA data on services purchased for persons who are uninsured.) Use of these data in Maryland's planning for the future will increase the likelihood that the State's plan for integrated benefits management and care will improve health outcomes for those individuals receiving State-financed behavioral healthcare. These additional data are not required to make a decision about policy options at this point in time but will be important to guide the successful implementation of the selected policy.

Given the dramatic growth in patient-centered medical homes across the country and in State Medicaid programs, DHMH should add the development of health homes as a contractual obligation for the MCOs and the ASO in this interim period; the State could attach risk to this requirement. Based on strong data analytics, the State should identify the populations who are first priorities for health home enrollment. If the State decides to submit a State Plan Amendment under the ACA for health homes, it could use this same approach for enlisting the MCOs' and ASO's assistance in their development. As another interim step toward integration, the State could create a demonstration project to establish health homes for people with behavioral health conditions and require the MCOs and ASO to partner with DHMH on this initiative. Community mental health and/or additions providers or Federally Qualified Health Centers could be identified as eligible for health home designation for this population.

As part of ACA implementation, the State should align contracting/certification requirements and processes across Medicaid and the Health Insurance Exchange in order to create a high degree of overlap across Medicaid's MCOs and the Exchange's Qualified Health Plans. In this way, families with children could potentially participate in the same plan and provider network, even if the adults' coverage was subsidized under the Exchange and the children were covered by MCHP. Individuals whose economic status changed from year to year could also experience stability in their health plan and provider.

CONCLUSION

The options for Maryland's path toward integrated behavioral healthcare presented in this paper represent delivery platforms and benefits management models that are likely to assist the State in both integrating care at the clinical level and in using risk contracting to facilitate that integration. The options are consistent with the principles of integrated care and are based on a review of the current system in Maryland and an evaluation of models from other States.

Croze Consulting, December 5, 2011

Report prepared by Colette Croze, MSW; Marty Cohen, MSW; and Victor Capoccia, Ph.D, who are grateful to Howard Goldman, M.D., Ph.D. for his input to the report.

Appendix III: Steering Committee Membership

The membership of the Steering Committee is listed below:

- Chuck Milligan, Deputy Secretary, Health Care Financing
- Susan Tucker, Executive Director for the Office of Health Services, Health Care Financing
- Tricia Roddy, Executive Director for the Office of Planning, Health Care Financing
- Patrick Dooley, Chief of Staff, Department of Health and Mental Hygiene
- Laura Herrera, Chief Medical Officer, Department of Health and Mental Hygiene
- Brian Hepburn, Executive Director, Mental Hygiene Administration
- Daryl Plevy, Deputy Director for Community Services and Managed Care, Mental Hygiene Administration
- Kathleen Rebbert-Franklin, Acting Director, Alcohol and Drug Abuse Administration

Appendix IV: Large Group and Workgroup Meetings, Organization/Affiliation Attendance

Anne Arundel County Mental Health Agency
Advocate
Affiliated Sante Group
Alcohol and Drug Abuse Administration
Allegany County Health Department
Alleghany County Core Service Agency
Alliance, Inc.
American Psychiatric Association
AmeriGroup
AmeriHealth Mercy
Anne Arundel County C ore Service Agency
Anne Arundel County Core Service Agency
Anne E. Casey Foundation
APS Healthcare
Arundel Lodge Inc.
Baltimore City Department of Social Service
Baltimore City Health Department - Aging and CARE Services
Baltimore Community Resource Center
Baltimore County Association Of Senior Citizens Organizations
Baltimore County Bureau of Behavioral Health
Baltimore County Core Service Agency
Baltimore County Department of Health
Baltimore Crisis Response, Inc.
Baltimore Medical System
Baltimore Mental Health Systems
Baltimore Substance Abuse Systems
Behavioral Health Leadership Institute
Board of Processional Counselors and Therapists
Bon Secours Hospital
Care Management Strategies LLC
Caroline County Mental Health Clinic
Carroll County Core Service Agency
Carroll County Health Department
Catholic Charities
Catholic Charities of Baltimore
Catholic Charities/Catholic Family Services
CBH Health
Cecil County Core Service Agency
Cecil County Health Department
Cecil County Senior Services & Community Transit
Center for Addiction Medicine
Center for Health Care Solutions
Charles County Core Service Agency
Charles County Department of Health Substance Abuse
Chase Brexton Health Services
Children's Guild
Community Behavioral Health Association of Maryland
Community Services Reimbursement Rate Commission
Core Service Agency
Coventry Health Care of Delaware
Coventry Healthcare
Delmarva Family Resources
Delmarva Foundation
Department of Aging
Department of Budget and Management
Department of Disabilities
Department of Education - Division of Early Childhood Development
Department of Health and Mental Hygiene
Department of Human Resources
Department of Juvenile Services
Department of Legislative Services
Dorchester County Addictions Program
Family Services Inc.
FEI Systems

Appendix IV: Large Group and Workgroup Meetings, Organization/Affiliation Attendance

For All Seasons
Frederick County Health Department
Frederick Memorial Hospital
Gale Recovery inc.
Garrett County Core Service Agency
Garrett County Health Department
Gaudenzia Inc
Glass Health Program
Go-Getters
Go-Getters & Lower Shore Clinic
Goodwill
Governer's Office for Children
GUIDE/Linkages to Learning
H.O.P.E Wellness and Recovery Center
HARBEL
Haohan Tech
Harford Belair
Harford County Core Service Agency
Harris Jones & Malone, LLC
Health Management Consultants, LLC
HealthCare Access Maryland
Healthcare Initiative Foundation
Housing Opportunities Commission
Howard County Core Service Agency
Howard County Health Department
Institute for Behavior Resources/ REACH Health Services
Integra Health Management
Jai Medicaid Systems
Johns Hopkins Bayview
Johns Hopkins Bayview Community Psychiatry
Johns Hopkins HealthCare
Johns Hopkins Medicine
Key Point Health Services, Inc.
Keystone Service Systems Mental Health
Life Renewal Services, Inc.
LifeBridge Health
Lobbyist
Majellan
Maryland Addictions Directors Council
Maryland Advisory Council
Maryland Association of Core Service Agencies
Maryland Coalition of Families for Children's Mental Health
Maryland Disability Law Center
Maryland Foster Parent Association
Maryland General Assembly
Maryland Hospital Association
Maryland Physicians Care
Maryland Psychiatric Society
Maryland Psychological Association
Maryland Treatment Centers Inc.
Medicaid - Money Follow the Person
Medicaid - Office of Eligibility
Medicaid - Office of Health Services
Medicaid - Office of Planning
MedStar Health
Mental Health Advocate
Mental Health Aging Coalition
Mental Health Association of Maryland
Mental Health Center
Mental Health Consumer Advocate
Mental Health Net
Mental Hygiene Administration
Mid-Atlantic Association for Community Health Centers
Montgomery County Core Service Agency

Appendix IV: Large Group and Workgroup Meetings, Organization/Affiliation Attendance

Montgomery County Department of Health and Human Services
Montgomery County DHHS Behavioral Health and Crisis Services
Montgomery County Federation of Families
Montgomery County Health and Human Services
Montgomery Health Federation
Mosaic Community Services
Mountain Manor Treatment Center
MedStar Family Choice
Mt. Washington Pediatric Hospital
National Alliance on Mental Illness in Maryland
National Association of Social Workers
National Council on Alcoholism and Drug Dependence, MD Chapter
National Council on Alcoholism and Drug Dependence, Inc.
New Life Addiction
Office of the Deaf and Hard of Hearing
On Our Own of Frederick
On Our Own of Maryland, Inc.
On Our Own of St. Mary's
Open Society Institute
OptumHealth
Pathways Alcohol and Drug Treatment, Inc.
Patoral Counseling Services of Maryland
PDG Rehabilitation Services, Inc.
Peer Wellness & Recovery Services
People Encouraging People, Inc
People's Community Health Center
Primary Care Coalition
Prince George's County Core Service Agency
Prince George's County Health Department
Priority Partners Managed Care Organization
Pro Bono Counseling Project
Professional Counselors & Therapists
Prologue
Public Defender
Public Defender's Office
Public Policy Partners
Public Safety and Correctional Services
Queen Anne's County Health Department
Rehabilitation Systems, Inc.
Riverside Health
Schwartz, Metz & Wise, P.A.
Self-employed
Sheppard Pratt Health Systems
Springfield Hospital Center
Talbot County Health Department
The Children's Guild
The Hilltop Institute
The Institute for Innovation & Implementation, UM SSW
Total Health Care, Inc.
UnitedHealthcare
Universal Counseling Services
University of Maryland
University of Maryland Carey Law School
University of Maryland System Evaluation Center
University of Maryland, Baltimore County
University of Maryland, College Park
University of Maryland, Psychiatry
UPC Inc. Recovery Network
Upper Bay Counseling & Support Services, Inc.
Utopia Health Services, Inc.
Value Options
Volunteers of America Chesapeake, Inc
Walden
Way Station, Inc.

Appendix IV: Large Group and Workgroup Meetings, Organization/Affiliation Attendance

Wellness and Recovery Centers of America
Wicomico County Core Service Agency
Wicomico County Health Department
Worcester County Health Department
Worchester County Core Service Agency
Wraparound Maryland, Inc.

Appendix V: List of Resources

- Value Options: Carve-In
- Value Options: Carve-Out
- Value Options: PMHS Metrics
- Value Options: Comprehensive Care Management Program
- Good and Modern System (SAMHSA)
- Continued Stay Criteria (BSAS)
- Example of Hospital-Based Specialty Chronic Health Home Model (BSAS)
- Final Screening and Referral Tool (BSAS)
- Medical Necessity Criteria (BSAS)
- Principles for Decision-Making (CBH)
- CMS Brief on Collaborative Care
- Adult Service Array (NAMI)
- C&A Service Array (NAMI)
- Systems of Care Recs (NAMI)
- Systems of Care Recs (National TAC for CMH)
- The Ideal Substance Use Disorder Treatment System in MD (MADC)
- Evolving Models of BH Integration in Primary Care: The Milbank Memorial Fund
- TRI Forum on Integration
- PMHS Medicaid PMPM Costs, 2002-2011
- Systems of Care Structures

All resources available at:
http://www.dhmh.state.md.us/bhd/SitePages/Public_Comments_and_Resources_Received.aspx

Behavioral Health: Potential Integration Models

In 2011, the Department of Health and Mental Hygiene (Department) worked with stakeholders and engaged a consultant to examine the issue of behavioral health integration. The consultant identified two potential models to better align the full array of behavioral health services with somatic (physical health) services. The next step is for the Department to engage all interested stakeholders in a process to determine the specific model the Department will recommend to the General Assembly during the 2013 legislative session.

The two models identified in the consultant's report, along with a new option, are presented below. These three models will serve as the starting point. Early in the public stakeholder process, the Department will seek input on whether any other viable model should be added for consideration.

Model 1: Protected Carve-In (recommended in consultant report)

Medicaid-financed behavioral health benefits would be managed by Medicaid managed care organizations (MCOs) through a "protected carve-in". The MCOs would be responsible for managing a comprehensive benefit package of general medical and behavioral services. MCOs would receive a separate, dedicated behavioral health capitation payment that only could be spent on behavioral health treatment and recovery supports. Any savings related to behavioral health services would be re-directed to additional, innovative behavioral health benefits. Contractual conditions would require the MCOs to employ specific behavioral health practitioners in clinical leadership positions, would specify the credentials of staff who performed behavioral health utilization management, and would put the MCOs at risk for demonstrating that they were assuring access to the behavioral health benefit. This model would protect funds spent on behavioral health treatment but would allow the MCOs to have flexibility in how they structured care coordination, utilization management, etc. Contractual conditions would require uniform processes for providers (e.g. claims payment, credentialing) and streamlined administrative systems. Specific behavioral health performance standards would allow the State to evaluate access, adequacy of the provider network, treatment quality, and outcomes for cohorts of enrollees, e.g. adults with serious mental illness, youth with complex needs, etc.

Model 2: Risk-Based Service Carve-Out (presented in consultant report)

Medicaid-financed specialty behavioral health benefits and the State/block grant-funded benefit package would be managed through a risk-based contract with one or more Behavioral Health Organizations (BHO). Using a competitive selection process, Medicaid would contract with one or more BHO(s) that would bear insurance and/or performance risk. Contractual conditions would be aligned with those of the Medicaid MCOs; performance standards would be robust; and performance risk would be shared with MCOs for continued implementation of health homes for persons with behavioral health conditions, as well as health homes for persons with chronic medical conditions and for improvement in health outcomes for persons enrolled in health homes. The services delivered through the BHO(s) would be specialty behavioral health services. MCOs would continue to provide specified behavioral health care typically associated with primary care providers.

Model 3: Risk-Based Population Carve-Out (new)

As in Model 1, all Medicaid-financed behavioral health benefits and general medical benefits would be delivered under a comprehensive risk-based arrangement. In this model, however, Medicaid would

competitively select one or more specialty health plan(s) to manage the comprehensive benefit package for individuals with serious behavioral health disorders. That is, enrollment in the specialty health plan would be determined by whether the individual has a specified behavioral health diagnosis, such as SPMI. If such a diagnosis is present, the person would be enrolled in a specialty health plan, which would be required to deliver the full array of behavioral health and medical benefits. If such a diagnosis is not present, the person would be enrolled in a traditional MCO to receive his/her full array of behavioral health and general medical benefits.

Behavioral Health Integration

Criteria to Select Model

1. Best ensures delivery of the right service, in the right place, at the right time, by the right practitioner

2. Best ensures positive health outcomes in behavioral health and somatic care using measures that are timely and transparent

3. Best ensures preventive care, including early identification and intervention

4. Best ensures care across an individual's lifespan

5. Best ensures positive consumer engagement

6. Best aligns with treatment for chronic conditions

7. Best ensures the delivery of culturally and linguistically competent services that are evidence-based and informed by practice-based evidence

8. Best ensures that the system is adaptable over time, as other payment and delivery system reforms occur, without loss in value or outcomes

9. Best ensures program integrity and cost-effectiveness

10. Best ensures administrative efficiencies at state, local, plan, provider, and consumer/family levels

11. Best ensures seamless transitions as service needs change, and as program eligibility changes

Appendix VIII: Evaluation of Models Based on Criteria

Criteria		Model 1	Model 2	Model 3
(1) Best ensures delivery of the right service, in the right place, at the right time, by the right practitioner	Benefits	(1) Allows for network adequacy as long as there are specific contractual requirements; (2) Fewer transitions between entities, referrals, prior authorization requirements, etc may favor those with mild BH needs; (3) MCOs have experience handling primary BH needs; (4) Current system allows for patient preference to expand access through self-referral provisions; (5) Global capitation could satisfy this criterion, which is only possible under Model 1	(1) May be easier to get the "right" care if grant-funded and Medicaid services are integrated - all funds could be managed by an ASO or MBHO; (2) An ASO-version of Model 2 may result in better access without over-emphasis on controlling costs by denying services (as there wouldn't be a cap on BH dollars in an ASO); (3) A specialized entity is solely focused on behavioral health needs and somatic care conditions	(1) Delivery of service for SPMI may be more integrated and tailored under one plan
	Challenges	(1) Having 7 (or more, in the future) MCOs may make it difficult to standardize prior authorization requirements and provider qualifications; (2) Potential for lack of coordination between MCO/BH providers if MCOs are allowed to subcontract behavioral health to an MBHO; (3) Consensus-building may be difficult across multiple entities; (4) MCOs may not have the means/expertise to treat this population as effectively as a specialized entity; (5) Behavioral health is one of many specialty areas managed by the MCOs	(1) A procurement that might award the work to multiple MBHOs may be more difficult to navigate for consumers/providers; (2) Potential for lack of coordination between MCOs, MBHO(s)/ASO, and BH providers	(1) Possible risk of adverse selection and incentives for MCOs to diagnose consumers with moderate needs as severe in order to disenroll; (2) Concerns about adequacy and consistency of services during recovery
(2) Best ensures positive health outcomes in behavioral health and somatic care	Benefits	(1) Potential for more comprehensive data and timely interventions due to data collection taking place within same entity	(1) Potential for richer data and measures on a population level for BH; (2) Data may be easier and quicker to access from a single entity	(1) May be easier to tailor performance targets for providers dealing with more difficult SPMI patients than it would be for a non-SPMI-specialized entity

Appendix VIII: Evaluation of Models Based on Criteria

Criteria		Model 1	Model 2	Model 3
using measures that are timely and transparent	Challenges	(1) State may need to collect and coordinate (potentially inconsistent) data from seven (and in the future, more) MCO information systems	(1) Would require accurate and timely linkage between somatic and BH data related to each individual to monitor clinical outcomes	(1) Data may be skewed by adverse selection of patients (with MCOs potentially labeling patients as more severe to move them into the SMCE); (2) Multiple linkages may be required between two sets of somatic and BH data for patients moving between the SMCE and one of seven MCOs
(3) Best ensures preventive care, including early identification and intervention	Benefits	(1) MCOs may be incented to provide care that reduces overall cost (e.g. outpatient BH to avoid inpatient hospital), as they are responsible for the whole body care; (2) Primary care physicians may be incented to provide better care (preventive and otherwise) to mental health and substance use patients	(1) May be easier to coordinate/braid BH funding with non-MA block grants for preventive services not covered by MA, and with funding from other child-serving agencies such as DHR, DJS, and schools; (2) Flexible financing arrangements may allow for opportunities to incent preventive care	
	Challenges	(1) May be harder to track non-MA services; (2) MCOs may not have the means/expertise to do this as effectively for the population as a specialized entity	(1) Savings generated by the interventions in the BH system might reduce costs for MCOs, and those savings would not necessarily be reinvested in BH; (2) Misalignment might reduce the incentives for an MBHO/ASO to invest in interventions that create savings in the somatic system; (3) Early identification and prevention may be more difficult as consumers navigate two separate systems for somatic and BH care	(1) Patients may be less likely to seek preventive care for fear of being labeled SPMI and changing providers/MCOs; (2) There is potential for adverse incentives, i.e. SMCE may not want to prevent BH needs in order to move more people into the SMCE

Appendix VIII: Evaluation of Models Based on Criteria

Criteria		Model 1	Model 2	Model 3
(4) Best ensures care across an individual's lifespan	Benefits	(1) Natural connection between somatic and mental health across lifespan; (2) May be easier to outreach to families where one child is identified as SPMI	(1) A specialized entity may have experience dealing with the changing needs of the BH population	If individuals remain in Model 3 (churning is eliminated) care across lifespan is achieved.
	Challenges	(1) MCOs who find it difficult to focus specifically on BH population may find it even more difficult given that BH needs tend to change over time; (2) Dual eligibles not currently being served in managed care may make it harder to coordinate care later in life; (3) FFS population would remain.	FFS population would remain.	(1) Problems with family continuity when one member has SPMI
(5) Best ensures positive consumer engagement	Benefits	(1) Established relationship with somatic providers may mean less stigma and help families seek appropriate BH services	(1) Capitated payments may allow MBHO to supplement MA funded services with grants, such as consumer-run pilots (2) Behavioral health providers have more expertise engaging consumers in self-management and harm reduction	(1) Consumer advocates could be engaged by health plans providing care to SPMI to reduce stigma (2) Requires more attention for SPMI patients (3) Patients may be more likely to access and follow up with care
	Challenges	(1) Different subcontracted MBHOs for different MCOs may mean more complicated transitions as patients switch MCOs, in terms of provider networks and other items; (2) Unclear to what degree individuals will have access to and choice of providers	(1) A separate MBHO card may increase stigma. (2) It may be difficult to quantify consumer engagement across two systems of care as somatic and behavioral health interact through the lifespan.	(1) Possibility of stigma for SPMI in moving people to a health care system based on their behavioral health status; (2) Unclear to what degree individuals will have access to and choice of providers; (3) Individuals may wish to transition out of SMCE after recovery

Appendix VIII: Evaluation of Models Based on Criteria

Criteria		Model 1	Model 2	Model 3
(6) Best aligns with treatment for chronic conditions	Benefits	(1) Full integration of chronic somatic and behavioral health conditions may better align with the philosophy of the chronic disease model (the treatment of a chronic illness should involve treating the whole person).	Treating concomitant health conditions in different systems, each with certain expertise and focus, may lead to better health outcomes.	Better integration of chronic somatic and behavioral health conditions for those with serious conditions.
	Challenges	MCOs may lack the expertise and focus to deal with chronic BH conditions	(1) Different systems may make it difficult to coordinate care. (2) Concomitant health conditions will be treated in different systems, which may lead to poorer health outcomes as patients navigate two systems of care, potentially with multiple care coordinators from the different systems`. (3) In an MBHO version of Model 2, the MCO and the MBHO may argue who is financially responsible for specific services related to chronic conditions.	
(7) Best ensures the delivery of culturally and linguistically competent services that are evidence-based and informed by practice-based evidence	Benefits	A single somatic and behavioral health provider may increase the consistency with which CLAS/EBP are delivered to consumers.	(1) Behavioral health providers have experience implementing and monitoring CLAS/EBP services at delivered to diverse communities by various provider types; (2) A single MBHO/ASO may increase the efficiency with which providers are credentialed or form partnerships to effectively deliver these services	Providers in a specialty delivery system are likely to have long-standing experience delivering CLAS/EBP services to individuals with SPMI

Appendix VIII: Evaluation of Models Based on Criteria

Criteria		Model 1	Model 2	Model 3
	Challenges	(1) Monitoring the consistent delivery of CLAS/EBP services across multiple MCOs may be administratively burdensome (2) Acquiring expertise in the delivery in the delivery of CLAS/EBP services takes time; MCOs new to providing these services may have a slow ramp-up thereby delaying delivery to consumers		
(8) Best ensures that the system is adaptable over time, as other payment and delivery system reforms occur, without loss in value or outcomes	Benefits	(1) This option would not require an RFP process (less administratively burdensome)	(1) Working with a single MBHO/ASO is less administratively burdensome; (2) Modifying a single contract to respond to payment and clinical delivery innovations may be less administratively burdensome	(1) A specialty delivery system may be more adaptable to emerging and innovative clinical practices as they have a smaller, more well-defined population to care for.
	Challenges	(1) Payment reform would need to occur (example: the addition of payments for behavioral health services); (2) Working with multiple MCOs could prove time-consuming and administratively burdensome (potentially more so than an RFP process)	(1) Payment reform would need to occur (example: paying for performance or capitating rates for behavioral health services); (2) As definition of primary and specialty care shift and service delivery changes, it may be difficult to re-align clinical responsibilities between the MCOs and the MBHO/ASO without repeated contract modifications or reprocurement	(1) Payment reform would need to occur (example: developing sound rates for a population that has historically required the intensive provision of services); (2) To ensure continued financial viability, rates would have to be carefully evaluated and reevaluated as the population included in the specialty group is redefined or churns
(9) Best ensures program integrity and cost - effectiveness	Benefits	(1) May be easier to coordinate care and contain costs when all care is provided by one entity	(1) Potential for easier identification of provider integrity or cost issues with one MBHO (unless, in Model 1, one MBHO is mandated that all MCOs must use); (2) Less administrative burden for DHMH monitoring of quality and compliance with contract standards.	(1) May allow for more timely examinations of claims and authorization data for population with high need

Appendix VIII: Evaluation of Models Based on Criteria

Criteria		Model 1	Model 2	Model 3
	Challenges	(1) Need to develop a central data system that can track provider and enrollee data.	(1) May be difficult to implement disincentives to prevent ASO from continuously pre-authorizing services for recipients who no longer need mental health treatment; (2) There may be disputes over hospitalization pre-auth and payments	(1) Need to develop a central data system that can track provider and enrollee data. The system would need to collect data for individuals within the SMCE and those that remain in HealthChoice/PAC
(10) Best ensures administrative efficiencies at state, local, plan, provider, and consumer/family levels	Benefits	(1) From plan level, some administrative efficiencies may be created by having somatic and BH under one entity. (2) From family level, efficiencies may be created by only having to navigate one "system" if all members are on the same plan (whereas with other models, families where individuals have a range of BH needs may fall into different plans and providers).	(1) From state level, may have potentially less overhead in ASO or MBHO than MCO as regs/contracts are current written; (2) May be easier to track performance/utilization data for behavioral health-specific issues- such as high volume users- and quickly share across safety net systems (police dept, education). (3) May be easier to coordinate MA services with grant-funded BH services if the MBHO/ASO has a relationship to those non-MA systems.	

Appendix VIII: Evaluation of Models Based on Criteria

Criteria		Model 1	Model 2	Model 3
	Challenges	(1) Administrative efficiencies may not be met for individuals that are (or become) dual eligible; (2) From local level, may be more administratively burdensome for each MCO to deal with each of the 24 local jurisdictions on special BH projects (and vice versa).	(1) Providers of both somatic and behavioral health services (e.g. FQHCs) may find it complex to interface with multiple entities; (2) From state level, could require a separate RFP process to select the MBHO on top of renewing contract for MCOs (compared to Model 1, assuming MCOs contract with their own MBHO(s)); (3) From state level, could be administratively burdensome for the state as claims payment is complicated by what is considered primary care vs. behavioral health care (continued "problem ownership" of some services).	Administrative efficiencies may not be met for families in HealthChoice/PAC that have members in Model 3.
(11) Best ensures seamless transitions as service needs change, and as program eligibility changes	Benefits	(1) May provide best continuity of providers for families with a range of behavioral health needs (versus Model 3 when members of a family who have greater needs will be under a different plan.); (2) May provide best continuity of coverage (in terms of what services plans provide because individuals won't be changing plans) during recovery and major transitions.	(1) Greater continuity between covered BH services and non-Medicaid grant services.	(1) If churning is eliminated individuals with SPMI will receive continuous care over their life span.

Appendix VIII: Evaluation of Models Based on Criteria

Criteria		Model 1	Model 2	Model 3
	Challenges	(1) Availability and continuity of provider network may need to be considered; (2) Potential challenges for individuals that become dual eligibles.	(1) If one MBHO with a closed network is used, model may not allow for as much patient choice of providers as other models; (2) The separation of somatic and behavioral health services for individuals utilizing MBHO will require additional coordination.	(1) Individuals on the specialty SPMI plan may experience churning dependent on the definition of the included population (i.e., there should be a protocol to facilitate continuity and prevent relapse for an individual who is recovering from a SPMI or substance use issue).

Abbreviations:

ASO: Administrative service organization
BH: Behavioral health
CLAS/EBP: Culturally and linguistically appropriate services/evidence-based practice
FFS: Fee-for-service
MA: Medicaid
MBHO: Managed behavioral health organization (a capitated entity)
MCO: Managed care organization
PAC: Primary adult care program
SMCE: Specialty managed care entity
SPMI: Severe and persistent mental illness

Behavioral Health Integration

Workgroups

Note: All workgroups should consider (and, where appropriate, make recommendations) regarding whether special provisions should be made to address children's issues, given EPSDT and the possible involvement of systems such as foster care, schools, and others.

1. Systems Linkage Workgroup. Purpose: To make a recommendation on those factors that should be present to promote "integration." For example, should there be a shared electronic health record among all providers within an MCO? What factors indicate "integrated" care, and what factors indicate "collaborative" care?

2. State/Local and Non-Medicaid Workgroup. Purpose: To make a recommendation on what services/financing should be left outside a "Medicaid" integrated care model to accommodate non-Medicaid eligible populations, or non-Medicaid-eligible services. This Workgroup will also make a recommendation on the roles that state and local government should perform depending on which services/financing are left outside of the Medicaid financing model, as well as how to support and interface with selected model.

3. Data/Evaluation Workgroup. Purpose: To determine what data is available and relevant to the ultimate recommendation on the model, and to make a recommendation on potential measures to evaluate any selected model.

4. Chronic Health Home Workgroup. Purpose: To make a recommendation on a new "Health Home" service under the Affordable Care Act, and make a recommendation on how the new service could be developed to support any integration model. For example, this workgroup would help define the service; define the population eligible for the service; and define the provider qualifications to deliver the service.

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Behavioral Health Integration

Introduction

The purpose of this document is to articulate the different phases in the overall behavioral health integration effort; to describe the three models; and to provide examples of some of the specifications that will be discussed in Phase 3.

Phases of Work

The behavioral health integration effort is a three-phase approach. In the first phase, conducted in 2011, the state determined that the existing organization of services should be changed, because of the fragmentation across somatic, mental illness, and substance use disorder services.

The second phase, now underway, involves determining what model should be pursued – a single fully-integrated program with a protected behavioral health carve-in (Model 1); a risk-based carve-out of behavioral health services (where the risk might be insurance and/or performance) (Model 2); or a fully-integrated model that consists of several managed care organizations (MCO) offering an array of services that would be sufficient for individuals with mild or moderate behavioral health needs, and a fully-integrated specialty MCO that offers a more comprehensive array of specialty behavioral health services for individuals with serious behavioral health needs (Model 3).

The third phase will involve establishing "specifications" for the selected model that would govern elements such as those described in more detail below.

The work at hand, in Phase 2, involves recommending a model.

Phase 2: Model

The selection of a model sets the framework for the program. The key factors that determine the type of financial model are the following: (1) fee-for-service or capitation; (2) covered benefits; and (3) covered populations.

- Fee-for-service (FFS) or capitation. One of the most essential elements in describing a model is whether the entity (or entities) managing the program bears insurance risk in the form of capitation. In a capitated model, the entity(ies) receive a per member, per month (PMPM) payment from Medicaid to provide care to their enrolled beneficiaries. The entity(ies) may chose to spend this money to deliver services outside of the traditional

Medicaid FFS benefit package. In a capitated model, providers are paid by the entity(ies) receiving the capitation payment(s), according to the terms of contracts between those parties. An MCO is an example of a capitated entity. An administrative services organization (ASO) model is a form of organized FFS model, because the ASO does not bear insurance risk, nor does it hold the contracts with the providers or set the providers' rates. Instead, the ASO manages the FFS program on behalf of the state, based on the state's rules for qualified providers, payment rates, and utilization criteria.

- Covered Benefits. The model also is determined by the benefits that fall within the purview of the entity(ies) managing the program. Determining whether specialty behavioral health benefits should be part of an MCO's role (Models 1 and 3), a capitated behavioral health organization (one version of Model 2), or an ASO (the other version of Model 2) sets the structure. Other benefits could be carved-in or carved-out, such as prescription drugs.

- Covered Populations. The model also is determined by which populations are included in which programs. For example, HealthChoice includes many populations, but several populations expressly are carved-out (i.e. their somatic services are paid FFS): Medicare-Medicaid dual eligibles; individuals who meet an institutional level of care (i.e., an institutional length of stay that will equal or exceed 30 days); and individuals eligible for the REM program who choose to be served in FFS. HealthChoice does NOT carve-out individuals with behavioral health needs; these individuals are included in HealthChoice (and PAC) for purposes of their somatic and substance use disorder treatment. In the Behavioral Health Integration work, a determination of which populations should be included in which services will be essential in settling on the model.

OPTION 1: Protected Carve-In

Model Description:

Under this model, Maryland would bundle funding for somatic care, mental health and substance abuse treatment in the HealthChoice program, and all benefits would be the responsibility of MCOs. The carve-in of behavioral health services would be "protected" because the model would ensure adequate and identifiable funding for behavioral health services, and the establishment of a responsible organization for each individual's total health care would provide a powerful incentive for integrated care and prevention. Any behavioral health savings would be re-directed to additional, innovative behavioral health benefits.

OPTION 2: Risk-bearing Carve Out

Model Description:

Under this model, Maryland would procure an organization(s) to manage behavioral health benefits (both substance abuse treatment services and mental health services) under some form of performance and/or financial risk model. If the contract involved insurance risk, the entity would be a "managed behavioral health organization", or MBHO. "Insurance risk" would mean that the organization(s) would receive a PMPM payment for each covered individual based on an individual's projected health care costs, no matter the individual's actual health care costs. If the contract instead involved performance risk, but not insurance risk, the entity would be an ASO. "Performance risk" would mean a portion of the payment to the organization(s) would be dependent on the organization(s) meeting certain performance criteria. Either way, this entity would coordinate the services for which it has responsibility with the HealthChoice MCOs (who, in turn, would be responsible for coordinating with the MBHO or ASO).

OPTION 3: Specialty Behavioral Health MCO

Model Description:

Under this option, all HealthChoice MCOs would be responsible for providing the comprehensive benefit package for all services - somatic, mental health, and substance abuse – very similar to Option 1. Additionally, one or two Specialty MCOs would provide all services for the chronically mentally ill and recipients with a chronic substance abuse diagnosis (a carve-out like the Program of All-Inclusive Care for the Elderly (PACE)). Admission to the Specialty MCO would be based on either specific diagnoses, or based on reaching a level of severity as indicated by service utilization.

The Specialty MCO(s) would be responsible coordinating the more intensive needs of this population. The Specialty MCO would include "deep-end" mental health services such as Psychiatric Rehabilitation Programs (PRP), Residential Rehabilitation Programs (RRPs) and Mobile Crisis. This MCO would manage these intensive services and provide an integrated care plan that has a strong focus on the somatic needs of this population.

Phase 3: Specifications

The third phase of the process involves the specifications for the new system. It's understandable that there is a great deal of interest in the specifics of how any given model would operate. Many of these "specifications" are independent of the model itself, and could be applied to any model. For illustration purposes, specifications include issues such as:

- Authorization/utilization rules. Establishing prior authorization rules, and/or utilization review rules, is independent of the model. For example, and for illustration purposes only, regardless of the model the state could contractually specify that (a) some services should be exempt from prior authorization (i.e., the beneficiary can self-refer), (b) outpatient therapy counseling should initially approved in an amount not less than ten visits, or (c) all residential and inpatient stays must be prior authorized.

- Quality measures and reports (that could also involve bonuses/sanctions). Identifying what measures the state should focus on when conducting contractual oversight is independent of the model. Potential measures could include beneficiary and provider satisfaction; access/utilization rates; HEDIS scores; readmission rates; and others. Determining the measures, setting relative financial weights (values) for each measure, and determining what portion of the overall financing to place in bonuses/sanctions are elements that are independent of the model.

- Any willing provider. Does the entity (or entities) managing the contract have the right to exclude any provider, or must the entity(ies) contract with "any willing provider"? Allowing the entity(ies) to selectively credential and contract with providers might result in higher quality (by excluding low-performing providers), and it might result in greater cost efficiencies (by contracting at rates based on scale and volume). On the other hand, excluding certain historic or potentially essential providers might narrow patient options and limit access.

- Provider rates. While the ASO model would simply utilize Medicaid's FFS rates as the payment system, the rate structure in any capitated model could be established by specifications. Examples include: (a) mandating that the entity(ies) managing the program pay at least the Medicaid FFS rates unless the entity(ies) and provider agree to an alternative approach; and (b) mandating that certain "safety net" providers (somehow defined) are guaranteed certain rates, whereas all other providers' rates are set through negotiation.

- Beneficiary protections. Certain kinds of beneficiary protections could be specified, independent of the model. For example, the state could compel the entity(ies), even an ASO in that type of model, to organize a beneficiary "advisory council", a beneficiary "Ombudsman", and similar requirements. Additional protections, regarding issues like a guaranteed right to a second opinion in certain circumstance (as a covered benefit), the operation of a 24/7 beneficiary call center, and an "expedited" grievance and appeals system also could be required in any model.

- Staffing requirements. In any model, the state could specify the credentials for specific behavioral health practitioners in clinical leadership positions, such as the credentials of staff who perform behavioral health utilization management.

2012 Behavioral Health Integration Public Stakeholder Process
Systems Linkage Workgroup Report

The Workgroup Process

The Systems Linkage Workgroup was created as a part of the process of selecting a finance and integration model for Medicaid-funded behavioral healthcare in Maryland. This Workgroup was not created to make recommendations regarding the potential models. Rather, the purpose of the Workgroup was to present, discuss, and provide general feedback regarding issues that relate to the necessary linkages in systems in order to achieve true "integration." For instance, is an electronic health record a necessary component of any integrated system? What components indicate "integrated" care versus "collaborative" care?

The Workgroup was led by an Executive Sponsor, Brian Hepburn, Deputy Director of the Mental Hygiene Administration. The Workgroup did not have formal membership; instead, all stakeholders were invited and encouraged to participate. The Workgroup met five times between May and August. The attendees of the Workgroup represented a wide array of organizations and interests (see "Attending Organizations/Affiliations" for details). Throughout the Workgroup process, verbal and written comments were accepted.

This report is the outcome of the Systems Linkage Workgroup process. The Executive Sponsor and the Behavioral Health Integration Steering Committee would like to thank everyone who attended and/or otherwise contributed to this Workgroup's efforts.

A Good and Modern System

In order to uncover what linkages should be present under any model, this Workgroup vetted elements that would make a Good and Modern System. Several key topics were discussed: consumer empowerment, providers, and flexibility in financing.

Consumer Empowerment

Stakeholders expressed that behavioral health consumers would benefit from as high a degree of empowerment as possible. They explained that feeling empowered and independent can make treatment and recovery more effective. This includes not only the ability to self-refer, but also treatment programs that make the consumer responsible for his/her health, such as wellness and health education programs. Consumers expressed that stigma and disrespect can add to their illness, and empowerment can be a way of combating this. In fact, the ability to control one's own life in this way could be a part of the treatment itself. In addition, the most effective treatment and recovery vary from person to person, and the ability to self-refer to services would allow individuals to each get the care they need.

Stakeholders suggested consumers be involved at all levels, not just in their own treatment but on advisory and oversight boards.

Providers

There were multiple statements made about providers:

1. Some primary care providers aren't sensitive to the specific needs of the behavioral health population;
2. Mental health providers sometimes won't treat consumers who have an existing substance use disorder, and vice versa;
3. Some providers want to integrate but can't afford to (adoption of electronic health records, collaboration, etc.);
4. Some providers don't read information about their patients even when its available to them;
5. Some primary care providers' offices do not feel like safe spaces to the behavioral health population (due to stigma, excess stimuli (e.g. bright lights), and others);
6. Some behavioral health consumers feel disrespected and/or patronized by primary care providers;
7. There could be more accountability in the system for poor health outcomes, possibly with improved coordination between payers and providers; and,
8. Somatic, mental health, and substance use providers have access to different data, use different language, and have different philosophies.

In general, stakeholders felt that providers, both primary care and behavioral health, need better training, a sharper focus on outcomes (possibly through evidence-based practice), facility improvements, incentives to integrate and align treatment, and the technological and financial support with which to do so. Some stakeholders suggested provider surveys so consumers could report on which providers provided the best care to the behavioral health population. Most stakeholders agreed that provider networks should be established to best provide continuous, comprehensive care to individuals.

Flexible Financing

In line with the arguments for consumer empowerment, the Workgroup explained that flexible payment structures for providers are essential for the behavioral health population. The needs of individuals vary drastically from person to person, and for each person over time. Strict reimbursement procedures would likely prevent individuals from receiving the care they need in the settings they want, in a timely manner. Providers should have the flexibility to provide whatever services they deem most effective. For instance, the two most effective, under-reimbursed services mentioned by stakeholders were peer support and physician collaboration. In addition, payers should have the flexibility to decide how to pay providers, whether fee-for-service, capitation, bundled payments, or some other payment structure.

Churn and Care Continuity

Churn was discussed as an issue requiring significant attention. Transitions between health plans, payers, and systems are frequent for the behavioral health population, and such transitions allow for many opportunities for disruption in care. Churn can take place as individuals' needs change, such as in recovery, as their Medicaid eligibility changes, such as a change in income, or as individuals age out of the child system. Care disruption can result in individuals not being able to access treatment or having to switch providers, which would be harmful and costly, and managing churn and ensuring continuity of care should be top priorities for decision-makers.

Systems Linkages

After discussing what elements make a Good and Modern System, the group discussed what linkages should be present under any model. It was decided that the new system should have strong links to:

Department of Health and Mental Hygiene (DHMH)	Corrections Medicaid	Dept. of Housing and Urban Development
Department of Human Resources	DHMH – Public Health and Local Health Departments	Dept. of Housing and Community Development
DHMH – Information Technology	Dept. of Aging Financial Institutions	Maryland Dept. of Transportation
Core Service Agencies Dept. of Veterans Affairs	Provider associations Social Security Administration	Maryland Dept. of Education
Maryland Health Care Commission	Consumer associations Dept. of Defense	
Centers for Medicare and Medicaid Services	Family associations Dept. of Rehabilitative Services	
Governor's Office for Children, Youth, and Families	Dept. of Juvenile Services Plan/advisory boards	
Developmental Disabilities Administration	Substance Abuse and Mental Health Services Administration	
Dept. of Disability	Academic institutions	
Judiciary system	Schools	

In particular, the group mentioned that the link between the current ASO and the child system (i.e. education and the Department of Juvenile Services) is well-developed and strong, and any future system should maintain this strength. Additionally, many behavioral health providers currently have strong ties to consumer associations and housing entities, and these should be maintained as well. Stakeholders mentioned the necessity of a single, up-to-date electronic health record, easily accessible by all entities.

Potential Models

After discussing the elements of a Good and Modern System, as well as the necessary linkages within that system, stakeholders discussed each of the three models. There was a general sense of unease in the group regarding current practices of MCOs and BHOs, and a good portion of the dialog around the models included fears pertaining to the current system and what improvements would need to be made to maximize the effectiveness of these models.

Where relevant, these fears about the current system will be mentioned. However, the purpose of this process was to vet the models in their purest form and discuss strengths and challenges of Maryland moving to such a model. As a result, these points should not be viewed as reasons not to pursue any particular model, but as issues that require specific attention once a model has been selected and the specifications are being developed.

Model 1

Stakeholders acknowledged that a single entity responsible for the total health care of all of their beneficiaries across the lifespan, no matter their health care needs, was an ideal system. However, the group expressed the most concern regarding Model 1 as a potential model. This was due to experience and impressions of the current MCO system. The biggest worries about MCOs providing BH services pertained to data collection, expertise, and culture. For instance, contributors were concerned with MCOs' lack of experience with managing psychiatric rehabilitative and residential services.

Stakeholders pointed out that having seven different MCOs means seven different sets of data, with no true linkage between the sets. Getting timely and comprehensive data was stated as a problem regarding the current MCOs. Stakeholders noted that, if Model 1 was pursued, there would need to be a better alignment of data across MCOs as well as increased transparency and timeliness.

Contributors were concerned that, if MCOs subcontracted with a behavioral health organization under this Model, administrative costs would double. In addition, they noted experiences in other states (such as Tennessee, Connecticut, and Kentucky) as evidence that a carve-in of these services hasn't worked well.

Contributors expressed concern regarding the uniqueness of the behavioral health population. The worry was that an entity responsible for the total health care of all its beneficiaries would not have the means or expertise to take into account the special needs of the behavioral health population. For instance, behavioral health patients tend to require more time with a physician than the general population, due to barriers such as transportation. An entity that is neither familiar with nor focused on the behavioral health population may not design its reimbursement structure for physicians in such a way that is beneficial to this population or sustainable for behavioral health providers. In other words, cultural competence was a concern under this model.

Another concern was regarding the current culture of treatment under MCOs. Contributors stated that MCOs currently focus on the treatment of illness and recurrence prevention, which is certainly a crucial component of health care, particularly on the somatic side. However, behavioral health requires a significant degree of prevention, early identification, and recovery support. In addition, treating a behavioral health population requires physician collaboration, care management, and data sharing,

elements that may be unfamiliar to an entity that has historically served a population's somatic needs. Stakeholders expressed concern that a single entity responsible for both the somatic and behavioral health needs of a population would not serve the population as well as a specialized entity.

The group was concerned about losing the strengths of the current system if Model 1 was pursued. In particular, the current public mental health system (PMHS) has strong, effective ties to the child system (e.g. education, Department of Juvenile Services). It also has strong community ties to providers. These linkages would need to be maintained through MCOs if Model 1 is recommended.

Model 2

The majority of contributors expressed support for Model 2, as long as the contract with the entity involved performance-risk instead of insurance-risk (i.e. an ASO model instead of an MBHO model). The group said this would retain the strengths of the current system; however, contributors were quick to point out that the support for Model 2 is not due to resistance to change, but rather to the potential this Model has to reform the system, contain costs, and integrate care. Workgroup Members noted the possible benefits of a system that is driven by behavioral health providers for the behavioral health population. Other than poor provider network information, which was a complaint for all current systems, and mild concern for how a significant change could affect an already vulnerable population, this group did not express apprehension about this option.

Stakeholders pointed out that under this Model, just as under the rest, its success would depend on strong, effective specifications. For instance, the link between the ASO/MBHO and the MCOs would need to be timely and accurate. This would allow all physicians access to data on their whole patient, not just either his/her somatic or behavioral health history, as well as allow for quality control. Cost allocation would need to be established between the ASO/MBHO and the MCOs such that savings on the somatic side due to behavioral health care would be seen by the behavioral health entity. Providers should be required to share data and work together, perhaps through the reimbursement of collaborative meetings, co-location, technology, or other mechanisms. Workgroup members also noted that behavioral health often displays as something else early on, and that diagnoses and where someone is in their recovery process can vary significantly. The criteria to receive services under the specialty behavioral health entity should be selected carefully, and should be flexible.

Model 3

Stakeholders pointed out that this model would mean somatic and behavioral health care would be provided by the same entity, so care continuity and coordination, as well as data collection and quality management, may be simplified. However, family continuity may be disrupted as families with one or more members with severe behavioral health needs would be served by different entities. Workgroup Members also noted the possible benefits of a system that is driven by behavioral health providers for those with severe behavioral health needs. Like with Model 2, it was also noted that behavioral health often displays as something else early on, and that diagnoses and where someone is in their recovery process can vary significantly. The criteria to receive services under the specialty behavioral health entity should be selected carefully, and should be flexible.

Contributors expressed concern for this model on the issue of churn. Recovery is a primary focus of behavioral health treatment, and sustained access to behavioral health services is one of the ways

individuals remain healthy. If a person was disqualified from participation in the specialty BHO once they recovered, it would make relapse more likely and could effectively decrease the health of the population and increase costs. An individual should be able to remain in the specialty BHO for a certain amount of time after recovery, or some other action should be taken to prevent constant churn between MCOs and the specialty BHO.

There was some concern about prevention and early identification with this model. A model that focuses on a high-need population, by definition, does not focus on the population of people who are at-risk. The group was concerned that at-risk individuals, in particular at-risk youth, would not receive the preventive care they need under this model. They also pointed out that children and adults present severe behavioral health needs differently, and the specifications of this model would need to be mindful of that.

Some stakeholders expressed concern that this model may create stigma for patients with severe behavioral health needs. Being served by a separate entity even for somatic care, having a different insurance card, seeing different doctors, may be stigmatizing for a highly vulnerable group. Other Workgroup members argued this point, saying the entity providing health care needs isn't often an obvious one, and people are more concerned about accessing effective, reliable treatment is a safe environment than who is responsible for the payment.

Contributors wondered if having all high-cost behavioral health patients served by one entity would be a problem from a budget standpoint. Though savings are anticipated on the somatic side for the adult population, they may be hard to demonstrate and are not expected for the child population. As an expensive program, as well as a program serving people very different from the general population, would this program survive budget cuts? Some Workgroup members said this model would be the best way to demonstrate cost-savings for this population and would, in fact, be the safest place for the care of this population.

Attending Organizations/Affiliations

- Affiliated Sante Group
- Alliance, Inc.
- American Psychiatric Association
- AmeriGroup
- Anne Arundel County - Mental Health Agency
- Anne E. Casey Foundation
- Arundel Lodge
- Baltimore Community Resource Center
- Baltimore County - Bureau of Behavioral Health
- Baltimore Crisis Response, Inc.
- Baltimore Mental Health Systems
- Baltimore Substance Abuse Systems
- Board of Professional Counselors and Therapists
- Catholic Charities
- CBH Health
- Charles County - Core Service Agency
- Chase Brexton Health Services
- Consumer advocates
- Coventry Health Care of Delaware
- Delmarva Foundation
- Department of Budget and Management
- Department of Disability
- Department of Health and Mental Hygiene - Alcohol and Drug Administration
- Department of Health and Mental Hygiene - Mental Hygiene Administration
- Department of Health and Mental Hygiene - Money Follows the Person
- Family Services, Inc
- Harford County - Core Service Agency
- Health Management Consultants
- Howard County Health Department
- JAI Medical Systems
- Johns Hopkins
- Johns Hopkins Bayview Community Psychiatry
- Keystone Service System
- LifeBridge Health
- Maryland Association of Core Service Agencies
- Maryland Addictions Directors Council
- Maryland State Department of Education
- Maryland Disability Law Center
- Maryland Hospital Association
- Maryland Physicians Care
- Maryland Psychiatric Society
- MedStar Health
- Mental Health Association of Maryland
- Montgomery County Core Service Agency
- Montgomery County Department of Health and Human Services - Behavioral Health & Crisis Services
- Montgomery County Health and Human Services
- Mosaic Community Services
- Mountain Manor
- Mt. Washington Pediatric Hospital
- National Alliance on Mental Illness in Maryland
- On Our Own of Maryland
- Open Society Institute
- People Encouraging People
- Prologue
- Public Defender's Office
- Public Policy Partners
- Riverside Health
- Springfield Hospital Center
- St. Luke’s House and Threshold Services United
- The Children's Guild
- The Hilltop Institute
- The Institute for Innovation & Implementation
- Total Health Care, Inc
- University of Maryland (UMD)
- UMD, Carey Law School
- UMD, System Evaluation Center
- UMD, Evidence-Based Practice Center
- University of Maryland, Baltimore County
- Value Options
- Way Station, Inc.
- Wraparound Maryland, Inc.

2012 Behavioral Health Integration Public Stakeholder Process
Evaluation (Data) Workgroup Report
Last Updated: 09/10/2012

WORKGROUP CHARGES

The Data and Evaluation Workgroup was created as a part of the process of selecting a finance and integration model for Medicaid-funded behavioral health care in Maryland. The workgroup was given two charges: (1) determine what data should be considered when making a recommendation and (2) identify performance measures to evaluate the model.

The workgroup was led by an Executive Sponsor, Tricia Roddy, Director of Planning in the Office of Healthcare Financing. The workgroup did not have formal membership; instead, all stakeholders were invited and encouraged to participate. The workgroup met six times between May and August 2012. Participants represented a wide array of organizations. Throughout the process, verbal and written comments were accepted. The workgroup staff did its best to incorporate submitted comments into this report. The findings of this report represent the key areas discussed during the workgroup meetings. They may not, however, represent the views of every participant.

The Executive Sponsor and the Behavioral Health Integration Steering Committee would like to thank everyone who attended or otherwise contributed to the workgroup's efforts.

OVERVIEW OF MEETINGS

May 9th

- Discussed workgroup objectives, expectations, and schedule
- Presented a proposed databook showing enrollment and utilization of somatic and behavioral health services across care settings, coverage groups and diagnosis groups.

June 6th

- Guest presentation by Michael Abrams of the Hilltop Institute on Latent Class Analysis

June 19th

- Presented revised databook populated with Fiscal Year (FY) 2011 data

July 11th

- Presented expanded databook populated with FY 2008-2011 data
- Presented fact sheet on HealthChoice, Primary Adult Care (PAC) and Fee-for-service (FFS) coverage
- Presented expenditure data for substance abuse services, by individual procedure code
- Presented outline of existing clinical outcome measures under HealthChoice, the ADAA grant system, and MHA's ASO contract

July 25th

- Presented inpatient stays for top 25 diagnoses by program and diagnosis group for FY 2008-2011
- Presented proposed template for organizing performance measures

August 8th

- Collected comments on performance measures template and general comments on models

WORKGROUP CHARGE 1: WHAT DATA IS RELEVANT TO MODEL SELECTION?

The first charge of the workgroup was to identify what data should be considered when selecting the model. To fulfill this charge the workgroup produced a series of datasets, which were discussed during the meetings. The main document was a series of databooks showing enrollment and utilization of somatic and behavioral health services, organized by coverage group, diagnosis group, and service setting. Other documents included data tables showing the top inpatient diagnoses by coverage and diagnosis group, and data tables showing expenditures on substance abuse treatment by individual procedure code.

Databooks

At the initial meeting, the Executive Sponsor proposed generating a databook that would display enrollment and utilization data on the current behavioral health system through a series of databooks, and presented a template to the workgroup. Workgroup participants were supportive of the databook approach, although comments were submitted on how to improve the template. The workgroup staff revised the template and presented populated databooks in subsequent meetings.

The revised databook provided four years of Medicaid enrollment and utilization data across the following Medicaid service delivery systems: HealthChoice, Primary Adult Care (PAC), HealthChoice/PAC, and Fee-for-Service. The HealthChoice bucket contained enrollment and service utilization data for individuals with some span of enrollment in HealthChoice (and not PAC) during the calendar year. The PAC bucket contained enrollment and service utilization data for individuals with some span of enrollment in PAC (and not HealthChoice) during the calendar year. The HealthChoice/PAC bucket included enrollment and utilization data for the subset of individuals that transitioned between HealthChoice and PAC during the calendar year. The Fee-for-Service bucket contained individuals with some span of FFS coverage during the calendar year. Within these coverage buckets, data was grouped into four diagnosis groups: Mental Health, Substance Abuse, Dual-Diagnosis ("Both"), and Neither. Service data was grouped into seven service settings: Inpatient, Outpatient, Physician/Professional, Pharmacy, Special Services, Home Health and Long Term Care. Within these settings, services were categorized into Substance abuse, Mental Health, and Somatic services. By organizing the data in such a way, workgroup participants were able to comparatively analyze enrollment and utilization of somatic and behavioral health services across coverage and diagnosis groups. The final version of the databooks can be found in Appendix 1.

Top 25 Inpatient Diagnoses

Workgroup participants requested data showing the number of inpatient Admissions for the Top 25 Diagnosis Codes. Data was organized in similar formats as the databooks, allowing for comparisons across coverage groups, diagnosis groups, demographics, and over multiple years. This can be found in Appendix 2.

Substance Abuse Expenditures

At the request of the workgroup, the Executive Sponsor also provided expenditures on outpatient substance abuse treatment services, organized by procedure code. Figures reflected those in the Joint Chairmen's Report on Outpatient Substance Abuse Expenditures released in June 2012. This can be found in Appendix 3.

Medicaid Fact Sheet

Noting the complexity of the databook and the programmatic differences between HealthChoice, PAC and Fee-for-service, workgroup participants requested a fact sheet on the programs. This can be found in Appendix 4.

Data Analysis and Commentary

After the datasets were presented, both workgroup participants and Executive Sponsor offered analysis and commentary on the data. The following represent key ideas and takeaways from these discussions; this should not be viewed as an exhaustive list and may not represent the view of every workgroup member.

How important is it to have all family members served by the same managed care organization (MCO)?

The data reveal that a large number of HealthChoice enrollees who have a mental illness or substance abuse diagnosis are enrolled under the Medicaid Family and Children eligibility category. This means that a large percentage of the population is part of a household with other members receiving Medicaid benefits. Under Model 3 – in which qualified individuals are disenrolled from a 'standard' MCO and enrolled in a behavioral health MCO – a household may have individuals enrolled in multiple MCOs, which could complicate access to care.

How does the prevalence of FFS enrollees inform model discussion?

The data show that a substantial portion of the Medicaid population with a behavioral health diagnosis receives somatic care through unmanaged fee-for-service coverage. In FY 2011, 22 percent of the population with a mental health diagnosis received somatic care through a fee-for-service coverage, while ten per cent of the population with a substance abuse diagnosis received somatic and substance treatment through a fee-for-service coverage. Historically, individuals in fee-for-service coverage tend to be high users of somatic and behavioral health services. The large majority of them also tend to be dually eligible for Medicare and Medicaid due to the fact that current HealthChoice rules disenroll individuals who are eligible for Medicare, 65 or older, or enrolled in a nursing home for more than 30 days.

How does the presence of a sizable FFS population in the diagnosis groups inform the model selection?

Unless the current rules for the HealthChoice program change, individuals who age-out, become dually eligible for Medicaid and Medicare services, or are admitted to a nursing home for more than 30 days would enter an unmanaged FFS system. Alternatively, an Administrative Services Organization could be hired to help manage behavioral health services when individuals enter the FFS system. The same would apply to Model 3 unless eligibility included dual-eligibles, individuals in nursing homes, and those over age 65. On the other hand, the Administrative Services Organization under Model 2 could manage the care across the HealthChoice, PAC, and FFS programs. Addressing the needs of the FFS population may require policy makers to answer a larger question of whether dual-eligibles may be enrolled in managed care organizations.

What proportion of hospital services is somatic versus mental health?

Examining the population aged 19 to 64 with a behavioral health diagnosis (156,052 individuals), there is a significant difference between the utilization of somatic services and mental health services in hospital settings. 19 percent (29,299 individuals) utilized somatic services in a hospital inpatient setting, while only five percent (8,230 individuals) utilized mental health services in a hospital inpatient setting. 61 percent (95,250 individuals) utilized somatic services in a hospital outpatient setting, while only 13 percent (20,030 individuals) utilized mental health services in a hospital outpatient setting. These numbers demonstrate the complexities of coordinating somatic and behavioral health services. Under Model 2, the HealthChoice program would be responsible for the vast majority of the hospital services for individuals with a behavioral health diagnosis. The Administrative Services Organization is responsible for mental health services, and in order to promote integration under this model, different incentives may need to be considered. Model 1 has one set of incentives, and Model 2 has a different set of incentives. It would be helpful to consider both and determine which set of incentives are most appropriate under the model and whether or not the set of incentives better promotes integration.

Significant growth in enrollees with a behavioral health diagnosis

Between 2008 and 2011, the number of Medicaid enrollees with a behavioral health diagnosis has increased substantially, from roughly 200,000 to 286,000 individuals. The number of SUD-diagnosed and dual-diagnosed (individuals with both a mental health and substance abuse diagnosis) enrollees doubled over that period. The Medicaid Expansion under the Affordable Care Act will allow PAC enrollees to receive full Medicaid benefits and will increase overall enrollment starting in January 2014. But this begs the question: from an administrative and operational standpoint, the model selected must be able to handle a sizeable growth in the number served.

Population with a BH Diagnosis - 2008 to 2011

	Dual Diagnosis		MHD Only		SUD Only	
	Number	**Growth**	**MHD Only**	**Growth**	**SUD Only**	**Growth**
2011	36,987	12.91%	223,940	10.26%	24,902	26.00%
2010	32,759	35.67%	203,107	11.19%	19,764	41.05%
2009	24,146	17.72%	182,674	10.56%	14,012	11.98%
2008	20,511	-	165,225	-	12,513	-

Excess inpatient costs

Using the counts of inpatient stays for the top six somatic diagnoses, a workgroup participant presented an analysis that compared inpatient costs for substance abuse and mental health diagnosis groups to inpatient costs for the “neither” group. Looking at the population of HealthChoice adults, the workgroup participant found an estimated $86.4 million in what was described as excess inpatient costs. The participant also provided the relative risk of inpatient admission for this population and argued that the best integration model was Model 1. These analyses highlight the importance of choosing a model that minimizes the incidence of avoidable hospitalizations. See Appendix 5.

Payment Reform

A workgroup participant noted that in order to significantly improve integration payment reforms should be considered. Global capitation may be achieved only under Model 1. Under Model 2, other payment reforms may be considered, such as shared savings for 2a and financial incentives tied to performance targets for 2b. Selecting a Model should consider what payment reforms may be built into the Model.

Comments suggesting additional data sources

In addition to analyzing presented data, workgroup participants suggested that additional data sources be considered, including:

- National Outcomes Measurement System (NOMS) data currently collected by MHA and ADAA
- National 2005 Medicaid data; specifically comparing data from states that have implemented the models currently under consideration
- Behavioral health data from the Kaiser Commission
- More detailed information on mental health and substance abuse diagnoses

The Executive Sponsor noted that time constraints prevented the workgroup from presenting these data, and noted that some these sources would likely be considered in phase three of integration.

Comments regarding data use in an integrated system

Workgroup participants also provided comments regarding the collection and reporting of data in the administration of an integrated system. These included:

- If Model 2 is selected, the ASO should have the ability to capture data on individuals within the model. In addition, once that data is collected it should be transferred, presented, and analyzed by an independent entity.
- Agencies should not be required to duplicate data reporting systems. To streamline this reporting it is suggested that the Department inform agencies of specific data specifications that are required to be built into their systems.
- Data collection should be standardized across administrative entities
- A participant noted the herculean effort involved in getting substance abuse cost data from the MCOs. On the other hand, another participant noted that the MCOs have demonstrated their ability to perform the necessary data collection and monitoring associated with the PAC expansion. This experience could be built upon to ensure MCO accountability for the delivery of behavioral health services. It was also noted that the Department's new claims processing currently being implemented will capture payment information from the MCOs.
- As providers adopt and implement electronic health records and connect to Maryland's Health Information Exchange, quality of care will improve. Providers will be able to receive alerts on their patients and exchange clinical data. This integration will occur regardless of the model selected.
- Option 1 allows information to be shared through a single source, which will reduce administrative and clinical complexity for individuals who transition between Medicaid and the new Health Benefit Exchange.

Other Comments

- To gain an understanding of how to yield better treatment among the Medicaid population the Department should consider specific data that drives treatment
- As the Department moves forward with this process, it should identify the sub populations that account for large percentages of expenditures and select a model that would best target those consumers.

WORKGROUP CHARGE 2: PERFORMANCE MEASURES

The second charge of the workgroup was to develop performance measures to evaluate the integrated system. The workgroup assumed that development of performance measures would be independent of what model was selected. The Executive Sponsor initiated this effort by presenting current systems of measuring performance in HealthChoice, the ADAA grant system, and MHA's ASO contract (see Appendix 6). This gave participants an opportunity to view the current system of performance management and helped foster discussion on how to structure performance measurement under an integrated system. At the request of participants, the Executive Sponsor presented a proposed framework for performance measures (see Appendix 7).

Comments on Performance Measurement Framework

Workgroup participants submitted a variety of comments on the proposed framework. We attempted to capture participants' comments below; this is an illustrative rather than an exhaustive list, and it may not represent the views of every participant.

- Federal initiatives will drive performance and reporting requirements. It was noted, however, that the State should also drive its own reform efforts;
- A measure of patient satisfaction ought to be included;
- Clinical outcomes should be included under the framework's consumer experience category;
- When developing the overall performance management system, MHA's Outcomes Management System (OMS) ought to be used as a reference;
- A measure of provider workforce development ought to be included in the performance measurement system;
- Participants cited concerns about outdated provider information. A measure should be included that encourages providers to update contact information and update status regarding acceptance of new patients;
- Performance management should include monitoring of denial rates for substance abuse and mental health services. Some participants commented that it would be helpful to see current MCO and ASO denial rates by procedure. Another commenter responded that this information should be viewed with caution because comparing denial rates between mental health and substance abuse services may not be an apples-to-apples comparison;
- Incentives should be included in the performance management system, and they should be aligned across administrative entities as well as triggered by performance; and,
- Incremental incentives should be built into the evaluation measures.

GENERAL COMMENTS ON MODEL CHOICE

In addition to providing feedback related to the workgroup's charge, participants offered general comments on the models. Several participants expressed support for Model 2 (BHO carve out), citing its advantage by addressing provider challenges with MCOs. Some participants supported a Model "2b" (performance-based carve out), noting the complications of establishing a capitation payment for behavioral health services. Other participants noted that Model 3 (population carve-out) would create churning among health plans. Participants noted the risk that once an individual enters the behavioral health MCO, the individual would remain in the MCO despite being "cured." A non-consumer member noted that Model 3 might cause individuals with a behavioral health diagnosis to feel stigmatized. Certain participants noted that changing how substance abuse services are delivered at this juncture would certainly disrupt the impressive grains made over the last couple of years. Lastly, a participant noted that Model 2 would allow the flexibility of services and coordination required across child and family-serving systems. Other participants noted that Option 1 is the only model which achieves full integration of somatic health care, mental health care, and addiction care.

CONCLUSION

The information presented in this report represents the comments and analysis provided to the Data and Evaluation Workgroup. These were delivered by stakeholders and the Executive Sponsor with the purpose of identifying what data ought to be considered by the steering committee when selecting a model, and to initiate the development of performance measures for an integrated system. The workgroup staff did its best to incorporate submitted comments into this report; they may not, however, represent the views of every participant.

The result of our work is a detailed profile of the current behavioral health delivery system, the population, and patterns of utilization. We hope that this provides the steering committee with ample information for making an informed recommendation. We expect that some of this data will continue to be useful in the next integration phase, as we begin to design the specific components of the performance measurement system. We would like to thank everyone who attended our meetings, webinars, or who otherwise participated.

Participating Organizations

The Data and Evaluation workgroup included representation from the following organizations.

1. Anne Arundel County Mental Health Agency
2. Alliance, Inc.
3. Amerigroup
4. Baltimore Crisis Response, Inc.
5. Baltimore Mental Health Systems
6. Baltimore Substance Abuse Systems (BSAS)
7. Catholic Charities
8. Chase Brexton Health Services
9. Community Behavioral Health Association Of Maryland (CBH)
10. Consumers
11. Core Service Agency - Charles County Department of Health
12. Delmarva Foundation for Medical Care (DFMC)
13. Department of Budget and Management (DBM)
14. Department of Legislative Services (DLS)
15. DHMH - Money Follows the Person (MFP)
16. Glass Health
17. Harris Jones & Malone, LLC
18. Health Management Consultants, LLC
19. HealthCare Access MD (HCAM)
20. The Hilltop Institute at UMBC
21. Johns Hopkins Bayview Medical Center
22. Howard County Health Department
23. Institutes for Behavior Resources Inc, Reach Mobile Health Services
24. Johns Hopkins HealthCare
25. Johns Hopkins University
26. Maryland Addictions Directors Council (MADC)
27. Maryland Association of Core Service Agencies (MACSA)
28. Maryland Department of Disabilities
29. Maryland Disability Law Center (MDLC)
30. Maryland Physicians Care
31. Maryland Psychiatric Society (MPS)
32. Medstar Health
33. Mental Health Association of Maryland (MHAMD)
34. Mental Hygiene Administration
35. MHNET Behavioral Health
36. Mosaic Community Services
37. Mountain Manor
38. National Alliance on Mental Illness of Maryland
39. On Our Own of Maryland, Inc.
40. PDG Rehabilitation Services
41. People Encouraging People, Inc.
42. Public Policy Partners
43. Riverside Health
44. The Children's Guild
45. The Institute for Innovation and Implementation
46. University of Maryland Law School - Drug Policy Clinic
47. University of Maryland System Evaluation Center
48. Value Options

Data and Evaluation Workgroup Appendices

1. Databooks
2. Top 25 Inpatient Diagnoses
3. Medicaid Outpatient Substance Abuse Expenditures FY 2011, by Procedure
4. Maryland Medicaid: Summary of Mental Health and Substance Abuse Benefits
5. Analysis of Excess Costs and Relative Risk of Admission for HealthChoice Adults
6. Current Clinical Performance Measures
7. Performance Measures Template

Appendix 1: Databooks (FY 2008 – 2011)

Template 1. Summary Statistics for the Population, FY 2008 (All Ages)

Category	Populations															
	HealthChoice Only Enrollees				PAC Only Enrollees				HealthChoice/PAC Both				FFS Only Enrollees			
	Both	MHD Only	SUD Only	None	Both	MHD Only	SUD Only	None	Both	MHD Only	SUD Only	None	Both	MHD Only	SUD Only	None
Number of Enrollees	13,750	112,018	8,423	389,334	1,701	7,392	1,501	11,566	462	809	202	1,099	4,598	45,006	2,387	76,831
Age Group (%)																
0-18	18.8	70.4	16.2	80.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3.2	6.1	1.9	8.4
19-64	81.2	29.6	83.8	19.7	99.8	99.4	99.5	97.6	100.0	99.9	100.0	99.9	81.5	47.9	79.7	45.1
65+	0.0	0.0	0.0	0.0	0.2	0.6	0.5	2.4	0.0	0.1	0.0	0.1	15.3	46.0	18.4	46.5
Gender(%)																
Female	56.0	47.3	55.7	58.3	41.5	54.6	35.0	61.5	58.4	69.1	49.5	78.0	41.8	61.6	32.4	72.7
Male	44.0	52.8	44.3	41.7	58.6	45.4	65.0	38.6	41.6	30.9	50.5	22.0	58.2	38.4	67.6	27.3
Race(%)																
White	44.8	38.8	32.9	25.4	35.2	53.1	16.3	30.4	41.3	49.1	25.7	28.8	49.8	52.5	30.1	31.9
Black	50.7	51.0	62.5	52.2	62.7	43.0	81.4	63.2	56.5	46.1	73.8	67.2	44.4	36.2	60.2	38.8
Hispanic	1.4	5.8	1.7	14.5	0.2	1.1	0.5	1.8	0.6	1.1	0.0	1.3	1.1	2.2	3.7	14.6
Asian	0.3	1.1	0.3	2.9	0.1	1.0	0.1	2.5	0.2	0.9	0.0	1.4	0.5	3.1	0.7	8.3
Other	2.7	3.4	2.6	5.1	1.9	1.9	1.7	2.2	1.3	2.8	0.5	1.5	4.2	6.0	5.3	6.4
Average Enrollment (months)																
Any Medicaid	11.1	11.3	10.6	10.4	11.0	10.4	10.8	10.6	11.5	11.2	11.2	11.1	10.3	10.6	8.7	8.8
HealthChoice	10.0	10.8	9.3	9.7	0.0	0.0	0.0	0.0	4.1	4.2	4.0	4.2	0.0	0.0	0.0	0.0
PAC	0.0	0.0	0.0	0.0	9.3	8.8	9.6	9.3	4.0	4.1	4.0	4.1	0.0	0.0	0.0	0.0
FFS only	1.2	0.6	1.2	0.8	1.7	1.6	1.2	1.3	3.4	3.0	3.2	2.8	10.3	10.6	8.7	8.8
Region(%)*																
Baltimore City	44.8	28.6	51.4	23.3	67.8	37.5	79.8	45.1	56.7	36.7	73.8	43.0	38.7	22.9	50.2	21.0
Baltimore Suburbs	25.4	27.5	20.8	25.3	18.9	26.4	12.7	20.4	17.5	23.2	12.9	21.1	27.8	30.2	19.7	24.2
Washington Suburbs	11.0	20.2	10.4	31.6	5.8	14.7	3.6	15.6	8.2	14.1	5.4	15.2	14.3	24.0	14.6	35.6
Western MD	6.4	7.2	5.0	5.2	1.9	8.5	1.3	8.0	5.4	10.5	2.5	7.1	6.6	7.5	3.4	5.5
Eastern MD	9.3	11.7	9.1	9.6	3.6	9.1	1.3	7.7	8.4	10.0	4.5	8.9	9.4	10.6	8.8	9.3
Southern MD	2.9	4.7	3.3	4.9	1.9	3.6	1.1	3.3	3.0	4.9	1.0	4.6	2.7	4.5	3.1	4.2

Category	Populations															
	HealthChoice Only Enrollees				PAC Only Enrollees				HealthChoice/PAC Both				FFS Only Enrollees			
	Both	MHD Only	SUD Only	None	Both	MHD Only	SUD Only	None	Both	MHD Only	SUD Only	None	Both	MHD Only	SUD Only	None
Eligibility(%)																
Family and Children	34.3	51.9	43.1	65.3	0.0	0.0	0.0	0.0	16.7	19.7	17.8	20.6	2.3	2.1	4.0	5.0
Disabled	53.0	27.2	40.5	5.4	0.0	0.0	0.0	0.0	47.0	30.8	42.1	20.1	14.4	8.3	21.5	7.9
Maryland CHIP	3.3	16.7	4.4	22.7	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.1	0.5	0.1	0.6
Dual Eligible (age 0-64)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	55.6	38.4	37.8	15.4
Dual Eligible (age 65+)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	13.6	43.0	15.7	41.2
Other (includes PAC)	9.4	4.2	12.0	6.7	100.0	100.0	100.0	100.0	36.4	49.4	40.1	59.3	14.0	7.8	21.0	30.0

*Counties included in each region are as follows:

Baltimore City:	Baltimore City
Baltimore Suburbs:	Anne Arundel, Baltimore, Carroll, Harford, Howard
Washington Suburbs:	Frederick, Montgomery, Prince George's
Western MD:	Allegany, Garrett, Washington
Eastern MD:	Caroline, Cecil, Kent, Queen, Talbot, Dorchester, Somerset, Wicomico, Worcester
Southern MD:	Calvert County, Charles County, St. Mary's County

OUT OF STATE not presented so totals are slightly less than 100%

Template 2a. Unique Enrollees (Aged 0-18 Years) by Service Type, FY 2008 (same individual can be counted in multiple rows)

Category		Populations							
		HealthChoice Enrollees				FFS Enrollees			
Service Setting	Service Category (MH/SA/Somatic)	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither
	Number of Enrollees	***2,580***	***78,861***	***1,361***	***312,557***	***146***	***2,759***	***46***	***6,477***
Hospital Inpatient	Mental Health	620	2,158	0	0	106	463	0	0
	Somatic Care	276	3,456	270	36,634	21	514	19	2,186
	Substance Abuse	229	0	54	0	16	0	12	0
Hospital Outpatient	Mental Health	769	12,034	0	0	41	501	0	0
	Somatic Care	1,459	34,525	654	127,300	83	1,919	13	2,267
	Substance Abuse	602	2	289	0	7	0	3	0
Physician/Professional	Mental Health	2,156	47,546	0	0	66	951	0	0
	Somatic Care	2,254	67,662	1,105	301,694	93	2,291	31	5,696
	Substance Abuse	1,027	2	651	0	34	0	22	0
Pharmacy	All	2,310	61,586	876	214,407	131	2,316	22	2,433
Special Services*	All	2,177	60,866	837	155,792	121	2,340	18	2,093
Dental	All	1,260	38,987	456	116,000	57	917	2	827
Home Health	All	154	2,999	107	6,194	20	1,703	7	1,227
Long Term Care	All	0	0	0	2	0	2	0	0
Specific services (subsets of above reporting, for example emergency visits are part of outpatient visits)									
- Emergency Department	Mental Health	651	3,275	0	0	26	92	0	0
	Somatic Care	1,317	27,276	601	106,867	60	1,153	15	1,594
	Substance Abuse	216	1	127	0	7	0	1	0
- Psych Residential Rehab.	Mental Health	1	5	0	0	1	2	0	0
- Other Psych Rehab.	Mental Health	189	4,436	0	0	8	42	0	0
- Methadone	Substance Abuse	5	0	16	0	0	0	0	0
- Regional Institute for Children and Adolescents	Mental Health	151	331	0	0	98	413	0	0
	Somatic Care	1	5	0	184	2	3	0	0
	Substance Abuse	1	0	0	0	0	0	0	0

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 2b. Unique Enrollees (Aged 0-18 Years) by Payment Source, FY 2008 (same individual can be counted in multiple rows)

Category		Populations							
		HealthChoice Enrollees				FFS Enrollees			
Service Setting	Payment Source	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither
	Number of Enrollees	***2,580***	***78,861***	***1,361***	***312,557***	***146***	***2,759***	***46***	***6,477***
Hospital Inpatient	FFS	127	503	79	9,124	35	510	31	2,173
	MCO	393	3,155	257	27,992	0	1	0	14
	Specialty Mental Health	622	2,151	0	0	107	465	0	0
Hospital Outpatient	FFS	215	5,083	106	12,928	88	1,924	16	2,258
	MCO	1,703	33,755	788	120,997	2	5	0	10
	Specialty Mental Health	718	10,552	0	0	38	393	0	0
Physician/Professional	FFS	437	8,467	200	30,187	107	2,333	37	5,679
	MCO	2,304	68,336	1,225	296,447	0	8	0	25
	Specialty Mental Health	1,991	34,659	0	0	54	569	0	0
Pharmacy	FFS	1,727	30,876	178	19,464	131	2,313	22	2,419
	MCO	1,976	54,368	816	210,822	10	17	0	18
Special Services*	FFS	1,293	39,323	166	9,812	121	2,336	18	2,085
	MCO	1,900	41,219	772	151,119	2	7	0	9
	Specialty Mental Health	139	1,138	0	0	16	13	0	0
Dental	FFS	49	371	4	778	56	913	2	827
	MCO	1,229	38,811	452	115,615	1	4	0	0
Home Health	FFS	20	1,316	19	1,319	20	1,703	7	1,226
	MCO	139	1,817	91	4,913	0	0	0	1
	Specialty Mental Health	0	0	0	0	0	0	0	0
Long term care	FFS	0	0	0	0	0	2	0	0
Specific services (redundant with above reporting)									
- Emergency Department	FFS	144	1,522	77	8,571	65	1,153	16	1,585
	MCO	1,413	26,994	642	101,684	1	3	0	10
	Specialty Mental Health	606	2,902	0	0	25	85	0	0
- Psych Residential Rehab.	FFS	0	0	0	0	0	0	0	0
	MCO	0	0	0	0	0	0	0	0
	Specialty Mental Health	1	5	0	0	1	2	0	0
- Other Psych Rehab.	FFS	0	0	0	0	0	0	0	0
	MCO	0	0	0	0	0	0	0	0
	Specialty Mental Health	189	4,446	0	0	8	42	0	0
- Methadone	FFS	0	0	1	0	0	0	0	0
	MCO	5	0	15	0	0	0	0	0
	Specialty Mental Health	0	0	0	0	0	0	0	0
- Regional Institute for Children and Adolescents	FFS	0	0	0	0	0	0	0	0
	MCO	0	0	0	184	0	0	0	0
	Specialty Mental Health	152	332	0	0	98	415	0	0

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 3a. Unique Enrollees (Aged 19-64 Years) by Service Type, FY 2008 (same individual can be counted in multiple rows

