



**Psychiatric Hospitalizations, Emergency Detentions, and
Outpatient Mental Health**
Crisis Workgroup – July 22nd, 2016

Medicaid Psychiatric Hospital Admissions– 2014¹

The average Wisconsin hospitalization rate was 6.8 per 1,000 in 2014.

Psychiatric Hospitalization Per Capita Rates by Age Category (Medicaid)		
Rate per 1,000 Population	10 to 14 year olds	15 to 17 year olds
	5.3	9.3

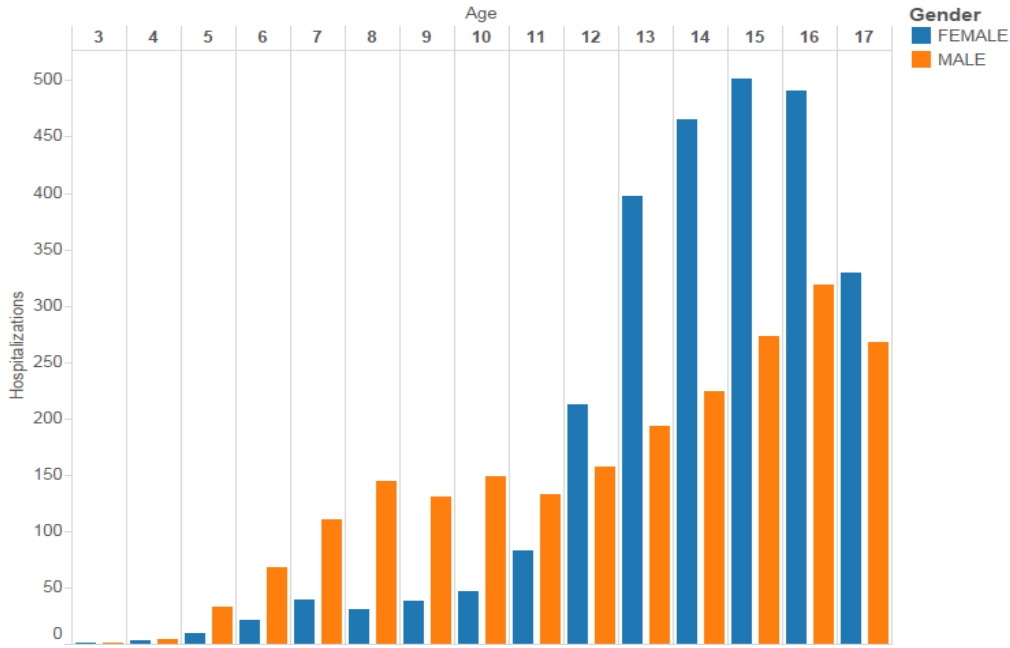
Rates by county vary from 1 to 15 per 1,000 (residents) for 10-17 year olds

Counties with highest Per Capita Hospital Admission Rate, Medicaid Only	
2013	2014
1. Milwaukee	1. Menominee
2. Menominee	2. Ashland
3. Vilas	3. Langlade
4. Shawano	4. Douglas
5. Brown	5. Forest
Dropped out of top five in the 2014 rankings: <ul style="list-style-type: none"> • Milwaukee is now at 10 • Vilas is now at 6 • Shawano is now at 17 • Brown is now at 22 	

¹ See final page for detailed analysis methods. Medicaid FFS and HMO data (From DHCAA) ages <18 unless otherwise specified.

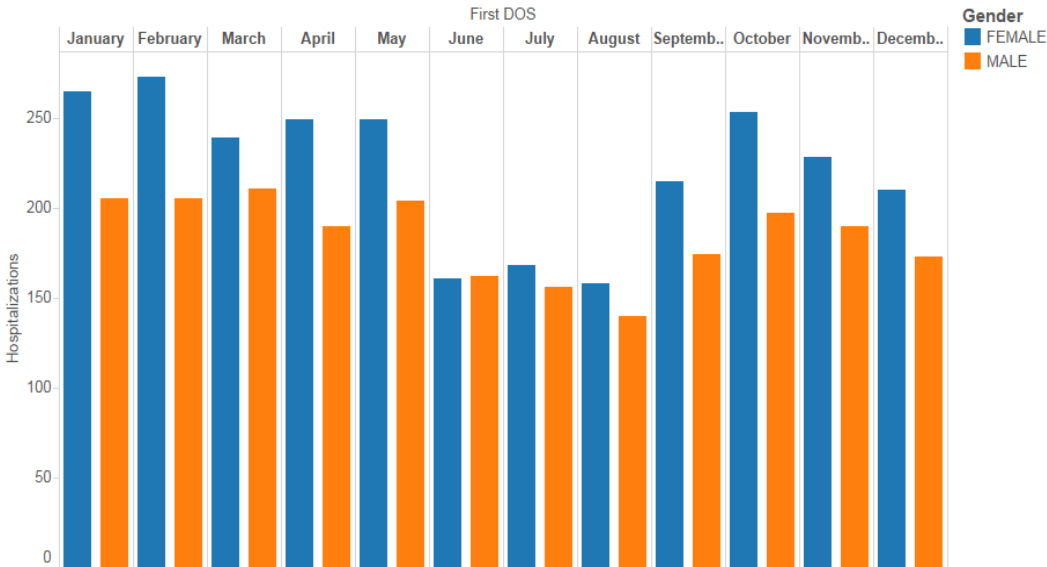
Admissions by Gender: 54% of the admissions are for female versus 46% males; males have more admissions between the ages of 6-11; this pattern matches the 2013 data.

