

About This Measure

- The population reported includes children and youth from birth to 20 years
- Child/youth mental health population was identified based on the assignment of a mental health diagnosis and the use of selected MaineCare mental health services that are managed by APS Healthcare
- Data was obtained from MaineCare Paid Claims data, including four years of service claims between SFY 2007 and SFY 2010. No claims adjustments were applied (*excludes pharmacy claims*)

What May Influence This Measure?

- MaineCare eligibility requirements
- Availability of mental health services and supports
- Geographic distribution of services

National Medicaid Trends

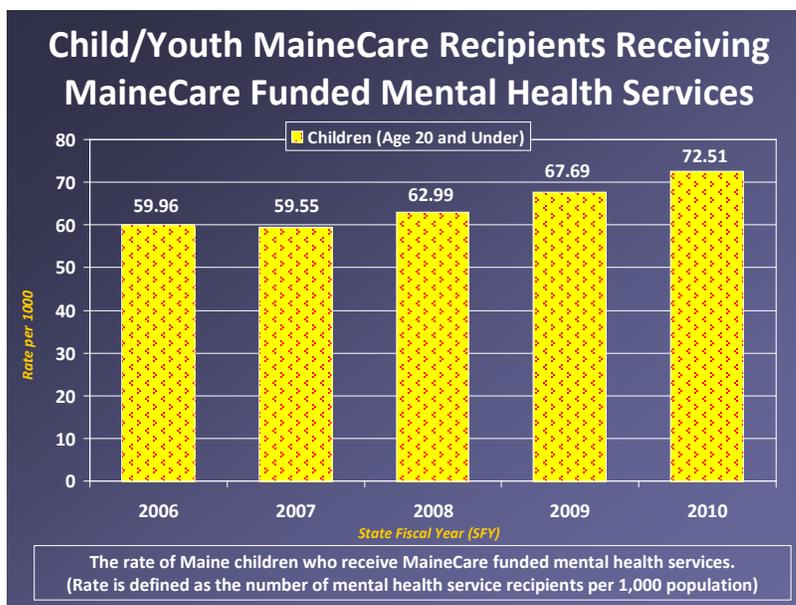
- Overall, MaineCare enrollment increased from 254.5 thousand in 2008 to 279.7 thousand in 2010, which reflected an enrollment increase of 9.9% between 2008 and 2010 with an average annual increase of 4.9%
- Medicaid enrollment increased nationwide by 15.5% over the same time period with an average annual increase of 7.5%
- Children enrolled in MaineCare increased from 98.3 thousand in 2008 to 109 thousand in 2010, which reflected a 10.9% increase between 2008 and 2010 compared to a 16.4% increase nationwide

(Source: Kaiser Commission on Medicaid Facts, Medicaid Enrollment: June 2010 Data Snapshot, <http://www.kff.org/medicaid/upload/8050-03.pdf>)

Mental Health Service Use Trends Among Child and Youth MaineCare Members

This month's QI Data Snapshot is the last of a three-part series focused on mental health service use trends among MaineCare members. This snapshot highlights state level service use trends for children and youth over the past five years.

As a measure, service use is often used at the state and national level to assess access and availability of public mental health services. This data is used by the Maine Department of Health and Human Services Office of Children's Behavioral Health Services to inform service planning, policy and budgeting decisions.



- A rate can be converted into a percentage, for example, a rate of 59.96 per 1,000 is calculated as 5.996%
- The rate of children receiving MaineCare mental health services increased from 59.96 per thousand in 2006 to 72.51 per thousand in 2010, reflecting a 20.9% increase in service use over the last five years compared to 21.5% in the overall mental health population (*see May 2011 Snapshot*)
- Between 2006 and 2010, the use of child MaineCare mental health services increased at an average annual rate of 5.2% compared to 5.4% in the overall mental health population (*see May 2011 Snapshot*)
- Between 2008 and 2010, child MaineCare mental health service use increased by 15.1% with an average annual rate of 7.6%, while child MaineCare enrollment increased by 10.9% with an average annual rate change of 5.4% over the same period



A Closer Look Understanding Utilization of Children's Services

Child/Youth Population in Maine

A different way of looking at MaineCare costs comes from data on expenditures per member per month (PMPM). On average, how much does MaineCare spend for an individual child in a month?

The information reported below comes from a separate study of MaineCare Mental Health Expenditures for child and youth (ages 17 and under) users of mental health services

- From 2007 to 2010, child and youth MaineCare PMPM expenditures declined from \$877 in SFY 2007 to \$663 in SFY 2010, reflecting a 24% decrease in PMPM expenditures
- While child and youth PMPM mental health expenditures decreased by 24% between SFY 2007 and SFY 2010, the number of children and youth using MaineCare mental health services increased by nearly 22%



Children enrolled in Medicaid are entitled, by Federal law, to receive all *medically necessary* diagnostic and treatment services. This program, called *Early Periodic Screening, Diagnosis and Treatment (EPSDT)*, means that MaineCare covers a very comprehensive set of benefits and services for children that is more expansive than for adults

Questions to Consider . . .

1. How can mental health service use and cost trends be best used to inform service planning and delivery?
2. What are the factors that might explain the increase in MaineCare mental health service use over the past four years with a simultaneous decrease in PMPM expenditures?
3. How might the federal Medicaid entitlement for children (EPSDT) affect utilization and expenditure data?

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<http://www.maine.gov/dhhs/OI/index.shtml>



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Department of Health
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