Category		Populations															
		HealthChoice Only Enrollees				PAC Only Enrollees				HealthChoice and PAC				FFS Enrollees			
Service Setting	**Service Category (MH/SA/Somatic)**	**Both**	**MHD Only**	**SUD Only**	**Neither**	**Both**	**MHD Only**	**SUD Only**	**Neither**	**Both**	**MHD Only**	**SUD Only**	**Neither**	**Both**	**MHD Only**	**SUD Only**	**Neither**
	Number of Enrollees	***11,171***	***33,157***	***7,062***	***76,777***	***1,697***	***7,347***	***1,494***	***11,288***	***462***	***808***	***202***	***1,098***	***3,749***	***21,540***	***1,902***	***34,658***
Hospital Inpatient	Mental Health	2,650	1,394	0	0	0	0	0	0	104	22	0	0	1,024	993	0	0
	Somatic Care	4,592	6,887	2,859	21,559	0	0	0	0	150	157	71	234	1,560	4,401	1,132	13,594
	Substance Abuse	648	0	149	1	0	0	0	0	37	0	10	1	129	0	54	3
Hospital Outpatient	Mental Health	3,441	5,291	0	0	146	78	0	0	92	88	0	0	1,153	2,819	0	0
	Somatic Care	8,855	20,576	4,976	48,796	280	495	158	754	325	455	127	639	2,716	11,188	1,178	13,690
	Substance Abuse	3,085	1	1,194	4	73	1	25	0	126	0	40	0	589	1	228	2
Physician/Professional	Mental Health	8,299	20,618	0	0	1,265	5,960	0	0	376	614	0	0	2,768	12,929	0	0
	Somatic Care	10,543	29,330	6,277	72,475	1,463	5,011	1,320	10,646	430	720	178	1,058	3,351	18,014	1,671	30,062
	Substance Abuse	5,313	1	3,327	2	687	2	554	0	218	0	92	1	1,062	1	481	4
Pharmacy	All	10,694	30,187	5,991	63,645	1,620	6,497	1,311	10,065	450	775	184	1,019	1,685	8,109	640	10,163
Special Services*	All	9,198	25,834	5,154	57,701	1,282	3,578	1,120	7,583	351	578	142	845	2,252	12,640	799	14,121
Dental	All	2,160	7,131	1,062	14,232	326	981	275	1,789	75	185	21	260	19	205	4	103
Home Health	All	1,446	7,004	623	2,913	6	34	1	48	22	21	10	28	312	7,423	79	1,347
Long Term Care	All	287	292	95	138	9	15	10	6	5	3	4	4	454	2,424	152	1,516
Specific services (redundant with above reporting)																	
- Emergency Department	Mental Health	3,304	2,505	0	0	146	78	0	0	110	39	0	0	1,300	1,547	0	0
	Somatic Care	8,381	16,622	4,481	36,400	280	495	158	754	303	352	117	452	2,641	8,715	1,397	10,585
	Substance Abuse	1,490	2	422	2	73	1	25	0	56	0	13	1	461	1	155	4
- Psych Residential Rehab.	Mental Health	210	1,008	0	0	2	15	0	0	14	17	0	0	169	1,134	0	0
- Other Psych Rehab.	Mental Health	932	2,712	0	0	100	262	0	0	27	54	0	0	279	1,343	0	0
- Methadone	Substance Abuse	2,256	0	2,123	0	21	0	16	0	64	0	36	0	191	0	200	0
- Regional Institute for Children and Adolescents	Mental Health	1	8	0	0	0	0	0	0	0	0	0	0	3	25	0	0
	Somatic Care	20	40	11	240	0	0	0	0	0	0	0	0	0	0	0	0
	Substance Abuse	14	0	1	0	0	0	1	0	1	0	0	0	0	0	0	0

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 3b. Unique Enrollees (Aged 19-64 Years) by Payment Source, FY 2008 (same individual can be counted in multiple rows

Category		Populations															
		HealthChoice Only Enrollees				PAC Only Enrollees				HealthChoice and PAC				FFS Enrollees			
Service Setting	Payment Source	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither
	Number of Enrollees	**11,171**	**33,157**	**7,062**	**76,777**	**1,697**	**7,347**	**1,494**	**11,288**	**462**	**808**	**202**	**1,098**	**3,749**	**21,540**	**1,902**	**34,658**
Hospital Inpatient	FFS	941	1,019	587	2,244	0	0	0	0	89	63	44	96	2,176	5,043	1,179	13,592
	MCO	4,621	6,357	2,572	19,826	0	0	0	0	112	104	46	160	1	7	5	6
	Specialty Mental Health	2,592	1,332	0	0	0	0	0	0	106	22	0	0	410	289	0	0
Hospital Outpatient	FFS	2,368	3,976	1,342	12,450	221	245	120	325	172	173	71	263	2,955	12,004	1,241	13,681
	MCO	9,042	19,864	4,980	44,467	109	281	53	443	298	393	121	537	10	24	10	21
	Specialty Mental Health	3,224	4,847	0	0	124	43	0	0	84	81	0	0	288	520	0	0
Physician/Professional	FFS	2,816	5,995	1,761	22,198	227	375	113	518	226	304	93	395	3,482	18,969	1,719	29,960
	MCO	10,635	29,020	6,607	69,104	1,544	5,080	1,428	10,478	435	712	187	1,027	92	194	51	187
	Specialty Mental Health	7,554	18,138	0	0	1,167	5,407	0	0	358	555	0	0	1,168	5,380	0	0
Pharmacy	FFS	9,471	24,085	2,696	21,617	1,313	5,590	518	3,477	412	685	123	510	1,675	8,086	623	10,086
	MCO	10,054	27,918	5,793	61,204	1,503	5,520	1,287	9,856	422	731	181	1,003	126	270	70	291
Special Services*	FFS	3,217	5,569	1,477	12,913	62	130	27	194	90	121	50	177	2,211	12,546	780	14,038
	MCO	8,660	24,431	4,854	54,631	1,240	3,516	1,105	7,479	333	558	136	815	51	106	23	101
	Specialty Mental Health	309	953	0	0	4	9	0	0	5	11	0	0	1	7	0	0
Dental	FFS	7	22	0	41	0	0	0	2	0	0	0	0	11	179	0	94
	MCO	2,156	7,119	1,062	14,209	326	981	275	1,787	75	185	21	260	8	26	4	9
Home Health	FFS	313	5,507	100	738	2	16	0	15	1	4	3	7	299	7,353	79	1,347
	MCO	1,162	1,731	542	2,288	2	18	1	33	20	17	8	21	2	2	0	0
	Specialty Mental Health	32	116	0	0	2	1	0	0	1	0	0	0	12	73	0	0
Long term care	FFS	191	203	61	83	9	14	10	6	5	3	1	4	454	2,424	152	1,516
Specific services (redundant with above reporting)																	
- Emergency Department	FFS	1,820	2,766	974	8,426	221	245	120	325	160	143	63	210	2,955	9,203	1,445	10,582
	MCO	8,188	15,716	4,152	31,544	109	281	53	443	234	275	88	313	6	15	5	13
	Specialty Mental Health	3,120	2,194	0	0	124	43	0	0	109	37	0	0	434	361	0	0
- Psych Residential Rehab.	FFS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	MCO	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Specialty Mental Health	212	1,010	0	0	2	15	0	0	14	17	0	0	169	1,134	0	0
- Other Psych Rehab.	FFS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	MCO	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Specialty Mental Health	938	2,713	0	0	100	264	0	0	28	54	0	0	280	1,343	0	0
- Methadone	FFS	199	0	209	0	19	0	14	0	17	0	14	0	191	0	197	0
	MCO	2,233	0	2,093	0	2	0	2	0	61	0	35	0	1	0	3	0
	Specialty Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
- Regional Institute for Children and Adolescents	FFS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	MCO	31	42	12	240	0	0	1	0	1	0	0	0	0	0	0	0
	Specialty Mental Health	1	6	0	0	0	0	0	0	0	0	0	0	3	25	0	0

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 4a. Unique Enrollees (Aged 65 Years or Older) by Service Type, FY 2008 (same individual can be counted in multiple rows)

Category		Populations							
		PAC Enrollees				FFS Enrollees			
Service Setting	**Service Category (MH/SA/Somatic)**	**Both**	**MHD Only**	**SUD Only**	**Neither**	**Both**	**MHD Only**	**SUD Only**	**Neither**
	Number of Enrollees	***4***	***45***	***7***	***276***	***703***	***20,707***	***439***	***35,696***
Hospital Inpatient	Mental Health	0	0	0	0	38	557	0	0
	Somatic Care	0	0	0	0	357	6,613	230	6,420
	Substance Abuse	0	0	0	0	36	0	16	1
Hospital Outpatient	Mental Health	0	1	0	0	76	1,045	0	0
	Somatic Care	2	8	1	27	419	8,923	287	14,146
	Substance Abuse	0	0	0	0	53	0	47	0
Physician/Professional	Mental Health	2	27	0	0	455	10,560	0	0
	Somatic Care	4	33	6	262	670	18,234	403	31,016
	Substance Abuse	2	0	2	0	152	2	114	3
Pharmacy	All	2	43	6	260	365	9,864	129	10,900
Special Services*	All	3	20	6	197	606	16,352	293	21,196
Dental	All	0	0	0	13	0	11	0	24
Home Health	All	0	0	0	0	128	4,061	31	3,651
Long Term Care	All	1	0	0	0	370	11,999	69	6,880
Specific services (redundant with above reporting)									
- Emergency Department	Mental Health	0	1	0	0	67	510	0	0
	Somatic Care	2	8	1	27	464	8,707	280	9,442
	Substance Abuse	0	0	0	0	73	0	54	0
- Psych Residential Rehab.	Mental Health	0	0	0	0	4	118	0	0
- Other Psych Rehab.	Mental Health	0	0	0	0	9	184	0	0
- Methadone	Substance Abuse	0	0	1	0	16	0	33	0
- Regional Institute for Children and Adolescents	Mental Health	0	0	0	0	0	0	0	0
	Somatic Care	0	0	0	0	0	0	0	0
	Substance Abuse	0	0	0	0	0	0	0	0

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 4b. Unique Enrollees (Aged 65 Years or Older) by Payment Source, FY 2008 (same individual can be counted in multiple rows)

Category		PAC Enrollees				FFS Enrollees			
Service Setting	Payment Source	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither
	Number of Enrollees	***4***	***45***	***7***	***276***	***703***	***20,707***	***439***	***35,696***
Hospital Inpatient	FFS	0	0	0	0	411	7,033	243	6,421
	MCO	0	0	0	0	0	0	0	0
	Specialty Mental Health	0	0	0	0	6	50	0	0
Hospital Outpatient	FFS	2	7	0	25	439	9,219	307	14,146
	MCO	0	1	1	2	0	0	0	1
	Specialty Mental Health	0	0	0	0	13	137	0	0
Physician/Professional	FFS	3	16	3	81	682	18,782	422	31,016
	MCO	3	31	6	231	0	0	1	1
	Specialty Mental Health	1	17	0	0	43	708	0	0
Pharmacy	FFS	2	37	2	95	365	9,864	128	10,896
	MCO	1	39	6	259	0	4	1	10
Special Services*	FFS	2	7	1	37	606	16,351	293	21,196
	MCO	2	17	5	177	0	0	0	1
	Specialty Mental Health	0	0	0	0	0	1	0	0
Dental	FFS	0	0	0	0	0	11	0	24
	MCO	0	0	0	13	0	0	0	0
Home Health	FFS	0	0	0	0	126	4,052	31	3,651
	MCO	0	0	0	0	0	0	0	0
	Specialty Mental Health	0	0	0	0	6	28	0	0
Long term care	FFS	1	0	0	0	370	11,999	69	6,880
Specific services (redundant with above reporting)									
- Emergency Department	FFS	2	7	0	25	495	8,886	310	9,442
	MCO	0	1	1	2	0	0	0	0
	Specialty Mental Health	0	0	0	0	5	40	0	0
- Psych Residential Rehab.	FFS	0	0	0	0	0	0	0	0
	MCO	0	0	0	0	0	0	0	0
	Specialty Mental Health	0	0	0	0	5	118	0	0
- Other Psych Rehab.	FFS	0	0	0	0	0	0	0	0
	MCO	0	0	0	0	0	0	0	0
	Specialty Mental Health	0	0	0	0	9	184	0	0
- Methadone	FFS	0	0	1	0	16	0	33	0
	MCO	0	0	0	0	0	0	0	0
	Specialty Mental Health	0	0	0	0	0	0	0	0
- Regional Institute for Children and Adolescents	FFS	0	0	0	0	0	0	0	0
	MCO	0	0	0	0	0	0	0	0
	Specialty Mental Health	0	0	0	0	0	0	0	0

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 5a. Number of Events (for Enrollees Aged 0-18 Years) by Service Type, FY 2008 (same individual can be counted in multiple rows)

Category		Populations								Total
		HealthChoice Enrollees				FFS Enrollees				
Service Setting	Service Category (MH/SA/Somatic)	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither	
	Number of Enrollees	***2,580***	***78,861***	***1,361***	***312,557***	***146***	***2,759***	***46***	***6,477***	**404,787**
Hospital Inpatient (admits)	Mental Health	1,121	3,426	0	0	560	1,869	0	0	6,976
	Somatic Care	462	5,066	475	41,474	50	1,083	27	2,504	51,141
	Substance Abuse	282	0	59	0	16	0	15	0	372
	Subtotal	1,865	8,492	534	41,474	626	2,952	42	2,504	58,489
Hospital Outpatient (visits)	Mental Health	3,819	107,022	0	0	120	4,116	0	0	115,077
	Somatic Care	4,248	92,276	1,991	264,977	330	14,950	61	7,947	386,780
	Substance Abuse	2,276	2	1,048	0	7	0	3	0	3,336
	Subtotal	10,343	199,300	3,039	264,977	457	19,066	64	7,947	505,193
Physician/Professional (visits)	Mental Health	41,684	706,110	0	0	655	12,268	0	0	760,717
	Somatic Care	19,590	423,896	14,129	1,675,262	2,794	40,115	1,817	33,651	2,211,254
	Substance Abuse	9,306	3	5,323	0	111	0	111	0	14,854
	Subtotal	70,580	1,130,009	19,452	1,675,262	3,560	52,383	1,928	33,651	2,986,825
Pharmacy (prescriptions)	All	28,806	525,966	3,742	814,538	3,513	51,513	211	19,479	1,447,768
Special Services* (visits)	All	74,266	1,136,463	5,891	356,628	4,755	97,103	411	24,131	1,699,648
Dental (visits)	All	3,209	90,848	1,110	255,342	111	1,780	2	1,748	354,150
Home Health (visits)	All	1,848	198,831	685	18,984	1,498	158,119	151	64,135	444,251
Long Term Care (billing events)	All	0	0	0	2	0	25	0	0	27
Specific services (subset of above)										
- Emergency Department (visits)	Mental Health	1,236	5,263	0	0	45	126	0	0	6,670
	Somatic Care	3,004	48,805	1,163	180,517	123	2,620	26	2,471	238,729
	Substance Abuse	253	1	134	0	7	0	1	0	396
	Subtotal	4,493	54,069	1,297	180,517	175	2,746	27	2,471	245,795
- Psych Residential Rehab. (billing events)	Mental Health	1	10	0	0	3	3	0	0	17
- Other Psych Rehab. (visits)	Mental Health	987	27,799	0	0	35	188	0	0	29,009
- Methadone	Substance Abuse	96	0	131	0	0	0	0	0	227
- Regional Institute for Children and Adolescents (billing events)	Mental Health	901	2,072	0	0	1,182	4,716	0	0	8,871
	Somatic Care	2	7	0	186	5	22	0	0	222
	Substance Abuse	1	0	0	0	0	0	0	0	1
	Subtotal	904	2,079	0	186	1,187	4,738	0	0	9,094

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 5b. Number of Events (for Enrollees Aged 0-18 Years) by Payment Source, FY 2008 (same individual can be counted in multiple rows)

Category		Populations								Total
		HealthChoice Enrollees				FFS Enrollees				
Service Setting	Payment Source	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither	
	Number of Enrollees	*2,580*	*78,861*	*1,361*	*312,557*	*146*	*2,759*	*46*	*6,477*	**404,787**
Hospital Inpatient (admits)	FFS	183	761	126	9,726	64	1,064	42	2,486	14,452
	MCO	554	4,323	408	31,748	0	1	0	18	37,052
	Specialty Mental Health	1,128	3,408	0	0	562	1,887	0	0	6,985
	Subtotal	1,865	8,492	534	41,474	626	2,952	42	2,504	58,489
Hospital Outpatient (visits)	FFS	657	28,783	306	22,766	340	16,499	64	7,935	77,350
	MCO	6,228	78,802	2,723	242,211	2	9	0	12	329,987
	Specialty Mental Health	3,440	92,387	0	0	115	2,546	0	0	98,488
	Subtotal	10,325	199,972	3,029	264,977	457	19,054	64	7,947	505,825
Physician/Professional (visits)	FFS	3,406	42,112	2,505	96,480	2,958	40,912	1,928	33,507	223,808
	MCO	26,351	421,479	16,929	1,578,782	0	37	0	144	2,043,722
	Specialty Mental Health	40,775	665,826	0	0	602	11,425	0	0	718,628
	Subtotal	70,532	1,129,417	19,434	1,675,262	3,560	52,374	1,928	33,651	2,986,158
Pharmacy (prescriptions)	FFS	17,064	244,875	553	38,725	3,487	51,459	211	19,446	375,820
	MCO	11,742	281,091	3,189	775,813	26	54	0	33	1,071,948
	Subtotal	28,806	525,966	3,742	814,538	3,513	51,513	211	19,479	1,447,768
Special Services* (visits)	FFS	69,807	1,065,101	3,519	89,499	5,331	111,742	417	24,106	1,369,522
	MCO	8,096	98,203	2,541	267,129	2	13	0	25	376,009
	Specialty Mental Health	196	1,371	0	0	28	23	0	0	1,618
	Subtotal	78,099	1,164,675	6,060	356,628	5,361	111,778	417	24,131	1,747,149
Dental (visits)	FFS	100	511	5	935	110	1,770	2	1,748	5,181
	MCO	3,109	90,337	1,105	254,407	1	10	0	0	348,969
	Subtotal	3,209	90,848	1,110	255,342	111	1,780	2	1,748	354,150
Home Health (visits)	FFS	1,226	190,710	226	7,938	1,544	162,174	151	64,134	428,103
	MCO	636	9,482	459	11,046	0	0	0	1	21,624
	Specialty Mental Health	0	0	0	0	0	0	0	0	0
	Subtotal	1,862	200,192	685	18,984	1,544	162,174	151	64,135	449,727
Long term care (billing events)	FFS	0	0	0	0	0	25	0	0	25
Specific services (subset of above)										
- Emergency Department (visits)	FFS	261	2,098	117	10,546	131	2,623	27	2,459	18,262
	MCO	3,268	47,988	1,180	169,971	1	4	0	12	222,424
	Specialty Mental Health	961	3,975	0	0	43	119	0	0	5,098
	Subtotal	4,490	54,061	1,297	180,517	175	2,746	27	2,471	245,784
- Psych Residential Rehab. (billing events)	FFS	0	0	0	0	0	0	0	0	0
	MCO	0	0	0	0	0	0	0	0	0
	Specialty Mental Health	1	10	0	0	3	3	0	0	17
	Subtotal	1	10	0	0	3	3	0	0	17
- Other Psych Rehab. (visits)	FFS	0	0	0	0	0	0	0	0	0
	MCO	0	0	0	0	0	0	0	0	0
	Specialty Mental Health	990	27,905	0	0	35	189	0	0	29,119
	Subtotal	990	27,905	0	0	35	189	0	0	29,119
- Methadone	FFS	0	0	4	0	0	0	0	0	4
	MCO	96	0	127	0	0	0	0	0	223
	Specialty Mental Health	0	0	0	0	0	0	0	0	0
	Subtotal	96	0	131	0	0	0	0	0	227
- Regional Institute for Children and Adolescents (billing events)	FFS	0	0	0	0	0	0	0	0	0
	MCO	0	0	0	186	0	0	0	0	186
	Specialty Mental Health	904	2,079	0	0	1,187	4,738	0	0	8,908
	Subtotal	904	2,079	0	186	1,187	4,738	0	0	9,094

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 6a. Number of Events (for Enrollees Aged 19-64 Years) by Service Type, FY 2008 (same individual can be counted in multiple rows)

Category		Populations																Total
		HealthChoice Enrollees				PAC Enrollees				HealthChoice/PAC				FFS Enrollees				
Service Setting	Service Category (MH/SA/Somatic)	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither	
	Number of Enrollees	***11,171***	***33,157***	***7,062***	***76,777***	***1,697***	***7,347***	***1,494***	***11,288***	***462***	***808***	***202***	***1,098***	***3,749***	***21,540***	***1,902***	***34,658***	214,412
Hospital Inpatient (admits)	Mental Health	5,387	2,213	0	0	0	0	0	0	192	28	0	0	1,586	1,279	0	0	10,685
	Somatic Care	11,831	11,888	4,975	26,771	0	0	0	0	314	261	138	336	3,679	7,535	2,162	16,726	86,616
	Substance Abuse	1,027	0	189	1	0	0	0	0	51	0	10	1	173	0	63	4	1,519
	Subtotal	18,245	14,101	5,164	26,772	0	0	0	0	557	289	148	337	5,438	8,814	2,225	16,730	98,820
Hospital Outpatient (visits)	Mental Health	24,330	44,043	0	0	229	104	0	0	404	477	0	0	6,467	18,398	0	0	94,452
	Somatic Care	63,129	98,107	25,213	178,273	830	936	295	1,180	1,567	1,776	612	2,281	19,161	50,777	6,470	55,332	505,939
	Substance Abuse	31,710	1	16,480	4	138	1	33	0	1,486	0	917	0	3,316	1	1,600	2	55,689
	Subtotal	119,169	142,151	41,693	178,277	1,197	1,041	328	1,180	3,457	2,253	1,529	2,281	28,944	69,176	8,070	55,334	656,080
Physician/Professional (visits)	Mental Health	162,132	298,970	0	0	31,863	92,332	0	0	10,551	10,982	0	0	42,304	172,745	0	0	821,879
	Somatic Care	264,718	449,714	106,877	735,665	10,624	29,455	7,421	47,606	6,453	8,239	2,720	11,005	105,460	345,792	43,334	330,104	2,505,187
	Substance Abuse	104,576	1	77,487	2	1,902	3	1,417	0	2,269	0	862	4	9,477	1	6,636	10	204,647
	Subtotal	531,426	748,685	184,364	735,667	44,389	121,790	8,838	47,606	19,273	19,221	3,582	11,009	157,241	518,538	49,970	330,114	3,531,713
Pharmacy (prescriptions)	All	279,760	722,696	80,045	593,183	26,618	111,269	13,211	132,285	8,915	16,336	2,673	12,307	34,251	135,669	8,810	98,685	2,276,713
Special Services* (visits)	All	72,724	199,619	32,127	268,700	3,127	8,487	2,460	17,822	1,241	2,145	611	3,057	16,277	106,281	4,895	74,696	814,269
Dental (visits)	All	4,899	15,652	2,239	29,281	486	1,880	394	3,251	122	378	38	508	30	349	4	182	59,693
Home Health (visits)	All	59,503	1,506,472	18,770	162,261	24	169	3	158	90	273	99	127	57,781	2,355,969	7,763	263,733	4,433,195
Long Term Care (billing events)	All	1,033	1,088	261	378	33	64	38	12	14	10	4	9	3,758	23,262	1,008	12,910	43,882
Specific services (subset of above)																		
- Emergency Department (visits)	Mental Health	8,357	4,470	0	0	229	104	0	0	231	53	0	0	2,655	2,399	0	0	18,498
	Somatic Care	44,365	49,437	13,685	77,457	830	936	295	1,180	1,035	840	296	898	12,377	22,373	3,996	19,760	249,760
	Substance Abuse	3,568	2	616	2	138	1	33	0	106	0	14	1	819	1	212	4	5,517
	Subtotal	56,290	53,909	14,301	77,459	1,197	1,041	328	1,180	1,372	893	310	899	15,851	24,773	4,208	19,764	273,775
- Psych Residential Rehab. (billing events)	Mental Health	1,726	11,057	0	0	5	35	0	0	81	96	0	0	1,587	12,530	0	0	27,117
- Other Psych Rehab. (visits)	Mental Health	5,773	21,740	0	0	314	1,241	0	0	104	304	0	0	2,033	11,608	0	0	43,117
- Methadone	Substance Abuse	84,091	0	77,074	0	234	0	177	0	966	0	580	0	6,603	0	6,177	0	175,902
- Regional Institute for Children and Adolescents (billing events)	Mental Health	16	47	0	0	0	0	0	0	0	0	0	0	13	205	0	0	281
	Somatic Care	38	54	15	266	0	0	0	0	0	0	0	0	0	0	0	0	373
	Substance Abuse	27	0	1	0	0	0	1	0	1	0	0	0	0	0	0	0	30
	Subtotal	81	101	16	266	0	0	1	0	1	0	0	0	13	205	0	0	684

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 6b. Number of Events (for Enrollees Aged 19-64 Years) by Payment Source, FY 2008 (same individual can be counted in multiple rows)

Category		Populations																Total
		HealthChoice Enrollees				PAC Enrollees				HealthChoice/PAC				FFS Enrollees				
Service Setting	Payment Source	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither	
	Number of Enrollees	***11,171***	***33,157***	***7,062***	***76,777***	***1,697***	***7,347***	***1,494***	***11,288***	***462***	***808***	***202***	***1,098***	***3,749***	***21,540***	***1,902***	***34,658***	214,412
Hospital Inpatient (admits)	FFS	1,989	1,772	1,034	3,114	0	0	0	0	191	126	81	160	4,706	8,411	2,220	16,721	40,525
	MCO	11,061	10,250	4,130	23,658	0	0	0	0	171	135	67	177	4	7	5	9	49,674
	Specialty Mental Health	5,197	2,079	0	0	0	0	0	0	195	28	0	0	728	396	0	0	8,623
	Subtotal	18,247	14,101	5,164	26,772	0	0	0	0	557	289	148	337	5,438	8,814	2,225	16,730	98,822
Hospital Outpatient (visits)	FFS	11,981	12,092	6,412	29,409	746	497	249	521	1,283	491	496	670	25,778	62,244	8,040	55,291	216,200
	MCO	83,209	88,216	34,879	148,868	252	484	79	659	1,753	1,299	953	1,611	27	64	24	43	362,420
	Specialty Mental Health	22,645	41,996	0	0	200	60	0	0	377	463	0	0	3,128	6,891	0	0	75,760
	Subtotal	117,835	142,304	41,291	178,277	1,198	1,041	328	1,180	3,413	2,253	1,449	2,281	28,933	69,199	8,064	55,334	654,380
Physician/Professional (visits)	FFS	36,010	51,990	18,168	89,364	3,448	4,424	1,822	4,416	2,250	1,702	1,214	2,867	139,855	452,656	49,653	329,294	1,189,133
	MCO	339,963	408,338	166,006	646,303	9,511	26,442	6,997	43,190	6,624	6,652	2,362	8,142	599	973	309	820	1,673,231
	Specialty Mental Health	154,685	288,341	0	0	31,375	90,901	0	0	10,377	10,863	0	0	16,526	65,618	0	0	668,686
	Subtotal	530,658	748,669	184,174	735,667	44,334	121,767	8,819	47,606	19,251	19,217	3,576	11,009	156,980	519,247	49,962	330,114	3,531,050
Pharmacy (prescriptions)	FFS	107,801	270,764	14,592	84,452	9,509	45,728	2,140	17,517	3,750	6,546	590	2,203	33,067	133,353	8,279	96,803	837,094
	MCO	171,959	451,932	65,453	508,731	17,109	65,541	11,071	114,768	5,165	9,790	2,083	10,104	1,184	2,316	531	1,882	1,439,619
	Subtotal	279,760	722,696	80,045	593,183	26,618	111,269	13,211	132,285	8,915	16,336	2,673	12,307	34,251	135,669	8,810	98,685	2,276,713
Special Services* (visits)	FFS	15,953	64,674	4,028	52,823	183	403	201	418	162	220	115	304	16,828	108,172	4,890	74,425	343,799
	MCO	60,265	136,707	29,308	215,878	3,248	8,275	2,370	17,404	1,175	1,943	513	2,754	134	259	61	272	480,566
	Specialty Mental Health	503	1,981	0	0	4	11	0	0	9	13	0	0	1	22	0	0	2,544
	Subtotal	76,721	203,362	33,336	268,701	3,435	8,689	2,571	17,822	1,346	2,176	628	3,058	16,963	108,453	4,951	74,697	826,909
Dental (visits)	FFS	15	40	0	53	0	0	0	4	0	0	0	0	17	299	0	169	597
	MCO	4,884	15,612	2,239	29,228	486	1,880	394	3,247	122	378	38	508	13	50	4	13	59,096
	Subtotal	4,899	15,652	2,239	29,281	486	1,880	394	3,251	122	378	38	508	30	349	4	182	59,693
Home Health (visits)	FFS	54,066	1,557,705	14,567	152,234	10	132	0	82	1	212	17	27	61,088	2,472,899	8,012	263,733	4,584,785
	MCO	7,685	8,167	4,518	10,027	10	32	3	76	86	62	82	100	4	3	0	0	30,855
	Specialty Mental Health	327	1,303	0	0	4	6	0	0	5	0	0	0	109	772	0	0	2,526
	Subtotal	62,078	1,567,175	19,085	162,261	24	170	3	158	92	274	99	127	61,201	2,473,674	8,012	263,733	4,618,166
Long term care (billing events)	FFS	857	905	190	279	33	63	38	12	14	10	1	9	3,822	23,479	1,010	12,910	43,632
Specific services (subset of above)																		
- Emergency Department (visits)	FFS	5,559	5,564	1,967	12,674	746	497	249	521	473	303	108	357	15,018	24,229	4,202	19,745	92,212
	MCO	43,651	44,857	12,330	64,785	252	484	79	659	680	544	202	542	8	22	6	19	169,120
	Specialty Mental Health	7,047	3,492	0	0	200	60	0	0	218	46	0	0	820	523	0	0	12,406
	Subtotal	56,257	53,913	14,297	77,459	1,198	1,041	328	1,180	1,371	893	310	899	15,846	24,774	4,208	19,764	273,738
- Psych Residential Rehab. (billing events)	FFS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	MCO	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Specialty Mental Health	1,737	11,075	0	0	5	35	0	0	85	96	0	0	1,587	12,530	0	0	27,150
	Subtotal	1,737	11,075	0	0	5	35	0	0	85	96	0	0	1,587	12,530	0	0	27,150
- Other Psych Rehab. (visits)	FFS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	MCO	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Specialty Mental Health	5,832	21,765	0	0	314	1,252	0	0	107	306	0	0	2,047	11,614	0	0	43,237
	Subtotal	5,832	21,765	0	0	314	1,252	0	0	107	306	0	0	2,047	11,614	0	0	43,237
- Methadone	FFS	2,025	0	2,066	0	228	0	173	0	170	0	115	0	6,598	0	6,146	0	17,521
	MCO	82,066	0	75,008	0	6	0	4	0	796	0	465	0	5	0	31	0	158,381
	Specialty Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Subtotal	84,091	0	77,074	0	234	0	177	0	966	0	580	0	6,603	0	6,177	0	175,902
- Regional Institute for Children and Adolescents (billing events)	FFS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	MCO	65	57	16	266	0	0	1	0	1	0	0	0	0	0	0	0	406
	Specialty Mental Health	16	44	0	0	0	0	0	0	0	0	0	0	13	205	0	0	278
	Subtotal	81	101	16	266	0	0	1	0	1	0	0	0	13	205	0	0	684

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 7a. Number of Events (for Enrollees Aged 65 Years or Older) by Service Type, FY 2008 (same individual can be counted in multiple rows)

Category		PAC Enrollees				FFS Enrollees				Total
Service Setting	Service Category (MH/SA/Somatic)	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither	
	Number of Enrollees	***4***	***45***	***7***	***276***	***703***	***20,707***	***439***	***35,696***	57,878
Hospital Inpatient (admits)	Mental Health	0	0	0	0	52	635	0	0	687
	Somatic Care	0	0	0	0	631	9,189	362	8,045	18,227
	Substance Abuse	0	0	0	0	46	0	17	1	64
	Subtotal	0	0	0	0	729	9,824	379	8,046	18,978
Hospital Outpatient (visits)	Mental Health	0	1	0	0	220	5,228	0	0	5,449
	Somatic Care	4	11	1	50	2,059	30,112	1,410	48,479	82,126
	Substance Abuse	0	0	0	0	114	0	223	0	337
	Subtotal	4	12	1	50	2,393	35,340	1,633	48,479	87,912
Physician/Professional (visits)	Mental Health	7	265	0	0	3,620	63,844	0	0	67,736
	Somatic Care	71	348	38	1,581	23,211	392,319	10,310	428,308	856,186
	Substance Abuse	13	0	19	0	1,004	2	1,530	4	2,572
	Subtotal	91	613	57	1,581	27,835	456,165	11,840	428,312	926,494
Pharmacy (prescriptions)	All	20	820	76	4,517	5,274	118,663	1,318	114,114	244,802
Special Services* (visits)	All	11	59	11	486	5,689	143,991	1,892	127,177	279,316
Dental (visits)	All	0	0	0	17	0	14	0	31	62
Home Health (visits)	All	0	0	0	0	31,366	1,187,629	5,470	993,478	2,217,943
Long Term Care (billing events)	All	11	0	0	0	3,072	112,390	427	54,930	170,830
Specific services (subset of above)										
- Emergency Department (visits)	Mental Health	0	1	0	0	106	600	0	0	707
	Somatic Care	4	11	1	50	1,352	16,400	890	15,035	33,743
	Substance Abuse	0	0	0	0	110	0	74	0	184
	Subtotal	4	12	1	50	1,568	17,000	964	15,035	34,634
- Psych Residential Rehab. (billing events)	Mental Health	0	0	0	0	57	1,371	0	0	1,428
- Other Psych Rehab. (visits)	Mental Health	0	0	0	0	72	1,732	0	0	1,804
- Methadone	Substance Abuse	0	0	18	0	515	0	1,390	0	1,923
- Regional Institute for Children and Adolescents (billing events)	Mental Health	0	0	0	0	0	0	0	0	0
	Somatic Care	0	0	0	0	0	0	0	0	0
	Substance Abuse	0	0	0	0	0	0	0	0	0
	Subtotal	0	0	0	0	0	0	0	0	0

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 7b. Number of Events (for Enrollees Aged 65 Years or Older) by Payment Source, FY 2008 (same individual can be counted in multiple rows)

Category		Populations								Total
		PAC Enrollees				FFS Enrollees				
Service Setting	Payment Source	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither	
	Number of Enrollees	*4*	*45*	*7*	*276*	*703*	*20,707*	*439*	*35,696*	57,878
Hospital Inpatient (admits)	FFS	0	0	0	0	720	9,738	379	8,046	18,883
	MCO	0	0	0	0	0	0	0	0	0
	Specialty Mental Health	0	0	0	0	9	86	0	0	95
	Subtotal	0	0	0	0	729	9,824	379	8,046	18,978
Hospital Outpatient (visits)	FFS	4	11	0	48	2,344	32,849	1,633	48,473	85,362
	MCO	0	1	1	2	0	0	0	6	10
	Specialty Mental Health	0	0	0	0	48	2,527	0	0	2,575
	Subtotal	4	12	1	50	2,392	35,376	1,633	48,479	87,947
Physician/Professional (visits)	FFS	81	196	28	741	27,392	449,515	11,832	428,308	918,093
	MCO	9	170	29	840	0	0	4	3	1,055
	Specialty Mental Health	1	247	0	0	411	6,549	0	0	7,208
	Subtotal	91	613	57	1,581	27,803	456,064	11,836	428,311	926,356
Pharmacy (prescriptions)	FFS	19	260	10	556	5,274	118,649	1,316	114,055	240,139
	MCO	1	560	66	3,961	0	14	2	59	4,663
	Subtotal	20	820	76	4,517	5,274	118,663	1,318	114,114	244,802
Special Services* (visits)	FFS	9	31	1	87	5,818	146,242	1,900	127,176	281,264
	MCO	2	29	10	399	0	0	0	1	441
	Specialty Mental Health	0	0	0	0	0	1	0	0	1
	Subtotal	11	60	11	486	5,818	146,243	1,900	127,177	281,706
Dental (visits)	FFS	0	0	0	0	0	14	0	31	45
	MCO	0	0	0	17	0	0	0	0	17
	Subtotal	0	0	0	17	0	14	0	31	62
Home Health (visits)	FFS	0	0	0	0	36,013	1,239,456	5,470	993,478	2,274,417
	MCO	0	0	0	0	0	0	0	0	0
	Specialty Mental Health	0	0	0	0	52	322	0	0	374
	Subtotal	0	0	0	0	36,065	1,239,778	5,470	993,478	2,274,791
Long term care (billing events)	FFS	11	0	0	0	3,176	114,361	431	54,930	172,909
Specific services (subset of above)										
- Emergency Department (visits)	FFS	4	11	0	48	1,558	16,944	964	15,035	34,564
	MCO	0	1	1	2	0	0	0	0	4
	Specialty Mental Health	0	0	0	0	10	57	0	0	67
	Subtotal	4	12	1	50	1,568	17,001	964	15,035	34,635
- Psych Residential Rehab. (billing events)	FFS	0	0	0	0	0	0	0	0	0
	MCO	0	0	0	0	0	0	0	0	0
	Specialty Mental Health	0	0	0	0	69	1,371	0	0	1,440
	Subtotal	0	0	0	0	69	1,371	0	0	1,440
- Other Psych Rehab. (visits)	FFS	0	0	0	0	0	0	0	0	0
	MCO	0	0	0	0	0	0	0	0	0
	Specialty Mental Health	0	0	0	0	72	1,740	0	0	1,812
	Subtotal	0	0	0	0	72	1,740	0	0	1,812
- Methadone	FFS	0	0	18	0	515	0	1,390	0	1,923
	MCO	0	0	0	0	0	0	0	0	0
	Specialty Mental Health	0	0	0	0	0	0	0	0	0
	Subtotal	0	0	18	0	515	0	1,390	0	1,923
- Regional Institute for Children and Adolescents (billing events)	FFS	0	0	0	0	0	0	0	0	0
	MCO	0	0	0	0	0	0	0	0	0
	Specialty Mental Health	0	0	0	0	0	0	0	0	0
	Subtotal	0	0	0	0	0	0	0	0	0

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 8a. Service per Enrollee (Aged 0-18 Years) by Service Type, FY 2008 (same individual can be counted in multiple rows)

Category		Populations							
		HealthChoice Enrollees				FFS Enrollees			
Service Setting	Service Category (MH/SA/Somatic)	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither
Hospital Inpatient	Mental Health	0.43	0.04	0.00	0.00	3.83	0.68	0.00	0.00
	Somatic Care	0.18	0.06	0.35	0.13	0.34	0.39	0.59	0.39
	Substance Abuse	0.11	0.00	0.04	0.00	0.11	0.00	0.33	0.00
Hospital Outpatient	Mental Health	1.48	1.36	0.00	0.00	0.82	1.49	0.00	0.00
	Somatic Care	1.65	1.17	1.46	0.85	2.26	5.42	1.32	1.23
	Substance Abuse	0.88	0.00	0.77	0.00	0.05	0.00	0.07	0.00
Physician/Professional	Mental Health	16.16	8.95	0.00	0.00	4.48	4.45	0.00	0.00
	Somatic Care	7.59	5.38	10.38	5.36	19.11	14.54	39.44	5.20
	Substance Abuse	3.61	0.00	3.91	0.00	0.76	0.00	2.41	0.00
Pharmacy	All	11.17	6.67	2.75	2.61	24.03	18.67	4.58	3.01
Special Services*	All	28.79	14.41	4.33	1.14	32.52	35.20	8.92	3.73
Dental	All	1.24	1.15	0.82	0.82	0.76	0.65	0.04	0.27
Home Health	All	0.72	2.52	0.50	0.06	10.25	57.31	3.28	9.90
Long Term Care	All	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.00
Specific services (subsets of above reporting, for example emergency visits are part of outpatient visits)									
- Emergency Department	Mental Health	0.48	0.07	0.00	0.00	0.31	0.05	0.00	0.00
	Somatic Care	1.16	0.62	0.85	0.58	0.84	0.95	0.56	0.38
	Substance Abuse	0.10	0.00	0.10	0.00	0.05	0.00	0.02	0.00
- Psych Residential Rehab.	Mental Health	0.00	0.00	0.00	0.00	0.02	0.00	0.00	0.00
- Other Psych Rehab.	Mental Health	0.38	0.35	0.00	0.00	0.24	0.07	0.00	0.00
- Methadone	Substance Abuse	0.04	0.00	0.10	0.00	0.00	0.00	0.00	0.00
- Regional Institute for Children and Adolescents	Mental Health	0.35	0.03	0.00	0.00	8.08	1.71	0.00	0.00
	Somatic Care	0.00	0.00	0.00	0.00	0.03	0.01	0.00	0.00
	Substance Abuse	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 8b. Service per Enrollee (Aged 0-18 Years) by Payment Source, FY 2008 (same individual can be counted in multiple rows)

Category		Populations							
		HealthChoice Enrollees				FFS Enrollees			
Service Setting	Payment Source	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither
Hospital Inpatient	FFS	0.07	0.01	0.09	0.03	0.44	0.39	0.91	0.38
	MCO	0.21	0.05	0.30	0.10	0.00	0.00	0.00	0.00
	Specialty Mental Health	0.44	0.04	0.00	0.00	3.84	0.68	0.00	0.00
Hospital Outpatient	FFS	0.25	0.36	0.22	0.07	2.33	5.98	1.39	1.23
	MCO	2.41	1.00	2.00	0.77	0.01	0.00	0.00	0.00
	Specialty Mental Health	1.33	1.17	0.00	0.00	0.79	0.92	0.00	0.00
Physician/Professional	FFS	1.32	0.53	1.84	0.31	20.23	14.83	41.85	5.17
	MCO	10.22	5.34	12.44	5.05	0.00	0.01	0.00	0.02
	Specialty Mental Health	15.81	8.44	0.00	0.00	4.12	4.14	0.00	0.00
Pharmacy	FFS	6.62	3.11	0.41	0.12	23.85	18.65	4.58	3.00
	MCO	4.55	3.56	2.34	2.48	0.18	0.02	0.00	0.01
Special Services*	FFS	27.06	13.51	2.59	0.29	36.46	40.50	9.05	3.72
	MCO	3.14	1.25	1.87	0.85	0.01	0.00	0.00	0.00
	Specialty Mental Health	0.08	0.02	0.00	0.00	0.19	0.01	0.00	0.00
Dental	FFS	0.04	0.01	0.00	0.00	0.75	0.64	0.04	0.27
	MCO	1.21	1.15	0.81	0.81	0.01	0.00	0.00	0.00
Home Health	FFS	0.48	2.42	0.17	0.03	10.56	58.78	3.28	9.90
	MCO	0.25	0.12	0.34	0.04	0.00	0.00	0.00	0.00
	Specialty Mental Health	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Long term care	FFS	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.00
Specific services (redundant with above reporting)									
- Emergency Department	FFS	0.10	0.03	0.09	0.03	0.90	0.95	0.59	0.38
	MCO	1.27	0.61	0.87	0.54	0.01	0.00	0.00	0.00
	Specialty Mental Health	0.37	0.05	0.00	0.00	0.29	0.04	0.00	0.00
- Psych Residential Rehab.	FFS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	MCO	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Specialty Mental Health	0.00	0.00	0.00	0.00	0.02	0.00	0.00	0.00
- Other Psych Rehab.	FFS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	MCO	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Specialty Mental Health	0.38	0.35	0.00	0.00	0.24	0.07	0.00	0.00
- Methadone	FFS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	MCO	0.04	0.00	0.09	0.00	0.00	0.00	0.00	0.00
	Specialty Mental Health	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
- Regional Institute for Children and Adolescents	FFS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	MCO	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Specialty Mental Health	0.35	0.03	0.00	0.00	8.12	1.72	0.00	0.00

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 9a. Service per Enrollee (Aged 19-64 Years) by Service Type, FY 2008 (same individual can be counted in multiple rows)

Category		Populations															
		HealthChoice Enrollees				PAC Enrollees				HealthChoice/PAC				FFS Enrollees			
Service Setting	**Service Category (MH/SA/Somatic)**	**Both**	**MHD Only**	**SUD Only**	**Neither**	**Both**	**MHD Only**	**SUD Only**	**Neither**	**Both**	**MHD Only**	**SUD Only**	**Neither**	**Both**	**MHD Only**	**SUD Only**	**Neither**
Hospital Inpatient (admits)	Mental Health	0.48	0.07	0.00	0.00	0.00	0.00	0.00	0.00	0.42	0.03	0.00	0.00	0.42	0.06	0.00	0.00
	Somatic Care	1.06	0.36	0.70	0.35	0.00	0.00	0.00	0.00	0.68	0.32	0.68	0.31	0.98	0.35	1.14	0.48
	Substance Abuse	0.09	0.00	0.03	0.00	0.00	0.00	0.00	0.00	0.11	0.00	0.05	0.00	0.05	0.00	0.03	0.00
Hospital Outpatient (visits)	Mental Health	2.18	1.33	0.00	0.00	0.13	0.01	0.00	0.00	0.87	0.59	0.00	0.00	1.72	0.85	0.00	0.00
	Somatic Care	5.65	2.96	3.57	2.32	0.49	0.13	0.20	0.10	3.39	2.20	3.03	2.08	5.11	2.36	3.40	1.60
	Substance Abuse	2.84	0.00	2.33	0.00	0.08	0.00	0.02	0.00	3.22	0.00	4.54	0.00	0.88	0.00	0.84	0.00
Physician/Professional (visits)	Mental Health	14.51	9.02	0.00	0.00	18.78	12.57	0.00	0.00	22.84	13.59	0.00	0.00	11.28	8.02	0.00	0.00
	Somatic Care	23.70	13.56	15.13	9.58	6.26	4.01	4.97	4.22	13.97	10.20	13.47	10.02	28.13	16.05	22.78	9.52
	Substance Abuse	9.36	0.00	10.97	0.00	1.12	0.00	0.95	0.00	4.91	0.00	4.27	0.00	2.53	0.00	3.49	0.00
Pharmacy (prescriptions)	All	25.04	21.80	11.33	7.73	15.69	15.15	8.84	11.72	19.30	20.22	13.23	11.21	9.14	6.30	4.63	2.85
Special Services* (visits)	All	6.51	6.02	4.55	3.50	1.84	1.16	1.65	1.58	2.69	2.65	3.02	2.78	4.34	4.93	2.57	2.16
Dental (visits)	All	0.44	0.47	0.32	0.38	0.29	0.26	0.26	0.29	0.26	0.47	0.19	0.46	0.01	0.02	0.00	0.01
Home Health (visits)	All	5.33	45.43	2.66	2.11	0.01	0.02	0.00	0.01	0.19	0.34	0.49	0.12	15.41	109.38	4.08	7.61
Long Term Care (billing events)	All	0.09	0.03	0.04	0.00	0.02	0.01	0.03	0.00	0.03	0.01	0.02	0.01	1.00	1.08	0.53	0.37
Specific services (redundant with above reporting)																	
- Emegency Department (visits)	Mental Health	0.75	0.13	0.00	0.00	0.13	0.01	0.00	0.00	0.50	0.07	0.00	0.00	0.71	0.11	0.00	0.00
	Somatic Care	3.97	1.49	1.94	1.01	0.49	0.13	0.20	0.10	2.24	1.04	1.47	0.82	3.30	1.04	2.10	0.57
	Substance Abuse	0.32	0.00	0.09	0.00	0.08	0.00	0.02	0.00	0.23	0.00	0.07	0.00	0.22	0.00	0.11	0.00
- Psych Residential Rehab. (billing events)	Mental Health	0.15	0.33	0.00	0.00	0.00	0.00	0.00	0.00	0.18	0.12	0.00	0.00	0.42	0.58	0.00	0.00
- Other Psych Rehab. (visits)	Mental Health	0.52	0.66	0.00	0.00	0.19	0.17	0.00	0.00	0.23	0.38	0.00	0.00	0.54	0.54	0.00	0.00
- Methadone	Substance Abuse	7.53	0.00	10.91	0.00	0.14	0.00	0.12	0.00	2.09	0.00	2.87	0.00	1.76	0.00	3.25	0.00
- Regional Institute for Children and Adolescents (billing events)	Mental Health	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.00
	Somatic Care	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Substance Abuse	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 9b. Service per Enrollee (Aged 19-64 Years) by Payment Source, FY 2008 (same individual can be counted in multiple rows)

Category		Populations															
		HealthChoice Enrollees				PAC Enrollees				HealthChoice/PAC				FFS Enrollees			
Service Setting	**Payment Source**	**Both**	**MHD Only**	**SUD Only**	**Neither**	**Both**	**MHD Only**	**SUD Only**	**Neither**	**Both**	**MHD Only**	**SUD Only**	**Neither**	**Both**	**MHD Only**	**SUD Only**	**Neither**
Hospital Inpatient (admits)	FFS	0.18	0.05	0.15	0.04	0.00	0.00	0.00	0.00	0.41	0.16	0.40	0.15	1.26	0.39	1.17	0.48
	MCO	0.99	0.31	0.58	0.31	0.00	0.00	0.00	0.00	0.37	0.17	0.33	0.16	0.00	0.00	0.00	0.00
	Specialty Mental Health	0.47	0.06	0.00	0.00	0.00	0.00	0.00	0.00	0.42	0.03	0.00	0.00	0.19	0.02	0.00	0.00
Hospital Outpatient (visits)	FFS	1.07	0.36	0.91	0.38	0.44	0.07	0.17	0.05	2.78	0.61	2.46	0.61	6.88	2.89	4.23	1.60
	MCO	7.45	2.66	4.94	1.94	0.15	0.07	0.05	0.06	3.79	1.61	4.72	1.47	0.01	0.00	0.01	0.00
	Specialty Mental Health	2.03	1.27	0.00	0.00	0.12	0.01	0.00	0.00	0.82	0.57	0.00	0.00	0.83	0.32	0.00	0.00
Physician/Professional (visits)	FFS	3.22	1.57	2.57	1.16	2.03	0.60	1.22	0.39	4.87	2.11	6.01	2.61	37.30	21.01	26.11	9.50
	MCO	30.43	12.32	23.51	8.42	5.60	3.60	4.68	3.83	14.34	8.23	11.69	7.42	0.16	0.05	0.16	0.02
	Specialty Mental Health	13.85	8.70	0.00	0.00	18.49	12.37	0.00	0.00	22.46	13.44	0.00	0.00	4.41	3.05	0.00	0.00
Pharmacy (prescriptions)	FFS	9.65	8.17	2.07	1.10	5.60	6.22	1.43	1.55	8.12	8.10	2.92	2.01	8.82	6.19	4.35	2.79
	MCO	15.39	13.63	9.27	6.63	10.08	8.92	7.41	10.17	11.18	12.12	10.31	9.20	0.32	0.11	0.28	0.05
Special Services* (visits)	FFS	1.43	1.95	0.57	0.69	0.11	0.05	0.13	0.04	0.35	0.27	0.57	0.28	4.49	5.02	2.57	2.15
	MCO	5.40	4.12	4.15	2.81	1.91	1.13	1.59	1.54	2.54	2.40	2.54	2.51	0.04	0.01	0.03	0.01
	Specialty Mental Health	0.05	0.06	0.00	0.00	0.00	0.00	0.00	0.00	0.02	0.02	0.00	0.00	0.00	0.00	0.00	0.00
Dental (visits)	FFS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.00
	MCO	0.44	0.47	0.32	0.38	0.29	0.26	0.26	0.29	0.26	0.47	0.19	0.46	0.00	0.00	0.00	0.00
Home Health (visits)	FFS	4.84	46.98	2.06	1.98	0.01	0.02	0.00	0.01	0.00	0.26	0.08	0.02	16.29	114.81	4.21	7.61
	MCO	0.69	0.25	0.64	0.13	0.01	0.00	0.00	0.01	0.19	0.08	0.41	0.09	0.00	0.00	0.00	0.00
	Specialty Mental Health	0.03	0.04	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.00	0.00	0.03	0.04	0.00	0.00
Long term care (billing events)	FFS	0.08	0.03	0.03	0.00	0.02	0.01	0.03	0.00	0.03	0.01	0.00	0.01	1.02	1.09	0.53	0.37
Specific services (redundant with above reporting)																	
- Emergency Department (visits)	FFS	0.50	0.17	0.28	0.17	0.44	0.07	0.17	0.05	1.02	0.38	0.53	0.33	4.01	1.12	2.21	0.57
	MCO	3.91	1.35	1.75	0.84	0.15	0.07	0.05	0.06	1.47	0.67	1.00	0.49	0.00	0.00	0.00	0.00
	Specialty Mental Health	0.63	0.11	0.00	0.00	0.12	0.01	0.00	0.00	0.47	0.06	0.00	0.00	0.22	0.02	0.00	0.00
- Psych Residential Rehab. (billing events)	FFS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	MCO	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Specialty Mental Health	0.16	0.33	0.00	0.00	0.00	0.00	0.00	0.00	0.18	0.12	0.00	0.00	0.42	0.58	0.00	0.00
- Other Psych Rehab. (visits)	FFS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	MCO	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Specialty Mental Health	0.52	0.66	0.00	0.00	0.19	0.17	0.00	0.00	0.23	0.38	0.00	0.00	0.55	0.54	0.00	0.00
- Methadone	FFS	0.18	0.00	0.29	0.00	0.13	0.00	0.12	0.00	0.37	0.00	0.57	0.00	1.76	0.00	3.23	0.00
	MCO	7.35	0.00	10.62	0.00	0.00	0.00	0.00	0.00	1.72	0.00	2.30	0.00	0.00	0.00	0.02	0.00
	Specialty Mental Health	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
- Regional Institute for Children and Adolescents (billing events)	FFS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	MCO	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Specialty Mental Health	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.00

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 10a. Service per Enrollee (Aged 65 Years or Older) by Service Type, FY 2008 (same individual can be counted in multiple rows)

Category		PAC Enrollees				FFS Enrollees			
Service Setting	**Service Category (MH/SA/Somatic)**	**Both**	**MHD Only**	**SUD Only**	**Neither**	**Both**	**MHD Only**	**SUD Only**	**Neither**
Hospital Inpatient (admits)	Mental Health	0.00	0.00	0.00	0.00	0.07	0.03	0.00	0.00
	Somatic Care	0.00	0.00	0.00	0.00	0.90	0.44	0.82	0.23
	Substance Abuse	0.00	0.00	0.00	0.00	0.07	0.00	0.04	0.00
Hospital Outpatient (visits)	Mental Health	0.00	0.02	0.00	0.00	0.31	0.25	0.00	0.00
	Somatic Care	0.98	0.24	0.14	0.18	2.93	1.45	3.21	1.36
	Substance Abuse	0.00	0.00	0.00	0.00	0.16	0.00	0.51	0.00
Physician/Professional (visits)	Mental Health	1.71	5.88	0.00	0.00	5.15	3.08	0.00	0.00
	Somatic Care	17.39	7.72	5.39	5.72	33.02	18.95	23.49	12.00
	Substance Abuse	3.18	0.00	2.69	0.00	1.43	0.00	3.49	0.00
Pharmacy (prescriptions)	All	4.90	18.19	10.77	16.34	7.50	5.73	3.00	3.20
Special Services* (visits)	All	2.69	1.31	1.56	1.76	8.09	6.95	4.31	3.56
Dental (visits)	All	0.00	0.00	0.00	0.06	0.00	0.00	0.00	0.00
Home Health (visits)	All	0.00	0.00	0.00	0.00	44.62	57.35	12.46	27.83
Long Term Care (billing events)	All	2.69	0.00	0.00	0.00	4.37	5.43	0.97	1.54
Specific services (redundant with above reporting)									
- Emergency Department (visits)	Mental Health	0.00	0.02	0.00	0.00	0.15	0.03	0.00	0.00
	Somatic Care	0.98	0.24	0.14	0.18	1.92	0.79	2.03	0.42
	Substance Abuse	0.00	0.00	0.00	0.00	0.16	0.00	0.17	0.00
- Psych Residential Rehab. (billing events)	Mental Health	0.00	0.00	0.00	0.00	0.08	0.07	0.00	0.00
- Other Psych Rehab. (visits)	Mental Health	0.00	0.00	0.00	0.00	0.10	0.08	0.00	0.00
- Methadone	Substance Abuse	0.00	0.00	2.55	0.00	0.73	0.00	3.17	0.00
- Regional Institute for Children and Adolescents (billing events)	Mental Health	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Somatic Care	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Substance Abuse	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 10b. Service per Enrollee (Aged 65 Years or Older) by Payment Source, FY 2008 (same individual can be counted in multiple rows)

Category		PAC Enrollees				FFS Enrollees			
Service Setting	**Payment Source**	**Both**	**MHD Only**	**SUD Only**	**Neither**	**Both**	**MHD Only**	**SUD Only**	**Neither**
Hospital Inpatient (admits)	FFS	0.00	0.00	0.00	0.00	1.02	0.47	0.86	0.23
	MCO	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Specialty Mental Health	0.00	0.00	0.00	0.00	0.01	0.00	0.00	0.00
Hospital Outpatient (visits)	FFS	0.98	0.24	0.00	0.17	3.33	1.59	3.72	1.36
	MCO	0.00	0.02	0.14	0.01	0.00	0.00	0.00	0.00
	Specialty Mental Health	0.00	0.00	0.00	0.00	0.07	0.12	0.00	0.00
Physician/Professional (visits)	FFS	19.84	4.35	3.97	2.68	38.96	21.71	26.95	12.00
	MCO	2.20	3.77	4.11	3.04	0.00	0.00	0.01	0.00
	Specialty Mental Health	0.24	5.48	0.00	0.00	0.58	0.32	0.00	0.00
Pharmacy (prescriptions)	FFS	4.65	5.77	1.42	2.01	7.50	5.73	3.00	3.20
	MCO	0.24	12.42	9.36	14.33	0.00	0.00	0.00	0.00
Special Services* (visits)	FFS	2.20	0.69	0.14	0.31	8.28	7.06	4.33	3.56
	MCO	0.49	0.64	1.42	1.44	0.00	0.00	0.00	0.00
	Specialty Mental Health	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Dental (visits)	FFS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	MCO	0.00	0.00	0.00	0.06	0.00	0.00	0.00	0.00
Home Health (visits)	FFS	0.00	0.00	0.00	0.00	51.23	59.86	12.46	27.83
	MCO	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Specialty Mental Health	0.00	0.00	0.00	0.00	0.07	0.02	0.00	0.00
Long term care (billing events)	FFS	2.69	0.00	0.00	0.00	4.52	5.52	0.98	1.54
Specific services (redundant with above reporting)									
- Emergency Department (visits)	FFS	0.98	0.24	0.00	0.17	2.22	0.82	2.20	0.42
	MCO	0.00	0.02	0.14	0.01	0.00	0.00	0.00	0.00
	Specialty Mental Health	0.00	0.00	0.00	0.00	0.01	0.00	0.00	0.00
- Psych Residential Rehab. (billing events)	FFS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	MCO	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Specialty Mental Health	0.00	0.00	0.00	0.00	0.10	0.07	0.00	0.00
- Other Psych Rehab. (visits)	FFS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	MCO	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Specialty Mental Health	0.00	0.00	0.00	0.00	0.10	0.08	0.00	0.00
- Methadone	FFS	0.00	0.00	2.55	0.00	0.73	0.00	3.17	0.00
	MCO	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Specialty Mental Health	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
- Regional Institute for Children and Adolescents (billing events)	FFS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	MCO	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Specialty Mental Health	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 11a. Service per User (Aged 0-18 Years) by Service Type, FY 2008 (same individual can be counted in multiple rows)

Category		Populations							
		HealthChoice Enrollees				FFS Enrollees			
Service Setting	Service Category (MH/SA/Somatic)	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither
Hospital Inpatient	Mental Health	1.8	1.6	n/a	n/a	5.3	4.0	n/a	n/a
	Somatic Care	1.7	1.5	1.8	1.1	2.4	2.1	1.4	1.1
	Substance Abuse	1.2	n/a	1.1	n/a	1.0	n/a	1.3	n/a
Hospital Outpatient	Mental Health	5.0	8.9	n/a	n/a	2.9	8.2	n/a	n/a
	Somatic Care	2.9	2.7	3.0	2.1	4.0	7.8	4.7	3.5
	Substance Abuse	3.8	1.0	3.6	n/a	1.0	n/a	1.0	n/a
Physician/Professional	Mental Health	19.3	14.9	n/a	n/a	9.9	12.9	n/a	n/a
	Somatic Care	8.7	6.3	12.8	5.6	30.0	17.5	58.6	5.9
	Substance Abuse	9.1	1.5	8.2	n/a	3.3	n/a	5.0	n/a
Pharmacy	All	12.5	8.5	4.3	3.8	26.8	22.2	9.6	8.0
Special Services*	All	34.1	18.7	7.0	2.3	39.3	41.5	22.8	11.5
Dental	All	2.5	2.3	2.4	2.2	1.9	1.9	1.0	2.1
Home Health	All	12.0	66.3	6.4	3.1	74.9	92.8	21.6	52.3
Long Term Care	All	n/a	n/a	n/a	1.0	n/a	12.5	n/a	n/a
Specific services (subsets of above reporting, for example emergency visits are part of outpatient visits)									
- Emergency Department	Mental Health	1.9	1.6	n/a	n/a	1.7	1.4	n/a	n/a
	Somatic Care	2.3	1.8	1.9	1.7	2.1	2.3	1.7	1.6
	Substance Abuse	1.2	1.0	1.1	n/a	1.0	n/a	1.0	n/a
- Psych Residential Rehab.	Mental Health	1.0	2.0	n/a	n/a	3.0	1.5	n/a	n/a
- Other Psych Rehab.	Mental Health	5.2	6.3	n/a	n/a	4.4	4.5	n/a	n/a
- Methadone	Substance Abuse	19.2	n/a	8.2	n/a	n/a	n/a	n/a	n/a
- Regional Institute for Children and Adolescents	Mental Health	6.0	6.3	n/a	n/a	12.1	11.4	n/a	n/a
	Somatic Care	2.0	1.4	n/a	1.0	2.5	7.3	n/a	n/a
	Substance Abuse	1.0	n/a	n/a	n/a	n/a	n/a	n/a	n/a

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 11b. Service per User (Aged 0-18 Years) by Payment Source, FY 2008 (same individual can be counted in multiple rows)

Category		Populations							
		HealthChoice Enrollees				FFS Enrollees			
Service Setting	Payment Source	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither
Hospital Inpatient	FFS	1.4	1.5	1.6	1.1	1.8	2.1	1.4	1.1
	MCO	1.4	1.4	1.6	1.1	n/a	1.0	n/a	1.3
	Specialty Mental Health	1.8	1.6	n/a	n/a	5.3	4.1	n/a	n/a
Hospital Outpatient	FFS	3.1	5.7	2.9	1.8	3.9	8.6	4.0	3.5
	MCO	3.7	2.3	3.5	2.0	1.0	1.8	n/a	1.2
	Specialty Mental Health	4.8	8.8	n/a	n/a	3.0	6.5	n/a	n/a
Physician/Professional	FFS	7.8	5.0	12.5	3.2	27.6	17.5	52.1	5.9
	MCO	11.4	6.2	13.8	5.3	n/a	4.6	n/a	5.8
	Specialty Mental Health	20.5	19.2	n/a	n/a	11.1	20.1	n/a	n/a
Pharmacy	FFS	9.9	7.9	3.1	2.0	26.6	22.2	9.6	8.0
	MCO	5.9	5.2	3.9	3.7	2.6	3.2	n/a	1.8
Special Services*	FFS	54.0	27.1	21.2	9.1	44.1	47.8	23.2	11.6
	MCO	4.3	2.4	3.3	1.8	1.0	1.9	n/a	2.8
	Specialty Mental Health	1.4	1.2	n/a	n/a	1.8	1.8	n/a	n/a
Dental	FFS	2.0	1.4	1.3	1.2	2.0	1.9	1.0	2.1
	MCO	2.5	2.3	2.4	2.2	1.0	2.5	n/a	n/a
Home Health	FFS	61.3	144.9	11.9	6.0	77.2	95.2	21.6	52.3
	MCO	4.6	5.2	5.0	2.2	n/a	n/a	n/a	1.0
	Specialty Mental Health	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Long term care	FFS	n/a	n/a	n/a	n/a	n/a	12.5	n/a	n/a
Specific services (redundant with above reporting)									
- Emergency Department	FFS	1.8	1.4	1.5	1.2	2.0	2.3	1.7	1.6
	MCO	2.3	1.8	1.8	1.7	1.0	1.3	n/a	1.2
	Specialty Mental Health	1.6	1.4	n/a	n/a	1.7	1.4	n/a	n/a
- Psych Residential Rehab.	FFS	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	MCO	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Specialty Mental Health	1.0	2.0	n/a	n/a	3.0	1.5	n/a	n/a
- Other Psych Rehab.	FFS	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	MCO	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Specialty Mental Health	5.2	6.3	n/a	n/a	4.4	4.5	n/a	n/a
- Methadone	FFS	n/a	n/a	4.0	n/a	n/a	n/a	n/a	n/a
	MCO	19.2	n/a	8.5	n/a	n/a	n/a	n/a	n/a
	Specialty Mental Health	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
- Regional Institute for Children and Adolescents	FFS	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	MCO	n/a	n/a	n/a	1.0	n/a	n/a	n/a	n/a
	Specialty Mental Health	5.9	6.3	n/a	n/a	12.1	11.4	n/a	n/a

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 12a. Service per User (Aged 19-64 Years) by Service Type, FY 2008 (same individual can be counted in multiple rows)

Category		Populations															
		HealthChoice Enrollees				PAC Enrollees				HealthChoice/PAC				FFS Enrollees			
Service Setting	Service Category (MH/SA/Somatic)	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither
Hospital Inpatient (admits)	Mental Health	2.0	1.6	n/a	n/a	n/a	n/a	n/a	n/a	1.8	1.3	n/a	n/a	1.5	1.3	n/a	n/a
	Somatic Care	2.6	1.7	1.7	1.2	n/a	n/a	n/a	n/a	2.1	1.7	1.9	1.4	2.4	1.7	1.9	1.2
	Substance Abuse	1.6	n/a	1.3	1.0	n/a	n/a	n/a	n/a	1.4	n/a	1.0	1.0	1.3	n/a	1.2	1.3
Hospital Outpatient (visits)	Mental Health	7.1	8.3	n/a	n/a	1.6	1.3	n/a	n/a	4.4	5.4	n/a	n/a	5.6	6.5	n/a	n/a
	Somatic Care	7.1	4.8	5.1	3.7	3.0	1.9	1.9	1.6	4.8	3.9	4.8	3.6	7.1	4.5	5.5	4.0
	Substance Abuse	10.3	1.0	13.8	1.0	1.9	1.0	1.3	n/a	11.8	n/a	22.9	n/a	5.6	1.0	7.0	1.0
Physician/Professional (visits)	Mental Health	19.5	14.5	n/a	n/a	25.2	15.5	n/a	n/a	28.1	17.9	n/a	n/a	15.3	13.4	n/a	n/a
	Somatic Care	25.1	15.3	17.0	10.2	7.3	5.9	5.6	4.5	15.0	11.4	15.3	10.4	31.5	19.2	25.9	11.0
	Substance Abuse	19.7	1.0	23.3	1.0	2.8	1.5	2.6	n/a	10.4	n/a	9.4	4.0	8.9	1.0	13.8	2.5
Pharmacy (prescriptions)	All	26.2	23.9	13.4	9.3	16.4	17.1	10.1	13.1	19.8	21.1	14.5	12.1	20.3	16.7	13.8	9.7
Special Services* (visits)	All	7.9	7.7	6.2	4.7	2.4	2.4	2.2	2.4	3.5	3.7	4.3	3.6	7.2	8.4	6.1	5.3
Dental (visits)	All	2.3	2.2	2.1	2.1	1.5	1.9	1.4	1.8	1.6	2.0	1.8	2.0	1.6	1.7	1.0	1.8
Home Health (visits)	All	41.2	215.1	30.1	55.7	4.0	5.0	3.0	3.3	4.1	13.0	9.9	4.5	185.2	317.4	98.3	195.8
Long Term Care (billing events)	All	3.6	3.7	2.7	2.7	3.7	4.3	3.8	2.0	2.8	3.3	1.0	2.3	8.3	9.6	6.6	8.5
Specific services (redundant with above reporting)																	
- Emergency Department (visits)	Mental Health	2.5	1.8	n/a	n/a	1.6	1.3	n/a	n/a	2.1	1.4	n/a	n/a	2.0	1.6	n/a	n/a
	Somatic Care	5.3	3.0	3.1	2.1	3.0	1.9	1.9	1.6	3.4	2.4	2.5	2.0	4.7	2.6	2.9	1.9
	Substance Abuse	2.4	1.0	1.5	1.0	1.9	1.0	1.3	n/a	1.9	n/a	1.1	1.0	1.8	1.0	1.4	1.0
- Psych Residential Rehab. (billing events)	Mental Health	8.2	11.0	n/a	n/a	2.5	2.3	n/a	n/a	5.8	5.6	n/a	n/a	9.4	11.0	n/a	n/a
- Other Psych Rehab. (visits)	Mental Health	6.2	8.0	n/a	n/a	3.1	4.7	n/a	n/a	3.9	5.6	n/a	n/a	7.3	8.6	n/a	n/a
- Methadone	Substance Abuse	37.3	n/a	36.3	n/a	11.1	n/a	11.1	n/a	15.1	n/a	16.1	n/a	34.6	n/a	30.9	n/a
- Regional Institute for Children and Adolescents (billing events)	Mental Health	16.0	5.9	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	4.3	8.2	n/a	n/a
	Somatic Care	1.9	1.4	1.4	1.1	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Substance Abuse	1.9	n/a	1.0	n/a	n/a	n/a	1.0	n/a	1.0	n/a	n/a	n/a	n/a	n/a	n/a	n/a

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 12b. Service per User (Aged 19-64 Years) by Payment Source, FY 2008 (same individual can be counted in multiple rows)

Category		Populations															
		HealthChoice Enrollees				PAC Enrollees				HealthChoice/PAC Enrollees				FFS Enrollees			
Service Setting	Payment Source	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither
Hospital Inpatient (admits)	FFS	2.1	1.7	1.8	1.4	n/a	n/a	n/a	n/a	2.1	2.0	1.8	1.7	2.2	1.7	1.9	1.2
	MCO	2.4	1.6	1.6	1.2	n/a	n/a	n/a	n/a	1.5	1.3	1.5	1.1	4.0	1.0	1.0	1.5
	Specialty Mental Health	2.0	1.6	n/a	n/a	n/a	n/a	n/a	n/a	1.8	1.3	n/a	n/a	1.8	1.4	n/a	n/a
Hospital Outpatient (visits)	FFS	5.1	3.0	4.8	2.4	3.4	2.0	2.1	1.6	7.5	2.8	7.0	2.5	8.7	5.2	6.5	4.0
	MCO	9.2	4.4	7.0	3.3	2.3	1.7	1.5	1.5	5.9	3.3	7.9	3.0	2.7	2.7	2.4	2.0
	Specialty Mental Health	7.0	8.7	n/a	n/a	1.6	1.4	n/a	n/a	4.5	5.7	n/a	n/a	10.9	13.3	n/a	n/a
Physician/Professional (visits)	FFS	12.8	8.7	10.3	4.0	15.2	11.8	16.1	8.5	10.0	5.6	13.1	7.3	40.2	23.9	28.9	11.0
	MCO	32.0	14.1	25.1	9.4	6.2	5.2	4.9	4.1	15.2	9.3	12.6	7.9	6.5	5.0	6.1	4.4
	Specialty Mental Health	20.5	15.9	n/a	n/a	26.9	16.8	n/a	n/a	29.0	19.6	n/a	n/a	14.1	12.2	n/a	n/a
Pharmacy (prescriptions)	FFS	11.4	11.2	5.4	3.9	7.2	8.2	4.1	5.0	9.1	9.6	4.8	4.3	19.7	16.5	13.3	9.6
	MCO	17.1	16.2	11.3	8.3	11.4	11.9	8.6	11.6	12.2	13.4	11.5	10.1	9.4	8.6	7.6	6.5
Special Services* (visits)	FFS	5.0	11.6	2.7	4.1	3.0	3.1	7.4	2.2	1.8	1.8	2.3	1.7	7.6	8.6	6.3	5.3
	MCO	7.0	5.6	6.0	4.0	2.6	2.4	2.1	2.3	3.5	3.5	3.8	3.4	2.6	2.4	2.7	2.7
	Specialty Mental Health	1.6	2.1	n/a	n/a	1.0	1.2	n/a	n/a	1.8	1.2	n/a	n/a	1.0	3.1	n/a	n/a
Dental (visits)	FFS	2.1	1.8	n/a	1.3	n/a	n/a	n/a	2.0	n/a	n/a	n/a	n/a	1.5	1.7	n/a	1.8
	MCO	2.3	2.2	2.1	2.1	1.5	1.9	1.4	1.8	1.6	2.0	1.8	2.0	1.6	1.9	1.0	1.4
Home Health (visits)	FFS	172.7	282.9	145.7	206.3	5.0	8.3	n/a	5.5	1.0	53.0	5.7	3.9	204.3	336.3	101.4	195.8
	MCO	6.6	4.7	8.3	4.4	5.0	1.8	3.0	2.3	4.3	3.6	10.3	4.8	2.0	1.5	n/a	n/a
	Specialty Mental Health	10.2	11.2	n/a	n/a	2.0	6.0	n/a	n/a	5.0	n/a	n/a	n/a	9.1	10.6	n/a	n/a
Long term care (billing events)	FFS	4.5	4.5	3.1	3.4	3.7	4.5	3.8	2.0	2.8	3.3	1.0	2.3	8.4	9.7	6.6	8.5
Specific services (redundant with above reporting)																	
- Emergency Department (visits)	FFS	3.1	2.0	2.0	1.5	3.4	2.0	2.1	1.6	3.0	2.1	1.7	1.7	5.1	2.6	2.9	1.9
	MCO	5.3	2.9	3.0	2.1	2.3	1.7	1.5	1.5	2.9	2.0	2.3	1.7	1.3	1.5	1.2	1.5
	Specialty Mental Health	2.3	1.6	n/a	n/a	1.6	1.4	n/a	n/a	2.0	1.2	n/a	n/a	1.9	1.4	n/a	n/a
- Psych Residential Rehab. (billing events)	FFS	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	MCO	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Specialty Mental Health	8.2	11.0	n/a	n/a	2.5	2.3	n/a	n/a	6.1	5.6	n/a	n/a	9.4	11.0	n/a	n/a
- Other Psych Rehab. (visits)	FFS	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	MCO	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Specialty Mental Health	6.2	8.0	n/a	n/a	3.1	4.7	n/a	n/a	3.8	5.7	n/a	n/a	7.3	8.6	n/a	n/a
- Methadone	FFS	10.2	n/a	9.9	n/a	12.0	n/a	12.4	n/a	10.0	n/a	8.2	n/a	34.5	n/a	31.2	n/a
	MCO	36.8	n/a	35.8	n/a	3.0	n/a	2.0	n/a	13.0	n/a	13.3	n/a	5.0	n/a	10.3	n/a
	Specialty Mental Health	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
- Regional Institute for Children and Adolescents (billing events)	FFS	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	MCO	2.1	1.4	1.3	1.1	n/a	n/a	1.0	n/a	1.0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Specialty Mental Health	16.0	7.3	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	4.3	8.2	n/a	n/a

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 13a. Service per User (Aged 65 Years or Older) by Service Type, FY 2008 (same individual can be counted in multiple rows)

Category		PAC Enrollees				FFS Enrollees			
Service Setting	**Service Category (MH/SA/Somatic)**	**Both**	**MHD Only**	**SUD Only**	**Neither**	**Both**	**MHD Only**	**SUD Only**	**Neither**
Hospital Inpatient (admits)	Mental Health	n/a	n/a	n/a	n/a	1.4	1.1	n/a	n/a
	Somatic Care	n/a	n/a	n/a	n/a	1.8	1.4	1.6	1.3
	Substance Abuse	n/a	n/a	n/a	n/a	1.3	n/a	1.1	1.0
Hospital Outpatient (visits)	Mental Health	n/a	1.0	n/a	n/a	2.9	5.0	n/a	n/a
	Somatic Care	2.0	1.4	1.0	1.9	4.9	3.4	4.9	3.4
	Substance Abuse	n/a	n/a	n/a	n/a	2.2	n/a	4.7	n/a
Physician/Professional (visits)	Mental Health	3.5	9.8	n/a	n/a	8.0	6.0	n/a	n/a
	Somatic Care	17.8	10.5	6.3	6.0	34.6	21.5	25.6	13.8
	Substance Abuse	6.5	n/a	9.5	n/a	6.6	1.0	13.4	1.3
Pharmacy (prescriptions)	All	10.0	19.1	12.7	17.4	14.4	12.0	10.2	10.5
Special Services* (visits)	All	3.7	3.0	1.8	2.5	9.4	8.8	6.5	6.0
Dental (visits)	All	n/a	n/a	n/a	1.3	n/a	1.3	n/a	1.3
Home Health (visits)	All	n/a	n/a	n/a	n/a	245.0	292.4	176.5	272.1
Long Term Care (billing events)	All	11.0	n/a	n/a	n/a	8.3	9.4	6.2	8.0
Specific services (redundant with above reporting)									
- Emergency Department (visits)	Mental Health	n/a	1.0	n/a	n/a	1.6	1.2	n/a	n/a
	Somatic Care	2.0	1.4	1.0	1.9	2.9	1.9	3.2	1.6
	Substance Abuse	n/a	n/a	n/a	n/a	1.5	n/a	1.4	n/a
- Psych Residential Rehab. (billing events)	Mental Health	n/a	n/a	n/a	n/a	14.3	11.6	n/a	n/a
- Other Psych Rehab. (visits)	Mental Health	n/a	n/a	n/a	n/a	8.0	9.4	n/a	n/a
- Methadone	Substance Abuse	n/a	n/a	18.0	n/a	32.2	n/a	42.1	n/a
- Regional Institute for Children and Adolescents (billing events)	Mental Health	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Somatic Care	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Substance Abuse	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 13b. Service per User (Aged 65 Years or Older) by Payment Source, FY 2008 (same individual can be counted in multiple rows)