Medicaid Psychiatric hospitalizations for 0-18 year olds, by age and gender. (Data from 2014)



Timing of Admissions: Admissions patters are similar to those in 2013 with a drop during summer and no significant difference by gender.

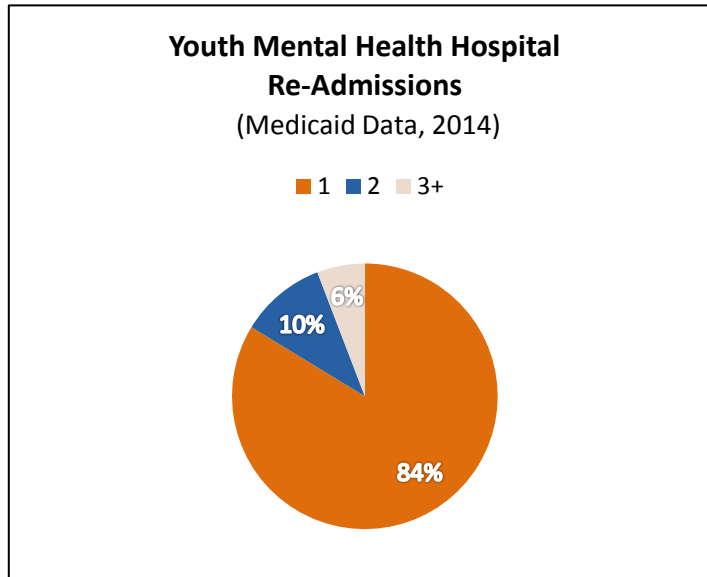
Psychiatric hospitalizations for 0-18 year-olds enrolled in Medicaid. (Data from 2014)



Monthly breakdown of admission month by gender.

Mental Health Hospital Re-Admissions²

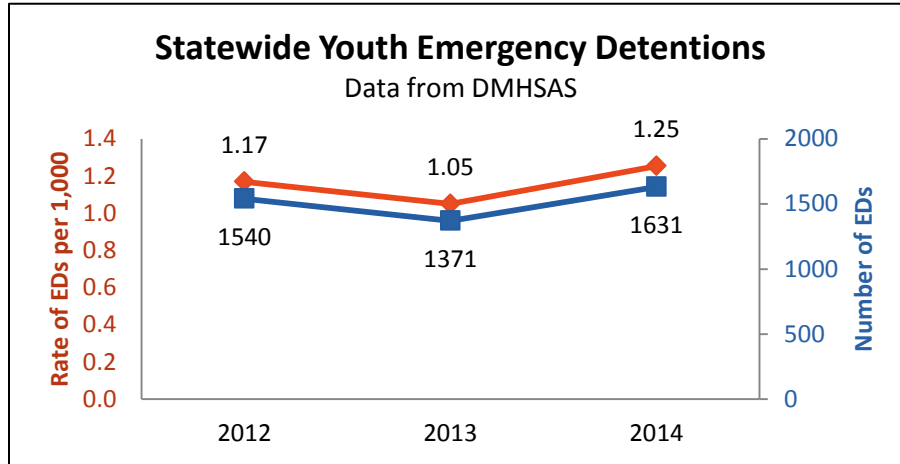
- 84% (N= 4,081) of Medicaid youth (<18) did not return to the hospital after one visit
- 16% (N=794) *did return*, and of those 2014 re-admits:
 - 10% had 2 admissions
 - 6% had three or more admissions
 - 57% were within 30 days (versus ~50% in 2013)
 - 15% were within 7 days



² Medicaid FFS and HMO data (DHCAA); ages <18

Youth Emergency Detentions

Per Capita Rate of Emergency Detentions 2014 from PPS³: County rates for those who reported any EDs ranged from 1 to 6 per 1,000 residents. Thirty-seven counties reported no EDs.



