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Medicaid Costs and Diagnostic Characteristics of Florida Adults Subjected to Baker Act Examination

Background

Evidence of both a mental illness and of harm to self or others (or of self-neglect) are required to initiate a short-term involuntary psychiatric or “Baker Act” examination in the state of Florida. This data brief examines the characteristics of adults who underwent at least one Baker Act (BA) examination and were enrolled in Medicaid during a 12-month period. The description of individuals with multiple BA exams is timely given the passage of an outpatient commitment statute in the 2004 Florida legislative session, which uses multiple admissions to BA facilities as a criterion for outpatient commitments.

Method

Each adult person (age > 18) who received at least one BA examination during FY 2001-2002 was selected. The date of their earliest exam in that fiscal year was identified. All BA exams for each person that occurred within 12 months after that first BA exam were identified. Also using this 12-month time frame, the Medicaid eligibility file was searched to determine who had been enrolled and for how long. People in HMOs and in Medipass Areas 1 and 6 were excluded (5,237 people).

Medicaid fee-for-service claim files were searched for all claims of the enrolled individuals for the 12-month intervals. Behavioral health claims were identified¹ in the medical and institutional claims files. Any mental health diagnoses from any of the five diagnosis entries on these claims were grouped into categories (see Table 1). For those with Medicaid enrollment and at least one service claim of any type, diagnostic groupings and use of behavioral health services were compared.

Pharmacy claims files also were examined. All claims in the 12-month interval for each person were classified by type of drug using the Florida Medicaid Preferred Drug List (http://www.fdhc.state.fl.us/Medicaid/Prescribed_Drug/pharm_thera/pdl.shtml).²

¹These were identified using the CATCAID codes. See http://psrdc.fmhi.usf.edu/Documents/PSRDC_Catcaids.pdf for description of the Catcaid structure. Catcaids < 21.00 were used to identify behavioral health claims.

²The pharmacy codes used to constitute the psychotropic drugs category are: H2G, H2L, H7O, H7P, H7R, H7S, H7U, H7T, H7X, H2A, H2D, H2E, H2F, H2H, H2J, H2L, H2M, H2U, H2S, H2V, H2W, H2X, H7B, H7C, H7D, H7E, & H7J.



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Findings

Table 2 at the end of this brief shows the months of Medicaid enrollment by number of BA examinations. Of the 55,367 individuals who had at least one Baker Act exam during the study period, 65% had no Medicaid enrollment at all and 26% had almost complete Medicaid enrollment (9-12 months). Forty-two people had 10 or more BA exams in 12 months (see Table 2).

Table 1
Diagnosis Group Definitions

| | |
|------------------------------|--|
| Bipolar Disorder only | Anyone whose Medicaid claims over the 12-month period have mental health diagnosis codes, and those codes always indicate bipolar disorder (ICD-9-CM codes 296.00 – 296.19 and 296.40-296.99) |
| Major Depression only | Anyone whose Medicaid claims over the 12-month period have mental health diagnosis codes, and those codes always indicate major depression (ICD-9-CM codes 296.20 – 296.39) |
| Schizophrenia only | Anyone whose Medicaid claims over the 12-month period have mental health diagnosis codes, and those codes always indicate schizophrenia (ICD-9-CM codes 295.00-295.99) |
| Multiple SMI | Anyone whose Medicaid claims over the 12-month period have mental health diagnosis codes, and those codes always indicate any combination of the 3 previous groups but no other MH diagnoses. This category includes people with at least 2 of the following groups of codes above (bipolar disorder, major depression, and schizophrenia) – but no other MH diagnoses. |
| Other Mental Disorder | Anyone without any of the above disorders and with an ICD-9 diagnosis code otherwise between 290.00 and 294.99 or 300.00 and 319.99 |

These include all diagnoses in the ICD-9-CM listing of Mental Disorders, with the exception of bipolar disorder, major depression and schizophrenia. This includes a wide range of disorders, from adjustment reactions to senile & presenile psychotic conditions to mental retardation. See the ICD-9-CM Volumes 1 & 2 for a comprehensive listing.