Category		PAC Enrollees				FFS Enrollees			
Service Setting	**Payment Source**	**Both**	**MHD Only**	**SUD Only**	**Neither**	**Both**	**MHD Only**	**SUD Only**	**Neither**
Hospital Inpatient (admits)	FFS	n/a	n/a	n/a	n/a	1.8	1.4	1.6	1.3
	MCO	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Specialty Mental Health	n/a	n/a	n/a	n/a	1.5	1.7	n/a	n/a
Hospital Outpatient (visits)	FFS	2.0	1.6	n/a	1.9	5.3	3.6	5.3	3.4
	MCO	n/a	1.0	1.0	1.0	n/a	n/a	n/a	6.0
	Specialty Mental Health	n/a	n/a	n/a	n/a	3.7	18.4	n/a	n/a
Physician/Professional (visits)	FFS	27.0	12.3	9.3	9.1	40.2	23.9	28.0	13.8
	MCO	3.0	5.5	4.8	3.6	n/a	n/a	4.0	3.0
	Specialty Mental Health	1.0	14.5	n/a	n/a	9.6	9.3	n/a	n/a
Pharmacy (prescriptions)	FFS	9.5	7.0	5.0	5.9	14.4	12.0	10.3	10.5
	MCO	1.0	14.4	11.0	15.3	n/a	3.5	2.0	5.9
Special Services* (visits)	FFS	4.5	4.4	1.0	2.4	9.6	8.9	6.5	6.0
	MCO	1.0	1.7	2.0	2.3	n/a	n/a	n/a	1.0
	Specialty Mental Health	n/a	n/a	n/a	n/a	n/a	1.0	n/a	n/a
Dental (visits)	FFS	n/a	n/a	n/a	n/a	n/a	1.3	n/a	1.3
	MCO	n/a	n/a	n/a	1.3	n/a	n/a	n/a	n/a
Home Health (visits)	FFS	n/a	n/a	n/a	n/a	285.8	305.9	176.5	272.1
	MCO	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Specialty Mental Health	n/a	n/a	n/a	n/a	8.7	11.5	n/a	n/a
Long term care (billing events)	FFS	11.0	n/a	n/a	n/a	8.6	9.5	6.2	8.0
Specific services (redundant with above reporting)									
- Emergency Department (visits)	FFS	2.0	1.6	n/a	1.9	3.1	1.9	3.1	1.6
	MCO	n/a	1.0	1.0	1.0	n/a	n/a	n/a	n/a
	Specialty Mental Health	n/a	n/a	n/a	n/a	2.0	1.4	n/a	n/a
- Psych Residential Rehab. (billing events)	FFS	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	MCO	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Specialty Mental Health	n/a	n/a	n/a	n/a	13.8	11.6	n/a	n/a
- Other Psych Rehab. (visits)	FFS	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	MCO	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Specialty Mental Health	n/a	n/a	n/a	n/a	8.0	9.5	n/a	n/a
- Methadone	FFS	n/a	n/a	18.0	n/a	32.2	n/a	42.1	n/a
	MCO	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Specialty Mental Health	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
- Regional Institute for Children and Adolescents (billing events)	FFS	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	MCO	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Specialty Mental Health	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Table A. HEDIS Diagnostic Group Definitions: Mental Health

ICD Code or MHA Flag	Definition	Notes
290	Dementias	neurologic
293	Delirium	neurologic
294	Amnesic/Dementia Conditions	neurologic
295	Schizophrenia Disorders	
296	Episodic Mood Disorders	
297	Delusional Disorders	
298	Other Nonorganic Psychosis	
299	Pervasive Developmental Disorder	
300	Anxiety	
301	Personality Disorders	
302	Sexual Deviations and Disorders	
306	Physiological Malfunction Arising from Mental Factors	
307	Special Symptoms (e.g., Fluency Disorder, Anorexia)	
308	Acute Reaction to Stress	
309	Adjustment Reaction	
310	Non-psychotic MHD due to Brain Damage	
311	Depression, Not Specified Elsewhere	
312	Conduct disorders	
313	Emotional disturbances in childhood	
314	Hyperkinetic Syndrome	
315	Specific delays in development	
316	Psychic factors not elsewhere classified	
ICN begins 6	Billing flag for a specialty mental health claim	

Definition includes 1 or more primary or secondary diagnoses per HEDIS (this includes dementia, organic delirium, and developmental delay)

Source: HEDIS 2012 Technical Specifications, p. 304

Table B. HEDIS Diagnostic Group Definitions: Substance Abuse

ICD or Procedure Code	Definition	Notes
291	Alcohol-induced mental disorders	
292	Drug-induced mental disorders	
303	Alcohol dependence	
304	Drug dependence	
305	Drug abuse	tobacco excluded
535.3	Alcoholic gastritis	
571.1	Acute alcoholic hepatitis	
H0020	Methadone Replacement therapy	

Definition includes 1 or more primary or secondary diagnoses per HEDIS (this excludes poisonings and maternal drug exposure codes)

Source: HEDIS 2012 Technical Specifications, p. 300

Table C. Clinical Flags

Variable name	Description	Definition
Addiction		
Opioid	Opioid Dependence or Abuse	1 if pdx or dx2-dx12 is 3040 or 3055; else 0
Marijuana	Cannabis Dependence or Abuse	1 if pdx or dx2-dx12 is 3043 or 3052; else 0
Alcohol	Alcohol Dependence or Abuse	1 if pdx or dx2-dx12 is 303 or 3050; else 0

Template 1. Summary Statistics for the Population, FY 2009 (All Ages)

Category	Populations															
	HealthChoice Only Enrollees				PAC Only Enrollees				HealthChoice/PAC Both Enrollees				FFS Only Enrollees			
	Both	MHD Only	SUD Only	None	Both	MHD Only	SUD Only	None	Both	MHD Only	SUD Only	None	Both	MHD Only	SUD Only	None
Number of Enrollees	16,237	126,657	9,624	434,761	2,006	8,044	1,594	12,549	651	1,229	279	2,061	5,252	46,744	2,515	78,928
Age Group (%)																
0-18	15.8	66.3	15.8	76.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.7	6.0	1.7	9.4
19-64	84.2	33.7	84.2	23.8	99.9	99.4	99.8	97.7	100.0	100.0	100.0	99.7	83.0	49.5	78.7	44.9
65+	0.0	0.0	0.0	0.0	0.1	0.6	0.2	2.3	0.0	0.0	0.0	0.3	14.4	44.6	19.6	45.6
Gender(%)																
Female	57.9	49.2	54.6	58.9	37.8	50.2	29.1	55.0	57.1	74.2	52.7	76.7	40.9	61.1	33.0	71.1
Male	42.1	50.9	45.5	41.1	62.2	49.8	70.9	45.0	42.9	25.8	47.3	23.3	59.1	38.9	67.0	28.9
Race(%)																
White	47.9	39.0	36.5	25.8	33.5	50.9	16.5	29.0	48.4	51.6	30.8	28.5	49.7	51.4	29.8	31.0
Black	47.5	49.8	57.8	51.1	63.5	45.2	80.9	65.0	50.2	43.5	66.7	63.2	43.8	36.7	60.3	38.2
Hispanic	1.6	6.4	2.4	14.7	0.5	1.0	0.3	1.6	0.0	1.5	0.0	2.4	1.2	2.3	3.7	14.9
Asian	0.2	1.2	0.4	3.1	0.3	0.9	0.1	2.3	0.2	1.3	0.7	3.6	0.7	3.2	1.0	8.7
Other	2.7	3.7	2.9	5.3	2.3	2.0	2.1	2.2	1.2	2.1	1.8	2.2	4.6	6.5	5.2	7.2
Average Enrollment (months)																
Any Medicaid	11.2	11.3	10.6	10.5	10.8	9.9	10.3	10.0	11.5	11.3	11.2	11.2	10.3	10.7	8.7	8.7
HealthChoice	10.0	10.7	9.3	9.7	0.0	0.0	0.0	0.0	5.1	5.7	5.5	6.0	0.0	0.0	0.0	0.0
PAC	0.0	0.0	0.0	0.0	8.5	8.1	8.6	8.4	3.3	3.3	3.1	3.2	0.0	0.0	0.0	0.0
FFS only	1.3	0.6	1.3	0.8	2.3	1.9	1.7	1.5	3.0	2.3	2.5	2.0	10.3	10.7	8.7	8.7
Region(%)*																
Baltimore City	41.8	27.7	46.2	22.5	67.6	40.1	77.7	46.1	57.9	32.0	62.4	41.9	38.8	23.1	51.1	20.2
Baltimore Suburbs	26.0	27.5	22.8	25.2	18.5	26.3	12.4	20.3	20.3	25.8	22.6	22.5	26.9	30.1	19.9	24.4
Washington Suburbs	10.8	20.7	11.4	32.1	6.4	14.1	5.0	16.0	5.4	13.4	4.7	15.6	14.1	24.3	13.0	36.8
Western MD	6.6	7.3	5.9	5.3	2.5	6.4	1.2	6.4	6.3	10.0	5.4	8.0	6.5	7.3	4.0	5.4
Eastern MD	11.42	11.74	10.05	9.81	3.8	9.2	2.6	7.8	7.4	13.3	3.9	8.4	10.1	10.4	8.1	8.9
Southern MD	3.0	4.8	3.5	5.0	1.1	3.6	1.3	3.5	2.8	5.2	1.1	3.5	3.1	4.4	3.5	4.1

Category	Populations															
	HealthChoice Only Enrollees				PAC Only Enrollees				HealthChoice/PAC Both Enrollees				FFS Only Enrollees			
	Both	MHD Only	SUD Only	None	Both	MHD Only	SUD Only	None	Both	MHD Only	SUD Only	None	Both	MHD Only	SUD Only	None
Eligibility(%)																
Family and Children	40.4	57.4	53.8	71.9	0.0	0.0	0.0	0.0	24.4	49.7	40.1	62.9	2.9	2.4	7.2	7.3
Disabled	49.8	25.4	34.9	4.8	0.0	0.0	0.0	0.0	51.3	25.7	34.8	11.5	17.0	9.3	22.5	8.3
Maryland CHIP	2.8	14.0	4.1	19.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.4	0.1	0.6
Dual Eligible (age 0-64)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	55.5	38.6	37.1	15.8
Dual Eligible (age 65+)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	12.8	41.7	16.6	40.3
Other (includes PAC)	7.0	3.3	7.2	4.3	100.0	100.0	100.0	100.0	24.3	24.6	25.1	25.5	11.8	7.5	16.5	27.7

*Counties included in each region are as follows:

Baltimore City:	Baltimore City
Baltimore Suburbs:	Anne Arundel, Baltimore, Carroll, Harford, Howard
Washington Suburbs:	Frederick, Montgomery, Prince George's
Western MD:	Allegany, Garrett, Washington
Eastern MD:	Caroline, Cecil, Kent, Queen, Talbot, Dorchester, Somerset, Wicomico, Worcester
Southern MD:	Calvert County, Charles County, St. Mary's County

OUT OF STATE not presented so totals are slightly less than 100%

Template 2a. Unique Enrollees (Aged 0-18 Years) by Service Type, FY 2009 (same individual can be counted in multiple rows)

Category		Populations							
		HealthChoice Enrollees				FFS Enrollees			
Service Setting	Service Category (MH/SA/Somatic)	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither
	Number of Enrollees	***2,572***	***83,999***	***1,523***	***331,418***	***139***	***2,791***	***42***	***7,443***
Hospital Inpatient	Mental Health	612	2,220	0	0	107	412	0	0
	Somatic Care	292	3,763	272	37,406	14	570	11	2,413
	Substance Abuse	206	0	54	0	19	0	17	0
Hospital Outpatient	Mental Health	830	12,957	0	0	34	510	0	0
	Somatic Care	1,525	38,027	734	139,908	80	1,966	14	2,570
	Substance Abuse	682	0	334	2	5	0	4	0
Physician/Professional	Mental Health	2,174	50,107	0	0	72	927	0	0
	Somatic Care	2,315	73,263	1,218	320,710	96	2,337	28	6,635
	Substance Abuse	1,030	0	761	2	31	0	28	0
Pharmacy	All	2,280	65,700	1,017	228,540	123	2,319	20	2,694
Special Services*	All	2,184	65,068	957	164,165	118	2,393	17	2,325
Dental	All	1,300	45,186	526	136,778	64	981	5	980
Home Health	All	366	6,193	170	15,726	14	1,760	2	1,148
Long Term Care	All	0	2	0	1	0	1	0	0
Specific services (subsets of above reporting, for example emergency visits are part of outpatient visits)									
- Emergency Department	Mental Health	691	3,535	0	0	30	100	0	0
	Somatic Care	1,386	29,834	654	118,277	61	1,179	14	1,878
	Substance Abuse	249	0	139	2	2	0	4	0
- Psych Residential Rehab.	Mental Health	2	4	0	0	0	0	0	0
- Other Psych Rehab.	Mental Health	178	4,614	0	0	3	41	0	0
- Methadone	Substance Abuse	6	0	18	0	0	0	0	0
- Regional Institute for Children and Adolescents	Mental Health	109	310	0	0	94	366	0	0
	Somatic Care	1	4	1	9	2	7	0	0
	Substance Abuse	2	0	0	0	1	0	0	0

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 2b. Unique Enrollees (Aged 0-18 Years) by Payment Source, FY 2009 (same individual can be counted in multiple rows)

Category		Populations							
		HealthChoice Enrollees				FFS Enrollees			
Service Setting	Payment Source	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither
	Number of Enrollees	***2,572***	***83,999***	***1,523***	***331,418***	***139***	***2,791***	***42***	***7,443***
Hospital Inpatient	FFS	121	527	88	9,340	30	566	27	2,389
	MCO	405	3,447	264	28,654	0	1	0	27
	Specialty Mental Health	614	2,235	0	0	107	415	0	0
Hospital Outpatient	FFS	247	5,963	99	14,664	81	1,971	15	2,559
	MCO	1,787	37,132	887	132,743	0	3	0	14
	Specialty Mental Health	780	11,390	0	0	35	403	0	0
Physician/Professional	FFS	488	9,466	227	33,663	108	2,378	38	6,613
	MCO	2,359	73,794	1,352	314,978	1	6	0	34
	Specialty Mental Health	2,018	35,873	0	0	60	524	0	0
Pharmacy	FFS	1,695	32,781	224	20,985	123	2,318	20	2,675
	MCO	1,992	58,167	944	224,334	7	23	0	20
Special Services*	FFS	1,178	42,156	194	10,592	117	2,389	17	2,319
	MCO	1,928	44,244	897	159,062	2	10	0	6
	Specialty Mental Health	143	1,769	0	0	11	22	0	0
Dental	FFS	52	399	2	920	64	978	5	980
	MCO	1,268	44,979	524	136,370	0	3	0	0
Home Health	FFS	20	1,347	22	1,357	14	1,759	2	1,146
	MCO	354	5,029	151	14,450	0	1	0	2
	Specialty Mental Health	0	0	0	0	0	0	0	0
Long term care	FFS	0	0	0	0	0	1	0	0
Specific services (redundant with above reporting)									
- Emergency Department	FFS	173	1,836	73	9,528	61	1,176	15	1,871
	MCO	1,494	29,530	696	112,453	0	3	0	10
	Specialty Mental Health	652	3,151	0	0	31	98	0	0
- Psych Residential Rehab.	FFS	0	0	0	0	0	0	0	0
	MCO	0	0	0	0	0	0	0	0
	Specialty Mental Health	2	4	0	0	0	0	0	0
- Other Psych Rehab.	FFS	0	0	0	0	0	0	0	0
	MCO	0	0	0	0	0	0	0	0
	Specialty Mental Health	179	4,617	0	0	3	41	0	0
- Methadone	FFS	1	0	0	0	0	0	0	0
	MCO	6	0	18	0	0	0	0	0
	Specialty Mental Health	0	0	0	0	0	0	0	0
- Regional Institute for Children and Adolescents	FFS	0	0	0	0	0	0	0	0
	MCO	1	4	1	9	0	0	0	0
	Specialty Mental Health	109	310	0	0	94	366	0	0

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 3a. Unique Enrollees (Aged 19-64 Years) by Service Type, FY 2009 (same individual can be counted in multiple rows

Category		Populations															
		HealthChoice Only Enrollees				PAC Only Enrollees				HealthChoice and PAC				FFS Enrollees			
Service Setting	**Service Category (MH/SA/Somatic)**	**Both**	**MHD Only**	**SUD Only**	**Neither**	**Both**	**MHD Only**	**SUD Only**	**Neither**	**Both**	**MHD Only**	**SUD Only**	**Neither**	**Both**	**MHD Only**	**SUD Only**	**Neither**
	Number of Enrollees	***13,665***	***42,658***	***8,101***	***103,343***	***2,004***	***7,999***	***1,591***	***12,259***	***651***	***1,229***	***279***	***2,055***	***4,359***	***23,115***	***1,979***	***35,462***
Hospital Inpatient	Mental Health	2,743	1,445	0	0	0	0	0	0	142	31	0	0	1,187	1,165	0	0
	Somatic Care	5,375	8,664	3,023	22,911	0	0	0	0	231	189	81	271	1,857	5,104	1,094	14,361
	Substance Abuse	721	1	171	3	0	0	0	0	37	0	5	1	178	2	75	1
Hospital Outpatient	Mental Health	3,782	6,225	0	0	159	96	0	0	158	123	0	0	1,222	3,035	0	0
	Somatic Care	10,974	27,242	5,601	63,509	366	598	189	849	464	728	176	1,062	3,174	12,237	1,217	14,581
	Substance Abuse	3,625	3	1,285	5	69	0	21	0	187	0	56	0	646	0	230	1
Physician/Professional	Mental Health	10,047	26,159	0	0	1,500	6,421	0	0	528	887	0	0	3,162	13,631	0	0
	Somatic Care	13,013	38,294	7,160	97,287	1,774	5,600	1,426	11,416	618	1,116	256	1,958	3,961	19,371	1,702	31,407
	Substance Abuse	6,420	6	3,719	9	734	0	538	1	330	0	137	1	1,222	4	563	10
Pharmacy	All	13,124	39,004	6,872	84,622	1,903	7,154	1,442	10,823	643	1,196	256	1,873	1,985	9,041	642	10,106
Special Services*	All	11,446	33,868	5,822	77,026	1,505	4,170	1,200	8,474	535	940	215	1,648	2,771	13,734	830	14,574
Dental	All	3,067	10,827	1,517	23,578	422	1,438	298	2,403	152	322	49	547	36	214	6	130
Home Health	All	3,110	10,362	1,138	7,576	69	179	28	268	78	127	32	156	350	7,811	80	1,316
Long Term Care	All	579	548	158	274	18	18	7	12	7	10	7	5	550	2,527	144	1,493
Specific services (redundant with above reporting)																	
- Emergency Department	Mental Health	3,685	3,171	0	0	159	96	0	0	176	73	0	0	1,422	1,623	0	0
	Somatic Care	10,392	22,457	5,196	49,466	366	598	189	849	434	595	154	773	3,091	9,583	1,377	11,920
	Substance Abuse	1,820	5	522	7	69	0	21	0	77	0	13	1	528	2	159	3
- Psych Residential Rehab.	Mental Health	232	934	0	0	4	13	0	0	11	23	0	0	187	1,168	0	0
- Other Psych Rehab.	Mental Health	985	2,843	0	0	115	366	0	0	65	66	0	0	280	1,451	0	0
- Methadone	Substance Abuse	2,833	0	2,350	0	27	0	30	0	113	0	63	0	206	0	230	0
- Regional Institute for Children and Adolescents	Mental Health	2	16	0	0	0	0	0	0	0	0	0	0	5	21	0	0
	Somatic Care	12	17	2	8	0	0	0	0	0	0	0	0	0	1	0	0
	Substance Abuse	87	0	2	0	1	0	0	0	4	0	0	0	0	0	0	0

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 3b. Unique Enrollees (Aged 19-64 Years) by Payment Source, FY 2009 (same individual can be counted in multiple rows

Category		Populations															
		HealthChoice Only Enrollees				PAC Only Enrollees				HealthChoice and PAC				FFS Enrollees			
Service Setting	Payment Source	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither
	Number of Enrollees	**13,665**	**42,658**	**8,101**	**103,343**	**2,004**	**7,999**	**1,591**	**12,259**	**651**	**1,229**	**279**	**2,055**	**4,359**	**23,115**	**1,979**	**35,462**
Hospital Inpatient	FFS	1,229	1,481	738	3,270	0	0	0	0	136	86	46	108	2,591	5,788	1,157	14,359
	MCO	5,282	7,789	2,641	20,260	0	0	0	0	173	124	49	177	4	10	3	8
	Specialty Mental Health	2,690	1,346	0	0	0	0	0	0	142	29	0	0	475	386	0	0
Hospital Outpatient	FFS	3,126	5,883	1,679	16,792	304	314	151	353	272	228	84	278	3,433	13,025	1,291	14,568
	MCO	11,120	26,115	5,548	57,076	120	327	60	510	427	656	177	961	15	35	8	31
	Specialty Mental Health	3,523	5,668	0	0	138	66	0	0	146	110	0	0	311	562	0	0
Physician/Professional	FFS	3,984	9,486	2,327	30,320	359	540	158	569	352	387	120	499	4,081	20,203	1,783	31,221
	MCO	13,048	37,820	7,518	92,066	1,840	5,653	1,498	11,217	608	1,098	265	1,922	187	410	82	419
	Specialty Mental Health	9,080	22,090	0	0	1,373	5,854	0	0	490	784	0	0	1,323	5,886	0	0
Pharmacy	FFS	11,666	31,220	3,243	28,379	1,570	6,199	532	3,725	600	1,053	159	770	1,966	8,990	607	9,914
	MCO	12,418	36,054	6,596	81,169	1,785	6,110	1,403	10,576	615	1,122	253	1,848	252	541	107	547
Special Services*	FFS	4,075	7,894	1,507	15,877	128	194	47	184	193	186	52	257	2,668	13,513	788	14,338
	MCO	10,860	32,063	5,507	73,067	1,448	4,083	1,182	8,374	491	917	208	1,591	141	284	52	303
	Specialty Mental Health	473	1,489	0	0	0	6	0	0	10	17	0	0	1	2	0	0
Dental	FFS	6	36	4	67	0	1	0	0	0	0	0	1	17	176	4	98
	MCO	3,064	10,808	1,514	23,545	422	1,437	298	2,403	152	322	49	547	19	38	2	32
Home Health	FFS	367	5,834	97	764	4	9	1	11	3	9	1	9	337	7,735	80	1,307
	MCO	2,828	5,072	1,064	6,978	65	171	27	257	76	119	31	148	1	14	0	9
	Specialty Mental Health	35	108	0	0	0	1	0	0	0	1	0	0	12	69	0	0
Long term care	FFS	205	248	46	93	18	18	7	11	4	6	3	1	550	2,527	144	1,493
Specific services (redundant with above reporting)																	
- Emergency Department	FFS	2,542	4,400	1,367	12,440	304	314	151	353	255	198	72	219	3,423	9,993	1,436	11,915
	MCO	10,074	20,974	4,702	42,297	120	327	60	510	343	496	123	637	14	27	7	14
	Specialty Mental Health	3,503	2,762	0	0	138	66	0	0	168	67	0	0	503	437	0	0
- Psych Residential Rehab.	FFS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	MCO	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Specialty Mental Health	232	936	0	0	4	13	0	0	11	23	0	0	187	1,168	0	0
- Other Psych Rehab.	FFS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	MCO	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Specialty Mental Health	989	2,845	0	0	117	366	0	0	65	66	0	0	282	1,452	0	0
- Methadone	FFS	255	0	271	0	27	0	25	0	40	0	27	0	205	0	227	0
	MCO	2,801	0	2,320	0	1	0	5	0	109	0	60	0	1	0	4	0
	Specialty Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
- Regional Institute for Children and Adolescents	FFS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	MCO	97	14	4	8	1	0	0	0	4	0	0	0	0	0	0	0
	Specialty Mental Health	1	16	0	0	0	0	0	0	0	0	0	0	5	21	0	0

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 4a. Unique Enrollees (Aged 65 Years or Older) by Service Type, FY 2009 (same individual can be counted in multiple rows)

Category		Populations							
		PAC Enrollees				FFS Enrollees			
Service Setting	Service Category (MH/SA/Somatic)	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither
	Number of Enrollees	***2***	***45***	***3***	***290***	***754***	***20,843***	***494***	***36,023***
Hospital Inpatient	Mental Health	0	0	0	0	60	661	0	0
	Somatic Care	0	0	0	0	438	7,649	259	7,316
	Substance Abuse	0	0	0	0	50	0	20	0
Hospital Outpatient	Mental Health	0	0	0	0	94	1,010	0	0
	Somatic Care	0	11	2	34	488	9,267	337	14,586
	Substance Abuse	0	0	0	0	60	0	51	0
Physician/Professional	Mental Health	0	26	0	0	473	10,358	0	0
	Somatic Care	2	40	3	273	720	18,009	453	30,878
	Substance Abuse	0	0	0	0	167	0	133	1
Pharmacy	All	2	42	3	268	393	10,124	159	11,220
Special Services*	All	1	34	3	203	633	16,205	330	21,001
Dental	All	0	6	0	20	1	17	0	14
Home Health	All	0	2	0	3	128	4,268	44	3,797
Long Term Care	All	0	2	0	1	383	11,864	65	6,961
Specific services (redundant with above reporting)									
- Emergency Department	Mental Health	0	0	0	0	77	481	0	0
	Somatic Care	0	11	2	34	503	8,864	335	9,685
	Substance Abuse	0	0	0	0	77	0	54	0
- Psych Residential Rehab.	Mental Health	0	0	0	0	8	126	0	0
- Other Psych Rehab.	Mental Health	0	2	0	0	8	196	0	0
- Methadone	Substance Abuse	0	0	0	0	14	0	47	0
- Regional Institute for Children and Adolescents	Mental Health	0	0	0	0	0	0	0	0
	Somatic Care	0	0	0	0	0	0	0	0
	Substance Abuse	0	0	0	0	0	0	0	0

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 4b. Unique Enrollees (Aged 65 Years or Older) by Payment Source, FY 2009 (same individual can be counted in multiple rows)

Category		PAC Enrollees				FFS Enrollees			
Service Setting	**Payment Source**	**Both**	**MHD Only**	**SUD Only**	**Neither**	**Both**	**MHD Only**	**SUD Only**	**Neither**
	Number of Enrollees	***2***	***45***	***3***	***290***	***754***	***20,843***	***494***	***36,023***
Hospital Inpatient	FFS	0	0	0	0	503	8,149	278	7,316
	MCO	0	0	0	0	0	1	0	0
	Specialty Mental Health	0	0	0	0	17	54	0	0
Hospital Outpatient	FFS	0	11	2	29	519	9,552	349	14,585
	MCO	0	1	0	5	0	0	0	1
	Specialty Mental Health	0	0	0	0	17	110	0	0
Physician/Professional	FFS	0	22	2	86	732	18,625	470	30,875
	MCO	2	34	3	238	0	2	0	6
	Specialty Mental Health	0	19	0	0	46	691	0	0
Pharmacy	FFS	0	35	1	80	393	10,123	159	11,218
	MCO	2	38	3	266	0	4	0	7
Special Services*	FFS	0	14	1	37	633	16,205	330	20,998
	MCO	1	25	2	185	0	2	0	5
	Specialty Mental Health	0	0	0	0	0	0	0	0
Dental	FFS	0	0	0	0	1	17	0	14
	MCO	0	6	0	20	0	0	0	0
Home Health	FFS	0	2	0	1	128	4,259	44	3,797
	MCO	0	0	0	2	0	0	0	0
	Specialty Mental Health	0	0	0	0	3	29	0	0
Long term care	FFS	0	2	0	1	383	11,864	65	6,961
Specific services (redundant with above reporting)									
- Emergency Department	FFS	0	11	2	29	544	9,015	353	9,685
	MCO	0	1	0	5	0	1	0	0
	Specialty Mental Health	0	0	0	0	8	30	0	0
- Psych Residential Rehab.	FFS	0	0	0	0	0	0	0	0
	MCO	0	0	0	0	0	0	0	0
	Specialty Mental Health	0	0	0	0	9	126	0	0
- Other Psych Rehab.	FFS	0	0	0	0	0	0	0	0
	MCO	0	0	0	0	0	0	0	0
	Specialty Mental Health	0	2	0	0	8	196	0	0
- Methadone	FFS	0	0	0	0	14	0	47	0
	MCO	0	0	0	0	0	0	0	0
	Specialty Mental Health	0	0	0	0	0	0	0	0
- Regional Institute for Children and Adolescents	FFS	0	0	0	0	0	0	0	0
	MCO	0	0	0	0	0	0	0	0
	Specialty Mental Health	0	0	0	0	0	0	0	0

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 5a. Number of Events (for Enrollees Aged 0-18 Years) by Service Type, FY 2009 (same individual can be counted in multiple rows)

Category		Populations								Total
		HealthChoice Enrollees				FFS Enrollees				
Service Setting	Service Category (MH/SA/Somatic)	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither	
	Number of Enrollees	***2,572***	***83,999***	***1,523***	***331,418***	***139***	***2,791***	***42***	***7,443***	***429,927***
Hospital Inpatient (admits)	Mental Health	1,026	3,442	0	0	684	1,652	0	0	6,804
	Somatic Care	498	5,515	493	42,842	30	1,265	22	2,690	53,355
	Substance Abuse	236	0	64	0	23	0	20	0	343
	Subtotal	1,760	8,957	557	42,842	737	2,917	42	2,690	60,502
Hospital Outpatient (visits)	Mental Health	4,195	111,790	0	0	192	3,956	0	0	120,133
	Somatic Care	4,721	106,746	2,193	293,513	380	15,731	50	8,276	431,610
	Substance Abuse	2,496	0	984	3	20	0	4	0	3,507
	Subtotal	11,412	218,536	3,177	293,516	592	19,687	54	8,276	555,250
Physician/Professional (visits)	Mental Health	43,025	760,702	0	0	1,110	12,565	0	0	817,402
	Somatic Care	20,924	471,620	14,217	1,837,611	1,492	42,794	963	37,083	2,426,704
	Substance Abuse	10,108	0	5,579	2	106	0	114	0	15,909
	Subtotal	74,057	1,232,322	19,796	1,837,613	2,708	55,359	1,077	37,083	3,260,015
Pharmacy (prescriptions)	All	28,054	569,375	4,624	874,762	4,098	56,244	97	20,021	1,557,275
Special Services* (visits)	All	76,772	1,376,542	10,505	385,019	4,006	106,320	39	24,792	1,983,995
Dental (visits)	All	3,429	109,107	1,391	309,537	151	1,862	18	2,046	427,541
Home Health (visits)	All	1,888	219,688	998	33,357	2,356	168,746	23	62,332	489,388
Long Term Care (billing events)	All	0	3	0	1	0	12	0	0	16
Specific services (redundant with above reporting)										
- Emergency Department (visits)	Mental Health	1,258	5,826	0	0	45	148	0	0	7,277
	Somatic Care	3,309	55,106	1,315	203,294	156	2,805	23	2,877	268,885
	Substance Abuse	277	0	146	2	2	0	4	0	431
	Subtotal	4,844	60,932	1,461	203,296	203	2,953	27	2,877	276,593
- Psych Residential Rehab. (billing events)	Mental Health	7	24	0	0	0	0	0	0	31
- Other Psych Rehab. (visits)	Mental Health	796	29,439	0	0	9	195	0	0	30,439
- Methadone	Substance Abuse	92	0	217	0	0	0	0	0	309
al Institute for Children and Adolescents (billin	Mental Health	690	1,854	0	0	1,210	4,215	0	0	7,969
	Somatic Care	1	4	1	9	2	27	0	0	44
	Substance Abuse	13	0	0	0	12	0	0	0	25
	Subtotal	704	1,858	1	9	1,224	4,242	0	0	8,038

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 5b. Number of Events (for Enrollees Aged 0-18 Years) by Payment Source, FY 2009 (same individual can be counted in multiple rows)

Category		Populations								Total
		HealthChoice Enrollees				FFS Enrollees				
Service Setting	Payment Source	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither	
	Number of Enrollees	*2,572*	*83,999*	*1,523*	*331,418*	*139*	*2,791*	*42*	*7,443*	*429,927*
Hospital Inpatient (admits)	FFS	168	828	134	10,090	52	1,245	42	2,657	15,216
	MCO	572	4,707	423	32,752	0	1	0	33	38,488
	Specialty Mental Health	1,020	3,422	0	0	685	1,671	0	0	6,798
	Subtotal	1,760	8,957	557	42,842	737	2,917	42	2,690	60,502
Hospital Outpatient (visits)	FFS	823	34,186	187	26,677	399	17,098	54	8,250	87,674
	MCO	6,879	87,861	2,975	266,839	0	5	0	26	364,585
	Specialty Mental Health	3,703	96,877	0	0	193	2,559	0	0	103,332
	Subtotal	11,405	218,924	3,162	293,516	592	19,662	54	8,276	555,591
Physician/Professional (visits)	FFS	3,729	48,570	2,972	107,929	1,648	43,828	1,077	36,765	246,518
	MCO	28,428	469,070	16,822	1,729,684	1	25	0	318	2,244,348
	Specialty Mental Health	41,864	714,103	0	0	1,059	11,480	0	0	768,506
	Subtotal	74,021	1,231,743	19,794	1,837,613	2,708	55,333	1,077	37,083	3,259,372
Pharmacy (prescriptions)	FFS	16,022	266,245	831	41,634	4,089	56,140	97	19,975	405,033
	MCO	12,032	303,130	3,793	833,128	9	104	0	46	1,152,242
	Subtotal	28,054	569,375	4,624	874,762	4,098	56,244	97	20,021	1,557,275
Special Services* (visits)	FFS	72,071	1,308,048	7,870	112,966	4,511	123,771	41	24,778	1,654,056
	MCO	7,745	101,530	2,823	272,054	6	13	0	14	384,185
	Specialty Mental Health	215	2,215	0	0	37	96	0	0	2,563
	Subtotal	80,031	1,411,793	10,693	385,020	4,554	123,880	41	24,792	2,040,804
Dental (visits)	FFS	99	531	2	1,135	151	1,854	18	2,046	5,836
	MCO	3,330	108,576	1,389	308,402	0	8	0	0	421,705
	Subtotal	3,429	109,107	1,391	309,537	151	1,862	18	2,046	427,541
Home Health (visits)	FFS	660	202,770	232	7,234	2,377	172,373	23	62,326	447,995
	MCO	1,275	18,401	772	26,123	0	8	0	6	46,585
	Specialty Mental Health	0	0	0	0	0	0	0	0	0
	Subtotal	1,935	221,171	1,004	33,357	2,377	172,381	23	62,332	494,580
Long term care (billing events)	FFS	0	0	0	0	0	12	0	0	12
Specific services (redundant with above reporting)										
- Emergency Department (visits)	FFS	274	2,606	110	11,722	157	2,802	27	2,859	20,557
	MCO	3,607	54,019	1,350	191,574	0	5	0	18	250,573
	Specialty Mental Health	961	4,286	0	0	46	146	0	0	5,439
	Subtotal	4,842	60,911	1,460	203,296	203	2,953	27	2,877	276,569
- Psych Residential Rehab. (billing events)	FFS	0	0	0	0	0	0	0	0	0
	MCO	0	0	0	0	0	0	0	0	0
	Specialty Mental Health	7	24	0	0	0	0	0	0	31
	Subtotal	7	24	0	0	0	0	0	0	31
- Other Psych Rehab. (visits)	FFS	0	0	0	0	0	0	0	0	0
	MCO	0	0	0	0	0	0	0	0	0
	Specialty Mental Health	808	29,488	0	0	9	195	0	0	30,500
	Subtotal	808	29,488	0	0	9	195	0	0	30,500
- Methadone	FFS	2	0	0	0	0	0	0	0	2
	MCO	90	0	217	0	0	0	0	0	307
	Specialty Mental Health	0	0	0	0	0	0	0	0	0
	Subtotal	92	0	217	0	0	0	0	0	309
- Regional Institute for Children and Adolescents (billing events)	FFS	0	0	0	0	0	0	0	0	0
	MCO	1	6	1	9	0	0	0	0	17
	Specialty Mental Health	691	1,852	0	0	1,213	4,242	0	0	7,998
	Subtotal	692	1,858	1	9	1,213	4,242	0	0	8,015

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 6a. Number of Events (for Enrollees Aged 19-64 Years) by Service Type, FY 2009 (same individual can be counted in multiple rows)

Category		Populations																Total
		HealthChoice Enrollees				PAC Enrollees				HealthChoice/PAC				FFS Enrollees				
Service Setting	Service Category (MH/SA/Somatic)	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither	
	Number of Enrollees	***13,665***	***42,658***	***8,101***	***103,343***	***2,004***	***7,999***	***1,591***	***12,259***	***651***	***1,229***	***279***	***2,055***	***4,359***	***23,115***	***1,979***	***35,462***	***260,750***
Hospital Inpatient (admits)	Mental Health	5,353	2,134	0	0	0	0	0	0	263	43	0	0	1,937	1,545	0	0	11,275
	Somatic Care	13,398	14,749	5,290	28,620	0	0	0	0	481	283	154	352	4,594	8,941	1,927	17,686	96,475
	Substance Abuse	1,105	1	213	4	0	0	0	0	69	0	7	1	256	2	89	1	1,748
	Subtotal	19,856	16,884	5,503	28,624	0	0	0	0	813	326	161	353	6,787	10,488	2,016	17,687	109,498
Hospital Outpatient (visits)	Mental Health	25,692	46,541	0	0	261	113	0	0	768	576	0	0	6,974	21,685	0	0	102,610
	Somatic Care	78,415	131,722	28,700	220,943	1,148	1,208	567	1,296	2,565	3,050	960	3,887	21,920	57,749	6,456	58,079	618,665
	Substance Abuse	31,702	3	13,023	5	164	0	30	0	2,185	0	987	0	4,149	0	1,927	1	54,176
	Subtotal	135,809	178,266	41,723	220,948	1,573	1,321	597	1,296	5,518	3,626	1,947	3,887	33,043	79,434	8,383	58,080	775,451
Physician/Professional (visits)	Mental Health	180,159	346,166	0	0	28,118	86,691	0	0	12,926	11,560	0	0	46,510	178,891	0	0	891,021
	Somatic Care	321,099	579,514	118,601	917,690	13,921	33,387	9,326	51,555	10,594	13,631	3,318	17,014	121,768	375,961	38,861	341,906	2,968,146
	Substance Abuse	129,692	7	85,437	15	2,884	0	1,618	1	4,243	0	1,801	3	11,733	7	8,132	37	245,610
	Subtotal	630,950	925,687	204,038	917,705	44,923	120,078	10,944	51,556	27,763	25,191	5,119	17,017	180,011	554,859	46,993	341,943	4,104,777
Pharmacy (prescriptions)	All	358,042	885,573	93,650	752,556	31,137	117,107	13,909	125,973	15,225	25,244	3,961	22,374	39,304	156,191	8,078	100,396	2,748,720
Special Services* (visits)	All	97,118	268,244	38,023	336,404	4,135	10,000	2,631	19,417	2,469	3,860	854	5,927	20,509	118,276	4,726	79,059	1,011,652
Dental (visits)	All	6,747	23,173	3,060	49,133	723	2,764	473	4,378	302	666	82	1,046	53	392	7	239	93,238
Home Health (visits)	All	74,816	1,598,409	21,483	173,696	118	359	48	442	258	572	136	696	60,666	2,481,162	7,768	269,687	4,690,316
Long Term Care (billing events)	All	1,869	2,079	425	736	84	86	30	32	12	39	13	8	4,209	23,421	806	12,233	46,082
Specific services (redundant with above reporting)																		
- Emergency Department (visits)	Mental Health	9,112	5,603	0	0	261	113	0	0	366	93	0	0	2,915	2,462	0	0	20,925
	Somatic Care	55,248	69,383	16,239	104,658	1,148	1,208	567	1,296	1,831	1,402	487	1,583	14,658	25,105	3,667	21,347	319,827
	Substance Abuse	4,047	5	687	7	164	0	30	0	182	0	14	1	1,031	2	222	3	6,395
	Subtotal	68,407	74,991	16,926	104,665	1,573	1,321	597	1,296	2,379	1,495	501	1,584	18,604	27,569	3,889	21,350	347,147
- Psych Residential Rehab. (billing events)	Mental Health	1,839	10,282	0	0	13	42	0	0	59	153	0	0	1,768	12,826	0	0	26,982
- Other Psych Rehab. (visits)	Mental Health	6,126	23,290	0	0	590	1,791	0	0	309	406	0	0	1,876	12,522	0	0	46,910
- Methadone	Substance Abuse	106,246	0	85,941	0	684	0	462	0	2,403	0	1,396	0	7,333	0	6,903	0	211,368
- Regional Institute for Children and Adolescents (billing events)	Mental Health	2	79	0	0	0	0	0	0	0	0	0	0	36	184	0	0	301
	Somatic Care	13	30	12	10	0	0	0	0	0	0	0	0	0	2	0	0	67
	Substance Abuse	1,168	0	5	0	2	0	0	0	77	0	0	0	0	0	0	0	1,252
	Subtotal	1,183	109	17	10	2	0	0	0	77	0	0	0	36	186	0	0	1,620

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 6b. Number of Events (for Enrollees Aged 19-64 Years) by Payment Source, FY 2009 (same individual can be counted in multiple rows)

Category		Populations																Total
		HealthChoice Enrollees				PAC Enrollees				HealthChoice/PAC				FFS Enrollees				
Service Setting	Payment Source	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither	
	Number of Enrollees	***13,665***	***42,658***	***8,101***	***103,343***	***2,004***	***7,999***	***1,591***	***12,259***	***651***	***1,229***	***279***	***2,055***	***4,359***	***23,115***	***1,979***	***35,462***	***260,750***
Hospital Inpatient (admits)	FFS	2,678	2,450	1,232	4,270	0	0	0	0	270	129	94	149	5,926	9,970	2,012	17,676	46,856
	MCO	12,028	12,461	4,271	24,354	0	0	0	0	282	155	67	204	8	11	4	11	53,856
	Specialty Mental Health	5,151	1,973	0	0	0	0	0	0	261	42	0	0	853	507	0	0	8,787
	Subtotal	19,857	16,884	5,503	28,624	0	0	0	0	813	326	161	353	6,787	10,488	2,016	17,687	109,499
Hospital Outpatient (visits)	FFS	14,512	17,395	6,682	37,072	1,114	686	506	589	1,584	696	570	804	30,013	72,602	8,350	58,027	251,202
	MCO	95,596	117,272	34,559	183,876	224	556	91	707	3,053	2,381	1,291	3,083	31	104	18	53	442,895
	Specialty Mental Health	23,755	43,750	0	0	232	79	0	0	716	549	0	0	2,958	6,894	0	0	78,933
	Subtotal	133,863	178,417	41,241	220,948	1,570	1,321	597	1,296	5,353	3,626	1,861	3,887	33,002	79,600	8,368	58,080	773,030
Physician/Professional (visits)	FFS	49,699	68,553	22,550	119,418	6,023	6,316	3,432	6,175	4,302	2,603	1,452	2,575	159,135	482,712	46,535	340,256	1,321,736
	MCO	410,085	527,428	181,406	798,287	11,398	28,962	7,492	45,381	10,770	11,385	3,662	14,442	1,161	2,000	443	1,687	2,055,989
	Specialty Mental Health	170,771	329,730	0	0	27,447	84,795	0	0	12,688	11,200	0	0	19,520	71,059	0	0	727,210
	Subtotal	630,555	925,711	203,956	917,705	44,868	120,073	10,924	51,556	27,760	25,188	5,114	17,017	179,816	555,771	46,978	341,943	4,104,935
Pharmacy (prescriptions)	FFS	138,644	330,293	17,878	107,482	11,786	49,711	2,195	17,885	6,439	9,940	866	3,415	37,024	151,823	7,388	96,888	989,657
	MCO	219,398	555,280	75,772	645,074	19,351	67,396	11,714	108,088	8,786	15,304	3,095	18,959	2,280	4,368	690	3,508	1,759,063
	Subtotal	358,042	885,573	93,650	752,556	31,137	117,107	13,909	125,973	15,225	25,244	3,961	22,374	39,304	156,191	8,078	100,396	2,748,720
Special Services* (visits)	FFS	27,635	102,541	6,488	75,701	528	648	192	476	553	492	120	858	21,249	120,212	4,678	78,470	440,841
	MCO	75,746	167,754	32,859	260,705	4,081	9,652	2,594	18,941	2,150	3,393	772	5,069	348	621	115	591	585,391
	Specialty Mental Health	747	2,967	0	0	0	6	0	0	11	19	0	0	1	2	0	0	3,753
	Subtotal	104,128	273,262	39,347	336,406	4,609	10,306	2,786	19,417	2,714	3,904	892	5,927	21,598	120,835	4,793	79,061	1,029,985
Dental (visits)	FFS	9	61	5	91	0	1	0	0	0	0	0	1	26	304	5	186	689
	MCO	6,738	23,112	3,055	49,042	723	2,763	473	4,378	302	666	82	1,045	27	88	2	53	92,549
	Subtotal	110,875	296,435	42,407	385,539	5,332	13,070	3,259	23,795	3,016	4,570	974	6,973	21,651	121,227	4,800	79,300	1,123,223
Home Health (visits)	FFS	58,213	1,636,991	12,938	151,002	16	116	3	123	11	329	4	365	63,408	2,600,892	8,016	269,676	4,802,103
	MCO	18,815	21,173	8,832	22,695	113	243	45	319	255	243	132	331	1	19	0	11	73,227
	Specialty Mental Health	389	1,221	0	0	0	6	0	0	0	1	0	0	124	748	0	0	2,489
	Subtotal	77,417	1,659,385	21,770	173,697	129	365	48	442	266	573	136	696	63,533	2,601,659	8,016	269,687	4,877,819
Long term care (billing events)	FFS	857	1,205	191	360	84	86	30	30	9	26	7	1	4,279	23,669	810	12,233	43,877
Specific services (redundant with above reporting)																		
- Emergency Department (visits)	FFS	7,658	8,272	2,799	17,970	1,114	686	506	589	831	349	172	366	17,573	26,931	3,880	21,333	111,029
	MCO	53,013	62,518	14,121	86,695	224	556	91	707	1,206	1,065	328	1,218	25	37	9	17	221,830
	Specialty Mental Health	7,646	4,184	0	0	232	79	0	0	339	81	0	0	1,002	602	0	0	14,165
	Subtotal	68,317	74,974	16,920	104,665	1,570	1,321	597	1,296	2,376	1,495	500	1,584	18,600	27,570	3,889	21,350	347,024
- Psych Residential Rehab. (billing events)	FFS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	MCO	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Specialty Mental Health	1,839	10,307	0	0	13	42	0	0	59	153	0	0	1,768	12,826	0	0	27,007
	Subtotal	1,839	10,307	0	0	13	42	0	0	59	153	0	0	1,768	12,826	0	0	27,007
- Other Psych Rehab. (visits)	FFS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	MCO	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Specialty Mental Health	6,164	23,304	0	0	593	1,791	0	0	316	406	0	0	1,902	12,525	0	0	47,001
	Subtotal	6,164	23,304	0	0	593	1,791	0	0	316	406	0	0	1,902	12,525	0	0	47,001
- Methadone	FFS	2,786	0	2,707	0	674	0	447	0	527	0	296	0	7,315	0	6,861	0	21,613
	MCO	103,460	0	83,234	0	10	0	15	0	1,876	0	1,100	0	18	0	42	0	189,755
	Specialty Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Subtotal	106,246	0	85,941	0	684	0	462	0	2,403	0	1,396	0	7,333	0	6,903	0	211,368
- Regional Institute for Children and Adolescents (billing events)	FFS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	MCO	1,182	18	17	10	2	0	0	0	77	0	0	0	0	0	0	0	1,306
	Specialty Mental Health	1	91	0	0	0	0	0	0	0	0	0	0	36	186	0	0	314
	Subtotal	1,183	109	17	10	2	0	0	0	77	0	0	0	36	186	0	0	1,620

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 7a. Number of Events (for Enrollees Aged 65 Years or Older) by Service Type, FY 2009 (same individual can be counted in multiple rows)

Category		PAC Enrollees				FFS Enrollees				Total
Service Setting	Service Category (MH/SA/Somatic)	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither	
	Number of Enrollees	***2***	***45***	***3***	***290***	***754***	***20,843***	***494***	***36,023***	***58,454***
Hospital Inpatient (admits)	Mental Health	0	0	0	0	93	770	0	0	863
	Somatic Care	0	0	0	0	810	11,015	386	9,448	21,659
	Substance Abuse	0	0	0	0	60	0	26	0	86
	Subtotal	0	0	0	0	963	11,785	412	9,448	22,608
Hospital Outpatient (visits)	Mental Health	0	0	0	0	464	5,766	0	0	6,230
	Somatic Care	0	32	2	46	2,744	33,070	1,577	51,667	89,138
	Substance Abuse	0	0	0	0	317	0	293	0	610
	Subtotal	0	32	2	46	3,525	38,836	1,870	51,667	95,978
Physician/Professional (visits)	Mental Health	0	222	0	0	4,440	66,010	0	0	70,672
	Somatic Care	14	972	46	1,624	24,683	401,300	10,902	431,972	871,513
	Substance Abuse	0	0	0	0	944	0	2,036	1	2,981
	Subtotal	14	1,194	46	1,624	30,067	467,310	12,938	431,973	945,166
Pharmacy (prescriptions)	All	26	741	42	3,746	6,430	123,547	1,870	126,119	262,521
Special Services* (visits)	All	2	117	8	558	6,054	147,569	2,244	131,799	288,351
Dental (visits)	All	0	15	0	25	1	19	0	22	82
Home Health (visits)	All	0	193	0	9	30,491	1,263,342	8,886	1,042,774	2,345,695
Long Term Care (billing events)	All	0	2	0	4	3,392	110,769	451	54,983	169,601
Specific services (redundant with above reporting)										
- Emergency Department (visits)	Mental Health	0	0	0	0	123	566	0	0	689
	Somatic Care	0	32	2	46	1,734	17,238	757	15,689	35,498
	Substance Abuse	0	0	0	0	193	0	84	0	277
	Subtotal	0	32	2	46	2,050	17,804	841	15,689	36,464
- Psych Residential Rehab. (billing events)	Mental Health	0	0	0	0	83	1,458	0	0	1,541
- Other Psych Rehab. (visits)	Mental Health	0	10	0	0	32	1,828	0	0	1,870
- Methadone	Substance Abuse	0	0	0	0	471	0	1,968	0	2,439
- Regional Institute for Children and Adolescents (billing events)	Mental Health	0	0	0	0	0	0	0	0	0
	Somatic Care	0	0	0	0	0	0	0	0	0
	Substance Abuse	0	0	0	0	0	0	0	0	0
	Subtotal	0	0	0	0	0	0	0	0	0

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 7b. Number of Events (for Enrollees Aged 65 Years or Older) by Payment Source, FY 2009 (same individual can be counted in multiple rows)

Category		PAC Enrollees				FFS Enrollees				Total
Service Setting	Payment Source	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither	
	Number of Enrollees	*15*	*98*	*21*	*338*	*2,260*	*28,446*	*861*	*32,971*	
Hospital Inpatient (admits)	FFS	0	0	0	0	924	11,692	412	9,448	22,476
	MCO	0	0	0	0	0	1	0	0	1
	Specialty Mental Health	0	0	0	0	39	92	0	0	131
	Subtotal	0	0	0	0	963	11,785	412	9,448	22,608
Hospital Outpatient (visits)	FFS	0	31	2	41	3,313	36,332	1,870	51,666	93,255
	MCO	0	1	0	5	0	0	0	1	7
	Specialty Mental Health	0	0	0	0	178	2,657	0	0	2,835
	Subtotal	0	32	2	46	3,491	38,989	1,870	51,667	96,097
Physician/Professional (visits)	FFS	0	864	32	737	29,341	460,471	12,934	431,949	936,328
	MCO	14	161	14	887	0	11	0	24	1,111
	Specialty Mental Health	0	169	0	0	686	6,820	0	0	7,675
	Subtotal	14	1,194	46	1,624	30,027	467,302	12,934	431,973	945,114
Pharmacy (prescriptions)	FFS	0	343	2	546	6,430	123,514	1,870	126,063	258,768
	MCO	26	398	40	3,200	0	33	0	56	3,753
	Subtotal	26	741	42	3,746	6,430	123,547	1,870	126,119	262,521
Special Services* (visits)	FFS	0	54	1	134	6,302	150,120	2,258	131,782	290,651
	MCO	2	65	7	424	0	3	0	17	518
	Specialty Mental Health	0	0	0	0	0	0	0	0	0
	Subtotal	2	119	8	558	6,302	150,123	2,258	131,799	291,169
Dental (visits)	FFS	0	0	0	0	1	19	0	22	42
	MCO	0	15	0	25	0	0	0	0	40
	Subtotal	0	15	0	25	1	19	0	22	82
Home Health (visits)	FFS	0	193	0	6	34,782	1,316,199	9,142	1,042,774	2,403,096
	MCO	0	0	0	3	0	0	0	0	3
	Specialty Mental Health	0	0	0	0	32	340	0	0	372
	Subtotal	0	193	0	9	34,814	1,316,539	9,142	1,042,774	2,403,471
Long term care (billing events)	FFS	0	2	0	4	3,456	112,782	451	54,983	171,678
Specific services (redundant with above reporting)										
- Emergency Department (visits)	FFS	0	31	2	41	2,031	17,766	841	15,689	36,401
	MCO	0	1	0	5	0	1	0	0	7
	Specialty Mental Health	0	0	0	0	17	39	0	0	56
	Subtotal	0	32	2	46	2,048	17,806	841	15,689	36,464
- Psych Residential Rehab. (billing events)	FFS	0	0	0	0	0	0	0	0	0
	MCO	0	0	0	0	0	0	0	0	0
	Specialty Mental Health	0	0	0	0	95	1,458	0	0	1,553
	Subtotal	0	0	0	0	95	1,458	0	0	1,553
- Other Psych Rehab. (visits)	FFS	0	0	0	0	0	0	0	0	0
	MCO	0	0	0	0	0	0	0	0	0
	Specialty Mental Health	0	10	0	0	32	1,828	0	0	1,870
	Subtotal	0	10	0	0	32	1,828	0	0	1,870
- Methadone	FFS	0	0	0	0	471	0	1,968	0	2,439
	MCO	0	0	0	0	0	0	0	0	0
	Specialty Mental Health	0	0	0	0	0	0	0	0	0
	Subtotal	0	0	0	0	471	0	1,968	0	2,439
- Regional Institute for Children and Adolescents (billing events)	FFS	0	0	0	0	0	0	0	0	0
	MCO	0	0	0	0	0	0	0	0	0
	Specialty Mental Health	0	0	0	0	0	0	0	0	0
	Subtotal	0	0	0	0	0	0	0	0	0

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 8a. Service per Enrollee (Aged 0-18 Years) by Service Type, FY 2009 (same individual can be counted in multiple rows)

Category		Populations							
		HealthChoice Enrollees				FFS Enrollees			
Service Setting	Service Category (MH/SA/Somatic)	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither
Hospital Inpatient	Mental Health	0.40	0.04	0.00	0.00	4.91	0.59	0.00	0.00
	Somatic Care	0.19	0.07	0.32	0.13	0.22	0.45	0.52	0.36
	Substance Abuse	0.09	0.00	0.04	0.00	0.17	0.00	0.48	0.00
Hospital Outpatient	Mental Health	1.63	1.33	0.00	0.00	1.38	1.42	0.00	0.00
	Somatic Care	1.84	1.27	1.44	0.89	2.73	5.64	1.19	1.11
	Substance Abuse	0.97	0.00	0.65	0.00	0.14	0.00	0.10	0.00
Physician/Professional	Mental Health	16.73	9.06	0.00	0.00	7.98	4.50	0.00	0.00
	Somatic Care	8.14	5.61	9.33	5.54	10.72	15.33	22.93	4.98
	Substance Abuse	3.93	0.00	3.66	0.00	0.76	0.00	2.71	0.00
Pharmacy	All	10.91	6.78	3.04	2.64	29.44	20.15	2.31	2.69
Special Services*	All	29.85	16.39	6.90	1.16	28.78	38.10	0.93	3.33
Dental	All	1.33	1.30	0.91	0.93	1.08	0.67	0.43	0.27
Home Health	All	0.73	2.62	0.66	0.10	16.93	60.47	0.55	8.37
Long Term Care	All	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Specific services (subsets of above reporting, for example emergency visits are part of outpatient visits)									
- Emergency Department	Mental Health	0.49	0.07	0.00	0.00	0.32	0.05	0.00	0.00
	Somatic Care	1.29	0.66	0.86	0.61	1.12	1.01	0.55	0.39
	Substance Abuse	0.11	0.00	0.10	0.00	0.01	0.00	0.10	0.00
- Psych Residential Rehab.	Mental Health	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
- Other Psych Rehab.	Mental Health	0.31	0.35	0.00	0.00	0.06	0.07	0.00	0.00
- Methadone	Substance Abuse	0.04	0.00	0.14	0.00	0.00	0.00	0.00	0.00
- Regional Institute for Children and Adolescents	Mental Health	0.27	0.02	0.00	0.00	8.69	1.51	0.00	0.00
	Somatic Care	0.00	0.00	0.00	0.00	0.01	0.01	0.00	0.00
	Substance Abuse	0.01	0.00	0.00	0.00	0.09	0.00	0.00	0.00

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 8b. Service per Enrollee (Aged 0-18 Years) by Payment Source, FY 2009 (same individual can be counted in multiple rows)

Category		Populations							
		HealthChoice Enrollees				FFS Enrollees			
Service Setting	Payment Source	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither
Hospital Inpatient	FFS	0.07	0.01	0.09	0.03	0.37	0.45	1.00	0.36
	MCO	0.22	0.06	0.28	0.10	0.00	0.00	0.00	0.00
	Specialty Mental Health	0.40	0.04	0.00	0.00	4.92	0.60	0.00	0.00
Hospital Outpatient	FFS	0.32	0.41	0.12	0.08	2.87	6.13	1.29	1.11
	MCO	2.67	1.05	1.95	0.81	0.00	0.00	0.00	0.00
	Specialty Mental Health	1.44	1.15	0.00	0.00	1.39	0.92	0.00	0.00
Physician/Professional	FFS	1.45	0.58	1.95	0.33	11.84	15.71	25.64	4.94
	MCO	11.05	5.58	11.04	5.22	0.01	0.01	0.00	0.04
	Specialty Mental Health	16.28	8.50	0.00	0.00	7.61	4.11	0.00	0.00
Pharmacy	FFS	6.23	3.17	0.55	0.13	29.38	20.12	2.31	2.68
	MCO	4.68	3.61	2.49	2.51	0.06	0.04	0.00	0.01
Special Services*	FFS	28.02	15.57	5.17	0.34	32.41	44.35	0.98	3.33
	MCO	3.01	1.21	1.85	0.82	0.04	0.00	0.00	0.00
	Specialty Mental Health	0.08	0.03	0.00	0.00	0.27	0.03	0.00	0.00
Dental	FFS	0.04	0.01	0.00	0.00	1.08	0.66	0.43	0.27
	MCO	1.29	1.29	0.91	0.93	0.00	0.00	0.00	0.00
Home Health	FFS	0.26	2.41	0.15	0.02	17.08	61.77	0.55	8.37
	MCO	0.50	0.22	0.51	0.08	0.00	0.00	0.00	0.00
	Specialty Mental Health	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Long term care	FFS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Specific services (redundant with above reporting)									
- Emergency Department	FFS	0.11	0.03	0.07	0.04	1.13	1.00	0.64	0.38
	MCO	1.40	0.64	0.89	0.58	0.00	0.00	0.00	0.00
	Specialty Mental Health	0.37	0.05	0.00	0.00	0.33	0.05	0.00	0.00
- Psych Residential Rehab.	FFS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	MCO	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Specialty Mental Health	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
- Other Psych Rehab.	FFS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	MCO	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Specialty Mental Health	0.31	0.35	0.00	0.00	0.06	0.07	0.00	0.00
- Methadone	FFS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	MCO	0.03	0.00	0.14	0.00	0.00	0.00	0.00	0.00
	Specialty Mental Health	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
- Regional Institute for Children and Adolescents	FFS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	MCO	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Specialty Mental Health	0.27	0.02	0.00	0.00	8.72	1.52	0.00	0.00

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 9a. Service per Enrollee (Aged 19-64 Years) by Service Type, FY 2009 (same individual can be counted in multiple rows)

Category		Populations															
		HealthChoice Enrollees				PAC Enrollees				HealthChoice/PAC				FFS Enrollees			
Service Setting	**Service Category (MH/SA/Somatic)**	**Both**	**MHD Only**	**SUD Only**	**Neither**	**Both**	**MHD Only**	**SUD Only**	**Neither**	**Both**	**MHD Only**	**SUD Only**	**Neither**	**Both**	**MHD Only**	**SUD Only**	**Neither**
Hospital Inpatient (admits)	Mental Health	0.39	0.05	0.00	0.00	0.00	0.00	0.00	0.00	0.40	0.03	0.00	0.00	0.44	0.07	0.00	0.00
	Somatic Care	0.98	0.35	0.65	0.28	0.00	0.00	0.00	0.00	0.74	0.23	0.55	0.17	1.05	0.39	0.97	0.50
	Substance Abuse	0.08	0.00	0.03	0.00	0.00	0.00	0.00	0.00	0.11	0.00	0.03	0.00	0.06	0.00	0.04	0.00
Hospital Outpatient (visits)	Mental Health	1.88	1.09	0.00	0.00	0.13	0.01	0.00	0.00	1.18	0.47	0.00	0.00	1.60	0.94	0.00	0.00
	Somatic Care	5.74	3.09	3.54	2.14	0.57	0.15	0.36	0.11	3.94	2.48	3.44	1.89	5.03	2.50	3.26	1.64
	Substance Abuse	2.32	0.00	1.61	0.00	0.08	0.00	0.02	0.00	3.36	0.00	3.54	0.00	0.95	0.00	0.97	0.00
Physician/Professional (visits)	Mental Health	13.18	8.11	0.00	0.00	14.03	10.84	0.00	0.00	19.86	9.41	0.00	0.00	10.67	7.74	0.00	0.00
	Somatic Care	23.50	13.59	14.64	8.88	6.95	4.17	5.86	4.21	16.27	11.09	11.89	8.28	27.93	16.26	19.64	9.64
	Substance Abuse	9.49	0.00	10.55	0.00	1.44	0.00	1.02	0.00	6.52	0.00	6.46	0.00	2.69	0.00	4.11	0.00
Pharmacy (prescriptions)	All	26.20	20.76	11.56	7.28	15.54	14.64	8.74	10.28	23.39	20.54	14.20	10.89	9.02	6.76	4.08	2.83
Special Services* (visits)	All	7.11	6.29	4.69	3.26	2.06	1.25	1.65	1.58	3.79	3.14	3.06	2.88	4.70	5.12	2.39	2.23
Dental (visits)	All	0.49	0.54	0.38	0.48	0.36	0.35	0.30	0.36	0.46	0.54	0.29	0.51	0.01	0.02	0.00	0.01
Home Health (visits)	All	5.47	37.47	2.65	1.68	0.06	0.04	0.03	0.04	0.40	0.47	0.49	0.34	13.92	107.34	3.93	7.60
Long Term Care (billing events)	All	0.14	0.05	0.05	0.01	0.04	0.01	0.02	0.00	0.02	0.03	0.05	0.00	0.97	1.01	0.41	0.34
Specific services (redundant with above reporting)																	
- Emegency Department (visits)	Mental Health	0.67	0.13	0.00	0.00	0.13	0.01	0.00	0.00	0.56	0.08	0.00	0.00	0.67	0.11	0.00	0.00
	Somatic Care	4.04	1.63	2.00	1.01	0.57	0.15	0.36	0.11	2.81	1.14	1.75	0.77	3.36	1.09	1.85	0.60
	Substance Abuse	0.30	0.00	0.08	0.00	0.08	0.00	0.02	0.00	0.28	0.00	0.05	0.00	0.24	0.00	0.11	0.00
- Psych Residential Rehab. (billing events)	Mental Health	0.13	0.24	0.00	0.00	0.01	0.01	0.00	0.00	0.09	0.12	0.00	0.00	0.41	0.55	0.00	0.00
- Other Psych Rehab. (visits)	Mental Health	0.45	0.55	0.00	0.00	0.29	0.22	0.00	0.00	0.47	0.33	0.00	0.00	0.43	0.54	0.00	0.00
- Methadone	Substance Abuse	7.78	0.00	10.61	0.00	0.34	0.00	0.29	0.00	3.69	0.00	5.00	0.00	1.68	0.00	3.49	0.00
- Regional Institute for Children and Adolescents (billing events)	Mental Health	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.01	0.00	0.00
	Somatic Care	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Substance Abuse	0.09	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.12	0.00	0.00	0.00	0.00	0.00	0.00	0.00

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 9b. Service per Enrollee (Aged 19-64 Years) by Payment Source, FY 2009 (same individual can be counted in multiple rows)

Category		Populations															
		HealthChoice Enrollees				PAC Enrollees				HealthChoice/PAC				FFS Enrollees			
Service Setting	**Payment Source**	**Both**	**MHD Only**	**SUD Only**	**Neither**	**Both**	**MHD Only**	**SUD Only**	**Neither**	**Both**	**MHD Only**	**SUD Only**	**Neither**	**Both**	**MHD Only**	**SUD Only**	**Neither**
Hospital Inpatient (admits)	FFS	0.20	0.06	0.15	0.04	0.00	0.00	0.00	0.00	0.41	0.10	0.34	0.07	1.36	0.43	1.02	0.50
	MCO	0.88	0.29	0.53	0.24	0.00	0.00	0.00	0.00	0.43	0.13	0.24	0.10	0.00	0.00	0.00	0.00
	Specialty Mental Health	0.38	0.05	0.00	0.00	0.00	0.00	0.00	0.00	0.40	0.03	0.00	0.00	0.20	0.02	0.00	0.00
Hospital Outpatient (visits)	FFS	1.06	0.41	0.82	0.36	0.56	0.09	0.32	0.05	2.43	0.57	2.04	0.39	6.89	3.14	4.22	1.64
	MCO	7.00	2.75	4.27	1.78	0.11	0.07	0.06	0.06	4.69	1.94	4.63	1.50	0.01	0.00	0.01	0.00
	Specialty Mental Health	1.74	1.03	0.00	0.00	0.12	0.01	0.00	0.00	1.10	0.45	0.00	0.00	0.68	0.30	0.00	0.00
Physician/Professional (visits)	FFS	3.64	1.61	2.78	1.16	3.01	0.79	2.16	0.50	6.61	2.12	5.20	1.25	36.51	20.88	23.51	9.59
	MCO	30.01	12.36	22.39	7.72	5.69	3.62	4.71	3.70	16.54	9.26	13.13	7.03	0.27	0.09	0.22	0.05
	Specialty Mental Health	12.50	7.73	0.00	0.00	13.70	10.60	0.00	0.00	19.49	9.11	0.00	0.00	4.48	3.07	0.00	0.00
Pharmacy (prescriptions)	FFS	10.15	7.74	2.21	1.04	5.88	6.21	1.38	1.46	9.89	8.09	3.10	1.66	8.49	6.57	3.73	2.73
	MCO	16.06	13.02	9.35	6.24	9.66	8.43	7.36	8.82	13.50	12.45	11.09	9.23	0.52	0.19	0.35	0.10
Special Services* (visits)	FFS	2.02	2.40	0.80	0.73	0.26	0.08	0.12	0.04	0.85	0.40	0.43	0.42	4.87	5.20	2.36	2.21
	MCO	5.54	3.93	4.06	2.52	2.04	1.21	1.63	1.55	3.30	2.76	2.77	2.47	0.08	0.03	0.06	0.02
	Specialty Mental Health	0.05	0.07	0.00	0.00	0.00	0.00	0.00	0.00	0.02	0.02	0.00	0.00	0.00	0.00	0.00	0.00
Dental (visits)	FFS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.01	0.00	0.01
	MCO	0.49	0.54	0.38	0.47	0.36	0.35	0.30	0.36	0.46	0.54	0.29	0.51	0.01	0.00	0.00	0.00
Home Health (visits)	FFS	4.26	38.37	1.60	1.46	0.01	0.01	0.00	0.01	0.02	0.27	0.01	0.18	14.55	112.52	4.05	7.60
	MCO	1.38	0.50	1.09	0.22	0.06	0.03	0.03	0.03	0.39	0.20	0.47	0.16	0.00	0.00	0.00	0.00
	Specialty Mental Health	0.03	0.03	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.03	0.03	0.00	0.00
Long term care (billing events)	FFS	0.06	0.03	0.02	0.00	0.04	0.01	0.02	0.00	0.01	0.02	0.03	0.00	0.98	1.02	0.41	0.34
Specific services (redundant with above reporting)																	
- Emergency Department (visits)	FFS	0.56	0.19	0.35	0.17	0.56	0.09	0.32	0.05	1.28	0.28	0.62	0.18	4.03	1.17	1.96	0.60
	MCO	3.88	1.47	1.74	0.84	0.11	0.07	0.06	0.06	1.85	0.87	1.18	0.59	0.01	0.00	0.00	0.00
	Specialty Mental Health	0.56	0.10	0.00	0.00	0.12	0.01	0.00	0.00	0.52	0.07	0.00	0.00	0.23	0.03	0.00	0.00
- Psych Residential Rehab. (billing events)	FFS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	MCO	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Specialty Mental Health	0.13	0.24	0.00	0.00	0.01	0.01	0.00	0.00	0.09	0.12	0.00	0.00	0.41	0.55	0.00	0.00
- Other Psych Rehab. (visits)	FFS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	MCO	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Specialty Mental Health	0.45	0.55	0.00	0.00	0.30	0.22	0.00	0.00	0.49	0.33	0.00	0.00	0.44	0.54	0.00	0.00
- Methadone	FFS	0.20	0.00	0.33	0.00	0.34	0.00	0.28	0.00	0.81	0.00	1.06	0.00	1.68	0.00	3.47	0.00
	MCO	7.57	0.00	10.27	0.00	0.00	0.00	0.01	0.00	2.88	0.00	3.94	0.00	0.00	0.00	0.02	0.00
	Specialty Mental Health	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
- Regional Institute for Children and Adolescents (billing events)	FFS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	MCO	0.09	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.12	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Specialty Mental Health	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.01	0.00	0.00

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 10a. Service per Enrollee (Aged 65 Years or Older) by Service Type, FY 2009 (same individual can be counted in multiple rows)

Category		PAC Enrollees				FFS Enrollees			
Service Setting	**Service Category (MH/SA/Somatic)**	**Both**	**MHD Only**	**SUD Only**	**Neither**	**Both**	**MHD Only**	**SUD Only**	**Neither**
Hospital Inpatient (admits)	Mental Health	0.00	0.00	0.00	0.00	0.12	0.04	0.00	0.00
	Somatic Care	0.00	0.00	0.00	0.00	1.07	0.53	0.78	0.26
	Substance Abuse	0.00	0.00	0.00	0.00	0.08	0.00	0.05	0.00
Hospital Outpatient (visits)	Mental Health	0.00	0.00	0.00	0.00	0.62	0.28	0.00	0.00
	Somatic Care	0.00	0.71	0.66	0.16	3.64	1.59	3.19	1.43
	Substance Abuse	0.00	0.00	0.00	0.00	0.42	0.00	0.59	0.00
Physician/Professional (visits)	Mental Health	0.00	4.93	0.00	0.00	5.89	3.17	0.00	0.00
	Somatic Care	6.98	21.58	15.19	5.60	32.73	19.25	22.07	11.99
	Substance Abuse	0.00	0.00	0.00	0.00	1.25	0.00	4.12	0.00
Pharmacy (prescriptions)	All	12.96	16.45	13.87	12.92	8.53	5.93	3.79	3.50
Special Services* (visits)	All	1.00	2.60	2.64	1.92	8.03	7.08	4.54	3.66
Dental (visits)	All	0.00	0.33	0.00	0.09	0.00	0.00	0.00	0.00
Home Health (visits)	All	0.00	4.28	0.00	0.03	40.43	60.61	17.99	28.95
Long Term Care (billing events)	All	0.00	0.04	0.00	0.01	4.50	5.31	0.91	1.53
Specific services (redundant with above reporting)									
- Emergency Department (visits)	Mental Health	0.00	0.00	0.00	0.00	0.16	0.03	0.00	0.00
	Somatic Care	0.00	0.71	0.66	0.16	2.30	0.83	1.53	0.44
	Substance Abuse	0.00	0.00	0.00	0.00	0.26	0.00	0.17	0.00
- Psych Residential Rehab. (billing events)	Mental Health	0.00	0.00	0.00	0.00	0.11	0.07	0.00	0.00
- Other Psych Rehab. (visits)	Mental Health	0.00	0.22	0.00	0.00	0.04	0.09	0.00	0.00
- Methadone	Substance Abuse	0.00	0.00	0.00	0.00	0.62	0.00	3.98	0.00
- Regional Institute for Children and Adolescents (billing events)	Mental Health	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Somatic Care	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Substance Abuse	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 10b. Service per Enrollee (Aged 65 Years or Older) by Payment Source, FY 2009 (same individual can be counted in multiple rows)

Category		PAC Enrollees				FFS Enrollees			
Service Setting	**Payment Source**	**Both**	**MHD Only**	**SUD Only**	**Neither**	**Both**	**MHD Only**	**SUD Only**	**Neither**
Hospital Inpatient (admits)	FFS	0.00	0.00	0.00	0.00	1.23	0.56	0.83	0.26
	MCO	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Specialty Mental Health	0.00	0.00	0.00	0.00	0.05	0.00	0.00	0.00
Hospital Outpatient (visits)	FFS	0.00	0.69	0.66	0.14	4.39	1.74	3.79	1.43
	MCO	0.00	0.02	0.00	0.02	0.00	0.00	0.00	0.00
	Specialty Mental Health	0.00	0.00	0.00	0.00	0.24	0.13	0.00	0.00
Physician/Professional (visits)	FFS	0.00	19.18	10.57	2.54	38.90	22.09	26.19	11.99
	MCO	6.98	3.57	4.62	3.06	0.00	0.00	0.00	0.00
	Specialty Mental Health	0.00	3.75	0.00	0.00	0.91	0.33	0.00	0.00
Pharmacy (prescriptions)	FFS	0.00	7.61	0.66	1.88	8.53	5.93	3.79	3.50
	MCO	12.96	8.84	13.21	11.04	0.00	0.00	0.00	0.00
Special Services* (visits)	FFS	0.00	1.20	0.33	0.46	8.36	7.20	4.57	3.66
	MCO	1.00	1.44	2.31	1.46	0.00	0.00	0.00	0.00
	Specialty Mental Health	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Dental (visits)	FFS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	MCO	0.00	0.33	0.00	0.09	0.00	0.00	0.00	0.00
Home Health (visits)	FFS	0.00	4.28	0.00	0.02	46.12	63.15	18.51	28.95
	MCO	0.00	0.00	0.00	0.01	0.00	0.00	0.00	0.00
	Specialty Mental Health	0.00	0.00	0.00	0.00	0.04	0.02	0.00	0.00
Long term care (billing events)	FFS	0.00	0.04	0.00	0.01	4.58	5.41	0.91	1.53
Specific services (redundant with above reporting)									
- Emergency Department (visits)	FFS	0.00	0.69	0.66	0.14	2.69	0.85	1.70	0.44
	MCO	0.00	0.02	0.00	0.02	0.00	0.00	0.00	0.00
	Specialty Mental Health	0.00	0.00	0.00	0.00	0.02	0.00	0.00	0.00
- Psych Residential Rehab. (billing events)	FFS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	MCO	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Specialty Mental Health	0.00	0.00	0.00	0.00	0.13	0.07	0.00	0.00
- Other Psych Rehab. (visits)	FFS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	MCO	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Specialty Mental Health	0.00	0.22	0.00	0.00	0.04	0.09	0.00	0.00
- Methadone	FFS	0.00	0.00	0.00	0.00	0.62	0.00	3.98	0.00
	MCO	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Specialty Mental Health	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
- Regional Institute for Children and Adolescents (billing events)	FFS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	MCO	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Specialty Mental Health	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 11a. Service per User (Aged 0-18 Years) by Service Type, FY 2009 (same individual can be counted in multiple rows)

Category		Populations							
		HealthChoice Enrollees				FFS Enrollees			
Service Setting	Service Category (MH/SA/Somatic)	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither
Hospital Inpatient	Mental Health	1.7	1.6	n/a	n/a	6.4	4.0	n/a	n/a
	Somatic Care	1.7	1.5	1.8	1.1	2.1	2.2	2.0	1.1
	Substance Abuse	1.1	n/a	1.2	n/a	1.2	n/a	1.2	n/a
Hospital Outpatient	Mental Health	5.1	8.6	n/a	n/a	5.6	7.8	n/a	n/a
	Somatic Care	3.1	2.8	3.0	2.1	4.8	8.0	3.6	3.2
	Substance Abuse	3.7	n/a	2.9	n/a	4.0	n/a	1.0	n/a
Physician/Professional	Mental Health	19.8	15.2	n/a	n/a	15.4	13.6	n/a	n/a
	Somatic Care	9.0	6.4	11.7	5.7	15.5	18.3	34.4	5.6
	Substance Abuse	9.8	n/a	7.3	n/a	3.4	n/a	4.1	n/a
Pharmacy	All	12.3	8.7	4.5	3.8	33.3	24.3	4.9	7.4
Special Services*	All	35.2	21.2	11.0	2.3	33.9	44.4	2.3	10.7
Dental	All	2.6	2.4	2.6	2.3	2.4	1.9	3.6	2.1
Home Health	All	5.2	35.5	5.9	2.1	168.3	95.9	11.5	54.3
Long Term Care	All	n/a	1.5	n/a	1.0	n/a	12.0	n/a	n/a
Specific services (subsets of above reporting, for example emergency visits are part of outpatient visits)									
- Emergency Department	Mental Health	1.8	1.6	n/a	n/a	1.5	1.5	n/a	n/a
	Somatic Care	2.4	1.8	2.0	1.7	2.6	2.4	1.6	1.5
	Substance Abuse	1.1	n/a	1.1	1.0	1.0	n/a	1.0	n/a
- Psych Residential Rehab.	Mental Health	3.5	6.0	n/a	n/a	n/a	n/a	n/a	n/a
- Other Psych Rehab.	Mental Health	4.5	6.4	n/a	n/a	3.0	4.8	n/a	n/a
- Methadone	Substance Abuse	15.3	n/a	12.1	n/a	n/a	n/a	n/a	n/a
- Regional Institute for Children and Adolescents	Mental Health	6.3	6.0	n/a	n/a	12.9	11.5	n/a	n/a
	Somatic Care	1.0	1.0	1.0	1.0	1.0	3.9	n/a	n/a
	Substance Abuse	6.5	n/a	n/a	n/a	12.0	n/a	n/a	n/a

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 11b. Service per User (Aged 0-18 Years) by Payment Source, FY 2009 (same individual can be counted in multiple rows)