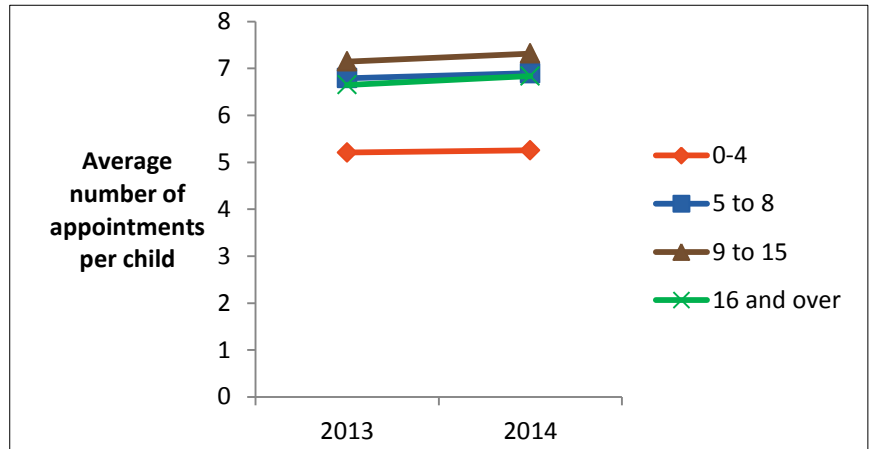
The counties with the highest per capita rate of EDs averaged approximately 4 EDs per 1,000.

Counties with Highest Per Capita Youth Emergency Detention Rates, County Health System Data (PPS)		
2012	2013	2014
Wood	Wood	Forest-Oneida-Vilas
Forest-Oneida-Vilas	Forest-Oneida-Vilas	Fond du Lac
Adams	Adams	Wood
Fond du Lac	Fond du Lac	Adams
Lincoln-Langlade-Marathon	Lincoln-Langlade-Marathon	Lincoln-Langlade-Marathon

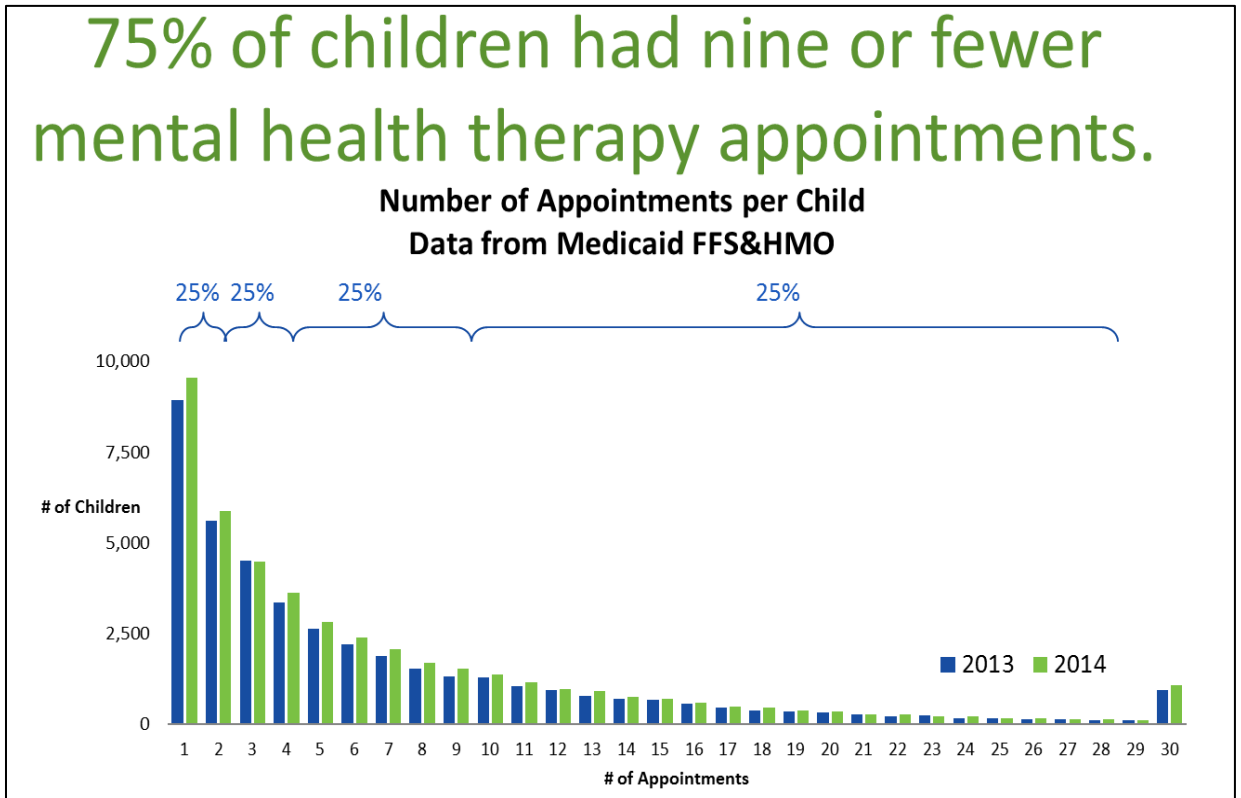
³ PPS ED Admissions tracked by the county mental health system (from DMHSAS, 2012-2014), ages <18. Data does not include all emergency detentions across the state due to limitations of the PPS system.