Of the 19,358 people with at least one BA exam and at least one month of Medicaid enrollment, 14,162 (73%) of them had at least one Medicaid service claim of any type. Thirty seven percent (37.1%) of that group (5,253 people) did not have a mental health diagnosis on any of their Medicaid claims. Nineteen percent of the people had a diagnosis of schizophrenia-only on their Medicaid

claims and 15% of the people had multiple severe mental illness diagnoses (see Table 2 on page 4). People in these two diagnostic categories also accounted for almost all of those with between 10 and 31 BA exams. Twenty five percent of people in the sample had no psychotropic medication claims and 36.9% had no claims for behavioral health services. There are multiple reasons that someone may have had no mental health diagnoses on his or her Medicaid claims: including that diagnosis is not required on all types of claims; when it is required, the field sometimes is left blank; lack of overlap between the BA initiation and the Medicaid eligibility period; and that the analysis includes people with as little as one month of Medicaid enrollment, which limits the chances that a claim with a MH diagnosis will appear in their claims records, even if they have a mental illness. There may be other reasons as well.

Some of the findings in this brief indicate a need for further research: 42 of the people in our sample had 10 or more BA exams in 12 months; 37.1% of the sample had no mental health diagnosis on their Medicaid claims although all had experienced at least one BA exam; 25% had no psychotropic pharmacy claims; and 36.9% had no behavioral health claims. Future areas of research might focus on explaining why those 42 individuals received such a large number of Baker Act exams. Another direction for future study could focus on individuals with no mental health diagnosis and/or no mental health services who received a Baker Act exam. For instance, one could examine common characteristics of those who initiated the exam, as well as whether there were barriers to care (and if so, what they were). There clearly are Medicaid service utilization implications related to BA exams, with a complicated pattern of relationships between the number of BA exams, number of months enrolled in Medicaid, and BA-related services that is beyond exploring in this brief report.

The address for the Baker Act Reporting Center website:
<http://bakeract.fmhi.usf.edu>

Table 2
Number of Months of Medicaid Enrollment, Mental Health Diagnosis, and
Mental Health Services Utilization for Adults with at least 1 BA Exam in FY 2001-2002

| Months of Medicaid Enrollment | Number of Baker Act Exams (for all adults, n=55,367) | | | | | Total |
|-------------------------------|--|--------------|--------------|----------------|----------------|-------|
| | Exactly 1 exam | 2-4 BA exams | 5-9 BA exams | 10-11 BA exams | 12-31 BA exams | |
| 0 months enrolled | 54.34 | 9.97 | 0.69 | 0.01 | 0.03 | 65.04 |
| 1-4 months enrolled | 3.16 | 1.02 | 0.1 | 0 | 0 | 4.27 |
| 5-8 months enrolled | 2.88 | 1.26 | 0.17 | 0.01 | 0 | 4.31 |
| 9-12 months enrolled | 16.61 | 8.45 | 1.22 | 0.04 | 0.06 | 26.38 |

| Mental Health Diagnosis Group | Number of Baker Act Exams (for adults with >= 1 month Medicaid enrollment & at least one Medicaid claim, n=14,162) | | | | | Total |
|--|--|--------------|--------------|----------------|----------------|------------|
| | Exactly 1 exam | 2-4 BA exams | 5-9 BA exams | 10-11 BA exams | 12-31 BA exams | |
| No MH Diagnosis | 27.69 | 8.76 | 0.64 | 0.01 | 0.01 | 37.09 |
| MH Diagnosis, but not SMI | 9.12 | 3.5 | 0.33 | 0 | 0 | 12.95 |
| Bipolar Only | 3.67 | 2.3 | 0.3 | 0 | 0.01 | 6.28 |
| Depression Only | 918 | 286 | 22 | 0 | 1 | 1,227 |
| Schizophrenia Only | 10.44 | 7.73 | 1.08 | 0.06 | 0.04 | 19.36 |
| Mixed SMI | 6.52 | 7.22 | 1.74 | 0.08 | 0.08 | 15.65 |
| Any Behavioral Health Services Claims? | | | | | | |
| Yes | 36.13 | 22.95 | 3.65 | 0.15 | 0.13 | 63.01 |
| No | 27.8 | 8.58 | 0.59 | 0.01 | 0.01 | 36.99 |
| Any Psychotropic Prescription Claims? | | | | | | |
| Yes | 45.91 | 25.63 | 3.66 | 0.16 | 0.12 | 75.48 |
| No | 18.02 | 5.9 | 0.58 | 0 | 0.02 | 24.52 |
| Total | 63.93 | 31.53 | 4.24 | 0.16 | 0.14 | 100 |