Category		Populations							
		HealthChoice Enrollees				FFS Enrollees			
Service Setting	Payment Source	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither
Hospital Inpatient	FFS	1.4	1.6	1.5	1.1	1.7	2.2	1.6	1.1
	MCO	1.4	1.4	1.6	1.1	n/a	1.0	n/a	1.2
	Specialty Mental Health	1.7	1.5	n/a	n/a	6.4	4.0	n/a	n/a
Hospital Outpatient	FFS	3.3	5.7	1.9	1.8	4.9	8.7	3.6	3.2
	MCO	3.8	2.4	3.4	2.0	n/a	1.7	n/a	1.9
	Specialty Mental Health	4.7	8.5	n/a	n/a	5.5	6.3	n/a	n/a
Physician/Professional	FFS	7.6	5.1	13.1	3.2	15.3	18.4	28.3	5.6
	MCO	12.1	6.4	12.4	5.5	1.0	4.2	n/a	9.4
	Specialty Mental Health	20.7	19.9	n/a	n/a	17.7	21.9	n/a	n/a
Pharmacy	FFS	9.5	8.1	3.7	2.0	33.2	24.2	4.9	7.5
	MCO	6.0	5.2	4.0	3.7	1.3	4.5	n/a	2.3
Special Services*	FFS	61.2	31.0	40.6	10.7	38.6	51.8	2.4	10.7
	MCO	4.0	2.3	3.1	1.7	3.0	1.3	n/a	2.3
	Specialty Mental Health	1.5	1.3	n/a	n/a	3.4	4.4	n/a	n/a
Dental	FFS	1.9	1.3	1.0	1.2	2.4	1.9	3.6	2.1
	MCO	2.6	2.4	2.7	2.3	n/a	2.7	n/a	n/a
Home Health	FFS	33.0	150.5	10.5	5.3	169.8	98.0	11.5	54.4
	MCO	3.6	3.7	5.1	1.8	n/a	8.0	n/a	3.0
	Specialty Mental Health	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Long term care	FFS	n/a	n/a	n/a	n/a	n/a	12.0	n/a	n/a
Specific services (redundant with above reporting)									
- Emergency Department	FFS	1.6	1.4	1.5	1.2	2.6	2.4	1.8	1.5
	MCO	2.4	1.8	1.9	1.7	n/a	1.7	n/a	1.8
	Specialty Mental Health	1.5	1.4	n/a	n/a	1.5	1.5	n/a	n/a
- Psych Residential Rehab.	FFS	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	MCO	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Specialty Mental Health	3.5	6.0	n/a	n/a	n/a	n/a	n/a	n/a
- Other Psych Rehab.	FFS	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	MCO	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Specialty Mental Health	4.5	6.4	n/a	n/a	3.0	4.8	n/a	n/a
- Methadone	FFS	2.0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	MCO	15.0	n/a	12.1	n/a	n/a	n/a	n/a	n/a
	Specialty Mental Health	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
- Regional Institute for Children and Adolescents	FFS	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	MCO	1.0	1.5	1.0	1.0	n/a	n/a	n/a	n/a
	Specialty Mental Health	6.3	6.0	n/a	n/a	12.9	11.6	n/a	n/a

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 12a. Service per User (Aged 19-64 Years) by Service Type, FY 2009 (same individual can be counted in multiple rows)

Category		Populations															
		HealthChoice Enrollees				PAC Enrollees				HealthChoice/PAC				FFS Enrollees			
Service Setting	Service Category (MH/SA/Somatic)	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither
Hospital Inpatient (admits)	Mental Health	2.0	1.5	n/a	n/a	n/a	n/a	n/a	n/a	1.9	1.4	n/a	n/a	1.6	1.3	n/a	n/a
	Somatic Care	2.5	1.7	1.7	1.2	n/a	n/a	n/a	n/a	2.1	1.5	1.9	1.3	2.5	1.8	1.8	1.2
	Substance Abuse	1.5	n/a	1.2	1.3	n/a	n/a	n/a	n/a	1.9	n/a	1.4	1.0	1.4	1.0	1.2	1.0
Hospital Outpatient (visits)	Mental Health	6.8	7.5	n/a	n/a	1.6	1.2	n/a	n/a	4.9	4.7	n/a	n/a	5.7	7.1	n/a	n/a
	Somatic Care	7.1	4.8	5.1	3.5	3.1	2.0	3.0	1.5	5.5	4.2	5.5	3.7	6.9	4.7	5.3	4.0
	Substance Abuse	8.7	1.0	10.1	1.0	2.4	n/a	1.4	n/a	11.7	n/a	17.6	n/a	6.4	n/a	8.4	1.0
Physician/Professional (visits)	Mental Health	17.9	13.2	n/a	n/a	18.7	13.5	n/a	n/a	24.5	13.0	n/a	n/a	14.7	13.1	n/a	n/a
	Somatic Care	24.7	15.1	16.6	9.4	7.8	6.0	6.5	4.5	17.1	12.2	13.0	8.7	30.7	19.4	22.8	10.9
	Substance Abuse	20.2	1.2	23.0	1.7	3.9	n/a	3.0	1.0	12.9	n/a	13.1	3.0	9.6	1.8	14.4	3.7
Pharmacy (prescriptions)	All	27.3	22.7	13.6	8.9	16.4	16.4	9.6	11.6	23.7	21.1	15.5	11.9	19.8	17.3	12.6	9.9
Special Services* (visits)	All	8.5	7.9	6.5	4.4	2.7	2.4	2.2	2.3	4.6	4.1	4.0	3.6	7.4	8.6	5.7	5.4
Dental (visits)	All	2.2	2.1	2.0	2.1	1.7	1.9	1.6	1.8	2.0	2.1	1.7	1.9	1.5	1.8	1.2	1.8
Home Health (visits)	All	24.1	154.3	18.9	22.9	1.7	2.0	1.7	1.6	3.3	4.5	4.3	4.5	173.3	317.6	97.1	204.9
Long Term Care (billing events)	All	3.2	3.8	2.7	2.7	4.7	4.8	4.3	2.7	1.7	3.9	1.9	1.6	7.7	9.3	5.6	8.2
Specific services (redundant with above reporting)																	
- Emergency Department (visits)	Mental Health	2.5	1.8	n/a	n/a	1.6	1.2	n/a	n/a	2.1	1.3	n/a	n/a	2.0	1.5	n/a	n/a
	Somatic Care	5.3	3.1	3.1	2.1	3.1	2.0	3.0	1.5	4.2	2.4	3.2	2.0	4.7	2.6	2.7	1.8
	Substance Abuse	2.2	n/a	1.3	1.0	2.4	n/a	1.4	n/a	2.4	n/a	1.1	1.0	2.0	1.0	1.4	1.0
- Psych Residential Rehab. (billing events)	Mental Health	7.9	11.0	n/a	n/a	3.3	3.2	n/a	n/a	5.4	6.7	n/a	n/a	9.5	11.0	n/a	n/a
- Other Psych Rehab. (visits)	Mental Health	6.2	8.2	n/a	n/a	5.1	4.9	n/a	n/a	4.8	6.2	n/a	n/a	6.7	8.6	n/a	n/a
- Methadone	Substance Abuse	37.5	n/a	36.6	n/a	25.3	n/a	15.4	n/a	21.3	n/a	22.2	n/a	35.6	n/a	30.0	n/a
- Regional Institute for Children and Adolescents (billing events)	Mental Health	1.0	4.9	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	7.2	8.8	n/a	n/a
	Somatic Care	1.1	1.8	6.0	1.3	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	2.0	n/a	n/a
	Substance Abuse	13.4	n/a	2.5	n/a	2.0	n/a	n/a	n/a	19.3	n/a	n/a	n/a	n/a	n/a	n/a	n/a

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 12b. Service per User (Aged 19-64 Years) by Payment Source, FY 2009 (same individual can be counted in multiple rows)

Category		Populations															
		HealthChoice Enrollees				PAC Enrollees				HealthChoice/PAC Enrollees				FFS Enrollees			
Service Setting	**Payment Source**	**Both**	**MHD Only**	**SUD Only**	**Neither**	**Both**	**MHD Only**	**SUD Only**	**Neither**	**Both**	**MHD Only**	**SUD Only**	**Neither**	**Both**	**MHD Only**	**SUD Only**	**Neither**
Hospital Inpatient (admits)	FFS	2.2	1.7	1.7	1.3	n/a	n/a	n/a	n/a	2.0	1.5	2.0	1.4	2.3	1.7	1.7	1.2
	MCO	2.3	1.6	1.6	1.2	n/a	n/a	n/a	n/a	1.6	1.3	1.4	1.2	2.0	1.1	1.3	1.4
	Specialty Mental Health	1.9	1.5	n/a	n/a	n/a	n/a	n/a	n/a	1.8	1.4	n/a	n/a	1.8	1.3	n/a	n/a
Hospital Outpatient (visits)	FFS	4.6	3.0	4.0	2.2	3.7	2.2	3.4	1.7	5.8	3.1	6.8	2.9	8.7	5.6	6.5	4.0
	MCO	8.6	4.5	6.2	3.2	1.9	1.7	1.5	1.4	7.1	3.6	7.3	3.2	2.1	3.0	2.3	1.7
	Specialty Mental Health	6.7	7.7	n/a	n/a	1.7	1.2	n/a	n/a	4.9	5.0	n/a	n/a	9.5	12.3	n/a	n/a
Physician/Professional (visits)	FFS	12.5	7.2	9.7	3.9	16.8	11.7	21.7	10.9	12.2	6.7	12.1	5.2	39.0	23.9	26.1	10.9
	MCO	31.4	13.9	24.1	8.7	6.2	5.1	5.0	4.0	17.7	10.4	13.8	7.5	6.2	4.9	5.4	4.0
	Specialty Mental Health	18.8	14.9	n/a	n/a	20.0	14.5	n/a	n/a	25.9	14.3	n/a	n/a	14.8	12.1	n/a	n/a
Pharmacy (prescriptions)	FFS	11.9	10.6	5.5	3.8	7.5	8.0	4.1	4.8	10.7	9.4	5.4	4.4	18.8	16.9	12.2	9.8
	MCO	17.7	15.4	11.5	7.9	10.8	11.0	8.3	10.2	14.3	13.6	12.2	10.3	9.0	8.1	6.4	6.4
Special Services* (visits)	FFS	6.8	13.0	4.3	4.8	4.1	3.3	4.1	2.6	2.9	2.6	2.3	3.3	8.0	8.9	5.9	5.5
	MCO	7.0	5.2	6.0	3.6	2.8	2.4	2.2	2.3	4.4	3.7	3.7	3.2	2.5	2.2	2.2	2.0
	Specialty Mental Health	1.6	2.0	n/a	n/a	n/a	1.0	n/a	n/a	1.1	1.1	n/a	n/a	1.0	1.0	n/a	n/a
Dental (visits)	FFS	1.5	1.7	1.3	1.4	n/a	1.0	n/a	n/a	n/a	n/a	n/a	1.0	1.5	1.7	1.3	1.9
	MCO	2.2	2.1	2.0	2.1	1.7	1.9	1.6	1.8	2.0	2.1	1.7	1.9	1.4	2.3	1.0	1.7
Home Health (visits)	FFS	158.6	280.6	133.4	197.6	4.0	12.9	3.0	11.2	3.7	36.6	4.0	40.6	188.2	336.2	100.2	206.3
	MCO	6.7	4.2	8.3	3.3	1.7	1.4	1.7	1.2	3.4	2.0	4.3	2.2	1.0	1.4	n/a	1.2
	Specialty Mental Health	11.1	11.3	n/a	n/a	n/a	6.0	n/a	n/a	n/a	1.0	n/a	n/a	10.3	10.8	n/a	n/a
Long term care (billing events)	FFS	4.2	4.9	4.2	3.9	4.7	4.8	4.3	2.7	2.3	4.3	2.3	1.0	7.8	9.4	5.6	8.2
Specific services (redundant with above reporting)																	
- Emergency Department (visits)	FFS	3.0	1.9	2.0	1.4	3.7	2.2	3.4	1.7	3.3	1.8	2.4	1.7	5.1	2.7	2.7	1.8
	MCO	5.3	3.0	3.0	2.0	1.9	1.7	1.5	1.4	3.5	2.1	2.7	1.9	1.8	1.4	1.3	1.2
	Specialty Mental Health	2.2	1.5	n/a	n/a	1.7	1.2	n/a	n/a	2.0	1.2	n/a	n/a	2.0	1.4	n/a	n/a
- Psych Residential Rehab. (billing events)	FFS	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	MCO	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Specialty Mental Health	7.9	11.0	n/a	n/a	3.3	3.2	n/a	n/a	5.4	6.7	n/a	n/a	9.5	11.0	n/a	n/a
- Other Psych Rehab. (visits)	FFS	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	MCO	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Specialty Mental Health	6.2	8.2	n/a	n/a	5.1	4.9	n/a	n/a	4.9	6.2	n/a	n/a	6.7	8.6	n/a	n/a
- Methadone	FFS	10.9	n/a	10.0	n/a	25.0	n/a	17.9	n/a	13.2	n/a	11.0	n/a	35.7	n/a	30.2	n/a
	MCO	36.9	n/a	35.9	n/a	10.0	n/a	3.0	n/a	17.2	n/a	18.3	n/a	18.0	n/a	10.5	n/a
	Specialty Mental Health	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
- Regional Institute for Children and Adolescents (billing events)	FFS	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	MCO	12.2	1.3	4.3	1.3	2.0	n/a	n/a	n/a	19.3	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Specialty Mental Health	1.0	5.7	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	7.2	8.9	n/a	n/a

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 13a. Service per User (Aged 65 Years or Older) by Service Type, FY 2009 (same individual can be counted in multiple rows)

Category		PAC Enrollees				FFS Enrollees			
Service Setting	**Service Category (MH/SA/Somatic)**	**Both**	**MHD Only**	**SUD Only**	**Neither**	**Both**	**MHD Only**	**SUD Only**	**Neither**
Hospital Inpatient (admits)	Mental Health	n/a	n/a	n/a	n/a	1.6	1.2	n/a	n/a
	Somatic Care	n/a	n/a	n/a	n/a	1.8	1.4	1.5	1.3
	Substance Abuse	n/a	n/a	n/a	n/a	1.2	n/a	1.3	n/a
Hospital Outpatient (visits)	Mental Health	n/a	n/a	n/a	n/a	4.9	5.7	n/a	n/a
	Somatic Care	n/a	2.9	1.0	1.4	5.6	3.6	4.7	3.5
	Substance Abuse	n/a	n/a	n/a	n/a	5.3	n/a	5.7	n/a
Physician/Professional (visits)	Mental Health	n/a	8.5	n/a	n/a	9.4	6.4	n/a	n/a
	Somatic Care	7.0	24.3	15.3	5.9	34.3	22.3	24.1	14.0
	Substance Abuse	n/a	n/a	n/a	n/a	5.7	n/a	15.3	n/a
Pharmacy (prescriptions)	All	13.0	17.6	14.0	14.0	16.4	12.2	11.8	11.2
Special Services* (visits)	All	2.0	3.4	2.7	2.7	9.6	9.1	6.8	6.3
Dental (visits)	All	n/a	2.5	n/a	1.3	1.0	1.1	n/a	1.6
Home Health (visits)	All	n/a	96.5	n/a	3.0	238.2	296.0	202.0	274.6
Long Term Care (billing events)	All	n/a	1.0	n/a	4.0	8.9	9.3	6.9	7.9
Specific services (redundant with above reporting)									
- Emergency Department (visits)	Mental Health	n/a	n/a	n/a	n/a	1.6	1.2	n/a	n/a
	Somatic Care	n/a	2.9	1.0	1.4	3.4	1.9	2.3	1.6
	Substance Abuse	n/a	n/a	n/a	n/a	2.5	n/a	1.6	n/a
- Psych Residential Rehab. (billing events)	Mental Health	n/a	n/a	n/a	n/a	10.4	11.6	n/a	n/a
- Other Psych Rehab. (visits)	Mental Health	n/a	5.0	n/a	n/a	4.0	9.3	n/a	n/a
- Methadone	Substance Abuse	n/a	n/a	n/a	n/a	33.6	n/a	41.9	n/a
- Regional Institute for Children and Adolescents (billing events)	Mental Health	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Somatic Care	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Substance Abuse	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 13b. Service per User (Aged 65 Years or Older) by Payment Source, FY 2009 (same individual can be counted in multiple rows)

Category		PAC Enrollees				FFS Enrollees			
Service Setting	**Payment Source**	**Both**	**MHD Only**	**SUD Only**	**Neither**	**Both**	**MHD Only**	**SUD Only**	**Neither**
Hospital Inpatient (admits)	FFS	n/a	n/a	n/a	n/a	1.8	1.4	1.5	1.3
	MCO	n/a	n/a	n/a	n/a	n/a	1.0	n/a	n/a
	Specialty Mental Health	n/a	n/a	n/a	n/a	2.3	1.7	n/a	n/a
Hospital Outpatient (visits)	FFS	n/a	2.8	1.0	1.4	6.4	3.8	5.4	3.5
	MCO	n/a	1.0	n/a	1.0	n/a	n/a	n/a	1.0
	Specialty Mental Health	n/a	n/a	n/a	n/a	10.5	24.2	n/a	n/a
Physician/Professional (visits)	FFS	n/a	39.3	16.0	8.6	40.1	24.7	27.5	14.0
	MCO	7.0	4.7	4.7	3.7	n/a	5.5	n/a	4.0
	Specialty Mental Health	n/a	8.9	n/a	n/a	14.9	9.9	n/a	n/a
Pharmacy (prescriptions)	FFS	n/a	9.8	2.0	6.8	16.4	12.2	11.8	11.2
	MCO	13.0	10.5	13.3	12.0	n/a	8.3	n/a	8.0
Special Services* (visits)	FFS	n/a	3.9	1.0	3.6	10.0	9.3	6.8	6.3
	MCO	2.0	2.6	3.5	2.3	n/a	1.5	n/a	3.4
	Specialty Mental Health	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Dental (visits)	FFS	n/a	n/a	n/a	n/a	1.0	1.1	n/a	1.6
	MCO	n/a	2.5	n/a	1.3	n/a	n/a	n/a	n/a
Home Health (visits)	FFS	n/a	96.5	n/a	6.0	271.7	309.0	207.8	274.6
	MCO	n/a	n/a	n/a	1.5	n/a	n/a	n/a	n/a
	Specialty Mental Health	n/a	n/a	n/a	n/a	10.7	11.7	n/a	n/a
Long term care (billing events)	FFS	n/a	1.0	n/a	4.0	9.0	9.5	6.9	7.9
Specific services (redundant with above reporting)									
- Emergency Department (visits)	FFS	n/a	2.8	1.0	1.4	3.7	2.0	2.4	1.6
	MCO	n/a	1.0	n/a	1.0	n/a	1.0	n/a	n/a
	Specialty Mental Health	n/a	n/a	n/a	n/a	2.1	1.3	n/a	n/a
- Psych Residential Rehab. (billing events)	FFS	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	MCO	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Specialty Mental Health	n/a	n/a	n/a	n/a	10.6	11.6	n/a	n/a
- Other Psych Rehab. (visits)	FFS	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	MCO	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Specialty Mental Health	n/a	5.0	n/a	n/a	4.0	9.3	n/a	n/a
- Methadone	FFS	n/a	n/a	n/a	n/a	33.6	n/a	41.9	n/a
	MCO	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Specialty Mental Health	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
- Regional Institute for Children and Adolescents (billing events)	FFS	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	MCO	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Specialty Mental Health	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Table A. HEDIS Diagnostic Group Definitions: Mental Health

ICD Code or MHA Flag	Definition	Notes
290	Dementias	neurologic
293	Delirium	neurologic
294	Amnesic/Dementia Conditions	neurologic
295	Schizophrenia Disorders	
296	Episodic Mood Disorders	
297	Delusional Disorders	
298	Other Nonorganic Psychosis	
299	Pervasive Developmental Disorder	
300	Anxiety	
301	Personality Disorders	
302	Sexual Deviations and Disorders	
306	Physiological Malfunction Arising from Mental Factors	
307	Special Symptoms (e.g., Fluency Disorder, Anorexia)	
308	Acute Reaction to Stress	
309	Adjustment Reaction	
310	Non-psychotic MHD due to Brain Damage	
311	Depression, Not Specified Elsewhere	
312	Conduct disorders	
313	Emotional disturbances in childhood	
314	Hyperkinetic Syndrome	
315	Specific delays in development	
316	Psychic factors not elsewhere classified	
ICN begins 6	Billing flag for a specialty mental health claim	

Definition includes 1 or more primary or secondary diagnoses per HEDIS (this includes dementia, organic delirium, and developmental delay)

Source: HEDIS 2012 Technical Specifications, p. 304

Table B. HEDIS Diagnostic Group Definitions: Substance Abuse

ICD or Procedure Code	Definition	Notes
291	Alcohol-induced mental disorders	
292	Drug-induced mental disorders	
303	Alcohol dependence	
304	Drug dependence	
305	Drug abuse	tobacco excluded
535.3	Alcoholic gastritis	
571.1	Acute alcoholic hepatitis	
H0020	Methadone Replacement therapy	

Definition includes 1 or more primary or secondary diagnoses per HEDIS (this excludes poisonings and maternal drug exposure codes)

Source: HEDIS 2012 Technical Specifications, p. 300

Table C. Clinical Flags

Variable name	Description	Definition
Addiction		
Opioid	Opioid Dependence or Abuse	1 if pdx or dx2-dx12 is 3040 or 3055; else 0
Marijuana	Cannabis Dependence or Abuse	1 if pdx or dx2-dx12 is 3043 or 3052; else 0
Alcohol	Alcohol Dependence or Abuse	1 if pdx or dx2-dx12 is 303 or 3050; else 0

Reporting Templates for Enrollees with Mental Health and Substance Use Disorders

Template 1. Summary Statistics for the Population, FY 2010 (All Ages)

Category	Populations															
	HealthChoice Only Enrollees				PAC Only Enrollees				HealthChoice/PAC Both Enrollees				FFS Only Enrollees			
	Both	MHD Only	SUD Only	None	Both	MHD Only	SUD Only	None	Both	MHD Only	SUD Only	None	Both	MHD Only	SUD Only	None
Number of Enrollees	21,347	145,024	12,004	492,528	4,868	9,163	4,873	18,362	1,068	1,046	340	1,584	5,476	47,874	2,547	73,158
Age Group (%)																
0-18	14.5	63.0	14.4	72.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.5	5.7	1.4	6.3
19-64	85.5	37.0	85.6	27.5	99.9	99.4	99.9	98.5	99.9	100.0	99.7	99.9	82.7	50.2	79.3	44.2
65+	0.0	0.0	0.0	0.0	0.1	0.6	0.1	1.5	0.1	0.0	0.3	0.1	14.8	44.1	19.3	49.5
Gender(%)																
Female	58.3	51.2	52.6	59.4	36.6	51.2	29.0	52.0	52.3	64.2	46.5	68.2	41.0	61.0	32.0	70.3
Male	41.7	48.8	47.4	40.6	63.4	48.8	71.0	48.0	47.8	35.9	53.5	31.8	59.0	39.0	68.0	29.7
Race(%)																
White	49.0	39.4	37.5	25.8	48.6	52.5	34.3	29.0	48.9	46.9	32.1	25.2	48.7	50.5	31.8	31.6
Black	45.9	48.3	56.6	50.2	48.7	43.0	63.6	64.4	48.8	48.3	64.1	65.6	44.7	36.6	59.1	38.4
Hispanic	1.7	7.0	2.4	14.8	0.5	1.4	0.2	1.9	0.1	1.2	0.9	2.3	1.2	2.4	2.6	13.8
Asian	0.4	1.3	0.5	3.6	0.3	1.1	0.1	2.7	0.3	1.8	0.0	4.2	0.7	3.3	0.9	8.4
Other	3.1	4.0	3.1	5.7	1.9	2.1	1.9	2.0	2.0	1.9	2.9	2.7	4.8	7.1	5.6	7.8
Average Enrollment (months)																
Any Medicaid	11.3	11.4	10.8	10.7	10.2	10.0	9.3	9.9	11.2	11.2	10.7	10.9	10.6	10.7	9.0	9.0
HealthChoice	10.2	10.8	9.8	10.0	0.0	0.0	0.0	0.0	4.5	4.4	4.1	4.3	0.0	0.0	0.0	0.0
PAC	0.0	0.0	0.0	0.0	8.7	8.5	7.9	8.6	4.0	4.2	4.1	4.3	0.0	0.0	0.0	0.0
FFS only	1.1	0.6	1.0	0.7	1.5	1.5	1.5	1.3	2.8	2.6	2.5	2.3	10.6	10.7	9.0	9.0
Region(%)*																
Baltimore City	40.3	26.3	42.4	21.5	53.3	34.1	59.6	41.7	54.4	38.5	58.5	40.7	39.5	22.5	48.7	20.7
Baltimore Suburbs	26.6	27.9	24.6	25.5	24.8	27.9	23.1	21.2	21.8	22.2	22.4	19.4	27.0	30.1	19.8	24.5
Washington Suburbs	11.2	21.4	11.6	33.1	7.6	15.4	5.5	18.4	6.7	12.4	4.7	20.5	14.7	24.9	13.6	35.8
Western MD	6.4	7.3	6.1	5.2	4.3	7.8	4.6	5.4	6.2	9.3	3.8	5.9	6.2	7.2	4.5	5.5
Eastern MD	11.7	12.1	11.0	9.6	7.7	10.2	5.6	9.3	8.9	12.2	8.8	8.4	9.3	10.6	9.5	9.0
Southern MD	3.7	4.8	4.2	4.9	2.3	4.5	1.7	3.9	1.9	5.3	1.8	5.0	3.0	4.4	3.7	4.3

Category	Populations															
	HealthChoice Only Enrollees				PAC Only Enrollees				HealthChoice/PAC Both Enrollees				FFS Only Enrollees			
	Both	MHD Only	SUD Only	None	Both	MHD Only	SUD Only	None	Both	MHD Only	SUD Only	None	Both	MHD Only	SUD Only	None
Eligibility(%)																
Family and Children	45.2	62.3	60.2	76.1	0.0	0.0	0.0	0.0	15.4	21.5	20.6	27.0	2.5	2.3	6.0	6.8
Disabled	46.3	23.3	31.3	4.3	0.0	0.0	0.0	0.0	44.6	35.6	30.6	19.4	15.0	9.0	22.7	8.9
Maryland CHIP	2.1	11.5	3.1	15.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.1	0.4	0.0	0.6
Dual Eligible (age 0-64)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	58.1	40.4	39.7	17.9
Dual Eligible (age 65+)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	12.9	41.0	15.9	43.6
Other (includes PAC)	6.4	2.9	5.5	3.7	100.0	100.0	100.0	100.0	40.1	42.9	48.8	53.3	11.6	6.9	15.6	22.3

*Counties included in each region are as follows:

Baltimore City:	Baltimore City
Baltimore Suburbs:	Anne Arundel, Baltimore, Carroll, Harford, Howard
Washington Suburbs:	Frederick, Montgomery, Prince George's
Western MD:	Allegany, Garrett, Washington
Eastern MD:	Caroline, Cecil, Kent, Queen, Talbot, Dorchester, Somerset, Wicomico, Worcester
Southern MD:	Calvert County, Charles County, St. Mary's County

OUT OF STATE not presented so totals are slightly less than 100%

Template 2a. Unique Enrollees (Aged 0-18 Years) by Service Type, FY 2010 (same individual can be counted in multiple rows)

Category		Populations							
		HealthChoice Enrollees				FFS Enrollees			
Service Setting	Service Category (MH/SA/Somatic)	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither
	Number of Enrollees	***3,089***	***91,409***	***1,730***	***356,935***	***137***	***2,748***	***36***	***4,594***
Hospital Inpatient	Mental Health	714	2,421	0	0	93	369	0	0
	Somatic Care	340	4,018	283	38,160	25	580	10	1,907
	Substance Abuse	243	0	67	0	12	0	18	0
Hospital Outpatient	Mental Health	984	13,822	0	0	35	530	0	0
	Somatic Care	1,864	42,232	859	148,047	86	1,981	13	1,737
	Substance Abuse	792	1	412	1	7	0	1	0
Physician/Professional	Mental Health	2,620	54,536	0	0	74	980	0	0
	Somatic Care	2,761	80,787	1,389	346,001	99	2,331	24	3,968
	Substance Abuse	1,294	0	953	2	25	1	25	0
Pharmacy	All	2,705	72,349	1,137	248,046	128	2,309	17	1,425
Special Services*	All	2,560	70,881	1,033	175,963	123	2,416	15	1,220
Dental	All	1,669	54,258	697	172,549	79	1,332	1	746
Home Health	All	433	7,123	197	17,565	17	1,862	4	981
Long Term Care	All	0	1	0	1	0	1	0	0
Specific services (subsets of above reporting, for example emergency visits are part of outpatient visits)									
- Emergency Department	Mental Health	818	3,629	0	0	26	110	0	0
	Somatic Care	1,733	33,688	796	127,439	69	1,209	16	1,300
	Substance Abuse	269	1	173	1	5	0	0	0
- Psych Residential Rehab.	Mental Health	14	243	0	0	0	3	0	0
- Other Psych Rehab.	Mental Health	254	5,513	0	0	5	67	0	0
- Methadone	Substance Abuse	21	0	37	0	0	0	0	0
- Regional Institute for Children and Adolescents	Mental Health	132	298	0	0	85	326	0	0
	Somatic Care	4	1	0	4	2	3	0	0
	Substance Abuse	103	0	86	0	2	0	0	0

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 2b. Unique Enrollees (Aged 0-18 Years) by Payment Source, FY 2010 (same individual can be counted in multiple rows)

Category		Populations							
		HealthChoice Enrollees				FFS Enrollees			
Service Setting	Payment Source	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither
	Number of Enrollees	***3,089***	***91,409***	***1,730***	***356,935***	***137***	***2,748***	***36***	***4,594***
Hospital Inpatient	FFS	134	575	84	8,613	32	578	27	1,892
	MCO	491	3,712	288	30,008	2	2	0	20
	Specialty Mental Health	717	2,389	0	0	95	370	0	0
Hospital Outpatient	FFS	274	6,722	127	15,005	86	1,988	14	1,732
	MCO	2,196	41,117	1,062	140,898	2	4	0	7
	Specialty Mental Health	938	12,190	0	0	33	415	0	0
Physician/Professional	FFS	510	11,080	255	45,650	106	2,360	33	3,955
	MCO	2,859	81,304	1,551	339,820	3	10	0	29
	Specialty Mental Health	2,446	39,369	0	0	64	579	0	0
Pharmacy	FFS	1,955	35,103	209	22,016	127	2,307	17	1,408
	MCO	2,365	64,613	1,061	243,798	11	30	0	24
Special Services*	FFS	1,419	45,419	181	11,528	123	2,412	15	1,213
	MCO	2,209	48,640	971	170,113	2	8	0	10
	Specialty Mental Health	162	1,851	0	0	1	12	0	0
Dental	FFS	1,665	54,246	697	172,465	79	1,332	1	746
	MCO	12	280	8	832	0	0	0	0
Home Health	FFS	28	1,348	12	1,034	16	1,856	4	980
	MCO	414	5,954	185	16,587	1	1	0	1
	Specialty Mental Health	2	27	0	0	0	5	0	0
Long term care	FFS	0	0	0	0	0	1	0	0
Specific services (redundant with above reporting)									
- Emergency Department	FFS	196	1,941	94	9,874	68	1,210	16	1,296
	MCO	1,841	33,280	852	121,422	2	3	0	5
	Specialty Mental Health	785	3,245	0	0	26	106	0	0
- Psych Residential Rehab.	FFS	0	0	0	0	0	0	0	0
	MCO	0	0	0	0	0	0	0	0
	Specialty Mental Health	14	243	0	0	0	3	0	0
- Other Psych Rehab.	FFS	0	0	0	0	0	0	0	0
	MCO	0	0	0	0	0	0	0	0
	Specialty Mental Health	254	5,513	0	0	5	67	0	0
- Methadone	FFS	2	0	0	0	0	0	0	0
	MCO	21	0	37	0	0	0	0	0
	Specialty Mental Health	0	0	0	0	0	0	0	0
- Regional Institute for Children and Adolescents	FFS	0	0	0	0	0	0	0	0
	MCO	105	1	86	4	0	0	0	0
	Specialty Mental Health	133	297	0	0	86	327	0	0

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 3a. Unique Enrollees (Aged 19-64 Years) by Service Type, FY 2010 (same individual can be counted in multiple rows

Category		Populations															
		HealthChoice Only Enrollees				PAC Only Enrollees				HealthChoice and PAC				FFS Enrollees			
Service Setting	**Service Category (MH/SA/Somatic)**	**Both**	**MHD Only**	**SUD Only**	**Neither**	**Both**	**MHD Only**	**SUD Only**	**Neither**	**Both**	**MHD Only**	**SUD Only**	**Neither**	**Both**	**MHD Only**	**SUD Only**	**Neither**
	Number of Enrollees	***18,258***	***53,615***	***10,274***	***135,642***	***4,863***	***9,106***	***4,866***	***18,092***	***1,067***	***1,046***	***339***	***1,583***	***4,530***	***24,033***	***2,020***	***32,336***
Hospital Inpatient	Mental Health	3,504	2,002	0	0	0	0	0	0	240	56	0	0	1,169	1,341	0	0
	Somatic Care	6,605	10,093	3,308	25,384	0	0	0	0	298	176	92	247	1,834	5,237	1,094	13,342
	Substance Abuse	956	0	194	3	0	0	0	0	54	0	8	0	202	0	72	4
Hospital Outpatient	Mental Health	4,826	7,516	0	0	452	288	0	0	257	116	0	0	1,348	3,330	0	0
	Somatic Care	14,492	34,682	7,118	81,470	1,955	2,282	1,370	4,595	756	644	199	877	3,341	12,870	1,298	14,145
	Substance Abuse	4,466	3	1,409	2	386	0	178	3	274	0	39	0	687	0	214	1
Physician/Professional	Mental Health	13,797	33,220	0	0	3,876	6,998	0	0	917	800	0	0	3,383	14,423	0	0
	Somatic Care	17,361	48,759	9,098	128,528	3,847	6,894	3,186	16,284	966	943	284	1,522	4,180	20,359	1,778	28,613
	Substance Abuse	8,969	5	5,010	10	3,005	0	3,221	3	666	0	196	0	1,409	4	593	6
Pharmacy	All	17,616	49,354	8,696	112,867	4,570	8,215	3,576	15,441	1,051	998	292	1,455	2,154	9,671	673	8,482
Special Services*	All	15,447	42,847	7,429	100,966	3,346	5,424	2,753	12,295	866	809	226	1,273	2,943	14,110	890	12,664
Dental	All	4,001	13,303	1,994	32,315	1,057	1,755	812	3,501	266	267	56	438	58	388	24	335
Home Health	All	3,952	12,265	1,525	10,996	301	356	182	531	141	118	22	120	432	8,274	101	1,478
Long Term Care	All	626	588	187	279	23	23	14	22	14	8	3	2	572	2,509	133	1,505
Specific services (redundant with above reporting)																	
- Emergency Department	Mental Health	4,432	3,945	0	0	452	288	0	0	307	80	0	0	1,386	1,796	0	0
	Somatic Care	13,690	28,933	6,596	65,250	1,955	2,282	1,370	4,595	710	550	182	707	3,213	10,108	1,371	11,577
	Substance Abuse	2,274	3	604	4	386	0	178	3	127	0	16	0	575	0	154	4
- Psych Residential Rehab.	Mental Health	463	1,342	0	0	266	344	0	0	100	73	0	0	288	1,418	0	0
- Other Psych Rehab.	Mental Health	1,327	3,011	0	0	312	397	0	0	113	82	0	0	328	1,496	0	0
- Methadone	Substance Abuse	3,808	0	2,943	0	883	0	1,579	0	206	0	115	0	260	0	251	0
- Regional Institute for Children and Adolescents	Mental Health	22	19	0	0	15	2	0	0	3	1	0	0	6	25	0	0
	Somatic Care	13	15	0	13	1	1	0	0	0	0	0	0	0	0	0	0
	Substance Abuse	197	0	35	0	349	0	45	0	60	0	4	0	20	0	0	0

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 3b. Unique Enrollees (Aged 19-64 Years) by Payment Source, FY 2010 (same individual can be counted in multiple rows

Category		Populations															
		HealthChoice Only Enrollees				PAC Only Enrollees				HealthChoice and PAC				FFS Enrollees			
Service Setting	Payment Source	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither
	Number of Enrollees	**18,258**	**53,615**	**10,274**	**135,642**	**4,863**	**9,106**	**4,866**	**18,092**	**1,067**	**1,046**	**339**	**1,583**	**4,530**	**24,033**	**2,020**	**32,336**
Hospital Inpatient	FFS	1,364	1,363	723	3,095	0	0	0	0	172	94	50	118	2,654	5,995	1,154	13,343
	MCO	6,623	9,330	2,957	22,843	0	0	0	0	220	103	58	155	5	13	1	7
	Specialty Mental Health	3,401	1,905	0	0	0	0	0	0	239	54	0	0	385	498	0	0
Hospital Outpatient	FFS	3,624	5,779	1,563	16,031	375	283	189	396	355	243	90	320	3,617	13,715	1,340	14,097
	MCO	14,724	33,621	7,136	75,156	1,941	2,136	1,324	4,297	735	578	194	771	78	95	25	85
	Specialty Mental Health	4,541	6,927	0	0	373	227	0	0	248	110	0	0	346	761	0	0
Physician/Professional	FFS	5,057	10,598	2,467	31,415	471	485	232	648	533	436	147	551	4,309	21,333	1,858	28,465
	MCO	17,545	48,474	9,678	123,523	4,515	6,996	4,556	16,101	1,025	929	317	1,487	228	316	103	408
	Specialty Mental Health	12,515	27,675	0	0	3,527	6,209	0	0	884	733	0	0	1,516	5,972	0	0
Pharmacy	FFS	15,628	39,318	3,876	31,932	3,950	6,968	1,549	5,071	974	867	171	649	2,136	9,643	629	8,295
	MCO	16,688	45,814	8,419	109,817	4,120	7,110	3,418	15,147	989	919	285	1,427	260	432	126	606
Special Services*	FFS	4,882	8,532	1,631	15,787	162	189	66	236	274	192	46	246	2,830	13,951	838	12,477
	MCO	14,649	40,861	7,034	97,024	3,278	5,348	2,720	12,177	818	767	214	1,234	165	225	65	275
	Specialty Mental Health	662	1,957	0	0	4	11	0	0	23	23	0	0	1	5	0	0
Dental	FFS	983	4,466	616	14,826	1	3	0	7	53	78	13	164	29	355	17	301
	MCO	3,250	9,658	1,495	19,527	1,056	1,754	812	3,494	222	207	45	310	29	33	7	34
Home Health	FFS	424	5,865	106	819	7	12	3	13	8	11	0	7	409	8,189	99	1,465
	MCO	3,620	6,965	1,453	10,377	293	339	179	518	136	110	22	114	12	15	2	13
	Specialty Mental Health	49	100	0	0	1	6	0	0	0	1	0	0	12	77	0	0
Long term care	FFS	216	241	48	92	23	23	14	22	7	2	2	2	572	2,508	133	1,505
Specific services (redundant with above reporting)																	
- Emergency Department	FFS	2,965	4,398	1,316	12,068	375	283	189	396	329	221	81	260	3,578	10,584	1,421	11,537
	MCO	13,389	27,622	6,184	58,391	1,941	2,136	1,324	4,297	634	455	153	561	72	82	24	72
	Specialty Mental Health	4,168	3,504	0	0	373	227	0	0	300	75	0	0	410	536	0	0
- Psych Residential Rehab.	FFS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	MCO	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Specialty Mental Health	463	1,342	0	0	266	344	0	0	100	73	0	0	288	1,418	0	0
- Other Psych Rehab.	FFS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	MCO	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Specialty Mental Health	1,329	3,011	0	0	312	397	0	0	113	82	0	0	328	1,496	0	0
- Methadone	FFS	328	0	284	0	28	0	26	0	57	0	27	0	243	0	241	0
	MCO	3,792	0	2,915	0	873	0	1,568	0	203	0	113	0	24	0	19	0
	Specialty Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
- Regional Institute for Children and Adolescents	FFS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	MCO	220	19	35	13	358	2	45	0	60	1	4	0	21	0	0	0
	Specialty Mental Health	3	15	0	0	0	1	0	0	0	0	0	0	4	25	0	0

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 4a. Unique Enrollees (Aged 65 Years or Older) by Service Type, FY 2010 (same individual can be counted in multiple rows)

Category		Populations							
		PAC Enrollees				FFS Enrollees			
Service Setting	Service Category (MH/SA/Somatic)	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither
	Number of Enrollees	***5***	***56***	***7***	***270***	***809***	***21,098***	***491***	***36,228***
Hospital Inpatient	Mental Health	0	0	0	0	59	659	0	0
	Somatic Care	0	0	0	0	463	7,346	244	6,727
	Substance Abuse	0	0	0	0	36	0	18	0
Hospital Outpatient	Mental Health	0	0	0	0	117	1,059	0	0
	Somatic Care	1	12	4	29	550	9,061	312	14,105
	Substance Abuse	1	0	0	0	80	0	51	1
Physician/Professional	Mental Health	2	28	0	0	515	10,175	0	0
	Somatic Care	5	52	7	253	776	17,713	453	30,603
	Substance Abuse	1	0	1	0	180	2	135	4
Pharmacy	All	4	54	6	253	425	10,345	162	11,378
Special Services*	All	2	39	5	200	702	15,892	314	20,514
Dental	All	0	5	0	19	1	24	0	27
Home Health	All	0	1	0	8	152	4,398	40	3,993
Long Term Care	All	0	1	1	1	387	11,745	67	7,002
Specific services (redundant with above reporting)									
- Emergency Department	Mental Health	0	0	0	0	97	480	0	0
	Somatic Care	1	12	4	29	557	8,628	298	9,105
	Substance Abuse	1	0	0	0	89	0	50	1
- Psych Residential Rehab.	Mental Health	0	2	0	0	14	153	0	0
- Other Psych Rehab.	Mental Health	0	2	0	0	11	196	0	0
- Methadone	Substance Abuse	1	0	0	0	19	0	54	0
- Regional Institute for Children and Adolescents	Mental Health	0	0	0	0	0	0	0	0
	Somatic Care	0	0	0	0	0	0	0	0
	Substance Abuse	0	0	0	0	0	0	0	0

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 4b. Unique Enrollees (Aged 65 Years or Older) by Payment Source, FY 2010 (same individual can be counted in multiple rows)

Category		PAC Enrollees				FFS Enrollees			
Service Setting	**Payment Source**	**Both**	**MHD Only**	**SUD Only**	**Neither**	**Both**	**MHD Only**	**SUD Only**	**Neither**
	Number of Enrollees	***5***	***56***	***7***	***270***	***809***	***21,098***	***491***	***36,228***
Hospital Inpatient	FFS	0	0	0	0	529	7,849	260	6,727
	MCO	0	0	0	0	0	1	0	0
	Specialty Mental Health	0	0	0	0	12	47	0	0
Hospital Outpatient	FFS	1	8	4	20	574	9,366	332	14,104
	MCO	1	4	0	9	0	0	0	1
	Specialty Mental Health	0	0	0	0	20	134	0	0
Physician/Professional	FFS	3	26	5	91	785	18,345	468	30,600
	MCO	4	50	4	226	0	2	2	8
	Specialty Mental Health	0	21	0	0	69	747	0	0
Pharmacy	FFS	3	44	3	105	425	10,344	162	11,371
	MCO	4	51	6	247	0	4	2	18
Special Services*	FFS	1	12	3	34	702	15,892	313	20,509
	MCO	2	33	3	183	0	1	2	6
	Specialty Mental Health	0	0	0	0	0	0	0	0
Dental	FFS	0	0	0	1	1	24	0	27
	MCO	0	5	0	18	0	0	0	0
Home Health	FFS	0	1	0	1	152	4,389	40	3,993
	MCO	0	0	0	7	0	0	0	0
	Specialty Mental Health	0	0	0	0	1	28	0	0
Long term care	FFS	0	1	1	1	387	11,745	67	7,002
Specific services (redundant with above reporting)									
- Emergency Department	FFS	1	8	4	20	589	8,785	323	9,105
	MCO	1	4	0	9	0	1	0	1
	Specialty Mental Health	0	0	0	0	13	32	0	0
- Psych Residential Rehab.	FFS	0	0	0	0	0	0	0	0
	MCO	0	0	0	0	0	0	0	0
	Specialty Mental Health	0	2	0	0	14	153	0	0
- Other Psych Rehab.	FFS	0	0	0	0	0	0	0	0
	MCO	0	0	0	0	0	0	0	0
	Specialty Mental Health	0	2	0	0	11	196	0	0
- Methadone	FFS	0	0	0	0	19	0	54	0
	MCO	1	0	0	0	0	0	0	0
	Specialty Mental Health	0	0	0	0	0	0	0	0
- Regional Institute for Children and Adolescents	FFS	0	0	0	0	0	0	0	0
	MCO	0	0	0	0	0	0	0	0
	Specialty Mental Health	0	0	0	0	0	0	0	0

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 5a. Number of Events (for Enrollees Aged 0-18 Years) by Service Type, FY 2010 (same individual can be counted in multiple rows)

Category		Populations								Total
		HealthChoice Enrollees				FFS Enrollees				
Service Setting	Service Category (MH/SA/Somatic)	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither	
	Number of Enrollees	***3,089***	***91,409***	***1,730***	***356,935***	***137***	***2,748***	***36***	***4,594***	460,677
Hospital Inpatient (admits)	Mental Health	1,477	3,825	0	0	443	1,494	0	0	7,239
	Somatic Care	657	6,054	468	43,230	110	1,335	12	2,172	54,038
	Substance Abuse	293	0	79	0	16	0	18	0	406
	Subtotal	2,427	9,879	547	43,230	569	2,829	30	2,172	61,683
Hospital Outpatient (visits)	Mental Health	5,935	118,554	0	0	200	4,754	0	0	129,443
	Somatic Care	5,821	120,992	2,226	306,962	466	18,009	22	6,578	461,076
	Substance Abuse	3,245	1	1,322	1	23	0	2	0	4,594
	Subtotal	15,001	239,547	3,548	306,963	689	22,763	24	6,578	595,113
Physician/Professional (visits)	Mental Health	48,240	790,780	0	0	1,321	12,152	0	0	852,493
	Somatic Care	28,581	534,069	15,655	1,974,031	4,326	44,235	219	27,687	2,628,803
	Substance Abuse	13,365	0	6,332	2	315	1	78	0	20,093
	Subtotal	90,186	1,324,849	21,987	1,974,033	5,962	56,388	297	27,687	3,501,389
Pharmacy (prescriptions)	All	32,303	621,583	5,000	966,547	3,896	57,666	142	16,238	1,703,375
Special Services* (visits)	All	80,876	1,318,059	6,941	382,838	2,486	107,571	79	19,640	1,918,490
Dental (visits)	All	4,712	135,446	1,886	402,204	208	2,766	1	1,566	548,789
Home Health (visits)	All	2,547	221,352	781	35,714	826	181,815	243	53,221	496,499
Long Term Care (billing events)	All	0	1	0	1	0	12	0	0	14
Specific services (subset of above)										
- Emergency Department (visits)	Mental Health	1,631	5,831	0	0	54	170	0	0	7,686
	Somatic Care	3,962	61,830	1,605	217,274	205	3,000	20	1,971	289,867
	Substance Abuse	295	1	180	1	5	0	0	0	482
	Subtotal	5,888	67,662	1,785	217,275	264	3,170	20	1,971	298,035
- Psych Residential Rehab. (billing events)	Mental Health	27	324	0	0	0	3	0	0	354
- Other Psych Rehab. (visits)	Mental Health	1,219	36,687	0	0	19	388	0	0	38,313
- Methadone	Substance Abuse	206	0	303	0	0	0	0	0	509
- Regional Institute for Children and Adolescents (billing events)	Mental Health	1,082	2,253	0	0	1,200	4,545	0	0	9,080
	Somatic Care	8	1	0	4	40	4	0	0	57
	Substance Abuse	553	0	408	0	3	0	0	0	964
	Subtotal	1,643	2,254	408	4	1,243	4,549	0	0	10,101

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 5b. Number of Events (for Enrollees Aged 0-18 Years) by Payment Source, FY 2010 (same individual can be counted in multiple rows)

Category		Populations								Total
		HealthChoice Enrollees				FFS Enrollees				
Service Setting	Payment Source	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither	
	Number of Enrollees	***3,089***	***91,409***	***1,730***	***356,935***	***137***	***2,748***	***36***	***4,594***	460,677
Hospital Inpatient (admits)	FFS	200	892	112	9,246	84	1,332	30	2,151	14,047
	MCO	752	5,215	435	33,984	2	2	0	21	40,411
	Specialty Mental Health	1,475	3,772	0	0	483	1,495	0	0	7,225
	Subtotal	2,427	9,879	547	43,230	569	2,829	30	2,172	61,683
Hospital Outpatient (visits)	FFS	828	38,381	261	26,424	488	19,834	24	6,541	92,781
	MCO	8,690	98,489	3,281	280,539	3	8	0	37	391,047
	Specialty Mental Health	5,469	103,021	0	0	198	2,895	0	0	111,583
	Subtotal	14,987	239,891	3,542	306,963	689	22,737	24	6,578	595,411
Physician/Professional (visits)	FFS	4,866	51,678	2,076	122,702	4,719	45,644	297	27,444	259,426
	MCO	38,649	532,314	19,906	1,851,331	8	47	0	243	2,442,498
	Specialty Mental Health	46,631	739,947	0	0	1,235	10,689	0	0	798,502
	Subtotal	90,146	1,323,939	21,982	1,974,033	5,962	56,380	297	27,687	3,500,426
Pharmacy (prescriptions)	FFS	18,467	281,505	738	45,378	3,864	57,566	142	16,167	423,827
	MCO	13,836	340,078	4,262	921,169	32	100	0	71	1,279,548
	Subtotal	32,303	621,583	5,000	966,547	3,896	57,666	142	16,238	1,703,375
Special Services* (visits)	FFS	74,508	1,237,735	4,046	93,272	2,891	124,356	80	19,617	1,556,505
	MCO	9,220	110,809	3,092	289,568	3	20	0	23	412,735
	Specialty Mental Health	233	2,429	0	0	1	13	0	0	2,676
	Subtotal	83,961	1,350,973	7,138	382,840	2,895	124,389	80	19,640	1,971,916
Dental (visits)	FFS	4,691	135,098	1,871	401,188	208	2,766	1	1,566	547,389
	MCO	21	348	15	1,016	0	0	0	0	1,400
	Subtotal	4,712	135,446	1,886	402,204	208	2,766	1	1,566	548,789
Home Health (visits)	FFS	1,016	200,581	51	5,528	825	185,467	243	53,220	446,931
	MCO	1,661	21,290	740	30,186	1	10	0	1	53,889
	Specialty Mental Health	47	291	0	0	0	13	0	0	351
	Subtotal	2,724	222,162	791	35,714	826	185,490	243	53,221	501,171
Long term care (billing events)	FFS	0	0	0	0	0	12	0	0	12
Specific services (subset of above)										
- Emergency Department (visits)	FFS	335	2,683	122	12,101	206	3,002	20	1,947	20,416
	MCO	4,249	60,549	1,663	205,174	4	3	0	24	271,666
	Specialty Mental Health	1,302	4,428	0	0	54	165	0	0	5,949
	Subtotal	5,886	67,660	1,785	217,275	264	3,170	20	1,971	298,031
- Psych Residential Rehab. (billing events)	FFS	0	0	0	0	0	0	0	0	0
	MCO	0	0	0	0	0	0	0	0	0
	Specialty Mental Health	27	324	0	0	0	3	0	0	354
	Subtotal	27	324	0	0	0	3	0	0	354

Category		Populations								Total
		HealthChoice Enrollees				FFS Enrollees				
Service Setting	Payment Source	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither	
	Number of Enrollees	***3,089***	***91,409***	***1,730***	***356,935***	***137***	***2,748***	***36***	***4,594***	460,677
- Other Psych Rehab. (visits)	FFS	0	0	0	0	0	0	0	0	0
	MCO	0	0	0	0	0	0	0	0	0
	Specialty Mental Health	1,221	36,689	0	0	19	388	0	0	38,317
	Subtotal	1,221	36,689	0	0	19	388	0	0	38,317
- Methadone	FFS	7	0	0	0	0	0	0	0	7
	MCO	199	0	303	0	0	0	0	0	502
	Specialty Mental Health	0	0	0	0	0	0	0	0	0
	Subtotal	206	0	303	0	0	0	0	0	509
- Regional Institute for Children and Adolescents (billing events)	FFS	0	0	0	0	0	0	0	0	0
	MCO	555	1	408	4	0	0	0	0	968
	Specialty Mental Health	1,086	2,253	0	0	1,243	4,549	0	0	9,131
	Subtotal	1,641	2,254	408	4	1,243	4,549	0	0	10,099

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 6a. Number of Events (for Enrollees Aged 19-64 Years) by Service Type, FY 2010 (same individual can be counted in multiple rows)

Category		Populations																Total
		HealthChoice Enrollees				PAC Enrollees				HealthChoice/PAC				FFS Enrollees				
Service Setting	Service Category (MH/SA/Somatic)	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither	
	Number of Enrollees	***18,258***	***53,615***	***10,274***	***135,642***	***4,863***	***9,106***	***4,866***	***18,092***	***1,067***	***1,046***	***339***	***1,583***	***4,530***	***24,033***	***2,020***	***32,336***	321,671
Hospital Inpatient (admits)	Mental Health	7,208	3,063	0	0	0	0	0	0	513	81	0	0	1,919	1,833	0	0	14,617
	Somatic Care	15,981	16,914	5,733	31,177	0	0	0	0	625	294	140	360	4,720	9,176	1,987	16,832	103,939
	Substance Abuse	1,473	0	233	3	0	0	0	0	69	0	11	0	307	0	85	5	2,186
	Subtotal	24,662	19,977	5,966	31,180	0	0	0	0	1,207	375	151	360	6,946	11,009	2,072	16,837	120,742
Hospital Outpatient (visits)	Mental Health	31,160	53,673	0	0	771	376	0	0	953	448	0	0	7,886	23,990	0	0	119,257
	Somatic Care	95,895	158,451	33,899	267,354	5,429	4,562	2,712	7,449	3,829	2,621	849	3,213	22,468	61,267	7,063	57,917	734,978
	Substance Abuse	36,624	3	12,112	2	631	0	258	3	3,064	0	554	0	4,003	0	1,662	1	58,917
	Subtotal	163,679	212,127	46,011	267,356	6,831	4,938	2,970	7,452	7,846	3,069	1,403	3,213	34,357	85,257	8,725	57,918	913,152
Physician/Professional (visits)	Mental Health	238,897	407,118	0	0	57,126	79,361	0	0	21,113	11,465	0	0	53,578	187,112	0	0	1,055,770
	Somatic Care	406,675	722,948	141,742	1,163,682	26,904	43,534	17,564	74,866	14,977	11,972	2,978	14,281	135,485	400,191	43,869	340,321	3,561,989
	Substance Abuse	175,051	11	110,132	15	40,745	0	39,551	4	9,908	0	2,829	0	14,005	6	8,634	16	400,907
	Subtotal	820,623	1,130,077	251,874	1,163,697	124,775	122,895	57,115	74,870	45,998	23,437	5,807	14,281	203,068	587,309	52,503	340,337	5,018,666
Pharmacy (prescriptions)	All	481,930	1,104,414	119,374	1,029,699	75,487	136,700	32,880	169,051	22,758	20,430	3,472	17,733	43,817	160,988	9,622	94,040	3,522,395
Special Services* (visits)	All	130,322	321,512	49,899	411,018	9,958	13,009	8,864	27,073	3,805	3,008	1,162	4,426	23,128	127,462	5,726	76,689	1,217,061
Dental (visits)	All	8,008	28,126	4,160	67,309	1,945	3,227	1,355	6,053	454	492	101	874	95	728	33	645	123,605
Home Health (visits)	All	93,557	1,642,514	24,069	204,551	1,004	976	697	1,003	382	750	68	464	68,151	2,629,497	10,381	315,847	4,993,911
Long Term Care (billing events)	All	1,949	2,012	457	727	84	72	43	43	41	15	6	7	4,506	23,630	772	11,908	46,272
Specific services (subset of above)																		
- Emergency Department (visits)	Mental Health	11,168	6,732	0	0	771	376	0	0	746	141	0	0	2,946	2,831	0	0	25,711
	Somatic Care	69,781	87,083	19,636	135,836	5,429	4,562	2,712	7,449	2,861	1,484	504	1,450	15,285	26,737	3,856	21,298	405,963
	Substance Abuse	5,163	3	769	4	631	0	258	3	313	0	27	0	1,179	0	179	4	8,533
	Subtotal	86,112	93,818	20,405	135,840	6,831	4,938	2,970	7,452	3,920	1,625	531	1,450	19,410	29,568	4,035	21,302	440,207
- Psych Residential Rehab. (billing events)	Mental Health	2,552	10,586	0	0	1,019	1,468	0	0	390	364	0	0	2,307	13,348	0	0	32,034
- Other Psych Rehab. (visits)	Mental Health	8,382	24,859	0	0	1,417	2,179	0	0	509	552	0	0	2,342	13,225	0	0	53,465
- Methadone	Substance Abuse	136,692	0	106,287	0	15,503	0	25,141	0	4,504	0	2,499	0	8,882	0	7,550	0	307,058
- Regional Institute for Children and Adolescents (billing events)	Mental Health	170	159	0	0	76	6	0	0	3	1	0	0	58	259	0	0	732
	Somatic Care	15	18	0	16	1	1	0	0	0	0	0	0	0	0	0	0	51
	Substance Abuse	1,679	0	267	0	5,562	0	361	0	695	0	26	0	281	0	0	0	8,871
	Subtotal	1,864	177	267	16	5,639	7	361	0	698	1	26	0	339	259	0	0	9,654

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 6b. Number of Events (for Enrollees Aged 19-64 Years) by Payment Source, FY 2010 (same individual can be counted in multiple rows)

Category		Populations																Total
		HealthChoice Enrollees				PAC Enrollees				HealthChoice/PAC				FFS Enrollees				
Service Setting	Payment Source	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither	
	Number of Enrollees	***18,258***	***53,615***	***10,274***	***135,642***	***4,863***	***9,106***	***4,866***	***18,092***	***1,067***	***1,046***	***339***	***1,583***	***4,530***	***24,033***	***2,020***	***32,336***	321,671
Hospital Inpatient (admits)	FFS	2,909	2,255	1,174	4,009	0	0	0	0	357	167	71	169	6,159	10,215	2,071	16,825	46,381
	MCO	14,843	14,823	4,792	27,171	0	0	0	0	343	130	80	191	6	25	1	12	62,417
	Specialty Mental Health	6,910	2,899	0	0	0	0	0	0	507	78	0	0	781	769	0	0	11,944
	Subtotal	24,662	19,977	5,966	31,180	0	0	0	0	1,207	375	151	360	6,946	11,009	2,072	16,837	120,742
Hospital Outpatient (visits)	FFS	16,739	16,464	5,590	34,647	1,189	648	394	676	2,119	786	497	866	31,344	77,732	8,640	57,750	256,081
	MCO	116,109	145,075	40,265	232,709	5,061	4,025	2,576	6,776	4,693	1,864	864	2,347	173	337	49	168	563,091
	Specialty Mental Health	28,738	50,638	0	0	574	264	0	0	848	418	0	0	2,791	7,502	0	0	91,773
	Subtotal	161,586	212,177	45,855	267,356	6,824	4,937	2,970	7,452	7,660	3,068	1,361	3,213	34,308	85,571	8,689	57,918	910,945
Physician/Professional (visits)	FFS	57,137	69,049	22,269	116,453	7,584	8,158	4,305	8,317	5,936	3,113	1,073	2,982	176,780	513,312	51,615	338,675	1,386,758
	MCO	536,635	674,250	229,502	1,047,244	61,957	37,738	52,736	66,553	19,578	9,147	4,732	11,299	2,191	2,151	881	1,661	2,758,255
	Specialty Mental Health	226,257	386,712	0	0	55,069	76,980	0	0	20,417	11,177	0	0	24,006	72,860	0	0	873,478
	Subtotal	820,029	1,130,011	251,771	1,163,697	124,610	122,876	57,041	74,870	45,931	23,437	5,805	14,281	202,977	588,323	52,496	340,336	5,018,491
Pharmacy (prescriptions)	FFS	189,771	417,719	22,591	135,850	31,857	58,360	6,187	23,839	10,370	8,217	856	2,893	41,167	157,008	8,725	89,968	1,205,378
	MCO	292,159	686,695	96,783	893,849	43,630	78,340	26,693	145,212	12,388	12,213	2,616	14,840	2,650	3,980	897	4,072	2,317,017
	Subtotal	481,930	1,104,414	119,374	1,029,699	75,487	136,700	32,880	169,051	22,758	20,430	3,472	17,733	43,817	160,988	9,622	94,040	3,522,395
Special Services* (visits)	FFS	33,734	111,957	6,644	73,140	494	590	271	732	709	427	87	483	23,989	129,556	5,609	76,166	464,588
	MCO	105,792	211,021	45,437	337,881	10,706	12,792	9,117	26,343	3,445	2,602	1,109	3,943	439	512	167	523	771,829
	Specialty Mental Health	1,193	3,828	0	0	5	11	0	0	29	28	0	0	1	12	0	0	5,107
	Subtotal	140,719	326,806	52,081	411,021	11,205	13,393	9,388	27,075	4,183	3,057	1,196	4,426	24,429	130,080	5,776	76,689	1,241,524
Dental (visits)	FFS	2,196	10,562	1,508	33,915	1	11	0	12	102	154	32	333	54	672	24	595	50,171
	MCO	5,812	17,564	2,652	33,394	1,944	3,216	1,355	6,041	352	338	69	541	41	56	9	50	73,434
	Subtotal	8,008	28,126	4,160	67,309	1,945	3,227	1,355	6,053	454	492	101	874	95	728	33	645	123,605
Home Health (visits)	FFS	77,356	1,671,791	17,089	171,688	36	354	19	251	23	471	0	221	69,618	2,751,882	10,613	315,826	5,087,238
	MCO	18,464	26,754	7,034	32,863	1,023	583	681	752	375	277	68	243	18	30	4	21	89,190
	Specialty Mental Health	477	1,095	0	0	6	51	0	0	0	4	0	0	105	834	0	0	2,572
	Subtotal	96,297	1,699,640	24,123	204,551	1,065	988	700	1,003	398	752	68	464	69,741	2,752,746	10,617	315,847	5,179,000
Long term care (billing events)	FFS	895	1,080	157	341	88	72	43	43	25	6	4	7	4,557	23,834	772	11,908	43,832
Specific services (subset of above)																		
- Emergency Department (visits)	FFS	8,765	8,002	2,633	17,101	1,189	648	394	676	953	446	156	410	18,371	28,462	3,992	21,179	113,377
	MCO	67,862	80,717	17,769	118,739	5,061	4,025	2,576	6,776	2,283	1,055	374	1,040	128	256	43	123	308,827
	Specialty Mental Health	9,408	5,089	0	0	574	264	0	0	683	123	0	0	908	852	0	0	17,901
	Subtotal	86,035	93,808	20,402	135,840	6,824	4,937	2,970	7,452	3,919	1,624	530	1,450	19,407	29,570	4,035	21,302	440,105
- Psych Residential Rehab. (billing events)	FFS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	MCO	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Specialty Mental Health	2,552	10,590	0	0	1,019	1,468	0	0	390	364	0	0	2,307	13,348	0	0	32,038
	Subtotal	2,552	10,590	0	0	1,019	1,468	0	0	390	364	0	0	2,307	13,348	0	0	32,038
- Other Psych Rehab. (visits)	FFS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	MCO	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Specialty Mental Health	8,393	24,864	0	0	1,418	2,179	0	0	509	552	0	0	2,344	13,225	0	0	53,484
	Subtotal	8,393	24,864	0	0	1,418	2,179	0	0	509	552	0	0	2,344	13,225	0	0	53,484
- Methadone	FFS	3,313	0	2,598	0	255	0	413	0	428	0	252	0	8,513	0	7,300	0	23,072
	MCO	133,379	0	103,689	0	15,248	0	24,728	0	4,076	0	2,247	0	369	0	250	0	283,986
	Specialty Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Subtotal	136,692	0	106,287	0	15,503	0	25,141	0	4,504	0	2,499	0	8,882	0	7,550	0	307,058
- Regional Institute for Children and Adolescents (billing events)	FFS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	MCO	1,855	52	267	16	5,638	6	361	0	698	1	26	0	282	0	0	0	9,202
	Specialty Mental Health	8	125	0	0	0	1	0	0	0	0	0	0	56	259	0	0	449
	Subtotal	1,863	177	267	16	5,638	7	361	0	698	1	26	0	338	259	0	0	9,651

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 7a. Number of Events (for Enrollees Aged 65 Years or Older) by Service Type, FY 2010 (same individual can be counted in multiple rows)

Category		PAC Enrollees				FFS Enrollees				Total
Service Setting	Service Category (MH/SA/Somatic)	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither	
	Number of Enrollees	***5***	***56***	***7***	***270***	***809***	***21,098***	***491***	***36,228***	58,963
Hospital Inpatient (admits)	Mental Health	0	0	0	0	83	783	0	0	866
	Somatic Care	0	0	0	0	895	10,515	372	8,586	20,368
	Substance Abuse	0	0	0	0	51	0	20	0	71
	Subtotal	0	0	0	0	1,029	11,298	392	8,586	21,305
Hospital Outpatient (visits)	Mental Health	0	0	0	0	572	4,960	0	0	5,532
	Somatic Care	2	33	8	36	3,174	32,758	1,627	50,680	88,318
	Substance Abuse	1	0	0	0	257	0	332	1	591
	Subtotal	3	33	8	36	4,003	37,718	1,959	50,681	94,441
Physician/Professional (visits)	Mental Health	4	358	0	0	5,030	66,712	0	0	72,104
	Somatic Care	59	763	121	1,458	29,011	404,880	10,922	418,759	865,973
	Substance Abuse	7	0	1	0	1,162	2	2,253	5	3,430
	Subtotal	70	1,121	122	1,458	35,203	471,594	13,175	418,764	941,507
Pharmacy (prescriptions)	All	70	982	107	3,484	7,363	129,515	1,808	133,842	277,171
Special Services* (visits)	All	6	137	18	473	7,049	146,224	1,988	131,200	287,095
Dental (visits)	All	0	9	0	25	1	47	0	49	131
Home Health (visits)	All	0	19	0	40	36,681	1,343,571	8,110	1,099,111	2,487,532
Long Term Care (billing events)	All	0	4	3	3	3,458	110,021	351	56,463	170,303
Specific services (subset of above)										
- Emergency Department (visits)	Mental Health	0	0	0	0	145	584	0	0	729
	Somatic Care	2	33	8	36	2,150	16,877	724	14,495	34,325
	Substance Abuse	1	0	0	0	147	0	61	1	210
	Subtotal	3	33	8	36	2,442	17,461	785	14,496	35,264
- Psych Residential Rehab. (billing events)	Mental Health	0	10	0	0	143	1,600	0	0	1,753
- Other Psych Rehab. (visits)	Mental Health	0	14	0	0	94	1,848	0	0	1,956
- Methadone	Substance Abuse	7	0	0	0	729	0	2,204	0	2,940
- Regional Institute for Children and Adolescents (billing events)	Mental Health	0	0	0	0	0	0	0	0	0
	Somatic Care	0	0	0	0	0	0	0	0	0
	Substance Abuse	0	0	0	0	0	0	0	0	0
	Subtotal	0	0	0	0	0	0	0	0	0

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 7b. Number of Events (for Enrollees Aged 65 Years or Older) by Payment Source, FY 2010 (same individual can be counted in multiple rows)

Category		PAC Enrollees				FFS Enrollees				Total
Service Setting	Payment Source	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither	
	Number of Enrollees	***5***	***56***	***7***	***270***	***809***	***21,098***	***491***	***36,228***	58,963
Hospital Inpatient (admits)	FFS	0	0	0	0	1,006	11,214	392	8,586	21,198
	MCO	0	0	0	0	0	1	0	0	1
	Specialty Mental Health	0	0	0	0	23	83	0	0	106
	Subtotal	0	0	0	0	1,029	11,298	392	8,586	21,305
Hospital Outpatient (visits)	FFS	2	27	8	23	3,715	36,275	1,955	50,680	92,685
	MCO	1	6	0	13	0	0	0	1	21
	Specialty Mental Health	0	0	0	0	298	1,523	0	0	1,821
	Subtotal	3	33	8	36	4,013	37,798	1,955	50,681	94,527
Physician/Professional (visits)	FFS	34	599	102	614	34,334	463,004	13,166	418,735	930,588
	MCO	36	219	20	844	0	3	7	29	1,158
	Specialty Mental Health	0	303	0	0	860	8,558	0	0	9,721
	Subtotal	70	1,121	122	1,458	35,194	471,565	13,173	418,764	941,467
Pharmacy (prescriptions)	FFS	29	355	18	496	7,363	129,486	1,788	133,681	273,216
	MCO	41	627	89	2,988	0	29	20	161	3,955
	Subtotal	70	982	107	3,484	7,363	129,515	1,808	133,842	277,171
Special Services* (visits)	FFS	4	64	12	83	7,387	149,348	2,005	131,189	290,092
	MCO	2	74	6	390	0	1	4	11	488
	Specialty Mental Health	0	0	0	0	0	0	0	0	0
	Subtotal	6	138	18	473	7,387	149,349	2,009	131,200	290,580
Dental (visits)	FFS	0	0	0	2	1	47	0	49	99
	MCO	0	9	0	23	0	0	0	0	32
	Subtotal	0	9	0	25	1	47	0	49	131
Home Health (visits)	FFS	0	19	0	32	39,618	1,395,200	8,301	1,099,111	2,542,281
	MCO	0	0	0	8	0	0	0	0	8
	Specialty Mental Health	0	0	0	0	12	299	0	0	311
	Subtotal	0	19	0	40	39,630	1,395,499	8,301	1,099,111	2,542,600
Long term care (billing events)	FFS	0	4	3	3	3,514	111,813	351	56,463	172,151
Specific services (subset of above)										
- Emergency Department (visits)	FFS	2	27	8	23	2,416	17,420	785	14,495	35,176
	MCO	1	6	0	13	0	1	0	1	22
	Specialty Mental Health	0	0	0	0	26	39	0	0	65
	Subtotal	3	33	8	36	2,442	17,460	785	14,496	35,263
- Psych Residential Rehab. (billing events)	FFS	0	0	0	0	0	0	0	0	0
	MCO	0	0	0	0	0	0	0	0	0
	Specialty Mental Health	0	10	0	0	145	1,600	0	0	1,755
	Subtotal	0	10	0	0	145	1,600	0	0	1,755

Category		PAC Enrollees				FFS Enrollees				Total
Service Setting	Payment Source	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither	
	Number of Enrollees	***5***	***56***	***7***	***270***	***809***	***21,098***	***491***	***36,228***	58,963
- Other Psych Rehab. (visits)	FFS	0	0	0	0	0	0	0	0	0
	MCO	0	0	0	0	0	0	0	0	0
	Specialty Mental Health	0	14	0	0	94	1,848	0	0	1,956
	Subtotal	0	14	0	0	94	1,848	0	0	1,956
- Methadone	FFS	0	0	0	0	729	0	2,204	0	2,933
	MCO	7	0	0	0	0	0	0	0	7
	Specialty Mental Health	0	0	0	0	0	0	0	0	0
	Subtotal	7	0	0	0	729	0	2,204	0	2,940
- Regional Institute for Children and Adolescents (billing events)	FFS	0	0	0	0	0	0	0	0	0
	MCO	0	0	0	0	0	0	0	0	0
	Specialty Mental Health	0	0	0	0	0	0	0	0	0
	Subtotal	0	0	0	0	0	0	0	0	0

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 8a. Service per Enrollee (Aged 0-18 Years) by Service Type, FY 2010 (same individual can be counted in multiple rows)

Category		Populations							
		HealthChoice Enrollees				FFS Enrollees			
Service Setting	Service Category (MH/SA/Somatic)	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither
Hospital Inpatient	Mental Health	0.48	0.04	0.00	0.00	3.24	0.54	0.00	0.00
	Somatic Care	0.21	0.07	0.27	0.12	0.80	0.49	0.33	0.47
	Substance Abuse	0.09	0.00	0.05	0.00	0.12	0.00	0.50	0.00
Hospital Outpatient	Mental Health	1.92	1.30	0.00	0.00	1.46	1.73	0.00	0.00
	Somatic Care	1.88	1.32	1.29	0.86	3.40	6.55	0.61	1.43
	Substance Abuse	1.05	0.00	0.76	0.00	0.17	0.00	0.06	0.00
Physician/Professional	Mental Health	15.62	8.65	0.00	0.00	9.65	4.42	0.00	0.00
	Somatic Care	9.25	5.84	9.05	5.53	31.60	16.10	6.10	6.03
	Substance Abuse	4.33	0.00	3.66	0.00	2.30	0.00	2.17	0.00
Pharmacy	All	10.46	6.80	2.89	2.71	28.46	20.98	3.95	3.53
Special Services*	All	26.18	14.42	4.01	1.07	18.16	39.15	2.20	4.27
Dental	All	1.53	1.48	1.09	1.13	1.52	1.01	0.03	0.34
Home Health	All	0.82	2.42	0.45	0.10	6.03	66.16	6.77	11.58
Long Term Care	All	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Specific services (subsets of above reporting, for example emergency visits are part of outpatient visits)									
- Emergency Department	Mental Health	0.53	0.06	0.00	0.00	0.39	0.06	0.00	0.00
	Somatic Care	1.28	0.68	0.93	0.61	1.50	1.09	0.56	0.43
	Substance Abuse	0.10	0.00	0.10	0.00	0.04	0.00	0.00	0.00
- Psych Residential Rehab.	Mental Health	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00
- Other Psych Rehab.	Mental Health	0.39	0.40	0.00	0.00	0.14	0.14	0.00	0.00
- Methadone	Substance Abuse	0.07	0.00	0.18	0.00	0.00	0.00	0.00	0.00
- Regional Institute for Children and Adolescents	Mental Health	0.35	0.02	0.00	0.00	8.77	1.65	0.00	0.00
	Somatic Care	0.00	0.00	0.00	0.00	0.29	0.00	0.00	0.00
	Substance Abuse	0.18	0.00	0.24	0.00	0.02	0.00	0.00	0.00

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 8b. Service per Enrollee (Aged 0-18 Years) by Payment Source, FY 2010 (same individual can be counted in multiple rows)

Category		Populations							
		HealthChoice Enrollees				FFS Enrollees			
Service Setting	Payment Source	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither
Hospital Inpatient	FFS	0.06	0.01	0.06	0.03	0.61	0.48	0.84	0.47
	MCO	0.24	0.06	0.25	0.10	0.01	0.00	0.00	0.00
	Specialty Mental Health	0.48	0.04	0.00	0.00	3.53	0.54	0.00	0.00
Hospital Outpatient	FFS	0.27	0.42	0.15	0.07	3.56	7.22	0.67	1.42
	MCO	2.81	1.08	1.90	0.79	0.02	0.00	0.00	0.01
	Specialty Mental Health	1.77	1.13	0.00	0.00	1.45	1.05	0.00	0.00
Physician/Professional	FFS	1.58	0.57	1.20	0.34	34.47	16.61	8.27	5.97
	MCO	12.51	5.82	11.51	5.19	0.06	0.02	0.00	0.05
	Specialty Mental Health	15.10	8.09	0.00	0.00	9.02	3.89	0.00	0.00
Pharmacy	FFS	5.98	3.08	0.43	0.13	28.22	20.95	3.95	3.52
	MCO	4.48	3.72	2.46	2.58	0.23	0.04	0.00	0.02
Special Services*	FFS	24.12	13.54	2.34	0.26	21.12	45.25	2.23	4.27
	MCO	2.98	1.21	1.79	0.81	0.02	0.01	0.00	0.01
	Specialty Mental Health	0.08	0.03	0.00	0.00	0.01	0.00	0.00	0.00
Dental	FFS	1.52	1.48	1.08	1.12	1.52	1.01	0.03	0.34
	MCO	0.01	0.00	0.01	0.00	0.00	0.00	0.00	0.00
Home Health	FFS	0.33	2.19	0.03	0.02	6.03	67.49	6.77	11.58
	MCO	0.54	0.23	0.43	0.08	0.01	0.00	0.00	0.00
	Specialty Mental Health	0.02	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Long term care	FFS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Specific services (redundant with above reporting)									
- Emergency Department	FFS	0.11	0.03	0.07	0.03	1.50	1.09	0.56	0.42
	MCO	1.38	0.66	0.96	0.57	0.03	0.00	0.00	0.01
	Specialty Mental Health	0.42	0.05	0.00	0.00	0.39	0.06	0.00	0.00
- Psych Residential Rehab.	FFS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	MCO	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Specialty Mental Health	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00
- Other Psych Rehab.	FFS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	MCO	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Specialty Mental Health	0.40	0.40	0.00	0.00	0.14	0.14	0.00	0.00
- Methadone	FFS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	MCO	0.06	0.00	0.18	0.00	0.00	0.00	0.00	0.00
	Specialty Mental Health	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
- Regional Institute for Children and Adolescents	FFS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	MCO	0.18	0.00	0.24	0.00	0.00	0.00	0.00	0.00
	Specialty Mental Health	0.35	0.02	0.00	0.00	9.08	1.66	0.00	0.00

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 9a. Service per Enrollee (Aged 19-64 Years) by Service Type, FY 2010 (same individual can be counted in multiple rows)