Outpatient Therapy in Medicaid – 2013 and 2014⁴

Number of Therapy Appointments by Child:
The average number of appointments is stable across years, but differs by age.



Fifty percent of children in Medicaid with a mental health diagnosis received four or fewer therapy appointments and 25% received only one or two appointments.



⁴ Medicaid FFS and HMO data (DHCAA); ages <18

Methodology

Medicaid Psychiatric Hospitalization

Medicaid claims were obtained from the Department of Health Services (DHS), Division of Health Care Access and Accountability (DHCAA), pulled as of May 2015 for 2014 dates of service claims. Claims were first pulled for the following Header Diagnosis Primary or Secondary: 291 – 31499 [MH, including DD and Autism]; or between 6483 – 64834 [Drug-dependent pregnancy and delivery]; or between 7795 – 77959 [drug-dep newborn]; or in list 64840, 64844, 76071 [other pregnancy and neonatal issues, not specified]. This pull allows for the broadest “net” in identifying people who may have had mental health services.

To drill down to inpatient psychiatric hospitalizations, additional filters were applied. First, institutional claims were filtered to include only inpatient claims removing any lab tests or procedures done on an outpatient basis. Then, inpatient psychiatric hospitalizations were identified as having Revenue Code 0114, 0124, 0134 or 0154, indicating a room and board charge for psychiatric reasons. Claims originally included visits for infants and children under 10, though final hospitalization rates included only those of pertinent age (10-17 years old).

Member information (ForwardHealth DataWarehouse, Medicaid Member Universe) was collected for all individuals with hospitalizations at Winnebago Mental Health Institute in Winnebago County to identify their correct county of residency. For any discrepancies between the claim and member information, the member information was used. Claims with sequential dates (e.g. start date 9-15 to end date 9-30 and start date 10-1 to end date 10-15) were combined and counted as one hospitalization. Rehospitalization rates were calculated using the methodology proposed by Fan, W., Sarfarazi, M., Health, U., & Funds, R. (2014). SAS® Solutions to Identifying Hospital Readmissions, 1–8. All analyses were done with RStudio, using R, version 3.3.0.

Limitations: Claims data is subject to human error (e.g., multiple parties entering information and billing or coding errors). This data does not allow for identification of emergency detentions as separate from voluntary inpatient hospitalizations.

Emergency Detentions

Emergency Detention data was obtained from the DHS, Division of Mental Health and Substance Abuse (DMHSAS), collected from the Program Participation System (PPS). Data are entered by counties according to the Mental Health Module Handbook (<https://www.dhs.wisconsin.gov/pps/ppsmhhandbook.pdf>).

Medicaid Outpatient Therapy

Medicaid outpatient claims were obtained from the DHS, DHCAA and pulled May 2015 for 2014 data re. dates of service. Outpatient claims were identified by Detail Diagnosis Code 1 or Detail Diagnosis Code 2 between 291 – 31499; or between 6483 – 64834; or between 7795 – 77959; or in list 64840, 64844, 76071. Outpatient therapy was defined by Procedure Code on the claim, using only those in the procedure category of Outpatient Mental Health, and did not include those for substance abuse services, or those listed as in-home services. The number of appointments was truncated at two for spans of dates greater than one as advised by analysts in DHCAA, due to billing regulations.