Category		Populations															
		HealthChoice Enrollees				PAC Enrollees				HealthChoice/PAC				FFS Enrollees			
Service Setting	**Service Category (MH/SA/Somatic)**	**Both**	**MHD Only**	**SUD Only**	**Neither**	**Both**	**MHD Only**	**SUD Only**	**Neither**	**Both**	**MHD Only**	**SUD Only**	**Neither**	**Both**	**MHD Only**	**SUD Only**	**Neither**
Hospital Inpatient (admits)	Mental Health	0.39	0.06	0.00	0.00	0.00	0.00	0.00	0.00	0.48	0.08	0.00	0.00	0.42	0.08	0.00	0.00
	Somatic Care	0.88	0.32	0.56	0.23	0.00	0.00	0.00	0.00	0.59	0.28	0.41	0.23	1.04	0.38	0.98	0.52
	Substance Abuse	0.08	0.00	0.02	0.00	0.00	0.00	0.00	0.00	0.06	0.00	0.03	0.00	0.07	0.00	0.04	0.00
Hospital Outpatient (visits)	Mental Health	1.71	1.00	0.00	0.00	0.16	0.04	0.00	0.00	0.89	0.43	0.00	0.00	1.74	1.00	0.00	0.00
	Somatic Care	5.25	2.96	3.30	1.97	1.12	0.50	0.56	0.41	3.59	2.51	2.50	2.03	4.96	2.55	3.50	1.79
	Substance Abuse	2.01	0.00	1.18	0.00	0.13	0.00	0.05	0.00	2.87	0.00	1.63	0.00	0.88	0.00	0.82	0.00
Physician/Professional (visits)	Mental Health	13.08	7.59	0.00	0.00	11.75	8.72	0.00	0.00	19.79	10.96	0.00	0.00	11.83	7.79	0.00	0.00
	Somatic Care	22.27	13.48	13.80	8.58	5.53	4.78	3.61	4.14	14.04	11.45	8.78	9.02	29.91	16.65	21.72	10.52
	Substance Abuse	9.59	0.00	10.72	0.00	8.38	0.00	8.13	0.00	9.29	0.00	8.35	0.00	3.09	0.00	4.27	0.00
Pharmacy (prescriptions)	All	26.40	20.60	11.62	7.59	15.52	15.01	6.76	9.34	21.33	19.53	10.24	11.20	9.67	6.70	4.76	2.91
Special Services* (visits)	All	7.14	6.00	4.86	3.03	2.05	1.43	1.82	1.50	3.57	2.88	3.43	2.80	5.11	5.30	2.83	2.37
Dental (visits)	All	0.44	0.52	0.40	0.50	0.40	0.35	0.28	0.33	0.43	0.47	0.30	0.55	0.02	0.03	0.02	0.02
Home Health (visits)	All	5.12	30.64	2.34	1.51	0.21	0.11	0.14	0.06	0.36	0.72	0.20	0.29	15.05	109.41	5.14	9.77
Long Term Care (billing events)	All	0.11	0.04	0.04	0.01	0.02	0.01	0.01	0.00	0.04	0.01	0.02	0.00	0.99	0.98	0.38	0.37
Specific services (redundant with above reporting)																	
- Emegency Department (visits)	Mental Health	0.61	0.13	0.00	0.00	0.16	0.04	0.00	0.00	0.70	0.13	0.00	0.00	0.65	0.12	0.00	0.00
	Somatic Care	3.82	1.62	1.91	1.00	1.12	0.50	0.56	0.41	2.68	1.42	1.49	0.92	3.37	1.11	1.91	0.66
	Substance Abuse	0.28	0.00	0.07	0.00	0.13	0.00	0.05	0.00	0.29	0.00	0.08	0.00	0.26	0.00	0.09	0.00
- Psych Residential Rehab. (billing events)	Mental Health	0.14	0.20	0.00	0.00	0.21	0.16	0.00	0.00	0.37	0.35	0.00	0.00	0.51	0.56	0.00	0.00
- Other Psych Rehab. (visits)	Mental Health	0.46	0.46	0.00	0.00	0.29	0.24	0.00	0.00	0.48	0.53	0.00	0.00	0.52	0.55	0.00	0.00
- Methadone	Substance Abuse	7.49	0.00	10.35	0.00	3.19	0.00	5.17	0.00	4.22	0.00	7.37	0.00	1.96	0.00	3.74	0.00
- Regional Institute for Children and Adolescents (billing events)	Mental Health	0.01	0.00	0.00	0.00	0.02	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.01	0.00	0.00
	Somatic Care	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Substance Abuse	0.09	0.00	0.03	0.00	1.14	0.00	0.07	0.00	0.65	0.00	0.08	0.00	0.06	0.00	0.00	0.00

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 9b. Service per Enrollee (Aged 19-64 Years) by Payment Source, FY 2010 (same individual can be counted in multiple rows)

Category		Populations															
		HealthChoice Enrollees				PAC Enrollees				HealthChoice/PAC				FFS Enrollees			
Service Setting	**Payment Source**	**Both**	**MHD Only**	**SUD Only**	**Neither**	**Both**	**MHD Only**	**SUD Only**	**Neither**	**Both**	**MHD Only**	**SUD Only**	**Neither**	**Both**	**MHD Only**	**SUD Only**	**Neither**
Hospital Inpatient (admits)	FFS	0.16	0.04	0.11	0.03	0.00	0.00	0.00	0.00	0.33	0.16	0.21	0.11	1.36	0.43	1.03	0.52
	MCO	0.81	0.28	0.47	0.20	0.00	0.00	0.00	0.00	0.32	0.12	0.24	0.12	0.00	0.00	0.00	0.00
	Specialty Mental Health	0.38	0.05	0.00	0.00	0.00	0.00	0.00	0.00	0.48	0.07	0.00	0.00	0.17	0.03	0.00	0.00
Hospital Outpatient (visits)	FFS	0.92	0.31	0.54	0.26	0.24	0.07	0.08	0.04	1.99	0.75	1.47	0.55	6.92	3.23	4.28	1.79
	MCO	6.36	2.71	3.92	1.72	1.04	0.44	0.53	0.37	4.40	1.78	2.55	1.48	0.04	0.01	0.02	0.01
	Specialty Mental Health	1.57	0.94	0.00	0.00	0.12	0.03	0.00	0.00	0.79	0.40	0.00	0.00	0.62	0.31	0.00	0.00
Physician/Professional (visits)	FFS	3.13	1.29	2.17	0.86	1.56	0.90	0.88	0.46	5.56	2.98	3.17	1.88	39.03	21.36	25.55	10.47
	MCO	29.39	12.58	22.34	7.72	12.74	4.14	10.84	3.68	18.35	8.74	13.96	7.14	0.48	0.09	0.44	0.05
	Specialty Mental Health	12.39	7.21	0.00	0.00	11.32	8.45	0.00	0.00	19.13	10.69	0.00	0.00	5.30	3.03	0.00	0.00
Pharmacy (prescriptions)	FFS	10.39	7.79	2.20	1.00	6.55	6.41	1.27	1.32	9.72	7.86	2.53	1.83	9.09	6.53	4.32	2.78
	MCO	16.00	12.81	9.42	6.59	8.97	8.60	5.49	8.03	11.61	11.68	7.72	9.37	0.59	0.17	0.44	0.13
Special Services* (visits)	FFS	1.85	2.09	0.65	0.54	0.10	0.06	0.06	0.04	0.66	0.41	0.26	0.31	5.30	5.39	2.78	2.36
	MCO	5.79	3.94	4.42	2.49	2.20	1.40	1.87	1.46	3.23	2.49	3.27	2.49	0.10	0.02	0.08	0.02
	Specialty Mental Health	0.07	0.07	0.00	0.00	0.00	0.00	0.00	0.00	0.03	0.03	0.00	0.00	0.00	0.00	0.00	0.00
Dental (visits)	FFS	0.12	0.20	0.15	0.25	0.00	0.00	0.00	0.00	0.10	0.15	0.09	0.21	0.01	0.03	0.01	0.02
	MCO	0.32	0.33	0.26	0.25	0.40	0.35	0.28	0.33	0.33	0.32	0.20	0.34	0.01	0.00	0.00	0.00
Home Health (visits)	FFS	4.24	31.18	1.66	1.27	0.01	0.04	0.00	0.01	0.02	0.45	0.00	0.14	15.37	114.51	5.25	9.77
	MCO	1.01	0.50	0.68	0.24	0.21	0.06	0.14	0.04	0.35	0.26	0.20	0.15	0.00	0.00	0.00	0.00
	Specialty Mental Health	0.03	0.02	0.00	0.00	0.00	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.02	0.03	0.00	0.00
Long term care (billing events)	FFS	0.05	0.02	0.02	0.00	0.02	0.01	0.01	0.00	0.02	0.01	0.01	0.00	1.01	0.99	0.38	0.37
Specific services (redundant with above reporting)																	
- Emergency Department (visits)	FFS	0.48	0.15	0.26	0.13	0.24	0.07	0.08	0.04	0.89	0.43	0.46	0.26	4.06	1.18	1.98	0.65
	MCO	3.72	1.51	1.73	0.88	1.04	0.44	0.53	0.37	2.14	1.01	1.10	0.66	0.03	0.01	0.02	0.00
	Specialty Mental Health	0.52	0.09	0.00	0.00	0.12	0.03	0.00	0.00	0.64	0.12	0.00	0.00	0.20	0.04	0.00	0.00
- Psych Residential Rehab. (billing events)	FFS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	MCO	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Specialty Mental Health	0.14	0.20	0.00	0.00	0.21	0.16	0.00	0.00	0.37	0.35	0.00	0.00	0.51	0.56	0.00	0.00
- Other Psych Rehab. (visits)	FFS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	MCO	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Specialty Mental Health	0.46	0.46	0.00	0.00	0.29	0.24	0.00	0.00	0.48	0.53	0.00	0.00	0.52	0.55	0.00	0.00
- Methadone	FFS	0.18	0.00	0.25	0.00	0.05	0.00	0.08	0.00	0.40	0.00	0.74	0.00	1.88	0.00	3.61	0.00
	MCO	7.31	0.00	10.09	0.00	3.14	0.00	5.08	0.00	3.82	0.00	6.63	0.00	0.08	0.00	0.12	0.00
	Specialty Mental Health	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
- Regional Institute for Children and Adolescents (billing events)	FFS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	MCO	0.10	0.00	0.03	0.00	1.16	0.00	0.07	0.00	0.65	0.00	0.08	0.00	0.06	0.00	0.00	0.00
	Specialty Mental Health	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.01	0.00	0.00

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 10a. Service per Enrollee (Aged 65 Years or Older) by Service Type, FY 2010 (same individual can be counted in multiple rows)

Category		PAC Enrollees				FFS Enrollees			
Service Setting	**Service Category (MH/SA/Somatic)**	**Both**	**MHD Only**	**SUD Only**	**Neither**	**Both**	**MHD Only**	**SUD Only**	**Neither**
Hospital Inpatient (admits)	Mental Health	0.00	0.00	0.00	0.00	0.10	0.04	0.00	0.00
	Somatic Care	0.00	0.00	0.00	0.00	1.11	0.50	0.76	0.24
	Substance Abuse	0.00	0.00	0.00	0.00	0.06	0.00	0.04	0.00
Hospital Outpatient (visits)	Mental Health	0.00	0.00	0.00	0.00	0.71	0.24	0.00	0.00
	Somatic Care	0.41	0.59	1.17	0.13	3.92	1.55	3.31	1.40
	Substance Abuse	0.21	0.00	0.00	0.00	0.32	0.00	0.68	0.00
Physician/Professional (visits)	Mental Health	0.82	6.40	0.00	0.00	6.22	3.16	0.00	0.00
	Somatic Care	12.12	13.65	17.74	5.40	35.87	19.19	22.24	11.56
	Substance Abuse	1.44	0.00	0.15	0.00	1.44	0.00	4.59	0.00
Pharmacy (prescriptions)	All	14.38	17.57	15.68	12.91	9.10	6.14	3.68	3.69
Special Services* (visits)	All	1.23	2.45	2.64	1.75	8.72	6.93	4.05	3.62
Dental (visits)	All	0.00	0.16	0.00	0.09	0.00	0.00	0.00	0.00
Home Health (visits)	All	0.00	0.34	0.00	0.15	45.35	63.68	16.52	30.34
Long Term Care (billing events)	All	0.00	0.07	0.44	0.01	4.28	5.21	0.71	1.56
Specific services (redundant with above reporting)									
- Emergency Department (visits)	Mental Health	0.00	0.00	0.00	0.00	0.18	0.03	0.00	0.00
	Somatic Care	0.41	0.59	1.17	0.13	2.66	0.80	1.47	0.40
	Substance Abuse	0.21	0.00	0.00	0.00	0.18	0.00	0.12	0.00
- Psych Residential Rehab. (billing events)	Mental Health	0.00	0.18	0.00	0.00	0.18	0.08	0.00	0.00
- Other Psych Rehab. (visits)	Mental Health	0.00	0.25	0.00	0.00	0.12	0.09	0.00	0.00
- Methadone	Substance Abuse	1.44	0.00	0.00	0.00	0.90	0.00	4.49	0.00
- Regional Institute for Children and Adolescents (billing events)	Mental Health	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Somatic Care	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Substance Abuse	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 10b. Service per Enrollee (Aged 65 Years or Older) by Payment Source, FY 2010 (same individual can be counted in multiple rows)

Category		PAC Enrollees				FFS Enrollees			
Service Setting	**Payment Source**	**Both**	**MHD Only**	**SUD Only**	**Neither**	**Both**	**MHD Only**	**SUD Only**	**Neither**
Hospital Inpatient (admits)	FFS	0.00	0.00	0.00	0.00	1.24	0.53	0.80	0.24
	MCO	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Specialty Mental Health	0.00	0.00	0.00	0.00	0.03	0.00	0.00	0.00
Hospital Outpatient (visits)	FFS	0.41	0.48	1.17	0.09	4.59	1.72	3.98	1.40
	MCO	0.21	0.11	0.00	0.05	0.00	0.00	0.00	0.00
	Specialty Mental Health	0.00	0.00	0.00	0.00	0.37	0.07	0.00	0.00
Physician/Professional (visits)	FFS	6.98	10.72	14.95	2.27	42.45	21.95	26.81	11.56
	MCO	7.40	3.92	2.93	3.13	0.00	0.00	0.01	0.00
	Specialty Mental Health	0.00	5.42	0.00	0.00	1.06	0.41	0.00	0.00
Pharmacy (prescriptions)	FFS	5.96	6.35	2.64	1.84	9.10	6.14	3.64	3.69
	MCO	8.42	11.22	13.05	11.07	0.00	0.00	0.04	0.00
Special Services* (visits)	FFS	0.82	1.15	1.76	0.31	9.13	7.08	4.08	3.62
	MCO	0.41	1.32	0.88	1.44	0.00	0.00	0.01	0.00
	Specialty Mental Health	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Dental (visits)	FFS	0.00	0.00	0.00	0.01	0.00	0.00	0.00	0.00
	MCO	0.00	0.16	0.00	0.09	0.00	0.00	0.00	0.00
Home Health (visits)	FFS	0.00	0.34	0.00	0.12	48.98	66.13	16.90	30.34
	MCO	0.00	0.00	0.00	0.03	0.00	0.00	0.00	0.00
	Specialty Mental Health	0.00	0.00	0.00	0.00	0.01	0.01	0.00	0.00
Long term care (billing events)	FFS	0.00	0.07	0.44	0.01	4.34	5.30	0.71	1.56
Specific services (redundant with above reporting)									
- Emergency Department (visits)	FFS	0.41	0.48	1.17	0.09	2.99	0.83	1.60	0.40
	MCO	0.21	0.11	0.00	0.05	0.00	0.00	0.00	0.00
	Specialty Mental Health	0.00	0.00	0.00	0.00	0.03	0.00	0.00	0.00
- Psych Residential Rehab. (billing events)	FFS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	MCO	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Specialty Mental Health	0.00	0.18	0.00	0.00	0.18	0.08	0.00	0.00
- Other Psych Rehab. (visits)	FFS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	MCO	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Specialty Mental Health	0.00	0.25	0.00	0.00	0.12	0.09	0.00	0.00
- Methadone	FFS	0.00	0.00	0.00	0.00	0.90	0.00	4.49	0.00
	MCO	1.44	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Specialty Mental Health	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
- Regional Institute for Children and Adolescents (billing events)	FFS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	MCO	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Specialty Mental Health	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 11a. Service per User (Aged 0-18 Years) by Service Type, FY 2010 (same individual can be counted in multiple rows)

Category		Populations							
		HealthChoice Enrollees				FFS Enrollees			
Service Setting	Service Category (MH/SA/Somatic)	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither
Hospital Inpatient	Mental Health	2.1	1.6	n/a	n/a	4.8	4.0	n/a	n/a
	Somatic Care	1.9	1.5	1.7	1.1	4.4	2.3	1.2	1.1
	Substance Abuse	1.2	n/a	1.2	n/a	1.3	n/a	1.0	n/a
Hospital Outpatient	Mental Health	6.0	8.6	n/a	n/a	5.7	9.0	n/a	n/a
	Somatic Care	3.1	2.9	2.6	2.1	5.4	9.1	1.7	3.8
	Substance Abuse	4.1	1.0	3.2	1.0	3.3	n/a	2.0	n/a
Physician/Professional	Mental Health	18.4	14.5	n/a	n/a	17.9	12.4	n/a	n/a
	Somatic Care	10.4	6.6	11.3	5.7	43.7	19.0	9.1	7.0
	Substance Abuse	10.3	n/a	6.6	1.0	12.6	1.0	3.1	n/a
Pharmacy	All	11.9	8.6	4.4	3.9	30.4	25.0	8.4	11.4
Special Services*	All	31.6	18.6	6.7	2.2	20.2	44.5	5.3	16.1
Dental	All	2.8	2.5	2.7	2.3	2.6	2.1	1.0	2.1
Home Health	All	5.9	31.1	4.0	2.0	48.6	97.6	60.8	54.3
Long Term Care	All	n/a	1.0	n/a	1.0	n/a	12.0	n/a	n/a
Specific services (subsets of above reporting, for example emergency visits are part of outpatient visits)									
- Emergency Department	Mental Health	2.0	1.6	n/a	n/a	2.1	1.5	n/a	n/a
	Somatic Care	2.3	1.8	2.0	1.7	3.0	2.5	1.3	1.5
	Substance Abuse	1.1	1.0	1.0	1.0	1.0	n/a	n/a	n/a
- Psych Residential Rehab.	Mental Health	1.9	1.3	n/a	n/a	n/a	1.0	n/a	n/a
- Other Psych Rehab.	Mental Health	4.8	6.7	n/a	n/a	3.8	5.8	n/a	n/a
- Methadone	Substance Abuse	9.8	n/a	8.2	n/a	n/a	n/a	n/a	n/a
- Regional Institute for Children and Adolescents	Mental Health	8.2	7.6	n/a	n/a	14.1	13.9	n/a	n/a
	Somatic Care	2.0	1.0	n/a	1.0	20.0	1.3	n/a	n/a
	Substance Abuse	5.4	n/a	4.7	n/a	1.5	n/a	n/a	n/a

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 11b. Service per User (Aged 0-18 Years) by Payment Source, FY 2010 (same individual can be counted in multiple rows)

Category		Populations							
		HealthChoice Enrollees				FFS Enrollees			
Service Setting	Payment Source	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither
Hospital Inpatient	FFS	1.5	1.6	1.3	1.1	2.6	2.3	1.1	1.1
	MCO	1.5	1.4	1.5	1.1	1.0	1.0	n/a	1.1
	Specialty Mental Health	2.1	1.6	n/a	n/a	5.1	4.0	n/a	n/a
Hospital Outpatient	FFS	3.0	5.7	2.1	1.8	5.7	10.0	1.7	3.8
	MCO	4.0	2.4	3.1	2.0	1.5	2.0	n/a	5.3
	Specialty Mental Health	5.8	8.5	n/a	n/a	6.0	7.0	n/a	n/a
Physician/Professional	FFS	9.5	4.7	8.1	2.7	44.5	19.3	9.0	6.9
	MCO	13.5	6.5	12.8	5.4	2.7	4.7	n/a	8.4
	Specialty Mental Health	19.1	18.8	n/a	n/a	19.3	18.5	n/a	n/a
Pharmacy	FFS	9.4	8.0	3.5	2.1	30.4	25.0	8.4	11.5
	MCO	5.9	5.3	4.0	3.8	2.9	3.3	n/a	3.0
Special Services*	FFS	52.5	27.3	22.4	8.1	23.5	51.6	5.3	16.2
	MCO	4.2	2.3	3.2	1.7	1.5	2.5	n/a	2.3
	Specialty Mental Health	1.4	1.3	n/a	n/a	1.0	1.1	n/a	n/a
Dental	FFS	2.8	2.5	2.7	2.3	2.6	2.1	1.0	2.1
	MCO	1.8	1.2	1.9	1.2	n/a	n/a	n/a	n/a
Home Health	FFS	36.3	148.8	4.3	5.3	51.6	99.9	60.8	54.3
	MCO	4.0	3.6	4.0	1.8	1.0	10.0	n/a	1.0
	Specialty Mental Health	23.5	10.8	n/a	n/a	n/a	2.6	n/a	n/a
Long term care	FFS	n/a	n/a	n/a	n/a	n/a	12.0	n/a	n/a
Specific services (redundant with above reporting)									
- Emergency Department	FFS	1.7	1.4	1.3	1.2	3.0	2.5	1.3	1.5
	MCO	2.3	1.8	2.0	1.7	2.0	1.0	n/a	4.8
	Specialty Mental Health	1.7	1.4	n/a	n/a	2.1	1.6	n/a	n/a
- Psych Residential Rehab.	FFS	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	MCO	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Specialty Mental Health	1.9	1.3	n/a	n/a	n/a	1.0	n/a	n/a
- Other Psych Rehab.	FFS	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	MCO	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Specialty Mental Health	4.8	6.7	n/a	n/a	3.8	5.8	n/a	n/a
- Methadone	FFS	3.5	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	MCO	9.5	n/a	8.2	n/a	n/a	n/a	n/a	n/a
	Specialty Mental Health	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
- Regional Institute for Children and Adolescents	FFS	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	MCO	5.3	1.0	4.7	1.0	n/a	n/a	n/a	n/a
	Specialty Mental Health	8.2	7.6	n/a	n/a	14.5	13.9	n/a	n/a

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 12a. Service per User (Aged 19-64 Years) by Service Type, FY 2010 (same individual can be counted in multiple rows)

Category		Populations															
		HealthChoice Enrollees				PAC Enrollees				HealthChoice/PAC				FFS Enrollees			
Service Setting	Service Category (MH/SA/Somatic)	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither
Hospital Inpatient (admits)	Mental Health	2.1	1.5	n/a	n/a	n/a	n/a	n/a	n/a	2.1	1.4	n/a	n/a	1.6	1.4	n/a	n/a
	Somatic Care	2.4	1.7	1.7	1.2	n/a	n/a	n/a	n/a	2.1	1.7	1.5	1.5	2.6	1.8	1.8	1.3
	Substance Abuse	1.5	n/a	1.2	1.0	n/a	n/a	n/a	n/a	1.3	n/a	1.4	n/a	1.5	n/a	1.2	1.3
Hospital Outpatient (visits)	Mental Health	6.5	7.1	n/a	n/a	1.7	1.3	n/a	n/a	3.7	3.9	n/a	n/a	5.9	7.2	n/a	n/a
	Somatic Care	6.6	4.6	4.8	3.3	2.8	2.0	2.0	1.6	5.1	4.1	4.3	3.7	6.7	4.8	5.4	4.1
	Substance Abuse	8.2	1.0	8.6	1.0	1.6	n/a	1.4	1.0	11.2	n/a	14.2	n/a	5.8	n/a	7.8	1.0
Physician/Professional (visits)	Mental Health	17.3	12.3	n/a	n/a	14.7	11.3	n/a	n/a	23.0	14.3	n/a	n/a	15.8	13.0	n/a	n/a
	Somatic Care	23.4	14.8	15.6	9.1	7.0	6.3	5.5	4.6	15.5	12.7	10.5	9.4	32.4	19.7	24.7	11.9
	Substance Abuse	19.5	2.2	22.0	1.5	13.6	n/a	12.3	1.3	14.9	n/a	14.4	n/a	9.9	1.5	14.6	2.7
Pharmacy (prescriptions)	All	27.4	22.4	13.7	9.1	16.5	16.6	9.2	10.9	21.7	20.5	11.9	12.2	20.3	16.6	14.3	11.1
Special Services* (visits)	All	8.4	7.5	6.7	4.1	3.0	2.4	3.2	2.2	4.4	3.7	5.1	3.5	7.9	9.0	6.4	6.1
Dental (visits)	All	2.0	2.1	2.1	2.1	1.8	1.8	1.7	1.7	1.7	1.8	1.8	2.0	1.6	1.9	1.4	1.9
Home Health (visits)	All	23.7	133.9	15.8	18.6	3.3	2.7	3.8	1.9	2.7	6.4	3.1	3.9	157.8	317.8	102.8	213.7
Long Term Care (billing events)	All	3.1	3.4	2.4	2.6	3.7	3.1	3.1	2.0	2.9	1.9	2.0	3.5	7.9	9.4	5.8	7.9
Specific services (redundant with above reporting)																	
- Emergency Department (visits)	Mental Health	2.5	1.7	n/a	n/a	1.7	1.3	n/a	n/a	2.4	1.8	n/a	n/a	2.1	1.6	n/a	n/a
	Somatic Care	5.1	3.0	3.0	2.1	2.8	2.0	2.0	1.6	4.0	2.7	2.8	2.1	4.8	2.6	2.8	1.8
	Substance Abuse	2.3	1.0	1.3	1.0	1.6	n/a	1.4	1.0	2.5	n/a	1.7	n/a	2.1	n/a	1.2	1.0
- Psych Residential Rehab. (billing events)	Mental Health	5.5	7.9	n/a	n/a	3.8	4.3	n/a	n/a	3.9	5.0	n/a	n/a	8.0	9.4	n/a	n/a
- Other Psych Rehab. (visits)	Mental Health	6.3	8.3	n/a	n/a	4.5	5.5	n/a	n/a	4.5	6.7	n/a	n/a	7.1	8.8	n/a	n/a
- Methadone	Substance Abuse	35.9	n/a	36.1	n/a	17.6	n/a	15.9	n/a	21.9	n/a	21.7	n/a	34.2	n/a	30.1	n/a
- Regional Institute for Children and Adolescents (billing events)	Mental Health	7.7	8.4	n/a	n/a	5.1	3.0	n/a	n/a	1.0	1.0	n/a	n/a	9.7	10.4	n/a	n/a
	Somatic Care	1.2	1.2	n/a	1.2	1.0	1.0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Substance Abuse	8.5	n/a	7.6	n/a	15.9	n/a	8.0	n/a	11.6	n/a	6.5	n/a	14.1	n/a	n/a	n/a

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 12b. Service per User (Aged 19-64 Years) by Payment Source, FY 2010 (same individual can be counted in multiple rows)

Category		Populations															
		HealthChoice Enrollees				PAC Enrollees				HealthChoice/PAC Enrollees				FFS Enrollees			
Service Setting	Payment Source	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither
Hospital Inpatient (admits)	FFS	2.1	1.7	1.6	1.3	n/a	n/a	n/a	n/a	2.1	1.8	1.4	1.4	2.3	1.7	1.8	1.3
	MCO	2.2	1.6	1.6	1.2	n/a	n/a	n/a	n/a	1.6	1.3	1.4	1.2	1.2	1.9	1.0	1.7
	Specialty Mental Health	2.0	1.5	n/a	n/a	n/a	n/a	n/a	n/a	2.1	1.4	n/a	n/a	2.0	1.5	n/a	n/a
Hospital Outpatient (visits)	FFS	4.6	2.8	3.6	2.2	3.2	2.3	2.1	1.7	6.0	3.2	5.5	2.7	8.7	5.7	6.4	4.1
	MCO	7.9	4.3	5.6	3.1	2.6	1.9	1.9	1.6	6.4	3.2	4.5	3.0	2.2	3.5	2.0	2.0
	Specialty Mental Health	6.3	7.3	n/a	n/a	1.5	1.2	n/a	n/a	3.4	3.8	n/a	n/a	8.1	9.9	n/a	n/a
Physician/Professional (visits)	FFS	11.3	6.5	9.0	3.7	16.1	16.8	18.6	12.8	11.1	7.1	7.3	5.4	41.0	24.1	27.8	11.9
	MCO	30.6	13.9	23.7	8.5	13.7	5.4	11.6	4.1	19.1	9.8	14.9	7.6	9.6	6.8	8.6	4.1
	Specialty Mental Health	18.1	14.0	n/a	n/a	15.6	12.4	n/a	n/a	23.1	15.2	n/a	n/a	15.8	12.2	n/a	n/a
Pharmacy (prescriptions)	FFS	12.1	10.6	5.8	4.3	8.1	8.4	4.0	4.7	10.6	9.5	5.0	4.5	19.3	16.3	13.9	10.8
	MCO	17.5	15.0	11.5	8.1	10.6	11.0	7.8	9.6	12.5	13.3	9.2	10.4	10.2	9.2	7.1	6.7
Special Services* (visits)	FFS	6.9	13.1	4.1	4.6	3.0	3.1	4.1	3.1	2.6	2.2	1.9	2.0	8.5	9.3	6.7	6.1
	MCO	7.2	5.2	6.5	3.5	3.3	2.4	3.4	2.2	4.2	3.4	5.2	3.2	2.7	2.3	2.6	1.9
	Specialty Mental Health	1.8	2.0	n/a	n/a	1.3	1.0	n/a	n/a	1.3	1.2	n/a	n/a	1.0	2.4	n/a	n/a
Dental (visits)	FFS	2.2	2.4	2.4	2.3	1.0	3.7	n/a	1.7	1.9	2.0	2.5	2.0	1.9	1.9	1.4	2.0
	MCO	1.8	1.8	1.8	1.7	1.8	1.8	1.7	1.7	1.6	1.6	1.5	1.7	1.4	1.7	1.3	1.5
Home Health (visits)	FFS	182.4	285.0	161.2	209.6	5.1	29.5	6.3	19.3	2.9	42.8	n/a	31.6	170.2	336.0	107.2	215.6
	MCO	5.1	3.8	4.8	3.2	3.5	1.7	3.8	1.5	2.8	2.5	3.1	2.1	1.5	2.0	2.0	1.6
	Specialty Mental Health	9.7	11.0	n/a	n/a	6.0	8.5	n/a	n/a	n/a	4.0	n/a	n/a	8.8	10.8	n/a	n/a
Long term care (billing events)	FFS	4.1	4.5	3.3	3.7	3.8	3.1	3.1	2.0	3.6	3.0	2.0	3.5	8.0	9.5	5.8	7.9
Specific services (redundant with above reporting)																	
- Emergency Department (visits)	FFS	3.0	1.8	2.0	1.4	3.2	2.3	2.1	1.7	2.9	2.0	1.9	1.6	5.1	2.7	2.8	1.8
	MCO	5.1	2.9	2.9	2.0	2.6	1.9	1.9	1.6	3.6	2.3	2.4	1.9	1.8	3.1	1.8	1.7
	Specialty Mental Health	2.3	1.5	n/a	n/a	1.5	1.2	n/a	n/a	2.3	1.6	n/a	n/a	2.2	1.6	n/a	n/a
- Psych Residential Rehab. (billing events)	FFS	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	MCO	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Specialty Mental Health	5.5	7.9	n/a	n/a	3.8	4.3	n/a	n/a	3.9	5.0	n/a	n/a	8.0	9.4	n/a	n/a
- Other Psych Rehab. (visits)	FFS	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	MCO	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Specialty Mental Health	6.3	8.3	n/a	n/a	4.5	5.5	n/a	n/a	4.5	6.7	n/a	n/a	7.1	8.8	n/a	n/a
- Methadone	FFS	10.1	n/a	9.1	n/a	9.1	n/a	15.9	n/a	7.5	n/a	9.3	n/a	35.0	n/a	30.3	n/a
	MCO	35.2	n/a	35.6	n/a	17.5	n/a	15.8	n/a	20.1	n/a	19.9	n/a	15.4	n/a	13.2	n/a
	Specialty Mental Health	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
- Regional Institute for Children and Adolescents (billing events)	FFS	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	MCO	8.4	2.7	7.6	1.2	15.7	3.0	8.0	n/a	11.6	1.0	6.5	n/a	13.4	n/a	n/a	n/a
	Specialty Mental Health	2.7	8.3	n/a	n/a	n/a	1.0	n/a	n/a	n/a	n/a	n/a	n/a	14.0	10.4	n/a	n/a

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 13a. Service per User (Aged 65 Years or Older) by Service Type, FY 2010 (same individual can be counted in multiple rows)

Category		PAC Enrollees				FFS Enrollees			
Service Setting	**Service Category (MH/SA/Somatic)**	**Both**	**MHD Only**	**SUD Only**	**Neither**	**Both**	**MHD Only**	**SUD Only**	**Neither**
Hospital Inpatient (admits)	Mental Health	n/a	n/a	n/a	n/a	1.41	1.19	n/a	n/a
	Somatic Care	n/a	n/a	n/a	n/a	1.93	1.43	1.52	1.28
	Substance Abuse	n/a	n/a	n/a	n/a	1.42	n/a	1.11	n/a
Hospital Outpatient (visits)	Mental Health	n/a	n/a	n/a	n/a	4.89	4.68	n/a	n/a
	Somatic Care	2.00	2.75	2.00	1.24	5.77	3.62	5.21	3.59
	Substance Abuse	1.00	n/a	n/a	n/a	3.21	n/a	6.51	1.00
Physician/Professional (visits)	Mental Health	2.00	12.79	n/a	n/a	9.77	6.56	n/a	n/a
	Somatic Care	11.80	14.67	17.29	5.76	37.39	22.86	24.11	13.68
	Substance Abuse	7.00	n/a	1.00	n/a	6.46	1.00	16.69	1.25
Pharmacy (prescriptions)	All	17.50	18.19	17.83	13.77	17.32	12.52	11.16	11.76
Special Services* (visits)	All	3.00	3.51	3.60	2.37	10.04	9.20	6.33	6.40
Dental (visits)	All	n/a	1.80	n/a	1.32	1.00	1.96	n/a	1.81
Home Health (visits)	All	n/a	19.00	n/a	5.00	241.32	305.50	202.75	275.26
Long Term Care (billing events)	All	n/a	4.00	3.00	3.00	8.94	9.37	5.24	8.06
Specific services (redundant with above reporting)									
- Emergency Department (visits)	Mental Health	n/a	n/a	n/a	n/a	1.49	1.22	n/a	n/a
	Somatic Care	2.00	2.75	2.00	1.24	3.86	1.96	2.43	1.59
	Substance Abuse	1.00	n/a	n/a	n/a	1.65	n/a	1.22	1.00
- Psych Residential Rehab. (billing events)	Mental Health	n/a	5.00	n/a	n/a	10.21	10.46	n/a	n/a
- Other Psych Rehab. (visits)	Mental Health	n/a	7.00	n/a	n/a	8.55	9.43	n/a	n/a
- Methadone	Substance Abuse	7.00	n/a	n/a	n/a	38.37	n/a	40.81	n/a
- Regional Institute for Children and Adolescents (billing events)	Mental Health	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Somatic Care	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Substance Abuse	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 13b. Service per User (Aged 65 Years or Older) by Payment Source, FY 2010 (same individual can be counted in multiple rows)

Category		PAC Enrollees				FFS Enrollees			
Service Setting	**Payment Source**	**Both**	**MHD Only**	**SUD Only**	**Neither**	**Both**	**MHD Only**	**SUD Only**	**Neither**
Hospital Inpatient (admits)	FFS	n/a	n/a	n/a	n/a	1.90	1.43	1.51	1.28
	MCO	n/a	n/a	n/a	n/a	n/a	1.00	n/a	n/a
	Specialty Mental Health	n/a	n/a	n/a	n/a	1.92	1.77	n/a	n/a
Hospital Outpatient (visits)	FFS	2.00	3.38	2.00	1.15	6.47	3.87	5.89	3.59
	MCO	1.00	1.50	n/a	1.44	n/a	n/a	n/a	1.00
	Specialty Mental Health	n/a	n/a	n/a	n/a	14.90	11.37	n/a	n/a
Physician/Professional (visits)	FFS	11.33	23.04	20.40	6.75	43.74	25.24	28.13	13.68
	MCO	9.00	4.38	5.00	3.73	n/a	1.50	3.50	3.63
	Specialty Mental Health	n/a	14.43	n/a	n/a	12.46	11.46	n/a	n/a
Pharmacy (prescriptions)	FFS	9.67	8.07	6.00	4.72	17.32	12.52	11.04	11.76
	MCO	10.25	12.29	14.83	12.10	n/a	7.25	10.00	8.94
Special Services* (visits)	FFS	4.00	5.33	4.00	2.44	10.52	9.40	6.41	6.40
	MCO	1.00	2.24	2.00	2.13	n/a	1.00	2.00	1.83
	Specialty Mental Health	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Dental (visits)	FFS	n/a	n/a	n/a	2.00	1.00	1.96	n/a	1.81
	MCO	n/a	1.80	n/a	1.28	n/a	n/a	n/a	n/a
Home Health (visits)	FFS	n/a	19.00	n/a	32.00	260.64	317.89	207.53	275.26
	MCO	n/a	n/a	n/a	1.14	n/a	n/a	n/a	n/a
	Specialty Mental Health	n/a	n/a	n/a	n/a	12.00	10.68	n/a	n/a
Long term care (billing events)	FFS	n/a	4.00	3.00	3.00	9.08	9.52	5.24	8.06
Specific services (redundant with above reporting)									
- Emergency Department (visits)	FFS	2.00	3.38	2.00	1.15	4.10	1.98	2.43	1.59
	MCO	1.00	1.50	n/a	1.44	n/a	1.00	n/a	1.00
	Specialty Mental Health	n/a	n/a	n/a	n/a	2.00	1.22	n/a	n/a
- Psych Residential Rehab. (billing events)	FFS	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	MCO	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Specialty Mental Health	n/a	5.00	n/a	n/a	10.36	10.46	n/a	n/a
- Other Psych Rehab. (visits)	FFS	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	MCO	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Specialty Mental Health	n/a	7.00	n/a	n/a	8.55	9.43	n/a	n/a
- Methadone	FFS	n/a	n/a	n/a	n/a	38.37	n/a	40.81	n/a
	MCO	7.00	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Specialty Mental Health	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
- Regional Institute for Children and Adolescents (billing events)	FFS	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	MCO	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Specialty Mental Health	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Table A. HEDIS Diagnostic Group Definitions: Mental Health

ICD Code or MHA Flag	Definition	Notes
290	Dementias	neurologic
293	Delirium	neurologic
294	Amnesic/Dementia Conditions	neurologic
295	Schizophrenia Disorders	
296	Episodic Mood Disorders	
297	Delusional Disorders	
298	Other Nonorganic Psychosis	
299	Pervasive Developmental Disorder	
300	Anxiety	
301	Personality Disorders	
302	Sexual Deviations and Disorders	
306	Physiological Malfunction Arising from Mental Factors	
307	Special Symptoms (e.g., Fluency Disorder, Anorexia)	
308	Acute Reaction to Stress	
309	Adjustment Reaction	
310	Non-psychotic MHD due to Brain Damage	
311	Depression, Not Specified Elsewhere	
312	Conduct disorders	
313	Emotional disturbances in childhood	
314	Hyperkinetic Syndrome	
315	Specific delays in development	
316	Psychic factors not elsewhere classified	
ICN begins 6	Billing flag for a specialty mental health claim	

Definition includes 1 or more primary or secondary diagnoses per HEDIS (this includes dementia, organic delirium, and developmental delay)

Source: HEDIS 2012 Technical Specifications, p. 304

Table B. HEDIS Diagnostic Group Definitions: Substance Abuse

ICD or Procedure Code	Definition	Notes
291	Alcohol-induced mental disorders	
292	Drug-induced mental disorders	
303	Alcohol dependence	
304	Drug dependence	
305	Drug abuse	tobacco excluded
535.3	Alcoholic gastritis	
571.1	Acute alcoholic hepatitis	
H0020	Methadone Replacement therapy	

Definition includes 1 or more primary or secondary diagnoses per HEDIS (this excludes poisonings and maternal drug exposure codes)

Source: HEDIS 2012 Technical Specifications, p. 300

Table C. Clinical Flags

Variable name	Description	Definition
Addiction		
Opioid	Opioid Dependence or Abuse	1 if pdx or dx2-dx12 is 3040 or 3055; else 0
Marijuana	Cannabis Dependence or Abuse	1 if pdx or dx2-dx12 is 3043 or 3052; else 0
Alcohol	Alcohol Dependence or Abuse	1 if pdx or dx2-dx12 is 303 or 3050; else 0

Reporting Templates for Enrollees with Mental Health and Substance Use Disorders

Template 1. Summary Statistics for the Population, FY 2011 (All Ages)

Category	Populations															
	HealthChoice Only Enrollees				PAC Only Enrollees				HealthChoice/PAC Both Enrollees				FFS Only Enrollees			
	Both	MHD Only	SUD Only	None	Both	MHD Only	SUD Only	None	Both	MHD Only	SUD Only	None	Both	MHD Only	SUD Only	None
Number of Enrollees	22,447	161,487	13,866	535,663	7,478	11,725	8,064	23,044	1,441	1,474	594	2,013	5,621	49,254	2,378	71,321
Age Group (%)																
0-18	13.7	61.3	14.2	70.4	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.1	2.2	5.6	1.3	5.6
19-64	86.3	38.7	85.8	29.6	100.0	99.4	99.8	98.6	100.0	100.0	99.8	99.8	82.8	51.0	76.7	42.7
65+	0.0	0.0	0.0	0.0	0.1	0.6	0.2	1.4	0.0	0.0	0.0	0.2	15.1	43.5	22.0	51.7
Gender(%)																
Female	58.8	52.2	51.6	59.7	35.8	50.2	24.7	50.6	54.3	62.0	45.8	65.3	43.2	61.3	30.5	69.2
Male	41.2	47.9	48.4	40.3	64.2	49.8	75.3	49.4	45.7	38.0	54.2	34.7	56.8	38.7	69.5	30.8
Race(%)																
White	50.9	39.3	38.6	25.7	52.2	52.4	39.3	30.3	53.9	47.0	40.2	27.7	50.1	49.7	31.5	30.8
Black	44.0	47.2	55.0	49.5	45.4	42.9	58.3	62.8	42.7	47.8	55.4	64.1	43.5	36.7	60.1	38.8
Hispanic	1.6	7.5	2.5	14.8	0.5	1.2	0.5	1.8	0.6	1.6	0.3	2.4	1.2	2.6	1.9	13.0
Asian	0.4	1.4	0.5	3.8	0.3	1.3	0.2	3.1	0.2	1.0	0.7	3.3	0.5	3.3	0.9	8.8
Other	3.2	4.6	3.4	6.2	1.7	2.2	1.7	2.0	2.6	2.5	3.4	2.4	4.7	7.6	5.6	8.6
Average Enrollment (months)																
Any Medicaid	11.4	11.4	10.9	10.7	10.5	9.9	9.8	9.8	11.3	11.1	11.0	10.8	10.9	10.8	9.6	9.4
HealthChoice	10.6	11.0	10.2	10.2	0.0	0.0	0.0	0.0	4.5	4.3	4.2	4.4	0.0	0.0	0.0	0.0
PAC	0.0	0.0	0.0	0.0	9.5	8.5	8.6	8.5	5.1	4.9	4.9	4.5	0.0	0.0	0.0	0.0
FFS only	0.8	0.4	0.7	0.5	1.1	1.4	1.2	1.2	1.7	1.9	1.8	1.9	10.9	10.8	9.6	9.4
Region(%)*																
Baltimore City	37.4	25.3	39.8	20.6	48.5	32.1	51.3	38.7	49.5	35.1	53.5	37.4	37.4	22.1	47.6	21.3
Baltimore Suburbs	27.3	28.6	25.1	26.0	26.4	28.6	25.1	22.0	23.7	23.7	23.2	20.8	27.2	30.3	20.9	24.4
Washington Suburbs	11.7	21.9	12.6	33.8	8.3	16.1	7.4	19.2	6.3	15.0	4.5	21.2	14.0	24.9	15.1	35.5
Western MD	6.1	7.2	6.1	5.1	5.4	7.8	5.7	5.5	6.5	9.2	5.2	5.5	6.7	7.4	4.0	5.5
Eastern MD	12.9	12.1	10.9	9.4	8.3	11.1	7.5	10.4	10.5	13.2	10.9	10.2	10.6	10.5	8.7	8.7
Southern MD	4.5	4.7	5.5	4.9	3.2	4.2	3.0	4.1	3.3	3.5	2.4	5.0	3.7	4.4	3.7	4.3

Category	Populations															
	HealthChoice Only Enrollees				PAC Only Enrollees				HealthChoice/PAC Both Enrollees				FFS Only Enrollees			
	Both	MHD Only	SUD Only	None	Both	MHD Only	SUD Only	None	Both	MHD Only	SUD Only	None	Both	MHD Only	SUD Only	None
Eligibility(%)																
Family and Children	49.0	65.0	63.8	77.8	0.0	0.0	0.0	0.0	17.4	17.5	26.4	26.0	1.5	2.4	5.0	6.0
Disabled	43.1	21.9	28.8	4.0	0.0	0.0	0.0	0.0	44.3	39.3	32.7	21.8	8.6	8.0	15.6	8.6
Maryland CHIP	1.9	10.5	2.8	14.8	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.3	0.1	0.4	0.1	0.5
Dual Eligible (age 0-64)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	63.5	38.4	43.0	15.5
Dual Eligible (age 65+)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	15.1	42.8	20.7	38.4
Other (includes PAC)	6.0	2.7	4.6	3.5	100.0	100.0	100.0	100.0	38.4	43.2	40.9	52.0	11.1	7.9	15.5	31.1

*Counties included in each region are as follows:

Baltimore City:	Baltimore City
Baltimore Suburbs:	Anne Arundel, Baltimore, Carroll, Harford, Howard
Washington Suburbs:	Frederick, Montgomery, Prince George's
Western MD:	Allegany, Garrett, Washington
Eastern MD:	Caroline, Cecil, Kent, Queen, Talbot, Dorchester, Somerset, Wicomico, Worcester
Southern MD:	Calvert County, Charles County, St. Mary's County

OUT OF STATE not presented so totals are slightly less than 100%

Template 2a. Unique Enrollees (Aged 0-18 Years) by Service Type, FY 2011 (same individual can be counted in multiple rows)

Category		Populations							
		HealthChoice Enrollees				FFS Enrollees			
Service Setting	Service Category (MH/SA/Somatic)	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither
	Number of Enrollees	***3,066***	***98,975***	***1,963***	***377,053***	***121***	***2,753***	***31***	***3,980***
Hospital Inpatient	Mental Health	607	2,735	0	0	75	306	0	0
	Somatic Care	314	3,893	281	38,012	22	583	5	1,556
	Substance Abuse	231	0	51	0	15	0	10	0
Hospital Outpatient	Mental Health	843	14,788	0	5	26	515	0	0
	Somatic Care	1,808	44,823	929	152,361	77	2,055	12	1,598
	Substance Abuse	848	0	383	1	9	0	2	0
Physician/Professional	Mental Health	2,531	55,906	0	0	67	819	0	0
	Somatic Care	2,747	87,862	1,558	366,107	92	2,372	25	3,501
	Substance Abuse	1,543	0	1,126	1	31	0	20	0
Pharmacy	All	2,671	79,161	1,253	264,801	111	2,359	22	1,401
Special Services*	All	2,662	76,541	1,180	192,250	111	2,459	19	1,177
Dental	All	1,763	62,440	819	197,874	73	1,445	8	768
Home Health	All	271	4,687	167	10,587	22	1,921	7	1,003
Long Term Care	All	0	4	0	0	0	1	0	0
Specific services (subsets of above reporting, for example emergency visits are part of outpatient visits)									
- Emergency Department	Mental Health	662	4,419	0	0	18	113	0	0
	Somatic Care	1,642	35,033	837	129,576	65	1,218	10	1,106
	Substance Abuse	274	0	158	1	9	0	2	0
- Psych Residential Rehab.	Mental Health	8	154	0	0	0	5	0	0
- Other Psych Rehab.	Mental Health	281	6,226	0	0	7	93	0	0
- Methadone	Substance Abuse	16	0	24	0	0	0	0	0
- Regional Institute for Children and Adolescents	Mental Health	139	350	0	0	69	252	0	0
	Somatic Care	1	0	0	0	1	0	0	0
	Substance Abuse	84	0	80	0	1	0	0	0

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 2b. Unique Enrollees (Aged 0-18 Years) by Payment Source, FY 2011 (same individual can be counted in multiple rows)

Category		Populations							
		HealthChoice Enrollees				FFS Enrollees			
Service Setting	Payment Source	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither
	Number of Enrollees	***3,066***	***98,975***	***1,963***	***377,053***	***121***	***2,753***	***31***	***3,980***
Hospital Inpatient	FFS	94	503	82	7,377	34	584	14	1,546
	MCO	482	3,630	274	31,095	0	1	0	10
	Specialty Mental Health	605	2,715	0	0	77	306	0	0
Hospital Outpatient	FFS	263	6,912	99	13,641	77	2,061	12	1,592
	MCO	2,201	43,916	1,126	146,176	1	5	0	7
	Specialty Mental Health	777	12,925	0	0	24	399	0	0
Physician/Professional	FFS	452	7,744	233	45,306	98	2,397	29	3,488
	MCO	2,914	88,696	1,793	361,269	3	10	0	23
	Specialty Mental Health	2,350	42,674	0	0	60	566	0	0
Pharmacy	FFS	1,898	38,214	229	21,440	111	2,358	22	1,390
	MCO	2,324	70,810	1,185	261,119	10	30	0	20
Special Services*	FFS	1,466	48,027	203	11,350	110	2,457	19	1,168
	MCO	2,356	53,865	1,115	187,033	5	9	0	9
	Specialty Mental Health	144	2,062	0	0	5	6	0	0
Dental	FFS	1,763	62,435	819	197,869	73	1,445	8	768
	MCO	0	41	0	26	0	0	0	0
Home Health	FFS	20	1,235	22	1,020	20	1,914	7	1,003
	MCO	244	3,541	151	9,604	1	0	0	0
	Specialty Mental Health	13	91	0	0	1	7	0	0
Long term care	FFS	0	1	0	0	0	1	0	0
Specific services (redundant with above reporting)									
- Emergency Department	FFS	162	1,701	59	8,260	65	1,217	10	1,101
	MCO	1,801	34,951	912	124,580	1	3	0	5
	Specialty Mental Health	594	3,824	0	0	18	107	0	0
- Psych Residential Rehab.	FFS	0	0	0	0	0	0	0	0
	MCO	0	0	0	0	0	0	0	0
	Specialty Mental Health	8	154	0	0	0	5	0	0
- Other Psych Rehab.	FFS	0	0	0	0	0	0	0	0
	MCO	0	0	0	0	0	0	0	0
	Specialty Mental Health	281	6,226	0	0	7	93	0	0
- Methadone	FFS	1	0	1	0	0	0	0	0
	MCO	16	0	23	0	0	0	0	0
	Specialty Mental Health	0	0	0	0	0	0	0	0
- Regional Institute for Children and Adolescents	FFS	0	0	0	0	0	0	0	0
	MCO	86	5	80	0	0	0	0	0
	Specialty Mental Health	138	345	0	0	71	252	0	0

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 3a. Unique Enrollees (Aged 19-64 Years) by Service Type, FY 2011 (same individual can be counted in multiple rows

Category		Populations															
		HealthChoice Only Enrollees				PAC Only Enrollees				HealthChoice and PAC				FFS Enrollees			
Service Setting	**Service Category (MH/SA/Somatic)**	**Both**	**MHD Only**	**SUD Only**	**Neither**	**Both**	**MHD Only**	**SUD Only**	**Neither**	**Both**	**MHD Only**	**SUD Only**	**Neither**	**Both**	**MHD Only**	**SUD Only**	**Neither**
	Number of Enrollees	***19,381***	***62,512***	***11,903***	***158,610***	***7,474***	***11,659***	***8,045***	***22,719***	***1,441***	***1,474***	***593***	***2,008***	***4,653***	***25,095***	***1,823***	***30,440***
Hospital Inpatient	Mental Health	2,871	2,618	0	0	0	0	0	0	253	109	0	0	1,095	1,284	0	0
	Somatic Care	6,652	10,593	3,339	26,125	0	0	0	0	389	206	151	290	1,883	5,200	886	11,658
	Substance Abuse	1,083	0	209	1	0	0	0	0	76	0	8	0	174	1	54	2
Hospital Outpatient	Mental Health	4,480	8,668	0	0	803	639	0	0	324	173	0	0	1,475	3,468	0	0
	Somatic Care	15,410	39,972	8,107	91,539	3,924	3,984	2,821	8,193	1,117	947	355	1,217	3,712	13,649	1,252	14,592
	Substance Abuse	4,458	8	1,422	6	759	1	327	4	339	0	68	0	732	1	186	2
Physician/Professional	Mental Health	14,451	38,965	0	0	5,902	8,559	0	0	1,221	1,121	0	0	3,465	14,933	0	0
	Somatic Care	18,577	57,426	10,463	150,741	5,857	8,923	4,748	19,890	1,338	1,351	493	1,906	4,430	21,125	1,634	26,991
	Substance Abuse	11,141	11	6,389	7	5,346	2	5,862	1	1,024	0	396	1	1,464	3	574	8
Pharmacy	All	18,767	57,931	10,096	133,076	7,018	10,458	5,656	19,269	1,408	1,415	514	1,827	2,069	9,685	575	7,323
Special Services*	All	17,198	50,787	9,035	118,822	5,683	7,102	4,854	15,012	1,220	1,136	439	1,551	3,184	14,618	874	11,691
Dental	All	4,849	16,358	2,569	40,251	1,557	2,065	1,227	4,216	398	388	120	547	45	416	13	293
Home Health	All	3,369	11,382	1,266	9,047	345	175	243	282	162	126	38	106	481	8,748	113	1,595
Long Term Care	All	637	634	146	288	15	26	8	14	16	12	5	7	552	2,687	121	1,334
Specific services (redundant with above reporting)																	
- Emergency Department	Mental Health	4,019	5,055	0	0	803	639	0	0	358	163	0	0	1,366	1,773	0	0
	Somatic Care	14,571	33,544	7,459	73,751	3,924	3,984	2,821	8,193	1,083	833	346	1,016	3,500	10,715	1,276	11,306
	Substance Abuse	2,493	8	670	6	759	1	327	4	210	0	28	0	598	2	129	7
- Psych Residential Rehab.	Mental Health	416	1,158	0	0	61	47	0	0	51	44	0	0	235	1,314	0	0
- Other Psych Rehab.	Mental Health	1,284	3,230	0	0	425	427	0	0	120	116	0	0	347	1,581	0	0
- Methadone	Substance Abuse	4,424	0	3,290	0	1,818	0	2,748	0	392	0	194	0	304	0	241	0
- Regional Institute for Children and Adolescents	Mental Health	26	20	0	0	7	0	0	0	6	0	0	0	2	32	0	0
	Somatic Care	1	1	0	0	2	0	0	0	1	0	0	0	0	0	0	0
	Substance Abuse	190	0	58	0	467	0	56	0	98	0	8	0	1	0	0	0

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 3b. Unique Enrollees (Aged 19-64 Years) by Payment Source, FY 2011 (same individual can be counted in multiple rows

Category		Populations															
		HealthChoice Only Enrollees				PAC Only Enrollees				HealthChoice and PAC				FFS Enrollees			
Service Setting	Payment Source	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither
	Number of Enrollees	**19,381**	**62,512**	**11,903**	**158,610**	**7,474**	**11,659**	**8,045**	**22,719**	**1,441**	**1,474**	**593**	**2,008**	**4,653**	**25,095**	**1,823**	**30,440**
Hospital Inpatient	FFS	1,097	1,273	611	2,486	0	0	0	0	220	108	93	132	2,813	5,971	933	11,659
	MCO	6,938	9,913	3,087	24,100	0	0	0	0	291	125	74	174	4	5	2	7
	Specialty Mental Health	2,801	2,535	0	0	0	0	0	0	250	106	0	0	173	430	0	0
Hospital Outpatient	FFS	3,040	5,723	1,539	14,785	358	326	210	457	433	295	131	386	4,017	14,603	1,303	14,582
	MCO	15,796	38,966	8,204	85,651	4,077	3,885	2,845	7,860	1,129	880	356	1,098	29	36	10	32
	Specialty Mental Health	4,080	7,869	0	0	647	525	0	0	291	159	0	0	272	699	0	0
Physician/Professional	FFS	4,086	9,617	2,390	28,604	494	644	299	818	768	544	263	661	4,580	22,350	1,739	26,973
	MCO	18,942	57,260	11,384	146,381	7,127	9,041	7,544	19,628	1,404	1,329	568	1,846	66	81	25	90
	Specialty Mental Health	13,050	32,376	0	0	5,372	7,708	0	0	1,154	1,035	0	0	1,331	6,046	0	0
Pharmacy	FFS	16,561	45,502	4,258	34,517	6,029	8,828	2,200	6,117	1,310	1,274	305	885	2,067	9,681	569	7,294
	MCO	18,001	54,144	9,868	130,249	6,455	9,120	5,417	18,921	1,333	1,297	497	1,799	84	153	31	191
Special Services*	FFS	5,233	9,897	1,826	15,768	182	246	81	315	364	279	111	298	3,172	14,597	865	11,669
	MCO	16,526	48,465	8,657	115,124	5,613	6,985	4,812	14,856	1,182	1,085	428	1,501	37	39	16	59
	Specialty Mental Health	959	2,501	0	0	53	68	0	0	56	32	0	0	4	10	0	0
Dental	FFS	869	4,698	673	16,186	1	8	1	5	49	91	25	245	43	412	11	286
	MCO	4,092	12,136	1,964	25,261	1,556	2,059	1,226	4,211	364	312	100	332	2	4	2	7
Home Health	FFS	453	6,036	108	864	8	21	6	18	12	20	1	12	469	8,676	113	1,594
	MCO	3,043	5,958	1,179	8,412	336	147	237	266	152	106	37	96	3	0	0	1
	Specialty Mental Health	34	116	0	0	1	8	0	0	0	1	0	0	10	81	0	0
Long term care	FFS	180	236	32	85	15	26	8	14	7	3	2	4	550	2,687	121	1,334
Specific services (redundant with above reporting)																	
- Emergency Department	FFS	2,418	4,282	1,217	11,132	358	326	210	457	429	262	136	321	3,896	11,268	1,328	11,298
	MCO	14,490	32,312	7,194	67,401	4,077	3,885	2,845	7,860	1,037	752	310	865	26	26	7	30
	Specialty Mental Health	3,652	4,414	0	0	647	525	0	0	327	151	0	0	217	453	0	0
- Psych Residential Rehab.	FFS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	MCO	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Specialty Mental Health	416	1,158	0	0	61	47	0	0	51	44	0	0	235	1,314	0	0
- Other Psych Rehab.	FFS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	MCO	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Specialty Mental Health	1,284	3,230	0	0	425	427	0	0	120	116	0	0	347	1,581	0	0
- Methadone	FFS	411	0	369	0	40	0	33	0	107	0	54	0	300	0	237	0
	MCO	4,404	0	3,266	0	1,809	0	2,741	0	391	0	193	0	8	0	9	0
	Specialty Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
- Regional Institute for Children and Adolescents	FFS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	MCO	192	1	58	0	470	0	56	0	98	0	8	0	1	0	0	0
	Specialty Mental Health	9	20	0	0	0	0	0	0	0	0	0	0	2	32	0	0

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 4a. Unique Enrollees (Aged 65 Years or Older) by Service Type, FY 2011 (same individual can be counted in multiple rows)

Category		Populations							
		PAC Enrollees				FFS Enrollees			
Service Setting	**Service Category (MH/SA/Somatic)**	**Both**	**MHD Only**	**SUD Only**	**Neither**	**Both**	**MHD Only**	**SUD Only**	**Neither**
	Number of Enrollees	***4***	***66***	***19***	***325***	***847***	***21,406***	***524***	***36,901***
Hospital Inpatient	Mental Health	0	0	0	0	68	703	0	0
	Somatic Care	0	0	0	0	490	7,617	262	6,746
	Substance Abuse	0	0	0	0	42	0	18	0
Hospital Outpatient	Mental Health	1	2	0	0	125	1,109	0	0
	Somatic Care	3	19	11	73	562	9,290	327	14,799
	Substance Abuse	0	0	2	0	88	0	47	1
Physician/Professional	Mental Health	4	38	0	0	539	10,101	0	0
	Somatic Care	4	59	15	312	811	17,544	468	30,736
	Substance Abuse	1	0	11	0	191	2	135	1
Pharmacy	All	4	61	15	297	401	9,740	129	10,989
Special Services*	All	2	50	16	242	717	15,755	319	20,085
Dental	All	1	8	0	27	0	24	1	13
Home Health	All	0	1	0	5	161	4,638	34	4,185
Long Term Care	All	1	3	1	2	369	11,663	72	6,901
Specific services (redundant with above reporting)									
- Emergency Department	Mental Health	1	2	0	0	102	532	0	0
	Somatic Care	3	19	11	73	584	8,995	318	9,693
	Substance Abuse	0	0	2	0	106	0	45	1
- Psych Residential Rehab.	Mental Health	0	0	0	0	13	154	0	0
- Other Psych Rehab.	Mental Health	0	4	0	0	15	196	0	0
- Methadone	Substance Abuse	1	0	6	0	22	0	65	0
- Regional Institute for Children and Adolescents	Mental Health	0	0	0	0	0	0	0	0
	Somatic Care	0	0	0	0	0	0	0	0
	Substance Abuse	0	0	0	0	0	0	0	0

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 4b. Unique Enrollees (Aged 65 Years or Older) by Payment Source, FY 2011 (same individual can be counted in multiple rows)

Category		PAC Enrollees				FFS Enrollees			
Service Setting	**Payment Source**	**Both**	**MHD Only**	**SUD Only**	**Neither**	**Both**	**MHD Only**	**SUD Only**	**Neither**
	Number of Enrollees	***4***	***66***	***19***	***325***	***847***	***21,406***	***524***	***36,901***
Hospital Inpatient	FFS	0	0	0	0	563	8,133	278	6,746
	MCO	0	0	0	0	0	1	0	0
	Specialty Mental Health	0	0	0	0	10	52	0	0
Hospital Outpatient	FFS	2	15	6	42	593	9,608	344	14,799
	MCO	2	10	8	37	0	0	0	0
	Specialty Mental Health	0	1	0	0	19	141	0	0
Physician/Professional	FFS	1	42	7	126	818	18,174	489	30,734
	MCO	3	53	18	282	1	0	2	6
	Specialty Mental Health	2	23	0	0	75	805	0	0
Pharmacy	FFS	4	52	9	106	401	9,740	129	10,988
	MCO	3	59	15	294	0	3	0	9
Special Services*	FFS	0	21	6	59	717	15,755	319	20,085
	MCO	2	41	12	211	0	0	0	1
	Specialty Mental Health	0	0	0	0	0	0	0	0
Dental	FFS	0	0	0	0	0	24	1	13
	MCO	1	8	0	27	0	0	0	0
Home Health	FFS	0	1	0	2	160	4,629	34	4,185
	MCO	0	0	0	3	0	0	0	0
	Specialty Mental Health	0	0	0	0	2	26	0	0
Long term care	FFS	1	3	1	2	369	11,663	72	6,901
Specific services (redundant with above reporting)									
- Emergency Department	FFS	2	15	6	42	634	9,175	337	9,693
	MCO	2	10	8	37	0	1	0	0
	Specialty Mental Health	0	1	0	0	10	48	0	0
- Psych Residential Rehab.	FFS	0	0	0	0	0	0	0	0
	MCO	0	0	0	0	0	0	0	0
	Specialty Mental Health	0	0	0	0	13	154	0	0
- Other Psych Rehab.	FFS	0	0	0	0	0	0	0	0
	MCO	0	0	0	0	0	0	0	0
	Specialty Mental Health	0	4	0	0	15	196	0	0
- Methadone	FFS	0	0	0	0	22	0	65	0
	MCO	1	0	6	0	1	0	2	0
	Specialty Mental Health	0	0	0	0	0	0	0	0
- Regional Institute for Children and Adolescents	FFS	0	0	0	0	0	0	0	0
	MCO	0	0	0	0	0	0	0	0
	Specialty Mental Health	0	0	0	0	0	0	0	0

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 5a. Number of Events (for Enrollees Aged 0-18 Years) by Service Type, FY 2011 (same individual can be counted in multiple rows)

Category		Populations								Total
		HealthChoice Enrollees				FFS Enrollees				
Service Setting	Service Category (MH/SA/Somatic)	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither	
	Number of Enrollees	***3,066***	***98,975***	***1,963***	***377,053***	***121***	***2,753***	***31***	***3,980***	**487,943**
Hospital Inpatient (admits)	Mental Health	1,114	4,276	0	0	324	1,057	0	0	6,771
	Somatic Care	649	5,783	490	42,609	78	1,338	36	1,800	52,783
	Substance Abuse	273	0	57	0	18	0	10	0	358
	Subtotal	2,036	10,059	547	42,609	420	2,395	46	1,800	59,912
Hospital Outpatient (visits)	Mental Health	4,447	119,495	0	5	119	3,952	0	0	128,018
	Somatic Care	5,300	130,890	2,322	314,923	495	21,002	104	6,432	481,468
	Substance Abuse	3,306	0	1,005	1	10	0	2	0	4,324
	Subtotal	13,053	250,385	3,327	314,929	624	24,954	106	6,432	613,810
Physician/Professional (visits)	Mental Health	44,327	837,578	0	0	918	11,930	0	0	894,753
	Somatic Care	27,592	568,432	18,823	2,075,725	2,208	47,252	583	24,744	2,765,359
	Substance Abuse	14,770	0	7,681	1	228	0	100	0	22,780
	Subtotal	86,689	1,406,010	26,504	2,075,726	3,354	59,182	683	24,744	3,682,892
Pharmacy (prescriptions)	All	32,498	692,606	5,809	1,040,968	3,078	57,187	132	16,225	1,848,503
Special Services* (visits)	All	86,713	1,365,834	8,203	392,260	3,715	110,206	189	20,841	1,987,961
Dental (visits)	All	5,106	163,073	2,231	475,982	216	3,209	19	1,760	651,596
Home Health (visits)	All	2,355	210,150	1,171	21,772	2,298	174,193	401	53,735	466,075
Long Term Care (billing events)	All	0	9	0	0	0	2	0	0	11
Specific services (subset of above)										
- Emergency Department (visits)	Mental Health	1,247	7,052	0	0	36	186	0	0	8,521
	Somatic Care	3,564	62,875	1,629	217,840	194	3,097	44	1,800	291,043
	Substance Abuse	286	0	161	1	10	0	2	0	460
	Subtotal	5,097	69,927	1,790	217,841	240	3,283	46	1,800	300,024
- Psych Residential Rehab. (billing events)	Mental Health	12	175	0	0	0	7	0	0	194
- Other Psych Rehab. (visits)	Mental Health	1,680	43,245	0	0	27	571	0	0	45,523
- Methadone	Substance Abuse	171	0	235	0	0	0	0	0	406
- Regional Institute for Children and Adolescents (billing events)	Mental Health	1,207	2,945	0	0	963	3,622	0	0	8,737
	Somatic Care	29	0	0	0	16	0	0	0	45
	Substance Abuse	455	0	312	0	3	0	0	0	770
	Subtotal	1,691	2,945	312	0	982	3,622	0	0	9,552

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 5b. Number of Events (for Enrollees Aged 0-18 Years) by Payment Source, FY 2011 (same individual can be counted in multiple rows)

Category		Populations								Total
		HealthChoice Enrollees				FFS Enrollees				
Service Setting	Payment Source	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither	
	Number of Enrollees	*3,066*	*98,975*	*1,963*	*377,053*	*121*	*2,753*	*31*	*3,980*	*487,943*
Hospital Inpatient (admits)	FFS	141	774	116	7,833	78	1,341	46	1,790	12,119
	MCO	760	5,058	431	34,776	0	1	0	10	41,036
	Specialty Mental Health	1,135	4,227	0	0	342	1,053	0	0	6,757
	Subtotal	2,036	10,059	547	42,609	420	2,395	46	1,800	59,912
Hospital Outpatient (visits)	FFS	723	40,030	212	24,657	502	22,142	106	6,413	94,785
	MCO	8,318	104,948	3,106	290,272	6	5	0	19	406,674
	Specialty Mental Health	4,005	105,698	0	0	115	2,784	0	0	112,602
	Subtotal	13,046	250,676	3,318	314,929	623	24,931	106	6,432	614,061
Physician/Professional (visits)	FFS	3,379	28,306	2,220	112,268	2,460	48,025	683	24,573	221,914
	MCO	40,442	580,178	24,275	1,963,458	12	14	0	171	2,608,550
	Specialty Mental Health	42,836	796,747	0	0	881	11,138	0	0	851,602
	Subtotal	86,657	1,405,231	26,495	2,075,726	3,353	59,177	683	24,744	3,682,066
Pharmacy (prescriptions)	FFS	18,151	315,137	780	44,286	3,040	57,118	132	16,183	454,827
	MCO	14,347	377,469	5,029	996,682	38	69	0	42	1,393,676
	Subtotal	32,498	692,606	5,809	1,040,968	3,078	57,187	132	16,225	1,848,503
Special Services* (visits)	FFS	79,296	1,278,085	4,158	74,258	4,149	129,004	193	20,815	1,589,958
	MCO	10,295	119,823	4,302	318,003	6	13	0	26	452,468
	Specialty Mental Health	213	2,557	0	0	13	6	0	0	2,789
	Subtotal	89,804	1,400,465	8,460	392,261	4,168	129,023	193	20,841	2,045,215
Dental (visits)	FFS	5,106	163,030	2,231	475,954	216	3,209	19	1,760	651,525
	MCO	0	43	0	28	0	0	0	0	71
	Subtotal	5,106	163,073	2,231	475,982	216	3,209	19	1,760	651,596
Home Health (visits)	FFS	320	194,150	194	4,310	2,282	176,839	401	53,735	432,231
	MCO	1,774	14,974	979	17,463	5	0	0	0	35,195
	Specialty Mental Health	287	1,800	0	0	11	78	0	0	2,176
	Subtotal	2,381	210,924	1,173	21,773	2,298	176,917	401	53,735	469,602
Long term care (billing events)	FFS	0	2	0	0	0	2	0	0	4
Specific services (subset of above)										
- Emergency Department (visits)	FFS	226	2,392	79	9,948	199	3,101	46	1,793	17,784
	MCO	3,954	62,281	1,711	207,893	6	3	0	7	275,855
	Specialty Mental Health	914	5,247	0	0	35	179	0	0	6,375
	Subtotal	5,094	69,920	1,790	217,841	240	3,283	46	1,800	300,014
	FFS	0	0	0	0	0	0	0	0	0

Category		Populations								Total
		HealthChoice Enrollees				FFS Enrollees				
Service Setting	Payment Source	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither	
	Number of Enrollees	***3,066***	***98,975***	***1,963***	***377,053***	***121***	***2,753***	***31***	***3,980***	***487,943***
- Psych Residential Rehab. (billing events)	MCO	0	0	0	0	0	0	0	0	0
	Specialty Mental Health	12	175	0	0	0	7	0	0	194
	Subtotal	12	175	0	0	0	7	0	0	194
- Other Psych Rehab. (visits)	FFS	0	0	0	0	0	0	0	0	0
	MCO	0	0	0	0	0	0	0	0	0
	Specialty Mental Health	1,680	43,245	0	0	27	571	0	0	45,523
	Subtotal	1,680	43,245	0	0	27	571	0	0	45,523
- Methadone	FFS	5	0	4	0	0	0	0	0	9
	MCO	166	0	231	0	0	0	0	0	397
	Specialty Mental Health	0	0	0	0	0	0	0	0	0
	Subtotal	171	0	235	0	0	0	0	0	406
- Regional Institute for Children and Adolescents (billing events)	FFS	0	0	0	0	0	0	0	0	0
	MCO	458	5	312	0	0	0	0	0	775
	Specialty Mental Health	1,233	2,940	0	0	982	3,622	0	0	8,777
	Subtotal	1,691	2,945	312	0	982	3,622	0	0	9,552

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 6a. Number of Events (for Enrollees Aged 19-64 Years) by Service Type, FY 2011 (same individual can be counted in multiple rows)

Category		Populations																Total
		HealthChoice Enrollees				PAC Enrollees				HealthChoice/PAC				FFS Enrollees				
Service Setting	Service Category (MH/SA/Somatic)	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither	
	Number of Enrollees	***19,381***	***62,512***	***11,903***	***158,610***	***7,474***	***11,659***	***8,045***	***22,719***	***1,441***	***1,474***	***593***	***2,008***	***4,653***	***25,095***	***1,823***	***30,440***	***369,829***
Hospital Inpatient (admits)	Mental Health	5,868	3,867	0	0	0	0	0	0	505	150	0	0	1,784	1,806	0	0	13,980
	Somatic Care	15,520	16,907	5,451	31,493	0	0	0	0	794	360	251	388	4,135	8,880	1,563	14,472	100,214
	Substance Abuse	1,655	0	249	1	0	0	0	0	101	0	9	0	271	1	80	2	2,369
	Subtotal	23,043	20,774	5,700	31,494	0	0	0	0	1,400	510	260	388	6,190	10,687	1,643	14,474	116,563
Hospital Outpatient (visits)	Mental Health	27,332	61,375	0	0	1,474	895	0	0	1,071	944	0	0	8,162	24,087	0	0	125,340
	Somatic Care	100,593	178,168	36,508	286,359	12,413	9,376	6,414	14,487	5,931	3,845	1,508	4,367	26,872	65,865	7,058	60,703	820,467
	Substance Abuse	31,748	9	13,271	6	1,439	1	516	4	3,264	0	407	0	3,595	1	1,385	2	55,648
	Subtotal	159,673	239,552	49,779	286,365	15,326	10,272	6,930	14,491	10,266	4,789	1,915	4,367	38,629	89,953	8,443	60,705	1,001,455
Physician/Professional (visits)	Mental Health	220,815	479,657	0	0	74,295	94,330	0	0	22,161	16,939	0	0	53,013	202,617	0	0	1,163,827
	Somatic Care	454,563	848,928	151,379	1,329,320	39,904	54,882	24,499	89,333	21,390	16,770	6,560	18,448	141,755	413,944	42,486	318,269	3,972,430
	Substance Abuse	242,050	12	141,022	8	134,061	2	121,215	1	24,900	0	8,376	1	16,921	3	9,108	10	697,690
	Subtotal	917,428	1,328,597	292,401	1,329,328	248,260	149,214	145,714	89,334	68,451	33,709	14,936	18,449	211,689	616,564	51,594	318,279	5,833,947
Pharmacy (prescriptions)	All	537,448	1,302,889	136,813	1,233,542	120,893	180,328	50,684	210,099	32,075	29,736	6,249	22,986	39,503	165,394	8,778	87,724	4,165,141
Special Services* (visits)	All	162,306	386,684	61,525	474,119	32,954	17,103	27,240	33,561	8,589	4,533	2,735	5,635	25,850	142,972	6,102	76,853	1,468,761
Dental (visits)	All	10,049	35,573	5,337	87,031	2,708	3,572	2,042	6,814	723	769	225	1,109	90	885	17	595	157,539
Home Health (visits)	All	96,283	1,744,384	24,551	230,724	1,940	778	1,690	698	749	1,684	116	318	88,955	2,841,318	11,900	365,053	5,411,141
Long Term Care (billing events)	All	1,869	2,197	340	710	77	110	30	46	35	22	12	12	4,653	25,157	739	11,039	47,048
Specific services (subset of above)																		
- Emergency Department (visits)	Mental Health	10,419	8,551	0	0	1,474	895	0	0	875	237	0	0	3,065	2,772	0	0	28,288
	Somatic Care	73,945	96,778	21,516	150,212	12,413	9,376	6,414	14,487	4,669	2,475	978	2,209	17,945	28,239	3,633	21,438	466,727
	Substance Abuse	5,405	9	883	6	1,439	1	516	4	553	0	42	0	1,198	2	198	7	10,263
	Subtotal	89,769	105,338	22,399	150,218	15,326	10,272	6,930	14,491	6,097	2,712	1,020	2,209	22,208	31,013	3,831	21,445	505,278
- Psych Residential Rehab. (billing events)	Mental Health	2,436	10,227	0	0	113	128	0	0	190	164	0	0	2,032	13,216	0	0	28,506
- Other Psych Rehab. (visits)	Mental Health	8,418	26,963	0	0	1,947	2,479	0	0	609	652	0	0	2,649	14,249	0	0	57,966
- Methadone	Substance Abuse	166,850	0	123,604	0	59,807	0	81,651	0	11,732	0	6,068	0	10,794	0	7,899	0	468,405
- Regional Institute for Children and Adolescents (billing events)	Mental Health	303	133	0	0	68	0	0	0	53	0	0	0	31	468	0	0	1,056
	Somatic Care	1	1	0	0	24	0	0	0	1	0	0	0	0	0	0	0	27
	Substance Abuse	4,266	0	461	0	13,352	0	546	0	2,066	0	66	0	10	0	0	0	20,767
	Subtotal	4,570	134	461	0	13,444	0	546	0	2,120	0	66	0	41	468	0	0	21,850

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 6b. Number of Events (for Enrollees Aged 19-64 Years) by Payment Source, FY 2011 (same individual can be counted in multiple rows)

Category		Populations																Total
		HealthChoice Enrollees				PAC Enrollees				HealthChoice/PAC				FFS Enrollees				
Service Setting	Payment Source	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither	
	Number of Enrollees	***19,381***	***62,512***	***11,903***	***158,610***	***7,474***	***11,659***	***8,045***	***22,719***	***1,441***	***1,474***	***593***	***2,008***	***4,653***	***25,095***	***1,823***	***30,440***	***369,829***
Hospital Inpatient (admits)	FFS	2,216	2,001	950	3,240	0	0	0	0	428	195	157	192	5,731	9,951	1,640	14,466	41,167
	MCO	15,162	15,077	4,750	28,254	0	0	0	0	471	167	103	196	11	7	3	8	64,209
	Specialty Mental Health	5,665	3,696	0	0	0	0	0	0	501	148	0	0	448	729	0	0	11,187
	Subtotal	23,043	20,774	5,700	31,494	0	0	0	0	1,400	510	260	388	6,190	10,687	1,643	14,474	116,563
Hospital Outpatient (visits)	FFS	12,021	16,520	4,927	31,235	1,279	719	508	771	1,771	883	522	1,031	36,123	83,190	8,406	60,644	260,550
	MCO	121,198	164,868	44,638	255,130	12,952	8,862	6,416	13,720	7,256	3,036	1,384	3,336	89	70	29	61	643,045
	Specialty Mental Health	25,056	58,307	0	0	1,075	690	0	0	936	869	0	0	2,460	7,032	0	0	96,425
	Subtotal	158,275	239,695	49,565	286,365	15,306	10,271	6,924	14,491	9,963	4,788	1,906	4,367	38,672	90,292	8,435	60,705	1,000,020
Physician/Professional (visits)	FFS	52,877	68,834	20,821	105,389	9,267	9,243	6,010	10,683	8,064	3,990	2,957	3,746	192,994	539,288	51,361	317,749	1,403,273
	MCO	655,740	802,802	271,481	1,223,939	167,588	48,650	139,612	78,651	38,912	13,243	11,974	14,703	528	424	228	530	3,469,005
	Specialty Mental Health	207,618	456,898	0	0	71,164	91,316	0	0	21,426	16,494	0	0	17,863	78,026	0	0	960,805
	Subtotal	916,235	1,328,534	292,302	1,329,328	248,019	149,209	145,622	89,334	68,402	33,727	14,931	18,449	211,385	617,738	51,589	318,279	5,833,083
Pharmacy (prescriptions)	FFS	209,113	487,637	24,668	151,750	51,428	76,365	8,734	29,557	14,000	12,385	1,299	4,167	38,869	164,165	8,506	86,693	1,369,336
	MCO	328,335	815,252	112,145	1,081,792	69,465	103,963	41,950	180,542	18,075	17,351	4,950	18,819	634	1,229	272	1,031	2,795,805
	Subtotal	537,448	1,302,889	136,813	1,233,542	120,893	180,328	50,684	210,099	32,075	29,736	6,249	22,986	39,503	165,394	8,778	87,724	4,165,141
Special Services* (visits)	FFS	36,558	134,610	7,125	69,772	753	815	251	1,061	1,161	643	225	665	27,386	146,413	6,142	76,700	510,280
	MCO	141,230	254,094	58,813	404,350	36,271	16,733	28,712	32,500	8,503	3,895	2,708	4,970	99	86	57	153	993,174
	Specialty Mental Health	1,598	4,538	0	0	64	77	0	0	81	46	0	0	11	18	0	0	6,433
	Subtotal	179,386	393,242	65,938	474,122	37,088	17,625	28,963	33,561	9,745	4,584	2,933	5,635	27,496	146,517	6,199	76,853	1,509,887
Dental (visits)	FFS	2,285	12,549	1,754	42,396	1	14	1	15	108	218	65	547	88	880	15	581	61,517
	MCO	7,764	23,024	3,583	44,635	2,707	3,558	2,041	6,799	615	551	160	562	2	5	2	14	96,022
	Subtotal	10,049	35,573	5,337	87,031	2,708	3,572	2,042	6,814	723	769	225	1,109	90	885	17	595	157,539
Home Health (visits)	FFS	83,026	1,780,837	19,235	203,796	103	466	43	320	303	1,476	15	101	90,894	2,980,296	12,148	365,051	5,538,110
	MCO	14,423	24,800	5,343	26,928	1,872	250	1,649	378	456	218	102	217	6	0	0	2	76,644
	Specialty Mental Health	351	1,291	0	0	7	63	0	0	0	5	0	0	81	870	0	0	2,668
	Subtotal	97,800	1,806,928	24,578	230,724	1,982	779	1,692	698	759	1,699	117	318	90,981	2,981,166	12,148	365,053	5,617,422
Long term care (billing events)	FFS	707	1,163	108	309	77	110	30	46	15	7	4	8	4,701	25,495	741	11,039	44,560
Specific services (subset of above)																		
- Emergency Department (visits)	FFS	7,330	7,732	2,387	15,654	1,279	719	508	771	1,063	535	259	478	21,527	30,181	3,807	21,393	115,623
	MCO	73,867	91,035	20,008	134,564	12,952	8,862	6,416	13,720	4,275	1,965	761	1,731	89	43	24	52	370,364
	Specialty Mental Health	8,489	6,563	0	0	1,075	690	0	0	759	212	0	0	580	786	0	0	19,154
	Subtotal	89,686	105,330	22,395	150,218	15,306	10,271	6,924	14,491	6,097	2,712	1,020	2,209	22,196	31,010	3,831	21,445	505,141
- Psych Residential Rehab. (billing events)	FFS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	MCO	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Specialty Mental Health	2,436	10,227	0	0	113	128	0	0	190	164	0	0	2,032	13,216	0	0	28,506
	Subtotal	2,436	10,227	0	0	113	128	0	0	190	164	0	0	2,032	13,216	0	0	28,506
- Other Psych Rehab. (visits)	FFS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	MCO	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Specialty Mental Health	8,418	26,963	0	0	1,947	2,479	0	0	609	652	0	0	2,649	14,249	0	0	57,966
	Subtotal	8,418	26,963	0	0	1,947	2,479	0	0	609	652	0	0	2,649	14,249	0	0	57,966
- Methadone	FFS	3,564	0	3,004	0	613	0	667	0	952	0	615	0	10,704	0	7,792	0	27,911
	MCO	163,286	0	120,600	0	59,194	0	80,984	0	10,780	0	5,453	0	90	0	107	0	440,494
	Specialty Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Subtotal	166,850	0	123,604	0	59,807	0	81,651	0	11,732	0	6,068	0	10,794	0	7,899	0	468,405
- Regional Institute for Children and Adolescents (billing events)	FFS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	MCO	4,478	1	461	0	13,444	0	546	0	2,120	0	66	0	10	0	0	0	21,126
	Specialty Mental Health	91	133	0	0	0	0	0	0	0	0	0	0	31	468	0	0	723
	Subtotal	4,569	134	461	0	13,444	0	546	0	2,120	0	66	0	41	468	0	0	21,849

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Category		Populations																Total
		HealthChoice Enrollees				PAC Enrollees				HealthChoice/PAC				FFS Enrollees				
Service Setting	Payment Source	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither	
	Number of Enrollees	*19,381*	*62,512*	*11,903*	*158,610*	*7,474*	*11,659*	*8,045*	*22,719*	*1,441*	*1,474*	*593*	*2,008*	*4,653*	*25,095*	*1,823*	*30,440*	*369,829*

Template 7a. Number of Events (for Enrollees Aged 65 Years or Older) by Service Type, FY 2011 (same individual can be counted in multiple rows)

Category		PAC Enrollees				FFS Enrollees				Total
Service Setting	Service Category (MH/SA/Somatic)	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither	
	Number of Enrollees	***4***	***66***	***19***	***325***	***847***	***21,406***	***524***	***36,901***	***60,092***
Hospital Inpatient (admits)	Mental Health	0	0	0	0	108	828	0	0	936
	Somatic Care	0	0	0	0	868	10,732	365	8,597	20,562
	Substance Abuse	0	0	0	0	48	0	21	0	69
	Subtotal	0	0	0	0	1,024	11,560	386	8,597	21,567
Hospital Outpatient (visits)	Mental Health	2	2	0	0	367	5,236	0	0	5,607
	Somatic Care	6	28	27	133	3,244	34,632	1,677	53,883	93,630
	Substance Abuse	0	0	3	0	425	0	314	1	743
	Subtotal	8	30	30	133	4,036	39,868	1,991	53,884	99,980
Physician/Professional (visits)	Mental Health	18	383	0	0	5,353	69,777	0	0	75,531
	Somatic Care	35	762	139	2,363	29,296	405,342	9,306	423,255	870,498
	Substance Abuse	49	0	209	0	1,460	2	2,746	1	4,467
	Subtotal	102	1,145	348	2,363	36,109	475,121	12,052	423,256	950,496
Pharmacy (prescriptions)	All	76	1,234	113	4,200	6,396	129,622	1,506	134,671	277,818
Special Services* (visits)	All	5	183	50	646	7,243	151,078	1,708	131,813	292,726
Dental (visits)	All	2	12	0	47	0	35	1	20	117
Home Health (visits)	All	0	1	0	6	38,378	1,413,017	7,218	1,193,429	2,652,049
Long Term Care (billing events)	All	2	8	4	5	3,137	107,662	444	55,801	167,063
Specific services (subset of above)										
- Emergency Department (visits)	Mental Health	2	2	0	0	138	657	0	0	799
	Somatic Care	6	28	27	133	2,246	18,240	703	15,722	37,105
	Substance Abuse	0	0	3	0	227	0	57	1	288
	Subtotal	8	30	30	133	2,611	18,897	760	15,723	38,192
- Psych Residential Rehab. (billing events)	Mental Health	0	0	0	0	146	1,707	0	0	1,853
- Other Psych Rehab. (visits)	Mental Health	0	19	0	0	114	1,872	0	0	2,005
- Methadone	Substance Abuse	48	0	139	0	899	0	2,806	0	3,892
- Regional Institute for Children and Adolescents (billing events)	Mental Health	0	0	0	0	0	0	0	0	0
	Somatic Care	0	0	0	0	0	0	0	0	0
	Substance Abuse	0	0	0	0	0	0	0	0	0
	Subtotal	0	0	0	0	0	0	0	0	0

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 7b. Number of Events (for Enrollees Aged 65 Years or Older) by Payment Source, FY 2011 (same individual can be counted in multiple rows)

Category		PAC Enrollees				FFS Enrollees				Total
Service Setting	Payment Source	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither	
	Number of Enrollees	*4*	*66*	*19*	*325*	*847*	*21,406*	*524*	*36,901*	60,092
Hospital Inpatient (admits)	FFS	0	0	0	0	998	11,474	386	8,597	21,455
	MCO	0	0	0	0	0	1	0	0	1
	Specialty Mental Health	0	0	0	0	26	85	0	0	111
	Subtotal	0	0	0	0	1,024	11,560	386	8,597	21,567
Hospital Outpatient (visits)	FFS	6	17	16	83	3,966	38,369	1,991	53,884	98,332
	MCO	2	12	14	50	0	0	0	0	78
	Specialty Mental Health	0	1	0	0	58	1,638	0	0	1,697
	Subtotal	8	30	30	133	4,024	40,007	1,991	53,884	100,107
Physician/Professional (visits)	FFS	11	579	105	1,271	34,989	466,273	12,040	423,241	938,509
	MCO	75	242	243	1,092	12	0	8	15	1,687
	Specialty Mental Health	16	325	0	0	1,040	8,871	0	0	10,252
	Subtotal	102	1,146	348	2,363	36,041	475,144	12,048	423,256	950,448
Pharmacy (prescriptions)	FFS	24	499	23	664	6,396	129,614	1,506	134,607	273,333
	MCO	52	735	90	3,536	0	8	0	64	4,485
	Subtotal	76	1,234	113	4,200	6,396	129,622	1,506	134,671	277,818
Special Services* (visits)	FFS	0	92	10	210	7,640	154,951	1,732	131,810	296,445
	MCO	8	96	46	436	0	0	0	3	589
	Specialty Mental Health	0	0	0	0	0	0	0	0	0
	Subtotal	8	188	56	646	7,640	154,951	1,732	131,813	297,034
Dental (visits)	FFS	0	0	0	0	0	35	1	20	56
	MCO	2	12	0	47	0	0	0	0	61
	Subtotal	2	12	0	47	0	35	1	20	117
Home Health (visits)	FFS	0	1	0	3	41,704	1,467,632	7,218	1,193,429	2,709,987
	MCO	0	0	0	3	0	0	0	0	3
	Specialty Mental Health	0	0	0	0	15	307	0	0	322
	Subtotal	0	1	0	6	41,719	1,467,939	7,218	1,193,429	2,710,312
Long term care (billing events)	FFS	3	8	4	5	3,209	110,046	445	55,801	169,521
Specific services (subset of above)										
- Emergency Department (visits)	FFS	6	17	16	83	2,592	18,828	760	15,723	38,025
	MCO	2	12	14	50	0	1	0	0	79
	Specialty Mental Health	0	1	0	0	16	68	0	0	85
	Subtotal	8	30	30	133	2,608	18,897	760	15,723	38,189
- Psych Residential Rehab. (billing events)	FFS	0	0	0	0	0	0	0	0	0
	MCO	0	0	0	0	0	0	0	0	0
	Specialty Mental Health	0	0	0	0	146	1,707	0	0	1,853
	Subtotal	0	0	0	0	146	1,707	0	0	1,853

Category		PAC Enrollees				FFS Enrollees				Total
Service Setting	Payment Source	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither	
	Number of Enrollees	***4***	***66***	***19***	***325***	***847***	***21,406***	***524***	***36,901***	60,092
- Other Psych Rehab. (visits)	FFS	0	0	0	0	0	0	0	0	0
	MCO	0	0	0	0	0	0	0	0	0
	Specialty Mental Health	0	19	0	0	114	1,872	0	0	2,005
	Subtotal	0	19	0	0	114	1,872	0	0	2,005
- Methadone	FFS	0	0	0	0	887	0	2,798	0	3,685
	MCO	48	0	139	0	12	0	8	0	207
	Specialty Mental Health	0	0	0	0	0	0	0	0	0
	Subtotal	48	0	139	0	899	0	2,806	0	3,892
- Regional Institute for Children and Adolescents (billing events)	FFS	0	0	0	0	0	0	0	0	0
	MCO	0	0	0	0	0	0	0	0	0
	Specialty Mental Health	0	0	0	0	0	0	0	0	0
	Subtotal	0	0	0	0	0	0	0	0	0

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 8a. Service per Enrollee (Aged 0-18 Years) by Service Type, FY 2011 (same individual can be counted in multiple rows)

Category		Populations							
		HealthChoice Enrollees				FFS Enrollees			
Service Setting	Service Category (MH/SA/Somatic)	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither
Hospital Inpatient	Mental Health	0.36	0.04	0.00	0.00	2.68	0.38	0.00	0.00
	Somatic Care	0.21	0.06	0.25	0.11	0.65	0.49	1.16	0.45
	Substance Abuse	0.09	0.00	0.03	0.00	0.15	0.00	0.32	0.00
Hospital Outpatient	Mental Health	1.45	1.21	0.00	0.00	0.98	1.44	0.00	0.00
	Somatic Care	1.73	1.32	1.18	0.84	4.10	7.63	3.36	1.62
	Substance Abuse	1.08	0.00	0.51	0.00	0.08	0.00	0.06	0.00
Physician/Professional	Mental Health	14.46	8.46	0.00	0.00	7.60	4.33	0.00	0.00
	Somatic Care	9.00	5.74	9.59	5.51	18.27	17.16	18.86	6.22
	Substance Abuse	4.82	0.00	3.91	0.00	1.89	0.00	3.23	0.00
Pharmacy	All	10.60	7.00	2.96	2.76	25.47	20.77	4.27	4.08
Special Services*	All	28.28	13.80	4.18	1.04	30.74	40.03	6.11	5.24
Dental	All	1.67	1.65	1.14	1.26	1.79	1.17	0.61	0.44
Home Health	All	0.77	2.12	0.60	0.06	19.02	63.27	12.97	13.50
Long Term Care	All	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Specific services (subsets of above reporting, for example emergency visits are part of outpatient visits)									
- Emergency Department	Mental Health	0.41	0.07	0.00	0.00	0.30	0.07	0.00	0.00
	Somatic Care	1.16	0.64	0.83	0.58	1.61	1.12	1.42	0.45
	Substance Abuse	0.09	0.00	0.08	0.00	0.08	0.00	0.06	0.00
- Psych Residential Rehab.	Mental Health	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
- Other Psych Rehab.	Mental Health	0.55	0.44	0.00	0.00	0.22	0.21	0.00	0.00
- Methadone	Substance Abuse	0.06	0.00	0.12	0.00	0.00	0.00	0.00	0.00
- Regional Institute for Children and Adolescents	Mental Health	0.39	0.03	0.00	0.00	7.97	1.32	0.00	0.00
	Somatic Care	0.01	0.00	0.00	0.00	0.13	0.00	0.00	0.00
	Substance Abuse	0.15	0.00	0.16	0.00	0.02	0.00	0.00	0.00

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 8b. Service per Enrollee (Aged 0-18 Years) by Payment Source, FY 2011 (same individual can be counted in multiple rows)

Category		Populations							
		HealthChoice Enrollees				FFS Enrollees			
Service Setting	Payment Source	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither
Hospital Inpatient	FFS	0.05	0.01	0.06	0.02	0.65	0.49	1.49	0.45
	MCO	0.25	0.05	0.22	0.09	0.00	0.00	0.00	0.00
	Specialty Mental Health	0.37	0.04	0.00	0.00	2.83	0.38	0.00	0.00
Hospital Outpatient	FFS	0.24	0.40	0.11	0.07	4.15	8.04	3.43	1.61
	MCO	2.71	1.06	1.58	0.77	0.05	0.00	0.00	0.00
	Specialty Mental Health	1.31	1.07	0.00	0.00	0.95	1.01	0.00	0.00
Physician/Professional	FFS	1.10	0.29	1.13	0.30	20.36	17.44	22.09	6.17
	MCO	13.19	5.86	12.36	5.21	0.10	0.01	0.00	0.04
	Specialty Mental Health	13.97	8.05	0.00	0.00	7.29	4.05	0.00	0.00
Pharmacy	FFS	5.92	3.18	0.40	0.12	25.15	20.75	4.27	4.07
	MCO	4.68	3.81	2.56	2.64	0.31	0.03	0.00	0.01
Special Services*	FFS	25.86	12.91	2.12	0.20	34.33	46.85	6.24	5.23
	MCO	3.36	1.21	2.19	0.84	0.05	0.00	0.00	0.01
	Specialty Mental Health	0.07	0.03	0.00	0.00	0.11	0.00	0.00	0.00
Dental	FFS	1.67	1.65	1.14	1.26	1.79	1.17	0.61	0.44
	MCO	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Home Health	FFS	0.10	1.96	0.10	0.01	18.88	64.23	12.97	13.50
	MCO	0.58	0.15	0.50	0.05	0.04	0.00	0.00	0.00
	Specialty Mental Health	0.09	0.02	0.00	0.00	0.09	0.03	0.00	0.00
Long term care	FFS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Specific services (redundant with above reporting)									
- Emergency Department	FFS	0.07	0.02	0.04	0.03	1.65	1.13	1.49	0.45
	MCO	1.29	0.63	0.87	0.55	0.05	0.00	0.00	0.00
	Specialty Mental Health	0.30	0.05	0.00	0.00	0.29	0.07	0.00	0.00
- Psych Residential Rehab.	FFS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	MCO	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Specialty Mental Health	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
- Other Psych Rehab.	FFS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	MCO	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Specialty Mental Health	0.55	0.44	0.00	0.00	0.22	0.21	0.00	0.00
- Methadone	FFS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	MCO	0.05	0.00	0.12	0.00	0.00	0.00	0.00	0.00
	Specialty Mental Health	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
- Regional Institute for Children and Adolescents	FFS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	MCO	0.15	0.00	0.16	0.00	0.00	0.00	0.00	0.00
	Specialty Mental Health	0.40	0.03	0.00	0.00	8.13	1.32	0.00	0.00

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 9a. Service per Enrollee (Aged 19-64 Years) by Service Type, FY 2011 (same individual can be counted in multiple rows)

Category		Populations															
		HealthChoice Enrollees				PAC Enrollees				HealthChoice/PAC				FFS Enrollees			
Service Setting	**Service Category (MH/SA/Somatic)**	**Both**	**MHD Only**	**SUD Only**	**Neither**	**Both**	**MHD Only**	**SUD Only**	**Neither**	**Both**	**MHD Only**	**SUD Only**	**Neither**	**Both**	**MHD Only**	**SUD Only**	**Neither**
Hospital Inpatient (admits)	Mental Health	0.30	0.06	0.00	0.00	0.00	0.00	0.00	0.00	0.35	0.10	0.00	0.00	0.38	0.07	0.00	0.00
	Somatic Care	0.80	0.27	0.46	0.20	0.00	0.00	0.00	0.00	0.55	0.24	0.42	0.19	0.89	0.35	0.86	0.48
	Substance Abuse	0.09	0.00	0.02	0.00	0.00	0.00	0.00	0.00	0.07	0.00	0.02	0.00	0.06	0.00	0.04	0.00
Hospital Outpatient (visits)	Mental Health	1.41	0.98	0.00	0.00	0.20	0.08	0.00	0.00	0.74	0.64	0.00	0.00	1.75	0.96	0.00	0.00
	Somatic Care	5.19	2.85	3.07	1.81	1.66	0.80	0.80	0.64	4.12	2.61	2.54	2.17	5.78	2.62	3.87	1.99
	Substance Abuse	1.64	0.00	1.11	0.00	0.19	0.00	0.06	0.00	2.27	0.00	0.69	0.00	0.77	0.00	0.76	0.00
Physician/Professional (visits)	Mental Health	11.39	7.67	0.00	0.00	9.94	8.09	0.00	0.00	15.38	11.49	0.00	0.00	11.39	8.07	0.00	0.00
	Somatic Care	23.45	13.58	12.72	8.38	5.34	4.71	3.05	3.93	14.84	11.38	11.06	9.19	30.46	16.50	23.31	10.46
	Substance Abuse	12.49	0.00	11.85	0.00	17.94	0.00	15.07	0.00	17.28	0.00	14.12	0.00	3.64	0.00	5.00	0.00
Pharmacy (prescriptions)	All	27.73	20.84	11.49	7.78	16.17	15.47	6.30	9.25	22.26	20.17	10.54	11.45	8.49	6.59	4.82	2.88
Special Services* (visits)	All	8.37	6.19	5.17	2.99	4.41	1.47	3.39	1.48	5.96	3.08	4.61	2.81	5.56	5.70	3.35	2.52
Dental (visits)	All	0.52	0.57	0.45	0.55	0.36	0.31	0.25	0.30	0.50	0.52	0.38	0.55	0.02	0.04	0.01	0.02
Home Health (visits)	All	4.97	27.90	2.06	1.45	0.26	0.07	0.21	0.03	0.52	1.14	0.20	0.16	19.12	113.22	6.53	11.99
Long Term Care (billing events)	All	0.10	0.04	0.03	0.00	0.01	0.01	0.00	0.00	0.02	0.01	0.02	0.01	1.00	1.00	0.41	0.36
Specific services (redundant with above reporting)																	
- Emegency Department (visits)	Mental Health	0.54	0.14	0.00	0.00	0.20	0.08	0.00	0.00	0.61	0.16	0.00	0.00	0.66	0.11	0.00	0.00
	Somatic Care	3.82	1.55	1.81	0.95	1.66	0.80	0.80	0.64	3.24	1.68	1.65	1.10	3.86	1.13	1.99	0.70
	Substance Abuse	0.28	0.00	0.07	0.00	0.19	0.00	0.06	0.00	0.38	0.00	0.07	0.00	0.26	0.00	0.11	0.00
- Psych Residential Rehab. (billing events)	Mental Health	0.13	0.16	0.00	0.00	0.02	0.01	0.00	0.00	0.13	0.11	0.00	0.00	0.44	0.53	0.00	0.00
- Other Psych Rehab. (visits)	Mental Health	0.43	0.43	0.00	0.00	0.26	0.21	0.00	0.00	0.42	0.44	0.00	0.00	0.57	0.57	0.00	0.00
- Methadone	Substance Abuse	8.61	0.00	10.38	0.00	8.00	0.00	10.15	0.00	8.14	0.00	10.23	0.00	2.32	0.00	4.33	0.00
- Regional Institute for Children and Adolescents (billing events)	Mental Health	0.02	0.00	0.00	0.00	0.01	0.00	0.00	0.00	0.04	0.00	0.00	0.00	0.01	0.02	0.00	0.00
	Somatic Care	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Substance Abuse	0.22	0.00	0.04	0.00	1.79	0.00	0.07	0.00	1.43	0.00	0.11	0.00	0.00	0.00	0.00	0.00

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 9b. Service per Enrollee (Aged 19-64 Years) by Payment Source, FY 2011 (same individual can be counted in multiple rows)

Category		Populations															
		HealthChoice Enrollees				PAC Enrollees				HealthChoice/PAC				FFS Enrollees			
Service Setting	Payment Source	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither
Hospital Inpatient (admits)	FFS	0.11	0.03	0.08	0.02	0.00	0.00	0.00	0.00	0.30	0.13	0.26	0.10	1.23	0.40	0.90	0.48
	MCO	0.78	0.24	0.40	0.18	0.00	0.00	0.00	0.00	0.33	0.11	0.17	0.10	0.00	0.00	0.00	0.00
	Specialty Mental Health	0.29	0.06	0.00	0.00	0.00	0.00	0.00	0.00	0.35	0.10	0.00	0.00	0.10	0.03	0.00	0.00
Hospital Outpatient (visits)	FFS	0.62	0.26	0.41	0.20	0.17	0.06	0.06	0.03	1.23	0.60	0.88	0.51	7.76	3.32	4.61	1.99
	MCO	6.25	2.64	3.75	1.61	1.73	0.76	0.80	0.60	5.04	2.06	2.33	1.66	0.02	0.00	0.02	0.00
	Specialty Mental Health	1.29	0.93	0.00	0.00	0.14	0.06	0.00	0.00	0.65	0.59	0.00	0.00	0.53	0.28	0.00	0.00
Physician/Professional (visits)	FFS	2.73	1.10	1.75	0.66	1.24	0.79	0.75	0.47	5.60	2.71	4.99	1.87	41.48	21.49	28.17	10.44
	MCO	33.83	12.84	22.81	7.72	22.42	4.17	17.35	3.46	27.00	8.98	20.19	7.32	0.11	0.02	0.13	0.02
	Specialty Mental Health	10.71	7.31	0.00	0.00	9.52	7.83	0.00	0.00	14.87	11.19	0.00	0.00	3.84	3.11	0.00	0.00
Pharmacy (prescriptions)	FFS	10.79	7.80	2.07	0.96	6.88	6.55	1.09	1.30	9.72	8.40	2.19	2.08	8.35	6.54	4.67	2.85
	MCO	16.94	13.04	9.42	6.82	9.29	8.92	5.21	7.95	12.54	11.77	8.35	9.37	0.14	0.05	0.15	0.03
Special Services* (visits)	FFS	1.89	2.15	0.60	0.44	0.10	0.07	0.03	0.05	0.81	0.44	0.38	0.33	5.89	5.83	3.37	2.52
	MCO	7.29	4.06	4.94	2.55	4.85	1.44	3.57	1.43	5.90	2.64	4.57	2.48	0.02	0.00	0.03	0.01
	Specialty Mental Health	0.08	0.07	0.00	0.00	0.01	0.01	0.00	0.00	0.06	0.03	0.00	0.00	0.00	0.00	0.00	0.00
Dental (visits)	FFS	0.12	0.20	0.15	0.27	0.00	0.00	0.00	0.00	0.07	0.15	0.11	0.27	0.02	0.04	0.01	0.02
	MCO	0.40	0.37	0.30	0.28	0.36	0.31	0.25	0.30	0.43	0.37	0.27	0.28	0.00	0.00	0.00	0.00
Home Health (visits)	FFS	4.28	28.49	1.62	1.28	0.01	0.04	0.01	0.01	0.21	1.00	0.03	0.05	19.53	118.76	6.66	11.99
	MCO	0.74	0.40	0.45	0.17	0.25	0.02	0.20	0.02	0.32	0.15	0.17	0.11	0.00	0.00	0.00	0.00
	Specialty Mental Health	0.02	0.02	0.00	0.00	0.00	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.02	0.03	0.00	0.00
Long term care (billing events)	FFS	0.04	0.02	0.01	0.00	0.01	0.01	0.00	0.00	0.01	0.00	0.01	0.00	1.01	1.02	0.41	0.36
Specific services (redundant with above reporting)																	
- Emergency Department (visits)	FFS	0.38	0.12	0.20	0.10	0.17	0.06	0.06	0.03	0.74	0.36	0.44	0.24	4.63	1.20	2.09	0.70
	MCO	3.81	1.46	1.68	0.85	1.73	0.76	0.80	0.60	2.97	1.33	1.28	0.86	0.02	0.00	0.01	0.00
	Specialty Mental Health	0.44	0.10	0.00	0.00	0.14	0.06	0.00	0.00	0.53	0.14	0.00	0.00	0.12	0.03	0.00	0.00
- Psych Residential Rehab. (billing events)	FFS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	MCO	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Specialty Mental Health	0.13	0.16	0.00	0.00	0.02	0.01	0.00	0.00	0.13	0.11	0.00	0.00	0.44	0.53	0.00	0.00
- Other Psych Rehab. (visits)	FFS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	MCO	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Specialty Mental Health	0.43	0.43	0.00	0.00	0.26	0.21	0.00	0.00	0.42	0.44	0.00	0.00	0.57	0.57	0.00	0.00
- Methadone	FFS	0.18	0.00	0.25	0.00	0.08	0.00	0.08	0.00	0.66	0.00	1.04	0.00	2.30	0.00	4.27	0.00
	MCO	8.43	0.00	10.13	0.00	7.92	0.00	10.07	0.00	7.48	0.00	9.20	0.00	0.02	0.00	0.06	0.00
	Specialty Mental Health	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
- Regional Institute for Children and Adolescents (billing events)	FFS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	MCO	0.23	0.00	0.04	0.00	1.80	0.00	0.07	0.00	1.47	0.00	0.11	0.00	0.00	0.00	0.00	0.00
	Specialty Mental Health	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.02	0.00	0.00

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 10a. Service per Enrollee (Aged 65 Years or Older) by Service Type, FY 2011 (same individual can be counted in multiple rows)

Category		PAC Enrollees				FFS Enrollees			
Service Setting	**Service Category (MH/SA/Somatic)**	**Both**	**MHD Only**	**SUD Only**	**Neither**	**Both**	**MHD Only**	**SUD Only**	**Neither**
Hospital Inpatient (admits)	Mental Health	0.00	0.00	0.00	0.00	0.13	0.04	0.00	0.00
	Somatic Care	0.00	0.00	0.00	0.00	1.02	0.50	0.70	0.23
	Substance Abuse	0.00	0.00	0.00	0.00	0.06	0.00	0.04	0.00
Hospital Outpatient (visits)	Mental Health	0.53	0.03	0.00	0.00	0.43	0.24	0.00	0.00
	Somatic Care	1.60	0.43	1.40	0.41	3.83	1.62	3.20	1.46
	Substance Abuse	0.00	0.00	0.16	0.00	0.50	0.00	0.60	0.00
Physician/Professional (visits)	Mental Health	4.81	5.83	0.00	0.00	6.32	3.26	0.00	0.00
	Somatic Care	9.36	11.61	7.18	7.27	34.58	18.94	17.76	11.47
	Substance Abuse	13.11	0.00	10.80	0.00	1.72	0.00	5.24	0.00
Pharmacy (prescriptions)	All	20.33	18.79	5.84	12.93	7.55	6.06	2.87	3.65
Special Services* (visits)	All	1.34	2.79	2.58	1.99	8.55	7.06	3.26	3.57
Dental (visits)	All	0.53	0.18	0.00	0.14	0.00	0.00	0.00	0.00
Home Health (visits)	All	0.00	0.02	0.00	0.02	45.31	66.01	13.77	32.34
Long Term Care (billing events)	All	0.53	0.12	0.21	0.02	3.70	5.03	0.85	1.51
Specific services (redundant with above reporting)									
- Emergency Department (visits)	Mental Health	0.53	0.03	0.00	0.00	0.16	0.03	0.00	0.00
	Somatic Care	1.60	0.43	1.40	0.41	2.65	0.85	1.34	0.43
	Substance Abuse	0.00	0.00	0.16	0.00	0.27	0.00	0.11	0.00
- Psych Residential Rehab. (billing events)	Mental Health	0.00	0.00	0.00	0.00	0.17	0.08	0.00	0.00
- Other Psych Rehab. (visits)	Mental Health	0.00	0.29	0.00	0.00	0.13	0.09	0.00	0.00
- Methadone	Substance Abuse	12.84	0.00	7.18	0.00	1.06	0.00	5.35	0.00
- Regional Institute for Children and Adolescents (billing events)	Mental Health	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Somatic Care	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Substance Abuse	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 10b. Service per Enrollee (Aged 65 Years or Older) by Payment Source, FY 2011 (same individual can be counted in multiple rows)

Category		PAC Enrollees				FFS Enrollees			
Service Setting	**Payment Source**	**Both**	**MHD Only**	**SUD Only**	**Neither**	**Both**	**MHD Only**	**SUD Only**	**Neither**
Hospital Inpatient (admits)	FFS	0.00	0.00	0.00	0.00	1.18	0.54	0.74	0.23
	MCO	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Specialty Mental Health	0.00	0.00	0.00	0.00	0.03	0.00	0.00	0.00
Hospital Outpatient (visits)	FFS	1.60	0.26	0.83	0.26	4.68	1.79	3.80	1.46
	MCO	0.53	0.18	0.72	0.15	0.00	0.00	0.00	0.00
	Specialty Mental Health	0.00	0.02	0.00	0.00	0.07	0.08	0.00	0.00
Physician/Professional (visits)	FFS	2.94	8.82	5.43	3.91	41.31	21.78	22.97	11.47
	MCO	20.06	3.69	12.56	3.36	0.01	0.00	0.02	0.00
	Specialty Mental Health	4.28	4.95	0.00	0.00	1.23	0.41	0.00	0.00
Pharmacy (prescriptions)	FFS	6.42	7.60	1.19	2.04	7.55	6.06	2.87	3.65
	MCO	13.91	11.19	4.65	10.88	0.00	0.00	0.00	0.00
Special Services* (visits)	FFS	0.00	1.40	0.52	0.65	9.02	7.24	3.30	3.57
	MCO	2.14	1.46	2.38	1.34	0.00	0.00	0.00	0.00
	Specialty Mental Health	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Dental (visits)	FFS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	MCO	0.53	0.18	0.00	0.14	0.00	0.00	0.00	0.00
Home Health (visits)	FFS	0.00	0.02	0.00	0.01	49.23	68.56	13.77	32.34
	MCO	0.00	0.00	0.00	0.01	0.00	0.00	0.00	0.00
	Specialty Mental Health	0.00	0.00	0.00	0.00	0.02	0.01	0.00	0.00
Long term care (billing events)	FFS	0.80	0.12	0.21	0.02	3.79	5.14	0.85	1.51
Specific services (redundant with above reporting)									
- Emergency Department (visits)	FFS	1.60	0.26	0.83	0.26	3.06	0.88	1.45	0.43
	MCO	0.53	0.18	0.72	0.15	0.00	0.00	0.00	0.00
	Specialty Mental Health	0.00	0.02	0.00	0.00	0.02	0.00	0.00	0.00
- Psych Residential Rehab. (billing events)	FFS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	MCO	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Specialty Mental Health	0.00	0.00	0.00	0.00	0.17	0.08	0.00	0.00
- Other Psych Rehab. (visits)	FFS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	MCO	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Specialty Mental Health	0.00	0.29	0.00	0.00	0.13	0.09	0.00	0.00
- Methadone	FFS	0.00	0.00	0.00	0.00	1.05	0.00	5.34	0.00
	MCO	12.84	0.00	7.18	0.00	0.01	0.00	0.02	0.00
	Specialty Mental Health	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
- Regional Institute for Children and Adolescents (billing events)	FFS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	MCO	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Specialty Mental Health	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 11a. Service per User (Aged 0-18 Years) by Service Type, FY 2011 (same individual can be counted in multiple rows)

Category		Populations							
		HealthChoice Enrollees				FFS Enrollees			
Service Setting	Service Category (MH/SA/Somatic)	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither
Hospital Inpatient	Mental Health	1.8	1.6	n/a	n/a	4.3	3.5	n/a	n/a
	Somatic Care	2.1	1.5	1.7	1.1	3.5	2.3	7.2	1.2
	Substance Abuse	1.2	n/a	1.1	n/a	1.2	n/a	1.0	n/a
Hospital Outpatient	Mental Health	5.3	8.1	n/a	1.0	4.6	7.7	n/a	n/a
	Somatic Care	2.9	2.9	2.5	2.1	6.4	10.2	8.7	4.0
	Substance Abuse	3.9	n/a	2.6	1.0	1.1	n/a	1.0	n/a
Physician/Professional	Mental Health	17.5	15.0	n/a	n/a	13.7	14.6	n/a	n/a
	Somatic Care	10.0	6.5	12.1	5.7	24.0	19.9	23.3	7.1
	Substance Abuse	9.6	n/a	6.8	1.0	7.4	n/a	5.0	n/a
Pharmacy	All	12.2	8.7	4.6	3.9	27.7	24.2	6.0	11.6
Special Services*	All	32.6	17.8	7.0	2.0	33.5	44.8	9.9	17.7
Dental	All	2.9	2.6	2.7	2.4	3.0	2.2	2.4	2.3
Home Health	All	8.7	44.8	7.0	2.1	104.5	90.7	57.3	53.6
Long Term Care	All	n/a	2.3	n/a	n/a	n/a	2.0	n/a	n/a
Specific services (subsets of above reporting, for example emergency visits are part of outpatient visits)									
- Emergency Department	Mental Health	1.9	1.6	n/a	n/a	2.0	1.6	n/a	n/a
	Somatic Care	2.2	1.8	1.9	1.7	3.0	2.5	4.4	1.6
	Substance Abuse	1.0	n/a	1.0	1.0	1.1	n/a	1.0	n/a
- Psych Residential Rehab.	Mental Health	1.5	1.1	n/a	n/a	n/a	1.4	n/a	n/a
- Other Psych Rehab.	Mental Health	6.0	6.9	n/a	n/a	3.9	6.1	n/a	n/a
- Methadone	Substance Abuse	10.7	n/a	9.8	n/a	n/a	n/a	n/a	n/a
- Regional Institute for Children and Adolescents	Mental Health	8.7	8.4	n/a	n/a	14.0	14.4	n/a	n/a
	Somatic Care	29.0	n/a	n/a	n/a	16.0	n/a	n/a	n/a
	Substance Abuse	5.4	n/a	3.9	n/a	3.0	n/a	n/a	n/a

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 11b. Service per User (Aged 0-18 Years) by Payment Source, FY 2011 (same individual can be counted in multiple rows)

Category		Populations							
		HealthChoice Enrollees				FFS Enrollees			
Service Setting	Payment Source	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither
Hospital Inpatient	FFS	1.5	1.5	1.4	1.1	2.3	2.3	3.3	1.2
	MCO	1.6	1.4	1.6	1.1	n/a	1.0	n/a	1.0
	Specialty Mental Health	1.9	1.6	n/a	n/a	4.4	3.4	n/a	n/a
Hospital Outpatient	FFS	2.7	5.8	2.1	1.8	6.5	10.7	8.8	4.0
	MCO	3.8	2.4	2.8	2.0	6.0	1.0	n/a	2.7
	Specialty Mental Health	5.2	8.2	n/a	n/a	4.8	7.0	n/a	n/a
Physician/Professional	FFS	7.5	3.7	9.5	2.5	25.1	20.0	23.6	7.0
	MCO	13.9	6.5	13.5	5.4	4.0	1.4	n/a	7.4
	Specialty Mental Health	18.2	18.7	n/a	n/a	14.7	19.7	n/a	n/a
Pharmacy	FFS	9.6	8.2	3.4	2.1	27.4	24.2	6.0	11.6
	MCO	6.2	5.3	4.2	3.8	3.8	2.3	n/a	2.1
Special Services*	FFS	54.1	26.6	20.5	6.5	37.7	52.5	10.2	17.8
	MCO	4.4	2.2	3.9	1.7	1.2	1.4	n/a	2.9
	Specialty Mental Health	1.5	1.2	n/a	n/a	2.6	1.0	n/a	n/a
Dental	FFS	2.9	2.6	2.7	2.4	3.0	2.2	2.4	2.3
	MCO	n/a	1.0	n/a	1.1	n/a	n/a	n/a	n/a
Home Health	FFS	16.0	157.2	8.8	4.2	114.1	92.4	57.3	53.6
	MCO	7.3	4.2	6.5	1.8	5.0	n/a	n/a	n/a
	Specialty Mental Health	22.1	19.8	n/a	n/a	11.0	11.1	n/a	n/a
Long term care	FFS	n/a	2.0	n/a	n/a	n/a	2.0	n/a	n/a
Specific services (redundant with above reporting)									
- Emergency Department	FFS	1.4	1.4	1.3	1.2	3.1	2.5	4.6	1.6
	MCO	2.2	1.8	1.9	1.7	6.0	1.0	n/a	1.4
	Specialty Mental Health	1.5	1.4	n/a	n/a	1.9	1.7	n/a	n/a
- Psych Residential Rehab.	FFS	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	MCO	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Specialty Mental Health	1.5	1.1	n/a	n/a	n/a	1.4	n/a	n/a
- Other Psych Rehab.	FFS	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	MCO	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Specialty Mental Health	6.0	6.9	n/a	n/a	3.9	6.1	n/a	n/a
- Methadone	FFS	5.0	n/a	4.0	n/a	n/a	n/a	n/a	n/a
	MCO	10.4	n/a	10.0	n/a	n/a	n/a	n/a	n/a
	Specialty Mental Health	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
- Regional Institute for Children and Adolescents	FFS	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	MCO	5.3	1.0	3.9	n/a	n/a	n/a	n/a	n/a
	Specialty Mental Health	8.9	8.5	n/a	n/a	13.8	14.4	n/a	n/a

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 12a. Service per User (Aged 19-64 Years) by Service Type, FY 2011 (same individual can be counted in multiple rows)

Category		Populations															
		HealthChoice Enrollees				PAC Enrollees				HealthChoice/PAC				FFS Enrollees			
Service Setting	Service Category (MH/SA/Somatic)	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither	Both	MHD Only	SUD Only	Neither
Hospital Inpatient (admits)	Mental Health	2.0	1.5	n/a	n/a	n/a	n/a	n/a	n/a	2.0	1.4	n/a	n/a	1.6	1.4	n/a	n/a
	Somatic Care	2.3	1.6	1.6	1.2	n/a	n/a	n/a	n/a	2.0	1.7	1.7	1.3	2.2	1.7	1.8	1.2
	Substance Abuse	1.5	n/a	1.2	1.0	n/a	n/a	n/a	n/a	1.3	n/a	1.1	n/a	1.6	1.0	1.5	1.0
Hospital Outpatient (visits)	Mental Health	6.1	7.1	n/a	n/a	1.8	1.4	n/a	n/a	3.3	5.5	n/a	n/a	5.5	6.9	n/a	n/a
	Somatic Care	6.5	4.5	4.5	3.1	3.2	2.4	2.3	1.8	5.3	4.1	4.2	3.6	7.2	4.8	5.6	4.2
	Substance Abuse	7.1	1.1	9.3	1.0	1.9	1.0	1.6	1.0	9.6	n/a	6.0	n/a	4.9	1.0	7.4	1.0
Physician/Professional (visits)	Mental Health	15.3	12.3	n/a	n/a	12.6	11.0	n/a	n/a	18.1	15.1	n/a	n/a	15.3	13.6	n/a	n/a
	Somatic Care	24.5	14.8	14.5	8.8	6.8	6.2	5.2	4.5	16.0	12.4	13.3	9.7	32.0	19.6	26.0	11.8
	Substance Abuse	21.7	1.1	22.1	1.1	25.1	1.0	20.7	1.0	24.3	n/a	21.2	1.0	11.6	1.0	15.9	1.3
Pharmacy (prescriptions)	All	28.6	22.5	13.6	9.3	17.2	17.2	9.0	10.9	22.8	21.0	12.2	12.6	19.1	17.1	15.3	12.0
Special Services* (visits)	All	9.4	7.6	6.8	4.0	5.8	2.4	5.6	2.2	7.0	4.0	6.2	3.6	8.1	9.8	7.0	6.6
Dental (visits)	All	2.1	2.2	2.1	2.2	1.7	1.7	1.7	1.6	1.8	2.0	1.9	2.0	2.0	2.1	1.3	2.0
Home Health (visits)	All	28.6	153.3	19.4	25.5	5.6	4.4	7.0	2.5	4.6	13.4	3.1	3.0	184.9	324.8	105.3	228.9
Long Term Care (billing events)	All	2.9	3.5	2.3	2.5	5.1	4.2	3.8	3.3	2.2	1.8	2.4	1.7	8.4	9.4	6.1	8.3
Specific services (redundant with above reporting)																	
- Emergency Department (visits)	Mental Health	2.6	1.7	n/a	n/a	1.8	1.4	n/a	n/a	2.4	1.5	n/a	n/a	2.2	1.6	n/a	n/a
	Somatic Care	5.1	2.9	2.9	2.0	3.2	2.4	2.3	1.8	4.3	3.0	2.8	2.2	5.1	2.6	2.8	1.9
	Substance Abuse	2.2	n/a	1.3	n/a	1.9	n/a	1.6	n/a	2.6	n/a	1.5	n/a	2.0	1.0	1.5	1.0
- Psych Residential Rehab. (billing events)	Mental Health	5.9	8.8	n/a	n/a	1.9	2.7	n/a	n/a	3.7	3.7	n/a	n/a	8.6	10.1	n/a	n/a
- Other Psych Rehab. (visits)	Mental Health	6.6	8.3	n/a	n/a	4.6	5.8	n/a	n/a	5.1	5.6	n/a	n/a	7.6	9.0	n/a	n/a
- Methadone	Substance Abuse	37.7	n/a	37.6	n/a	32.9	n/a	29.7	n/a	29.9	n/a	31.3	n/a	35.5	n/a	32.8	n/a
- Regional Institute for Children and Adolescents (billing events)	Mental Health	11.7	6.7	n/a	n/a	9.7	n/a	n/a	n/a	8.8	n/a	n/a	n/a	15.5	14.6	n/a	n/a
	Somatic Care	1.0	1.0	n/a	n/a	12.0	n/a	n/a	n/a	1.0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Substance Abuse	22.5	n/a	7.9	n/a	28.6	n/a	9.8	n/a	21.1	n/a	8.3	n/a	10.0	n/a	n/a	n/a

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 12b. Service per User (Aged 19-64 Years) by Payment Source, FY 2011 (same individual can be counted in multiple rows)

Category		Populations															
		HealthChoice Enrollees				PAC Enrollees				HealthChoice/PAC Enrollees				FFS Enrollees			
Service Setting	**Payment Source**	**Both**	**MHD Only**	**SUD Only**	**Neither**	**Both**	**MHD Only**	**SUD Only**	**Neither**	**Both**	**MHD Only**	**SUD Only**	**Neither**	**Both**	**MHD Only**	**SUD Only**	**Neither**
Hospital Inpatient (admits)	FFS	2.0	1.6	1.6	1.3	n/a	n/a	n/a	n/a	1.9	1.8	1.7	1.5	2.0	1.7	1.8	1.2
	MCO	2.2	1.5	1.5	1.2	n/a	n/a	n/a	n/a	1.6	1.3	1.4	1.1	2.8	1.4	1.5	1.1
	Specialty Mental Health	2.0	1.5	n/a	n/a	n/a	n/a	n/a	n/a	2.0	1.4	n/a	n/a	2.6	1.7	n/a	n/a
Hospital Outpatient (visits)	FFS	4.0	2.9	3.2	2.1	3.6	2.2	2.4	1.7	4.1	3.0	4.0	2.7	9.0	5.7	6.5	4.2
	MCO	7.7	4.2	5.4	3.0	3.2	2.3	2.3	1.7	6.4	3.5	3.9	3.0	3.1	1.9	2.9	1.9
	Specialty Mental Health	6.1	7.4	n/a	n/a	1.7	1.3	n/a	n/a	3.2	5.5	n/a	n/a	9.0	10.1	n/a	n/a
Physician/Professional (visits)	FFS	12.9	7.2	8.7	3.7	18.8	14.4	20.1	13.1	10.5	7.3	11.2	5.7	42.1	24.1	29.5	11.8
	MCO	34.6	14.0	23.8	8.4	23.5	5.4	18.5	4.0	27.7	10.0	21.1	8.0	8.0	5.2	9.1	5.9
	Specialty Mental Health	15.9	14.1	n/a	n/a	13.2	11.8	n/a	n/a	18.6	15.9	n/a	n/a	13.4	12.9	n/a	n/a
Pharmacy (prescriptions)	FFS	12.6	10.7	5.8	4.4	8.5	8.7	4.0	4.8	10.7	9.7	4.3	4.7	18.8	17.0	14.9	11.9
	MCO	18.2	15.1	11.4	8.3	10.8	11.4	7.7	9.5	13.6	13.4	10.0	10.5	7.5	8.0	8.8	5.4
Special Services* (visits)	FFS	7.0	13.6	3.9	4.4	4.1	3.3	3.1	3.4	3.2	2.3	2.0	2.2	8.6	10.0	7.1	6.6
	MCO	8.5	5.2	6.8	3.5	6.5	2.4	6.0	2.2	7.2	3.6	6.3	3.3	2.7	2.2	3.6	2.6
	Specialty Mental Health	1.7	1.8	n/a	n/a	1.2	1.1	n/a	n/a	1.4	1.4	n/a	n/a	2.8	1.8	n/a	n/a
Dental (visits)	FFS	2.6	2.7	2.6	2.6	1.0	1.8	1.0	3.0	2.2	2.4	2.6	2.2	2.0	2.1	1.4	2.0
	MCO	1.9	1.9	1.8	1.8	1.7	1.7	1.7	1.6	1.7	1.8	1.6	1.7	1.0	1.3	1.0	2.0
Home Health (visits)	FFS	183.3	295.0	178.1	235.9	12.9	22.2	7.2	17.8	25.3	73.8	15.0	8.4	193.8	343.5	107.5	229.0
	MCO	4.7	4.2	4.5	3.2	5.6	1.7	7.0	1.4	3.0	2.1	2.8	2.3	2.0	n/a	n/a	2.0
	Specialty Mental Health	10.3	11.1	n/a	n/a	7.0	7.9	n/a	n/a	n/a	5.0	n/a	n/a	8.1	10.7	n/a	n/a
Long term care (billing events)	FFS	3.9	4.9	3.4	3.6	5.1	4.2	3.8	3.3	2.1	2.3	2.0	2.0	8.5	9.5	6.1	8.3
Specific services (redundant with above reporting)																	
- Emergency Department (visits)	FFS	3.0	1.8	2.0	1.4	3.6	2.2	2.4	1.7	2.5	2.0	1.9	1.5	5.5	2.7	2.9	1.9
	MCO	5.1	2.8	2.8	2.0	3.2	2.3	2.3	1.7	4.1	2.6	2.5	2.0	3.4	1.7	3.4	1.7
	Specialty Mental Health	2.3	1.5	n/a	n/a	1.7	1.3	n/a	n/a	2.3	1.4	n/a	n/a	2.7	1.7	n/a	n/a
- Psych Residential Rehab. (billing events)	FFS	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	MCO	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Specialty Mental Health	5.9	8.8	n/a	n/a	1.9	2.7	n/a	n/a	3.7	3.7	n/a	n/a	8.6	10.1	n/a	n/a
- Other Psych Rehab. (visits)	FFS	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	MCO	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Specialty Mental Health	6.6	8.3	n/a	n/a	4.6	5.8	n/a	n/a	5.1	5.6	n/a	n/a	7.6	9.0	n/a	n/a
- Methadone	FFS	8.7	n/a	8.1	n/a	15.3	n/a	20.2	n/a	8.9	n/a	11.4	n/a	35.7	n/a	32.9	n/a
	MCO	37.1	n/a	36.9	n/a	32.7	n/a	29.5	n/a	27.6	n/a	28.3	n/a	11.3	n/a	11.9	n/a
	Specialty Mental Health	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
- Regional Institute for Children and Adolescents (billing events)	FFS	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	MCO	23.3	1.0	7.9	n/a	28.6	n/a	9.8	n/a	21.6	n/a	8.3	n/a	10.0	n/a	n/a	n/a
	Specialty Mental Health	10.1	6.7	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	15.5	14.6	n/a	n/a

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 13a. Service per User (Aged 65 Years or Older) by Service Type, FY 2011 (same individual can be counted in multiple rows)

Category		PAC Enrollees				FFS Enrollees			
Service Setting	**Service Category (MH/SA/Somatic)**	**Both**	**MHD Only**	**SUD Only**	**Neither**	**Both**	**MHD Only**	**SUD Only**	**Neither**
Hospital Inpatient (admits)	Mental Health	n/a	n/a	n/a	n/a	1.6	1.2	n/a	n/a
	Somatic Care	n/a	n/a	n/a	n/a	1.8	1.4	1.4	1.3
	Substance Abuse	n/a	n/a	n/a	n/a	1.1	n/a	1.2	n/a
Hospital Outpatient (visits)	Mental Health	2.0	1.0	n/a	n/a	2.9	4.7	n/a	n/a
	Somatic Care	2.0	1.5	2.5	1.8	5.8	3.7	5.1	3.6
	Substance Abuse	n/a	n/a	1.5	n/a	4.8	n/a	6.7	1.0
Physician/Professional (visits)	Mental Health	4.5	10.1	n/a	n/a	9.9	6.9	n/a	n/a
	Somatic Care	8.8	12.9	9.3	7.6	36.1	23.1	19.9	13.8
	Substance Abuse	49.0	n/a	19.0	n/a	7.6	1.0	20.3	1.0
Pharmacy (prescriptions)	All	19.0	20.2	7.5	14.1	16.0	13.3	11.7	12.3
Special Services* (visits)	All	2.5	3.7	3.1	2.7	10.1	9.6	5.4	6.6
Dental (visits)	All	2.0	1.5	n/a	1.7	n/a	1.5	1.0	1.5
Home Health (visits)	All	n/a	1.0	n/a	1.2	238.4	304.7	212.3	285.2
Long Term Care (billing events)	All	2.0	2.7	4.0	2.5	8.5	9.2	6.2	8.1
Specific services (redundant with above reporting)									
- Emergency Department (visits)	Mental Health	2.0	1.0	n/a	n/a	1.4	1.2	n/a	n/a
	Somatic Care	2.0	1.5	2.5	1.8	3.8	2.0	2.2	1.6
	Substance Abuse	n/a	n/a	1.5	n/a	2.1	n/a	1.3	1.0
- Psych Residential Rehab. (billing events)	Mental Health	n/a	n/a	n/a	n/a	11.2	11.1	n/a	n/a
- Other Psych Rehab. (visits)	Mental Health	n/a	4.8	n/a	n/a	7.6	9.6	n/a	n/a
- Methadone	Substance Abuse	48.0	n/a	23.2	n/a	40.9	n/a	43.2	n/a
- Regional Institute for Children and Adolescents (billing events)	Mental Health	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Somatic Care	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Substance Abuse	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Template 13b. Service per User (Aged 65 Years or Older) by Payment Source, FY 2011 (same individual can be counted in multiple rows)

Category		PAC Enrollees				FFS Enrollees			
Service Setting	**Payment Source**	**Both**	**MHD Only**	**SUD Only**	**Neither**	**Both**	**MHD Only**	**SUD Only**	**Neither**
Hospital Inpatient (admits)	FFS	n/a	n/a	n/a	n/a	1.8	1.4	1.4	1.3
	MCO	n/a	n/a	n/a	n/a	n/a	1.0	n/a	n/a
	Specialty Mental Health	n/a	n/a	n/a	n/a	2.6	1.6	n/a	n/a
Hospital Outpatient (visits)	FFS	3.0	1.1	2.7	2.0	6.7	4.0	5.8	3.6
	MCO	1.0	1.2	1.8	1.4	n/a	n/a	n/a	n/a
	Specialty Mental Health	n/a	1.0	n/a	n/a	3.1	11.6	n/a	n/a
Physician/Professional (visits)	FFS	11.0	13.8	15.0	10.1	42.8	25.7	24.6	13.8
	MCO	25.0	4.6	13.5	3.9	12.0	n/a	4.0	2.5
	Specialty Mental Health	8.0	14.1	n/a	n/a	13.9	11.0	n/a	n/a
Pharmacy (prescriptions)	FFS	6.0	9.6	2.6	6.3	16.0	13.3	11.7	12.3
	MCO	17.3	12.5	6.0	12.0	n/a	2.7	n/a	7.1
Special Services* (visits)	FFS	n/a	4.4	1.7	3.6	10.7	9.8	5.4	6.6
	MCO	4.0	2.3	3.8	2.1	n/a	n/a	n/a	3.0
	Specialty Mental Health	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Dental (visits)	FFS	n/a	n/a	n/a	n/a	n/a	1.5	1.0	1.5
	MCO	2.0	1.5	n/a	1.7	n/a	n/a	n/a	n/a
Home Health (visits)	FFS	n/a	1.0	n/a	1.5	260.7	317.1	212.3	285.2
	MCO	n/a	n/a	n/a	1.0	n/a	n/a	n/a	n/a
	Specialty Mental Health	n/a	n/a	n/a	n/a	7.5	11.8	n/a	n/a
Long term care (billing events)	FFS	3.0	2.7	4.0	2.5	8.7	9.4	6.2	8.1
Specific services (redundant with above reporting)									
- Emergency Department (visits)	FFS	3.0	1.1	2.7	2.0	4.1	2.1	2.3	1.6
	MCO	1.0	1.2	1.8	1.4	n/a	1.0	n/a	n/a
	Specialty Mental Health	n/a	1.0	n/a	n/a	1.6	1.4	n/a	n/a
- Psych Residential Rehab. (billing events)	FFS	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	MCO	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Specialty Mental Health	n/a	n/a	n/a	n/a	11.2	11.1	n/a	n/a
- Other Psych Rehab. (visits)	FFS	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	MCO	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Specialty Mental Health	n/a	4.8	n/a	n/a	7.6	9.6	n/a	n/a
- Methadone	FFS	n/a	n/a	n/a	n/a	40.3	n/a	43.0	n/a
	MCO	48.0	n/a	23.2	n/a	12.0	n/a	4.0	n/a
	Specialty Mental Health	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
- Regional Institute for Children and Adolescents (billing events)	FFS	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	MCO	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Specialty Mental Health	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

*Other services not captured in categories above, such as EPSDT therapeutic nursery, Laboratory, DME/DMS, IEP school health services, Medicare X-over (other, ambulance, podiatry, PT)

Table A. HEDIS Diagnostic Group Definitions: Mental Health

ICD Code or MHA Flag	Definition	Notes
290	Dementias	neurologic
293	Delirium	neurologic
294	Amnesic/Dementia Conditions	neurologic
295	Schizophrenia Disorders	
296	Episodic Mood Disorders	
297	Delusional Disorders	
298	Other Nonorganic Psychosis	
299	Pervasive Developmental Disorder	
300	Anxiety	
301	Personality Disorders	
302	Sexual Deviations and Disorders	
306	Physiological Malfunction Arising from Mental Factors	
307	Special Symptoms (e.g., Fluency Disorder, Anorexia)	
308	Acute Reaction to Stress	
309	Adjustment Reaction	
310	Non-psychotic MHD due to Brain Damage	
311	Depression, Not Specified Elsewhere	
312	Conduct disorders	
313	Emotional disturbances in childhood	
314	Hyperkinetic Syndrome	
315	Specific delays in development	
316	Psychic factors not elsewhere classified	
ICN begins 6	Billing flag for a specialty mental health claim	

Definition includes 1 or more primary or secondary diagnoses per HEDIS (this includes dementia, organic delirium, and developmental delay)

Source: HEDIS 2012 Technical Specifications, p. 304

Table B. HEDIS Diagnostic Group Definitions: Substance Abuse

ICD or Procedure Code	Definition	Notes
291	Alcohol-induced mental disorders	
292	Drug-induced mental disorders	
303	Alcohol dependence	
304	Drug dependence	
305	Drug abuse	tobacco excluded
535.3	Alcoholic gastritis	
571.1	Acute alcoholic hepatitis	
H0020	Methadone Replacement therapy	

Definition includes 1 or more primary or secondary diagnoses per HEDIS (this excludes poisonings and maternal drug exposure codes)

Source: HEDIS 2012 Technical Specifications, p. 300

Table C. Clinical Flags

Variable name	Description	Definition
Addiction		
Opioid	Opioid Dependence or Abuse	1 if pdx or dx2-dx12 is 3040 or 3055; else 0
Marijuana	Cannabis Dependence or Abuse	1 if pdx or dx2-dx12 is 3043 or 3052; else 0
Alcohol	Alcohol Dependence or Abuse	1 if pdx or dx2-dx12 is 303 or 3050; else 0

Appendix 2: Top 25 Inpatient Diagnoses

Number of Inpatient Admissions for the Top 25 Diagnosis Codes for Enrollees Aged 0-18 Years, FY 2008

Category	HealthChoice Enrollees											
Diagnostic Group	Both			MHD Only			SUD Only			Neither		
Unique Person Count by Cluster*	*2,580*			*78,861*			*1,361*			*312,557*		
Rank of Diagnosis by Frequency	Diagnosis Name	ICD-9	Frequency	Diagnosis Name	ICD-9	Frequency	Diagnosis Name	ICD-9	Frequency	Diagnosis Name	ICD-9	Frequency
1	AFFECTIVE PS	296	764	AFFECTIVE PS	296	2,240	SINGLE LIVEBO	V30	74	SINGLE LIVEBO	V30	25,578
2	DRUG DEPEND	304	238	ASTHMA	493	437	OTHER AND ILL	779	57	ASTHMA	493	1,399
3	DEPRESSIVE D	311	88	SINGLE LIVEBO	V30	371	DRUG DEPEND	304	42	AC BRONCHITI	466	1162
4	EMOTIONAL DI	313	53	DEPRESSIVE D	311	335	OTHER RESPIR	770	34	PNEUMONIA, O	486	813
5	ADJUSTMENT F	309	46	HYPERKINETIC	314	228	OTH CURRENT	648	15	TWIN, MATE LI	V31	623
6	HYPERKINETIC	314	39	PNEUMONIA, O	486	215	OTH INDICAT O	659	13	OTHER CELLUL	682	558
7	CONDUCT DIST	312	38	DISORDERS RE	765	193	DRUG PSYCHO	292	10	DISORDERS RE	765	492
8	OTH NONORGA	298	34	CONDUCT DIST	312	153	OTHER LUNG D	518	10	GENERAL SYM	780	393
9	DIABETES MEL	250	27	ADJUSTMENT F	309	151	PERINEAL TRA	664	10	OTHER PERINA	774	364
10	SCHIZOPHREN	295	26	GENERAL SYM	780	150	REPLACE & GR	996	10	FLUID/ELECTR	276	321
11	NONDEPENDE	305	23	EPILEPSY	345	125	HYPOTENSION	458	9	OTHER AND ILL	779	318
12	OTHER RESPIR	770	19	OTHER CELLUL	682	117	AC BRONCHITI	466	9	PERINATAL INF	771	288
13	SINGLE LIVEBO	V30	18	AC BRONCHITI	466	115	CARDIAC SEPT	745	8	PERINEAL TRA	664	274
14	NEUROTIC DIS	300	17	FLUID/ELECTR	276	87	DISORDERS RE	765	7	HEREDIT HEMO	282	271
15	POISON-PSYCH	969	16	HEREDIT HEMO	282	82	CONCUSSION	850	7	OTHER RESPIR	770	251
16	EPILEPSY	345	14	NUTRIT/METAB	783	82	OTHER CELLUL	682	6	OTH INDICAT O	659	231
17	OTH CURRENT	648	14	DIABETES MEL	250	80	OSTEOMYELIT	730	6	RESPIRATORY	769	216
18	OTHER CELLUL	682	14	REHABILITATIO	V57	80	TIBIA & FIBULA	823	6	ACUTE APPEND	540	206
19	OTH INDICAT O	659	12	DISEASES OF E	530	75	OTH SURGICAL	998	6	KIDNEY INFECT	590	189
20	OTHER AND ILL	779	11	REPLACE & GR	996	74	FLUID/ELECTR	276	5	OTH CURRENT	648	188
21	DRUG PSYCHO	292	10	OTH NONORGA	298	71	DISEASES OF E	530	5	DISEASES OF E	530	164
22	ALCOHOL DEPI	303	10	OTH INDICAT O	659	69	EARLY/THREAT	644	5	VIRAL INF IN O	079	152
23	STOMACH FUN	536	10	NEUROTIC DIS	300	67	ABNORMAL FO	661	5	PROLONGED P	645	148
24	POIS-ANALGES	965	9	PERINEAL TRA	664	66	GENERAL SYM	780	5	INTESTINAL INF	008	138
25	ATTEN TO ART	V55	9	ACUTE APPEND	540	63	NONDEPENDE	305	4	DIABETES MEL	250	130
Subtotal			**1,559**			**5,726**			**368**			**34,867**

Note: Same person can have multiple admits. * Counts all persons in each diagnostic group-enrollment category.

Number of Inpatient Admissions for the Top 25 Diagnosis Codes for Enrollees Aged 0-18 Years, FY 2008

Category	FFS Enrollees											
Diagnostic Group	Both			MHD Only			SUD Only			Neither		
Unique Person Count by Cluster*	*146*			*2,759*			*46*			*6,477*		
Rank of Diagnosis by Frequency	Diagnosis Name	ICD-9	Frequency	Diagnosis Name	ICD-9	Frequency	Diagnosis Name	ICD-9	Frequency	Diagnosis Name	ICD-9	Frequency
1	AFFECTIVE PSY	296	398	AFFECTIVE PSY	296	1,144	DRUG DEPEND	304	15	SINGLE LIVEBC	V30	1,239
2	CONDUCT DIST	312	84	CONDUCT DIST	312	123	REHABILITATIC	V57	3	PERINEAL TRA	664	72
3	NEUROTIC DIS	300	41	HYPERKINETIC	314	123	OTH UPPR RES	478	2	PNEUMONIA, O	486	43
4	HYPERKINETIC	314	19	ADJUSTMENT F	309	117	OTH CONG CIR	747	2	DISORDERS RE	765	41
5	DRUG DEPEND	304	15	NEUROTIC DIS	300	75	OTHER AND ILL	779	2	OTH INDICAT C	659	38
6	DISEASES OF E	530	10	SCHIZOPHREN	295	66	VERTEBRL FX V	805	2	PROLONGED P	645	32
7	OTH NONORGA	298	7	DEPRESSIVE D	311	65	SEPTICEMIA	038	1	OTH CURRENT	648	30
8	HEREDIT HEMC	282	6	EMOTIONAL DI	313	59	HIV DISEASE	042	1	RESPIRATORY	769	30
9	NUTRIT/METAB	783	5	PNEUMONIA, O	486	55	EPILEPSY	345	1	OTHER AND ILL	779	29
10	ADJUSTMENT F	309	4	NUTRIT/METAB	783	49	ARTERIAL EMB	444	1	TWIN, MATE LIV	V31	29
11	OTHER CELLUL	682	4	REPLACE & GR	996	47	EARLY/THREAT	644	1	REPLACE & GR	996	28
12	SEPTICEMIA	38	2	AC LARYNGITIS	464	39	PROLONGED P	645	1	OTHER PERINA	774	27
13	DIABETES MEL	250	2	EPILEPSY	345	38	OTH CURRENT	648	1	REHABILITATIC	V57	26
14	TRANSIENT OR	293	2	GENERAL SYM	780	36	PERINEAL TRA	664	1	ACUTE APPENI	540	24
15	SEXUAL DISOR	302	2	OTH ORTHOPE	V54	35	SPINA BIFIDA	741	1	EARLY/THREAT	644	22
16	DEPRESSIVE D	311	2	SPECIAL SYMP	307	32	INTRAUTERINE	768	1	NORMAL DELIV	650	21
17	OTH BACTERIA	482	2	REHABILITATIC	V57	30	RESP SYS/OTH	786	1	OTHER RESPIR	770	21
18	OTHER LUNG D	518	2	SPECIFIC DEVE	315	28	SKULL BASE FR	801	1	PERINATAL INF	771	21
19	OTH CONG CIR	747	2	HIV DISEASE	042	26	TIBIA & FIBULA	823	1	HEREDIT HEMC	282	19
20	POISONING-CN	968	2	STOMACH FUN	536	26	GI TRACT INJU	863	1	ASTHMA	493	19
21	REPLACE & GR	996	2	SEPTICEMIA	038	25	OCULAR ADNE	870	1	UMBILICAL COI	663	19
22	OTH SURGICAL	998	2	FLUID/ELECTR	276	25	INJURY NEC/NC	959	1	ABNORMAL FO	661	16
23	ALCOHOL DEPI	303	1	OTHER LUNG D	518	21				EPILEPSY	345	15
24	EMOTIONAL DI	313	1	ASTHMA	493	20				METABOLISM D	277	14
25	ORGANIC SLEE	327	1	VIRAL PNEUMC	480	19				GENERAL SYM	780	14
Subtotal			**618**			**2,323**			**42**			**1,889**

Note: Same person can have multiple admits. * Counts all persons in each diagnostic group-enrollment category.

Number of Inpatient Admissions for the Top 25 Diagnosis Codes for Enrollees Aged 19-64 Years, FY 2008

Category	HealthChoice Enrollees											
Diagnostic Group	Both			MHD Only			SUD Only			Neither		
Unique Person Count by Cluster*	*11,171*			*33,157*			*7,062*			*76,777*		
Rank of Diagnosis by Frequency	Diagnosis Name	ICD-9	Frequency	Diagnosis Name	ICD-9	Frequency	Diagnosis Name	ICD-9	Frequency	Diagnosis Name	ICD-9	Frequency
1	AFFECTIVE PS	296	3,217	SCHIZOPHREN	295	986	HEART FAILUR	428	249	PERINEAL TRA	664	2,113
2	SCHIZOPHREN	295	1,479	AFFECTIVE PS	296	886	OTH CURRENT	648	194	OTH CURRENT	648	2,016
3	RESP SYS/OTH	786	636	RESP SYS/OTH	786	634	HIV DISEASE	042	172	ABNORMALITY	654	1,730
4	HIV DISEASE	042	552	OTH CURRENT	648	472	OTHER CELLUI	682	161	OTH INDICAT C	659	1,697
5	ALCOHOLIC PS	291	471	DIABETES MEL	250	333	RESP SYS/OTH	786	156	PROLONGED P	645	1,243
6	HEREDIT HEMC	282	467	ABNORMALITY	654	313	DISEASES OF F	577	149	ABNORMAL FO	661	934
7	OTHER CELLUI	682	412	REPLACE & GR	996	303	PNEUMONIA, C	486	139	EARLY/THREAT	644	919
8	ASTHMA	493	378	ASTHMA	493	294	SEPTICEMIA	038	124	HYPERTENSIO	642	890
9	DIABETES MEL	250	341	PERINEAL TRA	664	258	ASTHMA	493	114	OTH AMNIOTIC	658	769
10	PNEUMONIA, C	486	336	OTHER CELLUI	682	255	ABNORMALITY	654	112	SINGLE LIVEBC	V30	704
11	HEART FAILUR	428	328	HEART FAILUR	428	249	EARLY/THREAT	644	107	UMBILICAL COI	663	698
12	DEPRESSIVE D	311	327	SEPTICEMIA	038	229	DIABETES MEL	250	105	NORMAL DELIV	650	577
13	DISEASES OF F	577	319	PNEUMONIA, C	486	228	REPLACE & GR	996	96	OTH FETAL PR	656	563
14	SEPTICEMIA	038	315	OTH INDICAT C	659	218	CHRONIC BRO	491	83	MALPOSITION	652	467
15	CHRONIC BRO	491	280	CHRONIC BRO	491	199	OTH INDICAT C	659	80	RESP SYS/OTH	786	418
16	REPLACE & GR	996	262	GENERAL SYM	780	194	PERINEAL TRA	664	79	HEART FAILUR	428	333
17	GENERAL SYM	780	233	OTH CHR ISCH	414	187	ALCOHOLIC PS	291	76	OTHER CONDIT	649	290
18	FLUID/ELECTR	276	220	EPILEPSY	345	176	CHR LIVER DIS	571	73	DIABETES MEL	250	289
19	DRUG PSYCHC	292	184	PROLONGED P	645	172	GENERAL SYM	780	67	OTHER COMPL	646	276
20	EPILEPSY	345	184	OTH SURGICAL	998	167	PROLONGED P	645	66	ASTHMA	493	274
21	OTH CURRENT	648	175	HIV DISEASE	042	166	HEREDIT HEMC	282	64	OTHER CELLUI	682	241
22	OTHER LUNG D	518	159	OTHER LUNG D	518	161	OTHER LUNG D	518	62	HEREDIT HEMC	282	240
23	POIS-ANALGES	965	159	HEREDIT HEMC	282	150	OTH AMNIOTIC	658	60	OBSTRUCTED	660	234
24	POISONING-CN	970	158	EARLY/THREAT	644	149	CARDIAC DYSF	427	53	SEPTICEMIA	038	224
25	ACUTE RENAL	584	154	REHABILITATIC	V57	144	GASTRITIS AND	535	49	REPLACE & GR	996	220
Subtotal			**11,746**			**7,523**			**2,690**			**18,359**

Note: Same person can have multiple admits. * Counts all persons in each diagnostic group-enrollment category.

Number of Inpatient Admissions for the Top 25 Diagnosis Codes for Enrollees Aged 19-64 Years, FY 2008

Category	HealthChoice/PAC											
Diagnostic Group	Both			MHD Only			SUD Only			Neither		
Unique Person Count by Cluster*	*462*			*808*			*202*			*1,098*		
Rank of Diagnosis by Frequency	Diagnosis Name	ICD-9	Frequency	Diagnosis Name	ICD-9	Frequency	Diagnosis Name	ICD-9	Frequency	Diagnosis Name	ICD-9	Frequency
1	AFFECTIVE PS	296	138	RESP SYS/OTH	786	25	REPLACE & GR	996	17	HIV DISEASE	042	18
2	SCHIZOPHREN	295	35	DIABETES MEL	250	22	AFTERCARE NI	V58	9	OTH INDICAT C	659	18
3	ALCOHOLIC PS	291	27	OTH CURRENT	648	20	OTH CURRENT	648	6	ABNORMALITY	654	15
4	RESP SYS/OTH	786	25	AFFECTIVE PS	296	14	DIABETES MEL	250	5	OTH CURRENT	648	14
5	REHABILITATIC	V57	15	ABNORMALITY	654	10	GENERAL SYM	780	5	HEART FAILUR	428	11
6	OTHER CELLUI	682	14	SCHIZOPHREN	295	9	HIV DISEASE	042	4	ASTHMA	493	11
7	HIV DISEASE	042	13	AFTERCARE NI	V58	9	FLUID/ELECTR	276	4	PROLONGED P	645	11
8	OTH CURRENT	648	13	OTH CHR ISCH	414	7	DRUG PSYCHC	292	4	OTH AMNIOTIC	658	11
9	DEPRESSIVE D	311	11	OTH INDICAT C	659	7	ATHEROSCLEF	440	4	EARLY/THREAT	644	10
10	DRUG DEPEND	304	9	SEPTICEMIA	038	6	PNEUMONIA, C	486	4	ACUTE RENAL	584	9
11	HEART FAILUR	428	9	MALIGNANT NE	157	6	OTHER OBSTE	665	4	CEREBRAL AR	434	8
12	PNEUMONIA, C	486	9	EARLY/THREAT	644	6	RESP SYS/OTH	786	4	CHRONIC ULCE	707	8
13	OTH SURGICAL	998	8	PERINEAL TRA	664	6	ALCOHOLIC PS	291	3	DIABETES MEL	250	7
14	CARDIAC DYSF	427	7	UTERINE LEION	218	5	VARICOSE VEI	456	3	CHOLELITHIAS	574	7
15	DIABETES MEL	250	6	ADRENAL GLAI	255	5	HYPOTENSION	458	3	HYPERTENSIO	642	7
16	FLUID/ELECTR	276	6	TRANSIENT CE	435	5	ASTHMA	493	3	ABNORMAL FO	661	7
17	DRUG PSYCHC	292	6	GASTRITIS AND	535	5	OTHER CELLUI	682	3	PERINEAL TRA	664	7
18	CHRONIC BRO	491	6	HYPERTENSIO	642	5	REHABILITATIC	V57	3	FLUID/ELECTR	276	6
19	ACUTE RENAL	584	6	UMBILICAL CO	663	5	DRUG DEPEND	304	2	CHR LIVER DIS	571	6
20	EARLY/THREAT	644	6	ANEMIA NEC/N	285	4	ACUTE MYOCA	410	2	OSTEOMYELIT	730	5
21	FX OF TARSAL	825	6	ACUTE RENAL	584	4	OTH ENDOCAR	424	2	SEPTICEMIA	038	4
22	SEC MALIG NE	198	5	EXCESS VOMIT	643	4	CHRONIC BRO	491	2	HYPERTENSIVE	403	4
23	ADJUSTMENT F	309	5	PROLONGED P	645	4	OTHER LUNG D	518	2	ACUTE PULMO	415	4
24	OTHER LUNG D	518	5	REHABILITATIC	V57	4	ORAL SOFT TIS	528	2	EXCESS VOMIT	643	4
25	GASTRITIS AND	535	5	HIV DISEASE	042	3	DISEASES OF F	577	2	OTHER COMPL	646	4
Subtotal			**395**			**200**			**102**			**216**

Note: Same person can have multiple admits. * Counts all persons in each diagnostic group-enrollment category.

Number of Inpatient Admissions for the Top 25 Diagnosis Codes for Enrollees Aged 19-64 Years, FY 2008

Category	FFS Enrollees											
Diagnostic Group	Both			MHD Only			SUD Only			Neither		
Unique Person Count by Cluster*	*3,749*			*21,540*			*1,902*			*34,658*		
Rank of Diagnosis by Frequency	Diagnosis Name	ICD-9	Frequency	Diagnosis Name	ICD-9	Frequency	Diagnosis Name	ICD-9	Frequency	Diagnosis Name	ICD-9	Frequency
1	AFFECTIVE PS	296	897	SCHIZOPHREN	295	574	HEART FAILUR	428	94	PERINEAL TRA	664	1,656
2	SCHIZOPHREN	295	498	AFFECTIVE PS	296	518	SEPTICEMIA	38	87	ABNORMALITY	654	831
3	RESP SYS/OTH	786	246	SEPTICEMIA	038	513	REPLACE & GR	996	86	OTH CURRENT	648	809
4	SEPTICEMIA	038	148	RESP SYS/OTH	786	334	CHR LIVER DIS	571	85	OTH INDICAT C	659	734
5	REPLACE & GR	996	134	OTHER LUNG D	518	316	DISEASES OF F	577	78	PROLONGED P	645	601
6	HEART FAILUR	428	117	REPLACE & GR	996	263	RESP SYS/OTH	786	60	ABNORMAL FO	661	519
7	DIABETES MEL	250	112	HEART FAILUR	428	245	OTHER CELLUL	682	59	REPLACE & GR	996	419
8	DISEASES OF F	577	107	PNEUMONIA, O	486	220	HIV DISEASE	042	55	SEPTICEMIA	038	398
9	HIV DISEASE	042	97	DIABETES MEL	250	213	HEREDIT HEMO	282	54	UMBILICAL COI	663	330
10	ACUTE RENAL	584	91	GENERAL SYM	780	201	OTHER LUNG D	518	50	EARLY/THREAT	644	328
11	OTHER CELLUL	682	84	OTHER CELLUL	682	169	ASTHMA	493	47	HEART FAILUR	428	327
12	HEREDIT HEMO	282	81	FLUID/ELECTR	276	163	DIABETES MEL	250	46	OTH AMNIOTIC	658	325
13	GENERAL SYM	780	80	CHRONIC BRO	491	162	FLUID/ELECTR	276	46	NORMAL DELIV	650	318
14	EPILEPSY	345	76	EPILEPSY	345	150	SEQUELA OF C	572	45	OTHER LUNG D	518	299
15	FLUID/ELECTR	276	75	OTH URINARY	599	133	ACUTE RENAL	584	42	RESP SYS/OTH	786	286
16	ALCOHOLIC PS	291	75	REHABILITATIC	V57	122	REHABILITATIC	V57	42	HYPERTENSIO	642	276
17	OTH NONORGA	298	69	HIV DISEASE	042	120	ACUTE MYOCA	410	30	MALPOSITION	652	267
18	ASTHMA	493	66	ASTHMA	493	120	POISONING-CN	970	28	OTH FETAL PR	656	254
19	DEPRESSIVE D	311	64	OTH CHR ISCH	414	119	PNEUMONIA, O	486	26	DIABETES MEL	250	216
20	PNEUMONIA, O	486	63	ACUTE RENAL	584	99	OTH SURGICAL	998	25	PNEUMONIA, O	486	194
21	REHABILITATIC	V57	63	SOLID/LIQ PNE	507	98	ALCOHOLIC PS	291	24	HIV DISEASE	042	173
22	CHRONIC BRO	491	56	CEREBRAL ART	434	93	ANEMIA NEC/N	285	22	OTHER CELLUL	682	168
23	DRUG PSYCHO	292	53	CHRONIC ULCE	707	92	HYPERTEN HE	404	22	OBSTRUCTED	660	159
24	OTHER LUNG D	518	53	CARDIAC DYSF	427	88	GENERAL SYM	780	22	OTH CHR ISCH	414	155
25	INTESTINAL OB	560	41	INTESTINAL OB	560	83	CEREBRAL ART	434	21	REHABILITATIC	V57	145
Subtotal			**3,446**			**5,208**			**1,196**			**10,187**

Note: Same person can have multiple admits. * Counts all persons in each diagnostic group-enrollment category.

Number of Inpatient Admissions for the Top 25 Diagnosis Codes for Enrollees Aged 65+ Years, FY 2008

Category	FFS Enrollees											
Diagnostic Group	Both			MHD Only			SUD Only			Neither		
Unique Person Count by Cluster*	*703*			*20,707*			*439*			*35,696*		
Rank of Diagnosis by Frequency	Diagnosis Name	ICD-9	Frequency	Diagnosis Name	ICD-9	Frequency	Diagnosis Name	ICD-9	Frequency	Diagnosis Name	ICD-9	Frequency
1	CHRONIC BRO	491	36	SEPTICEMIA	038	728	HEART FAILUR	428	28	HEART FAILUR	428	507
2	RESP SYS/OTH	786	33	HEART FAILUR	428	420	CHRONIC BRO	491	20	RESP SYS/OTH	786	370
3	AFFECTIVE PS	296	32	OTH URINARY	599	401	CARDIAC DYSF	427	18	SEPTICEMIA	038	304
4	REPLACE & GR	996	28	PNEUMONIA, O	486	346	RESP SYS/OTH	786	16	OTH CHR ISCH	414	263
5	PNEUMONIA, O	486	26	OTHER LUNG D	518	339	GENERAL SYM	780	14	PNEUMONIA, O	486	262
6	DRUG PSYCHO	292	24	RESP SYS/OTH	786	330	DISEASES OF F	577	12	OTHER LUNG D	518	262
7	GENERAL SYM	780	23	GENERAL SYM	780	317	SEPTICEMIA	038	11	CHRONIC BRO	491	259
8	SEPTICEMIA	038	19	CHRONIC BRO	491	281	MAL NEO TRAC	162	9	GENERAL SYM	780	244
9	OTHER LUNG D	518	19	SENILE/PRESE	290	272	ALCOHOLIC PS	291	9	CARDIAC DYSF	427	213
10	OTH URINARY	599	19	ACUTE RENAL	584	263	CEREBRAL AR	434	9	OSTEOARTHR	715	207
11	ACUTE MYOCA	410	17	FLUID/ELECTR	276	248	ASTHMA	493	9	ACUTE RENAL	584	192
12	CEREBRAL AR	434	17	CARDIAC DYSF	427	201	OTH CHR ISCH	414	8	FLUID/ELECTR	276	183
13	CARDIAC DYSF	427	16	CEREBRAL AR	434	196	OSTEOARTHR	715	8	DIABETES MEL	250	182
14	FLUID/ELECTR	276	14	FRACTURE NE	820	179	SPONDYLOSIS	721	8	CEREBRAL AR	434	168
15	OTH CHR ISCH	414	14	SOLID/LIQ PNE	507	177	ACUTE MYOCA	410	7	ACUTE MYOCA	410	163
16	HEART FAILUR	428	13	REPLACE & GR	996	159	OTHER LUNG D	518	7	REPLACE & GR	996	155
17	OSTEOARTHR	715	13	OTH CHR ISCH	414	149	CHR LIVER DIS	571	7	ASTHMA	493	134
18	ALCOHOLIC PS	291	11	DIABETES MEL	250	146	DIABETES MEL	250	6	OTH URINARY	599	130
19	EPILEPSY	345	11	OTH ILL-DEF M	799	140	INTESTINAL OB	560	6	OTHER CELLUL	682	114
20	ACUTE RENAL	584	11	CEREBRAL DE	331	127	GOUT	274	5	TRANSIENT CE	435	95
21	SOLID/LIQ PNE	507	10	ACUTE MYOCA	410	124	ESSENTIAL HY	401	5	INTESTINAL OB	560	85
22	DISEASES OF E	530	10	ASTHMA	493	102	AC BRONCHITI	466	5	OTH ILL-DEF M	799	85
23	PAIN NOT ELSE	338	9	NUTRIT/METAB	783	101	PNEUMONIA, O	486	5	DIVERTICULA	562	80
24	GASTRITIS AND	535	9	AFFECTIVE PS	296	100	ACUTE RENAL	584	5	CHOLELITHIAS	574	80
25	SEQUELA OF C	572	9	INTESTINAL OB	560	99	REPLACE & GR	996	5	ATHEROSCLER	440	79
Subtotal			**443**			**5,945**			**242**			**4,816**

Note: Same person can have multiple admits. * Counts all persons in each diagnostic group-enrollment category.

Numer of Inpatient Admissions for the Top 25 Diagnosis Codes for Enrollees Aged 0-18 Years, FY 2009

Category	HealthChoice Enrollees											
Diagnostic Group	Both			MHD Only			SUD Only			Neither		
Unique Person Count by Cluster*	*2,572*			*83,999*			*1,523*			*331,418*		
Rank of Diagnosis by Frequency	Diagnosis Name	ICD-9	Frequency	Diagnosis Name	ICD-9	Frequency	Diagnosis Name	ICD-9	Frequency	Diagnosis Name	ICD-9	Frequency
1	AFFECTIVE PSY	296	663	AFFECTIVE PSY	296	2,277	SINGLE LIVEBO	V30	87	SINGLE LIVEBO	V30	25,399
2	DRUG DEPEND	304	200	SINGLE LIVEBO	V30	422	OTHER AND ILL	779	53	ASTHMA	493	1,370
3	DEPRESSIVE D	311	82	ASTHMA	493	383	DRUG DEPEND	304	52	AC BRONCHITIS	466	1324
4	OTH NONORGA	298	54	HYPERKINETIC	314	251	AFTERCARE NE	V58	27	PNEUMONIA, O	486	950
5	CONDUCT DIST	312	46	PNEUMONIA, O	486	216	AC BRONCHITI	466	19	TWIN, MATE LIV	V31	719
6	HYPERKINETIC	314	40	DEPRESSIVE D	311	190	OTH CONG CIR	747	15	OTHER CELLUL	682	550
7	HEREDIT HEMO	282	36	EPILEPSY	345	172	DISORDERS RE	765	15	FLUID/ELECTRO	276	538
8	NEUROTIC DIS	300	36	ADJUSTMENT F	309	149	OTHER RESPIR	770	14	DISORDERS RE	765	438
9	EMOTIONAL DI	313	36	DISORDERS RE	765	140	OTHER LUNG D	518	12	GENERAL SYMI	780	423
10	ADJUSTMENT F	309	33	CONDUCT DIST	312	133	DIABETES MEL	250	9	OTHER PERINA	774	402
11	DIABETES MEL	250	21	AC BRONCHITI	466	133	DRUG PSYCHO	292	9	HEREDIT HEMO	282	356
12	SCHIZOPHREN	295	21	FLUID/ELECTRO	276	127	PNEUMONIA, O	486	9	OTHER AND ILL	779	356
13	NONDEPENDEN	305	21	GENERAL SYM	780	125	PROLONGED P	645	9	PERINEAL TRAU	664	293
14	ASTHMA	493	18	NEUROTIC DIS	300	123	OTH CURRENT	648	8	PERINATAL INF	771	290
15	SINGLE LIVEBO	V30	17	OTHER CELLUL	682	109	OTH INDICAT O	659	7	INTESTINAL INF	008	283
16	OTH CURRENT	648	16	DIABETES MEL	250	106	PERINEAL TRA	664	7	OTHER RESPIR	770	276
17	POISON-PSYCH	969	13	OTH NONORGA	298	101	EARLY/THREAT	644	6	RESPIRATORY	769	222
18	REHABILITATIO	V57	13	REHABILITATIO	V57	99	OTHER CELLUL	682	6	OTH INDICAT O	659	210
19	POIS-ANALGES	965	12	NUTRIT/METAB	783	96	OSTEOMYELIT	730	6	KIDNEY INFECT	590	206
20	EPILEPSY	345	11	HEREDIT HEMO	282	88	LYMPHOID LEU	204	5	OTH CURRENT	648	188
21	OTH INDICAT O	659	11	OTH CURRENT	648	79	REHABILITATIO	V57	5	ACUTE APPEND	540	181
22	AC BRONCHITIS	466	10	EMOTIONAL DI	313	73	SEPTICEMIA	038	4	VIRAL INF IN OT	079	180
23	OTHER LUNG D	518	10	AFTERCARE NE	V58	71	FLUID/ELECTRO	276	4	PROLONGED P	645	170
24	OTHER RESPIR	770	10	DISEASES OF E	530	70	HEREDIT HEMO	282	4	DISEASES OF E	530	167
25	GENERAL SYM	780	10	ACUTE APPEND	540	70	DISEASES OF E	530	4	INFLUENZA	487	156
Subtotal			**1,440**			**5,803**			**396**			**35,647**

Note: Same person can have multiple admits. * Count all persons in each diagnostic group-enrollment category.

Numer of Inpatient Admissions for the Top 25 Diagnosis Codes for Enrollees Aged 0-18 Years, FY 2009

Category	FFS Enrollees											
Diagnostic Group	Both			MHD Only			SUD Only			Neither		
Unique Person Count by Cluster*	*139*			*2,791*			*42*			*7,443*		
Rank of Diagnosis by Frequency	Diagnosis Name	ICD-9	Frequency	Diagnosis Name	ICD-9	Frequency	Diagnosis Name	ICD-9	Frequency	Diagnosis Name	ICD-9	Frequency
1	AFFECTIVE PS	296	538	AFFECTIVE PS	296	1,062	DRUG DEPEND	304	18	SINGLE LIVEBC	V30	1,404
2	HYPERKINETIC	314	76	HYPERKINETIC	314	155	OTHER CONGE	746	8	PERINEAL TRA	664	70
3	ADJUSTMENT	309	31	ADJUSTMENT	309	129	OTHER AND ILL	779	3	OTHER PERINA	774	47
4	DRUG DEPEND	304	19	NEUROTIC DIS	300	119	DRUG PSYCHC	292	2	RESPIRATORY	769	38
5	CONDUCT DIST	312	19	EPILEPSY	345	70	HEART FAILUR	428	1	ACUTE APPEND	540	37
6	OTH NONORGA	298	6	REPLACE & GR	996	67	ACUTE APPEN	540	1	OTHER AND ILL	779	36
7	EMOTIONAL DI	313	4	EMOTIONAL DI	313	55	INGUINAL HER	550	1	PERINATAL INF	771	34
8	OTHER AND ILL	779	4	NUTRIT/METAB	783	50	OTH PERITONE	568	1	REPLACE & GR	996	34
9	SCHIZOPHREN	295	3	REHABILITATIC	V57	46	EARLY/THREAT	644	1	OTHER RESPIR	770	29
10	ALCOHOL DEP	303	3	PNEUMONIA, C	486	43	ERYTHEMATOU	695	1	OTH INDICAT C	659	28
11	DEPRESSIVE D	311	3	OTHER LUNG D	518	34	DISORDERS RE	765	1	DISORDERS RE	765	28
12	PNEUMONIA, C	486	3	ATTEN TO ART	V55	33	OTHER RESPIF	770	1	PNEUMONIA, O	486	27
13	AFTERCARE NE	V58	3	CONDUCT DIST	312	30	SKULL BASE FR	801	1	TWIN, MATE LIV	V31	26
14	NEUROTIC DIS	300	2	OTH NONORGA	298	29	SINGLE LIVEBC	V30	1	ABNORMAL FO	661	25
15	SEXUAL DISOR	302	2	DEPRESSIVE D	311	29	REHABILITATIC	V57	1	METABOLISM D	277	24
16	MYONEURAL D	358	2	SEPTICEMIA	038	28				OTH CURRENT	648	23
17	ASTHMA	493	2	DIS AMIN-ACID	270	28				GENERAL SYM	780	23
18	OTHER LUNG D	518	2	AC LARYNGITIS	464	27				ASTHMA	493	19
19	REPLACE & GR	996	2	KIDNEY INFECT	590	26				HYPERTENSIOI	642	18
20	SEPTICEMIA	038	1	ASTHMA	493	25				OTH MUSCULO	756	18
21	DRUG PSYCHC	292	1	SOLID/LIQ PNE	507	23				PROLONGED P	645	17
22	OTH RESP SYS	519	1	OTH ORTHOPE	V54	23				OTH AMNIOTIC	658	17
23	PULP & PERIAP	522	1	HIV DISEASE	042	22				OTH URINARY T	599	16
24	GASTRITIS AND	535	1	CONG MUSCUL	754	22				FLUID/ELECTRC	276	15
25	OTH CURRENT	648	1	FLUID/ELECTRC	276	21				MALPOSITION (	652	14
Subtotal			**730**			**2,196**			**42**			**2,067**

Note: Same person can have multiple admits. * Count all persons in each diagnostic group-enrollment category.

Numer of Inpatient Admissions for the Top 25 Diagnosis Codes for Enrollees Aged 19-64 Years, FY 2009

Category	HealthChoice Enrollees											
Diagnostic Group	Both			MHD Only			SUD Only			Neither		
Unique Person Count by Cluster*	*13,665*			*42,658*			*8,101*			*103,343*		
Rank of Diagnosis by Frequency	Diagnosis Name	ICD-9	Frequency	Diagnosis Name	ICD-9	Frequency	Diagnosis Name	ICD-9	Frequency	Diagnosis Name	ICD-9	Frequency
1	AFFECTIVE PS	296	3,169	AFFECTIVE PS	296	956	OTH CURRENT	648	176	OTH CURRENT	648	2,058
2	SCHIZOPHREN	295	1,415	SCHIZOPHREN	295	839	HIV DISEASE	042	175	PERINEAL TRA	664	1,869
3	RESP SYS/OTH	786	756	RESP SYS/OTH	786	801	RESP SYS/OTH	786	175	ABNORMALITY	654	1,837
4	ALCOHOLIC PS	291	518	OTH CURRENT	648	516	DISEASES OF F	577	165	OTH INDICAT C	659	1,708
5	DIABETES MEL	250	487	DIABETES MEL	250	468	HEART FAILUR	428	159	PROLONGED P	645	1,285
6	HIV DISEASE	042	459	ASTHMA	493	357	OTHER CELLUL	682	145	HYPERTENSIO	642	929
7	OTHER CELLUL	682	433	ABNORMALITY	654	345	SEPTICEMIA	038	136	EARLY/THREAT	644	859
8	ASTHMA	493	378	SEPTICEMIA	038	300	PNEUMONIA, C	486	124	ABNORMAL FO	661	830
9	DEPRESSIVE D	311	372	OTHER CELLUL	682	285	ASTHMA	493	112	OTH AMNIOTIC	658	786
10	HEREDIT HEMC	282	365	GENERAL SYM	780	285	CHR LIVER DIS	571	110	UMBILICAL COI	663	677
11	PNEUMONIA, C	486	349	HEART FAILUR	428	279	REPLACE & GR	996	109	SINGLE LIVEBC	V30	616
12	DISEASES OF F	577	340	REPLACE & GR	996	279	OTH INDICAT C	659	100	RESP SYS/OTH	786	584
13	HEART FAILUR	428	297	OTH INDICAT C	659	263	DIABETES MEL	250	99	OTH FETAL PR	656	575
14	CHRONIC BRO	491	288	PERINEAL TRA	664	256	ABNORMALITY	654	94	NORMAL DELIV	650	562
15	OTH CURRENT	648	275	EPILEPSY	345	247	HEREDIT HEMC	282	91	MALPOSITION	652	448
16	GENERAL SYM	780	274	CHRONIC BRO	491	241	ALCOHOLIC PS	291	88	DIABETES MEL	250	418
17	SEPTICEMIA	038	254	PNEUMONIA, C	486	239	EARLY/THREAT	644	83	HEART FAILUR	428	375
18	EPILEPSY	345	246	OTHER LUNG D	518	214	CHRONIC BRO	491	81	ASTHMA	493	352
19	FLUID/ELECTR	276	233	FLUID/ELECTR	276	210	PERINEAL TRA	664	72	OTHER CONDIT	649	348
20	REPLACE & GR	996	223	OTH CHR ISCH	414	207	PROLONGED P	645	70	OTHER CELLUL	682	318
21	DRUG PSYCHC	292	206	REHABILITATIC	V57	204	OTHER LUNG D	518	68	CHOLELITHIAS	574	276
22	OTH ABDOMEN	789	203	EARLY/THREAT	644	203	ACUTE RENAL	584	59	SEPTICEMIA	038	273
23	POISONING-CN	970	188	PROLONGED P	645	190	OTH CHR ISCH	414	57	OTHER COMPL	646	270
24	ACUTE RENAL	584	181	OTH SURGICAL	998	189	OTH SURGICAL	998	57	HEREDIT HEMC	282	261
25	OTHER LUNG D	518	165	HYPERTENSIO	642	181	GENERAL SYM	780	56	REPLACE & GR	996	245
Subtotal			**12,074**			**8,554**			**2,661**			**18,759**

Note: Same person can have multiple admits. * Count all persons in each diagnostic group-enrollment category.

Numer of Inpatient Admissions for the Top 25 Diagnosis Codes for Enrollees Aged 19-64 Years, FY 2009

Category	HealthChoice/PAC											
Diagnostic Group	Both			MHD Only			SUD Only			Neither		
Unique Person Count by Cluster*	*651*			*1,229*			*279*			*2,055*		
Rank of Diagnosis by Frequency	Diagnosis Name	ICD-9	Frequency	Diagnosis Name	ICD-9	Frequency	Diagnosis Name	ICD-9	Frequency	Diagnosis Name	ICD-9	Frequency
1	AFFECTIVE PS	296	182	AFFECTIVE PS	296	29	DISEASES OF F	577	14	RESP SYS/OTH	786	16
2	SCHIZOPHREN	295	45	RESP SYS/OTH	786	18	OTH VENOUS T	453	7	PERINEAL TRA	664	15
3	ALCOHOLIC PS	291	33	DIABETES MEL	250	15	RESP SYS/OTH	786	7	DIABETES MEL	250	13
4	RESP SYS/OTH	786	31	OTH CURRENT	648	14	HEART FAILUR	428	6	OTH INDICAT C	659	13
5	DISEASES OF F	577	24	SCHIZOPHREN	295	11	PNEUMONIA, C	486	6	OTH CURRENT	648	11
6	DEPRESSIVE D	311	21	CHRONIC BRO	491	10	OTH ABDOMEN	789	6	HYPERTENSIO	642	10
7	FLUID/ELECTR	276	17	GASTRIC ULCE	531	9	HIV DISEASE	042	5	UTERINE LEIO	218	9
8	OTH CURRENT	648	17	ACUTE RENAL	584	9	ASTHMA	493	5	OTHER CELLUL	682	9
9	HIV DISEASE	042	15	REHABILITATIC	V57	9	ACUTE RENAL	584	5	CHRONIC BRO	491	8
10	ASTHMA	493	13	OTH INDICAT C	659	8	BACK DISORDE	724	5	ASTHMA	493	8
11	POISONING-CN	970	13	OTHER CELLUL	682	8	DIABETES MEL	250	4	CHOLELITHIAS	574	7
12	ALCOHOL DEP	303	12	ASTHMA	493	7	WBC DISORDE	288	4	ABNORMALITY	654	7
13	PNEUMONIA, C	486	12	OTH BONE & C	733	7	ALCOHOLIC PS	291	4	ACUTE RENAL	584	6
14	OSTEOMYELIT	730	12	MALIGNANT NE	153	5	GASTROINTES	578	4	OTH FETAL PR	656	6
15	AFTERCARE N	V58	12	DISEASES OF F	577	5	OTH CURRENT	648	4	OSTEOARTHR	715	6
16	HEART FAILUR	428	10	SEPTICEMIA	038	4	OTHER CELLUL	682	4	HEART FAILUR	428	5
17	GENERAL SYM	780	10	HIV DISEASE	042	4	ANKLE FRACTU	824	4	PNEUMONIA, C	486	5
18	DIABETES MEL	250	9	UTERINE LEIO	218	4	DRUG PSYCHO	292	3	EARLY/THREAT	644	5
19	DRUG DEPEND	304	9	CEREBRAL AR	434	4	CARDIAC DYSF	427	3	PROLONGED P	645	5
20	OTH CHR ISCH	414	9	TRANSIENT CE	435	4	OTH BONE & C	733	3	OTH SURGICAL	998	5
21	ACUTE RENAL	584	9	GASTRITIS AN	535	4	OTH CONG CIR	747	3	HIV DISEASE	042	4
22	OTHER CELLUL	682	9	EARLY/THREAT	644	4	REPLACE & GR	996	3	MAL NEO TRAC	162	4
23	DRUG PSYCHO	292	8	ABNORMALITY	654	4	HYPERTENSIV	402	2	DIS MINERAL M	275	4
24	ADJUSTMENT F	309	8	UMBILICAL CO	663	4	OTH PERICARD	423	2	OTH CHR ISCH	414	4
25	POISON-PSYCH	969	8	PERINEAL TRA	664	4	OTH CEREBRO	437	2	ABNORMAL FO	661	4
Subtotal			**548**			**204**			**115**			**189**

Note: Same person can have multiple admits. * Count all persons in each diagnostic group-enrollment category.

Numer of Inpatient Admissions for the Top 25 Diagnosis Codes for Enrollees Aged 19-64 Years, FY 2009

Category	FFS Enrollees											
Diagnostic Group	Both			MHD Only			SUD Only			Neither		
Unique Person Count by Cluster*	*4,359*			*23,115*			*1,979*			*35,462*		
Rank of Diagnosis by Frequency	Diagnosis Name	ICD-9	Frequency	Diagnosis Name	ICD-9	Frequency	Diagnosis Name	ICD-9	Frequency	Diagnosis Name	ICD-9	Frequency
1	AFFECTIVE PS	296	996	SCHIZOPHREN	295	732	HEREDIT HEM	282	95	PERINEAL TRA	664	1,493
2	SCHIZOPHREN	295	679	SEPTICEMIA	038	655	HEART FAILUR	428	89	ABNORMALITY	654	933
3	RESP SYS/OTH	786	312	AFFECTIVE PS	296	595	SEPTICEMIA	038	85	OTH CURRENT	648	865
4	SEPTICEMIA	038	179	REPLACE & GR	996	417	DIABETES MEL	250	62	OTH INDICAT C	659	744
5	DIABETES MEL	250	177	RESP SYS/OTH	786	383	RESP SYS/OTH	786	56	PROLONGED P	645	694
6	REPLACE & GR	996	152	OTHER LUNG D	518	354	CHR LIVER DIS	571	54	SEPTICEMIA	038	463
7	ALCOHOLIC PS	291	148	DIABETES MEL	250	256	REPLACE & GR	996	51	ABNORMAL FO	661	412
8	HEART FAILUR	428	121	PNEUMONIA, O	486	249	DISEASES OF F	577	48	NORMAL DELIV	650	380
9	CHRONIC BRO	491	116	HEART FAILUR	428	246	PNEUMONIA, O	486	46	UMBILICAL CO	663	367
10	DEPRESSIVE D	311	108	EPILEPSY	345	224	ALCOHOLIC PS	291	44	HEART FAILUR	428	366
11	EPILEPSY	345	107	OTHER CELLU	682	208	HIV DISEASE	042	43	OTH AMNIOTIC	658	350
12	HEREDIT HEM	282	106	GENERAL SYM	780	201	OTHER CELLU	682	42	RESP SYS/OTH	786	349
13	DISEASES OF F	577	106	CHRONIC BRO	491	182	OTHER LUNG D	518	39	REPLACE & GR	996	342
14	HIV DISEASE	042	105	OTH URINARY	599	182	FLUID/ELECTR	276	38	EARLY/THREAT	644	314
15	OTHER CELLU	682	104	ASTHMA	493	167	REHABILITATIO	V57	36	HYPERTENSIO	642	308
16	ASTHMA	493	96	REHABILITATIO	V57	146	OTH SURGICAL	998	34	OTHER LUNG D	518	270
17	GENERAL SYM	780	92	FLUID/ELECTR	276	139	GENERAL SYM	780	26	MALPOSITION	652	258
18	PNEUMONIA, O	486	84	HIV DISEASE	042	138	CARDIAC DYSR	427	25	OTH FETAL PR	656	258
19	ACUTE RENAL	584	84	SOLID/LIQ PNE	507	134	CEREBRAL AR	434	24	DIABETES MEL	250	251
20	FLUID/ELECTR	276	80	INTESTINAL OB	560	122	ACUTE RENAL	584	24	CHOLELITHIAS	574	203
21	OTHER LUNG D	518	80	OSTEOARTHR	715	122	VIRAL HEPATIT	070	21	PNEUMONIA, O	486	191
22	INTESTINAL IN	008	69	OTH CHR ISCH	414	118	EPILEPSY	345	21	OTHER CELLU	682	189
23	REHABILITATIO	V57	67	ACUTE RENAL	584	104	ASTHMA	493	21	HIV DISEASE	042	184
24	OTH NONORGA	298	58	CEREBRAL AR	434	92	POISONING-CN	970	19	FLUID/ELECTR	276	167
25	POIS-ANALGES	965	56	CHRONIC ULCE	707	89	MALIGNANT NE	155	18	CHRONIC BRO	491	162
Subtotal			**4,282**			**6,255**			**1,061**			**10,513**

Note: Same person can have multiple admits. * Count all persons in each diagnostic group-enrollment category.

Numer of Inpatient Admissions for the Top 25 Diagnosis Codes for Enrollees Aged 65+ Years, FY 2009

Category	FFS Enrollees											
Diagnostic Group	Both			MHD Only			SUD Only			Neither		
Unique Person Count by Cluster*	*754*			*20,843*			*494*			*36,023*		
Rank of Diagnosis by Frequency	Diagnosis Name	ICD-9	Frequency	Diagnosis Name	ICD-9	Frequency	Diagnosis Name	ICD-9	Frequency	Diagnosis Name	ICD-9	Frequency
1	RESP SYS/OTH	786	50	SEPTICEMIA	038	966	HEART FAILUR	428	25	HEART FAILUR	428	582
2	SEPTICEMIA	038	44	OTH URINARY	599	554	CHRONIC BRO	491	22	SEPTICEMIA	038	457
3	AFFECTIVE PS	296	44	HEART FAILUR	428	477	CARDIAC DYSF	427	16	RESP SYS/OTH	786	404
4	CHRONIC BRO	491	43	PNEUMONIA, C	486	438	GENERAL SYM	780	13	PNEUMONIA, C	486	298
5	HEART FAILUR	428	33	RESP SYS/OTH	786	398	RESP SYS/OTH	786	12	OTH CHR ISCH	414	292
6	GENERAL SYM	780	29	OTHER LUNG D	518	372	DISEASES OF E	530	11	OTHER LUNG D	518	289
7	PNEUMONIA, C	486	26	GENERAL SYM	780	367	REPLACE & GR	996	11	CHRONIC BRO	491	280
8	CARDIAC DYSF	427	25	CHRONIC BRO	491	343	CEREBRAL AR	434	10	CARDIAC DYSF	427	272
9	DRUG PSYCHO	292	24	ACUTE RENAL	584	339	CHR LIVER DIS	571	10	OSTEOARTHR	715	225
10	FLUID/ELECTR	276	23	SENILE/PRESE	290	294	DISEASES OF F	577	10	GENERAL SYM	780	224
11	OTHER CELLU	682	22	FLUID/ELECTR	276	252	OTHER CELLU	682	10	DIABETES MEL	250	206
12	OTHER LUNG D	518	21	CEREBRAL AR	434	239	OSTEOARTHR	715	10	ACUTE RENAL	584	205
13	ALCOHOLIC PS	291	19	CARDIAC DYSF	427	213	SEPTICEMIA	038	9	OTH URINARY	599	170
14	SCHIZOPHREN	295	19	SOLID/LIQ PNE	507	206	PNEUMONIA, C	486	9	CEREBRAL AR	434	166
15	CEREBRAL AR	434	19	DIABETES MEL	250	191	DIABETES MEL	250	8	REPLACE & GR	996	165
16	OTH ABDOMEN	789	19	FRACTURE NE	820	188	OTH CHR ISCH	414	8	ACUTE MYOCA	410	158
17	FRACTURE NE	820	18	OTH ILL-DEF M	799	178	GASTRITIS AND	535	8	FLUID/ELECTR	276	141
18	HYPERTENSIVE	403	17	CEREBRAL DE	331	161	MAL NEO TRAC	162	7	ASTHMA	493	136
19	ACUTE RENAL	584	17	REPLACE & GR	996	160	FLUID/ELECTR	276	7	OTH ILL-DEF M	799	128
20	EPILEPSY	345	16	OTH CHR ISCH	414	154	NONDEPENDE	305	7	OTHER CELLU	682	115
21	OTH CHR ISCH	414	14	OTHER ORGAN	294	151	SEC MALIG NE	198	6	DIVERTICULA C	562	109
22	OTH URINARY	599	14	EPILEPSY	345	140	ACUTE MYOCA	410	6	CHOLELITHIAS	574	107
23	DISEASES OF E	530	13	SCHIZOPHREN	295	134	FRACTURE NE	820	6	INTESTINAL OB	560	99
24	OSTEOARTHR	715	13	TRANSIENT CE	435	132	POIS-ANALGES	965	6	FRACTURE NE	820	93
25	OTH NONORGA	298	12	INTESTINAL OB	560	128	ALCOHOLIC PS	291	5	MAL NEO TRAC	162	91
Subtotal			**594**			**7,175**			**252**			**5,412**

Note: Same person can have multiple admits. * Count all persons in each diagnostic group-enrollment category.

Number of Inpatient Admissions for the Top 25 Diagnosis Codes for Enrollees Aged 0-18 Years, FY 2010

Category	HealthChoice Enrollees											
Diagnostic Group	Both			MHD Only			SUD Only			Neither		
Unique Person Count by Cluster*	*3,089*			*91,409*			*1,730*			*356,935*		
Rank of Diagnosis by Frequency	Diagnosis Name	ICD-9	Frequency	Diagnosis Name	ICD-9	Frequency	Diagnosis Name	ICD-9	Frequency	Diagnosis Name	ICD-9	Frequency
1	AFFECTIVE PSY	296	1,116	AFFECTIVE PSY	296	2,534	SINGLE LIVEBO	V30	91	SINGLE LIVEBO	V30	26,338
2	DRUG DEPEND	304	258	ASTHMA	493	491	DRUG DEPEND	304	64	ASTHMA	493	1,721
3	DEPRESSIVE D	311	92	SINGLE LIVEBO	V30	452	OTHER AND ILL	779	50	AC BRONCHITIS	466	1432
4	OTH NONORGA	298	48	HYPERKINETIC	314	292	OTHER LUNG D	518	22	PNEUMONIA, O	486	1031
5	ADJUSTMENT R	309	48	PNEUMONIA, O	486	227	AC BRONCHITIS	466	13	TWIN, MATE LIV	V31	666
6	CONDUCT DIST	312	45	DEPRESSIVE D	311	216	OTH CURRENT	648	13	OTHER CELLUL	682	604
7	EMOTIONAL DIS	313	39	EPILEPSY	345	184	OTHER CELLUL	682	12	OTHER AND ILL	779	394
8	SCHIZOPHREN	295	36	DISORDERS RE	765	177	ASTHMA	493	11	OTHER PERINA	774	388
9	SINGLE LIVEBO	V30	35	AC BRONCHITIS	466	165	PROLONGED P	645	10	HEREDIT HEMO	282	349
10	HYPERKINETIC	314	33	CONDUCT DIST	312	159	AFTERCARE NE	V58	10	GENERAL SYM	780	346
11	HEREDIT HEMO	282	30	ADJUSTMENT R	309	154	HEREDIT HEMO	282	9	DISORDERS RE	765	329
12	OTHER LUNG D	518	27	NEUROTIC DIS	300	152	DRUG PSYCHO	292	9	PERINATAL INF	771	288
13	OTHER RESPIR	770	26	GENERAL SYM	780	151	OTHER RESPIR	770	9	ACUTE APPENI	540	267
14	OTHER AND ILL	779	22	HEREDIT HEMO	282	142	NUTRIT/METAB	783	9	FLUID/ELECTRO	276	260
15	AC BRONCHITIS	466	18	NUTRIT/METAB	783	134	PNEUMONIA, O	486	8	KIDNEY INFECT	590	238
16	NUTRIT/METAB	783	18	OTHER CELLUL	682	121	OTH INDICAT O	659	6	OTHER RESPIR	770	230
17	WBC DISORDE	288	16	OTH NONORGA	298	112	CARDIAC SEPT	745	6	PERINEAL TRA	664	218
18	ASTHMA	493	16	REHABILITATIO	V57	102	POIS-ANALGES	965	6	OTH INDICAT O	659	191
19	DIABETES MEL	250	15	DIABETES MEL	250	100	ACUTE APPENI	540	5	RESPIRATORY	769	181
20	REHABILITATIO	V57	15	EMOTIONAL DI	313	89	OTH NONINF G	558	5	INFLUENZA	487	175
21	SEPTICEMIA	038	14	ACUTE APPENI	540	88	FEMALE PELVI	614	5	OTH CURRENT	648	166
22	GENERAL SYM	780	14	OTH CURRENT	648	78	EARLY/THREAT	644	5	VIRAL PNEUMO	480	165
23	NONDEPENDEN	305	13	FLUID/ELECTRO	276	76	OTH FETAL PR	656	5	VIRAL INF IN OT	079	163
24	PNEUMONIA, O	486	13	PERINEAL TRA	664	71	TRAUM PNEUM	860	5	DISEASES OF E	530	157
25	OTH CURRENT	648	13	DISEASES OF E	530	70	OTHER OPEN W	873	5	AFTERCARE NE	V58	156
Subtotal			**2,020**			**6,537**			**393**			**36,453**

Note: Same person can have multiple admits. * Counts all persons in each diagnostic group-enrollment category.

Number of Inpatient Admissions for the Top 25 Diagnosis Codes for Enrollees Aged 0-18 Years, FY 2010

Category	FFS Enrollees											
Diagnostic Group	Both			MHD Only			SUD Only			Neither		
Unique Person Count by Cluster*	*137*			*2,748*			*36*			*4,594*		
Rank of Diagnosis by Frequency	Diagnosis Name	ICD-9	Frequency	Diagnosis Name	ICD-9	Frequency	Diagnosis Name	ICD-9	Frequency	Diagnosis Name	ICD-9	Frequency
1	AFFECTIVE PS	296	324	AFFECTIVE PS	296	988	DRUG DEPEND	304	16	SINGLE LIVEBC	V30	1,115
2	NEUROTIC DIS	300	37	ADJUSTMENT	309	118	OTHER LUNG	518	3	PERINEAL TRA	664	62
3	OTH NONORGA	298	25	HYPERKINETIC	314	94	GONOCOCCAL	098	1	OTH INDICAT C	659	35
4	OBESITY/HYPE	278	24	REPLACE & GR	996	92	DIS AMIN-ACID	270	1	ASTHMA	493	31
5	DEPRESSIVE D	311	18	CONDUCT DIST	312	90	DRUG PSYCHC	292	1	DISORDERS RE	765	31
6	HYPERKINETIC	314	17	EPILEPSY	345	90	ALCOHOL DEP	303	1	METABOLISM	277	27
7	CERTAIN ADVE	995	16	OTHER LUNG	518	77	OTH UPPR RES	478	1	PNEUMONIA, C	486	27
8	OTHER LUNG	518	14	SCHIZOPHREN	295	74	OTH CURRENT	648	1	ACUTE APPENI	540	27
9	SEPTICEMIA	038	11	NUTRIT/METAB	783	55	OTH INDICAT C	659	1	PERINATAL INF	771	27
10	EMOTIONAL DI	313	11	PSYCHOSES O	299	47	ABNORMAL FO	661	1	TWIN, MATE LI	V31	26
11	DRUG DEPEND	304	10	PNEUMONIA, C	486	43	OTHER AND ILL	779	1	OTHER AND ILL	779	25
12	DRUG PSYCHC	292	5	AC LARYNGITIS	464	41	OPEN WOUND	879	1	REPLACE & GR	996	24
13	OTH RESP SYS	519	5	AC BRONCHITI	466	37	SINGLE LIVEBC	V30	1	RESPIRATORY	769	22
14	KIDNEY INFECT	590	5	ASTHMA	493	37				OTHER PERINA	774	22
15	OTHER RESPIR	770	5	OTH RESP SYS	519	34				OTHER LUNG	518	18
16	CONDUCT DIST	312	4	INFANTILE CER	343	30				PROLONGED P	645	17
17	RESPIRATORY	748	4	STOMACH FUN	536	30				OTHER RESPIR	770	17
18	WBC DISORDE	288	3	REHABILITATIC	V57	29				EARLY/THREAT	644	16
19	SCHIZOPHREN	295	3	EMOTIONAL DI	313	28				OTHER CELLUL	682	15
20	SEXUAL DISOR	302	3	SOLID/LIQ PNE	507	28				GENERAL SYM	780	15
21	EPILEPSY	345	2	METABOLISM	277	23				EPILEPSY	345	14
22	HYPOTENSION	458	2	DISEASES OF	530	22				AC LARYNGITIS	464	14
23	AC LARYNGITIS	464	2	NAUSEA AND V	787	21				OTHER COMPL	646	13
24	ORAL SOFT TIS	528	2	FLUID/ELECTR	276	19				OTH CURRENT	648	13
25	POIS-ANALGES	965	2	INTESTINAL OB	560	19				REHABILITATIC	V57	12
Subtotal			**554**			**2,166**			**30**			**1,665**

Note: Same person can have multiple admits. * Counts all persons in each diagnostic group-enrollment category.

Number of Inpatient Admissions for the Top 25 Diagnosis Codes for Enrollees Aged 19-64 Years, FY 2010

Category	HealthChoice Enrollees											
Diagnostic Group	Both			MHD Only			SUD Only			Neither		
Unique Person Count by Cluster*	*18,258*			*53,615*			*10,274*			*135,642*		
Rank of Diagnosis by Frequency	Diagnosis Name	ICD-9	Frequency	Diagnosis Name	ICD-9	Frequency	Diagnosis Name	ICD-9	Frequency	Diagnosis Name	ICD-9	Frequency
1	AFFECTIVE PS	296	4,505	AFFECTIVE PS	296	1,535	RESP SYS/OTH	786	225	OTH CURRENT	648	2,304
2	SCHIZOPHREN	295	1,729	SCHIZOPHREN	295	1,057	OTHER CELLUI	682	178	ABNORMALITY	654	1,983
3	RESP SYS/OTH	786	945	RESP SYS/OTH	786	819	OTH CURRENT	648	176	PERINEAL TRA	664	1,928
4	ALCOHOLIC PS	291	678	OTH CURRENT	648	626	DISEASES OF F	577	173	OTH INDICAT C	659	1,729
5	DIABETES MEL	250	628	DIABETES MEL	250	453	HEART FAILUR	428	155	PROLONGED P	645	1,320
6	OTHER CELLUI	682	563	ASTHMA	493	423	DIABETES MEL	250	154	HYPERTENSIO	642	1,109
7	ASTHMA	493	529	SEPTICEMIA	038	399	PNEUMONIA, C	486	136	ABNORMAL FO	661	914
8	CHRONIC BRO	491	491	ABNORMALITY	654	391	ASTHMA	493	136	OTH AMNIOTIC	658	846
9	DEPRESSIVE D	311	441	CHRONIC BRO	491	333	HEREDIT HEMC	282	122	EARLY/THREAT	644	810
10	HEREDIT HEMC	282	392	OTHER CELLUI	682	313	SEPTICEMIA	038	112	UMBILICAL COI	663	768
11	DISEASES OF F	577	386	HEART FAILUR	428	297	REPLACE & GR	996	103	OTH FETAL PR	656	750
12	GENERAL SYM	780	363	GENERAL SYM	780	294	HIV DISEASE	042	101	RESP SYS/OTH	786	665
13	PNEUMONIA, C	486	358	PNEUMONIA, C	486	286	CHR LIVER DIS	571	95	SINGLE LIVEBC	V30	641
14	OTH CURRENT	648	355	EPILEPSY	345	281	ALCOHOLIC PS	291	89	NORMAL DELIV	650	571
15	HIV DISEASE	042	350	REPLACE & GR	996	269	EARLY/THREAT	644	86	MALPOSITION	652	479
16	SEPTICEMIA	038	329	OTH INDICAT C	659	267	ABNORMALITY	654	86	DIABETES MEL	250	412
17	EPILEPSY	345	317	PERINEAL TRA	664	264	OTH INDICAT C	659	83	OTHER CONDI	649	396
18	HEART FAILUR	428	301	EARLY/THREAT	644	240	PROLONGED P	645	80	HEART FAILUR	428	395
19	DRUG PSYCHO	292	262	OTH SURGICAL	998	229	ACUTE RENAL	584	77	ASTHMA	493	379
20	POIS-ANALGES	965	239	HYPERTENSIO	642	223	CHRONIC BRO	491	75	OTHER CELLUI	682	346
21	OTHER LUNG D	518	235	PROLONGED P	645	220	FLUID/ELECTR	276	74	CHOLELITHIAS	574	326
22	OTH ABDOMEN	789	233	REHABILITATIC	V57	200	OTHER LUNG D	518	71	SEPTICEMIA	038	318
23	DRUG DEPEND	304	227	OTHER LUNG D	518	196	OTH AMNIOTIC	658	68	PNEUMONIA, C	486	300
24	FLUID/ELECTR	276	209	FLUID/ELECTR	276	195	PERINEAL TRA	664	68	OTHER COMPL	646	279
25	POISON-PSYCH	969	208	HIV DISEASE	042	177	GENERAL SYM	780	66	UTERINE LEION	218	270
Subtotal			**15,273**			**9,987**			**2,789**			**20,238**

Note: Same person can have multiple admits. * Counts all persons in each diagnostic group-enrollment category.

Number of Inpatient Admissions for the Top 25 Diagnosis Codes for Enrollees Aged 19-64 Years, FY 2010

Category	HealthChoice/PAC											
Diagnostic Group	Both			MHD Only			SUD Only			Neither		
Unique Person Count by Cluster*	*1,067*			*1,046*			*339*			*1,583*		
Rank of Diagnosis by Frequency	Diagnosis Name	ICD-9	Frequency	Diagnosis Name	ICD-9	Frequency	Diagnosis Name	ICD-9	Frequency	Diagnosis Name	ICD-9	Frequency
1	AFFECTIVE PS	296	382	AFFECTIVE PS	296	52	DISEASES OF F	577	8	RESP SYS/OTH	786	18
2	SCHIZOPHREN	295	59	SCHIZOPHREN	295	18	ALCOHOLIC PS	291	7	OTH INDICAT C	659	16
3	RESP SYS/OTH	786	58	HIV DISEASE	042	15	ASTHMA	493	6	ASTHMA	493	14
4	DEPRESSIVE D	311	42	OTH CURRENT	648	14	EARLY/THREAT	644	6	HYPERTENSIO	642	13
5	HIV DISEASE	042	33	RESP SYS/OTH	786	12	OTH CURRENT	648	6	OTH CHR ISCH	414	11
6	ALCOHOLIC PS	291	32	REHABILITATIC	V57	11	OTHER CELLUL	682	6	OTH CURRENT	648	10
7	OTH CURRENT	648	27	HEART FAILUR	428	9	RADIUS & ULNA	813	5	HEART FAILUR	428	9
8	DIABETES MEL	250	26	REPLACE & GR	996	9	POISONING-CN	970	5	PROLONGED P	645	9
9	OTHER CELLUL	682	21	ACUTE MYOCA	410	8	SEPTICEMIA	038	4	UTERINE LEION	218	8
10	PNEUMONIA, C	486	20	DIABETES MEL	250	7	OTH GASTROD	537	4	DIABETES MEL	250	8
11	GENERAL SYM	780	20	CARDIAC DYSF	427	6	OTH SURGICAL	998	4	PNEUMONIA, C	486	8
12	DRUG PSYCHC	292	18	ENIGN NEO NE	225	5	HIV DISEASE	042	3	ABNORMAL FO	661	8
13	DISEASES OF F	577	15	CEREBRAL ART	434	5	ESSENTIAL HY	401	3	ACUTE MYOCA	410	7
14	FLUID/ELECTR	276	13	TRANSIENT CE	435	5	DIVERTICULA C	562	3	OTHER LUNG D	518	5
15	OTH CHR ISCH	414	12	CHRONIC BRO	491	5	MALPOSITION	652	3	ABNORMALITY	654	5
16	ADJUSTMENT F	309	11	ASTHMA	493	5	OTH INDICAT C	659	3	UMBILICAL COI	663	5
17	DRUG DEPEND	304	9	ACUTE RENAL	584	5	PERINEAL TRA	664	3	PERINEAL TRA	664	5
18	SOLID/LIQ PNE	507	9	EARLY/THREAT	644	5	OSTEOMYELIT	730	3	OTHER CELLUL	682	5
19	ACUTE RENAL	584	9	PERINEAL TRA	664	5	RESP SYS/OTH	786	3	NAUSEA AND V	787	5
20	BACK DISORDE	724	9	INTERVERTEBI	722	5	ANKLE FRACTU	824	3	REPLACE & GR	996	5
21	SEPTICEMIA	038	8	GENERAL SYM	780	5	MALIGN NEOPL	188	2	OTH SURGICAL	998	5
22	ALCOHOL DEP	303	8	FLUID/ELECTR	276	4	OTH PARALYTI	344	2	SEPTICEMIA	038	4
23	OTH VENOUS T	453	8	ANEMIA NEC/N	285	4	HEART FAILUR	428	2	HYPERTENSIVI	403	4
24	ASTHMA	493	8	OTH NONORGA	298	4	CEREBRAL ART	434	2	ACUTE RENAL	584	4
25	SINGLE LIVEBC	V30	8	EPILEPSY	345	4	OTH CEREBRO	437	2	EARLY/THREAT	644	4
Subtotal			**865**			**227**			**98**			**195**

Note: Same person can have multiple admits. * Counts all persons in each diagnostic group-enrollment category.

Number of Inpatient Admissions for the Top 25 Diagnosis Codes for Enrollees Aged 19-64 Years, FY 2010

Category	FFS Enrollees											
Diagnostic Group	Both			MHD Only			SUD Only			Neither		
Unique Person Count by Cluster*	*4,530*			*24,033*			*2,020*			*32,336*		
Rank of Diagnosis by Frequency	Diagnosis Name	ICD-9	Frequency	Diagnosis Name	ICD-9	Frequency	Diagnosis Name	ICD-9	Frequency	Diagnosis Name	ICD-9	Frequency
1	AFFECTIVE PS	296	1004	SCHIZOPHREN	295	803	HEART FAILUR	428	104	PERINEAL TRA	664	1,172
2	SCHIZOPHREN	295	693	AFFECTIVE PS	296	800	RESP SYS/OTH	786	79	ABNORMALITY	654	816
3	RESP SYS/OTH	786	239	SEPTICEMIA	038	703	DISEASES OF F	577	73	OTH CURRENT	648	783
4	DIABETES MEL	250	225	RESP SYS/OTH	786	385	SEPTICEMIA	038	68	OTH INDICAT C	659	768
5	SEPTICEMIA	038	220	REPLACE & GR	996	318	DIABETES MEL	250	63	PROLONGED P	645	572
6	ALCOHOLIC PS	291	175	OTHER LUNG D	518	291	OTHER CELLUL	682	50	SEPTICEMIA	038	524
7	REPLACE & GR	996	170	HEART FAILUR	428	281	HEREDIT HEMC	282	49	HEART FAILUR	428	432
8	CHRONIC BRO	491	150	PNEUMONIA, O	486	241	HIV DISEASE	042	45	ABNORMAL FO	661	366
9	PNEUMONIA, O	486	135	DIABETES MEL	250	227	CHR LIVER DIS	571	45	RESP SYS/OTH	786	337
10	GENERAL SYM	780	134	GENERAL SYM	780	225	REHABILITATIC	V57	45	OTH AMNIOTIC	658	332
11	FLUID/ELECTR	276	129	EPILEPSY	345	224	PNEUMONIA, O	486	43	REPLACE & GR	996	324
12	OTHER CELLUL	682	127	FLUID/ELECTR	276	209	REPLACE & GR	996	42	HYPERTENSIO	642	312
13	HEART FAILUR	428	123	CHRONIC BRO	491	205	ALCOHOLIC PS	291	37	UMBILICAL CO	663	312
14	OTHER LUNG D	518	123	OTHER CELLUL	682	181	CARDIAC DYSF	427	35	NORMAL DELIV	650	305
15	DISEASES OF F	577	114	OTH URINARY	599	174	FLUID/ELECTR	276	34	DIABETES MEL	250	292
16	EPILEPSY	345	97	ASTHMA	493	172	ASTHMA	493	32	OTHER LUNG D	518	280
17	HEREDIT HEMC	282	93	ACUTE RENAL	584	127	OTHER LUNG D	518	32	EARLY/THREAT	644	267
18	ACUTE RENAL	584	77	INTESTINAL OB	560	123	CEREBRAL AR	434	28	OTH FETAL PR	656	256
19	OTH ABDOMEN	789	75	REHABILITATIC	V57	123	SEQUELA OF C	572	26	MALPOSITION	652	232
20	DEPRESSIVE D	311	73	HIV DISEASE	042	115	ACUTE RENAL	584	25	PNEUMONIA, O	486	203
21	CARDIAC DYSF	427	73	OTH SURGICAL	998	111	ACUTE MYOCA	410	24	OTHER CELLUL	682	174
22	ASTHMA	493	73	SOLID/LIQ PNE	507	106	INTERVERTEBI	722	23	ASTHMA	493	169
23	HIV DISEASE	042	70	CEREBRAL AR	434	90	HYPERTENSIVI	403	22	ACUTE MYOCA	410	166
24	OTH NONORGA	298	66	COMPLIC MEDI	999	87	GENERAL SYM	780	22	ACUTE RENAL	584	159
25	HYPOTENSION	458	64	OTH CHR ISCH	414	86	EPILEPSY	345	21	OTH CHR ISCH	414	154
Subtotal			**4,522**			**6,407**			**1,067**			**9,707**

Note: Same person can have multiple admits. * Counts all persons in each diagnostic group-enrollment category.

Number of Inpatient Admissions for the Top 25 Diagnosis Codes for Enrollees Aged 65+ Years, FY 2010

Category	FFS Enrollees											
Diagnostic Group	Both			MHD Only			SUD Only			Neither		
Unique Person Count by Cluster*	*809*			*21,098*			*491*			*36,228*		
Rank of Diagnosis by Frequency	Diagnosis Name	ICD-9	Frequency	Diagnosis Name	ICD-9	Frequency	Diagnosis Name	ICD-9	Frequency	Diagnosis Name	ICD-9	Frequency
1	CHRONIC BRO	491	45	SEPTICEMIA	038	851	RESP SYS/OTH	786	19	HEART FAILUR	428	522
2	RESP SYS/OTH	786	43	HEART FAILUR	428	506	PNEUMONIA, C	486	16	SEPTICEMIA	038	358
3	SEPTICEMIA	038	40	OTH URINARY	599	436	CHRONIC BRO	491	16	RESP SYS/OTH	786	349
4	AFFECTIVE PS	296	37	PNEUMONIA, C	486	391	DISEASES OF F	577	16	CHRONIC BRO	491	291
5	PNEUMONIA, C	486	35	GENERAL SYM	780	358	HEART FAILUR	428	14	CARDIAC DYSF	427	273
6	EPILEPSY	345	31	OTHER LUNG D	518	351	ALCOHOLIC PS	291	13	PNEUMONIA, C	486	222
7	ALCOHOLIC PS	291	30	SENILE/PRESE	290	339	OTHER LUNG D	518	13	GENERAL SYM	780	221
8	HEART FAILUR	428	29	CHRONIC BRO	491	306	SEPTICEMIA	038	11	OSTEOARTHRO	715	220
9	GENERAL SYM	780	29	ACUTE RENAL	584	285	FLUID/ELECTRO	276	11	OTHER LUNG D	518	217
10	OTHER LUNG D	518	26	RESP SYS/OTH	786	281	CARDIAC DYSF	427	11	OTH CHR ISCH	414	201
11	FLUID/ELECTRO	276	24	FLUID/ELECTRO	276	268	ASTHMA	493	9	CEREBRAL ART	434	196
12	ACUTE RENAL	584	23	CEREBRAL ART	434	256	ACUTE RENAL	584	9	ACUTE RENAL	584	195
13	ASTHMA	493	22	SOLID/LIQ PNE	507	232	MAL NEO TRAC	162	8	DIABETES MEL	250	188
14	SCHIZOPHREN	295	20	CARDIAC DYSF	427	231	GENERAL SYM	780	8	ACUTE MYOCA	410	174
15	OTH URINARY	599	20	OTH ILL-DEF M	799	201	REPLACE & GR	996	8	OTH URINARY	599	143
16	REPLACE & GR	996	17	DIABETES MEL	250	186	ACUTE MYOCA	410	7	ASTHMA	493	138
17	CARDIAC DYSF	427	15	FRACTURE NE	820	172	OTH CHR ISCH	414	7	FLUID/ELECTRO	276	133
18	DIABETES MEL	250	14	REPLACE & GR	996	166	DIVERTICULA O	562	7	DIVERTICULA O	562	133
19	DISEASES OF E	530	14	OTHER ORGAN	294	143	DIABETES MEL	250	5	OTH ILL-DEF M	799	120
20	POISON-PSYCH	969	14	ACUTE MYOCA	410	137	ESSENTIAL HY	401	5	INTESTINAL OB	560	106
21	HYPERTENSIVE	403	12	INTESTINAL OB	560	135	OTH GALLBLAD	575	5	OTHER CELLUL	682	102
22	SOLID/LIQ PNE	507	12	GASTROINTES	578	135	OTHER CELLUL	682	5	REPLACE & GR	996	97
23	MASTOIDITIS E	383	11	CEREBRAL DE	331	134	FRACTURE NE	820	5	FRACTURE NE	820	93
24	INTESTINAL OB	560	11	ASTHMA	493	134	EPILEPSY	345	4	MAL NEO TRAC	162	90
25	OTHER CELLUL	682	11	TRANSIENT CE	435	123	CEREBRAL ART	434	4	ESSENTIAL HY	401	87
Subtotal			**585**			**6,757**			**236**			**4,869**

Note: Same person can have multiple admits. * Counts all persons in each diagnostic group-enrollment category.

Number of Inpatient Admissions for the Top 25 Diagnosis Codes for Enrollees Aged 0-18 Years, FY 2011

Category	HealthChoice Enrollees											
Diagnostic Group	Both			MHD Only			SUD Only			Neither		
Unique Person Count by Cluster*	*3,066*			*98,975*			*1,963*			*377,053*		
Rank of Diagnosis by Frequency	Diagnosis Name	ICD-9	Frequency	Diagnosis Name	ICD-9	Frequency	Diagnosis Name	ICD-9	Frequency	Diagnosis Name	ICD-9	Frequency
1	AFFECTIVE PS	296	789	AFFECTIVE PS	296	2,793	SINGLE LIVEBO	V30	107	SINGLE LIVEBO	V30	27,553
2	DRUG DEPEND	304	247	SINGLE LIVEBO	V30	499	OTHER AND ILL	779	56	ASTHMA	493	1,362
3	DEPRESSIVE D	311	67	ASTHMA	493	472	DRUG DEPEND	304	52	AC BRONCHITI	466	1219
4	OTH NONORGA	298	55	HYPERKINETIC	314	305	OTHER RESPIR	770	20	PNEUMONIA, O	486	852
5	HYPERKINETIC	314	52	DEPRESSIVE D	311	276	NUTRIT/METAB	783	15	TWIN, MATE LIV	V31	645
6	ADJUSTMENT	309	48	ADJUSTMENT	309	251	AC BRONCHITI	466	13	OTHER CELLUL	682	536
7	CONDUCT DIST	312	40	PNEUMONIA, O	486	226	ASTHMA	493	13	OTHER AND ILL	779	329
8	SINGLE LIVEBO	V30	38	EPILEPSY	345	194	OTHER LUNG D	518	12	HEREDIT HEMO	282	323
9	CERTAIN ADVE	995	37	CONDUCT DIST	312	159	HEREDIT HEMO	282	11	OTHER PERINA	774	308
10	OTHER AND ILL	779	31	HEREDIT HEMO	282	142	PNEUMONIA, O	486	11	GENERAL SYM	780	307
11	HEREDIT HEMO	282	29	NUTRIT/METAB	783	141	DISORDERS RE	765	11	PERINATAL INF	771	302
12	ASTHMA	493	29	GENERAL SYM	780	138	OTH CURRENT	648	10	DISORDERS RE	765	282
13	SCHIZOPHREN	295	26	DIABETES MEL	250	129	DISEASES OF E	530	9	FLUID/ELECTRO	276	270
14	REHABILITATIO	V57	25	EMOTIONAL DI	313	123	PROLONGED P	645	7	ACUTE APPENI	540	270
15	DIFF CONNECT	710	20	OTH NONORGA	298	122	SOLID/LIQ PNE	507	6	OTHER RESPIR	770	218
16	EMOTIONAL DI	313	19	AC BRONCHITI	466	117	UMBILICAL CO	663	6	KIDNEY INFECT	590	182
17	NEUROTIC DIS	300	18	NEUROTIC DIS	300	116	OTH CONG CIR	747	6	PERINEAL TRA	664	180
18	NUTRIT/METAB	783	18	DISORDERS RE	765	116	ALCOHOL TOX	980	6	OTH CURRENT	648	172
19	NONDEPENDE	305	15	OTHER CELLUL	682	113	DIABETES MEL	250	5	INTESTINAL INF	008	157
20	POIS-ANALGES	965	15	FLUID/ELECTRO	276	97	OTH BACTERIA	482	5	RESPIRATORY	769	152
21	DIABETES MEL	250	13	REHABILITATIO	V57	91	PERINEAL TRA	664	5	AFTERCARE NE	V58	152
22	CANDIDIASIS	112	12	ACUTE APPENI	540	86	FRACTURE OF	802	5	VIRAL PNEUMO	480	149
23	OTHER RESPIR	770	12	OTH CURRENT	648	82	KIDNEY INFECT	590	4	OTH INDICAT O	659	148
24	WBC DISORDE	288	11	DISEASES OF E	530	67	EARLY/THREAT	644	4	DISEASES OF E	530	131
25	POISON-PSYCH	969	11	OTHER RESPIR	770	67	OTHER CELLUL	682	4	PROLONGED P	645	130
Subtotal			**1,677**			**6,922**			**403**			**36,329**

Note: Same person can have multiple admits. * Counts all persons in each diagnostic group-enrollment category.

Number of Inpatient Admissions for the Top 25 Diagnosis Codes for Enrollees Aged 0-18 Years, FY 2011

Category	FFS Enrollees											
Diagnostic Group	Both			MHD Only			SUD Only			Neither		
Unique Person Count by Cluster*	*121*			*2,753*			*31*			*3,980*		
Rank of Diagnosis by Frequency	Diagnosis Name	ICD-9	Frequency	Diagnosis Name	ICD-9	Frequency	Diagnosis Name	ICD-9	Frequency	Diagnosis Name	ICD-9	Frequency
1	AFFECTIVE PS	296	175	AFFECTIVE PS	296	841	HEREDIT HEM	282	17	SINGLE LIVEB	V30	955
2	CONDUCT DIST	312	50	EPILEPSY	345	84	DRUG DEPEND	304	10	REPLACE & GR	996	29
3	EMOTIONAL DI	313	41	REPLACE & GR	996	67	REHABILITATI	V57	8	PERINEAL TRA	664	28
4	SCHIZOPHREN	295	32	AC LARYNGITI	464	61	OTHER SKIN D	709	6	PERINATAL INF	771	26
5	OBESITY/HYPE	278	15	PNEUMONIA, C	486	61	PAIN NOT ELSE	338	2	OTHER RESPIR	770	24
6	OTH INTESTINA	569	15	REHABILITATI	V57	52	INGUINAL HER	550	1	DISORDERS RE	765	20
7	DRUG DEPEND	304	14	NUTRIT/METAB	783	45	CHRONIC ULCE	707	1	ACUTE APPEN	540	19
8	STOMACH FUN	536	8	SCHIZOPHREN	295	44	TRAUM PNEUM	860	1	PROLONGED P	645	18
9	OTHER RESPIR	770	8	COMPLIC MED	999	39				OTHER LUNG D	518	17
10	PSYCHOSES O	299	6	NAUSEA AND V	787	37				GENERAL SYM	780	17
11	HYPERKINETIC	314	6	ADJUSTMENT	309	36				METABOLISM D	277	16
12	ADJUSTMENT	309	5	INFANTILE CER	343	32				OTH URINARY	599	16
13	DEPRESSIVE D	311	5	ASTHMA	493	32				RESPIRATORY	769	16
14	OTHER LUNG D	518	4	SOLID/LIQ PNE	507	31				OTH CURRENT	648	15
15	OPEN WOUND	884	4	OTHER LUNG D	518	30				TWIN, MATE LI	V31	15
16	NONDEPENDE	305	3	INTESTINAL IN	008	26				AC LARYNGITI	464	14
17	INTESTINAL IN	008	2	NEUROTIC DIS	300	24				OTH INDICAT C	659	14
18	OTH NONORGA	298	2	CONDUCT DIST	312	24				PNEUMONIA, C	486	13
19	OTH NONINF G	558	2	HYPERKINETIC	314	24				OTHER PERINA	774	13
20	HYDRONEPHR	591	2	GENERAL SYM	780	23				OTHER AND ILL	779	13
21	FB IN INTESTIN	936	2	EMOTIONAL DI	313	22				INFANTILE CER	343	12
22	REPLACE & GR	996	2	METABOLISM D	277	21				OTH BACTERIA	482	12
23	SEPTICEMIA	038	1	AC BRONCHITI	466	21				ASTHMA	493	12
24	BENIGN NEOPL	216	1	STOMACH FUN	536	21				OTH AMNIOTIC	658	12
25	PERSONALITY	301	1	OTH URINARY	599	19				ABNORMAL FO	661	11
Subtotal			**406**			**1,717**			**46**			**1,357**

Note: Same person can have multiple admits. * Counts all persons in each diagnostic group-enrollment category.

Number of Inpatient Admissions for the Top 25 Diagnosis Codes for Enrollees Aged 19-64 Years, FY 2011

Category	HealthChoice Enrollees											
Diagnostic Group	Both			MHD Only			SUD Only			Neither		
Unique Person Count by Cluster*	*19,381*			*62,512*			*11,903*			*158,610*		
Rank of Diagnosis by Frequency	Diagnosis Name	ICD-9	Frequency	Diagnosis Name	ICD-9	Frequency	Diagnosis Name	ICD-9	Frequency	Diagnosis Name	ICD-9	Frequency
1	AFFECTIVE PS	296	3,835	AFFECTIVE PS	296	1,908	OTH CURRENT	648	235	OTH CURRENT	648	2,526
2	SCHIZOPHREN	295	1,236	SCHIZOPHREN	295	1,342	DISEASES OF F	577	172	ABNORMALITY	654	2,178
3	ALCOHOLIC PS	291	785	OTH CURRENT	648	804	OTHER CELLUL	682	163	PERINEAL TRA	664	1,913
4	RESP SYS/OTH	786	680	RESP SYS/OTH	786	503	RESP SYS/OTH	786	157	OTH INDICAT C	659	1,765
5	DIABETES MEL	250	654	DIABETES MEL	250	501	ASTHMA	493	153	PROLONGED P	645	1,611
6	HEREDIT HEMC	282	524	ABNORMALITY	654	491	SEPTICEMIA	038	144	HYPERTENSIO	642	1,237
7	OTHER CELLUL	682	500	ASTHMA	493	426	HEART FAILUR	428	138	OTH AMNIOTIC	658	1,097
8	DISEASES OF F	577	427	SEPTICEMIA	038	392	PNEUMONIA, O	486	138	ABNORMAL FO	661	873
9	ASTHMA	493	424	OTHER CELLUL	682	339	DIABETES MEL	250	112	EARLY/THREAT	644	819
10	DEPRESSIVE D	311	405	HYPERTENSIO	642	312	CHR LIVER DIS	571	104	OTH FETAL PR	656	791
11	SEPTICEMIA	038	393	EPILEPSY	345	310	CHRONIC BRO	491	100	UMBILICAL CO	663	736
12	CHRONIC BRO	491	387	PNEUMONIA, O	486	303	ABNORMALITY	654	98	NORMAL DELIV	650	536
13	OTH CURRENT	648	386	PERINEAL TRA	664	303	ALCOHOLIC PS	291	86	MALPOSITION	652	485
14	PNEUMONIA, O	486	360	OTH INDICAT C	659	302	HEREDIT HEMC	282	85	SINGLE LIVEBC	V30	477
15	OTH ABDOMEN	789	307	GENERAL SYM	780	299	PROLONGED P	645	85	OTHER CONDIT	649	399
16	GENERAL SYM	780	300	HEART FAILUR	428	298	HIV DISEASE	042	79	DIABETES MEL	250	389
17	OTHER LUNG D	518	299	CHRONIC BRO	491	276	EPILEPSY	345	73	RESP SYS/OTH	786	386
18	EPILEPSY	345	294	PROLONGED P	645	254	HYPERTENSIO	642	69	OTHER CELLUL	682	370
19	FLUID/ELECTR	276	267	REPLACE & GR	996	237	OTH AMNIOTIC	658	69	SEPTICEMIA	038	363
20	HIV DISEASE	042	265	OTHER LUNG D	518	221	REPLACE & GR	996	69	HEART FAILUR	428	353
21	DRUG DEPEND	304	263	EARLY/THREAT	644	211	PERINEAL TRA	664	68	CHOLELITHIAS	574	347
22	HEART FAILUR	428	252	CHOLELITHIAS	574	210	ACUTE RENAL	584	65	ASTHMA	493	325
23	ALCOHOL DEP	303	231	OTH AMNIOTIC	658	201	CARDIAC DYSR	427	63	PNEUMONIA, O	486	291
24	DRUG PSYCHO	292	229	OTH SURGICAL	998	195	GASTRITIS AND	535	62	HEREDIT HEMC	282	287
25	POISON-PSYCH	969	215	ACUTE RENAL	584	185	OTHER LUNG D	518	61	REPLACE & GR	996	251
Subtotal			**13,918**			**10,823**			**2,648**			**20,805**

Note: Same person can have multiple admits. * Counts all persons in each diagnostic group-enrollment category.

Number of Inpatient Admissions for the Top 25 Diagnosis Codes for Enrollees Aged 19-64 Years, FY 2011

Category	HealthChoice/PAC											
Diagnostic Group	Both			MHD Only			SUD Only			Neither		
Unique Person Count by Cluster*	*1,441*			*1,474*			*593*			*2,008*		
Rank of Diagnosis by Frequency	Diagnosis Name	ICD-9	Frequency	Diagnosis Name	ICD-9	Frequency	Diagnosis Name	ICD-9	Frequency	Diagnosis Name	ICD-9	Frequency
1	AFFECTIVE PS	296	369	AFFECTIVE PS	296	99	DISEASES OF F	577	16	ACUTE MYOCA	410	18
2	DEPRESSIVE D	311	69	SCHIZOPHREN	295	33	CHR LIVER DIS	571	11	OTH CURRENT	648	18
3	DIABETES MEL	250	57	DIABETES MEL	250	26	GASTROINTES	578	8	OTHER CELLUL	682	15
4	DISEASES OF F	577	50	RESP SYS/OTH	786	23	OTHER CELLUL	682	8	PERINEAL TRA	664	14
5	RESP SYS/OTH	786	49	HIV DISEASE	042	12	OTH ABDOMEN	789	8	RESP SYS/OTH	786	12
6	ALCOHOLIC PS	291	41	PNEUMONIA, O	486	10	FLUID/ELECTR	276	7	HYPERTENSIO	642	11
7	SCHIZOPHREN	295	28	REPLACE & GR	996	8	ASTHMA	493	7	DIABETES MEL	250	10
8	CHRONIC BRO	491	26	FLUID/ELECTR	276	7	OTH CURRENT	648	7	HEART FAILUR	428	10
9	OTHER CELLUL	682	25	OTH CHR ISCH	414	7	LYMPHOSARC/	200	6	OTH FETAL PR	656	10
10	OTH CURRENT	648	24	ASTHMA	493	7	PNEUMONIA, O	486	6	OTH VENOUS T	453	9
11	DRUG PSYCHO	292	22	OTH CURRENT	648	7	SURG COMPL-I	997	6	ABNORMAL FO	661	9
12	ADJUSTMENT F	309	20	OTHER CELLUL	682	7	ACUTE RENAL	584	5	HIV DISEASE	042	8
13	POIS-ANALGES	965	20	SYMPTOMS INV	782	7	ABNORMALITY	654	5	CARDIAC DYSF	427	8
14	GASTRITIS AND	535	18	ILL-DEFINED IN	009	6	SEPTICEMIA	038	4	ASTHMA	493	8
15	DRUG DEPEND	304	17	HEART FAILUR	428	6	MALIG NEOPL (	180	4	OTH AMNIOTIC	658	8
16	GENERAL SYM	780	17	CEREBRAL ART	434	6	DIABETES MEL	250	4	OTH CHR ISCH	414	7
17	EPILEPSY	345	16	OTH BONE & C	733	6	ALCOHOLIC PS	291	4	PNEUMONIA, O	486	6
18	PNEUMONIA, O	486	15	REHABILITATIO	V57	6	MULTIPLE SCL	340	4	PROLONGED P	645	6
19	SEPTICEMIA	038	14	DEPRESSIVE D	311	5	EPILEPSY	345	4	OTH INDICAT O	659	6
20	HIV DISEASE	042	14	PAIN NOT ELSE	338	5	OTH CHR ISCH	414	4	EPILEPSY	345	5
21	POISON-PSYCH	969	13	ESSENTIAL HY	401	5	CEREBRAL ART	434	4	CEREBRAL ART	434	5
22	OTH NONORGA	298	12	OTH INTESTINA	569	5	OTH INTESTINA	569	4	MISSED ABORT	632	5
23	MULTIPLE SCL	340	12	OTH AMNIOTIC	658	5	OTH AMNIOTIC	658	4	UMBILICAL CO	663	5
24	ASTHMA	493	12	UMBILICAL CO	663	5	AFTERCARE NI	V58	4	GENERAL SYM	780	5
25	ALCOHOL DEP	303	11	INTERVERTEBI	722	5	HEART FAILUR	428	3	AFTERCARE NI	V58	5
Subtotal			**971**			**318**			**147**			**223**

Note: Same person can have multiple admits. * Counts all persons in each diagnostic group-enrollment category.

Number of Inpatient Admissions for the Top 25 Diagnosis Codes for Enrollees Aged 19-64 Years, FY 2011

Category	FFS Enrollees											
Diagnostic Group	Both			MHD Only			SUD Only			Neither		
Unique Person Count by Cluster*	*4,653*			*25,095*			*1,823*			*30,440*		
Rank of Diagnosis by Frequency	Diagnosis Name	ICD-9	Frequency	Diagnosis Name	ICD-9	Frequency	Diagnosis Name	ICD-9	Frequency	Diagnosis Name	ICD-9	Frequency
1	AFFECTIVE PS	296	916	SCHIZOPHREN	295	830	SEPTICEMIA	038	74	PERINEAL TRA	664	1,005
2	SCHIZOPHREN	295	648	SEPTICEMIA	038	725	HEART FAILUR	428	61	ABNORMALITY	654	737
3	RESP SYS/OTH	786	229	AFFECTIVE PS	296	724	OTHER CELLUL	682	57	OTH CURRENT	648	705
4	DIABETES MEL	250	199	REPLACE & GR	996	329	DISEASES OF F	577	52	OTH INDICAT C	659	639
5	SEPTICEMIA	038	166	OTHER LUNG D	518	306	OTHER LUNG D	518	42	PROLONGED P	645	487
6	ALCOHOLIC PS	291	150	RESP SYS/OTH	786	270	ALCOHOLIC PS	291	39	SEPTICEMIA	038	453
7	OTHER CELLUL	682	140	DIABETES MEL	250	264	FLUID/ELECTR	276	37	HEART FAILUR	428	351
8	HEART FAILUR	428	123	EPILEPSY	345	258	PNEUMONIA, O	486	37	OTH AMNIOTIC	658	319
9	PNEUMONIA, O	486	113	PNEUMONIA, O	486	258	CHR LIVER DIS	571	35	ABNORMAL FO	661	319
10	REPLACE & GR	996	106	HEART FAILUR	428	229	GASTRITIS AND	535	33	REPLACE & GR	996	310
11	FLUID/ELECTR	276	104	GENERAL SYM	780	214	RESP SYS/OTH	786	31	HYPERTENSIO	642	281
12	GENERAL SYM	780	104	OTHER CELLUL	682	212	REPLACE & GR	996	31	DIABETES MEL	250	275
13	CHRONIC BRO	491	98	CHRONIC BRO	491	211	DIABETES MEL	250	27	UMBILICAL CO	663	274
14	EPILEPSY	345	80	FLUID/ELECTR	276	173	CHRONIC BRO	491	27	NORMAL DELIV	650	255
15	DISEASES OF F	577	80	OTH URINARY	599	173	ASTHMA	493	27	OTHER LUNG D	518	228
16	ASTHMA	493	77	ACUTE RENAL	584	165	REHABILITATIC	V57	27	EARLY/THREAT	644	205
17	HEREDIT HEMO	282	73	ASTHMA	493	158	GENERAL SYM	780	26	RESP SYS/OTH	786	182
18	DEPRESSIVE D	311	70	REHABILITATIC	V57	129	ACUTE RENAL	584	25	PNEUMONIA, O	486	181
19	OTHER LUNG D	518	70	COMPLIC MEDI	999	115	HIV DISEASE	042	22	OTHER CELLUL	682	165
20	POIS-ANALGES	965	65	OSTEOARTHRO	715	112	OTH CHR ISCH	414	22	MALPOSITION	652	164
21	ACUTE RENAL	584	61	SOLID/LIQ PNE	507	109	CARDIAC DYSF	427	22	OTH FETAL PR	656	158
22	DRUG PSYCHO	292	56	CEREBRAL ART	434	102	OTH SURGICAL	998	22	ASTHMA	493	146
23	HIV DISEASE	042	55	HIV DISEASE	042	94	OTH ABDOMEN	789	20	ACUTE RENAL	584	144
24	POISONING-CN	970	53	INTESTINAL OB	560	94	SEQUELA OF C	572	18	FLUID/ELECTR	276	143
25	GASTRITIS AND	535	50	OTH SURGICAL	998	86	EPILEPSY	345	17	CHRONIC BRO	491	141
Subtotal			**3,886**			**6,340**			**831**			**8,267**

Note: Same person can have multiple admits. * Counts all persons in each diagnostic group-enrollment category.

Number of Inpatient Admissions for the Top 25 Diagnosis Codes for Enrollees Aged 65+ Years, FY 2011

Category	FFS Enrollees											
Diagnostic Group	Both			MHD Only			SUD Only			Neither		
Unique Person Count by Cluster*	*847*			*21,406*			*524*			*36,901*		
Rank of Diagnosis by Frequency	Diagnosis Name	ICD-9	Frequency	Diagnosis Name	ICD-9	Frequency	Diagnosis Name	ICD-9	Frequency	Diagnosis Name	ICD-9	Frequency
1	CHRONIC BRO	491	47	SEPTICEMIA	38	949	SEPTICEMIA	38	24	HEART FAILUR	428	517
2	SCHIZOPHREN	295	45	OTH URINARY	599	502	DISEASES OF F	577	17	SEPTICEMIA	38	408
3	SEPTICEMIA	38	40	HEART FAILUR	428	412	PNEUMONIA, O	486	15	PNEUMONIA, O	486	280
4	HEART FAILUR	428	40	PNEUMONIA, O	486	407	ALCOHOLIC PS	291	14	CHRONIC BRO	491	276
5	GENERAL SYM	780	40	CHRONIC BRO	491	354	OTHER LUNG D	518	14	RESP SYS/OTH	786	266
6	RESP SYS/OTH	786	39	SENILE/PRESE	290	345	CARDIAC DYSF	427	13	OSTEOARTHR	715	257
7	OTHER LUNG D	518	37	ACUTE RENAL	584	336	HEART FAILUR	428	13	CARDIAC DYSF	427	232
8	AFFECTIVE PS	296	27	OTHER LUNG D	518	328	CHRONIC BRO	491	13	OTHER LUNG D	518	232
9	CARDIAC DYSF	427	26	GENERAL SYM	780	316	ACUTE RENAL	584	13	GENERAL SYM	780	223
10	OTH URINARY	599	26	RESP SYS/OTH	786	267	GENERAL SYM	780	11	ACUTE RENAL	584	214
11	ACUTE RENAL	584	25	CEREBRAL ART	434	248	RESP SYS/OTH	786	9	OTH CHR ISCH	414	188
12	PNEUMONIA, O	486	24	FLUID/ELECTR	276	241	ASTHMA	493	8	ACUTE MYOCA	410	180
13	FLUID/ELECTR	276	23	OTH ILL-DEF M	799	233	CHR LIVER DIS	571	8	CEREBRAL ART	434	178
14	OTHER CELLUL	682	23	SOLID/LIQ PNE	507	221	DIABETES MEL	250	7	REPLACE & GR	996	171
15	DRUG PSYCHO	292	21	CARDIAC DYSF	427	215	ACUTE MYOCA	410	7	OTH URINARY	599	166
16	EPILEPSY	345	20	FRACTURE NE	820	197	CEREBRAL ART	434	7	DIABETES MEL	250	151
17	ALCOHOLIC PS	291	19	CEREBRAL DE	331	184	DISEASES OF E	530	7	ASTHMA	493	150
18	SOLID/LIQ PNE	507	19	DIABETES MEL	250	167	OTHER CELLUL	682	7	FLUID/ELECTR	276	139
19	ASTHMA	493	17	REPLACE & GR	996	166	GOUT	274	6	OTH ILL-DEF M	799	134
20	CEREBRAL DE	331	15	OTHER CELLUL	682	155	IRON DEFICIEN	280	6	OTHER CELLUL	682	118
21	CEREBRAL ART	434	15	OTHER ORGAN	294	144	ESSENTIAL HY	401	6	INTESTINAL OB	560	103
22	OSTEOARTHR	715	12	ACUTE MYOCA	410	144	CHOLELITHIAS	574	5	CHOLELITHIAS	574	96
23	DIABETES MEL	250	11	SCHIZOPHREN	295	139	POISONING-CN	970	5	ATHEROSCLER	440	93
24	OTHER ORGAN	294	11	INTESTINAL OB	560	135	DRUG PSYCHO	292	4	DIVERTICULA O	562	88
25	OTH CHR ISCH	414	10	OSTEOARTHR	715	116	OTH CHR ISCH	414	4	MAL NEO TRAC	162	83
Subtotal			**632**			**6,921**			**243**			**4,943**

Note: Same person can have multiple admits. * Counts all persons in each diagnostic group-enrollment category.

Expenditures on Outpatient Substance Abuse Treatment - By Procedure

FY11 Full HealthChoice Non-Pharmacy

Procedure Code or Combination*	Number of Unique Enrollees	Number of Services	Expenditure
H0001	8,868	10,508	$1,826,223.6
H0001,90804	7	7	$6,804.1
H0001,H0004	14	15	$11,504.2
H0001,H0004,H0005	25	25	$11,274.9
H0001,H0004,H0015	37	41	$166,574.2
H0001,H0005	56	58	$16,294.3
H0001,H0014	73	82	$34,250.2
H0001,H0015	121	125	$84,521.8
H0001,H0020	12	12	$5,660.0
H0004	5,660	28,289	$1,861,761.6
H0004,90801	1	1	$0.0
H0004,90801,90804	1	1	$428.5
H0004,90847	1	2	$80.0
H0004,H0005	198	462	$238,137.5
H0004,H0005,90801	2	2	$106.1
H0004,H0005,90853	1	1	$956.3
H0004,H0005,H0015	2	2	$1,265.0
H0004,H0014,H0015	1	5	$26,145.0
H0004,H0015	89	204	$726,761.7
H0005	5,984	65,522	$3,481,887.9
H0005,90801	8	8	$1,770.1
H0005,90804	39	65	$36,885.9
H0005,90804,90853	2	2	$848.8
H0005,90806	15	18	$12,277.0
H0005,90853	1	1	$217.8
H0005,H0015	30	31	$23,342.7
H0014	654	2,742	$356,842.3
H0014,H0015	1	1	$1,150.0
H0015	3,606	62,041	$13,222,873.5
H0015,90801	2	2	$529.4
H0015,90804	3	3	$3,450.7
H0020	8,308	291,494	$22,985,304.0
90801	515	557	$848,856.9
90801,90804,90853	1	1	$0.0
90801,90806	1	1	$0.0
90801,90806,90853	2	2	$2,163.2
90801,90847	6	6	$84,305.0
90801,90853	29	30	$3,519.4
90801,90899	4	4	$7,902.2

FY11 Full HealthChoice Non-Pharmacy - Continued

APPENDIX 3

Procedure Code or Combination*	Number of Unique Enrollees	Number of Services	Expenditure
90804	138	211	$30,986.8
90804,90806	2	2	$941.2
90804,90806,90853	11	12	$14,734.2
90804,90853	8	11	$1,800.0
90805	16	39	$921.2
90806	207	565	$104,613.9
90806,90853	38	92	$87,763.8
90807	8	42	$8,358.4
90807,90808,90853	1	1	$0.0
90807,90847	1	1	$1,448.0
90807,90853	1	1	$0.0
90808	3	3	$12.8
90847	40	54	$143,111.9
90853	384	1,517	$122,753.2
90853,90899	1	1	$0.0
90899	236	342	$159,493.2
Total			**$46,769,814.1**

FY11 Full HealthChoice Pharmacy

Prescription	Number of Unique Enrollees	Number of Services	Expenditure
ANTABASE	197	582	$67,380.5
BUPRENORPHINE	4,079	33,974	$9,412,968.5
Total			**$9,480,349.0**

*Lines with multiple procedure codes reflect MCO encounters that contain multiple procedures. Procedures may have been rendered over a multi-day span.

Expenditures on Outpatient Substance Abuse Treatment - By Procedure

FY11 PAC Non-Pharmacy

Procedure Code or Combination*	Number of Unique Enrollees	Number of Services	Expenditure
H0001	5,053	5,997	$790,421.8
H0001,H0004,H0015	1	1	$0.0
H0001,H0005	2	2	$0.0
H0001,H0015	5	5	$750.0
H0004	3,886	18,427	$988,195.8
H0004,H0005	1	1	$0.0
H0004,H0015	1	1	$0.0
H0005	4,476	57,982	$2,216,944.4
H0005,H0015	1	1	$0.0
H0014	3	4	$22.5
H0015	2,798	58,508	$6,985,262.4
H0015,90806	1	2	$0.0
H0020	5,156	150,358	$11,223,274.4
90801	76	92	$29,502.7
90801,90853	1	1	$0.0
90804	56	89	$474.4
90805	6	16	$69.6
90806	28	91	$679.2
90853	53	311	$1,782.7
90899	29	46	$1,662.3
Total			**$22,239,042.2**

FY11 PAC Pharmacy

Prescription	Number of Unique Enrollees	Number of Services	Expenditure
ANTABASE	124	279	$31,286.8
BUPRENORPHINE	3,274	24,483	$6,453,715.6
Total			**$6,485,002.4**

*Lines with multiple procedure codes reflect MCO encounters that contain multiple procedures. Procedures may have been rendered over a multi-day span.

APPENDIX 3

Procedure Code Definitions

Code	Definition
90801	Psychiatric diagnostic interview examination
90804	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with patient
90805	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with patient with medical evaluation and management services
90806	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with patient
90807	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with patient with medical evaluation and management services
90808	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with patient
90847	Family psychotherapy (without the patient present)
90853	Group psychotherapy (other than a multiple-family group)
90899	Unlisted psychiatric service or procedure
H0001	Alcohol and/or drug assessment
H0004	Behavioral health counseling and therapy, per 15 minutes
H0005	Alcohol and/or drug services; group counseling by a clinician
H0014	Alcohol and/or drug services; ambulatory detoxification
H0015	Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education
H0020	Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program)

MARYLAND MEDICAID: SUMMARY OF MENTAL HEALTH AND SUBSTANCE ABUSE BENEFITS

	HealthChoice	Primary Adult Care Program	FFS Enrollees
Key Populations Covered	• Pregnant women • Parents • Children (including MCHP) • Individuals with disabilities on SSI	• Childless adults 19 and over • Not covered by Medicare	• Individuals who are dually eligible ("Duals") for both Medicaid and Medicare Services • Individuals with nursing home stays over 30 days • Individuals age 65 and older • Individuals determined medically needy under a spend down category • Individuals in a limited-benefit family planning program
Diagnosis Covered Under Specialty Mental Health Services Provided on FFS Basis Through Value options	Must have one of the following mental illness diagnoses according to International Classification of Diseases, 9th revision : 295-298.9; 299.9; 300.0-301.6; 301.81-302.6;302.81-302.9; 307.1; 307.3; 307.5-307.89; 308.0-308.9;309.0-309.9;311;312.0-312.9; 313.0-313.82;313.89-314.9;332.1;333.1;333.82;333.90;333.92;333.99 Examples include individuals with diagnoses such as schizophrenic disorder, mood disorders, anxiety disorders, and personality disorders		
Specialty Mental Health Services Provided on FFS Basis Through Value Options **(Based on diagnosis listed above.)**	• Services provided through the public mental health system on a fee-for-service basis o Hospital o Residential treatment for children and adolescents o Individual and group therapy with licensed mental health professionals, *e.g.*, psychiatrists, psychologists, counselors, etc. o Clinical services at Outpatient Mental Health Centers or Federally Qualified Health Centers o Limited medical laboratory services; specifically, venipuncture collection of blood, therapeutic injection	• See HealthChoice benefit package, exemptions include: o PAC does not cover any inpatient benefits. o PAC also does not cover EPSDT services since the program is for adults	<u>Duals - Medicare and Medicaid Eligible</u> <u>Medicare Part A</u> • Medicare only covers a total of 190 days spent in a psychiatric hospital for an entire lifetime. If someone reaches that limit, Medicare may cover further inpatient mental health care in a general hospital but not a psychiatric hospital. This rule only applies to free-standing psychiatric facilities that are not considered a part of general hospitals.

	HealthChoice	Primary Adult Care Program	FFS Enrollees
Specialty Mental Health Services Provided on FFS Basis Through Value Options (cont'd)	o EPSDT services for children, such therapeutic nursery programs o Mental health targeted case management o Family psychotherapy and psychoeducation o Psychiatric day treatment services such as partial hospitalization or intensive outpatient services o Intensive services for high needs consumers such as mobile or assertive community treatment o Psychiatric rehabilitation programs o Psychological testing o Institution for Mental Diseases (Maryland is now participating in a three-year demonstration to provide this services for adults up to age 64 in private institutions.)		Medicare Part B • Individual and group psychotherapy • Family psychotherapy (with you present) for your treatment • Certain lab and diagnostic tests • Psychiatric evaluations • Medication management Medicaid • Medicaid-covered services not covered by Medicare • Medicare coinsurance (Value Options is not involved in these services) Non-Duals • See benefit under HealthChoice
Substance Abuse Treatment and Services	• Services paid for by the MCO (providers do not need to be in MCO network) o Physician management of buprenorphine and naloxone; o Comprehensive substance abuse assessment (H0001) o Individual, family, or group counseling (H0004, H0005) o Intensive outpatient treatment (H0015) o Methadone maintenance (H0020) o Hospital- and community-based detoxification o Buprenorphine and other SA prescriptions as allowed on MCO formularies • PAC does not cover Substance Abuse Treatment services rendered in hospitals or HSCRC rate regulated hospital outpatient clinics.		Duals - Medicare and Medicaid Eligible Medicare Part A Medicare general hospital services Medicare Part B helps pay for outpatient substance abuse treatment services from a clinic or hospital outpatient department. Methadone may be covered if provided to hospital inpatients but not provided in outpatient clinics. Medicaid • Medicaid-covered services not covered by Medicare • Medicare coinsurance Non-Duals

	HealthChoice	Primary Adult Care Program	FFS Enrollees
			• See benefit under HealthChoice
Reimbursement	Substance Abuse Maryland increased fees on January 1, 2010. MCOs are required to pay at least the fee-for-service rates listed below. • H0001 - $142 per assessment • H0004 - $20 per 15 minute increment • H0005 - $39 per session • H0015 - $125 per session (no more than 4 per week) • H0020 - $80 per week Specialty Mental Health • For a complete list of billing codes and reimbursement rates, please visit: http://dhmh.maryland.gov/mha/Documents/FY%202009%20Rates%20_%20REV%206_23_08.pdf		• Under the Mental Health Parity and Addiction Equity Act of 2008, private health plans have to cover both physical and mental health services equally. Medicare, which covered mental health services at 50 percent rather than the 80 percent rate for physical treatment, wasn't required to abide by the law. • The Medicare Improvements for Patients and Providers Act of 2008 changed that. Medicare is gradually increasing the percentage it covers for mental health services, until in 2014 it will reach 80 percent. (In 2012, the program covers 60 percent.)

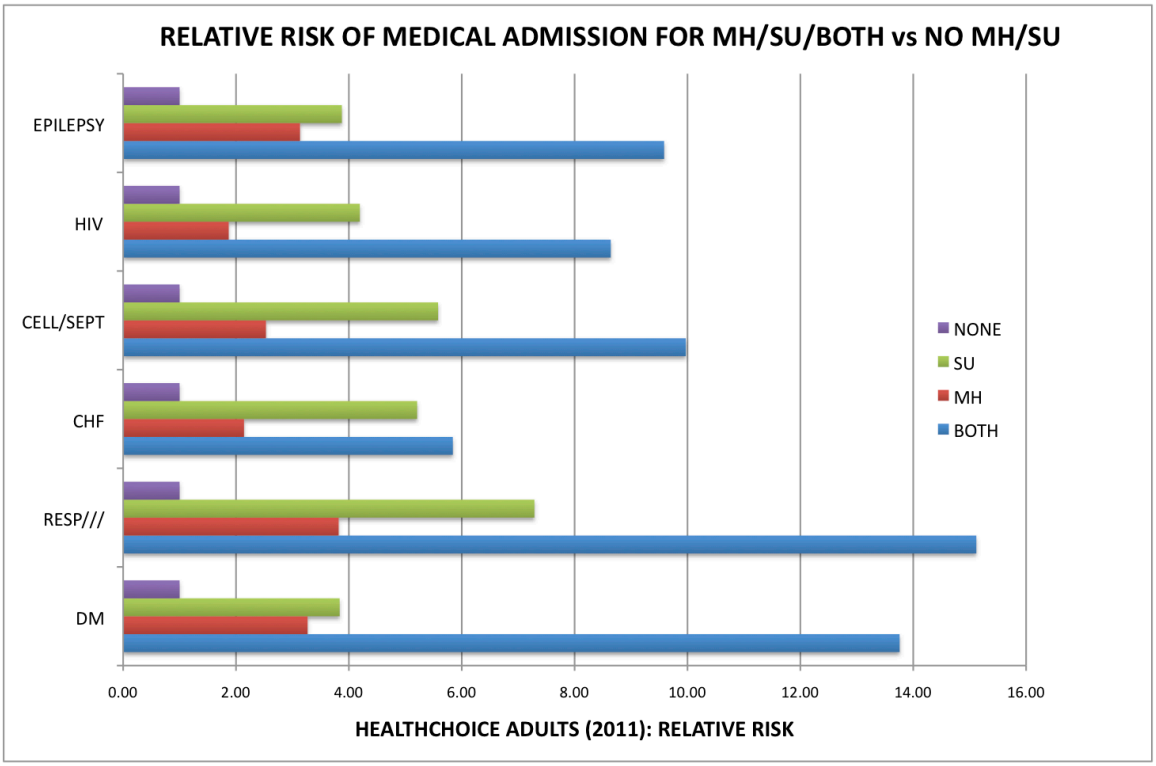
NON-MEDICAID REIMBURSABLE SERVICES: MENTAL HEALTH AND SUBSTANCE ABUSE

Non-Medicaid Reimbursable Services	Mental Health	Substance Abuse
	• Supported employment • Respite care • Residential crisis services • Peer support and family education and support • Residential rehabilitation services	• Prevention/Education in Community/Schools • Environmental Strategies that includes: o Social Media Campaigns o Communities Mobilizing For Change Against Alcohol (CMCA) o Information Dissemination services. • EBP programs (BSFT/FFT) • Community Reinforcement and Family Training (CRAFFT) • Family Services • Social Drinkers Education • Acupuncture • Evaluations (Legal) • Evaluations/Assessments that do not lead to a diagnosis (“Rule Out”, not covered by MA) • Some Drug Testing • Information/Referral • Level .5 Early Intervention • Care Coordination • Continuing Care o Access to Recovery • Residential Treatment: o Low Intensity III.1 o Medium Intensity III.3 o High Intensity III.5 o Medically Monitored Inpatient III.7 (for adults) o Non-Hospital Detoxification • Alternative Programs

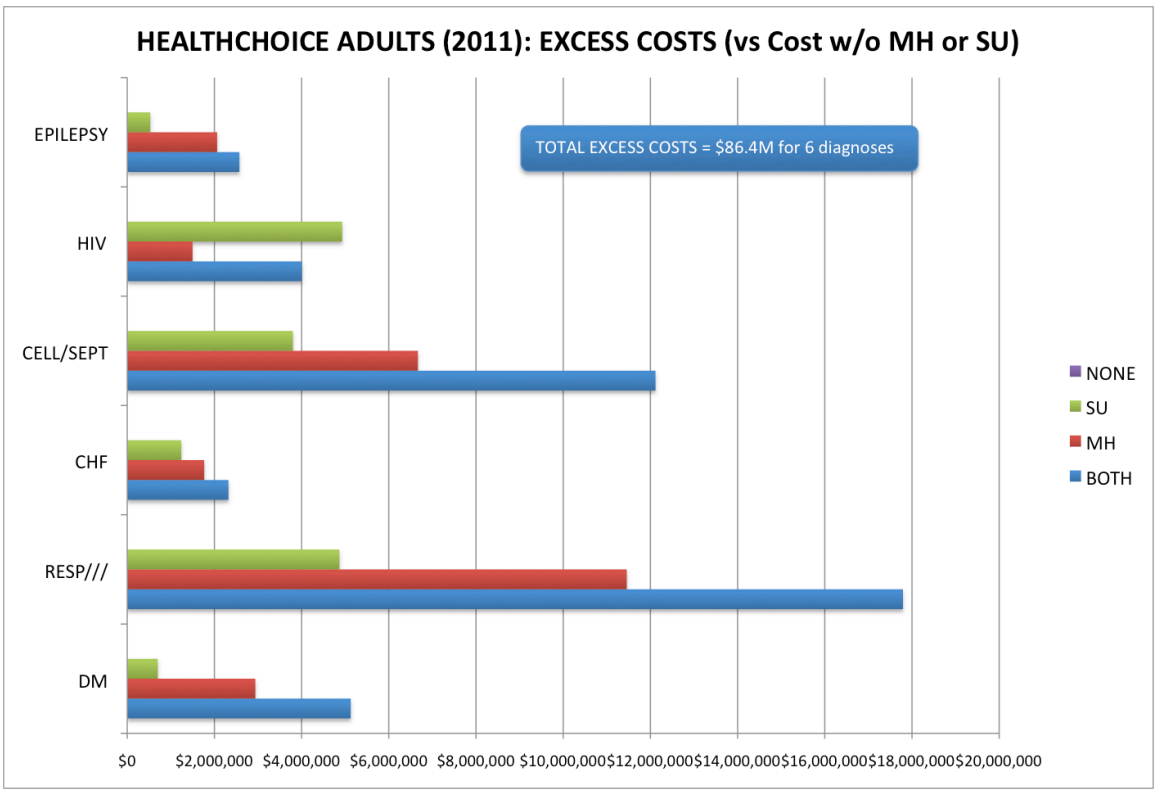
Non-Medicaid Reimbursable Services	Mental Health	Substance Abuse

		• Anger management
		• Court Diversion Program (State's Attorney)
		• Hospital Diversion Program
		• 2 Adult Drug Courts (Circuit Court and District Court)
		• Court Liaison
		• Court-ordered Status Monitoring
		• Drug Court Case Manager
		• Juvenile Drug Court
		• Alternative School (school based)
		• Integrated Dual Diagnosis Treatment team meetings, outreach & case management, and engagement group
		• Jail-based level I and II treatment
		• All "behind the wall" programs
		• Clinical assessment and triage of in-mates into specialty MH or addiction units
		• Community Re-entry from jail (mental health and addiction treatment placements, referrals, supervision)
		• Re-entry Services
		• Family Recovery Court
		• Court Evaluations (HG-505/507)
		• Gambling Counseling
		• Tobacco Assessment/Referral (when provider is not a physician)
		• Recovery oriented Systems of Care:
		  o Recovery Housing
		  o Recovery Community Center
		  o Peer Support Services
		• Future Services to include:
		  o AVATAR (on-line) Counseling

Appendix 5



* RESP///=Pneum NOS + COPD + Asthma + Bronchitis. CELL/SEPT=Cellulitis + Septicemia
* based on data from BH Integration Data Workgroup



These charts demonstrate the reason to include somatic costs in any model.

Steve Daviss (drdaviss@gmail.com)

APPENDIX 6 - CURRENT BEHAVIORAL HEALTH PERFORMANCE METRICS: SUMMARY OF REQUIREMENTS OUTLINED IN CONTRACTS OR REGULATIONS

Performance Metrics	**Specialty Mental Health Administrative Services Organization**	**ADAA Grant Recipients** (See also attached Grant Contract for complete requirements.)	**HealthChoice MCOs**

Clinical Performance Metrics or Standards	• Authorize services based on medical necessity criteria, conduct both concurrent and retrospective reviews
	• Perform focused review of requests for inpatient level of care in order to reduce reliance on and use of unnecessary hospital level of care
	• Monitor and manage at-risk and high service utilization consumers, coordinate with CSAs, and assist in the development of appropriate treatment plans
	• Review and authorize Therapeutic Behavioral Services for children and adolescents with a developmental disability or a psychiatric diagnosis
	• Monitor the following data elements:
	  • Average length of stay
	  • Admissions
	  • Level of care utilization by consumer and provider
	  • Readmission rates
	  • Timeliness of decisions
	  • Denial rates
	  • Appeal and overturn on appeal rates
	  • Hospitalization rate OMHC
	  • Cost per consumer
	  • Penetration rates
	  • Average speed of answer
	  • Hospitalization rate
	  • Cost per consumer
	  • Penetration rates
	  • Average speed of answer (calls)
		• Performance measures:
		  • 70% of all adult and adolescent patients in ADAA funded treatment programs have a treatment episode of not less than 90 days.
		  • 56% of adolescent and 66% of adult patients completing/transferred/referred from ADAA funded intensive outpatient programs enter another level of treatment within thirty days of discharge.
		  • 90% of the patients completing/transferred/referred from ADAA funded residential detoxification programs enter another level of treatment within 30 days of discharge.
		  • The number of patients using substances at completion/transfer/referral from non-detox treatment will be reduced by 82% among adolescents and 82% among adults from the number of patients who were using substances at admission to treatment.
		  • The number of employed adult patients at completion/transfer/referral from non-detox treatment will increase by 32% from the number of patients who were employed at admission to
			<u>Mental Health</u>
			• MCO applications are reviewed to ensure the organization is prepared to work with the Department's specialty mental health system for coordination of somatic care
			• MCOs must demonstrate that they have the clinical experience and expertise in their provider network to provide somatic care for enrollees with severe and persistent mental illness
			• MCO shall cooperate with the Specialty Mental Health Delivery System in developing referral procedures and protocols
			
			<u>Substance Abuse</u>
			• MCOs are required to follow self –referral protocol. Services outside the protocol are allowed to be preauthorized by the MCO
			• Enrollees are allowed to choose their own provider regardless of whether or not the provider is part of MCO provider network
			• Required to reimburse provides a minimum amount for H codes
			• Monitor access to community-based substance abuse services through bi-annual report to the Legislature includes amount paid by Medicaid and ADAA, number of individuals served through Medicaid and ADAA, and MCO payment denial rate.
			• MCOs are required to report the following HEDIS measures annually:
			  • The percentage of adolescents and adults

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Performance Metrics	Specialty Mental Health Administrative Services Organization	ADAA Grant Recipients (See also attached Grant Contract for complete requirements.)	HealthChoice MCOs
	• Abandonment rate • Value Options develops a Quality Assurance Work Plan • Administer a Consumer Perception of Care (CPOC) survey. See link below http://dhmh.maryland.gov/mha/SitePages/surveys.aspx • Outpatient mental health centers, federally qualified health centers and hospital-based clinics are required to submit Outcomes Measurement System questionnaires on patients age 6 to 64 prior to service authorization. Examples of questions: • Where are you living now? • How satisfied are you with your recovery? • During the last month, how often did you have an urge to drink alcohol or take street drugs? • Are you employed? • Do you smoke? http://maryland.valueoptions.com/services/OMS_Welcome.html	treatment. • The number arrested during the 30 days before discharge from non-detox treatment will decrease by 67% for adolescents and 67 % for adults from the number arrested during the 30 days before admission. • 70% of patients dis-enrolled from a Level III.7 will enter another level of care within 30 days. • 70% of patients dis-enrolled from a Level III.5 will enter another level of care within 30 days. • 70% of patients dis-enrolled from a Level III.3 will enter another level of care within 30 days. • 70% of all adult and adolescent patients in ADAA funded treatment programs have a treatment episode of not less than 90 days. • Collect client information into the SMART system, including employment status, when the client was last in for treatment, # arrests within the last 12 months, tobacco use • For all patients with an opiate problem documented in the substance abuse matrix upon SMART admission, the grantee shall require that an overdose prevention plan be developed • All sub-recipients shall admit pregnant	with a new episode of alcohol or other drug (AOD) dependence with initiate AOD treatment and who had two or more inpatient admissions, outpatient encounters, or partial hospitalizations with any AOD diagnosis within 30 days after the date of the initiation encounter • Summary of the number and percentage of members with an alcohol and other drug (AOD) claim who received the following chemical dependency services during the measurement year: any service, inpatient, intensive outpatient or partial hospitalization, and outpatient or emergency department http://mmcp.dhmh.maryland.gov/docs/DHMH-Statewide-Executive-Summary_2011_revAMB_1.pdf Substance Abuse and Mental Health General • Under Federal law [Section 1932(c)(2)(A)(i) of the Social Security Act], DHMH is required to contract with an External Quality Review Organization (EQRO) to perform an independent annual review of services provided under each MCO contract. To ensure that the services provided to the enrollees meet the standards set forth in the regulations governing the HealthChoice Program, DHMH contracts with Delmarva Foundation (Delmarva) to serve as the EQRO. Most of the areas reviewed focus on operational requirements. Some requirements, however,

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Performance Metrics	Specialty Mental Health Administrative Services Organization	ADAA Grant Recipients (See also attached Grant Contract for complete requirements.)	HealthChoice MCOs
		women within 24 hours of request • Grantee and all sub-recipients shall utilize best practices • Grantee shall neither deny admission or continued stay for a patient solely due to being on full or partial opiate agonist therapy medication regardless of dose; make admission contingent upon eventual detoxification from full or partial opiate agonist; nor limit the number of patients on full or partial opiate maintenance or detoxification that are admitted to a program • Grantee shall provided data on ADAA funded care coordination, recovery housing services, recovery community center services, and peer recovery support specialist activities • Grantee shall assess patients for gambling and nicotine dependence disorders • Grantee shall develop continued stay criteria based on ASAM admission criteria • Grantee shall enroll all eligible patients with Level II.3, III.5, and III.7 programs into RecoveryNet Services	indirectly affect clinical performance metrics, such as the requirement to have written utilization management procedures to evaluate medical necessity criteria. See CY 2010 report: http://mmcp.dhmh.maryland.gov/healthchoice/Documents/MCO-SPR-StatewideExecutiveSummary-CY2010.pdf • Other quality assurance activities, such as the Department's Value-Based Purchasing Program (MCOs receive incentives and disincentives for achieving certain targets), do not focus on substance abuse, mental health, or behavioral health integration activities. • Although not a specific requirement by the Department, all of the MCOs have developed on their own care coordination programs for high-cost patients, e.g., programs that target individuals with multiple ER visits or readmissions to hospitals.

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Performance Metrics	Specialty Mental Health Administrative Services Organization	ADAA Grant Recipients (See also attached Grant Contract for complete requirements.)	HealthChoice MCOs

		• Grantee shall coordinate the care of high-risk and high-cost patients within the jurisdiction
		
		• Requirements to provide a continuum of care defined for adults and adolescents
		
		• Grantee and all sub-recipients providing Level III.7, III.5 or III.3 programs shall:
		  • provide a discharge summary to each patient's care coordinator;
		  • attempt to obtain consent from the patient prior to discharge enabling the program to contact the outpatient aftercare provider; and
		  • provide a discharge summary to the outpatient aftercare provider within 24 hours of the patient's discharge from the program.
		
		• Grantee and all sub-recipients providing Level I or II.1 programs shall prioritize for admission patients who are referred from Level III.7, III.5, or III.3 programs.
		• The Regional ATR Coordinator will be responsible for the implementation of the RecoveryNet program
		
		• The grantee shall review and update the buprenorphine diversion adherence plan at least annually.	

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Performance Metrics	Specialty Mental Health Administrative Services Organization	ADAA Grant Recipients (See also attached Grant Contract for complete requirements.)	HealthChoice MCOs
		• Grantee shall provide for substance use disorders treatment services for Drug Court participants • The grantee shall provide direct screening, referral, and placement services to individuals and families being managed by DSS case managers who are in need of substance abuse services	
Examples of Operational Performance Metrics	• ASO shall perform audits and other reviews of the medical and billing records to ensure only medically necessary authorized services are funded • At a minimum, approve and submit for payment, or deny, 99 percent of the paper claims within 21 calendar days of the receipt of the claim, 1005 of paper claims within 30 calendar days, and within 14 calendar days of receipt of an electronic claim • Design and staff the telephone communication system in order that 95% of incoming calls are answered within three rings or less, a call pick up system which places the call in a queue may be used and has less than a 3% abandoned call rate. For 90% of the incoming calls, the	• Shall assess for Medicaid and PAC eligibility	• See Systems Performance Review: http://mmcp.dhmh.maryland.gov/healthchoice/Documents/MCO-SPR-StatewideExecutiveSummary-CY2010.pdf • HealthChoice MCOs must comply with the Maryland Insurance Administration standards and regulations regarding payment of provider claims, e.g, must pay clean claims within 30 days.

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Performance Metrics	Specialty Mental Health Administrative Services Organization	ADAA Grant Recipients (See also attached Grant Contract for complete requirements.)	HealthChoice MCOs
	wait time in the queue should not be longer than 5 minutes • Staffing ratios for Value Options		

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APPENDIX 7 – Performance Measures Template

Outcomes Measurement: What are the key acute and chronic conditions to focus on regardless of the model selected?

Stakeholder Initial Comments:

Area 1: Cardiovascular Disease Risk Factor Diseases

Area 2: Infectious Diseases

Area 3: Behavioral Health Diseases

Patient Management Metrics: At a high level what are the key focus areas regardless of the model selected?

Consumer Experience (including lifestyle measures): At a high level what are the key focus areas regardless of the model selected?

Access to Care: How should we measure access to care?

Model 1:	**Model 2:**	**Model 3:**
Medicaid-financed behavioral health benefits would be managed by Medicaid managed care organizations (MCOs) through a "protected carve-in". The MCOs would be responsible for managing a comprehensive benefit package of general medical and behavioral services. MCOs would receive a separate, dedicated behavioral health capitation payment that only could be spent on behavioral health treatment and recovery supports. Any savings related to behavioral health services would be re-directed to additional, innovative behavioral health benefits.	*Medicaid-financed specialty behavioral health benefits and the State/block grant-funded benefit package would be managed through a risk-based contract with one or more Behavioral Health Organizations (BHO). Using a competitive selection process, Medicaid would contract with one or more BHO(s) that would bear insurance and/or performance risk.*	*As in Model 1, all Medicaid-financed behavioral health benefits and general medical benefits would be delivered under a comprehensive risk-based arrangement. In this model, however, Medicaid would* *Competitively select one or more specialty health plan(s) to manage the comprehensive benefit package for individuals with serious behavioral health disorders. That is, enrollment in the specialty health plan would be determined by whether the individual has a specified behavioral health diagnosis, such as SPMI.*
What are some the issues / challenges to measuring the integration performance measures under the various Models?		

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2012 Behavioral Health Integration Public Stakeholder Process
Draft State, Local, and non-Medicaid Workgroup Report as of August 2012

The Workgroup Process

Executive Summary

The State, Local, and non-Medicaid Workgroup ("SLnon-MA Workgroup") met four times over four months to examine the role of state and local entities and non-Medicaid services as part of the Behavioral Health Integration (BHI) efforts. This final SLnon-MA Workgroup report documents the workgroup process and participant feedback.

Involvement of a diverse array of stakeholders, from somatic/mental health/substance use providers to academic institutions and government entities, allowed the SLnon-MA Workgroup to capture a variety of perspectives. Although the recommendations contained in this report may not represent every participant, the workgroup agreed on the following three issues:

- Prevention is a key tool for improving behavioral health and should be emphasized under any model,
- State and local organizations will need to strike a balance between process uniformity and customization to best function with limited budgetary resources, and
- Local services and non-Medicaid funding are critical to the overall behavioral health system.

The SLnon-MA Workgroup urges the Department and legislators to keep these points in mind when selecting and implementing a new model for behavioral health.

Charge

The State, Local, and non-Medicaid (SLnon-MA) Workgroup was created to make a recommendation on what services/financing should be left outside a "Medicaid" integrated care model to accommodate non-Medicaid-eligible populations, or non-Medicaid-eligible services. This Workgroup will also make a recommendation on the roles that state and local government should perform depending on which services/financing are left outside of the Medicaid financing model, as well as how to support and coordinate with the selected model.

The SLnon-MA Workgroup was led by Executive Sponsors Kathleen Rebbert-Franklin, Acting Director of the Alcohol and Drug Abuse Administration; and Daryl Plevy, Deputy Director at the Mental Hygiene Administration.

Stakeholder Engagement

The SLnon-MA Workgroup did not have formal membership, but interested stakeholders actively participated by attending meetings (in-person and via webinar), submitting comments, and providing feedback on work products, as illustrated below:

- An average of 65 in-person or webinar participants attended each meeting, representing approximately 70 government offices, health programs, and advocacy groups (see page 10 for list).
- The SLnon-MA Workgroup met four times, totaling eight hours.
- In addition to feedback collected at meetings and verbal discussions with the Executive Sponsors, the SLnon-MA Workgroup received 11 submitted comments online or via email specific to this workgroup.

Overview of Meetings

- May Meeting – Reviewed SLnon-MA Workgroup charge and discussed current role of state and local entities in behavioral health services.
- June Meeting – Discussed eleven BHI criteria and which state/local functions and non-Medicaid services should be in place to best ensure criteria are met.
- July Meeting – Discussed three models and considerations for the state and local functions.
- August Meeting – Reviewed draft of SLnon-MA Workgroup report and discussed feedback.

Work Products

- Meeting Materials – PowerPoint presentations and detailed summaries capturing specific feedback.
- Current Service System– List of current behavioral health services performed by state and local entities.
- Summary of All Stakeholder Recommendations by BHI Criteria

The Executive Sponsors and the Behavioral Health Integration Steering Committee would like to thank everyone who attended and/or otherwise contributed to this Workgroup's efforts.

Important Considerations

Throughout the process, the following considerations were a common theme of discussions.

- *Incorporation of the Criteria*. The SLnon-MA Workgroup considered the most effective manner to incorporate the criteria into the evaluation process. During our June meeting, the SLnon-MA Workgroup developed specific recommendations for services necessary to best ensure each of the 11 BHI criterion is met.

- *Balance between Standardization and Customization*. Participants frequently noted that services uniform and discrete in delivery should be standardized and managed centrally by the state, whereas less straightforward services can benefit from local expertise and management. However, it will be important to ensure comparable services are available in each jurisdiction (e.g., crisis response) regardless of how they are delivered.

- *Using Current Service Levels as a Baseline.* The SLnon-MA Workgroup documented how services are currently delivered in Maryland, with recommendations on what to continue, discontinue, refine, or add accordingly (see "The Current Service System" attached document). As a result, services without specific recommendations included below or in the work products may be assumed to remain as is.

- *Maintain Local Role.* Discussions at SLnon-MA Workgroup meetings demonstrated the critical role that local entities, such as Core Service Agencies (CSAs) and Jurisdiction Treatment and Prevention Coordinators (JTPC), play in facilitating behavioral health, as seen in the attached document detailing the current service system.

- *Importance of Phase 3: Specification Design.* In some instances, the SLnon-MA Workgroup was hesitant to define state and local roles without knowing which model would be chosen, or the specifications of the proposed models. The SLnon-MA Workgroup suggests additional consideration be given to their charge during the next phase of the process. For example: the role of the state in contracting between MCOs and behavioral health providers, how information/expertise can best be exchanged between state, local, and healthcare entities during the transition, and continuing to engage consumers and other stakeholders in the process.

- *Preserve Grant-Funded System.* The importance of maintaining grant-funding for services and/or individuals not covered by Medicaid was another central theme of the SLnon-MA Workgroup's discussions. A list of recommended services to be grant-funded is included on pages 6-7. Non-Medicaid funding supports Maryland's safety net for vulnerable populations and could be a key contributor to cost savings when used in conjunction with Medicaid funding (e.g., funding for prevention or data mining for high-cost users may lead to lower treatment costs over time). "The Current Service System" document attached provides further detail regarding non-MA services as they currently stand.

Workgroup Recommendations and Model Feedback

In line with our charge, this section contains recommendations on state and local roles as well as non-Medicaid services that should be in place regardless of the chosen model. The SLnon-MA Workgroup also gathered feedback from participants on each of the three models. Although it has not been included for simplicity's sake, each recommendation has been tied back to one of the eleven criteria (see http://dhmh.maryland.gov/bhd/SitePages/integrationefforts.aspx for detail on criteria and source). Additionally, the attached document "Recommendations by Criteria" includes further details regarding specific recommendations from the stakeholder community.

The recommendations and feedback below are directly from one of the four SLnon-MA meetings or online submissions specific to our Workgroup. They have been consolidated where similar in nature.

I. State and Local Role

State

1. Realign activities and funding with the Secretary's vision by placing emphasis on prevention and screening.
2. Require insurers to have open panels of mental health providers, taking all qualified mental health providers who apply; and staff some mental health counselors in primary care offices.
3. Ensure that primary care placed mental health providers are able to participate in networks of Non-MA insurers.
4. Assist providers in obtaining additional certification, credentialing, and medical record and billing expertise. The time, commitment, and cost involved needs to be shared with the state.
5. Pilot documentation of emergency room utilization for mental health needs, collecting data to inform outcomes and rates.
6. Develop mechanisms to evaluate effectiveness of local initiatives in terms of selection criteria and outcomes in order to prioritize resources.
7. Reduce squeeze on grey zone psychiatric rehabilitation programs (PRP) recipients and enhance/build in MA-reimbursement for things like respite, child crisis, and peer services.
8. Transition oversight of residential rehabilitation centers to the state in order to free up local resources.
9. Ensure quality care structures are in place without designating exactly how these look (e.g., crisis management, jail diversion).
10. Continue to serve as final arbitrator for complaints filed at the local level.
11. Include technical assistance by the state to locals with special populations and other non-Medicaid services. Disseminate best practices and scholarly reports.
12. Use adequate rates to incentivize providers to continue to render mental health and substance use services. Rates should be reflective of true utilization from several programs, rather than just historical fee-for-service data.

State

13. Implement funding differentials for areas of geographic and minority disparities to address resource development and priority issues.
14. Regardless of model selected, maintain administrative service organization (ASO) services at the state level.
15. Determine which services require specialists and customization versus those which can be accessed centrally. For example, transition-age youth work may be standardized at the state level: criteria, services, screening. Services like crisis response that are not so discrete should be provided locally.
16. Standardize services that are not reimbursed by Medicaid state-wide. This will ensure all jurisdictions are getting key services (such as crisis management), and needs assessments will reveal if additional support is necessary.
17. Streamline monitoring (i.e., auditing, data request) processes and efforts that occur at the local level.
18. Improve existing processes for provider enrollment, coding, billing, etc. (e.g., ability to bill for dual mental health/substance use assessments).
19. Review DHMH's previous contractual requirements for ASOs and MCOs and consider lessons learned to inform contracts under the new model.
20. Consideration should be given to how the model selected will interact with the Chronic Health Home that will be implemented regardless of model choice.
21. Integrating financing and management for physical and behavioral health care for all populations, without specialty service delivery design for children, has led in some states to child behavioral health funding being absorbed by physical health expenditures, primarily for the care of adults (detailed comment with data citations: http://www.dhmh.state.md.us/bhd/Documents/InputreDataforBHIntegration_UMSSWAugust2012.pdf). Mechanisms should be put in place to prevent this.

Local

22. Maintain CSA and JTPC role at local level for planning, managing, contracting and providing mental health and substance use services.
23. Give local entities the authority to perform and act on needs assessments that not only look at behavioral health indicators but factors that impact on that such as poverty rates, community violence, incarceration rates, and lack of opportunities.
24. Coordinate the existing mental health providers, identifying those who accept Medicaid and those who do not.
25. Emphasize training. Maintain flexibility to train staff beyond the bare minimum.
26. Provide services and supports to younger children (ages 0-12) who may have a parent or sibling that is alcohol or drug involved to reduce their risk of subsequent use.
27. Engage consumers locally.

Local

28. Include consumers in the training process. Use peer-to-peer support and training and empowerment as a means for workforce development.
29. Give CSAs authority to undertake pilot projects to test outcomes for investing in consumer-run (non-Medicaid) programs.
30. Manage services that are not reimbursable and do not lend themselves to data mining at the local level via contracts.

Collaborative (or State/Local role unspecified)

31. Do not inhibit creativity and freedom for funding from non-state sources. Where state dollars are being used, use processes that are standardized and measurable to the extent possible.
32. Use a cross-cutting model for review of mental health and substance use services, such as the approach used by Consumer Quality Teams.
33. Form partnership between state and local jurisdictions for Medicaid funding because they are knowledgeable about how the consumer will best be served in the given environment.
34. Expand partnerships with institutions of higher learning from across the state for research opportunities, development of core competencies, and cross-discipline curriculum development for current students (future workforce).
35. Leverage non-government entities, which may have more efficiencies than government, offering opportunities to operate in a non-governmental framework.
36. Determine which authorities intervene at which points (regarding grievances), and how this funding stream is managed.
37. Start identifying high-cost users not linked to services (at the state level) and link them to services (at the local level). This will allow us to use resources more effectively. Perhaps implement DATALINK.
38. Promote access to supports for persons in recovery.
39. Create a "debugging" committee staffed by state and local reps to quickly remedy issues that arise during implementation.
40. Establish effective coordination mechanisms (fiscal, information, communication, and otherwise) among agencies and departments

II. Non-Medicaid Services

These services are in addition to currently funded services, as the SLnon-MA Workgroup emphasized the importance of maintaining the existing grant-funded system.

Non-Medicaid Services

41. Make funding available for intervening with any child that is in need, without having to diagnose them. This would include continued assessment and support to child care programs (CSEFEL and DECA-C).
42. Provide additional funding for training.
43. Set aside block grant funding for prevention efforts which would be based on a community needs assessment, as discussed under state roles. Include funding for GIS expansion to review interrelated variables that can assist in more targeted interventions.
44. Supplement school-based mental health services with grants for non-billable services such as support to student services, classroom management and supports, IEP meetings, teacher consultation.
45. Directly or indirectly fund behavioral health prevention activities not included in the essential benefits package. The majority of these would take a population-based approach that aims to decrease the incidence and prevalence of behavioral health disorders and their consequences.
46. Set aside dollars to create anti-stigma campaigns and perform trainings that not only educate the public about disorders, but promote good mental health.
47. Fund consumer-run pilot projects for services or populations not covered by Medicaid.
48. Expand telemedicine through grants to better integrate behavioral health and primary care.
49. It may be appropriate to maintain non-MA funding in the case of Wellness and Recovery Services, as concerns regarding confidentiality and staff capacity to meet Medicaid requirements may arise under MA-funding, and many of these centers are providing needed services to consumers not connected to Medicaid,
50. Ensure fiscal coordination with other child- and family-serving agencies which use state and non-Medicaid federal dollars (TANF, IVE, federal formula funding, grants, etc.) to pay for services for that can be duplicative or even conflict with Medicaid paid services (for example youth in treatment foster care).
51. Attention is needed to bridge transitions of care (corrections, housing, etc) with Medicaid and to ensure communication between departments, in order to deliver proper continuous care.

III. Model Feedback

This feedback is intended to supplement the theory-driven analysis of each model developed by the Large BHI Workgroup. Although some participants expressed model preferences, many noted that putting the necessary processes and controls in place prior to implementation is critical regardless of which model is selected.

Model	Community Feedback

Model	Community Feedback
1. Service carve in	• As designed, may be best for the large portion of the population with mild behavioral health needs because the focus is not predominantly on those with moderate to severe illnesses, as in Models 2 and 3. • Strict contract requirements would need to be implemented and monitored for compliance, especially regarding care for the severely and persistently mentally ill (SPMI) population. • Work needs to be done to prepare managed care organizations (MCOs) in terms of coding, billing, and provider enrollment. • Attention to potential administrative costs at all levels would be important to ensure these are not passed on the consumer. • While Model 1 may allow for more "back office coordination," this will depend in large part on the number and roles of MCOs and BHOs, and may not prove to be true in practice. • Model 1 would lose coordination of non-MA services that are currently coordinated by ASO, potentially resulting in challenges of cost control and equitable service delivery. • According to DHMH's 2010 Quality Assurance report, MCOs in Maryland have faced challenges in reaching those with addiction issues (at 50%) and may not be the most appropriate choice for this purpose. • Information management would be vital, to ensure that data from MCOs are easily accessible when needed for federal reporting requirements and other purposes • Additional important State functions would include: designing and monitoring performance measures, oversight of set-asides and decision-making around reimbursements, monitoring of behavioral health trends, provider accreditation
2. Service carve out (Use of BHO or ASO)	• ASO with risk carve-out favored by some stakeholders over behavioral health organization (BHO) with capitated rate because possible pent-up demand in substance use services may make it difficult to predict utilization in the early years. • May best lend itself to integrating Medicaid and non-Medicaid funding streams, so that it is seamless for consumer access. Ability to add provider risk and flexibility with reimbursement at provider level also a plus. However, stakeholders suggest provider risk may be added to any model chosen. • Although mental health and substance use systems may be easily integrated, may be more difficult to integrate and incentivize care across behavioral health and somatic care. • Data may be readily available and able to be shared across departments. • Some child and adolescent community representatives have proposed including regional and state care management entities for those with most serious illnesses as a contract condition. • May provide a strengthened role for local jurisdictions to have more

Model	Community Feedback
	oversight, due in part to fewer players involved, as well as increased role in decision-making • Slower, more measured approach may minimize potential stigma that could result from other models • Additional important State functions would include: determination of performance incentives, BHO oversight, coordination between somatic health providers and carve-out entity, and coordinating funding not included in carve-in
3. Population carve out	• Attractive because it would provide all services for SPMI, requiring less coordination. • Ideal if one BHO is at full risk for somatic care as well as behavioral health for people with SPMI or dual diagnosis; the less decisions that have to be made about populations, the more likely it may be that savings will accrue for everyone. • "Exceptionalism" vs. "Mainstreaming" approach could result in improved care for those with SPMI, but may create concerns regarding potential stigma • Additional important State functions would include: all services/ functions from carve-in for majority of population (anyone not deemed part of special population), definition of special population, coordination of services between funding sources for non-specialty population, and determining which clients are referred to carve-out and when to return to non-specialty services

Participating Organizations

- Alliance Inc
- Amerigroup
- AmeriHealth Mercy
- Arundel Lodge Inc.
- Baltimore Co. Bureau of Behavioral Health
- Baltimore Crisis Response
- Baltimore Mental Health Systems
- Baltimore Substance Abuse Systems
- Board of Professional Counselors and Therapists
- Catholic Charities
- Children's Guild
- Community Behavioral Health Association of Maryland
- Core Service Agency - Alleghany Co.
- Core Service Agency - Anne Arundel Co.
- Core Service Agency - Carroll Co.
- Core Service Agency - Cecil Co.
- Core Service Agency - Charles Co.
- Core Service Agency - Harford Co.
- Core Service Agency - Howard Co.
- Core Service Agency - Montgomery Co.
- Core Service Agency - Prince George's Co.
- Gale Recovery Inc.
- Gaudenzia Inc
- GUIDE/Linkages to Learning
- Harris Jones & Malone, LLC
- Health Department - Alleghany Co. (Addictions Program)
- Health Department – Cecil Co. (Addictions Program)
- Health Department - Dorchester Co. (Addictions Program)
- Health Department - Montgomery Co.
- Health Department - Wicomico Co. (Addictions Program)
- Health Management Consultants
- Johns Hopkins
- Maryland Addictions Directors Council
- Maryland Association of Core Service Agencies
- Maryland Coalition of Families for Children's Mental Health
- Maryland Department of Aging
- Maryland Department of Health and Mental Hygiene - Office of Eligibility
- Maryland Department of Health and Mental Hygiene - Office of Health Services
- Maryland Department of Health and Mental Hygiene - Office of Planning
- Maryland Department of Juvenile Services
- Maryland Department of Legislative Services
- Maryland Mental Hygiene Administration
- Maryland Physicians Care
- Maryland Psychiatric Society
- Medstar Health
- Mental Health Advocate
- Mental Health Association
- Mental Health Net
- Montgomery Health Federation
- Mosaic
- Mountain Manor
- National Alliance on Mental Illness in Maryland
- National Council on Alcoholism and Drug Dependence of Maryland
- On Our Own of Maryland, Inc.
- Open Society Institute
- Pathways, Inc.
- People Encouraging People, Inc
- Primary Care Coalition
- Prologue
- Public Defender
- Public Policy Partners
- Self employed
- The Children's Guild
- The Hilltop Institute
- University of Maryland - Systems Evaluation Center
- University of Maryland - Division of Child and Adolescent Psychiatry
- Upper Bay Counseling & Support Services, Inc.
- Value Options
- Walden
- Way Station, Inc.

I. Local Systems Role

Current Addiction or Behavioral Health Services/Functions

- Needs Assessment (data analysis of jurisdictional needs)
- Planning for prevention, intervention, treatment and recovery support services
- Develop measurable outcomes
- Collect data and review against designated outcomes
- Service Delivery (Direct provision of services)
- Collaboration with local Criminal Justice, Court, DJS, DHR offices
- Public Information
- Grants Management
- Quality Assurance/Monitoring
- Consumer/Family Services
- Technical Assistance/Training

Current Mental Health Services Functions

General services performed by CSAs and other mental health entities within the local government:

- System Oversight (Medicaid and non-Medicaid funded services
- Quality Assurance / Accountability
- Reporting / System Analysis
- System Navigation
- Consumer Care / Services
- Cooperation / Partnering
- Disaster Planning and Preparedness
- Consumer Information / Public Education
- Innovation (create new programs)
    - Non Fee-For-Service contracts monitored
    - Non Fee-For-Service funds managed
    - Monitor residential beds
    - Sponsor public education events and trainings
    - Resolve complaints
    - Answer help, referral, and crisis calls
    - Transition adults from inpatient services
    - Divert children from residential placement
- Serve as system-level partners with local education, social service, juvenile justice and criminal justice systems, LMBs, health departments, police, etc.
- Making sure there is a continuum of services at a local level
- Ombudsman in dealing with appeals
- Provider of safety net services (crisis and residential)

Specific functions and roles include:

Ensuring Access to Quality Services

- Consumer and Family Care Services
    - Assist and support consumers and family members in navigating the complex public health system

- Coordinate outreach services for individuals who are homeless and experiencing mental illnesses
- Assist in developing transition plans for consumers returning to the community from prisons and jails
- Facilitate discharge planning for children and adolescents in residential placement or residential level services
- Screen individuals for whom admission is being initiated to determine whether a less restrictive alternative can be provided
- Collaborate with acute care and state hospital facilities to facilitate transition to the community for individuals leaving inpatient care (transitioned 543 consumers in FY11)

- Grant access to the PMHS for uninsured clients in crisis
- Manage care for high-cost users to ensure they receive the most appropriate care in the least restrictive setting

- Consumer Information and Public Education
  - Respond to calls for assistance (86,000 calls answered in FY11)
  - Provide technical assistance to the community on the services available and how to access the PMHS
  - Sponsor community educational events, conferences and trainings pertaining to behavioral and public health issues
- System Oversight
  - Plan, manage, and monitor publicly funded mental health services
  - Act as local agents of the Mental Hygiene Administration in the management of the Medicaid-funded system of care for those with severe and persistent mental illnesses*

  - Coordinate local service systems to maintain the availability of a comprehensive system of care
  - Develop comprehensive mental health plans and annual reports
  - Conduct local needs assessments
  - Develop and monitor local mental health and/or substance abuse advisory committees

  - Manage waiting lists and process applications for specialty services
    - Residential Rehabilitation Program (2,484 beds)
    - Capitation Project (354 slots)
  - Review and authorize Residential Rehabilitation, Supported Employment, Enhanced Client Support, and extended stay Residential Crisis services
  - Facilitate provider communication with Value Options
  - Manage care for high-cost users
  - Liaison with providers
  - Participate in MHA workgroups and committees to address statewide system issues

  - Represent Mental Health perspective on local planning boards and inter-agency committees
- Quality Improvement and Assurance
  - Monitor Therapeutic Group Homes
  - Monitor out-of-state placement facilities when appropriate

- Review and monitor encounter data for community Psychiatric Rehabilitation Programs, including site visits
- Participate in Office of Health Care Quality (OHCQ) site visits
- Participate in compliance audits of service providers
- Assist local programs in developing Performance Improvement Plans and monitor improvement standards
- Monitor and inspect Residential Rehabilitation Programs
- Analyze utilization data for system efficiency and effectiveness
- Develop and monitor outcome data for providers
- Oversee unregulated specialty programs like the Capitation Project
- Resolve complaints/grievances/appeals from all parties
- Review and approve applications of new service providers
- Partner in developing and implementing local community health improvement plans

- Promote evidence-based practices like Supported Employment, Assertive Community Treatment, Psycho-Family Education, and Integrated Dual Disorders Treatment

- Promote and support the concepts of wellness and recovery including support of peer-run services
- Promote, support and manage a comprehensive crisis response system
- Orient local providers to system adaptations and changing cultures (e.g., consumer empowerment, recovery, integration)

- Disaster Planning and Preparedness
  - Develop, maintain, and implement local Mental Health Disaster Plans
  - Coordinate local mental health response
  - Work collaboratively with local emergency operations and health departments to develop public health related response plans
  - Participate in local disaster drills and exercises

Optimizing the Use of Public Funds

- For grant funded services:
  - Develop conditions of award in collaboration with MHA and other funders
  - Develop and monitor criteria for contract performance standards
  - Procure services, i.e. Requests for Proposal development
  - Develop budgets and monitor expenses
  - Monitor service provision
  - Repurpose unspent grant funds to ensure maximum use of funding
  - Conduct continuous reviews of need for, quality, and cost-effectiveness of services purchased
  - Re-allocate/Re-procure funds when indicated
- For PMHS services:
  - Monitor care for high-cost users to decrease unnecessary high-cost care (e.g. emergency services, hospital, etc.)
  - Partner with Value Options, local hospitals, community providers, and other stakeholders to identify and operationalize programs to reduce avoidable hospitalization and recidivism

Serving as a System Level Partner

Identifying and Addressing Unmet Needs Through Innovation

- Identify the gaps in service delivery
- Secure funding for pilot programs
- Procure services
- Monitor service provision
- Evaluate effectiveness of service delivery
- Seek and secure permanent funding

Sources: DG presentation 5/8 presentation and meeting minutes, written comments sent in to BHI email, and *CSA Data document provided to DP*

II. State Systems Role

Current Alcohol and Drug Abuse Administration (ADAA) Functions/Services

• Responsible for planning, coordination, and regulation of the statewide network of substance abuse prevention, treatment, and recovery services
• Provides fiscal management and technical assistance to 24 jurisdictions who either purchase and/or provide services.
• Serves as a resource for information about substances of abuse as well as prevention, treatment, and recovery services available in the community– taking responsibility to services provided within the state.
• Primarily responsible for services delivered by grant dollars.
Source: KRF presentation 5/8

Current Mental Health Administration (MHA) Functions/Services

MHA operates and oversees the Public Mental Health System (PMHS):
• Five state hospitals (mostly forensic population)
• Two Regional Institutes for Children and Adolescents
• Community Mental Health Providers
• Outpatient Programs
• Ongoing rehabilitative services (PRP, RRP)
• Crisis Services
• 1915(c) Waiver Services: Traumatic Brain Injury and Residential Treatment Facility (children and adolescents)

III. Non-Medicaid Services

Substance Abuse Services

Available currently (for MA or non-MA consumers):

- Prevention/Education in Community/Schools
- Environmental Strategies that includes:
    - Social Media Campaigns
    - Communities Mobilizing For Change Against Alcohol (CMCA) and

- EBP programs (BSFT/FFT)
- Community Reinforcement and Family Training (CRAFFT)
- Family Services
- Social Drinkers Education
- Acupuncture
- Evaluations (Legal)
- Evaluations/Assessments that do not lead to a diagnosis ("Rule Out", not covered by MA)

- Some Drug Testing
- Information/Referral
- Level .5 Early Intervention
- Medical appointments for Suboxone/Vivitrol services
- Care Coordination
- Continuing Care
    - Access to Recovery
- Residential Treatment
    - Low Intensity III.1
    - Medium Intensity III.3
    - High Intensity III.5
    - Medically Monitored Inpatient III.7
    - Non-Hospital Detoxification
- Alternative Programs
- Anger management
- Court Diversion Program (State's Attorney)
- Hospital Diversion Program (S-BIRT)
- 2 Adult Drug Courts (Circuit Court and District Court)
- Court Liaison
- Court-ordered Status Monitoring
- Drug Court Case Manager
- Juvenile Drug Court
- Alternative School (school based)
- Integrated Dual Diagnosis Treatment team meetings, outreach & case management, and engagement group
- Jail-based level I and II treatment
- All "behind the wall" programs
- Clinical assessment and triage of in-mates into specialty MH or addiction units
- Community Re-entry from jail (mental health and addiction treatment placements, referrals, supervision)
- Re-entry Services
- Family Recovery Court
- Court Evaluations (HG-505/507)
- Gambling Counseling
- Tobacco Assessment/Referral
- Recovery oriented Systems of Care
    - Recovery Housing
    - Recovery Community Center
    - Peer Support Services

- Future Services to include:
    - AVATAR (on-line) Counseling

Source: ADAA staff and Jurisdictional Coordinators

Mental Health Services

Available currently:

- Mobile crisis team
- Housing/Homeless Outreach
- Grey Zone for PRP residents
- Transportation
- Re-entry services or services to help reduce recidivism to jails and hospitals such as assessments at least 90 pre-release and re-entry planning
- Interpreting services – visual language interpreting for individuals who are deaf or hard of hearing
- Tele-psychiatry for therapy
- Peer support within the Wellness & Recovery centers (see supporting comments in DP comment grid)

Source: Meeting minutes from 5/8 and DP comments grid

IV. Medicaid Services

Substance Abuse Services

Available currently:

- Outpatient Treatment (Level I)
- Intensive Outpatient Services (Level II.1/II.5)
- Methadone Treatment
- Suboxone/Buprenorphine (but not specialist visit for PAC)

Source: DG presentation from 5/8 and DP comments grid

Criteria	Recommendations from Stakeholder Community *(Model should…)*
1 - Right service, place, time, practitioner	• Give local entities the authority to perform and act on needs assessments that not only look at behavioral health indicators but factors that impact on that such as poverty rates, community violence, incarceration rates, and lack of opportunities. • There should be funding for intervening with any child that is in need, without having to diagnosis them. This would include continued assessment and support to child care programs. (CSEFEL and DECA-C). • Have funding available to place more mental health counselors in primary care offices. Require insurers to have open panels of mental health providers, taking all mental health providers who apply and staffing some mental health counselors in primary care offices. • Coordinate the existing mental health providers, identifying those who take MA, as well as Non-MA. • Ensure that primary care placed mental health providers are able to participate in networks of Non-MA insurers. • Emphasize training. Allow local organization's to have flexibility to train staff beyond the bare minimum. • Provide additional funding for training. • Assist providers in getting additional certification, credentialing, and to help retool the system. The time, commitment, and cost involved needs to be shared with the state.
2 - Positive, measurable outcomes	• Reward providers not based on site review, but solid performance outcomes. Research shows outcomes are driven by financial reward. Hold ALL health partners accountable for outcomes (i.e., hospital should not be incentivized to release individual to community prematurely where they bear the burden). Build measures into contracts. • Create incentives for somatic care providers/payers to provide cost saving/outcome improving services that impact behavioral health and vice versa if Model 2 is chosen. • Incorporate consideration for SMI population where outcomes are measured with lower standards, more time, and more supports. • Pilot documentation of ER utilization for mental health needs to collect data to inform outcomes and rates. • State should develop mechanisms to evaluate effectiveness of local initiatives in terms of selection criteria and outcomes in order to prioritize resources. • State should develop mechanisms to ensure that the potentially significant savings resulting from integration of care for children with behavioral health needs are not entirely absorbed by adult physical health expenditures.
3 - Preventive care	• Provide services and supports to younger children (0-12) who may have a parent or sibling that is alcohol or drug involved to reduce their risk of subsequent use. • Realign activities and funding with Secretary's vision by placing emphasis on prevention and screening.

Criteria	Recommendations from Stakeholder Community *(Model should…)*
	• Set aside block grant funding for prevention efforts which would be based on a community needs assessment that not only looks at behavioral health indicators but factors that impact on that such as poverty rates, community violence, incarceration rates, and lack of opportunities. Include funding for GIS expansion to review interrelated variables that can assist in more targeted interventions.
4 - Care across individual's lifespan	• Supplement school-based mental health services with grants for non-billable services such as support to student services, classroom management and supports, IEP meetings, teacher consultation. • Directly or indirectly fund behavioral health prevention activities not included in the Essential Benefits package. The majority of these would take a population-based approach that aims to decrease the incidence and prevalence of behavioral health disorders and their consequences. • Reduce squeeze on grey zone psychiatric rehabilitation program (PRP) recipients, and enhance/build in MA-reimbursement for things like respite, child crisis, and peer services.
5 - Positive consumer engagement	• Include consumers in training process. Use peer-to-peer support and training and empowerment as a means for workforce development. • Engage consumers locally. • Fund consumer-run pilot projects for services or populations not covered by Medicaid. • Set aside dollars to create anti-stigma campaigns and perform trainings that not only educate the public about disorders, but promote good mental health. • Give CSAs authority/funding to undertake pilot projects to test outcomes for investing in consumer-run (non-Medicaid) programs.
6 - Treatment for chronic conditions	• Establish a PCMH for patient's who have mental health disease. • Use a cross-cutting model for review of mental health and substance use services, such as the approach used by Consumer Quality Teams CQT. • Consideration should be given to how the model selected will interact with the Chronic Health Home that will be implemented regardless of model choice

Criteria	Recommendations from Stakeholder Community *(Model should…)*
7 - CLAS that are evidence & practice-based	• Form partnership between state and local jurisdictions for Medicaid funding because they are knowledgeable about how the consumer will best be served in the given environment. • Expand partnerships with institutions of higher learning from across the state. This would be for research opportunities, development of core competencies, and for cross discipline curriculum development for current students, who are the workforce in training. • Include technical assistance by state to locals with special populations and other non-Medicaid services. Disseminate best practices and scholarly reports.
8 - Adaptable over time	• Use adequate rates to incentivize providers to continue to render mental health and substance abuse services. Rates are reflective of true utilization from several programs, rather than just historical FFS data.
9 - Program integrity and cost-effectiveness	• Allow DHMH to handle all Medicaid enrollments. • Ensure quality care structure is in place without designating exactly how this looks (crisis management, jail diversion). • Do not inhibit creativity and freedom for funding from non-state sources. Where state dollars are being used, use processes that are standardized and measurable to the extent possible. • Determine what authorities intervene at what points (regarding grievances), and how this funding stream is managed. • Streamline monitoring (auditing, data request) processes and efforts that occur at local level. • Continue to serve as final arbitrator for complaints filed at the local level.
10 - Admin efficiencies at multiple levels	• Leverage non-government entities, as they have more efficiencies than government, and offer opportunities to operate in a non-governmental framework. • Maintain CSA and JTPC role in provision of mental health and substance use services. • Transition oversight of residential rehabilitation centers to state in order to free up local resources. • Standardize services that aren't reimbursed by Medicaid state-wide. This will ensure all jurisdictions are getting key services (such as crisis management) and needs assessments will reveal if additional support is necessary. • Regardless of model selected, maintain administrative service organization (ASO) services at the state-level. • Implement funding differentials for areas of geographic and minority disparities to address resource development and priority issues. • Determine which services require specialists and customization vs. those which can be accessed centrally. For example, transition-age youth work may be standardized at state level: criteria, services, screening. Services that aren't so discrete should be provided locally (such as crisis response). • Improve existing processes for provider enrollment, coding, billing, etc. (e.g., ability to bill for dual MH/SA assessments). if carve in is selected. Commenter suggests forming implementation workgroup to evaluate what areas need improvement. [IMPLEMENTATION]

Criteria	Recommendations from Stakeholder Community *(Model should…)*
	• Closely monitor administrative costs at both the provider and network level to ensure these are not excessive and passed on to consumers. • Review DHMH's previous contractual requirements for ASOs and MCOs and consider lessons learned to inform contracts under the new model. • Ensure fiscal coordination with other child- and family-serving agencies which use state and non-Medicaid federal dollars (TANF, IVE, federal formula funding, grants, etc.) to pay for services for that can be duplicative or even conflict with Medicaid paid services (for example youth in treatment foster care). • Include an information management system that allows for easy datasharing from MCOs as appropriate for federal reporting requirements and other purposes
11 - Seamless transitions and continuity of care	• Start identifying high cost users not linked to services and link them to services. This will allow us to use resources more effectively. Perhaps re-implement DATALINK . • Expand telemedicine through grants to better integrate behavioral health and primary care. • Create a "debugging" committee staffed by state and local reps to quickly remedy issues that arise during implementation. [IMPLEMENTATION] • Promote access to supports for persons in recovery.

2012 Behavioral Health Integration Public Stakeholder Process
Chronic Health Homes Workgroup Report

The Workgroup Process

Executive Summary

The Chronic Health Homes Workgroup (hereinafter "Workgroup") met monthly beginning in May and concluding in August 2012. The Workgroup presented a wide array of information on chronic health homes and welcomed feedback from our stakeholder community. The Workgroup focused on achieving consensus for criteria needed to establish an innovative, well-integrated model of care that will improve the delivery of timely and appropriate services to Medicaid beneficiaries with complex chronic physical, mental, and substance use health conditions. Although this report documents the process of achieving that consensus, the Workgroup has made every effort to fully incorporate all viewpoints, including dissenting opinions.

The Department would like to thank everyone who attended and/or otherwise contributed to this Workgroup's efforts.

Charge

The Health Homes Workgroup was created to make a recommendation on a new "Health Home" service under the Patient Protection and Affordable Care Act, and make a recommendation on how the new service could be developed to support any integration model. This workgroup was charged with defining: the services to be provided; eligible consumer populations; provider qualifications; and recommending a basic payment methodology structure.

The Workgroup was led by Susan Tucker, Executive Director, Office of Health Services and Melissa Schober, Medicaid Policy, Mental Hygiene Administration.

Stakeholder Engagement

As with the other workgroups, the Chronic Health Homes Workgroup did not have formal membership, but all interested stakeholders were invited to participate by attending meetings, participating in webinars, submitting written comments, providing feedback on Workgroup products

An average of 60 in-person or webinar participants attended each meeting, representing approximately over 70 government offices, health programs, and advocacy groups (see page 6 for list). In addition to feedback collected at meetings and verbal discussions with the Executive Sponsor and Staff Lead, the Workgroup received several lengthy comments from provider groups and advocacy organizations.

Overview of Meetings

- May Meeting – Presented a historical overview of Health Homes, briefly reviewed the requirements set forth in the Patient Protection and Affordable Care Act, summarized action in other states, and ended with policy considerations for the next meeting.
- June Meeting – Discussed eleven BHI criteria, then presented information on other states' Health Home financing mechanisms and began discussion of consumer eligibility and services.
- July Meeting – Featured a panel discussion with two mental health and one substance use provider who had already begun to integrate and coordinate somatic and behavioral health

care. Additionally, at providers' request, provided detail on payment mechanisms in other states, including interaction with existing services.
- August Meeting – Presented draft criteria related to initial consumer eligibility, brief service descriptions, provider qualification, and payment methodology. The presentation was followed by a robust question and answer period.

Work Products

The Workgroup prepared PowerPoint presentation for each meeting. In addition, the participants were provided with electronic copies of other Medicaid State Plan Amendments, summaries of private and state-based health homes, Section 2703 of the Patient Protection and Affordable Care Act so they could review the statutory language, summaries detailing Medicaid opportunities and challenges in developing a health home under fee-for-service and capitated delivery systems, and extensive information on rate setting mechanisms.

Important Considerations

Throughout the process, the following represent common areas of concern expressed by stakeholders:

- *Leveraging existing infrastructure. T*he importance of using existing services, provider networks, data collection mechanisms, and evaluation measures to support the new Health Home service. Stakeholders also emphasized the importance of preserving consumer and family choice in participating in a Health Home.

- *Communication*. Mental health and substance use providers repeatedly emphasized the need for crosscutting integration to fulfill the requirements of a Health Home, particularly around reducing acute care facility utilization. These providers expressed strong agreement that whatever integration model is selected, it must require all providers communicate to ensure timely and appropriate whole-person care.

- *Flexibility.* Provider groups, particularly those in rural areas of state, expressed the need for the Health Home to have staff and consumer ratios, rather than minimums. Such flexibility will allow small providers continuing serving consumers with whom they have well-established, trusting relationships.

- *Children and Adolescents.* The importance of recognizing that children and youth are not typically described as "chronic ill" and that a Health Home in a prevention-focused system will need to provide a different and unique set of services to support this population.

- *Preservation of Non-Medicaid Services.* The importance of maintaining grant-funding for services such as housing, peer and social supports, employment services and other non-Medicaid services is critically important to support recovery from mental illness, substance use disorders, and/or chronic somatic health conditions. To ensure success, a Health Home must be cognizant of these social determinants of health and must be involved the coordination of such services.

Workgroup Recommendations and Model Feedback
In line with our charge, this section contains recommendations on a new Chronic Health Home service.

Consumer Eligibility: Eligibility would be limited to individuals diagnosed with an opioid substance use disorder that is being treated with methadone or buprenorphine in an Outpatient Methadone Treatment Program who also have one other chronic health condition, such as a serious and persistent mental illness, diabetes, cardiovascular disease, overweight (BMI above 25), etc.

Individuals with serious and persistent mental illness that impairs their ability to: (1) live in his/her customary setting; (2) maintain employment or attend school without support; or, (3) manage the effects of his/her mental illness also would be eligible.

Health Home Services: The six services mandated by the Patient Protection and Affordable Care Act are:

- Comprehensive Care Management: Identification of high-risk individuals via a thorough review of clinical, therapeutic, rehabilitative, and other consumer information to determine level of participation in care management services; high quality, standardized comprehensive assessment of preliminary service needs, including screening for co-occurring mental health, substance use, and somatic needs; development of consumer-centered individualized treatment plans (ITP), including consumer goals, preferences, and optimal outcomes; development of treatment guidelines that establish clinical pathways for health teams to follow across risk levels and health conditions; monitoring of individual and population health status and service use to determine adherence to or variance from treatment guidelines; and development and dissemination of reports that indicate progress toward meeting outcomes for consumer satisfaction, health status, service delivery, and costs.

- Care Coordination and Health Promotion: Care coordination would include implementation of the consumer-centered ITP through appropriate linkages, referrals, coordination, and follow-up to needed services and supports, including long-term services and peer-based support. Health Promotion would include providing health education specific to an individual's chronic conditions, development of self-management plans with the individual such as Illness Management and Recovery; education regarding the importance of routine immunizations and screenings; assisting consumers in successfully implementing their ITP plan by placing a strong emphasis on person-centered empowerment to understand and self-manage chronic health conditions; providing support for improving social networks, and providing health promoting lifestyle interventions, including, but not limited to substance use prevention, tobacco prevention and cessation, nutritional counseling, obesity reduction and prevention, and physical activity.

- Comprehensive Transitional Care: Members of the Health Home would be required to provide services designed to streamline plans of care, reduce hospital admissions, ease the transition to long-term services and supports, and interrupt patterns of frequent hospital emergency department use. The Health Home would increase consumers' and family members' ability to manage care and live safely in the community and shift the use of reactive care and treatment to proactive health promotion and self-management.

- Individual and Family Support: Services include, but are not limited to: advocating for individuals and families; assisting with, obtaining, and adhering to medications and other prescribed treatments; identifying resources for individuals to support them in attaining their highest level of health and functioning in their families and in the community, including transportation to medically-necessary services; improving health literacy; increasing ability to self-manage care, and facilitating participation in the ongoing revision of care/treatment plan.

- Referral to Community and Social Supports: Services include, but not are limited to: providing assistance for consumers to obtain and maintain eligibility for medical assistance, disability benefits, subsidized or supported housing, personal needs, peer support, and legal services, as appropriate.

- Use of Health Information Technology: Health Homes would be required to have, or have a plan to implement, an interoperable electronic health record.

Provider Qualifications: Health Homes would be required to be licensed as a Psychiatric Rehabilitation Program (PRP) or Outpatient Methadone Treatment Program. Additionally, such providers would be required to: be an enrolled as Maryland Medicaid Provider; be accredited as a Health Home by the Commission on Accreditation of Rehabilitation Facilities (CARF) (provisional designation as a Health Home for providers who are in the process of achieving accreditation); and, within three months of service initiation, have a contract or memorandum of understanding with a community inpatient facility to formalize discharge and transitional planning.

A Health Home provider would be required to propose a Health Home delivery model that the State determines to have a reasonable likelihood of being cost effective. A prospective Health Home also must have the ability to: provide round-the-clock coverage; participate in data-driven evaluation activities; implement or have a plan to implement Health Information Technology; and maintain required staff ratios. Staffing ratios for the Health Home services only as are follows:

- Nurse Care Manager: .5 full-time equivalent (FTE) per 125 Health Home enrollees

- Health Home Director: .5 FTE per 125 Health Home enrollees. Health Homes <125 enrollees may employ 1 FTE individual to serve as both the Nurse Care Manager and Health Home Director provided that individual is licensed and legally authorized to practice as a registered nurse

- Physician or Nurse Practitioner/Advanced Practice Registered Nurse Consultant: 1 hour per Health Home enrollee per 12 month period for a physician or 2 hours per Health Home enrollee per 12 month period

- Administrative Support Staff: .25 FTE per 125 Health Home enrollees.

Payment Framework: The Workgroup envisions a three-phase system based on an actuarially sound per member, per month (PMPM) payment for the six services mandated by the Patient Protection and Affordable Care Act:

- Outreach and Engagement: A Health Home could bill a reduced PMPM when attempting to enroll new consumers. This phase would be time-limited and would require documented, progressive attempts to engage and enroll the consumer.
- Intensive Care Management: A Health Home could bill an enhanced PMPM after enrolling previously unserved consumers. This phase would be time-limited and would require provision at least two of the core services each month.
- Ongoing Care Management: A Health Home would receive a PMPM for consumers already receiving care in a Psychiatric Rehabilitation Program or Outpatient Methadone Treatment program or for consumers following the "Intensive Care Management" phase.

Participating Organizations

- Alliance Inc.
- Amerigroup
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- Arundel Lodge Inc.
- Baltimore Co. Bureau of Behavioral Health
- Baltimore Crisis Response
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- Baltimore Substance Abuse Systems
- Catholic Charities
- Center for Addiction Medicine
- Center for Health Care Strategies
- Children's Guild
- Children's National Medical Center
- Community Behavioral Health Association of Maryland
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- Core Service Agency - Carroll Co.
- Core Service Agency - Cecil Co.
- Core Service Agency - Charles Co.
- Core Service Agency - Harford Co.
- Core Service Agency - Howard Co.
- Core Services Agency – MidShore Mental Health Systems
- Core Service Agency - Montgomery Co.
- Core Service Agency - Prince George's Co.
- Delmarva Foundation
- For All Seasons, Inc.
- Harris Jones Malone, LLC
- Health Care Access Maryland
- Health Facilities Association of Maryland
- Institute for Behavior Resources, Inc./REACH Health Services
- Johns Hopkins
- LifeBridge Health
- Magellan Health
- Maryland Coalition of Families for Children's Mental Health
- Maryland Department of Aging
- Maryland Department of Budget and Management
- Maryland Department of Health and Mental Hygiene - Office of Eligibility
- Maryland Department of Health and Mental Hygiene - Office of Health Services
- Maryland Department of Health and Mental Hygiene - Office of Planning
- Maryland Department of Legislative Services
- Maryland Mental Hygiene Administration
- Maryland Physicians Care
- Maryland Psychiatric Society
- Medstar Health
- Mental Health Advocate
- Mental Health Association
- Mental Health Net
- Mosaic
- Mountain Laurel Medical Center
- Mountain Manor
- National Alliance on Mental Illness in Maryland
- National Council on Alcoholism and Drug Dependence of Maryland
- Omni House, Inc.
- On Our Own of Maryland, Inc.
- Open Society Institute
- Pathways, Inc.
- People Encouraging People, Inc.
- Primary Care Coalition
- Prologue, Inc.
- Public Policy Partners
- Sante Group
- Self employed
- Sheppard Pratt
- The Children's Guild
- The Hilltop Institute
- Total Health Care, Inc.
- University of Maryland, School of Social Work, Innovations Institute
- University of Maryland - Systems Evaluation Center
- University of Maryland - Division of Child and Adolescent Psychiatry
- Upper Bay Counseling & Support Services, Inc.
- Value Options
- Volunteers of America, Chesapeake
- Way Station, Inc.

Appendix XV: Acronyms Index

ASO	Administrative Service Organization
ADAA	Alcohol and Drug Abuse Administration
BHO	Behavioral Health Organization
CSA	Core Service Agency
DHMH	Department of Health and Mental Hygiene
FPL	Federal Poverty Level
FFS	Fee-For-Service
DSS	Local Department of Social Services
LHD	Local Health Department
MBHO	Managed Behavioral Health Organization (a capitated entity, as referenced under Model 2)
MCO	Managed Care Organization
MHA	Mental Hygiene Administration
PAC	Primary Adult Care Program
SMCE	Specialty Managed Care Entity (as referenced under Model 3)